

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

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S.C. SUPREME COURT

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

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SC Court of Appeals

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

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

v.

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

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

RECORD ON APPEAL – VOLUME XVII OF XVII

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RECLASSIFICATIONS						Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET A-6		
H - RECLASS NON-ROUTINE DIETARY										
EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.
		COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	6	7	8	9	10
1 RECLASS NON-ROUTINE DIETARY COSTS-O	H		11.00		1,443,419		10.00		1,966,329	
2 RECLASS NON-ROUTINE DIETARY COSTS-O	H		69.02		3,797					
3 RECLASS NON-ROUTINE DIETARY COSTS-O	H		91.00		7,973					
4 RECLASS NON-ROUTINE DIETARY COSTS-O	H		194.00		508,650					
5 RECLASS NON-ROUTINE DIETARY COSTS-O	H		194.04		2,490					
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
500 Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					1,966,329				1,966,329	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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PET-EX081B.0030

RECORD 007635

X - CHARGEABLE SUPPLIES

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 CHARGEABLE SUPPLIES	X		5.00		10,043		4.00		2,104		1
2 CHARGEABLE SUPPLIES	X		71.00		20,162,688		7.00		2,010		2
3 CHARGEABLE SUPPLIES	X						9.00		25		3
4 CHARGEABLE SUPPLIES	X						10.00		38		4
5 CHARGEABLE SUPPLIES	X						13.00		437		5
6 CHARGEABLE SUPPLIES	X						14.00		20,152		6
7 CHARGEABLE SUPPLIES	X						15.00		6,184		7
8 CHARGEABLE SUPPLIES	X						16.00		41		8
9 CHARGEABLE SUPPLIES	X						30.00		541,475		9
10 CHARGEABLE SUPPLIES	X						31.00		215,308		10
11 CHARGEABLE SUPPLIES	X						40.00		9,102		11
12 CHARGEABLE SUPPLIES	X						43.00		91,828		12
13 CHARGEABLE SUPPLIES	X						50.00		9,547,285		13
14 CHARGEABLE SUPPLIES	X						52.00		253,406		14
15 CHARGEABLE SUPPLIES	X						54.00		620,281		15
16 CHARGEABLE SUPPLIES	X						58.00		15,089		16
17 CHARGEABLE SUPPLIES	X						60.00		75,779		17
18 CHARGEABLE SUPPLIES	X						64.00		2,183		18
19 CHARGEABLE SUPPLIES	X						65.00		343,958		19
20 CHARGEABLE SUPPLIES	X						66.00		4,662		20
21 CHARGEABLE SUPPLIES	X						67.00		7,666		21
22 CHARGEABLE SUPPLIES	X						68.00		900		22
23 CHARGEABLE SUPPLIES	X						69.00		9,743		23
24 CHARGEABLE SUPPLIES	X						69.02		7,141,054		24
25 CHARGEABLE SUPPLIES	X						70.00		3,617		25
26 CHARGEABLE SUPPLIES	X						74.00		16,876		26
27 CHARGEABLE SUPPLIES	X						76.26		510,639		27
28 CHARGEABLE SUPPLIES	X						76.32		158,150		28
29 CHARGEABLE SUPPLIES	X						76.33		77,379		29
30 CHARGEABLE SUPPLIES	X						90.00		151,431		30
31 CHARGEABLE SUPPLIES	X						91.00		226,189		31
32 CHARGEABLE SUPPLIES	X						95.00		117,739		32
500 Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				20,172,730					20,172,730		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: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	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)			
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PET-EX081B.0032

RECORD 007637

RECLASSIFICATIONS						Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 03/31/2011	WORKSHEET A-6		
F - LAUNDRY EXPENSE RECLASS										
EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.
		COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	6	7	8	9	10
1 LAUNDRY EXPENSE RECLASS	F		8.00		809,991		5.00		681	1
2 LAUNDRY EXPENSE RECLASS	F		76.31		1		9.00		20,574	2
3 LAUNDRY EXPENSE RECLASS	F						14.00		2,638	3
4 LAUNDRY EXPENSE RECLASS	F						15.00		73	4
5 LAUNDRY EXPENSE RECLASS	F						30.00		298,457	5
6 LAUNDRY EXPENSE RECLASS	F						31.00		44,887	6
7 LAUNDRY EXPENSE RECLASS	F						40.00		10,574	7
8 LAUNDRY EXPENSE RECLASS	F						43.00		16,357	8
9 LAUNDRY EXPENSE RECLASS	F						50.00		213,390	9
10 LAUNDRY EXPENSE RECLASS	F						52.00		40,169	10
11 LAUNDRY EXPENSE RECLASS	F						54.00		44,483	11
12 LAUNDRY EXPENSE RECLASS	F						65.00		5,559	12
13 LAUNDRY EXPENSE RECLASS	F						66.00		4,475	13
14 LAUNDRY EXPENSE RECLASS	F						69.02		17,658	14
15 LAUNDRY EXPENSE RECLASS	F						74.00		103	15
16 LAUNDRY EXPENSE RECLASS	F						76.26		4,088	16
17 LAUNDRY EXPENSE RECLASS	F						76.32		571	17
18 LAUNDRY EXPENSE RECLASS	F						76.33		2,810	18
19 LAUNDRY EXPENSE RECLASS	F						90.00		22,708	19
20 LAUNDRY EXPENSE RECLASS	F						91.00		59,226	20
21 LAUNDRY EXPENSE RECLASS	F						95.00		411	21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
500 Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					809,992				809,992	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, line as appropriate.
 FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)
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RECLASSIFICATIONS						Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET A-6		
PR - PUBLIC RELATIONS										
EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				What A-7 Ref.
		COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	6	7	8	9	10
1 PUBLIC RELATIONS	PR		194.05	63,729	857,075		5.00	63,729	857,075	
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
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19										
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22										
23										
24										
25										
26										
27										
28										
29										
500 Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				63,729	857,075			63,729	857,075	500

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

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

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

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RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 420002

PERIOD:
FROM 06/01/2010
TO 05/31/2011

WORKSHEET
A-7, PARTS I, II
& III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		Purchases	Donation	Total				
		1	2	3	4	5	6	7
1 Land								1
2 Land Improvements	1,689,437	58,929		58,929		1,748,366		2
3 Buildings and Fixtures	86,902,144	80,191		80,191	16,332	86,966,000		3
4 Building Improvements	715,231					715,231		4
5 Fixed Equipment	4,261,506	503,269		503,269	169,754	4,595,021		5
6 Movable Equipment	74,494,936	10,358,451		10,358,451	4,541,004	80,312,384		6
7 HIT-designated Assets								7
8 Subtotal (sum of lines 1-7)	168,063,248	11,000,840		11,000,840	4,727,090	174,337,008		8
9 Reconciling Items								9
10 Total (line 7 minus line 9)	168,063,248	11,000,840		11,000,840	4,727,090	174,337,008		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	3,265,303						3,265,303	1
2 Capital Related Costs-Movable Equipment	7,094,924						7,094,924	2
3 Total (sum of lines 1-2)	10,360,227						10,360,227	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 line 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	94,024,624		94,024,624		347,507	1,140,129		1,487,636	1
2 Capital Related Costs-Movable Equipment	80,312,384		80,312,384		296,827	973,856		1,270,683	2
3 Total (sum of lines 1-2)	174,337,008		174,337,008	1.000000	644,334	2,113,985		2,758,319	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	4,698,855			347,507	1,140,129		6,186,491	1
2 Capital Related Costs-Movable Equipment	5,715,325	1,401,780		296,827	973,856		8,387,788	2
3 Total (sum of lines 1-2)	10,414,180	1,401,780		644,334	2,113,985		14,574,279	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

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

ADJUSTMENTS TO EXPENSES		Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 05/31/2011		WORKSHEET A-8	
DESCRIPTION (1)		BASIS/CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.	
		1	2	3	4	5	
1	Investment income - buildings and fixtures (chapter 2)			Buildings and fixtures			1
2	Investment income - movable equipment (chapter 2)			Movable Equipment			2
3	Investment income - other (chapter 2)	B	-152	ADMINISTRATIVE & GENERAL	5.00		3
4	Trade, quantity, and time discounts (chapter 8)	B	-27,283	ADMINISTRATIVE & GENERAL	5.00		4
5	Refunds and rebates of expenses (chapter 8)	B	-66,377	CAP REL COSTS-MVBLE EQUIP	2.00	9	5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excluded) (chapter 21)	A	-35,243	ADMINISTRATIVE & GENERAL	5.00		7
8	Television and radio service (chapter 21)	A	-29,059	OPERATION OF PLANT	7.00		8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Worksheet A-8-2	-3,067,202				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Worksheet A-8-1	-12,179,301				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	69		24
25	Utilization review - physicians' compensation (chapter 21)			Utilization Review - RNP	119		25
26	Depreciation - buildings and fixtures	A	1,183,249	Buildings and fixtures	6	9	26
27	Depreciation - movable equipment	A	-1,313,222	Movable Equipment	2	9	27
28	Non-physician Anesthetist			Nonphysician Anesthetist	195		28
29	Physicians' assistant						29
30	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	Worksheet A-8-2		Occupational Therapy	69		30
31	Adjustment for speech pathology costs in excess of limitation (chapter 14)	Worksheet A-8-2		Speech Pathology	58		31
32	CAH HIT Adjustment for Depreciation and Interest						32
33	Other adjustments (specify) (3)						33
33.08	5755.XXXX CASH OVER/SHORT	B	-6	ADMINISTRATIVE & GENERAL	5.00		33.08
33.09	8770.XXXX CENSUS DEVELOPMENT	A	-321,326	ADMINISTRATIVE & GENERAL	5.00		33.09
33.16	5753.XXXX COST RECOVERY ITEMS	B	-16,048	ADMINISTRATIVE & GENERAL	5.00		33.16
33.17	5753.XXXX COST RECOVERY ITEMS	B	-1,260	OPERATION OF PLANT	7.00		33.17
33.18	5753.XXXX COST RECOVERY ITEMS	B	-481	CAFETERIA	11.00		33.18
33.19	5753.XXXX COST RECOVERY ITEMS	B	-353,978	LABORATORY	60.00		33.19
33.20	5753.XXXX COST RECOVERY ITEMS	B	-2,865	EMERGENCY	91.00		33.20
33.21	MOB REV 5140 5141 5142 5143 514	B	-132,898	ADMINISTRATIVE & GENERAL	5.00		33.21

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PET-EX081B.0036

RECORD 007641

ADJUSTMENTS TO EXPENSES		Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET A-8	
33.22	MOB REV 5140 5141 5142 5143 514	B	-96,764	CAP REL COSTS-BLDG & FIXT	1.00	9 33.22
33.25	8610.6760 8610.6765 CONTRIBUT	A	-466,544	ADMINISTRATIVE & GENERAL	5.00	33.25
33.27	ASSOCIATION FEES	A	-107	EMERGENCY	91.00	33.27
33.28	ASSOCIATION FEES	A	-75	EMPLOYEE BENEFITS	4.00	33.28
33.29	ASSOCIATION FEES	A	-44,436	ADMINISTRATIVE & GENERAL	5.00	33.29
33.30	ASSOCIATION FEES	A	-4,207	NURSING ADMINISTRATION	13.00	33.30
33.31	ASSOCIATION FEES	A	-23	PHARMACY	15.00	33.31
33.32	ASSOCIATION FEES	A	-65	MEDICAL RECORDS & LIBRARY	16.00	33.32
33.33	ASSOCIATION FEES	A	-380	ADULTS & PEDIATRICS	30.00	33.33
33.34	ASSOCIATION FEES	A	-30	SUBPROVIDER - IPF	40.00	33.34
33.35	ASSOCIATION FEES	A	-132	OPERATING ROOM	50.00	33.35
33.36	ASSOCIATION FEES	A	-495	RADIOLOGY-DIAGNOSTIC	54.00	33.36
33.37	ASSOCIATION FEES	A	-258	LABORATORY	60.00	33.37
33.38	ASSOCIATION FEES	A	-107	INTRAVENOUS THERAPY	64.00	33.38
33.39	ASSOCIATION FEES	A	-28	AMBULATORY INFUSION	76.32	33.39
34.05	TELEPHONE SERVICES	A	-250	CAP REL COSTS-BLDG & FIXT	1.00	9 34.05
34.09	ADMIN COSTS-NON-PATIENT CARE	A	-834,075	ADMINISTRATIVE & GENERAL	5.00	34.09
34.10	LEGAL FEES	A	-1,970,278	ADMINISTRATIVE & GENERAL	5.00	34.10
34.11	COMPLIMENTARY LOCAL TRANSPORTAT	A	-7,502	ADMINISTRATIVE & GENERAL	5.00	34.11
34.14	CIA TRAINING OTHER EXPENSES	A	-192,610	ADMINISTRATIVE & GENERAL	5.00	34.14
34.17	MANAGEMENT CONTROL OF NHE	A	-122,275	ADMINISTRATIVE & GENERAL	5.00	34.17
34.18	CATAWBA NURSE MIDWIVES	A	-64,887	CATAWBA NURSE MIDWIVES	90.02	34.18
34.19	FRANCHISE TAX	A	-91,631	ADMINISTRATIVE & GENERAL	5.00	34.19
34.20	NON-ALLOWABLE PENALTIES	A	-254	ADMINISTRATIVE & GENERAL	5.00	34.20
34.21	NON-ALLOWABLE PENALTIES	A	-40	AMBULANCE SERVICES	95.00	34.21
34.22	NON-ALLOWABLE OTHER NON-FACILIT	A	-259	ADMINISTRATIVE & GENERAL	5.00	34.22
50	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200)		-20,261,164			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)						
Rev. 2						40-529 - 08-11

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET A-8-1
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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	113.00	INTEREST EXPENSE	INTERCOMPANY INTEREST		11,339,990	-11,339,990		1
2	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	7,318,151	8,504,779	-1,186,628		2
3	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE - DIRECT COC	347,317		347,317	9	3
4	5.00	ADMINISTRATIVE & GENERAL	INTERCOMPANY JOURNAL ENTRIES	12,562,337	12,562,337			4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			20,227,804	32,407,106	-12,179,301		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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PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET A-8-1
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B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	B		100	TENET HEALTHCARE CORPORATION		PARENT COMPANY	6
7	B		100	CONIFER		CREDIT AND COLLECTION	7
8	C		46	BROADLANE INC.		GROUP PURCHASING ORG	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)

40-530	Rev. 2 - 08-11
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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 05/31/2011					WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION (from What A col. 7)	CAPITAL RELATED COSTS BLDG. & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-4)	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	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	6,186,491	6,186,491										1
2 Capital Related Costs-Movable Equipment	8,387,788		8,387,788									2
4 Employee Benefits	1,646,868	82,534	98,862	1,828,264								4
5 Administrative and General	45,470,580	330,456	808,191	166,115	46,775,344	46,775,344						5
6 Maintenance and Repairs												6
7 Operation of Plant	6,660,261	1,406,497	1,684,743	18,823	9,770,324	3,147,422		12,917,746				7
8 Laundry and Linen Service	989,128	76,055	91,100		1,156,283	372,486		224,972	1,753,741			8
9 Housekeeping	2,208,328	24,381	29,204		2,261,913	728,655		72,119		3,062,687		9
10 Dietary	488,120	186,817	223,775		898,712	289,512		552,611		134,103	1,874,938	10
11 Cafeteria	1,442,938				1,442,938	464,829						11
12 Maintenance of Personnel												12
13 Nursing Administration	2,382,155	64,980	77,835	52,002	2,576,972	830,148		192,212		46,645		13
14 Central Services and Supply	1,097,753	166,952	199,979	13,785	1,478,469	476,275		493,848		119,843		14
15 Pharmacy	3,128,570	54,292	65,033	72,761	3,320,656	1,069,719		160,598		38,973		15
16 Medical Records & Medical Records Library	3,311,403	31,288	37,477	51,121	3,431,289	1,105,359		92,550		22,459		16
17 Social Service												17
18 Other General Service (specify)												18
19 Nonphysician Anesthetists												19
20 Nursing School												20
21 Intern & Res. Service-Salary & Fringes (Approved)												21
22 Intern & Res. Other Program Costs (Approved)												22
23 Paramedical Education Program (specify)												23
INPATIENT ROUTINE SERVICE COST CENTERS												
30 Adults and Pediatrics (General Routine Care)	21,415,036	1,407,416	1,685,846	462,806	24,971,104	8,044,168		4,163,192	1,355,322	1,010,293	1,448,985	537,305
31 Intensive Care Unit	4,554,793	237,475	284,455	97,337	5,174,060	1,666,777		702,460	134,109	170,468	143,377	112,998
32 Coronary Care Unit												32
33 Burn Intensive Care Unit												33
34 Surgical Intensive Care Unit												34
35 Other Special Care Unit (specify)												35
40 Subprovider IPF	1,802,219	129,278	154,853	38,500	2,124,850	684,501		382,409	133,113	92,800	142,312	44,694
41 Subprovider IRF												41

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COST ALLOCATION - GENERAL SERVICE COSTS					Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 05/31/2011				WORKSHEET B, PART I			
42	Subprovider (specify)												42	
43	Nursery	1,294,743	190,878	228,639	29,047	1,743,307	561,591		564,624	131,197	137,019	140,264	33,721	43
44	Skilled Nursing Facility													44
45	Nursing Facility													45
46	Other Long Term Care													46
ANCILLARY SERVICE COST CENTERS														
50	Operating Room	7,536,386	545,408	653,305	157,492	8,892,591	2,864,668		1,613,335		391,512		182,833	50
51	Recovery Room													51
52	Labor Room and Delivery Room	2,066,718	181,861	217,838	45,906	2,512,323	809,322		537,950		130,546		53,292	52
53	Anesthesiology													53
54	Radiology-Diagnostic	5,632,849	227,256	293,496	94,780	6,248,381	2,012,860		672,230		163,132		110,031	54
55	Radiology-Therapeutic													55
56	Radiolotopes													56
57	Computed Tomography (CT) Scan													57
58	Magnetic Resonance Imaging (MRI)	242,101	19,197	22,995	5,531	289,824	93,364		56,786		13,781		6,421	58
59	Cardiac Catheterization													59
60	Laboratory	8,650,859	118,658	142,131	82,537	8,994,185	2,897,396		350,993		85,176		95,817	60
60.45	Vascular Lab	2,068,161	160,686	192,474	37,293	2,458,614	792,020		475,315		115,346		43,293	60.45
61	PBP Clinical Laboratory Services-Program Only													61
62	Whole Blood & Packed Red Blood Cells													62
63	Blood Storing, Processing, & Trans.													63
64		2,038,324	74,986	89,820	5,435	2,208,565	711,469		221,811		53,827		6,310	64
65	Respiratory Therapy	1,899,422	40,626	48,663	42,327	2,031,038	654,281		120,172		29,163		49,137	65
66	Physical Therapy	1,118,884	16,873	20,211	23,430	1,179,398	379,932		49,910		12,112		27,199	66
67	Occupational Therapy	99,378			2,388	101,766	32,783						2,772	67
68	Speech Pathology	132,569			3,203	135,772	43,738						3,718	68
69	Electrocardiology	894,380	16,312	19,539	17,776	948,007	305,392		48,251		11,709		20,636	69
70	Electroencephalography	505,767	1,857	46,742	2,235	556,601	179,304		5,493		1,333		2,594	70
71	Medical Supplies Charged to Patients	9,751,131				9,751,131	3,141,239							71
72	Implantable Devices Charged to Patients	10,283,466				10,283,466	3,312,726							72
73	Drugs Charged to Patients	7,405,735				7,405,735	2,385,691							73
74	Renal Dialysis	396,357	11,382	13,634		421,373	135,742		33,669		8,170			74
75	ASC (Non-Distinct Part)													75
76	Other Ancillary (specify)													76
76.30	Other Ancillary Cost Centers	1,819,803	6,479	197,756	32,389	2,056,427	662,460		19,166		4,651		37,600	76.30
OUTPATIENT SERVICE COST CENTERS														
88	Rural Health Clinic (RHC)													88
89	Federally Qualified Health Center (FQHC)													89
90	Clinic	963,844		165,095	14,460	1,143,399	368,336						16,787	90
91	Emergency	5,744,825	209,194	250,578	94,451	6,299,048	2,029,182		618,802		150,166		109,648	91

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COST ALLOCATION - GENERAL SERVICE COSTS						Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET B, PART I			
92	Observation Beds										92
93	Other Outpatient Service (specify)										93
OTHER REIMBURSABLE COST CENTERS											
94	Home Program Dialysis										94
95	Ambulance Services	8,051,798	125,204	311,003	158,015	8,646,020	2,785,238	370,357	89,875	183,440	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. tchg. 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
113	Ambulatory Surgical Center (Distinct Part)										113
116	Hospice										116
117	Other Special Purpose (specify)										117
118	SUBTOTALS (sum of lines 1-117)	189,769,936	6,145,278	8,355,272	1,821,945	189,689,888	46,038,584	12,795,835	1,753,741	3,033,102	118
NONREIMBURSABLE COST CENTERS											
190	Gift, Flower, Coffee Shop, & Canteen		11,449			11,449	3,688	33,866	8,218		190
191	Research										191
192	Physicians' Private Offices		2,618			2,618	843	7,745	1,880		192
193	Nonpaid Workers										193
194	Other Nonreimbursable (specify)	2,207,021	27,146	32,516	6,319	2,273,002	732,227	80,300	19,487	7,335	194
200	Cross Foot Adjustments										200
201	Negative Cost Centers										201
202	TOTAL (sum lines 118-201)	191,976,960	6,186,491	8,387,788	1,828,264	191,976,960	46,775,344	12,917,746	1,753,741	3,062,687	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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PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

Record code 6608 - 2010

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 420002

PERIOD:
FROM 06/01/2010
TO 05/31/2011

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 Repair									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		3,706,346							13
14 Central Services and Supply			2,584,438						14
15 Pharmacy				4,674,414					15
16 Medical Records & Medical Records Library		19,721			4,730,724				16
17 Social Service									17
18 Other General Service (specify)									18
19 Nonphysician Anesthetists									19
20 Nursing School									20
21 Intern & Res. Service-Salary & Fringes (Approved)									21
22 Intern & Res. Other Program Costs (Approved)									22
23 Paramedical Education Program (specify)									23
INPATIENT ROUTINE SERVICE COST CENTERS									
30 Adults and Pediatrics (General Routine Care)		1,789,549			507,243				30
31 Intensive Care Unit		351,460			102,703				31
32 Coronary Care Unit									32
33 Burn Intensive Care Unit									33
34 Surgical Intensive Care Unit									34
35 Other Special Care Unit (specify)									35
40 Subprovider ID#		170,673			54,430				40
41 Subprovider IRF									41
42 Subprovider (specify)									42

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PET-EX081B.0043

RECORD 007648

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET B, PART I
43	Nursery	136,639		31,020		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
46	Other Long Term Care					46
ANCILLARY SERVICE COST CENTERS						
50	Operating Room	476,426		342,339		50
51	Recovery Room					51
52	Labor Room and Delivery Room	157,416		34,918		52
53	Anesthesiology					53
54	Radiology-Diagnostic	16,932		532,318		54
55	Radiology-Therapeutic					55
56	Radioisotope					56
57	Computed Tomography (CT) Scan					57
58	Magnetic Resonance Imaging (MRI)	103		61,617		58
59	Cardiac Catheterization					59
60	Laboratory	171		460,750		60
60.45	Vascular Lab	111,437		293,725		60.45
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		16,482		244,303		64
65	Respiratory Therapy	3,474		79,534		65
65.						65.
66	Physical Therapy			32,354		66
67	Occupational Therapy			3,678		67
68	Speech Pathology			3,738		68
69	Electrocardiology	16,291		99,297		69
70	Electroencephalography	48		18,621		70
71	Medical Supplies Charged to Patients		1,266,373	536,822		71
72	Implantable Devices Charged to Patients		1,318,063	225,429		72
73	Drugs Charged to Patients			4,674,414	684,236	73
74	Renal Dialysis				8,579	74

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COST ALLOCATION - GENERAL SERVICE COSTS					Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET B, PART 1
75	ASC (Non-Distinct Part)						75
76	Other Ancillary (specify)						76
76.30	Other Ancillary Cost Centers		94,162		35,663		76.30
OUTPATIENT SERVICE COST CENTERS							
88	Rural Health Clinic (RHC)						88
89	Federally Qualified Health Center (FQHC)						89
90	Clinic		65		25,838		90
91	Emergency		345,297		226,448		91
92	Observation Beds						92
93	Other Outpatient Service (specify)						93
OTHER REIMBURSABLE COST CENTERS							
94	Home Program/Dialysis						94
95	Ambulance Services				79,420		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 apprv. tchg. 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)		3,706,346	2,584,438	4,674,414	4,725,025	118
NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop, & Canteen						190
191	Research						191
192	Physicians' Private Offices						192
193	Nonpaid Workers						193
194	Other Nonreimbursable (specify)				5,699		194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 03/31/2011		WORKSHEET B, PART I	
202	TOTAL (sum lines 118-201)		3,706,346	2,584,438	4,674,414	4,730,724			202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)									
Rev. 2								4090 (Cont.) - 08-11	

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	20	21	22	23	24	25	26	
GENERAL SERVICE COST CENTERS								
1 Capital Related Costs-Buildings and Fixtures								1
2 Capital Related Costs-Movable Equipment								2
4 Employee Benefits								4
5 Administrative and General								5
6 Maintenance and Repairs								6
7 Operation of Plant								7
8 Laundry and Linen Service								8
9 Housekeeping								9
10 Dietary								10
11 Cafeteria								11
12 Maintenance of Personnel								12
13 Nursing Administration								13
14 Central Services and Supply								14
15 Pharmacy								15
16 Medical Records & Medical Records Library								16
17 Social Service								17
18 Other General Service (specify)								18
19 Nonphysician Anesthetists								19
20 Nursing School								20
21 Intern & Res. Service-Salary & Fringes (Approved)								21
22 Intern & Res. Other Program Costs (Approved)								22
23 Paramedical Education Program (specify)								23
INPATIENT ROUTINE SERVICE COST CENTERS								
30 Adults and Pediatrics (General Routine Care)					43,827,164		43,827,164	30
31 Intensive Care Unit					8,558,412		8,558,412	31
32 Coronary Care Unit								32
33 Burn Intensive Care Unit								33
34 Surgical Intensive Care Unit								34
35 Other Special Care Unit (specify)								35
40 Subprovider IPF					3,829,782		3,829,782	40
41 Subprovider IRF								41
42 Subprovider (specify)								42

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET B, PART 1
43	Nursery				3,479,382	3,479,382 43
44	Skilled Nursing Facility					
45	Nursing Facility					
46	Other Long Term Care					
ANCILLARY SERVICE COST CENTERS						
50	Operating Room				14,763,704	14,763,704 50
51	Recovery Room					
52	Labor Room and Delivery Room				4,235,767	4,235,767 52
53	Anesthesiology					
54	Radiology-Diagnostic				9,755,884	9,755,884 54
55	Radiology-Therapeutic					
56	Radioliteope					
57	Computed Tomography (CT) Scan					
58	Magnetic Resonance Imaging (MRI)				521,896	521,896 58
59	Cardiac Catheterization					
60	Laboratory				12,884,488	12,884,488 60
60.45	Vascular Lab				4,289,750	4,289,750 60.45
61	FBP Clinical Laboratory Services-Program Only					
62	Whole Blood & Packed Red Blood Cells					
63	Blood Storing, Processing, & Trans.					
64					3,462,767	3,462,767 64
65	Respiratory Therapy				2,966,799	2,966,799 65
66	Physical Therapy				1,680,905	1,680,905 66
67	Occupational Therapy				140,999	140,999 67
68	Speech Pathology				186,966	186,966 68
69	Electrocardiology				1,449,583	1,449,583 69
70	Electroencephalography				763,994	763,994 70
71	Medical Supplies Charged to Patients				14,695,567	14,695,567 71
72	Implantable Devices Charged to Patients				15,139,684	15,139,684 72
73	Drugs Charged to Patients				15,150,076	15,150,076 73
74	Renal Dialysis				607,533	607,533 74
75	ASC (Non-Distinct Part)					
76	Other Ancillary (specify)					
76.30	Other Ancillary Cost Centers				2,910,129	2,910,129 76.30
OUTPATIENT SERVICE COST CENTERS						
88	Rural Health Clinic (RHC)					
89	Federally Qualified Health Center (FQHC)					
90	Clinic				1,554,425	1,554,425 90
91	Emergency				9,778,591	9,778,591 91
92	Observation Beds					

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COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET B, PART I
93	Other Outpatient Service (specify)				93
OTHER REIMBURSABLE COST CENTERS					
94	Home Program Dialysis				94
95	Ambulance Services			12,154,350	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	Inter-Resident Service (not appvd. tchg. 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)			188,788,592	118
NONREIMBURSABLE COST CENTERS					
190	Gift, Flower, Coffee Shop, & Canteen			57,221	190
191	Research				191
192	Physicians' Private Offices			13,086	192
193	Nonpaid Workers				193
194	Other Nonreimbursable (specify)			3,118,050	194
200	Cross Foot Adjustments				200
201	Negative Cost Centers				201
202	TOTAL (sum lines 118-201)			191,976,960	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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PET-EX081B.0049

RECORD 007654

ALLOCATION OF CAPITAL-RELATED COSTS								Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011		WORKSHEET B, PART II	
COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED NEW CAPITAL RELATED COSTS	CAPITAL RELATED COSTS		SUBTOTAL (sum of cols. 0-2)	EMPLOYEE BENEFITS	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA
	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		82,534	98,862	181,396	181,396							4
5 Administrative and General	1,487,196	330,456	808,191	2,625,843	16,481	2,642,324						5
6 Maintenance and Repairs												6
7 Operation of Plant		1,406,497	1,684,743	3,091,240	1,868	177,800		3,270,908				7
8 Laundry and Linen Service		76,055	91,100	167,155		21,042		56,965	245,162			8
9 Housekeeping		24,381	29,204	53,585		41,162		18,261		113,008		9
10 Dietary		186,817	223,775	410,592		16,355		139,927		4,948	571,822	10
11 Cafeteria						26,259						26,259
12 Maintenance of Personnel												12
13 Nursing Administration	9	64,980	77,835	142,824	5,159	46,896		48,670		1,721		831
14 Central Services and Supply		166,952	199,979	366,931	1,368	26,905		125,048		4,422		220
15 Pharmacy		54,292	65,033	119,325	7,219	60,429		40,665		1,438		1,163
16 Medical Records & Medical Records Library	28,521	31,288	37,477	97,286	5,072	62,443		23,435		829		817
17 Social Service												17
18 Other General Service (specify)												18
19 Nonphysician Anesthetists												19
20 Nursing School												20
21 Intern & Res. Service-Salary & Fringes (Approved)												21
22 Intern & Res. Other Program Costs (Approved)												22
23 Paramedical Education Program (specify)												23
INPATIENT ROUTINE SERVICE COST CENTERS												
30 Adults and Pediatrics (General Routine Care)	59	1,407,416	1,685,846	3,093,321	45,920	454,367		1,054,163	189,465	37,280	441,914	7,386
31 Intensive Care Unit	14	237,475	284,455	521,944	9,657	94,158		177,870	18,748	6,290	43,727	1,556
32 Coronary Care Unit												32
33 Burn Intensive Care Unit												33
34 Surgical Intensive Care Unit												34
35 Other Special Care Unit (specify)												35
40 Subprovider IPF	116	129,278	154,853	284,247	3,820	38,668		96,830	18,608	3,424	43,403	616
41 Subprovider IRF												41

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ALLOCATION OF CAPITAL-RELATED COSTS							Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 05/31/2011		WORKSHEET B, PART II	
42	Subprovider (specify)											42
43	Nursery	190,878	228,639	419,517	2,882	31,725	142,969	18,341	5,056	42,778	464	43
44	Skilled Nursing Facility											44
45	Nursing Facility											45
46	Other Long Term Care											46
ANCILLARY SERVICE COST CENTERS												
50	Operating Room	649	545,408	653,305	1,199,362	15,626	161,827	408,513	14,446		2,518	50
51	Recovery Room											51
52	Labor Room and Delivery Room		181,861	217,838	399,699	4,555	45,719	136,214	4,817		734	52
53	Anesthesiology											53
54	Radiology-Diagnostic	44,383	227,256	293,496	565,135	9,404	113,708	170,216	6,019		1,515	54
55	Radiology-Therapeutic											55
56	Radioisotope											56
57	Computed Tomography (CT) Scan											57
58	Magnetic Resonance Imaging (MRI)		19,197	22,995	42,192	549	5,274	14,379	508		88	58
59	Cardiac Catheterization											59
60	Laboratory	2,116	118,658	142,131	262,905	8,189	163,676	88,875	3,143		1,320	60
60.45	Vascular Lab	3,274	160,686	192,474	356,434	3,700	44,742	120,355	4,256		596	60.45
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		74,986	89,820	164,806	539	40,191	56,165	1,986		87	64
65	Respiratory Therapy	911	40,626	48,663	90,200	4,199	36,961	30,429	1,076		677	65
66	Physical Therapy		16,873	20,211	37,084	2,325	21,463	12,638	447		375	66
67	Occupational Therapy					237	1,852				38	67
68	Speech Pathology					318	2,471				51	68
69	Electrocardiology		16,312	19,539	35,851	1,764	17,252	12,218	432		284	69
70	Electroencephalography	53,429	1,857	46,742	102,028	222	10,129	1,391	49		36	70
71	Medical Supplies Charged to Patients						177,451					71
72	Implantable Devices Charged to Patients						187,139					72
73	Drugs Charged to Patients						134,770					73
74	Renal Dialysis		11,382	13,634	25,016		7,668	8,525	301			74
75	ASC (Non-Distinct Part)											75
76	Other Ancillary (specify)											76
76.30	Other Ancillary Cost Centers	88,020	6,479	197,756	473,441	3,213	37,424	4,853	172		519	76.30
OUTPATIENT SERVICE COST CENTERS												
88	Rural Health Clinic (RHC)											88
89	Federally Qualified Health Center (FQHC)											89
90	Clinic	146,337		165,095	311,432	1,435	20,808				231	90
91	Emergency		209,194	250,578	459,772	9,371	114,630	156,687	5,541		1,510	91

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PET-EX081B.0051

RECORD 007656

ALLOCATION OF CAPITAL-RELATED COSTS							Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET B, PART II	
92	Observation Beds									92
93	Other Outpatient Service (specify)									93
OTHER REIMBURSABLE COST CENTERS										
94	Home Program/Dialysis									94
95	Ambulance Services	110,796	125,204	311,003	547,003	15,677	157,340	93,778	3,316	2,526
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 approd. tnhg. prgm.)									100
101	Home Health Agency									101
SPECIAL PURPOSE COST CENTERS										
105	Kidney Acquisition									105
106	Heart Acquisition									106
107	Liver Acquisition									107
108	Lung Acquisition									108
109	Pancreas Acquisition									109
110	Intestinal Acquisition									110
111	Islet Acquisition									111
112	Other Organ Acquisition (specify)									112
115	Ambulatory Surgical Center (Distinct Part)									115
116	Hospice									116
117	Other Special Purpose (specify)									117
118	SUBTOTALS (sum of lines 1-117)	2,147,016	6,145,278	8,355,272	16,647,566	180,769	2,600,704	3,240,039	245,162	111,917
NONREIMBURSABLE COST CENTERS										
190	Gift, Flower, Coffee Shop, & Canteen		11,449		11,449		208	8,575	303	
191	Research									
192	Physicians' Private Offices		2,618		2,618		48	1,961	69	
193	Nonpaid Workers									
194	Other Nonreimbursable (specify)		27,146	32,516	59,662	627	41,364	20,333	719	101
200	Cross Foot Adjustments									
201	Negative Cost Centers									
202	TOTAL (sum lines 118-201)	2,147,016	6,186,491	8,387,788	16,721,295	181,396	2,642,324	3,270,908	245,162	113,008
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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PET-EX081B.0052

RECORD 007657

ALLOCATION OF CAPITAL-RELATED COSTS						Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	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
3 Administrative and General									4
4 Maintenance and Repairs									5
5 Operation of Plant									6
6 Laundry and Linen Service									7
7 Housekeeping									8
8 Dietary									9
9 Cafeteria	26,259								10
10 Maintenance of Personnel									11
11 Nursing Administration	831		246,101						12
12 Central Services and Supply	220			524,894					13
13 Pharmacy	1,163				230,239				14
14 Medical Records & Medical Records Library	817		1,309			191,191			15
15 Social Service									16
16 Other General Service (specify)									17
17 Nonphysician Anesthetists									18
18 Nursing School									19
19 Intern & Res. Service-Salary & Fringes (Approved)									20
20 Intern & Res. Other Program Costs (Approved)									21
21 Paramedical Education Program (specify)									22
INPATIENT ROUTINE SERVICE COST CENTERS									23
30 Adults and Pediatrics (General Routine Care)	7,386		118,832			20,473			30
31 Intensive Care Unit	1,556		23,336			4,145			31
32 Coronary Care Unit									32
33 Burn Intensive Care Unit									33
34 Surgical Intensive Care Unit									34
35 Other Special Care Unit (specify)									35
40 Subprovider IPF	616		11,332			2,197			40
41 Subprovider IRF									41
42 Subprovider (specify)									42

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ALLOCATION OF CAPITAL-RELATED COSTS				Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET B, PART II
43	Nursery	464	9,072		1,252	43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
46	Other Long Term Care					46
ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,518	31,634		13,817	50
51	Recovery Room					51
52	Labor Room and Delivery Room	734	10,452		1,409	52
53	Anesthesiology					53
54	Radiology-Diagnostic	1,515	1,124		21,485	54
55	Radiology-Therapeutic					55
56	Radioisotope					56
57	Computed Tomography (CT) Scan					57
58	Magnetic Resonance Imaging (MRI)	88	7		2,487	58
59	Cardiac Catheterization					59
60	Laboratory	1,320	11		18,596	60
60.45	Vascular Lab	596	7,399		11,855	60.45
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	87	1,094		9,860	64
65	Respiratory Therapy	677	231		3,210	65
66	Physical Therapy	375			1,306	66
67	Occupational Therapy	38			148	67
68	Speech Pathology	51			151	68
69	Electrocardiology	284	1,082		4,008	69
70	Electroencephalography	36	3		752	70
71	Medical Supplies Charged to Patients		257,198		21,667	71
72	Implantable Devices Charged to Patients		267,606		9,099	72
73	Drugs Charged to Patients			230,239	27,871	73
74	Renal Dialysis				346	74
75	ASC (Non-Distinct Part)					75
76	Other Ancillary (specify)					76
76.30	Other Ancillary Cost Centers	519	6,252		1,439	76.30
OUTPATIENT SERVICE COST CENTERS						
88	Rural Health Clinic (RHC)					88
89	Federally Qualified Health Center (FQHC)					89
90	Clinic	231	4		1,043	90
91	Emergency	1,510	22,927		9,140	91
92	Observation Beds					92

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ALLOCATION OF CAPITAL-RELATED COSTS					Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET B, PART II
93	Other Outpatient Service (specify)						93
OTHER REIMBURSABLE COST CENTERS							
94	Home Program Dialysis						94
95	Ambulance Services	2,526			3,205		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. techng. prgm.)						100
101	Home Health Agency						101
SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition						105
106	Heart Acquisition						106
107	Liver Acquisition						107
108	Lung Acquisition						108
109	Pancreas Acquisition						109
110	Intestinal Acquisition						110
111	Islet Acquisition						111
112	Other Organ Acquisition (specify)						112
115	Ambulatory Surgical Center (Distinct Part)						115
116	Hospice						116
117	Other Special Purpose (specify)						117
118	SUBTOTALS (sum of lines 1-117)	26,158	246,101	524,894	230,239	190,961	118
NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop, & Canteen						190
191	Research						191
192	Physicians' Private Offices						192
193	Nonpaid Workers						193
194	Other Nonreimbursable (specify)	101			230		194
200	Crane Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum lines 118-201)	26,259	246,101	524,894	230,239	191,191	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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PET-EX081B.0055

RECORD 007660

ALLOCATION OF CAPITAL-RELATED COSTS				Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011		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 STEEDOWN ADJUSTMENTS	TOTAL	
	20	21	22	23	24	25	26	
GENERAL SERVICE COST CENTERS								
1) Capital Related Costs-Buildings and Fixtures								1
2) Capital Related Costs-Movable Equipment								2
4)								4
5) Administrative and General								5
6) Maintenance and Repairs								6
7) Operation of Plant								7
8) Laundry and Linen Service								8
9) Housekeeping								9
10) Dietary								10
11) Cafeteria								11
12) Maintenance of Personnel								12
13) Nursing Administration								13
14) Central Services and Supply								14
15) Pharmacy								15
16) Medical Records & Medical Records Library								16
17) Social Service								17
18) Other General Service (specify)								18
19) Nonphysician Anesthetists								19
20) Nursing School								20
21) Intern & Res. Service-Salary & Fringes (Approved)								21
22) Intern & Res. Other Program Costs (Approved)								22
23) Paramedical Education Program (specify)								23
INPATIENT ROUTINE SERVICE COST CENTERS								
30) Adults and Pediatrics (General Routine Care)					5,463,121		5,463,121	30
31) Intensive Care Unit					901,431		901,431	31
32) Coronary Care Unit								32
33) Burn Intensive Care Unit								33
34) Surgical Intensive Care Unit								34
35) Other Special Care Unit (specify)								35
40) Subprovider IPF					503,145		503,145	40
41) Subprovider IRF								41
42) Subprovider (specify)								42

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ALLOCATION OF CAPITAL-RELATED COSTS		Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET B, PART II	
43	Nursery		674,056	674,056	43
44	Skilled Nursing Facility				44
45	Nursing Facility				45
46	Other Long Term Care				46
ANCILLARY SERVICE COST CENTERS					
50	Operating Room		1,847,743	1,847,743	50
51	Recovery Room				51
52	Labor Room and Delivery Room		603,599	603,599	52
53	Anesthesiology				53
54	Radiology-Diagnostic		888,606	888,606	54
55	Radiology-Therapeutic				55
56	Radioisotope				56
57	Computed Tomography (CT) Scan				57
58	Magnetic Resonance Imaging (MRI)		65,484	65,484	58
59	Cardiac Catheterization				59
60	Laboratory		546,715	546,715	60
60.45	Vascular Lab		549,337	549,337	60.45
61	FBP Clinical Laboratory Services-Program Only				61
62	Whole Blood & Packed Red Blood Cells				62
63	Blood Storing, Processing, & Trans.				63
64	Intravenous Therapy		274,728	274,728	64
65	Respiratory Therapy		166,983	166,983	65
66	Physical Therapy		75,638	75,638	66
67	Occupational Therapy		2,275	2,275	67
68	Speech Pathology		2,991	2,991	68
69	Electrocardiology		72,891	72,891	69
70	Electroencephalography		114,610	114,610	70
71	Medical Supplies Charged to Patients		456,316	456,316	71
72	Implantable Devices Charged to Patients		463,934	463,934	72
73	Drugs Charged to Patients		392,880	392,880	73
74	Renal Dialysis		41,856	41,856	74
75	ASC (Non-Distinct Part)				75
76	Other Ancillary (specify)				76
76.30	Other Ancillary Cost Centers		527,313	527,313	76.30
OUTPATIENT SERVICE COST CENTERS					
88	Rural Health Clinic (RHC)				88
89	Federally Qualified Health Center (FQHC)				89
90	Clinic		334,953	334,953	90
91	Emergency		779,578	779,578	91
92	Observation Beds				92

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ALLOCATION OF CAPITAL-RELATED COSTS				Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET B, PART II
93 Other Outpatient Service (specify)						93
OTHER REIMBURSABLE COST CENTERS						
94 Home Program/Dialysis						94
95 Ambulance Services					\$22,845	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. tech. 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)					16,573,028	118
NONREIMBURSABLE COST CENTERS						
190 Gift, Flower, Coffee Shop, & Canteen					20,535	190
191 Research						191
192 Physicians' Private Offices					4,696	192
193 Nonpaid Workers						193
194 Other Nonreimbursable (specify)					123,036	194
200 Cross Foot Adjustments						200
201 Negative Cost Centers						201
202 TOTAL (sum lines 118-201)					16,721,295	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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PET-EX081B.0058

RECORD 007663

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 420002

PERIOD:
FROM 06/01/2010
TO 05/31/2011

WORKSHEET B-1

COST CENTER DESCRIPTIONS	CAPITAL RELATED COST		EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & 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)	
	BLDG. & 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	463,084											1
2 Capital Related Costs-Movable Equipment		524,165										2
4 Employee Benefits	6,178		63,824,972									4
5 Administrative and General	24,736	50,505	5,799,098	-46,775,344	145,201,616							5
6 Maintenance and Repair												6
7 Operation of Plant	105,282	105,282	657,121		9,770,324		326,888					7
8 Laundry and Linen Service	5,693	5,693			1,156,283		5,693	68,654				8
9 Housekeeping	1,825	1,825			2,261,913		1,825		319,370			9
10 Dietary	13,984	13,984			898,712		13,984		13,984	68,654		10
11 Cafeteria					1,442,938						57,368,752	11
12 Maintenance of Personnel												12
13 Nursing Administration	4,864	4,864	1,815,399		2,576,972		4,864		4,864		1,815,399	13
14 Central Services and Supply	12,497	12,497	481,250		1,478,469		12,497		12,497		481,250	14
15 Pharmacy	4,064	4,064	2,540,091		3,320,656		4,064		4,064		2,540,091	15
16 Medical Records & Medical Records Library	2,342	2,342	1,784,629		3,431,289		2,342		2,342		1,784,629	16
17 Social Service												17
18 Other General Service (specify)												18
19 Nonphysician Anesthetists												19
20 Nursing School												20
21 Intern & Res. Service-Salary & Fringes (Approved)												21
22 Intern & Res. Other Program Costs (Approved)												22
23 Paramedical Education Program (specify)												23
INPATIENT ROUTINE SERVICE COST CENTERS												
30 Adults and Pediatrics (General Routine Care)	105,351	105,351	16,156,733		24,971,104		105,351	53,057	105,351	53,057	16,156,733	30
31 Intensive Care Unit	17,776	17,776	3,398,036		5,174,060		17,776	5,250	17,776	5,250	3,398,036	31
32 Coronary Care Unit												32
33 Burn Intensive Care Unit												33
34 Surgical Intensive Care Unit												34
35 Other Special Care Unit (specify)												35
40 Subprovider IPF	9,677	9,677	1,344,027		2,124,850		9,677	5,211	9,677	5,211	1,344,027	40
41 Subprovider IRF												41

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COST ALLOCATION - STATISTICAL BASIS						Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 05/31/2011		WORKSHEET B-1	
42	Subprovider (specify)										42
43	Nursery	14,288	14,288	1,014,029	1,743,307	14,288	5,136	14,288	5,136	1,014,029	43
44	Skilled Nursing Facility										44
45	Nursing Facility										45
46	Other Long Term Care										46
ANCILLARY SERVICE COST CENTERS											
50	Operating Room	40,826	40,826	5,498,071	8,892,591	40,826		40,826		5,498,071	50
51	Recovery Room										51
52	Labor Room and Delivery Room	13,613	13,613	1,602,576	2,512,323	13,613		13,613		1,602,576	52
53	Anesthesiology										53
54	Radiology-Diagnostic	17,011	18,341	3,308,794	6,248,381	17,011		17,011		3,308,794	54
55	Radiology-Therapeutic										55
56	Radioisotope										56
57	Computed Tomography (CT) Scan										57
58	Magnetic Resonance Imaging (MRI)	1,437	1,437	193,083	289,824	1,437		1,437		193,083	58
59	Cardiac Catheterization										59
60	Laboratory	8,882	8,882	2,881,366	8,994,185	8,882		8,882		2,881,366	60
60.45	Vascular Lab	12,028	12,028	1,301,903	2,458,614	12,028		12,028		1,301,903	60.45
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	5,613	5,613	189,739	2,208,565	5,613		5,613		189,739	64
65	Respiratory Therapy	3,041	3,041	1,477,639	2,031,038	3,041		3,041		1,477,639	65
66	Physical Therapy	1,263	1,263	817,928	1,179,398	1,263		1,263		817,928	66
67	Occupational Therapy			83,350	101,766					83,350	67
68	Speech Pathology			111,812	135,772					111,812	68
69	Electrocardiology	1,221	1,221	620,561	948,007	1,221		1,221		620,561	69
70	Electroencephalography	139	2,921	78,019	556,601	139		139		78,019	70
71	Medical Supplies Charged to Patients				9,751,131						71
72	Implantable Devices Charged to Patients				10,283,466						72
73	Drugs Charged to Patients				7,405,735						73
74	Renal Dialysis	852	852		421,373	852		852			74
75	ASC (Non-Distinct Part)										75
76	Other Ancillary (specify)										76
76.30	Other Ancillary Cost Centers	485	12,358	1,130,699	2,056,427	485		485		1,130,699	76.30
OUTPATIENT SERVICE COST CENTERS											
88	Rural Health Clinic (RHC)										88
89	Federally Qualified Health Center (FQHC)										89
90	Clinic		10,317	504,810	1,143,399					504,810	90
91	Emergency	15,659	15,659	3,297,278	6,299,048	15,659		15,659		3,297,278	91

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COST ALLOCATION - STATISTICAL BASIS						Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET B-1				
92	Observation Beds									92		
93	Other Outpatient Service (specify)									93		
OTHER REIMBURSABLE COST CENTERS												
94	Home Program Dialysis									94		
95	Ambulance Services	9,372	19,435	5,516,335	8,646,020	9,372		9,372	5,516,335	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. techg. 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)	459,999	522,133	63,604,376	-46,775,344	142,914,544	323,803	68,654	316,285	68,654	57,148,156	118
NONREIMBURSABLE COST CENTERS												
190	Gift, Flower, Coffee Shop, & Canteen	857			11,449	857	857				190	
191	Research										191	
192	Physicians' Private Offices	196			2,618	196	196	196			192	
193	Nonpaid Workers										193	
194	Other Nonreimbursable (specify)	2,032	2,032	220,597	2,273,002	2,032		2,032		220,597	194	
200	Cross foot adjustments										200	
201	Negative cost centers										201	
202	Cost to be allocated (per Worksheet B, Part I)	6,186,491	8,387,788	1,828,264	46,775,344	12,917,746	1,753,741	3,062,687	1,874,938	1,907,767	202	
203	Unit cost multiplier (Worksheet B, Part I)	13.36	16.00	0.028645	0.322141	39.52	25.54	9.59	27.31	0.033254	203	
204	Cost to be allocated (per Worksheet B, Part II)			181,396	2,642,324	3,270,908	245,162	113,008	571,822	26,259	204	
205	Unit cost multiplier (Worksheet B, Part II)			0.002842	0.018198	10.01	3.57	0.353847	8.33	0.000458	205	
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)												
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40-561 - 08-11												

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PET-EX081B.0061

RECORD 007666

COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 05/31/2011		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		22,160,448						13	
14 Central Services and Supply			100					14	
15 Pharmacy				100				15	
16 Medical Records & Medical Records Library		117,913			592,978,816			16	
17 Social Service								17	
18 Other General Service (specify)								18	
19 Nonphysician Anesthetists								19	
20 Nursing School								20	
21 Intern & Res. Service-Salary & Fringes (Approved)								21	
22 Intern & Res. Other Program Costs (Approved)								22	
23 Paramedical Education Program (specify)								23	
INPATIENT ROUTINE SERVICE COST CENTERS									
30 Adults and Pediatrics (General Routine Care)		10,699,777			63,580,468			30	
31 Intensive Care Unit		2,101,405			12,873,285			31	
32 Coronary Care Unit								32	
33 Burn Intensive Care Unit								33	
34 Surgical Intensive Care Unit								34	
35 Other Special Care Unit (specify)								35	
40 Subprovider IPF		1,020,465			6,822,470			40	
41 Subprovider IRF								41	
42 Subprovider (specify)								42	

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COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET B-1
43	Nursery	816,974			3,888,160	43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
46	Other Long Term Care					46
ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,848,585			42,910,356	50
51	Recovery Room					51
52	Labor Room and Delivery Room	941,204			4,376,811	52
53	Anesthesiology					53
54	Radiology-Diagnostic	101,240			66,723,220	54
55	Radiology-Therapeutic					55
56	Radiosulope					56
57	Computed Tomography (CT) Scan					57
58	Magnetic Resonance Imaging (MRI)	614			7,723,911	58
59	Cardiac Catheterization					59
60	Laboratory	1,020			57,752,552	60
60.45	Vascular Lab	666,288			36,816,920	60.45
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	98,550			30,622,090	64
65	Respiratory Therapy	20,771			9,969,185	65
66	Physical Therapy				4,055,370	66
67	Occupational Therapy				461,054	67
68	Speech Pathology				468,545	68
69	Electrocardiology	97,407			12,446,504	69
70	Electroencephalography	288			2,333,994	70
71	Medical Supplies Charged to Patients		49		67,287,776	71
72	Implantable Devices Charged to Patients		51		28,256,296	72
73	Drugs Charged to Patients			100	85,773,360	73
74	Renal Dialysis				1,075,331	74
75	ASC (Non-Distinct Part)					75
76	Other Ancillary (specify)					76
76.30	Other Ancillary Cost Centers	563,002			4,470,071	76.30
OUTPATIENT SERVICE COST CENTERS						
88	Rural Health Clinic (RHC)					88
89	Federally Qualified Health Center (FQHC)					89
90	Clinic	390			3,238,603	90
91	Emergency	2,064,556			28,384,044	91
92	Observation Beds					92

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COST ALLOCATION - STATISTICAL BASIS					Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET B-1
93	Other Outpatient Service (specify)						93
OTHER REIMBURSABLE COST CENTERS							
94	Home Program Dialysis						94
95	Ambulance Services				9,954,862		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. techng. 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)	22,160,448	100	100	592,264,448		118
NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop, & Canteen						190
191	Research						191
192	Physicians' Private Offices						192
193	Nonpaid Workers						193
194	Other Nonreimbursable (specify)				714,384		194
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (per Worksheet B, Part I)	3,706,346	2,584,438	4,674,414	4,730,724		202
203	Unit cost multiplier (Worksheet B, Part I)	0.167250	25,844	46,744	0.007978		203
204	Cost to be allocated (per Worksheet B, Part II)	246,101	524,894	230,239	191,191		204
205	Unit cost multiplier (Worksheet B, Part II)	0.011105	5,248	2,302	0.000322		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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PET-EX081B.0064

RECORD 007669

COST CENTER DESCRIPTIONS	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARA-MEDICAL EDUCATION (ASSIGNED TIME)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
		SALARY AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)					
	20	21	22	23	24	25	26	
GENERAL SERVICE COST CENTERS								
1 Capital Related Costs-Buildings and Fixtures								1
2 Capital Related Costs-Movable Equipment								2
4 Employee Benefits								4
5 Administrative and General								5
6 Maintenance and Repairs								6
7 Operation of Plant								7
8 Laundry and Linen Service								8
9 Housekeeping								9
10 Dietary								10
11 Cafeteria								11
12 Maintenance of Personnel								12
13 Nursing Administration								13
14 Central Services and Supply								14
15 Pharmacy								15
16 Medical Records & Medical Records Library								16
17 Social Service								17
18 Other General Service (specify)								18
19 Nonphysician Anesthetists								19
20 Nursing School								20
21 Intern & Res. Service-Salary & Fringes (Approved)								21
22 Intern & Res. Other Program Costs (Approved)								22
23 Paramedical Education Program (specify)								23
INPATIENT ROUTINE SERVICE COST CENTERS								
30 Adults and Pediatrics (General Routine Care)								30
31 Intensive Care Unit								31
32 Coronary Care Unit								32
33 Burn Intensive Care Unit								33
34 Surgical Intensive Care Unit								34
35 Other Special Care Unit (specify)								35
40 Subprovider IPF								40
41 Subprovider IRF								41
42 Subprovider (specify)								42

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COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET B-1
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
46	Other Long Term Care					46
ANCILLARY SERVICE COST CENTERS						
50	Operating Room					50
51	Recovery Room					51
52	Labor Room and Delivery Room					52
53	Anesthesiology					53
54	Radiology-Diagnostic					54
55	Radiology-Therapeutic					55
56	Radioisotope					56
57	Computed Tomography (CT) Scan					57
58	Magnetic Resonance Imaging (MRI)					58
59	Cardiac Catheterization					59
60	Laboratory					60
60.45	Vascular Lab					60.45
61	PBP Clinical Laboratory Services-Program Only					61
62	Whole Blood & Packed Red Blood Cells					62
63	Blood Storing, Processing, & Trans.					63
64	Intravenous Therapy					64
65	Respiratory Therapy					65
66	Physical Therapy					66
67	Occupational Therapy					67
68	Speech Pathology					68
69	Electrocardiology					69
70	Electroencephalography					70
71	Medical Supplies Charged to Patients					71
72	Implantable Devices Charged to Patients					72
73	Drugs Charged to Patients					73
74	Renal Dialysis					74
75	ASC (Non-Distinct Part)					75
76	Other Ancillary (specify)					76
76.30	Other Ancillary Cost Centers					76.30
OUTPATIENT SERVICE COST CENTERS						
88	Rural Health Clinic (RHC)					88
89	Federally Qualified Health Center (FQHC)					89
90	Clinic					90
91	Emergency					91
92	Observation Beds					92

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COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET B-1
93	Other Outpatient Service (specify)					93
OTHER REIMBURSABLE COST CENTERS						
94	Home Program Dialysis					94
95	Ambulance Services					95
96	Durable Medical Equipment-Rented					96
97	Durable Medical Equipment-Sold					97
98	Other Reimbursable (specify)					98
99	Outpatient Rehabilitation Provider (specify)					99
100	Inter-Resident Service (not appvd. techg. prgm.)					100
101	Home Health Agency					101
SPECIAL PURPOSE COST CENTERS						
105	Kidney Acquisition					105
106	Heart Acquisition					106
107	Liver Acquisition					107
108	Lung Acquisition					108
109	Pancreas Acquisition					109
110	Intestinal Acquisition					110
111	Islet Acquisition					111
112	Other Organ Acquisition (specify)					112
115	Ambulatory Surgical Center (Distinct Part)					115
116	Hospice					116
117	Other Special Purpose (specify)					117
118	SUBTOTALS (sum of lines 1-117)					118
NONREIMBURSABLE COST CENTERS						
190	Gift, Flowers, Coffee Shop, & Canteen					190
191	Research					191
192	Physicians' Private Offices					192
193	Nonpaid Workers					193
194	Other Nonreimbursable (specify)					194
200	Cross foot adjustments					200
201	Negative cost centers					201
202	Cost to be allocated (per Worksheet B, Part I)					202
203	Unit cost multiplier (Worksheet B, Part I)					203
204	Cost to be allocated (per Worksheet B, Part II)					204
205	Unit cost multiplier (Worksheet B, Part II)					205
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)						
Rev. 2		40-561 - 08-11				

