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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

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

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S.C. SUPREME COURT

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 XIV OF XVII

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747 Mendenhall Court
Fort Mill, South Carolina 29715
803-802-9774 (Home)
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PROFESSIONAL SUMMARY

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

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

CORE COMPETENCIES

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

SELECTED ACHEIVEMENTS

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

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

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

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

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

CURRENT PROJECTS

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

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

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

- Updating master plan for current Rock Hill facility

EXPERIENCE

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

4/98 to Present

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

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

RESPONSIBILITIES: Provide leadership for the development of

Chief Executive Officer

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

ACCOMPLISHMENTS:

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

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

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

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

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

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

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

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

ACCOMPLISHMENTS:

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

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

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

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

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

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

ACCOMPLISHMENTS:

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

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

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

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

1/87 to 2/94

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

Vice President - Finance and Chief Financial Officer

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

ACCOMPLISHMENTS:

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

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

Other Experiences

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

PROFESSIONAL AFFILIATIONS

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

COMMUNITIY ACTIVITIES

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

Education

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

PERSONAL

Married, four children, excellent health

CURRICULUM VITAE

ARUN ADLAKHA, M.D., FCCP

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

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EDUCATION

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

TRAINING AND EXPERIENCE

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

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

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

*Teaching Experience

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

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

Medical Licensure

A Panjab Medical Council, Panjab, India

B North Carolina License
No. 98-00755

C South Carolina License
No. 20638

HONORS AND AWARDS

Pre-university (May 1973)

A University Merit Scholarship

Premedical (May 1974):

A University Merit Scholarship

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

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

A Second in Class at Panjab University, India

B Second Prize in Physiology

C Principal's Prize: Best Graduate of 1974

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

A Second in Class at Panjab University India

B First Prize in Pathology

C First Prize in Pharmacology

D University Merit Scholarship for 2nd Professional Result

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

A First in Class at Panjab Univ., India

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

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

D Best outgoing Graduate of Year 1978

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

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

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

H First Prize in Obstetrics and Gynecology

I Second Prize in Surgery

J Second Prize in Ophthalmology

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

PGI Year at Chattanooga, Tennessee
(1990-91)

A Dr. Coddington Award for outstanding Case report presentation

B Dr. Coddington Award for outstanding overall presentation

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

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

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

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

MEMBERSHIP IN PROFESSIONAL GROUPS

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

ABSTRACTS PUBLISHED

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PRESENTATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a) Best Care Report Cash Award $250 for "Metastatic Sarcomatoid Mesothelioma Through Tertiary Exposure in a 72 year old Housewife."
b) Best Overall Presentation Cash Award of $400 for "Metastatic Pancreatic Adenocarcinoma Masquerading as Primary Sclerosing Cholangitis in a Young Man."

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MANUSCRIPTS PUBLISHED

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CLINICAL RESEARCH PROJECTS

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

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

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

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

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

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

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

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

9 Taking part in an open-label study of the "Safety and Efficacy of Subcutaneous Recombinant Interferon Gamma –1b (IFN-γ-1b) in Patients with Idiopathic Pulmonary Fibrosis."

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

LABORATORY PROJECTS (MAYO CLINIC)

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

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

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

MISCELLANEOUS ACHIEVEMENTS:

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

2 Reviewer for manuscripts published in Southern Medical Journal.

3 Reviewer for manuscripts published in Journal of Bronchology.

4 Reviewer for manuscripts published in Mayo Clinic Proceedings.

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

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

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

LIST OF REFERENCES:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Curriculum Vitae

Roy Norman Taylor, III, M.D.

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

Education:

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

Practice Experience:

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

Medical Licensure:

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

Hospital Affiliations:

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

Memberships:

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

Offices/Hospital Positions:

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

Petitioner's
Trial Exhibit
073

Offices/Positions continued:

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

Current Community Positions:

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

Social:

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

CURRICULUM VITAE

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

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

CERTIFICATIONS

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

ACHIEVEMENTS

President 2010
York County Medical Society

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

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

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

Petitioner's Trial Exhibit
074

PET-EX074

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

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

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

EDUCATION & TRAINING

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

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

HOSPITAL AFFILIATIONS

Piedmont Medical Center
Rock Hill, SC
Active Staff Since 1994

Springs Memorial Hospital
Lancaster, SC
Courtesy Staff Since 1994

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

Presbyterian Hospital
Charlotte, NC
Courtesy Staff Since 1994

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

PROFESSIONAL AFFICILAITIONS

American College of Physicians
Fellow 1989

American Medical Association
Member 1990

Southern Medical Association
Member 1990

American College of Cardiology
Fellow 1991

American Heart Association
Member 1991

PRESENTATIONS (National and International Meetings)

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

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

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

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

INTRAMURAL PRESENTATIONS

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

RESEARCH INTEREST

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

CLINCIAL STUDY COORDINATOR

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

SUB-INVESTIGATOR

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

INVESTIGATOR

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

PUBLICATIONS, JOURNALS

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

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

Sushil K. Singhi 7/15/10

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

South Carolina Board of Medical Examiners
Website Verification

196 CARDIOLOGY DR
ROCK HILL, SC 29732-1174

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

Primary Source Verification of Graduation Certified

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

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

License History:
Temporary License Number: 00T956
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Verification disclaimer

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

Verification disclaimer

Cost Report Data

340113
CAROLINAS MEDICAL CENTER
1000 BLYTHE BLVD
CHARLOTTE, NC 28232

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

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

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

Fiscal Intermediary: Palmetto Government Benefits Administrators

Medicare Inpatient Characteristics

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

[Date Generated. 03/20/2013]

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

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Legend:

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

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

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

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

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

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

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

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

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

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Petitioner's
Trial Exhibit
075A

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

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

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

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

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

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

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

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

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

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

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

Hospital and Hospital Health Care Complex Address:

1	Street: 1000 BLYTHE BLVD				P.O.Box: 32861				1
1.01	City: CHARLOTTE		State: NC	ZIP: 28232	County: MECKLENBURG				1.01

Hospital and Hospital-Based Component Identification:

	Component	Component Name	Provider Number	NPI Number	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
	0	1	2	2.01	3	4	5	6	
2	Hospital	CAROLINAS MEDICAL CENTER	340113		07/01/66		P	O	2
3.00	Subprovider		34S113		10/03/83		P	O	3.00
3.01	Subprovider - 2		34T113		01/01/09		P	O	3.01
4	Swing Beds-SNF								4
5	Swing Beds-NF								5
6	Hospital-Based SNF								6
7.00	Hospital-Based NF								7.00
8	Hospital-Based OLTC								8
9.00	Hospital-Based HHA								9.00
11.00	Separately Certified ASC								11.00
12.00	Hospital-Based Hospice								12.00
14.00	Hospital-Based Health Clinic								14.00
15.00	Outpatient Rehab. Clinic								15.00
16.00	Renal Dialysis		342306		08/01/83				16.00

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

Type of Hospital/subprovider (see instructions)

19	Hospital	1	19
20.00	SubComponent 1 - 34S113	4	20.00
20.01	SubComponent 2 - 34T113	5	20.01

Other Information

21	Indicate if your hospital is either (1) urban or (2) rural at the end of the cost reporting period in column 1 If your hospital is geographically classified or located in a rural area, is your bed size in accordance with CFR 42 412.105 less than or equal to 100 beds, enter in column 2 "Y" for yes or "N" for no						21
21.01	Does your facility qualify and is currently receiving payment for disproportionate share hospital adjustment in accordance with 42 CFR 412.106?Enter in column 1 "Y" for yes or "N" for no. Is this facility subject to the provisions of 42 CFR 412.106(c)(2) (Pickle amendment hospitals)? Enter in column 2 "Y" for yes or "N" for no.				Y	N	21.01
21.02	Has your facility received a new geographic reclassification status changes after the first day of the cost reporting period from rural to urban and vice versa? Enter "Y" for yes and "N" for no. If yes, enter in column 2 the effective date (mm/dd/yyyy) (See instructions)						21.02
21.03	Enter in column 1 your geographic location either (1) urban (2) rural If you answered urban in column 1 indicate if you received either a wage or standard geographic reclassification to a rural location, enter in column 2 "Y" for yes and "N" for no. If column 2 is yes enter in column 3 the effective date (mm/dd/yyyy) (see instruction). Does your facility contain 100 or fewer beds in accordance with 42 CFR 412.105? Enter in column 4 "Y" for yes and "N" for no Enter in column 5 the providers actual MSA or CBSA	1	N		N	16740	21.03
21.04	For standard Geographic classification (not wage), what is your status at the beginning of the cost reporting period. Enter (1) urban and (2) rural			1			21.04
21.05	For standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) urban and (2) rural.			1			21.05
21.06	Does this hospital qualifies for the three year transition (or applicable extension) of hold harmless payments for small rural hospital under the prospective payment system for hospital outpatient services under DRA §5105 or MIPPA §147, ACA §3121, or MMEA §108? (See instructions). Enter "Y" for yes. and "N" for no.			N			21.06
21.07	Does this hospital qualify as an SCH with 100 or fewer beds under MIPPA§147? Enter "Y" for yes and "N" for no.(See instructions) Is this an SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 or MMEA §108? Enter in colun 2 "Y" for yes or "N" for no.(See instructions)				N		21.07
21.08	Which method is used to determine Medicaid days on S-3, Part I, col. 5 Enter in column 1, "1" if it is based on date of admission, "2" if it based on census days, or "3" if it is based on date of discharge. Is this method different than the method used in the preceeding cost reporting period? Enter in column 2,"Y" for yes or "N" for no.			3	N		21.08
22	Are you classified as a referral center?			N			22
23	Does this facility operate a transplant center? If yes, enter certification date(s) in column 2 and termination date(s) in column 3 (mm/dd/yyyy) below:			Y			23
23.01	If this is a Medicare certified kidney transplant center, enter the certification date in col. 2 and termination in col. 3.				05/04/70		23.01
23.02	If this is a Medicare certified heart transplant center, enter the certification date in col. 2 and termination in col. 3.				02/09/89		23.02
23.03	If this is a Medicare certified liver transplant center, enter the certification date in col. 2 and termination in col. 3.				05/19/98		23.03

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

23.04	If this is a Medicare certified lung transplant center, enter the certification date in col. 2 and termination in col. 3.				23.04
23 05	If Medicare pancreas transplant are performed see instructions for entering certification and termination date.		07/01/99		23.05
23.06	If this is a Medicare certified intestinal transplant center, enter the certification date in col. 2 and termination in col. 3.				23.06
23.07	If this is a Medicare certified islet transplant center, enter the certification date in col. 2 and termination in col. 3.				23.07
24	If this is an organ procurement organization (OPO), enter the OPO number in column 2 termination date in col 3.		34P003		24
24.01	If this is a Medicare Transplant Center, enter CCN in col. 2, the certification or recertification date after (12/26/2007) in column 3 (mm/dd/yyyy).		349802	12/05/08	24.01
25	Is this a teaching hospital or affiliated with a teaching hospital and you are receiving payments for I & R?	Y			25
25.01	Is this teaching program approved in accordance with CMS Pub. 15-I, chapter 4?	Y			25.01
25.02	If line 25.01 is yes, was Medicare participation and approved teaching program status in effect during the first month of the cost reporting period? If yes, complete Worksheet E-3, Part IV. If no, complete Worksheet D-2, Part II.	Y			25.02
25.03	As a teaching hospital, did you elect cost reimbursement for physicians as defined in CMS Pub. 15-I, section 2148? If yes, complete Worksheet D-9.	N			25.03
25.04	Are you claiming costs on line 70 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			25.04
25.05	Has your facility direct GME FTE cap (column 1) or IME FTE cap (column 2) been reduced under 42 CFR §413.79(c)(3) or 42 CFR §412.105(f)(1)(iv)(B)? Enter "Y" for yes and "N" for no in the applicable columns (see instructions)	Y	Y		25.05
25.06	Has your facility received additional direct GME FTE resident cap slots or IME FTE residents cap slots under 42 CFR 413.79(c)(4)or 42 CFR 412.105(f)(1)(iv)(C)? Enter "Y" for yes and "N" for no in the applicable columns (see instructions).	N	N		25.06
25.07	Has your facility trained residents in non-provider setting during the cost reporting period? Enter "Y" for yes or "N" for no in column 1.				25.07
25.08	If line 25.07 is yes, enter in column 1 the weighted number of non-primary care FTE residents attributable to rotations occurring in all non-provider settings.				25.08
25.09	If line 25.07 is yes, use lines 25.09 through 25.59 as necessary to identify the program name in column 1, the program code in column 2, and the number unweighted primary care residents FTEs by program in column 3 for each primary care specialty program in which residents are trained.(see instructions)				25.09
26	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the C/R period Enter beginning and ending dates of SCH status on line 26.01. Subscript line 26.01 for number of periods in excess of one and enter subsequent dates				26
26.01	Enter the applicable SCH dates: (see instructions)	Beginning:	Ending:		26.01
27	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			27
28	If this facility contains a hospital-based SNF, are all patients under managed care or there were no Medicare utilization enter "Y", if "N" complete lines 28.01 and 28.02.				28
28.01	If hospital-based SNF, enter appropriate transition period 1, 2, 3, or 100 in column 1. Enter in columns 2 and 3 the wage index adjustment factor before and on or after the October 1st (see instructions)				28.01
28.02	Enter in column 1 the hospital based SNF facility specific rate (from your fiscal intermediary) if you have not transitioned to 100% SNF PPS payment. In column 2 enter the facility classification Urban(1) or Rural(2) In column 3, enter the SNF MSA code or two character state code if a Rural based facility. In column 4, enter the SNF CBSA code or two character state code if a Rural based facility				28.02
	A notice published in the "Federal Register" Vol. 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. Enter in column 1 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 6, column 3. Indicate in column 2 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (See instructions)				
28.03	Staffing				28.03
28.04	Recruitment				28.04
28.05	Retention of employees				28 05
28.06	Training				28.06
28.07	Other (Specify)				28.07
29	Is this a rural hospital with a certified SNF which has fewer than 50 beds in the aggregate for both components, using the swing bed optional method of reimbursement?	N			29
30	Does this hospital qualify as a rural primary care hospital (RPCH)/Critical Access Hospital (CAH)? (see 42 CYR 485.606ff)	N			30
30.01	If so, is this the initial 12 month period for the facility operated as an RPCH/CAH? See 42 CFR 413.70.				30.01
30.02	If this facility qualifies as an RPCH/CAH, has it elected the all-inclusive method of payment for outpatient services? (See instructions)				30 02
30.03	If this facility qualifies as a CAH is it eligible for cost reimbursement for ambulance services? If yes, enter in column 2 the date of eligibility determination (date must be on or after 12/21/2000)				30.03
30.04	If this facility qualifies as a CAH is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes and "N" for no. If yes, the GME elimination would not be on Worksheet B, Part I, column 26 and the program would be cost reimbursed. If yes also complete Worksheet D-2, Part II.				30 04
31	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR 412.113(c).	N			31
31.01		N			31.01
31.02		N			31.02
Miscellaneous Cost Reporting information					
32	Is this an all-inclusive provider? If yes, enter the method used (A, B, or E only) in column 2.	N			32

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

33	Is this a new hospital under 42 CFR 412 300 PPS capital? Enter "Y for yes and "N" for no in column 1. If yes, for cost reporting periods beginning on or after October 1, 2002, do you elect to be reimbursed at 100% Federal capital payment? Enter "Y for yes and "N" for no in column 2.	N				33
34	Is this a new hospital under 42 CFR 413 40(f)(1)(i) TEFRA?	N				34
35	Have you established a new subprovider (excluded unit) under 42 CFR 413.40(f)(1)(i)?	N				35
35.01		Y				35 01
		V	XVIII	XIX		
	Prospective Payment System (PPS)-Capital	1	2	3		
36	Do you elect fully prospective payment methodology for capital costs? (See instructions)		Y			36
36.01	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320? (See instructions)		Y			36.01
37	Do you elect hold harmless payment methodology for capital costs? (See instructions)		N			37
37.01	If you are a hold harmless provider, are you filing on the basis of 100% of the Federal rate?		N			37.01
	Title XIX inpatient services					
38	Do you have title XIX inpatient hospital services?	Y				38
38.01	Is this hospital reimbursed for title XIX through the cost report either in full or in part?					38.01
38.02	Does the title XIX program reduce capital following the Medicare methodology?					38.02
38.03	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (See instructions)	N				38.03
38.04	Do you operate an ICF/MF facility for purposes of title XIX?	N				38 04
40	Are there any related organization or home office costs as defined in CMS Pub. 15-1, Chapter 10? If yes, and this facility is part of a chain organization, enter in col 2 the chain home office chain number. (See inst) If this facility is part of a chain organization enter the name and address of the home office on lines 40.01-40.03.	Y	349014			40
40.01	Name: CAROLINAS HEALTHCARE SYSTEM	FI/Contractor's Name: PALMETTO GBA	FI/Contractor's Number: 11501			40.01
40.02	Street: 1000 BLYTHE BLVD	PO Box:BOX 32861				40.02
40.03	City: CHARLOTTE	State: NC	Zip Code: 28232			40.03
41	Are provider based physicians' costs included in Worksheet A?	Y				41
42	Are physical therapy services provided by outside suppliers?	N				42
42.01	Are occupational therapy services provided by outside suppliers?	N				42.01
42.02	Are speech pathology services provided by outside suppliers?	N				42.02
43	Are respiratory therapy services provided by outside suppliers?	N				43
44	If you are claiming cost for renal services on Worksheet A, are they inpatient services only?	N				44
45	Have you changed your cost allocation methodology from the previously filed cost report? See CMS Pub. 15-II, section 3617. If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				45
45.01	Was there a change in the statistical basis?					45.01
45.02	Was there a change in the order of allocation?					45.02
45.03	Was there a change to the simplified cost finding method?					45.03
46	If you are participating in the NHCMQ demonstration project (must have a hospital-based SNF) during this cost reporting period, enter the phase (see instructions).					46

	If this facility contains a provider that qualifies for an exemption from the application of the lower of costs or charges, enter "Y" for each component and type of service that qualifies for the exemption. Enter "N" if not exempt. (See 42 CFR 413.13.)	Part A 1	Part B 2	Outpatient ASC 3	Outpatient Radiology 4	Outpatient Diagnostic 5	
47	Hospital	N	N	N	N	N	47
48	Subprovider	N	N	N	N	N	48
48.01		N	N	N	N	N	48.01
49	SNF						49
50	HHA						50
51	Outpatient Rehab. Providers (specify)						51

52	Does this hospital claim expenditures for extraordinary circumstances in accordance with 42 CFR 412.348(e)? (See instructions)	N			52
52.01	If you are a fully prospective or hold harmless provider are you eligible for the special exceptions payment pursuant to 42 CFR 412.348(g)? If yes, complete Worksheet L, Part IV.	N			52.01
53	If you are a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in this C/R period. Enter beginning and ending dates of MDH status on line 53.01. Subscript line 53.01 for number of periods in excess of one and enter subsequent dates.				53
53.01	MDH Period	Beginning:	Ending:		53.01
54	List amounts of malpractice premiums and paid losses:	Premiums: 2,430,548	Paid losses: 4,783,981	and/or Self Insurance. 8,172,963	54
54.01	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			54.01
55	Does your facility qualify for additional prospective payment in accordance with 42 CFR 412.107. Enter "Y" for yes and "N" for no.	N			55

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

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

56.01	Enter subsequent ambulance payment limit as required Subscript if more than 2 limits apply. Enter in column 4 the fee schedules amounts for initial or subsequent periods as applicable.							56.01
57	Are you claiming nursing and allied health costs? (See instructions)						Y	57
58	Are you an Inpatient Rehabilitation Facility (IRF), or do you contain an IRF subprovider? Enter in column 1 "Y" for yes and "N" for no. If yes have you made the election for 100% Federal PPS reimbursement? Enter in column 2 "Y for yes and "N" for no. This option is only available for cost reporting periods beginning on or after 1/1/2002 and before 10/1/2002.				Y			58
58.01	If line 58 column 1 is Y, does the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter in column 1 "Y" for yes or "N" for no. Is the facility training residents in a new teaching programs in accordance with FR Vol. 70, No. 156 dated August 15, 2005 page 47929? Enter in column 2 "Y" for yes or "N" for no If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions). If the current cost reporting period covers the beginning of the fourth enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5 . (see instructions)		Y		N			58.01
59	Are you a Long Term Care Hospital (LTCH), or do you contain a LTCH subprovider? Enter in column 1 "Y" for yes and "N" for no. If yes, have you made the election for 100% Federal PPS reimbursement? Enter in column 2 "Y" for yes and "N" for no. (See instructions)				N			59
60	Are you an Inpatient Psychiatric Facility (IPF), or do you contain an IPF subprovider? Enter in column 1 "Y" for yes and "N" for no. If yes, is the IPF or IPF subprovider a new facility? Enter in column 2 "Y for yes and "N" for no. (see instructions)				Y			60
60.01	If line 60 column 1 is Y, does the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Is the facility training residents in a new teaching programs in accordance with 42 CFR Sec. 412.424 (d)(1)(iii)(2)? Enter in column 2 "Y" for yes or "N" for no. If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions). If the current cost reporting period covers the beginning of the fourth enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5 . (see instructions)		N		N			60.01
Multicampus								
61	Is this facility part of a Multicampus hospital that has one or more campuses in different CBSA? Enter "Y" for yes and "N" for no.						N	61
	If line 61 is yes, enter the name in col. 0, County in col. 1, state in col. 2, Zip in col 3, CBSA in col. 4 and FTE/Campus in col. 5	County	State	ZIP Code	CBSA	FTE/ Campus		
		1	2	3	4	5		
62	Name:							62
Settlement data								
63	Was there a change to the simplified cost finding method?				Y	04/22/11		63
Miscellaneous data								
64	Did this facility incur and report costs for implantable devices charged to patient? Enter in column 1 "Y" for yes or "N" for no.					Y		64

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	PROVIDER NO 340113	PERIOD FROM 01/01/2010 TO 12/31/2010	WORKSHEET S-3 PART I

	Component	No. of Beds	Bed Days Available	I/P Days / O/P Visits / Trips							OBS Beds		Interns & Residents FTEs			Full Time Equivalent		Discharges				
				Title V	Title XVIII	Not Covered (LTAC only)	Title XIX			Total All Patients	Admitted	Not Admitted	Total	Less I&R Replacing Non-Phys. Anest.	Net	Employees on Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
							Total	OBS Admitted	OBS Not Admitted													
		1	2	3	4	4.01	5	5.01	5.02	6	6.01	6.02	7	8	9	10	11	12	13	14	15	
1	Hospital Adults &Peds (col 3,4,&5), exclude Swing Beds, OBS Bed, and Hospice Days	569	207,634		57,304		31,741			176,816									12,755	13,556	45,097	1
2	HMO				6,774		17,877															2
3	Hospital Adults &Peds Swing Bed SNF																					3
4	Hospital Adults & Peds Swing Bed NF																					4
5	Total Adults & Peds. (exclude OBS beds)	569	207,634		57,304		31,741			176,816												5
6	Intensive Care Unit	38	13,976		4,496		3,133			10,010												6
7	Coronary Care Unit	20	7,300		3,042		1,447			5,967												7
8	Burn Intensive Care Unit																					8
9	Surgical Intensive Care Unit	97	35,405		9,006		12,120			29,014												9
10 15	Neonatal ICU	55	20,206				7,000			14,940												10.15
10.25	Detoxification ICU	4	1,460		1,338		455			2,617												10.25
11	Nursery						15,172			23,115												11
12	Total (see instructions)	783	285,981		75,186		71,068			262,479			19.78		19.78	7,847.04			12,755	13,556	45,097	12
13	RPCH/CAH visits																					13
14 00	SubComponent 1 - 34S113	70	25,550		4,686		9,137			24,395						461.00			350	819	2,303	14.00
14 01	SubComponent 2 - 34T113	13	4,745				1,055			2,708						31.01				56	145	14.01
15	Skilled Nursing Facility																					15
16	Nursing Facility																					16
17	Other Long Term Care																					17
18	Home Health Agency																					18
20	ASC (Distinct Part)																					20
21	Hospice (Distinct Part)																					21
23	Outpatient Rehab Provider (specify)																					23
24	RHC/FQHC (specify)																					24
25	Total (sum of lines 12-24)	866													19.78	8,339.05						25
26	Observation Bed Days						2,282			10,593												26
26 01										3,174												26.01
27	Ambulance Trips																					27
28	Employee discount days (see instru.)																					28
29	Labor & delivery days (see instructions)									4,167												29

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HOSPITAL WAGE INDEX INFORMATION		PROVIDER NO.. 340113		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET S-3. PART II	
PART II - WAGE DATA	Amount Reported	Reclass. of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salaries in col. 3	Average Hourly Wage (col 3÷ col. 4)	Data Source	
	1	2	3	4	5	6	
SALARIES							
1 Total Salaries (see instructions)	521,005,243	266,160	521,271,403	16,378,418	31.83		1
2 Non-physician anesthetist Part A							2
3 Non-physician anesthetist Part B	20,057,206		20,057,206	220.564	90.94		3
4 Physician-Part A	17,739,012		17,739,012	105,171	168.67		4
4.01 Teaching physician salaries (see instructions)	14,066,885		14,066,885	66,936	210.16		4.01
5 Physician-Part B	62,994,862		62,994,862	698,134	90.23		5
5.01 Non-physician-Part B							5.01
6 Interns & residents (in an approved program)		11,961,827	11,961,827	494,555	24.19		6
6 01 Contractd Services I&R (see instructions)							6 01
7 Home office personnel							7
8 SNF							8
8.01 Excluded area salaries (see instructions)	61,341,911	191,289	61,533,200	2,048,222	30.04		8.01
OTHER WAGES & RELATED COSTS							
9 Contract labor (see instructions)	2,949,658		2,949,658	50,927	57.92		9
9.01 Pharmacy services under contract							9.01
9.02 Laboratory services under contract							9.02
9.03 Management and administrative services							9.03
10 Contract labor: physician-Part A	417,575		417,575	5,006	83.41		10
10.01 Teaching physician under contract (see instru.)	1,052,535		1,052,535	11,595	90.77		10.01
11 Home office salaries & wage-related costs	121,496,478		121,496,478	2,346,490	51.78		11
12 Home office: physician Part A							12
12.01 Teaching physician salaries (see instructions)							12.01
WAGE-RELATED COSTS							
13 Wage-related costs (core)	99,087,657		99,087,657			CMS 339	13
14 Wage-related costs (other)						CMS 339	14
15 Excluded areas	15,720,631		15,720,631			CMS 339	15
16 Non-physician anesthetist Part A						CMS 339	16
17 Non-physician anesthetist Part B	1,692,885		1,692,885			CMS 339	17
18 Physician Part A	682,073		682,073			CMS 339	18
18.01 Part A teaching physicians (see instructions)	401,517		401,517			CMS 339	18.01
19 Physician Part B	4,327,954		4,327,954			CMS 339	19
19.01 Wage-related costs (RHC/FQHC)						CMS 339	19.01
20 Interns & residents (in an approved program)	3,795,836		3,795,836			CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 Employee Benefits	7,500,134		7,500,134	42	N/A		21
22 Administrative & General	18,665,154	609,970	19,275,124	789,434	24.42		22
22.01 Administrative & General under contract (see inst.)	16,333		16,333	72	226.22		22 01
23 Maintenance & Repairs							23
24 Operation of Plant	5,210,530		5,210,530	280,672	18.56		24
25 Laundry & Linen Service	260,147		260,147	22,945	11.34		25
26 Housekeeping	5,631,588		5,631,588	531,768	10.59		26
26.01 Housekeeping under contract (see instructions)							26.01
27 Dietary	149,113		149,113	5,535	26 94		27
27.01 Dietary under contract (see inst.)							27.01
28 Cafeteria							28
29 Maintenance of Personnel							29
30 Nursing Administration	5,050,816		5,050,816	134,857	37.45		30
31 Central Services and Supply	1,295,232		1,295,232	84,840	15.27		31
32 Pharmacy	15,086,588	-51,509	15,035,079	435,436	34.53		32
33 Medical Records & Medical Records Library	5,430,655	-576	5,430,079	302,839	17.93		33
34 Social Service	7,407,432		7,407,432	264,631	27.99		34
35 Other General Service	243,569		243,569	12,465	19.54		35

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HOSPITAL WAGE INDEX INFORMATION		PROVIDER NO.: 340113		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET S-3, PART III	
	Amount Reported	Reclass. of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salaries in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	Data Source	
	1	2	3	4	5	6	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1 Net Salaries (see instructions)	423,902,623	-11,695,667	412,206,956	14,898,302	27.67		1
2 Excluded area salaries (see instructions)	61,341,911	191,289	61,533,200	2,048,222	30.04		2
3 Subtotal salaries (line 1 minus line 2)	362,560,712	-11,886,956	350,673,756	12,850,080	27.29		3
4 Subtotal other wages & related costs (see inst.)	125,916,246		125,916,246	2,414,018	52.16		4
5 Subtotal wage-related costs (see inst.)	99,769,730		99,769,730		28.45		5
6 Total (sum of lines 3 thru 5)	588,246,688	-11,886,956	576,359,732	15,264,098	37.76		6
7 Net salaries (see instructions)							7
8 Excluded area salaries							8
9 Subtotal salaries (line 7 minus line 8)							9
10 Subtotal other wages & related costs (see inst.)							10
11 Subtotal wage-related costs (see inst.)							11
12 Total (sum of lines 9 thru 11)							12
13 Total overhead costs (see inst.)	71,947,291	557,885	72,505,176	2,865,536	25.30		13

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HOSPITAL UNCOMPENSATED CARE DATA	PROVIDER NO: 340113	PERIOD. FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET S-10

Uncompensated Care Information			
1	Do you have a written charity policy?		1
2	Are patients write-offs identified as charity? If yes answer lines 2.01 thru 2.04		2
2.01	Is it at the time of admission?		2.01
2.02	Is it at the time of first billing?		2.02
2.03	Is it after some collection effort has been made?		2.03
2.04	Other methods of write-offs (specify)		2.04
3	Are charity write-offs made for partial bills?		3
4	Are charity determinations based upon administrative judgment without financial data?		4
5	Are charity determinations based upon income data only?		5
6	Are charity determinations based upon net worth (assets) data?		6
7	Are charity determinations based upon income and net worth data?		7
8	Does your accounting system separately identify bad debt and charity care? If yes answer 8.01		8
8.01	Do you separately account for inpatient and outpatient services?		8.01
9	Is discerning charity from bad debt a high priority in your institution? If no answer 9.01 thru 9.04		9
9.01	Is it because there is not enough staff to determine eligibility?		9.01
9.02	Is it because there is no financial incentive to separate charity from bad debt?		9.02
9.03	Is it because there is no clear directive policy on charity determination?		9.03
9.04	Is it because your institution does not deem the distinction important?		9.04
10	If charity determinations are made based upon income data, what is the maximum income that can be earned by patients (single without dependent) and still determined to be a charity write off??		10
11	If charity determinations are made based upon income data, is the income directly tied to Federal poverty level? If yes answer lines 11.01 thru 11.04		11
11.01	Is the percentage level used less than 100% of the Federal poverty level?		11.01
11.02	Is the percentage level used between 100% and 150% of the Federal poverty level?		11.02
11.03	Is the percentage level used between 150% and 200% of the Federal poverty level?		11.03
11.04	Is the percentage level greater than or equal to 200% of the Federal poverty level?		11.04
12	Are partial write-offs given to higher income patients on a gradual scale?		12
13	Is there charity consideration given to high net worth patients who have catastrophic or other extraordinary medical expenses?		13
14	Is your hospital State or local government owned? If yes answer line 14.01 and 14.02		14
14.01	Do you receive direct financial support from the government entity for the purpose of providing uncompensated care?		14.01
14.02	What percentage of the amount on line 14.01 is from government funding?		14.02
15	Do you receive restricted grants for rendering care to charity patients?		15
16	Are other non-restricted grants used to subsidize charity care?		16
Uncompensated Care Revenues			
17	Revenues from uncompensated care	23,766,684	17
17.01	Gross Medicaid Revenues	214,164,261	17.01
18	Revenues from State and local indigent care programs	14,669,370	18
19	Revenues related to SCHIP (see instructions)	5,527,571	19
20	Restricted grants		20
21	Non-restricted grants		21
22	Total Gross Uncompensated Care Revenues	258,127,886	22
Uncompensated Care Costs			
23	Total charges for patients covered by State and local indigent care programs		23
24	Cost to Charge Ratio (Wkst C, Part I, column 3 line 103, divided by column 8, line 103)	0.315485	24
25	Total State and local indigent care program cost (line 23 x line 24)		25
26	Total SCHIP charges from your records	16,151,323	26
27	Total SCHIP cost, (line 24 x line 26)	5,095,500	27
28	Total gross Medicaid charges from your records	597,908,605	28
29	Total gross Medicaid cost (line 24 x line 28)	188,631,196	29
30	Other uncompensated care charges from your records (see instructions)	201,437,291	30
31	Uncompensated care cost (line 24 x line 30)	63,550,444	31
32	Total uncompensated cost to the hospital (Sum of lines 25, 27, and 29)	193,726,696	32

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			PROVIDER NO: 340113			PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	0100	Old Capital Related Costs-Buildings and Fixtures								1
2	0200	Old Capital Related Costs-Movable Equipment								2
3	0300	New Capital Related Costs-Buildings and Fixtures				21,984,564	21,984,564	2,632,906	24,617,470	3
4	0400	New Capital Related Costs-Movable Equipment				31,208,912	31,208,912	3,032,522	34,241,434	4
5	0500	Employee Benefits	7,500,134	104,528,753	112,028,887	30,793,704	142,822,591	-4,809,642	138,012,949	5
6.05	0600	Administrative & General	18,665,154	266,004,994	284,670,148	-69,275,772	215,394,376	-26,600,967	188,793,409	6.05
7	0700	Maintenance and Repairs								7
8	0800	Operation of Plant	5,210,530	12,348,189	17,558,719	1,214,986	18,773,705	-438,057	18,335,648	8
9	0900	Laundry and Linen Service	260,147	24,857	285,004	4,224,584	4,509,588		4,509,588	9
10	01000	Housekeeping	5,631,588	4,274,331	9,905,919	-76,076	9,829,843	-2,531	9,827,312	10
11	1100	Dietary	149,113	19,651,791	19,800,904	-265,797	19,535,107	-6,708,418	12,826,689	11
12	1200	Cafeteria								12
13	1300	Maintenance of Personnel								13
14	1400	Nursing Administration	5,050,816	445,978	5,496,794	-83,305	5,413,489	-525,969	4,887,520	14
15	1500	Central Services and Supply	1,295,232	3,908,064	5,203,296	-29,728	5,173,568	-10,667	5,162,901	15
16	1600	Pharmacy	15,086,588	57,884,840	72,971,428	-42,998,474	29,972,954	-10,605,030	19,367,924	16
17	1700	Medical Records & Medical Records Library	5,430,655	3,816,383	9,247,038	-230,154	9,016,884	347,241	9,364,125	17
18	1800	Social Service	7,407,432	509,662	7,917,094	-24,693	7,892,401	-198,889	7,693,512	18
19.05	1900	Other General Service Cost Centers	243,569	159,251	402,820		402,820	-85,534	317,286	19.05
20	2000	Nonphysician Anesthetics								20
21	2100	Nursing School	2,980,749	1,331,272	4,312,021	590,665	4,902,686	-1,541,648	3,361,038	21
22	2200	Intern & Res Service-Salary & Fringes (Approved)				11,961,827	11,961,827		11,961,827	22
23	2300	Intern & Res. Other Program Costs (Approved)	83,189,929	24,378,917	107,568,846	-19,441,071	88,127,775	-62,431,264	25,696,511	23
24	2400	Paramedical Ed. Program (specify)	2,386,850	917,300	3,304,150	-545,071	2,759,079	-932,377	1,826,702	74
		INPATIENT ROUTINE SERVICE COST CENTERS								
25	2500	Adults and Pediatrics (General Routine Care)	62,676,369	6,034,124	68,710,493	-1,243,525	67,466,968	-2,720,030	64,746,938	25
26	2600	Intensive Care Unit	8,548,726	4,893,939	13,442,665	-670,318	12,772,347	-8,358,312	4,414,035	26
27	2700	Coronary Care Unit	4,001,671	508,563	4,510,234	-139,588	4,370,646	-300	4,370,346	27
28	2800	Burn Intensive Care Unit								28
29	2900	Surgical Intensive Care Unit	21,892,273	3,462,522	25,354,795	-1,405,071	23,949,724	-2,095,696	21,854,028	29
30.15	3000	Neonatal ICU	16,339,113	3,306,704	19,645,817	-2,593,954	17,051,863	-8,271,868	8,779,995	30.15
30.25	3000	Detoxification ICU	2,098,897	267,170	2,366,067	-54,582	2,311,485	-211	2,311,274	30 25
31.00	3100	SubComponent 1 - 345113	7,107,161	2,209,190	9,316,351	-2,040,851	7,275,500	-112,347	7,163,153	31.00
31.01	3100	SubComponent 2 - 347113	1,105,980	98,738	1,204,718	-18,673	1,186,045	-298	1,185,747	31.01

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			PROVIDER NO: 340113			PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col. 6)	
			1	2	3	4	5	6	7	
33	3300	Nursery	5,745,161	533,306	6,278,467	-75,968	6,202,499	-99	6,202,400	33
34	3400	Skilled Nursing Facility								34
35.00	3500	Nursing Facility								35.00
36	3600	Other Long Term Care								36
		ANCILLARY SERVICE COST CENTERS								
37.05	3700	Operating Room	15,271,018	57,696,227	72,967,245	-49,456,663	23,510,582	-2,953,870	20,556,712	37.05
38	3800	Recovery Room	6,239,053	481,833	6,720,886	-44,630	6,676,256	243	6,676,499	38
39.05	3900	Delivery Room & Labor Room	8,539,535	1,665,943	10,205,478	-689,960	9,515,518	-354,627	9,160,891	39.05
40 05	4000	Anesthesiology	23,157,118	5,505,680	28,662,798	-1,449,566	27,213,232	-20,524,898	6,688,334	40.05
41.05	4100	Radiology-Diagnostic	14,365,461	15,505,059	29,870,520	-4,250,489	25,620,031	-5,536,702	20,083,329	41.05
42.05	4200	Radiology-Therapeutic	1,388,570	3,074,512	4,463,082	-12,135	4,450,947	-130,705	4,320,242	42.05
43	4300	Radioisotope	817,007	2,413,052	3,230,059	-2,135,306	1,094,753	-109,855	984,898	43
44 05	4400	Laboratory	15,252,760	41,449,154	56,701,914	3,683,960	60,385,874	-7,277,377	53,108,497	44.05
45	4500	PBP Clinical Laboratory Services-Program Only								45
46.00	4600	Whole Blood & Packed Red Blood Cells								46 00
47	4700	Blood Storing, Processing, & Trans								47
48	4800	Intravenous Therapy								48
49.05	4900	Respiratory Therapy	10,167,580	3,581,446	13,749,026	-408,475	13,340,551	-15,384	13,325,167	49.05
50.05	5000	Physical Therapy	3,887,361	166,624	4,053,985	-5,899	4,048,086	-833	4,047,253	50.05
51	5100	Occupational Therapy								51
52	5200	Speech Pathology		1,378,704	1,378,704		1,378,704	127	1,378,831	52
53.05	5300	Electrocardiology	1,012,322	1,260,865	2,273,187	-18,487	2,254,700	-1,245,931	1,008,769	53.05
53 40	5300	Cardiac Catheterization Laboratory	5,338,193	28,292,183	33,630,376	-25,404,312	8,226,064	-185,216	8,040,848	53 40
54	5400	Electroencephalography								54
55	5500	Medical Supplies Charged to Patients	800,244	3,241,456	4,041,700	32,028,449	36,070,149	-19,616	36,050,533	55
55.30	5530	Implantable Devices Charged to Patients				59,452,371	59,452,371		59,452,371	55.30
56	5600	Drugs Charged to Patients				53,709,641	53,709,641	-1,410,861	52,298,780	56
57	5700	Renal Dialysis	1,829,988	1,133,689	2,963,677	-736,107	2,227,570	-113,760	2,113,810	57
58	5800	ASC (Non-Distinct Part)	8,089,212	11,725,237	19,814,449	-7,259,341	12,555,108	61,112	12,616,220	58
59.30	5900	Other Ancillary Cost Centers	4,421,391	4,728,124	9,149,515	-1,098,953	8,050,562	-3,352	8,047,210	59.30
		OUTPATIENT SERVICE COST CENTERS								
60 05	6000	Clinic	45,933,847	31,591,014	77,524,861	-12,822,900	64,701,961	-19,189,163	45,512,798	60.05
61	6100	Emergency	13,839,428	8,457,765	22,297,193	-1,423,057	20,874,136	-4,251,052	16,623,084	61
62.05	6200	Observation Beds (DistinctPart)								62.05
63.00		Other Outpatient Service (specify)								63.00
		OTHER REIMBURSABLE COST CENTERS								
64	6400	Home Program Dialysis								64

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			PROVIDER NO: 340113			PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col. 6)	
			1	2	3	4	5	6	7	
65	6500	Ambulance Services	6,076,600	12,190,694	18,267,294	-8,821	18,258,473	-230,016	18,028,457	65
66.00	6600	Durable Medical Equipment-Rented								66.00
67.00	6700	Durable Medical Equipment-Sold								67.00
68	6800	Other Reimbursable (specify)								68
69 00	6900	Outpatient Rehabilitation Provider (specify)								69 00
70	7000	Intern-Resident Service (not appvd. tchng prgm.)								70
71	7100	Home Health Agency		5,103	5,103		5,103	-5,103		71
		SPECIAL PURPOSE COST CENTERS								
82	8200	Lung Acquisition								82
83	8300	Kidney Acquisition	3,928,855	12,973,704	16,902,559	-5,355,596	11,546,963	-7,927,778	3,619,185	83
84	8400	Livery Acquisition	696,717	2,137,424	2,834,141	2,616,316	5,450,457	-1,838,605	3,611,852	84
85 05	8500	Heart Acquisition	404,671	640,123	1,044,794	1,060,897	2,105,691	-330,205	1,775,486	85 05
85 10	8500	Intestine Acquisition				570,528	570,528		570,528	85.10
86	8600	Other Organ Acquisition (specify)				1,210,614	1,210,614		1,210,614	86
88	8800	Interest Expense								88
89	8900	Utilization Review-SNF								89
90	9000	Other Capital-Related Costs (see instructions)								90
92	9200	Ambulatory Surgical Center (Distinct Part)								92
93	9300	Hospice								93
94	9400	Other Special Purpose (specify)								94
95		SUBTOTALS (sum of lines 1-94)	484,350,915	773,292,129	1,257,643,044	2,276,213	1,259,919,257	-204,030,624	1,055,888,633	95
		NONREIMBURSABLE COST CENTERS								
96	9600	Gift, Flower, Coffee Shop, & Canteen		24,202	24,202		24,202	1,830	26,032	96
97	9700	Research								97
98	9800	Physicians' Private Offices	20,202,237	13,088,660	33,290,897	-515,167	32,775,730	-6,136,825	26,638,905	98
99	9900	Nonpaid Workers	16,452,091	9,309,103	25,761,194	-1,761,046	24,000,148	-3,628,229	20,371,919	99
100		Other Nonreimbursable (specify)								100
101		TOTAL (sum of lines 95-100)	521,005,243	795,714,094	1,316,719,337		1,316,719,337	-213,793,848	1,102,925,489	101

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ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS	PROVIDER NO: 340113	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET A7 Parts 1 & 2

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

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

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RECONCILIATION OF CAPITAL COSTS CENTERS	PROVIDER NO. 340113	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET A7, PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COSTS CENTERS

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

Description *		SUMMARY OF OLD AND NEW CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instru.)	Taxes (see instru.)	Other Capital-Related Costs (see instru.)	Total (1) (sum of cols. 9-14)	
		9	10	11	12	13	14	15	
1	Old Capital Related Costs-Buildings and Fixtures								1
2	Old Capital Related Costs-Movable Equipment								2
3	New Capital Related Costs-Buildings and Fixtures	21,920,504		1,912,542				24,617,470	3
4	New Capital Related Costs-Movable Equipment	30,925,054		2,466,588				34,241,434	4
5	Total (sum of lines 1-4)	52,845,558		4,379,130				58,858,904	5

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

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

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

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

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	ADJUSTMENTS TO EXPENSES	PROVIDER NO: 340113	PERIOD: FROM: 01/01/2010 TO: 12/31/2010		WORKSHEET A-8	
	DESCRIPTION (1)	(2)		Epense Classification on Worksheet A to/from which the amount is to be adjusted	Wkst. A-7 Ref	
		BASIS/CODE	AMOUNT	COST CENTER	LINE #	
		1	2	3	4	5
1	Investment income - old buildings and fixtures (chapter 2)			[illegible]		1
2	Investment income - old movable equipment (chapter 2)			[illegible]		2
3	Investment income - new buildings and fixtures (chapter 2)			[illegible]		3
4	Investment income - new movable equipment (chapter 2)			[illegible]		4
5	Investment income - other (chapter 2)					5
6	Trade, quantity, and time discounts (chapter 8)					6
7	Refunds and rebates of expenses (chapter 8)					7
8	Rental of provider space by suppliers (chapter 8)					8
9	Telephone services (pay stations excluded) (chapter 21)		-50,068			9
10	Television and radio service (chapter 21)					10
11	Parking lot (chapter 21)					11
12	Provider-based physician adjustment	[illegible]	-80,309,022	[illegible]		12
13	Sale of scrap, waste, etc. (chapter 23)					13
14	Related organization transactions (chapter 10)	[illegible]	158,940	[illegible]		14
15	Laundry and linen service					15
16	Cafeteria-employees and guests					16
17	Rental of quarters to employee and others					17
18	Sale of medical and surgical supplies to other than patients					18
19	Sale of drugs to other than patients					19
20	Sale of medical records and abstracts					20
21	Nursing school (tuition, fees, books, etc.)					21
22	Vending machines					22
23	Income from imposition of interest, finance or penalty charges (chapter 21)					23
24	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments					24
25	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	[illegible]		[illegible]	[illegible]	25
26	Adjustment for physical therapy costs in excess of limitation (chapter 14)	[illegible]		[illegible]	[illegible]	26
27	Adjustment for HHA physical therapy costs in excess of limitation	[illegible]		[illegible]	[illegible]	27
28	Utilization review - physicians' compensation (chapter 21)			[illegible]	[illegible]	28
29	Depreciation - old buildings and fixtures			[illegible]		29
30	Depreciation - old movable equipment			[illegible]		30
31	Depreciation - new buildings and fixtures			[illegible]		31
32	Depreciation - new movable equipment			[illegible]		32
33	Non-physician Anesthetist			[illegible]	[illegible]	33
34	Physicians' assistant					34
35	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	[illegible]		[illegible]	[illegible]	35
36	Adjustment for speech pathology costs in excess of limitation (chapter 14)	[illegible]		[illegible]	[illegible]	36
37	Other adjustments (specify) (3)		-133,593,698			37
50	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 101)	[illegible]	-213,793,848	[illegible]	[illegible]	50

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

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Statement of Costs of Services from Related Organizations and Home Office Costs	PROVIDER NO: 340113	PERIOD: FROM. 01/01/2010 TO: 12/31/2010	WORKSHEET A-8-1 Part A

A. Costs incurred and adjustments required as a result of transactions with related organizations or the claiming of home office costs:

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount included in Wkst. A, column 5	Net Adjustments (col.4 - col.5) *	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	5		HOME OFFICE COST	420	420			1
2	6		HOME OFFICE COST	164,861,835	165,248,064	-386,229		2
3	8		HOME OFFICE COST	392,157	260,804	131,353		3
4.00	10		HOME OFFICE COST	5,158	5,571	-413		4.00
4.01	11		HOME OFFICE COST	85,062	82,297	2,765		4.01
4.02	14		HOME OFFICE COST	14,997	15,375	-378		4.02
4.03	15		HOME OFFICE COST	53,615	64,282	-10,667		4.03
4.04	16		HOME OFFICE COST	333,842	405,134	-71,292		4.04
4.05	17		HOME OFFICE COST	2,276,190	1,842,764	433,426		4.05
4.06	18		HOME OFFICE COST	10,128	7,887	2,241		4.06
4.07	19		HOME OFFICE COST	2,499	2,910	-411		4.07
4.08	21		HOME OFFICE COST	742,702	856,024	-113,322		4.08
4.09	23		HOME OFFICE COST	3,073,325	4,827,106	-1,753,781		4.09
4.10	24		HOME OFFICE COST	19	19			4.10
4.11	24		HOME OFFICE COST					4.11
4.12	24		HOME OFFICE COST	34,008	43,200	-9,192		4.12
4.13	24		HOME OFFICE COST	49,335	57,130	-7,795		4.13
4.14	24		HOME OFFICE COST					4.14
4.15	16		HOME OFFICE COST					4.15
4.16	24		HOME OFFICE COST					4.16
4.17	25		HOME OFFICE COST	247,690	265,341	-17,651		4.17
4.18	26		HOME OFFICE COST	114,409	200,388	-85,979		4.18
4.19	26		HOME OFFICE COST	229,449	406,375	-176,926		4.19
4.20	27		HOME OFFICE COST	802	942	-140		4.20
4.21	27		HOME OFFICE COST	139	191	-52		4.21
4.22	29		HOME OFFICE COST	5,977	4,699	1,278		4.22
4.23	29		HOME OFFICE COST	887	943	-56		4.23
4.24	29		HOME OFFICE COST	610	1,075	-465		4.24
4.25	29		HOME OFFICE COST	64,709	110,242	-45,533		4.25
4.26	31		HOME OFFICE COST	99,451	84,775	14,676		4.26
4.27	31		HOME OFFICE COST	479	777	-298		4.27
4.28	33		HOME OFFICE COST	3,075	3,174	-99		4.28
4.29	37		HOME OFFICE COST	296,556	351,973	-55,417		4.29
4.30	38		HOME OFFICE COST	2,383	2,140	243		4.30
4.31	39		HOME OFFICE COST	252,022	315,048	-63,026		4.31
4.32	40		HOME OFFICE COST	3,198	3,523	-325		4.32
4.33	41		HOME OFFICE COST	482,691	542,716	-60,025		4.33
4.34	41		HOME OFFICE COST	109,662	134.039	-24,377		4.34
4.35	41		HOME OFFICE COST	202,493	256,989	-54,496		4.35
4.36	42		HOME OFFICE COST	539,131	667,497	-128,366		4.36
4.37	43		HOME OFFICE COST	39,086	43,467	-4,381		4.37
4.38	44		HOME OFFICE COST	1,860,335	1,938,533	-78,198		4.38
4.39	44		HOME OFFICE COST	10.841	11,960	-1,119		4.39
4.40	44		HOME OFFICE COST	14,299	17,000	-2,701		4.40
4.41	49		HOME OFFICE COST	6,398	7,558	-1,160		4.41
4.42	50		HOME OFFICE COST	646	602	44		4.42
4.43	53		HOME OFFICE COST	6,433	6,850	-417		4.43
4.44	54		HOME OFFICE COST	9.694	7,053	2,641		4.44
4.45	54		HOME OFFICE COST	72,174	89.275	-17.101		4.45
4.46	55		HOME OFFICE COST	13.399	14.882	-1,483		4.46
4.47	57		HOME OFFICE COST	15,033	16,465	-1,432		4.47
4.48	58		HOME OFFICE COST	1,885,074	1,790,414	94,660		4.48
4.49	59		HOME OFFICE COST	171	124	47		4.49
4.50	59		HOME OFFICE COST	23.296	25,637	-2,341		4.50
4.51	60		HOME OFFICE COST	565,693	679,498	-113,805		4.51

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Statement of Costs of Services from Related Organizations and Home Office Costs				PROVIDER NO: 340113	PERIOD. FROM: 01/01/2010 TO. 12/31/2010		WORKSHEET A-8-1 Part A	
4.52	60		HOME OFFICE COST	11,132	12,808	-1,676		4.52
4.53	60		HOME OFFICE COST	1,172,033	1,401,654	-229,621		4.53
4.54	60		HOME OFFICE COST	1,107,580	1,275,773	-168,193		4.54
4.55	60		HOME OFFICE COST	3,951,613	4,737,413	-785,800		4.55
4.56	60		HOME OFFICE COST	59,695	71,160	-11,465		4.56
4.57	60		HOME OFFICE COST	30,752	35,659	-4,907		4.57
4.58	60		HOME OFFICE COST	698,815	847,428	-148,613		4.58
4.59	60		HOME OFFICE COST	154,705	187,161	-32,456		4.59
4.60	60		HOME OFFICE COST	540,864	645,161	-104,297		4.60
4.61	60		HOME OFFICE COST	90,299	111,266	-20,967		4.61
4.62	60		HOME OFFICE COST	81.095	98,832	-17,737		4.62
4.63	60		HOME OFFICE COST	7,993	14,180	-6,187		4.63
4.64	60		HOME OFFICE COST	224,986	251,282	-26,296		4.64
4.65	60		HOME OFFICE COST	109,540	108,471	1,069		4.65
4.66	60		HOME OFFICE COST	139,938	164,501	-24,563		4.66
4.67	60		HOME OFFICE COST	304,067	367,002	-62,935		4.67
4.68	60		HOME OFFICE COST	52,528	50,116	2,412		4.68
4.69	60		HOME OFFICE COST	37,705	32,131	5,574		4.69
4.70	60		HOME OFFICE COST	477,582	548,788	-71,206		4.70
4.71	61		HOME OFFICE COST	285,612	272,053	13,559		4.71
4.72	61		HOME OFFICE COST	59,564	56,175	3,389		4.72
4.73	61		HOME OFFICE COST	1,826	2,074	-248		4.73
4.74	62		HOME OFFICE COST	35,361	33,027	2,334		4.74
4.75	65		HOME OFFICE COST	767,393	348,951	418,442		4.75
4.76	6		HOME OFFICE COST	6,510	1,719	4,791		4.76
4.77	83		HOME OFFICE COST	366,014	424,364	-58,350		4.77
4.78	96		HOME OFFICE COST	5,340	3,510	1,830		4.78
4.79	98		HOME OFFICE COST	64,108	83,217	-19,109		4.79
4.80	98		HOME OFFICE COST	1,668,756	1,635,592	33,164		4.80
4.81	98		HOME OFFICE COST	490,015	660,380	-170,365		4.81
4.82	99		HOME OFFICE COST	289	197	92		4.82
4.83	99		HOME OFFICE COST	56,720	90,465	-33,745		4.83
4.84	99		HOME OFFICE COST	707,040	539,758	167,282		4.84
4.85	99		HOME OFFICE COST	30,049	53,452	-23,403		4.85
4.86	99		HOME OFFICE COST	9,180	16,329	-7,149		4.86
4.87	99		HOME OFFICE COST	14,603	3,901	10,702		4.87
4.88	99		HOME OFFICE COST	175,647	220,298	-44,651		4.88
4.89	99		HOME OFFICE COST	19,367	24,310	-4,943		4.89
4.90	3		HOME OFFICE INTEREST	1,714,069		1,714,069	11	4.90
4.91	4		HOME OFFICE INTEREST	2,466,588		2,466,588	11	4.91
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 14.			197,310,650	197,151,710	158,940		5
	*The amounts on lines 1-4 and subscripts as appropriate are transfered in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost.For related organizational or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.							

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

Statement of Costs of Services from Related Organizations and Home Office Costs	PROVIDER NO: 340113	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET A-8-1 Part B

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

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

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership		Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
1	B	CAROLINAS HEALTHCARE SYST	100			HEALTHCARE SYSTEM	1
2							2
3							3
4							4

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

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

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
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COST ALLOCATION - GENERAL SERVICE COSTS							PROVIDER NO.. 340113		PERIOD. FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I	
COST CENTER DESCRIPTIONS		NET EXPENSES FOR COST ALLOCATION (from Wkst. A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-5)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
		0	1	2	3	4	5	5a	6	7	8	
	GENERAL SERVICE COST CENTERS											
1	Old Capital Related Costs-Buildings and Fixtures											1
2	Old Capital Related Costs-Movable Equipment											2
3	New Capital Related Costs-Buildings and Fixtures	24,617,470			24,617,470							3
4	New Capital Related Costs-Movable Equipment	34,241,434				34,241,434						4
5	Employee Benefits	138,012,949				81	138,013,030					5
6.05	Administrative & General	188,793,409			1,254,956	4,068,780	5,177,819	199,294,964	199,294,964			6.05
7	Maintenance and Repairs											7
8	Operation of Plant	18,335,648			216,260	88,795	1,399,689	20,040,392	4,419,728		24,460,120	8
9	Laundry and Linen Service	4,509,588				296	69,883	4,579,767	1,010,026			9
10	Housekeeping	9,827,312			556,878	32,666	1,512,797	11,929,653	2,630,978		588,489	10
11	Dietary	12,826,689			1,380,290	278,539	40,056	14,525,574	3,203,485		1,458,640	11
12	Cafeteria											12
13	Maintenance of Personnel											13
14	Nursing Administration	4,887,520			287,334	1,998,805	1,356,786	8,530,445	1,881,313		303,644	14
15	Central Services and Supply	5,162,901			103,111	104,879	347,934	5,718,825	1,261,235		108,964	15
16	Pharmacy	19,367,924			398,838	120,983	4,038,828	23,926,573	5,276,790		421,477	16
17	Medical Records and Medical Records Library	9,364,125			336,715	25,874	1,458,666	11,185,380	2,466,835		355,828	17
18	Social Service	7,693,512			151,711	25,901	1,989,836	9,860,960	2,174,746		160,323	18
19.05	Other General Service Cost Centers	317,286			43,748	2,104	65,429	428,567	94,517		46,232	19.05
20	Nonphysician Anesthetists											20
21	Nursing School	3,361,038				66,323	930,827	4,358,188	961,159			21
22	Intern &Res. Service-Salary &Fringes (Approved)	11,961,827					3,213,270	15,175,097	3,346,731			22
23	Intern &Res. Other Program Costs (Approved)	25,696,511				834,623	19,827,434	46,358,568	10,223,965			23
24	Paramedical Ed. Program (specify)	1,826,702			48,935	13,054	640,712	2,529,403	557,837		51,712	24
	INPATIENT ROUTINE SERVICE COST CENTERS											
25	Adults and Pediatrics (General Routine Care)	64,746,938			5,916,733	735,195	16,740,150	88,139,016	19,438,303		6,252,593	25
26	Intensive Care Unit	4,414,035			524,646	55,705	2,293,568	7,287,954	1,607,293		554,426	26

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COST ALLOCATION - GENERAL SERVICE COSTS							PROVIDER NO.: 340113		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B PART I	
COST CENTER DESCRIPTIONS		NET EXPENSES FOR COST ALLOCATION (from Wkst. A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-5)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
		0	1	2	3	4	5	5a	6	7	8	
27	Coronary Care Unit	4,370,346				99,044	1,068,308	5,537,698	1,221,289			27
28	Burn Intensive Care Unit											28
29	Surgical Intensive Care Unit	21,854,028			1,544,744	286,933	5,769,655	29,455,360	6,496,114		1,632,429	29
30.15	Neonatal ICU	8,779,995			627,813	708,024	4,113,506	14,229,338	3,138,152		663,450	30.15
30.25	Detoxification ICU	2,311,274			198,750	88,151	563,820	3,161,995	697,350		210,031	30.25
31.00	SubComponent 1 - 34S113	7,163,153			1,026,901	22,247	1,904,806	10,117,107	2,231,237		1,085,192	31.00
31.01	SubComponent 2 - 34T113	1,185,747			330,525	1,568	295,054	1,812,894	399,817		349,286	31.01
33	Nursery	6,202,400			322,522	127,252	1,539,543	8,191,717	1,806,609		340,830	33
34	Skilled Nursery Facility											34
35.00	Nursing Facility											35.00
36	Other Long Term Care											36
	ANCILLARY SERVICE COST CENTERS											
37.05	Operating Room	20,556,712			2,095,069	2,215,754	4,090,005	28,957,540	6,386,325		2,213,993	37.05
38	Recovery Room	6,676,499			603,080	36,891	1,671,975	8,988,445	1,982,321		637,313	38
39.05	Delivery Room & Labor Room	9,160,891			635,034	298,714	2,277,101	12,371,740	2,728,476		671,081	39.05
40.05	Anesthesiology	6,688,334			165,011	645,290	6,112,852	13,611,487	3,001,891		174,378	40.05
41.05	Radiology-Diagnostic	20,083,329			1,215,892	2,823,709	3,853,441	27,976,371	6,169,936		1,284,911	41.05
42.05	Radiology-Therapeutic	4,320,242				1,302,408	373,007	5,995,657	1,322,288			42.05
43	Radioisotope	984,898			157,288	378,326	219,470	1,739,982	383,737		166,216	43
44 05	Laboratory	53,108,497			565,354	699,525	4,073,608	58,446,984	12,889,956		597,446	44.05
45	PBP Clinical Laboratory Services-Program Only											45
46.00	Whole Blood & Packed Red Blood Cells											46.00
47	Blood Storing, Processing, & Trans.											47
48	Intravenous Therapy											48
49.05	Respiratory Therapy	13,325,167			186,230	851,666	2,731,195	17,094,258	3,769,985		196,801	49.05
50.05	Physical Therapy	4,047,253			191,110	19,044	1,044,250	5,301,657	1,169,233		201,958	50.05
51	Occupational Therapy											51
52	Speech Pathology	1,378,831			3,151			1,381,982	304,784		3,330	52
53.05	Electrocardiology	1,008,769			141,618	252,487	271,937	1,674,811	369,364		149,656	53.05
53 40	Cardiac Catheterization Laboratory	8,040,848			357,348	1,514,496	1,429,026	11,341,718	2,501,314		377,632	53.40

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COST ALLOCATION - GENERAL SERVICE COSTS							PROVIDER NO.: 340113		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS		NET EXPENSES FOR COST ALLOCATION (from Wksht A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-5)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
			BLDGS & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
		0	1	2	3	4	5	5a	6	7	8	
54	Electroencephalography											54
55	Medical Supplies Charged to Patients	36,050,533			175,802	822,631	214,967	37,263,933	8,218,225		185,781	55
55.30	Implantable Devices Charged to Patients	59,452,371						59,452,371	13,111,685			55.30
56	Drugs Charged to Patients	52,298,780						52,298,780	11,534,025			56
57	Renal Dialysis	2,113,810			206,306	165,731	491,445	2,977,292	656,615		218,017	57
58	ASAC (Non-Distinct Part)	12,616,220			62,458	481,860	2,170,006	15,330,544	3,381,014		66,003	58
59.30	Other Ancillary Cost Centers	8,047,210			140,614	628,055	1,187,705	10,003,584	2,206,200		148,595	59.30
	OUTPATIENT SERVICE COST CENTERS											
60.05	Clinic	45,512,798			785,491	1,176,666	12,205,165	59,680,120	13,161,915		830,078	60.05
61	Emergency	16,623,084			1,262,261	447,595	3,704,022	22,036,962	4,860,054		1,333,912	61
62.05	Observation Beds (DistinctPart)											62.05
63.00	Other Outpatient Service (specify)											63 00
	OTHER REIMBURSABLE COST CENTERS											
64	Home Program Dialysis											64
65	Ambulance Services	18,028,457			82,757	7,327,139	1,631,904	27,070,257	5,970,102		87,454	65
66 00	Durable Medical Equipment-Rented											66 00
67.00	Durable Medical Equipment-Sold											67.00
68	Other Reimbursable (specify)											68
69.00	Outpatient Rehabilitation Provider (specify)											69.00
70	Intern-Resident Service (not apprvd. tching prgm.)											70
71	Home Health Agency											71
	SPECIAL PURPOSE COST CENTERS											
82	Lung Acquisition											82
83	Kidney Acquisition	3,619,185				37,578	372,462	4,029,225	888,609			83
84	Liver Acquisition	3,611,852				17,413	474,297	4,103,562	905,004			84
85.05	Heart Acquisition	1,775,486			14,639	7,756	236,639	2,034,520	448,695		15,469	85.05
85.10	Intestine Acquisition	570,528				3,276	54,086	627,890	138,475			85.10
86	Other Organ Acquisition (specify)	1,210,614				8,620	142,149	1,361,383	300,241			86
92	Ambulatory Surgical Center (Distinct Part)											92
93	Hospice											93

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COST ALLOCATION - GENERAL SERVICE COSTS							PROVIDER NO.: 340113		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS		NET EXPENSES FOR COST ALLOCATION (from Wksh. A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-5)	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
		0	1	2	3	4	5	5a	6	7	8	
94	Other Special Purpose (specify)											94
95	SUBTOTALS (sum of lines 1-94)	1,055,888,633			24,448,220	32,123,183	128,166,486	1,043,754,588	186,238,006		24,281,263	95
	NONREIMBURSABLE COST CENTERS											
96	Gift, Flower, Coffee Shop, &Canteen	26,032			151,795	14,567		192,394	42,431		160,411	96
97	Research											97
98	Physicians' Private Offices	26,638,905				1,763,443	5,427,067	33,829,415	7,460,775			98
99	Nonpaid Workers	20,371,919			17,455	340,241	4,419,477	25,149,092	5,553,752		18,446	99
100	Other Nonreimbursable (specify)											100
101	Cross Foot Adjustments											101
102	Negative Cost Centers											102
103	Total (sum of lines 95-102)	1,102,925,489			24,617,470	34,241,434	138,013,030	1,102,925,489	199,294,964		24,460,120	103

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COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.. 340133		PERIOD. FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I			
COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & MEDICAL LIBRARY	SOCIAL SERVICE	
		9	10	11	12	13	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS											
1	Old Capital Related Costs-Buildings and Fixtures											1
2	Old Capital Related Costs-Movable Equipment											2
3	New Capital Related Costs-Buildings and Fixtures											3
4	New Capital Related Costs-Movable Equipment											4
5	Employee Benefits											5
6 05	Administrative & General											6.05
7	Maintenance and Repairs											7
8	Operation of Plant											8
9	Laundry and Linen Service	5,589,793										9
10	Housekeeping		15,149,120									10
11	Dietary	74,407	19,271,863									11
12	Cafeteria			10,634,994	10,634,994							12
13	Maintenance of Personnel											13
14	Nursing Administration		290,374		88,817		11,094,593					14
15	Central Services and Supply	67,310	69,491		55,871		2,118	7,283,814				15
16	Pharmacy		149,912		291,791			30,959	30,097,502			16
17	Medical Records and Medical Records Library		139,555		199,531			93		14,347,222		17
18	Social Service		34,746		174,281		31,515	292	1,201		12,438,064	18
19.05	Other General Service Cost Centers		12,409		8,206			316				19.05
20	Nonphysician Anesthetists											20
21	Nursing School		161,319		65,487		1,994	214	1,223			21
22	Intern &Res. Service-Salary &Fringes (Approved)											22
23	Intern &Res. Other Program Costs (Approved)	19,377	273,001		821,034		29,510	3,945	72,643	852,188		23
24	Paramedical Ed. Program (specify)		233,293		292,164			179	112			24
	INPATIENT ROUTINE SERVICE COST CENTERS											
25	Adults and Pediatrics (General Routine Care)	2,088,725	2,911,181	4,501,553	2,022,011		3,563,466	151,960	339,327	832,014	9,234,304	25
26	Intensive Care Unit		362,347	266,848	162,478		317,176	34,383	36,412	181,311	98,292	26

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COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.: 340113		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I			
COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & MEDICAL LIBRARY	SOCIAL SERVICE	
		9	10	11	12	13	14	15	16	17	18	
27	Coronary Care Unit	133	138,982	163,276	103,812		222,408	16,781	21,771	81,962	34,343	27
28	Burn Intensive Care Unit											28
29	Surgical Intensive Care Unit	91,365	630,384	793,934	499,074		1,016,924	106,055	119,925	391,046	478,037	29
30.15	Neonatal ICU	46,204	163,801		258,457		446,701	33,016	28,309	302,968	273,559	30 15
30 25	Detoxification ICU	3,636	138,982	71,614	50,541		106,939	8,697	19,513	40,485	6,316	30 25
31 00	SubComponent 1 - 34S113	93,484	473,456	618,151	193,067		188,440	4,013		137,385		31.00
31.01	SubComponent 2 - 34T113	36,558		74,100	33,562		56,705	2,915	1,015	13,223		31.01
33	Nursery	192,196	287,892	272,132	186,473		305,753	14,430	2,024	107,366	1,069,368	33
34	Skilled Nursery Facility											34
35.00	Nursing Facility											35.00
36	Other Long Term Care											36
	ANCILLARY SERVICE COST CENTERS											
37.05	Operating Room	361,381	124,091		291,804		616,491	230,161	7,163	942,044	13,421	37.05
38	Recovery Room	49,887	138,982	7,059	137,641		331,341	13,098	36,771	164,849	29,606	38
39.05	Delivery Room & Labor Room	1,016,144	779,294		197,952		382,704	22,600	6,300	151,318	6,711	39.05
40.05	Anesthesiology	136	12,409		201,589		58,734	185,951		1,275,863		40 05
41.05	Radiology-Diagnostic	141,990	327,602		335,512		117,849	98,302	1,312,287	1,384,994	1,184	41.05
42.05	Radiology-Therapeutic	25,903	37,227		32,946		18,544	1,292	2,057	176,881	1,579	42.05
43	Radioisotope	24,211	59,564		14,549		9	2,901	9,757	54,254		43
44.05	Laboratory		273,001		471,281		277,550	248,016	26,141	2,083,669		44.05
45	PBP Clinical Laboratory Services-Program Only											45
46 00	Whole Blood & Packed Red Blood Cells											46.00
47	Blood Storing, Processing, & Trans.											47
48	Intravenous Therapy											48
49.05	Respiratory Therapy		101,755		237,087		31,089	69,089	66,643	188,633		49.05
50.05	Physical Therapy	404	49,637		85,966		25,904	199	203	59,545		50.05
51	Occupational Therapy											51
52	Speech Pathology		17,373							8,957		52
53.05	Electrocardiology	22,490	151,391		30,743		16,977	1,668	551	107,578		53 05
53 40	Cardiac Catheterization Laboratory	88,454	238,255		119,268		120,014	104,836	68	485,257	4,342	53.40

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COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.: 340113		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET B PART I			
COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & MEDICAL LIBRARY	SOCIAL SERVICE	
		9	10	11	12	13	14	15	16	17	18	
54	Electroencephalography											54
55	Medical Supplies Charged to Patients		62,046		33,456		2,044	1,962,626	1,764	269,981		55
55.30	Implantable Devices Charged to Patients							3,553,595		828,631		55.30
56	Drugs Charged to Patients								25,673,077	1,441,975		56
57	Renal Dialysis		138,982		37,474		86,653	5,264	26,526	45,076	5,921	57
58	ASAC (Non-Distinct Part)	91,299	260,592		204,708		383,879	89,913		344,336	5,526	58
59.30	Other Ancillary Cost Centers	51,520	163,800		97,906		165,771	82,481		133,212	1,579	59.30
	OUTPATIENT SERVICE COST CENTERS											
60 05	Clinic	535,312	657,685	480,505	1,083,841		859,092	52,934	68,210	401,592	4,342	60 05
61	Emergency	527,968	2,226,151	405,638	342,997		541,749	79,657	14,759	593,532	987,656	61
62.05	Observation Beds (DistinctPart)											62.05
63 00	Other Outpatient Service (specify)											63 00
	OTHER REIMBURSABLE COST CENTERS											
64	Home Program Dialysis											64
65	Ambulance Services		24,818		139,958		150,578	8,509	16,638	145,312		65
66 00	Durable Medical Equipment-Rented											66.00
67 00	Durable Medical Equipment-Sold											67.00
68	Other Reimbursable (specify)											68
69.00	Outpatient Rehabilitation Provider (specify)											69 00
70	Intern-Resident Service (not apprvd. tchng. prgm.)											70
71	Home Health Agency											71
	SPECIAL PURPOSE COST CENTERS											
82	Lung Acquisition											82
83	Kidney Acquisition		62,046		89,870		57,729	7,934	103,128	45,227	1,184	83
84	Liver Acquisition				14,444		16,616			17,014		84
85.05	Heart Acquisition				7,307		14,215			5,128		85 05
85.10	Intestine Acquisition											85.10
86	Other Organ Acquisition (specify)											86
92	Ambulatory Surgical Center (Distinct Part)											92
93	Hospice											93

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COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.: 340113		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I			
COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & MEDICAL LIBRARY	SOCIAL SERVICE	
		9	10	11	12	13	14	15	16	17	18	
94	Other Special Purpose (specify)											94
95	SUBTOTALS (sum of lines 1-94)	5,585,844	12,479,676	18,325,263	9,895,105		10,703,865	7,236,196	28,027,208	14,347,222	12,438,064	95
	NONREIMBURSABLE COST CENTERS											
96	Gift, Flower, Coffee Shop, & Canteen		1,340,187									96
97	Research											97
98	Physicians' Private Offices	3,806	1,059,740		396,365		180,064	45,416	66,423			98
99	Nonpaid Workers	143	269,517	946,600	343,524		210,664	2,202	2,003,871			99
100	Other Nonreimbursable (specify)											100
101	Cross Foot Adjustments											101
102	Negative Cost Centers											102
103	Total (sum of lines 95-102)	5,589,793	15,149,120	19,271,863	10,634,994		11,094,593	7,283,814	30,097,502	14,347,222	12,438,064	103

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

COST ALLOCATION - GENERAL SERVICE COSTS						PROVIDER NO.: 340113		PERIOD. FROM 01/01/2010 TO 12/31/2010		WORKSHEET B, PART 1	
COST CENTER DESCRIPTIONS		OTHER GENERAL SERVICE	NON-PHYSICIAN ANES-THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA-MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST &POST STEPDOWN ADJUSTMENTS	TOTAL	
		19	20	21	22	23	24	25	26	27	
	GENERAL SERVICE COST CENTERS										
1	Old Capital Related Costs-Buildings and Fixtures										1
2	Old Capital Related Costs-Movable Equipment										2
3	New Capital Related Costs-Buildings and Fixtures										3
4	New Capital Related Costs-Movable Equipment										4
5	Employee Benefits										5
6.05	Administrative & General										6.05
7	Maintenance and Repairs										7
8	Operation of Plant										8
9	Laundry and Linen Service										9
10	Housekeeping										10
11	Dietary										11
12	Cafeteria										12
13	Maintenance of Personnel										13
14	Nursing Administration										14
15	Central Services and Supply										15
16	Pharmacy										16
17	Medical Records and Medical Records Library										17
18	Social Service										18
19.05	Other General Service Cost Centers	590,247									19.05
20	Nonphysician Anesthetists										20
21	Nursing School	3,159		5,552,743							21
22	Intern &Res. Service-Salary &Fringes (Approved)				18,521,828						22
23	Intern &Res. Other Program Costs (Approved)					58,654,231					23
24	Paramedical Ed. Program (specify)	5,964								3,670,664	24
	INPATIENT ROUTINE SERVICE COST CENTERS										
25	Adults and Pedintrics (General Routine Care)	269,693		4,085,067	6,727,989	21,305,945	365,523	172,228,670	-28,033,934	144,194,736	25
26	Intensive Care Unit	10,899			371,422	1,176,204	20,693	12,488,138	-1,547,626	10,940,512	26

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COST ALLOCATION - GENERAL SERVICE COSTS						PROVIDER NO.: 340113		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I	
COST CENTER DESCRIPTIONS		OTHER GENERAL SERVICE	NON-PHYSICIAN ANES-THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA-MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST &POST STEPDOWN ADJUSTMENTS	TOTAL	
		19	20	21	22	23	24	25	26	27	
77	Coronary Care Unit				227,265	719,695	12,335	8,501,750	-946,960	7,554,790	27
28	Burn Intensive Care Unit										28
29	Surgical Intensive Care Unit	28,541		197,021	1,510,991	4,784,950	59,979	48,292,129	-6,295,941	41,996,188	29
30.15	Neonatal ICU	45,934		86,974	381,118	1,206,909	30,885	21,335,775	-1,588,027	19,747,748	30.15
30 25	Detoxification ICU				99,663	315,609	5,410	4,936,781	-415,272	4,521,509	30 25
31.00	SubComponent 1 - 34S113			423,076	19,561	61,945	50,430	15,696,544	-81,506	15,615,038	31.00
31.01	SubComponent 2 - 34T113	8,696					5,598	2,794,369		2,794,369	31.01
33	Nursery	54,433		104,214	129,123	408.901		13,473,461	-538,024	12,935,437	33
34	Skilled Nursery Facility										34
35.00	Nursing Facility										35.00
36	Other Long Term Care										36
	ANCILLARY SERVICE COST CENTERS										
37 05	Operating Room	18,889		68,439	1,885,791	5,971,853	383,938	48,573,324	-7,857,644	40,715,680	37.05
38	Recovery Room	2,016			12,399	39,264		12,570,992	-51,663	12,519,329	38
39.05	Delivery Room & Labor Room	5,278		330,787	985,210	3,119,926	28,741	22,804,262	-4,105,136	18,699,126	39.05
40.05	Anesthesiology						764,949	19,287,387		19,287,387	40.05
41.05	Radiology-Diagnostic	977		8,296	69,291	219,428	621,842	40,070,772	-288,719	39,782,053	41.05
42.05	Radiology-Therapeutic						6,870	7,621,244		7,621,244	42.05
43	Radioisotope						13,739	2,468,919		2,468,919	43
44.05	Laboratory	509			439	1,391	758,241	76,074,624	-1,830	76,072,794	44.05
45	PBP Clinical Laboratory Services-Program Only										45
46.00	Whole Blood & Packed Red Blood Cells					-					46.00
47	Blood Storing, Processing, & Trans.										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy							21,755,340		21,755,340	49.05
50.05	Physical Therapy	4,083						6,898,789		6,898,789	50.05
51	Occupational Therapy										51
52	Speech Pathology							1,716,426		1,716,426	52
53.05	Electrocardiology							2,525,229		2,525,229	53.05
53.40	Cardiac Catheterization Laboratory	5,683			10,777	34,129		15,431,747	-44,906	15,386,841	53.40

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COST ALLOCATION - GENERAL SERVICE COSTS						PROVIDER NO.: 340113		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS		OTHER GENERAL SERVICE	NON-PHYSICIAN ANES-THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA-MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST &POST STEPDOWN ADJUSTMENTS	TOTAL	
		19	20	21	22	23	24	25	26	27	
54	Electroencephalography										54
55	Medical Supplies Charged to Patients	24,936						48,024,792		48,024,792	55
55.30	Implantable Devices Charged to Patients							76,946,282		76,946,282	55.30
56	Drugs Charged to Patients						479,793	91,427,650		91,427,650	56
57	Renal Dialysis	873						4,198,693		4,198,693	57
58	ASAC (Non-Distinct Part)	6,795		24,887	154,157	488,177	4,881	20,836,711	-642,334	20,194,377	58
59.30	Other Ancillary Cost Centers	1,808		8,296	23,277	73,713		13,161,742	-96,990	13,064,752	59.30
	OUTPATIENT SERVICE COST CENTERS										
60.05	Clinic	25,343		185,355	3,291,545	10,423,541	27,550	91,768,960	-13,715,086	78,053,874	60.05
61	Emergency	53,395		30,331	2,187,618	6,927,666		43,150,045	-9,115,284	34,034,761	61
62.05	Observation Beds (DistinctPart)										62.05
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis										64
65	Ambulance Services							33,613,626		33,613,626	65
66.00	Durable Medical Equipment-Rented										66.00
67.00	Durable Medical Equipment-Sold										67.00
68	Other Reimbursable (specify)										68
69.00	Outpatient Rehabilitation Provider (specify)										69.00
70	Intern-Resident Service (not apprvd tching prgm.)										70
71	Home Health Agency										71
	SPECIAL PURPOSE COST CENTERS										
82	Lung Acquisition										82
83	Kidney Acquisition							5,284,952		5,284,952	83
84	Liver Acquisition							5,056,640		5,056,640	84
85.05	Heart Acquisition							2,525,334		2,525,334	85.05
85.10	Intestine Acquisition							766,365		766,365	85.10
86	Other Organ Acquisition (specify)							1,661,624		1,661,624	86
92	Ambulatory Surgical Center (Distinct Part)										92
93	Hospice										93

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COST ALLOCATION - GENERAL SERVICE COSTS						PROVIDER NO : 340113		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I	
COST CENTER DESCRIPTIONS		OTHER GENERAL SERVICE	NON-PHYSICIAN ANES-THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA-MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST &POST STEPDOWN ADJUSTMENTS	TOTAL	
		19	20	21	22	23	24	25	26	27	
94	Other Special Purpose (specify)										94
95	SUBTOTALS (sum of lines 1-94)	577,904		5,552,743	18,087,636	57,279,246	3,641,397	1,021,799,464	-75,366,882	946,432,582	95
	NONREIMBURSABLE COST CENTERS										
96	Gift, Flower, Coffee Shop, &Canteen							1,735,423		1,735,423	96
97	Research										97
98	Physicians' Private Offices	12,343			430,678	1,363,858	29,267	44,878,150	-1,794,536	43,083,614	98
99	Nonpaid Workers				3,514	11,127		34,512,452	-14,641	34,497,811	99
100	Other Nonreimbursable (specify)										100
101	Cross Foot Adjustments										101
102	Negative Cost Centers										102
103	Total (sum of lines 95-102)	590,247		5,552,743	18,521,828	58,654,231	3,670,664	1,102,925,489	-77,176,059	1,025,749,430	103

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

COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO 340113		PERIOD. FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1	
COST CENTER DESCRIPTIONS		Old Capital Related Cost		New Capital Related Cost							
		Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Employee benefits (gross salaries)	Reconcil-iation	Administrative & General (accum cost)	Maintenance & Repairs (Sq Ft)	Operation of Plant (Sq Ft)	
		1	2	3	4	5	6A	6	7	8	
	GENERAL SERVICE COST CENTERS										
1	Old Capital Related Costs-Buildings and Fixtures	882,886									1
2	Old Capital Related Costs-Movable Equipment										2
3	New Capital Related Costs-Buildings and Fixtures			882,886							3
4	New Capital Related Costs-Movable Equipment				30,926,305						4
5	Employee Benefits				73	513,772,000					5
6.05	Administrative & General	45,008		45,008	3,674,857	19,275,126		903,664,000			6.05
7	Maintenance and Repairs										7
8	Operation of Plant	7,756		7,756	80,198	5,210,530		20,040,392		830,122	8
9	Laundry and Linen Service				267	260,148		4,579,765			9
10	Housekeeping	19,972		19,972	29,503	5,631,590		11,929,655		19,972	10
11	Dietary	49,503		49,503	251,572	149,113		14,525,576		49,502	11
12	Cafeteria										12
13	Maintenance of Personnel										13
14	Nursing Administration	10,305		10,305	1,805,289	5,050,818		8,530,446		10,305	14
15	Central Services and Supply	3,698		3,698	94,725	1,295,231		5,718,823		3,697	15
16	Pharmacy	14,304		14,304	109,270	15,035,079		23,926,572		14,303	16
17	Medical Records & Medical Records Library	12,076		12,076	23,369	5,430,080		11,185,380		12,076	17
18	Social Service	5,441		5,441	23,393	7,407,431		9,860,960		5,441	18
19.05	Other General Service Cost Centers	1,569		1,569	1,900	243,568		428,568		1,569	19.05
20	Nonphysician Anesthetists										20
21	Nursing School				59,902	3,465,128		4,358,187			21
22	Intern & Res. Service-Salary & Fringes (Approved)					11,961,829		15,175,097			22
23	Intern & Res. Other Program Costs (Approved)				753,818	73,810,280		46,358,568			23
24	Paramedical Education Program (specify)	1,755		1,755	11,789	2,385,134		2,529,400		1,754	24
	INPATIENT ROUTINE SERVICE COST CENTERS										
25	Adults and Pediatrics (General Routine Care)	212,199		212,199	664,016	62,317,456		88,139,184		212,199	25
26	Intensive Care Unit	18,816		18,816	50,312	8,538,115		7,287,955		18,815	26

