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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

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

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

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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.

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**RECORD ON APPEAL – VOLUME XIV OF XVII**

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# CHARLES F. MILLER

747 Mendenhall Court
Fort Mill, South Carolina 29715
803-802-9774 (Home)
803-329-6829 (Office)
803-984 -4731 (Cell)
803- 802-9775 (Home Fax)
803-329-0979 (Office Fax)


## PROFESSIONAL SUMMARY

An accomplished leader with extensive experience in physician recruitment, organizational development, market / facility / program expansion and development, hospital / physician joint ventures, and governmental relations. Experienced in mergers, acquisitions, and operational turnaround of both hospitals and physician practices. Industrious, thrives on a challenge, works effectively with all levels. Offers demonstrated success in:

- Establishing and sustaining cooperative relationships with representatives of local, state and federal government and public interest groups
- Pro-actively identifying challenges and establishing strategic plans with operational leadership, medical staff and Board to successfully address

## CORE COMPETENCIES

| | |
|---|---|
| Physician recruitment | Joint Venture Development |
| Strategic Planning | Service Line Development |
| Government Relations | Public Speaking |
| Multi-facility management | Union avoidance skills |

## SELECTED ACHEIVEMENTS

- Led the development of two new Urgent Care facilities, the sale of one additional center to supporting physicians, divestiture of two non-performing centers
- Led the development and CON process for a second freestanding imaging center in York County (1.2T Open MRI, 32 Slice CT, Ultrasound)
- Responsible for adding Neurosurgery service to Piedmont Medical Center (PMC)
- Expanded Cardiology service to include 3 state of the art interventional suites; 64 slice CT; employment of cardiovascular surgeon to secure future of heart surgery program


Petitioner's Trial Exhibit
071

- Led the planning and development of a 48 bed / 95,000 square foot Women's facility at PMC

- Led the renovation and conversion to all private rooms of the original bed tower at PMC

- Led the negotiations for the development of joint venture with HealthSouth for a freestanding inpatient Rehabilitation facility on PMC campus

- Led the organizational / operational turnaround at both Baptist Hospital (1987) and Fauquier Hospital (1976)
- Led the merger team at Baptist resulting in the acquisition / merger of Mercy Hospital to form Mercy & Baptist Medical Center (1993)
- Led the team that sold Mercy & Baptist Medical Center to Tenet (1995)

## CURRENT PROJECTS

- Certificate of Need approved by Department of Environmental and Healthcare Control for the construction of a 100 bed satellite hospital to be located in the fastest growing area of York County, SC. "Beat out" two competing applications from major hospital systems in Charlotte. NC. Decision under appeal.

- Leading initiative to restructure quality initiative around clinical core measures and evidenced based medicine

- Developing multiple de novo Family and Internal medicine practices and General Surgery Practice

- Updating master plan for current Rock Hill facility

## EXPERIENCE

**Tenet Healthcare Corporation** **08/95 to Present**

4/98 to Present

**Piedmont Medical Center**
Rock Hill, South Carolina
(a 288 bed regional referral center, two diagnostic imaging centers, ambulatory surgery center, and 2 urgent care centers with net revenues of $ 253 million, EBITDA margin of 21.9% and EBIT margin of 18.0%)

**Chief Executive Officer (3/99 to present)**
**Chief Operating Officer (4/98 to 3/99)**

**RESPONSIBILITIES:** Provide leadership for the development of

**Chief Executive Officer**

**RESPONSIBILITIES:** Administrative management of hospital with a skilled nursing unit, free standing rehabilitation facility, home health, and hospice.

**ACCOMPLISHMENTS:**

- Successfully recruited and employed two Internal Medicine physicians and assisted with the recruitment of a third Internist and a General / Colon Rectal Surgeon.

- Developed a relationship with the leadership of Blue Cross / Blue Shield of Louisiana that led to a provider contract for their Preferred Provider product previously held exclusively by a competitor.

- Led the development of a guest relations program that increased patient satisfaction survey scores from 2.16 (45th out of 75 hospitals) to 2.83 (20th out of 123 hospitals).

- Led the development and implementation of a nurse staffing system driven by patient acuity, resulting in improved matching of staff skills and patient needs.

- Led the development of a "Chest Pain" emergency room.

8/95 to 9/96 **Memorial Medical Center** (formerly Mercy & Baptist Medical Center)
New Orleans, Louisiana
(a 805 bed hospital with two complete campuses)

**Chief Operating Officer** (12/95 to 9/96)
**Acting Chief Executive Officer** (8/95 to 12/95)

**RESPONSIBILITIES:** Manage the daily operations of two hospitals, a home health agency and physician office buildings.

**ACCOMPLISHMENTS:**

- Led the transition of the hospital, post sale, to ownership by Tenet.

**Southern Baptist Hospital and its successor organizations 1/87 to 8/95**

1/94 to 8/95 **Christian Health Ministries, d/b/a Mercy & Baptist Medical Center**
New Orleans, Louisiana
(a 805 bed, not-for-profit hospital organization with two full service hospitals)

Christian Health Ministries (CHM) is the result of a merger between Southern Baptist Hospital and Mercy Hospital of New Orleans implemented February 1, 1994.

**Sr Vice President - Finance and Chief Financial Officer (Corporate Treasurer)**

**RESPONSIBILITIES:** Managed corporate accounting and $4 million in cash assets and receivables. Managed all accounting and financial matters, bank relations and the Finance Committee of the Board of Trustees.

**ACCOMPLISHMENTS:**

- Lead, with support of internal legal counsel, the sale of the two hospitals owned by CHM to Tenet Healthcare Corporation. Prepared the Request for Proposal, evaluated the bids and worked with outside Counsel in preparing a fairness opinion on the Transaction. It should be noted that CHM did not engage an investment advisor for this transaction, it was managed internally.

- Shared responsibility with theCEO in the negotiations and employment of key primary care physicians on the staff of Mercy hospital.

- Participated as a senior manager in the development of a strategic plan for an Integrated Delivery System (IDS).

- Directed the development of a three year information system strategic plan in support of the IDS and the development of a longitudinal electronic patient record.

1/87 to 2/94

**Southern Baptist Hospital**
New Orleans, Louisiana
(533 bed, not-for-profit hospital)

**Vice President - Finance and Chief Financial Officer**

**RESPONSIBILITIES:** Managed corporate accounting and $108 million in cash assets and receivables. Responsible for all aspects of general accounting functions, banking relations and the Finance Committee of the Board of Trustees. Also responsible for a number of operational areas of the hospital.

**ACCOMPLISHMENTS:**

- Shared responsibility with the CEO as the senior manager in the negotiations with Mercy Health System relative to the merger of their New Orleans hospital and conducting due diligence for the transaction.

- Conducted and Participated with CEO in the negotiations for the acquisition of over 40 physician practices in 6 specialties during a two year period.

**Other Experiences**

| | | |
|---|---|---|
| 3/79 to 1/87 | **St Mary's Hospital** (Bons Secours Health System)<br>Richmond, Virginia<br>(a 391 bed, not-for-profit, catholic hospital) | **Controller** |
| 6/76 to 3/79 | **Fauquier Hospital**<br>Warrenton, Virginia<br>(a 83 bed, not-for-profit, 501(c) (3) hospital) | **Director of Finance** |
| 5/73 to 6/76 | **Dalton, Pennell & Co**, Certified Public Accountants<br>Richmond, Virginia | **Staff Accountant** |

## PROFESSIONAL AFFILIATIONS

Certified Public Accountant
Member – Virginia Society of CPA's
Member – American College of Healthcare Executives

## COMMUNITIY ACTIVITIES

Member – York County Regional Chamber of Commerce (Past Chair)
Member – United Way of Greater York County – Visioning Council

## Education

| | | |
|---|---|---|
| Master of Business Administration | Tulane University | 1990 |
| Bachelor of Science - Accounting | Virginia Commonwealth University | 1973 |

## PERSONAL

Married, four children, excellent health

CURRICULUM VITAE

**ARUN ADLAKHA, M.D., FCCP**

| | |
|---|---|
| Marital Status: | Married |
| Spouse: | Kiran Adlakha, M.D. , Pathology |
| Children: | Natasha Adlakha (DOB: May 26, 1987) |
| Citizenship: | Asian Indian<br>United States Permanent Alien Resident<br>No. A40103299 (Green Card)<br>Applying for US Citizenship |
| Home Address: | 4348 Sequoia Red Lane<br>Charlotte, NC 28226 |
| Office Address: | 225 South Herlong Ave., Suite 230<br>Rock Hill, SC 29732 |
| Telephone No.: | (803) 324-5280 (Office)<br>(704) 541-9758 (Home) |
| Fax No. | (803) 328-0270 (Office) |
| E Mail | Adlakha A@aol.com |
| FMGEMS: | Passed in January 1990<br>(ECFMG No. 416-882-9) |
| FLEX: | Passed in June 1990<br>(Pennsylvania State FLEX) |
| ABIM: | Passed in September 1993 |
| Pulmonary Boards | Passed in November 1996 |
| Social Security No.: | |

Petitioner's Trial Exhibit 072

PET-EX072

## EDUCATION

| | |
|---|---|
| M.B.B.S.<br>July 1974 - December 1978 | Medical School<br>Christian Medical College<br>Ludhiana, Punjab, India<br>University<br>Punjab University, Chandigarh, India |
| Residency<br>M.D. (Boarded in Internal Medicine)<br>June 1986 | Residency<br>Christian Medical College and Hospital<br>Ludhiana, Punjab, India<br>University<br>Punjab University, Chandigarh, India |

## TRAINING AND EXPERIENCE

| | |
|---|---|
| March 2003 - | Clinical Instructor , MUSC<br>Department of Health Professions |
| March 2002 – present | Co-Director, Charlotte Medserve<br>10036 B Park Cedar Drive<br>Charlotte, NC 28210 |
| August 2001 – present | Carolina Pulmonary Physicians, PA<br>225 South Herlong Ave, Suite 230<br>Rock Hill, SC 29732 |
| January 2000 - June 2001 | Director, Wegener's Granulomatosis<br>Support Group<br>The Lung Center at Mercy Hospital<br>Charlotte, NC |
| September 1999 – June 2001 | Consultant, Schering/Key Pharmaceuticals<br>Kenilworth, New Jersey |
| April 1999 – June 2001 | Director of Interstitial Lung Diseases Clinic,<br>The Lung Center at Mercy Hospital<br>2001 Vail Avenue, Charlotte, NC 28207 |
| February 1999 – June 2001 | Director of Respiratory Care and Sleep<br>Laboratory at Union Regional Medical<br>Center,<br>Monroe, NC 28110 |

| | |
|---|---|
| September 1998 – June 2001 | Medical Director, American Home Patient Co., Monroe, NC |
| July 1998 – June 2001 | Carolina Respiratory Specialist<br>2015 Randolph Road<br>Charlotte, NC 28207 |
| November 1997 - June 1998 | Assistant Professor University of Alabama At Birmingham School of Medicine |
| November 1997 | Fellow American College of Chest Physicians (FCCP) |
| July 1997 - June 1998 | Consultant in Internal Medicine Pulmonary, Critical Care, and Sleep Disorders at Vaughan Regional and Baptist Hospitals at Selma, Alabama |
| July 1996 - June 1997 | Fellowship in Sleep Disorders<br>Mayo Graduate School of Medicine |
| July 1993 - June1996 | Fellowship in Thoracic Diseases and Critical Care Medicine at Mayo Graduate School of Medicine |
| October 1992 | Appointed Clinical Instructor Mayo Medical School |
| July 1991 - June 1993 | Postgraduate Year 2 and Year 3 Resident Internal Medicine<br>Mayo Graduate School of Medicine<br>200 First Street, Southwest<br>Rochester, Minnesota 55905 |
| June 1990 - June 1991 | Postgraduate Year 1 Resident Internal Internal Medicine<br>Chattanooga Branch of University Of Tennessee, Memphis<br>(Erlander Medical Center)<br>Chattanooga, Tennessee 37403 |

| | |
|---|---|
| June 1987 - August 1989 | Clinical Post-Doctoral Trainee<br>Division of Medicine Oncology<br>University of Colorado Health<br>Sciences Center<br>Denver, Colorado 80262 |
| July 1986 - December 1986 | Lecturer<br>Department of Medicine<br>Christian medical College<br>Ludhiana, Panjab, India |
| June 1984 - December 1985 | Registrar<br>Department of Medicine<br>Dr. B. L. Kapur, Memorial Hospital<br>New Delhi, India |
| January 1981 - May 1984 | Registrar<br>Department of Medicine<br>Christian Medical College<br>Ludhiana, Panjab, India |
| January 1980 - December 1980 | House Physician<br>Department of Medicine<br>Christian Medical College<br>Ludhiana, Panjab, India |
| January 1979 - December 1979 | Intern<br>Christian Medical College<br>Ludhiana, Panjab, India |

*Teaching Experience

Taught medical students and residents (from 1981 onwards) in India, Denver,

Chattanooga, Rochester, and Selma. This included both bedside clinics and lectures. Also presented innumerable medical topics at various department meetings.

**Medical Licensure**

A Panjab Medical Council, Panjab, India

B North Carolina License
No. 98-00755

C South Carolina License
No. 20638

**HONORS AND AWARDS**

Pre-university (May 1973)

A University Merit Scholarship

Premedical (May 1974):

A University Merit Scholarship

B Second in Guru Nank Dev University, Amristar, Panjab, India

1st Professional M.B.B.S. (Dec. 1975)

A Second in Class at Panjab University, India

B Second Prize in Physiology

C Principal's Prize: Best Graduate of 1974

2nd Professional M.B.B.S. (May 1977)

A Second in Class at Panjab University India

B First Prize in Pathology

C First Prize in Pharmacology

D University Merit Scholarship for 2nd Professional Result

Final Professional M.B.B.S.(Nov. 1978)

A First in Class at Panjab Univ., India

B Mohinder Pal Aggarwal Gold Medal For Standing 1st in Panjab University

C College Silver Medal For Standing 1st in Final M.B.B.S.

D Best outgoing Graduate of Year 1978

E University Silver Medal For Standing 1st In Final M.B.B.S.

F Pfizer Gold Medal For Standing 1st in Final M.B.B.S.

G Darshi Memorial Prize for Standing 1st In Medicine in Final M.B.B.S

H First Prize in Obstetrics and Gynecology

I Second Prize in Surgery

J Second Prize in Ophthalmology

K Dr. L. D. Thapur and Smt. Gomti Thapar Silver Medal for Best Graduate of Year 1978

PGI Year at Chattanooga, Tennessee
(1990-91)

A Dr. Coddington Award for outstanding Case report presentation

B Dr. Coddington Award for outstanding overall presentation

PG2 and PG3 Year at Mayo Medical School
(1991-93)

A Trainee Investigator Award for: Excellence in Scientific Research at The National Clinical Research Meeting May 2, 1994, Baltimore, MD

B Trainee Investigator Award for Excellence in Scientific Research at the Midwest Section, American Federation For Clinical Research Meeting September 16 to 18, 1994 Chicago, IL.

C Cecile Lehman Mayer Research Award at The 60th Annual International Scientific Assembly of the American College of Chest Physicians, October 30, - November 3, 1994, New Orleans, LA.

## MEMBERSHIP IN PROFESSIONAL GROUPS

1. American Thoracic Society
2. American College of Chest Physicians
3. American Sleep Disorders Association
4. World Assoc. of Sarcoidosis and Other Granulomatous Disorders (WASOG)
5. European Respiratory Society (ERS)
6. North Carolina Medical Association
7. Mecklenberg County Medical Association
8. American Association of Physicians from India
9. North Carolina and Greater Charlotte Association of Physicians from India

## ABSTRACTS PUBLISHED

1 "Effacacy and Toxicity of Gamma Interferon (rlFN gamma) in Chronic Myelogenous Leukemia (CML)." Gonzalez R, Robinson WA, Adlakha A, Lamb R, Rovira D, Ferguson J, Saks S, Bunn P, Published in 1989 Proceedings of the American Cancer Society of Clinical Oncology, Vol 8, pg. 209

2 "Low Dose Human Recombinant Interferon Alpha-2 (rlFN alpha-2) in Treatment of Chronic Myelogenous Leukemia (CML)." Robinson WA, Gonzalez R, Adlakha A, Lamb R, Rovira D, Ferguson J, Bunn P. Published in the 1989 Proceedings of the American Cancer Society of Clinical Oncology, Vol. 8, pg. 210.

3 Cytotoxicity and DNA Damage Induced by Hepsulfan and Busulfan in Chronic Myelogenous Leukemia (CML0 Cells." Hincks JR, Adlakha A, Cook C, Johnson CS, Furmanski P, Gibson NW. Published in American Academy of Clinical Research, 1990.

4 "Milk-Alkali Syndrome - A Resurgence?" Abreo K, Adlakha A. Published in the National Kidney Foundation, December, 1991.

5 "Neuroleptic Malignant Syndrome: A 'Review of Mayo Clinic Experience." Adlakha A, Schultz HJ. Published in Clinical Research, December 1992; 40(4):856A.

6 "Polymyositis Associated with Primary Biliary Cirrhosis: Mayo Clinic Experience." Adlakha A, Schultz HJ. Published in Clinical Research, December 1992; 40(4):856A

7 "Recurrent Benign Idiopathic Pericardial Effusions in One Family." Adlakha A, Schultz HJ. Published in Clinical Research, February 1993; 41(1):77A.

8 "Bacteremic Hemophilus Influenza Type F Cellulitis with Ruptured Mycotic Aneurysm of Abdominal Aorta in an Adult." Adlakha A, Schultz HJ. Published in Clinical Research, February 1993; 41(1): 108A

9 "Milk Alkali Syndrome -- A Resurgence?" Adlakha A., Schultz HJ. Published in Clinical Research, February 1993;41(1):107A.

10 "Metastatic Intracranial Meningioma to the Lung". Adlakha A, Rao K, Ryu JH, Rosenow III EC. American Review of Respiratory Disease, April 1993:147(4):327A.

11 "Bacteremic Hemophilus Influenza Type F Cellulitis With Mycotic Aneurysm of the Aorta in an Adult" Adlakha A, Rosennow III EC. Chest, August 1993;104(2):79S.

12 "Pneumocystic Carinii Pneumonia (PCP) on Low Dose Pulse Methotrexate (LdpMTX) Therapy". Adlakha A, Yale S, Hubmayr R. Limper AH, Rosenow III EC. Chest, August 1993; 104(2):5S

13 "Incidental Diagnosis of Cardiac Amyloidosis on Bone Scanning in Patients with Prostate Carcinoma". Adlakha A, Lutz M, Gertz M, Rosenow III EC. Chest, August 1993; 104(2):142S

14 "Transesophageal Echocardiographic Diagnosis of LV Pseudoaneurysm Following Mitral Valve Replacement." Adlakha A, Rosennow III EC. Chest August 1993; 104(2):142S

15 "Forsades de Pointes Ventricular Tachycardia Associated with Astemizole Overdosage-Case Report." Adlakha A, Rosenow III EC. Chest, August 1993: 104(2):165S

16 "Pneumocystis Carinii Modulates Release of Transforming Growth Factor-B From Alveolar Macrophages." Adlakha A, Standing JE, Limper AH. Clinical Research, April 1994; 42(2):157A

17 "Immune Localization of Surfactant Protein D on the Surface of Pneumocystis Carinii." Adlakha A, Kwon KY, Colby TV, O'Riordan DM, Crouch EC, Limper AH. American Journal of Respiratory and Critical Care Medicine. April 1994;149(4):A243

18 "The Profibrotic Cytokine Transforming Growth Factor-B1 is elevated in serum of patients with Idiopathic Pulmonary Fibrosis." Adlakha A, Douglas WW, Limper AH. Chest, August 1994:106(2):605

19 "P. Carinii Modulates Gene Exparession and Secretion of TGF-Bl From Alveolar Macrophages." Adlakha A, Standing JE, Limper AH. Clinical Research, October 1994; 42(3):398A.

20 "Primary cushing syndrome as an Unusual Cause of Acute Angioinvasive Aspergillosis." Adlakha A, Markovic, S, Rosenow, EC: AM J. of Resp. and Critical Care Medicine: 1996: 153(4):A181.

21 Kimura, K., Adlakha A, Staats B, Shepard, JW Jr., "Successful treatment of oral hemangiomas and severe OSA with CPAP therapy in three patients." Chest, September 1997, 112(3):146S

22 Hadjiliadis, D., Adlakha A., Prakash, UBS. "Pulmonary infections with rapidly growing atypical mycobacterial organisms in patients with underlying gastroesophageal aspiration disorders. Chest, September 1997: 112(3): 157S.

## PRESENTATIONS

1 Presented a paper on "Efficacy of Low Dose CMF in Locally Advanced Carcinoma Breast - An Analysis of 100 Patients" at the Inaugural conference of International Society of Clinical Oncology (ISCO) held in Delhi on February 2, 1984.

2 Presented a paper on "Interferon Treatment of Chronic Myeloid Leukemia (CML) with Alpha and Gamma Interferon" at the VI Congress of the International Society of Hematology Asian - Pacific Division held in Bombay on December 6, 1987.

3 Poster presentation on "Interferon Treatment in CML with Alpha and Gamma Interferon" at the VI congress of the International Society of Hematology Asian - Pacific Division held in Bombay on December 6, 19987.

4 "Efficacy and Toxicity of Gamma Interferon in Benign Phase Chronic Myelogenous Leukemia (CML)." Gonzalez R. Robinson WA, Adlakha A, Lamb R, Rovira D. Ferguson J. Presented at XXII Congress of the International Society of Hematology held in Milan, Italy, August 28-September 2, 1988

5 "Low Dose Human Recombinant Interferon Alpha-2 in the Treatment of Chronic Myelogenous Leukemia (CML)." Gonzalez R, Robinson WA. Adlakha A, Lamb R, Rovira D. Presented at the XXII Congress of the International Society of Hematology held in Milan, Italy, August 18 - September 2, 1988.

6 "Efficacy of Alpha Interferon as a Surgical adjuvant in Completely Resected Stage II Melanoma." Robinson WA, Gonzalez R. Adlakha A, Lamb R, Rovira D. Ferguson J. Presented at II Ibero-American Congress of Oncology held from October 9-14, 1998 at Sawador, Brazil.

7 "Efficacy and Toxicity of Gamma Interferon in Benign Phase Chronic Myelogenous Leukemia (CML)." Robinson WA, Gonzelez R, Adlakha A, Lamb R, Rovira D, Gerguson J. Presented at II Ibero-American Congress of Oncology held from October 9 - 14, 1988 at Sawador, Brazil.

8 "A Phase II Study of Pinitrexim Capsules in Advanced Melanoma." Adlakha A, Robinson WA, Gonzalez R, Ferguson J, Lamb R, Clendeninn NJ. Presented at the Second International Conference on Melanoma held in Venice, Italy, October 16-19, 1989.

9 "Therapy of Metastatic Melanoma Using single Dose Murine Monoclonal Antimelanoma Antibody Conjugated with Ricin A Chain (XMMME-001-RTA)." Robinson WA, Adlakha A, Lamb R, Gonzalez R, Krebs L, Shannon C. Presented at the Second International Conference on Melanoma held in Venice, Italy, October 16-19, 1989.

10 "Recombinant Human interferon Alpha-2A as Adjuvant Treatment of High Risk patients with Completely Resected Melanoma". Gonzalez R, Adlakha A., Robinson WA, Ferguson J, Lamb R. Presented at the Second international Conference on Melanoma held in Venice, Italy, October 16-19, 1989

11 "Combination Chemotherapy and Tamoxifen in the Treatment of Disseminated Malignant Melanoma". Adlakha A, Robinson WA, Gonzalez R, Lamb R, Ferguson J. Presented at the Second International Conference on Melanoma held in Venice, Italy, October 16-19, 1989

12 Grand Rounds on "Interferons and Their Clinical Applications in Treatment of Various Malignancies" at Chattanooga Unit of University of Tennessee College of Medicine on February 28, 1991.

13 Poster presentation on "Interferon Treatment of Chronic Myelocytic Leukemia With Alpha and Gamma Interferon" at the Annual Conference of American College of Physicians held in New Orleans on April 11-14, 1991. (Was One of the 60 finalists out of 630 candidates).

14 Participated in Dr. Coddington Resident Research Day held at Chattanooga Unit of University of Tennessee College of Medicine on April 26, 1991. Awarded:

a) Best Care Report Cash Award $250 for "Metastatic Sarcomatoid Mesothelioma Through Tertiary Exposure in a 72 year old Housewife."

b) Best Overall Presentation Cash Award of $400 for "Metastatic Pancreatic Adenocarcinoma Masquerading as Primary Sclerosing Cholangitis in a Young Man."

15 Presented "Primary Thrombocytosis and Myocardial Infarction in a Young Woman" at the Minnesota chapter of ACP held on November 1, 1991 in Minneapolis, Minnesota (won a cash award).

16 Presented "Torsades de Pointes Ventricular Tachycardia Associated with Astemizole Overdosage - Report of a Case and Review of Literature" at Minnesota Chapter of ACP held October 30, 1992 in Minneapolis.

17 Presented "Recurrent Benign Idiopathic Pericardial Effusions in One Family" At Western Section of AFCR held February 17, 1993 in Carmel, Cal.

18 "Recurrent Idiopathic Benign Pericardial Disease in Several Members of One Family." Sanders M, Adlakha A, Miller F, Miller T, Michaels V Presented at the National ACP Meeting on April 2, 1993, held in Washington, DC.

19 "Incidental Diagnosis of Cardiac Amyloiosis on Bone Scanning in Patients with Adenocarcinoma Prostate." Lutz M, Adlakha A, Gertz M. Presented at the National ACP Meeting on April 2, 1993, held in Washington, DC

20 Presented "Metastatic Meningioma to the Lung" at American Thoracic Society Meeting May 16, 1993 in San Francisco, Cal.

21 Submitted 5 abstracts (and all 5 got accepted) but presented 2 instead at the World Congress of Chest from June 13 to 18, 1993 in Amsterdam, Netherlands:

a) "Pediatric and adolescent Wegener's granulomatosis--Mayo Clinic Experience."

b) "Dermatomyositis/Polymyositis and significant Pericardial Disease - Mayo Clinic Experience."

22 Presented "Torsades de Pointes Ventricular Tachycardia Associated with Astemizole (Hismanal) Overdose: Report of a case and Review of English Literature" at 59th Annual International Scientific Assembly of American College of chest Physicians held from October 24 to 28, 1993 in Orlando, Florida

23 Presented "Pneumocystis Carinii Pneumonia (PCP) on Low Dose Pulse Methotrexate (LdpMTX) Therapy" at 59th Annual International Scientific Assembly of American College of Chest Physicians held from October 24 to 28, 1993 in Orlando, Florida.

24 Presented "Pneumocystis Carinii Modulates Release of Transforming Growth Fator-3 from Alveolar Macrophages" at the 1994 Department of Internal Medicine Research Forum Mayo Graduate School of Medicine in Rochester, Minnesota.

25 Presented "Pneumocystis Carinii Modulates Release of Transforming Growth Factor B from Alveolar Macrophages" at the National Clinical Research Meeting (AFCR) held from April 29 to May 2, 1994 in Baltimore, Maryland.

26 Presented "Immunolocalization of Surfactant Protein D on the Surface of Pneumocystis Carinii" at the American Thoracic Society (ATS) Meeting held from May 21 to 25, 1994 in Boston, Massachusetts.

27 Presented "Mucosa-Associated Lymphoid Tissue Lymphomas (MAL Tomas)" At the Annual Christian Medical College Alumni Meeting held from July 15 to 17, 1994 in San Diego, California. Arun Adlakha, M.D.

28 Presented "Pneumocystis Carinii Modulates Secretion and Gene Expression of Transforming Growth Factor Bl (TGF-B1) From Alveolar Macrophages" at the Midwest Section, American Federation for Clinical Research held from September 16 to 18, 1994 in Chicago, Illinois.

29 Presented "The Profibrotic Cytokine Transforming Growth Factor B-1 is Elevated In Serum of Patients with Idiopathic Pulmonary Fibrosis" at the Annual International Scientific Assembly of American College of Chest Physicians held from October 30 to November 3, 1994 in New Orleans, Louisiana.

30 "Sjogren's Syndrome With Peripheral Neuropathy." Hrinczenko B, Adlakha A, Mohr D. Presented at the Minnesota ACP November 4-5, 1994 in Minneapolis, Minnesota

31 "A Case of Small Bowel Infarct" Ostrowsky B, Adlakha A, Froehling D. Presented at the Minnesota ACP November 4-5, 1994

32 Presented "Primary Cushing Syndrome as an Unusual Cause of Acute Angioinvasive Aspergillosis" at the Annual Int. Conf. Of A.T.S. May 10-15, 1996 in New Orleans, LA.

33 Kimura, K, Adlakha A, Simon P, "Fatal Swine Influenza Pneumonia in an Immunocompetent adult with review of literature." Presented in Minnesota Chapter of American College of Chest Physicians held in Minneapolis, MN in October 1996.

34 Kimura K, Adlakha A, Simon P. "Fatal Swine Influenza Pneumonia in an Immunocompetent adult with review of literature." Presented in the annual session of American College of Chest Physicians held in Philadelphia, PA in March 1997.

35 Presented "Prevalence of Narcolepsy and Idiopathic Hypersomnoience in Patients with Obstructive Sleep Apnea in Olmsted County" at the American Sleep Disorder Association Conference held from June 10 to 15, 1997 in San Francisco, California.

36 Moderated 3rd Annual Fall Conference For Pulmonary Medicine on "Interstitial Lung Diseases" on September 17, 1999 at Mercy Hospital, Charlotte, NC

37 Presented Grand Rounds on "Wegener's Granulomatosis" on October 22, 1999 at Mercy Hospital, Charlotte, NC.

38 Presented "Acute Appendicitis Secondary to Metastatic Large Cell Neuroendocrine Carcinoma of The Lung" at the 65th Clinical World Congress on Diseases Of Chest on 11/2/99 at Chicago, IL.

39 Presented "Approach to Patients with ILD" at North Carolina Thoracic Society Meeting in November 1999 at Raleigh, NC.

**MANUSCRIPTS PUBLISHED**

1. Adlakha A, Crowell EB, Mathew M. "Cold Hemagglutinin Disease-- A Case Report." Indian Journal of Hematology, 1987;5:19-22

2. Adlakha A, Philip PJ, Dhar KL. "Acute Landry Gillain-Barre Strohl Syndrome Following Organophosphorus Poisoning--A Case Report." Journal of Association of Physicians of India, 1987; 35:665-666.

3. Dhar KL, Adlakha A, Philip PJ, "Acute Reversible Prolonged Q-Tc Syndrome,Ventricular Arrhythmia, Recurrent Syncopal Attacks--A Rare Presentation of Typhoid Myocarditis." Journal of Indian Medical Association, 1987;68:336-337

4. Adlakha A, Philip PJ, Dhar KL "Organophosphorus and Carbamate Poisoning - A Study of 100 Cases in Panjab." Journal of Association of Physicians of India, 1988:36:210-212.

5. Dhar KL, Gupta B, Adlakha A, Chaudhry, AV. "Milk Protein Allergy--A Rare Cause of Pyrexia of Unknown Origin in an Adult Female. Postgraduate Medical Journal, 1989:65:183-184.

6. Hincks JR, Adlakha A, Cook CA, Johnson CS, Furmanski P, Gibson NW "In Vitro Studies on the Mechanism of Action of Hepsulfam in Chronic Myelogenous Leukemia Patients". Cancer Research 1990; 50;7559-7563.

7 Adlakha A, Manocha AP, Bechard DL "Imipramine-Induced Syndrome of Inappropriate Antidiuretic Hormone Secretion" Southern Medical Journal 1991; 84(12);1507-1508.

8 Sanchez A Robinson WA, Cohn A, Gonzalez R, Adlakha A. "Low Dose Alpha-Interferon Treatment of Chronic Myeloid Leukemia." American Journal of Hematology, 1992;39:61-62.

9 Adlakha A, Bechard DL, Geer M. "Primary Thrombocytosis and Myocardial Ischemic Syndrome in a Young Woman" American Heart Journal 1992:123(3):786-790

10 Adlakha A, Shuster L. Bechard D, "A Young Man with Sclerosing Cholangitis." Hospital Practice, 1992;27(5);45-52

11 Rao KA, Adlakha A, Meloy T. "Tremor, Confusion and Autonomic Dysfunction In Down's Syndrome." Hospital Practice, 1992; 27(8);215-216

12 Adlakha A, Lobl JF. "A Perplexing Case of Diurnal Edema in a Young Woman." Hospital Practice. 1992;27(9):213-216.

13 Adlakha A, Schultz HJ. "Persistent Fever and Diffuse Abdominal Pain in a Middle-Aged Man." Hospital Practice, 1992;27(12);143-150.

14 Adlakha A, Lobl J. "Acute Neurological Deficit in a Battered Woman." Hospital Practice 1993;28(2A);95-98.

15 Abreo K, Adlakha A, Kilpatrick S, et al. "The Milk Alkali Syndrome: A Reversible Form of Acute Renal Failure.". Archives Internal Medicine, 1993; 153(8):1005-1010.

16 Adlakha A, Lobl J. "A Crack Addict With Extremely High CK Levels." Hospital Practice, 1993; 28(6):133-136.

17 Yale SH, Adlakha A, Stanton MS. "Dermatomyositis with Pericardial Tamponade and Polymyositis With Pericardial Effusion." American Heart Journal 1993; 126:997-999.

18 Yale SH, Adlakha A, Sebo TJ, Ryu JH. "Bronchiolitis Obliterans Organizing Pheumonia caused by Plasmodium vivax Malaria". Chest 1993; 104;1294-1296.

19 Adlakha A "Dermatology Quiz." Resident & Staff Physician 1993;39(7):66.

20 Adlakha A. "Radiology Quiz." Resident & Staff Physician August 1993, p 13.

21 Adlakha A Hrinczenko BW. "Dermatology Quiz". Resident & Staff Physician 1993 39(10):12.

22 Adlakha A; Schultz HJ: "Skin Rash, Fatigue, and bilaterally Symmetrical Artralgias in a Yong Woman." Hospital Practice, February 1994;29(2):149-152

23 Adlakha A., Yale S, Patel R, Edson R, Schultz HJ, Stanson AW. "Haemophilus Influenza Seritype F: An Unusual Cause of a Mycotic Aneurysm in an Adult." Mayo Clinic Proceedings 1994:69:467-468.

24 Rao KA, Adlakha A, Verma B. Maloy T. Stanton M. Forsades de Pointes Ventricular Tachycardia Associated with Aztemizole Overdosage." Mayo Clinic Proceedings 1994:69:589-593.

25 Adlakha A, Schultz HJ. Spastic Paraparesis of Insidious Onset. Hospital Practice 1994 :29(12):49-53

26 Adlakha A, Ryu JH, Adlakha K. "An Asymptomatic Lung Nodule in an Elderly Woman with Joint Pain." Hospital Practice, April 15, 1995;30(4):70-74

27 Adlakha A., Dhar KL. "Marfanoid Hypermobility Syndrome." Journal of Indian Medical Association 1998 April, 103-105.

28 Adlakha A., Philip PJ, Dhar KL. "Mixed Connective Tissue disease--Report of Three Cases and Review of the Literature." Journal of Indian Medical Association 1988 June, 151-153.

29 Mow B, Adlakha A, Rosenow EC. "64 - Year - Old Man with Polyuria and Polydipsia." Mayo Clinic Proceedings. 1995;70;703-706.

30 Adlakha A, Rao K, Adlakha K, Ryu JH. "A Case of Wegener's Granulomatosis with Recurrent Venous Thrombosis - Treated with Intravenous Immunoglobulin and Laryngotracheoplasty." Pediatric Pulmonology. 1995; 20: 265-268.

31 Limper AH, Crouch EC, O'Riordan DM, Chang D, Pavlovic ZV, Standing JE, Kwon KY, Adlakha A."Surfactant Protein-D Modulates Interaction of Pneumocystiscarinii with Alveolar Macrophages." Journal of Laboratory and Clinical Medicine. 1995:126:416-422.

32 Adlakha A, Kang E, Ryu JH. "Necrotizing Sarcoid Granulomatosis." Chest 1996;109(5):1385-1387.

33 Tefferi A, Morris C, Adlakha A. "Natural Killer Cell Lymphocytosis as a Cause of F.U.O."American Journal of Hematology. 1996;53(1):56.

34 Markovic S, Adlakha A. Walker R. "RSV induce reversible DAD treated with aerosolized Ribovirin and IVIG in an immunocompromised patient." Mayo Clinic Proceedings. 1998; 73: 153-156.

35 Kimura K, Adlakha A, Simon P. "Fatal Swine Influenza Pneumonia in an immonocompetent adult with review of literature." Mayo Clinic Proceedings. 1998; 73: 243-245

36 Adlakha A, Demick D, Patel A. "An unusual cause of recuarrent symptoms of braonchitis and asthma in a young female." Hospital Practice. 1998;33 (2): 189-199.

37 Adlakha A, Shepard JW Jr. "Cardiac arrhythmias in patients with normal sleep and OSA." Sleep Medicine Reviews. 1998; 2(1): 45-60.

38 Adlakha A, Prakash UBS. "Bronchoscopic image - laryngotracheal papillomatosis." Journal of Bronchology 1999; 6:42-45.

39 Hadjiliadis D, Adlakha A, Prakash, UBS. "Pulmonary infection with rapidly growing atypical mycobacterial organisms in patients with underlying gastroesophageal aspirations." Mayo Clinic Proceedings 1999; 74: 45-51.

40 Kimura K., Adlakha A, Staats B, Shepard JW Jr. "Successful treatment of oral Hemagiomas and severe OSA with nasal CPAP in three patients." Mayo Clinic Proceedings 1999; 74:155-158

41 Adlakha A, Adlakha K. Ryu JH, Crotty T, S et al "Metastatic meningioma to the Lung" Review Mayo Clinic Proceedings, 1999 Nov.;74(11):1129-1133.

42 Young SJ, Adlakha A, Limper AH "Circulating Transforming Growth Factor-B1. A Potential Marker of Disease Activity During Idiopathic Pulmonary Fibrosis" Chest 2001; 120/Number 1 (Suppl):68S-70S

## CLINICAL RESEARCH PROJECTS

1 Did 11 projects evaluating the efficacy of interferons (alpha, gamma, and combined alpha and gamma) in CML, malignant melanoma, hairy-cell leukemia, colorectal cancer, renal cell carcinoma, and disseminated malignant disease at University of Colorado Health Sciences Center (UCHSC), Denver, Colorado.

2 Did seven projects evaluating the efficacy of Vitamin E, vaccinia oncolysate, Ribi vaccine, murine monoclonal antimelanoma antibody linked to Ricin A chain, piritrexim, melatonin, combination chemotherapy with Tamoxifen in metastatic malignant melanoma at UCHSC, Denver, Colorado.

3 Did three projects evaluating the efficacy of rGM-CSF in 5q-syndrome, chronic neutropenia, and myelodsplastic syndrome at UCHSC, Denver, Colorado.

4 Did two projects evaluating LASA-P and NSE as tumor markers in malignant Melanoma at UCHSC, Denver, Colorado.

5 Did two projects evaluating efficacy of rIL-2 in malignant melanoma and Metastatic renal cell carcinoma at UCHSC, Denver, Colorado.

6 Evaluated efficacy of low dose CMF in 100 patients with locally advanced carcinoma of the breast over a four-year period at CMC, Ludhiana, Punjab, India.

7 Took part in a multicenter, randomized, double blind placebo controlled trial of Oral itracanazole solution for treatment of aspergilloma of the lung.

8 Took part in a phase III international multi-center, randomized, double blind placebo controlled, interferon-gamma trial for management of prednisone failed progressive idiopathic pulmonary fibrosis.

9 Taking part in an open-label study of the "Safety and Efficacy of Subcutaneous Recombinant Interferon Gamma –lb (IFN-y-lb) in Patients with Idiopathic Pulmonary Fibrosis."

10 Taking part in a study with National Airway Clearance Registry and The Vest for patients with airway clearance difficulties.

## LABORATORY PROJECTS (MAYO CLINIC)

1 Pneumocystis carinii modulates release of transforming growth factor Bl from alveolar macrophages.

2 Immunolocalization of surfactant protein D on the surface of Pneumocystis carinii.

3 The profibrotic cytokine transforming growth factorB-1 is elevated in serum of patients with idiopathic pulmonary fibrosis (1PF).

## MISCELLANEOUS ACHIEVEMENTS:

1 Contributed questions for the 1997 National American Board of Internal Medicine Examination.

2 Reviewer for manuscripts published in Southern Medical Journal.

3 Reviewer for manuscripts published in Journal of Bronchology.

4 Reviewer for manuscripts published in Mayo Clinic Proceedings.

5 Life Member of The National Registry of Who's Who (Registry No. 93921).

6 Preceptor for Physician Assistants at Wake Forest University, Winston-Salem, NC.

7 Preceptor for Respiratory Therapy students at Central Piedmont Community College, Charlotte, NC.

## LIST OF REFERENCES:

1 Rosenow, E.C., M.D. Staff Emeritus and Ex-Head of Thoracic Diseases, Mayo Grad Sch of Med

2 Prakash, U.B.S., M.D. Consultant in Thoracic Diseases, Mayo Grad. Sch. Of Med. (507) 284-4162

3 Ryu, J. H., M.D., Consultant in Thoracic Diseases, Mayo Grad. Sch. Of Med. (507) 284-2447

4 Scanlon, P., M.D. Consultant in Pulmonary and Critical Care Medicine. Mayo Grad. Sch. Of Medicine (507) 284-4348

5 Staats, B.A. M.D., Consultant in Pulmonary Critical Care and Sleep disorders. Mayo Grad. Sch. Of Med. (507) 284-2957

6 Midthun, D., M.D. Consultant in Thoracic diseases. Mayo Grad Sch. Of Med. (507) 284-0561

7 Plevak, D., M. D. Consultant in Anesthesia and Critical Care. Mayo Grad. Sch. Of Med. (507 284-2258

8 Schultz, H.J., M.D. Program Director in Internal Medicine. Mayo Grad. Sch. Of Med. (507) 284-2258

9 Edson, R., M.D. Consultant in Infectious Disease and Internal medicine. Mayo Grad. Sch. Of Med. (507) 284-3309

10 Shepard, J.W., Jr., M.D. Consultant in Pulmonary Diseases and Director of Sleep Disorder Medicine. Mayo Grad. Sch. Of Med. (507) 286-7603

11 Hauri, P.J., Ph.D. Consultant in Sleep disorder Medicine. Mayo Grad. Sch. Of Medicine. (507) 284-6885

12 Knight N., M.D. 901 Medical Center Parkway, Selma, Alabama 36701. (334) 875-2640.

13 Soppet, M., M.D. 4 Office Park circle, Selma, Alabama 36701. (334) 872-6216,

14 Hodo D., M.D. 800 Tremont Drive, Selma, Alabama 36701. (334) 872-6773.

15 Sherrill, W. C., M.D. Consultant in Pulmonary, Critical Care and Sleep Disorders. 101 W. T Harris Blvd, Suite 4003, Charlotte, NC 28262 (704) 547-7466

16 Nancy Clavio, MD, Carolina Respiratory Specialists, 2300 Randolph Road, Suite A, Charlotte, NC 28207 (704) 358-3096

17 Ravi Rao, MD, Charlotte Cardiology Associates, 1423 E. Franklin Street, Suite B, Monroe, North Carolina 28110 (704) 283-6953

18 Phillip Iuliano, MD, Sanger Clinic, 1410 Ellen Street, Suite B, Monroe, NC 28110 (704) 283-1990

19 John Vick, MD, Union Family Practice, 1106 Reynolds Street, Monroe, NC 28112 (704) 289-5443

20 Allison, MD, Monroe Family Practice 1420 E. Franklin Street, Monroe, NC 28110 (704) 289-8427

21 Luis Velasco, MD, Dove Internal Medicine, 1423 E. Franklin Street, Monroe, NC 28110 (704) 289-6474

22 Charles Hoover, MD, 1303 Dove Street, Monroe, NC 28112 (704) 226-1778

23. Sukumar Nagendran, MD, Director Metabolic Division Southwest, Pfizer Pharmaceuticals, Phoenix, AZ

24. C. Edward Creagh, Jr., MD, Carolina Pulmonary Physicians, PA, 225 South Herlong Avenue, Suite 230, Rock Hill, SC 29732 (803)324-5280

25. William F. Alleyne, II, MD, Carolina Pulmonary Physicians, PA, 225 South Herlong Avenue, Suite 230, Rock Hill, SC 29732 (803)324-5280

26. Jugalkishor Shah, MD, Carolina Cardiology, 196 Cardiology Drive, Rock Hill, SC 29732 (803)324-5135

Curriculum Vitae

Roy Norman Taylor, III, M.D.

Rock Hill Gynecological and Obstetrical Associates, PA
1721 Ebenezer Road
Rock Hill, South Carolina 29732
(803) 328-2401

Education:

Clemson University – B.S. Zoology 1976 with Honors
Medical University of South Carolina – Doctor of Medicine 1981
Internship – Fitzsimons Army Medical Center, Denver, Co. 1982
Residency – Fitzsimons Army Medical Center – Ob/Gyn 1985

Practice Experience:

Rock Hill Gyn & Ob Associates – Rock Hill, SC 1988-present
Lyster Army Hospital – Fort Rucker, Al. Active Staff 1985-1988

Medical Licensure:

Colorado – inactive
Alabama – inactive
South Carolina License # 13792
North Carolina License # 34750

Hospital Affiliations:

Piedmont Medical Center – Rock Hill, SC - Active
Carolinas Medical Center Pineville – Courtesy
Carolinas Medical Center Charlotte – Courtesy

Memberships:

Fellow American College of Obstetrics/Gynecology
Board Certified 1987 – 1997
Recertified 1997-2007
South Carolina Ob/Gyn Society
American Society for Reproductive Medicine
South Carolina Medical Association
American Medical Association
York County Medical Society

Offices/Hospital Positions:

Chief Department Ob/Gyn Lyster Army Hospital Fort Rucker Al. 1986-1987
Chief Department Ob/Gyn Piedmont Medical Center Rock Hill, SC 1991-1992
President York County Medical Society 1992-1993
Medical Director Ob/Gyn Services Piedmont Medical Center 1997-1999
S C Medical Assn. Continuing Medical Education Committee 1998-present

Petitioner's Trial Exhibit
073

Offices/Positions continued:

Secretary/Treasurer Medical Staff Piedmont Medical Center 1999-2000
Chief of Medical Staff Piedmont Medical Center 2001-2002
Chairman Credentials Committee Piedmont Medical Center 2003-2004

Current Community Positions:

Chairman Board of Directors – Rock Hill Area YMCA 2002-2004
Elder – Westminister Presbyterian Church 1998 – present

Social:

DOB 4/14/54 Charlotte, NC
Married Judy A. Taylor 1978
5 Children

# CURRICULUM VITAE

**Sushil K. Singhi, M.D., F.A.C.C., F.A.C.P., F.A.H.A.**

| | |
|---|---|
| **PRIVATE PRACTICE** | Carolina Cardiology Associates<br>196 Cardiology Drive<br>Rock Hill, South Carolina 29732 |
| **TELEPHONE** | 803-324-5135 |
| **FACSIMILE** | 803-324-8161 |
| **LICENSURES** | State of South Carolina #16931<br>State of North Carolina # 94-00145 |

**CERTIFICATIONS**

| | |
|---|---|
| **1984** | Educational Council For Foreign Medical Graduates- Certificate # 377-394-2 |
| **1989** | American Board of Internal Medicine |
| **1991** | American Board of Medical Specialties<br>Subspecialty in Cardiovascular Diseases |
| **2000** | American Board of Medical Specialties<br>Subspecialty in Interventional Cardiology |
| **2007** | Board Eligible for American Board of Sleep Disorders |

**ACHIEVEMENTS**

President 2010
York County Medical Society

Chief of Staff
Piedmont Medical Center
Rock Hill, South Carolina 29732
2009

Medical Staff Treasurer/Secretary
Piedmont Medical Center
Rock Hill, South Carolina 27932

Chief of Medicine
Piedmont Medical center
Rock Hill, South Carolina 29732
1/1/2000-12/31/2001

Petitioner's Trial Exhibit
074

PET-EX074

Director of Intensive Care Unit & Coronary Care unit
Piedmont Medical Center
Rock Hill, South Carolina 29732
1/1/1999-Present

Chief of Staff
Piedmont Medical Center
Rock Hill, South Carolina 29732
2009

President of Indian Physicians Association of Charlotte, NC
1/1/1999-12/31/2001

**EDUCATION & TRAINING**

| | |
|---|---|
| 1982 | M.D. (MBBS)<br>Indore University School of Medicine |
| 10/82-10/83 | Rotating Internship<br>Indore University Hospital<br>Indore, India |
| 11/82-9/83 | Research Fellow<br>Indore Hospital & Cardiac Research Center<br>Indore, India |
| 12/83-2/85 | Preparation for Board Exams |
| 2/85-2/86 | Rotating Externship<br>Trumbull Memorial Hospital<br>Warren, OH |
| 2/86-6/86 | Rotating Externship<br>Hillside Hospital<br>Warren, OH |
| 7/86-6/89 | Internal Medicine Residency<br>West Virginia University Hospital<br>Wheeling, WV |

| | |
|---|---|
| 7/89-6/91 | Cardiology Fellowship<br>St. Francis Medical Center<br>Pittsburgh, PA |
| 7/91-6/92 | Interventional Cardiology Fellow & Chief Fellow<br>St. Francis Medical Center<br>Pittsburgh Laser Center<br>Pittsburgh, PA |
| 1992-1994 | Associates in Cardiology<br>Private Practice<br>Pittsburgh, PA |
| 1985 | FMGEMS |
| 1985 | FLEX-California |
| 1989 | ACLS & ATLS |
| 2007 | Level II Certified<br>CT Angiogram/CT Scan |

**HOSPITAL AFFICLIATIONS**

Piedmont Medical Center
Rock Hill, SC
Active Staff Since 1994

Springs Memorial Hospital
Lancaster, SC
Courtesy Staff Since 1994

Carolinas Medical Center Main Hospital
Charlotte, NC
Courtesy Staff Since 1994

Presbyterian Hospital
Charlotte, NC
Courtesy Staff Since 1994

Carolinas Medical Center- Pineville
Pineville, NC
Courtesy Staff Since 1994

**PROFESSIONAL AFFICILAITIONS**

American College of Physicians
Fellow 1989

American Medical Association
Member 1990

Southern Medical Association
Member 1990

American College of Cardiology
Fellow 1991

American Heart Association
Member 1991

**PRESENTATIONS (National and International Meetings)**

1. **Singhi, SK** and Sauder HB. *The Effectiveness of Intravenous Streptokinase in the Setting of Acute Myocardial Infarction*. Annual meeting of the American College of Physicians.
   Philadelphia, PA – 11/96
2. **Singhi SK**, Shultz JS, Purewal SS, Badour A and Alexander EL. *Intracerebral Hemorrhage as a Rare Central Nervous System Complication of Primary Siogren's Syndrome: Association with Anti-Ro (SS-A) Antibodies.* Annual Meeting of American College of Rheumtology.
   Cincinnati, OH-6/89
3. **Singhi SK**, *Use of Intravenous Tissue Plasminogen Activator in Acute Myocardial Infarction in the Tri-State Area*. Scientific Meeting at West Virginia University.
   Wheeling, WV – 6/89

4. **Singhi SK**, *Intermittent Left Bundle Branch Block with Deep T-Wave Inversions Associated with Meningeal Carcinomatosis.* Regional Annual Meeting of the American College of Cardiology
Pittsburgh, PA – 10/89
5. **Singhi SK**, Latos DL. *Endogenous Digoxin-Like Immunoreactive Factors: Clinical Implications in Digoxin Toxic Patients with Chronic Renal Failure.* Annual Meeting of the American College of Physicians.
Pittsburgh, PA – 10/89
6. **Singhi SK**, Nobel, WE, Purewal SS. *Transient Wide-QRS Complex Tachycardia Associated with Amniotic Fluid Embolism.* Regional Annual Meeting of the American College of Cardiology.
Pittsburgh, PA – 10/89
7. **Singhi SK**, Ticzon AR, Ramesh ML. *Automatic Implantable Cardioverter Defibrillator in a Young Adult with Mitral Valve Prolapse and Ventricular Late Potentials.* Annual Meeting of International Congress of Cardiology: Cariostim 90
Nice, France- 6/90
8. **Singhi SK**, George JM, Wahl L, Power JA, Ramesh ML, Ticzon AR. *Superventricular Tachyarrhythmias: Yield of Thyroid Function Tests and Cardiac Enzymes.* Regional Annual Meeting of the American College of Physicians.
Hershey, PA – 9/90
9. Calandra, SM, **Singhi SK**, Predis L, Ticzon AR. *Early Diagnosis of Acute Myocardial Infarction: A Correlative Approach.* Regional Annual Meeting of the American College of Physicians.
10. **Singhi SK**, Raman A, Power JA, Leonard B, Ramesh ML. Double M.S.: *Yield of Transesophageal Echocardiography.* First European Conference on Biomedical Engineering.
Nice, France – 2/91
11. **Singhi SK**, *Throbolytic Therapy in Octogenerian with Acute Myocardial Infarction.* Scientific Meeting on Thrombolytic Therapy (sponsored by Genetech, Inc.)
Pittsburgh, PA – 3/91
12. **Singhi SK**, George JM, Wahl, L, Power JA, Ramesh ML, Ticzon AR. SVT: *Yield of Thyroid Function Tests and Cardiac Enzymes.* 72nd National Annual Meeting of the American College of Physicians.
New Orleans, LA – 4/91
13. **Singhi SK**, Calandra S, Ticzon AR, Schmidhofer M, Predis L, Power JA. *Effect of Coronary Angioplasty on Late Potentials Detected on Signal Averaged Electrocardiogram.* 72nd National Annual Meeting of the American College of Physicians.
New Orleans, LA – 4/91

14. **Singhi SK**, Mannino S, Agster B. *Myocardial Bridging of the Left Anterior Artery Requiring Debridging and Revascularization: A Case Report and Review of the Literature*. Annual Meeting of the Pittsburgh Thoracic Scientific Society.
Pittsburgh, PA – 4/91
15. **Singhi SK**, Spain D. *Heart Disease: Risk Factors.* KQV (Channel 1410 AM. Pittsburgh Radio.
Pittsburgh, PA – 5/91
16. Power JA, Schmidhofer M, **Singhi SK**, Bittl JA, Siegal R. *Percutaneous Excimer Laser Coronary Angioplasty (PELCA) of Old Saphenous Vein Grafts*. 64th Scientific Meeting of the American Heart Association.
Anaheim, CA – 11/91
17. George JM, **Singhi SK**, Ticzon AR. *Delay of Thrombolytic Therapy Due to Differences in Administration.* Regional Annual Meeting of the American College of Cardiology.
Hershey, PA – 9/91
18. George JM, Schmidhofer M, Calandra SM, **Singhi SK**, Power JA. *Optimal Clinographic Views in Coronary Angiography of Critically Ill Patients.* Regional Annual Meeting of the American College of Cardiology.
Hershey, PA 9/91
19. **Singhi SK**, George JM, Wahl L, Power JA, Ramesh ML, Ticzon AR. *Supraventricular Tachyarrhythmias: Yield of Thyroid Function Tests and Cardiac Enzymes.* 85th Annual Scientific Assembly of the Southern Medical Association.
Atlanta, GA – 11/91
20. **Singhi SK**, Caladra S, Ticzon AR, Schmidhofer M, Predis L, Power JA. *Effect of PTCA on Signal Averaged Electrocardiogram*. 85th Annual Scientific Assembly of the Southern Medical Association.
Atlanta, GA – 11/91
21. **Singhi SK**, Bucklew LA. *The Correlation between Poor Pericardial R Wave Progression and Anteroseptal or Anterior Myocardial Infarction by SPECT Thallium Imaging.* 73rd National Annual Meeting of the American College of Physicians.
San Diego, CA – 3/92
22. **Singhi SK**, Ticzon AR. *Evaluation of Thyroid Function Tests in Atrial Fibrillation: A Prospective Clinical Trial.* 73rd national Meeting of the American College of Physicians.
San Diego, CA – 3/92

23. **Singhi SK**, Bucklew LA. *SPECT Thallium Imaging in Anterior Myocardial Infarction: A Prospective Clinical Trial.* Annual Meeting of International Congress of Cardiology; Cardiostism 92.
Nice, France – 6/92
24. Wharton TP, **Singhi SK**. *PAMI for Acute Myocardial Infarction at Hospitals with no SOS.* 47th Annual Meeting of the American College of Cardiology.
Atlanta, GA – 1998
25. McNamara NS, **Singhi SK**. *Can Hospitals with no SOS Provide Effective Infarct Intervention at all Hours? The PAMI-No SOS Experience.* Annual Meeting of the American Heart Association
Dallas, TX – 11/98

## INTRAMURAL PRESENTATIONS

1. Cardiovascular Medicine Fellowship Seminar at St. Francis Medical Center-Pittsburgh, PA
2. Non-Invasive Tests in the Diagnosis of Peripheral Vascular Disease – 8/89
3. Hypertropic Cardiomyopathy: Interrelations of Clinical Manifestations, Pathophysiology and Therapy- 9/89
4. Current Management of Acute Myocardial Infarction- 11/89
5. Diagnosis and Management of the Pre-Excitation Syndromes- 12/89
6. Silent Myocardial Ishemia: Current Update – 1/90
7. Management of Right Ventricular Infarction – 2/90
8. Non-Q wave Myocardial Infarction; Diagnosis, Prognosis and Management- 4/90
9. Congestive Heart Failure; Use of ACE Inhibitors- 8/90
10. Restenosis Following PTCA- 11/90
11. Adenosine: A New Pharmacological Agent for SVT- 3/91

## RESEARCH INTEREST

Primary Angioplasty and Stenting in AMI
Prevention of Restenosis Following PTCA
Percutaneous Valvuloplasty
Academic Cardiovascular Medicine
Management of Dyslipidemia

**CLINCIAL STUDY COORDINATOR**

1. *Global Utilization of Streptokinase and t-PA for Occluded Coronary Arteries (GUSTO):* Singhi SK, George JM
2. *International Studies on Infarct Survival (ISIS-4):* George JM, Singhi SK.
3. *Primary Angioplasty in Acute Myocardial Infarction (PAMI) Registry;* Wharton TP, Singhi SK
4. *Crusade: Management of Acute Coronary Syndrome (STEMI) Registry;* Singhi SK, Duke Research Institute, Durham, NC.

**SUB-INVESTIGATOR**

1. TRUST- *LUMOS-T Safely Reduces Routine Follow-up*
2. EXCEED-*Xience V ™ Everolimus Eluting Coronary Stent System (EECSS) EXCEED: Evaluation of Xience V Catheterization Lab Endpoints and Excellence in Deliverability*
3. *Cylos Responds with Physiologic rate Changes During Daily Activities* (CLEAR)
4. GALAXY – *After Market Study-Long Term Evaluation Linox Family ICD Lead Study*

**INVESTIGATOR**

1. IMPACT- *The IMPACT of BIOTRONIK Home Monitoring Guided Anticoagulation on Stroke Risk in Patients with Implanted ICD and CRT-D Devices*
2. REAL-AF™-*Registry to Evaluate Anticoagulation in Atrial Fibrillation*
3. TRILOGY ACS Study-*A comparison of Prasugrel and Clopidogrel in Acute Coronary Syndrome (ACS) Subjects with Unstable Angina/Non-ST-Elevation Myocardial Infarction (UA/NSTEMI) Who are Medically Managed*
4. POZEN PA32540-301- A 6 Month, Phase 3, Randomized, Double-Blind, Parallel-Group, Controlled, Multi-Center Study to Evaluate the Incidence of Gastric Ulcers Following Administration of Either PA32540 or Enteric Coated Aspirin 325mg in Subjects who are at risk for Developing Aspirin-Associated Ulcers

**PUBLICATIONS, JOURNALS**

1. **Singhi SK,** Phadio GC. *Congestive Heart Failure: Modifiable Risk Factors.* Indore Clinic Heart Journal 27:236-42; 1983.
2. **Singhi SK.** *Kussmaul's Sign: Erratum. Heart Disease,* Braunwald (ed).Philadelphia, WB Saunders; 1988,pp 1280.
3. **Singhi SK.** *Hiatel Hernia.* Resident and Staff Physician 35(9): 102; 1989
4. **Singhi SK,** Navalgund AA, Schultz JS. *Halothane in Statu*s Asthmaticus with Pneumonediastinum.* Resident and Staff Physician 36 92): 59-62; 1990.
5. **Singhi SK,** Ticzon AR, Ramesh ML. *AICD in Young Adults with Mitral Valve Prolapse and Ventricular Late Potentials.* European Revue of Biomedical Technology 12 (3): 123; 1990.
6. **Singhi SK,** Raman A, Power JA, Leonard B, Ramesh ML. *Double MS: Yield of Transesophageal Echocardiography.* European Revue of Biomedical technology 20 (2): 18; 1991
7. **Singhi SK.** *Nitroglycerin for Treatment of TIA* (Letter)
8. **Singhi SK,** Calandra SM, George JM. *Confusion Ethmozine or Thorazine?* (Letter)
9. **Singhi SK,** Power JA, Ramesh ML, Ticzon AR. *Silent Pneumopericardium in a Cigarette Smoker* (Submitted)
10. **Singhi SK,** George JM. *Endogenous Digoxin-Like Immunoreactive Factors: Congestive Heart Failure and Digoxin Toxicity* (Submitted)
11. Kennedy FB, **Singhi SK.** *EKG: Significant Variation in "Abnormal" Left Ventricular Voltage in Same Patients* (Submitted)
12. **Singhi SK,** Ticzon AR, Ramesh ML. *Automatic Implantable Defibrillator in a Young Adult with Ventricular late Potentials* (Submitted)
13. **Singhi SK,** Mannino S, Agster B, Barmada B. *Myocardial Bridging of the Anterior Descending Artery Requiring Debridging and Revascularization: A case Report and Review of the Literature.* The Journal of Invasive cardiology 3 (6): 250-254; 1991.
14. **Singhi SK,** George JM, Wahl L, Power JA, Ramesh ML, Ticzon AR. *Supraventricular Tachyarrhythmias: Yield of Thyroid Function tests and Cardiac Enzymes.* The Southern Medical Journal 84 (9): 210-11; 1991.
15. **Singhi SK,** Calandra S, Ticzon AR, Schmidhofer M, Predis L, Power JA. *Effect of PTCA on Signal Averaged EKG.* The Southern Medical Journal 84 99): 212-13; 1991.
16. **Singhi SK.** *Cardiology Quiz: EKG in Hyperkalemia.* Resident and Staff Physician 46 92): 68; 1992.
17. **Singhi SK,** Bucklew LA. *The Correlation Between Poor Pericardial R Wave Progression and Anterospetal Myocardial Infarction by SPECT Thallium Imaging.* European Revue of Biomedical Technology 30 (2): 135; 1992.

18. Wharton TP, **Singhi SK.** *PAMI for AMI at Hospitals with no SOS.* Journal of the American College of Cardiology 31 (2): 210; 1998.
19. McNamara NS, **Singhi SK.** *Can Hospitals with no SOS Provide Effective Infarct Intervention at all Hours?* The PAMI-No SOS Experience. Lancet 1998.

Sushil K. Singhi 7/15/10

**Sushil K Singhi, M.D., F.A.C.C., F.A.C.P., F.A.H.A.** **Date**

## South Carolina Board of Medical Examiners
## Website Verification

196 CARDIOLOGY DR
ROCK HILL, SC 29732-1174

Name: SUSHIL K SINGHI Profession: MD Office Phone: (803) 324-5135
Basis: FX 85 School: IND Graduation: 10/30/1983
License No: 16931 Date Issued: 10/28/1993 Expiration: 06/30/2011
Specialty: IM* CD*

Primary Source Verification of Graduation Certified

**Hospital Affiliation (s):**
PIEDMONT MEDICAL CENTER
SPRINGS MEMORIAL HOSPITAL
CHESTER REGIONAL MEDICAL CENTER

**Credential Status:** Active
No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

**License History:**
Temporary License Number: 00T956
Temporary License Issue Date: 10/21/1993

Verification disclaimer

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License History:
Temporary License Number: 00T956
Temporary License Issue Date: 10/21/1993

Verification disclaimer

**Cost Report data**

**340113**
**CAROLINAS MEDICAL CENTER**
**1000 BLYTHE BLVD**
**CHARLOTTE, NC 28232**

[Electronic Record Code: 269671 - 1996]
Type of Facility: Short Term Acute Care
Type of Control: Governmental Hospital District
Classification: Urban

| | |
|---|---|
| Bed Size: | 783 |
| Total Annual Discharges: | 45,097 |
| Total Patient Revenue: | $3,317,022,771 |

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

Fiscal Intermediary: Palmetto Government Benefits Administrators

**Medicare Inpatient Characteristics**

| | |
|---|---|
| DSH Ratio: | 0.226600 |
| DSH Amount: | $28,316,541 |
| Outlier Amount: | $4,613,088 |
| IME Amount: | $16,748,819 |
| GME Amount: | $5,592,830 |
| Total IP Reimbursement: | $205,961,172 |
| Total IP Costs: | $179,747,147 |
| NPR Date: | 00/00/0000 |
| NPR Settlement Amount: | $763,886 |
| NPR Settlement Percent: | 0.37 % |

[Date Generated: 03/20/2013]

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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.

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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
075A

**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 - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX IDENTIFICATION DATA | PROVIDER NO 340113 | PERIOD FROM 01/01/2010 TO 12/31/2010 | WORKSHEET S-2 PART I |
|---|---|---|---|

**Hospital and Hospital Health Care Complex Address:**

| | | | | |
|---|---|---|---|---|
| 1 | Street: 1000 BLYTHE BLVD | | P.O.Box: 32861 | 1 |
| 1.01 | City: CHARLOTTE | State: NC | ZIP: 28232 | 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 | 340113 | | 07/01/66 | | P | O | 2 |
| 3.00 | Subprovider | | 34S113 | | 10/03/83 | | P | O | 3.00 |
| 3.01 | Subprovider - 2 | | 34T113 | | 01/01/09 | | P | O | 3.01 |
| 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 | | 342306 | | 08/01/83 | | | | 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 | SubComponent 1 - 34S113 | 4 | | 20.00 |
| 20.01 | SubComponent 2 - 34T113 | 5 | | 20.01 |

**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: | | Y | | 23 |
| 23.01 | If this is a Medicare certified kidney transplant center, enter the certification date in col. 2 and termination in col. 3. | | | 05/04/70 | 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. | | | 02/09/89 | 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. | | | 05/19/98 | 23.03 |

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| HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX IDENTIFICATION DATA | PROVIDER NO 340113 | PERIOD FROM 01/01/2010 TO 12/31/2010 | WORKSHEET S-2 PART I | |
|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 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. | | 07/01/99 | | 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. | | 34P003 | | 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). | | 349802 | 12/05/08 | 24.01 |
| 25 | Is this a teaching hospital or affiliated with a teaching hospital and you are receiving payments for I & R? | Y | | | 25 |
| 25.01 | Is this teaching program approved in accordance with CMS Pub. 15-I, chapter 4? | Y | | | 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. | Y | | | 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) | Y | Y | | 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 | 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 340113 | 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 | | Y | | | 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: 11501 | | 40.01 |
| 40.02 | Street: 1000 BLYTHE BLVD | PO Box: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? | N | | | 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 |
| 48.01 | | N | N | N | N | N | 48.01 |
| 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: 2,430,548 | Paid losses: 4,783,981 | and/or Self Insurance: 8,172,963 | | 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 |

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| HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX IDENTIFICATION DATA | PROVIDER NO 340113 | PERIOD FROM 01/01/2010 TO 12/31/2010 | WORKSHEET S-2 PART I |
|---|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 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 |
| 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) | Y | | 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) | | | Y | | | 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 | | 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 | 04/22/11 | 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 - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | PROVIDER NO 340113 | 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 Total | Title XIX OBS Admitted | Title XIX OBS Not Admitted | | 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 | |
| | | 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 | 569 | 207,634 | | 57,304 | | 31,741 | | | 176,816 | | | | | | | | | 12,755 | 13,556 | 45,097 | 1 |
| 2 | HMO | | | | 6,774 | | 17,877 | | | | | | | | | | | | | | | 2 |
| 3 | Hospital Adults &Peds Swing Bed SNF | | | | | | | | | | | | | | | | | | | | | 3 |
| 4 | Hospital Adults & Peds. Swing Bed NF | | | | | | | | | | | | | | | | | | | | | 4 |
| 5 | Total Adults & Peds. (exclude OBS beds) | 569 | 207,634 | | 57,304 | | 31,741 | | | 176,816 | | | | | | | | | | | | 5 |
| 6 | Intensive Care Unit | 38 | 13,976 | | 4,496 | | 3,133 | | | 10,010 | | | | | | | | | | | | 6 |
| 7 | Coronary Care Unit | 20 | 7,300 | | 3,042 | | 1,447 | | | 5,967 | | | | | | | | | | | | 7 |
| 8 | Burn Intensive Care Unit | | | | | | | | | | | | | | | | | | | | | 8 |
| 9 | Surgical Intensive Care Unit | 97 | 35,405 | | 9,006 | | 12,120 | | | 29,014 | | | | | | | | | | | | 9 |
| 10.15 | Neonatal ICU | 55 | 20,206 | | | | 7,000 | | | 14,940 | | | | | | | | | | | | 10.15 |
| 10.25 | Detoxification ICU | 4 | 1,460 | | 1,338 | | 455 | | | 2,617 | | | | | | | | | | | | 10.25 |
| 11 | Nursery | | | | | | 15,172 | | | 23,115 | | | | | | | | | | | | 11 |
| 12 | Total (see instructions) | 783 | 285,981 | | 75,186 | | 71,068 | | | 262,479 | | | 219.78 | | 219.78 | 7,847.04 | | | 12,755 | 13,556 | 45,097 | 12 |
| 13 | RPCH\CAH visits | | | | | | | | | | | | | | | | | | | | | 13 |
| 14.00 | SubComponent 1 - 34S113 | 70 | 25,550 | | 4,686 | | 9,137 | | | 24,395 | | | | | | 461.00 | | | 350 | 819 | 2,303 | 14.00 |
| 14.01 | SubComponent 2 - 34T113 | 13 | 4,745 | | | | 1,055 | | | 2,708 | | | | | | 31.01 | | | | 56 | 145 | 14.01 |
| 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) | 866 | | | | | | | | | | | | | 219.78 | 8,339.05 | | | | | | 25 |
| 26 | Observation Bed Days | | | | | | 2,282 | | | 10,593 | | | | | | | | | | | | 26 |
| 26.01 | | | | | | | | | | 3,174 | | | | | | | | | | | | 26.01 |
| 27 | Ambulance Trips | | | | | | | | | | | | | | | | | | | | | 27 |
| 28 | Employee discount days (see instru.) | | | | | | | | | | | | | | | | | | | | | 28 |
| 29 | Labor & delivery days (see instructions) | | | | | | | | | 4,167 | | | | | | | | | | | | 29 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| HOSPITAL WAGE INDEX INFORMATION | | PROVIDER NO.: 340113 | | 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) | 521,005,243 | 266,160 | 521,271,403 | 16,378,418 | 31.83 | | 1 |
| 2 Non-physician anesthetist Part A | | | | | | | 2 |
| 3 Non-physician anesthetist Part B | 20,057,206 | | 20,057,206 | 220,564 | 90.94 | | 3 |
| 4 Physician-Part A | 17,739,012 | | 17,739,012 | 105,171 | 168.67 | | 4 |
| 4.01 Teaching physician salaries (see instructions) | 14,066,885 | | 14,066,885 | 66,936 | 210.16 | | 4.01 |
| 5 Physician-Part B | 62,994,862 | | 62,994,862 | 698,134 | 90.23 | | 5 |
| 5.01 Non-physician-Part B | | | | | | | 5.01 |
| 6 Interns & residents (in an approved program) | | 11,961,827 | 11,961,827 | 494,555 | 24.19 | | 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) | 61,341,911 | 191,289 | 61,533,200 | 2,048,222 | 30.04 | | 8.01 |
| OTHER WAGES & RELATED COSTS | | | | | | | |
| 9 Contract labor (see instructions) | 2,949,658 | | 2,949,658 | 50,927 | 57.92 | | 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 | 417,575 | | 417,575 | 5,006 | 83.41 | | 10 |
| 10.01 Teaching physician under contract (see instru.) | 1,052,535 | | 1,052,535 | 11,595 | 90.77 | | 10.01 |
| 11 Home office salaries & wage-related costs | 121,496,478 | | 121,496,478 | 2,346,490 | 51.78 | | 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) | 99,087,657 | | 99,087,657 | | | CMS 339 | 13 |
| 14 Wage-related costs (other) | | | | | | CMS 339 | 14 |
| 15 Excluded areas | 15,720,631 | | 15,720,631 | | | CMS 339 | 15 |
| 16 Non-physician anesthetist Part A | | | | | | CMS 339 | 16 |
| 17 Non-physician anesthetist Part B | 1,692,885 | | 1,692,885 | | | CMS 339 | 17 |
| 18 Physician Part A | 682,073 | | 682,073 | | | CMS 339 | 18 |
| 18.01 Part A teaching physicians (see instructions) | 401,517 | | 401,517 | | | CMS 339 | 18.01 |
| 19 Physician Part B | 4,327,954 | | 4,327,954 | | | CMS 339 | 19 |
| 19.01 Wage-related costs (RHC/FQHC) | | | | | | CMS 339 | 19.01 |
| 20 Interns & residents (in an approved program) | 3,795,836 | | 3,795,836 | | | CMS 339 | 20 |
| OVERHEAD COSTS - DIRECT SALARIES | | | | | | | |
| 21 Employee Benefits | 7,500,134 | | 7,500,134 | 42 | N/A | | 21 |
| 22 Administrative & General | 18,665,154 | 609,970 | 19,275,124 | 789,434 | 24.42 | | 22 |
| 22.01 Administrative & General under contract (see inst.) | 16,333 | | 16,333 | 72 | 226.22 | | 22.01 |
| 23 Maintenance & Repairs | | | | | | | 23 |
| 24 Operation of Plant | 5,210,530 | | 5,210,530 | 280,672 | 18.56 | | 24 |
| 25 Laundry & Linen Service | 260,147 | | 260,147 | 22,945 | 11.34 | | 25 |
| 26 Housekeeping | 5,631,588 | | 5,631,588 | 531,768 | 10.59 | | 26 |
| 26.01 Housekeeping under contract (see instructions) | | | | | | | 26.01 |
| 27 Dietary | 149,113 | | 149,113 | 5,535 | 26.94 | | 27 |
| 27.01 Dietary under contract (see inst.) | | | | | | | 27.01 |
| 28 Cafeteria | | | | | | | 28 |
| 29 Maintenance of Personnel | | | | | | | 29 |
| 30 Nursing Administration | 5,050,816 | | 5,050,816 | 134,857 | 37.45 | | 30 |
| 31 Central Services and Supply | 1,295,232 | | 1,295,232 | 84,840 | 15.27 | | 31 |
| 32 Pharmacy | 15,086,588 | -51,509 | 15,035,079 | 435,436 | 34.53 | | 32 |
| 33 Medical Records & Medical Records Library | 5,430,655 | -576 | 5,430,079 | 302,839 | 17.93 | | 33 |
| 34 Social Service | 7,407,432 | | 7,407,432 | 264,631 | 27.99 | | 34 |
| 35 Other General Service | 243,569 | | 243,569 | 12,465 | 19.54 | | 35 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| HOSPITAL WAGE INDEX INFORMATION | | PROVIDER NO.: 340113 | | 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) | 423,902,623 | -11,695,667 | 412,206,956 | 14,898,302 | 27.67 | | 1 |
| 2 Excluded area salaries (see instructions) | 61,341,911 | 191,289 | 61,533,200 | 2,048,222 | 30.04 | | 2 |
| 3 Subtotal salaries (line 1 minus line 2) | 362,560,712 | -11,886,956 | 350,673,756 | 12,850,080 | 27.29 | | 3 |
| 4 Subtotal other wages & related costs (see inst.) | 125,916,246 | | 125,916,246 | 2,414,018 | 52.16 | | 4 |
| 5 Subtotal wage-related costs (see inst.) | 99,769,730 | | 99,769,730 | | 28.45 | | 5 |
| 6 Total (sum of lines 3 thru 5) | 588,246,688 | -11,886,956 | 576,359,732 | 15,264,098 | 37.76 | | 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.) | 71,947,291 | 557,885 | 72,505,176 | 2,865,536 | 25.30 | | 13 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| HOSPITAL UNCOMPENSATED CARE DATA | PROVIDER NO: 340113 | 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 | 23,766,684 | 17 |
| 17.01 | Gross Medicaid Revenues | 214,164,261 | 17.01 |
| 18 | Revenues from State and local indigent care programs | 14,669,370 | 18 |
| 19 | Revenues related to SCHIP (see instructions) | 5,527,571 | 19 |
| 20 | Restricted grants | | 20 |
| 21 | Non-restricted grants | | 21 |
| 22 | Total Gross Uncompensated Care Revenues | 258,127,886 | 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) | 0.315485 | 24 |
| 25 | Total State and local indigent care program cost (line 23 x line 24) | | 25 |
| 26 | Total SCHIP charges from your records | 16,151,323 | 26 |
| 27 | Total SCHIP cost, (line 24 x line 26) | 5,095,500 | 27 |
| 28 | Total gross Medicaid charges from your records | 597,908,605 | 28 |
| 29 | Total gross Medicaid cost (line 24 x line 28) | 188,631,196 | 29 |
| 30 | Other uncompensated care charges from your records (see instructions) | 201,437,291 | 30 |
| 31 | Uncompensated care cost (line 24 x line 30) | 63,550,444 | 31 |
| 32 | Total uncompensated cost to the hospital (Sum of lines 25, 27, and 29) | 193,726,696 | 32 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES | | | PROVIDER NO: 340113 | | 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 | | | | 21,984,564 | 21,984,564 | 2,632,906 | 24,617,470 | 3 |
| 4 | 0400 | New Capital Related Costs-Movable Equipment | | | | 31,208,912 | 31,208,912 | 3,032,522 | 34,241,434 | 4 |
| 5 | 0500 | Employee Benefits | 7,500,134 | 104,528,753 | 112,028,887 | 30,793,704 | 142,822,591 | -4,809,642 | 138,012,949 | 5 |
| 6.05 | 0600 | Administrative & General | 18,665,154 | 266,004,994 | 284,670,148 | -69,275,772 | 215,394,376 | -26,600,967 | 188,793,409 | 6.05 |
| 7 | 0700 | Maintenance and Repairs | | | | | | | | 7 |
| 8 | 0800 | Operation of Plant | 5,210,530 | 12,348,189 | 17,558,719 | 1,214,986 | 18,773,705 | -438,057 | 18,335,648 | 8 |
| 9 | 0900 | Laundry and Linen Service | 260,147 | 24,857 | 285,004 | 4,224,584 | 4,509,588 | | 4,509,588 | 9 |
| 10 | 01000 | Housekeeping | 5,631,588 | 4,274,331 | 9,905,919 | -76,076 | 9,829,843 | -2,531 | 9,827,312 | 10 |
| 11 | 1100 | Dietary | 149,113 | 19,651,791 | 19,800,904 | -265,797 | 19,535,107 | -6,708,418 | 12,826,689 | 11 |
| 12 | 1200 | Cafeteria | | | | | | | | 12 |
| 13 | 1300 | Maintenance of Personnel | | | | | | | | 13 |
| 14 | 1400 | Nursing Administration | 5,050,816 | 445,978 | 5,496,794 | -83,305 | 5,413,489 | -525,969 | 4,887,520 | 14 |
| 15 | 1500 | Central Services and Supply | 1,295,232 | 3,908,064 | 5,203,296 | -29,728 | 5,173,568 | -10,667 | 5,162,901 | 15 |
| 16 | 1600 | Pharmacy | 15,086,588 | 57,884,840 | 72,971,428 | -42,998,474 | 29,972,954 | -10,605,030 | 19,367,924 | 16 |
| 17 | 1700 | Medical Records & Medical Records Library | 5,430,655 | 3,816,383 | 9,247,038 | -230,154 | 9,016,884 | 347,241 | 9,364,125 | 17 |
| 18 | 1800 | Social Service | 7,407,432 | 509,662 | 7,917,094 | -24,693 | 7,892,401 | -198,889 | 7,693,512 | 18 |
| 19.05 | 1900 | Other General Service Cost Centers | 243,569 | 159,251 | 402,820 | | 402,820 | -85,534 | 317,286 | 19.05 |
| 20 | 2000 | Nonphysician Anesthetics | | | | | | | | 20 |
| 21 | 2100 | Nursing School | 2,980,749 | 1,331,272 | 4,312,021 | 590,665 | 4,902,686 | -1,541,648 | 3,361,038 | 21 |
| 22 | 2200 | Intern & Res. Service-Salary & Fringes (Approved) | | | | 11,961,827 | 11,961,827 | | 11,961,827 | 22 |
| 23 | 2300 | Intern & Res. Other Program Costs (Approved) | 83,189,929 | 24,378,917 | 107,568,846 | -19,441,071 | 88,127,775 | -62,431,264 | 25,696,511 | 23 |
| 24 | 2400 | Paramedical Ed. Program (specify) | 2,386,850 | 917,300 | 3,304,150 | -545,071 | 2,759,079 | -932,377 | 1,826,702 | 24 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | |
| 25 | 2500 | Adults and Pediatrics (General Routine Care) | 62,676,369 | 6,034,124 | 68,710,493 | -1,243,525 | 67,466,968 | -2,720,030 | 64,746,938 | 25 |
| 26 | 2600 | Intensive Care Unit | 8,548,726 | 4,893,939 | 13,442,665 | -670,318 | 12,772,347 | -8,358,312 | 4,414,035 | 26 |
| 27 | 2700 | Coronary Care Unit | 4,001,671 | 508,563 | 4,510,234 | -139,588 | 4,370,646 | -300 | 4,370,346 | 27 |
| 28 | 2800 | Burn Intensive Care Unit | | | | | | | | 28 |
| 29 | 2900 | Surgical Intensive Care Unit | 21,892,273 | 3,462,522 | 25,354,795 | -1,405,071 | 23,949,724 | -2,095,696 | 21,854,028 | 29 |
| 30.15 | 3000 | Neonatal ICU | 16,339,113 | 3,306,704 | 19,645,817 | -2,593,954 | 17,051,863 | -8,271,868 | 8,779,995 | 30.15 |
| 30.25 | 3000 | Detoxification ICU | 2,098,897 | 267,170 | 2,366,067 | -54,582 | 2,311,485 | -211 | 2,311,274 | 30.25 |
| 31.00 | 3100 | SubComponent 1 - 34S113 | 7,107,161 | 2,209,190 | 9,316,351 | -2,040,851 | 7,275,500 | -112,347 | 7,163,153 | 31.00 |
| 31.01 | 3100 | SubComponent 2 - 34T113 | 1,105,980 | 98,738 | 1,204,718 | -18,673 | 1,186,045 | -298 | 1,185,747 | 31.01 |

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| RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES | | | PROVIDER NO: 340113 | | | 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 | |
| 33 | 3300 | Nursery | 5,745,161 | 533,306 | 6,278,467 | -75,968 | 6,202,499 | -99 | 6,202,400 | 33 |
| 34 | 3400 | Skilled Nursing Facility | | | | | | | | 34 |
| 35.00 | 3500 | Nursing Facility | | | | | | | | 35.00 |
| 36 | 3600 | Other Long Term Care | | | | | | | | 36 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37.05 | 3700 | Operating Room | 15,271,018 | 57,696,227 | 72,967,245 | -49,456,663 | 23,510,582 | -2,953,870 | 20,556,712 | 37.05 |
| 38 | 3800 | Recovery Room | 6,239,053 | 481,833 | 6,720,886 | -44,630 | 6,676,256 | 243 | 6,676,499 | 38 |
| 39.05 | 3900 | Delivery Room & Labor Room | 8,539,535 | 1,665,943 | 10,205,478 | -689,960 | 9,515,518 | -354,627 | 9,160,891 | 39.05 |
| 40.05 | 4000 | Anesthesiology | 23,157,118 | 5,505,680 | 28,662,798 | -1,449,566 | 27,213,232 | -20,524,898 | 6,688,334 | 40.05 |
| 41.05 | 4100 | Radiology-Diagnostic | 14,365,461 | 15,505,059 | 29,870,520 | -4,250,489 | 25,620,031 | -5,536,702 | 20,083,329 | 41.05 |
| 42.05 | 4200 | Radiology-Therapeutic | 1,388,570 | 3,074,512 | 4,463,082 | -12,135 | 4,450,947 | -130,705 | 4,320,242 | 42.05 |
| 43 | 4300 | Radioisotope | 817,007 | 2,413,052 | 3,230,059 | -2,135,306 | 1,094,753 | -109,855 | 984,898 | 43 |
| 44.05 | 4400 | Laboratory | 15,252,760 | 41,449,154 | 56,701,914 | 3,683,960 | 60,385,874 | -7,277,377 | 53,108,497 | 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 | 10,167,580 | 3,581,446 | 13,749,026 | -408,475 | 13,340,551 | -15,384 | 13,325,167 | 49.05 |
| 50.05 | 5000 | Physical Therapy | 3,887,361 | 166,624 | 4,053,985 | -5,899 | 4,048,086 | -833 | 4,047,253 | 50.05 |
| 51 | 5100 | Occupational Therapy | | | | | | | | 51 |
| 52 | 5200 | Speech Pathology | | 1,378,704 | 1,378,704 | | 1,378,704 | 127 | 1,378,831 | 52 |
| 53.05 | 5300 | Electrocardiology | 1,012,322 | 1,260,865 | 2,273,187 | -18,487 | 2,254,700 | -1,245,931 | 1,008,769 | 53.05 |
| 53.40 | 5300 | Cardiac Catheterization Laboratory | 5,338,193 | 28,292,183 | 33,630,376 | -25,404,312 | 8,226,064 | -185,216 | 8,040,848 | 53.40 |
| 54 | 5400 | Electroencephalography | | | | | | | | 54 |
| 55 | 5500 | Medical Supplies Charged to Patients | 800,244 | 3,241,456 | 4,041,700 | 32,028,449 | 36,070,149 | -19,616 | 36,050,533 | 55 |
| 55.30 | 5530 | Implantable Devices Charged to Patients | | | | 59,452,371 | 59,452,371 | | 59,452,371 | 55.30 |
| 56 | 5600 | Drugs Charged to Patients | | | | 53,709,641 | 53,709,641 | -1,410,861 | 52,298,780 | 56 |
| 57 | 5700 | Renal Dialysis | 1,829,988 | 1,133,689 | 2,963,677 | -736,107 | 2,227,570 | -113,760 | 2,113,810 | 57 |
| 58 | 5800 | ASC (Non-Distinct Part) | 8,089,212 | 11,725,237 | 19,814,449 | -7,259,341 | 12,555,108 | 61,112 | 12,616,220 | 58 |
| 59.30 | 5900 | Other Ancillary Cost Centers | 4,421,391 | 4,728,124 | 9,149,515 | -1,098,953 | 8,050,562 | -3,352 | 8,047,210 | 59.30 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60.05 | 6000 | Clinic | 45,933,847 | 31,591,014 | 77,524,861 | -12,822,900 | 64,701,961 | -19,189,163 | 45,512,798 | 60.05 |
| 61 | 6100 | Emergency | 13,839,428 | 8,457,765 | 22,297,193 | -1,423,057 | 20,874,136 | -4,251,052 | 16,623,084 | 61 |
| 62.05 | 6200 | Observation Beds (DistinctPart) | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | 62.05 |
| 63.00 | | Other Outpatient Service (specify) | | | | | | | | 63.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 64 | 6400 | Home Program Dialysis | | | | | | | | 64 |

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| RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES | | | PROVIDER NO: 340113 | | 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 | |
| 65 | 6500 | Ambulance Services | 6,076,600 | 12,190,694 | 18,267,294 | -8,821 | 18,258,473 | -230,016 | 18,028,457 | 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 | | 5,103 | 5,103 | | 5,103 | -5,103 | | 71 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 82 | 8200 | Lung Acquisition | | | | | | | | 82 |
| 83 | 8300 | Kidney Acquisition | 3,928,855 | 12,973,704 | 16,902,559 | -5,355,596 | 11,546,963 | -7,927,778 | 3,619,185 | 83 |
| 84 | 8400 | Livery Acquisition | 696,717 | 2,137,424 | 2,834,141 | 2,616,316 | 5,450,457 | -1,838,605 | 3,611,852 | 84 |
| 85.05 | 8500 | Heart Acquisition | 404,671 | 640,123 | 1,044,794 | 1,060,897 | 2,105,691 | -330,205 | 1,775,486 | 85.05 |
| 85.10 | 8500 | Intestine Acquisition | | | | 570,528 | 570,528 | | 570,528 | 85.10 |
| 86 | 8600 | Other Organ Acquisition (specify) | | | | 1,210,614 | 1,210,614 | | 1,210,614 | 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) | 484,350,915 | 773,292,129 | 1,257,643,044 | 2,276,213 | 1,259,919,257 | -204,030,624 | 1,055,888,633 | 95 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 96 | 9600 | Gift, Flower, Coffee Shop, & Canteen | | 24,202 | 24,202 | | 24,202 | 1,830 | 26,032 | 96 |
| 97 | 9700 | Research | | | | | | | | 97 |
| 98 | 9800 | Physicians' Private Offices | 20,202,237 | 13,088,660 | 33,290,897 | -515,167 | 32,775,730 | -6,136,825 | 26,638,905 | 98 |
| 99 | 9900 | Nonpaid Workers | 16,452,091 | 9,309,103 | 25,761,194 | -1,761,046 | 24,000,148 | -3,628,229 | 20,371,919 | 99 |
| 100 | | Other Nonreimbursable (specify) | | | | | | | | 100 |
| 101 | | TOTAL (sum of lines 95-100) | 521,005,243 | 795,714,094 | 1,316,719,337 | | 1,316,719,337 | -213,793,848 | 1,102,925,489 | 101 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| 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: 340113 | 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 |
| 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 |

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 | 1,545,346 | 3,816,688 | | 3,816,688 | | 5,362,034 | | 1 |
| 2 | Land Improvements | 3,244,936 | 4,744,998 | | 4,744,998 | | 7,989,934 | | 2 |
| 3 | Buildings and Fixtures | 494,913,668 | 107,068,699 | | 107,068,699 | | 601,982,367 | | 3 |
| 4 | Building Improvements | 7,885,434 | 5,463,740 | | 5,463,740 | | 13,349,174 | | 4 |
| 5 | Fixed Equipment | 334,737,942 | 37,480,587 | | 37,480,587 | | 372,218,529 | | 5 |
| 6 | Movable Equipment | 11,588,871 | 8,229 | | 8,229 | | 11,597,100 | | 6 |
| 7 | Subtotal (sum of lines 1-6) | 853,916,197 | 158,582,941 | | 158,582,941 | | 1,012,499,138 | | 7 |
| 8 | Reconciling Items | | 1,433,412 | | 1,433,412 | | 1,433,412 | | 8 |
| 9 | Total (line 7 minus line 8) | 853,916,197 | 157,149,529 | | 157,149,529 | | 1,011,065,726 | | 9 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| RECONCILIATION OF CAPITAL COSTS CENTERS | PROVIDER NO: 340113 | 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 | | | | | | | | | 3 |
| 4 | New Capital Related Costs-Movable Equipment | | | | | | | | | 4 |
| 5 | Total (sum of lines 1-4) | | | | | | | | | 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 | 21,920,504 | | 1,912,542 | | | | 24,617,470 | 3 |
| 4 | New Capital Related Costs-Movable Equipment | 30,925,054 | | 2,466,588 | | | | 34,241,434 | 4 |
| 5 | Total (sum of lines 1-4) | 52,845,558 | | 4,379,130 | | | | 58,858,904 | 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 appropriate 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| | ADJUSTMENTS TO EXPENSES | PROVIDER NO: 340113 | 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) | | | Old Buildings and Fixtures | 1 | | 1 |
| 2 | Investment income - old movable equipment (chapter 2) | | | Old Movable Equipment | 2 | | 2 |
| 3 | Investment income - new buildings and fixtures (chapter 2) | | | New Buildings and Fixtures | 3 | | 3 |
| 4 | Investment income - new movable equipment (chapter 2) | | | New Movable Equipment | 4 | | 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) | | -50,068 | | | | 9 |
| 10 | Television and radio service (chapter 21) | | | | | | 10 |
| 11 | Parking lot (chapter 21) | | | | | | 11 |
| 12 | Provider-based physician adjustment | Wkst A-8-2 | -80,309,022 | | | | 12 |
| 13 | Sale of scrap, waste, etc. (chapter 23) | | | | | | 13 |
| 14 | Related organization transactions (chapter 10) | Wkst A-8-1 | 158,940 | | | | 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) | Wkst A-8-4 Wkst A-8- | | Respiratory Therapy | 49 | | 25 |
| 26 | Adjustment for physical therapy costs in excess of limitation (chapter 14) | Wkst A-8- Wkst A-8- | | Physical Therapy | 50 | | 26 |
| 27 | Adjustment for HHA physical therapy costs in excess of limitation | Wkst A-8-3 | | HHA | 71 | | 27 |
| 28 | Utilization review - physicians' compensation (chapter 21) | | | Utilization Review - SNF | 89 | | 28 |
| 29 | Depreciation - old buildings and fixtures | | | Old Buildings and Fixtures | 1 | | 29 |
| 30 | Depreciation - old movable equipment | | | Old Movable Equipment | 2 | | 30 |
| 31 | Depreciation - new buildings and fixtures | | | New Buildings and Fixtures | 3 | | 31 |
| 32 | Depreciation - new movable equipment | | | New Movable Equipment | 4 | | 32 |
| 33 | Non-physician Anesthetist | | | Non-Physician Anesthetist | 20 | | 33 |
| 34 | Physicians' assistant | | | | | | 34 |
| 35 | Adjustment for occupational therapy costs in excess of limitation (chapter 14) | Wkst A-8- | | Occupational Therapy | 51 | | 35 |
| 36 | Adjustment for speech pathology costs in excess of limitation (chapter 14) | Wkst A-8- | | Speech Pathology | 52 | | 36 |
| 37 | Other adjustments (specify) (3) | | -133,593,698 | | | | 37 |
| 50 | TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 101.) | | -213,793,848 | | | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| Statement of Costs of Services from Related Organizations and Home Office Costs | PROVIDER NO: 340113 | 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 | 420 | 420 | | | 1 |
| 2 | 6 | | HOME OFFICE COST | 164,861,835 | 165,248,064 | -386,229 | | 2 |
| 3 | 8 | | HOME OFFICE COST | 392,157 | 260,804 | 131,353 | | 3 |
| 4.00 | 10 | | HOME OFFICE COST | 5,158 | 5,571 | -413 | | 4.00 |
| 4.01 | 11 | | HOME OFFICE COST | 85,062 | 82,297 | 2,765 | | 4.01 |
| 4.02 | 14 | | HOME OFFICE COST | 14,997 | 15,375 | -378 | | 4.02 |
| 4.03 | 15 | | HOME OFFICE COST | 53,615 | 64,282 | -10,667 | | 4.03 |
| 4.04 | 16 | | HOME OFFICE COST | 333,842 | 405,134 | -71,292 | | 4.04 |
| 4.05 | 17 | | HOME OFFICE COST | 2,276,190 | 1,842,764 | 433,426 | | 4.05 |
| 4.06 | 18 | | HOME OFFICE COST | 10,128 | 7,887 | 2,241 | | 4.06 |
| 4.07 | 19 | | HOME OFFICE COST | 2,499 | 2,910 | -411 | | 4.07 |
| 4.08 | 21 | | HOME OFFICE COST | 742,702 | 856,024 | -113,322 | | 4.08 |
| 4.09 | 23 | | HOME OFFICE COST | 3,073,325 | 4,827,106 | -1,753,781 | | 4.09 |
| 4.10 | 24 | | HOME OFFICE COST | 19 | 19 | | | 4.10 |
| 4.11 | 24 | | HOME OFFICE COST | | | | | 4.11 |
| 4.12 | 24 | | HOME OFFICE COST | 34,008 | 43,200 | -9,192 | | 4.12 |
| 4.13 | 24 | | HOME OFFICE COST | 49,335 | 57,130 | -7,795 | | 4.13 |
| 4.14 | 24 | | HOME OFFICE COST | | | | | 4.14 |
| 4.15 | 16 | | HOME OFFICE COST | | | | | 4.15 |
| 4.16 | 24 | | HOME OFFICE COST | | | | | 4.16 |
| 4.17 | 25 | | HOME OFFICE COST | 247,690 | 265,341 | -17,651 | | 4.17 |
| 4.18 | 26 | | HOME OFFICE COST | 114,409 | 200,388 | -85,979 | | 4.18 |
| 4.19 | 26 | | HOME OFFICE COST | 229,449 | 406,375 | -176,926 | | 4.19 |
| 4.20 | 27 | | HOME OFFICE COST | 802 | 942 | -140 | | 4.20 |
| 4.21 | 27 | | HOME OFFICE COST | 139 | 191 | -52 | | 4.21 |
| 4.22 | 29 | | HOME OFFICE COST | 5,977 | 4,699 | 1,278 | | 4.22 |
| 4.23 | 29 | | HOME OFFICE COST | 887 | 943 | -56 | | 4.23 |
| 4.24 | 29 | | HOME OFFICE COST | 610 | 1,075 | -465 | | 4.24 |
| 4.25 | 29 | | HOME OFFICE COST | 64,709 | 110,242 | -45,533 | | 4.25 |
| 4.26 | 31 | | HOME OFFICE COST | 99,451 | 84,775 | 14,676 | | 4.26 |
| 4.27 | 31 | | HOME OFFICE COST | 479 | 777 | -298 | | 4.27 |
| 4.28 | 33 | | HOME OFFICE COST | 3,075 | 3,174 | -99 | | 4.28 |
| 4.29 | 37 | | HOME OFFICE COST | 296,556 | 351,973 | -55,417 | | 4.29 |
| 4.30 | 38 | | HOME OFFICE COST | 2,383 | 2,140 | 243 | | 4.30 |
| 4.31 | 39 | | HOME OFFICE COST | 252,022 | 315,048 | -63,026 | | 4.31 |
| 4.32 | 40 | | HOME OFFICE COST | 3,198 | 3,523 | -325 | | 4.32 |
| 4.33 | 41 | | HOME OFFICE COST | 482,691 | 542,716 | -60,025 | | 4.33 |
| 4.34 | 41 | | HOME OFFICE COST | 109,662 | 134,039 | -24,377 | | 4.34 |
| 4.35 | 41 | | HOME OFFICE COST | 202,493 | 256,989 | -54,496 | | 4.35 |
| 4.36 | 42 | | HOME OFFICE COST | 539,131 | 667,497 | -128,366 | | 4.36 |
| 4.37 | 43 | | HOME OFFICE COST | 39,086 | 43,467 | -4,381 | | 4.37 |
| 4.38 | 44 | | HOME OFFICE COST | 1,860,335 | 1,938,533 | -78,198 | | 4.38 |
| 4.39 | 44 | | HOME OFFICE COST | 10,841 | 11,960 | -1,119 | | 4.39 |
| 4.40 | 44 | | HOME OFFICE COST | 14,299 | 17,000 | -2,701 | | 4.40 |
| 4.41 | 49 | | HOME OFFICE COST | 6,398 | 7,558 | -1,160 | | 4.41 |
| 4.42 | 50 | | HOME OFFICE COST | 646 | 602 | 44 | | 4.42 |
| 4.43 | 53 | | HOME OFFICE COST | 6,433 | 6,850 | -417 | | 4.43 |
| 4.44 | 54 | | HOME OFFICE COST | 9,694 | 7,053 | 2,641 | | 4.44 |
| 4.45 | 54 | | HOME OFFICE COST | 72,174 | 89,275 | -17,101 | | 4.45 |
| 4.46 | 55 | | HOME OFFICE COST | 13,399 | 14,882 | -1,483 | | 4.46 |
| 4.47 | 57 | | HOME OFFICE COST | 15,033 | 16,465 | -1,432 | | 4.47 |
| 4.48 | 58 | | HOME OFFICE COST | 1,885,074 | 1,790,414 | 94,660 | | 4.48 |
| 4.49 | 59 | | HOME OFFICE COST | 171 | 124 | 47 | | 4.49 |
| 4.50 | 59 | | HOME OFFICE COST | 23,296 | 25,637 | -2,341 | | 4.50 |
| 4.51 | 60 | | HOME OFFICE COST | 565,693 | 679,498 | -113,805 | | 4.51 |