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PET-EX081B.0067

RECORD 007672

COMPUTATION OF RATIO OF COSTS TO CHARGES							Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 05/31/2011		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 Disallowances	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)	43,827,164		43,827,164	2,778	43,829,940	60,294,352		60,294,352			30	
31 Intensive Care Unit	8,558,412		8,558,412	4,010	8,562,422	12,873,285		12,873,285			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	3,829,782		3,829,782	220	3,830,002	6,822,470		6,822,470			40	
41 Subprovider IRF											41	
42 Subprovider (Specify)											42	
43 Nursery	3,479,382		3,479,382		3,479,382	3,888,160		3,888,160			43	
44 Skilled Nursing Facility											44	
45 Nursing Facility											45	
46 Other Long Term Care											46	
ANCILLARY SERVICE COST CENTERS												
50 Operating Room	14,763,704		14,763,704		14,763,704	23,924,412	19,047,220	42,971,632	** 0.343569	** 0.343569	** 0.343569	
51 Recovery Room											51	
52 Labor Room and Delivery Room	4,235,767		4,235,767		4,235,767	3,838,166	538,645	4,376,811	** 0.967775	** 0.967775	** 0.967775	
53 Anesthesiology											53	
54 Radiology-Diagnostic	9,755,884		9,755,884		9,755,884	17,983,546	49,245,780	67,229,328	** 0.145114	** 0.145114	** 0.145114	
55 Radiology-Therapeutic											55	
56 Radioisotope											56	
57 Computed Tomography (CT) Scan											57	
58 Magnetic Resonance Imaging (MRI)	521,896		521,896		521,896	3,363,145	4,360,290	7,725,435	** 0.067556	** 0.067556	** 0.067556	
59 Cardiac Catheterization											59	
60 Laboratory	12,884,488		12,884,488		12,884,488	36,766,536	20,190,040	56,956,576	** 0.226216	** 0.226216	** 0.226216	
60.45 Vascular Lab	4,289,750		4,289,750		4,289,750	18,102,776	18,760,520	36,863,296	** 0.116369	** 0.116369	** 0.116369	
61 PRP Clinical Laboratory Services-Pygm. Only											60.45	
62 Whole Blood & Packed Red Blood Cells											61	
63 Blood Storing, Processing, & Trans.											62	
64 Intravenous Therapy	3,462,767		3,462,767		3,462,767	23,372,052	7,250,037	30,622,090	** 0.113081	** 0.113081	** 0.113081	
65 Respiratory Therapy	2,966,799		2,966,799	138	2,966,937	9,056,446	1,016,608	10,073,054	** 0.294528	** 0.294528	** 0.294528	

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COMPUTATION OF RATIO OF COSTS TO CHARGES						Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 05/31/2011		WORKSHEET C PART I		
COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
			Total Costs	RCE Dis- allowance		Inpatient	Outpatient	Total (column 6 + column 7)				
	1	2	3	4	5	6	7	8	9	10	11	
66 Physical Therapy	1,680,905		1,680,905		1,680,905	2,670,693	1,422,295	4,092,988	** 0.410579	** 0.410679	** 0.410679	66
67 Occupational Therapy	140,999		140,999		140,999	258,773	210,127	468,900	** 0.300702	** 0.300702	** 0.300702	67
68 Speech Pathology	186,966		186,966		186,966	333,463	142,099	475,564	** 0.393146	** 0.393146	** 0.393146	68
69 Electrocardiology	1,449,583		1,449,583		1,449,583	8,704,028	3,742,276	12,446,304	** 0.116467	** 0.116467	** 0.116467	69
70 Electroencephalography	763,994		763,994		763,994	633,749	1,700,243	2,333,994	** 0.327333	** 0.327333	** 0.327333	70
71 Medical Supplies Charged to Patients	14,695,567		14,695,567		14,695,567	37,158,812	26,649,736	63,808,548	** 0.230307	** 0.230307	** 0.230307	71
72 Implantable Devices Charged to Patients	15,139,684		15,139,684		15,139,684	17,230,390	11,025,906	28,256,296	** 0.535799	** 0.535799	** 0.535799	72
73 Drugs Charged to Patients	15,150,076		15,150,076		15,150,076	67,818,896	17,954,466	85,773,360	** 0.176629	** 0.176629	** 0.176629	73
74 Renal Dialysis	607,533		607,533		607,533	1,027,079	48,252	1,075,331	** 0.564973	** 0.564973	** 0.564973	74
75 ASC (Non-Distinct Part)												75
76 Other Ancillary (specify)												76
76.30 Other Ancillary Cost Centers	2,910,129		2,910,129	6,222	2,916,351	423,634	4,052,192	4,475,826	** 0.650188	** 0.650188	** 0.651578	76.30
OUTPATIENT SERVICE COST CENTERS												
88 Rural Health Clinic (RHC)												88
89 Federally Qualified Health Center (FQHC)												89
90 Clinic	1,554,425		1,554,425		1,554,425	13,277	3,225,003	3,238,280	** 0.480016	** 0.480016	** 0.480016	90
91 Emergency	9,778,591		9,778,591	2,770	9,781,361	6,489,044	21,895,000	28,384,044	** 0.344510	** 0.344510	** 0.344608	91
92 Observation Beds (see instructions)	1,514,513		1,514,513		1,514,513	804,173	2,453,159	3,257,332	** 0.464955	** 0.464955	** 0.464955	92
93 Other Outpatient Service (specify)												93
OTHER REIMBURSABLE COST CENTERS												
94 Home Program Dialysis												94
95 Ambulance Services	12,154,350		12,154,350		12,154,350		9,941,876	9,941,876	** 1.222541	** 1.222541	** 1.222541	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

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COMPUTATION OF RATIO OF COSTS TO CHARGES						Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 05/31/2011		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	
111 Islet Acquisition												111
112 Other Organ Acquisition (specify)												112
115 Ambulatory Surgical Center (Distinct Part)												115
116 Hospice												116
117 Other Special Purpose (specify)												117
200 Subtotal (see instructions)	190,303,104		190,303,104	16,138	190,319,248	363,853,376	224,871,776	588,725,120				200
201 Less Observation Beds	1,514,513		1,514,513		1,514,513							201
202 Total (see instructions)	188,788,592		188,788,592		188,804,736	363,853,376	224,871,776	588,725,120				202

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-11, SECTIONS 4023)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS				Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET D, PART I	
Medicare - Title XVIII - Hospital							
	Capital Related Cost (from Wkt. 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 ROUTINE SERVICE COST CENTERS							
30 Adults & Pediatrics (General Routine Care)	5,463,121		5,463,121	54,349	100.52	25,233	2,536,421
31 Intensive Care Unit	901,431		901,431	5,250	171.70	2,976	510,979
32 Coronary Care Unit							
33 Burn Intensive Care Unit							
34 Surgical Intensive Care Unit							
35 Other Special Care Unit (specify)							
40 Subprovider IPF	503,145		503,145	5,211	96.55	1,528	147,528
41 Subprovider IRP							
42 Subprovider (Other)							
43 Nursery	674,056		674,056	5,136	131.24		
44 Skilled Nursing Facility							
45 Nursing Facility							
200 Total (lines 30-199)	7,541,753		7,541,753	69,946		29,737	3,194,928
(A) Worksheet A line numbers							
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4024 - 4024.1)							
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PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 05/31/2011		WORKSHEET D, PART II	
		Medicare - Title XVIII - Hospital					
(A)	Cost Center Description	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)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,847,743	42,971,632	** 0.042999	9,596,094	412,622	50
51	Recovery Room						51
52	Labor Room and Delivery Room	603,599	4,376,811	** 0.137908	19,215	2,650	52
53	Anesthesiology						53
54	Radiology-Diagnostic	888,606	67,229,328	** 0.013218	8,907,409	117,738	54
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	Computed Tomography (CT) Scan						57
58	Magnetic Resonance Imaging (MRI)	65,484	7,725,435	** 0.008476	1,549,011	13,129	58
59	Cardiac Catheterization						60
60	Laboratory	546,715	56,956,576	** 0.009599	17,925,858	172,070	60
60.45		549,337	36,863,296	** 0.014902	8,443,925	125,831	60.45
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	274,728	30,622,090	** 0.008972	10,611,240	95,204	64
65	Respiratory Therapy	166,983	10,073,054	** 0.016577	5,032,730	83,428	65
66	Physical Therapy	75,638	4,092,988	** 0.018480	1,594,597	29,468	66
67	Occupational Therapy	2,275	468,900	** 0.004852	137,874	669	67
68	Speech Pathology	2,991	475,564	** 0.006289	217,338	1,367	68
69	Electrocardiology	72,891	12,446,304	** 0.005856	4,666,287	27,326	69
70	Electroencephalography	114,610	2,333,994	** 0.049105	329,295	16,170	70
71	Medical Supplies Charged to Patients	456,316	63,808,548	** 0.007151	15,371,553	109,922	71
72	Implantable Devices Charged to Patients	463,934	28,256,296	** 0.016419	9,087,651	149,210	72
73	Drugs Charged to Patients	392,880	85,773,360	** 0.004580	33,094,632	151,573	73
74	Renal Dialysis	41,856	1,075,331	** 0.038924	762,700	29,687	74
75	ASC (Non-Distinct Part)						75
76	Other Ancillary (specify)						76
76.30		527,313	4,475,826	** 0.117814	35,582	529	76.30
88	Rural Health Clinic (RHC)						88
89	Federally Qualified Health Center (FQHC)						89
90	Clinic	334,953	3,238,280	** 0.103435	7,088	636	90
91	Emergency	779,578	28,384,044	** 0.027465	3,015,121	82,810	91
92	Observation Beds	188,775	3,257,332	** 0.057954	339,593	19,681	92
93	Other Outpatient Service (specify)						93
	OTHER REIMBURSABLE COST CENTERS						
94	Home Program Dialysis						94
95	Ambulance Services						95
96	Durable Medical Equipment-Rented						96
97	Durable Medical Equipment-Sold						97
98	Other Reimbursable (specify)						98
200	Total (sum of lines 50 through 199)	8,397,205	494,904,992	** 0.016967	130,744,792	1,641,720	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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PET-EX081B.0072

RECORD 007677

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 05/31/2011		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	1,847,743	42,971,632	** 0.042999	29,818	1,282	50
51	Recovery Room						51
52	Labor Room and Delivery Room	603,599	4,376,811	** 0.137908			52
53	Anesthesiology						53
54	Radiology-Diagnostic	888,606	67,229,328	** 0.013218	52,053	688	54
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	Computed Tomography (CT) Scan						57
58	Magnetic Resonance Imaging (MRI)	65,484	7,725,435	** 0.008476	8,110	69	58
59	Cardiac Catheterization						60
60	Laboratory	546,715	56,956,576	** 0.009599	177,725	1,706	60
60.45		549,337	36,863,296	** 0.014902			60.45
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	274,728	30,622,090	** 0.008972	565	5	64
65	Respiratory Therapy	166,983	10,073,054	** 0.016577	5,175	86	65
66	Physical Therapy	75,638	4,092,988	** 0.018480	4,687	87	66
67	Occupational Therapy	2,275	468,900	** 0.004852	370	2	67
68	Speech Pathology	2,991	475,564	** 0.006289	2,175	14	68
69	Electrocardiology	72,891	12,446,304	** 0.005856	11,265	66	69
70	Electroencephalography	114,610	2,333,994	** 0.049105	2,705	133	70
71	Medical Supplies Charged to Patients	456,316	63,808,548	** 0.007151	18,061	129	71
72	Implantable Devices Charged to Patients	463,934	28,256,296	** 0.016419			72
73	Drugs Charged to Patients	392,880	85,773,360	** 0.004580	665,497	3,048	73
74	Renal Dialysis	41,856	1,075,331	** 0.038924			74
75	ASC (Non-Distinct Part)						75
76	Other Ancillary (specify)						76
76.30		527,313	4,475,826	** 0.117814	70,662	349	76.30
88	Rural Health Clinic (RHC)						88
89	Federally Qualified Health Center (FQHC)						89
90	Clinic	334,953	3,238,280	** 0.103435			90
91	Emergency	779,578	28,384,044	** 0.027465	81,575	2,240	91
92	Observation Beds	188,775	3,257,332	** 0.057954			92
93	Other Outpatient Service (specify)						93
	OTHER REIMBURSABLE COST CENTERS						
94	Home Program Dialysis						94
95	Ambulance Services						95
96	Durable Medical Equipment-Rented						96
97	Durable Medical Equipment-Sold						97
98	Other Reimbursable (specify)						98
200	Total (sum of lines 50 through 199)	8,397,205	494,904,992	** 0.016967	1,130,443	9,904	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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PET-EX081B.0073

RECORD 007678

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	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)						54,349		25,233	30
31 Intensive Care Unit						5,250		2,976	31
32 Coronary Care Unit									32
33 Burn Intensive Care Unit									33
34 Surgical Intensive Care Unit									34
35 Other Special Care Unit (specify)									35
40 Subprovider IPF						5,211		1,528	40
41 Subprovider IRF									41
42 Subprovider (Other)									42
43 Nursery						5,136			43
44 Skilled Nursing Facility									44
45 Nursing Facility									45
200 Total (sum of lines 30-199)						69,946		29,737	200
(A) Worksheet A line numbers									
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-IL, SECTION 4024.3)									
Rev. 2 - 08-11									40-569

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PET-EX081B.0074

RECORD 007679

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS									Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011		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 1, 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							42,971,632			29,818			50
51	Recovery Room													51
52	Labor room and Delivery Room							4,376,811						52
53	Anesthesiology													53
54	Radiology-Diagnostic							67,229,328			52,053			54
55	Radiology-Therapeutic													55
56	Radioisotope													56
57	Computed Tomography (CT) Scan													57
58	Magnetic Resonance Imaging (MRI)							7,725,435			8,110			58
59	Cardiac Catheterization													59
60	Laboratory							56,956,576			177,725			60
60.45	Vascular Lab							36,863,296						60.45
61	PRP Clinical Laboratory Services-Prgm. Only													61
62	Whole Blood & Packed Red Blood Cells													62
63	Blood Storing, Processing, & Transfusing													63
64	Intravenous Therapy							30,622,090			565			64
65	Respiratory Therapy							10,073,054			5,175			65
66	Physical Therapy							4,092,988			4,687			66
67	Occupational Therapy							468,900			370			67
68	Speech Pathology							475,564			2,175			68
69	Electrocardiology							12,446,304			11,265			69
70	Electroencephalography							2,333,994			2,705			70
71	Medical Supplies Charged To Patients							63,808,548			18,061			71
72	Implantable Devices Charged to Patients							28,256,296						72
73	Drugs Charged to Patients							85,773,360			665,497		854	73
74	Renal Dialysis							1,075,331						74
75	ASC (Non-Distinct Part)													75
76	Other Ancillary (specify)													76
76.30	Other Ancillary Cost Centers							4,475,826			70,662			76.30
OUTPATIENT SERVICE COST CENTERS														

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS										Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 05/31/2011		WORKSHEET D, PART IV	
Medicare - Title XVIII - Subprovider															
(A)	Cost Center Description	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 Wkt. C, Part 1, 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)	
88	Rural Health Clinic (RHC)														88
89	Federally Qualified Health Center (FQHC)														89
90	Clinic							3,238,280							90
91	Emergency							28,384,044			81,575		18		91
92	Observation Beds							3,257,332							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)							494,904,992			1,130,443		872		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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PET-EX081B.0076

RECORD 007681

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS									Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011		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 Wkt. 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							42,971,632			9,596,094		4,891,035	50
51	Recovery Room													51
52	Labor room and Delivery Room							4,376,811			19,215		1,383	52
53	Anesthesiology													53
54	Radiology-Diagnostic							67,229,328			8,907,409		14,398,289	54
55	Radiology-Therapeutic													55
56	Radioisotope													56
57	Computed Tomography (CT) Scan													57
58	Magnetic Resonance Imaging (MRI)							7,725,435			1,549,011		1,605,684	58
59	Cardiac Catheterization													59
60	Laboratory							56,956,576			17,925,858		1,609,045	60
60.45	Vascular Lab							36,863,296			8,443,925		8,434,381	60.45
61	FBP Clinical Laboratory Services-Pygm. Only													61
62	Whole Blood & Packed Red Blood Cells													62
63	Blood Storing, Processing, & Transfusing													63
64	Intravenous Therapy							30,622,090			10,611,240		2,049,812	64
65	Respiratory Therapy							10,073,054			5,032,730		363,130	65
66	Physical Therapy							4,092,988			1,594,597			66
67	Occupational Therapy							468,900			137,874			67
68	Speech Pathology							475,564			217,338			68
69	Electrocardiology							12,446,304			4,666,287		1,310,029	69
70	Electroencephalography							2,333,994			329,295		447,260	70
71	Medical Supplies Charged To Patients							63,808,548			15,371,553		8,703,619	71
72	Implantable Devices Charged to Patients							28,256,296			9,087,651		5,331,278	72
73	Drugs Charged to Patients							85,773,360			33,094,632		6,624,671	73
74	Renal Dialysis							1,075,331			762,700			74
75	ASC (Non-Distinct Part)													75
76	Other Ancillary (specify)													76
76.30	Other Ancillary Cost Centers							4,475,826			35,582		2,015,110	76.30
OUTPATIENT SERVICE COST CENTERS														

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS										Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 05/31/2011		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	
88	Rural Health Clinic (RHC)														
89	Federally Qualified Health Center (FQHC)														
90	Clinic							3,238,280			7,088		945,952		
91	Emergency							28,384,044			3,015,121		3,430,256		
92	Observation Beds							3,257,332			339,593		994,848		
93	Other Outpatient Service (specify)														
OTHER REIMBURSABLE COST CENTERS															
94	Home Program Dialysis														
95	Ambulance Services														
96	Durable Medical Equipment-Rented														
97	Durable Medical Equipment-Sold														
98	Other Reimbursable (specify)														
200	Total (sum of lines 50 through 199)							494,904,992			130,744,792		63,155,784		
(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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PET-EX081B.0078

RECORD 007683

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS	Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET D, PART V
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Medicare - Title XVIII - Subprovider

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

(A) Cost Center Description	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)
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							54
55 Radiology-Therapeutic							55
56 Radioisotope							56
57 Computed Tomography (CT) Scan							57
58 Magnetic Resonance Imaging (MRI)							58
59 Cardiac Catheterization							59
60 Laboratory							60
61 PBP 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							65
66 Physical Therapy							66
67 Occupational Therapy							67
68 Speech Pathology							68
69 Electrocardiology							69
70 Electroencephalography							70
71 Medical Supplies Charged To Patients							71
72 Implantable Devices Charged to Patients							72
73 Drugs Charged to Patients		854		2,070	151		366
74 Renal Dialysis							74
75 ASC (Non-Distinct Part)							75
76 Other Ancillary (specify)							76
OUTPATIENT SERVICE COST CENTERS							
88 Rural Health Clinic (RHC)							88
89 Federally Qualified Health Center (FQHC)							89
90 Clinic							90
91 Emergency		18			6		91
92 Observation Bed							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)		872		2,070	157		366
201 Less PBP Clinic Lab. Services-Program Only Charges							201
202 Net Charges (line 200 - line 201)		872		2,070	157		366

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

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Rev. 2 - 08-11

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PET-EX081B.0079

RECORD 007684

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS	Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET D, PART V
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Medicare - Title XVIII - Hospital

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

(A)	Cost Center Description	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)
		1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS								
50	Operating Room		4,891,035			1,680,408		50
51	Recovery Room							51
52	Labor & Delivery Room		1,383			1,338		52
53	Anesthesiology							53
54	Radiology-Diagnostic		14,398,289			2,089,393		54
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	Computed Tomography (CT) Scan							57
58	Magnetic Resonance Imaging (MRI)		1,605,684			108,474		58
59	Cardiac Catheterization							59
60	Laboratory		1,609,045	92		363,992	21	60
60.45	Vascular Lab		8,434,381			981,500		60.45
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		2,049,812			231,795		64
65	Respiratory Therapy		363,130			106,952		65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology		1,310,029			152,575		69
70	Electroencephalography		447,260			146,403		70
71	Medical Supplies Charged To Patients		8,703,619			2,004,504		71
72	Implantable Devices Charged to Patients		5,331,278			2,856,493		72
73	Drugs Charged to Patients		6,624,671		176,869	1,170,109		31,240 73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
76	Other Ancillary (specify)							76
76.30	Other Ancillary Cost Centers		2,015,110			1,151,831		76.30
OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic (RHC)							88
89	Federally Qualified Health Center (FQHC)							89
90	Clinic		945,952			436,248		90
91	Emergency		3,430,256			1,181,757		91
92	Observation Bed		994,848			462,560		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)		63,155,784	92	176,869	15,126,332	21	31,240 200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		63,155,784	92	176,869	15,126,332	21	31,240 202

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

40-572

Rev. 2 - 08-11

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	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)		5,211	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,211	2
3	Private room days (excluding swing-bed and observation bed days)		1,405	3
4	Semi-private room days (excluding swing-bed and observation bed days)		3,806	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)		1,528	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)		501	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)		3,830,002	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)		3,830,002	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28	General inpatient routine service charges (excluding swing-bed charges)		8,822,470	28
29	Private room charges (excluding swing-bed charges)		1,940,010	29
30	Semi-private room charges (excluding swing-bed charges)		6,882,460	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.434119	31
32	Average private room per diem charge (line 29 ÷ line 3)		1,380.79	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		1,808	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)		3,830,002	37
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4025.1)				
Rev. 2 - 08-11		40-573		

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PET-EX081B.0081

RECORD 007686

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	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)		54,349	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)		54,349	2
3	Private room days (excluding swing-bed and observation bed days)		34,377	3
4	Semi-private room days (excluding swing-bed and observation bed days)		19,972	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)		25,233	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)		14,741	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)		43,829,940	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)		43,829,940	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28	General inpatient routine service charges (excluding swing-bed charges)		60,294,352	28
29	Private room charges (excluding swing-bed charges)		27,790,544	29
30	Semi-private room charges (excluding swing-bed charges)		32,503,808	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.726933	31
32	Average private room per diem charge (line 29 ÷ line 3)		808.41	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		1,627	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)		43,829,940	37
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4025.1)				
Rev. 2 - 08-11		40-573		

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PET-EX081B.0082

RECORD 007687

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 05/31/2011	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)				806	38
39	Program general inpatient routine service cost (line 9 x line 38)				20,349,152	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)				20,349,152	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	8,562,422	5,250	** 1,630.94	4,853,677	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)				29,763,864	48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)				54,966,696	49
PASS-THROUGH COST ADJUSTMENTS						
50	Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III)				3,047,400	50
51	Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV)				1,641,720	51
52	Total Program excludable cost (sum of lines 50 and 51)				4,689,120	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)				50,277,576	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)						
40-574 - 08-11					Rev. 2	

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PET-EX081B.0083

RECORD 007688

PIEDMONT MEDICAL CENTER - ROCK HILL, SC
 Cost report status - As Submitted
 [Record code 6608 - 2010]

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 05/31/2011		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)					734	38
39	Program general inpatient routine service cost (line 9 x line 38)					1,123,049	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)					1,123,049	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)					237,068	48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)					1,360,117	49
PASS-THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III)					147,528	50
51	Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV)					9,904	51
52	Total Program excludable cost (sum of lines 50 and 51)					157,432	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)					1,202,685	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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PET-EX081B.0084

RECORD 007689

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET D-1, PARTS III & IV		
Medicare - Title XVIII - Hospital						
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICT/MR ONLY						
70	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)			70		
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)			71		
72	Program routine service cost (line 9 x line 71)			72		
73	Medically necessary private room cost applicable to Program (line 14 x line 35)			73		
74	Total Program general inpatient routine service costs (line 72 + line 73)			74		
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Parts II, column 26, line 45)			75		
76	Per diem capital-related costs (line 75 ÷ line 2)			76		
77	Program capital-related costs (line 9 x line 76)			77		
78	Inpatient routine service cost (line 74 minus line 77)			78		
79	Aggregate charges to beneficiaries for excess costs (from provider records)			79		
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)			80		
81	Inpatient routine service cost per diem limitation			81		
82	Inpatient routine service cost limitation (line 9 x line 81)			82		
83	Reasonable inpatient routine service costs (see instructions)			83		
84	Program inpatient ancillary services (see instructions)			84		
85	Utilization review - physician compensation (see instructions)			85		
86	Total Program inpatient operating costs (sum of lines 83 through 85)			86		
PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
87	Total observation bed days (see instructions)		1,878	87		
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)		806.45	88		
89	Observation bed cost (line 87 x line 88) (see instructions)		1,514,513	89		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass- Through Cost (col. 3 x col. 4) (see instructions)	
	1	2	3	4	5	
90	Capital-related cost	5,463,121	43,829,940	0.124644	1,514,513	188,775
91	Nursing School cost		43,829,940		1,514,513	
92	Allied Health cost		43,829,940		1,514,513	
93	All other Medical Education		43,829,940		1,514,513	
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-1I, SECTIONS 4025.3 - 4025.4)						
Rev. 2					40-575 - 08-11	

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 05/31/2011	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)				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	503,145	3,830,002	0.131369	
91	Nursing School cost		3,830,002		
92	Allied Health cost		3,830,002		
93	All other Medical Education		3,830,002		
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-11, SECTIONS 4025.3 - 4025.4)					
Rev. 2					40-575 - 08-11

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PET-EX081B.0086

RECORD 007691

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	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)		29,992,396	30
31	Intensive Care Unit		7,280,937	31
32	Coronary Care Unit			32
33	Burn Intensive Care Unit			33
34	Surgical Intensive Care Unit			34
35	Other Special Care (specify)			35
40	Subprovider IPF			40
41	Subprovider IRF			41
42	Subprovider (Specify)			42
43	Nursery			43
ANCILLARY SERVICE COST CENTERS				
50	Operating Room		9,596,094	50
51	Recovery Room			51
52	Labor Room and Delivery Room		19,215	52
53	Anesthesiology			53
54	Radiology-Diagnostic		8,907,409	54
55	Radiology-Therapeutic			55
56	Radioisotope			56
57	Computed Tomography (CT) Scan			57
58	Magnetic Resonance Imaging (MRI)		1,549,011	58
59	Cardiac Catheterization			59
60	Laboratory		17,925,858	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		10,611,240	64
65	Respiratory Therapy		5,032,730	65
66	Physical Therapy		1,594,597	66
67	Occupational Therapy		137,874	67
68	Speech Pathology		217,338	68
69	Electrocardiology		13,110,212	69
70	Electroencephalography		329,295	70
71	Medical Supplies Charged to Patients		15,371,553	71
72	Implantable Devices Charged to Patients		9,087,651	72
73	Drugs Charged to Patients		33,094,632	73
74	Renal Dialysis	0.564973	762,700	74
75	ASC (Non-Distinct Part)			75
76	Other Ancillary (specify)		35,582	76
OUTPATIENT SERVICE COST CENTERS				
88	Rural Health Clinic (RHC)			88
89	Federally Qualified Health Center (FQHC)			89
90	Clinic		7,088	90
91	Emergency		3,015,121	91
92	Observation Beds (see instructions)		339,593	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)		130,744,792	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)			201
202	Net Charges (line 200 minus line 201)		130,744,792	202

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PET-EX081B.0087

RECORD 007692

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET D-3
(A) Worksheet A line numbers			
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4027)			
40-578 - 08-11			Rev. 2

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RECORD 007693

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	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		2,020,668	40
41	Subprovider IRF			41
42	Subprovider (Specify)			42
43	Nursery			43
ANCILLARY SERVICE COST CENTERS				
50	Operating Room		29,818	50
51	Recovery Room			51
52	Labor Room and Delivery Room			52
53	Anesthesiology			53
54	Radiology-Diagnostic		52,053	54
55	Radiology-Therapeutic			55
56	Radioisotope			56
57	Computed Tomography (CT) Scan			57
58	Magnetic Resonance Imaging (MRI)		8,110	58
59	Cardiac Catheterization			59
60	Laboratory		177,725	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		565	64
65	Respiratory Therapy		5,175	65
66	Physical Therapy		4,687	66
67	Occupational Therapy		370	67
68	Speech Pathology		2,175	68
69	Electrocardiology		11,265	69
70	Electroencephalography		2,705	70
71	Medical Supplies Charged to Patients		18,061	71
72	Implantable Devices Charged to Patients			72
73	Drugs Charged to Patients		665,497	73
74	Renal Dialysis	0.564973		74
75	ASC (Non-Distinct Part)			75
76	Other Ancillary (specify)		70,662	76
OUTPATIENT SERVICE COST CENTERS				
88	Rural Health Clinic (RHC)			88
89	Federally Qualified Health Center (FQHC)			89
90	Clinic			90
91	Emergency		81,575	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)		1,130,443	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)			201
202	Net Charges (line 200 minus line 201)		1,130,443	202

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PET-EX081B.0089

RECORD 007694

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET D-3
(A) Worksheet A line numbers			
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-IL, SECTION 4027)			
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RECORD 007695

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET E, PART A
Medicare - Title XVIII - Hospital				
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1	DRG amounts other than outlier payments	42,062,668		1
2	Outlier payments for discharges (see instructions)	845,448		2
3	Managed care simulated payments	7,558,928		3
4	Bed days available divided by number of days in the cost reporting period (see instructions) Indirect Medical Education Adjustment Calculation for Hospitals	262.85		4
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.			8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)			8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)			9
10	FTE count for allopathic and osteopathic programs in the current year from your records			10
11	FTE count for residents in dental and podiatric programs			11
12	Current year allowable FTE (see instructions)			12
13	Total allowable FTE count for the prior year			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			14
15	Sum of lines 12 through 14 divided by 3			15
16	Adjustment for residents in initial years of the program			16
17	Adjustment for residents displaced by program or hospital closure			17
18	Adjusted rolling average FTE count			18
19	Current year resident to bed ratio (line 18 divided by line 4)			19
20	Prior year resident to bed ratio (see instructions)			20
21	Enter the lesser of lines 19 or 20 (see instructions)			21
22	IME payment adjustment (see instructions)			22
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).			23
24	IME FTE resident count over cap (see instructions)			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			25
26	Resident to bed ratio (divide line 25 by line 4)			26
27	IME payments adjustment (see instructions)			27
28	IME Adjustment (see instructions)			28
29	Total IME payment (sum of lines 22 and 28)			29
Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.080300		30
31	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	0.219800		31
32	Sum of lines 30 and 31	0.300100		32
33	Allowable disproportionate share percentage (see instructions)	0.139700		33
34	Disproportionate share adjustment (see instructions)	5,876,155		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 and 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 and 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)	48,784,272		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)	48,784,272		49

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PET-EX081B.0091

RECORD 007696

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET E, PART A
Medicare - Title XVIII - Hospital				
50	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	3,698,941		50
51	Exception payment for inpatient program capital (Worksheet L, Part III) (see instructions)			51
52	Direct graduate medical education payment (from Worksheet E-4, line 49) (see instructions).			52
53	Nursing and allied health managed care payment			53
54	Special add-on payments for new technologies			54
55	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			55
56	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			56
57	Routine service other pass through costs			57
58	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			58
59	Total (sum of amounts on lines 49 through 58)	52,483,212		59
60	Primary payer payments	25,994		60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	52,457,216		61
62	Deductibles billed to program beneficiaries	4,355,711		62
63	Coinsurance billed to program beneficiaries	150,968		63
64	Allowable bad debts (see instructions)	868,347		64
65	Adjusted reimbursable bad debts (see instructions)	607,843		65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	232,102		66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	48,558,384		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)	48,558,384		71
72	Interim payments	49,213,160		72
73	Tentative settlement (for contractor use only)			73
74	Balance due provider (Program) (lines 71 minus the sum of lines 72 and 73)	-654,776		74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	1,525,601		75
TO BE COMPLETED BY CONTRACTOR				
90	Operating outlier amount from Worksheet E, Part A line 2	845,448		90
91	Capital outlier from Worksheet L, Part I, line 2	68,991		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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PET-EX081B.0092

RECORD 007697

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET E, PART B
Medicare - Title XVIII - Subprovider				
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1	Medical and other services (see instructions)	366	1	
2	Medical and other services reimbursed under OPPS (see instructions)	157	2	
3	PPS payments	742	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		9	
10	Organ acquisition		10	
11	Total cost (sum of lines 1 and 10) (see instructions)	366	11	
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12	Ancillary service charges	2,070	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)	2,070	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)	2,070	18	
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,704	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)	366	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)	742	24	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)		25	
26	Deductibles and Coinsurance relating to amount on line 24 (see instructions)	50	26	
27	Subtotal ((lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	1,058	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)	1,058	30	
31	Primary payer payments		31	
32	Subtotal (line 30 minus line 31)	1,058	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)	1,058	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)	1,058	40	
41	Interim payments	1,106	41	
42	Tentative settlement (for contractors use only)		42	
43	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	-48	43	
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		44	
PART B - MEDICAL AND OTHER HEALTH SERVICES TO BE COMPLETED BY CONTRACTOR				
90	Original outlier amount (see instructions)		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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PET-EX081B.0093

RECORD 007698

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET E, PART B
Medicare - Title XVIII - Subprovider			
Rcv. 2 - 08-11			40-587

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PET-EX081B.0094

RECORD 007699

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET E, PART B
Medicare - Title XVIII - Hospital				
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1	Medical and other services (see instructions)		31,261	1
2	Medical and other services reimbursed under OPFS (see instructions)		15,126,332	2
3	PPS payments		15,632,922	3
4	Outlier payment (see instructions)		32,696	4
5	Enter the hospital specific payment to cost ratio (see instructions)		0.91	5
6	Line 2 times line 5		13,780,088	6
7	Sum of lines line 3 plus line 4 divided by line 6			7
8	Transitional corridor payment (see instructions)			8
9	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			9
10	Organ acquisition			10
11	Total cost (sum of lines 1 and 10) (see instructions)		31,261	11
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12	Ancillary service charges		176,961	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)		176,961	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)		176,961	18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		145,700	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)		31,261	21
22	Interns and residents (see instructions)			22
23	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, §2148)			23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)		15,665,618	24
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)			25
26	Deductibles and Coinsurance relating to amount on line 24 (see instructions)		3,427,189	26
27	Subtotal ((lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)		12,269,690	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)		12,269,690	30
31	Primary payer payments		5,590	31
32	Subtotal (line 30 minus line 31)		12,264,100	32
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Worksheet I-5, line 11)			33
34	Allowable bad debts (see instructions)		1,216,983	34
35	Adjusted reimbursable bad debts (see instructions)		851,888	35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)		525,379	36
37	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		13,115,988	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)		13,115,988	40
41	Interim payments		12,782,297	41
42	Tentative settlement (for contractors use only)			42
43	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		333,691	43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		16,511	44
PART B - MEDICAL AND OTHER HEALTH SERVICES TO BE COMPLETED BY CONTRACTOR				
90	Original outlier amount (see instructions)		32,696	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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PET-EX081B.0095

RECORD 007700

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET E, PART B
Medicare - Title XVIII - Hospital			
Rev. 2 - 08-11			40-587

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PET-EX081B.0096

RECORD 007701

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET E-1, PART II
Medicare - Title XVIII - Hospital				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I, line 14, column 15	13,667	1	
2	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	28,209	2	
3	Medicare HMO days from Wkst S-3, Part I, column 6, line 2	5,168	3	
4	Total inpatient bed days from S-3, Part I column 8 sum of lines 1, 8-12	57,721	4	
5	Total hospital charges from Wkst C, Part I, column 8 line 200	588,725,120	5	
6	Total hospital charity care charges from Wkst S-10, column 3 line 20	22,562,986	6	
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology from Worksheet S-2, Part I line 168		7	
8	Calculation of the HIT incentive payment (see instructions)		8	
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30	Initial/interim HIT payment(s).		30	
31	Other Adjustments (specify)		31	
32	Balance due provider (line 8 minus line 30 ± line 31)		32	
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-IL, SECTION 4031.1)				
Rev. 2 - 08-11				40-589

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PET-EX081B.0097

RECORD 007702

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	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)	1,075,063		1
2	Net IPF PPS Outlier payment	184,048		2
3	Net IPF PPS ECT payment			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)	14.28		9
10	Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			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)	1,259,111		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)	1,259,111		16
17	Primary payer payments			17
18	Subtotal (line 16 less line 17).	1,259,111		18
19	Deductibles	118,948		19
20	Subtotal (line 18 minus line 19)	1,140,163		20
21	Coinsurance	49,513		21
22	Subtotal (line 20 minus line 21)	1,090,650		22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	87,551		23
24	Adjusted reimbursable bad debts (see instructions)	61,286		24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)	44,064		25
26	Subtotal (sum of lines 22 and 24)	1,151,936		26
27	Direct graduate medical education payments (from Worksheet E-4, line 49)			27
28	Other pass through costs (see instructions)			28
29	Outlier payments reconciliation			29
30	Other adjustments (specify) (see instructions)			30
31	Total amount payable to the provider (see instructions)	1,151,936		31
32	Interim payments	1,119,705		32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus the sum lines 32 and 33)	32,231		34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			35
TO BE COMPLETED BY CONTRACTOR				
50	Original outlier amount from Worksheet E-3, Part II, line 2 (see instructions)	184,048		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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PET-EX081B.0098

RECORD 007703

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

BALANCE SHEET

Provider CCN:
420002

PERIOD:
FROM 06/01/2010
TO 05/31/2011

WORKSHEET G

(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Assets (Omit cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1	2	3	4	
CURRENT ASSETS					
1 Cash on hand and in banks	-4,965				1
2 Temporary investments					2
3 Notes receivable					3
4 Accounts receivable	63,523,700				4
5 Other receivables	3,622,617				5
6 Allowances for uncollectible notes and accounts receivable	-41,074,536				6
7 Inventory	3,952,061				7
8 Prepaid expenses	1,551,440				8
9 Other current assets					9
10 Due from other funds					10
11 Total current assets (sum of lines 1-10)	31,570,320				11
FIXED ASSETS					
12 Land	2,050,000				12
13 Land improvements	1,248,328				13
14 Accumulated depreciation	-267,395				14
15 Buildings	126,015,312				15
16 Accumulated depreciation	-39,367,368				16
17 Leasehold improvements	696,016				17
18 Accumulated depreciation	-274,274				18
19 Fixed equipment	3,804,121				19
20 Accumulated depreciation	-1,924,631				20
21 Automobiles and trucks	1,580,192				21
22 Accumulated depreciation	-1,134,764				22
23 Major movable equipment	70,513,184				23
24 Accumulated depreciation	-42,814,268				24
25 Minor equipment depreciable					25
26 Accumulated depreciation					26
27 HIT designated Assets					27
28 Accumulated depreciation					28
29 Minor equipment-nondepreciable	998,550				29
30 Total fixed assets (sum of lines 12-29)	121,122,984				30
OTHER ASSETS					
31 Investments					31
32 Deposits on leases					32
33 Due from owners/officers					33
34 Other assets	93,673,608				34
35 Total other assets (sum of lines 31-34)	93,673,608				35
36 Total assets (sum of lines 11, 30, and 35)	246,366,912				36
Liabilities and Fund Balances (Omit cents)					
CURRENT LIABILITIES					
37 Accounts payable	8,970,865				37
38 Salaries, wages, and fees payable	5,913,875				38
39 Payroll taxes payable					39
40 Notes and loans payable (short term)	-1,414,715				40
41 Deferred income					41
42 Accelerated payments					42
43 Due to other funds					43
44 Other current liabilities	6,669,152				44
45 Total current liabilities (sum of lines 37 thru 44)	20,139,176				45
LONG TERM LIABILITIES					
46 Mortgage payable					46
47 Notes payable	111,049,000				47
48 Unsecured loans					48
49 Other long term liabilities					49

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PET-EX081B.0099

RECORD 007704

BALANCE SHEET		Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	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)	111,049,000			50
51 Total liabilities (sum of lines 45 and 50)	131,188,176			51
CAPITAL ACCOUNTS				
52 General fund balance	115,178,736			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)	115,178,736			59
60 Total liabilities and fund balances (sum of lines 51 and 59)	246,366,912			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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PET-EX081B.0100

RECORD 007705

STATEMENT OF CHANGES IN FUND BALANCES				Provider CCN: 420002		PERIOD: FROM 06/01/2010 TO 05/31/2011		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			130,284,984					1
2	Net income (loss) (from Worksheet G-3, line 29)		15,266,176						2
3	Total (sum of line 1 and line 2)		15,266,176	130,284,984					3
4									4
5	INTERCOMPANY ACTIVITY		2,414,684						5
6									6
7									7
8									8
9									9
10	Total additions (sum of lines 4-9)		2,414,684						10
11	Subtotal (line 3 plus line 10)		17,680,860	130,284,984					11
12									12
13	RECONCILING ITEM		32,787,108						13
14									14
15									15
16									16
17									17
18	Total deductions (sum of lines 12-17)		32,787,108						18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		-15,106,248	130,284,984					19
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4040)									
40-602 - 08-11									
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PET-EX081B.0101

RECORD 007706

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES		Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	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	65,177,092		65,177,092	1
2 Subprovider IPF	6,822,470		6,822,470	2
3 Subprovider IRF				3
4 Subprovider (Other)				4
5 Swing bed - SNF				5
6 Swing bed - NF				6
7 Skilled nursing facility				7
8 Nursing facility				8
9 Other long term care				9
10 Total general inpatient care services (sum of lines 1-9)	71,999,560		71,999,560	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 Intensive care unit	12,873,285		12,873,285	11
12 Coronary care unit				12
13 Burn intensive care unit				13
14 Surgical intensive care unit				14
15 Other special care (specify)				15
16 Total intensive care type inpatient hospital services (sum of lines 11-15)	12,873,285		12,873,285	16
17 Total inpatient routine care services (sum of lines 10 and 16)	84,872,848		84,872,848	17
18 Ancillary services	281,124,384	226,982,128	508,106,528	18
19 Outpatient services				19
20 Rural Health Clinic (RHC)				20
21 Federally Qualified Health Center (FQHC)				21
22 Home health agency				22
23 Ambulance				23
24 Outpatient rehabilitation providers				24
25 ASC				25
26 Hospice				26
27 Other (specify)				27
28 Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	365,997,248	226,982,128	592,979,392	28
PART II - OPERATING EXPENSES				
	1	2		
29 Operating expenses (per Wkst. A, column 3, line 200)		212,238,112		29
30 Add (specify)				30
31	11,127			31
32				32
33				33
34				34
35				35
36 Total additions (sum of lines 30-35)		11,127		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)		212,249,248		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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PET-EX081B.0102

RECORD 007707

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET G-3
Description				
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)		592,979,392	1
2	Less contractual allowances and discounts on patients' accounts		367,430,528	2
3	Net patient revenues (line 1 minus line 2)		225,548,816	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)		212,249,248	4
5	Net income from service to patients (line 3 minus line 4)		13,299,579	5
OTHER INCOME				
6	Contributions, donations, bequests, etc		13,236	6
7	Income from investments		-131,453	7
8	Revenues from telephone and telegraph service			8
9	Revenue from television and radio service			9
10	Purchase discounts		27,283	10
11	Rebates and refunds of expenses		66,377	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			17
18	Revenue from sale of medical records and abstracts			18
19	Tuition (fees, sale of textbooks, uniforms, etc.)			19
20	Revenue from gifts, flowers, coffee shops, and canteen			20
21	Rental of vending machines			21
22	Rental of hospital space		357,524	22
23	Governmental appropriations			23
24	Other (specify)			24
24.00	MISCELLANEOUS REVENUE		1,633,630	24.00
25	Total other income (sum of lines 6-24)		1,966,597	25
26	Total (line 5 plus line 25)		15,266,176	26
27	Other expenses (specify)			27
28	Total other expenses (sum of line 27 and subscripts)			28
29	Net income (or loss) for the period (line 26 minus line 28)		15,266,176	29
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4040)				
40-604 - 08-11			Rev. 2	

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PET-EX081B.0103

RECORD 007708

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 420002	PERIOD: FROM 06/01/2010 TO 05/31/2011	WORKSHEET L
Medicare - Title XVIII - Hospital				
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1	Capital DRG other than outlier		3,415,781	1
2	Capital DRG outlier payments		68,991	2
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)		158.14	3
4	Number of interns & residents (see instructions)			4
5	Indirect medical education percentage (see instructions)			5
6	Indirect medical education adjustment (line 1 times line 5)			6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)		0.080300	7
8	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		0.219800	8
9	Sum of lines 7 and 8		0.300100	9
10	Allowable disproportionate share percentage (see instructions)		0.062700	10
11	Disproportionate share adjustment (line 10 times line 1)		214,169	11
12	Total prospective capital payments (sum of lines 1-2, 6 and 11)		3,698,941	12
PART II - PAYMENT UNDER REASONABLE COST				
1	Program inpatient routine capital cost (see instructions)			1
2	Program inpatient ancillary capital cost (see instructions)			2
3	Total inpatient program capital cost (line 1 plus line 2)			3
4	Capital cost payment factor (see instructions)			4
5	Total inpatient program capital cost (line 3 x line 4)			5
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1	Program inpatient capital costs (see instructions)			1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)			2
3	Net program inpatient capital costs (line 1 minus line 2)			3
4	Applicable exception percentage (see instructions)			4
5	Capital cost for comparison to payments (line 3 x line 4)			5
6	Percentage adjustment for extraordinary circumstances (see instructions)			6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			7
8	Capital minimum payment level (line 5 plus line 7)			8
9	Current year capital payments (from Part I, line 12 as applicable)			9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)			11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)			13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)			14
15	Current year allowable operating and capital payment (see instructions)			15
16	Current year operating and capital costs (see instructions)			16
17	Current year exception offset amount (see instructions)			17
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-JI, SECTIONS 4064.1 - 4064.3)				
40-646 - 08-11				Rev. 2

Carolinas HealthCare System
Departmental Performance Report
2010-07-31

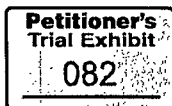
Department:
Responsibility: Performance Report
Business Unit: 07
Business Unit Name: Carolinas Med Center-Pineville
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VOLUME SECTION

Statistics

FOR REPORTING PERIOD						YEAR - TO - DATE			
	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Procedures - Observation	900720	4,041	4,482	(441)	(9.84%)	30,623	30,038	585	1.95%
Visits - Emergency	901700	5,280	4,966	314	6.32%	36,208	33,987	2,221	6.53%
Procedures - Emergency	901710	15,894	12,579	3,315	26.35%	108,027	84,658	23,369	27.60%
Cases - I/P	902600	47	59	(12)	(20.34%)	372	397	(25)	(6.30%)
Procedures - I/P	902700	32,827	30,922	1,905	6.16%	225,289	218,378	6,911	3.16%
Visits - I/P	902800	1,354	1,172	182	15.53%	9,075	8,150	925	11.35%
Inpatient Days - Adult	903000	2,696	2,582	114	4.42%	18,522	18,077	445	2.46%
Inpatient Days-Newborn	903010	451	408	43	10.54%	2,842	2,770	72	2.60%
Meals Served	903600	19,901	22,381	(2,480)	(11.08%)	132,192	149,979	(17,787)	(11.86%)
Cases - O/P	903700	816	891	(75)	(8.42%)	5,554	5,970	(416)	(6.97%)
Procedures - O/P	903800	5,818	5,852	(34)	(0.58%)	37,211	39,187	(1,976)	(5.04%)
Visits - O/P	904100	8,424	8,155	269	3.30%	60,143	54,702	5,441	9.95%
Obs Equivalent Days - Adult	904200	214	287	(73)	(25.44%)	1,725	1,846	(121)	(6.55%)
Visits - Observation	904210	154	142	12	8.45%	1,141	970	171	17.63%
Obs Equivalent Days-Newborn	904211	6	0	6	100.00%	6	0	6	100.00%
Minutes-ED	904320	117	0	117	100.00%	171	0	171	100.00%
Minutes-IP	904330	62,476	55,109	7,367	13.37%	408,526	389,919	18,607	4.77%
Minutes-Obs	904340	16,445	14,529	1,916	13.19%	124,550	98,992	25,558	25.82%
Minutes-OP	904350	143,901	154,805	(10,904)	(7.04%)	992,854	1,054,765	(61,911)	(5.87%)
Hours - I/P Participants	904500	299	264	35	13.26%	1,898	1,781	117	6.57%
Hours - O/P Participants	904510	41	77	(36)	(46.75%)	421	512	(91)	(17.77%)
OP in Bed Equiv Days	904580	37	32	5	15.63%	278	236	42	17.80%
Patients Registered	904800	20,260	20,196	64	0.32%	136,984	135,336	1,648	1.22%
Prescriptions - I/P	905000	0	315	(315)	(100.00%)	0	2,218	(2,218)	(100.00%)
Records Processed	905200	11,703	10,384	1,319	12.70%	78,966	71,016	7,950	11.19%
Total Inpatient Days	905900	18,882	17,911	971	5.42%	131,424	125,053	6,371	5.09%
Total Square Footage	906100	1,275,802	1,275,802	0	0.00%	8,930,614	8,930,614	0	0.00%
Total O/P Visits	906200	1,573	681	892	130.98%	10,474	4,660	5,814	124.76%
Units - Outpatient	906510	7,207	15,158	(7,951)	(52.45%)	76,535	101,577	(25,042)	(24.65%)
Units - Emergency	906520	11,646	8,755	2,891	33.02%	75,129	58,671	16,458	28.05%
Units - Observation	906540	6,110	5,291	819	15.48%	42,028	35,456	6,572	18.54%
Units - IP	906550	56,431	52,971	3,460	6.53%	378,029	374,781	3,248	0.87%
Adjusted Patient Days	907200	26,508	25,668	840	3.27%	182,556	174,612	7,944	4.55%
Cases - Emergency	907300	1	0	1	100.00%	5	0	5	100.00%
Cases - Observation	907310	6	6	0	0.00%	46	40	6	15.00%
Total Statistics		1,757,368	1,752,832	4,536	0.26%	12,240,418	12,209,348	31,070	0.25%



Carolinas HealthCare System
Departmental Performance Report
2010-07-31

Department:
Responsibility: Performance Report
Business Unit: 07
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OPERATING REVENUE

Patient Revenue

Inpatient Revenue

		FOR REPORTING PERIOD				YEAR - TO - DATE			
		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Inpatient Medicare	300100	6,611,165	5,860,403	750,762	12.81%	42,658,462	40,999,900	1,658,562	4.05%
Inpatient Medicaid	300200	1,446,113	1,631,422	(185,309)	(11.36%)	11,152,820	11,327,285	(174,465)	(1.54%)
Inpatient Managed Care	300300	5,886,560	5,729,660	156,900	2.74%	41,444,899	39,889,035	1,555,864	3.90%
Inpatient Commercial	300400	179,207	131,006	48,201	36.79%	1,124,042	914,618	209,424	22.90%
Inpatient Self Pay/ Other	300500	650,419	424,009	226,410	53.40%	3,469,699	2,961,158	508,541	17.17%
Inpatient Revenue		14,773,465	13,776,500	996,965	7.24%	99,849,922	96,091,996	3,757,926	3.91%

Outpatient Revenue

Emergency Medicare	301100	1,717,039	1,693,124	23,915	1.41%	12,224,446	11,470,970	753,476	6.57%
Emergency Medicaid	301200	1,569,818	1,221,939	347,879	28.47%	10,935,450	8,299,954	2,635,496	31.75%
Emergency Managed Care	301300	4,272,831	4,555,227	(282,396)	(6.20%)	31,372,658	30,891,911	480,747	1.56%
Emergency Commercial	301400	172,606	207,222	(34,616)	(16.70%)	1,342,489	1,405,252	(62,763)	(4.47%)
Emergency Self Pay/Other	301500	3,533,230	2,566,039	967,191	37.69%	22,143,640	17,401,791	4,741,849	27.25%
Emergency Revenue		11,265,525	10,243,551	1,021,974	9.98%	78,018,682	69,469,879	8,548,803	12.31%

Clinic Revenue

		0	0	0	0.00%	0	0	0	0.00%
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Outpatient Revenue	303000	0	323	(323)	(100.00%)	0	2,167	(2,167)	(100.00%)
Outpatient Medicare	303100	3,187,902	3,077,680	110,222	3.58%	23,309,358	20,730,499	2,578,859	12.44%
Outpatient Medicaid	303200	540,712	713,168	(172,456)	(24.18%)	4,741,707	4,811,033	(69,326)	(1.44%)
Outpatient Managed Care	303300	8,105,198	7,841,576	263,622	3.36%	52,762,602	52,914,133	(151,531)	(0.29%)
Outpatient Commercial	303400	224,413	101,040	123,373	122.10%	1,045,573	679,840	365,733	53.80%
Outpatient Self Pay/Other	303500	622,196	844,981	(222,785)	(26.37%)	5,565,070	5,729,535	(164,465)	(2.87%)
Outpatient Revenue		12,680,421	12,578,768	101,653	0.81%	87,424,309	84,867,207	2,557,102	3.01%

Observation-Medicare	304100	872,191	800,688	71,503	8.93%	6,758,906	5,385,693	1,373,213	25.50%
Observation Medicaid	304200	217,139	175,310	41,829	23.86%	1,799,860	1,178,822	621,038	52.68%
Observation Managed Care	304300	1,322,769	1,291,913	30,856	2.39%	9,496,710	8,704,448	792,262	9.10%
Observation Commercial	304400	45,995	31,014	14,981	48.30%	289,816	209,264	80,552	38.49%
Observation Self Pay/Other	304500	302,485	285,071	17,414	6.11%	2,330,074	1,922,430	407,644	21.20%
Observation Revenue		2,760,579	2,583,995	176,584	6.83%	20,675,367	17,400,657	3,274,710	18.82%

Total Outpatient Revenue		26,706,525	25,406,314	1,300,211	5.12%	186,118,358	171,737,742	14,380,616	8.37%
Total Patient Revenue		41,479,990	39,182,814	2,297,176	5.86%	285,968,280	267,829,738	18,138,542	6.77%

Carolinas HealthCare System
Departmental Performance Report
2010-07-31

Department:
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Revenue Deductions

		FOR REPORTING PERIOD			
		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Provision Medicare	442100	9,065,714	8,643,801	421,913	4.88%
Medicare Contractual		9,065,714	8,643,801	421,913	4.88%
Provision Medicaid	444000	2,560,326	2,405,247	155,079	6.45%
Provision C/A SC Mcaid	444100	486,236	608,962	(122,726)	(20.15%)
Medicaid DSH	444150	(130,867)	(127,360)	(3,507)	2.75%
Medicaid Contractual		2,915,695	2,886,849	28,846	1.00%
Other HMO/PPO Discounts	440600	8,311,000	8,586,566	(275,566)	(3.21%)
Managed Care Contractual		8,311,000	8,586,566	(275,566)	(3.21%)
Other Adjustments	446100	3,144	28,174	(25,030)	(88.84%)
Other Agency Contractual	446200	311,264	133,922	177,342	132.42%
Workers Comp C/A	446500	89,465	81,942	7,523	9.18%
Account Adjustment	446600	33,665	38,928	(5,263)	(13.52%)
Allocated Revenue Deductions	446650	0	59,984	(59,984)	(100.00%)
Other Contractual Adjustment	446700	238,487	354,925	(116,438)	(32.81%)
Inter-Facility Tier Discount	446800	238,274	155,742	82,532	52.99%
Tier Discount - Other	446900	0	2,869	(2,869)	(100.00%)
Late Chg Deduction	447000	293	5,360	(5,067)	(94.53%)
Self Pay Discount	447250	1,109,605	500,329	609,276	121.78%
CHIPS Contractual Adj	448300	114,527	48,474	66,053	136.26%
Self Pay/Other Contractual		2,138,724	1,410,649	728,075	51.61%
Prov For Charity Care	446000	37,352	48,826	(11,474)	(23.50%)
Meck Cty IP Contract Adjust	446400	53,513	90,058	(36,545)	(40.58%)
Bad Debt Expense	720000	4,047,839	3,472,989	574,850	16.55%
Bad Debt Recovery	720100	(217,949)	(391,978)	174,029	(44.40%)
BD Rcvry-Contr A/C Purch Recog	720110	0	0	0	0.00%
Bad Debts		3,920,755	3,219,896	700,859	21.77%
Total Revenue Deductions		26,351,887	24,747,761	1,604,126	6.48%
Net Patient Revenue		15,128,103	14,435,053	693,050	4.80%

Grants/Other Operating Revenue

Grants

CHS Foundation Grant	422000	0	0	0	0.00%
Total Grants		0	0	0	0.00%

Other Operating Revenue

		YEAR - TO - DATE			
		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
		64,063,229	59,674,333	4,388,896	7.35%
		64,063,229	59,674,333	4,388,896	7.35%
		18,535,621	16,502,948	2,032,673	12.32%
		3,151,799	4,178,230	(1,026,431)	(24.57%)
		(1,013,672)	(873,847)	(139,825)	16.00%
		20,673,748	19,807,331	866,417	4.37%
		58,591,545	58,609,493	(17,948)	(0.03%)
		58,591,545	58,609,493	(17,948)	(0.03%)
		85,549	189,244	(103,695)	(54.79%)
		1,913,293	899,556	1,013,737	112.69%
		549,098	550,408	(1,310)	(0.24%)
		326,935	261,483	65,452	25.03%
		0	55,214	(55,214)	(100.00%)
		1,754,232	2,384,039	(629,807)	(26.42%)
		1,669,387	1,046,119	623,268	59.58%
		5,944	19,268	(13,324)	(69.15%)
		5,477	36,926	(31,449)	(85.17%)
		5,172,954	3,360,716	1,812,238	53.92%
		528,477	325,598	202,879	62.31%
		12,011,347	9,128,571	2,882,776	31.58%
		291,930	334,447	(42,517)	(12.71%)
		637,930	616,879	21,051	3.41%
		27,730,677	23,789,137	3,941,540	16.57%
		(2,182,296)	(2,684,955)	502,659	(18.72%)
		(8,292)	0	(8,292)	100.00%
		26,469,950	22,055,507	4,414,443	20.02%
		181,809,819	169,275,236	12,534,583	7.40%
		104,158,462	98,554,502	5,603,960	5.69%

Carolinas HealthCare System
Departmental Performance Report
2010-07-31

Department:
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		FOR REPORTING PERIOD				YEAR - TO - DATE			
		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Cafeteria Revenue	400000	24,973	19,750	5,223	26.45%	157,666	133,875	23,791	17.77%
Lactation Sales	400250	1,626	3,854	(2,228)	(57.81%)	18,507	22,836	(4,329)	(18.96%)
Lactation Rentals	400260	4,025	3,764	261	6.93%	26,864	31,186	(4,322)	(13.86%)
Employee Rx Copay Revenue	400600	49	30	19	63.33%	365	210	155	73.81%
Retail Sales	400800	13,192	12,946	246	1.90%	86,272	82,418	3,854	4.68%
Medical Record Requests	401100	2,415	9	2,406	26733.33%	16,939	60	16,879	28131.67%
Fitness Program Revenue	401400	1,250	474	776	163.71%	7,329	3,521	3,808	108.15%
Rental Income	401600	354	168	186	110.71%	1,772	1,175	597	50.81%
Misc Other Operating Revenue	401900	42,304	34,329	7,975	23.23%	210,781	240,085	(29,304)	(12.21%)
Affiliate Support Svs	402800	0	12,000	(12,000)	(100.00%)	0	84,000	(84,000)	(100.00%)
Seminars And Educ Programs	404800	3,705	3,507	198	5.65%	25,196	24,973	223	0.89%
Total Other Operating Revenue		93,893	90,831	3,062	3.37%	551,692	624,339	(72,647)	(11.64%)
Inter/Intra Facility Revenue									
Interco Specialist Svs	411400	0	0	0	0.00%	44,261	66,869	(22,608)	(33.81%)
Interco Security Services	411900	0	0	0	0.00%	0	0	0	0.00%
Interco Preceptor Services	414480	0	48	(48)	(100.00%)	(75)	336	(411)	(122.32%)
Total Inter/Intra Facility Revenue		0	48	(48)	(100.00%)	44,186	67,206	(23,020)	(34.25%)
Total Grants/Other Operating Revenue		93,893	90,879	3,014	3.32%	597,037	703,626	(106,589)	(15.15%)
Net Operating Revenue		15,221,996	14,525,932	696,064	4.79%	104,755,498	99,258,128	5,497,370	5.54%
OPERATING EXPENSES									
Salaries									
Physicians	500000	(427)	0	(427)	100.00%	799	0	799	100.00%
Interns & Residents	500100	0	0	0	0.00%	0	0	0	0.00%
Registered Nurse	500200	1,960,059	1,980,781	(20,722)	(1.05%)	13,348,337	13,562,879	(214,542)	(1.58%)
Licensed Practice Nurse	500300	7,705	7,258	447	6.16%	52,386	50,288	2,098	4.17%
Mid Level Providers	500350	48,881	49,147	(266)	(0.54%)	339,326	343,605	(4,279)	(1.25%)
Executive	500400	43,598	42,962	636	1.48%	322,915	300,737	22,178	7.37%
Aides & Attendants	500500	69,496	73,293	(3,797)	(5.18%)	498,719	506,635	(7,916)	(1.56%)
Administrative/Mgmt	500600	161,643	164,497	(2,854)	(1.73%)	1,106,507	1,123,610	(17,103)	(1.52%)
Supervisory	500700	239,395	237,104	2,291	0.97%	1,558,679	1,620,836	(62,157)	(3.83%)
Professional	500800	214,449	242,498	(28,049)	(11.57%)	1,503,999	1,650,744	(146,745)	(8.89%)
Registered Technician	500900	447,785	495,918	(48,133)	(9.71%)	2,983,656	3,366,694	(383,038)	(11.38%)
Technician	501000	226,855	223,721	3,134	1.40%	1,457,504	1,525,157	(67,653)	(4.44%)
Specialist	501100	268,716	243,532	25,184	10.34%	1,800,636	1,674,814	125,822	7.51%
Clerical And Secretarial	501200	205,430	191,487	13,943	7.28%	1,331,262	1,305,608	25,654	1.96%