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO 340113		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1	
COST CENTER DESCRIPTIONS		Old Capital Related Cost		New Capital Related Cost							
		Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Bldgs & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Employee benefits (gross salaries)	Reconcil-iation	Administrative & General (accum cost)	Maintenance & Repairs (Sq. Ft)	Operation of Plant (Sq Ft)	
		1	2	3	4	5	6A	6	7	8	
27	Coronary Care Unit				89,455	3,976,919		5,537,696			27
28	Burn Intensive Care Unit										28
29	Surgical Intensive Care Unit	55,401		55,401	259,153	21,478,314		29,455,358		55,399	29
30.15	Neonatal ICU	22,516		22,516	639,476	15,313,078		14,229,336		22,516	30.15
30.25	Detoxification ICU	7,128		7,128	79,617	2,098,895		3,161,997		7,127	30.25
31.00	SubComponent 1 - 34S113	36,829		36,829	20,093	7,090,896		10,117,107		36,829	31.00
31.01	SubComponent 2 - 34T113	11,854		11,854	1,416	1,098,378		1,812,891		11,853	31.01
33	Nursery	11,567		11,567	114,932	5,731,155		8,191,715		11,567	33
34	Skilled Nursing Facility										34
35.00	Nursing Facility										35.00
36	Other Long Term Care										36
	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room	75,138		75,138	2,001,234	15,225,592		28,957,540		75,137	37.05
38	Recovery Room	21,629		21,629	33,319	6,224,151		8,988,447		21,628	38
39 05	Delivery Room & Labor Room	22,775		22,775	269,794	8,476,814		12,371,740		22,774	39.05
40.05	Anesthesiology	5,918		5,918	582,816	22,755,912		13,611,487		5,918	40.05
41.05	Radiology-Diagnostic	43,607		43,607	2,550,329	14,344,950		27,976,365		43,606	41.05
42.05	Radiology-Therapeutic				1,176,314	1,388,568		5,995,656			42.05
43	Radioisotope	5,641		5,641	341,698	817,006		1,739,980		5,641	43
44.05	Laboratory	20,276		20,276	631,800	15,164,552		58,446,981		20,274	44.05
45	PBP Clinical Laboratory Services-Program Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, & Trans.										47
48	Intravenous Therapy										48
49 05	Respiratory Therapy	6,679		6,679	769,211	10,167,240		17,094,260		6,678	49.05
50.05	Physical Therapy	6,854		6,854	17,200	3,887,360		5,301,658		6,854	50 05
51	Occupational Therapy										51
52	Speech Pathology	113		113				1,381,983		113	52
53.05	Electrocardiology	5,079		5,079	228,042	1,012,321		1,674,808		5,078	53.05
53.40	Cardiac Catheterization Laboratory	12,816		12,816	1,367,869	5,319,740		11,341,719		12,815	53.40

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO 340113		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1	
COST CENTER DESCRIPTIONS		Old Capital Related Cost		New Capital Related Cost							
		Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Bldgs & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Employee benefits (gross salaries)	Reconcil-iation	Administrative & General (accum cost)	Maintenance & Repairs (Sq Ft)	Operation of Plant (Sq Ft)	
		1	2	3	4	5	6A	6	7	8	
54	Electroencephalography										54
55	Medical Supplies Charged to Patients	6,305		6,305	742,987	800,243		37,263,932		6,304	55
55.30	Implantable Devices Charged to Patients							59,452,368			55.30
56	Drugs Charged to Patients							52,298,780			56
57	Renal Dialysis	7,399		7,399	149,686	1,829,470		2,977,292		7,399	57
58	ASC (Non-Distinct Part)	2,240		2,240	435,208	8,078,138		15,330,546		2,239	58
59.30	Other Ancillary Cost Centers	5,043		5,043	567,249	4,421,390		10,003,581		5,042	59.30
	OUTPATIENT SERVICE COST CENTERS										
60.05	Clinic	28,171		28,171	1,062,746	45,435,354		59,680,118		28,169	60.05
61	Emergency	45,270		45,270	404,260	13,788,717		22,036,964		45,268	61
62.05											
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis										64
65	Ambulance Services	2,968		2,968	6,617,746	6,074,981		27,070,258		2,967	65
66.00	Durable Medical Equipment-Rented										66.00
67.00	Durable Medical Equipment-Sold										67.00
68	Other Reimbursable (specify)										68
69.00	Outpatient Rehabilitation Provider (specify)										69.00
70	Intern-Resident Service (not appvd. tchng. prgm)										70
71	Home Health Agency										71
	SPECIAL PURPOSE COST CENTERS										
82	Lung Acquisition										82
83	Kidney Acquisition				33,940	1,386,539		4,029,223			83
84	Liver Acquisition				15,727	1,765,634		4,103,563			84
85.05	Heart Acquisition	525		525	7,005	880,920		2,034,519		524	85.05
85.10	Intestine Acquisition				2,959	201,342		627,887			85.10
86	Other Organ Acquisition (specify)				7,785	529,168		1,361,384			86
92	Ambulatory Surgical Center (Distinct Part)										92
93	Hospice										93

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO. 340113		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1	
COST CENTER DESCRIPTIONS		Old Capital Related Cost		New Capital Related Cost							
		Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Bldgs & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Employee benefits (gross salaries)	Reconcil-iation	Administrative & General (accum cost)	Maintenance & Repairs (Sq. Ft)	Operation of Plant (Sq Ft)	
		1	2	3	4	5	6A	6	7	8	
94	Other Special Purpose (specify)										94
95	SUBTOTALS (sum of lines 1-94)	876,816		876,816	29,013,133	477,116,960		844,459,776		824,052	95
	NONREIMBURSABLE COST CENTERS										
96	Gift, Flower, Coffee Shop, & Canteen	5,444		5,444	13,157			192,394		5,443	96
97	Research										97
98	Physicians' Private Offices				1,592,714	20,202,984		33,829,424			98
99	Nonpaid Workers	626		626	307,301	16,452,093		25,182,399		626	99
100	Other Nonreimbursable (specify)										100
101	Cross foot adjustments										101
102	Negative cost centers										102
103	Cost to be allocated (per Wkst. B, Part I)			24,617,470	34,241,434	138,013,030		199,294,964		24,460,120	103
104	Unit cost multiplier (Wkst. B, Part I)			27.882954	1.107194	0.268627		0.220541		29.465693	104
105	Cost to be allocated (per Wkst B, Part II)										105
106	Unit cost multiplier (Wkst. B, Part II)										106
107	Cost to be allocated (per Wkst. B, Part III)										107
108	Unit cost multiplier (Wkst. B, Part III)										108

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

COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO.340113		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
	COST CENTER DESCRIPTIONS	Laundry & Linen Service (LB of Laundry)	Housekeeping (HRs of Service)	Dietary (Meals Served)	Cafeteria (Meals Served)	Maintenance of Personnel (Number Housed)	Nursing Admin ((Direct Nursing Hrs)	Central Services & Supply (Costed Req)	Pharmacy (Costed Req)	Medical Records & Libry (Time Spent)	Social Service (Time Spent)	
		9	10	11	12	13	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS											
1	Old Capital Related Costs-Buildings and Fixtures											1
2	Old Capital Related Costs-Movable Equipment											2
3	New Capital Related Costs-Buildings and Fixtures											3
4	New Capital Related Costs-Movable Equipment											4
5	Employee Benefits											5
6.05	Administrative & General											6.05
7	Maintenance and Repairs											7
8	Operation of Plant											8
9	Laundry and Linen Service	6,576,103										9
10	Housekeeping		317,409									10
11	Dietary	11,478	1,558	2,713,677								11
12	Cafeteria			1,497,516	1,312,830							12
13	Maintenance of Personnel											13
14	Nursing Administration		6,084		10,963		5,965,364					14
15	Central Services and Supply	79,186	1,455		6,896		1,138	121,859,968				15
16	Pharmacy		3,141		36,019			517,951	62,965,880			16
17	Medical Records & Medical Records Library		2,923		24,630			1,555		1,367,892,736		17
18	Social Service		728		21,514		16,945	4,885	2,512		31,509	18
19.05	Other General Service Cost Centers		259		1,012			5,286				19.05
20	Nonphysician Anesthetists											20
21	Nursing School		3,380		8,084		1,072	3,580	2,558			21
22	Intern & Res. Service-Salary & Fringes (Approved)											22
23	Intern & Res. Other Program Costs (Approved)	22,796	5,720		101,352		15,866	66,000	151,973	200,044,144		23
24	Paramedical Education Program (specify)		4,886		36,063			2,992	234			24
	INPATIENT ROUTINE SERVICE COST CENTERS											
25	Adults and Pediatrics (General Routine Care)	2,457,277	60,995	633,865	249,605		1,916,011	2,542,327	709,893	195,308,464	23,393	25
26	Intensive Care Unit		7,592	37,574	20,056		170,539	575,235	76,176	42,361,268	249	26

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO.340113		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Laundry & Linen Service (LB of Laundry)	Housekeeping (HRs of Service)	Dietary (Meals Served)	Cafeteria (Meals Served)	Maintenance of Personnel (Number Housed)	Nursing Admin ((Direct Nursing Hrs)	Central Services & Supply (Costed Req)	Pharmacy (Costed Req)	Medical Records & Libry (Time Spent)	Social Service (Time Spent)	
		9	10	11	12	13	14	15	16	17	18	
27	Coronary Care Unit	156	2,911	22,990	12,815		119,584	280,750	45,546	19,239,906	87	27
28	Burn Intensive Care Unit											28
29	Surgical Intensive Care Unit	107,486	13,206	111,794	61,605		546,779	1,774,324	250,888	91,794,840	1,208	29
30.15	Neonatal ICU	54,356	3,432		31,905		240,183	552,365	59,224	71,119,248	692	30.15
30.25	Detoxification ICU	4,277	2,911	10,083	6,239		57,499	145,502	40,822	9,503,521	16	30.25
31 00	SubComponent 1 - 34S113	109,979	9,919	87,042	23,833		101,320	67,138		32,250,002		31.00
31 01	SubComponent 2 - 34T113	43,008		10,434	4,143		30,489	48,768	2,123	3,103,990		31.01
33	Nursery	226,108	6,032	38,318	23,019		164,397	241,417	4,234	25,203,288	2,709	33
34	Skilled Nursing Facility											34
35.00	Nursing Facility											35.00
36	Other Long Term Care											36
	ANCILLARY SERVICE COST CENTERS											
37.05	Operating Room	425,146	2,599		48,365		331,476	3,850,649	14,985	221,137,104	33	37.05
38	Recovery Room	58,689	2,911	993	16,991		178,156	219,132	76,927	38,696,948	75	38
39.05	Delivery Room & Labor Room	1,195,441	16,528		24,436		205,773	378,103	13,179	35,520,660	17	39.05
40.05	Anesthesiology	159	259		24,885		31,580	3,111,005		299,498,368		40.05
41.05	Radiology-Diagnostic	167,043	6,864		41,416		63,364	1,644,615	2,745,386	325,115,984	2	41.05
42.05	Radiology-Therapeutic	30,473	779		4,066		9,970	21,615	4,303	41,521,364	4	42.05
43	Radioisotope	28,482	1,248		1,795		4	48,534	20,412	12,735,681		43
44.05	Laboratory		5,719		58,175		149,232	4,149,367	54,687	489,124,202		44.05
45	PBP Clinical Laboratory Services-Program Only											45
46 00	Whole Blood & Packed Red Blood Cells											46.00
47	Blood Storing, Processing, & Trans.											47
48	Intravenous Therapy											48
49.05	Respiratory Therapy		2,132		29,267		16,715	1,155,875	139,421	44,280,048		49.05
50.05	Physical Therapy	475	1,040		10,612		13,928	3,329	424	13,977,700		50.05
51	Occupational Therapy											51
52	Speech Pathology		364							2,102,582		52
53.05	Electrocardiology	26,458	3,171		3,795		9,128	27,906	1,152	25,253,052		53.05
53.40	Cardiac Catheterization Laboratory	104,061	4,990		14,721		64,529	1,753,930	142	113,910,101	10	53.40

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO.340113		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Laundry & Linen Service (LB of Laundry)	Housekeeping (HRs of Service)	Dietary (Meals Served)	Cafeteria (Meals Served)	Maintenance of Personnel (Number Housed)	Nursing Admin ((Direct Nursing Hrs)	Central Services & Supply (Costed Req)	Pharmacy (Costed Req)	Medical Records & Libry (Time Spent)	Social Service (Time Spent)	
		9	10	11	12	13	14	15	16	17	18	
54	Electroencephalography											54
55	Medical Supplies Charged to Patients		1,300		4,129		1,099	32,835,208	3,690	63,375,824		55
55.30	Implantable Devices Charged to Patients							59,452,504		194,514,320		55.30
56	Drugs Charged to Patients								53,709,700	338,491,808		56
57	Renal Dialysis		2,911		4,625		46,591	88,067	55,494	10,581,221	14	57
58	ASC (Non-Distinct Part)	107,408	5,460		25,270		206,404	1,504,266		80,830,048	13	58
59.30	Other Ancillary Cost Centers	60,610	3,430		12,084		89,131	1,379,926		31,270,423	4	59.30
	OUTPATIENT SERVICE COST CENTERS											
60.05	Clinic	629,765	13,776	67,660	133,785		461,907	885,589	142,694	94,270,420	9	60.05
61	Emergency	621,126	46,642	57,118	42,341		291,287	1,332,679	30,876	139,326,763	2,502	61
62.05												
63 00	Other Outpatient Service (specify)											63.00
	OTHER REIMBURSABLE COST CENTERS											
64	Home Program Dialysis											64
65	Ambulance Services		519		17,277		80,963	142,357	34,807	34,110,800		65
66.00	Durable Medical Equipment-Rented											66.00
67												67.
68	Other Reimbursable (specify)											68
69.00	Outpatient Rehabilitation Provider (specify)											69.00
70	Intern-Resident Service (not appvd. tchng. prgm.)											70
71	Home Health Agency											71
	SPECIAL PURPOSE COST CENTERS											
82	Lung Acquisition											82
83	Kidney Acquisition		1,300		11,093		31,039	132,737	215,750	10,616,667	2	83
84	Liver Acquisition				1,783		8,934			3,993,896		84
85.05	Heart Acquisition				902		7,643			1,203,755		85.05
85.10	Intestine Acquisition											85.10
86	Other Organ Acquisition (specify)											86
92	Ambulatory Surgical Center (Distinct Part)											92
93	Hospice											93

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO.340113		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Laundry & Linen Service (LB of Laundry)	Housekeeping (HRs of Service)	Dietary (Meals Served)	Cafeteria (Meals Served)	Maintenance of Personnel (Number Housed)	Nursing Admin ((Direct Nursing Hrs)	Central Services & Supply (Costed Req)	Pharmacy (Costed Req)	Medical Records & Libry (Time Spent)	Social Service (Time Spent)	
		9	10	11	12	13	14	15	16	17	18	
94	Other Special Purpose (specify)											94
95	SUBTOTALS (sum of lines 1-94)	6,571,457	261,477	2,580,386	1,221,494		5,755,276	121,063,304	58,634,692	367,892,736	31,509	95
	NONREIMBURSABLE COST CENTERS											
96	Gift, Flower, Coffee Shop, & Canteen		28,080									96
97	Research											97
98	Physicians' Private Offices	4,477	22,203		48,928		96,816	759,819	138,960			98
99	Nonpaid Workers	168	5,646	133,291	42,404		113,268	36,839	4,192,224			99
100	Other Nonreimbursable (specify)											100
101	Cross foot adjustments											101
102	Negative cost centers											102
103	Cost to be allocated (per Wkst B, Part I)	5,589,793	15,149,120	19,271,863	10,634,994		11,094,593	7,283,814	30,097,502	14,347,222	12,438,064	103
104	Unit cost multiplier (Wkst. B, Part I)	0.850016	47.727444	7.101753	8.100816		1.859835	0.059772	0.477997	0.004260	394.746399	104
105	Cost to be allocated (per Wkst. B, Part II)											105
106	Unit cost multiplier (Wkst. B, Part II)											106
107	Cost to be allocated (per Wkst. B, Part III)											107
108	Unit cost multiplier (Wkst. B, Part III)											108

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

COST ALLOCATION - STATISTICAL BASIS					PROVIDER NO. 340113		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
	COST CENTER DESCRIPTIONS	Other General Service (Specify)	Non-Physician Anesthetists (Assigned Time)	Nursing School (Assigned time)	Salary and Fringes (Assigned Time)	Program Costs (Assigned Time)	Paramedical Educ. Program (Assigned Time)	Subtotal	Intern & Resident Cost and Post Stepdown Adjustment	Total	
		19	20	21	22	23	24	25	26	27	
	GENERAL SERVICE COST CENTERS										
1	Old Capital Related Costs-Buildings and Fixtures										1
2	Old Capital Related Costs-Movable Equipment										2
3	New Capital Related Costs-Buildings and Fixtures										3
4	New Capital Related Costs-Movable Equipment										4
5	Employee Benefits										5
6.05	Administrative & General										6 05
7	Maintenance and Repairs										7
8	Operation of Plant										8
9	Laundry and Linen Service										9
10	Housekeeping										10
11	Dietary										11
12	Cafeteria										12
13	Maintenance of Personnel										13
14	Nursing Administration										14
15	Central Services and Supply										15
16	Pharmacy										16
17	Medical Records & Medical Records Library										17
18	Social Service										18
19.05	Other General Service Cost Centers										19.05
20	Nonphysician Anesthetists										20
21	Nursing School	304		42,839							21
22	Intern & Res. Service-Salary & Fringes (Approved)				548,242						22
23	Intern & Res. Other Program Costs (Approved)					548,242					23
24	Paramedical Education Program (specify)	574					329,702				24
	INPATIENT ROUTINE SERVICE COST CENTERS										
25	Adults and Pediatrics (General Routine Care)	25,956		31,515	199,146	199,146	176,816				25
26	Intensive Care Unit	1,048			10,994	10,993	10,009				26

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COST ALLOCATION - STATISTICAL BASIS					PROVIDER NO. 340113		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Other General Service (Specify)	Non-Physician Anesthetists (Assigned time)	Nursing School (Assigned time)	Salary and Fringes (Assigned Time)	Program Costs (Assigned Time)	Paramedical Educ. Program (Assigned Time)	Subtotal	Intern & Resident Cost and Post Stepdown Adjustment	Total	
		19	20	21	22	23	24	25	26	27	
27	Coronary Care Unit				6,726	6,727	5,966				27
28	Burn Intensive Care Unit										28
29	Surgical Intensive Care Unit	2,744		1,520	44,723	44,724	29,012				29
30 15	Neonatal ICU	4,420									30 15
30.25	Detoxification ICU										30.25
31.00	SubComponent 1 - 34S113			3,263	579	579	24,394				31.00
31 01	SubComponent 2 - 34T113	836					2,707				31.01
33	Nursery	5,238		804	3,822	3,822					33
34	Skilled Nursing Facility										34
35.00	Nursing Facility										35.00
36	Other Long Term Care										36
	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room	1,817		528	55,818	55,819	2,123				37.05
38	Recovery Room	194			367	367					38
39.05	Delivery Room & Labor Room	507		2,551	29,161	29,161	158				39.05
40 05	Anesthesiology						47,310				40 05
41.05	Radiology-Diagnostic	94		64	2,050	2,050	8,690				41 05
42.05	Radiology-Therapeutic						96				42.05
43	Radioisotope						191				43
44.05	Laboratory	48			12	13	3,742				44 05
45	PBP Clinical Laboratory Services-Program Only										45
46 00	Whole Blood & Packed Red Blood Cells										46 00
47	Blood Storing, Processing, & Trans.										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy										49.05
50.05	Physical Therapy	392									50.05
51	Occupational Therapy										51
52	Speech Pathology										52
53.05	Electrocardiology										53.05
53.40	Cardiac Catheterization Laboratory	546			318	319					53 40

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COST ALLOCATION - STATISTICAL BASIS					PROVIDER NO 340113		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Other General Service (Specify)	Non-Physician Anesthetists (Assigned Time)	Nursing School (Assigned time)	Salary and Fringes (Assigned Time)	Program Costs (Assigned Time)	Paramedical Educ. Program (Assigned Time)	Subtotal	Intern & Resident Cost and Post Stepdown Adjustment	Total	
		19	20	21	22	23	24	25	26	27	
54	Electroencephalography										54
55	Medical Supplies Charged to Patients	2,399									55
55.30	Implantable Devices Charged to Patients										55 30
56	Drugs Charged to Patients						100				56
57	Renal Dialysis	84									57
58	ASC (Non-Distinct Part)	653		192	4,563	4,562	27				58
59.30	Other Ancillary Cost Centers	174		64	688	687					59.30
	OUTPATIENT SERVICE COST CENTERS										
60 05	Clinic	2,437		1,428	97,425	97,425	385				60 05
61	Emergency	5,139		234	64,753	64,753					61
62.05											
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis										64
65	Ambulance Services										65
66 00	Durable Medical Equipment-Rented										66.00
67 00	Durable Medical Equipment-Sold										67 00
68	Other Reimbursable (specify)										68
69.00	Outpatient Rehabilitation Provider (specify)										69.00
70	Intern-Resident Service (not appvd. tchng. prgm)										70
71	Home Health Agency										71
	SPECIAL PURPOSE COST CENTERS										
82	Lung Acquisition										82
83	Kidney Acquisition										83
84	Liver Acquisition										84
85.05	Heart Acquisition										85 05
85.10	Intestine Acquisition										85.10
86	Other Organ Acquisition (specify)										86
92	Ambulatory Surgical Center (Distinct Part)										92
93	Hospice										93

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COST ALLOCATION - STATISTICAL BASIS					PROVIDER NO. 340113		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Other General Service (Specify)	Non-Physician Anesthetists (Assigned Time)	Nursing School (Assigned time)	Salary and Fringes (Assigned Time)	Program Costs (Assigned Time)	Paramedical Educ. Program (Assigned Time)	Subtotal	Intern & Resident Cost and Post Stepdown Adjustment	Total	
		19	20	21	22	23	24	25	26	27	
94	Other Special Purpose (specify)										94
95	SUBTOTALS (sum of lines 1-94)	55,621		42,839	535,390	535,390	329,293				95
	NONREIMBURSABLE COST CENTERS										
96	Gift, Flower, Coffee Shop, & Canteen										96
97	Research										97
98	Physicians' Private Offices	1,187			12,745	12,747	408				98
99	Nonpaid Workers				104	104					99
100	Other Nonreimbursable (specify)										100
101	Cross foot adjustments										101
102	Negative cost centers										102
103	Cost to be allocated (per Wkst. B, Part I)	390,247		5,552,743	18,521,828	58,654,231	3,670,664				103
104	Unit cost multiplier (Wkst. B, Part I)	10.390026		129.618881	33.784039	106.986023	4,797.93*				104
105	Cost to be allocated (per Wkst. B, Part II)										105
106	Unit cost multiplier (Wkst. B, Part II)										106
107	Cost to be allocated (per Wkst. B, Part III)										107
108	Unit cost multiplier (Wkst. B, Part III)										108

*Please note that CostReportData.com worksheets are replicated from electronic cost report data obtained from the CMS Healthcare Cost Report Information System dataset (HCRIS) and may differ from the format submitted by the hospital (e.g. sub-lines and sub-columns may be combined, certain totals have been calculated, etc.).

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COMPUTATION OF RATIO OF COSTS TO CHARGES					PROVIDER NO: 340113			PERIOD FROM 01/01/2010 TO 12/31/2010			WORKSHEET C, PART I	
	COST CENTER DESCRIPTIONS	Total Cost from Wkst B,Part I col 27	Therapy Limit Adj	Total Costs	RCE Dis-allowance	Total Costs	Inpatient Charges	Outpatient Charges	Total Charges (col 6 + col 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		1	2	3	4	5	6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS												
25	Adults and Pediatrics (General Routine Care)	144,194,736		144,194,736	27,633	144,222,369	192,964,547		192,964,547				25
26	Intensive Care Unit	10,940,512		10,940,512	387,359	11,327,871	27,426,499		27,426,499				26
27	Coronary Care Unit	7,554,790		7,554,790		7,554,790	19,239,989		19,239,989				27
28	Burn Intensive Care Unit												28
29	Surgical Intensive Care Unit	41,996,188		41,996,188	356,153	42,352,341	85,179,412		85,179,412				29
30 15	Neonatal ICU	19,747,748		19,747,748	1,837,389	21,585,137	47,568,091		47,568,091				30.15
30 25	Detoxification ICU	4,521,509		4,521,509		4,521,509	9,503,470		9,503,470				30.25
31.00	SubComponent 1 - 34S113	15,615,038		15,615,038		15,615,038	32,249,936		32,249,936				31.00
31.01	SubComponent 2 - 34T113	2,794,369		2,794,369		2,794,369	3,104,025		3,104,025				31.01
33	Nursery	12,935,437		12,935,437		12,935,437	25,203,399		25,203,399				33
34	Skilled Nursing Facility												34
35 00	Nursing Facility												35.00
36	Other Long Term Care												36
	ANCILLARY SERVICE COST CENTERS												
37.05	Operating Room	40,715,680		40,715,680		40,715,680	179,200,954	41,936,101	221,137,055	0.184120	0.184120	0.184120	37.05
38	Recovery Room	12,519,329		12,519,329		12,519,329	22,392,189	16,304,718	38,696,907	0.323523	0.323523	0.323523	38
39 05	Delivery Room & Labor Room	18,699,126		18,699,126		18,699,126	33,155,817	2,364,723	35,520,540	0.526431	0.526431	0.526431	39.05
40 05	Anesthesiology	19,287,387		19,287,387	409,657	19,697,044	163,644,824	93,245,812	256,890,636	0.075080	0.075080	0.076675	40.05
41 05	Radiology-Diagnostic	39,782,053		39,782,053		39,782,053	147,561,777	177,554,189	325,115,966	0.122363	0.122363	0.122363	41.05
42.05	Radiology-Therapeutic	7,621,244		7,621,244		7,621,244	2,120,756	39,400,608	41,521,364	0.183550	0.183550	0.183550	42.05
43	Radioisotope	2,468,919		2,468,919		2,468,919	4,354,221	8,381,463	12,735,684	0.193858	0.193858	0.193858	43
44 05	Laboratory	76,072,794		76,072,794	122,150	76,194,944	185,293,612	217,633,033	402,926,645	0 188801	0 188801	0.189104	44.05
45	PBP Clinical Laboratory Services-Prgm Only												45
46 00	Whole Blood & Packed Red Blood Cells												46.00
47	Blood Storing, Processing, & Trans.												47
48	Intravenous Therapy												48
49 05	Respiratory Therapy	21,755,340		21,755,340		21,755,340	42,498,086	1,782,005	44,280,091	0.491312	0 491312	0.491312	49.05
50.05	Physical Therapy	6,898,789		6,898,789		6,898,789	13,711,088	266,681	13,977,769	0.493554	0.493554	0.493554	50.05

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COMPUTATION OF RATIO OF COSTS TO CHARGES						PROVIDER NO: 340113			PERIOD: FROM 01/01/2010 TO 12/31/2010			WORKSHEET C, PART I	
	COST CENTER DESCRIPTIONS	Total Cost from Wkst B,Part I col 27	Therapy Limit Adj	Total Costs	RCE Dis-allowance	Total Costs	Inpatient Charges	Outpatient Charges	Total Charges (col 6 + col 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		1	2	3	4	5	6	7	8	9	10	11	
51	Occupational Therapy												51
52	Speech Pathology	1,716,426		1,716,426		1,716,426	1,944,190	158,500	2,102,690	0.816300	0.816300	0.816300	52
53 05	Electrocardiology	2,525,229		2,525,229		2,525,729	14,807,183	9,893,057	24,700,240	0.102235	0.102235	0.102235	53.05
53 40	Cardiac Catheterization Laboratory	15,386,841		15,386,841		15,386,841	67,258,074	46,652,133	113,910,207	0.135079	0.135079	0.135079	53.40
54	Electroencephalography												54
55	Medical Supplies Charged to Patients	48,024,792		48,024,792		48,024,792	43,887,423	19,488,344	63,375,767	0 757778	0.757778	0.757778	55
55.30	Implantable Devices Charged to Patients	76,946,282		76,946,282		76,946,282	145,993,612	48,520,762	194,514,374	0.395581	0.395581	0.395581	55.30
56	Drugs Charged to Patients	91,427,650		91,427,650		91,427,650	223,555,302	114,936,389	338,491,691	0.270103	0.270103	0.270103	56
57	Renal Dialysis	4,198,693		4,198,693		4,198,693	5,909,081	4,672,245	10,581,326	0.396802	0.396802	0.396802	57
58	ASC (Non-Distinct Part)	20,194,377		20,194,377		20,194,377	9,212,515	71,617,607	80,830,122	0.249837	0.249837	0.249837	58
59.30	Other Ancillary Cost Centers	13,064,752		13,064,752		13,064,752	8,120,149	22,870,027	30,990,176	0 421577	0.421577	0.421577	59.30
OUTPATIENT SERVICE COST CENTERS													
60.05	Clinic	78,053,874		78,053,874	1,301,769	79,355,643	4,913,599	58,679,002	63,592,601	1.227405	1.227405	1.247875	60.05
61	Emergency	34,034,761		34,034,761	142,705	34,177,466	48,904.733	90,421,948	139,326,681	0.244280	0.244280	0.245305	61
62.05	Observation Beds (DistinctPart)	5,829,376		5,829,376		5,829,376	866,775	11,437,371	12,304,146	0 473773	0 473773	0.473773	62.05
62.10	Observation Beds (Non-DistinctPart)	9,949,703		9,949,703		9,949,703		7,377,229	7,377,229	1.348705	1.348705	1.348705	62 10
63.00	Other Outpatient Service (specify)												63.00
OTHER REIMBURSABLE COST CENTERS													
64	Home Program Dialysis												64
65	Ambulance Services	33,613,626		33,613,626		33,613,626	18,211	34,092,692	34,110,903	0.985422	0.985422	0.985422	65
66 00	Durable Medical Equipment-Rented												66.00
67.00	Durable Medical Equipment-Sold												67.00
68	Other Reimbursable (specify)												68
101	Subtotal (sum of lines 25 thru 68)	941,087,370		941,087,370	4,584,815	945,672,185	1,811,763,539	1,139,686,639	2,951,450,178				101
102	Less Observation Beds	15,779,079		15,779,079		9,949,703							102
103	Total (line 101 minus line 102)	925,308,291		925,308,291	4,584,815	935,722,482	1,811,763,539	1,139,686,639	2,951,450,178				103

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS						PROVIDER NO. 340113		PERIOD. FROM 01/01/2010 TO 12/31/2010		WORKSHEET C, PART II	
	Cost Center Descriptions	Total Cost (Wkst. B, Part 1, col. 27)	Capital Cost (Wkst. B, sum of Parts II & III, col. 27)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst. C, Part I, col. 8)	Outpatient Cost to Charge Ratio (col. 6 ÷ col. 7)	I/P Part B Cost to Charge Ratio (see instruc.)	
		1	2	3	4	5	6	7	8	9	
	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room	40,715,680	40,715,680					221,137,055		0.184120	37.05
38	Recovery Room	12,519,329	12,519,329					38,696,907		0.323523	38
39.05	Delivery Room & Labor Room	18,699,126	18,699,126					35,520,540		0.526431	39.05
40.05	Anesthesiology	19,287,387	19,287,387					256,890,636		0.075080	40.05
41.05	Radiology-Diagnostic	39,782,053	39,782,053					325,115,966		0.122363	41.05
42.05	Radiology-Therapeutic	7,621,244	7,621,244					41,521,364		0.183550	42.05
43	Radioisotope	2,468,919	2,468,919					12,735,684		0.193858	43
44.05	Laboratory	76,072,794	76,072,794					402,926,645		0.188801	44.05
45	PBP Clinical Laboratory Services-Prgm. Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, & Trans.										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy	21,755,340	21,755,340					44,280,091		0.491312	49.05
50.05	Physical Therapy	6,898,789	6,898,789					13,977,769		0.493554	50.05
51	Occupational Therapy										51
52	Speech Pathology	1,716,426	1,716,426					2,102,690		0.816300	52
53.05	Electrocardiology	2,525,229	2,525,229					24,700,240		0.102235	53.05
53.40	Cardiac Catheterization Laboratory	15,386,841	15,386,841					113,910,207		0.135079	53.40
54	Electroencephalography										54
55	Medical Supplies Charged to Patients	48,024,792	48,024,792					63,375,767		0.757778	55
56	Drugs Charged to Patients	91,427,650	91,427,650					338,491,691		0.270103	56
57	Renal Dialysis	4,198,693	4,198,693					10,581,326		0.396802	57
58	ASC (Non-Distinct Part)	20,194,377	20,194,377					80,830,122		0.249837	58
59.30	Other Ancillary Cost Centers	13,064,752	13,064,752					30,990,176		0.421577	59.30
60.05	Clinic	78,053,874	78,053,874					63,592,601		1.227405	60.05
61	Emergency	34,034,761	34,034,761					139,326,681		0.244280	61
62.05	Observation Beds (DistinctPart)	5,829,376	5,829,376					12,304,146		0.473773	62.05
62.10	Observation Beds (Non-DistinctPart)							7,377,229			62.10

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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS						PROVIDER NO 340112		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET C, PART II	
	Cost Center Description	Total Cost (Wkst. B, Part I, col 27)	Capital Cost (Wkst. B, sum of Parts II & III, col. 27)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst. C, Part I, col. 8)	Outpatient Cost to Charge Ratio (col 6 ÷ col 7)	I/P Part B Cost to Charge Ratio (see instruc.)	
		1	2	3	4	5	6	7	8	9	
63 00	Other Outpatient Service (specify)										63 00
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis										64
65	Ambulance Services	33,613,626	33,613,626					34,110,903		0.985422	65
66	Durable Medical Equipment - Rented										66
67	Durable Medical Equipment - Sold										67
68	Other Reimbursable (specify)										68
101	Subtotal (sum of lines 37-68)							2,951,450,178			101
102	Less Observation Beds										102
103	Total (sum of line 101 minus line 102)	1,025,749,430						2,951,450,178			103

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

Medicare -Title XVIII - Hospital - 340113

	Cost Center Description	Old Capital			New Capital					Old Capital		New Capital		
		Capital Related Cost (from Wkst. B, Part II, col. 27)	Swing Bed Adj.	Reduced Capital Related Cost (col. 1 - col. 2)	Capital Related Cost (from Wkst. B, Part III, col. 27)	Swing Bed Adj.	Reduced Capital Related Cost (col. 4 - col. 5)	Total Patient Days	Inpatient Program Days	Per Diem (col. 3 ÷ col. 7)	Inpatient Program Capital Cost (col. 9 x col. 8)	Per Diem (col. 6 ÷ col. 7)	Inpatient Program Capital Cost (col. 11 x col. 8)	
		1	2	3	4	5	6	7	8	9	10	11	12	
(A)	INPATIENT ROUTINE SERVICE COST CENTERS													
25	Adults & Pediatrics (General Routine Care)				12,812,930		12,812,930	187,409	57,304			68 37	3,917,874	25
26	Intensive Care Unit				1,071,378		1,071,378	10,010	4,496			107.03	481,207	26
27	Coronary Care Unit				398,789		398,789	5,967	3,042			66 83	203,297	27
28	Burn Intensive Care Unit													28
29	Surgical Intensive Care Unit				3,541,498		3,541,498	29,014	9,006			122.06	949,455	29
30 15	Neonatal ICU				2,130,593		2,130,593	14,940				142.61		30.15
30.25	Detoxification ICU				472,803		472,803	2,617	1,338			180.67	241,736	30.25
31 00	SubComponent 1 - 34S113				1,709,641		1,709,641	27,569	4,686			62.01	290,579	31 00
31.01	SubComponent 2 - 34T112				458,334		458,334	2,708				169.25		31 01
33	Nursery				996,987		996,987	23,115				43 13		33
101	Total (lines 25-33)				23,592,953		23,592,953	303,349	79,872				6,084,148	101

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

Medicare -Title XVIII - Hospital - 340113

	Cost Center Description	Old Capital Related Cost (from Wkst. B, Part II, col. 27)	New Capital Related Cost (from Wkst. B, Part III, col. 27)	Total Charges (from Wkst. C, Part I, col. 8)	Inpatient Program Charges	Old Capital: Ratio of Cost to Charges (col. 1 ÷ col. 3)	Old Capital: Capital Costs (col. 4 x col 5)	New Capital: Ratio of Cost to Charges (col. 2 ÷ col. 3)	New Capital: Capital Costs (col. 4 x col 7)	
		1	2	3	4	5	6	7	8	
(A)	ANCILLARY SERVICE COST CENTERS									
37.05	Operating Room		7,017,620	221,137,055	52,735,519			0.031734	1,673,509	37.05
38	Recovery Room		1,144,262	38,696,907	6,722,420			0.029570	198,782	38
39.05	Delivery Room & Labor Room		1,679,924	35,520,540	117,132			0.047294	5,540	39.05
40.05	Anesthesiology		1,711,809	256,890,636	43,436,012			0.006664	289,458	40.05
41.05	Radiology-Diagnostic		6,447,838	325,115,966	49,298,993			0.019832	1,052,549	41.05
42.05	Radiology-Therapeutic		1,900,992	41,521,364	721,976			0.045783	33,054	42.05
43	Radioisotope		706,045	12,735,684	2,175,226			0.055438	120,590	43
44.05	Laboratory		4,083,513	402,926,645	61,156,166			0.010135	598,600	44.05
45	PBP Clinical Laboratory Services-Prgm Only									45
46.00	Whole Blood & Packed Red Blood Cells									46.00
47	Blood Storing, Processing, & Transfusing									47
48	Intravenous Therapy									48
49.05	Respiratory Therapy		3,293,245	44,280,091	14,011,554			0.074373	1,042,081	49.05
50.05	Physical Therapy		443,372	13,977,769	4,761,763			0.031720	151,043	50.05
51	Occupational Therapy									51
52	Speech Pathology		53,201	2,102,690	817,198			0.025301	20,676	52
53.05	Electrocardiology		511,149	24,700,240	8,266,240			0.020694	171,062	53.05
53.40	Cardiac Catheterization Laboratory		2,855,566	113,910,207	30,881,159			0.025069	767,266	53.40
54	Electroencephalography									54
55	Medical Supplies Charged to Patients		4,147,706	63,375,767	25,536,057			0.065446	1,671,233	55
55.30	Implantable Devices Charged to Patients		2,324,464	194,514,374	49,741,666			0.011950	594,413	55.30
56	Drugs Charged to Patients		3,725,601	338,491,691	66,641,104			0.011006	733,452	56
57	Renal Dialysis		539,293	10,581,326	3,398,137			0.050966	173,189	57
58	ASC (Non-Distinct Part)		1,788,360	80,830,122	2,126,478			0.022125	47,048	58
59.30	Other Ancillary Cost Centers		2,070,550	30,990,176	2,961,492			0.066813	209,886	59.30
60.05	Clinic		5,990,127	63,592,601	987,900			0.094195	43,977	60.05

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

Medicare -Title XVIII - Hospital - 340113

		Old Capital Related Cost (from Wkst. B, Part II, col. 27)	New Capital Related Cost (from Wkst. B, Part III, col. 27)	Total Charges (from Wkst. C, Part I, col. 8)	Inpatient Program Charges	Old Capital		New Capital		
						Ratio of Cost to Charges (col. 1 ÷ col. 3)	Capital Costs (col. 4 x col. 5)	Ratio of Cost to Charges (col 2 ÷ col. 3)	Capital Costs (col. 4 x col 7)	
Cost Center Description		1	2	3	4	5	6	7	8	
61	Emergency		3,229,866	139,326,681	14,701,074			0.023182	335,817	61
62.05	Observation Beds (DistinctPart)		529,264	12,304,146				0.043015		62.05
62.10	Observation Beds (Non-DistinctPart)			7,377,229						62.10
63.00	Other Outpatient Service (specify)									63.00
	OTHER REIMBURSABLE COST CENTERS									
64	Home Program Dialysis									64
65	Ambulance Services									65
66.00	Durable Medical Equipment-Rented									66.00
67.00	Durable Medical Equipment-Sold									67.00
68	Other Reimbursable (specify)									68
101	Total (sum of lines 37 through 68)		56,193,767	2,474,899,907	441,195,266				9,933,225	101

(A) Worksheet A line numbers

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

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

Medicare -Title XVIII - Subprovider 1 - 34S113

	Cost Center Description	Old Capital Related Cost (from Wkst. B, Part II, col. 27)	New Capital Related Cost (from Wkst. B, Part III, col 27)	Total Charges (from Wkst. C, Part I, col. 8)	Inpatient Program Charges	Old Capital: Ratio of Cost to Charges (col. 1 ÷ col. 3)	Old Capital: Capital Costs (col. 4 x col 5)	New Capital: Ratio of Cost to Charges (col. 2 ÷ col 3)	New Capital: Capital Costs (col. 4 x col. 7)	
		1	2	3	4	5	6	7	8	
(A)	ANCILLARY SERVICE COST CENTERS									
37.05	Operating Room		7,017,620	221,137,055				0 031734		37.05
38	Recovery Room		1,144,262	38,696,907				0.029570		38
39 05	Delivery Room & Labor Room		1,679,924	35,520,540				0.047294		39.05
40 05	Anesthesiology		1,711,809	256,890,636				0 006664		40.05
41.05	Radiology-Diagnostic		6,447,838	325,115,966	28,874			0.019832	1,146	41.05
42.05	Radiology-Therapeutic		1,900,992	41,521,364				0.045783		42.05
43	Radioisotope		706,045	12,735,684				0.055438		43
44 05	Laboratory		4,083,513	402,926,645	503,871			0.010135	4,862	44.05
45	PBP Clinical Laboratory Services-Prgm. Only									45
46.00	Whole Blood & Packed Red Blood Cells									46.00
47	Blood Storing, Processing, & Transfusing									47
48	Intravenous Therapy									48
49.05	Respiratory Therapy		3,293,245	44,280,091				0.074373		49.05
50 05	Physical Therapy		448,372	13,977,769				0.031720		50.05
51	Occupational Therapy									51
52	Speech Pathology		53,201	2,102,690				0.025301		52
53.05	Electrocardiology		511,149	24,700,240	24,485			0 020694	507	53.05
53.40	Cardiac Catheterization Laboratory		2,855,566	113,910,207				0.025069		53.40
54	Electroencephalography									54
55	Medical Supplies Charged to Patients		4,147,706	63,375,767				0 065446		55
55.30	Implantable Devices Charged to Patients		2,324,464	194,514,374				0 011950		55.30
56	Drugs Charged to Patients		3,725,601	338,491,691	947,591			0.011006	10,429	56
57	Renal Dialysis		539,293	10,581,326				0.050966		57
58	ASC (Non-Distinct Part)		1,788,360	80,830,122				0.022125		58
59.30	Other Ancillary Cost Centers		2,070,550	30,990,176	4,600			0.066813	349	59.30
60.05	Clinic		5,990,127	63,592,601				0.094195		60.05

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

Medicare - Title XVIII - Subprovider 1 - 34S113

		Old Capital Related Cost (from Wkst. B, Part II, col. 27)	New Capital Related Cost (from Wkst. B, Part III, col. 27)	Total Charges (from Wkst. C, Part I, col. 8)	Inpatient Program Charges	Old Capital		New Capital		
						Ratio of Cost to Charges (col. 1 ÷ col. 3)	Capital Costs (col. 4 x col. 5)	Ratio of Cost to Charges (col. 2 ÷ col 3)	Capital Costs (col 4 x col. 7)	
Cost Center Description		1	2	3	4	5	6	7	8	
61	Emergency		3,229,866	139,326,681	168,870			0.023182	10,515	61
62.05	Observation Beds (DistinctPart)		529,264	12,304,146				0.043015		62.05
62.10	Observation Beds (Non-DistinctPart)			7,377,229						62.10
63.00	Other Outpatient Service (specify)									63.00
	OTHER REIMBURSABLE COST CENTERS									
64	Home Program Dialysis									64
65	Ambulance Services									65
66.00	Durable Medical Equipment-Rented									66.00
67.00	Durable Medical Equipment-Sold									67.00
68	Other Reimbursable (specify)									68
101	Total (sum of lines 37 through 68)		56,193,767	2,474,899,907	1,678,291				27,808	101

(A) Worksheet A line numbers

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

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

Medicare -Title XVIII - Hospital - 340113

Cost Center Description		Nonphysician Anesthetist Cost	Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Tota Costs (sum of cols. 1 + 2, minus col. 3)	Total Patient Days	Per Diem (col 4 ÷ col. 5)	Inpatient Program Days	Inpatient Program Pass thru Cost (col 6 x col. 7)	
		1	2	3	4	5	6	7	8	
(A)	INPATIENT ROUTINE SERVICE COST CENTERS									
25	Adults & Pediatrics (General Routine Care)		4,450,590		4,450,590	187,409	23.75	57,304	1,360,970	25
26	Intensive Care Unit		20,693		20,693	10,010	2.07	4,496	9,307	26
27	Coronary Care Unit		12,335		12,235	5,967	2.07	3,042	6,297	27
28	Burn Intensive Care Unt									28
29	Surgical Intensive Care Unt		257,000		257,000	29,014	8.86	9,006	97,367	29
30.15	Neonatal ICU		117,859		117,859	14,940	7.89			30.15
30.25	Detoxification ICU		5,410		5,410	2,617	2.07	1,338	2,770	30.25
31.00	SubComponent 1 - 34S113		473,506		473,506	27,569	17.18	4,686	80,505	31.00
31.01	SubComponent 2 - 34T113		5,598		5,598	2,708	2.07			31.01
33	Nursery		104,214		104.214	23,115	4 51			33
34	Skilled Nursing Facility									34
35.00	Nursing Facility									35.00
101	Total (sum of lines 25-35)		5,447,205		5,447,205	303,349		79,872	1,557,216	101

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

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

Medicare -Title XVIII - Hospital - 340113

	Cost Center Description	Nonphysician Anesthetist Cost	Medical Education Cost	Total Costs (col. 1 + col. 2)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 3 ÷ col. 4)	Inpatient Program Charges	Inpatient Program Pass Through Costs (col. 5 × col 6)	Outpatient Program Charges	Outpatient Program Pass Through Costs (col. 5 × col. 8)	
		1	2	3	4	5	6	7	8	9	
(A)	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room		452,377	452,377	221,137,055	0.002046	52,735,519	107,897	8,767,294	17,938	37.05
38	Recovery Room				38,696,907		6,722,420		3,145,903		38
39.05	Delivery Room & Labor Room		359,528	359,528	35,520,540	0.010122	117,132	1,186	7,512	76	39.05
40.05	Anesthesiology		764,949	764,949	256,890,636	0.002978	43,436,012	129,352	12,830,418	38,209	40.05
41.05	Radiology-Diagnostic		630,138	630,138	325,115,966	0.001938	49,298,993	110,255	42,505,235	79,620	41.05
42.05	Radiology-Therapeutic		6,870	6,870	41,521,364	0.000165	721,976	119	12,920,687	2,132	42.05
43	Radioisotope		13,739	13,739	12,735,684	0.001079	2,175,226	2,347	2,167,042	2,338	43
44.05	Laboratory		758,241	758,241	402,926,645	0.001882	61,156,166	112,871	6,780,052	14,200	44.05
45	PBP Clinical Laboratory Services-Prgm. Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, & Transfusing										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy				44,280,091		14,011,554		251,427		49.05
50.05	Physical Therapy				13,977,769		4,761,763				50.05
51	Occupational Therapy										51
52	Speech Pathology				2,102,690		817,198				52
53.05	Electrocardiology				24,700,240		8,266,240		3,017,993		53.05
53.40	Cardiac Catheterization Laboratory				113,910,207		30,881,159		19,102,133		53.40
54	Electroencephalography										54
55	Medical Supplies Charged to Patients				63,375,767		25,536,057		9,179,634		55
55.30	Implantable Devices Charged to Patients						49,741,666		12,343,402		55.30
56	Drugs Charged to Patients		479,793	479,793	338,491,691	0.001417	66,641,104	94,430	25,784,428	36,537	56
57	Renal Dialysis				10,581,326		3,398,137		1,153,693		57
58	ASC (Non-Distinct Part)		29,768	29,768	80,830,122	0.000368	2,126,478	783	9,074,579	3,339	58
59.30	Other Ancillary Cost Centers		8,296	8,296	30,950,176	0.000268	2,961,492	785	7,341,461	1,988	59.30
	OUTPATIENT SERVICE COST CENTERS										
60.05	Clinic		212,905	212,905	63,592,601	0.003348	987,900	157	8,734,659	31,910	60.05
61	Emergency		30,331	30,331	139,326,681	0.000218	14,701,074	3,999	9,900,596	2,615	61
62.05	Observation Beds (DistinctPart)				12,304,146				2,921,310		62.05
62.10	Observation Beds (Non-DistinctPart)		306,076	306,076	7,377,229	0.041489			75,616	3,137	62.10
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					PROVIDER NO: 340113		PERIOD FROM: 01/01/2010 TO: 12/31/2010		WORKSHEET D, PART IV	
Medicare - Title XVIII - Hospital - 340113										
	Cost Center Description	Nonphysician Anesthetist Cost	Medical Education Cost	Total Costs (col 1 + col. 2)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 3 ÷ col. 4)	Inpatient Program Charges	Inpatient Program Pass Through Costs (col. 5 × col. 6)	Outpatient Program Charges	Outpatient Program Pass Through Costs (col. 5 × col. 8)	
		1	2	3	4	5	6	7	8	9	
64	Home Program Dialysis										64
65	Ambulance Services										65
66.00	Durable Medical Equipment-Rented										66.00
67.00	Durable Medical Equipment-Sold										67.00
68	Other Reimbursable (specify)										68
101	Total (sum of lines 37 through 68)		4,053,011	4,053,011	2,280,385,533		441,195,266	564,181	198,005,074	234,039	101

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	PROVIDER NO. 340113	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET D, PART IV

Medicare -Title XVIII - Subprovider 1 - 34S113

	Cost Center Description	Nonphysician Anesthetist Cost	Medical Education Cost	Total Costs (col. 1 + col. 2)	Total Charges (from Wkst. C, Part I, col 8)	Ratio of Cost to Charges (col. 3 ÷ col. 4)	Inpatient Program Charges	Inpatient Program Pass Through Costs (col. 5 × col. 6)	Outpatient Program Charges	Outpatient Program Pass Through Costs (col. 5 × col. 8)	
		1	2	3	4	5	6	7	8	9	
(A)	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room		452,377	452,377	221,137,055	0.002046					37.05
38	Recovery Room				38,696,907						38
39.05	Delivery Room & Labor Room		359,528	359,528	35,520,540	0.010122					39.05
40.05	Anesthesiology		764,949	764,949	256,890,636	0.002978					40.05
41.05	Radiology-Diagnostic		630,138	630,138	325,115,966	0.001938	28,874	151			41.05
42.05	Radiology-Therapeutic		6,870	6,870	41,521,364	0.000165					42.05
43	Radioisotope		13,739	13,739	12,735,684	0.001079					43
44.05	Laboratory		758,241	758,241	402,926,645	0.001882	503,871	921			44.05
45	PBP Clinical Laboratory Services-Prgm. Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, & Transfusing										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy				44,280,091						49.05
50.05	Physical Therapy				13,977,769						50.05
51	Occupational Therapy										51
52	Speech Pathology				2,102,690						52
53.05	Electrocardiology				24,700,240		24,485				53.05
53.40	Cardiac Catheterization Laboratory				113,910,207						53.40
54	Electroencephalography										54
55	Medical Supplies Charged to Patients				63,375,767						55
55.30	Implantable Devices Charged to Patients										55.30
56	Drugs Charged to Patients		479,793	479,793	338,491,691	0.001417	947,591	1,343			56
57	Renal Dialysis				10,581,326						57
58	ASC (Non-Distinct Part)		29,768	29,768	80,830,122	0.000368					58
59.30	Other Ancillary Cost Centers		8,296	8,296	30,990,176	0.000268	4,600				59.30
	OUTPATIENT SERVICE COST CENTERS										
60.05	Clinic		212,905	212,905	63,592,601	0.003348					60.05
61	Emergency		30,331	30,331	139,326,681	0.000218	168,870				61
62.05	Observation Beds (DistinctPart)				12,304,146						62.05
62.10	Observation Beds (Non-DistinctPart)		306,076	306,076	7,377,229	0.041489					62.10
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				PROVIDER NO: 340113		PERIOD: FROM: 01/01/2010 TO: 12/31/2010		WORKSHEET D, PART IV	
Medicare - Title XVIII - Subprovider I - 345113									
Cost Center Description	Nonphysician Anesthetist Cost	Medical Education Cost	Total Costs (col. 1 + col 2)	Total Charges (from Wkst. C, Part I, col 8)	Ratio of Cost to Charges (col. 3 ÷ col. 4)	Inpatient Program Charges	Inpatient Program Pass Through Costs (col. 5 × col 6)	Outpatient Program Charges	Outpatient Program Pass Through Costs (col. 5 × col. 8)	
	1	2	3	4	5	6	7	8	9	
64 Home Program Dialysis										64
65 Ambulance Services										65
66 00 Durable Medical Equipment-Rented										66.00
67 00 Durable Medical Equipment-Sold										67.00
68 Other Reimbursable (specify)										68
101 Total (sum of lines 37 through 68)		4,053,011	4,053,011	2,280,385,533		1,678,291	2,415			101

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

Medicare -Title XVIII - Hospital - 340113

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

	Cost Center Description	Cost to Charge Ratio From Worksheet C			PROGRAM CHARGES						PROGRAM COSTS								
		Part II col. 8	Part I col. 9	Part II col. 9	Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)	Outpatient Ambulatory Surgical Center (cols 1 × 2)	Outpatient Radiology (cols 1 × 3)	Other Outpatient Diagnostic (cols. 1 × 4)	All Other (cols. 1 × 5)	PPS services (columns 1.01 × 5.01)	All Other (columns 1.01 × 5.02)	Hospital I/P Part B Charges (see instru.)	Hospital I/P part B Cost (columns 1.02 × 10)	
		1	1.01	1.02	2	3	4	5	5.01	5.02	6	7	8	9	9.01	9.02	10	11	
	ANCILLARY SERVICE COST CENTERS																		
37.05	Operating Room		0.184120	0.184120					8,767,294						1,614,234				37.05
38	Recovery Room		0.323523	0.323523					3,143,903						1,017,772				38
39.05	Delivery Room & Labor Room		0.526431	0 526431					7,512						3,955				39.05
40.05	Anesthesiology		0.075080	0.075080					12,830,418						963,308				40.05
41 05	Radiology-Diagnostic		0.122363	0 122363					42,505,235						5,080,404				41.05
42.05	Radiology-Therapeutic		0.183550	0 183550					12,920,687						2,371,592				42.05
43	Radioisotope		0 193858	0.193858					2,167,042						420,098				43
44 05	Laboratory		0 188801	0 188801					6,780,052						1,420,889				44.05
45	PBP Clinic Laboratory Services-Prgm. Only																		45
46.00	Whole Blood & Packed Red Blood Cells																		46.00
47	Blood Storing, Processing, & Transfusing																		47
48	Intravenous Therapy																		48
49.05	Respiratory Therapy		0 491312	0 491312					251,427						123,529				49.05
50 05	Physical Therapy		0.493554	0 493554															50.05
51	Occupational Therapy																		51
52	Speech Pathology		0.816300	0 816300															52
53 05	Electrocardiology		0 102235	0 102235					3,017,993						308,545				53.05
53.40	Cardiac Catheterization Laboratory		0.135079	0 135079					19,102,133						2,645,298				53.40
54	Electroencephalography																		54
55	Medical Supplies Charged To Patients		0.757778	0 757778					9,179,634						6,956,125				55
55 30	Implantable Devices Charged to Patients								12,343,402						4,882,815				55.30
56	Drugs Charged To Patients		0.270103	0.270103					25,784,428						6,964,451				56
57	Renal Dialysis		0.396802	0.396802															57
58	ASC (Non-Distinct Part)		0.249837	0.249837					9,074,579						2,267,166				58
59.30	Other Ancillary Cost Centers		0.421577	0.421577					7,341,461						2,684,427				59.30
	OUTPATIENT SERVICE COST CENTERS																		

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

Medicare -Title XVIII - Hospital - 340113

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

	Cost Center Description	Cost to Charge Ratio From Worksheet C			PROGRAM CHARGES						PROGRAM COSTS								
		Part II col 8	Part I col 9	Part II col 9	Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru)	Outpatient Ambulatory Surgical Center (cols 1 x 2)	Outpatient Radiology (cols. 1 x 3)	Other Outpatient Diagnostic (cols 1 x 4)	All Other (cols. 1 x 5)	PPS services (columns 1.01 x 5 01)	All Other (columns 1 01 x 5.02)	Hospital I/P Part B Charges (see instru)	Hospital I/P part B Cost (columns 1.02 x 10)	
		1	1.01	1.02	2	3	4	5	5.01	5.02	6	7	8	9	9.01	9.02	10	11	
60.05	Clinic		1.227405	1.227405					8,734,659						11,525,851				60.05
61	Emergency		0.244280	0.244280					9,900,596						2,396,218				61
62.05	Observation Beds (DistinctPart)		0.473773	0.473773					2,921,310						1,384,038				62.05
62.10	Observation Beds (Non-DistinctPart)		1.348705						75,616						101,984				62.10
63 00	Other Outpatient Service (specify)																		63.00
	OTHER REIMBURSABLE COST CENTERS																		
64	Home Program Dialysis																		64
65	Ambulance		0.985422	0.985422															65
66.00	Durable Medical Equipment-Rented																		66.00
67.00	Durable Medical Equipment-Sold																		67.00
68	Other Reimbursable Cost Center																		68
101	Subtotal (see instructions)								196,851,381						55,132,699				101
102	CRNA Charges (see instructions)																		102
103	Less PBP Clinic Lab Services-Program Only Charges																		103
104	Net Charges (line 101 - (lines 102 + 103)								198,005,074						55,590,487				104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	Drugs charged to patients - ratio of cost to charges (from Worksheet C, Part I, column 9, line 56)		1
2	Program vaccine charges (from your records or the PS&R)	143,192	2
3	Program costs (line 1 x lines 2) (see instructions for transfer)	38,677	3
	(A) Worksheet A line numbers (I) Report non hospital and non subprovider components cost for the period here (see instructions)		

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

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

Medicaid - Title XIX - Hospital - 340113

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

	Cost Center Description	Cost to Charge Ratio From Worksheet C			PROGRAM CHARGES						PROGRAM COSTS								
		Part II col. 8	Part I col. 9	Part II col. 9	Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru)	All Other (see instru.)	Outpatient Ambulatory Surgical Center (cols. 1 × 2)	Outpatient Radiology (cols. 1 × 3)	Other Outpatient Diagnostic (cols. 1 × 4)	All Other (cols. 1 × 5)	PPS services (columns 1.01 × 5.01)	All Other (columns 1.01 × 5.02)	Hospital I/P Part B Charges (see instru.)	Hospital I/P part B Cost (columns 1.02 × 10)	
		1	1.01	1.02	2	3	4	5	5.01	5.02	6	7	8	9	9.01	9.02	10	11	
	ANCILLARY SERVICE COST CENTERS																		
37.05	Operating Room		0.184120	0.184120				5,450,766						1,197,277					37.05
38	Recovery Room		0.323523	0.323523				2,736,968						889,126					38
39 05	Delivery Room & Labor Room		0.526431	0 526431				1,119,143						718,492					39.05
40.05	Anesthesiology		0.075080	0.075080				15,957,694						1,198,104					40.05
41.05	Radiology-Diagnostic		0.122363	0 122363				19,125,780						2,425,687					41.05
42.05	Radiology-Therapeutic		0.183550	0 183550				4,136,364						759,230					42.05
43	Radioisotope		0.193858	0.193858				669,070						129,705					43
44 05	Laboratory		0.188801	0 188801				30,312,453						5,826,347					44.05
45	PRP Clinic Laboratory Services-Prgm Only																		45
46 00	Whole Blood & Packed Red Blood Cells																		46.00
47	Blood Storing, Processing, & Transfusing																		47
48	Intravenous Therapy																		48
49 05	Respiratory Therapy		0.491312	0 491312				432,466						212,476					49.05
50.05	Physical Therapy		0.493554	0 493554				23,085						11,394					50.05
51	Occupational Therapy																		51
52	Speech Pathology		0.816300	0 816300				48,640						39,705					52
53 05	Electrocardiology		0.102235	0 102235				648,459						66,295					53.05
53.40	Cardiac Catheterization Laboratory		0.135079	0.135079				3,028,609						391,726					53.40
54	Electroencephalography																		54
55	Medical Supplies Charged To Patients		0.757778	0 757778				5,108,425						3,871,052					55
55 30	Implantable Devices Charged to Patients							281,604						111,397					55.30
56	Drugs Charged To Patients		0.270103	0.270103				19,433,454						5,249,034					56
57	Renal Dialysis		0 396802	0.396802				349,677						138,753					57
58	ASC (Non-Distinct Part)		0.249837	0.249837				8,743,745						2,253,998					58
59.30	Other Ancillary Cost Centers		0.421577	0.421577				1,562,923						563,414					59.30
	OUTPATIENT SERVICE COST CENTERS																		

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

Medicaid - Title XIX - Hospital - 340113

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

	Cost Center Description	Cost to Charge Ratio From Worksheet C			PROGRAM CHARGES						PROGRAM COSTS								
		Part II col 8	Part I col. 9	Part II col. 9	Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)	Outpatient Ambulatory Surgical Center (cols. 1 × 2)	Outpatient Radiology (cols. 1 × 3)	Other Outpatient Diagnostic (cols 1 × 4)	All Other (cols 1 × 5)	PPS services (columns 1.01 × 5 01)	All Other (columns 1.01 × 5.02)	Hospital I/P Part B Charges (see instru.)	Hospital I/P part B Cost (columns 1.02 × 10)	
		1	1.01	1.02	2	3	4	5	5.01	5 02	6	7	8	9	9.01	9.02	10	11	
60.05	Clinic		1.227405	1.227405				13,592,696						21,522,677					60.05
61	Emergency		0.244280	0 244280				21,309,388						5,814,716					61
62.05	Observation Beds (DistinctPart)		0 473773	0 473773				1,137,789						539,054					62.05
62.10	Observation Beds (Non-DistinctPart)		1.348705					82						111					62.10
63.00	Other Outpatient Service (specify)																		63.00
	OTHER REIMBURSABLE COST CENTERS																		
64	Home Program Dialysis																		64
65	Ambulance		0.985422	0.985422															65
66.00	Durable Medical Equipment-Rented																		66 00
67.00	Durable Medical Equipment-Sold																		67.00
68	Other Reimbursable Cost Cente																		68
101	Subtotal (see instructions)							155,209,280						53,929,770					101
102	CRNA Charges (see instructions)																		102
103	Less PBP Clinic Lab Services-Program Only Charges																		103
104	Net Charges (line 101 + (lines 102 + 103)							155,209,280						53,929,770					104

PART VI - VACCINE COST APPORTIONMENT

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

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

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

Medicaid - Title XIX - Subprovider 1 - 34S113

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

	Cost Center Description	Cost to Charge Ratio From Worksheet C			PROGRAM CHARGES						PROGRAM COSTS								
		Part II col 8	Part I col. 9	Part II col. 9	Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)	Outpatient Ambulatory Surgical Center (cols 1 × 2)	Outpatient Radiology (cols 1 × 3)	Other Outpatient Diagnostic (cols. 1 × 4)	All Other (cols. 1 × 5)	PPS services (columns 1.01 × 5.01)	All Other (columns 1 01 × 5.02)	Hospital I/P Part B Charges (see instru)	Hospital I/P part B Cost (columns 1.02 × 10)	
		1	1.01	1.02	2	3	4	5	5.01	5.02	6	7	8	9	9.01	9.02	10	11	
	ANCILLARY SERVICE COST CENTERS																		
37.05	Operating Room		0.184120	0.184120															37.05
38	Recovery Room		0.323523	0.323523															38
39 05	Delivery Room & Labor Room		0.526431	0 526431															39.05
40.05	Anesthesiology		0.075080	0.075080															40.05
41.05	Radiology-Diagnostic		0.122363	0 122363															41.05
42.05	Radiology-Therapeutic		0.183550	0 183550															42.05
43	Radioisotope		0.193858	0 193858															43
44 05	Laboratory		0.188801	0 188801				666,515						122,869					44.05
45	PBP Clinic Laboratory Services-Prgm. Only																		45
46 00	Whole Blood & Packed Red Blood Cells																		46.00
47	Blood Storing, Processing, & Transfusing																		47
48	Intravenous Therapy																		48
49 05	Respiratory Therapy		0.491312	0 491312															49.05
50 05	Physical Therapy		0.493554	0.493554															50.05
51	Occupational Therapy																		51
52	Speech Pathology		0.816300	0.816300															52
53.05	Electrocardiology		0.102235	0 102235															53.05
53.40	Cardiac Catheterization Laboratory		0.135079	0.135079															53.40
54	Electroencephalography																		54
55	Medical Supplies Charged To Patients		0.757778	0 757778															55
55.30	Implantable Devices Charged to Patients																		55.30
56	Drugs Charged To Patients		0.270103	0.270103				2,831,033						764,671					56
57	Renal Dialysis		0.396802	0.396802															57
58	ASC (Non-Distinct Part)		0.249837	0.249837															58
59.30	Other Ancillary Cost Centers		0.421577	0.421577				2,173						5,627					59.30
	OUTPATIENT SERVICE COST CENTERS																		

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

Medicaid - Title XIX - Subprovider I - 34S113

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

	Cost Center Description	Cost to Charge Ratio From Worksheet C			PROGRAM CHARGES						PROGRAM COSTS								
		Part II col 8	Part I col. 9	Part II col. 9	Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)	Outpatient Ambulatory Surgical Center (cols. 1 x 2)	Outpatient Radiology (cols 1 x 3)	Other Outpatient Diagnostic (cols. 1 x 4)	All Other (cols. 1 x 5)	PPS services (columns 1.01 x 5 01)	All Other (columns 1 01 x 5.02)	Hospital I/P Part B Charges (see instru.)	Hospital I/P part B Cost (columns 1.02 x 10)	
		1	1.01	1 02	2	3	4	5	5.01	5.02	6	7	8	9	9.01	9.02	10	11	
60.05	Clinic		1.227405	1.227405				737,457						2,267,617					60.05
61	Emergency		0.244280	0 244280				675,751						468,133					61
62.05	Observation Beds (DistinctPart)		0.473773	0 473773				412,441						195,403					62.05
62.10	Observation Beds (Non-DistinctPart)		1.348705					476,500						642,658					62.10
63.00	Other Outpatient Service (specify)																		63.00
	OTHER REIMBURSABLE COST CENTERS																		
64	Home Program Dialysis																		64
65	Ambulance		0.985422	0.985422															65
66.00	Durable Medical Equipment-Rented																		66.00
67.00	Durable Medical Equipment-Sold																		67.00
68	Other Reimbursable Cost Center																		68
101	Subtotal (see instructions)							5,801,870						4,466,978					101
102	CRNA Charges (see instructions)																		102
103	Less PBP Clinic Lab Services-Program Only Charges																		103
104	Net Charges (line 101 + (lines 102 + 103)							5,801,870						4,466,978					104

PART VI - VACCINE COST APPORTIONMENT

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

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

	COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO. 340113	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PART I	
Medicare - Title XVIII - Hospital - 340113					
PART I - ALL PROVIDER COMPONENTS					
	INPATIENT DAYS				
1	Inpatient days (including private room days, and swing-bed days, excluding new born)			187,409	1
2	Inpatient days (including private room days, excluding swing-bed days and new born days)			187,409	2
3	Private room days (excluding swing-bed private room days)			47,784	3
4	Semi-private room days (excluding swing-bed private room days)			139,625	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period				5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period				7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and new born days)			57,304	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period				10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after Decmeber 31 of the cost reporting period				11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period				12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)				14
15	Total nursery days				15
16	Title V or XIX nursery days				16
	SWING BED ADJUSTEMENT				
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period				17
18	Medicare rate for swing-bed SNF services applicable to services after Decmeber 31 of the cost reporting period				18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period				19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period				20
21	Total general inpatient routine service cost (see instructions)			144,222,369	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 × line 17)				22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 × line 18)				23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 × line 18)				24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 × line 20)				25
26	Total swing-bed cost (sum of lines 22 through 25)				26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			144,222,369	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28	General inpatient routine service charges (excluding swing-bed charges)			187,863,420	28
29	Private room charges (excluding swing-bed charges)			54,466,633	29
30	Semi-private room charges (excluding swing-bed charges)			133,396,787	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.767698	31
32	Average private room per diem charge (line 29 ÷ line 3)			1,139.85	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)			955.39	33
34	Average per diem private room charge differential (line 32 minus line 33)			184.46	34
35	Average per diem private private room cost differential (line 34 × line 31)			141.61	35
36	Private room cost differential adjustment (line 3 × line 35)			6,766,692	36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			137,455,677	37

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
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	COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340113	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PART I	
Medicare -Title XVIII - Subprovider I - 34S113					
PART I - ALL PROVIDER COMPONENTS					
	INPATIENT DAYS				
1	Inpatient days (including private room days, and swing-bed days, excluding new born)			27,569	1
2	Inpatient days (including private room days, excluding swing-bed days and new born days)			27,569	2
3	Private room days (excluding swing-bed private room days)				3
4	Semi-private room days (excluding swing-bed private room days)			27,569	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period				5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year. enter 0 on this line)				6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period				7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and new born days)			4,686	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period				10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after Decmeber 31 of the cost reporting period				11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period				12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)				14
15	Total nursery days				15
16	Title V or XIX nursery days				16
	SWING BED ADJUSTEMENT				
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period				17
18	Medicare rate for swing-bed SNF services applicable to services after Decmeber 31 of the cost reporting period				18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period				19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period				20
21	Total general inpatient routine service cost (see instructions)			15,615,038	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 × line 17)				22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 × line 18)				23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 × line 18)				24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 × line 20)				25
26	Total swing-bed cost (sum of lines 22 through 25)				26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			15,615,038	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28	General inpatient routine service charges (excluding swing-bed charges)			31,909,140	28
29	Private room charges (excluding swing-bed charges)				29
30	Semi-private room charges (excluding swing-bed charges)			31,909,140	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.489359	31
32	Average private room per diem charge (line 29 ÷ line 3)				32
33	Average semi-private room per diem charge (line 30 ÷ line 4)			1,157.43	33
34	Average per diem private room charge differential (line 32 minus line 33)				34
35	Average per diem private private room cost differential (line 34 × line 31)				35
36	Private room cost differential adjustment (line 3 × line 35)				36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			15,615,038	37

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Cost report status - As Submitted
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	COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340113	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PART I	
Medicaid - Title XIX - Hospital - 340113					
PART I - ALL PROVIDER COMPONENTS					
	INPATIENT DAYS				
1	Inpatient days (including private room days, and swing-bed days, excluding new born)			187,409	1
2	Inpatient days (including private room days, excluding swing-bed days and new born days)			187,409	2
3	Private room days (excluding swing-bed private room days)			47,784	3
4	Semi-private room days (excluding swing-bed private room days)			139,625	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period				5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period				7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and new born days)			31,741	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period				10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after Decmeber 31 of the cost reporting period				11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period				12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)				14
15	Total nursery days			23,115	15
16	Title V or XIX nursery days			15,172	16
	SWING BED ADJUSTEMENT				
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period				17
18	Medicare rate for swing-bed SNF services applicable to services after Decmeber 31 of the cost reporting period				18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period				19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period				20
21	Total general inpatient routine service cost (see instructions)			172,228,670	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 × line 17)				22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 × line 18)				23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 × line 18)				24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 × line 20)				25
26	Total swing-bed cost (sum of lines 22 through 25)				26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			172,228,670	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28	General inpatient routine service charges (excluding swing-bed charges)			187,863,420	28
29	Private room charges (excluding swing-bed charges)			54,466,633	29
30	Semi-private room charges (excluding swing-bed charges)			133,396,787	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.916776	31
32	Average private room per diem charge (line 29 ÷ line 3)			1,139.85	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)			955.39	33
34	Average per diem private room charge differential (line 32 minus line 33)			184.46	34
35	Average per diem private private room cost differential (line 34 × line 31)			169.11	35
36	Private room cost differential adjustment (line 3 × line 35)			8,080,752	36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			164,147,918	37

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

	COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340113	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1. PART I	
Medicaid - Title XIX - Subprovider 1 - 34S113					
PART I - ALL PROVIDER COMPONENTS					
	INPATIENT DAYS				
1	Inpatient days (including private room days, and swing-bed days, excluding new born)			27,569	1
2	Inpatient days (including private room days, excluding swing-bed days and new born days)			27,569	2
3	Private room days (excluding swing-bed private room days)				3
4	Semi-private room days (excluding swing-bed private room days)			27,569	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period				5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period				7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and new born days)			9,137	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period				10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after Decmeber 31 of the cost reporting period				11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period				12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)				14
15	Total nursery days				15
16	Title V or XIX nursery days				16
	SWING BED ADJUSTEMENT				
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period				17
18	Medicare rate for swing-bed SNF services applicable to services after Decmeber 31 of the cost reporting period				18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period				19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period				20
21	Total general inpatient routine service cost (see instructions)			15,696,544	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 × line 17)				22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 × line 18)				23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 × line 18)				24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 × line 20)				25
26	Total swing-bed cost (sum of lines 22 through 25)				26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			15,696,544	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28	General inpatient routine service charges (excluding swing-bed charges)			31,909,140	28
29	Private room charges (excluding swing-bed charges)				29
30	Semi-private room charges (excluding swing-bed charges)			31,909,140	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.491914	31
32	Average private room per diem charge (line 29 ÷ line 3)				32
33	Average semi-private room per diem charge (line 30 ÷ line 4)			1,157.43	33
34	Average per diem private room charge differential (line 32 minus line 33)				34
35	Average per diem private private room cost differential (line 34 × line 31)				35
36	Private room cost differential adjustment (line 3 × line 35)				36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			15,696,544	37

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	COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340113	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1. PART I	
Medicaid - Title XIX - Subprovider 2 - 34T113					
PART I - ALL PROVIDER COMPONENTS					
	INPATIENT DAYS				
1	Inpatient days (including private room days, and swing-bed days, excluding new born)			2,708	1
2	Inpatient days (including private room days, excludmg swing-bed days and new born days)			2,708	2
3	Private room days (excluding swing-bed private room days)				3
4	Semi-private room days (excluding swing-bed private room days)			2,708	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period				5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period				7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and new born days)			1,055	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period				10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after Decmeber 31 of the cost reporting period				11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period				12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)				14
15	Total nursery days				15
16	Title V or XIX nursery days				16
	SWING BED ADJUSTEMENT				
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period				17
18	Medicare rate for swing-bed SNF services applicable to services after Decmeber 31 of the cost reporting period				18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period				19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period				20
21	Total general inpatient routine service cost (see instructions)			2,794,369	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 × line 17)				22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 × line 18)				23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 × line 18)				24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 × line 20)				25
26	Total swing-bed cost (sum of lines 22 through 25)				26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			2,794,369	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28	General inpatient routine service charges (excluding swing-bed charges)			3,104,025	28
29	Private room charges (excluding swing-bed charges)			3,104,025	29
30	Semi-private room charges (excluding swing-bed charges)				30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.900240	31
32	Average private room per diem charge (line 29 ÷ line 3)				32
33	Average semi-private room per diem charge (line 30 ÷ line 4)				33
34	Average per diem private room charge differential (line 32 minus line 33)				34
35	Average per diem private private room cost differential (line 34 × line 31)				35
36	Private room cost differential adjustment (line 3 × line 35)				36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			2,794,369	37

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

Medicare -Title XVIII - Hospital - 340113

	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					1	
38	Adjusted general inpatient routine service cost per diem (see instructions)					769.56	38
39	Program general inpatient routine service cost (line 9 × line 38)					44,098,866	39
40	Medically necessary private room cost applicable to the Program (line 14 ÷ line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)					44,098,866	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 × col 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only)	12,935,437					42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	11,327,871	10,010	1131.66	4,496	5,087,943	43
44	Coronary Care Unit	7,554,790	5,967	1266.10	3,042	3,851,476	44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit	42,352,341	29,014	1459.72	9,006	11,758,760	46
47.15	Neonatal ICU	21,585,137	14,940	1444.79			47.15
47.25	Detoxification ICU	4,521,509	2,617	1727.75	1,338	2,311,730	47.25
						1	
48	Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101)					112,638,372	48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)					179,747,147	49
	PASS THROUGH COST ADJUSTMENTS						
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					7,270,280	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,497,406	51
52	Total Program excludable cost (sum of lines 50 and 51)					17,767,686	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)					161,979,461	53
	TARGET AMOUNT AND LIMIT COMPUTATION						
54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 × line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
58.01	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						58.01
58.02	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						58.02
58.03	If lines 53/54 is less than the lower of lines 55, 58.01 or 58.02 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 × 58.02), or 1 percent of the target amount (line 56), otherwise enter zero						58.03
58.04	Relief payment (see instructions)						58.04
59	Allowable inpatient cost plus incentive payment (see instructions)						59
	PROGRAM INPATIENT ROUTINE SWING BED COST						
60	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 10 × line 17) (title XVIII only)						60
61	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (line 11 × line 18) (title XVIII only)						61
62	Total Medicare swing-bed SNF inpatient routine cost (line 60 plus line 61) (title XVIII)						62
63	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 × line 19)						63
64	Title V or XIX swing-bed NF inpatient routine cts after December 31 of the cost reporting period (line 13 × line 20)						64
65	Total title V or XIX swing-bed NF inpatient routine costs (line 63 + line 64)						65

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

Medicare -Title XVIII - Subprovider 1 - 34S113

	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	
38	Adjusted general inpatient routine service cost per diem (see instructions)	566 40	38
39	Program general inpatient routine service cost (line 9 × line 38)	2,654,150	39
40	Medically necessary private room cost applicable to the Program (line 14 × line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	2,654,150	41

		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 × col 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only)	12,935,437					42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	11,327,871	10,010	1131.66			43
44	Coronary Care Unit	7,554,790	5,967	1266.10			44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit	42,352,341	29,014	1459.72			46
47.15	Neonatal ICU	21,585,137	14,940	1444.79			47.15
47.25	Detoxification ICU	4,521,509	2,617	1727.75			47.25

		1	
48	Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101)	487,431	48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)	3,141,581	49
	PASS THROUGH COST ADJUSTMENTS		
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	371,084	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	30,223	51
52	Total Program excludable cost (sum of lines 50 and 51)	401,307	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)	2,740,274	53
	TARGET AMOUNT AND LIMIT COMPUTATION		
54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 × line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
58.01	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		58.01
58.02	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		58.02
58.03	If lines 53/54 is less than the lower of lines 55, 58 01 or 58.02 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 × 58.02), or 1 percent of the target amount (line 56), otherwise enter zero		58.03
58.04	Relief payment (see instructions)		58.04
59	Allowable inpatient cost plus incentive payment (see instructions)		59
	PROGRAM INPATIENT ROUTINE SWING BED COST		
60	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 10 × line 17) (title XVIII only)		60
61	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (line 11 × line 18) (title XVIII only)		61
62	Total Medicare swing-bed SNF inpatient routine cost (line 60 plus line 61) (title XVIII)		62
63	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 × line 19)		63
64	Title V or XIX swing-bed NF inpatient routine cost after December 31 of the cost reporting period (line 13 × line 20)		64
65	Total title V or XIX swing-bed NF inpatient routine costs (line 63 + line 64)		65

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

Medicaid - Title XIX - Hospital - 340113

	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	
38	Adjusted general inpatient routine service cost per diem (see instructions)	875.88	38
39	Program general inpatient routine service cost (line 9 × line 38)	27,801,307	39
40	Medically necessary private room cost applicable to the Program (line 14 × line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	27,801,307	41

		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 × col. 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only)	12,935,437	23.115	559.61	15,172	8,843,607	42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	11,327,871	10,010	1131.66	3,133	3,908.637	43
44	Coronary Care Unit	7,554,790	5,967	1266.10	1,447	2,061,671	44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit	42,352,341	29,014	1459.72	12,120	22,794.649	46
47.15	Neonatal ICU	21,585,137	14,940	1444.79	7,000	9,996,700	47.15
47.25	Detoxification ICU	4,521,509	2,617	1727.75	455	858,326	47.25

		1	
48	Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101)	63,898,562	48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)	140,163,459	49
	PASS THROUGH COST ADJUSTMENTS		
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)		52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)		53
	TARGET AMOUNT AND LIMIT COMPUTATION		
54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 × line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
58.01	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		58.01
58.02	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		58.02
58.03	If lines 53/54 is less than the lower of lines 55, 58.01 or 58.02 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 × 58.02), or 1 percent of the target amount (line 56), otherwise enter zero		58.03
58.04	Relief payment (see instructions)		58.04
59	Allowable inpatient cost plus incentive payment (see instructions)		59
	PROGRAM INPATIENT ROUTINE SWING BED COST		
60	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 10 × line 17) (title XVIII only)		60
61	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (line 11 × line 18) (title XVIII only)		61
62	Total Medicare swing-bed SNF inpatient routine cost (line 60 plus line 61) (title XVIII)		62
63	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 × line 19)		63
64	Title V or XIX swing-bed NF inpatient routine cst after December 31 of the cost reporting period (line 13 × line 20)		64
65	Total title V or XIX swing-bed NF inpatient routine costs (line 63 + line 64)		65

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

Medicaid - Title XIX - Subprovider I - 34S113

	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	
38	Adjusted general inpatient routine service cost per diem (see instructions)	569.35	38
39	Program general inpatient routine service cost (line 9 × line 38)	5,202,151	39
40	Medically necessary private room cost applicable to the Program (line 14 ⁄ line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	5,202,151	41

		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col 3 ⁄ col. 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only)	12,935,437					42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	11,327,871	10,010	1131.66			43
44	Coronary Care Unit	7,554,790	5,967	1266.10			44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit	42,352,341	29,014	1459.72			46
47.15	Neonatal ICU	21,585,137	14,940	1444.79			47.15
47.25	Detoxification ICU	4,521,509	2,617	1727.75			47.25

		1	
48	Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101)	1,338,987	48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)	6,541,138	49
	PASS THROUGH COST ADJUSTMENTS		
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)		52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)		53
	TARGET AMOUNT AND LIMIT COMPUTATION		
54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 × line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
58.01	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		58.01
58.02	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		58.02
58.03	If lines 53/54 is less than the lower of lines 55, 58 01 or 58.02 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 ⁄ 58 02), or 1 percent of the target amount (line 56), otherwise enter zero		58.03
58.04	Relief payment (see instructions)		58.04
59	Allowable inpatient cost plus incentive payment (see instructions)		59
	PROGRAM INPATIENT ROUTINE SWING BED COST		
60	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 10 × line 17) (title XVIII only)		60
61	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (line 11 × line 18) (title XVIII only)		61
62	Total Medicare swing-bed SNF inpatient routine cost (line 60 plus line 61) (title XVIII)		62
63	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 × line 19)		63
64	Title V or XIX swing-bed NF inpatient routine cats after December 31 of the cost reporting period (line 13 × line 20)		64
65	Total title V or XIX swing-bed NF inpatient routine costs (line 63 + line 64)		65

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

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

Medicaid - Title XIX - Subprovider 2 - 34T113

	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	
38	Adjusted general inpatient routine service cost per diem (see instructions)	1,031.89	38
39	Program general inpatient routine service cost (line 9 × line 38)	1,088,644	39
40	Medically necessary private room cost applicable to the Program (line 14 ⁄ line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,088,644	41

