

THE STATE OF SOUTH CAROLINA  
IN THE COURT OF APPEALS

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

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

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SC Court of Appeals

RECEIVED

OCT 01 2018

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

Respondent  
S.C. SUPREME COURT

v.

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

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

RECORD ON APPEAL – VOLUME XVII OF XVII

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PEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

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

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

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

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-11, SECTION 4014)

40-527 - 08-11 Rev. 2

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PET-EX081B.0030

RECORD 007635

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

RECLASSIFICATIONS

Provider CCN:  
420002

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

WORKSHEET A-6

X - CHARGEABLE SUPPLIES

| EXPLANATION OF RECLASSIFICATION(S)                                                     | CODE<br>(1) | INCREASES   |        |        |            | DECREASES   |        |        |            | What<br>A-7<br>Ref. |     |
|----------------------------------------------------------------------------------------|-------------|-------------|--------|--------|------------|-------------|--------|--------|------------|---------------------|-----|
|                                                                                        |             | COST CENTER | LINE # | SALARY | OTHER      | COST CENTER | LINE # | SALARY | OTHER      |                     |     |
|                                                                                        | 1           | 2           | 3      | 4      | 5          | 6           | 7      | 8      | 9          | 10                  |     |
| 1 CHARGEABLE SUPPLIES                                                                  | X           |             | 5.00   |        | 10,043     |             | 4.00   |        | 2,104      |                     | 1   |
| 2 CHARGEABLE SUPPLIES                                                                  | X           |             | 71.00  |        | 20,162,688 |             | 7.00   |        | 2,010      |                     | 2   |
| 3 CHARGEABLE SUPPLIES                                                                  | X           |             |        |        |            |             | 9.00   |        | 25         |                     | 3   |
| 4 CHARGEABLE SUPPLIES                                                                  | X           |             |        |        |            |             | 10.00  |        | 38         |                     | 4   |
| 5 CHARGEABLE SUPPLIES                                                                  | X           |             |        |        |            |             | 13.00  |        | 437        |                     | 5   |
| 6 CHARGEABLE SUPPLIES                                                                  | X           |             |        |        |            |             | 14.00  |        | 20,152     |                     | 6   |
| 7 CHARGEABLE SUPPLIES                                                                  | X           |             |        |        |            |             | 15.00  |        | 6,184      |                     | 7   |
| 8 CHARGEABLE SUPPLIES                                                                  | X           |             |        |        |            |             | 16.00  |        | 41         |                     | 8   |
| 9 CHARGEABLE SUPPLIES                                                                  | X           |             |        |        |            |             | 30.00  |        | 541,473    |                     | 9   |
| 10 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 31.00  |        | 215,308    |                     | 10  |
| 11 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 40.00  |        | 9,102      |                     | 11  |
| 12 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 43.00  |        | 91,828     |                     | 12  |
| 13 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 50.00  |        | 9,547,285  |                     | 13  |
| 14 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 52.00  |        | 253,406    |                     | 14  |
| 15 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 54.00  |        | 620,281    |                     | 15  |
| 16 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 58.00  |        | 15,089     |                     | 16  |
| 17 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 60.00  |        | 75,779     |                     | 17  |
| 18 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 64.00  |        | 2,183      |                     | 18  |
| 19 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 65.00  |        | 343,958    |                     | 19  |
| 20 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 66.00  |        | 4,662      |                     | 20  |
| 21 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 67.00  |        | 7,665      |                     | 21  |
| 22 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 68.00  |        | 900        |                     | 22  |
| 23 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 69.00  |        | 9,743      |                     | 23  |
| 24 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 69.02  |        | 7,141,054  |                     | 24  |
| 25 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 70.00  |        | 3,617      |                     | 25  |
| 26 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 74.00  |        | 16,876     |                     | 26  |
| 27 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 76.26  |        | 510,639    |                     | 27  |
| 28 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 76.32  |        | 158,150    |                     | 28  |
| 29 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 76.33  |        | 77,379     |                     | 29  |
| 30 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 90.00  |        | 151,431    |                     | 30  |
| 31 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 91.00  |        | 226,189    |                     | 31  |
| 32 CHARGEABLE SUPPLIES                                                                 | X           |             |        |        |            |             | 95.00  |        | 117,739    |                     | 32  |
| 500 Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) |             |             |        |        | 20,172,730 |             |        |        | 20,172,730 |                     | 500 |

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

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PET-EX081B.0031

RECORD 007636

|                                                                                                           |                         |                                             |               |
|-----------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------|---------------|
| RECLASSIFICATIONS                                                                                         | Provider CCN:<br>420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET A-6 |
| Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.            |                         |                                             |               |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTION 4014) |                         |                                             |               |
| 40-527 - 08-11                                                                                            |                         |                                             | Rev. 2        |

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PET-EX081B.0032

RECORD 007637

| RECLASSIFICATIONS                                                                      |             |             |        |        |         | Provider CCN:<br>420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET A-6 |         |                      |
|----------------------------------------------------------------------------------------|-------------|-------------|--------|--------|---------|-------------------------|---------------------------------------------|---------------|---------|----------------------|
| F - LAUNDRY EXPENSE RECLASS                                                            |             |             |        |        |         |                         |                                             |               |         |                      |
| EXPLANATION OF RECLASSIFICATION(S)                                                     | CODE<br>(1) | INCREASES   |        |        |         | DECREASES               |                                             |               |         | Wkst.<br>A-7<br>Ref. |
|                                                                                        |             | COST CENTER | LINE # | SALARY | OTHER   | COST CENTER             | LINE #                                      | SALARY        | OTHER   |                      |
|                                                                                        | 1           | 2           | 3      | 4      | 5       | 6                       | 7                                           | 8             | 9       | 10                   |
| 1 LAUNDRY EXPENSE RECLASS                                                              | F           |             | 8.00   |        | 809,991 |                         | 5.00                                        |               | 681     | 1                    |
| 2 LAUNDRY EXPENSE RECLASS                                                              | F           |             | 76.31  |        | 1       |                         | 9.00                                        |               | 20,674  | 2                    |
| 3 LAUNDRY EXPENSE RECLASS                                                              | F           |             |        |        |         |                         | 14.00                                       |               | 2,638   | 3                    |
| 4 LAUNDRY EXPENSE RECLASS                                                              | F           |             |        |        |         |                         | 15.00                                       |               | 73      | 4                    |
| 5 LAUNDRY EXPENSE RECLASS                                                              | F           |             |        |        |         |                         | 30.00                                       |               | 298,457 | 5                    |
| 6 LAUNDRY EXPENSE RECLASS                                                              | F           |             |        |        |         |                         | 31.00                                       |               | 44,887  | 6                    |
| 7 LAUNDRY EXPENSE RECLASS                                                              | F           |             |        |        |         |                         | 40.00                                       |               | 10,574  | 7                    |
| 8 LAUNDRY EXPENSE RECLASS                                                              | F           |             |        |        |         |                         | 43.00                                       |               | 16,357  | 8                    |
| 9 LAUNDRY EXPENSE RECLASS                                                              | F           |             |        |        |         |                         | 50.00                                       |               | 213,390 | 9                    |
| 10 LAUNDRY EXPENSE RECLASS                                                             | F           |             |        |        |         |                         | 52.00                                       |               | 40,169  | 10                   |
| 11 LAUNDRY EXPENSE RECLASS                                                             | F           |             |        |        |         |                         | 54.00                                       |               | 44,483  | 11                   |
| 12 LAUNDRY EXPENSE RECLASS                                                             | F           |             |        |        |         |                         | 65.00                                       |               | 5,539   | 12                   |
| 13 LAUNDRY EXPENSE RECLASS                                                             | F           |             |        |        |         |                         | 66.00                                       |               | 4,475   | 13                   |
| 14 LAUNDRY EXPENSE RECLASS                                                             | F           |             |        |        |         |                         | 69.02                                       |               | 17,658  | 14                   |
| 15 LAUNDRY EXPENSE RECLASS                                                             | F           |             |        |        |         |                         | 74.00                                       |               | 103     | 15                   |
| 16 LAUNDRY EXPENSE RECLASS                                                             | F           |             |        |        |         |                         | 76.26                                       |               | 4,088   | 16                   |
| 17 LAUNDRY EXPENSE RECLASS                                                             | F           |             |        |        |         |                         | 76.32                                       |               | 571     | 17                   |
| 18 LAUNDRY EXPENSE RECLASS                                                             | F           |             |        |        |         |                         | 76.33                                       |               | 2,810   | 18                   |
| 19 LAUNDRY EXPENSE RECLASS                                                             | F           |             |        |        |         |                         | 90.00                                       |               | 22,708  | 19                   |
| 20 LAUNDRY EXPENSE RECLASS                                                             | F           |             |        |        |         |                         | 91.00                                       |               | 59,226  | 20                   |
| 21 LAUNDRY EXPENSE RECLASS                                                             | F           |             |        |        |         |                         | 95.00                                       |               | 411     | 21                   |
| 22                                                                                     |             |             |        |        |         |                         |                                             |               |         | 22                   |
| 23                                                                                     |             |             |        |        |         |                         |                                             |               |         | 23                   |
| 24                                                                                     |             |             |        |        |         |                         |                                             |               |         | 24                   |
| 25                                                                                     |             |             |        |        |         |                         |                                             |               |         | 25                   |
| 26                                                                                     |             |             |        |        |         |                         |                                             |               |         | 26                   |
| 27                                                                                     |             |             |        |        |         |                         |                                             |               |         | 27                   |
| 28                                                                                     |             |             |        |        |         |                         |                                             |               |         | 28                   |
| 29                                                                                     |             |             |        |        |         |                         |                                             |               |         | 29                   |
| 500 Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) |             |             |        |        | 809,992 |                         |                                             |               | 809,992 | 500                  |

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

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

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-11, SECTION 4014)

40-527 - 08-11

Rev. 2

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PET-EX081B.0033

RECORD 007638

| RECLASSIFICATIONS                                                                      |             |             |        |        |         | Provider CCN:<br>420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET A-6 |         |                      |
|----------------------------------------------------------------------------------------|-------------|-------------|--------|--------|---------|-------------------------|---------------------------------------------|---------------|---------|----------------------|
| PR - PUBLIC RELATIONS                                                                  |             |             |        |        |         |                         |                                             |               |         |                      |
| EXPLANATION OF RECLASSIFICATION(S)                                                     | CODE<br>(1) | INCREASES   |        |        |         | DECREASES               |                                             |               |         | Wkst.<br>A-7<br>Ref. |
|                                                                                        |             | COST CENTER | LINE # | SALARY | OTHER   | COST CENTER             | LINE #                                      | SALARY        | OTHER   |                      |
|                                                                                        | 1           | 2           | 3      | 4      | 5       | 6                       | 7                                           | 8             | 9       | 10                   |
| 1 PUBLIC RELATIONS                                                                     | PR          |             | 194.05 | 63,729 | 857,075 |                         | 5.00                                        | 63,729        | 857,075 |                      |
| 2                                                                                      |             |             |        |        |         |                         |                                             |               |         |                      |
| 3                                                                                      |             |             |        |        |         |                         |                                             |               |         |                      |
| 4                                                                                      |             |             |        |        |         |                         |                                             |               |         |                      |
| 5                                                                                      |             |             |        |        |         |                         |                                             |               |         |                      |
| 6                                                                                      |             |             |        |        |         |                         |                                             |               |         |                      |
| 7                                                                                      |             |             |        |        |         |                         |                                             |               |         |                      |
| 8                                                                                      |             |             |        |        |         |                         |                                             |               |         |                      |
| 9                                                                                      |             |             |        |        |         |                         |                                             |               |         |                      |
| 10                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 11                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 12                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 13                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 14                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 15                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 16                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 17                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 18                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 19                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 20                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 21                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 22                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 23                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 24                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 25                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 26                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 27                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 28                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 29                                                                                     |             |             |        |        |         |                         |                                             |               |         |                      |
| 500 Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9) |             |             |        | 63,729 | 857,075 |                         |                                             | 63,729        | 857,075 | 500                  |

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
 FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)  
 40-527 - 08-11 Rev. 2

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PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 420002

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

WORKSHEET  
A-7, PARTS I, II  
& III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

| Description                    | Beginning<br>Balances | Acquisitions |          |            | Disposals<br>and<br>Retirements | Ending<br>Balance | Fully<br>Depreciated<br>Assets |    |
|--------------------------------|-----------------------|--------------|----------|------------|---------------------------------|-------------------|--------------------------------|----|
|                                |                       | Purchases    | Donation | Total      |                                 |                   |                                |    |
|                                |                       | 1            | 2        | 3          | 4                               | 5                 | 6                              | 7  |
| 1 Land                         |                       |              |          |            |                                 |                   |                                | 1  |
| 2 Land Improvements            | 1,689,437             | 58,929       |          | 58,929     |                                 | 1,748,366         |                                | 2  |
| 3 Buildings and Fixtures       | 86,902,144            | 80,191       |          | 80,191     | 16,332                          | 86,966,000        |                                | 3  |
| 4 Building Improvements        | 715,231               |              |          |            |                                 | 715,231           |                                | 4  |
| 5 Fixed Equipment              | 4,261,506             | 503,269      |          | 503,269    | 169,754                         | 4,595,021         |                                | 5  |
| 6 Movable Equipment            | 74,494,936            | 10,358,431   |          | 10,358,431 | 4,541,004                       | 80,312,384        |                                | 6  |
| 7 HIT-designated Assets        |                       |              |          |            |                                 |                   |                                | 7  |
| 8 Subtotal (sum of lines 1-7)  | 168,063,248           | 11,000,840   |          | 11,000,840 | 4,727,090                       | 174,337,008       |                                | 8  |
| 9 Reconciling Items            |                       |              |          |            |                                 |                   |                                | 9  |
| 10 Total (line 7 minus line 9) | 168,063,248           | 11,000,840   |          | 11,000,840 | 4,727,090                       | 174,337,008       |                                | 10 |

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

| Description                                    | SUMMARY OF CAPITAL |       |          |                                    |                             |                                                             |                                             |   |
|------------------------------------------------|--------------------|-------|----------|------------------------------------|-----------------------------|-------------------------------------------------------------|---------------------------------------------|---|
|                                                | Depreciation       | Lease | Interest | Insurance<br>(see<br>instructions) | Taxes (see<br>instructions) | Other<br>Capital-<br>Related<br>Costs (see<br>instructions) | Total (1)<br>(sum of cols.<br>9 through 14) |   |
|                                                | 9                  | 10    | 11       | 12                                 | 13                          | 14                                                          | 15                                          |   |
| 1 Capital Related Costs-Buildings and Fixtures | 3,265,303          |       |          |                                    |                             |                                                             | 3,265,303                                   | 1 |
| 2 Capital Related Costs-Movable Equipment      | 7,094,924          |       |          |                                    |                             |                                                             | 7,094,924                                   | 2 |
| 3 Total (sum of lines 1-2)                     | 10,360,227         |       |          |                                    |                             |                                                             | 10,360,227                                  | 3 |

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2. All 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<br>Leases | Gross Assets<br>for Ratio<br>(col. 1<br>- col. 2) | Ratio (see<br>instructions) | Insurance                   | Taxes     | Other<br>Capital-<br>Related<br>Costs | Total (sum<br>of cols. 5<br>through 7) |   |
|                                                | 1                     | 2                     | 3                                                 | 4                           | 5                           | 6         | 7                                     | 8                                      |   |
| 1 Capital Related Costs-Buildings and Fixtures | 94,024,624            |                       | 94,024,624                                        |                             | 347,507                     | 1,140,129 |                                       | 1,487,636                              | 1 |
| 2 Capital Related Costs-Movable Equipment      | 80,312,384            |                       | 80,312,384                                        |                             | 296,827                     | 973,856   |                                       | 1,270,683                              | 2 |
| 3 Total (sum of lines 1-2)                     | 174,337,008           |                       | 174,337,008                                       | 1.000000                    | 644,334                     | 2,113,985 |                                       | 2,758,319                              | 3 |

| Description                                    | SUMMARY OF CAPITAL |           |          |                                    |                             |                                                             |                                             |   |
|------------------------------------------------|--------------------|-----------|----------|------------------------------------|-----------------------------|-------------------------------------------------------------|---------------------------------------------|---|
|                                                | Depreciation       | Lease     | Interest | Insurance<br>(see<br>instructions) | Taxes (see<br>instructions) | Other<br>Capital-<br>Related<br>Costs (see<br>instructions) | Total (2)<br>(sum of cols.<br>9 through 14) |   |
|                                                | 9                  | 10        | 11       | 12                                 | 13                          | 14                                                          | 15                                          |   |
| 1 Capital Related Costs-Buildings and Fixtures | 4,698,855          |           |          | 347,507                            | 1,140,129                   |                                                             | 6,186,491                                   | 1 |
| 2 Capital Related Costs-Movable Equipment      | 5,715,325          | 1,401,780 |          | 296,827                            | 973,856                     |                                                             | 8,387,788                                   | 2 |
| 3 Total (sum of lines 1-2)                     | 10,414,180         | 1,401,780 |          | 644,334                            | 2,113,985                   |                                                             | 14,574,279                                  | 3 |

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

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

40-528

Rev. 2 - 08-11

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

| ADJUSTMENTS TO EXPENSES                                                                    |                   | Provider CCN: 420002 |                                                                                        | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |                | WORKSHEET A-8 |   |
|--------------------------------------------------------------------------------------------|-------------------|----------------------|----------------------------------------------------------------------------------------|---------------------------------------------|----------------|---------------|---|
| DESCRIPTION (1)                                                                            | BASIS/CODE<br>(2) | AMOUNT               | EXPENSE CLASSIFICATION ON<br>WORKSHEET A TO/FROM WHICH<br>THE AMOUNT IS TO BE ADJUSTED |                                             | Wkst. A-7 Ref. |               |   |
|                                                                                            |                   |                      | COST CENTER                                                                            | LINE #                                      |                |               |   |
|                                                                                            |                   |                      | 1                                                                                      | 2                                           | 3              |               | 4 |
| 1 Investment income - buildings and fixtures (chapter 2)                                   |                   |                      |                                                                                        |                                             |                | 1             |   |
| 2 Investment income - movable equipment (chapter 2)                                        |                   |                      |                                                                                        |                                             |                | 2             |   |
| 3 Investment income - other (chapter 2)                                                    | B                 | -152                 | ADMINISTRATIVE & GENERAL                                                               | 5.00                                        |                | 3             |   |
| 4 Trade, quantity, and time discounts (chapter 8)                                          | B                 | -27,283              | ADMINISTRATIVE & GENERAL                                                               | 5.00                                        |                | 4             |   |
| 5 Refunds and rebates of expenses (chapter 8)                                              | B                 | -66,377              | CAP REL COSTS-MVBLE EQUIP                                                              | 2.00                                        | 9              | 5             |   |
| 6 Rental of provider space by suppliers (chapter 8)                                        |                   |                      |                                                                                        |                                             |                | 6             |   |
| 7 Telephone services (pay stations excluded) (chapter 21)                                  | A                 | -35,243              | ADMINISTRATIVE & GENERAL                                                               | 5.00                                        |                | 7             |   |
| 8 Television and radio service (chapter 21)                                                | A                 | -29,059              | OPERATION OF PLANT                                                                     | 7.00                                        |                | 8             |   |
| 9 Parking lot (chapter 21)                                                                 |                   |                      |                                                                                        |                                             |                | 9             |   |
| 10 Provider-based physician adjustment                                                     |                   | -3,067,202           |                                                                                        |                                             |                | 10            |   |
| 11 Sale of scrap, waste, etc. (chapter 23)                                                 |                   |                      |                                                                                        |                                             |                | 11            |   |
| 12 Related organization transactions (chapter 10)                                          |                   | -12,179,301          |                                                                                        |                                             |                | 12            |   |
| 13 Laundry and linen service                                                               |                   |                      |                                                                                        |                                             |                | 13            |   |
| 14 Cafeteria-employees and guests                                                          |                   |                      |                                                                                        |                                             |                | 14            |   |
| 15 Rental of quarters to employee and others                                               |                   |                      |                                                                                        |                                             |                | 15            |   |
| 16 Sale of medical and surgical supplies to other than patients                            |                   |                      |                                                                                        |                                             |                | 16            |   |
| 17 Sale of drugs to other than patients                                                    |                   |                      |                                                                                        |                                             |                | 17            |   |
| 18 Sale of medical records and abstracts                                                   |                   |                      |                                                                                        |                                             |                | 18            |   |
| 19 Nursing school (tuition, fees, books, etc.)                                             |                   |                      |                                                                                        |                                             |                | 19            |   |
| 20 Vending machines                                                                        |                   |                      |                                                                                        |                                             |                | 20            |   |
| 21 Income from imposition of interest, finance or penalty charges (chapter 21)             |                   |                      |                                                                                        |                                             |                | 21            |   |
| 22 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments |                   |                      |                                                                                        |                                             |                | 22            |   |
| 23 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)           | Worksheet A-8-3   |                      |                                                                                        |                                             |                | 23            |   |
| 24 Adjustment for physical therapy costs in excess of limitation (chapter 14)              | Worksheet A-8-3   |                      |                                                                                        |                                             |                | 24            |   |
| 25 Utilization review - physicians' compensation (chapter 21)                              |                   |                      |                                                                                        |                                             |                | 25            |   |
| 26 Depreciation - buildings and fixtures                                                   | A                 | 1,183,249            |                                                                                        |                                             | 9              | 26            |   |
| 27 Depreciation - movable equipment                                                        | A                 | -1,313,222           |                                                                                        |                                             | 9              | 27            |   |
| 28 Non-physician Anesthetist                                                               |                   |                      |                                                                                        |                                             |                | 28            |   |
| 29 Physicians' assistant                                                                   |                   |                      |                                                                                        |                                             |                | 29            |   |
| 30 Adjustment for occupational therapy costs in excess of limitation (chapter 14)          |                   |                      |                                                                                        |                                             |                | 30            |   |
| 31 Adjustment for speech pathology costs in excess of limitation (chapter 14)              |                   |                      |                                                                                        |                                             |                | 31            |   |
| 32 CAH HIT Adjustment for Depreciation and Interest                                        |                   |                      |                                                                                        |                                             |                | 32            |   |
| 33 Other adjustments (specify) (3)                                                         |                   |                      |                                                                                        |                                             |                | 33            |   |
| 33.08 5755.XXXX CASH OVER/SHORT                                                            | B                 | -6                   | ADMINISTRATIVE & GENERAL                                                               | 5.00                                        |                | 33.08         |   |
| 33.09 8770.XXXX CENSUS DEVELOPMENT                                                         | A                 | -321,326             | ADMINISTRATIVE & GENERAL                                                               | 5.00                                        |                | 33.09         |   |
| 33.16 5753.XXXX COST RECOVERY ITEMS                                                        | B                 | -16,048              | ADMINISTRATIVE & GENERAL                                                               | 5.00                                        |                | 33.16         |   |
| 33.17 5753.XXXX COST RECOVERY ITEMS                                                        | B                 | -1,260               | OPERATION OF PLANT                                                                     | 7.00                                        |                | 33.17         |   |
| 33.18 5753.XXXX COST RECOVERY ITEMS                                                        | B                 | -481                 | CAFETERIA                                                                              | 11.00                                       |                | 33.18         |   |
| 33.19 5753.XXXX COST RECOVERY ITEMS                                                        | B                 | -353,978             | LABORATORY                                                                             | 60.00                                       |                | 33.19         |   |
| 33.20 5753.XXXX COST RECOVERY ITEMS                                                        | B                 | -2,865               | EMERGENCY                                                                              | 91.00                                       |                | 33.20         |   |
| 33.21 MOB REV 5140 5141 5142 5143 514                                                      | B                 | -132,898             | ADMINISTRATIVE & GENERAL                                                               | 5.00                                        |                | 33.21         |   |

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PET-EX081B.0036

RECORD 007641

| ADJUSTMENTS TO EXPENSES                                                                                    |                                                                                 | Provider CCN: 420002 |             | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET A-8 |                |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------|-------------|---------------------------------------------|---------------|----------------|
| 33.22                                                                                                      | MOB REV 5140 5141 5142 5143 514                                                 | B                    | -96,764     | CAP REL COSTS-BLDG & FIXT                   | 1.00          | 9 33.22        |
| 33.25                                                                                                      | 8610.6760 8610.6765 CONTRIBUT                                                   | A                    | -466,544    | ADMINISTRATIVE & GENERAL                    | 5.00          | 33.25          |
| 33.27                                                                                                      | ASSOCIATION FEES                                                                | A                    | -107        | EMERGENCY                                   | 91.00         | 33.27          |
| 33.28                                                                                                      | ASSOCIATION FEES                                                                | A                    | -75         | EMPLOYEE BENEFITS                           | 4.00          | 33.28          |
| 33.29                                                                                                      | ASSOCIATION FEES                                                                | A                    | -44,436     | ADMINISTRATIVE & GENERAL                    | 5.00          | 33.29          |
| 33.30                                                                                                      | ASSOCIATION FEES                                                                | A                    | -4,207      | NURSING ADMINISTRATION                      | 13.00         | 33.30          |
| 33.31                                                                                                      | ASSOCIATION FEES                                                                | A                    | -23         | PHARMACY                                    | 15.00         | 33.31          |
| 33.32                                                                                                      | ASSOCIATION FEES                                                                | A                    | -65         | MEDICAL RECORDS & LIBRARY                   | 16.00         | 33.32          |
| 33.33                                                                                                      | ASSOCIATION FEES                                                                | A                    | -380        | ADULTS & PEDIATRICS                         | 30.00         | 33.33          |
| 33.34                                                                                                      | ASSOCIATION FEES                                                                | A                    | -30         | SUBPROVIDER - IPF                           | 40.00         | 33.34          |
| 33.35                                                                                                      | ASSOCIATION FEES                                                                | A                    | -132        | OPERATING ROOM                              | 50.00         | 33.35          |
| 33.36                                                                                                      | ASSOCIATION FEES                                                                | A                    | -495        | RADIOLOGY-DIAGNOSTIC                        | 54.00         | 33.36          |
| 33.37                                                                                                      | ASSOCIATION FEES                                                                | A                    | -258        | LABORATORY                                  | 60.00         | 33.37          |
| 33.38                                                                                                      | ASSOCIATION FEES                                                                | A                    | -107        | INTRAVENOUS THERAPY                         | 64.00         | 33.38          |
| 33.39                                                                                                      | ASSOCIATION FEES                                                                | A                    | -28         | AMBULATORY INFUSION                         | 76.32         | 33.39          |
| 34.05                                                                                                      | TELEPHONE SERVICES                                                              | A                    | -250        | CAP REL COSTS-BLDG & FIXT                   | 1.00          | 9 34.05        |
| 34.09                                                                                                      | ADMIN COSTS-NON-PATIENT CARE                                                    | A                    | -834,075    | ADMINISTRATIVE & GENERAL                    | 5.00          | 34.09          |
| 34.10                                                                                                      | LEGAL FEES                                                                      | A                    | -1,970,278  | ADMINISTRATIVE & GENERAL                    | 5.00          | 34.10          |
| 34.11                                                                                                      | COMPLIMENTARY LOCAL<br>TRANSPORTAT                                              | A                    | -7,502      | ADMINISTRATIVE & GENERAL                    | 5.00          | 34.11          |
| 34.14                                                                                                      | CIA TRAINING OTHER EXPENSES                                                     | A                    | -192,610    | ADMINISTRATIVE & GENERAL                    | 5.00          | 34.14          |
| 34.17                                                                                                      | MANAGEMENT CONTROL OF NHE                                                       | A                    | -122,275    | ADMINISTRATIVE & GENERAL                    | 5.00          | 34.17          |
| 34.18                                                                                                      | CATAWBA NURSE MIDWIVES                                                          | A                    | -64,887     | CATAWBA NURSE MIDWIVES                      | 90.02         | 34.18          |
| 34.19                                                                                                      | FRANCHISE TAX                                                                   | A                    | -91,631     | ADMINISTRATIVE & GENERAL                    | 5.00          | 34.19          |
| 34.20                                                                                                      | NON-ALLOWABLE PENALTIES                                                         | A                    | -254        | ADMINISTRATIVE & GENERAL                    | 5.00          | 34.20          |
| 34.21                                                                                                      | NON-ALLOWABLE PENALTIES                                                         | A                    | -40         | AMBULANCE SERVICES                          | 95.00         | 34.21          |
| 34.22                                                                                                      | NON-ALLOWABLE OTHER<br>NON-FACILIT                                              | A                    | -259        | ADMINISTRATIVE & GENERAL                    | 5.00          | 34.22          |
| 50                                                                                                         | TOTAL (sum of lines 1 thru 49) (Transfer<br>to Worksheet A, column 6, line 200) |                      | -20,261,164 |                                             |               | 50             |
| (1) Description - all chapter references in this column pertain to CMS Pub. 15-1                           |                                                                                 |                      |             |                                             |               |                |
| (2) Basis for adjustment (see instructions)                                                                |                                                                                 |                      |             |                                             |               |                |
| A. Costs - if cost, including applicable overhead, can be determined                                       |                                                                                 |                      |             |                                             |               |                |
| B. Amount Received - if cost cannot be determined                                                          |                                                                                 |                      |             |                                             |               |                |
| (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.                         |                                                                                 |                      |             |                                             |               |                |
| Note: See instructions for column 5 referencing to Worksheet A-7.                                          |                                                                                 |                      |             |                                             |               |                |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4016) |                                                                                 |                      |             |                                             |               |                |
| Rev. 2                                                                                                     |                                                                                 |                      |             |                                             |               | 40-529 - 08-11 |

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

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

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

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

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

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-1L, SECTION 4017)

|        |                |
|--------|----------------|
| 40-530 | Rev. 2 - 08-11 |
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PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

|                                                                                 |                      |                                                |                 |
|---------------------------------------------------------------------------------|----------------------|------------------------------------------------|-----------------|
| STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 420002 | PERIOD:<br>FROM<br>06/01/2010<br>TO 05/31/2011 | 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<br>(1) | Name | Percentage of<br>Ownership | Related Organization(s) and/or Home Office |                            |                       |    |
|----|---------------|------|----------------------------|--------------------------------------------|----------------------------|-----------------------|----|
|    |               |      |                            | Name                                       | Percentage of<br>Ownership | Type of Business      |    |
|    | 1             | 2    | 3                          | 4                                          | 5                          | 6                     |    |
| 6  | B             |      | 100                        | TENET HEALTHCARE CORPORATION               |                            | PARENT COMPANY        | 6  |
| 7  | B             |      | 100                        | CONIFER                                    |                            | CREDIT AND COLLECTION | 7  |
| 8  | C             |      | 46                         | BROADLANE INC.                             |                            | GROUP PURCHASING ORG  | 8  |
| 9  |               |      |                            |                                            |                            |                       | 9  |
| 10 |               |      |                            |                                            |                            |                       | 10 |

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

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

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

|        |                |
|--------|----------------|
| 40-530 | Rev. 2 - 08-11 |
|--------|----------------|

| COST ALLOCATION - GENERAL SERVICE COSTS              |                                                                   |                       |                      | Provider CCN: 420002 |                        | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |                               | WORKSHEET B, PART I   |                               |                   |           |           |
|------------------------------------------------------|-------------------------------------------------------------------|-----------------------|----------------------|----------------------|------------------------|---------------------------------------------|-------------------------------|-----------------------|-------------------------------|-------------------|-----------|-----------|
| COST CENTER DESCRIPTIONS                             | NET EXPENSES<br>FOR COST<br>ALLOCATION<br>(from Wkst<br>A col. 7) | CAPITAL RELATED COSTS |                      | EMPLOYEE<br>BENEFITS | SUBTOTAL<br>(col. 0-4) | ADMINIS-<br>TRATIVE &<br>GENERAL            | MAIN-<br>TENANCE<br>& REPAIRS | OPERATION<br>OF PLANT | LAUNDRY<br>& LINEN<br>SERVICE | HOUSE-<br>KEEPING | DIETARY   | CAFETERIA |
|                                                      |                                                                   | BLDG. &<br>FIXTURES   | MOVABLE<br>EQUIPMENT |                      |                        |                                             |                               |                       |                               |                   |           |           |
|                                                      | 0                                                                 | 1                     | 2                    | 4                    | 4A                     | 5                                           | 6                             | 7                     | 8                             | 9                 | 10        | 11        |
| <b>GENERAL SERVICE COST CENTERS</b>                  |                                                                   |                       |                      |                      |                        |                                             |                               |                       |                               |                   |           |           |
| 1 Capital Related Costs-Buildings and Fixtures       | 6,186,491                                                         | 6,186,491             |                      |                      |                        |                                             |                               |                       |                               |                   |           | 1         |
| 2 Capital Related Costs-Movable Equipment            | 8,387,788                                                         |                       | 8,387,788            |                      |                        |                                             |                               |                       |                               |                   |           | 2         |
| 4 Employee Benefits                                  | 1,646,868                                                         | 82,534                | 98,862               | 1,828,264            |                        |                                             |                               |                       |                               |                   |           | 4         |
| 5 Administrative and General                         | 45,470,580                                                        | 330,456               | 808,191              | 166,115              | 46,775,344             | 46,775,344                                  |                               |                       |                               |                   |           | 5         |
| 6 Maintenance and Repairs                            |                                                                   |                       |                      |                      |                        |                                             |                               |                       |                               |                   |           | 6         |
| 7 Operation of Plant                                 | 6,660,261                                                         | 1,406,497             | 1,684,743            | 18,823               | 9,770,324              | 3,147,422                                   |                               | 12,917,746            |                               |                   |           | 7         |
| 8 Laundry and Linen Service                          | 989,128                                                           | 76,035                | 91,100               |                      | 1,156,283              | 572,486                                     |                               | 224,972               | 1,753,741                     |                   |           | 8         |
| 9 Housekeeping                                       | 2,208,328                                                         | 24,381                | 29,204               |                      | 2,261,913              | 728,655                                     |                               | 72,119                |                               | 3,062,687         |           | 9         |
| 10 Dietary                                           | 488,120                                                           | 186,817               | 223,775              |                      | 898,712                | 289,512                                     |                               | 552,611               |                               | 134,103           | 1,874,938 | 10        |
| 11 Cafeteria                                         | 1,442,938                                                         |                       |                      |                      | 1,442,938              | 464,829                                     |                               |                       |                               |                   |           | 11        |
| 12 Maintenance of Personnel                          |                                                                   |                       |                      |                      |                        |                                             |                               |                       |                               |                   |           | 12        |
| 13 Nursing Administration                            | 2,382,155                                                         | 64,980                | 77,835               | 52,002               | 2,576,972              | 830,148                                     |                               | 192,212               |                               | 46,645            |           | 13        |
| 14 Central Services and Supply                       | 1,097,753                                                         | 166,952               | 199,979              | 13,785               | 1,478,469              | 476,275                                     |                               | 493,848               |                               | 119,843           |           | 14        |
| 15 Pharmacy                                          | 3,128,570                                                         | 54,292                | 65,033               | 72,761               | 3,320,656              | 1,069,719                                   |                               | 160,598               |                               | 38,973            |           | 15        |
| 16 Medical Records & Medical Records Library         | 3,311,403                                                         | 31,288                | 37,477               | 51,121               | 3,431,289              | 1,105,359                                   |                               | 92,550                |                               | 22,459            |           | 16        |
| 17 Social Service                                    |                                                                   |                       |                      |                      |                        |                                             |                               |                       |                               |                   |           | 17        |
| 18 Other General Service (specify)                   |                                                                   |                       |                      |                      |                        |                                             |                               |                       |                               |                   |           | 18        |
| 19 Nonphysician Anesthetists                         |                                                                   |                       |                      |                      |                        |                                             |                               |                       |                               |                   |           | 19        |
| 20 Nursing School                                    |                                                                   |                       |                      |                      |                        |                                             |                               |                       |                               |                   |           | 20        |
| 21 Intern & Res. Service-Salary & Fringes (Approved) |                                                                   |                       |                      |                      |                        |                                             |                               |                       |                               |                   |           | 21        |
| 22 Intern & Res Other Program Costs (Approved)       |                                                                   |                       |                      |                      |                        |                                             |                               |                       |                               |                   |           | 22        |
| 23 Paramedical Education Program (specify)           |                                                                   |                       |                      |                      |                        |                                             |                               |                       |                               |                   |           | 23        |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b>        |                                                                   |                       |                      |                      |                        |                                             |                               |                       |                               |                   |           |           |
| 30 Adults and Pediatrics (General Routine Care)      | 21,415,036                                                        | 1,407,416             | 1,685,846            | 462,806              | 24,971,104             | 8,044,168                                   |                               | 4,163,192             | 1,355,322                     | 1,010,293         | 1,448,985 | 537,305   |
| 31 Intensive Care Unit                               | 4,554,793                                                         | 237,475               | 284,455              | 97,337               | 5,174,060              | 1,666,777                                   |                               | 702,460               | 134,109                       | 170,468           | 143,377   | 112,998   |
| 32 Coronary Care Unit                                |                                                                   |                       |                      |                      |                        |                                             |                               |                       |                               |                   |           | 32        |
| 33 Burn Intensive Care Unit                          |                                                                   |                       |                      |                      |                        |                                             |                               |                       |                               |                   |           | 33        |
| 34 Surgical Intensive Care Unit                      |                                                                   |                       |                      |                      |                        |                                             |                               |                       |                               |                   |           | 34        |
| 35 Other Special Care Unit (specify)                 |                                                                   |                       |                      |                      |                        |                                             |                               |                       |                               |                   |           | 35        |
| 40 Subprovider IPF                                   | 1,802,219                                                         | 129,278               | 154,853              | 38,500               | 2,124,850              | 684,501                                     |                               | 382,409               | 133,113                       | 92,800            | 142,312   | 44,694    |
| 41 Subprovider IRF                                   |                                                                   |                       |                      |                      |                        |                                             |                               |                       |                               |                   |           | 41        |