Carolinas HealthCare System
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Department:
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		FOR REPORTING PERIOD				YEAR - TO - DATE			
		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Enviro/Plant/Food/Service	501300	151,381	149,999	1,382	0.92%	968,761	1,021,677	(52,916)	(5.18%)
Unit Secretary	501400	59,856	67,850	(7,994)	(11.78%)	413,303	460,785	(47,482)	(10.30%)
Student	501500	2,372	1,858	514	27.66%	14,820	12,561	2,259	17.98%
Policeman	501600	0	0	0	0.00%	0	0	0	0.00%
Other Salaries	501700	0	0	0	0.00%	0	0	0	0.00%
Reimbursable Salaries	501800	0	0	0	0.00%	0	0	0	0.00%
Vacancies	501900	0	0	0	0.00%	0	(316,624)	316,624	(100.00%)
Temporary Help	502300	11,029	0	11,029	100.00%	25,565	0	25,565	100.00%
PTO Expense	502000	65,197	17,054	48,143	282.30%	431,527	119,173	312,354	262.10%
Salary Adjustment	502100	0	(10,730)	10,730	(100.00%)	0	(75,111)	75,111	(100.00%)
PTO Cash In Expense	502200	35,760	58,065	(22,305)	(38.41%)	422,130	405,757	16,373	4.04%
Physician Incentive Comp	510800	0	0	0	0.00%	0	0	0	0.00%
Total Salaries		4,219,179	4,236,295	(17,116)	(0.40%)	28,580,831	28,659,826	(78,995)	(0.28%)
Fringe Benefits									
Employer FICA	510000	274,458	311,286	(36,828)	(11.83%)	1,900,062	2,132,157	(232,095)	(10.89%)
PPO Health Insurance Expense	510100	0	0	0	0.00%	1,192	0	1,192	100.00%
Choice 20 Health Insurance Exp	510130	190,019	181,020	8,999	4.97%	1,294,910	1,233,686	61,224	4.96%
Choice 10 Health Insurance Exp	510140	179,008	274,348	(95,340)	(34.75%)	1,245,404	1,869,738	(624,334)	(33.39%)
Dental Insurance Expense	510150	10,305	12,388	(2,083)	(16.81%)	71,149	84,428	(13,279)	(15.73%)
Employer HCFA Contribution	510160	0	0	0	0.00%	(181)	0	(181)	100.00%
Life Insurance Expense	510190	4,335	5,444	(1,109)	(20.37%)	29,990	37,024	(7,034)	(19.00%)
LT Disability Expense	510200	12,866	15,914	(3,048)	(19.15%)	88,977	108,225	(19,248)	(17.79%)
Pension	510300	136,920	136,111	809	0.59%	896,651	925,610	(28,959)	(3.13%)
Workers Comp Expense	510400	19,677	20,103	(426)	(2.12%)	131,884	136,705	(4,821)	(3.53%)
401-K Employer Expense	510500	86,926	98,837	(11,911)	(12.05%)	563,946	672,135	(108,189)	(16.10%)
Other Benefits	510600	0	57	(57)	(100.00%)	100	402	(302)	(75.12%)
Unemployment Comp	510700	13,180	3,740	9,440	252.41%	51,060	26,178	24,882	95.05%
Pooled Fringe Benefits	511000	0	0	0	0.00%	10	0	10	100.00%
ST Disability Expense	511110	12,413	15,077	(2,664)	(17.67%)	80,547	102,529	(21,982)	(21.44%)
Corporate Allocated Benefits	511200	19,179	5,002	14,177	283.43%	49,679	44,922	4,757	10.59%
Educational Assist Benefit Exp	511400	5,452	2,036	3,416	167.78%	39,440	39,318	122	0.31%
Facility Allocated Benefits	511500	1,157	466	691	148.28%	177,180	1,986	175,194	8821.45%
Total Fringe Benefits		965,894	1,081,830	(115,936)	(10.72%)	6,621,997	7,415,042	(793,045)	(10.70%)
Fees									
Medical Specialist Fees	520100	17,812	20,280	(2,468)	(12.17%)	147,938	141,960	5,978	4.21%
Legal Fees	520300	4,022	6,493	(2,471)	(38.06%)	27,749	45,452	(17,703)	(38.95%)
Consultant Fees	520400	3,264	6,538	(3,274)	(50.08%)	37,031	45,768	(8,737)	(19.09%)
Marketing Consulting Fees	520700	77,170	58,016	19,154	33.02%	594,413	407,257	187,156	45.96%

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		FOR REPORTING PERIOD				YEAR - TO - DATE			
		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Miscellaneous Fees	520800	4,168	123	4,045	3288.62%	6,447	15,073	(8,626)	(57.23%)
License Fees	521000	3,429	1,185	2,244	189.37%	9,761	7,983	1,778	22.27%
Contract Fees	521200	0	108	(108)	(100.00%)	0	758	(758)	(100.00%)
Total Fees		109,864	92,743	17,121	18.46%	823,339	664,251	159,088	23.95%
General Supplies									
Office/Other Supplies									
Office/Forms/Copier/Photo	530100	56,514	41,622	14,892	35.78%	299,660	284,843	14,817	5.20%
Books And Subscriptions	530500	7,158	3,537	3,621	102.37%	19,839	25,331	(5,492)	(21.68%)
Minor Equipment/Furnishings	530600	5,489	5,729	(240)	(4.19%)	83,034	41,502	41,532	100.07%
Total Office/Other Supplies		69,161	50,889	18,272	35.91%	402,533	351,675	50,858	14.46%
Food and Housekeeping Supplies									
Laundry Supplies	550000	16	741	(725)	(97.84%)	1,250	4,965	(3,715)	(74.82%)
Dietary Disposables	550200	2,364	2,388	(24)	(1.01%)	24,274	25,076	(802)	(3.20%)
Dietary Catering	550300	(393)	1,209	(1,602)	(132.51%)	1,187	10,485	(9,298)	(88.68%)
Food	550400	11,115	18,704	(7,589)	(40.57%)	147,895	185,603	(37,708)	(20.32%)
Housekeeping	550700	10,664	9,422	1,242	13.18%	75,155	64,931	10,224	15.75%
General Maint Supplies	550800	11,472	9,670	1,802	18.63%	69,993	67,450	2,543	3.77%
Tableware and Cooking Utensils	550900	0	778	(778)	(100.00%)	2,446	5,215	(2,769)	(53.10%)
Special Order Supplies	551100	679	197	482	244.67%	1,815	1,368	447	32.68%
Total Food & Housekeeping Supplies		35,917	43,109	(7,192)	(16.68%)	324,015	365,092	(41,077)	(11.25%)
Medical Supplies									
Implant and Prosthetic Supplies									
Implants & Prosthesis	600700	655,464	452,760	202,704	44.77%	4,212,663	3,103,200	1,109,463	35.75%
Total Implant and Prosthetic Supplies		655,464	452,760	202,704	44.77%	4,212,663	3,103,200	1,109,463	35.75%
Pharmaceutical Supplies									
Pharmaceuticals	601300	283,247	277,101	6,146	2.22%	2,107,891	1,919,818	188,073	9.80%
Total Pharmaceutical Supplies		283,247	277,101	6,146	2.22%	2,107,891	1,919,818	188,073	9.80%
Surgical Supplies									
Surgical Supplies - Other	600100	174,985	159,743	15,242	9.54%	1,433,688	1,096,251	337,437	30.78%
Laparoscopic Intr/Trocars	601450	57,743	49,803	7,940	15.94%	297,925	342,693	(44,768)	(13.06%)
Surgical Stapling/Clip Devices	601530	83,084	60,637	22,447	37.02%	494,827	417,102	77,725	18.63%
Total Surgical Supplies		315,812	270,183	45,629	16.89%	2,226,441	1,856,046	370,395	19.96%

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		FOR REPORTING PERIOD				YEAR - TO - DATE			
		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Other Medical Supplies									
Purchase Discounts/Rebates	402600	(8,354)	(19,290)	10,936	(56.69%)	(106,066)	(205,066)	99,000	(48.28%)
Infection/Safety Supplies	600000	37,684	27,893	9,791	35.10%	212,294	192,312	19,982	10.39%
Physiological Monitoring	600300	37,696	38,778	(1,082)	(2.79%)	245,885	265,305	(19,420)	(7.32%)
Dressings/Casts/Surgical Pkg	600400	19,223	20,157	(934)	(4.63%)	141,432	138,897	2,535	1.83%
Sterilization Supplies	600500	16,608	21,495	(4,887)	(22.74%)	128,151	144,848	(16,697)	(11.53%)
Sutures	600600	30,506	24,221	6,285	25.95%	205,132	166,345	38,787	23.32%
Solutions And Sets	600900	53,860	54,055	(195)	(0.36%)	368,136	371,960	(3,824)	(1.03%)
Radiologic Film	601000	460	786	(326)	(41.48%)	7,356	5,351	2,005	37.47%
Reagents And Chemicals	601100	18,117	14,968	3,149	21.04%	107,164	103,189	3,975	3.85%
Medical Gases	601200	16,420	14,372	2,048	14.25%	107,019	100,093	6,926	6.92%
M/S Instruments	601400	11,103	9,206	1,897	20.61%	72,263	64,600	7,663	11.86%
Medical Supplies - Other	601500	85,479	91,672	(6,193)	(6.76%)	697,157	628,888	68,269	10.86%
Linen Supplies	601700	2,599	3,299	(700)	(21.22%)	19,684	22,139	(2,455)	(11.09%)
Wearing Apparel - Employee	601800	(2,739)	496	(3,235)	(652.22%)	19,744	4,884	14,860	304.26%
Perfusion Specialty Supplies	601900	912	430	482	112.09%	7,854	2,962	4,892	165.16%
Anesthesia/Respiratory Supplie	602200	25,315	24,143	1,172	4.85%	164,772	166,107	(1,335)	(0.80%)
Catheters	602300	29,866	20,475	9,391	45.87%	177,145	140,431	36,714	26.14%
Dialysis Supplies	602400	0	(1)	1	(100.00%)	0	(9)	9	(100.00%)
Needles and Syringes	602500	39,895	41,381	(1,486)	(3.59%)	282,484	283,218	(734)	(0.26%)
Personal Hygiene Supplies	602600	10,733	8,750	1,983	22.66%	64,214	60,264	3,950	6.55%
Total Other Medical Supplies		425,383	397,285	28,098	7.07%	2,921,819	2,656,717	265,102	9.98%
Total - Medical Supplies		1,679,906	1,397,328	282,578	20.22%	11,468,813	9,535,782	1,933,033	20.27%
Departmental Supplies									
Ambul/Positioning/Therapy Supp	530700	9,804	7,091	2,713	38.26%	61,728	48,454	13,274	27.40%
Laboratory Supplies	610000	13,523	17,188	(3,665)	(21.32%)	153,306	118,332	34,974	29.56%
Coagulation	610800	205	1,328	(1,123)	(84.56%)	8,784	9,169	(385)	(4.20%)
Microbiology Supplies	610900	0	3	(3)	(100.00%)	612	24	588	2450.00%
Typing Sera	611100	68	78	(10)	(12.82%)	555	542	13	2.40%
Albumin	611200	700	1,198	(498)	(41.57%)	18,974	8,314	10,660	128.22%
Blood Products	611300	48,224	66,688	(18,464)	(27.69%)	439,425	466,830	(27,405)	(5.87%)
Lab Specialty Supplies	611400	3,956	4,036	(80)	(1.98%)	33,510	27,850	5,660	20.32%
General Chemistry Supplies	611800	13,885	14,411	(526)	(3.65%)	95,328	99,474	(4,146)	(4.17%)
Retail Merchandise	611900	7,345	11,282	(3,937)	(34.90%)	61,523	76,750	(15,227)	(19.84%)
Inventory Adjustments	612000	(709)	0	(709)	100.00%	(4,908)	0	(4,908)	100.00%
Lactation Supplies	612200	4,491	6,498	(2,007)	(30.89%)	29,708	43,692	(13,984)	(32.01%)
Lab Point of Care Testing	613000	6,940	3,675	3,265	88.84%	50,155	25,485	24,670	96.80%
Total Departmental Supplies		108,433	133,476	(25,043)	(18.76%)	948,701	924,915	23,786	2.57%

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FOR REPORTING PERIOD						YEAR - TO - DATE					
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Total - All Supplies	1,893,417	1,624,803	268,614	16.53%		13,144,061	11,177,465	1,966,600	17.59%		
Purchased Services											
Equip Maint Contracts	620000	57,061	53,918	3,143	5.83%	360,835	359,624	1,211	0.34%		
Equip Maint/Parts Non-Contract	620100	233,437	37,850	195,587	516.74%	499,245	263,662	235,583	89.35%		
Software Maintenance	620200	1,308	1,787	(479)	(26.80%)	7,282	12,506	(5,224)	(41.77%)		
Surgical Instrument Repair	620300	16,216	29,373	(13,157)	(44.79%)	163,293	205,609	(42,316)	(20.58%)		
Referred Tests	620500	15,400	17,441	(2,041)	(11.70%)	111,122	117,822	(6,700)	(5.69%)		
Ancillary Services	620700	345	3,057	(2,712)	(88.71%)	13,747	20,951	(7,204)	(34.38%)		
Other Purchased Svs	620900	253,520	276,869	(23,349)	(8.43%)	1,702,042	1,861,752	(159,710)	(8.58%)		
Courier Services	621400	0	213	(213)	(100.00%)	0	1,456	(1,456)	(100.00%)		
Purch Svcs-Transcription Svcs	621600	34,343	30,840	3,503	11.36%	248,860	210,726	38,134	18.10%		
Language Translation Expense	621700	10,010	11,685	(1,675)	(14.33%)	61,352	63,127	(1,775)	(2.81%)		
Total Purchased Services		621,640	463,033	158,607	34.25%	3,167,779	3,117,236	50,543	1.62%		
Other Operating Expense											
Service Recovery Expense	630850	170	345	(175)	(50.72%)	457	2,412	(1,955)	(81.05%)		
Risk Management Purchases	631100	0	64	(64)	(100.00%)	0	448	(448)	(100.00%)		
Moving/Transfer Expenses	631150	0	49	(49)	(100.00%)	0	634	(634)	(100.00%)		
Equipment Rental	631200	45,479	50,030	(4,551)	(9.10%)	305,166	362,132	(56,966)	(15.73%)		
Building/Land Rental	631300	101	681	(580)	(85.17%)	155	4,767	(4,612)	(96.75%)		
Contra Rent Expense	631340	(497)	0	(497)	100.00%	(3,481)	0	(3,481)	100.00%		
Travel And Education	631500	4,715	8,716	(4,001)	(45.90%)	53,582	57,330	(3,748)	(6.54%)		
Business Mileage Reimb	631530	641	1,331	(690)	(51.84%)	10,447	9,726	721	7.41%		
Corporate Event & Retreat Exp	631550	0	0	0	0.00%	715	547	168	30.71%		
Business Entertainment Expense	631570	928	2,700	(1,772)	(65.63%)	21,247	24,616	(3,369)	(13.69%)		
Memberships And Dues	631600	10,315	9,505	810	8.52%	50,926	67,050	(16,124)	(24.05%)		
Recruiting Expense	631900	0	0	0	0.00%	71	1	70	7000.00%		
Employee Activities	632000	10,158	4,875	5,283	108.37%	49,519	35,932	13,587	37.81%		
Microfilm/Fiche Expense	632100	(12,944)	3,507	(16,451)	(469.09%)	534	24,552	(24,018)	(97.83%)		
Cash Over/Short	632300	0	0	0	0.00%	0	0	0	0.00%		
Patient/Family Education	632500	0	314	(314)	(100.00%)	4,581	2,201	2,380	108.13%		
Relocation Expense	632900	0	577	(577)	(100.00%)	6,396	4,041	2,355	58.28%		
Other Direct Expense	633000	107	129	(22)	(17.05%)	1,217	904	313	34.62%		
General Items	633100	105	200	(95)	(47.50%)	4,072	200	3,872	1936.00%		
Medicare Non-Reimb Expense	633200	343	444	(101)	(22.75%)	3,146	2,755	391	14.19%		
Property Tax Expense	633400	0	4,305	(4,305)	(100.00%)	0	8,837	(8,837)	(100.00%)		
Spot Rewards and Recognition	633500	0	211	(211)	(100.00%)	2,404	2,449	(45)	(1.84%)		
Total Other Operating Expense		59,619	87,983	(28,364)	(32.24%)	511,154	611,531	(100,377)	(16.41%)		
Intercompany Expense											

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		FOR REPORTING PERIOD				YEAR - TO - DATE			
		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Interco EAP Services	640100	1,754	1,761	(7)	(0.40%)	12,278	12,324	(46)	(0.37%)
Interco Pharm Admin	640150	5,605	5,605	0	0.00%	38,946	38,946	0	0.00%
Interco PFS RAC	640250	4,212	4,212	0	0.00%	28,985	28,985	0	0.00%
Interco Equip Maint	640300	2,794	6,076	(3,282)	(54.02%)	20,796	42,532	(21,736)	(51.11%)
Interco Float Services	640310	2,946	2,946	0	0.00%	20,622	20,622	0	0.00%
Interco Simulation Cntr	640350	0	0	0	0.00%	1,583	0	1,583	100.00%
Interco Pharmacy Services	640400	28,033	31,502	(3,469)	(11.01%)	202,705	215,432	(12,727)	(5.91%)
Interco TeleHealth Services	640410	996	1,044	(48)	(4.60%)	7,019	7,305	(286)	(3.92%)
Interco Human Resources	640600	100,319	100,319	0	0.00%	646,799	646,799	0	0.00%
Interco Misc Support	640700	11,249	12,550	(1,301)	(10.37%)	61,338	87,944	(26,606)	(30.25%)
Interco Admin/Finan Svs	640800	14,025	13,856	169	1.22%	93,151	96,990	(3,839)	(3.96%)
Interco Laundry Svs	640900	57,821	64,429	(6,608)	(10.26%)	386,081	383,050	3,031	0.79%
Interco Specialist Svs	641000	133,973	141,113	(7,140)	(5.06%)	965,132	987,792	(22,660)	(2.29%)
Interco Maint Base Services	641100	12,903	12,903	0	0.00%	89,005	89,005	0	0.00%
Interco Radiology Transer	641150	2,170	2,170	0	0.00%	14,857	14,857	0	0.00%
Interco Security Services	641200	13,364	13,364	0	0.00%	92,106	92,106	0	0.00%
Interco Rent Real Estate Base	641410	42,585	36,913	5,672	15.37%	281,865	258,391	23,474	9.08%
Interco Rent Real Estate CAM	641420	17,477	18,163	(686)	(3.78%)	122,339	127,141	(4,802)	(3.78%)
Interco Rent Real Estate Var	641450	2,976	867	2,109	243.25%	14,707	6,066	8,641	142.45%
Interco BU 1004 Corp Serv	641550	59,413	59,413	0	0.00%	398,258	398,258	0	0.00%
Interco Capital Mgmt	641560	3,816	3,816	0	0.00%	26,006	26,006	0	0.00%
Interco Govt Rel/Mgmt Svs	641570	29,314	29,314	0	0.00%	208,152	208,152	0	0.00%
Interco Mcaid/Mcaid Reimb Serv	641580	6,350	6,350	0	0.00%	43,255	43,255	0	0.00%
Interco Phys Compliance Svs	641590	493	493	0	0.00%	3,268	3,268	0	0.00%
Interco Corp Admin Services	641600	244,512	244,512	0	0.00%	1,711,584	1,711,586	(2)	0.00%
Interco Corp Courier	641610	0	4	(4)	(100.00%)	0	27	(27)	(100.00%)
Interco Rent - Interfacility	641830	0	0	0	0.00%	0	0	0	0.00%
Interco Service Excellence	641840	8,108	8,108	0	0.00%	73,648	73,648	0	0.00%
Interco Star Facility Support	641850	35,275	35,275	0	0.00%	236,893	236,893	0	0.00%
Interco Corporate Safety Svs	642500	18,309	18,309	0	0.00%	127,345	127,345	0	0.00%
Interco Courier Services	642600	6,454	6,836	(382)	(5.59%)	43,669	36,894	6,775	18.36%
Interco IT-Infrastructure/Tech	642620	372,170	372,170	0	0.00%	2,418,067	2,418,067	0	0.00%
Interco IT-McKesson/Cerner	642630	208,894	208,894	0	0.00%	1,432,580	1,432,580	0	0.00%
Interco IT-Psoft/eMerald	642650	22,007	22,007	0	0.00%	151,705	151,705	0	0.00%
Interco MHR Contract Compl	642670	6,071	6,071	0	0.00%	41,634	41,634	0	0.00%
Interco Mail Services	642700	2,808	3,613	(805)	(22.28%)	21,245	20,476	769	3.76%
Interco Materials Mgmt Svs	642800	38,574	36,885	1,689	4.58%	266,835	248,509	18,326	7.37%
Interco Shuttle Services	642900	7,510	2,260	5,250	232.30%	41,077	15,562	25,515	163.96%
Interco Access Control	643100	3,844	3,754	90	2.40%	26,202	25,587	615	2.40%
Interco Patient Actg Services	643200	157,695	157,695	0	0.00%	1,083,964	1,083,964	0	0.00%
Interco Patient Registration	643300	67,602	67,602	0	0.00%	459,821	459,821	0	0.00%

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Interco Payroll Services	643400	3,754	3,754	0	0.00%	25,183	25,183	0	0.00%
Interco Cash Mgmt Services	643500	19,803	19,803	0	0.00%	140,388	140,388	0	0.00%
Interco Accts Payable Svs	643600	6,137	6,137	0	0.00%	41,058	41,058	0	0.00%
Interco Marketing Services	643700	77,559	77,559	0	0.00%	563,975	563,975	0	0.00%
Interco Contract Management Sv	644100	14,194	14,194	0	0.00%	96,923	96,923	0	0.00%
Interco Sleep Center Services	644450	20,125	19,677	448	2.28%	123,250	137,740	(14,490)	(10.52%)
Interco Dietary / Catering	644800	0	3	(3)	(100.00%)	7	23	(16)	(69.57%)
Interco Radiopharmaceuticals	644900	5,635	14,218	(8,583)	(60.37%)	44,666	99,527	(54,861)	(55.12%)
Interco Radiology Equip Maint	644950	15,535	15,908	(373)	(2.34%)	109,720	111,357	(1,637)	(1.47%)
Interco Lab Services	645000	65,798	57,379	8,419	14.67%	475,595	401,653	73,942	18.41%
Interco Air Transport	645100	0	0	0	0.00%	1,678	0	1,678	100.00%
Interco Live Well Carolinas	645250	0	0	0	0.00%	1,785	0	1,785	100.00%
Interco Financial Counseling	645300	20,762	20,762	0	0.00%	143,429	143,429	0	0.00%
Interco Pat Reg - Pain Mgmt	645400	19,382	19,382	0	0.00%	133,529	133,529	0	0.00%
Interco Quality Management	645500	139,158	139,158	0	0.00%	951,717	951,717	0	0.00%
Interco Transcription Services	645800	21,769	22,447	(678)	(3.02%)	146,660	155,345	(8,685)	(5.59%)
Interco Poison Center Services	646330	0	13	(13)	(100.00%)	0	89	(89)	(100.00%)
Interco Coding and Reimb Svs	646500	2,556	2,567	(11)	(0.43%)	17,895	17,969	(74)	(0.41%)
Interco ER Abstracting Svs	646600	17,418	17,418	0	0.00%	121,926	121,926	0	0.00%
Interco LTC Support	646700	0	0	0	0.00%	0	2,879	(2,879)	(100.00%)
Interco COB/PEP	646910	1,756	1,196	560	46.82%	12,292	8,372	3,920	46.82%
Interco Seminars and Education	647000	1,099	2,855	(1,756)	(61.51%)	19,047	19,984	(937)	(4.69%)
Interco A/V and Medical Arts	647100	0	91	(91)	(100.00%)	604	634	(30)	(4.73%)
Interco Maint Work Orders	647800	8,626	8,316	310	3.73%	112,432	56,087	56,345	100.46%
Interco Fleet Services	648810	0	17	(17)	(100.00%)	80	119	(39)	(32.77%)
Intercompany Tenant Passthrough	648830	(910)	0	(910)	100.00%	(15,133)	0	(15,133)	100.00%
Total Intercompany Expense		2,214,578	2,226,025	(11,447)	(0.51%)	15,184,225	15,149,428	34,797	0.23%
Utilities									
Postage And Freight	700000	10,084	8,942	1,142	12.77%	58,671	62,096	(3,425)	(5.52%)
Local Telephone Expense	700100	15,389	11,978	3,411	28.48%	87,864	83,769	4,095	4.89%
L/D Telephone Expense	700200	1,436	1,351	85	6.29%	9,883	8,264	1,619	19.59%
Electricity	700300	105,435	85,559	19,876	23.23%	589,284	464,081	125,203	26.98%
Water	700400	20,498	24,264	(3,766)	(15.52%)	123,868	140,218	(16,350)	(11.66%)
Natural Gas	700500	27,867	54,780	(26,913)	(49.13%)	275,484	361,021	(85,537)	(23.69%)
Automotive Fuel	700600	0	5	(5)	(100.00%)	98	36	62	172.22%
Heating Fuel	700650	797	12	785	6541.67%	1,148	429	719	167.60%
Garbage Disposal	700700	11,979	7,108	4,871	68.53%	47,493	49,755	(2,262)	(4.55%)
Wireless Service	700800	2,631	2,834	(203)	(7.16%)	17,920	19,750	(1,830)	(9.27%)
Network Circuits	700900	1,970	1,022	948	92.76%	12,872	7,159	5,713	79.80%
Total Utilities		198,086	197,854	232	0.12%	1,224,584	1,196,576	28,008	2.34%

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Insurance									
Liability & Malpractice	710000	149,844	149,844	0	0.00%	1,048,908	1,048,910	(2)	0.00%
Total Insurance		149,844	149,844	0	0.00%	1,048,908	1,048,910	(2)	0.00%
Depreciation and Amortization									
Depreciation Expense	800100	367,197	369,677	(2,480)	(0.67%)	3,558,488	3,575,825	(17,337)	(0.48%)
Other Amortization	800200	2,480	0	2,480	100.00%	17,337	0	17,337	100.00%
Total Depreciation and Amortization		369,677	369,677	0	0.00%	3,575,825	3,575,825	0	0.00%
Total Operating Expenses		10,801,799	10,530,087	271,712	2.58%	73,882,704	72,616,090	1,266,614	1.74%
Results of Operations		4,420,197	3,995,845	424,352	10.62%	30,872,795	26,642,038	4,230,757	15.88%
NON-OPERATING REVENUE (EXPENSE)									
Non-Operating Revenue									
Interco Interest Income	412200	1,070,104	863,595	206,509	23.91%	7,004,855	6,020,034	984,821	16.36%
Total Non-Operating Revenue		1,070,104	863,595	206,509	23.91%	7,004,855	6,020,034	984,821	16.36%
Non-Operating Expense									
Donations	830100	0	0	0	0.00%	(1,200)	0	(1,200)	100.00%
Loss On Asset Disposal	830400	0	0	0	0.00%	1,330	0	1,330	100.00%
Total Non-Operating Expense		0	0	0	0.00%	130	0	130	100.00%
Total Non-Operating Revenue (Expense)		1,070,104	863,595	206,509	23.91%	7,004,986	6,020,034	984,952	16.36%
Total Margin		5,490,301	4,859,440	630,861	12.98%	37,877,780	32,662,072	5,215,708	15.97%
Operating Margin Percent		29.04%	27.51%	0.02	7.27%	29.47%	26.84%	0.03	11.18%
Total Margin Percent		33.70%	31.58%	0.02	6.33%	33.89%	31.02%	0.03	9.67%

REVENUE/EXPENSE PER STATISTIC

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Revenue								
Inpatient Revenue	8.41	7.86	0.55	7.00%	8.16	7.87	0.29	3.68%
Emergency Revenue	6.41	5.84	0.57	9.76%	6.37	5.69	0.68	11.95%
Clinic Revenue	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Outpatient Revenue	7.22	7.18	0.04	0.56%	7.14	6.95	0.19	2.73%
Observation Revenue	1.57	1.47	0.10	6.80%	1.69	1.43	0.26	18.18%
Total Outpatient Revenue	15.20	14.49	0.71	4.90%	15.21	14.07	1.14	8.10%
Total Patient Revenue	23.61	22.35	1.26	5.64%	23.37	21.94	1.43	6.52%
Revenue Deductions	15.00	14.12	0.88	6.23%	14.85	13.86	0.99	7.14%
Net Patient Revenue	8.61	8.23	0.38	4.62%	8.52	8.08	0.44	5.45%
Grants	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Other Operating Revenue	0.05	0.05	0.00	0.00%	0.05	0.05	0.00	0.00%
Inter/Intra Facility Revenue	0.00	0.00	0.00	0.00%	0.00	0.01	(0.01)	-100.00%
Total Other Revenue	0.05	0.05	0.00	0.00%	0.05	0.06	(0.01)	-16.67%
Total Revenue	8.66	8.28	0.38	4.59%	8.57	8.14	0.43	5.28%
Expense								
Salaries	2.40	2.42	(0.02)	-0.83%	2.33	2.35	(0.02)	-0.85%
Fringe Benefits	0.55	0.62	(0.07)	-11.29%	0.54	0.61	(0.07)	-11.48%
Total Salaries and Benefits	2.95	3.04	(0.09)	-2.96%	2.87	2.96	(0.09)	-3.04%
Fees	0.06	0.05	0.01	20.00%	0.07	0.05	0.02	40.00%
Office/Other Supplies	0.04	0.03	0.01	33.33%	0.03	0.03	0.00	0.00%
Food & Housekeeping	0.02	0.02	0.00	0.00%	0.03	0.03	0.00	0.00%
Medical Supplies	0.96	0.80	0.16	20.00%	0.94	0.78	0.16	20.51%
Departmental Supplies	0.06	0.08	(0.02)	-25.00%	0.08	0.08	0.00	0.00%
Total Supplies & Materials	1.08	0.93	0.15	16.13%	1.08	0.92	0.16	17.39%
Purchased Services	0.35	0.26	0.09	34.62%	0.26	0.26	0.00	0.00%
Other Operating Expenses	0.03	0.05	(0.02)	-40.00%	0.04	0.05	(0.01)	-20.00%
Intercompany Expense	1.26	1.27	(0.01)	-0.79%	1.24	1.24	0.00	0.00%

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Utilities	0.11	0.11	0.00	0.00%	0.10	0.10	0.00	0.00%
Insurance	0.09	0.09	0.00	0.00%	0.09	0.09	0.00	0.00%
Depreciation Expense	0.21	0.21	0.00	0.00%	0.29	0.29	0.00	0.00%
Total Other Expenses	2.05	1.99	0.06	3.02%	2.02	2.03	(0.01)	-0.49%
Total Operating Expense	6.14	6.01	0.13	2.16%	6.04	5.96	0.08	1.34%
Operating Margin	2.52	2.27	0.25	11.01%	2.53	2.18	0.35	16.06%

Paid Hours By Job Class

Paid Hrs-Physician	980000	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Paid Hrs-Interns And Residents	980100	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Paid Hrs-Registered Nurse	980200	61,649.07	61,312.67	336.40	0.55%	419,124.05	421,353.76	(2,229.71)	(0.53%)
Paid Hrs-Lic Practice Nurse	980300	341.36	328.67	12.69	3.86%	2,326.67	2,277.76	48.91	2.15%
Paid Hrs-Mid Level Providers	980350	824.82	831.32	(6.50)	(0.78%)	5,730.75	5,846.47	(115.72)	(1.98%)
Paid Hrs-Executive	980400	262.84	260.29	2.55	0.98%	1,811.32	1,822.03	(10.71)	(0.59%)
Paid Hrs-Aides And Attendants	980500	5,536.19	5,665.72	(129.53)	(2.29%)	39,952.50	39,333.61	618.89	1.57%
Paid Hrs-Admin/Mgmt	980600	3,094.84	3,291.68	(196.84)	(5.98%)	21,132.92	22,510.91	(1,377.99)	(6.12%)
Paid Hrs-Supervisory	980700	6,935.28	6,538.88	396.40	6.06%	43,914.50	44,725.23	(810.73)	(1.81%)
Paid Hrs-Professional	980800	5,704.07	6,356.55	(652.48)	(10.26%)	39,866.89	43,396.25	(3,529.36)	(8.13%)
Paid Hrs-Registered Tech	980900	15,845.40	17,355.52	(1,510.12)	(8.70%)	104,553.22	118,204.51	(13,651.29)	(11.55%)
Paid Hrs-Technician	981000	13,640.20	13,176.86	463.34	3.52%	86,614.36	90,258.22	(3,643.86)	(4.04%)
Paid Hrs-Specialist	981100	3,389.92	3,204.02	185.90	5.80%	23,086.60	22,104.69	981.91	4.44%
Paid Hrs-Clerical	981200	13,148.85	12,071.52	1,077.33	8.92%	84,708.84	82,553.66	2,155.18	2.61%
Paid Hrs-Enviro/Plant/Food/Svc	981300	11,284.86	10,860.70	424.16	3.91%	72,025.67	74,273.21	(2,247.54)	(3.03%)
Paid Hrs-Unit Secretary	981400	3,665.65	3,948.80	(283.15)	(7.17%)	25,695.35	27,004.74	(1,309.39)	(4.85%)
Paid Hrs-Student	981500	164.04	123.57	40.47	32.75%	1,000.49	841.24	159.25	18.93%
Paid Hrs-Policeman	981600	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Paid Hrs-Other Salaries	981700	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Paid Hrs-Reimbursable Salaries	981800	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Paid Hours - Vacancies	981900	0.00	0.00	0.00	0.00%	0.00	(12,890.54)	12,890.54	(100.00%)
Paid Hrs-Temp Help	982300	479.00	0.00	479.00	100.00%	998.50	0.00	998.50	100.00%
Paid Hrs - Salary Adjustment	982100	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Total		145,966.39	145,326.77	639.62	0.44%	972,542.63	983,615.75	(11,073.12)	(1.13%)

Worked Hours by Job Class

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Worked Hrs-Physician	970000	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Worked Hrs-Interns & Residents	970100	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Worked Hrs-Registered Nurse	970200	55,429.29	55,114.74	314.55	0.57%	385,247.71	379,028.26	6,219.45	1.64%
Worked Hrs-Lic Practice Nurse	970300	396.21	274.18	122.03	44.51%	2,137.52	1,905.10	232.42	12.20%
Worked Hrs-Mid Lvl Providers	970350	757.38	770.53	(13.15)	(1.71%)	5,392.92	5,419.06	(26.14)	(0.48%)
Worked Hrs-Executive	970400	245.84	260.29	(14.45)	(5.55%)	1,692.32	1,822.03	(129.71)	(7.12%)
Worked Hrs-Aides & Attendants	970500	5,352.13	5,137.44	214.69	4.18%	37,466.07	35,726.43	1,739.64	4.87%
Worked Hrs-Admin/Mgmt	970600	2,799.27	2,892.14	(92.87)	(3.21%)	19,382.49	19,778.52	(396.03)	(2.00%)
Worked Hrs-Supervisory	970700	6,198.01	5,938.61	259.40	4.37%	40,474.13	40,620.86	(146.73)	(0.36%)
Worked Hrs-Professional	970800	5,107.93	5,808.65	(700.72)	(12.06%)	36,001.16	39,628.92	(3,627.76)	(9.15%)
Worked Hrs-Registered Tech	970900	14,322.81	15,924.83	(1,602.02)	(10.06%)	96,846.27	108,427.26	(11,580.99)	(10.68%)
Worked Hrs-Technician	971000	11,975.32	11,761.37	213.95	1.82%	79,133.95	80,568.75	(1,434.80)	(1.78%)
Worked Hrs-Specialists	971100	2,948.52	2,823.24	125.28	4.44%	20,938.10	19,479.85	1,458.25	7.49%
Worked Hrs-Clerical	971200	12,038.76	11,251.23	787.53	7.00%	79,012.13	76,943.96	2,068.17	2.69%
Worked Hrs-Env/Plant/Food/Svc	971300	10,168.81	10,238.09	(69.28)	(0.68%)	67,716.89	70,015.30	(2,298.41)	(3.28%)
Worked Hrs-Unit Secretary	971400	3,331.64	3,608.16	(276.52)	(7.66%)	23,934.11	24,675.18	(741.07)	(3.00%)
Worked Hrs-Student	971500	164.04	123.57	40.47	32.75%	1,000.49	841.24	159.25	18.93%
Worked Hrs-Policeman	971600	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Worked Hrs-Other Salaries	971700	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Worked Hrs-Reimb Salaries	971800	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Worked Hrs-Vacancies	971900	0.00	0.00	0.00	0.00%	0.00	(12,890.54)	12,890.54	(100.00%)
Worked Hrs - Temp Help	972300	479.00	0.00	479.00	100.00%	998.50	0.00	998.50	100.00%
Worked Hrs - Salary Adjustment	972100	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Total		131,714.96	131,927.07	(212.11)	(0.16%)	897,374.76	891,990.18	5,384.58	0.60%

Overtime Hours by Salary Expense Class

OT Hrs-Physician	990000	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
OT Hrs-Interns And Residents	990100	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
OT Hrs-Registered Nurse	990200	1,923.92	1,842.22	81.70	4.43%	11,743.79	12,639.61	(895.82)	(7.09%)
OT Hrs-Licensed Practice Nurse	990300	14.00	7.52	6.48	86.17%	129.89	52.15	77.74	149.07%
OT Hrs-Mid Level Providers	990350	10.09	19.36	(9.27)	(47.88%)	311.28	136.11	175.17	128.70%
OT Hrs-Executive	990400	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
OT Hrs-Aides And Attendants	990500	321.93	162.10	159.83	98.60%	1,247.50	1,134.86	112.64	9.93%
OT Hrs-Admin/Mgmt	990600	14.53	7.39	7.14	96.62%	136.53	50.56	85.97	170.04%
OT Hrs-Supervisory	990700	177.12	85.74	91.38	106.58%	852.63	586.00	266.63	45.50%
OT Hrs-Professional	990800	60.71	50.71	10.00	19.72%	625.65	349.51	276.14	79.01%
OT Hrs-Registered Tech	990900	232.57	394.35	(161.78)	(41.02%)	1,952.36	2,689.59	(737.23)	(27.41%)
OT Hrs-Technician	991000	441.81	423.78	18.03	4.25%	3,420.93	2,922.07	498.86	17.07%
OT Hrs-Specialist	991100	(92.52)	40.07	(132.59)	(330.90%)	735.70	293.46	442.24	150.70%

Carolinas HealthCare System
Departmental Performance Report
2010-07-31

Department:
Responsibility: Performance Report
Business Unit: 07
Business Unit Name: Carolinas Med Center-Pineville
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		FOR REPORTING PERIOD				YEAR - TO - DATE			
		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
OT Hrs-Clerical	991200	487.08	204.57	282.51	138.10%	1,930.50	1,399.01	531.49	37.99%
OT Hrs-Enviro/Plant Svc	991300	677.38	507.97	169.41	33.35%	3,914.02	3,473.82	440.20	12.67%
OT Hrs-Unit Secretary	991400	306.81	329.89	(23.08)	(7.00%)	1,749.30	2,256.00	(506.70)	(22.46%)
OT Hrs-Student	991500	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
OT Hrs-Policeman	991600	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
OT Hrs-Other Salaries	991700	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
OT Hrs-Reimbursable Salaries	991800	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
OT Hrs-Vacancies	991900	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
OT Hrs - Salary Adjustment	992100	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Total		4,575.43	4,075.67	499.76	12.26%	28,750.08	27,982.75	767.33	2.74%

Overtime Earnings by Salary Expense Class

Physicians	500000	0	0	0	0.00%	0	0	0	0.00%
Interns & Residents	500100	0	0	0	0.00%	0	0	0	0.00%
Registered Nurse	500200	83,317	0	83,317	100.00%	515,038	0	515,038	100.00%
Licensed Practice Nurse	500300	419	0	419	100.00%	3,576	0	3,576	100.00%
Mid Level Providers	500350	789	0	789	100.00%	26,242	0	26,242	100.00%
Executive	500400	0	0	0	0.00%	0	0	0	0.00%
Aides & Attendants	500500	6,149	0	6,149	100.00%	23,338	0	23,338	100.00%
Administrative/Mgmt	500600	1,265	0	1,265	100.00%	11,938	0	11,938	100.00%
Supervisory	500700	6,119	0	6,119	100.00%	34,647	0	34,647	100.00%
Professional	500800	4,427	0	4,427	100.00%	41,416	0	41,416	100.00%
Registered Technician	500900	9,145	0	9,145	100.00%	77,408	0	77,408	100.00%
Technician	501000	9,712	0	9,712	100.00%	74,692	0	74,692	100.00%
Specialist	501100	(9,837)	0	(9,837)	100.00%	77,597	0	77,597	100.00%
Clerical And Secretarial	501200	11,187	0	11,187	100.00%	49,209	0	49,209	100.00%
Enviro/Plant/Food/Service	501300	12,870	0	12,870	100.00%	76,567	0	76,567	100.00%
Unit Secretary	501400	6,861	0	6,861	100.00%	38,864	0	38,864	100.00%
Student	501500	0	0	0	0.00%	0	0	0	0.00%
Policeman	501600	0	0	0	0.00%	0	0	0	0.00%
Other Salaries	501700	0	0	0	0.00%	0	0	0	0.00%
Reimbursable Salaries	501800	0	0	0	0.00%	0	0	0	0.00%
Vacancies	501900	0	0	0	0.00%	0	0	0	0.00%
Temporary Help	502300	0	0	0	0.00%	0	0	0	0.00%
PTO Expense	502600	0	0	0	0.00%	0	0	0	0.00%
Salary Adjustment	502100	0	0	0	0.00%	0	0	0	0.00%
PTO Cash In Expense	502200	0	0	0	0.00%	0	0	0	0.00%
Total Overtime Earnings		142,424	0	142,424	100.00%	1,050,531	0	1,050,531	100.00%

Carolinas HealthCare System
Departmental Performance Report
2010-07-31

Department:
Responsibility: Performance Report
Business Unit: 07
Business Unit Name: Carolinas Med Center-Pineville
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FOR REPORTING PERIOD			
ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE

YEAR - TO - DATE			
ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE

Average Hourly Overtime Wage

Physicians	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Interns and Residents	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Registered Nurse	43.31	0.00	43.31	100.00%	43.86	0.00	43.86	100.00%
Licensed Practice Nurse	29.93	0.00	29.93	100.00%	27.53	0.00	27.53	100.00%
Mid Level Providers	78.20	0.00	78.20	100.00%	84.30	0.00	84.30	100.00%
Executive	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Aides and Attendants	19.10	0.00	19.10	100.00%	18.71	0.00	18.71	100.00%
Administrative/Management	87.06	0.00	87.06	100.00%	87.44	0.00	87.44	100.00%
Supervisory	34.55	0.00	34.55	100.00%	40.64	0.00	40.64	100.00%
Professional	72.92	0.00	72.92	100.00%	66.20	0.00	66.20	100.00%
Registered Technician	39.32	0.00	39.32	100.00%	39.65	0.00	39.65	100.00%
Technician	21.98	0.00	21.98	100.00%	21.83	0.00	21.83	100.00%
Specialist	106.32	0.00	106.32	100.00%	105.47	0.00	105.47	100.00%
Clerical and Secretarial	22.97	0.00	22.97	100.00%	25.49	0.00	25.49	100.00%
Enviro/Plant/Food Service	19.00	0.00	19.00	100.00%	19.56	0.00	19.56	100.00%
Unit Secretary	22.36	0.00	22.36	100.00%	22.22	0.00	22.22	100.00%
Student	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Policeman	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Other Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Reimbursable Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Vacancies	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Salary Adjustment	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Total	31.13	0.00	31.13	100.00%	36.54	0.00	36.54	100.00%

Overtime Hours as a Percent of Worked Hours

Physicians	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Interns and Residents	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Registered Nurse	3.47%	3.34%	0.13%	3.89%	3.05%	3.33%	-0.28%	(8.41%)
Licensed Practice Nurse	3.53%	2.74%	0.79%	28.83%	6.08%	2.74%	3.34%	121.90%
Mid Level Providers	1.33%	2.51%	-1.18%	(47.01%)	5.77%	2.51%	3.26%	129.88%
Executive	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Aides and Attendants	6.01%	3.16%	2.85%	90.19%	3.33%	3.18%	0.15%	4.72%
Administrative/Management	0.52%	0.26%	0.26%	100.00%	0.70%	0.26%	0.44%	169.23%
Supervisory	2.86%	1.44%	1.42%	98.61%	2.11%	1.44%	0.67%	46.53%
Professional	1.19%	0.87%	0.32%	36.78%	1.74%	0.88%	0.86%	97.73%
Registered Technician	1.62%	2.48%	-0.86%	(34.68%)	2.02%	2.48%	-0.46%	(18.55%)
Technician	3.69%	3.60%	0.09%	2.50%	4.32%	3.63%	0.69%	19.01%

Carolinas HealthCare System
Departmental Performance Report
2010-07-31

Department:
Responsibility: Performance Report
Business Unit: 07
Business Unit Name: Carolinas Med Center-Pineville
Layout: DEPT PERFORMANCE REPORT

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	FOR REPORTING PERIOD				YEAR-TO-DATE			
	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Specialist	-3.14%	1.42%	-4.56%	(321.13%)	3.51%	1.51%	2.00%	132.45%
Clerical and Secretarial	4.05%	1.82%	2.23%	122.53%	2.44%	1.82%	0.62%	34.07%
Enviro/Plant/Food Service	6.66%	4.96%	1.70%	34.27%	5.78%	4.96%	0.82%	16.53%
Unit Secretary	9.21%	9.14%	0.07%	0.77%	7.31%	9.14%	-1.83%	(20.02%)
Student	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Policeman	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other Salaries	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Reimbursable Salaries	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Vacancies	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Salary Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	3.47%	3.09%	0.38%	12.30%	3.20%	3.14%	0.06%	1.91%
Overtime Hours Per FTE								
Physicians	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Interns and Residents	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Registered Nurse	5.53	5.32	0.21	3.95%	33.94	36.34	(2.40)	(6.60%)
Licensed Practice Nurse	7.25	4.04	3.21	79.46%	67.65	27.74	39.91	143.87%
Mid Level Providers	2.17	4.13	(1.96)	(47.46%)	65.81	28.18	37.63	133.53%
Executive	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Aides and Attendants	10.30	5.07	5.23	103.16%	37.83	34.95	2.88	8.24%
Administrative/Management	0.83	0.40	0.43	107.50%	7.82	2.72	5.10	187.50%
Supervisory	4.52	2.32	2.20	94.83%	23.52	15.87	7.65	48.20%
Professional	1.89	1.41	0.48	34.04%	19.01	9.76	9.25	94.77%
Registered Technician	2.60	4.02	(1.42)	(35.32%)	22.62	27.56	(4.94)	(17.92%)
Technician	5.74	5.70	0.04	0.70%	47.85	39.22	8.63	22.00%
Specialist	(4.83)	2.22	(7.05)	(317.57%)	38.60	16.08	22.52	140.05%
Clerical and Secretarial	6.56	3.00	3.56	118.67%	27.61	20.53	7.08	34.49%
Enviro/Plant/Food Service	10.63	8.29	2.34	28.23%	65.83	56.66	9.17	16.18%
Unit Secretary	14.83	14.80	0.03	0.20%	82.48	101.21	(18.73)	(18.51%)
Student	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Policeman	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Other Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Reimbursable Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Vacancies	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Salary Adjustment	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Total	5.55	4.97	0.58	11.67%	35.81	34.46	1.35	3.92%

Non-Productive Hours by Job Class

Carolinas HealthCare System
Departmental Performance Report
2010-07-31

Department:
Responsibility: Performance Report
Business Unit: 07
Business Unit Name: Carolinas Med Center-Pineville
Layout: DEPT PERFORMANCE REPORT

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	FOR REPORTING PERIOD				YEAR - TO - DATE			
	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Physicians	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Interns and Residents	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Registered Nurse	6,219.78	6,197.93	21.85	0.35%	33,876.34	42,325.50	(8,449.16)	(19.96%)
Licensed Practice Nurse	(54.85)	54.49	(109.34)	(200.66%)	189.15	372.66	(183.51)	(49.24%)
Mid Level Providers	67.44	60.79	6.65	10.94%	337.83	427.41	(89.58)	(20.96%)
Executive	17.00	0.00	17.00	100.00%	119.00	0.00	119.00	100.00%
Aides and Attendants	184.06	528.28	(344.22)	(65.16%)	2,486.43	3,607.18	(1,120.75)	(31.07%)
Administrative/Management	295.57	399.54	(103.97)	(26.02%)	1,750.43	2,732.39	(981.96)	(35.94%)
Supervisory	737.27	600.27	137.00	22.82%	3,440.37	4,104.37	(664.00)	(16.18%)
Professional	596.14	547.90	48.24	8.80%	3,865.73	3,767.33	98.40	2.61%
Registered Technician	1,522.59	1,430.69	91.90	6.42%	7,706.95	9,777.25	(2,070.30)	(21.17%)
Technician	1,664.88	1,415.49	249.39	17.62%	7,480.41	9,689.47	(2,209.06)	(22.80%)
Specialist	441.40	380.78	60.62	15.92%	2,148.50	2,624.84	(476.34)	(18.15%)
Clerical and Secretarial	1,110.09	820.29	289.80	35.33%	5,696.71	5,609.70	87.01	1.55%
Enviro/Plant/Food Service	1,116.05	622.61	493.44	79.25%	4,308.78	4,257.91	50.87	1.19%
Unit Secretary	334.01	340.64	(6.63)	(1.95%)	1,761.24	2,329.56	(568.32)	(24.40%)
Student	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Policeman	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Other Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Reimbursable Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Vacancies	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Temporary Help	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Salary Adjustment	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Total	14,251.43	13,399.70	851.73	6.36%	75,167.87	91,625.57	(16,457.70)	(17.96%)

FTE'S by Job Class

Physicians	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Interns and Residents	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Registered Nurse	348.04	346.14	1.90	0.55%	345.99	347.83	(1.84)	(0.53%)
Licensed Practice Nurse	1.93	1.86	0.07	3.76%	1.92	1.88	0.04	2.13%
Mid Level Providers	4.66	4.69	(0.03)	(0.64%)	4.73	4.83	(0.10)	(2.07%)
Executive	1.48	1.47	0.01	0.68%	1.50	1.50	0.00	0.00%
Aides and Attendants	31.25	31.99	(0.74)	(2.31%)	32.98	32.47	0.51	1.57%
Administrative/Management	17.47	18.58	(1.11)	(5.97%)	17.45	18.58	(1.13)	(6.08%)
Supervisory	39.15	36.92	2.23	6.04%	36.25	36.92	(0.67)	(1.81%)
Professional	32.20	35.89	(3.69)	(10.28%)	32.91	35.82	(2.91)	(8.12%)
Registered Technician	89.45	97.98	(8.53)	(8.71%)	86.31	97.58	(11.27)	(11.55%)
Technician	77.01	74.39	2.62	3.52%	71.50	74.51	(3.01)	(4.04%)

Carolinas HealthCare System
Departmental Performance Report
2010-07-31

Department:
Responsibility: Performance Report
Business Unit: 07
Business Unit Name: Carolinas Med Center-Pineville
Layout: DEPT PERFORMANCE REPORT

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	FOR REPORTING PERIOD				YEAR - TO - DATE			
	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Specialist	19.14	18.09	1.05	5.80%	19.06	18.25	0.81	4.44%
Clerical and Secretarial	74.23	68.15	6.08	8.92%	69.93	68.15	1.78	2.61%
Enviro/Plant/Food Service	63.71	61.31	2.40	3.91%	59.46	61.31	(1.85)	(3.02%)
Unit Secretary	20.69	22.29	(1.60)	(7.18%)	21.21	22.29	(1.08)	(4.85%)
Student	0.93	0.70	0.23	32.86%	0.83	0.69	0.14	20.29%
Policeman	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Other Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Reimbursable Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Vacancies	0.00	0.00	0.00	0.00%	0.00	(10.64)	10.64	(100.00%)
Temporary Help	2.70	0.00	2.70	100.00%	0.82	0.00	0.82	100.00%
Salary Adjustment	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Total	824.04	820.45	3.59	0.44%	802.85	811.97	(9.12)	(1.12%)

Average Wage Per Hour by Job Class

Physicians	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Interns and Residents	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Registered Nurse	31.79	32.31	(0.52)	(1.61%)	31.85	32.19	(0.34)	(1.06%)
Licensed Practice Nurse	22.57	22.08	0.49	2.22%	22.52	22.08	0.44	1.99%
Mid Level Providers	59.26	59.12	0.14	0.24%	59.21	58.77	0.44	0.75%
Executive	165.87	165.05	0.82	0.50%	178.28	165.06	13.22	8.01%
Aides and Attendants	12.55	12.94	(0.39)	(3.01%)	12.48	12.88	(0.40)	(3.11%)
Administrative/Management	52.23	49.97	2.26	4.52%	52.36	49.91	2.45	4.91%
Supervisory	34.52	36.26	(1.74)	(4.80%)	35.49	36.24	(0.75)	(2.07%)
Professional	37.60	38.15	(0.55)	(1.44%)	37.73	38.04	(0.31)	(0.81%)
Registered Technician	28.26	28.57	(0.31)	(1.09%)	28.54	28.48	0.06	0.21%
Technician	16.63	16.98	(0.35)	(2.06%)	16.83	16.90	(0.07)	(0.41%)
Specialist	79.27	76.01	3.26	4.29%	77.99	75.77	2.22	2.93%
Clerical and Secretarial	15.62	15.86	(0.24)	(1.51%)	15.72	15.82	(0.10)	(0.63%)
Enviro/Plant/Food Service	13.41	13.81	(0.40)	(2.90%)	13.45	13.76	(0.31)	(2.25%)
Unit Secretary	16.33	17.18	(0.85)	(4.95%)	16.08	17.06	(0.98)	(5.74%)
Student	14.46	15.04	(0.58)	(3.86%)	14.81	14.93	(0.12)	(0.80%)
Policeman	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Other Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Reimbursable Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Vacancies	0.00	0.00	0.00	0.00%	0.00	24.56	(24.56)	(100.00%)
Temporary Help	23.03	0.00	23.03	100.00%	25.60	0.00	25.60	100.00%
Salary Adjustment	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Total	28.21	28.63	(0.42)	(1.47%)	28.51	28.60	(0.09)	(0.31%)

Carolinas HealthCare System
Departmental Performance Report
2010-07-31

Department:
Responsibility: Performance Report
Business Unit: 07
Business Unit Name: Carolinas Med Center-Pineville
Layout: DEPT PERFORMANCE REPORT

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FOR REPORTING PERIOD			
ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE

YEAR - TO - DATE			
ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE

Carolinas HealthCare System
Departmental Performance Report
2009-12-31

Department:
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VOLUME SECTION

Statistics

FOR REPORTING PERIOD						YEAR - TO - DATE			
	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Procedures - Observation	900720	4,220	2,095	2,125	101.43%	46,906	24,714	22,192	89.80%
Visits - Emergency	901700	4,965	4,697	268	5.71%	50,325	48,649	1,676	3.45%
Procedures - Emergency	901710	13,830	14,341	(511)	(3.56%)	144,409	141,659	2,750	1.94%
Cases - I/P	902600	43	471	(428)	(90.87%)	574	5,380	(4,806)	(89.33%)
Procedures - I/P	902700	29,716	31,542	(1,826)	(5.79%)	345,313	373,040	(27,727)	(7.43%)
Visits - I/P	902800	1,238	1,381	(143)	(10.35%)	14,008	16,121	(2,113)	(13.11%)
Inpatient Days - Adult	903000	2,504	3,095	(591)	(19.10%)	29,736	36,351	(6,615)	(18.20%)
Inpatient Days-Newborn	903010	385	0	385	100.00%	4,740	0	4,740	100.00%
Meals Served	903600	21,103	18,878	2,225	11.79%	240,597	222,652	17,945	8.06%
Cases - O/P	903700	629	2,046	(1,417)	(69.26%)	6,774	23,192	(16,418)	(70.79%)
Procedures - O/P	903800	5,369	5,827	(458)	(7.86%)	63,464	68,720	(5,256)	(7.65%)
Visits - O/P	904100	7,345	6,537	808	12.36%	79,299	75,281	4,018	5.34%
Obs Equivalent Days - Adult	904200	268	137	131	95.62%	2,948	1,984	964	48.59%
Visits - Observation	904210	141	85	56	65.88%	1,599	968	631	65.19%
Minutes-ED	904320	0	0	0	0.00%	1,430	0	1,430	100.00%
Minutes-IP	904330	65,325	0	65,325	100.00%	629,388	0	629,388	100.00%
Minutes-Obs	904340	23,858	0	23,858	100.00%	186,467	0	186,467	100.00%
Minutes-OP	904350	163,721	0	163,721	100.00%	1,707,244	0	1,707,244	100.00%
Hours - I/P Participants	904500	266	299	(33)	(11.04%)	3,079	3,192	(113)	(3.54%)
Hours - O/P Participants	904510	58	44	14	31.82%	748	523	225	43.02%
OP in Bed Equiv Days	904580	35	53	(18)	(33.96%)	467	517	(50)	(9.67%)
Patients Registered	904800	9,167	9,154	13	0.14%	104,484	102,537	1,947	1.90%
Prescriptions - I/P	905000	0	58,305	(58,305)	(100.00%)	0	685,150	(685,150)	(100.00%)
Prescriptions - O/P	905010	0	14,634	(14,634)	(100.00%)	0	172,598	(172,598)	(100.00%)
Prescriptions Emergency	905030	0	7,006	(7,006)	(100.00%)	0	82,628	(82,628)	(100.00%)
Prescriptions - Observation	905040	0	2,747	(2,747)	(100.00%)	0	32,398	(32,398)	(100.00%)
Total Inpatient Days	905900	14,445	15,460	(1,015)	(6.57%)	172,380	181,735	(9,355)	(5.15%)
Total Square Footage	906100	650,122	650,122	0	0.00%	7,801,464	7,801,464	0	0.00%
Units - Outpatient	906510	14,954	0	14,954	100.00%	166,386	0	166,386	100.00%
Units - Emergency	906520	9,751	0	9,751	100.00%	103,889	0	103,889	100.00%
Units - Observation	906540	6,127	0	6,127	100.00%	59,901	0	59,901	100.00%
Units - IP	906550	51,149	194	50,955	26265.46%	594,983	2,333	592,650	25402.91%
Adjusted Patient Days	907200	33,684	33,268	416	1.25%	377,576	378,248	(672)	(0.18%)
Cases - Emergency	907300	0	0	0	0.00%	11	0	11	100.00%
Cases - Observation	907310	5	107	(102)	(95.33%)	62	1,192	(1,130)	(94.80%)
Total FTEs	907360	712	711	1	0.14%	7,947	8,156	(209)	(2.56%)
Total Statistics		1,135,135	883,236	251,899	28.52%	12,948,598	10,491,382	2,457,216	23.42%