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| Statement of Costs of Services from Related Organizations and Home Office Costs | | | | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | | WORKSHEET A-8-1 Part A | |
|---|---|---|---|---|---|---|---|---|
| 4.52 | 60 | | HOME OFFICE COST | 11,132 | 12,808 | -1,676 | | 4.52 |
| 4.53 | 60 | | HOME OFFICE COST | 1,172,033 | 1,401,654 | -229,621 | | 4.53 |
| 4.54 | 60 | | HOME OFFICE COST | 1,107,580 | 1,275,773 | -168,193 | | 4.54 |
| 4.55 | 60 | | HOME OFFICE COST | 3,951,613 | 4,737,413 | -785,800 | | 4.55 |
| 4.56 | 60 | | HOME OFFICE COST | 59,695 | 71,160 | -11,465 | | 4.56 |
| 4.57 | 60 | | HOME OFFICE COST | 30,752 | 35,659 | -4,907 | | 4.57 |
| 4.58 | 60 | | HOME OFFICE COST | 698,815 | 847,428 | -148,613 | | 4.58 |
| 4.59 | 60 | | HOME OFFICE COST | 154,705 | 187,161 | -32,456 | | 4.59 |
| 4.60 | 60 | | HOME OFFICE COST | 540,864 | 645,161 | -104,297 | | 4.60 |
| 4.61 | 60 | | HOME OFFICE COST | 90,299 | 111,266 | -20,967 | | 4.61 |
| 4.62 | 60 | | HOME OFFICE COST | 81,095 | 98,832 | -17,737 | | 4.62 |
| 4.63 | 60 | | HOME OFFICE COST | 7,993 | 14,180 | -6,187 | | 4.63 |
| 4.64 | 60 | | HOME OFFICE COST | 224,986 | 251,282 | -26,296 | | 4.64 |
| 4.65 | 60 | | HOME OFFICE COST | 109,540 | 108,471 | 1,069 | | 4.65 |
| 4.66 | 60 | | HOME OFFICE COST | 139,938 | 164,501 | -24,563 | | 4.66 |
| 4.67 | 60 | | HOME OFFICE COST | 304,067 | 367,002 | -62,935 | | 4.67 |
| 4.68 | 60 | | HOME OFFICE COST | 52,528 | 50,116 | 2,412 | | 4.68 |
| 4.69 | 60 | | HOME OFFICE COST | 37,705 | 32,131 | 5,574 | | 4.69 |
| 4.70 | 60 | | HOME OFFICE COST | 477,582 | 548,788 | -71,206 | | 4.70 |
| 4.71 | 61 | | HOME OFFICE COST | 285,612 | 272,053 | 13,559 | | 4.71 |
| 4.72 | 61 | | HOME OFFICE COST | 59,564 | 56,175 | 3,389 | | 4.72 |
| 4.73 | 61 | | HOME OFFICE COST | 1,826 | 2,074 | -248 | | 4.73 |
| 4.74 | 62 | | HOME OFFICE COST | 35,361 | 33,027 | 2,334 | | 4.74 |
| 4.75 | 65 | | HOME OFFICE COST | 767,393 | 348,951 | 418,442 | | 4.75 |
| 4.76 | 6 | | HOME OFFICE COST | 6,510 | 1,719 | 4,791 | | 4.76 |
| 4.77 | 83 | | HOME OFFICE COST | 366,014 | 424,364 | -58,350 | | 4.77 |
| 4.78 | 96 | | HOME OFFICE COST | 5,340 | 3,510 | 1,830 | | 4.78 |
| 4.79 | 98 | | HOME OFFICE COST | 64,108 | 83,217 | -19,109 | | 4.79 |
| 4.80 | 98 | | HOME OFFICE COST | 1,668,756 | 1,635,592 | 33,164 | | 4.80 |
| 4.81 | 98 | | HOME OFFICE COST | 490,015 | 660,380 | -170,365 | | 4.81 |
| 4.82 | 99 | | HOME OFFICE COST | 289 | 197 | 92 | | 4.82 |
| 4.83 | 99 | | HOME OFFICE COST | 56,720 | 90,465 | -33,745 | | 4.83 |
| 4.84 | 99 | | HOME OFFICE COST | 707,040 | 539,758 | 167,282 | | 4.84 |
| 4.85 | 99 | | HOME OFFICE COST | 30,049 | 53,452 | -23,403 | | 4.85 |
| 4.86 | 99 | | HOME OFFICE COST | 9,180 | 16,329 | -7,149 | | 4.86 |
| 4.87 | 99 | | HOME OFFICE COST | 14,603 | 3,901 | 10,702 | | 4.87 |
| 4.88 | 99 | | HOME OFFICE COST | 175,647 | 220,298 | -44,651 | | 4.88 |
| 4.89 | 99 | | HOME OFFICE COST | 19,367 | 24,310 | -4,943 | | 4.89 |
| 4.90 | 3 | | HOME OFFICE INTEREST | 1,714,069 | | 1,714,069 | 11 | 4.90 |
| 4.91 | 4 | | HOME OFFICE INTEREST | 2,466,588 | | 2,466,588 | 11 | 4.91 |
| 5 | TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 14. | | | 197,310,650 | 197,151,710 | 158,940 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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| Statement of Costs of Services from Related Organizations and Home Office Costs | PROVIDER NO: 340113 | 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 | | | HEALTHCARE SYSTEM | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | | | PROVIDER NO.: 340113 | | PERIOD: FROM 01/01/2010 TO 12/31/2010 | | WORKSHEET B. PART I | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| COST CENTER DESCRIPTIONS | | NET EXPENSES FOR COST ALLOCATION (from Wksf. 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 | 24,617,470 | | | 24,617,470 | | | | | | | 3 |
| 4 | New Capital Related Costs-Movable Equipment | 34,241,434 | | | | 34,241,434 | | | | | | 4 |
| 5 | Employee Benefits | 138,012,949 | | | | 81 | 138,013,030 | | | | | 5 |
| 6.05 | Administrative & General | 188,793,409 | | | 1,254,956 | 4,068,780 | 5,177,819 | 199,294,964 | 199,294,964 | | | 6.05 |
| 7 | Maintenance and Repairs | | | | | | | | | | | 7 |
| 8 | Operation of Plant | 18,335,648 | | | 216,260 | 88,795 | 1,399,689 | 20,040,392 | 4,419,728 | | 24,460,120 | 8 |
| 9 | Laundry and Linen Service | 4,509,588 | | | | 296 | 69,883 | 4,579,767 | 1,010,026 | | | 9 |
| 10 | Housekeeping | 9,827,312 | | | 556,878 | 32,666 | 1,512,797 | 11,929,653 | 2,630,978 | | 588,489 | 10 |
| 11 | Dietary | 12,826,689 | | | 1,380,290 | 278,539 | 40,056 | 14,525,574 | 3,203,485 | | 1,458,640 | 11 |
| 12 | Cafeteria | | | | | | | | | | | 12 |
| 13 | Maintenance of Personnel | | | | | | | | | | | 13 |
| 14 | Nursing Administration | 4,887,520 | | | 287,334 | 1,998,805 | 1,356,786 | 8,530,445 | 1,881,313 | | 303,644 | 14 |
| 15 | Central Services and Supply | 5,162,901 | | | 103,111 | 104,879 | 347,934 | 5,718,825 | 1,261,235 | | 108,964 | 15 |
| 16 | Pharmacy | 19,367,924 | | | 398,838 | 120,983 | 4,038,828 | 23,926,573 | 5,276,790 | | 421,477 | 16 |
| 17 | Medical Records and Medical Records Library | 9,364,125 | | | 336,715 | 25,874 | 1,458,666 | 11,185,380 | 2,466,835 | | 355,828 | 17 |
| 18 | Social Service | 7,693,512 | | | 151,711 | 25,901 | 1,989,836 | 9,860,960 | 2,174,746 | | 160,323 | 18 |
| 19.05 | Other General Service Cost Centers | 317,286 | | | 43,748 | 2,104 | 65,429 | 428,567 | 94,517 | | 46,232 | 19.05 |
| 20 | Nonphysician Anesthetists | | | | | | | | | | | 20 |
| 21 | Nursing School | 3,361,038 | | | | 66,323 | 930,827 | 4,358,188 | 961,159 | | | 21 |
| 22 | Intern &Res. Service-Salary &Fringes (Approved) | 11,961,827 | | | | | 3,213,270 | 15,175,097 | 3,346,731 | | | 22 |
| 23 | Intern &Res. Other Program Costs (Approved) | 25,696,511 | | | | 834,623 | 19,827,434 | 46,358,568 | 10,223,965 | | | 23 |
| 24 | Paramedical Ed. Program (specify) | 1,826,702 | | | 48,935 | 13,054 | 640,712 | 2,529,403 | 557,837 | | 51,712 | 24 |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | | | | |
| 25 | Adults and Pediatrics (General Routine Care) | 64,746,938 | | | 5,916,733 | 735,195 | 16,740,150 | 88,139,016 | 19,438,303 | | 6,252,593 | 25 |
| 26 | Intensive Care Unit | 4,414,035 | | | 524,646 | 55,705 | 2,293,568 | 7,287,954 | 1,607,293 | | 554,426 | 26 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | | | PROVIDER NO.: 340113 | | 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 | 4,370,346 | | | | 99,044 | 1,068,308 | 5,537,698 | 1,221,289 | | | 27 |
| 28 | Burn Intensive Care Unit | | | | | | | | | | | 28 |
| 29 | Surgical Intensive Care Unit | 21,854,028 | | | 1,544,744 | 285,933 | 5,769,655 | 29,455,360 | 6,496,114 | | 1,632,429 | 29 |
| 30.15 | Neonatal ICU | 8,779,995 | | | 627,813 | 708,024 | 4,113,506 | 14,229,338 | 3,138,152 | | 663,450 | 30.15 |
| 30.25 | Detoxification ICU | 2,311,274 | | | 198,750 | 88,151 | 563,820 | 3,161,995 | 697,350 | | 210,031 | 30.25 |
| 31.00 | SubComponent 1 - 34S113 | 7,163,153 | | | 1,026,901 | 22,247 | 1,904,806 | 10,117,107 | 2,231,237 | | 1,085,192 | 31.00 |
| 31.01 | SubComponent 2 - 34T113 | 1,185,747 | | | 330,525 | 1,568 | 295,054 | 1,812,894 | 399,817 | | 349,286 | 31.01 |
| 33 | Nursery | 6,202,400 | | | 322,522 | 127,252 | 1,539,543 | 8,191,717 | 1,806,609 | | 340,830 | 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 | 20,556,712 | | | 2,095,069 | 2,215,754 | 4,090,005 | 28,957,540 | 6,386,325 | | 2,213,993 | 37.05 |
| 38 | Recovery Room | 6,676,499 | | | 603,080 | 36,891 | 1,671,975 | 8,988,445 | 1,982,321 | | 637,313 | 38 |
| 39.05 | Delivery Room & Labor Room | 9,160,891 | | | 635,034 | 298,714 | 2,277,101 | 12,371,740 | 2,728,476 | | 671,081 | 39.05 |
| 40.05 | Anesthesiology | 6,688,334 | | | 165,011 | 645,290 | 6,112,852 | 13,611,487 | 3,001,891 | | 174,378 | 40.05 |
| 41.05 | Radiology-Diagnostic | 20,083,329 | | | 1,215,892 | 2,823,709 | 3,853,441 | 27,976,371 | 6,169,936 | | 1,284,911 | 41.05 |
| 42.05 | Radiology-Therapeutic | 4,320,242 | | | | 1,302,408 | 373,007 | 5,995,657 | 1,322,288 | | | 42.05 |
| 43 | Radioisotope | 984,898 | | | 157,288 | 378,326 | 219,470 | 1,739,982 | 383,737 | | 166,216 | 43 |
| 44.05 | Laboratory | 53,108,497 | | | 565,354 | 699,525 | 4,073,608 | 58,446,984 | 12,889,956 | | 597,446 | 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 | 13,325,167 | | | 186,230 | 851,666 | 2,731,195 | 17,094,258 | 3,769,985 | | 196,801 | 49.05 |
| 50.05 | Physical Therapy | 4,047,253 | | | 191,110 | 19,044 | 1,044,250 | 5,301,657 | 1,169,233 | | 201,958 | 50.05 |
| 51 | Occupational Therapy | | | | | | | | | | | 51 |
| 52 | Speech Pathology | 1,378,831 | | | 3,151 | | | 1,381,982 | 304,784 | | 3,330 | 52 |
| 53.05 | Electrocardiology | 1,008,769 | | | 141,618 | 252,487 | 271,937 | 1,674,811 | 369,364 | | 149,656 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 8,040,848 | | | 357,348 | 1,514,496 | 1,429,026 | 11,341,718 | 2,501,314 | | 377,632 | 53.40 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | | | PROVIDER NO.: 340113 | | 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 | |
| 54 | Electroencephalography | | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | 36,050,533 | | | 175,802 | 822,631 | 214,967 | 37,263,933 | 8,218,225 | | 185,781 | 55 |
| 55.30 | Implantable Devices Charged to Patients | 59,452,371 | | | | | | 59,452,371 | 13,111,685 | | | 55.30 |
| 56 | Drugs Charged to Patients | 52,298,780 | | | | | | 52,298,780 | 11,534,025 | | | 56 |
| 57 | Renal Dialysis | 2,113,810 | | | 206,306 | 165,731 | 491,445 | 2,977,292 | 656,615 | | 218,017 | 57 |
| 58 | ASAC (Non-Distinct Part) | 12,616,220 | | | 62,458 | 481,860 | 2,170,006 | 15,330,544 | 3,381,014 | | 66,003 | 58 |
| 59.30 | Other Ancillary Cost Centers | 8,047,210 | | | 140,614 | 628,055 | 1,187,705 | 10,003,584 | 2,206,200 | | 148,595 | 59.30 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | | |
| 60.05 | Clinic | 45,512,798 | | | 785,491 | 1,176,666 | 12,205,165 | 59,680,120 | 13,161,915 | | 830,078 | 60.05 |
| 61 | Emergency | 16,623,084 | | | 1,262,261 | 447,595 | 3,704,022 | 22,036,962 | 4,860,054 | | 1,333,912 | 61 |
| 62.05 | Observation Beds (DistinctPart) | | | | | | | | | | | 62.05 |
| 63.00 | Other Outpatient Service (specify) | | | | | | | | | | | 63.00 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | | | | |
| 64 | Home Program Dialysis | | | | | | | | | | | 64 |
| 65 | Ambulance Services | 18,028,457 | | | 82,757 | 7,327,139 | 1,631,904 | 27,070,257 | 5,970,102 | | 87,454 | 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 | 3,619,185 | | | | 37,578 | 372,462 | 4,029,225 | 888,609 | | | 83 |
| 84 | Liver Acquisition | 3,611,852 | | | | 17,413 | 474,297 | 4,103,562 | 905,004 | | | 84 |
| 85.05 | Heart Acquisition | 1,775,486 | | | 14,639 | 7,756 | 236,639 | 2,034,520 | 448,695 | | 15,469 | 85.05 |
| 85.10 | Intestine Acquisition | 570,528 | | | | 3,276 | 54,086 | 627,890 | 138,475 | | | 85.10 |
| 86 | Other Organ Acquisition (specify) | 1,210,614 | | | | 8,620 | 142,149 | 1,361,383 | 300,241 | | | 86 |
| 92 | Ambulatory Surgical Center (Distinct Part) | | | | | | | | | | | 92 |
| 93 | Hospice | | | | | | | | | | | 93 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | | | PROVIDER NO.: 340113 | | 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 | |
| 94 | Other Special Purpose (specify) | | | | | | | | | | | 94 |
| 95 | SUBTOTALS (sum of lines 1-94) | 1,055,888,633 | | | 24,448,220 | 32,123,183 | 128,166,486 | 1,043,754,588 | 186,238,006 | | 24,281,263 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | | | |
| 96 | Gift, Flower, Coffee Shop, & Canteen | 26,032 | | | 151,795 | 14,567 | | 192,394 | 42,431 | | 160,411 | 96 |
| 97 | Research | | | | | | | | | | | 97 |
| 98 | Physicians' Private Offices | 26,638,905 | | | | 1,763,443 | 5,427,067 | 33,829,415 | 7,460,775 | | | 98 |
| 99 | Nonpaid Workers | 20,371,919 | | | 17,455 | 340,241 | 4,419,477 | 25,149,092 | 5,553,752 | | 18,446 | 99 |
| 100 | Other Nonreimbursable (specify) | | | | | | | | | | | 100 |
| 101 | Cross Foot Adjustments | | | | | | | | | | | 101 |
| 102 | Negative Cost Centers | | | | | | | | | | | 102 |
| 103 | Total (sum of lines 95-102) | 1,102,925,489 | | | 24,617,470 | 34,241,434 | 138,013,030 | 1,102,925,489 | 199,294,964 | | 24,460,120 | 103 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COST ALLOCATION - GENERAL SERVICE COSTS | PROVIDER NO.: 340113 | 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 | 5,589,793 | | | | | | | | | | 9 |
| 10 | Housekeeping | | 15,149,120 | | | | | | | | | 10 |
| 11 | Dietary | 74,407 | 19,271,863 | | | | | | | | | 11 |
| 12 | Cafeteria | | | 10,634,994 | 10,634,994 | | | | | | | 12 |
| 13 | Maintenance of Personnel | | | | | | | | | | | 13 |
| 14 | Nursing Administration | | 290,374 | | 88,817 | | 11,094,593 | | | | | 14 |
| 15 | Central Services and Supply | 67,310 | 69,491 | | 55,871 | | 2,118 | 7,283,814 | | | | 15 |
| 16 | Pharmacy | | 149,912 | | 291,791 | | | 30,959 | 30,097,502 | | | 16 |
| 17 | Medical Records and Medical Records Library | | 139,555 | | 199,531 | | | 93 | | 14,347,222 | | 17 |
| 18 | Social Service | | 34,746 | | 174,281 | | 31,515 | 292 | 1,201 | | 12,438,064 | 18 |
| 19.05 | Other General Service Cost Centers | | 12,409 | | 8,206 | | | 316 | | | | 19.05 |
| 20 | Nonphysician Anesthetists | | | | | | | | | | | 20 |
| 21 | Nursing School | | 161,319 | | 65,487 | | 1,994 | 214 | 1,223 | | | 21 |
| 22 | Intern &Res. Service-Salary &Fringes (Approved) | | | | | | | | | | | 22 |
| 23 | Intern &Res. Other Program Costs (Approved) | 19,377 | 273,001 | | 821,034 | | 29,510 | 3,945 | 72,643 | 852,188 | | 23 |
| 24 | Paramedical Ed. Program (specify) | | 233,293 | | 292,164 | | | 179 | 112 | | | 24 |
| | INPATIENT-ROUTINE SERVICE COST CENTERS | | | | | | | | | | | |
| 25 | Adults and Pediatrics (General Routine Care) | 2,088,725 | 2,911,181 | 4,501,553 | 2,022,011 | | 3,563,466 | 151,960 | 339,327 | 832,014 | 9,234,304 | 25 |
| 26 | Intensive Care Unit | | 362,347 | 266,848 | 162,478 | | 317,176 | 34,383 | 36,412 | 181,311 | 98,292 | 26 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | PROVIDER NO.: 340113 | 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 | 133 | 138,982 | 163,276 | 103,812 | | 222,408 | 16,781 | 21,771 | 81,962 | 34,343 | 27 |
| 28 | Burn Intensive Care Unit | | | | | | | | | | | 28 |
| 29 | Surgical Intensive Care Unit | 91,365 | 630,384 | 793,934 | 499,074 | | 1,016,924 | 106,055 | 119,925 | 391,046 | 478,037 | 29 |
| 30.15 | Neonatal ICU | 46,204 | 163,801 | | 258,457 | | 446,701 | 33,016 | 28,309 | 302,968 | 273,559 | 30.15 |
| 30.25 | Detoxification ICU | 3,636 | 138,982 | 71,614 | 50,541 | | 106,939 | 8,697 | 19,513 | 40,485 | 6,316 | 30.25 |
| 31.00 | SubComponent 1 - 34S113 | 93,484 | 473,456 | 618,151 | 193,067 | | 188,440 | 4,013 | | 137,385 | | 31.00 |
| 31.01 | SubComponent 2 - 34T113 | 36,558 | | 74,100 | 33,562 | | 56,705 | 2,915 | 1,015 | 13,223 | | 31.01 |
| 33 | Nursery | 192,196 | 287,892 | 272,132 | 186,473 | | 305,753 | 14,430 | 2,024 | 107,366 | 1,069,368 | 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 | 361,381 | 124,091 | | 391,804 | | 616,491 | 230,161 | 7,163 | 942,044 | 13,421 | 37.05 |
| 38 | Recovery Room | 49,887 | 138,982 | 7,059 | 137,641 | | 331,341 | 13,098 | 36,771 | 164,849 | 29,606 | 38 |
| 39.05 | Delivery Room & Labor Room | 1,016,144 | 779,294 | | 197,952 | | 382,704 | 22,600 | 6,300 | 151,318 | 6,711 | 39.05 |
| 40.05 | Anesthesiology | 136 | 12,409 | | 201,589 | | 58,734 | 185,951 | | 1,275,863 | | 40.05 |
| 41.05 | Radiology-Diagnostic | 141,990 | 327,602 | | 335,512 | | 117,849 | 98,302 | 1,312,287 | 1,384,994 | 1,184 | 41.05 |
| 42.05 | Radiology-Therapeutic | 25,903 | 37,227 | | 32,946 | | 18,544 | 1,292 | 2,057 | 176,881 | 1,579 | 42.05 |
| 43 | Radioisotope | 24,211 | 59,564 | | 14,549 | | 9 | 2,901 | 9,757 | 54,254 | | 43 |
| 44.05 | Laboratory | | 273,001 | | 471,281 | | 277,550 | 248,016 | 26,141 | 2,083,669 | | 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 | | 101,755 | | 237,087 | | 31,089 | 69,089 | 66,643 | 188,633 | | 49.05 |
| 50.05 | Physical Therapy | 404 | 49,637 | | 85,966 | | 25,904 | 199 | 203 | 59,545 | | 50.05 |
| 51 | Occupational Therapy | | | | | | | | | | | 51 |
| 52 | Speech Pathology | | 17,373 | | | | | | | 8,957 | | 52 |
| 53.05 | Electrocardiology | 22,490 | 151,391 | | 30,743 | | 16,977 | 1,668 | 551 | 107,578 | | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 88,454 | 238,255 | | 119,268 | | 120,014 | 104,836 | 68 | 485,257 | 4,342 | 53.40 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | PROVIDER NO.: 340113 | 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 | |
| 54 | Electroencephalography | | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | | 62,046 | | 33,456 | | 2,044 | 1,962,626 | 1,764 | 269,981 | | 55 |
| 55.30 | Implantable Devices Charged to Patients | | | | | | | 3,553,595 | | 828,631 | | 55.30 |
| 56 | Drugs Charged to Patients | | | | | | | | 25,673,077 | 1,441,975 | | 56 |
| 57 | Renal Dialysis | | 138,982 | | 37,474 | | 86,653 | 5,264 | 26,526 | 45,076 | 5,921 | 57 |
| 58 | ASAC (Non-Distinct Part) | 91,299 | 260,592 | | 204,708 | | 383,879 | 89,913 | | 344,336 | 5,526 | 58 |
| 59.30 | Other Ancillary Cost Centers | 51,520 | 163,800 | | 97,906 | | 165,771 | 82,481 | | 133,212 | 1,579 | 59.30 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | | |
| 60.05 | Clinic | 535,312 | 657,685 | 480,505 | 1,083,841 | | 859,092 | 52,934 | 68,210 | 401,592 | 4,342 | 60.05 |
| 61 | Emergency | 527,968 | 2,226,151 | 405,638 | 342,997 | | 541,749 | 79,657 | 14,759 | 593,532 | 987,656 | 61 |
| 62.05 | Observation Beds (DistinctPart) | | [illegible] | [illegible] | [illegible] | | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | 62.05 |
| 63.00 | Other Outpatient Service (specify) | | | | | | | | | | | 63.00 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | | | | |
| 64 | Home Program Dialysis | | | | | | | | | | | 64 |
| 65 | Ambulance Services | | 24,818 | | 139,958 | | 150,578 | 8,509 | 16,638 | 145,312 | | 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 | | 62,046 | | 89,870 | | 57,729 | 7,934 | 103,128 | 45,227 | 1,184 | 83 |
| 84 | Liver Acquisition | | | | 14,444 | | 16,616 | | | 17,014 | | 84 |
| 85.05 | Heart Acquisition | | | | 7,307 | | 14,215 | | | 5,128 | | 85.05 |
| 85.10 | Intestine Acquisition | | | | | | | | | | | 85.10 |
| 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.: 340113 | | 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) | 5,585,844 | 12,479,676 | 18,325,263 | 9,895,105 | | 10,703,865 | 7,236,196 | 28,027,208 | 14,347,222 | 12,438,064 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | | | |
| 96 | Gift, Flower, Coffee Shop, & Canteen | | 1,340,187 | | | | | | | | | 96 |
| 97 | Research | | | | | | | | | | | 97 |
| 98 | Physicians' Private Offices | 3,806 | 1,059,740 | | 396,365 | | 180,064 | 45,416 | 66,423 | | | 98 |
| 99 | Nonpaid Workers | 143 | 269,517 | 946,600 | 343,524 | | 210,664 | 2,202 | 2,003,871 | | | 99 |
| 100 | Other Nonreimbursable (specify) | | | | | | | | | | | 100 |
| 101 | Cross Foot Adjustments | | | | | | | | | | | 101 |
| 102 | Negative Cost Centers | | | | | | | | | | | 102 |
| 103 | Total (sum of lines 95-102) | 5,589,793 | 15,149,120 | 19,271,863 | 10,634,994 | | 11,094,593 | 7,283,814 | 30,097,502 | 14,347,222 | 12,438,064 | 103 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COST ALLOCATION - GENERAL SERVICE COSTS | PROVIDER NO.: 340113 | 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 |
| 19.05 | Other General Service Cost Centers | 590,247 | | | | | | | | | 19.05 |
| 20 | Nonphysician Anesthetists | | | | | | | | | | 20 |
| 21 | Nursing School | 3,159 | | 5,552,743 | | | | | | | 21 |
| 22 | Intern &Res. Service-Salary &Fringes (Approved) | | | | 18,521,828 | | | | | | 22 |
| 23 | Intern &Res. Other Program Costs (Approved) | | | | | 58,654,231 | | | | | 23 |
| 24 | Paramedical Ed. Program (specify) | 5,964 | | | | | | | | 3,670,664 | 24 |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | | | |
| 25 | Adults and Pediatrics (General Routine Care) | 269,693 | | 4,085,067 | 6,727,989 | 21,305,945 | 365,523 | 172,228,670 | -28,033,934 | 144,194,736 | 25 |
| 26 | Intensive Care Unit | 10,899 | | | 371,422 | 1,176,204 | 20,693 | 12,488,138 | -1,547,626 | 10,940,512 | 26 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | | PROVIDER NO.: 340113 | | 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 | | | | 227,265 | 719,695 | 12,335 | 8,501,750 | -946,960 | 7,554,790 | 27 |
| 28 | Burn Intensive Care Unit | | | | | | | | | | 28 |
| 29 | Surgical Intensive Care Unit | 28,541 | | 197,021 | 1,510,991 | 4,784,950 | 59,979 | 48,292,129 | -6,295,941 | 41,996,188 | 29 |
| 30.15 | Neonatal ICU | 45,934 | | 86,974 | 381,118 | 1,206,909 | 30,885 | 21,335,775 | -1,588,027 | 19,747,748 | 30.15 |
| 30.25 | Detoxification ICU | | | | 99,663 | 315,609 | 5,410 | 4,936,781 | -415,272 | 4,521,509 | 30.25 |
| 31.00 | SubComponent 1 - 34S113 | | | 423,076 | 19,561 | 61,945 | 50,430 | 15,696,544 | -81,506 | 15,615,038 | 31.00 |
| 31.01 | SubComponent 2 - 34T113 | 8,696 | | | | | 5,598 | 2,794,369 | | 2,794,369 | 31.01 |
| 33 | Nursery | 54,433 | | 104,214 | 129,123 | 408,901 | | 13,473,461 | -538,024 | 12,935,437 | 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 | 18,889 | | 68,439 | 1,885,791 | 5,971,853 | 383,938 | 48,573,324 | -7,857,644 | 40,715,680 | 37.05 |
| 38 | Recovery Room | 2,016 | | | 12,399 | 39,264 | | 12,570,992 | -51,663 | 12,519,329 | 38 |
| 39.05 | Delivery Room & Labor Room | 5,278 | | 330,787 | 985,210 | 3,119,926 | 28,741 | 22,804,262 | -4,105,136 | 18,699,126 | 39.05 |
| 40.05 | Anesthesiology | | | | | | 764,949 | 19,287,387 | | 19,287,387 | 40.05 |
| 41.05 | Radiology-Diagnostic | 977 | | 8,296 | 69,291 | 219,428 | 621,842 | 40,070,772 | -288,719 | 39,782,053 | 41.05 |
| 42.05 | Radiology-Therapeutic | | | | | | 6,870 | 7,621,244 | | 7,621,244 | 42.05 |
| 43 | Radioisotope | | | | | | 13,739 | 2,468,919 | | 2,468,919 | 43 |
| 44.05 | Laboratory | 509 | | | 439 | 1,391 | 758,241 | 76,074,624 | -1,830 | 76,072,794 | 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 | | | | | | | 21,755,340 | | 21,755,340 | 49.05 |
| 50.05 | Physical Therapy | 4,083 | | | | | | 6,898,789 | | 6,898,789 | 50.05 |
| 51 | Occupational Therapy | | | | | | | | | | 51 |
| 52 | Speech Pathology | | | | | | | 1,716,426 | | 1,716,426 | 52 |
| 53.05 | Electrocardiology | | | | | | | 2,525,229 | | 2,525,229 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 5,683 | | | 10,777 | 34,129 | | 15,431,747 | -44,906 | 15,386,841 | 53.40 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | | PROVIDER NO.: 340113 | | 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 | |
| 54 | Electroencephalography | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | 24,936 | | | | | | 48,024,792 | | 48,024,792 | 55 |
| 55.30 | Implantable Devices Charged to Patients | | | | | | | 76,946,282 | | 76,946,282 | 55.30 |
| 56 | Drugs Charged to Patients | | | | | | 479,793 | 91,427,650 | | 91,427,650 | 56 |
| 57 | Renal Dialysis | 873 | | | | | | 4,198,693 | | 4,198,693 | 57 |
| 58 | ASAC (Non-Distinct Part) | 6,795 | | 24,887 | 154,157 | 488,177 | 4,881 | 20,836,711 | -642,334 | 20,194,377 | 58 |
| 59.30 | Other Ancillary Cost Centers | 1,808 | | 8,296 | 23,277 | 73,713 | | 13,161,742 | -96,990 | 13,064,752 | 59.30 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | |
| 60.05 | Clinic | 25,343 | | 185,355 | 3,291,545 | 10,423,541 | 27,550 | 91,768,960 | -13,715,086 | 78,053,874 | 60.05 |
| 61 | Emergency | 53,395 | | 30,331 | 2,187,618 | 6,927,666 | | 43,150,045 | -9,115,284 | 34,034,761 | 61 |
| 62.05 | Observation Beds (DistinctPart) | | | | | | | | | | 62.05 |
| 63.00 | Other Outpatient Service (specify) | | | | | | | | | | 63.00 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | | | |
| 64 | Home Program Dialysis | | | | | | | | | | 64 |
| 65 | Ambulance Services | | | | | | | 33,613,626 | | 33,613,626 | 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 | | | | | | | 5,284,952 | | 5,284,952 | 83 |
| 84 | Liver Acquisition | | | | | | | 5,056,640 | | 5,056,640 | 84 |
| 85.05 | Heart Acquisition | | | | | | | 2,525,334 | | 2,525,334 | 85.05 |
| 85.10 | Intestine Acquisition | | | | | | | 766,365 | | 766,365 | 85.10 |
| 86 | Other Organ Acquisition (specify) | | | | | | | 1,661,624 | | 1,661,624 | 86 |
| 92 | Ambulatory Surgical Center (Distinct Part) | | | | | | | | | | 92 |
| 93 | Hospice | | | | | | | | | | 93 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | | PROVIDER NO.: 340113 | | 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) | 577,904 | | 5,552,743 | 18,087,636 | 57,279,246 | 3,641,397 | 1,021,799,464 | -75,366,882 | 946,432,582 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | | |
| 96 | Gift, Flower, Coffee Shop, &Canteen | | | | | | | 1,735,423 | | 1,735,423 | 96 |
| 97 | Research | | | | | | | | | | 97 |
| 98 | Physicians' Private Offices | 12,343 | | | 430,678 | 1,363,858 | 29,267 | 44,878,150 | -1,794,536 | 43,083,614 | 98 |
| 99 | Nonpaid Workers | | | | 3,514 | 11,127 | | 34,512,452 | -14,641 | 34,497,811 | 99 |
| 100 | Other Nonreimbursable (specify) | | | | | | | | | | 100 |
| 101 | Cross Foot Adjustments | | | | | | | | | | 101 |
| 102 | Negative Cost Centers | | | | | | | | | | 102 |
| 103 | Total (sum of lines 95-102) | 590,247 | | 5,552,743 | 18,521,828 | 58,654,231 | 3,670,664 | 1,102,925,489 | -77,176,059 | 1,025,749,430 | 103 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COST ALLOCATION - STATISTICAL BASIS | PROVIDER NO. 340113 | 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 | 882,886 | | | | | | | | | 1 |
| 2 | Old Capital Related Costs-Movable Equipment | | | | | | | | | | 2 |
| 3 | New Capital Related Costs-Buildings and Fixtures | | | 882,886 | | | | | | | 3 |
| 4 | New Capital Related Costs-Movable Equipment | | | | 30,926,305 | | | | | | 4 |
| 5 | Employee Benefits | | | | 73 | 513,772,000 | | | | | 5 |
| 6.05 | Administrative & General | 45,008 | | 45,008 | 3,674,857 | 19,275,126 | | 903,664,000 | | | 6.05 |
| 7 | Maintenance and Repairs | | | | | | | | | | 7 |
| 8 | Operation of Plant | 7,756 | | 7,756 | 80,198 | 5,210,530 | | 20,040,392 | | 830,122 | 8 |
| 9 | Laundry and Linen Service | | | | 267 | 260,148 | | 4,579,765 | | | 9 |
| 10 | Housekeeping | 19,972 | | 19,972 | 29,503 | 5,631,590 | | 11,929,655 | | 19,972 | 10 |
| 11 | Dietary | 49,503 | | 49,503 | 251,572 | 149,113 | | 14,525,576 | | 49,502 | 11 |
| 12 | Cafeteria | | | | | | | | | | 12 |
| 13 | Maintenance of Personnel | | | | | | | | | | 13 |
| 14 | Nursing Administration | 10,305 | | 10,305 | 1,805,289 | 5,050,818 | | 8,530,446 | | 10,305 | 14 |
| 15 | Central Services and Supply | 3,698 | | 3,698 | 94,725 | 1,295,231 | | 5,718,823 | | 3,697 | 15 |
| 16 | Pharmacy | 14,304 | | 14,304 | 109,270 | 15,035,079 | | 23,926,572 | | 14,303 | 16 |
| 17 | Medical Records & Medical Records Library | 12,076 | | 12,076 | 23,369 | 5,430,080 | | 11,185,380 | | 12,076 | 17 |
| 18 | Social Service | 5,441 | | 5,441 | 23,393 | 7,407,431 | | 9,860,960 | | 5,441 | 18 |
| 19.05 | Other General Service Cost Centers | 1,569 | | 1,569 | 1,900 | 243,568 | | 428,568 | | 1,569 | 19.05 |
| 20 | Nonphysician Anesthetists | | | | | | | | | | 20 |
| 21 | Nursing School | | | | 59,902 | 3,465,128 | | 4,358,187 | | | 21 |
| 22 | Intern & Res. Service-Salary & Fringes (Approved) | | | | | 11,961,829 | | 15,175,097 | | | 22 |
| 23 | Intern & Res. Other Program Costs (Approved) | | | | 753,818 | 73,810,280 | | 46,358,568 | | | 23 |
| 24 | Paramedical Education Program (specify) | 1,755 | | 1,755 | 11,789 | 2,385,134 | | 2,529,400 | | 1,754 | 24 |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | | | |
| 25 | Adults and Pediatrics (General Routine Care) | 212,199 | | 212,199 | 664,016 | 62,317,456 | | 88,139,184 | | 212,199 | 25 |
| 26 | Intensive Care Unit | 18,816 | | 18,816 | 50,312 | 8,538,115 | | 7,287,955 | | 18,815 | 26 |

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| COST ALLOCATION - STATISTICAL BASIS | | | | | | PROVIDER NO. 340113 | | 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 | | | | 89,455 | 3,976,919 | | 5,537,696 | | | 27 |
| 28 | Burn Intensive Care Unit | | | | | | | | | | 28 |
| 29 | Surgical Intensive Care Unit | 55,401 | | 55,401 | 259,153 | 21,478,314 | | 29,455,358 | | 55,399 | 29 |
| 30.15 | Neonatal ICU | 22,516 | | 22,516 | 639,476 | 15,313,078 | | 14,229,336 | | 22,516 | 30.15 |
| 30.25 | Detoxification ICU | 7,128 | | 7,128 | 79,617 | 2,098,895 | | 3,161,997 | | 7,127 | 30.25 |
| 31.00 | SubComponent 1 - 34S113 | 36,829 | | 36,829 | 20,093 | 7,090,896 | | 10,117,107 | | 36,829 | 31.00 |
| 31.01 | SubComponent 2 - 34T113 | 11,854 | | 11,854 | 1,416 | 1,098,378 | | 1,812,891 | | 11,853 | 31.01 |
| 33 | Nursery | 11,567 | | 11,567 | 114,932 | 5,731,155 | | 8,191,715 | | 11,567 | 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 | 75,138 | | 75,138 | 2,001,234 | 15,225,592 | | 28,957,540 | | 75,137 | 37.05 |
| 38 | Recovery Room | 21,629 | | 21,629 | 33,319 | 6,224,151 | | 8,988,447 | | 21,628 | 38 |
| 39.05 | Delivery Room & Labor Room | 22,775 | | 22,775 | 269,794 | 8,476,814 | | 12,371,740 | | 22,774 | 39.05 |
| 40.05 | Anesthesiology | 5,918 | | 5,918 | 582,816 | 22,755,912 | | 13,611,487 | | 5,918 | 40.05 |
| 41.05 | Radiology-Diagnostic | 43,607 | | 43,607 | 2,550,329 | 14,344,950 | | 27,976,365 | | 43,606 | 41.05 |
| 42.05 | Radiology-Therapeutic | | | | 1,176,314 | 1,388,568 | | 5,995,656 | | | 42.05 |
| 43 | Radioisotope | 5,641 | | 5,641 | 341,698 | 817,006 | | 1,739,980 | | 5,641 | 43 |
| 44.05 | Laboratory | 20,276 | | 20,276 | 631,800 | 15,164,552 | | 58,446,981 | | 20,274 | 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 | 6,679 | | 6,679 | 769,211 | 10,167,240 | | 17,094,260 | | 6,678 | 49.05 |
| 50.05 | Physical Therapy | 6,854 | | 6,854 | 17,200 | 3,887,360 | | 5,301,658 | | 6,854 | 50.05 |
| 51 | Occupational Therapy | | | | | | | | | | 51 |
| 52 | Speech Pathology | 113 | | 113 | | | | 1,381,983 | | 113 | 52 |
| 53.05 | Electrocardiology | 5,079 | | 5,079 | 228,042 | 1,012,321 | | 1,674,808 | | 5,078 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 12,816 | | 12,816 | 1,367,869 | 5,319,740 | | 11,341,719 | | 12,815 | 53.40 |

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| COST ALLOCATION - STATISTICAL BASIS | | | | | | PROVIDER NO. 340113 | | 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 | |
| 54 | Electroencephalography | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | 6,305 | | 6,305 | 742,987 | 800,243 | | 37,263,932 | | 6,304 | 55 |
| 55.30 | Implantable Devices Charged to Patients | | | | | | | 59,452,368 | | | 55.30 |
| 56 | Drugs Charged to Patients | | | | | | | 52,298,780 | | | 56 |
| 57 | Renal Dialysis | 7,399 | | 7,399 | 149,686 | 1,829,470 | | 2,977,292 | | 7,399 | 57 |
| 58 | ASC (Non-Distinct Part) | 2,240 | | 2,240 | 435,208 | 8,078,138 | | 15,330,546 | | 2,239 | 58 |
| 59.30 | Other Ancillary Cost Centers | 5,043 | | 5,043 | 567,249 | 4,421,390 | | 10,003,581 | | 5,042 | 59.30 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | |
| 60.05 | Clinic | 28,171 | | 28,171 | 1,062,746 | 45,435,354 | | 59,680,118 | | 28,169 | 60.05 |
| 61 | Emergency | 45,270 | | 45,270 | 404,260 | 13,788,717 | | 22,036,964 | | 45,268 | 61 |
| 62.05 | | [illegible] | | [illegible] | [illegible] | [illegible] | | [illegible] | | [illegible] | 62.05 |
| 63.00 | Other Outpatient Service (specify) | | | | | | | | | | 63.00 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | | | |
| 64 | Home Program Dialysis | | | | | | | | | | 64 |
| 65 | Ambulance Services | 2,968 | | 2,968 | 6,617,746 | 6,074,981 | | 27,070,258 | | 2,967 | 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 | | | | 33,940 | 1,386,539 | | 4,029,223 | | | 83 |
| 84 | Liver Acquisition | | | | 15,727 | 1,765,634 | | 4,103,563 | | | 84 |
| 85.05 | Heart Acquisition | 525 | | 525 | 7,005 | 880,920 | | 2,034,519 | | 524 | 85.05 |
| 85.10 | Intestine Acquisition | | | | 2,959 | 201,342 | | 627,887 | | | 85.10 |
| 86 | Other Organ Acquisition (specify) | | | | 7,785 | 529,168 | | 1,361,384 | | | 86 |
| 92 | Ambulatory Surgical Center (Distinct Part) | | | | | | | | | | 92 |
| 93 | Hospice | | | | | | | | | | 93 |

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| COST ALLOCATION - STATISTICAL BASIS | | PROVIDER NO. 340113 | 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) | 876,816 | | 876,816 | 29,013,133 | 477,116,960 | | 844,459,776 | | 824,052 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | | |
| 96 | Gift, Flower, Coffee Shop, & Canteen | 5,444 | | 5,444 | 13,157 | | | 192,394 | | 5,443 | 96 |
| 97 | Research | | | | | | | | | | 97 |
| 98 | Physicians' Private Offices | | | | 1,592,714 | 20,202,984 | | 33,829,424 | | | 98 |
| 99 | Nonpaid Workers | 626 | | 626 | 307,301 | 16,452,093 | | 25,182,399 | | 626 | 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) | | | 24,617,470 | 34,241,434 | 138,013,030 | | 199,294,964 | | 24,460,120 | 103 |
| 104 | Unit cost multiplier (Wkst. B, Part I) | | | 27.882954 | 1.107194 | 0.268627 | | 0.220541 | | 29.465693 | 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 - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COST ALLOCATION - STATISTICAL BASIS | | | | | | PROVIDER NO.340113 | | 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 | 6,576,103 | | | | | | | | | | 9 |
| 10 | Housekeeping | | 317,409 | | | | | | | | | 10 |
| 11 | Dietary | 11,478 | 1,558 | 2,713,677 | | | | | | | | 11 |
| 12 | Cafeteria | | | 1,497,516 | 1,312,830 | | | | | | | 12 |
| 13 | Maintenance of Personnel | | | | | | | | | | | 13 |
| 14 | Nursing Administration | | 6,084 | | 10,963 | | 5,965,364 | | | | | 14 |
| 15 | Central Services and Supply | 79,186 | 1,455 | | 6,896 | | 1,138 | 121,859,968 | | | | 15 |
| 16 | Pharmacy | | 3,141 | | 36,019 | | | 517,951 | 62,965,880 | | | 16 |
| 17 | Medical Records & Medical Records Library | | 2,923 | | 24,630 | | | 1,555 | | 1,367,892,736 | | 17 |
| 18 | Social Service | | 728 | | 21,514 | | 16,945 | 4,885 | 2,512 | | 31,509 | 18 |
| 19.05 | Other General Service Cost Centers | | 259 | | 1,012 | | | 5,286 | | | | 19.05 |
| 20 | Nonphysician Anesthetists | | | | | | | | | | | 20 |
| 21 | Nursing School | | 3,380 | | 8,084 | | 1,072 | 3,580 | 2,558 | | | 21 |
| 22 | Intern & Res. Service-Salary & Fringes (Approved) | | | | | | | | | | | 22 |
| 23 | Intern & Res. Other Program Costs (Approved) | 22,796 | 5,720 | | 101,352 | | 15,866 | 66,000 | 151,973 | 200,044,144 | | 23 |
| 24 | Paramedical Education Program (specify) | | 4,886 | | 36,063 | | | 2,992 | 234 | | | 24 |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | | | | |
| 25 | Adults and Pediatrics (General Routine Care) | 2,457,277 | 60,995 | 633,865 | 249,605 | | 1,916,011 | 2,542,327 | 709,893 | 195,308,464 | 23,393 | 25 |
| 26 | Intensive Care Unit | | 7,592 | 37,574 | 20,056 | | 170,539 | 575,235 | 76,176 | 42,561,268 | 249 | 26 |

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| COST ALLOCATION - STATISTICAL BASIS | | | | | | PROVIDER NO.340113 | | 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 | 156 | 2,911 | 22,990 | 12,815 | | 119,584 | 280,750 | 45,546 | 19,239,906 | 87 | 27 |
| 28 | Burn Intensive Care Unit | | | | | | | | | | | 28 |
| 29 | Surgical Intensive Care Unit | 107,486 | 13,206 | 111,794 | 61,605 | | 546,779 | 1,774,324 | 250,888 | 91,794,840 | 1,208 | 29 |
| 30.15 | Neonatal ICU | 54,356 | 3,432 | | 31,905 | | 240,183 | 552,365 | 59,224 | 71,119,248 | 692 | 30.15 |
| 30.25 | Detoxification ICU | 4,277 | 2,911 | 10,083 | 6,239 | | 57,499 | 145,502 | 40,822 | 9,503,521 | 16 | 30.25 |
| 31.00 | SubComponent 1 - 34S113 | 109,979 | 9,919 | 87,042 | 23,833 | | 101,320 | 67,138 | | 32,250,002 | | 31.00 |
| 31.01 | SubComponent 2 - 34T113 | 43,008 | | 10,434 | 4,143 | | 30,489 | 48,768 | 2,123 | 3,103,990 | | 31.01 |
| 33 | Nursery | 226,108 | 6,032 | 38,318 | 23,019 | | 164,397 | 241,417 | 4,234 | 25,203,288 | 2,709 | 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 | 425,146 | 2,599 | | 48,365 | | 331,476 | 3,850,649 | 14,985 | 221,137,104 | 33 | 37.05 |
| 38 | Recovery Room | 58,689 | 2,911 | 993 | 16,991 | | 178,156 | 219,132 | 76,927 | 38,696,948 | 75 | 38 |
| 39.05 | Delivery Room & Labor Room | 1,195,441 | 16,328 | | 24,436 | | 205,773 | 378,103 | 13,179 | 35,520,660 | 17 | 39.05 |
| 40.05 | Anesthesiology | 159 | 259 | | 24,885 | | 31,580 | 3,111,005 | | 299,498,368 | | 40.05 |
| 41.05 | Radiology-Diagnostic | 167,043 | 6,864 | | 41,416 | | 63,364 | 1,644,615 | 2,745,386 | 325,115,984 | 2 | 41.05 |
| 42.05 | Radiology-Therapeutic | 30,473 | 779 | | 4,066 | | 9,970 | 21,615 | 4,303 | 41,521,364 | 4 | 42.05 |
| 43 | Radioisotope | 28,482 | 1,248 | | 1,795 | | 4 | 48,534 | 20,412 | 12,735,681 | | 43 |
| 44.05 | Laboratory | | 5,719 | | 58,175 | | 149,232 | 4,149,367 | 54,687 | 489,124,202 | | 44.05 |
| 45 | FBP 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 | | 2,132 | | 29,267 | | 16,715 | 1,155,875 | 139,421 | 44,280,048 | | 49.05 |
| 50.05 | Physical Therapy | 475 | 1,040 | | 10,612 | | 13,928 | 3,329 | 424 | 13,977,700 | | 50.05 |
| 51 | Occupational Therapy | | | | | | | | | | | 51 |
| 52 | Speech Pathology | | 364 | | | | | | | 2,102,582 | | 52 |
| 53.05 | Electrocardiology | 26,458 | 3,171 | | 3,795 | | 9,128 | 27,906 | 1,152 | 25,253,052 | | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 104,061 | 4,990 | | 14,721 | | 64,529 | 1,753,930 | 142 | 113,910,101 | 10 | 53.40 |

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| COST ALLOCATION - STATISTICAL BASIS | | | | | | PROVIDER NO.340113 | | 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 | |
| 54 | Electroencephalography | | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | | 1,300 | | 4,129 | | 1,099 | 32,835,208 | 3,690 | 63,375,824 | | 55 |
| 55.30 | Implantable Devices Charged to Patients | | | | | | | 59,452,504 | | 194,514,320 | | 55.30 |
| 56 | Drugs Charged to Patients | | | | | | | | 52,709,700 | 338,491,808 | | 56 |
| 57 | Renal Dialysis | | 2,911 | | 4,625 | | 46,591 | 88,067 | 55,494 | 10,581,221 | 14 | 57 |
| 58 | ASC (Non-Distinct Part) | 107,408 | 5,460 | | 25,270 | | 206,404 | 1,504,266 | | 80,830,048 | 13 | 58 |
| 59.30 | Other Ancillary Cost Centers | 60,610 | 3,430 | | 12,084 | | 89,131 | 1,379,926 | | 31,270,423 | 4 | 59.30 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | | |
| 60.05 | Clinic | 629,765 | 13,776 | 67,660 | 133,785 | | 461,907 | 885,589 | 142,694 | 94,270,420 | 9 | 60.05 |
| 61 | Emergency | 621,126 | 46,642 | 57,118 | 42,341 | | 291,287 | 1,332,679 | 30,876 | 139,326,763 | 2,502 | 61 |
| 62.05 | | | [illegible] | [illegible] | [illegible] | | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | 62.05 |
| 63.00 | Other Outpatient Service (specify) | | | | | | | | | | | 63.00 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | | | | |
| 64 | Home Program Dialysis | | | | | | | | | | | 64 |
| 65 | Ambulance Services | | 519 | | 17,277 | | 80,963 | 142,357 | 34,807 | 34,110,800 | | 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 | | 1,300 | | 11,093 | | 31,039 | 132,737 | 215,750 | 10,616,667 | 2 | 83 |
| 84 | Liver Acquisition | | | | 1,783 | | 8,934 | | | 3,993,896 | | 84 |
| 85.05 | Heart Acquisition | | | | 902 | | 7,643 | | | 1,203,755 | | 85.05 |
| 85.10 | Intestine Acquisition | | | | | | | | | | | 85.10 |
| 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.340113 | 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) | 6,571,457 | 261,477 | 2,580,386 | 1,221,494 | | 5,755,276 | 121,063,304 | 58,634,692 | 367,892,736 | 31,509 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | | | |
| 96 | Gift, Flower, Coffee Shop, & Canteen | | 28,080 | | | | | | | | | 96 |
| 97 | Research | | | | | | | | | | | 97 |
| 98 | Physicians' Private Offices | 4,477 | 22,203 | | 48,928 | | 96,816 | 759,819 | 138,960 | | | 98 |
| 99 | Nonpaid Workers | 168 | 5,646 | 133,291 | 42,404 | | 113,268 | 36,839 | 4,192,224 | | | 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) | 5,589,793 | 15,149,120 | 19,271,863 | 10,634,994 | | 11,094,593 | 7,283,814 | 30,097,502 | 14,347,222 | 12,438,064 | 103 |
| 104 | Unit cost multiplier (Wkst. B, Part I) | 0.850016 | 47.727444 | 7.101753 | 8.100816 | | 1.859835 | 0.059772 | 0.477997 | 0.004260 | 394.746399 | 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 - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COST ALLOCATION - STATISTICAL BASIS | | | | | PROVIDER NO. 340113 | | 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 |
| 19.05 | Other General Service Cost Centers | | | | | | | | | | 19.05 |
| 20 | Nonphysician Anesthetists | | | | | | | | | | 20 |
| 21 | Nursing School | 304 | | 42,839 | | | | | | | 21 |
| 22 | Intern & Res. Service-Salary & Fringes (Approved) | | | | 548,242 | | | | | | 22 |
| 23 | Intern & Res. Other Program Costs (Approved) | | | | | 548,242 | | | | | 23 |
| 24 | Paramedical Education Program (specify) | 574 | | | | | 329,702 | | | | 24 |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | | | |
| 25 | Adults and Pediatrics (General Routine Care) | 25,956 | | 31,515 | 199,146 | 199,146 | 176,816 | | | | 25 |
| 26 | Intensive Care Unit | 1,048 | | | 10,994 | 10,993 | 10,009 | | | | 26 |

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| COST ALLOCATION - STATISTICAL BASIS | | | | | PROVIDER NO. 340113 | | 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 | | | | 6,726 | 6,727 | 5,966 | | | | 27 |
| 28 | Burn Intensive Care Unit | | | | | | | | | | 28 |
| 29 | Surgical Intensive Care Unit | 2,744 | | 1,520 | 44,723 | 44,724 | 29,012 | | | | 29 |
| 30.15 | Neonatal ICU | 4,420 | | | | | | | | | 30.15 |
| 30.25 | Detoxification ICU | | | | | | | | | | 30.25 |
| 31.00 | SubComponent 1 - 34S113 | | | 3,263 | 579 | 579 | 24,394 | | | | 31.00 |
| 31.01 | SubComponent 2 - 34T113 | 836 | | | | | 2,707 | | | | 31.01 |
| 33 | Nursery | 5,238 | | 804 | 3,822 | 3,822 | | | | | 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 | 1,817 | | 528 | 55,818 | 55,819 | 2,123 | | | | 37.05 |
| 38 | Recovery Room | 194 | | | 367 | 367 | | | | | 38 |
| 39.05 | Delivery Room & Labor Room | 507 | | 2,551 | 29,161 | 29,161 | 158 | | | | 39.05 |
| 40.05 | Anesthesiology | | | | | | 47,310 | | | | 40.05 |
| 41.05 | Radiology-Diagnostic | 94 | | 64 | 2,050 | 2,050 | 8,690 | | | | 41.05 |
| 42.05 | Radiology-Therapeutic | | | | | | 96 | | | | 42.05 |
| 43 | Radioisotope | | | | | | 191 | | | | 43 |
| 44.05 | Laboratory | 48 | | | 12 | 13 | 3,742 | | | | 44.05 |
| 45 | FBP 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 | 392 | | | | | | | | | 50.05 |
| 51 | Occupational Therapy | | | | | | | | | | 51 |
| 52 | Speech Pathology | | | | | | | | | | 52 |
| 53.05 | Electrocardiology | | | | | | | | | | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 546 | | | 318 | 319 | | | | | 53.40 |

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| COST ALLOCATION - STATISTICAL BASIS | | | | | PROVIDER NO. 340113 | | 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 | |
| 54 | Electroencephalography | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | 2,399 | | | | | | | | | 55 |
| 55.30 | Implantable Devices Charged to Patients | | | | | | | | | | 55.30 |
| 56 | Drugs Charged to Patients | | | | | | 100 | | | | 56 |
| 57 | Renal Dialysis | 84 | | | | | | | | | 57 |
| 58 | ASC (Non-Distinct Part) | 653 | | 192 | 4,563 | 4,562 | 27 | | | | 58 |
| 59.30 | Other Ancillary Cost Centers | 174 | | 64 | 688 | 687 | | | | | 59.30 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | |
| 60.05 | Clinic | 2,437 | | 1,428 | 97,425 | 97,425 | 385 | | | | 60.05 |
| 61 | Emergency | 5,139 | | 234 | 64,753 | 64,753 | | | | | 61 |
| 62.05 | | | | | | | | | | | 62.05 |
| 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 |
| 85.05 | Heart Acquisition | | | | | | | | | | 85.05 |
| 85.10 | Intestine Acquisition | | | | | | | | | | 85.10 |
| 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. 340113 | 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) | 55,621 | | 42,839 | 535,390 | 535,390 | 329,293 | | | | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | | |
| 96 | Gift, Flower, Coffee Shop, & Cantoen | | | | | | | | | | 96 |
| 97 | Research | | | | | | | | | | 97 |
| 98 | Physicians' Private Offices | 1,187 | | | 12,745 | 12,747 | 408 | | | | 98 |
| 99 | Nonpaid Workers | | | | 104 | 104 | | | | | 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) | 590,247 | | 5,552,743 | 18,521,828 | 58,654,231 | 3,670,664 | | | | 103 |
| 104 | Unit cost multiplier (Wkst. B, Part I) | 10.390026 | | 129.618881 | 33.784039 | 106.986023 | 4,797.93* | | | | 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 |

*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.).

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COMPUTATION OF RATIO OF COSTS TO CHARGES | | | | | | PROVIDER NO: 340113 | | | 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) | 144,194,736 | | 144,194,736 | 27,633 | 144,222,369 | 192,964,547 | | 192,964,547 | | | | 25 |
| 26 | Intensive Care Unit | 10,940,512 | | 10,940,512 | 387,359 | 11,327,871 | 27,426,499 | | 27,426,499 | | | | 26 |
| 27 | Coronary Care Unit | 7,554,790 | | 7,554,790 | | 7,554,790 | 19,239,989 | | 19,239,989 | | | | 27 |
| 28 | Burn Intensive Care Unit | | | | | | | | | | | | 28 |
| 29 | Surgical Intensive Care Unit | 41,996,188 | | 41,996,188 | 356,153 | 42,352,341 | 85,179,412 | | 85,179,412 | | | | 29 |
| 30.15 | Neonatal ICU | 19,747,748 | | 19,747,748 | 1,837,389 | 21,585,137 | 47,568,091 | | 47,568,091 | | | | 30.15 |
| 30.25 | Detoxification ICU | 4,521,509 | | 4,521,509 | | 4,521,509 | 9,503,470 | | 9,503,470 | | | | 30.25 |
| 31.00 | SubComponent 1 - 34S113 | 15,615,038 | | 15,615,038 | | 15,615,038 | 32,249,936 | | 32,249,936 | | | | 31.00 |
| 31.01 | SubComponent 2 - 34T113 | 2,794,369 | | 2,794,369 | | 2,794,369 | 3,104,025 | | 3,104,025 | | | | 31.01 |
| 33 | Nursery | 12,935,437 | | 12,935,437 | | 12,935,437 | 25,203,399 | | 25,203,399 | | | | 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 | 40,715,680 | | 40,715,680 | | 40,715,680 | 179,200,954 | 41,936,101 | 221,137,055 | 0.184120 | 0.184120 | 0.184120 | 37.05 |
| 38 | Recovery Room | 12,519,329 | | 12,519,329 | | 12,519,329 | 22,392,189 | 16,304,718 | 38,696,907 | 0.323523 | 0.323523 | 0.323523 | 38 |
| 39.05 | Delivery Room & Labor Room | 18,699,126 | | 18,699,126 | | 18,699,126 | 33,155,817 | 2,364,723 | 35,520,540 | 0.526431 | 0.526431 | 0.526431 | 39.05 |
| 40.05 | Anesthesiology | 19,287,387 | | 19,287,387 | 409,657 | 19,697,044 | 163,644,824 | 93,245,812 | 256,890,636 | 0.075080 | 0.075080 | 0.076675 | 40.05 |
| 41.05 | Radiology-Diagnostic | 39,782,053 | | 39,782,053 | | 39,782,053 | 147,561,777 | 177,554,189 | 325,115,966 | 0.122363 | 0.122363 | 0.122363 | 41.05 |
| 42.05 | Radiology-Therapeutic | 7,621,244 | | 7,621,244 | | 7,621,244 | 2,120,756 | 39,400,608 | 41,521,364 | 0.183550 | 0.183550 | 0.183550 | 42.05 |
| 43 | Radioisotope | 2,468,919 | | 2,468,919 | | 2,468,919 | 4,354,221 | 8,381,463 | 12,735,684 | 0.193858 | 0.193858 | 0.193858 | 43 |
| 44.05 | Laboratory | 76,072,794 | | 76,072,794 | 122,150 | 76,194,944 | 185,293,612 | 217,633,033 | 402,926,645 | 0.188801 | 0.188801 | 0.189104 | 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 | 21,755,340 | | 21,755,340 | | 21,755,340 | 42,498,086 | 1,782,005 | 44,280,091 | 0.491312 | 0.491312 | 0.491312 | 49.05 |
| 50.05 | Physical Therapy | 6,898,789 | | 6,898,789 | | 6,898,789 | 13,711,088 | 266,681 | 13,977,769 | 0.493554 | 0.493554 | 0.493554 | 50.05 |

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| COMPUTATION OF RATIO OF COSTS TO CHARGES | | PROVIDER NO: 340113 | | | | | | | 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 | 1,716,426 | | 1,716,426 | | 1,716,426 | 1,944,190 | 158,500 | 2,102,690 | 0.816300 | 0.816300 | 0.816300 | 52 |
| 53.05 | Electrocardiology | 2,525,229 | | 2,525,229 | | 2,525,229 | 14,807,183 | 9,893,057 | 24,700,240 | 0.102235 | 0.102235 | 0.102235 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 15,386,841 | | 15,386,841 | | 15,386,841 | 67,258,074 | 46,652,133 | 113,910,207 | 0.135079 | 0.135079 | 0.135079 | 53.40 |
| 54 | Electroencephalography | | | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | 48,024,792 | | 48,024,792 | | 48,024,792 | 43,887,423 | 19,488,344 | 63,375,767 | 0.757778 | 0.757778 | 0.757778 | 55 |
| 55.30 | Implantable Devices Charged to Patients | 76,946,282 | | 76,946,282 | | 76,946,282 | 145,993,612 | 48,520,762 | 194,514,374 | 0.395581 | 0.395581 | 0.395581 | 55.30 |
| 56 | Drugs Charged to Patients | 91,427,650 | | 91,427,650 | | 91,427,650 | 223,555,302 | 114,936,389 | 338,491,691 | 0.270103 | 0.270103 | 0.270103 | 56 |
| 57 | Renal Dialysis | 4,198,693 | | 4,198,693 | | 4,198,693 | 5,909,081 | 4,672,245 | 10,581,326 | 0.396802 | 0.396802 | 0.396802 | 57 |
| 58 | ASC (Non-Distinct Part) | 20,194,377 | | 20,194,377 | | 20,194,377 | 9,212,515 | 71,617,607 | 80,830,122 | 0.249837 | 0.249837 | 0.249837 | 58 |
| 59.30 | Other Ancillary Cost Centers | 13,064,752 | | 13,064,752 | | 13,064,752 | 8,120,149 | 22,870,027 | 30,990,176 | 0.421577 | 0.421577 | 0.421577 | 59.30 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | | | | |
| 60.05 | Clinic | 78,053,874 | | 78,053,874 | 1,301,769 | 79,355,643 | 4,913,599 | 58,679,002 | 63,592,601 | 1.227405 | 1.227405 | 1.247875 | 60.05 |
| 61 | Emergency | 34,034,761 | | 34,034,761 | 142,705 | 34,177,466 | 48,904,733 | 90,421,948 | 139,326,681 | 0.244280 | 0.244280 | 0.245305 | 61 |
| 62.05 | Observation Beds (DistinctPart) | 5,829,376 | | 5,829,376 | | 5,829,376 | 866,775 | 11,437,371 | 12,304,146 | 0.473773 | 0.473773 | 0.473773 | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | 9,949,703 | | 9,949,703 | | 9,949,703 | | 7,377,229 | 7,377,229 | 1.348705 | 1.348705 | 1.348705 | 62.10 |
| 63.00 | Other Outpatient Service (specify) | | | | | | | | | | | | 63.00 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | | | | | |
| 64 | Home Program Dialysis | | | | | | | | | | | | 64 |
| 65 | Ambulance Services | 33,613,626 | | 33,613,626 | | 33,613,626 | 18,211 | 34,092,692 | 34,110,903 | 0.985422 | 0.985422 | 0.985422 | 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) | 941,087,370 | | 941,087,370 | 4,584,815 | 945,672,185 | 1,811,763,539 | 1,139,686,639 | 2,951,450,178 | | | | 101 |
| 102 | Less Observation Beds | 15,779,079 | | 15,779,079 | | 9,949,703 | | | | | | | 102 |
| 103 | Total (line 101 minus line 102) | 925,308,291 | | 925,308,291 | 4,584,815 | 935,722,482 | 1,811,763,539 | 1,139,686,639 | 2,951,450,178 | | | | 103 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS | | | | | | PROVIDER NO. 340113 | | 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 | 40,715,680 | 40,715,680 | | | | | 221,137,055 | | 0.184120 | 37.05 |
| 38 | Recovery Room | 12,519,329 | 12,519,329 | | | | | 38,696,907 | | 0.323523 | 38 |
| 39.05 | Delivery Room & Labor Room | 18,699,126 | 18,699,126 | | | | | 35,520,540 | | 0.526431 | 39.05 |
| 40.05 | Anesthesiology | 19,287,387 | 19,287,387 | | | | | 256,890,636 | | 0.075080 | 40.05 |
| 41.05 | Radiology-Diagnostic | 39,782,053 | 39,782,053 | | | | | 325,115,966 | | 0.122363 | 41.05 |
| 42.05 | Radiology-Therapeutic | 7,621,244 | 7,621,244 | | | | | 41,521,364 | | 0.183550 | 42.05 |
| 43 | Radioisotope | 2,468,919 | 2,468,919 | | | | | 12,735,684 | | 0.193858 | 43 |
| 44.05 | Laboratory | 76,072,794 | 76,072,794 | | | | | 402,926,645 | | 0.188801 | 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 | 21,755,340 | 21,755,340 | | | | | 44,280,091 | | 0.491312 | 49.05 |
| 50.05 | Physical Therapy | 6,898,789 | 6,898,789 | | | | | 13,977,769 | | 0.493554 | 50.05 |
| 51 | Occupational Therapy | | | | | | | | | | 51 |
| 52 | Speech Pathology | 1,716,426 | 1,716,426 | | | | | 2,102,690 | | 0.816300 | 52 |
| 53.05 | Electrocardiology | 2,525,229 | 2,525,229 | | | | | 24,700,240 | | 0.102235 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 15,386,841 | 15,386,841 | | | | | 113,910,207 | | 0.135079 | 53.40 |
| 54 | Electroencephalography | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | 48,024,792 | 48,024,792 | | | | | 63,375,767 | | 0.757778 | 55 |
| 56 | Drugs Charged to Patients | 91,427,650 | 91,427,650 | | | | | 338,491,691 | | 0.270103 | 56 |
| 57 | Renal Dialysis | 4,198,693 | 4,198,693 | | | | | 10,581,326 | | 0.396802 | 57 |
| 58 | ASC (Non-Distinct Part) | 20,194,377 | 20,194,377 | | | | | 80,830,122 | | 0.249837 | 58 |
| 59.30 | Other Ancillary Cost Centers | 13,064,752 | 13,064,752 | | | | | 30,990,176 | | 0.421577 | 59.30 |
| 60.05 | Clinic | 78,053,874 | 78,053,874 | | | | | 63,592,601 | | 1.227405 | 60.05 |
| 61 | Emergency | 34,034,761 | 34,034,761 | | | | | 139,326,681 | | 0.244280 | 61 |
| 62.05 | Observation Beds (DistinctPart) | 5,829,376 | 5,829,376 | | | | | 12,304,146 | | 0.473773 | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | | | | | | | 7,377,229 | | | 62.10 |

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| CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS | | | | | | PROVIDER NO. 340113 | | 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 | 33,613,626 | 33,613,626 | | | | | 34,110,903 | | 0.985422 | 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) | | | | | | | 2,951,450,178 | | | 101 |
| 102 | Less Observation Beds | | | | | | | | | | 102 |
| 103 | Total (sum of line 101 minus line 102) | 1,025,749,430 | | | | | | 2,951,450,178 | | | 103 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D, PART I |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340113

| | 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) | | | | 12,812,930 | | 12,812,930 | 187,409 | 57,304 | | | 68.37 | 3,917,874 | 25 |
| 26 | Intensive Care Unit | | | | 1,071,378 | | 1,071,378 | 10,010 | 4,496 | | | 107.03 | 481,207 | 26 |
| 27 | Coronary Care Unit | | | | 398,789 | | 398,789 | 5,967 | 3,042 | | | 66.83 | 203,297 | 27 |
| 28 | Burn Intensive Care Unit | | | | | | | | | | | | | 28 |
| 29 | Surgical Intensive Care Unit | | | | 3,541,498 | | 3,541,498 | 29,014 | 9,006 | | | 122.06 | 949,455 | 29 |
| 30.15 | Neonatal ICU | | | | 2,130,593 | | 2,130,593 | 14,940 | | | | 142.61 | | 30.15 |
| 30.25 | Detoxification ICU | | | | 472,803 | | 472,803 | 2,617 | 1,338 | | | 180.67 | 241,736 | 30.25 |
| 31.00 | SubComponent 1 - 34S113 | | | | 1,709,641 | | 1,709,641 | 27,569 | 4,686 | | | 62.01 | 290,579 | 31.00 |
| 31.01 | SubComponent 2 - 34T113 | | | | 458,334 | | 458,334 | 2,708 | | | | 169.25 | | 31.01 |
| 33 | Nursery | | | | 996,987 | | 996,987 | 23,115 | | | | 43.13 | | 33 |
| 101 | Total (lines 25-33) | | | | 23,592,953 | | 23,592,953 | 303,349 | 79,872 | | | | 6,084,148 | 101 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D, PART II |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340113

| | 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 | |
| (A) | ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37.05 | Operating Room | | 7,017,620 | 221,137,055 | 52,735,519 | | | 0.031734 | 1,673,509 | 37.05 |
| 38 | Recovery Room | | 1,144,262 | 38,696,907 | 6,722,420 | | | 0.029570 | 198,782 | 38 |
| 39.05 | Delivery Room & Labor Room | | 1,679,924 | 35,520,540 | 117,132 | | | 0.047294 | 5,540 | 39.05 |
| 40.05 | Anesthesiology | | 1,711,809 | 256,890,636 | 43,436,012 | | | 0.006664 | 289,458 | 40.05 |
| 41.05 | Radiology-Diagnostic | | 6,447,838 | 325,115,966 | 49,298,993 | | | 0.019832 | 1,052,549 | 41.05 |
| 42.05 | Radiology-Therapeutic | | 1,900,992 | 41,521,364 | 721,976 | | | 0.045783 | 33,054 | 42.05 |
| 43 | Radioisotope | | 706,045 | 12,735,684 | 2,175,226 | | | 0.055438 | 120,590 | 43 |
| 44.05 | Laboratory | | 4,083,513 | 402,926,645 | 61,156,166 | | | 0.010135 | 598,600 | 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 | | 3,293,245 | 44,280,091 | 14,011,554 | | | 0.074373 | 1,042,081 | 49.05 |
| 50.05 | Physical Therapy | | 443,372 | 13,977,769 | 4,761,763 | | | 0.031720 | 151,043 | 50.05 |
| 51 | Occupational Therapy | | | | | | | | | 51 |
| 52 | Speech Pathology | | 53,201 | 2,102,690 | 817,198 | | | 0.025301 | 20,676 | 52 |
| 53.05 | Electrocardiology | | 511,149 | 24,700,240 | 8,266,240 | | | 0.020694 | 171,062 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | | 2,855,566 | 113,910,207 | 30,881,159 | | | 0.025069 | 767,266 | 53.40 |
| 54 | Electroencephalography | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | | 4,147,706 | 63,375,767 | 25,536,057 | | | 0.065446 | 1,671,233 | 55 |
| 55.30 | Implantable Devices Charged to Patients | | 2,324,464 | 194,514,374 | 49,741,666 | | | 0.011950 | 594,413 | 55.30 |
| 56 | Drugs Charged to Patients | | 3,725,601 | 338,491,691 | 66,641,104 | | | 0.011006 | 733,452 | 56 |
| 57 | Renal Dialysis | | 539,293 | 10,581,326 | 3,398,137 | | | 0.050966 | 173,189 | 57 |
| 58 | ASC (Non-Distinct Part) | | 1,788,360 | 80,830,122 | 2,126,478 | | | 0.022125 | 47,048 | 58 |
| 59.30 | Other Ancillary Cost Centers | | 2,070,550 | 30,990,176 | 2,961,492 | | | 0.066813 | 209,886 | 59.30 |
| 60.05 | Clinic | | 5,990,127 | 63,592,601 | 987,900 | | | 0.094195 | 43,977 | 60.05 |

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| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D, PART II |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340113

| | 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 | |
| 61 | Emergency | | 3,229,866 | 139,326,681 | 14,701,074 | | | 0.023182 | 335,817 | 61 |
| 62.05 | Observation Beds (DistinctPart) | | 529,264 | 12,304,146 | | | | 0.043015 | | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | | | 7,377,229 | | | | | | 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) | | 56,193,767 | 2,474,899,907 | 441,195,266 | | | | 9,933,225 | 101 |

(A) Worksheet A line numbers

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D, PART II |
|---|---|---|---|

Medicare -Title XVIII - Subprovider 1 - 34S113

| | 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 | |
| (A) | ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37.05 | Operating Room | | 7,017,620 | 221,137,055 | | | | 0.031734 | | 37.05 |
| 38 | Recovery Room | | 1,144,262 | 38,696,907 | | | | 0.029570 | | 38 |
| 39.05 | Delivery Room & Labor Room | | 1,679,924 | 35,520,540 | | | | 0.047294 | | 39.05 |
| 40.05 | Anesthesiology | | 1,711,809 | 256,890,636 | | | | 0.006664 | | 40.05 |
| 41.05 | Radiology-Diagnostic | | 6,447,838 | 325,115,966 | 28,874 | | | 0.019832 | 1,146 | 41.05 |
| 42.05 | Radiology-Therapeutic | | 1,900,992 | 41,521,364 | | | | 0.045783 | | 42.05 |
| 43 | Radioisotope | | 706,045 | 12,735,684 | | | | 0.055438 | | 43 |
| 44.05 | Laboratory | | 4,083,513 | 402,926,645 | 503,871 | | | 0.010135 | 4,862 | 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 | | 3,293,245 | 44,280,091 | | | | 0.074373 | | 49.05 |
| 50.05 | Physical Therapy | | 443,372 | 13,977,769 | | | | 0.031720 | | 50.05 |
| 51 | Occupational Therapy | | | | | | | | | 51 |
| 52 | Speech Pathology | | 53,201 | 2,102,690 | | | | 0.025301 | | 52 |
| 53.05 | Electrocardiology | | 511,149 | 24,700,240 | 24,485 | | | 0.020694 | 507 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | | 2,855,566 | 113,910,207 | | | | 0.025069 | | 53.40 |
| 54 | Electroencephalography | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | | 4,147,706 | 63,375,767 | | | | 0.065446 | | 55 |
| 55.30 | Implantable Devices Charged to Patients | | 2,324,464 | 194,514,374 | | | | 0.011950 | | 55.30 |
| 56 | Drugs Charged to Patients | | 3,725,601 | 338,491,691 | 947,591 | | | 0.011006 | 10,429 | 56 |
| 57 | Renal Dialysis | | 539,293 | 10,581,326 | | | | 0.050966 | | 57 |
| 58 | ASC (Non-Distinct Part) | | 1,788,360 | 80,830,122 | | | | 0.022125 | | 58 |
| 59.30 | Other Ancillary Cost Centers | | 2,070,550 | 30,990,176 | 4,600 | | | 0.066813 | 349 | 59.30 |
| 60.05 | Clinic | | 5,990,127 | 63,592,601 | | | | 0.094195 | | 60.05 |

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| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D, PART II |
|---|---|---|---|
| Medicare -Title XVIII - Subprovider 1 - 34S113 | | | |

| | 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 | | 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) | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| 61 | Emergency | | 3,229,866 | 139,326,681 | 168,870 | | | 0.023182 | 10,515 | 61 |
| 62.05 | Observation Beds (DistinctPart) | | 529,264 | 12,304,146 | | | | 0.043015 | | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | | | 7,377,229 | | | | | | 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) | | 56,193,767 | 2,474,899,907 | 1,678,291 | | | | 27,808 | 101 |

(A) Worksheet A line numbers

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D, PART III |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340113

| | 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) | | 4,450,590 | | 4,450,590 | 187,409 | 23.75 | 57,304 | 1,360,970 | 25 |
| 26 | Intensive Care Unit | | 20,693 | | 20,693 | 10,010 | 2.07 | 4,496 | 9,307 | 26 |
| 27 | Coronary Care Unit | | 12,335 | | 12,335 | 5,967 | 2.07 | 3,042 | 6,297 | 27 |
| 28 | Burn Intensive Care Unit | | | | | | | | | 28 |
| 29 | Surgical Intensive Care Unit | | 257,000 | | 257,000 | 29,014 | 8.86 | 9,006 | 97,367 | 29 |
| 30.15 | Neonatal ICU | | 117,859 | | 117,859 | 14,940 | 7.89 | | | 30.15 |
| 30.25 | Detoxification ICU | | 5,410 | | 5,410 | 2,617 | 2.07 | 1,338 | 2,770 | 30.25 |
| 31.00 | SubComponent 1 - 34S113 | | 473,506 | | 473,506 | 27,569 | 17.18 | 4,686 | 80,505 | 31.00 |
| 31.01 | SubComponent 2 - 34T113 | | 5,598 | | 5,598 | 2,708 | 2.07 | | | 31.01 |
| 33 | Nursery | | 104,214 | | 104,214 | 23,115 | 4.51 | | | 33 |
| 34 | Skilled Nursing Facility | | | | | | | | | 34 |
| 35.00 | Nursing Facility | | | | | | | | | 35.00 |
| 101 | Total (sum of lines 25-35) | | 5,447,205 | | 5,447,205 | 303,349 | | 79,872 | 1,557,216 | 101 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996].

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D, PART IV |
|---|---|---|---|
| Medicare -Title XVIII - Hospital - 340113 | | | |

| | 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 | | 452,377 | 452,377 | 221,137,055 | 0.002046 | 52,735,519 | 107,897 | 8,767,294 | 17,938 | 37.05 |
| 38 | Recovery Room | | | | 38,696,907 | | 6,722,420 | | 3,145,903 | | 38 |
| 39.05 | Delivery Room & Labor Room | | 359,528 | 359,528 | 35,520,540 | 0.010122 | 117,132 | 1,186 | 7,512 | 76 | 39.05 |
| 40.05 | Anesthesiology | | 764,949 | 764,949 | 256,890,636 | 0.002978 | 43,436,012 | 129,352 | 12,830,418 | 38,209 | 40.05 |
| 41.05 | Radiology-Diagnostic | | 630,138 | 630,138 | 325,115,966 | 0.001938 | 49,298,993 | 110,255 | 42,505,235 | 79,620 | 41.05 |
| 42.05 | Radiology-Therapeutic | | 6,870 | 6,870 | 41,521,364 | 0.000165 | 721,976 | 119 | 12,920,687 | 2,132 | 42.05 |
| 43 | Radioisotope | | 13,739 | 13,739 | 12,735,684 | 0.001079 | 2,175,226 | 2,347 | 2,167,042 | 2,338 | 43 |
| 44.05 | Laboratory | | 758,241 | 758,241 | 402,926,645 | 0.001882 | 61,156,166 | 112,871 | 6,780,052 | 14,200 | 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 | | | | 44,280,091 | | 14,011,554 | | 251,427 | | 49.05 |
| 50.05 | Physical Therapy | | | | 13,977,769 | | 4,761,763 | | | | 50.05 |
| 51 | Occupational Therapy | | | | | | | | | | 51 |
| 52 | Speech Pathology | | | | 2,102,690 | | 817,198 | | | | 52 |
| 53.05 | Electrocardiology | | | | 24,700,240 | | 8,266,240 | | 3,017,993 | | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | | | | 113,910,207 | | 30,881,159 | | 19,102,133 | | 53.40 |
| 54 | Electroencephalography | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | | | | 63,375,767 | | 25,536,057 | | 9,179,634 | | 55 |
| 55.30 | Implantable Devices Charged to Patients | | | | | | 49,741,666 | | 12,343,402 | | 55.30 |
| 56 | Drugs Charged to Patients | | 479,793 | 479,793 | 338,491,691 | 0.001417 | 66,641,104 | 94,430 | 25,784,428 | 36,537 | 56 |
| 57 | Renal Dialysis | | | | 10,581,326 | | 3,398,137 | | 1,153,693 | | 57 |
| 58 | ASC (Non-Distinct Part) | | 29,768 | 29,768 | 80,830,122 | 0.000368 | 2,126,478 | 783 | 9,074,579 | 3,339 | 58 |
| 59.30 | Other Ancillary Cost Centers | | 8,296 | 8,296 | 30,990,176 | 0.000268 | 2,961,492 | 785 | 7,341,461 | 1,988 | 59.30 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | |
| 60.05 | Clinic | | 212,905 | 212,905 | 63,592,601 | 0.003348 | 987,900 | 157 | 8,734,659 | 31,910 | 60.05 |
| 61 | Emergency | | 30,331 | 30,331 | 139,326,681 | 0.000218 | 14,701,074 | 3,999 | 9,900,596 | 2,615 | 61 |
| 62.05 | Observation Beds (DistinctPart) | | | | 12,304,146 | | | | 2,921,310 | | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | | 306,076 | 306,076 | 7,377,229 | 0.041489 | | | 75,616 | 3,137 | 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: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D, PART IV |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340113

| | 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) | | 4,053,011 | 4,053,011 | 2,280,385,533 | | 441,195,266 | 564,181 | 198,005,074 | 234,039 | 101 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D, PART IV |
|---|---|---|---|

Medicare -Title XVIII - Subprovider 1 - 34S113

| | 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 | | 452,377 | 452,377 | 221,137,055 | 0.002046 | | | | | 37.05 |
| 38 | Recovery Room | | | | 38,696,907 | | | | | | 38 |
| 39.05 | Delivery Room & Labor Room | | 359,528 | 359,528 | 35,520,540 | 0.010122 | | | | | 39.05 |
| 40.05 | Anesthesiology | | 764,949 | 764,949 | 256,890,636 | 0.002978 | | | | | 40.05 |
| 41.05 | Radiology-Diagnostic | | 630,138 | 630,138 | 325,115,966 | 0.001938 | 28,874 | 151 | | | 41.05 |
| 42.05 | Radiology-Therapeutic | | 6,870 | 6,870 | 41,521,364 | 0.000165 | | | | | 42.05 |
| 43 | Radioisotope | | 13,739 | 13,739 | 12,735,684 | 0.001079 | | | | | 43 |
| 44.05 | Laboratory | | 758,241 | 758,241 | 402,926,645 | 0.001882 | 503,871 | 921 | | | 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 | | | | 44,280,091 | | | | | | 49.05 |
| 50.05 | Physical Therapy | | | | 13,977,769 | | | | | | 50.05 |
| 51 | Occupational Therapy | | | | | | | | | | 51 |
| 52 | Speech Pathology | | | | 2,102,690 | | | | | | 52 |
| 53.05 | Electrocardiology | | | | 24,700,240 | | 24,485 | | | | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | | | | 113,910,207 | | | | | | 53.40 |
| 54 | Electroencephalography | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | | | | 63,375,767 | | | | | | 55 |
| 55.30 | Implantable Devices Charged to Patients | | | | | | | | | | 55.30 |
| 56 | Drugs Charged to Patients | | 479,793 | 479,793 | 338,491,691 | 0.001417 | 947,591 | 1,343 | | | 56 |
| 57 | Renal Dialysis | | | | 10,581,326 | | | | | | 57 |
| 58 | ASC (Non-Distinct Part) | | 29,768 | 29,768 | 80,830,122 | 0.000368 | | | | | 58 |
| 59.30 | Other Ancillary Cost Centers | | 8,296 | 8,296 | 30,990,176 | 0.000268 | 4,600 | | | | 59.30 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | |
| 60.05 | Clinic | | 212,905 | 212,905 | 63,592,601 | 0.003348 | | | | | 60.05 |
| 61 | Emergency | | 30,331 | 30,331 | 139,326,681 | 0.000218 | 168,870 | | | | 61 |
| 62.05 | Observation Beds (DistinctPart) | | | | 12,304,146 | | | | | | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | | 306,076 | 306,076 | 7,377,229 | 0.041489 | | | | | 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: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D, PART IV |
|---|---|---|---|

Medicare -Title XVIII - Subprovider 1 - 34S113

| | 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) | | 4,053,011 | 4,053,011 | 2,280,385,533 | | 1,678,291 | 2,415 | | | 101 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D, PARTS V & VI |
|---|---|---|---|
| Medicare - Title XVIII - Hospital - 340113 | | | |

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 | | 0.184120 | 0.184120 | | | | | 8,767,294 | | | | | | 1,614,234 | | | | 37.05 |
| 38 | Recovery Room | | 0.323523 | 0.323523 | | | | | 3,145,903 | | | | | | 1,017,772 | | | | 38 |
| 39.05 | Delivery Room & Labor Room | | 0.526431 | 0.526431 | | | | | 7,512 | | | | | | 3,955 | | | | 39.05 |
| 40.05 | Anesthesiology | | 0.075080 | 0.075080 | | | | | 12,830,418 | | | | | | 963,308 | | | | 40.05 |
| 41.05 | Radiology-Diagnostic | | 0.122363 | 0.122363 | | | | | 42,505,235 | | | | | | 5,080,404 | | | | 41.05 |
| 42.05 | Radiology-Therapeutic | | 0.183550 | 0.183550 | | | | | 12,920,687 | | | | | | 2,371,592 | | | | 42.05 |
| 43 | Radioisotope | | 0.193858 | 0.193858 | | | | | 2,167,042 | | | | | | 420,098 | | | | 43 |
| 44.05 | Laboratory | | 0.188801 | 0.188801 | | | | | 6,780,052 | | | | | | 1,420,889 | | | | 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 | | 0.491312 | 0.491312 | | | | | 251,427 | | | | | | 123,529 | | | | 49.05 |
| 50.05 | Physical Therapy | | 0.493554 | 0.493554 | | | | | | | | | | | | | | | 50.05 |
| 51 | Occupational Therapy | | | | | | | | | | | | | | | | | | 51 |
| 52 | Speech Pathology | | 0.816300 | 0.816300 | | | | | | | | | | | | | | | 52 |
| 53.05 | Electrocardiology | | 0.102235 | 0.102235 | | | | | 3,017,993 | | | | | | 308,545 | | | | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | | 0.135079 | 0.135079 | | | | | 19,102,133 | | | | | | 2,645,298 | | | | 53.40 |
| 54 | Electroencephalography | | | | | | | | | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged To Patients | | 0.757778 | 0.757778 | | | | | 9,179,634 | | | | | | 6,956,125 | | | | 55 |
| 55.30 | Implantable Devices Charged to Patients | | | | | | | | 12,343,402 | | | | | | 4,882,815 | | | | 55.30 |
| 56 | Drugs Charged To Patients | | 0.270103 | 0.270103 | | | | | 25,784,428 | | | | | | 6,964,451 | | | | 56 |
| 57 | Renal Dialysis | | 0.396802 | 0.396802 | | | | | | | | | | | | | | | 57 |
| 58 | ASC (Non-Distinct Part) | | 0.249837 | 0.249837 | | | | | 9,074,579 | | | | | | 2,267,166 | | | | 58 |
| 59.30 | Other Ancillary Cost Centers | | 0.421577 | 0.421577 | | | | | 7,341,461 | | | | | | 2,684,427 | | | | 59.30 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | | | | | | | | | |

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| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D, PARTS V & VI |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340113

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 | |
| 60.05 | Clinic | | 1.227405 | 1.227405 | | | | | 8,734,659 | | | | | | 11,525,851 | | | | 60.05 |
| 61 | Emergency | | 0.244280 | 0.244280 | | | | | 9,900,596 | | | | | | 2,396,218 | | | | 61 |
| 62.05 | Observation Beds (DistinctPart) | | 0.473773 | 0.473773 | | | | | 2,921,310 | | | | | | 1,384,038 | | | | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | | 1.348705 | | | | | | 75,616 | | | | | | 101,984 | | | | 62.10 |
| 63.00 | Other Outpatient Service (specify) | | | | | | | | | | | | | | | | | | 63.00 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | | | | | | | | | | | |
| 64 | Home Program Dialysis | | | | | | | | | | | | | | | | | | 64 |
| 65 | Ambulance | | 0.985422 | 0.985422 | | | | | | | | | | | | | | | 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) | | | | | | | | 196,851,381 | | | | | | 55,132,699 | | | | 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) | | | | | | | | 198,005,074 | | | | | | 55,590,487 | | | | 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) | 143,192 | 2 |
| 3 | Program costs (line 1 × lines 2) (see instructions for transfer) | 38,677 | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D, PARTS V & VI |
|---|---|---|---|
| Medicaid - Title XIX - Hospital - 340113 | | | |

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 | | 0.184120 | 0.184120 | | | | 5,450,766 | | | | | | 1,197,277 | | | | | 37.05 |
| 38 | Recovery Room | | 0.323523 | 0.323523 | | | | 2,736,968 | | | | | | 889,126 | | | | | 38 |
| 39.05 | Delivery Room & Labor Room | | 0.526431 | 0.526431 | | | | 1,119,143 | | | | | | 718,492 | | | | | 39.05 |
| 40.05 | Anesthesiology | | 0.075080 | 0.075080 | | | | 15,957,694 | | | | | | 1,198,104 | | | | | 40.05 |
| 41.05 | Radiology-Diagnostic | | 0.122363 | 0.122363 | | | | 19,125,780 | | | | | | 2,425,687 | | | | | 41.05 |
| 42.05 | Radiology-Therapeutic | | 0.183550 | 0.183550 | | | | 4,136,364 | | | | | | 759,230 | | | | | 42.05 |
| 43 | Radioisotope | | 0.193858 | 0.193858 | | | | 669,070 | | | | | | 129,705 | | | | | 43 |
| 44.05 | Laboratory | | 0.188801 | 0.188801 | | | | 30,312,453 | | | | | | 5,826,347 | | | | | 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 | | 0.491312 | 0.491312 | | | | 432,466 | | | | | | 212,476 | | | | | 49.05 |
| 50.05 | Physical Therapy | | 0.493554 | 0.493554 | | | | 23,085 | | | | | | 11,394 | | | | | 50.05 |
| 51 | Occupational Therapy | | | | | | | | | | | | | | | | | | 51 |
| 52 | Speech Pathology | | 0.816300 | 0.816300 | | | | 48,640 | | | | | | 39,705 | | | | | 52 |
| 53.05 | Electrocardiology | | 0.102235 | 0.102235 | | | | 648,459 | | | | | | 66,295 | | | | | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | | 0.135079 | 0.135079 | | | | 3,028,609 | | | | | | 391,726 | | | | | 53.40 |
| 54 | Electroencephalography | | | | | | | | | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged To Patients | | 0.757778 | 0.757778 | | | | 5,108,425 | | | | | | 3,871,052 | | | | | 55 |
| 55.30 | Implantable Devices Charged to Patients | | | | | | | 281,604 | | | | | | 111,397 | | | | | 55.30 |
| 56 | Drugs Charged To Patients | | 0.270103 | 0.270103 | | | | 19,433,454 | | | | | | 5,249,034 | | | | | 56 |
| 57 | Renal Dialysis | | 0.396802 | 0.396802 | | | | 349,677 | | | | | | 138,753 | | | | | 57 |
| 58 | ASC (Non-Distinct Part) | | 0.249837 | 0.249837 | | | | 8,743,745 | | | | | | 2,253,998 | | | | | 58 |
| 59.30 | Other Ancillary Cost Centers | | 0.421577 | 0.421577 | | | | 1,562,923 | | | | | | 563,414 | | | | | 59.30 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | | | | | | | | | |

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| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D, PARTS V & VI |
|---|---|---|---|

Medicaid - Title XIX - Hospital - 340113

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 | |
| 60.05 | Clinic | | 1.227405 | 1.227405 | | | | 13,592,696 | | | | | | 21,522,677 | | | | | 60.05 |
| 61 | Emergency | | 0.244280 | 0.244280 | | | | 21,309,388 | | | | | | 5,814,716 | | | | | 61 |
| 62.05 | Observation Beds (DistinctPart) | | 0.473773 | 0.473773 | | | | 1,137,789 | | | | | | 539,054 | | | | | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | | 1.348705 | | | | | 82 | | | | | | 111 | | | | | 62.10 |
| 63.00 | Other Outpatient Service (specify) | | | | | | | | | | | | | | | | | | 63.00 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | | | | | | | | | | | |
| 64 | Home Program Dialysis | | | | | | | | | | | | | | | | | | 64 |
| 65 | Ambulance | | 0.985422 | 0.985422 | | | | | | | | | | | | | | | 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) | | | | | | | 155,209,280 | | | | | | 53,929,770 | | | | | 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) | | | | | | | 155,209,280 | | | | | | 53,929,770 | | | | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D, PARTS V & VI |
|---|---|---|---|
| Medicaid - Title XIX - Subprovider 1 - 34S113 | | | |

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 | | 0.184120 | 0.184120 | | | | | | | | | | | | | | | 37.05 |
| 38 | Recovery Room | | 0.323523 | 0.323523 | | | | | | | | | | | | | | | 38 |
| 39.05 | Delivery Room & Labor Room | | 0.526431 | 0.526431 | | | | | | | | | | | | | | | 39.05 |
| 40.05 | Anesthesiology | | 0.075080 | 0.075080 | | | | | | | | | | | | | | | 40.05 |
| 41.05 | Radiology-Diagnostic | | 0.122363 | 0.122363 | | | | | | | | | | | | | | | 41.05 |
| 42.05 | Radiology-Therapeutic | | 0.183550 | 0.183550 | | | | | | | | | | | | | | | 42.05 |
| 43 | Radioisotope | | 0.193858 | 0.193858 | | | | | | | | | | | | | | | 43 |
| 44.05 | Laboratory | | 0.188801 | 0.188801 | | | | 666,515 | | | | | | 122,869 | | | | | 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 | | 0.491312 | 0.491312 | | | | | | | | | | | | | | | 49.05 |
| 50.05 | Physical Therapy | | 0.493554 | 0.493554 | | | | | | | | | | | | | | | 50.05 |
| 51 | Occupational Therapy | | | | | | | | | | | | | | | | | | 51 |
| 52 | Speech Pathology | | 0.816300 | 0.816300 | | | | | | | | | | | | | | | 52 |
| 53.05 | Electrocardiology | | 0.102235 | 0.102235 | | | | | | | | | | | | | | | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | | 0.135079 | 0.135079 | | | | | | | | | | | | | | | 53.40 |
| 54 | Electroencephalography | | | | | | | | | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged To Patients | | 0.757778 | 0.757778 | | | | | | | | | | | | | | | 55 |
| 55.30 | Implantable Devices Charged to Patients | | | | | | | | | | | | | | | | | | 55.30 |
| 56 | Drugs Charged To Patients | | 0.270103 | 0.270103 | | | | 2,831,033 | | | | | | 764,671 | | | | | 56 |
| 57 | Renal Dialysis | | 0.396802 | 0.396802 | | | | | | | | | | | | | | | 57 |
| 58 | ASC (Non-Distinct Part) | | 0.249837 | 0.249837 | | | | | | | | | | | | | | | 58 |
| 59.30 | Other Ancillary Cost Centers | | 0.421577 | 0.421577 | | | | 2,173 | | | | | | 5,627 | | | | | 59.30 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | | | | | | | | | |

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| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D, PARTS V & VI |
|---|---|---|---|