		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col 2)	Program Days	Program Cost (col. 3 × col. 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only)	12,935,437					42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	11,327,871	10,010	1131.66			43
44	Coronary Care Unit	7,554,790	5,967	1266.10			44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit	42,352,341	29,014	1459.72			46
47.15	Neonatal ICU	21,585,137	14,940	1444.79			47.15
47.25	Detoxification ICU	4,521,509	2,617	1727.75			47.25

		1	
48	Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101)	753,440	48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)	1,842,084	49
	PASS THROUGH COST ADJUSTMENTS		
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)		52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)		53
	TARGET AMOUNT AND LIMIT COMPUTATION		
54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 × line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
58.01	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		58.01
58.02	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		58.02
58.03	If lines 53/54 is less than the lower of lines 55, 58.01 or 58.02 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 × 58.02), or 1 percent of the target amount (line 56), otherwise enter zero		58.03
58.04	Relief payment (see instructions)		58.04
59	Allowable inpatient cost plus incentive payment (see instructions)		59
	PROGRAM INPATIENT ROUTINE SWING BED COST		
60	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 10 × line 17) (title XVIII only)		60
61	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (line 11 × line 18) (title XVIII only)		61
62	Total Medicare swing-bed SNF inpatient routine cost (line 60 plus line 61) (title XVIII)		62
63	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 × line 19)		63
64	Title V or XIX swing-bed NF inpatient routine cst after December 31 of the cost reporting period (line 13 × line 20)		64
65	Total title V or XIX swing-bed NF inpatient routine costs (line 63 + line 64)		65

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

Medicare -Title XVIII - Hospital - 340113

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

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

PART IV - PART IV - COMPUTATION OF OBSERVATION BED COST

83	Total observation bed days (see instructions)	10.593	83
84	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	769.56	84
85	Observation bed cost (line 83 × line 84) (see instructions)	8,151,949	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	col. 1 ÷ col. 2	Total Observation Bed Cost (from line 85)	Observation Bed Pass Through Cost (col. 3 × col. 4) (see instructions)	
		1	2	3	4	5	
86	Old capital-related cost		144,222,369		8,151,949		86
87	New capital-related cost	12,812,930	144,222,369	0.088841	8,151,949	724,227	87
88	Non Physician Anesthetist		144,222,369		8,151,949		88
89	Medical Education	4,450,590	144,222,369	0.030859	8,151,949	230,904	89

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

Medicare - Title XVIII - Subprovider 1 - 34S113

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

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

PART IV - PART IV - COMPUTATION OF OBSERVATION BED COST

83	Total observation bed days (see instructions)	3,174	83
84	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	566.40	84
85	Observation bed cost (line 83 × line 84) (see instructions)	1,797,754	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	col. 1 ÷ col. 2	Total Observation Bed Cost (from line 85)	Observation Bed Pass Through Cost (col 3 × col. 4) (see instructions)	
		1	2	3	4	5	
86	Old capital-related cost		15,615,038		1,797,754		86
87	New capital-related cost		15,615,038		1,797,754	196,831	87
88	Non Physician Anesthetist		15,615,038		1,797,754		88
89	Medical Education		15,615,038		1,797,754	48,708	89

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

Medicaid - Title XIX - Hospital - 340113

	PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY		
66	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		66
67	Adjusted general inpatient routine service cost per diem (line 66 ÷ line 2)		67
68	Program routine service cost (line 9 × line 67)		68
69	medically necessary private room cost applicable to Program (line 14 × line 35)		69
70	Total Program general inpatient routine service costs (line 68 + line 69)		70
71	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, sum of Parts II and III, column 27)		71
72	Per diem capital-related costs (line 71 ÷ line 2)		72
73	Program capital-related costs (line 9 × line 72)		73
74	Inpatient routine service cost (line 70 minus line 73)		74
75	Aggregate charges to beneficiaries for excess costs (from provider records)		75
76	Total Program routine services costs for comparison to the cost limitation (line 74 minus line 75)		76
77	Inpatient routine service cost per diem limitation		77
78	Inpatient routine service cost limitation (line 9 × line 77)		78
79	Reasonable inpatient routine service costs (see instructions)		79
80	Program inpatient ancillary services (see instructions)		80
81	Utilization review - physician compensation		81
82	Total Program inpatient operating costs (sum of lines 79 through 81)		82
	PART IV - PART IV - COMPUTATION OF OBSERVATION BED COST		
83	Total observation bed days (see instructions)	10,593	83
84	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	919.00	84
85	Observation bed cost (line 83 × line 84) (see instructions)	9,734,967	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	col. 1 ÷ col. 2	Total Observation Bed Cost (from line 85)	Observation Bed Pass Through Cost (col 3 × col. 4) (see instructions)	
		1	2	3	4	5	
86	Old capital-related cost		172,228,670		9,734,967		86
87	New capital-related cost		172,228,670		9,734,967		87
88	Non Physician Anesthetist		172,228,670		9,734,967		88
89	Medical Education		172,228,670		9,734,967		89

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

Medicaid - Title XIX - Subprovider 1 - 34S113

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

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

PART IV - PART IV - COMPUTATION OF OBSERVATION BED COST

83	Total observation bed days (see instructions)	3,174	83
84	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	569.35	84
85	Observation bed cost (line 83 × line 84) (see instructions)	1,807,117	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	col. 1 ÷ col. 2	Total Observation Bed Cost (from line 85)	Observation Bed Pass Through Cost (col. 3 × col. 4) (see instructions)	
		1	2	3	4	5	
86	Old capital-related cost		15,696,544		1,807,117		86
87	New capital-related cost		15,696,544		1,807,117		87
88	Non Physician Anesthetist		15,696,544		1,807,117		88
89	Medical Education		15,696,544		1,807,117		89

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

Medicaid - Title XIX - Subprovider 2 - 34T113

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

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

PART IV - PART IV - COMPUTATION OF OBSERVATION BED COST

83	Total observation bed days (see instructions)		83
84	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,031.89	84
85	Observation bed cost (line 83 × line 84) (see instructions)		85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	col. 1 + col. 2	Total Observation Bed Cost (from line 85)	Observation Bed Pass Through Cost (col 3 × col. 4) (see instructions)	
		1	2	3	4	5	
86	Old capital-related cost		2,794,369				86
87	New capital-related cost		2,794,369				87
88	Non Physician Anesthetist		2,794,369				88
89	Medical Education		2,794,369				89

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

Medicare -Title XVIII - Hospital - 340113

	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col 1 x col. 2)	
		1	2	3	
(A)	INPATIENT ROUTINE SERVICE COST CENTERS				
25	Adults and Pediatrics (General Routine Care)		91,201,351		25
26	Intensive Care Units		7,156,222		26
27	Coronary Care Unit		4,840,890		27
28	Burn Intensive Care Unit				28
29	Surgical Intensive Care Unit		14,333,752		29
30.25	Detoxification ICU		2,129,253		30.25
31.00	Subprovider				31.00
	ANCILLARY SERVICE COST CENTERS				
37.05	Operating Room	0.184120	52,735,519	9,709,664	37.05
38	Recovery Room	0.323523	6,722,420	2,174,857	38
39.05	Delivery Room & Labor Room	0.526431	117.132	61,662	39.05
40.05	Anesthesiology	0.075080	43,436,012	3,330,456	40.05
41.05	Radiology-Diagnostic	0.122363	49,298,993	6,505,561	41.05
42.05	Radiology-Therapeutic	0 183550	721,976	132,519	42.05
43	Radioisotope	0.193858	2,175,226	421,685	43
44.05	Laboratory	0.188801	61,156,166	11,346,177	44.05
45	PBP Clinic Laboratory Services-Program Only				45
46.00	Whole Blood & Packed Red Blood Cells				46.00
47	Blood Storing, Processing, & Transfusing				47
48	Intravenous Therapy				48
49.05	Respiratory Therapy	0.491312	14,011,554	6,884,045	49.05
50.05	Physical Therapy	0.493554	4,761,763	2,350,187	50.05
51	Occupational Therapy				51
52	Speech Pathology	0.816300	817,198	667,079	52
53.05	Electrocardiology	0.102235	8,266,240	845,099	53.05
53.40	Cardiac Catheterization Laboratory	0.135079	30,881,159	4,078,299	53.40
54	Electroencephalography				54
55	Medical Supplies Charged to Patients	0.757778	25,536,057	19,350,662	55
55.30	Implantable Devices Charged to Patients	0.395581	49,741,666	19,676,858	55.30
56	Drugs Charged to Patients	0.270103	66,641,104	17,999,962	56
57	Renal Dialysis	0.396802	3,398,137	1,348,388	57
58	ASC (Non-Distinct Part)	0.249837	2,126,478	531,273	58
59.30	Other Ancillary Cost Centers	0.421577	2,961,492	1,420,549	59.30
	OUTPATIENT SERVICE COST CENTERS				
60.05	Clinic	1.227405	987,900	424,422	60.05
61	Emergency	0.244280	14,701,074	3,378,968	61
62.05	Observation Beds (DistinctPart)	0.473773			62.05
62.10	Observation Beds (Non-DistinctPart)	1.348705			62.10
63.00	Other Outpatient Service (specify)				63.00
	OTHER REIMBURSABLE COST CENTERS				
64	Home Program Dialysis				64
65	Ambulance				65
66 00	Durable Medical Equipment-Rented				66.00
67.00	Durable Medical Equipment-Sold				67.00
68	Other Reumbursable (specify)				68
101	Total (sum of lines 37-64 and 66-68)		441,195,266	112,638,372	101
102	Less PBP Clinic Laboratory Services-Program only charges (line 45)				102
103	Net Charges (line 101 minus line 102)		441,195,266		103

(A) Worksheet A line numbers

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

Medicare - Title XVIII - Subprovider I - 34S113

	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col 1 x col. 2)	
		1	2	3	
(A)	INPATIENT ROUTINE SERVICE COST CENTERS				
25	Adults and Pediatrics (General Routine Care)				25
26	Intensive Care Units				26
27	Coronary Care Unit				27
28	Burn Intensive Care Unit				28
29	Surgical Intensive Care Unit				29
30.00	Other Special Care (specify)				30.00
31.00	Subprovider		6,107,630		31.00
	ANCILLARY SERVICE COST CENTERS				
37.05	Operating Room	0.184120			37.05
38	Recovery Room	0.323523			38
39.05	Delivery Room & Labor Room	0.526431			39.05
40.05	Anesthesiology	0.075080			40.05
41.05	Radiology-Diagnostic	0.122363	28,874	7,043	41.05
42.05	Radiology-Therapeutic	0.183550			42.05
43	Radioisotope	0.193858			43
44.05	Laboratory	0.188801	503,871	93,041	44.05
45	PBP Clinic Laboratory Services-Program Only				45
46.00	Whole Blood & Packed Red Blood Cells				46.00
47	Blood Storing, Processing, & Transfusing				47
48	Intravenous Therapy				48
49.05	Respiratory Therapy	0.491312			49.05
50.05	Physical Therapy	0.493554			50.05
51	Occupational Therapy				51
52	Speech Pathology	0.816300			52
53.05	Electrocardiology	0.102235	24,485	2,503	53.05
53.40	Cardiac Catheterization Laboratory	0.135079			53.40
54	Electroencephalography				54
55	Medical Supplies Charged to Patients	0.757778			55
55.30	Implantable Devices Charged to Patients	0.395581			55.30
56	Drugs Charged to Patients	0.270103	947,591	255,947	56
57	Renal Dialysis	0.396802			57
58	ASC (Non-Distinct Part)	0.249837			58
59.30	Other Ancillary Cost Centers	0.421577	4,600	11,911	59.30
	OUTPATIENT SERVICE COST CENTERS				
60.05	Clinic	1.227405			60.05
61	Emergency	0.244280	168,870	116,986	61
62.05	Observation Beds (DistinctPart)	0.473773			62.05
62.10	Observation Beds (Non-DistinctPart)	1.348705			62.10
63.00	Other Outpatient Service (specify)				63.00
	OTHER REIMBURSABLE COST CENTERS				
64	Home Program Dialysis				64
65	Ambulance				65
66.00	Durable Medical Equipment-Rented				66.00
67.00	Durable Medical Equipment-Sold				67.00
68	Other Reimbursable (specify)				68
101	Total (sum of lines 37-64 and 66-68)		1,678,291	487,431	101
102	Less PBP Clinic Laboratory Services-Program only charges (line 45)				102
103	Net Charges (line 101 minus line 102)		1,678,291		103

(A) Worksheet A line numbers

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

Medicaid - Title XIX - Hospital - 340113

	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col 1 x col. 2)	
		1	2	3	
(A)	INPATIENT ROUTINE SERVICE COST CENTERS				
25	Adults and Pediatrics (General Routine Care)		45,254,769		25
26	Intensive Care Units		7,413,260		26
27	Coronary Care Unit		3,424,919		27
28	Burn Intensive Care Unit				28
29	Surgical Intensive Care Unit		28,676,444		29
30 15	Neonatal ICU		25,153,432		30.15
30.25	Detoxification ICU		1,075,623		30.25
31.00	Subprovider				31.00
	ANCILLARY SERVICE COST CENTERS				
37.05	Operating Room	0.184120	25,162,575	5,527,035	37.05
38	Recovery Room	0.323523	3,053.825	992,059	38
39.05	Delivery Room & Labor Room	0.526431	13,764,971	8,837,139	39.05
40 05	Anesthesiology	0.075080	28,337,221	2,127,559	40.05
41.05	Radiology-Diagnostic	0.122363	26,282,122	3,544,112	41.05
42.05	Radiology-Therapeutic	0.183550	606.545	111,331	42.05
43	Radioisotope	0.193858	603,166	116,929	43
44.05	Laboratory	0.188801	37,759,652	7,074,093	44.05
45	PBP Clinic Laboratory Services-Program Only				45
46.00	Whole Blood & Packed Red Blood Cells				46.00
47	Blood Storing, Processing, & Transfusing				47
48	Intravenous Therapy				48
49.05	Respiratory Therapy	0.491312	10,745,531	5,279,408	49.05
50.05	Physical Therapy	0.493554	1,938,843	956,924	50.05
51	Occupational Therapy				51
52	Speech Pathology	0.816300	396,924	324,009	52
53.05	Electrocardiology	0.102235	1,597,616	163,332	53.05
53.40	Cardiac Catheterization Laboratory	0.135079	4,973,529	643,286	53.40
54	Electroencephalography				54
55	Medical Supplies Charged to Patients	0.757778	8,017,375	6,075,390	55
55.30	Implantable Devices Charged to Patients	0.395581	12,229,776	4,837.867	55.30
56	Drugs Charged to Patients	0.270103	45,780,748	12,365,517	56
57	Renal Dialysis	0.396802	712,564	282,747	57
58	ASC (Non-Distinct Part)	0.249837	841,848	217,015	58
59.30	Other Ancillary Cost Centers	0.421577	1,440,181	771,533	59.30
	OUTPATIENT SERVICE COST CENTERS				
60.05	Clinic	1.227405	1,763,311	1,023,477	60.05
61	Emergency	0.244280	8,349,013	2,591,575	61
62.05	Observation Beds (DistinctPart)	0.473773	76,460	36,225	62.05
62.10	Observation Beds (Non-DistinctPart)	1.348705			62.10
63.00	Other Outpatient Service (specify)				63.00
	OTHER REIMBURSABLE COST CENTERS				
64	Home Program Dialysis				64
65	Ambulance				65
66.00	Durable Medical Equipment-Rented				66.00
67.00	Durable Medical Equipment-Sold				67.00
68	Other Reimbursable (specify)				68
101	Total (sum of lines 37-64 and 66-68)		234,433,796	63,898,562	101
102	Less PBP Clinic Laboratory Services-Program only charges (line 45)				102
103	Net Charges (line 101 mmus line 102)		234,433,796		103

(A) Worksheet A line numbers

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

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

Medicaid - Title XIX - Subprovider 1 - 34S113

	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col 1 × col. 2)	
		1	2	3	
(A)	INPATIENT ROUTINE SERVICE COST CENTERS				
25	Adults and Pediatrics (Genoral Routine Care)				25
26	Intensive Care Units				26
27	Coronary Care Unit				27
28	Burn Intensive Care Unit				28
29	Surgical Intensive Care Unit				29
30.00	Other Special Care (specify)				30.00
31.00	Subprovider		11,956,629		31.00
	ANCILLARY SERVICE COST CENTERS				
37.05	Operating Room	0.184120			37.05
38	Recovery Room	0.323523			38
39.05	Delivery Room & Labor Room	0.526431			39.05
40.05	Ancsthesiology	0.075080			40.05
41.05	Radiology-Diagnostic	0.122363	40,969	2,981	41.05
42.05	Radiology-Therapeutic	0.183550			42.05
43	Radioisotope	0.193858			43
44.05	Laboratory	0.188801	1,211,295	223,296	44.05
45	PBP Clinic Laboratory Services-Program Only				45
46.00	Whole Blood & Packed Red Blood Cells				46.00
47	Blood Storing, Processing, & Transfusing				47
48	Intravenous Therapy				48
49.05	Respiratory Therapy	0.491312			49.05
50.05	Physical Therapy	0.493554			50.05
51	Occupational Therapy				51
52	Speech Pathology	0.816300			52
53.05	Electrocardiology	0.102235	399	41	53.05
53.40	Cardiac Catheterization Laboratory	0.135079			53.40
54	Electroencephalography				54
55	Medical Supplies Charged to Patients	0 757778	204	155	55
55.30	Implantable Devices Charged to Patients	0.395581			55.30
56	Drugs Charged to Patients	0.270103	1,337,051	361,141	56
57	Renal Dialysis	0.396802			57
58	ASC (Non-Distinct Part)	0.249837			58
59.30	Other Ancillary Cost Centers	0 421577	112,713	291,853	59.30
	OUTPATIENT SERVICE COST CENTERS				
60.05	Clinic	1.227405	20,843	64,090	60.05
61	Emergency	0.244280	400,511	277,458	61
62.05	Observation Beds (DistinctPart)	0.473773	249,005	117,972	62.05
62.10	Observation Beds (Non-DistinctPart)	1 348705			62.10
63.00	Other Outpatient Service (specify)				63.00
	OTHER REIMBURSABLE COST CENTERS				
64	Home Program Dialysis				64
65	Ambulance				65
66.00	Durable Medical Equipment-Rented				66.00
67.00	Durable Medical Equipment-Sold				67.00
68	Other Reimbursable (specify)				68
101	Total (sum of lines 37-64 and 66-68)		3,372,990	1,338,987	101
102	Less PBP Clinic Laboratory Services-Program only charges (line 45)				102
103	Net Charges (line 101 mmus line 102)		3,372,990		103

(A) Worksheet A line numbers

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		PROVIDER NO: 340113	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-4	
Medicaid - Title XIX - Subprovider 2 - 34T113					
	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
(A)	INPATIENT ROUTINE SERVICE COST CENTERS				
25	Adults and Pediatrics (General Routine Care)				25
26	Intensive Care Units				26
27	Coronary Care Unit				27
28	Burn Intensive Care Unit				28
29	Surgical Intensive Care Unit				29
30.00	Other Special Care (specify)				30.00
31.00	Subprovider				31.00
31.01			1,201,190		31.01
	ANCILLARY SERVICE COST CENTERS				
37 05	Operating Room	0.184120	63,083	13,856	37.05
38	Recovery Room	0.323523	14,344	4,660	38
39.05	Delivery Room & Labor Room	0.526431			39.05
40.05	Anesthesiology	0.075080	99,940	7,503	40.05
41.05	Radiology-Diagnostic	0.122363	125,719	17,783	41.05
42.05	Radiology-Therapeutic	0.183550			42.05
43	Radioisotope	0.193858			43
44.05	Laboratory	0.188801	198,670	36,628	44.05
45	PBP Clinic Laboratory Services-Program Only				45
46.00	Whole Blood & Packed Red Blood Cells				46.00
47	Blood Storing, Processing, & Transfusing				47
48	Intravenous Therapy				48
49.05	Respiratory Therapy	0.491312	134,686	66,173	49.05
50.05	Physical Therapy	0.493554	965,320	476,438	50.05
51	Occupational Therapy				51
52	Speech Pathology	0.816300	1,500	1,224	52
53.05	Electrocardiology	0.102235	1,030	105	53.05
53.40	Cardiac Catheterization Laboratory	0.135079			53.40
54	Electroencephalography				54
55	Medical Supplies Charged to Patients	0.757778	42,463	32,178	55
55.30	Implantable Devices Charged to Patients	0.395581	14,306	5,659	55.30
56	Drugs Charged to Patients	0.270103	288,525	77,931	56
57	Renal Dialysis	0.396802			57
58	ASC (Non-Distinct Part)	0.249837	3,600	928	58
59.30	Other Ancillary Cost Centers	0 421577	5,870	5,316	59.30
	OUTPATIENT SERVICE COST CENTERS				
60.05	Clinic	1.227405	8,755	3,124	60.05
61	Emergency	0.244280	12,674	3,934	61
62.05	Observation Beds (DistinctPart)	0.473773			62.05
62.10	Observation Beds (Non-DistinctPart)	1.348705			62.10
63.00	Other Outpatient Service (specify)				63.00
	OTHER REIMBURSABLE COST CENTERS				
64	Home Program Dialysis				64
65	Ambulance				65
66 00	Durable Medical Equipment-Rented				66.00
67.00	Durable Medical Equipment-Sold				67.00
68	Other Reimbursable (specify)				68
101	Total (sum of lines 37-64 and 66-68)		1,980,485	753,440	101
102	Less PBP Clinic Laboratory Services-Program only charges (line 45)				102
103	Net Charges (line 101 minus line 102)		1,980,485		103
(A) Worksheet A line numbers					

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES	PROVIDER NO: 340113	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-6 PARTS III & IV

Heart

PART III - SUMMARY OF COSTS AND CHARGES

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

PART IV - STATISTICS

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

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

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

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

Kidney

PART III - SUMMARY OF COSTS AND CHARGES

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

PART IV - STATISTICS

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

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

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

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

Liver

PART III - SUMMARY OF COSTS AND CHARGES

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

PART IV - STATISTICS

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

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

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

Pancreas

PART III - SUMMARY OF COSTS AND CHARGES

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

PART IV - STATISTICS

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

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

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

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO 340113	PERIOD: FROM: 01/01/2010 TO 12/31/2010	WORKSHEET E, PART A	
Medicare - Title XVIII - Hospital - 340113					
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS		1	1.01	
	DRG Amount				
1	Other than Outlier Payments occurring prior to October 1		93,722,002		1
1.01	Other than Outlier Payments occurring on or after October 1 and before January 1		31,240,667		1.01
1.02	Other than Outlier Payments occurring on or after January 1				1.02
	Managed Care Patients				
1.03	Payments prior to March 1st or October 1st		8,333,588		1.03
1.04	Payments on or after October 1 and prior to January 1		2,777,863		1.04
1.05	Payments on or after January 1st but before April 1st/October 1st				1.05
1.06	Additional amount received or to be received (see instructions)				1.06
1.07	Payments for discharges on or after April 1, 2001 through September 30, 2001				1.07
1.08	Simulated payments from the PS&R on or afetr April 1, 2001 through September 30, 2001				1.08
2	Outlier payments for discharges occuring prior to October 1, 1997 (see instructions)				2
2.01	Outlier payments for discharges occurring on or after October 1. 1997 (see instructions)		4.613,088		2.01
	Indirect Medical Education Adjustment				
3	Bed days available divided by number of days in the cost reporting period (see instructions)		754.49		3
3.01	Number of Interns & Residents from Worksheet S-3, Part I				3.01
3.02	Indirect medical education percentage (see instructions)				3.02
3.03	Indirect medical education adjustment (sum of lines 1, 1.01, 1.02, and 2 times line 3.02)				3.03
3.04	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996		173.81		3.04
3.05	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with section 1886(d)(5)(B)(viii)				3.05
3.06	Adjusted FTE count for allopathic and osteopathic programs for affiliated programs in accordance with section 1886(d)(5)(B)(viii)				3.06
3.07	Sum of lines 3.04 through 3.06		172.95		3.07
3.08	FTE count for allopathic and osteopathic programs in the current year from your records		209.40		3.08
3.09	For cost reporting periods beginning before October 1, enter the percentage of discharges occurring prior to October 1				3.09
3.10	For cost reporting periods beginning before October 1, enter the percentage of discharges occurring on or after October 1				3.10
3.11	FTE count for the period identified in line 3.09				3.11
3.12	FTE count for the period identified in line 3.10				3.12
3.13	FTE count for residents in dental and podiatric programs		8.37		3.13
3.14	Current year allowable FTE (see instructions)		181.32		3.14
3.15	Total allowable FTE count for the prior year, if none but prior year teaching was in effect enter 1 here		181.22		3.15
3.16	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otehrwise enter zero. If there was no FTE count in this period but prior year teaching was in effect enter 1 here		181.64		3 16
3.17	Sum of lines 3.14 through 3.16 divided by the number of those lines in excess of zero (see instructions)		181.39		3.17
3.18	Current year residents to bed ratio (line 3.17 divided by line 3)		0.240414		3.18
3 19	Prior year resident to bed ratio (see instructions)		0.253898		3.19
3.20	For cost reporting periods beginning on or after October 1. 1997, enter the lesser of lines 3.18 or 3.19		0.240414		3.20
3.21	IME payments for discharges occurring prior to October 1 (see instructions)		12,561,614		3.21
3.22	IME payments for discharges occurring on or after October 1 but before January 1 (see instructions)		4,187,205		3.22
3.23	IME payments for discharges occurring on or after January 1 (see instructions)				3.23
3.24	Sum of lines 3.21 through 3.23		16,748,819		3.24
	Disproportionate Share Adjustment				
4	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.071800		4
4 01	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I		0.333600		4.01
4.02	Sum of lines 4 and 4.01		0.405400		4.02
4.03	Allowable disproportionate share percentage (see instructions)		0.226600		4.03
4.04	Disproportionate share adjustment (sum of lines 1, 1.01, 1.02, and 2 times line 4.03)		28,316,541		4.04
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
	Additional payment for high percentage of ESRD beneficiary discharges				
5	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for DRGs 302, 316, 317 or MS-DRG 652. 682 - 685. (see instructions)				5
5 01	Total ESRD Medicare discharges excluding DRGs 302, 316, and 317, or MS-DRGs 652 and 682 - 685 (see instructions)				5.01
5 02	Divide line 5.01 by line 5 (if less than 10%, you do not qualify for adjustment)				5 02

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340113	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET E, PART A	
Medicare - Title XVIII - Hospital - 340113					
5.03	Total medicare ESRD inpatient days excluding DRGs 302, 316, 317, or MS-DRGs 652, 682 - 685.(see instructions)				5.03
5.04	Ratio of average length of stay to one week (line 5.03 divided by line 5 01 divided by 7)				5.04
5.05	Average weekly cost for dialysis treatments (see instructions)				5.05
5.06	Total additional payment (line 5 04 times line 5.05 times line 5.01)				5.06
6	Subtotal (see instructions)		174,641,117		6
7	Hospital specific payments (to be completed by SCH and MDC, small rural hospitals only)				7
7.01	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.See instructions FY beg. 10/1/00)				7.01
8	Total payment for inpatient operating costs (for SCH and MDH, small rural hospitals, higher of lines 6 or 7, all other providers, enter amount from line 6 on this line.)		174.641,117		8
9	Payment for inpatient program capital (from Worksheet L, parts I, II, or III, as applicable)		12,723,824		9
10	Exception payment for inpatient program capital (Worksheet L, Part IV, line 13)				10
11	Direct graduate medical eduation payment (from Worksheet E-3, Part IV)		5,592.830		11
11.01	Nursing and Allied Health Managed Care		168,687		11.01
11.02	Special add-on payments for new technologies				11.02
12	Not organ acquisition cost		10,793,822		12
13	Cost of teaching physicians				13
14	Routine service other pass through costs		1,476,711		14
15	Ancillary service other pass through costs		564,181		15
16	Total (sum of amounts on lines 8 through 15)		205,961,172		16
17	Primary payer payments		553,038		17
18	Total amount payable for program beneficiaries (line 16 minus line 17)		205,408,134		18
19	Deductibles billed to program beneficiaries		9,510,252		19
20	Coinsurance billed program beneficiaries		752,718		20
21	Reimbursable bad debts (see instructions)		2,073,780		21
21.01	Adjusted reimbursable bed debts (see instructions)		1,451,646		21.01
21.02	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		1,952,937		21.02
22	Subtotal (line 18 plus line 21.01 minus lines 19 and 20)		196,596,810		22
23	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization				23
24	Other adjustments (see instructions) (specify)				24
24 99	Other adjustments - Outlier reconsiliation				24 99
25	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets)				25
26	Amount due provider (line 22 plus or minus lines 24 and 25 minus line 23)		196,596,810		26
27	Sequestration adjustment (see instructions)				27
28	Interim payments		195,832,924		28
28.01	Tentative settlement (for fiscal intermediary use only)				28.01
29	Balance due provider (Program) (line 26 minus the sum of lines 27, 28, and 28.01)		763,886		29
30	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		4,330,054		30
TO BE COMPLETED BY INTERMEDIARY					
50	Operating outlier amount from Worksheet E, Part A line 2.01				50
51	Capital outlier amount from Worksheet L, Part I line 3.01				51
52	Operating outlier reconciliation adjustment amount (see instructions)				52
53	Capital outlier reconciliation adjustment amount (see instructions)				53
54	The rate used to calculate the Time Value of Money (see instructions)				54
55	Operating Time Value of Money (see instructions)				55
56	Capital Time Value of Money (see instructions)				56

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340113	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET E PART B	
Medicare -Title XVIII - Hospital - 340113					
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1	Medical and other services (see instructions)			38,677	1
1.01	Medical and other services rendered on or after August 1, 2000 from Worksheet D, Part V, column 9.01, line 104			55,356,448	1.01
1.02	PPS payments received including outliers			45,641,050	1.02
1.03	Enter the 1996 hospital specific payment to cost ratio				1.03
1.04	Line 1.01 times line 1.03				1.04
1.05	Line 1.02 divided by line 1.04				1.05
1.06	Transitional corridor payment (see instructions)				1.06
1.07	Enter the amount from Worksheet D, Part IV, column 9, line 101			234,039	1.07
2	Interns and residents				2
3	Organ acquisitions				3
4	Cost of teaching physicians				4
5	Total cost (see instructions)			38,677	5
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable charges				
6	Ancillary service charges			143,192	6
7	Interns and residents service charges				7
8	Organ acquisition charges (from Worksheet D-6, Part III, line 61, col. 4)				8
9	Charges of professional services of teaching physicians				9
10	Total reasonable charges (sum of lines 6 through 9)			143,192	10
	Customary charges				
11	Aggregate amount actually collected from patients liable for payment for services on a charge basis				11
12	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)				12
13	Ratio of line 11 to line 12 (not to exceed 1.000000)				13
14	Total customary charges (see instructions)			143,192	14
15	Excess of customary chages over reasonable cost (complete only if line 14 exceeds line 5) (see instructions)			104,515	15
16	Excess of reasonable cost over customary charges (complete only if line 5 exceeds line 14) (see instructions)				16
17	Lesser of cost or charges (line 5 or line 14) (see instructions)			38,677	17
17.01	Total prospective payment (sum of lines 1.01, 1.06, 1.07)			45,875,089	17.01
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	Deductibles and coinsurance (see instructions)				18
18.01	Coinsurance relating to amount on line 17.01			9,468,687	18.01
19	Subtotal (line 17 minus line 18)			36,445,079	19
20	Sum of amounts from Worksheet E, Parts C, D, and E (see instructions)				20
21	Direct graduate medical education payments (from Worksheet E-3, Part IV)			1,610,563	21
22	ESRD direct medical education costs (from Worksheet E-3, Part IV)				22
23	Subtotal (sum of lines 19 through 22)			38,055,642	23
24	Primary payer payments			15,335	24
25	Subtotal (line 23 minus line 24)			38,040,307	25
	Reimbursable bad debts (exclude bad debts for professional services)				
26	Composite rate ESRD (from Worksheet I-5, line 9)				26
27	Bad debts (see instructions)			1,062,176	27
27.01	Adjusted reimbursable bad debts (see instructions)			743,523	27.01
27.02	Reimbursable bad debts for dual eligible beneficiaries			1,002,910	27.02
28	Subtotal (sum of lines 25, 26, and 27 or 27.01) (line 27.01 hospital and subprovider only)			38,783,830	28
29	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization				29
30	Other adjustments (specify) (see instructions)				30
31	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets				31
32	Subtotal (line 28 plus or minus lines 30 and 31 minus line 29)			38,783,830	32
33	Sequestration adjustment (see instructions)				33
34	Interim payments			38,753,518	34
34.01	Tentative settlement (for fiscal intermediary use only)				34.01
35	Balance due provider/program (line 32 minus the sum of lines 33, 34, and 34.01)			30,312	35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2				36
TO BE COMPLETED BY CONTRACTOR					
50	Original outlier amount (see instructions)				50
51	Outlier reconciliation amount (see instructions)				51

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Medicare - Title XVIII - Hospital - 340113					
52	The rate used to calculate the Time Value of Money				52
53	Time Value of Money (see instructions)				53
54	Total (sum of lines 51 and 53)				54

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340113	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET E-3 PART 1	
Medicare - Title XVIII - Subprovider I - 34S113					
PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS, LTCH PPS AND IPF PPS					
1	Inpatient hospital services (see instructions)				1
1.01	Hospital specific amount (see instructions)				1.01
1.02	Net Federal PPS Payments (see instructions)				1.02
1.03	Medicare SSI ratio (IRF PPS only) (see instructions)				1.03
1.04	Inpatient Rehabilitation LIP payment (see instructions)				1.04
1.05	Outlier Payments				1.05
1.06	Total PPS Payments {sum of lines 1.01, (1.02, 1.04, 1.42 for columns 1 and 1.01), and 1.05}				1.06
1.07	Nursing Allied Health Managed Care Payments				1.07
Inpatient Psychiatric Facility (IPF)					
1 08	Net Federal IPF PPS Payments (excluding outlier, ECT, scenterloss, and medical education payments)			3,182,137	1.08
1.09	Net IPF PPS Outlier Payments				1.09
1.10	Net IPF PPS ECT Payments			11,724	1.10
1.11	Unweighted intern and resident FTE count for latest cost report filed prior to November 15, 2004. (see instructions)				1.11
1.12	New Teaching program adjustment. (see instructions)				1.12
1.13	Current years unweighted FTE count of I&R other than FTEs in the first 3 years of a new teaching program. (see inst.)				1.13
1 14	Current years unweighted I&R FTE count for residents within the first 3 years of a new teaching program (see inst.)				1.14
1.15	Intern and resident count for IPF PPS medical education adjustment (see instructions)				1.15
1.16	Average Daily Census (see instructions)			66.84	1.16
1.17	Medical Education Adjustment Factor {((1 + (line 1.15/line 1.16)) raised to the power of .5150 -1}.				1.17
1.18	Medical Education Adjustment (line 1.08 multiplied by line 1.17).				1.18
1 19	Adjusted Net IPF PPS Payments (sum of lines 1.08, 1.09, 1.10 and 1.18)			3,193,861	1.19
1.20	Scenter Loss Payment Floor (line 1 x 70%).				1.20
1.21	Adjusted Net Payment Floor (line 1.20 x the appropriate Federal blend percentage)				1 21
1.22	Scenter Loss Adjustment (If line 1.21 is greater than line 1.19 enter the amount on line 1.21 less line 1.19 otherwise enter -0-)				1.22
1.23	Total IPF PPS Payments (sum of lines 1.01, 1.19 and 1 22)			3,193,861	1.23
Inpatient Rehabilitation Facility (IRF)					
1.35	Unweighted intern and resident FTE count for cost report periods ending on/or prior to November 15, 2004. (see inst.)				1.35
1.36	New Teaching program adjustment. (see instructions)				1.36
1.37	Current years unweighted FTE count of I&R other than FTEs in the first 3 years of a new teaching program. (see inst.)				1.37
1.38	Current years unweighted I&R FTE count for residents within the first 3 years of a new teaching program (see inst)				1.38
1.39	Intern and resident count for IRF PPS medical education adjustment (see instructions)				1.39
1.40	Average Daily Census (see instructions)				1.40
1 41	Medical Education Adjustment Factor (see instructions)				1 41
1.42	Medical Education Adjustment (line 1.02 multiplied by line 1.41).				1.42
2	Organ acquisition				2
3	Cost of teaching physicians (from Worksheet D-9, Part II, column 3, line 16) (see instructions)				3
4	Subtotal (sum of lines 1.06, 2, and 3)			3,193,861	4
5	Primary payer payments			5,340	5
6	Subtotal (line 4 less line 5)			3,188,521	6
7	Deductibles			257,208	7
8	Subtotal (line 6 minus line 7)			2,931,313	8
9	Coinsurance			49,711	9
10	Subtotal (line 8 minus line 9)			2,881,602	10
11	Reimbursable bad debts (exclude bad debts for professional services) (see instructions)			230,068	11
11.01	Adjusted reimbursable bad debts (see instructions)			161,048	11.01
11.02	Reimbursable bad debts for dual eligible beneficiaries			223,181	11.02
12	Subtotal (sum of lines 10 and 11.01)			3,042,650	12
13	Direct graduate medical education payment (from Worksheet E-3, Part IV, line 24)				13
13.01	Other pass through costs (see instructions)			82,920	13.01
14	Recovery of excess depreciation resulting from provider termination or a decrease in program				14

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

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340113	PERIOD: FROM: 01/01/ 2010 TO: 12/31/2010	WORKSHEET E-3 PART 1	
Medicare -Title XVIII - Subprovider 2 - 34T113					
PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS, LTCH PPS AND IPF PPS					
1	Inpatient hospital services (see instructions)				1
1.01	Hospital specific amount (see instructions)				1.01
1.02	Net Federal PPS Payments (see instructions)				1.02
1.03	Medicare SSI ratio (IRF PPS only) (see instructions)				1.03
1.04	Inpatient Rehabilitation LIP payment (see instructions)				1.04
1.05	Outlier Payments				1.05
1.06	Total PPS Payments {sum of lines 1.01, (1.02, 1.04, 1.42 for columns 1 and 1.01), and 1.05}				1.06
1.07	Nursing Allied Health Managed Care Payments				1.07
Inpatient Psychiatric Facility (IPF)					
1 08	Net Federal IPF PPS Payments (excluding outlier, ECT, scenterloss, and medical education payments)				1.08
1.09	Net IPF PPS Outlier Payments				1.09
1.10	Net IPF PPS ECT Payments				1.10
1.11	Unweighted intern and resident FTE count for latest cost report filed prior to November 15, 2004. (see instructions)				1.11
1.12	New Teaching program adjustment. (see instructions)				1.12
1.13	Current years unweighted FTE count of I&R other than FTEs in the first 3 years of a new teaching program. (see inst.)				1.13
1.14	Current years unweighted I&R FTE count for residents within the first 3 years of a new teaching program (see inst.)				1.14
1.15	Intern and resident count for IPF PPS medical education adjustment (see instructions)				1.15
1.16	Average Daily Census (see instructions)				1.16
1.17	Medical Education Adjustment Factor {((1 + (line 1.15/line 1.16)) raised to the power of .5150 -1}.				1.17
1.18	Medical Education Adjustment (line 1.08 multiplied by line 1.17).				1.18
1.19	Adjusted Net IPF PPS Payments (sum of lines 1.08, 1.09, 1.10 and 1.18)				1.19
1.20	Scenter Loss Payment Floor (line 1 x 70%).				1.20
1.21	Adjusted Net Payment Floor (line 1.20 x the appropriate Federal blend percentage)				1.21
1.22	Scenter Loss Adjustment (If line 1.21 is greater than line 1.19 enter the amount on line 1.21 less line 1.19 otherwise enter -0-)				1.22
1.23	Total IPF PPS Payments (sum of lines 1.01, 1.19 and 1.22)				1.23
Inpatient Rehabilitation Facility (IRF)					
1.35	Unweighted intern and resident FTE count for cost report periods ending on/or prior to November 15, 2004. (see inst)				1.35
1.36	New Teaching program adjustment. (see instructions)				1.36
1.37	Current years unweighted FTE count of I&R other than FTEs in the first 3 years of a new teaching program. (see inst.)				1.37
1.38	Current years unweighted I&R FTE count for residents within the first 3 years of a new teaching program. (see inst.)				1.38
1.39	Intern and resident count for IRF PPS medical education adjustment (see instructions)				1.39
1.40	Average Daily Census (see instructions)			7.42	1.40
1 41	Medical Education Adjustment Factor (see instructions)				1.41
1.42	Medical Education Adjustment (line 1.02 multiplied by line 1.41).				1.42
2	Organ acquisition				2
3	Cost of teaching physicians (from Worksheet D-9, Part II, column 3, line 16) (see instructions)				3
4	Subtotal (sum of lines 1.06, 2, and 3)				4
5	Primary payer payments				5
6	Subtotal (line 4 less line 5)				6
7	Deductibles				7
8	Subtotal (line 6 minus line 7)				8
9	Coinsurance				9
10	Subtotal (line 8 minus line 9)				10
11	Reimbursable bad debts (exclude bad debts for professional services) (see instructions)				11
11 01	Adjusted reimbursable bad debts (see instructions)				11.01
11.02	Reimbursable bad debts for dual eligible beneficiaries				11.02
12	Subtotal (sum of lines 10 and 11.01)				12
13	Direct graduate medical education payment (from Worksheet E-3, Part IV, line 24)				13
13.01	Other pass through costs (see instructions)				13.01
14	Recovery of excess depreciation resulting from provider termination or a decrease in program				14

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

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340113	PERIOD: FROM: 01/01/2010 TO. 12/31/2010	WORKSHEET E-3 PART III	
Medicaid - Title XIX - Hospital - 340113					
	COMPUTATION OF NET COST OF COVERED SERVICES		Title V or Title XIX	Title XVIII SNF PPS	
			1	2	
1	Inpatient hospital/SNF/NF services		140,163,459		1
2	Medical and other services		53,929,770		2
3	Interns and residents (see instructions)				3
4	Organ acquisition (certified transplant centers only)				4
5	Cost of teaching physicians (see instructions)				5
6	Subtotal (sum of lines 1 through 5)		194,093,229		6
7	Inpatient primary payer payments		385,796		7
8	Outpatient primary payer payments		61,696		8
9	Subtotal (line 6 less sum of lines 7 and 8)		193,645,737		9
COMPUTATION OF LESSER OF COST OR CHARGES					
	REASONABLE CHARGES				
10	Routine service charges		110,998,446		10
11	Ancillary service charges		389,643,076		11
12	Interns and residents service charges				12
13	Organ acquisition charges, net of revenue				13
14	Teaching physicians				14
15	Incentive from target amount computation				15
16	Total reasonable charges (sum of lines 10 through 15)		500,641,522		16
	CUSTOMARY CHARGES				
17	Amount actually collected from patients liable for payment for services on a charge basis				17
18	Amounts that would have been realized from patients liable for payment for a on charge basis had such payment been made in accordance with 42 CFR 4				18
19	Ratio of line 17 to line 18 (not to exceed 1.000000)				19
20	Total customary charges (see instructions)		500,641,522		20
21	Excess of customary charges over reasonable cost (complete only if line 20 exceeds line 9) (see instructions)		306,995,785		21
22	Excess of reasonable cost over customary charges (complete only if line 9 exceeds line 20) (see instructions)				22
23	Cost of covered services (line 9)		193,645,737		23
24	Other than outlier payments				24
25	Outlier payments				25
26	Program capital payments				26
27	Capital exception payments				27
28	Routine service other pass through costs				28
29	Ancillary service other pass through costs				29
30	Subtotal (sum of lines 23 through 29)		193,645,737		30
31	Customary charges (title XIX PPS covered services only)				31
32	Titles V or XIX PPS, lesser of lines 30 or 31; non PPS and title XVIII enter a		193,645,737		32
33	Deductibles (exclude professional component)		92,458		33
34	Excess of reasonable cost (from line 22)				34
35	Subtotal (line 32 minus sum of lines 33 and 34)		193,553,279		35
36	Coinsurance				36
37	Sum of the amounts from Wkst. E, Parts C, D, and E, line 19				37
38	Reimbursable bad debts (see instructions)				38
38.01	Adjusted reimbursable bad debts (see instructions)				38.01
38.02	Reimbursable bad debts for dual eligible beneficiaries				38.02
38.03	Adjusted reimbursable bad debts for periods ending on or after 10/01/05 (see instructions)				38.03
39	Utilization review				39
40	Subtotal (see instructions)		193,553,279		40
41	Inpatient routine service cost (Wkst. D-1, Part III, line 70)				41
42	Medicare inpatient routine charges (from your records)				42
43	Amount actually collected from patients liable for payment for services on a charge basis (see instructions)				43
44	Amounts that would have been realized from patients liable for payment of Part A services (see instructions)				44
45	Ratio of line 43 to line 44 (not to exceed 1.000000)				45
46	Total customary charges (see instructions)				46

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340113	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET E-3 PART III	
Medicaid - Title XIX - Hospital - 340113					
	COMPUTATION OF NET COST OF COVERED SERVICES		Title V or Title XIX	Title XVIII SNF PPS	
			1	2	
47	Excess of customary charges over reasonable cost (see instructions)				47
48	Excess of reasonable cost over customary charges (see instructions)				48
49	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization				49
50	Other adjustments (see instructions) (specify)				50
51	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets				51
52	Subtotal (line 40 ± lines 50 and 51, minus line 49)		193,553,279		52
53	Indirect medical education adjustment (PPS only) (see instructions)				53
54	Direct graduate medical education payments (from Wkst. E-3, Part IV)				54
55	Total amount payable to the provider (sum of lines 52, 53, and 54)		193,553,279		55
56	Sequestration adjustment (see instructions)				56
57	Interim payments		126,937,239		57
57.01	Tentative settlement (for fiscal intermediary use only)				57.01
58	Balance due provider/program (line 55 minus the sum of lines 56, 57, and 57.01)		66,616,040		58
59	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2				59

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340113	PERIOD: FROM. 01/01/2010 TO: 12/31/2010	WORKSHEET E-3 PART III	
Medicaid - Title XIX - Subprovider 1 - 34S113					
	COMPUTATION OF NET COST OF COVERED SERVICES		Title V or Title XIX	Title XVIII SNF PPS	
			1	2	
1	Inpatient hospital/SNF/NF services		6,541,138		1
2	Medical and other services		4,466,978		2
3	Interns and residents (see instructions)				3
4	Organ acquisition (certified transplant centers only)				4
5	Cost of teaching physicians (see instructions)				5
6	Subtotal (sum of lines 1 through 5)		11,008,116		6
7	Inpatient primary payer payments		26,322		7
8	Outpatient primary payer payments		2,446		8
9	Subtotal (line 6 less sum of lines 7 and 8)		10,979,348		9
COMPUTATION OF LESSER OF COST OR CHARGES					
	REASONABLE CHARGES				
10	Routine service charges		11,956,629		10
11	Ancillary service charges		9,174,860		11
12	Interns and residents service charges				12
13	Organ acquisition charges, net of revenue				13
14	Teaching physicians				14
15	Incentive from target amount computation				15
16	Total reasonable charges (sum of lines 10 through 15)		21,131,489		16
	CUSTOMARY CHARGES				
17	Amount actually collected from patients liable for payment for services on a charge basis				17
18	Amounts that would have been realized from patients liable for payment for s on charge basis had such payment been made in accordance with 42 CFR 4				18
19	Ratio of line 17 to line 18 (not to exceed 1.000000)				19
20	Total customary charges (see instructions)		21,131,489		20
21	Excess of customary charges over reasonable cost (complete only if line 20 exceeds line 9) (see instructions)		10,152,141		21
22	Excess of reasonable cost over customary charges (complete only if line 9 exceeds line 20) (see instructions)				22
23	Cost of covered services (line 9)		10,979,348		23
24	Other than outlier payments				24
25	Outher payments				25
26	Program capital payments				26
27	Capital exception payments				27
28	Routine service other pass through costs				28
29	Ancillary service other pass through costs				29
30	Subtotal (sum of lines 23 through 29)		10,979,348		30
31	Customary charges (title XIX PPS covered services only)				31
32	Titles V or XIX PPS, lesser of lines 30 or 31; non PPS and title XVIII enter a		10,979,348		32
33	Deductibles (exclude professional component)		40,585		33
34	Excess of reasonable cost (from line 22)				34
35	Subtotal (line 32 minus sum of lines 33 and 34)		10,938,763		35
36	Coinsurance				36
37	Sum of the amounts from Wkst. E, Parts C, D, and E, line 19				37
38	Reimbursable bad debts (see instructions)				38
38.01	Adjusted reimbursable bad debts (see instructions)				38.01
38.02	Reimbursable bad debts for dual eligible beneficiaries				38.02
38.03	Adjusted reimbursable bad debts for periods ending on or after 10/01/05 (see instructions)				38.03
39	Utilization review				39
40	Subtotal (see instructions)		10,938,763		40
41	Inpatient routine service cost (Wkst. D-1, Part III, line 70)				41
42	Medicare inpatient routine charges (from your records)				42
43	Amount actually collected from patients liable for payment for services on a charge basis (see instructions)				43
44	Amounts that would have been realized from patients liable for payment of Part A services (see instructions)				44
45	Ratio of line 43 to line 44 (not to exceed 1.000000)				45
46	Total customary charges (see instructions)				46

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340113	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET E-3 PART III	
Medicaid - Title XIX - Subprovider I - 34S113					
	COMPUTATION OF NET COST OF COVERED SERVICES		Title V or Title XIX	Title XVIII SNF PPS	
			1	2	
47	Excess of customary charges over reasonable cost (see instructions)				47
48	Excess of reasonable cost over customary charges (see instructions)				48
49	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization				49
50	Other adjustments (see instructions) (specify)				50
51	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets				51
52	Subtotal (line 40 ± lines 50 and 51, minus line 49)		10,938,763		52
53	Indirect medical education adjustment (PPS only) (see instructions)				53
54	Direct graduate medical education payments (from Wkst. E-3, Part IV)				54
55	Total amount payable to the provider (sum of lines 52, 53, and 54)		10,938,763		55
56	Sequestration adjustment (see instructions)				56
57	Interim payments		7,025,117		57
57.01	Tentative settlement (for fiscal intermediary use only)				57.01
58	Balance due provider/program (line 55 minus the sum of lines 56, 57, and 57.01)		3,913,646		58
59	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2				59

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340113	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET E-3 PART III	
Medicaid - Title XIX - Subprovider 2 - 34T113					
	COMPUTATION OF NET COST OF COVERED SERVICES		Title V or Title XIX	Title XVIII SNF PPS	
			1	2	
1	Inpatient hospital/SNF/NF services		1,842,084		1
2	Medical and other services				2
3	Interns and residents (see instructions)				3
4	Organ acquisition (certified transplant centers only)				4
5	Cost of teaching physicians (see instructions)				5
6	Subtotal (sum of lines 1 through 5)		1,842,084		6
7	Inpatient primary payer payments		243,252		7
8	Outpatient primary payer payments				8
9	Subtotal (line 6 less sum of lines 7 and 8)		1,598,832		9
COMPUTATION OF LESSER OF COST OR CHARGES					
	REASONABLE CHARGES				
10	Routine service charges		1,201,190		10
11	Ancillary service charges		1,980,485		11
12	Interns and residents service charges				12
13	Organ acquisition charges, net of revenue				13
14	Teaching physicians				14
15	Incentive from target amount computation				15
16	Total reasonable charges (sum of lines 10 through 15)		3,181,675		16
	CUSTOMARY CHARGES				
17	Amount actually collected from patients liable for payment for services on a charge basis				17
18	Amounts that would have been realized from patients liable for payment for a on charge basis had such payment been made in accordance with 42 CFR 4				18
19	Ratio of line 17 to line 18 (not to exceed 1.000000)				19
20	Total customary charges (see instructions)		3,181,675		20
21	Excess of customary charges over reasonable cost (complete only if line 20 exceeds line 9) (see instructions)		1,582,843		21
22	Excess of reasonable cost over customary charges (complete only if line 9 exceeds line 20) (see instructions)				22
23	Cost of covered services (line 9)		1,598,832		23
24	Other than outlier payments				24
25	Outher payments				25
26	Program capital payments				26
27	Capital exception payments				27
28	Routine service other pass through costs				28
29	Ancillary service other pass through costs				29
30	Subtotal (sum of lines 23 through 29)		1,598,832		30
31	Customary charges (title XIX PPS covered services only)				31
32	Titles V or XIX PPS, lesser of lines 30 or 31; non PPS and title XVIII enter a		1,598,832		32
33	Deductibles (exclude professional component)				33
34	Excess of reasonable cost (from line 22)				34
35	Subtotal (line 32 minus sum of lines 33 and 34)		1,598,832		35
36	Coinsurance				36
37	Sum of the amounts from Wkst. E, Parts C, D, and E, line 19				37
38	Reimbursable bad debts (see instructions)				38
38.01	Adjusted reimbursable bad debts (see instructions)				38.01
38.02	Reimbursable bad debts for dual eligible beneficiaries				38.02
38.03	Adjusted reimbursable bad debts for periods ending on or after 10/01/05 (see instructions)				38.03
39	Utilization review				39
40	Subtotal (see instructions)		1,598,832		40
41	Inpatient routine service cost (Wkst. D-1, Part III, line 70)				41
42	Medicare inpatient routine charges (from your records)				42
43	Amount actually collected from patients liable for payment for services on a charge basis (see instructions)				43
44	Amounts that would have been realized from patients liable for payment of Part A services (see instructions)				44
45	Ratio of line 43 to line 44 (not to exceed 1.000000)				45
46	Total customary charges (see instructions)				46

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340113	PERIOD: FROM. 01/01/2010 TO: 12/31/2010	WORKSHEET E-3 PART III	
Medicaid - Title XIX - Subprovider 2 - 34T113					
	COMPUTATION OF NET COST OF COVERED SERVICES		Title V or Title XIX	Title XVIII SNF PPS	
			1	2	
47	Excess of customary charges over reasonable cost (see instructions)				47
48	Excess of reasonable cost over customary charges (see instructions)				48
49	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization				49
50	Other adjustments (see instructions) (specify)				50
51	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets				51
52	Subtotal (line 40 ± lines 50 and 51, minus line 49)		1,598,832		52
53	Indirect medical education adjustment (PPS only) (see instructions)				53
54	Direct graduate medical education payments (from Wkst. E-3, Part IV)				54
55	Total amount payable to the provider (sum of lines 52, 53, and 54)		1,598,832		55
56	Sequestration adjustment (see instructions)				56
57	Interim payments		820,712		57
57.01	Tentative settlement (for fiscal intermediary use only)				57.01
58	Balance due provider/program (line 55 minus the sum of lines 56, 57, and 57.01)		778,120		58
59	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2				59

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

Medicare - Title XVIII - Hospital - 340113

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	Number of FTE residents for OB/GYN and primary care (see instructions)		1
1.01	Number of FTE residents for all other (see instructions)		1.01
2	Updated per resident amount for OB/GYN and primary care (see instructions)		2
2.01	Updated per resident amount for all other (see instructions)		2.01
3	Aggregate approved amount (line 1 x line 2 plus line 1.01 x line 2.01)		3
3.01	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.	173.81	3.01
3.02	Unweighted resident FTE count for allopathic and osteopathic programs which meet the criteria for an add on to the cap for new programs in accordance with 42 CFR 413.86(g)(6).		3.02
3.03	Unweighted resident FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413 86(g)(4).		3.03
3.04	FTE adjustment cap (sum of lines 3.01 through 3 03). For cost reporting periods ending on or after 7/1/2005 see instructions	173.11	3.04
3.05	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instru.)	211.35	3.05
3.06	Lesser of line 3.04 or line 3.05	173.11	3.06
3.07	Weighted FTE count for primary care physicians in an allopathic and osteopathic program for the current year in column 1. If current year is zero and teaching program was in existence in prior year enter count here..	116.93	3 07
3.08	Weighted FTE count for all other physicians in an allopathic and osteopathic program for the current year in column 1. If current year is zero and teaching program was in existence in prior year enter count here..	86.31	3.08
3.09	Sum of lines 3.07 and 3.08	203.24	3.09
3.10	See instructions	166.46	3.10
3.11	Weighted dental and podiatric resident FTE count for the current year in column 1. If current year is zero and teaching program was in existence in prior year enter count here.....	7.94	3.11
3.12	See instructions	78.63	3.12
3.13	Total weighted resident FTE count for the prior cost reporting year (see instructions) If none, enter 1 here:	76.62	3.13
3.14	Total weighted resident FTE count for the penultimate cost reporting year (see instructions) If none, enter 1 here:	75.38	3.14
3.15	See instructions	76.88	3.15
3.16	See instructions	76.88	3.16
3.17	See instructions	128,462	3.17
3.18	See instructions	9,876,175	3.18
3.19	Primary care physician per resident amount (see instructions)	97.19	3.19
3.20	Other program per resident amount.(see instructions)	98.71	3.20
3.21	Primary care unadjusted approved amount (see instructions).	97.22	3.21
3.22	Other unadjusted approved (see instructions).	97.22	3.22
3.23	See instructions depending on the cost reporting periods beginning prior to 10/01/2001 or on or after 10/01/2001	128,824	3.23
3.24	See instructions depending on the cost reporting periods beginning prior to 10/01/2001 or on or after 10/01/2001	12,524,254	3.24
3.25	See instructions depending on the cost reporting periods beginning prior to 10/01/2001 or on or after 10/01/2001	22,400,429	3.25
	COMPUTATION OF PROGRAM PATIENT LOAD		
4	Program Part A inpatient days (see instructions)	79,872	4
5	Total inpatient days (from Worksheet S-3, Part I, column 6, sum of lines 1, 6 thru 10, and 14)	266,467	5
6	Ratio of program inpatient days to total inpatient days (line 4 ÷ line 5)	0.299744	6
6.01	Total GME payment for non-managed care days (line 6 x line 3.25).	6,714,394	6.01
6.02	Program managed care days occurring on or after January 1 of this cost reporting period (see instructions)	6,774	6.02
6.03	Total inpatient days from line 5 above	266,467	6.03
6.04	Appropriate percentage for inclusion of the managed care days (see instructions)	100	6.04
6.05	Graduate medical education payment for managed care days on or after January 1 through the end of the cost reporting period (line 6.02 divided by line 6.03 x line 6.04 x line 3.25) (See instructions prior to October 1, 1997)	488,999	6.05
6.06	Program managed care days occurring before January 1 of this cost reporting year (see instructions)		6.06
6.07	Appropriate percentage using the criteria identified on line 6.04 above (see instructions)	100	6.07
6.08	Graduate medical education payment for managed care days prior to January 1 of this cost reporting period (line 6.06 divided by line 6.03 x line 6 07 x line 3.25) DIRECT MEDICAL EDUCATION		6 08

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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 340113	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET E-3, PART IV	
Medicare - Title XVIII - Hospital - 340113					
	COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 21 and 24, lines 57 and 64)				7
8	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 57 and 64)			10,581,326	8
9	Ratio of direct medical education costs to total charges (line 7 ÷ line 8)				9
10	Medicare outpatient ESRD charges (see instructions)			49,413	10
11	Medicare outpatient ESRD direct medical education costs (line 9 x line 10)				11
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
	Part A Reasonable Cost				
12	Reasonable cost (see instructions)			182,888,728	12
13	Organ acquisition costs (Worksheet D-6, Part III, column 1, line 61)			10,793,822	13
14	Cost of teaching physicians (Worksheet D-9, Part II, column 3, line 16)				14
15	Primary payer payments (see instructions)			558,378	15
16	Total Part A reasonable cost (sum of lines 12 through 14 minus line 15)			193,124,172	16
	Part B Reasonable Cost				
17	Reasonable cost (see instructions)			55,629,164	17
18	Primary payer payments (see instructions)			15,335	18
19	Total Part B reasonable cost (line 17 minus line 18)			55,613,829	19
20	Total reasonable cost (sum of lines 16 and 19)			248,738,001	20
21	Ratio of Part A reasonable cost to total reasonable cost (line 16 ÷ line 20)			0.776416	21
22	Ratio of Part B reasonable cost to total reasonable cost (line 19 ÷ line 20)			0.223584	22
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
23	Total program GME payment (line 3 x line 6)				23
23.01	For cost reporting periods ending on or after January 1, 1998 (sum of lines 6.01, 6.05, and 6.08)			7,203,393	23.01
24	Part A Medicare GME payment (lines 21 x 23 or 23.01) (title XVIII only) (see instructions)			5,592,830	24
25	Part B Medicare GME payment (lines 22 x 23 or 23.01) (title XVIII only) (see instructions)			1,610,563	25
FORM CMS-2552-96 (9/2000) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTION 3633.4)					
Rev. 8				36-598.1	
3690 (Cont.)	FORM CMS-2552-96			05-08	

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

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

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BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		PROVIDER NO: 340113	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET G	
	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1	2	3	4	
CURRENT ASSETS					
1 Cash on hand and in banks	56,898				1
2 Temporary investments					2
3 Notes receivable					3
4 Accounts receivable	244,761,779				4
5 Other receivables	274,297,796				5
6 Allowances for uncollectible notes and accounts receivable	105,518,777				6
7 Inventory	6,250,126				7
8 Prepaid expenses	1,559.411				8
9 Other current assets					9
10 Due from other funds					10
11 Total current assets (sum of lines 1-10)	421,407.233				11
FIXED ASSETS					
12 Land	5,362,034				12
13 Land improvements	7,989,934				13
13.01 Accumulated depreciation					13.01
14 Buildings	601,982,367				14
14.01 Accumulated depreciation	524,531.941				14.01
15 Leasehold improvements	11,915.762				15
15.01 Accumulated depreciation					15.01
16 Fixed equipment	1,286,894				16
16.01 Accumulated depreciation					16.01
17 Automobiles and trucks					17
17.01 Accumulated depreciation					17.01
18 Major movable equipment	383,815.629				18
18 01 Accumulated depreciation	4,031,181				18.01
19 Minor equipment depreciable					19
19.01 Accumulated depreciable					19.01
20 Minor equipment-nondepreciable	146,518				20
21 Total fixed assets (sum of lines 12-20)	483,936,016				21
OTHER ASSETS					
22 Investments	1,482,482,179				22
23 Deposits on leases					23
24 Due from owners/officers					24
25 Other assets	454,408				25
26 Total other assets (sum of lines 22-25)	1.482,936.587				26
27 Total assets (sum of lines 11, 21, and 26)	2,388,279,836				27
CURRENT LIABILITIES					
28 Accounts payable	6,238,909				28
29 Salaries, wages. and fees payable	2,564.705				29
30 Payroll taxes payable					30
31 Notes and loans payable (short term)	8,125.169				31
32 Deferred income					32
33 Accelerated payments					33
34 Due to other funds	33,337.984				34
35 Other current liabilities	3,469,525				35
36 Total current liabilities (sum of lines 28 thru 35)	53,736,292				36
LONG TERM LIABILITIES					

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BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)			PROVIDER NO. 340113	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET G	
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
37	Mortgage payable					37
38	Notes payable					38
39	Unsecured loans					39
40	Loans from owners 40.01 Prior to 7/1/66 40.02 On or after 7/1/66					40.01
						40.02
41	Other long term liabilities	3,967,302				41
42	Total long term liabilities (sum of lines 37 thru 41)	3,967,302				42
43	Total liabilities (sum of lines 36 and 42)	57,703,594				43
	CAPITAL ACCOUNTS					
44	General fund balance	2,330,576,242				44
45	Specific purpose fund					45
46	Donor created - endowment fund balance - restricted					46
47	Donor created - endowment fund balance - unrestricted					47
48	Governing body created - endowment fund balance					48
49	Plant fund balance - invested in plant					49
50	Plant fund balance - reserve for plant improvement, replacement, and expansion					50
51	Total fund balances (sum of lines 44 thru 50)	2,330,576,242				51
52	Total liabilities and fund balances (sum of lines 43 and 51)	2,388,279,836				52

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

STATEMENT OF PATIENT REVENUES AND OPERATING REVENUES		PROVIDER NO: 340113	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET G-2 PARTS I & II	
PART I - PATIENT REVENUES					
	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
GENERAL INPATIENT ROUTINE CARE SERVICES					
1	Hospital	441,876,508		441,876,508	1
2.00	SubComponent 1 - 34S113	32,018,265		32,018,265	2.00
2.01	SubComponent 2 - 34T113	3,104,025		3,104,025	2.01
4	Swing bed - SNF				4
5	Swing bed - NF				5
6	Skilled nursing facility				6
7	Nursing facility				7
8	Other long term care				8
9	Total general inpatient care services (sum of lines 1-8)	476,998,798		476,998,798	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES					
10	Intensive care unit	116,989,349		116,989,349	10
11	Coronary care unit	9,485,223		9,485,223	11
12	Burn intensive care unit				12
13	Surgical intensive care unit	94,289,733		94,289,733	13
14.00	Other Special Care (specify)				14.00
15	Total intensive care type inpatient hospital services (sum of lines 10-14)	220,764,305		220,764,305	15
16	Total inpatient routine care services (sum of lines 9 and 15)	697,763,103		697,763,103	16
17	Ancillary services	1,253,250,917	916,204,181	2,169,455,098	17
18	Outpatient services	88,957,906	293,759,532	382,717,438	18
19	Home health agency				19
20	Ambulance	18,211	31,159,895	31,178,106	20
21	Outpatient rehabilitation providers				21
22	ASC				22
23	Hospice				23
24		5,282,288	30,626,738	35,909,026	24
25	Total patient revenues (sum of lines 16-24) (transfer column 3 to Wkst. G-3, line 1)	2,045,272,425	1,271,750,346	3,317,022,771	25
PART II - OPERATING EXPENSES					
			1	2	
26	Operating expenses (per Wkst. A, column 3, line 101)			1,316,719,337	26
27	Add (specify)				27
28					28
29					29
30					30
31					31
32					32
33	Total additions (sum of lines 27-32)			41,008,464	33
34	Deduct (specify)				34
35					35
36					36
37					37
38					38
39	Total deductions (sum of lines 34-38)			7,454,837	39
40	Total operating expenses (sum of lines 26 and 33 minus line 39) (transfer to Wkst. G-3, line 4)			1,350,272,964	40

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

STATEMENT OF REVENUES AND EXPENSES	PROVIDER NO: 340113	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET G-3	
	Description			
1	Total patient revenues (from Wkst. G-2, Part I, column 3, line 25)		3,317,022.771	1
2	Less contractual allowances and discounts on patients' accounts		2.086,969,923	2
3	Net patient revenues (line 1 minus line 2)		1,230,052,848	3
4	Less total operating expenses (from Wkst. G-2, Part II, line 40)		1,350,272,964	4
5	Net income from service to patients (line 3 minus line 4)		-120,220,116	5
OTHER INCOME				
6	Contributions, donations, bequests, etc.		65,326,786	6
7	Income from investments		167,448,454	7
8	Revenues from telephone and telegraph service		3.533	8
9	Revenue from television and radio service			9
10	Purchase discounts			10
11	Rebates and refunds of expenses			11
12	Parking lot receipts		569,410	12
13	Revenue from laundry and linen service			13
14	Revenue from meals sold to employees and guests		3,813,588	14
15	Revenue from rental of living quarters		277,067	15
16	Revenue from sale of medical and surgical supplies to other than patients			16
17	Revenue from sale of drugs to other than patients		9,854,992	17
18	Revenue from sale of medical records and abstracts		138,886	18
19	Tuition (fees, sales of textbooks, uniforms, etc)		2,586,437	19
20	Revenue from gifts, flowers, coffee shops, and canteen		19,078	20
21	Rental of vending machines			21
22	Rental of hospital space			22
23	Governmental appropriations			23
24	Other (specify)		112,121,735	24
25	Total other income (sum of lines 6-24)		362,159,966	25
26	Total (line 5 plus line 25)		241,939,850	26
27	Other expenses (specify)			27
28				28
29				29
30	Total other expenses (sum of lines 27-29)			30
31	Net income (or loss) for the period (line 26 minus line 30)		241,939,850	31

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

Medicare - Title XVIII - Hospital - 340113				
CALCULATION OF CAPITAL PAYMENT	PROVIDER NO- 340113	PERIOD: FROM: 01/01/2010 TO 12/31/2010	WORKSHEET L	
PART I - FULLY PROSPECTIVE METHOD				
1	Capital hospital specific rate payments			1
	Capital Federal Amount			
2	Capital DRG other than outlier		10,201,384	2
3	Capital DRG outlier payments for services rendered prior to October 1, 1997			3
3.01	Capital DRG outlier payments for services rendered on or after October 1, 1997		820,850	3.01
	Indirect Medical Education Adjustment			
4	Total inpatient days divided by number of days in the cost reporting period (see instructions)		655.79	4
4.01	Number of interns & residents (from Worksheet S-3, Part I, column 9, line 12)		181.39	4.01
4.02	Indirect medical education percentage (see instructions)		8.120000	4.02
4.03	Indirect medical education adjustment (sum of lines 2 & 3 times line 4.02)		828,352	4 03
	Disproportionate Share Adjustment			
5	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0	5
5.01	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.333600	5.01
5.02	Sum of lines 5 and 5.01		0.41	5 02
5.03	Allowable disproportionate share percentage (see instructions)		0.085600	5 03
5.04	Disproportionate share adjustment (sum of lines 2 & 3 times line 5 03)		873,238	5 04
6	Total prospective capital payments (sum of lines 1-3.01, 4.03, and 5.04)		12,723,824	6
PART II - HOLD HARMLESS METHOD				
1	New capital (see instructions)			1
2	Old capital (see instructions)			2
3	Total capital (sum of line 1 plus line 2)			3
4	Ratio of new capital to total capital (line 1 divided by line 3)			4
5	Total capital payments under 100% federal rate (see instructions)			5
6	Reduction factor for hold harmless payment (see instructions)			6
7	Reduced old capital amount (line 2 x line 6)			7
8	Hold harmless payment for new capital (line 5 x line 4)			8
9	Subtotal (line 7 plus line 8)			9
10	Payment under hold harmless (greater of line 5 or line 9)			10
PART III - PAYMENT UNDER REASONABLE COST				
1	Program inpatient routine capital cost (see instructions)			1
2	Program inpatient ancillary capital cost (see instructions)			2
3	Total inpatient program capital cost (line 1 plus line 2)			3
4	Capital cost payment factor (see instructions)			4
5	Total inpatient program capital cost (line 3 x line 4)			5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS				
1	Program inpatient capital costs (see instructions)			1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)			2
3	Net program inpatient capital costs (line 1 minus line 2)			3
4	Applicable exception percentage (see instructions)			4
5	Capital cost for comparison to payments (line 3 x line 4)			5
6	Percentage adjustment for extraordinary circumstances (see instructions)			6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			7
8	Capital minimum payment level (line 5 plus line 7)			8
9	Current year capital payments (from Part I, line 6 or Part II, line 10, as applicable)			9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part IV, line 14)			11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			12
13	Current year exception payment (if line 12 is positive, enter the amount on this line) for the following period (if line 12 is negative, enter the amount on this line)			13
14	Carryover of accumulated capital minimum payment level over capital payment			14
15	Current year allowable operating and capital payment (see instructions)			15
16	Current year operating and capital costs (see instructions)			16
17	Current year exception offset amount			17

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

Medicaid - Title XIX - Hospital - 340113				
CALCULATION OF CAPITAL PAYMENT	PROVIDER NO: 340113	PERIOD: FROM: 01/01/2010 TO. 12/31/2010	WORKSHEET L	
PART I - FULLY PROSPECTIVE METHOD				
1	Capital hospital specific rate payments			1
	Capital Federal Amount		[redacted]	
2	Capital DRG other than outlier			2
3	Capital DRG outlier payments for services rendered prior to October 1, 1997			3
3.01	Capital DRG outlier payments for services rendered on or after October 1, 1997			3 01
	Indirect Medical Education Adjustment			
4	Total inpatient days divided by number of days in the cost reporting period (see instructions)		655.79	4
4.01	Number of interns & residents (from Worksheet S-3, Part I, column 9, line 12)		219.78	4.01
4.02	Indirect medical education percentage (see instructions)		9.920000	4.02
4.03	Indirect medical education adjustment (sum of lines 2 & 3 times line 4.02)			4 03
	Disproportionate Share Adjustment			
5	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5
5.01	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)			5.01
5.02	Sum of lines 5 and 5.01			5.02
5.03	Allowable disproportionate share percentage (see instructions)			5 03
5.04	Disproportionate share adjustment (sum of lines 2 & 3 times line 5.03)			5.04
6	Total prospective capital payments (sum of lines 1-3.01, 4.03, and 5.04)			6
PART II - HOLD HARMLESS METHOD				
1	New capital (see instructions)			1
2	Old capital (see instructions)			2
3	Total capital (sum of line 1 plus line 2)			3
4	Ratio of new capital to total capital (line 1 divided by line 3)			4
5	Total capital payments under 100% federal rate (see instructions)			5
6	Reduction factor for hold harmless payment (see instructions)			6
7	Reduced old capital amount (line 2 x line 6)			7
8	Hold harmless payment for new capital (line 5 x line 4)			8
9	Subtotal (line 7 plus line 8)			9
10	Payment under hold harmless (greater of line 5 or line 9)			10
PART III - PAYMENT UNDER REASONABLE COST				
1	Program inpatient routine capital cost (see instructions)			1
2	Program inpatient ancillary capital cost (see instructions)			2
3	Total inpatient program capital cost (line 1 plus line 2)			3
4	Capital cost payment factor (see instructions)			4
5	Total inpatient program capital cost (line 3 x line 4)			5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS				
1	Program inpatient capital costs (see instructions)			1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)			2
3	Net program inpatient capital costs (line 1 minus line 2)			3
4	Applicable exception percentage (see instructions)			4
5	Capital cost for comparison to payments (line 3 x line 4)			5
6	Percentage adjustment for extraordinary circumstances (see instructions)			6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			7
8	Capital minimum payment level (line 5 plus line 7)			8
9	Current year capital payments (from Part I, line 6 or Part II, line 10, as applicable)			9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part IV, line 14)			11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			12
13	Current year exception payment (if line 12 is positive, enter the amount on this line) for the following period (if line 12 is negative, enter the amount on this line)			13
14	Carryover of accumulated capital minimum payment level over capital payment			14
15	Current year allowable operating and capital payment (see instructions)			15
16	Current year operating and capital costs (see instructions)			16
17	Current year exception offset amount			17

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Cost Report data

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

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

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

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

Fiscal Intermediary: Palmetto Government Benefits Administrators

Medicare Inpatient Characteristics

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

[Date Generated. 03/20/2013]

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

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Legend:

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

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

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

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

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

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

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

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

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

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Petitioner's Trial Exhibit
075B

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

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

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

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

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

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

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

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

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

Date Generated
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Cost Center Overrides
CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
CMS Certification Number: 340113
Period 01/01/2011 - 12/31/2011
[Record code 7640 - 2010]

Original Line Number	How the Facility Described the Line	Cost Center Number the Facility Assigned to the Line	Official Name of the Cost Center the Facility Assigned	Cost Center Number We Assigned to the Line	Official Name of the Cost Center We Assigned to the Line
07603	ENDOSCOPY	03023	Acupuncture	03340	Gastro Intestinal Service

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S PARTS I, II & III

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED OMB NO. 0938-0050

PART I - COST REPORT STATUS

Provider use only	1. [X] Electronically filed cost report		Date:	Time:
	2. [ ] Manually submitted cost report			
	3. [ ] If this is an amended report enter the number of times the provider resubmitted this cost report			
	4 [F] Medicare Utilization. Enter "F" for full or "L" for low.			
Contractor use only	5 [1] Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: 06/04/2012	10. NPR Date:	
		7. Contractor No.: 11001	11. Contractor's Vendor Code: 4	
		8. [N] Initial Report for this Provider CCN	12. [ ] If line 5, column 1 is 4: Enter number of times reopened = 0-9.	
		9. [N] Final Report for this Provider CCN		

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

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

PART III - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		HIT	TITLE XIX	
			PART A	PART B			
		1	2	3	4	5	
1	HOSPITAL		4,770,911	1,224,632		54,293,092	1
2	SUBPROVIDER - IPF		-19,895	5,579		3,889,537	2
3	SUBPROVIDER - IRF					969,373	3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER (Specify)						12
200	TOTAL		4,751,016	1,230,211		59,152,004	200

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

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

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

Rev. 2 | 40-503 - 08-11

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-10

Uncompensated and indigent care cost computation			
1	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.303256	1
Medicaid (see instructions for each line)			
2	Net revenue from Medicaid	161,165,408	2
3	Did you receive DSH or supplemental payments from Medicaid?	Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?	N	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid	96,365,848	5
6	Medicaid charges	707,326,912	6
7	Medicaid cost (line 1 times line 6)	214,501,136	7
8	Difference between net revenue and costs for Medicaid program (line 2 plus line 5 minus line 7)		8
State Children's Health Insurance Program (SCHIP) (see instructions for each line)			
9	Net revenue from stand-alone SCHIP	4,992,002	9
10	Stand-alone SCHIP charges	18,365,380	10
11	Stand-alone SCHIP cost (line 1 times line 10)	5,569,411	11
12	Difference between net revenue and costs for stand-alone SCHIP (line 9 minus line 11)	577,409	12
Other state or local government indigent care program (see instructions for each line)			
13	Net revenue from state or local indigent care program (not included on lines 2, 5 or 9)		13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)		14
15	State or local indigent care program cost (line 1 times line 14)		15
16	Difference between net revenue and costs for state or local indigent care program (line 13 minus line 15)		16
Uncompensated care (see instructions for each line)			
17	Private grants, donations, or endowment income restricted to funding charity care		17
18	Government grants, appropriations or transfers for support of hospital operations		18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	577,409	19

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1	2	3	
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	187,326,608	804,790	188,131,392	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	56,807,920	244,057	57,051,976	21
22	Partial payment by patients approved for charity care	1,483,256	66,994	1,550,250	22
23	Cost of charity care (line 21 minus line 22)	55,324,664	177,063	55,501,724	23

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)		25
26	Total bad debt expense for the entire hospital complex (see instructions)	77,844,192	26
27	Medicare bad debts for the entire hospital complex (see instructions)	4,100,123	27
28	Non-Medicare and non-reimbursable bad debt expense (line 26 minus line 27)	73,744,072	28
29	Cost of non-Medicare bad debt expense (line 1 times line 28)	22,363,332	29
30	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	77,865,056	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	78,442,464	31

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET S-2 PART I	
Hospital and Hospital Health Care Complex Address:								
1	Street: 1000 BLYTHE BLVD			P.O. Box: 32861				1
2	City: CHARLOTTE	State NC	Zip Code: 28232-	County: MECKLENBURG				2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	CAROLINAS MEDICAL CENTER	340113		1	07/01/1966	N	P	O	3
4	Subprovider- IPF	CENTER FOR MENTAL HEALTH	34S113		4	10/01/1983	N	P	O	4
5	Subprovider- IRF	LEVINE REHABILITATION	34T113		5	01/01/2009	N	P	O	5
6	Subprovider- (Other)									6
7	Swing Beds-SNF						N	N	N	7
8	Swing Beds-NF						N		N	8
9	Hospital-Based SNF						N	N	N	9
10	Hospital-Based NF						N		N	10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA						N	N	N	12
12.01							N	N	N	12.01
13	Separately Certified ASC						N	N	N	13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic-RHC						N	N	N	15
16	Hospital-Based Health Clinic-FQHC						N	N	N	16
17	Hospital-Based (CMHC)						N	N	N	17
17.10							N	N	N	17.10
18	Renal Dialysis	CAROLINAS ESRD	342306			08/01/1983				18
19	Other									19

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

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

		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of State Medicaid paid days	Out-of State Medicaid eligible days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If line 22 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	79,180	3,375	4,547	108	2,759		24
25	If line 22 is "yes", and this provider is an IRF then, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col 3, out-of state Medicaid eligible days in col. 4 Medicaid HMO days in col. 5 and other Medicaid days in col. 6.							25

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-2 PART I	
37 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.				37
38 Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.		Beginning:	Ending:	38

		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320? (see instructions)	N	Y	N	45
46	Is this facility eligible for the special exceptions payment pursuant to 42 CFR §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48
Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60
		Y/N	IME Average	Direct GME Average	
61	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N			61
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings					
63	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	Y			63
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
64	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	2	134.47	0.01	64

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1	2	3	4	5	
65	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0 96	19	0.047737	65
65.01		FAMILY MEDICINE SPORTS MEDICINE	1350	0 12	0	0 120000	65.01
65.02		FAMINLY MEDICINE RURAL PROGRAM	1350		2		65.02
65.03		OB /GYN	1750		24		65.03
65.04		PEDIATRICS	2000	3 60	30	0.106698	65 04

Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
	1	2	3	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET S-2 PART I		
66	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 ÷ column 2)). (see instructions)			2	137.61	0.02	66
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1	2	3	4	5	
67	Enter in column 1 the program name. Enter in column 2 the program code Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.86	18	0 043478	67
67.01		FAMILY MEDICINE SPORTS MEDICINE	1350	0.13	0	0.139785	67.01
67.02		FAMILY MEDICINE RURAL PROGARAM	1350		1		67.02
67.03		OB / GYN	1750		24		67.03
67.04		PEDIATRICS	2000	3.90	31	0.108999	67.04
Inpatient Psychiatric Facilty PPS				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no			Y			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N		71
Inpatient Rehabilitation Facility PPS							
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes or "N" for no.			Y			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5 (see instructions)			N	N		76
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no				N		80
TEFRA Providers							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85
86	Did this facilty establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter "Y" for yes or "N" for no				N		86
					V	XIX	
Title V and XIX Inpatient Services					1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in applicable column				N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	Y	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92
93	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N	93
94	Does title V or title XIX reduce capital cost? Enter "Y" for yes or "N" for no in the applicable column.				N	N	94
95	If line 94 is "Y", enter the reduction percentage in the applicable column.						95
96	Does title V or title XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.				N	N	96
97	If line 96 is "Y", enter the reduction percentage in the applicable column.						97
Rural Providers					1	2	
105	Does this hospital qualify as a Critical Access Hospital (CAH)?				N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				N		106
107	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				N		107
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter "Y" for yes or "N" for no.				N		108
			Physical	Occupationa	Speech	Respiratory	
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	N	109
Miscellaneous Cost Reporting Information							
115	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.				N		115
116	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no				N		116
117	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				N		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim- made Enter 2 if the policy is occurrence.				2		118
118.02					N		118.02

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

119	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.			119
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N	N	120
121	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121
Transplant Center Information				
125	Does this facility operate a transplant center? Enter "Y" for yes or "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125
126	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	05/04/1970		126
127	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	02/09/1989		127
128	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2	05/19/1998		128
129	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2			129
130	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1999		130
131	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131
132	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132
133	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.	34P003		134
All Providers				
		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	349014	140

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

141	Name: CAROLINAS HEALTHCARE SYSTEM	Contractor's Name: PALMETTO GBA		Contractor's Number:		141
142	Street: 1000 BLYTHE BLVD	P.O. Box: BOX 32861				142
143	City: CHARLOTTE State NC	Zip Code: 28232				143
144	Are provider based physicians' costs included in Worksheet A?			Y		144
145	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N		145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146
147	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147
148	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148
149	Was the change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149

Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B (See 42 CFR §413.13)		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N	N	N	157
158	Subprovider - Other					158
159	SNF	N	N	N	N	159
160	HHA	N	N	N	N	160
160.01		N	N	N	N	160.01
161	CMHC		N		N	161
161.10			N		N	161.10

Multicampus

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

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET S-2 PART I		
166							166
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167	Is this provider a meaningful user under §1886 (n)? Enter "Y" for yes or "N" for no.			N			167
168	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets. (see instructions)						168
169	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						169
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTION 4004.1)							
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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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08-11	FORM CMS-2552-10		4090 (Cont.)
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-2 Part II

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

COMPLETED BY ALL HOSPITALS

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

		Part A		Part B		
		Y/N	Date	Y/N	Date	
PS&R Report Data		1	2	3	4	
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/11/2012	Y	04/11/2012	16
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		Y		17
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N		18
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N		20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21