S-CHS-1203
CONFIDENTIAL DISCOVERY MATERIAL
PET-EX083.0001

Carolinas HealthCare System
Departmental Performance Report
2009-12-31

Department:
Responsibility: Performance Report
Business Unit: 07
Business Unit Name: Carolinas Med Center-Pineville
Layout: DEPT PERFORMANCE REPORT

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FOR REPORTING PERIOD			
ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE

YEAR - TO - DATE			
ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE

OPERATING REVENUE

Patient Revenue

Inpatient Revenue

Inpatient Medicare	300100	4,713,062	5,107,193	(394,131)	(7.72%)	55,986,587	59,507,084	(3,520,497)	(5.92%)
Inpatient Medicaid	300200	1,504,840	1,157,591	347,249	30.00%	16,595,530	13,496,642	3,098,888	22.96%
Inpatient Managed Care	300300	5,481,864	5,214,236	267,628	5.13%	60,316,866	60,468,208	(151,342)	(0.25%)
Inpatient Commercial	300400	96,610	169,227	(72,617)	(42.91%)	1,698,145	1,952,683	(254,538)	(13.04%)
Inpatient Self Pay/ Other	300500	532,917	770,349	(237,432)	(30.82%)	6,030,927	8,824,114	(2,793,187)	(31.65%)
Inpatient Revenue		12,329,293	12,418,596	(89,303)	(0.72%)	140,628,055	144,248,730	(3,620,675)	(2.51%)

Outpatient Revenue

Emergency Medicare	301100	1,733,953	1,389,192	344,761	24.82%	15,660,950	14,390,029	1,270,921	8.83%
Emergency Medicaid	301200	1,242,057	837,042	405,015	48.39%	11,908,101	8,531,087	3,377,014	39.58%
Emergency Managed Care	301300	3,779,587	3,979,501	(199,914)	(5.02%)	40,410,706	40,174,481	236,225	0.59%
Emergency Commercial	301400	204,776	164,424	40,352	24.54%	2,010,322	1,911,727	98,595	5.16%
Emergency Self Pay/Other	301500	2,369,916	2,352,002	17,914	0.76%	25,114,513	25,451,699	(337,186)	(1.32%)
Emergency Revenue		9,330,289	8,722,161	608,128	6.97%	95,104,592	90,459,022	4,645,570	5.14%

Clinic Revenue

		0	0	0	0.00%	0	0	0	0.00%
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Outpatient Revenue	303000	0	0	0	0.00%	2,113	0	2,113	100.00%
Outpatient Medicare	303100	2,635,351	2,825,541	(190,190)	(6.73%)	31,105,606	32,680,497	(1,574,891)	(4.82%)
Outpatient Medicaid	303200	498,805	453,704	45,101	9.94%	6,452,586	5,131,436	1,321,150	25.75%
Outpatient Managed Care	303300	7,566,945	6,975,690	591,255	8.48%	76,375,302	80,020,487	(3,645,185)	(4.56%)
Outpatient Commercial	303400	142,055	198,082	(56,027)	(28.28%)	1,338,036	2,273,516	(935,480)	(41.15%)
Outpatient Self Pay/Other	303500	786,432	665,768	120,664	18.12%	7,713,936	7,536,154	177,782	2.36%
Outpatient Revenue		11,629,589	11,118,785	510,804	4.59%	122,987,579	127,642,090	(4,654,511)	(3.65%)

Observation-Medicare	304100	873,672	290,933	582,739	200.30%	8,612,725	3,450,726	5,161,999	149.59%
Observation Medicaid	304200	196,142	63,695	132,447	207.94%	1,686,119	741,084	945,035	127.52%
Observation Managed Care	304300	1,423,966	619,750	804,216	129.76%	12,557,731	7,228,790	5,328,941	73.72%
Observation Commercial	304400	11,247	17,629	(6,382)	(36.20%)	358,737	202,973	155,764	76.74%
Observation Self Pay/Other	304500	143,063	157,649	(14,586)	(9.25%)	3,099,259	1,841,932	1,257,327	68.26%
Observation Revenue		2,648,090	1,149,655	1,498,435	130.34%	26,314,571	13,465,506	12,849,065	95.42%

Total Outpatient Revenue		23,607,967	20,990,601	2,617,366	12.47%	244,406,742	231,566,619	12,840,123	5.54%
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Carolinas HealthCare System
Departmental Performance Report
2009-12-31

Department:
Responsibility: Performance Report
Business Unit: 07
Business Unit Name: Carolinas Med Center-Pineville
Layout: DEPT PERFORMANCE REPORT

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		FOR REPORTING PERIOD				YEAR - TO - DATE			
		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Total Patient Revenue		35,937,260	33,409,197	2,528,063	7.57%	385,034,797	375,815,348	9,219,449	2.45%
Revenue Deductions									
Medicare Provision-Dept	442000	0	0	0	0.00%	0	0	0	0.00%
Provision Medicare	442100	7,491,433	6,957,995	533,438	7.67%	82,013,303	79,640,951	2,372,352	2.98%
Medicare Contractual		7,491,433	6,957,995	533,438	7.67%	82,013,303	79,640,951	2,372,352	2.98%
Provision Medicaid	444000	2,565,734	1,482,665	1,083,069	73.05%	23,022,162	16,467,517	6,554,645	39.80%
Provision C/A SC Mcaid	444100	269,288	310,842	(41,554)	(13.37%)	5,243,943	3,452,412	1,791,531	51.89%
Medicaid DSH	444150	(121,029)	(121,029)	0	0.00%	(1,452,501)	(1,452,501)	0	0.00%
Medicaid Provision-Dept	444200	0	0	0	0.00%	0	0	0	0.00%
Medicaid Contractual		2,713,993	1,672,478	1,041,515	62.27%	26,813,604	18,467,428	8,346,176	45.19%
Healthmark Contractual	440500	0	0	0	0.00%	103	0	103	100.00%
Other HMO/PPO Discounts	440600	7,795,000	7,150,517	644,483	9.01%	79,698,063	80,439,925	(741,862)	(0.92%)
Managed Care Provision-Dept	441000	0	0	0	0.00%	0	0	0	0.00%
Managed Care Contractual		7,795,000	7,150,517	644,483	9.01%	79,698,165	80,439,925	(741,760)	(0.92%)
Other Adjustments	446100	33,977	21,241	12,736	59.96%	290,377	235,003	55,374	23.56%
Other Agency Contractual	446200	277,801	82,022	195,779	238.69%	1,893,618	907,448	986,170	108.68%
Workers Comp C/A	446500	128,167	78,175	49,992	63.95%	701,799	864,888	(163,089)	(18.86%)
Account Adjustment	446600	37,952	28,855	9,097	31.53%	433,551	319,242	114,309	35.81%
Other Contractual Adjustment	446700	156,604	268,617	(112,013)	(41.70%)	2,584,410	2,971,840	(387,430)	(13.04%)
Inter-Facility Tier Discount	446800	389,553	107,418	282,135	262.65%	1,758,109	1,188,414	569,695	47.94%
Tier Discount - Other	446900	0	1,356	(1,356)	(100.00%)	18,725	15,000	3,725	24.83%
Late Chg Deduction	447000	0	1,404	(1,404)	(100.00%)	32,385	15,583	16,802	107.82%
Comm/Charge Payers Prov-Dept	447200	0	0	0	0.00%	0	0	0	0.00%
Self Pay Discount	447250	352,761	444,925	(92,164)	(20.71%)	4,773,722	4,922,416	(148,694)	(3.02%)
Self Pay/Other Provision-Dept	447300	0	0	0	0.00%	0	0	0	0.00%
CHIPS Contractual Adj	448300	52,720	44,852	7,868	17.54%	605,782	496,224	109,558	22.08%
Self Pay/Other Contractual		1,429,536	1,078,866	350,670	32.50%	13,092,477	11,936,057	1,156,420	9.69%
Prov For Charity Care	446000	57,878	31,608	26,270	83.11%	510,847	355,550	155,297	43.68%
Meck Cty IP Contract Adjust	446400	40,319	54,045	(13,726)	(25.40%)	1,126,220	607,941	518,279	85.25%
Bad Debt Expense	720000	3,539,857	3,235,812	304,045	9.40%	35,875,332	36,399,192	(523,860)	(1.44%)
Bad Debt Recovery	720100	(188,692)	(412,675)	223,983	(54.28%)	(3,104,242)	(4,642,124)	1,537,882	(33.13%)
BD Rcvry-Contr A/C Purch Recog	720110	(15,284)	0	(15,284)	100.00%	(15,766)	0	(15,766)	100.00%
Bad Debts		3,434,078	2,908,789	525,289	18.06%	34,392,391	32,720,559	1,671,832	5.11%
Total Revenue Deductions		22,864,040	19,768,646	3,095,394	15.66%	236,009,941	223,204,920	12,805,021	5.74%
Net Patient Revenue		13,073,220	13,640,551	(567,331)	(4.16%)	149,024,856	152,610,428	(3,585,572)	(2.35%)
Grants/Other Operating Revenue									

Carolinas HealthCare System
Departmental Performance Report
2009-12-31

Department:
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Business Unit: 07
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		FOR REPORTING PERIOD				YEAR - TO - DATE			
		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Grants									
Perinatal Educ & Trng	420600	0	0	0	0.00%	250	0	250	100.00%
CHS Foundation Grant	422000	0	0	0	0.00%	10,314	0	10,314	100.00%
Meck County Revenue	422200	0	0	0	0.00%	807	0	807	100.00%
Total Grants		0	0	0	0.00%	11,372	0	11,372	100.00%
Other Operating Revenue									
Cafeteria Revenue	400000	20,708	19,886	822	4.13%	240,968	250,936	(9,968)	(3.97%)
Lactation Sales	400250	3,377	3,199	178	5.56%	40,561	60,009	(19,448)	(32.41%)
Lactation Rentals	400260	6,262	4,314	1,948	45.16%	54,718	67,237	(12,519)	(18.62%)
Employee Rx Copay Revenue	400600	605	79	526	665.82%	878	1,900	(1,022)	(53.79%)
Retail Sales	400800	14,752	9,674	5,078	52.49%	144,336	110,000	34,336	31.21%
Medical Record Requests	401100	0	0	0	0.00%	134	48	86	179.17%
Fitness Program Revenue	401400	730	1,633	(903)	(55.30%)	17,605	16,646	959	5.76%
Rental Income	401600	0	0	0	0.00%	1,950	0	1,950	100.00%
Misc Other Operating Revenue	401900	28,645	57,076	(28,431)	(49.81%)	383,394	649,948	(266,554)	(41.01%)
Affiliate Support Sys	402800	0	0	0	0.00%	27,600	0	27,600	100.00%
Radiology Joint Venture Rev	403350	0	0	0	0.00%	0	0	0	0.00%
Book Reimbursement	403600	0	0	0	0.00%	(82)	0	(82)	100.00%
Seminars And Educ Programs	404800	2,265	3,839	(1,574)	(41.00%)	37,732	38,311	(579)	(1.51%)
Total Other Operating Revenue		77,345	99,700	(22,355)	(22.42%)	949,793	1,195,035	(245,242)	(20.52%)
Inter/Intra Facility Revenue									
Interco Misc Support	410800	619	0	619	100.00%	619	0	619	100.00%
Interco Rent - Interfacility	410830	17,205	18,214	(1,009)	(5.54%)	212,514	218,568	(6,054)	(2.77%)
Interco Specialist Sys	411400	26,122	36,344	(10,222)	(28.13%)	118,041	147,511	(29,470)	(19.98%)
Interco Clinical Case Mgmt Sys	414400	375	0	375	100.00%	375	0	375	100.00%
Interco Preceptor Services	414480	450	0	450	100.00%	950	0	950	100.00%
Total Inter/Intra Facility Revenue		44,771	54,558	(9,787)	(17.94%)	332,499	366,079	(33,580)	(9.17%)
Total Grants/Other Operating Revenue		122,116	154,258	(32,142)	(20.84%)	1,293,664	1,561,114	(267,450)	(17.13%)
Net Operating Revenue		13,195,336	13,794,809	(599,473)	(4.35%)	150,318,520	154,171,542	(3,853,022)	(2.50%)

OPERATING EXPENSES

Salaries

Physicians	500000	0	0	0	0.00%	1,954	0	1,954	100.00%
Interns & Residents	500100	0	0	0	0.00%	0	0	0	0.00%

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		FOR REPORTING PERIOD				YEAR - TO - DATE			
		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Registered Nurse	500200	1,898,593	1,857,176	41,417	2.23%	20,420,684	20,659,184	(238,500)	(1.15%)
Licensed Practice Nurse	500300	7,735	6,981	754	10.80%	84,272	82,462	1,810	2.19%
Mid Level Providers	500350	51,440	48,562	2,878	5.93%	598,339	564,990	33,349	5.90%
Executive	500400	42,122	42,931	(809)	(1.88%)	505,465	509,222	(3,757)	(0.74%)
Aides & Attendants	500500	68,938	76,044	(7,106)	(9.34%)	783,714	883,757	(100,043)	(11.32%)
Administrative/Mgmt	500600	153,103	136,979	16,124	11.77%	1,693,553	1,611,065	82,488	5.12%
Supervisory	500700	207,285	214,700	(7,415)	(3.45%)	2,200,298	2,444,406	(244,108)	(9.99%)
Professional	500800	221,621	212,115	9,506	4.48%	2,509,215	2,449,755	59,460	2.43%
Registered Technician	500900	459,018	455,666	3,352	0.74%	4,352,665	4,726,763	(374,098)	(7.91%)
Technician	501000	190,495	237,465	(46,970)	(19.78%)	2,231,531	2,573,512	(341,981)	(13.29%)
Specialist	501100	247,039	234,509	12,530	5.34%	2,749,425	2,605,089	144,336	5.54%
Clerical And Secretarial	501200	77,205	93,967	(16,762)	(17.84%)	973,335	1,091,775	(118,440)	(10.85%)
Enviro/Plant/Food/Service	501300	92,194	98,830	(6,636)	(6.71%)	940,284	1,061,396	(121,112)	(11.41%)
Unit Secretary	501400	61,995	64,364	(2,369)	(3.68%)	681,934	712,792	(30,858)	(4.33%)
Student	501500	2,175	2,295	(120)	(5.23%)	23,506	26,445	(2,939)	(11.11%)
Policeman	501600	0	0	0	0.00%	0	0	0	0.00%
Other Salaries	501700	0	0	0	0.00%	0	0	0	0.00%
Reimbursable Salaries	501800	0	0	0	0.00%	0	0	0	0.00%
Vacancies	501900	0	0	0	0.00%	0	0	0	0.00%
Temporary Help	502300	0	0	0	0.00%	1,974	0	1,974	100.00%
PTO Expense	502000	(194,190)	(195,912)	1,722	(0.88%)	150,488	307,782	(157,294)	(51.11%)
Salary Adjustment	502100	0	54,577	(54,577)	(100.00%)	0	654,923	(654,923)	(100.00%)
PTO Cash In Expense	502200	43,624	76,633	(33,009)	(43.07%)	528,298	445,035	83,263	18.71%
Physician Incentive Comp	510800	0	0	0	0.00%	0	0	0	0.00%
Total Salaries		3,630,393	3,717,885	(87,492)	(2.35%)	41,430,933	43,410,354	(1,979,421)	(4.56%)
Fringe Benefits									
Employer FICA	510000	247,377	237,087	10,290	4.34%	2,848,967	2,890,205	(41,238)	(1.43%)
Choice 20 Health Insurance Exp	510130	53,035	137,615	(84,580)	(61.46%)	1,386,669	1,554,971	(168,302)	(10.82%)
Choice 10 Health Insurance Exp	510140	97,476	253,176	(155,700)	(61.50%)	2,693,254	2,860,743	(167,489)	(5.85%)
Dental Insurance Expense	510150	3,827	10,819	(6,992)	(64.63%)	102,377	122,248	(19,871)	(16.25%)
Employer HCFA Contribution	510160	1,938	2,620	(682)	(26.03%)	39,396	31,444	7,952	25.29%
Life Insurance Expense	510190	1,560	4,823	(3,263)	(67.65%)	43,625	54,070	(10,445)	(19.32%)
LT Disability Expense	510200	4,626	13,355	(8,729)	(65.36%)	127,063	149,732	(22,669)	(15.14%)
Pension	510300	99,827	99,052	775	0.78%	1,074,480	1,110,509	(36,029)	(3.24%)
Workers Comp Expense	510400	19,816	19,662	154	0.78%	213,286	220,438	(7,152)	(3.24%)
401-K Employer Expense	510500	69,147	88,294	(19,147)	(21.69%)	814,480	989,892	(175,412)	(17.72%)
Other Benefits	510600	0	65	(65)	(100.00%)	400	774	(374)	(48.32%)
Unemployment Comp	510700	4,513	4,513	0	0.00%	54,157	54,157	0	0.00%
ST Disability Expense	511110	4,463	12,613	(8,150)	(64.62%)	129,286	141,413	(12,127)	(8.58%)
Corporate Allocated Benefits	511200	5,071	4,981	90	1.81%	44,839	65,401	(20,562)	(31.44%)

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		FOR REPORTING PERIOD				YEAR - TO - DATE			
		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Educational Assist Benefit Exp	511400	11,365	8,186	3,179	38.83%	65,257	99,106	(33,849)	(34.15%)
Facility Allocated Benefits	511500	1,006	0	1,006	100.00%	5,782	0	5,782	100.00%
Total Fringe Benefits		625,046	896,862	(271,816)	(30.31%)	9,643,319	10,345,103	(701,784)	(6.78%)
Fees									
Medical Specialist Fees	520100	40,957	67,093	(26,136)	(38.95%)	320,762	495,955	(175,193)	(35.32%)
Legal Fees	520300	(4,182)	0	(4,182)	100.00%	61,489	46,946	14,543	30.98%
Consultant Fees	520400	24,648	12,036	12,612	104.79%	97,488	141,836	(44,348)	(31.27%)
Collection Fees	520500	625	0	625	100.00%	813	963	(150)	(15.58%)
Marketing Consulting Fees	520700	(19,905)	57,476	(77,381)	(134.63%)	626,641	704,021	(77,380)	(10.99%)
Miscellaneous Fees	520800	121	819	(698)	(85.23%)	15,174	9,753	5,421	55.58%
License Fees	521000	4,854	2,699	2,155	79.84%	8,329	17,222	(8,893)	(51.64%)
Contract Fees	521200	(6,819)	6,697	(13,516)	(201.82%)	0	78,854	(78,854)	(100.00%)
Total Fees		40,299	146,821	(106,522)	(72.55%)	1,130,696	1,495,549	(364,853)	(24.40%)
General Supplies									
Office/Other Supplies									
Office/Forms/Copier/Photo	530100	38,907	33,725	5,182	15.37%	425,669	382,689	42,980	11.23%
Books And Subscriptions	530500	(322)	5,234	(5,556)	(106.15%)	19,145	50,334	(31,189)	(61.96%)
Minor Equipment/Furnishings	530600	6,512	17,848	(11,336)	(63.51%)	72,037	149,121	(77,084)	(51.69%)
Total Office/Other Supplies		45,098	56,807	(11,709)	(20.61%)	516,850	582,144	(65,294)	(11.22%)
Food and Housekeeping Supplies									
Laundry Supplies	550000	1,079	1,062	17	1.60%	9,276	12,521	(3,245)	(25.92%)
Dietary Disposables	550200	6,413	5,158	1,255	24.33%	69,577	60,481	9,096	15.04%
Dietary Catering	550300	468	3,137	(2,669)	(85.08%)	1,797	5,367	(3,570)	(66.52%)
Food	550400	76,549	50,235	26,314	52.38%	576,024	586,127	(10,103)	(1.72%)
Housekeeping	550700	13,575	8,718	4,857	55.71%	115,848	103,472	12,376	11.96%
General Maint Supplies	550800	2,992	2,573	419	16.28%	27,281	29,012	(1,731)	(5.97%)
Tableware and Cooking Utensils	550900	1,278	482	796	165.15%	8,079	5,687	2,392	42.06%
Special Order Supplies	551100	1,099	1,352	(253)	(18.71%)	5,181	15,216	(10,035)	(65.95%)
Total Food & Housekeeping Supplies		103,452	72,716	30,736	42.27%	813,063	817,881	(4,818)	(0.59%)
Medical Supplies									
Implant and Prosthetic Supplies									
Implants & Prosthesis	600700	504,292	480,846	23,446	4.88%	5,100,475	5,412,638	(312,163)	(5.77%)
Total Implant and Prosthetic Supplies		504,292	480,846	23,446	4.88%	5,100,475	5,412,638	(312,163)	(5.77%)
Pharmaceutical Supplies									

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		FOR REPORTING PERIOD				YEAR - TO - DATE			
		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Pharmaceuticals	601300	292,283	262,291	29,992	11.43%	2,962,388	3,060,239	(97,851)	(3.20%)
Total Pharmaceutical Supplies		292,283	262,291	29,992	11.43%	2,962,388	3,060,239	(97,851)	(3.20%)
Surgical Supplies									
Surgical Supplies - Other	600100	99,168	170,239	(71,071)	(41.75%)	1,829,798	1,916,743	(86,945)	(4.54%)
Laparoscopic Intr/Trocars	601450	41,033	52,867	(11,834)	(22.38%)	574,792	595,394	(20,602)	(3.46%)
Surgical Stapling/Clip Devices	601530	55,032	47,425	7,607	16.04%	620,320	529,614	90,706	17.13%
Total Surgical Supplies		195,234	270,530	(75,296)	(27.83%)	3,024,911	3,041,751	(16,840)	(0.55%)
Other Medical Supplies									
Purchase Discounts/Rebates	402600	(14,460)	(32,172)	17,712	(55.05%)	(329,515)	(386,064)	56,549	(14.65%)
Infection/Safety Supplies	600000	30,452	27,256	3,196	11.73%	335,159	309,183	25,976	8.40%
Physiological Monitoring	600300	32,873	32,531	342	1.05%	392,354	356,540	35,814	10.04%
Dressings/Casts/Surgical Pkg	600400	21,977	20,526	1,451	7.07%	224,119	230,549	(6,430)	(2.79%)
Sterilization Supplies	600500	24,355	18,526	5,829	31.46%	192,165	212,577	(20,412)	(9.60%)
Sutures	600600	24,191	18,252	5,939	32.54%	291,823	203,701	88,122	43.26%
Solutions And Sets	600900	57,731	52,476	5,255	10.01%	588,175	591,958	(3,783)	(0.64%)
Radiologic Film	601000	501	1,555	(1,054)	(67.78%)	10,299	17,744	(7,445)	(41.96%)
Reagents And Chemicals	601100	10,938	17,521	(6,583)	(37.57%)	156,093	193,733	(37,640)	(19.43%)
Medical Gases	601200	17,244	14,967	2,277	15.21%	169,496	173,694	(4,198)	(2.42%)
M/S Instruments	601400	29,705	4,966	24,739	498.17%	142,088	134,750	7,338	5.45%
Medical Supplies - Other	601500	112,187	88,402	23,785	26.91%	1,056,964	994,503	62,461	6.28%
Linen Supplies	601700	5,754	1,406	4,348	309.25%	35,036	15,524	19,512	125.69%
Wearing Apparel - Employee	601800	1,916	91	1,825	2005.49%	6,613	10,039	(3,426)	(34.13%)
Perfusion Specialty Supplies	601900	1,159	962	197	20.48%	8,777	10,822	(2,045)	(18.90%)
Anesthesia/Respiratory Supplie	602200	26,715	25,679	1,036	4.03%	274,685	293,441	(18,756)	(6.39%)
Catheters	602300	19,540	17,905	1,635	9.13%	222,323	199,278	23,045	11.56%
Needles and Syringes	602500	39,961	40,844	(883)	(2.16%)	443,004	452,634	(9,630)	(2.13%)
Personal Hygiene Supplies	602600	8,643	7,908	735	9.29%	99,664	91,579	8,085	8.83%
Total Other Medical Supplies		451,381	359,601	91,780	25.52%	4,319,320	4,106,184	213,136	5.19%
Total - Medical Supplies		1,443,190	1,373,269	69,921	5.09%	15,407,093	15,620,812	(213,718)	(1.37%)
Departmental Supplies									
Ambul/Positioning/Therapy Supp	530700	8,436	7,637	799	10.46%	87,481	85,257	2,224	2.61%
Laboratory Supplies	610000	17,714	9,590	8,124	84.71%	183,886	106,252	77,634	73.07%
Coagulation	610800	448	1,664	(1,216)	(73.08%)	16,050	18,398	(2,348)	(12.76%)
Microbiology Supplies	610900	0	4	(4)	(100.00%)	24	49	(25)	(51.02%)
Typing Sera	611100	6	69	(63)	(91.30%)	819	809	10	1.24%
Albumin	611200	723	995	(272)	(27.34%)	12,064	11,710	354	3.02%

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		FOR REPORTING PERIOD				YEAR - TO - DATE			
		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Blood Products	611300	84,006	58,787	25,219	42.90%	746,619	650,842	95,777	14.72%
Lab Specialty Supplies	611400	(22,895)	7,644	(30,539)	(399.52%)	30,990	84,596	(53,606)	(63.37%)
General Chemistry Supplies	611800	7,913	11,943	(4,030)	(33.74%)	127,185	132,233	(5,048)	(3.82%)
Retail Merchandise	611900	10,862	7,056	3,806	53.94%	109,654	80,228	29,426	36.68%
Inventory Adjustments	612000	(779)	0	(779)	100.00%	(2,334)	0	(2,334)	100.00%
Lactation Supplies	612200	3,902	4,898	(996)	(20.33%)	68,551	53,020	15,531	29.29%
Lab Point of Care Testing	613000	9,449	3,499	5,950	170.05%	63,206	40,364	22,842	56.59%
Total Departmental Supplies		119,786	113,786	6,000	5.27%	1,444,194	1,263,757	180,437	14.28%
Total - All Supplies		1,711,525	1,616,577	94,949	5.87%	18,181,200	18,284,594	(103,393)	(0.57%)
Purchased Services									
Equip Maint Contracts	620000	35,218	34,153	1,065	3.12%	340,176	352,516	(12,340)	(3.50%)
Equip Maint/Parts Non-Contract	620100	76,445	37,748	38,697	102.51%	161,800	372,782	(210,982)	(56.60%)
Software Maintenance	620200	2,152	943	1,209	128.21%	21,149	11,158	9,991	89.54%
Surgical Instrument Repair	620300	(304)	23,520	(23,824)	(101.29%)	285,930	282,240	3,690	1.31%
Referred Tests	620500	19,496	18,036	1,460	8.09%	150,921	207,954	(57,033)	(27.43%)
Ancillary Services	620700	3,076	1,445	1,631	112.87%	51,723	15,210	36,513	240.06%
Other Purchased Svs	620900	232,110	226,416	5,694	2.51%	2,431,059	2,442,278	(11,219)	(0.46%)
Peripheral Maintenance	621300	0	0	0	0.00%	0	6,335	(6,335)	(100.00%)
Security Expense	621500	0	314	(314)	(100.00%)	0	628	(628)	(100.00%)
Purch Svcs-Transcription Svcs	621600	3,021	2,677	344	12.85%	3,021	32,119	(29,098)	(90.59%)
Language Translation Expense	621700	18,956	9,177	9,779	106.56%	123,220	79,740	43,480	54.53%
Total Purchased Services		390,170	354,428	35,742	10.08%	3,568,999	3,802,958	(233,959)	(6.15%)
Other Operating Expense									
Heart Procurement Outside	630000	0	0	0	0.00%	0	220	(220)	(100.00%)
Service Recovery Expense	630850	47	1,378	(1,331)	(96.59%)	6,230	2,514	3,716	147.81%
Liver Donor Internal	631050	0	0	0	0.00%	0	0	0	0.00%
Risk Management Purchases	631100	0	0	0	0.00%	433	0	433	100.00%
Moving/Transfer Expenses	631150	0	0	0	0.00%	495	513	(18)	(3.51%)
Equipment Rental	631200	54,170	65,215	(11,045)	(16.94%)	663,652	847,626	(183,974)	(21.70%)
Building/Land Rental	631300	0	0	0	0.00%	4,370	0	4,370	100.00%
Contra Rent Expense	631340	(497)	0	(497)	100.00%	(497)	0	(497)	100.00%
Travel And Education	631500	6,286	13,221	(6,935)	(52.45%)	51,374	180,039	(128,665)	(71.47%)
Business Mileage Reimb	631530	3,133	0	3,133	100.00%	16,273	0	16,273	100.00%
Corporate Event & Retreat Exp	631550	1,105	0	1,105	100.00%	1,636	26,232	(24,596)	(93.76%)
Business Entertainment Expense	631570	660	1,378	(718)	(52.10%)	30,343	17,538	12,805	73.01%
Memberships And Dues	631600	7,939	7,225	714	9.88%	88,923	94,751	(5,828)	(6.15%)
Automotive Expense	631700	0	0	0	0.00%	0	215	(215)	(100.00%)
Recruiting Expense	631900	1,698	0	1,698	100.00%	2,705	300	2,405	801.67%

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		FOR REPORTING PERIOD				YEAR - TO - DATE			
		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Employee Activities	632000	11,095	13,265	(2,170)	(16.36%)	53,511	83,857	(30,346)	(36.19%)
Microfilm/Fiche Expense	632100	(9,075)	23,778	(32,853)	(138.17%)	25,550	128,200	(102,650)	(80.07%)
Patient/Family Education	632500	0	192	(192)	(100.00%)	2,152	16,478	(14,326)	(86.94%)
Tuition Reimbursement	632800	0	0	0	0.00%	905	0	905	100.00%
Relocation Expense	632900	3,217	0	3,217	100.00%	7,934	13,557	(5,623)	(41.48%)
Other Direct Expense	633000	2,232	65	2,167	3333.85%	2,359	900	1,459	162.11%
General Items	633100	1,086	0	1,086	100.00%	3,365	1,782	1,583	88.83%
Medicare Non-Reimb Expense	633200	842	1,860	(1,018)	(54.73%)	4,842	12,595	(7,753)	(61.56%)
Property Tax Expense	633400	0	0	0	0.00%	9,598	2,291	7,307	318.94%
Spot Rewards and Recognition	633500	2,616	135	2,481	1837.78%	9,661	9,215	446	4.84%
Total Other Operating Expense		86,554	127,712	(41,158)	(32.23%)	985,814	1,438,823	(453,009)	(31.48%)
Intercompany Expense									
Interco EAP Services	640100	1,457	1,458	(1)	(0.07%)	17,495	17,495	0	0.00%
Interco Pharm Admin	640150	4,646	4,646	0	0.00%	51,282	51,282	0	0.00%
Interco Pharmacy Sales	640200	0	2,194	(2,194)	(100.00%)	13,580	25,830	(12,250)	(47.43%)
Interco Equip Maint	640300	3,274	5,684	(2,410)	(42.40%)	56,946	68,384	(11,438)	(16.73%)
Interco Float Services	640310	1,375	1,344	31	2.31%	16,500	16,125	375	2.33%
Interco Pharmacy Services	640400	27,995	32,611	(4,616)	(14.15%)	321,316	391,333	(70,017)	(17.89%)
Interco TeleHealth Services	640410	895	1,371	(476)	(34.72%)	12,071	16,448	(4,377)	(26.61%)
Interco Human Resources	640600	75,475	75,475	0	0.00%	900,951	899,022	1,929	0.21%
Interco Misc Support	640700	(15,643)	18,327	(33,970)	(185.35%)	85,645	130,070	(44,425)	(34.15%)
Interco Admin/Finan Svs	640800	12,421	12,405	16	0.13%	160,508	144,016	16,492	11.45%
Interco Laundry Svs	640900	51,314	49,699	1,615	3.25%	552,711	596,211	(43,500)	(7.30%)
Interco Specialist Svs	641000	129,353	123,786	5,567	4.50%	1,465,351	1,435,840	29,511	2.06%
Interco Maint Base Services	641100	68,950	68,950	0	0.00%	836,172	836,172	0	0.00%
Interco Radiology Transcr	641150	2,686	2,686	0	0.00%	33,683	33,683	0	0.00%
Interco Security Services	641200	51,865	51,865	0	0.00%	627,009	627,009	0	0.00%
Interco Grounds Svs	641300	3,230	3,230	0	0.00%	38,755	38,755	0	0.00%
Interco Rent Real Estate Div	641400	0	59,013	(59,013)	(100.00%)	0	708,153	(708,153)	(100.00%)
Interco Rent Real Estate Base	641410	38,264	0	38,264	100.00%	464,409	0	464,409	100.00%
Interco Rent Real Estate CAM	641420	19,275	0	19,275	100.00%	231,664	0	231,664	100.00%
Interco Rent Real Estate Var	641450	636	0	636	100.00%	7,640	0	7,640	100.00%
Interco BU 1004 Corp Serv	641550	35,852	35,852	0	0.00%	421,937	421,937	0	0.00%
Interco Capital Mgmt	641560	3,233	3,233	0	0.00%	39,464	39,464	0	0.00%
Interco Govt Rel/Mgmt Svs	641570	33,408	33,408	0	0.00%	408,688	407,016	1,672	0.41%
Interco Mcare/Mcaid Reimb Serv	641580	7,822	7,822	0	0.00%	97,576	97,576	0	0.00%
Interco Phys Compliance Svs	641590	534	534	0	0.00%	5,011	5,011	0	0.00%
Interco Corp Admin Services	641600	148,297	99,460	48,837	49.10%	1,779,564	1,193,523	586,041	49.10%
Interco Corp Courier	641610	0	0	0	0.00%	31	0	31	100.00%
Interco Rent - Interfacility	641830	17,205	17,205	0	0.00%	206,460	206,460	0	0.00%

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Interco Service Excellence	641840	21,316	21,316	0	0.00%	259,962	259,962	0	0.00%
Interco Star Facility Support	641850	41,118	41,118	0	0.00%	489,805	489,805	0	0.00%
Interco Corporate Safety Svs	642500	7,537	7,537	0	0.00%	90,976	90,976	0	0.00%
Interco Courier Services	642600	5,840	5,006	834	16.66%	49,330	60,073	(10,743)	(17.88%)
Interco Mail Services	642700	3,118	2,163	955	44.15%	32,633	27,976	4,657	16.65%
Interco Materials Mgmt Svs	642800	47,988	45,268	2,720	6.01%	510,819	550,747	(39,928)	(7.25%)
Interco Shuttle Services	642900	4,384	4,208	176	4.18%	49,426	50,496	(1,070)	(2.12%)
Interco Access Control	643100	2,615	2,641	(26)	(0.98%)	32,405	32,283	122	0.38%
Interco Patient Acctg Services	643200	132,810	132,810	0	0.00%	1,611,662	1,611,662	0	0.00%
Interco Patient Registration	643300	140,018	140,018	0	0.00%	1,716,657	1,716,657	0	0.00%
Interco Payroll Services	643400	3,379	3,379	0	0.00%	41,692	41,692	0	0.00%
Interco Cash Mgmt Services	643500	10,745	10,745	0	0.00%	148,797	148,797	0	0.00%
Interco Accts Payable Svs	643600	5,913	5,913	0	0.00%	72,229	72,229	0	0.00%
Interco Marketing Services	643700	82,882	82,882	0	0.00%	955,603	955,603	0	0.00%
Interco Contract Management Sv	644100	16,724	16,724	0	0.00%	192,008	192,008	0	0.00%
Interco Sleep Center Services	644450	17,375	18,375	(1,000)	(5.44%)	224,000	224,125	(125)	(0.06%)
Interco Special Events Shuttle	644500	0	0	0	0.00%	25	0	25	100.00%
Interco Information Svs	644700	455,888	455,888	0	0.00%	5,778,419	5,778,419	0	0.00%
Interco Dietary / Catering	644800	10	4	6	150.00%	61	50	11	22.00%
Interco Radiopharmaceuticals	644900	5,801	11,369	(5,568)	(48.98%)	120,421	136,429	(16,008)	(11.73%)
Interco Radiology Equip Maint	644950	27,771	14,243	13,528	94.98%	183,231	170,918	12,313	7.20%
Interco Lab Services	645000	63,276	57,258	6,018	10.51%	700,804	687,096	13,708	2.00%
Interco Live Well Carolinas	645250	9	125	(116)	(92.80%)	275	1,496	(1,221)	(81.62%)
Interco Financial Counseling	645300	10,003	10,003	0	0.00%	121,547	121,547	0	0.00%
Interco Pat Reg - Pain Mgmt	645400	16,788	16,788	0	0.00%	201,451	201,451	0	0.00%
Interco Quality Management	645500	141,389	141,389	0	0.00%	1,676,936	1,676,936	0	0.00%
Interco Transcription Services	645800	21,471	19,839	1,632	8.23%	231,166	241,167	(10,001)	(4.15%)
Interco Transltn Language Assm	645900	0	0	0	0.00%	338	0	338	100.00%
Interco Poison Center Services	646330	0	0	0	0.00%	89	0	89	100.00%
Interco Coding and Reimb Svs	646500	2,455	2,455	0	0.00%	29,458	29,458	0	0.00%
Interco ER Abstracting Svs	646600	14,085	13,785	300	2.18%	169,016	165,420	3,596	2.17%
Interco LTC Support	646700	0	1,662	(1,662)	(100.00%)	7,305	19,949	(12,644)	(63.38%)
Interco COB/PEP	646910	1,191	1,686	(495)	(29.36%)	14,291	20,235	(5,944)	(29.37%)
Interco Seminars and Education	647000	4,005	2,502	1,503	60.07%	36,369	30,021	6,348	21.15%
Interco A/V and Medical Arts	647100	66	36	30	83.33%	3,619	433	3,186	735.80%
Interco Maint Work Orders	647800	8,131	5,353	2,778	51.90%	31,619	64,685	(33,066)	(51.12%)
Interco Fleet Services	648810	237	50	187	374.00%	237	594	(357)	(60.10%)
Intercompany Tenant Passthrough	648830	786	0	786	100.00%	786	0	786	100.00%
Total Intercompany Expense		2,040,941	2,006,796	34,145	1.70%	24,637,884	24,278,208	359,676	1.48%

Utilities

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Postage And Freight	700000	14,173	6,573	7,600	115.62%	106,812	104,505	2,307	2.21%
Local Telephone Expense	700100	11,229	10,410	819	7.87%	135,422	116,560	18,862	16.18%
L/D Telephone Expense	700200	1,112	1,011	101	9.99%	14,776	11,201	3,575	31.92%
Electricity	700300	67,652	39,501	28,151	71.27%	671,424	437,329	234,095	53.53%
Water	700400	10,126	12,895	(2,769)	(21.47%)	156,384	129,176	27,208	21.06%
Natural Gas	700500	37,744	38,373	(629)	(1.64%)	442,843	446,270	(3,427)	(0.77%)
Heating Fuel	700650	437	0	437	100.00%	1,435	3,301	(1,866)	(56.53%)
Garbage Disposal	700700	9,596	5,535	4,061	73.37%	76,947	60,419	16,528	27.36%
Wireless Service	700800	2,199	412	1,787	433.74%	25,178	16,328	8,850	54.20%
Network Circuits	700900	2,002	0	2,002	100.00%	16,378	5,031	11,347	225.54%
Total Utilities		156,269	114,710	41,559	36.23%	1,647,600	1,330,122	317,478	23.87%
Insurance									
Liability & Malpractice	710000	130,330	130,330	0	0.00%	1,563,960	1,563,965	(5)	0.00%
Total Insurance		130,330	130,330	0	0.00%	1,563,960	1,563,965	(5)	0.00%
Depreciation and Amortization									
Depreciation Expense	800100	381,365	536,132	(154,767)	(28.87%)	4,755,381	4,910,147	(154,766)	(3.15%)
Other Amortization	800200	2,472	0	2,472	100.00%	2,472	0	2,472	100.00%
Total Depreciation and Amortization		383,838	536,132	(152,294)	(28.41%)	4,757,853	4,910,147	(152,294)	(3.10%)
Total Operating Expenses		9,195,365	9,648,253	(452,888)	(4.69%)	107,548,257	110,859,823	(3,311,566)	(2.99%)
Results of Operations		3,999,971	4,146,556	(146,585)	(3.54%)	42,770,263	43,311,719	(541,456)	(1.25%)
NON-OPERATING REVENUE (EXPENSE)									
Non-Operating Revenue									
Interco Interest Income	412200	970,384	1,317,715	(347,331)	(26.36%)	10,690,827	15,490,057	(4,799,230)	(30.98%)
Total Non-Operating Revenue		970,384	1,317,715	(347,331)	(26.36%)	10,690,827	15,490,057	(4,799,230)	(30.98%)
Non-Operating Expense									
Other Non-Operating Expense	521540	0	0	0	0.00%	(10)	0	(10)	100.00%
Loss On Asset Disposal	830400	(5,142)	0	(5,142)	100.00%	(337,943)	0	(337,943)	100.00%
Total Non-Operating Expense		(5,142)	0	(5,142)	100.00%	(337,953)	0	(337,953)	100.00%
Total Non-Operating Revenue (Expense)		965,242	1,317,715	(352,473)	(26.75%)	10,352,874	15,490,057	(5,137,183)	(33.16%)
Total Margin		4,965,213	5,464,271	(499,058)	(9.13%)	53,123,137	58,801,776	(5,678,639)	(9.66%)

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Operating Margin Percent	30.31%	30.06%	0.00	0.00%	28.45%	28.09%	0.00	0.00%
Total Margin Percent	35.06%	36.16%	(0.01)	(2.77%)	33.06%	34.66%	(0.02)	(5.77%)

REVENUE/EXPENSE PER STATISTIC

Revenue								
Inpatient Revenue	10.86	14.06	(3.20)	-22.76%	10.86	13.75	(2.89)	-21.02%
Emergency Revenue	8.22	9.88	(1.66)	-16.80%	7.34	8.62	(1.28)	-14.85%
Clinic Revenue	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Outpatient Revenue	10.25	12.59	(2.34)	-18.59%	9.50	12.17	(2.67)	-21.94%
Observation Revenue	2.33	1.30	1.03	79.23%	2.03	1.28	0.75	58.59%
Total Outpatient Revenue	20.80	23.77	(2.97)	-12.49%	18.88	22.07	(3.19)	-14.45%
Total Patient Revenue	31.66	37.83	(6.17)	-16.31%	29.74	35.82	(6.08)	-16.97%
Revenue Deductions	20.14	22.38	(2.24)	-10.01%	18.23	21.28	(3.05)	-14.33%
Net Patient Revenue	11.52	15.45	(3.93)	-25.44%	11.51	14.54	(3.03)	-20.84%
Grants	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Other Operating Revenue	0.07	0.11	(0.04)	-36.36%	0.07	0.11	(0.04)	-36.36%
Inter/Intra Facility Revenue	0.04	0.06	(0.02)	-33.33%	0.03	0.03	0.00	0.00%
Total Other Revenue	0.11	0.17	(0.06)	-35.29%	0.10	0.14	(0.04)	-28.57%
Total Revenue	11.63	15.62	(3.99)	-25.54%	11.61	14.68	(3.07)	-20.91%
Expense								
Salaries	3.20	4.21	(1.01)	-23.99%	3.20	4.14	(0.94)	-22.71%
Fringe Benefits	0.55	1.02	(0.47)	-46.08%	0.74	0.99	(0.25)	-25.25%
Total Salaries and Benefits	3.75	5.23	(1.48)	-28.30%	3.94	5.13	(1.19)	-23.20%

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	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Fees	0.04	0.17	(0.13)	-76.47%	0.09	0.14	(0.05)	-35.71%
Office/Other Supplies	0.04	0.06	(0.02)	-33.33%	0.04	0.06	(0.02)	-33.33%
Food & Housekeeping	0.09	0.08	0.01	12.50%	0.06	0.08	(0.02)	-25.00%
Medical Supplies	1.27	1.55	(0.28)	-18.06%	1.19	1.49	(0.30)	-20.13%
Departmental Supplies	0.11	0.13	(0.02)	-15.38%	0.11	0.12	(0.01)	-8.33%
Total Supplies & Materials	1.51	1.82	(0.31)	-17.03%	1.40	1.75	(0.35)	-20.00%
Purchased Services	0.34	0.40	(0.06)	-15.00%	0.28	0.36	(0.08)	-22.22%
Other Operating Expenses	0.08	0.14	(0.06)	-42.86%	0.08	0.14	(0.06)	-42.86%
Intercompany Expense	1.80	2.27	(0.47)	-20.70%	1.90	2.31	(0.41)	-17.75%
Utilities	0.14	0.13	0.01	7.69%	0.13	0.13	0.00	0.00%
Insurance	0.11	0.15	(0.04)	-26.67%	0.12	0.15	(0.03)	-20.00%
Depreciation Expense	0.34	0.61	(0.27)	-44.26%	0.37	0.47	(0.10)	-21.28%
Total Other Expenses	2.81	3.70	(0.89)	-24.05%	2.88	3.56	(0.68)	-19.10%
Total Operating Expense	8.11	10.92	(2.81)	-25.73%	8.31	10.58	(2.27)	-21.46%
Operating Margin	3.52	4.70	(1.18)	(25.11%)	3.30	4.10	(0.80)	(19.51%)

Paid Hours By Job Class

Paid Hrs-Physician	980000	0.00	0.00	0.00	0.00%	39.74	0.00	39.74	100.00%
Paid Hrs-Interns And Residents	980100	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Paid Hrs-Registered Nurse	980200	59,166.11	54,978.37	4,187.74	7.62%	645,287.20	622,689.18	22,598.02	3.63%
Paid Hrs-Lic Practice Nurse	980300	342.46	320.14	22.32	6.97%	3,845.49	3,856.80	(11.31)	(0.29%)
Paid Hrs-Mid Level Providers	980350	783.69	832.21	(48.52)	(5.83%)	10,069.47	9,798.63	270.84	2.76%
Paid Hrs-Executive	980400	262.84	265.70	(2.86)	(1.08%)	3,116.96	3,128.41	(11.45)	(0.37%)
Paid Hrs-Aides And Attendants	980500	5,268.00	5,687.38	(419.38)	(7.37%)	62,270.81	66,960.09	(4,689.28)	(7.00%)
Paid Hrs-Admin/Mgmt	980600	3,011.09	2,582.95	428.14	16.58%	33,087.21	30,412.17	2,675.04	8.80%
Paid Hrs-Supervisory	980700	5,102.71	5,344.55	(241.84)	(4.52%)	55,609.74	61,721.48	(6,111.74)	(9.90%)
Paid Hrs-Professional	980800	5,810.89	5,664.94	145.95	2.58%	67,192.25	66,676.08	516.17	0.77%
Paid Hrs-Registered Tech	980900	15,678.60	15,820.26	(141.66)	(0.90%)	152,459.57	164,940.82	(12,481.25)	(7.57%)
Paid Hrs-Technician	981000	11,156.76	13,764.15	(2,607.39)	(18.94%)	131,666.99	150,665.80	(18,998.81)	(12.61%)
Paid Hrs-Specialist	981100	3,183.28	2,969.05	214.23	7.22%	36,041.38	33,563.72	2,477.66	7.38%
Paid Hrs-Clerical	981200	4,736.84	5,817.86	(1,081.02)	(18.58%)	61,477.68	68,500.56	(7,022.88)	(10.25%)
Paid Hrs-Enviro/Plant/Food/Svc	981300	7,590.63	8,084.39	(493.76)	(6.11%)	77,395.29	88,246.04	(10,850.75)	(12.30%)
Paid Hrs-Unit Secretary	981400	3,893.88	3,992.72	(98.84)	(2.48%)	41,809.47	44,411.09	(2,601.62)	(5.86%)
Paid Hrs-Student	981500	143.40	145.00	(1.60)	(1.10%)	1,572.71	1,709.00	(136.29)	(7.97%)

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Paid Hrs-Policeman	981600	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	0.00%
Paid Hrs-Other Salaries	981700	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	0.00%
Paid Hrs-Reimbursable Salaries	981800	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	0.00%
Paid Hours - Vacancies	981900	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	0.00%
Paid Hrs-Temp Help	982300	0.00	0.00	0.00	0.00%	78.43	0.00	78.43	100.00%	100.00%
Paid Hrs - Salary Adjustment	982100	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	0.00%
Total		126,131.18	126,269.67	(138.49)	(0.11%)	1,383,020.39	1,417,279.87	(34,259.48)	(2.42%)	

Worked Hours by Job Class

Worked Hrs-Physician	970000	0.00	0.00	0.00	0.00%	24.68	0.00	24.68	100.00%	
Worked Hrs-Interns & Residents	970100	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	
Worked Hrs-Registered Nurse	970200	53,802.16	50,117.69	3,684.47	7.35%	588,609.68	567,766.04	20,843.64	3.67%	
Worked Hrs-Lic Practice Nurse	970300	317.90	296.84	21.06	7.09%	3,346.45	3,582.36	(235.91)	(6.59%)	
Worked Hrs-Mid Lvl Providers	970350	746.56	762.87	(16.31)	(2.14%)	9,342.96	8,982.22	360.74	4.02%	
Worked Hrs-Executive	970400	245.84	256.85	(11.01)	(4.29%)	2,912.96	3,024.18	(111.22)	(3.68%)	
Worked Hrs-Aides & Attendants	970500	4,853.41	5,279.32	(425.91)	(8.07%)	56,962.84	62,214.71	(5,251.87)	(8.44%)	
Worked Hrs-Admin/Mgmt	970600	2,408.05	2,372.79	35.26	1.49%	29,025.42	27,937.63	1,087.79	3.89%	
Worked Hrs-Supervisory	970700	4,473.46	4,820.71	(347.25)	(7.20%)	49,672.01	55,674.62	(6,002.61)	(10.78%)	
Worked Hrs-Professional	970800	5,068.54	5,114.89	(46.35)	(0.91%)	60,742.81	60,199.58	543.23	0.90%	
Worked Hrs-Registered Tech	970900	14,182.54	14,465.98	(283.44)	(1.96%)	139,641.83	151,111.23	(11,469.40)	(7.59%)	
Worked Hrs-Technician	971000	10,042.91	12,414.34	(2,371.43)	(19.10%)	118,945.56	135,978.29	(17,032.73)	(12.53%)	
Worked Hrs-Specialists	971100	2,700.13	2,701.19	(1.06)	(0.04%)	31,522.52	30,534.18	988.34	3.24%	
Worked Hrs-Clerical	971200	4,282.82	5,197.47	(914.65)	(17.60%)	55,758.85	61,196.01	(5,437.16)	(8.88%)	
Worked Hrs-Env/Plant/Food/Svc	971300	7,210.04	7,554.61	(344.57)	(4.56%)	72,622.21	82,469.39	(9,847.18)	(11.94%)	
Worked Hrs-Unit Secretary	971400	3,613.50	3,654.66	(41.16)	(1.13%)	38,696.39	40,721.31	(2,024.92)	(4.97%)	
Worked Hrs-Student	971500	143.40	145.00	(1.60)	(1.10%)	1,572.71	1,709.00	(136.29)	(7.97%)	
Worked Hrs-Policeman	971600	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	
Worked Hrs-Other Salaries	971700	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	
Worked Hrs-Reimb Salaries	971800	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	
Worked Hrs-Vacancies	971900	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	
Worked Hrs - Temp Help	972300	0.00	0.00	0.00	0.00%	78.43	0.00	78.43	100.00%	
Worked Hrs - Salary Adjustment	972100	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	
Total		114,091.26	115,155.21	(1,063.95)	(0.92%)	1,259,478.31	1,293,100.75	(33,622.44)	(2.60%)	

Overtime Hours by Salary Expense Class

OT Hrs-Physician	990000	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	
OT Hrs-Interns And Residents	990100	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	

Carolinas HealthCare System
Departmental Performance Report
2009-12-31

Department:
Responsibility: Performance Report
Business Unit: 07
Business Unit Name: Carolinas Med Center-Pineville
Layout: DEPT PERFORMANCE REPORT

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		FOR REPORTING PERIOD				YEAR - TO - DATE			
		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
OT Hrs-Registered Nurse	990200	1,462.61	1,792.58	(329.97)	(18.41%)	12,935.70	20,474.65	(7,538.95)	(36.82%)
OT Hrs-Licensed Practice Nurse	990300	16.25	3.75	12.50	333.33%	42.72	47.07	(4.35)	(9.24%)
OT Hrs-Mid Level Providers	990350	42.20	24.38	17.82	73.09%	428.99	287.08	141.91	49.43%
OT Hrs-Executive	990400	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
OT Hrs-Aides And Attendants	990500	136.68	237.44	(100.76)	(42.44%)	970.41	2,823.41	(1,853.00)	(65.63%)
OT Hrs-Admin/Mgmt	990600	5.22	0.00	5.22	100.00%	94.70	0.00	94.70	100.00%
OT Hrs-Supervisory	990700	55.16	113.17	(58.01)	(51.26%)	867.63	1,320.37	(452.74)	(34.29%)
OT Hrs-Professional	990800	28.13	34.13	(6.00)	(17.58%)	611.20	401.77	209.43	52.13%
OT Hrs-Registered Tech	990900	280.68	495.32	(214.64)	(43.33%)	3,083.58	5,359.89	(2,276.31)	(42.47%)
OT Hrs-Technician	991000	361.84	560.99	(199.15)	(35.50%)	3,269.96	6,245.80	(2,975.84)	(47.65%)
OT Hrs-Specialist	991100	80.48	54.02	26.46	48.98%	753.46	611.14	142.32	23.29%
OT Hrs-Clerical	991200	75.64	130.21	(54.57)	(41.91%)	1,128.86	1,533.11	(404.25)	(26.37%)
OT Hrs-Enviro/Plant Svc	991300	478.90	600.84	(121.94)	(20.29%)	5,695.31	6,562.23	(866.92)	(13.21%)
OT Hrs-Unit Secretary	991400	226.45	180.86	45.59	25.21%	2,973.56	2,093.28	880.28	42.05%
OT Hrs-Student	991500	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
OT Hrs-Policeman	991600	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
OT Hrs-Other Salaries	991700	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
OT Hrs-Reimbursable Salaries	991800	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
OT Hrs-Vacancies	991900	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
OT Hrs - Salary Adjustment	992100	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Total		3,250.24	4,227.69	(977.45)	(23.12%)	32,856.08	47,759.80	(14,903.72)	(31.21%)

Overtime Earnings by Salary Expense Class

Physicians	500000	0	0	0	0.00%	0	0	0	0.00%
Interns & Residents	500100	0	0	0	0.00%	0	0	0	0.00%
Registered Nurse	500200	64,718	0	64,718	100.00%	579,147	0	579,147	100.00%
Licensed Practice Nurse	500300	469	0	469	100.00%	1,253	0	1,253	100.00%
Mid Level Providers	500350	3,515	0	3,515	100.00%	36,088	0	36,088	100.00%
Executive	500400	0	0	0	0.00%	0	0	0	0.00%
Aides & Attendants	500500	2,485	0	2,485	100.00%	17,763	0	17,763	100.00%
Administrative/Mgmt	500600	123	0	123	100.00%	4,522	0	4,522	100.00%
Supervisory	500700	2,318	0	2,318	100.00%	36,507	0	36,507	100.00%
Professional	500800	1,484	0	1,484	100.00%	37,266	0	37,266	100.00%
Registered Technician	500900	11,187	0	11,187	100.00%	126,317	0	126,317	100.00%
Technician	501000	8,163	0	8,163	100.00%	76,209	0	76,209	100.00%
Specialist	501100	8,254	0	8,254	100.00%	79,491	0	79,491	100.00%
Clerical And Secretarial	501200	2,454	0	2,454	100.00%	33,207	0	33,207	100.00%
Enviro/Plant/Food/Service	501300	8,784	0	8,784	100.00%	103,908	0	103,908	100.00%
Unit Secretary	501400	5,077	0	5,077	100.00%	66,708	0	66,708	100.00%

Carolinas HealthCare System
Departmental Performance Report
2009-12-31

Department:
Responsibility: Performance Report
Business Unit: 07
Business Unit Name: Carolinas Med Center-Pineville
Layout: DEPT PERFORMANCE REPORT

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		FOR REPORTING PERIOD				YEAR - TO - DATE			
		ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Student	501500	0	0	0	0.00%	0	0	0	0.00%
Policeman	501600	0	0	0	0.00%	0	0	0	0.00%
Other Salaries	501700	0	0	0	0.00%	0	0	0	0.00%
Reimbursable Salaries	501800	0	0	0	0.00%	0	0	0	0.00%
Vacancies	501900	0	0	0	0.00%	0	0	0	0.00%
Temporary Help	502300	0	0	0	0.00%	0	0	0	0.00%
PTO Expense	502000	0	0	0	0.00%	0	0	0	0.00%
Salary Adjustment	502100	0	0	0	0.00%	0	0	0	0.00%
PTO Cash In Expense	502200	0	0	0	0.00%	0	0	0	0.00%
Total Overtime Earnings		119,031	0	119,031	100.00%	1,198,386	0	1,198,386	100.00%

Average Hourly Overtime Wage

Physicians	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Interns and Residents	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Registered Nurse	44.25	0.00	44.25	100.00%	44.77	0.00	44.77	100.00%
Licensed Practice Nurse	28.86	0.00	28.86	100.00%	29.33	0.00	29.33	100.00%
Mid Level Providers	83.29	0.00	83.29	100.00%	84.12	0.00	84.12	100.00%
Executive	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Aides and Attendants	18.18	0.00	18.18	100.00%	18.30	0.00	18.30	100.00%
Administrative/Management	23.56	0.00	23.56	100.00%	47.75	0.00	47.75	100.00%
Supervisory	42.02	0.00	42.02	100.00%	42.08	0.00	42.08	100.00%
Professional	52.76	0.00	52.76	100.00%	60.97	0.00	60.97	100.00%
Registered Technician	39.86	0.00	39.86	100.00%	40.96	0.00	40.96	100.00%
Technician	22.56	0.00	22.56	100.00%	23.31	0.00	23.31	100.00%
Specialist	102.56	0.00	102.56	100.00%	105.50	0.00	105.50	100.00%
Clerical and Secretarial	32.44	0.00	32.44	100.00%	29.42	0.00	29.42	100.00%
Enviro/Plant/Food Service	18.34	0.00	18.34	100.00%	18.24	0.00	18.24	100.00%
Unit Secretary	22.42	0.00	22.42	100.00%	22.43	0.00	22.43	100.00%
Student	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Policeman	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Other Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Reimbursable Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Vacancies	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Salary Adjustment	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Total	36.62	0.00	36.62	100.00%	36.47	0.00	36.47	100.00%