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| COST ALLOCATION - GENERAL SERVICE COSTS |                                               |            |         |         | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |           |  |           |         | WORKSHEET B, PART<br>I |         |         |       |
|-----------------------------------------|-----------------------------------------------|------------|---------|---------|----------------------|---------------------------------------------|-----------|--|-----------|---------|------------------------|---------|---------|-------|
| 42                                      | Subprovider (specify)                         |            |         |         |                      |                                             |           |  |           |         |                        |         |         | 42    |
| 43                                      | Nursery                                       | 1,294,743  | 190,878 | 228,639 | 29,047               | 1,743,307                                   | 561,591   |  | 564,624   | 131,197 | 137,019                | 140,264 | 33,721  | 43    |
| 44                                      | Skilled Nursing Facility                      |            |         |         |                      |                                             |           |  |           |         |                        |         |         | 44    |
| 45                                      | Nursing Facility                              |            |         |         |                      |                                             |           |  |           |         |                        |         |         | 45    |
| 46                                      | Other Long Term Care                          |            |         |         |                      |                                             |           |  |           |         |                        |         |         | 46    |
| ANCILLARY SERVICE COST CENTERS          |                                               |            |         |         |                      |                                             |           |  |           |         |                        |         |         |       |
| 50                                      | Operating Room                                | 7,536,386  | 545,408 | 653,305 | 157,452              | 8,892,591                                   | 2,864,668 |  | 1,613,335 |         | 391,512                |         | 182,833 | 50    |
| 51                                      | Recovery Room                                 |            |         |         |                      |                                             |           |  |           |         |                        |         |         | 51    |
| 52                                      | Labor Room and Delivery Room                  | 2,066,718  | 181,861 | 217,838 | 45,906               | 2,512,323                                   | 809,322   |  | 537,950   |         | 130,546                |         | 53,292  | 52    |
| 53                                      | Anesthesiology                                |            |         |         |                      |                                             |           |  |           |         |                        |         |         | 53    |
| 54                                      | Radiology-Diagnostic                          | 5,632,849  | 227,256 | 293,496 | 94,780               | 6,248,381                                   | 2,012,860 |  | 672,230   |         | 163,132                |         | 110,031 | 54    |
| 55                                      | Radiology-Therapeutic                         |            |         |         |                      |                                             |           |  |           |         |                        |         |         | 55    |
| 56                                      | Radiolotopes                                  |            |         |         |                      |                                             |           |  |           |         |                        |         |         | 56    |
| 57                                      | Computed Tomography (CT) Scan                 |            |         |         |                      |                                             |           |  |           |         |                        |         |         | 57    |
| 58                                      | Magnetic Resonance Imaging (MRI)              | 242,101    | 19,197  | 22,995  | 5,531                | 289,824                                     | 93,364    |  | 56,786    |         | 13,781                 |         | 6,421   | 58    |
| 59                                      | Cardiac Catheterization                       |            |         |         |                      |                                             |           |  |           |         |                        |         |         | 59    |
| 60                                      | Laboratory                                    | 8,650,859  | 118,658 | 142,131 | 82,537               | 8,994,185                                   | 2,897,396 |  | 350,993   |         | 85,176                 |         | 95,817  | 60    |
| 60.45                                   | Vascular Lab                                  | 2,068,161  | 160,686 | 192,474 | 37,293               | 2,458,614                                   | 792,020   |  | 475,315   |         | 115,346                |         | 43,293  | 60.45 |
| 61                                      | PBP Clinical Laboratory Services-Program Only |            |         |         |                      |                                             |           |  |           |         |                        |         |         | 61    |
| 62                                      | Whole Blood & Packed Red Blood Cells          |            |         |         |                      |                                             |           |  |           |         |                        |         |         | 62    |
| 63                                      | Blood Storing, Processing, & Trans.           |            |         |         |                      |                                             |           |  |           |         |                        |         |         | 63    |
| 64                                      |                                               | 2,038,324  | 74,986  | 89,820  | 5,435                | 2,208,565                                   | 711,469   |  | 221,811   |         | 53,827                 |         | 6,310   | 64    |
| 65                                      | Respiratory Therapy                           | 1,899,422  | 40,626  | 48,663  | 42,327               | 2,031,038                                   | 654,281   |  | 120,172   |         | 29,163                 |         | 49,137  | 65    |
| 66                                      | Physical Therapy                              | 1,118,884  | 16,873  | 20,211  | 23,430               | 1,179,398                                   | 379,932   |  | 49,910    |         | 12,112                 |         | 27,199  | 66    |
| 67                                      | Occupational Therapy                          | 99,378     |         |         | 2,388                | 101,766                                     | 32,783    |  |           |         |                        |         | 2,772   | 67    |
| 68                                      | Speech Pathology                              | 132,569    |         |         | 3,203                | 135,772                                     | 43,798    |  |           |         |                        |         | 3,718   | 68    |
| 69                                      | Electrocardiology                             | 894,380    | 16,312  | 19,539  | 17,776               | 948,007                                     | 305,392   |  | 48,251    |         | 11,709                 |         | 20,636  | 69    |
| 70                                      | Electroencephalography                        | 505,767    | 1,857   | 46,742  | 2,235                | 556,601                                     | 179,304   |  | 5,493     |         | 1,333                  |         | 2,594   | 70    |
| 71                                      | Medical Supplies Charged to Patients          | 9,751,131  |         |         |                      | 9,751,131                                   | 3,141,239 |  |           |         |                        |         |         | 71    |
| 72                                      | Implantable Devices Charged to Patients       | 10,283,466 |         |         |                      | 10,283,466                                  | 3,312,726 |  |           |         |                        |         |         | 72    |
| 73                                      | Drugs Charged to Patients                     | 7,405,735  |         |         |                      | 7,405,735                                   | 2,385,691 |  |           |         |                        |         |         | 73    |
| 74                                      | Renal Dialysis                                | 396,357    | 11,382  | 13,634  |                      | 421,373                                     | 135,742   |  | 33,669    |         | 8,170                  |         |         | 74    |
| 75                                      | ASC (Non-Distinct Part)                       |            |         |         |                      |                                             |           |  |           |         |                        |         |         | 75    |
| 76                                      | Other Ancillary (specify)                     |            |         |         |                      |                                             |           |  |           |         |                        |         |         | 76    |
| 76.30                                   | Other Ancillary Cost Centers                  | 1,819,803  | 6,479   | 197,756 | 32,389               | 2,056,427                                   | 662,460   |  | 19,166    |         | 4,651                  |         | 37,600  | 76.30 |
| OUTPATIENT SERVICE COST CENTERS         |                                               |            |         |         |                      |                                             |           |  |           |         |                        |         |         |       |
| 88                                      | Rural Health Clinic (RHC)                     |            |         |         |                      |                                             |           |  |           |         |                        |         |         | 88    |
| 89                                      | Federally Qualified Health Center (FQHC)      |            |         |         |                      |                                             |           |  |           |         |                        |         |         | 89    |
| 90                                      | Clinic                                        | 963,844    |         | 165,095 | 14,460               | 1,143,399                                   | 368,336   |  |           |         |                        |         | 16,787  | 90    |
| 91                                      | Emergency                                     | 5,744,825  | 209,194 | 250,578 | 94,451               | 6,299,048                                   | 2,029,182 |  | 618,802   |         | 150,166                |         | 109,648 | 91    |

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PET-EX081B.0041

RECORD 007646

| COST ALLOCATION - GENERAL SERVICE COSTS                                                                    |                                                     |             |           | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |             |            |  | WORKSHEET B, PART<br>I |                      |           |     |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------|-----------|----------------------|---------------------------------------------|-------------|------------|--|------------------------|----------------------|-----------|-----|
| 92                                                                                                         | Observation Beds                                    |             |           |                      |                                             |             |            |  |                        |                      |           | 92  |
| 93                                                                                                         | Other Outpatient Service (specify)                  |             |           |                      |                                             |             |            |  |                        |                      |           | 93  |
| OTHER REIMBURSABLE COST CENTERS                                                                            |                                                     |             |           |                      |                                             |             |            |  |                        |                      |           |     |
| 94                                                                                                         | Home Program Dialysis                               |             |           |                      |                                             |             |            |  |                        |                      |           | 94  |
| 95                                                                                                         | Ambulance Services                                  | 8,051,798   | 125,204   | 311,003              | 158,015                                     | 8,646,020   | 2,785,238  |  | 370,357                | 89,875               | 183,440   | 95  |
| 96                                                                                                         | Durable Medical Equipment-Rented                    |             |           |                      |                                             |             |            |  |                        |                      |           | 96  |
| 97                                                                                                         | Durable Medical Equipment-Sold                      |             |           |                      |                                             |             |            |  |                        |                      |           | 97  |
| 98                                                                                                         | Other Reimbursable (specify)                        |             |           |                      |                                             |             |            |  |                        |                      |           | 98  |
| 99                                                                                                         | Outpatient Rehabilitation Provider (specify)        |             |           |                      |                                             |             |            |  |                        |                      |           | 99  |
| 100                                                                                                        | Intern-Resident Service (not apprvd. to hng. 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                                                                                                        | Intst Acquisition                                   |             |           |                      |                                             |             |            |  |                        |                      |           | 111 |
| 112                                                                                                        | Other Organ Acquisition (specify)                   |             |           |                      |                                             |             |            |  |                        |                      |           | 112 |
| 113                                                                                                        | Ambulatory Surgical Center (Distinct Part)          |             |           |                      |                                             |             |            |  |                        |                      |           | 113 |
| 116                                                                                                        | Hospice                                             |             |           |                      |                                             |             |            |  |                        |                      |           | 116 |
| 117                                                                                                        | Other Special Purpose (specify)                     |             |           |                      |                                             |             |            |  |                        |                      |           | 117 |
| 118                                                                                                        | SUBTOTALS (sum of lines 1-117)                      | 189,769,936 | 6,145,278 | 8,355,272            | 1,821,945                                   | 189,689,888 | 46,038,584 |  | 12,795,835             | 1,753,741            | 3,033,102 | 118 |
| NONREIMBURSABLE COST CENTERS                                                                               |                                                     |             |           |                      |                                             |             |            |  |                        |                      |           |     |
| 190                                                                                                        | Gift, Flower, Coffee Shop, & Canteen                |             | 11,449    |                      |                                             | 11,449      | 3,688      |  | 33,866                 | 8,218                |           | 190 |
| 191                                                                                                        | Research                                            |             |           |                      |                                             |             |            |  |                        |                      |           | 191 |
| 192                                                                                                        | Physicians' Private Offices                         |             | 2,618     |                      |                                             | 2,618       | 843        |  | 7,745                  | 1,880                |           | 192 |
| 193                                                                                                        | Nonpaid Workers                                     |             |           |                      |                                             |             |            |  |                        |                      |           | 193 |
| 194                                                                                                        | Other Nonreimbursable (specify)                     | 2,207,021   | 27,146    | 32,516               | 6,319                                       | 2,273,002   | 732,227    |  | 80,300                 | 19,487               | 7,335     | 194 |
| 200                                                                                                        | Cross Foot Adjustments                              |             |           |                      |                                             |             |            |  |                        |                      |           | 200 |
| 201                                                                                                        | Negative Cost Centers                               |             |           |                      |                                             |             |            |  |                        |                      |           | 201 |
| 202                                                                                                        | TOTAL (sum lines 118-201)                           | 191,976,960 | 6,186,491 | 8,387,788            | 1,828,264                                   | 191,976,960 | 46,775,344 |  | 12,917,746             | 1,753,741            | 3,062,687 | 202 |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020) |                                                     |             |           |                      |                                             |             |            |  |                        |                      |           |     |
| Rev. 2                                                                                                     |                                                     |             |           |                      |                                             |             |            |  |                        | 4090 (Cont.) - 08-11 |           |     |

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PET-EX081B.0042

RECORD 007647

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

Record code 6608 - 2010

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 420002

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

WORKSHEET B, PART I

| COST CENTER DESCRIPTIONS                                | MAIN- TENANCE<br>OF PERSONNEL | NURSING ADMINIS-<br>TRATION | CENTRAL<br>SERVICES<br>& SUPPLY | PHARMACY  | MEDICAL<br>RECORDS<br>& LIBRARY | SOCIAL SERVICE | OTHER GENERAL<br>SERVICE | NON- PHYSICIAN<br>ANES- THETISTS |    |
|---------------------------------------------------------|-------------------------------|-----------------------------|---------------------------------|-----------|---------------------------------|----------------|--------------------------|----------------------------------|----|
|                                                         | 12                            | 13                          | 14                              | 15        | 16                              | 17             | 18                       | 19                               |    |
| <b>GENERAL SERVICE COST CENTERS</b>                     |                               |                             |                                 |           |                                 |                |                          |                                  |    |
| 1 Capital Related Costs-Buildings and Fixtures          |                               |                             |                                 |           |                                 |                |                          |                                  | 1  |
| 2 Capital Related Costs-Movable Equipment               |                               |                             |                                 |           |                                 |                |                          |                                  | 2  |
| 4 Employee Benefits                                     |                               |                             |                                 |           |                                 |                |                          |                                  | 4  |
| 5 Administrative and General                            |                               |                             |                                 |           |                                 |                |                          |                                  | 5  |
| 6 Maintenance and Repair                                |                               |                             |                                 |           |                                 |                |                          |                                  | 6  |
| 7 Operation of Plant                                    |                               |                             |                                 |           |                                 |                |                          |                                  | 7  |
| 8 Laundry and Linen Service                             |                               |                             |                                 |           |                                 |                |                          |                                  | 8  |
| 9 Housekeeping                                          |                               |                             |                                 |           |                                 |                |                          |                                  | 9  |
| 10 Dietary                                              |                               |                             |                                 |           |                                 |                |                          |                                  | 10 |
| 11 Cafeteria                                            |                               |                             |                                 |           |                                 |                |                          |                                  | 11 |
| 12 Maintenance of Personnel                             |                               |                             |                                 |           |                                 |                |                          |                                  | 12 |
| 13 Nursing Administration                               |                               | 3,706,346                   |                                 |           |                                 |                |                          |                                  | 13 |
| 14 Central Services and Supply                          |                               |                             | 2,584,438                       |           |                                 |                |                          |                                  | 14 |
| 15 Pharmacy                                             |                               |                             |                                 | 4,674,414 |                                 |                |                          |                                  | 15 |
| 16 Medical Records & Medical Records Library            |                               | 19,721                      |                                 |           | 4,730,724                       |                |                          |                                  | 16 |
| 17 Social Service                                       |                               |                             |                                 |           |                                 |                |                          |                                  | 17 |
| 18 Other General Service (specify)                      |                               |                             |                                 |           |                                 |                |                          |                                  | 18 |
| 19 Nonphysician Anesthetists                            |                               |                             |                                 |           |                                 |                |                          |                                  | 19 |
| 20 Nursing School                                       |                               |                             |                                 |           |                                 |                |                          |                                  | 20 |
| 21 Intern & Res. Service-Salary & Fringes<br>(Approved) |                               |                             |                                 |           |                                 |                |                          |                                  | 21 |
| 22 Intern & Res. Other Program Costs<br>(Approved)      |                               |                             |                                 |           |                                 |                |                          |                                  | 22 |
| 23 Paramedical Education Program (specify)              |                               |                             |                                 |           |                                 |                |                          |                                  | 23 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b>           |                               |                             |                                 |           |                                 |                |                          |                                  |    |
| 30 Adults and Pediatrics (General Routine Care)         |                               | 1,789,549                   |                                 |           | 507,245                         |                |                          |                                  | 30 |
| 31 Intensive Care Unit                                  |                               | 351,460                     |                                 |           | 102,703                         |                |                          |                                  | 31 |
| 32 Coronary Care Unit                                   |                               |                             |                                 |           |                                 |                |                          |                                  | 32 |
| 33 Burn Intensive Care Unit                             |                               |                             |                                 |           |                                 |                |                          |                                  | 33 |
| 34 Surgical Intensive Care Unit                         |                               |                             |                                 |           |                                 |                |                          |                                  | 34 |
| 35 Other Special Care Unit (specify)                    |                               |                             |                                 |           |                                 |                |                          |                                  | 35 |
| 40 Subprovider IPF                                      |                               | 170,673                     |                                 |           | 54,430                          |                |                          |                                  | 40 |
| 41 Subprovider IRF                                      |                               |                             |                                 |           |                                 |                |                          |                                  | 41 |
| 42 Subprovider (specify)                                |                               |                             |                                 |           |                                 |                |                          |                                  | 42 |

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PET-EX081B.0043

RECORD 007648

| COST ALLOCATION - GENERAL SERVICE COSTS |                                               |         |           | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 03/31/2011 | WORKSHEET B, PART I |
|-----------------------------------------|-----------------------------------------------|---------|-----------|----------------------|---------------------------------------------|---------------------|
| 43                                      | Nursery                                       | 136,639 |           | 31,020               |                                             | 43                  |
| 44                                      | Skilled Nursing Facility                      |         |           |                      |                                             | 44                  |
| 45                                      | Nursing Facility                              |         |           |                      |                                             | 45                  |
| 46                                      | Other Long Term Care                          |         |           |                      |                                             | 46                  |
| ANCILLARY SERVICE COST CENTERS          |                                               |         |           |                      |                                             |                     |
| 50                                      | Operating Room                                | 476,426 |           | 342,539              |                                             | 50                  |
| 51                                      | Recovery Room                                 |         |           |                      |                                             | 51                  |
| 52                                      | Labor Room and Delivery Room                  | 157,416 |           | 34,918               |                                             | 52                  |
| 53                                      | Anesthesiology                                |         |           |                      |                                             | 53                  |
| 54                                      | Radiology-Diagnostic                          | 16,952  |           | 532,318              |                                             | 54                  |
| 55                                      | Radiology-Therapeutic                         |         |           |                      |                                             | 55                  |
| 56                                      | Radioisotope                                  |         |           |                      |                                             | 56                  |
| 57                                      | Computed Tomography (CT) Scan                 |         |           |                      |                                             | 57                  |
| 58                                      | Magnetic Resonance Imaging (MRI)              | 103     |           | 61,617               |                                             | 58                  |
| 59                                      | Cardiac Catheterization                       |         |           |                      |                                             | 59                  |
| 60                                      | Laboratory                                    | 171     |           | 460,750              |                                             | 60                  |
| 60.45                                   | Vascular Lab                                  | 111,437 |           | 293,725              |                                             | 60.45               |
| 61                                      | FBP 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                                      | FBP Clinical Laboratory Services-Program Only |         |           |                      |                                             | 61                  |
| 62                                      | Whole Blood & Packed Red Blood Cells          |         |           |                      |                                             | 62                  |
| 63                                      | Blood Storing, Processing, & Trans.           |         |           |                      |                                             | 63                  |
| 64                                      |                                               | 16,482  |           | 244,303              |                                             | 64                  |
| 65                                      | Respiratory Therapy                           | 3,474   |           | 79,534               |                                             | 65                  |
| 65.                                     |                                               |         |           |                      |                                             | 65.                 |
| 66                                      | Physical Therapy                              |         |           | 32,354               |                                             | 66                  |
| 67                                      | Occupational Therapy                          |         |           | 3,678                |                                             | 67                  |
| 68                                      | Speech Pathology                              |         |           | 3,738                |                                             | 68                  |
| 69                                      | Electrocardiology                             | 16,291  |           | 99,297               |                                             | 69                  |
| 70                                      | Electroencephalography                        | 48      |           | 18,621               |                                             | 70                  |
| 71                                      | Medical Supplies Charged to Patients          |         | 1,266,373 | 536,822              |                                             | 71                  |
| 72                                      | Implantable Devices Charged to Patients       |         | 1,318,063 | 225,429              |                                             | 72                  |
| 73                                      | Drugs Charged to Patients                     |         |           | 4,674,414            | 684,236                                     | 73                  |
| 74                                      | Renal Dialysis                                |         |           |                      | 8,579                                       | 74                  |

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| COST ALLOCATION - GENERAL SERVICE COSTS |                                                    |           |           |           | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 03/31/2011 | WORKSHEET B, PART 1 |
|-----------------------------------------|----------------------------------------------------|-----------|-----------|-----------|----------------------|---------------------------------------------|---------------------|
| 75                                      | ASC (Non-Distinct Part)                            |           |           |           |                      |                                             | 75                  |
| 76                                      | Other Ancillary (specify)                          |           |           |           |                      |                                             | 76                  |
| 76.30                                   | Other Ancillary Cost Centers                       | 94,162    |           |           | 35,663               |                                             | 76.30               |
| OUTPATIENT SERVICE COST CENTERS         |                                                    |           |           |           |                      |                                             |                     |
| 88                                      | Rural Health Clinic (RHC)                          |           |           |           |                      |                                             | 88                  |
| 89                                      | Federally Qualified Health Center (FQHC)           |           |           |           |                      |                                             | 89                  |
| 90                                      | Clinic                                             | 63        |           |           | 25,838               |                                             | 90                  |
| 91                                      | Emergency                                          | 345,297   |           |           | 226,448              |                                             | 91                  |
| 92                                      | Observation Beds                                   |           |           |           |                      |                                             | 92                  |
| 93                                      | Other Outpatient Service (specify)                 |           |           |           |                      |                                             | 93                  |
| OTHER REIMBURSABLE COST CENTERS         |                                                    |           |           |           |                      |                                             |                     |
| 94                                      | Home Program Dialysis                              |           |           |           |                      |                                             | 94                  |
| 95                                      | Ambulance Services                                 |           |           |           | 79,420               |                                             | 95                  |
| 96                                      | Durable Medical Equipment-Rented                   |           |           |           |                      |                                             | 96                  |
| 97                                      | Durable Medical Equipment-Sold                     |           |           |           |                      |                                             | 97                  |
| 98                                      | Other Reimbursable (specify)                       |           |           |           |                      |                                             | 98                  |
| 99                                      | Outpatient Rehabilitation Provider (specify)       |           |           |           |                      |                                             | 99                  |
| 100                                     | Interim-Resident Service (not appvd. techng prgm.) |           |           |           |                      |                                             | 100                 |
| 101                                     | Home Health Agency                                 |           |           |           |                      |                                             | 101                 |
| SPECIAL PURPOSE COST CENTERS            |                                                    |           |           |           |                      |                                             |                     |
| 105                                     | Kidney Acquisition                                 |           |           |           |                      |                                             | 105                 |
| 106                                     | Heart Acquisition                                  |           |           |           |                      |                                             | 106                 |
| 107                                     | Liver Acquisition                                  |           |           |           |                      |                                             | 107                 |
| 108                                     | Lung Acquisition                                   |           |           |           |                      |                                             | 108                 |
| 109                                     | Pancreas Acquisition                               |           |           |           |                      |                                             | 109                 |
| 110                                     | Intestinal Acquisition                             |           |           |           |                      |                                             | 110                 |
| 111                                     | Islet Acquisition                                  |           |           |           |                      |                                             | 111                 |
| 112                                     | Other Organ Acquisition (specify)                  |           |           |           |                      |                                             | 112                 |
| 115                                     | Ambulatory Surgical Center (Distinct Part)         |           |           |           |                      |                                             | 115                 |
| 116                                     | Hospice                                            |           |           |           |                      |                                             | 116                 |
| 117                                     | Other Special Purpose (specify)                    |           |           |           |                      |                                             | 117                 |
| 118                                     | SUBTOTALS (sum of lines 1-117)                     | 3,706,346 | 2,584,438 | 4,674,414 | 4,725,025            |                                             | 118                 |
| NONREIMBURSABLE COST CENTERS            |                                                    |           |           |           |                      |                                             |                     |
| 190                                     | Gift, Flower, Coffee Shop, & Canteen               |           |           |           |                      |                                             | 190                 |
| 191                                     | Research                                           |           |           |           |                      |                                             | 191                 |
| 192                                     | Physicians' Private Offices                        |           |           |           |                      |                                             | 192                 |
| 193                                     | Nonpaid Workers                                    |           |           |           |                      |                                             | 193                 |
| 194                                     | Other Nonreimbursable (specify)                    |           |           |           | 5,699                |                                             | 194                 |
| 200                                     | Cross Foot Adjustments                             |           |           |           |                      |                                             | 200                 |
| 201                                     | Negative Cost Centers                              |           |           |           |                      |                                             | 201                 |

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

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PET-EX081B.0046

RECORD 007651

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

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| COST ALLOCATION - GENERAL SERVICE COSTS |                                               |  |  | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET B, PART I |       |
|-----------------------------------------|-----------------------------------------------|--|--|----------------------|---------------------------------------------|---------------------|-------|
| 43                                      | Nursery                                       |  |  |                      | 3,479,382                                   | 3,479,382           | 43    |
| 44                                      | Skilled Nursing Facility                      |  |  |                      |                                             |                     | 44    |
| 45                                      | Nursing Facility                              |  |  |                      |                                             |                     | 45    |
| 46                                      | Other Long Term Care                          |  |  |                      |                                             |                     | 46    |
| ANCILLARY SERVICE COST CENTERS          |                                               |  |  |                      |                                             |                     |       |
| 50                                      | Operating Room                                |  |  |                      | 14,763,704                                  | 14,763,704          | 50    |
| 51                                      | Recovery Room                                 |  |  |                      |                                             |                     | 51    |
| 52                                      | Labor Room and Delivery Room                  |  |  |                      | 4,235,767                                   | 4,235,767           | 52    |
| 53                                      | Anesthesiology                                |  |  |                      |                                             |                     | 53    |
| 54                                      | Radiology-Diagnostic                          |  |  |                      | 9,755,884                                   | 9,755,884           | 54    |
| 55                                      | Radiology-Therapeutic                         |  |  |                      |                                             |                     | 55    |
| 56                                      | Radioisotope                                  |  |  |                      |                                             |                     | 56    |
| 57                                      | Computed Tomography (CT) Scan                 |  |  |                      |                                             |                     | 57    |
| 58                                      | Magnetic Resonance Imaging (MRI)              |  |  |                      | 521,896                                     | 521,896             | 58    |
| 59                                      | Cardiac Catheterization                       |  |  |                      |                                             |                     | 59    |
| 60                                      | Laboratory                                    |  |  |                      | 12,884,488                                  | 12,884,488          | 60    |
| 60.45                                   | Vascular Lab                                  |  |  |                      | 4,289,750                                   | 4,289,750           | 60.45 |
| 61                                      | FBP Clinical Laboratory Services-Program Only |  |  |                      |                                             |                     | 61    |
| 62                                      | Whole Blood & Packed Red Blood Cells          |  |  |                      |                                             |                     | 62    |
| 63                                      | Blood Storing, Processing, & Trans.           |  |  |                      |                                             |                     | 63    |
| 64                                      |                                               |  |  |                      | 3,462,767                                   | 3,462,767           | 64    |
| 65                                      | Respiratory Therapy                           |  |  |                      | 2,966,799                                   | 2,966,799           | 65    |
| 66                                      | Physical Therapy                              |  |  |                      | 1,680,905                                   | 1,680,905           | 66    |
| 67                                      | Occupational Therapy                          |  |  |                      | 140,999                                     | 140,999             | 67    |
| 68                                      | Speech Pathology                              |  |  |                      | 185,966                                     | 185,966             | 68    |
| 69                                      | Electrocardiology                             |  |  |                      | 1,449,583                                   | 1,449,583           | 69    |
| 70                                      | Electroencephalography                        |  |  |                      | 763,994                                     | 763,994             | 70    |
| 71                                      | Medical Supplies Charged to Patients          |  |  |                      | 14,695,567                                  | 14,695,567          | 71    |
| 72                                      | Implantable Devices Charged to Patients       |  |  |                      | 15,139,684                                  | 15,139,684          | 72    |
| 73                                      | Drugs Charged to Patients                     |  |  |                      | 15,150,076                                  | 15,150,076          | 73    |
| 74                                      | Renal Dialysis                                |  |  |                      | 607,533                                     | 607,533             | 74    |
| 75                                      | ASC (Non-Distinct Part)                       |  |  |                      |                                             |                     | 75    |
| 76                                      | Other Ancillary (specify)                     |  |  |                      |                                             |                     | 76    |
| 76.50                                   | Other Ancillary Cost Centers                  |  |  |                      | 2,910,129                                   | 2,910,129           | 76.50 |
| OUTPATIENT SERVICE COST CENTERS         |                                               |  |  |                      |                                             |                     |       |
| 88                                      | Rural Health Clinic (RHC)                     |  |  |                      |                                             |                     | 88    |
| 89                                      | Federally Qualified Health Center (FQHC)      |  |  |                      |                                             |                     | 89    |
| 90                                      | Clinic                                        |  |  |                      | 1,554,425                                   | 1,554,425           | 90    |
| 91                                      | Emergency                                     |  |  |                      | 9,778,591                                   | 9,778,591           | 91    |
| 92                                      | Observation Beds                              |  |  |                      |                                             |                     | 92    |

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| COST ALLOCATION - GENERAL SERVICE COSTS                                                                    |                                                  |  | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET B, PART I |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--|----------------------|---------------------------------------------|---------------------|
| 93                                                                                                         | Other Outpatient Service (specify)               |  |                      |                                             | 93                  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>                                                                     |                                                  |  |                      |                                             |                     |
| 94                                                                                                         | Home Program Dialysis                            |  |                      |                                             | 94                  |
| 95                                                                                                         | Ambulance Services                               |  |                      | 12,154,350                                  | 95                  |
| 96                                                                                                         | Durable Medical Equipment-Rented                 |  |                      |                                             | 96                  |
| 97                                                                                                         | Durable Medical Equipment-Sold                   |  |                      |                                             | 97                  |
| 98                                                                                                         | Other Reimbursable (specify)                     |  |                      |                                             | 98                  |
| 99                                                                                                         | Outpatient Rehabilitation Provider (specify)     |  |                      |                                             | 99                  |
| 100                                                                                                        | Intern-Resident Service (not appvd. tchg. prgm.) |  |                      |                                             | 100                 |
| 101                                                                                                        | Home Health Agency                               |  |                      |                                             | 101                 |
| <b>SPECIAL PURPOSE COST CENTERS</b>                                                                        |                                                  |  |                      |                                             |                     |
| 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                                                                                                        | Intst Acquisition                                |  |                      |                                             | 111                 |
| 112                                                                                                        | Other Organ Acquisition (specify)                |  |                      |                                             | 112                 |
| 115                                                                                                        | Ambulatory Surgical Center (Distinct Part)       |  |                      |                                             | 115                 |
| 116                                                                                                        | Hospice                                          |  |                      |                                             | 116                 |
| 117                                                                                                        | Other Special Purpose (specify)                  |  |                      |                                             | 117                 |
| 118                                                                                                        | SUBTOTALS (sum of lines 1-117)                   |  |                      | 188,788,592                                 | 118                 |
| <b>NONREIMBURSABLE COST CENTERS</b>                                                                        |                                                  |  |                      |                                             |                     |
| 190                                                                                                        | Grt, Flower, Coffee Shop, & Canteen              |  |                      | 57,221                                      | 190                 |
| 191                                                                                                        | Research                                         |  |                      |                                             | 191                 |
| 192                                                                                                        | Physicians' Private Offices                      |  |                      | 13,086                                      | 192                 |
| 193                                                                                                        | Nonpaid Workers                                  |  |                      |                                             | 193                 |
| 194                                                                                                        | Other Nonreimbursable (specify)                  |  |                      | 3,118,050                                   | 194                 |
| 200                                                                                                        | Cross Ford Adjustments                           |  |                      |                                             | 200                 |
| 201                                                                                                        | Negative Cost Centers                            |  |                      |                                             | 201                 |
| 202                                                                                                        | TOTAL (sum lines 118-201)                        |  |                      | 191,976,960                                 | 202                 |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-JI, SECTION 4020) |                                                  |  |                      |                                             |                     |
| Rev. 2                                                                                                     |                                                  |  | 4090 (Cont.) - 08-11 |                                             |                     |

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PET-EX081B.0049

RECORD 007654

ALLOCATION OF CAPITAL-RELATED COSTS

Provider CCN: 420002

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

WORKSHEET B, PART II

| COST CENTER DESCRIPTIONS                             | DIRECTLY<br>ASSIGNED<br>NEW CAPITAL<br>RELATED<br>COSTS | CAPITAL RELATED COSTS<br>BLDG. &<br>FIXTURES | MOVABLE<br>EQUIPMENT | SUBTOTAL<br>(sum of<br>cols. 0-2) | EMPLOYEE<br>BENEFITS | ADMINIS-<br>TRATIVE &<br>GENERAL | MAIN-<br>TENANCE<br>& REPAIRS | OPERATION<br>OF PLANT | LAUNDRY<br>& LINEN<br>SERVICE | HOUSE-<br>KEEPING | DIETARY | CAFETERIA |    |
|------------------------------------------------------|---------------------------------------------------------|----------------------------------------------|----------------------|-----------------------------------|----------------------|----------------------------------|-------------------------------|-----------------------|-------------------------------|-------------------|---------|-----------|----|
|                                                      | 0                                                       | 1                                            | 2                    | 2A                                | 4                    | 5                                | 6                             | 7                     | 8                             | 9                 | 10      | 11        |    |
| GENERAL SERVICE COST CENTERS                         |                                                         |                                              |                      |                                   |                      |                                  |                               |                       |                               |                   |         |           |    |
| 1 Capital Related Costs-Buildings and Fixtures       |                                                         |                                              |                      |                                   |                      |                                  |                               |                       |                               |                   |         |           | 1  |
| 2 Capital Related Costs-Movable Equipment            |                                                         |                                              |                      |                                   |                      |                                  |                               |                       |                               |                   |         |           | 2  |
| 4                                                    |                                                         | 82,534                                       | 98,862               | 181,396                           | 181,396              |                                  |                               |                       |                               |                   |         |           | 4  |
| 5 Administrative and General                         | 1,487,196                                               | 330,456                                      | 808,191              | 2,625,843                         | 16,481               | 2,642,324                        |                               |                       |                               |                   |         |           | 5  |
| 6 Maintenance and Repairs                            |                                                         |                                              |                      |                                   |                      |                                  |                               |                       |                               |                   |         |           | 6  |
| 7 Operation of Plant                                 |                                                         | 1,406,497                                    | 1,684,743            | 3,091,240                         | 1,868                | 177,800                          |                               | 3,270,908             |                               |                   |         |           | 7  |
| 8 Laundry and Linen Service                          |                                                         | 76,055                                       | 91,180               | 167,155                           |                      | 21,042                           |                               | 56,965                | 245,162                       |                   |         |           | 8  |
| 9 Housekeeping                                       |                                                         | 24,381                                       | 29,204               | 53,585                            |                      | 41,162                           |                               | 18,261                |                               | 113,008           |         |           | 9  |
| 10 Dietary                                           |                                                         | 186,817                                      | 223,775              | 410,592                           |                      | 16,355                           |                               | 139,927               |                               | 4,948             | 571,822 |           | 10 |
| 11 Cafeteria                                         |                                                         |                                              |                      |                                   |                      | 26,259                           |                               |                       |                               |                   |         | 26,259    | 11 |
| 12 Maintenance of Personnel                          |                                                         |                                              |                      |                                   |                      |                                  |                               |                       |                               |                   |         |           | 12 |
| 13 Nursing Administration                            | 9                                                       | 64,980                                       | 77,835               | 142,824                           | 5,159                | 46,896                           |                               | 48,670                |                               | 1,721             |         | 831       | 13 |
| 14 Central Services and Supply                       |                                                         | 166,952                                      | 199,979              | 366,931                           | 1,368                | 26,905                           |                               | 125,048               |                               | 4,422             |         | 220       | 14 |
| 15 Pharmacy                                          |                                                         | 54,292                                       | 65,033               | 119,325                           | 7,219                | 60,429                           |                               | 40,665                |                               | 1,438             |         | 1,163     | 15 |
| 16 Medical Records & Medical Records Library         | 28,521                                                  | 31,288                                       | 37,477               | 97,286                            | 5,072                | 62,443                           |                               | 23,435                |                               | 829               |         | 817       | 16 |
| 17 Social Service                                    |                                                         |                                              |                      |                                   |                      |                                  |                               |                       |                               |                   |         |           | 17 |
| 18 Other General Service (specify)                   |                                                         |                                              |                      |                                   |                      |                                  |                               |                       |                               |                   |         |           | 18 |
| 19 Nonphysician Anesthetists                         |                                                         |                                              |                      |                                   |                      |                                  |                               |                       |                               |                   |         |           | 19 |
| 20 Nursing School                                    |                                                         |                                              |                      |                                   |                      |                                  |                               |                       |                               |                   |         |           | 20 |
| 21 Intern & Res. Service-Salary & Fringes (Approved) |                                                         |                                              |                      |                                   |                      |                                  |                               |                       |                               |                   |         |           | 21 |
| 22 Intern & Res. Other Program Costs (Approved)      |                                                         |                                              |                      |                                   |                      |                                  |                               |                       |                               |                   |         |           | 22 |
| 23 Paramedical Education Program (specify)           |                                                         |                                              |                      |                                   |                      |                                  |                               |                       |                               |                   |         |           | 23 |
| INPATIENT ROUTINE SERVICE COST CENTERS               |                                                         |                                              |                      |                                   |                      |                                  |                               |                       |                               |                   |         |           |    |
| 30 Adults and Pediatrics (General Routine Care)      | 59                                                      | 1,407,416                                    | 1,685,846            | 3,093,321                         | 45,920               | 454,367                          |                               | 1,054,163             | 189,465                       | 37,280            | 441,914 | 7,386     | 30 |
| 31 Intensive Care Unit                               | 14                                                      | 237,475                                      | 284,455              | 521,944                           | 9,657                | 94,158                           |                               | 177,870               | 18,748                        | 6,290             | 43,727  | 1,556     | 31 |
| 32 Coronary Care Unit                                |                                                         |                                              |                      |                                   |                      |                                  |                               |                       |                               |                   |         |           | 32 |
| 33 Burn Intensive Care Unit                          |                                                         |                                              |                      |                                   |                      |                                  |                               |                       |                               |                   |         |           | 33 |
| 34 Surgical Intensive Care Unit                      |                                                         |                                              |                      |                                   |                      |                                  |                               |                       |                               |                   |         |           | 34 |
| 35 Other Special Care Unit (specify)                 |                                                         |                                              |                      |                                   |                      |                                  |                               |                       |                               |                   |         |           | 35 |
| 40 Subprovider IPF                                   | 116                                                     | 129,278                                      | 154,853              | 284,247                           | 3,820                | 38,608                           |                               | 96,830                | 18,608                        | 3,424             | 43,403  | 616       | 40 |
| 41 Subprovider IRF                                   |                                                         |                                              |                      |                                   |                      |                                  |                               |                       |                               |                   |         |           | 41 |