Medicaid - Title XIX - Subprovider 1 - 34S113

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 | |
| 60.05 | Clinic | | 1.227405 | 1.227405 | | | | 737,457 | | | | | | 2,267,617 | | | | | 60.05 |
| 61 | Emergency | | 0.244280 | 0.244280 | | | | 675,751 | | | | | | 468,133 | | | | | 61 |
| 62.05 | Observation Beds (DistinctPart) | | 0.473773 | 0.473773 | | | | 412,441 | | | | | | 195,403 | | | | | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | | 1.348705 | | | | | 476,500 | | | | | | 642,658 | | | | | 62.10 |
| 63.00 | Other Outpatient Service (specify) | | | | | | | | | | | | | | | | | | 63.00 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | | | | | | | | | | | |
| 64 | Home Program Dialysis | | | | | | | | | | | | | | | | | | 64 |
| 65 | Ambulance | | 0.985422 | 0.985422 | | | | | | | | | | | | | | | 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) | | | | | | | 5,801,870 | | | | | | 4,466,978 | | | | | 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) | | | | | | | 5,801,870 | | | | | | 4,466,978 | | | | | 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<br>(1) Report non hospital and non subprovider components cost for the period here (see instructions) | | |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| | COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PART I |
|---|---|---|---|---|

Medicare -Title XVIII - Hospital - 340113

PART I - ALL PROVIDER COMPONENTS

| | | | |
|---|---|---|---|
| | INPATIENT DAYS | | |
| 1 | Inpatient days (including private room days, and swing-bed days, excluding new born) | 187,409 | 1 |
| 2 | Inpatient days (including private room days, excluding swing-bed days and new born days) | 187,409 | 2 |
| 3 | Private room days (excluding swing-bed private room days) | 47,784 | 3 |
| 4 | Semi-private room days (excluding swing-bed private room days) | 139,625 | 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) | 57,304 | 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) | 144,222,369 | 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) | 144,222,369 | 27 |
| | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | |
| 28 | General inpatient routine service charges (excluding swing-bed charges) | 187,863,420 | 28 |
| 29 | Private room charges (excluding swing-bed charges) | 54,466,633 | 29 |
| 30 | Semi-private room charges (excluding swing-bed charges) | 133,396,787 | 30 |
| 31 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28) | 0.767698 | 31 |
| 32 | Average private room per diem charge (line 29 ÷ line 3) | 1,139.85 | 32 |
| 33 | Average semi-private room per diem charge (line 30 ÷ line 4) | 955.39 | 33 |
| 34 | Average per diem private room charge differential (line 32 minus line 33) | 184.46 | 34 |
| 35 | Average per diem private private room cost differential (line 34 × line 31) | 141.61 | 35 |
| 36 | Private room cost differential adjustment (line 3 × line 35) | 6,766,692 | 36 |
| 37 | General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36) | 137,455,677 | 37 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| | COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PART I | |
|---|---|---|---|---|---|
| Medicare -Title XVIII - Subprovider 1 - 34S113 | | | | | |
| PART I - ALL PROVIDER COMPONENTS | | | | | |
| | INPATIENT DAYS | | | | |
| 1 | Inpatient days (including private room days, and swing-bed days, excluding new born) | | | 27,569 | 1 |
| 2 | Inpatient days (including private room days, excluding swing-bed days and new born days) | | | 27,569 | 2 |
| 3 | Private room days (excluding swing-bed private room days) | | | | 3 |
| 4 | Semi-private room days (excluding swing-bed private room days) | | | 27,569 | 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) | | | 4,686 | 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 Decemeber 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 Decemeber 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) | | | 15,615,038 | 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) | | | 15,615,038 | 27 |
| | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | | |
| 28 | General inpatient routine service charges (excluding swing-bed charges) | | | 31,909,140 | 28 |
| 29 | Private room charges (excluding swing-bed charges) | | | | 29 |
| 30 | Semi-private room charges (excluding swing-bed charges) | | | 31,909,140 | 30 |
| 31 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28) | | | 0.489359 | 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) | | | 1,157.43 | 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) | | | 15,615,038 | 37 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| | COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PART I |
|---|---|---|---|---|

Medicaid - Title XIX - Hospital - 340113

PART I - ALL PROVIDER COMPONENTS

| | | | |
|---|---|---|---|
| | INPATIENT DAYS | | |
| 1 | Inpatient days (including private room days, and swing-bed days, excluding new born) | 187,409 | 1 |
| 2 | Inpatient days (including private room days, excluding swing-bed days and new born days) | 187,409 | 2 |
| 3 | Private room days (excluding swing-bed private room days) | 47,784 | 3 |
| 4 | Semi-private room days (excluding swing-bed private room days) | 139,625 | 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) | 31,741 | 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 | 23,115 | 15 |
| 16 | Title V or XIX nursery days | 15,172 | 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) | 172,228,670 | 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) | 172,228,670 | 27 |
| | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | |
| 28 | General inpatient routine service charges (excluding swing-bed charges) | 187,863,420 | 28 |
| 29 | Private room charges (excluding swing-bed charges) | 54,466,633 | 29 |
| 30 | Semi-private room charges (excluding swing-bed charges) | 133,396,787 | 30 |
| 31 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28) | 0.916776 | 31 |
| 32 | Average private room per diem charge (line 29 ÷ line 3) | 1,139.85 | 32 |
| 33 | Average semi-private room per diem charge (line 30 ÷ line 4) | 955.39 | 33 |
| 34 | Average per diem private room charge differential (line 32 minus line 33) | 184.46 | 34 |
| 35 | Average per diem private private room cost differential (line 34 × line 31) | 169.11 | 35 |
| 36 | Private room cost differential adjustment (line 3 × line 35) | 8,080,752 | 36 |
| 37 | General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36) | 164,147,918 | 37 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| | COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PART I | |
|---|---|---|---|---|---|
| Medicaid - Title XIX - Subprovider 1 - 34S113 | | | | | |
| PART I - ALL PROVIDER COMPONENTS | | | | | |
| | INPATIENT DAYS | | | | |
| 1 | Inpatient days (including private room days, and swing-bed days, excluding new born) | | | 27,569 | 1 |
| 2 | Inpatient days (including private room days, excluding swing-bed days and new born days) | | | 27,569 | 2 |
| 3 | Private room days (excluding swing-bed private room days) | | | | 3 |
| 4 | Semi-private room days (excluding swing-bed private room days) | | | 27,569 | 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) | | | 9,137 | 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) | | | 15,696,544 | 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) | | | 15,696,544 | 27 |
| | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | | |
| 28 | General inpatient routine service charges (excluding swing-bed charges) | | | 31,909,140 | 28 |
| 29 | Private room charges (excluding swing-bed charges) | | | | 29 |
| 30 | Semi-private room charges (excluding swing-bed charges) | | | 31,909,140 | 30 |
| 31 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28) | | | 0.491914 | 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) | | | 1,157.43 | 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) | | | 15,696,544 | 37 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| | COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PART I |
|---|---|---|---|---|

Medicaid - Title XIX - Subprovider 2 - 34T113

PART I - ALL PROVIDER COMPONENTS

| | | | |
|---|---|---|---|
| | INPATIENT DAYS | | |
| 1 | Inpatient days (including private room days, and swing-bed days, excluding new born) | 2,708 | 1 |
| 2 | Inpatient days (including private room days, excluding swing-bed days and new born days) | 2,708 | 2 |
| 3 | Private room days (excluding swing-bed private room days) | | 3 |
| 4 | Semi-private room days (excluding swing-bed private room days) | 2,708 | 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) | 1,055 | 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) | 2,794,369 | 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) | 2,794,369 | 27 |
| | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | |
| 28 | General inpatient routine service charges (excluding swing-bed charges) | 3,104,025 | 28 |
| 29 | Private room charges (excluding swing-bed charges) | 3,104,025 | 29 |
| 30 | Semi-private room charges (excluding swing-bed charges) | - | 30 |
| 31 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28) | 0.900240 | 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) | | 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) | 2,794,369 | 37 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PART II |
|---|---|---|---|

Medicare - Title XVIII - Hospital - 340113

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | | | | | 1 | |
| 38 | Adjusted general inpatient routine service cost per diem (see instructions) | | | | | 769.56 | 38 |
| 39 | Program general inpatient routine service cost (line 9 × line 38) | | | | | 44,098,866 | 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) | | | | | 44,098,866 | 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) | 12,935,437 | | | | | 42 |
| | Intensive Care Type Inpatient Hospital Units | | | | | | |
| 43 | Intensive Care Unit | 11,327,871 | 10,010 | 1131.66 | 4,496 | 5,087,943 | 43 |
| 44 | Coronary Care Unit | 7,554,790 | 5,967 | 1266.10 | 3,042 | 3,851,476 | 44 |
| 45 | Burn Intensive Care Unit | | | | | | 45 |
| 46 | Surgical Intensive Care Unit | 42,352,341 | 29,014 | 1459.72 | 9,006 | 11,758,760 | 46 |
| 47.15 | Neonatal ICU | 21,585,137 | 14,940 | 1444.79 | | | 47.15 |
| 47.25 | Detoxification ICU | 4,521,509 | 2,617 | 1727.75 | 1,338 | 2,311,730 | 47.25 |
| | | | | | | 1 | |
| 48 | Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101) | | | | | 112,638,372 | 48 |
| 49 | Total Program inpatient costs (sum of lines 41 through 48) (see instructions) | | | | | 179,747,147 | 49 |
| | PASS THROUGH COST ADJUSTMENTS | | | | | | |
| 50 | Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III) | | | | | 7,270,280 | 50 |
| 51 | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV) | | | | | 10,497,406 | 51 |
| 52 | Total Program excludable cost (sum of lines 50 and 51) | | | | | 17,767,686 | 52 |
| 53 | Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) | | | | | 161,979,461 | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PART II |
|---|---|---|---|

Medicare - Title XVIII - Subprovider 1 - 34S113

| | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | 1 | |
|---|---|---|---|
| 38 | Adjusted general inpatient routine service cost per diem (see instructions) | 566.40 | 38 |
| 39 | Program general inpatient routine service cost (line 9 × line 38) | 2,654,150 | 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) | 2,654,150 | 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) | 12,935,437 | | | | | 42 |
| | Intensive Care Type Inpatient Hospital Units | | | | | | |
| 43 | Intensive Care Unit | 11,327,871 | 10,010 | 1131.66 | | | 43 |
| 44 | Coronary Care Unit | 7,554,790 | 5,967 | 1266.10 | | | 44 |
| 45 | Burn Intensive Care Unit | | | | | | 45 |
| 46 | Surgical Intensive Care Unit | 42,352,341 | 29,014 | 1459.72 | | | 46 |
| 47.15 | Neonatal ICU | 21,585,137 | 14,940 | 1444.79 | | | 47.15 |
| 47.25 | Detoxification ICU | 4,521,509 | 2,617 | 1727.75 | | | 47.25 |

| | | 1 | |
|---|---|---|---|
| 48 | Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101) | 487,431 | 48 |
| 49 | Total Program inpatient costs (sum of lines 41 through 48) (see instructions) | 3,141,581 | 49 |
| | PASS THROUGH COST ADJUSTMENTS | | |
| 50 | Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III) | 371,084 | 50 |
| 51 | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV) | 30,223 | 51 |
| 52 | Total Program excludable cost (sum of lines 50 and 51) | 401,307 | 52 |
| 53 | Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) | 2,740,274 | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PART II |
|---|---|---|---|

Medicaid - Title XIX - Hospital - 340113

| | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | 1 | |
|---|---|---|---|
| 38 | Adjusted general inpatient routine service cost per diem (see instructions) | 875.88 | 38 |
| 39 | Program general inpatient routine service cost (line 9 × line 38) | 27,801,307 | 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) | 27,801,307 | 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) | 12,935,437 | 23,115 | 559.61 | 15,172 | 8,843,607 | 42 |
| | Intensive Care Type Inpatient Hospital Units | | | | | | |
| 43 | Intensive Care Unit | 11,327,871 | 10,010 | 1131.66 | 3,133 | 3,908,637 | 43 |
| 44 | Coronary Care Unit | 7,554,790 | 5,967 | 1266.10 | 1,447 | 2,061,671 | 44 |
| 45 | Burn Intensive Care Unit | | | | | | 45 |
| 46 | Surgical Intensive Care Unit | 42,352,341 | 29,014 | 1459.72 | 12,120 | 22,794,649 | 46 |
| 47.15 | Neonatal ICU | 21,585,137 | 14,940 | 1444.79 | 7,000 | 9,996,700 | 47.15 |
| 47.25 | Detoxification ICU | 4,521,509 | 2,617 | 1727.75 | 455 | 858,326 | 47.25 |

| | | 1 | |
|---|---|---|---|
| 48 | Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101) | 63,898,562 | 48 |
| 49 | Total Program inpatient costs (sum of lines 41 through 48) (see instructions) | 140,163,459 | 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 (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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PART II |
|---|---|---|---|

Medicaid - Title XIX - Subprovider I - 34S113

| | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | 1 | |
|---|---|---|---|
| 38 | Adjusted general inpatient routine service cost per diem (see instructions) | 569.35 | 38 |
| 39 | Program general inpatient routine service cost (line 9 × line 38) | 5,202,151 | 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) | 5,202,151 | 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) | 12,935,437 | | | | | 42 |
| | Intensive Care Type Inpatient Hospital Units | | | | | | |
| 43 | Intensive Care Unit | 11,327,871 | 10,010 | 1131.66 | | | 43 |
| 44 | Coronary Care Unit | 7,554,790 | 5,967 | 1266.10 | | | 44 |
| 45 | Burn Intensive Care Unit | | | | | | 45 |
| 46 | Surgical Intensive Care Unit | 42,352,341 | 29,014 | 1459.72 | | | 46 |
| 47.15 | Neonatal ICU | 21,585,137 | 14,940 | 1444.79 | | | 47.15 |
| 47.25 | Detoxification ICU | 4,521,509 | 2,617 | 1727.75 | | | 47.25 |

| | | 1 | |
|---|---|---|---|
| 48 | Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101) | 1,338,987 | 48 |
| 49 | Total Program inpatient costs (sum of lines 41 through 48) (see instructions) | 6,541,138 | 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 (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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PART II |
|---|---|---|---|

Medicaid - Title XIX - Subprovider 2 - 34T113

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | | | | | 1 | |
| 38 | Adjusted general inpatient routine service cost per diem (see instructions) | | | | | 1,031.89 | 38 |
| 39 | Program general inpatient routine service cost (line 9 × line 38) | | | | | 1,088,644 | 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) | | | | | 1,088,644 | 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) | 12,935,437 | | | | | 42 |
| | Intensive Care Type Inpatient Hospital Units | | | | | | |
| 43 | Intensive Care Unit | 11,327,871 | 10,010 | 1131.66 | | | 43 |
| 44 | Coronary Care Unit | 7,554,790 | 5,967 | 1266.10 | | | 44 |
| 45 | Burn Intensive Care Unit | | | | | | 45 |
| 46 | Surgical Intensive Care Unit | 42,352,341 | 29,014 | 1459.72 | | | 46 |
| 47.15 | Neonatal ICU | 21,585,137 | 14,940 | 1444.79 | | | 47.15 |
| 47.25 | Detoxification ICU | 4,521,509 | 2,617 | 1727.75 | | | 47.25 |
| | | | | | | 1 | |
| 48 | Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101) | | | | | 753,440 | 48 |
| 49 | Total Program inpatient costs (sum of lines 41 through 48) (see instructions) | | | | | 1,842,084 | 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 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PARTS III & IV |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340113

| | | | |
|---|---|---|---|
| **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) | 10,593 | 83 |
| 84 | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) | 769.56 | 84 |
| 85 | Observation bed cost (line 83 × line 84) (see instructions) | 8,151,949 | 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 | | 144,222,369 | | 8,151,949 | | 86 |
| 87 | New capital-related cost | 12,812,930 | 144,222,369 | 0.088841 | 8,151,949 | 724,227 | 87 |
| 88 | Non Physician Anesthetist | | 144,222,369 | | 8,151,949 | | 88 |
| 89 | Medical Education | 4,450,590 | 144,222,369 | 0.030859 | 8,151,949 | 230,904 | 89 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PARTS III & IV |
|---|---|---|---|

Medicare -Title XVIII - Subprovider 1 - 34S113

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) | 3,174 | 83 |
| 84 | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) | 566.40 | 84 |
| 85 | Observation bed cost (line 83 × line 84) (see instructions) | 1,797,754 | 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 | | 15,615,038 | | 1,797,754 | | 86 |
| 87 | New capital-related cost | | 15,615,038 | | 1,797,754 | 196,831 | 87 |
| 88 | Non Physician Anesthetist | | 15,615,038 | | 1,797,754 | | 88 |
| 89 | Medical Education | | 15,615,038 | | 1,797,754 | 48,708 | 89 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PARTS III & IV |
|---|---|---|---|

Medicaid - Title XIX - Hospital - 340113

| | | | |
|---|---|---|---|
| **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) | 10,593 | 83 |
| 84 | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) | 919.00 | 84 |
| 85 | Observation bed cost (line 83 × line 84) (see instructions) | 9,734,967 | 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 | | 172,228,670 | | 9,734,967 | | 86 |
| 87 | New capital-related cost | | 172,228,670 | | 9,734,967 | | 87 |
| 88 | Non Physician Anesthetist | | 172,228,670 | | 9,734,967 | | 88 |
| 89 | Medical Education | | 172,228,670 | | 9,734,967 | | 89 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PARTS III & IV |
|---|---|---|---|

Medicaid - Title XIX - Subprovider 1 - 34S113

| | | | |
|---|---|---|---|
| | **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) | 3,174 | 83 |
| 84 | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) | 569.35 | 84 |
| 85 | Observation bed cost (line 83 × line 84) (see instructions) | 1,807,117 | 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 | | 15,696,544 | | 1,807,117 | | 86 |
| 87 | New capital-related cost | | 15,696,544 | | 1,807,117 | | 87 |
| 88 | Non Physician Anesthetist | | 15,696,544 | | 1,807,117 | | 88 |
| 89 | Medical Education | | 15,696,544 | | 1,807,117 | | 89 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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[Record code 269671 - 1996]

| COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PARTS III & IV |
|---|---|---|---|

Medicaid - Title XIX - Subprovider 2 - 34T113

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) | | 83 |
| 84 | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) | 1,031.89 | 84 |
| 85 | Observation bed cost (line 83 × line 84) (see instructions) | | 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 | | 2,794,369 | | | | 86 |
| 87 | New capital-related cost | | 2,794,369 | | | | 87 |
| 88 | Non Physician Anesthetist | | 2,794,369 | | | | 88 |
| 89 | Medical Education | | 2,794,369 | | | | 89 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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[Record code 269671 - 1996]

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-4 |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340113

| | 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) | | 91,201,351 | | 25 |
| 26 | Intensive Care Units | | 7,156,222 | | 26 |
| 27 | Coronary Care Unit | | 4,840,890 | | 27 |
| 28 | Burn Intensive Care Unit | | | | 28 |
| 29 | Surgical Intensive Care Unit | | 14,333,752 | | 29 |
| 30.25 | Detoxification ICU | | 2,129,253 | | 30.25 |
| 31.00 | Subprovider | | | | 31.00 |
| | ANCILLARY SERVICE COST CENTERS | | | | |
| 37.05 | Operating Room | 0.184120 | 52,735,519 | 9,709,664 | 37.05 |
| 38 | Recovery Room | 0.323523 | 6,722,420 | 2,174,857 | 38 |
| 39.05 | Delivery Room & Labor Room | 0.526431 | 117,132 | 61,662 | 39.05 |
| 40.05 | Anesthesiology | 0.075080 | 43,436,012 | 3,330,456 | 40.05 |
| 41.05 | Radiology-Diagnostic | 0.122363 | 49,298,993 | 6,505,561 | 41.05 |
| 42.05 | Radiology-Therapeutic | 0.183550 | 721,976 | 132,519 | 42.05 |
| 43 | Radioisotope | 0.193858 | 2,175,226 | 421,685 | 43 |
| 44.05 | Laboratory | 0.188801 | 61,156,166 | 11,346,177 | 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 | 0.491312 | 14,011,554 | 6,884,045 | 49.05 |
| 50.05 | Physical Therapy | 0.493554 | 4,761,763 | 2,350,187 | 50.05 |
| 51 | Occupational Therapy | | | | 51 |
| 52 | Speech Pathology | 0.816300 | 817,198 | 667,079 | 52 |
| 53.05 | Electrocardiology | 0.102235 | 8,266,240 | 845,099 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 0.135079 | 30,881,159 | 4,078,299 | 53.40 |
| 54 | Electroencephalography | | | | 54 |
| 55 | Medical Supplies Charged to Patients | 0.757778 | 25,536,057 | 19,350,662 | 55 |
| 55.30 | Implantable Devices Charged to Patients | 0.395581 | 49,741,666 | 19,676,858 | 55.30 |
| 56 | Drugs Charged to Patients | 0.270103 | 66,641,104 | 17,999,962 | 56 |
| 57 | Renal Dialysis | 0.396802 | 3,398,137 | 1,348,388 | 57 |
| 58 | ASC (Non-Distinct Part) | 0.249837 | 2,126,478 | 531,273 | 58 |
| 59.30 | Other Ancillary Cost Centers | 0.421577 | 2,961,492 | 1,420,549 | 59.30 |
| | OUTPATIENT SERVICE COST CENTERS | | | | |
| 60.05 | Clinic | 1.227405 | 987,900 | 424,422 | 60.05 |
| 61 | Emergency | 0.244280 | 14,701,074 | 3,378,968 | 61 |
| 62.05 | Observation Beds (DistinctPart) | 0.473773 | | | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | 1.348705 | | | 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) | | 441,195,266 | 112,638,372 | 101 |
| 102 | Less PBP Clinic Laboratory Services-Program only charges (line 45) | | | | 102 |
| 103 | Net Charges (line 101 minus line 102) | | 441,195,266 | | 103 |

(A) Worksheet A line numbers

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-4 |
|---|---|---|---|

Medicare -Title XVIII - Subprovider 1 - 34S113

| | 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) | | | | 25 |
| 26 | Intensive Care Units | | | | 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 | | 6,107,630 | | 31.00 |
| | ANCILLARY SERVICE COST CENTERS | | | | |
| 37.05 | Operating Room | 0.184120 | | | 37.05 |
| 38 | Recovery Room | 0.323523 | | | 38 |
| 39.05 | Delivery Room & Labor Room | 0.526431 | | | 39.05 |
| 40.05 | Anesthesiology | 0.075080 | | | 40.05 |
| 41.05 | Radiology-Diagnostic | 0.122363 | 28,874 | 7,043 | 41.05 |
| 42.05 | Radiology-Therapeutic | 0.183550 | | | 42.05 |
| 43 | Radioisotope | 0.193858 | | | 43 |
| 44.05 | Laboratory | 0.188801 | 503,871 | 93,041 | 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 | 0.491312 | | | 49.05 |
| 50.05 | Physical Therapy | 0.493554 | | | 50.05 |
| 51 | Occupational Therapy | | | | 51 |
| 52 | Speech Pathology | 0.816300 | | | 52 |
| 53.05 | Electrocardiology | 0.102235 | 24,485 | 2,503 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 0.135079 | | | 53.40 |
| 54 | Electroencephalography | | | | 54 |
| 55 | Medical Supplies Charged to Patients | 0.757778 | | | 55 |
| 55.30 | Implantable Devices Charged to Patients | 0.395581 | | | 55.30 |
| 56 | Drugs Charged to Patients | 0.270103 | 947,591 | 255,947 | 56 |
| 57 | Renal Dialysis | 0.396802 | | | 57 |
| 58 | ASC (Non-Distinct Part) | 0.249837 | | | 58 |
| 59.30 | Other Ancillary Cost Centers | 0.421577 | 4,600 | 11,911 | 59.30 |
| | OUTPATIENT SERVICE COST CENTERS | | | | |
| 60.05 | Clinic | 1.227405 | | | 60.05 |
| 61 | Emergency | 0.244280 | 168,870 | 116,986 | 61 |
| 62.05 | Observation Beds (DistinctPart) | 0.473773 | | | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | 1.348705 | | | 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) | | 1,678,291 | 487,431 | 101 |
| 102 | Less PBP Clinic Laboratory Services-Program only charges (line 45) | | | | 102 |
| 103 | Net Charges (line 101 minus line 102) | | 1,678,291 | | 103 |

(A) Worksheet A line numbers

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-4 |
|---|---|---|---|

Medicaid - Title XIX - Hospital - 340113

| | 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) | | 45,254,769 | | 25 |
| 26 | Intensive Care Units | | 7,413,260 | | 26 |
| 27 | Coronary Care Unit | | 3,424,919 | | 27 |
| 28 | Burn Intensive Care Unit | | | | 28 |
| 29 | Surgical Intensive Care Unit | | 28,676,444 | | 29 |
| 30.15 | Neonatal ICU | | 25,153,432 | | 30.15 |
| 30.25 | Detoxification ICU | | 1,075,623 | | 30.25 |
| 31.00 | Subprovider | | | | 31.00 |
| | ANCILLARY SERVICE COST CENTERS | | | | |
| 37.05 | Operating Room | 0.184120 | 25,162,575 | 5,527,035 | 37.05 |
| 38 | Recovery Room | 0.323523 | 3,053,825 | 992,059 | 38 |
| 39.05 | Delivery Room & Labor Room | 0.526431 | 13,764,971 | 8,837,139 | 39.05 |
| 40.05 | Anesthesiology | 0.075080 | 28,337,221 | 2,127,559 | 40.05 |
| 41.05 | Radiology-Diagnostic | 0.122363 | 26,282,122 | 3,544,112 | 41.05 |
| 42.05 | Radiology-Therapeutic | 0.183550 | 606,545 | 111,331 | 42.05 |
| 43 | Radioisotope | 0.193858 | 603,166 | 116,929 | 43 |
| 44.05 | Laboratory | 0.188801 | 37,759,652 | 7,074,093 | 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 | 0.491312 | 10,745,531 | 5,279,408 | 49.05 |
| 50.05 | Physical Therapy | 0.493554 | 1,938,843 | 956,924 | 50.05 |
| 51 | Occupational Therapy | | | | 51 |
| 52 | Speech Pathology | 0.816300 | 396,924 | 324,009 | 52 |
| 53.05 | Electrocardiology | 0.102235 | 1,597,616 | 163,332 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 0.135079 | 4,973,529 | 643,286 | 53.40 |
| 54 | Electroencephalography | | | | 54 |
| 55 | Medical Supplies Charged to Patients | 0.757778 | 8,017,375 | 6,075,390 | 55 |
| 55.30 | Implantable Devices Charged to Patients | 0.395581 | 12,229,776 | 4,837,867 | 55.30 |
| 56 | Drugs Charged to Patients | 0.270103 | 45,780,748 | 12,365,517 | 56 |
| 57 | Renal Dialysis | 0.396802 | 712,564 | 282,747 | 57 |
| 58 | ASC (Non-Distinct Part) | 0.249837 | 841,848 | 217,015 | 58 |
| 59.30 | Other Ancillary Cost Centers | 0.421577 | 1,440,181 | 771,533 | 59.30 |
| | OUTPATIENT SERVICE COST CENTERS | | | | |
| 60.05 | Clinic | 1.227405 | 1,763,311 | 1,023,477 | 60.05 |
| 61 | Emergency | 0.244280 | 8,349,013 | 2,591,575 | 61 |
| 62.05 | Observation Beds (DistinctPart) | 0.473773 | 76,460 | 36,225 | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | 1.348705 | | | 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) | | 234,433,796 | 63,898,562 | 101 |
| 102 | Less PBP Clinic Laboratory Services-Program only charges (line 45) | | | | 102 |
| 103 | Net Charges (line 101 minus line 102) | | 234,433,796 | | 103 |

(A) Worksheet A line numbers

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-4 |
|---|---|---|---|

Medicaid - Title XIX - Subprovider 1 - 34S113

| | 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) | | | | 25 |
| 26 | Intensive Care Units | | | | 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 | | 11,956,629 | | 31.00 |
| | ANCILLARY SERVICE COST CENTERS | | | | |
| 37.05 | Operating Room | 0.184120 | | | 37.05 |
| 38 | Recovery Room | 0.323523 | | | 38 |
| 39.05 | Delivery Room & Labor Room | 0.526431 | | | 39.05 |
| 40.05 | Anesthesiology | 0.075080 | | | 40.05 |
| 41.05 | Radiology-Diagnostic | 0.122363 | 40,969 | 2,981 | 41.05 |
| 42.05 | Radiology-Therapeutic | 0.183550 | | | 42.05 |
| 43 | Radioisotope | 0.193858 | | | 43 |
| 44.05 | Laboratory | 0.188801 | 1,211,295 | 223,296 | 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 | 0.491312 | | | 49.05 |
| 50.05 | Physical Therapy | 0.493554 | | | 50.05 |
| 51 | Occupational Therapy | | | | 51 |
| 52 | Speech Pathology | 0.816300 | | | 52 |
| 53.05 | Electrocardiology | 0.102235 | 399 | 41 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 0.135079 | | | 53.40 |
| 54 | Electroencephalography | | | | 54 |
| 55 | Medical Supplies Charged to Patients | 0.757778 | 204 | 155 | 55 |
| 55.30 | Implantable Devices Charged to Patients | 0.395581 | | | 55.30 |
| 56 | Drugs Charged to Patients | 0.270103 | 1,337,051 | 361,141 | 56 |
| 57 | Renal Dialysis | 0.396802 | | | 57 |
| 58 | ASC (Non-Distinct Part) | 0.249837 | | | 58 |
| 59.30 | Other Ancillary Cost Centers | 0.421577 | 112,713 | 291,853 | 59.30 |
| | OUTPATIENT SERVICE COST CENTERS | | | | |
| 60.05 | Clinic | 1.227405 | 20,843 | 64,090 | 60.05 |
| 61 | Emergency | 0.244280 | 400,511 | 277,458 | 61 |
| 62.05 | Observation Beds (DistinctPart) | 0.473773 | 249,005 | 117,972 | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | 1.348705 | | | 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) | | 3,372,990 | 1,338,987 | 101 |
| 102 | Less PBP Clinic Laboratory Services-Program only charges (line 45) | | | | 102 |
| 103 | Net Charges (line 101 minus line 102) | | 3,372,990 | | 103 |

(A) Worksheet A line numbers

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-4 |
|---|---|---|---|

Medicaid - Title XIX - Subprovider 2 - 34T113

| | 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) | | | | 25 |
| 26 | Intensive Care Units | | | | 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 |
| 31.01 | | | 1,201,190 | | 31.01 |
| | ANCILLARY SERVICE COST CENTERS | | | | |
| 37.05 | Operating Room | 0.184120 | 63,083 | 13,856 | 37.05 |
| 38 | Recovery Room | 0.323523 | 14,344 | 4,660 | 38 |
| 39.05 | Delivery Room & Labor Room | 0.526431 | | | 39.05 |
| 40.05 | Anesthesiology | 0.075080 | 99,940 | 7,503 | 40.05 |
| 41.05 | Radiology-Diagnostic | 0.122363 | 125,719 | 17,783 | 41.05 |
| 42.05 | Radiology-Therapeutic | 0.183550 | | | 42.05 |
| 43 | Radioisotope | 0.193858 | | | 43 |
| 44.05 | Laboratory | 0.188801 | 198,670 | 36,628 | 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 | 0.491312 | 134,686 | 66,173 | 49.05 |
| 50.05 | Physical Therapy | 0.493554 | 965,320 | 476,438 | 50.05 |
| 51 | Occupational Therapy | | | | 51 |
| 52 | Speech Pathology | 0.816300 | 1,500 | 1,224 | 52 |
| 53.05 | Electrocardiology | 0.102235 | 1,030 | 105 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 0.135079 | | | 53.40 |
| 54 | Electroencephalography | | | | 54 |
| 55 | Medical Supplies Charged to Patients | 0.757778 | 42,463 | 32,178 | 55 |
| 55.30 | Implantable Devices Charged to Patients | 0.395581 | 14,306 | 5,659 | 55.30 |
| 56 | Drugs Charged to Patients | 0.270103 | 288,525 | 77,931 | 56 |
| 57 | Renal Dialysis | 0.396802 | | | 57 |
| 58 | ASC (Non-Distinct Part) | 0.249837 | 3,600 | 928 | 58 |
| 59.30 | Other Ancillary Cost Centers | 0.421577 | 5,870 | 5,316 | 59.30 |
| | OUTPATIENT SERVICE COST CENTERS | | | | |
| 60.05 | Clinic | 1.227405 | 8,755 | 3,124 | 60.05 |
| 61 | Emergency | 0.244280 | 12,674 | 3,934 | 61 |
| 62.05 | Observation Beds (DistinctPart) | 0.473773 | | | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | 1.348705 | | | 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) | | 1,980,485 | 753,440 | 101 |
| 102 | Less PBP Clinic Laboratory Services-Program only charges (line 45) | | | | 102 |
| 103 | Net Charges (line 101 minus line 102) | | 1,980,485 | | 103 |

(A) Worksheet A line numbers

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D-6 PARTS III & IV |
|---|---|---|---|

Heart

PART III - SUMMARY OF COSTS AND CHARGES

| | | Cost | | Charges | | |
|---|---|---|---|---|---|---|
| | | Part A | Part B | Part A | Part B | |
| | | 1 | 2 | 3 | 4 | |
| 48 | Routine and Ancillary from Part I | 64,305 | | 344,228 | | 48 |
| 49 | Interns and Residents (inpatient) | | | | | 49 |
| 50 | Interns and Residents (outpatient) | | | | | 50 |
| 51 | Direct Organ Acquisition (see instructions) | 2,525,334 | | 1,202,509 | | 51 |
| 52 | Cost of Services of Teaching Physicians (Wkst. D-9) | | | | | 52 |
| 53 | Total (sum of lines 48 thru 52) | 2,589,639 | | 1,546,737 | | 53 |
| 54 | Total Usable Organs (see instructions) | | 69 | | | 54 |
| 55 | Medicare Usable Organs (see instructions) | | 54 | | | 55 |
| 56 | Ratio of Medicare Usable Organs to Total Usable Organs (line 55 ÷ line 54) | | | | | 56 |
| 57 | Medicare Cost/Charges (see instructions) | | | 1,210,490 | | 57 |
| 58 | Revenue for Organs Sold | 484,750 | | 484,750 | | 58 |
| 59 | Subtotal (line 57 minus line 58) | | | 725,740 | | 59 |
| 60 | Organs Furnished Part B | | | | | 60 |
| 61 | Net Organ Acquisition Cost and Charges (see instructions) | 1,541,925 | | 725,740 | | 61 |

PART IV - STATISTICS

| | | Living Related | Cadaveric | Revenue | |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| 62 | Organs Excised in Provider (1) | | 32 | | 62 |
| 63 | Organs Purchased from Other Transplant Hospitals (2) | | | | 63 |
| 64 | Organs Purchased from Non-Transplant Hospitals | | 7 | | 64 |
| 65 | Organs Purchased from OPOs | | 6 | | 65 |
| 66 | Total (sum of lines 62 thru 65) | | 45 | | 66 |
| 67 | Organs Transplanted | | 21 | | 67 |
| 68 | Organs Sold to Other Hospitals | | | | 68 |
| 69 | Organs Sold to OPOs | | 16 | | 69 |
| 70 | Organs Sold to Transplant Hospitals | | | | 70 |
| 71 | Organs Sold to Military or VA Hospitals | | | | 71 |
| 72 | Organs Sold Outside the U.S. | | | | 72 |
| 73 | Organs Sent Outside the U.S. (no revenue received) | | | | 73 |
| 74 | Organs Used for Research | | 8 | | 74 |
| 75 | Unusable/Discarded Organs | | | | 75 |
| 76 | Total (sum of lines 67 thru 75 should equal line 66) | | 45 | | 76 |

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team are included in the count.

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D-6 PARTS III & IV |
|---|---|---|---|

Kidney

PART III - SUMMARY OF COSTS AND CHARGES

| | | Cost | | Charges | | |
|---|---|---|---|---|---|---|
| | | Part A | Part B | Part A | Part B | |
| | | 1 | 2 | 3 | 4 | |
| 48 | Routine and Ancillary from Part I | 2,922,712 | | 11,850,464 | | 48 |
| 49 | Interns and Residents (inpatient) | | | | | 49 |
| 50 | Interns and Residents (outpatient) | | | | | 50 |
| 51 | Direct Organ Acquisition (see instructions) | 5,284,952 | | 9,605,730 | | 51 |
| 52 | Cost of Services of Teaching Physicians (Wkst. D-9) | | | | | 52 |
| 53 | Total (sum of lines 48 thru 52) | 8,207,664 | | 21,456,194 | | 53 |
| 54 | Total Usable Organs (see instructions) | | 312 | | | 54 |
| 55 | Medicare Usable Organs (see instructions) | | 277 | | | 55 |
| 56 | Ratio of Medicare Usable Organs to Total Usable Organs (line 55 ÷ line 54) | | | | | 56 |
| 57 | Medicare Cost/Charges (see instructions) | | | 19,049,260 | | 57 |
| 58 | Revenue for Organs Sold | 1,187,119 | | 1,232,695 | | 58 |
| 59 | Subtotal (line 57 minus line 58) | | | 17,816,565 | | 59 |
| 60 | Organs Furnished Part B | | | | | 60 |
| 61 | Net Organ Acquisition Cost and Charges (see instructions) | 6,099,817 | | 17,816,565 | | 61 |

PART IV - STATISTICS

| | | Living Related | Cadaveric | Revenue | |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| 62 | Organs Excised in Provider (1) | 36 | 108 | | 62 |
| 63 | Organs Purchased from Other Transplant Hospitals (2) | | | | 63 |
| 64 | Organs Purchased from Non-Transplant Hospitals | | 62 | | 64 |
| 65 | Organs Purchased from OPOs | | 12 | | 65 |
| 66 | Total (sum of lines 62 thru 65) | 36 | 182 | | 66 |
| 67 | Organs Transplanted | 36 | 135 | | 67 |
| 68 | Organs Sold to Other Hospitals | | | | 68 |
| 69 | Organs Sold to OPOs | | 33 | | 69 |
| 70 | Organs Sold to Transplant Hospitals | | | | 70 |
| 71 | Organs Sold to Military or VA Hospitals | | | | 71 |
| 72 | Organs Sold Outside the U.S. | | | | 72 |
| 73 | Organs Sent Outside the U.S. (no revenue received) | | | | 73 |
| 74 | Organs Used for Research | | 4 | | 74 |
| 75 | Unusable/Discarded Organs | | 10 | | 75 |
| 76 | Total (sum of lines 67 thru 75 should equal line 66) | 36 | 182 | | 76 |

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team are included in the count.

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D-6 PARTS III & IV |
|---|---|---|---|

Liver

PART III - SUMMARY OF COSTS AND CHARGES

| | | Cost | | Charges | | |
|---|---|---|---|---|---|---|
| | | Part A | Part B | Part A | Part B | |
| | | 1 | 2 | 3 | 4 | |
| 48 | Routine and Ancillary from Part I | 504,746 | | 2,260,762 | | 48 |
| 49 | Interns and Residents (inpatient) | | | | | 49 |
| 50 | Interns and Residents (outpatient) | | | | | 50 |
| 51 | Direct Organ Acquisition (see instructions) | 5,056,640 | | 3,899,232 | | 51 |
| 52 | Cost of Services of Teaching Physicians (Wkst. D-9) | | | | | 52 |
| 53 | Total (sum of lines 48 thru 52) | 5,561,386 | | 6,159,994 | | 53 |
| 54 | Total Usable Organs (see instructions) | | 145 | | | 54 |
| 55 | Medicare Usable Organs (see instructions) | | 88 | | | 55 |
| 56 | Ratio of Medicare Usable Organs to Total Usable Organs (line 55 ÷ line 54) | | | | | 56 |
| 57 | Medicare Cost/Charges (see instructions) | | | 3,738,482 | | 57 |
| 58 | Revenue for Organs Sold | 716,500 | | 716,500 | | 58 |
| 59 | Subtotal (line 57 minus line 58) | | | 3,021,982 | | 59 |
| 60 | Organs Furnished Part B | | | | | 60 |
| 61 | Net Organ Acquisition Cost and Charges (see instructions) | 2,658,688 | | 3,021,982 | | 61 |

PART IV - STATISTICS

| | | Living Related | Cadaveric | Revenue | |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| 62 | Organs Excised in Provider (1) | | 55 | | 62 |
| 63 | Organs Purchased from Other Transplant Hospitals (2) | | | | 63 |
| 64 | Organs Purchased from Non-Transplant Hospitals | | 29 | | 64 |
| 65 | Organs Purchased from OPOs | | 17 | | 65 |
| 66 | Total (sum of lines 62 thru 65) | | 101 | | 66 |
| 67 | Organs Transplanted | | 69 | | 67 |
| 68 | Organs Sold to Other Hospitals | | | | 68 |
| 69 | Organs Sold to OPOs | | 21 | | 69 |
| 70 | Organs Sold to Transplant Hospitals | | | | 70 |
| 71 | Organs Sold to Military or VA Hospitals | | | | 71 |
| 72 | Organs Sold Outside the U.S. | | | | 72 |
| 73 | Organs Sent Outside the U.S. (no revenue received) | | | | 73 |
| 74 | Organs Used for Research | | 10 | | 74 |
| 75 | Unusable/Discarded Organs | | 1 | | 75 |
| 76 | Total (sum of lines 67 thru 75 should equal line 66) | | 101 | | 76 |

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team are included in the count.

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D-6 PARTS III & IV |
|---|---|---|---|

Pancreas

PART III - SUMMARY OF COSTS AND CHARGES

| | | Cost | | Charges | | |
|---|---|---|---|---|---|---|
| | | Part A | Part B | Part A | Part B | |
| | | 1 | 2 | 3 | 4 | |
| 48 | Routine and Ancillary from Part I | 55,379 | | 218,082 | | 48 |
| 49 | Interns and Residents (inpatient) | | | | | 49 |
| 50 | Interns and Residents (outpatient) | | | | | 50 |
| 51 | Direct Organ Acquisition (see instructions) | 766,365 | | 473,373 | | 51 |
| 52 | Cost of Services of Teaching Physicians (Wkst. D-9) | | | | | 52 |
| 53 | Total (sum of lines 48 thru 52) | 821,744 | | 691,455 | | 53 |
| 54 | Total Usable Organs (see instructions) | | 29 | | | 54 |
| 55 | Medicare Usable Organs (see instructions) | | 22 | | | 55 |
| 56 | Ratio of Medicare Usable Organs to Total Usable Organs (line 55 ÷ line 54) | | | | | 56 |
| 57 | Medicare Cost/Charges (see instructions) | | | 524,552 | | 57 |
| 58 | Revenue for Organs Sold | 130,000 | | 130,000 | | 58 |
| 59 | Subtotal (line 57 minus line 58) | | | 394,552 | | 59 |
| 60 | Organs Furnished Part B | | | | | 60 |
| 61 | Net Organ Acquisition Cost and Charges (see instructions) | 493,392 | | 394,552 | | 61 |

PART IV - STATISTICS

| | | Living Related | Cadaveric | Revenue | |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| 62 | Organs Excised in Provider (1) | | 16 | | 62 |
| 63 | Organs Purchased from Other Transplant Hospitals (2) | | | | 63 |
| 64 | Organs Purchased from Non-Transplant Hospitals | | 3 | | 64 |
| 65 | Organs Purchased from OPOs | | | | 65 |
| 66 | Total (sum of lines 62 thru 65) | | 19 | | 66 |
| 67 | Organs Transplanted | | 9 | | 67 |
| 68 | Organs Sold to Other Hospitals | | | | 68 |
| 69 | Organs Sold to OPOs | | 4 | | 69 |
| 70 | Organs Sold to Transplant Hospitals | | | | 70 |
| 71 | Organs Sold to Military or VA Hospitals | | | | 71 |
| 72 | Organs Sold Outside the U.S. | | | | 72 |
| 73 | Organs Sent Outside the U.S. (no revenue received) | | | | 73 |
| 74 | Organs Used for Research | | 1 | | 74 |
| 75 | Unusable/Discarded Organs | | 5 | | 75 |
| 76 | Total (sum of lines 67 thru 75 should equal line 66) | | 19 | | 76 |

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team are included in the count.

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| | CALCULATION OF REIMBURSEMENT SETTLEMENT | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET E, PART A |
|---|---|---|---|---|

Medicare -Title XVIII - Hospital - 340113

| | | | | |
|---|---|---|---|---|
| | PART A - INPATIENT HOSPITAL SERVICES UNDER PPS | 1 | 1.01 | |
| | DRG Amount | | | |
| 1 | Other than Outlier Payments occurring prior to October 1 | 93,722,002 | | 1 |
| 1.01 | Other than Outlier Payments occurring on or after October 1 and before January 1 | 31,240,667 | | 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 | 8,333,588 | | 1.03 |
| 1.04 | Payments on or after October 1 and prior to January 1 | 2,777,863 | | 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) | 4,613,088 | | 2.01 |
| | Indirect Medical Education Adjustment | | | |
| 3 | Bed days available divided by number of days in the cost reporting period (see instructions) | 754.49 | | 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 | 173.81 | | 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 | 172.95 | | 3.07 |
| 3.08 | FTE count for allopathic and osteopathic programs in the current year from your records | 209.40 | | 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 | 8.37 | | 3.13 |
| 3.14 | Current year allowable FTE (see instructions) | 181.32 | | 3.14 |
| 3.15 | Total allowable FTE count for the prior year, if none but prior year teaching was in effect enter 1 here | 181.22 | | 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 | 181.64 | | 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) | 181.39 | | 3.17 |
| 3.18 | Current year residents to bed ratio (line 3.17 divided by line 3) | 0.240414 | | 3.18 |
| 3.19 | Prior year resident to bed ratio (see instructions) | 0.253898 | | 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 | 0.240414 | | 3.20 |
| 3.21 | IME payments for discharges occurring prior to October 1 (see instructions) | 12,561,614 | | 3.21 |
| 3.22 | IME payments for discharges occurring on or after October 1 but before January 1 (see instructions) | 4,187,205 | | 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 | 16,748,819 | | 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 | 0.333600 | | 4.01 |
| 4.02 | Sum of lines 4 and 4.01 | 0.405400 | | 4.02 |
| 4.03 | Allowable disproportionate share percentage (see instructions) | 0.226600 | | 4.03 |
| 4.04 | Disproportionate share adjustment (sum of lines 1, 1.01, 1.02, and 2 times line 4.03) | 28,316,541 | | 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: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET E, PART A | |
|---|---|---|---|---|---|
| Medicare -Title XVIII - Hospital - 340113 | | | | | |
| 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) | | 174,641,117 | | 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.) | | 174,641,117 | | 8 |
| 9 | Payment for inpatient program capital (from Worksheet L, parts I, II, or III, as applicable) | | 12,723,824 | | 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) | | 5,592,830 | | 11 |
| 11.01 | Nursing and Allied Health Managed Care | | 168,687 | | 11.01 |
| 11.02 | Special add-on payments for new technologies | | | | 11.02 |
| 12 | Net organ acquisition cost | | 10,793,822 | | 12 |
| 13 | Cost of teaching physicians | | | | 13 |
| 14 | Routine service other pass through costs | | 1,476,711 | | 14 |
| 15 | Ancillary service other pass through costs | | 564,181 | | 15 |
| 16 | Total (sum of amounts on lines 8 through 15) | | 205,961,172 | | 16 |
| 17 | Primary payer payments | | 553,038 | | 17 |
| 18 | Total amount payable for program beneficiaries (line 16 minus line 17) | | 205,408,134 | | 18 |
| 19 | Deductibles billed to program beneficiaries | | 9,510,252 | | 19 |
| 20 | Coinsurance billed program beneficiaries | | 752,718 | | 20 |
| 21 | Reimbursable bad debts (see instructions) | | 2,073,780 | | 21 |
| 21.01 | Adjusted reimbursable bed debts (see instructions) | | 1,451,646 | | 21.01 |
| 21.02 | Reimbursable bad debts for dual eligible beneficiaries (see instructions) | | 1,952,937 | | 21.02 |
| 22 | Subtotal (line 18 plus line 21.01 minus lines 19 and 20) | | 196,596,810 | | 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) | | 196,596,810 | | 26 |
| 27 | Sequestration adjustment (see instructions) | | | | 27 |
| 28 | Interim payments | | 195,832,924 | | 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) | | 763,886 | | 29 |
| 30 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2 | | 4,330,054 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| | CALCULATION OF REIMBURSEMENT SETTLEMENT | PROVIDER NO: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET E PART B | |
|---|---|---|---|---|---|
| Medicare - Title XVIII - Hospital - 340113 | | | | | |
| PART B - MEDICAL AND OTHER HEALTH SERVICES | | | | | |
| 1 | Medical and other services (see instructions) | | | 38,677 | 1 |
| 1.01 | Medical and other services rendered on or after August 1, 2000 from Worksheet D, Part V, column 9.01, line 104 | | | 55,356,448 | 1.01 |
| 1.02 | PPS payments received including outliers | | | 45,641,050 | 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 | | | 234,039 | 1.07 |
| 2 | Interns and residents | | | | 2 |
| 3 | Organ acquisitions | | | | 3 |
| 4 | Cost of teaching physicians | | | | 4 |
| 5 | Total cost (see instructions) | | | 38,677 | 5 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | | | |
| | Reasonable charges | | | | |
| 6 | Ancillary service charges | | | 143,192 | 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) | | | 143,192 | 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) | | | 143,192 | 14 |
| 15 | Excess of customary chages over reasonable cost (complete only if line 14 exceeds line 5) (see instructions) | | | 104,515 | 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) | | | 38,677 | 17 |
| 17.01 | Total prospective payment (sum of lines 1.01, 1.06, 1.07) | | | 45,875,089 | 17.01 |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | | |
| 18 | Deductibles and coinsurance (see instructions) | | | | 18 |
| 18.01 | Coinsurance relating to amount on line 17.01 | | | 9,468,687 | 18.01 |
| 19 | Subtotal (line 17 minus line 18) | | | 36,445,079 | 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) | | | 1,610,563 | 21 |
| 22 | ESRD direct medical education costs (from Worksheet E-3, Part IV) | | | | 22 |
| 23 | Subtotal (sum of lines 19 through 22) | | | 38,055,642 | 23 |
| 24 | Primary payer payments | | | 15,335 | 24 |
| 25 | Subtotal (line 23 minus line 24) | | | 38,040,307 | 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) | | | 1,062,176 | 27 |
| 27.01 | Adjusted reimbursable bad debts (see instructions) | | | 743,523 | 27.01 |
| 27.02 | Reimbursable bad debts for dual eligible beneficiaries | | | 1,002,910 | 27.02 |
| 28 | Subtotal (sum of lines 25, 26, and 27 or 27.01) (line 27.01 hospital and subprovider only) | | | 38,783,830 | 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) | | | 38,783,830 | 32 |
| 33 | Sequestration adjustment (see instructions) | | | | 33 |
| 34 | Interim payments | | | 38,753,518 | 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) | | | 30,312 | 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: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET E PART B | |
|---|---|---|---|---|---|
| Medicare -Title XVIII - Hospital - 340113 | | | | | |
| 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| | CALCULATION OF REIMBURSEMENT SETTLEMENT | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET E-3 PART 1 |
|---|---|---|---|---|

Medicare -Title XVIII - Subprovider 1 - 34S113

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS, LTCH PPS AND IPF PPS

| | | | |
|---|---|---|---|
| 1 | Inpatient hospital services (see instructions) | | 1 |
| 1.01 | Hospital specific amount (see instructions) | | 1.01 |
| 1.02 | Net Federal PPS Payments (see instructions) | | 1.02 |
| 1.03 | Medicare SSI ratio (IRF PPS only) (see instructions) | | 1.03 |
| 1.04 | Inpatient Rehabilitation LIP payment (see instructions) | | 1.04 |
| 1.05 | Outlier Payments | | 1.05 |
| 1.06 | Total PPS Payments {sum of lines 1.01, (1.02, 1.04, 1.42 for columns 1 and 1.01), and 1.05} | | 1.06 |
| 1.07 | Nursing Allied Health Managed Care Payments | | 1.07 |
| **Inpatient Psychiatric Facility (IPF)** | | | |
| 1.08 | Net Federal IPF PPS Payments (excluding outlier, ECT, scenterloss, and medical education payments) | 3,182,137 | 1.08 |
| 1.09 | Net IPF PPS Outlier Payments | | 1.09 |
| 1.10 | Net IPF PPS ECT Payments | 11,724 | 1.10 |
| 1.11 | Unweighted intern and resident FTE count for latest cost report filed prior to November 15, 2004. (see instructions) | | 1.11 |
| 1.12 | New Teaching program adjustment. (see instructions) | | 1.12 |
| 1.13 | Current years unweighted FTE count of I&R other than FTEs in the first 3 years of a new teaching program. (see inst.) | | 1.13 |
| 1.14 | Current years unweighted I&R FTE count for residents within the first 3 years of a new teaching program. (see inst.) | | 1.14 |
| 1.15 | Intern and resident count for IPF PPS medical education adjustment (see instructions) | | 1.15 |
| 1.16 | Average Daily Census (see instructions) | 66.84 | 1.16 |
| 1.17 | Medical Education Adjustment Factor {((1 + (line 1.15/line 1.16)) raised to the power of .5150 -1}. | | 1.17 |
| 1.18 | Medical Education Adjustment (line 1.08 multiplied by line 1.17). | | 1.18 |
| 1.19 | Adjusted Net IPF PPS Payments (sum of lines 1.08, 1.09, 1.10 and 1.18) | 3,193,861 | 1.19 |
| 1.20 | Scenter Loss Payment Floor (line 1 x 70%). | | 1.20 |
| 1.21 | Adjusted Net Payment Floor (line 1.20 x the appropriate Federal blend percentage) | | 1.21 |
| 1.22 | Scenter Loss Adjustment (If line 1.21 is greater than line 1.19 enter the amount on line 1.21 less line 1.19 otherwise enter -0-) | | 1.22 |
| 1.23 | Total IPF PPS Payments (sum of lines 1.01, 1.19 and 1.22) | 3,193,861 | 1.23 |
| **Inpatient Rehabilitation Facility (IRF)** | | | |
| 1.35 | Unweighted intern and resident FTE count for cost report periods ending on/or prior to November 15, 2004. (see inst.) | | 1.35 |
| 1.36 | New Teaching program adjustment. (see instructions) | | 1.36 |
| 1.37 | Current years unweighted FTE count of I&R other than FTEs in the first 3 years of a new teaching program. (see inst.) | | 1.37 |
| 1.38 | Current years unweighted I&R FTE count for residents within the first 3 years of a new teaching program. (see inst.) | | 1.38 |
| 1.39 | Intern and resident count for IRF PPS medical education adjustment (see instructions) | | 1.39 |
| 1.40 | Average Daily Census (see instructions) | | 1.40 |
| 1.41 | Medical Education Adjustment Factor (see instructions). | | 1.41 |
| 1.42 | Medical Education Adjustment (line 1.02 multiplied by line 1.41). | | 1.42 |
| | | | |
| 2 | Organ acquisition | | 2 |
| 3 | Cost of teaching physicians (from Worksheet D-9, Part II, column 3, line 16) (see instructions) | | 3 |
| 4 | Subtotal (sum of lines 1.06, 2, and 3) | 3,193,861 | 4 |
| 5 | Primary payer payments | 5,340 | 5 |
| 6 | Subtotal (line 4 less line 5) | 3,188,521 | 6 |
| 7 | Deductibles | 257,208 | 7 |
| 8 | Subtotal (line 6 minus line 7) | 2,931,313 | 8 |
| 9 | Coinsurance | 49,711 | 9 |
| 10 | Subtotal (line 8 minus line 9) | 2,881,602 | 10 |
| 11 | Reimbursable bad debts (exclude bad debts for professional services) (see instructions) | 230,068 | 11 |
| 11.01 | Adjusted reimbursable bad debts (see instructions) | 161,048 | 11.01 |
| 11.02 | Reimbursable bad debts for dual eligible beneficiaries | 223,181 | 11.02 |
| 12 | Subtotal (sum of lines 10 and 11.01) | 3,042,650 | 12 |
| 13 | Direct graduate medical education payment (from Worksheet E-3, Part IV, line 24) | | 13 |
| 13.01 | Other pass through costs (see instructions) | 82,920 | 13.01 |
| 14 | Recovery of excess depreciation resulting from provider termination or a decrease in program | | 14 |

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| | CALCULATION OF REIMBURSEMENT SETTLEMENT | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/ 2010 TO: 12/31/2010 | WORKSHEET E-3 PART 1 | |
|---|---|---|---|---|---|
| Medicare -Title XVIII - Subprovider 1 - 34S113 | | | | | |
| PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS, LTCH PPS AND IPF PPS | | | | | |
| 15 | Other adjustments (see instructions) (specify) | | | | 15 |
| 16 | Amounts applicable to prior cost reporting periods resulting from disposition of depreciable a | | | | 16 |
| 17 | Total amount payable to the provider (see instructions) | | | 3,125,570 | 17 |
| 18 | Sequestration adjustment (see instructions) | | | | 18 |
| 19 | Interim payments | | | 3,287,377 | 19 |
| 19.01 | Tentative settlement (for fiscal intermediary use only) | | | | 19.01 |
| 20 | Balance due provider/program (line 17 minus the sum of lines 18, 19, and 19.01) | | | -161,807 | 20 |
| 21 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section | | | | 21 |
| TO BE COMPLETED BY INTERMEDIARY | | | | | |
| 50 | Operating outlier amount from Worksheet E-3, Part 1 line 1.05 or line 1.09 | | | | 50 |
| 51 | Operating Outlier reconciliation amount (see instructions) | | | | 51 |
| 52 | The interest rate used to calculate the Time Value of Money | | | | 52 |
| 53 | Operating Time Value of Money (see instructions) | | | | 53 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
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| | CALCULATION OF REIMBURSEMENT SETTLEMENT | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/ 2010 TO: 12/31/2010 | WORKSHEET E-3 PART 1 |
|---|---|---|---|---|

Medicare -Title XVIII - Subprovider 2 - 34T113

| | | | |
|---|---|---|---|
| **PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS, LTCH PPS AND IPF PPS** | | | |
| 1 | Inpatient hospital services (see instructions) | | 1 |
| 1.01 | Hospital specific amount (see instructions) | | 1.01 |
| 1.02 | Net Federal PPS Payments (see instructions) | | 1.02 |
| 1.03 | Medicare SSI ratio (IRF PPS only) (see instructions) | | 1.03 |
| 1.04 | Inpatient Rehabilitation LIP payment (see instructions) | | 1.04 |
| 1.05 | Outlier Payments | | 1.05 |
| 1.06 | Total PPS Payments {sum of lines 1.01, (1.02, 1.04, 1.42 for columns 1 and 1.01), and 1.05} | | 1.06 |
| 1.07 | Nursing Allied Health Managed Care Payments | | 1.07 |
| **Inpatient Psychiatric Facility (IPF)** | | | |
| 1.08 | Net Federal IPF PPS Payments (excluding outlier, ECT, scenterloss, and medical education payments) | | 1.08 |
| 1.09 | Net IPF PPS Outlier Payments | | 1.09 |
| 1.10 | Net IPF PPS ECT Payments | | 1.10 |
| 1.11 | Unweighted intern and resident FTE count for latest cost report filed prior to November 15, 2004. (see instructions) | | 1.11 |
| 1.12 | New Teaching program adjustment. (see instructions) | | 1.12 |
| 1.13 | Current years unweighted FTE count of I&R other than FTEs in the first 3 years of a new teaching program. (see inst.) | | 1.13 |
| 1.14 | Current years unweighted I&R FTE count for residents within the first 3 years of a new teaching program. (see inst.) | | 1.14 |
| 1.15 | Intern and resident count for IPF PPS medical education adjustment (see instructions) | | 1.15 |
| 1.16 | Average Daily Census (see instructions) | | 1.16 |
| 1.17 | Medical Education Adjustment Factor {((1 + (line 1.15/line 1.16)) raised to the power of .5150 -1}. | | 1.17 |
| 1.18 | Medical Education Adjustment (line 1.08 multiplied by line 1.17). | | 1.18 |
| 1.19 | Adjusted Net IPF PPS Payments (sum of lines 1.08, 1.09, 1.10 and 1.18) | | 1.19 |
| 1.20 | Scenter Loss Payment Floor (line 1 x 70%). | | 1.20 |
| 1.21 | Adjusted Net Payment Floor (line 1.20 x the appropriate Federal blend percentage) | | 1.21 |
| 1.22 | Scenter Loss Adjustment (If line 1.21 is greater than line 1.19 enter the amount on line 1.21 less line 1.19 otherwise enter -0-) | | 1.22 |
| 1.23 | Total IPF PPS Payments (sum of lines 1.01, 1.19 and 1.22) | | 1.23 |
| **Inpatient Rehabilitation Facility (IRF)** | | | |
| 1.35 | Unweighted intern and resident FTE count for cost report periods ending on/or prior to November 15, 2004. (see inst.) | | 1.35 |
| 1.36 | New Teaching program adjustment. (see instructions) | | 1.36 |
| 1.37 | Current years unweighted FTE count of I&R other than FTEs in the first 3 years of a new teaching program. (see inst.) | | 1.37 |
| 1.38 | Current years unweighted I&R FTE count for residents within the first 3 years of a new teaching program. (see inst.) | | 1.38 |
| 1.39 | Intern and resident count for IRF PPS medical education adjustment (see instructions) | | 1.39 |
| 1.40 | Average Daily Census (see instructions) | 7.42 | 1.40 |
| 1.41 | Medical Education Adjustment Factor (see instructions). | | 1.41 |
| 1.42 | Medical Education Adjustment (line 1.02 multiplied by line 1.41). | | 1.42 |
| | | | |
| 2 | Organ acquisition | | 2 |
| 3 | Cost of teaching physicians (from Worksheet D-9, Part II, column 3, line 16) (see instructions) | | 3 |
| 4 | Subtotal (sum of lines 1.06, 2, and 3) | | 4 |
| 5 | Primary payer payments | | 5 |
| 6 | Subtotal (line 4 less line 5) | | 6 |
| 7 | Deductibles | | 7 |
| 8 | Subtotal (line 6 minus line 7) | | 8 |
| 9 | Coinsurance | | 9 |
| 10 | Subtotal (line 8 minus line 9) | | 10 |
| 11 | Reimbursable bad debts (exclude bad debts for professional services) (see instructions) | | 11 |
| 11.01 | Adjusted reimbursable bad debts (see instructions) | | 11.01 |
| 11.02 | Reimbursable bad debts for dual eligible beneficiaries | | 11.02 |
| 12 | Subtotal (sum of lines 10 and 11.01) | | 12 |
| 13 | Direct graduate medical education payment (from Worksheet E-3, Part IV, line 24) | | 13 |
| 13.01 | Other pass through costs (see instructions) | | 13.01 |
| 14 | Recovery of excess depreciation resulting from provider termination or a decrease in program | | 14 |

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| | CALCULATION OF REIMBURSEMENT SETTLEMENT | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/ 2010 TO: 12/31/2010 | WORKSHEET E-3 PART 1 |
|---|---|---|---|---|

| | | | |
|---|---|---|---|
| Medicare -Title XVIII - Subprovider 2 - 34T113 | | | |
| PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS, LTCH PPS AND IPF PPS | | | |
| 15 | Other adjustments (see instructions) (specify) | | 15 |
| 16 | Amounts applicable to prior cost reporting periods resulting from disposition of depreciable a | | 16 |
| 17 | Total amount payable to the provider (see instructions) | | 17 |
| 18 | Sequestration adjustment (see instructions) | | 18 |
| 19 | Interim payments | | 19 |
| 19.01 | Tentative settlement (for fiscal intermediary use only) | | 19.01 |
| 20 | Balance due provider/program (line 17 minus the sum of lines 18, 19, and 19.01) | | 20 |
| 21 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section | | 21 |
| TO BE COMPLETED BY INTERMEDIARY | | | |
| 50 | Operating outlier amount from Worksheet E-3, Part I line 1.05 or line 1.09 | | 50 |
| 51 | Operating Outlier reconciliation amount (see instructions) | | 51 |
| 52 | The interest rate used to calculate the Time Value of Money | | 52 |
| 53 | Operating Time Value of Money (see instructions) | | 53 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| | CALCULATION OF REIMBURSEMENT SETTLEMENT | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET E-3 PART III | |
|---|---|---|---|---|---|
| Medicaid - Title XIX - Hospital - 340113 | | | | | |
| | COMPUTATION OF NET COST OF COVERED SERVICES | | Title V or Title XIX | Title XVIII SNF PPS | |
| | | | 1 | 2 | |
| 1 | Inpatient hospital/SNF/NF services | | 140,163,459 | | 1 |
| 2 | Medical and other services | | 53,929,770 | | 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) | | 194,093,229 | | 6 |
| 7 | Inpatient primary payer payments | | 385,796 | | 7 |
| 8 | Outpatient primary payer payments | | 61,696 | | 8 |
| 9 | Subtotal (line 6 less sum of lines 7 and 8) | | 193,645,737 | | 9 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | | | | |
| | REASONABLE CHARGES | | | | |
| 10 | Routine service charges | | 110,998,446 | | 10 |
| 11 | Ancillary service charges | | 389,643,076 | | 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) | | 500,641,522 | | 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) | | 500,641,522 | | 20 |
| 21 | Excess of customary charges over reasonable cost (complete only if line 20 exceeds line 9) (see instructions) | | 306,995,785 | | 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) | | 193,645,737 | | 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) | | 193,645,737 | | 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 | | 193,645,737 | | 32 |
| 33 | Deductibles (exclude professional component) | | 92,458 | | 33 |
| 34 | Excess of reasonable cost (from line 22) | | | | 34 |
| 35 | Subtotal (line 32 minus sum of lines 33 and 34) | | 193,553,279 | | 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) | | 193,553,279 | | 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: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET E-3 PART III | |
|---|---|---|---|---|---|
| Medicaid - Title XIX - Hospital - 340113 | | | | | |
| | 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) | | 193,553,279 | | 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) | | 193,553,279 | | 55 |
| 56 | Sequestration adjustment (see instructions) | | | | 56 |
| 57 | Interim payments | | 126,937,239 | | 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) | | 66,616,040 | | 58 |
| 59 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2 | | | | 59 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| | CALCULATION OF REIMBURSEMENT SETTLEMENT | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET E-3 PART III | |
|---|---|---|---|---|---|
| Medicaid - Title XIX - Subprovider 1 - 34S113 | | | | | |
| | COMPUTATION OF NET COST OF COVERED SERVICES | | Title V or Title XIX | Title XVIII SNF PPS | |
| | | | 1 | 2 | |
| 1 | Inpatient hospital/SNF/NF services | | 6,541,138 | | 1 |
| 2 | Medical and other services | | 4,466,978 | | 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) | | 11,008,116 | | 6 |
| 7 | Inpatient primary payer payments | | 26,322 | | 7 |
| 8 | Outpatient primary payer payments | | 2,446 | | 8 |
| 9 | Subtotal (line 6 less sum of lines 7 and 8) | | 10,979,348 | | 9 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | | | | |
| | REASONABLE CHARGES | | | | |
| 10 | Routine service charges | | 11,956,629 | | 10 |
| 11 | Ancillary service charges | | 9,174,860 | | 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) | | 21,131,489 | | 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) | | 21,131,489 | | 20 |
| 21 | Excess of customary charges over reasonable cost (complete only if line 20 exceeds line 9) (see instructions) | | 10,152,141 | | 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) | | 10,979,348 | | 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) | | 10,979,348 | | 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 | | 10,979,348 | | 32 |
| 33 | Deductibles (exclude professional component) | | 40,585 | | 33 |
| 34 | Excess of reasonable cost (from line 22) | | | | 34 |
| 35 | Subtotal (line 32 minus sum of lines 33 and 34) | | 10,938,763 | | 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) | | 10,938,763 | | 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: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET E-3 PART III | |
|---|---|---|---|---|---|
| Medicaid - Title XIX - Subprovider I - 34S113 | | | | | |
| | 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) | | 10,938,763 | | 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) | | 10,938,763 | | 55 |
| 56 | Sequestration adjustment (see instructions) | | | | 56 |
| 57 | Interim payments | | 7,025,117 | | 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) | | 3,913,646 | | 58 |
| 59 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2 | | | | 59 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| | CALCULATION OF REIMBURSEMENT SETTLEMENT | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET E-3 PART III |
|---|---|---|---|---|

Medicaid - Title XIX - Subprovider 2 - 34T113

| | COMPUTATION OF NET COST OF COVERED SERVICES | Title V or Title XIX | Title XVIII SNF PPS | |
|---|---|---|---|---|
| | | 1 | 2 | |
| 1 | Inpatient hospital/SNF/NF services | 1,842,084 | | 1 |
| 2 | Medical and other services | | | 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) | 1,842,084 | | 6 |
| 7 | Inpatient primary payer payments | 243,252 | | 7 |
| 8 | Outpatient primary payer payments | | | 8 |
| 9 | Subtotal (line 6 less sum of lines 7 and 8) | 1,598,832 | | 9 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | | |
| | REASONABLE CHARGES | | | |
| 10 | Routine service charges | 1,201,190 | | 10 |
| 11 | Ancillary service charges | 1,980,485 | | 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) | 3,181,675 | | 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) | 3,181,675 | | 20 |
| 21 | Excess of customary charges over reasonable cost (complete only if line 20 exceeds line 9) (see instructions) | 1,582,843 | | 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) | 1,598,832 | | 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) | 1,598,832 | | 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 | 1,598,832 | | 32 |
| 33 | Deductibles (exclude professional component) | | | 33 |
| 34 | Excess of reasonable cost (from line 22) | | | 34 |
| 35 | Subtotal (line 32 minus sum of lines 33 and 34) | 1,598,832 | | 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) | 1,598,832 | | 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: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET E-3 PART III | |
|---|---|---|---|---|---|
| Medicaid - Title XIX - Subprovider 2 - 34T113 | | | | | |
| | 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) | | 1,598,832 | | 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) | | 1,598,832 | | 55 |
| 56 | Sequestration adjustment (see instructions) | | | | 56 |
| 57 | Interim payments | | 820,712 | | 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) | | 778,120 | | 58 |
| 59 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2 | | | | 59 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
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| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS | Provider CCN: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET E-3, PART IV |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340113

COMPUTATION OF TOTAL DIRECT GME AMOUNT

| | | | | |
|---|---|---|---|---|
| 1 | Number of FTE residents for OB/GYN and primary care (see instructions) | | | 1 |
| 1.01 | Number of FTE residents for all other (see instructions) | | | 1.01 |
| 2 | Updated per resident amount for OB/GYN and primary care (see instructions) | | | 2 |
| 2.01 | Updated per resident amount for all other (see instructions) | | | 2.01 |
| 3 | Aggregate approved amount (line 1 x line 2 plus line 1.01 x line 2.01) | | | 3 |
| 3.01 | Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996. | | 173.81 | 3.01 |
| 3.02 | Unweighted resident FTE count for allopathic and osteopathic programs which meet the criteria for an add on to the cap for new programs in accordance with 42 CFR 413.86(g)(6). | | | 3.02 |
| 3.03 | Unweighted resident FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.86(g)(4). | | | 3.03 |
| 3.04 | FTE adjustment cap (sum of lines 3.01 through 3.03). For cost reporting periods ending on or after 7/1/2005 see instructions | | 173.11 | 3.04 |
| 3.05 | Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instru.) | | 211.35 | 3.05 |
| 3.06 | Lesser of line 3.04 or line 3.05 | | 173.11 | 3.06 |
| 3.07 | Weighted FTE count for primary care physicians in an allopathic and osteopathic program for the current year in column 1. If current year is zero and teaching program was in existence in prior year enter count here.. | | 116.93 | 3.07 |
| 3.08 | Weighted FTE count for all other physicians in an allopathic and osteopathic program for the current year in column 1. If current year is zero and teaching program was in existence in prior year enter count here.. | | 86.31 | 3.08 |
| 3.09 | Sum of lines 3.07 and 3.08 | | 203.24 | 3.09 |
| 3.10 | See instructions | | 166.46 | 3.10 |
| 3.11 | Weighted dental and podiatric resident FTE count for the current year in column 1. If current year is zero and teaching program was in existence in prior year enter count here..... | | 7.94 | 3.11 |
| 3.12 | See instructions | | 78.63 | 3.12 |
| 3.13 | Total weighted resident FTE count for the prior cost reporting year (see instructions) If none, enter 1 here: | | 76.62 | 3.13 |
| 3.14 | Total weighted resident FTE count for the penultimate cost reporting year (see instructions) If none, enter 1 here: | | 75.38 | 3.14 |
| 3.15 | See instructions | | 76.88 | 3.15 |
| 3.16 | See instructions | | 76.88 | 3.16 |
| 3.17 | See instructions | | 128,462 | 3.17 |
| 3.18 | See instructions | | 9,876,175 | 3.18 |
| 3.19 | Primary care physician per resident amount (see instructions) | | 97.19 | 3.19 |
| 3.20 | Other program per resident amount.(see instructions) | | 98.71 | 3.20 |
| 3.21 | Primary care unadjusted approved amount (see instructions). | | 97.22 | 3.21 |
| 3.22 | Other unadjusted approved (see instructions). | | 97.22 | 3.22 |
| 3.23 | See instructions depending on the cost reporting periods beginning prior to 10/01/2001 or on or after 10/01/2001 | | 128,824 | 3.23 |
| 3.24 | See instructions depending on the cost reporting periods beginning prior to 10/01/2001 or on or after 10/01/2001 | | 12,524,254 | 3.24 |
| 3.25 | See instructions depending on the cost reporting periods beginning prior to 10/01/2001 or on or after 10/01/2001 | | 22,400,429 | 3.25 |
| | COMPUTATION OF PROGRAM PATIENT LOAD | | | |
| 4 | Program Part A inpatient days (see instructions) | | 79,872 | 4 |
| 5 | Total inpatient days (from Worksheet S-3, Part I, column 6, sum of lines 1, 6 thru 10, and 14) | | 266,467 | 5 |
| 6 | Ratio of program inpatient days to total inpatient days (line 4 ÷ line 5) | | 0.299744 | 6 |
| 6.01 | Total GME payment for non-managed care days (line 6 x line 3.25). | | 6,714,394 | 6.01 |
| 6.02 | Program managed care days occuring on or after January 1 of this cost reporting period (see instructions) | | 6,774 | 6.02 |
| 6.03 | Total inpatient days from line 5 above | | 266,467 | 6.03 |
| 6.04 | Appropriate percentage for inclusion of the managed care days (see instructions) | | 100 | 6.04 |
| 6.05 | Graduate medical education payment for managed care days on or after January 1 through the end of the cost reporting period (line 6.02 divided by line 6.03 x line 6.04 x line 3.25) (See instructions prior to October 1, 1997) | | 488,999 | 6.05 |
| 6.06 | Program managed care days occurring before January 1 of this cost reporting year (see instructions) | | | 6.06 |
| 6.07 | Appropriate percentage using the criteria identified on line 6.04 above (see instructions) | | 100 | 6.07 |
| 6.08 | Graduate medical education payment for managed care days prior to January 1 of this cost reporting period (line 6.06 divided by line 6.03 x line 6.07 x line 3.25) DIRECT MEDICAL EDUCATION | | | 6.08 |

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| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS | Provider CCN: 340113 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET E-3, PART IV |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340113

| | | | |
|---|---|---|---|
| | COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS) | | |
| 7 | Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 21 and 24, lines 57 and 64) | | 7 |
| 8 | Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 57 and 64) | 10,581,326 | 8 |
| 9 | Ratio of direct medical education costs to total charges (line 7 ÷ line 8) | | 9 |
| 10 | Medicare outpatient ESRD charges (see instructions) | 49,413 | 10 |
| 11 | Medicare outpatient ESRD direct medical education costs (line 9 x line 10) | | 11 |
| | APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY | | |
| | Part A Reasonable Cost | | |
| 12 | Reasonable cost (see instructions) | 182,888,728 | 12 |
| 13 | Organ acquisition costs (Worksheet D-6, Part III, column 1, line 61) | 10,793,822 | 13 |
| 14 | Cost of teaching physicians (Worksheet D-9, Part II, column 3, line 16) | | 14 |
| 15 | Primary payer payments (see instructions) | 558,378 | 15 |
| 16 | Total Part A reasonable cost (sum of lines 12 through 14 minus line 15) | 193,124,172 | 16 |
| | Part B Reasonable Cost | | |
| 17 | Reasonable cost (see instructions) | 55,629,164 | 17 |
| 18 | Primary payer payments (see instructions) | 15,335 | 18 |
| 19 | Total Part B reasonable cost (line 17 minus line 18) | 55,613,829 | 19 |
| 20 | Total reasonable cost (sum of lines 16 and 19) | 248,738,001 | 20 |
| 21 | Ratio of Part A reasonable cost to total reasonable cost (line 16 ÷ line 20) | 0.776416 | 21 |
| 22 | Ratio of Part B reasonable cost to total reasonable cost (line 19 ÷ line 20) | 0.223584 | 22 |
| | ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B | | |
| 23 | Total program GME payment (line 3 x line 6) | | 23 |
| 23.01 | For cost reporting periods ending on or after January 1, 1998 (sum of lines 6.01, 6.05, and 6.08) | 7,203,393 | 23.01 |
| 24 | Part A Medicare GME payment (lines 21 x 23 or 23.01) (title XVIII only) (see instructions) | 5,592,830 | 24 |
| 25 | Part B Medicare GME payment (lines 22 x 23 or 23.01) (title XVIII only) (see instructions) | 1,610,563 | 25 |

FORM CMS-2552-96 (9/2000) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTION 3633.4)



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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| CALCULATION OF GME AND IME PAYMENTS FOR REDISTRIBUTION OF UNUSED RESIDENCY SLOTS | PROVIDER NO: 340113 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET E-3, PART VI |
|---|---|---|---|

Medicare -Title XVIII -

PART A - INPATIENT HOSPITAL

| | | | |
|---|---|---|---|
| | Calculation of Reduced Direct GME Cap Under Section 422 of MMA | | |
| 1 | Ratio of days occurring on or after 7/1/2005 to total days in the cost reporting period (see instructions) | 1.000000 | 1 |
| 2 | Reduced Direct GME FTE Cap (see instructions) | 173.11 | 2 |
| 3 | Unadjusted Direct GME FTE Cap (Wkst E-3, Part IV, sum of lines 3.01 and 3.02) | 173.81 | 3 |
| 4 | Prorated Reduced Direct GME FTE Cap (see instructions) | 173.11 | 4 |
| | Calculation of Additional Direct GME Payment Attributable to Section 422 of MMA | | |
| 5 | Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79 (c ) (4) | | 5 |
| 5.01 | Prorated additional unweighted direct GME FTE resident cap slots (cost reporting periods overlapping 7/1/2005 only) | | 5.01 |
| 6 | Direct GME FTE Resident count over Cap (see instructions) | | 6 |
| 7 | Section 422 Allowable Direct GME FTE Resident Count (see instructions) | | 7 |
| 8 | Enter the locality adjustment national average per resident amount (see instructions) | | 8 |
| 9 | Multiply line 7 time line 8 | | 9 |
| 10 | Medicare program patient load from Wkst E-3 Part IV, line 6. | | 10 |
| 11 | Direct GME payment for non-managed care days (multiply line 9 times line 20) | | 11 |
| 12 | Direct GME payment for managed care days (multiply line 9 by Wkst E-3, Part V[(line 6.02 +6.06)/line 5] | | 12 |
| | Calculation of Reduced IME Cap Under Section 422 of MMA | | |
| 13 | Reduced IME FTE Cap (see instructions) | 172.95 | 13 |
| 14 | Unadjusted IME FTE Cap (Wkst E, Part A, sum of lines 3.04 and 3.05) | 173.81 | 14 |
| 15 | Prorated Reduced allowable IME FTE Cap | 172.95 | 15 |
| | Calculation of Additional IME Payments Attributable to Section 422 of MMA | | |
| 16 | Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.205 (f)(1)(iv)(C ). | | 16 |
| 17 | IME FTE Resident Count Over Cap (see instructions) | | 17 |
| 18 | If the amount on line 17 is greater than -0-, then enter the lower of line 16 or line 17 (see instructions for cost reporting periods overlapping 7/1/2005) | | 18 |
| 19 | Resident to bed ratio (divide line 18 by line 3 of Wkst E, Part A) | | 19 |
| 20 | IME Adjustment Factor (see instructions) | | 20 |
| 21 | DRG other than outlier payments for discharges on or after July 1, 2005. | | 21 |
| 22 | Simulated Medicare managed care payments for discharges on or after July 1, 2>005 | | 22 |
| 23 | Additional IME payments attributable to section 422 of MMA | | 23 |

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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: 340113 | 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 | 56,898 | | | | 1 |
| 2 Temporary investments | | | | | 2 |
| 3 Notes receivable | | | | | 3 |
| 4 Accounts receivable | 244,761,779 | | | | 4 |
| 5 Other receivables | 274,297,796 | | | | 5 |
| 6 Allowances for uncollectible notes and accounts receivable | 105,518,777 | | | | 6 |
| 7 Inventory | 6,250,126 | | | | 7 |
| 8 Prepaid expenses | 1,559,411 | | | | 8 |
| 9 Other current assets | | | | | 9 |
| 10 Due from other funds | | | | | 10 |
| 11 Total current assets (sum of lines 1-10) | 421,407,233 | | | | 11 |
| FIXED ASSETS | | | | | |
| 12 Land | 5,362,034 | | | | 12 |
| 13 Land improvements | 7,989,934 | | | | 13 |
| 13.01 Accumulated depreciation | | | | | 13.01 |
| 14 Buildings | 601,982,367 | | | | 14 |
| 14.01 Accumulated depreciation | 524,531,941 | | | | 14.01 |
| 15 Leasehold improvements | 11,915,762 | | | | 15 |
| 15.01 Accumulated depreciation | | | | | 15.01 |
| 16 Fixed equipment | 1,286,894 | | | | 16 |
| 16.01 Accumulated depreciation | | | | | 16.01 |
| 17 Automobiles and trucks | | | | | 17 |
| 17.01 Accumulated depreciation | | | | | 17.01 |
| 18 Major movable equipment | 383,815,629 | | | | 18 |
| 18.01 Accumulated depreciation | 4,031,181 | | | | 18.01 |
| 19 Minor equipment depreciable | | | | | 19 |
| 19.01 Accumulated depreciable | | | | | 19.01 |
| 20 Minor equipment-nondepreciable | 146,518 | | | | 20 |
| 21 Total fixed assets (sum of lines 12-20) | 483,936,016 | | | | 21 |
| OTHER ASSETS | | | | | |
| 22 Investments | 1,482,482,179 | | | | 22 |
| 23 Deposits on leases | | | | | 23 |
| 24 Due from owners/officers | | | | | 24 |
| 25 Other assets | 454,408 | | | | 25 |
| 26 Total other assets (sum of lines 22-25) | 1,482,936,587 | | | | 26 |
| 27 Total assets (sum of lines 11, 21, and 26) | 2,388,279,836 | | | | 27 |
| CURRENT LIABILITIES | | | | | |
| 28 Accounts payable | 6,238,909 | | | | 28 |
| 29 Salaries, wages, and fees payable | 2,564,705 | | | | 29 |
| 30 Payroll taxes payable | | | | | 30 |
| 31 Notes and loans payable (short term) | 8,125,169 | | | | 31 |
| 32 Deferred income | | | | | 32 |
| 33 Accelerated payments | | | | | 33 |
| 34 Due to other funds | 33,337,984 | | | | 34 |
| 35 Other current liabilities | 3,469,525 | | | | 35 |
| 36 Total current liabilities (sum of lines 28 thru 35) | 53,736,292 | | | | 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: 340113 | 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 | 3,967,302 | | | | 41 |
| 42 Total long term liabilities (sum of lines 37 thru 41) | 3,967,302 | | | | 42 |
| 43 Total liabilities (sum of lines 36 and 42) | 57,703,594 | | | | 43 |
| CAPITAL ACCOUNTS | | | | | |
| 44 General fund balance | 2,330,576,242 | | | | 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) | 2,330,576,242 | | | | 51 |
| 52 Total liabilities and fund balances (sum of lines 43 and 51) | 2,388,279,836 | | | | 52 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
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| STATEMENT OF PATIENT REVENUES AND OPERATING REVENUES | PROVIDER NO: 340113 | 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 | 441,876,508 | | 441,876,508 | 1 |
| 2.00 | SubComponent 1 - 34S113 | 32,018,265 | | 32,018,265 | 2.00 |
| 2.01 | SubComponent 2 - 34T113 | 3,104,025 | | 3,104,025 | 2.01 |
| 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) | 476,998,798 | | 476,998,798 | 9 |
| | INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES | | | | |
| 10 | Intensive care unit | 116,989,349 | | 116,989,349 | 10 |
| 11 | Coronary care unit | 9,485,223 | | 9,485,223 | 11 |
| 12 | Burn intensive care unit | | | | 12 |
| 13 | Surgical intensive care unit | 94,289,733 | | 94,289,733 | 13 |
| 14.00 | Other Special Care (specify) | | | | 14.00 |
| 15 | Total intensive care type inpatient hospital services (sum of lines 10-14) | 220,764,305 | | 220,764,305 | 15 |
| 16 | Total inpatient routine care services (sum of lines 9 and 15) | 697,763,103 | | 697,763,103 | 16 |
| 17 | Ancillary services | 1,253,250,917 | 916,204,181 | 2,169,455,098 | 17 |
| 18 | Outpatient services | 88,957,906 | 293,759,532 | 382,717,438 | 18 |
| 19 | Home health agency | | | | 19 |
| 20 | Ambulance | 18,211 | 31,159,895 | 31,178,106 | 20 |
| 21 | Outpatient rehabilitation providers | | | | 21 |
| 22 | ASC | | | | 22 |
| 23 | Hospice | | | | 23 |
| 24 | | 5,282,288 | 30,626,738 | 35,909,026 | 24 |
| 25 | Total patient revenues (sum of lines 16-24) (transfer column 3 to Wkst. G-3, line 1) | 2,045,272,425 | 1,271,750,346 | 3,317,022,771 | 25 |
| PART II - OPERATING EXPENSES | | | | | |
| | | | 1 | 2 | |
| 26 | Operating expenses (per Wkst. A, column 3, line 101) | | | 1,316,719,337 | 26 |
| 27 | Add (specify) | | | | 27 |
| 28 | | | | | 28 |
| 29 | | | | | 29 |
| 30 | | | | | 30 |
| 31 | | | | | 31 |
| 32 | | | | | 32 |
| 33 | Total additions (sum of lines 27-32) | | | 41,008,464 | 33 |
| 34 | Deduct (specify) | | | | 34 |
| 35 | | | | | 35 |
| 36 | | | | | 36 |
| 37 | | | | | 37 |
| 38 | | | | | 38 |
| 39 | Total deductions (sum of lines 34-38) | | | 7,454,837 | 39 |
| 40 | Total operating expenses (sum of lines 26 and 33 minus line 39) (transfer to Wkst. G-3, line 4) | | | 1,350,272,964 | 40 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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| STATEMENT OF REVENUES AND EXPENSES | PROVIDER NO: 340113 | 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) | | 3,317,022,771 | 1 |
| 2 | Less contractual allowances and discounts on patients' accounts | | 2,086,969,923 | 2 |
| 3 | Net patient revenues (line 1 minus line 2) | | 1,230,052,848 | 3 |
| 4 | Less total operating expenses (from Wkst. G-2, Part II, line 40) | | 1,350,272,964 | 4 |
| 5 | Net income from service to patients (line 3 minus line 4) | | -120,220,116 | 5 |
| OTHER INCOME | | | | |
| 6 | Contributions, donations, bequests, etc. | | 65,326,786 | 6 |
| 7 | Income from investments | | 167,448,454 | 7 |
| 8 | Revenues from telephone and telegraph service | | 3,533 | 8 |
| 9 | Revenue from television and radio service | | | 9 |
| 10 | Purchase discounts | | | 10 |
| 11 | Rebates and refunds of expenses | | | 11 |
| 12 | Parking lot receipts | | 569,410 | 12 |
| 13 | Revenue from laundry and linen service | | | 13 |
| 14 | Revenue from meals sold to employees and guests | | 3,813,588 | 14 |
| 15 | Revenue from rental of living quarters | | 277,067 | 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 | | 9,854,992 | 17 |
| 18 | Revenue from sale of medical records and abstracts | | 138,886 | 18 |
| 19 | Tuition (fees, sales of textbooks, uniforms, etc.) | | 2,586,437 | 19 |
| 20 | Revenue from gifts, flowers, coffee shops, and canteen | | 19,078 | 20 |
| 21 | Rental of vending machines | | | 21 |
| 22 | Rental of hospital space | | | 22 |
| 23 | Governmental appropriations | | | 23 |
| 24 | Other (specify) | | 112,121,735 | 24 |
| 25 | Total other income (sum of lines 6-24) | | 362,159,966 | 25 |
| 26 | Total (line 5 plus line 25) | | 241,939,850 | 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) | | 241,939,850 | 31 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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| Medicare -Title XVIII - Hospital - 340113 | | | | |
|---|---|---|---|---|
| CALCULATION OF CAPITAL PAYMENT | PROVIDER NO: 340113 | 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 | | 10,201,384 | 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 | | 820,850 | 3.01 |
| | Indirect Medical Education Adjustment | | | |
| 4 | Total inpatient days divided by number of days in the cost reporting period (see instructions) | | 655.79 | 4 |
| 4.01 | Number of interns & residents (from Worksheet S-3, Part I, column 9, line 12) | | 181.39 | 4.01 |
| 4.02 | Indirect medical education percentage (see instructions) | | 8.120000 | 4.02 |
| 4.03 | Indirect medical education adjustment (sum of lines 2 & 3 times line 4.02) | | 828,352 | 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) | | 0.333600 | 5.01 |
| 5.02 | Sum of lines 5 and 5.01 | | 0.41 | 5.02 |
| 5.03 | Allowable disproportionate share percentage (see instructions) | | 0.085600 | 5.03 |
| 5.04 | Disproportionate share adjustment (sum of lines 2 & 3 times line 5.03) | | 873,238 | 5.04 |
| 6 | Total prospective capital payments (sum of lines 1-3.01, 4.03, and 5.04) | | 12,723,824 | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269671 - 1996]

| Medicaid - Title XIX - Hospital - 340113 | | | |
|---|---|---|---|
| CALCULATION OF CAPITAL PAYMENT | PROVIDER NO: 340113 | 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 | | 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 | | 3.01 |
| | Indirect Medical Education Adjustment | | |
| 4 | Total inpatient days divided by number of days in the cost reporting period (see instructions) | 655.79 | 4 |
| 4.01 | Number of interns & residents (from Worksheet S-3, Part I, column 9, line 12) | 219.78 | 4.01 |
| 4.02 | Indirect medical education percentage (see instructions) | 9.920000 | 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) | | 5 |
| 5.01 | Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions) | | 5.01 |
| 5.02 | Sum of lines 5 and 5.01 | | 5.02 |
| 5.03 | Allowable disproportionate share percentage (see instructions) | | 5.03 |
| 5.04 | Disproportionate share adjustment (sum of lines 2 & 3 times line 5.03) | | 5.04 |
| 6 | Total prospective capital payments (sum of lines 1-3.01, 4.03, and 5.04) | | 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

**340113**
**CAROLINAS MEDICAL CENTER**
**1000 BLYTHE BLVD**
**CHARLOTTE, NC 28232-**

[Electronic Record Code: 7640 - 2010]
Type of Facility: Short Term Acute Care
Type of Control: Governmental Hospital District
Classification: Urban

| | |
|---|---|
| Bed Size: | 786 |
| Total Annual Discharges: | 46,294 |
| Total Patient Revenue: | $3,739,739,648 |

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

Fiscal Intermediary: Palmetto Government Benefits Administrators

**Medicare Inpatient Characteristics**

| | |
|---|---|
| DSH Ratio: | 0.235700 |
| DSH Amount: | $29,467,228 |
| Outlier Amount: | $5,065,820 |
| IME Amount: | $16,830,298 |
| GME Amount: | $5,624,028 |
| Total IP Reimbursement: | $213,351,168 |
| Total IP Costs: | $184,733,184 |
| NPR Date: | 00/00/0000 |
| NPR Settlement Amount: | $201,759,001 |
| NPR Settlement Percent: | 94.57 % |

[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.

**Notice, Disclaimer, and Agreement**
Please note that CostReportData.com worksheets are not the actual cost reports submitted by the reporting hospital. While these reports have been formatted to look like an actual CMS cost report, they are simulated from raw electronic data obtained from the CMS Healthcare Cost Report Information System dataset (HCRIS) and may differ from the actual form submitted by the hospital (e.g. sub-lines and sub-columns may be combined, certain totals have been calculated, etc.). This report may omit certain information filed by the reporting hospital because the HCRIS dataset may not contain all information filed by the reporting hospital and www.CostReportData.com replicates only those schedules that hospitals commonly use.