Overtime Hours as a Percent of Worked Hours

Physicians	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
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Carolinas HealthCare System
Departmental Performance Report
2009-12-31

Department:
Responsibility: Performance Report
Business Unit: 07
Business Unit Name: Carolinas Med Center-Pineville
Layout: DEPT PERFORMANCE REPORT

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	FOR REPORTING PERIOD				YEAR - TO - DATE			
	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Interns and Residents	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Registered Nurse	2.72%	3.58%	-0.86%	(24.02%)	2.20%	3.61%	-1.41%	(39.06%)
Licensed Practice Nurse	5.11%	1.26%	3.85%	305.56%	1.28%	1.31%	-0.03%	(2.29%)
Mid Level Providers	5.65%	3.20%	2.45%	76.56%	4.59%	3.20%	1.39%	43.44%
Executive	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Aides and Attendants	2.82%	4.50%	-1.68%	(37.33%)	1.70%	4.54%	-2.84%	(62.56%)
Administrative/Management	0.22%	0.00%	0.22%	100.00%	0.33%	0.00%	0.33%	100.00%
Supervisory	1.23%	2.35%	-1.12%	(47.66%)	1.75%	2.37%	-0.62%	(26.16%)
Professional	0.55%	0.67%	-0.12%	(17.91%)	1.01%	0.67%	0.34%	50.75%
Registered Technician	1.98%	3.42%	-1.44%	(42.11%)	2.21%	3.55%	-1.34%	(37.75%)
Technician	3.60%	4.52%	-0.92%	(20.35%)	2.75%	4.59%	-1.84%	(40.09%)
Specialist	2.98%	2.00%	0.98%	49.00%	2.39%	2.00%	0.39%	19.50%
Clerical and Secretarial	1.77%	2.51%	-0.74%	(29.48%)	2.02%	2.51%	-0.49%	(19.52%)
Enviro/Plant/Food Service	6.64%	7.95%	-1.31%	(16.48%)	7.84%	7.96%	-0.12%	(1.51%)
Unit Secretary	6.27%	4.95%	1.32%	26.67%	7.68%	5.14%	2.54%	49.42%
Student	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Policeman	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other Salaries	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Reimbursable Salaries	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Vacancies	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Salary Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	2.85%	3.67%	-0.82%	(22.34%)	2.61%	3.69%	-1.08%	(29.27%)
Overtime Hours Per FTE								
Physicians	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Interns and Residents	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Registered Nurse	4.38	5.78	(1.40)	(24.22%)	41.81	68.58	(26.77)	(39.03%)
Licensed Practice Nurse	8.42	2.07	6.35	306.76%	23.22	25.44	(2.22)	(8.73%)
Mid Level Providers	9.55	5.19	4.36	84.01%	88.82	61.08	27.74	45.42%
Executive	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Aides and Attendants	4.60	7.39	(2.79)	(37.75%)	32.50	87.93	(55.43)	(63.04%)
Administrative/Management	0.31	0.00	0.31	100.00%	5.97	0.00	5.97	100.00%
Supervisory	1.91	3.75	(1.84)	(49.07%)	32.54	44.62	(12.08)	(27.07%)
Professional	0.86	1.07	(0.21)	(19.63%)	18.97	12.57	6.40	50.91%
Registered Technician	3.17	5.55	(2.38)	(42.88%)	42.18	67.77	(25.59)	(37.76%)
Technician	5.74	7.22	(1.48)	(20.50%)	51.80	86.46	(34.66)	(40.09%)
Specialist	4.48	3.22	1.26	39.13%	43.60	37.98	5.62	14.80%
Clerical and Secretarial	2.83	3.96	(1.13)	(28.54%)	38.29	46.68	(8.39)	(17.97%)
Enviro/Plant/Food Service	11.18	13.16	(1.98)	(15.05%)	153.47	155.10	(1.63)	(1.05%)
Unit Secretary	10.30	8.02	2.28	28.43%	148.31	98.32	49.99	50.84%

Carolinas HealthCare System
Departmental Performance Report
2009-12-31

Department:
Responsibility: Performance Report
Business Unit: 07
Business Unit Name: Carolinas Med Center-Pineville
Layout: DEPT PERFORMANCE REPORT

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	FOR REPORTING PERIOD				YEAR - TO - DATE			
	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Student	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Policeman	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Other Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Reimbursable Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Vacancies	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Salary Adjustment	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Total	4.56	5.93	(1.37)	(23.10%)	49.55	70.28	(20.73)	(29.50%)

Non-Productive Hours by Job Class

Physicians	0.00	0.00	0.00	0.00%	15.06	0.00	15.06	100.00%
Interns and Residents	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Registered Nurse	5,363.95	4,860.68	503.27	10.35%	56,677.52	54,923.14	1,754.38	3.19%
Licensed Practice Nurse	24.56	23.30	1.26	5.41%	499.04	274.44	224.60	81.84%
Mid Level Providers	37.13	69.34	(32.21)	(46.45%)	726.51	816.41	(89.90)	(11.01%)
Executive	17.00	8.85	8.15	92.09%	204.00	104.23	99.77	95.72%
Aides and Attendants	414.59	408.06	6.53	1.60%	5,307.97	4,745.38	562.59	11.86%
Administrative/Management	603.04	210.16	392.88	186.94%	4,061.79	2,474.54	1,587.25	64.14%
Supervisory	629.25	523.84	105.41	20.12%	5,937.73	6,046.86	(109.13)	(1.80%)
Professional	742.35	550.05	192.30	34.96%	6,449.44	6,476.50	(27.06)	(0.42%)
Registered Technician	1,496.06	1,354.28	141.78	10.47%	12,817.74	13,829.59	(1,011.85)	(7.32%)
Technician	1,113.85	1,349.81	(235.96)	(17.48%)	12,721.43	14,687.51	(1,966.08)	(13.39%)
Specialist	483.15	267.86	215.29	80.37%	4,518.86	3,029.54	1,489.32	49.16%
Clerical and Secretarial	454.02	620.39	(166.37)	(26.82%)	5,718.83	7,304.55	(1,585.72)	(21.71%)
Enviro/Plant/Food Service	380.59	529.78	(149.19)	(28.16%)	4,773.08	5,776.65	(1,003.57)	(17.37%)
Unit Secretary	280.38	338.06	(57.68)	(17.06%)	3,113.08	3,689.78	(576.70)	(15.63%)
Student	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Policeman	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Other Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Reimbursable Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Vacancies	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Temporary Help	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Salary Adjustment	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Total	12,039.92	11,114.46	925.46	8.33%	123,542.08	124,179.12	(637.04)	(0.51%)

FTE'S by Job Class

Physicians	0.00	0.00	0.00	0.00%	0.02	0.00	0.02	100.00%
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Carolinas HealthCare System
Departmental Performance Report
2009-12-31

Department:
Responsibility: Performance Report
Business Unit: 07
Business Unit Name: Carolinas Med Center-Pineville
Layout: DEPT PERFORMANCE REPORT

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	FOR REPORTING PERIOD				YEAR - TO - DATE			
	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Interns and Residents	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Registered Nurse	334.02	310.38	23.64	7.62%	309.40	298.57	10.83	3.63%
Licensed Practice Nurse	1.93	1.81	0.12	6.63%	1.84	1.85	(0.01)	(0.54%)
Mid Level Providers	4.42	4.70	(0.28)	(5.96%)	4.83	4.70	0.13	2.77%
Executive	1.48	1.50	(0.02)	(1.33%)	1.49	1.50	(0.01)	(0.67%)
Aides and Attendants	29.74	32.11	(2.37)	(7.38%)	29.86	32.11	(2.25)	(7.01%)
Administrative/Management	17.00	14.58	2.42	16.60%	15.86	14.58	1.28	8.78%
Supervisory	28.81	30.17	(1.36)	(4.51%)	26.66	29.59	(2.93)	(9.90%)
Professional	32.81	31.98	0.83	2.60%	32.22	31.97	0.25	0.78%
Registered Technician	88.51	89.31	(0.80)	(0.90%)	73.10	79.09	(5.99)	(7.57%)
Technician	62.99	77.71	(14.72)	(18.94%)	63.13	72.24	(9.11)	(12.61%)
Specialist	17.97	16.76	1.21	7.22%	17.28	16.09	1.19	7.40%
Clerical and Secretarial	26.74	32.84	(6.10)	(18.57%)	29.48	32.84	(3.36)	(10.23%)
Enviro/Plant/Food Service	42.85	45.64	(2.79)	(6.11%)	37.11	42.31	(5.20)	(12.29%)
Unit Secretary	21.98	22.54	(0.56)	(2.48%)	20.05	21.29	(1.24)	(5.82%)
Student	0.81	0.82	(0.01)	(1.22%)	0.75	0.82	(0.07)	(8.54%)
Policeman	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Other Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Reimbursable Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Vacancies	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Temporary Help	0.00	0.00	0.00	0.00%	0.04	0.00	0.04	100.00%
Salary Adjustment	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Total	712.06	712.85	(0.79)	(0.11%)	663.12	679.55	(16.43)	(2.42%)

Average Wage Per Hour by Job Class

Physicians	0.00	0.00	0.00	0.00%	49.17	0.00	49.17	100.00%
Interns and Residents	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Registered Nurse	32.09	33.78	(1.69)	(5.00%)	31.65	33.18	(1.53)	(4.61%)
Licensed Practice Nurse	22.59	21.81	0.78	3.58%	21.91	21.38	0.53	2.48%
Mid Level Providers	65.64	58.35	7.29	12.49%	59.42	57.66	1.76	3.05%
Executive	160.26	161.58	(1.32)	(0.82%)	162.17	162.77	(0.60)	(0.37%)
Aides and Attendants	13.09	13.37	(0.28)	(2.09%)	12.59	13.20	(0.61)	(4.62%)
Administrative/Management	50.85	53.03	(2.18)	(4.11%)	51.18	52.97	(1.79)	(3.38%)
Supervisory	40.62	40.17	0.45	1.12%	39.57	39.60	(0.03)	(0.08%)
Professional	38.14	37.44	0.70	1.87%	37.34	36.74	0.60	1.63%
Registered Technician	29.28	28.80	0.48	1.67%	28.55	28.66	(0.11)	(0.38%)
Technician	17.07	17.25	(0.18)	(1.04%)	16.95	17.08	(0.13)	(0.76%)
Specialist	77.61	78.98	(1.37)	(1.73%)	76.29	77.62	(1.33)	(1.71%)
Clerical and Secretarial	16.30	16.15	0.15	0.93%	15.83	15.94	(0.11)	(0.69%)

Carolinas HealthCare System
Departmental Performance Report
2009-12-31

Department:
Responsibility: Performance Report
Business Unit: 07
Business Unit Name: Carolinas Med Center-Pineville
Layout: DEPT PERFORMANCE REPORT

8/29/10 2:12 PM

	FOR REPORTING PERIOD				YEAR - TO - DATE			
	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE	ACTUAL	BUDGET	\$ VARIANCE	% VARIANCE
Enviro/Plant/Food Service	12.15	12.22	(0.07)	(0.57%)	12.15	12.03	0.12	1.00%
Unit Secretary	15.92	16.12	(0.20)	(1.24%)	16.31	16.05	0.26	1.62%
Student	15.17	15.83	(0.66)	(4.17%)	14.95	15.47	(0.52)	(3.36%)
Policeman	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Other Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Reimbursable Salaries	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Vacancies	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Temporary Help	0.00	0.00	0.00	0.00%	25.17	0.00	25.17	100.00%
Salary Adjustment	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
Total	29.98	30.39	(0.41)	(1.35%)	29.47	30.10	(0.63)	(2.09%)

York County Payer Mix

Source: Thomson (formerly Solucent); Trendstar, SC Office of Research and Statistics

Note: Excludes Behavioral Health and Rehab; 2009 is CY.

Payer	2003	2004	2005	2006	2007	2008	2009	2003	2004	2005	2006	2007	2008	2009
Managed_Care_and_Commercial	6,302	7,228	8,618	8,348	8,575	8,793	8,602	34.3%	38.4%	43.3%	42.3%	43.5%	45.7%	50.8%
Medicaid	2,589	2,501	2,612	2,705	2,852	2,854	2,347	14.1%	13.3%	13.1%	13.7%	14.6%	14.8%	12.4%
Medicare	7,174	7,452	7,900	7,769	7,574	6,880	6,362	39.1%	39.6%	39.7%	39.4%	38.4%	35.8%	33.6%
Uninsured	2,396	1,664	1,794	2,006	2,372	2,899	5,888	12.5%	8.8%	3.8%	4.6%	3.6%	3.6%	3.2%
Total	18,370	18,833	19,894	19,730	19,723	19,226	18,607	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

S-CHS-3269

CONFIDENTIAL DISCOVERY MATERIAL

**Petitioner's
Trial Exhibit**

084

PET-EX084

RECORD 007750

York County Payer Mix Charges
Source: Thomson (formerly Solucent); Trendstar, SC Office of Research and Statistics
Note: Excludes Behavioral Health and Rehab; 2000 is CY.

Payer	2003	2004	2005	2006	2007	2008	2009	2003	2004	2005	2006	2007	2008	2009
Managed Care and Commercial	118,859,211	127,211,387	181,812,043	169,468,749	177,291,732	197,443,481	235,817,360	27.6%	31.8%	37.1%	37.7%	38.8%	41.4%	46.0%
Medicaid	46,775,955	41,135,191	43,030,517	44,730,936	54,794,478	57,091,193	54,435,950	11.3%	10.3%	10.3%	10.0%	12.0%	12.0%	10.0%
Medicare	203,295,745	202,283,175	215,622,502	215,857,989	210,326,753	206,744,271	204,640,021	50.3%	50.5%	49.4%	48.0%	46.0%	43.4%	39.9%
Uninsured	45,076,690	29,385,625	13,936,084	19,304,773	14,698,567	15,625,562	17,422,174	10.8%	7.3%	3.2%	4.3%	3.2%	3.3%	3.4%
Total	414,107,002	400,015,359	436,381,145	449,380,427	457,104,631	478,884,487	612,215,214	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

S-CHS-3270
CONFIDENTIAL DISCOVERY MATERIAL

PET-EX084.0002

RECORD 007751

Presby Fort Mill - Payor Mix	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	York County Discharges	York County Charges
Manged Care	1608	1876	2163	44.3%	44.2%	44.2%	50.8%	46.0%
Medicaid	866	1007	1157	23.8%	23.8%	23.6%	12.4%	10.6%
Medicare	1019	1198	1388	28.1%	28.2%	28.4%	33.6%	39.9%
Self Pay	<u>138</u>	<u>161</u>	<u>185</u>	3.8%	3.8%	3.8%	3.2%	3.4%
	3631	4240	4893					

S-CHS-3271
CONFIDENTIAL DISCOVERY MATERIAL

PET-EX084.0003

RECORD 007752

**Piedmont Medical Center
Historical Utilization**

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Beds	268	268	268	268	268	268	268	268	268	268	268
Inpatient Days	59,019	64,813	73,432	72,697	71,951	70,762	63,495	61,429	55,838	56,723	60,750
ADC	161.7	177.6	201.2	199.2	197.1	193.9	174.0	168.3	153.0	155.4	166.4
Percent Occupancy	60.3%	66.3%	75.1%	74.3%	73.6%	72.3%	64.9%	62.8%	57.1%	58.0%	62.1%

Source: 2001-2004 State Health Plan; 2004-2011 JARs.

**Petitioner's
Trial Exhibit**

088

PET-EX088

RECORD 007753

2004 Number and Percent of Persons Hospitalized Outside Their County of Residence

By County Where Service Occurred, Excluding Newborns
South Carolina Hospital Discharge Data System

** Includes Inpatient Discharges From All Non-federal Acute Care Hospitals
and Hospitals in Georgia and North Carolina **

For Residents of Anderson County

County Residents Served Number and Percent of Residents Served Outside of Their County of Residence, By County
Where Service Occurred

Number Served			County	No.	Pct.	County	No.	Pct.
In County	Out	Pct. OOC						
TOTAL								
15,801	5,005	24.1%	Abbeville	39	0.2%	Aiken	5	0%
			Beaufort	4	0%	Charleston	183	0.9%
			Cherokee	2	0%	Clarendon	1	0%
			Fairfield	1	0%	Georgetown	6	0%
			Greenville	3,554	17.1%	Greenwood	245	1.2%
			Horry	10	0%	Laurens	12	0.1%
			Lexington	8	0%	Marlboro	1	0%
			Oconee	141	0.7%	Orangeburg	2	0%
			Pickens	154	0.7%	Richland	210	1%
			Spartanburg	37	0.2%	Sumter	2	0%
			York	4	0%	Georgia	294	1.4%
			N.Carolina	90	0.4%			
I. OBSTETRICS								
1,720	640	27.1%	Abbeville	9	0.4%	Charleston	3	0.1%
			Cherokee	1	0%	Greenville	554	23.5%
			Greenwood	37	1.6%	Horry	1	0%
			Laurens	1	0%	Oconee	5	0.2%
			Pickens	20	0.8%	Richland	1	0%
			Spartanburg	3	0.1%	York	1	0%
			Georgia	1	0%	N.Carolina	3	0.1%

**Petitioner's
Trial Exhibit**

089

PET-EX089

RECORD 007754

II. SURGICAL PROCEDURES

7,008	2,675	27.6%	Abbeville	11	0.1%	Aiken	1	0%
			Beaufort	3	0%	Charleston	129	1.3%
			Georgetown	2	0%	Greenville	1,925	19.9%
			Greenwood	104	1.1%	Horry	5	0.1%
			Laurens	6	0.1%	Lexington	8	0.1%
			Oconee	74	0.8%	Orangeburg	1	0%
			Pickens	65	0.7%	Richland	58	0.6%
			Spartanburg	20	0.2%	Sumter	1	0%
			York	1	0%	Georgia	207	2.1%
			N.Carolina	54	0.6%			
1. OPER. NERV. SYS.								
134	146	52.1%	Beaufort	1	0.4%	Charleston	11	3.9%
			Greenville	100	35.7%	Greenwood	2	0.7%
			Horry	1	0.4%	Oconee	3	1.1%
			Pickens	3	1.1%	Richland	2	0.7%
			Spartanburg	1	0.4%	Georgia	20	7.1%
			N.Carolina	2	0.7%			
2. OPHTHALMOLOGY								
7	1	12.5%	Greenville	1	12.5%			
3. OTORHINO.								
72	62	46.3%	Charleston	10	7.5%	Greenville	33	24.6%
			Greenwood	3	2.2%	Oconee	1	0.7%
			Pickens	1	0.7%	Richland	6	4.5%
			Spartanburg	2	1.5%	Georgia	6	4.5%
3A. TONSIL/ADENOID.								
5	0	0%						
4. THYROID/THYMUS								
61	24	28.2%	Charleston	1	1.2%	Greenville	15	17.6%
			Greenwood	2	2.4%	Oconee	1	1.2%
			Richland	3	3.5%	N.Carolina	2	2.4%
5. VASC./CARD. SURG.								
2,369	734	23.7%	Charleston	46	1.5%	Greenville	547	17.6%
			Greenwood	29	0.9%	Horry	2	0.1%
			Laurens	1	0%	Lexington	1	0%
			Oconee	11	0.4%	Pickens	20	0.6%
			Richland	19	0.6%	Spartanburg	2	0.1%
			Georgia	44	1.4%	N.Carolina	12	0.4%

6. THORACIC SURGERY								
439	100	18.6%	Abbeville	1	0.2%	Charleston	6	1.1%
			Greenville	75	13.9%	Greenwood	1	0.2%
			Lexington	1	0.2%	Oconee	4	0.7%
			Pickens	3	0.6%	Richland	1	0.2%
			Spartanburg	2	0.4%	Georgia	5	0.9%
			N.Carolina	1	0.2%			
7. ABDOMINAL SURGERY								
1,352	391	22.4%	Abbeville	5	0.3%	Beaufort	2	0.1%
			Charleston	29	1.7%	Greenville	269	15.4%
			Greenwood	15	0.9%	Lexington	1	0.1%
			Oconee	12	0.7%	Pickens	11	0.6%
			Richland	7	0.4%	Spartanburg	2	0.1%
			Georgia	31	1.8%	N.Carolina	7	0.4%
7A. REPAIR OF HERNIA								
8	7	46.7%	Greenville	6	40%	Greenwood	1	6.7%
7B. APPENDECTOMY								
136	43	24%	Aiken	1	0.6%	Charleston	1	0.6%
			Georgetown	2	1.1%	Greenville	27	15.1%
			Greenwood	3	1.7%	Laurens	2	1.1%
			Oconee	1	0.6%	Pickens	3	1.7%
			Richland	1	0.6%	Georgia	2	1.1%
7C. CHOLECYSTECTOMY								
184	52	22%	Greenville	38	16.1%	Greenwood	3	1.3%
			Horry	1	0.4%	Oconee	2	0.8%
			Pickens	3	1.3%	Sumter	1	0.4%
			Georgia	2	0.8%	N.Carolina	2	0.8%
8. PROCTO. SURGERY								
63	10	13.7%	Greenville	8	11%	Richland	1	1.4%
			Georgia	1	1.4%			
9. UROLOGICAL SURG.								
375	114	23.3%	Charleston	7	1.4%	Greenville	77	15.7%
			Greenwood	1	0.2%	Oconee	3	0.6%
			Richland	4	0.8%	Spartanburg	2	0.4%
			Georgia	17	3.5%	N.Carolina	3	0.6%
10. BREAST SURGERY								
55	25	31.3%	Greenville	20	25%	Greenwood	1	1.3%

			Oconee	1	1.3%	Richland	1	1.3%
			Georgia	2	2.5%			
11. GYN. SURGERY								
280	246	46.8%	Abbeville	4	0.8%	Charleston	1	0.2%
			Greenville	211	40.1%	Greenwood	12	2.3%
			Oconee	1	0.2%	Pickens	7	1.3%
			Spartanburg	1	0.2%	Georgia	7	1.3%
			N.Carolina	2	0.4%			
12. ORTHOPEDIC SURG.								
1,270	592	31.8%	Abbeville	1	0.1%	Charleston	9	0.5%
			Greenville	439	23.6%	Greenwood	25	1.3%
			Horry	1	0.1%	Laurens	1	0.1%
			Lexington	4	0.2%	Oconee	32	1.7%
			Orangeburg	1	0.1%	Pickens	9	0.5%
			Richland	9	0.5%	Spartanburg	7	0.4%
			Georgia	33	1.8%	N.Carolina	21	1.1%
13. PLASTIC SURGERY								
24	42	63.6%	Charleston	3	4.5%	Greenville	11	16.7%
			Lexington	1	1.5%	Richland	1	1.5%
			Georgia	26	39.4%			
14. ORAL/MAXIL. SURG.								
13	13	50%	Charleston	3	11.5%	Greenville	8	30.8%
			Pickens	1	3.8%	York	1	3.8%
15. DENTAL SURGERY								
6	1	14.3%	Greenwood	1	14.3%			
16. OTHER SURGERIES								
155	72	31.7%	Charleston	2	0.9%	Greenville	40	17.6%
			Greenwood	5	2.2%	Laurens	2	0.9%
			Oconee	2	0.9%	Pickens	4	1.8%
			Richland	3	1.3%	Spartanburg	1	0.4%
			Georgia	11	4.8%	N.Carolina	2	0.9%
III. PEDIATRIC W/O PROC.								
607	210	25.7%	Abbeville	1	0.1%	Aiken	1	0.1%
			Charleston	11	1.3%	Greenville	167	20.4%
			Greenwood	3	0.4%	Oconee	6	0.7%
			Pickens	3	0.4%	Richland	2	0.2%
			Spartanburg	2	0.2%	York	1	0.1%
			Georgia	12	1.5%	N.Carolina	1	0.1%

IV. PSYCHIATRIC								
795	204	20.4%	Aiken	2	0.2%	Charleston	12	1.2%
			Greenville	118	11.8%	Greenwood	33	3.3%
			Marlboro	1	0.1%	Oconee	1	0.1%
			Richland	17	1.7%	Spartanburg	3	0.3%
			Georgia	14	1.4%	N.Carolina	3	0.3%
V. DIAG. W/O SURG. PROC.								
5,671	1,276	18.4%	Abbeville	18	0.3%	Aiken	1	0%
			Beaufort	1	0%	Charleston	28	0.4%
			Cherokee	1	0%	Clarendon	1	0%
			Fairfield	1	0%	Georgetown	4	0.1%
			Greenville	790	11.4%	Greenwood	68	1%
			Horry	4	0.1%	Laurens	5	0.1%
			Oconee	55	0.8%	Orangeburg	1	0%
			Pickens	66	1%	Richland	132	1.9%
			Spartanburg	9	0.1%	Sumter	1	0%
			York	1	0%	Georgia	60	0.9%
			N.Carolina	29	0.4%			
1. INFECTION/ PARA. DIS.								
274	42	13.3%	Aiken	1	0.3%	Charleston	2	0.6%
			Greenville	24	7.6%	Greenwood	1	0.3%
			Oconee	3	0.9%	Pickens	4	1.3%
			Richland	4	1.3%	Georgia	2	0.6%
			N.Carolina	1	0.3%			
2. NEOPLASMS								
130	28	17.7%	Charleston	1	0.6%	Fairfield	1	0.6%
			Greenville	16	10.1%	Oconee	1	0.6%
			Richland	5	3.2%	Georgia	3	1.9%
			N.Carolina	1	0.6%			
3. ENDO./META. DIS.								
496	72	12.7%	Abbeville	3	0.5%	Georgetown	1	0.2%
			Greenville	43	7.6%	Greenwood	6	1.1%
			Laurens	1	0.2%	Oconee	4	0.7%
			Pickens	7	1.2%	Richland	4	0.7%
			Georgia	3	0.5%			
4. DISEASES OF BLOOD								
94	21	18.3%	Greenville	14	12.2%	Greenwood	2	1.7%
			Richland	2	1.7%	Georgia	3	2.6%

5. DIS. OF NERV. SYS.								
176	33	15.8%	Greenville	14	6.7%	Greenwood	1	0.5%
			Oconee	2	1%	Pickens	1	0.5%
			Richland	6	2.9%	Spartanburg	3	1.4%
			Georgia	4	1.9%	N.Carolina	2	1%
6. DIS. OF CIRC. SYS.								
1,351	269	16.6%	Abbeville	4	0.2%	Charleston	9	0.6%
			Georgetown	2	0.1%	Greenville	145	9%
			Greenwood	9	0.6%	Horry	1	0.1%
			Laurens	2	0.1%	Oconee	12	0.7%
			Pickens	14	0.9%	Richland	53	3.3%
			Spartanburg	4	0.2%	Georgia	9	0.6%
			N.Carolina	5	0.3%			
7. DIS. OF RESP. SYS.								
1,215	185	13.2%	Abbeville	5	0.4%	Charleston	2	0.1%
			Greenville	122	8.7%	Greenwood	13	0.9%
			Horry	1	0.1%	Oconee	13	0.9%
			Pickens	9	0.6%	Richland	8	0.6%
			Spartanburg	1	0.1%	Georgia	6	0.4%
			N.Carolina	5	0.4%			
8. DIS. OF DIG. SYS.								
483	104	17.7%	Abbeville	3	0.5%	Charleston	1	0.2%
			Cherokee	1	0.2%	Greenville	60	10.2%
			Greenwood	7	1.2%	Oconee	4	0.7%
			Pickens	14	2.4%	Richland	7	1.2%
			Spartanburg	1	0.2%	Georgia	4	0.7%
			N.Carolina	2	0.3%			
9. DIS. OF GENITOURI.								
341	88	20.5%	Abbeville	1	0.2%	Charleston	1	0.2%
			Greenville	63	14.7%	Greenwood	5	1.2%
			Horry	1	0.2%	Laurens	1	0.2%
			Oconee	2	0.5%	Pickens	6	1.4%
			Richland	6	1.4%	Georgia	1	0.2%
			N.Carolina	1	0.2%			
10. DIS. OF SKIN/SUB.								
126	19	13.1%	Greenville	12	8.3%	Greenwood	2	1.4%
			Oconee	2	1.4%	Richland	2	1.4%
			Georgia	1	0.7%			

11. DIS. OF MUSC. SYS.								
113	19	14.4%	Greenville	10	7.6%	Greenwood	3	2.3%
			Oconee	1	0.8%	Richland	2	1.5%
			Georgia	2	1.5%	N.Carolina	1	0.8%
12. CONGEN. ANOMALIES								
0	4	100%	Greenville	1	25%	Greenwood	1	25%
			Richland	1	25%	N.Carolina	1	25%
14. SYM/ILL-DEF COND.								
394	153	28%	Abbeville	1	0.2%	Beaufort	1	0.2%
			Charleston	3	0.5%	Clarendon	1	0.2%
			Georgetown	1	0.2%	Greenville	91	16.6%
			Greenwood	4	0.7%	Horry	1	0.2%
			Laurens	1	0.2%	Oconee	3	0.5%
			Pickens	8	1.5%	Richland	25	4.6%
			York	1	0.2%	Georgia	10	1.8%
			N.Carolina	2	0.4%			
15. ACC./POISON/VIO.								
419	108	20.5%	Abbeville	1	0.2%	Charleston	6	1.1%
			Greenville	61	11.6%	Greenwood	5	0.9%
			Oconee	8	1.5%	Orangeburg	1	0.2%
			Pickens	3	0.6%	Richland	6	1.1%
			Georgia	11	2.1%	N.Carolina	6	1.1%
16. SPEC. COND./EXAM.								
59	131	68.9%	Charleston	3	1.6%	Greenville	114	60%
			Greenwood	9	4.7%	Richland	1	0.5%
			Sumter	1	0.5%	Georgia	1	0.5%
			N.Carolina	2	1.1%			

Disclosure: All Health data are reviewed by the Office of Research and Statistics (ORS) for accuracy and completeness as mandated by law. However, there are certain discrepancies that can go undetected, such as the actual number of discharges. Hospitals are given the opportunity to verify these data prior to being made public by the ORS. If a discrepancy is discovered after the release of these reports, the ORS will make every effort to correct the information presented.

S.C. Budget and Control Board, Office of Research & Statistics, Health & Demographics Section, 1919 Blanding Street, Columbia, SC 29201

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PET-EX089.0008

RECORD 007761

2004 Number and Percent of Persons Hospitalized Outside Their County of Residence

By County Where Service Occurred, Excluding Newborns
South Carolina Hospital Discharge Data System

** Includes Inpatient Discharges From All Non-federal Acute Care Hospitals
and Hospitals In Georgia and North Carolina **

For Residents of Beaufort County

County Residents Served Number and Percent of Residents Served Outside of Their County of Residence, By County
Where Service Occurred

Number Served			County	No.	Pct.	County	No.	Pct.
In County	Out	Pct. OOC						
TOTAL								
12,346	3,024	19.7%	Aiken	2	0%	Anderson	1	0%
			Bamberg	3	0%	Charleston	1,378	9%
			Colleton	7	0%	Darlington	1	0%
			Florence	5	0%	Georgetown	2	0%
			Greenville	218	1.4%	Greenwood	1	0%
			Hampton	3	0%	Horry	3	0%
			Lexington	6	0%	Orangeburg	6	0%
			Pickens	1	0%	Richland	42	0.3%
			Spartanburg	2	0%	York	3	0%
			Georgia	1,246	8.1%	N.Carolina	94	0.6%
I. OBSTETRICS								
2,196	289	11.6%	Bamberg	2	0.1%	Charleston	111	4.5%
			Colleton	1	0%	Florence	1	0%
			Greenville	45	1.8%	York	1	0%
			Georgia	128	5.2%			
II. SURGICAL PROCEDURES								
4,748	1,811	27.6%	Bamberg	1	0%	Charleston	845	12.9%
			Colleton	3	0%	Darlington	1	0%
			Florence	2	0%	Greenville	110	1.7%
			Greenwood	1	0%	Hampton	1	0%



PET-EX090

RECORD 007762

			Horry	1	0%	Lexington	4	0.1%
			Pickens	1	0%	Richland	28	0.4%
			Spartanburg	1	0%	Georgia	754	11.5%
			N.Carolina	58	0.9%			
1. OPER. NERV. SYS.								
169	179	51.4%	Charleston	77	22.1%	Greenville	19	5.5%
			Lexington	1	0.3%	Richland	3	0.9%
			Georgia	75	21.6%	N.Carolina	4	1.1%
2. OPHTHALMOLOGY								
6	0	0%						
3. OTORHINO.								
37	48	56.5%	Charleston	28	32.9%	Greenville	3	3.5%
			Richland	1	1.2%	Georgia	15	17.6%
			N.Carolina	1	1.2%			
4. THYROID/THYMUS								
16	20	55.6%	Charleston	15	41.7%	Georgia	5	13.9%
5. VASC./CARD. SURG.								
1,374	680	33.1%	Bamberg	1	0%	Charleston	304	14.8%
			Colleton	1	0%	Florence	1	0%
			Greenville	28	1.4%	Horry	1	0%
			Richland	10	0.5%	Spartanburg	1	0%
			Georgia	324	15.8%	N.Carolina	9	0.4%
6. THORACIC SURGERY								
209	89	29.9%	Charleston	35	11.7%	Greenville	10	3.4%
			Georgia	31	10.4%	N.Carolina	13	4.4%
7. ABDOMINAL SURGERY								
906	205	18.5%	Charleston	102	9.2%	Darlington	1	0.1%
			Florence	1	0.1%	Greenville	17	1.5%
			Lexington	2	0.2%	Pickens	1	0.1%
			Richland	1	0.1%	Georgia	69	6.2%
			N.Carolina	11	1%			
7A. REPAIR OF HERNIA								
8	2	20%	Greenville	1	10%	Georgia	1	10%
7B. APPENDECTOMY								
58	8	12.1%	Charleston	2	3%	Georgia	6	9.1%
7C. CHOLECYSTECTOMY								
130	10	7.1%	Charleston	5	3.6%	Colleton	1	0.7%

			Hampton	1	0.7%	Georgia	2	1.4%
			N.Carolina	1	0.7%			
8. PROCTO. SURGERY								
34	13	27.7%	Charleston	5	10.6%	Georgia	8	17%
9. UROLOGICAL SURG.								
228	66	22.4%	Charleston	34	11.6%	Colleton	1	0.3%
			Greenville	6	2%	Georgia	20	6.8%
			N.Carolina	5	1.7%			
10. BREAST SURGERY								
30	9	23.1%	Charleston	3	7.7%	Georgia	6	15.4%
11. GYN. SURGERY								
224	83	27%	Charleston	45	14.7%	Greenville	7	2.3%
			Greenwood	1	0.3%	Georgia	30	9.8%
12. ORTHOPEDIC SURG.								
1,100	319	22.5%	Charleston	153	10.8%	Greenville	12	0.8%
			Lexington	1	0.1%	Richland	12	0.8%
			Georgia	128	9%	N.Carolina	13	0.9%
13. PLASTIC SURGERY								
28	18	39.1%	Charleston	4	8.7%	Greenville	2	4.3%
			Georgia	12	26.1%			
14. ORAL/MAXIL. SURG.								
4	8	66.7%	Charleston	7	58.3%	Georgia	1	8.3%
15. DENTAL SURGERY								
6	1	14.3%	Georgia	1	14.3%			
16. OTHER SURGERIES								
181	53	22.6%	Charleston	26	11.1%	Greenville	5	2.1%
			Richland	1	0.4%	Georgia	20	8.5%
			N.Carolina	1	0.4%			
III. PEDIATRIC W/O PROC.								
454	169	27.1%	Anderson	1	0.2%	Charleston	89	14.3%
			Greenville	26	4.2%	Horry	1	0.2%
			Richland	2	0.3%	Georgia	49	7.9%
			N.Carolina	1	0.2%			
IV. PSYCHIATRIC								
413	130	23.9%	Aiken	2	0.4%	Charleston	76	14%
			Greenville	3	0.6%	Orangeburg	3	0.6%
			Richland	7	1.3%	Georgia	34	6.3%

			N.Carolina	5	0.9%			
V. DIAG. W/O SURG. PROC.								
4,535	625	12.1%	Charleston	257	5%	Colleton	3	0.1%
			Florence	2	0%	Georgetown	2	0%
			Greenville	34	0.7%	Hampton	2	0%
			Horry	1	0%	Lexington	2	0%
			Orangeburg	3	0.1%	Richland	5	0.1%
			Spartanburg	1	0%	York	2	0%
			Georgia	281	3.4%	N.Carolina	30	0.6%
1. INFECTION/PARA. DIS.								
120	10	7.7%	Charleston	3	2.3%	Florence	1	0.8%
			Greenville	1	0.8%	Georgia	5	3.8%
2. NEOPLASMS								
75	49	39.5%	Charleston	26	21%	Greenville	1	0.8%
			Lexington	2	1.6%	Georgia	18	14.5%
			N.Carolina	2	1.6%			
3. ENDO./META. DIS.								
311	31	9.1%	Charleston	22	6.4%	Greenville	1	0.3%
			Orangeburg	1	0.3%	Georgia	6	1.8%
			N.Carolina	1	0.3%			
4. DISEASES OF BLOOD								
184	19	9.4%	Charleston	11	5.4%	Greenville	2	1%
			Orangeburg	1	0.5%	Georgia	4	2%
			N.Carolina	1	0.5%			
5. DIS. OF NERV. SYS.								
121	19	13.6%	Charleston	5	3.6%	Greenville	3	2.1%
			Orangeburg	1	0.7%	Richland	1	0.7%
			Georgia	8	5.7%	N.Carolina	1	0.7%
6. DIS. OF CIRC. SYS.								
1,164	119	9.3%	Charleston	47	3.7%	Georgetown	1	0.1%
			Greenville	6	0.5%	Richland	2	0.2%
			Georgia	52	4.1%	N.Carolina	11	0.9%
7. DIS. OF RESP. SYS.								
588	39	6.2%	Charleston	12	1.9%	Colleton	1	0.2%
			Greenville	1	0.2%	Georgia	22	3.5%
			N.Carolina	3	0.5%			
8. DIS. OF DIG. SYS.								

400	42	9.5%	Charleston	23	5.2%	Georgetown	1	0.2%
			Greenville	4	0.9%	Richland	1	0.2%
			Georgia	12	2.7%	N.Carolina	1	0.2%
9. DIS. OF GENITOURI.								
289	23	7.4%	Charleston	12	3.8%	Greenville	5	1.6%
			Hampton	1	0.3%	Georgia	5	1.6%
10. DIS. OF SKIN/SUB.								
73	12	14.1%	Charleston	8	9.4%	Greenville	1	1.2%
			Georgia	3	3.5%			
11. DIS. OF MUSC. SYS.								
96	17	15%	Charleston	12	10.6%	Georgia	4	3.5%
			N.Carolina	1	0.9%			
12. CONGEN. ANOMALIES								
4	2	33.3%	Charleston	1	16.7%	Georgia	1	16.7%
14. SYM/ILL-DEF COND.								
604	75	11%	Charleston	33	4.9%	Colleton	2	0.3%
			Florence	1	0.1%	Greenville	3	0.4%
			Hampton	1	0.1%	Horry	1	0.1%
			Spartanburg	1	0.1%	York	2	0.3%
			Georgia	28	4.1%	N.Carolina	3	0.4%
15. ACC./POISON./VIO.								
274	62	18.5%	Charleston	24	7.1%	Georgia	35	10.4%
			N.Carolina	3	0.9%			
16. SPEC. COND./EXAM.								
232	106	31.4%	Charleston	18	5.3%	Greenville	6	1.8%
			Richland	1	0.3%	Georgia	78	23.1%
			N.Carolina	3	0.9%			

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PET-EX090.0006

RECORD 007767

2004 Number and Percent of Persons Hospitalized Outside Their County of Residence

By County Where Service Occurred, Excluding Newborns
South Carolina Hospital Discharge Data System

** Includes Inpatient Discharges From All Non-federal Acute Care Hospitals
and Hospitals in Georgia and North Carolina **

For Residents of Georgetown County

County Residents Served Number and Percent of Residents Served Outside of Their County of Residence, By County
Where Service Occurred

Number Served			County	No.	Pct.	County	No.	Pct.
In County	Out	Pct. OOC						
TOTAL								
7,406	3,335	31%	Aiken	1	0%	Beaufort	3	0%
			Charleston	1,953	18.2%	Cherokee	1	0%
			Clarendon	2	0%	Darlington	4	0%
			Florence	161	1.5%	Greenville	3	0%
			Horry	964	9%	Kershaw	1	0%
			Lexington	5	0%	Marion	4	0%
			Marlboro	12	0.1%	Orangeburg	2	0%
			Pickens	1	0%	Richland	61	0.6%
			Spartanburg	4	0%	Sumter	1	0%
			Williamsburg	68	0.6%	York	1	0%
			Georgia	37	0.3%	N.Carolina	46	0.4%
I. OBSTETRICS								
582	332	36.3%	Aiken	1	0.1%	Charleston	230	25.2%
			Florence	15	1.6%	Horry	68	7.4%
			Marion	1	0.1%	Orangeburg	1	0.1%
			Richland	3	0.3%	Williamsburg	11	1.2%
			Georgia	1	0.1%	N.Carolina	1	0.1%
II. SURGICAL PROCEDURES								
2,594	1,947	42.9%	Beaufort	2	0%	Charleston	1,173	25.8%
			Darlington	2	0%	Florence	86	1.9%

**Petitioner's
Trial Exhibit**

091

PET-EX091

RECORD 007768

			Greenville	1	0%	Horry	563	12.4%
			Lexington	3	0.1%	Marion	1	0%
			Marlboro	1	0%	Richland	34	0.7%
			Spartanburg	4	0.1%	Sumter	1	0%
			Williamsburg	15	0.3%	York	1	0%
			Georgia	28	0.6%	N.Carolina	32	0.7%
1. OPER. NERV. SYS.								
84	107	56%	Charleston	75	39.3%	Florence	7	3.7%
			Horry	17	8.9%	Marlboro	1	0.5%
			Richland	5	2.6%	Williamsburg	1	0.5%
			Georgia	1	0.5%			
2. OPHTHALMOLOGY								
4	8	66.7%	Charleston	6	50%	Florence	1	8.3%
			Horry	1	8.3%			
3. OTORHINO.								
27	39	59.1%	Charleston	23	34.8%	Florence	2	3%
			Horry	7	10.6%	Lexington	1	1.5%
			Richland	2	3%	Williamsburg	1	1.5%
			Georgia	3	4.5%			
3A. TONSIL./ADENOID.								
0	4	100%	Charleston	1	25%	Florence	1	25%
			Horry	2	50%			
4. THYROID/THYMUS								
3	7	70%	Charleston	6	60%	Florence	1	10%
5. VASC./CARD. SURG.								
698	715	50.6%	Beaufort	1	0.1%	Charleston	492	34.8%
			Florence	25	1.8%	Greenville	1	0.1%
			Horry	170	12%	Richland	12	0.8%
			Spartanburg	1	0.1%	Williamsburg	1	0.1%
			Georgia	1	0.1%	N.Carolina	11	0.8%
6. THORACIC SURGERY								
107	83	43.7%	Charleston	46	24.2%	Darlington	1	0.5%
			Florence	2	1.1%	Horry	28	14.7%
			Richland	2	1.1%	N.Carolina	4	2.1%
7. ABDOMINAL SURGERY								
554	224	28.8%	Beaufort	1	0.1%	Charleston	120	15.4%
			Darlington	1	0.1%	Florence	14	1.8%
			Horry	76	9.8%	Lexington	1	0.1%

			Richland	2	0.3%	Sumter	1	0.1%
			Williamsburg	3	0.4%	York	1	0.1%
			N.Carolina	4	0.5%			
7A. REPAIR OF HERNIA								
9	4	30.8%	Charleston	1	7.7%	Florence	1	7.7%
			Horry	2	15.4%			
7B. APPENDECTOMY								
39	6	13.3%	Charleston	2	4.4%	Horry	4	8.9%
7C. CHOLECYSTECTOMY								
82	18	18%	Charleston	6	6%	Florence	2	2%
			Horry	9	9%	N.Carolina	1	1%
8. PROCTO. SURGERY								
7	9	56.3%	Charleston	5	31.3%	Horry	2	12.5%
			Richland	1	6.3%	Georgia	1	6.3%
9. UROLOGICAL SURG.								
167	86	34%	Charleston	52	20.6%	Florence	9	3.6%
			Horry	19	7.5%	Marion	1	0.4%
			Richland	1	0.4%	Williamsburg	1	0.4%
			Georgia	1	0.4%	N.Carolina	2	0.8%
10. BREAST SURGERY								
23	7	23.3%	Charleston	3	10%	Florence	2	6.7%
			Horry	1	3.3%	N.Carolina	1	3.3%
11. GYN. SURGERY								
149	133	47.2%	Charleston	78	27.7%	Florence	7	2.3%
			Horry	42	14.9%	Richland	2	0.7%
			Williamsburg	3	1.1%	N.Carolina	1	0.4%
12. ORTHOPEDIC SURG.								
506	400	44.2%	Charleston	204	22.5%	Florence	11	1.2%
			Horry	164	18.1%	Lexington	1	0.1%
			Richland	6	0.7%	Spartanburg	3	0.3%
			Williamsburg	1	0.1%	Georgia	3	0.3%
			N.Carolina	7	0.8%			
13. PLASTIC SURGERY								
5	33	86.8%	Charleston	13	34.2%	Horry	3	7.9%
			Williamsburg	3	7.9%	Georgia	14	36.8%
14. ORAL/MAXIL. SURG.								
11	3	21.4%	Charleston	2	14.3%	Horry	1	7.1%

15. DENTAL SURGERY								
6	2	25%	Charleston	2	25%			
16. OTHER SURGERIES								
113	59	34.3%	Charleston	36	20.9%	Florence	1	0.6%
			Horry	15	8.7%	Richland	1	0.6%
			Williamsburg	1	0.6%	Georgia	4	2.3%
			N.Carolina	1	0.6%			
III. PEDIATRIC W/O PROC.								
591	117	16.5%	Charleston	100	14.1%	Florence	2	0.3%
			Horry	11	1.6%	Richland	2	0.3%
			Williamsburg	2	0.3%			
IV. PSYCHIATRIC								
85	152	64.1%	Beaufort	1	0.4%	Charleston	108	45.6%
			Florence	13	5.5%	Horry	8	3.4%
			Marlboro	10	4.2%	Richland	8	3.4%
			Williamsburg	1	0.4%	Georgia	1	0.4%
			N.Carolina	2	0.8%			
V. DIAG. W/O SURG. PROC.								
3,554	787	18.1%	Charleston	342	7.9%	Cherokee	1	0%
			Clarendon	2	0%	Darlington	2	0%
			Florence	45	1%	Greenville	2	0%
			Horry	314	7.2%	Kershaw	1	0%
			Lexington	2	0%	Marion	2	0%
			Marlboro	1	0%	Orangeburg	1	0%
			Pickens	1	0%	Richland	14	0.3%
			Williamsburg	39	0.9%	Georgia	7	0.2%
			N.Carolina	11	0.3%			
1. INTEC./PARA. DIS.								
143	34	19.2%	Charleston	11	6.2%	Cherokee	1	0.6%
			Horry	19	10.7%	Marlboro	1	0.6%
			N.Carolina	2	1.1%			
2. NEOPLASMS								
50	23	31.5%	Charleston	16	21.9%	Florence	1	1.4%
			Horry	4	5.5%	Richland	2	2.7%
3. ENDO./META. DIS.								
260	39	13%	Charleston	13	4.3%	Florence	3	1%
			Horry	19	6.4%	Williamsburg	4	1.3%
4. DISEASES OF BLOOD								

63	14	18.2%	Charleston	9	11.7%	Florence	1	1.3%
			Horry	4	5.2%			
5. DIS. OF NERV. SYS.								
71	20	22%	Charleston	10	11%	Florence	1	1.1%
			Horry	7	7.7%	Richland	1	1.1%
			Georgia	1	1.1%			
6. DIS. OF CIRC. SYS.								
897	222	19.8%	Charleston	93	8.3%	Florence	14	1.3%
			Greenville	1	0.1%	Horry	101	9%
			Richland	4	0.4%	Williamsburg	5	0.4%
			Georgia	1	0.1%	N.Carolina	3	0.3%
7. DIS. OF RESP. SYS.								
519	106	17%	Charleston	27	4.3%	Clarendon	1	0.2%
			Darlington	1	0.2%	Florence	7	1.1%
			Horry	53	8.5%	Kershaw	1	0.2%
			Orangeburg	1	0.2%	Richland	1	0.2%
			Williamsburg	12	1.9%	N.Carolina	2	0.3%
8. DIS. OF DIG. SYS.								
247	72	22.6%	Charleston	29	9.1%	Florence	3	0.9%
			Horry	27	8.5%	Marion	2	0.6%
			Pickens	1	0.3%	Richland	1	0.3%
			Williamsburg	8	2.5%	N.Carolina	1	0.3%
9. DIS. OF GENITOURI.								
240	40	14.3%	Charleston	14	5%	Florence	3	1.1%
			Horry	17	6.1%	Richland	1	0.4%
			Williamsburg	4	1.4%	N.Carolina	1	0.4%
10. DIS. OF SKIN/SUB.								
55	17	23.6%	Charleston	6	8.3%	Florence	2	2.8%
			Horry	8	11.1%	Williamsburg	1	1.4%
11. DIS. OF MUSC. SYS.								
77	13	14.4%	Charleston	7	7.8%	Florence	1	1.1%
			Greenville	1	1.1%	Horry	4	4.4%
14. SYM/ILL-DEF COND.								
524	75	12.5%	Charleston	29	4.8%	Clarendon	1	0.2%
			Florence	3	0.5%	Horry	36	6%
			Lexington	2	0.3%	Richland	2	0.3%
			Williamsburg	2	0.3%			

15. ACC./POISON./VIO.

185	75	28.8%	Charleston	47	18.1%	Florence	5	1.9%
			Horry	15	5.8%	Richland	2	0.8%
			Williamsburg	3	1.2%	Georgia	3	1.2%

16. SPEC. COND./EXAM.

223	37	14.2%	Charleston	31	11.9%	Darlington	1	0.4%
			Florence	1	0.4%	Georgia	2	0.8%
			N.Carolina	2	0.8%			

Disclosure: All Health data are reviewed by the Office of Research and Statistics (ORS) for accuracy and completeness as mandated by law. However, there are certain discrepancies that can go undetected, such as the actual number of discharges. Hospitals are given the opportunity to verify these data prior to being made public by the ORS. If a discrepancy is discovered after the release of these reports, the ORS will make every effort to correct the information presented.

S.C. Budget and Control Board, Office of Research & Statistics, Health & Demographics Section, 1919 Blanding Street, Columbia, SC 29201

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2004 Number and Percent of Persons Hospitalized Outside Their County of Residence

By County Where Service Occurred, Excluding Newborns
South Carolina Hospital Discharge Data System

** Includes Inpatient Discharges From All Non-federal Acute Care Hospitals
and Hospitals In Georgia and North Carolina **

For Residents of Sumter County

County Residents Served Number and Percent of Residents Served Outside of Their County of Residence, By County
Where Service Occurred

Number Served			County	No.	Pct.	County	No.	Pct.
In County	Out	Pct. OOC						
TOTAL								
9,860	4,185	29.8%	Aiken	2	0%	Anderson	1	0%
			Bamberg	17	0.1%	Beaufort	1	0%
			Charleston	500	3.6%	Cherokee	1	0%
			Clarendon	342	2.4%	Colleton	1	0%
			Darlington	44	0.3%	Florence	438	3.1%
			Georgetown	2	0%	Greenville	13	0.1%
			Greenwood	5	0%	Horry	6	0%
			Kershaw	62	0.4%	Lancaster	7	0%
			Lexington	174	1.2%	Marion	3	0%
			Orangeburg	8	0.1%	Richland	2,420	17.2%
			Spartanburg	5	0%	Georgia	67	0.5%
			N.Carolina	66	0.5%			
I. OBSTETRICS								
1,557	331	17.5%	Charleston	6	0.3%	Clarendon	152	8.1%
			Darlington	2	0.1%	Florence	20	1.1%
			Greenville	1	0.1%	Kershaw	4	0.2%
			Lexington	7	0.4%	Richland	134	7.1%
			Georgia	3	0.2%	N.Carolina	2	0.1%
II. SURGICAL PROCEDURES								
3,348	2,329	41%	Anderson	1	0%	Bamberg	17	0.3%

**Petitioner's
Trial Exhibit**

092

PET-EX092

RECORD 007774

			Charleston	331	5.8%	Clarendon	101	1.8%
			Darlington	12	0.2%	Florence	268	4.7%
			Greenville	7	0.1%	Greenwood	3	0.1%
			Horry	3	0.1%	Kershaw	18	0.3%
			Lexington	137	2.4%	Marion	1	0%
			Orangeburg	6	0.1%	Richland	1,347	23.7%
			Spartanburg	2	0%	Georgia	46	0.8%
			N.Carolina	29	0.5%			
1. OPER. NERV. SYS.								
79	181	69.6%	Charleston	29	11.2%	Clarendon	1	0.4%
			Florence	32	12.3%	Lexington	21	8.1%
			Richland	93	35.8%	Georgia	3	1.2%
			N.Carolina	2	0.8%			
2. OPHTHALMOLOGY								
4	14	77.8%	Charleston	1	5.6%	Florence	1	5.6%
			Richland	11	61.1%	N.Carolina	1	5.6%
3. OTORHINO.								
55	53	49.1%	Charleston	10	9.3%	Clarendon	1	0.9%
			Florence	2	1.9%	Kershaw	1	0.9%
			Lexington	1	0.9%	Richland	37	34.3%
			Georgia	1	0.9%			
3A. TONSIL/ADENOID.								
3	19	86.4%	Charleston	1	4.5%	Lexington	1	4.5%
			Richland	17	77.3%			
4. THYROID/THYMUS								
17	14	45.2%	Charleston	4	12.9%	Richland	10	32.3%
5. VASC./CARD. SURG.								
737	839	53.2%	Bamberg	11	0.7%	Charleston	72	4.6%
			Clarendon	3	0.2%	Darlington	3	0.2%
			Florence	56	3.6%	Greenville	1	0.1%
			Kershaw	3	0.2%	Lexington	9	0.6%
			Orangeburg	2	0.1%	Richland	667	42.3%
			Spartanburg	2	0.1%	Georgia	3	0.2%
			N.Carolina	7	0.4%			
6. THORACIC SURGERY								
167	50	23%	Charleston	10	4.6%	Darlington	1	0.5%
			Florence	6	2.8%	Greenwood	1	0.5%
			Lexington	1	0.5%	Richland	30	13.8%

			N.Carolina	1	0.5%			
7. ABDOMINAL SURGERY								
873	266	23.4%	Anderson	1	0.1%	Charleston	67	5.9%
			Clarendon	17	1.5%	Darlington	3	0.3%
			Florence	30	2.6%	Greenville	1	0.1%
			Greenwood	1	0.1%	Horry	1	0.1%
			Kershaw	6	0.5%	Lexington	25	2.2%
			Richland	109	9.6%	N.Carolina	5	0.4%
7A. REPAIR OF HERNIA								
10	3	23.1%	Richland	3	23.1%			
7B. APPENDECTOMY								
100	9	8.3%	Charleston	1	0.9%	Clarendon	2	1.8%
			Richland	6	5.5%			
7C. CHOLECYSTECTOMY								
115	23	16.7%	Charleston	3	2.2%	Clarendon	4	2.9%
			Florence	1	0.7%	Kershaw	1	0.7%
			Lexington	1	0.7%	Richland	12	8.7%
			N.Carolina	1	0.7%			
8. PROCTO. SURGERY								
37	18	32.7%	Charleston	9	16.4%	Clarendon	1	1.8%
			Darlington	1	1.8%	Greenville	1	1.8%
			Richland	5	9.1%	N.Carolina	1	1.8%
9. UROLOGICAL SURG.								
128	88	40.7%	Charleston	31	14.4%	Darlington	1	0.5%
			Florence	8	3.7%	Kershaw	1	0.5%
			Lexington	3	1.4%	Orangeburg	3	1.4%
			Richland	39	18.1%	Georgia	1	0.5%
			N.Carolina	1	0.5%			
10. BREAST SURGERY								
62	12	16.2%	Charleston	1	1.4%	Clarendon	1	1.4%
			Florence	3	4.1%	Richland	6	8.1%
			N.Carolina	1	1.4%			
11. GYN. SURGERY								
281	139	33.1%	Charleston	13	3.1%	Clarendon	62	14.8%
			Florence	8	1.9%	Kershaw	3	0.7%
			Lexington	4	1%	Orangeburg	1	0.2%
			Richland	48	11.4%			

12. ORTHOPEDIC SURG.								
441	471	51.6%	Charleston	66	7.2%	Clarendon	1	0.1%
			Darlington	1	0.1%	Florence	112	12.3%
			Greenville	3	0.3%	Greenwood	1	0.1%
			Horry	1	0.1%	Kershaw	2	0.2%
			Lexington	66	7.2%	Marion	1	0.1%
			Richland	205	22.5%	Georgia	4	0.4%
			N.Carolina	8	0.9%			
13. PLASTIC SURGERY								
34	50	59.5%	Charleston	2	2.4%	Clarendon	8	9.5%
			Florence	1	1.2%	Greenville	1	1.2%
			Kershaw	1	1.2%	Lexington	2	2.4%
			Richland	9	10.7%	Georgia	26	31%
14. ORAL/MAXIL. SURG.								
2	14	87.5%	Charleston	2	12.5%	Florence	3	18.8%
			Richland	8	50%	Georgia	1	6.3%
15. DENTAL SURGERY								
0	2	100%	Florence	1	50%	Richland	1	50%
16. OTHER SURGERIES								
203	64	24%	Bamberg	6	2.2%	Charleston	9	3.4%
			Darlington	2	0.7%	Florence	4	1.5%
			Horry	1	0.4%	Lexington	3	1.1%
			Richland	31	11.6%	Georgia	7	2.6%
			N.Carolina	1	0.4%			
III. PEDIATRIC W/O PROC.								
363	274	43%	Charleston	26	4.1%	Clarendon	7	1.1%
			Colleton	1	0.2%	Darlington	9	1.4%
			Florence	8	1.3%	Greenville	1	0.2%
			Kershaw	13	2%	Lexington	4	0.6%
			Orangeburg	1	0.2%	Richland	198	31.1%
			Spartanburg	1	0.2%	Georgia	5	0.8%
IV. PSYCHIATRIC								
43	261	85.9%	Charleston	53	17.4%	Clarendon	2	0.7%
			Darlington	3	1%	Florence	23	7.6%
			Kershaw	1	0.3%	Lancaster	7	2.3%
			Richland	161	53%	Georgia	2	0.7%
			N.Carolina	9	3%			
V. DIAG. W/O SURG. PROC.								