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

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

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08-11	FORM CMS-2552-10	4090 (Cont.)	
Interest Expense			
28	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N	28
29	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions.	N	29
30	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N	30
31	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N	31
Purchased Services			
32	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N	32
33	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	N	33
Provider-Based Physicians			
34	Are services furnished at the provider facility under an arrangement with provider-based physicians? If "Y" see instructions	N	34
35	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N	35
	Y/N	Date	
Home Office Costs	1	2	
36	Are home office costs claimed on the cost report?	Y	36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y	37
38	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N	38
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y	39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N	40
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 340113 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET S-3 PART I

	Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				Full Time Equivalents			Discharges				
						Title V	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	566	206,590			57,043	31,456	178,246					12,599	13,498	46,294	1
2	HMO						9,326	18,746									2
3	HMO IPF						162										3
4	HMO IRF																4
5	Hospital Adults & Peds. Swing Bed SNF																5
6	Hospital Adults & Peds.Swing Bed NF																6
7	Total Adults and Peds. (exclude observation beds) (see instructions)		566	206,590			57,043	31,456	178,246								7
8	Intensive Care Unit		99	36,135			4,655	12,448	24,687								8
9	Coronary Care Unit		24	8,760			4,253	1,093	8,619								9
10	Burn Intensive Care Unit																10
11	Surgical Intensive Care Unit		97	35,405			9,857	9,493	28,859								11
12	Other Special Care																12
13	Nursery	43 00						14,680	22,499								13
14	Total (see instructions)		786	286,890			75,808	69,170	262,910	220.39	8,141.01			12,599	13,498	46,294	14
15	CAH visits																15
16	Subprovider - IPF	40 00	73	26,645			5,143	9,175	24,811		453.00			371	755	2,230	16
17	Subprovider - IRF	41.00	13	4,745				1,296	3,014		19.85				72	167	17
18	Subprovider - Other	42.00															18
19	Skilled Nursing Facility	44.00															19
20	Nursing Facility	45.00															20
21	Other Long Term Care	46.00															21
22	Home Health Agency	101.00															22
23	ASC (Distinct Part)	115.00															23
24	Hospice (Distinct Part)	116.00															24
25	CMHC	99.00															25
26	RHC/FQHC (specify)	88.00															26
27	Total (sum of lines 14-26)		872							220.39	8,613.86						27
28	Observation Bed Days								6,063								28
28.																	28.
29	Ambulance Trips																29
30	Employee discount days (see instructions)																30
31	Employee discount days -IRF																31

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA				Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-3 PART I
32	Labor & delivery days (see instructions)	2,053	3,984			32
33	LTCH non-covered days					33
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4005.1)						
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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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HOSPITAL WAGE INDEX INFORMATION	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-3 PART II

Part II - Wage Data

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in column 4	Average Hourly Wage (column 4 ÷ column 5)	
		1	2	3	4	5	6	
	SALARIES							
1	Total salaries (see instructions)	200	547,055,744		547,055,744	16,920,708	** 32.33	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetist Part B		21,183,292		21,183,292	247,103	** 85.73	3
4	Physician-Part A		34,613,327		34,613,327	226,624	** 152.73	4
5	Physician-Part B		59,271,988		59,271,988	684,019	** 86.65	5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21		12,748,950	12,748,950	512,172	** 24.89	7
8	Home office personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		72,016,896	1,302,155	73,319,048	2,293,011	** 31.98	10
	OTHER WAGES AND RELATED COSTS							
11	Contract labor (see instructions)		4,281,350		4,281,350	74,228	** 57.68	11
12	Management and administrative services							12
13	Contract labor: physician-Part A		628,376		628,376	6,533	** 96.18	13
14	Home office salaries & wage-related costs		116,598,696		116,598,696	2,247,981	** 51.87	14
15	Home office: physician Part A							15
16	Teaching physician salaries (see instructions)							16
	WAGE-RELATED COSTS							
17	Wage-related costs (core) Worksheet S-3, Part IV line 24		104,388,776		104,388,776			17
18	Wage-related costs (other) Worksheet S-3, Part IV line 25							18
19	Excluded areas		18,472,656		18,472,656			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B		1,990,679		1,990,679			21
22	Physician Part A		1,825,702		1,825,702			22
23	Physician Part B		5,510,507		5,510,507			23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		4,126,093		4,126,093			25
	OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits	4	5,643,401		5,643,401	11	** 513,036.45	26
27	Administrative & General	5	19,699,704	591,970	20,291,674	846,922	** 23.96	27
28	Administrative & General under contract (see instructions)							28
29	Maintenance & Repairs	6						29
30	Operation of Plant	7	5,362,037		5,362,037	284,487	** 18.85	30
31	Laundry & Linen Service	8	268,491		268,491	23,632	** 11.36	31
32	Housekeeping	9	5,444,160		5,444,160	504,050	** 10.80	32
33	Housekeeping under contract (see instructions)							33
34	Dietary	10	413,169		413,169	16,667	** 24.79	34
35	Dietary under contract (see instructions)							35
36	Cafeteria	11						36
37	Maintenance of Personnel	12						37
38	Nursing Administration	13	5,667,708		5,667,708	147,112	** 38.53	38
39	Central Services and Supply	14	1,385,696		1,385,696	90,596	** 15.30	39
40	Pharmacy	15	15,655,043	-54,088	15,600,955	448,572	** 34.78	40
41	Medical Records & Medical Records Library	16	4,799,821		4,799,821	257,625	** 18.63	41
42	Social Service	17	7,530,242		7,530,242	265,839	** 28.33	42
43	Other General Service	18	220,149		220,149	12,094		43

Part III - Hospital Wage Index Summary

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

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HOSPITAL WAGE INDEX INFORMATION			Provider CCN 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET S-3 PART II	
4	Subtotal other wages and related costs (see instructions)		121,508,424		121,508,424	2,328,742	** 52.18	4
5	Subtotal wage-related costs (see instructions)		106,214,480		106,214,480			5
6	Total (sum of lines 3 through 5)				593,800,512			6
7	Total overhead cost (see instructions)		72,089,624	537,882	72,627,504	2,897,607	** 25.06	7
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4005.2 - 4005.3)								
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HOSPITAL WAGE RELATED COSTS	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-3, PART IV

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
RETIREMENT COST			
1	401k Employer Contributions	30,290,002	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Qualified and Non-Qualified Pension Plan Cost		3
4	Prior Year Pension Service Cost		4
PLAN ADMINISTRATIVE COSTS (Paid to External Organization):			
5	401k/TSA Plan Administration fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
HEALTH AND INSURANCE COST			
8	Health Insurance (Purchased or Self Funded)	59,051,400	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	1,712,685	10
11	Life Insurance (If employee is owner or beneficiary)	3,053,369	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)		13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	2,330,252	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
TAXES			
17	FICA-Employers Portion Only	35,835,960	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	1,545,751	19
20	State or Federal Unemployment Taxes		20
OTHER			
21	Executive Deferred Compensation		21
22	Day Care Cost and Allowances		22
23	Tuition Reimbursement	1,373,761	23
24	Total Wage Related cost (Sum of lines 1 -23)	135,193,184	24

Part B - Other than Core Related Cost

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

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

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

RENAL DIALYSIS STATISTICS

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

TRANSPLANT INFORMATION

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

EPOETIN

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

ARANESP

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

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

21	MCP:__	INITIAL METHOD: _X_		21

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

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There are 1 Cost Center Overrides.
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			Provider CCN. 340113			PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col 3 ± col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Capital Related Costs-Buildings and Fixtures				25,067,216	25,067,216	595,054	25,662,272	1
2	00200	Capital Related Costs-Movable Equipment				36,353,452	36,353,452	230,500	36,583,952	2
3	00300	Other Capital Related Costs							-0-	3
4	00400	Employee Benefits	5,643,401	105,895,344	111,538,744	37,941,652	149,480,400	-5,248,764	144,231,632	4
5	00500	Administrative and General	19,699,704	253,700,112	273,399,808	-93,862,056	179,537,760	-14,801,803	164,735,952	5
6	00600	Maintenance and Repairs								6
7	00700	Operation of Plant	5,362,037	13,149,153	18,511,190	2,103,026	20,614,216	-485,878	20,128,338	7
8	00800	Laundry and Linen Service	268,491	1,720	270,211	4,592,443	4,862,654	42	4,862,696	8
9	00900	Housekeeping	5,444,160	4,146,876	9,591,036	-75,385	9,515,651	-39,916	9,475,735	9
10	01000	Dietary	413,169	21,007,188	21,420,358		21,420,358	-7,721,644	13,698,714	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	5,667,708	568,706	6,236,414	8,083,662	14,320,076	-862,231	13,457,845	13
14	01400	Central Services and Supply	1,385,696	4,382,425	5,768,121	5,254,532	11,022,653	-1,139	11,021,514	14
15	01500	Pharmacy	15,655,043	63,416,208	79,071,248	-52,292,852	26,778,396	-12,556,684	14,221,713	15
16	01600	Medical Records & Medical Records Library	4,799,821	4,274,383	9,074,204	-187,720	8,886,484	210,953	9,097,437	16
17	01700	Social Service	7,530,242	632,634	8,162,876	-20,142	8,142,734	-447,354	7,695,380	17
18		Other General Service (specify)								18
18.05		Other General Service Cost Centers	220,149	165,587	385,736		385,736	-91,761	293,975	18.05
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School	3,271,852	1,459,365	4,731,217	463,796	5,195,013	-2,286,070	2,908,943	20
21	02100	Intern & Res Service-Salary & Fringes (Approved)				12,748,950	12,748,950		12,748,950	21
22	02200	Intern & Res. Other Program Costs (Approved)	16,324,347	7,778,850	24,103,196	8,487,396	32,590,592	-6,385,113	26,205,480	22
23	02300	Paramedical Ed. Program (specify)	2,551,677	909,256	3,460,933	-70,111	3,390,822	-301,183	3,089,639	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults and Pediatrics (General Routine Care)	68,931,072	7,481,040	76,412,112	-278,128	76,133,984	-2,247,868	73,886,112	30
31	03100	Intensive Care Unit	23,313,128	8,746,291	32,059,419	-2,795,892	29,263,527	-10,380,440	18,883,087	31
32	03200	Coronary Care Unit	6,031,353	838,174	6,869,527	-182,930	6,686,597	1,463	6,688,060	32
33	03300	Burn Intensive Care Unit								33
34	03400	Surgical Intensive Care Unit	21,949,762	4,418,963	26,368,725	-1,261,817	25,106,908	-2,573,566	22,533,342	34
35		Other Special Care (specify)								35
40	04000	Subprovider - IPF	8,321,727	2,643,382	10,965,109	-1,963,854	9,001,255	-258,707	8,742,548	40

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			Provider CCN: 340113			PERIOD. FROM 01/01/2011 TO 12/31/2011		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col 3 ± col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
41	04100	Subprovider - IRF	1,130,894	118,748	1,249,642	-9,922	1,239,720	443	1,240,163	41
42	04200	Subprovider (specify)								42
43	04300	Nursery	3,735,960	307,045	4,043,005	-33,552	4,009,453	79	4,009,532	43
44	04400	Skilled Nursing Facility								44
45	04500	Nursing Facility								45
46	04600	Other Long Term Care								46
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	16,187,023	62,754,495	78,941,517	-54,613,328	24,328,189	-3,270,905	21,057,285	50
51	05100	Recovery Room	6,350,980	499,425	6,850,405	-115,543	6,734,862	410	6,735,272	51
52	05200	Labor Room and Delivery Room	8,757,610	1,948,934	10,706,544	-682,375	10,024,169	-520,900	9,503,269	52
53	05300	Anesthesiology	24,605,844	5,638,425	30,244,270	-1,452,179	28,792,092	-21,606,852	7,185,238	53
54	05400	Radiology-Diagnostic	11,273,792	12,554,892	23,828,684	-7,351,905	16,476,779	-4,831,504	11,645,275	54
55	05500	Radiology-Therapeutic	1,338,236	3,125,382	4,463,618	-16,810	4,446,808	-141,012	4,305,796	55
56	05600	Radioisotope	831,727	1,600,995	2,432,722	-1,370,069	1,062,653	-130,306	932,347	56
57	05700	Computed Tomography (CT) Scan	1,644,439	1,388,156	3,032,595	124,554	3,157,149	-338,111	2,819,038	57
58	05800	Magnetic Resonance Imaging (MRI)	1,283,830	799,074	2,082,904	222,053	2,304,957	381	2,305,338	58
59	05900	Cardiac Catheterization	4,863,930	24,541,412	29,405,340	-21,997,806	7,407,535	-50,243	7,357,292	59
60	06000	Laboratory	16,206,769	44,450,193	60,656,963	4,110,494	64,767,458	-10,088,163	54,679,294	60
60.70	06000	Gastro Intestinal Service	5,456,694	3,267,929	8,724,623	-1,273,335	7,451,288	-6,137	7,445,151	60.70
61	06100	PBP Clinical Laboratory Services-Program Only								61
62	06200	Whole Blood & Packed Red Blood Cells								62
63	06300	Blood Storing, Processing, & Trans.								63
64	06400	Intravenous Therapy								64
65	06500	Respiratory Therapy	10,434,923	3,671,657	14,106,580	-1,985,892	12,120,688	-18,348	12,102,340	65
66	06600	Physical Therapy	4,296,457	182,938	4,479,395	-54,396	4,424,999	-377	4,424,622	66
67	06700	Occupational Therapy								67
68	06800	Speech Pathology		1,259,631	1,259,631		1,259,631		1,259,631	68
69	06900	Electrocardiology	1,878,672	1,043,053	2,921,725	-88,827	2,832,898	-206,407	2,626,491	69
70	07000	Electroencephalography								70
71	07100	Medical Supplies Charged to Patients	778,356	2,482,660	3,261,016	35,369,248	38,630,264	-972	38,629,292	71
72	07200	Implantable Devices Charged to Patients				60,610,368	60,610,368		60,610,368	72
73	07300	Drugs Charged to Patients				65,722,132	65,722,132	-469,575	65,252,556	73
74	07400	Renal Dialysis	2,163,069	1,267,159	3,430,228	-1,084,357	2,345,871	-65,447	2,280,424	74
75	07500	ASC (Non-Distinct Part)	7,935,966	14,176,988	22,112,954	-9,201,266	12,911,688	18,190	12,929,878	75
76		Other Ancillary (specify)								76
76.30		Other Ancillary Cost Centers	296,712	2,378,002	2,674,714	-23,510	2,651,204	4	2,651,208	76.30
76.35		Cardiac Rehabilitation	467,735	224,180	691,915	-13,625	678,290	-159,845	518,445	76.35

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			Provider CCN: 340113				PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		OUTPATIENT SERVICE COST CENTERS								
88	08800	Rural Health Clinic (RHC)								88
89	08900	Federally Qualified Health Center (FQHC)								89
90	09000	Clinic	105,153,329	57,275,788	162,429,117	-40,488,011	121,941,107	-72,131,716	49,809,389	90
91	09100	Emergency	27,049,286	14,797,509	41,846,795	-9,797,179	32,049,616	-11,678,888	20,370,727	91
92	09200	Observation Beds								92
93		Other Outpatient Service (specify)								93
		OTHER REIMBURSABLE COST CENTERS								
94	09400	Home Program Dialysis								94
95	09500	Ambulance Services	6,476,529	12,609,939	19,086,468	-141,307	18,945,160	-390,046	18,555,116	95
96	09600	Durable Medical Equipment-Rented								96
97	09700	Durable Medical Equipment-Sold								97
98		Other Reimbursable (specify)								98
99		Outpatient Rehabilitation Provider (specify)								99
100	10000	Intern-Resident Service (not appvd. tchng. prgm)								100
101	10100	Home Health Agency								101
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition	4,388,918	11,452,731	15,841,649	-3,369,452	12,472,197	-5,269,763	7,202,434	105
106	10600	Heart Acquisition	473,161	668,906	1,142,067	496,371	1,638,438	-491,740	1,146,698	106
107	10700	Liver Acquisition	953,838	2,567,216	3,521,054	1,867,874	5,388,928	-1,582,239	3,806,689	107
108	10800	Lung Acquisition								108
109	10900	Pancreas Acquisition				452,214	452,214		452,214	109
110	11000	Intestinal Acquisition								110
111	11100	Islet Acquisition								111
112		Other Organ Acquisition (specify)				971,127	971,127		971,127	112
113	11300	Interest Expense							- 0 -	113
114	11400	Utilization Review-SNF							- 0 -	114
115	11500	Ambulatory Surgical Center (Distinct Part)								115
116	11600	Hospice								116
117		Other Special Purpose (specify)								117
118		SUBTOTALS (sum of lines 1-117)	502,607,456	795,209,600	1,297,817,088	2,610,429	1,300,427,520	-199,081,408	1,101,346,176	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop, & Canteen								190
191	19100	Research	17,277,920	12,237,976	29,515,896	-350,719	29,165,176	-599,920	28,565,256	191
192	19200	Physicians' Private Offices	11,822,927	7,464,866	19,287,793	-1,945,913	17,341,880	-8,475,732	8,866,148	192
193	19300	Nonpaid Workers								193
194		Other Nonreimbursable (specify)	15,347,451	9,392,179	24,739,630	-313,797	24,425,833	-126,141	24,299,692	194

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			Provider CCN: 340113		PERIOD. FROM 01/01/2011 TO 12/31/2011		WORKSHEET A	
COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col 5 ± col 6)	
	1	2	3	4	5	6	7	
200 [redacted] TOTAL (sum of lines 118-199)	547,055,744	824,304,640	1,371,360,384	- 0 -	1,371,360,384	-208,283,200	1,163,077,248	200
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4013)								
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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

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

W - FILE 823 LAB TIME

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 823 LAB TIME	W		23.00	85,225			50.00	1,313			1
2	FILE 823 LAB TIME	W						59.00	710			2
3	FILE 823 LAB TIME	W						60.00	78,302			3
4	FILE 823 LAB TIME	W						60.01	75			4
5	FILE 823 LAB TIME	W						60.02	4,025			5
6	FILE 823 LAB TIME	W						65.00	319			6
7	FILE 823 LAB TIME	W						74.00	481			7
8												8
9												9
10												10
11												11
12												12
13												13
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29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				85,225				85,225			500

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

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

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

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

AC - FILE 421 STUDENT HOUSING

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 421 STUDENT HOUSING	AC		20.00		126,285		5.00		281,285		1
2	FILE 421 STUDENT HOUSING	AC		22.00		33,229						2
3	FILE 421 STUDENT HOUSING	AC		23.00		12,187						3
4	FILE 421 STUDENT HOUSING	AC		23.01		3,047						4
5	FILE 421 STUDENT HOUSING	AC		23.02		68,759						5
6	FILE 421 STUDENT HOUSING	AC		23.03		6,151						6
7	FILE 421 STUDENT HOUSING	AC		23.04		31,627						7
8												8
9												9
10												10
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28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					281,285				281,285		500

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

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

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

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RECLASSIFICATIONS							Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A-6		
Q - FILE 405 RADIATION THERAPY												
EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 405 RADIATION THERAPY	Q		22.00		2,100		55.00		5,825		1
2	FILE 405 RADIATION THERAPY	Q		23.01		3,725						2
3												3
4												4
5												5
6												6
7												7
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29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					5,825				5,825		500

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

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

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

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

V - FILE 406 RADIOLOGY DIAGNOS

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 406 RADIOLOGY DIAGNOSTICS	V		23.01		4,879		54.00		4,879		1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
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28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					4,879				4,879		500

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

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

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: 340113	PERIOD. FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

AF - FILE I&R SALARY 2

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE I&R SALARY 2	AF		21.00	867,621							1
2	FILE I&R SALARY 2	AF						20.00	116			2
3	FILE I&R SALARY 2	AF						76 97	13,040			3
4	FILE I&R SALARY 2	AF						90 01	54,062			4
5	FILE I&R SALARY 2	AF						90 03	129,305			5
6	FILE I&R SALARY 2	AF						90 12	32,927			6
7	FILE I&R SALARY 2	AF						90.15	750			7
8	FILE I&R SALARY 2	AF						22.00	1,370			8
9	FILE I&R SALARY 2	AF						191.00	400			9
10	FILE I&R SALARY 2	AF						22.00	635,651			10
11												11
12												12
13												13
14												14
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26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				867,621				867,621			500

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

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

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RECLASSIFICATIONS							Provider CCN. 340113	PERIOD. FROM 01/01/2011 TO 12/31/2011			WORKSHEET A-6	
AG - FILE 300 39 RADIOLOGY ADM												
EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 300.39 RADIOLOGY ADMIN RECLASS	AG		57.00	482,578	277,529		54.00	814,032	468,147		1
2	FILE 300.39 RADIOLOGY ADMIN RECLASS	AG		58.00	331,454	190,618						2
3												3
4												4
5												5
6												6
7												7
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23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				814,032	468,147			814,032	468,147		500

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

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

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

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RECLASSIFICATIONS							Provider CCN 340113	PERIOD. FROM 01/01/2011 TO 12/31/2011		WORKSHEET A-6		
N - FILE 821 NURSING SCHOOL												
EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 821 NURSING SCHOOL	N		20.00	402,653			30.00	206,064			1
2	FILE 821 NURSING SCHOOL	N						31.00	30,651			2
3	FILE 821 NURSING SCHOOL	N						31.01	35,991			3
4	FILE 821 NURSING SCHOOL	N						32.00	7,450			4
5	FILE 821 NURSING SCHOOL	N						34.01	6,083			5
6	FILE 821 NURSING SCHOOL	N						34.02	17,034			6
7	FILE 821 NURSING SCHOOL	N						34.04	17,103			7
8	FILE 821 NURSING SCHOOL	N						40.00	3,876			8
9	FILE 821 NURSING SCHOOL	N						43.00	13,188			9
10	FILE 821 NURSING SCHOOL	N						50.00	10,973			10
11	FILE 821 NURSING SCHOOL	N						52.00	21,141			11
12	FILE 821 NURSING SCHOOL	N						59.00	4,169			12
13	FILE 821 NURSING SCHOOL	N						75.00	5,181			13
14	FILE 821 NURSING SCHOOL	N						91.00	17,989			14
15	FILE 821 NURSING SCHOOL	N						91.02	5,760			15
16												16
17												17
18												18
19												19
20												20
21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				402,653				402,653			500
(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.												
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.												
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)												
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[Record code 7640 - 2010]

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

AE - FILE 300.100 MED ED RECLA

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 300.100 MED ED RECLASS	AE		21.00	1,250,519			90.13	1,250,519			1
2	FILE 300.100 MED ED RECLASS	AE		22.00	2,057,747	2,260,488		90.13	2,057,747	2,260,488		2
3	FILE 300.100 MED ED RECLASS	AE		21.00	900,307			90.14	900,307			3
4	FILE 300.100 MED ED RECLASS	AE		22.00	563,438	1,072,648		90.14	563,438	1,072,648		4
5	FILE 300.100 MED ED RECLASS	AE		21.00	2,195,861			91.00	2,195,861			5
6	FILE 300.100 MED ED RECLASS	AE		22.00	1,062,892	1,129,915		91.00	1,062,892	1,129,915		6
7	FILE 300.100 MED ED RECLASS	AE		21.00	1,782,695			90.04	1,782,695			7
8	FILE 300.100 MED ED RECLASS	AE		22.00	1,399,447	1,020,425		90.04	1,399,447	1,020,425		8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
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21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				11,212,906	5,483,476			11,212,906	5,483,476		500

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

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

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

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

I - FILE 403 ANESTHESIA CONTRA

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 403 ANESTHESIA CONTRACT SER	I		22.00	83,648			23.02	494,613			1
2	FILE 403 ANESTHESIA CONTRACT SER	I		53.00	410,965							2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
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23												23
24												24
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26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				494,613				494,613			500

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

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

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

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

E - FILE 300.17 FRINGE BENEFIT

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 300.17 FRINGE BENEFITS	E		4.00		27,256,696		5.00		534,778		1
2	FILE 300.17 FRINGE BENEFITS	E		20 00		1,559		7.00		164,805		2
3	FILE 300.17 FRINGE BENEFITS	E		90 17		519		9.00		75,227		3
4	FILE 300.17 FRINGE BENEFITS	E		191 00		28,249		13.00		91,300		4
5	FILE 300.17 FRINGE BENEFITS	E						14 00		2,320		5
6	FILE 300.17 FRINGE BENEFITS	E						15.00		190,412		6
7	FILE 300.17 FRINGE BENEFITS	E						16.00		187,702		7
8	FILE 300.17 FRINGE BENEFITS	E						17 00		20,138		8
9	FILE 300.17 FRINGE BENEFITS	E						22.00		2,068,637		9
10	FILE 300.17 FRINGE BENEFITS	E						30 00		325,170		10
11	FILE 300.17 FRINGE BENEFITS	E						31.00		530,850		11
12	FILE 300.17 FRINGE BENEFITS	E						31 01		1,094,004		12
13	FILE 300.17 FRINGE BENEFITS	E						34 04		311,706		13
14	FILE 300.17 FRINGE BENEFITS	E						40.00		2,282,949		14
15	FILE 300 17 FRINGE BENEFITS	E						76 03		1,846		15
16	FILE 300.17 FRINGE BENEFITS	E						90 00		5,217		16
17	FILE 300.17 FRINGE BENEFITS	E						90 01		2,140,258		17
18	FILE 300.17 FRINGE BENEFITS	E						90.02		669,504		18
19	FILE 300 17 FRINGE BENEFITS	E						90.03		615,657		19
20	FILE 300.17 FRINGE BENEFITS	E						90.04		4,585,129		20
21	FILE 300 17 FRINGE BENEFITS	E						90.05		135,296		21
22	FILE 300.17 FRINGE BENEFITS	E						90.09		577,735		22
23	FILE 300.17 FRINGE BENEFITS	E						90.13		1,723,663		23
24	FILE 300.17 FRINGE BENEFITS	E						90 14		848,688		24
25	FILE 300.17 FRINGE BENEFITS	E						90.16		333,118		25
26	FILE 300.17 FRINGE BENEFITS	E						90.21		522,904		26
27	FILE 300.17 FRINGE BENEFITS	E						91.00		2,114,189		27
28	FILE 300.17 FRINGE BENEFITS	E						91.01		633,066		28
29	FILE 300.17 FRINGE BENEFITS	E						92.02		215,769		29
30	FILE 300.17 FRINGE BENEFITS	E						192.00		1,864,995		30
31	FILE 300.17 FRINGE BENEFITS	E						192.01		32,776		31
32	FILE 300.17 FRINGE BENEFITS	E						22.00		838,800		32
33	FILE 300.17 FRINGE BENEFITS	E						194 02		201,788		33
34	FILE 300.17 FRINGE BENEFITS	E						194.03		776,285		34

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RECLASSIFICATIONS							Provider CCN 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A-6		
35	FILE 300.17 FRINGE BENEFITS	E						194.04		223,440		35
36	FILE 300.17 FRINGE BENEFITS	E						194.05		104,676		36
37	FILE 300.17 FRINGE BENEFITS	E						194.08		242,225		37
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					27,287,022				27,287,022		500
(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.												
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.												
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTION 4014)												
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RECLASSIFICATIONS	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

B - FILE 300 12 CORPORATE EXPE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 300.12 CORPORATE EXPENSES	B		4 00		10,684,956		5.00		31,430,956		1
2	FILE 300.12 CORPORATE EXPENSES	B		7 00		2,267,831						2
3	FILE 300.12 CORPORATE EXPENSES	B		8 00		4,592,443						3
4	FILE 300.12 CORPORATE EXPENSES	B		13.00		8,175,059						4
5	FILE 300.12 CORPORATE EXPENSES	B		14.00		5,335,752						5
6	FILE 300.12 CORPORATE EXPENSES	B		40.00		374,915						6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
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24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					31,430,956				31,430,956		500

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

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

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

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

Y - FILE 824 X-RAY TIME

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 824 X-RAY TIME	Y		23.01	20,886			54.00	20,886			1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
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19												19
20												20
21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				20,886				20,886			500

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

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

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

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

P - FILE 603 PROVIDER BASED PH

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 603 PROVIDER BASED PHYSICIANS	P		22.00	6,322,832							1
2	FILE 603 PROVIDER BASED PHYSICIANS	P						90.01	86,699			2
3	FILE 603 PROVIDER BASED PHYSICIANS	P						40.00	50,417			3
4	FILE 603 PROVIDER BASED PHYSICIANS	P						31.01	292,154			4
5	FILE 603 PROVIDER BASED PHYSICIANS	P		192.00	35,145							5
6	FILE 603 PROVIDER BASED PHYSICIANS	P						90.04	581,914			6
7	FILE 603 PROVIDER BASED PHYSICIANS	P		90.03	79,754							7
8	FILE 603 PROVIDER BASED PHYSICIANS	P						90.09	130,079			8
9	FILE 603 PROVIDER BASED PHYSICIANS	P						90.09	43,563			9
10	FILE 603 PROVIDER BASED PHYSICIANS	P						90.04	126,946			10
11	FILE 603 PROVIDER BASED PHYSICIANS	P						90.04	732,647			11
12	FILE 603 PROVIDER BASED PHYSICIANS	P						31.00	405,391			12
13	FILE 603 PROVIDER BASED PHYSICIANS	P						90.03	44,507			13
14	FILE 603 PROVIDER BASED PHYSICIANS	P						90.04	179,518			14
15	FILE 603 PROVIDER BASED PHYSICIANS	P						90 04	76,073			15
16	FILE 603 PROVIDER BASED PHYSICIANS	P						91.00	1,521,855			16
17	FILE 603 PROVIDER BASED PHYSICIANS	P		90.21	4,776							17
18	FILE 603 PROVIDER BASED PHYSICIANS	P		192.00	5,068			90.13	74,244			18
19	FILE 603 PROVIDER BASED PHYSICIANS	P						90 13	29,107			19
20	FILE 603 PROVIDER BASED PHYSICIANS	P		90.13	73,848							20
21	FILE 603 PROVIDER BASED PHYSICIANS	P		90 03	1,079							21
22	FILE 603 PROVIDER BASED PHYSICIANS	P						90.04	590,681			22
23	FILE 603 PROVIDER BASED PHYSICIANS	P		90.13	176,829							23
24	FILE 603 PROVIDER BASED PHYSICIANS	P		22.00	407,462							24
25	FILE 603 PROVIDER BASED PHYSICIANS	P		192.00	154,578							25
26	FILE 603 PROVIDER BASED PHYSICIANS	P						90.04	411,839			26
27	FILE 603 PROVIDER BASED PHYSICIANS	P		90 16	48,069							27
28	FILE 603 PROVIDER BASED PHYSICIANS	P						30.00	91,870			28
29	FILE 603 PROVIDER BASED PHYSICIANS	P						34.04	175,359			29
30	FILE 603 PROVIDER BASED PHYSICIANS	P						90.04	385,549			30
31	FILE 603 PROVIDER BASED PHYSICIANS	P						192.00	97,065			31
32	FILE 603 PROVIDER BASED PHYSICIANS	P						90.14	545,320			32
33	FILE 603 PROVIDER BASED PHYSICIANS	P						90.04	606,951			33
34	FILE 603 PROVIDER BASED PHYSICIANS	P						90.14	46,922			34

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RECLASSIFICATIONS							Provider CCN: 340113	PRRIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A-6		
35	FILE 603 PROVIDER BASED PHYSICIANS	P		192 00	9,353							35
36	FILE 603 PROVIDER BASED PHYSICIANS	P						90.05	18,190			36
37	FILE 603 PROVIDER BASED PHYSICIANS	P		192 00	26,067							37
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				7,344,860				7,344,860			500
(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.												
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.												
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RECLASSIFICATIONS							Provider CCN 340113	PERIOD FROM 01/01/2011 TO 12/31/2011			WORKSHEET A-6	
Z - FILE 404 PATHOLOGY												
EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 404 PATHOLOGY	Z		22.00		172,200		60.00		172,200		1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
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24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					172,200				172,200		500
(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.												
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.												
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)												
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RECLASSIFICATIONS	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

D - FILE 300.16 DRUGS CHARGED

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

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

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RECLASSIFICATIONS	Provider CCN 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.			
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)			
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RECLASSIFICATIONS	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

F - FILE 300 19 LAB

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 300.19 LAB	F		60 00		4,537,335		5.00		5,360		1
2	FILE 300.19 LAB	F						9 00		183		2
3	FILE 300.19 LAB	F						14.00		1,103		3
4	FILE 300.19 LAB	F						15.00		2,681,125		4
5	FILE 300.19 LAB	F						20.00		10,224		5
6	FILE 300.19 LAB	F						22.00		18		6
7	FILE 300.19 LAB	F						23 00		4,656		7
8	FILE 300.19 LAB	F						23.01		225		8
9	FILE 300.19 LAB	F						23.03		22		9
10	FILE 300.19 LAB	F						30.00		204,088		10
11	FILE 300.19 LAB	F						31.00		40,232		11
12	FILE 300.19 LAB	F						31.01		40,824		12
13	FILE 300.19 LAB	F						32.00		20,440		13
14	FILE 300.19 LAB	F						32.01		10,374		14
15	FILE 300.19 LAB	F						34 01		31.154		15
16	FILE 300.19 LAB	F						34.02		38,779		16
17	FILE 300.19 LAB	F						34.03		17,326		17
18	FILE 300.19 LAB	F						34 04		8,230		18
19	FILE 300.19 LAB	F						40.00		736		19
20	FILE 300.19 LAB	F						41.00		794		20
21	FILE 300.19 LAB	F						43 00		3,557		21
22	FILE 300.19 LAB	F						50.00		106,543		22
23	FILE 300.19 LAB	F						51.00		6,453		23
24	FILE 300.19 LAB	F						52.00		20,987		24
25	FILE 300.19 LAB	F						53.00		527,613		25
26	FILE 300.19 LAB	F						54.00		4,872		26
27	FILE 300.19 LAB	F						55.00		2,780		27
28	FILE 300.19 LAB	F						56.00		9,041		28
29	FILE 300 19 LAB	F						57 00		802		29
30	FILE 300.19 LAB	F						58.00		1,493		30
31	FILE 300.19 LAB	F						59.00		17,370		31
32	FILE 300.19 LAB	F						66.00		51,006		32
33	FILE 300.19 LAB	F						71.00		6,769		33
34	FILE 300.19 LAB	F						74.00		209,137		34

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RECLASSIFICATIONS							Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A-6		
35	FILE 300.19 LAB	F						76 02		9,133		35
36	FILE 300.19 LAB	F						76 03		507		36
37	FILE 300.19 LAB	F						76.97		526		37
38	FILE 300.19 LAB	F						90.00		23,002		38
39	FILE 300 19 LAB	F						90.02		17,966		39
40	FILE 300.19 LAB	F						90.03		3,526		40
41	FILE 300.19 LAB	F						90.04		114,594		41
42	FILE 300.19 LAB	F						90.05		2,714		42
43	FILE 300.19 LAB	F						90.06		134		43
44	FILE 300.19 LAB	F						90.07		39,631		44
45	FILE 300.19 LAB	F						90 08		10,190		45
46	FILE 300.19 LAB	F						90.09		7,742		46
47	FILE 300.19 LAB	F						90 10		32,330		47
48	FILE 300.19 LAB	F						90 12		299		48
49	FILE 300.19 LAB	F						90.13		154		49
50	FILE 300.19 LAB	F						90 14		556		50
51	FILE 300.19 LAB	F						90.15		1,269		51
52	FILE 300.19 LAB	F						90.16		14,082		52
53	FILE 300.19 LAB	F						90.17		7,085		53
54	FILE 300.19 LAB	F						90.21		101		54
55	FILE 300.19 LAB	F						91.00		89,744		55
56	FILE 300.19 LAB	F						91.01		20,389		56
57	FILE 300.19 LAB	F						91.02		17,950		57
58	FILE 300 19 LAB	F						92.01		17,921		58
59	FILE 300 19 LAB	F						92.02		4,556		59
60	FILE 300.19 LAB	F						95.00		2,950		60
61	FILE 300.19 LAB	F						105.00		13,968		61
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					4,537,335				4,537,335		500

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

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

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RECLASSIFICATIONS							Provider CCN. 340113	PERIOD. FROM 01/01/2011 TO 12/31/2011		WORKSHEET A-6		
AD - FILE 603 PROVIDER BASED P												
EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 603 PROVIDER BASED PHYSICIANS	AD		194 08	1,237,330							1
2	FILE 603 PROVIDER BASED PHYSICIANS	AD						31.01	12,880			2
3	FILE 603 PROVIDER BASED PHYSICIANS	AD						90.04	185,035			3
4	FILE 603 PROVIDER BASED PHYSICIANS	AD		90 03	14,074							4
5	FILE 603 PROVIDER BASED PHYSICIANS	AD						90.09	16,791			5
6	FILE 603 PROVIDER BASED PHYSICIANS	AD						90.09	3,081			6
7	FILE 603 PROVIDER BASED PHYSICIANS	AD						90.04	18,400			7
8	FILE 603 PROVIDER BASED PHYSICIANS	AD						90 04	290,937			8
9	FILE 603 PROVIDER BASED PHYSICIANS	AD						90.04	16,247			9
10	FILE 603 PROVIDER BASED PHYSICIANS	AD						91.00	304,030			10
11	FILE 603 PROVIDER BASED PHYSICIANS	AD		90.21	7,144							11
12	FILE 603 PROVIDER BASED PHYSICIANS	AD		192.00	1,689							12
13	FILE 603 PROVIDER BASED PHYSICIANS	AD						90.13	11,550			13
14	FILE 603 PROVIDER BASED PHYSICIANS	AD						90 13	3,760			14
15	FILE 603 PROVIDER BASED PHYSICIANS	AD		90 13	11,994							15
16	FILE 603 PROVIDER BASED PHYSICIANS	AD		90 03	306							16
17	FILE 603 PROVIDER BASED PHYSICIANS	AD						90.04	160,532			17
18	FILE 603 PROVIDER BASED PHYSICIANS	AD		90 13	44,207							18
19	FILE 603 PROVIDER BASED PHYSICIANS	AD		22.00	4,219							19
20	FILE 603 PROVIDER BASED PHYSICIANS	AD						90.04	86,633			20
21	FILE 603 PROVIDER BASED PHYSICIANS	AD		90.16	3,316							21
22	FILE 603 PROVIDER BASED PHYSICIANS	AD						30.00	8,641			22
23	FILE 603 PROVIDER BASED PHYSICIANS	AD						34.04	6,578			23
24	FILE 603 PROVIDER BASED PHYSICIANS	AD						90.04	69,980			24
25	FILE 603 PROVIDER BASED PHYSICIANS	AD						192.00	63,071			25
26	FILE 603 PROVIDER BASED PHYSICIANS	AD						90 14	28,701			26
27	FILE 603 PROVIDER BASED PHYSICIANS	AD						90.04	31,945			27
28	FILE 603 PROVIDER BASED PHYSICIANS	AD						90.14	5,214			28
29	FILE 603 PROVIDER BASED PHYSICIANS	AD						90.05	659			29
30	FILE 603 PROVIDER BASED PHYSICIANS	AD		192 00	406							30
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				1,324,685				1,324,685			500

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

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

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

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

L - FILE 828 PHARMACY RESIDENC

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 828 PHARMACY RESIDENCY PROGRAM	L		23.05	54,088			15.00	54,088			1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
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29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				54,088				54,088			500

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

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

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

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

S - FOLDER 608 PHYSICIAN TRANS

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FOLDER 608 PHYSICIAN TRANSPLANT COST	S		105 00		709,768		90.13		856,819		1
2	FOLDER 608 PHYSICIAN TRANSPLANT COST	S		107 00		67,255						2
3	FOLDER 608 PHYSICIAN TRANSPLANT COST	S		109 00		79,796						3
4												4
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29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					856,819				856,819		500

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

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

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

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RECLASSIFICATIONS							Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A-6		
O - FILE 623 PROVIDER BASED PH												
EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 623 PROVIDER BASED PHYS-CLINIC	O		22.00	64,504			90.00	64,504			1
2	FILE 623 PROVIDER BASED PHYS-CLINIC	O		22.00	144			90.04	144			2
3	FILE 623 PROVIDER BASED PHYS-CLINIC	O		22.00	5,518			90.03	5,518			3
4	FILE 623 PROVIDER BASED PHYS-CLINIC	O		22.00	210			90.17	210			4
5												5
6												6
7												7
8												8
9												9
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500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				70,376				70,376			500

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

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

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

R - FILE 617 PHYSICIANS ON CAL

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 617 PHYSICIANS ON CALL	R		22.00		130,185		5.00		3,152		1
2	FILE 617 PHYSICIANS ON CALL	R						91.00		19,430		2
3	FILE 617 PHYSICIANS ON CALL	R						90.04		57,750		3
4	FILE 617 PHYSICIANS ON CALL	R						90.04		46,103		4
5	FILE 617 PHYSICIANS ON CALL	R						90.02		3,750		5
6												6
7												7
8												8
9												9
10												10
11												11
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29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					130,185				130,185		500

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

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

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RECLASSIFICATIONS							Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011			WORKSHEET A-6	
J - FILE 401 INSTITUTIONAL SER												
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 401 INSTITUTIONAL SERVICES	J		1.00		22,170,160					9	1
2	FILE 401 INSTITUTIONAL SERVICES	J		2.00		32,525,116					9	2
3	FILE 401 INSTITUTIONAL SERVICES	J						5.00		54,695,276		3
4												4
5												5
6												6
7												7
8												8
9												9
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500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					54,695,276				54,695,276		500
(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.												
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.												
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)												
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RECLASSIFICATIONS	Provider CCN: 340113	PERIOD. FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

AA - FILE 624 INTERCOMPANY SPE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst A-7 Ref	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 624 INTERCOMPANY SPECIALISTS	AA		30 00		550,000		5.00		550,000		1
2	FILE 624 INTERCOMPANY SPECIALISTS	AA		30 00		64,992		90 04		64,992		2
3	FILE 624 INTERCOMPANY SPECIALISTS	AA		90 13		53,025		20.00		53,025		3
4	FILE 624 INTERCOMPANY SPECIALISTS	AA		31 00		24,000		65.00		24,000		4
5	FILE 624 INTERCOMPANY SPECIALISTS	AA		90.03		120,000		191.00		120,000		5
6	FILE 624 INTERCOMPANY SPECIALISTS	AA		90.04		21,000		5.00		21,000		6
7	FILE 624 INTERCOMPANY SPECIALISTS	AA		91 00		61,270		95.00		61,270		7
8	FILE 624 INTERCOMPANY SPECIALISTS	AA		30 00		470,000		5.00		470,000		8
9												9
10												10
11												11
12												12
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29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					1,364,287				1,364,287		500

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

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

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

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

RECLASSIFICATIONS			Provider CCN: 340113	PERIOD- FROM 01/01/2011 TO 12/31/2011		WORKSHEET A-6					
C - FILE 300.13 MED SUPPS &amp											
EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 300.13 MED SUPPS & IMPLANTS	C		71.00		35,376,016		5.00		64,137		1
2	FILE 300.13 MED SUPPS & IMPLANTS	C		72.00		60,610,368						2
3	FILE 300.13 MED SUPPS & IMPLANTS	C		9 00		25		13.00		97		3
4	FILE 300.13 MED SUPPS & IMPLANTS	C		194 03		3,719		14.00		77,795		4
5	FILE 300.13 MED SUPPS & IMPLANTS	C						15.00		345,412		5
6	FILE 300.13 MED SUPPS & IMPLANTS	C						16.00		18		6
7	FILE 300.13 MED SUPPS & IMPLANTS	C						17.00		4		7
8	FILE 300.13 MED SUPPS & IMPLANTS	C						20.00		3,336		8
9	FILE 300.13 MED SUPPS & IMPLANTS	C						23.00		19		9
10	FILE 300.13 MED SUPPS & IMPLANTS	C						23 04		1,059		10
11	FILE 300.13 MED SUPPS & IMPLANTS	C						30.00		525,068		11
12	FILE 300.13 MED SUPPS & IMPLANTS	C						31.00		170,453		12
13	FILE 300.13 MED SUPPS & IMPLANTS	C						31.01		151,657		13
14	FILE 300.13 MED SUPPS & IMPLANTS	C						32.00		91,421		14
15	FILE 300 13 MED SUPPS & IMPLANTS	C						32.01		53,245		15
16	FILE 300.13 MED SUPPS & IMPLANTS	C						34.01		183,772		16
17	FILE 300.13 MED SUPPS & IMPLANTS	C						34.02		262,481		17
18	FILE 300.13 MED SUPPS & IMPLANTS	C						34.03		52,437		18
19	FILE 300.13 MED SUPPS & IMPLANTS	C						34 04		132,067		19
20	FILE 300.13 MED SUPPS & IMPLANTS	C						40.00		791		20
21	FILE 300.13 MED SUPPS & IMPLANTS	C						41.00		9,128		21
22	FILE 300.13 MED SUPPS & IMPLANTS	C						43.00		16,807		22
23	FILE 300.13 MED SUPPS & IMPLANTS	C						50.00		53,977,500		23
24	FILE 300.13 MED SUPPS & IMPLANTS	C						51 00		30,110		24
25	FILE 300.13 MED SUPPS & IMPLANTS	C						52.00		512,807		25
26	FILE 300.13 MED SUPPS & IMPLANTS	C						53 00		557,566		26
27	FILE 300.13 MED SUPPS & IMPLANTS	C						54.00		4,011,132		27
28	FILE 300.13 MED SUPPS & IMPLANTS	C						55.00		8,205		28
29	FILE 300.13 MED SUPPS & IMPLANTS	C						56.00		1,615		29
30	FILE 300.13 MED SUPPS & IMPLANTS	C						57.00		209,783		30
31	FILE 300.13 MED SUPPS & IMPLANTS	C						58.00		5,706		31
32	FILE 300.13 MED SUPPS & IMPLANTS	C						59 00		21,571,564		32
33	FILE 300.13 MED SUPPS & IMPLANTS	C						60.00		123,313		33
34	FILE 300.13 MED SUPPS & IMPLANTS	C						60.01		102		34

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RECLASSIFICATIONS							Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A-6		
35	FILE 300.13 MED SUPPS & IMPLANTS	C						60.02		331		35
36	FILE 300.13 MED SUPPS & IMPLANTS	C						65 00		365,232		36
37	FILE 300.13 MED SUPPS & IMPLANTS	C						66 00		3,390		37
38	FILE 300.13 MED SUPPS & IMPLANTS	C						69 00		4,064		38
39	FILE 300.13 MED SUPPS & IMPLANTS	C						74.00		782,477		39
40	FILE 300.13 MED SUPPS & IMPLANTS	C						75.00		9,025,103		40
41	FILE 300 13 MED SUPPS & IMPLANTS	C						76 01		14,377		41
42	FILE 300.13 MED SUPPS & IMPLANTS	C						76.03		1,212,988		42
43	FILE 300.13 MED SUPPS & IMPLANTS	C						76.97		59		43
44	FILE 300.13 MED SUPPS & IMPLANTS	C						90.00		29,113		44
45	FILE 300.13 MED SUPPS & IMPLANTS	C						90.01		16		45
46	FILE 300.13 MED SUPPS & IMPLANTS	C						90.02		9,031		46
47	FILE 300.13 MED SUPPS & IMPLANTS	C						90.03		82,083		47
48	FILE 300.13 MED SUPPS & IMPLANTS	C						90 04		211,735		48
49	FILE 300.13 MED SUPPS & IMPLANTS	C						90.05		47,515		49
50	FILE 300.13 MED SUPPS & IMPLANTS	C						90 06		33		50
51	FILE 300 13 MED SUPPS & IMPLANTS	C						90 07		127,294		51
52	FILE 300 13 MED SUPPS & IMPLANTS	C						90.08		592		52
53	FILE 300.13 MED SUPPS & IMPLANTS	C						90.09		35,712		53
54	FILE 300.13 MED SUPPS & IMPLANTS	C						90.10		126		54
55	FILE 300.13 MED SUPPS & IMPLANTS	C						90 13		2,882		55
56	FILE 300.13 MED SUPPS & IMPLANTS	C						90.14		5,944		56
57	FILE 300.13 MED SUPPS & IMPLANTS	C						90.15		6,544		57
58	FILE 300.13 MED SUPPS & IMPLANTS	C						90 16		37,422		58
59	FILE 300 13 MED SUPPS & IMPLANTS	C						90 17		1,283		59
60	FILE 300.13 MED SUPPS & IMPLANTS	C						90.20		908		60
61	FILE 300.13 MED SUPPS & IMPLANTS	C						90 21		8,775		61
62	FILE 300.13 MED SUPPS & IMPLANTS	C						91.00		392,904		62
63	FILE 300.13 MED SUPPS & IMPLANTS	C						91 01		573		63
64	FILE 300.13 MED SUPPS & IMPLANTS	C						91.02		34,929		64
65	FILE 300.13 MED SUPPS & IMPLANTS	C						92.01		8,251		65
66	FILE 300.13 MED SUPPS & IMPLANTS	C						95 00		2,079		66
67	FILE 300.13 MED SUPPS & IMPLANTS	C						105 00		26,111		67
68	FILE 300.13 MED SUPPS & IMPLANTS	C						191.00		261,433		68
69	FILE 300.13 MED SUPPS & IMPLANTS	C						192.00		217		69
70	FILE 300.13 MED SUPPS & IMPLANTS	C						192.01		97,681		70
71	FILE 300.13 MED SUPPS & IMPLANTS	C						194.02		96		71
72	FILE 300.13 MED SUPPS & IMPLANTS	C						194 07		220		72
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					95,990,128				95,990,128		500

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

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

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RECLASSIFICATIONS	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)			
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RECLASSIFICATIONS	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

G - FILE 300.20 I&R SALARY

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 300.20 I&R SALARY	G		21.00	5,751,947			22.00	5,751,947			1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				5,751,947				5,751,947			500

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

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

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

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RECLASSIFICATIONS			Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6	
AB - FILE 620 INTEREST EXPENSE						

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 620 INTEREST EXPENSE	AB		1.00		1,880,211					11	1
2	FILE 620 INTEREST EXPENSE	AB		2.00		2,726,755					11	2
3	FILE 620 INTEREST EXPENSE	AB						5 00		4,606,966		3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					4,606,966				4,606,966		500

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

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

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

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

K - FILE 613 MISC MEDICAL SPEC

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 613 MISC MEDICAL SPEC FEES	K		23.02		3,660		53.00		3,660		1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					3,660				3,660		500

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

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

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

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RECLASSIFICATIONS			Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A-6					
M - FILE 827 SURGICAL SCHOOL											
EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 827 SURGICAL SCHOOL	M		23.04	48,248			50.00	45,544			1
2	FILE 827 SURGICAL SCHOOL	M						75.00	2,139			2
3	FILE 827 SURGICAL SCHOOL	M						52.00	565			3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
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21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				48,248				48,248			500
(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.												
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.												
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)												
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RECLASSIFICATIONS	Provider CCN: 340113	PERIOD FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

H - FILE 300 21 PASTORAL CARE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 300.21 PASTORAL CARE	H		5.00	591,970	94,334		23.03	591,970	94,334		1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
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16												16
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19												19
20												20
21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				591,970	94,334			591,970	94,334		500

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

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

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

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RECLASSIFICATIONS			Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A-6					
U - FILE 605 CRNA											
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 605 CRNA	U		23.02	774,305			53.00	774,305			1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				774,305				774,305			500
(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.												
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.												
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)												
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RECLASSIFICATIONS							Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A-6		
T - FOLDER 608 TRANSPLANT COST												
EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FOLDER 608 TRANSPLANT COST	T		106.00	188,595	307,776		105.00	1,430,348	2,608,793		1
2	FOLDER 608 TRANSPLANT COST	T		107.00	614,680	1,185,939						2
3	FOLDER 608 TRANSPLANT COST	T		109.00	132,715	239,703						3
4	FOLDER 608 TRANSPLANT COST	T		112.00	243,000	728,127						4
5	FOLDER 608 TRANSPLANT COST	T		90.11	251,358	147,248						5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				1,430,348	2,608,793			1,430,348	2,608,793		500
(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.												
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.												
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)												
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RECLASSIFICATIONS	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

A - FILE 300.11 PROPERTY INSUR

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	FILE 300.11 PROPERTY INSURANCE	A						5.00		1,885,448	12	1
2	FILE 300.11 PROPERTY INSURANCE	A						30.00		2,219		2
3	FILE 300.11 PROPERTY INSURANCE	A						31.00		2,052		3
4	FILE 300.11 PROPERTY INSURANCE	A						31.01		12,753		4
5	FILE 300.11 PROPERTY INSURANCE	A						34.04		1,708		5
6	FILE 300.11 PROPERTY INSURANCE	A						90.02		3,323		6
7	FILE 300.11 PROPERTY INSURANCE	A						90.03		7,022		7
8	FILE 300 11 PROPERTY INSURANCE	A						90.04		37,595		8
9	FILE 300.11 PROPERTY INSURANCE	A						90.05		937		9
10	FILE 300.11 PROPERTY INSURANCE	A						90.09		7,558		10
11	FILE 300.11 PROPERTY INSURANCE	A						90.13		12,786		11
12	FILE 300 11 PROPERTY INSURANCE	A						90.14		5,403		12
13	FILE 300.11 PROPERTY INSURANCE	A						90.16		1,588		13
14	FILE 300.11 PROPERTY INSURANCE	A						90.21		4,151		14
15	FILE 300.11 PROPERTY INSURANCE	A						91.00		23,781		15
16	FILE 300.11 PROPERTY INSURANCE	A						95.00		75,008		16
17	FILE 300.11 PROPERTY INSURANCE	A						192.00		22,414		17
18	FILE 300.11 PROPERTY INSURANCE	A						22.00		9,432		18
19	FILE 300.11 PROPERTY INSURANCE	A						194 02		1,980		19
20	FILE 300.11 PROPERTY INSURANCE	A						194.04		1,702		20
21	FILE 300.11 PROPERTY INSURANCE	A						194.05		2,434		21
22	FILE 300.11 PROPERTY INSURANCE	A		1.00		1,016,846					12	22
23	FILE 300.11 PROPERTY INSURANCE	A		2.00		1,101,583					12	23
24	FILE 300.11 PROPERTY INSURANCE	A		191.00		2,865						24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					2,121,294				2,121,294		500

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

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

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

40-527 - 08-11 Rev. 2

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

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-7, PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	5,362,034					5,362,034		1
2	Land Improvements	7,989,934				430,135	7,559,799		2
3	Buildings and Fixtures	601,982,336	82,587,888		82,587,888		684,570,240		3
4	Building Improvements	13,349,174				1,987,670	11,361,504		4
5	Fixed Equipment	372,218,528				40,770,872	331,447,648		5
6	Movable Equipment	11,597,100				4,023,173	7,573,927		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	1,012,499,136	82,587,888		82,587,888	47,211,848	1,047,875,200		8
9	Reconciling Items		959,139		959,139		959,139		9
10	Total (line 7 minus line 9)	1,012,499,136	81,628,752		81,628,752	47,211,848	1,046,916,032		10

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

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

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

PART III - RECONCILIATION OF CAPITAL COSTS CENTERS

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

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		9	10	11	12	13	14	15	
1	Capital Related Costs-Buildings and Fixtures	22,582,220		2,063,206	1,016,846			25,662,272	1
2	Capital Related Costs-Movable Equipment	32,764,612		2,717,757	1,101,583			36,583,952	2
3	Total (sum of lines 1-2)	55,346,832		4,780,963	2,118,429			62,246,224	3

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

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

40-528 Rev. 2 - 08-11

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

ADJUSTMENTS TO EXPENSES		Provider CCN 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A-8	
DESCRIPTION (1)		BASIS/CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.	
				COST CENTER	LINE #		
		1	2	3	4	5	
1	Investment income - buildings and fixtures (chapter 2)			[redacted]	[redacted]		1
2	Investment income - movable equipment (chapter 2)			[redacted]	[redacted]		2
3	Investment income - other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excluded) (chapter 21)	A	-30,681	ADMINISTRATIVE & GENERAL	5.00		7
8	Television and radio service (chapter 21)						8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	[redacted]	-96,093,336	[redacted]	[redacted]		10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	[redacted]	11,750,801	[redacted]	[redacted]		12
13	Laundry and linen service						13
14	Cafeteria-employees and guests						14
15	Rental of quarters to employee and others						15
16	Sale of medical and surgical supplies to other than patients						16
17	Sale of drugs to other than patients						17
18	Sale of medical records and abstracts						18
19	Nursing school (tuition, fees, books, etc.)						19
20	Vending machines						20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments						22
23	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	Worksheet A-8-3		[redacted]	[redacted]	[redacted]	23
24	Adjustment for physical therapy costs in excess of limitation (chapter 14)	Worksheet A-8-3		[redacted]	[redacted]	[redacted]	24
25	Utilization review - physicians' compensation (chapter 21)			[redacted]	[redacted]	[redacted]	25
26	Depreciation - buildings and fixtures			[redacted]	[redacted]		26
27	Depreciation - movable equipment			[redacted]	[redacted]		27
28	Non-physician Anesthetist			[redacted]	[redacted]		28
29	Physicians' assistant						29
30	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	[redacted]		[redacted]	[redacted]	[redacted]	30
31	Adjustment for speech pathology costs in excess of limitation (chapter 14)	[redacted]		[redacted]	[redacted]	[redacted]	31
32	CAH HIT Adjustment for Depreciation and Interest	[redacted]					32
33	Other adjustments (specify) (3)						33
33.01	FILE 300.23 MID-LEVEL PROVIDERS	A	-5,308	ADMINISTRATIVE & GENERAL	5.00		33.01
33.02	FILE 300.23 MID-LEVEL PROVIDERS	A	-800,888	NURSING ADMINISTRATION	13.00		33.02
33.03	FILE 300.23 MID-LEVEL PROVIDERS	A	-453,289	ADULTS & PEDIATRICS	30.00		33.03
33.04	FILE 300.23 MID-LEVEL PROVIDERS	A	-2,742,386	NEONATAL INTENSIVE CARE UNIT	31.01		33.04
33.05	FILE 300.23 MID-LEVEL PROVIDERS	A	-228,781	DELIVERY ROOM & LABOR ROOM	52.00		33.05
33.06	FILE 300.23 MID-LEVEL PROVIDERS	A	-836,421	MENTAL HEALTH O/P CLINIC	90.01		33.06
33.07	FILE 300.23 MID-LEVEL PROVIDERS	A	-99,474	CLINIC - CHILD OP RESP CTR	90.02		33.07
33.08	FILE 300.23 MID-LEVEL PROVIDERS	A	-717,356	CLINIC - ONCOLOGY	90.03		33.08

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ADJUSTMENTS TO EXPENSES		Provider CCN 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-8		
33.09	FILE 300.23 MID-LEVEL PROVIDERS	A	-3,357,670	CLINIC - MYERS PARK	90.04		33.09
33.10	FILE 300.23 MID-LEVEL PROVIDERS	A	-869	CLINIC - PED RESP CTR	90.06		33.10
33.11	FILE 300.23 MID-LEVEL PROVIDERS	A	-356,787	CLINIC - NORTHPARK	90.07		33.11
33.12	FILE 300.23 MID-LEVEL PROVIDERS	A	-233,670	TEEN HEALTH CONNECTION	90.08		33.12
33.13	FILE 300.23 MID-LEVEL PROVIDERS	A	-58,737	WOMENS INSTITUTE	90.09		33.13
33.14	FILE 300.23 MID-LEVEL PROVIDERS	A	-66,895	DIABETES CENTER	90.10		33.14
33 15	FILE 300.23 MID-LEVEL PROVIDERS	A	-203,160	PEDIATRIC AFTER HOURS CLINIC	90.12		33.15
33.16	FILE 300.23 MID-LEVEL PROVIDERS	A	-276,730	CMC SURGERY	90.13		33.16
33.17	FILE 300.23 MID-LEVEL PROVIDERS	A	-640,296	PEDIATRIC ONCOLOGY	90.16		33.17
33.18	FILE 300.23 MID-LEVEL PROVIDERS	A	-159,782	NEUROMUSCULAR (ALS) CENTER	90.17		33.18
33.19	FILE 300.23 MID-LEVEL PROVIDERS	A	-347,464	CHF CLINIC	90.20		33.19
33.20	FILE 300.23 MID-LEVEL PROVIDERS	A	-167,606	NEUROSCIENCE CLINIC	90.21		33.20
33.21	FILE 300.23 MID-LEVEL PROVIDERS	A	-1,643,443	EMERGENCY	91.00		33.21
33.22	FILE 606 PLANNING AND CONSTRUCTION	A	412,059	CAP REL COSTS-BLDG & FIXT	1.00	9	33.22
33.23	FILE 622 MINOR EQUIPMENT (CAR SEATS)	A	-513	ADMINISTRATIVE & GENERAL	5.00		33.23
33 24	FILE 644 GIFTS AND FLOWERS	A	-64,229	ADMINISTRATIVE & GENERAL	5.00		33 24
33.25	FILE 621 COUNTY PAID INTEREST EXP	B	189,199	CAP REL COSTS-BLDG & FIXT	1.00	11	33.25
33.26	FILE 613 MISC MEDICAL SPECIALIST FEE	A	-521,361	ADMINISTRATIVE & GENERAL	5.00		33.26
33.27	FILE 613 MISC MEDICAL SPECIALIST FEE	A	-290	OPERATING ROOM	50.00		33.27
33.28	FILE 613 MISC MEDICAL SPECIALIST FEE	A	-205,063	ELECTROCARDIOLOGY	69.00		33.28
33.29	FILE 613 MISC MEDICAL SPECIALIST FEE	A	-18,264	RESPIRATORY THERAPY	65.00		33.29
33.30	FILE 613 MISC MEDICAL SPECIALIST FEE	A	-2,250	ASC (NON-DISTINCT PART)	75.00		33.30
33.31	FILE 613 MISC MEDICAL SPECIALIST FEE	A	-675,160	MENTAL HEALTH O/P CLINIC	90.01		33.31
33.32	FILE 827 SURGICAL SCHOOL	A	6,880	PARAMED SURGICAL CARE	23.04		33.32
33.33	FILE 821 NURSING SCHOOL	A	40,060	NURSING SCHOOL	20.00		33.33
33.34	FILE 624 INTER CO SPECIALIST - HOSPI	A	-3,984,197	ADMINISTRATIVE & GENERAL	5.00		33.34
33.35	FILE 637 LOBBYING EXPENSE	A	-35,780	ADMINISTRATIVE & GENERAL	5.00		33.35
33.36	FILE 637 LOBBYING EXPENSE	A	-902	KIDNEY ACQUISITION	105.00		33.36
33.37	FILE 645 CMC-R DEPRECIATION	A	255,882	ADMINISTRATIVE & GENERAL	5.00		33.37
33.38	FILE 645 CMC-R DEPRECIATION	A	-36,744	HOUSEKEEPING	9.00		33.38
33.39	FILE 645 CMC-R DEPRECIATION	A	-3,499	DIETARY	10.00		33.39
33.40	FILE 645 CMC-R DEPRECIATION	A	-10,821	NURSING ADMINISTRATION	13.00		33.40
33.41	FILE 645 CMC-R DEPRECIATION	A	-336,677	PHARMACY	15.00		33.41
33.42	FILE 645 CMC-R DEPRECIATION	A	-13,404	SUBPROVIDER - IPF	40.00		33.42
33.43	FILE 645 CMC-R DEPRECIATION	A	-14,996	MENTAL HEALTH O/P CLINIC	90.01		33.43
33.44	FILE 645 CMC-R DEPRECIATION	A	-13,410	EMERGENCY-SUBPROVIDER	91.01		33.44
33.45	FILE 645 CMC-R DEPRECIATION	A	-5,348	OBSERVATION BEDS (PSYCH)	92.02		33.45
33.46	FILE 645 CMC-R DEPRECIATION	A	-36,745	OTHER NONREIMBURSABLE COST CENTERS	194.03		33.46
33.47	FILE 608 TRANSPLANT INTERNAL COST	A	-5,101,504	KIDNEY ACQUISITION	105.00		33.47
33.48	FILE 608 TRANSPLANT INTERNAL COST	A	-491,737	HEART ACQUISITION	106.00		33.48
33.49	FILE 608 TRANSPLANT INTERNAL COST	A	-1,570,101	LIVER ACQUISITION	107.00		33.49
33.50	FILE 605 CRNA SALARIES / BENEFITS	A	-21,183,292	ANESTHESIOLOGY	53.00		33.50
33.51	FILE 605 CRNA SALARIES / BENEFITS	A	-5,234,392	EMPLOYEE BENEFITS	4.00		33.51
33.52	FILE 646 CANNON CAPITAL	B	-367,282	RESEARCH	191.00		33.52
33.53	FILE 646 CANNON CAPITAL	A	239,498	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.53
33.54	FILE 823 LAB TIME	A	456	PARAMED ED PRGM-(SPECIFY)	23.00		33.54
33.55	FILE 824 X-RAY TIME	A	71,333	PARAMED X-RAY	23.01		33.55
33.56	FILE 624 INTERCOMPANY SPECIALISTS	A	-4,992	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		33.56

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

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ADJUSTMENTS TO EXPENSES		Provider CCN 340113		PERIOD FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-8		
34.17	FILE 300.22 MARKETING/CONSULTING	A	-12,296	CMC ORTHOPEDICS	90.14		34 17
34.18	FILE 300.22 MARKETING/CONSULTING	A	-22,605	NEUROMUSCULAR (ALS) CENTER	90.17		34.18
34.19	FILE 300.22 MARKETING/CONSULTING	A	-5,926	EMERGENCY	91.00		34.19
34.20	FILE 300.22 MARKETING/CONSULTING	A	-1,329	EMERGENCY-PEDIATRIC	91.02		34.20
34.21	FILE 300.22 MARKETING/CONSULTING	A	-175	OBSERVATION BEDS (DISTINCT PART)	92.01		34.21
34.22	FILE 300.22 MARKETING/CONSULTING	A	-5,130	AMBULANCE SERVICES	95.00		34.22
34.23	FILE 300.22 MARKETING/CONSULTING	A	-60,686	KIDNEY ACQUISITION	105.00		34.23
34.24	FILE 300.22 PATIENT ADJUSTMENTS	A	-383	CLINIC - DENTISTRY	90.05		34.24
34.25	FILE 300.22 PATIENT ADJUSTMENTS	A	-150	CMC SURGERY	90.13		34.25
34.26	FILE 300.22 CORP EVENT/RETREAT	A	-37,939	ADMINISTRATIVE & GENERAL	5.00		34 26
34.27	FILE 300.22 CORP EVENT/RETREAT	A	-1,203	ENDOSCOPY	76.03		34.27
34.28	FILE 300.22 CORP EVENT/RETREAT	A	-140	CLINIC - ONCOLOGY	90.03		34.28
34.29	FILE 300.22 CORP EVENT/RETREAT	A	-848	CLINIC - DENTISTRY	90.05		34.29
34.30	FILE 300.22 CORP EVENT/RETREAT	A	-45	WOMENS INSTITUTE	90.09		34.30
34.31	FILE 300.22 CORP EVENT/RETREAT	A	-964	NEUROSCIENCE CLINIC	90.21		34.31
34.32	FILE 300.22 RECRUITING EXPENSE	A	-87,488	ADMINISTRATIVE & GENERAL	5.00		34.32
34.33	FILE 300.22 RECRUITING EXPENSE	A	-3,548	NURSING ADMINISTRATION	13.00		34.33
34.34	FILE 300.22 RECRUITING EXPENSE	A	-418	PHARMACY	15.00		34.34
34.35	FILE 300.22 RECRUITING EXPENSE	A	-4,760	NURSING SCHOOL	20.00		34.35
34.36	FILE 300.22 RECRUITING EXPENSE	A	-94,044	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		34.36
34.37	FILE 300.22 RECRUITING EXPENSE	A	-188	PARAMED ED PRGM-(SPECIFY)	23.00		34.37
34.38	FILE 300.22 RECRUITING EXPENSE	A	-5,085	PARAMED X-RAY	23.01		34.38
34.39	FILE 300.22 RECRUITING EXPENSE	A	-77	PARAMED CRNA	23.02		34.39
34.40	FILE 300.22 RECRUITING EXPENSE	A	-735	PASTORAL CARE	23.03		34.40
34.41	FILE 300.22 RECRUITING EXPENSE	A	-196	PARAMED PHARMACY	23.05		34.41
34.42	FILE 300.22 RECRUITING EXPENSE	A	-181	ADULTS & PEDIATRICS	30.00		34.42
34.43	FILE 300.22 RECRUITING EXPENSE	A	-1,646	INTENSIVE CARE UNIT	31.00		34.43
34.44	FILE 300.22 RECRUITING EXPENSE	A	-7,521	PEDIATRIC INTENSIVE CARE UNIT	34.04		34.44
34.45	FILE 300.22 RECRUITING EXPENSE	A	-305	OPERATING ROOM	50.00		34.45
34.46	FILE 300.22 RECRUITING EXPENSE	A	-419	RADIOLOGY-DIAGNOSTIC	54.00		34.46
34.47	FILE 300.22 RECRUITING EXPENSE	A	-1,070	LABORATORY	60.00		34.47
34.48	FILE 300.22 RECRUITING EXPENSE	A	375	PHYSICAL THERAPY	66.00		34.48
34.49	FILE 300.22 RECRUITING EXPENSE	A	-480	CLINIC	90.00		34.49
34.50	FILE 300.22 RECRUITING EXPENSE	A	-27,355	MENTAL HEALTH O/P CLINIC	90.01		34.50
34.51	FILE 300.22 RECRUITING EXPENSE	A	-10,415	CLINIC - CHILD OP RESP CTR	90.02		34.51
34.52	FILE 300.22 RECRUITING EXPENSE	A	-28,145	CLINIC - ONCOLOGY	90.03		34.52
34.53	FILE 300.22 RECRUITING EXPENSE	A	-56,431	CLINIC - MYERS PARK	90.04		34.53
34.54	FILE 300.22 RECRUITING EXPENSE	A	-1,582	CLINIC - DENTISTRY	90.05	9	34.54
34.55	FILE 300.22 RECRUITING EXPENSE	A	-104	TEEN HEALTH CONNECTION	90.08		34.55
34.56	FILE 300.22 RECRUITING EXPENSE	A	-2,093	WOMENS INSTITUTE	90.09		34.56
34.57	FILE 300.22 RECRUITING EXPENSE	A	-6,970	CMC SURGERY	90.13		34.57
34.59	FILE 300.22 RECRUITING EXPENSE	A	-13,837	PEDIATRIC ONCOLOGY	90.16		34.59
34.60	FILE 300.22 RECRUITING EXPENSE	A	-83	NEUROMUSCULAR (ALS) CENTER	90.17		34.60
34.61	FILE 300.22 RECRUITING EXPENSE	A	-39	CHF CLINIC	90.20		34.61
34.62	FILE 300.22 RECRUITING EXPENSE	A	-15,792	NEUROSCIENCE CLINIC	90.21		34 62
34.63	FILE 300.22 RECRUITING EXPENSE	A	-88,404	EMERGENCY	91.00		34.63
34.64	FILE 300.22 RECRUITING EXPENSE	A	-553	KIDNEY ACQUISITION	105.00		34.64
34.65	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-33,712	ADMINISTRATIVE & GENERAL	5.00		34.65
34.66	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-37	NURSING ADMINISTRATION	13.00		34.66
34.67	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-42	PHARMACY	15.00		34.67
34.68	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-8	SOCIAL SERVICE	17.00		34.68
34.69	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-5	NURSING SCHOOL	20 00		34.69

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34.70	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-24,904	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		34.70
34.71	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-127	ADULTS & PEDIATRICS	30.00		34.71
34.72	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-160	INTENSIVE CARE UNIT	31.00		34.72
34.73	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-44	NEONATAL INTENSIVE CARE UNIT	31.01		34.73
34.74	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-115	PEDIATRIC INTENSIVE CARE UNIT	34.04		34.74
34.75	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-11	OPERATING ROOM	50.00		34.75
34.76	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-224	OPERATING ROOM	50.00		34.76
34.77	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-56	RADIOLOGY-DIAGNOSTIC	54.00		34.77
34.78	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-318	LABORATORY	60.00		34.78
34.79	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-17	ENDOSCOPY	76.03		34.79
34.80	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-39	CLINIC	90.00		34.80
34.81	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-657	MENTAL HEALTH O/P CLINIC	90.01		34.81
34.82	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-131	CLINIC - CHILD OP RESP CTR	90.02		34.82
34.83	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-2,391	CLINIC - ONCOLOGY	90.03		34.83
34.84	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-7,525	CLINIC - MYERS PARK	90.04	9	34.84
34.85	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-48	CLINIC - DENTISTRY	90.05		34.85
34.86	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-19	CLINIC - NORTHPARK	90.07		34.86
34.87	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-251	WOMENS INSTITUTE	90.09		34.87
34.88	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-207	CMC SURGERY	90.13		34.88
34.89	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-2,258	CMC ORTHOPEDICS	90.14		34.89
34.90	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-266	PEDIATRIC ONCOLOGY	90.16		34.90
34.91	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-129	NEUROMUSCULAR (ALS) CENTER	90.17		34.91
34.92	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-175	NEUROSCIENCE CLINIC	90.21		34.92
34.93	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-15,947	EMERGENCY	91.00		34.93
34.94	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-703	AMBULANCE SERVICES	95.00		34.94
34.95	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-965	KIDNEY ACQUISITION	105.00		34.95
34.96	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-123	LIVER ACQUISITION	107.00		34.96
34.97	FILE 300.22 MEDICARE NON-REIMB EXPEN	A	-31	HEART ACQUISITION	106 00		34.97
34.98	FILE 300.22 INTERCO SPORTS MED	A	-484,416	ADMINISTRATIVE & GENERAL	5.00		34.98
34.99	FILE 300.22 INTERCO SPORTS MED	A	-425	KIDNEY ACQUISITION	105.00		34.99
35.00	FILE 300.22 INTERCO MARKETING	A	-7,083,418	ADMINISTRATIVE & GENERAL	5.00		35.00
35.01	FILE 300.22 INTERCO MARKETING	A	-3,519	ADULTS & PEDIATRICS	30.00		35.01
35.02	FILE 300.22 INTERCO MARKETING	A	-10,816	INTENSIVE CARE UNIT	31.00		35.02
35.03	FILE 300.22 INTERCO MARKETING	A	-20,346	NEONATAL INTENSIVE CARE UNIT	31.01		35.03
35.04	FILE 300.22 INTERCO MARKETING	A	-7,850	PEDIATRIC INTENSIVE CARE UNIT	34.04		35.04
35.05	FILE 300.22 INTERCO MARKETING	A	-8,590	CLINIC - CHILD OP RESP CTR	90.02		35.05
35.06	FILE 300.22 INTERCO MARKETING	A	-9,754	CLINIC - ONCOLOGY	90.03		35.06
35.07	FILE 300.22 INTERCO MARKETING	A	-56,847	CLINIC - MYERS PARK	90.04		35.07
35.08	FILE 300.22 INTERCO MARKETING	A	-439	CLINIC - DENTISTRY	90.05		35.08
35.09	FILE 300.22 INTERCO MARKETING	A	-7,077	WOMENS INSTITUTE	90 09		35.09

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35.10	FILE 300.22 INTERCO MARKETING	A	-18,427	CMC SURGERY	90.13		35.10
35.11	FILE 300.22 INTERCO MARKETING	A	-8,847	CMC ORTHOPEDICS	90.14		35.11
35.12	FILE 300.22 INTERCO MARKETING	A	-3,469	PEDIATRIC ONCOLOGY	90.16		35.12
35.13	FILE 300.22 INTERCO MARKETING	A	-6,232	NEUROSCIENCE CLINIC	90.21		35.13
35.14	FILE 300.22 INTERCO MARKETING	A	-23,380	EMERGENCY	91.00		35.14
35.15	FILE 300.38 CAFETERIA REVENUE	B	-4,179,996	DIETARY	10.00		35.15
35.16	FILE 300.38 600 ROOM REVENUE	B	-1,216	DIETARY	10.00		35.16
35.17	FILE 300.38 MED CENTER CAFE	B	-473,436	DIETARY	10.00		35.17
35.18	FILE 300.38 CATERING	B	-119,457	DIETARY	10.00		35.18
35.19	FILE 300.38 EMPLOYEE RX COPAY	B	-1,050,027	PHARMACY	15.00		35.19
35.20	FILE 300.38 RETAIL RX SALES	B	-55,979	PHARMACY	15.00		35.20
35.21	FILE 300.38 EMPLOYEE RX REIMB	B	-1,259,974	PHARMACY	15.00		35.21
35.22	FILE 300.38 DRUG SALES MEDICAID	B	-2,200,645	PHARMACY	15.00		35.22
35.23	FILE 300.38 DRUG SALES MEDICAID	B	-584	CLINIC - NORTHPARK	90.07		35.23
35.24	FILE 300.38 DRUG SALES MEDICARE D	B	-1,670,901	PHARMACY	15.00	11	35.24
35.25	FILE 300.38 RETAIL SALES	B	-2,342	ADMINISTRATIVE & GENERAL	5.00	11	35.25
35.26	FILE 300.38 EDUCATION & RESEARCH	B	-3,780	ADMINISTRATIVE & GENERAL	5.00		35.26
35.27	FILE 300.38 EDUCATION & RESEARCH	B	100	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		35.27
35.28	FILE 300.38 EDUCATION & RESEARCH	B	206	NEONATAL INTENSIVE CARE UNIT	31.01		35.28
35.29	FILE 300.38 MEDICAL RECORD REQUESTS	B	-59,811	MEDICAL RECORDS & LIBRARY	16.00		35.29
35.30	FILE 300.38 MEDICAL RECORD REQUESTS	B	-15	MRI	58.00		35.30
35.31	FILE 300.38 MEDICAL RECORD REQUESTS	B	-1,549	ASC (NON-DISTINCT PART)	75.00		35.31
35.32	FILE 300.38 MEDICAL RECORD REQUESTS	B	-119,969	CLINIC - MYERS PARK	90.04		35.32
35.33	FILE 300.38 MEDICAL RECORD REQUESTS	B	50	AMBULANCE SERVICES	95.00		35.33
35.34	FILE 300.38 RADIOPHARM REVENUE	B	-134,866	RADIOISOTOPE	56.00		35.34
35.35	FILE 300.38 FITNESS PROGRAM REVENUE	B	-119,846	CARDIAC REHABILITATION	76.97		35.35
35.36	FILE 300.38 MEMBERSHIP & DUES REV	B	105	ADMINISTRATIVE & GENERAL	5.00		35.36
35.37	FILE 300.38 MEMBERSHIP & DUES REV	B	245	WOMENS INSTITUTE	90.09		35.37
35.38	FILE 300.38 RENTAL INCOME	B	-23,708	ADMINISTRATIVE & GENERAL	5.00		35.38
35.39	FILE 300.38 RENTAL INCOME	B	-18,622	DIETARY	10.00		35.39
35.40	FILE 300.38 RENTAL INCOME	B	-76,385	VOLUNTEERS	18.00		35.40
35.41	FILE 300.38 RENTAL INCOME	B	-67,294	ANESTHESIOLOGY	53.00		35.41
35.42	FILE 300.38 RENTAL INCOME	B	-27,659	RADIOLOGY-DIAGNOSTIC	54.00		35.42
35.43	FILE 300.38 RENTAL INCOME	B	-1,440	EMERGENCY	91.00		35.43
35.44	FILE 300.38 MISC OTHER OP REV	B	-364,447	ADMINISTRATIVE & GENERAL	5.00		35.44
35.45	FILE 300.38 MISC OTHER OP REV	B	-98	HOUSEKEEPING	9.00		35.45
35.46	FILE 300.38 MISC OTHER OP REV	B	-1,251	DIETARY	10.00		35.46
35.47	FILE 300.38 MISC OTHER OP REV	B	-1,254	NURSING ADMINISTRATION	13.00		35.47
35.48	FILE 300.38 MISC OTHER OP REV	B	-244,089	PHARMACY	15 00		35.48
35.49	FILE 300.38 MISC OTHER OP REV	B	-120	MEDICAL RECORDS & LIBRARY	16.00		35.49
35.50	FILE 300.38 MISC OTHER OP REV	B	-15,653	VOLUNTEERS	18 00		35.50
35 51	FILE 300.38 MISC OTHER OP REV	B	-287,452	NURSING SCHOOL	20.00		35.51
35.52	FILE 300.38 MISC OTHER OP REV	B	-1,247	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		35.52
35.53	FILE 300.38 MISC OTHER OP REV	B	-45,592	PARAMED CRNA	23.02		35.53
35.54	FILE 300.38 MISC OTHER OP REV	B	-2,000	ADULTS & PEDIATRICS	30.00		35.54
35.55	FILE 300.38 MISC OTHER OP REV	B	-1,200	INTENSIVE CARE UNIT	31.00		35.55
35.56	FILE 300.38 MISC OTHER OP REV	B	-49,509	SUBPROVIDER - IPF	40.00		35.56
35.57	FILE 300.38 MISC OTHER OP REV	B	-104,615	RADIOLOGY-DIAGNOSTIC	54.00		35.57
35.58	FILE 300.38 MISC OTHER OP REV	B	-285	RADIOLOGY-THERAPEUTIC	55.00		35.58
35.59	FILE 300.38 MISC OTHER OP REV	B	-174,714	LABORATORY	60.00		35.59
35.60	FILE 300.38 MISC OTHER OP REV	B	-71	PHYSICAL THERAPY	66.00		35.60
35.61	FILE 300.38 MISC OTHER OP REV	B	-13,646	CLINIC	90.00		35.61