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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 075B

PET-EX075B

**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**
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Cost Center Overrides
CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
CMS Certification Number: 340113
Period: 01/01/2011 - 12/31/2011
[Record code 7640 - 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 |
|---|---|---|---|---|---|
| 07603 | ENDOSCOPY | 03023 | Acupuncture | 03340 | Gastro Intestinal Service |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | Provider CCN: 340113 | 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<br>(1) As Submitted<br>(2) Settled without audit<br>(3) Settled with audit<br>(4) Reopened<br>(5) Amended | 6. Date Received: 06/04/2012 | 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 PART A | TITLE XVIII PART B | HIT | TITLE XIX | |
|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | |
| 1 | HOSPITAL | | 4,770,911 | 1,224,632 | | 54,293,092 | 1 |
| 2 | SUBPROVIDER - IPF | | -19,895 | 5,579 | | 3,889,537 | 2 |
| 3 | SUBPROVIDER - IRF | | | | | 969,373 | 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 | | 4,751,016 | 1,230,211 | | 59,152,004 | 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 CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 340113 | 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) | | | 0.303256 | 1 |
| Medicaid (see instructions for each line) | | | | | |
| 2 | Net revenue from Medicaid | | | 161,165,408 | 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 | | | 96,365,848 | 5 |
| 6 | Medicaid charges | | | 707,326,912 | 6 |
| 7 | Medicaid cost (line 1 times line 6) | | | 214,501,136 | 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 | | | 4,992,002 | 9 |
| 10 | Stand-alone SCHIP charges | | | 18,365,380 | 10 |
| 11 | Stand-alone SCHIP cost (line 1 times line 10) | | | 5,569,411 | 11 |
| 12 | Difference between net revenue and costs for stand-alone SCHIP (line 9 minus line 11) | | | 577,409 | 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) | | | 577,409 | 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 | 187,326,608 | 804,790 | 188,131,392 | 20 |
| 21 | Cost of initial obligation of patients approved for charity care (line 1 times line 20) | 56,807,920 | 244,057 | 57,051,976 | 21 |
| 22 | Partial payment by patients approved for charity care | 1,483,256 | 66,994 | 1,550,250 | 22 |
| 23 | Cost of charity care (line 21 minus line 22) | 55,324,664 | 177,063 | 55,501,724 | 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) | | | 77,844,192 | 26 |
| 27 | Medicare bad debts for the entire hospital complex (see instructions) | | | 4,100,123 | 27 |
| 28 | Non-Medicare and non-reimbursable bad debt expense (line 26 minus line 27) | | | 73,744,072 | 28 |
| 29 | Cost of non-Medicare bad debt expense (line 1 times line 28) | | | 22,363,332 | 29 |
| 30 | Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29) | | | 77,865,056 | 30 |
| 31 | Total unreimbursed and uncompensated care cost (line 19 plus line 30) | | | 78,442,464 | 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 CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET S-2 PART I |
|---|---|---|---|

Hospital and Hospital Health Care Complex Address:

| | | | | | |
|---|---|---|---|---|---|
| 1 | Street: 1000 BLYTHE BLVD | | | P.O. Box: 32861 | 1 |
| 2 | City: CHARLOTTE | State: NC | Zip Code: 28232- | 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 CENTER | 340113 | | 1 | 07/01/1966 | N | P | O | 3 |
| 4 | Subprovider- IPF | CENTER FOR MENTAL HEALTH | 34S113 | | 4 | 10/01/1983 | N | P | O | 4 |
| 5 | Subprovider- IRF | LEVINE REHABILITATION | 34T113 | | 5 | 01/01/2009 | N | P | O | 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 |
| 12.01 | | | | | | | N | N | N | 12.01 |
| 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 | CAROLINAS ESRD | 342306 | | | 08/01/1983 | | | | 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. | 79,180 | 3,375 | 4,547 | 108 | 2,759 | | 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: 340113 | 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 |

| | | | | | |
|---|---|---|---|---|---|
| | 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) | 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) | Y | | | 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) | 2 | 134.47 | 0.01 | 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) | FAMILY MEDICINE | 1350 | 0.96 | 19 | 0.047737 | 65 |
| 65.01 | | FAMILY MEDICINE SPORTS MEDICINE | 1350 | 0.12 | 0 | 0.120000 | 65.01 |
| 65.02 | | FAMINLY MEDICINE RURAL PROGRAM | 1350 | | 2 | | 65.02 |
| 65.03 | | OB /GYN | 1750 | | 24 | | 65.03 |
| 65.04 | | PEDIATRICS | 2000 | 3.60 | 30 | 0.106698 | 65.04 |

| | 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 |

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| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET S-2 PART I |
|---|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 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) | | | 2 | 137.61 | 0.02 | 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 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) | FAMILY MEDICINE | 1350 | 0.86 | 18 | 0.043478 | 67 |
| 67.01 | | FAMILY MEDICINE SPORTS MEDICINE | 1350 | 0.13 | 0 | 0.139785 | 67.01 |
| 67.02 | | FAMILY MEDICINE RURAL PROGARAM | 1350 | | 1 | | 67.02 |
| 67.03 | | OB / GYN | 1750 | | 24 | | 67.03 |
| 67.04 | | PEDIATRICS | 2000 | 3.90 | 31 | 0.108999 | 67.04 |

| | | | | |
|---|---|---|---|---|
| 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. | Y | | | 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 | 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. | Y | | | 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) | N | N | | 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 |

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| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET S-2 PART I |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| 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. | Y | | 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. | 05/04/1970 | | 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. | 02/09/1989 | | 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. | 05/19/1998 | | 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. | 07/01/1999 | | 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. | 34P003 | | 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: 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. | | | | | 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 |
| 160.01 | | N | N | N | N | 160.01 |
| 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 |

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| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET S-2 PART I |
|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 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 |

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4004.1)

40-508 - 08-11 Rev. 2

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| 08-11 | FORM CMS-2552-10 | | 4090 (Cont.) |
|---|---|---|---|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 340113 | 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 "T" 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 | | 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 | | 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. | 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 |

| | | 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 | 04/11/2012 | Y | 04/11/2012 | 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) | Y | | Y | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 340113 | 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 | 566 | 206,590 | | | 57,043 | 31,456 | 178,246 | | | | | 12,599 | 13,498 | 46,294 | 1 |
| 2 | HMO | | | | | | 9,326 | 18,746 | | | | | | | | | 2 |
| 3 | HMO IPF | | | | | | 162 | | | | | | | | | | 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) | | 566 | 206,590 | | | 57,043 | 31,456 | 178,246 | | | | | | | | 7 |
| 8 | Intensive Care Unit | | 99 | 36,135 | | | 4,655 | 12,448 | 24,687 | | | | | | | | 8 |
| 9 | Coronary Care Unit | | 24 | 8,760 | | | 4,253 | 1,093 | 8,619 | | | | | | | | 9 |
| 10 | Burn Intensive Care Unit | | | | | | | | | | | | | | | | 10 |
| 11 | Surgical Intensive Care Unit | | 97 | 35,405 | | | 9,857 | 9,493 | 28,859 | | | | | | | | 11 |
| 12 | Other Special Care | | | | | | | | | | | | | | | | 12 |
| 13 | Nursery | 43.00 | | | | | | 14,680 | 22,499 | | | | | | | | 13 |
| 14 | Total (see instructions) | | 786 | 286,890 | | | 75,808 | 69,170 | 262,910 | 220.39 | 8,141.01 | | | 12,599 | 13,498 | 46,294 | 14 |
| 15 | CAH visits | | | | | | | | | | | | | | | | 15 |
| 16 | Subprovider - IPF | 40.00 | 73 | 26,645 | | | 5,143 | 9,175 | 24,811 | | 453.00 | | | 371 | 755 | 2,230 | 16 |
| 17 | Subprovider - IRF | 41.00 | 13 | 4,745 | | | | 1,296 | 3,014 | | 19.85 | | | | 72 | 167 | 17 |
| 18 | Subprovider - Other | 42.00 | | | | | | | | | | | | | | | 18 |
| 19 | Skilled Nursing Facility | 44.00 | | | | | | | | | | | | | | | 19 |
| 20 | Nursing Facility | 45.00 | | | | | | | | | | | | | | | 20 |
| 21 | Other Long Term Care | 46.00 | | | | | | | | | | | | | | | 21 |
| 22 | Home Health Agency | 101.00 | | | | | | | | | | | | | | | 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) | | 872 | | | | | | | 220.39 | 8,613.86 | | | | | | 27 |
| 28 | Observation Bed Days | | | | | | | | 6,063 | | | | | | | | 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: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET S-3 PART I | |
|---|---|---|---|---|---|---|
| 32 | Labor & delivery days (see instructions) | 2,053 | 3,984 | | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 340113 | 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 | 547,055,744 | | 547,055,744 | 16,920,708 | ** 32.33 | 1 |
| 2 | Non-physician anesthetist Part A | | | | | | | 2 |
| 3 | Non-physician anesthetist Part B | | 21,183,292 | | 21,183,292 | 247,103 | ** 85.73 | 3 |
| 4 | Physician-Part A | | 34,613,327 | | 34,613,327 | 226,624 | ** 152.73 | 4 |
| 5 | Physician-Part B | | 59,271,988 | | 59,271,988 | 684,019 | ** 86.65 | 5 |
| 6 | Non-physician-Part B | | | | | | | 6 |
| 7 | Interns & residents (in an approved program) | 21 | | 12,748,950 | 12,748,950 | 512,172 | ** 24.89 | 7 |
| 8 | Home office personnel | | | | | | | 8 |
| 9 | SNF | 44 | | | | | | 9 |
| 10 | Excluded area salaries (see instructions) | | 72,016,896 | 1,302,155 | 73,319,048 | 2,293,011 | ** 31.98 | 10 |
| | OTHER WAGES AND RELATED COSTS | | | | | | | |
| 11 | Contract labor (see instructions) | | 4,281,350 | | 4,281,350 | 74,228 | ** 57.68 | 11 |
| 12 | Management and administrative services | | | | | | | 12 |
| 13 | Contract labor: physician-Part A | | 628,376 | | 628,376 | 6,533 | ** 96.18 | 13 |
| 14 | Home office salaries & wage-related costs | | 116,598,696 | | 116,598,696 | 2,247,981 | ** 51.87 | 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 | | 104,388,776 | | 104,388,776 | | | 17 |
| 18 | Wage-related costs (other) Worksheet S-3, Part IV line 25 | | | | | | | 18 |
| 19 | Excluded areas | | 18,472,656 | | 18,472,656 | | | 19 |
| 20 | Non-physician anesthetist Part A | | | | | | | 20 |
| 21 | Non-physician anesthetist Part B | | 1,990,679 | | 1,990,679 | | | 21 |
| 22 | Physician Part A | | 1,825,702 | | 1,825,702 | | | 22 |
| 23 | Physician Part B | | 5,510,507 | | 5,510,507 | | | 23 |
| 24 | Wage-related costs (RHC/FQHC) | | | | | | | 24 |
| 25 | Interns & residents (in an approved program) | | 4,126,093 | | 4,126,093 | | | 25 |
| | OVERHEAD COSTS - DIRECT SALARIES | | | | | | | |
| 26 | Employee Benefits | 4 | 5,643,401 | | 5,643,401 | 11 | ** 513,036.45 | 26 |
| 27 | Administrative & General | 5 | 19,699,704 | 591,970 | 20,291,674 | 846,922 | ** 23.96 | 27 |
| 28 | Administrative & General under contract (see instructions) | | | | | | | 28 |
| 29 | Maintenance & Repairs | 6 | | | | | | 29 |
| 30 | Operation of Plant | 7 | 5,362,037 | | 5,362,037 | 284,487 | ** 18.85 | 30 |
| 31 | Laundry & Linen Service | 8 | 268,491 | | 268,491 | 23,632 | ** 11.36 | 31 |
| 32 | Housekeeping | 9 | 5,444,160 | | 5,444,160 | 504,050 | ** 10.80 | 32 |
| 33 | Housekeeping under contract (see instructions) | | | | | | | 33 |
| 34 | Dietary | 10 | 413,169 | | 413,169 | 16,667 | ** 24.79 | 34 |
| 35 | Dietary under contract (see instructions) | | | | | | | 35 |
| 36 | Cafeteria | 11 | | | | | | 36 |
| 37 | Maintenance of Personnel | 12 | | | | | | 37 |
| 38 | Nursing Administration | 13 | 5,667,708 | | 5,667,708 | 147,112 | ** 38.53 | 38 |
| 39 | Central Services and Supply | 14 | 1,385,696 | | 1,385,696 | 90,596 | ** 15.30 | 39 |
| 40 | Pharmacy | 15 | 15,655,043 | -54,088 | 15,600,955 | 448,572 | ** 34.78 | 40 |
| 41 | Medical Records & Medical Records Library | 16 | 4,799,821 | | 4,799,821 | 257,625 | ** 18.63 | 41 |
| 42 | Social Service | 17 | 7,530,242 | | 7,530,242 | 265,839 | ** 28.33 | 42 |
| 43 | Other General Service | 18 | 220,149 | | 220,149 | 12,094 | | 43 |

Part III - Hospital Wage Index Summary

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | Net salaries (see instructions) | | 452,145,632 | -12,748,950 | 439,396,672 | 15,382,755 | ** 28.56 | 1 |
| 2 | Excluded area salaries (see instructions) | | 72,016,896 | 1,302,155 | 73,319,048 | 2,293,011 | ** 31.98 | 2 |
| 3 | Subtotal salaries (line 1 minus line 2) | | 380,128,736 | -14,051,105 | 366,077,632 | 13,089,744 | ** 27.97 | 3 |

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| HOSPITAL WAGE INDEX INFORMATION | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET S-3 PART II | |
|---|---|---|---|---|---|---|---|
| 4 | Subtotal other wages and related costs (see instructions) | 121,508,424 | | 121,508,424 | 2,328,742 | ** 52.18 | 4 |
| 5 | Subtotal wage-related costs (see instructions) | 106,214,480 | | 106,214,480 | | | 5 |
| 6 | Total (sum of lines 3 through 5) | | | 593,800,512 | | | 6 |
| 7 | Total overhead cost (see instructions) | 72,089,624 | 537,882 | 72,627,504 | 2,897,607 | ** 25.06 | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| HOSPITAL WAGE RELATED COSTS | Provider CCN: 340113 | 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 | 30,290,002 | 1 |
| 2 | Tax Sheltered Annuity (TSA) Employer Contribution | | 2 |
| 3 | Qualified and Non-Qualified Pension Plan Cost | | 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) | 59,051,400 | 8 |
| 9 | Prescription Drug Plan | | 9 |
| 10 | Dental, Hearing and Vision Plan | 1,712,685 | 10 |
| 11 | Life Insurance (If employee is owner or beneficiary) | 3,053,369 | 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 | 2,330,252 | 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 | 35,835,960 | 17 |
| 18 | Medicare Taxes - Employers Portion Only | | 18 |
| 19 | Unemployment Insurance | 1,545,751 | 19 |
| 20 | State or Federal Unemployment Taxes | | 20 |
| OTHER | | | |
| 21 | Executive Deferred Compensation | | 21 |
| 22 | Day Care Cost and Allowances | | 22 |
| 23 | Tuition Reimbursement | 1,373,761 | 23 |
| 24 | Total Wage Related cost (Sum of lines 1 -23) | 135,193,184 | 24 |

Part B - Other than Core Related Cost

| | | | |
|---|---|---|---|
| 25 | Other Wage Related Costs (specify)_____ | 1,121,230 | 25 |

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

40-514 - 08-11 Rev. 2

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET S-5 |
|---|---|---|---|

RENAL DIALYSIS STATISTICS

| | DESCRIPTION | Outpatient | | Training | | Home | | |
|---|---|---|---|---|---|---|---|---|
| | | Regular | High Flux | Hemo- dialysis | CAPD CCPD | Hemo- dialysis | CAPD CCPD | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | |
| 1 | Number of patients in program at end of cost reporting period | 14 | | | | | 4 | 1 |
| 2 | Number of times per week patient receives dialysis | 4 | | | | | 7 | 2 |
| 3 | Average patient dialysis time including setup | 4 | | | | | | 3 |
| 4 | CAPD exchanges per day | | | | | | | 4 |
| 5 | Number of days in year dialysis furnished | 365 | | | | | | 5 |
| 6 | Number of stations | 9 | | | | | | 6 |
| 7 | Treatment capacity per day per station | 2 | | | | | | 7 |
| 8 | Utilization (see instructions) | | | | | | | 8 |
| 9 | Average times dialyzers re-used | | | | | | | 9 |
| 10 | Percentage of patients re-using dialyzers | | | | | | | 10 |

TRANSPLANT INFORMATION

| | | | |
|---|---|---|---|
| 11 | Number of patients on transplant list | 10 | 11 |
| 12 | Number of patients transplanted during the cost reporting period | 6 | 12 |

EPOETIN

| | | | |
|---|---|---|---|
| 13 | Net costs of Epoetin furnished to all maintenance dialysis patients by the provider | | 13 |
| 14 | Epoetin amount from Worksheet A for home dialysis program | | 14 |
| 15 | Number of EPO units furnished relating to the renal dialysis department | | 15 |
| 16 | Number of EPO units furnished relating to the home dialysis department | | 16 |

ARANESP

| | | | |
|---|---|---|---|
| 17 | Net costs of ARANESP furnished to all maintenance dialysis patients by the provider | | 17 |
| 18 | ARANESP amount from Worksheet A for home dialysis program | | 18 |
| 19 | Number of ARANESP units furnished relating to the renal dialysis department | | 19 |
| 20 | Number of ARANESP units furnished relating to the home dialysis department | | 20 |

PHYSICIAN PAYMENT METHOD (Enter "X" for applicable method(s))

| | | | |
|---|---|---|---|
| 21 | MCP:__ | INITIAL METHOD: _X_ | 21 |

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4007)

| Rev. 2 | | 40-517 - 08-11 |
|---|---|---|

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There are 1 Cost Center Overrides.
CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES | | | Provider CCN: 340113 | | | 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 | | | | 25,067,216 | 25,067,216 | 595,054 | 25,662,272 | 1 |
| 2 | 00200 | Capital Related Costs-Movable Equipment | | | | 36,353,452 | 36,353,452 | 230,500 | 36,583,952 | 2 |
| 3 | 00300 | Other Capital Related Costs | | | | | | | -0- | 3 |
| 4 | 00400 | Employee Benefits | 5,643,401 | 105,895,344 | 111,538,744 | 37,941,652 | 149,480,400 | -5,248,764 | 144,231,632 | 4 |
| 5 | 00500 | Administrative and General | 19,699,704 | 253,700,112 | 273,399,808 | -93,862,056 | 179,537,760 | -14,801,803 | 164,735,952 | 5 |
| 6 | 00600 | Maintenance and Repairs | | | | | | | | 6 |
| 7 | 00700 | Operation of Plant | 5,362,037 | 13,149,153 | 18,511,190 | 2,103,026 | 20,614,216 | -485,878 | 20,128,338 | 7 |
| 8 | 00800 | Laundry and Linen Service | 268,491 | 1,720 | 270,211 | 4,592,443 | 4,862,654 | 42 | 4,862,696 | 8 |
| 9 | 00900 | Housekeeping | 5,444,160 | 4,146,876 | 9,591,036 | -75,385 | 9,515,651 | -39,916 | 9,475,735 | 9 |
| 10 | 01000 | Dietary | 413,169 | 21,007,188 | 21,420,358 | | 21,420,358 | -7,721,644 | 13,698,714 | 10 |
| 11 | 01100 | Cafeteria | | | | | | | | 11 |
| 12 | 01200 | Maintenance of Personnel | | | | | | | | 12 |
| 13 | 01300 | Nursing Administration | 5,667,708 | 568,706 | 6,236,414 | 8,083,662 | 14,320,076 | -862,231 | 13,457,845 | 13 |
| 14 | 01400 | Central Services and Supply | 1,385,696 | 4,382,425 | 5,768,121 | 5,254,532 | 11,022,653 | -1,139 | 11,021,514 | 14 |
| 15 | 01500 | Pharmacy | 15,655,043 | 63,416,208 | 79,071,248 | -52,292,852 | 26,778,396 | -12,556,684 | 14,221,713 | 15 |
| 16 | 01600 | Medical Records & Medical Records Library | 4,799,821 | 4,274,383 | 9,074,204 | -187,720 | 8,886,484 | 210,953 | 9,097,437 | 16 |
| 17 | 01700 | Social Service | 7,530,242 | 632,634 | 8,162,876 | -20,142 | 8,142,734 | -447,354 | 7,695,380 | 17 |
| 18 | | Other General Service (specify) | | | | | | | | 18 |
| 18.05 | | Other General Service Cost Centers | 220,149 | 165,587 | 385,736 | | 385,736 | -91,761 | 293,975 | 18.05 |
| 19 | 01900 | Nonphysician Anesthetists | | | | | | | | 19 |
| 20 | 02000 | Nursing School | 3,271,852 | 1,459,365 | 4,731,217 | 463,796 | 5,195,013 | -2,286,070 | 2,908,943 | 20 |
| 21 | 02100 | Intern & Res. Service-Salary & Fringes (Approved) | | | | 12,748,950 | 12,748,950 | | 12,748,950 | 21 |
| 22 | 02200 | Intern & Res. Other Program Costs (Approved) | 16,324,347 | 7,778,850 | 24,103,196 | 8,487,396 | 32,590,592 | -6,385,113 | 26,205,480 | 22 |
| 23 | 02300 | Paramedical Ed. Program (specify) | 2,551,677 | 909,256 | 3,460,933 | -70,111 | 3,390,822 | -301,183 | 3,089,639 | 23 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | |
| 30 | 03000 | Adults and Pediatrics (General Routine Care) | 68,931,072 | 7,481,040 | 76,412,112 | -278,128 | 76,133,984 | -2,247,868 | 73,886,112 | 30 |
| 31 | 03100 | Intensive Care Unit | 23,313,128 | 8,746,291 | 32,059,419 | -2,795,892 | 29,263,527 | -10,380,440 | 18,883,087 | 31 |
| 32 | 03200 | Coronary Care Unit | 6,031,353 | 838,174 | 6,869,527 | -182,930 | 6,686,597 | 1,463 | 6,688,060 | 32 |
| 33 | 03300 | Burn Intensive Care Unit | | | | | | | | 33 |
| 34 | 03400 | Surgical Intensive Care Unit | 21,949,762 | 4,418,963 | 26,368,725 | -1,261,817 | 25,106,908 | -2,573,566 | 22,533,342 | 34 |
| 35 | | Other Special Care (specify) | | | | | | | | 35 |
| 40 | 04000 | Subprovider - IPF | 8,321,727 | 2,643,382 | 10,965,109 | -1,963,854 | 9,001,255 | -258,707 | 8,742,548 | 40 |

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| RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES | | | Provider CCN: 340113 | | | | 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 | 1,130,894 | 118,748 | 1,249,642 | -9,922 | 1,239,720 | 443 | 1,240,163 | 41 |
| 42 | 04200 | Subprovider (specify) | | | | | | | | 42 |
| 43 | 04300 | Nursery | 3,735,960 | 307,045 | 4,043,005 | -33,552 | 4,009,453 | 79 | 4,009,532 | 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 | 16,187,023 | 62,754,495 | 78,941,517 | -54,613,328 | 24,328,189 | -3,270,905 | 21,057,285 | 50 |
| 51 | 05100 | Recovery Room | 6,350,980 | 499,425 | 6,850,405 | -115,543 | 6,734,862 | 410 | 6,735,272 | 51 |
| 52 | 05200 | Labor Room and Delivery Room | 8,757,610 | 1,948,934 | 10,706,544 | -682,375 | 10,024,169 | -520,900 | 9,503,269 | 52 |
| 53 | 05300 | Anesthesiology | 24,605,844 | 5,638,425 | 30,244,270 | -1,452,179 | 28,792,092 | -21,606,852 | 7,185,238 | 53 |
| 54 | 05400 | Radiology-Diagnostic | 11,273,792 | 12,554,892 | 23,828,684 | -7,351,905 | 16,476,779 | -4,831,504 | 11,645,275 | 54 |
| 55 | 05500 | Radiology-Therapeutic | 1,338,236 | 3,125,382 | 4,463,618 | -16,810 | 4,446,808 | -141,012 | 4,305,796 | 55 |
| 56 | 05600 | Radioisotope | 831,727 | 1,600,995 | 2,432,722 | -1,370,069 | 1,062,653 | -130,306 | 932,347 | 56 |
| 57 | 05700 | Computed Tomography (CT) Scan | 1,644,439 | 1,388,156 | 3,032,595 | 124,554 | 3,157,149 | -338,111 | 2,819,038 | 57 |
| 58 | 05800 | Magnetic Resonance Imaging (MRI) | 1,283,830 | 799,074 | 2,082,904 | 222,053 | 2,304,957 | 381 | 2,305,338 | 58 |
| 59 | 05900 | Cardiac Catheterization | 4,863,930 | 24,541,412 | 29,405,340 | -21,997,806 | 7,407,535 | -50,243 | 7,357,292 | 59 |
| 60 | 06000 | Laboratory | 16,206,769 | 44,450,193 | 60,656,963 | 4,110,494 | 64,767,458 | -10,088,163 | 54,679,294 | 60 |
| 60.70 | 06000 | Gastro Intestinal Service | 5,456,694 | 3,267,929 | 8,724,623 | -1,273,335 | 7,451,288 | -6,137 | 7,445,151 | 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 | 10,434,923 | 3,671,657 | 14,106,580 | -1,985,892 | 12,120,688 | -18,348 | 12,102,340 | 65 |
| 66 | 06600 | Physical Therapy | 4,296,457 | 182,938 | 4,479,395 | -54,396 | 4,424,999 | -377 | 4,424,622 | 66 |
| 67 | 06700 | Occupational Therapy | | | | | | | | 67 |
| 68 | 06800 | Speech Pathology | | 1,259,631 | 1,259,631 | | 1,259,631 | | 1,259,631 | 68 |
| 69 | 06900 | Electrocardiology | 1,878,672 | 1,043,053 | 2,921,725 | -88,827 | 2,832,898 | -206,407 | 2,626,491 | 69 |
| 70 | 07000 | Electroencephalography | | | | | | | | 70 |
| 71 | 07100 | Medical Supplies Charged to Patients | 778,356 | 2,482,660 | 3,261,016 | 35,369,248 | 38,630,264 | -972 | 38,629,292 | 71 |
| 72 | 07200 | Implantable Devices Charged to Patients | | | | 60,610,368 | 60,610,368 | | 60,610,368 | 72 |
| 73 | 07300 | Drugs Charged to Patients | | | | 65,722,132 | 65,722,132 | -469,575 | 65,252,556 | 73 |
| 74 | 07400 | Renal Dialysis | 2,163,069 | 1,267,159 | 3,430,228 | -1,084,357 | 2,345,871 | -65,447 | 2,280,424 | 74 |
| 75 | 07500 | ASC (Non-Distinct Part) | 7,935,966 | 14,176,988 | 22,112,954 | -9,201,266 | 12,911,688 | 18,190 | 12,929,878 | 75 |
| 76 | | Other Ancillary (specify) | | | | | | | | 76 |
| 76.30 | | Other Ancillary Cost Centers | 296,712 | 2,378,002 | 2,674,714 | -23,510 | 2,651,204 | 4 | 2,651,208 | 76.30 |
| 76.35 | | Cardiac Rehabilitation | 467,735 | 224,180 | 691,915 | -13,625 | 678,290 | -159,845 | 518,445 | 76.35 |

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| RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES | | | Provider CCN: 340113 | | | 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 | 105,153,329 | 57,275,788 | 162,429,117 | -40,488,011 | 121,941,107 | -72,131,716 | 49,809,389 | 90 |
| 91 | 09100 | Emergency | 27,049,286 | 14,797,509 | 41,846,795 | -9,797,179 | 32,049,616 | -11,678,888 | 20,370,727 | 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 | 6,476,529 | 12,609,939 | 19,086,468 | -141,307 | 18,945,160 | -390,046 | 18,555,116 | 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 | 4,388,918 | 11,452,731 | 15,841,649 | -3,369,452 | 12,472,197 | -5,269,763 | 7,202,434 | 105 |
| 106 | 10600 | Heart Acquisition | 473,161 | 668,906 | 1,142,067 | 496,371 | 1,638,438 | -491,740 | 1,146,698 | 106 |
| 107 | 10700 | Liver Acquisition | 953,838 | 2,567,216 | 3,521,054 | 1,867,874 | 5,388,928 | -1,582,239 | 3,806,689 | 107 |
| 108 | 10800 | Lung Acquisition | | | | | | | | 108 |
| 109 | 10900 | Pancreas Acquisition | | | | 452,214 | 452,214 | | 452,214 | 109 |
| 110 | 11000 | Intestinal Acquisition | | | | | | | | 110 |
| 111 | 11100 | Islet Acquisition | | | | | | | | 111 |
| 112 | | Other Organ Acquisition (specify) | | | | 971,127 | 971,127 | | 971,127 | 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) | 502,607,456 | 795,209,600 | 1,297,817,088 | 2,610,429 | 1,300,427,520 | -199,081,408 | 1,101,346,176 | 118 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 190 | 19000 | Gift, Flower, Coffee Shop, & Canteen | | | | | | | | 190 |
| 191 | 19100 | Research | 17,277,920 | 12,237,976 | 29,515,896 | -350,719 | 29,165,176 | -599,920 | 28,565,256 | 191 |
| 192 | 19200 | Physicians' Private Offices | 11,822,927 | 7,464,866 | 19,287,793 | -1,945,913 | 17,341,880 | -8,475,732 | 8,866,148 | 192 |
| 193 | 19300 | Nonpaid Workers | | | | | | | | 193 |
| 194 | | Other Nonreimbursable (specify) | 15,347,451 | 9,392,179 | 24,739,630 | -313,797 | 24,425,833 | -126,141 | 24,299,692 | 194 |

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| RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES | | | Provider CCN: 340113 | | 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 TOTAL (sum of lines 118-199) | 547,055,744 | 824,304,640 | 1,371,360,384 | - 0 - | 1,371,360,384 | -208,283,200 | 1,163,077,248 | 200 |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4013) | | | | | | | | |
| 40-526 - 08-11 | | | | | | | Rev. 2 | |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

W - FILE 823 LAB TIME

| | 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 | FILE 823 LAB TIME | W | | 23.00 | 85,225 | | | 50.00 | 1,313 | | | 1 |
| 2 | FILE 823 LAB TIME | W | | | | | | 59.00 | 710 | | | 2 |
| 3 | FILE 823 LAB TIME | W | | | | | | 60.00 | 78,302 | | | 3 |
| 4 | FILE 823 LAB TIME | W | | | | | | 60.01 | 75 | | | 4 |
| 5 | FILE 823 LAB TIME | W | | | | | | 60.02 | 4,025 | | | 5 |
| 6 | FILE 823 LAB TIME | W | | | | | | 65.00 | 319 | | | 6 |
| 7 | FILE 823 LAB TIME | W | | | | | | 74.00 | 481 | | | 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) | | | | 85,225 | | | | 85,225 | | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

AC - FILE 421 STUDENT HOUSING

| | 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 | FILE 421 STUDENT HOUSING | AC | | 20.00 | | 126,285 | | 5.00 | | 281,285 | | 1 |
| 2 | FILE 421 STUDENT HOUSING | AC | | 22.00 | | 33,229 | | | | | | 2 |
| 3 | FILE 421 STUDENT HOUSING | AC | | 23.00 | | 12,187 | | | | | | 3 |
| 4 | FILE 421 STUDENT HOUSING | AC | | 23.01 | | 3,047 | | | | | | 4 |
| 5 | FILE 421 STUDENT HOUSING | AC | | 23.02 | | 68,759 | | | | | | 5 |
| 6 | FILE 421 STUDENT HOUSING | AC | | 23.03 | | 6,151 | | | | | | 6 |
| 7 | FILE 421 STUDENT HOUSING | AC | | 23.04 | | 31,627 | | | | | | 7 |
| 8 | | | | | | | | | | | | 8 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | | 281,285 | | | | 281,285 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

Q - FILE 405 RADIATION THERAPY

| | 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 | FILE 405 RADIATION THERAPY | Q | | 22.00 | | 2,100 | | 55.00 | | 5,825 | | 1 |
| 2 | FILE 405 RADIATION THERAPY | Q | | 23.01 | | 3,725 | | | | | | 2 |
| 3 | | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | | 4 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | | 5,825 | | | | 5,825 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

V - FILE 406 RADIOLOGY DIAGNOS

| | 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 | FILE 406 RADIOLOGY DIAGNOSTICS | V | | 23.01 | | 4,879 | | 54.00 | | 4,879 | | 1 |
| 2 | | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | | 3 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | | 4,879 | | | | 4,879 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

AF - FILE I&R SALARY 2

| | EXPLANATION OF RECLASSIFICATION(S) | CODE (1) | INCREASES | | | | DECREASES | | | | Wkst. A-7 Ref. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | COST CENTER | LINE # | SALARY | OTHER | COST CENTER | LINE # | SALARY | OTHER | | |
| | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 1 | FILE I&R SALARY 2 | AF | | 21.00 | 867,621 | | | | | | | 1 |
| 2 | FILE I&R SALARY 2 | AF | | | | | | 20.00 | 116 | | | 2 |
| 3 | FILE I&R SALARY 2 | AF | | | | | | 76.97 | 13,040 | | | 3 |
| 4 | FILE I&R SALARY 2 | AF | | | | | | 90.01 | 54,062 | | | 4 |
| 5 | FILE I&R SALARY 2 | AF | | | | | | 90.03 | 129,305 | | | 5 |
| 6 | FILE I&R SALARY 2 | AF | | | | | | 90.12 | 32,927 | | | 6 |
| 7 | FILE I&R SALARY 2 | AF | | | | | | 90.15 | 750 | | | 7 |
| 8 | FILE I&R SALARY 2 | AF | | | | | | 22.00 | 1,370 | | | 8 |
| 9 | FILE I&R SALARY 2 | AF | | | | | | 191.00 | 400 | | | 9 |
| 10 | FILE I&R SALARY 2 | AF | | | | | | 22.00 | 635,651 | | | 10 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | 867,621 | | | | 867,621 | | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

AG - FILE 300.39 RADIOLOGY ADM

| | 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 | FILE 300.39 RADIOLOGY ADMIN RECLASS | AG | | 57.00 | 482,578 | 277,529 | | 54.00 | 814,032 | 468,147 | | 1 |
| 2 | FILE 300.39 RADIOLOGY ADMIN RECLASS | AG | | 58.00 | 331,454 | 190,618 | | | | | | 2 |
| 3 | | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | | 4 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | 814,032 | 468,147 | | | 814,032 | 468,147 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

N - FILE 821 NURSING SCHOOL

| | 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 | FILE 821 NURSING SCHOOL | N | | 20.00 | 402,653 | | | 30.00 | 206,064 | | | 1 |
| 2 | FILE 821 NURSING SCHOOL | N | | | | | | 31.00 | 30,651 | | | 2 |
| 3 | FILE 821 NURSING SCHOOL | N | | | | | | 31.01 | 35,991 | | | 3 |
| 4 | FILE 821 NURSING SCHOOL | N | | | | | | 32.00 | 7,450 | | | 4 |
| 5 | FILE 821 NURSING SCHOOL | N | | | | | | 34.01 | 6,083 | | | 5 |
| 6 | FILE 821 NURSING SCHOOL | N | | | | | | 34.02 | 17,034 | | | 6 |
| 7 | FILE 821 NURSING SCHOOL | N | | | | | | 34.04 | 17,103 | | | 7 |
| 8 | FILE 821 NURSING SCHOOL | N | | | | | | 40.00 | 3,876 | | | 8 |
| 9 | FILE 821 NURSING SCHOOL | N | | | | | | 43.00 | 13,188 | | | 9 |
| 10 | FILE 821 NURSING SCHOOL | N | | | | | | 50.00 | 10,973 | | | 10 |
| 11 | FILE 821 NURSING SCHOOL | N | | | | | | 52.00 | 21,141 | | | 11 |
| 12 | FILE 821 NURSING SCHOOL | N | | | | | | 59.00 | 4,169 | | | 12 |
| 13 | FILE 821 NURSING SCHOOL | N | | | | | | 75.00 | 5,181 | | | 13 |
| 14 | FILE 821 NURSING SCHOOL | N | | | | | | 91.00 | 17,989 | | | 14 |
| 15 | FILE 821 NURSING SCHOOL | N | | | | | | 91.02 | 5,760 | | | 15 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | 402,653 | | | | 402,653 | | | 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)

40-527 - 08-11 Rev. 2

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

AE - FILE 300.100 MED ED 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 | FILE 300.100 MED ED RECLASS | AE | | 21.00 | 1,250,519 | | | 90.13 | 1,250,519 | | | 1 |
| 2 | FILE 300.100 MED ED RECLASS | AE | | 22.00 | 2,057,747 | 2,260,488 | | 90.13 | 2,057,747 | 2,260,488 | | 2 |
| 3 | FILE 300.100 MED ED RECLASS | AE | | 21.00 | 900,307 | | | 90.14 | 900,307 | | | 3 |
| 4 | FILE 300.100 MED ED RECLASS | AE | | 22.00 | 563,438 | 1,072,648 | | 90.14 | 563,438 | 1,072,648 | | 4 |
| 5 | FILE 300.100 MED ED RECLASS | AE | | 21.00 | 2,195,861 | | | 91.00 | 2,195,861 | | | 5 |
| 6 | FILE 300.100 MED ED RECLASS | AE | | 22.00 | 1,062,892 | 1,129,915 | | 91.00 | 1,062,892 | 1,129,915 | | 6 |
| 7 | FILE 300.100 MED ED RECLASS | AE | | 21.00 | 1,782,695 | | | 90.04 | 1,782,695 | | | 7 |
| 8 | FILE 300.100 MED ED RECLASS | AE | | 22.00 | 1,399,447 | 1,020,425 | | 90.04 | 1,399,447 | 1,020,425 | | 8 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | 11,212,906 | 5,483,476 | | | 11,212,906 | 5,483,476 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

I - FILE 403 ANESTHESIA CONTRA

| | 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 | FILE 403 ANESTHESIA CONTRACT SER | I | | 22.00 | 83,648 | | | 23.02 | 494,613 | | | 1 |
| 2 | FILE 403 ANESTHESIA CONTRACT SER | I | | 53.00 | 410,965 | | | | | | | 2 |
| 3 | | | | | | | | | | | | 3 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | 494,613 | | | | 494,613 | | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

RECLASSIFICATIONS

Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6

E - FILE 300.17 FRINGE BENEFIT

| | 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 | FILE 300.17 FRINGE BENEFITS | E | | 4.00 | | 27,256,696 | | 5.00 | | 534,778 | | 1 |
| 2 | FILE 300.17 FRINGE BENEFITS | E | | 20.00 | | 1,559 | | 7.00 | | 164,805 | | 2 |
| 3 | FILE 300.17 FRINGE BENEFITS | E | | 90.17 | | 519 | | 9.00 | | 75,227 | | 3 |
| 4 | FILE 300.17 FRINGE BENEFITS | E | | 191.00 | | 28,249 | | 13.00 | | 91,300 | | 4 |
| 5 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 14.00 | | 2,320 | | 5 |
| 6 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 15.00 | | 190,412 | | 6 |
| 7 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 16.00 | | 187,702 | | 7 |
| 8 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 17.00 | | 20,138 | | 8 |
| 9 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 22.00 | | 2,068,637 | | 9 |
| 10 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 30.00 | | 325,170 | | 10 |
| 11 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 31.00 | | 530,850 | | 11 |
| 12 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 31.01 | | 1,094,004 | | 12 |
| 13 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 34.04 | | 311,706 | | 13 |
| 14 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 40.00 | | 2,282,949 | | 14 |
| 15 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 76.03 | | 1,846 | | 15 |
| 16 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 90.00 | | 5,217 | | 16 |
| 17 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 90.01 | | 2,140,258 | | 17 |
| 18 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 90.02 | | 669,504 | | 18 |
| 19 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 90.03 | | 615,657 | | 19 |
| 20 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 90.04 | | 4,585,129 | | 20 |
| 21 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 90.05 | | 135,296 | | 21 |
| 22 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 90.09 | | 577,735 | | 22 |
| 23 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 90.13 | | 1,723,663 | | 23 |
| 24 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 90.14 | | 848,688 | | 24 |
| 25 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 90.16 | | 333,118 | | 25 |
| 26 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 90.21 | | 522,904 | | 26 |
| 27 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 91.00 | | 2,114,189 | | 27 |
| 28 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 91.01 | | 633,066 | | 28 |
| 29 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 92.02 | | 215,769 | | 29 |
| 30 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 192.00 | | 1,864,995 | | 30 |
| 31 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 192.01 | | 32,776 | | 31 |
| 32 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 22.00 | | 838,800 | | 32 |
| 33 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 194.02 | | 201,788 | | 33 |
| 34 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 194.03 | | 776,285 | | 34 |

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| RECLASSIFICATIONS | | | | | | | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET A-6 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 35 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 194.04 | | 223,440 | | 35 |
| 36 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 194.05 | | 104,676 | | 36 |
| 37 | FILE 300.17 FRINGE BENEFITS | E | | | | | | 194.08 | | 242,225 | | 37 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | | 27,287,022 | | | | 27,287,022 | | 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.

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

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

B - FILE 300.12 CORPORATE 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 | FILE 300.12 CORPORATE EXPENSES | B | | 4.00 | | 10,684,956 | | 5.00 | | 31,430,956 | | 1 |
| 2 | FILE 300.12 CORPORATE EXPENSES | B | | 7.00 | | 2,267,831 | | | | | | 2 |
| 3 | FILE 300.12 CORPORATE EXPENSES | B | | 8.00 | | 4,592,443 | | | | | | 3 |
| 4 | FILE 300.12 CORPORATE EXPENSES | B | | 13.00 | | 8,175,059 | | | | | | 4 |
| 5 | FILE 300.12 CORPORATE EXPENSES | B | | 14.00 | | 5,335,752 | | | | | | 5 |
| 6 | FILE 300.12 CORPORATE EXPENSES | B | | 40.00 | | 374,915 | | | | | | 6 |
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| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | | 31,430,956 | | | | 31,430,956 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

Y - FILE 824 X-RAY TIME

| | 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 | FILE 824 X-RAY TIME | Y | | 23.01 | 20,886 | | | 54.00 | 20,886 | | | 1 |
| 2 | | | | | | | | | | | | 2 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | 20,886 | | | | 20,886 | | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

P - FILE 603 PROVIDER BASED PH

| | 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 | FILE 603 PROVIDER BASED PHYSICIANS | P | | 22.00 | 6,322,832 | | | | | | | 1 |
| 2 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 90.01 | 86,699 | | | 2 |
| 3 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 40.00 | 50,417 | | | 3 |
| 4 | FILE 603 PROVIDER BASED PHYSICIANS | P | | 192.00 | 35,145 | | | 31.01 | 292,154 | | | 4 |
| 5 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | | | | | 5 |
| 6 | FILE 603 PROVIDER BASED PHYSICIANS | P | | 90.03 | 79,754 | | | 90.04 | 581,914 | | | 6 |
| 7 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | | | | | 7 |
| 8 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 90.09 | 130,079 | | | 8 |
| 9 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 90.09 | 43,563 | | | 9 |
| 10 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 90.04 | 126,946 | | | 10 |
| 11 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 90.04 | 732,647 | | | 11 |
| 12 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 31.00 | 405,391 | | | 12 |
| 13 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 90.03 | 44,507 | | | 13 |
| 14 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 90.04 | 179,518 | | | 14 |
| 15 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 90.04 | 76,073 | | | 15 |
| 16 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 91.00 | 1,521,855 | | | 16 |
| 17 | FILE 603 PROVIDER BASED PHYSICIANS | P | | 90.21 | 4,776 | | | | | | | 17 |
| 18 | FILE 603 PROVIDER BASED PHYSICIANS | P | | 192.00 | 5,068 | | | 90.13 | 74,244 | | | 18 |
| 19 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 90.13 | 29,107 | | | 19 |
| 20 | FILE 603 PROVIDER BASED PHYSICIANS | P | | 90.13 | 73,848 | | | | | | | 20 |
| 21 | FILE 603 PROVIDER BASED PHYSICIANS | P | | 90.03 | 1,079 | | | | | | | 21 |
| 22 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 90.04 | 590,681 | | | 22 |
| 23 | FILE 603 PROVIDER BASED PHYSICIANS | P | | 90.13 | 176,829 | | | | | | | 23 |
| 24 | FILE 603 PROVIDER BASED PHYSICIANS | P | | 22.00 | 407,462 | | | | | | | 24 |
| 25 | FILE 603 PROVIDER BASED PHYSICIANS | P | | 192.00 | 154,578 | | | | | | | 25 |
| 26 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 90.04 | 411,839 | | | 26 |
| 27 | FILE 603 PROVIDER BASED PHYSICIANS | P | | 90.16 | 48,069 | | | | | | | 27 |
| 28 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 30.00 | 91,870 | | | 28 |
| 29 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 34.04 | 175,359 | | | 29 |
| 30 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 90.04 | 385,549 | | | 30 |
| 31 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 192.00 | 97,065 | | | 31 |
| 32 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 90.14 | 545,320 | | | 32 |
| 33 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 90.04 | 606,951 | | | 33 |
| 34 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 90.14 | 46,922 | | | 34 |

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| RECLASSIFICATIONS | | | | | | | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET A-6 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 35 | FILE 603 PROVIDER BASED PHYSICIANS | P | | 192.00 | 9,353 | | | | | | | 35 |
| 36 | FILE 603 PROVIDER BASED PHYSICIANS | P | | | | | | 90.05 | 18,190 | | | 36 |
| 37 | FILE 603 PROVIDER BASED PHYSICIANS | P | | 192.00 | 26,067 | | | | | | | 37 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | 7,344,860 | | | | 7,344,860 | | | 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)

40-527 - 08-11 Rev. 2

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

Z - FILE 404 PATHOLOGY

| | 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 | FILE 404 PATHOLOGY | Z | | 22.00 | | 172,200 | | 60.00 | | 172,200 | | 1 |
| 2 | | | | | | | | | | | | 2 |
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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) | | | | | 172,200 | | | | 172,200 | | 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)

40-527 - 08-11 Rev. 2

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

D - FILE 300.16 DRUGS CHARGED

| | 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 | FILE 300.16 DRUGS CHARGED | D | | 73.00 | | 65,722,132 | | 14.00 | | 2 | | 1 |
| 2 | FILE 300.16 DRUGS CHARGED | D | | | | | | 15.00 | | 49,021,816 | | 2 |
| 3 | FILE 300.16 DRUGS CHARGED | D | | | | | | 50.00 | | 471,456 | | 3 |
| 4 | FILE 300.16 DRUGS CHARGED | D | | | | | | 51.00 | | 78,980 | | 4 |
| 5 | FILE 300.16 DRUGS CHARGED | D | | | | | | 52.00 | | 126,875 | | 5 |
| 6 | FILE 300.16 DRUGS CHARGED | D | | | | | | 54.00 | | 2,027,957 | | 6 |
| 7 | FILE 300.16 DRUGS CHARGED | D | | | | | | 56.00 | | 1,359,413 | | 7 |
| 8 | FILE 300.16 DRUGS CHARGED | D | | | | | | 57.00 | | 424,968 | | 8 |
| 9 | FILE 300.16 DRUGS CHARGED | D | | | | | | 58.00 | | 292,820 | | 9 |
| 10 | FILE 300.16 DRUGS CHARGED | D | | | | | | 59.00 | | 403,993 | | 10 |
| 11 | FILE 300.16 DRUGS CHARGED | D | | | | | | 60.00 | | 48,493 | | 11 |
| 12 | FILE 300.16 DRUGS CHARGED | D | | | | | | 65.00 | | 1,596,341 | | 12 |
| 13 | FILE 300.16 DRUGS CHARGED | D | | | | | | 69.00 | | 84,763 | | 13 |
| 14 | FILE 300.16 DRUGS CHARGED | D | | | | | | 74.00 | | 92,262 | | 14 |
| 15 | FILE 300.16 DRUGS CHARGED | D | | | | | | 75.00 | | 168,843 | | 15 |
| 16 | FILE 300.16 DRUGS CHARGED | D | | | | | | 76.03 | | 57,994 | | 16 |
| 17 | FILE 300.16 DRUGS CHARGED | D | | | | | | 90.00 | | 93,033 | | 17 |
| 18 | FILE 300.16 DRUGS CHARGED | D | | | | | | 90.02 | | 5,944 | | 18 |
| 19 | FILE 300.16 DRUGS CHARGED | D | | | | | | 90.03 | | 51,457 | | 19 |
| 20 | FILE 300.16 DRUGS CHARGED | D | | | | | | 90.04 | | 277,741 | | 20 |
| 21 | FILE 300.16 DRUGS CHARGED | D | | | | | | 90.07 | | 97,772 | | 21 |
| 22 | FILE 300.16 DRUGS CHARGED | D | | | | | | 90.08 | | 74,187 | | 22 |
| 23 | FILE 300.16 DRUGS CHARGED | D | | | | | | 90.09 | | 11,175 | | 23 |
| 24 | FILE 300.16 DRUGS CHARGED | D | | | | | | 90.10 | | 4,335 | | 24 |
| 25 | FILE 300.16 DRUGS CHARGED | D | | | | | | 90.12 | | 1,672 | | 25 |
| 26 | FILE 300.16 DRUGS CHARGED | D | | | | | | 90.13 | | 5,644 | | 26 |
| 27 | FILE 300.16 DRUGS CHARGED | D | | | | | | 90.14 | | 19,404 | | 27 |
| 28 | FILE 300.16 DRUGS CHARGED | D | | | | | | 90.15 | | 8,115,588 | | 28 |
| 29 | FILE 300.16 DRUGS CHARGED | D | | | | | | 90.16 | | 21,602 | | 29 |
| 30 | FILE 300.16 DRUGS CHARGED | D | | | | | | 90.17 | | 382,306 | | 30 |
| 31 | FILE 300.16 DRUGS CHARGED | D | | | | | | 91.00 | | 273,192 | | 31 |
| 32 | FILE 300.16 DRUGS CHARGED | D | | | | | | 92.01 | | 30,105 | | 32 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | | 65,722,132 | | | | 65,722,132 | | 500 |

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

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| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|
| 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) | | | |
| 40-527 - 08-11 | | | Rev. 2 |

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Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

F - FILE 300.19 LAB

| | 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 | FILE 300.19 LAB | F | | 60.00 | | 4,537,335 | | 5.00 | | 5,360 | | 1 |
| 2 | FILE 300.19 LAB | F | | | | | | 9.00 | | 183 | | 2 |
| 3 | FILE 300.19 LAB | F | | | | | | 14.00 | | 1,103 | | 3 |
| 4 | FILE 300.19 LAB | F | | | | | | 15.00 | | 2,681,125 | | 4 |
| 5 | FILE 300.19 LAB | F | | | | | | 20.00 | | 10,224 | | 5 |
| 6 | FILE 300.19 LAB | F | | | | | | 22.00 | | 18 | | 6 |
| 7 | FILE 300.19 LAB | F | | | | | | 23.00 | | 4,656 | | 7 |
| 8 | FILE 300.19 LAB | F | | | | | | 23.01 | | 225 | | 8 |
| 9 | FILE 300.19 LAB | F | | | | | | 23.03 | | 22 | | 9 |
| 10 | FILE 300.19 LAB | F | | | | | | 30.00 | | 204,088 | | 10 |
| 11 | FILE 300.19 LAB | F | | | | | | 31.00 | | 40,232 | | 11 |
| 12 | FILE 300.19 LAB | F | | | | | | 31.01 | | 40,824 | | 12 |
| 13 | FILE 300.19 LAB | F | | | | | | 32.00 | | 20,440 | | 13 |
| 14 | FILE 300.19 LAB | F | | | | | | 32.01 | | 10,374 | | 14 |
| 15 | FILE 300.19 LAB | F | | | | | | 34.01 | | 31,154 | | 15 |
| 16 | FILE 300.19 LAB | F | | | | | | 34.02 | | 38,779 | | 16 |
| 17 | FILE 300.19 LAB | F | | | | | | 34.03 | | 17,326 | | 17 |
| 18 | FILE 300.19 LAB | F | | | | | | 34.04 | | 8,230 | | 18 |
| 19 | FILE 300.19 LAB | F | | | | | | 40.00 | | 736 | | 19 |
| 20 | FILE 300.19 LAB | F | | | | | | 41.00 | | 794 | | 20 |
| 21 | FILE 300.19 LAB | F | | | | | | 43.00 | | 3,557 | | 21 |
| 22 | FILE 300.19 LAB | F | | | | | | 50.00 | | 106,543 | | 22 |
| 23 | FILE 300.19 LAB | F | | | | | | 51.00 | | 6,453 | | 23 |
| 24 | FILE 300.19 LAB | F | | | | | | 52.00 | | 20,987 | | 24 |
| 25 | FILE 300.19 LAB | F | | | | | | 53.00 | | 527,613 | | 25 |
| 26 | FILE 300.19 LAB | F | | | | | | 54.00 | | 4,872 | | 26 |
| 27 | FILE 300.19 LAB | F | | | | | | 55.00 | | 2,780 | | 27 |
| 28 | FILE 300.19 LAB | F | | | | | | 56.00 | | 9,041 | | 28 |
| 29 | FILE 300.19 LAB | F | | | | | | 57.00 | | 802 | | 29 |
| 30 | FILE 300.19 LAB | F | | | | | | 58.00 | | 1,493 | | 30 |
| 31 | FILE 300.19 LAB | F | | | | | | 59.00 | | 17,370 | | 31 |
| 32 | FILE 300.19 LAB | F | | | | | | 66.00 | | 51,006 | | 32 |
| 33 | FILE 300.19 LAB | F | | | | | | 71.00 | | 6,769 | | 33 |
| 34 | FILE 300.19 LAB | F | | | | | | 74.00 | | 209,137 | | 34 |

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| RECLASSIFICATIONS | | | | | | | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET A-6 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 35 | FILE 300.19 LAB | F | | | | | | 76.02 | | 9,133 | | 35 |
| 36 | FILE 300.19 LAB | F | | | | | | 76.03 | | 507 | | 36 |
| 37 | FILE 300.19 LAB | F | | | | | | 76.97 | | 526 | | 37 |
| 38 | FILE 300.19 LAB | F | | | | | | 90.00 | | 23,002 | | 38 |
| 39 | FILE 300.19 LAB | F | | | | | | 90.02 | | 17,966 | | 39 |
| 40 | FILE 300.19 LAB | F | | | | | | 90.03 | | 3,526 | | 40 |
| 41 | FILE 300.19 LAB | F | | | | | | 90.04 | | 114,594 | | 41 |
| 42 | FILE 300.19 LAB | F | | | | | | 90.05 | | 2,714 | | 42 |
| 43 | FILE 300.19 LAB | F | | | | | | 90.06 | | 134 | | 43 |
| 44 | FILE 300.19 LAB | F | | | | | | 90.07 | | 39,631 | | 44 |
| 45 | FILE 300.19 LAB | F | | | | | | 90.08 | | 10,190 | | 45 |
| 46 | FILE 300.19 LAB | F | | | | | | 90.09 | | 7,742 | | 46 |
| 47 | FILE 300.19 LAB | F | | | | | | 90.10 | | 32,330 | | 47 |
| 48 | FILE 300.19 LAB | F | | | | | | 90.12 | | 299 | | 48 |
| 49 | FILE 300.19 LAB | F | | | | | | 90.13 | | 154 | | 49 |
| 50 | FILE 300.19 LAB | F | | | | | | 90.14 | | 556 | | 50 |
| 51 | FILE 300.19 LAB | F | | | | | | 90.15 | | 1,269 | | 51 |
| 52 | FILE 300.19 LAB | F | | | | | | 90.16 | | 14,082 | | 52 |
| 53 | FILE 300.19 LAB | F | | | | | | 90.17 | | 7,085 | | 53 |
| 54 | FILE 300.19 LAB | F | | | | | | 90.21 | | 101 | | 54 |
| 55 | FILE 300.19 LAB | F | | | | | | 91.00 | | 89,744 | | 55 |
| 56 | FILE 300.19 LAB | F | | | | | | 91.01 | | 20,389 | | 56 |
| 57 | FILE 300.19 LAB | F | | | | | | 91.02 | | 17,950 | | 57 |
| 58 | FILE 300.19 LAB | F | | | | | | 92.01 | | 17,921 | | 58 |
| 59 | FILE 300.19 LAB | F | | | | | | 92.02 | | 4,556 | | 59 |
| 60 | FILE 300.19 LAB | F | | | | | | 95.00 | | 2,950 | | 60 |
| 61 | FILE 300.19 LAB | F | | | | | | 105.00 | | 13,968 | | 61 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | | 4,537,335 | | | | 4,537,335 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

AD - FILE 603 PROVIDER BASED P

| | 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 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | 194.08 | 1,237,330 | | | | | | | 1 |
| 2 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 31.01 | 12,880 | | | 2 |
| 3 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 90.04 | 185,035 | | | 3 |
| 4 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | 90.03 | 14,074 | | | | | | | 4 |
| 5 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 90.09 | 16,791 | | | 5 |
| 6 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 90.09 | 3,081 | | | 6 |
| 7 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 90.04 | 18,400 | | | 7 |
| 8 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 90.04 | 290,937 | | | 8 |
| 9 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 90.04 | 16,247 | | | 9 |
| 10 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 91.00 | 304,030 | | | 10 |
| 11 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | 90.21 | 7,144 | | | | | | | 11 |
| 12 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | 192.00 | 1,689 | | | | | | | 12 |
| 13 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 90.13 | 11,550 | | | 13 |
| 14 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 90.13 | 3,760 | | | 14 |
| 15 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | 90.13 | 11,994 | | | | | | | 15 |
| 16 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | 90.03 | 306 | | | | | | | 16 |
| 17 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 90.04 | 160,532 | | | 17 |
| 18 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | 90.13 | 44,207 | | | | | | | 18 |
| 19 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | 22.00 | 4,219 | | | | | | | 19 |
| 20 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 90.04 | 86,653 | | | 20 |
| 21 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | 90.16 | 3,316 | | | | | | | 21 |
| 22 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 30.00 | 8,641 | | | 22 |
| 23 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 34.04 | 6,578 | | | 23 |
| 24 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 90.04 | 69,980 | | | 24 |
| 25 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 192.00 | 63,071 | | | 25 |
| 26 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 90.14 | 28,701 | | | 26 |
| 27 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 90.04 | 31,945 | | | 27 |
| 28 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 90.14 | 5,214 | | | 28 |
| 29 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | | | | | 90.05 | 659 | | | 29 |
| 30 | FILE 603 PROVIDER BASED PHYSICIANS | AD | | 192.00 | 406 | | | | | | | 30 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | 1,324,685 | | | | 1,324,685 | | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

L - FILE 828 PHARMACY RESIDENC

| | 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 | FILE 828 PHARMACY RESIDENCY PROGRAM | L | | 23.05 | 54,088 | | | 15.00 | 54,088 | | | 1 |
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| 27 | | | | | | | | | | | | 27 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | 54,088 | | | | 54,088 | | | 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)

40-527 - 08-11 Rev. 2

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

S - FOLDER 608 PHYSICIAN TRANS

| | 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 | FOLDER 608 PHYSICIAN TRANSPLANT COST | S | | 105.00 | | 709,768 | | 90.13 | | 856,819 | | 1 |
| 2 | FOLDER 608 PHYSICIAN TRANSPLANT COST | S | | 107.00 | | 67,255 | | | | | | 2 |
| 3 | FOLDER 608 PHYSICIAN TRANSPLANT COST | S | | 109.00 | | 79,796 | | | | | | 3 |
| 4 | | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | | 5 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | | 856,819 | | | | 856,819 | | 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)

40-527 - 08-11 Rev. 2

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

O - FILE 623 PROVIDER BASED PH

| | 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 | FILE 623 PROVIDER BASED PHYS-CLINIC | O | | 22.00 | 64,504 | | | 90.00 | 64,504 | | | 1 |
| 2 | FILE 623 PROVIDER BASED PHYS-CLINIC | O | | 22.00 | 144 | | | 90.04 | 144 | | | 2 |
| 3 | FILE 623 PROVIDER BASED PHYS-CLINIC | O | | 22.00 | 5,518 | | | 90.03 | 5,518 | | | 3 |
| 4 | FILE 623 PROVIDER BASED PHYS-CLINIC | O | | 22.00 | 210 | | | 90.12 | 210 | | | 4 |
| 5 | | | | | | | | | | | | 5 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | 70,376 | | | | 70,376 | | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

R - FILE 617 PHYSICIANS ON CAL

| | 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 | FILE 617 PHYSICIANS ON CALL | R | | 22.00 | | 130,185 | | 5.00 | | 3,152 | | 1 |
| 2 | FILE 617 PHYSICIANS ON CALL | R | | | | | | 91.00 | | 19,430 | | 2 |
| 3 | FILE 617 PHYSICIANS ON CALL | R | | | | | | 90.04 | | 57,750 | | 3 |
| 4 | FILE 617 PHYSICIANS ON CALL | R | | | | | | 90.04 | | 46,103 | | 4 |
| 5 | FILE 617 PHYSICIANS ON CALL | R | | | | | | 90.02 | | 3,750 | | 5 |
| 6 | | | | | | | | | | | | 6 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | | 130,185 | | | | 130,185 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

J - FILE 401 INSTITUTIONAL SER

| | 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 | FILE 401 INSTITUTIONAL SERVICES | J | | 1.00 | | 22,170,160 | | | | | 9 | 1 |
| 2 | FILE 401 INSTITUTIONAL SERVICES | J | | 2.00 | | 32,525,116 | | | | | 9 | 2 |
| 3 | FILE 401 INSTITUTIONAL SERVICES | J | | | | | | 5.00 | | 54,695,276 | | 3 |
| 4 | | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | | 5 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | | 54,695,276 | | | | 54,695,276 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

AA - FILE 624 INTERCOMPANY SPE

| | 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 | FILE 624 INTERCOMPANY SPECIALISTS | AA | | 30.00 | | 550,000 | | 5.00 | | 550,000 | | 1 |
| 2 | FILE 624 INTERCOMPANY SPECIALISTS | AA | | 30.00 | | 64,992 | | 90.04 | | 64,992 | | 2 |
| 3 | FILE 624 INTERCOMPANY SPECIALISTS | AA | | 90.13 | | 53,025 | | 20.00 | | 53,025 | | 3 |
| 4 | FILE 624 INTERCOMPANY SPECIALISTS | AA | | 31.00 | | 24,000 | | 65.00 | | 24,000 | | 4 |
| 5 | FILE 624 INTERCOMPANY SPECIALISTS | AA | | 90.03 | | 120,000 | | 191.00 | | 120,000 | | 5 |
| 6 | FILE 624 INTERCOMPANY SPECIALISTS | AA | | 90.04 | | 21,000 | | 5.00 | | 21,000 | | 6 |
| 7 | FILE 624 INTERCOMPANY SPECIALISTS | AA | | 91.00 | | 61,270 | | 95.00 | | 61,270 | | 7 |
| 8 | FILE 624 INTERCOMPANY SPECIALISTS | AA | | 30.00 | | 470,000 | | 5.00 | | 470,000 | | 8 |
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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) | | | | | 1,364,287 | | | | 1,364,287 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

C - FILE 300.13 MED SUPPS &amp

| | 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 | FILE 300.13 MED SUPPS & IMPLANTS | C | | 71.00 | | 35,376,016 | | 5.00 | | 64,137 | | 1 |
| 2 | FILE 300.13 MED SUPPS & IMPLANTS | C | | 72.00 | | 60,610,368 | | | | | | 2 |
| 3 | FILE 300.13 MED SUPPS & IMPLANTS | C | | 9.00 | | 25 | | 13.00 | | 97 | | 3 |
| 4 | FILE 300.13 MED SUPPS & IMPLANTS | C | | 194.03 | | 3,719 | | 14.00 | | 77,795 | | 4 |
| 5 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 15.00 | | 345,412 | | 5 |
| 6 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 16.00 | | 18 | | 6 |
| 7 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 17.00 | | 4 | | 7 |
| 8 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 20.00 | | 3,336 | | 8 |
| 9 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 23.00 | | 19 | | 9 |
| 10 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 23.04 | | 1,059 | | 10 |
| 11 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 30.00 | | 525,068 | | 11 |
| 12 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 31.00 | | 170,453 | | 12 |
| 13 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 31.01 | | 151,657 | | 13 |
| 14 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 32.00 | | 91,421 | | 14 |
| 15 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 32.01 | | 53,245 | | 15 |
| 16 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 34.01 | | 183,772 | | 16 |
| 17 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 34.02 | | 262,481 | | 17 |
| 18 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 34.03 | | 52,437 | | 18 |
| 19 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 34.04 | | 132,067 | | 19 |
| 20 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 40.00 | | 791 | | 20 |
| 21 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 41.00 | | 9,128 | | 21 |
| 22 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 43.00 | | 16,807 | | 22 |
| 23 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 50.00 | | 53,977,500 | | 23 |
| 24 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 51.00 | | 30,110 | | 24 |
| 25 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 52.00 | | 512,807 | | 25 |
| 26 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 53.00 | | 557,566 | | 26 |
| 27 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 54.00 | | 4,011,132 | | 27 |
| 28 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 55.00 | | 8,205 | | 28 |
| 29 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 56.00 | | 1,615 | | 29 |
| 30 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 57.00 | | 209,783 | | 30 |
| 31 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 58.00 | | 5,706 | | 31 |
| 32 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 59.00 | | 21,571,564 | | 32 |
| 33 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 60.00 | | 123,313 | | 33 |
| 34 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 60.01 | | 102 | | 34 |

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| RECLASSIFICATIONS | | | | | | | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET A-6 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 35 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 60.02 | | 331 | | 35 |
| 36 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 65.00 | | 365,232 | | 36 |
| 37 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 66.00 | | 3,390 | | 37 |
| 38 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 69.00 | | 4,064 | | 38 |
| 39 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 74.00 | | 782,477 | | 39 |
| 40 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 75.00 | | 9,025,103 | | 40 |
| 41 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 76.01 | | 14,377 | | 41 |
| 42 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 76.03 | | 1,212,988 | | 42 |
| 43 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 76.97 | | 59 | | 43 |
| 44 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 90.00 | | 29,113 | | 44 |
| 45 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 90.01 | | 16 | | 45 |
| 46 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 90.02 | | 9,031 | | 46 |
| 47 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 90.03 | | 82,083 | | 47 |
| 48 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 90.04 | | 211,735 | | 48 |
| 49 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 90.05 | | 47,515 | | 49 |
| 50 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 90.06 | | 33 | | 50 |
| 51 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 90.07 | | 127,294 | | 51 |
| 52 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 90.08 | | 592 | | 52 |
| 53 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 90.09 | | 35,712 | | 53 |
| 54 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 90.10 | | 126 | | 54 |
| 55 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 90.13 | | 2,882 | | 55 |
| 56 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 90.14 | | 5,944 | | 56 |
| 57 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 90.15 | | 6,544 | | 57 |
| 58 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 90.16 | | 37,422 | | 58 |
| 59 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 90.17 | | 1,283 | | 59 |
| 60 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 90.20 | | 908 | | 60 |
| 61 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 90.21 | | 8,775 | | 61 |
| 62 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 91.00 | | 392,904 | | 62 |
| 63 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 91.01 | | 573 | | 63 |
| 64 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 91.02 | | 34,929 | | 64 |
| 65 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 92.01 | | 8,251 | | 65 |
| 66 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 95.00 | | 2,079 | | 66 |
| 67 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 105.00 | | 26,111 | | 67 |
| 68 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 191.00 | | 261,433 | | 68 |
| 69 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 192.00 | | 217 | | 69 |
| 70 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 192.01 | | 97,681 | | 70 |
| 71 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 194.02 | | 96 | | 71 |
| 72 | FILE 300.13 MED SUPPS & IMPLANTS | C | | | | | | 194.07 | | 220 | | 72 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | | 95,990,128 | | | | 95,990,128 | | 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: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014) | | | |
| 40-527 - 08-11 | | | Rev. 2 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

G - FILE 300.20 I&R 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 | FILE 300.20 I&R SALARY | G | | 21.00 | 5,751,947 | | | 22.00 | 5,751,947 | | | 1 |
| 2 | | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | | 4 |
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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) | | | | 5,751,947 | | | | 5,751,947 | | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

AB - FILE 620 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 | FILE 620 INTEREST EXPENSE | AB | | 1.00 | | 1,880,211 | | | | | 11 | 1 |
| 2 | FILE 620 INTEREST EXPENSE | AB | | 2.00 | | 2,726,755 | | | | | 11 | 2 |
| 3 | FILE 620 INTEREST EXPENSE | AB | | | | | | 5.00 | | 4,606,966 | | 3 |
| 4 | | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | | 5 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | | 4,606,966 | | | | 4,606,966 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

K - FILE 613 MISC MEDICAL SPEC

| | 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 | FILE 613 MISC MEDICAL SPEC FEES | K | | 23.02 | | 3,660 | | 53.00 | | 3,660 | | 1 |
| 2 | | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | | 5 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | | 3,660 | | | | 3,660 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

M - FILE 827 SURGICAL SCHOOL

| | 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 | FILE 827 SURGICAL SCHOOL | M | | 23.04 | 48,248 | | | 50.00 | 45,544 | | | 1 |
| 2 | FILE 827 SURGICAL SCHOOL | M | | | | | | 75.00 | 2,139 | | | 2 |
| 3 | FILE 827 SURGICAL SCHOOL | M | | | | | | 52.00 | 565 | | | 3 |
| 4 | | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | | 5 |
| 6 | | | | | | | | | | | | 6 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | 48,248 | | | | 48,248 | | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

H - FILE 300.21 PASTORAL CARE

| | 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 | FILE 300.21 PASTORAL CARE | H | | 5.00 | 591,970 | 94,334 | | 23.03 | 591,970 | 94,334 | | 1 |
| 2 | | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | | 5 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | 591,970 | 94,334 | | | 591,970 | 94,334 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

U - FILE 605 CRNA

| | 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 | FILE 605 CRNA | U | | 23.02 | 774,305 | | | 53.00 | 774,305 | | | 1 |
| 2 | | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | | 4 |
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| 29 | | | | | | | | | | | | 29 |
| 500 | Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) | | | | 774,305 | | | | 774,305 | | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

T - FOLDER 608 TRANSPLANT 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 | FOLDER 608 TRANSPLANT COST | T | | 106.00 | 188,595 | 307,776 | | 105.00 | 1,430,348 | 2,608,793 | | 1 |
| 2 | FOLDER 608 TRANSPLANT COST | T | | 107.00 | 614,680 | 1,185,939 | | | | | | 2 |
| 3 | FOLDER 608 TRANSPLANT COST | T | | 109.00 | 132,715 | 239,703 | | | | | | 3 |
| 4 | FOLDER 608 TRANSPLANT COST | T | | 112.00 | 243,000 | 728,127 | | | | | | 4 |
| 5 | FOLDER 608 TRANSPLANT COST | T | | 90.11 | 251,358 | 147,248 | | | | | | 5 |
| 6 | | | | | | | | | | | | 6 |
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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) | | | | 1,430,348 | 2,608,793 | | | 1,430,348 | 2,608,793 | | 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 7640 - 2010]

| RECLASSIFICATIONS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-6 |
|---|---|---|---|

A - FILE 300.11 PROPERTY INSUR

| | 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 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 5.00 | | 1,885,448 | 12 | 1 |
| 2 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 30.00 | | 2,219 | | 2 |
| 3 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 31.00 | | 2,052 | | 3 |
| 4 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 31.01 | | 12,753 | | 4 |
| 5 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 34.04 | | 1,708 | | 5 |
| 6 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 90.02 | | 3,323 | | 6 |
| 7 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 90.03 | | 7,022 | | 7 |
| 8 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 90.04 | | 37,595 | | 8 |
| 9 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 90.05 | | 937 | | 9 |
| 10 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 90.09 | | 7,558 | | 10 |
| 11 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 90.13 | | 12,786 | | 11 |
| 12 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 90.14 | | 5,403 | | 12 |
| 13 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 90.16 | | 1,588 | | 13 |
| 14 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 90.21 | | 4,151 | | 14 |
| 15 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 91.00 | | 23,781 | | 15 |
| 16 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 95.00 | | 75,008 | | 16 |
| 17 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 192.00 | | 22,414 | | 17 |
| 18 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 22.00 | | 9,432 | | 18 |
| 19 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 194.02 | | 1,980 | | 19 |
| 20 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 194.04 | | 1,702 | | 20 |
| 21 | FILE 300.11 PROPERTY INSURANCE | A | | | | | | 194.05 | | 2,434 | | 21 |
| 22 | FILE 300.11 PROPERTY INSURANCE | A | | 1.00 | | 1,016,846 | | | | | 12 | 22 |
| 23 | FILE 300.11 PROPERTY INSURANCE | A | | 2.00 | | 1,101,583 | | | | | 12 | 23 |
| 24 | FILE 300.11 PROPERTY INSURANCE | A | | 191.00 | | 2,865 | | | | | | 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) | | | | | 2,121,294 | | | | 2,121,294 | | 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)

40-527 - 08-11 Rev. 2

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 340113 | 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 | 5,362,034 | | | | | 5,362,034 | | 1 |
| 2 | Land Improvements | 7,989,934 | | | | 430,135 | 7,559,799 | | 2 |
| 3 | Buildings and Fixtures | 601,982,336 | 82,587,888 | | 82,587,888 | | 684,570,240 | | 3 |
| 4 | Building Improvements | 13,349,174 | | | | 1,987,670 | 11,361,504 | | 4 |
| 5 | Fixed Equipment | 372,218,528 | | | | 40,770,872 | 331,447,648 | | 5 |
| 6 | Movable Equipment | 11,597,100 | | | | 4,023,173 | 7,573,927 | | 6 |
| 7 | HIT-designated Assets | | | | | | | | 7 |
| 8 | Subtotal (sum of lines 1-7) | 1,012,499,136 | 82,587,888 | | 82,587,888 | 47,211,848 | 1,047,875,200 | | 8 |
| 9 | Reconciling Items | | 959,139 | | 959,139 | | 959,139 | | 9 |
| 10 | Total (line 7 minus line 9) | 1,012,499,136 | 81,628,752 | | 81,628,752 | 47,211,848 | 1,046,916,032 | | 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 | | | | | | | | | 1 |
| 2 | Capital Related Costs-Movable Equipment | | | | | | | | | 2 |
| 3 | Total (sum of lines 1-2) | | | | 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 | 22,582,220 | | 2,063,206 | 1,016,846 | | | 25,662,272 | 1 |
| 2 | Capital Related Costs-Movable Equipment | 32,764,612 | | 2,717,757 | 1,101,583 | | | 36,583,952 | 2 |
| 3 | Total (sum of lines 1-2) | 55,346,832 | | 4,780,963 | 2,118,429 | | | 62,246,224 | 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)

40-528 Rev. 2 - 08-11

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| ADJUSTMENTS TO EXPENSES | Provider CCN: 340113 | 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: COST CENTER | LINE # | Wkst. A-7 Ref. | |
|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | |
| 1 | Investment income - buildings and fixtures (chapter 2) | | | Buildings and Fixtures | 1 | | 1 |
| 2 | Investment income - movable equipment (chapter 2) | | | Movable Equipment | 2 | | 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 | -30,681 | 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 | -96,093,336 | | | | 10 |
| 11 | Sale of scrap, waste, etc. (chapter 23) | | | | | | 11 |
| 12 | Related organization transactions (chapter 10) | Worksheet A-8-1 | 11,750,801 | | | | 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 | | Respiratory Therapy | 65 | | 23 |
| 24 | Adjustment for physical therapy costs in excess of limitation (chapter 14) | Worksheet A-8-3 | | Physical Therapy | 66 | | 24 |
| 25 | Utilization review - physicians' compensation (chapter 21) | | | Utilization Review - SNF | 114 | | 25 |
| 26 | Depreciation - buildings and fixtures | | | Buildings and Fixtures | 1 | | 26 |
| 27 | Depreciation - movable equipment | | | Movable Equipment | 2 | | 27 |
| 28 | Non-physician Anesthetist | | | Nonphysician Anesthetist | 10 | | 28 |
| 29 | Physicians' assistant | | | | | | 29 |
| 30 | Adjustment for occupational therapy costs in excess of limitation (chapter 14) | Worksheet A-8-3 | | Occupational Therapy | 67 | | 30 |
| 31 | Adjustment for speech pathology costs in excess of limitation (chapter 14) | Worksheet A-8-3 | | Speech Pathology | 68 | | 31 |
| 32 | CAH HIT Adjustment for Depreciation and Interest | | | | | | 32 |
| 33 | Other adjustments (specify) (3) | | | | | | 33 |
| 33.01 | FILE 300.23 MID-LEVEL PROVIDERS | A | -5,308 | ADMINISTRATIVE & GENERAL | 5.00 | | 33.01 |
| 33.02 | FILE 300.23 MID-LEVEL PROVIDERS | A | -800,888 | NURSING ADMINISTRATION | 13.00 | | 33.02 |
| 33.03 | FILE 300.23 MID-LEVEL PROVIDERS | A | -453,289 | ADULTS & PEDIATRICS | 30.00 | | 33.03 |
| 33.04 | FILE 300.23 MID-LEVEL PROVIDERS | A | -2,742,386 | NEONATAL INTENSIVE CARE UNIT | 31.01 | | 33.04 |
| 33.05 | FILE 300.23 MID-LEVEL PROVIDERS | A | -228,781 | DELIVERY ROOM & LABOR ROOM | 52.00 | | 33.05 |
| 33.06 | FILE 300.23 MID-LEVEL PROVIDERS | A | -836,421 | MENTAL HEALTH O/P CLINIC | 90.01 | | 33.06 |
| 33.07 | FILE 300.23 MID-LEVEL PROVIDERS | A | -99,474 | CLINIC - CHILD OP RESP CTR | 90.02 | | 33.07 |
| 33.08 | FILE 300.23 MID-LEVEL PROVIDERS | A | -717,356 | CLINIC - ONCOLOGY | 90.03 | | 33.08 |

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| ADJUSTMENTS TO EXPENSES | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-8 | | |
|---|---|---|---|---|---|---|---|
| 33.09 | FILE 300.23 MID-LEVEL PROVIDERS | A | -3,357,670 | CLINIC - MYERS PARK | 90.04 | | 33.09 |
| 33.10 | FILE 300.23 MID-LEVEL PROVIDERS | A | -869 | CLINIC - PED RESP CTR | 90.06 | | 33.10 |
| 33.11 | FILE 300.23 MID-LEVEL PROVIDERS | A | -356,787 | CLINIC - NORTHPARK | 90.07 | | 33.11 |
| 33.12 | FILE 300.23 MID-LEVEL PROVIDERS | A | -233,670 | TEEN HEALTH CONNECTION | 90.08 | | 33.12 |
| 33.13 | FILE 300.23 MID-LEVEL PROVIDERS | A | -58,737 | WOMENS INSTITUTE | 90.09 | | 33.13 |
| 33.14 | FILE 300.23 MID-LEVEL PROVIDERS | A | -66,895 | DIABETES CENTER | 90.10 | | 33.14 |
| 33.15 | FILE 300.23 MID-LEVEL PROVIDERS | A | -203,160 | PEDIATRIC AFTER HOURS CLINIC | 90.12 | | 33.15 |
| 33.16 | FILE 300.23 MID-LEVEL PROVIDERS | A | -276,730 | CMC SURGERY | 90.13 | | 33.16 |
| 33.17 | FILE 300.23 MID-LEVEL PROVIDERS | A | -640,296 | PEDIATRIC ONCOLOGY | 90.16 | | 33.17 |
| 33.18 | FILE 300.23 MID-LEVEL PROVIDERS | A | -159,782 | NEUROMUSCULAR (ALS) CENTER | 90.17 | | 33.18 |
| 33.19 | FILE 300.23 MID-LEVEL PROVIDERS | A | -347,464 | CHF CLINIC | 90.20 | | 33.19 |
| 33.20 | FILE 300.23 MID-LEVEL PROVIDERS | A | -167,606 | NEUROSCIENCE CLINIC | 90.21 | | 33.20 |
| 33.21 | FILE 300.23 MID-LEVEL PROVIDERS | A | -1,643,443 | EMERGENCY | 91.00 | | 33.21 |
| 33.22 | FILE 606 PLANNING AND CONSTRUCTION | A | 412,059 | CAP REL COSTS-BLDG & FIXT | 1.00 | 9 | 33.22 |
| 33.23 | FILE 622 MINOR EQUIPMENT (CAR SEATS) | A | -513 | ADMINISTRATIVE & GENERAL | 5.00 | | 33.23 |
| 33.24 | FILE 644 GIFTS AND FLOWERS | A | -64,229 | ADMINISTRATIVE & GENERAL | 5.00 | | 33.24 |
| 33.25 | FILE 621 COUNTY PAID INTEREST EXP | B | 189,199 | CAP REL COSTS-BLDG & FIXT | 1.00 | 11 | 33.25 |
| 33.26 | FILE 613 MISC MEDICAL SPECIALIST FEE | A | -521,361 | ADMINISTRATIVE & GENERAL | 5.00 | | 33.26 |
| 33.27 | FILE 613 MISC MEDICAL SPECIALIST FEE | A | -290 | OPERATING ROOM | 50.00 | | 33.27 |
| 33.28 | FILE 613 MISC MEDICAL SPECIALIST FEE | A | -205,063 | ELECTROCARDIOLOGY | 69.00 | | 33.28 |
| 33.29 | FILE 613 MISC MEDICAL SPECIALIST FEE | A | -18,264 | RESPIRATORY THERAPY | 65.00 | | 33.29 |
| 33.30 | FILE 613 MISC MEDICAL SPECIALIST FEE | A | -2,250 | ASC (NON-DISTINCT PART) | 75.00 | | 33.30 |
| 33.31 | FILE 613 MISC MEDICAL SPECIALIST FEE | A | -675,160 | MENTAL HEALTH O/P CLINIC | 90.01 | | 33.31 |
| 33.32 | FILE 827 SURGICAL SCHOOL | A | 6,880 | PARAMED SURGICAL CARE | 23.04 | | 33.32 |
| 33.33 | FILE 821 NURSING SCHOOL | A | 40,060 | NURSING SCHOOL | 20.00 | | 33.33 |
| 33.34 | FILE 624 INTER CO SPECIALIST - HOSPI | A | -3,984,197 | ADMINISTRATIVE & GENERAL | 5.00 | | 33.34 |
| 33.35 | FILE 637 LOBBYING EXPENSE | A | -35,780 | ADMINISTRATIVE & GENERAL | 5.00 | | 33.35 |
| 33.36 | FILE 637 LOBBYING EXPENSE | A | -902 | KIDNEY ACQUISITION | 105.00 | | 33.36 |
| 33.37 | FILE 645 CMC-R DEPRECIATION | A | 255,882 | ADMINISTRATIVE & GENERAL | 5.00 | | 33.37 |
| 33.38 | FILE 645 CMC-R DEPRECIATION | A | -36,744 | HOUSEKEEPING | 9.00 | | 33.38 |
| 33.39 | FILE 645 CMC-R DEPRECIATION | A | -3,499 | DIETARY | 10.00 | | 33.39 |
| 33.40 | FILE 645 CMC-R DEPRECIATION | A | -10,821 | NURSING ADMINISTRATION | 13.00 | | 33.40 |
| 33.41 | FILE 645 CMC-R DEPRECIATION | A | -336,677 | PHARMACY | 15.00 | | 33.41 |
| 33.42 | FILE 645 CMC-R DEPRECIATION | A | -13,404 | SUBPROVIDER - IPF | 40.00 | | 33.42 |
| 33.43 | FILE 645 CMC-R DEPRECIATION | A | -14,996 | MENTAL HEALTH O/P CLINIC | 90.01 | | 33.43 |
| 33.44 | FILE 645 CMC-R DEPRECIATION | A | -13,410 | EMERGENCY-SUBPROVIDER | 91.01 | | 33.44 |
| 33.45 | FILE 645 CMC-R DEPRECIATION | A | -5,348 | OBSERVATION BEDS (PSYCH) | 92.02 | | 33.45 |
| 33.46 | FILE 645 CMC-R DEPRECIATION | A | -36,745 | OTHER NONREIMBURSABLE COST CENTERS | 194.03 | | 33.46 |
| 33.47 | FILE 608 TRANSPLANT INTERNAL COST | A | -5,101,504 | KIDNEY ACQUISITION | 105.00 | | 33.47 |
| 33.48 | FILE 608 TRANSPLANT INTERNAL COST | A | -491,737 | HEART ACQUISITION | 106.00 | | 33.48 |
| 33.49 | FILE 608 TRANSPLANT INTERNAL COST | A | -1,570,101 | LIVER ACQUISITION | 107.00 | | 33.49 |
| 33.50 | FILE 605 CRNA SALARIES / BENEFITS | A | -21,183,292 | ANESTHESIOLOGY | 53.00 | | 33.50 |
| 33.51 | FILE 605 CRNA SALARIES / BENEFITS | A | -5,234,392 | EMPLOYEE BENEFITS | 4.00 | | 33.51 |
| 33.52 | FILE 646 CANNON CAPITAL | B | -367,282 | RESEARCH | 191.00 | | 33.52 |
| 33.53 | FILE 646 CANNON CAPITAL | A | 239,498 | CAP REL COSTS-MVBLE EQUIP | 2.00 | 9 | 33.53 |
| 33.54 | FILE 823 LAB TIME | A | 456 | PARAMED ED PRGM-(SPECIFY) | 23.00 | | 33.54 |
| 33.55 | FILE 824 X-RAY TIME | A | 71,333 | PARAMED X-RAY | 23.01 | | 33.55 |
| 33.56 | FILE 624 INTERCOMPANY SPECIALISTS | A | -4,992 | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00 | | 33.56 |

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| ADJUSTMENTS TO EXPENSES | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-8 | | |
|---|---|---|---|---|---|---|---|
| 33.57 | FILE 624 INTERCOMPANY SPECIALISTS | A | -231,550 | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00 | | 33.57 |
| 33.59 | FILE 624 INTERCOMPANY SPECIALISTS | A | -1,125,000 | OPERATING ROOM | 50.00 | | 33.59 |
| 33.83 | FILE 624 INTERCOMPANY SPECIALISTS | A | -3,767 | KIDNEY ACQUISITION | 105.00 | | 33.83 |
| 33.84 | FILE 624 INTERCOMPANY SPECIALISTS | A | -604 | LIVER ACQUISITION | 107.00 | | 33.84 |
| 33.85 | FILE 624 INTERCOMPANY SPECIALISTS | A | -1,650 | CLINIC - MYERS PARK | 90.04 | | 33.85 |
| 33.86 | FILE 624 INTERCOMPANY SPECIALISTS | A | -2,470 | ADULTS & PEDIATRICS | 30.00 | | 33.86 |
| 33.87 | FILE 624 INTERCOMPANY SPECIALISTS | A | -1,305 | OPERATING ROOM | 50.00 | | 33.87 |
| 33.88 | FILE 624 INTERCOMPANY SPECIALISTS | A | 6,716 | CLINIC - MYERS PARK | 90.04 | | 33.88 |
| 33.89 | FILE 624 INTERCOMPANY SPECIALISTS | A | 2,868 | CLINIC - MYERS PARK | 90.04 | | 33.89 |
| 33.90 | FILE 624 INTERCOMPANY SPECIALISTS | A | 24,240 | EMERGENCY | 91.00 | | 33.90 |
| 33.91 | FILE 624 INTERCOMPANY SPECIALISTS | A | 330,159 | PHYSICIANS PRIVATE OFFICES | 192.00 | | 33.91 |
| 33.92 | FILE 648 MISC NON-ALLOWABLE | B | 316,720 | BONE MARROW TRANSPLANT | 50.01 | | 33.92 |
| 33.93 | FILE 620 INTEREST EXPENSE | B | -6,204 | CAP REL COSTS-BLDG & FIXT | 1.00 | 11 | 33.93 |
| 33.94 | FILE 620 INTEREST EXPENSE | B | -8,998 | CAP REL COSTS-MVBLE EQUIP | 2.00 | 11 | 33.94 |
| 33.95 | FILE 300.22 MARKETING/CONSULTING | A | -1,152,754 | ADMINISTRATIVE & GENERAL | 5.00 | | 33.95 |
| 33.96 | FILE 300.22 MARKETING/CONSULTING | A | -2,855 | HOUSEKEEPING | 9.00 | | 33.96 |
| 33.97 | FILE 300.22 MARKETING/CONSULTING | A | -45,918 | NURSING ADMINISTRATION | 13.00 | | 33.97 |
| 33.98 | FILE 300.22 MARKETING/CONSULTING | A | -60 | SOCIAL SERVICE | 17.00 | | 33.98 |
| 33.99 | FILE 300.22 MARKETING/CONSULTING | A | -45,837 | NURSING SCHOOL | 20.00 | | 33.99 |
| 34.00 | FILE 300.22 MARKETING/CONSULTING | A | -2,379 | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00 | | 34.00 |
| 34.01 | FILE 300.22 MARKETING/CONSULTING | A | -2,134 | ADULTS & PEDIATRICS | 30.00 | | 34.01 |
| 34.02 | FILE 300.22 MARKETING/CONSULTING | A | -9,387 | OPERATING ROOM | 50.00 | | 34.02 |
| 34.03 | FILE 300.22 MARKETING/CONSULTING | A | -162,493 | DELIVERY ROOM & LABOR ROOM | 52.00 | | 34.03 |
| 34.04 | FILE 300.22 MARKETING/CONSULTING | A | -3,030 | RADIOLOGY-DIAGNOSTIC | 54.00 | | 34.04 |
| 34.05 | FILE 300.22 MARKETING/CONSULTING | A | -4,405 | LABORATORY | 60.00 | | 34.05 |
| 34.06 | FILE 300.22 MARKETING/CONSULTING | A | -300 | PHYSICAL THERAPY | 66.00 | | 34.06 |
| 34.07 | FILE 300.22 MARKETING/CONSULTING | A | -3,552 | CARDIAC REHABILITATION | 76.97 | | 34.07 |
| 34.08 | FILE 300.22 MARKETING/CONSULTING | A | -18,820 | ASC (NON-DISTINCT PART) | 75.00 | | 34.08 |
| 34.09 | FILE 300.22 MARKETING/CONSULTING | A | -1,130 | ENDOSCOPY | 76.03 | | 34.09 |
| 34.10 | FILE 300.22 MARKETING/CONSULTING | A | -1,373 | CLINIC - CHILD OP RESP CTR | 90.02 | | 34.10 |
| 34.11 | FILE 300.22 MARKETING/CONSULTING | A | -214,477 | CLINIC - ONCOLOGY | 90.03 | | 34.11 |
| 34.12 | FILE 300.22 MARKETING/CONSULTING | A | -10,182 | CLINIC - MYERS PARK | 90.04 | | 34.12 |
| 34.13 | FILE 300.22 MARKETING/CONSULTING | A | -1,640 | CLINIC - NORTHPARK | 90.07 | | 34.13 |
| 34.14 | FILE 300.22 MARKETING/CONSULTING | A | -786 | TEEN HEALTH CONNECTION | 90.08 | | 34.14 |
| 34.15 | FILE 300.22 MARKETING/CONSULTING | A | -29,437 | WOMENS INSTITUTE | 90.09 | | 34.15 |
| 34.16 | FILE 300.22 MARKETING/CONSULTING | A | -16,471 | CMC SURGERY | 90.13 | | 34.16 |

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| ADJUSTMENTS TO EXPENSES | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-8 | | |
|---|---|---|---|---|---|---|---|
| 34.17 | FILE 300.22 MARKETING/CONSULTING | A | -12,296 | CMC ORTHOPEDICS | 90.14 | | 34.17 |
| 34.18 | FILE 300.22 MARKETING/CONSULTING | A | -22,605 | NEUROMUSCULAR (ALS) CENTER | 90.17 | | 34.18 |
| 34.19 | FILE 300.22 MARKETING/CONSULTING | A | -5,926 | EMERGENCY | 91.00 | | 34.19 |
| 34.20 | FILE 300.22 MARKETING/CONSULTING | A | -1,329 | EMERGENCY-PEDIATRIC | 91.02 | | 34.20 |
| 34.21 | FILE 300.22 MARKETING/CONSULTING | A | -175 | OBSERVATION BEDS (DISTINCT PART) | 92.01 | | 34.21 |
| 34.22 | FILE 300.22 MARKETING/CONSULTING | A | -5,130 | AMBULANCE SERVICES | 95.00 | | 34.22 |
| 34.23 | FILE 300.22 MARKETING/CONSULTING | A | -60,686 | KIDNEY ACQUISITION | 105.00 | | 34.23 |
| 34.24 | FILE 300.22 PATIENT ADJUSTMENTS | A | -383 | CLINIC - DENTISTRY | 90.05 | | 34.24 |
| 34.25 | FILE 300.22 PATIENT ADJUSTMENTS | A | -150 | CMC SURGERY | 90.13 | | 34.25 |
| 34.26 | FILE 300.22 CORP EVENT/RETREAT | A | -37,939 | ADMINISTRATIVE & GENERAL | 5.00 | | 34.26 |
| 34.27 | FILE 300.22 CORP EVENT/RETREAT | A | -1,203 | ENDOSCOPY | 76.03 | | 34.27 |
| 34.28 | FILE 300.22 CORP EVENT/RETREAT | A | -140 | CLINIC - ONCOLOGY | 90.03 | | 34.28 |
| 34.29 | FILE 300.22 CORP EVENT/RETREAT | A | -848 | CLINIC - DENTISTRY | 90.05 | | 34.29 |
| 34.30 | FILE 300.22 CORP EVENT/RETREAT | A | -45 | WOMENS INSTITUTE | 90.09 | | 34.30 |
| 34.31 | FILE 300.22 CORP EVENT/RETREAT | A | -964 | NEUROSCIENCE CLINIC | 90.21 | | 34.31 |
| 34.32 | FILE 300.22 RECRUITING EXPENSE | A | -87,488 | ADMINISTRATIVE & GENERAL | 5.00 | | 34.32 |
| 34.33 | FILE 300.22 RECRUITING EXPENSE | A | -3,548 | NURSING ADMINISTRATION | 13.00 | | 34.33 |
| 34.34 | FILE 300.22 RECRUITING EXPENSE | A | -418 | PHARMACY | 15.00 | | 34.34 |
| 34.35 | FILE 300.22 RECRUITING EXPENSE | A | -4,760 | NURSING SCHOOL | 20.00 | | 34.35 |
| 34.36 | FILE 300.22 RECRUITING EXPENSE | A | -94,044 | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00 | | 34.36 |
| 34.37 | FILE 300.22 RECRUITING EXPENSE | A | -188 | PARAMED ED PRGM-(SPECIFY) | 23.00 | | 34.37 |
| 34.38 | FILE 300.22 RECRUITING EXPENSE | A | -5,085 | PARAMED X-RAY | 23.01 | | 34.38 |
| 34.39 | FILE 300.22 RECRUITING EXPENSE | A | -77 | PARAMED CRNA | 23.02 | | 34.39 |
| 34.40 | FILE 300.22 RECRUITING EXPENSE | A | -735 | PASTORAL CARE | 23.03 | | 34.40 |
| 34.41 | FILE 300.22 RECRUITING EXPENSE | A | -196 | PARAMED PHARMACY | 23.05 | | 34.41 |
| 34.42 | FILE 300.22 RECRUITING EXPENSE | A | -181 | ADULTS & PEDIATRICS | 30.00 | | 34.42 |
| 34.43 | FILE 300.22 RECRUITING EXPENSE | A | -1,646 | INTENSIVE CARE UNIT | 31.00 | | 34.43 |
| 34.44 | FILE 300.22 RECRUITING EXPENSE | A | -7,521 | PEDIATRIC INTENSIVE CARE UNIT | 34.04 | | 34.44 |
| 34.45 | FILE 300.22 RECRUITING EXPENSE | A | -305 | OPERATING ROOM | 50.00 | | 34.45 |
| 34.46 | FILE 300.22 RECRUITING EXPENSE | A | -419 | RADIOLOGY-DIAGNOSTIC | 54.00 | | 34.46 |
| 34.47 | FILE 300.22 RECRUITING EXPENSE | A | -1,070 | LABORATORY | 60.00 | | 34.47 |
| 34.48 | FILE 300.22 RECRUITING EXPENSE | A | 375 | PHYSICAL THERAPY | 66.00 | | 34.48 |
| 34.49 | FILE 300.22 RECRUITING EXPENSE | A | -480 | CLINIC | 90.00 | | 34.49 |
| 34.50 | FILE 300.22 RECRUITING EXPENSE | A | -27,355 | MENTAL HEALTH O/P CLINIC | 90.01 | | 34.50 |
| 34.51 | FILE 300.22 RECRUITING EXPENSE | A | -10,415 | CLINIC - CHILD OP RESP CTR | 90.02 | | 34.51 |
| 34.52 | FILE 300.22 RECRUITING EXPENSE | A | -28,145 | CLINIC - ONCOLOGY | 90.03 | | 34.52 |
| 34.53 | FILE 300.22 RECRUITING EXPENSE | A | -56,431 | CLINIC - MYERS PARK | 90.04 | | 34.53 |
| 34.54 | FILE 300.22 RECRUITING EXPENSE | A | -1,582 | CLINIC - DENTISTRY | 90.05 | 9 | 34.54 |
| 34.55 | FILE 300.22 RECRUITING EXPENSE | A | -104 | TEEN HEALTH CONNECTION | 90.08 | | 34.55 |
| 34.56 | FILE 300.22 RECRUITING EXPENSE | A | -2,093 | WOMENS INSTITUTE | 90.09 | | 34.56 |
| 34.57 | FILE 300.22 RECRUITING EXPENSE | A | -6,970 | CMC SURGERY | 90.13 | | 34.57 |
| 34.59 | FILE 300.22 RECRUITING EXPENSE | A | -13,837 | PEDIATRIC ONCOLOGY | 90.16 | | 34.59 |
| 34.60 | FILE 300.22 RECRUITING EXPENSE | A | -83 | NEUROMUSCULAR (ALS) CENTER | 90.17 | | 34.60 |
| 34.61 | FILE 300.22 RECRUITING EXPENSE | A | -39 | CHF CLINIC | 90.20 | | 34.61 |
| 34.62 | FILE 300.22 RECRUITING EXPENSE | A | -15,792 | NEUROSCIENCE CLINIC | 90.21 | | 34.62 |
| 34.63 | FILE 300.22 RECRUITING EXPENSE | A | -88,404 | EMERGENCY | 91.00 | | 34.63 |
| 34.64 | FILE 300.22 RECRUITING EXPENSE | A | -553 | KIDNEY ACQUISITION | 105.00 | | 34.64 |
| 34.65 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -33,712 | ADMINISTRATIVE & GENERAL | 5.00 | | 34.65 |
| 34.66 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -37 | NURSING ADMINISTRATION | 13.00 | | 34.66 |
| 34.67 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -42 | PHARMACY | 15.00 | | 34.67 |
| 34.68 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -8 | SOCIAL SERVICE | 17.00 | | 34.68 |
| 34.69 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -5 | NURSING SCHOOL | 20.00 | | 34.69 |

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| ADJUSTMENTS TO EXPENSES | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-8 | | |
|---|---|---|---|---|---|---|---|
| 34.70 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -24,904 | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00 | | 34.70 |
| 34.71 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -127 | ADULTS & PEDIATRICS | 30.00 | | 34.71 |
| 34.72 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -160 | INTENSIVE CARE UNIT | 31.00 | | 34.72 |
| 34.73 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -44 | NEONATAL INTENSIVE CARE UNIT | 31.01 | | 34.73 |
| 34.74 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -115 | PEDIATRIC INTENSIVE CARE UNIT | 34.04 | | 34.74 |
| 34.75 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -11 | OPERATING ROOM | 50.00 | | 34.75 |
| 34.76 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -224 | OPERATING ROOM | 50.00 | | 34.76 |
| 34.77 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -56 | RADIOLOGY-DIAGNOSTIC | 54.00 | | 34.77 |
| 34.78 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -318 | LABORATORY | 60.00 | | 34.78 |
| 34.79 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -17 | ENDOSCOPY | 76.03 | | 34.79 |
| 34.80 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -39 | CLINIC | 90.00 | | 34.80 |
| 34.81 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -657 | MENTAL HEALTH O/P CLINIC | 90.01 | | 34.81 |
| 34.82 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -131 | CLINIC - CHILD OP RESP CTR | 90.02 | | 34.82 |
| 34.83 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -2,391 | CLINIC - ONCOLOGY | 90.03 | | 34.83 |
| 34.84 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -7,525 | CLINIC - MYERS PARK | 90.04 | 9 | 34.84 |
| 34.85 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -48 | CLINIC - DENTISTRY | 90.05 | | 34.85 |
| 34.86 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -19 | CLINIC - NORTHPARK | 90.07 | | 34.86 |
| 34.87 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -251 | WOMENS INSTITUTE | 90.09 | | 34.87 |
| 34.88 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -207 | CMC SURGERY | 90.13 | | 34.88 |
| 34.89 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -2,258 | CMC ORTHOPEDICS | 90.14 | | 34.89 |
| 34.90 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -266 | PEDIATRIC ONCOLOGY | 90.16 | | 34.90 |
| 34.91 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -129 | NEUROMUSCULAR (ALS) CENTER | 90.17 | | 34.91 |
| 34.92 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -175 | NEUROSCIENCE CLINIC | 90.21 | | 34.92 |
| 34.93 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -15,947 | EMERGENCY | 91.00 | | 34.93 |
| 34.94 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -703 | AMBULANCE SERVICES | 95.00 | | 34.94 |
| 34.95 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -965 | KIDNEY ACQUISITION | 105.00 | | 34.95 |
| 34.96 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -123 | LIVER ACQUISITION | 107.00 | | 34.96 |
| 34.97 | FILE 300.22 MEDICARE NON-REIMB EXPEN | A | -31 | HEART ACQUISITION | 106.00 | | 34.97 |
| 34.98 | FILE 300.22 INTERCO SPORTS MED | A | -484,416 | ADMINISTRATIVE & GENERAL | 5.00 | | 34.98 |
| 34.99 | FILE 300.22 INTERCO SPORTS MED | A | -425 | KIDNEY ACQUISITION | 105.00 | | 34.99 |
| 35.00 | FILE 300.22 INTERCO MARKETING | A | -7,083,418 | ADMINISTRATIVE & GENERAL | 5.00 | | 35.00 |
| 35.01 | FILE 300.22 INTERCO MARKETING | A | -3,519 | ADULTS & PEDIATRICS | 30.00 | | 35.01 |
| 35.02 | FILE 300.22 INTERCO MARKETING | A | -10,816 | INTENSIVE CARE UNIT | 31.00 | | 35.02 |
| 35.03 | FILE 300.22 INTERCO MARKETING | A | -20,346 | NEONATAL INTENSIVE CARE UNIT | 31.01 | | 35.03 |
| 35.04 | FILE 300.22 INTERCO MARKETING | A | -7,850 | PEDIATRIC INTENSIVE CARE UNIT | 34.04 | | 35.04 |
| 35.05 | FILE 300.22 INTERCO MARKETING | A | -8,590 | CLINIC - CHILD OP RESP CTR | 90.02 | | 35.05 |
| 35.06 | FILE 300.22 INTERCO MARKETING | A | -9,754 | CLINIC - ONCOLOGY | 90.03 | | 35.06 |
| 35.07 | FILE 300.22 INTERCO MARKETING | A | -56,847 | CLINIC - MYERS PARK | 90.04 | | 35.07 |
| 35.08 | FILE 300.22 INTERCO MARKETING | A | -439 | CLINIC - DENTISTRY | 90.05 | | 35.08 |
| 35.09 | FILE 300.22 INTERCO MARKETING | A | -7,077 | WOMENS INSTITUTE | 90.09 | | 35.09 |