4,549	990	17.9%	Aiken	2	0%	Beaufort	1	0%
			Charleston	84	1.5%	Cherokee	1	0%
			Clarendon	80	1.4%	Darlington	18	0.3%
			Florence	119	2.1%	Georgetown	2	0%
			Greenville	4	0.1%	Greenwood	2	0%
			Horry	3	0.1%	Kershaw	26	0.5%
			Lexington	26	0.5%	Marion	2	0%
			Orangeburg	1	0%	Richland	580	10.5%
			Spartanburg	2	0%	Georgia	11	0.2%
			N.Carolina	26	0.5%			
1. INFECTION/PARA. DIS.								
224	35	13.5%	Charleston	1	0.4%	Clarendon	4	1.5%
			Florence	2	0.8%	Marion	1	0.4%
			Richland	24	9.3%	N.Carolina	3	1.2%
2. NEOPLASMS								
80	41	33.9%	Charleston	3	2.5%	Clarendon	2	1.7%
			Darlington	1	0.8%	Florence	3	2.5%
			Kershaw	2	1.7%	Richland	27	22.3%
			Spartanburg	1	0.8%	Georgia	1	0.8%
			N.Carolina	1	0.8%			
3. ENDO./META. DIS.								
313	67	17.6%	Charleston	3	0.8%	Clarendon	10	2.6%
			Florence	11	2.9%	Greenville	1	0.3%
			Horry	1	0.3%	Kershaw	4	1.1%
			Lexington	2	0.5%	Richland	30	7.9%
			Spartanburg	1	0.3%	Georgia	1	0.3%
			N.Carolina	3	0.8%			
4. DISEASES OF BLOOD								
316	22	6.5%	Charleston	3	0.9%	Clarendon	2	0.6%
			Florence	2	0.6%	Greenville	1	0.3%
			Lexington	1	0.3%	Richland	10	3%
			N.Carolina	3	0.9%			
5. DIS. OF NERV. SYS.								
42	43	50.6%	Aiken	1	1.2%	Charleston	8	9.4%
			Darlington	2	2.4%	Florence	6	7.1%
			Lexington	2	2.4%	Richland	20	23.5%
			Georgia	2	2.4%	N.Carolina	2	2.4%
6. DIS. OF CIRC. SYS.								

1,182	267	18.4%	Charleston	18	1.2%	Clarendon	14	1%
			Darlington	4	0.3%	Florence	36	2.5%
			Georgetown	2	0.1%	Kershaw	6	0.4%
			Lexington	5	0.3%	Richland	179	12.4%
			Georgia	2	0.1%	N.Carolina	1	0.1%
7. DIS. OF RESP. SYS.								
670	79	10.5%	Aiken	1	0.1%	Charleston	2	0.3%
			Clarendon	6	0.8%	Darlington	2	0.3%
			Florence	11	1.5%	Greenwood	2	0.3%
			Kershaw	3	0.4%	Lexington	2	0.3%
			Richland	46	6.1%	Georgia	1	0.1%
			N.Carolina	3	0.4%			
8. DIS. OF DIG. SYS.								
353	75	17.5%	Charleston	4	0.9%	Clarendon	14	3.3%
			Darlington	4	0.9%	Florence	6	1.4%
			Horry	1	0.2%	Kershaw	3	0.7%
			Lexington	2	0.5%	Richland	39	9.1%
			N.Carolina	2	0.5%			
9. DIS. OF GENITOURI.								
324	52	13.8%	Charleston	2	0.5%	Clarendon	11	2.9%
			Darlington	1	0.3%	Florence	3	0.8%
			Greenville	1	0.3%	Kershaw	3	0.8%
			Lexington	2	0.5%	Marion	1	0.3%
			Orangeburg	1	0.3%	Richland	27	7.2%
10. DIS. OF SKIN/SUB.								
119	20	14.4%	Charleston	1	0.7%	Clarendon	3	2.2%
			Florence	5	3.6%	Kershaw	2	1.4%
			Richland	8	5.8%	N.Carolina	1	0.7%
11. DIS. OF MUSC. SYS.								
82	32	28.1%	Charleston	5	4.4%	Clarendon	3	2.6%
			Darlington	1	0.9%	Florence	4	3.5%
			Lexington	3	2.6%	Richland	16	14%
14. SYM/ILL-DEF COND.								
337	122	26.6%	Beaufort	1	0.2%	Charleston	12	2.6%
			Clarendon	9	2%	Darlington	1	0.2%
			Florence	18	3.9%	Kershaw	2	0.4%
			Lexington	5	1.1%	Richland	70	15.3%

			Georgia	3	0.7%	N.Carolina	1	0.2%
15. ACC./POISON./VIO.								
167	92	35.5%	Charleston	11	4.2%	Cherokee	1	0.4%
			Clarendon	2	0.8%	Darlington	2	0.8%
			Florence	8	3.1%	Horry	1	0.4%
			Kershaw	1	0.4%	Lexington	1	0.4%
			Richland	62	23.9%	Georgia	1	0.4%
			N.Carolina	2	0.8%			
16. SPEC. COND./EXAM.								
340	43	11.2%	Charleston	11	2.9%	Florence	4	1%
			Greenville	1	0.3%	Lexington	1	0.3%
			Richland	22	5.7%	N.Carolina	4	1%

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S.C. Budget and Control Board, Office of Research & Statistics, Health & Demographics Section, 1919 Blanding Street, Columbia, SC 29201

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2010 Number and Percent of Persons Hospitalized Outside Their County of Residence

By County Where Service Occurred, Excluding Newborns
South Carolina Hospital Discharge Data System

** Includes Inpatient Discharges From All Non-federal Acute Care Hospitals
and Hospitals In Georgia and North Carolina **

For Residents of Anderson County

County Residents Served Number and Percent of Residents Served Outside of Their County of Residence, By County
Where Service Occurred

Number Served			County	No.	Pct.	County	No.	Pct.
In County	Out	Pct. OOC						
TOTAL								
16,622	5,220	23.9%	Abbeville	46	0.2%	Aiken	45	0.2%
			Allendale	1	0%	Beaufort	2	0%
			Charleston	211	1%	Cherokee	1	0%
			Florence	7	0%	Georgetown	8	0%
			Greenville	3,807	17.4%	Greenwood	234	1.1%
			Horry	15	0.1%	Laurens	9	0%
			Lexington	6	0%	Oconee	202	0.9%
			Pickens	177	0.8%	Richland	34	0.2%
			Spartanburg	48	0.2%	Sumter	2	0%
			Union	1	0%	York	4	0%
			Georgia	285	1.3%	N.Carolina	75	0.3%
I. OBSTETRICS								
1,753	579	24.8%	Charleston	1	0%	Cherokee	1	0%
			Florence	2	0.1%	Georgetown	1	0%
			Greenville	487	20.9%	Greenwood	34	1.5%
			Laurens	1	0%	Lexington	3	0.1%
			Oconee	17	0.7%	Pickens	21	0.9%
			Richland	2	0.1%	Spartanburg	6	0.3%
			York	2	0.1%	Georgia	1	0%
II. SURGICAL PROCEDURES								

**Petitioner's
Trial Exhibit**

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PET-EX093

RECORD 007781

6,707	2,914	30.3%	Abbeville	12	0.1%	Aiken	2	0%
			Beaufort	1	0%	Charleston	155	1.6%
			Florence	3	0%	Georgetown	2	0%
			Greenville	2,215	23%	Greenwood	88	0.9%
			Horry	7	0.1%	Laurens	6	0.1%
			Lexington	3	0%	Oconee	92	1%
			Pickens	64	0.7%	Richland	17	0.2%
			Spartanburg	32	0.3%	Sumter	1	0%
			Union	1	0%	York	1	0%
			Georgia	164	1.7%	N.Carolina	48	0.5%
1. OPER. NERV. SYS.								
106	155	59.4%	Charleston	24	9.2%	Georgetown	1	0.4%
			Greenville	106	40.6%	Greenwood	4	1.5%
			Oconee	1	0.4%	Pickens	1	0.4%
			Richland	3	1.1%	Georgia	6	2.3%
			N.Carolina	9	3.4%			
2. OPHTHALMOLOGY								
5	3	37.5%	Greenville	3	37.5%			
3. OTORHINO.								
55	47	46.1%	Charleston	22	21.6%	Greenville	20	19.6%
			Greenwood	1	1%	Oconee	1	1%
			Spartanburg	1	1%	Georgia	2	2%
3A. TONSIL/ADENOID.								
1	1	50%	Greenville	1	50%			
4. THYROID/THYMUS								
39	19	32.8%	Charleston	5	8.6%	Greenville	10	17.2%
			Oconee	1	1.7%	Sumter	1	1.7%
			Georgia	2	3.4%			
5. VASC./CARD. SURG.								
2,389	733	23.5%	Charleston	34	1.1%	Greenville	609	19.5%
			Greenwood	14	0.4%	Horry	2	0.1%
			Lexington	1	0%	Oconee	16	0.5%
			Pickens	10	0.3%	Richland	4	0.1%
			Spartanburg	5	0.2%	Georgia	30	1%
			N.Carolina	8	0.3%			
6. THORACIC SURGERY								
649	145	18.3%	Beaufort	1	0.1%	Charleston	4	0.5%
			Greenville	103	13%	Greenwood	4	0.5%

			Horry	1	0.1%	Oconee	3	0.4%
			Pickens	10	1.3%	Richland	1	0.1%
			Spartanburg	3	0.4%	Georgia	7	0.9%
			N.Carolina	8	1%			
7. ABDOMINAL SURGERY								
1,228	402	24.7%	Abbeville	2	0.1%	Charleston	29	1.8%
			Florence	1	0.1%	Greenville	289	17.7%
			Greenwood	16	1%	Horry	3	0.2%
			Oconee	11	0.7%	Pickens	10	0.6%
			Richland	3	0.2%	Spartanburg	3	0.2%
			Georgia	26	1.6%	N.Carolina	9	0.6%
7A. REPAIR OF HERNIA								
6	1	14.3%	Greenville	1	14.3%			
7B. APPENDECTOMY								
80	34	29.8%	Abbeville	2	1.8%	Greenville	26	22.8%
			Greenwood	1	0.9%	Laurens	2	1.8%
			Oconee	2	1.8%	Pickens	1	0.9%
7C. CHOLECYSTECTOMY								
133	46	25.7%	Abbeville	2	1.1%	Greenville	39	21.8%
			Greenwood	2	1.1%	Pickens	3	1.7%
8. PROCTO. SURGERY								
39	13	25%	Aiken	1	1.9%	Charleston	1	1.9%
			Greenville	10	19.2%	Oconee	1	1.9%
9. UROLOGICAL SURG.								
294	194	39.8%	Abbeville	2	0.4%	Charleston	10	2%
			Greenville	149	30.5%	Greenwood	1	0.2%
			Oconee	6	1.2%	Spartanburg	9	1.8%
			Georgia	13	2.7%	N.Carolina	4	0.8%
10. BREAST SURGERY								
48	9	15.8%	Abbeville	1	1.8%	Charleston	1	1.8%
			Greenville	6	10.5%	Oconee	1	1.8%
11. GYN. SURGERY								
236	176	42.7%	Charleston	1	0.2%	Greenville	139	33.7%
			Greenwood	17	4.1%	Horry	1	0.2%
			Laurens	1	0.2%	Oconee	4	1%
			Pickens	6	1.5%	Spartanburg	3	0.7%
			Union	1	0.2%	Georgia	2	0.5%

			N.Carolina	1	0.2%			
12. ORTHOPEDIC SURG.								
1,145	722	38.7%	Abbeville	3	0.2%	Charleston	9	0.5%
			Florence	2	0.1%	Greenville	584	31.3%
			Greenwood	22	1.2%	Laurens	3	0.2%
			Lexington	1	0.1%	Oconee	40	2.1%
			Pickens	20	1.1%	Richland	4	0.2%
			Spartanburg	8	0.4%	Georgia	19	1%
			N.Carolina	7	0.4%			
13. PLASTIC SURGERY								
13	61	82.4%	Charleston	3	4.1%	Greenville	10	13.5%
			Lexington	1	1.4%	Georgia	46	62.2%
			N.Carolina	1	1.4%			
14. ORAL/MAXIL. SURG.								
12	11	47.8%	Charleston	3	13%	Greenville	6	26.1%
			Georgia	2	8.7%			
15. DENTAL SURGERY								
4	1	20%	Greenville	1	20%			
16. OTHER SURGERIES								
225	141	38.5%	Aiken	1	0.3%	Charleston	9	2.5%
			Georgetown	1	0.3%	Greenville	103	28.1%
			Greenwood	6	1.6%	Oconee	5	1.4%
			Pickens	3	0.8%	Richland	2	0.5%
			York	1	0.3%	Georgia	9	2.5%
			N.Carolina	1	0.3%			
III. PEDIATRIC W/O PROC.								
456	246	35%	Abbeville	1	0.1%	Aiken	11	1.6%
			Charleston	13	1.9%	Greenville	182	25.9%
			Greenwood	9	1.3%	Horry	1	0.1%
			Oconee	2	0.3%	Richland	6	0.9%
			Spartanburg	1	0.1%	Georgia	17	2.4%
			N.Carolina	3	0.4%			
IV. PSYCHIATRIC								
1,251	204	14%	Aiken	27	1.9%	Charleston	5	0.3%
			Florence	1	0.1%	Georgetown	1	0.1%
			Greenville	99	6.8%	Greenwood	16	1.1%
			Oconee	1	0.1%	Richland	4	0.3%
			Spartanburg	1	0.1%	York	1	0.1%

			Georgia	42	2.9%	N.Carolina	6	0.4%
V. DIAG. W/O SURG. PROC.								
6,455	1,277	16.5%	Abbeville	33	0.4%	Aiken	5	0.1%
			Allendale	1	0%	Beaufort	1	0%
			Charleston	37	0.5%	Florence	1	0%
			Georgetown	4	0.1%	Greenville	824	10.7%
			Greenwood	87	1.1%	Horry	7	0.1%
			Laurens	2	0%	Oconee	90	1.2%
			Pickens	92	1.2%	Richland	5	0.1%
			Spartanburg	8	0.1%	Sumter	1	0%
			Georgia	61	0.8%	N.Carolina	18	0.2%
1. INFEC./PARA. DIS.								
439	66	13.1%	Abbeville	1	0.2%	Greenville	33	6.5%
			Greenwood	4	0.8%	Oconee	5	1%
			Pickens	19	3.8%	Spartanburg	1	0.2%
			Georgia	2	0.4%	N.Carolina	1	0.2%
2. NEOPLASMS								
115	30	20.7%	Charleston	2	1.4%	Greenville	23	15.9%
			Oconee	1	0.7%	Spartanburg	1	0.7%
			Georgia	2	1.4%	N.Carolina	1	0.7%
3. ENDO./META. DIS.								
570	66	10.4%	Abbeville	1	0.2%	Charleston	3	0.5%
			Florence	1	0.2%	Greenville	42	6.6%
			Greenwood	4	0.6%	Oconee	2	0.3%
			Pickens	4	0.6%	Spartanburg	1	0.2%
			Sumter	1	0.2%	Georgia	7	1.1%
4. DISEASES OF BLOOD								
116	22	15.9%	Abbeville	1	0.7%	Aiken	1	0.7%
			Greenville	13	9.4%	Greenwood	2	1.4%
			Oconee	1	0.7%	Pickens	2	1.4%
			Georgia	2	1.4%			
5. DIS. OF NERV. SYS.								
219	60	21.5%	Aiken	1	0.4%	Charleston	6	2.2%
			Greenville	33	11.8%	Greenwood	2	0.7%
			Oconee	8	2.9%	Georgia	8	2.9%
			N.Carolina	2	0.7%			
6. DIS. OF CIRC. SYS.								

1,462	306	17.3%	Abbeville	4	0.2%	Aiken	1	0.1%
			Charleston	4	0.2%	Georgetown	1	0.1%
			Greenville	230	13%	Greenwood	27	1.5%
			Horry	1	0.1%	Oconee	12	0.7%
			Pickens	13	0.7%	Richland	1	0.1%
			Spartanburg	2	0.1%	Georgia	7	0.4%
			N.Carolina	3	0.2%			
7. DIS. OF RESP. SYS.								
1,350	208	13.4%	Abbeville	14	0.9%	Charleston	1	0.1%
			Georgetown	1	0.1%	Greenville	117	7.5%
			Greenwood	17	1.1%	Horry	1	0.1%
			Oconee	22	1.4%	Pickens	22	1.4%
			Richland	2	0.1%	Spartanburg	2	0.1%
			Georgia	7	0.4%	N.Carolina	2	0.1%
8. DIS. OF DIG. SYS.								
528	113	17.6%	Abbeville	5	0.8%	Charleston	6	0.9%
			Georgetown	1	0.2%	Greenville	75	11.7%
			Greenwood	3	0.5%	Laurens	1	0.2%
			Oconee	8	1.2%	Pickens	9	1.4%
			Richland	1	0.2%	Georgia	2	0.3%
			N.Carolina	2	0.3%			
9. DIS. OF GENITOURI.								
592	97	14.1%	Abbeville	2	0.3%	Aiken	2	0.3%
			Allendale	1	0.1%	Charleston	4	0.6%
			Greenville	53	7.7%	Greenwood	6	0.9%
			Horry	2	0.3%	Oconee	9	1.3%
			Pickens	10	1.5%	Spartanburg	1	0.1%
			Georgia	7	1%			
10. DIS. OF SKIN/SUB.								
172	24	12.2%	Abbeville	1	0.5%	Greenville	10	5.1%
			Greenwood	2	1%	Oconee	5	2.6%
			Pickens	6	3.1%			
11. DIS. OF MUSC. SYS.								
74	14	15.9%	Abbeville	1	1.1%	Greenville	7	8%
			Greenwood	4	4.5%	Oconee	1	1.1%
			Pickens	1	1.1%			
12. CONGEN. ANOMALIES								
1	0	0%						

14. SYM/ILL-DEF COND.								
354	97	21.5%	Abbeville	3	0.7%	Beaufort	1	0.2%
			Charleston	4	0.9%	Georgetown	1	0.2%
			Greenville	58	12.9%	Greenwood	8	1.8%
			Horry	1	0.2%	Laurens	1	0.2%
			Oconee	9	2%	Pickens	3	0.7%
			Georgia	7	1.6%	N.Carolina	1	0.2%
15. ACC./POISON./VIO.								
442	104	19%	Charleston	6	1.1%	Greenville	66	12.1%
			Greenwood	8	1.5%	Horry	2	0.4%
			Oconee	7	1.3%	Pickens	3	0.5%
			Richland	1	0.2%	Georgia	6	1.1%
			N.Carolina	5	0.9%			
16. SPEC. COND./EXAM.								
21	70	76.9%	Charleston	1	1.1%	Greenville	64	70.3%
			Georgia	4	4.4%	N.Carolina	1	1.1%

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2010 Number and Percent of Persons Hospitalized Outside Their County of Residence

By County Where Service Occurred, Excluding Newborns
South Carolina Hospital Discharge Data System

** Includes Inpatient Discharges From All Non-federal Acute Care Hospitals
and Hospitals In Georgia and North Carolina **

For Residents of Beaufort County

County Residents Served

Number and Percent of Residents Served Outside of Their County of Residence, By County
Where Service Occurred

Number Served								
In County	Out	Pct. OOC	County	No.	Pct.	County	No.	Pct.
TOTAL								
12,040	4,330	26.5%	Aiken	5	0%	Anderson	1	0%
			Bamberg	1	0%	Charleston	1,550	9.5%
			Chester	1	0%	Colleton	9	0.1%
			Florence	7	0%	Georgetown	3	0%
			Greenville	154	0.9%	Greenwood	3	0%
			Hampton	2	0%	Horry	1	0%
			Jasper	484	3%	Lexington	3	0%
			Newberry	2	0%	Oconee	2	0%
			Orangeburg	2	0%	Richland	48	0.3%
			Spartanburg	7	0%	Sumter	1	0%
			York	1	0%	Georgia	1,940	11.9%
			N.Carolina	103	0.6%			
I. OBSTETRICS								
2,223	240	9.7%	Charleston	95	3.9%	Georgetown	1	0%
			Greenville	22	0.9%	Richland	1	0%
			Spartanburg	1	0%	Georgia	119	4.8%
			N.Carolina	1	0%			
II. SURGICAL PROCEDURES								
4,142	2,632	38.9%	Aiken	2	0%	Bamberg	1	0%
			Charleston	1,071	15.8%	Colleton	3	0%

**Petitioner's
Trial Exhibit**

094

PET-EX094

RECORD 007788

			Florence	5	0.1%	Georgetown	1	0%
			Greenville	84	1.2%	Greenwood	2	0%
			Hampton	1	0%	Horry	1	0%
			Jasper	110	1.6%	Lexington	2	0%
			Newberry	2	0%	Oconee	2	0%
			Richland	27	0.4%	Spartanburg	3	0%
			Sumter	1	0%	Georgia	1,249	18.4%
			N.Carolina	65	1%			
1. OPER. NERV. SYS.								
68	161	70.3%	Charleston	72	31.4%	Greenville	11	4.8%
			Jasper	2	0.9%	Georgia	72	31.4%
			N.Carolina	4	1.7%			
2. OPHTHALMOLOGY								
1	9	90%	Charleston	6	60%	Georgia	2	20%
			N.Carolina	1	10%			
3. OTORHINO.								
25	49	66.2%	Charleston	30	40.5%	Greenville	2	2.7%
			Jasper	1	1.4%	Richland	2	2.7%
			Georgia	12	16.2%	N.Carolina	2	2.7%
3A. TONSIL/ADENOID.								
1	3	75%	Charleston	3	75%			
4. THYROID/THYMUS								
7	51	87.9%	Charleston	42	72.4%	Greenville	1	1.7%
			Jasper	3	5.2%	Georgia	4	6.9%
			N.Carolina	1	1.7%			
5. VASC./CARD. SURG.								
1,066	722	40.4%	Bamberg	1	0.1%	Charleston	356	19.9%
			Florence	4	0.2%	Greenville	13	0.7%
			Greenwood	1	0.1%	Jasper	2	0.1%
			Richland	8	0.4%	Georgia	326	18.2%
			N.Carolina	11	0.6%			
6. THORACIC SURGERY								
147	125	46%	Aiken	1	0.4%	Charleston	49	18%
			Colleton	1	0.4%	Greenville	4	1.5%
			Jasper	6	2.2%	Richland	1	0.4%
			Spartanburg	1	0.4%	Georgia	57	21%
			N.Carolina	5	1.8%			
7. ABDOMINAL SURGERY								

756	359	32.2%	Charleston	151	13.5%	Colleton	1	0.1%
			Florence	1	0.1%	Greenville	18	1.6%
			Jasper	31	2.8%	Lexington	1	0.1%
			Newberry	2	0.2%	Richland	1	0.1%
			Georgia	141	12.6%	N.Carolina	12	1.1%
7A. REPAIR OF HERNIA								
11	3	21.4%	Charleston	2	14.3%	Georgia	1	7.1%
7B. APPENDECTOMY								
75	23	23.5%	Greenville	2	2%	Horry	1	1%
			Jasper	7	7.1%	Richland	1	1%
			Georgia	9	9.2%	N.Carolina	3	3.1%
7C. CHOLECYSTECTOMY								
110	25	18.5%	Charleston	4	3%	Greenville	2	1.5%
			Jasper	4	3%	Georgia	15	11.1%
8. PROCTO. SURGERY								
27	16	37.2%	Charleston	5	11.6%	Greenville	1	2.3%
			Jasper	2	4.7%	Georgia	8	18.6%
9. UROLOGICAL SURG.								
197	90	31.4%	Aiken	1	0.3%	Charleston	52	18.1%
			Greenville	5	1.7%	Jasper	1	0.3%
			Lexington	1	0.3%	Spartanburg	2	0.7%
			Georgia	20	7%	N.Carolina	8	2.8%
10. BREAST SURGERY								
21	12	36.4%	Charleston	9	27.3%	Georgia	3	9.1%
11. GYN. SURGERY								
229	63	21.6%	Charleston	44	15.1%	Jasper	2	0.7%
			Georgia	17	5.8%			
12. ORTHOPEDIC SURG.								
1,237	745	37.6%	Charleston	170	8.6%	Colleton	1	0.1%
			Georgetown	1	0.1%	Greenville	19	1%
			Greenwood	1	0.1%	Hampton	1	0.1%
			Jasper	30	1.5%	Oconee	1	0.1%
			Richland	12	0.6%	Georgia	491	24.8%
			N.Carolina	18	0.9%			
13. PLASTIC SURGERY								
9	39	81.3%	Charleston	10	20.8%	Jasper	3	6.3%
			Georgia	26	54.2%			

14. ORAL/MAXIL. SURG.								
1	9	90%	Charleston	4	40%	Jasper	1	10%
			Georgia	4	40%			
15. DENTAL SURGERY								
4	4	50%	Charleston	4	50%			
16. OTHER SURGERIES								
150	124	45.3%	Charleston	58	21.2%	Greenville	6	2.2%
			Jasper	15	5.5%	Oconee	1	0.4%
			Richland	2	0.7%	Sumter	1	0.4%
			Georgia	41	15%			
III. PEDIATRIC W/O PROC.								
286	189	39.8%	Charleston	110	23.2%	Greenville	17	3.6%
			Richland	1	0.2%	Georgia	60	12.6%
			N.Carolina	1	0.2%			
IV. PSYCHIATRIC								
416	127	23.4%	Aiken	1	0.2%	Anderson	1	0.2%
			Charleston	36	6.6%	Colleton	1	0.2%
			Florence	1	0.2%	Greenville	1	0.2%
			Jasper	17	3.1%	Orangeburg	1	0.2%
			Richland	3	0.6%	Georgia	63	11.6%
			N.Carolina	2	0.4%			
V. DIAG. W/O SURG. PROC.								
4,973	1,142	18.7%	Aiken	2	0%	Charleston	238	3.9%
			Chester	1	0%	Colleton	5	0.1%
			Florence	1	0%	Georgetown	1	0%
			Greenville	30	0.5%	Greenwood	1	0%
			Hampton	1	0%	Jasper	357	5.8%
			Lexington	1	0%	Orangeburg	1	0%
			Richland	16	0.3%	Spartanburg	3	0%
			York	1	0%	Georgia	449	7.3%
			N.Carolina	34	0.6%			
1. INFECTION/PARA. DIS.								
243	49	16.8%	Aiken	1	0.3%	Charleston	6	2.1%
			Greenville	1	0.3%	Jasper	16	5.5%
			Richland	1	0.3%	Georgia	20	6.8%
			N.Carolina	4	1.4%			
2. NEOPLASMS								
75	39	34.2%	Charleston	15	13.2%	Greenville	1	0.9%

			Greenwood	1	0.9%	Jasper	4	3.5%
			Georgia	18	15.8%			
3. ENDO./META. DIS.								
352	56	13.7%	Charleston	9	2.2%	Colleton	1	0.2%
			Greenville	1	0.2%	Jasper	28	6.9%
			Georgia	16	3.9%	N.Carolina	1	0.2%
4. DISEASES OF BLOOD								
176	33	15.8%	Charleston	5	2.4%	Greenville	1	0.5%
			Jasper	8	3.8%	Georgia	18	8.6%
			N.Carolina	1	0.5%			
5. DIS. OF NERV. SYS.								
160	42	20.8%	Aiken	1	0.5%	Charleston	19	9.4%
			Greenville	1	0.5%	Jasper	6	3%
			Georgia	14	6.9%	N.Carolina	1	0.5%
6. DIS. OF CIRC. SYS.								
1,114	252	18.4%	Charleston	64	4.7%	Colleton	1	0.1%
			Greenville	3	0.2%	Hampton	1	0.1%
			Jasper	100	7.3%	Lexington	1	0.1%
			Richland	2	0.1%	Georgia	75	5.5%
			N.Carolina	5	0.4%			
7. DIS. OF RESP. SYS.								
653	116	15.1%	Charleston	9	1.2%	Colleton	1	0.1%
			Greenville	8	1%	Jasper	59	7.7%
			Georgia	34	4.4%	N.Carolina	5	0.7%
8. DIS. OF DIG. SYS.								
410	107	20.7%	Charleston	22	4.3%	Colleton	1	0.2%
			Georgetown	1	0.2%	Greenville	4	0.8%
			Jasper	44	8.5%	Richland	1	0.2%
			Georgia	27	5.2%	N.Carolina	7	1.4%
9. DIS. OF GENITOURI.								
347	54	13.5%	Charleston	3	0.7%	Colleton	1	0.2%
			Jasper	28	7%	Richland	1	0.2%
			Georgia	19	4.7%	N.Carolina	2	0.5%
10. DIS. OF SKIN/SUB.								
97	21	17.8%	Charleston	2	1.7%	Jasper	10	8.5%
			Georgia	9	7.6%			
11. DIS. OF MUSC. SYS.								

122	21	14.7%	Charleston	9	6.3%	Jasper	5	3.5%
			Georgia	7	4.9%			
12. CONGEN. ANOMALIES								
3	2	40%	Charleston	2	40%			
14. SYM/ILL-DEF COND.								
504	77	13.3%	Charleston	22	3.8%	Chester	1	0.2%
			Greenville	2	0.3%	Jasper	21	3.6%
			York	1	0.2%	Georgia	28	4.8%
			N.Carolina	2	0.3%			
15. ACC./POISON./VIO.								
294	155	34.5%	Charleston	35	7.8%	Florence	1	0.2%
			Greenville	5	1.1%	Jasper	24	5.3%
			Orangeburg	1	0.2%	Richland	2	0.4%
			Spartanburg	3	0.7%	Georgia	79	17.6%
			N.Carolina	5	1.1%			
16. SPEC. COND./EXAM.								
423	118	21.8%	Charleston	16	3%	Greenville	3	0.6%
			Jasper	4	0.7%	Richland	9	1.7%
			Georgia	85	15.7%	N.Carolina	1	0.2%

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2010 Number and Percent of Persons Hospitalized Outside Their County of Residence

By County Where Service Occurred, Excluding Newborns
South Carolina Hospital Discharge Data System

** Includes Inpatient Discharges From All Non-federal Acute Care Hospitals
and Hospitals In Georgia and North Carolina **

For Residents of Georgetown County

County Residents Served Number and Percent of Residents Served Outside of Their County of Residence, By County
Where Service Occurred

Number Served

In Pct.
County Out OOC

TOTAL			County	No.	Pct.	County	No.	Pct.
7,322	3,198	30.4%	Aiken	7	0.1%	Bamberg	1	0%
			Beaufort	3	0%	Charleston	1,862	17.7%
			Clarendon	9	0.1%	Colleton	1	0%
			Darlington	14	0.1%	Florence	200	1.9%
			Greenville	4	0%	Greenwood	1	0%
			Horry	902	8.6%	Lexington	9	0.1%
			Orangeburg	2	0%	Pickens	1	0%
			Richland	50	0.5%	Sumter	7	0.1%
			Williamsburg	30	0.3%	Georgia	30	0.3%
			N.Carolina	65	0.6%			
I. OBSTETRICS								
537	255	32.2%	Charleston	157	19.8%	Clarendon	9	1.1%
			Colleton	1	0.1%	Florence	10	1.3%
			Horry	68	8.6%	Lexington	1	0.1%
			Orangeburg	1	0.1%	Sumter	2	0.3%
			Georgia	3	0.4%	N.Carolina	3	0.4%
II. SURGICAL PROCEDURES								
2,376	1,922	44.7%	Bamberg	1	0%	Beaufort	1	0%
			Charleston	1,212	28.2%	Florence	104	2.4%
			Greenville	3	0.1%	Greenwood	1	0%

**Petitioner's
Trial Exhibit**

095

PET-EX095

RECORD 007794

			Horry	511	11.9%	Lexington	5	0.1%
			Pickens	1	0%	Richland	31	0.7%
			Sumter	3	0.1%	Georgia	14	0.3%
			N.Carolina	35	0.8%			
1. OPER. NERV. SYS.								
78	106	57.6%	Charleston	85	46.2%	Florence	2	1.1%
			Horry	14	7.6%	Richland	3	1.6%
			Georgia	1	0.5%	N.Carolina	1	0.5%
2. OPHTHALMOLOGY								
1	5	83.3%	Charleston	4	66.7%	N.Carolina	1	16.7%
3. OTORHINO.								
14	41	74.5%	Charleston	33	60%	Florence	1	1.8%
			Horry	6	10.9%	N.Carolina	1	1.8%
3A. TONSIL/ADENOID.								
0	2	100%	Florence	1	50%	Horry	1	50%
4. THYROID/THYMUS								
1	21	95.5%	Charleston	17	77.3%	Horry	3	13.6%
			N.Carolina	1	4.5%			
5. VASC./CARD. SURG.								
638	615	49.1%	Bamberg	1	0.1%	Charleston	402	32.1%
			Florence	31	2.5%	Greenville	2	0.2%
			Horry	158	12.6%	Richland	10	0.8%
			Georgia	3	0.2%	N.Carolina	8	0.6%
6. THORACIC SURGERY								
114	86	43%	Charleston	58	29%	Florence	5	2.5%
			Horry	18	9%	Lexington	1	0.5%
			Richland	3	1.5%	N.Carolina	1	0.5%
7. ABDOMINAL SURGERY								
426	240	36%	Beaufort	1	0.2%	Charleston	147	22.1%
			Florence	17	2.6%	Greenville	1	0.2%
			Horry	67	10.1%	Lexington	1	0.2%
			Richland	2	0.3%	N.Carolina	4	0.6%
7A. REPAIR OF HERNIA								
4	1	20%	Horry	1	20%			
7B. APPENDECTOMY								
41	8	16.3%	Charleston	2	4.1%	Horry	5	10.2%
			Richland	1	2%			

7C. CHOLECYSTECTOMY							
53	22	29.3%	Charleston	3	4%	Florence	7 9.3%
			Horry	10	13.3%	Richland	1 1.3%
			N.Carolina	1	1.3%		
8. PROCTO. SURGERY							
16	8	33.3%	Charleston	5	20.8%	Florence	1 4.2%
			Horry	2	8.3%		
9. UROLOGICAL SURG.							
127	82	39.2%	Charleston	41	19.6%	Florence	11 5.3%
			Horry	26	12.4%	Richland	1 0.5%
			N.Carolina	3	1.4%		
10. BREAST SURGERY							
7	4	36.4%	Charleston	3	27.3%	Horry	1 9.1%
11. GYN. SURGERY							
104	97	48.3%	Charleston	70	34.8%	Florence	4 2%
			Horry	22	10.9%	Lexington	1 0.5%
12. ORTHOPEDIC SURG.							
615	479	43.8%	Charleston	265	24.2%	Florence	21 1.9%
			Greenwood	1	0.1%	Horry	164 15%
			Lexington	2	0.2%	Richland	9 0.8%
			Sumter	2	0.2%	Georgia	4 0.4%
			N.Carolina	11	1%		
13. PLASTIC SURGERY							
7	20	74.1%	Charleston	13	48.1%	Horry	2 7.4%
			Georgia	4	14.8%	N.Carolina	1 3.7%
14. ORAL/MAXIL. SURG.							
0	7	100%	Charleston	5	71.4%	Horry	1 14.3%
			N.Carolina	1	14.3%		
15. DENTAL SURGERY							
3	1	25%	Charleston	1	25%		
16. OTHER SURGERIES							
127	77	37.7%	Charleston	58	28.4%	Florence	3 1.5%
			Horry	10	4.9%	Pickens	1 0.5%
			Richland	1	0.5%	Sumter	1 0.5%
			Georgia	2	1%	N.Carolina	1 0.5%
III. PEDIATRIC W/O PROC.							
218	95	30.4%	Charleston	86	27.5%	Florence	2 0.6%

			Horry	5	1.6%	Richland	2	0.6%
IV. PSYCHIATRIC								
81	122	60.1%	Aiken	7	3.4%	Charleston	63	31%
			Darlington	14	6.9%	Florence	14	6.9%
			Horry	10	4.9%	Lexington	2	1%
			Richland	1	0.5%	Williamsburg	1	0.5%
			Georgia	6	3%	N. Carolina	4	2%
V. DIAG. W/O SURG. PROC.								
4,110	804	16.4%	Beaufort	2	0%	Charleston	344	7%
			Florence	70	1.4%	Greenville	1	0%
			Horry	308	6.3%	Lexington	1	0%
			Orangeburg	1	0%	Richland	16	0.3%
			Sumter	2	0%	Williamsburg	29	0.6%
			Georgia	7	0.1%	N. Carolina	23	0.5%
1. INFECTION/ PARA. DIS.								
247	29	10.5%	Charleston	6	2.2%	Florence	2	0.7%
			Horry	14	5.1%	Williamsburg	2	0.7%
			Georgia	1	0.4%	N. Carolina	4	1.4%
2. NEOPLASMS								
44	26	37.1%	Charleston	19	27.1%	Florence	3	4.3%
			Horry	2	2.9%	N. Carolina	2	2.9%
3. ENDO./META. DIS.								
293	37	11.2%	Charleston	14	4.2%	Florence	3	0.9%
			Horry	14	4.2%	Richland	1	0.3%
			Williamsburg	3	0.9%	Georgia	1	0.3%
			N. Carolina	1	0.3%			
4. DISEASES OF BLOOD								
78	27	25.7%	Charleston	16	15.2%	Florence	2	1.9%
			Horry	6	5.7%	Richland	2	1.9%
			Georgia	1	1%			
5. DIS. OF NERV. SYS.								
102	36	26.1%	Charleston	21	15.2%	Florence	2	1.4%
			Greenville	1	0.7%	Horry	11	8%
			Georgia	1	0.7%			
6. DIS. OF CIRC. SYS.								
869	232	21.1%	Charleston	109	9.9%	Florence	23	2.1%
			Horry	85	7.7%	Lexington	1	0.1%
			Richland	4	0.4%	Williamsburg	6	0.5%

			Georgia	2	0.2%	N.Carolina	2	0.2%
7. DIS. OF RESP. SYS.								
538	70	11.5%	Beaufort	1	0.2%	Charleston	14	2.3%
			Florence	6	1%	Horry	38	6.3%
			Williamsburg	9	1.5%	N.Carolina	2	0.3%
8. DIS. OF DIG. SYS.								
359	65	15.3%	Charleston	21	5%	Florence	6	1.4%
			Horry	33	7.8%	Richland	2	0.5%
			N.Carolina	3	0.7%			
9. DIS. OF GENITOURL								
285	51	15.2%	Charleston	8	2.4%	Florence	2	0.6%
			Horry	38	11.3%	Richland	1	0.3%
			Williamsburg	1	0.3%	N.Carolina	1	0.3%
10. DIS. OF SKIN/SUB.								
126	17	11.9%	Charleston	7	4.9%	Horry	7	4.9%
			Williamsburg	1	0.7%	N.Carolina	2	1.4%
11. DIS. OF MUSC. SYS.								
86	20	18.9%	Charleston	9	8.5%	Florence	1	0.9%
			Horry	8	7.5%	Williamsburg	1	0.9%
			N.Carolina	1	0.9%			
12. CONGEN. ANOMALIES								
0	1	100%	Charleston	1	100%			
14. SYM/ILL-DEF COND.								
519	55	9.6%	Charleston	16	2.8%	Florence	6	1%
			Horry	26	4.5%	Richland	1	0.2%
			Sumter	1	0.2%	Williamsburg	5	0.9%
15. ACC./POISON/VIO.								
208	90	30.2%	Charleston	58	19.5%	Florence	3	1%
			Horry	24	8.1%	Williamsburg	1	0.3%
			N.Carolina	4	1.3%			
16. SPEC. COND./EXAM.								
356	48	11.9%	Beaufort	1	0.2%	Charleston	25	6.2%
			Florence	11	2.7%	Horry	2	0.5%
			Orangeburg	1	0.2%	Richland	5	1.2%
			Sumter	1	0.2%	Georgia	1	0.2%
			N.Carolina	1	0.2%			

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**S.C. Budget and Control Board, Office of Research & Statistics, Health & Demographics Section, 1919 Blanding Street, Columbia,
SC 29201**

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2010 Number and Percent of Persons Hospitalized Outside Their County of Residence

By County Where Service Occurred, Excluding Newborns
South Carolina Hospital Discharge Data System

** Includes Inpatient Discharges From All Non-federal Acute Care Hospitals
and Hospitals In Georgia and North Carolina **

For Residents of Sumter County

County Residents Served

Number and Percent of Residents Served Outside of Their County of Residence, By County
Where Service Occurred

Number Served

In County	Out	Pct. OOC	County	No.	Pct.	County	No.	Pct.
TOTAL								
9,450	3,669	28%	Aiken	14	0.1%	Anderson	4	0%
			Bamberg	13	0.1%	Charleston	479	3.7%
			Clarendon	357	2.7%	Colleton	1	0%
			Darlington	67	0.5%	Fairfield	5	0%
			Florence	409	3.1%	Georgetown	6	0%
			Greenville	19	0.1%	Horry	14	0.1%
			Kershaw	85	0.6%	Lancaster	2	0%
			Lauréns	1	0%	Lexington	122	0.9%
			Marlboro	3	0%	Orangeburg	18	0.1%
			Pickens	1	0%	Richland	1,911	14.6%
			Spartanburg	1	0%	York	4	0%
			Georgia	72	0.5%	N.Carolina	61	0.5%
I. OBSTETRICS								
1,318	428	24.5%	Charleston	10	0.6%	Clarendon	215	12.3%
			Darlington	5	0.3%	Florence	10	0.6%
			Greenville	1	0.1%	Kershaw	6	0.3%
			Lexington	11	0.6%	Richland	164	9.4%
			York	1	0.1%	Georgia	4	0.2%
			N.Carolina	1	0.1%			
II. SURGICAL PROCEDURES								

**Petitioner's
Trial Exhibit**

096

PET-EX096

RECORD 007800

3,473	2,105	37.7%	Anderson	3	0.1%	Bamberg	13	0.2%
			Charleston	332	6%	Clarendon	71	1.3%
			Darlington	2	0%	Florence	273	4.9%
			Georgetown	3	0.1%	Greenville	15	0.3%
			Horry	8	0.1%	Kershaw	33	0.6%
			Lancaster	1	0%	Lexington	85	1.5%
			Orangeburg	4	0.1%	Pickens	1	0%
			Richland	1,186	21.3%	Spartanburg	1	0%
			York	3	0.1%	Georgia	37	0.7%
			N.Carolina	34	0.6%			
1. OPER. NERV. SYS.								
62	133	68.2%	Charleston	31	15.9%	Clarendon	1	0.5%
			Florence	26	13.3%	Kershaw	2	1%
			Lexington	9	4.6%	Richland	61	31.3%
			N.Carolina	3	1.5%			
2. OPHTHALMOLOGY								
2	8	80%	Charleston	1	10%	Clarendon	2	20%
			Richland	5	50%			
3. OTORHINO.								
32	31	49.2%	Charleston	6	9.5%	Florence	4	6.3%
			Greenville	1	1.6%	Kershaw	1	1.6%
			Richland	19	30.2%			
3A. TONSIL/ADENOID.								
0	3	100%	Charleston	1	33.3%	Richland	2	66.7%
4. THYROID/THYMUS								
10	31	75.6%	Charleston	14	34.1%	Darlington	1	2.4%
			Florence	1	2.4%	Kershaw	1	2.4%
			Richland	14	34.1%			
5. VASC./CARD. SURG.								
876	848	49.2%	Bamberg	12	0.7%	Charleston	90	5.2%
			Clarendon	1	0.1%	Florence	73	4.2%
			Georgetown	1	0.1%	Greenville	8	0.5%
			Horry	5	0.3%	Kershaw	6	0.3%
			Lancaster	1	0.1%	Lexington	13	0.8%
			Orangeburg	3	0.2%	Richland	620	36%
			Spartanburg	1	0.1%	Georgia	5	0.3%
			N.Carolina	9	0.5%			
6. THORACIC SURGERY								

187	72	27.8%	Anderson	1	0.4%	Charleston	19	7.3%
			Clarendon	3	1.2%	Florence	12	4.6%
			Kershaw	2	0.8%	Pickens	1	0.4%
			Richland	30	11.6%	Georgia	1	0.4%
			N.Carolina	3	1.2%			
7. ABDOMINAL SURGERY								
777	241	23.7%	Anderson	1	0.1%	Bamberg	1	0.1%
			Charleston	50	4.9%	Clarendon	8	0.8%
			Florence	23	2.3%	Greenville	1	0.1%
			Kershaw	8	0.8%	Lexington	24	2.4%
			Orangeburg	1	0.1%	Richland	117	11.5%
			York	2	0.2%	Georgia	1	0.1%
			N.Carolina	4	0.4%			
7A. REPAIR OF HERNIA								
4	2	33.3%	Richland	2	33.3%			
7B. APPENDECTOMY								
71	9	11.3%	Charleston	1	1.3%	Clarendon	2	2.5%
			Georgetown	1	1.3%	Kershaw	1	1.3%
			Lexington	1	1.3%	Richland	2	2.5%
			Georgia	1	1.3%			
7C. CHOLECYSTECTOMY								
80	16	16.7%	Charleston	1	1%	Clarendon	5	5.2%
			Kershaw	2	2.1%	Richland	7	7.3%
			N.Carolina	1	1%			
8. PROCTO. SURGERY								
17	9	34.6%	Charleston	1	3.8%	Florence	1	3.8%
			Kershaw	1	3.8%	Richland	6	23.1%
9. UROLOGICAL SURG.								
199	84	29.7%	Charleston	40	14.1%	Darlington	1	0.4%
			Florence	5	1.8%	Kershaw	1	0.4%
			Richland	30	10.6%	Georgia	1	0.4%
			N.Carolina	6	2.1%			
10. BREAST SURGERY								
18	7	28%	Charleston	1	4%	Florence	2	8%
			Richland	4	16%			
11. GYN. SURGERY								
236	96	28.9%	Charleston	7	2.1%	Clarendon	27	8.1%

			Florence	5	1.5%	Horry	1	0.3%
			Kershaw	4	1.2%	Lexington	11	3.3%
			Richland	41	12.3%			
12. ORTHOPEDIC SURG.								
636	378	37.3%	Anderson	1	0.1%	Charleston	46	4.5%
			Clarendon	12	1.2%	Florence	112	11%
			Georgetown	1	0.1%	Greenville	3	0.3%
			Horry	1	0.1%	Kershaw	3	0.3%
			Lexington	25	2.5%	Richland	163	16.1%
			York	1	0.1%	Georgia	4	0.4%
			N.Carolina	6	0.6%			
13. PLASTIC SURGERY								
33	45	57.7%	Charleston	6	7.7%	Clarendon	4	5.1%
			Florence	4	5.1%	Greenville	1	1.3%
			Lexington	1	1.3%	Richland	8	10.3%
			Georgia	21	26.9%			
14. ORAL/MAXIL. SURG.								
3	11	78.6%	Charleston	1	7.1%	Florence	1	7.1%
			Richland	7	50%	Georgia	2	14.3%
15. DENTAL SURGERY								
2	1	33.3%	Charleston	1	33.3%			
16. OTHER SURGERIES								
228	80	26%	Charleston	15	4.9%	Clarendon	6	1.9%
			Florence	4	1.3%	Greenville	1	0.3%
			Horry	1	0.3%	Kershaw	1	0.3%
			Lexington	1	0.3%	Richland	48	15.6%
			Georgia	1	0.3%	N.Carolina	2	0.6%
III. PEDIATRIC W/O PROC.								
226	255	53%	Charleston	15	3.1%	Clarendon	6	1.2%
			Florence	7	1.5%	Horry	1	0.2%
			Kershaw	3	0.6%	Richland	221	45.9%
			Georgia	2	0.4%			
IV. PSYCHIATRIC								
73	187	71.9%	Aiken	12	4.6%	Charleston	27	10.4%
			Colleton	1	0.4%	Darlington	40	15.4%
			Florence	13	5%	Greenville	1	0.4%
			Orangeburg	9	3.5%	Richland	65	25%
			Georgia	15	5.8%	N.Carolina	4	1.5%

V. DIAG. W/O SURG. PROC.								
4,360	694	13.7%	Aiken	2	0%	Anderson	1	0%
			Charleston	95	1.9%	Clarendon	65	1.3%
			Darlington	20	0.4%	Fairfield	5	0.1%
			Florence	106	2.1%	Georgetown	3	0.1%
			Greenville	2	0%	Horry	5	0.1%
			Kershaw	43	0.9%	Lancaster	1	0%
			Laurens	1	0%	Lexington	26	0.5%
			Marlboro	3	0.1%	Orangeburg	5	0.1%
			Richland	275	5.4%	Georgia	14	0.3%
			N.Carolina	22	0.4%			
1. INFECTION/ PARA. DIS.								
212	18	7.8%	Charleston	2	0.9%	Clarendon	5	2.2%
			Darlington	2	0.9%	Florence	5	2.2%
			Kershaw	1	0.4%	Lexington	1	0.4%
			Richland	1	0.4%	N.Carolina	1	0.4%
2. NEOPLASMS								
79	15	16%	Charleston	6	6.4%	Florence	3	3.2%
			Richland	6	6.4%			
3. ENDO./META. DIS.								
348	32	8.4%	Anderson	1	0.3%	Charleston	1	0.3%
			Clarendon	7	1.8%	Darlington	1	0.3%
			Florence	6	1.6%	Kershaw	5	1.3%
			Richland	10	2.6%	Georgia	1	0.3%
4. DISEASES OF BLOOD								
258	53	17%	Charleston	3	1%	Clarendon	2	0.6%
			Florence	1	0.3%	Horry	1	0.3%
			Kershaw	1	0.3%	Lexington	1	0.3%
			Richland	40	12.9%	Georgia	2	0.6%
			N.Carolina	2	0.6%			
5. DIS. OF NERV. SYS.								
72	34	32.1%	Aiken	2	1.9%	Charleston	9	8.5%
			Clarendon	2	1.9%	Florence	4	3.8%
			Kershaw	1	0.9%	Lexington	2	1.9%
			Marlboro	1	0.9%	Richland	10	9.4%
			Georgia	3	2.8%			
6. DIS. OF CIRC. SYS.								

PET-EX096.0005

RECORD 007804

1,009	190	15.8%	Charleston	18	1.5%	Clarendon	13	1.1%
			Darlington	3	0.3%	Florence	25	2.1%
			Georgetown	1	0.1%	Greenville	1	0.1%
			Horry	1	0.1%	Kershaw	11	0.9%
			Lexington	10	0.8%	Marlboro	1	0.1%
			Richland	102	8.5%	N.Carolina	4	0.3%
7. DIS. OF RESP. SYS.								
743	48	6.1%	Charleston	3	0.4%	Clarendon	11	1.4%
			Darlington	4	0.5%	Florence	4	0.5%
			Kershaw	3	0.4%	Lancaster	1	0.1%
			Lexington	1	0.1%	Orangeburg	3	0.4%
			Richland	15	1.9%	Georgia	2	0.3%
			N.Carolina	1	0.1%			
8. DIS. OF DIG. SYS.								
317	37	10.5%	Charleston	8	2.3%	Clarendon	6	1.7%
			Darlington	2	0.6%	Florence	4	1.1%
			Horry	1	0.3%	Kershaw	4	1.1%
			Laurens	1	0.3%	Lexington	3	0.8%
			Richland	7	2%	N.Carolina	1	0.3%
9. DIS. OF GENITOURI								
401	42	9.5%	Charleston	3	0.7%	Clarendon	8	1.8%
			Darlington	3	0.7%	Florence	6	1.4%
			Georgetown	1	0.2%	Greenville	1	0.2%
			Horry	1	0.2%	Kershaw	4	0.9%
			Lexington	1	0.2%	Orangeburg	1	0.2%
			Richland	11	2.5%	N.Carolina	2	0.5%
10. DIS. OF SKIN/SUB.								
113	16	12.4%	Charleston	4	3.1%	Clarendon	3	2.3%
			Florence	2	1.6%	Kershaw	2	1.6%
			Lexington	1	0.8%	Richland	4	3.1%
11. DIS. OF MUSC. SYS.								
65	16	19.8%	Charleston	2	2.5%	Clarendon	1	1.2%
			Darlington	1	1.2%	Florence	3	3.7%
			Kershaw	2	2.5%	Lexington	3	3.7%
			Richland	2	2.5%	Georgia	2	2.5%
12. CONGEN. ANOMALIES								
0	2	100%	Charleston	2	100%			
14. SYM/ILL-DEF COND.								

194	55	22.1%	Charleston	13	5.2%	Clarendon	4	1.6%
			Darlington	1	0.4%	Florence	9	3.6%
			Georgetown	1	0.4%	Kershaw	4	1.6%
			Lexington	1	0.4%	Marlboro	1	0.4%
			Richland	20	8%	N.Carolina	1	0.4%
15. ACC./POISON./VIO.								
204	79	27.9%	Charleston	9	3.2%	Clarendon	3	1.1%
			Florence	10	3.5%	Horry	1	0.4%
			Kershaw	4	1.4%	Lexington	2	0.7%
			Richland	42	14.8%	Georgia	3	1.1%
			N.Carolina	5	1.8%			
16. SPEC. COND./EXAM.								
345	57	14.2%	Charleston	12	3%	Darlington	3	0.7%
			Fairfield	5	1.2%	Florence	24	6%
			Kershaw	1	0.2%	Orangeburg	1	0.2%
			Richland	5	1.2%	Georgia	1	0.2%
			N.Carolina	5	1.2%			

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Average Medicare Inpatient Charges

	2005			2009			Avg Annual Change 05-09	2011			Avg Annual Change 05-11
	Average Charge	CMI	CMI Adjusted	Average Charge	CMI	CMI Adjusted		Average Charge	CMI	CMI Adjusted	
Springs	\$29,008	1.2100	\$23,974	\$39,592	1.2666	\$31,574	7.1%	\$50,710	1.2204	\$41,552	9.6%
Palmetto-Richland	\$37,801	1.7451	\$21,661	\$58,990	1.9285	\$30,589	9.0%	\$68,374	1.8337	\$37,287	9.5%
Palmetto-Baptist	\$29,766	1.4176	\$20,997	\$48,865	1.5389	\$31,753	10.9%	\$57,910	1.5612	\$37,093	9.9%
Mary Black	\$36,891	1.4733	\$25,040	\$42,270	1.4867	\$28,432	3.2%	\$48,014	1.3387	\$35,866	6.2%
CMC	\$30,282	1.7951	\$16,869	\$39,637	2.0517	\$19,319	3.4%	\$47,372	1.99	\$23,805	5.9%
Presby	\$23,747	1.5655	\$15,169	\$32,126	1.6883	\$19,028	5.8%	\$36,556	1.6499	\$22,210	6.6%
Spartanburg	\$34,174	1.5948	\$21,428	\$45,984	1.7131	\$26,842	5.8%	\$37,489	1.7476	\$21,452	0.0%
CMC-Mercy/Pineville	\$25,420	1.4725	\$17,263	\$29,855	1.6587	\$17,999	1.0%	\$35,439	1.7004	\$20,842	3.2%
Piedmont	\$27,754	1.5050	\$18,441	\$31,629	1.6724	\$18,913	0.6%	\$30,081	1.5162	\$19,840	1.2%
Providence	\$31,766	1.8805	\$16,892	\$37,695	1.9206	\$19,627	3.8%	\$36,861	1.8636	\$19,779	2.7%
Gaston	\$18,546	1.4138	\$13,118	\$21,879	1.5638	\$13,991	1.6%	\$26,014	1.607	\$16,188	3.6%

Source: MEDPAR data from shd.com.

**Petitioner's
Trial Exhibit**

097

PET-EX097

RECORD 007807

Census Tract	2007 Population
601.02	3,225
602	3,744
603	4,307
604.01	3,020
604.02	1,686
605.01	3,648
605.02	2,854
606	1,986
607	5,367
608.01	8,804
608.02	1,851
609.01	4,996
609.02	13,242
609.04	6,035
609.05	6,493
612.01	7,179
612.02	4,275
612.03	5,922
613.01	4,292
613.02	4,335
614.02	8,099

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York Residents Bed Need Calculations

	2005	2009	2011	2018
Total Patient Days (a)	93,415	93,138	105,296	116,440
ADC	255.9	255.2	288.5	319.0
Bed Need @ 65%	394	393	444	491
Existing Beds	288	288	288	288
Surplus/(Need)	-106	-105	-156	-203

(a) Residents of York County

Source: SC Office of Research and Statistics and NC Inpatient Database, Claritas.



PET-EX099

RECORD 007809

Acute Bed to Population Ratio

Area	Population	2011	Bed to Pop Ratio
		Existing Beds	
Mecklenberg County*	979,989	2,014	2.06
Chester County	33,300	82	2.48
Lancaster County	77,000	199	2.58
York County (with 64 Beds)	229,600	332	1.45
Excluding 64 Beds	229,600	268	1.17
South Carolina	4,672,700	11,548	2.47
Excluding CMC-FM	4,672,700	11,612	2.49

*2013 NC SMFP.

Source: 2012/2013 SC State Health Plan; 2013 NC Medical Facilities Plan; Claritas 2012/2017;

Clarke Population, 2012 and 2017

For: Mill Service Area

Source: Clarke

County/ ZIP Name	ZIP	TotPop 2007	TotPop 2008	TotPop 2009	TotPop 2010	TotPop 2011	TotPop 2012	TotPop 2013	TotPop 2014	TotPop 2015	TotPop 2016	TotPop 2017	TotPop 2018	TotPop 2019	TotPop 2020	Age65+ 2012	Age65+ 2017
SC State		4,450,075	4,505,702	4,562,028	4,619,053	4,676,763	4,732,260	4,784,448	4,834,380	4,881,062	4,925,503	4,968,711	5,011,697	5,054,470	5,096,941	1,064	1,213
Chester County Total		34,180	33,149	33,139	33,128	33,118	33,107	33,096	33,086	33,076	33,066	33,056	33,046	33,036	33,026	0.998	1.000
Lancaster County Total		72,344	70,727	70,136	70,573	70,036	70,028	69,948	69,867	69,786	69,706	69,625	69,544	69,463	69,382	1.009	1.019
York County Total		210,294	210,375	210,820	211,804	212,498	213,186	213,874	214,562	215,250	215,938	216,626	217,314	218,002	218,690	1.128	1.024
Catawba	29704	3,646	3,617	3,600	3,764	3,840	3,917	3,996	4,076	4,158	4,242	4,327	4,414	4,503	4,593	1.105	1.020
Fort Mill	29707	14,298	14,898	15,556	16,243	16,960	17,709	18,491	19,308	20,160	21,050	21,980	22,951	23,964	25,022	1.241	1.044
Fort Mill	29705	22,144	23,022	23,835	24,685	25,472	26,293	27,146	28,034	28,967	29,946	30,971	31,942	32,959	34,022	1.215	1.040
Clover	29710	27,674	28,318	28,977	29,662	30,343	31,040	31,772	32,542	33,359	34,224	35,138	36,091	37,084	38,117	1.122	1.023
Fort Mill	29715	22,494	23,273	24,079	24,912	25,775	26,667	27,590	28,546	29,534	30,556	31,614	32,708	33,841	35,012	1.186	1.036
Hickory Grove	29717	1,130	1,143	1,155	1,172	1,185	1,201	1,218	1,231	1,248	1,261	1,277	1,293	1,309	1,325	1.063	1.012
Mc Connells	29728	1,658	1,674	1,692	1,809	1,828	1,846	1,865	1,883	1,902	1,922	1,941	1,961	1,981	2,001	1.068	1.011
Rock Hill	29730	51,438	52,318	53,148	53,994	54,853	55,728	56,619	57,514	58,429	59,358	60,303	61,263	62,237	63,226	1.082	1.018
Rock Hill	29732	49,871	51,071	52,300	53,558	54,847	56,167	57,519	58,903	60,320	61,772	63,258	64,780	66,339	67,935	1.128	1.024
Shirton	29742	2,296	2,326	2,356	2,388	2,419	2,451	2,483	2,516	2,549	2,583	2,617	2,652	2,687	2,722	1.068	1.013
Smyrna	29743	1,405	1,422	1,440	1,458	1,476	1,494	1,513	1,531	1,550	1,570	1,589	1,609	1,629	1,649	1.064	1.012
York	29745	27,068	27,644	28,212	28,792	29,384	29,988	30,604	31,233	31,875	32,530	33,199	33,881	34,578	35,288	1.107	1.021

Petitioner's
Trial Exhibit

101

PET-EX101

RECORD 007811

ORIGINAL
F-8763-11



Carolina's Medical Center
Mercy

Acute Care Bed Addition

Certificate of Need

Exhibits

4-15

October 17, 2011

Petitioner's
Trial Exhibit

102A

PET-EX102A

RECORD 007812

RECORD 007813

CAROLINAS HEALTHCARE SYSTEM

Category: Administration
Policy: Hospital Admission, Credit and Collection
Number: ADM 200.11
Date of Issue: 06/02

Reviewed / Revised: 09/07

HOSPITAL ADMISSION, CREDIT AND COLLECTION

SUMMARY STATEMENT

This policy is established for the convenience of patients and their families throughout Carolinas HealthCare System's service area and to sustain the continued financial viability of Carolinas HealthCare System.