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PET-EX081B.0050

RECORD 007655

| ALLOCATION OF CAPITAL-RELATED COSTS |                                               |         |         |         |           |        |         | Provider CCN: 420002 | PERIOD<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET B, PART<br>II |       |
|-------------------------------------|-----------------------------------------------|---------|---------|---------|-----------|--------|---------|----------------------|--------------------------------------------|-------------------------|-------|
| 42                                  | Subprovider (specify)                         |         |         |         |           |        |         |                      |                                            |                         | 42    |
| 43                                  | Nursery                                       | 190,878 | 228,639 | 419,517 | 2,882     | 31,725 | 142,969 | 18,341               | 5,056                                      | 42,778                  | 464   |
| 44                                  | Skilled Nursing Facility                      |         |         |         |           |        |         |                      |                                            |                         | 44    |
| 45                                  | Nursing Facility                              |         |         |         |           |        |         |                      |                                            |                         | 45    |
| 46                                  | Other Long Term Care                          |         |         |         |           |        |         |                      |                                            |                         | 46    |
| ANCILLARY SERVICE COST CENTERS      |                                               |         |         |         |           |        |         |                      |                                            |                         |       |
| 50                                  | Operating Room                                | 649     | 545,408 | 653,305 | 1,199,362 | 15,626 | 161,827 | 408,513              | 14,446                                     |                         | 2,518 |
| 51                                  | Recovery Room                                 |         |         |         |           |        |         |                      |                                            |                         | 51    |
| 52                                  | Labor Room and Delivery Room                  |         | 181,861 | 217,838 | 399,699   | 4,555  | 45,719  | 136,214              | 4,817                                      |                         | 734   |
| 53                                  | Anesthesiology                                |         |         |         |           |        |         |                      |                                            |                         | 53    |
| 54                                  | Radiology-Diagnostic                          | 44,383  | 227,256 | 293,496 | 565,135   | 9,404  | 113,708 | 170,216              | 6,019                                      |                         | 1,515 |
| 55                                  | Radiology-Therapeutic                         |         |         |         |           |        |         |                      |                                            |                         | 55    |
| 56                                  | Radiolabels                                   |         |         |         |           |        |         |                      |                                            |                         | 56    |
| 57                                  | Computed Tomography (CT) Scan                 |         |         |         |           |        |         |                      |                                            |                         | 57    |
| 58                                  | Magnetic Resonance Imaging (MRI)              |         | 19,197  | 22,995  | 42,192    | 549    | 5,274   | 14,379               | 508                                        |                         | 88    |
| 59                                  | Cardiac Catheterization                       |         |         |         |           |        |         |                      |                                            |                         | 59    |
| 60                                  | Laboratory                                    | 2,116   | 118,658 | 142,131 | 262,905   | 8,189  | 163,676 | 88,875               | 3,143                                      |                         | 1,320 |
| 60.45                               | Vascular Lab                                  | 3,274   | 160,686 | 192,474 | 356,434   | 3,700  | 44,742  | 120,355              | 4,256                                      |                         | 596   |
| 61                                  | FBP Clinical Laboratory Services-Program Only |         |         |         |           |        |         |                      |                                            |                         | 61    |
| 62                                  | Whole Blood & Packed Red Blood Cells          |         |         |         |           |        |         |                      |                                            |                         | 62    |
| 63                                  | Blood Storing, Processing, & Trans.           |         |         |         |           |        |         |                      |                                            |                         | 63    |
| 64                                  | Intravenous Therapy                           |         | 74,986  | 89,800  | 164,806   | 539    | 40,191  | 56,165               | 1,986                                      |                         | 87    |
| 65                                  | Respiratory Therapy                           | 911     | 40,626  | 48,663  | 90,200    | 4,199  | 36,961  | 30,429               | 1,076                                      |                         | 677   |
| 66                                  | Physical Therapy                              |         | 16,873  | 20,211  | 37,084    | 2,325  | 21,463  | 12,638               | 447                                        |                         | 375   |
| 67                                  | Occupational Therapy                          |         |         |         |           | 237    | 1,852   |                      |                                            |                         | 38    |
| 68                                  | Speech Pathology                              |         |         |         |           | 318    | 2,471   |                      |                                            |                         | 51    |
| 69                                  | Electrocardiology                             |         | 16,312  | 19,539  | 35,851    | 1,764  | 17,252  | 12,218               | 432                                        |                         | 284   |
| 70                                  | Electroencephalography                        | 53,429  | 1,857   | 46,742  | 102,028   | 222    | 10,129  | 1,391                | 49                                         |                         | 36    |
| 71                                  | Medical Supplies Charged to Patients          |         |         |         |           |        | 177,451 |                      |                                            |                         | 71    |
| 72                                  | Implantable Devices Charged to Patients       |         |         |         |           |        | 187,139 |                      |                                            |                         | 72    |
| 73                                  | Drugs Charged to Patients                     |         |         |         |           |        | 134,770 |                      |                                            |                         | 73    |
| 74                                  | Renal Dialysis                                |         | 11,382  | 13,634  | 25,016    |        | 7,668   | 8,525                | 301                                        |                         | 74    |
| 75                                  | ASC (Non-Distinct Part)                       |         |         |         |           |        |         |                      |                                            |                         | 75    |
| 76                                  | Other Ancillary (specify)                     |         |         |         |           |        |         |                      |                                            |                         | 76    |
| 76.30                               | Other Ancillary Cost Centers                  | 88,020  | 6,479   | 197,756 | 473,441   | 3,213  | 37,424  | 4,853                | 172                                        |                         | 519   |
| OUTPATIENT SERVICE COST CENTERS     |                                               |         |         |         |           |        |         |                      |                                            |                         |       |
| 88                                  | Rural Health Clinic (RHC)                     |         |         |         |           |        |         |                      |                                            |                         | 88    |
| 89                                  | Federally Qualified Health Center (FQHC)      |         |         |         |           |        |         |                      |                                            |                         | 89    |
| 90                                  | Clinic                                        | 146,337 |         | 165,095 | 311,432   | 1,435  | 20,808  |                      |                                            |                         | 231   |
| 91                                  | Emergency                                     |         | 209,194 | 250,578 | 459,772   | 9,371  | 114,630 | 156,687              | 5,541                                      |                         | 1,510 |

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PET-EX081B.0051

RECORD 007656

| ALLOCATION OF CAPITAL-RELATED COSTS                                                                        |                                                    |           |           |           |            |         | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET B, PART<br>II |         |         |        |     |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------|-----------|-----------|------------|---------|----------------------|---------------------------------------------|-------------------------|---------|---------|--------|-----|
| 92                                                                                                         | Observation Beds                                   |           |           |           |            |         |                      |                                             |                         |         | 92      |        |     |
| 93                                                                                                         | Other Outpatient Service (specify)                 |           |           |           |            |         |                      |                                             |                         |         | 93      |        |     |
| OTHER REIMBURSABLE COST CENTERS                                                                            |                                                    |           |           |           |            |         |                      |                                             |                         |         |         |        |     |
| 94                                                                                                         | Home Program Dialysis                              |           |           |           |            |         |                      |                                             |                         |         | 94      |        |     |
| 95                                                                                                         | Ambulance Services                                 | 110,796   | 125,204   | 311,003   | 547,003    | 15,677  | 157,340              | 93,778                                      | 3,316                   | 2,526   | 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                                                                                                        | Intra-Resident Service (not apptd. tech.<br>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                                                                                                        | Uter Acquisition                                   |           |           |           |            |         |                      |                                             |                         |         | 111     |        |     |
| 112                                                                                                        | Other Organ Acquisition (specify)                  |           |           |           |            |         |                      |                                             |                         |         | 112     |        |     |
| 115                                                                                                        | Ambulatory Surgical Center (Distinct Part)         |           |           |           |            |         |                      |                                             |                         |         | 115     |        |     |
| 116                                                                                                        | Hospice                                            |           |           |           |            |         |                      |                                             |                         |         | 116     |        |     |
| 117                                                                                                        | Other Special Purpose (specify)                    |           |           |           |            |         |                      |                                             |                         |         | 117     |        |     |
| 118                                                                                                        | SUBTOTALS (sum of lines 1-117)                     | 2,147,016 | 6,145,278 | 8,355,272 | 16,647,566 | 180,769 | 2,600,704            | 3,240,039                                   | 245,162                 | 111,917 | 571,822 | 26,158 | 118 |
| NONREIMBURSABLE COST CENTERS                                                                               |                                                    |           |           |           |            |         |                      |                                             |                         |         |         |        |     |
| 190                                                                                                        | Gift, Flower, Coffee Shop, & Canteen               |           | 11,449    |           | 11,449     |         | 208                  | 8,575                                       |                         | 303     |         |        | 190 |
| 191                                                                                                        | Research                                           |           |           |           |            |         |                      |                                             |                         |         |         |        | 191 |
| 192                                                                                                        | Physicians' Private Offices                        |           | 2,618     |           | 2,618      |         | 48                   | 1,961                                       |                         | 69      |         |        | 192 |
| 193                                                                                                        | Nonpaid Workers                                    |           |           |           |            |         |                      |                                             |                         |         |         |        | 193 |
| 194                                                                                                        | Other Nonreimbursable (specify)                    |           | 27,146    | 32,516    | 59,662     | 627     | 41,364               | 20,333                                      |                         | 719     |         | 101    | 194 |
| 200                                                                                                        | Gross Foot Adjustments                             |           |           |           |            |         |                      |                                             |                         |         |         |        | 200 |
| 201                                                                                                        | Negative Cost Centers                              |           |           |           |            |         |                      |                                             |                         |         |         |        | 201 |
| 202                                                                                                        | TOTAL (sum lines 118-201)                          | 2,147,016 | 6,186,491 | 8,387,788 | 16,721,295 | 181,396 | 2,642,324            | 3,270,908                                   | 245,162                 | 113,008 | 571,822 | 26,259 | 202 |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4021) |                                                    |           |           |           |            |         |                      |                                             |                         |         |         |        |     |
| 40-546 - 08-11                                                                                             |                                                    |           |           |           |            |         |                      |                                             |                         |         |         | Rev. 2 |     |

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PET-EX081B.0052

RECORD 007657

| ALLOCATION OF CAPITAL-RELATED COSTS                     |          |                               |                                |                                 | Provider CCN- 420002 |                                 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |                             | WORKSHEET B, PART II             |    |
|---------------------------------------------------------|----------|-------------------------------|--------------------------------|---------------------------------|----------------------|---------------------------------|---------------------------------------------|-----------------------------|----------------------------------|----|
| COST CENTER DESCRIPTIONS                                | CATERING | MAIN- TENANCE<br>OF PERSONNEL | NURSING<br>ADMINIS-<br>TRATION | CENTRAL<br>SERVICES<br>& SUPPLY | PHARMACY             | MEDICAL<br>RECORDS<br>& LIBRARY | SOCIAL SERVICE                              | OTHER<br>GENERAL<br>SERVICE | NON- PHYSICIAN<br>ANES- THETISTS |    |
|                                                         | 11       | 12                            | 13                             | 14                              | 15                   | 16                              | 17                                          | 18                          | 19                               |    |
| <b>GENERAL SERVICE COST CENTERS</b>                     |          |                               |                                |                                 |                      |                                 |                                             |                             |                                  |    |
| 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                                            | 26,259   |                               |                                |                                 |                      |                                 |                                             |                             |                                  | 11 |
| 12 Maintenance of Personnel                             |          |                               |                                |                                 |                      |                                 |                                             |                             |                                  | 12 |
| 13 Nursing Administration                               | 831      |                               | 246,101                        |                                 |                      |                                 |                                             |                             |                                  | 13 |
| 14 Central Services and Supply                          | 220      |                               |                                | 524,894                         |                      |                                 |                                             |                             |                                  | 14 |
| 15 Pharmacy                                             | 1,163    |                               |                                |                                 | 230,239              |                                 |                                             |                             |                                  | 15 |
| 16 Medical Records & Medical Records Library            | 817      |                               | 1,309                          |                                 |                      | 191,191                         |                                             |                             |                                  | 16 |
| 17 Social Service                                       |          |                               |                                |                                 |                      |                                 |                                             |                             |                                  | 17 |
| 18 Other General Service (specify)                      |          |                               |                                |                                 |                      |                                 |                                             |                             |                                  | 18 |
| 19 Nonphysician Anesthetists                            |          |                               |                                |                                 |                      |                                 |                                             |                             |                                  | 19 |
| 20 Nursing School                                       |          |                               |                                |                                 |                      |                                 |                                             |                             |                                  | 20 |
| 21 Intern & Res. Service-Salary & Fringes<br>(Approved) |          |                               |                                |                                 |                      |                                 |                                             |                             |                                  | 21 |
| 22 Intern & Res. Other Program Costs<br>(Approved)      |          |                               |                                |                                 |                      |                                 |                                             |                             |                                  | 22 |
| 23 Paramedical Education Program (specify)              |          |                               |                                |                                 |                      |                                 |                                             |                             |                                  | 23 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b>           |          |                               |                                |                                 |                      |                                 |                                             |                             |                                  |    |
| 30 Adults and Pediatrics (General Routine Care)         | 7,386    |                               | 118,832                        |                                 |                      | 20,479                          |                                             |                             |                                  | 30 |
| 31 Intensive Care Unit                                  | 1,556    |                               | 23,336                         |                                 |                      | 4,145                           |                                             |                             |                                  | 31 |
| 32 Coronary Care Unit                                   |          |                               |                                |                                 |                      |                                 |                                             |                             |                                  | 32 |
| 33 Burn Intensive Care Unit                             |          |                               |                                |                                 |                      |                                 |                                             |                             |                                  | 33 |
| 34 Surgical Intensive Care Unit                         |          |                               |                                |                                 |                      |                                 |                                             |                             |                                  | 34 |
| 35 Other Special Care Unit (specify)                    |          |                               |                                |                                 |                      |                                 |                                             |                             |                                  | 35 |
| 40 Subprovider IPF                                      | 616      |                               | 11,332                         |                                 |                      | 2,197                           |                                             |                             |                                  | 40 |
| 41 Subprovider IRF                                      |          |                               |                                |                                 |                      |                                 |                                             |                             |                                  | 41 |
| 42 Subprovider (specify)                                |          |                               |                                |                                 |                      |                                 |                                             |                             |                                  | 42 |

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| ALLOCATION OF CAPITAL-RELATED COSTS |                                               |       |        | Provider CCN: 420002 |         | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |  | WORKSHEET B, PART II |
|-------------------------------------|-----------------------------------------------|-------|--------|----------------------|---------|---------------------------------------------|--|----------------------|
| 43                                  | Nursery                                       | 464   | 9,072  |                      | 1,252   |                                             |  | 43                   |
| 44                                  | Skilled Nursing Facility                      |       |        |                      |         |                                             |  | 44                   |
| 45                                  | Nursing Facility                              |       |        |                      |         |                                             |  | 45                   |
| 46                                  | Other Long Term Care                          |       |        |                      |         |                                             |  | 46                   |
| ANCILLARY SERVICE COST CENTERS      |                                               |       |        |                      |         |                                             |  |                      |
| 50                                  | Operating Room                                | 2,518 | 31,634 |                      | 13,817  |                                             |  | 50                   |
| 51                                  | Recovery Room                                 |       |        |                      |         |                                             |  | 51                   |
| 52                                  | Labor Room and Delivery Room                  | 734   | 10,452 |                      | 1,409   |                                             |  | 52                   |
| 53                                  | Anesthesiology                                |       |        |                      |         |                                             |  | 53                   |
| 54                                  | Radiology-Diagnostic                          | 1,515 | 1,124  |                      | 21,485  |                                             |  | 54                   |
| 55                                  | Radiology-Therapeutic                         |       |        |                      |         |                                             |  | 55                   |
| 56                                  | Radioisotope                                  |       |        |                      |         |                                             |  | 56                   |
| 57                                  | Computed Tomography (CT) Scan                 |       |        |                      |         |                                             |  | 57                   |
| 58                                  | Magnetic Resonance Imaging (MRI)              | 88    | 7      |                      | 2,487   |                                             |  | 58                   |
| 59                                  | Cardiac Catheterization                       |       |        |                      |         |                                             |  | 59                   |
| 60                                  | Laboratory                                    | 1,320 | 11     |                      | 18,596  |                                             |  | 60                   |
| 60.45                               | Vascular Lab                                  | 596   | 7,399  |                      | 11,855  |                                             |  | 60.45                |
| 61                                  | PBP Clinical Laboratory Services-Program Only |       |        |                      |         |                                             |  | 61                   |
| 62                                  | Whole Blood & Packed Red Blood Cells          |       |        |                      |         |                                             |  | 62                   |
| 63                                  | Blood Storing, Processing, & Trans.           |       |        |                      |         |                                             |  | 63                   |
| 64                                  | Intravenous Therapy                           | 87    | 1,094  |                      | 9,860   |                                             |  | 64                   |
| 65                                  | Respiratory Therapy                           | 677   | 231    |                      | 3,210   |                                             |  | 65                   |
| 66                                  | Physical Therapy                              | 375   |        |                      | 1,306   |                                             |  | 66                   |
| 67                                  | Occupational Therapy                          | 38    |        |                      | 148     |                                             |  | 67                   |
| 68                                  | Speech Pathology                              | 51    |        |                      | 151     |                                             |  | 68                   |
| 69                                  | Electrocardiology                             | 284   | 1,082  |                      | 4,008   |                                             |  | 69                   |
| 70                                  | Electroencephalography                        | 36    | 3      |                      | 752     |                                             |  | 70                   |
| 71                                  | Medical Supplies Charged to Patients          |       |        | 257,198              | 21,667  |                                             |  | 71                   |
| 72                                  | Implantable Devices Charged to Patients       |       |        | 267,696              | 9,099   |                                             |  | 72                   |
| 73                                  | Drugs Charged to Patients                     |       |        |                      | 230,239 | 27,871                                      |  | 73                   |
| 74                                  | Renal Dialysis                                |       |        |                      | 346     |                                             |  | 74                   |
| 75                                  | ASC (Non-Distinct Part)                       |       |        |                      |         |                                             |  | 75                   |
| 76                                  | Other Ancillary (specify)                     |       |        |                      |         |                                             |  | 76                   |
| 76.30                               | Other Ancillary Cost Centers                  | 519   | 6,252  |                      | 1,439   |                                             |  | 76.30                |
| OUTPATIENT SERVICE COST CENTERS     |                                               |       |        |                      |         |                                             |  |                      |
| 88                                  | Rural Health Clinic (RHC)                     |       |        |                      |         |                                             |  | 88                   |
| 89                                  | Federally Qualified Health Center (FQHC)      |       |        |                      |         |                                             |  | 89                   |
| 90                                  | Clinic                                        | 231   | 4      |                      | 1,043   |                                             |  | 90                   |
| 91                                  | Emergency                                     | 1,510 | 22,927 |                      | 9,140   |                                             |  | 91                   |
| 92                                  | Observation Beds                              |       |        |                      |         |                                             |  | 92                   |

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| ALLOCATION OF CAPITAL-RELATED COSTS                                                                        |                                                 |        |  |         | Provider CCN: 420002 |         | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |  | WORKSHEET B, PART II |        |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------|--|---------|----------------------|---------|---------------------------------------------|--|----------------------|--------|
| 93                                                                                                         | Other Outpatient Service (specify)              |        |  |         |                      |         |                                             |  |                      | 93     |
| OTHER REIMBURSABLE COST CENTERS                                                                            |                                                 |        |  |         |                      |         |                                             |  |                      |        |
| 94                                                                                                         | Home Program Dialysis                           |        |  |         |                      |         |                                             |  |                      | 94     |
| 95                                                                                                         | Ambulance Services                              | 2,526  |  |         |                      | 3,205   |                                             |  |                      | 95     |
| 96                                                                                                         | Durable Medical Equipment-Rented                |        |  |         |                      |         |                                             |  |                      | 96     |
| 97                                                                                                         | Durable Medical Equipment-Sold                  |        |  |         |                      |         |                                             |  |                      | 97     |
| 98                                                                                                         | Other Reimbursable (specify)                    |        |  |         |                      |         |                                             |  |                      | 98     |
| 99                                                                                                         | Outpatient Rehabilitation Provider (specify)    |        |  |         |                      |         |                                             |  |                      | 99     |
| 100                                                                                                        | Intra-Resident Service (not appvd. tech. prgm.) |        |  |         |                      |         |                                             |  |                      | 100    |
| 101                                                                                                        | Home Health Agency                              |        |  |         |                      |         |                                             |  |                      | 101    |
| SPECIAL PURPOSE COST CENTERS                                                                               |                                                 |        |  |         |                      |         |                                             |  |                      |        |
| 105                                                                                                        | Kidney Acquisition                              |        |  |         |                      |         |                                             |  |                      | 105    |
| 106                                                                                                        | Heart Acquisition                               |        |  |         |                      |         |                                             |  |                      | 106    |
| 107                                                                                                        | Liver Acquisition                               |        |  |         |                      |         |                                             |  |                      | 107    |
| 108                                                                                                        | Lung Acquisition                                |        |  |         |                      |         |                                             |  |                      | 108    |
| 109                                                                                                        | Pancreas Acquisition                            |        |  |         |                      |         |                                             |  |                      | 109    |
| 110                                                                                                        | Intestinal Acquisition                          |        |  |         |                      |         |                                             |  |                      | 110    |
| 111                                                                                                        | Islet Acquisition                               |        |  |         |                      |         |                                             |  |                      | 111    |
| 112                                                                                                        | Other Organ Acquisition (specify)               |        |  |         |                      |         |                                             |  |                      | 112    |
| 115                                                                                                        | Ambulatory Surgical Center (Distinct Part)      |        |  |         |                      |         |                                             |  |                      | 115    |
| 116                                                                                                        | Hospice                                         |        |  |         |                      |         |                                             |  |                      | 116    |
| 117                                                                                                        | Other Special Purpose (specify)                 |        |  |         |                      |         |                                             |  |                      | 117    |
| 118                                                                                                        | SUBTOTALS (sum of lines 1-117)                  | 26,158 |  | 246,101 | 524,894              | 230,239 | 190,961                                     |  |                      | 118    |
| NONREIMBURSABLE COST CENTERS                                                                               |                                                 |        |  |         |                      |         |                                             |  |                      |        |
| 190                                                                                                        | Gift, Flower, Coffee Shop, & Canteen            |        |  |         |                      |         |                                             |  |                      | 190    |
| 191                                                                                                        | Research                                        |        |  |         |                      |         |                                             |  |                      | 191    |
| 192                                                                                                        | Physicians' Private Offices                     |        |  |         |                      |         |                                             |  |                      | 192    |
| 193                                                                                                        | Nonpaid Workers                                 |        |  |         |                      |         |                                             |  |                      | 193    |
| 194                                                                                                        | Other Nonreimbursable (specify)                 | 101    |  |         |                      | 230     |                                             |  |                      | 194    |
| 200                                                                                                        | Crus Foot Adjustments                           |        |  |         |                      |         |                                             |  |                      | 200    |
| 201                                                                                                        | Negative Cost Centers                           |        |  |         |                      |         |                                             |  |                      | 201    |
| 202                                                                                                        | TOTAL (sum lines 118-201)                       | 26,259 |  | 246,101 | 524,894              | 230,239 | 191,191                                     |  |                      | 202    |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4021) |                                                 |        |  |         |                      |         |                                             |  |                      |        |
| 40-546 - 08-11                                                                                             |                                                 |        |  |         |                      |         |                                             |  |                      | Rev. 2 |

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PET-EX081B.0055

RECORD 007660

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

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

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| ALLOCATION OF CAPITAL-RELATED COSTS                                                                        |  |  |  | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET B, PART II |
|------------------------------------------------------------------------------------------------------------|--|--|--|----------------------|---------------------------------------------|----------------------|
| 93 Other Outpatient Service (specify)                                                                      |  |  |  |                      |                                             | 93                   |
| OTHER REIMBURSABLE COST CENTERS                                                                            |  |  |  |                      |                                             |                      |
| 94 Home Program Dialysis                                                                                   |  |  |  |                      |                                             | 94                   |
| 95 Ambulance Services                                                                                      |  |  |  | 822,845              | 822,845                                     | 95                   |
| 96 Durable Medical Equipment-Rented                                                                        |  |  |  |                      |                                             | 96                   |
| 97 Durable Medical Equipment-Sold                                                                          |  |  |  |                      |                                             | 97                   |
| 98 Other Reimbursable (specify)                                                                            |  |  |  |                      |                                             | 98                   |
| 99 Outpatient Rehabilitation Provider (specify)                                                            |  |  |  |                      |                                             | 99                   |
| 100 Intern-Resident Service (not apprvd. techng. prgm.)                                                    |  |  |  |                      |                                             | 100                  |
| 101 Home Health Agency                                                                                     |  |  |  |                      |                                             | 101                  |
| SPECIAL PURPOSE COST CENTERS                                                                               |  |  |  |                      |                                             |                      |
| 105 Kidney Acquisition                                                                                     |  |  |  |                      |                                             | 105                  |
| 106 Heart Acquisition                                                                                      |  |  |  |                      |                                             | 106                  |
| 107 Liver Acquisition                                                                                      |  |  |  |                      |                                             | 107                  |
| 108 Lung Acquisition                                                                                       |  |  |  |                      |                                             | 108                  |
| 109 Pancreas Acquisition                                                                                   |  |  |  |                      |                                             | 109                  |
| 110 Intestinal Acquisition                                                                                 |  |  |  |                      |                                             | 110                  |
| 111 Intst Acquisition                                                                                      |  |  |  |                      |                                             | 111                  |
| 112 Other Organ Acquisition (specify)                                                                      |  |  |  |                      |                                             | 112                  |
| 115 Ambulatory Surgical Center (Distinct Part)                                                             |  |  |  |                      |                                             | 115                  |
| 116 Hospice                                                                                                |  |  |  |                      |                                             | 116                  |
| 117 Other Special Purpose (specify)                                                                        |  |  |  |                      |                                             | 117                  |
| 118 SUBTOTALS (sum of lines 1-117)                                                                         |  |  |  | 16,573,028           | 16,573,028                                  | 118                  |
| NONREIMBURSABLE COST CENTERS                                                                               |  |  |  |                      |                                             |                      |
| 190 Gift, Flower, Coffee Shop, & Canteen                                                                   |  |  |  | 20,535               | 20,535                                      | 190                  |
| 191 Research                                                                                               |  |  |  |                      |                                             | 191                  |
| 192 Physicians' Private Offices                                                                            |  |  |  | 4,696                | 4,696                                       | 192                  |
| 193 Nonpaid Workers                                                                                        |  |  |  |                      |                                             | 193                  |
| 194 Other Nonreimbursable (specify)                                                                        |  |  |  | 123,036              | 123,036                                     | 194                  |
| 200 Cross Foot Adjustments                                                                                 |  |  |  |                      |                                             | 200                  |
| 201 Negative Cost Centers                                                                                  |  |  |  |                      |                                             | 201                  |
| 202 TOTAL (sum lines 118-201)                                                                              |  |  |  | 16,721,295           | 16,721,295                                  | 202                  |
| FORM CMS-2552-10 (06/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4021) |  |  |  |                      |                                             |                      |
| 40-546 - 08-11                                                                                             |  |  |  |                      |                                             | Rev. 2               |

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PET-EX081B.0058

RECORD 007663

| COST ALLOCATION - STATISTICAL BASIS                  |                                |                                  |                                    |                |                                        |                                     | Provider CCN: 420002             |                                             | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |                        | WORKSHEET B-1            |    |
|------------------------------------------------------|--------------------------------|----------------------------------|------------------------------------|----------------|----------------------------------------|-------------------------------------|----------------------------------|---------------------------------------------|---------------------------------------------|------------------------|--------------------------|----|
| COST CENTER DESCRIPTIONS                             | CAPITAL RELATED COST           |                                  | EMPLOYEE BENEFITS (GROSS SALARIES) | RECONCILIATION | ADMINISTRATIVE & GENERAL (ACCUM. COST) | MAINTENANCE & REPAIRS (SQUARE FEET) | OPERATION OF PLANT (SQUARE FEET) | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) | HOUSEKEEPING (HOURS OF SERVICE)             | DIETARY (MEALS SERVED) | CAFETERIA (MEALS SERVED) |    |
|                                                      | BLDG. & FIXTURES (SQUARE FEET) | MOVABLE EQUIPMENT (DOLLAR VALUE) |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          |    |
|                                                      | 1                              | 2                                | 4                                  | 5A             | 5                                      | 6                                   | 7                                | 8                                           | 9                                           | 10                     | 11                       |    |
| <b>GENERAL SERVICE COST CENTERS</b>                  |                                |                                  |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          |    |
| 1 Capital Related Costs-Buildings and Fixtures       | 463,084                        |                                  |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          | 1  |
| 2 Capital Related Costs-Movable Equipment            |                                | 524,165                          |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          | 2  |
| 4 Employee Benefits                                  | 6,178                          | 6,178                            | 63,824,972                         |                |                                        |                                     |                                  |                                             |                                             |                        |                          | 4  |
| 5 Administrative and General                         | 24,736                         | 50,505                           | 5,799,098                          | -46,775,344    | 145,201,616                            |                                     |                                  |                                             |                                             |                        |                          | 5  |
| 6 Maintenance and Repair                             |                                |                                  |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          | 6  |
| 7 Operation of Plant                                 | 105,282                        | 105,282                          | 637,121                            |                | 9,770,324                              |                                     | 326,888                          |                                             |                                             |                        |                          | 7  |
| 8 Laundry and Linen Service                          | 5,693                          | 5,693                            |                                    |                | 1,156,283                              |                                     | 5,693                            | 68,654                                      |                                             |                        |                          | 8  |
| 9 Housekeeping                                       | 1,825                          | 1,825                            |                                    |                | 2,261,913                              |                                     | 1,825                            |                                             | 319,370                                     |                        |                          | 9  |
| 10 Dietary                                           | 13,984                         | 13,984                           |                                    |                | 898,712                                |                                     | 13,984                           |                                             | 13,984                                      | 68,654                 |                          | 10 |
| 11 Cafeteria                                         |                                |                                  |                                    |                | 1,442,938                              |                                     |                                  |                                             |                                             |                        | 57,368,732               | 11 |
| 12 Maintenance of Personnel                          |                                |                                  |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          | 12 |
| 13 Nursing Administration                            | 4,864                          | 4,864                            | 1,815,399                          |                | 2,576,972                              |                                     | 4,864                            |                                             | 4,864                                       |                        | 1,815,399                | 13 |
| 14 Central Services and Supply                       | 12,497                         | 12,497                           | 481,250                            |                | 1,478,469                              |                                     | 12,497                           |                                             | 12,497                                      |                        | 481,250                  | 14 |
| 15 Pharmacy                                          | 4,064                          | 4,064                            | 2,540,091                          |                | 3,320,656                              |                                     | 4,064                            |                                             | 4,064                                       |                        | 2,540,091                | 15 |
| 16 Medical Records & Medical Records Library         | 2,342                          | 2,342                            | 1,784,629                          |                | 3,431,289                              |                                     | 2,342                            |                                             | 2,342                                       |                        | 1,784,629                | 16 |
| 17 Social Service                                    |                                |                                  |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          | 17 |
| 18 Other General Service (specify)                   |                                |                                  |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          | 18 |
| 19 Nonphysician Anesthetists                         |                                |                                  |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          | 19 |
| 20 Nursing School                                    |                                |                                  |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          | 20 |
| 21 Intern & Res. Service-Salary & Fringes (Approved) |                                |                                  |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          | 21 |
| 22 Intern & Res. Other Program Costs (Approved)      |                                |                                  |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          | 22 |
| 23 Paramedical Education Program (specify)           |                                |                                  |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          | 23 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b>        |                                |                                  |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          |    |
| 30 Adults and Pediatrics (General Routine Care)      | 105,351                        | 105,351                          | 16,156,733                         |                | 24,971,104                             |                                     | 105,351                          | 53,057                                      | 105,351                                     | 53,057                 | 16,156,733               | 30 |
| 31 Intensive Care Unit                               | 17,776                         | 17,776                           | 3,398,036                          |                | 5,174,060                              |                                     | 17,776                           | 5,250                                       | 17,776                                      | 5,250                  | 3,398,036                | 31 |
| 32 Coronary Care Unit                                |                                |                                  |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          | 32 |
| 33 Burn Intensive Care Unit                          |                                |                                  |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          | 33 |
| 34 Surgical Intensive Care Unit                      |                                |                                  |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          | 34 |
| 35 Other Special Care Unit (specify)                 |                                |                                  |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          | 35 |
| 40 Subprovider IPF                                   | 9,677                          | 9,677                            | 1,344,027                          |                | 2,124,850                              |                                     | 9,677                            | 5,211                                       | 9,677                                       | 5,211                  | 1,344,027                | 40 |
| 41 Subprovider DRF                                   |                                |                                  |                                    |                |                                        |                                     |                                  |                                             |                                             |                        |                          | 41 |

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| COST ALLOCATION - STATISTICAL BASIS |                                               |        |        |           |            | Provider CCN: 426002 |        | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |        | WORKSHEET B-1 |           |       |
|-------------------------------------|-----------------------------------------------|--------|--------|-----------|------------|----------------------|--------|---------------------------------------------|--------|---------------|-----------|-------|
| 42                                  | Subprovider (specify)                         |        |        |           |            |                      |        |                                             |        |               | 42        |       |
| 43                                  | Nursery                                       | 14,288 | 14,288 | 1,014,029 | 1,743,307  |                      | 14,288 | 5,136                                       | 14,288 | 5,136         | 1,014,029 | 43    |
| 44                                  | Skilled Nursing Facility                      |        |        |           |            |                      |        |                                             |        |               |           | 44    |
| 45                                  | Nursing Facility                              |        |        |           |            |                      |        |                                             |        |               |           | 45    |
| 46                                  | Other Long Term Care                          |        |        |           |            |                      |        |                                             |        |               |           | 46    |
| ANCILLARY SERVICE COST CENTERS      |                                               |        |        |           |            |                      |        |                                             |        |               |           |       |
| 50                                  | Operating Room                                | 40,826 | 40,826 | 5,498,071 | 8,892,591  |                      | 40,826 |                                             | 40,826 |               | 5,498,071 | 50    |
| 51                                  | Recovery Room                                 |        |        |           |            |                      |        |                                             |        |               |           | 51    |
| 52                                  | Labor Room and Delivery Room                  | 13,613 | 13,613 | 1,602,576 | 2,512,323  |                      | 13,613 |                                             | 13,613 |               | 1,602,576 | 52    |
| 53                                  | Anesthesiology                                |        |        |           |            |                      |        |                                             |        |               |           | 53    |
| 54                                  | Radiology-Diagnostic                          | 17,011 | 18,341 | 3,308,794 | 6,248,381  |                      | 17,011 |                                             | 17,011 |               | 3,308,794 | 54    |
| 55                                  | Radiology-Therapeutic                         |        |        |           |            |                      |        |                                             |        |               |           | 55    |
| 56                                  | Radiosurgery                                  |        |        |           |            |                      |        |                                             |        |               |           | 56    |
| 57                                  | Computed Tomography (CT) Scan                 |        |        |           |            |                      |        |                                             |        |               |           | 57    |
| 58                                  | Magnetic Resonance Imaging (MRI)              | 1,437  | 1,437  | 193,083   | 289,824    |                      | 1,437  |                                             | 1,437  |               | 193,083   | 58    |
| 59                                  | Cardiac Catheterization                       |        |        |           |            |                      |        |                                             |        |               |           | 59    |
| 60                                  | Laboratory                                    | 8,882  | 8,882  | 2,881,366 | 8,994,185  |                      | 8,882  |                                             | 8,882  |               | 2,881,366 | 60    |
| 60.45                               | Vascular Lab                                  | 12,028 | 12,028 | 1,301,903 | 2,458,614  |                      | 12,028 |                                             | 12,028 |               | 1,301,903 | 60.45 |
| 61                                  | PBP Clinical Laboratory Services-Program Only |        |        |           |            |                      |        |                                             |        |               |           | 61    |
| 62                                  | Whole Blood & Packed Red Blood Cells          |        |        |           |            |                      |        |                                             |        |               |           | 62    |
| 63                                  | Blood Storing, Processing, & Trans            |        |        |           |            |                      |        |                                             |        |               |           | 63    |
| 64                                  | Intravenous Therapy                           | 5,613  | 5,613  | 189,739   | 2,208,565  |                      | 5,613  |                                             | 5,613  |               | 189,739   | 64    |
| 65                                  | Respiratory Therapy                           | 3,041  | 3,041  | 1,477,639 | 2,031,038  |                      | 3,041  |                                             | 3,041  |               | 1,477,639 | 65    |
| 66                                  | Physical Therapy                              | 1,263  | 1,263  | 817,928   | 1,179,398  |                      | 1,263  |                                             | 1,263  |               | 817,928   | 66    |
| 67                                  | Occupational Therapy                          |        |        | 83,350    | 101,766    |                      |        |                                             |        |               | 83,350    | 67    |
| 68                                  | Speech Pathology                              |        |        | 111,812   | 135,772    |                      |        |                                             |        |               | 111,812   | 68    |
| 69                                  | Electrocardiology                             | 1,221  | 1,221  | 620,561   | 948,007    |                      | 1,221  |                                             | 1,221  |               | 620,561   | 69    |
| 70                                  | Electroencephalography                        | 139    | 2,921  | 78,019    | 556,601    |                      | 139    |                                             | 139    |               | 78,019    | 70    |
| 71                                  | Medical Supplies Charged to Patients          |        |        |           | 9,751,131  |                      |        |                                             |        |               |           | 71    |
| 72                                  | Implantable Devices Charged to Patients       |        |        |           | 10,283,466 |                      |        |                                             |        |               |           | 72    |
| 73                                  | Drugs Charged to Patients                     |        |        |           | 7,405,735  |                      |        |                                             |        |               |           | 73    |
| 74                                  | Renal Dialysis                                | 852    | 852    |           | 421,373    |                      | 852    |                                             | 852    |               |           | 74    |
| 75                                  | ASC (Non-Distinct Part)                       |        |        |           |            |                      |        |                                             |        |               |           | 75    |
| 76                                  | Other Ancillary (specify)                     |        |        |           |            |                      |        |                                             |        |               |           | 76    |
| 76.30                               | Other Ancillary Cost Centers                  | 485    | 12,358 | 1,130,699 | 2,056,427  |                      | 485    |                                             | 485    |               | 1,130,699 | 76.30 |
| OUTPATIENT SERVICE COST CENTERS     |                                               |        |        |           |            |                      |        |                                             |        |               |           |       |
| 88                                  | Rural Health Clinic (RHC)                     |        |        |           |            |                      |        |                                             |        |               |           | 88    |
| 89                                  | Federally Qualified Health Center (FQHC)      |        |        |           |            |                      |        |                                             |        |               |           | 89    |
| 90                                  | Clinic                                        |        | 10,317 | 504,810   | 1,143,399  |                      |        |                                             |        |               | 504,810   | 90    |
| 91                                  | Emergency                                     | 15,659 | 15,659 | 3,297,278 | 6,299,048  |                      | 15,659 |                                             | 15,659 |               | 3,297,278 | 91    |