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| ADJUSTMENTS TO EXPENSES | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-8 | | |
|---|---|---|---|---|---|---|---|
| 35.10 | FILE 300.22 INTERCO MARKETING | A | -18,427 | CMC SURGERY | 90.13 | | 35.10 |
| 35.11 | FILE 300.22 INTERCO MARKETING | A | -8,847 | CMC ORTHOPEDICS | 90.14 | | 35.11 |
| 35.12 | FILE 300.22 INTERCO MARKETING | A | -3,469 | PEDIATRIC ONCOLOGY | 90.16 | | 35.12 |
| 35.13 | FILE 300.22 INTERCO MARKETING | A | -6,232 | NEUROSCIENCE CLINIC | 90.21 | | 35.13 |
| 35.14 | FILE 300.22 INTERCO MARKETING | A | -23,380 | EMERGENCY | 91.00 | | 35.14 |
| 35.15 | FILE 300.38 CAFETERIA REVENUE | B | -4,179,996 | DIETARY | 10.00 | | 35.15 |
| 35.16 | FILE 300.38 600 ROOM REVENUE | B | -1,216 | DIETARY | 10.00 | | 35.16 |
| 35.17 | FILE 300.38 MED CENTER CAFE | B | -473,436 | DIETARY | 10.00 | | 35.17 |
| 35.18 | FILE 300.38 CATERING | B | -119,457 | DIETARY | 10.00 | | 35.18 |
| 35.19 | FILE 300.38 EMPLOYEE RX COPAY | B | -1,050,027 | PHARMACY | 15.00 | | 35.19 |
| 35.20 | FILE 300.38 RETAIL RX SALES | B | -55,979 | PHARMACY | 15.00 | | 35.20 |
| 35.21 | FILE 300.38 EMPLOYEE RX REIMB | B | -1,259,974 | PHARMACY | 15.00 | | 35.21 |
| 35.22 | FILE 300.38 DRUG SALES MEDICAID | B | -2,200,645 | PHARMACY | 15.00 | | 35.22 |
| 35.23 | FILE 300.38 DRUG SALES MEDICAID | B | -584 | CLINIC - NORTHPARK | 90.07 | | 35.23 |
| 35.24 | FILE 300.38 DRUG SALES MEDICARE D | B | -1,670,901 | PHARMACY | 15.00 | 11 | 35.24 |
| 35.25 | FILE 300.38 RETAIL SALES | B | -2,342 | ADMINISTRATIVE & GENERAL | 5.00 | 11 | 35.25 |
| 35.26 | FILE 300.38 EDUCATION & RESEARCH | B | -3,780 | ADMINISTRATIVE & GENERAL | 5.00 | | 35.26 |
| 35.27 | FILE 300.38 EDUCATION & RESEARCH | B | 100 | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00 | | 35.27 |
| 35.28 | FILE 300.38 EDUCATION & RESEARCH | B | 206 | NEONATAL INTENSIVE CARE UNIT | 31.01 | | 35.28 |
| 35.29 | FILE 300.38 MEDICAL RECORD REQUESTS | B | -59,811 | MEDICAL RECORDS & LIBRARY | 16.00 | | 35.29 |
| 35.30 | FILE 300.38 MEDICAL RECORD REQUESTS | B | -15 | MRI | 58.00 | | 35.30 |
| 35.31 | FILE 300.38 MEDICAL RECORD REQUESTS | B | -1,549 | ASC (NON-DISTINCT PART) | 75.00 | | 35.31 |
| 35.32 | FILE 300.38 MEDICAL RECORD REQUESTS | B | -119,969 | CLINIC - MYERS PARK | 90.04 | | 35.32 |
| 35.33 | FILE 300.38 MEDICAL RECORD REQUESTS | B | 50 | AMBULANCE SERVICES | 95.00 | | 35.33 |
| 35.34 | FILE 300.38 RADIOPHARM REVENUE | B | -134,866 | RADIOISOTOPE | 56.00 | | 35.34 |
| 35.35 | FILE 300.38 FITNESS PROGRAM REVENUE | B | -119,846 | CARDIAC REHABILITATION | 76.97 | | 35.35 |
| 35.36 | FILE 300.38 MEMBERSHIP & DUES REV | B | 105 | ADMINISTRATIVE & GENERAL | 5.00 | | 35.36 |
| 35.37 | FILE 300.38 MEMBERSHIP & DUES REV | B | 245 | WOMENS INSTITUTE | 90.09 | | 35.37 |
| 35.38 | FILE 300.38 RENTAL INCOME | B | -23,708 | ADMINISTRATIVE & GENERAL | 5.00 | | 35.38 |
| 35.39 | FILE 300.38 RENTAL INCOME | B | -18,622 | DIETARY | 10.00 | | 35.39 |
| 35.40 | FILE 300.38 RENTAL INCOME | B | -76,385 | VOLUNTEERS | 18.00 | | 35.40 |
| 35.41 | FILE 300.38 RENTAL INCOME | B | -67,294 | ANESTHESIOLOGY | 53.00 | | 35.41 |
| 35.42 | FILE 300.38 RENTAL INCOME | B | -27,659 | RADIOLOGY-DIAGNOSTIC | 54.00 | | 35.42 |
| 35.43 | FILE 300.38 RENTAL INCOME | B | -1,440 | EMERGENCY | 91.00 | | 35.43 |
| 35.44 | FILE 300.38 MISC OTHER OP REV | B | -364,447 | ADMINISTRATIVE & GENERAL | 5.00 | | 35.44 |
| 35.45 | FILE 300.38 MISC OTHER OP REV | B | -98 | HOUSEKEEPING | 9.00 | | 35.45 |
| 35.46 | FILE 300.38 MISC OTHER OP REV | B | -1,251 | DIETARY | 10.00 | | 35.46 |
| 35.47 | FILE 300.38 MISC OTHER OP REV | B | -1,254 | NURSING ADMINISTRATION | 13.00 | | 35.47 |
| 35.48 | FILE 300.38 MISC OTHER OP REV | B | -244,089 | PHARMACY | 15.00 | | 35.48 |
| 35.49 | FILE 300.38 MISC OTHER OP REV | B | -120 | MEDICAL RECORDS & LIBRARY | 16.00 | | 35.49 |
| 35.50 | FILE 300.38 MISC OTHER OP REV | B | -15,653 | VOLUNTEERS | 18.00 | | 35.50 |
| 35.51 | FILE 300.38 MISC OTHER OP REV | B | -287,452 | NURSING SCHOOL | 20.00 | | 35.51 |
| 35.52 | FILE 300.38 MISC OTHER OP REV | B | -1,247 | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00 | | 35.52 |
| 35.53 | FILE 300.38 MISC OTHER OP REV | B | -45,592 | PARAMED CRNA | 23.02 | | 35.53 |
| 35.54 | FILE 300.38 MISC OTHER OP REV | B | -2,000 | ADULTS & PEDIATRICS | 30.00 | | 35.54 |
| 35.55 | FILE 300.38 MISC OTHER OP REV | B | -1,200 | INTENSIVE CARE UNIT | 31.00 | | 35.55 |
| 35.56 | FILE 300.38 MISC OTHER OP REV | B | -49,509 | SUBPROVIDER - IPF | 40.00 | | 35.56 |
| 35.57 | FILE 300.38 MISC OTHER OP REV | B | -104,615 | RADIOLOGY-DIAGNOSTIC | 54.00 | | 35.57 |
| 35.58 | FILE 300.38 MISC OTHER OP REV | B | -285 | RADIOLOGY-THERAPEUTIC | 55.00 | | 35.58 |
| 35.59 | FILE 300.38 MISC OTHER OP REV | B | -174,714 | LABORATORY | 60.00 | | 35.59 |
| 35.60 | FILE 300.38 MISC OTHER OP REV | B | -71 | PHYSICAL THERAPY | 66.00 | | 35.60 |
| 35.61 | FILE 300.38 MISC OTHER OP REV | B | -13,646 | CLINIC | 90.00 | | 35.61 |

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| ADJUSTMENTS TO EXPENSES | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-8 | | |
|---|---|---|---|---|---|---|---|
| 35.62 | FILE 300.38 MISC OTHER OP REV | B | -793 | MENTAL HEALTH O/P CLINIC | 90.01 | | 35.62 |
| 35.63 | FILE 300.38 MISC OTHER OP REV | B | -248 | CLINIC - CHILD OP RESP CTR | 90.02 | | 35.63 |
| 35.64 | FILE 300.38 MISC OTHER OP REV | B | -175 | CLINIC - ONCOLOGY | 90.03 | | 35.64 |
| 35.65 | FILE 300.38 MISC OTHER OP REV | B | -195,642 | CLINIC - MYERS PARK | 90.04 | | 35.65 |
| 35.66 | FILE 300.38 MISC OTHER OP REV | B | -1,989 | CLINIC - PED RESP CTR | 90.06 | | 35.66 |
| 35.67 | FILE 300.38 MISC OTHER OP REV | B | -531 | CLINIC - NORTHPARK | 90.07 | | 35.67 |
| 35.68 | FILE 300.38 MISC OTHER OP REV | B | -125 | WOMENS INSTITUTE | 90.09 | | 35.68 |
| 35.69 | FILE 300.38 MISC OTHER OP REV | B | -20,913 | DIABETES CENTER | 90.10 | | 35.69 |
| 35.70 | FILE 300.38 MISC OTHER OP REV | B | -100 | CMC SURGERY | 90.13 | | 35.70 |
| 35.71 | FILE 300.38 MISC OTHER OP REV | B | -50 | CMC ORTHOPEDICS | 90.14 | | 35.71 |
| 35.72 | FILE 300.38 MISC OTHER OP REV | B | -50 | NEUROMUSCULAR (ALS) CENTER | 90.17 | | 35.72 |
| 35.73 | FILE 300.38 MISC OTHER OP REV | B | -50 | CHF CLINIC | 90.20 | | 35.73 |
| 35.74 | FILE 300.38 MISC OTHER OP REV | B | -591 | NEUROSCIENCE CLINIC | 90.21 | | 35.74 |
| 35.75 | FILE 300.38 MISC OTHER OP REV | B | -63,927 | EMERGENCY | 91.00 | | 35.75 |
| 35.76 | FILE 300.38 MISC OTHER OP REV | B | -3,439 | AMBULANCE SERVICES | 95.00 | | 35.76 |
| 35.77 | FILE 300.38 PARKING LOT INCOME | B | -534,636 | OPERATION OF PLANT | 7.00 | | 35.77 |
| 35.78 | FILE 300.38 PARKING LOT INCOME | B | -1,479 | CLINIC - ONCOLOGY | 90.03 | | 35.78 |
| 35.79 | FILE 300.38 PHARMACY SALES REVENUE | B | -4,851,365 | PHARMACY | 15.00 | | 35.79 |
| 35.80 | FILE 300.38 PROGRAM SERVICES REVENUE | B | -160,796 | NURSING SCHOOL | 20.00 | | 35.80 |
| 35.81 | FILE 300.38 PROGRAM SERVICES REVENUE | B | -1,430 | PARAMED CRNA | 23.02 | | 35.81 |
| 35.82 | FILE 300.38 PURCHASE DISCOUNTS | B | -2,854,448 | ADMINISTRATIVE & GENERAL | 5.00 | | 35.82 |
| 35.83 | FILE 300.38 PURCHASE DISCOUNTS | B | -4,000 | DIETARY | 10.00 | | 35.83 |
| 35.84 | FILE 300.38 PURCHASE DISCOUNTS | B | -862,768 | PHARMACY | 15.00 | | 35.84 |
| 35.85 | FILE 300.38 PURCHASE DISCOUNTS | B | -216 | OPERATING ROOM | 50.00 | | 35.85 |
| 35.86 | FILE 300.38 PURCHASE DISCOUNTS | B | -17,860 | RADIOLOGY-DIAGNOSTIC | 54.00 | | 35.86 |
| 35.87 | FILE 300.38 PURCHASE DISCOUNTS | B | -253 | RADIOLOGY-THERAPEUTIC | 55.00 | | 35.87 |
| 35.88 | FILE 300.38 PURCHASE DISCOUNTS | B | -2 | RADIOISOTOPE | 56.00 | | 35.88 |
| 35.89 | FILE 300.38 PURCHASE DISCOUNTS | B | -47,748 | CT SCAN | 57.00 | | 35.89 |
| 35.90 | FILE 300.38 PURCHASE DISCOUNTS | B | -50,778 | CARDIAC CATHETERIZATION | 59.00 | | 35.90 |
| 35.91 | FILE 300.38 PURCHASE DISCOUNTS | B | -219 | LABORATORY | 60.00 | | 35.91 |
| 35.92 | FILE 300.38 PURCHASE DISCOUNTS | B | -14,567 | ASC (NON-DISTINCT PART) | 75.00 | | 35.92 |
| 35.93 | FILE 300.38 PURCHASE DISCOUNTS | B | 343 | CLINIC - ONCOLOGY | 90.03 | | 35.93 |
| 35.94 | FILE 300.38 PURCHASE DISCOUNTS | B | -276 | CLINIC - MYERS PARK | 90.04 | | 35.94 |
| 35.95 | FILE 300.38 PURCHASE DISCOUNTS | B | -400 | CLINIC - DENTISTRY | 90.05 | | 35.95 |
| 35.96 | FILE 300.38 PURCHASE DISCOUNTS | B | -4,338 | WOMENS INSTITUTE | 90.09 | | 35.96 |
| 35.97 | FILE 300.38 ADMIN SERVICES | B | -13 | ADMINISTRATIVE & GENERAL | 5.00 | | 35.97 |
| 35.98 | FILE 300.38 ADMIN SERVICES | B | 2,860 | DELIVERY ROOM & LABOR ROOM | 52.00 | | 35.98 |
| 35.99 | FILE 300.38 AFFILIATE REIMB SVCS | B | 750 | ADMINISTRATIVE & GENERAL | 5.00 | | 35.99 |
| 36.00 | FILE 300.38 AFFILIATE CONTRACT SVCS | B | -16,090 | ADMINISTRATIVE & GENERAL | 5.00 | | 36.00 |
| 36.01 | FILE 300.38 AFFILIATE CONTRACT SVCS | B | -98,619 | SOCIAL SERVICE | 17.00 | | 36.01 |
| 36.02 | FILE 300.38 AFFILIATE CONTRACT SVCS | B | -242,112 | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00 | | 36.02 |
| 36.03 | FILE 300.38 AFFILIATE CONTRACT SVCS | B | -51,633 | INTENSIVE CARE UNIT | 31.00 | | 36.03 |
| 36.04 | FILE 300.38 AFFILIATE CONTRACT SVCS | B | -14,008 | SUBPROVIDER - IPF | 40.00 | | 36.04 |
| 36.05 | FILE 300.38 AFFILIATE CONTRACT SVCS | B | -1,897,498 | RADIOLOGY-DIAGNOSTIC | 54.00 | | 36.05 |
| 36.06 | FILE 300.38 AFFILIATE CONTRACT SVCS | B | -363,905 | CLINIC - MYERS PARK | 90.04 | | 36.06 |
| 36.07 | FILE 300.38 AFFILIATE CONTRACT SVCS | B | -200 | CMC ORTHOPEDICS | 90.14 | | 36.07 |
| 36.08 | FILE 300.38 AFFILIATE CONTRACT SVCS | B | -195,787 | EMERGENCY | 91.00 | | 36.08 |
| 36.09 | FILE 300.38 KIDNEY REVENUE | B | -120 | RADIOLOGY-THERAPEUTIC | 55.00 | | 36.09 |
| 36.10 | FILE 300.38 EYE REVENUE | B | -1,123,778 | OPERATING ROOM | 50.00 | | 36.10 |
| 36.11 | FILE 300.38 BONE TISSUE REVENUE | B | -1,623,300 | OPERATING ROOM | 50.00 | | 36.11 |
| 36.12 | FILE 300.38 REF LAB REVENUE | B | -1,718,426 | LABORATORY | 60.00 | | 36.12 |
| 36.13 | FILE 300.38 REF LAB REVENUE | B | -91,448 | CYTOLOGY | 60.01 | | 36.13 |

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| ADJUSTMENTS TO EXPENSES | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-8 | | |
|---|---|---|---|---|---|---|---|
| 36.14 | FILE 300.38 REF LAB REVENUE | B | -48,696 | LAB - TISSUE TYPING | 60.02 | | 36.14 |
| 36.15 | FILE 300.38 TUITION INCOME | B | -8,671 | ADMINISTRATIVE & GENERAL | 5.00 | | 36.15 |
| 36.16 | FILE 300.38 TUITION INCOME | B | -967,344 | NURSING SCHOOL | 20.00 | | 36.16 |
| 36.17 | FILE 300.38 TUITION INCOME | B | -170,250 | PARAMED CRNA | 23.02 | | 36.17 |
| 36.18 | FILE 300.38 TUITION INCOME | B | -3,689 | PASTORAL CARE | 23.03 | | 36.18 |
| 36.19 | FILE 300.38 BOOK REIMB | B | 850 | MEDICAL RECORDS & LIBRARY | 16.00 | | 36.19 |
| 36.20 | FILE 300.38 ACTIVITY FEES | B | -22,950 | NURSING SCHOOL | 20.00 | | 36.20 |
| 36.21 | FILE 300.38 APPLICATION FEES | B | 1,500 | ADMINISTRATIVE & GENERAL | 5.00 | | 36.21 |
| 36.22 | FILE 300.38 APPLICATION FEES | B | -38,960 | NURSING SCHOOL | 20.00 | | 36.22 |
| 36.23 | FILE 300.38 APPLICATION FEES | B | -5,080 | PARAMED CRNA | 23.02 | | 36.23 |
| 36.24 | FILE 300.38 APPLICATION FEES | B | 551 | RADIOISOTOPE | 56.00 | | 36.24 |
| 36.25 | FILE 300.38 GRANT SET UP FEE | B | -87,931 | ADMINISTRATIVE & GENERAL | 5.00 | | 36.25 |
| 36.26 | FILE 300.38 CONTRIBUTIONS | B | -265 | ADMINISTRATIVE & GENERAL | 5.00 | | 36.26 |
| 36.27 | FILE 300.38 SEMINARS & EDUCATION | B | -14,411 | EMPLOYEE BENEFITS | 4.00 | | 36.27 |
| 36.28 | FILE 300.38 SEMINARS & EDUCATION | B | -2,094,390 | ADMINISTRATIVE & GENERAL | 5.00 | | 36.28 |
| 36.29 | FILE 300.38 SEMINARS & EDUCATION | B | -53,047 | NURSING SCHOOL | 20.00 | | 36.29 |
| 36.30 | FILE 300.38 SEMINARS & EDUCATION | B | -500 | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00 | | 36.30 |
| 36.31 | FILE 300.38 SEMINARS & EDUCATION | B | -360 | PARAMED X-RAY | 23.01 | | 36.31 |
| 36.32 | FILE 300.38 SEMINARS & EDUCATION | B | -73,450 | DELIVERY ROOM & LABOR ROOM | 52.00 | | 36.32 |
| 36.33 | FILE 300.38 SEMINARS & EDUCATION | B | 2,880 | CLINIC - MYERS PARK | 90.04 | | 36.33 |
| 36.34 | FILE 300.38 SEMINARS & EDUCATION | B | -109 | CMC SURGERY | 90.13 | | 36.34 |
| 36.35 | FILE 300.38 SEMINARS & EDUCATION | B | -2,150 | NEUROMUSCULAR (ALS) CENTER | 90.17 | | 36.35 |
| 36.36 | FILE 300.38 SEMINARS & EDUCATION | B | -12,780 | EMERGENCY | 91.00 | | 36.36 |
| 36.37 | FILE 300.38 OTHER NON-OPER REVENUE | B | -645 | ADMINISTRATIVE & GENERAL | 5.00 | | 36.37 |
| 36.38 | FILE 300.38 OTHER NON-OPER REVENUE | B | 2 | PHARMACY | 15.00 | | 36.38 |
| 36.39 | FILE 300.38 OTHER NON-OPER REVENUE | B | -30 | NURSING SCHOOL | 20.00 | | 36.39 |
| 36.40 | FILE 300.36 INTERCO FOOD SVCS REV | B | -349,894 | DIETARY | 10.00 | | 36.40 |
| 36.41 | FILE 300.36 INTERCO DIETARY/CATERING | B | -6,200 | ADMINISTRATIVE & GENERAL | 5.00 | | 36.41 |
| 36.42 | FILE 300.36 INTERCO DIETARY/CATERING | B | -2,563,787 | DIETARY | 10.00 | | 36.42 |
| 36.43 | FILE 300.36 INTERCO DIALYSIS | B | -66,083 | RENAL DIALYSIS | 74.00 | | 36.43 |
| 36.44 | FILE 300.36 INTERCO OFFSITE RADIOLOG | B | -290,363 | CT SCAN | 57.00 | | 36.44 |
| 36.45 | FILE 300.36 INTERCO CODING & REIMB | B | -1,954,090 | ADMINISTRATIVE & GENERAL | 5.00 | | 36.45 |
| 36.46 | FILE 300.36 INTERCO ER ABSTRACTING | B | -1,002,006 | ADMINISTRATIVE & GENERAL | 5.00 | | 36.46 |
| 36.47 | FILE 300.36 INTERCO SEMINARS | B | -698,298 | ADMINISTRATIVE & GENERAL | 5.00 | | 36.47 |
| 36.48 | FILE 300.36 INTERCO SEMINARS | B | -84,032 | NURSING SCHOOL | 20.00 | | 36.48 |
| 36.49 | FILE 300.36 INTERCO SEMINARS | B | -345 | TRAUMA INTENSIVE CARE UNIT | 34.02 | | 36.49 |
| 36.50 | FILE 300.36 INTERCO SEMINARS | B | -1,165 | DELIVERY ROOM & LABOR ROOM | 52.00 | | 36.50 |
| 36.51 | FILE 300.36 INTERCO SEMINARS | B | -1,339 | RADIOLOGY-THERAPEUTIC | 55.00 | | 36.51 |
| 36.52 | FILE 300.36 INTERCO SEMINARS | B | -12,800 | EMERGENCY | 91.00 | | 36.52 |
| 36.53 | FILE 300.36 INTERCO SEMINARS | B | -280 | AMBULANCE SERVICES | 95.00 | | 36.53 |
| 36.54 | FILE 300.36 INTERCO AV & MED ARTS | B | -171,254 | ADMINISTRATIVE & GENERAL | 5.00 | | 36.54 |
| 36.55 | FILE 300.36 INTERCO FLOAT SVCS | B | -140,090 | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00 | | 36.55 |
| 36.56 | FILE 300.36 INTERCO LAB | B | -7,484,262 | LABORATORY | 60.00 | | 36.56 |
| 36.57 | FILE 300.36 INTERCO LAB | B | -87,018 | CYTOLOGY | 60.01 | | 36.57 |
| 36.58 | FILE 300.36 INTERCO LAB | B | -713,894 | LAB - TISSUE TYPING | 60.02 | | 36.58 |
| 36.59 | FILE 300.36 INTERCO MISC SUPPORT | B | -829,571 | ADMINISTRATIVE & GENERAL | 5.00 | | 36.59 |

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| ADJUSTMENTS TO EXPENSES | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-8 | | |
|---|---|---|---|---|---|---|---|
| 36.60 | FILE 300.36 INTERCO MISC SUPPORT | B | -78,720 | NURSING SCHOOL | 20.00 | | 36.60 |
| 36.61 | FILE 300.36 INTERCO MISC SUPPORT | B | -266,784 | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00 | | 36.61 |
| 36.62 | FILE 300.36 INTERCO MISC SUPPORT | B | -41,073 | PASTORAL CARE | 23.03 | | 36.62 |
| 36.63 | FILE 300.36 INTERCO MISC SUPPORT | B | -269,140 | ADULTS & PEDIATRICS | 30.00 | | 36.63 |
| 36.64 | FILE 300.36 INTERCO MISC SUPPORT | B | -444,779 | RADIOLOGY-DIAGNOSTIC | 54.00 | | 36.64 |
| 36.65 | FILE 300.36 INTERCO MISC SUPPORT | B | -370 | PHYSICAL THERAPY | 66.00 | | 36.65 |
| 36.66 | FILE 300.36 INTERCO MISC SUPPORT | B | -3,950 | MENTAL HEALTH O/P CLINIC | 90.01 | | 36.66 |
| 36.67 | FILE 300.36 INTERCO MISC SUPPORT | B | -445,217 | CLINIC - MYERS PARK | 90.04 | | 36.67 |
| 36.68 | FILE 300.36 INTERCO MISC SUPPORT | B | -163,051 | EMERGENCY | 91.00 | | 36.68 |
| 36.69 | FILE 300.36 INTERCO RENT INTERFACILI | B | -12,765 | CLINIC - CHILD OP RESP CTR | 90.02 | | 36.69 |
| 36.70 | FILE 300.36 INTERCO RENT INTERFACILI | B | -25,347 | TEEN HEALTH CONNECTION | 90.08 | | 36.70 |
| 36.71 | FILE 300.36 INTERCO PSG REVENUE | B | -1,686,037 | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00 | | 36.71 |
| 36.72 | FILE 300.36 INTERCO ADMIN FIN | B | -566,578 | ADMINISTRATIVE & GENERAL | 5.00 | | 36.72 |
| 36.73 | FILE 300.36 INTERCO ADMIN FIN | B | -122,748 | NURSING SCHOOL | 20.00 | | 36.73 |
| 36.74 | FILE 300.36 INTERCO ADMIN FIN | B | -84,050 | CLINIC - MYERS PARK | 90.04 | | 36.74 |
| 36.75 | FILE 300.36 INTERCO RADIOPHARM | B | -469,575 | DRUGS CHARGED TO PATIENTS | 73.00 | | 36.75 |
| 36.76 | FILE 300.36 INTERCO RAD EQUIP MAINT | B | -2,200,218 | RADIOLOGY-DIAGNOSTIC | 54.00 | | 36.76 |
| 36.77 | FILE 300.36 INTERCO MED ED DIV FEE | B | -135,168 | ADMINISTRATIVE & GENERAL | 5.00 | | 36.77 |
| 36.78 | FILE 300.36 INTERCO MED ED DIV FEE | B | -37,072 | CLINIC - MYERS PARK | 90.04 | | 36.78 |
| 36.79 | FILE 300.36 INTERCO PRECEPTOR | B | -1,500 | PHARMACY | 15.00 | | 36.79 |
| 36.80 | FILE 300.36 INTERCO PRECEPTOR | B | -731 | CLINIC | 90.00 | | 36.80 |
| 36.81 | FILE 300.36 INTERCO PRECEPTOR | B | -4,058 | CLINIC - MYERS PARK | 90.04 | | 36.81 |
| 36.82 | FILE 300.36 INTERCO PRECEPTOR | B | -900 | CLINIC - NORTHPARK | 90.07 | | 36.82 |
| 36.83 | FILE 300.36 INTERCO PRECEPTOR | B | -563 | PEDIATRIC ONCOLOGY | 90.16 | | 36.83 |
| 36.84 | FILE 300.36 INTERCO PRECEPTOR | B | -94 | CHF CLINIC | 90.20 | | 36.84 |
| 36.85 | FILE 300.36 INTERCO PRECEPTOR | B | -281 | NEUROSCIENCE CLINIC | 90.21 | | 36.85 |
| 36.86 | FILE 300.36 INTERCO AIR TRANSPORT | B | -384,347 | AMBULANCE SERVICES | 95.00 | | 36.86 |
| 36.87 | FILE 300.36 INTERCO LIFE SHARE | B | -7,675 | OPERATING ROOM | 50.00 | | 36.87 |
| 36.88 | FILE 300.36 INTERCO SIMULATION | B | -301,497 | NURSING SCHOOL | 20.00 | | 36.88 |
| 36.89 | FILE 300.36 INTERCO QUALITY MGMT | B | -350,965 | SOCIAL SERVICE | 17.00 | | 36.89 |
| 36.90 | FILE 300.36 INTERCO EDUC FUNDING | B | -2,246,508 | ADMINISTRATIVE & GENERAL | 5.00 | | 36.90 |
| 36.91 | FILE 300.36 INTERCO CALL CENTER | B | -80,304 | SUBPROVIDER - IPF | 40.00 | | 36.91 |
| 36.93 | FILE 648 MISC NON-ALLOWABE | B | 316,720 | BONE MARROW TRANSPLANT | 50.01 | | 36.93 |
| 36.94 | FILE 624 INTERCO SPECIALIST | B | -632,952 | ADMINISTRATIVE & GENERAL | 5.00 | | 36.94 |
| 50 | TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200) | | -208,283,200 | | | | 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 CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 340113 | 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 | 179 | 140 | 39 | | 1 |
| 2 | 5.00 | ADMINISTRATIVE & GENERAL | HOME OFFICE COST | 167,292,688 | 153,299,344 | 13,993,340 | | 2 |
| 3 | 7.00 | OPERATION OF PLANT | HOME OFFICE COST | 487,941 | 439,183 | 48,758 | | 3 |
| 4 | 8.00 | LAUNDRY & LINEN SERVICE | HOME OFFICE COST | 413 | 371 | 42 | | 4 |
| 4.01 | 9.00 | HOUSEKEEPING | HOME OFFICE COST | 4,094 | 4,313 | -219 | | 4.01 |
| 4.02 | 10.00 | DIETARY | HOME OFFICE COST | 102,768 | 109,254 | -6,486 | | 4.02 |
| 4.03 | 13.00 | NURSING ADMINISTRATION | HOME OFFICE COST | 10,461 | 10,226 | 235 | | 4.03 |
| 4.04 | 14.00 | CENTRAL SERVICES & SUPPLY | HOME OFFICE COST | 13,726 | 14,865 | -1,139 | | 4.04 |
| 4.05 | 15.00 | PHARMACY | HOME OFFICE COST | 1,725,626 | 1,747,927 | -22,301 | | 4.05 |
| 4.06 | 16.00 | MEDICAL RECORDS & LIBRARY | HOME OFFICE COST | 2,271,433 | 2,001,399 | 270,034 | | 4.06 |
| 4.07 | 17.00 | SOCIAL SERVICE | HOME OFFICE COST | 14,581 | 12,283 | 2,298 | | 4.07 |
| 4.08 | 18.00 | VOLUNTEERS | HOME OFFICE COST | 4,322 | 4,045 | 277 | | 4.08 |
| 4.09 | 20.00 | NURSING SCHOOL | HOME OFFICE COST | 639,266 | 797,218 | -157,952 | | 4.09 |
| 4.10 | 22.00 | I&R SERVICES-OTHER PRGM COSTS APPRV | HOME OFFICE COST | 229,512 | 246,244 | -16,732 | | 4.10 |
| 4.11 | 23.02 | PARAMED CRNA | HOME OFFICE COST | 35,470 | 44,629 | -9,159 | | 4.11 |
| 4.12 | 23.03 | PASTORAL CARE | HOME OFFICE COST | 48,200 | 59,312 | -11,112 | | 4.12 |
| 4.13 | 30.00 | ADULTS & PEDIATRICS | HOME OFFICE COST | 337,558 | 276,894 | 60,664 | | 4.13 |
| 4.14 | 31.00 | INTENSIVE CARE UNIT | HOME OFFICE COST | 19,602 | 20,328 | -726 | | 4.14 |
| 4.15 | 31.01 | NEONATAL INTENSIVE CARE UNIT | HOME OFFICE COST | 29,423 | 30,614 | -1,191 | | 4.15 |
| 4.16 | 32.00 | CORONARY CARE UNIT | HOME OFFICE COST | 14,181 | 12,872 | 1,309 | | 4.16 |
| 4.17 | 32.01 | CVRU | HOME OFFICE COST | 1,599 | 1,445 | 154 | | 4.17 |
| 4.18 | 34.01 | NEURO INTENSIVE CARE UNIT | HOME OFFICE COST | 1,960 | 1,971 | -11 | | 4.18 |
| 4.19 | 34.02 | TRAUMA INTENSIVE CARE UNIT | HOME OFFICE COST | 1,604 | 1,719 | -115 | | 4.19 |
| 4.20 | 34.03 | PROGRESSIVE INTENSIVE CARE UNIT | HOME OFFICE COST | 2,479 | 2,256 | 223 | | 4.20 |
| 4.21 | 34.04 | PEDIATRIC INTENSIVE CARE UNIT | HOME OFFICE COST | 30,715 | 33,562 | -2,847 | | 4.21 |
| 4.22 | 40.00 | SUBPROVIDER - IPF | HOME OFFICE COST | 96,420 | 83,775 | 12,645 | | 4.22 |
| 4.23 | 41.00 | SUBPROVIDER - IRF | HOME OFFICE COST | 3,309 | 2,866 | 443 | | 4.23 |
| 4.24 | 43.00 | NURSERY | HOME OFFICE COST | 1,613 | 1,534 | 79 | | 4.24 |
| 4.25 | 50.00 | OPERATING ROOM | HOME OFFICE COST | 211,734 | 224,588 | -12,854 | | 4.25 |
| 4.26 | 51.00 | RECOVERY ROOM | HOME OFFICE COST | 3,263 | 2,853 | 410 | | 4.26 |
| 4.27 | 52.00 | DELIVERY ROOM & LABOR ROOM | HOME OFFICE COST | 256,479 | 314,350 | -57,871 | | 4.27 |
| 4.28 | 53.00 | ANESTHESIOLOGY | HOME OFFICE COST | 3,138 | 2,847 | 291 | | 4.28 |
| 4.29 | 54.00 | RADIOLOGY-DIAGNOSTIC | HOME OFFICE COST | 564,834 | 700,204 | -135,370 | | 4.29 |
| 4.30 | 55.00 | RADIOLOGY-THERAPEUTIC | HOME OFFICE COST | 613,950 | 752,965 | -139,015 | | 4.30 |
| 4.31 | 56.00 | RADIOISOTOPE | HOME OFFICE COST | 21,166 | 17,155 | 4,011 | | 4.31 |
| 4.32 | 57.00 | CT SCAN | HOME OFFICE COST | 1,687 | 1,687 | | | 4.32 |
| 4.33 | 58.00 | MRI | HOME OFFICE COST | 4,519 | 4,123 | 396 | | 4.33 |
| 4.34 | 59.00 | CARDIAC CATHETERIZATION | HOME OFFICE COST | 7,554 | 7,019 | 535 | | 4.34 |
| 4.35 | 60.00 | LABORATORY | HOME OFFICE COST | 2,678,409 | 2,307,898 | 370,511 | | 4.35 |
| 4.36 | 60.01 | CYTOLOGY | HOME OFFICE COST | 10,310 | 9,782 | 528 | | 4.36 |
| 4.37 | 60.02 | LAB - TISSUE TYPING | HOME OFFICE COST | 10,262 | 11,010 | -748 | | 4.37 |
| 4.38 | 65.00 | RESPIRATORY THERAPY | HOME OFFICE COST | 5,256 | 5,340 | -84 | | 4.38 |
| 4.39 | 66.00 | PHYSICAL THERAPY | HOME OFFICE COST | 532 | 543 | -11 | | 4.39 |
| 4.40 | | | HOME OFFICE COST | | | | | 4.40 |
| 4.41 | 69.00 | ELECTROCARDIOLOGY | HOME OFFICE COST | 40,564 | 41,908 | -1,344 | | 4.41 |
| 4.42 | 71.00 | MEDICAL SUPPLIES CHARGED TO PATIENT | HOME OFFICE COST | 16,363 | 17,335 | -972 | | 4.42 |
| 4.43 | | | HOME OFFICE COST | | | | | 4.43 |
| 4.44 | | | HOME OFFICE COST | | | | | 4.44 |
| 4.45 | 74.00 | RENAL DIALYSIS | HOME OFFICE COST | 22,616 | 21,980 | 636 | | 4.45 |
| 4.46 | 75.00 | ASC (NON-DISTINCT PART) | HOME OFFICE COST | 1,909,163 | 1,853,787 | 55,376 | | 4.46 |

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| STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | | | | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET A-8-1 | | |
|---|---|---|---|---|---|---|---|---|
| 4.47 | 76.01 | ORTHOPAEDIC SERVICES | HOME OFFICE COST | 155 | 151 | 4 | | 4.47 |
| 4.48 | 76.03 | ENDOSCOPY | HOME OFFICE COST | 21,713 | 25,500 | -3,787 | | 4.48 |
| 4.49 | 76.97 | CARDIAC REHABILITATION | HOME OFFICE COST | 116,779 | 143,875 | -27,096 | | 4.49 |
| 4.50 | 90.00 | CLINIC | HOME OFFICE COST | 529,180 | 606,324 | -77,144 | | 4.50 |
| 4.51 | 90.01 | MENTAL HEALTH O/P CLINIC | HOME OFFICE COST | 17,051 | 15,585 | 1,466 | | 4.51 |
| 4.52 | 90.02 | CLINIC - CHILD OP RESP CTR | HOME OFFICE COST | 1,227,811 | 1,418,963 | -191,152 | | 4.52 |
| 4.53 | 90.03 | CLINIC - ONCOLOGY | HOME OFFICE COST | 1,224,507 | 1,429,269 | -204,762 | | 4.53 |
| 4.54 | 90.04 | CLINIC - MYERS PARK | HOME OFFICE COST | 4,859,025 | 5,754,578 | -895,553 | | 4.54 |
| 4.55 | 90.05 | CLINIC - DENTISTRY | HOME OFFICE COST | 117,549 | 143,241 | -25,692 | | 4.55 |
| 4.56 | 90.06 | CLINIC - PED RESP CTR | HOME OFFICE COST | 50,642 | 61,152 | -10,510 | | 4.56 |
| 4.57 | 90.07 | CLINIC - NORTHPARK | HOME OFFICE COST | 527,765 | 588,529 | -60,764 | | 4.57 |
| 4.58 | 90.08 | TEEN HEALTH CONNECTION | HOME OFFICE COST | 157,937 | 190,151 | -32,214 | | 4.58 |
| 4.59 | 90.09 | WOMENS INSTITUTE | HOME OFFICE COST | 667,912 | 795,365 | -127,453 | | 4.59 |
| 4.60 | 90.10 | DIABETES CENTER | HOME OFFICE COST | 104,769 | 125,293 | -20,524 | | 4.60 |
| 4.61 | 90.11 | POST TRANSPLANT CLINIC | HOME OFFICE COST | 86,491 | 104,085 | -17,594 | | 4.61 |
| 4.62 | 90.12 | PEDIATRIC AFTER HOURS CLINIC | HOME OFFICE COST | 54 | 44 | 10 | | 4.62 |
| 4.63 | 90.13 | CMC SURGERY | HOME OFFICE COST | 256,324 | 275,005 | -18,681 | | 4.63 |
| 4.64 | 90.14 | CMC ORTHOPEDICS | HOME OFFICE COST | 112,785 | 105,486 | 7,299 | | 4.64 |
| 4.65 | 90.15 | INFUSION CENTER | HOME OFFICE COST | 135,997 | 161,850 | -25,853 | | 4.65 |
| 4.66 | 90.16 | PEDIATRIC ONCOLOGY | HOME OFFICE COST | 341,743 | 399,862 | -58,119 | | 4.66 |
| 4.67 | 90.17 | NEUROMUSCULAR (ALS) CENTER | HOME OFFICE COST | 50,073 | 49,429 | 644 | | 4.67 |
| 4.68 | 90.20 | CHF CLINIC | HOME OFFICE COST | 35,823 | 32,562 | 3,261 | | 4.68 |
| 4.69 | 90.21 | NEUROSCIENCE CLINIC | HOME OFFICE COST | 561,259 | 675,885 | -114,626 | | 4.69 |
| 4.70 | 91.00 | EMERGENCY | HOME OFFICE COST | 467,096 | 435,259 | 31,837 | | 4.70 |
| 4.71 | 91.01 | EMERGENCY-SUBPROVIDER | HOME OFFICE COST | 83,321 | 69,152 | 14,169 | | 4.71 |
| 4.72 | 91.02 | EMERGENCY-PEDIATRIC | HOME OFFICE COST | 4,274 | 3,863 | 411 | | 4.72 |
| 4.73 | 92.01 | OBSERVATION BEDS (DISTINCT PART) | HOME OFFICE COST | 15,177 | 11,989 | 3,188 | | 4.73 |
| 4.74 | 92.02 | OBSERVATION BEDS (PSYCH) | HOME OFFICE COST | 22,524 | 19,496 | 3,028 | | 4.74 |
| 4.75 | 95.00 | AMBULANCE SERVICES | HOME OFFICE COST | 482,402 | 478,599 | 3,803 | | 4.75 |
| 4.76 | 105.00 | KIDNEY ACQUISITION | HOME OFFICE COST | 432,949 | 517,910 | -84,961 | | 4.76 |
| 4.77 | 106.00 | HEART ACQUISITION | HOME OFFICE COST | 1,149 | 1,121 | 28 | | 4.77 |
| 4.78 | 107.00 | LIVER ACQUISITION | HOME OFFICE COST | 3,196 | 3,607 | -411 | | 4.78 |
| 4.79 | 191.00 | RESEARCH | HOME OFFICE COST | 1,086,357 | 1,318,995 | -232,638 | | 4.79 |
| 4.80 | 192.00 | PHYSICIANS PRIVATE OFFICES | HOME OFFICE COST | 1,121,037 | 1,351,111 | -230,074 | | 4.80 |
| 4.81 | 192.01 | WOMENS INST BALLANTYNE | HOME OFFICE COST | 62,129 | 75,490 | -13,361 | | 4.81 |
| 4.82 | 22.00 | I&R SERVICES-OTHER PRGM COSTS APPRV | HOME OFFICE COST | 50,965 | 51,922 | -957 | | 4.82 |
| 4.83 | 194.02 | UNIVERSITY HOSPITAL | HOME OFFICE COST | 55,061 | 64,897 | -9,836 | | 4.83 |
| 4.84 | 194.03 | OTHER NONREIMBURSABLE COST CENTERS | HOME OFFICE COST | 333,204 | 381,138 | -47,934 | | 4.84 |
| 4.85 | 194.04 | MERCY HOSPITAL SOUTH | HOME OFFICE COST | 9,023 | 8,774 | 249 | | 4.85 |
| 4.86 | 194.05 | UNION REGIONAL MEDICAL CENTER | HOME OFFICE COST | 2,878 | 3,195 | -317 | | 4.86 |
| 4.87 | 194.06 | DISASTER RELIEF | HOME OFFICE COST | 30,771 | 25,216 | 5,555 | | 4.87 |
| 4.88 | 194.07 | RETAIL PHARMACY | HOME OFFICE COST | 263,316 | 300,324 | -37,008 | | 4.88 |
| 4.89 | 194.08 | UNDERGRAD MEDED | HOME OFFICE COST | 850 | 955 | -105 | | 4.89 |
| 5 | TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12. | | | 195,533,952 | 183,783,152 | 11,750,801 | | 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)

40-530 Rev. 2 - 08-11

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 340113 | 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 | CHS | 100 | | | HEALTHCARE SYST | 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 CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 340113 | 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 BLDGS. & FIXTURES | CAPITAL RELATED COSTS MOVABLE EQUIPMENT | EMPLOYEE BENEFITS | SUBTOTAL (cols. 0-4) | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 0 | 1 | 2 | 4 | 4A | 5 | 6 | 7 | 8 | 9 | 10 | 11 | |
| | GENERAL SERVICE COST CENTERS | | | | | | | | | | | | | |
| 1 | Capital Related Costs-Buildings and Fixtures | 25,662,272 | 25,662,272 | | | | | | | | | | | 1 |
| 2 | Capital Related Costs-Movable Equipment | 36,583,952 | | 36,583,952 | | | | | | | | | | 2 |
| 4 | Employee Benefits | 144,231,632 | | 82 | 144,231,712 | | | | | | | | | 4 |
| 5 | Administrative and General | 164,735,952 | 1,291,715 | 3,522,469 | 5,405,682 | 174,955,824 | 174,955,824 | | | | | | | 5 |
| 6 | Maintenance and Repairs | | | | | | | | | | | | | 6 |
| 7 | Operation of Plant | 20,128,338 | 133,229 | 113,574 | 1,428,441 | 21,803,582 | 3,860,520 | | 25,664,102 | | | | | 7 |
| 8 | Laundry and Linen Service | 4,862,696 | 48,454 | 726 | 71,526 | 4,983,402 | 882,356 | | 51,307 | 5,917,065 | | | | 8 |
| 9 | Housekeeping | 9,475,735 | 533,222 | 33,430 | 1,450,319 | 11,492,706 | 2,034,887 | | 564,611 | | 14,092,204 | | | 9 |
| 10 | Dietary | 13,698,714 | 1,286,906 | 233,784 | 110,068 | 15,329,472 | 2,714,221 | | 1,362,662 | 1,877 | 93,638 | 19,501,870 | | 10 |
| 11 | Cafeteria | | | | | | | | | | | 11,022,370 | 11,022,370 | 11 |
| 12 | Maintenance of Personnel | | | | | | | | | | | | | 12 |
| 13 | Nursing Administration | 13,457,845 | 287,147 | 3,188,772 | 1,509,872 | 18,443,636 | 3,265,612 | | 304,051 | | 347,799 | | 96,803 | 13 |
| 14 | Central Services and Supply | 11,021,514 | 159,175 | 89,496 | 369,148 | 11,639,333 | 2,060,849 | | 168,545 | 51,282 | 83,234 | | 59,614 | 14 |
| 15 | Pharmacy | 14,221,713 | 383,553 | 292,068 | 4,156,079 | 19,053,412 | 3,373,578 | | 406,131 | | 182,017 | | 296,384 | 15 |
| 16 | Medical Records & Medical Records Library | 9,097,437 | 262,627 | 20,518 | 1,278,668 | 10,659,250 | 1,887,316 | | 278,087 | | 108,387 | | 169,513 | 16 |
| 17 | Social Service | 7,695,380 | 150,620 | 28,196 | 2,006,049 | 9,880,245 | 1,749,386 | | 159,486 | | 41,617 | | 174,924 | 17 |
| 18 | Other General Service (specify) | | | | | | | | | | | | | 18 |
| 18.05 | Other General Service Cost Centers | 293,975 | 47,112 | 1,652 | 58,647 | 401,386 | 71,069 | | 49,886 | | 14,863 | | 7,959 | 18.05 |
| 19 | Nonphysician Anesthetists | | | | | | | | | | | | | 19 |
| 20 | Nursing School | 2,908,943 | | 112,503 | 978,854 | 4,000,300 | 708,289 | | | | 199,167 | | 71,656 | 20 |
| 21 | Intern & Res. Service-Salary & Fringes (Approved) | 12,748,950 | | | 3,396,308 | 16,145,258 | 2,858,663 | | | | | | | 21 |
| 22 | Intern & Res. Other Program Costs (Approved) | 26,205,480 | 150,284 | 190,178 | 5,836,120 | 32,382,062 | 5,733,536 | | 159,131 | 8,876 | 59,453 | | 449,986 | 22 |
| 23 | Paramedical Education Program (specify) | 3,089,639 | 49,069 | 20,688 | 652,103 | 3,811,499 | 674,861 | | 51,958 | | 249,702 | | 260,124 | 23 |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | | | | | | |
| 30 | Adults and Pediatrics (General Routine Care) | 73,886,112 | 5,827,636 | 858,746 | 18,281,496 | 98,853,992 | 17,503,024 | | 6,170,688 | 2,216,700 | 3,231,262 | 4,664,654 | 2,251,401 | 30 |
| 31 | Intensive Care Unit | 18,883,087 | 1,118,560 | 700,184 | 6,003,584 | 26,705,415 | 4,728,434 | | 1,184,406 | 42,957 | 463,732 | 266,956 | 412,922 | 31 |
| 32 | Coronary Care Unit | 6,688,060 | 400,804 | 158,575 | 1,604,762 | 8,852,201 | 1,567,362 | | 424,398 | 2,019 | 332,936 | 225,071 | 155,154 | 32 |
| 33 | Burn Intensive Care Unit | | | | | | | | | | | | | 33 |
| 34 | Surgical Intensive Care Unit | 18,002,810 | 1,547,325 | 295,984 | 5,788,212 | 30,164,863 | 5,340,960 | | 1,638,411 | 85,861 | 755,051 | 753,606 | 510,845 | 34 |
| 35 | Other Special Care Unit (specify) | | | | | | | | | | | | | 35 |
| 40 | Subprovider IPF | 8,742,548 | 529,559 | 23,332 | 2,202,436 | 11,497,875 | 2,035,802 | | 560,732 | 88,269 | 681,478 | 736,552 | 223,682 | 40 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | | | | | WORKSHEET B, PART I | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 41 | Subprovider IRF | 1,240,163 | 331,436 | 5,125 | 301,269 | 1,877,993 | 332,516 | | 350,946 | 43,265 | | 78,703 | 35,247 | 41 |
| 42 | Subprovider (specify) | | | | | | | | | | | | | 42 |
| 43 | Nursery | 4,009,532 | 284,463 | 93,092 | 991,743 | 5,378,830 | 952,370 | | 301,209 | 153,732 | 228,893 | 255,596 | 109,069 | 43 |
| 44 | Skilled Nursing Facility | | | | | | | | | | | | | 44 |
| 45 | Nursing Facility | | | | | | | | | | | | | 45 |
| 46 | Other Long Term Care | | | | | | | | | | | | | 46 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | | | | | |
| 50 | Operating Room | 21,057,285 | 2,073,052 | 2,498,833 | 4,296,801 | 29,925,971 | 5,298,662 | | 2,195,086 | 465,855 | | | 406,963 | 50 |
| 51 | Recovery Room | 6,735,272 | 636,952 | 36,519 | 1,691,895 | 9,100,638 | 1,611,350 | | 674,448 | 53,663 | 166,468 | 10,446 | 139,395 | 51 |
| 52 | Labor Room and Delivery Room | 9,503,269 | 701,903 | 288,472 | 2,327,236 | 12,820,880 | 2,270,052 | | 743,222 | 1,007,526 | 814,504 | | 198,203 | 52 |
| 53 | Anesthesiology | 7,185,238 | 22,284 | 585,533 | 6,458,179 | 14,251,234 | 2,523,309 | | 23,596 | | | | 221,591 | 53 |
| 54 | Radiology-Diagnostic | 11,645,275 | 993,496 | 1,976,037 | 2,780,906 | 17,395,714 | 3,080,068 | | 1,051,980 | 55,585 | 249,702 | | 261,635 | 54 |
| 55 | Radiology-Therapeutic | 4,305,796 | | 1,717,407 | 356,505 | 6,379,708 | 1,129,585 | | | 29,238 | 44,590 | | 32,019 | 55 |
| 56 | Radioisotope | 932,347 | 160,405 | 393,976 | 221,571 | 1,708,299 | 302,470 | | 169,848 | 29,469 | 71,343 | | 14,939 | 56 |
| 57 | Computed Tomography (CT) Scan | 2,819,038 | 107,757 | 204,800 | 566,635 | 3,698,230 | 654,805 | | 114,100 | | 71,343 | | 37,355 | 57 |
| 58 | Magnetic Resonance Imaging (MRI) | 2,305,338 | 158,616 | 342,750 | 430,310 | 3,237,014 | 573,142 | | 167,953 | 107,919 | 41,617 | | 26,541 | 58 |
| 59 | Cardiac Catheterization | 7,357,292 | 402,202 | 1,438,061 | 1,294,446 | 10,492,001 | 1,857,703 | | 425,878 | 116,569 | | | 104,695 | 59 |
| 60 | Laboratory | 54,679,294 | 545,076 | 772,273 | 4,295,516 | 60,292,157 | 10,675,269 | | 577,163 | | 306,182 | | 489,732 | 60 |
| 60.70 | Gastro Intestinal Service | 7,445,151 | 222,980 | 753,365 | 1,453,658 | 9,875,154 | 1,748,485 | | 236,106 | 58,152 | 166,468 | | 112,870 | 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 | 12,102,340 | 229,047 | 790,720 | 2,779,768 | 15,901,875 | 2,815,570 | | 242,530 | | 71,343 | | 239,583 | 65 |
| 66 | Physical Therapy | 4,424,622 | 199,885 | 24,954 | 1,144,572 | 5,794,033 | 1,025,886 | | 211,651 | | 59,453 | | 90,686 | 66 |
| 67 | Occupational Therapy | | | | | | | | | | | | | 67 |
| 68 | Speech Pathology | 1,259,631 | 3,159 | | | 1,262,790 | 223,588 | | 3,345 | | 20,808 | | | 68 |
| 69 | Electrocardiology | 2,626,491 | 128,867 | 296,288 | 500,476 | 3,552,122 | 628,935 | | 136,453 | 7,060 | 20,808 | | 50,011 | 69 |
| 70 | Electroencephalography | | | | | | | | | | | | | 70 |
| 71 | Medical Supplies Charged to Patients | 38,629,292 | 176,287 | 891,951 | 207,353 | 39,904,884 | 7,065,519 | | 186,664 | | 74,316 | | 32,375 | 71 |
| 72 | Implantable Devices Charged to Patients | 60,610,368 | | | | 60,610,368 | 10,731,611 | | | | | | | 72 |
| 73 | Drugs Charged to Patients | 65,252,556 | | | | 65,252,556 | 11,553,552 | | | | | | | 73 |
| 74 | Renal Dialysis | 2,280,424 | 209,699 | 159,202 | 576,111 | 3,225,436 | 571,092 | | 222,043 | | 166,468 | | 44,127 | 74 |
| 75 | ASC (Non-Distinct Part) | 12,929,878 | 155,512 | 443,986 | 2,112,183 | 15,641,559 | 2,769,479 | | 164,667 | 93,853 | 267,538 | | 196,452 | 75 |
| 76 | Other Ancillary (specify) | | | | | | | | | | | | | 76 |
| 76.30 | Other Ancillary Cost Centers | 2,651,208 | | 13,726 | 79,044 | 2,743,978 | 485,846 | | | | | | 10,175 | 76.30 |
| 76.35 | Cardiac Rehabilitation | 518,445 | | 35,498 | 121,130 | 675,073 | 119,528 | | | | | | 12,017 | 76.35 |
| | 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: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | | | | | WORKSHEET B, PART I | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 90 | Clinic | 49,809,389 | 735,706 | 1,970,065 | 24,505,584 | 77,020,744 | 13,637,217 | | 779,017 | 562,829 | 718,921 | 385,935 | 1,378,866 | 90 |
| 91 | Emergency | 20,370,727 | 1,224,165 | 530,798 | 5,845,033 | 27,970,722 | 4,952,469 | | 1,296,228 | 630,243 | 2,300,481 | 381,933 | 434,658 | 91 |
| 92 | Observation Beds | | | | | | | | | | | | | 92 |
| 93 | Other Outpatient Service (specify) | | | | | | | | | | | | | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | | | | | | |
| 94 | Home Program Dialysis | | | | | | | | | | | | | 94 |
| 95 | Ambulance Services | 18,555,116 | 55,584 | 7,953,013 | 1,725,341 | 28,289,052 | 5,008,831 | | 58,856 | | 29,726 | | 146,930 | 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 | 7,202,434 | | 24,241 | 788,160 | 8,014,835 | 1,419,099 | | | | | | 98,720 | 105 |
| 106 | Heart Acquisition | 1,146,698 | 14,679 | 4,984 | 176,291 | 1,342,652 | 237,729 | | 15,543 | | | | 8,631 | 106 |
| 107 | Liver Acquisition | 3,806,689 | | 17,467 | 417,852 | 4,242,008 | 751,086 | | | | | | 18,690 | 107 |
| 108 | Lung Acquisition | | | | | | | | | | | | | 108 |
| 109 | Pancreas Acquisition | 452,214 | | 3,507 | 35,355 | 491,076 | 86,949 | | | | | | | 109 |
| 110 | Intestinal Acquisition | | | | | | | | | | | | | 110 |
| 111 | Islet Acquisition | | | | | | | | | | | | | 111 |
| 112 | Other Organ Acquisition (specify) | 971,127 | | 9,415 | 64,735 | 1,045,277 | 185,076 | | | | | | | 112 |
| 115 | Ambulatory Surgical Center (Distinct Part) | | | | | | | | | | | | | 115 |
| 116 | Hospice | | | | | | | | | | | | | 116 |
| 117 | Other Special Purpose (specify) | | | | | | | | | | | | | 117 |
| 118 | SUBTOTALS (sum of lines 1-117) | 1,101,346,176 | 24,308,456 | 34,382,676 | 132,041,984 | 1,085,601,280 | 161,238,016 | | 24,230,592 | 5,912,799 | 12,762,233 | 18,823,344 | 10,187,529 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | | | | | | |
| 190 | Gift, Flower, Coffee Shop, & Canteen | | 102,053 | 14,617 | | 116,670 | 20,657 | | 108,061 | | 618,309 | | | 190 |
| 191 | Research | 28,565,256 | 1,138,020 | 1,797,506 | 4,602,714 | 36,103,496 | 6,392,449 | | 1,205,012 | 4,266 | 520,212 | | 346,196 | 191 |
| 192 | Physicians' Private Offices | 8,866,148 | | 167,402 | 3,168,842 | 12,202,392 | 2,160,543 | | | | | | 142,822 | 192 |
| 193 | Nonpaid Workers | | | | | | | | | | | | | 193 |
| 194 | Other Nonreimbursable (specify) | 24,299,692 | 113,741 | 221,752 | 4,418,171 | 29,053,356 | 5,144,157 | | 120,436 | | 191,450 | 678,527 | 345,823 | 194 |
| 200 | Cross Foot Adjustments | | | | | | | | | | | | | 200 |
| 201 | Negative Cost Centers | | | | | | | | | | | | | 201 |
| 202 | TOTAL (sum lines 118-201) | 1,163,077,248 | 25,662,272 | 36,583,952 | 144,231,712 | 1,163,077,248 | 174,955,824 | | 25,664,102 | 5,917,065 | 14,092,204 | 19,501,870 | 11,022,370 | 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 CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 340113 | 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 | | 22,457,900 | | | | | | | 13 |
| 14 | Central Services and Supply | | 2,022 | 14,064,879 | | | | | | 14 |
| 15 | Pharmacy | | 14 | 55,118 | 23,366,656 | | | | | 15 |
| 16 | Medical Records & Medical Records Library | | | 223 | | 13,102,776 | | | | 16 |
| 17 | Social Service | | 53,664 | 149 | 1,471 | | 12,060,942 | | | 17 |
| 18 | Other General Service (specify) | | | | | | | | | 18 |
| 18.05 | Other General Service Cost Centers | | | 629 | | | | 545,792 | | 18.05 |
| 19 | Nonphysician Anesthetists | | | | | | | | | 19 |
| 20 | Nursing School | | 4,419 | 490 | 753 | | | 3,312 | | 20 |
| 21 | Intern & Res. Service-Salary & Fringes (Approved) | | | | | | | | | 21 |
| 22 | Intern & Res. Other Program Costs (Approved) | | 6,069 | 807 | | | | | | 22 |
| 23 | Paramedical Education Program (specify) | | | 313 | 4 | | 527 | 1,534 | | 23 |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | | |
| 30 | Adults and Pediatrics (General Routine Care) | | 7,565,852 | 313,277 | 198,006 | 796,127 | 9,657,764 | 279,995 | | 30 |
| 31 | Intensive Care Unit | | 1,448,674 | 125,664 | 41,718 | 418,701 | 240,819 | 44,747 | | 31 |
| 32 | Coronary Care Unit | | 639,092 | 48,435 | 26,364 | 112,179 | 54,013 | | | 32 |
| 33 | Burn Intensive Care Unit | | | | | | | | | 33 |
| 34 | Surgical Intensive Care Unit | | 1,968,580 | 209,068 | 80,950 | 359,732 | 330,665 | 24,998 | | 34 |
| 35 | Other Special Care Unit (specify) | | | | | | | | | 35 |
| 40 | Subprovider IPF | | 405,214 | 6,799 | 18 | 130,250 | | | | 40 |
| 41 | Subprovider IRF | | 112,169 | 6,332 | 687 | 15,039 | 1,844 | 10,703 | | 41 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | | WORKSHEET B, PART I | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 42 | Subprovider (specify) | | | | | | | | | | 42 |
| 43 | Nursery | | 395,905 | 14,135 | 667 | 59,692 | 795,175 | 44,111 | | | 43 |
| 44 | Skilled Nursing Facility | | | | | | | | | | 44 |
| 45 | Nursing Facility | | | | | | | | | | 45 |
| 46 | Other Long Term Care | | | | | | | | | | 46 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | | |
| 50 | Operating Room | | 1,228,315 | 413,951 | 14,340 | 895,124 | 4,479 | 13,733 | | | 50 |
| 51 | Recovery Room | | 650,651 | 22,813 | | 156,322 | 32,671 | 1,834 | | | 51 |
| 52 | Labor Room and Delivery Room | | 747,491 | 43,419 | 194 | 148,797 | 2,635 | 8,495 | | | 52 |
| 53 | Anesthesiology | | 138,533 | 353,984 | 161,154 | 1,217,603 | | | | | 53 |
| 54 | Radiology-Diagnostic | | 206,022 | 111,539 | 337 | 473,417 | 263 | | | | 54 |
| 55 | Radiology-Therapeutic | | 42,030 | 2,945 | 3,235 | 179,467 | | | | | 55 |
| 56 | Radioisotope | | 14 | 3,625 | | 48,064 | 527 | | | | 56 |
| 57 | Computed Tomography (CT) Scan | | 16,254 | 38,085 | | 624,065 | | | | | 57 |
| 58 | Magnetic Resonance Imaging (MRI) | | 7,954 | 9,422 | | 205,008 | | | | | 58 |
| 59 | Cardiac Catheterization | | 191,620 | 166,830 | | 421,648 | 2,108 | | | | 59 |
| 60 | Laboratory | | 546,443 | 513,358 | 15,920 | 1,633,841 | | 702 | | | 60 |
| 60.70 | Gastro Intestinal Service | | 366,947 | 89,078 | 18 | 138,879 | | 3,405 | | | 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 | | 73,130 | 141,998 | 83 | 180,386 | | | | | 65 |
| 65. | | | | | | | | | | | 65. |
| 66 | Physical Therapy | | 49,123 | 259 | 54 | 58,593 | | | | | 66 |
| 67 | Occupational Therapy | | | | | | | | | | 67 |
| 68 | Speech Pathology | | | | | 8,150 | | | | | 68 |
| 69 | Electrocardiology | | 43,104 | 5,789 | 1,167 | 156,853 | | | | | 69 |
| 70 | Electroencephalography | | | | | | | | | | 70 |
| 71 | Medical Supplies Charged to Patients | | 1,063 | 3,988,618 | 1,648 | 222,030 | | 23,295 | | | 71 |
| 72 | Implantable Devices Charged to Patients | | | 6,661,230 | | 695,410 | | | | | 72 |
| 73 | Drugs Charged to Patients | | | | 21,009,814 | 1,288,226 | | | | | 73 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET B, PART I | |
|---|---|---|---|---|---|---|---|---|---|
| 74 | Renal Dialysis | | 190,099 | 10,148 | | 44,426 | 3,952 | 1,048 | | 74 |
| 75 | ASC (Non-Distinct Part) | | 716,727 | 189,117 | | 315,593 | 3,952 | 9,243 | | 75 |
| 76 | Other Ancillary (specify) | | | | | | | | | 76 |
| 76.30 | Other Ancillary Cost Centers | | 29 | 68,419 | | 4,788 | | | | 76.30 |
| 76.35 | Cardiac Rehabilitation | | 22,965 | 262 | | 4,563 | | 5,969 | | 76.35 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 88 | Rural Health Clinic (RHC) | | | | | | | | | 88 |
| 89 | Federally Qualified Health Center (FQHC) | | | | | | | | | 89 |
| 90 | Clinic | | 1,813,097 | 91,496 | 676 | 862,711 | 790 | 25,044 | | 90 |
| 91 | Emergency | | 1,101,669 | 151,257 | 11,649 | 738,325 | 777,522 | 39,975 | | 91 |
| 92 | Observation Beds | | | | | | | | | 92 |
| 93 | Other Outpatient Service (specify) | | | | | | | | | 93 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 94 | Home Program Dialysis | | | | | | | | | 94 |
| 95 | Ambulance Services | | 303,793 | 17,440 | 9,273 | 148,777 | | | | 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 | | 119,265 | 46,669 | 57,281 | 27,705 | 263 | | | 105 |
| 106 | Heart Acquisition | | 27,041 | | | 2,935 | | | | 106 |
| 107 | Liver Acquisition | | 46,409 | | | 11,521 | | | | 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) | | 21,575,318 | 13,939,573 | 21,637,480 | 12,854,901 | 12,060,942 | 542,143 | | 118 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 190 | Gift, Flower, Coffee Shop, & Canteen | | | | | | | | | 190 |
| 191 | Research | | 333,746 | 84,143 | 13,797 | | | 3,649 | | 191 |
| 192 | Physicians' Private Offices | | 117,442 | 38,931 | 136,787 | 130,633 | | | | 192 |
| 193 | Nonpaid Workers | | | | | | | | | 193 |
| 194 | Other Nonreimbursable (specify) | | 431,395 | 2,232 | 1,578,590 | 117,242 | | | | 194 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | Provider CCN: 340113 | | 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) | | 22,457,900 | 14,064,879 | 23,366,656 | 13,102,776 | 12,060,942 | 545,792 | | 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 CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 340113 | 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 |
| 18.05 | Other General Service Cost Centers | | | | | | | | 18.05 |
| 19 | Nonphysician Anesthetists | | | | | | | | 19 |
| 20 | Nursing School | 4,988,386 | | | | | | | 20 |
| 21 | Intern & Res. Service-Salary & Fringes (Approved) | | 19,003,920 | | | | | | 21 |
| 22 | Intern & Res. Other Program Costs (Approved) | | | 38,799,920 | | | | | 22 |
| 23 | Paramedical Education Program (specify) | | | | 5,050,522 | | | | 23 |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | |
| 30 | Adults and Pediatrics (General Routine Care) | 3,515,396 | 6,731,452 | 13,743,474 | 378,528 | 178,071,584 | -20,474,926 | 157,596,672 | 30 |
| 31 | Intensive Care Unit | | 857,029 | 1,749,778 | 52,426 | 38,784,376 | -2,606,807 | 36,177,572 | 31 |
| 32 | Coronary Care Unit | | 322,691 | 658,831 | 18,304 | 13,439,050 | -981,522 | 12,457,528 | 32 |
| 33 | Burn Intensive Care Unit | | | | | | | | 33 |
| 34 | Surgical Intensive Care Unit | 356,457 | 1,389,456 | 2,836,822 | 61,286 | 46,867,611 | -4,226,278 | 42,641,333 | 34 |
| 35 | Other Special Care Unit (specify) | | | | | | | | 35 |
| 40 | Subprovider IPF | 351,885 | | | 52,689 | 16,771,245 | | 16,771,245 | 40 |
| 41 | Subprovider IRF | | | | 6,401 | 2,871,845 | | 2,871,845 | 41 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET B, PART I | |
|---|---|---|---|---|---|---|---|---|---|
| 42 | Subprovider (specify) | | | | | | | | 42 |
| 43 | Nursery | 47,498 | 149,155 | 304,526 | | 9,190,563 | -453,681 | 8,736,882 | 43 |
| 44 | Skilled Nursing Facility | | | | | | | | 44 |
| 45 | Nursing Facility | | | | | | | | 45 |
| 46 | Other Long Term Care | | | | | | | | 46 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 50 | Operating Room | 66,006 | 1,336,446 | 2,728,595 | 409,982 | 45,403,506 | -4,065,041 | 41,338,466 | 50 |
| 51 | Recovery Room | | 13,588 | 27,743 | | 12,662,030 | -41,331 | 12,620,699 | 51 |
| 52 | Labor Room and Delivery Room | 234,367 | 905,968 | 1,849,697 | 5,465 | 21,800,916 | -2,755,665 | 19,045,250 | 52 |
| 53 | Anesthesiology | | | | 1,950,931 | 20,841,936 | | 20,841,936 | 53 |
| 54 | Radiology-Diagnostic | 215,859 | 16,561 | 33,812 | 677,137 | 23,829,632 | -50,373 | 23,779,258 | 54 |
| 55 | Radiology-Therapeutic | | | | 9,454 | 7,852,271 | | 7,852,271 | 55 |
| 56 | Radioisotope | | | | 9,454 | 2,358,052 | | 2,358,052 | 56 |
| 57 | Computed Tomography (CT) Scan | | | | 35,888 | 5,290,125 | | 5,290,125 | 57 |
| 58 | Magnetic Resonance Imaging (MRI) | | | | 89,719 | 4,466,289 | | 4,466,289 | 58 |
| 59 | Cardiac Catheterization | | | | 2,858 | 13,781,910 | | 13,781,910 | 59 |
| 60 | Laboratory | | | | 731,252 | 75,782,017 | | 75,782,017 | 60 |
| 60.70 | Gastro Intestinal Service | | | | | 12,795,562 | | 12,795,562 | 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 | | | | 2,246 | 19,668,744 | | 19,668,744 | 65 |
| 66 | Physical Therapy | | 2,760 | 5,635 | | 7,298,133 | -8,395 | 7,289,738 | 66 |
| 67 | Occupational Therapy | | | | | | | | 67 |
| 68 | Speech Pathology | | | | | 1,518,681 | | 1,518,681 | 68 |
| 69 | Electrocardiology | | | | | 4,602,302 | | 4,602,302 | 69 |
| 70 | Electroencephalography | | | | | | | | 70 |
| 71 | Medical Supplies Charged to Patients | | | | | 51,500,412 | | 51,500,412 | 71 |
| 72 | Implantable Devices Charged to Patients | | | | | 78,698,624 | | 78,698,624 | 72 |
| 73 | Drugs Charged to Patients | | | | 424,294 | 99,528,440 | | 99,528,440 | 73 |
| 74 | Renal Dialysis | | | | 2,246 | 4,481,085 | | 4,481,085 | 74 |
| 75 | ASC (Non-Distinct Part) | 22,299 | 122,155 | 249,401 | 20,370 | 20,782,404 | -371,556 | 20,410,848 | 75 |
| 76 | Other Ancillary (specify) | | | | | | | | 76 |
| 76.30 | Other Ancillary Cost Centers | | | | | 3,313,235 | | 3,313,235 | 76.30 |
| 76.35 | Cardiac Rehabilitation | | | | | 840,377 | | 840,377 | 76.35 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 88 | Rural Health Clinic (RHC) | | | | | | | | 88 |
| 89 | Federally Qualified Health Center (FQHC) | | | | | | | | 89 |
| 90 | Clinic | 178,619 | 3,421,744 | 6,986,105 | 109,592 | 107,973,405 | -10,407,849 | 97,565,555 | 90 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET B, PART I | |
|---|---|---|---|---|---|---|---|
| 91 Emergency | 2,688,392 | 5,488,835 | | 48,964,361 | -8,177,227 | 40,787,133 | 91 |
| 92 Observation Beds | | | | | | | 92 |
| 93 Other Outpatient Service (specify) | | | | | | | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 94 Home Program Dialysis | | | | | | | 94 |
| 95 Ambulance Services | 17,941 | 36,630 | | 34,067,248 | -54,571 | 34,012,680 | 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 | | | | 9,783,837 | | 9,783,837 | 105 |
| 106 Heart Acquisition | | | | 1,634,531 | | 1,634,531 | 106 |
| 107 Liver Acquisition | | | | 5,069,714 | | 5,069,714 | 107 |
| 108 Lung Acquisition | | | | | | | 108 |
| 109 Pancreas Acquisition | | | | 578,025 | | 578,025 | 109 |
| 110 Intestinal Acquisition | | | | | | | 110 |
| 111 Islet Acquisition | | | | | | | 111 |
| 112 Other Organ Acquisition (specify) | | | | 1,230,353 | | 1,230,353 | 112 |
| 115 Ambulatory Surgical Center (Distinct Part) | | | | | | | 115 |
| 116 Hospice | | | | | | | 116 |
| 117 Other Special Purpose (specify) | | | | | | | 117 |
| 118 SUBTOTALS (sum of lines 1-117) | 4,988,386 | 17,975,338 | 36,699,884 | 5,050,522 | 1,061,485,184 | -54,675,224 | 1,006,809,984 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | | |
| 190 Gift, Flower, Coffee Shop, & Canteen | | | | 863,697 | | 863,697 | 190 |
| 191 Research | 400,789 | 818,282 | | 46,226,040 | -1,219,071 | 45,006,968 | 191 |
| 192 Physicians' Private Offices | 2,760 | 5,635 | | 14,937,945 | -8,395 | 14,929,550 | 192 |
| 193 Nonpaid Workers | | | | | | | 193 |
| 194 Other Nonreimbursable (specify) | 625,034 | 1,276,119 | | 39,564,361 | -1,901,153 | 37,663,208 | 194 |
| 200 Cross Foot Adjustments | | | | | | | 200 |
| 201 Negative Cost Centers | | | | | | | 201 |
| 202 TOTAL (sum lines 118-201) | 4,988,386 | 19,003,920 | 38,799,920 | 5,050,522 | 1,163,077,248 | -57,803,840 | 1,105,273,344 | 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 CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| ALLOCATION OF CAPITAL-RELATED COSTS | | | | | | | | Provider CCN: 340113 | | 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 BLDGS. & FIXTURES | CAPITAL RELATED COSTS MOVABLE EQUIPMENT | SUBTOTAL (sum of (cols. 0-2) | EMPLOYEE BENEFITS | ADMINIS-TRATIVE & GENERAL | MAIN-TENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSE-KEEPING | DIETARY | CAFETERIA | |
| | 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 | | | 82 | 82 | 82 | | | | | | | | 4 |
| 5 Administrative and General | 20,871,602 | 1,291,715 | 3,522,469 | 25,685,786 | | 25,685,786 | | | | | | | 5 |
| 6 Maintenance and Repairs | | | | | | | | | | | | | 6 |
| 7 Operation of Plant | 1,317,195 | 133,229 | 113,574 | 1,563,998 | | 566,784 | | 2,130,782 | | | | | 7 |
| 8 Laundry and Linen Service | | 48,454 | 726 | 49,180 | | 129,544 | | 4,260 | 182,984 | | | | 8 |
| 9 Housekeeping | 288,374 | 533,222 | 33,430 | 855,026 | | 298,753 | | 46,877 | | 1,200,656 | | | 9 |
| 10 Dietary | 63,405 | 1,286,906 | 233,784 | 1,584,095 | | 398,490 | | 113,136 | 58 | 7,978 | 2,103,757 | | 10 |
| 11 Cafeteria | | | | | | | | | | | 1,189,034 | 1,189,034 | 11 |
| 12 Maintenance of Personnel | | | | | | | | | | | | | 12 |
| 13 Nursing Administration | 15,490 | 287,147 | 3,188,772 | 3,491,409 | | 479,442 | | 25,244 | | 29,632 | | 10,443 | 13 |
| 14 Central Services and Supply | 63,246 | 159,175 | 89,496 | 311,917 | | 302,564 | | 13,994 | 1,586 | 7,092 | | 6,431 | 14 |
| 15 Pharmacy | 536,789 | 383,553 | 292,068 | 1,212,410 | | 495,293 | | 33,719 | | 15,508 | | 31,972 | 15 |
| 16 Medical Records & Medical Records Library | 308,617 | 262,627 | 20,518 | 591,762 | | 277,087 | | 23,088 | | 9,235 | | 18,286 | 16 |
| 17 Social Service | 5,455 | 150,620 | 28,196 | 184,271 | | 256,837 | | 13,241 | | 3,546 | | 18,870 | 17 |
| 18 Other General Service (specify) | | | | | | | | | | | | | 18 |
| 18.05 Other General Service Cost Centers | 189 | 47,112 | 1,652 | 48,953 | | 10,434 | | 4,142 | | 1,266 | | 859 | 18.05 |
| 19 Nonphysician Anesthetists | | | | | | | | | | | | | 19 |
| 20 Nursing School | 117,830 | | 112,503 | 230,333 | | 103,988 | | | | 16,969 | | 7,730 | 20 |
| 21 Intern & Res. Service-Salary & Fringes (Approved) | | | | | | 419,696 | | | | | | | 21 |
| 22 Intern & Res. Other Program Costs (Approved) | 112,772 | 150,284 | 190,178 | 453,234 | | 841,772 | | 13,212 | 274 | 5,065 | | 48,542 | 22 |
| 23 Paramedical Education Program (specify) | 19,276 | 49,069 | 20,688 | 89,033 | | 99,080 | | 4,314 | | 21,274 | | 28,062 | 23 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | | | | | | |
| 30 Adults and Pediatrics (General Routine Care) | 41,501 | 5,827,636 | 858,746 | 6,727,883 | 82 | 2,569,282 | | 512,325 | 68,552 | 275,304 | 503,198 | 242,869 | 30 |
| 31 Intensive Care Unit | 15,164 | 1,118,560 | 700,184 | 1,833,908 | | 694,207 | | 98,337 | 1,328 | 39,510 | 28,798 | 44,543 | 31 |
| 32 Coronary Care Unit | 1,809 | 400,804 | 158,575 | 561,188 | | 230,113 | | 35,236 | 62 | 28,366 | 24,279 | 16,737 | 32 |
| 33 Burn Intensive Care Unit | | | | | | | | | | | | | 33 |
| 34 Surgical Intensive Care Unit | 8,648 | 1,547,325 | 295,984 | 1,860,713 | | 784,135 | | 136,031 | 2,655 | 64,330 | 81,295 | 55,107 | 34 |
| 35 Other Special Care Unit (specify) | | | | | | | | | | | | | 35 |
| 40 Subprovider IPF | 13,831 | 529,559 | 23,332 | 566,722 | | 298,887 | | 46,555 | 2,730 | 58,062 | 79,455 | 24,130 | 40 |

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| ALLOCATION OF CAPITAL-RELATED COSTS | | | | | | | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET B, PART II | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 41 | Subprovider IRF | 1,832 | 331,436 | 5,125 | 338,393 | | 48,818 | | 29,138 | 1,338 | | 8,490 | 3,802 | 41 |
| 42 | Subprovider (specify) | | | | | | | | | | | | | 42 |
| 43 | Nursery | 1,168 | 284,463 | 93,092 | 378,723 | | 139,823 | | 25,008 | 4,754 | 19,502 | 27,572 | 11,766 | 43 |
| 44 | Skilled Nursing Facility | | | | | | | | | | | | | 44 |
| 45 | Nursing Facility | | | | | | | | | | | | | 45 |
| 46 | Other Long Term Care | | | | | | | | | | | | | 46 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | | | | | |
| 50 | Operating Room | 1,203,097 | 2,073,052 | 2,498,833 | 5,774,982 | | 777,925 | | 182,249 | 14,407 | | | 43,901 | 50 |
| 51 | Recovery Room | 27,049 | 636,952 | 36,519 | 700,520 | | 236,571 | | 55,997 | 1,660 | 14,183 | 1,127 | 15,037 | 51 |
| 52 | Labor Room and Delivery Room | 35,519 | 701,903 | 288,472 | 1,025,894 | | 333,279 | | 61,707 | 31,158 | 69,396 | | 21,381 | 52 |
| 53 | Anesthesiology | 190,874 | 22,284 | 585,533 | 798,691 | | 370,461 | | 1,959 | | | | 23,904 | 53 |
| 54 | Radiology-Diagnostic | 579,667 | 993,496 | 1,976,037 | 3,549,200 | | 452,202 | | 87,341 | 1,719 | 21,275 | | 28,224 | 54 |
| 55 | Radiology-Therapeutic | 626,952 | | 1,717,407 | 2,344,359 | | 165,841 | | | 904 | 3,799 | | 3,454 | 55 |
| 56 | Radioisotope | 73,944 | 160,405 | 393,976 | 628,325 | | 44,407 | | 14,102 | 911 | 6,078 | | 1,612 | 56 |
| 57 | Computed Tomography (CT) Scan | 235,488 | 107,757 | 204,800 | 548,045 | | 96,135 | | 9,473 | | 6,078 | | 4,030 | 57 |
| 58 | Magnetic Resonance Imaging (MRI) | 146,026 | 158,616 | 342,750 | 647,392 | | 84,146 | | 13,944 | 3,337 | 3,546 | | 2,863 | 58 |
| 59 | Cardiac Catheterization | 448,752 | 402,202 | 1,438,061 | 2,289,015 | | 272,740 | | 35,359 | 3,605 | | | 11,294 | 59 |
| 60 | Laboratory | 440,553 | 545,076 | 772,273 | 1,757,902 | | 1,567,295 | | 47,919 | | 26,087 | | 52,829 | 60 |
| 60.70 | Gastro Intestinal Service | | 222,980 | 753,365 | 976,345 | | 256,705 | | 19,603 | 1,798 | 14,183 | | 12,176 | 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 | 11,771 | 229,047 | 790,720 | 1,031,538 | | 413,369 | | 20,136 | | 6,078 | | 25,845 | 65 |
| 66 | Physical Therapy | 6,346 | 199,885 | 24,954 | 231,185 | | 150,616 | | 17,573 | | 5,065 | | 9,783 | 66 |
| 67 | Occupational Therapy | | | | | | | | | | | | | 67 |
| 68 | Speech Pathology | | 3,159 | | 3,159 | | 32,826 | | 278 | | 1,773 | | | 68 |
| 69 | Electrocardiology | 157,964 | 128,867 | 296,288 | 583,119 | | 92,337 | | 11,329 | 218 | 1,773 | | 5,395 | 69 |
| 70 | Electroencephalography | | | | | | | | | | | | | 70 |
| 71 | Medical Supplies Charged to Patients | 939,469 | 176,287 | 891,951 | 2,007,707 | | 1,037,327 | | 15,498 | | 6,332 | | 3,492 | 71 |
| 72 | Implantable Devices Charged to Patients | | | | | | 1,575,567 | | | | | | | 72 |
| 73 | Drugs Charged to Patients | | | | | | 1,696,240 | | | | | | | 73 |
| 74 | Renal Dialysis | 71,212 | 209,699 | 159,202 | 440,113 | | 83,845 | | 18,435 | | 14,183 | | 4,760 | 74 |
| 75 | ASC (Non-Distinct Part) | 472,642 | 155,512 | 443,986 | 1,072,140 | | 406,602 | | 13,672 | 2,902 | 22,794 | | 21,192 | 75 |
| 76 | Other Ancillary (specify) | | | | | | | | | | | | | 76 |
| 76.30 | Other Ancillary Cost Centers | 1,004,559 | | 13,726 | 1,018,285 | | 71,329 | | | | | | 1,098 | 76.30 |
| 76.35 | Cardiac Rehabilitation | 12,014 | | 35,498 | 47,512 | | 17,549 | | | | | | 1,296 | 76.35 |
| | 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: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET B, PART II | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 90 Clinic | 1,130,694 | 735,706 | 1,970,065 | 3,886,668 | | 2,002,155 | | 64,679 | 17,405 | 61,252 | 41,633 | 148,746 | 90 |
| 91 Emergency | 127,396 | 1,224,165 | 530,798 | 1,882,359 | | 727,099 | | 107,620 | 19,491 | 196,001 | 41,201 | 46,888 | 91 |
| 92 Observation Beds | | | | | | | | | | | | | 92 |
| 93 Other Outpatient Service (specify) | | | | | | | | | | | | | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | | | | | |
| 94 Home Program Dialysis | | | | | | | | | | | | | 94 |
| 95 Ambulance Services | 6,695,073 | 55,584 | 7,953,013 | 14,703,670 | | 735,374 | | 4,887 | | 2,533 | | 15,850 | 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 | 226,599 | | 24,241 | 250,840 | | 208,346 | | | | | | 10,649 | 105 |
| 106 Heart Acquisition | | 14,679 | 4,984 | 19,663 | | 34,902 | | 1,290 | | | | 931 | 106 |
| 107 Liver Acquisition | 370 | | 17,467 | 17,837 | | 110,271 | | | | | | 2,016 | 107 |
| 108 Lung Acquisition | | | | | | | | | | | | | 108 |
| 109 Pancreas Acquisition | | | 3,507 | 3,507 | | 12,766 | | | | | | | 109 |
| 110 Intestinal Acquisition | | | | | | | | | | | | | 110 |
| 111 Islet Acquisition | | | | | | | | | | | | | 111 |
| 112 Other Organ Acquisition (specify) | | | 9,415 | 9,415 | | 27,172 | | | | | | | 112 |
| 115 Ambulatory Surgical Center (Distinct Part) | | | | | | | | | | | | | 115 |
| 116 Hospice | | | | | | | | | | | | | 116 |
| 117 Other Special Purpose (specify) | | | | | | | | | | | | | 117 |
| 118 SUBTOTALS (sum of lines 1-117) | 38,727,184 | 24,308,456 | 34,382,676 | 97,418,312 | 82 | 23,671,800 | | 2,011,764 | 182,852 | 1,087,342 | 2,030,561 | 1,098,977 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | | | | | |
| 190 Gift, Flower, Coffee Shop, & Canteen | | 102,053 | 14,617 | 116,670 | | 3,033 | | 8,972 | | 52,680 | | | 190 |
| 191 Research | 279,615 | 1,138,020 | 1,797,506 | 3,215,141 | | 938,510 | | 100,047 | 132 | 44,322 | | 37,346 | 191 |
| 192 Physicians' Private Offices | 201,626 | | 167,402 | 369,028 | | 317,201 | | | | | | 15,406 | 192 |
| 193 Nonpaid Workers | | | | | | | | | | | | | 193 |
| 194 Other Nonreimbursable (specify) | 171,832 | 113,741 | 221,752 | 507,325 | | 755,241 | | 9,999 | | 16,312 | 73,196 | 37,305 | 194 |
| 200 Cross Foot Adjustments | | | | | | | | | | | | | 200 |
| 201 Negative Cost Centers | | | | | | | | | | | | | 201 |
| 202 TOTAL (sum lines 118-201) | 39,380,256 | 25,662,272 | 36,583,952 | 101,626,480 | 82 | 25,685,786 | | 2,130,782 | 182,984 | 1,200,656 | 2,103,757 | 1,189,034 | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| ALLOCATION OF CAPITAL-RELATED COSTS | | | | | Provider CCN: 340113 | | 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 | 1,189,034 | | | | | | | | | 11 |
| 12 Maintenance of Personnel | | | | | | | | | | 12 |
| 13 Nursing Administration | 10,443 | | 4,036,170 | | | | | | | 13 |
| 14 Central Services and Supply | 6,431 | | 363 | 643,947 | | | | | | 14 |
| 15 Pharmacy | 31,972 | | 3 | 2,523 | 1,791,428 | | | | | 15 |
| 16 Medical Records & Medical Records Library | 18,286 | | | 10 | | 919,468 | | | | 16 |
| 17 Social Service | 18,870 | | 9,645 | 7 | 113 | | 486,530 | | | 17 |
| 18 Other General Service (specify) | | | | | | | | | | 18 |
| 18.05 Other General Service Cost Centers | 859 | | | 29 | | | | 65,683 | | 18.05 |
| 19 Nonphysician Anesthetists | | | | | | | | | | 19 |
| 20 Nursing School | 7,730 | | 794 | 22 | 58 | | | 399 | | 20 |
| 21 Intern & Res. Service-Salary & Fringes (Approved) | | | | | | | | | | 21 |
| 22 Intern & Res. Other Program Costs (Approved) | 48,542 | | 1,091 | 37 | | | | | | 22 |
| 23 Paramedical Education Program (specify) | 28,062 | | | 15 | | | 21 | 185 | | 23 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | | | |
| 30 Adults and Pediatrics (General Routine Care) | 242,869 | | 1,359,745 | 14,342 | 15,180 | 55,813 | 389,589 | 33,696 | | 30 |
| 31 Intensive Care Unit | 44,543 | | 260,358 | 5,753 | 3,198 | 29,353 | 9,714 | 5,385 | | 31 |
| 32 Coronary Care Unit | 16,737 | | 114,858 | 2,217 | 2,021 | 7,865 | 2,179 | | | 32 |
| 33 Burn Intensive Care Unit | | | | | | | | | | 33 |
| 34 Surgical Intensive Care Unit | 55,107 | | 353,797 | 9,571 | 6,207 | 25,219 | 13,339 | 3,009 | | 34 |
| 35 Other Special Care Unit (specify) | | | | | | | | | | 35 |
| 40 Subprovider IPF | 24,130 | | 72,826 | 311 | 1 | 9,131 | | | | 40 |
| 41 Subprovider IRF | 3,802 | | 20,159 | 290 | 53 | 1,054 | 74 | 1,288 | | 41 |

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| ALLOCATION OF CAPITAL-RELATED COSTS | | | | | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET B, PART II | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 42 | Subprovider (specify) | | | | | | | | | | 42 |
| 43 | Nursery | 11,766 | | 71,153 | 647 | 51 | 4,185 | 32,077 | 5,308 | | 43 |
| 44 | Skilled Nursing Facility | | | | | | | | | | 44 |
| 45 | Nursing Facility | | | | | | | | | | 45 |
| 46 | Other Long Term Care | | | | | | | | | | 46 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | | |
| 50 | Operating Room | 43,901 | | 220,755 | 18,951 | 1,099 | 62,753 | 181 | 1,653 | | 50 |
| 51 | Recovery Room | 15,037 | | 116,936 | 1,044 | | 10,959 | 1,318 | 221 | | 51 |
| 52 | Labor Room and Delivery Room | 21,381 | | 134,340 | 1,988 | 15 | 10,432 | 106 | 1,022 | | 52 |
| 53 | Anesthesiology | 23,904 | | 24,897 | 16,205 | 12,355 | 85,361 | | | | 53 |
| 54 | Radiology-Diagnostic | 28,224 | | 37,027 | 5,106 | 26 | 33,189 | 11 | | | 54 |
| 55 | Radiology-Therapeutic | 3,454 | | 7,554 | 135 | 248 | 12,582 | | | | 55 |
| 56 | Radioisotope | 1,612 | | 3 | -166 | | 3,370 | 21 | | | 56 |
| 57 | Computed Tomography (CT) Scan | 4,030 | | 2,921 | 1,744 | | 43,750 | | | | 57 |
| 58 | Magnetic Resonance Imaging (MRI) | 2,863 | | 1,430 | 431 | | 14,372 | | | | 58 |
| 59 | Cardiac Catheterization | 11,294 | | 34,438 | 7,637 | | 29,560 | 85 | | | 59 |
| 60 | Laboratory | 52,829 | | 98,207 | 23,501 | 1,221 | 115,432 | | 84 | | 60 |
| 60.70 | Gastro Intestinal Service | 12,176 | | 65,948 | 4,078 | 1 | 9,736 | | 410 | | 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 | 25,845 | | 13,143 | 6,501 | 6 | 12,646 | | | | 65 |
| 66 | Physical Therapy | 9,783 | | 8,829 | 12 | 4 | 4,108 | | | | 66 |
| 67 | Occupational Therapy | | | | | | | | | | 67 |
| 68 | Speech Pathology | | | | | | 571 | | | | 68 |
| 69 | Electrocardiology | 5,395 | | 7,747 | 265 | 89 | 10,996 | | | | 69 |
| 70 | Electroencephalography | | | | | | | | | | 70 |
| 71 | Medical Supplies Charged to Patients | 3,492 | | 191 | 182,598 | 126 | 15,566 | | 2,803 | | 71 |
| 72 | Implantable Devices Charged to Patients | | | | 305,011 | | 48,752 | | | | 72 |
| 73 | Drugs Charged to Patients | | | | | 1,610,741 | 90,312 | | | | 73 |
| 74 | Renal Dialysis | 4,760 | | 34,165 | 465 | | 3,115 | 159 | 126 | | 74 |
| 75 | ASC (Non-Distinct Part) | 21,192 | | 128,811 | 8,658 | | 22,125 | 159 | 1,112 | | 75 |
| 76 | Other Ancillary (specify) | | | | | | | | | | 76 |
| 76.30 | Other Ancillary Cost Centers | 1,098 | | 5 | 3,132 | | 335 | | | | 76.30 |
| 76.35 | Cardiac Rehabilitation | 1,296 | | 4,127 | 12 | | 320 | | 718 | | 76.35 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | |
| 88 | Rural Health Clinic (RHC) | | | | | | | | | | 88 |
| 89 | Federally Qualified Health Center (FQHC) | | | | | | | | | | 89 |
| 90 | Clinic | 148,746 | | 325,853 | 4,188 | 52 | 60,480 | 32 | 3,014 | | 90 |

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| ALLOCATION OF CAPITAL-RELATED COSTS | | | | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET B, PART II | |
|---|---|---|---|---|---|---|---|---|---|---|
| 91 Emergency | 46,888 | | 197,994 | 6,925 | 893 | 51,760 | 31,364 | 4,811 | | 91 |
| 92 Observation Beds | | | | | | | | | | 92 |
| 93 Other Outpatient Service (specify) | | | | | | | | | | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | | |
| 94 Home Program Dialysis | | | | | | | | | | 94 |
| 95 Ambulance Services | 15,850 | | 54,598 | 798 | 711 | 10,430 | | | | 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 | 10,649 | | 21,435 | 2,136 | 4,391 | 1,942 | 11 | | | 105 |
| 106 Heart Acquisition | 931 | | 4,860 | | | 206 | | | | 106 |
| 107 Liver Acquisition | 2,016 | | 8,341 | | | 808 | | | | 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) | 1,098,977 | | 3,877,551 | 638,211 | 1,658,860 | 902,090 | 486,530 | 65,244 | | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | | |
| 190 Gift, Flower, Coffee Shop, & Canteen | | | | | | | | | | 190 |
| 191 Research | 37,346 | | 59,981 | 3,852 | 1,058 | | | 439 | | 191 |
| 192 Physicians' Private Offices | 15,406 | | 21,107 | 1,782 | 10,487 | 9,158 | | | | 192 |
| 193 Nonpaid Workers | | | | | | | | | | 193 |
| 194 Other Nonreimbursable (specify) | 37,305 | | 77,531 | 102 | 121,023 | 8,220 | | | | 194 |
| 200 Cross Foot Adjustments | | | | | | | | | | 200 |
| 201 Negative Cost Centers | | | | | | | | | | 201 |
| 202 TOTAL (sum lines 118-201) | 1,189,034 | | 4,036,170 | 643,947 | 1,791,428 | 919,468 | 486,530 | 65,683 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| ALLOCATION OF CAPITAL-RELATED COSTS | | Provider CCN: 340113 | | 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 |
| 18.05 Other General Service Cost Centers | | | | | | | | 18.05 |
| 19 Nonphysician Anesthetists | | | | | | | | 19 |
| 20 Nursing School | 360,293 | | | | | | | 20 |
| 21 Intern & Res. Service-Salary & Fringes (Approved) | | 419,696 | | | | | | 21 |
| 22 Intern & Res. Other Program Costs (Approved) | | | 1,363,227 | | | | | 22 |
| 23 Paramedical Education Program (specify) | | | | 241,984 | | | | 23 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | |
| 30 Adults and Pediatrics (General Routine Care) | | | | | 12,767,860 | | 12,767,860 | 30 |
| 31 Intensive Care Unit | | | | | 3,054,392 | | 3,054,392 | 31 |
| 32 Coronary Care Unit | | | | | 1,025,121 | | 1,025,121 | 32 |
| 33 Burn Intensive Care Unit | | | | | | | | 33 |
| 34 Surgical Intensive Care Unit | | | | | 3,395,408 | | 3,395,408 | 34 |
| 35 Other Special Care Unit (specify) | | | | | | | | 35 |
| 40 Subprovider IPF | | | | | 1,158,810 | | 1,158,810 | 40 |
| 41 Subprovider IRF | | | | | 452,897 | | 452,897 | 41 |

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| ALLOCATION OF CAPITAL-RELATED COSTS | | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET B, PART II | |
|---|---|---|---|---|---|---|
| 42 | Subprovider (specify) | | | | | 42 |
| 43 | Nursery | | 720,569 | | 720,569 | 43 |
| 44 | Skilled Nursing Facility | | | | | 44 |
| 45 | Nursing Facility | | | | | 45 |
| 46 | Other Long Term Care | | | | | 46 |
| | ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 | Operating Room | | 7,098,856 | | 7,098,856 | 50 |
| 51 | Recovery Room | | 1,155,573 | | 1,155,573 | 51 |
| 52 | Labor Room and Delivery Room | | 1,690,718 | | 1,690,718 | 52 |
| 53 | Anesthesiology | | 1,333,833 | | 1,333,833 | 53 |
| 54 | Radiology-Diagnostic | | 4,215,320 | | 4,215,320 | 54 |
| 55 | Radiology-Therapeutic | | 2,538,876 | | 2,538,876 | 55 |
| 56 | Radioisotope | | 698,995 | | 698,995 | 56 |
| 57 | Computed Tomography (CT) Scan | | 712,176 | | 712,176 | 57 |
| 58 | Magnetic Resonance Imaging (MRI) | | 771,461 | | 771,461 | 58 |
| 59 | Cardiac Catheterization | | 2,683,733 | | 2,683,733 | 59 |
| 60 | Laboratory | | 3,690,477 | | 3,690,477 | 60 |
| 60.70 | Gastro Intestinal Service | | 1,360,983 | | 1,360,983 | 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 | | 1,529,262 | | 1,529,262 | 65 |
| 66 | Physical Therapy | | 427,175 | | 427,175 | 66 |
| 67 | Occupational Therapy | | | | | 67 |
| 68 | Speech Pathology | | 38,607 | | 38,607 | 68 |
| 69 | Electrocardiology | | 713,268 | | 713,268 | 69 |
| 70 | Electroencephalography | | | | | 70 |
| 71 | Medical Supplies Charged to Patients | | 3,271,640 | | 3,271,640 | 71 |
| 72 | Implantable Devices Charged to Patients | | 1,929,330 | | 1,929,330 | 72 |
| 73 | Drugs Charged to Patients | | 3,397,293 | | 3,397,293 | 73 |
| 74 | Renal Dialysis | | 599,366 | | 599,366 | 74 |
| 75 | ASC (Non-Distinct Part) | | 1,700,167 | | 1,700,167 | 75 |
| 76 | Other Ancillary (specify) | | | | | 76 |
| 76.30 | Other Ancillary Cost Centers | | 1,094,184 | | 1,094,184 | 76.30 |
| 76.35 | Cardiac Rehabilitation | | 71,534 | | 71,534 | 76.35 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | |
| 88 | Rural Health Clinic (RHC) | | | | | 88 |
| 89 | Federally Qualified Health Center (FQHC) | | | | | 89 |
| 90 | Clinic | | 6,616,157 | | 6,616,157 | 90 |