GLOBAL PRINCIPLES

The following principles serve as the foundation of our premise in the formulation of this admission, credit and collection policy.

- A. Carolinas HealthCare System strives to provide the highest quality, most affordable healthcare services to its customers. To fulfill this mission, our facilities must be paid for services and supplies provided to patients. Therefore, appropriate and reasonable efforts to require payment from patients and their third party representatives will be made.
- B. Verified third party coverage prior to the time of service, in lieu of payment at the time of service, is acceptable. Estimated balances not covered by third party payers are due at the time services are provided. Patients unable to pay their estimated balance will be offered an installment payment plan.
- C. Patients without verifiable third party coverage or coverage that does not include all services provided are responsible for payment as follows:
 - ♦ Patients scheduled for elective services are required to make suitable financial arrangements prior to the provision of services. The patient's physician will make the final determination regarding which procedures are elective and those which are emergency. CHS will request payment in full from uninsured patients unless patients qualify for charity care. (Reference CHS's Charity Care Policy)
 - ♦ For uninsured Emergency Services patients who are unable to pay, after providing medical screening examinations and any necessary stabilizing treatment for emergency medical conditions, CHS will offer assistance by providing counsel to determine eligibility for Public Assistance or Charity Care. Patients who do not qualify for either of these programs will be offered an installment payment plan.
- D. Advancing credit increases the cost of health care. Patients will be asked to seek outside sources to finance their unpaid balances. Patients unable to secure other sources for

payment will be offered an installment payment plan, as referenced previously, which may include the payment of interest charges.

ADMISSION, CREDIT AND COLLECTION PROCEDURES

- A. Pre-Service admissions are provided for scheduled inpatients and outpatients. Pre-admission services include: pre-registration, insurance verification, authorization for managed care patients, collection of deductibles, and co-insurances from insured patients and collection of deposits from uninsured patients. Patients presenting for elective services, whose insurance does not cover 100% of the expected charge, will be required to pay their deductibles and co-insurance before or at the time of service. Elective Self Pay patients and insured patients receiving non-covered services will be required to pay 100% of the expected charges at the time of service. Those elective patients who cannot pay at or before the time of service will have their services delayed/postponed, with the physician's approval, until appropriate financial arrangements are made, including Public Assistance.
- B. All Federal and State laws and statutes shall be followed including, but not limited to, EMTALA. Patients shall receive the appropriate medical screening examination and any necessary stabilizing treatment for emergency medical conditions, regardless of ability to pay.
- C. Scheduled patients with insurance will be admitted to the hospital as per the provision of Paragraph A, pre-service admissions. Subject to the requirements of EMTALA, unscheduled patients with insurance will be registered upon arrival to the hospital, at which time, deductibles, co-insurance and non-covered charges will be collected. If the patient is unable to pay their estimated balance at this time an installment payment plan will be offered.
- D. Scheduled patients without insurance will be admitted to the hospital as per the provision of Paragraph A, pre-service admissions. Subject to the requirements of EMTALA, unscheduled patients without insurance will be registered upon arrival to the hospital, and uninsured inpatients and certain outpatients (surgery and high cost non-invasive procedures) will be referred to Financial Counseling for possible Medical Assistance. If it is determined by the Financial Counselor that the patient will not be eligible for any form of financial assistance, the estimated charges for the outpatient visit or inpatient stay will be collected. If the patient is unable to pay their estimated balance at this time, an installment payment plan will be offered. Non-urgent patients, with coordination of the physician, will be delayed and rescheduled.
- E. Non-urgent Managed Care patients, whose stay/procedure requires authorization by their Managed Care Insurance Company, will be delayed and rescheduled (with the physician's approval) if the authorization has not been obtained prior to that admission.
- F. Financial Counseling services and on-site Department of Social Services' caseworkers are available at each hospital to assist qualified patients to obtain medical assistance. Any uninsured patient refusing to cooperate in seeking financial assistance will be required to pay in full at discharge or have any non-urgent services deferred until

appropriate steps are taken by the patient to obtain medical assistance. Failure to pay full charges at the time of discharge or to establish an installment payment plan may result in accelerated collection efforts.

APPROVALS

Policy Coordinator Vice President Approval	Christopher Johnson, Vice President, Financial Services
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- End -

CAROLINAS HEALTHCARE SYSTEM

Category: Patient Rights
Policy: Patient Rights
Number: PR 100.00
Date of Issue: 07/94

Reviewed / Revised: 11/08

PATIENT RIGHTS POLICY STATEMENT

The Carolinas HealthCare System will provide impartial access to available medical treatment. Patients will receive high quality care which demonstrates respect for their values and beliefs and which recognizes their personal dignity and need for privacy in treatment. Patients will have sufficient information to participate in decisions relating to their treatment. A mechanism will exist to identify issues of concern, to resolve grievances and to improve patient care and services of Carolinas HealthCare System.

Each patient will receive information regarding his/her rights and responsibilities at the earliest possible time in the course of their care.

Approved: _____
Joseph G. Piernont, President and COO

PR 100.00, reviewed 11/08

Page 1 of 1

PET-EX102A.0006

VI. ACCESSIBILITY

1. The facility is currently or the proposed facility will be (check applicable space(s)):

Provider is currently or will be	
X	(a) Certified as a provider Title XVIII (Medicare)
X	(b) Certified as a provider Title XIX (Medicaid)
	(c) Recipient of Title V Funds (Maternal & Child Health)
X	(d) Accredited by The Joint Commission
	(e) Other Accreditation (Specify)

2. Describe how each of the groups in (a) through (f) below will have access to the existing or proposed facility or services.

- (a) low income persons;
- (b) racial and ethnic minorities;
- (c) women;
- (d) handicapped persons;
- (e) elderly; and
- (f) other underserved persons, including the medically indigent, the uninsured and the underinsured.

CMC-Mercy provides services to all persons in need of medical care, regardless of race, sex, creed, age, national origin, handicap, or ability to pay. Please see Exhibit 15 for a copy of CHS's System wide Hospital Admission, Credit and Collection Policy, which includes CHS's Non-Discrimination Policy. As noted in CHS's Non-Discrimination Policy, "[n]o individual shall be subject to discrimination or denied the benefits of the services, programs, or activities of the Carolinas HealthCare System on the basis of race, color, religion, national origin, sex, age, disability or source of payment." Further, in Calendar Year (CY) 2010, the most recent full year of data available, CMC-Mercy provided \$39,596,501, or 7.2 percent of gross revenue, in charity care and bad debt.

CMC-Mercy

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Petitioner's
Trial Exhibit

102B

PET-EX102B

CMC-Mercy
Form B - Statement of Revenue and Expenses
(in 000s)

	Last Full FY From 1/1/10 To 12/31/10	Interim Full FY From 1/1/11 To 12/31/11	Interim Full FY From 1/1/12 To 12/31/12	Interim Full FY From 1/1/13 To 12/31/13	First Full FY From 1/1/14 To 12/31/14	Second Full FY From 1/1/15 To 12/31/15	Third Full FY From 1/1/16 To 12/31/16
REVENUE							
Gross Patient Revenue	\$ 230,790	\$ 287,393	\$ 289,935	\$ 310,922	\$ 341,036	\$ 376,886	\$ 415,511
Medicare	\$ 55,103	\$ 58,654	\$ 59,479	\$ 64,596	\$ 80,019	\$ 89,008	\$ 98,735
Medicaid	\$ 215,885	\$ 247,042	\$ 265,620	\$ 288,538	\$ 317,911	\$ 351,562	\$ 387,900
Managed Care/Commercial	\$ 50,164	\$ 68,553	\$ 72,599	\$ 78,718	\$ 91,877	\$ 101,847	\$ 112,610
Self Pay/Other	\$ 551,942	\$ 661,642	\$ 687,633	\$ 742,874	\$ 830,843	\$ 919,303	\$ 1,014,755
Total							
Deductions from Gross Patient Revenue							
Charity Care	\$ 28,108	\$ 33,695	\$ 35,018	\$ 37,831	\$ 42,311	\$ 46,816	\$ 51,677
Bad Debt	\$ 11,489	\$ 13,772	\$ 14,313	\$ 15,463	\$ 17,294	\$ 19,135	\$ 21,122
Medicare Contractual Adjustment	\$ 170,986	\$ 218,188	\$ 224,915	\$ 245,061	\$ 273,098	\$ 306,296	\$ 342,287
Medicaid Contractual Adjustment	\$ 35,825	\$ 44,022	\$ 45,925	\$ 50,846	\$ 64,252	\$ 72,353	\$ 81,114
Other Contractual Adjustments	\$ 105,551	\$ 120,923	\$ 125,508	\$ 138,550	\$ 156,604	\$ 177,376	\$ 200,208
Total Deductions from Patient Revenue	\$ 351,959	\$ 430,599	\$ 445,679	\$ 487,751	\$ 553,560	\$ 621,975	\$ 696,408
Net Patient Revenue	\$ 199,984	\$ 231,043	\$ 241,954	\$ 255,123	\$ 277,284	\$ 297,327	\$ 318,348
Other Revenue	\$ 13,720	\$ 14,356	\$ 14,768	\$ 15,196	\$ 15,644	\$ 16,110	\$ 16,597
Total Revenue	\$ 213,704	\$ 245,399	\$ 256,722	\$ 270,319	\$ 292,928	\$ 313,437	\$ 334,945
EXPENSES							
Direct Expenses							
Salaries and Wages	\$ 54,974	\$ 59,432	\$ 62,160	\$ 64,197	\$ 69,730	\$ 73,665	\$ 77,948
Employee Benefits	\$ 13,060	\$ 14,119	\$ 14,767	\$ 15,251	\$ 16,566	\$ 17,500	\$ 18,518
Contract Labor	\$ 95	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional fees	\$ 2,079	\$ 2,329	\$ 2,379	\$ 2,450	\$ 2,568	\$ 2,662	\$ 2,757
Supplies	\$ 41,850	\$ 45,856	\$ 46,917	\$ 48,265	\$ 49,828	\$ 52,254	\$ 54,730
Drugs and Pharmaceuticals	\$ 5,905	\$ 6,585	\$ 6,437	\$ 6,776	\$ 7,092	\$ 7,599	\$ 8,129
Total Direct Expenses	\$ 117,963	\$ 128,321	\$ 132,660	\$ 136,939	\$ 145,784	\$ 153,680	\$ 162,082
Indirect Expenses							
Purchased Services	\$ 8,464	\$ 9,015	\$ 9,889	\$ 10,382	\$ 11,479	\$ 12,100	\$ 12,750
Depreciation & Amortization	\$ 7,712	\$ 10,062	\$ 10,241	\$ 10,606	\$ 10,945	\$ 11,396	\$ 12,050
Intercompany Expense (incl. Interest Expense)	\$ 33,357	\$ 34,207	\$ 35,917	\$ 37,713	\$ 39,598	\$ 41,578	\$ 43,657
Other	\$ 6,085	\$ 6,116	\$ 6,402	\$ 6,935	\$ 7,610	\$ 8,107	\$ 8,643
Total Indirect Expenses	\$ 55,618	\$ 59,400	\$ 62,449	\$ 65,636	\$ 69,632	\$ 73,181	\$ 77,100
Total Expenses	\$ 173,581	\$ 187,721	\$ 195,109	\$ 202,575	\$ 215,416	\$ 226,861	\$ 239,182
Net Income	\$ 40,123	\$ 57,678	\$ 61,613	\$ 67,744	\$ 77,512	\$ 86,576	\$ 95,763

CMI < 2.0 (revised)

Piedmont Medical Center - Fort Mill Service Area
2009

Hospital Name	29704	29707	29708	29710	29715	29717	29726	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	196	67	292	613	581	54	87	3,120	2,193	124	50	1,409	8,776
Piedmont Medical Center	63.9%	9.3%	23.9%	31.1%	33.4%	53.5%	65.9%	73.4%	67.8%	63.6%	41.7%	66.1%	54.5%
North Carolina Hospitals	77	616	894	1,321	1,077	19	26	976	931	25	34	644	6,640
North Carolina Hospitals	26.5%	85.4%	73.3%	67.1%	61.9%	18.8%	19.7%	23.0%	28.8%	12.8%	28.3%	30.2%	41.2%
Subtotal	263	683	1,186	1,934	1,658	73	113	4,096	3,124	149	84	2,053	15,416
Total	291	721	1,220	1,970	1,739	101	132	4,250	3,235	195	120	2,191	16,105
Market Share PMC & NC Providers	90.4%	94.7%	97.2%	98.2%	95.3%	72.3%	85.6%	96.4%	96.6%	76.4%	70.0%	96.3%	95.7%

2017

Hospital Name	29704	29707	29708	29710	29715	29717	29726	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	220	83	373	760	744	63	109	3,775	2,797	146	58	1,716	10,784
Piedmont Medical Center	63.9%	9.3%	23.9%	31.1%	33.4%	53.5%	65.9%	73.4%	67.8%	63.6%	41.7%	66.1%	54.2%
NC Providers	91	762	1,142	1,639	1,379	22	32	1,181	1,162	29	40	784	8,264
NC Providers	26.5%	85.4%	73.3%	67.1%	61.9%	18.8%	19.7%	23.0%	28.8%	12.8%	28.3%	30.2%	41.5%
Proposed NC Provider Fort Mill Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
Proposed NC Provider Fort Mill Hospital	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Subtotal	311	845	1,516	2,399	2,123	85	141	4,956	3,899	175	98	2,501	
Total	344	892	1,559	2,444	2,227	119	165	5,142	4,037	229	140	2,596	19,892

2017													
Percent from Piedmont	75%	16%	50%	80%	65%	85%	85%	80%	80%	85%	85%	95%	66%
Percent from NC Providers	25%	85%	50%	20%	35%	15%	15%	20%	20%	15%	15%	5%	34%
Hospital Name	29704	29707	29708	29710	29715	29717	29726	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	155	14	17	668	20	60	105	2,852	1,929	140	55	1,544	7,620
Piedmont Medical Center	45.2%	1.5%	1.1%	27.1%	0.9%	50.9%	63.4%	57.4%	47.8%	61.0%	39.1%	59.5%	38.3%
NC Providers	69	385	753	1,614	889	22	32	975	960	28	39	775	6,642
NC Providers	20.2%	43.2%	48.3%	66.1%	44.4%	18.4%	19.2%	19.0%	23.8%	12.4%	27.9%	29.9%	33.4%
Proposed NC Provider Fort Mill Hospital	85	446	779	1,221	1,113	4	5	1,028	1,009	7	4	182	4,786
Proposed NC Provider Fort Mill Hospital	25.0%	50.0%	50.0%	5.0%	50.0%	3.0%	3.0%	20.0%	25.0%	3.0%	3.0%	7.0%	24.1%
Subtotal	311	845	1,516	2,399	2,123	86	141	4,856	3,899	175	98	2,501	19,048
Total	344	892	1,559	2,444	2,227	119	165	5,142	4,037	229	140	2,596	19,892
Impact to PMC (Cases) 2017 with & without	64	69	390	98	724	3	4	823	807	6	4	173	3,164
Contribution Per Case (for CMI < 2.0)	\$4,044	\$3,915	\$3,915	\$4,044	\$3,915	\$4,044	\$4,044	\$3,915	\$3,915	\$4,044	\$4,044	\$4,044	
Total Impact	\$260,671	\$270,701	\$1,526,041	\$395,317	\$2,838,724	\$12,229	\$17,910	\$3,221,248	\$3,261,468	\$23,650	\$14,406	\$698,054	\$12,434,515

Source: SC Office of Research and Statistics and Partners.

Note: As ZIP Code 29716 is a part of the Fort Mill area, this ZIP Code was combined with 29715.

Similarly, ZIP Code 29703 was combined with 29708, and 29701 & 29702 were combined with 29704.

Sensitivity 1 (revised)

Piedmont Medical Center - Fort Mill Service Area

2007

Hospital Name	29704	29707	29708	29710	29715	29717	29725	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	186	67	292	613	581	54	67	3,120	2,193	124	50	1,409	8,776
Piedmont Medical Center	63.9%	9.3%	23.5%	31.1%	35.4%	53.5%	65.9%	73.4%	67.8%	63.6%	41.7%	66.1%	54.5%
North Carolina Hospitals	77	616	894	1,321	1,077	19	26	878	931	25	34	644	6,640
North Carolina Hospitals	26.5%	85.4%	73.3%	67.1%	61.9%	18.8%	19.7%	23.0%	28.8%	12.8%	28.3%	30.2%	41.2%
Subtotal	263	683	1,186	1,934	1,658	73	113	4,096	3,124	149	84	2,053	15,416
Total	261	721	1,220	1,970	1,739	101	132	4,250	3,235	195	120	2,131	16,105

Market Share PMC & NC Providers	90.4%	94.7%	97.3%	98.2%	95.8%	72.3%	85.6%	96.4%	96.6%	76.4%	70.0%	96.3%	95.7%
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2017

Hospital Name	29704	29707	29708	29710	29715	29717	29725	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	220	83	273	760	744	63	109	3,775	2,737	146	58	1,716	10,784
Piedmont Medical Center	63.9%	8.3%	23.5%	31.1%	33.4%	53.5%	65.9%	73.4%	67.8%	63.6%	41.7%	66.1%	54.2%
NC Providers	91	762	1,142	1,639	1,379	22	82	1,181	1,162	29	40	784	8,264
NC Providers	26.5%	85.4%	73.3%	67.1%	61.9%	18.8%	19.7%	23.0%	28.8%	12.8%	28.3%	30.2%	41.5%
Proposed NC Provider Fort Mill Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
Proposed NC Provider Fort Mill Hospital	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Subtotal	311	845	1,516	2,399	2,123	86	191	4,956	3,899	175	98	2,501	
Total	344	892	1,559	2,444	2,227	119	165	5,142	4,037	229	140	2,596	19,892

2017

Percent from Piedmont	40%	16%	50%	45%	55%	50%	50%	50%	60%	55%	60%	50%	50%
Percent from NC Providers	60%	85%	50%	55%	45%	50%	50%	50%	40%	45%	40%	50%	50%
Hospital Name	29704	29707	29708	29710	29715	29717	29725	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	185	14	-17	705	132	62	105	3,261	2,131	142	56	1,625	8,402
Piedmont Medical Center	53.9%	3.5%	-1.1%	28.9%	5.8%	52.0%	64.4%	63.4%	51.8%	61.9%	39.9%	62.6%	44.1%
NC Providers	39	385	759	1,571	878	21	80	667	758	26	38	694	5,860
NC Providers	11.5%	43.2%	48.3%	64.3%	39.4%	17.3%	19.2%	13.0%	18.8%	11.5%	27.1%	26.7%	30.8%
Proposed NC Provider Fort Mill Hospital	86	446	779	1,113	1,113	4	5	1,028	1,009	7	4	182	4,786
Proposed NC Provider Fort Mill Hospital	25.0%	50.0%	50.0%	50.0%	50.0%	3.0%	3.0%	20.0%	25.0%	3.0%	3.0%	7.0%	25.1%
Subtotal	311	845	1,516	2,399	2,123	86	191	4,956	3,899	175	98	2,501	19,048
Impact to PMC (Cases) 2017 with & without	84	69	390	55	612	2	2	514	606	4	3	91	2,382
Contribution Per Case (for CM) < 2.0	\$4,044	\$3,515	\$3,515	\$4,044	\$3,915	\$4,044	\$4,044	\$3,915	\$3,915	\$4,044	\$4,044	\$4,044	
Total Impact	\$289,025	\$270,701	\$1,525,041	\$222,366	\$2,397,767	\$7,194	\$10,006	\$2,013,277	\$2,371,101	\$15,203	\$10,169	\$367,397	\$9,350,345

Source: SC Office of Research and Statistics and Public.

Note: As ZIP Code 29716 is a part of the Fort Mill, this ZIP Code was combined with 29715.

Sensitivity ZIP Code 29703 was combined with 29710, and 29701 & 29702 were combined with 29710.

Sensitivity 2 (revised)

Piedmont Medical Center - Fort Mill Service Area
2007

Hospital Name	29704	29707	29708	29710	29715	29717	29726	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	186	67	292	613	581	84	67	3,120	2,199	124	50	1,408	8,776
Piedmont Medical Center	63.5%	9.3%	23.9%	31.1%	33.4%	53.5%	65.9%	73.4%	67.8%	63.6%	41.7%	66.1%	54.5%
North Carolina Hospitals	77	616	884	1,321	1,077	19	26	976	881	25	34	644	6,640
North Carolina Hospitals	26.5%	85.4%	73.3%	67.1%	61.9%	18.8%	19.7%	23.0%	28.8%	12.8%	28.3%	30.2%	41.2%
Subtotal	263	683	1,186	1,934	1,658	73	113	4,096	3,124	149	84	2,053	15,416
Total	291	721	1,220	1,970	1,739	101	132	4,250	3,235	195	120	2,131	16,105
Market Share PMC & NC Providers	90.4%	94.7%	97.2%	98.2%	95.3%	72.3%	85.0%	96.4%	96.6%	78.4%	70.0%	96.3%	85.7%

2017

Hospital Name	29704	29707	29708	29710	29715	29717	29726	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	220	83	373	760	744	63	103	3,775	2,737	146	58	1,710	10,784
Piedmont Medical Center	63.3%	9.3%	23.9%	31.1%	33.4%	53.5%	65.9%	73.4%	67.8%	63.6%	41.7%	66.1%	54.5%
NC Providers	91	762	1,142	1,639	1,379	22	32	1,181	1,162	29	40	784	8,264
NC Providers	26.5%	85.4%	73.3%	67.1%	61.9%	18.8%	19.7%	23.0%	28.8%	12.8%	28.3%	30.2%	41.2%
Proposed NC Provider Fort Mill Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
Proposed NC Provider Fort Mill Hospital	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Subtotal	311	845	1,516	2,399	2,123	86	141	4,956	3,899	175	98	2,501	19,048
Total	344	892	1,559	2,444	2,227	119	165	5,142	4,037	229	140	2,506	19,892

2017

Percent from Piedmont	90%	16%	50%	90%	72%	85%	90%	95%	95%	95%	95%	95%	75%
Percent from NC Providers	10%	85%	50%	10%	28%	5%	10%	5%	5%	5%	5%	5%	25%
Hospital Name	29704	29707	29708	29710	29715	29717	29726	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	142	14	-17	650	-58	60	104	2,798	1,778	139	54	1,544	7,209
Piedmont Medical Center	41.4%	1.5%	-1.1%	26.6%	-1.6%	50.6%	63.2%	54.4%	44.0%	60.7%	38.8%	59.5%	36.2%
NC Providers	82	385	753	1,628	1,067	22	32	1,119	1,111	29	39	775	7,053
NC Providers	24.0%	43.2%	48.3%	66.6%	47.5%	18.7%	19.4%	22.0%	27.5%	12.7%	28.2%	28.9%	35.5%
Proposed NC Provider Fort Mill Hospital	86	446	779	122	1,113	4	5	1,008	1,009	7	4	182	4,786
Proposed NC Provider Fort Mill Hospital	25.0%	50.0%	50.0%	5.0%	50.0%	3.0%	3.0%	20.0%	25.0%	3.0%	3.0%	7.0%	24.1%
Subtotal	228	845	1,516	2,399	2,123	86	141	4,956	3,899	175	98	2,501	19,048
Impact to PMC (Cases) 2017 with & without	77	89	390	110	802	3	4	977	959	7	4	173	3,575
Contribution Per Case (for CMI < 2.0)	\$4,044	\$3,915	\$3,915	\$4,044	\$3,915	\$4,044	\$4,044	\$3,915	\$3,915	\$4,044	\$4,044	\$4,044	
Total Impact	\$312,805	\$270,701	\$1,528,041	\$444,732	\$3,138,894	\$13,668	\$16,011	\$3,825,227	\$3,754,243	\$26,492	\$16,101	\$688,054	\$14,044,909

Source: SCOR of Research and Statistics and Public.

Note: As ZIP Code 29716 is a post office box, the ZIP Code was combined with 29715.

Similarly, ZIP Code 29703 was combined with 29730, and 29751 & 29783 were combined with 29730.

Assumes CMC-PM @ 80% occupancy, 67/33 impact, CMI<2.0

Piedmont Medical Center - Fort Mill Service Area

2011

Hospital Name	29704	29707	29708	29710	29715	29717	29726	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	199	95	256	734	547	79	95	3,606	2,657	165	58	1,678	10,169
Piedmont Medical Center	61.0%	9.2%	19.7%	33.8%	32.3%	63.7%	69.3%	73.0%	67.8%	66.3%	44.3%	67.5%	55.0%
North Carolina Hospitals	99	871	1,024	1,374	1,096	28	23	1,106	1,139	44	30	734	7,568
North Carolina Hospitals	30.4%	84.7%	78.6%	63.9%	64.7%	22.6%	16.8%	22.4%	29.1%	17.7%	22.9%	29.5%	40.9%
Subtotal	298	966	1,280	2,108	1,643	107	118	4,712	3,796	209	88	2,412	17,737
Total	326	1,038	1,302	2,170	1,695	124	137	4,838	3,915	249	131	2,485	18,501
Market Share PMC & NC Providers	91.4%	94.0%	98.3%	97.1%	96.9%	86.3%	86.1%	95.4%	96.9%	83.9%	67.2%	97.1%	95.9%

2017

Hospital Name	29704	29707	29708	29710	29715	29717	29726	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	224	123	323	843	671	85	102	3,964	3,064	178	62	1,896	11,536
Piedmont Medical Center	61.0%	9.2%	19.7%	33.8%	32.3%	63.7%	69.3%	73.0%	67.8%	66.3%	44.3%	67.5%	54.0%
NC Providers	112	1,129	1,293	1,577	1,344	30	25	1,216	1,314	48	32	829	8,949
NC Providers	30.4%	84.7%	78.6%	63.9%	64.7%	22.6%	16.8%	22.4%	28.1%	17.7%	22.9%	29.5%	41.9%
Proposed NC Provider Fort Mill Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
Proposed NC Provider Fort Mill Hospital	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Subtotal	336	1,252	1,616	2,420	2,015	115	126	5,180	4,378	226	95	2,725	21,357
Total	367	1,332	1,644	2,491	2,079	133	147	5,429	4,517	269	141	2,808	21,357

2017

Percent from Piedmont	50%	17%	45%	85%	65%	85%	85%	85%	77%	85%	85%	95%	66%
Percent from NC Providers	50%	83%	55%	15%	35%	15%	15%	15%	23%	15%	15%	5%	34%
Hospital Name	29704	29707	29708	29710	29715	29717	29726	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	178	89	227	737	530	82	98	3,043	2,195	172	59	1,709	8,461
Piedmont Medical Center	48.5%	2.4%	17%	29.6%	6.3%	61.2%	66.8%	56.0%	48.6%	63.7%	41.7%	60.9%	39.6%
NC Providers	66	1,686	1,931	1,559	1,053	30	24	1,053	1,054	46	32	819	7,354
NC Providers	17.9%	51.5%	56.6%	62.6%	50.7%	22.1%	16.3%	19.4%	23.3%	17.2%	22.5%	29.2%	34.4%
Proposed NC Provider Fort Mill Hospital	92	533	658	125	892	4	4	1,086	1,129	8	4	197	4,671
Proposed NC Provider Fort Mill Hospital	25.0%	40.0%	40.0%	5.0%	40.0%	3.0%	3.0%	20.0%	25.0%	3.0%	3.0%	7.0%	21.9%
Subtotal	336	1,252	1,616	2,420	2,015	115	126	5,180	4,378	226	95	2,725	20,485
Total	367	1,332	1,644	2,491	2,079	133	147	5,429	4,517	269	141	2,808	21,357
Impact to PMC (Cases) 2017 with & without	46	81	296	106	541	3	4	923	869	7	4	187	3,076
Contribution Per Case (for CMI < 2.0)	\$4,044	\$3,915	\$3,915	\$4,044	\$3,915	\$4,044	\$4,044	\$3,915	\$3,915	\$4,044	\$4,044	\$4,044	
Total Impact	\$185,716	\$354,720	\$1,158,456	\$428,221	\$2,116,471	\$13,765	\$15,113	\$3,613,435	\$3,404,219	\$27,780	\$14,547	\$755,098	\$12,087,942

Source: SC Office of Research and Statistics and NC Inpatient Database.

Note: As ZIP Code 29716 is a post office box, this ZIP Code was combined with 29715.

Similarly, ZIP Code 29733 was combined with 29710, and 29731 & 29732 were combined with 29730.

Note: Assumes CMI<2.0

PET-EX104



RECORD 007823

Assumes CMC-FM @ 80% occupancy, proportional Impact CMI<2.0

Piedmont Medical Center - Fort Mill Service Area

2011

Hospital Name	29704	29707	29708	29710	29715	29717	29726	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	199	95	256	734	547	79	95	3,606	2,657	165	58	1,678	10,169
Piedmont Medical Center	61.0%	9.2%	19.7%	33.8%	32.3%	63.7%	69.3%	73.0%	67.8%	66.3%	44.3%	67.5%	55.0%
North Carolina Hospitals	99	871	1,024	1,374	1,098	28	23	1,105	1,139	44	90	734	7,568
North Carolina Hospitals	30.4%	84.7%	78.6%	63.3%	64.7%	22.6%	16.8%	22.4%	29.1%	17.7%	22.9%	29.5%	40.9%
Subtotal	298	966	1,280	2,108	1,643	107	118	4,712	3,796	209	88	2,412	17,737
Total	326	1,028	1,302	2,170	1,695	124	137	4,938	3,916	249	131	2,485	18,501
Market Share PMC & NC Providers	91.4%	94.0%	98.3%	97.1%	95.5%	86.3%	86.1%	95.4%	96.9%	83.9%	67.2%	97.1%	95.9%

2017

Hospital Name	29704	29707	29708	29710	29715	29717	29726	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	224	123	323	843	671	85	102	3,964	3,064	178	62	1,896	11,536
Piedmont Medical Center	61.0%	9.2%	19.7%	33.8%	32.3%	63.7%	69.3%	73.0%	67.8%	66.3%	44.3%	67.5%	54.0%
NC Providers	112	1,129	1,289	1,577	1,344	30	25	1,215	1,314	48	32	829	8,949
NC Providers	30.4%	84.7%	78.6%	63.3%	64.7%	22.6%	16.8%	22.4%	29.1%	17.7%	22.9%	29.5%	41.9%
Proposed NC Provider Fort Mill Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
Proposed NC Provider Fort Mill Hospital	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Subtotal	336	1,252	1,616	2,420	2,015	115	126	5,180	4,378	226	95	2,725	
Total	367	1,332	1,644	2,491	2,079	133	147	5,429	4,517	269	141	2,808	21,357

2017

Hospital Name	29704	29707	29708	29710	29715	29717	29726	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	168	74	194	801	463	82	99	3,171	2,288	178	61	1,763	9,287
Piedmont Medical Center	45.8%	5.5%	11.8%	32.1%	19.4%	61.8%	67.3%	58.4%	50.5%	64.3%	42.3%	62.8%	43.5%
NC Providers	76	645	765	1,495	781	29	23	923	951	45	30	765	6,528
NC Providers	20.6%	48.4%	46.5%	60.0%	37.6%	21.5%	15.9%	17.0%	21.0%	16.7%	21.2%	27.3%	30.6%
Proposed NC Provider Fort Mill Hospital	92	533	658	125	892	4	4	1,086	1,129	8	4	197	4,671
Proposed NC Provider Fort Mill Hospital	25.0%	40.0%	40.0%	5.0%	40.0%	3.0%	3.0%	20.0%	25.0%	3.0%	3.0%	7.0%	21.9%
Subtotal	336	1,252	1,616	2,420	2,015	115	126	5,180	4,378	226	95	2,725	20,485
Total	367	1,332	1,644	2,491	2,079	133	147	5,429	4,517	269	141	2,808	21,357
Impact to PMC (Cases) 2017 with & without	56	49	129	42	268	3	8	793	766	5	2	133	2,250
Contribution Per Case (for CMI < 2.0)	\$4,044	\$3,915	\$3,915	\$4,044	\$3,915	\$4,044	\$4,044	\$3,915	\$3,915	\$4,044	\$4,044	\$4,044	
Total Impact	\$226,733	\$192,827	\$506,344	\$170,406	\$1,050,792	\$10,317	\$12,329	\$3,104,388	\$2,999,685	\$21,657	\$7,577	\$536,717	\$8,839,773

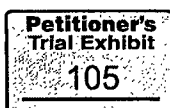
Source: SC Office of Research and Statistics and NC Inpatient Database.

Note: As ZIP Code 29716 is a post office box, this ZIP Code was combined with 29715.

Similarly, ZIP Code 29702 was combined with 29710, and 29731 & 29733 were combined with 29730.

Note Assumes CMI<2.0

PET-EX105



RECORD 007824

Assumes CMC-FM Mkt Share Methodology, 67/33 Impact CMI<2.0 (version 2)

Piedmont Medical Center - Fort Mill Service Area
2011

Hospital Name	29704	29707	29708	29710	29715	29717	29726	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	199	95	256	734	547	79	95	3,606	2,657	165	58	1,678	10,169
Piedmont Medical Center	61.0%	9.2%	19.7%	33.8%	32.3%	63.7%	69.3%	73.0%	67.8%	66.3%	44.3%	67.5%	55.0%
North Carolina Hospitals	99	871	1,024	1,374	1,096	28	23	1,106	1,139	44	30	734	7,568
North Carolina Hospitals	30.4%	84.7%	78.6%	63.3%	64.7%	22.6%	16.8%	22.4%	29.1%	17.7%	22.9%	29.5%	40.9%
Subtotal	298	966	1,280	2,108	1,643	107	118	4,712	3,796	209	88	2,412	17,737
Total	326	1,028	1,302	2,170	1,695	124	137	4,938	3,916	249	131	2,485	18,501
Market Share PMC & NC Providers	91.4%	94.0%	98.3%	97.1%	96.9%	86.3%	86.1%	95.4%	96.9%	83.9%	67.2%	97.1%	95.9%

2017

Hospital Name	29704	29707	29708	29710	29715	29717	29726	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	224	123	323	843	671	85	102	3,964	3,064	178	62	1,896	11,536
Piedmont Medical Center	61.0%	9.2%	19.7%	33.8%	32.3%	63.7%	69.3%	73.0%	67.8%	66.3%	44.3%	67.5%	54.0%
NC Providers	112	1,129	1,293	1,577	1,344	30	25	1,216	1,314	48	32	829	8,949
NC Providers	30.4%	84.7%	78.6%	63.3%	64.7%	22.6%	16.8%	22.4%	29.1%	17.7%	22.9%	29.5%	41.9%
Proposed NC Provider Fort Mill Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
Proposed NC Provider Fort Mill Hospital	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Subtotal	336	1,252	1,616	2,420	2,015	115	126	5,180	4,378	226	95	2,725	
Total	367	1,332	1,644	2,491	2,079	133	147	5,429	4,517	269	141	2,808	21,357

2017													
Percent from Piedmont	50%	17%	42%	85%	65%	85%	85%	85%	80%	85%	85%	95%	65%
Percent from NC Providers	50%	83%	58%	15%	35%	15%	15%	15%	20%	15%	15%	5%	35%
Hospital Name	29704	29707	29708	29710	29715	29717	29726	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	187	17	16	520	126	75	93	3,257	2,380	164	57	1,637	8,528
Piedmont Medical Center	50.8%	1.3%	1.0%	20.9%	6.0%	56.2%	63.8%	60.0%	52.7%	60.8%	40.4%	58.3%	39.9%
NC Providers	74	610	869	1,522	1,051	28	23	1,095	1,143	45	31	816	7,308
NC Providers	20.3%	45.8%	52.9%	61.1%	50.5%	21.3%	15.8%	20.2%	25.3%	16.7%	22.2%	29.1%	34.2%
Proposed NC Provider Fort Mill Hospital	75	625	731	378	839	12	10	828	855	17	6	273	4,650
Proposed NC Provider Fort Mill Hospital	20.4%	46.9%	44.4%	15.2%	40.4%	8.9%	6.6%	15.3%	18.9%	6.4%	4.6%	9.7%	21.8%
Subtotal	336	1,252	1,616	2,420	2,015	115	126	5,180	4,378	226	95	2,725	20,485
Total	367	1,332	1,644	2,491	2,079	133	147	5,429	4,517	269	141	2,808	21,357
Impact to PMC (Cases) 2017 with & without	38	106	307	323	545	10	8	708	684	15	5	259	3,009
Contribution Per Case (for CMI < 2.0)	\$4,044	\$3,915	\$3,915	\$4,044	\$3,915	\$4,044	\$4,044	\$3,915	\$3,915	\$4,044	\$4,044	\$4,044	
Total Impact	\$152,518	\$416,011	\$1,202,468	\$1,306,569	\$2,135,201	\$40,703	\$33,094	\$2,770,250	\$2,679,192	\$59,502	\$22,210	\$1,048,325	\$11,866,044

Source: SC Office of Research and Statistics and NC Inpatient Database.

Note: As ZIP Code 29716 is a post office box, this ZIP Code was combined with 29715.

Similarly, ZIP Code 29703 was combined with 29710, and 29731 & 29733 were combined with 29730.

Note: Assumes CMI<2.0



PET-EX106

RECORD 007825

Assumes CMC-FM Mkt Share Methodology, proportional Impact CMI, <2.0

Piedmont Medical Center - Fort Mill Service Area

2011													
Hospital Name	29704	29707	29708	29710	29715	29717	29726	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	199	95	256	734	547	79	55	3,606	2,657	165	58	1,678	10,169
Piedmont Medical Center	61.0%	9.2%	19.7%	33.8%	32.3%	63.7%	69.3%	61.0%	67.8%	66.3%	44.3%	67.5%	55.0%
North Carolina Hospitals	99	871	1,024	1,374	1,096	28	23	1,106	1,139	44	80	784	7,588
North Carolina Hospitals	30.4%	84.7%	78.6%	63.3%	64.7%	22.6%	16.8%	22.4%	22.4%	17.7%	22.9%	29.5%	40.8%
Subtotal	298	966	1,280	2,108	1,643	107	118	4,712	3,796	209	88	2,462	17,757
Total	326	1,028	1,802	2,170	1,699	124	137	4,938	3,916	249	131	2,485	18,501
Market Share PMC & NC Providers	91.4%	94.0%	98.3%	97.1%	96.9%	86.3%	86.1%	95.4%	96.9%	83.9%	67.2%	97.1%	95.9%

2017													
Hospital Name	29704	29707	29708	29710	29715	29717	29726	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	224	123	323	843	671	85	102	3,964	3,069	178	62	1,886	11,536
Piedmont Medical Center	61.0%	9.2%	19.7%	33.8%	32.3%	63.7%	69.3%	61.0%	67.8%	66.3%	44.3%	67.5%	54.0%
NC Providers	112	1,129	1,233	1,577	1,344	30	25	1,216	1,314	48	32	829	8,949
NC Providers	30.4%	84.7%	78.6%	63.3%	64.7%	22.6%	16.8%	22.4%	22.4%	17.7%	22.9%	29.5%	41.8%
Proposed NC Provider Fort Mill Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
Proposed NC Provider Fort Mill Hospital	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Subtotal	336	1,252	1,616	2,420	2,015	115	126	5,180	4,378	226	95	2,725	
Total	367	1,332	1,644	2,491	2,079	133	147	5,429	4,517	269	141	2,808	21,557

2017													
Percent from Piedmont	61%	9%	20%	34%	32%	64%	69%	61%	68%	66%	44%	68%	55%
Hospital Name	29704	29707	29708	29710	29715	29717	29726	29730	29732	29742	29743	29745	Grand Total
Piedmont Medical Center	179	65	180	715	400	77	95	3,359	2,489	167	60	1,712	8,492
Piedmont Medical Center	48.6%	4.9%	10.9%	28.7%	15.2%	58.1%	64.8%	61.9%	55.0%	62.0%	42.2%	61.0%	44.4%
NC Providers	82	562	706	1,327	776	26	22	992	1,039	42	29	741	6,343
NC Providers	22.4%	42.2%	42.9%	53.3%	37.3%	19.4%	14.8%	18.3%	23.0%	15.5%	20.3%	26.4%	29.7%
Proposed NC Provider Fort Mill Hospital	75	625	731	378	889	12	10	828	855	17	6	273	4,650
Proposed NC Provider Fort Mill Hospital	20.4%	46.9%	44.5%	15.2%	40.9%	8.9%	6.6%	15.3%	18.9%	6.4%	4.6%	9.7%	21.8%
Subtotal	336	1,252	1,616	2,420	2,015	115	126	5,180	4,378	226	95	2,725	20,485
Total	367	1,332	1,644	2,491	2,079	133	147	5,429	4,517	269	141	2,808	21,557
Impact to PMC (Cases) 2017 with & without	46	58	164	128	271	8	7	605	580	11	3	184	2,044
Contribution Per Case (for CMI < 2.0)	\$4,044	\$3,915	\$3,615	\$4,044	\$3,915	\$4,044	\$4,044	\$3,915	\$3,615	\$4,044	\$4,044	\$4,044	
Total Impact	\$184,725	\$226,145	\$562,928	\$517,501	\$1,060,091	\$30,508	\$28,998	\$2,368,840	\$2,272,284	\$46,387	\$11,569	\$745,140	\$8,058,117

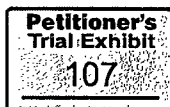
Source: SC Office of Research and Statistics and NC Inpatient Database.

Note: As ZIP Code 29714 is a post office box, this ZIP Code was combined with 29715.

Similarly, ZIP Code 29701 was combined with 29710, and 29731 & 29733 were combined with 29730.

Note: Assumes CMI < 2.0

PEI-EX107



RECORD 007826

2005, 2009 and 2011 Discharges and Market Share by Product Line
Piedmont Medical Center - Fort Mill Service Area
Excludes Normal Newborns
Sources: SC Office of Research and Statistics and Thomson Reuters

Discharges by Product Line																				
Product Line	2005					2009					2011									
	CHS-Charlotte	CHS-Other	Other	PMC	Total	CHS-Charlotte	CHS-Other	Other	PMC	Total	CHS-Charlotte	CHS-Other	Other	PMC	Total					
Burn	1		4	11	16	2	1	3		6	2		9		11					
Cardiovascular Medicine	285	23	261	1,120	1,669	294	24	285	750	1,353	455	10	251	838	1,552					
Cath/EP	167	1	153	1,228	1,549	194	3	111	474	782	279	3	139	542	983					
Dental/Oral	6		2	18	25	8		2	5	15	4		2	12	18					
Dermatology	37	1	39	121	198	60	4	31	111	206	119	4	35	142	300					
Endocrinology Medicine	87	6	75	554	722	108	4	64	317	489	173	6	69	379	627					
Endocrinology Surgery	12		9	28	49	24		6	36	66	18	1	5	31	56					
ENT Medicine	14	3	17	97	131	50		11	45	106	51		16	88	155					
ENT Surgery	12		6	24	42	17		15	16	48	22		10	12	44					
Gastrointestinal Medicine	234	21	199	954	1,408	242	24	250	774	1,453	562	15	265	1,114	1,956					
General Medicine	2		4	55	61	22		7	45	74	27	1	18	80	129					
General Surgery	243	10	176	768	1,197	440	12	257	649	1,389	509	8	217	637	1,371					
Gynecology	126	1	84	299	513	78	2	77	257	414	71	1	68	155	295					
Hematology	43		37	157	237	82	5	26	133	248	88	3	37	215	353					
HIV Infections	3			16	19	6	1	4	16	27	6		2	10	18					
Infectious Diseases	80	1	78	264	423	174	12	124	325	635	277	13	107	453	850					
Major Trauma	56	2	21	35	116	102	1	16	15	134	105		16	42	163					
Miscellaneous-IP	32	2	23	74	131	2				2										
Neonatal	192	2	89	366	649	244		132	538	914	232	8	138	488	886					
Nephrology	44	1	28	96	169	86	5	43	159	293	113	3	49	201	388					
Neurological Medicine	160	8	110	602	880	278	6	176	386	845	325	13	138	587	1,063					
Neurosurgery	109	1	48	65	223	150	1	37	58	248	123	2	40	31	186					
Obstetrics - Delivered	629	6	278	1,950	2,463	884	3	457	1,728	3,060	931	11	384	1,579	2,905					
Obstetrics - Non Delivered	55	1	43	168	287	74		55	149	278	83		52	140	276					
Oncology Medicine	112	1	113	133	359	127	1	73	107	309	168	2	67	147	394					
Oncology Surgery	64		25	74	163	81		42	37	140	70	2	26	45	143					
Open Heart	67		55	120	242	80		55	130	265	106		55	106	267					
Ophthalmology	6	1	5	13	25	7	1	3	5	18	6		5	7	18					
Orthopedic Medicine	51	3	52	161	257	73	6	45	64	188	109	3	47	137	286					
Orthopedic Surgery	261	7	299	596	1,163	481	12	312	518	1,323	599	21	283	452	1,355					
Plastic Surgery	37	2	22	77	138	40		13	28	81	47	1	13	20	81					
Poisoning/Drug Tox/Comp of TX	32	3	27	180	242	50	3	41	163	257	62	3	1	37	178					
Psychiatry	33	11	165	327	536	66	20	164	395	645	96	21	212	854	883					
Pulmonary Medicine	249	25	252	1,398	1,924	413	34	258	1,153	1,858	592	42	243	1,316	2,193					
Rehabilitation	122	8	13		143	125		25		160	152	2	18		172					
Spinal Fusion Surgery	96	1	85	91	273	110	1	148	79	338	140	1	129	72	342					
Substance Abuse	30	14	72	117	233	49	27	17	57	160	43	37	24	88	202					
Thoracic Surgery	27		33	58	116	35	1	30	92	169	59	3	28	65	165					
Transplant	14		5		19	21		14		35	15		13		28					
Urology Medicine	57	4	43	264	368	96	4	57	207	364	136	2	47	287	472					
Urology Surgery	62		41	164	267	54		57	162	273	65		67	124	258					
Vascular Surgery	37	1	27	152	217	18	3	27	99	147	53	1	30	73	157					
Grand Total	3,970	171	3,118	12,595	19,854	5,670	223	3,580	10,278	19,751	7,103	241	3,411	11,555	22,310					

2005, 2009 and 2011 Discharges and Market Share by Product Line
Piedmont Medical Center - Fort Mill Service Area
Excludes Normal Newborns
Sources: SC Office of Research and Statistics and Thomson Reuters

Market Share by Product Line

Product Line	2005					2009					2011				
	CHS-Charlotte	CHS-Other	Other	PMC	Total	CHS-Charlotte	CHS-Other	Other	PMC	Total	CHS-Charlotte	CHS-Other	Other	PMC	Total
Burn	5.3%	0.0%	25.0%	68.8%	100.0%	33.3%	16.7%	50.0%	0.0%	100.0%	18.2%	0.0%	81.8%	0.0%	100.0%
Cardiovascular Medicine	15.9%	1.4%	15.6%	67.1%	100.0%	21.7%	1.8%	21.1%	55.4%	100.0%	26.3%	0.5%	18.2%	53.9%	100.0%
Colorectal	10.8%	0.1%	9.9%	79.3%	100.0%	24.8%	0.4%	14.2%	60.6%	100.0%	28.0%	0.3%	14.4%	56.3%	100.0%
Dental/Oral	20.0%	0.0%	8.0%	72.0%	100.0%	53.3%	0.0%	13.3%	33.3%	100.0%	22.2%	0.0%	11.1%	56.7%	100.0%
Dermatology	18.7%	0.5%	19.7%	81.1%	100.0%	29.1%	1.0%	15.0%	53.0%	100.0%	39.7%	1.3%	11.7%	47.3%	100.0%
Endocrinology Medicine	12.0%	0.8%	10.4%	76.7%	100.0%	21.9%	0.8%	13.0%	64.3%	100.0%	27.6%	1.0%	11.0%	60.4%	100.0%
Endocrinology Surgery	24.5%	0.0%	18.4%	57.1%	100.0%	36.4%	0.0%	9.1%	54.5%	100.0%	32.7%	1.8%	9.1%	56.4%	100.0%
ENT Medicine	10.7%	2.3%	13.0%	74.0%	100.0%	47.2%	0.0%	10.4%	42.6%	100.0%	32.9%	0.0%	10.3%	56.8%	100.0%
ENT Surgery	28.6%	0.0%	14.3%	57.1%	100.0%	35.4%	0.0%	31.3%	33.3%	100.0%	50.0%	0.0%	22.7%	27.3%	100.0%
Gastrointestinal Medicine	15.6%	1.5%	14.1%	67.8%	100.0%	27.9%	1.7%	17.2%	53.3%	100.0%	28.7%	0.8%	13.6%	57.0%	100.0%
General Medicine	3.3%	0.0%	6.6%	90.2%	100.0%	29.7%	0.0%	9.5%	60.8%	100.0%	21.4%	0.8%	14.3%	63.5%	100.0%
General Surgery	20.3%	0.8%	14.7%	64.2%	100.0%	32.2%	0.9%	19.5%	47.4%	100.0%	37.1%	0.6%	15.8%	46.5%	100.0%
Gynecology	25.1%	0.2%	16.4%	58.3%	100.0%	18.8%	0.5%	18.6%	62.1%	100.0%	24.1%	0.3%	23.1%	52.5%	100.0%
Hematology	18.1%	0.0%	15.6%	66.2%	100.0%	33.3%	2.0%	10.6%	54.1%	100.0%	27.8%	0.8%	10.6%	60.8%	100.0%
HIV Infections	15.8%	0.0%	0.0%	84.2%	100.0%	22.2%	3.7%	14.8%	59.3%	100.0%	33.3%	0.0%	11.1%	55.6%	100.0%
Infectious Diseases	18.9%	0.2%	18.4%	62.4%	100.0%	27.4%	1.9%	19.5%	51.2%	100.0%	32.6%	1.5%	12.6%	53.3%	100.0%
Major Trauma	50.0%	1.7%	18.1%	30.2%	100.0%	76.1%	0.7%	11.9%	11.2%	100.0%	64.4%	0.0%	9.8%	25.8%	100.0%
Miscellaneous-IP	24.4%	1.5%	17.6%	56.5%	100.0%	100.0%	0.0%	0.0%	0.0%	100.0%					
Neonatal	29.6%	0.3%	13.7%	56.4%	100.0%	26.7%	0.0%	14.4%	58.9%	100.0%	26.8%	0.9%	15.9%	56.4%	100.0%
Nephrology	26.0%	0.6%	16.6%	56.8%	100.0%	29.4%	1.7%	14.7%	54.3%	100.0%	30.9%	0.8%	13.4%	54.9%	100.0%
Neurological Medicine	18.2%	0.9%	12.5%	68.4%	100.0%	32.9%	0.7%	20.8%	45.6%	100.0%	30.6%	1.2%	13.0%	55.2%	100.0%
Neurosurgery	48.9%	0.4%	21.5%	29.1%	100.0%	61.0%	0.4%	15.0%	23.6%	100.0%	62.8%	1.0%	20.4%	15.8%	100.0%
Obstetrics - Delivered	25.5%	0.2%	11.3%	62.9%	100.0%	28.3%	0.1%	15.0%	56.6%	100.0%	32.0%	0.4%	13.2%	54.4%	100.0%
Obstetrics - Non Delivered	20.8%	0.4%	16.1%	62.9%	100.0%	26.6%	0.0%	19.8%	53.6%	100.0%	30.2%	0.0%	18.9%	50.9%	100.0%
Oncology Medicine	31.2%	0.3%	31.5%	37.0%	100.0%	41.2%	0.3%	23.7%	34.7%	100.0%	43.8%	0.5%	17.4%	38.3%	100.0%
Oncology Surgery	39.3%	0.0%	15.3%	45.4%	100.0%	43.6%	0.0%	30.0%	26.4%	100.0%	49.0%	1.4%	18.2%	31.5%	100.0%
Open Heart	27.7%	0.0%	22.7%	49.6%	100.0%	30.2%	0.0%	20.8%	49.1%	100.0%	35.7%	0.0%	20.6%	39.7%	100.0%
Ophthalmology	24.0%	4.0%	20.0%	52.0%	100.0%	43.8%	6.3%	18.8%	31.3%	100.0%	33.3%	0.0%	27.8%	38.9%	100.0%
Orthopedic Medicine	18.1%	1.1%	19.5%	60.3%	100.0%	36.8%	3.2%	23.9%	34.0%	100.0%	36.8%	1.0%	15.9%	46.3%	100.0%
Orthopedic Surgery	22.4%	0.6%	25.7%	51.2%	100.0%	36.4%	0.9%	23.8%	39.2%	100.0%	44.2%	1.5%	20.9%	33.4%	100.0%
Plastic Surgery	28.8%	1.4%	15.9%	55.8%	100.0%	49.4%	2.5%	16.0%	32.1%	100.0%	58.0%	1.2%	18.0%	24.7%	100.0%
Poisoning/Drug Tox/Comp of TX	13.2%	1.2%	11.2%	74.4%	100.0%	18.5%	1.2%	16.0%	63.4%	100.0%	22.3%	0.4%	13.3%	64.0%	100.0%
Psychiatry	8.2%	2.1%	30.8%	61.0%	100.0%	10.2%	3.1%	25.4%	61.2%	100.0%	8.8%	2.1%	21.8%	66.6%	100.0%
Pulmonary Medicine	12.9%	1.3%	13.1%	72.7%	100.0%	22.2%	1.8%	13.9%	62.1%	100.0%	27.0%	1.9%	11.1%	60.0%	100.0%
Rehabilitation	85.3%	5.6%	9.1%	0.0%	100.0%	83.3%	0.0%	16.7%	0.0%	100.0%	88.4%	1.2%	10.6%	0.0%	100.0%
Spinal Fusion Surgery	35.2%	0.4%	31.1%	33.3%	100.0%	32.5%	0.3%	43.8%	23.4%	100.0%	40.9%	0.3%	37.7%	21.1%	100.0%
Substance Abuse	12.9%	5.0%	30.9%	60.2%	100.0%	32.7%	18.0%	11.3%	38.0%	100.0%	21.3%	18.3%	11.9%	48.6%	100.0%
Thoracic Surgery	22.9%	0.0%	28.0%	49.2%	100.0%	22.2%	0.6%	19.0%	58.2%	100.0%	38.1%	1.9%	18.1%	41.9%	100.0%
Transplant	73.7%	0.0%	26.3%	0.0%	100.0%	60.0%	0.0%	40.0%	0.0%	100.0%	53.6%	0.0%	45.4%	0.0%	100.0%
Urology Medicine	15.6%	1.1%	11.7%	71.7%	100.0%	26.4%	1.1%	15.7%	56.9%	100.0%	28.8%	0.4%	10.0%	60.8%	100.0%
Urology Surgery	23.2%	0.0%	16.4%	61.4%	100.0%	18.8%	0.0%	20.9%	69.3%	100.0%	25.4%	0.0%	26.2%	48.4%	100.0%
Vascular Surgery	17.1%	0.5%	12.4%	70.0%	100.0%	12.2%	2.0%	18.4%	67.3%	100.0%	33.8%	0.5%	19.1%	46.6%	100.0%
Grand Total	20.0%	0.9%	15.7%	63.4%	100.0%	28.7%	1.1%	18.1%	62.0%	100.0%	31.8%	1.1%	15.3%	51.8%	100.0%

2005, 2009 and 2011 Discharges and Market Share by Product Line for CMI >2
Piedmont Medical Center - Fort Mill Service Area
Excludes Normal Newborns
Sources: SC Office of Research and Statistics and Thomson Reuters

Discharges by Product Line

PL	2005					2009					2011				
	CHS-Charlotte	CHS-Other	Other	PMC	Total	CHS-Charlotte	CHS-Other	Other	PMC	Total	CHS-Charlotte	CHS-Other	Other	PMC	Total
Burn			1	1	2		1	2		3			3		3
Cardiovascular Medicine						3		1		4					
Cath/EP	38		22	189	249	66	2	35	125	228	114		53	122	289
Endocrinology Surgery			2	6	8	6		1	7	14	8		1	5	14
ENT Surgery						4		4	2	10	8			4	12
Gastrointestinal Medicine						6	1	2	16	25	7	1	8	23	39
General Surgery	69	2	54	147	272	215	3	111	228	557	246	2	97	241	586
Gynecology	1		1	5	7						1		1	1	3
Hematology	2		9		11	2		2	5	9	4		2	10	16
HIV Infections						3		1	8	12	4		1	4	9
Infectious Diseases						46	1	22	68	137	64	1	18	58	141
Major Trauma	25		5	4	34	48		8	6	62	44		6	7	57
Miscellaneous-IP	25	2	17	71	115										
Neonatal	62		25	72	159	124		64	195	383	125	2	61	180	368
Neurological Medicine				3	3	4		1	3	8	7		1	8	16
Neurosurgery	52	1	22	13	88	107		27	5	139	88	1	26	5	120
Obstetrics - Non Delivered						3			8	11	3			2	5
Oncology Medicine	7		19	4	30	21	1	16	11	49	39	1	11	16	67
Oncology Surgery	14		3	13	30	31		15	12	68	31	2	13	13	69
Open Heart	48		40	66	154	80		55	130	265	106		55	108	267
Orthopedic Medicine						3	4	1	3	11	4	1	1	5	11
Orthopedic Surgery	7	1	12	24	44	292	5	216	289	802	381	11	191	257	840
Plastic Surgery	7		10	27	44	15	2	4	8	29	17		5	5	27
Psychiatry				1	1									2	2
Pulmonary Medicine						44	11	27	133	215	67	19	35	120	241
Spinal Fusion Surgery	61	1	65	59	186	101	1	146	78	326	134	1	126	72	333
Thoracic Surgery	23		32	57	112	30	1	21	78	130	42	2	23	52	119
Transplant	14		5		19	21		8		29	15		12		27
Urology Surgery	16		8	32	56	7		5	15	27	9		6	11	26
Vascular Surgery	12		16	78	106	11	2	15	69	97	29	1	22	55	107
Grand Total	483	7	368	872	1,730	1,283	36	810	1,502	3,640	1,597	46	778	1,384	3,804

2005, 2009 and 2011 Discharges and Market Share by Product Line for CMI >2
Piedmont Medical Center - Fort Mill Service Area
Excludes Normal Newborns
Sources: SC Office of Research and Statistics and Thomson Reuters