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| COST ALLOCATION - STATISTICAL BASIS                                                                        |                                                       |           |           |            |             | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |           | WORKSHEET B-1 |                |            |     |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------|-----------|------------|-------------|----------------------|---------------------------------------------|-----------|---------------|----------------|------------|-----|
| 92                                                                                                         | Observation Beds                                      |           |           |            |             |                      |                                             |           |               |                | 92         |     |
| 93                                                                                                         | Other Outpatient Service (specify)                    |           |           |            |             |                      |                                             |           |               |                | 93         |     |
| OTHER REIMBURSABLE COST CENTERS                                                                            |                                                       |           |           |            |             |                      |                                             |           |               |                |            |     |
| 94                                                                                                         | Home Program Dialysis                                 |           |           |            |             |                      |                                             |           |               |                | 94         |     |
| 95                                                                                                         | Ambulance Services                                    | 9,372     | 19,435    | 5,516,335  | 8,646,020   | 9,372                |                                             | 9,372     |               | 5,516,335      | 95         |     |
| 96                                                                                                         | Durable Medical Equipment-Rented                      |           |           |            |             |                      |                                             |           |               |                | 96         |     |
| 97                                                                                                         | Durable Medical Equipment-Sold                        |           |           |            |             |                      |                                             |           |               |                | 97         |     |
| 98                                                                                                         | Other Reimbursable (specify)                          |           |           |            |             |                      |                                             |           |               |                | 98         |     |
| 99                                                                                                         | Outpatient Rehabilitation Provider (specify)          |           |           |            |             |                      |                                             |           |               |                | 99         |     |
| 100                                                                                                        | Intern-Resident Service (not approv. taking<br>prgm.) |           |           |            |             |                      |                                             |           |               |                | 100        |     |
| 101                                                                                                        | Home Health Agency                                    |           |           |            |             |                      |                                             |           |               |                | 101        |     |
| SPECIAL PURPOSE COST CENTERS                                                                               |                                                       |           |           |            |             |                      |                                             |           |               |                |            |     |
| 105                                                                                                        | Kidney Acquisition                                    |           |           |            |             |                      |                                             |           |               |                | 105        |     |
| 106                                                                                                        | Heart Acquisition                                     |           |           |            |             |                      |                                             |           |               |                | 106        |     |
| 107                                                                                                        | Liver Acquisition                                     |           |           |            |             |                      |                                             |           |               |                | 107        |     |
| 108                                                                                                        | Lung Acquisition                                      |           |           |            |             |                      |                                             |           |               |                | 108        |     |
| 109                                                                                                        | Pancreas Acquisition                                  |           |           |            |             |                      |                                             |           |               |                | 109        |     |
| 110                                                                                                        | Intestinal Acquisition                                |           |           |            |             |                      |                                             |           |               |                | 110        |     |
| 111                                                                                                        | Islet Acquisition                                     |           |           |            |             |                      |                                             |           |               |                | 111        |     |
| 112                                                                                                        | Other Organ Acquisition (specify)                     |           |           |            |             |                      |                                             |           |               |                | 112        |     |
| 113                                                                                                        | Ambulatory Surgical Center (Distinct Part)            |           |           |            |             |                      |                                             |           |               |                | 113        |     |
| 116                                                                                                        | Hospice                                               |           |           |            |             |                      |                                             |           |               |                | 116        |     |
| 117                                                                                                        | Other Special Purpose (specify)                       |           |           |            |             |                      |                                             |           |               |                | 117        |     |
| 118                                                                                                        | SUBTOTALS (sum of lines 1-117)                        | 459,999   | 522,133   | 63,604,376 | -46,775,344 | 142,914,544          | 323,803                                     | 68,654    | 316,285       | 68,654         | 57,148,156 | 118 |
| NONREIMBURSABLE COST CENTERS                                                                               |                                                       |           |           |            |             |                      |                                             |           |               |                |            |     |
| 190                                                                                                        | Gift, Flower, Coffee Shop, & Canteen                  | 857       |           |            | 11,449      | 857                  |                                             | 857       |               |                |            | 190 |
| 191                                                                                                        | Research                                              |           |           |            |             |                      |                                             |           |               |                |            | 191 |
| 192                                                                                                        | Physicians' Private Offices                           | 196       |           |            | 2,618       | 196                  |                                             | 196       |               |                |            | 192 |
| 193                                                                                                        | Nonpaid Workers                                       |           |           |            |             |                      |                                             |           |               |                |            | 193 |
| 194                                                                                                        | Other Nonreimbursable (specify)                       | 2,032     | 2,032     | 220,597    | 2,273,002   | 2,032                |                                             | 2,032     |               | 220,597        |            | 194 |
| 200                                                                                                        | Cross foot adjustments                                |           |           |            |             |                      |                                             |           |               |                |            | 200 |
| 201                                                                                                        | Negative cost centers                                 |           |           |            |             |                      |                                             |           |               |                |            | 201 |
| 202                                                                                                        | Cost to be allocated (per Worksheet B, Part I)        | 6,186,491 | 8,387,788 | 1,828,264  | 46,775,344  | 12,917,746           | 1,753,741                                   | 3,062,687 | 1,874,938     | 1,907,767      |            | 202 |
| 203                                                                                                        | Unit cost multiplier (Worksheet B, Part I)            | 13.36     | 16.00     | 0.028645   | 0.322141    | 39.52                | 25.54                                       | 9.59      | 27.31         | 0.033254       |            | 203 |
| 204                                                                                                        | Cost to be allocated (per Worksheet B, Part II)       |           |           | 181,396    | 2,642,324   | 3,270,908            | 245,162                                     | 113,008   | 571,822       | 26,259         |            | 204 |
| 205                                                                                                        | Unit cost multiplier (Worksheet B, Part II)           |           |           | 0.002842   | 0.018198    | 10.01                | 3.57                                        | 0.353847  | 8.33          | 0.000458       |            | 205 |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020) |                                                       |           |           |            |             |                      |                                             |           |               |                |            |     |
| Rev. 2                                                                                                     |                                                       |           |           |            |             |                      |                                             |           |               | 40-561 - 08-11 |            |     |

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PET-EX081B.0061

RECORD 007666

| COST ALLOCATION - STATISTICAL BASIS                     |                                                  |                                                   |                                                     | Provider CCN: 420002         |                                                 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |                                    | WORKSHEET B-1                                    |    |
|---------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------|--------------------------------------------------|----|
| COST CENTER DESCRIPTIONS                                | MAIN- TENANCE<br>OF PERSONNEL<br>(NUMBER HOUSED) | NURSING ADMINIS-<br>TRATION (DIRECT<br>NURS. HRS) | CENTRAL<br>SERVICES<br>& SUPPLY<br>(COSTED REQUIS.) | PHARMACY<br>(COSTED REQUIS.) | MEDICAL<br>RECORDS<br>& LIBRARY<br>(TIME SPENT) | SOCIAL SERVICE<br>(TIME SPENT)              | OTHER GENERAL<br>SERVICE (SPECIFY) | NON- PHYSICIAN<br>ANES- THETISTS<br>(ASGND TIME) |    |
|                                                         | 12                                               | 13                                                | 14                                                  | 15                           | 16                                              | 17                                          | 18                                 | 19                                               |    |
| <b>GENERAL SERVICE COST CENTERS</b>                     |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  |    |
| 1 Capital Related Costs-Buildings and Fixtures          |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 1  |
| 2 Capital Related Costs-Movable Equipment               |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 2  |
| 4 Employee Benefits                                     |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 4  |
| 5 Administrative and General                            |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 5  |
| 6 Maintenance and Repairs                               |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 6  |
| 7 Operation of Plant                                    |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 7  |
| 8 Laundry and Linen Service                             |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 8  |
| 9 Housekeeping                                          |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 9  |
| 10 Dietary                                              |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 10 |
| 11 Cafeteria                                            |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 11 |
| 12 Maintenance of Personnel                             |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 12 |
| 13 Nursing Administration                               |                                                  | 22,160,448                                        |                                                     |                              |                                                 |                                             |                                    |                                                  | 13 |
| 14 Central Services and Supply                          |                                                  |                                                   | 100                                                 |                              |                                                 |                                             |                                    |                                                  | 14 |
| 15 Pharmacy                                             |                                                  |                                                   |                                                     | 100                          |                                                 |                                             |                                    |                                                  | 15 |
| 16 Medical Records & Medical Records Library            |                                                  | 117,913                                           |                                                     |                              | 592,978,816                                     |                                             |                                    |                                                  | 16 |
| 17 Social Service                                       |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 17 |
| 18 Other General Service (specify)                      |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 18 |
| 19 Nonphysician Anesthetists                            |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 19 |
| 20 Nursing School                                       |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 20 |
| 21 Intern & Res. Service-Salary & Fringes<br>(Approved) |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 21 |
| 22 Intern & Res. Other Program Costs<br>(Approved)      |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 22 |
| 23 Paramedical Education Program (specify)              |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 23 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b>           |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  |    |
| 30 Adults and Pediatrics (General Routine Care)         |                                                  | 10,699,777                                        |                                                     |                              | 63,580,468                                      |                                             |                                    |                                                  | 30 |
| 31 Intensive Care Unit                                  |                                                  | 2,101,405                                         |                                                     |                              | 12,873,285                                      |                                             |                                    |                                                  | 31 |
| 32 Coronary Care Unit                                   |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 32 |
| 33 Burn Intensive Care Unit                             |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 33 |
| 34 Surgical Intensive Care Unit                         |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 34 |
| 35 Other Special Care Unit (specify)                    |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 35 |
| 40 Subprovider IPF                                      |                                                  | 1,020,465                                         |                                                     |                              | 6,822,470                                       |                                             |                                    |                                                  | 40 |
| 41 Subprovider IRF                                      |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 41 |
| 42 Subprovider (specify)                                |                                                  |                                                   |                                                     |                              |                                                 |                                             |                                    |                                                  | 42 |

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| COST ALLOCATION - STATISTICAL BASIS |                                               |           |    | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET B-1 |
|-------------------------------------|-----------------------------------------------|-----------|----|----------------------|---------------------------------------------|---------------|
| 43                                  | Nursery                                       | 816,974   |    |                      | 3,888,160                                   | 43            |
| 44                                  | Skilled Nursing Facility                      |           |    |                      |                                             | 44            |
| 45                                  | Nursing Facility                              |           |    |                      |                                             | 45            |
| 46                                  | Other Long Term Care                          |           |    |                      |                                             | 46            |
| ANCILLARY SERVICE COST CENTERS      |                                               |           |    |                      |                                             |               |
| 50                                  | Operating Room                                | 2,848,585 |    |                      | 42,910,356                                  | 50            |
| 51                                  | Recovery Room                                 |           |    |                      |                                             | 51            |
| 52                                  | Labor Room and Delivery Room                  | 941,204   |    |                      | 4,376,811                                   | 52            |
| 53                                  | Anesthesiology                                |           |    |                      |                                             | 53            |
| 54                                  | Radiology-Diagnostic                          | 101,240   |    |                      | 66,723,220                                  | 54            |
| 55                                  | Radiology-Therapeutic                         |           |    |                      |                                             | 55            |
| 56                                  | Radioisotope                                  |           |    |                      |                                             | 56            |
| 57                                  | Computed Tomography (CT) Scan                 |           |    |                      |                                             | 57            |
| 58                                  | Magnetic Resonance Imaging (MRI)              | 614       |    |                      | 7,723,311                                   | 58            |
| 59                                  | Cardiac Catheterization                       |           |    |                      |                                             | 59            |
| 60                                  | Laboratory                                    | 1,020     |    |                      | 57,752,552                                  | 60            |
| 60.45                               | Vascular Lab                                  | 666,288   |    |                      | 36,816,920                                  | 60.45         |
| 61                                  | PRP Clinical Laboratory Services-Program Only |           |    |                      |                                             | 61            |
| 62                                  | Whole Blood & Packed Red Blood Cells          |           |    |                      |                                             | 62            |
| 63                                  | Blood Storage, Processing, & Trans.           |           |    |                      |                                             | 63            |
| 64                                  | Intravenous Therapy                           | 98,550    |    |                      | 30,622,090                                  | 64            |
| 65                                  | Respiratory Therapy                           | 20,771    |    |                      | 9,969,185                                   | 65            |
| 66                                  | Physical Therapy                              |           |    |                      | 4,055,370                                   | 66            |
| 67                                  | Occupational Therapy                          |           |    |                      | 461,034                                     | 67            |
| 68                                  | Speech Pathology                              |           |    |                      | 468,545                                     | 68            |
| 69                                  | Electrocardiology                             | 97,407    |    |                      | 12,446,304                                  | 69            |
| 70                                  | Electroencephalography                        | 288       |    |                      | 2,333,994                                   | 70            |
| 71                                  | Medical Supplies Charged to Patients          |           | 49 |                      | 67,287,776                                  | 71            |
| 72                                  | Implantable Devices Charged to Patients       |           | 51 |                      | 28,236,296                                  | 72            |
| 73                                  | Drugs Charged to Patients                     |           |    | 100                  | 85,773,360                                  | 73            |
| 74                                  | Renal Dialysis                                |           |    |                      | 1,075,331                                   | 74            |
| 75                                  | ASC (Non-Distinct Part)                       |           |    |                      |                                             | 75            |
| 76                                  | Other Ancillary (specify)                     |           |    |                      |                                             | 76            |
| 76.30                               | Other Ancillary Cost Centers                  | 563,002   |    |                      | 4,470,071                                   | 76.30         |
| OUTPATIENT SERVICE COST CENTERS     |                                               |           |    |                      |                                             |               |
| 88                                  | Rural Health Clinic (RHC)                     |           |    |                      |                                             | 88            |
| 89                                  | Federally Qualified Health Center (FQHC)      |           |    |                      |                                             | 89            |
| 90                                  | Clinic                                        | 390       |    |                      | 3,238,603                                   | 90            |
| 91                                  | Emergency                                     | 2,064,556 |    |                      | 28,384,044                                  | 91            |
| 92                                  | Observation Beds                              |           |    |                      |                                             | 92            |

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PET-EX081B.0063

RECORD 007668

| COST ALLOCATION - STATISTICAL BASIS                                                                        |                                                  |            |           | Provider CCN: 420002 |             | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |  | WORKSHEET B-1  |     |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------|-----------|----------------------|-------------|---------------------------------------------|--|----------------|-----|
| 93                                                                                                         | Other Outpatient Service (specify)               |            |           |                      |             |                                             |  |                | 93  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>                                                                     |                                                  |            |           |                      |             |                                             |  |                |     |
| 94                                                                                                         | Home Program/Dialysis                            |            |           |                      |             |                                             |  |                | 94  |
| 95                                                                                                         | Ambulance Services                               |            |           |                      | 9,954,862   |                                             |  |                | 95  |
| 96                                                                                                         | Durable Medical Equipment-Rented                 |            |           |                      |             |                                             |  |                | 96  |
| 97                                                                                                         | Durable Medical Equipment-Sold                   |            |           |                      |             |                                             |  |                | 97  |
| 98                                                                                                         | Other Reimbursable (specify)                     |            |           |                      |             |                                             |  |                | 98  |
| 99                                                                                                         | Outpatient Rehabilitation Provider (specify)     |            |           |                      |             |                                             |  |                | 99  |
| 100                                                                                                        | Intern-Resident Service (not appvd. tchg. prgm.) |            |           |                      |             |                                             |  |                | 100 |
| 101                                                                                                        | Home Health Agency                               |            |           |                      |             |                                             |  |                | 101 |
| <b>SPECIAL PURPOSE COST CENTERS</b>                                                                        |                                                  |            |           |                      |             |                                             |  |                |     |
| 105                                                                                                        | Kidney Acquisition                               |            |           |                      |             |                                             |  |                | 105 |
| 106                                                                                                        | Heart Acquisition                                |            |           |                      |             |                                             |  |                | 106 |
| 107                                                                                                        | Liver Acquisition                                |            |           |                      |             |                                             |  |                | 107 |
| 108                                                                                                        | Lung Acquisition                                 |            |           |                      |             |                                             |  |                | 108 |
| 109                                                                                                        | Pancreas Acquisition                             |            |           |                      |             |                                             |  |                | 109 |
| 110                                                                                                        | Intestinal Acquisition                           |            |           |                      |             |                                             |  |                | 110 |
| 111                                                                                                        | Islet Acquisition                                |            |           |                      |             |                                             |  |                | 111 |
| 112                                                                                                        | Other Organ Acquisition (specify)                |            |           |                      |             |                                             |  |                | 112 |
| 113                                                                                                        | Ambulatory Surgical Center (Distinct Part)       |            |           |                      |             |                                             |  |                | 113 |
| 116                                                                                                        | Hospice                                          |            |           |                      |             |                                             |  |                | 116 |
| 117                                                                                                        | Other Special Purpose (specify)                  |            |           |                      |             |                                             |  |                | 117 |
| 118                                                                                                        | SUBTOTALS (sum of lines 1-117)                   | 22,160,448 | 100       | 100                  | 592,264,448 |                                             |  |                | 118 |
| <b>NONREIMBURSABLE COST CENTERS</b>                                                                        |                                                  |            |           |                      |             |                                             |  |                |     |
| 190                                                                                                        | Gift, Flower, Coffee Shop, & Canteen             |            |           |                      |             |                                             |  |                | 190 |
| 191                                                                                                        | Research                                         |            |           |                      |             |                                             |  |                | 191 |
| 192                                                                                                        | Physicians' Private Offices                      |            |           |                      |             |                                             |  |                | 192 |
| 193                                                                                                        | Nonpaid Workers                                  |            |           |                      |             |                                             |  |                | 193 |
| 194                                                                                                        | Other Nonreimbursable (specify)                  |            |           |                      | 714,384     |                                             |  |                | 194 |
| 200                                                                                                        | Cross fact adjustments                           |            |           |                      |             |                                             |  |                | 200 |
| 201                                                                                                        | Negative cost centers                            |            |           |                      |             |                                             |  |                | 201 |
| 202                                                                                                        | Cost to be allocated (per Worksheet B, Part I)   | 3,706,346  | 2,584,438 | 4,674,414            | 4,730,724   |                                             |  |                | 202 |
| 203                                                                                                        | Unit cost multiplier (Worksheet B, Part I)       | 0.167250   | 25,844    | 46,744               | 0.007978    |                                             |  |                | 203 |
| 204                                                                                                        | Cost to be allocated (per Worksheet B, Part II)  | 246,101    | 524,894   | 230,239              | 191,191     |                                             |  |                | 204 |
| 205                                                                                                        | Unit cost multiplier (Worksheet B, Part II)      | 0.011105   | 5,248     | 2,302                | 0.000322    |                                             |  |                | 205 |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020) |                                                  |            |           |                      |             |                                             |  |                |     |
| Rev. 2                                                                                                     |                                                  |            |           |                      |             |                                             |  | 40-561 - 08-11 |     |

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PET-EX081B.0064

RECORD 007669

| COST ALLOCATION - STATISTICAL BASIS                      |                                   |                                       |                                  | Provider CCN: 420002                         | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |                                                              | WORKSHEET B-1 |    |
|----------------------------------------------------------|-----------------------------------|---------------------------------------|----------------------------------|----------------------------------------------|---------------------------------------------|--------------------------------------------------------------|---------------|----|
| COST CENTER DESCRIPTIONS                                 | NURSING SCHOOL<br>(ASSIGNED TIME) | INTERNS & RESIDENTS                   |                                  | PARA-MEDICAL<br>EDUCATION<br>(ASSIGNED TIME) | SUBTOTAL                                    | INTERN & RESIDENT<br>COST & POST<br>STEPPDOWN<br>ADJUSTMENTS | TOTAL         |    |
|                                                          |                                   | SALARY AND FRINGES<br>(ASSIGNED TIME) | PROGRAM COSTS<br>(ASSIGNED TIME) |                                              |                                             |                                                              |               |    |
|                                                          | 20                                | 21                                    | 22                               | 23                                           | 24                                          | 25                                                           | 26            |    |
| <b>GENERAL SERVICE COST CENTERS</b>                      |                                   |                                       |                                  |                                              |                                             |                                                              |               |    |
| 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) Dishery                                              |                                   |                                       |                                  |                                              |                                             |                                                              |               | 10 |
| 11) Cafeteria                                            |                                   |                                       |                                  |                                              |                                             |                                                              |               | 11 |
| 12) Maintenance of Personnel                             |                                   |                                       |                                  |                                              |                                             |                                                              |               | 12 |
| 13) Nursing Administration                               |                                   |                                       |                                  |                                              |                                             |                                                              |               | 13 |
| 14) Central Services and Supply                          |                                   |                                       |                                  |                                              |                                             |                                                              |               | 14 |
| 15) Pharmacy                                             |                                   |                                       |                                  |                                              |                                             |                                                              |               | 15 |
| 16) Medical Records & Medical Records Library            |                                   |                                       |                                  |                                              |                                             |                                                              |               | 16 |
| 17) Social Service                                       |                                   |                                       |                                  |                                              |                                             |                                                              |               | 17 |
| 18) Other General Service (specify)                      |                                   |                                       |                                  |                                              |                                             |                                                              |               | 18 |
| 19) Nonphysician Anesthetists                            |                                   |                                       |                                  |                                              |                                             |                                                              |               | 19 |
| 20) Nursing School                                       |                                   |                                       |                                  |                                              |                                             |                                                              |               | 20 |
| 21) Intern & Res. Service-Salary & Fringes<br>(Approved) |                                   |                                       |                                  |                                              |                                             |                                                              |               | 21 |
| 22) Intern & Res. Other Program Costs<br>(Approved)      |                                   |                                       |                                  |                                              |                                             |                                                              |               | 22 |
| 23) Paramedical Education Program (specify)              |                                   |                                       |                                  |                                              |                                             |                                                              |               | 23 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b>            |                                   |                                       |                                  |                                              |                                             |                                                              |               |    |
| 30) Adults and Pediatrics (General Routine Care)         |                                   |                                       |                                  |                                              |                                             |                                                              |               | 30 |
| 31) Intensive Care Unit                                  |                                   |                                       |                                  |                                              |                                             |                                                              |               | 31 |
| 32) Coronary Care Unit                                   |                                   |                                       |                                  |                                              |                                             |                                                              |               | 32 |
| 33) Burn Intensive Care Unit                             |                                   |                                       |                                  |                                              |                                             |                                                              |               | 33 |
| 34) Surgical Intensive Care Unit                         |                                   |                                       |                                  |                                              |                                             |                                                              |               | 34 |
| 35) Other Special Care Unit (specify)                    |                                   |                                       |                                  |                                              |                                             |                                                              |               | 35 |
| 40) Subprovider IPF                                      |                                   |                                       |                                  |                                              |                                             |                                                              |               | 40 |
| 41) Subprovider IRF                                      |                                   |                                       |                                  |                                              |                                             |                                                              |               | 41 |
| 42) Subprovider (specify)                                |                                   |                                       |                                  |                                              |                                             |                                                              |               | 42 |

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

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| COST ALLOCATION - STATISTICAL BASIS                                                                        |                                                  |  |  | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 03/31/2011 | WORKSHEET B-1  |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--|--|----------------------|---------------------------------------------|----------------|
| 93                                                                                                         | Other Outpatient Service (specify)               |  |  |                      |                                             | 93             |
| <b>OTHER REIMBURSABLE COST CENTERS</b>                                                                     |                                                  |  |  |                      |                                             |                |
| 94                                                                                                         | Home Program Dialysis                            |  |  |                      |                                             | 94             |
| 95                                                                                                         | Ambulance Services                               |  |  |                      |                                             | 95             |
| 96                                                                                                         | Durable Medical Equipment-Rented                 |  |  |                      |                                             | 96             |
| 97                                                                                                         | Durable Medical Equipment-Sold                   |  |  |                      |                                             | 97             |
| 98                                                                                                         | Other Reimbursable (specify)                     |  |  |                      |                                             | 98             |
| 99                                                                                                         | Outpatient Rehabilitation Provider (specify)     |  |  |                      |                                             | 99             |
| 100                                                                                                        | Intern-Resident Service (not appvd. tchg. prgm.) |  |  |                      |                                             | 100            |
| 101                                                                                                        | Home Health Agency                               |  |  |                      |                                             | 101            |
| <b>SPECIAL PURPOSE COST CENTERS</b>                                                                        |                                                  |  |  |                      |                                             |                |
| 105                                                                                                        | Kidney Acquisition                               |  |  |                      |                                             | 105            |
| 106                                                                                                        | Heart Acquisition                                |  |  |                      |                                             | 106            |
| 107                                                                                                        | Liver Acquisition                                |  |  |                      |                                             | 107            |
| 108                                                                                                        | Lung Acquisition                                 |  |  |                      |                                             | 108            |
| 109                                                                                                        | Pancreas Acquisition                             |  |  |                      |                                             | 109            |
| 110                                                                                                        | Intestinal Acquisition                           |  |  |                      |                                             | 110            |
| 111                                                                                                        | Islet Acquisition                                |  |  |                      |                                             | 111            |
| 112                                                                                                        | Other Organ Acquisition (specify)                |  |  |                      |                                             | 112            |
| 115                                                                                                        | Ambulatory Surgical Center (Distinct Part)       |  |  |                      |                                             | 115            |
| 116                                                                                                        | Hospice                                          |  |  |                      |                                             | 116            |
| 117                                                                                                        | Other Special Purpose (specify)                  |  |  |                      |                                             | 117            |
| 118                                                                                                        | SUBTOTALS (sum of lines 1-117)                   |  |  |                      |                                             | 118            |
| <b>NONREIMBURSABLE COST CENTERS</b>                                                                        |                                                  |  |  |                      |                                             |                |
| 190                                                                                                        | Gift, Flower, Coffee Shop, & Canteen             |  |  |                      |                                             | 190            |
| 191                                                                                                        | Research                                         |  |  |                      |                                             | 191            |
| 192                                                                                                        | Physicians' Private Offices                      |  |  |                      |                                             | 192            |
| 193                                                                                                        | Nonpaid Workers                                  |  |  |                      |                                             | 193            |
| 194                                                                                                        | Other Nonreimbursable (specify)                  |  |  |                      |                                             | 194            |
| 200                                                                                                        | Cross foot adjustments                           |  |  |                      |                                             | 200            |
| 201                                                                                                        | Negative cost centers                            |  |  |                      |                                             | 201            |
| 202                                                                                                        | Cost to be allocated (per Worksheet B, Part I)   |  |  |                      |                                             | 202            |
| 203                                                                                                        | Unit cost multiplier (Worksheet B, Part I)       |  |  |                      |                                             | 203            |
| 204                                                                                                        | Cost to be allocated (per Worksheet B, Part II)  |  |  |                      |                                             | 204            |
| 205                                                                                                        | Unit cost multiplier (Worksheet B, Part II)      |  |  |                      |                                             | 205            |
| FORM CMS-2552-10 (06/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020) |                                                  |  |  |                      |                                             |                |
| Rev. 2                                                                                                     |                                                  |  |  |                      |                                             | 40-561 - 08-11 |

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PET-EX081B.0067

RECORD 007672

| COMPUTATION OF RATIO OF COSTS TO CHARGES        |                                                  |                       |             |                       |             |            | Provider CCN 420002 |                                   | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |                          | WORKSHEET C<br>PART I  |       |
|-------------------------------------------------|--------------------------------------------------|-----------------------|-------------|-----------------------|-------------|------------|---------------------|-----------------------------------|---------------------------------------------|--------------------------|------------------------|-------|
| COST CENTER DESCRIPTIONS                        | Total Cost<br>(from Wkst. B,<br>Part I, col. 26) | Therapy<br>Limit Adj. | Costs       |                       |             | Charges    |                     |                                   | Cost or<br>Other Ratio                      | TEFRA<br>Inpatient Ratio | PPS Inpatient<br>Ratio |       |
|                                                 |                                                  |                       | Total Costs | RCE Dis-<br>allowance | Total Costs | Inpatient  | Outpatient          | Total<br>(column 6<br>+ column 7) |                                             |                          |                        |       |
|                                                 | 1                                                | 2                     | 3           | 4                     | 5           | 6          | 7                   | 8                                 | 9                                           | 10                       | 11                     |       |
| INPATIENT ROUTINE SERVICE COST CENTERS          |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        |       |
| 30 Adults and Pediatrics (General Routine Care) | 43,827,164                                       |                       | 43,827,164  | 2,778                 | 43,829,940  | 60,294,352 |                     | 60,294,352                        |                                             |                          |                        | 30    |
| 31 Intensive Care Unit                          | 8,558,412                                        |                       | 8,558,412   | 4,010                 | 8,562,422   | 12,873,285 |                     | 12,873,285                        |                                             |                          |                        | 31    |
| 32 Coronary Care Unit                           |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        | 32    |
| 33 Burn Intensive Care Unit                     |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        | 33    |
| 34 Surgical Intensive Care Unit                 |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        | 34    |
| 35 Other Special Care (specify)                 |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        | 35    |
| 40 Subprovider IFF                              | 3,829,782                                        |                       | 3,829,782   | 220                   | 3,830,002   | 6,822,470  |                     | 6,822,470                         |                                             |                          |                        | 40    |
| 41 Subprovider IRF                              |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        | 41    |
| 42 Subprovider (Specify)                        |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        | 42    |
| 43 Nursery                                      | 3,479,382                                        |                       | 3,479,382   |                       | 3,479,382   | 3,888,160  |                     | 3,888,160                         |                                             |                          |                        | 43    |
| 44 Skilled Nursing Facility                     |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        | 44    |
| 45 Nursing Facility                             |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        | 45    |
| 46 Other Long Term Care                         |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        | 46    |
| ANCILLARY SERVICE COST CENTERS                  |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        |       |
| 50 Operating Room                               | 14,763,704                                       |                       | 14,763,704  |                       | 14,763,704  | 23,924,412 | 19,047,220          | 42,971,632                        | ** 0.343569                                 | ** 0.343569              | ** 0.343569            | 50    |
| 51 Recovery Room                                |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        | 51    |
| 52 Labor Room and Delivery Room                 | 4,235,767                                        |                       | 4,235,767   |                       | 4,235,767   | 3,838,166  | 538,645             | 4,376,811                         | ** 0.967775                                 | ** 0.967775              | ** 0.967775            | 52    |
| 53 Anesthesiology                               |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        | 53    |
| 54 Radiology-Diagnostic                         | 9,755,884                                        |                       | 9,755,884   |                       | 9,755,884   | 17,983,546 | 49,245,780          | 67,229,328                        | ** 0.145114                                 | ** 0.145114              | ** 0.145114            | 54    |
| 55 Radiology-Therapeutic                        |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        | 55    |
| 56 Radioisotope                                 |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        | 56    |
| 57 Computed Tomography (CT) Scan                |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        | 57    |
| 58 Magnetic Resonance Imaging (MRI)             | 521,896                                          |                       | 521,896     |                       | 521,896     | 3,365,145  | 4,360,290           | 7,725,435                         | ** 0.067556                                 | ** 0.067556              | ** 0.067556            | 58    |
| 59 Cardiac Catheterization                      |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        | 59    |
| 60 Laboratory                                   | 12,884,488                                       |                       | 12,884,488  |                       | 12,884,488  | 36,766,536 | 20,190,040          | 56,956,576                        | ** 0.226216                                 | ** 0.226216              | ** 0.226216            | 60    |
| 60.43 Vascular Lab                              | 4,289,750                                        |                       | 4,289,750   |                       | 4,289,750   | 18,102,776 | 18,760,520          | 36,863,296                        | ** 0.116369                                 | ** 0.116369              | ** 0.116369            | 60.43 |
| 61 PER Clinical Laboratory Services-Pygm. Only  |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        | 61    |
| 62 Whole Blood & Packed Red Blood Cells         |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        | 62    |
| 63 Blood Storing, Processing, & Trans.          |                                                  |                       |             |                       |             |            |                     |                                   |                                             |                          |                        | 63    |
| 64 Intravenous Therapy                          | 3,462,767                                        |                       | 3,462,767   |                       | 3,462,767   | 23,372,052 | 7,230,037           | 30,602,090                        | ** 0.113081                                 | ** 0.113081              | ** 0.113081            | 64    |
| 65 Respiratory Therapy                          | 2,966,799                                        |                       | 2,966,799   | 138                   | 2,966,937   | 9,056,446  | 1,016,608           | 10,073,054                        | ** 0.294528                                 | ** 0.294528              | ** 0.294528            | 65    |

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| COMPUTATION OF RATIO OF COSTS TO CHARGES              |                                                  |                       |             |                       |             |            | Provider CCN: 420002 |                                   | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |                          | WORKSHEET C<br>PART I  |       |
|-------------------------------------------------------|--------------------------------------------------|-----------------------|-------------|-----------------------|-------------|------------|----------------------|-----------------------------------|---------------------------------------------|--------------------------|------------------------|-------|
| COST CENTER DESCRIPTIONS                              | Total Cost<br>(from Wkst. B,<br>Part I, col. 26) | Therapy<br>Limit Adj. | Costs       |                       |             | Charges    |                      |                                   | Cost or<br>Other Ratio                      | TBFRA<br>Inpatient Ratio | PPS Inpatient<br>Ratio |       |
|                                                       |                                                  |                       | Total Costs | RCE Dia-<br>allowance | Total Costs | Inpatient  | Outpatient           | Total<br>(column 6<br>+ column 7) |                                             |                          |                        |       |
|                                                       | 1                                                | 2                     | 3           | 4                     | 5           | 6          | 7                    | 8                                 | 9                                           | 10                       | 11                     |       |
| 66 Physical Therapy                                   | 1,680,905                                        |                       | 1,680,905   |                       | 1,680,905   | 2,670,693  | 1,422,295            | 4,092,988                         | ** 0.410679                                 | ** 0.410679              | ** 0.410679            | 66    |
| 67 Occupational Therapy                               | 140,999                                          |                       | 140,999     |                       | 140,999     | 258,773    | 210,127              | 468,900                           | ** 0.300702                                 | ** 0.300702              | ** 0.300702            | 67    |
| 68 Speech Pathology                                   | 186,966                                          |                       | 186,966     |                       | 186,966     | 333,465    | 142,099              | 475,564                           | ** 0.393146                                 | ** 0.393146              | ** 0.393146            | 68    |
| 69 Electrocardiology                                  | 1,449,583                                        |                       | 1,449,583   |                       | 1,449,583   | 8,704,028  | 3,742,276            | 12,446,304                        | ** 0.116467                                 | ** 0.116467              | ** 0.116467            | 69    |
| 70 Electroencephalography                             | 763,994                                          |                       | 763,994     |                       | 763,994     | 633,749    | 1,700,245            | 2,333,994                         | ** 0.327333                                 | ** 0.327333              | ** 0.327333            | 70    |
| 71 Medical Supplies Charged to Patients               | 14,695,567                                       |                       | 14,695,567  |                       | 14,695,567  | 37,158,812 | 26,649,736           | 63,808,548                        | ** 0.230307                                 | ** 0.230307              | ** 0.230307            | 71    |
| 72 Implantable Devices Charged to Patients            | 15,139,684                                       |                       | 15,139,684  |                       | 15,139,684  | 17,230,390 | 11,025,906           | 28,256,296                        | ** 0.535799                                 | ** 0.535799              | ** 0.535799            | 72    |
| 73 Drugs Charged to Patients                          | 15,150,076                                       |                       | 15,150,076  |                       | 15,150,076  | 67,818,896 | 17,954,466           | 85,773,360                        | ** 0.176629                                 | ** 0.176629              | ** 0.176629            | 73    |
| 74 Renal Dialysis                                     | 607,533                                          |                       | 607,533     |                       | 607,533     | 1,027,079  | 48,252               | 1,075,331                         | ** 0.564973                                 | ** 0.564973              | ** 0.564973            | 74    |
| 75 ASC (Non-Distinct Part)                            |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        | 75    |
| 76 Other Ancillary (specify)                          |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        | 76    |
| 76.30 Other Ancillary Cost Centers                    | 2,910,129                                        |                       | 2,910,129   | 6,222                 | 2,916,351   | 423,634    | 4,052,192            | 4,475,826                         | ** 0.650188                                 | ** 0.650188              | ** 0.651578            | 76.30 |
| OUTPATIENT SERVICE COST CENTERS                       |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        |       |
| 88 Rural Health Clinic (RHC)                          |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        | 88    |
| 89 Federally Qualified Health Center (FQHC)           |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        | 89    |
| 90 Clinic                                             | 1,554,425                                        |                       | 1,554,425   |                       | 1,554,425   | 13,277     | 3,225,003            | 3,238,280                         | ** 0.480016                                 | ** 0.480016              | ** 0.480016            | 90    |
| 91 Emergency                                          | 9,778,591                                        |                       | 9,778,591   | 2,770                 | 9,781,361   | 6,489,044  | 21,895,000           | 28,384,044                        | ** 0.344510                                 | ** 0.344510              | ** 0.344608            | 91    |
| 92 Observation Beds (see instructions)                | 1,514,513                                        |                       | 1,514,513   |                       | 1,514,513   | 804,173    | 2,453,159            | 3,257,332                         | ** 0.464955                                 | ** 0.464955              | ** 0.464955            | 92    |
| 93 Other Outpatient Service (specify)                 |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        | 93    |
| OTHER REIMBURSABLE COST CENTERS                       |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        |       |
| 94 Home Program Dialysis                              |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        | 94    |
| 95 Ambulance Services                                 | 12,154,350                                       |                       | 12,154,350  |                       | 12,154,350  |            | 9,941,876            | 9,941,876                         | ** 1.222541                                 | ** 1.222541              | ** 1.222541            | 95    |
| 96 Durable Medical Equipment-Rented                   |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        | 96    |
| 97 Durable Medical Equipment-Sold                     |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        | 97    |
| 98 Other Reimbursable (specify)                       |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        | 98    |
| 99 Outpatient Rehabilitation Provider (specify)       |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        | 99    |
| 100 Intern-Resident Service (not apprvd. tchg. prgm.) |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        | 100   |
| 101 Home Health Agency                                |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        | 101   |
| SPECIAL PURPOSE COST CENTERS                          |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        |       |
| 105 Kidney Acquisition                                |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        | 105   |
| 106 Heart Acquisition                                 |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        | 106   |
| 107 Liver Acquisition                                 |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        | 107   |
| 108 Lung Acquisition                                  |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        | 108   |
| 109 Pancreas Acquisition                              |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        | 109   |
| 110 Intestinal Acquisition                            |                                                  |                       |             |                       |             |            |                      |                                   |                                             |                          |                        | 110   |