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| ALLOCATION OF CAPITAL-RELATED COSTS | | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET B, PART II | |
|---|---|---|---|---|---|---|---|---|
| 91 Emergency | | | | | 3,314,406 | | 3,314,406 | 91 |
| 92 Observation Beds | | | | | | | | 92 |
| 93 Other Outpatient Service (specify) | | | | | | | | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 94 Home Program Dialysis | | | | | | | | 94 |
| 95 Ambulance Services | | | | | 15,528,851 | | 15,528,851 | 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 | | | | | 499,750 | | 499,750 | 105 |
| 106 Heart Acquisition | | | | | 61,852 | | 61,852 | 106 |
| 107 Liver Acquisition | | | | | 139,273 | | 139,273 | 107 |
| 108 Lung Acquisition | | | | | | | | 108 |
| 109 Pancreas Acquisition | | | | | 16,273 | | 16,273 | 109 |
| 110 Intestinal Acquisition | | | | | | | | 110 |
| 111 Islet Acquisition | | | | | | | | 111 |
| 112 Other Organ Acquisition (specify) | | | | | 36,587 | | 36,587 | 112 |
| 115 Ambulatory Surgical Center (Distinct Part) | | | | | | | | 115 |
| 116 Hospice | | | | | | | | 116 |
| 117 Other Special Purpose (specify) | | | | | | | | 117 |
| 118 SUBTOTALS (sum of lines 1-117) | | | | | 92,308,672 | | 92,308,672 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 190 Gift, Flower, Coffee Shop, & Canteen | | | | | 181,355 | | 181,355 | 190 |
| 191 Research | | | | | 4,400,828 | | 4,400,828 | 191 |
| 192 Physicians' Private Offices | | | | | 744,169 | | 744,169 | 192 |
| 193 Nonpaid Workers | | | | | | | | 193 |
| 194 Other Nonreimbursable (specify) | | | | | 1,606,254 | | 1,606,254 | 194 |
| 200 Cross Foot Adjustments | 360,293 | 419,696 | 1,363,227 | 241,984 | 2,385,200 | | 2,385,200 | 200 |
| 201 Negative Cost Centers | | | | | | | | 201 |
| 202 TOTAL (sum lines 118-201) | 360,293 | 419,696 | 1,363,227 | 241,984 | 101,626,480 | | 101,626,480 | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COST ALLOCATION - STATISTICAL BASIS | | | | | | | Provider CCN: 340113 | | 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 | 917,827 | | | | | | | | | | | 1 |
| 2 Capital Related Costs-Movable Equipment | | 32,721,394 | | | | | | | | | | 2 |
| 4 Employee Benefits | | 73 | 541,412,352 | | | | | | | | | 4 |
| 5 Administrative and General | 46,199 | 3,150,564 | 20,291,674 | -174,955,824 | 988,121,408 | | | | | | | 5 |
| 6 Maintenance and Repairs | | | | | | | | | | | | 6 |
| 7 Operation of Plant | 4,765 | 101,583 | 5,362,037 | | 21,803,582 | | 866,863 | | | | | 7 |
| 8 Laundry and Linen Service | 1,733 | 649 | 268,491 | | 4,983,402 | | 1,733 | 6,992,683 | | | | 8 |
| 9 Housekeeping | 19,071 | 29,900 | 5,444,160 | | 11,492,706 | | 19,071 | | 246,513 | | | 9 |
| 10 Dietary | 46,027 | 209,101 | 413,169 | | 15,329,472 | | 46,027 | 2,218 | 1,638 | 2,835,979 | | 10 |
| 11 Cafeteria | | | | | | | | | | 1,602,883 | 1,328,113 | 11 |
| 12 Maintenance of Personnel | | | | | | | | | | | | 12 |
| 13 Nursing Administration | 10,270 | 2,852,099 | 5,667,708 | | 18,443,636 | | 10,270 | | 6,084 | | 11,664 | 13 |
| 14 Central Services and Supply | 5,693 | 80,047 | 1,385,696 | | 11,639,333 | | 5,693 | 60,604 | 1,456 | | 7,183 | 14 |
| 15 Pharmacy | 13,718 | 261,231 | 15,600,955 | | 19,053,412 | | 13,718 | | 3,184 | | 35,712 | 15 |
| 16 Medical Records & Medical Records Library | 9,393 | 18,352 | 4,799,821 | | 10,659,250 | | 9,393 | | 1,896 | | 20,425 | 16 |
| 17 Social Service | 5,387 | 25,219 | 7,530,242 | | 9,880,245 | | 5,387 | | 728 | | 21,077 | 17 |
| 18 Other General Service (specify) | | | | | | | | | | | | 18 |
| 18.05 Other General Service Cost Centers | 1,685 | 1,478 | 220,149 | | 401,386 | | 1,685 | | 260 | | 959 | 18.05 |
| 19 Nonphysician Anesthetists | | | | | | | | | | | | 19 |
| 20 Nursing School | | 100,625 | 3,674,389 | | 4,000,300 | | | | 3,484 | | 8,634 | 20 |
| 21 Intern & Res. Service-Salary & Fringes (Approved) | | | 12,748,950 | | 16,145,258 | | | | | | | 21 |
| 22 Intern & Res. Other Program Costs (Approved) | 5,375 | 170,099 | 21,907,440 | | 32,382,062 | | 5,375 | 10,489 | 1,040 | | 54,220 | 22 |
| 23 Paramedical Education Program (specify) | 1,755 | 18,503 | 2,447,846 | | 3,811,499 | | 1,755 | | 4,368 | | 31,343 | 23 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | | | | | |
| 30 Adults and Pediatrics (General Routine Care) | 208,429 | 768,079 | 68,624,496 | | 98,853,992 | | 208,429 | 2,619,656 | 56,524 | 678,338 | 271,277 | 30 |
| 31 Intensive Care Unit | 40,006 | 626,258 | 22,536,061 | | 26,705,415 | | 40,006 | 50,766 | 8,112 | 38,821 | 49,754 | 31 |
| 32 Coronary Care Unit | 14,335 | 141,833 | 6,023,903 | | 8,852,201 | | 14,335 | 2,386 | 5,824 | 32,730 | 18,695 | 32 |
| 33 Burn Intensive Care Unit | | | | | | | | | | | | 33 |
| 34 Surgical Intensive Care Unit | 55,341 | 264,733 | 21,727,605 | | 30,164,863 | | 55,341 | 101,469 | 13,208 | 109,590 | 61,553 | 34 |
| 35 Other Special Care Unit (specify) | | | | | | | | | | | | 35 |
| 40 Subprovider IPF | 18,940 | 20,869 | 8,267,434 | | 11,497,875 | | 18,940 | 104,315 | 11,921 | 107,110 | 26,952 | 40 |

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| COST ALLOCATION - STATISTICAL BASIS | | | | | | | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET B-1 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 41 | Subprovider IRF | 11,854 | 4,584 | 1,130,894 | | 1,877,993 | | 11,854 | 51,130 | | 11,445 | 4,247 | 41 |
| 42 | Subprovider (specify) | | | | | | | | | | | | 42 |
| 43 | Nursery | 10,174 | 83,263 | 3,722,772 | | 5,378,830 | | 10,174 | 181,678 | 4,004 | 37,169 | 13,142 | 43 |
| 44 | Skilled Nursing Facility | | | | | | | | | | | | 44 |
| 45 | Nursing Facility | | | | | | | | | | | | 45 |
| 46 | Other Long Term Care | | | | | | | | | | | | 46 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | | | | | |
| 50 | Operating Room | 74,144 | 2,235,004 | 16,129,193 | | 29,925,971 | | 74,144 | 550,540 | | | 49,036 | 50 |
| 51 | Recovery Room | 22,781 | 32,663 | 6,350,980 | | 9,100,638 | | 22,781 | 63,418 | 2,912 | 1,519 | 16,796 | 51 |
| 52 | Labor Room and Delivery Room | 25,104 | 258,015 | 8,735,904 | | 12,820,880 | | 25,104 | 1,190,677 | 14,248 | | 23,882 | 52 |
| 53 | Anesthesiology | 797 | 523,712 | 24,242,504 | | 14,251,234 | | 797 | | | | 26,700 | 53 |
| 54 | Radiology-Diagnostic | 35,533 | 1,767,405 | 10,438,874 | | 17,395,714 | | 35,533 | 65,690 | 4,368 | | 31,525 | 54 |
| 55 | Radiology-Therapeutic | | 1,536,082 | 1,338,236 | | 6,379,708 | | | 34,553 | 780 | | 3,858 | 55 |
| 56 | Radioisotope | 5,737 | 352,380 | 831,727 | | 1,708,299 | | 5,737 | 34,826 | 1,248 | | 1,800 | 56 |
| 57 | Computed Tomography (CT) Scan | 3,854 | 183,177 | 2,127,017 | | 3,698,230 | | 3,854 | | 1,248 | | 4,501 | 57 |
| 58 | Magnetic Resonance Imaging (MRI) | 5,673 | 306,562 | 1,615,284 | | 3,237,014 | | 5,673 | 127,537 | 728 | | 3,198 | 58 |
| 59 | Cardiac Catheterization | 14,385 | 1,286,229 | 4,859,051 | | 10,492,001 | | 14,385 | 137,759 | | | 12,615 | 59 |
| 60 | Laboratory | 19,495 | 690,736 | 16,124,367 | | 60,292,157 | | 19,495 | | 5,356 | | 39,009 | 60 |
| 60.70 | Gastro Intestinal Service | 7,975 | 673,824 | 5,456,694 | | 9,875,154 | | 7,975 | 68,723 | 2,912 | | 13,600 | 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 | 8,192 | 707,235 | 10,434,604 | | 15,901,875 | | 8,192 | | 1,248 | | 28,868 | 65 |
| 66 | Physical Therapy | 7,149 | 22,319 | 4,296,457 | | 5,794,033 | | 7,149 | | 1,040 | | 10,927 | 66 |
| 67 | Occupational Therapy | | | | | | | | | | | | 67 |
| 68 | Speech Pathology | 113 | | | | 1,262,790 | | 113 | | 364 | | | 68 |
| 69 | Electrocardiology | 4,609 | 265,006 | 1,878,672 | | 3,552,122 | | 4,609 | 8,343 | 364 | | 6,026 | 69 |
| 70 | Electroencephalography | | | | | | | | | | | | 70 |
| 71 | Medical Supplies Charged to Patients | 6,305 | 797,778 | 778,356 | | 39,904,884 | | 6,305 | | 1,300 | | 3,901 | 71 |
| 72 | Implantable Devices Charged to Patients | | | | | 60,610,368 | | | | | | | 72 |
| 73 | Drugs Charged to Patients | | | | | 65,252,556 | | | | | | | 73 |
| 74 | Renal Dialysis | 7,500 | 142,393 | 2,162,588 | | 3,225,436 | | 7,500 | | 2,912 | | 5,317 | 74 |
| 75 | ASC (Non-Distinct Part) | 5,562 | 397,110 | 7,928,646 | | 15,641,559 | | 5,562 | 110,914 | 4,680 | | 23,671 | 75 |
| 76 | Other Ancillary (specify) | | | | | | | | | | | | 76 |
| 76.30 | Other Ancillary Cost Centers | | 12,277 | 296,712 | | 2,743,978 | | | | | | 1,226 | 76.30 |
| 76.35 | Cardiac Rehabilitation | | 31,750 | 454,695 | | 675,073 | | | | | | 1,448 | 76.35 |
| 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: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET B-1 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 90 Clinic | 26,313 | 1,762,065 | 91,988,277 | | 77,020,744 | | 26,313 | 665,141 | 12,576 | 56,123 | 166,143 | 90 |
| 91 Emergency | 43,783 | 474,756 | 21,940,898 | | 27,970,722 | | 43,783 | 744,810 | 40,242 | 55,541 | 52,373 | 91 |
| 92 Observation Beds | | | | | | | | | | | | 92 |
| 93 Other Outpatient Service (specify) | | | | | | | | | | | | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | | | | |
| 94 Home Program Dialysis | | | | | | | | | | | | 94 |
| 95 Ambulance Services | 1,988 | 7,113,330 | 6,476,529 | | 28,289,052 | | 1,988 | | 520 | | 17,704 | 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 | | 21,682 | 2,958,570 | | 8,014,835 | | | | | | 11,895 | 105 |
| 106 Heart Acquisition | 525 | 4,458 | 661,756 | | 1,342,652 | | 525 | | | | 1,040 | 106 |
| 107 Liver Acquisition | | 15,623 | 1,568,518 | | 4,242,008 | | | | | | 2,252 | 107 |
| 108 Lung Acquisition | | | | | | | | | | | | 108 |
| 109 Pancreas Acquisition | | 3,137 | 132,715 | | 491,076 | | | | | | | 109 |
| 110 Intestinal Acquisition | | | | | | | | | | | | 110 |
| 111 Islet Acquisition | | | | | | | | | | | | 111 |
| 112 Other Organ Acquisition (specify) | | 8,421 | 243,000 | | 1,045,277 | | | | | | | 112 |
| 115 Ambulatory Surgical Center (Distinct Part) | | | | | | | | | | | | 115 |
| 116 Hospice | | | | | | | | | | | | 116 |
| 117 Other Special Purpose (specify) | | | | | | | | | | | | 117 |
| 118 SUBTOTALS (sum of lines 1-117) | 869,407 | 30,752,528 | 495,654,976 | -174,955,824 | 910,645,504 | | 818,443 | 6,987,642 | 223,248 | 2,737,307 | 1,227,521 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | | | | |
| 190 Gift, Flower, Coffee Shop, & Canteen | 3,650 | 13,074 | | | 116,670 | | 3,650 | | 10,816 | | | 190 |
| 191 Research | 40,702 | 1,607,724 | 17,277,520 | | 36,103,496 | | 40,702 | 5,041 | 9,100 | | 41,714 | 191 |
| 192 Physicians' Private Offices | | 149,728 | 11,895,097 | | 12,202,392 | | | | | | 17,209 | 192 |
| 193 Nonpaid Workers | | | | | | | | | | | | 193 |
| 194 Other Nonreimbursable (specify) | 4,068 | 198,339 | 16,584,781 | | 29,053,356 | | 4,068 | | 3,349 | 98,672 | 41,669 | 194 |
| 200 Cross foot adjustments | | | | | | | | | | | | 200 |
| 201 Negative cost centers | | | | | | | | | | | | 201 |
| 202 Cost to be allocated (per Worksheet B, Part I) | 25,662,272 | 36,583,952 | 144,231,712 | | 174,955,824 | | 25,664,102 | 5,917,065 | 14,092,204 | 19,501,870 | 11,022,370 | 202 |
| 203 Unit cost multiplier (Worksheet B, Part I) | 27.96 | 1.118044 | 0.266399 | | 0.177059 | | 29.61 | 0.846179 | 57.17 | 6.88 | 8.30 | 203 |
| 204 Cost to be allocated (per Worksheet B, Part II) | | | 82 | | 25,685,786 | | 2,130,782 | 182,984 | 1,200,656 | 2,103,757 | 1,189,034 | 204 |
| 205 Unit cost multiplier (Worksheet B, Part II) | | | | | 0.025995 | | 2.46 | 0.026168 | 4.87 | 0.741810 | 0.895281 | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COST ALLOCATION - STATISTICAL BASIS | | | | Provider CCN: 340113 | | 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 | | 6,231,290 | | | | | | | 13 |
| 14 Central Services and Supply | | 561 | 127,983,936 | | | | | | 14 |
| 15 Pharmacy | | 4 | 501,548 | 73,094,728 | | | | | 15 |
| 16 Medical Records & Medical Records Library | | | 2,029 | | 3,740,581,245 | | | | 16 |
| 17 Social Service | | 14,890 | 1,352 | 4,603 | 6,889,085 | 45,776 | | | 17 |
| 18 Other General Service (specify) | | | | | | | | | 18 |
| 18.05 Other General Service Cost Centers | | | 5,727 | | | | 58,340 | | 18.05 |
| 19 Nonphysician Anesthetists | | | | | | | | | 19 |
| 20 Nursing School | | 1,226 | 4,456 | 2,354 | | | 354 | | 20 |
| 21 Intern & Res. Service-Salary & Fringes (Approved) | | | | | | | | | 21 |
| 22 Intern & Res. Other Program Costs (Approved) | | 1,684 | 7,339 | | | | | | 22 |
| 23 Paramedical Education Program (specify) | | | 2,859 | 12 | | 2 | 164 | | 23 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | | |
| 30 Adults and Pediatrics (General Routine Care) | | 2,099,260 | 2,850,667 | 619,396 | 226,881,328 | 36,655 | 29,929 | | 30 |
| 31 Intensive Care Unit | | 401,957 | 1,143,480 | 130,502 | 119,322,016 | 914 | 4,783 | | 31 |
| 32 Coronary Care Unit | | 177,326 | 440,735 | 82,468 | 31,968,705 | 205 | | | 32 |
| 33 Burn Intensive Care Unit | | | | | | | | | 33 |
| 34 Surgical Intensive Care Unit | | 546,213 | 1,902,418 | 253,226 | 102,516,983 | 1,255 | 2,672 | | 34 |
| 35 Other Special Care Unit (specify) | | | | | | | | | 35 |
| 40 Subprovider IPF | | 112,433 | 61,865 | 57 | 37,118,880 | | | | 40 |
| 41 Subprovider IRF | | 31,123 | 57,614 | 2,149 | 4,285,908 | 7 | 1,144 | | 41 |

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| COST ALLOCATION - STATISTICAL BASIS | | | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET B-1 | |
|---|---|---|---|---|---|---|---|---|---|
| 42 | Subprovider (specify) | | | | | | | | 42 |
| 43 | Nursery | | 109,850 | 128,624 | 2,087 | 17,011,040 | 3,018 | 4,715 | 43 |
| 44 | Skilled Nursing Facility | | | | | | | | 44 |
| 45 | Nursing Facility | | | | | | | | 45 |
| 46 | Other Long Term Care | | | | | | | | 46 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 50 | Operating Room | | 340,815 | 3,766,753 | 44,858 | 255,093,798 | 17 | 1,468 | 50 |
| 51 | Recovery Room | | 180,533 | 207,588 | | 44,548,880 | 124 | 196 | 51 |
| 52 | Labor Room and Delivery Room | | 207,403 | 395,095 | 606 | 42,404,304 | 10 | 908 | 52 |
| 53 | Anesthesiology | | 38,438 | 3,221,082 | 504,118 | 346,994,400 | | | 53 |
| 54 | Radiology-Diagnostic | | 57,164 | 1,014,949 | 1,053 | 134,915,072 | 1 | | 54 |
| 55 | Radiology-Therapeutic | | 11,662 | 26,796 | 10,120 | 51,144,776 | | | 55 |
| 56 | Radioisotope | | 4 | 32,984 | | 13,697,478 | 2 | | 56 |
| 57 | Computed Tomography (CT) Scan | | 4,510 | 346,554 | | 177,846,880 | | | 57 |
| 58 | Magnetic Resonance Imaging (MRI) | | 2,207 | 85,734 | | 58,423,440 | | | 58 |
| 59 | Cardiac Catheterization | | 53,168 | 1,518,071 | | 120,162,008 | 8 | | 59 |
| 60 | Laboratory | | 151,619 | 4,671,312 | 49,802 | 465,258,477 | | 75 | 60 |
| 60.70 | Gastro Intestinal Service | | 101,815 | 810,570 | 56 | 39,577,904 | | 364 | 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 | | 20,291 | 1,292,109 | 260 | 51,406,592 | | | 65 |
| 66 | Physical Therapy | | 13,630 | 2,361 | 170 | 16,697,813 | | | 66 |
| 67 | Occupational Therapy | | | | | | | | 67 |
| 68 | Speech Pathology | | | | | 2,322,731 | | | 68 |
| 69 | Electrocardiology | | 11,960 | 52,680 | 3,651 | 44,700,092 | | | 69 |
| 70 | Electroencephalography | | | | | | | | 70 |
| 71 | Medical Supplies Charged to Patients | | 295 | 36,294,476 | 5,156 | 63,274,408 | | 2,490 | 71 |
| 72 | Implantable Devices Charged to Patients | | | 60,614,328 | | 198,178,880 | | | 72 |
| 73 | Drugs Charged to Patients | | | | 65,722,132 | 367,120,672 | | | 73 |
| 74 | Renal Dialysis | | 52,746 | 92,340 | | 12,660,659 | 15 | 112 | 74 |
| 75 | ASC (Non-Distinct Part) | | 198,867 | 1,720,877 | | 89,938,264 | 15 | 988 | 75 |
| 76 | Other Ancillary (specify) | | | | | | | | 76 |
| 76.30 | Other Ancillary Cost Centers | | 8 | 622,579 | | 1,364,416 | | | 76.30 |
| 76.35 | Cardiac Rehabilitation | | 6,372 | 2,381 | | 1,300,369 | | 638 | 76.35 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 88 | Rural Health Clinic (RHC) | | | | | | | | 88 |
| 89 | Federally Qualified Health Center (FQHC) | | | | | | | | 89 |
| 90 | Clinic | | 503,072 | 832,574 | 2,115 | 245,856,398 | 3 | 2,677 | 90 |

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| COST ALLOCATION - STATISTICAL BASIS | | | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET B-1 | |
|---|---|---|---|---|---|---|---|---|---|
| 91 | Emergency | | 305,675 | 1,376,370 | 36,438 | 210,408,808 | 2,951 | 4,273 | | 91 |
| 92 | Observation Beds | | | | | | | | | 92 |
| 93 | Other Outpatient Service (specify) | | | | | | | | | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | | |
| 94 | Home Program Dialysis | | | | | | | | | 94 |
| 95 | Ambulance Services | | 84,292 | 158,695 | 29,008 | 42,398,668 | | | | 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 | | 33,092 | 424,667 | 179,186 | 7,895,512 | 1 | | | 105 |
| 106 | Heart Acquisition | | 7,503 | | | 836,528 | | | | 106 |
| 107 | Liver Acquisition | | 12,877 | | | 3,283,191 | | | | 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) | | 5,986,404 | 126,843,720 | 67,685,584 | 3,669,941,629 | 45,776 | 57,950 | | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | | |
| 190 | Gift, Flower, Coffee Shop, & Canteen | | | | | | | | | 190 |
| 191 | Research | | 92,603 | 765,661 | 43,160 | | | 390 | | 191 |
| 192 | Physicians' Private Offices | | 32,586 | 354,253 | 427,892 | 37,227,838 | | | | 192 |
| 193 | Nonpaid Workers | | | | | | | | | 193 |
| 194 | Other Nonreimbursable (specify) | | 119,697 | 20,302 | 4,938,094 | 33,411,832 | | | | 194 |
| 200 | Cross foot adjustments | | | | | | | | | 200 |
| 201 | Negative cost centers | | | | | | | | | 201 |
| 202 | Cost to be allocated (per Worksheet B, Part I) | | 22,457,900 | 14,064,879 | 23,366,656 | 13,102,776 | 12,060,942 | 545,792 | | 202 |
| 203 | Unit cost multiplier (Worksheet B, Part I) | | 3.60 | 0.109896 | 0.319676 | 0.003509 | 263.48 | 9.36 | | 203 |
| 204 | Cost to be allocated (per Worksheet B, Part II) | | 4,036,170 | 643,947 | 1,791,428 | 919,468 | 486,530 | 65,683 | | 204 |
| 205 | Unit cost multiplier (Worksheet B, Part II) | | 0.647726 | 0.005031 | 0.024508 | 0.000246 | 10.63 | 1.125866 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET B-1 |
|---|---|---|---|

| | COST CENTER DESCRIPTIONS | NURSING SCHOOL (ASSIGNED TIME) | INTERNS & RESIDENTS SALARY AND FRINGES (ASSIGNED TIME) | INTERNS & RESIDENTS PROGRAM COSTS (ASSIGNED TIME) | PARA- MEDICAL EDUCATION (ASSIGNED TIME) | 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 |
| 18.05 | Other General Service Cost Centers | | | | | | | | 18.05 |
| 19 | Nonphysician Anesthetists | | | | | | | | 19 |
| 20 | Nursing School | 44,740 | | | | | | | 20 |
| 21 | Intern & Res. Service-Salary & Fringes (Approved) | | 537,037 | | | | | | 21 |
| 22 | Intern & Res. Other Program Costs (Approved) | | | 537,037 | | | | | 22 |
| 23 | Paramedical Education Program (specify) | | | | 293,262 | | | | 23 |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | |
| 30 | Adults and Pediatrics (General Routine Care) | 31,529 | 190,226 | 190,226 | 178,246 | | | | 30 |
| 31 | Intensive Care Unit | | 24,219 | 24,219 | 24,687 | | | | 31 |
| 32 | Coronary Care Unit | | 9,119 | 9,119 | 8,619 | | | | 32 |
| 33 | Burn Intensive Care Unit | | | | | | | | 33 |
| 34 | Surgical Intensive Care Unit | 3,197 | 39,265 | 39,265 | 28,859 | | | | 34 |
| 35 | Other Special Care Unit (specify) | | | | | | | | 35 |
| 40 | Subprovider IPF | 3,156 | | | 24,811 | | | | 40 |
| 41 | Subprovider IRF | | | | 3,014 | | | | 41 |

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| COST ALLOCATION - STATISTICAL BASIS | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET B-1 | |
|---|---|---|---|---|---|---|
| 42 Subprovider (specify) | | | | | | 42 |
| 43 Nursery | 426 | 4,215 | 4,215 | | | 43 |
| 44 Skilled Nursing Facility | | | | | | 44 |
| 45 Nursing Facility | | | | | | 45 |
| 46 Other Long Term Care | | | | | | 46 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 Operating Room | 592 | 37,767 | 37,767 | 2,467 | | 50 |
| 51 Recovery Room | | 384 | 384 | | | 51 |
| 52 Labor Room and Delivery Room | 2,102 | 25,602 | 25,602 | 33 | | 52 |
| 53 Anesthesiology | | | | 9,032 | | 53 |
| 54 Radiology-Diagnostic | 1,936 | 468 | 468 | 7,019 | | 54 |
| 55 Radiology-Therapeutic | | | | 98 | | 55 |
| 56 Radioisotope | | | | 98 | | 56 |
| 57 Computed Tomography (CT) Scan | | | | 372 | | 57 |
| 58 Magnetic Resonance Imaging (MRI) | | | | 930 | | 58 |
| 59 Cardiac Catheterization | | | | 14 | | 59 |
| 60 Laboratory | | | | 3,582 | | 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 | | | | 11 | | 65 |
| 66 Physical Therapy | | 78 | 78 | | | 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 | | | | 100 | | 73 |
| 74 Renal Dialysis | | | | 11 | | 74 |
| 75 ASC (Non-Distinct Part) | 200 | 3,452 | 3,452 | 123 | | 75 |
| 76 Other Ancillary (specify) | | | | | | 76 |
| 76.30 Other Ancillary Cost Centers | | | | | | 76.30 |
| 76.35 Cardiac Rehabilitation | | | | | | 76.35 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88 Rural Health Clinic (RHC) | | | | | | 88 |
| 89 Federally Qualified Health Center (FQHC) | | | | | | 89 |
| 90 Clinic | 1,602 | 96,696 | 96,696 | 1,136 | | 90 |

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| COST ALLOCATION - STATISTICAL BASIS | | | Provider CCN: 340113 | | PERIOD: FROM 01/01/2011 TO 12/31/2011 | | WORKSHEET B-1 | |
|---|---|---|---|---|---|---|---|---|
| 91 | Emergency | | 75,972 | 75,972 | | | | 91 |
| 92 | Observation Beds | | | | | | | 92 |
| 93 | Other Outpatient Service (specify) | | | | | | | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 94 | Home Program Dialysis | | | | | | | 94 |
| 95 | Ambulance Services | | 507 | 507 | | | | 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) | 44,740 | 507,970 | 507,970 | 293,262 | | | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 190 | Gift, Flower, Coffee Shop, & Canteen | | | | | | | 190 |
| 191 | Research | | 11,326 | 11,326 | | | | 191 |
| 192 | Physicians' Private Offices | | 78 | 78 | | | | 192 |
| 193 | Nonpaid Workers | | | | | | | 193 |
| 194 | Other Nonreimbursable (specify) | | 17,663 | 17,663 | | | | 194 |
| 200 | Cross foot adjustments | | | | | | | 200 |
| 201 | Negative cost centers | | | | | | | 201 |
| 202 | Cost to be allocated (per Worksheet B, Part I) | 4,988,386 | 19,003,920 | 38,799,920 | 5,050,522 | | | 202 |
| 203 | Unit cost multiplier (Worksheet B, Part I) | 111.50 | 35.39 | 72.25 | 4.925 | | | 203 |
| 204 | Cost to be allocated (per Worksheet B, Part II) | 360,293 | 419,696 | 1,363,227 | 241,984 | | | 204 |
| 205 | Unit cost multiplier (Worksheet B, Part II) | 8.05 | 0.781503 | 2.54 | 123.40 | | | 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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There are 1 Cost Center Overrides.
CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF RATIO OF COSTS TO CHARGES | | | | | | | Provider CCN: 340113 | | 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) | 157,596,672 | | 157,596,672 | | 157,596,672 | 222,931,392 | | 222,931,392 | | | | 30 |
| 31 Intensive Care Unit | 36,177,572 | | 36,177,572 | 3,057,961 | 39,235,532 | 80,307,742 | | 80,307,742 | | | | 31 |
| 32 Coronary Care Unit | 12,457,528 | | 12,457,528 | | 12,457,528 | 31,968,705 | | 31,968,705 | | | | 32 |
| 33 Burn Intensive Care Unit | | | | | | | | | | | | 33 |
| 34 Surgical Intensive Care Unit | 42,641,333 | | 42,641,333 | 709,245 | 43,350,578 | 94,890,766 | | 94,890,766 | | | | 34 |
| 35 Other Special Care (specify) | | | | | | | | | | | | 35 |
| 40 Subprovider IPF | 16,771,245 | | 16,771,245 | 99,301 | 16,870,546 | 37,118,880 | | 37,118,880 | | | | 40 |
| 41 Subprovider IRF | 2,871,845 | | 2,871,845 | | 2,871,845 | 4,285,908 | | 4,285,908 | | | | 41 |
| 42 Subprovider (Specify) | | | | | | | | | | | | 42 |
| 43 Nursery | 8,736,882 | | 8,736,882 | | 8,736,882 | 17,011,040 | | 17,011,040 | | | | 43 |
| 44 Skilled Nursing Facility | | | | | | | | | | | | 44 |
| 45 Nursing Facility | | | | | | | | | | | | 45 |
| 46 Other Long Term Care | | | | | | | | | | | | 46 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | | | | |
| 50 Operating Room | 41,338,466 | | 41,338,466 | | 41,338,466 | 202,510,118 | 52,583,680 | 255,093,798 | ** 0.162052 | ** 0.162052 | ** 0.162052 | 50 |
| 51 Recovery Room | 12,620,699 | | 12,620,699 | | 12,620,699 | 25,009,032 | 19,539,848 | 44,548,880 | ** 0.283300 | ** 0.283300 | ** 0.283300 | 51 |
| 52 Labor Room and Delivery Room | 19,045,250 | | 19,045,250 | | 19,045,250 | 39,550,980 | 2,853,522 | 42,404,504 | ** 0.449133 | ** 0.449133 | ** 0.449133 | 52 |
| 53 Anesthesiology | 20,841,936 | | 20,841,936 | 356,557 | 21,198,492 | 188,854,464 | 109,734,208 | 298,588,672 | ** 0.069801 | ** 0.069801 | ** 0.070996 | 53 |
| 54 Radiology-Diagnostic | 23,779,258 | | 23,779,258 | | 23,779,258 | 66,830,060 | 68,085,016 | 134,915,072 | ** 0.176254 | ** 0.176254 | ** 0.176254 | 54 |
| 55 Radiology-Therapeutic | 7,852,271 | | 7,852,271 | | 7,852,271 | 2,453,240 | 48,691,536 | 51,144,776 | ** 0.153530 | ** 0.153530 | ** 0.153530 | 55 |
| 56 Radioisotope | 2,358,052 | | 2,358,052 | | 2,358,052 | 4,202,609 | 9,494,869 | 13,697,478 | ** 0.172152 | ** 0.172152 | ** 0.172152 | 56 |
| 57 Computed Tomography (CT) Scan | 5,290,125 | | 5,290,125 | | 5,290,125 | 78,487,056 | 99,359,824 | 177,846,880 | ** 0.029745 | ** 0.029745 | ** 0.029745 | 57 |
| 58 Magnetic Resonance Imaging (MRI) | 4,466,289 | | 4,466,289 | | 4,466,289 | 19,141,564 | 39,281,872 | 58,423,440 | ** 0.076447 | ** 0.076447 | ** 0.076447 | 58 |
| 59 Cardiac Catheterization | 13,781,910 | | 13,781,910 | | 13,781,910 | 70,362,272 | 49,799,736 | 120,162,008 | ** 0.114694 | ** 0.114694 | ** 0.114694 | 59 |
| 60 Laboratory | 75,782,017 | | 75,782,017 | 133,984 | 75,916,001 | 213,551,680 | 251,191,709 | 464,743,373 | ** 0.163062 | ** 0.163062 | ** 0.163350 | 60 |
| 60.70 Gastro Intestinal Service | 12,795,562 | | 12,795,562 | | 12,795,562 | 10,363,558 | 29,214,344 | 39,577,904 | ** 0.323301 | ** 0.323301 | ** 0.323301 | 60.70 |
| 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 |

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| COMPUTATION OF RATIO OF COSTS TO CHARGES | | | | | | | Provider CCN: 340113 | | 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 | |
| 65 Respiratory Therapy | 19,668,744 | | 19,668,744 | | 19,668,744 | 49,220,324 | 2,186,271 | 51,406,592 | ** 0.382611 | ** 0.382611 | ** 0.382611 | 65 |
| 66 Physical Therapy | 7,289,738 | | 7,289,738 | | 7,289,738 | 16,226,633 | 471,180 | 16,697,813 | ** 0.436568 | ** 0.436568 | ** 0.436568 | 66 |
| 67 Occupational Therapy | | | | | | | | | | | | 67 |
| 68 Speech Pathology | 1,518,681 | | 1,518,681 | | 1,518,681 | 2,133,342 | 189,390 | 2,322,732 | ** 0.653834 | ** 0.653834 | ** 0.653834 | 68 |
| 69 Electrocardiology | 4,602,302 | | 4,602,302 | | 4,602,302 | 18,866,554 | 25,234,016 | 44,100,568 | ** 0.104359 | ** 0.104359 | ** 0.104359 | 69 |
| 70 Electroencephalography | | | | | | | | | | | | 70 |
| 71 Medical Supplies Charged to Patients | 51,500,412 | | 51,500,412 | | 51,500,412 | 43,448,464 | 19,825,948 | 63,274,412 | ** 0.813922 | ** 0.813922 | ** 0.813922 | 71 |
| 72 Implantable Devices Charged to Patients | 78,698,624 | | 78,698,624 | | 78,698,624 | 145,827,024 | 52,351,856 | 198,178,880 | ** 0.397109 | ** 0.397109 | ** 0.397109 | 72 |
| 73 Drugs Charged to Patients | 99,528,440 | | 99,528,440 | | 99,528,440 | 227,817,408 | 139,303,264 | 367,120,672 | ** 0.271106 | ** 0.271106 | ** 0.271106 | 73 |
| 74 Renal Dialysis | 4,481,085 | | 4,481,085 | | 4,481,085 | 6,220,401 | 6,440,258 | 12,660,659 | ** 0.353938 | ** 0.353938 | ** 0.353938 | 74 |
| 75 ASC (Non-Distinct Part) | 20,410,848 | | 20,410,848 | | 20,410,848 | 10,792,832 | 79,145,432 | 89,938,264 | ** 0.226943 | ** 0.226943 | ** 0.226943 | 75 |
| 76 Other Ancillary (specify) | | | | | | | | | | | | 76 |
| 76.30 Other Ancillary Cost Centers | 3,313,235 | | 3,313,235 | | 3,313,235 | 669,994 | 238,617 | 908,611 | ** 3.646483 | ** 3.646483 | ** 3.646483 | 76.30 |
| 76.35 Cardiac Rehabilitation | 840,377 | | 840,377 | | 840,377 | 366,958 | 933,411 | 1,300,369 | ** 0.646260 | ** 0.646260 | ** 0.646260 | 76.35 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | | | |
| 88 Rural Health Clinic (RHC) | | | | | | | | | | | | 88 |
| 89 Federally Qualified Health Center (FQHC) | | | | | | | | | | | | 89 |
| 90 Clinic | 97,565,555 | | 97,565,555 | 12,346,035 | 109,911,589 | 6,265,612 | 63,441,409 | 69,707,021 | ** 1.399652 | ** 1.399652 | ** 1.576765 | 90 |
| 91 Emergency | 40,787,133 | | 40,787,133 | 2,556,581 | 43,343,713 | 56,001,137 | 108,029,254 | 164,030,385 | ** 0.248656 | ** 0.248656 | ** 0.264242 | 91 |
| 92 Observation Beds (see instructions) | 12,280,461 | | 12,280,461 | | 12,280,461 | 1,855,235 | 21,555,585 | 23,410,820 | ** 0.524563 | ** 0.524563 | ** 0.524563 | 92 |
| 93 Other Outpatient Service (specify) | | | | | | | | | | | | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | | | | |
| 94 Home Program Dialysis | | | | | | | | | | | | 94 |
| 95 Ambulance Services | 34,012,680 | | 34,012,680 | | 34,012,680 | 574 | 42,398,096 | 42,398,668 | ** 0.802211 | ** 0.802211 | ** 0.802211 | 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 | 9,783,837 | | 9,783,837 | | 9,783,837 | | | | | | | 105 |
| 106 Heart Acquisition | 1,634,531 | | 1,634,531 | | 1,634,531 | | | | | | | 106 |
| 107 Liver Acquisition | 5,069,714 | | 5,069,714 | | 5,069,714 | | | | | | | 107 |
| 108 Lung Acquisition | | | | | | | | | | | | 108 |

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| COMPUTATION OF RATIO OF COSTS TO CHARGES | | | | | | | Provider CCN: 340113 | | 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 | 578,025 | | 578,025 | | 578,025 | | | | | | | 109 |
| 110 Intestinal Acquisition | | | | | | | | | | | | 110 |
| 111 Islet Acquisition | | | | | | | | | | | | 111 |
| 112 Other Organ Acquisition (specify) | 1,230,353 | | 1,230,353 | | 1,230,353 | | | | | | | 112 |
| 115 Ambulatory Surgical Center (Distinct Part) | | | | | | | | | | | | 115 |
| 116 Hospice | | | | | | | | | | | | 116 |
| 117 Other Special Purpose (specify) | | | | | | | | | | | | 117 |
| 200 Subtotal (see instructions) | 1,011,999,680 | | 1,011,999,680 | 19,259,664 | 1,031,259,328 | 1,995,543,552 | 1,341,574,144 | 3,337,117,696 | | | | 200 |
| 201 Less Observation Beds | 5,189,727 | | 5,189,727 | | 5,189,727 | | | | | | | 201 |
| 202 Total (see instructions) | 1,006,809,984 | | 1,006,809,984 | | 1,026,069,632 | 1,995,543,552 | 1,341,574,144 | 3,337,117,696 | | | | 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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There are 1 Cost Center Overrides.
CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 340113 | 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) | 12,767,860 | | 12,767,860 | 184,309 | 69.27 | 57,043 | 3,951,369 | 30 |
| 31 | Intensive Care Unit | 3,054,392 | | 3,054,392 | 24,687 | 243.43 | 4,655 | 499,528 | 31 |
| 32 | Coronary Care Unit | 1,025,121 | | 1,025,121 | 8,619 | 258.39 | 4,253 | 505,137 | 32 |
| 33 | Burn Intensive Care Unit | | | | | | | | 33 |
| 34 | Surgical Intensive Care Unit | 3,395,408 | | 3,395,408 | 28,859 | 508.30 | 9,857 | 1,001,738 | 34 |
| 35 | Other Special Care Unit (specify) | | | | | | | | 35 |
| 40 | Subprovider IPF | 1,158,810 | | 1,158,810 | 24,819 | 46.69 | 5,143 | 240,127 | 40 |
| 41 | Subprovider IRF | 452,897 | | 452,897 | 3,014 | 150.26 | | | 41 |
| 42 | Subprovider (Other) | | | | | | | | 42 |
| 43 | Nursery | 720,569 | | 720,569 | 22,499 | 32.03 | | | 43 |
| 44 | Skilled Nursing Facility | | | | | | | | 44 |
| 45 | Nursing Facility | | | | | | | | 45 |
| 200 | Total (lines 30-199) | 22,575,056 | | 22,575,056 | 296,806 | | 80,951 | 6,197,899 | 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)

Rev. 2 - 08-11 | 40-567

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There are 1 Cost Center Overrides.
CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 340113 | 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 | 7,098,856 | 255,093,798 | ** 0.027828 | 60,857,604 | 1,689,164 | 50 |
| 51 | Recovery Room | 1,155,573 | 44,548,880 | ** 0.025939 | 7,227,274 | 187,468 | 51 |
| 52 | Labor Room and Delivery Room | 1,690,718 | 42,404,504 | ** 0.039871 | 144,097 | 5,745 | 52 |
| 53 | Anesthesiology | 1,333,833 | 298,588,672 | ** 0.004467 | 48,962,512 | 218,716 | 53 |
| 54 | Radiology-Diagnostic | 4,215,320 | 134,915,072 | ** 0.031244 | 23,351,452 | 729,593 | 54 |
| 55 | Radiology-Therapeutic | 2,538,876 | 51,144,776 | ** 0.049641 | 803,683 | 39,896 | 55 |
| 56 | Radioisotope | 698,995 | 13,697,478 | ** 0.051031 | 2,056,612 | 104,951 | 56 |
| 57 | Computed Tomography (CT) Scan | 712,176 | 177,846,880 | ** 0.004004 | 25,180,728 | 100,824 | 57 |
| 58 | Magnetic Resonance Imaging (MRI) | 771,461 | 58,423,440 | ** 0.013205 | 6,478,993 | 85,555 | 58 |
| 59 | Cardiac Catheterization | 2,683,733 | 120,162,008 | ** 0.022334 | 30,548,428 | 682,269 | 60 |
| 60 | Laboratory | 3,690,477 | 464,743,373 | ** 0.007941 | 69,640,988 | 538,472 | 60 |
| 60.70 | | 1,360,983 | 39,577,904 | ** 0.034387 | 3,839,429 | 132,026 | 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 | 1,529,262 | 51,406,592 | ** 0.029748 | 16,572,550 | 493,000 | 65 |
| 66 | Physical Therapy | 427,175 | 16,697,813 | ** 0.025583 | 5,273,976 | 134,924 | 66 |
| 67 | Occupational Therapy | | | | | | 67 |
| 68 | Speech Pathology | 38,607 | 2,322,732 | ** 0.016621 | 1,013,578 | 16,847 | 68 |
| 69 | Electrocardiology | 713,268 | 44,100,568 | ** 0.016174 | 9,384,002 | 151,777 | 69 |
| 70 | Electroencephalography | | | | | | 70 |
| 71 | Medical Supplies Charged to Patients | 3,271,640 | 63,274,412 | ** 0.051706 | 15,163,372 | 784,037 | 71 |
| 72 | Implantable Devices Charged to Patients | 1,929,330 | 198,178,880 | ** 0.009735 | 57,870,444 | 563,369 | 72 |
| 73 | Drugs Charged to Patients | 3,397,293 | 367,120,672 | ** 0.009254 | 66,857,348 | 618,698 | 73 |
| 74 | Renal Dialysis | 599,366 | 12,660,659 | ** 0.047341 | 3,437,467 | 162,733 | 74 |
| 75 | ASC (Non-Distinct Part) | 1,700,167 | 89,938,264 | ** 0.018904 | 2,754,032 | 52,062 | 75 |
| 76 | Other Ancillary (specify) | | | | | | 76 |
| 76.30 | | 1,094,184 | 908,611 | ** 1.204238 | 119,204 | 132,558 | 76.30 |
| 76.35 | | 71,534 | 1,300,369 | ** 0.055011 | 162,344 | 8,931 | 76.35 |
| 88 | Rural Health Clinic (RHC) | | | | | | 88 |
| 89 | Federally Qualified Health Center (FQHC) | | | | | | 89 |
| 90 | Clinic | 6,616,157 | 69,707,021 | ** 0.094914 | 1,161,345 | 30,793 | 90 |
| 91 | Emergency | 3,314,406 | 164,030,385 | ** 0.020206 | 17,500,528 | 340,455 | 91 |
| 92 | Observation Beds | 1,218,024 | 23,410,820 | ** 0.052028 | | | 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) | 53,871,416 | 2,806,204,672 | ** 0.019197 | 476,361,984 | 8,004,863 | 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)

40-568 Rev. 2 - 08-11

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There are 1 Cost Center Overrides.
CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D, PART II |
|---|---|---|---|

Medicare -Title XVIII - SNF

| | | 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 | 7,098,856 | 255,093,798 | ** 0.027828 | | | 50 |
| 51 | Recovery Room | 1,155,573 | 44,548,880 | ** 0.025939 | | | 51 |
| 52 | Labor Room and Delivery Room | 1,690,718 | 42,404,504 | ** 0.039871 | | | 52 |
| 53 | Anesthesiology | 1,333,833 | 298,588,672 | ** 0.004467 | | | 53 |
| 54 | Radiology-Diagnostic | 4,215,320 | 134,915,072 | ** 0.031244 | | | 54 |
| 55 | Radiology-Therapeutic | 2,538,876 | 51,144,776 | ** 0.049641 | | | 55 |
| 56 | Radioisotope | 698,995 | 13,697,478 | ** 0.051031 | | | 56 |
| 57 | Computed Tomography (CT) Scan | 712,176 | 177,846,880 | ** 0.004004 | | | 57 |
| 58 | Magnetic Resonance Imaging (MRI) | 771,461 | 58,423,440 | ** 0.013205 | | | 58 |
| 59 | Cardiac Catheterization | 2,683,733 | 120,162,008 | ** 0.022334 | | | 60 |
| 60 | Laboratory | 3,690,477 | 464,743,373 | ** 0.007941 | | | 60 |
| 60.70 | | 1,360,983 | 39,577,904 | ** 0.034387 | | | 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 | 1,529,262 | 51,406,592 | ** 0.029748 | | | 65 |
| 66 | Physical Therapy | 427,175 | 16,697,813 | ** 0.025583 | | | 66 |
| 67 | Occupational Therapy | | | | | | 67 |
| 68 | Speech Pathology | 38,607 | 2,322,732 | ** 0.016621 | | | 68 |
| 69 | Electrocardiology | 713,268 | 44,100,568 | ** 0.016174 | | | 69 |
| 70 | Electroencephalography | | | | | | 70 |
| 71 | Medical Supplies Charged to Patients | 3,271,640 | 63,274,412 | ** 0.051706 | | | 71 |
| 72 | Implantable Devices Charged to Patients | 1,929,330 | 198,178,880 | ** 0.009735 | | | 72 |
| 73 | Drugs Charged to Patients | 3,397,293 | 367,120,672 | ** 0.009254 | | | 73 |
| 74 | Renal Dialysis | 599,366 | 12,660,659 | ** 0.047341 | | | 74 |
| 75 | ASC (Non-Distinct Part) | 1,700,167 | 89,938,264 | ** 0.018904 | | | 75 |
| 76 | Other Ancillary (specify) | | | | | | 76 |
| 76.30 | | 1,094,184 | 908,611 | ** 1.204238 | | | 76.30 |
| 76.35 | | 71,534 | 1,300,369 | ** 0.055011 | | | 76.35 |
| 88 | Rural Health Clinic (RHC) | | | | | | 88 |
| 89 | Federally Qualified Health Center (FQHC) | | | | | | 89 |
| 90 | Clinic | 6,616,157 | 69,707,021 | ** 0.094914 | | | 90 |
| 91 | Emergency | 3,314,406 | 164,030,385 | ** 0.020206 | | | 91 |
| 92 | Observation Beds | 1,218,024 | 23,410,820 | ** 0.052028 | | | 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) | 53,871,416 | 2,806,204,672 | ** 0.019197 | | | 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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There are 1 Cost Center Overrides.
CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D, PART II |
|---|---|---|---|
| | Medicare -Title XVIII - Subprovider | | |

| | | 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 | 7,098,856 | 255,093,798 | ** 0.027828 | 10,481 | 291 | 50 |
| 51 | Recovery Room | 1,155,573 | 44,548,880 | ** 0.025939 | 392 | 10 | 51 |
| 52 | Labor Room and Delivery Room | 1,690,718 | 42,404,504 | ** 0.039871 | | | 52 |
| 53 | Anesthesiology | 1,333,833 | 298,588,672 | ** 0.004467 | | | 53 |
| 54 | Radiology-Diagnostic | 4,215,320 | 134,915,072 | ** 0.031244 | 46,858 | 1,464 | 54 |
| 55 | Radiology-Therapeutic | 2,538,876 | 51,144,776 | ** 0.049641 | | | 55 |
| 56 | Radioisotope | 698,995 | 13,697,478 | ** 0.051031 | | | 56 |
| 57 | Computed Tomography (CT) Scan | 712,176 | 177,846,880 | ** 0.004004 | | | 57 |
| 58 | Magnetic Resonance Imaging (MRI) | 771,461 | 58,423,440 | ** 0.013205 | | | 58 |
| 59 | Cardiac Catheterization | 2,683,733 | 120,162,008 | ** 0.022334 | | | 60 |
| 60 | Laboratory | 3,690,477 | 464,743,373 | ** 0.007941 | 611,957 | 4,703 | 60 |
| 60.70 | | 1,360,983 | 39,577,904 | ** 0.034387 | 1,841 | 63 | 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 | 1,529,262 | 51,406,592 | ** 0.029748 | | | 65 |
| 66 | Physical Therapy | 427,175 | 16,697,813 | ** 0.025583 | 903 | 23 | 66 |
| 67 | Occupational Therapy | | | | | | 67 |
| 68 | Speech Pathology | 38,607 | 2,322,732 | ** 0.016621 | | | 68 |
| 69 | Electrocardiology | 713,268 | 44,100,568 | ** 0.016174 | 28,992 | 469 | 69 |
| 70 | Electroencephalography | | | | | | 70 |
| 71 | Medical Supplies Charged to Patients | 3,271,640 | 63,274,412 | ** 0.051706 | 348 | 18 | 71 |
| 72 | Implantable Devices Charged to Patients | 1,929,330 | 198,178,880 | ** 0.009735 | | | 72 |
| 73 | Drugs Charged to Patients | 3,397,293 | 367,120,672 | ** 0.009254 | 1,160,915 | 10,743 | 73 |
| 74 | Renal Dialysis | 599,366 | 12,660,659 | ** 0.047341 | | | 74 |
| 75 | ASC (Non-Distinct Part) | 1,700,167 | 89,938,264 | ** 0.018904 | | | 75 |
| 76 | Other Ancillary (specify) | | | | | | 76 |
| 76.30 | | 1,094,184 | 908,611 | ** 1.204238 | 9,329 | 12,828 | 76.30 |
| 76.35 | | 71,534 | 1,300,369 | ** 0.055011 | | | 76.35 |
| 88 | Rural Health Clinic (RHC) | | | | | | 88 |
| 89 | Federally Qualified Health Center (FQHC) | | | | | | 89 |
| 90 | Clinic | 6,616,157 | 69,707,021 | ** 0.094914 | | | 90 |
| 91 | Emergency | 3,314,406 | 164,030,385 | ** 0.020206 | 202,297 | 6,717 | 91 |
| 92 | Observation Beds | 1,218,024 | 23,410,820 | ** 0.052028 | | | 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) | 53,871,416 | 2,806,204,672 | ** 0.019197 | 2,074,313 | 37,329 | 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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There are 1 Cost Center Overrides.
CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 340113 | 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) | 3,515,396 | 378,528 | | | 3,893,924 | 184,309 | 21.13 | 57,043 | 1,205,319 | 30 |
| 31 | Intensive Care Unit | | 52,426 | | | 52,426 | 24,687 | 4.24 | 4,655 | 9,869 | 31 |
| 32 | Coronary Care Unit | | 18,304 | | | 18,304 | 8,619 | 4.24 | 4,253 | 9,016 | 32 |
| 33 | Burn Intensive Care Unit | | | | | | | | | | 33 |
| 34 | Surgical Intensive Care Unit | 356,457 | 61,286 | | | 417,743 | 28,859 | 53.40 | 9,857 | 155,938 | 34 |
| 35 | Other Special Care Unit (specify) | | | | | | | | | | 35 |
| 40 | Subprovider IPF | 351,885 | 52,689 | | | 404,574 | 24,819 | 16.30 | 5,143 | 83,831 | 40 |
| 41 | Subprovider IRF | | 6,401 | | | 6,401 | 3,014 | 2.12 | | | 41 |
| 42 | Subprovider (Other) | | | | | | | | | | 42 |
| 43 | Nursery | 47,498 | | | | 47,498 | 22,499 | 2.11 | | | 43 |
| 44 | Skilled Nursing Facility | | | | | | | | | | 44 |
| 45 | Nursing Facility | | | | | | | | | | 45 |
| 200 | Total (sum of lines 30-199) | 4,271,236 | 569,634 | | | 4,840,870 | 296,806 | | 80,951 | 1,463,973 | 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)

Rev. 2 - 08-11 | 40-569

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There are 1 Cost Center Overrides.
CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 340113 | 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 | | 66,006 | 409,982 | | 475,988 | 475,988 | 255,093,798 | | | | | | | 50 |
| 51 | Recovery Room | | | | | | | 44,548,880 | | | | | | | 51 |
| 52 | Labor room and Delivery Room | | 234,367 | 5,465 | | 239,832 | 239,832 | 42,404,504 | | | | | | | 52 |
| 53 | Anesthesiology | | | 1,950,931 | | 1,950,931 | 1,950,931 | 298,588,672 | | | | | | | 53 |
| 54 | Radiology-Diagnostic | | 215,859 | 677,137 | | 892,996 | 892,996 | 134,915,072 | | | | | | | 54 |
| 55 | Radiology-Therapeutic | | | 9,454 | | 9,454 | 9,454 | 51,144,776 | | | | | | | 55 |
| 56 | Radioisotope | | | 9,454 | | 9,454 | 9,454 | 13,697,478 | | | | | | | 56 |
| 57 | Computed Tomography (CT) Scan | | | 35,888 | | 35,888 | 35,888 | 177,846,880 | | | | | | | 57 |
| 58 | Magnetic Resonance Imaging (MRI) | | | 89,719 | | 89,719 | 89,719 | 58,423,440 | | | | | | | 58 |
| 59 | Cardiac Catheterization | | | 2,858 | | 2,858 | 2,858 | 120,162,008 | | | | | | | 59 |
| 60 | Laboratory | | | 731,252 | | 731,252 | 731,252 | 464,743,373 | | | | | | | 60 |
| 60.70 | Gastro Intestinal Service | | | | | | | 39,577,904 | | | | | | | 60.70 |
| 61 | PBP Clinical Laborstory 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 | | | 2,246 | | 2,246 | 2,246 | 51,406,592 | | | | | | | 65 |
| 66 | Physical Therapy | | | | | | | 16,697,813 | | | | | | | 66 |
| 67 | Occupational Therapy | | | | | | | | | | | | | | 67 |
| 68 | Speech Pathology | | | | | | | 2,322,732 | | | | | | | 68 |
| 69 | Electrocardiology | | | | | | | 44,100,568 | | | | | | | 69 |
| 70 | Electroencephalography | | | | | | | | | | | | | | 70 |
| 71 | Medical Supplies Charged To Patients | | | | | | | 63,274,412 | | | | | | | 71 |
| 72 | Implantable Devices Charged to Patients | | | | | | | 198,178,880 | | | | | | | 72 |
| 73 | Drugs Charged to Patients | | | 424,294 | | 424,294 | 424,294 | 367,120,672 | | | | | | | 73 |
| 74 | Renal Dialysis | | | 2,246 | | 2,246 | 2,246 | 12,660,659 | 0.000177 | 0.000177 | | | | | 74 |
| 75 | ASC (Non-Distinct Part) | | 22,299 | 20,370 | | 42,669 | 42,669 | 89,938,264 | | | | | | | 75 |
| 76 | Other Ancillary (specify) | | | | | | | | | | | | | | 76 |
| 76.30 | Other Ancillary Cost Centers | | | | | | | 908,611 | | | | | | | 76.30 |

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| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 340113 | 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 Wksh. 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 | |
| 76.35 | Cardiac Rehabilitation | | | | | | | 1,300,369 | | | | | | | 76.35 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | | | | | | |
| 88 | Rural Health Clinic (RHC) | | | | | | | | | | | | | | 88 |
| 89 | Federally Qualified Health Center (FQHC) | | | | | | | | | | | | | | 89 |
| 90 | Clinic | | 178,619 | 109,592 | | 288,211 | 288,211 | 69,707,021 | | | | | | | 90 |
| 91 | Emergency | | | | | | | 164,030,385 | | | | | | | 91 |
| 92 | Observation Beds | | 115,754 | 12,470 | | 128,224 | 128,224 | 23,410,820 | | | | | | | 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) | | 832,904 | 4,493,358 | | 5,326,262 | 5,326,262 | 2,806,204,672 | | | | | | | 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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There are 1 Cost Center Overrides.
CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 340113 | 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 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 | |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | | | | | | | |
| 50 | Operating Room | | 66,006 | 409,982 | | 475,988 | 475,988 | 255,093,798 | | | 60,857,604 | 113,682 | 10,316,943 | 19,272 | 50 |
| 51 | Recovery Room | | | | | | | 44,548,880 | | | 7,227,274 | | 3,485,527 | | 51 |
| 52 | Labor room and Delivery Room | | 234,367 | 5,465 | | 239,832 | 239,832 | 42,404,504 | | | 144,097 | 815 | 16,315 | 92 | 52 |
| 53 | Anesthesiology | | | 1,950,931 | | 1,950,931 | 1,950,931 | 298,588,672 | | | 48,962,512 | 319,921 | 15,319,990 | 100,101 | 53 |
| 54 | Radiology-Diagnostic | | 215,859 | 677,137 | | 892,996 | 892,996 | 134,915,072 | | | 23,351,452 | 154,563 | 17,292,024 | 114,456 | 54 |
| 55 | Radiology-Therapeutic | | | 9,454 | | 9,454 | 9,454 | 51,144,776 | | | 803,683 | 149 | 17,961,444 | 3,323 | 55 |
| 56 | Radioisotope | | | 9,454 | | 9,454 | 9,454 | 13,697,478 | | | 2,056,612 | 1,419 | 2,763,617 | 1,907 | 56 |
| 57 | Computed Tomography (CT) Scan | | | 35,888 | | 35,888 | 35,888 | 177,846,880 | | | 25,180,728 | 5,087 | 24,482,652 | 4,945 | 57 |
| 58 | Magnetic Resonance Imaging (MRI) | | | 89,719 | | 89,719 | 89,719 | 58,423,440 | | | 6,478,993 | 9,952 | 7,447,295 | 11,439 | 58 |
| 59 | Cardiac Cathcterization | | | 2,858 | | 2,858 | 2,858 | 120,162,008 | | | 30,548,428 | 733 | 19,241,414 | 462 | 59 |
| 60 | Laboratory | | | 731,252 | | 731,252 | 731,252 | 464,743,373 | | | 69,640,988 | 107,345 | 7,695,362 | 13,301 | 60 |
| 60.70 | Gastro Intestinal Service | | | | | | | 39,577,904 | | | 3,839,429 | | 9,188,070 | | 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 | | | 2,246 | | 2,246 | 2,246 | 51,406,592 | | | 16,572,550 | 729 | 338,802 | 15 | 65 |
| 66 | Physical Therapy | | | | | | | 16,697,813 | | | 5,273,976 | | | | 66 |
| 67 | Occupational Therapy | | | | | | | | | | | | | | 67 |
| 68 | Speech Pathology | | | | | | | 2,322,732 | | | 1,013,578 | | | | 68 |
| 69 | Electrocardiology | | | | | | | 44,100,568 | | | 9,384,002 | | 9,186,200 | | 69 |
| 70 | Electroencephalography | | | | | | | | | | | | | | 70 |
| 71 | Medical Supplies Charged To Patients | | | | | | | 63,274,412 | | | 15,163,372 | | 5,599,464 | | 71 |
| 72 | Implantable Devices Charged to Patients | | | | | | | 198,178,880 | | | 57,870,444 | | 17,262,492 | | 72 |
| 73 | Drugs Charged to Patients | | | 424,294 | | 424,294 | 424,294 | 367,120,672 | | | 66,857,348 | 77,287 | 37,309,680 | 43,130 | 73 |
| 74 | Renal Dialysis | | | 2,246 | | 2,246 | 2,246 | 12,660,659 | 0.000177 | 0.000177 | 3,437,467 | 608 | 1,256,894 | 222 | 74 |
| 75 | ASC (Non-Distinct Part) | | 22,299 | 20,370 | | 42,669 | 42,669 | 89,938,264 | | | 2,754,032 | 1,305 | 10,934,944 | 5,183 | 75 |
| 76 | Other Ancillary (specify) | | | | | | | | | | | | | | 76 |
| 76.30 | Other Ancillary Cost Centers | | | | | | | 908,611 | | | 119,204 | | 68,093 | | 76.30 |

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| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 340113 | 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 | |
| 76.35 | Cardiac Rehabilitation | | | | | | | 1,300,369 | | | 162,344 | | 304,223 | | 76.35 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | | | | | | |
| 88 | Rural Health Clinic (RHC) | | | | | | | | | | | | | | 88 |
| 89 | Federally Qualified Health Center (FQHC) | | | | | | | | | | | | | | 89 |
| 90 | Clinic | | 178,619 | 109,592 | | 288,211 | 288,211 | 69,707,021 | | | 1,161,345 | 346 | 10,439,566 | 46,271 | 90 |
| 91 | Emergency | | | | | | | 164,030,385 | | | 17,500,528 | | 11,986,421 | | 91 |
| 92 | Observation Beds | | 115,754 | 12,470 | | 128,224 | 128,224 | 23,410,820 | | | | | 3,183,182 | | 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) | | 832,904 | 4,493,358 | | 5,326,262 | 5,326,262 | 2,806,204,672 | | | 476,361,984 | 793,941 | 243,080,608 | 364,119 | 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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There are 1 Cost Center Overrides.
CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D, PART IV |
|---|---|---|---|

Medicare -Title XVIII - Subprovider

| | | 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 | |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | | | | | | | |
| 50 | Operating Room | | 66,006 | 409,982 | | 475,988 | 475,988 | 255,093,798 | | | 10,481 | 20 | | | 50 |
| 51 | Recovery Room | | | | | | | 44,548,880 | | | 392 | | | | 51 |
| 52 | Labor room and Delivery Room | | 234,367 | 5,465 | | 239,832 | 239,832 | 42,404,504 | | | | | | | 52 |
| 53 | Anesthesiology | | | 1,950,931 | | 1,950,931 | 1,950,931 | 298,588,672 | | | | | | | 53 |
| 54 | Radiology-Diagnostic | | 215,859 | 677,137 | | 892,996 | 892,996 | 134,915,072 | | | 46,858 | 310 | 710 | 5 | 54 |
| 55 | Radiology-Therapeutic | | | 9,454 | | 9,454 | 9,454 | 51,144,776 | | | | | | | 55 |
| 56 | Radioisotope | | | 9,454 | | 9,454 | 9,454 | 13,697,478 | | | | | | | 56 |
| 57 | Computed Tomography (CT) Scan | | | 35,888 | | 35,888 | 35,888 | 177,846,880 | | | | | | | 57 |
| 58 | Magnetic Resonance Imaging (MRI) | | | 89,719 | | 89,719 | 89,719 | 58,423,440 | | | | | 2,819 | 4 | 58 |
| 59 | Cardiac Catheterization | | | 2,858 | | 2,858 | 2,858 | 120,162,008 | | | | | | | 59 |
| 60 | Laboratory | | | 731,252 | | 731,252 | 731,252 | 464,743,373 | | | 611,957 | 936 | 359 | 1 | 60 |
| 60.70 | Gastro Intestinal Service | | | | | | | 39,577,904 | | | 1,841 | | | | 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 | | | 2,246 | | 2,246 | 2,246 | 51,406,592 | | | | | 36 | | 65 |
| 66 | Physical Therapy | | | | | | | 16,697,813 | | | 903 | | | | 66 |
| 67 | Occupational Therapy | | | | | | | | | | | | | | 67 |
| 68 | Speech Pathology | | | | | | | 2,322,732 | | | | | | | 68 |
| 69 | Electrocardiology | | | | | | | 44,100,568 | | | 28,992 | | 3,004 | | 69 |
| 70 | Electroencephalography | | | | | | | | | | | | | | 70 |
| 71 | Medical Supplies Charged To Patients | | | | | | | 63,274,412 | | | 348 | | | | 71 |
| 72 | Implantable Devices Charged to Patients | | | | | | | 198,178,880 | | | | | | | 72 |
| 73 | Drugs Charged to Patients | | | 424,294 | | 424,294 | 424,294 | 367,120,672 | | | 1,160,915 | 1,342 | 673,277 | 778 | 73 |
| 74 | Renal Dialysis | | | 2,246 | | 2,246 | 2,246 | 12,660,659 | 0.000177 | 0.000177 | | | | | 74 |
| 75 | ASC (Non-Distinct Part) | | 22,299 | 20,370 | | 42,669 | 42,669 | 89,938,264 | | | | | | | 75 |
| 76 | Other Ancillary (specify) | | | | | | | | | | | | | | 76 |
| 76.30 | Other Ancillary Cost Centers | | | | | | | 908,611 | | | 9,329 | | 11,550 | | 76.30 |

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| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D, PART IV |
|---|---|---|---|

Medicare -Title XVIII - Subprovider

| | | 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 | |
| 76.35 | Cardiac Rehabilitation | | | | | | | 1,300,369 | | | | | | | 76.35 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | | | | | | |
| 88 | Rural Health Clinic (RHC) | | | | | | | | | | | | | | 88 |
| 89 | Federally Qualified Health Center (FQHC) | | | | | | | | | | | | | | 89 |
| 90 | Clinic | | 178,619 | 109,592 | | 288,211 | 288,211 | 69,707,021 | | | | | 178,654 | 4,316 | 90 |
| 91 | Emergency | | | | | | | 164,030,385 | | | 202,297 | | 102,962 | | 91 |
| 92 | Observation Beds | | 115,754 | 12,470 | | 128,224 | 128,224 | 23,410,820 | | | | | 33,650 | 475 | 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) | | 832,904 | 4,493,358 | | 5,326,262 | 5,326,262 | 2,806,204,672 | | | 2,074,313 | 2,608 | 1,007,021 | 5,579 | 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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There are 1 Cost Center Overrides.
CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D, PART V |
|---|---|---|---|

Medicare -Title XVIII - Subprovider

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 | | | | | | | | 50 |
| 51 | Recovery Room | | | | | | | | 51 |
| 52 | Labor & Delivery Room | | | | | | | | 52 |
| 53 | Anesthesiology | | | | | | | | 53 |
| 54 | Radiology-Diagnostic | | 710 | | | 125 | | | 54 |
| 55 | Radiology-Therapeutic | | | | | | | | 55 |
| 56 | Radioisotope | | | | | | | | 56 |
| 57 | Computed Tomography (CT) Scan | | | | | | | | 57 |
| 58 | Magnetic Resonance Imaging (MRI) | | 2,819 | | | 216 | | | 58 |
| 59 | Cardiac Catheterization | | | | | | | | 59 |
| 60 | Laboratory | | 359 | | | 57 | | | 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 | | 36 | | | 14 | | | 65 |
| 66 | Physical Therapy | | | | | | | | 66 |
| 67 | Occupational Therapy | | | | | | | | 67 |
| 68 | Speech Pathology | | | | | | | | 68 |
| 69 | Electrocardiology | | 3,004 | | | 313 | | | 69 |
| 70 | Electroencephalography | | | | | | | | 70 |
| 71 | Medical Supplies Charged To Patients | | | | | | | | 71 |
| 72 | Implantable Devices Charged to Patients | | | | | | | | 72 |
| 73 | Drugs Charged to Patients | | 673,277 | | | 182,529 | | | 73 |
| 74 | Renal Dialysis | | | | | | | | 74 |
| 75 | ASC (Non-Distinct Part) | | | | | | | | 75 |
| 76 | Other Ancillary (specify) | | | | | | | | 76 |
| 76.30 | Other Ancillary Cost Centers | | 11,550 | | | 29,995 | | | 76.30 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 88 | Rural Health Clinic (RHC) | | | | | | | | 88 |
| 89 | Federally Qualified Health Center (FQHC) | | | | | | | | 89 |
| 90 | Clinic | | 178,654 | | | 409,416 | | | 90 |
| 91 | Emergency | | 102,962 | | | 48,911 | | | 91 |
| 92 | Observation Bed | | 33,650 | | | 19,229 | | | 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) | | 1,007,021 | | | 690,805 | | | 200 |
| 201 | Less PBP Clinic Lab. Services-Program Only Charges | | | | | | | | 201 |
| 202 | Net Charges (line 200 - line 201 ) | | 1,007,021 | | | 690,805 | | | 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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There are 1 Cost Center Overrides.
CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS | Provider CCN: 340113 | 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 | | 10,316,943 | | | 1,629,664 | | | 50 |
| 51 | Recovery Room | | 3,485,527 | | | 987,450 | | | 51 |
| 52 | Labor & Delivery Room | | 16,315 | | | 7,328 | | | 52 |
| 53 | Anesthesiology | | 15,319,990 | | | 1,069,351 | | | 53 |
| 54 | Radiology-Diagnostic | | 17,292,024 | | | 3,047,788 | | | 54 |
| 55 | Radiology-Therapeutic | | 17,961,444 | | | 2,757,620 | | | 55 |
| 56 | Radioisotope | | 2,763,617 | | | 475,762 | | | 56 |
| 57 | Computed Tomography (CT) Scan | | 24,482,652 | | | 728,236 | | | 57 |
| 58 | Magnetic Resonance Imaging (MRI) | | 7,447,295 | | | 569,323 | | | 58 |
| 59 | Cardiac Catheterization | | 19,241,414 | | | 2,206,875 | | | 59 |
| 60 | Laboratory | | 7,695,362 | | | 1,369,092 | | | 60 |
| 60.70 | Gastro Intestinal Service | | 9,188,070 | | | 2,970,512 | | | 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 | | 338,802 | | | 129,629 | | | 65 |
| 66 | Physical Therapy | | | | | | | | 66 |
| 67 | Occupational Therapy | | | | | | | | 67 |
| 68 | Speech Pathology | | | | | | | | 68 |
| 69 | Electrocardiology | | 9,186,200 | | | 958,663 | | | 69 |
| 70 | Electroencephalography | | | | | | | | 70 |
| 71 | Medical Supplies Charged To Patients | | 5,599,464 | | | 4,557,527 | | | 71 |
| 72 | Implantable Devices Charged to Patients | | 17,262,492 | | | 6,855,091 | | | 72 |
| 73 | Drugs Charged to Patients | | 37,309,680 | | 150,628 | 10,114,878 | | 40,836 | 73 |
| 74 | Renal Dialysis | | 1,256,894 | | | 444,863 | | | 74 |
| 75 | ASC (Non-Distinct Part) | | 10,934,944 | | | 2,481,609 | | | 75 |
| 76 | Other Ancillary (specify) | | | | | | | | 76 |
| 76.30 | Other Ancillary Cost Centers | | 68,093 | | | 180,787 | | | 76.30 |
| 76.35 | Cardiac Rehabilitation | | 304,223 | | | 196,607 | | | 76.35 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 88 | Rural Health Clinic (RHC) | | | | | | | | 88 |
| 89 | Federally Qualified Health Center (FQHC) | | | | | | | | 89 |
| 90 | Clinic | | 10,439,566 | | | 15,759,965 | | | 90 |
| 91 | Emergency | | 11,986,421 | | | 2,835,496 | | | 91 |
| 92 | Observation Bed | | 3,183,182 | | | 1,528,402 | | | 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) | | 243,080,608 | | 150,628 | 63,862,520 | | 40,836 | 200 |
| 201 | Less PBP Clinic Lab. Services-Program Only Charges | | | | | | | | 201 |
| 202 | Net Charges (line 200 - line 201 ) | | 243,080,608 | | 150,628 | 63,862,520 | | 40,836 | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-1, PART I |
|---|---|---|---|

Medicare -Title XVIII - Subprovider

PART I - ALL PROVIDER COMPONENTS

| | | | |
|---|---|---|---|
| | INPATIENT DAYS | | |
| 1 | Inpatient days (including private room days and swing-bed days, excluding newborn) | 24,819 | 1 |
| 2 | Inpatient days (including private room days, excluding swing-bed and newborn days) | 24,819 | 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) | 24,811 | 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) | 5,143 | 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) | 16,870,546 | 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) | 16,870,546 | 27 |
| | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | |
| 28 | General inpatient routine service charges (excluding swing-bed charges) | 36,683,132 | 28 |
| 29 | Private room charges (excluding swing-bed charges) | | 29 |
| 30 | Semi-private room charges (excluding swing-bed charges) | 36,683,132 | 30 |
| 31 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28) | 0.459899 | 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) | 1,478 | 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) | 16,870,546 | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 340113 | 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) | 184,309 | 1 |
| 2 | Inpatient days (including private room days, excluding swing-bed and newborn days) | 184,309 | 2 |
| 3 | Private room days (excluding swing-bed and observation bed days) | 44,746 | 3 |
| 4 | Semi-private room days (excluding swing-bed and observation bed days) | 133,500 | 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) | 57,043 | 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) | 157,596,672 | 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) | 157,596,672 | 27 |
| | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | |
| 28 | General inpatient routine service charges (excluding swing-bed charges) | 207,080,288 | 28 |
| 29 | Private room charges (excluding swing-bed charges) | 57,628,760 | 29 |
| 30 | Semi-private room charges (excluding swing-bed charges) | 149,451,520 | 30 |
| 31 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28) | 0.761041 | 31 |
| 32 | Average private room per diem charge (line 29 ÷ line 3) | 1,287.91 | 32 |
| 33 | Average semi-private room per diem charge (line 30 ÷ line 4) | 1,119 | 33 |
| 34 | Average per diem private room charge differential (line 32 minus line 33) (see instructions) | 168.42 | 34 |
| 35 | Average per diem private room cost differential (line 34 x line 31) | 128.17 | 35 |
| 36 | Private room cost differential adjustment (line 3 x line 35) | 5,735,095 | 36 |
| 37 | General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36) | 151,861,568 | 37 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-1, PART I |
|---|---|---|---|

Medicare -Title XVIII - SNF

PART I - ALL PROVIDER COMPONENTS

| | | | |
|---|---|---|---|
| | INPATIENT DAYS | | |
| 1 | Inpatient days (including private room days and swing-bed days, excluding newborn) | 3,014 | 1 |
| 2 | Inpatient days (including private room days, excluding swing-bed and newborn days) | 3,014 | 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) | 3,014 | 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) | | 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) | 2,871,845 | 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) | 2,871,845 | 27 |
| | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | |
| 28 | General inpatient routine service charges (excluding swing-bed charges) | 4,285,908 | 28 |
| 29 | Private room charges (excluding swing-bed charges) | | 29 |
| 30 | Semi-private room charges (excluding swing-bed charges) | 4,285,908 | 30 |
| 31 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28) | 0.670067 | 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) | 1,422 | 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) | 2,871,845 | 37 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-1, PART II |
|---|---|---|---|

Medicare - Title XVIII - Subprovider

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) | | | | | 679 | 38 |
| 39 | Program general inpatient routine service cost (line 9 x line 38) | | | | | 3,495,903 | 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) | | | | | 3,495,903 | 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 | | | | | | 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) | | | | | 547,000 | 48 |
| 49 | Total Program inpatient costs (sum of lines 41 through 48) (see instructions) | | | | | 4,042,903 | 49 |
| PASS-THROUGH COST ADJUSTMENTS | | | | | | | |
| 50 | Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III) | | | | | 323,958 | 50 |
| 51 | Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV) | | | | | 39,937 | 51 |
| 52 | Total Program excludable cost (sum of lines 50 and 51) | | | | | 363,895 | 52 |
| 53 | Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) | | | | | 3,679,008 | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 340113 | 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) | 855 | 38 |
| 39 | Program general inpatient routine service cost (line 9 x line 38) | 48,775,760 | 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) | 48,775,760 | 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 | 39,235,532 | 24,687 | ** 1,589.32 | | 8,282,316 | 43 |
| 44 | Coronary Care Unit | 12,457,528 | 8,619 | ** 1,445.36 | | 6,143,292 | 44 |
| 45 | Burn Intensive Care Unit | | | | | | 45 |
| 46 | Surgical Intensive Care Unit | 43,350,578 | 28,859 | ** 1,502.15 | | 13,304,738 | 46 |
| 47 | Other Special Care Unit (specify) | | | | | | 47 |
| | | | | | | 1 | |
| 48 | Program inpatient ancillary service cost (Worksheet D-3, column 3, line 200) | | | | | 108,227,088 | 48 |
| 49 | Total Program inpatient costs (sum of lines 41 through 48) (see instructions) | | | | | 184,733,184 | 49 |

| | PASS-THROUGH COST ADJUSTMENTS | | |
|---|---|---|---|
| 50 | Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III) | 7,337,914 | 50 |
| 51 | Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV) | 8,798,804 | 51 |
| 52 | Total Program excludable cost (sum of lines 50 and 51) | 16,136,718 | 52 |
| 53 | Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) | 168,596,464 | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-1, PART II |
|---|---|---|---|

Medicare - Title XVIII - SNF

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) | | | | | 952 | 38 |
| 39 | Program general inpatient routine service cost (line 9 x line 38) | | | | | | 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) | | | | | | 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 | | | | | | 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) | | | | | | 48 |
| 49 | Total Program inpatient costs (sum of lines 41 through 48) (see instructions) | | | | | | 49 |
| PASS-THROUGH COST ADJUSTMENTS | | | | | | | |
| 50 | Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III) | | | | | | 50 |
| 51 | Pass through costs applicable to Program inpatient ancillary services (from Worksheet 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 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-1, PARTS III & IV |
|---|---|---|---|

Medicare -Title XVIII - SNF

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) | | 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 | 452,897 | 2,871,845 | 0.157702 | | | 90 |
| 91 | Nursing School cost | | 2,871,845 | | | | 91 |
| 92 | Allied Health cost | 6,401 | 2,871,845 | 0.002229 | | | 92 |
| 93 | All other Medical Education | | 2,871,845 | | | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-1, PARTS III & IV |
|---|---|---|---|

Medicare -Title XVIII - Subprovider

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) | 8 | 87 |
| 88 | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) | 679.74 | 88 |
| 89 | Observation bed cost (line 87 x line 88) (see instructions) | 5,438 | 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 | 1,158,810 | 16,870,546 | 0.068688 | 5,438 | 374 | 90 |
| 91 | Nursing School cost | 351,885 | 16,870,546 | 0.020858 | 5,438 | 113 | 91 |
| 92 | Allied Health cost | 52,689 | 16,870,546 | 0.003123 | 5,438 | 17 | 92 |
| 93 | All other Medical Education | | 16,870,546 | | 5,438 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 340113 | 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) | 6,063 | 87 |
| 88 | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) | 855.07 | 88 |
| 89 | Observation bed cost (line 87 x line 88) (see instructions) | 5,184,289 | 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 | 12,767,860 | 157,596,672 | 0.081016 | 5,184,289 | 420,010 | 90 |
| 91 | Nursing School cost | 3,515,396 | 157,596,672 | 0.022306 | 5,184,289 | 115,641 | 91 |
| 92 | Allied Health cost | 378,528 | 157,596,672 | 0.002402 | 5,184,289 | 12,453 | 92 |
| 93 | All other Medical Education | | 157,596,672 | | 5,184,289 | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 340113 | 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) | | 100,248,040 | | 30 |
| 31 | Intensive Care Unit | | 8,140,999 | | 31 |
| 32 | Coronary Care Unit | | 7,897,130 | | 32 |
| 33 | Burn Intensive Care Unit | | | | 33 |
| 34 | Surgical Intensive Care Unit | | 17,240,921 | | 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 | | 60,857,604 | 9,613,067 | 50 |
| 51 | Recovery Room | | 7,227,274 | 2,047,487 | 51 |
| 52 | Labor Room and Delivery Room | | 144,097 | 64,719 | 52 |
| 53 | Anesthesiology | | 48,962,512 | 3,476,142 | 53 |
| 54 | Radiology-Diagnostic | | 23,351,452 | 4,115,787 | 54 |
| 55 | Radiology-Therapeutic | | 803,683 | 123,389 | 55 |
| 56 | Radioisotope | | 2,056,612 | 354,050 | 56 |
| 57 | Computed Tomography (CT) Scan | | 25,180,728 | 749,001 | 57 |
| 58 | Magnetic Resonance Imaging (MRI) | | 6,478,993 | 495,300 | 58 |
| 59 | Cardiac Catheterization | | 30,548,428 | 3,503,721 | 59 |
| 60 | Laboratory | | 69,640,988 | 11,150,912 | 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 | | 16,572,550 | 6,340,840 | 65 |
| 66 | Physical Therapy | | 5,273,976 | 2,302,449 | 66 |
| 67 | Occupational Therapy | | | | 67 |
| 68 | Speech Pathology | | 1,013,578 | 662,712 | 68 |
| 69 | Electrocardiology | | 9,384,002 | 979,305 | 69 |
| 70 | Electroencephalography | | | | 70 |
| 71 | Medical Supplies Charged to Patients | | 15,163,372 | 12,341,802 | 71 |
| 72 | Implantable Devices Charged to Patients | | 57,870,444 | 22,980,874 | 72 |
| 73 | Drugs Charged to Patients | | 66,857,348 | 18,125,428 | 73 |
| 74 | Renal Dialysis | 0.353938 | 3,437,467 | 1,216,650 | 74 |
| 75 | ASC (Non-Distinct Part) | | 2,754,032 | 625,008 | 75 |
| 76 | Other Ancillary (specify) | | 3,958,633 | 1,743,517 | 76 |
| 76.35 | | 0.646260 | 162,344 | 104,916 | 76.35 |
| | OUTPATIENT SERVICE COST CENTERS | | | | |
| 88 | Rural Health Clinic (RHC) | | | | 88 |
| 89 | Federally Qualified Health Center (FQHC) | | | | 89 |
| 90 | Clinic | | 1,161,345 | 619,058 | 90 |
| 91 | Emergency | | 17,500,528 | 4,490,950 | 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) | | 476,361,984 | 108,227,088 | 200 |
| 201 | Less PBP Clinic Laboratory Services-Program only charges (line 61) | | | | 201 |

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| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 340113 | PERIOD:<br>FROM 01/01/2011<br>TO 12/31/2011 | WORKSHEET D-3 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| 202 | Net Charges (line 200 minus line 201) | | 476,361,984 | 202 |

(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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-3 |
|---|---|---|---|

Medicare - Title XVIII - Subprovider

| | (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) | | | | 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 | | 7,568,991 | | 40 |
| 41 | Subprovider IRF | | | | 41 |
| 42 | Subprovider (Specify) | | | | 42 |
| 43 | Nursery | | | | 43 |
| | ANCILLARY SERVICE COST CENTERS | | | | |
| 50 | Operating Room | | 10,481 | 1,656 | 50 |
| 51 | Recovery Room | | 392 | 111 | 51 |
| 52 | Labor Room and Delivery Room | | | | 52 |
| 53 | Anesthesiology | | | | 53 |
| 54 | Radiology-Diagnostic | | 46,858 | 8,259 | 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 | | 611,957 | 97,620 | 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 | | | | 65 |
| 66 | Physical Therapy | | 903 | 394 | 66 |
| 67 | Occupational Therapy | | | | 67 |
| 68 | Speech Pathology | | | | 68 |
| 69 | Electrocardiology | | 28,992 | 3,026 | 69 |
| 70 | Electroencephalography | | | | 70 |
| 71 | Medical Supplies Charged to Patients | | 348 | 283 | 71 |
| 72 | Implantable Devices Charged to Patients | | | | 72 |
| 73 | Drugs Charged to Patients | | 1,160,915 | 314,731 | 73 |
| 74 | Renal Dialysis | 0.353938 | | | 74 |
| 75 | ASC (Non-Distinct Part) | | | | 75 |
| 76 | Other Ancillary (specify) | | 11,170 | 24,822 | 76 |
| 76.35 | | 0.646260 | | | 76.35 |
| | OUTPATIENT SERVICE COST CENTERS | | | | |
| 88 | Rural Health Clinic (RHC) | | | | 88 |
| 89 | Federally Qualified Health Center (FQHC) | | | | 89 |
| 90 | Clinic | | | | 90 |
| 91 | Emergency | | 202,297 | 96,098 | 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) | | 2,074,313 | 547,000 | 200 |
| 201 | Less PBP Clinic Laboratory Services-Program only charges (line 61) | | | | 201 |

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| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 340113 | PERIOD:<br>FROM 01/01/2011<br>TO 12/31/2011 | WORKSHEET D-3 |
|---|---|---|---|
| 202 Net Charges (line 200 minus line 201) | | 2,074,313 | 202 |
| (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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-4, PART I |
|---|---|---|---|

Liver

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

| | Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition | Inpatient Routine Organ Charges | Per Diem Costs (from Wkst. D-1, Part II) | | Organ Acquisition Days | Cost (col. 2 x col. 3) | |
|---|---|---|---|---|---|---|---|
| | | 1 | D | 2 | 3 | 4 | |
| 1 | Adults and Pediatrics | 38,124 | 38 | 855.07 | 33 | 28,217 | 1 |
| 2 | Intensive Care | | 43 | 3,225.10 | | | 2 |
| 3 | Coronary Care | | 44 | 3,002.67 | | | 3 |
| 4 | Burn Intensive Care Unit | | 45 | | | | 4 |
| 5 | Surgical Intensive Care Unit | | 46 | 6,328.15 | | | 5 |
| 6 | Other Special Care (specify) | | 47 | | | | 6 |
| 7 | TOTAL (sum of lines 1-6) | 38,124 | | | 33 | 28,217 | 7 |

| | Computation of Ancillary Service Costs Applicable to Organ Acquisition | Ratio of Cost to Charges (from Wkst. C) | | Organ Acquisition Ancillary Charges | Organ Acquisition Ancillary Costs | |
|---|---|---|---|---|---|---|
| | | C | 1 | 2 | 3 | |
| 8 | Operating Room | 50 | 3 | | 22,912 | 8 |
| 9 | Recovery Room | 51 | 0 | | | 9 |
| 10 | Labor Room & Delivery Room | 52 | 0 | | | 10 |
| 11 | Anesthesiology | 53 | 0 | 72,587 | 5,067 | 11 |
| 12 | Radiology-Diagnostic | 54 | 0 | | 10,646 | 12 |
| 13 | Radiology-Therapeutic | 55 | 0 | | 7,672 | 13 |
| 14 | Radioisotope | 56 | 0 | | 6,852 | 14 |
| 15 | Computed Tomography (CT) Scan | 57 | 0 | 261,578 | 7,781 | 15 |
| 16 | Magnetic Resonance Imaging (MRI) | 58 | 0 | 38,401 | 2,936 | 16 |
| 17 | Cardiac Catheterization | 59 | 0 | | 98 | 17 |
| 18 | Laboratory | 60 | 0 | | 203,950 | 18 |
| 19 | PBP Clinical Laboratory Services-Program Only | 61 | | | | 19 |
| 20 | Whole Blood & Packed Red Blood Cells | 62 | | | | 20 |
| 21 | Blood Storage, Processing, & Transfusing | 63 | | | | 21 |
| 22 | IV Therapy | 64 | | | | 22 |
| 23 | Respiratory Therapy | 65 | 0 | | 3,871 | 23 |
| 24 | Physical Therapy | 66 | 0 | | | 24 |
| 25 | Occupational Therapy | 67 | | | | 25 |
| 26 | Speech Pathology | 68 | 0 | | | 26 |
| 27 | Electrocardiology | 69 | 0 | | 4,995 | 27 |
| 28 | Electroencephalography | 70 | | | | 28 |
| 29 | Medical Supplies Charged to Patients | 71 | 0 | 20,761 | 16,898 | 29 |
| 30 | Implantable Devices Charged to Patients | 72 | 0 | 201 | 80 | 30 |
| 31 | Drugs Charged to Patients | 73 | 0 | 48,603 | 13,177 | 31 |
| 32 | Renal Dialysis | 74 | 0 | | | 32 |
| 33 | ASC (non-distinct part) | 75 | 0 | | | 33 |
| 34 | Other Ancillary (specify) | 76 | 9 | | 2,334 | 34 |
| 35 | Rural Health Clinic (RHC) | 88 | | | | 35 |
| 36 | Federally Qualified Health Center (FQHC) | 89 | | | | 36 |
| 37 | Clinic | 90 | 26 | | | 37 |
| 38 | Emergency Room | 91 | 0 | | | 38 |
| 39 | Observation Beds | 92 | 0 | | | 39 |
| 40 | Other Outpatient Service (specify) | 93 | | | | 40 |
| 41 | TOTAL (sum of lines 8-40) | | | 1,790,387 | 309,269 | 41 |

| C = Worksheet C line numbers | D = Worksheet D-1 line numbers |
|---|---|

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4028.1)

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-4, PART I |
|---|---|---|---|

Heart

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

| | Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition | Inpatient Routine Organ Charges | Per Diem Costs (from Wkst. D-1, Part II) | | Organ Acquisition Days | Cost (col. 2 x col. 3) | |
|---|---|---|---|---|---|---|---|
| | | 1 | D | 2 | 3 | 4 | |
| 1 | Adults and Pediatrics | 13,637 | 38 | 855.07 | 15 | 12,826 | 1 |
| 2 | Intensive Care | | 43 | 3,225.10 | | | 2 |
| 3 | Coronary Care | | 44 | 3,002.67 | | | 3 |
| 4 | Burn Intensive Care Unit | | 45 | | | | 4 |
| 5 | Surgical Intensive Care Unit | | 46 | 6,328.15 | | | 5 |
| 6 | Other Special Care (specify) | | 47 | | | | 6 |
| 7 | TOTAL (sum of lines 1-6) | 13,637 | | | 15 | 12,826 | 7 |

| | Computation of Ancillary Service Costs Applicable to Organ Acquisition | Ratio of Cost to Charges (from Wkst. C) | | Organ Acquisition Ancillary Charges | Organ Acquisition Ancillary Costs | |
|---|---|---|---|---|---|---|
| | | C | 1 | 2 | 3 | |
| 8 | Operating Room | 50 | 3 | | 6,938 | 8 |
| 9 | Recovery Room | 51 | 0 | | | 9 |
| 10 | Labor Room & Delivery Room | 52 | 0 | | | 10 |
| 11 | Anesthesiology | 53 | 0 | 17,762 | 1,240 | 11 |
| 12 | Radiology-Diagnostic | 54 | 0 | | 528 | 12 |
| 13 | Radiology-Therapeutic | 55 | 0 | | | 13 |
| 14 | Radioisotope | 56 | 0 | | | 14 |
| 15 | Computed Tomography (CT) Scan | 57 | 0 | 423 | 13 | 15 |
| 16 | Magnetic Resonance Imaging (MRI) | 58 | 0 | | | 16 |
| 17 | Cardiac Catheterization | 59 | 0 | | 5,905 | 17 |
| 18 | Laboratory | 60 | 0 | | 20,736 | 18 |
| 19 | PBP Clinical Laboratory Services-Program Only | 61 | | | | 19 |
| 20 | Whole Blood & Packed Red Blood Cells | 62 | | | | 20 |
| 21 | Blood Storage, Processing, & Transfusing | 63 | | | | 21 |
| 22 | IV Therapy | 64 | | | | 22 |
| 23 | Respiratory Therapy | 65 | 0 | | | 23 |
| 24 | Physical Therapy | 66 | 0 | | | 24 |
| 25 | Occupational Therapy | 67 | | | | 25 |
| 26 | Speech Pathology | 68 | 0 | | | 26 |
| 27 | Electrocardiology | 69 | 0 | | 727 | 27 |
| 28 | Electroencephalography | 70 | | | | 28 |
| 29 | Medical Supplies Charged to Patients | 71 | 0 | 4,131 | 3,362 | 29 |
| 30 | Implantable Devices Charged to Patients | 72 | 0 | | | 30 |
| 31 | Drugs Charged to Patients | 73 | 0 | 8,577 | 2,325 | 31 |
| 32 | Renal Dialysis | 74 | 0 | | | 32 |
| 33 | ASC (non-distinct part) | 75 | 0 | | | 33 |
| 34 | Other Ancillary (specify) | 76 | 9 | | | 34 |
| 35 | Rural Health Clinic (RHC) | 88 | | | | 35 |
| 36 | Federally Qualified Health Center (FQHC) | 89 | | | | 36 |
| 37 | Clinic | 90 | 26 | | | 37 |
| 38 | Emergency Room | 91 | 0 | | | 38 |
| 39 | Observation Beds | 92 | 0 | | | 39 |
| 40 | Other Outpatient Service (specify) | 93 | | | | 40 |
| 41 | TOTAL (sum of lines 8-40) | | | 231,820 | 41,774 | 41 |

C = Worksheet C line numbers | D = Worksheet D-1 line numbers

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4028.1)

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-4, PART I |
|---|---|---|---|

Pancreas

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

| | Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition | Inpatient Routine Organ Charges | Per Diem Costs (from Wkst. D-1, Part II) | | Organ Acquisition Days | Cost (col. 2 x col. 3) | |
|---|---|---|---|---|---|---|---|
| | | 1 | D | 2 | 3 | 4 | |
| 1 | Adults and Pediatrics | 4,639 | 38 | 855.07 | 6 | 5,130 | 1 |
| 2 | Intensive Care | | 43 | 3,225.10 | | | 2 |
| 3 | Coronary Care | | 44 | 3,002.67 | | | 3 |
| 4 | Burn Intensive Care Unit | | 45 | | | | 4 |
| 5 | Surgical Intensive Care Unit | | 46 | 6,328.15 | | | 5 |
| 6 | Other Special Care (specify) | | 47 | | | | 6 |
| 7 | TOTAL (sum of lines 1-6) | 4,639 | | | 6 | 5,130 | 7 |

| | Computation of Ancillary Service Costs Applicable to Organ Acquisition | Ratio of Cost to Charges (from Wkst. C) | | Organ Acquisition Ancillary Charges | Organ Acquisition Ancillary Costs | |
|---|---|---|---|---|---|---|
| | | C | 1 | 2 | 3 | |
| 8 | Operating Room | 50 | 3 | | 4,167 | 8 |
| 9 | Recovery Room | 51 | 0 | | | 9 |
| 10 | Labor Room & Delivery Room | 52 | 0 | | | 10 |
| 11 | Anesthesiology | 53 | 0 | 3,968 | 277 | 11 |
| 12 | Radiology-Diagnostic | 54 | 0 | | 1,341 | 12 |
| 13 | Radiology-Therapeutic | 55 | 0 | | 703 | 13 |
| 14 | Radioisotope | 56 | 0 | | 6,272 | 14 |
| 15 | Computed Tomography (CT) Scan | 57 | 0 | 3,315 | 99 | 15 |
| 16 | Magnetic Resonance Imaging (MRI) | 58 | 0 | | | 16 |
| 17 | Cardiac Catheterization | 59 | 0 | | | 17 |
| 18 | Laboratory | 60 | 0 | | 15,414 | 18 |
| 19 | PBP Clinical Laboratory Services-Program Only | 61 | | | | 19 |
| 20 | Whole Blood & Packed Red Blood Cells | 62 | | | | 20 |
| 21 | Blood Storage, Processing, & Transfusing | 63 | | | | 21 |
| 22 | IV Therapy | 64 | | | | 22 |
| 23 | Respiratory Therapy | 65 | 0 | | 328 | 23 |
| 24 | Physical Therapy | 66 | 0 | | | 24 |
| 25 | Occupational Therapy | 67 | | | | 25 |
| 26 | Speech Pathology | 68 | 0 | | | 26 |
| 27 | Electrocardiology | 69 | 0 | | 1,823 | 27 |
| 28 | Electroencephalography | 70 | | | | 28 |
| 29 | Medical Supplies Charged to Patients | 71 | 0 | 504 | 410 | 29 |
| 30 | Implantable Devices Charged to Patients | 72 | 0 | | | 30 |
| 31 | Drugs Charged to Patients | 73 | 0 | 10,587 | 2,870 | 31 |
| 32 | Renal Dialysis | 74 | 0 | | | 32 |
| 33 | ASC (non-distinct part) | 75 | 0 | | | 33 |
| 34 | Other Ancillary (specify) | 76 | 9 | | | 34 |
| 35 | Rural Health Clinic (RHC) | 88 | | | | 35 |
| 36 | Federally Qualified Health Center (FQHC) | 89 | | | | 36 |
| 37 | Clinic | 90 | 26 | | 257 | 37 |
| 38 | Emergency Room | 91 | 0 | | | 38 |
| 39 | Observation Beds | 92 | 0 | | | 39 |
| 40 | Other Outpatient Service (specify) | 93 | | | | 40 |
| 41 | TOTAL (sum of lines 8-40) | | | 181,688 | 33,961 | 41 |

| C = Worksheet C line numbers | D = Worksheet D-1 line numbers |
|---|---|

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4028.1)

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-4, PART I |
|---|---|---|---|

Kidney

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

| | Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition | Inpatient Routine Organ Charges | Per Diem Costs (from Wkst. D-1, Part II) | | Organ Acquisition Days | Cost (col. 2 x col. 3) | |
|---|---|---|---|---|---|---|---|
| | | 1 | D | 2 | 3 | 4 | |
| 1 | Adults and Pediatrics | 167,326 | 38 | 855.07 | 113 | 96,623 | 1 |
| 2 | Intensive Care | | 43 | 3,225.10 | | | 2 |
| 3 | Coronary Care | | 44 | 3,002.67 | | | 3 |
| 4 | Burn Intensive Care Unit | | 45 | | | | 4 |
| 5 | Surgical Intensive Care Unit | | 46 | 6,328.15 | | | 5 |
| 6 | Other Special Care (specify) | | 47 | | | | 6 |
| 7 | TOTAL (sum of lines 1-6) | 167,326 | | | 113 | 96,623 | 7 |

| | Computation of Ancillary Service Costs Applicable to Organ Acquisition | Ratio of Cost to Charges (from Wkst. C) | | Organ Acquisition Ancillary Charges | Organ Acquisition Ancillary Costs | |
|---|---|---|---|---|---|---|
| | | C | 1 | 2 | 3 | |
| 8 | Operating Room | 50 | 3 | | 120,527 | 8 |
| 9 | Recovery Room | 51 | 0 | 81,247 | 23,017 | 9 |
| 10 | Labor Room & Delivery Room | 52 | 0 | | | 10 |
| 11 | Anesthesiology | 53 | 0 | 349,817 | 24,418 | 11 |
| 12 | Radiology-Diagnostic | 54 | 0 | | 53,089 | 12 |
| 13 | Radiology-Therapeutic | 55 | 0 | | 30,211 | 13 |
| 14 | Radioisotope | 56 | 0 | | 93,047 | 14 |
| 15 | Computed Tomography (CT) Scan | 57 | 0 | 463,733 | 13,794 | 15 |
| 16 | Magnetic Resonance Imaging (MRI) | 58 | 0 | 18,942 | 1,448 | 16 |
| 17 | Cardiac Catheterization | 59 | 0 | | 1,258 | 17 |
| 18 | Laboratory | 60 | 0 | | 1,504,602 | 18 |
| 19 | PBP Clinical Laboratory Services-Program Only | 61 | | | | 19 |
| 20 | Whole Blood & Packed Red Blood Cells | 62 | | | | 20 |
| 21 | Blood Storage, Processing, & Transfusing | 63 | | | | 21 |
| 22 | IV Therapy | 64 | | | | 22 |
| 23 | Respiratory Therapy | 65 | 0 | | 3,490 | 23 |
| 24 | Physical Therapy | 66 | 0 | | | 24 |
| 25 | Occupational Therapy | 67 | | | | 25 |
| 26 | Speech Pathology | 68 | 0 | | | 26 |
| 27 | Electrocardiology | 69 | 0 | | 47,259 | 27 |
| 28 | Electroencephalography | 70 | | | | 28 |
| 29 | Medical Supplies Charged to Patients | 71 | 0 | 120,027 | 97,693 | 29 |
| 30 | Implantable Devices Charged to Patients | 72 | 0 | 13,062 | 5,187 | 30 |
| 31 | Drugs Charged to Patients | 73 | 0 | 225,485 | 61,130 | 31 |
| 32 | Renal Dialysis | 74 | 0 | 774 | 274 | 32 |
| 33 | ASC (non-distinct part) | 75 | 0 | | | 33 |
| 34 | Other Ancillary (specify) | 76 | 9 | | 1,084 | 34 |
| 35 | Rural Health Clinic (RHC) | 88 | | | | 35 |
| 36 | Federally Qualified Health Center (FQHC) | 89 | | | | 36 |
| 37 | Clinic | 90 | 26 | | | 37 |
| 38 | Emergency Room | 91 | 0 | 1,591 | 376 | 38 |
| 39 | Observation Beds | 92 | 0 | 949 | 542 | 39 |
| 40 | Other Outpatient Service (specify) | 93 | | | | 40 |
| 41 | TOTAL (sum of lines 8-40) | | | 11,044,562 | 2,082,446 | 41 |

| C = Worksheet C line numbers | D = Worksheet D-1 line numbers |
|---|---|

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4028.1)

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-4, PART II |
|---|---|---|---|

Liver

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

| | Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program | Average Cost Per Day (from Wkst. D-2, Part I, col. 4) | | Organ Acquisition Days | Organ Acquisition Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | D | 1 | 2 | 3 | |
| 42 | Adults & Pediatrics (General routine care) | 2 | | 33 | | 42 |
| 43 | Intensive Care Unit | 3 | | | | 43 |
| 44 | Coronary Care Unit | 4 | | | | 44 |
| 45 | Burn Intensive Care Unit | 5 | | | | 45 |
| 46 | Surgical Intensive Care Unit | 6 | | | | 46 |
| 47 | Other Special Care (specify) | 7 | | | | 47 |
| 48 | TOTAL (sum of lines 42 through 47) | | | 33 | | 48 |

| | Computation of the Cost of Oupatient Services of Interns and Residents Not In Approved Teaching Program | Organ Charges (see instructions) | Ratio of Cost to Charges from Wkst. D-2, Part I, col. 4) | | Organ Acquisition Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | 1 | D | 2 | 3 | |
| 49 | Rural Health Clinic (RHC) | | 21 | | | 49 |
| 50 | Federally Qualified Health Center (FQHC) | | 22 | | | 50 |
| 51 | Clinic | | 23 | | | 51 |
| 52 | Emergency | | 24 | | | 52 |
| 53 | Observation Beds | | 25 | | | 53 |
| 54 | Other Outpatient Service (specify) | | 26 | | | 54 |
| 55 | TOTAL (sum of lines 49 through 54) | | | | | 55 |

D = Worksheet D-2, Part I, line numbers

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4028.2)

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| COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-4, PART II |
|---|---|---|---|

Heart

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

| | Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program | Average Cost Per Day (from Wkst. D-2, Part I, col. 4) | | Organ Acquisition Days | Organ Acquisition Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | D | 1 | 2 | 3 | |
| 42 | Adults & Pediatrics (General routine care) | 2 | | 15 | | 42 |
| 43 | Intensive Care Unit | 3 | | | | 43 |
| 44 | Coronary Care Unit | 4 | | | | 44 |
| 45 | Burn Intensive Care Unit | 5 | | | | 45 |
| 46 | Surgical Intensive Care Unit | 6 | | | | 46 |
| 47 | Other Special Care (specify) | 7 | | | | 47 |
| 48 | TOTAL (sum of lines 42 through 47) | | | 15 | | 48 |

| | Computation of the Cost of Oupatient Services of Interns and Residents Not In Approved Teaching Program | Organ Charges (see instructions) | Ratio of Cost to Charges from Wkst. D-2, Part I, col. 4) | | Organ Acquisition Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | 1 | D | 2 | 3 | |
| 49 | Rural Health Clinic (RHC) | | 21 | | | 49 |
| 50 | Federally Qualified Health Center (FQHC) | | 22 | | | 50 |
| 51 | Clinic | | 23 | | | 51 |
| 52 | Emergency | | 24 | | | 52 |
| 53 | Observation Beds | | 25 | | | 53 |
| 54 | Other Outpatient Service (specify) | | 26 | | | 54 |
| 55 | TOTAL (sum of lines 49 through 54) | | | | | 55 |

D = Worksheet D-2, Part I, line numbers

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4028.2)

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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| COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-4, PART II |
|---|---|---|---|

Kidney

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

| | Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program | Average Cost Per Day (from Wkst. D-2, Part I, col. 4) | | Organ Acquisition Days | Organ Acquisition Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | D | 1 | 2 | 3 | |
| 42 | Adults & Pediatrics (General routine care) | 2 | | 113 | | 42 |
| 43 | Intensive Care Unit | 3 | | | | 43 |
| 44 | Coronary Care Unit | 4 | | | | 44 |
| 45 | Burn Intensive Care Unit | 5 | | | | 45 |
| 46 | Surgical Intensive Care Unit | 6 | | | | 46 |
| 47 | Other Special Care (specify) | 7 | | | | 47 |
| 48 | TOTAL (sum of lines 42 through 47) | | | 113 | | 48 |

| | Computation of the Cost of Oupatient Services of Interns and Residents Not In Approved Teaching Program | Organ Charges (see instructions) | Ratio of Cost to Charges from Wkst. D-2, Part I, col. 4) | | Organ Acquisition Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | 1 | D | 2 | 3 | |
| 49 | Rural Health Clinic (RHC) | | 21 | | | 49 |
| 50 | Federally Qualified Health Center (FQHC) | | 22 | | | 50 |
| 51 | Clinic | | 23 | | | 51 |
| 52 | Emergency | 1,591 | 24 | | | 52 |
| 53 | Observation Beds | 949 | 25 | | | 53 |
| 54 | Other Outpatient Service (specify) | | 26 | | | 54 |
| 55 | TOTAL (sum of lines 49 through 54) | 2,540 | | | | 55 |

D = Worksheet D-2, Part I, line numbers

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4028.2)

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-4, PART II |
|---|---|---|---|

Pancreas

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

| | Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program | Average Cost Per Day (from Wkst. D-2, Part I, col. 4) | | Organ Acquisition Days | Organ Acquisition Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | D | 1 | 2 | 3 | |
| 42 | Adults & Pediatrics (General routine care) | 2 | | 6 | | 42 |
| 43 | Intensive Care Unit | 3 | | | | 43 |
| 44 | Coronary Care Unit | 4 | | | | 44 |
| 45 | Burn Intensive Care Unit | 5 | | | | 45 |
| 46 | Surgical Intensive Care Unit | 6 | | | | 46 |
| 47 | Other Special Care (specify) | 7 | | | | 47 |
| 48 | TOTAL (sum of lines 42 through 47) | | | 6 | | 48 |

| | Computation of the Cost of Oupatient Services of Interns and Residents Not In Approved Teaching Program | Organ Charges (see instructions) | Ratio of Cost to Charges from Wkst. D-2, Part I, col. 4) | | Organ Acquisition Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | 1 | D | 2 | 3 | |
| 49 | Rural Health Clinic (RHC) | | 21 | | | 49 |
| 50 | Federally Qualified Health Center (FQHC) | | 22 | | | 50 |
| 51 | Clinic | 158 | 23 | | | 51 |
| 52 | Emergency | | 24 | | | 52 |
| 53 | Observation Beds | | 25 | | | 53 |
| 54 | Other Outpatient Service (specify) | | 26 | | | 54 |
| 55 | TOTAL (sum of lines 49 through 54) | 158 | | | | 55 |

D = Worksheet D-2, Part I, line numbers

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-4, PARTS III & IV |
|---|---|---|---|

Pancreas

PART III - SUMMARY OF COSTS AND CHARGES

| | | Cost | | Charges | | |
|---|---|---|---|---|---|---|
| | | Part A | Part B | Part A | Part B | |
| | | 1 | 2 | 3 | 4 | |
| 56 | Routine and Ancillary from Part I | 39,091 | | 186,327 | | 56 |
| 57 | Interns and Residents (inpatient) | | | | | 57 |
| 58 | Interns and Residents (outpatient) | | | | | 58 |
| 59 | Direct Organ Acquisition (see instructions) | 578,025 | | 157,791 | | 59 |
| 60 | Cost of Services of Teaching Physicians (Wkst. D-5, Part II) | | | | | 60 |
| 61 | Total (sum of lines 56 thru 60) | 617,116 | | 344,118 | | 61 |
| 62 | Total Usable Organs (see instructions) | | 23 | | | 62 |
| 63 | Medicare Usable Organs (see instructions) | | 22 | | | 63 |
| 64 | Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) | | 0.956522 | | | 64 |
| 65 | Medicare Cost/Charges (see instructions) | 590,285 | | 329,156 | | 65 |
| 66 | Revenue for Organs Sold | 120,000 | | 120,000 | | 66 |
| 67 | Subtotal (line 65 minus line 66) | 470,285 | | 209,156 | | 67 |
| 68 | Organs Furnished Part B | | | | | 68 |
| 69 | Net Organ Acquisition Cost and Charges (see instructions) | 470,285 | | 209,156 | | 69 |

PART IV - STATISTICS

| | | Living Related | Cadaveric | Revenue | |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| 70 | Organs Excised in ProvideR (1) | | 13 | | 70 |
| 71 | Organs Purchased from Other Transplant Hospitals (2) | | | | 71 |
| 72 | Organs Purchased from Non-Transplant Hospitals | | 6 | | 72 |
| 73 | Organs Purchased from OPOs | | | | 73 |
| 74 | Total (sum of lines 70 thru 73) | | 19 | | 74 |
| 75 | Organs Transplanted | | 4 | | 75 |
| 76 | Organs Sold to Other Hospitals | | | | 76 |
| 77 | Organs Sold to OPOs | | 6 | 120,000 | 77 |
| 78 | Organs Sold to Transplant Hospitals | | | | 78 |
| 79 | Organs Sold to Military or VA Hospitals | | | | 79 |
| 80 | Organs Sold Outside the U.S. | | | | 80 |
| 81 | Organs Sent Outside the U.S. (no revenue received) | | | | 81 |
| 82 | Organs Used for Research | | | | 82 |
| 83 | Unusable/Discarded Organs | | 9 | | 83 |
| 84 | Total (sum of lines 75 through 83 should equal line 74) | | 19 | | 84 |

(1) Organs procured outside your center by a procurement team from your center are not included in the count.