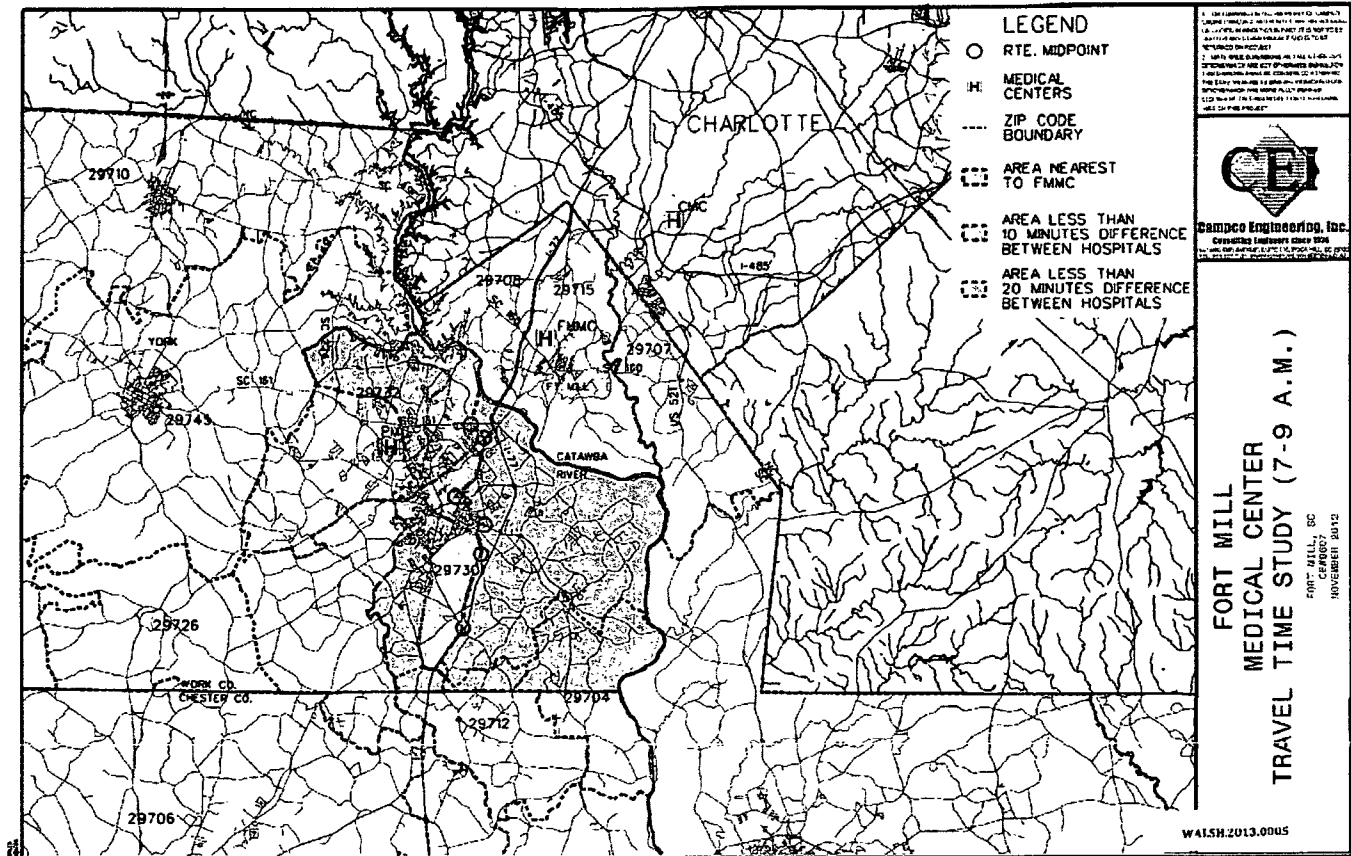
Market Share by Product Line

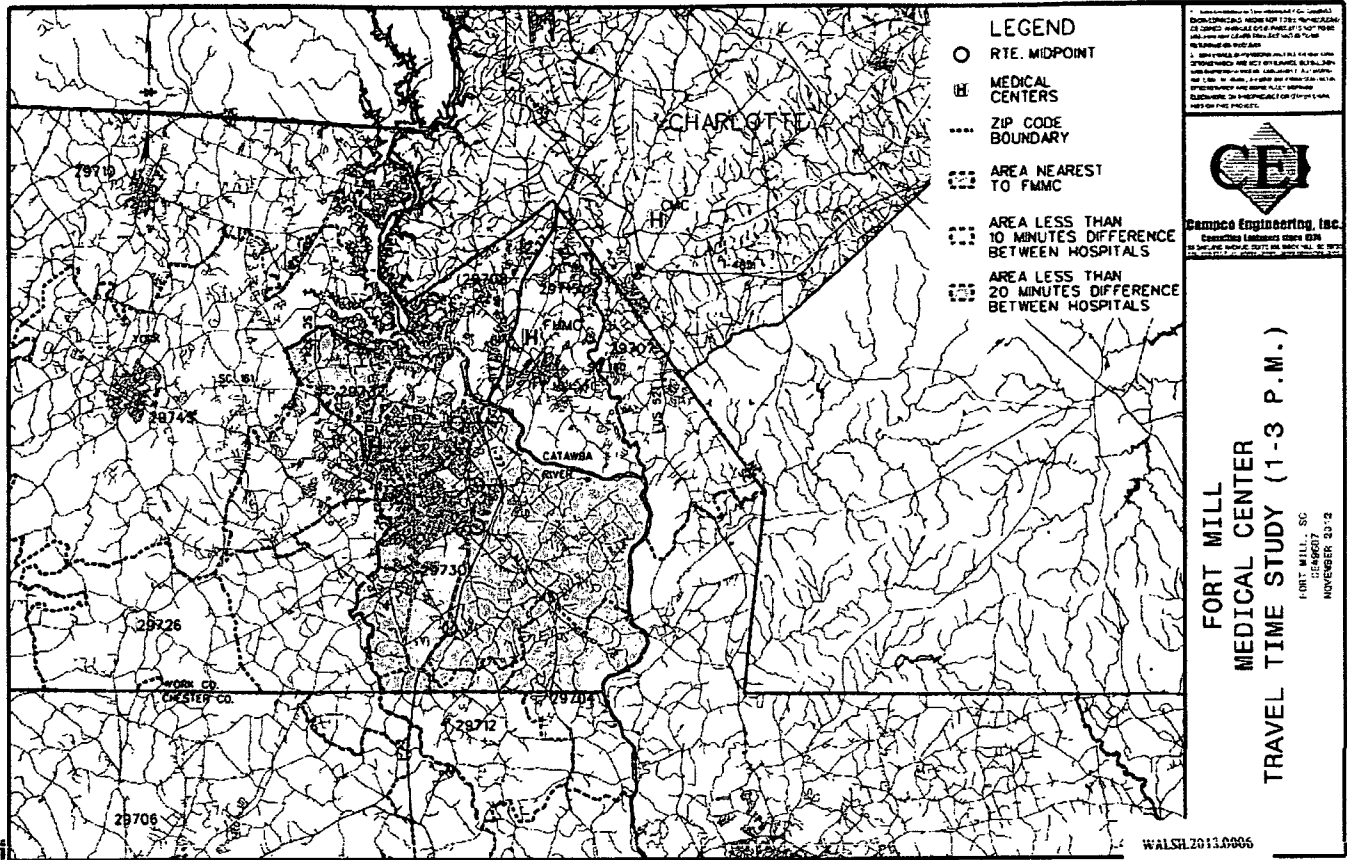
Product Line	2005					2009					2011				
	CHS-Charlotte	CHS-Other	Other	PMC	Total	CHS-Charlotte	CHS-Other	Other	PMC	Total	CHS-Charlotte	CHS-Other	Other	PMC	Total
Burn	0.0%	0.0%	60.0%	60.0%	100.0%	0.0%	33.3%	66.7%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%
Cardiovascular Medicine						75.0%	0.0%	25.0%	0.0%	100.0%					
Cath/EP	15.3%	0.0%	8.8%	75.9%	100.0%	28.9%	0.9%	15.4%	64.8%	100.0%	39.4%	0.0%	18.3%	42.2%	100.0%
Endocrinology Surgery	0.0%	0.0%	25.0%	75.0%	100.0%	42.9%	0.0%	7.1%	50.0%	100.0%	57.1%	0.0%	7.1%	35.7%	100.0%
ENT Surgery						40.0%	0.0%	40.0%	20.0%	100.0%	68.7%	0.0%	0.0%	33.3%	100.0%
Gastrointestinal Medicine						24.0%	4.0%	8.0%	64.0%	100.0%	17.9%	2.6%	20.5%	59.0%	100.0%
General Surgery	25.4%	0.7%	19.9%	54.0%	100.0%	38.6%	0.5%	19.9%	40.9%	100.0%	42.0%	0.3%	16.6%	41.1%	100.0%
Gynecology	14.3%	0.0%	14.3%	71.4%	100.0%						33.3%	0.0%	33.3%	33.3%	100.0%
Hematology	18.2%	0.0%	81.8%	0.0%	100.0%	22.2%	0.0%	22.2%	55.6%	100.0%	25.0%	0.0%	12.5%	62.5%	100.0%
HIV Infections						25.0%	0.0%	8.3%	66.7%	100.0%	44.4%	0.0%	11.1%	44.4%	100.0%
Infectious Diseases						33.6%	0.7%	16.1%	49.6%	100.0%	45.4%	0.7%	12.8%	41.1%	100.0%
Major Trauma	73.5%	0.0%	14.7%	11.8%	100.0%	77.4%	0.0%	12.9%	9.7%	100.0%	77.2%	0.0%	10.5%	12.3%	100.0%
Miscellaneous-IP	21.7%	1.7%	14.8%	61.7%	100.0%										
Neonatal	39.0%	0.0%	15.7%	45.3%	100.0%	32.4%	0.0%	16.7%	50.9%	100.0%	34.0%	0.5%	16.6%	48.9%	100.0%
Neurological Medicine	0.0%	0.0%	0.0%	100.0%	100.0%	50.0%	0.0%	12.5%	37.5%	100.0%	43.8%	0.0%	6.3%	50.0%	100.0%
Neurosurgery	59.1%	1.1%	25.0%	14.8%	100.0%	77.0%	0.0%	19.4%	3.6%	100.0%	73.3%	0.8%	21.7%	4.2%	100.0%
Obstetrics - Non Delivered						27.3%	0.0%	0.0%	72.7%	100.0%	80.0%	0.0%	0.0%	40.0%	100.0%
Oncology Medicine	23.3%	0.0%	63.3%	13.3%	100.0%	42.9%	2.0%	32.7%	22.4%	100.0%					
Oncology Surgery	46.7%	0.0%	10.0%	43.3%	100.0%	63.4%	0.0%	25.9%	20.7%	100.0%	52.5%	3.4%	22.0%	22.0%	100.0%
Open Heart	31.2%	0.0%	26.0%	42.9%	100.0%	30.2%	0.0%	20.8%	49.1%	100.0%	39.7%	0.0%	20.6%	39.7%	100.0%
Orthopedic Medicine						27.3%	36.4%	9.1%	27.3%	100.0%	36.4%	9.1%	9.1%	45.5%	100.0%
Orthopedic Surgery	15.9%	2.3%	27.3%	54.5%	100.0%	38.4%	0.6%	26.9%	36.0%	100.0%	45.4%	1.3%	22.7%	30.6%	100.0%
Plastic Surgery	15.9%	0.0%	22.7%	61.4%	100.0%	51.7%	6.9%	13.8%	27.6%	100.0%	63.0%	0.0%	18.5%	18.5%	100.0%
Psychiatry	0.0%	0.0%	0.0%	100.0%	100.0%						0.0%	0.0%	0.0%	100.0%	100.0%
Pulmonary Medicine						20.5%	5.1%	12.6%	61.9%	100.0%	27.8%	7.9%	14.5%	49.8%	100.0%
Spinal Fusion Surgery	32.8%	0.5%	34.9%	31.7%	100.0%	31.0%	0.3%	44.8%	23.9%	100.0%	40.2%	0.3%	37.8%	21.6%	100.0%
Thoracic Surgery	20.5%	0.0%	28.6%	50.5%	100.0%	23.1%	0.8%	16.2%	60.0%	100.0%	35.3%	1.7%	19.3%	43.7%	100.0%
Transplant	73.7%	0.0%	26.3%	0.0%	100.0%	72.4%	0.0%	27.6%	0.0%	100.0%	55.6%	0.0%	44.4%	0.0%	100.0%
Urology Surgery	28.6%	0.0%	14.3%	57.1%	100.0%	25.9%	0.0%	18.5%	55.6%	100.0%	34.6%	0.0%	23.1%	42.3%	100.0%
Vascular Surgery	11.3%	0.0%	15.1%	73.6%	100.0%	11.3%	2.1%	15.5%	71.1%	100.0%	27.1%	0.9%	20.6%	51.4%	100.0%
Grand Total	27.9%	0.4%	21.3%	50.4%	100.0%	35.5%	1.0%	22.3%	41.3%	100.0%	42.0%	1.2%	20.5%	36.4%	100.0%

Median HHI by ZIP Code
Fort Mill Medical Center Service Area
Source: Claritas, April 2012.

ZIPCODE	CTYNAME	GEONAME		Median HHI	
				2012	2017
29704	York County	Catawba	\$	48,378	\$ 48,571
29707	Lancaster County	Fort Mill	\$	46,741	\$ 46,975
29708	York County	Fort Mill	\$	70,349	\$ 71,382
29710	York County	Clover	\$	53,832	\$ 54,382
29715	York County	Fort Mill	\$	60,287	\$ 61,577
29717	York County	Hickory Grove	\$	43,077	\$ 43,258
29726	York County	MC Connells	\$	49,122	\$ 49,868
29730	York County	Rock Hill	\$	39,952	\$ 40,317
29732	York County	Rock Hill	\$	54,676	\$ 55,249
29742	York County	Sharon	\$	40,029	\$ 40,363
29743	York County	Smyrna	\$	38,784	\$ 39,063
29745	York County	York	\$	45,132	\$ 45,780

Source: Claritas, Inc., April 2012.





STATE OF SOUTH CAROLINA

ADMINISTRATIVE LAW COURT

Presbyterian Hospital-York, LLC and
Amisub of South Carolina, Inc. d/b/a
Piedmont Medical Center d/b/a Fort Mill
Medical Center

Petitioners,

v.

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

Respondents.

) Docket No. 11-ALJ-07-0575-CC
)
)
)
)

) **RESPONDENT THE CHARLOTTE-**
) **MECKLENBURG HOSPITAL**
) **AUTHORITY D/B/A CAROLINA'S**
) **MEDICAL CENTER-FORT MILL'S**
) **ANSWERS TO PIEDMONT'S**
) **FOURTH INTERROGATORIES**

TO: STUART M. ANDREWS, JR., ESQUIRE and DANIEL J. WESTBROOK,
ESQUIRE, ATTORNEYS FOR AMISUB OF SOUTH CAROLINA, INC. d/b/a
PIEDMONT MEDICAL CENTER d/b/a FORT MILL MEDICAL CENTER:

Respondent, Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Healthcare System ("CHS" or "Respondent"), by and through its undersigned counsel, hereby responds to Amisub of South Carolina, Inc. d/b/a Piedmont Healthcare System d/b/a Fort Mill Medical Center's ("Piedmont") Fourth Interrogatories and states as follows:

GENERAL OBJECTIONS

1. Petitioner objects to the Interrogatories to the extent that they: (a) seek to require Respondent to provide any information or identify documents beyond the parameters of relevant discovery in a Certificate of Need contested case; or (b) within that limitation, seek to require Petitioner to provide any information or identify documents beyond what is available to Petitioner at present from a reasonable search of its own files; or (c) seek to require Respondent to provide any information or identify documents within, subject to or protected by the attorney-

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RECORD 007835

PET-EX114

client privilege, work-product privilege/immunity or other privileges; or (d) seek to impose upon Respondent any other obligation not imposed by the Rules of Procedure of the Administrative Law Court or the South Carolina Rules of Civil Procedure (SCRCP), as incorporated by the Rules of the Administrative Law Court, specifically SCRCP Rules 26 and 33.

2. To the extent Respondent responds as set forth herein, nothing in these responses should be construed as waiving rights or objections which otherwise might be available to Respondent, nor should Respondent's responses to any of these Interrogatories be deemed an admission of relevancy, materiality or admissibility in evidence of the Interrogatories or the responses thereto.

3. These general objections apply to all of Respondent's responses. To the extent that specific general objections are cited in a specific response, those specific citations are provided because they are believed to be particularly applicable to the specific Interrogatories and are not to be construed as a waiver of any other general objection applicable to information falling within the scope of the Interrogatory.

4. The following responses reflect Respondent's present knowledge, information and belief, and may be subject to change or modification based on Respondent's further discovery, or on facts or circumstances which may come to Respondent's knowledge during the course of discovery and/or preparation for litigation.

ANSWERS TO INTERROGATORIES

1. Please identify by the total number of inpatient discharges and the total number of patient days of all patients included in the "total inpatient discharge from our Charlotte hospitals by York County citizens," as presented in S-CHS-0880, by zip code, by year from 2005-2010,

and by CHS hospital. Please provide separate totals for CMC-Pineville and CMC-Mercy for each response.

ANSWER:

The information responsive to this Interrogatory is contained in Bates-stamped documents that are attached as responses to Piedmont's Fourth Requests for Production and are labeled S-CHS-4638 through S-CHS-4640.

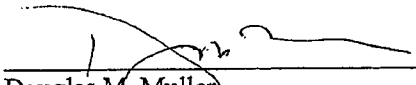
2. Describe the manner and extent to which referrals or admissions of CPN-employed physicians are tracked, recorded, reported or received by CPN or CHS employees, officers, or agents.

ANSWER:

CHS objects to this Interrogatory as overbroad, unduly burdensome, and as asking for confidential or proprietary information. Without waiving that objection, CHS responds by stating that CPN does not track admissions by physician. CHS does track by admitting physician, but it does not consistently track referring physicians to an inpatient facility. The admitting physician will be a hospitalist in many cases, and as such the CPN providers in York County (who referred the patient), will not be listed as the admitting physician.

With respect to CPN referrals, in 2009 CHS developed an online referral capture tool to document referrals to a medical subspecialist, a surgical subspecialist, imaging (CT/MRI) or other type of referral (home health, dme, etc). This referral tool is integrated with the practice management system to allow for referral documentation at a patient level. Each referral coordinator at every practice is responsible for documenting the referral in the online portal. The information that is entered is captured in a database that is then loaded into a data warehouse every month. The documents produced in response to

Piedmont's 4th Requests to Produce contain this information from 2009 (when this portal was first developed) onwards.



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*Attorneys for Respondent The Charlotte-
Mecklenburg Hospital Authority d/b/a Carolinas
Healthcare System*

February 18, 2013
Charleston, SC

ADMINISTRATIVE LAW COURT

CERTIFICATE OF SERVICE

STATE OF SOUTH CAROLINA

ADMINISTRATIVE LAW COURT

Presbyterian Hospital-York, LLC and	)	Docket No. 11-ALJ-07-0575-CC
Amisub of South Carolina, Inc. d/b/a	)	
Piedmont Medical Center d/b/a Fort Mill	)	
Medical Center	)	
	)	RESPONDENT THE CHARLOTTE-
	)	MECKLENBURG HOSPITAL
Petitioners,	)	AUTHORITY D/B/A CAROLINA'S
	)	MEDICAL CENTER-FORT MILL'S
v.	)	ANSWERS TO PIEDMONT'S THIRD
	)	INTERROGATORIES
South Carolina Department of Health and	)	
Environmental Control and The Charlotte	)	
Mecklenburg Hospital Authority, d/b/a	)	
Carolinas Medical Center - Fort Mill,	)	
	)	
Respondents.	)	

TO: STUART M. ANDREWS, JR., ESQUIRE and DANIEL J. WESTBROOK, ESQUIRE, ATTORNEYS FOR AMISUB OF SOUTH CAROLINA, INC. d/b/a PIEDMONT MEDICAL CENTER d/b/a FORT MILL MEDICAL CENTER:

Respondent, Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Healthcare System ("CHS" or "Respondent"), by and through its undersigned counsel, hereby responds to Amisub of South Carolina, Inc. d/b/a Piedmont Healthcare System d/b/a Fort Mill Medical Center's ("Piedmont") Third Interrogatories and states as follows:

GENERAL OBJECTIONS

1. Petitioner objects to the Interrogatories to the extent that they: (a) seek to require Respondent to provide any information or identify documents beyond the parameters of relevant discovery in a Certificate of Need contested case; or (b) within that limitation, seek to require Petitioner to provide any information or identify documents beyond what is available to Petitioner at present from a reasonable search of its own files; or (c) seek to require Respondent to provide any information or identify documents within, subject to or protected by the attorney-client privilege, work-product privilege/immunity or other privileges; or (d) seek to impose upon

Respondent any other obligation not imposed by the Rules of Procedure of the Administrative Law Court or the South Carolina Rules of Civil Procedure (SCRCP), as incorporated by the Rules of the Administrative Law Court, specifically SCRCP Rules 26 and 33.

2. To the extent Respondent responds as set forth herein, nothing in these responses should be construed as waiving rights or objections which otherwise might be available to Respondent, nor should Respondent's responses to any of these Interrogatories be deemed an admission of relevancy, materiality or admissibility in evidence of the Interrogatories or the responses thereto.

3. These general objections apply to all of Respondent's responses. To the extent that specific general objections are cited in a specific response, those specific citations are provided because they are believed to be particularly applicable to the specific Interrogatories and are not to be construed as a waiver of any other general objection applicable to information falling within the scope of the Interrogatory.

4. The following responses reflect Respondent's present knowledge, information and belief, and may be subject to change or modification based on Respondent's further discovery, or on facts or circumstances which may come to Respondent's knowledge during the course of discovery and/or preparation for litigation.

ANSWERS TO INTERROGATORIES

1. Please identify which CHS facilities were used in preparing the "Capital Reinvestment Analysis" at S-CHS-0106.

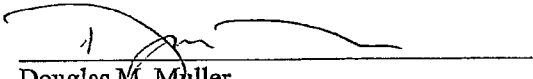
ANSWER: The capital reinvestment percentages utilized in this analysis for CHS were based on the primary enterprise facilities per CHS audited financial statements. The primary enterprise consists of CHS and all affiliates whose assets and income the system

controls without limitation. As of December 31, 2011, the primary enterprise facilities included:

- Carolinas Medical Center
- CMC-Lincoln
- CMC-Mercy
- CMC-NorthEast
- CMC-Pineville
- CMC-University
- Carolinas Rehabilitation-Main
- Carolinas Rehabilitation-Mount Holly
- CMC-Randolph Behavioral Health Center
- Carolinas Physicians Network
- Faculty Physician Network
- NorthEast Physician Network
- Huntersville Oaks Nursing Center
- Jessie Helms Nursing Center
- Lillie Bennett Nursing Center
- Sardis Oaks Nursing Center

2. Please identify all types of capital expenditures used in preparing the "Capital Reinvestment Analysis" at S-CHS-0106.

ANSWER: The following types of capital expenditures were included in the preparation of this analysis: all property, plant and equipment per the CHS audited financial statements.



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Healthcare System*

December 7, 2012
Charleston, SC

CHARLESTON\515018\1

PET-EX114.0008

RECORD 007842

ADMINISTRATIVE LAW COURT

Y.

Respondents.

CERTIFICATE OF SERVICE

Lynn Shaarda
Lynn Shaarda

STATE OF SOUTH CAROLINA

ADMINISTRATIVE LAW COURT

Presbyterian Hospital-York, LLC and	)	Docket No. 11-ALJ-07-0575-CC
Amisub of South Carolina, Inc. d/b/a	)	
Piedmont Medical Center d/b/a Fort Mill	)	
Medical Center	)	
	)	RESPONDENT THE CHARLOTTE-
	)	MECKLENBURG HOSPITAL
Petitioners,	)	AUTHORITY D/B/A CAROLINA'S
	)	MEDICAL CENTER-FORT MILL'S
v.	)	ANSWERS TO PIEDMONT'S
	)	SECOND INTERROGATORIES
South Carolina Department of Health and	)	
Environmental Control and The Charlotte	)	
Mecklenburg Hospital Authority, d/b/a	)	
Carolinas Medical Center - Fort Mill,	)	
	)	
Respondents.	)	

TO: STUART M. ANDREWS, JR., ESQUIRE and DANIEL J. WESTBROOK, ESQUIRE, ATTORNEYS FOR AMISUB OF SOUTH CAROLINA, INC. d/b/a PIEDMONT MEDICAL CENTER d/b/a FORT MILL MEDICAL CENTER:

Respondent, Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Healthcare System ("CHS" or "Respondent"), by and through its undersigned counsel, hereby responds to Amisub of South Carolina, Inc. d/b/a Piedmont Healthcare System d/b/a Fort Mill Medical Center's ("Piedmont") Second Interrogatories and states as follows:

GENERAL OBJECTIONS

1. Respondent objects to the Interrogatories to the extent that they: (a) seek to require Respondent to provide any information or identify documents beyond the parameters of relevant discovery in a Certificate of Need contested case; or (b) within that limitation, seek to require Respondent to provide any information or identify documents beyond what is available to Respondent at present from a reasonable search of its own files; or (c) seek to require Respondent to provide any information or identify documents within, subject to or protected by

the attorney-client privilege, work-product privilege/immunity or other privileges; or (d) seek to impose upon Respondent any other obligation not imposed by the Rules of Procedure of the Administrative Law Court or the South Carolina Rules of Civil Procedure (SCRCP), as incorporated by the Rules of the Administrative Law Court, specifically SCRCP Rules 26 and 33.

2. To the extent Respondent responds as set forth herein, nothing in these responses should be construed as waiving rights or objections which otherwise might be available to Respondent, nor should Respondent's responses to any of these Interrogatories be deemed an admission of relevancy, materiality or admissibility in evidence of the Interrogatories or the responses thereto.

3. These general objections apply to all of Respondent's responses. To the extent that specific general objections are cited in a specific response, those specific citations are provided because they are believed to be particularly applicable to the specific Interrogatories and are not to be construed as a waiver of any other general objection applicable to information falling within the scope of the Interrogatory.

4. The following responses reflect Respondent's present knowledge, information and belief, and may be subject to change or modification based on Respondent's further discovery, or on facts or circumstances which may come to Respondent's knowledge during the course of discovery and/or preparation for litigation.

ANSWERS TO INTERROGATORIES

1. Provide a listing by case or caption number and court of all matters since January 1, 2007 whereby CHS, a CHS Affiliate, or a collection agency working on behalf of CHS or a CHS Affiliate has obtained a judgment related to unpaid bills for hospital or physician services.

ANSWER:

Carolinas objects to this interrogatory on the grounds that it asks for information that is irrelevant, that it is unlikely to lead to relevant information in the subject contested case, and that it is overbroad and unduly burdensome.

2. Provide a listing by case or caption number and court of all matters since January 1, 2007 whereby CHS, a CHS Affiliate, or collection agency working on behalf of CHS or CHS Affiliate have engaged in post-judgment collection activities related to judgments obtained for unpaid bills for hospital or physician services.

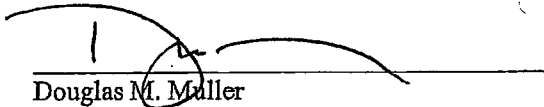
ANSWER:

Carolinas objects to this interrogatory on the grounds that it asks for information that is irrelevant, that it is unlikely to lead to relevant information in the subject contested case, and that it is overbroad and unduly burdensome.

3. For each matter listed in response to Interrogatory No. 2, state whether CHS, the CHS Affiliate, or collection agency working on behalf of CHS or CHS Affiliate obtained payment or property as a result of the post judgment collection activity and, if so, the amount of payment and value of property obtained.

ANSWER:

Carolinas objects to this interrogatory on the grounds that it asks for information that is irrelevant, that it is unlikely to lead to relevant information in the subject contested case, and that it is overbroad and unduly burdensome.


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Healthcare System

November 15, 2012

Charleston, South Carolina

CHARLESTON515016v1

PET-EX114.0013

RECORD 007847

STATE OF SOUTH CAROLINA

ADMINISTRATIVE LAW COURT

Presbyterian Hospital-York, LLC and	)	Docket No. 11-ALJ-07-0575-CC
Amisub of South Carolina, Inc. d/b/a	)	
Piedmont Medical Center d/b/a Fort Mill	)	
Medical Center	)	
	)	
Petitioners,	)	CHARLOTTE MECKLENBURG
	)	HOSPITAL AUTHORITY d/b/a
v.	)	CAROLINAS HEALTHCARE
	)	SYSTEM'S ANSWERS TO
South Carolina Department of Health and	)	PETITIONER AMISUB OF SOUTH
Environmental Control and The Charlotte	)	CAROLINA, INC. d/b/a PIEDMONT
Mecklenburg Hospital Authority, d/b/a	)	MEDICAL CENTER d/b/a FORT
Carolinas Medical Center - Fort Mill,	)	MILL MEDICAL CENTER'S FIRST
	)	INTERROGATORIES
Respondents.	)	

TO: STUART M. ANDREWS, JR., ESQUIRE, DANIEL J. WESTBROOK, ESQUIRE, AND TRAVIS DAYHUFF, ESQUIRE, ATTORNEYS FOR AMISUB OF SOUTH CAROLINA, INC. d/b/a PIEDMONT MEDICAL CENTER d/b/a FORT MILL MEDICAL CENTER

The Charlotte Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System ("Carolinas" or "Respondent") states the following as its answers to Petitioner Amisub of South Carolina, Inc. d/b/a Piedmont Medical Center d/b/a Fort Mill Medical Center's ("Piedmont" or "Petitioner") First Interrogatories:

GENERAL OBJECTIONS

1. Respondent objects to the Interrogatories to the extent that they: (a) seek to require Respondent to provide any information or identify documents beyond what is available to Respondent at present from a reasonable search of its own files; or (b) seek to require Respondent to provide any information or identify documents within, subject to or protected by the attorney-client privilege, work-product privilege/immunity or other privileges; or (c) seek to

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PET-EX114.0015

RECORD 007849

impose upon Respondent any other obligation not imposed by the Rules of Procedure of the Administrative Law Court or the South Carolina Rules of Civil Procedure (SCRCP), as incorporated by the Rules of the Administrative Law Court, specifically SCRCP Rules 26 and 33.

2. To the extent Respondent responds as set forth herein, nothing in these responses should be construed as waiving rights or objections which otherwise might be available to Respondent, nor should Respondent's responses to any of these Interrogatories be deemed an admission of relevancy, materiality or admissibility in evidence of the Interrogatories or the responses thereto.

3. These general objections apply to all of Respondent's responses. To the extent that specific general objections are cited in a specific response, those specific citations are provided because they are believed to be particularly applicable to the specific Interrogatories and are not to be construed as a waiver of any other general objection applicable to information falling within the scope of the Interrogatory.

4. The following responses reflect Respondent's present knowledge, information and belief, and may be subject to change or modification based on Respondent's further discovery, or on facts or circumstances which may come to Respondent's knowledge during the course of discovery and/or preparation for litigation.

ANSWERS TO INTERROGATORIES

1. Please provide the number of lawsuits filed by CHS, a CHS Affiliate, or a collection agency working on behalf of CHS or a CHS Affiliate since January 1, 2007 related to unpaid bills for hospital or physician services at a CHS facility.

ANSWER:

Year	Small Claims				Attorney			
	Lawsuits	Judgments	Liens	Totals	Lawsuits	Judgments	Liens	Totals
2007	1,591	1,180	590	3,361	188	168	151	507
2008	1,672	1,150	575	3,397	202	72	65	339
2009	1,669	1,251	626	3,546	377	199	179	755
2010	1,298	1,304	652	3,254	489	662	596	1,747
2011	921	1,054	527	2,502	620	625	563	1,808
2012	429	410	205	1,044	311	294	265	870

Year	Totals				Patient Encounters	Actions as a % of Patient Encounters (2)
	Lawsuits	Judgments	Liens	Totals		
2007	1,779	1,348	741	3,868	2,936,327	0.13%
2008	1,874	1,222	640	3,736	3,283,452	0.11%
2009	2,046	1,450	805	4,301	3,616,478	0.12%
2010	1,787	1,966	1,248	5,001	3,752,791	0.13%
2011	1,541	1,679	1,090	4,310	4,157,721	0.10%
2012	740	704	470	1,914	NA (1)	NA (1)

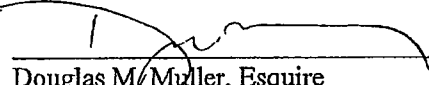
Notes:

1. Lawsuits, judgments and liens are typically in the range of one-tenth of one percent of patient encounters.
2. Lawsuits, judgments and liens data for 2012 are for calendar year-to-date July 21, 2012. Patient encounter data for this period are not currently available.
3. Patient encounter statistics do not include hospital-based outpatient visits therefore the 'Actions as a % of Patient Encounters' are actually less than reflected above.

2. Please provide the number of liens obtained by CHS, a CHS Affiliate, or a collection agency working on behalf of CHS or a CHS Affiliate since January 1, 2007 related to unpaid bills for hospital or physician services at a CHS facility.

ANSWER: Please refer to the response to Interrogatory No. 1 above.

MOORE & VAN ALLEN, PLLC



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Robert E. Sumner, IV, Esquire
Ben A. Hagood, Jr., Esquire
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(843) 579-7032
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*Attorneys for The Charlotte-Mecklenburg
Hospital Authority d/b/a Carolinas Medical
Center-Fort Mill*

August 15, 2012

Charleston, SC

STATE OF SOUTH CAROLINA

ADMINISTRATIVE LAW COURT

Presbyterian Hospital-York, LLC and
Amisub of South Carolina, Inc. d/b/a
Piedmont Medical Center d/b/a Fort Mill
Medical Center

Petitioners,

v.

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

Respondents.

Docket No. 11-ALJ-07-0575-CC

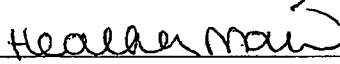
CERTIFICATE OF SERVICE

I, Heather Morin, hereby certify that I have on August 15, 2012, served a copy of the foregoing **Charlotte Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Fort Mill's Answers to Amisub of South Carolina d/b/a Piedmont Medical Center d/b/a Fort Mill Medical Center's First Interrogatories** upon the counsel of record specified below by electronic mail and regular United States mail, postage prepaid, upon the following counsel of record:

Daniel J. Westbrook, Esquire
Stuart M. Andrews, Jr., Esquire
Travis Dayhuff, Esquire
Nelson, Mullins, Riley & Scarborough, L.L.P.
Post Office Box 11070
Columbia, SC 29211

Ashley C. Biggers, Esquire
DHEC, Office of the General Counsel
2600 Bull Street
Columbia, SC 29201-1708

M. Elizabeth M. Crum, Esquire
Ariail B. Kirk, Esquire
Amber B. Martella, Esquire
Pamela A. Baker, Esquire
McNair Law Firm, PA
Post Office Box 11390
Columbia, SC 29211


Heather Morin



South Carolina
Department of Transportation

Exhibit D-1

February 9, 2011

Charleston County
Chester County
Chesterfield County
Fairfield County
Lancaster County
Union County
York County

Mr. D. Theron Pickens, P.E. LEED AP Principal
LandDesign/Charlotte
Post Office Box 36959
Charlotte, North Carolina 28236

RE: Kanawha Site
York County

Dear Mr. Pickens:

Our traffic staff has reviewed the plans and exhibits for the Kanawha Site. All below comments can be considered further during the encroachment permit process and no follow up letter is necessary. While we concur in principle with your analysis, we offer the following comments:

- When a roadway is widened only on one side, the taper length (L2) is increased. (Figure A-8, SCDOT Access and Roadside Management Standards). While the current plan is acceptable schematically, we are unsure if the design will be possible given the design tapers called for.
- It is agreed that each phase should be striped as it is completed and tied back into the existing roadway.
- The current frontage road drive is an overgrown 2-way road (20-24 feet wide). We understand the development's desire to match the Love's Plaza Drive, but in that process, this should remain a minor roadway and/or drive. Therefore, it is desirable for SCDOT to be able to consider both a 30' drive with offsets as well as one that is closer in design to Loves plaza (varies from 75 feet wide at the radius back to a 40' foot throat - gutter to gutter).
- SCDOT currently does not have any plans to signalize the eastern most drive (at Love's Plaza) now or in the future.
- Any further access from this site should be internal to one of the final three drives. All 3 drives should connect internally as well, so that any of the development would be able to utilize a future signal at the center drive.
- The main drive in the center of the development should have some type of geometric feature to distinguish between the 2 incoming lanes. (See Figure A-7 of the ARMS). Once dual lefts from Sutton are necessary, this feature would need to be removed.

District Four Engineering
Post Office Box 130
Chester, South Carolina 29706

Phone: (803) 377-4185
Fax: (803) 581-2088

AN EQUAL OPPORTUNITY
AFFIRMATIVE ACTION EMPLOYER

BK11971 PG0277

Petitioner's
Trial Exhibit

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Page Two
Mr. D. Theron Pickens, P.E. LEED AP Principal
February 9, 2011

- It is our understanding that the main drive may require signalization at some point. As shown currently, signalization would pose significant challenges due to the proximity of Country Lodge Road and the future dual left into the proposed main drive. If alignment with Country Lodge Road remains unachievable, a concrete median on Sutton Road would render Country Lodge Road as a right-in/right-out roadway. Before we allow Country Lodge Road to be made into a right in/out intersection, we need local governing authority to indicate their approval of this change.
- Most large developments have some type of median at the main entrance to advertise the offerings of the development. If an entrance median is incorporated into the driveway design, it should conform to the ARMS manual (section 3B-6). Any advertising sign structure would have to be off SCDOT right-of-way.
- Traffic impact analysis of the large scale development for this site called for signals at each I 77 exit ramp. We feel that these signals should be included in the scope of traffic mitigation for future phases of this development.

Thank you again for contacting us. We look forward to this project coming to fruition and to working with you further as you start the encroachment permitting process. If we can be of any further assistance, please feel free to contact our Traffic Engineering Office at 803-377-4155.

Sincerely,



John M. McCarter, P.E.
District 4 Engineering Administrator

JMM/jha

cc: Sarah B. Nuckles, SCDOT Commissioner
cc: Bradley Trout, RME, York Maintenance

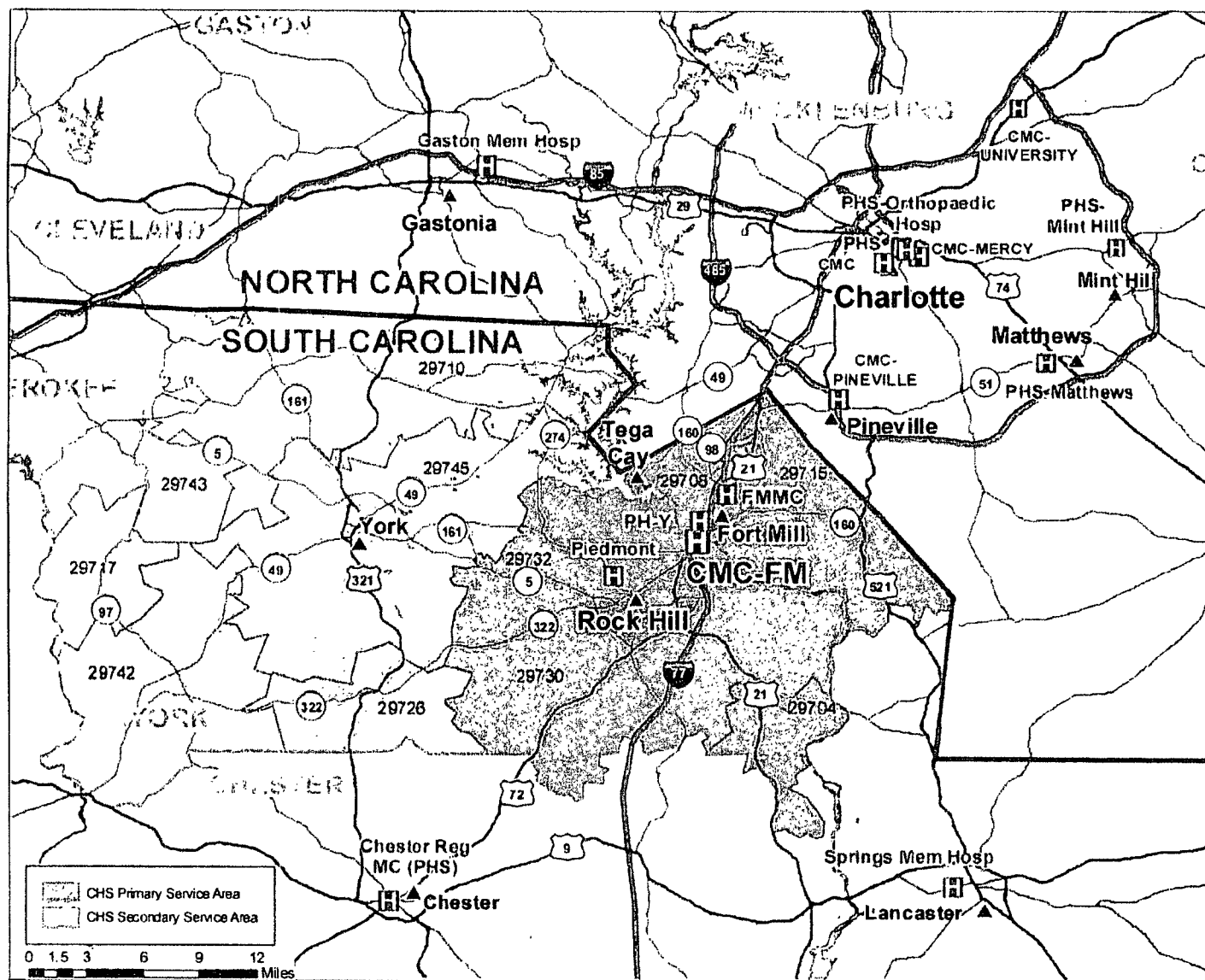
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Carolinas Health System (Proposed Service Area)



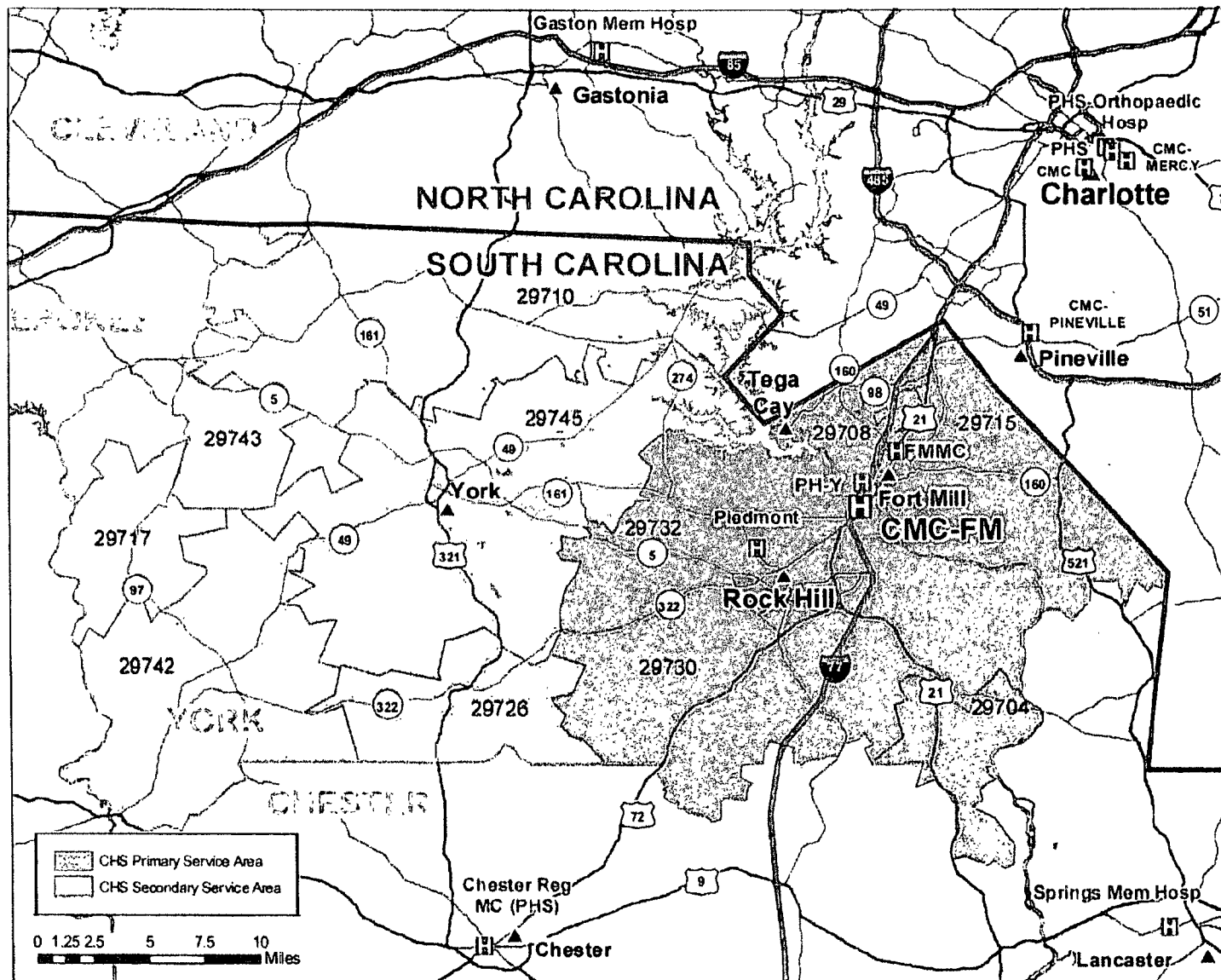
PET-EX116

Petitioner's
Trial Exhibit

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RECORD 007856

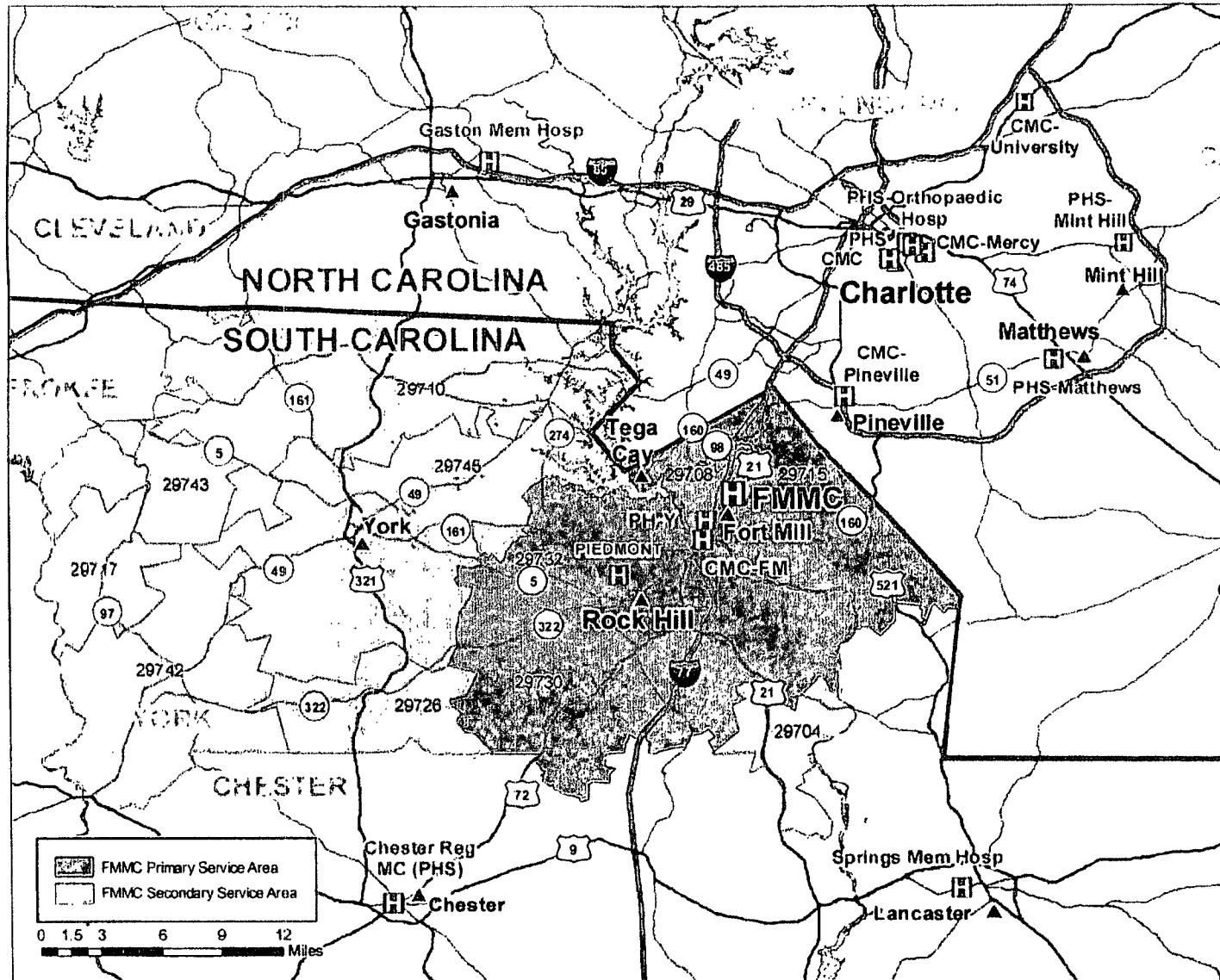
Carolinas Health System (Proposed Service Area)



PET-EX116.0002

RECORD 007857

Fort Mill Medical Center (Proposed Service Area)



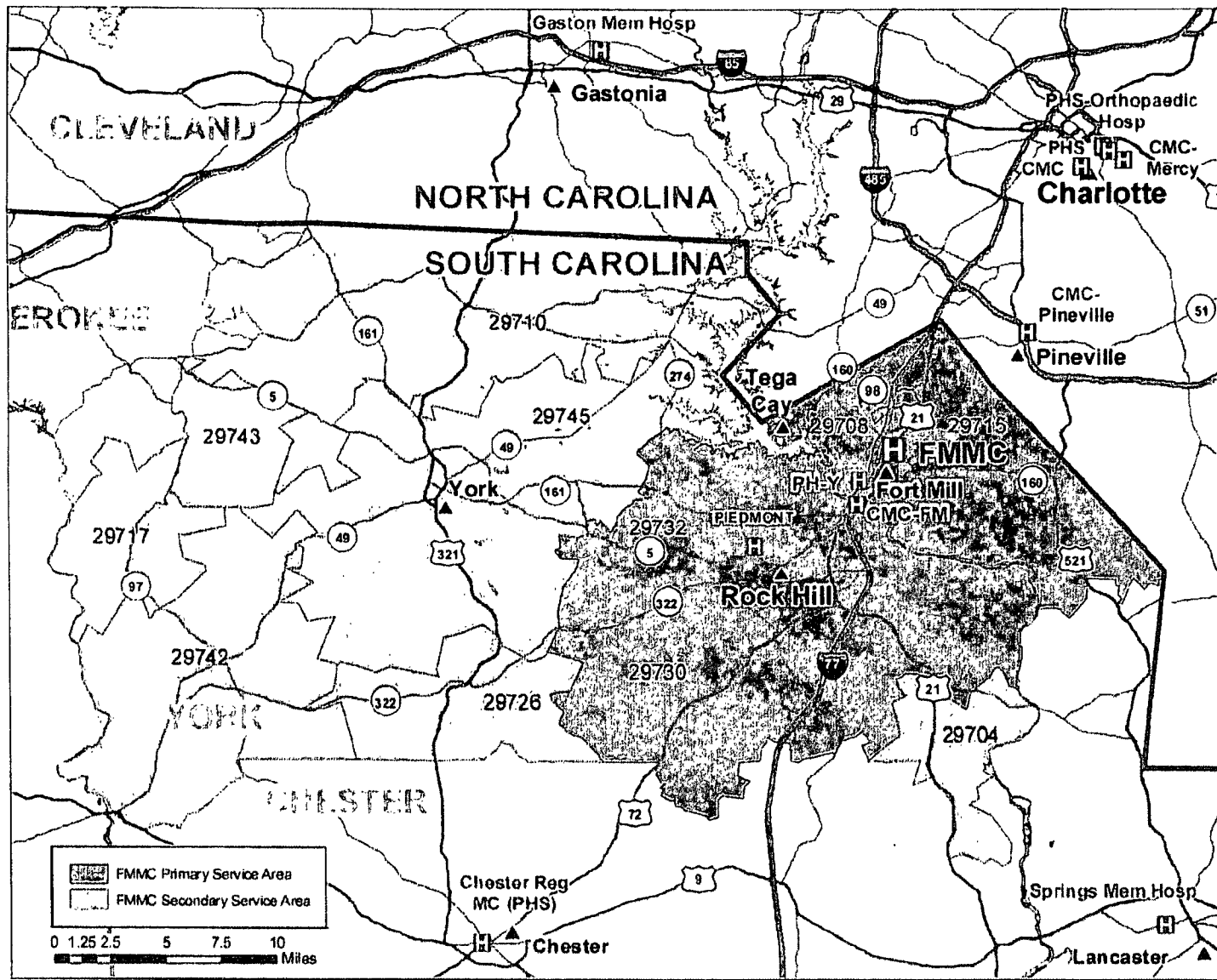
PET-EX117

Petitioner's
Trial Exhibit

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RECORD 007858

Fort Mill Medical Center (Proposed Service Area)



PET-EX117.0002

RECORD 007859

Part C: Programmatic Documents

Provide adequate programmatic documents in support of the various elements of the proposed project. These documents will include as appropriate:

- (1) An Indigent Care Plan as required by the Board of Health and Environmental Control. It shall address at a minimum, the following:**

- (a) The existing and proposed admission and treatment policies of the facility or agency with regard to race, sex, creed, national origin, and ability to pay.**

CHS provides services to all persons in need of medical care, regardless of race, sex, creed, age, national origin, handicap or ability to pay. Please see Exhibit 12 for a copy of the admission policies for CMC. These policies are representative of the admission policies that would be used for the proposed hospital.

- (b) The proposed admission and treatment policies of the facility or agency with respect to admission and care of indigent patients including those patients unable to pay at the time of admission and those whose benefits expire while in the care of the facility or agency.**

All persons will have access to the proposed hospital regardless of their ability to pay. Patients without insurance coverage will receive financial counseling and an attempt will be made to secure financial support. No patient will be refused care because of their inability to pay. Please see Exhibit 12 for a copy of the admission policies for CMC. These policies are representative of the admission policies that would be used for the proposed CHS hospital.

- (c) In existing facilities or agencies, provide the amount, in dollars and percent of gross revenues, that the facility or agency provided in indigent care during the past three fiscal years. NOTE: Indigent care does not include bad debt; contractual adjustments; or care which is reimbursed by a governmental program (Medicare, Medicaid, county indigent program), church, or philanthropic organization.**

CHS has a long history of providing care to patients without regard for their ability to pay. In 2004, CHS provided \$95,891,000, or 3.4 percent of gross revenue, in charity care. This tradition of caring for uninsured and underinsured patients will be extended to York County with the addition of the proposed hospital.

000057

CAROLINAS HEALTHCARE SYSTEM

Category: Administration
Policy: Hospital Admission, Credit and Collection
Number: ADM 200.11
Date of Issue: 06/02

Reviewed / Revised: 01/05

HOSPITAL ADMISSION, CREDIT AND COLLECTION

SUMMARY STATEMENT

This policy is established for the convenience of patients and their families throughout Carolinas HealthCare System's service area and to sustain the continued financial viability of Carolinas HealthCare System.

GLOBAL PRINCIPLES

The following principles serve as the foundation of our premise in the formulation of this admission, credit and collection policy.

- A. Carolinas HealthCare System strives to provide the highest quality, most affordable healthcare services to its customers. To fulfill this mission, our facilities must be paid for services and supplies provided to patients. Therefore, appropriate and reasonable efforts to require payment from patients and their third party representatives will be made.
- B. Verified third party coverage prior to the time of service, in lieu of payment at the time of service, is acceptable. Estimated balances not covered by third party payers are due at the time services are provided. Patients unable to pay their estimated balance will be offered an installment payment plan.
- C. Patients without verifiable third party coverage or coverage that does not include all services provided are responsible for payment as follows:
 - ◆ Patients scheduled for elective services are required to make suitable financial arrangements prior to the provision of services. The patient's physician will make the final determination regarding which procedures are elective and those which are emergency. CHS will request payment in full from uninsured patients unless patients qualify for charity care. (Reference CHS's Charity Care Policy)
 - ◆ For uninsured Emergency Services patients who are unable to pay, after providing medical screening examinations and any necessary stabilizing treatment for emergency medical conditions, CHS will offer assistance by providing counsel to determine eligibility for Public Assistance or Charity Care. Patients who do not qualify for either of these programs will be offered an installment payment plan.
- D. Advancing credit increases the cost of health care. Patients will be asked to seek outside sources to finance their unpaid balances. Patients unable to secure other sources for

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payment will be offered an installment payment plan, as referenced previously, which may include the payment of interest charges.

ADMISSION, CREDIT AND COLLECTION PROCEDURES

- A. ~~Pre-Service admissions are provided for scheduled inpatients and outpatients.~~
Pre-admission services include: pre-registration, insurance verification, authorization for managed care patients, collection of deductibles, and co-insurances from insured patients and collection of deposits from uninsured patients. Patients presenting for elective services, whose insurance does not cover 100% of the expected charge, will be required to pay their deductibles and co-insurance before or at the time of service. Elective Self Pay patients and insured patients receiving non-covered services will be required to pay 100% of the expected charges at the time of service. Those elective patients who cannot pay at or before the time of service will have their services delayed/postponed, with the physician's approval, until appropriate financial arrangements are made, including Public Assistance.
- B. All Federal and State laws and statutes shall be followed including, but not limited to, EMTALA. Patients shall receive the appropriate medical screening examination and any necessary stabilizing treatment for emergency medical conditions, regardless of ability to pay.
- C. Scheduled patients with insurance will be admitted to the hospital as per the provision of Paragraph A, pre-service admissions. Subject to the requirements of EMTALA, unscheduled patients with insurance will be registered upon arrival to the hospital, at which time, deductibles, co-insurance and non-covered charges will be collected. If the patient is unable to pay their estimated balance at this time an installment payment plan will be offered.
- D. Scheduled patients without insurance will be admitted to the hospital as per the provision of Paragraph A, pre-service admissions. Subject to the requirements of EMTALA, unscheduled patients without insurance will be registered upon arrival to the hospital, and uninsured inpatients and certain outpatients (surgery and high cost non-invasive procedures) will be referred to Financial Counseling for possible Medical Assistance. If it is determined by the Financial Counselor that the patient will not be eligible for any form of financial assistance, the estimated charges for the outpatient visit or inpatient stay will be collected. If the patient is unable to pay their estimated balance at this time, an installment payment plan will be offered. Non-urgent patients, with coordination of the physician, will be delayed and rescheduled.
- E. Non-urgent Managed Care patients, whose stay/procedure requires authorization by their Managed Care Insurance Company, will be delayed and rescheduled (with the physician's approval) if the authorization has not been obtained prior to that admission.
- F. Financial Counseling services and on-site Department of Social Services' caseworkers are available at each hospital to assist qualified patients to obtain medical assistance. Any uninsured patient refusing to cooperate in seeking financial assistance will be required to pay in full at discharge or have any non-urgent services deferred until

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appropriate steps are taken by the patient to obtain medical assistance. Failure to pay full charges at the time of discharge or to establish an installment payment plan may result in accelerated collection efforts.

APPROVALS

Policy Coordinator Vice President Approval	Christopher Johnson, Vice President, Financial Services
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- End -

000213

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

RECEIVED
AUG 03 2015
SC Court of Appeals

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

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

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

v.

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

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

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all material
proposed to be included by any of the parties and not any other material.

E. B. A. A.

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E. Brandon Gaskins, Esquire
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Attorneys for Appellant The Charlotte-
Mecklenburg Hospital Authority, d/b/a
Carolinas Medical Center – Fort Mill

July 24, 2015

Charleston, South Carolina