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

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36.14	FILE 300.38 REF LAB REVENUE	B	-48,696	LAB - TISSUE TYPING	60.02		36.14
36.15	FILE 300.38 TUITION INCOME	B	-8,671	ADMINISTRATIVE & GENERAL	5.00		36.15
36.16	FILE 300.38 TUITION INCOME	B	-967,344	NURSING SCHOOL	20.00		36.16
36.17	FILE 300.38 TUITION INCOME	B	-170,250	PARAMED CRNA	23.02		36.17
36.18	FILE 300.38 TUITION INCOME	B	-3,689	PASTORAL CARE	23.03		36.18
36.19	FILE 300.38 BOOK REIMB	B	850	MEDICAL RECORDS & LIBRARY	16.00		36.19
36.20	FILE 300.38 ACTIVITY FEES	B	-22,950	NURSING SCHOOL	20.00		36.20
36.21	FILE 300.38 APPLICATION FEES	B	1,500	ADMINISTRATIVE & GENERAL	5.00		36.21
36.22	FILE 300.38 APPLICATION FEES	B	-38,960	NURSING SCHOOL	20.00		36.22
36.23	FILE 300.38 APPLICATION FEES	B	-5,080	PARAMED CRNA	23.02		36 23
36.24	FILE 300.38 APPLICATION FEES	B	551	RADIOISOTOPE	56.00		36.24
36.25	FILE 300.38 GRANT SET UP FEE	B	-87,931	ADMINISTRATIVE & GENERAL	5.00		36.25
36.26	FILE 300.38 CONTRIBUTIONS	B	-265	ADMINISTRATIVE & GENERAL	5.00		36.26
36.27	FILE 300.38 SEMINARS & EDUCATION	B	-14,411	EMPLOYEE BENEFITS	4.00		36.27
36.28	FILE 300.38 SEMINARS & EDUCATION	B	-2,094,390	ADMINISTRATIVE & GENERAL	5.00		36.28
36.29	FILE 300.38 SEMINARS & EDUCATION	B	-53,047	NURSING SCHOOL	20.00		36.29
36.30	FILE 300.38 SEMINARS & EDUCATION	B	-500	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		36.30
36.31	FILE 300.38 SEMINARS & EDUCATION	B	-360	PARAMED X-RAY	23.01		36.31
36.32	FILE 300.38 SEMINARS & EDUCATION	B	-73,450	DELIVERY ROOM & LABOR ROOM	52.00		36.32
36.33	FILE 300.38 SEMINARS & EDUCATION	B	2,880	CLINIC - MYERS PARK	90.04		36.33
36.34	FILE 300.38 SEMINARS & EDUCATION	B	-109	CMC SURGERY	90.13		36.34
36.35	FILE 300.38 SEMINARS & EDUCATION	B	-2,150	NEUROMUSCULAR (ALS) CENTER	90.17		36.35
36.36	FILE 300.38 SEMINARS & EDUCATION	B	-12,780	EMERGENCY	91.00		36.36
36.37	FILE 300.38 OTHER NON-OPER REVENUE	B	-645	ADMINISTRATIVE & GENERAL	5.00		36.37
36.38	FILE 300.38 OTHER NON-OPER REVENUE	B	2	PHARMACY	15.00		36.38
36.39	FILE 300.38 OTHER NON-OPER REVENUE	B	-30	NURSING SCHOOL	20.00		36.39
36.40	FILE 300.36 INTERCO FOOD SVCS REV	B	-349,894	DIETARY	10.00		36.40
36.41	FILE 300.36 INTERCO DIETARY/CATERING	B	-6,200	ADMINISTRATIVE & GENERAL	5.00		36.41
36.42	FILE 300.36 INTERCO DIETARY/CATERING	B	-2,563,787	DIETARY	10.00		36.42
36.43	FILE 300.36 INTERCO DIALYSIS	B	-66,083	RENAL DIALYSIS	74.00		36.43
36.44	FILE 300.36 INTERCO OFFSITE RADIOLOG	B	-290,363	CT SCAN	57.00		36.44
36.45	FILE 300.36 INTERCO CODING & REIMB	B	-1,954,090	ADMINISTRATIVE & GENERAL	5.00		36.45
36.46	FILE 300.36 INTERCO ER ABSTRACTING	B	-1,002,006	ADMINISTRATIVE & GENERAL	5.00		36.46
36.47	FILE 300.36 INTERCO SEMINARS	B	-698,298	ADMINISTRATIVE & GENERAL	5.00		36.47
36.48	FILE 300.36 INTERCO SEMINARS	B	-84,032	NURSING SCHOOL	20.00		36.48
36.49	FILE 300.36 INTERCO SEMINARS	B	-345	TRAUMA INTENSIVE CARE UNIT	34.02		36.49
36 50	FILE 300.36 INTERCO SEMINARS	B	-1,165	DELIVERY ROOM & LABOR ROOM	52.00		36.50
36.51	FILE 300.36 INTERCO SEMINARS	B	-1,339	RADIOLOGY-THERAPEUTIC	55.00		36.51
36.52	FILE 300.36 INTERCO SEMINARS	B	-12,800	EMERGENCY	91.00		36.52
36.53	FILE 300.36 INTERCO SEMINARS	B	-280	AMBULANCE SERVICES	95.00		36.53
36.54	FILE 300.36 INTERCO AV & MED ARTS	B	-171,254	ADMINISTRATIVE & GENERAL	5.00		36.54
36.55	FILE 300.36 INTERCO FLOAT SVCS	B	-140,090	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		36.55
36.56	FILE 300.36 INTERCO LAB	B	-7,484,262	LABORATORY	60.00		36.56
36.57	FILE 300.36 INTERCO LAB	B	-87,018	CYTOLOGY	60.01		36.57
36.58	FILE 300.36 INTERCO LAB	B	-713,894	LAB - TISSUE TYPING	60.02		36.58
36.59	FILE 300.36 INTERCO MISC SUPPORT	B	-829,571	ADMINISTRATIVE & GENERAL	5.00		36.59

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

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5) *	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	4.00	EMPLOYEE BENEFITS	HOME OFFICE COST	179	140	39		1
2	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COST	167,292,688	153,299,344	13,993,340		2
3	7.00	OPERATION OF PLANT	HOME OFFICE COST	487,941	439,183	48,758		3
4	8.00	LAUNDRY & LINEN SERVICE	HOME OFFICE COST	413	371	42		4
4.01	9.00	HOUSEKEEPING	HOME OFFICE COST	4,094	4,313	-219		4.01
4.02	10 00	DIETARY	HOME OFFICE COST	102,768	109,254	-6,486		4 02
4.03	13.00	NURSING ADMINISTRATION	HOME OFFICE COST	10,461	10,226	235		4.03
4.04	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE COST	13,726	14,865	-1,139		4.04
4.05	15.00	PHARMACY	HOME OFFICE COST	1,725,626	1,747,927	-22,301		4.05
4.06	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE COST	2,271,433	2,001,399	270,034		4.06
4.07	17 00	SOCIAL SERVICE	HOME OFFICE COST	14,581	12,283	2,298		4.07
4.08	18.00	VOLUNTEERS	HOME OFFICE COST	4,322	4,045	277		4.08
4.09	20.00	NURSING SCHOOL	HOME OFFICE COST	639,266	797,218	-157,952		4.09
4.10	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	HOME OFFICE COST	229,512	246,244	-16,732		4.10
4.11	23.02	PARAMED CRNA	HOME OFFICE COST	35,470	44,629	-9,159		4.11
4.12	23.03	PASTORAL CARE	HOME OFFICE COST	48,200	59,312	-11,112		4.12
4.13	30.00	ADULTS & PEDIATRICS	HOME OFFICE COST	337,558	276,894	60,664		4.13
4.14	31.00	INTENSIVE CARE UNIT	HOME OFFICE COST	19,602	20,328	-726		4.14
4.15	31.01	NEONATAL INTENSIVE CARE UNIT	HOME OFFICE COST	29,423	30,614	-1,191		4.15
4.16	32.00	CORONARY CARE UNIT	HOME OFFICE COST	14,181	12,872	1,309		4.16
4.17	32.01	CVRU	HOME OFFICE COST	1,599	1,445	154		4.17
4.18	34.01	NEURO INTENSIVE CARE UNIT	HOME OFFICE COST	1,960	1,971	-11		4.18
4.19	34.02	TRAUMA INTENSIVE CARE UNIT	HOME OFFICE COST	1,604	1,719	-115		4.19
4.20	34.03	PROGRESSIVE INTENSIVE CARE UNIT	HOME OFFICE COST	2,479	2,256	223		4.20
4.21	34.04	PEDIATRIC INTENSIVE CARE UNIT	HOME OFFICE COST	30,715	33,562	-2,847		4.21
4.22	40.00	SUBPROVIDER - IPF	HOME OFFICE COST	96,420	83,775	12,645		4.22
4.23	41.00	SUBPROVIDER - IRF	HOME OFFICE COST	3,309	2,866	443		4.23
4.24	43.00	NURSERY	HOME OFFICE COST	1,613	1,534	79		4.24
4.25	50.00	OPERATING ROOM	HOME OFFICE COST	211,734	224,588	-12,854		4.25
4.26	51.00	RECOVERY ROOM	HOME OFFICE COST	3,263	2,853	410		4.26
4.27	52.00	DELIVERY ROOM & LABOR ROOM	HOME OFFICE COST	256,479	314,350	-57,871		4.27
4.28	53.00	ANESTHESIOLOGY	HOME OFFICE COST	3,138	2,847	291		4.28
4.29	54 00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE COST	564,834	700,204	-135,370		4.29
4.30	55.00	RADIOLOGY-THERAPEUTIC	HOME OFFICE COST	613,950	752,965	-139,015		4.30
4.31	56.00	RADIOISOTOPE	HOME OFFICE COST	21,166	17,155	4,011		4.31
4.32	57.00	CT SCAN	HOME OFFICE COST	1,687	1,687			4.32
4.33	58.00	MRI	HOME OFFICE COST	4,519	4,123	396		4.33
4.34	59 00	CARDIAC CATHETERIZATION	HOME OFFICE COST	7,554	7,019	535		4.34
4.35	60.00	LABORATORY	HOME OFFICE COST	2,678,409	2,307,898	370,511		4.35
4.36	60.01	CYTOLOGY	HOME OFFICE COST	10,310	9,782	528		4.36
4.37	60.02	LAB - TISSUE TYPING	HOME OFFICE COST	10,262	11,010	-748		4.37
4.38	65.00	RESPIRATORY THERAPY	HOME OFFICE COST	5,256	5,340	-84		4.38
4.39	66.00	PHYSICAL THERAPY	HOME OFFICE COST	532	543	-11		4.39
4.40			HOME OFFICE COST					4.40
4 41	69.00	ELECTROCARDIOLOGY	HOME OFFICE COST	40,564	41,908	-1,344		4.41
4.42	71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	HOME OFFICE COST	16,363	17,335	-972		4.42
4.43			HOME OFFICE COST					4.43
4.44			HOME OFFICE COST					4.44
4.45	74.00	RENAL DIALYSIS	HOME OFFICE COST	22,616	21,980	636		4.45
4.46	75.00	ASC (NON-DISTINCT PART)	HOME OFFICE COST	1,909,163	1,853,787	55,376		4.46

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS				Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-8-1		
4.47	76.01	ORTHOPAEDIC SERVICES	HOME OFFICE COST	155	151	4		4.47
4.48	76.03	ENDOSCOPY	HOME OFFICE COST	21,713	25,500	-3,787		4.48
4.49	76.97	CARDIAC REHABILITATION	HOME OFFICE COST	116,779	143.875	-27,096		4.49
4.50	90.00	CLINIC	HOME OFFICE COST	529,180	606,324	-77,144		4.50
4.51	90.01	MENTAL HEALTH O/P CLINIC	HOME OFFICE COST	17,051	15,585	1,466		4.51
4.52	90 02	CLINIC - CHILD OP RESP CTR	HOME OFFICE COST	1,227,811	1,418,963	-191,152		4.52
4.53	90.03	CLINIC - ONCOLOGY	HOME OFFICE COST	1,224,507	1,429,269	-204,762		4.53
4.54	90.04	CLINIC - MYERS PARK	HOME OFFICE COST	4,859,025	5,754,578	-895.553		4.54
4.55	90 05	CLINIC - DENTISTRY	HOME OFFICE COST	117,549	143,241	-25,692		4.55
4.56	90.06	CLINIC - PED RESP CTR	HOME OFFICE COST	50,642	61,152	-10,510		4.56
4.57	90.07	CLINIC - NORTHPARK	HOME OFFICE COST	527,765	588,529	-60,764		4.57
4.58	90.08	TEEN HEALTH CONNECTION	HOME OFFICE COST	157,937	190,151	-32.214		4.58
4.59	90.09	WOMENS INS ITITUTE	HOME OFFICE COST	667,912	795,365	-127,453		4.59
4.60	90.10	DIABETES CENTER	HOME OFFICE COST	104,769	125,293	-20,524		4.60
4.61	90.11	POST TRANSPLANT CLINIC	HOME OFFICE COST	86,491	104,085	-17,594		4.61
4.62	90.12	PEDIATRIC AFTER HOURS CLINIC	HOME OFFICE COST	54	44	10		4.62
4.63	90.13	CMC SURGERY	HOME OFFICE COST	256,324	275,005	-18,681		4.63
4.64	90.14	CMC ORTHOPEDICS	HOME OFFICE COST	112,785	105,486	7,299		4.64
4.65	90.15	INFUSION CENTER	HOME OFFICE COST	135,997	161,850	-25,853		4.65
4.66	90.16	PEDIATRIC ONCOLOGY	HOME OFFICE COST	341,743	399,862	-58,119		4.66
4.67	90.17	NEUROMUSCULAR (ALS) CENTER	HOME OFFICE COST	50,073	49,429	644		4.67
4.68	90.20	CHF CLINIC	HOME OFFICE COST	35,823	32,562	3,261		4.68
4.69	90.21	NEUROSCIENCE CLINIC	HOME OFFICE COST	561,259	675,885	-114,626		4.69
4.70	91.00	EMERGENCY	HOME OFFICE COST	467,096	435,259	31,837		4.70
4.71	91.01	EMERGENCY-SUBPROVIDER	HOME OFFICE COST	83,321	69,152	14,169		4.71
4.72	91.02	EMERGENCY-PEDIATRIC	HOME OFFICE COST	4,274	3,863	411		4.72
4.73	92.01	OBSERVATION BEDS (DISTINCT PART)	HOME OFFICE COST	15,177	11,989	3,188		4.73
4.74	92.02	OBSERVATION BEDS (PSYCH)	HOME OFFICE COST	22,524	19,496	3,028		4.74
4.75	95.00	AMBULANCE SERVICES	HOME OFFICE COST	482,402	478,599	3,803		4.75
4.76	105.00	KIDNEY ACQUISITION	HOME OFFICE COST	432,949	517,910	-84,961		4.76
4.77	106.00	HEART ACQUISITION	HOME OFFICE COST	1,149	1,121	28		4.77
4.78	107.00	LIVER ACQUISITION	HOME OFFICE COST	3,196	3,607	-411		4.78
4.79	191.00	RESEARCH	HOME OFFICE COST	1,086,357	1,318,995	-232,638		4.79
4.80	192.00	PHYSICIANS PRIVATE OFFICES	HOME OFFICE COST	1,121,037	1,351,111	-230,074		4.80
4.81	192.01	WOMENS INST BALLANTYNE	HOME OFFICE COST	62,129	75,490	-13,361		4.81
4.82	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	HOME OFFICE COST	50,965	51,922	-957		4.82
4.83	194.02	UNIVERSITY HOSPITAL	HOME OFFICE COST	55,061	64,897	-9,836		4.83
4.84	194.03	OTHER NONREIMBURSABLE COST CENTERS	HOME OFFICE COST	333,204	381,138	-47,934		4.84
4.85	194.04	MERCY HOSPITAL SOUTH	HOME OFFICE COST	9,023	8,774	249		4.85
4.86	194 05	UNION REGIONAL MEDICAL CENTER	HOME OFFICE COST	2,878	3,195	-317		4.86
4.87	194.06	DISASTER RELIEF	HOME OFFICE COST	30,771	25,216	5,555		4.87
4 88	194.07	RETAIL PHARMACY	HOME OFFICE COST	263,316	300,324	-37,008		4.88
4.89	194.08	UNDERGRAD MEDED	HOME OFFICE COST	850	955	-105		4.89
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			195,533,952	183,783.152	11.750,801		5

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

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

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

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

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

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

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

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

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

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-8-1

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

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

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

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

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

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

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

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011						WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-4)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT										
	0	1	2	4	4A	5	6	7	8	9	10	11	
GENERAL SERVICE COST CENTERS													
1 Capital Related Costs-Buildings and Fixtures	25,662,272	25,662,272											1
2 Capital Related Costs-Movable Equipment	36,583,952		36,583,952										2
4 Employee Benefits	144,231,632		82	144,231,712									4
5 Administrative and General	164,735,952	1,291,715	3,522,469	5,405,682	174,955,824	174,955,824							5
6 Maintenance and Repairs													6
7 Operation of Plant	20,128,338	133,229	113,574	1,428,441	21,803,582	3,860,520		25,664,102					7
8 Laundry and Linen Service	4,862,696	48,454	726	71,526	4,983,402	882,356		51,307	5,917,065				8
9 Housekeeping	9,475,735	533,222	33,430	1,450,319	11,492,706	2,034,887		564,611		14,092,204			9
10 Dietary	13,698,714	1,286,906	233,784	110,068	15,329,472	2,714,221		1,362,662	1,877	93,638	19,501,870		10
11 Cafeteria											11,022,370	11,022,370	11
12 Maintenance of Personnel													12
13 Nursing Administration	13,457,845	287,147	3,188,772	1,509,872	18,443,636	3,265,612		304,051		347,799		96,803	13
14 Central Services and Supply	11,021,514	159,175	89,496	369,148	11,639,333	2,060,849		168,545	51,282	83,234		59,614	14
15 Pharmacy	14,221,713	383,553	292,068	4,156,079	19,053,412	3,373,578		406,131		182,017		296,384	15
16 Medical Records & Medical Records Library	9,097,437	262,627	20,518	1,278,668	10,659,250	1,887,316		278,087		108,387		169,513	16
17 Social Service	7,695,380	150,620	28,196	2,006,049	9,880,245	1,749,386		159,486		41,617		174,924	17
18 Other General Service (specify)													18
18.05 Other General Service Cost Centers	293,975	47,112	1,652	58,647	401,386	71,069		49,886		14,863		7,959	18.05
19 Nonphysician Anesthetists													19
20 Nursing School	2,908,943		112,503	978,854	4,000,300	708,289				199,167		71,656	20
21 Intern & Res. Service-Salary & Fringes (Approved)	12,748,950			3,396,308	16,145,258	2,858,663							21
22 Intern & Res. Other Program Costs (Approved)	26,205,480	150,284	190,178	5,836,120	32,382,062	5,733,536		159,131	8,876	59,453		449,986	22
23 Paramedical Education Program (specify)	3,089,639	49,069	20,688	652,103	3,811,499	674,861		51,958		249,702		260,124	23
INPATIENT ROUTINE SERVICE COST CENTERS													
30 Adults and Pediatrics (General Routine Care)	73,886,112	5,827,636	858,746	18,281,496	98,853,992	17,503,024		6,170,688	2,216,700	3,231,262	4,664,654	2,251,401	30
31 Intensive Care Unit	18,883,087	1,118,560	700,184	6,003,584	26,705,415	4,728,434		1,184,406	42,957	463,732	266,956	412,922	31
32 Coronary Care Unit	6,688,060	400,804	158,575	1,604,762	8,852,201	1,567,362		424,398	2,019	332,936	225,071	155,154	32
33 Burn Intensive Care Unit													33
34 Surgical Intensive Care Unit	18,002,810	1,547,325	295,984	5,788,212	30,164,863	5,340,960		1,638,411	85,861	755,051	753,606	510,845	34
35 Other Special Care Unit (specify)													35
40 Subprovider IPF	8,742,548	529,559	23,332	2,202,436	11,497,875	2,035,802		560,732	88,269	681,478	736,552	223,682	40

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COST ALLOCATION - GENERAL SERVICE COSTS					Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011						WORKSHEET B, PART I		
41	Subprovider IRF	1,240,163	331,436	5,125	301,269	1,877,993	332,516		350,946	43,265		78,703	35,247	41
42	Subprovider (specify)													42
43	Nursery	4,009,532	284,463	93,092	991,743	5,378,830	952,370		301,209	153,732	228,893	255,596	109,069	43
44	Skilled Nursing Facility													44
45	Nursing Facility													45
46	Other Long Term Care													46
	ANCILLARY SERVICE COST CENTERS													
50	Operating Room	21,057,285	2,073,052	2,498,833	4,296,801	29,925,971	5,298,662		2,195,086	465,855			406,963	50
51	Recovery Room	6,735,272	636,952	36,519	1,691,895	9,100,638	1,611,350		674,448	53,663	166,468	10,446	139,395	51
52	Labor Room and Delivery Room	9,503,269	701,903	288,472	2,327,236	12,820,880	2,270,052		743,222	1,007,526	814,504		198,203	52
53	Anesthesiology	7,185,238	22,284	585,533	6,458,179	14,251,234	2,523,309		23,596				221,591	53
54	Radiology-Diagnostic	11,645,275	993,496	1,976,037	2,780,906	17,395,714	3,080,068		1,051,980	55,585	249,702		261,635	54
55	Radiology-Therapeutic	4,305,796		1,717,407	356,505	6,379,708	1,129,585			29,238	44,590		32,019	55
56	Radioisotope	932,347	160,405	393,976	221,571	1,708,299	302,470		169,848	29,469	71,343		14,939	56
57	Computed Tomography (CT) Scan	2,819,038	107,757	204,800	566,635	3,698,230	654,805		114,100		71,343		37,355	57
58	Magnetic Resonance Imaging (MRI)	2,305,338	158,616	342,750	430,310	3,237,014	573,142		167,953	107,919	41,617		26,541	58
59	Cardiac Catheterization	7,357,292	402,202	1,438,061	1,294,446	10,492,001	1,857,703		425,878	116,569			104,695	59
60	Laboratory	54,679,294	545,076	772,273	4,295,516	60,292,157	10,675,269		577,163		306,182		489,732	60
60 70	Gastro Intestinal Service	7,445,151	222,980	753,365	1,453,658	9,875,154	1,748,485		236,106	58,152	166,468		112,870	60.70
61	PBP Clinical Laboratory Services-Program Only													61
62	Whole Blood & Packed Red Blood Cells													62
63	Blood Storing, Processing, & Trans													63
64														64
65	Respiratory Therapy	12,102,340	229,047	790,720	2,779,768	15,901,875	2,815,570		242,530		71,343		239,583	65
66	Physical Therapy	4,424,622	199,885	24,954	1,144,572	5,794,033	1,025,886		211,651		59,453		90,686	66
67	Occupational Therapy													67
68	Speech Pathology	1,259,631	3,159			1,262,790	223,588		3,345		20,808			68
69	Electrocardiology	2,626,491	128,867	296,288	500,476	3,552,122	628,935		136,453	7,060	20,808		50,011	69
70	Electroencephalography													70
71	Medical Supplies Charged to Patients	38,629,292	176,287	891,951	207,353	39,904,884	7,065,519		186,664		74,316		32,375	71
72	Implantable Devices Charged to Patients	60,610,368				60,610,368	10,731,611							72
73	Drugs Charged to Patients	65,252,556				65,252,556	11,553,552							73
74	Renal Dialysis	2,280,424	209,699	159,202	576,111	3,225,436	571,092		222,043		166,468		44,127	74
75	ASC (Non-Distinct Part)	12,929,878	155,512	443,986	2,112,183	15,641,559	2,769,479		164,667	93,853	267,538		196,452	75
76	Other Ancillary (specify)													76
76 30	Other Ancillary Cost Centers	2,651,208		13,726	79,044	2,743,978	485,846						10,175	76.30
76.35	Cardiac Rehabilitation	518,445		35,498	121,130	675,073	119,528						12,017	76 35
	OUTPATIENT SERVICE COST CENTERS													
88	Rural Health Clinic (RHC)													88
89	Federally Qualified Health Center (FQHC)													89

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COST ALLOCATION - GENERAL SERVICE COSTS					Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011						WORKSHEET B, PART I	
90	Clinic	49,809,389	735,706	1,970,065	24,505,584	77,020,744	13,637,217		779,017	562,829	718,921	385,935	1,378,866	90
91	Emergency	20,370,727	1,224,165	530,798	5,845,033	27,970,722	4,952,469		1,296,228	630,243	2,300,481	381,933	434,658	91
92	Observation Beds													92
93	Other Outpatient Service (specify)													93
	OTHER REIMBURSABLE COST CENTERS													
94	Home Program Dialysis													94
95	Ambulance Services	18,555,116	55,584	7,953,013	1,725,341	28,289,052	5,008,831		58,856		29,726		146,930	95
96	Durable Medical Equipment-Rented													96
97	Durable Medical Equipment-Sold													97
98	Other Reimbursable (specify)													98
99	Outpatient Rehabilitation Provider (specify)													99
100	Intern-Resident Service (not appvd. tchng. prgm.)													100
101	Home Health Agency													101
	SPECIAL PURPOSE COST CENTERS													
105	Kidney Acquisition	7,202,434		24,241	788,160	8,014,835	1,419,099						98,720	105
106	Heart Acquisition	1,146,698	14,679	4,984	176,291	1,342,652	237,729		15,543				8,631	106
107	Liver Acquisition	3,806,689		17,467	417,852	4,242,008	751,086						18,690	107
108	Lung Acquisition													108
109	Pancreas Acquisition	452,214		3,507	35,355	491,076	86,949							109
110	Intestinal Acquisition													110
111	Islet Acquisition													111
112	Other Organ Acquisition (specify)	971,127		9,415	64,735	1,045,277	185,076							112
115	Ambulatory Surgical Center (Distinct Part)													115
116	Hospice													116
117	Other Special Purpose (specify)													117
118	SUBTOTALS (sum of lines 1-117)	1,101,346,176	24,308,456	34,382,676	132,041,984	1,085,601,280	161,238,016		24,230,592	5,912,799	12,762,233	18,823,344	10,187,329	118
	NONREIMBURSABLE COST CENTERS													
190	Gift, Flower, Coffee Shop, & Canteen		102,053	14,617		116,670	20,657		108,061		618,309			190
191	Research	28,565,256	1,138,020	1,797,506	4,602,714	36,103,496	6,392,449		1,205,012	4,266	520,212		346,196	191
192	Physicians' Private Offices	8,866,148		167,402	3,168,842	12,202,392	2,160,543						142,822	192
193	Nonpaid Workers													193
194	Other Nonreimbursable (specify)	24,299,692	113,741	221,752	4,418,171	29,053,356	5,144,157		120,436		191,450	678,527	345,823	194
200	Cross Foot Adjustments													200
201	Negative Cost Centers													201
202	TOTAL (sum lines 118-201)	1,163,077,248	25,662,272	36,583,952	144,231,712	1,163,077,248	174,955,824		25,664,102	5,917,065	14,092,204	19,501,870	11,022,370	202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)														
Rev. 2													4090 (Cont.) - 08-11	

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

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340113		PERIOD. FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	
	12	13	14	15	16	17	18	19	
GENERAL SERVICE COST CENTERS									
1 Capital Related Costs-Buildings and Fixtures									1
2 Capital Related Costs-Movable Equipment									2
4 Employee Benefits									4
5 Administrative and General									5
6 Maintenance and Repairs									6
7 Operation of Plant									7
8 Laundry and Linen Service									8
9 Housekeepmg									9
10 Dietary									10
11 Cafeteria									11
12 Maintenance of Personnel									12
13 Nursing Administration		22,457,900							13
14 Central Services and Supply		2,022	14,064,879						14
15 Pharmacy		14	55,118	23,366,656					15
16 Medical Records & Medical Records Library			223		13,102,776				16
17 Social Service		53,664	149	1,471		12,060,942			17
18 Other General Service (specify)									18
18.05 Other General Service Cost Centers			629				545,792		18.05
19 Nonphysician Anesthetists									19
20 Nursing School		4,419	490	753			3,312		20
21 Intern & Res. Service-Salary & Fringes (Approved)									21
22 Intern & Res. Other Program Costs (Approved)		6,069	807						22
23 Paramedical Education Program (specify)			313	4		527	1,534		23
INPATIENT ROUTINE SERVICE COST CENTERS									
30 Adults and Pediatrics (General Routine Care)		7,565,852	313,277	198,006	796,127	9,657,764	279,995		30
31 Intensive Care Unit		1,448,674	125,664	41,718	418,701	240,819	44,747		31
32 Coronary Care Unit		639,092	48,435	26,364	112,179	54,013			32
33 Burn Intensive Care Unit									33
34 Surgical Intensive Care Unit		1,968,580	209,068	80,950	359,732	330,665	24,998		34
35 Other Special Care Unit (specify)									35
40 Subprovider IPF		405,214	6,799	18	130,250				40
41 Subprovider IRF		112,169	6,332	687	15,039	1,844	10,703		41

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COST ALLOCATION - GENERAL SERVICE COSTS					Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
42	Subprovider (specify)									42
43	Nursery		395,905	14,135	667	59,692	795,175	44,111		43
44	Skilled Nursing Facility									44
45	Nursing Facility									45
46	Other Long Term Care									46
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room		1,228,315	413,951	14,340	895,124	4,479	13,733		50
51	Recovery Room		650,651	22,813		156,322	32,671	1,834		51
52	Labor Room and Delivery Room		747,491	43,419	194	148,797	2,635	8,495		52
53	Anesthesiology		138,533	353,984	161,154	1,217,603				53
54	Radiology-Diagnostic		206,022	111,539	337	473,417	263			54
55	Radiology-Therapeutic		42,030	2,945	3,235	179,467				55
56	Radioisotope		14	3,625		48,064	527			56
57	Computed Tomography (CT) Scan		16,254	38,085		624,065				57
58	Magnetic Resonance Imaging (MRI)		7,954	9,422		205,008				58
59	Cardiac Catheterization		191,620	166,830		421,648	2,108			59
60	Laboratory		546,443	513,358	15,920	1,633,841		702		60
60.70	Gastro Intestinal Service		366,947	89,078	18	138,879		3,405		60.70
61	PBP Clinical Laboratory Services-Program Only									61
62	Whole Blood & Packed Red Blood Cells									62
63	Blood Storing, Processing, & Trans.									63
64										64
65	Respiratory Therapy									65
65										65
60										60
61	PBP Clinical Laboratory Services-Program Only									61
62	Whole Blood & Packed Red Blood Cells									62
63	Blood Storing, Processing, & Trans.									63
64										64
65	Respiratory Therapy		73,130	141,998	83	180,386				65
65.										65.
66	Physical Therapy		49,123	259	54	58,593				66
67	Occupational Therapy									67
68	Speech Pathology					8,150				68
69	Electrocardiology		43,104	5,789	1,167	156,853				69
70	Electroencephalography									70
71	Medical Supplies Charged to Patients		1,063	3,988,618	1,648	222,030		23,295		71
72	Implantable Devices Charged to Patients			6,661,230		695,410				72
73	Drugs Charged to Patients				21,009,814	1,288,226				73

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
74 Renal Dialysis		190,099	10,148		44,426	3,952	1,048		74
75 ASC (Non-Distinct Part)		716,727	189,117		315,593	3,952	9,243		75
76 Other Ancillary (specify)									76
76.30 Other Ancillary Cost Centers		29	68,419		4,788				76 30
76.35 Cardiac Rehabilitation		22,965	262		4,563		5,969		76 35
OUTPATIENT SERVICE COST CENTERS									
88 Rural Health Clinic (RHC)									88
89 Federally Qualified Health Center (FQHC)									89
90 Clinic		1,813,097	91,496	676	862,711	790	25,044		90
91 Emergency		1,101,669	151,257	11,649	738,325	777,522	39,975		91
92 Observation Beds									92
93 Other Outpatient Service (specify)									93
OTHER REIMBURSABLE COST CENTERS									
94 Home Program Dialysis									94
95 Ambulance Services		303,793	17,440	9,273	148,777				95
96 Durable Medical Equipment-Rented									96
97 Durable Medical Equipment-Sold									97
98 Other Reimbursable (specify)									98
99 Outpatient Rehabilitation Provider (specify)									99
100 Intern-Resident Service (not appvd. tchng. prgm.)									100
101 Home Health Agency									101
SPECIAL PURPOSE COST CENTERS									
105 Kidney Acquisition		119,265	46,669	57,281	27,705	263			105
106 Heart Acquisition		27,041			2,935				106
107 Liver Acquisition		46,409			11,521				107
108 Lung Acquisition									108
109 Pancreas Acquisition									109
110 Intestinal Acquisition									110
111 Islet Acquisition									111
112 Other Organ Acquisition (specify)									112
115 Ambulatory Surgical Center (Distinct Part)									115
116 Hospice									116
117 Other Special Purpose (specify)									117
118 SUBTOTALS (sum of lines 1-117)		21,575,318	13,939,573	21,637,480	12,854,901	12,060,942	542,143		118
NONREIMBURSABLE COST CENTERS									
190 Gift, Flower, Coffee Shop, & Canteen									190
191 Research		333,746	84,143	13,797			3,649		191
192 Physicians' Private Offices		117,442	38,931	136,787	130,633				192
193 Nonpaid Workers									193
194 Other Nonreimbursable (specify)		431,395	2,232	1,578,590	117,242				194

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COST ALLOCATION - GENERAL SERVICE COSTS					Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
200	Cross Foot Adjustments									200
201	Negative Cost Centers									201
202	TOTAL (sum lines 118-201)		22,457,900	14,064,879	23,366,656	13,102,776	12,060,942	545,792		202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)										
Rev. 2									4090 (Cont.) - 08-11	

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

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN 340113		PERIOD. FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	20	21	22	23	24	25	26	
GENERAL SERVICE COST CENTERS								
1 Capital Related Costs-Buildings and Fixtures								1
2 Capital Related Costs-Movable Equipment								2
4 Employee Benefits								4
5 Administrative and General								5
6 Maintenance and Repairs								6
7 Operation of Plant								7
8 Laundry and Linen Service								8
9 Housekeeping								9
10 Dietary								10
11 Cafeteria								11
12 Maintenance of Personnel								12
13 Nursing Administration								13
14 Central Services and Supply								14
15 Pharmacy								15
16 Medical Records & Medical Records Library								16
17 Social Service								17
18 Other General Service (specify)								18
18.05 Other General Service Cost Centers								18.05
19 Nonphysician Anesthetists								19
20 Nursing School	4,988,386							20
21 Intern & Res. Service-Salary & Fringes (Approved)		19,003,920						21
22 Intern & Res. Other Program Costs (Approved)			38,799,920					22
23 Paramedical Education Program (specify)				5,050,522				23
INPATIENT ROUTINE SERVICE COST CENTERS								
30 Adults and Pediatrics (General Routine Care)	3,515,396	6,731,452	13,743,474	378,528	178,071,584	-20,474,926	157,596,672	30
31 Intensive Care Unit		857,029	1,749,778	52,426	38,784,376	-2,606,807	36,177,572	31
32 Coronary Care Unit		322,691	658,831	18,304	13,439,050	-981,522	12,457,528	32
33 Burn Intensive Care Unit								33
34 Surgical Intensive Care Unit	356,457	1,389,456	2,836,822	61,286	46,867,611	-4,226,278	42,641,333	34
35 Other Special Care Unit (specify)								35
40 Subprovider IPF	351,885			52,689	16,771,245		16,771,245	40
41 Subprovider IRF				6,401	2,871,845		2,871,845	41

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340113		PERIOD FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
42	Subprovider (specify)								42
43	Nursery	47,498	149,155	304,526		9,190,563	-453,681	8,736,882	43
44	Skilled Nursing Facility								44
45	Nursing Facilty								45
46	Other Long Term Care								46
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	66,006	1,336,446	2,728,595	409,982	45,403,506	-4,065,041	41,338,466	50
51	Recovery Room		13,588	27,743		12,662,030	-41,331	12,620,699	51
52	Labor Room and Delivery Room	234,367	905,968	1,849,697	5,465	21,800,916	-2,755,665	19,045,250	52
53	Anesthesiology				1,950,931	20,841,936		20,841,936	53
54	Radiology-Diagnostic	215,859	16,561	33,812	677,137	23,829,632	-50,373	23,779,258	54
55	Radiology-Therapeutic				9,454	7,852,271		7,852,271	55
56	Radioisotope				9,454	2,358,052		2,358,052	56
57	Computed Tomography (CT) Scan				35,888	5,290,125		5,290,125	57
58	Magnetic Resonance Imaging (MRI)				89,719	4,466,289		4,466,289	58
59	Cardiac Catheterization				2,858	13,781,910		13,781,910	59
60	Laboratory				731,252	75,782,017		75,782,017	60
60.70	Gastro Intestinal Service					12,795,562		12,795,562	60.70
61	PBP Clinical Laboratory Services-Program Only								61
62	Whole Blood & Packed Red Blood Cells								62
63	Blood Storing, Processing, & Trans.								63
64									64
65	Respiratory Therapy				2,246	19,668,744		19,668,744	65
66	Physical Therapy		2,760	5,635		7,298,133	-8,395	7,289,738	66
67	Occupational Therapy								67
68	Speech Pathology					1,518,681		1,518,681	68
69	Electrocardiology					4,602,302		4,602,302	69
70	Electroencephalography								70
71	Medical Supplies Charged to Patients					51,500,412		51,500,412	71
72	Implantable Devices Charged to Patients					78,698,624		78,698,624	72
73	Drugs Charged to Patients				424,294	99,528,440		99,528,440	73
74	Renal Dialysis				2,246	4,481,085		4,481,085	74
75	ASC (Non-Distinct Part)	22,299	122,155	249,401	20,370	20,782,404	-371,556	20,410,848	75
76	Other Ancillary (specify)								76
76.30	Other Ancillary Cost Centers					3,313,235		3,313,235	76 30
76.35	Cardiac Rehabilitation					840,377		840,377	76.35
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89
90	Clinic	178,619	3,421,744	6,986,105	109,592	107,973,405	-10,407,849	97,565,555	90

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
91	Emergency		2,688,392	5,488,835		48,964,361	-8,177,227	40,787,133	91
92	Observation Beds								92
93	Other Outpatient Service (specify)								93
	OTHER REIMBURSABLE COST CENTERS								
94	Home Program Dialysis								94
95	Ambulance Services		17,941	36,630		34,067,248	-54,571	34,012,680	95
96	Durable Medical Equipment-Rented								96
97	Durable Medical Equipment-Sold								97
98	Other Reimbursable (specify)								98
99	Outpatient Rehabilitation Provider (specify)								99
100	Intern-Resident Service (not apprvd. trning prgm.)								100
101	Home Health Agency								101
	SPECIAL PURPOSE COST CENTERS								
105	Kidney Acquisition					9,783,837		9,783,837	105
106	Heart Acquisition					1,634,531		1,634,531	106
107	Liver Acquisition					5,069,714		5,069,714	107
108	Lung Acquisition								108
109	Pancreas Acquisition					578,025		578,025	109
110	Intestinal Acquisition								110
111	Islet Acquisition								111
112	Other Organ Acquisition (specify)					1,230,353		1,230,353	112
115	Ambulatory Surgical Center (Distinct Part)								115
116	Hospice								116
117	Other Special Purpose (specify)								117
118	SUBTOTALS (sum of lines 1-117)	4,988,386	17,975,338	36,699,884	5,050,522	1,061,485,184	-54,675,224	1,006,809,984	118
	NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop, & Canteen					863,697		863,697	190
191	Research		400,789	818,282		46,226,040	-1,219,071	45,006,968	191
192	Physicians' Private Offices		2,760	5,635		14,937,945	-8,395	14,929,550	192
193	Nonpaid Workers								193
194	Other Nonreimbursable (specify)		625,034	1,276,119		39,564,361	-1,901,153	37,663,208	194
200	Cross Foot Adjustments								200
201	Negative Cost Centers								201
202	TOTAL (sum lines 118-201)	4,988,386	19,003,920	38,799,920	5,050,522	1,163,077,248	-57,803,840	1,105,273,344	202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)									
Rev. 2								4090 (Cont.) - 08-11	

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

ALLOCATION OF CAPITAL-RELATED COSTS								Provider CCN 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED NEW CAPITAL RELATED COSTS	CAPITAL RELATED COSTS		SUBTOTAL (sum of cols 0-2)	EMPLOYEE BENEFITS	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT										
	0	1	2	2A	4	5	6	7	8	9	10	11	
GENERAL SERVICE COST CENTERS													
1 Capital Related Costs-Buildings and Fixtures													1
2 Capital Related Costs-Movable Equipment													2
4			82	82	82								4
5 Administrative and General	20,871,602	1,291,715	3,522,469	25,685,786		25,685,786							5
6 Maintenance and Repairs													6
7 Operation of Plant	1,317,195	133,229	113,574	1,563,998		566,784		2,130,782					7
8 Laundry and Linen Service		48,454	726	49,180		129,544		4,260	182,984				8
9 Housekeeping	288,374	533,222	33,430	855,026		298,753		46,877		1,200,656			9
10 Dietary	63,405	1,286,906	233,784	1,584,095		398,490		113,136	58	7,978	2,103,757		10
11 Cafeteria											1,189,034	1,189,034	11
12 Maintenance of Personnel													12
13 Nursing Administration	15,490	287,147	3,188,772	3,491,409		479,442		25,244		29,632		10,443	13
14 Central Services and Supply	63,246	159,175	89,496	311,917		302,564		13,994	1,586	7,092		6,431	14
15 Pharmacy	536,789	383,553	292,068	1,212,410		495,293		33,719		15,508		31,972	15
16 Medical Records & Medical Records Library	308,617	262,627	20,518	591,762		277,087		23,088		9,235		18,286	16
17 Social Service	5,455	150,620	28,196	184,271		256,837		13,241		3,546		18,870	17
18 Other General Service (specify)													18
18.05 Other General Service Cost Centers	189	47,112	1,652	48,953		10,434		4,142		1,266		859	18.05
19 Nonphysician Anesthetists													19
20 Nursing School	117,830		112,503	230,333		103,988				16,969		7,730	20
21 Intern & Res. Service-Salary & Fringes (Approved)						419,696							21
22 Intern & Res. Other Program Costs (Approved)	112,772	150,284	190,178	453,234		841,772		13,212	274	5,065		48,542	22
23 Paramedical Education Program (specify)	19,276	49,069	20,688	89,033		99,080		4,314		21,274		28,062	23
INPATIENT ROUTINE SERVICE COST CENTERS													
30 Adults and Pediatrics (General Routine Care)	41,501	5,827,636	858,746	6,727,883	82	2,569,282		512,325	68,552	275,304	503,198	242,869	30
31 Intensive Care Unit	15,164	1,118,560	700,184	1,833,908		694,207		98,337	1,328	39,510	28,798	44,543	31
32 Coronary Care Unit	1,809	400,804	158,575	561,188		230,113		35,236	62	28,366	24,279	16,737	32
33 Burn Intensive Care Unit													33
34 Surgical Intensive Care Unit	8,648	1,547,325	295,984	1,860,713		784,135		136,031	2,655	64,330	81,295	55,107	34
35 Other Special Care Unit (specify)													35
40 Subprovider IPF	13,831	529,559	23,332	566,722		298,887		46,555	2,730	58,062	79,455	24,130	40

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ALLOCATION OF CAPITAL-RELATED COSTS								Provider CCN: 340113		PERIOD FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
41	Subprovider IRF	1,832	331,436	5,125	338,393		48,818	29,138	1,338		8,490	3,802	41
42	Subprovider (specify)												42
43	Nursery	1,168	284,463	93,092	378,723		139,823	25,008	4,754	19,502	27,572	11,766	43
44	Skilled Nursing Facility												44
45	Nursing Facility												45
46	Other Long Term Care												46
	ANCILLARY SERVICE COST CENTERS												
50	Operating Room	1,203,097	2,073,052	2,498,833	5,774,982		777,925	182,249	14,407			43,901	50
51	Recovery Room	27,049	636,952	36,519	700,520		236,571	55,997	1,660	14,183	1,127	15,037	51
52	Labor Room and Delivery Room	35,519	701,903	288,472	1,025,894		333,279	61,707	31,158	69,396		21,381	52
53	Anesthesiology	190,874	22,284	585,533	798,691		370,461	1,959				23,904	53
54	Radiology-Diagnostic	579,667	993,496	1,976,037	3,549,200		452,202	87,341	1,719	21,275		28,224	54
55	Radiology-Therapeutic	626,952		1,717,407	2,344,359		165,841		904	3,799		3,454	55
56	Radioisotope	73,944	160,405	393,976	628,325		44,407	14,102	911	6,078		1,612	56
57	Computed Tomography (CT) Scan	235,488	107,757	204,800	548,045		96,135	9,473		6,078		4,030	57
58	Magnetic Resonance Imaging (MRI)	146,026	158,616	342,750	647,392		84,146	13,944	3,337	3,546		2,863	58
59	Cardiac Catheterization	448,752	402,202	1,438,061	2,289,015		272,740	35,359	3,605			11,294	59
60	Laboratory	440,553	545,076	772,273	1,757,902		1,567,295	47,919		26,087		52,829	60
60.70	Gastro Intestinal Service		222,980	753,365	976,345		256,705	19,603	1,798	14,183		12,176	60.70
61	PBP Clinical Laboratory Services-Program Only												61
62	Whole Blood & Packed Red Blood Cells												62
63	Blood Storing, Processing, & Trans.												63
64	Intravenous Therapy												64
65	Respiratory Therapy	11,771	229,047	790,720	1,031,538		413,369	20,136		6,078		25,845	65
66	Physical Therapy	6,346	199,885	24,954	231,185		150,616	17,573		5,065		9,783	66
67	Occupational Therapy												67
68	Speech Pathology		3,159		3,159		32,826	278		1,773			68
69	Electrocardiology	157,964	128,867	296,288	583,119		92,337	11,329	218	1,773		5,395	69
70	Electroencephalography												70
71	Medical Supplies Charged to Patients	939,469	176,287	891,951	2,007,707		1,037,327	15,498		6,332		3,492	71
72	Implantable Devices Charged to Patients						1,575,567						72
73	Drugs Charged to Patients						1,696,240						73
74	Renal Dialysis	71,212	209,699	159,202	440,113		83,845	18,435		14,183		4,760	74
75	ASC (Non-Distinct Part)	472,642	155,512	443,986	1,072,140		406,602	13,672	2,902	22,794		21,192	75
76	Other Ancillary (specify)												76
76.30	Other Ancillary Cost Centers	1,004,559		13,726	1,018,285		71,329					1,098	76 30
76.35	Cardiac Rehabilitation	12,014		35,498	47,512		17,549					1,296	76.35
	OUTPATIENT SERVICE COST CENTERS												
88	Rural Health Clinic (RHC)												88
89	Federally Qualified Health Center (FQHC)												89

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ALLOCATION OF CAPITAL-RELATED COSTS								Provider CCN: 340113		PERIOD FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
90	Clinic	1,130,694	735,706	1,970,065	3,886,668		2,002,155	64,679	17,405	61,252	41,633	148,746	90
91	Emergency	127,396	1,224,165	530,798	1,882,359		727,099	107,620	19,491	196,001	41,201	46,888	91
92	Observation Beds												92
93	Other Outpatient Service (specify)												93
	OTHER REIMBURSABLE COST CENTERS												
94	Home Program Dialysis												94
95	Ambulance Services	6,695,073	55,584	7,953,013	14,703,670		735,374	4,887		2,533		15,850	95
96	Durable Medical Equipment-Rented												96
97	Durable Medical Equipment-Sold												97
98	Other Reimbursable (specify)												98
99	Outpatient Rehabilitation Provider (specify)												99
100	Intern-Resident Service (not appvd. tchng. prgm.)												100
101	Home Health Agency												101
	SPECIAL PURPOSE COST CENTERS												
105	Kidney Acquisition	226,599		24,241	250,840		208,346					10,649	105
106	Heart Acquisition		14,679	4,984	19,663		34,902	1,290				931	106
107	Liver Acquisition	370		17,467	17,837		110,271					2,016	107
108	Lung Acquisition												108
109	Pancreas Acquisition			3,507	3,507		12,766						109
110	Intestinal Acquisition												110
111	Islet Acquisition												111
112	Other Organ Acquisition (specify)			9,415	9,415		27,172						112
115	Ambulatory Surgical Center (Distinct Part)												115
116	Hospice												116
117	Other Special Purpose (specify)												117
118	SUBTOTALS (sum of lines 1-117)	38,727,184	24,308,456	34,382,676	97,418,312	82	23,671,800	2,011,764	182,852	1,087,342	2,030,561	1,098,977	118
	NONREIMBURSABLE COST CENTERS												
190	Gift, Flower, Coffee Shop, & Canteen		102,053	14,617	116,670		3,033	8,972		52,680			190
191	Research	279,615	1,138,020	1,797,506	3,215,141		938,510	100,047	132	44,322		37,346	191
192	Physicians' Private Offices	201,626		167,402	369,028		317,201					15,406	192
193	Nonpaid Workers												193
194	Other Nonreimbursable (specify)	171,832	113,741	221,752	507,325		755,241	9,999		16,312	73,196	37,305	194
200	Cross Foot Adjustments												200
201	Negative Cost Centers												201
202	TOTAL (sum lines 118-201)	39,380,256	25,662,272	36,583,952	101,626,480	82	25,685,786	2,130,782	182,984	1,200,656	2,103,757	1,189,034	202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTION 4021)													
40-546 - 08-11												Rev. 2	

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

ALLOCATION OF CAPITAL-RELATED COSTS					Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
COST CENTER DESCRIPTIONS	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	
	11	12	13	14	15	16	17	18	19	
GENERAL SERVICE COST CENTERS										
1 Capital Related Costs-Buildings and Fixtures										1
2 Capital Related Costs-Movable Equipment										2
4										4
5 Administrative and General										5
6 Maintenance and Repairs										6
7 Operation of Plant										7
8 Laundry and Linen Service										8
9 Housekeeping										9
10 Dietary										10
11 Cafeteria	1,189,034									11
12 Maintenance of Personnel										12
13 Nursing Administration	10,443		4,036,170							13
14 Central Services and Supply	6,431		363	643,947						14
15 Pharmacy	31,972		3	2,523	1,791,428					15
16 Medical Records & Medical Records Library	18,286			10		919,468				16
17 Social Service	18,870		9,645	7	113		486,530			17
18 Other General Service (specify)										18
18 05 Other General Service Cost Centers	859			29				65,683		18.05
19 Nonphysician Anesthetists										19
20 Nursing School	7,730		794	22	58			399		20
21 Intern & Res. Service-Salary & Fringes (Approved)										21
22 Intern & Res. Other Program Costs (Approved)	48,542		1,091	37						22
23 Paramedical Education Program (specify)	28,062			15			21	185		23
INPATIENT ROUTINE SERVICE COST CENTERS										
30 Adults and Pediatrics (General Routine Care)	242,869		1,359,745	14,342	15,180	55,813	389,589	33,696		30
31 Intensive Care Unit	44,543		260,358	5,753	3,198	29,353	9,714	5,385		31
32 Coronary Care Unit	16,737		114,858	2,217	2,021	7,865	2,179			32
33 Burn Intensive Care Unit										33
34 Surgical Intensive Care Unit	55,107		353,797	9,571	6,207	25,219	13,339	3,009		34
35 Other Special Care Unit (specify)										35
40 Subprovider IPF	24,130		72,826	311	1	9,131				40
41 Subprovider IRF	3,802		20,159	290	53	1,054	74	1,288		41

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ALLOCATION OF CAPITAL-RELATED COSTS						Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
42	Subprovider (specify)										42
43	Nursery	11,766		71,153	647	51	4,185	32,077	5,308		43
44	Skilled Nursing Facility										44
45	Nursing Facility										45
46	Other Long Term Care										46
	ANCILLARY SERVICE COST CENTERS										
50	Operating Room	43,901		220,755	18,951	1,099	62,753	181	1,653		50
51	Recovery Room	15,037		116,936	1,044		10,959	1,318	221		51
52	Labor Room and Delivery Room	21,381		134,340	1,988	15	10,432	106	1,022		52
53	Anesthesiology	23,904		24,897	16,205	12,355	85,361				53
54	Radiology-Diagnostic	28,224		37,027	5,106	26	33,189	11			54
55	Radiology-Therapeutic	3,454		7,554	135	248	12,582				55
56	Radioisotope	1,612		3	166		3,370	21			56
57	Computed Tomography (CT) Scan	4,030		2,921	1,744		43,750				57
58	Magnetic Resonance Imaging (MRI)	2,863		1,430	431		14,372				58
59	Cardiac Catheterization	11,294		34,438	7,637		29,560	85			59
60	Laboratory	52,829		98,207	23,501	1,221	115,432		84		60
60 70	Gastro Intestinal Service	12,176		65,948	4,078	1	9,736		410		60 70
61	PBP Clinical Laboratory Services-Program Only										61
62	Whole Blood & Packed Red Blood Cells										62
63	Blood Storing, Processing, & Trans.										63
64	Intravenous Therapy										64
65	Respiratory Therapy	25,845		13,143	6,501	6	12,646				65
66	Physical Therapy	9,783		8,829	12	4	4,108				66
67	Occupational Therapy										67
68	Speech Pathology						571				68
69	Electrocardiology	5,395		7,747	265	89	10,996				69
70	Electroencephalography										70
71	Medical Supplies Charged to Patients	3,492		191	182,598	126	15,566		2,803		71
72	Implantable Devices Charged to Patients				305,011		48,752				72
73	Drugs Charged to Patients					1,610,741	90,312				73
74	Renal Dialysis	4,760		34,165	465		3,115	159	126		74
75	ASC (Non-Distinct Part)	21,192		128,811	8,658		22,125	159	1,112		75
76	Other Ancillary (specify)										76
76.30	Other Ancillary Cost Centers	1,098		5	3,132		335				76.30
76.35	Cardiac Rehabilitation	1,296		4,127	12		320		718		76.35
	OUTPATIENT SERVICE COST CENTERS										
88	Rural Health Clinic (RHC)										88
89	Federally Qualified Health Center (FQHC)										89
90	Clinic	148,746		325,853	4,188	52	60,480	32	3,014		90

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ALLOCATION OF CAPITAL-RELATED COSTS						Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
91	Emergency	46,888		197,994	6,925	893	51,760	31,364	4,811		91
92	Observation Beds										92
93	Other Outpatient Service (specify)										93
	OTHER REIMBURSABLE COST CENTERS										
94	Home Program Dialysis										94
95	Ambulance Services	15,850		54,598	798	711	10,430				95
96	Durable Medical Equipment-Rented										96
97	Durable Medical Equipment-Sold										97
98	Other Reimbursable (specify)										98
99	Outpatient Rehabilitation Provider (specify)										99
100	Intern-Resident Service (not appvd. tchng prgm.)										100
101	Home Health Agency										101
	SPECIAL PURPOSE COST CENTERS										
105	Kidney Acquisition	10,649		21,435	2,136	4,391	1,942	11			105
106	Heart Acquisition	931		4,860			206				106
107	Liver Acquisition	2,016		8,341			808				107
108	Lung Acquisition										108
109	Pancreas Acquisition										109
110	Intestinal Acquisition										110
111	Islet Acquisition										111
112	Other Organ Acquisition (specify)										112
115	Ambulatory Surgical Center (Distinct Part)										115
116	Hospice										116
117	Other Special Purpose (specify)										117
118	SUBTOTALS (sum of lines 1-117)	1,098,977		3,877,551	638,211	1,658,860	902,090	486,530	65,244		118
	NONREIMBURSABLE COST CENTERS										
190	Gift, Flower, Coffee Shop, & Canteen										190
191	Research	37,346		59,981	3,852	1,058			439		191
192	Physicians' Private Offices	15,406		21,107	1,782	10,487	9,158				192
193	Nonpaid Workers										193
194	Other Nonreimbursable (specify)	37,305		77,531	102	121,023	8,220				194
200	Cross Foot Adjustments										200
201	Negative Cost Centers										201
202	TOTAL (sum lines 118-201)	1,189,034		4,036,170	643,947	1,791,428	919,468	486,530	65,683		202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4021)											
40-546 - 08-11										Rev. 2	

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

ALLOCATION OF CAPITAL-RELATED COSTS			Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
COST CENTER DESCRIPTIONS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	20	21	22	23	24	25	26	
GENERAL SERVICE COST CENTERS								
1 Capital Related Costs-Buildings and Fixtures								1
2 Capital Related Costs-Movable Equipment								2
4								4
5 Administrative and General								5
6 Maintenance and Repairs								6
7 Operation of Plant								7
8 Laundry and Linen Service								8
9 Housekeeping								9
10 Dietary								10
11 Cafeteria								11
12 Maintenance of Personnel								12
13 Nursing Administration								13
14 Central Services and Supply								14
15 Pharmacy								15
16 Medical Records & Medical Records Library								16
17 Social Service								17
18 Other General Service (specify)								18
18.05 Other General Service Cost Centers								18.05
19 Nonphysician Anesthetists								19
20 Nursing School	360,293							20
21 Intern & Res. Service-Salary & Fringes (Approved)		419,696						21
22 Intern & Res. Other Program Costs (Approved)			1,363,227					22
23 Paramedical Education Program (specify)				241,984				23
INPATIENT ROUTINE SERVICE COST CENTERS								
30 Adults and Pediatrics (General Routine Care)					12,767,860		12,767,860	30
31 Intensive Care Unit					3,054,392		3,054,392	31
32 Coronary Care Unit					1,025,121		1,025,121	32
33 Burn Intensive Care Unit								33
34 Surgical Intensive Care Unit					3,395,408		3,395,408	34
35 Other Special Care Unit (specify)								35
40 Subprovider IPF					1,158,810		1,158,810	40
41 Subprovider IRF					452,897		452,897	41

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ALLOCATION OF CAPITAL-RELATRD COSTS		Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
42	Subprovider (specify)					42
43	Nursery		720,569		720,569	43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
46	Other Long Term Care					46
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room		7,098,856		7,098,856	50
51	Recovery Room		1,155,573		1,155,573	51
52	Labor Room and Delivery Room		1,690,718		1,690,718	52
53	Anesthesiology		1,333,833		1,333,833	53
54	Radiology-Diagnostic		4,215,320		4,215,320	54
55	Radiology-Therapeutic		2,538,876		2,538,876	55
56	Radioisotope		698,995		698,995	56
57	Computed Tomography (CT) Scan		712,176		712,176	57
58	Magnetic Resonance Imaging (MRI)		771,461		771,461	58
59	Cardiac Catheterization		2,683,733		2,683,733	59
60	Laboratory		3,690,477		3,690,477	60
60.70	Gastro Intestinal Service		1,360,983		1,360,983	60 70
61	PBP Clinical Laboratory Services-Program Only					61
62	Whole Blood & Packed Red Blood Cells					62
63	Blood Storing, Processing, & Trans.					63
64	Intravenous Therapy					64
65	Respiratory Therapy		1,529,262		1,529,262	65
66	Physical Therapy		427,175		427,175	66
67	Occupational Therapy					67
68	Speech Pathology		38,607		38,607	68
69	Electrocardiology		713,268		713,268	69
70	Electroencephalography					70
71	Medical Supplies Charged to Patients		3,271,640		3,271,640	71
72	Implantable Devices Charged to Patients		1,929,330		1,929,330	72
73	Drugs Charged to Patients		3,397,293		3,397,293	73
74	Renal Dialysis		599,366		599,366	74
75	ASC (Non-Distinct Part)		1,700,167		1,700,167	75
76	Other Ancillary (specify)					76
76.30	Other Ancillary Cost Centers		1,094,184		1,094,184	76 30
76.35	Cardiac Rehabilitation		71,534		71,534	76.35
	OUTPATIENT SERVICE COST CENTERS					
88	Rural Health Clinic (RHC)					88
89	Federally Qualified Health Center (FQHC)					89
90	Clinic		6,616,157		6,616,157	90

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ALLOCATION OF CAPITAL-RELATED COSTS				Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
91	Emergency					3,314,406		3,314,406	91
92	Observation Beds								92
93	Other Outpatient Service (specify)								93
	OTHER REIMBURSABLE COST CENTERS								
94	Home Program Dialysis								94
95	Ambulance Services					15,528,851		15,528,851	95
96	Durable Medical Equipment-Rented								96
97	Durable Medical Equipment-Sold								97
98	Other Reimbursable (specify)								98
99	Outpatient Rehabilitation Provider (specify)								99
100	Intern-Resident Services (not apprvd. tchng prgm.)								100
101	Home Health Agency								101
	SPECIAL PURPOSE COST CENTERS								
105	Kidney Acquisition					499,750		499,750	105
106	Heart Acquisition					61,852		61,852	106
107	Liver Acquisition					139,273		139,273	107
108	Lung Acquisition								108
109	Pancreas Acquisition					16,273		16,273	109
110	Intestinal Acquisition								110
111	Islet Acquisition								111
112	Other Organ Acquisition (specify)					36,587		36,587	112
115	Ambulatory Surgical Center (Distinct Part)								115
116	Hospice								116
117	Other Special Purpose (specify)								117
118	SUBTOTALS (sum of lines 1-117)					92,308,672		92,308,672	118
	NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop, & Canteen					181,355		181,355	190
191	Research					4,400,828		4,400,828	191
192	Physicians' Private Offices					744,169		744,169	192
193	Nonpaid Workers								193
194	Other Nonreimbursable (specify)					1,606,254		1,606,254	194
200	Cross Foot Adjustments	360,293	419,696	1,363,227	241,984	2,385,200		2,385,200	200
201	Negative Cost Centers								201
202	TOTAL (sum lines 118-201)	360,293	419,696	1,363,227	241,984	101,626,480		101,626,480	202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4021)									
40-546 - 08-11								Rev. 2	

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

COST ALLOCATION - STATISTICAL BASIS							Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
COST CENTER DESCRIPTIONS	CAPITAL RELATED COST		EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCIL-IATION	ADMINIS-TRATIVE & GENERAL (ACCUM. COST)	MAIN-TENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)										
	1	2	4	5A	5	6	7	8	9	10	11	
GENERAL SERVICE COST CENTERS												
1 Capital Related Costs-Buildings and Fixtures	917,827											1
2 Capital Related Costs-Movable Equipment		32,721,394										2
4 Employee Benefits		73	541,412,352									4
5 Administrative and General	46,199	3,150,564	20,291,674	-174,955,824	988,121,408							5
6 Maintenance and Repairs												6
7 Operation of Plant	4,765	101,583	5,362,037		21,803,582		866,863					7
8 Laundry and Linen Service	1,733	649	268,491		4,983,402		1,733	6,992,683				8
9 Housekeeping	19,071	29,900	5,444,160		11,492,706		19,071		246,513			9
10 Dietary	46,027	209,101	413,169		15,329,472		46,027	2,218	1,638	2,835,979		10
11 Cafeteria										1,602,883	1,328,113	11
12 Maintenance of Personnel												12
13 Nursing Administration	10,270	2,852,099	5,667,708		18,443,636		10,270		6,084		11,664	13
14 Central Services and Supply	5,693	80,047	1,385,696		11,639,333		5,693	60,604	1,456		7,183	14
15 Pharmacy	13,718	261,231	15,600,955		19,053,412		13,718		3,184		35,712	15
16 Medical Records & Medical Records Library	9,393	18,352	4,799,821		10,659,250		9,393		1,896		20,425	16
17 Social Service	5,387	25,219	7,530,242		9,880,245		5,387		728		21,077	17
18 Other General Service (specify)												18
18.05 Other General Service Cost Centers	1,685	1,478	220,149		401,386		1,685		260		959	18.05
19 Nonphysician Anesthetists												19
20 Nursing School		100,625	3,674,389		4,000,300				3,484		8,634	20
21 Intern & Res. Service-Salary & Fringes (Approved)			12,748,950		16,145,258							21
22 Intern & Res. Other Program Costs (Approved)	5,375	170,099	21,907,440		32,382,062		5,375	10,489	1,040		54,220	22
23 Paramedical Education Program (specify)	1,755	18,503	2,447,846		3,811,499		1,755		4,368		31,343	23
INPATIENT ROUTINE SERVICE COST CENTERS												
30 Adults and Pediatrics (General Routine Care)	208,429	768,079	68,624,496		98,853,992		208,429	2,619,656	56,524	678,338	271,277	30
31 Intensive Care Unit	40,006	626,258	22,536,061		26,705,415		40,006	50,766	8,112	38,821	49,754	31
32 Coronary Care Unit	14,335	141,833	6,023,903		8,852,201		14,335	2,386	5,824	32,730	18,695	32
33 Burn Intensive Care Unit												33
34 Surgical Intensive Care Unit	55,341	264,733	21,727,605		30,164,863		55,341	101,469	13,208	109,590	61,553	34
35 Other Special Care Unit (specify)												35
40 Subprovider IPF	18,940	20,869	8,267,434		11,497,875		18,940	104,315	11,921	107,110	26,952	40

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COST ALLOCATION - STATISTICAL BASIS							Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
41	Subprovider IRF	11,854	4,584	1,130,894		1,877,993		11,854	51,130		11,445	4,247	41
42	Subprovider (specify)												42
43	Nursery	10,174	83,263	3,722,772		5,378,830		10,174	181,678	4,004	37,169	13,142	43
44	Skilled Nursing Facility												44
45	Nursing Facility												45
46	Other Long Term Care												46
ANCILLARY SERVICE COST CENTERS													
50	Operating Room	74,144	2,235,004	16,129,193		29,925,971		74,144	550,540			49,036	50
51	Recovery Room	22,781	32,663	6,350,980		9,100,638		22,781	63,418	2,912	1,519	16,796	51
52	Labor Room and Delivery Room	25,104	258,015	8,735,904		12,820,880		25,104	1,190,677	14,248		23,882	52
53	Anesthesiology	797	523,712	24,242,504		14,251,234		797				26,700	53
54	Radiology-Diagnostic	35,533	1,767,405	10,438,874		17,395,714		35,533	65,690	4,368		31,525	54
55	Radiology-Therapeutic		1,536,082	1,338,236		6,379,708			34,553	780		3,858	55
56	Radioisotope	5,737	352,380	831,727		1,708,299		5,737	34,826	1,248		1,800	56
57	Computed Tomography (CT) Scan	3,854	183,177	2,127,017		3,698,230		3,854		1,248		4,501	57
58	Magnetic Resonance Imaging (MRI)	5,673	306,562	1,615,284		3,237,014		5,673	127,537	728		3,198	58
59	Cardiac Catheterization	14,385	1,286,229	4,859,051		10,492,001		14,385	137,759			12,615	59
60	Laboratory	19,495	690,736	16,124,367		60,292,157		19,495		5,356		59,009	60
60.70	Gastro Intestinal Service	7,975	673,824	5,456,694		9,875,154		7,975	68,723	2,912		13,600	60 70
61	PBP Clinical Laboratory Services-Program Only												61
62	Whole Blood & Packed Red Blood Cells												62
63	Blood Storing, Processing, & Trans.												63
64	Intravenous Therapy												64
65	Respiratory Therapy	8,192	707,235	10,434,604		15,901,875		8,192		1,248		28,868	65
66	Physical Therapy	7,149	22,319	4,296,457		5,794,033		7,149		1,040		10,927	66
67	Occupational Therapy												67
68	Speech Pathology	113				1,262,790		113		364			68
69	Electrocardiology	4,609	265,006	1,878,672		3,552,122		4,609	8,343	364		6,026	69
70	Electroencephalography												70
71	Medical Supplies Charged to Patients	6,305	797,778	778,356		39,904,884		6,305		1,300		3,901	71
72	Implantable Devices Charged to Patients					60,610,368							72
73	Drugs Charged to Patients					65,252,556							73
74	Renal Dialysis	7,500	142,393	2,162,588		3,225,436		7,500		2,912		5,317	74
75	ASC (Non-Distinct Part)	5,562	397,110	7,928,646		15,641,559		5,562	110,914	4,680		23,671	75
76	Other Ancillary (specify)												76
76 30	Other Ancillary Cost Centers		12,277	296,712		2,743,978						1,226	76.30
76.35	Cardiac Rehabilitation		31,750	454,695		675,073						1,448	76.35
OUTPATIENT SERVICE COST CENTERS													
88	Rural Health Clinic (RHC)												88
89	Federally Qualified Health Center (FQHC)												89

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COST ALLOCATION - STATISTICAL BASIS							Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
90	Clinic	26,313	1,762,065	91,988,277		77,020,744		26,313	665,141	12,576	56,123	166,143	90
91	Emergency	43,783	474,756	21,940,898		27,970,722		43,783	744,810	40,242	55,541	52,373	91
92	Observation Beds												92
93	Other Outpatient Service (specify)												93
OTHER REIMBURSABLE COST CENTERS													
94	Home Program Dialysis												94
95	Ambulance Services	1,988	7,113,330	6,476,529		28,289,052		1,988		520		17,704	95
96	Durable Medical Equipment-Rented												96
97	Durable Medical Equipment-Sold												97
98	Other Reimbursable (specify)												98
99	Outpatient Rehabilitation Provider (specify)												99
100	Intern-Resident Service (not apprvd. tchng prgm.)												100
101	Home Health Agency												101
SPECIAL PURPOSE COST CENTERS													
105	Kidney Acquisition		21,682	2,958,570		8,014,835						11,895	105
106	Heart Acquisition	525	4,458	661,756		1,342,652		525				1,040	106
107	Liver Acquisition		15,623	1,568,518		4,242,008						2,252	107
108	Lung Acquisition												108
109	Pancreas Acquisition		3,137	132,715		491,076							109
110	Intestinal Acquisition												110
111	Islet Acquisition												111
112	Other Organ Acquisition (specify)		8 421	243,000		1,045,277							112
115	Ambulatory Surgical Center (Distinct Part)												115
116	Hospice												116
117	Other Special Purpose (specify)												117
118	SUBTOTALS (sum of lines 1-117)	869,407	30,752,528	495,654,976	-174,955,824	910,645,504		818,443	6,987,642	223,248	2,737,307	1,227,521	118
NONREIMBURSABLE COST CENTERS													
190	Gift, Flower, Coffee Shop, & Canteen	3,650	13,074			116,670		3,650		10,816			190
191	Research	40,702	1,607,724	17,277,520		36,103,496		40,702	5,041	9,100		41,714	191
192	Physicians' Private Offices		149,728	11,895,097		12,202,392						17,209	192
193	Nonpaid Workers												193
194	Other Nonreimbursable (specify)	4,068	198,339	16,584,781		29,053,356		4,068		3,349	98,672	41,669	194
200	Cross foot adjustments												200
201	Negative cost centers												201
202	Cost to be allocated (per Worksheet B, Part I)	25,662,272	36,583,952	144,231,712		174,955,824		25,664,102	5,917,065	14,092,204	19,501,870	11,022,370	202
203	Unit cost multiplier (Worksheet B, Part I)	27.96	1 118044	0.266399		0.177059		29.61	0.846179	57 17	6.88	8.30	203
204	Cost to be allocated (per Worksheet B, Part II)			82		25,685,786		2,130,782	182,984	1,200,656	2,103,757	1,189,034	204
205	Unit cost multiplier (Worksheet B, Part II)					0.025995		2.46	0 026168	4.87	0.741810	0.895281	205
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)													
Rev. 2												40-561 - 08-11	

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

COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
	COST CENTER DESCRIPTIONS	MAIN- TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINIS-TRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY)	NON- PHYSICIAN ANES- THETISTS (ASGND TIME)	
		12	13	14	15	16	17	18	19	
	GENERAL SERVICE COST CENTERS									
1	Capital Related Costs-Buildings and Fixtures									1
2	Capital Related Costs-Movable Equipment									2
4	Employee Benefits									4
5	Administrative and General									5
6	Maintenance and Repairs									6
7	Operation of Plant									7
8	Laundry and Linen Service									8
9	Housekeeping									9
10	Dietary									10
11	Cafeteria									11
12	Maintenance of Personnel									12
13	Nursing Administration		6,231,290							13
14	Central Services and Supply		561	127,983,936						14
15	Pharmacy		4	501,548	73,094,728					15
16	Medical Records & Medical Records Library			2,029		3,740,581,245				16
17	Social Service		14,890	1,352	4,603	6,889,085	45,776			17
18	Other General Service (specify)									18
18.05	Other General Service Cost Centers			5,727				58,340		18.05
19	Nonphysician Anesthetists									19
20	Nursing School		1,226	4,456	2,354			354		20
21	Intern & Res. Service-Salary & Fringes (Approved)									21
22	Intern & Res Other Program Costs (Approved)		1,684	7,339						22
23	Paramedical Education Program (specify)			2,859	12		2	164		23
	INPATIENT ROUTINE SERVICE COST CENTERS									
30	Adults and Pediatrics (General Routine Care)		2,099,260	2,850,667	619,396	226,881,328	36,655	29,929		30
31	Intensive Care Unit		401,957	1,143,480	130,502	119,322,016	914	4,783		31
32	Coronary Care Unit		177,326	440,735	82,468	31,968,705	205			32
33	Burn Intensive Care Unit									33
34	Surgical Intensive Care Unit		546,213	1,902,418	253,226	102,516,983	1,255	2,672		34
35	Other Special Care Unit (specify)									35
40	Subprovider IPF		112,433	61,865	57	37,118,880				40
41	Subprovider IRF		31,123	57,614	2,149	4,285,908	7	1,144		41

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COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
42	Subprovider (specify)								42
43	Nursery	109,850	128,624	2,087	17,011,040	3,018	4,715		43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
46	Other Long Term Care								46
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	340,815	3,766,753	44,858	255,093,798	17	1,468		50
51	Recovery Room	180,533	207,588		44,548,880	124	196		51
52	Labor Room and Delivery Room	207,403	395,095	606	42,404,504	10	908		52
53	Anesthesiology	38,438	3,221,082	504,118	346,994,400				53
54	Radiology-Diagnostic	57,164	1,014,949	1,053	134,915,072	1			54
55	Radiology-Therapeutic	11,662	26,796	10,120	51,144,776				55
56	Radioisotope	4	32,984		13,697,478	2			56
57	Computed Tomography (CT) Scan	4,510	346,554		177,846,880				57
58	Magnetic Resonance Imaging (MRI)	2,207	85,734		58,423,440				58
59	Cardiac Catheterization	53,168	1,518,071		120,162,008	8			59
60	Laboratory	151,619	4,671,312	49,802	465,258,477		75		60
60.70	Gastro Intestinal Service	101,815	810,570	56	39,577,904		364		60 70
61	PBP Clinical Laboratory Services-Program Only								61
62	Whole Blood & Packed Red Blood Cells								62
63	Blood Storing, Processing, & Trans.								63
64	Intravenous Therapy								64
65	Respiratory Therapy	20,291	1,292,109	260	51,406,592				65
66	Physical Therapy	13,630	2,361	170	16,697,813				66
67	Occupational Therapy								67
68	Speech Pathology				2,322,731				68
69	Electrocardiology	11,960	52,680	3,651	44,700,092				69
70	Electroencephalography								70
71	Medical Supplies Charged to Patients	295	36,294,476	5,156	63,274,408		2,490		71
72	Implantable Devices Charged to Patients		60,614,328		198,178,880				72
73	Drugs Charged to Patients			65,722,132	367,120,672				73
74	Renal Dialysis	52,746	92,340		12,660,659	15	112		74
75	ASC (Non-Distinct Part)	198,867	1,720,877		89,938,264	15	988		75
76	Other Ancillary (specify)								76
76.30	Other Ancillary Cost Centers	8	622,579		1,364,416				76.30
76 35	Cardiac Rehabilitation	6,372	2,381		1,300,369		638		76 35
OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89
90	Clinic	503,072	832,574	2,115	245,856,398	3	2,677		90

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COST ALLOCATION - STATISTICAL BASIS				Provider CCN 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
91	Emergency	305,675	1,376,370	36,438	210,408,808	2,951	4,273		91
92	Observation Beds								92
93	Other Outpatient Service (specify)								93
OTHER REIMBURSABLE COST CENTERS									
94	Home Program Dialysis								94
95	Ambulance Services	84,292	158,695	29,008	42,398,668				95
96	Durable Medical Equipment-Rented								96
97	Durable Medical Equipment-Sold								97
98	Other Reimbursable (specify)								98
99	Outpatient Rehabilitation Provider (specify)								99
100	Intern-Resident Services (not apprvd. tchng. prgm.)								100
101	Home Health Agency								101
SPECIAL PURPOSE COST CENTERS									
105	Kidney Acquisition	33,092	424,667	179,186	7,895,512	1			105
106	Heart Acquisition	7,503			836,528				106
107	Liver Acquisition	12,877			3,283,191				107
108	Lung Acquisition								108
109	Pancreas Acquisition								109
110	Intestinal Acquisition								110
111	Islet Acquisition								111
112	Other Organ Acquisition (specify)								112
115	Ambulatory Surgical Center (Distinct Part)								115
116	Hospice								116
117	Other Special Purpose (specify)								117
118	SUBTOTALS (sum of lines 1-117)	5,986,404	126,843,720	67,685,584	3,669,941,629	45,776	57,950		118
NONREIMBURSABLE COST CENTERS									
190	Gift, Flower, Coffee Shop, & Canteen								190
191	Research	92,603	765,661	43,160			390		191
192	Physicians' Private Offices	32,586	354,253	427,892	37,227,838				192
193	Nonpaid Workers								193
194	Other Nonreimbursable (specify)	119,697	20,302	4,938,094	33,411,832				194
200	Cross foot adjustments								200
201	Negative cost centers								201
202	Cost to be allocated (per Worksheet B, Part I)	22,457,900	14,064,879	23,366,656	13,102,776	12,060,942	545,792		202
203	Unit cost multiplier (Worksheet B, Part I)	3.60	0 109896	0.319676	0.003509	263.48	9.36		203
204	Cost to be allocated (per Worksheet B, Part II)	4,036,170	643,947	1,791,428	919,468	486,530	65,683		204
205	Unit cost multiplier (Worksheet B, Part II)	0.647726	0.005031	0.024508	0.000246	10.63	1.125866		205
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)									
Rev. 2								40-561 - 08-11	

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

COST ALLOCATION - STATISTICAL BASIS			Provider CCN 340113		PERIOD FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
COST CENTER DESCRIPTIONS	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		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
18 05 Other General Service Cost Centers								18 05
19 Nonphysician Anesthetists								19
20 Nursing School	44,740							20
21 Intern & Res. Service-Salary & Fringes (Approved)		537,037						21
22 Intern & Res. Other Program Costs (Approved)			537,037					22
23 Paramedical Education Program (specify)				293,262				23
INPATIENT ROUTINE SERVICE COST CENTERS								
30 Adults and Pediatrics (General Routine Care)	31,529	190,226	190,226	178,246				30
31 Intensive Care Unit		24,219	24,219	24,687				31
32 Coronary Care Unit		9,119	9,119	8,619				32
33 Burn Intensive Care Unit								33
34 Surgical Intensive Care Unit	3,197	39,265	39,265	28,859				34
35 Other Special Care Unit (specify)								35
40 Subprovider IPF	3,156			24,811				40
41 Subprovider IRF				3,014				41

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COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
42	Subprovider (specify)								42
43	Nursery	426	4,215	4,215					43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
46	Other Long Term Care								46
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	592	37,767	37,767	2,467				50
51	Recovery Room		384	384					51
52	Labor Room and Delivery Room	2,102	25,602	25,602	33				52
53	Anesthesiology				9,032				53
54	Radiology-Diagnostic	1,936	468	468	7,019				54
55	Radiology-Therapeutic				98				55
56	Radioisotope				98				56
57	Computed Tomography (CT) Scan				372				57
58	Magnetic Resonance Imaging (MRI)				930				58
59	Cardiac Catheterization				14				59
60	Laboratory				3,582				60
60.70	Gastro Intestinal Service								60 70
61	PBP Clinical Laboratory Services-Program Only								61
62	Whole Blood & Packed Red Blood Cells								62
63	Blood Storing, Processing, & Trans.								63
64	Intravenous Therapy								64
65	Respiratory Therapy				11				65
66	Physical Therapy		78	78					66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology								69
70	Electroencephalography								70
71	Medical Supplies Charged to Patients								71
72	Implantable Devices Charged to Patients								72
73	Drugs Charged to Patients				100				73
74	Renal Dialysis				11				74
75	ASC (Non-Distinct Part)	200	3,452	3,452	123				75
76	Other Ancillary (specify)								76
76.30	Other Ancillary Cost Centers								76.30
76.35	Cardiac Rehabilitation								76.35
OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89
90	Clinic	1,602	96,696	96,696	1,136				90

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COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
91	Emergency		75,972	75,972					91
92	Observation Beds								92
93	Other Outpatient Service (specify)								93
OTHER REIMBURSABLE COST CENTERS									
94	Home Program Dialysis								94
95	Ambulance Services		507	507					95
96	Durable Medical Equipment-Rented								96
97	Durable Medical Equipment-Sold								97
98	Other Reimbursable (specify)								98
99	Outpatient Rehabilitation Provider (specify)								99
100	Intern-Resident Service (not apprvd. tchng. prgm.)								100
101	Home Health Agency								101
SPECIAL PURPOSE COST CENTERS									
105	Kidney Acquisition								105
106	Heart Acquisition								106
107	Liver Acquisition								107
108	Lung Acquisition								108
109	Pancreas Acquisition								109
110	Intestinal Acquisition								110
111	Islet Acquisition								111
112	Other Organ Acquisition (specify)								112
115	Ambulatory Surgical Center (Distinct Part)								115
116	Hospice								116
117	Other Special Purpose (specify)								117
118	SUBTOTALS (sum of lines 1-117)	44,740	507,970	507,970	293,262				118
NONREIMBURSABLE COST CENTERS									
190	Gift, Flower, Coffee Shop, & Canteen								190
191	Research		11,326	11,326					191
192	Physicians' Private Offices		78	78					192
193	Nonpaid Workers								193
194	Other Nonreimbursable (specify)		17,663	17,663					194
200	Cross floor adjustments								200
201	Negative cost centers								201
202	Cost to be allocated (per Worksheet B, Part I)	4,988,386	19,003,920	38,799,920	5,050,522				202
203	Unit cost multiplier (Worksheet B, Part I)	111.50	35.39	72.25	4.925				203
204	Cost to be allocated (per Worksheet B, Part II)	360,293	419,696	1,363,227	241,984				204
205	Unit cost multiplier (Worksheet B, Part II)	8.05	0.781503	2.54	123.40				205
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)									
Rev. 2								40-561 - 08-11	

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

COMPUTATION OF RATIO OF COSTS TO CHARGES						Provider CCN: 340113			PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET C PART I	
COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj	Costs			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
			Total Costs	RCE Dis-allowance	Total Costs	Inpatient	Outpatient	Total (column 6 + column 7)				
	1	2	3	4	5	6	7	8	9	10	11	
INPATIENT ROUTINE SERVICE COST CENTERS												
30 Adults and Pediatrics (General Routine Care)	157,596,672		157,596,672		157,596,672	222,931,392		222,931,392				30
31 Intensive Care Unit	36,177,572		36,177,572	3,057,961	39,235,532	80,307,742		80,307,742				31
32 Coronary Care Unit	12,457,528		12,457,528		12,457,528	31,968,705		31,968,705				32
33 Burn Intensive Care Unit												33
34 Surgical Intensive Care Unit	42,641,333		42,641,333	709,245	43,350,578	94,890,766		94,890,766				34
35 Other Special Care (specify)												35
40 Subprovider IPF	16,771,245		16,771,245	99,301	16,870,546	37,118,880		37,118,880				40
41 Subprovider IRF	2,871,845		2,871,845		2,871,845	4,285,908		4,285,908				41
42 Subprovider (Specify)												42
43 Nursery	8,736,882		8,736,882		8,736,882	17,011,040		17,011,040				43
44 Skilled Nursing Facility												44
45 Nursing Facility												45
46 Other Long Term Care												46
ANCILLARY SERVICE COST CENTERS												
50 Operating Room	41,338,466		41,338,466		41,338,466	202,510,118	52,583,680	255,093,798	** 0.162052	** 0.162052	** 0.162052	50
51 Recovery Room	12,620,699		12,620,699		12,620,699	25,009,032	19,539,848	44,548,880	** 0.283300	** 0.283300	** 0.283300	51
52 Labor Room and Delivery Room	19,045,250		19,045,250		19,045,250	39,550,980	2,853,522	42,404,504	** 0.449133	** 0.449133	** 0.449133	52
53 Anesthesiology	20,841,936		20,841,936	356,557	21,198,492	188,854,464	109,734,208	298,588,672	** 0.069801	** 0.069801	** 0.070996	53
54 Radiology-Diagnostic	23,779,258		23,779,258		23,779,258	66,830,060	68,085,016	134,915,072	** 0.176254	** 0.176254	** 0.176254	54
55 Radiology-Therapeutic	7,852,271		7,852,271		7,852,271	2,453,240	48,691,536	51,144,776	** 0.153530	** 0.153530	** 0.153530	55
56 Radioisotope	2,358,052		2,358,052		2,358,052	4,202,609	9,494,869	13,697,478	** 0.172152	** 0.172152	** 0.172152	56
57 Computed Tomography (CT) Scan	5,290,125		5,290,125		5,290,125	78,487,056	99,359,824	177,846,880	** 0.029745	** 0.029745	** 0.029745	57
58 Magnetic Resonance Imaging (MRI)	4,466,289		4,466,289		4,466,289	19,141,564	39,281,872	58,423,440	** 0.076447	** 0.076447	** 0.076447	58
59 Cardiac Catheterization	13,781,910		13,781,910		13,781,910	70,362,272	49,799,736	120,162,008	** 0.114694	** 0.114694	** 0.114694	59
60 Laboratory	75,782,017		75,782,017	133,984	75,916,001	213,551,680	251,191,709	464,743,373	** 0.163062	** 0.163062	** 0.163350	60
60.70 Gastro Intestinal Service	12,795,562		12,795,562		12,795,562	10,363,558	29,214,344	39,577,904	** 0.323301	** 0.323301	** 0.323301	60 70
61 PBP Clinical Laboratory Services-Prgm. Only												61
62 Whole Blood & Packed Red Blood Cells												62
63 Blood Storing, Processing, & Trans												63
64 Intravenous Therapy												64