(2) Organs procured outside your center by a procurement team are included in the count.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4028.3)

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-4, PARTS III & IV |
|---|---|---|---|

Kidney

PART III - SUMMARY OF COSTS AND CHARGES

| | | Cost | | Charges | | |
|---|---|---|---|---|---|---|
| | | Part A | Part B | Part A | Part B | |
| | | 1 | 2 | 3 | 4 | |
| 56 | Routine and Ancillary from Part I | 2,179,069 | | 11,211,888 | | 56 |
| 57 | Interns and Residents (inpatient) | | | | | 57 |
| 58 | Interns and Residents (outpatient) | | | | | 58 |
| 59 | Direct Organ Acquisition (see instructions) | 9,783,837 | | 7,202,605 | | 59 |
| 60 | Cost of Services of Teaching Physicians (Wkst. D-5, Part II) | | | | | 60 |
| 61 | Total (sum of lines 56 thru 60) | 11,962,906 | | 18,414,492 | | 61 |
| 62 | Total Usable Organs (see instructions) | | 251 | | | 62 |
| 63 | Medicare Usable Organs (see instructions) | | 198 | | | 63 |
| 64 | Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) | | 0.788845 | | | 64 |
| 65 | Medicare Cost/Charges (see instructions) | 9,436,879 | | 14,526,181 | | 65 |
| 66 | Revenue for Organs Sold | 1,131,300 | | 1,131,300 | | 66 |
| 67 | Subtotal (line 65 minus line 66) | 8,305,579 | | 13,394,881 | | 67 |
| 68 | Organs Furnished Part B | | | | | 68 |
| 69 | Net Organ Acquisition Cost and Charges (see instructions) | 8,305,579 | | 13,394,881 | | 69 |

PART IV - STATISTICS

| | | Living Related | Cadaveric | Revenue | |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| 70 | Organs Excised in ProvideR (1) | 12 | 90 | | 70 |
| 71 | Organs Purchased from Other Transplant Hospitals (2) | | | | 71 |
| 72 | Organs Purchased from Non-Transplant Hospitals | | 60 | | 72 |
| 73 | Organs Purchased from OPOs | | 7 | | 73 |
| 74 | Total (sum of lines 70 thru 73) | 12 | 157 | | 74 |
| 75 | Organs Transplanted | 12 | 97 | | 75 |
| 76 | Organs Sold to Other Hospitals | | | | 76 |
| 77 | Organs Sold to OPOs | | 35 | 1,131,300 | 77 |
| 78 | Organs Sold to Transplant Hospitals | | | | 78 |
| 79 | Organs Sold to Military or VA Hospitals | | | | 79 |
| 80 | Organs Sold Outside the U.S. | | | | 80 |
| 81 | Organs Sent Outside the U.S. (no revenue received) | | | | 81 |
| 82 | Organs Used for Research | | 1 | | 82 |
| 83 | Unusable/Discarded Organs | | 24 | | 83 |
| 84 | Total (sum of lines 75 through 83 should equal line 74) | 12 | 157 | | 84 |

(1) Organs procured outside your center by a procurement team from your center are not included in the count.

(2) Organs procured outside your center by a procurement team are included in the count.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4028.3)

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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| COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-4, PARTS III & IV |
|---|---|---|---|

Liver

PART III - SUMMARY OF COSTS AND CHARGES

| | | Cost | | Charges | | |
|---|---|---|---|---|---|---|
| | | Part A | Part B | Part A | Part B | |
| | | 1 | 2 | 3 | 4 | |
| 56 | Routine and Ancillary from Part I | 337,486 | | 1,828,511 | | 56 |
| 57 | Interns and Residents (inpatient) | | | | | 57 |
| 58 | Interns and Residents (outpatient) | | | | | 58 |
| 59 | Direct Organ Acquisition (see instructions) | 5,069,714 | | 3,141,048 | | 59 |
| 60 | Cost of Services of Teaching Physicians (Wkst. D-5, Part II) | | | | | 60 |
| 61 | Total (sum of lines 56 thru 60) | 5,407,200 | | 4,969,559 | | 61 |
| 62 | Total Usable Organs (see instructions) | | 115 | | | 62 |
| 63 | Medicare Usable Organs (see instructions) | | 74 | | | 63 |
| 64 | Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) | | 0.643478 | | | 64 |
| 65 | Medicare Cost/Charges (see instructions) | 3,479,414 | | 3,197,802 | | 65 |
| 66 | Revenue for Organs Sold | 619,750 | | 619,750 | | 66 |
| 67 | Subtotal (line 65 minus line 66) | 2,859,664 | | 2,578,052 | | 67 |
| 68 | Organs Furnished Part B | | | | | 68 |
| 69 | Net Organ Acquisition Cost and Charges (see instructions) | 2,859,664 | | 2,578,052 | | 69 |

PART IV - STATISTICS

| | | Living Related | Cadaveric | Revenue | |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| 70 | Organs Excised in ProvideR (1) | | 38 | | 70 |
| 71 | Organs Purchased from Other Transplant Hospitals (2) | | | | 71 |
| 72 | Organs Purchased from Non-Transplant Hospitals | | 33 | | 72 |
| 73 | Organs Purchased from OPOs | | 17 | | 73 |
| 74 | Total (sum of lines 70 thru 73) | | 88 | | 74 |
| 75 | Organs Transplanted | | 59 | | 75 |
| 76 | Organs Sold to Other Hospitals | | | | 76 |
| 77 | Organs Sold to OPOs | | 18 | 619,750 | 77 |
| 78 | Organs Sold to Transplant Hospitals | | | | 78 |
| 79 | Organs Sold to Military or VA Hospitals | | | | 79 |
| 80 | Organs Sold Outside the U.S. | | | | 80 |
| 81 | Organs Sent Outside the U.S. (no revenue received) | | | | 81 |
| 82 | Organs Used for Research | | 6 | | 82 |
| 83 | Unusable/Discarded Organs | | 5 | | 83 |
| 84 | Total (sum of lines 75 through 83 should equal line 74) | | 88 | | 84 |

(1) Organs procured outside your center by a procurement team from your center are not included in the count.

(2) Organs procured outside your center by a procurement team are included in the count.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4028.3)

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET D-4, PARTS III & IV |
|---|---|---|---|

Heart

PART III - SUMMARY OF COSTS AND CHARGES

| | | Cost | | Charges | | |
|---|---|---|---|---|---|---|
| | | Part A | Part B | Part A | Part B | |
| | | 1 | 2 | 3 | 4 | |
| 56 | Routine and Ancillary from Part I | 54,600 | | 245,457 | | 56 |
| 57 | Interns and Residents (inpatient) | | | | | 57 |
| 58 | Interns and Residents (outpatient) | | | | | 58 |
| 59 | Direct Organ Acquisition (see instructions) | 1,634,531 | | 836,528 | | 59 |
| 60 | Cost of Services of Teaching Physicians (Wkst. D-5, Part II) | | | | | 60 |
| 61 | Total (sum of lines 56 thru 60) | 1,689,131 | | 1,081,985 | | 61 |
| 62 | Total Usable Organs (see instructions) | | 43 | | | 62 |
| 63 | Medicare Usable Organs (see instructions) | | 36 | | | 63 |
| 64 | Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) | | 0.837209 | | | 64 |
| 65 | Medicare Cost/Charges (see instructions) | 1,414,156 | | 905,848 | | 65 |
| 66 | Revenue for Organs Sold | 290,250 | | 290,250 | | 66 |
| 67 | Subtotal (line 65 minus line 66) | 1,123,906 | | 615,598 | | 67 |
| 68 | Organs Furnished Part B | | | | | 68 |
| 69 | Net Organ Acquisition Cost and Charges (see instructions) | 1,123,906 | | 615,598 | | 69 |

PART IV - STATISTICS

| | | Living Related | Cadaveric | Revenue | |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| 70 | Organs Excised in ProvideR (1) | | 16 | | 70 |
| 71 | Organs Purchased from Other Transplant Hospitals (2) | | | | 71 |
| 72 | Organs Purchased from Non-Transplant Hospitals | | 8 | | 72 |
| 73 | Organs Purchased from OPOs | | 3 | | 73 |
| 74 | Total (sum of lines 70 thru 73) | | 27 | | 74 |
| 75 | Organs Transplanted | | 18 | | 75 |
| 76 | Organs Sold to Other Hospitals | | | | 76 |
| 77 | Organs Sold to OPOs | | 9 | 290,250 | 77 |
| 78 | Organs Sold to Transplant Hospitals | | | | 78 |
| 79 | Organs Sold to Military or VA Hospitals | | | | 79 |
| 80 | Organs Sold Outside the U.S. | | | | 80 |
| 81 | Organs Sent Outside the U.S. (no revenue received) | | | | 81 |
| 82 | Organs Used for Research | | | | 82 |
| 83 | Unusable/Discarded Organs | | | | 83 |
| 84 | Total (sum of lines 75 through 83 should equal line 74) | | 27 | | 84 |

(1) Organs procured outside your center by a procurement team from your center are not included in the count.

(2) Organs procured outside your center by a procurement team are included in the count.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4028.3)

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 340113 | 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 | 125,020,064 | | 1 |
| 2 | Outlier payments for discharges (see instructions) | 5,065,820 | | 2 |
| 3 | Managed care simulated payments | 14,324,364 | | 3 |
| 4 | Bed days available divided by number of days in the cost reporting period (see instructions) Indirect Medical Education Adjustment Calculation for Hospitals | 769.39 | | 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) | 172.95 | | 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) | 172.95 | | 9 |
| 10 | FTE count for allopathic and osteopathic programs in the current year from your records | 212.53 | | 10 |
| 11 | FTE count for residents in dental and podiatric programs | 8.38 | | 11 |
| 12 | Current year allowable FTE (see instructions) | 181.33 | | 12 |
| 13 | Total allowable FTE count for the prior year | 181.32 | | 13 |
| 14 | Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero. | 181.22 | | 14 |
| 15 | Sum of lines 12 through 14 divided by 3 | 181.29 | | 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 | 181.29 | | 18 |
| 19 | Current year resident to bed ratio (line 18 divided by line 4) | 0.235628 | | 19 |
| 20 | Prior year resident to bed ratio (see instructions) | 0.240321 | | 20 |
| 21 | Enter the lesser of lines 19 or 20 (see instructions) | 0.235628 | | 21 |
| 22 | IME payment adjustment (see instructions) | 16,830,298 | | 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) | 39.58 | | 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) | 16,830,298 | | 29 |
| Disproportionate Share Adjustment | | | | |
| 30 | Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) | 0.079300 | | 30 |
| 31 | Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part 1, line 24. (see instructions) | 0.337100 | | 31 |
| 32 | Sum of lines 30 and 31 | 0.416400 | | 32 |
| 33 | Allowable disproportionate share percentage (see instructions) | 0.235700 | | 33 |
| 34 | Disproportionate share adjustment (see instructions) | 29,467,228 | | 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) | 176,383,408 | | 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) | 176,383,408 | | 49 |

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| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 340113 | 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) | 12,630,763 | | 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). | 5,624,028 | | 52 |
| 53 | Nursing and allied health managed care payment | 386,664 | | 53 |
| 54 | Special add-on payments for new technologies | | | 54 |
| 55 | Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69) | 12,759,434 | | 55 |
| 56 | Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20) | | | 56 |
| 57 | Routine service other pass through costs | 1,380,142 | | 57 |
| 58 | Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200) | 793,941 | | 58 |
| 59 | Total (sum of amounts on lines 49 through 58) | 209,958,384 | | 59 |
| 60 | Primary payer payments | 349,071 | | 60 |
| 61 | Total amount payable for program beneficiaries (line 59 minus line 60) | 209,609,312 | | 61 |
| 62 | Deductibles billed to program beneficiaries | 9,346,512 | | 62 |
| 63 | Coinsurance billed to program beneficiaries | 907,419 | | 63 |
| 64 | Allowable bad debts (see instructions) | 3,462,178 | | 64 |
| 65 | Adjusted reimbursable bad debts (see instructions) | 2,423,525 | | 65 |
| 66 | Allowable bad debts for dual eligible beneficiaries (see instructions) | 1,937,272 | | 66 |
| 67 | Subtotal (line 61 plus line 65 minus lines 62 and 63) | 201,778,896 | | 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) | 201,778,896 | | 71 |
| 72 | Interim payments | 197,007,984 | | 72 |
| 73 | Tentative settlement (for contractor use only) | | | 73 |
| 74 | Balance due provider (Program) (lines 71 minus the sum of lines 72 and 73) | 4,770,911 | | 74 |
| 75 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2 | 6,133,009 | | 75 |
| TO BE COMPLETED BY CONTRACTOR | | | | |
| 90 | Operating outlier amount from Worksheet E, Part A line 2 | 5,065,820 | | 90 |
| 91 | Capital outlier from Worksheet L, Part I, line 2 | 834,773 | | 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: 340113 | 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) | | 40,836 | 1 |
| 2 | Medical and other services reimbursed under OPPS (see instructions). | | 63,498,400 | 2 |
| 3 | PPS payments | | 51,671,296 | 3 |
| 4 | Outlier payment (see instructions) | | 1,413,902 | 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 | | 364,119 | 9 |
| 10 | Organ acquisition | | | 10 |
| 11 | Total cost (sum of lines 1 and 10) (see instructions) | | 40,836 | 11 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | | |
| | Reasonable charges | | | |
| 12 | Ancillary service charges | | 150,628 | 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) | | 150,628 | 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) | | 150,628 | 18 |
| 19 | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions) | | 109,792 | 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) | | 40,836 | 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) | | 53,449,316 | 24 |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 25 | Deductibles and coinsurance (see instructions) | | | 25 |
| 26 | Deductibles and Coinsurance relating to amount on line 24 (see instructions) | | 10,350,159 | 26 |
| 27 | Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions) | | 43,139,992 | 27 |
| 28 | Direct graduate medical education payments (from Worksheet E-4, line 50) | | 1,805,394 | 28 |
| 29 | ESRD direct medical education costs (from Worksheet E-4, line 36) | | | 29 |
| 30 | Subtotal (sum of lines 27 through 29) | | 44,945,388 | 30 |
| 31 | Primary payer payments | | 11,626 | 31 |
| 32 | Subtotal (line 30 minus line 31) | | 44,933,760 | 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) | | 2,198,471 | 34 |
| 35 | Adjusted reimbursable bad debts (see instructions) | | 1,538,930 | 35 |
| 36 | Allowable bad debts for dual eligible beneficiaries (see instructions) | | 944,420 | 36 |
| 37 | Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only) | | 46,472,692 | 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) | | 46,472,692 | 40 |
| 41 | Interim payments | | 45,248,060 | 41 |
| 42 | Tentative settlement (for contractors use only) | | | 42 |
| 43 | Balance due provider/program (line 40 minus the sum of lines 41, and 42) | | 1,224,632 | 43 |
| 44 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2 | | 1,159,459 | 44 |
| PART B - MEDICAL AND OTHER HEALTH SERVICES TO BE COMPLETED BY CONTRACTOR | | | | |
| 90 | Original outlier amount (see instructions) | | 1,413,902 | 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: 340113 | PERIOD:<br>FROM 01/01/2011<br>TO 12/31/2011 | WORKSHEET E, PART B |
|---|---|---|---|
| Medicare -Title XVIII - Hospital | | | |
| Rev. 2 - 08-11 | | | 40-587 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET E, PART B |
|---|---|---|---|

Medicare -Title XVIII - Subprovider

| | PART B - MEDICAL AND OTHER HEALTH SERVICES | | |
|---|---|---|---|
| 1 | Medical and other services (see instructions) | | 1 |
| 2 | Medical and other services reimbursed under OPPS (see instructions). | 685,226 | 2 |
| 3 | PPS payments | 565,987 | 3 |
| 4 | Outlier payment (see instructions) | | 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 | 5,579 | 9 |
| 10 | Organ acquisition | | 10 |
| 11 | Total cost (sum of lines 1 and 10) (see instructions) | | 11 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | |
| | Reasonable charges | | |
| 12 | Ancillary service charges | | 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) | | 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) | | 18 |
| 19 | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions) | | 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) | | 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) | 571,566 | 24 |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 25 | Deductibles and coinsurance (see instructions) | | 25 |
| 26 | Deductibles and Coinsurance relating to amount on line 24 (see instructions) | 117,486 | 26 |
| 27 | Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions) | 454,080 | 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) | 454,080 | 30 |
| 31 | Primary payer payments | | 31 |
| 32 | Subtotal (line 30 minus line 31) | 454,080 | 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) | | 34 |
| 35 | Adjusted reimbursable bad debts (see instructions) | | 35 |
| 36 | Allowable bad debts for dual eligible beneficiaries (see instructions) | | 36 |
| 37 | Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only) | 454,080 | 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) | 454,080 | 40 |
| 41 | Interim payments | 448,501 | 41 |
| 42 | Tentative settlement (for contractors use only) | | 42 |
| 43 | Balance due provider/program (line 40 minus the sum of lines 41, and 42) | 5,579 | 43 |
| 44 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2 | 94,805 | 44 |
| | PART B - MEDICAL AND OTHER HEALTH SERVICES TO BE COMPLETED BY CONTRACTOR | | |
| 90 | Original outlier amount (see instructions) | | 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 |

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET E-3, PART II |
|---|---|---|---|

Medicare -Title XVIII - Subprovider

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

| | | | |
|---|---|---|---|
| 1 | Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments) | 3,577,619 | 1 |
| 2 | Net IPF PPS Outlier payment | 12,187 | 2 |
| 3 | Net IPF PPS ECT payment | 13,540 | 3 |
| 4 | Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions) | | 4 |
| 5 | New teaching program adjustment (see instructions) | | 5 |
| 6 | Current year unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program" (see instructions) | | 6 |
| 7 | Current year unweighted I&R FTE count for residents within the first 3 years of a "new teaching program" (see instructions) | | 7 |
| 8 | Intern and resident count for IPF PPS medical education adjustment (see instructions) | | 8 |
| 9 | Average daily census (see instructions) | 67.98 | 9 |
| 10 | Medical Education Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}. | | 10 |
| 11 | Medical Education Adjustment (line 1 multiplied by line 10). | | 11 |
| 12 | Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11) | 3,603,346 | 12 |
| 13 | Nursing and allied health managed care payment (see instruction) | | 13 |
| 14 | Organ acquisition | | 14 |
| 15 | Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions) | | 15 |
| 16 | Subtotal (see instructions) | 3,603,346 | 16 |
| 17 | Primary payer payments | 3,286 | 17 |
| 18 | Subtotal (line 16 less line 17). | 3,600,060 | 18 |
| 19 | Deductibles | 305,448 | 19 |
| 20 | Subtotal (line 18 minus line 19) | 3,294,612 | 20 |
| 21 | Coinsurance | 125,935 | 21 |
| 22 | Subtotal (line 20 minus line 21) | 3,168,677 | 22 |
| 23 | Allowable bad debts (exclude bad debts for professional services) (see instructions) | 196,668 | 23 |
| 24 | Adjusted reimbursable bad debts (see instructions) | 137,668 | 24 |
| 25 | Allowable bad debts for dual eligible beneficiaries (see instructions) | 125,338 | 25 |
| 26 | Subtotal (sum of lines 22 and 24) | 3,306,345 | 26 |
| 27 | Direct graduate medical education payments (from Worksheet E-4, line 49) | | 27 |
| 28 | Other pass through costs (see instructions) | 86,439 | 28 |
| 29 | Outlier payments reconciliation | | 29 |
| 30 | Other adjustments (specify) (see instructions) | | 30 |
| 31 | Total amount payable to the provider (see instructions) | 3,392,784 | 31 |
| 32 | Interim payments | 3,412,679 | 32 |
| 33 | Tentative settlement (for contractor use only) | | 33 |
| 34 | Balance due provider/program (line 31 minus the sum lines 32 and 33) | -19,895 | 34 |
| 35 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2 | 81,901 | 35 |
| TO BE COMPLETED BY CONTRACTOR | | | |
| 50 | Original outlier amount from Worksheet E-3, Part II, line 2 (see instructions) | 12,187 | 50 |
| 51 | Outlier reconciliation adjustment amount (see instructions) | | 51 |
| 52 | The rate used to calculate the Time Value of Money (see instructions) | | 52 |
| 53 | Time Value of Money (see instructions) | | 53 |

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4033.2)

40-592 - 08-11 Rev. 2

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET E-3, PART III |
|---|---|---|---|

Medicare -Title XVIII - SNF

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

| | | | |
|---|---|---|---|
| 1 | Net Federal PPS payment (see instructions) | | 1 |
| 2 | Medicare SSI ratio (IRF PPS only) (see instructions) | | 2 |
| 3 | Inpatient Rehabilitation LIP payments (see instructions) | | 3 |
| 4 | Outlier payments | | 4 |
| 5 | Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions) | | 5 |
| 6 | New teaching program adjustment (see instructions) | | 6 |
| 7 | Current year unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program" (see instructions) | | 7 |
| 8 | Current year unweighted I&R FTE count for residents within the first 3 years of a "new teaching program" (see instructions) | | 8 |
| 9 | Intern and resident count for IRF PPS medical education adjustment (see instructions) | | 9 |
| 10 | Average daily census (see instructions) | 8.26 | 10 |
| 11 | Medical Education Adjustment Factor {((1 + (line 9/line 10)) raised to the power of .6876 -1}. | | 11 |
| 12 | Medical Education Adjustment (line 1 multiplied by line 11). | | 12 |
| 13 | Total PPS Payment (sum of lines 1, 3, 4 and 12) | | 13 |
| 14 | Nursing and Allied Health Managed Care payment (see instructions) | | 14 |
| 15 | Organ acquisition | | 15 |
| 16 | Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions) | | 16 |
| 17 | Subtotal (see instructions) | | 17 |
| 18 | Primary payer payments | | 18 |
| 19 | Subtotal (line 17 less line 18). | | 19 |
| 20 | Deductibles | | 20 |
| 21 | Subtotal (line 19 minus line 20) | | 21 |
| 22 | Coinsurance | | 22 |
| 23 | Subtotal (line 21 minus line 22) | | 23 |
| 24 | Allowable bad debts (exclude bad debts for professional services) (see instructions) | | 24 |
| 25 | Adjusted reimbursable bad debts (see instructions) | | 25 |
| 26 | Allowable bad debts for dual eligible beneficiaries (see instructions) | | 26 |
| 27 | Subtotal (sum of lines 23 and 25) | | 27 |
| 28 | Direct graduate medical education payments (from Worksheet E-4, line 49) | | 28 |
| 29 | Other pass through costs (see instructions) | | 29 |
| 30 | Outlier payments reconciliation | | 30 |
| 31 | \Other adjustments (specify) (see instructions) | | 31 |
| 32 | Total amount payable to the provider (see instructions) | | 32 |
| 33 | Interim payments | | 33 |
| 34 | Tentative settlement (for contractor use only) | | 34 |
| 35 | Balance due provider/program (line 32 minus the sum lines 33 and 34) | | 35 |
| 36 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2 | | 36 |
| TO BE COMPLETED BY CONTRACTOR | | | |
| 50 | Original outlier amount from Worksheet E-3, Part III, line 4 (see instructions) | | 50 |
| 51 | Outlier reconciliation adjustment amount (see instructions) | | 51 |
| 52 | The rate used to calculate the Time Value of Money (see instructions) | | 52 |
| 53 | Time Value of Money (see instructions) | | 53 |

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4033.3)

Rev. 2 | 40-593 - 08-11

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS | Provider CCN: 340113 | 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 | 173.81 | 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 | 0.70 | 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 | 173.11 | 5 |
| 6 | Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions) | 214.46 | 6 |
| 7 | Enter the lesser of line 5 or line 6 | 173.11 | 7 |

| | | Primary Care | Other | Total | |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| 8 | Weighted FTE count for physicians in an allopathic and osteopathic program for the current year | 119.21 | 86.35 | 205.56 | 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 | 96.23 | 69.70 | 165.93 | 9 |
| 10 | Weighted dental and podiatric resident FTE count for the current year | | 7.38 | | 10 |
| 11 | Total weighted FTE count | 96.23 | 77.08 | | 11 |
| 12 | Total weighted resident FTE count for the prior cost reporting year (see instructions) | 95.77 | 78.63 | | 12 |
| 13 | Total weighted resident FTE count for the penultimate cost reporting year (see instr.) | 97.19 | 76.62 | | 13 |
| 14 | Rolling average FTE count (sum of lines 11 through 13 divided by 3) | 96.40 | 77.44 | | 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 | 96.40 | 77.44 | | 17 |
| 18 | Per resident amount | 128,823 | 128,462 | | 18 |
| 19 | Approved amount for resident costs | 12,418,618 | 9,948,114 | 22,366,732 | 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) | 41.35 | | | 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) | 22,366,732 | | | 25 |
| | COMPUTATION OF PROGRAM PATIENT LOAD | Inpatient Part A | Managed Care | | |
| 26 | Inpatient days | 80,951 | 9,488 | | 26 |
| 27 | Total inpatient days | 268,236 | 268,236 | | 27 |
| 28 | Ratio of inpatient days to total inpatient days | 0.301790 | 0.035372 | | 28 |
| 29 | Program direct GME amount | 6,750,056 | 791,156 | | 29 |
| 30 | Reduction for nursing/allied health | | 111,790 | | 30 |
| 31 | Net Program direct GME amount | | | 7,429,422 | 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) | 2,246 | 32 |
| 33 | Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94) | 12,660,659 | 33 |
| 34 | Ratio of direct medical education costs to total charges (line 32 ÷ line 33) | 0.000177 | 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) | 188,776,096 | 37 |
| 38 | Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69) | 12,759,434 | 38 |
| 39 | Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20) | | 39 |
| 40 | Primary payer payments (see instructions) | 352,357 | 40 |
| 41 | Total Part A reasonable cost (sum of lines 37 through 39 minus line 40) | 201,183,168 | 41 |
| | Part B Reasonable Cost | | |
| 42 | Reasonable cost (see instructions) | 64,594,160 | 42 |
| 43 | Primary payer payments (see instructions) | 11,626 | 43 |
| 44 | Total Part B reasonable cost (line 42 minus line 43) | 64,582,532 | 44 |

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| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS | Provider CCN: 340113 | 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) | | 265,765,696 | 45 |
| 46 | Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45) | | 0.756994 | 46 |
| 47 | Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45) | | 0.243006 | 47 |
| | ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B | | | |
| 48 | Total program GME payment (line 31) | | 7,429,422 | 48 |
| 49 | Part A Medicare GME payment (line 46 x 48)(Title XVIII only) (see instructions) | | 5,624,028 | 49 |
| 50 | Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions) | | 1,805,394 | 50 |
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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| BALANCE SHEET | Provider CCN: 340113 | 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 | 42,586 | | | | 1 |
| 2 | Temporary investments | | | | | 2 |
| 3 | Notes receivable | | | | | 3 |
| 4 | Accounts receivable | 268,275,920 | | | | 4 |
| 5 | Other receivables | 185,026,416 | | | | 5 |
| 6 | Allowances for uncollectible notes and accounts receivable | -101,179,968 | | | | 6 |
| 7 | Inventory | 6,554,957 | | | | 7 |
| 8 | Prepaid expenses | 1,539,288 | | | | 8 |
| 9 | Other current assets | | | | | 9 |
| 10 | Due from other funds | | | | | 10 |
| 11 | Total current assets (sum of lines 1-10) | 360,259,200 | | | | 11 |
| | FIXED ASSETS | | | | | |
| 12 | Land | 5,362,034 | | | | 12 |
| 13 | Land improvements | 7,559,799 | | | | 13 |
| 14 | Accumulated depreciation | | | | | 14 |
| 15 | Buildings | 684,569,216 | | | | 15 |
| 16 | Accumulated depreciation | -480,574,176 | | | | 16 |
| 17 | Leasehold improvements | 10,402,365 | | | | 17 |
| 18 | Accumulated depreciation | | | | | 18 |
| 19 | Fixed equipment | | | | | 19 |
| 20 | Accumulated depreciation | | | | | 20 |
| 21 | Automobiles and trucks | | | | | 21 |
| 22 | Accumulated depreciation | | | | | 22 |
| 23 | Major movable equipment | 339,779,200 | | | | 23 |
| 24 | Accumulated depreciation | -4,175,152 | | | | 24 |
| 25 | Minor equipment depreciable | | | | | 25 |
| 26 | Accumulated depreciation | | | | | 26 |
| 27 | HIT designated Assets | | | | | 27 |
| 28 | Accumulated depreciation | | | | | 28 |
| 29 | Minor equipment-nondepreciable | 202,537 | | | | 29 |
| 30 | Total fixed assets (sum of lines 12-29) | 563,125,824 | | | | 30 |
| | OTHER ASSETS | | | | | |
| 31 | Investments | 1,569,382,784 | | | | 31 |
| 32 | Deposits on leases | | | | | 32 |
| 33 | Due from owners/officers | | | | | 33 |
| 34 | Other assets | 671,932 | | | | 34 |
| 35 | Total other assets (sum of lines 31-34) | 1,570,054,784 | | | | 35 |
| 36 | Total assets (sum of lines 11, 30, and 35) | 2,493,439,744 | | | | 36 |
| | Liabilities and Fund Balances (Omit cents) | | | | | |
| | CURRENT LIABILITIES | | | | | |
| 37 | Accounts payable | 4,325,099 | | | | 37 |
| 38 | Salaries, wages, and fees payable | 947,476 | | | | 38 |
| 39 | Payroll taxes payable | | | | | 39 |
| 40 | Notes and loans payable (short term) | 12,367,535 | | | | 40 |
| 41 | Deferred income | | | | | 41 |
| 42 | Accelerated payments | | | | | 42 |
| 43 | Due to other funds | 39,862,896 | | | | 43 |
| 44 | Other current liabilities | 3,409,088 | | | | 44 |
| 45 | Total current liabilities (sum of lines 37 thru 44) | 60,912,096 | | | | 45 |
| | LONG TERM LIABILITIES | | | | | |
| 46 | Mortgage payable | | | | | 46 |
| 47 | Notes payable | | | | | 47 |
| 48 | Unsecured loans | | | | | 48 |
| 49 | Other long term liabilities | 3,519,532 | | | | 49 |

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| BALANCE SHEET | Provider CCN: 340113 | 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) | 3,519,532 | | | | 50 |
| 51 | Total liabilities (sum of lines 45 and 50) | 64,431,628 | | | | 51 |
| CAPITAL ACCOUNTS | | | | | | |
| 52 | General fund balance | 2,429,008,128 | | | | 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) | 2,429,008,128 | | | | 59 |
| 60 | Total liabilities and fund balances (sum of lines 51 and 59) | 2,493,439,744 | | | | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 340113 | 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 | | 2,330,576,128 | | | | | | | 1 |
| 2 | Net income (loss) (from Worksheet G-3, line 29) | | 96,170,368 | | | | | | | 2 |
| 3 | Total (sum of line 1 and line 2) | | 2,426,746,624 | | | | | | | 3 |
| 4 | | | | | | | | | | 4 |
| 5 | DONATION OF EQUIPMENT | 1,036,575 | | | | | | | | 5 |
| 6 | GRANTS | 454,135 | | | | | | | | 6 |
| 7 | ASSET TRANSFERS | 763,486 | | | | | | | | 7 |
| 8 | OTHER | 107,365 | | | | | | | | 8 |
| 9 | | | | | | | | | | 9 |
| 10 | Total additions (sum of lines 4-9) | | 2,361,561 | | | | | | | 10 |
| 11 | Subtotal (line 3 plus line 10) | | 2,429,108,224 | | | | | | | 11 |
| 12 | | | | | | | | | | 12 |
| 13 | ASSET TRANSFERS | 100,019 | | | | | | | | 13 |
| 14 | | | | | | | | | | 14 |
| 15 | | | | | | | | | | 15 |
| 16 | | | | | | | | | | 16 |
| 17 | | | | | | | | | | 17 |
| 18 | Total deductions (sum of lines 12-17) | | 100,019 | | | | | | | 18 |
| 19 | Fund balance at end of period per balance sheet (line 11 minus line 18) | | 2,429,008,128 | | | | | | | 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 CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 340113 | 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 | 452,963,808 | | 452,963,808 | 1 |
| 2 | Subprovider IPF | 36,753,196 | | 36,753,196 | 2 |
| 3 | Subprovider IRF | 4,285,908 | | 4,285,908 | 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) | 494,002,912 | | 494,002,912 | 10 |
| | INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES | | | | |
| 11 | Intensive care unit | 231,985,936 | | 231,985,936 | 11 |
| 12 | Coronary care unit | 21,404,096 | | 21,404,096 | 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) | 253,390,032 | | 253,390,032 | 16 |
| 17 | Total inpatient routine care services (sum of lines 10 and 16) | 747,392,960 | | 747,392,960 | 17 |
| 18 | Ancillary services | 1,254,185,984 | 987,682,304 | 2,241,868,288 | 18 |
| 19 | Outpatient services | 218,466,144 | 445,278,432 | 663,744,576 | 19 |
| 20 | Rural Health Clinic (RHC) | | | | 20 |
| 21 | Federally Qualified Health Center (FQHC) | | | | 21 |
| 22 | Home health agency | | | | 22 |
| 23 | Ambulance | 574 | 39,189,992 | 39,190,568 | 23 |
| 24 | Outpatient rehabilitation providers | | | | 24 |
| 25 | ASC | | | | 25 |
| 26 | Hospice | | | | 26 |
| 27 | Other (specify) | 8,724,735 | 38,818,496 | 47,543,230 | 27 |
| 28 | Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1) | 2,228,770,304 | 1,510,969,216 | 3,739,739,648 | 28 |

PART II - OPERATING EXPENSES

| | | 1 | 2 | |
|---|---|---|---|---|
| 29 | Operating expenses (per Wkst. A, column 3, line 200) | | 1,371,360,384 | 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) | | 1,371,360,384 | 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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 340113 | 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) | | 3,739,739,648 | 1 |
| 2 | Less contractual allowances and discounts on patients' accounts | | 2,475,624,192 | 2 |
| 3 | Net patient revenues (line 1 minus line 2) | | 1,264,115,328 | 3 |
| 4 | Less total operating expenses (from Worksheet G-2, Part II, line 43) | | 1,371,360,384 | 4 |
| 5 | Net income from service to patients (line 3 minus line 4) | | -107,245,064 | 5 |
| OTHER INCOME | | | | |
| 6 | Contributions, donations, bequests, etc | | 66,216,376 | 6 |
| 7 | Income from investments | | -9,439,100 | 7 |
| 8 | Revenues from telephone and telegraph service | | | 8 |
| 9 | Revenue from television and radio service | | | 9 |
| 10 | Purchase discounts | | 3,918,856 | 10 |
| 11 | Rebates and refunds of expenses | | | 11 |
| 12 | Parking lot receipts | | 536,115 | 12 |
| 13 | Revenue from laundry and linen service | | | 13 |
| 14 | Revenue from meals sold to employees and guests | | 4,772,890 | 14 |
| 15 | Revenue from rental of living quarters | | 215,108 | 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 | | 17,616,918 | 17 |
| 18 | Revenue from sale of medical records and abstracts | | 181,549 | 18 |
| 19 | Tuition (fees, sale of textbooks, uniforms, etc.) | | 2,416,081 | 19 |
| 20 | Revenue from gifts, flowers, coffee shops, and canteen | | 12,023 | 20 |
| 21 | Rental of vending machines | | | 21 |
| 22 | Rental of hospital space | | | 22 |
| 23 | Governmental appropriations | | | 23 |
| 24 | Other (specify) | | | 24 |
| 24.00 | OTHER-CONTRACT REVENUE | | 1,216 | 24.00 |
| 24.01 | EDUCATION AND RESEARCH | | 253,504 | 24.01 |
| 24.02 | FITNESS PROGRAM REVENUE | | 127,627 | 24.02 |
| 24.03 | MISC PROGRAM REVENUE | | 162,226 | 24.03 |
| 24.04 | PHYSICIAN SERVICES | | 720,542 | 24.04 |
| 24.05 | ADMINISTRATIVE SERVICES | | -2,847 | 24.05 |
| 24.06 | KIDNEY REVENUE | | 1,131,420 | 24.06 |
| 24.07 | HEART REVENUE | | 290,250 | 24.07 |
| 24.08 | EYE REVENUE | | 1,123,778 | 24.08 |
| 24.09 | OTHER ORGAN REVENUE | | 927,075 | 24.09 |
| 24.10 | BONE TISSUE REVENUE | | 1,623,300 | 24.10 |
| 24.11 | RADIOLOGY JOINT VENTURE | | 850,260 | 24.11 |
| 24.12 | ACTIVITY & APPLICATION FEES | | 745,521 | 24.12 |
| 24.13 | REFERENCE LAB REVENUE | | 1,858,570 | 24.13 |
| 24.14 | LIVER & PANCREAS REVENUE | | 739,750 | 24.14 |
| 24.15 | SEMINARS & EDUCATION PROGRAMS | | 2,248,316 | 24.15 |
| 24.16 | EXTERNAL TRANSPORT REVENUE | | 3,208,100 | 24.16 |
| 24.17 | MISC OTHER | | 4,409,393 | 24.17 |
| 24.18 | INTERCO/INTERFACILITY REVENUE | | 92,094,168 | 24.18 |
| 24.19 | AFFILIATE REVENUE | | 4,458,153 | 24.19 |
| 25 | Total other income (sum of lines 6-24) | | 203,417,136 | 25 |
| 26 | Total (line 5 plus line 25) | | 96,172,072 | 26 |
| 27 | Other expenses (specify) | | | 27 |
| 27.00 | OTHER EXPENSES-OTHER NON-OPERATING | | 1,705 | 27.00 |
| 28 | Total other expenses (sum of line 27 and subscripts) | | 1,705 | 28 |
| 29 | Net income (or loss) for the period (line 26 minus line 28) | | 96,170,368 | 29 |
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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

| CALCULATION OF CAPITAL PAYMENT | Provider CCN: 340113 | 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 | 10,092,394 | 1 |
| 2 | Capital DRG outlier payments | 834,773 | 2 |
| 3 | Total inpatient days divided by number of days in the cost reporting period (see instructions) | 658.66 | 3 |
| 4 | Number of interns & residents (see instructions) | 181.29 | 4 |
| 5 | Indirect medical education percentage (see instructions) | 8.08 | 5 |
| 6 | Indirect medical education adjustment (line 1 times line 5) | 815,465 | 6 |
| 7 | Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions) | 0.079300 | 7 |
| 8 | Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions) | 0.337100 | 8 |
| 9 | Sum of lines 7 and 8 | 0.416400 | 9 |
| 10 | Allowable disproportionate share percentage (see instructions) | 0.088000 | 10 |
| 11 | Disproportionate share adjustment (line 10 times lines 1 ) | 888,131 | 11 |
| 12 | Total prospective capital payments (sum of lines 1-2, 6 and 11) | 12,630,763 | 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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40-646 - 08-11 Rev. 2

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**Cost Report data**

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

[Electronic Record Code: 269573 - 1996]
Type of Facility: Short Term Acute Care
Type of Control: Voluntary Nonprofit, Other
Classification: Urban

| | |
|---|---|
| Bed Size: | 157 |
| Total Annual Discharges: | 8,595 |
| Total Patient Revenue: | $380,996,683 |

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

Fiscal Intermediary: Palmetto Government Benefits Administrators

**Medicare Inpatient Characteristics**

| | |
|---|---|
| DSH Ratio: | 0.168900 |
| DSH Amount: | $4,468,003 |
| Outlier Amount: | $169,623 |
| IME Amount: | $371,528 |
| GME Amount: | $169,175 |
| Total IP Reimbursement: | $33,988,417 |
| Total IP Costs: | $27,975,365 |
| NPR Date: | 00/00/0000 |
| NPR Settlement Amount: | $-133,775 |
| NPR Settlement Percent: | 0.39 % |

[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 076A

**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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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX IDENTIFICATION DATA | PROVIDER NO 340130 | PERIOD FROM 01/01/2010 TO 12/31/2010 | WORKSHEET S-2 PART I |
|---|---|---|---|

**Hospital and Hospital Health Care Complex Address:**

| | | | | |
|---|---|---|---|---|
| 1 | Street: 600 HOSPITAL DRIVE | | P.O.Box: | 1 |
| 1.01 | City: MONROE | State: NC | ZIP: 28111 | County: UNION | 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 | UNION REGIONAL MEDICAL CENTER | 340130 | | 07/01/66 | | P | O | 2 |
| 3.00 | Subprovider | | | | | | | | 3.00 |
| 4 | Swing Beds-SNF | | | | | | | | 4 |
| 5 | Swing Beds-NF | | | | | | | | 5 |
| 6 | Hospital-Based SNF | | 345097 | | 06/18/73 | | P | O | 6 |
| 7.00 | Hospital-Based NF | | 346110 | | 01/01/76 | | | O | 7.00 |
| 8 | Hospital-Based OLTC | | | | | | | | 8 |
| 9.00 | Hospital-Based HHA | | 347210 | | 04/03/95 | | P | N | 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) | | 2 | | | 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 Hamless 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 340130 | 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? | Y | | | 25 |
| 25.01 | Is this teaching program approved in accordance with CMS Pub. 15-I, chapter 4? | Y | | | 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. | Y | | | 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 | 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 | 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. | N | | | 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) | 100 | 0.947400 | 0.942000 | 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 | 1 | 1520 | 16740 | 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 | 43.05 | N | | 28.03 |
| 28.04 | Recruitment | | N | | 28.04 |
| 28.05 | Retention of employees | | N | | 28.05 |
| 28.06 | Training | 0.60 | Y | | 28.06 |
| 28.07 | Other (Specify) OTHER | 21.34 | Y | | 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 340130 | 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? | | | | | 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 | | | | 40 |
| 40.01 | Name: CAROLINAS HEALTHCARE SYSTEM | FI/Contractor's Name: | FI/Contractor's Number: | | | 40.01 |
| 40.02 | Street: 4400 GOLF ACRES DRIVE SUITE A | PO Box: | | | | 40.02 |
| 40.03 | City: CHARLOTTE | State: NC | Zip Code: 28208 | | | 40.03 |
| 41 | Are provider based physicians' costs included in Worksheet A? | Y | | | | 41 |
| 42 | Are physical therapy services provided by outside suppliers? | Y | | | | 42 |
| 42.01 | Are occupational therapy services provided by outside suppliers? | Y | | | | 42.01 |
| 42.02 | Are speech pathology services provided by outside suppliers? | Y | | | | 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? | N | | | | 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 | N | N | | | | 49 |
| 50 HHA | N | N | | | | 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: 250,421 | 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) | | | | | 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 |

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| HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX IDENTIFICATION DATA | PROVIDER NO 340130 | PERIOD FROM 01/01/2010 TO 12/31/2010 | WORKSHEET S-2 PART I |
|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 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 479297 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) | | | | | 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) | | | | | 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. | | | | | | 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? | | 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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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | PROVIDER NO 340130 | 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 | Title XIX OBS Admitted | Title XIX OBS Not Admitted | 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 | |
| | | 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 | 143 | 52,195 | | 15,448 | | 9,380 | | | 30,038 | | | | | | | | | 3,840 | 2,674 | 8,595 | 1 |
| 2 | HMO | | | | 346 | | | | | | | | | | | | | | | | | 2 |
| 3 | Hospital Adults &Peds Swing Bed SNF | | | | | | | | | | | | | | | | | | | | | 3 |
| 4 | Hospital Adults & Peds. Swing Bed NF | | | | | | | | | | | | | | | | | | | | | 4 |
| 5 | Total Adults & Peds. (exclude OBS beds) | 143 | 52,195 | | 15,448 | | 9,380 | | | 30,038 | | | | | | | | | | | | 5 |
| 6 | Intensive Care Unit | 14 | 5,110 | | 2,256 | | | | | 4,386 | | | | | | | | | | | | 6 |
| 7 | Coronary Care Unit | | | | | | | | | | | | | | | | | | | | | 7 |
| 8 | Burn Intensive Care Unit | | | | | | | | | | | | | | | | | | | | | 8 |
| 9 | Surgical Intensive Care Unit | | | | | | | | | | | | | | | | | | | | | 9 |
| 10.00 | Other Special Care (specify) | | | | | | | | | | | | | | | | | | | | | 10.00 |
| 11 | Nursery | | | | | | | | | 3,397 | | | | | | | | | | | | 11 |
| 12 | Total (see instructions) | 157 | 57,305 | | 17,704 | | 9,380 | | | 37,821 | | | 7.00 | | 7.00 | 1,000.99 | | | 3,840 | 2,674 | 8,595 | 12 |
| 13 | RPCH\CAH visits | | | | | | | | | | | | | | | | | | | | | 13 |
| 14.00 | Subprovider | | | | | | | | | | | | | | | | | | | | | 14.00 |
| 15 | Skilled Nursing Facility | 36 | 13,140 | | 8,375 | | 2,107 | | | 11,896 | | | | | | 26.25 | | | | | | 15 |
| 16 | Nursing Facility | 34 | 12,410 | | | | 9,617 | | | 12,223 | | | | | | 34.01 | | | | | | 16 |
| 17 | Other Long Term Care | | | | | | | | | | | | | | | | | | | | | 17 |
| 18 | Home Health Agency | | | | 24,307 | | 4,315 | | | 32,966 | | | | | | 46.55 | | | | | | 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) | 227 | | | | | | | | | | | | | 7.00 | 1,107.80 | | | | | | 25 |
| 26 | Observation Bed Days | | | | | | 281 | | | 1,444 | | | | | | | | | | | | 26 |
| 27 | Ambulance Trips | | | | | | | | | | | | | | | | | | | | | 27 |
| 28 | Employee discount days (see instru.) | | | | | | | | | | | | | | | | | | | | | 28 |
| 29 | Labor & delivery days (see instructions) | | | | | | | | | | | | | | | | | | | | | 29 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| HOSPITAL WAGE INDEX INFORMATION | PROVIDER NO.: 340130 | 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) | 58,294,039 | | 58,294,039 | 2,304,215 | 25.30 | | 1 |
| 2 | Non-physician anesthetist Part A | | | | | | | 2 |
| 3 | Non-physician anesthetist Part B | 2,729,804 | | 2,729,804 | 30,951 | 88.20 | | 3 |
| 4 | Physician-Part A | 39,642 | | 39,642 | 416 | 95.29 | | 4 |
| 4.01 | Teaching physician salaries (see instructions) | | | | | | | 4.01 |
| 5 | Physician-Part B | 144,736 | | 144,736 | 1,664 | 86.98 | | 5 |
| 5.01 | Non-physician-Part B | | | | | | | 5.01 |
| 6 | Interns & residents (in an approved program) | | 40,156 | 40,156 | 2,169 | 18.51 | | 6 |
| 6.01 | Contractd Services I&R (see instructions) | 242,112 | | 242,112 | 8,320 | 29.10 | | 6.01 |
| 7 | Home office personnel | | | | | | | 7 |
| 8 | SNF | 1,153,363 | 128,319 | 1,281,682 | 70,740 | 18.12 | | 8 |
| 8.01 | Excluded area salaries (see instructions) | 5,327,515 | -128,319 | 5,199,196 | 217,380 | 23.92 | | 8.01 |
| | OTHER WAGES & RELATED COSTS | | | | | | | |
| 9 | Contract labor (see instructions) | 1,020,581 | | 1,020,581 | 25,007 | 40.81 | | 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 | 39,500 | | 39,500 | 365 | 108.22 | | 10 |
| 10.01 | Teaching physician under contract (see instru.) | 325,524 | | 325,524 | 2,600 | 125.20 | | 10.01 |
| 11 | Home office salaries & wage-related costs | 5,346,777 | | 5,346,777 | 89,192 | 59.95 | | 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) | 16,560,220 | | 16,560,220 | | | CMS 339 | 13 |
| 14 | Wage-related costs (other) | | | | | | CMS 339 | 14 |
| 15 | Excluded areas | 2,408,668 | | 2,408,668 | | | CMS 339 | 15 |
| 16 | Non-physician anesthetist Part A | | | | | | CMS 339 | 16 |
| 17 | Non-physician anesthetist Part B | 258,746 | | 258,746 | | | CMS 339 | 17 |
| 18 | Physician Part A | 3,478 | | 3,478 | | | CMS 339 | 18 |
| 18.01 | Part A teaching physicians (see instructions) | | | | | | CMS 339 | 18.01 |
| 19 | Physician Part B | 13,911 | | 13,911 | | | CMS 339 | 19 |
| 19.01 | Wage-related costs (RHC/FQHC) | | | | | | CMS 339 | 19.01 |
| 20 | Interns & residents (in an approved program) | 18,137 | | 18,137 | | | CMS 339 | 20 |
| | OVERHEAD COSTS - DIRECT SALARIES | | | | | | | |
| 21 | Employee Benefits | 1,766,146 | | 1,766,146 | 19,622 | 90.01 | | 21 |
| 22 | Administrative & General | 4,699,323 | -166,074 | 4,533,249 | 237,857 | 19.06 | | 22 |
| 22.01 | Administrative & General under contract (see inst.) | 502,287 | | 502,287 | 9,321 | 53.89 | | 22.01 |
| 23 | Maintenance & Repairs | | | | | | | 23 |
| 24 | Operation of Plant | 1,158,877 | | 1,158,877 | 60,012 | 19.31 | | 24 |
| 25 | Laundry & Linen Service | 79,610 | | 79,610 | 6,255 | 12.73 | | 25 |
| 26 | Housekeeping | 947,966 | | 947,966 | 86,965 | 10.90 | | 26 |
| 26.01 | Housekeeping under contract (see instructions) | | | | | | | 26.01 |
| 27 | Dietary | | | | | | | 27 |
| 27.01 | Dietary under contract (see inst.) | 795 | | 795 | 15 | 53.00 | | 27.01 |
| 28 | Cafeteria | | | | | | | 28 |
| 29 | Maintenance of Personnel | | | | | | | 29 |
| 30 | Nursing Administration | 1,005,450 | | 1,005,450 | 27,393 | 36.70 | | 30 |
| 31 | Central Services and Supply | 386,766 | | 386,766 | 24,329 | 15.90 | | 31 |
| 32 | Pharmacy | | | | | | | 32 |
| 33 | Medical Records & Medical Records Library | 1,378,803 | | 1,378,803 | 68,797 | 20.04 | | 33 |
| 34 | Social Service | | 166,074 | 166,074 | 7,728 | 21.49 | | 34 |
| 35 | Other General Service | | | | | | | 35 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| HOSPITAL WAGE INDEX INFORMATION | | PROVIDER NO.: 340130 | | 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) | 55,680,469 | -40,156 | 55,640,313 | 2,270,447 | 24.51 | | 1 |
| 2 Excluded area salaries (see instructions) | 6,480,878 | | 6,480,878 | 288,119 | 22.49 | | 2 |
| 3 Subtotal salaries (line 1 minus line 2) | 49,199,591 | -40,156 | 49,159,435 | 1,982,328 | 24.80 | | 3 |
| 4 Subtotal other wages & related costs (see inst.) | 6,732,382 | | 6,732,382 | 117,164 | 57.46 | | 4 |
| 5 Subtotal wage-related costs (see inst.) | 16,563,698 | | 16,563,698 | | 33.69 | | 5 |
| 6 Total (sum of lines 3 thru 5) | 72,495,671 | -40,156 | 72,455,515 | 2,099,492 | 34.51 | | 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.) | 11,926,023 | | 11,926,023 | 548,296 | 21.75 | | 13 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| HOSPITAL UNCOMPENSATED CARE DATA | PROVIDER NO: 340130 | 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 | | 17 |
| 17.01 | Gross Medicaid Revenues | 13,921,151 | 17.01 |
| 18 | Revenues from State and local indigent care programs | | 18 |
| 19 | Revenues related to SCHIP (see instructions) | | 19 |
| 20 | Restricted grants | | 20 |
| 21 | Non-restricted grants | | 21 |
| 22 | Total Gross Uncompensated Care Revenues | 13,921,151 | 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) | 0.328392 | 24 |
| 25 | Total State and local indigent care program cost (line 23 x line 24) | | 25 |
| 26 | Total SCHIP charges from your records | | 26 |
| 27 | Total SCHIP cost, (line 24 x line 26) | | 27 |
| 28 | Total gross Medicaid charges from your records | 55,695,609 | 28 |
| 29 | Total gross Medicaid cost (line 24 x line 28) | 18,289,992 | 29 |
| 30 | Other uncompensated care charges from your records (see instructions) | 35,675,148 | 30 |
| 31 | Uncompensated care cost (line 24 x line 30) | 11,715,433 | 31 |
| 32 | Total uncompensated cost to the hospital (Sum of lines 25, 27, and 29) | 18,289,992 | 32 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES | | | | PROVIDER NO: 340130 | | 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 | | 9,506,165 | 9,506,165 | 1,225,121 | 10,731,286 | -3,904,686 | 6,826,600 | 3 |
| 4 | 0400 | New Capital Related Costs-Movable Equipment | | 5,384,073 | 5,384,073 | | 5,384,073 | | 5,384,073 | 4 |
| 5 | 0500 | Employee Benefits | 1,766,146 | 19,505,530 | 21,271,676 | | 21,271,676 | -983,069 | 20,288,607 | 5 |
| 6.05 | 0600 | Administrative & General | 4,699,323 | 12,107,645 | 16,806,968 | -347,657 | 16,459,311 | -421,350 | 16,037,961 | 6.05 |
| 7 | 0700 | Maintenance and Repairs | | | | | | | | 7 |
| 8 | 0800 | Operation of Plant | 1,158,877 | 3,227,571 | 4,386,448 | | 4,386,448 | -7,308 | 4,379,140 | 8 |
| 9 | 0900 | Laundry and Linen Service | 79,610 | 560,236 | 639,846 | | 639,846 | 65,137 | 704,983 | 9 |
| 10 | 01000 | Housekeeping | 947,966 | 345,259 | 1,293,225 | | 1,293,225 | | 1,293,225 | 10 |
| 11 | 1100 | Dietary | | 1,756,424 | 1,756,424 | -735,392 | 1,021,032 | | 1,021,032 | 11 |
| 12 | 1200 | Cafeteria | | | | 735,392 | 735,392 | | 735,392 | 12 |
| 13 | 1300 | Maintenance of Personnel | | | | | | | | 13 |
| 14 | 1400 | Nursing Administration | 1,005,450 | 30,111 | 1,035,561 | | 1,035,561 | | 1,035,561 | 14 |
| 15 | 1500 | Central Services and Supply | 386,766 | 378,877 | 765,643 | | 765,643 | | 765,643 | 15 |
| 16 | 1600 | Pharmacy | | | | | | | | 16 |
| 17 | 1700 | Medical Records & Medical Records Library | 1,378,803 | 344,668 | 1,723,471 | | 1,723,471 | -2,640 | 1,720,831 | 17 |
| 18 | 1800 | Social Service | | | | 166,074 | 166,074 | | 166,074 | 18 |
| 19.00 | 1900 | Other General Service (specify) | | | | | | | | 19.00 |
| 20 | 2000 | Nonphysician Anesthetics | | | | 2,865,090 | 2,865,090 | -2,865,090 | | 20 |
| 21 | 2100 | Nursing School | | | | | | | | 21 |
| 22 | 2200 | Intern & Res. Service-Salary & Fringes (Approved) | | | | 40,156 | 40,156 | | 40,156 | 22 |
| 23 | 2300 | Intern & Res. Other Program Costs (Approved) | 40,156 | 633,132 | 673,288 | -40,156 | 633,132 | -116,920 | 516,212 | 23 |
| 24 | 2400 | Paramedical Ed. Program (specify) | | | | | | | | 24 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | |
| 25 | 2500 | Adults and Pediatrics (General Routine Care) | 9,389,931 | 624,860 | 10,014,791 | | 10,014,791 | -150,527 | 9,864,264 | 25 |
| 26 | 2600 | Intensive Care Unit | 2,393,656 | 145,587 | 2,539,243 | | 2,539,243 | | 2,539,243 | 26 |
| 27 | 2700 | Coronary Care Unit | | | | | | | | 27 |
| 28 | 2800 | Burn Intensive Care Unit | | | | | | | | 28 |
| 29 | 2900 | Surgical Intensive Care Unit | | | | | | | | 29 |
| 30.00 | 3000 | Other Special Care (specify) | | | | | | | | 30.00 |
| 31.00 | 3100 | Subprovider | | | | | | | | 31.00 |
| 33 | 3300 | Nursery | 1,320,333 | 486,324 | 1,806,657 | | 1,806,657 | -412,753 | 1,393,904 | 33 |
| 34 | 3400 | Skilled Nursing Facility | 1,153,363 | 562,974 | 1,716,337 | 350,375 | 2,066,712 | | 2,066,712 | 34 |

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| RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES | | | PROVIDER NO: 340130 | | 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 | |
| 35.05 | 3500 | Nursing Facility | 1,107,252 | 664,549 | 1,771,801 | -350,375 | 1,421,426 | 618,357 | 2,039,783 | 35.05 |
| 36 | 3600 | Other Long Term Care | | | | | | | | 36 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37.05 | 3700 | Operating Room | 4,815,112 | 944,378 | 5,759,490 | | 5,759,490 | 280 | 5,759,770 | 37.05 |
| 38 | 3800 | Recovery Room | | | | | | | | 38 |
| 39.05 | 3900 | Delivery Room & Labor Room | 1,478,465 | 84,255 | 1,562,720 | | 1,562,720 | -12,500 | 1,550,220 | 39.05 |
| 40.05 | 4000 | Anesthesiology | 2,799,244 | 422,392 | 3,221,636 | -2,865,090 | 356,546 | -25,383 | 331,163 | 40.05 |
| 41.05 | 4100 | Radiology-Diagnostic | 3,750,825 | 1,765,354 | 5,516,179 | | 5,516,179 | -73,605 | 5,442,574 | 41.05 |
| 42.00 | 4200 | Radiology-Therapeutic | | | | | | | | 42.00 |
| 43 | 4300 | Radioisotope | | | | | | | | 43 |
| 44.05 | 4400 | Laboratory | 2,148,677 | 3,136,209 | 5,284,886 | | 5,284,886 | -243,432 | 5,041,454 | 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 | 1,337,754 | 231,392 | 1,569,146 | | 1,569,146 | | 1,569,146 | 49.05 |
| 50.05 | 5000 | Physical Therapy | 737,252 | 642,819 | 1,380,071 | | 1,380,071 | -5,753 | 1,374,318 | 50.05 |
| 51 | 5100 | Occupational Therapy | 267,892 | 245,545 | 513,437 | | 513,437 | -3,873 | 509,564 | 51 |
| 52 | 5200 | Speech Pathology | 335,161 | 20,060 | 355,221 | | 355,221 | -1,155 | 354,066 | 52 |
| 53.05 | 5300 | Electrocardiology | 766,630 | 438,830 | 1,205,460 | | 1,205,460 | -5,186 | 1,200,274 | 53.05 |
| 53.40 | 5300 | Cardiac Catheterization Laboratory | 599,023 | 341,912 | 940,935 | | 940,935 | | 940,935 | 53.40 |
| 54 | 5400 | Electroencephalography | | | | | | | | 54 |
| 55 | 5500 | Medical Supplies Charged to Patients | | 4,452,758 | 4,452,758 | | 4,452,758 | | 4,452,758 | 55 |
| 55.30 | 5530 | Implantable Devices Charged to Patients | | 4,113,151 | 4,113,151 | | 4,113,151 | | 4,113,151 | 55.30 |
| 56 | 5600 | Drugs Charged to Patients | 1,842,454 | 5,352,821 | 7,195,275 | | 7,195,275 | -11,412 | 7,183,863 | 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 | | | | | | | | |
| 60.05 | 6000 | Clinic | 959,139 | 925,823 | 1,884,962 | | 1,884,962 | -233,286 | 1,651,676 | 60.05 |
| 61 | 6100 | Emergency | 4,097,629 | 328,568 | 4,426,197 | | 4,426,197 | -13,192 | 4,413,005 | 61 |
| 62.05 | 6200 | Observation Beds (DistinctPart) | [illegible] | [illegible] | [illegible] | | [illegible] | | [illegible] | 62.05 |
| 63.00 | | Other Outpatient Service (specify) | | | | | | | | 63.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 64 | 6400 | Home Program Dialysis | | | | | | | | 64 |
| 65 | 6500 | Ambulance Services | | | | | | | | 65 |
| 66.00 | 6600 | Durable Medical Equipment-Rented | | | | | | | | 66.00 |

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| RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES | | | PROVIDER NO: 340130 | | | | 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 | |
| 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. teling. prgm.) | | | | | | | | 70 |
| 71 | 7100 | Home Health Agency | 2,920,479 | 908,161 | 3,828,640 | | 3,828,640 | -6,850 | 3,821,790 | 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 | | 1,043,538 | 1,043,538 | -1,043,538 | | | | 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) | 56,994,255 | 81,733,910 | 138,728,165 | | 138,728,165 | -8,816,196 | 129,911,969 | 95 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 96 | 9600 | Gift, Flower, Coffee Shop, & Canteen | 44,261 | 245,940 | 290,201 | | 290,201 | | 290,201 | 96 |
| 97 | 9700 | Research | | | | | | | | 97 |
| 98 | 9800 | Physicians' Private Offices | 1,255,523 | 2,518,176 | 3,773,699 | | 3,773,699 | | 3,773,699 | 98 |
| 99 | 9900 | Nonpaid Workers | | | | | | | | 99 |
| 100 | | Other Nonreimbursable (specify) | | | | | | | | 100 |
| 101 | | TOTAL (sum of lines 95-100) | 58,294,039 | 84,498,026 | 142,792,065 | | 142,792,065 | -8,816,196 | 133,975,869 | 101 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| 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: 340130 | 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 |
| 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 |

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 | 2,526,926 | | | | | 2,526,926 | | 1 |
| 2 | Land Improvements | 2,419,557 | 85,747 | | 85,747 | | 2,505,304 | | 2 |
| 3 | Buildings and Fixtures | 107,362,923 | 3,548,850 | | 3,548,850 | 445,106 | 110,466,667 | | 3 |
| 4 | Building Improvements | | | | | | | | 4 |
| 5 | Fixed Equipment | 13,622,481 | 43,572 | | 43,572 | | 13,666,053 | | 5 |
| 6 | Movable Equipment | 67,778,234 | 4,502,924 | | 4,502,924 | 286,034 | 71,995,124 | | 6 |
| 7 | Subtotal (sum of lines 1-6) | 193,710,121 | 8,181,093 | | 8,181,093 | 731,140 | 201,160,074 | | 7 |
| 8 | Reconciling Items | | | | | | | | 8 |
| 9 | Total (line 7 minus line 8) | 193,710,121 | 8,181,093 | | 8,181,093 | 731,140 | 201,160,074 | | 9 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| RECONCILIATION OF CAPITAL COSTS CENTERS | PROVIDER NO: 340130 | 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 | 115,498,896 | | 115,498,896 | | | | | | 3 |
| 4 | New Capital Related Costs-Movable Equipment | 85,661,177 | | 85,661,177 | | | | | | 4 |
| 5 | Total (sum of lines 1-4) | 201,160,073 | | 201,160,073 | | | | | | 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 | 3,193,505 | 3,023,146 | 428,366 | | | | 6,826,600 | 3 |
| 4 | New Capital Related Costs-Movable Equipment | 5,384,073 | | | | | | 5,384,073 | 4 |
| 5 | Total (sum of lines 1-4) | 8,577,578 | 3,023,146 | 428,366 | | | | 12,210,673 | 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 | 6,349,835 | 3,156,330 | | | | | 9,506,165 | 3 |
| 4 | New Capital Related Costs-Movable Equipment | 5,384,073 | | | | | | 5,384,073 | 4 |
| 5 | Total (sum of lines 1-4) | 11,733,908 | 3,156,330 | | | | | 14,890,238 | 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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UNION REGIONAL MEDICAL CENTER - MONROE, NC
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| | ADJUSTMENTS TO EXPENSES | PROVIDER NO: 340130 | 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) | | | Old Buildings and Fixtures | 1 | | 1 |
| 2 | Investment income - old movable equipment (chapter 2) | | | Old Movable Equipment | 2 | | 2 |
| 3 | Investment income - new buildings and fixtures (chapter 2) | | -118,559 | New Buildings and Fixtures | 3 | | 3 |
| 4 | Investment income - new movable equipment (chapter 2) | | | New Movable Equipment | 4 | | 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) | | -32,265 | | | | 9 |
| 10 | Television and radio service (chapter 21) | | | | | | 10 |
| 11 | Parking lot (chapter 21) | | | | | | 11 |
| 12 | Provider-based physician adjustment | Wkst A-8-2 | -1,047,472 | | | | 12 |
| 13 | Sale of scrap, waste, etc. (chapter 23) | | | | | | 13 |
| 14 | Related organization transactions (chapter 10) | Wkst A-8-1 | 1,754,248 | | | | 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 | | -2,559 | | | | 19 |
| 20 | Sale of medical records and abstracts | | -2,640 | | | | 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) | Wkst A-8-2 Wkst A-8-3 | | Respiratory Therapy | 48 | | 25 |
| 26 | Adjustment for physical therapy costs in excess of limitation (chapter 14) | Wkst A-8-2 Wkst A-8-3 | | Physical Therapy | 50 | | 26 |
| 27 | Adjustment for HHA physical therapy costs in excess of limitation | Wkst A-8-3 | | HHA | 71 | | 27 |
| 28 | Utilization review - physicians' compensation (chapter 21) | | | Utilization Review - SNF | 89 | | 28 |
| 29 | Depreciation - old buildings and fixtures | | | Old Buildings and Fixtures | 1 | | 29 |
| 30 | Depreciation - old movable equipment | | | Old Movable Equipment | 2 | | 30 |
| 31 | Depreciation - new buildings and fixtures | | | New Buildings and Fixtures | 3 | | 31 |
| 32 | Depreciation - new movable equipment | | | New Movable Equipment | 4 | | 32 |
| 33 | Non-physician Anesthetist | | | Nonphysician Anesthetist | 26 | | 33 |
| 34 | Physicians' assistant | | | | | | 34 |
| 35 | Adjustment for occupational therapy costs in excess of limitation (chapter 14) | Wkst A-8-2 Wkst A-8-3 | | Occupational Therapy | 51 | | 35 |
| 36 | Adjustment for speech pathology costs in excess of limitation (chapter 14) | Wkst A-8-2 Wkst A-8-3 | | Speech Pathology | 52 | | 36 |
| 37 | Other adjustments (specify) (3) | | -9,366,949 | | | | 37 |
| 50 | TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 101.) | | -8,816,196 | | | | 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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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| Statement of Costs of Services from Related Organizations and Home Office Costs | PROVIDER NO: 340130 | 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 | 6 | | MANAGEMENT SERVICES | 7,381,134 | 6,310,380 | 1,070,754 | | 1 |
| 2 | 8 | | PLANT SERVICES | | | | | 2 |
| 3 | 9 | | LAUNDRY SERVICES | 749,771 | 684,634 | 65,137 | | 3 |
| 4.00 | 35 | | NURSING SERVICES | 1,160,313 | 541,956 | 618,357 | | 4.00 |
| 5 | TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 14. | | | 9,291,218 | 7,536,970 | 1,754,248 | | 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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UNION REGIONAL MEDICAL CENTER - MONROE, NC
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| Statement of Costs of Services from Related Organizations and Home Office Costs | PROVIDER NO: 340130 | 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 | UNION REGIONAL MED CTR | 100 | CAROLINAS HEALTHCARE SYS | | MANAGEMENT SERVICES | 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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UNION REGIONAL MEDICAL CENTER - MONROE, NC
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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | | | PROVIDER NO.: 340130 | | 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 | |
| | 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 | 6,826,600 | | | 6,826,600 | | | | | | | 3 |
| 4 | New Capital Related Costs-Movable Equipment | 5,384,073 | | | | 5,384,073 | | | | | | 4 |
| 5 | Employee Benefits | 20,288,607 | | | 67,354 | 4,527 | 20,360,488 | | | | | 5 |
| 6.05 | Administrative & General | 16,037,961 | | | 867,582 | 2,192,900 | 1,716,552 | 20,814,995 | 20,814,995 | | | 6.05 |
| 7 | Maintenance and Repairs | | | | | | | | | | | 7 |
| 8 | Operation of Plant | 4,379,140 | | | 1,000,338 | 256,047 | 441,062 | 6,076,587 | 1,117,740 | | 7,194,327 | 8 |
| 9 | Laundry and Linen Service | 704,983 | | | 65,446 | 2,110 | 30,299 | 802,838 | 147,676 | | 96,261 | 9 |
| 10 | Housekeeping | 1,293,225 | | | 51,146 | 3,340 | 360,790 | 1,708,501 | 314,265 | | 75,228 | 10 |
| 11 | Dietary | 1,021,032 | | | 83,381 | 34,389 | | 1,138,802 | 209,474 | | 122,640 | 11 |
| 12 | Cafeteria | 735,392 | | | 61,466 | | | 796,858 | 146,576 | | 90,406 | 12 |
| 13 | Maintenance of Personnel | | | | | | | | | | | 13 |
| 14 | Nursing Administration | 1,035,561 | | | 19,933 | 47,727 | 382,668 | 1,485,889 | 273,317 | | 29,318 | 14 |
| 15 | Central Services and Supply | 765,643 | | | 85,334 | 192,114 | 147,201 | 1,190,292 | 218,945 | | 125,512 | 15 |
| 16 | Pharmacy | | | | | | | | | | | 16 |
| 17 | Medical Records and Medical Records Library | 1,720,831 | | | 152,148 | 55,286 | 524,764 | 2,453,029 | 451,215 | | 223,784 | 17 |
| 18 | Social Service | 166,074 | | | 5,107 | | 63,207 | 234,388 | 43,114 | | 7,512 | 18 |
| 19.00 | Other General Service (specify) | | | | | | | | | | | 19.00 |
| 20 | Nonphysician Anesthetists | | | | | | | | | | | 20 |
| 21 | Nursing School | | | | | | | | | | | 21 |
| 22 | Intern &Res. Service-Salary &Fringes (Approved) | 40,156 | | | | | 15,283 | 55,439 | 10,198 | | | 22 |
| 23 | Intern &Res. Other Program Costs (Approved) | 516,212 | | | | 80 | | 516,292 | 94,968 | | | 23 |
| 24 | Paramedical Ed. Program (specify) | | | | | | | | | | | 24 |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | | | | |
| 25 | Adults and Pediatrics (General Routine Care) | 9,864,264 | | | 675,959 | 233,399 | 3,522,870 | 14,296,492 | 2,629,683 | | 994,223 | 25 |
| 26 | Intensive Care Unit | 2,539,243 | | | 110,329 | 114,465 | 911,011 | 3,675,048 | 675,996 | | 162,276 | 26 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | | | PROVIDER NO.: 340130 | | 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 | | | | | | | | | | | 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 |
| 33 | Nursery | 1,393,904 | | | 19,677 | 47,321 | 502,511 | 1,963,413 | 361,154 | | 28,942 | 33 |
| 34 | Skilled Nursing Facility | 2,066,712 | | | 247,816 | 1,524 | 487,800 | 2,803,852 | 515,746 | | 364,496 | 34 |
| 35.05 | Nursing Facility | 2,039,783 | | | 254,636 | 2,982 | 372,576 | 2,669,977 | 491,121 | | 374,527 | 35.05 |
| 36 | Other Long Term Care | | | | | | | | | | | 36 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | | | |
| 37.05 | Operating Room | 5,759,770 | | | 432,875 | 467,436 | 1,832,603 | 8,492,684 | 1,562,161 | | 636,686 | 37.05 |
| 38 | Recovery Room | | | | | | | | | | | 38 |
| 39.05 | Delivery Room & Labor Room | 1,550,220 | | | 5,002 | 44,238 | 562,695 | 2,162,155 | 397,711 | | 7,357 | 39.05 |
| 40.05 | Anesthesiology | 331,163 | | | 1,352 | 80,110 | 26,428 | 439,053 | 80,760 | | 1,988 | 40.05 |
| 41.05 | Radiology-Diagnostic | 5,442,574 | | | 648,726 | 378,579 | 1,427,541 | 7,897,420 | 1,452,667 | | 954,168 | 41.05 |
| 42.00 | Radiology-Therapeutic | | | | | | | | | | | 42.00 |
| 43 | Radioisotope | | | | | | | | | | | 43 |
| 44.05 | Laboratory | 5,041,454 | | | 125,921 | 205,417 | 817,774 | 6,190,566 | 1,138,705 | | 185,209 | 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 | 1,569,146 | | | 22,381 | 44,748 | 509,141 | 2,145,416 | 394,632 | | 32,919 | 49.05 |
| 50.05 | Physical Therapy | 1,374,318 | | | 71,905 | 15,557 | 280,594 | 1,742,374 | 320,496 | | 105,761 | 50.05 |
| 51 | Occupational Therapy | 509,564 | | | 5,633 | 74 | 101,958 | 617,229 | 113,534 | | 8,285 | 51 |
| 52 | Speech Pathology | 354,066 | | | 1,757 | 2,026 | 127,560 | 485,409 | 89,287 | | 2,585 | 52 |
| 53.05 | Electrocardiology | 1,200,274 | | | 106,364 | 43,927 | 291,775 | 1,642,340 | 302,095 | | 156,443 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 940,935 | | | 77,899 | 259,426 | 227,985 | 1,506,245 | 277,062 | | 114,576 | 53.40 |
| 54 | Electroencephalography | | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | 4,452,758 | | | | | | 4,452,758 | 819,049 | | | 55 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | | | PROVIDER NO.: 340130 | | 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 | |
| 55.30 | Implantable Devices Charged to Patients | 4,113,151 | | | | | | 4,113,151 | 756,581 | | | 55.30 |
| 56 | Drugs Charged to Patients | 7,183,863 | | | 67,910 | 67,169 | 701,227 | 8,020,169 | 1,475,246 | | 99,884 | 56 |
| 57 | Renal Dialysis | | | | | | | | | | | 57 |
| 58 | ASAC (Non-Distinct Part) | | | | | | | | | | | 58 |
| 59.00 | Other Ancillary (specify) | | | | | | | | | | | 59.00 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | | |
| 60.05 | Clinic | 1,651,676 | | | 165,441 | 50,287 | 309,957 | 2,177,361 | 400,508 | | 243,336 | 60.05 |
| 61 | Emergency | 4,413,005 | | | 505,546 | 487,101 | 1,559,533 | 6,965,185 | 1,281,190 | | 743,574 | 61 |
| 62.05 | Observation Beds (DistinctPart) | [illegible] | | | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | | [illegible] | 62.05 |
| 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 | 3,821,790 | | | 89,390 | 18,468 | 1,111,517 | 5,041,165 | 927,282 | | 131,478 | 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) | 129,911,969 | | | 6,191,783 | 5,367,679 | 19,865,798 | 128,766,068 | 19,856,694 | | 6,260,617 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | | | |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | | | PROVIDER NO.: 340130 | | 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 | |
| 96 | Gift, Flower, Coffee Shop, & Canteen | 290,201 | | | 9,193 | 2,654 | 16,845 | 318,893 | 58,658 | | 13,521 | 96 |
| 97 | Research | | | | | | | | | | | 97 |
| 98 | Physicians' Private Offices | 3,773,699 | | | 625,624 | 13,740 | 477,845 | 4,890,908 | 899,643 | | 920,189 | 98 |
| 99 | Nonpaid Workers | | | | | | | | | | | 99 |
| 100 | Other Nonreimbursable (specify) | | | | | | | | | | | 100 |
| 101 | Cross Foot Adjustments | | | | | | | | | | | 101 |
| 102 | Negative Cost Centers | | | | | | | | | | | 102 |
| 103 | Total (sum of lines 95-102) | 133,975,869 | | | 6,826,600 | 5,384,073 | 20,360,488 | 133,975,869 | 20,814,995 | | 7,194,327 | 103 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| COST ALLOCATION - GENERAL SERVICE COSTS | PROVIDER NO.: 340130 | 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 | 1,046,775 | | | | | | | | | | 9 |
| 10 | Housekeeping | 4,511 | 2,102,505 | | | | | | | | | 10 |
| 11 | Dietary | 36,716 | 1,509,402 | | | | | | | | | 11 |
| 12 | Cafeteria | 885 | 27,066 | 631,969 | 1,693,760 | | | | | | | 12 |
| 13 | Maintenance of Personnel | | | | | | | | | | | 13 |
| 14 | Nursing Administration | | 8,777 | | 26,277 | | 1,823,578 | | | | | 14 |
| 15 | Central Services and Supply | 12,382 | 37,576 | | 23,344 | | | 1,608,051 | | | | 15 |
| 16 | Pharmacy | | | | | | | | | | | 16 |
| 17 | Medical Records and Medical Records Library | | 66,997 | | 66,002 | | | | | 3,261,027 | | 17 |
| 18 | Social Service | | 2,249 | | 7,422 | | | | | | 294,685 | 18 |
| 19.00 | Other General Service (specify) | | | | | | | | | | | 19.00 |
| 20 | Nonphysician Anesthetists | | | | | | | | | | | 20 |
| 21 | Nursing School | | | | | | | | | | | 21 |
| 22 | Intern &Res. Service-Salary &Fringes (Approved) | | | | 2,075 | | | | | | | 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) | 586,803 | 297,652 | 413,206 | 383,880 | | 826,163 | | | 1,279,826 | 143,759 | 25 |
| 26 | Intensive Care Unit | 60,936 | 48,582 | 60,332 | 75,539 | | 175,095 | | | | 16,549 | 26 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | PROVIDER NO.: 340130 | | 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 |
| 30.00 | Other Special Care (specify) | | | | | | | | | | | 30.00 |
| 31.00 | Subprovider | | | | | | | | | | | 31.00 |
| 33 | Nursery | 19,634 | 8,665 | | 38,927 | | 46,007 | | | | 10,601 | 33 |
| 34 | Skilled Nursery Facility | 69,377 | 109,123 | 134,198 | 67,857 | | | | | | 61,888 | 34 |
| 35.05 | Nursing Facility | 71,285 | 112,126 | 137,887 | 52,374 | | | | | | 61,888 | 35.05 |
| 36 | Other Long Term Care | | | | | | | | | | | 36 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | | | |
| 37.05 | Operating Room | 88,441 | 190,612 | | 168,855 | | 64,499 | | | 696,789 | | 37.05 |
| 38 | Recovery Room | | | | | | | | | | | 38 |
| 39.05 | Delivery Room & Labor Room | 32,458 | 2,203 | | 56,125 | | 130,071 | | | | | 39.05 |
| 40.05 | Anesthesiology | | 595 | | 2,314 | | | | | | | 40.05 |
| 41.05 | Radiology-Diagnostic | 973 | 285,660 | | 129,310 | | | | | | | 41.05 |
| 42.00 | Radiology-Therapeutic | | | | | | | | | | | 42.00 |
| 43 | Radioisotope | | | | | | | | | | | 43 |
| 44.05 | Laboratory | | 55,448 | | 103,632 | | | | | | | 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 | | 9,855 | | 46,528 | | 107,826 | | | | | 49.05 |
| 50.05 | Physical Therapy | | 31,663 | | 29,689 | | | | | | | 50.05 |
| 51 | Occupational Therapy | | 2,480 | | 9,936 | | | | | | | 51 |
| 52 | Speech Pathology | | 774 | | 9,178 | | | | | | | 52 |
| 53.05 | Electrocardiology | | 46,836 | | 32,243 | | 16,527 | | | | | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | | 34,302 | | 19,972 | | | | | | | 53.40 |
| 54 | Electroencephalography | | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | | | | | | | 836,187 | | | | 55 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | PROVIDER NO.: 340130 | | 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 | |
| 55.30 | Implantable Devices Charged to Patients | | | | | | | 771,864 | | | | 55.30 |
| 56 | Drugs Charged to Patients | | 29,903 | | 46,070 | | | | | | | 56 |
| 57 | Renal Dialysis | | | | | | | | | | | 57 |
| 58 | ASAC (Non-Distinct Part) | | | | | | | | | | | 58 |
| 59.00 | Other Ancillary (specify) | | | | | | | | | | | 59.00 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | | |
| 60.05 | Clinic | 4,530 | 72,850 | | 35,595 | | | | | 546,532 | | 60.05 |
| 61 | Emergency | 82,606 | 222,612 | | 149,202 | | 345,812 | | | 589,299 | | 61 |
| 62.05 | Observation Beds (DistinctPart) | | | | | | | | | | | 62.05 |
| 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 | | 39,362 | | | | | | | | | 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) | 1,036,591 | 1,822,969 | 1,406,487 | 1,630,511 | | 1,823,578 | 1,608,051 | | 3,112,446 | 294,685 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | | | |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | PROVIDER NO.: 340130 | | 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 | |
| 96 | Gift, Flower, Coffee Shop, &Canteen | | 4,048 | | 10,216 | | | | | | | 96 |
| 97 | Research | | | | | | | | | | | 97 |
| 98 | Physicians' Private Offices | 10,184 | 275,488 | 102,915 | 53,033 | | | | | 148,581 | | 98 |
| 99 | Nonpaid Workers | | | | | | | | | | | 99 |
| 100 | Other Nonreimbursable (specify) | | | | | | | | | | | 100 |
| 101 | Cross Foot Adjustments | | | | | | | | | | | 101 |
| 102 | Negative Cost Centers | | | | | | | | | | | 102 |
| 103 | Total (sum of lines 95-102) | 1,046,775 | 2,102,505 | 1,509,402 | 1,693,760 | | 1,823,578 | 1,608,051 | | 3,261,027 | 294,685 | 103 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | | PROVIDER NO.: 340130 | | 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) | | | | 67,712 | | | | | | 22 |
| 23 | Intern &Res. Other Program Costs (Approved) | | | | | 611,260 | | | | | 23 |
| 24 | Paramedical Ed. Program (specify) | | | | | | | | | | 24 |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | | | |
| 25 | Adults and Pediatrics (General Routine Care) | | | | 15,539 | 140,278 | | 22,007,504 | -155,817 | 21,851,687 | 25 |
| 26 | Intensive Care Unit | | | | | | | 4,950,353 | | 4,950,353 | 26 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | | PROVIDER NO.: 340130 | | 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 |
| 30.00 | Other Special Care (specify) | | | | | | | | | | 30.00 |
| 31.00 | Subprovider | | | | | | | | | | 31.00 |
| 33 | Nursery | | | | | | | 2,477,343 | | 2,477,343 | 33 |
| 34 | Skilled Nursery Facility | | | | | | | 4,126,537 | | 4,126,537 | 34 |
| 35.05 | Nursing Facility | | | | 155 | 1,403 | | 3,972,743 | -1,558 | 3,971,185 | 35.05 |
| 36 | Other Long Term Care | | | | | | | | | | 36 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | | |
| 37.05 | Operating Room | | | | 7,303 | 65,931 | | 11,973,961 | -73,234 | 11,900,727 | 37.05 |
| 38 | Recovery Room | | | | | | | | | | 38 |
| 39.05 | Delivery Room & Labor Room | | | | | | | 2,788,080 | | 2,788,080 | 39.05 |
| 40.05 | Anesthesiology | | | | | | | 524,710 | | 524,710 | 40.05 |
| 41.05 | Radiology-Diagnostic | | | | | | | 10,720,198 | | 10,720,198 | 41.05 |
| 42.00 | Radiology-Therapeutic | | | | | | | | | | 42.00 |
| 43 | Radioisotope | | | | | | | | | | 43 |
| 44.05 | Laboratory | | | | | | | 7,673,560 | | 7,673,560 | 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 | | | | | | | 2,737,176 | | 2,737,176 | 49.05 |
| 50.05 | Physical Therapy | | | | | | | 2,229,983 | | 2,229,983 | 50.05 |
| 51 | Occupational Therapy | | | | | | | 751,464 | | 751,464 | 51 |
| 52 | Speech Pathology | | | | | | | 587,233 | | 587,233 | 52 |
| 53.05 | Electrocardiology | | | | | | | 2,196,484 | | 2,196,484 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | | | | | | | 1,952,157 | | 1,952,157 | 53.40 |
| 54 | Electroencephalography | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | | | | | | | 6,107,994 | | 6,107,994 | 55 |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | | PROVIDER NO.: 340130 | | 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 | |
| 55.30 | Implantable Devices Charged to Patients | | | | | | | 5,641,596 | | 5,641,596 | 55.30 |
| 56 | Drugs Charged to Patients | | | | | | | 9,671,272 | | 9,671,272 | 56 |
| 57 | Renal Dialysis | | | | | | | | | | 57 |
| 58 | ASAC (Non-Distinct Part) | | | | | | | | | | 58 |
| 59.00 | Other Ancillary (specify) | | | | | | | | | | 59.00 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | |
| 60.05 | Clinic | | | | 41,763 | 376,995 | | 3,899,470 | -418,758 | 3,480,712 | 60.05 |
| 61 | Emergency | | | | 2,952 | 26,653 | | 10,409,085 | -29,605 | 10,379,480 | 61 |
| 62.05 | Observation Beds (DistinctPart) | | | | | | | [illegible] | | [illegible] | 62.05 |
| 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 | | | | | | | 6,139,287 | | 6,139,287 | 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) | | | | 67,712 | 611,260 | | 126,269,592 | -678,972 | 125,590,620 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | | |

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| COST ALLOCATION - GENERAL SERVICE COSTS | | | | | | PROVIDER NO.: 340130 | | 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 | |
| 96 | Gift, Flower, Coffee Shop, &Canteen | | | | | | | 405,336 | | 405,336 | 96 |
| 97 | Research | | | | | | | | | | 97 |
| 98 | Physicians' Private Offices | | | | | | | 7,300,941 | | 7,300,941 | 98 |
| 99 | Nonpaid Workers | | | | | | | | | | 99 |
| 100 | Other Nonreimbursable (specify) | | | | | | | | | | 100 |
| 101 | Cross Foot Adjustments | | | | | | | | | | 101 |
| 102 | Negative Cost Centers | | | | | | | | | | 102 |
| 103 | Total (sum of lines 95-102) | | | | 67,712 | 611,260 | | 133,975,869 | -678,972 | 133,296,897 | 103 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| COST ALLOCATION - STATISTICAL BASIS | | | | | | PROVIDER NO. 340130 | | 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 | | | 454,471 | | | | | | | 3 |
| 4 | New Capital Related Costs-Movable Equipment | | | | 5,334,851 | | | | | | 4 |
| 5 | Employee Benefits | | | 4,484 | 4,486 | 53,496,608 | | | | | 5 |
| 6.05 | Administrative & General | | | 57,758 | 2,172,851 | 4,510,192 | | 113,160,648 | | | 6.05 |
| 7 | Maintenance and Repairs | | | | | | | | | | 7 |
| 8 | Operation of Plant | | | 66,596 | 253,706 | 1,158,878 | | 6,076,589 | | 325,632 | 8 |
| 9 | Laundry and Linen Service | | | 4,357 | 2,091 | 79,609 | | 802,840 | | 4,357 | 9 |
| 10 | Housekeeping | | | 3,405 | 3,309 | 947,965 | | 1,708,500 | | 3,405 | 10 |
| 11 | Dietary | | | 5,551 | 34,075 | | | 1,138,804 | | 5,550 | 11 |
| 12 | Cafeteria | | | 4,092 | | | | 796,859 | | 4,091 | 12 |
| 13 | Maintenance of Personnel | | | | | | | | | | 13 |
| 14 | Nursing Administration | | | 1,327 | 47,291 | 1,005,449 | | 1,485,886 | | 1,327 | 14 |
| 15 | Central Services and Supply | | | 5,681 | 190,358 | 386,766 | | 1,190,293 | | 5,680 | 15 |
| 16 | Pharmacy | | | | | | | | | | 16 |
| 17 | Medical Records & Medical Records Library | | | 10,129 | 54,781 | 1,378,802 | | 2,453,028 | | 10,129 | 17 |
| 18 | Social Service | | | 340 | | 166,074 | | 234,389 | | 340 | 18 |
| 19.00 | Other General Service (specify) | | | | | | | | | | 19.00 |
| 20 | Nonphysician Anesthetists | | | | | | | | | | 20 |
| 21 | Nursing School | | | | | | | | | | 21 |
| 22 | Intern & Res. Service-Salary & Fringes (Approved) | | | | | 40,155 | | 55,441 | | | 22 |
| 23 | Intern & Res. Other Program Costs (Approved) | | | | 79 | | | 516,293 | | | 23 |
| 24 | Paramedical Education Program (specify) | | | | | | | | | | 24 |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | | | |
| 25 | Adults and Pediatrics (General Routine Care) | | | 45,001 | 231,265 | 9,256,242 | | 14,296,261 | | 45,000 | 25 |
| 26 | Intensive Care Unit | | | 7,345 | 113,419 | 2,393,655 | | 3,675,049 | | 7,345 | 26 |

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| COST ALLOCATION - STATISTICAL BASIS | | | | | | PROVIDER NO. 340130 | | 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 |
| 30.00 | Other Special Care (specify) | | | | | | | | | | 30.00 |
| 31.00 | Subprovider | | | | | | | | | | 31.00 |
| 33 | Nursery | | | 1,310 | 46,888 | 1,320,333 | | 1,963,412 | | 1,309 | 33 |
| 34 | Skilled Nursing Facility | | | 16,498 | 1,510 | 1,281,680 | | 2,803,851 | | 16,497 | 34 |
| 35.05 | Nursing Facility | | | 16,952 | 2,955 | 978,933 | | 2,669,977 | | 16,952 | 35.05 |
| 36 | Other Long Term Care | | | | | | | | | | 36 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | | |
| 37.05 | Operating Room | | | 28,818 | 463,163 | 4,815,113 | | 8,492,682 | | 28,817 | 37.05 |
| 38 | Recovery Room | | | | | | | | | | 38 |
| 39.05 | Delivery Room & Labor Room | | | 333 | 43,834 | 1,478,465 | | 2,162,154 | | 332 | 39.05 |
| 40.05 | Anesthesiology | | | 90 | 79,378 | 69,438 | | 439,051 | | 89 | 40.05 |
| 41.05 | Radiology-Diagnostic | | | 43,188 | 375,118 | 3,750,823 | | 7,897,418 | | 43,187 | 41.05 |
| 42.00 | Radiology-Therapeutic | | | | | | | | | | 42.00 |
| 43 | Radioisotope | | | | | | | | | | 43 |
| 44.05 | Laboratory | | | 8,383 | 203,539 | 2,148,678 | | 6,190,565 | | 8,383 | 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 | | | 1,490 | 44,339 | 1,337,753 | | 2,145,415 | | 1,489 | 49.05 |
| 50.05 | Physical Therapy | | | 4,787 | 15,415 | 737,252 | | 1,742,375 | | 4,787 | 50.05 |
| 51 | Occupational Therapy | | | 375 | 73 | 267,891 | | 617,227 | | 374 | 51 |
| 52 | Speech Pathology | | | 117 | 2,007 | 335,160 | | 485,408 | | 117 | 52 |
| 53.05 | Electrocardiology | | | 7,081 | 43,525 | 766,630 | | 1,642,338 | | 7,080 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | | | 5,186 | 257,054 | 599,024 | | 1,506,246 | | 5,185 | 53.40 |
| 54 | Electroencephalography | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | | | | | | | 4,452,756 | | | 55 |

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| COST ALLOCATION - STATISTICAL BASIS | | | | | | PROVIDER NO. 340130 | | 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 | |
| 55.30 | Implantable Devices Charged to Patients | | | | | | | 4,113,149 | | | 55.30 |
| 56 | Drugs Charged to Patients | | | 4,521 | 66,555 | 1,842,454 | | 8,020,169 | | 4,520 | 56 |
| 57 | Renal Dialysis | | | | | | | | | | 57 |
| 58 | ASC (Non-Distinct Part) | | | | | | | | | | 58 |
| 59.00 | Other Ancillary (specify) | | | | | | | | | | 59.00 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | |
| 60.05 | Clinic | | | 11,014 | 49,827 | 814,402 | | 2,177,359 | | 11,012 | 60.05 |
| 61 | Emergency | | | 33,656 | 482,648 | 4,097,629 | | 6,965,184 | | 33,655 | 61 |
| 62.05 | | | | | | | | | | | 62.05 |
| 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 | | | 5,951 | 18,299 | 2,920,479 | | 5,041,165 | | 5,951 | 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) | | | 412,209 | 5,318,607 | 52,196,824 | | 107,950,840 | | 283,370 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | | |

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| COST ALLOCATION - STATISTICAL BASIS | | | | | | PROVIDER NO. 340130 | | 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 | |
| 96 | Gift, Flower, Coffee Shop, & Canteen | | | 612 | 2,630 | 44,259 | | 318,894 | | 611 | 96 |
| 97 | Research | | | | | | | | | | 97 |
| 98 | Physicians' Private Offices | | | 41,650 | 13,614 | 1,255,522 | | 4,890,902 | | 41,649 | 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) | | | 6,826,600 | 5,384,073 | 20,360,488 | | 20,814,995 | | 7,194,327 | 103 |
| 104 | Unit cost multiplier (Wkst. B, Part I) | | | 15.020980 | 1.009226 | 0.380594 | | 0.183942 | | 22.093361 | 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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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| COST ALLOCATION - STATISTICAL BASIS | | | | | | PROVIDER NO.340130 | | 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 | 1,378,647 | | | | | | | | | | 9 |
| 10 | Housekeeping | 5,941 | 317,871 | | | | | | | | | 10 |
| 11 | Dietary | 2,331 | 5,550 | 380,450 | | | | | | | | 11 |
| 12 | Cafeteria | 1,165 | 4,092 | 159,289 | 84,891 | | | | | | | 12 |
| 13 | Maintenance of Personnel | | | | | | | | | | | 13 |
| 14 | Nursing Administration | | 1,326 | | 1,316 | | 20,413 | | | | | 14 |
| 15 | Central Services and Supply | 16,307 | 5,680 | | 1,169 | | | 100 | | | | 15 |
| 16 | Pharmacy | | | | | | | | | | | 16 |
| 17 | Medical Records & Medical Records Library | | 10,129 | | 3,308 | | | | | 36,982 | | 17 |
| 18 | Social Service | | 340 | | 371 | | | | | | 7,727 | 18 |
| 19.00 | Other General Service (specify) | | | | | | | | | | | 19.00 |
| 20 | Nonphysician Anesthetists | | | | | | | | | | | 20 |
| 21 | Nursing School | | | | | | | | | | | 21 |
| 22 | Intern & Res. Service-Salary & Fringes (Approved) | | | | 103 | | | | | | | 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) | 772,844 | 45,001 | 104,150 | 19,240 | | 9,248 | | | 14,513 | 3,770 | 25 |
| 26 | Intensive Care Unit | 80,255 | 7,344 | 15,206 | 3,786 | | 1,960 | | | | 433 | 26 |

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| COST ALLOCATION - STATISTICAL BASIS | | | | | | PROVIDER NO.340130 | | 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 |
| 30.00 | Other Special Care (specify) | | | | | | | | | | | 30.00 |
| 31.00 | Subprovider | | | | | | | | | | | 31.00 |
| 33 | Nursery | 25,858 | 1,310 | | 1,951 | | 514 | | | | 278 | 33 |
| 34 | Skilled Nursing Facility | 91,372 | 16,497 | 33,825 | 3,400 | | | | | | 1,622 | 34 |
| 35.05 | Nursing Facility | 93,885 | 16,951 | 34,754 | 2,624 | | | | | | 1,622 | 35.05 |
| 36 | Other Long Term Care | | | | | | | | | | | 36 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | | | |
| 37.05 | Operating Room | 116,480 | 28,818 | | 8,462 | | 721 | | | 7,902 | | 37.05 |
| 38 | Recovery Room | | | | | | | | | | | 38 |
| 39.05 | Delivery Room & Labor Room | 42,748 | 333 | | 2,812 | | 1,456 | | | | | 39.05 |
| 40.05 | Anesthesiology | | 89 | | 115 | | | | | | | 40.05 |
| 41.05 | Radiology-Diagnostic | 1,281 | 43,188 | | 6,480 | | | | | | | 41.05 |
| 42.00 | Radiology-Therapeutic | | | | | | | | | | | 42.00 |
| 43 | Radioisotope | | | | | | | | | | | 43 |
| 44.05 | Laboratory | | 8,383 | | 5,194 | | | | | | | 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 | | 1,489 | | 2,331 | | 1,206 | | | | | 49.05 |
| 50.05 | Physical Therapy | | 4,787 | | 1,488 | | | | | | | 50.05 |
| 51 | Occupational Therapy | | 374 | | 497 | | | | | | | 51 |
| 52 | Speech Pathology | | 117 | | 460 | | | | | | | 52 |
| 53.05 | Electrocardiology | | 7,080 | | 1,616 | | 185 | | | | | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | | 5,186 | | 1,000 | | | | | | | 53.40 |
| 54 | Electroencephalography | | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | | | | | | | 52 | | | | 55 |

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| COST ALLOCATION - STATISTICAL BASIS | | | | | | PROVIDER NO.340130 | | 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 | |
| 55.30 | Implantable Devices Charged to Patients | | | | | | | 47 | | | | 55.30 |
| 56 | Drugs Charged to Patients | | 4,520 | | 2,309 | | | | | | | 56 |
| 57 | Renal Dialysis | | | | | | | | | | | 57 |
| 58 | ASC (Non-Distinct Part) | | | | | | | | | | | 58 |
| 59.00 | Other Ancillary (specify) | | | | | | | | | | | 59.00 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | | |
| 60.05 | Clinic | 5,966 | 11,012 | | 1,783 | | | | | 6,197 | | 60.05 |
| 61 | Emergency | 108,795 | 33,655 | | 7,477 | | 3,870 | | | 6,683 | | 61 |
| 62.05 | | | | | | | | | | | | 62.05 |
| 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 | | 5,951 | | | | | | | | | 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) | 1,365,234 | 275,608 | 354,509 | 81,720 | | 20,413 | 100 | | 35,297 | 7,727 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | | | |

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| COST ALLOCATION - STATISTICAL BASIS | | | | | | PROVIDER NO.340130 | | 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 | |
| 96 | Gift, Flower, Coffee Shop, & Canteen | | 612 | | 512 | | | | | | | 96 |
| 97 | Research | | | | | | | | | | | 97 |
| 98 | Physicians' Private Offices | 13,412 | 41,650 | 25,940 | 2,656 | | | | | 1,684 | | 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) | 1,046,775 | 2,102,505 | 1,509,402 | 1,693,760 | | 1,823,578 | 1,608,051 | | 3,261,027 | 294,685 | 103 |
| 104 | Unit cost multiplier (Wkst. B, Part I) | 0.759277 | 6.614334 | 3.967412 | 19.952173 | | 89.334152 | 16,080.51 | | 88.178764 | 38.132118 | 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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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| COST ALLOCATION - STATISTICAL BASIS | | | | | PROVIDER NO. 340130 | | 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) | | | | 1,743 | | | | | | 22 |
| 23 | Intern & Res. Other Program Costs (Approved) | | | | | 1,743 | | | | | 23 |
| 24 | Paramedical Education Program (specify) | | | | | | | | | | 24 |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | | | |
| 25 | Adults and Pediatrics (General Routine Care) | | | | 399 | 400 | | | | | 25 |
| 26 | Intensive Care Unit | | | | | | | | | | 26 |

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| COST ALLOCATION - STATISTICAL BASIS | | | | | PROVIDER NO. 340130 | | 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 |
| 30.00 | Other Special Care (specify) | | | | | | | | | | 30.00 |
| 31.00 | Subprovider | | | | | | | | | | 31.00 |
| 33 | Nursery | | | | | | | | | | 33 |
| 34 | Skilled Nursing Facility | | | | | | | | | | 34 |
| 35.05 | Nursing Facility | | | | 3 | 4 | | | | | 35.05 |
| 36 | Other Long Term Care | | | | | | | | | | 36 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | | |
| 37.05 | Operating Room | | | | 187 | 188 | | | | | 37.05 |
| 38 | Recovery Room | | | | | | | | | | 38 |
| 39.05 | Delivery Room & Labor Room | | | | | | | | | | 39.05 |
| 40.05 | Anesthesiology | | | | | | | | | | 40.05 |
| 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 |
| 55 | Medical Supplies Charged to Patients | | | | | | | | | | 55 |

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| COST ALLOCATION - STATISTICAL BASIS | | | | | PROVIDER NO. 340130 | | 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 | |
| 55.30 | 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 | | | | | | | | | | |
| 60.05 | Clinic | | | | 1,075 | 1,074 | | | | | 60.05 |
| 61 | Emergency | | | | 75 | 76 | | | | | 61 |
| 62.05 | | | | | | | | | | | 62.05 |
| 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 |
| 94 | Other Special Purpose (specify) | | | | | | | | | | 94 |
| 95 | SUBTOTALS (sum of lines 1-94) | | | | 1,743 | 1,743 | | | | | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | | |

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| COST ALLOCATION - STATISTICAL BASIS | | PROVIDER NO. 340130 | 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 | |
| 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) | | | | 67,712 | 611,260 | | | | | 103 |
| 104 | Unit cost multiplier (Wkst. B, Part I) | | | | 38.847961 | 350.694214 | | | | | 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 |

*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.).