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PET-EX081B.0069

RECORD 007674

| COMPUTATION OF RATIO OF COSTS TO CHARGES       |                                                  |                       |             |                       |             | Provider CCN: 420002 / |             | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |                          | WORKSHEET C<br>PART I  |    |                                   |
|------------------------------------------------|--------------------------------------------------|-----------------------|-------------|-----------------------|-------------|------------------------|-------------|---------------------------------------------|--------------------------|------------------------|----|-----------------------------------|
| COST CENTER DESCRIPTIONS                       | Total Cost<br>(from Wkst. B,<br>Part I, col. 26) | Therapy<br>Limit Adj. | Costs       |                       | Charges     |                        |             | Cost or<br>Other Ratio                      | TEFRA<br>Inpatient Ratio | PPS Inpatient<br>Ratio |    |                                   |
|                                                |                                                  |                       | Total Costs | RCE Dis-<br>allowance | Total Costs | Inpatient              | Outpatient  |                                             |                          |                        |    | Total<br>(column 6<br>+ column 7) |
|                                                | 1                                                | 2                     | 3           | 4                     | 5           | 6                      | 7           | 8                                           | 9                        | 10                     | 11 |                                   |
| 111 Inlet Acquisition                          |                                                  |                       |             |                       |             |                        |             |                                             |                          |                        |    | 111                               |
| 112 Other Organ Acquisition (specify)          |                                                  |                       |             |                       |             |                        |             |                                             |                          |                        |    | 112                               |
| 115 Ambulatory Surgical Center (Distinct Part) |                                                  |                       |             |                       |             |                        |             |                                             |                          |                        |    | 115                               |
| 116 Hospice                                    |                                                  |                       |             |                       |             |                        |             |                                             |                          |                        |    | 116                               |
| 117 Other Special Purpose (specify)            |                                                  |                       |             |                       |             |                        |             |                                             |                          |                        |    | 117                               |
| 200 Subtotal (see instructions)                | 190,303,104                                      |                       | 190,303,104 | 16,138                | 190,319,248 | 363,853,376            | 224,871,776 | 588,725,120                                 |                          |                        |    | 200                               |
| 201 Less Observation Beds                      | 1,514,513                                        |                       | 1,514,513   |                       | 1,514,513   |                        |             |                                             |                          |                        |    | 201                               |
| 202 Total (see instructions)                   | 188,788,592                                      |                       | 188,788,592 |                       | 188,804,736 | 363,853,376            | 224,871,776 | 588,725,120                                 |                          |                        |    | 202                               |

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

40-564 - 08-11 Rev. 2

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PET-EX081B.0070

RECORD 007675

|                                                                                                                     |                                            |                                                            |                      |                                                          |                    |                               |                        |                                                        |     |                     |  |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------|----------------------|----------------------------------------------------------|--------------------|-------------------------------|------------------------|--------------------------------------------------------|-----|---------------------|--|
| Record code 6608 - 2010]                                                                                            |                                            |                                                            |                      | APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS |                    | Provider CCN: 420002          |                        | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011            |     | WORKSHEET D, PART 1 |  |
| Medicare - Title XVIII - Hospital                                                                                   |                                            |                                                            |                      |                                                          |                    |                               |                        |                                                        |     |                     |  |
|                                                                                                                     |                                            | Capital Related<br>Cost (from Wkt.<br>B, Part II, col. 26) | Swing Bed Adjustment | Reduced Capital<br>Related Cost (col.<br>1 minus col. 2) | Total Patient Days | Per Diem (col.<br>3 + col. 4) | Inpatient Program Days | Inpatient Program<br>Capital Cost<br>(col. 5 x col. 6) |     |                     |  |
| (A)                                                                                                                 | Cost Center Description                    | 1                                                          | 2                    | 3                                                        | 4                  | 5                             | 6                      | 7                                                      |     |                     |  |
|                                                                                                                     | INPATIENT ROUTINE SERVICE COST CENTERS     |                                                            |                      |                                                          |                    |                               |                        |                                                        |     |                     |  |
| 30                                                                                                                  | Adults & Pediatrics (General Routine Care) | 5,463,121                                                  |                      | 5,463,121                                                | 54,349             | 100.52                        | 25,233                 | 2,536,421                                              | 30  |                     |  |
| 31                                                                                                                  | Intensive Care Unit                        | 901,431                                                    |                      | 901,431                                                  | 5,250              | 171.70                        | 2,976                  | 510,979                                                | 31  |                     |  |
| 32                                                                                                                  | Coronary Care Unit                         |                                                            |                      |                                                          |                    |                               |                        |                                                        | 32  |                     |  |
| 33                                                                                                                  | Burn Intensive Care Unit                   |                                                            |                      |                                                          |                    |                               |                        |                                                        | 33  |                     |  |
| 34                                                                                                                  | Surgical Intensive Care Unit               |                                                            |                      |                                                          |                    |                               |                        |                                                        | 34  |                     |  |
| 35                                                                                                                  | Other Special Care Unit (specify)          |                                                            |                      |                                                          |                    |                               |                        |                                                        | 35  |                     |  |
| 40                                                                                                                  | Subprovider IPF                            | 503,145                                                    |                      | 503,145                                                  | 5,211              | 96.55                         | 1,528                  | 147,528                                                | 40  |                     |  |
| 41                                                                                                                  | Subprovider IRP                            |                                                            |                      |                                                          |                    |                               |                        |                                                        | 41  |                     |  |
| 42                                                                                                                  | Subprovider (Other)                        |                                                            |                      |                                                          |                    |                               |                        |                                                        | 42  |                     |  |
| 43                                                                                                                  | Nursery                                    | 674,056                                                    |                      | 674,056                                                  | 5,136              | 131.24                        |                        |                                                        | 43  |                     |  |
| 44                                                                                                                  | Skilled Nursing Facility                   |                                                            |                      |                                                          |                    |                               |                        |                                                        | 44  |                     |  |
| 45                                                                                                                  | Nursing Facility                           |                                                            |                      |                                                          |                    |                               |                        |                                                        | 45  |                     |  |
| 200                                                                                                                 | Total (lines 30-199)                       | 7,541,753                                                  |                      | 7,541,753                                                | 69,946             |                               | 29,737                 | 3,194,928                                              | 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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PET-EX081B.0071

RECORD 007676

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

| APPORTIONMENT OF INPATIENT<br>ANCILLARY SERVICE CAPITAL COSTS                                                |                                                | Provider CCN: 420002                                        |                                                 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011   |                              | WORKSHEET D,<br>PART II                |                |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|------------------------------|----------------------------------------|----------------|
|                                                                                                              |                                                | Medicare - Title XVIII - Hospital                           |                                                 |                                               |                              |                                        |                |
|                                                                                                              |                                                | Capital Related<br>Cost (from Wkst.<br>B, Part II, col. 26) | Total Charges (from<br>Wkst. C, Part I, col. 8) | Ratio of Cost to<br>Charges (col. 1 ÷ col. 2) | Inpatient<br>Program Charges | Capital Costs (column<br>3 x column 4) |                |
| (A)                                                                                                          | Cost Center Description                        | 1                                                           | 2                                               | 3                                             | 4                            | 5                                      |                |
|                                                                                                              | ANCILLARY SERVICE COST<br>CENTERS              |                                                             |                                                 |                                               |                              |                                        |                |
| 50                                                                                                           | Operating Room                                 | 1,847,743                                                   | 42,971,632                                      | ** 0.042999                                   | 9,596,094                    | 412,622                                | 50             |
| 51                                                                                                           | Recovery Room                                  |                                                             |                                                 |                                               |                              |                                        | 51             |
| 52                                                                                                           | Labor Room and Delivery Room                   | 603,599                                                     | 4,376,811                                       | ** 0.137908                                   | 19,215                       | 2,650                                  | 52             |
| 53                                                                                                           | Anesthesiology                                 |                                                             |                                                 |                                               |                              |                                        | 53             |
| 54                                                                                                           | Radiology-Diagnostic                           | 888,606                                                     | 67,229,328                                      | ** 0.013218                                   | 8,907,409                    | 117,738                                | 54             |
| 55                                                                                                           | Radiology-Therapeutic                          |                                                             |                                                 |                                               |                              |                                        | 55             |
| 56                                                                                                           | Radioisotope                                   |                                                             |                                                 |                                               |                              |                                        | 56             |
| 57                                                                                                           | Computed Tomography (CT) Scan                  |                                                             |                                                 |                                               |                              |                                        | 57             |
| 58                                                                                                           | Magnetic Resonance Imaging (MRI)               | 65,484                                                      | 7,725,435                                       | ** 0.008476                                   | 1,549,011                    | 13,129                                 | 58             |
| 59                                                                                                           | Cardiac Catheterization                        |                                                             |                                                 |                                               |                              |                                        | 60             |
| 60                                                                                                           | Laboratory                                     | 546,715                                                     | 56,956,576                                      | ** 0.009599                                   | 17,925,858                   | 172,070                                | 60             |
| 60.45                                                                                                        |                                                | 549,337                                                     | 36,863,296                                      | ** 0.014902                                   | 8,443,925                    | 125,831                                | 60.45          |
| 61                                                                                                           | PBP Clinical Laboratory<br>Services-Prgm. Only |                                                             |                                                 |                                               |                              |                                        | 61             |
| 62                                                                                                           | Whole Blood & Packed Red Blood<br>Cells        |                                                             |                                                 |                                               |                              |                                        | 62             |
| 63                                                                                                           | Blood Storing, Processing, &<br>Transfusing    |                                                             |                                                 |                                               |                              |                                        | 63             |
| 64                                                                                                           | Intravenous Therapy                            | 274,728                                                     | 30,622,090                                      | ** 0.008972                                   | 10,611,240                   | 95,204                                 | 64             |
| 65                                                                                                           | Respiratory Therapy                            | 166,983                                                     | 10,073,054                                      | ** 0.016577                                   | 5,032,730                    | 83,428                                 | 65             |
| 66                                                                                                           | Physical Therapy                               | 75,638                                                      | 4,092,988                                       | ** 0.018480                                   | 1,594,597                    | 29,468                                 | 66             |
| 67                                                                                                           | Occupational Therapy                           | 2,275                                                       | 468,900                                         | ** 0.004852                                   | 137,874                      | 669                                    | 67             |
| 68                                                                                                           | Speech Pathology                               | 2,991                                                       | 475,564                                         | ** 0.006289                                   | 217,338                      | 1,367                                  | 68             |
| 69                                                                                                           | Electrocardiology                              | 72,891                                                      | 12,446,304                                      | ** 0.005856                                   | 4,666,287                    | 27,326                                 | 69             |
| 70                                                                                                           | Electroencephalography                         | 114,610                                                     | 2,333,994                                       | ** 0.049105                                   | 329,295                      | 16,170                                 | 70             |
| 71                                                                                                           | Medical Supplies Charged to Patients           | 456,316                                                     | 63,808,548                                      | ** 0.007151                                   | 15,371,553                   | 109,922                                | 71             |
| 72                                                                                                           | Implantable Devices Charged to<br>Patients     | 463,934                                                     | 28,256,296                                      | ** 0.016419                                   | 9,087,651                    | 149,210                                | 72             |
| 73                                                                                                           | Drugs Charged to Patients                      | 392,880                                                     | 85,773,360                                      | ** 0.004580                                   | 33,094,632                   | 151,573                                | 73             |
| 74                                                                                                           | Renal Dialysis                                 | 41,856                                                      | 1,075,331                                       | ** 0.038924                                   | 762,700                      | 29,687                                 | 74             |
| 75                                                                                                           | ASC (Non-Distinct Part)                        |                                                             |                                                 |                                               |                              |                                        | 75             |
| 76                                                                                                           | Other Ancillary (specify)                      |                                                             |                                                 |                                               |                              |                                        | 76             |
| 76.30                                                                                                        |                                                | 527,313                                                     | 4,475,826                                       | ** 0.117814                                   | 35,582                       | 529                                    | 76.30          |
| 88                                                                                                           | Rural Health Clinic (RHC)                      |                                                             |                                                 |                                               |                              |                                        | 88             |
| 89                                                                                                           | Federally Qualified Health Center<br>(FQHC)    |                                                             |                                                 |                                               |                              |                                        | 89             |
| 90                                                                                                           | Clinic                                         | 334,953                                                     | 3,238,280                                       | ** 0.103435                                   | 7,088                        | 636                                    | 90             |
| 91                                                                                                           | Emergency                                      | 779,578                                                     | 28,384,044                                      | ** 0.027465                                   | 3,015,121                    | 82,810                                 | 91             |
| 92                                                                                                           | Observation Beds                               | 188,775                                                     | 3,257,332                                       | ** 0.057954                                   | 339,593                      | 19,681                                 | 92             |
| 93                                                                                                           | Other Outpatient Service (specify)             |                                                             |                                                 |                                               |                              |                                        | 93             |
|                                                                                                              | OTHER REIMBURSABLE COST<br>CENTERS             |                                                             |                                                 |                                               |                              |                                        |                |
| 94                                                                                                           | Home Program Dialysis                          |                                                             |                                                 |                                               |                              |                                        | 94             |
| 95                                                                                                           | Ambulance Services                             |                                                             |                                                 |                                               |                              |                                        | 95             |
| 96                                                                                                           | Durable Medical Equipment-Rented               |                                                             |                                                 |                                               |                              |                                        | 96             |
| 97                                                                                                           | Durable Medical Equipment-Sold                 |                                                             |                                                 |                                               |                              |                                        | 97             |
| 98                                                                                                           | Other Reimbursable (specify)                   |                                                             |                                                 |                                               |                              |                                        | 98             |
| 200                                                                                                          | Total (sum of lines 50 through 199)            | 8,397,205                                                   | 494,904,992                                     | ** 0.016967                                   | 130,744,792                  | 1,641,720                              | 200            |
| (A) Worksheet A line numbers                                                                                 |                                                |                                                             |                                                 |                                               |                              |                                        |                |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4024.2) |                                                |                                                             |                                                 |                                               |                              |                                        |                |
| 40-56B                                                                                                       |                                                |                                                             |                                                 |                                               |                              |                                        | Rev. 2 - 08-11 |

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PET-EX081B.0072

RECORD 007677

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

| APPORTIONMENT OF INPATIENT<br>ANCILLARY SERVICE CAPITAL COSTS                                                |                                                | Provider CCN: 420002                                        |                                                 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011   |                              | WORKSHEET D,<br>PART II                |                |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|------------------------------|----------------------------------------|----------------|
|                                                                                                              |                                                | Medicare -Title XVIII - Subprovider                         |                                                 |                                               |                              |                                        |                |
|                                                                                                              |                                                | Capital Related<br>Cost (from Wkst.<br>B, Part II, col. 26) | Total Charges (from<br>Wkst. C, Part I, col. 8) | Ratio of Cost to<br>Charges (col. 1 + col. 2) | Inpatient<br>Program Charges | Capital Costs (column<br>3 x column 4) |                |
| (A)                                                                                                          | Cost Center Description                        | 1                                                           | 2                                               | 3                                             | 4                            | 5                                      |                |
|                                                                                                              | ANCILLARY SERVICE COST<br>CENTERS              |                                                             |                                                 |                                               |                              |                                        |                |
| 50                                                                                                           | Operating Room                                 | 1,847,743                                                   | 42,971,632                                      | ** 0.042999                                   | 29,818                       | 1,282                                  | 50             |
| 51                                                                                                           | Recovery Room                                  |                                                             |                                                 |                                               |                              |                                        | 51             |
| 52                                                                                                           | Labor Room and Delivery Room                   | 603,599                                                     | 4,376,811                                       | ** 0.137908                                   |                              |                                        | 52             |
| 53                                                                                                           | Anesthesiology                                 |                                                             |                                                 |                                               |                              |                                        | 53             |
| 54                                                                                                           | Radiology-Diagnostic                           | 888,606                                                     | 67,229,328                                      | ** 0.013218                                   | 52,053                       | 688                                    | 54             |
| 55                                                                                                           | Radiology-Therapeutic                          |                                                             |                                                 |                                               |                              |                                        | 55             |
| 56                                                                                                           | Radioisotope                                   |                                                             |                                                 |                                               |                              |                                        | 56             |
| 57                                                                                                           | Computed Tomography (CT) Scan                  |                                                             |                                                 |                                               |                              |                                        | 57             |
| 58                                                                                                           | Magnetic Resonance Imaging (MRI)               | 65,484                                                      | 7,725,435                                       | ** 0.008476                                   | 8,110                        | 69                                     | 58             |
| 59                                                                                                           | Cardiac Catheterization                        |                                                             |                                                 |                                               |                              |                                        | 60             |
| 60                                                                                                           | Laboratory                                     | 546,715                                                     | 56,956,576                                      | ** 0.009599                                   | 177,725                      | 1,706                                  | 60             |
| 60.45                                                                                                        |                                                | 549,337                                                     | 36,863,296                                      | ** 0.014902                                   |                              |                                        | 60.45          |
| 61                                                                                                           | PBP Clinical Laboratory<br>Services-Prgm. Only |                                                             |                                                 |                                               |                              |                                        | 61             |
| 62                                                                                                           | Whole Blood & Packed Red Blood<br>Cells        |                                                             |                                                 |                                               |                              |                                        | 62             |
| 63                                                                                                           | Blood Storing, Processing, &<br>Transfusing    |                                                             |                                                 |                                               |                              |                                        | 63             |
| 64                                                                                                           | Intravenous Therapy                            | 274,728                                                     | 30,622,090                                      | ** 0.008972                                   | 565                          | 5                                      | 64             |
| 65                                                                                                           | Respiratory Therapy                            | 166,983                                                     | 10,073,054                                      | ** 0.016577                                   | 5,175                        | 86                                     | 65             |
| 66                                                                                                           | Physical Therapy                               | 75,638                                                      | 4,092,988                                       | ** 0.018480                                   | 4,687                        | 87                                     | 66             |
| 67                                                                                                           | Occupational Therapy                           | 2,275                                                       | 468,900                                         | ** 0.004852                                   | 370                          | 2                                      | 67             |
| 68                                                                                                           | Speech Pathology                               | 2,991                                                       | 475,564                                         | ** 0.006289                                   | 2,175                        | 14                                     | 68             |
| 69                                                                                                           | Electrocardiology                              | 72,891                                                      | 12,446,304                                      | ** 0.005856                                   | 11,265                       | 66                                     | 69             |
| 70                                                                                                           | Electroencephalography                         | 114,610                                                     | 2,333,994                                       | ** 0.049105                                   | 2,705                        | 133                                    | 70             |
| 71                                                                                                           | Medical Supplies Charged to Patients           | 456,316                                                     | 63,808,548                                      | ** 0.007151                                   | 18,061                       | 129                                    | 71             |
| 72                                                                                                           | Implantable Devices Charged to<br>Patients     | 463,934                                                     | 28,256,296                                      | ** 0.016419                                   |                              |                                        | 72             |
| 73                                                                                                           | Drugs Charged to Patients                      | 392,880                                                     | 83,773,360                                      | ** 0.004580                                   | 665,497                      | 3,048                                  | 73             |
| 74                                                                                                           | Renal Dialysis                                 | 41,856                                                      | 1,075,331                                       | ** 0.038924                                   |                              |                                        | 74             |
| 75                                                                                                           | ASC (Non-Distinct Part)                        |                                                             |                                                 |                                               |                              |                                        | 75             |
| 76                                                                                                           | Other Ancillary (specify)                      |                                                             |                                                 |                                               |                              |                                        | 76             |
| 76.30                                                                                                        |                                                | 527,313                                                     | 4,475,826                                       | ** 0.117814                                   | 70,662                       | 349                                    | 76.30          |
| 88                                                                                                           | Rural Health Clinic (RHC)                      |                                                             |                                                 |                                               |                              |                                        | 88             |
| 89                                                                                                           | Federally Qualified Health Center<br>(FQHC)    |                                                             |                                                 |                                               |                              |                                        | 89             |
| 90                                                                                                           | Clinic                                         | 334,953                                                     | 3,238,280                                       | ** 0.103435                                   |                              |                                        | 90             |
| 91                                                                                                           | Emergency                                      | 779,578                                                     | 28,384,044                                      | ** 0.027465                                   | 81,575                       | 2,240                                  | 91             |
| 92                                                                                                           | Observation Beds                               | 188,775                                                     | 3,257,332                                       | ** 0.057954                                   |                              |                                        | 92             |
| 93                                                                                                           | Other Outpatient Service (specify)             |                                                             |                                                 |                                               |                              |                                        | 93             |
|                                                                                                              | OTHER REIMBURSABLE COST<br>CENTERS             |                                                             |                                                 |                                               |                              |                                        |                |
| 94                                                                                                           | Home Program Dialysis                          |                                                             |                                                 |                                               |                              |                                        | 94             |
| 95                                                                                                           | Ambulance Services                             |                                                             |                                                 |                                               |                              |                                        | 95             |
| 96                                                                                                           | Durable Medical Equipment-Rented               |                                                             |                                                 |                                               |                              |                                        | 96             |
| 97                                                                                                           | Durable Medical Equipment-Sold                 |                                                             |                                                 |                                               |                              |                                        | 97             |
| 98                                                                                                           | Other Reimbursable (specify)                   |                                                             |                                                 |                                               |                              |                                        | 98             |
| 200                                                                                                          | Total (sum of lines 50 through 199)            | 8,397,205                                                   | 494,904,992                                     | ** 0.016967                                   | 1,130,443                    | 9,904                                  | 200            |
| (A) Worksheet A line numbers                                                                                 |                                                |                                                             |                                                 |                                               |                              |                                        |                |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4024.2) |                                                |                                                             |                                                 |                                               |                              |                                        |                |
| 40-568                                                                                                       |                                                |                                                             |                                                 |                                               |                              |                                        | Rev. 2 - 08-11 |

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PET-EX081B.0073

RECORD 007678

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS                                          |                |                    |                                  |                                                | Provider CCN: 420002                                 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET D,<br>PART III   |                        |                                                       |
|--------------------------------------------------------------------------------------------------------------|----------------|--------------------|----------------------------------|------------------------------------------------|------------------------------------------------------|---------------------------------------------|----------------------------|------------------------|-------------------------------------------------------|
| Medicare - Title XVIII - Hospital                                                                            |                |                    |                                  |                                                |                                                      |                                             |                            |                        |                                                       |
| (A) Cost Center Description                                                                                  | Nursing School | Allied Health Cost | All Other Medical Education Cost | Swing-Bed Adjustment Amount (see instructions) | Total Costs (sum of cols. 1 through 3, minus col. 4) | Total Patient Days                          | Per Diem (col. 5 ÷ col. 6) | Inpatient Program Days | Inpatient Program Pass-Through Cost (col. 7 x col. 8) |
| 1                                                                                                            | 2              | 3                  | 4                                | 5                                              | 6                                                    | 7                                           | 8                          | 9                      |                                                       |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b>                                                                |                |                    |                                  |                                                |                                                      |                                             |                            |                        |                                                       |
| 30 Adults & Pediatrics (General Routine Care)                                                                |                |                    |                                  |                                                |                                                      | 54,349                                      |                            | 25,233                 | 30                                                    |
| 31 Intensive Care Unit                                                                                       |                |                    |                                  |                                                |                                                      | 5,250                                       |                            | 2,976                  | 31                                                    |
| 32 Coronary Care Unit                                                                                        |                |                    |                                  |                                                |                                                      |                                             |                            |                        | 32                                                    |
| 33 Burn Intensive Care Unit                                                                                  |                |                    |                                  |                                                |                                                      |                                             |                            |                        | 33                                                    |
| 34 Surgical Intensive Care Unit                                                                              |                |                    |                                  |                                                |                                                      |                                             |                            |                        | 34                                                    |
| 35 Other Special Care Unit (specify)                                                                         |                |                    |                                  |                                                |                                                      |                                             |                            |                        | 35                                                    |
| 40 Subprovider IPF                                                                                           |                |                    |                                  |                                                |                                                      | 5,211                                       |                            | 1,528                  | 40                                                    |
| 41 Subprovider IRF                                                                                           |                |                    |                                  |                                                |                                                      |                                             |                            |                        | 41                                                    |
| 42 Subprovider (Other)                                                                                       |                |                    |                                  |                                                |                                                      |                                             |                            |                        | 42                                                    |
| 43 Nursery                                                                                                   |                |                    |                                  |                                                |                                                      | 5,136                                       |                            |                        | 43                                                    |
| 44 Skilled Nursing Facility                                                                                  |                |                    |                                  |                                                |                                                      |                                             |                            |                        | 44                                                    |
| 45 Nursing Facility                                                                                          |                |                    |                                  |                                                |                                                      |                                             |                            |                        | 45                                                    |
| 200 Total (sum of lines 30-199)                                                                              |                |                    |                                  |                                                |                                                      | 69,946                                      |                            | 29,737                 | 200                                                   |
| (A) Worksheet A line numbers                                                                                 |                |                    |                                  |                                                |                                                      |                                             |                            |                        |                                                       |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4024.3) |                |                    |                                  |                                                |                                                      |                                             |                            |                        |                                                       |
| Rev. 2 - 08-11                                                                                               |                |                    |                                  |                                                |                                                      |                                             |                            | 40-569                 |                                                       |

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PET-EX081B.0074

RECORD 007679

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record ends 6608 - 2010]

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 420802

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

WORKSHEET D,  
PART IV

Medicare - Title XVIII - Subprovider

| (A)                             | Cost Center Description                     | Non Physician Anesthetist Cost | Nursing School | Allied Health | All Other Medical Education Cost | Total cost (sum of col 1 through col. 4) | Total Outpatient Cost (sum of col. 2, 3 and 4) | Total Charges (from Wlist. 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) |       |
|---------------------------------|---------------------------------------------|--------------------------------|----------------|---------------|----------------------------------|------------------------------------------|------------------------------------------------|-----------------------------------------------|-------------------------------------------|-------------------------------------------------------|---------------------------|---------------------------------------------------------|----------------------------|----------------------------------------------------------|-------|
| ANCILLARY SERVICE COST CENTERS  |                                             |                                |                |               |                                  |                                          |                                                |                                               |                                           |                                                       |                           |                                                         |                            |                                                          |       |
| 50                              | Operating Room                              |                                |                |               |                                  |                                          |                                                | 42,971,632                                    |                                           |                                                       | 29,818                    |                                                         |                            |                                                          | 50    |
| 51                              | Recovery Room                               |                                |                |               |                                  |                                          |                                                |                                               |                                           |                                                       |                           |                                                         |                            |                                                          | 51    |
| 52                              | Labor room and Delivery Room                |                                |                |               |                                  |                                          |                                                | 4,376,811                                     |                                           |                                                       |                           |                                                         |                            |                                                          | 52    |
| 53                              | Anesthesiology                              |                                |                |               |                                  |                                          |                                                |                                               |                                           |                                                       |                           |                                                         |                            |                                                          | 53    |
| 54                              | Radiology-Diagnostic                        |                                |                |               |                                  |                                          |                                                | 67,229,328                                    |                                           |                                                       | 52,053                    |                                                         |                            |                                                          | 54    |
| 55                              | Radiology-Therapeutic                       |                                |                |               |                                  |                                          |                                                |                                               |                                           |                                                       |                           |                                                         |                            |                                                          | 55    |
| 56                              | Radiolab                                    |                                |                |               |                                  |                                          |                                                |                                               |                                           |                                                       |                           |                                                         |                            |                                                          | 56    |
| 57                              | Computed Tomography (CT) Scan               |                                |                |               |                                  |                                          |                                                |                                               |                                           |                                                       |                           |                                                         |                            |                                                          | 57    |
| 58                              | Magnetic Resonance Imaging (MRI)            |                                |                |               |                                  |                                          |                                                | 7,725,435                                     |                                           |                                                       | 8,110                     |                                                         |                            |                                                          | 58    |
| 59                              | Cardiac Catheterization                     |                                |                |               |                                  |                                          |                                                |                                               |                                           |                                                       |                           |                                                         |                            |                                                          | 59    |
| 60                              | Laboratory                                  |                                |                |               |                                  |                                          |                                                | 56,956,576                                    |                                           |                                                       | 177,725                   |                                                         |                            |                                                          | 60    |
| 60.45                           | Vascular Lab                                |                                |                |               |                                  |                                          |                                                | 36,863,296                                    |                                           |                                                       |                           |                                                         |                            |                                                          | 60.45 |
| 61                              | PPF Clinical Laboratory Services-Pygm. Only |                                |                |               |                                  |                                          |                                                |                                               |                                           |                                                       |                           |                                                         |                            |                                                          | 61    |
| 62                              | Whole Blood & Packed Red Blood Cells        |                                |                |               |                                  |                                          |                                                |                                               |                                           |                                                       |                           |                                                         |                            |                                                          | 62    |
| 63                              | Blood Storing, Processing, & Transfusing    |                                |                |               |                                  |                                          |                                                |                                               |                                           |                                                       |                           |                                                         |                            |                                                          | 63    |
| 64                              | Intravenous Therapy                         |                                |                |               |                                  |                                          |                                                | 30,622,090                                    |                                           |                                                       | 565                       |                                                         |                            |                                                          | 64    |
| 65                              | Respiratory Therapy                         |                                |                |               |                                  |                                          |                                                | 10,073,054                                    |                                           |                                                       | 5,175                     |                                                         |                            |                                                          | 65    |
| 66                              | Physical Therapy                            |                                |                |               |                                  |                                          |                                                | 4,092,988                                     |                                           |                                                       | 4,687                     |                                                         |                            |                                                          | 66    |
| 67                              | Occupational Therapy                        |                                |                |               |                                  |                                          |                                                | 468,900                                       |                                           |                                                       | 370                       |                                                         |                            |                                                          | 67    |
| 68                              | Speech Pathology                            |                                |                |               |                                  |                                          |                                                | 475,564                                       |                                           |                                                       | 2,175                     |                                                         |                            |                                                          | 68    |
| 69                              | Electrocardiology                           |                                |                |               |                                  |                                          |                                                | 12,446,304                                    |                                           |                                                       | 11,265                    |                                                         |                            |                                                          | 69    |
| 70                              | Electroencephalography                      |                                |                |               |                                  |                                          |                                                | 2,333,994                                     |                                           |                                                       | 2,705                     |                                                         |                            |                                                          | 70    |
| 71                              | Medical Supplies Charged To Patients        |                                |                |               |                                  |                                          |                                                | 63,808,548                                    |                                           |                                                       | 18,061                    |                                                         |                            |                                                          | 71    |
| 72                              | Implantable Devices Charged to Patients     |                                |                |               |                                  |                                          |                                                | 28,256,296                                    |                                           |                                                       |                           |                                                         |                            |                                                          | 72    |
| 73                              | Drugs Charged to Patients                   |                                |                |               |                                  |                                          |                                                | 85,773,360                                    |                                           |                                                       | 665,497                   |                                                         | 854                        |                                                          | 73    |
| 74                              | Renal Dialysis                              |                                |                |               |                                  |                                          |                                                | 1,075,331                                     |                                           |                                                       |                           |                                                         |                            |                                                          | 74    |
| 75                              | ASC (Non-Distinct Part)                     |                                |                |               |                                  |                                          |                                                |                                               |                                           |                                                       |                           |                                                         |                            |                                                          | 75    |
| 76                              | Other Ancillary (specify)                   |                                |                |               |                                  |                                          |                                                |                                               |                                           |                                                       |                           |                                                         |                            |                                                          | 76    |
| 76.30                           | Other Ancillary Cost Centers                |                                |                |               |                                  |                                          |                                                | 4,475,826                                     |                                           |                                                       | 70,662                    |                                                         |                            |                                                          | 76.30 |
| OUTPATIENT SERVICE COST CENTERS |                                             |                                |                |               |                                  |                                          |                                                |                                               |                                           |                                                       |                           |                                                         |                            |                                                          |       |

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PET-EX081B.0075

RECORD 007680

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS                             |                                             |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     | Provider CCN: 420002                                              |                                 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011                          |                                  | WORKSHEET D,<br>PART IV                                               |     |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------|-------------------|---------------|-------------------------------------------|------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------|-----|
| Medicare - Title XVIII - Subprovider                                                                         |                                             |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       |     |
| (A)                                                                                                          | Cost Center Description                     | 1                                    | 2                 | 3             | 4                                         | 5                                              | 6                                                       | 7                                                     | 8                                                   | 9                                                                 | 10                              | 11                                                                   | 12                               | 13                                                                    |     |
|                                                                                                              |                                             | Non-Physician<br>Anesthetist<br>Cost | Nursing<br>School | Allied Health | All Other<br>Medical<br>Education<br>Cost | Total cost<br>(sum of col 1<br>through col. 4) | Total<br>Outpatient<br>Cost (sum of<br>col. 2, 3 and 4) | Total Charges<br>(from Wkst.<br>C, Part<br>1, col. 8) | Ratio of<br>Cost to<br>Charges (col.<br>5 + col. 7) | Outpatient<br>Ratio of<br>Cost to<br>Charges (col.<br>6 + col. 7) | Inpatient<br>Program<br>Charges | Inpatient<br>Program Pass-<br>Through<br>Costs (col.<br>8 x col. 10) | Outpatient<br>Program<br>Charges | Outpatient<br>Program Pass-<br>Through<br>Costs (col.<br>9 x col. 12) |     |
| 88                                                                                                           | Rural Health Clinic (RHC)                   |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 88  |
| 89                                                                                                           | Federally Qualified Health Center<br>(FQHC) |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 89  |
| 90                                                                                                           | Clinic                                      |                                      |                   |               |                                           |                                                |                                                         | 3,238,280                                             |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 90  |
| 91                                                                                                           | Emergency                                   |                                      |                   |               |                                           |                                                |                                                         | 28,384,044                                            |                                                     |                                                                   | 81,575                          |                                                                      | 18                               |                                                                       | 91  |
| 92                                                                                                           | Observation Beds                            |                                      |                   |               |                                           |                                                |                                                         | 3,257,332                                             |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 92  |
| 93                                                                                                           | Other Outpatient Service (specify)          |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 93  |
| OTHER REIMBURSABLE COST CENTERS                                                                              |                                             |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       |     |
| 94                                                                                                           | Home Program Dialysis                       |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 94  |
| 95                                                                                                           | Ambulance Services                          |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 95  |
| 96                                                                                                           | Durable Medical Equipment-Rented            |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 96  |
| 97                                                                                                           | Durable Medical Equipment-Sold              |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 97  |
| 98                                                                                                           | Other Reimbursable (specify)                |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 98  |
| 200                                                                                                          | Total (sum of lines 50 through 199)         |                                      |                   |               |                                           |                                                |                                                         | 494,904,992                                           |                                                     |                                                                   | 1,130,443                       |                                                                      | 872                              |                                                                       | 200 |
| (A) Worksheet A line numbers                                                                                 |                                             |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       |     |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4024.4) |                                             |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       |     |
| Rev. 2 - 08-11                                                                                               |                                             |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  | 40-571                                                                |     |