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COMPUTATION OF RATIO OF COSTS TO CHARGES						Provider CCN 340113			PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET C PART I	
COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
			Total Costs	RCE Disallowance	Total Costs	Inpatient	Outpatient	Total (column 6 + column 7)				
	1	2	3	4	5	6	7	8	9	10	11	
65 Respiratory Therapy	19,668,744		19,668,744		19,668,744	49,220,324	2,186,271	51,406,592	** 0.382611	** 0.382611	** 0.382611	65
66 Physical Therapy	7,289,738		7,289,738		7,289,738	16,226,633	471,180	16,697,813	** 0.436568	** 0 436568	** 0.436568	66
67 Occupational Therapy												67
68 Speech Pathology	1,518,681		1,518,681		1,518,681	2,133,342	189,390	2,322,732	** 0.653834	** 0.653834	** 0.653834	68
69 Electrocardiology	4,602,302		4,602,302		4,602,302	18,866,554	25,234,016	44,100,568	** 0.104359	** 0 104359	** 0.104359	69
70 Electroencephalography												70
71 Medical Supplies Charged to Patients	51,500,412		51,500,412		51,500,412	43,448,464	19,825,948	63,274,412	** 0.813922	** 0.813922	** 0.813922	71
72 Implantable Devices Charged to Patients	78,698,624		78,698,624		78,698,624	145,827,024	52,351,856	198,178,880	** 0.397109	** 0 397109	** 0.397109	72
73 Drugs Charged to Patients	99,528,440		99,528,440		99,528,440	227,817,408	139,303,264	367,120,672	** 0.271106	** 0.271106	** 0.271106	73
74 Renal Dialysis	4,481,085		4,481,085		4,481,085	6,220,401	6,440,258	12,660,659	** 0.353938	** 0.353938	** 0.353938	74
75 ASC (Non-Distinct Part)	20,410,848		20,410,848		20,410,848	10,792,832	79,145,432	89,938,264	** 0.226943	** 0 226943	** 0.226943	75
76 Other Ancillary (specify)												76
76.30 Other Ancillary Cost Centers	3,313,235		3,313,235		3,313,235	669,994	238,617	908,611	** 3.646483	** 3.646483	** 3.646483	76.30
76 35 Cardiac Rehabilitation	840,377		840,377		840,377	366,958	933,411	1,300,369	** 0.646260	** 0.646260	** 0.646260	76.35
OUTPATIENT SERVICE COST CENTERS												
88 Rural Health Clinic (RHC)												88
89 Federally Qualified Health Center (FQHC)												89
90 Clinic	97,565,555		97,565,555	12,346,035	109,911,589	6,265,612	63,441,409	69,707,021	** 1.399652	** 1.399652	** 1.576765	90
91 Emergency	40,787,133		40,787,133	2,556,581	43,343,713	56,001,137	108,029,254	164,030,385	** 0.248656	** 0 248656	** 0.264242	91
92 Observation Beds (see instructions)	12,280,461		12,280,461		12,280,461	1,855,235	21,555,585	23,410,820	** 0.524563	** 0 524563	** 0.524563	92
93 Other Outpatient Service (specify)												93
OTHER REIMBURSABLE COST CENTERS												
94 Home Program Dialysis												94
95 Ambulance Services	34,012,680		34,012,680		34,012,680	574	42,398,096	42,398,668	** 0.802211	** 0.802211	** 0.802211	95
96 Durable Medical Equipment-Rented												96
97 Durable Medical Equipment-Sold												97
98 Other Reimbursable (specify)												98
99 Outpatient Rehabilitation Provider (specify)												99
100 Intern-Resident Service (not apprvd. tchng. prgm.)												100
101 Home Health Agency												101
SPECIAL PURPOSE COST CENTERS												
105 Kidney Acquisition	9,783,837		9,783,837		9,783,837							105
106 Heart Acquisition	1,634,531		1,634,531		1,634,531							106
107 Liver Acquisition	5,069,714		5,069,714		5,069,714							107
108 Lung Acquisition												108

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COMPUTATION OF RATIO OF COSTS TO CHARGES						Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET C PART I	
COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col 26)	Therapy Limit Adj.	Costs			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
			Total Costs	RCE Dis-allowance	Total Costs	Inpatient	Outpatient	Total (column 6 + column 7)				
	1	2	3	4	5	6	7	8	9	10	11	
109 Pancreas Acquisition	578,025		578,025		578,025							109
110 Intestinal Acquisition												110
111 Islet Acquisition												111
112 Other Organ Acquisition (specify)	1,230,353		1,230,353		1,230,353							112
115 Ambulatory Surgical Center (Distinct Part)												115
116 Hospice												116
117 Other Special Purpose (specify)												117
200 Subtotal (see instructions)	1,011,999,680		1,011,999,680	19,259,664	1,031,259,328	1,995,543,552	1,341,574,144	3,337,117,696				200
201 Less Observation Beds	5,189,727		5,189,727		5,189,727							201
202 Total (see instructions)	1,006,809,984		1,006,809,984		1,026,069,632	1,995,543,552	1,341,574,144	3,337,117,696				202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4023)												
40-564 - 08-11											Rev. 2	

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011			WORKSHEET D, PART I	
Medicare -Title XVIII - Hospital								
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTNE SERVICE COST CENTERS								
30	Adults & Pediatrics (General Routine Care)	12,767,860		12,767,860	184,309	69.27	57,043	3,951,369	30
31	Intensive Care Unit	3,054,392		3,054,392	24,687	243 43	4,655	499,528	31
32	Coronary Care Unit	1,025,121		1,025,121	8,619	258.39	4,253	505,137	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit	3,395,408		3,395,408	28,859	508.30	9,857	1,001,738	34
35	Other Special Care Unit (specify)								35
40	Subprovider IPF	1,158,810		1,158,810	24,819	46.69	5,143	240,127	40
41	Subprovider IRF	452,897		452,897	3,014	150.26			41
42	Subprovider (Other)								42
43	Nursery	720,569		720,569	22,499	32.03			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	22,575,056		22,575,056	296,806		80,951	6,197,899	200
(A) Worksheet A line numbers									
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4024 - 4024.1)									
Rev. 2 - 08-11								40-567	

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET D, PART II	
		Medicare -Title XVIII - Hospital					
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	7,098,856	255,093,798	** 0.027828	60,857,604	1,689,164	50
51	Recovery Room	1,155,573	44,548,880	** 0.025939	7,227,274	187,468	51
52	Labor Room and Delivery Room	1,690,718	42,404,504	** 0.039871	144,097	5,745	52
53	Anesthesiology	1,333,833	298,588,672	** 0.004467	48,962,512	218.716	53
54	Radiology-Diagnostic	4,215,320	134,915,072	** 0.031244	23,351,452	729,593	54
55	Radiology-Therapeutic	2,538,876	51,144,776	** 0.049641	803,683	39,896	55
56	Radioisotope	698,995	13,697,478	** 0.051031	2,056,612	104,951	56
57	Computed Tomography (CT) Scan	712,176	177,846,880	** 0.004004	25,180,728	100,824	57
58	Magnetic Resonance Imaging (MRI)	771,461	58,423,440	** 0.013205	6,478,993	85,555	58
59	Cardiac Catheterization	2,683,733	120,162,008	** 0.022334	30,548,428	682,269	60
60	Laboratory	3,690,477	464.743,373	** 0.007941	69,640,988	538,472	60
60.70		1,360,983	39,577,904	** 0.034387	3,839,429	132,026	60.70
61	PBP Clinical Laboratory Services-Prgm. Only						61
62	Whole Blood & Packed Red Blood Cells						62
63	Blood Storing, Processing, & Transfusing						63
64	Intravenous Therapy						64
65	Respiratory Therapy	1,529,262	51,406,592	** 0.029748	16,572,550	493,000	65
66	Physical Therapy	427,175	16,697,813	** 0.025583	5,273,976	134,924	66
67	Occupational Therapy						67
68	Speech Pathology	38,607	2,322,732	** 0.016621	1,013,578	16,847	68
69	Electrocardiology	713,268	44,100,568	** 0.016174	9,384,002	151,777	69
70	Electroencephalography						70
71	Medical Supplies Charged to Patients	3,271,640	63,274,412	** 0.051706	15,163,372	784,037	71
72	Implantable Devices Charged to Patients	1,929,330	198,178,880	** 0.009735	57,870,444	563,369	72
73	Drugs Charged to Patients	3,397,293	367,120,672	** 0.009254	66,857,348	618,698	73
74	Renal Dialysis	599,366	12,660,659	** 0.047341	3,437,467	162,733	74
75	ASC (Non-Distinct Part)	1,700.167	89,938,264	** 0.018904	2,754,032	52,062	75
76	Other Ancillary (specify)						76
76 30		1,094,184	908,611	** 1.204238	119,204	132,558	76.30
76.35		71,534	1,300,369	** 0.055011	162,344	8,931	76.35
88	Rural Health Clinic (RHC)						88
89	Federally Qualified Health Center (FQHC)						89
90	Clinic	6,616,157	69.707,021	** 0.094914	1,161,345	30.793	90
91	Emergency	3,314,406	164.030,385	** 0.020206	17,500,528	340,455	91
92	Observation Beds	1,218,024	23,410,820	** 0.052028			92
93	Other Outpatient Service (specify)						93
	OTHER REIMBURSABLE COST CENTERS						
94	Home Program Dialysis						94
95	Ambulance Services						95
96	Durable Medical Equipment-Rented						96
97	Durable Medical Equipment-Sold						97
98	Other Reimbursable (specify)						98
200	Total (sum of lines 50 through 199)	53,871,416	2,806,204,672	** 0.019197	476,361,984	8,004,863	200

(A) Worksheet A line numbers

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

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

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

Medicare -Title XVIII - SNF

		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I. col. 8)	Ratio of Cost to Charges (col 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	7,098,856	255,093,798	** 0.027828			50
51	Recovery Room	1,155,573	44,548,880	** 0.025939			51
52	Labor Room and Delivery Room	1,690,718	42,404,504	** 0.039871			52
53	Anesthesiology	1,333,833	298,588,672	** 0.004467			53
54	Radiology-Diagnostic	4,215,320	134,915,072	** 0.031244			54
55	Radiology-Therapeutic	2,538,876	51,144,776	** 0.049641			55
56	Radioisotope	698,995	13,697,478	** 0.051031			56
57	Computed Tomography (CT) Scan	712,176	177,846,880	** 0.004004			57
58	Magnetic Resonance Imaging (MRI)	771,461	58,423,440	** 0.013205			58
59	Cardiac Catheterization	2,683,733	120,162,008	** 0.022334			60
60	Laboratory	3,690,477	464,743,373	** 0.007941			60
60.70		1,360,983	39,577,904	** 0.034387			60.70
61	PBP Clinical Laboratory Services-Prgm. Only						61
62	Whole Blood & Packed Red Blood Cells						62
63	Blood Storing, Processing, & Transfusing						63
64	Intravenous Therapy						64
65	Respiratory Therapy	1,529,262	51,406,592	** 0.029748			65
66	Physical Therapy	427,175	16,697,813	** 0.025583			66
67	Occupational Therapy						67
68	Speech Pathology	38,607	2,322,732	** 0.016621			68
69	Electrocardiology	713,268	44,100,568	** 0.016174			69
70	Electroencephalography						70
71	Medical Supplies Charged to Patients	3,271,640	63,274,412	** 0.051706			71
72	Implantable Devices Charged to Patients	1,929,330	198,178,880	** 0.009735			72
73	Drugs Charged to Patients	3,397,293	367,120,672	** 0.009254			73
74	Renal Dialysis	599,366	12,660,659	** 0.047341			74
75	ASC (Non-Distinct Part)	1,700,167	89,938,264	** 0.018904			75
76	Other Ancillary (specify)						76
76.30		1,094,184	908,611	** 1.204238			76.30
76.35		71,534	1,300,369	** 0.055011			76.35
88	Rural Health Clinic (RHC)						88
89	Federally Qualified Health Center (FQHC)						89
90	Clinic	6,616,157	69,707,021	** 0.094914			90
91	Emergency	3,314,406	164,030,385	** 0.020206			91
92	Observation Beds	1,218,024	23,410,820	** 0.052028			92
93	Other Outpatient Service (specify)						93
	OTHER REIMBURSABLE COST CENTERS						
94	Home Program Dialysis						94
95	Ambulance Services						95
96	Durable Medical Equipment-Rented						96
97	Durable Medical Equipment-Sold						97
98	Other Reimbursable (specify)						98
200	Total (sum of lines 50 through 199)	52,871,416	2,806,204,672	** 0.019197			200

(A) Worksheet A line numbers

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET D, PART II	
		Medicare -Title XVIII - Subprovider					
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	7,098,856	255,093,798	** 0.027828	10,481	291	50
51	Recovery Room	1,155,573	44,548,880	** 0.025939	392	10	51
52	Labor Room and Delivery Room	1,690,718	42,404,504	** 0.039871			52
53	Anesthesiology	1,333,833	298,588,672	** 0.004467			53
54	Radiology-Diagnostic	4,215,320	134,915,072	** 0.031244	46,858	1,464	54
55	Radiology-Therapeutic	2,538,876	51,144,776	** 0.049641			55
56	Radioisotope	698,995	13,697,478	** 0.051031			56
57	Computed Tomography (CT) Scan	712,176	177,846,880	** 0.004004			57
58	Magnetic Resonance Imaging (MRI)	771,461	58,423,440	** 0.013205			58
59	Cardiac Catheterization	2,683,733	120,162,008	** 0.022334			60
60	Laboratory	3,690,477	464,743,373	** 0.007941	611,957	4,703	60
60.70		1,360,983	39,577,904	** 0.034387	1,841	63	60.70
61	PBP Clinical Laboratory Services-Prgm. Only						61
62	Whole Blood & Packed Red Blood Cells						62
63	Blood Storing, Processing, & Transfusing						63
64	Intravenous Therapy						64
65	Respiratory Therapy	1,529,262	51,406,592	** 0.029748			65
66	Physical Therapy	427,175	16,697,813	** 0.025583	903	23	66
67	Occupational Therapy						67
68	Speech Pathology	38,607	2,322,732	** 0.016621			68
69	Electrocardiology	713,268	44,100,568	** 0.016174	28,992	469	69
70	Electroencephalography						70
71	Medical Supplies Charged to Patients	3,271,640	63,274,412	** 0.051706	348	18	71
72	Implantable Devices Charged to Patients	1,929,330	198,178,880	** 0.009735			72
73	Drugs Charged to Patients	3,397,293	367,120,672	** 0.009254	1,160,915	10,743	73
74	Renal Dialysis	599,366	12,660,659	** 0.047341			74
75	ASC (Non-Distinct Part)	1,700,167	89,938,264	** 0.018904			75
76	Other Ancillary (specify)						76
76.30		1,094,184	908,611	** 1.204238	9,329	12,828	76.30
76.35		71,534	1,300,369	** 0.055011			76.35
88	Rural Health Clinic (RHC)						88
89	Federally Qualified Health Center (FQHC)						89
90	Clinic	6,616,157	69,707,021	** 0.094914			90
91	Emergency	3,314,406	164,030,385	** 0.020206	202,297	6,717	91
92	Observation Beds	1,218,024	23,410,820	** 0.052028			92
93	Other Outpatient Service (specify)						93
	OTHER REIMBURSABLE COST CENTERS						
94	Home Program Dialysis						94
95	Ambulance Services						95
96	Durable Medical Equipment-Rented						96
97	Durable Medical Equipment-Sold						97
98	Other Reimbursable (specify)						98
200	Total (sum of lines 50 through 199)	53,871,416	2,806,204,672	** 0.019197	2,074,313	37,329	200

(A) Worksheet A line numbers

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

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART III

Medicare -Title XVIII - Hospital

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	1	2	3	4	5	6	7	8	9	
INPATIENT ROUTINE SERVICE COST CENTERS											
30	Adults & Pediatrics (General Routine Care)	3,515,396	378,528			3,893,924	184,309	21.13	57.043	1,205,319	30
31	Intensive Care Unit		52,426			52,426	24,687	4.24	4,655	9,869	31
32	Coronary Care Unit		18,304			18,304	8,619	4.24	4.253	9,016	32
33	Burn Intensive Care Unit										33
34	Surgical Intensive Care Unit	356,457	61,286			417,743	28,859	53.40	9,857	155,938	34
35	Other Special Care Unit (specify)										35
40	Subprovider IPF	351,885	52,689			404,574	24,819	16.30	5,143	83,831	40
41	Subprovider IRF		6,401			6,401	3,014	2.12			41
42	Subprovider (Other)										42
43	Nursery	47,498				47,498	22,499	2.11			43
44	Skilled Nursing Facility										44
45	Nursing Facility										45
200	Total (sum of lines 30-199)	4,271,236	569,634			4,840,870	296,806		80,951	1,463,973	200

(A) Worksheet A line numbers

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

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS									Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET D, PART IV	
Medicare - Title XVIII - SNF														
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	1	2	3	4	5	6	7	8	9	10	11	12	13	
ANCILLARY SERVICE COST CENTERS															
50	Operating Room		66,006	409,982		475,988	475,988	255,093,798							50
51	Recovery Room							44,548,880							51
52	Labor room and Delivery Room		234,367	5,465		239,832	239,832	42,404,504							52
53	Anesthesiology			1,950,931		1,950,931	1,950,931	298,588,672							53
54	Radiology-Diagnostic		215,859	677,137		892,996	892,996	134,915,072							54
55	Radiology-Therapeutic			9,454		9,454	9,454	51,144,776							55
56	Radioisotope			9,454		9,454	9,454	13,697,478							56
57	Computed Tomography (CT) Scan			35,888		35,888	35,888	177,846,880							57
58	Magnetic Resonance Imaging (MRI)			89,719		89,719	89,719	58,423,440							58
59	Cardiac Catheterization			2,858		2,858	2,858	120,162,008							59
60	Laboratory			731,252		731,252	731,252	464,743,373							60
60.70	Gastro Intestinal Service							39,577,904							60 70
61	PBP Clinical Laboratory Services-Prgm. Only														61
62	Whole Blood & Packed Red Blood Cells														62
63	Blood Storing, Processing, & Transfusing														63
64	Intravenous Therapy														64
65	Respiratory Therapy			2,246		2,246	2,246	51,406,592							65
66	Physical Therapy							16,697,813							66
67	Occupational Therapy														67
68	Speech Pathology							2,322,732							68
69	Electrocardiology							44,100,568							69
70	Electroencephalography														70
71	Medical Supplies Charged To Patients							63,274,412							71
72	Implantable Devices Charged to Patients							198,178,880							72
73	Drugs Charged to Patients			424,294		424,294	424,294	367,120,672							73
74	Renal Dialysis			2,246		2,246	2,246	12,660,659	0.000177	0.000177					74
75	ASC (Non-Distinct Part)		22,299	20,370		42,669	42,669	89,938,264							75
76	Other Ancillary (specify)														76
76 30	Other Ancillary Cost Centers							908,611							76 30

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS										Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET D, PART IV	
Medicare - Title XVIII - SNF															
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	1	2	3	4	5	6	7	8	9	10	11	12	13	
76.35	Cardiac Rehabilitation							1,300,369							76.35
OUTPATIENT SERVICE COST CENTERS															
88	Rural Health Clinic (RHC)														88
89	Federally Qualified Health Center (FQHC)														89
90	Clinic		178,619	109,592		288,211	288,211	69,707,021							90
91	Emergency							164,030,385							91
92	Observation Beds		115,754	12,470		128,224	128,224	23,410,820							92
93	Other Outpatient Service (specify)														93
OTHER REIMBURSABLE COST CENTERS															
94	Home Program Dialysis														94
95	Ambulance Services														95
96	Durable Medical Equipment-Rented														96
97	Durable Medical Equipment-Sold														97
98	Other Reimbursable (specify)														98
200	Total (sum of lines 50 through 199)		832,904	4,493,358		5,326,262	5,326,262	2,806,204,672							200
(A) Worksheet A line numbers															
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4024.4)															
Rev 2 - 08-11														40-571	

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS										Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET D, PART IV	
Medicare - Title XVIII - Hospital														
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wksht. C, Part 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		66,006	409,982		475,988	475,988	255,093,798			60,857,604	113,682	10,316,943	19,272	50
51	Recovery Room							44,548,880			7,227,274		3,485,527		51
52	Labor room and Delivery Room		234,367	5,465		239,832	239,832	42,404,504			144,097	815	16,315	92	52
53	Anesthesiology			1,950,931		1,950,931	1,950,931	298,588,672			48,962,512	319,921	15,319,990	100,101	53
54	Radiology-Diagnostic		215,859	677,137		892,996	892,996	134,915,072			23,351,452	154,563	17,292,024	114,456	54
55	Radiology-Therapeutic			9,454		9,454	9,454	51,144,776			803,683	149	17,961,444	3,323	55
56	Radioisotope			9,454		9,454	9,454	13,697,478			2,056,612	1,419	2,763,617	1,907	56
57	Computed Tomography (CT) Scan			35,888		35,888	35,888	177,846,880			25,180,728	5,087	24,482,652	4,945	57
58	Magnetic Resonance Imaging (MRI)			89,719		89,719	89,719	58,423,440			6,478,993	9,952	7,447,295	11,439	58
59	Cardiac Catheterization			2,858		2,858	2,858	120,162,008			30,548,428	733	19,241,414	462	59
60	Laboratory			731,252		731,252	731,252	464,743,373			69,640,988	107,345	7,695,362	13,301	60
60.70	Gastro Intestinal Service							39,577,904			3,839,429		9,188,070		60 70
61	PBP Clinical Laboratory Services-Prgm. Only														61
62	Whole Blood & Packed Red Blood Cells														62
63	Blood Storing, Processing, & Transfusing														63
64	Intravenous Therapy														64
65	Respiratory Therapy			2,246		2,246	2,246	51,406,592			16,572,550	729	338,802	15	65
66	Physical Therapy							16,697,813			5,273,976				66
67	Occupational Therapy														67
68	Speech Pathology							2,322,732			1,013,578				68
69	Electrocardiology							44,100,568			9,384,002		9,186,200		69
70	Electroencephalography														70
71	Medical Supplies Charged To Patients							63,274,412			15,163,372		5,599,464		71
72	Implantable Devices Charged to Patients							198,178,880			57,870,444		17,262,492		72
73	Drugs Charged to Patients			424,294		424,294	424,294	367,120,672			66,857,348	77,287	37,309,680	43,130	73
74	Renal Dialysis			2,246		2,246	2,246	12,660,659	0.000177	0.000177	3,437,467	608	1,256,894	222	74
75	ASC (Non-Distinct Part)		22,299	20,370		42,669	42,669	89,938,264			2,754,032	1,305	10,934,944	5,183	75
76	Other Ancillary (specify)														76
76.30	Other Ancillary Cost Centers							908,611			119,204		68,093		76.30

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS										Provider CCN: 340113		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET D, PART IV	
Medicare - Title XVIII - Hospital															
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col 8)	Ratio of Cost to Charges (col 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 + col 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	1	2	3	4	5	6	7	8	9	10	11	12	13	
76.35	Cardiac Rehabilitation							1,300,369			162,344		304,223		76.35
OUTPATIENT SERVICE COST CENTERS															
88	Rural Health Clinic (RHC)														88
89	Federally Qualified Health Center (FQHC)														89
90	Clinic		178,619	109,592		288,211	288,211	69,707,021			1,161,345	346	10,439,566	46,271	90
91	Emergency							164,030,385			17,500,528		11,986,421		91
92	Observation Beds		115,754	12,470		128,224	128,224	23,410,820					3,183,182		92
93	Other Outpatient Service (specify)														93
OTHER REIMBURSABLE COST CENTERS															
94	Home Program Dialysis														94
95	Ambulance Services														95
96	Durable Medical Equipment-Rented														96
97	Durable Medical Equipment-Sold														97
98	Other Reimbursable (specify)														98
200	Total (sum of lines 30 through 199)		832,904	4,493,358		5,326,262	5,326,262	2,806,204,672			476,361,984	793,941	243,080,608	364,119	200
(A) Worksheet A line numbers															
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4024.4)															
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS										Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET D, PART IV	
Medicare -Title XVIII - Subprovider														
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	1	2	3	4	5	6	7	8	9	10	11	12	13	
ANCILLARY SERVICE COST CENTERS															
50	Operating Room		66,006	409,982		475,988	475,988	255,093,798			10,481	20			50
51	Recovery Room							44,548,880			392				51
52	Labor room and Delivery Room		234,367	5,465		239,832	239,832	42,404,504							52
53	Anesthesiology			1,950,931		1,950,931	1,950,931	298,588,672							53
54	Radiology-Diagnostic		215,859	677,137		892,996	892,996	134,915,072			46,858	310	710	5	54
55	Radiology-Therapeutic			9,454		9,454	9,454	51,144,776							55
56	Radioisotope			9,454		9,454	9,454	13,697,478							56
57	Computed Tomography (CT) Scan			35,888		35,888	35,888	177,846,880							57
58	Magnetic Resonance Imaging (MRI)			89,719		89,719	89,719	58,423,440					2,819	4	58
59	Cardiac Catheterization			2,858		2,858	2,858	120,162,008							59
60	Laboratory			731,252		731,252	731,252	464,743,373			611,957	936	359	1	60
60 70	Gastro Intestinal Service							39,577,904			1,841				60 70
61	PBP Clinical Laboratory Services-Prgm. Only														61
62	Whole Blood & Packed Red Blood Cells														62
63	Blood Storing, Processing, & Transfusing														63
64	Intravenous Therapy														64
65	Respiratory Therapy			2,246		2,246	2,246	51,406,592					36		65
66	Physical Therapy							16,697,813			903				66
67	Occupational Therapy														67
68	Speech Pathology							2,322,732							68
69	Electrocardiology							44,100,568			28,992		3,004		69
70	Electroencephalography														70
71	Medical Supplies Charged To Patients							63,274,412			348				71
72	Implantable Devices Charged to Patients							198,178,880							72
73	Drugs Charged to Patients			424,294		424,294	424,294	367,120,672			1,160,915	1,342	673,277	778	73
74	Renal Dialysis			2,246		2,246	2,246	12,660,659	0.000177	0.000177					74
75	ASC (Non-Distinct Part)		22,299	20,370		42,669	42,669	89,938,264							75
76	Other Ancillary (specify)														76
76.30	Other Ancillary Cost Centers							908,611			9,329		11,550		76.30

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS										Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011			WORKSHEET D, PART IV	
Medicare -Title XVIII - Subprovider															
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part 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	
7635	Cardiac Rehabilitation							1,300,369							7635
OUTPATIENT SERVICE COST CENTERS															
88	Rural Health Clinic (RHC)														88
89	Federally Qualified Health Center (FQHC)														89
90	Clinic		178,619	109,592		288,211	288,211	69,707,021					178,654	4,316	90
91	Emergency							164,030,385			202,297		102,962		91
92	Observation Beds		115,754	12,470		128,224	128,224	23,410,820					33,650	475	92
93	Other Outpatient Service (specify)														93
OTHER REIMBURSABLE COST CENTERS															
94	Home Program Dialysis														94
95	Ambulance Services														95
96	Durable Medical Equipment-Rented														96
97	Durable Medical Equipment-Sold														97
98	Other Reimbursable (specify)														98
200	Total (sum of lines 50 through 199)		832,904	4,493,358		5,326,262	5,326,262	2,806,204,672			2,074,313	2,608	1,007,021	5,579	200
(A) Worksheet A line numbers															
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4024.4)															
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART V

Medicare - Title XVIII - Subprovider

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

		Cost to Charge Ratio from Worksheet C, Part I, col. 9	Program Charges			Program Cost			
			PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject to Ded. & Coins (see instructions)	Cost Reimbursed Services Not Subject to Ded & Coins. (see instructions)	PPS Services (see instructions)	Cost Services Subject to Ded. & Coins (see instructions)	Cost Services Not Subject to Ded. & Coins. (see instructions)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS									
50	Operating Room								50
51	Recovery Room								51
52	Labor & Delivery Room								52
53	Anesthesiology								53
54	Radiology-Diagnostic		710			125			54
55	Radiology-Therapeutic								55
56	Radioisotope								56
57	Computed Tomography (CT) Scan								57
58	Magnetic Resonance Imaging (MRI)		2,819			216			58
59	Cardiac Catheterization								59
60	Laboratory		359			57			60
61	PBP Clinic Laboratory Services-Prgm. Only								61
62	Whole Blood & Packed Red Blood Cells								62
63	Blood Storing, Processing, & Transfusing								63
64	Intravenous Therapy								64
65	Respiratory Therapy		36			14			65
66	Physical Therapy								66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology		3,004			313			69
70	Electroencephalography								70
71	Medical Supplies Charged To Patients								71
72	Implantable Devices Charged to Patients								72
73	Drugs Charged to Patients		673,277			182,529			73
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76	Other Ancillary (specify)								76
76.30	Other Ancillary Cost Centers		11,550			29,995			76.30
OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89
90	Clinic		178,654			409,416			90
91	Emergency		102,962			48,911			91
92	Observation Bed		33,650			19,229			92
93	Other Outpatient Service (specify)								93
OTHER REIMBURSABLE COST CENTERS									
94	Home Program Dialysis								94
95	Ambulance								95
96	Durable Medical Equipment-Rented								96
97	Durable Medical Equipment-Sold								97
98	Other Reimbursable Cost Center								98
200	Subtotal (see instructions)		1,007,021			690,805			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		1,007,021			690,805			202

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

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

Medicare -Title XVIII - Hospital

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

		Cost to Charge Ratio from Worksheet C, Part I, col. 9	Program Charges			Program Cost			
			PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject to Ded. & Coins (see instructions)	Cost Reimbursed Services Not Subject to Ded. & Coins. (see instructions)	PPS Services (see instructions)	Cost Services Subject to Ded & Coins. (see instructions)	Cost Services Not Subject to Ded. & Coins (see instructions)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS									
50	Operating Room		10,316,943			1,629,664			50
51	Recovery Room		3,485,527			987,450			51
52	Labor & Delivery Room		16,315			7,328			52
53	Anesthesiology		15,319,990			1,069,351			53
54	Radiology-Diagnostic		17,292,024			3,047,788			54
55	Radiology-Therapeutic		17,961,444			2,757,620			55
56	Radioisotope		2,763,617			475,762			56
57	Computed Tomography (CT) Scan		24,482,652			728,236			57
58	Magnetic Resonance Imaging (MRI)		7,447,295			569,323			58
59	Cardiac Catheterization		19,241,414			2,206,875			59
60	Laboratory		7,695,362			1,369,092			60
60.70	Gastro Intestinal Service		9,188,070			2,970,512			60.70
61	PBP Clinic Laboratory Services-Prgm. Only								61
62	Whole Blood & Packed Red Blood Cells								62
63	Blood Storing, Processing, & Transfusing								63
64	Intravenous Therapy								64
65	Respiratory Therapy		338,802			129,629			65
66	Physical Therapy								66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology		9,186,200			958,663			69
70	Electroencephalography								70
71	Medical Supplies Charged To Patients		5,599,464			4,557,527			71
72	Implantable Devices Charged to Patients		17,262,492			6,855,091			72
73	Drugs Charged to Patients		37,309,680		150,628	10,114,878		40,836	73
74	Renal Dialysis		1,256,894			444,863			74
75	ASC (Non-Distinct Part)		10,934,944			2,481,609			75
76	Other Ancillary (specify)								76
76.30	Other Ancillary Cost Centers		68,093			180,787			76.30
76.35	Cardiac Rehabilitation		304,223			196,607			76.35
OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89
90	Clinic		10,439,566			15,759,965			90
91	Emergency		11,986,421			2,835,496			91
92	Observation Bed		3,183,182			1,528,402			92
93	Other Outpatient Service (specify)								93
OTHER REIMBURSABLE COST CENTERS									
94	Home Program Dialysis								94
95	Ambulance								95
96	Durable Medical Equipment-Rented								96
97	Durable Medical Equipment-Sold								97
98	Other Reimbursable Cost Center								98
200	Subtotal (see instructions)		243,080,608		150,628	63,862,520		40,836	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		243,080,608		150,628	63,862,520		40,836	202

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4024 5)

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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS	Provider CCN. 340113	PERIOD. FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART V
40-572			Rev. 2 - 08-11

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

Medicare -Title XVIII - Subprovider

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	Inpatient days (including private room days and swing-bed days, excluding newborn)	24,819	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	24,819	2
3	Private room days (excluding swing-bed and observation bed days)		3
4	Semi-private room days (excluding swing-bed and observation bed days)	24,811	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	5,143	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period.		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16
	SWING BED ADJUSTMENT		
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	16,870,546	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	16,870,546	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	General inpatient routine service charges (excluding swing-bed charges)	36,683,132	28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)	36,683,132	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.459899	31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)	1,478	33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	16,870,546	37

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

Medicare -Title XVIII - Hospital

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	Inpatient days (including private room days and swing-bed days, excluding newborn)	184,309	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	184,309	2
3	Private room days (excluding swing-bed and observation bed days)	44,746	3
4	Semi-private room days (excluding swing-bed and observation bed days)	133,500	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	57,043	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period.		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16
	SWING BED ADJUSTMENT		
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	157,596,672	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	157,596,672	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	General inpatient routine service charges (excluding swing-bed charges)	207,080,288	28
29	Private room charges (excluding swing-bed charges)	57,628,760	29
30	Semi-private room charges (excluding swing-bed charges)	149,451,520	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.761041	31
32	Average private room per diem charge (line 29 ÷ line 3)	1,287.91	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)	1,119	33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)	168.42	34
35	Average per diem private room cost differential (line 34 x line 31)	128.17	35
36	Private room cost differential adjustment (line 3 x line 35)	5,735,095	36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	151,861,568	37

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

Medicare -Title XVIII - SNF

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,014	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,014	2
3	Private room days (excluding swing-bed and observation bed days)		3
4	Semi-private room days (excluding swing-bed and observation bed days)	3,014	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions).		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period.		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	2,871,845	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,871,845	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed charges)	4,285,908	28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)	4,285.908	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.670067	31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)	1,422	33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,871,845	37

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

Medicare -Title XVIII - Subprovider

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS					1		
38	Adjusted general inpatient routine service cost per diem (see instructions)				679		38
39	Program general inpatient routine service cost (line 9 x line 38)				3,495,903		39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)				3,495,903		41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only) Intensive Care Type Inpatient Hospital Units						42
43	Intensive Care Unit						43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care Unit (specify)						47
						1	
48	Program inpatient ancillary service cost (Worksheet D-3, column 3, line 200)					547,000	48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)					4,042,903	49
PASS-THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III)					323,958	50
51	Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV)					39,937	51
52	Total Program excludable cost (sum of lines 50 and 51)					363,895	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)					3,679,008	53
TARGET AMOUNT AND LIMIT COMPUTATION							
54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket						60
61	If line 53 ÷ line 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63
PROGRAM INPATIENT ROUTINE SWING BED COST							
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (Title XVIII only. For CAH see instructions.)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

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

Medicare - Title XVIII - Hospital

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS					1	
38	Adjusted general inpatient routine service cost per diem (see instructions)				855	38
39	Program general inpatient routine service cost (line 9 x line 38)				48,775,760	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)					40
41	Total Program general inpatient routine service cost (line 39 + line 40)				48,775,760	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only) Intensive Care Type Inpatient Hospital Units						42
43	Intensive Care Unit	39,235,532	24,687	** 1,589.32		8,282,316	43
44	Coronary Care Unit	12,457,528	8,619	** 1,445.36		6,143,292	44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit	43,350,578	28,859	** 1,502.15		13,304,738	46
47	Other Special Care Unit (specify)						47
						1	
48	Program inpatient ancillary service cost (Worksheet D-3, column 3, line 200)					108,227,088	48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)					184,733,184	49
PASS-THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III)					7,337,914	50
51	Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV)					8,798,804	51
52	Total Program excludable cost (sum of lines 50 and 51)					16,136,718	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)					168,596,464	53
TARGET AMOUNT AND LIMIT COMPUTATION							
54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket						60
61	If line 53 ÷ line 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63
PROGRAM INPATIENT ROUTINE SWING BED COST							
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (Title XVIII only. For CAH, see instructions.)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

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

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

Medicare - Title XVIII - SNF

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS					1		
38	Adjusted general inpatient routine service cost per diem (see instructions)				952		38
39	Program general inpatient routine service cost (line 9 x line 38)						39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)						41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only) Intensive Care Type Inpatient Hospital Units						42
43	Intensive Care Unit						43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care Unit (specify)						47
						1	
48	Program inpatient ancillary service cost (Worksheet D-3, column 3, line 200)						48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)						49
PASS-THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III)						50
51	Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV)						51
52	Total Program excludable cost (sum of lines 50 and 51)						52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)						53
TARGET AMOUNT AND LIMIT COMPUTATION							
54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket						60
61	If line 53 ÷ line 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63
PROGRAM INPATIENT ROUTINE SWING BED COST							
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (Title XVIII only. For CAH, see instructions.)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

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

Medicare -Title XVIII - SNF

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass-Through Cost (col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	452,897	2,871,845	0.157702			90
91	Nursing School cost		2,871,845				91
92	Allied Health cost	6,401	2,871,845	0.002229			92
93	All other Medical Education		2,871,845				93

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

Medicare -Title XVIII - Subprovider

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)	8	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	679.74	88
89	Observation bed cost (line 87 x line 88) (see instructions)	5,438	89

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass-Through Cost (col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	1,158,810	16,870,546	0.068688	5,438	374	90
91	Nursing School cost	351,885	16,870,546	0.020858	5,438	113	91
92	Allied Health cost	52,689	16,870,546	0.003123	5,438	17	92
93	All other Medical Education		16,870,546		5,438		93

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

Medicare - Title XVIII - Hospital

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)	6,063	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	855.07	88
89	Observation bed cost (line 87 x line 88) (see instructions)	5,184,289	89

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass-Through Cost (col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	12,767,860	157,596,672	0.081016	5,184,289	420,010	90
91	Nursing School cost	3,515,396	157,596,672	0.022306	5,184,289	115.641	91
92	Allied Health cost	378,528	157,596,672	0.002402	5,184,289	12,453	92
93	All other Medical Education		157,596,672		5,184,289		93

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

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

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

Medicare - Title XVIII - Hospital

	(A) COST CENTER DESCRIPTION	Ratio of Cost to Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults and Pediatrics (General Routine Care)		100,248,040		30
31	Intensive Care Unit		8,140,999		31
32	Coronary Care Unit		7,897,130		32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit		17,240,921		34
35	Other Special Care (specify)				35
40	Subprovider IPF				40
41	Subprovider IRF				41
42	Subprovider (Specify)				42
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room		60,857,604	9,613,067	50
51	Recovery Room		7,227,274	2,047,487	51
52	Labor Room and Delivery Room		144,097	64,719	52
53	Anesthesiology		48,962,512	3,476,142	53
54	Radiology-Diagnostic		23,351,452	4,115,787	54
55	Radiology-Therapeutic		803,683	123,389	55
56	Radioisotope		2,056,612	354,050	56
57	Computed Tomography (CT) Scan		25,180,728	749,001	57
58	Magnetic Resonance Imaging (MRI)		6,478,993	495,300	58
59	Cardiac Catheterization		30,548,428	3,503,721	59
60	Laboratory		69,640,988	11,150,912	60
61	PBP Clinical Laboratory Services-Prgm Only				61
62	Whole Blood & Packed Red Blood Cells				62
63	Blood Storing, Processing, & Trans.				63
64	Intravenous Therapy				64
65	Respiratory Therapy		16,572,550	6,340,840	65
66	Physical Therapy		5,273,976	2,302,449	66
67	Occupational Therapy				67
68	Speech Pathology		1,013,578	662,712	68
69	Electrocardiology		9,384,002	979,305	69
70	Electroencephalography				70
71	Medical Supplies Charged to Patients		15,163,372	12,341,802	71
72	Implantable Devices Charged to Patients		57,870,444	22,980,874	72
73	Drugs Charged to Patients		66,857,348	18,125,428	73
74	Renal Dialysis	0.353938	3,437,467	1,216,650	74
75	ASC (Non-Distinct Part)		2,754,032	625,008	75
76	Other Ancillary (specify)		3,958,633	1,743,517	76
76.35		0.646260	162,344	104.916	76.35
	OUTPATIENT SERVICE COST CENTERS				
88	Rural Health Clinic (RHC)				88
89	Federally Qualified Health Center (FQHC)				89
90	Clinic		1,161,345	619.058	90
91	Emergency		17,500,528	4.490.950	91
92	Observation Beds (see instructions)				92
93	Other Outpatient Service (specify)				93
	OTHER REIMBURSABLE COST CENTERS				
94	Home Program Dialysis				94
95	Ambulance Services				95
96	Durable Medical Equipment-Rented				96
97	Durable Medical Equipment-Sold				97
98	Other Reimbursable (specify)				98
200	Total (sum of lines 50-94 and 96-98)		476,361,984	108,227,088	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET D-3	
202	Net Charges (line 200 minus line 201)			476,361,984		202
(A) Worksheet A line numbers						
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4027)						
40-578 - 08-11					Rev. 2	

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

Medicare -Title XVIII - Subprovider

	(A) COST CENTER DESCRIPTION	Ratio of Cost to Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults and Pediatrics (General Routine Care)				30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider IPF		7,568,991		40
41	Subprovider IRF				41
42	Subprovider (Specify)				42
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room		10,481	1,656	50
51	Recovery Room		392	111	51
52	Labor Room and Delivery Room				52
53	Anesthesiology				53
54	Radiology-Diagnostic		46,858	8,259	54
55	Radiology-Therapeutic				55
56	Radioisotope				56
57	Computed Tomography (CT) Scan				57
58	Magnetic Resonance Imaging (MRI)				58
59	Cardiac Catheterization				59
60	Laboratory		611,957	97,620	60
61	PBP Clinical Laboratory Services-Prgm. Only				61
62	Whole Blood & Packed Red Blood Cells				62
63	Blood Storing, Processing, & Trans.				63
64	Intravenous Therapy				64
65	Respiratory Therapy				65
66	Physical Therapy		903	394	66
67	Occupational Therapy				67
68	Speech Pathology				68
69	Electrocardiology		28,992	3,026	69
70	Electroencephalography				70
71	Medical Supplies Charged to Patients		348	283	71
72	Implantable Devices Charged to Patients				72
73	Drugs Charged to Patients		1,160,915	314,731	73
74	Renal Dialysis	0.353938			74
75	ASC (Non-Distinct Part)				75
76	Other Ancillary (specify)		11,170	24,822	76
76.35		0.646260			76.35
	OUTPATIENT SERVICE COST CENTERS				
88	Rural Health Clinic (RHC)				88
89	Federally Qualified Health Center (FQHC)				89
90	Clinic				90
91	Emergency		202,297	96,098	91
92	Observation Beds (see instructions)				92
93	Other Outpatient Service (specify)				93
	OTHER REIMBURSABLE COST CENTERS				
94	Home Program Dialysis				94
95	Ambulance Services				95
96	Durable Medical Equipment-Rented				96
97	Durable Medical Equipment-Sold				97
98	Other Reimbursable (specify)				98
200	Total (sum of lines 50-94 and 96-98)		2,074,313	547,000	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET D-3	
202	Net Charges (line 200 minus line 201)			2,074,313		202
(A) Worksheet A line numbers						
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4027)						
40-578 - 08-11					Rev. 2	

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

Liver

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

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

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

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

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

Heart

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

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

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

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

Pancreas

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

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

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

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

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

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

Kidney

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

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

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

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

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

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

Liver

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

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

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

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

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

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

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

Heart

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

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

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

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

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

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

Kidney

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

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

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

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

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

Pancreas

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

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

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

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

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[Record code 7640 - 2010]

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

Pancreas

PART III - SUMMARY OF COSTS AND CHARGES

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

PART IV - STATISTICS

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

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

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

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

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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[Record code 7640 - 2010]

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

Kidney

PART III - SUMMARY OF COSTS AND CHARGES

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

PART IV - STATISTICS

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

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

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

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

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

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

Liver

PART III - SUMMARY OF COSTS AND CHARGES

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

PART IV - STATISTICS

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

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

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

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

Heart

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	54,600		245,457		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,634,531		836,528		59
60	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)					60
61	Total (sum of lines 56 thru 60)	1,689,131		1,081,985		61
62	Total Usable Organs (see instructions)		43			62
63	Medicare Usable Organs (see instructions)		36			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.837209			64
65	Medicare Cost/Charges (see instructions)	1.414,156		905,848		65
66	Revenue for Organs Sold	290,250		290,250		66
67	Subtotal (line 65 minus line 66)	1,123,906		615,598		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	1,123,906		615,598		69

PART IV - STATISTICS

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

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

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E, PART A	
Medicare - Title XVIII - Hospital					
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1	DRG amounts other than outlier payments		125,020,064		1
2	Outlier payments for discharges (see instructions)		5,065,820		2
3	Managed care simulated payments		14,324,364		3
4	Bed days available divided by number of days in the cost reporting period (see instructions) Indirect Medical Education Adjustment Calculation for Hospitals		769.39		4
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)		172.95		5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)		172.95		9
10	FTE count for allopathic and osteopathic programs in the current year from your records		212.53		10
11	FTE count for residents in dental and podiatric programs		8.38		11
12	Current year allowable FTE (see instructions)		181.33		12
13	Total allowable FTE count for the prior year		181.32		13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		181.22		14
15	Sum of lines 12 through 14 divided by 3		181.29		15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count		181.29		18
19	Current year resident to bed ratio (line 18 divided by line 4)		0.235628		19
20	Prior year resident to bed ratio (see instructions)		0.240321		20
21	Enter the lesser of lines 19 or 20 (see instructions)		0.235628		21
22	IME payment adjustment (see instructions)		16,830,298		22
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)		39.58		24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment (see instructions)				27
28	IME Adjustment (see instructions)				28
29	Total IME payment (sum of lines 22 and 28)		16,830,298		29
Disproportionate Share Adjustment					
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.079300		30
31	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		0.337100		31
32	Sum of lines 30 and 31		0.416400		32
33	Allowable disproportionate share percentage (see instructions)		0.235700		33
34	Disproportionate share adjustment (see instructions)		29,467,228		34
Additional payment for high percentage of ESRD beneficiary discharges					
40	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683. 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652. 682, 683. 684 an 685 (see instructions)				41
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652. 682, 683. 684 an 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41)				46
47	Subtotal (see instructions)		176,383,408		47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs SCH and MDH only (see instructions)		176,383,408		49

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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E, PART A	
Medicare -Title XVIII - Hospital				
50	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	12,630,763		50
51	Exception payment for inpatient program capital (Worksheet L, Part III) (see instructions)			51
52	Direct graduate medical education payment (from Worksheet E-4, line 49) (see instructions).	5,624,028		52
53	Nursing and allied health managed care payment	386,664		53
54	Special add-on payments for new technologies			54
55	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	12,759,434		55
56	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			56
57	Routine service other pass through costs	1,380,142		57
58	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	793,941		58
59	Total (sum of amounts on lines 49 through 58)	209,958,384		59
60	Primary payer payments	349,071		60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	209,609,312		61
62	Deductibles billed to program beneficiaries	9,346,512		62
63	Coinsurance billed to program beneficiaries	907,419		63
64	Allowable bad debts (see instructions)	3,462,178		64
65	Adjusted reimbursable bad debts (see instructions)	2,423,525		65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,937,272		66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	201,778,896		67
68	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			68
69	Outlier payments reconciliation			69
70	Other adjustments (specify) (see instructions)			70
71	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	201,778,896		71
72	Interim payments	197,007,984		72
73	Tentative settlement (for contractor use only)			73
74	Balance due provider (Program) (lines 71 minus the sum of lines 72 and 73)	4,770,911		74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	6,133,009		75
TO BE COMPLETED BY CONTRACTOR				
90	Operating outlier amount from Worksheet E, Part A line 2	5,065,820		90
91	Capital outlier from Worksheet L, Part I, line 2	834,773		91
92	Operating outlier reconciliation adjustment amount (see instructions)			92
93	Capital outlier reconciliation adjustment amount (see instructions)			93
94	The rate used to calculate the Time Value of Money (see instructions)			94
95	Time Value of Money for operating expenses (see instructions)			95
96	Time Value of Money for capital related expenses (see instructions)			96
08-11				

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E, PART B	
Medicare -Title XVIII - Hospital				
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1	Medical and other services (see instructions)		40,836	1
2	Medical and other services reimbursed under OPPS (see instructions).		63,498,400	2
3	PPS payments		51,671,296	3
4	Outlier payment (see instructions)		1,413,902	4
5	Enter the hospital specific payment to cost ratio (see instructions)			5
6	Line 2 times line 5			6
7	Sum of lines line 3 plus line 4 divided by line 6			7
8	Transitional corridor payment (see instructions)			8
9	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		364,119	9
10	Organ acquisition			10
11	Total cost (sum of lines 1 and 10) (see instructions)		40,836	11
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable charges			
12	Ancillary service charges		150,628	12
13	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			13
14	Total reasonable charges (sum of lines 12 and 13)		150,628	14
	Customary charges			
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis			15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)			17
18	Total customary charges (see instructions)		150,628	18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		109,792	19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)		40,836	21
22	Interns and residents (see instructions)			22
23	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, §2148)			23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)		53,449,316	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25	Deductibles and coinsurance (see instructions)			25
26	Deductibles and Coinsurance relating to amount on line 24 (see instructions)		10,350.159	26
27	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)		43,139,992	27
28	Direct graduate medical education payments (from Worksheet E-4, line 50)		1,805,394	28
29	ESRD direct medical education costs (from Worksheet E-4, line 36)			29
30	Subtotal (sum of lines 27 through 29)		44,945,388	30
31	Primary payer payments		11,626	31
32	Subtotal (line 30 minus line 31)		44,933,760	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33	Composite rate ESRD (from Worksheet I-5, line 11)			33
34	Allowable bad debts (see instructions)		2.198,471	34
35	Adjusted reimbursable bad debts (see instructions)		1,538,930	35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)		944,420	36
37	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		46,472.692	37
38	MSP-LCC reconciliation amount from PS&R			38
39	Other adjustments (specify) (see instructions)			39
40	Subtotal (line 37 plus or minus lines 39 minus 38)		46,472,692	40
41	Interim payments		45.248.060	41
42	Tentative settlement (for contractors use only)			42
43	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		1,224,632	43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		1,159,459	44
PART B - MEDICAL AND OTHER HEALTH SERVICES TO BE COMPLETED BY CONTRACTOR				
90	Original outlier amount (see instructions)		1.413,902	90
91	Outlier reconciliation adjustment amount (see instructions)			91
92	The rate used to calculate the Time Value of Money			92
93	Time Value of Money (see instructions)			93
94	Total (sum of lines 91 and 93)			94
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4030.2)				

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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN. 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E, PART B
Medicare - Title XVIII - Hospital			
Rev. 2 - 08-11			40-587

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E, PART B	
Medicare -Title XVIII - Subprovider				
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1	Medical and other services (see instructions)			1
2	Medical and other services reimbursed under OPPS (see instructions).		685,226	2
3	PPS payments		565,987	3
4	Outlier payment (see instructions)			4
5	Enter the hospital specific payment to cost ratio (see instructions)			5
6	Line 2 times line 5			6
7	Sum of lines line 3 plus line 4 divided by line 6			7
8	Transitional corridor payment (see instructions)			8
9	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		5,579	9
10	Organ acquisition			10
11	Total cost (sum of lines 1 and 10) (see instructions)			11
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable charges			
12	Ancillary service charges			12
13	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			13
14	Total reasonable charges (sum of lines 12 and 13)			14
	Customary charges			
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis			15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)			17
18	Total customary charges (see instructions)			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)			21
22	Interns and residents (see instructions)			22
23	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, §2148)			23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)		571,566	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25	Deductibles and coinsurance (see instructions)			25
26	Deductibles and Coinsurance relating to amount on line 24 (see instructions)		117,486	26
27	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)		454,080	27
28	Direct graduate medical education payments (from Worksheet E-4, line 50)			28
29	ESRD direct medical education costs (from Worksheet E-4, line 36)			29
30	Subtotal (sum of lines 27 through 29)		454,080	30
31	Primary payer payments			31
32	Subtotal (line 30 minus line 31)		454,080	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33	Composite rate ESRD (from Worksheet I-5, line 11)			33
34	Allowable bad debts (see instructions)			34
35	Adjusted reimbursable bad debts (see instructions)			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)			36
37	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		454,080	37
38	MSP-LCC reconciliation amount from PS&R			38
39	Other adjustments (specify) (see instructions)			39
40	Subtotal (line 37 plus or minus lines 39 minus 38)		454,080	40
41	Interim payments		448,501	41
42	Tentative settlement (for contractors use only)			42
43	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		5,579	43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		94,805	44
PART B - MEDICAL AND OTHER HEALTH SERVICES TO BE COMPLETED BY CONTRACTOR				
90	Original outlier amount (see instructions)			90
91	Outlier reconciliation adjustment amount (see instructions)			91
92	The rate used to calculate the Time Value of Money			92
93	Time Value of Money (see instructions)			93
94	Total (sum of lines 91 and 93)			94
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4030.2)				

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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 340113	PERIOD. FROM 01/01/2011 TO 12/31/2011	WORKSHEET E, PART B
Medicare - Title XVIII - Subprovider			
Rev. 2 - 08-11			40-587

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN. 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E-3, PART II	
Medicare - Title XVIII - Subprovider				
PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS				
1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)		3,577,619	1
2	Net IPF PPS Outlier payment		12,187	2
3	Net IPF PPS ECT payment		13,540	3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)			4
5	New teaching program adjustment (see instructions)			5
6	Current year unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program" (see instructions)			6
7	Current year unweighted I&R FTE count for residents within the first 3 years of a "new teaching program" (see instructions)			7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)			8
9	Average daily census (see instructions)		67.98	9
10	Medical Education Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}			10
11	Medical Education Adjustment (line 1 multiplied by line 10)			11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		3,603,346	12
13	Nursing and allied health managed care payment (see instruction)			13
14	Organ acquisition			14
15	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			15
16	Subtotal (see instructions)		3,603,346	16
17	Primary payer payments		3,286	17
18	Subtotal (line 16 less line 17).		3,600,060	18
19	Deductibles		305,448	19
20	Subtotal (line 18 minus line 19)		3,294,612	20
21	Coinsurance		125,935	21
22	Subtotal (line 20 minus line 21)		3,168,677	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)		196,668	23
24	Adjusted reimbursable bad debts (see instructions)		137,668	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		125,338	25
26	Subtotal (sum of lines 22 and 24)		3,306,345	26
27	Direct graduate medical education payments (from Worksheet E-4, line 49)			27
28	Other pass through costs (see instructions)		86,439	28
29	Outlier payments reconciliation			29
30	Other adjustments (specify) (see instructions)			30
31	Total amount payable to the provider (see instructions)		3,392,784	31
32	Interim payments		3,412,679	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus the sum lines 32 and 33)		-19,895	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		81,901	35
TO BE COMPLETED BY CONTRACTOR				
50	Original outlier amount from Worksheet E-3, Part II, line 2 (see instructions)		12,187	50
51	Outlier reconciliation adjustment amount (see instructions)			51
52	The rate used to calculate the Time Value of Money (see instructions)			52
53	Time Value of Money (see instructions)			53
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4033.2)				
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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E-3, PART III

Medicare -Title XVIII - SNF

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

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

TO BE COMPLETED BY CONTRACTOR

50	Original outlier amount from Worksheet E-3, Part III, line 4 (see instructions)		50
51	Outlier reconciliation adjustment amount (see instructions)		51
52	The rate used to calculate the Time Value of Money (see instructions)		52
53	Time Value of Money (see instructions)		53

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

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN. 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E-4	
Medicare - Title XVIII - Hospital				
COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1 Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			173.81	1
2 Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)				2
3 Amount of reduction to Direct GME cap under section 422 of MMA			0.70	3
3.01 Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4 Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))				4
4.01 ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02 ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5 FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts			173.11	5
6 Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			214.46	6
7 Enter the lesser of line 5 or line 6			173.11	7
	Primary Care	Other	Total	
	1	2	3	
8 Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	119.21	86.35	205.56	8
9 If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	96.23	69.70	165.93	9
10 Weighted dental and podiatric resident FTE count for the current year		7.38		10
11 Total weighted FTE count	96.23	77.08		11
12 Total weighted resident FTE count for the prior cost reporting year (see instructions)	95.77	78.63		12
13 Total weighted resident FTE count for the penultimate cost reporting year (see instr.)	97.19	76.62		13
14 Rolling average FTE count (sum of lines 11 through 13 divided by 3)	96.40	77.44		14
15 Adjustment for residents in initial years of new programs				15
16 Adjustment for residents displaced by program or hospital closure				16
17 Adjusted rolling average FTE count	96.40	77.44		17
18 Per resident amount	128,823	128,462		18
19 Approved amount for resident costs	12,418,618	9,948,114	22,366,732	19
20 Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)				20
21 GME FTE weighted resident count over cap (see instructions)	41.35			21
22 Allowable additional direct GME FTE resident count (see instructions)				22
23 Enter the locality adjustment national average per resident amount (see instructions)				23
24 Multiply line 22 time line 23				24
25 Total direct GME amount (sum of lines 19 and 24)	22,366,732			25
COMPUTATION OF PROGRAM PATIENT LOAD	Inpatient Part A	Managed Care		
26 Inpatient days	80,951	9,488		26
27 Total inpatient days	268,236	268,236		27
28 Ratio of inpatient days to total inpatient days	0.301790	0.035372		28
29 Program direct GME amount	6,750,056	791,156		29
30 Reduction for nursing/allied health		111,790		30
31 Net Program direct GME amount			7,429,422	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32 Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			2,246	32
33 Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)			12,660,659	33
34 Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000177	34
35 Medicare outpatient ESRD charges (see instructions)				35
36 Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
Part A Reasonable Cost				
37 Reasonable cost (see instructions)			188,776,096	37
38 Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)			12,759,434	38
39 Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)				39
40 Primary payer payments (see instructions)			352,357	40
41 Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			201,183,168	41
Part B Reasonable Cost				
42 Reasonable cost (see instructions)			64,594,160	42
43 Primary payer payments (see instructions)			11,626	43
44 Total Part B reasonable cost (line 42 minus line 43)			64,582,532	44

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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E-4	
Medicare -Title XVIII - Hospital				
45	Total reasonable cost (sum of lines 41 and 44)		265,765,696	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.756994	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.243006	47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	Total program GME payment (line 31)		7,429,422	48
49	Part A Medicare GME payment (line 46 x 48)(Title XVIII only) (see instructions)		5,624,028	49
50	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,805,394	50
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTION 4034)				
Rev. 2			40-599 - 08-11	

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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
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BALANCE SHEET		Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G	
(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)					
Assets (Omit cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1	2	3	4	
CURRENT ASSETS					
1 Cash on hand and in banks	42,586				1
2 Temporary investments					2
3 Notes receivable					3
4 Accounts receivable	268,275,920				4
5 Other receivables	185,026,416				5
6 Allowances for uncollectible notes and accounts receivable	-101,179,968				6
7 Inventory	6,554,957				7
8 Prepaid expenses	1,539,288				8
9 Other current assets					9
10 Due from other funds					10
11 Total current assets (sum of lines 1-10)	360,259,200				11
FIXED ASSETS					
12 Land	5,362,034				12
13 Land improvements	7,559,799				13
14 Accumulated depreciation					14
15 Buildings	684,569,216				15
16 Accumulated depreciation	-480,574,176				16
17 Leasehold improvements	10,402,365				17
18 Accumulated depreciation					18
19 Fixed equipment					19
20 Accumulated depreciation					20
21 Automobiles and trucks					21
22 Accumulated depreciation					22
23 Major movable equipment	339,779,200				23
24 Accumulated depreciation	-4,175,152				24
25 Minor equipment depreciable					25
26 Accumulated depreciation					26
27 HIT designated Assets					27
28 Accumulated depreciation					28
29 Minor equipment-nondepreciable	202,537				29
30 Total fixed assets (sum of lines 12-29)	563,125,824				30
OTHER ASSETS					
31 Investments	1,569,382,784				31
32 Deposits on leases					32
33 Due from owners/officers					33
34 Other assets	671,932				34
35 Total other assets (sum of lines 31-34)	1,570,054,784				35
36 Total assets (sum of lines 11, 30, and 35)	2,493,439,744				36
Liabilities and Fund Balances (Omit cents)					
CURRENT LIABILITIES					
37 Accounts payable	4,325,099				37
38 Salaries, wages, and fees payable	947,476				38
39 Payroll taxes payable					39
40 Notes and loans payable (short term)	12,367,535				40
41 Deferred income					41
42 Accelerated payments					42
43 Due to other funds	39,862,896				43
44 Other current liabilities	3,409,088				44
45 Total current liabilities (sum of lines 37 thru 44)	60,912,096				45
LONG TERM LIABILITIES					
46 Mortgage payable					46
47 Notes payable					47
48 Unsecured loans					48
49 Other long term liabilities	3,519,532				49

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BALANCE SHEET		Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G	
(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)					
	Assets (Omit cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
50	Total long term liabilities (sum of lines 46 thru 49)	3,519,532				50
51	Total liabilities (sum of lines 45 and 50)	64,431,628				51
CAPITAL ACCOUNTS						
52	General fund balance	2,429,008,128				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	2,429,008,128				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	2,493,439,744				60
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4040)						
Rev. 2				40-601 - 08-11		

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

STATEMENT OF CHANGES IN FUND BALANCES		Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
		1	2	3	4	5	6	7	8	
1	Fund balances at beginning of period		2,330,576,128							1
2	Net income (loss) (from Worksheet G-3, line 29)		96,170,368							2
3	Total (sum of line 1 and line 2)		2,426,746,624							3
4										4
5	DONATION OF EQUIPMENT	1,036,575								5
6	GRANTS	454,135								6
7	ASSET TRANSFERS	763,486								7
8	OTHER	107,365								8
9										9
10	Total additions (sum of lines 4-9)		2,361,561							10
11	Subtotal (line 3 plus line 10)		2,429,108,224							11
12										12
13	ASSET TRANSFERS	100,019								13
14										14
15										15
16										16
17										17
18	Total deductions (sum of lines 12-17)		100,019							18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,429,008,128							19

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

40-602 - 08-11 Rev. 2

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G-2, PARTS I & II	
PART I - PATIENT REVENUES				
REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
	1	2	3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 Hospital	452,963,808		452,963,808	1
2 Subprovider IPF	36,753,196		36,753,196	2
3 Subprovider IRF	4,285,908		4,285,908	3
4 Subprovider (Other)				4
5 Swing bed - SNF				5
6 Swing bed - NF				6
7 Skilled nursing facility				7
8 Nursing facility				8
9 Other long term care				9
10 Total general inpatient care services (sum of lines 1-9)	494,002,912		494,002,912	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 Intensive care unit	231,985,936		231,985,936	11
12 Coronary care unit	21,404,096		21,404,096	12
13 Burn intensive care unit				13
14 Surgical intensive care unit				14
15 Other special care (specify)				15
16 Total intensive care type inpatient hospital services (sum of of lines 11-15)	253,390,032		253,390,032	16
17 Total inpatient routine care services (sum of lines 10 and 16)	747,392,960		747,392,960	17
18 Ancillary services	1,254,185,984	987,682,304	2,241,868,288	18
19 Outpatient services	218,466,144	445,278,432	663,744,576	19
20 Rural Health Clinic (RHC)				20
21 Federally Qualified Health Center (FQHC)				21
22 Home health agency				22
23 Ambulance	574	39,189,992	39,190,568	23
24 Outpatient rehabilitation providers				24
25 ASC				25
26 Hospice				26
27 Other (specify)	8,724,735	38,818,496	47,543,230	27
28 Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	2,228,770,304	1,510,969,216	3,739,739,648	28
PART II - OPERATING EXPENSES				
		1	2	
29 Operating expenses (per Wkst. A, column 3, line 200)			1,371,360,384	29
30 Add (specify)				30
31				31
32				32
33				33
34				34
35				35
36 Total additions (sum of lines 30-35)				36
37 Deduct (specify)				37
38				38
39				39
40				40
41				41
42 Total deductions (sum of lines 37-41)				42
43 Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)			1,371,360,384	43
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4040)				
Rev. 2	08-11		40-603	

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

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G-3	
Description				
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)		3,739,739,648	1
2	Less contractual allowances and discounts on patients' accounts		2,475,624,192	2
3	Net patient revenues (line 1 minus line 2)		1,264,115,328	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)		1,371,360,384	4
5	Net income from service to patients (line 3 minus line 4)		-107,245,064	5
OTHER INCOME				
6	Contributions, donations, bequests, etc		66,216,376	6
7	Income from investments		-9,439,100	7
8	Revenues from telephone and telegraph service			8
9	Revenue from television and radio service			9
10	Purchase discounts		3,918,856	10
11	Rebates and refunds of expenses			11
12	Parking lot receipts		536,115	12
13	Revenue from laundry and linen service			13
14	Revenue from meals sold to employees and guests		4,772,890	14
15	Revenue from rental of living quarters		215,108	15
16	Revenue from sale of medical and surgical supplies to other than patients			16
17	Revenue from sale of drugs to other than patients		17,616,918	17
18	Revenue from sale of medical records and abstracts		181,549	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		2,416,081	19
20	Revenue from gifts, flowers, coffee shops, and canteen		12,023	20
21	Rental of vending machines			21
22	Rental of hospital space			22
23	Governmental appropriations			23
24	Other (specify)			24
24.00	OTHER-CONTRACT REVENUE		1,216	24.00
24.01	EDUCATION AND RESEARCH		253,504	24.01
24.02	FITNESS PROGRAM REVENUE		127,627	24.02
24.03	MISC PROGRAM REVENUE		162,226	24.03
24.04	PHYSICIAN SERVICES		720,542	24.04
24.05	ADMINISTRATIVE SERVICES		-2,847	24.05
24.06	KIDNEY REVENUE		1,131,420	24.06
24.07	HEART REVENUE		290,250	24.07
24.08	EYE REVENUE		1,123,778	24.08
24.09	OTHER ORGAN REVENUE		927,075	24.09
24.10	BONE TISSUE REVENUE		1,623,300	24.10
24.11	RADIOLOGY JOINT VENTURE		850,260	24.11
24.12	ACTIVITY & APPLICATION FEES		745,521	24.12
24.13	REFERENCE LAB REVENUE		1,858,570	24.13
24.14	LIVER & PANCREAS REVENUE		739,750	24.14
24.15	SEMINARS & EDUCATION PROGRAMS		2,248,316	24.15
24.16	EXTERNAL TRANSPORT REVENUE		3,208,100	24.16
24.17	MISC OTHER		4,409,393	24.17
24.18	INTERCO/INTERFACILITY REVENUE		92,094,168	24.18
24.19	AFFILIATE REVENUE		4,458,153	24.19
25	Total other income (sum of lines 6-24)		203,417,136	25
26	Total (line 5 plus line 25)		96,172,072	26
27	Other expenses (specify)			27
27.00	OTHER EXPENSES-OTHER NON-OPERATING		1,705	27.00
28	Total other expenses (sum of line 27 and subscripts)		1,705	28
29	Net income (or loss) for the period (line 26 minus line 28)		96,170,368	29
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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CAROLINAS MEDICAL CENTER - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7640 - 2010]

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 340113	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET L

Medicare - Title XVIII - Hospital

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT

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

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4064 1 - 4064.3)

40-646 - 08-11 Rev 2

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Cost Report Data

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

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

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

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

Fiscal Intermediary: Palmetto Government Benefits Administrators

Medicare Inpatient Characteristics

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

[Date Generated. 03/20/2013]

Source
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Legend:

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

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

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

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

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

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

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

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

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

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Petitioner's Trial Exhibit
076A

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

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

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

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

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

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

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

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

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

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

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

Hospital and Hospital Health Care Complex Address:

1	Street: 600 HOSPITAL DRIVE			P.O.Box:	1
1.01	City: MONROE	State: NC	ZIP: 28111	County: UNION	1.01

Hospital and Hospital-Based Component Identification:

	Component	Component Name	Provider Number	NPI Number	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
	0	1	2	201	3	4	5	6	
2	Hospital	UNION REGIONAL MEDICAL CENTER	340130		07/01/66		P	O	2
3.00	Subprovider								3.00
4	Swing Beds-SNF								4
5	Swing Beds-NF								5
6	Hospital-Based SNF		345097		06/18/73		P	O	6
7.00	Hospital-Based NF		346110		01/01/76			O	7.00
8	Hospital-Based OLTC								8
9.00	Hospital-Based HHA		347210		04/03/95		P	N	9.00
11.00	Separately Certified ASC								11.00
12.00	Hospital-Based Hospice								12.00
14.00	Hospital-Based Health Clinic								14 00
15.00	Outpatient Rehab. Clinic								15.00
16.00	Renal Dialysis								16.00

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

Type of Hospital/subprovider (see instructions)

19	Hospital	1	19
20.00	Subprovider		20.00

Other Information

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

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

23.06	If this is a Medicare certified intestinal transplant center, enter the certification date in col. 2 and termination in col. 3					23.06
23.07	If this is a Medicare certified islet transplant center, enter the certification date in col. 2 and termination in col. 3.					23.07
24	If this is an organ procurement organization (OPO), enter the OPO number in column 2 termination date in col 3.					24
24.01	If this is a Medicare Transplant Center, enter CCN in col. 2, the certification or recertification date after (12/26/2007) in column 3 (mm/dd/yyyy).					24 01
25	Is this a teaching hospital or affiliated with a teaching hospital and you are receiving payments for I & R?		Y			25
25.01	Is this teaching program approved in accordance with CMS Pub 15-I, chapter 4?		Y			25.01
25.02	If line 25.01 is yes, was Medicare participation and approved teaching program status in effect during the first month of the cost reporting period? If yes, complete Worksheet E-3, Part IV. If no, complete Worksheet D-2, Part II.		Y			25.02
25.03	As a teaching hospital, did you elect cost reimbursement for physicians as defined in CMS Pub. 15-I, section 2148? If yes, complete Worksheet D-9.		N			25.03
25.04	Are you claiming costs on line 70 of Worksheet A? If yes, complete Worksheet D-2, Part I.		N			25.04
25.05	Has your facility direct GME FTE cap (column 1) or IME FTE cap (column 2) been reduced under 42 CFR §413.79(c)(3) or 42 CFR §412.105(f)(1)(iv)(B)? Enter "Y" for yes and "N" for no in the applicable columns. (see instructions)		N	N		25.05
25.06	Has your facility received additional direct GME FTE resident cap slots or IME FTE residents cap slots under 42 CFR 413.79(c)(4)or 42 CFR 412.105(f)(1)(iv)(C)? Enter "Y" for yes and "N" for no in the applicable columns (see instructions).		N	N		25.06
25.07	Has your facility trained residents in non-provider setting during the cost reporting period? Enter "Y" for yes or "N" for no in column 1.					25.07
25.08	If line 25.07 is yes, enter in column 1 the weighted number of non-primary care FTE residents attributable to rotations occurring in all non-provider settings.					25.08
25.09	If line 25.07 is yes, use lines 25.09 through 25.59 as necessary to identify the program name in column 1, the program code in column 2, and the number unweighted primary care residents FTEs by program in column 3 for each primary care specialty program in which residents are trained.(see instructions)					25.09
26	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the C/R period Enter beginning and ending dates of SCH status on line 26.01. Subscript line 26 01 for number of periods in excess of one and enter subsequent dates					26
26.01	Enter the applicable SCH dates: (see instructions)	Beginning:	Ending:			26.01
27	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? If yes, enter the agreement date (mm/dd/yyyy) in column 2.		N			27
28	If this facility contains a hospital-based SNF, are all patients under managed care or there were no Medicare utilization enter "Y", if "N" complete lines 28.01 and 28.02.		N			28
28.01	If hospital-based SNF, enter appropriate transition period 1, 2, 3, or 100 in column 1. Enter in columns 2 and 3 the wage index adjustment factor before and on or after the October 1st (see instrctions)		100	0 947400	0.942000	28.01
28.02	Enter in column 1 the hospital based SNF facility specific rate (from your fiscal intermediary) if you have not transitioned to 100% SNP PPS payment. In column 2 enter the facility classification Urban(1) or Rural(2) In column 3, enter the SNF MSA code or two character state code if a Rural based facility. In column 4, enter the SNF CBSA code or two character state code if a Rural based facility		1	1520	16740	28.02
	A notice published in the "Federal Register" Vol. 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. Enter in column 1 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 6, column 3. Indicate in column 2 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (See instructions)					
28.03	Staffing		43.05	N		28.03
28.04	Recruitment			N		28.04
28.05	Retention of employees			N		28.05
28.06	Training		0.60	Y		28 06
28.07	Other (Specify)	OTHER	21.34	Y		28.07
29	Is this a rural hospital with a certified SNF which has fewer than 50 beds in the aggregate for both components, using the swing bed optional method of reimbursement?		N			29
30	Does this hospital qualify as a rural primary care hospital (RPCH)/Critical Access Hospital (CAH)? (see 42 CYR 485.606ff)		N			30
30.01	If so, is this the initial 12 month period for the facility operated as an RPCH/CAH? See 42 CFR 413.70.					30.01
30.02	If this facility qualifies as an RPCH/CAH, has it elected the all-inclusive method of payment for outpatient services? (See instructions)					30.02
30.03	If this facility qualifies as a CAH is it eligible for cost reimbursement for ambulance services? If yes, enter in column 2 the date of eligibility determination (date must be on or after 12/21/2000)					30.03
30.04	If this facility qualifies as a CAH is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes and "N" for no. If yes, the GME elimination would not be on Worksheet B, Part I, column 26 and the program would be cost reimbursed If yes also complete Worksheet D-2, Part II.					30 04
31	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CTR 412.113(c).		N			31
31.01			N			31.01
31.02			N			31.02
Miscellaneous Cost Reporting information						
32	Is this an all-inclusive provider? If yes, enter the method used (A, B, or E only) in column 2.		N			32
33	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y for yes and "N" for no in column 1. If yes, for cost reporting periods beginning on or after October 1, 2002, do you elect to be reimbursed at 100% Federal capital payment? Enter "Y for yes and "N" for no in column 2.		N			33

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

34	Is this a new hospital under 42 CFR 413.40(f)(1)(i) TEFRA?	N				34
35	Have you established a new subprovider (excluded unit) under 42 CFR 413.40(f)(1)(i)?	N				35
35.01		N				35.01
		V	XVIII	XIX		
	Prospective Payment System (PPS)-Capital	1	2	3		
36	Do you elect fully prospective payment methodology for capital costs? (See instructions)		Y			36
36.01	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320? (See instructions)		Y			36.01
37	Do you elect hold harmless payment methodology for capital costs? (See instructions)		N			37
37.01	If you are a hold harmless provider, are you filing on the basis of 100% of the Federal rate?					37.01
	Title XIX inpatient services					
38	Do you have title XIX inpatient hospital services?	Y				38
38.01	Is this hospital reimbursed for title XIX through the cost report either in full or in part?					38.01
38.02	Does the title XIX program reduce capital following the Medicare methodology?					38.02
38.03	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (See instructions)	N				38.03
38.04	Do you operate an ICF/MF facility for purposes of title XIX?	N				38 04
40	Are there any related organization or home office costs as defined in CMS Pub. 15-1, Chapter 10? If yes, and this facility is part of a chain organization, enter in col. 2 the chain home office chain number. (See inst.) If this facility is part of a chain organization enter the name and address of the home office on lines 40.01-40.03.	Y				40
40.01	Name: CAROLINAS HEALTHCARE SYSTEM	FI/Contractor's Name.	FI/Contractor's Number:			40.01
40.02	Street: 4400 GOLF ACRES DRIVE SUITE A	PO Box:				40.02
40.03	City: CHARLOTTE	State: NC	Zip Code: 28208			40.03
41	Are provider based physicians' costs included in Worksheet A?	Y				41
42	Are physical therapy services provided by outside suppliers?	Y				42
42.01	Are occupational therapy services provided by outside suppliers?	Y				42.01
42.02	Are speech pathology services provided by outside suppliers?	Y				42.02
43	Are respiratory therapy services provided by outside suppliers?	N				43
44	If you are claiming cost for renal services on Worksheet A, are they inpatient services only?	N				44
45	Have you changed your cost allocation methodology from the previously filed cost report? See CMS Pub. 15-II, section 3617. If yes, enter the approval date (mm/dd/yyyy) in column 2	N				45
45.01	Was there a change in the statistical basis?					45.01
45.02	Was there a change in the order of allocation?					45.02
45.03	Was there a change to the simplified cost finding method?					45.03
46	If you are participating in the NHCMQ demonstration project (must have a hospital-based SNF) during this cost reporting period, enter the phase (see instructions).					46

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

52	Does this hospital claim expenditures for extraordinary circumstances in accordance with 42 CFR 412.348(e)? (See instructions)	N			52
52.01	If you are a fully prospective or hold harmless provider are you eligible for the special exceptions payment pursuant to 42 CFR 412.348(g)? If yes, complete Worksheet L, Part IV.	N			52.01
53	If you are a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in this C/R period. Enter beginning and ending dates of MDH status on line 53.01. Subscript line 53.01 for number of periods in excess of one and enter subsequent dates.				53
53.01	MDH Period Beginning:	Ending:			53 01
54	List amounts of malpractice premiums and paid losses: Premiums: 250,421	Paid losses:	and/or Self Insurance:		54
54.01	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			54.01
55	Does your facility qualify for additional prospective payment in accordance with 42 CFR 412 107. Enter "Y" for yes and "N" for no.	N			55

		Date 0	Y or N 1	Limit 2	Y or N 3	Fees 4	
56	Are you claiming ambulance costs? If yes, enter in column 2 the payment limit provided from your fiscal intermediary and the applicable dates for those limits in column 0. If this is the first year of operation no entry is required in column 2. If column 1 is Y, enter Y or N in column 3 whether this is your first year of operations for rendering ambulance services. Enter in column 4, if applicable, the fee schedules amounts for the period beginning on or after 4/1/2002.		N				56
56.01	Enter subsequent ambulance payment limit as required. Subscript if more than 2 limits apply. Enter in column 4 the fee schedules amounts for initial or subsequent periods as applicable.						56.01
57	Are you claiming nursing and allied health costs? (See instructions)					N	57
58	Are you an Inpatient Rehabilitation Facility (IRF), or do you contain an IRF subprovider? Enter in column 1 "Y" for yes and "N" for no. If yes have you made the election for 100% Federal PPS reimbursement? Enter in column 2 "Y for yes and "N" for no. This option is only available for cost reporting periods beginning on or after 1/1/2002 and before 10/1/2002.				N		58

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

58.01	If line 58 column 1 is Y, does the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter in column 1 "Y" for yes or "N" for no. Is the facility training residents in a new teaching programs in accordance with FR Vol. 70, No. 156 dated August 15, 2005 page 47929? Enter in column 2 "Y" for yes or "N" for no. If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions). If the current cost reporting period covers the beginning of the fourth enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5 . (see instructions)					58 01
59	Are you a Long Term Care Hospital (LTCH), or do you contain a LTCH subprovider? Enter in column 1 "Y" for yes and "N" for no. If yes, have you made the election for 100% Federal PPS reimbursement? Enter in column 2 "Y" for yes and "N" for no. (See instructions)				N		59
60	Are you an Inpatient Psychiatric Facility (IPF), or do you contain an IPF subprovider? Enter in column 1 "Y" for yes and "N" for no. If yes, is the IPF or IPF subprovider a new facility? Enter in column 2 "Y for yes and "N" for no. (see instructions)				N		60
60.01	If line 60 column 1 is Y, does the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Is the facility training residents in a new teaching programs in accordance with 42 CFR Sec. 412.424 (d)(1)(iii)(2)? Enter in column 2 "Y" for yes or "N" for no. If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions). If the current cost reporting period covers the beginning of the fourth enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5 . (see instructions)					60.01
Multicampus							
61	Is this facility part of a Multicampus hospital that has one or more campuses in different CBSA? Enter "Y" for yes and "N" for no.						61

	If line 61 is yes, enter the name in col. 0, County in col. 1, state in col. 2, Zip in col 3, CBSA in col. 4 and FTE/Campus in col. 5	County	State	ZIP Code	CBSA	FTE/ Campus	
		1	2	3	4	5	
62	Name:						62
Settlement data							
63	Was there a change to the simplified cost finding method?						63
Miscellaneous data							
64	Did this facility incur and report costs for implantable devices charged to patient? Enter in column 1 "Y" for yes or "N" for no.					Y	64

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	PROVIDER NO 340130	PERIOD FROM 01/01/2010 TO 12/31/2010	WORKSHEET S-3 PART I

	Component	No. of Beds	Bed Days Available	I/P Days / O/P Visits / Trips						Total All Patients	OBS Beds		Interns & Residents FTEs			Full Time Equivalent		Discharges				
				Title V	Title XVIII	Not Covered (LTAC only)	Title XIX				Admitted	Not Admitted	Total	Less I&R Replacing Non-Phys. Anest.	Net	Employees on Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
							Total	OBS Admitted	OBS Not Admitted													
		1	2	3	4	4.01	5	5.01	5.02	6	6.01	6.02	7	8	9	10	11	12	13	14	15	
1	Hospital Adults &Peds (col 3,4,&5), exclude Swing Beds, OBS Bed, and Hospice Days	143	52,195		15,448		9,380			30,038									3,840	2,674	8,595	1
2	HMO				346																	2
3	Hospital Adults &Peds Swing Bed SNF																					3
4	Hospital Adults & Peds. Swing Bed NF																					4
5	Total Adults & Peds. (exclude OBS beds)	143	52,195		15,448		9,380			30,038												5
6	Intensive Care Unit	14	5,110		2,256					4,386												6
7	Coronary Care Unit																					7
8	Burn Intensive Care Unit																					8
9	Surgical Intensive Care Unit																					9
10.00	Other Special Care (specify)																					10.00
11	Nursery									3,397												11
12	Total (see instructions)	157	57,305		17,704		9,380			37,821			7.00		7.00	1,000.99			3,840	2,674	8,595	12
13	RPCH/CAH visits																					13
14.00	Subprovider																					14.00
15	Skilled Nursing Facility	36	13,140		8,375		2,107			11,896						26.25						15
16	Nursing Facility	34	12,410				9,617			12,223						34.01						16
17	Other Long Term Care																					17
18	Home Health Agency				24,307		4,315			32,966						46.55						18
20	ASC (Distinct Part)																					20
21	Hospice (Distinct Part)																					21
23	Outpatient Rehab Provider (specify)																					23
24	RHC/FQHC (specify)																					24
25	Total (sum of lines 12-24)	227													7.00	1,107.80						25
26	Observation Bed Days						281			1,444												26
27	Ambulance Trips																					27
28	Employee discount days (see instru.)																					28
29	Labor & delivery days (see instructions)																					29