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| COMPUTATION OF RATIO OF COSTS TO CHARGES | | | | | | PROVIDER NO: 340130 | | | 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) | 21,851,687 | | 21,851,687 | | 21,851,687 | 22,043,706 | | 22,043,706 | | | | 25 |
| 26 | Intensive Care Unit | 4,950,353 | | 4,950,353 | | 4,950,353 | 4,993,032 | | 4,993,032 | | | | 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 |
| 33 | Nursery | 2,477,343 | | 2,477,343 | | 2,477,343 | 2,918,430 | | 2,918,430 | | | | 33 |
| 34 | Skilled Nursing Facility | 4,126,537 | | 4,126,537 | | 4,126,537 | 2,623,061 | | 2,623,061 | | | | 34 |
| 35.05 | Nursing Facility | 3,971,185 | | 3,971,185 | | 3,971,185 | 2,178,777 | | 2,178,777 | | | | 35.05 |
| 36 | Other Long Term Care | | | | | | | | | | | | 36 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | | | | | |
| 37.05 | Operating Room | 11,900,727 | | 11,900,727 | | 11,900,727 | 13,037,844 | 31,386,968 | 44,424,812 | 0.267885 | 0.267885 | 0.267885 | 37.05 |
| 38 | Recovery Room | | | | | | | | | | | | 38 |
| 39.05 | Delivery Room & Labor Room | 2,788,080 | | 2,788,080 | | 2,788,080 | 3,095,119 | 801,868 | 3,896,987 | 0.715445 | 0.715445 | 0.715445 | 39.05 |
| 40.05 | Anesthesiology | 524,710 | | 524,710 | | 524,710 | 11,219,675 | 19,398,969 | 30,618,644 | 0.017137 | 0.017137 | 0.017137 | 40.05 |
| 41.05 | Radiology-Diagnostic | 10,720,198 | | 10,720,198 | | 10,720,198 | 17,934,928 | 70,455,506 | 88,390,434 | 0.121282 | 0.121282 | 0.121282 | 41.05 |
| 42.00 | Radiology-Therapeutic | | | | | | | | | | | | 42.00 |
| 43 | Radioisotope | | | | | | | | | | | | 43 |
| 44.05 | Laboratory | 7,673,560 | | 7,673,560 | | 7,673,560 | 13,121,686 | 16,459,533 | 29,581,219 | 0.259406 | 0.259406 | 0.259406 | 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 | 2,737,176 | | 2,737,176 | | 2,737,176 | 3,633,599 | 500,873 | 4,134,472 | 0.662038 | 0.662038 | 0.662038 | 49.05 |
| 50.05 | Physical Therapy | 2,229,983 | | 2,229,983 | | 2,229,983 | 1,474,705 | 1,455,812 | 2,930,517 | 0.760952 | 0.760952 | 0.760952 | 50.05 |
| 51 | Occupational Therapy | 751,464 | | 751,464 | | 751,464 | 925,870 | 544,914 | 1,470,784 | 0.510928 | 0.510928 | 0.510928 | 51 |
| 52 | Speech Pathology | 587,233 | | 587,233 | | 587,233 | 291,463 | 455,213 | 746,676 | 0.786463 | 0.786463 | 0.786463 | 52 |

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| COMPUTATION OF RATIO OF COSTS TO CHARGES | | | | | | PROVIDER NO: 340130 | | | 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 | |
| 53.05 | Electrocardiology | 2,196,484 | | 2,196,484 | | 2,196,484 | 3,433,464 | 6,894,171 | 10,327,635 | 0.212680 | 0.212680 | 0.212680 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 1,952,157 | | 1,952,157 | | 1,952,157 | 2,204,596 | 4,545,887 | 6,750,483 | 0.289188 | 0.289188 | 0.289188 | 53.40 |
| 54 | Electroencephalography | | | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | 6,107,994 | | 6,107,994 | | 6,107,994 | 3,347,779 | 5,397,249 | 8,745,028 | 0.698453 | 0.698453 | 0.698453 | 55 |
| 55.30 | Implantable Devices Charged to Patients | 5,641,596 | | 5,641,596 | | 5,641,596 | 5,724,532 | 4,819,943 | 10,544,475 | 0.535029 | 0.535029 | 0.535029 | 55.30 |
| 56 | Drugs Charged to Patients | 9,671,272 | | 9,671,272 | | 9,671,272 | 15,722,798 | 7,649,832 | 23,372,630 | 0.413786 | 0.413786 | 0.413786 | 56 |
| 57 | Renal Dialysis | | | | | | | | | | | | 57 |
| 58 | ASC (Non-Distinct Part) | | | | | | | | | | | | 58 |
| 59.00 | Other Ancillary (specify) | | | | | | | | | | | | 59.00 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | | | | |
| 60.05 | Clinic | 3,480,712 | | 3,480,712 | 4,202 | 3,484,914 | 29,598 | 7,695,206 | 7,724,804 | 0.450589 | 0.450589 | 0.451133 | 60.05 |
| 61 | Emergency | 10,379,480 | | 10,379,480 | | 10,379,480 | 10,762,873 | 39,080,173 | 49,843,046 | 0.208243 | 0.208243 | 0.208243 | 61 |
| 62.05 | Observation Beds (DistinctPart) | 2,731,402 | | 2,731,402 | | 2,731,402 | 702,824 | 3,456,607 | 4,159,431 | 0.656677 | 0.656677 | 0.656677 | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | 1,002,280 | | 1,002,280 | | 1,002,280 | 146,193 | 1,181,371 | 1,327,564 | 0.754977 | 0.754977 | 0.754977 | 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) | 120,453,613 | | 120,453,613 | 4,202 | 120,457,815 | 141,566,552 | 222,180,095 | 363,746,647 | | | | 101 |
| 102 | Less Observation Beds | 3,733,682 | | 3,733,682 | | 1,002,280 | | | | | | | 102 |
| 103 | Total (line 101 minus line 102) | 116,719,931 | | 116,719,931 | 4,202 | 119,455,535 | 141,566,552 | 222,180,095 | 363,746,647 | | | | 103 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS | | | | | | PROVIDER NO. 340130 | | 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 | 11,900,727 | 11,900,727 | | | | | 44,424,812 | | 0.267885 | 37.05 |
| 38 | Recovery Room | | | | | | | | | | 38 |
| 39.05 | Delivery Room & Labor Room | 2,788,080 | 2,788,080 | | | | | 3,896,987 | | 0.715445 | 39.05 |
| 40.05 | Anesthesiology | 524,710 | 524,710 | | | | | 30,618,644 | | 0.017137 | 40.05 |
| 41.05 | Radiology-Diagnostic | 10,720,198 | 10,720,198 | | | | | 88,390,434 | | 0.121282 | 41.05 |
| 42.00 | Radiology-Therapeutic | | | | | | | | | | 42.00 |
| 43 | Radioisotope | | | | | | | | | | 43 |
| 44.05 | Laboratory | 7,673,560 | 7,673,560 | | | | | 29,581,219 | | 0.259406 | 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 | 2,737,176 | 2,737,176 | | | | | 4,134,472 | | 0.662038 | 49.05 |
| 50.05 | Physical Therapy | 2,229,983 | 2,229,983 | | | | | 2,930,517 | | 0.760952 | 50.05 |
| 51 | Occupational Therapy | 751,464 | 751,464 | | | | | 1,470,784 | | 0.510928 | 51 |
| 52 | Speech Pathology | 587,233 | 587,233 | | | | | 746,676 | | 0.786463 | 52 |
| 53.05 | Electrocardiology | 2,196,484 | 2,196,484 | | | | | 10,327,635 | | 0.212680 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 1,952,157 | 1,952,157 | | | | | 6,750,483 | | 0.289188 | 53.40 |
| 54 | Electroencephalography | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | 6,107,994 | 6,107,994 | | | | | 8,745,028 | | 0.698453 | 55 |
| 56 | Drugs Charged to Patients | 9,671,272 | 9,671,272 | | | | | 23,372,630 | | 0.413786 | 56 |
| 57 | Renal Dialysis | | | | | | | | | | 57 |
| 58 | ASC (Non-Distinct Part) | | | | | | | | | | 58 |
| 59.00 | Other Ancillary (specify) | | | | | | | | | | 59.00 |
| 60.05 | Clinic | 3,480,712 | 3,480,712 | | | | | 7,724,804 | | 0.450589 | 60.05 |
| 61 | Emergency | 10,379,480 | 10,379,480 | | | | | 49,843,046 | | 0.208243 | 61 |
| 62.05 | Observation Beds (DistinctPart) | 2,731,402 | 2,731,402 | | | | | 4,159,431 | | 0.656677 | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | | | | | | | 1,327,564 | | | 62.10 |

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| CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS | | | | | | PROVIDER NO. 340130 | | 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) | | | | | | | 363,746,647 | | | 101 |
| 102 | Less Observation Beds | | | | | | | | | | 102 |
| 103 | Total (sum of line 101 minus line 102) | 133,296,897 | | | | | | 363,746,647 | | | 103 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | PROVIDER NO: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D, PART I |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340130

| | 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) | | | | 2,017,140 | | 2,017,140 | 31,482 | 15,448 | | | 64.07 | 989,753 | 25 |
| 26 | Intensive Care Unit | | | | 429,850 | | 429,850 | 4,386 | 2,256 | | | 98.01 | 221,111 | 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 |
| 33 | Nursery | | | | 154,661 | | 154,661 | 3,397 | | | | 45.53 | | 33 |
| 101 | Total (lines 25-33) | | | | 2,601,651 | | 2,601,651 | 39,265 | 17,704 | | | | 1,210,864 | 101 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | PROVIDER NO: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D, PART II |
|---|---|---|---|

Medicare - Title XVIII - Hospital - 340130

| | 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 | |
| (A) | ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37.05 | Operating Room | | 1,456,121 | 44,424,812 | 6,111,976 | | | 0.032777 | 200,332 | 37.05 |
| 38 | Recovery Room | | | | | | | | | 38 |
| 39.05 | Delivery Room & Labor Room | | 148,222 | 3,896,987 | 92,840 | | | 0.038035 | 3,531 | 39.05 |
| 40.05 | Anesthesiology | | 97,633 | 30,618,644 | 4,250,889 | | | 0.003189 | 13,556 | 40.05 |
| 41.05 | Radiology-Diagnostic | | 1,536,318 | 88,390,434 | 10,002,204 | | | 0.017381 | 173,848 | 41.05 |
| 42.00 | Radiology-Therapeutic | | | | | | | | | 42.00 |
| 43 | Radioisotope | | | | | | | | | 43 |
| 44.05 | Laboratory | | 603,844 | 29,581,219 | 7,267,883 | | | 0.020413 | 148,359 | 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 | | 164,279 | 4,134,472 | 1,874,692 | | | 0.039734 | 74,489 | 49.05 |
| 50.05 | Physical Therapy | | 176,365 | 2,930,517 | 468,642 | | | 0.060182 | 28,204 | 50.05 |
| 51 | Occupational Therapy | | 30,633 | 1,470,784 | 137,352 | | | 0.020828 | 2,861 | 51 |
| 52 | Speech Pathology | | 22,826 | 746,676 | 122,596 | | | 0.030570 | 3,748 | 52 |
| 53.05 | Electrocardiology | | 248,506 | 10,327,635 | 1,628,009 | | | 0.024062 | 39,173 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | | 418,666 | 6,750,483 | 1,190,735 | | | 0.062020 | 73,849 | 53.40 |
| 54 | Electroencephalography | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | | 338,907 | 8,745,028 | 1,323,047 | | | 0.038754 | 51,273 | 55 |
| 55.30 | Implantable Devices Charged to Patients | | 312,939 | 10,544,475 | 3,745,261 | | | 0.029678 | 111,152 | 55.30 |
| 56 | Drugs Charged to Patients | | 445,852 | 23,372,630 | 8,097,816 | | | 0.019076 | 154,474 | 56 |
| 57 | Renal Dialysis | | | | | | | | | 57 |
| 58 | ASC (Non-Distinct Part) | | | | | | | | | 58 |
| 59.00 | Other Ancillary (specify) | | | | | | | | | 59.00 |
| 60.05 | Clinic | | 410,967 | 7,724,804 | | | | 0.053201 | | 60.05 |

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| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | PROVIDER NO: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D, PART II |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340130

| | 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 | |
| 61 | Emergency | | 1,523,449 | 49,843,046 | 4,419,936 | | | 0.030565 | 135,095 | 61 |
| 62.05 | Observation Beds (DistinctPart) | | 92,520 | 4,159,431 | 199,496 | | | 0.077748 | 11,073 | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | | 92,520 | 1,327,564 | 61,750 | | | 0.069692 | 4,303 | 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) | | 8,351,435 | 328,989,641 | 50,995,124 | | | | 1,229,320 | 101 |

(A) Worksheet A line numbers

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | PROVIDER NO: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D, PART III |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340130

| | 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) | | | | | 31,482 | | 15,448 | | 25 |
| 26 | Intensive Care Unit | | | | | 4,386 | | 2,256 | | 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 |
| 33 | Nursery | | | | | 3,397 | | | | 33 |
| 34 | Skilled Nursing Facility | | | | | 11,896 | | 8,375 | | 34 |
| 35.05 | Nursing Facility | | | | | 12,223 | | | | 35.05 |
| 101 | Total (sum of lines 25-35) | | | | | 63,384 | | 26,079 | | 101 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | PROVIDER NO: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D, PART IV |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340130

| | Cost Center Description | Nonphysician Anesthetist Cost | Medical Education Cost | Total Costs (col. 1 + col. 2) | Total Charges (from Wksh. 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 | | | | 44,424,812 | | 6,111,976 | | | | 37.05 |
| 38 | Recovery Room | | | | | | | | | | 38 |
| 39.05 | Delivery Room & Labor Room | | | | 3,896,987 | | 92,840 | | | | 39.05 |
| 40.05 | Anesthesiology | | | | 30,618,644 | | 4,250,889 | | | | 40.05 |
| 41.05 | Radiology-Diagnostic | | | | 88,390,434 | | 10,002,204 | | | | 41.05 |
| 42.00 | Radiology-Therapeutic | | | | | | | | | | 42.00 |
| 43 | Radioisotope | | | | | | | | | | 43 |
| 44.05 | Laboratory | | | | 29,581,219 | | 7,267,883 | | | | 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 | | | | 4,134,472 | | 1,874,692 | | | | 49.05 |
| 50.05 | Physical Therapy | | | | 2,930,517 | | 468,642 | | | | 50.05 |
| 51 | Occupational Therapy | | | | 1,470,784 | | 137,352 | | | | 51 |
| 52 | Speech Pathology | | | | 746,676 | | 122,596 | | | | 52 |
| 53.05 | Electrocardiology | | | | 10,327,635 | | 1,628,009 | | | | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | | | | 6,750,483 | | 1,190,735 | | | | 53.40 |
| 54 | Electroencephalography | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | | | | 8,745,028 | | 1,323,047 | | | | 55 |
| 55.30 | Implantable Devices Charged to Patients | | | | | | 3,745,261 | | | | 55.30 |
| 56 | Drugs Charged to Patients | | | | 23,372,630 | | 8,097,816 | | | | 56 |
| 57 | Renal Dialysis | | | | | | | | | | 57 |
| 58 | ASC (Non-Distinct Part) | | | | | | | | | | 58 |
| 59.00 | Other Ancillary (specify) | | | | | | | | | | 59.00 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | |
| 60.05 | Clinic | | | | 7,724,804 | | | | | | 60.05 |
| 61 | Emergency | | | | 49,843,046 | | 4,419,936 | | | | 61 |
| 62.05 | Observation Beds (DistinctPart) | | | | 4,159,431 | | 199,496 | | | | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | | | | 1,327,564 | | 61,750 | | | | 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: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D, PART IV |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340130

| | 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) | | | | 318,445,166 | | 50,995,124 | | | | 101 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
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| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | PROVIDER NO: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D, PART IV |
|---|---|---|---|

Medicare -Title XVIII - SNF - 345097

| | 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 | | | | 44,424,812 | | | | | | 37.05 |
| 38 | Recovery Room | | | | | | | | | | 38 |
| 39.05 | Delivery Room & Labor Room | | | | 3,896,987 | | | | | | 39.05 |
| 40.05 | Anesthesiology | | | | 30,618,644 | | | | | | 40.05 |
| 41.05 | Radiology-Diagnostic | | | | 88,390,434 | | 32,927 | | | | 41.05 |
| 42.00 | Radiology-Therapeutic | | | | | | | | | | 42.00 |
| 43 | Radioisotope | | | | | | | | | | 43 |
| 44.05 | Laboratory | | | | 29,581,219 | | 99,795 | | | | 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 | | | | 4,134,472 | | 100 | | | | 49.05 |
| 50.05 | Physical Therapy | | | | 2,930,517 | | 774,739 | | | | 50.05 |
| 51 | Occupational Therapy | | | | 1,470,784 | | 699,274 | | | | 51 |
| 52 | Speech Pathology | | | | 746,676 | | 102,096 | | | | 52 |
| 53.05 | Electrocardiology | | | | 10,327,635 | | 600 | | | | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | | | | 6,750,483 | | | | | | 53.40 |
| 54 | Electroencephalography | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged to Patients | | | | 8,745,028 | | 18,844 | | | | 55 |
| 55.30 | Implantable Devices Charged to Patients | | | | | | | | | | 55.30 |
| 56 | Drugs Charged to Patients | | | | 23,372,630 | | 354,169 | | | | 56 |
| 57 | Renal Dialysis | | | | | | | | | | 57 |
| 58 | ASC (Non-Distinct Part) | | | | | | | | | | 58 |
| 59.00 | Other Ancillary (specify) | | | | | | | | | | 59.00 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | |
| 60.05 | Clinic | | | | 7,724,804 | | | | | | 60.05 |
| 61 | Emergency | | | | 49,843,046 | | | | | | 61 |
| 62.05 | Observation Beds (DistinctPart) | | | | 4,159,431 | | | | | | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | | | | 1,327,564 | | | | | | 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: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET D, PART IV |
|---|---|---|---|

Medicare - Title XVIII - SNF - 345097

| | 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) | | | | 318,445,166 | | 2,082,544 | | | | 101 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
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| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | PROVIDER NO: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D, PARTS V & VI |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340130

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 | | 0.267885 | 0.267885 | | | | | 12,869,044 | | | | | | 3,447,424 | | | | 37.05 |
| 38 | Recovery Room | | | | | | | | | | | | | | | | | | 38 |
| 39.05 | Delivery Room & Labor Room | | 0.715445 | 0.715445 | | | | | 116,385 | | | | | | 83,267 | | | | 39.05 |
| 40.05 | Anesthesiology | | 0.017137 | 0.017137 | | | | | 6,900,385 | | | | | | 118,252 | | | | 40.05 |
| 41.05 | Radiology-Diagnostic | | 0.121282 | 0.121282 | | | | | 25,649,359 | | | | | | 3,110,806 | | | | 41.05 |
| 42.00 | Radiology-Therapeutic | | | | | | | | | | | | | | | | | | 42.00 |
| 43 | Radioisotope | | | | | | | | | | | | | | | | | | 43 |
| 44.05 | Laboratory | | 0.259406 | 0.259406 | | | | | 919,054 | 622 | | | | | 238,408 | 161 | | | 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 | | 0.662038 | 0.662038 | | | | | 148,568 | | | | | | 98,358 | | | | 49.05 |
| 50.05 | Physical Therapy | | 0.760952 | 0.760952 | | | | | | | | | | | | | | | 50.05 |
| 51 | Occupational Therapy | | 0.510928 | 0.510928 | | | | | | | | | | | | | | | 51 |
| 52 | Speech Pathology | | 0.786463 | 0.786463 | | | | | | | | | | | | | | | 52 |
| 53.05 | Electrocardiology | | 0.212680 | 0.212680 | | | | | 2,214,440 | | | | | | 470,967 | | | | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | | 0.289188 | 0.289188 | | | | | 1,932,320 | | | | | | 558,804 | | | | 53.40 |
| 54 | Electroencephalography | | | | | | | | | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged To Patients | | 0.698453 | 0.698453 | | | | | 1,760,585 | | | | | | 1,229,686 | | | | 55 |
| 55.30 | Implantable Devices Charged to Patients | | | | | | | | 2,193,537 | | | | | | 1,173,606 | | | | 55.30 |
| 56 | Drugs Charged To Patients | | 0.413786 | 0.413786 | | | | | 3,388,382 | | | | | | 1,402,065 | | | | 56 |
| 57 | Renal Dialysis | | | | | | | | | | | | | | | | | | 57 |
| 58 | ASC (Non-Distinct Part) | | | | | | | | | | | | | | | | | | 58 |
| 59.00 | Other Ancillary (specify) | | | | | | | | | | | | | | | | | | 59.00 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | | | | | | | | | |

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| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | PROVIDER NO: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D, PARTS V & VI |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340130

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 | |
| 60.05 | Clinic | | 0.450589 | 0.450589 | | | | | 32,543 | | | | | | 15,411 | | | | 60.05 |
| 61 | Emergency | | 0.208243 | 0.208243 | | | | | 5,869,520 | | | | | | 1,222,286 | | | | 61 |
| 62.05 | Observation Beds (DistinctPart) | | 0.656677 | 0.656677 | | | | | 1,510,024 | | | | | | 991,598 | | | | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | | 0.754977 | | | | | | 467,402 | | | | | | 352,878 | | | | 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) | | | | | | | | 65,971,548 | 622 | | | | | 14,513,816 | 161 | | | 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) | | | | | | | | 65,971,548 | 622 | | | | | 14,513,816 | 161 | | | 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) | 48,226 | 2 |
| 3 | Program costs (line 1 × lines 2) (see instructions for transfer) | 19,955 | 3 |
| | (A) Worksheet A line numbers<br>(1) Report non hospital and non subprovider components cost for the period here (see instructions) | | |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | PROVIDER NO: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D, PARTS V & VI |
|---|---|---|---|

Medicaid - Title XIX - Hospital - 340130

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 | | 0.267885 | 0.267885 | | | | 3,811,996 | | | | | | 1,027,459 | | | | | 37.05 |
| 38 | Recovery Room | | | | | | | | | | | | | | | | | | 38 |
| 39.05 | Delivery Room & Labor Room | | 0.715445 | 0.715445 | | | | 486,699 | | | | | | 348,206 | | | | | 39.05 |
| 40.05 | Anesthesiology | | 0.017137 | 0.017137 | | | | 2,050,420 | | | | | | 35,138 | | | | | 40.05 |
| 41.05 | Radiology-Diagnostic | | 0.121282 | 0.121282 | | | | 7,746,707 | | | | | | 939,536 | | | | | 41.05 |
| 42.00 | Radiology-Therapeutic | | | | | | | | | | | | | | | | | | 42.00 |
| 43 | Radioisotope | | | | | | | | | | | | | | | | | | 43 |
| 44.05 | Laboratory | | 0.259406 | 0.259406 | | | | 2,252,298 | | | | | | 584,260 | | | | | 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 | | 0.662038 | 0.662038 | | | | 86,135 | | | | | | 57,025 | | | | | 49.05 |
| 50.05 | Physical Therapy | | 0.760952 | 0.760952 | | | | 329,067 | | | | | | 250,404 | | | | | 50.05 |
| 51 | Occupational Therapy | | 0.510928 | 0.510928 | | | | 93,399 | | | | | | 47,720 | | | | | 51 |
| 52 | Speech Pathology | | 0.786463 | 0.786463 | | | | 169,971 | | | | | | 133,676 | | | | | 52 |
| 53.05 | Electrocardiology | | 0.212680 | 0.212680 | | | | 688,612 | | | | | | 146,454 | | | | | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | | 0.289188 | 0.289188 | | | | 305,073 | | | | | | 88,223 | | | | | 53.40 |
| 54 | Electroencephalography | | | | | | | | | | | | | | | | | | 54 |
| 55 | Medical Supplies Charged To Patients | | 0.698453 | 0.698453 | | | | 635,995 | | | | | | 444,213 | | | | | 55 |
| 55.30 | Implantable Devices Charged to Patients | | | | | | | 21,453 | | | | | | 11,478 | | | | | 55.30 |
| 56 | Drugs Charged To Patients | | 0.413786 | 0.413786 | | | | 973,884 | | | | | | 402,980 | | | | | 56 |
| 57 | Renal Dialysis | | | | | | | | | | | | | | | | | | 57 |
| 58 | ASC (Non-Distinct Part) | | | | | | | | | | | | | | | | | | 58 |
| 59.00 | Other Ancillary (specify) | | | | | | | | | | | | | | | | | | 59.00 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | | | | | | | | | |

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| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | PROVIDER NO: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D, PARTS V & VI |
|---|---|---|---|

Medicaid - Title XIX - Hospital - 340130

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 | |
| 60.05 | Clinic | | 0.450589 | 0.450589 | | | | 683,809 | | | | | | 280,917 | | | | | 60.05 |
| 61 | Emergency | | 0.208243 | 0.208243 | | | | 8,167,801 | | | | | | 1,705,739 | | | | | 61 |
| 62.05 | Observation Beds (DistinctPart) | | 0.656677 | 0.656677 | | | | 535,605 | | | | | | 351,719 | | | | | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | | 0.754977 | | | | | 189,391 | | | | | | 142,986 | | | | | 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) | | | | | | | 29,228,315 | | | | | | 6,998,133 | | | | | 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) | | | | | | | 29,228,315 | | | | | | 6,998,133 | | | | | 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<br>(1) Report non hospital and non subprovider components cost for the period here (see instructions) | | |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| | COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PART I |
|---|---|---|---|---|

Medicare -Title XVIII - Hospital - 340130

PART I - ALL PROVIDER COMPONENTS

| | | | |
|---|---|---|---|
| | **INPATIENT DAYS** | | |
| 1 | Inpatient days (including private room days, and swing-bed days, excluding new born) | 31,482 | 1 |
| 2 | Inpatient days (including private room days, excluding swing-bed days and new born days) | 31,482 | 2 |
| 3 | Private room days (excluding swing-bed private room days) | | 3 |
| 4 | Semi-private room days (excluding swing-bed private room days) | 31,482 | 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) | 15,448 | 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) | 21,851,687 | 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) | 21,851,687 | 27 |
| | **PRIVATE ROOM DIFFERENTIAL ADJUSTMENT** | | |
| 28 | General inpatient routine service charges (excluding swing-bed charges) | 22,043,706 | 28 |
| 29 | Private room charges (excluding swing-bed charges) | | 29 |
| 30 | Semi-private room charges (excluding swing-bed charges) | 22,043,706 | 30 |
| 31 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28) | 0.991289 | 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) | 700.20 | 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) | 21,851,687 | 37 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| | COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PART I |
|---|---|---|---|---|

Medicare -Title XVIII - SNF - 345097

PART I - ALL PROVIDER COMPONENTS

| | | | |
|---|---|---|---|
| | INPATIENT DAYS | | |
| 1 | Inpatient days (including private room days, and swing-bed days, excluding new born) | 11,896 | 1 |
| 2 | Inpatient days (including private room days, excluding swing-bed days and new born days) | 11,896 | 2 |
| 3 | Private room days (excluding swing-bed private room days) | | 3 |
| 4 | Semi-private room days (excluding swing-bed private room days) | 11,896 | 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) | 8,375 | 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) | 4,126,537 | 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) | 4,126,537 | 27 |
| | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | |
| 28 | General inpatient routine service charges (excluding swing-bed charges) | 2,623,061 | 28 |
| 29 | Private room charges (excluding swing-bed charges) | | 29 |
| 30 | Semi-private room charges (excluding swing-bed charges) | 2,623,061 | 30 |
| 31 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28) | 1.573176 | 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) | 220.50 | 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) | 4,126,537 | 37 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| | COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PART I | |
|---|---|---|---|---|---|
| Medicaid - Title XIX - Hospital - 340130 | | | | | |
| PART I - ALL PROVIDER COMPONENTS | | | | | |
| | INPATIENT DAYS | | | | |
| 1 | Inpatient days (including private room days, and swing-bed days, excluding new born) | | | 31,482 | 1 |
| 2 | Inpatient days (including private room days, excluding swing-bed days and new born days) | | | 31,482 | 2 |
| 3 | Private room days (excluding swing-bed private room days) | | | | 3 |
| 4 | Semi-private room days (excluding swing-bed private room days) | | | 31,482 | 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) | | | 9,380 | 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 | | | 3,397 | 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) | | | 22,007,504 | 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) | | | 22,007,504 | 27 |
| | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | | |
| 28 | General inpatient routine service charges (excluding swing-bed charges) | | | 22,043,706 | 28 |
| 29 | Private room charges (excluding swing-bed charges) | | | | 29 |
| 30 | Semi-private room charges (excluding swing-bed charges) | | | 22,043,706 | 30 |
| 31 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28) | | | 0.998358 | 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) | | | 700.20 | 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) | | | 22,007,504 | 37 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| | COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PART I |
|---|---|---|---|---|

Medicaid - Title XIX - SNF - 345097

PART I - ALL PROVIDER COMPONENTS

| | | | |
|---|---|---|---|
| | **INPATIENT DAYS** | | |
| 1 | Inpatient days (including private room days, and swing-bed days, excluding new born) | 11,896 | 1 |
| 2 | Inpatient days (including private room days, excluding swing-bed days and new born days) | 11,896 | 2 |
| 3 | Private room days (excluding swing-bed private room days) | | 3 |
| 4 | Semi-private room days (excluding swing-bed private room days) | 11,896 | 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) | 2,107 | 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) | 4,126,537 | 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) | 4,126,537 | 27 |
| | **PRIVATE ROOM DIFFERENTIAL ADJUSTMENT** | | |
| 28 | General inpatient routine service charges (excluding swing-bed charges) | 2,623,061 | 28 |
| 29 | Private room charges (excluding swing-bed charges) | | 29 |
| 30 | Semi-private room charges (excluding swing-bed charges) | 2,623,061 | 30 |
| 31 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28) | 1.573176 | 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) | 220.50 | 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) | 4,126,537 | 37 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PART II |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340130

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | | | | | 1 | |
| 38 | Adjusted general inpatient routine service cost per diem (see instructions) | | | | | 694.10 | 38 |
| 39 | Program general inpatient routine service cost (line 9 × line 38) | | | | | 10,722,457 | 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) | | | | | 10,722,457 | 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) | 2,477,343 | | | | | 42 |
| | Intensive Care Type Inpatient Hospital Units | | | | | | |
| 43 | Intensive Care Unit | 4,950,353 | 4,386 | 1128.67 | 2,256 | 2,546,280 | 43 |
| 44 | Coronary Care Unit | | | | | | 44 |
| 45 | Burn Intensive Care Unit | | | | | | 45 |
| 46 | Surgical Intensive Care Unit | | | | | | 46 |
| 47.00 | Other Special Care (specify) | | | | | | 47.00 |
| | | | | | | 1 | |
| 48 | Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101) | | | | | 14,706,628 | 48 |
| 49 | Total Program inpatient costs (sum of lines 41 through 48) (see instructions) | | | | | 27,975,365 | 49 |
| | PASS THROUGH COST ADJUSTMENTS | | | | | | |
| 50 | Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III) | | | | | 1,210,864 | 50 |
| 51 | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV) | | | | | 1,229,320 | 51 |
| 52 | Total Program excludable cost (sum of lines 50 and 51) | | | | | 2,440,184 | 52 |
| 53 | Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) | | | | | 25,535,181 | 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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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PART II |
|---|---|---|---|

Medicare - Title XVIII - SNF - 345097

| | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | 1 | |
|---|---|---|---|
| 38 | Adjusted general inpatient routine service cost per diem (see instructions) | | 38 |
| 39 | Program general inpatient routine service cost (line 9 × line 38) | | 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) | | 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) | 2,477,343 | | | | | 42 |
| | Intensive Care Type Inpatient Hospital Units | | | | | | |
| 43 | Intensive Care Unit | 4,950,353 | 4,386 | 1128.67 | | | 43 |
| 44 | Coronary Care Unit | | | | | | 44 |
| 45 | Burn Intensive Care Unit | | | | | | 45 |
| 46 | Surgical Intensive Care Unit | | | | | | 46 |
| 47.00 | Other Special Care (specify) | | | | | | 47.00 |

| | | 1 | |
|---|---|---|---|
| 48 | Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101) | | 48 |
| 49 | Total Program inpatient costs (sum of lines 41 through 48) (see instructions) | | 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 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: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PART II |
|---|---|---|---|

Medicaid - Title XIX - Hospital - 340130

| | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | 1 | |
|---|---|---|---|
| 38 | Adjusted general inpatient routine service cost per diem (see instructions) | 699.05 | 38 |
| 39 | Program general inpatient routine service cost (line 9 × line 38) | 6,557,089 | 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) | 6,557,089 | 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) | 2,477,343 | 3,397 | 729.27 | | | 42 |
| | Intensive Care Type Inpatient Hospital Units | | | | | | |
| 43 | Intensive Care Unit | 4,950,353 | 4,386 | 1128.67 | | | 43 |
| 44 | Coronary Care Unit | | | | | | 44 |
| 45 | Burn Intensive Care Unit | | | | | | 45 |
| 46 | Surgical Intensive Care Unit | | | | | | 46 |
| 47.00 | Other Special Care (specify) | | | | | | 47.00 |

| | | 1 | |
|---|---|---|---|
| 48 | Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101) | 4,411,589 | 48 |
| 49 | Total Program inpatient costs (sum of lines 41 through 48) (see instructions) | 10,968,678 | 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 (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: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PART II |
|---|---|---|---|

Medicaid - Title XIX - SNF - 345097

| | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | 1 | |
|---|---|---|---|
| 38 | Adjusted general inpatient routine service cost per diem (see instructions) | | 38 |
| 39 | Program general inpatient routine service cost (line 9 × line 38) | | 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) | | 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) | 2,477,343 | | | | | 42 |
| | Intensive Care Type Inpatient Hospital Units | | | | | | |
| 43 | Intensive Care Unit | 4,950,353 | 4,386 | 1128.67 | | | 43 |
| 44 | Coronary Care Unit | | | | | | 44 |
| 45 | Burn Intensive Care Unit | | | | | | 45 |
| 46 | Surgical Intensive Care Unit | | | | | | 46 |
| 47.00 | Other Special Care (specify) | | | | | | 47.00 |

| | | 1 | |
|---|---|---|---|
| 48 | Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101) | | 48 |
| 49 | Total Program inpatient costs (sum of lines 41 through 48) (see instructions) | | 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 (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: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PARTS III & IV |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340130

**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) | 1,444 | 83 |
| 84 | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) | 694.10 | 84 |
| 85 | Observation bed cost (line 83 × line 84) (see instructions) | 1,002,280 | 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 | | 21,851,687 | | 1,002,280 | | 86 |
| 87 | New capital-related cost | 2,017,140 | 21,851,687 | 0.092310 | 1,002,280 | 92,520 | 87 |
| 88 | Non Physician Anesthetist | | 21,851,687 | | 1,002,280 | | 88 |
| 89 | Medical Education | | 21,851,687 | | 1,002,280 | | 89 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PARTS III & IV |
|---|---|---|---|

Medicare -Title XVIII - SNF - 345097

**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) | 4,126,537 | 66 |
| 67 | Adjusted general inpatient routine service cost per diem (line 66 ÷ line 2) | 346.88 | 67 |
| 68 | Program routine service cost (line 9 × line 67) | 2,905,120 | 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) | 2,905,120 | 70 |
| 71 | Capital-related cost allocated to inpatient routine service costs (from Worksheet B, sum of Parts II and III, column 27) | 466,737 | 71 |
| 72 | Per diem capital-related costs (line 71 ÷ line 2) | 39.23 | 72 |
| 73 | Program capital-related costs (line 9 × line 72) | 328,551 | 73 |
| 74 | Inpatient routine service cost (line 70 minus line 73) | 2,576,569 | 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) | 2,576,569 | 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) | 2,905,120 | 79 |
| 80 | Program inpatient ancillary services (see instructions) | 1,216,899 | 80 |
| 81 | Utilization review - physician compensation | | 81 |
| 82 | Total Program inpatient operating costs (sum of lines 79 through 81) | 4,122,019 | 82 |

**PART IV - PART IV - COMPUTATION OF OBSERVATION BED COST**

| | | | |
|---|---|---|---|
| 83 | Total observation bed days (see instructions) | | 83 |
| 84 | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) | | 84 |
| 85 | Observation bed cost (line 83 × line 84) (see instructions) | | 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 | | 4,126,537 | | | | 86 |
| 87 | New capital-related cost | | 4,126,537 | | | | 87 |
| 88 | Non Physician Anesthetist | | 4,126,537 | | | | 88 |
| 89 | Medical Education | | 4,126,537 | | | | 89 |

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| COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PARTS III & IV |
|---|---|---|---|

Medicaid - Title XIX - Hospital - 340130

| | | | |
|---|---|---|---|
| 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) | 1,444 | 83 |
| 84 | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) | 699.05 | 84 |
| 85 | Observation bed cost (line 83 × line 84) (see instructions) | 1,009,428 | 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 | | 22,007,504 | | 1,009,428 | | 86 |
| 87 | New capital-related cost | | 22,007,504 | | 1,009,428 | | 87 |
| 88 | Non Physician Anesthetist | | 22,007,504 | | 1,009,428 | | 88 |
| 89 | Medical Education | | 22,007,504 | | 1,009,428 | | 89 |

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Cost report status - As Submitted
[Record code 269573 - 1996]

| COMPUTATION OF INPATIENT OPERATING COST | PROVIDER NO: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-1, PARTS III & IV |
|---|---|---|---|

Medicaid - Title XIX - SNF - 345097

| | 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) | 4,126,537 | 66 |
| 67 | Adjusted general inpatient routine service cost per diem (line 66 ÷ line 2) | 346.88 | 67 |
| 68 | Program routine service cost (line 9 × line 67) | 730,876 | 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) | 730,876 | 70 |
| 71 | Capital-related cost allocated to inpatient routine service costs (from Worksheet B, sum of Parts II and III, column 27) | 466,737 | 71 |
| 72 | Per diem capital-related costs (line 71 ÷ line 2) | 39.23 | 72 |
| 73 | Program capital-related costs (line 9 × line 72) | 82,658 | 73 |
| 74 | Inpatient routine service cost (line 70 minus line 73) | 648,218 | 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) | 648,218 | 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) | 82,658 | 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) | 82,658 | 82 |
| | PART IV - PART IV - COMPUTATION OF OBSERVATION BED COST | | |
| 83 | Total observation bed days (see instructions) | | 83 |
| 84 | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) | | 84 |
| 85 | Observation bed cost (line 83 × line 84) (see instructions) | | 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 | | 4,126,537 | | | | 86 |
| 87 | New capital-related cost | | 4,126,537 | | | | 87 |
| 88 | Non Physician Anesthetist | | 4,126,537 | | | | 88 |
| 89 | Medical Education | | 4,126,537 | | | | 89 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
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| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | PROVIDER NO: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-4 |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340130

| | 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) | | 12,811,279 | | 25 |
| 26 | Intensive Care Units | | 1,870,639 | | 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 | 0.267885 | 6,111,976 | 1,637,307 | 37.05 |
| 38 | Recovery Room | | | | 38 |
| 39.05 | Delivery Room & Labor Room | 0.715445 | 92,840 | 66,422 | 39.05 |
| 40.05 | Anesthesiology | 0.017137 | 4,250,889 | 72,847 | 40.05 |
| 41.05 | Radiology-Diagnostic | 0.121282 | 10,002,204 | 1,213,087 | 41.05 |
| 42.00 | Radiology-Therapeutic | | | | 42.00 |
| 43 | Radioisotope | | | | 43 |
| 44.05 | Laboratory | 0.259406 | 7,267,883 | 1,885,332 | 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 | 0.662038 | 1,874,692 | 1,241,117 | 49.05 |
| 50.05 | Physical Therapy | 0.760952 | 468,642 | 356,614 | 50.05 |
| 51 | Occupational Therapy | 0.510928 | 137,352 | 70,177 | 51 |
| 52 | Speech Pathology | 0.786463 | 122,596 | 96,417 | 52 |
| 53.05 | Electrocardiology | 0.212680 | 1,628,009 | 346,245 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 0.289188 | 1,190,735 | 344,346 | 53.40 |
| 54 | Electroencephalography | | | | 54 |
| 55 | Medical Supplies Charged to Patients | 0.698453 | 1,323,047 | 924,086 | 55 |
| 55.30 | Implantable Devices Charged to Patients | 0.535029 | 3,745,261 | 2,003,823 | 55.30 |
| 56 | Drugs Charged to Patients | 0.413786 | 8,097,816 | 3,350,763 | 56 |
| 57 | Renal Dialysis | | | | 57 |
| 58 | ASC (Non-Distinct Part) | | | | 58 |
| 59.00 | Other Ancillary (specify) | | | | 59.00 |
| | OUTPATIENT SERVICE COST CENTERS | | | | |
| 60.05 | Clinic | 0.450589 | | | 60.05 |
| 61 | Emergency | 0.208243 | 4,419,936 | 920,421 | 61 |
| 62.05 | Observation Beds (DistinctPart) | 0.656677 | 199,496 | 131,004 | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | 0.754977 | 61,750 | 46,620 | 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) | | 50,995,124 | 14,706,628 | 101 |
| 102 | Less PBP Clinic Laboratory Services-Program only charges (line 45) | | | | 102 |
| 103 | Net Charges (line 101 minus line 102) | | 50,995,124 | | 103 |

(A) Worksheet A line numbers

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | PROVIDER NO: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-4 |
|---|---|---|---|

Medicare - Title XVIII - SNF - 345097

| | 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) | | | | 25 |
| 26 | Intensive Care Units | | | | 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 | 0.267885 | | | 37.05 |
| 38 | Recovery Room | | | | 38 |
| 39.05 | Delivery Room & Labor Room | 0.715445 | | | 39.05 |
| 40.05 | Anesthesiology | 0.017137 | | | 40.05 |
| 41.05 | Radiology-Diagnostic | 0.121282 | 32,927 | 3,993 | 41.05 |
| 42.00 | Radiology-Therapeutic | | | | 42.00 |
| 43 | Radioisotope | | | | 43 |
| 44.05 | Laboratory | 0.259406 | 99,795 | 25,887 | 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 | 0.662038 | 100 | 66 | 49.05 |
| 50.05 | Physical Therapy | 0.760952 | 774,739 | 589,539 | 50.05 |
| 51 | Occupational Therapy | 0.510928 | 699,274 | 357,279 | 51 |
| 52 | Speech Pathology | 0.786463 | 102,096 | 80,295 | 52 |
| 53.05 | Electrocardiology | 0.212680 | 600 | 128 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 0.289188 | | | 53.40 |
| 54 | Electroencephalography | | | | 54 |
| 55 | Medical Supplies Charged to Patients | 0.698453 | 18,844 | 13,162 | 55 |
| 55.30 | Implantable Devices Charged to Patients | 0.535029 | | | 55.30 |
| 56 | Drugs Charged to Patients | 0.413786 | 354,169 | 146,550 | 56 |
| 57 | Renal Dialysis | | | | 57 |
| 58 | ASC (Non-Distinct Part) | | | | 58 |
| 59.00 | Other Ancillary (specify) | | | | 59.00 |
| | OUTPATIENT SERVICE COST CENTERS | | | | |
| 60.05 | Clinic | 0.450589 | | | 60.05 |
| 61 | Emergency | 0.208243 | | | 61 |
| 62.05 | Observation Beds (DistinctPart) | 0.656677 | | | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | 0.754977 | | | 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) | | 2,082,544 | 1,216,899 | 101 |
| 102 | Less PBP Clinic Laboratory Services-Program only charges (line 45) | | | | 102 |
| 103 | Net Charges (line 101 minus line 102) | | 2,082,544 | | 103 |

(A) Worksheet A line numbers

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
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| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | PROVIDER NO: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET D-4 |
|---|---|---|---|

Medicaid - Title XIX - Hospital - 340130

| | 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) | | 2,881,654 | | 25 |
| 26 | Intensive Care Units | | 1,136,953 | | 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 | 0.267885 | 1,350,549 | 364,018 | 37.05 |
| 38 | Recovery Room | | | | 38 |
| 39.05 | Delivery Room & Labor Room | 0.715445 | 1,691,177 | 1,209,944 | 39.05 |
| 40.05 | Anesthesiology | 0.017137 | 2,350,787 | 40,285 | 40.05 |
| 41.05 | Radiology-Diagnostic | 0.121282 | 1,808,122 | 219,293 | 41.05 |
| 42.00 | Radiology-Therapeutic | | | | 42.00 |
| 43 | Radioisotope | | | | 43 |
| 44.05 | Laboratory | 0.259406 | 1,789,946 | 464,323 | 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 | 0.662038 | 397,657 | 263,264 | 49.05 |
| 50.05 | Physical Therapy | 0.760952 | 37,503 | 28,538 | 50.05 |
| 51 | Occupational Therapy | 0.510928 | 11,385 | 5,817 | 51 |
| 52 | Speech Pathology | 0.786463 | 16,866 | 13,264 | 52 |
| 53.05 | Electrocardiology | 0.212680 | 284,003 | 60,402 | 53.05 |
| 53.40 | Cardiac Catheterization Laboratory | 0.289188 | 90,214 | 26,089 | 53.40 |
| 54 | Electroencephalography | | | | 54 |
| 55 | Medical Supplies Charged to Patients | 0.698453 | 585,393 | 408,869 | 55 |
| 55.30 | Implantable Devices Charged to Patients | 0.535029 | 4,215 | 2,255 | 55.30 |
| 56 | Drugs Charged to Patients | 0.413786 | 2,603,921 | 1,077,466 | 56 |
| 57 | Renal Dialysis | | | | 57 |
| 58 | ASC (Non-Distinct Part) | | | | 58 |
| 59.00 | Other Ancillary (specify) | | | | 59.00 |
| | OUTPATIENT SERVICE COST CENTERS | | | | |
| 60.05 | Clinic | 0.450589 | | | 60.05 |
| 61 | Emergency | 0.208243 | 785,344 | 164,009 | 61 |
| 62.05 | Observation Beds (DistinctPart) | 0.656677 | | | 62.05 |
| 62.10 | Observation Beds (Non-DistinctPart) | 0.754977 | 84,443 | 63,753 | 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) | | 13,891,525 | 4,411,589 | 101 |
| 102 | Less PBP Clinic Laboratory Services-Program only charges (line 45) | | | | 102 |
| 103 | Net Charges (line 101 minus line 102) | | 13,891,525 | | 103 |

(A) Worksheet A line numbers

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
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| | CALCULATION OF REIMBURSEMENT SETTLEMENT | PROVIDER NO: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET E, PART A |
|---|---|---|---|---|

Medicare -Title XVIII - Hospital - 340130

| | PART A - INPATIENT HOSPITAL SERVICES UNDER PPS | 1 | 1.01 | |
|---|---|---|---|---|
| | DRG Amount | | | |
| 1 | Other than Outlier Payments occurring prior to October 1 | 26,453,541 | | 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 | 1,185,768 | | 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) | 169,623 | | 2.01 |
| | Indirect Medical Education Adjustment | | | |
| 3 | Bed days available divided by number of days in the cost reporting period (see instructions) | 153.04 | | 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 | 3.42 | | 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 | 3.42 | | 3.07 |
| 3.08 | FTE count for allopathic and osteopathic programs in the current year from your records | 4.78 | | 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) | 3.42 | | 3.14 |
| 3.15 | Total allowable FTE count for the prior year, if none but prior year teaching was in effect enter 1 here | 3.99 | | 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 | 3.96 | | 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) | 3.79 | | 3.17 |
| 3.18 | Current year residents to bed ratio (line 3.17 divided by line 3) | 0.024765 | | 3.18 |
| 3.19 | Prior year resident to bed ratio (see instructions) | 0.026283 | | 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 | 0.024765 | | 3.20 |
| 3.21 | IME payments for discharges occurring prior to October 1 (see instructions) | 371,528 | | 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 | 371,528 | | 3.24 |
| | Disproportionate Share Adjustment | | | |
| 4 | Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) | 0.087400 | | 4 |
| 4.01 | Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I | 0.248000 | | 4.01 |
| 4.02 | Sum of lines 4 and 4.01 | 0.335400 | | 4.02 |
| 4.03 | Allowable disproportionate share percentage (see instructions) | 0.168900 | | 4.03 |
| 4.04 | Disproportionate share adjustment (sum of lines 1, 1.01, 1.02, and 2 times line 4.03) | 4,468,003 | | 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: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET E, PART A | |
|---|---|---|---|---|---|
| Medicare -Title XVIII - Hospital - 340130 | | | | | |
| 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) | | 335 | | 5.05 |
| 5.06 | Total additional payment (line 5.04 times line 5.05 times line 5.01) | | | | 5.06 |
| 6 | Subtotal (see instructions) | | 31,462,695 | | 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.) | | 31,462,695 | | 8 |
| 9 | Payment for inpatient program capital (from Worksheet L, parts I, II, or III, as applicable) | | 2,356,547 | | 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) | | 169,175 | | 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) | | 33,988,417 | | 16 |
| 17 | Primary payer payments | | 53,706 | | 17 |
| 18 | Total amount payable for program beneficiaries (line 16 minus line 17) | | 33,934,711 | | 18 |
| 19 | Deductibles billed to program beneficiaries | | 2,940,312 | | 19 |
| 20 | Coinsurance billed program beneficiaries | | 94,325 | | 20 |
| 21 | Reimbursable bad debts (see instructions) | | 718,448 | | 21 |
| 21.01 | Adjusted reimbursable bad debts (see instructions) | | 502,914 | | 21.01 |
| 21.02 | Reimbursable bad debts for dual eligible beneficiaries (see instructions) | | 659,563 | | 21.02 |
| 22 | Subtotal (line 18 plus line 21.01 minus lines 19 and 20) | | 31,402,988 | | 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) | | 31,402,988 | | 26 |
| 27 | Sequestration adjustment (see instructions) | | | | 27 |
| 28 | Interim payments | | 31,536,763 | | 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) | | -133,775 | | 29 |
| 30 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2 | | 755,339 | | 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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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| | CALCULATION OF REIMBURSEMENT SETTLEMENT | PROVIDER NO: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET E PART B | |
|---|---|---|---|---|---|
| Medicare -Title XVIII - Hospital - 340130 | | | | | |
| PART B - MEDICAL AND OTHER HEALTH SERVICES | | | | | |
| 1 | Medical and other services (see instructions) | | | 20,116 | 1 |
| 1.01 | Medical and other services rendered on or after August 1, 2000 from Worksheet D, Part V, column 9.01, line 104 | | | 14,513,816 | 1.01 |
| 1.02 | PPS payments received including outliers | | | 13,863,020 | 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) | | | 20,116 | 5 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | | | |
| | Reasonable charges | | | | |
| 6 | Ancillary service charges | | | 48,848 | 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) | | | 48,848 | 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) | | | 48,848 | 14 |
| 15 | Excess of customary chages over reasonable cost (complete only if line 14 exceeds line 5) (see instructions) | | | 28,732 | 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) | | | 20,116 | 17 |
| 17.01 | Total prospective payment (sum of lines 1.01, 1.06, 1.07) | | | 13,863,020 | 17.01 |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | | |
| 18 | Deductibles and coinsurance (see instructions) | | | | 18 |
| 18.01 | Coinsurance relating to amount on line 17.01 | | | 3,430,821 | 18.01 |
| 19 | Subtotal (line 17 minus line 18) | | | 10,452,315 | 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) | | | 79,733 | 21 |
| 22 | ESRD direct medical education costs (from Worksheet E-3, Part IV) | | | | 22 |
| 23 | Subtotal (sum of lines 19 through 22) | | | 10,532,048 | 23 |
| 24 | Primary payer payments | | | 5,036 | 24 |
| 25 | Subtotal (line 23 minus line 24) | | | 10,527,012 | 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) | | | 381,264 | 27 |
| 27.01 | Adjusted reimbursable bad debts (see instructions) | | | 266,885 | 27.01 |
| 27.02 | Reimbursable bad debts for dual eligible beneficiaries | | | 359,453 | 27.02 |
| 28 | Subtotal (sum of lines 25, 26, and 27 or 27.01) (line 27.01 hospital and subprovider only) | | | 10,793,897 | 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) | | | 10,793,897 | 32 |
| 33 | Sequestration adjustment (see instructions) | | | | 33 |
| 34 | Interim payments | | | 10,757,399 | 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) | | | 36,498 | 35 |
| 36 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2 | | | 311,322 | 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: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET E PART B | |
|---|---|---|---|---|---|
| Medicare -Title XVIII - Hospital - 340130 | | | | | |
| 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: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET E-3 PART III | |
|---|---|---|---|---|---|
| Medicare -Title XVIII - SNF - 345097 | | | | | |
| | COMPUTATION OF NET COST OF COVERED SERVICES | | Title V or Title XIX | Title XVIII SNF PPS | |
| | | | 1 | 2 | |
| 1 | Inpatient hospital/SNF/NF services | | | | 1 |
| 2 | Medical and other services | | | | 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) | | | | 6 |
| 7 | Inpatient primary payer payments | | | | 7 |
| 8 | Outpatient primary payer payments | | | | 8 |
| 9 | Subtotal (line 6 less sum of lines 7 and 8) | | | | 9 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | | | | |
| | REASONABLE CHARGES | | | | |
| 10 | Routine service charges | | | | 10 |
| 11 | Ancillary service charges | | | | 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) | | | | 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) | | | | 20 |
| 21 | Excess of customary charges over reasonable cost (complete only if line 20 exceeds line 9) (see instructions) | | | | 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) | | | | 23 |
| 24 | Other than outlier payments | | | 3,429,376 | 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) | | | 3,429,376 | 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 | | | 3,429,376 | 32 |
| 33 | Deductibles (exclude professional component) | | | | 33 |
| 34 | Excess of reasonable cost (from line 22) | | | | 34 |
| 35 | Subtotal (line 32 minus sum of lines 33 and 34) | | | 3,429,376 | 35 |
| 36 | Coinsurance | | | 564,025 | 36 |
| 37 | Sum of the amounts from Wkst. E, Parts C, D, and E, line 19 | | | | 37 |
| 38 | Reimbursable bad debts (see instructions) | | | 127,706 | 38 |
| 38.01 | Adjusted reimbursable bad debts (see instructions) | | | | 38.01 |
| 38.02 | Reimbursable bad debts for dual eligible beneficiaries | | | 127,706 | 38.02 |
| 38.03 | Adjusted reimbursable bad debts for periods ending on or after 10/01/05 (see instructions) | | | 127,706 | 38.03 |
| 39 | Utilization review | | | | 39 |
| 40 | Subtotal (see instructions) | | | 2,993,057 | 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: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET E-3 PART III |
|---|---|---|---|---|

Medicare -Title XVIII - SNF - 345097

| | 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) | | 2,993,057 | 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) | | 2,993,057 | 55 |
| 56 | Sequestration adjustment (see instructions) | | | 56 |
| 57 | Interim payments | | 2,911,395 | 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) | | 81,662 | 58 |
| 59 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2 | | | 59 |

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| | CALCULATION OF REIMBURSEMENT SETTLEMENT | PROVIDER NO: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET E-3 PART III | |
|---|---|---|---|---|---|
| Medicaid - Title XIX - Hospital - 340130 | | | | | |
| | COMPUTATION OF NET COST OF COVERED SERVICES | | Title V or Title XIX | Title XVIII SNF PPS | |
| | | | 1 | 2 | |
| 1 | Inpatient hospital/SNF/NF services | | 10,968,678 | | 1 |
| 2 | Medical and other services | | 6,998,133 | | 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) | | 17,966,811 | | 6 |
| 7 | Inpatient primary payer payments | | 57,136 | | 7 |
| 8 | Outpatient primary payer payments | | 8,497 | | 8 |
| 9 | Subtotal (line 6 less sum of lines 7 and 8) | | 17,901,178 | | 9 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | | | | |
| | REASONABLE CHARGES | | | | |
| 10 | Routine service charges | | 6,083,432 | | 10 |
| 11 | Ancillary service charges | | 43,119,840 | | 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) | | 49,203,272 | | 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) | | 49,203,272 | | 20 |
| 21 | Excess of customary charges over reasonable cost (complete only if line 20 exceeds line 9) (see instructions) | | 31,302,094 | | 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) | | 17,901,178 | | 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) | | 17,901,178 | | 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 | | 17,901,178 | | 32 |
| 33 | Deductibles (exclude professional component) | | | | 33 |
| 34 | Excess of reasonable cost (from line 22) | | | | 34 |
| 35 | Subtotal (line 32 minus sum of lines 33 and 34) | | 17,901,178 | | 35 |
| 36 | Coinsurance | | 11,570 | | 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) | | 17,889,608 | | 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: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET E-3 PART III |
|---|---|---|---|---|

Medicaid - Title XIX - Hospital - 340130

| | 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) | -5,893,372 | | 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) | 11,996,236 | | 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) | 11,996,236 | | 55 |
| 56 | Sequestration adjustment (see instructions) | | | 56 |
| 57 | Interim payments | 12,616,573 | | 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) | -620,337 | | 58 |
| 59 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2 | | | 59 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| | CALCULATION OF REIMBURSEMENT SETTLEMENT | PROVIDER NO: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET E-3 PART III | |
|---|---|---|---|---|---|
| Medicaid - Title XIX - SNF - 345097 | | | | | |
| | COMPUTATION OF NET COST OF COVERED SERVICES | | Title V or Title XIX | Title XVIII SNF PPS | |
| | | | 1 | 2 | |
| 1 | Inpatient hospital/SNF/NF services | | 82,658 | | 1 |
| 2 | Medical and other services | | | | 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) | | 82,658 | | 6 |
| 7 | Inpatient primary payer payments | | | | 7 |
| 8 | Outpatient primary payer payments | | | | 8 |
| 9 | Subtotal (line 6 less sum of lines 7 and 8) | | 82,658 | | 9 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | | | | |
| | REASONABLE CHARGES | | | | |
| 10 | Routine service charges | | | | 10 |
| 11 | Ancillary service charges | | | | 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) | | | | 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) | | | | 20 |
| 21 | Excess of customary charges over reasonable cost (complete only if line 20 exceeds line 9) (see instructions) | | | | 21 |
| 22 | Excess of reasonable cost over customary charges (complete only if line 9 exceeds line 20) (see instructions) | | 82,658 | | 22 |
| 23 | Cost of covered services (line 9) | | 82,658 | | 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) | | 82,658 | | 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 | | 82,658 | | 32 |
| 33 | Deductibles (exclude professional component) | | | | 33 |
| 34 | Excess of reasonable cost (from line 22) | | 82,658 | | 34 |
| 35 | Subtotal (line 32 minus sum of lines 33 and 34) | | | | 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) | | | | 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: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET E-3 PART III |
|---|---|---|---|---|

Medicaid - Title XIX - SNF - 345097

| | 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) | | | 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) | | | 55 |
| 56 | Sequestration adjustment (see instructions) | | | 56 |
| 57 | Interim payments | | | 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) | | | 58 |
| 59 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2 | | | 59 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS | Provider CCN: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET E-3, PART IV |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340130

COMPUTATION OF TOTAL DIRECT GME AMOUNT

| | | | |
|---|---|---|---|
| 1 | Number of FTE residents for OB/GYN and primary care (see instructions) | | 1 |
| 1.01 | Number of FTE residents for all other (see instructions) | | 1.01 |
| 2 | Updated per resident amount for OB/GYN and primary care (see instructions) | | 2 |
| 2.01 | Updated per resident amount for all other (see instructions) | | 2.01 |
| 3 | Aggregate approved amount (line 1 x line 2 plus line 1.01 x line 2.01) | | 3 |
| 3.01 | Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996. | 3.42 | 3.01 |
| 3.02 | Unweighted resident FTE count for allopathic and osteopathic programs which meet the criteria for an add on to the cap for new programs in accordance with 42 CFR 413.86(g)(6). | | 3.02 |
| 3.03 | Unweighted resident FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.86(g)(4). | | 3.03 |
| 3.04 | FTE adjustment cap (sum of lines 3.01 through 3.03). For cost reporting periods ending on or after 7/1/2005 see instructions | 3.42 | 3.04 |
| 3.05 | Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instru.) | 4.78 | 3.05 |
| 3.06 | Lesser of line 3.04 or line 3.05 | 3.42 | 3.06 |
| 3.07 | Weighted FTE count for primary care physicians in an allopathic and osteopathic program for the current year in column 1. If current year is zero and teaching program was in existence in prior year enter count here.. | 4.78 | 3.07 |
| 3.08 | Weighted FTE count for all other physicians in an allopathic and osteopathic program for the current year in column 1. If current year is zero and teaching program was in existence in prior year enter count here.. | | 3.08 |
| 3.09 | Sum of lines 3.07 and 3.08 | 4.78 | 3.09 |
| 3.10 | See instructions | 3.42 | 3.10 |
| 3.11 | Weighted dental and podiatric resident FTE count for the current year in column 1. If current year is zero and teaching program was in existence in prior year enter count here..... | | 3.11 |
| 3.12 | See instructions | | 3.12 |
| 3.13 | Total weighted resident FTE count for the prior cost reporting year (see instructions) If none, enter 1 here: | | 3.13 |
| 3.14 | Total weighted resident FTE count for the penultimate cost reporting year (see instructions) If none, enter 1 here: | | 3.14 |
| 3.15 | See instructions | | 3.15 |
| 3.16 | See instructions | | 3.16 |
| 3.17 | See instructions | 122,999 | 3.17 |
| 3.18 | See instructions | | 3.18 |
| 3.19 | Primary care physician per resident amount (see instructions) | 3.99 | 3.19 |
| 3.20 | Other program per resident amount.(see instructions) | 3.96 | 3.20 |
| 3.21 | Primary care unadjusted approved amount (see instructions). | 3.79 | 3.21 |
| 3.22 | Other unadjusted approved (see instructions). | 3.79 | 3.22 |
| 3.23 | See instructions depending on the cost reporting periods beginning prior to 10/01/2001 or on or after 10/01/2001 | 122,999 | 3.23 |
| 3.24 | See instructions depending on the cost reporting periods beginning prior to 10/01/2001 or on or after 10/01/2001 | 466,165 | 3.24 |
| 3.25 | See instructions depending on the cost reporting periods beginning prior to 10/01/2001 or on or after 10/01/2001 | 466,165 | 3.25 |
| | COMPUTATION OF PROGRAM PATIENT LOAD | | |
| 4 | Program Part A inpatient days (see instructions) | 17,704 | 4 |
| 5 | Total inpatient days (from Worksheet S-3, Part I, column 6, sum of lines 1, 6 thru 10, and 14) | 34,424 | 5 |
| 6 | Ratio of program inpatient days to total inpatient days (line 4 ÷ line 5) | 0.514292 | 6 |
| 6.01 | Total GME payment for non-managed care days (line 6 x line 3.25). | 239,745 | 6.01 |
| 6.02 | Program managed care days occuring on or after January 1 of this cost reporting period (see instructions) | 788 | 6.02 |
| 6.03 | Total inpatient days from line 5 above | 34,424 | 6.03 |
| 6.04 | Appropriate percentage for inclusion of the managed care days (see instructions) | 100 | 6.04 |
| 6.05 | Graduate medical education payment for managed care days on or after January 1 through the end of the cost reporting period (line 6.02 divided by line 6.03 x line 6.04 x line 3.25) (See instructions prior to October 1, 1997) | 9,163 | 6.05 |
| 6.06 | Program managed care days occurring before January 1 of this cost reporting year (see instructions) | | 6.06 |
| 6.07 | Appropriate percentage using the criteria identified on line 6.04 above (see instructions) | 100 | 6.07 |
| 6.08 | Graduate medical education payment for managed care days prior to January 1 of this cost reporting period (line 6.06 divided by line 6.03 x line 6.07 x line 3.25) DIRECT MEDICAL EDUCATION | | 6.08 |

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| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS | Provider CCN: 340130 | PERIOD: FROM 01/01/2010 TO 12/31/2010 | WORKSHEET E-3, PART IV |
|---|---|---|---|

Medicare -Title XVIII - Hospital - 340130

| | | | |
|---|---|---|---|
| | COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS) | | |
| 7 | Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 21 and 24, lines 57 and 64) | | 7 |
| 8 | Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 57 and 64) | | 8 |
| 9 | Ratio of direct medical education costs to total charges (line 7 ÷ line 8) | | 9 |
| 10 | Medicare outpatient ESRD charges (see instructions) | | 10 |
| 11 | Medicare outpatient ESRD direct medical education costs (line 9 x line 10) | | 11 |
| | APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY | | |
| | Part A Reasonable Cost | | |
| 12 | Reasonable cost (see instructions) | 30,880,485 | 12 |
| 13 | Organ acquisition costs (Worksheet D-6, Part III, column 1, line 61) | | 13 |
| 14 | Cost of teaching physicians (Worksheet D-9, Part II, column 3, line 16) | | 14 |
| 15 | Primary payer payments (see instructions) | 53,706 | 15 |
| 16 | Total Part A reasonable cost (sum of lines 12 through 14 minus line 15) | 30,826,779 | 16 |
| | Part B Reasonable Cost | | |
| 17 | Reasonable cost (see instructions) | 14,533,932 | 17 |
| 18 | Primary payer payments (see instructions) | 5,036 | 18 |
| 19 | Total Part B reasonable cost (line 17 minus line 18) | 14,528,896 | 19 |
| 20 | Total reasonable cost (sum of lines 16 and 19) | 45,355,675 | 20 |
| 21 | Ratio of Part A reasonable cost to total reasonable cost (line 16 ÷ line 20) | 0.679668 | 21 |
| 22 | Ratio of Part B reasonable cost to total reasonable cost (line 19 ÷ line 20) | 0.320332 | 22 |
| | ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B | | |
| 23 | Total program GME payment (line 3 x line 6) | | 23 |
| 23.01 | For cost reporting periods ending on or after January 1, 1998 (sum of lines 6.01, 6.05, and 6.08) | 248,908 | 23.01 |
| 24 | Part A Medicare GME payment (lines 21 x 23 or 23.01) (title XVIII only) (see instructions) | 169,175 | 24 |
| 25 | Part B Medicare GME payment (lines 22 x 23 or 23.01) (title XVIII only) (see instructions) | 79,733 | 25 |

FORM CMS-2552-96 (9/2000) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTION 3633.4)

| | | |
|---|---|---|
| Rev. 8 | | 36-598.1 |
| 3690 (Cont.) | FORM CMS-2552-96 | 05-08 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
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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: 340130 | 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 | 22,732,279 | | | | 1 |
| 2 Temporary investments | 11,109,646 | | | | 2 |
| 3 Notes receivable | | | | | 3 |
| 4 Accounts receivable | 44,311,011 | | | | 4 |
| 5 Other receivables | 2,358,455 | | | | 5 |
| 6 Allowances for uncollectible notes and accounts receivable | 25,381,048 | | | | 6 |
| 7 Inventory | 2,958,163 | | | | 7 |
| 8 Prepaid expenses | 3,740,397 | | | | 8 |
| 9 Other current assets | | | | | 9 |
| 10 Due from other funds | | | | | 10 |
| 11 Total current assets (sum of lines 1-10) | 61,828,903 | | | | 11 |
| FIXED ASSETS | | | | | |
| 12 Land | 2,526,926 | | | | 12 |
| 13 Land improvements | 2,505,304 | | | | 13 |
| 13.01 Accumulated depreciation | | | | | 13.01 |
| 14 Buildings | 110,466,667 | | | | 14 |
| 14.01 Accumulated depreciation | 32,209,640 | | | | 14.01 |
| 15 Leasehold improvements | | | | | 15 |
| 15.01 Accumulated depreciation | | | | | 15.01 |
| 16 Fixed equipment | 13,666,053 | | | | 16 |
| 16.01 Accumulated depreciation | 53,970,275 | | | | 16.01 |
| 17 Automobiles and trucks | | | | | 17 |
| 17.01 Accumulated depreciation | | | | | 17.01 |
| 18 Major movable equipment | 71,995,124 | | | | 18 |
| 18.01 Accumulated depreciation | 27,489,479 | | | | 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) | 87,490,680 | | | | 21 |
| OTHER ASSETS | | | | | |
| 22 Investments | | | | | 22 |
| 23 Deposits on leases | | | | | 23 |
| 24 Due from owners/officers | | | | | 24 |
| 25 Other assets | 62,271,589 | | | | 25 |
| 26 Total other assets (sum of lines 22-25) | 62,271,589 | | | | 26 |
| 27 Total assets (sum of lines 11, 21, and 26) | 211,591,172 | | | | 27 |
| CURRENT LIABILITIES | | | | | |
| 28 Accounts payable | 5,490,111 | | | | 28 |
| 29 Salaries, wages, and fees payable | 6,638,201 | | | | 29 |
| 30 Payroll taxes payable | 200,774 | | | | 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 | 12,147,828 | | | | 35 |
| 36 Total current liabilities (sum of lines 28 thru 35) | 24,476,914 | | | | 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: 340130 | 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 | 39,982,337 | | | | 41 |
| 42 Total long term liabilities (sum of lines 37 thru 41) | 39,982,337 | | | | 42 |
| 43 Total liabilities (sum of lines 36 and 42) | 64,459,251 | | | | 43 |
| CAPITAL ACCOUNTS | | | | | |
| 44 General fund balance | 147,131,921 | | | | 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) | 147,131,921 | | | | 51 |
| 52 Total liabilities and fund balances (sum of lines 43 and 51) | 211,591,172 | | | | 52 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| STATEMENT OF PATIENT REVENUES AND OPERATING REVENUES | PROVIDER NO: 340130 | 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 | 22,064,145 | | 22,064,145 | 1 |
| 2.00 Subprovider | | | | 2.00 |
| 4 Swing bed - SNF | | | | 4 |
| 5 Swing bed - NF | | | | 5 |
| 6 Skilled nursing facility | 2,623,343 | | 2,623,343 | 6 |
| 7 Nursing facility | 2,178,777 | | 2,178,777 | 7 |
| 8 Other long term care | | | | 8 |
| 9 Total general inpatient care services (sum of lines 1-8) | 26,866,265 | | 26,866,265 | 9 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES | | | | |
| 10 Intensive care unit | 4,993,032 | | 4,993,032 | 10 |
| 11 Coronary care unit | | | | 11 |
| 12 Burn intensive care unit | | | | 12 |
| 13 Surgical intensive care unit | | | | 13 |
| 14.00 Other Special Care (specify) | | | | 14.00 |
| 15 Total intensive care type inpatient hospital services (sum of lines 10-14) | 4,993,032 | | 4,993,032 | 15 |
| 16 Total inpatient routine care services (sum of lines 9 and 15) | 31,859,297 | | 31,859,297 | 16 |
| 17 Ancillary services | 97,168,792 | 181,939,301 | 279,108,093 | 17 |
| 18 Outpatient services | 11,487,541 | 43,860,385 | 55,347,926 | 18 |
| 19 Home health agency | | 6,137,654 | 6,137,654 | 19 |
| 20 Ambulance | | | | 20 |
| 21 Outpatient rehabilitation providers | | | | 21 |
| 22 ASC | | | | 22 |
| 23 Hospice | | | | 23 |
| 24 | 2,921,728 | 5,621,985 | 8,543,713 | 24 |
| 25 Total patient revenues (sum of lines 16-24) (transfer column 3 to Wkst. G-3, line 1) | 143,437,358 | 237,559,325 | 380,996,683 | 25 |
| PART II - OPERATING EXPENSES | | | | |
| | | 1 | 2 | |
| 26 Operating expenses (per Wkst. A, column 3, line 101) | | | 142,792,065 | 26 |
| 27 Add (specify) | | | | 27 |
| 28 | | | | 28 |
| 29 | | | | 29 |
| 30 | | | | 30 |
| 31 | | | | 31 |
| 32 | | | | 32 |
| 33 Total additions (sum of lines 27-32) | | | 20,788,840 | 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) | | | 163,580,905 | 40 |

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| STATEMENT OF REVENUES AND EXPENSES | PROVIDER NO: 340130 | 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) | | 380,996,683 | 1 |
| 2 | Less contractual allowances and discounts on patients' accounts | | 206,101,564 | 2 |
| 3 | Net patient revenues (line 1 minus line 2) | | 174,895,119 | 3 |
| 4 | Less total operating expenses (from Wkst. G-2, Part II, line 40) | | 163,580,905 | 4 |
| 5 | Net income from service to patients (line 3 minus line 4) | | 11,314,214 | 5 |
| OTHER INCOME | | | | |
| 6 | Contributions, donations, bequests, etc. | | 91,048 | 6 |
| 7 | Income from investments | | 1,394,123 | 7 |
| 8 | Revenues from telephone and telegraph service | | | 8 |
| 9 | Revenue from television and radio service | | | 9 |
| 10 | Purchase discounts | | 11,645 | 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 | | | 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 | | 5,184 | 17 |
| 18 | Revenue from sale of medical records and abstracts | | 2,640 | 18 |
| 19 | Tuition (fees, sales of textbooks, uniforms, etc.) | | | 19 |
| 20 | Revenue from gifts, flowers, coffee shops, and canteen | | 354,861 | 20 |
| 21 | Rental of vending machines | | | 21 |
| 22 | Rental of hospital space | | 1,395,099 | 22 |
| 23 | Governmental appropriations | | | 23 |
| 24 | Other (specify) | | 2,759,384 | 24 |
| 25 | Total other income (sum of lines 6-24) | | 6,013,984 | 25 |
| 26 | Total (line 5 plus line 25) | | 17,328,198 | 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) | | 17,328,198 | 31 |

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Medicare -Title XVIII - HHA 1 - 347210

| APPORTIONMENT OF PATIENT SERVICE COSTS | PROVIDER NO: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET H-6 |
|---|---|---|---|

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

| Cost Per Visit Computation Patient Services | From Wkst H-5 Part I col 29, | Facility Costs (from Wkst H-5 Part I) | Shared Ancillary Costs (from Part II) | Total HHA Costs(cols 1 + 2) | Total Visits | Average Cost Per Visit (col 3 ÷ col 4 | Program Visits | | | Cost of Services | | | Total Program Cost(sum of cols 9-10) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Part A | Part B | | Part A | Part B | | | |
| | | | | | | | | Not Subject to Deductibles & Coinsurance | Subject to Deductibles & Coinsurance | | Not Subject to Deductibles & Coinsurance | Subject to Deductibles & Coinsurance | | |
| | line | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| 1 Skilled Nursing Care | 2 | 2,847,281 | | 2,847,281 | 14,524 | 196.04 | 6,019 | 3,932 | | 1,179,965 | 770,829 | | 1,950,794 | 1 |
| 2 Physical Therapy | 3 | 1,703,000 | | 1,703,000 | 10,647 | 159.95 | 4,884 | 3,007 | | 781,196 | 480,970 | | 1,262,166 | 2 |
| 3 Occupational Therapy | 4 | 657,377 | | 657,377 | 4,543 | 144.70 | 2,063 | 1,086 | | 298,516 | 157,144 | | 455,660 | 3 |
| 4 Speech Pathology | 5 | 307,153 | | 307,153 | 1,473 | 208.52 | 373 | 227 | | 77,778 | 47,334 | | 125,112 | 4 |
| 5 Medical Social Services | 6 | 94,308 | | 94,308 | 189 | 498.98 | 79 | 58 | | 39,419 | 28,941 | | 68,360 | 5 |
| 6 Home Health Aide | 7 | 512,916 | | 512,916 | 1,590 | 322.59 | 626 | 816 | | 201,941 | 263,233 | | 465,174 | 6 |
| 7 Total (sum of lines 1-6) | | 6,122,035 | | 6,122,035 | 32,966 | | 14,044 | 9,126 | | 2,578,815 | 1,748,451 | | 4,327,266 | 7 |

| Limitation Cost Computation Patient Services | MSA NO (1) | | | | Program Cost Limits | Program Visits | | | Cost of Services | | | Total Program Cost(sum of cols 9-10 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Part A | Part B | | Part A | Part B | | | |
| | | | | | | | Not Subject to Deductibles & Coinsurance | Subject to Deductibles & Coinsurance | | Not Subject to Deductibles & Coinsurance | Subject to Deductibles & Coinsurance | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| 8 Skilled Nursing Care | | | | | | | | | | | | | 8 |
| 9 Physical Therapy | | | | | | | | | | | | | 9 |
| 10 Occupational Therapy | | | | | | | | | | | | | 10 |
| 11 Speech Pathology | | | | | | | | | | | | | 11 |
| 12 Medical Social Services | | | | | | | | | | | | | 12 |
| 13 Home Health Aide | | | | | | | | | | | | | 13 |
| 14 Total (sum of lines 8-13) | | | | | | | | | | | | | 14 |

| Supplies and Drugs Cost Computations Other Patient Services | From Wkst H-5,Part I, col 29, line | Facility costs (from Wkst, H-5, Part I) | Shared Ancillary Costs (from Part II) | Total HHA Costs (cols 1 + 2) | Total Charges (from HHA Record) | Ratio (col 3 ÷ col 4) | Program Covered Charges | | | Cost of Services | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Part A | Part B | | Part A | Part B | | |
| | | | | | | | | Not Subject to Deductibles & Coinsurance | Subject to Deductibles & Coinsurance | | Not Subject to Deductibles & Coinsurance | Subject to Deductibles & Coinsurance | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | |
| 15 Cost of Medical Supplies | 8 | | 203,780 | 221,032 | 291,759 | 0.757584 | 35,709 | 58,210 | | 27,053 | 44,099 | | 15 |
| 16 Cost of Drugs | 9 | | | | | | | | | | | | 16 |

| Per Beneficiary Cost Limitation: | MSA No. (1) | Amount | |
|---|---|---|---|
| 17 Program unduplicated census from Worksheet S-4 (see instructions) (2) | | | 17 |
| 18 Per beneficiary cost limitation (from your fiscal intermediary) | | | 18 |
| 19 Per beneficiary cost limitation (line 17 times line 18) (see instructions) | | | 19 |

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| Medicare -Title XVIII - HHA 1 - 347210 | | | |
|---|---|---|---|
| APPORTIONMENT OF PATIENT SERVICE COSTS | PROVIDER NO: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET H-6 |

(1) The MSA numbers flow from Worksheet S-4, line 20, and subscripts as indicated should be relicated on lines 8-13 and 17-18.

(2) The sum of line 17 and subscripts thereof must equal Worksheet S-4, line 2, for the appropriate title.

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

| | | From Wksst C, Part I col 9, Line | Cost to Charge Ratio | Total HHA Charges (from provider records) | HHA Shared Ancillary Costs Col. 1 × col2) | Transfer to Part I as Indicated | |
|---|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | |
| 1 | Physical Therapy | 50 | | | | col. 2, line 2 | 1 |
| 2 | Occupational Therapy | 51 | | | | col. 2, line 3 | 2 |
| 3 | Speech Pathology | 52 | | | | col. 2, line 4 | 3 |
| 4 | Cost of Medical Supplies | 55 | | 291,759 | | col. 2, line 15 | 4 |
| 5 | Cost of Drugs | 56 | | | | col. 2, line 16 | 5 |

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

| | | From Part I, Col 5 | Part B Services Subject to Deductibles and Coinsurance | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | Cost Per Visit | Program Visits | | Program Costs | | Program Visits on or after 1/1/1999 | |
| | | | | Prior to 1/1/1998 | From 1/1/1998 thru 12/31/1998 | Prior to 1/1/1998 | From 1/1/1998 thru 12/31/1998 | | |
| | | 1 | 2 | 2.01 | 3 | 3.01 | 4 | 5 | |
| 1 | Physical Therapy | 2 | 159.95 | | | | | | 1 |
| 2 | Occupational Therapy | 3 | 144.70 | | | | | | 2 |
| 3 | Speech Pathology | 4 | 208.52 | | | | | | 3 |
| 4 | Total (sum of lines 1-3) | | | | | | | | 4 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| CALCULATION OF HHA REIMBURSEMENT SETTLEMENT | PROVIDER NO: 340130 | PERIOD: FROM: 01/01/2010 TO: 12/31/2010 | WORKSHEET H-7 Parts I & II |
|---|---|---|---|

Medicare -Title XVIII - HHA 1 - 340130

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

| | Description | Part A | Part B | | |
|---|---|---|---|---|---|
| | | | Not Subject to Deductibles & Coinsurance | Subject to Deductibles & Coinsurance | |
| | | 1 | 2 | 3 | |
| Reasonable Cost of Part A & Part B Services | | | | | |
| 1 | Reasonable cost of services (see instructions) | | | | 1 |
| 2 | Total charges | | | | 2 |
| | Customary Charges | | | | |
| 3 | Amount actually collected from patients liable for payment for services on a charge basis (from your records) | | | | 3 |
| 4 | Amount 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(b) | | | | 4 |
| 5 | Ratio of line 3 to line 4 (not to exceed 1.000000) | | | | 5 |
| 6 | Total customary charges (see instructions) | | | | 6 |
| 7 | Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1) | | | | 7 |
| 8 | Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6) | | | | 8 |
| 9 | Primary payer amounts | | | | 9 |

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

| | Description | Part A Services | Part B Services | |
|---|---|---|---|---|
| | | 1 | 2 | |
| 10 | Total reasonable cost (see instructions) | | | 10 |
| 10.01 | Total PPS Reimbursement - Full Episodes without Outliers | 2,680,708 | 1,771,102 | 10.01 |
| 10.02 | Total PPS Reimbursement - Full Episodes with Outliers | | | 10.02 |
| 10.03 | Total PPS Reimbursement - LUPA Episodes | 26,099 | 29,516 | 10.03 |
| 10.04 | Total PPS Reimbursement - PEP Episodes | 24,367 | 14,366 | 10.04 |
| 10.05 | Total PPS Reimbursement - SCIC within a PEP Episodes | | | 10.05 |
| 10.06 | Total PPS Reimbursement - SCIC Episodes | | | 10.06 |
| 10.07 | Total PPS Outlier Reimbursement - Full Episodes with Outliers | | | 10.07 |
| 10.08 | Total PPS Outlier Reimbursement - PEP Episodes | | | 10.08 |
| 10.09 | Total PPS Outlier Reimbursement - SCIC within a PEP Episodes | | | 10.09 |
| 10.10 | Total PPS Outlier Reimbursement - SCIC Episodes | | | 10.10 |
| 10.11 | Total Other Payments | | | 10.11 |
| 10.12 | DME Payments | | | 10.12 |
| 10.13 | Oxygen Payments | | | 10.13 |
| 10.14 | Prosthetic and Orthotic Payments | | | 10.14 |
| 11 | Part B deductibles billed to Medicare patients (exclude coinsurance) | | | 11 |
| 12 | Subtotal (sum of lines 10 thru 10.14 minus line 11) | 2,731,174 | 1,814,984 | 12 |
| 13 | Excess reasonable cost (from line 8) | | | 13 |
| 14 | Subtotal (line 12 minus line 13) | 2,731,174 | 1,814,984 | 14 |
| 15 | Coinsurance billed to program patients (from your records) | | | 15 |
| 16 | Net cost (line 14 minus line 15) | 2,731,174 | 1,814,984 | 16 |
| 17 | Reimbursable bad debts (from your records) | | | 17 |
| 17.01 | Reimbursable bad debts for dual eligible beneficiaries | | | 17.01 |
| 18 | Total costs - current cost reporting period (line 16 plus line 17) | 2,731,174 | 1,814,984 | 18 |
| 19 | Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets | | | 19 |
| 20 | Recovery of excess depreciation resulting from agencies' termination or decrease in program utilization | | | 20 |
| 21 | Other adjustments (see instructions) (specify) | | | 21 |
| 22 | Subtotal (line 18 plus/minus lines 19 and 21 minus line 20) | 2,731,174 | 1,814,984 | 22 |
| 23 | Sequestration adjustment (see instructions) | | | 23 |
| 24 | Subtotal (line 22 minus line 23) | 2,731,174 | 1,814,984 | 24 |
| 25 | Interim payments (see instructions) | 2,731,174 | 1,814,984 | 25 |
| 25.01 | Tentative settlement (for fiscal intermediary use only) | | | 25.01 |
| 26 | Balance due provider/program (line 24 minus lines 25 and 25.01) | | | 26 |
| 27 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2 | | | 27 |

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 269573 - 1996]

| Medicare -Title XVIII - Hospital - 340130 | | | |
|---|---|---|---|
| CALCULATION OF CAPITAL PAYMENT | PROVIDER NO: 340130 | 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 | 2,159,333 | 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 | 20,797 | 3.01 |
| | Indirect Medical Education Adjustment | | |
| 4 | Total inpatient days divided by number of days in the cost reporting period (see instructions) | 94.31 | 4 |
| 4.01 | Number of interns & residents (from Worksheet S-3, Part I, column 9, line 12) | 3.79 | 4.01 |
| 4.02 | Indirect medical education percentage (see instructions) | 1.140000 | 4.02 |
| 4.03 | Indirect medical education adjustment (sum of lines 2 & 3 times line 4.02) | 24,616 | 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) | 0.248000 | 5.01 |
| 5.02 | Sum of lines 5 and 5.01 | 0.34 | 5.02 |
| 5.03 | Allowable disproportionate share percentage (see instructions) | 0.070300 | 5.03 |
| 5.04 | Disproportionate share adjustment (sum of lines 2 & 3 times line 5.03) | 151,801 | 5.04 |
| 6 | Total prospective capital payments (sum of lines 1-3.01, 4.03, and 5.04) | 2,356,547 | 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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