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PET-EX081B.0076

RECORD 007681

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 420002

PERIOD:  
FROM 06/01/2010  
TO 03/31/2011

WORKSHEET D,  
PART IV

Medicare - Title XVIII - Hospital

|                                                   | Non Physician<br>Anesthetist<br>Cost | Nursing<br>School | Allied Health | All Other<br>Medical<br>Education<br>Cost | Total cost<br>(sum of col 1<br>through col. 4) | Total<br>Outpatient<br>Cost (sum of<br>col. 2, 3 and 4) | Total Charges<br>(from Wkst.<br>C, Part<br>I, col. 8) | Ratio of<br>Cost to<br>Charges (col.<br>5 ÷ col. 7) | Outpatient<br>Ratio of<br>Cost to<br>Charges (col.<br>6 ÷ col. 7) | Inpatient<br>Program<br>Charges | Inpatient<br>Program Pass-<br>Through<br>Costs (col.<br>8 x col. 10) | Outpatient<br>Program<br>Charges | Outpatient<br>Program Pass-<br>Through<br>Costs (col.<br>9 x col. 12) |       |
|---------------------------------------------------|--------------------------------------|-------------------|---------------|-------------------------------------------|------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------|-------|
| (A) Cost Center Description                       | 1                                    | 2                 | 3             | 4                                         | 5                                              | 6                                                       | 7                                                     | 8                                                   | 9                                                                 | 10                              | 11                                                                   | 12                               | 13                                                                    |       |
| ANCILLARY SERVICE COST CENTERS                    |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       |       |
| 50 Operating Room                                 |                                      |                   |               |                                           |                                                |                                                         | 42,971,632                                            |                                                     |                                                                   | 9,596,094                       |                                                                      | 4,891,035                        |                                                                       | 50    |
| 51 Recovery Room                                  |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 51    |
| 52 Labor room and Delivery Room                   |                                      |                   |               |                                           |                                                |                                                         | 4,376,811                                             |                                                     |                                                                   | 19,215                          |                                                                      | 1,383                            |                                                                       | 52    |
| 53 Anesthesiology                                 |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 53    |
| 54 Radiology-Diagnostic                           |                                      |                   |               |                                           |                                                |                                                         | 67,229,328                                            |                                                     |                                                                   | 8,907,409                       |                                                                      | 14,398,289                       |                                                                       | 54    |
| 55 Radiology-Therapeutic                          |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 55    |
| 56 Radioisotope                                   |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 56    |
| 57 Computed Tomography (CT) Scan                  |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 57    |
| 58 Magnetic Resonance Imaging (MRI)               |                                      |                   |               |                                           |                                                |                                                         | 7,723,435                                             |                                                     |                                                                   | 1,549,011                       |                                                                      | 1,605,684                        |                                                                       | 58    |
| 59 Cardiac Catheterization                        |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 59    |
| 60 Laboratory                                     |                                      |                   |               |                                           |                                                |                                                         | 56,956,576                                            |                                                     |                                                                   | 17,925,858                      |                                                                      | 1,609,045                        |                                                                       | 60    |
| 60.45 Vascular Lab                                |                                      |                   |               |                                           |                                                |                                                         | 36,863,296                                            |                                                     |                                                                   | 8,443,925                       |                                                                      | 8,434,381                        |                                                                       | 60.45 |
| 61 FBP Clinical Laboratory Services-Pygm.<br>Only |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 61    |
| 62 Whole Blood & Packed Red Blood Cells           |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 62    |
| 63 Blood Storing, Processing, &<br>Transfusing    |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 63    |
| 64 Intravenous Therapy                            |                                      |                   |               |                                           |                                                |                                                         | 30,622,090                                            |                                                     |                                                                   | 10,611,240                      |                                                                      | 2,049,812                        |                                                                       | 64    |
| 65 Respiratory Therapy                            |                                      |                   |               |                                           |                                                |                                                         | 10,073,054                                            |                                                     |                                                                   | 5,032,730                       |                                                                      | 363,130                          |                                                                       | 65    |
| 66 Physical Therapy                               |                                      |                   |               |                                           |                                                |                                                         | 4,092,988                                             |                                                     |                                                                   | 1,594,597                       |                                                                      |                                  |                                                                       | 66    |
| 67 Occupational Therapy                           |                                      |                   |               |                                           |                                                |                                                         | 468,900                                               |                                                     |                                                                   | 137,874                         |                                                                      |                                  |                                                                       | 67    |
| 68 Speech Pathology                               |                                      |                   |               |                                           |                                                |                                                         | 475,564                                               |                                                     |                                                                   | 217,338                         |                                                                      |                                  |                                                                       | 68    |
| 69 Electrocardiology                              |                                      |                   |               |                                           |                                                |                                                         | 12,446,304                                            |                                                     |                                                                   | 4,666,287                       |                                                                      | 1,310,029                        |                                                                       | 69    |
| 70 Electroencephalography                         |                                      |                   |               |                                           |                                                |                                                         | 2,333,994                                             |                                                     |                                                                   | 329,295                         |                                                                      | 447,260                          |                                                                       | 70    |
| 71 Medical Supplies Charged To Patients           |                                      |                   |               |                                           |                                                |                                                         | 63,808,548                                            |                                                     |                                                                   | 15,371,553                      |                                                                      | 8,703,619                        |                                                                       | 71    |
| 72 Implantable Devices Charged to Patients        |                                      |                   |               |                                           |                                                |                                                         | 28,256,296                                            |                                                     |                                                                   | 9,087,651                       |                                                                      | 5,331,278                        |                                                                       | 72    |
| 73 Drugs Charged to Patients                      |                                      |                   |               |                                           |                                                |                                                         | 85,773,360                                            |                                                     |                                                                   | 33,094,632                      |                                                                      | 6,624,671                        |                                                                       | 73    |
| 74 Renal Dialysis                                 |                                      |                   |               |                                           |                                                |                                                         | 1,075,331                                             |                                                     |                                                                   | 762,700                         |                                                                      |                                  |                                                                       | 74    |
| 75 ASC (Non-Distinct Part)                        |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 75    |
| 76 Other Ancillary (specify)                      |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 76    |
| 76.30 Other Ancillary Cost Centers                |                                      |                   |               |                                           |                                                |                                                         | 4,475,826                                             |                                                     |                                                                   | 35,582                          |                                                                      | 2,015,110                        |                                                                       | 76.30 |
| OUTPATIENT SERVICE COST CENTERS                   |                                      |                   |               |                                           |                                                |                                                         |                                                       |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       |       |

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PET-EX081B.0077

RECORD 007682

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS                             |                                          |                                      |                   |               |                                           |                                                |                                                         |                                                      |                                                     | Provider CCN: 420002                                              |                                 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011                          |                                  | WORKSHEET D,<br>PART IV                                               |     |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------|-------------------|---------------|-------------------------------------------|------------------------------------------------|---------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------|-----|
| Medicare - Title XVIII - Hospital                                                                            |                                          |                                      |                   |               |                                           |                                                |                                                         |                                                      |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       |     |
| (A)                                                                                                          | Cost Center Description                  | Non Physician<br>Anesthetist<br>Cost | Nursing<br>School | Allied Health | All Other<br>Medical<br>Education<br>Cost | Total cost<br>(sum of col 1<br>through col. 4) | Total<br>Outpatient<br>Cost (sum of<br>col. 2, 3 and 4) | Total Charges<br>(from What<br>C, Part<br>1, col. 8) | Ratio of<br>Cost to<br>Charges (col.<br>5 + col. 7) | Outpatient<br>Ratio of<br>Cost to<br>Charges (col.<br>6 + col. 7) | Inpatient<br>Program<br>Charges | Inpatient<br>Program Pass-<br>Through<br>Costs (col.<br>8 x col. 10) | Outpatient<br>Program<br>Charges | Outpatient<br>Program Pass-<br>Through<br>Costs (col.<br>9 x col. 12) |     |
| 88                                                                                                           | Rural Health Clinic (RHC)                |                                      |                   |               |                                           |                                                |                                                         |                                                      |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 88  |
| 89                                                                                                           | Federally Qualified Health Center (FQHC) |                                      |                   |               |                                           |                                                |                                                         |                                                      |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 89  |
| 90                                                                                                           | Clinic                                   |                                      |                   |               |                                           |                                                |                                                         | 3,238,280                                            |                                                     |                                                                   | 7,088                           |                                                                      | 945,952                          |                                                                       | 90  |
| 91                                                                                                           | Emergency                                |                                      |                   |               |                                           |                                                |                                                         | 28,384,044                                           |                                                     |                                                                   | 3,015,121                       |                                                                      | 3,430,256                        |                                                                       | 91  |
| 92                                                                                                           | Observation Beds                         |                                      |                   |               |                                           |                                                |                                                         | 3,257,332                                            |                                                     |                                                                   | 339,593                         |                                                                      | 994,848                          |                                                                       | 92  |
| 93                                                                                                           | Other Outpatient Service (specify)       |                                      |                   |               |                                           |                                                |                                                         |                                                      |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 93  |
| OTHER REIMBURSABLE COST CENTERS                                                                              |                                          |                                      |                   |               |                                           |                                                |                                                         |                                                      |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       |     |
| 94                                                                                                           | Home Program Dialysis                    |                                      |                   |               |                                           |                                                |                                                         |                                                      |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 94  |
| 95                                                                                                           | Ambulance Services                       |                                      |                   |               |                                           |                                                |                                                         |                                                      |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 95  |
| 96                                                                                                           | Durable Medical Equipment-Rented         |                                      |                   |               |                                           |                                                |                                                         |                                                      |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 96  |
| 97                                                                                                           | Durable Medical Equipment-Sold           |                                      |                   |               |                                           |                                                |                                                         |                                                      |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 97  |
| 98                                                                                                           | Other Reimbursable (specify)             |                                      |                   |               |                                           |                                                |                                                         |                                                      |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       | 98  |
| 200                                                                                                          | Total (sum of lines 50 through 199)      |                                      |                   |               |                                           |                                                |                                                         | 494,904,992                                          |                                                     |                                                                   | 130,744,792                     |                                                                      | 63,155,784                       |                                                                       | 200 |
| (A) Worksheet A line numbers                                                                                 |                                          |                                      |                   |               |                                           |                                                |                                                         |                                                      |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       |     |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-11, SECTION 4024.4) |                                          |                                      |                   |               |                                           |                                                |                                                         |                                                      |                                                     |                                                                   |                                 |                                                                      |                                  |                                                                       |     |
| Rev. 2 - 08-11                                                                                               |                                          |                                      |                   |               |                                           |                                                |                                                         |                                                      |                                                     |                                                                   |                                 |                                                                      |                                  | 40-571                                                                |     |

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PET-EX081B.0078

RECORD 007683

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

|                                                          |                      |                                             |                        |
|----------------------------------------------------------|----------------------|---------------------------------------------|------------------------|
| APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET D,<br>PART V |
|----------------------------------------------------------|----------------------|---------------------------------------------|------------------------|

Medicare - Title XVIII - Subprovider

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

| (A) | Cost Center Description                            | Cost to Charge<br>Ratio from<br>Worksheet C,<br>Part I, col. 9 | Program Charges                                     |                                                                                        |                                                                                            | Program Cost                          |                                                                       |                                                                           |
|-----|----------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------|
|     |                                                    |                                                                | PPS<br>Reimbursed<br>Services (see<br>instructions) | Cost<br>Reimbursed<br>Services<br>Subject<br>to Ded. &<br>Coins. (see<br>instructions) | Cost<br>Reimbursed<br>Services<br>Not Subject<br>to Ded. &<br>Coins. (see<br>instructions) | PPS<br>Services (see<br>instructions) | Cost Services<br>Subject<br>to Ded. &<br>Coins. (see<br>instructions) | Cost Services<br>Not Subject<br>to Ded. &<br>Coins. (see<br>instructions) |
|     |                                                    | 1                                                              | 2                                                   | 3                                                                                      | 4                                                                                          | 5                                     | 6                                                                     | 7                                                                         |
|     | ANCILLARY SERVICE COST CENTERS                     |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           |
| 50  | Operating Room                                     |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 50                                                                        |
| 51  | Recovery Room                                      |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 51                                                                        |
| 52  | Labor & Delivery Room                              |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 52                                                                        |
| 53  | Anesthesiology                                     |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 53                                                                        |
| 54  | Radiology-Diagnostic                               |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 54                                                                        |
| 55  | Radiology-Therapeutic                              |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 55                                                                        |
| 56  | Radioisotope                                       |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 56                                                                        |
| 57  | Computed Tomography (CT) Scan                      |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 57                                                                        |
| 58  | Magnetic Resonance Imaging (MRI)                   |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 58                                                                        |
| 59  | Cardiac Catheterization                            |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 59                                                                        |
| 60  | Laboratory                                         |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 60                                                                        |
| 61  | PBP Clinic Laboratory Services-Prgm. Only          |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 61                                                                        |
| 62  | Whole Blood & Packed Red Blood Cells               |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 62                                                                        |
| 63  | Blood Storing, Processing, & Transfusing           |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 63                                                                        |
| 64  | Intravenous Therapy                                |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 64                                                                        |
| 65  | Respiratory Therapy                                |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 65                                                                        |
| 66  | Physical Therapy                                   |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 66                                                                        |
| 67  | Occupational Therapy                               |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 67                                                                        |
| 68  | Speech Pathology                                   |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 68                                                                        |
| 69  | Electrocardiology                                  |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 69                                                                        |
| 70  | Electroencephalography                             |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 70                                                                        |
| 71  | Medical Supplies Charged To Patients               |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 71                                                                        |
| 72  | Implantable Devices Charged to Patients            |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 72                                                                        |
| 73  | Drugs Charged to Patients                          |                                                                | 854                                                 |                                                                                        | 2,070                                                                                      | 151                                   |                                                                       | 366 73                                                                    |
| 74  | Renal Dialysis                                     |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 74                                                                        |
| 75  | ASC (Non-Distinct Part)                            |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 75                                                                        |
| 76  | Other Ancillary (specify)                          |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 76                                                                        |
|     | OUTPATIENT SERVICE COST CENTERS                    |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           |
| 88  | Rural Health Clinic (RHC)                          |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 88                                                                        |
| 89  | Federally Qualified Health Center (FQHC)           |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 89                                                                        |
| 90  | Clinic                                             |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 90                                                                        |
| 91  | Emergency                                          |                                                                | 18                                                  |                                                                                        |                                                                                            | 6                                     |                                                                       | 91                                                                        |
| 92  | Observation Bed                                    |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 92                                                                        |
| 93  | Other Outpatient Service (specify)                 |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 93                                                                        |
|     | OTHER REIMBURSABLE COST CENTERS                    |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           |
| 94  | Home Program Dialysis                              |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 94                                                                        |
| 95  | Ambulance                                          |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 95                                                                        |
| 96  | Durable Medical Equipment-Rented                   |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 96                                                                        |
| 97  | Durable Medical Equipment-Sold                     |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 97                                                                        |
| 98  | Other Reimbursable Cost Center                     |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 98                                                                        |
| 200 | Subtotal (see instructions)                        |                                                                | 872                                                 |                                                                                        | 2,070                                                                                      | 157                                   |                                                                       | 366 200                                                                   |
| 201 | Less PBP Clinic Lab. Services-Program Only Charges |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       | 201                                                                       |
| 202 | Net Charges (line 200 - line 201 )                 |                                                                | 872                                                 |                                                                                        | 2,070                                                                                      | 157                                   |                                                                       | 366 202                                                                   |

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-11, SECTIONS 4024.5)

40-572

Rev. 2 - 08-11

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PET-EX081B.0079

RECORD 007684

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

|                                                          |                      |                                             |                        |
|----------------------------------------------------------|----------------------|---------------------------------------------|------------------------|
| APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET D,<br>PART V |
|----------------------------------------------------------|----------------------|---------------------------------------------|------------------------|

Medicare - Title XVIII - Hospital

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

| (A)                                    | Cost Center Description                            | Cost to Charge<br>Ratio from<br>Worksheet C,<br>Part I, col. 9 | Program Charges                                     |                                                                                        |                                                                                            | Program Cost                          |                                                                       |                                                                           |       |
|----------------------------------------|----------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------|-------|
|                                        |                                                    |                                                                | PPS<br>Reimbursed<br>Services (see<br>instructions) | Cost<br>Reimbursed<br>Services<br>Subject<br>to Ded. &<br>Coins. (see<br>instructions) | Cost<br>Reimbursed<br>Services<br>Not Subject<br>to Ded. &<br>Coins. (see<br>instructions) | PPS<br>Services (see<br>instructions) | Cost Services<br>Subject<br>to Ded. &<br>Coins. (see<br>instructions) | Cost Services<br>Not Subject<br>to Ded. &<br>Coins. (see<br>instructions) |       |
|                                        | 1                                                  | 2                                                              | 3                                                   | 4                                                                                      | 5                                                                                          | 6                                     | 7                                                                     |                                                                           |       |
| <b>ANCILLARY SERVICE COST CENTERS</b>  |                                                    |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           |       |
| 50                                     | Operating Room                                     |                                                                | 4,891,035                                           |                                                                                        |                                                                                            | 1,680,408                             |                                                                       |                                                                           | 50    |
| 51                                     | Recovery Room                                      |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 51    |
| 52                                     | Labor & Delivery Room                              |                                                                | 1,383                                               |                                                                                        |                                                                                            | 1,338                                 |                                                                       |                                                                           | 52    |
| 53                                     | Anesthesiology                                     |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 53    |
| 54                                     | Radiology-Diagnostic                               |                                                                | 14,398,289                                          |                                                                                        |                                                                                            | 2,089,393                             |                                                                       |                                                                           | 54    |
| 55                                     | Radiology-Therapeutic                              |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 55    |
| 56                                     | Radioisotope                                       |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 56    |
| 57                                     | Computed Tomography (CT) Scan                      |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 57    |
| 58                                     | Magnetic Resonance Imaging (MRI)                   |                                                                | 1,605,684                                           |                                                                                        |                                                                                            | 108,474                               |                                                                       |                                                                           | 58    |
| 59                                     | Cardiac Catheterization                            |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 59    |
| 60                                     | Laboratory                                         |                                                                | 1,609,045                                           | 92                                                                                     |                                                                                            | 363,992                               | 21                                                                    |                                                                           | 60    |
| 60.45                                  | Vascular Lab                                       |                                                                | 8,434,381                                           |                                                                                        |                                                                                            | 981,500                               |                                                                       |                                                                           | 60.45 |
| 61                                     | PBP Clinic Laboratory Services-Prgm. Only          |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 61    |
| 62                                     | Whole Blood & Packed Red Blood Cells               |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 62    |
| 63                                     | Blood Storing, Processing, & Transfusing           |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 63    |
| 64                                     | Intravenous Therapy                                |                                                                | 2,049,812                                           |                                                                                        |                                                                                            | 231,795                               |                                                                       |                                                                           | 64    |
| 65                                     | Respiratory Therapy                                |                                                                | 363,130                                             |                                                                                        |                                                                                            | 106,952                               |                                                                       |                                                                           | 65    |
| 66                                     | Physical Therapy                                   |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 66    |
| 67                                     | Occupational Therapy                               |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 67    |
| 68                                     | Speech Pathology                                   |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 68    |
| 69                                     | Electrocardiology                                  |                                                                | 1,310,029                                           |                                                                                        |                                                                                            | 152,575                               |                                                                       |                                                                           | 69    |
| 70                                     | Electroencephalography                             |                                                                | 447,260                                             |                                                                                        |                                                                                            | 146,403                               |                                                                       |                                                                           | 70    |
| 71                                     | Medical Supplies Charged To Patients               |                                                                | 8,703,619                                           |                                                                                        |                                                                                            | 2,004,504                             |                                                                       |                                                                           | 71    |
| 72                                     | Implantable Devices Charged to Patients            |                                                                | 5,331,278                                           |                                                                                        |                                                                                            | 2,856,493                             |                                                                       |                                                                           | 72    |
| 73                                     | Drugs Charged to Patients                          |                                                                | 6,624,671                                           |                                                                                        | 176,869                                                                                    | 1,170,109                             |                                                                       | 31,240                                                                    | 73    |
| 74                                     | Renal Dialysis                                     |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 74    |
| 75                                     | ASC (Non-Distinct Part)                            |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 75    |
| 76                                     | Other Ancillary (specify)                          |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 76    |
| 76.30                                  | Other Ancillary Cost Centers                       |                                                                | 2,015,110                                           |                                                                                        |                                                                                            | 1,151,831                             |                                                                       |                                                                           | 76.30 |
| <b>OUTPATIENT SERVICE COST CENTERS</b> |                                                    |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           |       |
| 88                                     | Rural Health Clinic (RHC)                          |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 88    |
| 89                                     | Federally Qualified Health Center (FQHC)           |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 89    |
| 90                                     | Clinic                                             |                                                                | 945,952                                             |                                                                                        |                                                                                            | 436,248                               |                                                                       |                                                                           | 90    |
| 91                                     | Emergency                                          |                                                                | 3,430,256                                           |                                                                                        |                                                                                            | 1,181,757                             |                                                                       |                                                                           | 91    |
| 92                                     | Observation Bed                                    |                                                                | 994,848                                             |                                                                                        |                                                                                            | 462,560                               |                                                                       |                                                                           | 92    |
| 93                                     | Other Outpatient Service (specify)                 |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 93    |
| <b>OTHER REIMBURSABLE COST CENTERS</b> |                                                    |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           |       |
| 94                                     | Home Program Dialysis                              |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 94    |
| 95                                     | Ambulance                                          |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 95    |
| 96                                     | Durable Medical Equipment-Rented                   |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 96    |
| 97                                     | Durable Medical Equipment-Sold                     |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 97    |
| 98                                     | Other Reimbursable Cost Center                     |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 98    |
| 200                                    | Subtotal (see instructions)                        |                                                                | 63,155,784                                          | 92                                                                                     | 176,869                                                                                    | 15,126,332                            | 21                                                                    | 31,240                                                                    | 200   |
| 201                                    | Less PBP Clinic Lab. Services-Program Only Charges |                                                                |                                                     |                                                                                        |                                                                                            |                                       |                                                                       |                                                                           | 201   |
| 202                                    | Net Charges (line 200 - line 201)                  |                                                                | 63,155,784                                          | 92                                                                                     | 176,869                                                                                    | 15,126,332                            | 21                                                                    | 31,240                                                                    | 202   |

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

40-572

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PET-EX081B.0080

RECORD 007685

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

|                                                                                                               |                                                                                                                                                                                           |                      |                                             |                       |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------|-----------------------|
| COMPUTATION OF INPATIENT OPERATING COST                                                                       |                                                                                                                                                                                           | Provider CCN- 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET D-1, PART I |
| Medicare - Title XVIII - Subprovider                                                                          |                                                                                                                                                                                           |                      |                                             |                       |
| PART I - ALL PROVIDER COMPONENTS                                                                              |                                                                                                                                                                                           |                      |                                             |                       |
| INPATIENT DAYS                                                                                                |                                                                                                                                                                                           |                      |                                             |                       |
| 1                                                                                                             | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                      | 5,211                                       | 1                     |
| 2                                                                                                             | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                      | 5,211                                       | 2                     |
| 3                                                                                                             | Private room days (excluding swing-bed and observation bed days)                                                                                                                          |                      | 1,405                                       | 3                     |
| 4                                                                                                             | Semi-private room days (excluding swing-bed and observation bed days)                                                                                                                     |                      | 3,806                                       | 4                     |
| 5                                                                                                             | Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period                                                                    |                      |                                             | 5                     |
| 6                                                                                                             | Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)                             |                      |                                             | 6                     |
| 7                                                                                                             | Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period                                                                     |                      |                                             | 7                     |
| 8                                                                                                             | Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)                              |                      |                                             | 8                     |
| 9                                                                                                             | Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)                                                                         |                      | 1,528                                       | 9                     |
| 10                                                                                                            | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions).                       |                      |                                             | 10                    |
| 11                                                                                                            | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)    |                      |                                             | 11                    |
| 12                                                                                                            | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period.                                       |                      |                                             | 12                    |
| 13                                                                                                            | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) |                      |                                             | 13                    |
| 14                                                                                                            | Medically necessary private room days applicable to the Program (excluding swing-bed days)                                                                                                |                      | 501                                         | 14                    |
| 15                                                                                                            | Total nursery days (title V or XIX only)                                                                                                                                                  |                      |                                             | 15                    |
| 16                                                                                                            | Nursery days (title V or XIX only)                                                                                                                                                        |                      |                                             | 16                    |
| SWING BED ADJUSTMENT                                                                                          |                                                                                                                                                                                           |                      |                                             |                       |
| 17                                                                                                            | Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period                                                                          |                      |                                             | 17                    |
| 18                                                                                                            | Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period                                                                            |                      |                                             | 18                    |
| 19                                                                                                            | Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period                                                                           |                      |                                             | 19                    |
| 20                                                                                                            | Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period                                                                             |                      |                                             | 20                    |
| 21                                                                                                            | Total general inpatient routine service cost (see instructions)                                                                                                                           |                      | 3,830,002                                   | 21                    |
| 22                                                                                                            | Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)                                                                        |                      |                                             | 22                    |
| 23                                                                                                            | Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)                                                                          |                      |                                             | 23                    |
| 24                                                                                                            | Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)                                                                         |                      |                                             | 24                    |
| 25                                                                                                            | Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)                                                                           |                      |                                             | 25                    |
| 26                                                                                                            | Total swing-bed cost (see instructions)                                                                                                                                                   |                      |                                             | 26                    |
| 27                                                                                                            | General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)                                                                                                      |                      | 3,830,002                                   | 27                    |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT                                                                          |                                                                                                                                                                                           |                      |                                             |                       |
| 28                                                                                                            | General inpatient routine service charges (excluding swing-bed charges)                                                                                                                   |                      | 8,822,470                                   | 28                    |
| 29                                                                                                            | Private room charges (excluding swing-bed charges)                                                                                                                                        |                      | 1,940,010                                   | 29                    |
| 30                                                                                                            | Semi-private room charges (excluding swing-bed charges)                                                                                                                                   |                      | 6,882,460                                   | 30                    |
| 31                                                                                                            | General inpatient routine service cost/charge ratio (line 27 ÷ line 28)                                                                                                                   |                      | 0.434119                                    | 31                    |
| 32                                                                                                            | Average private room per diem charge (line 29 ÷ line 3)                                                                                                                                   |                      | 1,380.79                                    | 32                    |
| 33                                                                                                            | Average semi-private room per diem charge (line 30 ÷ line 4)                                                                                                                              |                      | 1,808                                       | 33                    |
| 34                                                                                                            | Average per diem private room charge differential (line 32 minus line 33) (see instructions)                                                                                              |                      |                                             | 34                    |
| 35                                                                                                            | Average per diem private room cost differential (line 34 x line 31)                                                                                                                       |                      |                                             | 35                    |
| 36                                                                                                            | Private room cost differential adjustment (line 3 x line 35)                                                                                                                              |                      |                                             | 36                    |
| 37                                                                                                            | General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)                                                                   |                      | 3,830,002                                   | 37                    |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-11, SECTIONS 4025.1) |                                                                                                                                                                                           |                      |                                             |                       |
| Rev. 2 - 08-11                                                                                                |                                                                                                                                                                                           |                      | 40-573                                      |                       |

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PET-EX081B.0081

RECORD 007686

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

|                                                                                                                                                                                              |                      |                                             |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------|-----------------------|
| COMPUTATION OF INPATIENT<br>OPERATING COST                                                                                                                                                   | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET D-1, PART 1 |
| Medicare - Title XVIII - Hospital                                                                                                                                                            |                      |                                             |                       |
| PART I - ALL PROVIDER COMPONENTS                                                                                                                                                             |                      |                                             |                       |
| INPATIENT DAYS                                                                                                                                                                               |                      |                                             |                       |
| 1 Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                         |                      | 54,349                                      | 1                     |
| 2 Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                         |                      | 54,349                                      | 2                     |
| 3 Private room days (excluding swing-bed and observation bed days)                                                                                                                           |                      | 34,377                                      | 3                     |
| 4 Semi-private room days (excluding swing-bed and observation bed days)                                                                                                                      |                      | 19,972                                      | 4                     |
| 5 Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period                                                                     |                      |                                             | 5                     |
| 6 Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)                              |                      |                                             | 6                     |
| 7 Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period                                                                      |                      |                                             | 7                     |
| 8 Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)                               |                      |                                             | 8                     |
| 9 Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)                                                                          |                      | 25,233                                      | 9                     |
| 10 Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions).                       |                      |                                             | 10                    |
| 11 Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)    |                      |                                             | 11                    |
| 12 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period.                                       |                      |                                             | 12                    |
| 13 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) |                      |                                             | 13                    |
| 14 Medically necessary private room days applicable to the Program (excluding swing-bed days)                                                                                                |                      | 14,741                                      | 14                    |
| 15 Total nursery days (title V or XIX only)                                                                                                                                                  |                      |                                             | 15                    |
| 16 Nursery days (title V or XIX only)                                                                                                                                                        |                      |                                             | 16                    |
| SWING BED ADJUSTMENT                                                                                                                                                                         |                      |                                             |                       |
| 17 Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period                                                                          |                      |                                             | 17                    |
| 18 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period                                                                            |                      |                                             | 18                    |
| 19 Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period                                                                           |                      |                                             | 19                    |
| 20 Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period                                                                             |                      |                                             | 20                    |
| 21 Total general inpatient routine service cost (see instructions)                                                                                                                           |                      | 43,829,940                                  | 21                    |
| 22 Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)                                                                        |                      |                                             | 22                    |
| 23 Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)                                                                          |                      |                                             | 23                    |
| 24 Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)                                                                         |                      |                                             | 24                    |
| 25 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)                                                                           |                      |                                             | 25                    |
| 26 Total swing-bed cost (see instructions)                                                                                                                                                   |                      |                                             | 26                    |
| 27 General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)                                                                                                      |                      | 43,829,940                                  | 27                    |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT                                                                                                                                                         |                      |                                             |                       |
| 28 General inpatient routine service charges (excluding swing-bed charges)                                                                                                                   |                      | 60,294,352                                  | 28                    |
| 29 Private room charges (excluding swing-bed charges)                                                                                                                                        |                      | 27,790,544                                  | 29                    |
| 30 Semi-private room charges (excluding swing-bed charges)                                                                                                                                   |                      | 32,503,808                                  | 30                    |
| 31 General inpatient routine service cost/charge ratio (line 27 ÷ line 28)                                                                                                                   |                      | 0.726933                                    | 31                    |
| 32 Average private room per diem charge (line 29 ÷ line 3)                                                                                                                                   |                      | 808.41                                      | 32                    |
| 33 Average semi-private room per diem charge (line 30 ÷ line 4)                                                                                                                              |                      | 1,627                                       | 33                    |
| 34 Average per diem private room charge differential (line 32 minus line 33) (see instructions)                                                                                              |                      |                                             | 34                    |
| 35 Average per diem private room cost differential (line 34 x line 31)                                                                                                                       |                      |                                             | 35                    |
| 36 Private room cost differential adjustment (line 3 x line 35)                                                                                                                              |                      |                                             | 36                    |
| 37 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)                                                                   |                      | 43,829,940                                  | 37                    |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4025.1)                                                                                |                      |                                             |                       |
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PET-EX081B.0082

RECORD 007687

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

|                                                                                                                                                                                                                                                                             |                      |                      |                                       |                                             |                                   |                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|---------------------------------------|---------------------------------------------|-----------------------------------|---------------------------|--|
| COMPUTATION OF INPATIENT OPERATING COST                                                                                                                                                                                                                                     |                      | Provider CCN: 420002 |                                       | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |                                   | WORKSHEET D-1, PART<br>II |  |
| Medicare - Title XVIII - Hospital                                                                                                                                                                                                                                           |                      |                      |                                       |                                             |                                   |                           |  |
| PART II - HOSPITAL AND SUBPROVIDERS ONLY                                                                                                                                                                                                                                    |                      |                      |                                       |                                             |                                   |                           |  |
| PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS                                                                                                                                                                                                       |                      |                      |                                       |                                             |                                   | 1                         |  |
| 38 Adjusted general inpatient routine service cost per diem (see instructions)                                                                                                                                                                                              |                      |                      |                                       |                                             |                                   | 806 38                    |  |
| 39 Program general inpatient routine service cost (line 9 x line 38)                                                                                                                                                                                                        |                      |                      |                                       |                                             |                                   | 20,349,152 39             |  |
| 40 Medically necessary private room cost applicable to the Program (line 14 x line 35)                                                                                                                                                                                      |                      |                      |                                       |                                             |                                   | 40                        |  |
| 41 Total Program general inpatient routine service cost (line 39 + line 40)                                                                                                                                                                                                 |                      |                      |                                       |                                             |                                   | 20,349,152 41             |  |
|                                                                                                                                                                                                                                                                             | Total Inpatient Cost | Total Inpatient Days | Average Per Diem<br>(col. 1 ÷ col. 2) | Program Days                                | Program Cost<br>(col. 3 x col. 4) |                           |  |
|                                                                                                                                                                                                                                                                             | 1                    | 2                    | 3                                     | 4                                           | 5                                 |                           |  |
| 42 Nursery (title V & XIX only) Intensive Care<br>Type Inpatient Hospital Units                                                                                                                                                                                             |                      |                      |                                       |                                             |                                   | 42                        |  |
| 43 Intensive Care Unit                                                                                                                                                                                                                                                      | 8,562,422            | 5,250                | ** 1,630.94                           |                                             | 4,853,677                         | 43                        |  |
| 44 Coronary Care Unit                                                                                                                                                                                                                                                       |                      |                      |                                       |                                             |                                   | 44                        |  |
| 45 Burn Intensive Care Unit                                                                                                                                                                                                                                                 |                      |                      |                                       |                                             |                                   | 45                        |  |
| 46 Surgical Intensive Care Unit                                                                                                                                                                                                                                             |                      |                      |                                       |                                             |                                   | 46                        |  |
| 47 Other Special Care Unit (specify)                                                                                                                                                                                                                                        |                      |                      |                                       |                                             |                                   | 47                        |  |
|                                                                                                                                                                                                                                                                             |                      |                      |                                       |                                             | 1                                 |                           |  |
| 48 Program inpatient ancillary service cost (Worksheet D-3, column 3, line 200)                                                                                                                                                                                             |                      |                      |                                       |                                             |                                   | 29,763,864 48             |  |
| 49 Total Program inpatient costs (sum of lines 41 through 48) (see instructions)                                                                                                                                                                                            |                      |                      |                                       |                                             |                                   | 54,966,696 49             |  |
| PASS-THROUGH COST ADJUSTMENTS                                                                                                                                                                                                                                               |                      |                      |                                       |                                             |                                   |                           |  |
| 50 Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III)                                                                                                                                                           |                      |                      |                                       |                                             |                                   | 3,047,400 50              |  |
| 51 Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV)                                                                                                                                                         |                      |                      |                                       |                                             |                                   | 1,641,720 51              |  |
| 52 Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                                   |                      |                      |                                       |                                             |                                   | 4,689,120 52              |  |
| 53 Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                          |                      |                      |                                       |                                             |                                   | 50,277,576 53             |  |
| TARGET AMOUNT AND LIMIT COMPUTATION                                                                                                                                                                                                                                         |                      |                      |                                       |                                             |                                   |                           |  |
| 54 Program discharges                                                                                                                                                                                                                                                       |                      |                      |                                       |                                             |                                   | 54                        |  |
| 55 Target amount per discharge                                                                                                                                                                                                                                              |                      |                      |                                       |                                             |                                   | 55                        |  |
| 56 Target amount (line 54 x line 55)                                                                                                                                                                                                                                        |                      |                      |                                       |                                             |                                   | 56                        |  |
| 57 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                           |                      |                      |                                       |                                             |                                   | 57                        |  |
| 58 Bonus payment (see instructions)                                                                                                                                                                                                                                         |                      |                      |                                       |                                             |                                   | 58                        |  |
| 59 Lesser of line 53 + line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                           |                      |                      |                                       |                                             |                                   | 59                        |  |
| 60 Lesser of line 53 + line 54 or line 55 from prior year cost report, updated by the market basket                                                                                                                                                                         |                      |                      |                                       |                                             |                                   | 60                        |  |
| 61 If line 53 + line 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions) |                      |                      |                                       |                                             |                                   | 61                        |  |
| 62 Relief payment (see instructions)                                                                                                                                                                                                                                        |                      |                      |                                       |                                             |                                   | 62                        |  |
| 63 Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                                       |                      |                      |                                       |                                             |                                   | 63                        |  |
| PROGRAM INPATIENT ROUTINE SWING BED COST                                                                                                                                                                                                                                    |                      |                      |                                       |                                             |                                   |                           |  |
| 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only)                                                                                                                                    |                      |                      |                                       |                                             |                                   | 64                        |  |
| 65 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only)                                                                                                                                      |                      |                      |                                       |                                             |                                   | 65                        |  |
| 66 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (Title XVIII only. For CAH, see instructions.)                                                                                                                                               |                      |                      |                                       |                                             |                                   | 66                        |  |
| 67 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                                 |                      |                      |                                       |                                             |                                   | 67                        |  |
| 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                                   |                      |                      |                                       |                                             |                                   | 68                        |  |
| 69 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                            |                      |                      |                                       |                                             |                                   | 69                        |  |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4025.2)                                                                                                                                                                |                      |                      |                                       |                                             |                                   |                           |  |
| 40-574 - 08-11                                                                                                                                                                                                                                                              |                      |                      |                                       |                                             |                                   | Rev. 2                    |  |

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PET-EX081B.0083

RECORD 007688

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

|                                                                                                              |                                                                                                                                                                                                                                                                          |                      |                      |                                             |              |                                   |       |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|---------------------------------------------|--------------|-----------------------------------|-------|
| COMPUTATION OF INPATIENT OPERATING COST                                                                      |                                                                                                                                                                                                                                                                          | Provider CCN: 420002 |                      | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |              | WORKSHEET D-1, PART<br>II         |       |
| Medicare -Title XVIII - Subprovider                                                                          |                                                                                                                                                                                                                                                                          |                      |                      |                                             |              |                                   |       |
| PART II - HOSPITAL AND SUBPROVIDERS ONLY                                                                     |                                                                                                                                                                                                                                                                          |                      |                      |                                             |              |                                   |       |
| PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS                                        |                                                                                                                                                                                                                                                                          |                      |                      |                                             |              | 1                                 |       |
| 38                                                                                                           | Adjusted general inpatient routine service cost per diem (see instructions)                                                                                                                                                                                              |                      |                      |                                             |              | 734                               | 38    |
| 39                                                                                                           | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                                                                                                        |                      |                      |                                             |              | 1,123,049                         | 39    |
| 40                                                                                                           | Medically necessary private room cost applicable to the Program (line 14 x line 35)                                                                                                                                                                                      |                      |                      |                                             |              |                                   | 40    |
| 41                                                                                                           | Total Program general inpatient routine service cost (line 39 + line 40)                                                                                                                                                                                                 |                      |                      |                                             |              | 1,123,049                         | 41    |
|                                                                                                              |                                                                                                                                                                                                                                                                          | Total Inpatient Cost | Total Inpatient Days | Average Per Diem<br>(col. 1 + col. 2)       | Program Days | Program Cost<br>(col. 3 x col. 4) |       |
|                                                                                                              |                                                                                                                                                                                                                                                                          | 1                    | 2                    | 3                                           | 4            | 5                                 |       |
| 42                                                                                                           | Nursery (title V & XIX only) Intensive Care<br>Type Inpatient Hospital Units                                                                                                                                                                                             |                      |                      |                                             |              |                                   | 42    |
| 43                                                                                                           | Intensive Care Unit                                                                                                                                                                                                                                                      |                      |                      |                                             |              |                                   | 43    |
| 44                                                                                                           | Coronary Care Unit                                                                                                                                                                                                                                                       |                      |                      |                                             |              |                                   | 44    |
| 45                                                                                                           | Burn Intensive Care Unit                                                                                                                                                                                                                                                 |                      |                      |                                             |              |                                   | 45    |
| 46                                                                                                           | Surgical Intensive Care Unit                                                                                                                                                                                                                                             |                      |                      |                                             |              |                                   | 46    |
| 47                                                                                                           | Other Special Care Unit (specify)                                                                                                                                                                                                                                        |                      |                      |                                             |              |                                   | 47    |
|                                                                                                              |                                                                                                                                                                                                                                                                          |                      |                      |                                             |              | 1                                 |       |
| 48                                                                                                           | Program inpatient ancillary service cost (Worksheet D-3, column 3, line 200)                                                                                                                                                                                             |                      |                      |                                             |              | 237,068                           | 48    |
| 49                                                                                                           | Total Program inpatient costs (sum of lines 41 through 48) (see instructions)                                                                                                                                                                                            |                      |                      |                                             |              | 1,360,117                         | 49    |
| PASS-THROUGH COST ADJUSTMENTS                                                                                |                                                                                                                                                                                                                                                                          |                      |                      |                                             |              |                                   |       |
| 50                                                                                                           | Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III)                                                                                                                                                           |                      |                      |                                             |              | 147,528                           | 50    |
| 51                                                                                                           | Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV)                                                                                                                                                         |                      |                      |                                             |              | 9,904                             | 51    |
| 52                                                                                                           | Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                                   |                      |                      |                                             |              | 157,432                           | 52    |
| 53                                                                                                           | Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                          |                      |                      |                                             |              | 1,202,685                         | 53    |
| TARGET AMOUNT AND LIMIT COMPUTATION                                                                          |                                                                                                                                                                                                                                                                          |                      |                      |                                             |              |                                   |       |
| 54                                                                                                           | Program discharges                                                                                                                                                                                                                                                       |                      |                      |                                             |              |                                   | 54    |
| 55                                                                                                           | Target amount per discharge                                                                                                                                                                                                                                              |                      |                      |                                             |              |                                   | 55    |
| 56                                                                                                           | Target amount (line 54 x line 55)                                                                                                                                                                                                                                        |                      |                      |                                             |              |                                   | 56    |
| 57                                                                                                           | Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                           |                      |                      |                                             |              |                                   | 57    |
| 58                                                                                                           | Bonus payment (see instructions)                                                                                                                                                                                                                                         |                      |                      |                                             |              |                                   | 58    |
| 59                                                                                                           | Lesser of line 53 + line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                           |                      |                      |                                             |              |                                   | 59    |
| 60                                                                                                           | Lesser of line 53 + line 54 or line 55 from prior year cost report, updated by the market basket                                                                                                                                                                         |                      |                      |                                             |              |                                   | 60    |
| 61                                                                                                           | If line 53 + line 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions) |                      |                      |                                             |              |                                   | 61    |
| 62                                                                                                           | Relief payment (see instructions)                                                                                                                                                                                                                                        |                      |                      |                                             |              |                                   | 62    |
| 63                                                                                                           | Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                                       |                      |                      |                                             |              |                                   | 63    |
| PROGRAM INPATIENT ROUTINE SWING BED COST                                                                     |                                                                                                                                                                                                                                                                          |                      |                      |                                             |              |                                   |       |
| 64                                                                                                           | Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only)                                                                                                                                    |                      |                      |                                             |              |                                   | 64    |
| 65                                                                                                           | Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only)                                                                                                                                      |                      |                      |                                             |              |                                   | 65    |
| 66                                                                                                           | Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (Title XVIII only. For CAH, see instructions.)                                                                                                                                               |                      |                      |                                             |              |                                   | 66    |
| 67                                                                                                           | Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                                 |                      |                      |                                             |              |                                   | 67    |
| 68                                                                                                           | Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                                   |                      |                      |                                             |              |                                   | 68    |
| 69                                                                                                           | Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                            |                      |                      |                                             |              |                                   | 69    |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4025.2) |                                                                                                                                                                                                                                                                          |                      |                      |                                             |              |                                   |       |
| 40-574 - 08-11                                                                                               |                                                                                                                                                                                                                                                                          |                      |                      |                                             |              |                                   | Rev 2 |