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HOSPITAL WAGE INDEX INFORMATION		PROVIDER NO.: 340130		PERIOD. FROM 01/01/2010 TO 12/31/2010		WORKSHEET S-3. PART II	
PART II - WAGE DATA	Amount Reported	Reclass of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salaries in col 3	Average Hourly Wage (col. 3÷ col. 4)	Data Source	
	1	2	3	4	5	6	
SALARIES							
1 Total Salaries (see instructions)	58,294,039		58,294,039	2,304,215	25.30		1
2 Non-physician anesthetist Part A							2
3 Non-physician anesthetist Part B	2,729,804		2,729,804	30,951	88.20		3
4 Physician-Part A	39,642		39,642	416	95.29		4
4.01 Teaching physician salaries (see instructions)							4.01
5 Physician-Part B	144,736		144,736	1,664	86.98		5
5.01 Non-physician-Part B							5.01
6 Interns & residents (in an approved program)		40,156	40,156	2,169	18.51		6
6.01 Contractd Services I&R (see instructions)	242,112		242,112	8,320	29.10		6 01
7 Home office personnel							7
8 SNF	1,153,363	128,319	1,281,682	70,740	18.12		8
8.01 Excluded area salaries (see instructions)	5,327,515	-128,319	5,199,196	217,380	23.92		8.01
OTHER WAGES & RELATED COSTS							
9 Contract labor (see instructions)	1,020,581		1,020,581	25,007	40.81		9
9.01 Pharmacy services under contract							9 01
9.02 Laboratory services under contract							9.02
9.03 Management and administrative services							9.03
10 Contract labor: physician-Part A	39,500		39,500	365	108.22		10
10.01 Teaching physician under contract (see instru.)	325,524		325,524	2,600	125.20		10.01
11 Home office salaries & wage-related costs	5,346,777		5,346,777	89,192	59.95		11
12 Home office. physician Part A							12
12.01 Teaching physician salaries (see instructions)							12.01
WAGE-RELATED COSTS							
13 Wage-related costs (core)	16,560,220		16,560,220			CMS 339	13
14 Wage-related costs (other)						CMS 339	14
15 Excluded areas	2,408.668		2,408,668			CMS 339	15
16 Non-physician anesthetist Part A						CMS 339	16
17 Non-physician anesthetist Part B	258,746		258,746			CMS 339	17
18 Physician Part A	3,478		3,478			CMS 339	18
18.01 Part A teaching physicians (see instructions)						CMS 339	18.01
19 Physician Part B	13,911		13,911			CMS 339	19
19.01 Wage-related costs (RHC/FQHC)						CMS 339	19.01
20 Interns & residents (in an approved program)	18,137		18,137			CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 Employee Benefits	1,766,146		1,766,146	19,622	90.01		21
22 Administrative & General	4,699,323	-166,074	4,533,249	237,857	19.06		22
22.01 Administrative & General under contract (see inst.)	502,287		502,287	9,321	53.89		22.01
23 Maintenance & Repairs							23
24 Operation of Plant	1,158,877		1,158,877	60,012	19.31		24
25 Laundry & Linen Service	79,610		79,610	6,255	12.73		25
26 Housekeeping	947,966		947,966	86,965	10.90		26
26.01 Housekeeping under contract (see instructions)							26.01
27 Dietary							27
27.01 Dietary under contract (see inst.)	795		795	15	53.00		27 01
28 Cafeteria							28
29 Maintenance of Personnel							29
30 Nursing Administration	1,005,450		1,005,450	27,393	36.70		30
31 Central Services and Supply	386,766		386,766	24,329	15.90		31
32 Pharmacy							32
33 Medical Records & Medical Records Library	1,378,803		1,378,803	68,797	20.04		33
34 Social Service		166,074	166,074	7,728	21.49		34
35 Other General Service							35

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HOSPITAL WAGE INDEX INFORMATION		PROVIDER NO.: 340130		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET S-3, PART III	
	Amount Reported	Reclass. of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salaries in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	Data Source	
	1	2	3	4	5	6	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1 Net Salaries (see instructions)	55,680,469	-40,156	55,640,313	2,270,447	24.51		1
2 Excluded area salaries (see instructions)	6,480,878		6,480.878	288,119	22.49		2
3 Subtotal salaries (line 1 minus line 2)	49,199,591	-40,156	49,159,435	1,982,328	24.80		3
4 Subtotal other wages & related costs (see inst.)	6,732,382		6.732,382	117,164	57.46		4
5 Subtotal wage-related costs (see inst.)	16,563.698		16.563,698		33.69		5
6 Total (sum of lines 3 thru 5)	72,495.671	-40,156	72,455,515	2,099,492	34.51		6
7 Net salaries (see instructions)							7
8 Excluded area salaries							8
9 Subtotal salaries (line 7 minus line 8)							9
10 Subtotal other wages & related costs (see inst.)							10
11 Subtotal wage-related costs (see inst.)							11
12 Total (sum of lines 9 thru 11)							12
13 Total overhead costs (see inst.)	11,926,023		11,926,023	548,296	21.75		13

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HOSPITAL UNCOMPENSATED CARE DATA	PROVIDER NO: 340130	PERIOD. FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET S-10

Uncompensated Care Information			
1	Do you have a written charity policy?		1
2	Are patients write-offs identified as charity? If yes answer lines 2.01 thru 2.04		2
2.01	Is it at the time of admission?		2.01
2.02	Is it at the time of first billing?		2.02
2.03	Is it after some collection effort has been made?		2.03
2.04	Other methods of write-offs (specify)		2.04
3	Are charity write-offs made for partial bills?		3
4	Are charity determinations based upon administrative judgment without financial data?		4
5	Are charity determinations based upon income data only?		5
6	Are charity determinations based upon net worth (assets) data?		6
7	Are charity determinations based upon income and net worth data?		7
8	Does your accounting system separately identify bad debt and charity care? If yes answer 8.01		8
8.01	Do you separately account for inpatient and outpatient services?		8.01
9	Is discerning charity from bad debt a high priority in your institution? If no answer 9.01 thru 9.04		9
9.01	Is it because there is not enough staff to determine eligibility?		9.01
9.02	Is it because there is no financial incentive to separate charity from bad debt?		9.02
9.03	Is it because there is no clear directive policy on charity determination?		9.03
9.04	Is it because your institution does not deem the distinction important?		9.04
10	If charity determinations are made based upon income data, what is the maximum income that can be earned by patients (single without dependent) and still determined to be a charity write off??		10
11	If charity determinations are made based upon income data, is the income directly tied to Federal poverty level? If yes answer lines 11.01 thru 11.04		11
11.01	Is the percentage level used less than 100% of the Federal poverty level?		11.01
11.02	Is the percentage level used between 100% and 150% of the Federal poverty level?		11.02
11.03	Is the percentage level used between 150% and 200% of the Federal poverty level?		11.03
11.04	Is the percentage level greater than or equal to 200% of the Federal poverty level?		11.04
12	Are partial write-offs given to higher income patients on a gradual scale?		12
13	Is there charity consideration given to high net worth patients who have catastrophic or other extraordinary medical expenses?		13
14	Is your hospital State or local government owned? If yes answer line 14.01 and 14.02		14
14.01	Do you receive direct financial support from the government entity for the purpose of providing uncompensated care?		14.01
14.02	What percentage of the amount on line 14.01 is from government funding?		14.02
15	Do you receive restricted grants for rendering care to charity patients?		15
16	Are other non-restricted grants used to subsidize charity care?		16
Uncompensated Care Revenues			
17	Revenues from uncompensated care		17
17.01	Gross Medicaid Revenues	13,921,151	17.01
18	Revenues from State and local indigent care programs		18
19	Revenues related to SCHIP (see instructions)		19
20	Restricted grants		20
21	Non-restricted grants		21
22	Total Gross Uncompensated Care Revenues	13,921,151	22
Uncompensated Care Costs			
23	Total charges for patients covered by State and local indigent care programs		23
24	Cost to Charge Ratio (Wkst C, Part I, column 3 line 103, divided by column 8, line 103)	0.328392	24
25	Total State and local indigent care program cost (line 23 x line 24)		25
26	Total SCHIP charges from your records		26
27	Total SCHIP cost, (line 24 x line 26)		27
28	Total gross Medicaid charges from your records	55,695,609	28
29	Total gross Medicaid cost (line 24 x line 28)	18,289,992	29
30	Other uncompensated care charges from your records (see instructions)	35,675,148	30
31	Uncompensated care cost (line 24 x line 30)	11,715,433	31
32	Total uncompensated cost to the hospital (Sum of lines 25, 27, and 29)	18,289,992	32

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					PROVIDER NO: 340130		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	0100	Old Capital Related Costs-Buildings and Fixtures								1
2	0200	Old Capital Related Costs-Movable Equipment								2
3	0300	New Capital Related Costs-Buildings and Fixtures		9,506,165	9,506,165	1,225,121	10,731,286	-3,904,686	6,826,600	3
4	0400	New Capital Related Costs-Movable Equipment		5,384,073	5,384,073		5,384,073		5,384,073	4
5	0500	Employee Benefits	1,766,146	19,505,530	21,271,676		21,271,676	-983,069	20,288,607	5
6.05	0600	Administrative & General	4,699,323	12,107,645	16,806,968	-347,657	16,459,311	-421,350	16,037,961	6.05
7	0700	Maintenance and Repairs								7
8	0800	Operation of Plant	1,158,877	3,227,571	4,386,448		4,386,448	-7,308	4,379,140	8
9	0900	Laundry and Linen Service	79,610	560,236	639,846		639,846	65,137	704,983	9
10	01000	Housekeeping	947,966	345,259	1,293,225		1,293,225		1,293,225	10
11	1100	Dietary		1,756,424	1,756,424	-735,392	1,021,032		1,021,032	11
12	1200	Cafeteria				735,392	735,392		735,392	12
13	1300	Maintenance of Personnel								13
14	1400	Nursing Administration	1,005,450	30,111	1,035,561		1,035,561		1,035,561	14
15	1500	Central Services and Supply	386,766	378,877	765,643		765,643		765,643	15
16	1600	Pharmacy								16
17	1700	Medical Records & Medical Records Library	1,378,803	344,668	1,723,471		1,723,471	-2,640	1,720,831	17
18	1800	Social Service				166,074	166,074		166,074	18
19.00	1900	Other General Service (specify)								19 00
20	2000	Nonphysician Anesthetics				2,865,090	2,865,090	-2,865,090		20
21	2100	Nursing School								21
22	2200	Intern & Res. Service-Salary & Fringes (Approved)				40,156	40,156		40,156	22
23	2300	Intern & Res. Other Program Costs (Approved)	40,156	633,132	673,288	-40,156	633,132	-116,920	516,212	23
24	2400	Paramedical Ed. Program (specify)								24
		INPATIENT ROUTINE SERVICE COST CENTERS								
25	2500	Adults and Pediatrics (General Routine Care)	9,389,931	624,860	10,014,791		10,014,791	-150,527	9,864,264	25
26	2600	Intensive Care Unit	2,393,656	145,587	2,539,243		2,539,243		2,539,243	26
27	2700	Coronary Care Unit								27
28	2800	Burn Intensive Care Unit								28
29	2900	Surgical Intensive Care Unit								29
30.00	3000	Other Special Care (specify)								30.00
31.00	3100	Subprovider								31 00
33	3300	Nursery	1,320,333	486,324	1,806,657		1,806,657	-412,753	1,393,904	33
34	3400	Skilled Nursing Facility	1,153,363	562,974	1,716,337	350,375	2,066,712		2,066,712	34

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			PROVIDER NO: 340130			PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col 6)	
			1	2	3	4	5	6	7	
35.05	3500	Nursing Facility	1,107,252	664,549	1,771,801	-350,375	1,421,426	618,357	2,039,783	35.05
36	3600	Other Long Term Care								36
		ANCILLARY SERVICE COST CENTERS								
37.05	3700	Operating Room	4,815,112	944,378	5,759,490		5,759,490	280	5,759,770	37 05
38	3800	Recovery Room								38
39.05	3900	Delivery Room & Labor Room	1,478,465	84,255	1,562,720		1,562,720	-12,500	1,550,220	39.05
40 05	4000	Anesthesiology	2,799,244	422,392	3,221,636	-2,865,090	356,546	-25,383	331,163	40.05
41.05	4100	Radiology-Diagnostic	3,750,825	1,765,354	5,516,179		5,516,179	-73,605	5,442,574	41.05
42.00	4200	Radiology-Therapeutic								42.00
43	4300	Radioisotope								43
44 05	4400	Laboratory	2,148,677	3,136,209	5,284,886		5,284,886	-243,432	5,041,454	44.05
45	4500	PBP Clinical Laboratory Services-Program Only								45
46 00	4600	Whole Blood & Packed Red Blood Cells								46 00
47	4700	Blood Storing, Processing, & Trans.								47
48	4800	Intravenous Therapy								48
49 05	4900	Respiratory Therapy	1,337,754	231,392	1,569,146		1,569,146		1,569,146	49.05
50.05	5000	Physical Therapy	737,252	642,819	1,380,071		1,380,071	-5,753	1,374,318	50.05
51	5100	Occupational Therapy	267,892	245,545	513,437		513,437	-3,873	509,564	51
52	5200	Speech Pathology	335,161	20,060	355,221		355,221	-1,155	354,066	52
53 05	5300	Electrocardiology	766,630	438,830	1,205,460		1,205,460	-5,186	1,200,274	53.05
53 40	5300	Cardiac Catheterization Laboratory	599,023	341,912	940,935		940,935		940,935	53.40
54	5400	Electroencephalography								54
55	5500	Medical Supplies Charged to Patients		4,452,758	4,452,758		4,452,758		4,452,758	55
55.30	5530	Implantable Devices Charged to Patients		4,113,151	4,113,151		4,113,151		4,113,151	55.30
56	5600	Drugs Charged to Patients	1,842,454	5,352,821	7,195,275		7,195,275	-11,412	7,183,863	56
57	5700	Renal Dialysis								57
58	5800	ASC (Non-Distinct Part)								58
59.00	5900	Other Ancillary (specify)								59.00
		OUTPATIENT SERVICE COST CENTERS								
60.05	6000	Clinic	959,139	925,823	1,884,962		1,884,962	-233,286	1,651,676	60.05
61	6100	Emergency	4,097,629	328,568	4,426,197		4,426,197	-13,192	4,413,005	61
62.05	6200	Observation Beds (DistinctPart)								62.05
63.00		Other Outpatient Service (specify)								63.00
		OTHER REIMBURSABLE COST CENTERS								
64	6400	Home Program Dialysis								64
65	6500	Ambulance Services								65
66 00	6600	Durable Medical Equipment-Rented								66.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			PROVIDER NO: 340130		PERIOD: FROM 01/01/2010 TO 12/31/2010			WORKSHEET A		
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col. 6)	
			1	2	3	4	5	6	7	
67.00	6700	Durable Medical Equipment-Sold								67.00
68	6800	Other Reimbursable (specify)								68
69.00	6900	Outpatient Rehabilitation Provider (specify)								69.00
70	7000	Intern-Resident Service (not appvd. tchng. prgm.)								70
71	7100	Home Health Agency	2,920,479	908,161	3,828,640		3,828,640	-6,850	3,821,790	71
		SPECIAL PURPOSE COST CENTERS								
82	8200	Lung Acquisition								82
83	8300	Kidney Acquisition								83
84	8400	Livery Acquisition								84
85.00	8500	Heart Acquisition								85.00
86	8600	Other Organ Acquisition (specify)								86
88	8800	Interest Expense		1,043,538	1,043,538	-1,043,538				88
89	8900	Utilization Review-SNF								89
90	9000	Other Capital-Related Costs (see instructions)								90
92	9200	Ambulatory Surgical Center (Distinct Part)								92
93	9300	Hospice								93
94	9400	Other Special Purpose (specify)								94
95		SUBTOTALS (sum of lines 1-94)	56,994,255	81,733,910	138,728,165		138,728,165	-8,816,196	129,911,969	95
		NONREIMBURSABLE COST CENTERS								
96	9600	Gift, Flower, Coffee Shop, & Canteen	-4,261	245,940	290,201		290,201		290,201	96
97	9700	Research								97
98	9800	Physicians' Private Offices	1,255,523	2,518,176	3,773,699		3,773,699		3,773,699	98
99	9900	Nonpaid Workers								99
100		Other Nonreimbursable (specify)								100
101		TOTAL (sum of lines 95-100)	58,294,039	84,498,026	142,792,065		142,792,065	-8,816,196	133,975,869	101

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ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS	PROVIDER NO. 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET A7 Parts 1 & 2	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	2,526,926					2,526,926		1
2	Land Improvements	2,419,557	85,747		85,747		2,505,304		2
3	Buildings and Fixtures	107,362,923	3,548,850		3,548,850	445,106	110,466,667		3
4	Building Improvements								4
5	Fixed Equipment	13,622,481	43,572		43,572		13,666,053		5
6	Movable Equipment	67,778,234	4,502,924		4,502,924	286,034	71,995,124		6
7	Subtotal (sum of lines 1-6)	193,710,121	8,181,093		8,181,093	731,140	201,160,074		7
8	Reconciling Items								8
9	Total (line 7 minus line 8)	193,710,121	8,181,093		8,181,093	731,140	201,160,074		9

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RECONCILIATION OF CAPITAL COSTS CENTERS	PROVIDER NO: 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET A7, PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COSTS CENTERS

Description		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instru.)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5-7)	
		1	2	3	4	5	6	7	8	
1	Old Capital Related Costs-Buildings and Fixtures									1
2	Old Capital Related Costs-Movable Equipment									2
3	New Capital Related Costs-Buildings and Fixtures	115,498,896		115,498,896						3
4	New Capital Related Costs-Movable Equipment	85,661,177		85,661,177						4
5	Total (sum of lines 1-4)	201,160,073		201,160,073						5

Description *		SUMMARY OF OLD AND NEW CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instru.)	Taxes (see instru.)	Other Capital-Related Costs (see instru)	Total (1) (sum of cols. 9-14)	
		9	10	11	12	13	14	15	
1	Old Capital Related Costs-Buildings and Fixtures								1
2	Old Capital Related Costs-Movable Equipment								2
3	New Capital Related Costs-Buildings and Fixtures	3,193,505	3,023,146	428,366				6,826,600	3
4	New Capital Related Costs-Movable Equipment	5,384,073						5,384,073	4
5	Total (sum of lines 1-4)	8,577,578	3,023,146	428,366				12,210,673	5

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

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

Description *		SUMMARY OF OLD AND NEW CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instru.)	Taxes (see instru.)	Other Capital-Related Costs (see instru)	Total (1) (sum of cols. 9-14)	
		9	10	11	12	13	14	15	
1	Old Capital Related Costs-Buildings and Fixtures								1
2	Old Capital Related Costs-Movable Equipment								2
3	New Capital Related Costs-Buildings and Fixtures	6,349,835	3,156,330					9,506,165	3
4	New Capital Related Costs-Movable Equipment	5,384,073						5,384,073	4
5	Total (sum of lines 1-4)	11,733,908	3,156,330					14,890,238	5

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

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	ADJUSTMENTS TO EXPENSES	PROVIDER NO: 340130	PERIOD: FROM: 01/01/2010 TO 12/31/2010		WORKSHEET A-8	
	DESCRIPTION (1)	(2)		Epense Classification on Worksheet A to/from which the amount is to be adjusted		Wkst. A-7 Ref.
		BASIS/CODE	AMOUNT	COST CENTER		LINE #
		1	2	3	4	5
1	Investment income - old buildings and fixtures (chapter 2)			[illegible]		
2	Investment income - old movable equipment (chapter 2)			[illegible]		
3	Investment income - new buildings and fixtures (chapter 2)		-118,559	[illegible]		
4	Investment income - new movable equipment (chapter 2)			[illegible]		
5	Investment income - other (chapter 2)					
6	Trade, quantity, and time discounts (chapter 8)					
7	Refunds and rebates of expenses (chapter 8)					
8	Rental of provider space by suppliers (chapter 8)					
9	Telephone services (pay stations excluded) (chapter 21)		-32,265			
10	Television and radio service (chapter 21)					
11	Parking lot (chapter 21)					
12	Provider-based physician adjustment	[illegible]	-1,047,472	[illegible]		
13	Sale of scrap, waste, etc. (chapter 23)					
14	Related organization transactions (chapter 10)	[illegible]	1,754,248	[illegible]		
15	Laundry and linen service					
16	Cafeteria-employees and guests					
17	Rental of quarters to employee and others					
18	Sale of medical and surgical supplies to other than patients					
19	Sale of drugs to other than patients		-2,559			
20	Sale of medical records and abstracts		-2,640			
21	Nursing school (tuition, fees, books, etc.)					
22	Vending machines					
23	Income from imposition of interest, finance or penalty charges (chapter 21)					
24	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments					
25	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	[illegible]		[illegible]	[illegible]	[illegible]
26	Adjustment for physical therapy costs in excess of limitation (chapter 14)	[illegible]		[illegible]	[illegible]	[illegible]
27	Adjustment for HHA physical therapy costs in excess of limitation	[illegible]		[illegible]	[illegible]	[illegible]
28	Utilization review - physicians' compensation (chapter 21)			[illegible]	[illegible]	[illegible]
29	Depreciation - old buildings and fixtures			[illegible]	[illegible]	
30	Depreciation - old movable equipment			[illegible]	[illegible]	
31	Depreciation - new buildings and fixtures			[illegible]	[illegible]	
32	Depreciation - new movable equipment			[illegible]	[illegible]	
33	Non-physician Anesthetist			[illegible]	[illegible]	[illegible]
34	Physicians' assistant					
35	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	[illegible]		[illegible]	[illegible]	[illegible]
36	Adjustment for speech pathology costs in excess of limitation (chapter 14)	[illegible]		[illegible]	[illegible]	[illegible]
37	Other adjustments (specify) (3)		-9,366,949			
50	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 101)	[illegible]	-8,816,196	[illegible]	[illegible]	[illegible]

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

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Statement of Costs of Services from Related Organizations and Home Office Costs				PROVIDER NO: 340130	PERIOD: FROM: 01/01/2010 TO: 12/31/2010		WORKSHEET A-8-1 Part A	
A. Costs incurred and adjustments required as a result of transactions with related organizations or the claiming of home office costs:								
	Line No	Cost Center	Expense Items	Amount of Allowable Cost	Amount included in Wkst. A, column 5	Net Adjustments (col.4 - col.5) *	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	6		MANAGEMENT SERVICES	7,381,134	6,310,380	1,070,754		1
2	8		PLANT SERVICES					2
3	9		LAUNDRY SERVICES	749,771	684,634	65,137		3
4.00	35		NURSING SERVICES	1,160,313	541,956	618,357		4.00
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 14.			9,291,218	7,536,970	1,754,248		5
	*The amounts on lines 1-4 and subscripts as appropriate are transfered in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost.For related organizational or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.							

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Statement of Costs of Services from Related Organizations and Home Office Costs	PROVIDER NO: 340130	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET A-8-1 Part B

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

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

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership		Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
1	B	UNION REGIONAL MED CTR	100	CAROLINAS HEALTHCARE SYS		MANAGEMENT SERVICES	1
2							2
3							3
4							4

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

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

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

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

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

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

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

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

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

COST ALLOCATION - GENERAL SERVICE COSTS							PROVIDER NO.: 340130		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS		NET EXPENSES FOR COST ALLOCATION (from Wkst. A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-5)	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
		0	1	2	3	4	5	5a	6	7	8	
	GENERAL SERVICE COST CENTERS											
1	Old Capital Related Costs-Buildings and Fixtures											1
2	Old Capital Related Costs-Movable Equipment											2
3	New Capital Related Costs-Buildings and Fixtures	6,826,600			6,826,600							3
4	New Capital Related Costs-Movable Equipment	5,384,073				5,384,073						4
5	Employee Benefits	20,288,607			67,354	4,527	20,360,488					5
6.05	Administrative & General	16,037,961			867,582	2,192,900	1,716,552	20,814,995	20,814,995			6.05
7	Maintenance and Repairs											7
8	Operation of Plant	4,379,140			1,000,338	256,047	441,062	6,076,587	1,117,740		7,194,327	8
9	Laundry and Linen Service	704,983			65,446	2,110	30,299	802,838	147,676		96,261	9
10	Housekeeping	1,293,225			51,146	3,340	360,790	1,708,501	314,265		75,228	10
11	Dietary	1,021,032			83,381	34,389		1,138,802	209,474		122,640	11
12	Cafeteria	735,392			61,466			796,858	146,576		90,406	12
13	Maintenance of Personnel											13
14	Nursing Administration	1,035,561			19,933	47,727	382,668	1,485,889	273,317		29,318	14
15	Central Services and Supply	765,643			85,334	192,114	147,201	1,190,292	218,945		125,512	15
16	Pharmacy											16
17	Medical Records and Medical Records Library	1,720,831			152,148	55,286	524,764	2,453,029	451,215		223,784	17
18	Social Service	166,074			5,107		63,207	234,388	43,114		7,512	18
19.00	Other General Service (specify)											19.00
20	Nonphysician Anesthetists											20
21	Nursing School											21
22	Intern &Res. Service-Salary &Fringes (Approved)	40,156					15,283	55,439	10,198			22
23	Intern &Res. Other Program Costs (Approved)	516,212				80		516,292	94,968			23
24	Paramedical Ed. Program (specify)											24
	INPATIENT ROUTINE SERVICE COST CENTERS											
25	Adults and Pediatrics (General Routine Care)	9,864,264			675,959	233,399	3,522,870	14,296,492	2,629,683		994,223	25
26	Intensive Care Unit	2,539,243			110,329	114,465	911,011	3,675,048	675,996		162,276	26

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COST ALLOCATION - GENERAL SERVICE COSTS							PROVIDER NO.: 340130		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B PART I	
COST CENTER DESCRIPTIONS		NET EXPENSES FOR COST ALLOCATION (from Wksht. A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-5)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
		0	1	2	3	4	5	5a	6	7	8	
27	Coronary Care Unit											27
28	Burn Intensive Care Unit											28
29	Surgical Intensive Care Unit											29
30.00	Other Special Care (specify)											30.00
31.00	Subprovider											31.00
33	Nursery	1,393,904			19,677	47,321	502,511	1,963,413	361,154		28,942	33
34	Skilled Nursery Facility	2,066,712			247,816	1,524	487,800	2,803,852	515,746		364,496	34
35 05	Nursing Facility	2,039,783			254,636	2,982	372,576	2,669,977	491,121		374,527	35.05
36	Other Long Term Care											36
	ANCILLARY SERVICE COST CENTERS											
37.05	Operating Room	5,759,770			432,875	467,436	1,832,603	8,492,684	1,562,161		636,686	37.05
38	Recovery Room											38
39.05	Delivery Room & Labor Room	1,550,220			5,002	44,238	562,695	2,162,155	397,711		7,357	39.05
40 05	Anesthesiology	331,163			1,352	80,110	26,428	439,053	80,760		1,988	40.05
41.05	Radiology-Diagnostic	5,442,574			648,726	378,579	1,427,541	7,897,420	1,452,667		954,168	41.05
42.00	Radiology-Therapeutic											42.00
43	Radioisotope											43
44.05	Laboratory	5,041,454			125,921	205,417	817,774	6,190,566	1,138,705		185,209	44.05
45	PBP Clinical Laboratory Services-Program Only											45
46.00	Whole Blood & Packed Red Blood Cells											46.00
47	Blood Storing, Processing, & Trans.											47
48	Intravenous Therapy											48
49.05	Respiratory Therapy	1,569,146			22,381	44,748	509,141	2,145,416	394,632		32,919	49.05
50 05	Physical Therapy	1,374,318			71,905	15,557	280,594	1,742,374	320,496		105,761	50.05
51	Occupational Therapy	509,564			5,633	74	101,958	617,229	113,534		8,285	51
52	Speech Pathology	354,066			1,757	2,026	127,560	485,409	89,287		2,585	52
53.05	Electrocardiology	1,200,274			106,364	43,927	291,775	1,642,340	302,095		156,443	53.05
53 40	Cardiac Catheterization Laboratory	940,935			77,899	259,426	227,985	1,506,245	277,062		114,576	53.40
54	Electroencephalography											54
55	Medical Supplies Charged to Patients	4,452,758						4,452,758	819,049			55

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COST ALLOCATION - GENERAL SERVICE COSTS							PROVIDER NO : 340130		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I	
COST CENTER DESCRIPTIONS		NET EXPENSES FOR COST ALLOCATION (from Wkst. A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-5)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
		0	1	2	3	4	5	5a	6	7	8	
55.50	Implantable Devices Charged to Patients	4,113,151						4,113,151	756,581			55.50
56	Drugs Charged to Patients	7,183,863			67,910	67,169	701,227	8,020,169	1,475,246		99,884	56
57	Renal Dialysis											57
58	ASAC (Non-Distinct Part)											58
59.00	Other Ancillary (specify)											59.00
	OUTPATIENT SERVICE COST CENTERS											
60.05	Clinic	1,651,676			165,441	50,287	309,957	2,177,361	400,508		243,336	60.05
61	Emergency	4,413,005			505,546	487,101	1,559,533	6,965,185	1,281,190		743,574	61
62.05	Observation Beds (DistinctPart)											62.05
63.00	Other Outpatient Service (specify)											63.00
	OTHER REIMBURSABLE COST CENTERS											
64	Home Program Dialysis											64
65	Ambulance Services											65
66.00	Durable Medical Equipment-Rented											66.00
67.00	Durable Medical Equipment-Sold											67.00
68	Other Reimbursable (specify)											68
69.00	Outpatient Rehabilitation Provider (specify)											69.00
70	Intern-Resident Service (not apprvd. tchng. prgm.)											70
71	Home Health Agency	3,821,790			89,390	18,468	1,111,517	5,041,165	927,282		131,478	71
	SPECIAL PURPOSE COST CENTERS											
82	Lung Acquisition											82
83	Kidney Acquisition											83
84	Liver Acquisition											84
85.00	Heart Acquisition											85.00
86	Other Organ Acquisition (specify)											86
92	Ambulatory Surgical Center (Distinct Part)											92
93	Hospice											93
94	Other Special Purpose (specify)											94
95	SUBTOTALS (sum of lines 1-94)	129,911,969			6,191,783	5,367,679	19,865,798	128,766,068	19,856,694		6,260,617	95
	NONREIMBURSABLE COST CENTERS											

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COST ALLOCATION - GENERAL SERVICE COSTS							PROVIDER NO 340130		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B PART I	
COST CENTER DESCRIPTIONS		NET EXPENSES FOR COST ALLOCATION (from Wksht. A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols 0-5)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
		0	1	2	3	4	5	5a	6	7	8	
96	Gift, Flower, Coffee Shop, &Canteen	290,201			9,193	2,654	16,845	318,893	58,658		13,521	96
97	Research											97
98	Physicians' Private Offices	3,773,699			625,624	13,740	477,845	4,890,908	899,643		920,189	98
99	Nonpaid Workers											99
100	Other Nonreimbursable (specify)											100
101	Cross Foot Adjustments											101
102	Negative Cost Centers											102
103	Total (sum of lines 95-102)	133,975,869			6,826,600	5,384,073	20,360,488	133,975,869	20,814,995		7,194,327	103

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
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COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.: 340130		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B, PART I			
COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & MEDICAL LIBRARY	SOCIAL SERVICE	
		9	10	11	12	13	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS											
1	Old Capital Related Costs-Buildings and Fixtures											1
2	Old Capital Related Costs-Movable Equipment											2
3	New Capital Related Costs-Buildings and Fixtures											3
4	New Capital Related Costs-Movable Equipment											4
5	Employee Benefits											5
6.05	Administrative & General											6.05
7	Maintenance and Repairs											7
8	Operation of Plant											8
9	Laundry and Linen Service	1,046,775										9
10	Housekeeping	4,511	2,102,505									10
11	Dietary	36,716	1,509,402									11
12	Cafeteria	885	27,066	631,969	1,693,760							12
13	Maintenance of Personnel											13
14	Nursing Administration		8,777		26,277		1,823,578					14
15	Central Services and Supply	12,382	37,576		23,344			1,608,051				15
16	Pharmacy											16
17	Medical Records and Medical Records Library		66,997		66,002					3,261,027		17
18	Social Service		2,249		7,422						294,685	18
19.00	Other General Service (specify)											19.00
20	Nonphysician Anesthetists											20
21	Nursing School											21
22	Intern &Res. Service-Salary &Fringes (Approved)				2,075							22
23	Intern &Res. Other Program Costs (Approved)											23
24	Paramedical Ed. Program (specify)											24
	INPATIENT ROUTINE SERVICE COST CENTERS											
25	Adults and Pediatrics (General Routine Care)	586,803	297,652	413,206	383,880		826,163			1,279,826	143,759	25
26	Intensive Care Unit	60,936	48,582	60,332	75,539		175,095				16,549	26

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COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.: 340130		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET B PART I			
COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & MEDICAL LIBRARY	SOCIAL SERVICE	
		9	10	11	12	13	14	15	16	17	18	
27	Coronary Care Unit											27
28	Burn Intensive Care Unit											28
29	Surgical Intensive Care Unit											29
30.00	Other Special Care (specify)											30.00
31.00	Subprovider											31.00
33	Nursery	19,634	8,665		38,927		46,007				10,601	33
34	Skilled Nursery Facility	69,377	109,123	134,198	67,857						61,888	34
35.05	Nursing Facility	71,285	112,126	137,887	52,374						61,888	35 05
36	Other Long Term Care											36
	ANCILLARY SERVICE COST CENTERS											
37.05	Operating Room	88,441	190,612		168,855		64,499			696,789		37.05
38	Recovery Room											38
39.05	Delivery Room & Labor Room	32,458	2,203		56,125		130,071					39 05
40.05	Anesthesiology		595		2,314							40.05
41.05	Radiology-Diagnostic	973	285,660		129,310							41.05
42.00	Radiology-Therapeutic											42.00
43	Radioisotope											43
44 05	Laboratory		55,448		103,632							44.05
45	PBP Clinical Laboratory Services-Program Only											45
46.00	Whole Blood & Packed Red Blood Cells											46.00
47	Blood Storing, Processing, & Trans											47
48	Intravenous Therapy											48
49.05	Respiratory Therapy		9,855		46,528		107,826					49.05
50.05	Physical Therapy		31,663		29,689							50.05
51	Occupational Therapy		2,480		9,936							51
52	Speech Pathology		774		9,178							52
53.05	Electrocardiology		46,836		32,243		16,527					53.05
53.40	Cardiac Catheterization Laboratory		34,302		19,972							53 40
54	Electroencephalography											54
55	Medical Supplies Charged to Patients							836,187				55

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COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.: 340130		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET B PART I			
COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & MEDICAL LIBRARY	SOCIAL SERVICE	
		9	10	11	12	13	14	15	16	17	18	
55.30	Implantable Devices Charged to Patients							771,864				55.30
56	Drugs Charged to Patients		29,903		46,070							56
57	Renal Dialysis											57
58	ASAC (Non-Distinct Part)											58
59.00	Other Ancillary (specify)											59 00
	OUTPATIENT SERVICE COST CENTERS											
60.05	Clinic	4,530	72,850		35,595					546,532		60.05
61	Emergency	82,606	222,612		149,202		345,812			589,299		61
62.05	Observation Beds (DistinctPart)											62.05
63.00	Other Outpatient Service (specify)											63.00
	OTHER REIMBURSABLE COST CENTERS											
64	Home Program Dialysis											64
65	Ambulance Services											65
66 00	Durable Medical Equipment-Rented											66 00
67.00	Durable Medical Equipment-Sold											67.00
68	Other Reimbursable (specify)											68
69 00	Outpatient Rehabilitation Provider (specify)											69.00
70	Intern-Resident Service (not apprvd. tchng. prgm.)											70
71	Home Health Agency		39,362									71
	SPECIAL PURPOSE COST CENTERS											
82	Lung Acquisition											82
83	Kidney Acquisition											83
84	Liver Acquisition											84
85.00	Heart Acquisition											85.00
86	Other Organ Acquisition (specify)											86
92	Ambulatory Surgical Center (Distinct Part)											92
93	Hospice											93
94	Other Special Purpose (specify)											94
95	SUBTOTALS (sum of lines 1-94)	1,036,591	1,822,969	1,406,487	1,630,511		1,823,578	1,608,051		3,112,446	294,685	95
	NONREIMBURSABLE COST CENTERS											

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COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.: 340130		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I			
COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & MEDICAL LIBRARY	SOCIAL SERVICE	
		9	10	11	12	13	14	15	16	17	18	
96	Gift, Flower, Coffee Shop, &Canteen		4,048		10,216							96
97	Research											97
98	Physicians' Private Offices	10,184	275,488	102,915	53,033					148,581		98
99	Nonpaid Workers											99
100	Other Nonreimbursable (specify)											100
101	Cross Foot Adjustments											101
102	Negative Cost Centers											102
103	Total (sum of lines 95-102)	1,046,775	2,102,505	1,509,402	1,693,760		1,823,578	1,608,051		3,261,027	294,685	103

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COST ALLOCATION - GENERAL SERVICE COSTS						PROVIDER NO.: 340130		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I	
COST CENTER DESCRIPTIONS		OTHER GENERAL SERVICE	NON-PHYSICIAN ANES-THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA-MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST &POST STEPDOWN ADJUSTMENTS	TOTAL	
		19	20	21	22	23	24	25	26	27	
	GENERAL SERVICE COST CENTERS										
1	Old Capital Related Costs-Buildings and Fixtures										1
2	Old Capital Related Costs-Movable Equipment										2
3	New Capital Related Costs-Buildings and Fixtures										3
4	New Capital Related Costs-Movable Equipment										4
5	Employee Benefits										5
6.05	Administrative & General										6.05
7	Maintenance and Repairs										7
8	Operation of Plant										8
9	Laundry and Linen Service										9
10	Housekeeping										10
11	Dietary										11
12	Cafeteria										12
13	Maintenance of Personnel										13
14	Nursing Administration										14
15	Central Services and Supply										15
16	Pharmacy										16
17	Medical Records and Medical Records Library										17
18	Social Service										18
19.00	Other General Service (specify)										19.00
20	Nonphysician Anesthetists										20
21	Nursing School										21
22	Intern &Res. Service-Salary &Fringes (Approved)				67,712						22
23	Intern &Res. Other Program Costs (Approved)					611,260					23
24	Paramedical Ed. Program (specify)										24
	INPATIENT ROUTINE SERVICE COST CENTERS										
25	Adults and Pediatrics (General Routine Care)				15,539	140,278		22,007,504	-155,817	21,851,687	25
26	Intensive Care Unit							4,950,353		4,950,353	26

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COST ALLOCATION - GENERAL SERVICE COSTS						PROVIDER NO.: 340130		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B PART I	
COST CENTER DESCRIPTIONS		OTHER GENERAL SERVICE	NON-PHYSICIAN ANES-THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA-MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST &POST STEPDOWN ADJUSTMENTS	TOTAL	
		19	20	21	22	23	24	25	26	27	
27	Coronary Care Unit										27
28	Burn Intensive Care Unit										28
29	Surgical Intensive Care Unit										29
30.00	Other Special Care (specify)										30.00
31.00	Subprovider										31.00
33	Nursery							2,477,343		2,477,343	33
34	Skilled Nursery Facility							4,126,537		4,126,537	34
35.05	Nursing Facility				155	1,403		3,972,743	-1,558	3,971,185	35.05
36	Other Long Term Care										36
	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room				7,303	65,931		11,973,961	-73,234	11,900,727	37.05
38	Recovery Room										38
39.05	Delivery Room & Labor Room							2,788,080		2,788,080	39.05
40.05	Anesthesiology							524,710		524,710	40.05
41.05	Radiology-Diagnostic							10,720,198		10,720,198	41.05
42.00	Radiology-Therapeutic										42.00
43	Radioisotope										43
44.05	Laboratory							7,673,560		7,673,560	44.05
45	PBP Clinical Laboratory Services-Program Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, &Trans										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy							2,737,176		2,737,176	49.05
50.05	Physical Therapy							2,229,983		2,229,983	50.05
51	Occupational Therapy							751,464		751,464	51
52	Speech Pathology							587,233		587,233	52
53.05	Electrocardiology							2,196,484		2,196,484	53.05
53.40	Cardiac Catheterization Laboratory							1,952,157		1,952,157	53.40
54	Electroencephalography										54
55	Medical Supplies Charged to Patients							6,107,994		6,107,994	55

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COST ALLOCATION - GENERAL SERVICE COSTS						PROVIDER NO.: 340130		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B PART I	
COST CtrN fhR DESCRIPTIONS		OTHER GENERAL SERVICE	NON-PHYSICIAN ANES-THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA-MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST &POST STEPDOWN ADJUSTMENTS	TOTAL	
		19	20	21	22	23	24	25	26	27	
55.30	Implantable Devices Charged to Patients							5,641,596		5,641,596	55.30
56	Drugs Charged to Patients							9,671,272		9,671,272	56
57	Renal Dialysis										57
58	ASAC (Non-Distinct Part)										58
59 00	Other Ancillary (specify)										59.00
	OUTPATIENT SERVICE COST CENTERS										
60 05	Clinic				41,763	376,995		3,899,470	-418,758	3,480,712	60.05
61	Emergency				2,952	26,653		10,409,085	-29,605	10,379,480	61
62.05	Observation Beds (DistinctPart)										62.05
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis										64
65	Ambulance Services										65
66.00	Durable Medical Equipment-Rented										66.00
67.00	Durable Medical Equipment-Sold										67.00
68	Other Reimbursable (specify)										68
69.00	Outpatient Rehabilitation Provider (specify)										69.00
70	Intern-Resident Service (not apprvd. tchng. prgm.)										70
71	Home Health Agency							6,139,287		6,139,287	71
	SPECIAL PURPOSE COST CENTERS										
82	Lung Acquisition										82
83	Kidney Acquisition										83
84	Liver Acquisition										84
85.00	Heart Acquisition										85.00
86	Other Organ Acquisition (specify)										86
92	Ambulatory Surgical Center (Distinct Part)										92
93	Hospice										93
94	Other Special Purpose (specify)										94
95	SUBTOTALS (sum of lines 1-94)				67,712	611,260		126,269,592	-678,972	125,590,620	95
	NONREIMBURSABLE COST CENTERS										

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COST ALLOCATION - GENERAL SERVICE COSTS						PROVIDER NO.: 340130		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B PART I	
COST CENTER DESCRIPTIONS		OTHER GENERAL SERVICE	NON-PHYSICIAN ANES-THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA-MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST &POST STEPDOWN ADJUSTMENTS	TOTAL	
		19	20	21	22	23	24	25	26	27	
96	Gift, Flower, Coffee Shop, &Canteen							405,336		405,336	96
97	Research										97
98	Physicians' Private Offices							7,300,941		7,300,941	98
99	Nonpaid Workers										99
100	Other Nonreimbursable (specify)										100
101	Cross Foot Adjustments										101
102	Negative Cost Centers										102
103	Total (sum of lines 95-102)				67,712	611,260		133,975,869	-678,972	133,296,897	103

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

COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO. 340130		PERIOD. FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1	
COST CENTER DESCRIPTIONS		Old Capital Related Cost		New Capital Related Cost							
		Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Employee benefits (gross salaries)	Reconcil-iation	Administrative & General (accum cost)	Maintenance & Repairs (Sq Ft)	Operation of Plant (Sq Ft)	
		1	2	3	4	5	6A	6	7	8	
	GENERAL SERVICE COST CENTERS										
1	Old Capital Related Costs-Buildings and Fixtures										1
2	Old Capital Related Costs-Movable Equipment										2
3	New Capital Related Costs-Buildings and Fixtures			454,471							3
4	New Capital Related Costs-Movable Equipment				5,334,851						4
5	Employee Benefits			4,484	4,486	53,496,608					5
6.05	Administrative & General			57,758	2,172,851	4,510,192		113,160,648			6.05
7	Maintenance and Repairs										7
8	Operation of Plant			66,596	253,706	1,158,878		6,076,589		325,632	8
9	Laundry and Linen Service			4,357	2,091	79,609		802,840		4,357	9
10	Housekeeping			3,405	3,309	947,965		1,708,500		3,405	10
11	Dietary			5,551	34,075			1,138,804		5,550	11
12	Cafeteria			4,092				796,859		4,091	12
13	Maintenance of Personnel										13
14	Nursing Administration			1,327	47,291	1,005,449		1,485,886		1,327	14
15	Central Services and Supply			5,681	190,358	386,766		1,190,293		5,680	15
16	Pharmacy										16
17	Medical Records & Medical Records Library			10,129	54,781	1,378,802		2,453,028		10,129	17
18	Social Service			340		166,074		234,389		340	18
19.00	Other General Service (specify)										19.00
20	Nonphysician Anesthetists										20
21	Nursing School										21
22	Intern & Res Service-Salary & Fringes (Approved)					40,155		55,441			22
23	Intern & Res Other Program Costs (Approved)				79			516,293			23
24	Paramedical Education Program (specify)										24
	INPATIENT ROUTINE SERVICE COST CENTERS										
25	Adults and Pediatrics (General Routine Care)			45,001	231,265	9,256,242		14,296,261		45,000	25
26	Intensive Care Unit			7,345	113,419	2,393,655		3,675,049		7,345	26

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO. 340130		PERIOD- FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1	
COST CENTER DESCRIPTIONS		Old Capital Related Cost		New Capital Related Cost							
		Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Bldgs & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Employee benefits (gross salaries)	Reconcil-iation	Administrative & General (accum cost)	Maintenance & Repairs (Sq Ft)	Operation of Plant (Sq Ft)	
		1	2	3	4	5	6A	6	7	8	
27	Coronary Care Unit										27
28	Burn Intensive Care Unit										28
29	Surgical Intensive Care Unit										29
30.00	Other Special Care (specify)										30.00
31.00	Subprovider										31.00
33	Nursery			1,310	46,888	1,320,333		1,963,412		1,309	33
34	Skilled Nursing Facility			16,498	1,510	1,281,680		2,803,851		16,497	34
35.05	Nursing Facility			16,952	2,955	978,933		2,669,977		16,952	35.05
36	Other Long Term Care										36
	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room			28,818	463,163	4,815,113		8,492,682		28,817	37.05
38	Recovery Room										38
39.05	Delivery Room & Labor Room			333	43,834	1,478,465		2,162,154		332	39 05
40.05	Anesthesiology			90	79,378	69,438		439.051		89	40.05
41.05	Radiology-Diagnostic			43,188	375,118	3,750,823		7,897,418		43,187	41.05
42.00	Radiology-Therapeutic										42.00
43	Radioisotope										43
44.05	Laboratory			8,383	203,539	2,148,678		6,190,565		8,383	44.05
45	PBP Clinical Laboratory Services-Program Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, & Trans.										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy			1,490	44,339	1,337,753		2,145,415		1,489	49.05
50.05	Physical Therapy			4,787	15,415	737,252		1,742,375		4,787	50.05
51	Occupational Therapy			375	73	267,891		617,227		374	51
52	Speech Pathology			117	2,007	335,160		485,408		117	52
53.05	Electrocardiology			7,081	43,525	766,630		1,642,338		7,080	53.05
53.40	Cardiac Catheterization Laboratory			5,186	257,054	599,024		1,506,246		5,185	53.40
54	Electroencephalography										54
55	Medical Supplies Charged to Patients							4,452,756			55

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO 340130		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1	
COST CENTER DESCRIPTIONS		Old Capital Related Cost		New Capital Related Cost							
		Bldgs & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Bldgs & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Employee benefits (gross salaries)	Reconcil-iation	Administrative & General (accum cost)	Maintenance & Repairs (Sq Ft)	Operation of Plant (Sq Ft)	
		1	2	3	4	5	6A	6	7	8	
55.30	Implantable Devices Charged to Patients							4,113,149			55.30
56	Drugs Charged to Patients			4,521	66,555	1,842,454		8,020,169		4,520	56
57	Renal Dialysis										57
58	ASC (Non-Distinct Part)										58
59.00	Other Ancillary (specify)										59.00
	OUTPATIENT SERVICE COST CENTERS										
60.05	Clinic			11,014	49,827	814,402		2,177,359		11,012	60.05
61	Emergency			33,656	482,648	4,097,629		6,965,184		33,655	61
62.05											
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis										64
65	Ambulance Services										65
66.00	Durable Medical Equipment-Rented										66.00
67.00	Durable Medical Equipment-Sold										67.00
68	Other Reimbursable (specify)										68
69.00	Outpatient Rehabilitation Provider (specify)										69.00
70	Intern-Resident Service (not apprvd tchng prgm.)										70
71	Home Health Agency			5,951	18,299	2,920,479		5,041,165		5,951	71
	SPECIAL PURPOSE COST CENTERS										
82	Lung Acquisition										82
83	Kidney Acquisition										83
84	Liver Acquisition										84
85.00	Heart Acquisition										85.00
86	Other Organ Acquisition (specify)										86
92	Ambulatory Surgical Center (Distinct Part)										92
93	Hospice										93
94	Other Special Purpose (specify)										94
95	SUBTOTALS (sum of lines 1-94)			412,209	5,318,607	52,196,824		107,950,840		283,370	95
	NONREIMBURSABLE COST CENTERS										

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO. 340130		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1	
COST CENTER DESCRIPTIONS		Old Capital Related Cost		New Capital Related Cost							
		Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Bldgs & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Employee benefits (gross salaries)	Reconcil-iation	Administrative & General (accum cost)	Maintenance & Repairs (Sq Ft)	Operation of Plant (Sq Ft)	
		1	2	3	4	5	6A	6	7	8	
96	Grll, Flower, Coffee Shop, & Canteen			612	2,630	44,259		318,894		611	96
97	Research										97
98	Physicians' Private Offices			41,650	13,614	1,255,522		4,890,902		41,649	98
99	Nonpaid Workers										99
100	Other Nonreimbursable (specify)										100
101	Cross foot adjustments										101
102	Negative cost centers										102
103	Cost to be allocated (per Wkst. B, Part I)			6,826,600	5,384,073	20,360,488		20,814,995		7,194,327	103
104	Unit cost multiplier (Wkst. B, Part I)			15 020980	1.009226	0.380594		0 183942		22 093361	104
105	Cost to be allocated (per Wkst B, Part II)										105
106	Unit cost multiplier (Wkst. B, Part II)										106
107	Cost to be allocated (per Wkst. B, Part III)										107
108	Unit cost multiplier (Wkst. B, Part III)										108

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

COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO.340130		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
	COST CENTER DESCRIPTIONS	Laundry & Linen Service (LB of Laundry)	Housekeeping (HRs of Service)	Dietary (Meals Served)	Cafeteria (Meals Served)	Maintenance of Personnel (Number Housed)	Nursing Admin ((Direct Nursing Hrs)	Central Services & Supply (Costed Req)	Pharmacy (Costed Req)	Medical Records & Libry (Time Spent)	Social Service (Time Spent)	
		9	10	11	12	13	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS											
1	Old Capital Related Costs-Buildings and Fixtures											1
2	Old Capital Related Costs-Movable Equipment											2
3	New Capital Related Costs-Buildings and Fixtures											3
4	New Capital Related Costs-Movable Equipment											4
5	Employee Benefits											5
6.05	Administrative & General											6.05
7	Maintenance and Repairs											7
8	Operation of Plant											8
9	Laundry and Linen Service	1,378,647										9
10	Housekeeping	5,941	317,871									10
11	Dietary	2,331	5,550	380,450								11
12	Cafeteria	1,165	4,092	159,289	84,891							12
13	Maintenance of Personnel											13
14	Nursing Administration		1,326		1,316		20,413					14
15	Central Services and Supply	16,307	5,680		1,169			100				15
16	Pharmacy											16
17	Medical Records & Medical Records Library		10,129		3,308					36,982		17
18	Social Service		340		371						7,727	18
19.00	Other General Service (specify)											19.00
20	Nonphysician Anesthetists											20
21	Nursing School											21
22	Intern & Res. Service-Salary & Fringes (Approved)				103							22
23	Intern & Res. Other Program Costs (Approved)											23
24	Paramedical Education Program (specify)											24
	INPATIENT ROUTINE SERVICE COST CENTERS											
25	Adults and Pediatrics (General Routine Care)	772,844	45,001	104,150	19,240		9,248			14,513	3,770	25
26	Intensive Care Unit	80,255	7,344	15,206	3,786		1,960				433	26

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO.340130		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Laundry & Linen Service (LB of Laundry)	Housekeeping (HRs of Service)	Dietary (Meals Served)	Cafeteria (Meals Served)	Maintenance of Personnel (Number Housed)	Nursing Admin ((Direct Nursing Hrs)	Central Services & Supply (Costed Req)	Pharmacy (Costed Req)	Medical Records & Libry (Time Spent)	Social Service (Time Spent)	
		9	10	11	12	13	14	15	16	17	18	
27	Coronary Care Unit											27
28	Burn Intensive Care Unit											28
29	Surgical Intensive Care Unit											29
30 00	Other Special Care (specify)											30.00
31 00	Subprovider											31.00
33	Nursery	25,858	1,310		1,951		514				278	33
34	Skilled Nursing Facility	91,372	16,497	33,825	3,400						1,622	34
35 05	Nursing Facility	93,885	16,951	34,754	2,624						1,622	35.05
36	Other Long Term Care											36
	ANCILLARY SERVICE COST CENTERS											
37.05	Operating Room	116,480	28,818		8,462		721			7,902		37.05
38	Recovery Room											38
39.05	Delivery Room & Labor Room	42,748	333		2,812		1,456					39.05
40 05	Anesthesiology		89		115							40.05
41.05	Radiology-Diagnostic	1,281	43,188		6,480							41.05
42.00	Radiology-Therapeutic											42.00
43	Radioisotope											43
44.05	Laboratory		8,383		5,194							44.05
45	PBP Clinical Laboratory Services-Program Only											45
46 00	Whole Blood & Packed Red Blood Cells											46.00
47	Blood Storing, Processing, & Trans.											47
48	Intravenous Therapy											48
49.05	Respiratory Therapy		1,489		2,331		1,206					49.05
50.05	Physical Therapy		4,787		1,488							50.05
51	Occupational Therapy		374		497							51
52	Speech Pathology		117		460							52
53.05	Electrocardiology		7,080		1,616		185					53.05
53 40	Cardiac Catheterization Laboratory		5,186		1,000							53.40
54	Electroencephalography											54
55	Medical Supplies Charged to Patients							52				55

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO.340130		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Laundry & Linen Service (LB of Laundry)	Housekeeping (HRs of Service)	Dietary (Meals Served)	Cafeteria (Meals Served)	Maintenance of Personnel (Number Housed)	Nursing Admin ((Direct Nursing Hrs)	Central Services & Supply (Costed Req)	Pharmacy (Costed Req)	Medical Records & Libry (Time Spent)	Social Service (Time Spent)	
		9	10	11	12	13	14	15	16	17	18	
55.30	Implantable Devices Charged to Patients							47				55.30
56	Drugs Charged to Patients		4,520		2,309							56
57	Renal Dialysis											57
58	ASC (Non-Distinct Part)											58
59.00	Other Ancillary (specify)											59.00
	OUTPATIENT SERVICE COST CENTERS											
60.05	Clinic	5,966	11,012		1,783					6,197		60.05
61	Emergency	108,795	33,655		7,477		3,870			6,683		61
62.05												
63.00	Other Outpatient Service (specify)											63.00
	OTHER REIMBURSABLE COST CENTERS											
64	Home Program Dialysis											64
65	Ambulance Services											65
66 00	Durable Medical Equipment-Rented											66.00
67.												67.
68	Other Reimbursable (specify)											68
69 00	Outpatient Rehabilitation Provider (specify)											69.00
70	Intern-Resident Service (not appvd. tchng. prgm.)											70
71	Home Health Agency		5,951									71
	SPECIAL PURPOSE COST CENTERS											
82	Lung Acquisition											82
83	Kidney Acquisition											83
84	Liver Acquisition											84
85.00	Heart Acquisition											85.00
86	Other Organ Acquisition (specify)											86
92	Ambulatory Surgical Center (Distinct Part)											92
93	Hospice											93
94	Other Special Purpose (specify)											94
95	SUBTOTALS (sum of lines 1-94)	1,365,234	275,608	354,509	81,720		20,413	100		35,297	7,727	95
	NONREIMBURSABLE COST CENTERS											

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO.340130		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
	COST CENTER DESCRIPTIONS	Laundry & Linen Service (LB of Laundry)	Housekeeping (HRs of Service)	Dietary (Meals Served)	Cafeteria (Meals Served)	Maintenance of Personnel (Number Housed)	Nursing Admin ((Direct Nursing Hrs)	Central Services & Supply (Costed Req)	Pharmacy (Costed Req)	Medical Records & Libry (Time Spent)	Social Service (Time Spent)	
		9	10	11	12	13	14	15	16	17	18	
96	Gift, Flower, Coffee Shop, & Canteen		612		517							96
97	Research											97
98	Physicians' Private Offices	13,412	41,650	25,940	2,656					1,684		98
99	Nonpaid Workers											99
100	Other Nonreimbursable (specify)											100
101	Cross foot adjustments											101
102	Negative cost centers											102
103	Cost to be allocated (per Wkst B, Part I)	1,046,775	2,102,505	1,509,402	1,693,760		1,823,578	1,608,051		3,261,027	294,685	103
104	Unit cost multiplier (Wkst. B, Part I)	0.759277	6 614334	3.967412	19.952173		89.334152	16,080.51		88 178764	38.132118	104
105	Cost to be allocated (per Wkst. B, Part II)											105
106	Unit cost multiplier (Wkst. B, Part II)											106
107	Cost to be allocated (per Wkst. B, Part III)											107
108	Unit cost multiplier (Wkst. B, Part III)											108

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

COST ALLOCATION - STATISTICAL BASIS					PROVIDER NO. 340130		PERIOD. FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
	COST CENTER DESCRIPTIONS	Other General Service (Specify)	Non-Physician Anesthetists (Assigned Time)	Nursing School (Assigned time)	Salary and Fringes (Assigned Time)	Program Costs (Assigned Time)	Paramedical Educ. Program (Assigned Time)	Subtotal	Intern & Resident Cost and Post Stepdown Adjustment	Total	
		19	20	21	22	23	24	25	26	27	
	GENERAL SERVICE COST CENTERS										
1	Old Capital Related Costs-Buildings and Fixtures										1
2	Old Capital Related Costs-Movable Equipment										2
3	New Capital Related Costs-Buildings and Fixtures										3
4	New Capital Related Costs-Movable Equipment										4
5	Employee Benefits										5
6.05	Administrative & General										6 05
7	Maintenance and Repairs										7
8	Operation of Plant										8
9	Laundry and Linen Service										9
10	Housekeeping										10
11	Dietary										11
12	Cafeteria										12
13	Maintenance of Personnel										13
14	Nursing Administration										14
15	Central Services and Supply										15
16	Pharmacy										16
17	Medical Records & Medical Records Library										17
18	Social Service										18
19.00	Other General Service (specify)										19.00
20	Nonphysician Anesthetists										20
21	Nursing School										21
22	Intern & Res. Service-Salary & Fringes (Approved)				1,743						22
23	Intern & Res. Other Program Costs (Approved)					1,743					23
24	Paramedical Education Program (specify)										24
	INPATIENT ROUTINE SERVICE COST CENTERS										
25	Adults and Pediatrics (General Routine Care)				399	400					25
26	Intensive Care Unit										26

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COST ALLOCATION - STATISTICAL BASIS					PROVIDER NO 340130		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
	COST CENTER DESCRIPTIONS	Other General Service (Specify)	Non-Physician Anesthetists (Assigned Time)	Nursing School (Assigned time)	Salary and Fringes (Assigned Time)	Program Costs (Assigned Time)	Paramedical Educ. Program (Assigned Time)	Subtotal	Intern & Resident Cost and Post Stepdown Adjustment	Total	
		19	20	21	22	23	24	25	26	27	
27	Coronary Care Unit										27
28	Burn Intensive Care Unit										28
29	Surgical Intensive Care Unit										29
30.00	Other Special Care (specify)										30 00
31.00	Subprovider										31 00
33	Nursery										33
34	Skilled Nursing Facility										34
35 05	Nursing Facility				3	4					35 05
36	Other Long Term Care										36
	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room				187	188					37.05
38	Recovery Room										38
39.05	Delivery Room & Labor Room										39.05
40.05	Anesthesiology										40 05
41.05	Radiology-Diagnostic										41.05
42.00	Radiology-Therapeutic										42 00
43	Radioisotope										43
44.05	Laboratory										44.05
45	PBP Clinical Laboratory Services-Program Only										45
46.00	Whole Blood & Packed Red Blood Cells										46 00
47	Blood Storing, Processing, & Trans.										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy										49.05
50 05	Physical Therapy										50 05
51	Occupational Therapy										51
52	Speech Pathology										52
53.05	Electrocardiology										53.05
53.40	Cardiac Catheterization Laboratory										53 40
54	Electroencephalography										54
55	Medical Supplies Charged to Patients										55

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COST ALLOCATION - STATISTICAL BASIS					PROVIDER NO. 340130		PERIOD. FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Other General Service (Specify)	Non-Physician Anesthetists (Assigned Time)	Nursing School (Assigned time)	Salary and Fringes (Assigned Time)	Program Costs (Assigned Time)	Paramedical Educ. Program (Assigned Time)	Subtotal	Intern & Resident Cost and Post Stepdown Adjustment	Total	
		19	20	21	22	23	24	25	26	27	
55.50	Implantable Devices Charged to Patients										55.50
56	Drugs Charged to Patients										56
57	Renal Dialysis										57
58	ASC (Non-Distinct Part)										58
59.00	Other Ancillary (specify)										59.00
	OUTPATIENT SERVICE COST CENTERS										
60.05	Clinic				1,075	1,074					60.05
61	Emergency				75	76					61
62.05											
63.00	Other Outpatient Service (specify)										63 00
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis										64
65	Ambulance Services										65
66.00	Durable Medical Equipment-Rented										66 00
67.00	Durable Medical Equipment-Sold										67.00
68	Other Reimbursable (specify)										68
69 00	Outpatient Rehabilitation Provider (specify)										69.00
70	Intern-Resident Service (not apprvd. tchng. prgm.)										70
71	Home Health Agency										71
	SPECIAL PURPOSE COST CENTERS										
82	Lung Acquisition										82
83	Kidney Acquisition										83
84	Liver Acquisition										84
85.00	Heart Acquisition										85.00
86	Other Organ Acquisition (specify)										86
92	Ambulatory Surgical Center (Distinct Part)										92
93	Hospice										93
94	Other Special Purpose (specify)										94
95	SUBTOTALS (sum of lines 1-94)				1,743	1,743					95
	NONREIMBURSABLE COST CENTERS										

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COST ALLOCATION - STATISTICAL BASIS				PROVIDER NO 340130		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS	Other General Service (Specify)	Non-Physician Anesthetists (Assigned time)	Nursing School (Assigned time)	Salary and Fringes (Assigned Time)	Program Costs (Assigned Time)	Paramedical Educ. Program (Assigned Time)	Subtotal	Intern & Resident Cost and Post Stepdown Adjustment	Total	
	19	20	21	22	23	24	25	26	27	
96 Gift, Flower, Coffee Shop, & Canteen										96
97 Research										97
98 Physicians' Private Offices										98
99 Nonpaid Workers										99
100 Other Nonreimbursable (specify)										100
101 Cross foot adjustments										101
102 Negative cost centers										102
103 Cost to be allocated (per Wkst B, Part I)				67,712	611,260					103
104 Unit cost multiplier (Wkst. B, Part I)				38.847961	350 694214					104
105 Cost to be allocated (per Wkst. B, Part II)										105
106 Unit cost multipher (Wkst. B, Part II)										106
107 Cost to be allocated (per Wkst. B, Part III)										107
108 Unit cost multipher (Wkst. B, Part III)										108

*Please note that CostReportData.com worksheets are replicated from electronic cost report data obtained from the CMS Healthcare Cost Report Information System dataset (HCRIS) and may differ from the format submitted by the hospital (e.g. sub-lines and sub-columns may be combined, certain totals have been calculated, etc.)

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COMPUTATION OF RATIO OF COSTS TO CHARGES					PROVIDER NO. 340130			PERIOD. FROM 01/01/2010 TO 12/31/2010			WORKSHEET C, PART I	
	COST CENTER DESCRIPTIONS	Total Cost from Wkst B,Part I col 27	Therapy Limit Adj	Total Costs	RCE Dis-allowance	Total Costs	Inpatient Charges	Outpatient Charges	Total Charges (col 6 + col 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		1	2	3	4	5	6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS												
25	Adults and Pediatrics (General Routine Care)	21,851,687		21,851,687		21,851,687	22,043,706		22,043,706				25
26	Intensive Care Unit	4,950,353		4,950,353		4,950,353	4,993,032		4,993,032				26
27	Coronary Care Unit												27
28	Burn Intensive Care Unit												28
29	Surgical Intensive Care Unit												29
30.00	Other Special Care (specify)												30.00
31 00	Subprovider												31.00
33	Nursery	2,477,343		2,477,343		2,477,343	2,918,430		2,918,430				33
34	Skilled Nursing Facility	4,126,537		4,126,537		4,126,537	2,623,061		2,623,061				34
35 05	Nursing Facility	3,971,185		3,971,185		3,971,185	2,178,777		2,178,777				35.05
36	Other Long Term Care												36
	ANCILLARY SERVICE COST CENTERS												
37.05	Operating Room	11,900,727		11,900,727		11,900,727	13,037,844	31,386,968	44,424,812	0.267885	0.267885	0.267885	37.05
38	Recovery Room												38
39.05	Delivery Room & Labor Room	2,788,080		2,788,080		2,788,080	3,095,119	801,868	3,896,987	0 715445	0 715445	0.715445	39.05
40 05	Anesthesiology	524,710		524,710		524,710	11,219,675	19,398,969	30,618,644	0.017137	0 017137	0.017137	40.05
41.05	Radiology-Diagnostic	10,720,198		10,720,198		10,720,198	17,934,928	70,455,506	88,390,434	0.121282	0.121282	0.121282	41.05
42.00	Radiology-Therapeutic												42.00
43	Radioisotope												43
44 05	Laboratory	7,673,560		7,673,560		7,673,560	13,121,686	16,459,533	29,581,219	0 259406	0.259406	0.259406	44.05
45	PBP Clinical Laboratory Services-Prgm. Only												45
46 00	Whole Blood & Packed Red Blood Cells												46.00
47	Blood Storing, Processing, & Trans.												47
48	Intravenous Therapy												48
49 05	Respiratory Therapy	2,737,176		2,737,176		2,737,176	3,633,599	500,873	4,134,472	0 662038	0.662038	0.662038	49.05
50 05	Physical Therapy	2,229,983		2,229,983		2,229,983	1,474,705	1,455,812	2,930,517	0.760952	0.760952	0 760952	50.05
51	Occupational Therapy	751,464		751,464		751,464	925,870	544,914	1,470,784	0.510928	0.510928	0.510928	51
52	Speech Pathology	587,233		587,233		587,233	291,463	455,213	746,676	0.786463	0.786463	0.786463	52

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COMPUTATION OF RATIO OF COSTS TO CHARGES						PROVIDER NO. 340130			PERIOD FROM 01/01/2010 TO 12/31/2010			WORKSHEET C, PART I	
	COST CENTER DESCRIPTIONS	Total Cost from Wkst B,Part I col 27	Therapy Limit Adj.	Total Costs	RCE Dis-allowance	Total Costs	Inpatient Charges	Outpatient Charges	Total Charges (col 6 + col 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		1	2	3	4	5	6	7	8	9	10	11	
53 05	Electrocardiology	2,196,484		2,196,484		2,196,484	3,433,464	6,894,171	10,327,635	0 212680	0.212680	0 212680	53.05
52 40	Cardiac Catheterization Laboratory	1,952,157		1,952,157		1,952,157	2,204,596	4,545,887	6,750,483	0.289188	0.289188	0.289188	53.40
54	Electroencephalography												54
55	Medical Supplies Charged to Patients	6,107,994		6,107,994		6,107,994	3,347,779	5,397,249	8,745,028	0.698453	0 698453	0.698453	55
55.30	Implantable Devices Charged to Patients	5,641,596		5,641,596		5,641,596	5,724,532	4,819,943	10,544,475	0.535029	0.535029	0.535029	55.30
56	Drugs Charged to Patients	9,671,272		9,671,272		9,671,272	15,722,798	7,649,832	23,372,630	0 413786	0.413786	0 413786	56
57	Renal Dialysis												57
58	ASC (Non-Distinct Part)												58
59.00	Other Ancillary (specify)												59.00
OUTPATIENT SERVICE COST CENTERS													
60 05	Clinic	3,480,712		3,480,712	4,202	3,484,914	29,598	7,695,206	7,724,804	0 450589	0 450589	0 451133	60.05
61	Emergency	10,379,480		10,379,480		10,379,480	10,762,873	39,080,173	49,843,046	0.208243	0.208243	0.208243	61
62.05	Observation Beds (DistinctPart)	2,731,402		2,731,402		2,731,402	702,824	3,456,607	4,159,431	0 656677	0 656677	0 656677	62.05
62.10	Observation Beds (Non-DistinctPart)	1,002,280		1,002,280		1,002,280	146,193	1,181,371	1,327,564	0 754977	0 754977	0.754977	62.10
63 00	Other Outpatient Service (specify)												63.00
OTHER REIMBURSABLE COST CENTERS													
64	Home Program Dialysis												64
65	Ambulance Services												65
66 00	Durable Medical Equipment-Rented												66 00
67 00	Durable Medical Equipment-Sold												67.00
68	Other Reimbursable (specify)												68
101	Subtotal (sum of lines 25 thru 68)	120,453,613		120,453,613	4,202	120,457,815	141,566,552	222,180,095	363,746,647				101
102	Less Observation Beds	3,733,682		3,733,682		1,002,280							102
103	Total (line 101 minus line 102)	116,719,931		116,719,931	4,202	119,455,535	141,566,552	222,180,095	363,746,647				103

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS						PROVIDER NO. 340130		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET C, PART II	
	Cost Center Descriptions	Total Cost (Wkst. B, Part I, col. 27)	Capital Cost (Wkst. B, sum of Parts II & III, col. 27)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reductions	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst. C, Part I, col. 8)	Outpatient Cost to Charge Ratio (col. 6 + col. 7)	I/P Part B Cost to Charge Ratio (see instruc.)	
		1	2	3	4	5	6	7	8	9	
	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room	11,900,727	11,900,727					44,424,812		0.267885	37.05
38	Recovery Room										38
39.05	Delivery Room & Labor Room	2,788,080	2,788,080					3,896,987		0.715445	39.05
40.05	Anesthesiology	524,710	524,710					30,618,644		0.017137	40.05
41.05	Radiology-Diagnostic	10,720,198	10,720,198					88,390,434		0.121282	41.05
42.00	Radiology-Therapeutic										42.00
43	Radioisotope										43
44.05	Laboratory	7,673,560	7,673,560					29,581,219		0.259406	44.05
45	PBP Clinical Laboratory Services-Prgm. Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, & Trans.										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy	2,737,176	2,737,176					4,134,472		0.662038	49.05
50.05	Physical Therapy	2,229,983	2,229,983					2,930,517		0.760952	50.05
51	Occupational Therapy	751,464	751,464					1,470,784		0.510928	51
52	Speech Pathology	587,233	587,233					746,676		0.786463	52
53.05	Electrocardiology	2,196,484	2,196,484					10,327,635		0.212680	53.05
53.40	Cardiac Catheterization Laboratory	1,952,157	1,952,157					6,750,483		0.289188	53.40
54	Electroencephalography										54
55	Medical Supplies Charged to Patients	6,107,994	6,107,994					8,745,028		0.698453	55
56	Drugs Charged to Patients	9,671,272	9,671,272					23,372,630		0.413786	56
57	Renal Dialysis										57
58	ASC (Non-Distinct Part)										58
59.00	Other Ancillary (specify)										59.00
60.05	Clinic	3,480,712	3,480,712					7,724,804		0.450589	60.05
61	Emergency	10,379,480	10,379,480					49,843,046		0.208243	61
62.05	Observation Beds (DistinctPart)	2,731,402	2,731,402					4,159,431		0.656677	62.05
62.10	Observation Beds (Non-DistinctPart)							1,327,564			62.10

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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS						PROVIDER NO. 340130		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET C, PART II	
	Cost Center Descriptions	Total Cost (Wkst. B, Part I, col 27)	Capital Cost (Wkst. B, sum of Parts II & III, col. 27)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst. C, Part I, col 8)	Outpatient Cost to Charge Ratio (col. 6 ÷ col 7)	I/P Part B Cost to Charge Ratio (see instruc.)	
		1	2	3	4	5	6	7	8	9	
63 00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis										64
65	Ambulance Services										65
66	Durable Medical Equipment - Rented										66
67	Durable Medical Equipment - Sold										67
68	Other Reimbursable (specify)										68
101	Subtotal (sum of lines 37-68)							363,746,647			101
102	Less Observation Beds										102
103	Total (sum of line 101 minus line 102)	133,296,897						363,746,647			103

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	PROVIDER NO. 340130	PERIOD: FROM 01/01/2010 TO: 12/31/2010	WORKSHEET D, PART I

Medicare -Title XVIII - Hospital - 340130

	Cost Center Description	Old Capital			New Capital					Old Capital		New Capital		
		Capital Related Cost (from Wkst. B, Part II, col. 27)	Swing Bed Adj.	Reduced Capital Related Cost (col. 1 - col. 2)	Capital Related Cost (from Wkst. B, Part III, col. 27)	Swing Bed Adj.	Reduced Capital Related Cost (col. 4 - col. 5)	Total Patient Days	Inpatient Program Days	Per Diem (col. 3 ÷ col. 7)	Inpatient Program Capital Cost (col 9 x col. 8)	Per Diem (col. 6 ÷ col. 7)	Inpatient Program Capital Cost (col. 11 x col. 8)	
		1	2	3	4	5	6	7	8	9	10	11	12	
(A)	INPATIENT ROUTINE SERVICE COST CENTERS													
25	Adults & Pediatrics (General Routine Care)				2,017,140		2,017,140	31,482	15,448			64.07	989,753	25
26	Intensive Care Unit				429,850		429,850	4,386	2,256			98.01	221,111	26
27	Coronary Care Unit													27
28	Burn Intensive Care Unit													28
29	Surgical Intensive Care Unit													29
30.00	Other Special Care (specify)													30.00
31.00	Subprovider													31.00
33	Nursery				154,661		154,661	3,397				45.53		33
101	Total (lines 25-33)				2,601,651		2,601,651	39,265	17,704				1,210,864	101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	PROVIDER NO. 340130	PERIOD. FROM. 01/01/2010 TO 12/31/2010	WORKSHEET D, PART II

Medicare -Title XVIII - Hospital - 340130

		Old Capital Related Cost (from Wkst. B, Part II, col 27)	New Capital Related Cost (from Wkst. B, Part III, col. 27)	Total Charges (from Wkst. C, Part I, col. 8)	Inpatient Program Charges	Old Capital		New Capital		
						Ratio of Cost to Charges (col. 1 ÷ col. 3)	Capital Costs (col. 4 x col. 5)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Capital Costs (col. 4 x col 7)	
Cost Center Description		1	2	3	4	5	6	7	8	
(A)	ANCILLARY SERVICE COST CENTERS									
37.05	Operating Room		1,456,121	44,424,812	6,111,976			0.032777	200,332	37.05
38	Recovery Room									38
39.05	Delivery Room & Labor Room		148,222	3,896,987	92,840			0.038035	3,531	39.05
40.05	Anesthesiology		97,633	30,618,644	4,250,889			0.003189	13,556	40.05
41.05	Radiology-Diagnostic		1,536,318	88,390,434	10,002,204			0.017381	173,848	41.05
42.00	Radiology-Therapeutic									42.00
43	Radioisotope									43
44.05	Laboratory		603,844	29,581,219	7,267,883			0.020413	148,359	44.05
45	PBP Clinical Laboratory Services-Prgm Only									45
46.00	Whole Blood & Packed Red Blood Cells									46.00
47	Blood Storing, Processing, & Transfusing									47
48	Intravenous Therapy									48
49.05	Respiratory Therapy		164,279	4,134,472	1,874,692			0.039734	74,489	49.05
50.05	Physical Therapy		176,365	2,930,517	468,642			0.060182	28,204	50.05
51	Occupational Therapy		30,633	1,470,784	137,352			0.020828	2,861	51
52	Speech Pathology		22,826	746,676	122,596			0.030570	3,748	52
53.05	Electrocardiology		248,506	10,327,635	1,628,009			0.024062	39,173	53.05
53.40	Cardiac Catheterization Laboratory		418,666	6,750,483	1,190,735			0.062020	73,849	53.40
54	Electroencephalography									54
55	Medical Supplies Charged to Patients		338,907	8,745,028	1,323,047			0.038754	51,273	55
55.30	Implantable Devices Charged to Patients		312,939	10,544,475	3,745,261			0.029678	111,152	55.30
56	Drugs Charged to Patients		445,852	23,372,630	8,097,816			0.019076	154,474	56
57	Renal Dialysis									57
58	ASC (Non-Distinct Part)									58
59.00	Other Ancillary (specify)									59.00
60.05	Clinic		410,967	7,724,804				0.053201		60.05

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	PROVIDER NO: 340130	PERIOD: FROM. 01/01/2010 TO 12/31/2010	WORKSHEET D, PART II

Medicare -Title XVIII - Hospital - 340130

		Old Capital Related Cost (from Wkst. B, Part II, col 27)	New Capital Related Cost (from Wkst. B, Part III, col 27)	Total Charges (from Wkst. C, Part 1, col 8)	Inpatient Program Charges	Old Capital		New Capital		
						Ratio of Cost to Charges (col 1 ÷ col 3)	Capital Costs (col. 4 x col. 5)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Capital Costs (col. 4 x col. 7)	
Cost Center Description		1	2	3	4	5	6	7	8	
61	Emergency		1,523,449	49,843,046	4,419,936			0 030565	135,095	61
62 05	Observation Beds (DistinctPart)		92,520	4,159,431	199,496			0.077748	11,073	62.05
62 10	Observation Beds (Non-DistinctPart)		92,520	1,327,564	61,750			0 069692	4,303	62.10
63.00	Other Outpatient Service (specify)									63.00
	OTHER REIMBURSABLE COST CENTERS									
64	Home Program Dialysis									64
65	Ambulance Services									65
66.00	Durable Medical Equipment-Rented									66.00
67 00	Durable Medical Equipment-Sold									67.00
68	Other Reimbursable (specify)									68
101	Total (sum of lines 37 through 68)		8,351,435	328,989,641	50.995.124				1,229,320	101

(A) Worksheet A line numbers

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	PROVIDER NO. 340130	PERIOD. FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET D, PART III

Medicare -Title XVIII - Hospital - 340130

	Cost Center Description	Nonphysician Anesthetist Cost	Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 + 2, minus col. 3)	Total Patient Days	Per Diem (col. 4 ÷ col. 5)	Inpatient Program Days	Inpatient Program Pass thru Cost (col. 6 x col. 7)	
		1	2	3	4	5	6	7	8	
(A)	INPATIENT ROUTINE SERVICE COST CENTERS									
25	Adults & Pediatrics (General Routine Care)					31,482		15,448		25
26	Intensive Care Unit					4,386		2,256		26
27	Coronary Care Unit									27
28	Burn Intensive Care Unit									28
29	Surgical Intensive Care Unit									29
30.00	Other Special Care (specify)									30.00
31.00	Subprovider									31.00
33	Nursery					3,397				33
34	Skilled Nursing Facility					11,896		8,375		34
35.05	Nursing Facility					12,223				35.05
101	Total (sum of lines 25-35)					63,384		26,079		101

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	PROVIDER NO 340130	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET D, PART IV

Medicare - Title XVIII - Hospital - 340130

	Cost Center Description	Nonphysician Anesthetist Cost	Medical Education Cost	Total Costs (col. 1 + col. 2)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 3 ÷ col. 4)	Inpatient Program Charges	Inpatient Program Pass Through Costs (col. 5 × col. 6)	Outpatient Program Charges	Outpatient Program Pass Through Costs (col 5 × col. 8)	
		1	2	3	4	5	6	7	8	9	
(A)	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room				44,424,812		6,111,976				37.05
38	Recovery Room										38
39.05	Delivery Room & Labor Room				3,896,987		92,840				39.05
40.05	Anesthesiology				30,618,644		4,250,889				40.05
41.05	Radiology-Diagnostic				88,390,434		10,002,204				41.05
42.00	Radiology-Therapeutic										42.00
43	Radioisotope										43
44.05	Laboratory				29,581,219		7,267,883				44.05
45	FBP Clinical Laboratory Services-Prgm. Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, & Transfusing										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy				4,134,472		1,874,692				49.05
50.05	Physical Therapy				2,930,517		468,642				50.05
51	Occupational Therapy				1,470,784		137,352				51
52	Speech Pathology				746,676		122,596				52
53.05	Electrocardiology				10,327,635		1,628,009				53.05
53.40	Cardiac Catheterization Laboratory				6,750,483		1,190.735				53.40
54	Electroencephalography										54
55	Medical Supplies Charged to Patients				8,745,028		1,323,047				55
55.30	Implantable Devices Charged to Patients						3,745,261				55.30
56	Drugs Charged to Patients				23,372,630		8,097,816				56
57	Renal Dialysis										57
58	ASC (Non-Distinct Part)										58
59.00	Other Ancillary (specify)										59.00
	OUTPATIENT SERVICE COST CENTERS										
60.05	Clinic				7,724,804						60.05
61	Emergency				49,843,046		4,419,936				61
62.05	Observation Beds (DistinctPart)				4,159,431		199,496				62.05
62.10	Observation Beds (Non-DistinctPart)				1,327,564		61,750				62.10
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					PROVIDER NO 340130		PERIOD: FROM: 01/01/2010 TO: 12/31/2010		WORKSHEET D, PART IV	
Medicare -Title XVIII - Hospital - 340130										
	Cost Center Description	Nonphysician Anesthetist Cost	Medical Education Cost	Total Costs (col. 1 + col. 2)	Total Charges (from Wkst. C, Part I, col 8)	Ratio of Cost to Charges (col. 3 ÷ col. 4)	Inpatient Program Charges	Inpatient Program Pass Through Costs (col. 5 × col 6)	Outpatient Program Charges	Outpatient Program Pass Through Costs (col. 5 × col. 8)	
		1	2	3	4	5	6	7	8	9	
64	Home Program Dialysis										64
65	Ambulance Services										65
66 00	Durable Medical Equipment-Rented										66.00
67 00	Durable Medical Equipment-Sold										67.00
68	Other Reimbursable (specify)										68
101	Total (sum of lines 37 through 68)				318,445,166		50,995,124				101

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	PROVIDER NO: 340130	PERIOD FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET D, PART IV

Medicare - Title XVIII - SNF - 345097

	Cost Center Description	Nonphysician Anesthetist Cost	Medical Education Cost	Total Costs (col. 1 + col. 2)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 3 + col. 4)	Inpatient Program Charges	Inpatient Program Pass Through Costs (col. 5 × col. 6)	Outpatient Program Charges	Outpatient Program Pass Through Costs (col. 5 × col. 8)	
		1	2	3	4	5	6	7	8	9	
(A)	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room				44,424,812						37.05
38	Recovery Room										38
39.05	Delivery Room & Labor Room				3,896,987						39.05
40.05	Anesthesiology				30,618,644						40.05
41.05	Radiology-Diagnostic				88,390,434		32,927				41.05
42.00	Radiology-Therapeutic										42.00
43	Radioisotope										43
44.05	Laboratory				29,581,219		99,795				44.05
45	PBP Clinical Laboratory Services-Prgm. Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, & Transfusing										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy				4,134,472		100				49.05
50.05	Physical Therapy				2,930,517		774,739				50.05
51	Occupational Therapy				1,470,784		699,274				51
52	Speech Pathology				746,676		102,096				52
53.05	Electrocardiology				10,327,635		600				53.05
53.40	Cardiac Catheterization Laboratory				6,790,483						53.40
54	Electroencephalography										54
55	Medical Supplies Charged to Patients				8,745,028		18,844				55
55.30	Implantable Devices Charged to Patients										55.30
56	Drugs Charged to Patients				23,372,630		354,169				56
57	Renal Dialysis										57
58	ASC (Non-Distinct Part)										58
59.00	Other Ancillary (specify)										59.00
	OUTPATIENT SERVICE COST CENTERS										
60.05	Clinic				7,724,804						60.05
61	Emergency				49,843,046						61
62.05	Observation Beds (DistinctPart)				4,159,431						62.05
62.10	Observation Beds (Non-DistinctPart)				1,327,564						62.10
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										

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APPORTIONMFNT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		PROVIDER NO 340130	PRRIOD· FROM: 01/01/2010 TO 12/31/2010	WORKSHEET D, PART IV

Medicare -Title XVIII - SNF - 345097

	Cost Center Description	Nonphysician Anesthetist Cost	Medical Education Cost	Total Costs (col. 1 + col 2)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 3 ÷ col. 4)	Inpatient Program Charges	Inpatient Program Pass Through Costs (col. 5 × col. 6)	Outpatient Program Charges	Outpatient Program Pass Through Costs (col. 5 × col. 8)	
		1	2	3	4	5	6	7	8	9	
64	Home Program Dialysis										64
65	Ambulance Services										65
66 00	Durable Medical Equipment-Rented										66.00
67 00	Durable Medical Equipment-Sold										67.00
68	Other Reimbursable (specify)										68
101	Total (sum of lines 37 through 68)				318,445,166		2,082,544				101