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

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

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PET-EX081B.0085

RECORD 007690

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

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|                                                                                                                        |                                                                                                                    |                                |                                             |                                              |                                                                               |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------|
| COMPUTATION OF INPATIENT OPERATING COST                                                                                |                                                                                                                    | Provider CCN: 420002           | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET D-1, PARTS<br>III & IV             |                                                                               |
| Medicare - Title XVIII - Subprovider                                                                                   |                                                                                                                    |                                |                                             |                                              |                                                                               |
| PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICT/MR ONLY                                           |                                                                                                                    |                                |                                             |                                              |                                                                               |
| 70                                                                                                                     | Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)                              |                                |                                             | 70                                           |                                                                               |
| 71                                                                                                                     | Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)                                        |                                |                                             | 71                                           |                                                                               |
| 72                                                                                                                     | Program routine service cost (line 9 x line 71)                                                                    |                                |                                             | 72                                           |                                                                               |
| 73                                                                                                                     | Medically necessary private room cost applicable to Program (line 14 x line 35)                                    |                                |                                             | 73                                           |                                                                               |
| 74                                                                                                                     | Total Program general inpatient routine service costs (line 72 + line 73)                                          |                                |                                             | 74                                           |                                                                               |
| 75                                                                                                                     | Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Parts II, column 26, line 45) |                                |                                             | 75                                           |                                                                               |
| 76                                                                                                                     | Per diem capital-related costs (line 75 ÷ line 2)                                                                  |                                |                                             | 76                                           |                                                                               |
| 77                                                                                                                     | Program capital-related costs (line 9 x line 76)                                                                   |                                |                                             | 77                                           |                                                                               |
| 78                                                                                                                     | Inpatient routine service cost (line 74 minus line 77)                                                             |                                |                                             | 78                                           |                                                                               |
| 79                                                                                                                     | Aggregate charges to beneficiaries for excess costs (from provider records)                                        |                                |                                             | 79                                           |                                                                               |
| 80                                                                                                                     | Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)                  |                                |                                             | 80                                           |                                                                               |
| 81                                                                                                                     | Inpatient routine service cost per diem limitation                                                                 |                                |                                             | 81                                           |                                                                               |
| 82                                                                                                                     | Inpatient routine service cost limitation (line 9 x line 81)                                                       |                                |                                             | 82                                           |                                                                               |
| 83                                                                                                                     | Reasonable inpatient routine service costs (see instructions)                                                      |                                |                                             | 83                                           |                                                                               |
| 84                                                                                                                     | Program inpatient ancillary services (see instructions)                                                            |                                |                                             | 84                                           |                                                                               |
| 85                                                                                                                     | Utilization review - physician compensation (see instructions)                                                     |                                |                                             | 85                                           |                                                                               |
| 86                                                                                                                     | Total Program inpatient operating costs (sum of lines 83 through 85)                                               |                                |                                             | 86                                           |                                                                               |
| PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST                                                             |                                                                                                                    |                                |                                             |                                              |                                                                               |
| 87                                                                                                                     | Total observation bed days (see instructions)                                                                      |                                |                                             | 87                                           |                                                                               |
| 88                                                                                                                     | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                |                                |                                             | 88                                           |                                                                               |
| 89                                                                                                                     | Observation bed cost (line 87 x line 88) (see instructions)                                                        |                                |                                             | 89                                           |                                                                               |
| COMPUTATION OF OBSERVATION BED PASS THROUGH COST                                                                       |                                                                                                                    |                                |                                             |                                              |                                                                               |
|                                                                                                                        | Cost                                                                                                               | Routine Cost<br>(from line 27) | column 1 ÷ column 2                         | Total Observation Bed<br>Cost (from line 89) | Observation Bed Pass-<br>Through Cost (col. 3 x<br>col. 4) (see instructions) |
|                                                                                                                        | 1                                                                                                                  | 2                              | 3                                           | 4                                            | 5                                                                             |
| 90                                                                                                                     | Capital-related cost                                                                                               | 503,145                        | 3,830,002                                   | 0.131369                                     |                                                                               |
| 91                                                                                                                     | Nursing School cost                                                                                                |                                | 3,830,002                                   |                                              |                                                                               |
| 92                                                                                                                     | Allied Health cost                                                                                                 |                                | 3,830,002                                   |                                              |                                                                               |
| 93                                                                                                                     | All other Medical Education                                                                                        |                                | 3,830,002                                   |                                              |                                                                               |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-11, SECTIONS 4025.3 - 4025.4) |                                                                                                                    |                                |                                             |                                              |                                                                               |
| Rev. 2                                                                                                                 |                                                                                                                    |                                |                                             | 40-575 - 08-11                               |                                                                               |

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |                                                                    | Provider CCN: 420002        | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET D-3                                |
|------------------------------------------------|--------------------------------------------------------------------|-----------------------------|---------------------------------------------|----------------------------------------------|
| Medicare - Title XVIII - Hospital              |                                                                    |                             |                                             |                                              |
| (A) COST CENTER DESCRIPTION                    |                                                                    | Ratio of Cost<br>to Charges | Inpatient<br>Program Charges                | Inpatient Program<br>Costs (col. 1 x col. 2) |
|                                                |                                                                    | 1                           | 2                                           | 3                                            |
| INPATIENT ROUTINE SERVICE COST CENTERS         |                                                                    |                             |                                             |                                              |
| 30                                             | Adults and Pediatrics (General Routine Care)                       |                             | 29,992,396                                  | 30                                           |
| 31                                             | Intensive Care Unit                                                |                             | 7,280,937                                   | 31                                           |
| 32                                             | Coronary Care Unit                                                 |                             |                                             | 32                                           |
| 33                                             | Burn Intensive Care Unit                                           |                             |                                             | 33                                           |
| 34                                             | Surgical Intensive Care Unit                                       |                             |                                             | 34                                           |
| 35                                             | Other Special Care (specify)                                       |                             |                                             | 35                                           |
| 40                                             | Subprovider IPF                                                    |                             |                                             | 40                                           |
| 41                                             | Subprovider IRF                                                    |                             |                                             | 41                                           |
| 42                                             | Subprovider (Specify)                                              |                             |                                             | 42                                           |
| 43                                             | Nursery                                                            |                             |                                             | 43                                           |
| ANCILLARY SERVICE COST CENTERS                 |                                                                    |                             |                                             |                                              |
| 50                                             | Operating Room                                                     |                             | 9,596,094                                   | 50                                           |
| 51                                             | Recovery Room                                                      |                             |                                             | 51                                           |
| 52                                             | Labor Room and Delivery Room                                       |                             | 19,215                                      | 52                                           |
| 53                                             | Anesthesiology                                                     |                             |                                             | 53                                           |
| 54                                             | Radiology-Diagnostic                                               |                             | 8,907,409                                   | 54                                           |
| 55                                             | Radiology-Therapeutic                                              |                             |                                             | 55                                           |
| 56                                             | Radioisotopes                                                      |                             |                                             | 56                                           |
| 57                                             | Computed Tomography (CT) Scan                                      |                             |                                             | 57                                           |
| 58                                             | Magnetic Resonance Imaging (MRI)                                   |                             | 1,549,011                                   | 58                                           |
| 59                                             | Cardiac Catheterization                                            |                             |                                             | 59                                           |
| 60                                             | Laboratory                                                         |                             | 17,925,858                                  | 60                                           |
| 61                                             | PBP Clinical Laboratory Services-Prgm. Only                        |                             |                                             | 61                                           |
| 62                                             | Whole Blood & Packed Red Blood Cells                               |                             |                                             | 62                                           |
| 63                                             | Blood Storing, Processing, & Trans.                                |                             |                                             | 63                                           |
| 64                                             | Intravenous Therapy                                                |                             | 10,611,240                                  | 64                                           |
| 65                                             | Respiratory Therapy                                                |                             | 5,032,730                                   | 65                                           |
| 66                                             | Physical Therapy                                                   |                             | 1,594,597                                   | 66                                           |
| 67                                             | Occupational Therapy                                               |                             | 137,874                                     | 67                                           |
| 68                                             | Speech Pathology                                                   |                             | 217,338                                     | 68                                           |
| 69                                             | Electrocardiology                                                  |                             | 13,110,212                                  | 69                                           |
| 70                                             | Electroencephalography                                             |                             | 329,295                                     | 70                                           |
| 71                                             | Medical Supplies Charged to Patients                               |                             | 15,371,553                                  | 71                                           |
| 72                                             | Implantable Devices Charged to Patients                            |                             | 9,087,651                                   | 72                                           |
| 73                                             | Drugs Charged to Patients                                          |                             | 33,094,632                                  | 73                                           |
| 74                                             | Renal Dialysis                                                     | 0.564973                    | 762,700                                     | 74                                           |
| 75                                             | ASC (Non-Distinct Part)                                            |                             |                                             | 75                                           |
| 76                                             | Other Ancillary (specify)                                          |                             | 35,582                                      | 76                                           |
| OUTPATIENT SERVICE COST CENTERS                |                                                                    |                             |                                             |                                              |
| 88                                             | Rural Health Clinic (RHC)                                          |                             |                                             | 88                                           |
| 89                                             | Federally Qualified Health Center (FQHC)                           |                             |                                             | 89                                           |
| 90                                             | Clinic                                                             |                             | 7,088                                       | 90                                           |
| 91                                             | Emergency                                                          |                             | 3,015,121                                   | 91                                           |
| 92                                             | Observation Beds (see instructions)                                |                             | 339,593                                     | 92                                           |
| 93                                             | Other Outpatient Service (specify)                                 |                             |                                             | 93                                           |
| OTHER REIMBURSABLE COST CENTERS                |                                                                    |                             |                                             |                                              |
| 94                                             | Home Program Dialysis                                              |                             |                                             | 94                                           |
| 95                                             | Ambulance Services                                                 |                             |                                             | 95                                           |
| 96                                             | Durable Medical Equipment-Rented                                   |                             |                                             | 96                                           |
| 97                                             | Durable Medical Equipment-Sold                                     |                             |                                             | 97                                           |
| 98                                             | Other Reimbursable (specify)                                       |                             |                                             | 98                                           |
| 200                                            | Total (sum of lines 50-94 and 96-98)                               |                             | 130,744,792                                 | 200                                          |
| 201                                            | Less PBP Clinic Laboratory Services-Program only charges (line 61) |                             |                                             | 201                                          |
| 202                                            | Net Charges (line 200 minus line 201)                              |                             | 130,744,792                                 | 202                                          |

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PET-EX081B.0087

RECORD 007692

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

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PET-EX081B.0088

RECORD 007693

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |                                                                    | Provider CCN: 420002        | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET D-3                                |
|------------------------------------------------|--------------------------------------------------------------------|-----------------------------|---------------------------------------------|----------------------------------------------|
| Medicare - Title XVIII - Subprovider           |                                                                    |                             |                                             |                                              |
| (A) COST CENTER DESCRIPTION                    |                                                                    | Ratio of Cost<br>to Charges | Inpatient<br>Program Charges                | Inpatient Program<br>Costs (col. 1 x col. 2) |
|                                                |                                                                    | 1                           | 2                                           | 3                                            |
| INPATIENT ROUTINE SERVICE COST CENTERS         |                                                                    |                             |                                             |                                              |
| 30                                             | Adults and Pediatrics (General Routine Care)                       |                             |                                             | 30                                           |
| 31                                             | Intensive Care Unit                                                |                             |                                             | 31                                           |
| 32                                             | Coronary Care Unit                                                 |                             |                                             | 32                                           |
| 33                                             | Burn Intensive Care Unit                                           |                             |                                             | 33                                           |
| 34                                             | Surgical Intensive Care Unit                                       |                             |                                             | 34                                           |
| 35                                             | Other Special Care (specify)                                       |                             |                                             | 35                                           |
| 40                                             | Subprovider IPF                                                    |                             | 2,020,668                                   | 40                                           |
| 41                                             | Subprovider IRF                                                    |                             |                                             | 41                                           |
| 42                                             | Subprovider (Specify)                                              |                             |                                             | 42                                           |
| 43                                             | Nursery                                                            |                             |                                             | 43                                           |
| ANCILLARY SERVICE COST CENTERS                 |                                                                    |                             |                                             |                                              |
| 50                                             | Operating Room                                                     |                             | 29,818                                      | 50                                           |
| 51                                             | Recovery Room                                                      |                             |                                             | 51                                           |
| 52                                             | Labor Room and Delivery Room                                       |                             |                                             | 52                                           |
| 53                                             | Anesthesiology                                                     |                             |                                             | 53                                           |
| 54                                             | Radiology-Diagnostic                                               |                             | 52,053                                      | 54                                           |
| 55                                             | Radiology-Therapeutic                                              |                             |                                             | 55                                           |
| 56                                             | Radioisotope                                                       |                             |                                             | 56                                           |
| 57                                             | Computed Tomography (CT) Scan                                      |                             |                                             | 57                                           |
| 58                                             | Magnetic Resonance Imaging (MRI)                                   |                             | 8,110                                       | 58                                           |
| 59                                             | Cardiac Catheterization                                            |                             |                                             | 59                                           |
| 60                                             | Laboratory                                                         |                             | 177,725                                     | 60                                           |
| 61                                             | PBP Clinical Laboratory Services-Prgm. Only                        |                             |                                             | 61                                           |
| 62                                             | Whole Blood & Packed Red Blood Cells                               |                             |                                             | 62                                           |
| 63                                             | Blood Storing, Processing, & Trans.                                |                             |                                             | 63                                           |
| 64                                             | Intravenous Therapy                                                |                             | 565                                         | 64                                           |
| 65                                             | Respiratory Therapy                                                |                             | 5,175                                       | 65                                           |
| 66                                             | Physical Therapy                                                   |                             | 4,687                                       | 66                                           |
| 67                                             | Occupational Therapy                                               |                             | 370                                         | 67                                           |
| 68                                             | Speech Pathology                                                   |                             | 2,175                                       | 68                                           |
| 69                                             | Electrocardiology                                                  |                             | 11,265                                      | 69                                           |
| 70                                             | Electroencephalography                                             |                             | 2,705                                       | 70                                           |
| 71                                             | Medical Supplies Charged to Patients                               |                             | 18,061                                      | 71                                           |
| 72                                             | Implantable Devices Charged to Patients                            |                             |                                             | 72                                           |
| 73                                             | Drugs Charged to Patients                                          |                             | 665,497                                     | 73                                           |
| 74                                             | Renal Dialysis                                                     | 0.564973                    |                                             | 74                                           |
| 75                                             | ASC (Non-Distinct Part)                                            |                             |                                             | 75                                           |
| 76                                             | Other Ancillary (specify)                                          |                             | 70,662                                      | 76                                           |
| OUTPATIENT SERVICE COST CENTERS                |                                                                    |                             |                                             |                                              |
| 88                                             | Rural Health Clinic (RHC)                                          |                             |                                             | 88                                           |
| 89                                             | Federally Qualified Health Center (FQHC)                           |                             |                                             | 89                                           |
| 90                                             | Clinic                                                             |                             |                                             | 90                                           |
| 91                                             | Emergency                                                          |                             | 81,575                                      | 91                                           |
| 92                                             | Observation Beds (see instructions)                                |                             |                                             | 92                                           |
| 93                                             | Other Outpatient Service (specify)                                 |                             |                                             | 93                                           |
| OTHER REIMBURSABLE COST CENTERS                |                                                                    |                             |                                             |                                              |
| 94                                             | Home Program Dialysis                                              |                             |                                             | 94                                           |
| 95                                             | Ambulance Services                                                 |                             |                                             | 95                                           |
| 96                                             | Durable Medical Equipment-Rented                                   |                             |                                             | 96                                           |
| 97                                             | Durable Medical Equipment-Sold                                     |                             |                                             | 97                                           |
| 98                                             | Other Reimbursable (specify)                                       |                             |                                             | 98                                           |
| 200                                            | Total (sum of lines 50-94 and 96-98)                               |                             | 1,130,443                                   | 200                                          |
| 201                                            | Less PBP Clinic Laboratory Services-Program only charges (line 61) |                             |                                             | 201                                          |
| 202                                            | Net Charges (line 200 minus line 201)                              |                             | 1,130,443                                   | 202                                          |

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PET-EX081B.0089

RECORD 007694

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

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PET-EX081B.0090

RECORD 007695

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                         |                                                                                                                                                                                                                                                                                           | Provider CCN:<br>420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET E, PART A |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------|---------------------|
| Medicare - Title XVIII - Hospital                                               |                                                                                                                                                                                                                                                                                           |                         |                                             |                     |
| PART A - INPATIENT HOSPITAL SERVICES UNDER PPS                                  |                                                                                                                                                                                                                                                                                           |                         |                                             |                     |
| 1                                                                               | DRG amounts other than outlier payments                                                                                                                                                                                                                                                   | 42,062,668              |                                             | 1                   |
| 2                                                                               | Outlier payments for discharges (see instructions)                                                                                                                                                                                                                                        | 845,448                 |                                             | 2                   |
| 3                                                                               | Managed care simulated payments                                                                                                                                                                                                                                                           | 7,558,928               |                                             | 3                   |
| 4                                                                               | Bed days available divided by number of days in the cost reporting period (see instructions) Indirect Medical Education Adjustment Calculation for Hospitals                                                                                                                              | 262.85                  |                                             | 4                   |
| 5                                                                               | FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)                                                                                                                                             |                         |                                             | 5                   |
| 6                                                                               | FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)                                                                                                                                   |                         |                                             | 6                   |
| 7                                                                               | MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)                                                                                                                                                                                        |                         |                                             | 7                   |
| 7.01                                                                            | ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.                                                                                                                      |                         |                                             | 7.01                |
| 8                                                                               | Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002. |                         |                                             | 8                   |
| 8.01                                                                            | The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.                                                                                                                              |                         |                                             | 8.01                |
| 8.02                                                                            | The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)                                                                                                                                            |                         |                                             | 8.02                |
| 9                                                                               | Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)                                                                                                                                                                            |                         |                                             | 9                   |
| 10                                                                              | FTE count for allopathic and osteopathic programs in the current year from your records                                                                                                                                                                                                   |                         |                                             | 10                  |
| 11                                                                              | FTE count for residents in dental and podiatric programs                                                                                                                                                                                                                                  |                         |                                             | 11                  |
| 12                                                                              | Current year allowable FTE (see instructions)                                                                                                                                                                                                                                             |                         |                                             | 12                  |
| 13                                                                              | Total allowable FTE count for the prior year                                                                                                                                                                                                                                              |                         |                                             | 13                  |
| 14                                                                              | Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.                                                                                                                                                               |                         |                                             | 14                  |
| 15                                                                              | Sum of lines 12 through 14 divided by 3                                                                                                                                                                                                                                                   |                         |                                             | 15                  |
| 16                                                                              | Adjustment for residents in initial years of the program                                                                                                                                                                                                                                  |                         |                                             | 16                  |
| 17                                                                              | Adjustment for residents displaced by program or hospital closure                                                                                                                                                                                                                         |                         |                                             | 17                  |
| 18                                                                              | Adjusted rolling average FTE count                                                                                                                                                                                                                                                        |                         |                                             | 18                  |
| 19                                                                              | Current year resident to bed ratio (line 18 divided by line 4)                                                                                                                                                                                                                            |                         |                                             | 19                  |
| 20                                                                              | Prior year resident to bed ratio (see instructions)                                                                                                                                                                                                                                       |                         |                                             | 20                  |
| 21                                                                              | Enter the lesser of lines 19 or 20 (see instructions)                                                                                                                                                                                                                                     |                         |                                             | 21                  |
| 22                                                                              | IME payment adjustment (see instructions)                                                                                                                                                                                                                                                 |                         |                                             | 22                  |
| Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA |                                                                                                                                                                                                                                                                                           |                         |                                             |                     |
| 23                                                                              | Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).                                                                                                                                                                           |                         |                                             | 23                  |
| 24                                                                              | IME FTE resident count over cap (see instructions)                                                                                                                                                                                                                                        |                         |                                             | 24                  |
| 25                                                                              | If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)                                                                                                                                                                               |                         |                                             | 25                  |
| 26                                                                              | Resident to bed ratio (divide line 25 by line 4)                                                                                                                                                                                                                                          |                         |                                             | 26                  |
| 27                                                                              | IME payments adjustment (see instructions)                                                                                                                                                                                                                                                |                         |                                             | 27                  |
| 28                                                                              | IME Adjustment (see instructions)                                                                                                                                                                                                                                                         |                         |                                             | 28                  |
| 29                                                                              | Total IME payment (sum of lines 22 and 28)                                                                                                                                                                                                                                                |                         |                                             | 29                  |
| Disproportionate Share Adjustment                                               |                                                                                                                                                                                                                                                                                           |                         |                                             |                     |
| 30                                                                              | Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)                                                                                                                                                                                               | 0.080300                |                                             | 30                  |
| 31                                                                              | Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)                                                                                                                                                                          | 0.219800                |                                             | 31                  |
| 32                                                                              | Sum of lines 30 and 31                                                                                                                                                                                                                                                                    | 0.300100                |                                             | 32                  |
| 33                                                                              | Allowable disproportionate share percentage (see instructions)                                                                                                                                                                                                                            | 0.139700                |                                             | 33                  |
| 34                                                                              | Disproportionate share adjustment (see instructions)                                                                                                                                                                                                                                      | 5,876,155               |                                             | 34                  |
| Additional payment for high percentage of ESRD beneficiary discharges           |                                                                                                                                                                                                                                                                                           |                         |                                             |                     |
| 40                                                                              | Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)                                                                                                                                                         |                         |                                             | 40                  |
| 41                                                                              | Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)                                                                                                                                                                                            |                         |                                             | 41                  |
| 42                                                                              | Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)                                                                                                                                                                                                           |                         |                                             | 42                  |
| 43                                                                              | Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)                                                                                                                                                                                        |                         |                                             | 43                  |
| 44                                                                              | Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)                                                                                                                                                                                                |                         |                                             | 44                  |
| 45                                                                              | Average weekly cost for dialysis treatments (see instructions)                                                                                                                                                                                                                            |                         |                                             | 45                  |
| 46                                                                              | Total additional payment (line 45 times line 44 times line 41)                                                                                                                                                                                                                            |                         |                                             | 46                  |
| 47                                                                              | Subtotal (see instructions)                                                                                                                                                                                                                                                               | 48,784,272              |                                             | 47                  |
| 48                                                                              | Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)                                                                                                                                                                                 |                         |                                             | 48                  |
| 49                                                                              | Total payment for inpatient operating costs SCH and MDH only (see instructions)                                                                                                                                                                                                           | 48,784,272              |                                             | 49                  |

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PET-EX081B.0091

RECORD 007696

| CALCULATION OF REIMBURSEMENT SETTLEMENT |                                                                                                     | Provider CCN:<br>420002 | PERIOD:<br>FROM 06/01/2010<br>TO 03/31/2011 | WORKSHEET E, PART A |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------|---------------------|
| Medicare - Title XVIII - Hospital       |                                                                                                     |                         |                                             |                     |
| 50                                      | Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)                | 3,698,941               |                                             | 50                  |
| 51                                      | Exception payment for inpatient program capital (Worksheet L, Part III) (see instructions)          |                         |                                             | 51                  |
| 52                                      | Direct graduate medical education payment (from Worksheet E-4, line 49) (see instructions)          |                         |                                             | 52                  |
| 53                                      | Nursing and allied health managed care payment                                                      |                         |                                             | 53                  |
| 54                                      | Special add-on payments for new technologies                                                        |                         |                                             | 54                  |
| 55                                      | Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)                                |                         |                                             | 55                  |
| 56                                      | Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)                               |                         |                                             | 56                  |
| 57                                      | Routine service other pass through costs                                                            |                         |                                             | 57                  |
| 58                                      | Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)                  |                         |                                             | 58                  |
| 59                                      | Total (sum of amounts on lines 49 through 58)                                                       | 52,483,212              |                                             | 59                  |
| 60                                      | Primary payer payments                                                                              | 25,994                  |                                             | 60                  |
| 61                                      | Total amount payable for program beneficiaries (line 59 minus line 60)                              | 52,457,216              |                                             | 61                  |
| 62                                      | Deductibles billed to program beneficiaries                                                         | 4,355,711               |                                             | 62                  |
| 63                                      | Coinsurance billed to program beneficiaries                                                         | 150,968                 |                                             | 63                  |
| 64                                      | Allowable bad debts (see instructions)                                                              | 868,347                 |                                             | 64                  |
| 65                                      | Adjusted reimbursable bad debts (see instructions)                                                  | 607,843                 |                                             | 65                  |
| 66                                      | Allowable bad debts for dual eligible beneficiaries (see instructions)                              | 232,102                 |                                             | 66                  |
| 67                                      | Subtotal (line 61 plus line 65 minus lines 62 and 63)                                               | 48,558,384              |                                             | 67                  |
| 68                                      | Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)    |                         |                                             | 68                  |
| 69                                      | Outlier payments reconciliation                                                                     |                         |                                             | 69                  |
| 70                                      | Other adjustments (specify) (see instructions)                                                      |                         |                                             | 70                  |
| 71                                      | Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)                               | 48,558,384              |                                             | 71                  |
| 72                                      | Interim payments                                                                                    | 49,213,160              |                                             | 72                  |
| 73                                      | Tentative settlement (for contractor use only)                                                      |                         |                                             | 73                  |
| 74                                      | Balance due provider (Program) (lines 71 minus the sum of lines 72 and 73)                          | -654,776                |                                             | 74                  |
| 75                                      | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2 | 1,525,601               |                                             | 75                  |
| TO BE COMPLETED BY CONTRACTOR           |                                                                                                     |                         |                                             |                     |
| 90                                      | Operating outlier amount from Worksheet E, Part A line 2                                            | 845,448                 |                                             | 90                  |
| 91                                      | Capital outlier from Worksheet L, Part I, line 2                                                    | 68,991                  |                                             | 91                  |
| 92                                      | Operating outlier reconciliation adjustment amount (see instructions)                               |                         |                                             | 92                  |
| 93                                      | Capital outlier reconciliation adjustment amount (see instructions)                                 |                         |                                             | 93                  |
| 94                                      | The rate used to calculate the Time Value of Money (see instructions)                               |                         |                                             | 94                  |
| 95                                      | Time Value of Money for operating expenses (see instructions)                                       |                         |                                             | 95                  |
| 96                                      | Time Value of Money for capital related expenses (see instructions)                                 |                         |                                             | 96                  |
| 08-11                                   |                                                                                                     |                         |                                             |                     |

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PET-EX081B.0092

RECORD 007697

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                  |                                                                                                                                                                      | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET B, PART B |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------|---------------------|
| Medicare - Title XVIII - Subprovider                                     |                                                                                                                                                                      |                      |                                             |                     |
| PART B - MEDICAL AND OTHER HEALTH SERVICES                               |                                                                                                                                                                      |                      |                                             |                     |
| 1                                                                        | Medical and other services (see instructions)                                                                                                                        |                      | 366                                         | 1                   |
| 2                                                                        | Medical and other services reimbursed under OPFS (see instructions).                                                                                                 |                      | 157                                         | 2                   |
| 3                                                                        | PPS payments                                                                                                                                                         |                      | 742                                         | 3                   |
| 4                                                                        | Outlier payment (see instructions)                                                                                                                                   |                      |                                             | 4                   |
| 5                                                                        | Enter the hospital specific payment to cost ratio (see instructions)                                                                                                 |                      |                                             | 5                   |
| 6                                                                        | Line 2 times line 5                                                                                                                                                  |                      |                                             | 6                   |
| 7                                                                        | Sum of lines line 3 plus line 4 divided by line 6                                                                                                                    |                      |                                             | 7                   |
| 8                                                                        | Transitional corridor payment (see instructions)                                                                                                                     |                      |                                             | 8                   |
| 9                                                                        | Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200                                                                            |                      |                                             | 9                   |
| 10                                                                       | Organ acquisition                                                                                                                                                    |                      |                                             | 10                  |
| 11                                                                       | Total cost (sum of lines 1 and 10) (see instructions)                                                                                                                |                      | 366                                         | 11                  |
| COMPUTATION OF LESSER OF COST OR CHARGES                                 |                                                                                                                                                                      |                      |                                             |                     |
| Reasonable charges                                                       |                                                                                                                                                                      |                      |                                             |                     |
| 12                                                                       | Ancillary service charges                                                                                                                                            |                      | 2,070                                       | 12                  |
| 13                                                                       | Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)                                                                                            |                      |                                             | 13                  |
| 14                                                                       | Total reasonable charges (sum of lines 12 and 13)                                                                                                                    |                      | 2,070                                       | 14                  |
| Customary charges                                                        |                                                                                                                                                                      |                      |                                             |                     |
| 15                                                                       | Aggregate amount actually collected from patients liable for payment for services on a charge basis                                                                  |                      |                                             | 15                  |
| 16                                                                       | Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e) |                      |                                             | 16                  |
| 17                                                                       | Ratio of line 15 to line 16 (not to exceed 1.000000)                                                                                                                 |                      |                                             | 17                  |
| 18                                                                       | Total customary charges (see instructions)                                                                                                                           |                      | 2,070                                       | 18                  |
| 19                                                                       | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)                                                       |                      | 1,704                                       | 19                  |
| 20                                                                       | Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)                                                       |                      |                                             | 20                  |
| 21                                                                       | Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)                                                                                        |                      | 366                                         | 21                  |
| 22                                                                       | Interns and residents (see instructions)                                                                                                                             |                      |                                             | 22                  |
| 23                                                                       | Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, §2148)                                                                              |                      |                                             | 23                  |
| 24                                                                       | Total prospective payment (sum of lines 3, 4, 8 and 9)                                                                                                               |                      | 742                                         | 24                  |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT                                  |                                                                                                                                                                      |                      |                                             |                     |
| 25                                                                       | Deductibles and coinsurance (see instructions)                                                                                                                       |                      |                                             | 25                  |
| 26                                                                       | Deductibles and Coinsurance relating to amount on line 24 (see instructions)                                                                                         |                      | 50                                          | 26                  |
| 27                                                                       | Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)                                                         |                      | 1,058                                       | 27                  |
| 28                                                                       | Direct graduate medical education payments (from Worksheet E-4, line 50)                                                                                             |                      |                                             | 28                  |
| 29                                                                       | ESRD direct medical education costs (from Worksheet E-4, line 36)                                                                                                    |                      |                                             | 29                  |
| 30                                                                       | Subtotal (sum of lines 27 through 29)                                                                                                                                |                      | 1,058                                       | 30                  |
| 31                                                                       | Primary payer payments                                                                                                                                               |                      |                                             | 31                  |
| 32                                                                       | Subtotal (line 30 minus line 31)                                                                                                                                     |                      | 1,058                                       | 32                  |
| ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)        |                                                                                                                                                                      |                      |                                             |                     |
| 33                                                                       | Composite rate ESRD (from Worksheet I-5, line 11)                                                                                                                    |                      |                                             | 33                  |
| 34                                                                       | Allowable bad debts (see instructions)                                                                                                                               |                      |                                             | 34                  |
| 35                                                                       | Adjusted reimbursable bad debts (see instructions)                                                                                                                   |                      |                                             | 35                  |
| 36                                                                       | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                               |                      |                                             | 36                  |
| 37                                                                       | Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)                                                                                 |                      | 1,058                                       | 37                  |
| 38                                                                       | MSP-LCC reconciliation amount from PS&R                                                                                                                              |                      |                                             | 38                  |
| 39                                                                       | Other adjustments (specify) (see instructions)                                                                                                                       |                      |                                             | 39                  |
| 40                                                                       | Subtotal (line 37 plus or minus lines 39 minus 38)                                                                                                                   |                      | 1,058                                       | 40                  |
| 41                                                                       | Interim payments                                                                                                                                                     |                      | 1,106                                       | 41                  |
| 42                                                                       | Tentative settlement (for contractors use only)                                                                                                                      |                      |                                             | 42                  |
| 43                                                                       | Balance due provider/program (line 40 minus the sum of lines 41, and 42)                                                                                             |                      | -48                                         | 43                  |
| 44                                                                       | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2                                                                  |                      |                                             | 44                  |
| PART B - MEDICAL AND OTHER HEALTH SERVICES TO BE COMPLETED BY CONTRACTOR |                                                                                                                                                                      |                      |                                             |                     |
| 90                                                                       | Original outlier amount (see instructions)                                                                                                                           |                      |                                             | 90                  |
| 91                                                                       | Outlier reconciliation adjustment amount (see instructions)                                                                                                          |                      |                                             | 91                  |
| 92                                                                       | The rate used to calculate the Time Value of Money                                                                                                                   |                      |                                             | 92                  |
| 93                                                                       | Time Value of Money (see instructions)                                                                                                                               |                      |                                             | 93                  |
| 94                                                                       | Total (sum of lines 91 and 93)                                                                                                                                       |                      |                                             | 94                  |

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4030.2)