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	PROVIDER NO. 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D, PARTS V & VI

Medicare -Title XVIII - Hospital - 340130

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

	Cost Center Description	Cost to Charge Ratio From Worksheet C			PROGRAM CHARGES						PROGRAM COSTS								
		Part II col. 8	Part I col 9	Part II col. 9	Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)	Outpatient Ambulatory Surgical Center (cols 1 × 2)	Outpatient Radiology (cols. 1 × 3)	Other Outpatient Diagnostic (cols. 1 × 4)	All Other (cols. 1 × 5)	PPS services (columns 1.01 × 5.01)	All Other (columns 1 01 × 5.02)	Hospital I/P Part B Charges (see instru.)	Hospital I/P part B Cost (columns 1 02 × 10)	
		1	1.01	1.02	2	3	4	5	5.01	5.02	6	7	8	9	9.01	9.02	10	11	
	ANCILLARY SERVICE COST CENTERS																		
37.05	Operating Room		0.267885	0.267885					12,869,044						3,447,424				37.05
38	Recovery Room																		38
39 05	Delivery Room & Labor Room		0.715445	0 715445					116,385						83,267				39.05
40.05	Anesthesiology		0.017137	0.017137					6,900,385						118,252				40.05
41.05	Radiology-Diagnostic		0.121282	0 121282					25,649,359						3,110,806				41.05
42.00	Radiology-Therapeutic																		42.00
43	Radioisotope																		43
44 05	Laboratory		0.259406	0 259406					919,054	622					238,408	161			44 05
45	PBP Clinic Laboratory Services-Prgm. Only																		45
46 00	Whole Blood & Packed Red Blood Cells																		46.00
47	Blood Storing, Processing, & Transfusing																		47
48	Intravenous Therapy																		48
49.05	Respiratory Therapy		0.662038	0 662038					148,568						98,358				49.05
50 05	Physical Therapy		0.760952	0 760952															50.05
51	Occupational Therapy		0.510928	0.510928															51
52	Speech Pathology		0.786463	0 786463															52
53.05	Electrocardiology		0 212680	0.212680					2,214,440						470,967				53.05
53.40	Cardiac Catheterization Laboratory		0.289188	0.289188					1,932,320						558,804				53.40
54	Electroencephalography																		54
55	Medical Supplies Charged To Patients		0 698453	0.698453					1,760,585						1,229,686				55
55.30	Implantable Devices Charged to Patients								2,193,537						1,173,606				55 30
56	Drugs Charged To Patients		0 413786	0 413786					3,388,382						1,402,065				56
57	Renal Dialysis																		57
58	ASC (Non-Distinct Part)																		58
59.00	Other Ancillary (specify)																		59.00
	OUTPATIENT SERVICE COST CENTERS																		

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		PROVIDER NO 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D, PARTS V & VI

Medicare -Title XVIII - Hospital - 340130

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

	Cost Center Description	Cost to Charge Ratio From Worksheet C			PROGRAM CHARGES						PROGRAM COSTS								
		Part II col 8	Part I col 9	Part II col 9	Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)	Outpatient Ambulatory Surgical Center (cols. 1 x 2)	Outpatient Radiology (cols 1 x 3)	Other Outpatient Diagnostic (cols 1 x 4)	All Other (cols. 1 x 5)	PPS services (columns 1.01 x 5 01)	All Other (columns 1.01 x 5 02)	Hospital I/P Part B Charges (see instru.)	Hospital I/P part B Cost (columns 1.02 x 10)	
		1	1 01	1 02	2	3	4	5	5.01	5.02	6	7	8	9	9.01	9.02	10	11	
60.05	Clinic		0.450589	0.450589					32,543						15,411				60.05
61	Emergency		0.208243	0.208243					5,869,520						1,222,286				61
62.05	Observation Beds (DistinctPart)		0.656677	0 656677					1,510,024						991,598				62.05
62.10	Observation Beds (Non-DistinctPart)		0.754977						467,402						352,878				62.10
63.00	Other Outpatient Service (specify)																		63.00
	OTHER REIMBURSABLE COST CENTERS																		
64	Home Program Dialysis																		64
65	Ambulance																		65
66.00	Durable Medical Equipment-Rented																		66.00
67.00	Durable Medical Equipment-Sold																		67.00
68	Other Reimbursable Cost Center																		68
101	Subtotal (see instructions)								65,971,548	622					14,513,816	161			101
102	CRNA Charges (see instructions)																		102
103	Less PBP Clinic Lab Services-Program Only Charges																		103
104	Net Charges (line 101 + (lines 102 + 103)								65,971,548	622					14,513,816	161			104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	Drugs charged to patients - ratio of cost to charges (from Worksheet C, Part I, column 9, line 56)		1
2	Program vaccine charges (from your records or the PS&R)	48,226	2
3	Program costs (line 1 x lines 2) (see instructions for transfer)	19,955	3
	(A) Worksheet A line numbers (1) Report non hospital and non subprovider componenents cost for the period here (see instructions)		

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	PROVIDER NO: 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D, PARTS V & VI

Medicaid - Title XIX - Hospital - 340130

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

	Cost Center Description	Cost to Charge Ratio From Worksheet C			PROGRAM CHARGES						PROGRAM COSTS								
		Part II col 8	Part I col. 9	Part II col. 9	Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)	Outpatient Ambulatory Surgical Center (cols. 1 × 2)	Outpatient Radiology (cols. 1 × 3)	Other Outpatient Diagnostic (cols. 1 × 4)	All Other (cols. 1 × 5)	PPS services (columns 1.01 × 5.01)	All Other (columns 1.01 × 5.02)	Hospital I/P Part B Charges (see instru.)	Hospital I/P part B Cost (columns 1.02 × 10)	
		1	1.01	1.02	2	3	4	5	5.01	5.02	6	7	8	9	9.01	9.02	10	11	
	ANCILLARY SERVICE COST CENTERS																		
37.05	Operating Room		0.267885	0.267885				3,811,996						1,027,459					37.05
38	Recovery Room																		38
39.05	Delivery Room & Labor Room		0.715445	0.715445				486,699						348,206					39.05
40.05	Anesthesiology		0.017137	0.017137				2,050,420						35,138					40.05
41.05	Radiology-Diagnostic		0.121282	0.121282				7,746,707						939,536					41.05
42.00	Radiology-Therapeutic																		42.00
43	Radioisotope																		43
44.05	Laboratory		0.259406	0.259406				2,252,298						584,260					44.05
45	PHP Clinic Laboratory Services-Prgm. Only																		45
46.00	Whole Blood & Packed Red Blood Cells																		46.00
47	Blood Storing, Processing, & Transfusing																		47
48	Intravenous Therapy																		48
49.05	Respiratory Therapy		0.662038	0.662038				86,135						57,025					49.05
50.05	Physical Therapy		0.760952	0.760952				329,067						250,404					50.05
51	Occupational Therapy		0.510928	0.510928				93,399						47,720					51
52	Speech Pathology		0.786463	0.786463				169,971						133,676					52
53.05	Electrocardiology		0.212680	0.212680				688,612						146,454					53.05
53.40	Cardiac Catheterization Laboratory		0.289188	0.289188				305,073						88,223					53.40
54	Electroencephalography																		54
55	Medical Supplies Charged To Patients		0.698453	0.698453				635,995						444,213					55
55.30	Implantable Devices Charged to Patients							21,453						11,478					55.30
56	Drugs Charged To Patients		0.413786	0.413786				973,884						402,980					56
57	Renal Dialysis																		57
58	ASC (Non-Distinct Part)																		58
59.00	Other Ancillary (specify)																		59.00
	OUTPATIENT SERVICE COST CENTERS																		

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST					PROVIDER NO: 340130		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET D, PARTS V & VI
Medicaid - Title XIX - Hospital - 340130									
PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS									

	Cost Center Description	Cost to Charge Ratio From Worksheet C			PROGRAM CHARGES						PROGRAM COSTS								
		Part II col. 8	Part I col. 9	Part II col. 9	Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)	Outpatient Ambulatory Surgical Center (cols. 1 × 2)	Outpatient Radiology (cols. 1 × 3)	Other Outpatient Diagnostic (cols. 1 × 4)	All Other (cols. 1 × 5)	PPS services (columns 1.01 × 5 01)	All Other (columns 1 01 × 5 02)	Hospital I/P Part B Charges (see instru.)	Hospital I/P part B Cost (columns 1.02 × 10)	
		1	1 01	1.02	2	3	4	5	5 01	5 02	6	7	8	9	9.01	9.02	10	11	
60.05	Clinic		0.450589	0.450589				683,809						280,917					60.05
61	Emergency		0.208243	0.208243				8,167,801						1,705,739					61
62.05	Observation Beds (DistinctPart)		0.656677	0.656677				535,605						351,719					62.05
62.10	Observation Beds (Non-DistinctPart)		0.754977					189,391						142,986					62.10
63.00	Other Outpatient Service (specify)																		63.00
	OTHER REIMBURSABLE COST CENTERS																		
64	Home Program Dialysis																		64
65	Ambulance																		65
66.00	Durable Medical Equipment-Rented																		66.00
67.00	Durable Medical Equipment-Sold																		67.00
68	Other Reimbursable Cost Center																		68
101	Subtotal (see instructions)							29,228,315						6,998,133					101
102	CRNA Charges (see instructions)																		102
103	Less PBP Clinic Lab. Services-Program Only Charges																		103
104	Net Charges (line 101 + (lines 102 + 103)							29,228,315						6,998,133					104

PART VI - VACCINE COST APPORTIONMENT

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

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	COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PART I	
Medicare -Title XVIII - Hospital - 340130					
PART I - ALL PROVIDER COMPONENTS					
	INPATIENT DAYS				
1	Inpatient days (including private room days, and swing-bed days, excluding new born)			31,482	1
2	Inpatient days (including private room days, excluding swing-bed days and new born days)			31,482	2
3	Private room days (excluding swing-bed private room days)				3
4	Semi-private room days (excluding swing-bed private room days)			31,482	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period				5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period				7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and new born days)			15,448	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period				10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after Decmeber 31 of the cost reporting period				11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period				12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)				14
15	Total nursery days				15
16	Title V or XIX nursery days				16
	SWING BED ADJUSTEMENT				
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period				17
18	Medicare rate for swing-bed SNF services applicable to services after Decmeber 31 of the cost reporting period				18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period				19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period				20
21	Total general inpatient routine service cost (see instructions)			21,851,687	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 × line 17)				22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 × line 18)				23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 × line 18)				24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 × line 20)				25
26	Total swing-bed cost (sum of lines 22 through 25)				26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			21,851,687	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28	General inpatient routine service charges (excluding swing-bed charges)			22,043,706	28
29	Private room charges (excluding swing-bed charges)				29
30	Semi-private room charges (excluding swing-bed charges)			22,043,706	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.991289	31
32	Average private room per diem charge (line 29 ÷ line 3)				32
33	Average semi-private room per diem charge (line 30 ÷ line 4)			700.20	33
34	Average per diem private room charge differential (line 32 minus line 33)				34
35	Average per diem private private room cost differential (line 34 × line 31)				35
36	Private room cost differential adjustment (line 3 × line 35)				36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			21,851,687	37

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Cost report status - As Submitted
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	COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PART I	
Medicare - Title XVIII - SNF - 345097					
PART I - ALL PROVIDER COMPONENTS					
	INPATIENT DAYS				
1	Inpatient days (including private room days, and swing-bed days, excluding new born)			11,896	1
2	Inpatient days (including private room days, excluding swing-bed days and new born days)			11,896	2
3	Private room days (excluding swing-bed private room days)				3
4	Semi-private room days (excluding swing-bed private room days)			11,896	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period				5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period				7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and new born days)			8,375	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period				10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after Decmeber 31 of the cost reporting period				11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period				12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)				14
15	Total nursery days				15
16	Title V or XIX nursery days				16
	SWING BED ADJUSTEMENT				
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period				17
18	Medicare rate for swing-bed SNF services applicable to services after Decmeber 31 of the cost reporting period				18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period				19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period				20
21	Total general inpatient routine service cost (see instructions)			4,126,537	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 × line 17)				22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 × line 18)				23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 × line 18)				24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 × line 20)				25
26	Total swing-bed cost (sum of lines 22 through 25)				26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,126,537	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28	General inpatient routine service charges (excluding swing-bed charges)			2,623,061	28
29	Private room charges (excluding swing-bed charges)				29
30	Semi-private room charges (excluding swing-bed charges)			2,623,061	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			1.573176	31
32	Average private room per diem charge (line 29 ÷ line 3)				32
33	Average semi-private room per diem charge (line 30 ÷ line 4)			220.50	33
34	Average per diem private room charge differential (line 32 minus line 33)				34
35	Average per diem private private room cost differential (line 34 × line 31)				35
36	Private room cost differential adjustment (line 3 × line 35)				36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,126,537	37

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	COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1. PART I	
Medicaid - Title XIX - Hospital - 340130					
PART I - ALL PROVIDER COMPONENTS					
	INPATIENT DAYS				
1	Inpatient days (including private room days, and swing-bed days, excluding new born)			31,482	1
2	Inpatient days (including private room days, excluding swing-bed days and new born days)			31,482	2
3	Private room days (excluding swing-bed private room days)				3
4	Semi-private room days (excluding swing-bed private room days)			31,482	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period				5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period				7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and new born days)			9,380	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period				10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after Decmeber 31 of the cost reporting period				11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period				12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)				14
15	Total nursery days			3,397	15
16	Title V or XIX nursery days				16
	SWING BED ADJUSTEMENT				
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period				17
18	Medicare rate for swing-bed SNF services applicable to services after Decmeber 31 of the cost reporting period				18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period				19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period				20
21	Total general inpatient routine service cost (see instructions)			22,007,504	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 × line 17)				22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 × line 18)				23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 × line 18)				24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 × line 20)				25
26	Total swing-bed cost (sum of lines 22 through 25)				26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			22,007,504	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28	General inpatient routine service charges (excluding swing-bed charges)			22,043,706	28
29	Private room charges (excluding swing-bed charges)				29
30	Semi-private room charges (excluding swing-bed charges)			22,043,706	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.998358	31
32	Average private room per diem charge (line 29 ÷ line 3)				32
33	Average semi-private room per diem charge (line 30 ÷ line 4)			700.20	33
34	Average per diem private room charge differential (line 32 minus line 33)				34
35	Average per diem private private room cost differential (line 34 × line 31)				35
36	Private room cost differential adjustment (line 3 × line 35)				36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			22,007,504	37

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	COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1. PART I	
Medicaid - Title XIX - SNF - 345097					
PART I - ALL PROVIDER COMPONENTS					
	INPATIENT DAYS				
1	Inpatient days (including private room days, and swing-bed days, excluding new born)			11,896	1
2	Inpatient days (including private room days, excluding swing-bed days and new born days)			11,896	2
3	Private room days (excluding swing-bed private room days)				3
4	Semi-private room days (excluding swing-bed private room days)			11,896	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period				5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period				7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and new born days)			2,107	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period				10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after Decmeber 31 of the cost reporting period				11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period				12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)				14
15	Total nursery days				15
16	Title V or XIX nursery days				16
	SWING BED ADJUSTEMENT				
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period				17
18	Medicare rate for swing-bed SNF services applicable to services after Decmeber 31 of the cost reporting period				18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period				19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period				20
21	Total general inpatient routine service cost (see instructions)			4,126,537	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 × line 17)				22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 × line 18)				23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 × line 18)				24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 × line 20)				25
26	Total swing-bed cost (sum of lines 22 through 25)				26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,126,537	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28	General inpatient routine service charges (excluding swing-bed charges)			2,623,061	28
29	Private room charges (excluding swing-bed charges)				29
30	Semi-private room charges (excluding swing-bed charges)			2,623,061	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			1.573176	31
32	Average private room per diem charge (line 29 ÷ line 3)				32
33	Average semi-private room per diem charge (line 30 ÷ line 4)			220.50	33
34	Average per diem private room charge differential (line 32 minus line 33)				34
35	Average per diem private private room cost differential (line 34 × line 31)				35
36	Private room cost differential adjustment (line 3 × line 35)				36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,126,537	37

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COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PART II

Medicare - Title XVIII - Hospital - 340130

	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	
38	Adjusted general inpatient routine service cost per diem (see instructions)	694.10	38
39	Program general inpatient routine service cost (line 9 × line 38)	10,722,457	39
40	Medically necessary private room cost applicable to the Program (line 14 × line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	10,722,457	41

		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 × col. 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only)	2,477,343					42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	4,950,353	4,386	1128.67	2,256	2,546,280	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47.00	Other Special Care (specify)						47.00

		1	
48	Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101)	14,706,628	48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)	27,975,365	49
	PASS THROUGH COST ADJUSTMENTS		
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,210,864	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,229,320	51
52	Total Program excludable cost (sum of lines 50 and 51)	2,440,184	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)	25,535,181	53
	TARGET AMOUNT AND LIMIT COMPUTATION		
54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 × line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
58.01	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		58.01
58.02	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		58.02
58.03	If lines 53/54 is less than the lower of lines 55, 58.01 or 58.02 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 × 58.02), or 1 percent of the target amount (line 56), otherwise enter zero		58.03
58.04	Relief payment (see instructions)		58.04
59	Allowable inpatient cost plus incentive payment (see instructions)		59
	PROGRAM INPATIENT ROUTINE SWING BED COST		
60	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 10 × line 17) (title XVIII only)		60
61	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (line 11 × line 18) (title XVIII only)		61
62	Total Medicare swing-bed SNF inpatient routine cost (line 60 plus line 61) (title XVIII)		62
63	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 × line 19)		63
64	Title V or XIX swing-bed NF inpatient routine cts after December 31 of the cost reporting period (line 13 × line 20)		64
65	Total title V or XIX swing-bed NF inpatient routine costs (line 63 + line 64)		65

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COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PART II

Medicare -Title XVIII - SNF - 345097

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

		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col 3 ∠ col 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only)	2,477,343					42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	4,950,353	4,386	1128.67			43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47.00	Other Special Care (specify)						47.00

		1	
48	Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101)		48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)		49
	PASS THROUGH COST ADJUSTMENTS		
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)		52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)		53
	TARGET AMOUNT AND LIMIT COMPUTATION		
54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 × lne 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 mimus line 53)		57
58	Bonus payment (see instructions)		58
58.01	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		58.01
58.02	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		58.02
58.03	If lines 53/54 is less than the lower of lines 55, 58.01 or 58.02 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 × 58 02), or 1 percent of the target amount (line 56), otherwise enter zero		58.03
58.04	Relief payment (see instructions)		58.04
59	Allowable inpatient cost plus incentive payment (see instructions)		59
	PROGRAM INPATIENT ROUTINE SWING BED COST		
60	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 10 × line 17) (title XVIII only)		60
61	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (ilne 11 × line 18) (title XVIII only)		61
62	Total Medicare swing-bed SNF inpatient routine cost (line 60 plus line 61) (title XVIII)		62
63	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 × line 19)		63
64	Title V or XIX swing-bed NF inpatient routine csts after December 31 of the cost reporting period (line 13 × line 20)		64
65	Total title V or XIX swing-bed NF inpatient routine costs (line 63 + line 64)		65

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COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO 340130	PERIOD FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PART II

Medicaid - Title XIX - Hospital - 340130

	PROGRAM INPATIENT OPERATING COST BEFORE PASS TIIROUGH COST ADJUSTMENTS	1	
38	Adjusted general inpatient routine service cost per diem (see instructions)	699 05	38
39	Program general inpatient routine service cost (line 9 × line 38)	6,557,089	39
40	Medically necessary private room cost applicable to the Program (line 14 × line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	6,557,089	41

		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 × col. 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only)	2,477,343	3,397	729.27			42
	Intensive Care Type Inpatient Hospital Units						
43	Intensrve Care Unit	4,950,353	4,386	1128.67			43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47.00	Other Special Care (specify)						47.00

		1	
48	Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101)	4,411,589	48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)	10,968,678	49
	PASS THROUGH COST ADJUSTMENTS		
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)		52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)		53
	TARGET AMOUNT AND LIMIT COMPUTATION		
54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 × line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
58.01	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		58.01
58.02	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		58.02
58.03	If lines 53/54 is less than the lower of lines 55, 58.01 or 58.02 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 × 58.02), or 1 percent of the target amount (line 56), otherwise enter zero		58.03
58.04	Relief payment (see instructions)		58.04
59	Allowable inpatient cost plus incentive payment (see instructions)		59
	PROGRAM INPATIENT ROUTINE SWING BED COST		
60	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 10 × line 17) (title XVIII only)		60
61	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (line 11 × line 18) (title XVIII only)		61
62	Total Medicare swing-bed SNF inpatient routine cost (line 60 plus line 61) (title XVIII)		62
63	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 × line 19)		63
64	Title V or XIX swing-bed NF inpatient routine csts after December 31 of the cost reporting period (line 13 × line 20)		64
65	Total title V or XIX swing-bed NF inpatient routine costs (line 63 + line 64)		65

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COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PART II

Medicaid - Title XIX - SNF - 345097

	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						38
39	Program general inpatient routine service cost (line 9 × line 38)						39
40	Medically necessary private room cost applicable to the Program (line 14 × line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)						41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col 3 × col 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only)	2,477,343					42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	4,950,353	4,386	1128.67			43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47.00	Other Special Care (specify)						47.00
						1	
48	Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101)						48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)						49
	PASS THROUGH COST ADJUSTMENTS						
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51
52	Total Program excludable cost (sum of lines 50 and 51)						52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)						53
	TARGET AMOUNT AND LIMIT COMPUTATION						
54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 × line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
58.01	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						58.01
58.02	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						58.02
58.03	If lines 53/54 is less than the lower of lines 55, 58.01 or 58.02 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 × 58 02), or 1 percent of the target amount (line 56), otherwise enter zero						58.03
58.04	Relief payment (see instructions)						58.04
59	Allowable inpatient cost plus incentive payment (see instructions)						59
	PROGRAM INPATIENT ROUTINE SWING BED COST						
60	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 10 × line 17) (title XVIII only)						60
61	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (line 11 × line 18) (title XVIII only)						61
62	Total Medicare swing-bed SNF inpatient routine cost (line 60 plus line 61) (title XVIII)						62
63	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 × line 19)						63
64	Title V or XIX swing-bed NF inpatient routine cats after December 31 of the cost reporting period (line 13 × line 20)						64
65	Total title V or XIX swing-bed NF inpatient routine costs (line 63 + line 64)						65

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COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PARTS III & IV

Medicare - Title XVIII - Hospital - 340130

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

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

PART IV - PART IV - COMPUTATION OF OBSERVATION BED COST

83	Total observation bed days (see instructions)	1,444	83
84	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	694.10	84
85	Observation bed cost (line 83 × line 84) (see instructions)	1,002,280	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	col. 1 ÷ col. 2	Total Observation Bed Cost (from line 85)	Observation Bed Pass Through Cost (col. 3 × col. 4) (see instructions)	
		1	2	3	4	5	
86	Old capital-related cost		21,851,687		1,002,280		86
87	New capital-related cost	2,017,140	21,851,687	0.092310	1,002,280	92,520	87
88	Non Physician Anesthetist		21,851,687		1,002,280		88
89	Medical Education		21,851,687		1,002,280		89

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COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PARTS III & IV

Medicare -Title XVIII - SNF - 345097

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

66	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)	4,126,537	66
67	Adjusted general inpatient routine service cost per diem (line 66 ÷ line 2)	346.88	67
68	Program routine service cost (line 9 × line 67)	2,905,120	68
69	medically necessary private room cost applicable to Program (line 14 × line 35)		69
70	Total Program general inpatient routine service costs (line 68 + line 69)	2,905,120	70
71	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, sum of Parts II and III, column 27)	466,737	71
72	Per diem capital-related costs (line 71 ÷ line 2)	39.23	72
73	Program capital-related costs (line 9 × line 72)	328,551	73
74	Inpatient routine service cost (line 70 minus line 73)	2,576,569	74
75	Aggregate charges to beneficiaries for excess costs (from provider records)		75
76	Total Program routine services costs for comparison to the cost limitation (line 74 minus line 75)	2,576,569	76
77	Inpatient routine service cost per diem limitation		77
78	Inpatient routine service cost limitation (line 9 × line 77)		78
79	Reasonable inpatient routine service costs (see instructions)	2,905,120	79
80	Program inpatient ancillary services (see instructions)	1,216,899	80
81	Utilization review - physician compensation		81
82	Total Program inpatient operating costs (sum of lines 79 through 81)	4,122,019	82

PART IV - PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	col. 1 ÷ col. 2	Total Observation Bed Cost (from line 85)	Observation Bed Pass Through Cost (col. 3 × col. 4) (see instructions)	
		1	2	3	4	5	
86	Old capital-related cost		4,126,537				86
87	New capital-related cost		4,126,537				87
88	Non Physician Anesthetist		4,126,537				88
89	Medical Education		4,126,537				89

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COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PARTS III & IV

Medicaid - Title XIX - Hospital - 340130

	PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY		
66	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		66
67	Adjusted general inpatient routine service cost per diem (line 66 ÷ line 2)		67
68	Program routine service cost (line 9 × line 67)		68
69	medically necessary private room cost applicable to Program (line 14 × line 35)		69
70	Total Program general inpatient routine service costs (line 68 + line 69)		70
71	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, sum of Parts II and III, column 27)		71
72	Per diem capital-related costs (line 71 ÷ line 2)		72
73	Program capital-related costs (line 9 × line 72)		73
74	Inpatient routine service cost (line 70 minus line 73)		74
75	Aggregate charges to beneficiaries for excess costs (from provider records)		75
76	Total Program routine services costs for comparison to the cost limitation (line 74 minus line 75)		76
77	Inpatient routine service cost per diem limitation		77
78	Inpatient routine service cost limitation (line 9 × line 77)		78
79	Reasonable inpatient routine service costs (see instructions)		79
80	Program inpatient ancillary services (see instructions)		80
81	Utilization review - physician compensation		81
82	Total Program inpatient operating costs (sum of lines 79 through 81)		82
	PART IV - PART IV - COMPUTATION OF OBSERVATION BED COST		
83	Total observation bed days (see instructions)	1,444	83
84	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	699.05	84
85	Observation bed cost (line 83 × line 84) (see instructions)	1,009,428	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	col. 1 ÷ col. 2	Total Observation Bed Cost (from line 85)	Observation Bed Pass Through Cost (col 3 × col. 4) (see instructions)	
		1	2	3	4	5	
86	Old capital-related cost		22,007,504		1,009,428		86
87	New capital-related cost		22,007,504		1,009,428		87
88	Non Physician Anesthetist		22,007,504		1,009,428		88
89	Medical Education		22,007,504		1,009,428		89

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COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PARTS III & IV

Medicaid - Title XIX - SNF - 345097

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

66	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)	4,126,537	66
67	Adjusted general inpatient routine service cost per diem (line 66 ÷ line 2)	346.88	67
68	Program routine service cost (line 9 × line 67)	730,876	68
69	medically necessary private room cost applicable to Program (line 14 × line 35)		69
70	Total Program general inpatient routine service costs (line 68 + line 69)	730,876	70
71	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, sum of Parts II and III, column 27)	466,737	71
72	Per diem capital-related costs (line 71 ÷ line 2)	39.23	72
73	Program capital-related costs (line 9 × line 72)	82,658	73
74	Inpatient routine service cost (line 70 minus line 73)	648,218	74
75	Aggregate charges to beneficiaries for excess costs (from provider records)		75
76	Total Program routine services costs for comparison to the cost limitation (line 74 minus line 75)	648,218	76
77	Inpatient routine service cost per diem limitation		77
78	Inpatient routine service cost limitation (line 9 × line 77)		78
79	Reasonable inpatient routine service costs (see instructions)	82,658	79
80	Program inpatient ancillary services (see instructions)		80
81	Utilization review - physician compensation		81
82	Total Program inpatient operating costs (sum of lines 79 through 81)	82,658	82

PART IV - PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	col. 1 ÷ col. 2	Total Observation Bed Cost (from line 85)	Observation Bed Pass Through Cost (col. 3 × col. 4) (see instructions)	
		1	2	3	4	5	
86	Old capital-related cost		4,126,537				86
87	New capital-related cost		4,126,537				87
88	Non Physician Anesthetist		4,126,537				88
89	Medical Education		4,126,537				89

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	PROVIDER NO. 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-4

Medicare -Title XVIII - Hospital - 340130

	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col 1 * col. 2)	
		1	2	3	
(A)	INPATIENT ROUTINE SERVICE COST CENTERS				
25	Adults and Pediatrics (General Routine Care)		12,811,279		25
26	Intensive Care Units		1,870,639		26
27	Coronary Care Unit				27
28	Burn Intensive Care Unit				28
29	Surgical Intensive Care Unit				29
30.00	Other Special Care (specify)				30.00
31.00	Subprovider				31.00
	ANCILLARY SERVICE COST CENTERS				
37.05	Operating Room	0.267885	6,111,976	1,637,307	37.05
38	Recovery Room				38
39.05	Delivery Room & Labor Room	0.715445	92,840	66,422	39.05
40.05	Anesthesiology	0.017137	4,250,889	72,847	40.05
41.05	Radiology-Diagnostic	0.121282	10,002,204	1,213,087	41.05
42.00	Radiology-Therapeutic				42.00
43	Radioisotope				43
44.05	Laboratory	0.259406	7,267,883	1,885,332	44.05
45	PBP Clinic Laboratory Services-Program Only				45
46.00	Whole Blood & Packed Red Blood Cells				46.00
47	Blood Storing, Processing, & Transfusing				47
48	Intravenous Therapy				48
49.05	Respiratory Therapy	0.662038	1,874,692	1,241,117	49.05
50.05	Physical Therapy	0.760952	468,642	356,614	50.05
51	Occupational Therapy	0.510928	137,352	70,177	51
52	Speech Pathology	0.786463	122,596	96,417	52
53.05	Electrocardiology	0.212680	1,628,009	346,245	53.05
53.40	Cardiac Catheterization Laboratory	0.289188	1,190,735	344,346	53.40
54	Electroencephalography				54
55	Medical Supplies Charged to Patients	0.698453	1,323,047	924,086	55
55.30	Implantable Devices Charged to Patients	0.535029	3,745,261	2,003,823	55.30
56	Drugs Charged to Patients	0.413786	8,097,816	3,350,763	56
57	Renal Dialysis				57
58	ASC (Non-Distinct Part)				58
59.00	Other Ancillary (specify)				59.00
	OUTPATIENT SERVICE COST CENTERS				
60.05	Clinic	0.450589			60.05
61	Emergency	0.208243	4,419,936	920,421	61
62.05	Observation Beds (DistinctPart)	0.656677	199,496	131,004	62.05
62.10	Observation Beds (Non-DistinctPart)	0.754977	61,750	46,620	62.10
63.00	Other Outpatient Service (specify)				63.00
	OTHER REIMBURSABLE COST CENTERS				
64	Home Program Dialysis				64
65	Ambulance				65
66.00	Durable Medical Equipment-Rented				66.00
67.00	Durable Medical Equipment-Sold				67.00
68	Other Reimbursable (specify)				68
101	Total (sum of lines 37-64 and 66-68)		50,995,124	14,706,628	101
102	Less PBP Clinic Laboratory Services-Program only charges (line 45)				102
103	Net Charges (line 101 minus line 102)		50,995,124		103

(A) Worksheet A line numbers

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	PROVIDER NO: 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-4

Medicare -Title XVIII - SNF - 345097

	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col 1 × col. 2)	
		1	2	3	
(A)	INPATIENT ROUTINE SERVICE COST CENTERS				
25	Adults and Pediatrics (General Routine Care)				25
26	Intensive Care Units				26
27	Coronary Care Unit				27
28	Burn Intensive Care Unit				28
29	Surgical Intensive Care Unit				29
30.00	Other Special Care (specify)				30.00
31.00	Subprovider				31.00
	ANCILLARY SERVICE COST CENTERS				
37.05	Operating Room	0.267885			37.05
38	Recovery Room				38
39.05	Delivery Room & Labor Room	0.715445			39.05
40.05	Anesthesiology	0.017137			40.05
41.05	Radiology-Diagnostic	0.121282	32,927	3,993	41.05
42.00	Radiology-Therapeutic				42.00
43	Radioisotope				43
44.05	Laboratory	0.259406	99,795	25,887	44.05
45	PBP Clinic Laboratory Services-Program Only				45
46.00	Whole Blood & Packed Red Blood Cells				46.00
47	Blood Storing, Processing, & Transfusing				47
48	Intravenous Therapy				48
49.05	Respiratory Therapy	0.662038	100	66	49.05
50.05	Physical Therapy	0.760952	774,739	589,539	50.05
51	Occupational Therapy	0.510928	699,274	357,279	51
52	Speech Pathology	0.786463	102,096	80,295	52
53.05	Electrocardiology	0.212680	600	128	53.05
53.40	Cardiac Catheterization Laboratory	0.289188			53.40
54	Electroencephalography				54
55	Medical Supplies Charged to Patients	0.698453	18,844	13,162	55
55.30	Implantable Devices Charged to Patients	0.535029			55.30
56	Drugs Charged to Patients	0.413786	354,169	146,550	56
57	Renal Dialysis				57
58	ASC (Non-Distinct Part)				58
59.00	Other Ancillary (specify)				59.00
	OUTPATIENT SERVICE COST CENTERS				
60.05	Clinic	0.450589			60.05
61	Emergency	0.208243			61
62.05	Observation Beds (DistinctPart)	0.656677			62.05
62.10	Observation Beds (Non-DistinctPart)	0.754977			62.10
63.00	Other Outpatient Service (specify)				63.00
	OTHER REIMBURSABLE COST CENTERS				
64	Home Program Dialysis				64
65	Ambulance				65
66.00	Durable Medical Equipment-Rented				66.00
67.00	Durable Medical Equipment-Sold				67.00
68	Other Reimbursable (specify)				68
101	Total (sum of lines 37-64 and 66-68)		2,082,544	1,216,899	101
102	Less PBP Clinic Laboratory Services-Program only charges (line 45)				102
103	Net Charges (line 101 minus line 102)		2,082,544		103

(A) Worksheet A line numbers

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	PROVIDER NO: 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-4

Medicaid - Title XIX - Hospital - 340130

	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 × col. 2)	
		1	2	3	
(A)	INPATIENT ROUTINE SERVICE COST CENTERS				
25	Adults and Pediatrics (General Routine Care)		2,881,654		25
26	Intensive Care Units		1,136,953		26
27	Coronary Care Unit				27
28	Burn Intensive Care Unit				28
29	Surgical Intensive Care Unit				29
30.00	Other Special Care (specify)				30.00
31.00	Subprovider				31.00
	ANCILLARY SERVICE COST CENTERS				
37.05	Operating Room	0.267885	1,350,549	364,018	37.05
38	Recovery Room				38
39.05	Delivery Room & Labor Room	0.715445	1,691,177	1,209,944	39.05
40.05	Anesthesiology	0.017137	2,350,787	40,285	40.05
41.05	Radiology-Diagnostic	0.121282	1,808,122	219,293	41.05
42.00	Radiology-Therapeutic				42.00
43	Radioisotope				43
44.05	Laboratory	0.259406	1,789,946	464,323	44.05
45	PBP Clinic Laboratory Services-Program Only				45
46.00	Whole Blood & Packed Red Blood Cells				46.00
47	Blood Storing, Processing, & Transfusing				47
48	Intravenous Therapy				48
49.05	Respiratory Therapy	0.662038	397,657	263,264	49.05
50.05	Physical Therapy	0.760952	37,503	28,538	50.05
51	Occupational Therapy	0.510928	11,385	5,817	51
52	Speech Pathology	0.786463	16,866	13,264	52
53.05	Electrocardiology	0.212680	284,003	60,402	53.05
53.40	Cardiac Catheterization Laboratory	0.289188	90,214	26,089	53.40
54	Electroencephalography				54
55	Medical Supplies Charged to Patients	0.698453	585,393	408,869	55
55.30	Implantable Devices Charged to Patients	0.535029	4,215	2,255	55.30
56	Drugs Charged to Patients	0.413786	2,603,921	1,077,466	56
57	Renal Dialysis				57
58	ASC (Non-Distinct Part)				58
59.00	Other Ancillary (specify)				59.00
	OUTPATIENT SERVICE COST CENTERS				
60.05	Clinic	0.450589			60.05
61	Emergency	0.208243	785,344	164,009	61
62.05	Observation Beds (DistinctPart)	0.656677			62.05
62.10	Observation Beds (Non-DistinctPart)	0.754977	84,443	63,753	62.10
63.00	Other Outpatient Service (specify)				63.00
	OTHER REIMBURSABLE COST CENTERS				
64	Home Program Dialysis				64
65	Ambulance				65
66.00	Durable Medical Equipment-Rented				66.00
67.00	Durable Medical Equipment-Sold				67.00
68	Other Reimbursable (specify)				68
101	Total (sum of lines 37-64 and 66-68)		13,891,525	4,411,589	101
102	Less PBP Clinic Laboratory Services-Program only charges (line 45)				102
103	Net Charges (line 101 minus line 102)		13,891,525		103

(A) Worksheet A line numbers

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340130	PERIOD: FROM: 01/01/2010 TO 12/31/2010	WORKSHEET E. PART A	
Medicare - Title XVIII - Hospital - 340130					
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS		1	1.01	
	DRG Amount				
1	Other than Outlier Payments occurring prior to October 1		26,453,541		1
1.01	Other than Outlier Payments occurring on or after October 1 and before January 1				1.01
1.02	Other than Outlier Payments occurring on or after January 1				1.02
	Managed Care Patients				
1.03	Payments prior to March 1st or October 1st		1,185,768		1.03
1.04	Payments on or after October 1 and prior to January 1				1.04
1.05	Payments on or after January 1st but before April 1st/October 1st				1.05
1.06	Additional amount received or to be received (see instructions)				1.06
1.07	Payments for discharges on or after April 1, 2001 through September 30, 2001				1.07
1.08	Simulated payments from the PS&R on or afetr April 1, 2001 through September 30, 2001				1.08
2	Outlier payments for discharges occuring prior to October 1, 1997 (see instructions)				2
2.01	Outlier payments for discharges occurring on or after October 1, 1997 (see instructions)		169,623		2.01
	Indirect Medical Education Adjustment				
3	Bed days available divided by number of days in the cost reporting period (see instructions)		153.04		3
3.01	Number of Interns & Residents from Worksheet S-3, Part I				3.01
3.02	Indirect medical education percentage (see instructions)				3.02
3.03	Indirect medical education adjustment (sum of lines 1, 1.01, 1.02, and 2 times line 3.02)				3.03
3.04	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996		3.42		3.04
3.05	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with section 1886(d)(5)(B)(viii)				3.05
3.06	Adjusted FTE count for allopathic and osteopathic programs for affiliated programs in accordance with section 1886(d)(5)(B)(viii)				3.06
3.07	Sum of lines 3.04 through 3.06		3.42		3.07
3.08	FTE count for allopathic and osteopathic programs in the current year from your records		4.78		3.08
3.09	For cost reporting periods beginning before October 1, enter the percentage of discharges occurring prior to October 1				3.09
3.10	For cost reporting periods beginning before October 1, enter the percentage of discharges occurring on or after October 1				3.10
3.11	FTE count for the period identified in line 3.09				3.11
3.12	FTE count for the period identified in line 3.10				3.12
3.13	FTE count for residents in dental and podiatric programs				3.13
3.14	Current year allowable FTE (see instructions)		3.42		3.14
3.15	Total allowable FTE count for the prior year, if none but prior year teaching was in effect enter 1 here		3.99		3.15
3.16	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otehrwise enter zero. If there was no FTE count in this period but prior year teaching was in effect enter 1 here		3.96		3.16
3.17	Sum of lines 3.14 through 3.16 divided by the number of those lines in excess of zero (see instructions)		3.79		3.17
3.18	Current year residents to bed ratio (line 3.17 divided by line 3)		0.024765		3.18
3.19	Prior year resident to bed ratio (see instructions)		0.026283		3.19
3.20	For cost reporting periods beginning on or after October 1, 1997, enter the lesser of lines 3.18 or 3.19		0.024765		3.20
3.21	IME payments for discharges occurring prior to October 1 (see instructions)		371,528		3.21
3.22	IME payments for discharges occurring on or after October 1 but before January 1 (see instructions)				3.22
3.23	IME payments for discharges occurring on or after January 1 (see instructions)				3.23
3.24	Sum of lines 3.21 through 3.23		371,528		3.24
	Disproportionate Share Adjustment				
4	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.087400		4
4.01	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I		0.248000		4.01
4.02	Sum of lines 4 and 4.01		0.335400		4.02
4.03	Allowable disproportionate share percentage (see instructions)		0.168900		4.03
4.04	Disproportionate share adjustment (sum of lines 1, 1.01, 1.02, and 2 times line 4.03)		4,468,003		4.04
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
	Additional payment for high percentage of ESRD beneficiary discharges				
5	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for DRGs 302, 316, 317 or MS-DRG 652, 682 - 685. (see instructions)				5
5.01	Total ESRD Medicare discharges excluding DRGs 302, 316, and 317, or MS-DRGs 652 and 682 - 685 (see instructions)				5.01
5.02	Divide line 5.01 by line 5 (if less than 10%, you do not qualify for adjustment)				5.02

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO 340130	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET E, PART A	
Medicare - Title XVIII - Hospital - 340130					
5.03	Total medicare ESRD inpatient days excluding DRGs 302, 316, 317, or MS-DRGs 652, 682 - 685.(see instructions)				5.03
5.04	Ratio of average length of stay to one week (line 5.03 divided by line 5.01 divided by 7)				5.04
5.05	Average weekly cost for dialysis treatments (see instructions)		335		5.05
5.06	Total additional payment (line 5.04 times line 5.05 times line 5.01)				5.06
6	Subtotal (see instructions)		31,462,695		6
7	Hospital specific payments (to be completed by SCH and MDC, small rural hospitals only)				7
7.01	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.See instructions FY beg. 10/1/00)				7.01
8	Total payment for inpatient operating costs (for SCH and MDH, small rural hospitals, higher of lines 6 or 7, all other providers, enter amount from line 6 on this line.)		31,462,695		8
9	Payment for inpatient program capital (from Worksheet L, parts I, II, or III, as applicable)		2,356,547		9
10	Exception payment for inpatient program capital (Worksheet L, Part IV, line 13)				10
11	Direct graduate medical eduation payment (from Worksheet E-3, Part IV)		169.175		11
11.01	Nursing and Allied Health Managed Care				11.01
11.02	Special add-on payments for new technologies				11.02
12	Net organ acquisition cost				12
13	Cost of teaching physicians				13
14	Routine service other pass through costs				14
15	Ancillary service other pass through costs				15
16	Total (sum of amounts on lines 8 through 15)		33,988,417		16
17	Primary payer payments		53,706		17
18	Total amount payable for program beneficiaries (line 16 minus line 17)		33,934,711		18
19	Deductibles billed to program beneficiaries		2,940,312		19
20	Coinsurance billed program beneficiaries		94,325		20
21	Reimbursable bad debts (see instructions)		718,448		21
21.01	Adjusted reimbursable bad debts (see instructions)		502,914		21.01
21.02	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		659,563		21.02
22	Subtotal (line 18 plus line 21.01 mmus lines 19 and 20)		31,402,988		22
23	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization				23
24	Other adjustments (see instructions) (specify)				24
24.99	Other adjustments - Outlier reconsiliation				24.99
25	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets)				25
26	Amount due provider (line 22 plus or minus lines 24 and 25 minus line 23)		31,402,988		26
27	Sequestration adjustment (see instructions)				27
28	Interim payments		31,536,763		28
28.01	Tentative settlement (for fiscal intermediary use only)				28.01
29	Balance due provider (Program) (line 26 minus the sum of lines 27, 28, and 28.01)		-133.775		29
30	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		755,339		30
TO BE COMPLETED BY INTERMEDIARY					
50	Operating outlier amount from Worksheet E, Part A line 2.01				50
51	Capital outlier amount from Worksheet L, Part I line 3.01				51
52	Operating outlier reconciliation adjustment amount (see instructions)				52
53	Capital outlier reconciliation adjustment amount (see instructions)				53
54	The rate used to calculate the Time Value of Money (see instructions)				54
55	Operating Time Value of Money (see instructions)				55
56	Capital Time Value of Money (see instructions)				56

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Medicare - Title XVIII - Hospital - 340130					
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1	Medical and other services (see instructions)			20,116	1
1.01	Medical and other services rendered on or after August 1, 2000 from Worksheet D, Part V, column 9.01, line 104			14,513,816	1.01
1.02	PPS payments received including outliers			13,863,020	1 02
1 03	Enter the 1996 hospital specific payment to cost ratio				1.03
1.04	Line 1.01 times line 1.03				1.04
1.05	Line 1 02 divided by line 1.04				1.05
1.06	Transitional corridor payment (see instructions)				1.06
1.07	Enter the amount from Worksheet D, Part IV, column 9, line 101				1.07
2	Interns and residents				2
3	Organ acquisitions				3
4	Cost of teaching physicians				4
5	Total cost (see instructions)			20,116	5
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable charges				
6	Ancillary service charges			48,848	6
7	Interns and residents service charges				7
8	Organ acquisition charges (from Worksheet D-6, Part III, line 61, col. 4)				8
9	Charges of professional services of teaching physicians				9
10	Total reasonable charges (sum of lines 6 through 9)			48,848	10
	Customary charges				
11	Aggregate amount actually collected from patients liable for payment for services on a charge basis				11
12	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)				12
13	Ratio of line 11 to line 12 (not to exceed 1.000000)				13
14	Total customary charges (see instructions)			48,848	14
15	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 5) (see instructions)			28,732	15
16	Excess of reasonable cost over customary charges (complete only if line 5 exceeds line 14) (see instructions)				16
17	Lesser of cost or charges (line 5 or line 14) (see instructions)			20,116	17
17 01	Total prospective payment (sum of lines 1.01, 1.06, 1.07)			13,863,020	17.01
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	Deductibles and coinsurance (see instructions)				18
18.01	Coinsurance relating to amount on line 17.01			3,430,821	18 01
19	Subtotal (line 17 minus line 18)			10,452,315	19
20	Sum of amounts from Worksheet E, Parts C, D, and E (see instructions)				20
21	Direct graduate medical education payments (from Worksheet E-3, Part IV)			79,733	21
22	ESRD direct medical education costs (from Worksheet E-3, Part IV)				22
23	Subtotal (sum of lines 19 through 22)			10,532,048	23
24	Primary payer payments			5,036	24
25	Subtotal (line 23 minus line 24)			10,527,012	25
	Reimbursable bad debts (exclude bad debts for professional services)				
26	Composite rate ESRD (from Worksheet I-5, line 9)				26
27	Bad debts (see instructions)			381,264	27
27.01	Adjusted reimbursable bad debts (see instructions)			266,885	27.01
27.02	Reimbursable bad debts for dual eligible beneficiaries			359,453	27.02
28	Subtotal (sum of lines 25, 26, and 27 or 27.01) (line 27.01 hospital and subprovider only)			10,793,897	28
29	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization				29
30	Other adjustments (specify) (see instructions)				30
31	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets				31
32	Subtotal (line 28 plus or minus lines 30 and 31 minus line 29)			10,793,897	32
33	Sequestration adjustment (see instructions)				33
34	Interim payments			10,757,399	34
34.01	Tentative settlement (for fiscal intermediary use only)				34.01
35	Balance due provider/program (line 32 minus the sum of lines 33, 34, and 34.01)			36,498	35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			311,322	36
TO BE COMPLETED BY CONTRACTOR					
50	Original outlier amount (see instructions)				50
51	Outlier reconciliation amount (see instructions)				51

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Medicare - Title XVIII - Hospital - 340130					
52	The rate used to calculate the Time Value of Money				52
53	Time Value of Money (see instructions)				53
54	Total (sum of lines 51 and 53)				54

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340130	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET E-3 PART III	
Medicare -Title XVIII - SNF - 345097					
	COMPUTATION OF NET COST OF COVERED SERVICES		Title V or Title XIX	Title XVIII SNF PPS	
			1	2	
1	Inpatient hospital/SNF/NF services				1
2	Medical and other services				2
3	Interns and residents (see instructions)				3
4	Organ acquisition (certified transplant centers only)				4
5	Cost of teaching physicians (see instructions)				5
6	Subtotal (sum of lines 1 through 5)				6
7	Inpatient primary payer payments				7
8	Outpatient primary payer payments				8
9	Subtotal (line 6 less sum of lines 7 and 8)				9
COMPUTATION OF LESSER OF COST OR CHARGES					
	REASONABLE CHARGES				
10	Routine service charges				10
11	Ancillary service charges				11
12	Interns and residents service charges				12
13	Organ acquisition charges, net of revenue				13
14	Teaching physicians				14
15	Incentive from target amount computation				15
16	Total reasonable charges (sum of lines 10 through 15)				16
	CUSTOMARY CHARGES				
17	Amount actually collected from patients liable for payment for services on a charge basis				17
18	Amounts that would have been realized from patients liable for payment for s on charge basis had such payment been made in accordance with 42 CFR 4				18
19	Ratio of line 17 to line 18 (not to exceed 1.000000)				19
20	Total customary charges (see instructions)				20
21	Excess of customary charges over reasonable cost (complete only if line 20 exceeds line 9) (see instructions)				21
22	Excess of reasonable cost over customary charges (complete only if line 9 exceeds line 20) (see instructions)				22
23	Cost of covered services (line 9)				23
24	Other than outlier payments			3,429,376	24
25	Outlier payments				25
26	Program capital payments				26
27	Capital exception payments				27
28	Routine service other pass through costs				28
29	Ancillary service other pass through costs				29
30	Subtotal (sum of lines 23 through 29)			3,429,376	30
31	Customary charges (title XIX PPS covered services only)				31
32	Titles V or XIX PPS, lesser of lines 30 or 31; non PPS and title XVIII enter a			3,429,376	32
33	Deductibles (exclude professional component)				33
34	Excess of reasonable cost (from line 22)				34
35	Subtotal (line 32 minus sum of lines 33 and 34)			3,429,376	35
36	Coinsurance			564,025	36
37	Sum of the amounts from Wkst. E, Parts C, D, and E, line 19				37
38	Reimbursable bad debts (see instructions)			127,706	38
38.01	Adjusted reimbursable bad debts (see instructions)				38.01
38.02	Reimbursable bad debts for dual eligible beneficiaries			127.706	38.02
38.03	Adjusted reimbursable bad debts for periods ending on or after 10/01/05 (see instructions)			127,706	38.03
39	Utilization review				39
40	Subtotal (see instructions)			2,993,057	40
41	Inpatient routine service cost (Wkst. D-1, Part III, line 70)				41
42	Medicare inpatient routine charges (from your records)				42
43	Amount actually collected from patients liable for payment for services on a charge basis (see instructions)				43
44	Amounts that would have been realized from patients liable for payment of Part A services (see instructions)				44
45	Ratio of line 43 to line 44 (not to exceed 1.000000)				45
46	Total customary charges (see instructions)				46

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO. 340130	PERIOD: FROM. 01/01/2010 TO: 12/31/2010	WORKSHEET E-3 PART III	
Medicare - Title XVIII - SNF - 345097					
	COMPUTATION OF NET COST OF COVERED SERVICES		Title V or Title XIX	Title XVIII SNF PPS	
			1	2	
47	Excess of customary charges over reasonable cost (see instructions)				47
48	Excess of reasonable cost over customary charges (see instructions)				48
49	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization				49
50	Other adjustments (see instructions) (specify)				50
51	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets				51
52	Subtotal (line 40 ± lines 50 and 51, minus line 49)			2,993,057	52
53	Indirect medical education adjustment (PPS only) (see instructions)				53
54	Direct graduate medical education payments (from Wkst. E-3, Part IV)				54
55	Total amount payable to the provider (sum of lines 52, 53, and 54)			2,993,057	55
56	Sequestration adjustment (see instructions)				56
57	Interim payments			2,911,395	57
57.01	Tentative settlement (for fiscal intermediary use only)				57.01
58	Balance due provider/program (line 55 minus the sum of lines 56, 57, and 57.01)			81,662	58
59	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-II, section 115.2				59

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Medicaid - Title XIX - Hospital - 340130					
	COMPUTATION OF NET COST OF COVERED SERVICES		Title V or Title XIX	Title XVIII SNF PPS	
			1	2	
1	Inpatient hospital/SNF/NF services		10,968,678		1
2	Medical and other services		6,998,133		2
3	Interns and residents (see instructions)				3
4	Organ acquisition (certified transplant centers only)				4
5	Cost of teaching physicians (see instructions)				5
6	Subtotal (sum of lines 1 through 5)		17,966,811		6
7	Inpatient primary payer payments		57,136		7
8	Outpatient primary payer payments		8,497		8
9	Subtotal (line 6 less sum of lines 7 and 8)		17,901,178		9
COMPUTATION OF LESSER OF COST OR CHARGES					
	REASONABLE CHARGES				
10	Routine service charges		6,083,432		10
11	Ancillary service charges		43,119,840		11
12	Interns and residents service charges				12
13	Organ acquisition charges, net of revenue				13
14	Teaching physicians				14
15	Incentive from target amount computation				15
16	Total reasonable charges (sum of lines 10 through 15)		49,203,272		16
	CUSTOMARY CHARGES				
17	Amount actually collected from patients liable for payment for services on a charge basis				17
18	Amounts that would have been realized from patients liable for payment for a on charge basis had such payment been made in accordance with 42 CFR 4				18
19	Ratio of line 17 to line 18 (not to exceed 1.000000)				19
20	Total customary charges (see instructions)		49,203,272		20
21	Excess of customary charges over reasonable cost (complete only if line 20 exceeds line 9) (see instructions)		31,302,094		21
22	Excess of reasonable cost over customary charges (complete only if line 9 exceeds line 20) (see instructions)				22
23	Cost of covered services (line 9)		17,901,178		23
24	Other than outlier payments				24
25	Outher payments				25
26	Program capital payments				26
27	Capital exception payments				27
28	Routine service other pass through costs				28
29	Ancillary service other pass through costs				29
30	Subtotal (sum of lines 23 through 29)		17,901,178		30
31	Customary charges (title XIX PPS covered services only)				31
32	Titles V or XIX PPS, lesser of lines 30 or 31; non PPS and title XVIII enter a		17,901,178		32
33	Deductibles (exclude professional component)				33
34	Excess of reasonable cost (from line 22)				34
35	Subtotal (line 32 minus sum of lines 33 and 34)		17,901,178		35
36	Coinsurance		11,570		36
37	Sum of the amounts from Wkst. E, Parts C, D, and E, line 19				37
38	Reimbursable bad debts (see instructions)				38
38.01	Adjusted reimbursable bad debts (see instructions)				38.01
38.02	Reimbursable bad debts for dual eligible beneficiaries				38.02
38.03	Adjusted reimbursable bad debts for periods ending on or after 10/01/05 (see instructions)				38.03
39	Utilization review				39
40	Subtotal (see instructions)		17,889,608		40
41	Inpatient routine service cost (Wkst. D-1, Part III, line 70)				41
42	Medicare inpatient routine charges (from your records)				42
43	Amount actually collected from patients liable for payment for services on a charge basis (see instructions)				43
44	Amounts that would have been realized from patients liable for payment of Part A services (see instructions)				44
45	Ratio of line 43 to line 44 (not to exceed 1.000000)				45
46	Total customary charges (see instructions)				46

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Medicaid - Title XIX - Hospital - 340130					
	COMPUTATION OF NET COST OF COVERED SERVICES		Title V or Title XIX	Title XVIII SNF PPS	
			1	2	
47	Excess of customary charges over reasonable cost (see instructions)				47
48	Excess of reasonable cost over customary charges (see instructions)				48
49	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization				49
50	Other adjustments (see instructions) (specify)		-5,893,372		50
51	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets				51
52	Subtotal (line 40 ± lines 50 and 51, minus line 49)		11,996,236		52
53	Indirect medical education adjustment (PPS only) (see instructions)				53
54	Direct graduate medical education payments (from Wkst. E-3, Part IV)				54
55	Total amount payable to the provider (sum of lines 52, 53, and 54)		11,996,236		55
56	Sequestration adjustment (see instructions)				56
57	Interim payments		12,616,573		57
57.01	Tentative settlement (for fiscal intermediary use only)				57.01
58	Balance due provider/program (line 55 minus the sum of lines 56, 57, and 57.01)		-620,337		58
59	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2				59

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Medicaid - Title XIX - SNF - 345097					
	COMPUTATION OF NET COST OF COVERED SERVICES		Title V or Title XIX	Title XVIII SNF PPS	
			1	2	
1	Inpatient hospital/SNF/NF services		82,658		1
2	Medical and other services				2
3	Interns and residents (see instructions)				3
4	Organ acquisition (certified transplant centers only)				4
5	Cost of teaching physicians (see instructions)				5
6	Subtotal (sum of lines 1 through 5)		82,658		6
7	Inpatient primary payer payments				7
8	Outpatient primary payer payments				8
9	Subtotal (line 6 less sum of lines 7 and 8)		82,658		9
COMPUTATION OF LESSER OF COST OR CHARGES					
	REASONABLE CHARGES				
10	Routine service charges				10
11	Ancillary service charges				11
12	Interns and residents service charges				12
13	Organ acquisition charges, net of revenue				13
14	Teaching physicians				14
15	Incentive from target amount computation				15
16	Total reasonable charges (sum of lines 10 through 15)				16
	CUSTOMARY CHARGES				
17	Amount actually collected from patients liable for payment for services on a charge basis				17
18	Amounts that would have been realized from patients liable for payment for a on charge basis had such payment been made in accordance with 42 CFR 4				18
19	Ratio of line 17 to line 18 (not to exceed 1.000000)				19
20	Total customary charges (see instructions)				20
21	Excess of customary charges over reasonable cost (complete only if line 20 exceeds line 9) (see instructions)				21
22	Excess of reasonable cost over customary charges (complete only if line 9 exceeds line 20) (see instructions)		82,658		22
23	Cost of covered services (line 9)		82,658		23
24	Other than outlier payments				24
25	Outlier payments				25
26	Program capital payments				26
27	Capital exception payments				27
28	Routine service other pass through costs				28
29	Ancillary service other pass through costs				29
30	Subtotal (sum of lines 23 through 29)		82,658		30
31	Customary charges (title XIX PPS covered services only)				31
32	Titles V or XIX PPS, lesser of lines 30 or 31; non PPS and title XVIII enter a		82,658		32
33	Deductibles (exclude professional component)				33
34	Excess of reasonable cost (from line 22)		82,658		34
35	Subtotal (line 32 minus sum of lines 33 and 34)				35
36	Coinsurance				36
37	Sum of the amounts from Wkst. E, Parts C, D, and E, line 19				37
38	Reimbursable bad debts (see instructions)				38
38.01	Adjusted reimbursable bad debts (see instructions)				38.01
38.02	Reimbursable bad debts for dual eligible beneficiaries				38.02
38.03	Adjusted reimbursable bad debts for periods ending on or after 10/01/05 (see instructions)				38.03
39	Utilization review				39
40	Subtotal (see instructions)				40
41	Inpatient routine service cost (Wkst. D-1, Part III, line 70)				41
42	Medicare inpatient routine charges (from your records)				42
43	Amount actually collected from patients liable for payment for services on a charge basis (see instructions)				43
44	Amounts that would have been realized from patients liable for payment of Part A services (see instructions)				44
45	Ratio of line 43 to line 44 (not to exceed 1.000000)				45
46	Total customary charges (see instructions)				46

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340130	PERIOD: FROM 01/01/2010 TO: 12/31/2010	WORKSHEET E-3 PART III	
Medicaid - Title XIX - SNF - 345097					
	COMPUTATION OF NET COST OF COVERED SERVICES		Title V or Title XIX	Title XVIII SNF PPS	
			1	2	
47	Excess of customary charges over reasonable cost (see instructions)				47
48	Excess of reasonable cost over customary charges (see instructions)				48
49	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization				49
50	Other adjustments (see instructions) (specify)				50
51	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets				51
52	Subtotal (line 40 ± lines 50 and 51, minus line 49)				52
53	Indirect medical education adjustment (PPS only) (see instructions)				53
54	Direct graduate medical education payments (from Wkst. E-3, Part IV)				54
55	Total amount payable to the provider (sum of lines 52, 53, and 54)				55
56	Sequestration adjustment (see instructions)				56
57	Interim payments				57
57.01	Tentative settlement (for fiscal intermediary use only)				57.01
58	Balance due provider/program (line 55 minus the sum of lines 56, 57, and 57.01)				58
59	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2				59

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET E-3, PART IV

Medicare - Title XVIII - Hospital - 340130

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	Number of FTE residents for OB/GYN and primary care (see instructions)			1
1.01	Number of FTE residents for all other (see instructions)			1.01
2	Updated per resident amount for OB/GYN and primary care (see instructions)			2
2.01	Updated per resident amount for all other (see instructions)			2.01
3	Aggregate approved amount (line 1 x line 2 plus line 1.01 x line 2.01)			3
3.01	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996		3.42	3.01
3.02	Unweighted resident FTE count for allopathic and osteopathic programs which meet the criteria for an add on to the cap for new programs in accordance with 42 CFR 413.86(g)(6).			3.02
3.03	Unweighted resident FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.86(g)(4).			3.03
3.04	FTE adjustment cap (sum of lines 3.01 through 3.03). For cost reporting periods ending on or after 7/1/2005 see instructions		3.42	3.04
3.05	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instru.)		4.78	3.05
3.06	Lesser of line 3.04 or line 3.05		3.42	3.06
3.07	Weighted FTE count for primary care physicians in an allopathic and osteopathic program for the current year in column 1. If current year is zero and teaching program was in existence in prior year enter count here..		4.78	3.07
3.08	Weighted FTE count for all other physicians in an allopathic and osteopathic program for the current year in column 1 If current year is zero and teaching program was in existence in prior year enter count here..			3 08
3.09	Sum of lines 3 07 and 3.08		4.78	3.09
3.10	See instructions		3.42	3.10
3.11	Weighted dental and podiatric resident FTE count for the current year in column 1. If current year is zero and teaching program was in existence in prior year enter count here.....			3.11
3.12	See instructions			3.12
3.13	Total weighted resident FTE count for the prior cost reporting year (see instructions) If none, enter 1 here:			3.13
3.14	Total weighted resident FTE count for the penultimate cost reporting year (see instructions) If none, enter 1 here:			3.14
3.15	See instructions			3.15
3.16	See instructions			3.16
3.17	See instructions		122.999	3.17
3.18	See instructions			3.18
3.19	Primary care physician per resident amount (see instructions)		3.99	3.19
3 20	Other program per resident amount.(see instructions)		3.96	3.20
3.21	Primary care unadjusted approved amount (see instructions).		3.79	3.21
3.22	Other unadjusted approved (see instructions).		3.79	3.22
3.23	See instructions depending on the cost reporting periods beginning prior to 10/01/2001 or on or after 10/01/2001		122,999	3.23
3.24	See instructions depending on the cost reporting periods beginning prior to 10/01/2001 or on or after 10/01/2001		466,165	3.24
3.25	See instructions depending on the cost reporting periods beginning prior to 10/01/2001 or on or after 10/01/2001		466,165	3.25
	COMPUTATION OF PROGRAM PATIENT LOAD			
4	Program Part A inpatient days (see instructions)		17,704	4
5	Total inpatient days (from Worksheet S-3, Part I, column 6, sum of lines 1, 6 thru 10, and 14)		34,424	5
6	Ratio of program inpatient days to total inpatient days (line 4 ÷ line 5)		0.514292	6
6.01	Total GME payment for non-managed care days (line 6 x line 3 25).		239,745	6.01
6.02	Program managed care days occurring on or after January 1 of this cost reporting period (see instructions)		788	6.02
6.03	Total inpatient days from line 5 above		34,424	6.03
6.04	Appropriate percentage for inclusion of the managed care days (see instructions)		100	6.04
6 05	Graduate medical education payment for managed care days on or after January 1 through the end of the cost reporting period (line 6.02 divided by line 6.03 x line 6.04 x line 3.25) (See instructions prior to October 1, 1997)		9,163	6 05
6.06	Program managed care days occurring before January 1 of this cost reporting year (see instructions)			6.06
6.07	Appropriate percentage using the criteria identified on line 6.04 above (see instructions)		100	6 07
6 08	Graduate medical education payment for managed care days prior to January 1 of this cost reporting period (line 6.06 divided by line 6.03 x line 6.07 x line 3.25) DIRECT MEDICAL EDUCATION			6.08

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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 340130	PERIOD. FROM 01/01/2010 TO 12/31/2010	WORKSHEET E-3, PART IV

Medicare -Title XVIII - Hospital - 340130

	COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
7	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 21 and 24, lines 57 and 64)		7
8	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 57 and 64)		8
9	Ratio of direct medical education costs to total charges (line 7 ÷ line 8)		9
10	Medicare outpatient ESRD charges (see instructions)		10
11	Medicare outpatient ESRD direct medical education costs (line 9 x line 10)		11
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
12	Reasonable cost (see instructions)	30,880,485	12
13	Organ acquisition costs (Worksheet D-6, Part III, column 1, line 61)		13
14	Cost of teaching physicians (Worksheet D-9, Part II. column 3, line 16)		14
15	Primary payer payments (see instructions)	53,706	15
16	Total Part A reasonable cost (sum of lines 12 through 14 minus line 15)	30,826,779	16
	Part B Reasonable Cost		
17	Reasonable cost (see instructions)	14,533,932	17
18	Primary payer payments (see instructions)	5.036	18
19	Total Part B reasonable cost (line 17 minus line 18)	14,528,896	19
20	Total reasonable cost (sum of lines 16 and 19)	45,355,675	20
21	Ratio of Part A reasonable cost to total reasonable cost (line 16 ÷ line 20)	0 679668	21
22	Ratio of Part B reasonable cost to total reasonable cost (line 19 ÷ line 20)	0.320332	22
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	Total program GME payment (line 3 x line 6)		23
23.01	For cost reporting periods ending on or after January 1, 1998 (sum of lines 6.01, 6.05, and 6.08)	248,908	23.01
24	Part A Medicare GME payment (lines 21 x 23 or 23.01) (title XVIII only) (see instructions)	169,175	24
25	Part B Medicare GME payment (lines 22 x 23 or 23.01) (title XVIII only) (see instructions)	79,733	25

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

Rev. 8		36-598.1
3690 (Cont.)	FORM CMS-2552-96	05-08

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BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		PROVIDER NO. 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET G	
	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1	2	3	4	
CURRENT ASSETS					
1 Cash on hand and in banks	22,732,279				1
2 Temporary investments	11,109,646				2
3 Notes receivable					3
4 Accounts receivable	44,311,011				4
5 Other receivables	2,358,455				5
6 Allowances for uncollectible notes and accounts receivable	25,381,048				6
7 Inventory	2,958,163				7
8 Prepaid expenses	3,740,397				8
9 Other current assets					9
10 Due from other funds					10
11 Total current assets (sum of lines 1-10)	61,828,903				11
FIXED ASSETS					
12 Land	2,526,926				12
13 Land improvements	2,505,304				13
13.01 Accumulated depreciation					13.01
14 Buildings	110,466,667				14
14 01 Accumulated depreciation	32,209,640				14.01
15 Leasehold improvements					15
15.01 Accumulated depreciation					15.01
16 Fixed equipment	13,666,053				16
16.01 Accumulated depreciation	53,970,275				16.01
17 Automobiles and trucks					17
17.01 Accumulated depreciation					17.01
18 Major movable equipment	71,995,124				18
18 01 Accumulated depreciation	27,489,479				18.01
19 Minor equipment depreciable					19
19.01 Accumulated depreciable					19.01
20 Minor equipment-nondepreciable					20
21 Total fixed assets (sum of lines 12-20)	87,490,680				21
OTHER ASSETS					
22 Investments					22
23 Deposits on leases					23
24 Due from owners/officers					24
25 Other assets	62,271.589				25
26 Total other assets (sum of lines 22-25)	62,271,589				26
27 Total assets (sum of lines 11, 21, and 26)	211,591,172				27
CURRENT LIABILITIES					
28 Accounts payable	5,490,111				28
29 Salaries, wages, and fees payable	6,638,201				29
30 Payroll taxes payable	200.774				30
31 Notes and loans payable (short term)					31
32 Deferred income					32
33 Accelerated payments					33
34 Due to other funds					34
35 Other current liabilities	12,147,828				35
36 Total current liabilities (sum of lines 28 thru 35)	24,476,914				36
LONG TERM LIABILITIES					

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BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)			PROVIDER NO. 340130	PERIOD. FROM 01/01/2010 TO 12/31/2010	WORKSHEET G	
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
37	Mortgage payable					37
38	Notes payable					38
39	Unsecured loans					39
40	Loans from owners 40.01 Prior to 7/1/66 40.02 On or after 7/1/66					40.01
						40 02
41	Other long term liabilities	39,982,337				41
42	Total long term liabilities (sum of lines 37 thru 41)	39,982,337				42
43	Total liabilities (sum of lines 36 and 42)	64,459,251				43
	CAPITAL ACCOUNTS					
44	General fund balance	147,131,921				44
45	Specific purpose fund					45
46	Donor created - endowment fund balance - restricted					46
47	Donor created - endowment fund balance - unrestricted					47
48	Governing body created - endowment fund balance					48
49	Plant fund balance - invested in plant					49
50	Plant fund balance - reserve for plant improvement, replacement, and expansion					50
51	Total fund balances (sum of lines 44 thru 50)	147,131,921				51
52	Total liabilities and fund balances (sum of lines 43 and 51)	211,591,172				52

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
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STATEMENT OF PATIENT REVENUES AND OPERATING REVENUES	PROVIDER NO: 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET G-2 PARTS I & II	
PART I - PATIENT REVENUES				
REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
	1	2	3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 Hospital	22,064,145		22,064,145	1
2.00 Subprovider				2.00
4 Swing bed - SNF				4
5 Swing bed - NF				5
6 Skilled nursing facility	2,623,343		2,623,343	6
7 Nursing facility	2,178,777		2,178,777	7
8 Other long term care				8
9 Total general inpatient care services (sum of lines 1-8)	26,866,265		26,866,265	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 Intensive care unit	4,993,032		4,993,032	10
11 Coronary care unit				11
12 Burn intensive care unit				12
13 Surgical intensive care unit				13
14.00 Other Special Care (specify)				14.00
15 Total intensive care type inpatient hospital services (sum of lines 10-14)	4,993,032		4,993,032	15
16 Total inpatient routine care services (sum of lines 9 and 15)	31,859,297		31,859,297	16
17 Ancillary services	97,168,792	181,939,301	279,108,093	17
18 Outpatient services	11,487,541	43,860,385	55,347,926	18
19 Home health agency		6,137,654	6,137,654	19
20 Ambulance				20
21 Outpatient rehabilitation providers				21
22 ASC				22
23 Hospice				23
24	2,921,728	5,621,985	8,543,713	24
25 Total patient revenues (sum of lines 16-24) (transfer column 3 to Wkst. G-3, line 1)	143,437,358	237,559,325	380,996,683	25
PART II - OPERATING EXPENSES				
		1	2	
26 Operating expenses (per Wkst. A, column 3, line 101)			142,792,065	26
27 Add (specify)				27
28				28
29				29
30				30
31				31
32				32
33 Total additions (sum of lines 27-32)			20,788,840	33
34 Deduct (specify)				34
35				35
36				36
37				37
38				38
39 Total deductions (sum of lines 34-38)				39
40 Total operating expenses (sum of lines 26 and 33 minus line 39) (transfer to Wkst. G-3, line 4)			163,580,905	40

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STATEMENT OF REVENUES AND EXPENSES	PROVIDER NO: 340130	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET G-3	
	Description			
1	Total patient revenues (from Wkst. G-2, Part I, column 3, line 25)		380,996,683	1
2	Less contractual allowances and discounts on patients' accounts		206,101,564	2
3	Net patient revenues (line 1 minus line 2)		174,895,119	3
4	Less total operating expenses (from Wkst. G-2, Part II, line 40)		163,580,905	4
5	Net income from service to patients (line 3 minus line 4)		11,314,214	5
OTHER INCOME				
6	Contributions, donations, bequests, etc.		91,048	6
7	Income from investments		1,394,123	7
8	Revenues from telephone and telegraph service			8
9	Revenue from television and radio service			9
10	Purchase discounts		11,645	10
11	Rebates and refunds of expenses			11
12	Parking lot receipts			12
13	Revenue from laundry and linen service			13
14	Revenue from meals sold to employees and guests			14
15	Revenue from rental of living quarters			15
16	Revenue from sale of medical and surgical supplies to other than patients			16
17	Revenue from sale of drugs to other than patients		5,184	17
18	Revenue from sale of medical records and abstracts		2,640	18
19	Tuition (fees, sales of textbooks, uniforms, etc)			19
20	Revenue from gifts, flowers, coffee shops, and canteen		354,861	20
21	Rental of vending machines			21
22	Rental of hospital space		1,395,099	22
23	Governmental appropriations			23
24	Other (specify)		2,759,384	24
25	Total other income (sum of lines 6-24)		6,013,984	25
26	Total (line 5 plus line 25)		17,328,198	26
27	Other expenses (specify)			27
28				28
29				29
30	Total other expenses (sum of lines 27-29)			30
31	Net income (or loss) for the period (line 26 minus line 30)		17,328,198	31

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Medicare -Title XVIII - HHA 1 - 347210

APPORTIONMENT OF PATIENT SERVICE COSTS	PROVIDER NO: 340130	PERIOD: FROM 01/01/2010 TO: 12/31/2010	WORKSHEET H-6

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation Patient Services		From Wkst H-5 Part I col 29,	Facility Costs (from Wkst H-5 Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs(cols 1 + 2)	Total Visits	Average Cost Per Visit (col 3 ÷ col 4	Program Visits			Cost of Services			Total Program Cost(sum of cols 9-10)	
								Part A	Part B		Part A	Part B			
									Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		line	1	2	3	4	5	6	7	8	9	10	11	12	
1	Skilled Nursing Care	2	2,847,281		2,847,281	14,574	196 04	6,019	3,932		1,179,965	770,829		1,950,794	1
2	Physical Therapy	3	1,703,000		1,703,000	10,647	159.95	4,884	3,007		781,196	480,970		1,262,166	2
3	Occupational Therapy	4	657,377		657,377	4,543	144.70	2,063	1,086		298,516	157,144		455,660	3
4	Speech Pathology	5	307,153		307,153	1,473	208.52	373	227		77,778	47,334		125,112	4
5	Medical Sonal Services	6	94,308		94,308	189	498.98	79	58		39,419	28,941		68,360	5
6	Home Health Aide	7	512,916		512,916	1,590	322.59	626	816		201,941	263,233		465,174	6
7	Total (sum of lines 1-6)		6,122,035		6,122,035	32,966		14,044	9,126		2,578,815	1,748,451		4,327,266	7

Limitation Cost Computation Patient Services		MSA NO (1)				Program Cost Limits	Program Visits			Cost of Services			Total Program Cost(sum of cols 9-10	
							Part A	Part B		Part A	Part B			
								Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		1	2	3	4	5	6	7	8	9	10	11	12	
8	Skilled Nursing Care													8
9	Physical Therapy													9
10	Occupational Therapy													10
11	Speech Pathology													11
12	Medical Social Services													12
13	Home Health Aide													13
14	Total (sum of lines 8-13)													14

Supplies and Drugs Cost Computations Other Patient Services		From Wkst H-5,Part I, col 29, line	Facility costs (from Wkst, H-5, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols 1 + 2)	Total Charges (from HHA Record)	Ratio (col 3 ÷ col 4)	Program Covered Charges			Cost of Services			
								Part A	Part B		Part A	Part B		
									Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			1	2	3	4	5	6	7	8	9	10	11	
15	Cost of Medical Supplies	8		203,780	221,032	291,759	0.757584	35,709	58,210		27,053	44,099		15
16	Cost of Drugs	9												16

Per Beneficiary Cost Limitation:	MSA No (1)	Amount	
17	Program unduplicated census from Worksheet S-4 (see instructions) (2)			17
18	Per beneficiary cost limitation (from your fiscal intermediary)			18
19	Per beneficiary cost limitation (line 17 times line 18) (see instructions)			19

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Medicare -Title XVIII - HHA 1 - 347210

APPORTIONMENT OF PATIENT SERVICE COSTS	PROVIDER NO: 340130	PERIOD FROM 01/01/2010 TO: 12/31/2010	WORKSHEET H-6

(1) The MSA numbers flow from Worksheet S-4, line 20, and subscripts as indicated should be relicated on lines 8-13 and 17-18.

(2) The sum of line 17 and subscripts thereof must equal Worksheet S-4, line 2, for the appropriate title.

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

		From Wkst C, Part I col 9, Line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs Col. 1 × col2)	Transfer to Part I as Indicated	
			1	2	3	4	
1	Physical Therapy	50				col. 2, line 2	1
2	Occupational Therapy	51				col. 2, line 3	2
3	Speech Pathology	52				col. 2, line 4	3
4	Cost of Medical Supplies	55		291,759		col. 2, line 15	4
5	Cost of Drugs	56				col. 2, line 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

		From Part I, Col 5	Part B Services Subject to Deductibles and Coinsurance					
			Cost Per Visit	Program Visits		Program Costs		Program Visits on or after 1/1/1999
				Prior to 1/1/1998	From 1/1/1998 thou 12/31/1998	Prior to 1/1/1998	From 1/1/1998 thou 12/31/1998	
		1	2	2.01	3	3.01	4	5
1	Physical Therapy	2	159.95					
2	Occupational Therapy	3	144.70					
3	Speech Pathology	4	208.52					
4	Total (sum of lines 1-3)							

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	PROVIDER NO. 340130	PERIOD: FROM: 01/01/2010 TO 12/31/2010	WORKSHEET H-7 Parts I & II

Medicare - Title XVIII - HHA 1 - 340130

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	Description	Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1	2	3	
Reasonable Cost of Part A & Part B Services					
1	Reasonable cost of services (see instructions)				1
2	Total charges				2
	Customary Charges				
3	Amount actually collected from patients liable for payment for services on a charge basis (from your records)				3
4	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)				4
5	Ratio of line 3 to line 4 (not to exceed 1.000000)				5
6	Total customary charges (see instructions)				6
7	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)				7
8	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)				8
9	Primary payer amounts				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)			10
10.01	Total PPS Reimbursement - Full Episodes without Outliers	2,680,708	1,771,102	10.01
10.02	Total PPS Reimbursement - Full Episodes with Outliers			10.02
10.03	Total PPS Reimbursement - LUPA Episodes	26,099	29,516	10.03
10.04	Total PPS Reimbursement - PEP Episodes	24,367	14,366	10.04
10.05	Total PPS Reimbursement - SCIC within a PEP Episodes			10.05
10.06	Total PPS Reimbursement - SCIC Episodes			10.06
10.07	Total PPS Outlier Reimbursement - Full Episodes with Outliers			10.07
10.08	Total PPS Outlier Reimbursement - PEP Episodes			10.08
10.09	Total PPS Outlier Reimbursement - SCIC within a PEP Episodes			10.09
10.10	Total PPS Outlier Reimbursement - SCIC Episodes			10.10
10.11	Total Other Payments			10.11
10.12	DME Payments			10.12
10.13	Oxygen Payments			10.13
10.14	Prosthetic and Orthotic Payments			10.14
11	Part B deductibles billed to Medicare patients (exclude coinsurance)			11
12	Subtotal (sum of lines 10 thru 10.14 minus line 11)	2,731,174	1,814,984	12
13	Excess reasonable cost (from line 8)			13
14	Subtotal (line 12 minus line 13)	2,731,174	1,814,984	14
15	Coinsurance billed to program patients (from your records)			15
16	Net cost (line 14 minus line 15)	2,731,174	1,814,984	16
17	Reimbursable bad debts (from your records)			17
17.01	Reimbursable bad debts for dual eligible beneficiaries			17.01
18	Total costs - current cost reporting period (line 16 plus line 17)	2,731,174	1,814,984	18
19	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets			19
20	Recovery of excess depreciation resulting from agencies' termination or decrease in program utilization			20
21	Other adjustments (see instructions) (specify)			21
22	Subtotal (line 18 plus/minus lines 19 and 21 minus line 20)	2,731,174	1,814,984	22
23	Sequestration adjustment (see instructions)			23
24	Subtotal (line 22 minus line 23)	2,731,174	1,814,984	24
25	Interim payments (see instructions)	2,731,174	1,814,984	25
25.01	Tentative settlement (for fiscal intermediary use only)			25.01
26	Balance due provider/program (line 24 minus lines 25 and 25.01)			26
27	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			27

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Medicare -Title XVIII - Hospital - 340130				
CALCULATION OF CAPITAL PAYMENT	PROVIDER NO: 340130	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET L	
PART I - FULLY PROSPECTIVE METHOD				
1	Capital hospital specific rate payments			1
	Capital Federal Amount		[redacted]	
2	Capital DRG other than outlier		2,159,333	2
3	Capital DRG outlier payments for services rendered prior to October 1, 1997			3
3.01	Capital DRG outlier payments for services rendered on or after October 1, 1997		20,797	3.01
	Indirect Medical Education Adjustment			
4	Total inpatient days divided by number of days in the cost reporting period (see instructions)		94.31	4
4.01	Number of interns & residents (from Worksheet S-3, Part I, column 9, line 12)		3.79	4.01
4.02	Indirect medical education percentage (see instructions)		1.140000	4.02
4.03	Indirect medical education adjustment (sum of lines 2 & 3 times line 4.02)		24,616	4.03
	Disproportionate Share Adjustment			
5	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0	5
5.01	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.248000	5.01
5.02	Sum of lines 5 and 5.01		0.34	5.02
5.03	Allowable disproportionate share percentage (see instructions)		0.070300	5 03
5.04	Disproportionate share adjustment (sum of lines 2 & 3 times line 5.03)		151,801	5 04
6	Total prospective capital payments (sum of lines 1-3.01, 4.03, and 5.04)		2,356,547	6
PART II - HOLD HARMLESS METHOD				
1	New capital (see instructions)			1
2	Old capital (see instructions)			2
3	Total capital (sum of line 1 plus line 2)			3
4	Ratio of new capital to total capital (line 1 divided by line 3)			4
5	Total capital payments under 100% federal rate (see instructions)			5
6	Reduction factor for hold harmless payment (see instructions)			6
7	Reduced old capital amount (line 2 x line 6)			7
8	Hold harmless payment for new capital (line 5 x line 4)			8
9	Subtotal (line 7 plus line 8)			9
10	Payment under hold harmless (greater of line 5 or line 9)			10
PART III - PAYMENT UNDER REASONABLE COST				
1	Program inpatient routine capital cost (see instructions)			1
2	Program inpatient ancillary capital cost (see instructions)			2
3	Total inpatient program capital cost (line 1 plus line 2)			3
4	Capital cost payment factor (see instructions)			4
5	Total inpatient program capital cost (line 3 x line 4)			5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS				
1	Program inpatient capital costs (see instructions)			1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)			2
3	Net program inpatient capital costs (line 1 minus line 2)			3
4	Applicable exception percentage (see instructions)			4
5	Capital cost for comparison to payments (line 3 x line 4)			5
6	Percentage adjustment for extraordinary circumstances (see instructions)			6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			7
8	Capital minimum payment level (line 5 plus line 7)			8
9	Current year capital payments (from Part I, line 6 or Part II, line 10, as applicable)			9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part IV, line 14)			11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			12
13	Current year exception payment (if line 12 is positive, enter the amount on this line) for the following period (if line 12 is negative, enter the amount on this line)			13
14	Carryover of accumulated capital minimum payment level over capital payment			14
15	Current year allowable operating and capital payment (see instructions)			15
16	Current year operating and capital costs (see instructions)			16
17	Current year exception offset amount			17

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