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PET-EX081B.0093

RECORD 007698

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

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PET-EX081B.0094

RECORD 007699

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                  |                                                                                                                                                                      | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET E, PART B |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------|---------------------|
| Medicare - Title XVIII - Hospital                                        |                                                                                                                                                                      |                      |                                             |                     |
| PART B - MEDICAL AND OTHER HEALTH SERVICES                               |                                                                                                                                                                      |                      |                                             |                     |
| 1                                                                        | Medical and other services (see instructions)                                                                                                                        |                      | 31,261                                      | 1                   |
| 2                                                                        | Medical and other services reimbursed under OPFS (see instructions)                                                                                                  |                      | 15,126,332                                  | 2                   |
| 3                                                                        | PPS payments                                                                                                                                                         |                      | 15,632,922                                  | 3                   |
| 4                                                                        | Outlier payment (see instructions)                                                                                                                                   |                      | 32,696                                      | 4                   |
| 5                                                                        | Enter the hospital specific payment to cost ratio (see instructions)                                                                                                 |                      | 0.91                                        | 5                   |
| 6                                                                        | Line 2 times line 5                                                                                                                                                  |                      | 13,780,088                                  | 6                   |
| 7                                                                        | Sum of lines line 3 plus line 4 divided by line 6                                                                                                                    |                      |                                             | 7                   |
| 8                                                                        | Transitional corridor payment (see instructions)                                                                                                                     |                      |                                             | 8                   |
| 9                                                                        | Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200                                                                            |                      |                                             | 9                   |
| 10                                                                       | Organ acquisition                                                                                                                                                    |                      |                                             | 10                  |
| 11                                                                       | Total cost (sum of lines 1 and 10) (see instructions)                                                                                                                |                      | 31,261                                      | 11                  |
| COMPUTATION OF LESSER OF COST OR CHARGES                                 |                                                                                                                                                                      |                      |                                             |                     |
| Reasonable charges                                                       |                                                                                                                                                                      |                      |                                             |                     |
| 12                                                                       | Ancillary service charges                                                                                                                                            |                      | 176,961                                     | 12                  |
| 13                                                                       | Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)                                                                                            |                      |                                             | 13                  |
| 14                                                                       | Total reasonable charges (sum of lines 12 and 13)                                                                                                                    |                      | 176,961                                     | 14                  |
| Customary charges                                                        |                                                                                                                                                                      |                      |                                             |                     |
| 15                                                                       | Aggregate amount actually collected from patients liable for payment for services on a charge basis                                                                  |                      |                                             | 15                  |
| 16                                                                       | Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e) |                      |                                             | 16                  |
| 17                                                                       | Ratio of line 15 to line 16 (not to exceed 1.000000)                                                                                                                 |                      |                                             | 17                  |
| 18                                                                       | Total customary charges (see instructions)                                                                                                                           |                      | 176,961                                     | 18                  |
| 19                                                                       | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)                                                       |                      | 145,700                                     | 19                  |
| 20                                                                       | Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)                                                       |                      |                                             | 20                  |
| 21                                                                       | Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)                                                                                        |                      | 31,261                                      | 21                  |
| 22                                                                       | Interns and residents (see instructions)                                                                                                                             |                      |                                             | 22                  |
| 23                                                                       | Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, §2148)                                                                              |                      |                                             | 23                  |
| 24                                                                       | Total prospective payment (sum of lines 3, 4, 8 and 9)                                                                                                               |                      | 15,665,618                                  | 24                  |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT                                  |                                                                                                                                                                      |                      |                                             |                     |
| 25                                                                       | Deductibles and coinsurance (see instructions)                                                                                                                       |                      |                                             | 25                  |
| 26                                                                       | Deductibles and Coinsurance relating to amount on line 24 (see instructions)                                                                                         |                      | 3,427,189                                   | 26                  |
| 27                                                                       | Subtotal ((lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)                                                         |                      | 12,269,690                                  | 27                  |
| 28                                                                       | Direct graduate medical education payments (from Worksheet E-4, line 50)                                                                                             |                      |                                             | 28                  |
| 29                                                                       | ESRD direct medical education costs (from Worksheet E-4, line 36)                                                                                                    |                      |                                             | 29                  |
| 30                                                                       | Subtotal (sum of lines 27 through 29)                                                                                                                                |                      | 12,269,690                                  | 30                  |
| 31                                                                       | Primary payer payments                                                                                                                                               |                      | 5,590                                       | 31                  |
| 32                                                                       | Subtotal (line 30 minus line 31)                                                                                                                                     |                      | 12,264,100                                  | 32                  |
| ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)        |                                                                                                                                                                      |                      |                                             |                     |
| 33                                                                       | Composite rate ESRD (from Worksheet I-5, line 11)                                                                                                                    |                      |                                             | 33                  |
| 34                                                                       | Allowable bad debts (see instructions)                                                                                                                               |                      | 1,216,983                                   | 34                  |
| 35                                                                       | Adjusted reimbursable bad debts (see instructions)                                                                                                                   |                      | 851,888                                     | 35                  |
| 36                                                                       | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                               |                      | 525,379                                     | 36                  |
| 37                                                                       | Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)                                                                                 |                      | 13,115,988                                  | 37                  |
| 38                                                                       | MSP-LCC reconciliation amount from PS&R                                                                                                                              |                      |                                             | 38                  |
| 39                                                                       | Other adjustments (specify) (see instructions)                                                                                                                       |                      |                                             | 39                  |
| 40                                                                       | Subtotal (line 37 plus or minus lines 39 minus 38)                                                                                                                   |                      | 13,115,988                                  | 40                  |
| 41                                                                       | Interim payments                                                                                                                                                     |                      | 12,782,297                                  | 41                  |
| 42                                                                       | Tentative settlement (for contractors use only)                                                                                                                      |                      |                                             | 42                  |
| 43                                                                       | Balance due provider/program (line 40 minus the sum of lines 41, and 42)                                                                                             |                      | 333,691                                     | 43                  |
| 44                                                                       | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2                                                                  |                      | 16,511                                      | 44                  |
| PART B - MEDICAL AND OTHER HEALTH SERVICES TO BE COMPLETED BY CONTRACTOR |                                                                                                                                                                      |                      |                                             |                     |
| 90                                                                       | Original outlier amount (see instructions)                                                                                                                           |                      | 32,696                                      | 90                  |
| 91                                                                       | Outlier reconciliation adjustment amount (see instructions)                                                                                                          |                      |                                             | 91                  |
| 92                                                                       | The rate used to calculate the Time Value of Money                                                                                                                   |                      |                                             | 92                  |
| 93                                                                       | Time Value of Money (see instructions)                                                                                                                               |                      |                                             | 93                  |
| 94                                                                       | Total (sum of lines 91 and 93)                                                                                                                                       |                      |                                             | 94                  |

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4030.2)

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PET-EX081B.0095

RECORD 007700

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

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PET-EX081B.0096

RECORD 007701

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

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

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

|                                                                                                              |                                                                                                                                 |                      |                                             |                        |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------|------------------------|
| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                                      |                                                                                                                                 | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET E-3, PART II |
| Medicare - Title XVIII - Subprovider                                                                         |                                                                                                                                 |                      |                                             |                        |
| PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS                                     |                                                                                                                                 |                      |                                             |                        |
| 1                                                                                                            | Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)                                            | 1,075,063            |                                             | 1                      |
| 2                                                                                                            | Net IPF PPS Outlier payment                                                                                                     | 184,048              |                                             | 2                      |
| 3                                                                                                            | Net IPF PPS ECT payment                                                                                                         |                      |                                             | 3                      |
| 4                                                                                                            | Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions) |                      |                                             | 4                      |
| 5                                                                                                            | New teaching program adjustment (see instructions)                                                                              |                      |                                             | 5                      |
| 6                                                                                                            | Current year unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program" (see instructions)    |                      |                                             | 6                      |
| 7                                                                                                            | Current year unweighted I&R FTE count for residents within the first 3 years of a "new teaching program" (see instructions)     |                      |                                             | 7                      |
| 8                                                                                                            | Intern and resident count for IPF PPS medical education adjustment (see instructions)                                           |                      |                                             | 8                      |
| 9                                                                                                            | Average daily census (see instructions)                                                                                         | 14.28                |                                             | 9                      |
| 10                                                                                                           | Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of .5150} - 1)\}$        |                      |                                             | 10                     |
| 11                                                                                                           | Medical Education Adjustment (line 1 multiplied by line 10)                                                                     |                      |                                             | 11                     |
| 12                                                                                                           | Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)                                                                     | 1,259,111            |                                             | 12                     |
| 13                                                                                                           | Nursing and allied health managed care payment (see instruction)                                                                |                      |                                             | 13                     |
| 14                                                                                                           | Organ acquisition                                                                                                               |                      |                                             | 14                     |
| 15                                                                                                           | Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)                                 |                      |                                             | 15                     |
| 16                                                                                                           | Subtotal (see instructions)                                                                                                     | 1,259,111            |                                             | 16                     |
| 17                                                                                                           | Primary payer payments                                                                                                          |                      |                                             | 17                     |
| 18                                                                                                           | Subtotal (line 16 less line 17)                                                                                                 | 1,259,111            |                                             | 18                     |
| 19                                                                                                           | Deductibles                                                                                                                     | 118,948              |                                             | 19                     |
| 20                                                                                                           | Subtotal (line 18 minus line 19)                                                                                                | 1,140,163            |                                             | 20                     |
| 21                                                                                                           | Coinsurance                                                                                                                     | 49,513               |                                             | 21                     |
| 22                                                                                                           | Subtotal (line 20 minus line 21)                                                                                                | 1,090,650            |                                             | 22                     |
| 23                                                                                                           | Allowable bad debts (exclude bad debts for professional services) (see instructions)                                            | 87,551               |                                             | 23                     |
| 24                                                                                                           | Adjusted reimbursable bad debts (see instructions)                                                                              | 61,286               |                                             | 24                     |
| 25                                                                                                           | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                          | 44,064               |                                             | 25                     |
| 26                                                                                                           | Subtotal (sum of lines 22 and 24)                                                                                               | 1,151,936            |                                             | 26                     |
| 27                                                                                                           | Direct graduate medical education payments (from Worksheet E-4, line 49)                                                        |                      |                                             | 27                     |
| 28                                                                                                           | Other pass through costs (see instructions)                                                                                     |                      |                                             | 28                     |
| 29                                                                                                           | Outlier payments reconciliation                                                                                                 |                      |                                             | 29                     |
| 30                                                                                                           | Other adjustments (specify) (see instructions)                                                                                  |                      |                                             | 30                     |
| 31                                                                                                           | Total amount payable to the provider (see instructions)                                                                         | 1,151,936            |                                             | 31                     |
| 32                                                                                                           | Interim payments                                                                                                                | 1,119,705            |                                             | 32                     |
| 33                                                                                                           | Tentative settlement (for contractor use only)                                                                                  |                      |                                             | 33                     |
| 34                                                                                                           | Balance due provider/program (line 31 minus the sum lines 32 and 33)                                                            | 32,231               |                                             | 34                     |
| 35                                                                                                           | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2                              |                      |                                             | 35                     |
| TO BE COMPLETED BY CONTRACTOR                                                                                |                                                                                                                                 |                      |                                             |                        |
| 50                                                                                                           | Original outlier amount from Worksheet E-3, Part II, line 2 (see instructions)                                                  | 184,048              |                                             | 50                     |
| 51                                                                                                           | Outlier reconciliation adjustment amount (see instructions)                                                                     |                      |                                             | 51                     |
| 52                                                                                                           | The rate used to calculate the Time Value of Money (see instructions)                                                           |                      |                                             | 52                     |
| 53                                                                                                           | Time Value of Money (see instructions)                                                                                          |                      |                                             | 53                     |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4033.2) |                                                                                                                                 |                      |                                             |                        |
| 40-592 - 08-11                                                                                               |                                                                                                                                 |                      |                                             | Rev. 2                 |

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PET-EX081B.0098

RECORD 007703

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

| BALANCE SHEET                                                                                                       |                 | Provider CCN:<br>420002     | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET G   |
|---------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|---------------------------------------------|---------------|
| (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) |                 |                             |                                             |               |
| Assets<br>(Omit cents)                                                                                              | General<br>Fund | Specific<br>Purpose<br>Fund | Endowment<br>Fund                           | Plant<br>Fund |
|                                                                                                                     | 1               | 2                           | 3                                           | 4             |
| <b>CURRENT ASSETS</b>                                                                                               |                 |                             |                                             |               |
| 1 Cash on hand and in banks                                                                                         | -4,965          |                             |                                             | 1             |
| 2 Temporary investments                                                                                             |                 |                             |                                             | 2             |
| 3 Notes receivable                                                                                                  |                 |                             |                                             | 3             |
| 4 Accounts receivable                                                                                               | 63,523,700      |                             |                                             | 4             |
| 5 Other receivables                                                                                                 | 3,622,617       |                             |                                             | 5             |
| 6 Allowances for uncollectible notes and accounts receivable                                                        | -41,074,536     |                             |                                             | 6             |
| 7 Inventory                                                                                                         | 3,952,061       |                             |                                             | 7             |
| 8 Prepaid expenses                                                                                                  | 1,551,440       |                             |                                             | 8             |
| 9 Other current assets                                                                                              |                 |                             |                                             | 9             |
| 10 Due from other funds                                                                                             |                 |                             |                                             | 10            |
| 11 Total current assets (sum of lines 1-10)                                                                         | 31,570,320      |                             |                                             | 11            |
| <b>FIXED ASSETS</b>                                                                                                 |                 |                             |                                             |               |
| 12 Land                                                                                                             | 2,050,000       |                             |                                             | 12            |
| 13 Land improvements                                                                                                | 1,248,328       |                             |                                             | 13            |
| 14 Accumulated depreciation                                                                                         | -267,395        |                             |                                             | 14            |
| 15 Buildings                                                                                                        | 126,015,312     |                             |                                             | 15            |
| 16 Accumulated depreciation                                                                                         | -39,367,368     |                             |                                             | 16            |
| 17 Leasehold improvements                                                                                           | 696,016         |                             |                                             | 17            |
| 18 Accumulated depreciation                                                                                         | -274,274        |                             |                                             | 18            |
| 19 Fixed equipment                                                                                                  | 3,804,121       |                             |                                             | 19            |
| 20 Accumulated depreciation                                                                                         | -1,924,631      |                             |                                             | 20            |
| 21 Automobiles and trucks                                                                                           | 1,580,192       |                             |                                             | 21            |
| 22 Accumulated depreciation                                                                                         | -1,134,764      |                             |                                             | 22            |
| 23 Major movable equipment                                                                                          | 70,513,184      |                             |                                             | 23            |
| 24 Accumulated depreciation                                                                                         | -42,814,268     |                             |                                             | 24            |
| 25 Minor equipment depreciable                                                                                      |                 |                             |                                             | 25            |
| 26 Accumulated depreciation                                                                                         |                 |                             |                                             | 26            |
| 27 HIT designated Assets                                                                                            |                 |                             |                                             | 27            |
| 28 Accumulated depreciation                                                                                         |                 |                             |                                             | 28            |
| 29 Minor equipment-nondepreciable                                                                                   | 998,550         |                             |                                             | 29            |
| 30 Total fixed assets (sum of lines 12-29)                                                                          | 121,122,984     |                             |                                             | 30            |
| <b>OTHER ASSETS</b>                                                                                                 |                 |                             |                                             |               |
| 31 Investments                                                                                                      |                 |                             |                                             | 31            |
| 32 Deposits on leases                                                                                               |                 |                             |                                             | 32            |
| 33 Due from owners/officers                                                                                         |                 |                             |                                             | 33            |
| 34 Other assets                                                                                                     | 93,673,608      |                             |                                             | 34            |
| 35 Total other assets (sum of lines 31-34)                                                                          | 93,673,608      |                             |                                             | 35            |
| 36 Total assets (sum of lines 11, 30, and 35)                                                                       | 246,366,912     |                             |                                             | 36            |
| <b>Liabilities and Fund Balances (Omit cents)</b>                                                                   |                 |                             |                                             |               |
| <b>CURRENT LIABILITIES</b>                                                                                          |                 |                             |                                             |               |
| 37 Accounts payable                                                                                                 | 8,970,865       |                             |                                             | 37            |
| 38 Salaries, wages, and fees payable                                                                                | 5,913,875       |                             |                                             | 38            |
| 39 Payroll taxes payable                                                                                            |                 |                             |                                             | 39            |
| 40 Notes and loans payable (short term)                                                                             | -1,414,715      |                             |                                             | 40            |
| 41 Deferred income                                                                                                  |                 |                             |                                             | 41            |
| 42 Accelerated payments                                                                                             |                 |                             |                                             | 42            |
| 43 Due to other funds                                                                                               |                 |                             |                                             | 43            |
| 44 Other current liabilities                                                                                        | 6,669,152       |                             |                                             | 44            |
| 45 Total current liabilities (sum of lines 37 thru 44)                                                              | 20,139,176      |                             |                                             | 45            |
| <b>LONG TERM LIABILITIES</b>                                                                                        |                 |                             |                                             |               |
| 46 Mortgage payable                                                                                                 |                 |                             |                                             | 46            |
| 47 Notes payable                                                                                                    | 111,049,000     |                             |                                             | 47            |
| 48 Unsecured loans                                                                                                  |                 |                             |                                             | 48            |
| 49 Other long term liabilities                                                                                      |                 |                             |                                             | 49            |

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PET-EX081B.0099

RECORD 007704

|                                                                                                                     |                 |                             |                                             |                |
|---------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|---------------------------------------------|----------------|
| BALANCE SHEET                                                                                                       |                 | Provider CCN:<br>420002     | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET G    |
| (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) |                 |                             |                                             |                |
| Assets<br>(Omit cents)                                                                                              | General<br>Fund | Specific<br>Purpose<br>Fund | Endowment<br>Fund                           | Plant<br>Fund  |
|                                                                                                                     | 1               | 2                           | 3                                           | 4              |
| 50 Total long term liabilities (sum of lines 46 thru 49)                                                            | 111,049,000     |                             |                                             | 50             |
| 51 Total liabilities (sum of lines 45 and 50)                                                                       | 131,188,176     |                             |                                             | 51             |
| CAPITAL ACCOUNTS                                                                                                    |                 |                             |                                             |                |
| 52 General fund balance                                                                                             | 115,178,736     |                             |                                             | 52             |
| 53 Specific purpose fund                                                                                            |                 |                             |                                             | 53             |
| 54 Donor created - endowment fund balance - restricted                                                              |                 |                             |                                             | 54             |
| 55 Donor created - endowment fund balance - unrestricted                                                            |                 |                             |                                             | 55             |
| 56 Governing body created - endowment fund balance                                                                  |                 |                             |                                             | 56             |
| 57 Plant fund balance - invested in plant                                                                           |                 |                             |                                             | 57             |
| 58 Plant fund balance - reserve for plant improvement, replacement, and expansion                                   |                 |                             |                                             | 58             |
| 59 Total fund balances (sum of lines 52 thru 58)                                                                    | 115,178,736     |                             |                                             | 59             |
| 60 Total liabilities and fund balances (sum of lines 51 and 59)                                                     | 246,366,912     |                             |                                             | 60             |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4040)          |                 |                             |                                             |                |
| Rev. 2                                                                                                              |                 |                             |                                             | 40-601 - 08-11 |

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PET-EX081B.0100

RECORD 007705

|                                                                                                            |                                                                         |             |                       |                      |                |                                             |            |               |        |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------|-----------------------|----------------------|----------------|---------------------------------------------|------------|---------------|--------|
| Record code 6008 - 2(9)                                                                                    |                                                                         |             |                       | Provider CCN: 420002 |                | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 |            | WORKSHEET G-1 |        |
| STATEMENT OF CHANGES IN FUND BALANCES                                                                      |                                                                         |             |                       |                      |                |                                             |            |               |        |
|                                                                                                            | GENERAL FUND                                                            |             | SPECIFIC PURPOSE FUND |                      | ENDOWMENT FUND |                                             | PLANT FUND |               |        |
|                                                                                                            | 1                                                                       | 2           | 3                     | 4                    | 5              | 6                                           | 7          | 8             |        |
| 1                                                                                                          | Fund balances at beginning of period                                    |             |                       | 130,284,984          |                |                                             |            |               | 1      |
| 2                                                                                                          | Net income (loss) (from Worksheet G-3, line 29)                         | 15,266,176  |                       |                      |                |                                             |            |               | 2      |
| 3                                                                                                          | Total (sum of line 1 and line 2)                                        | 15,266,176  |                       | 130,284,984          |                |                                             |            |               | 3      |
| 4                                                                                                          |                                                                         |             |                       |                      |                |                                             |            |               | 4      |
| 5                                                                                                          | INTERCOMPANY ACTIVITY                                                   | 2,414,684   |                       |                      |                |                                             |            |               | 5      |
| 6                                                                                                          |                                                                         |             |                       |                      |                |                                             |            |               | 6      |
| 7                                                                                                          |                                                                         |             |                       |                      |                |                                             |            |               | 7      |
| 8                                                                                                          |                                                                         |             |                       |                      |                |                                             |            |               | 8      |
| 9                                                                                                          |                                                                         |             |                       |                      |                |                                             |            |               | 9      |
| 10                                                                                                         | Total additions (sum of lines 4-9)                                      | 2,414,684   |                       |                      |                |                                             |            |               | 10     |
| 11                                                                                                         | Subtotal (line 3 plus line 10)                                          | 17,680,860  |                       | 130,284,984          |                |                                             |            |               | 11     |
| 12                                                                                                         |                                                                         |             |                       |                      |                |                                             |            |               | 12     |
| 13                                                                                                         | RECONCILING ITEM                                                        | 32,787,108  |                       |                      |                |                                             |            |               | 13     |
| 14                                                                                                         |                                                                         |             |                       |                      |                |                                             |            |               | 14     |
| 15                                                                                                         |                                                                         |             |                       |                      |                |                                             |            |               | 15     |
| 16                                                                                                         |                                                                         |             |                       |                      |                |                                             |            |               | 16     |
| 17                                                                                                         |                                                                         |             |                       |                      |                |                                             |            |               | 17     |
| 18                                                                                                         | Total deductions (sum of lines 12-17)                                   | 32,787,108  |                       |                      |                |                                             |            |               | 18     |
| 19                                                                                                         | Fund balance at end of period per balance sheet (line 11 minus line 18) | -15,106,248 |                       | 130,284,984          |                |                                             |            |               | 19     |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4040) |                                                                         |             |                       |                      |                |                                             |            |               |        |
| 40-602 - 08-11                                                                                             |                                                                         |             |                       |                      |                |                                             |            |               | Rev. 2 |

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PET-EX081B.0101

RECORD 007706

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

| STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES                                                       |             | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET G-2, PARTS I & II |
|------------------------------------------------------------------------------------------------------------|-------------|----------------------|---------------------------------------------|-----------------------------|
| <b>PART I - PATIENT REVENUES</b>                                                                           |             |                      |                                             |                             |
| REVENUE CENTER                                                                                             | INPATIENT   | OUTPATIENT           | TOTAL                                       |                             |
|                                                                                                            | 1           | 2                    | 3                                           |                             |
| <b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>                                                             |             |                      |                                             |                             |
| 1 Hospital                                                                                                 | 65,177,092  |                      | 65,177,092                                  | 1                           |
| 2 Subprovider IPF                                                                                          | 6,822,470   |                      | 6,822,470                                   | 2                           |
| 3 Subprovider IRF                                                                                          |             |                      |                                             | 3                           |
| 4 Subprovider (Other)                                                                                      |             |                      |                                             | 4                           |
| 5 Swing bed - SNF                                                                                          |             |                      |                                             | 5                           |
| 6 Swing bed - NF                                                                                           |             |                      |                                             | 6                           |
| 7 Skilled nursing facility                                                                                 |             |                      |                                             | 7                           |
| 8 Nursing facility                                                                                         |             |                      |                                             | 8                           |
| 9 Other long term care                                                                                     |             |                      |                                             | 9                           |
| 10 Total general inpatient care services (sum of lines 1-9)                                                | 71,999,560  |                      | 71,999,560                                  | 10                          |
| <b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>                                                     |             |                      |                                             |                             |
| 11 Intensive care unit                                                                                     | 12,873,285  |                      | 12,873,285                                  | 11                          |
| 12 Coronary care unit                                                                                      |             |                      |                                             | 12                          |
| 13 Burn intensive care unit                                                                                |             |                      |                                             | 13                          |
| 14 Surgical intensive care unit                                                                            |             |                      |                                             | 14                          |
| 15 Other special care (specify)                                                                            |             |                      |                                             | 15                          |
| 16 Total intensive care type inpatient hospital services (sum of lines 11-15)                              | 12,873,285  |                      | 12,873,285                                  | 16                          |
| 17 Total inpatient routine care services (sum of lines 10 and 16)                                          | 84,872,848  |                      | 84,872,848                                  | 17                          |
| 18 Ancillary services                                                                                      | 281,124,384 | 226,982,128          | 508,106,528                                 | 18                          |
| 19 Outpatient services                                                                                     |             |                      |                                             | 19                          |
| 20 Rural Health Clinic (RHC)                                                                               |             |                      |                                             | 20                          |
| 21 Federally Qualified Health Center (FQHC)                                                                |             |                      |                                             | 21                          |
| 22 Home health agency                                                                                      |             |                      |                                             | 22                          |
| 23 Ambulance                                                                                               |             |                      |                                             | 23                          |
| 24 Outpatient rehabilitation providers                                                                     |             |                      |                                             | 24                          |
| 25 ASC                                                                                                     |             |                      |                                             | 25                          |
| 26 Hospice                                                                                                 |             |                      |                                             | 26                          |
| 27 Other (specify)                                                                                         |             |                      |                                             | 27                          |
| 28 Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)                | 365,997,248 | 226,982,128          | 592,979,392                                 | 28                          |
| <b>PART II - OPERATING EXPENSES</b>                                                                        |             |                      |                                             |                             |
|                                                                                                            | 1           | 2                    |                                             |                             |
| 29 Operating expenses (per Wkst. A, column 3, line 200)                                                    |             | 212,238,112          |                                             | 29                          |
| 30 Add (specify)                                                                                           |             |                      |                                             | 30                          |
| 31                                                                                                         | 11,127      |                      |                                             | 31                          |
| 32                                                                                                         |             |                      |                                             | 32                          |
| 33                                                                                                         |             |                      |                                             | 33                          |
| 34                                                                                                         |             |                      |                                             | 34                          |
| 35                                                                                                         |             |                      |                                             | 35                          |
| 36 Total additions (sum of lines 30-35)                                                                    |             | 11,127               |                                             | 36                          |
| 37 Deduct (specify)                                                                                        |             |                      |                                             | 37                          |
| 38                                                                                                         |             |                      |                                             | 38                          |
| 39                                                                                                         |             |                      |                                             | 39                          |
| 40                                                                                                         |             |                      |                                             | 40                          |
| 41                                                                                                         |             |                      |                                             | 41                          |
| 42 Total deductions (sum of lines 37-41)                                                                   |             |                      |                                             | 42                          |
| 43 Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)     |             | 212,249,248          |                                             | 43                          |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4040) |             |                      |                                             |                             |
| Rev. 2                                                                                                     | 08-11       |                      | 40-603                                      |                             |

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PET-EX081B.0102

RECORD 007707

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

|                                                                                                            |                                                                           |                      |                                             |               |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------|---------------------------------------------|---------------|
| STATEMENT OF REVENUES AND EXPENSES                                                                         |                                                                           | Provider CCN: 420002 | PERIOD:<br>FROM 06/01/2010<br>TO 05/31/2011 | WORKSHEET G-3 |
| Description                                                                                                |                                                                           |                      |                                             |               |
| 1                                                                                                          | Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)    |                      | 592,979,392                                 | 1             |
| 2                                                                                                          | Less contractual allowances and discounts on patients' accounts           |                      | 367,430,528                                 | 2             |
| 3                                                                                                          | Net patient revenues (line 1 minus line 2)                                |                      | 225,548,816                                 | 3             |
| 4                                                                                                          | Less total operating expenses (from Worksheet G-2, Part II, line 43)      |                      | 212,249,248                                 | 4             |
| 5                                                                                                          | Net income from service to patients (line 3 minus line 4)                 |                      | 13,299,579                                  | 5             |
| OTHER INCOME                                                                                               |                                                                           |                      |                                             |               |
| 6                                                                                                          | Contributions, donations, bequests, etc                                   |                      | 13,236                                      | 6             |
| 7                                                                                                          | Income from investments                                                   |                      | -131,453                                    | 7             |
| 8                                                                                                          | Revenues from telephone and telegraph service                             |                      |                                             | 8             |
| 9                                                                                                          | Revenue from television and radio service                                 |                      |                                             | 9             |
| 10                                                                                                         | Purchase discounts                                                        |                      | 27,283                                      | 10            |
| 11                                                                                                         | Rebates and refunds of expenses                                           |                      | 66,377                                      | 11            |
| 12                                                                                                         | Parking lot receipts                                                      |                      |                                             | 12            |
| 13                                                                                                         | Revenue from laundry and linen service                                    |                      |                                             | 13            |
| 14                                                                                                         | Revenue from meals sold to employees and guests                           |                      |                                             | 14            |
| 15                                                                                                         | Revenue from rental of living quarters                                    |                      |                                             | 15            |
| 16                                                                                                         | Revenue from sale of medical and surgical supplies to other than patients |                      |                                             | 16            |
| 17                                                                                                         | Revenue from sale of drugs to other than patients                         |                      |                                             | 17            |
| 18                                                                                                         | Revenue from sale of medical records and abstracts                        |                      |                                             | 18            |
| 19                                                                                                         | Tuition (fees, sale of textbooks, uniforms, etc.)                         |                      |                                             | 19            |
| 20                                                                                                         | Revenue from gifts, flowers, coffee shops, and canteen                    |                      |                                             | 20            |
| 21                                                                                                         | Rental of vending machines                                                |                      |                                             | 21            |
| 22                                                                                                         | Rental of hospital space                                                  |                      | 357,524                                     | 22            |
| 23                                                                                                         | Governmental appropriations                                               |                      |                                             | 23            |
| 24                                                                                                         | Other (specify)                                                           |                      |                                             | 24            |
| 24.00                                                                                                      | MISCELLANEOUS REVENUE                                                     |                      | 1,633,630                                   | 24.00         |
| 25                                                                                                         | Total other income (sum of lines 6-24)                                    |                      | 1,966,597                                   | 25            |
| 26                                                                                                         | Total (line 5 plus line 25)                                               |                      | 15,266,176                                  | 26            |
| 27                                                                                                         | Other expenses (specify)                                                  |                      |                                             | 27            |
| 28                                                                                                         | Total other expenses (sum of line 27 and subscripts)                      |                      |                                             | 28            |
| 29                                                                                                         | Net income (or loss) for the period (line 26 minus line 28)               |                      | 15,266,176                                  | 29            |
| FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4040) |                                                                           |                      |                                             |               |
| 40-604 - 08-11                                                                                             |                                                                           |                      | Rev. 2                                      |               |

PIEDMONT MEDICAL CENTER - ROCK HILL, SC

Cost report status - As Submitted

[Record code 6608 - 2010]

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

8/29/10 2:24 PM

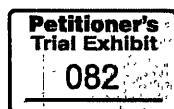
| FOR REPORTING PERIOD |        |             |            |
|----------------------|--------|-------------|------------|
| ACTUAL               | BUDGET | \$ VARIANCE | % VARIANCE |

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

**VOLUME SECTION**

**Statistics**

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



**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

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**OPERATING REVENUE**

**Patient Revenue**

**Inpatient Revenue**

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

**Outpatient Revenue**

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

**Clinic Revenue**

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

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

**Total Outpatient Revenue**

|  |  |                   |                   |                  |              |                    |                    |                   |              |
|--|--|-------------------|-------------------|------------------|--------------|--------------------|--------------------|-------------------|--------------|
|  |  | <b>26,706,525</b> | <b>25,406,314</b> | <b>1,300,211</b> | <b>5.12%</b> | <b>186,118,358</b> | <b>171,737,742</b> | <b>14,380,616</b> | <b>8.37%</b> |
|--|--|-------------------|-------------------|------------------|--------------|--------------------|--------------------|-------------------|--------------|

|                              |  |                   |                   |                  |              |                    |                    |                   |              |
|------------------------------|--|-------------------|-------------------|------------------|--------------|--------------------|--------------------|-------------------|--------------|
| <b>Total Patient Revenue</b> |  | <b>41,479,990</b> | <b>39,182,814</b> | <b>2,297,176</b> | <b>5.86%</b> | <b>285,968,280</b> | <b>267,829,738</b> | <b>18,138,542</b> | <b>6.77%</b> |
|------------------------------|--|-------------------|-------------------|------------------|--------------|--------------------|--------------------|-------------------|--------------|

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

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|                                       |        | FOR REPORTING PERIOD |                   |                  |              | YEAR - TO - DATE   |                    |                   |              |
|---------------------------------------|--------|----------------------|-------------------|------------------|--------------|--------------------|--------------------|-------------------|--------------|
|                                       |        | ACTUAL               | BUDGET            | \$ VARIANCE      | % VARIANCE   | ACTUAL             | BUDGET             | \$ VARIANCE       | % VARIANCE   |
| <b>Revenue Deductions</b>             |        |                      |                   |                  |              |                    |                    |                   |              |
| Provision Medicare                    | 442100 | 9,065,714            | 8,643,801         | 421,913          | 4.88%        | 64,063,229         | 59,674,333         | 4,388,896         | 7.35%        |
| Medicare Contractual                  |        | 9,065,714            | 8,643,801         | 421,913          | 4.88%        | 64,063,229         | 59,674,333         | 4,388,896         | 7.35%        |
| Provision Medicaid                    | 444000 | 2,560,326            | 2,405,247         | 155,079          | 6.45%        | 18,535,621         | 16,502,948         | 2,032,673         | 12.32%       |
| Provision C/A SC Mcaid                | 444100 | 486,236              | 608,962           | (122,726)        | (20.15%)     | 3,151,799          | 4,178,230          | (1,026,431)       | (24.57%)     |
| Medicaid DSH                          | 444150 | (130,867)            | (127,360)         | (3,507)          | 2.75%        | (1,013,672)        | (873,847)          | (139,825)         | 16.00%       |
| Medicaid Contractual                  |        | 2,915,695            | 2,886,849         | 28,846           | 1.00%        | 20,673,748         | 19,807,331         | 866,417           | 4.37%        |
| Other HMO/PPO Discounts               | 440600 | 8,311,000            | 8,586,566         | (275,566)        | (3.21%)      | 58,591,545         | 58,609,493         | (17,948)          | (0.03%)      |
| Managed Care Contractual              |        | 8,311,000            | 8,586,566         | (275,566)        | (3.21%)      | 58,591,545         | 58,609,493         | (17,948)          | (0.03%)      |
| Other Adjustments                     | 446100 | 3,144                | 28,174            | (25,030)         | (88.84%)     | 85,549             | 189,244            | (103,695)         | (54.79%)     |
| Other Agency Contractual              | 446200 | 311,264              | 133,922           | 177,342          | 132.42%      | 1,913,293          | 899,556            | 1,013,737         | 112.69%      |
| Workers Comp C/A                      | 446500 | 89,465               | 81,942            | 7,523            | 9.18%        | 549,098            | 550,408            | (1,310)           | (0.24%)      |
| Account Adjustment                    | 446600 | 33,665               | 38,928            | (5,263)          | (13.52%)     | 326,935            | 261,483            | 65,452            | 25.03%       |
| Allocated Revenue Deductions          | 446650 | 0                    | 59,984            | (59,984)         | (100.00%)    | 0                  | 55,214             | (55,214)          | (100.00%)    |
| Other Contractual Adjustment          | 446700 | 238,487              | 354,925           | (116,438)        | (32.81%)     | 1,754,232          | 2,384,039          | (629,807)         | (26.42%)     |
| Inter-Facility Tier Discount          | 446800 | 238,274              | 155,742           | 82,532           | 52.99%       | 1,669,387          | 1,046,119          | 623,268           | 59.58%       |
| Tier Discount - Other                 | 446900 | 0                    | 2,869             | (2,869)          | (100.00%)    | 5,944              | 19,268             | (13,324)          | (69.15%)     |
| Late Chg Deduction                    | 447000 | 293                  | 5,360             | (5,067)          | (94.53%)     | 5,477              | 36,926             | (31,449)          | (85.17%)     |
| Self Pay Discount                     | 447250 | 1,109,605            | 500,329           | 609,276          | 121.78%      | 5,172,954          | 3,360,716          | 1,812,238         | 53.92%       |
| CHIPS Contractual Adj                 | 448300 | 114,527              | 48,474            | 66,053           | 136.26%      | 528,477            | 325,598            | 202,879           | 62.31%       |
| Self Pay/Other Contractual            |        | 2,138,724            | 1,410,649         | 728,075          | 51.61%       | 12,011,347         | 9,128,571          | 2,882,776         | 31.58%       |
| Prov For Charity Care                 | 446000 | 37,352               | 48,826            | (11,474)         | (23.50%)     | 291,930            | 334,447            | (42,517)          | (12.71%)     |
| Meck Cty IP Contract Adjust           | 446400 | 53,513               | 90,058            | (36,545)         | (40.58%)     | 637,930            | 616,879            | 21,051            | 3.41%        |
| Bad Debt Expense                      | 720000 | 4,047,839            | 3,472,989         | 574,850          | 16.55%       | 27,730,677         | 23,789,137         | 3,941,540         | 16.57%       |
| Bad Debt Recovery                     | 720100 | (217,949)            | (391,978)         | 174,029          | (44.40%)     | (2,182,296)        | (2,684,955)        | 502,659           | (18.72%)     |
| BD Rcvry-Contr A/C Purch Recog        | 720110 | 0                    | 0                 | 0                | 0.00%        | (8,292)            | 0                  | (8,292)           | 100.00%      |
| Bad Debts                             |        | 3,920,755            | 3,219,896         | 700,859          | 21.77%       | 26,469,950         | 22,055,507         | 4,414,443         | 20.02%       |
| <b>Total Revenue Deductions</b>       |        | <b>26,351,887</b>    | <b>24,747,761</b> | <b>1,604,126</b> | <b>6.48%</b> | <b>181,809,819</b> | <b>169,275,236</b> | <b>12,534,583</b> | <b>7.40%</b> |
| <b>Net Patient Revenue</b>            |        | <b>15,128,103</b>    | <b>14,435,053</b> | <b>693,050</b>   | <b>4.80%</b> | <b>104,158,462</b> | <b>98,554,502</b>  | <b>5,603,960</b>  | <b>5.69%</b> |
| <b>Grants/Other Operating Revenue</b> |        |                      |                   |                  |              |                    |                    |                   |              |
| <b>Grants</b>                         |        |                      |                   |                  |              |                    |                    |                   |              |
| CHS Foundation Grant                  | 422000 | 0                    | 0                 | 0                | 0.00%        | 1,159              | 12,081             | (10,922)          | (90.41%)     |
| Total Grants                          |        | 0                    | 0                 | 0                | 0.00%        | 1,159              | 12,081             | (10,922)          | (90.41%)     |
| <b>Other Operating Revenue</b>        |        |                      |                   |                  |              |                    |                    |                   |              |

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

Department:  
Responsibility: Performance Report  
Business Unit: 07  
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Layout: DEPT PERFORMANCE REPORT

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

**REVENUE/EXPENSE PER STATISTIC**

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

8/29/10 2.24 PM

|                         | FOR REPORTING PERIOD |        |             |            | YEAR - TO - DATE |        |             |            |
|-------------------------|----------------------|--------|-------------|------------|------------------|--------|-------------|------------|
|                         | ACTUAL               | BUDGET | \$ VARIANCE | % VARIANCE | ACTUAL           | BUDGET | \$ VARIANCE | % VARIANCE |
| Utilities               | 0.11                 | 0.11   | 0.00        | 0.00%      | 0.10             | 0.10   | 0.00        | 0.00%      |
| Insurance               | 0.09                 | 0.09   | 0.00        | 0.00%      | 0.09             | 0.09   | 0.00        | 0.00%      |
| Depreciation Expense    | 0.21                 | 0.21   | 0.00        | 0.00%      | 0.29             | 0.29   | 0.00        | 0.00%      |
| Total Other Expenses    | 2.05                 | 1.99   | 0.06        | 3.02%      | 2.02             | 2.03   | (0.01)      | -0.49%     |
| Total Operating Expense | 6.14                 | 6.01   | 0.13        | 2.16%      | 6.04             | 5.96   | 0.08        | 1.34%      |
| Operating Margin        | 2.52                 | 2.27   | 0.25        | 11.01%     | 2.53             | 2.18   | 0.35        | 16.06%     |

**Paid Hours By Job Class**

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

**Worked Hours by Job Class**

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

8/29/10 2:24 PM

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

**Overtime Hours by Salary Expense Class**

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

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

Overtime Earnings by Salary Expense Class

|                                |        |                |          |                |                |                  |          |                  |                |
|--------------------------------|--------|----------------|----------|----------------|----------------|------------------|----------|------------------|----------------|
| Physicians                     | 500000 | 0              | 0        | 0              | 0.00%          | 0                | 0        | 0                | 0.00%          |
| Interns & Residents            | 500100 | 0              | 0        | 0              | 0.00%          | 0                | 0        | 0                | 0.00%          |
| Registered Nurse               | 500200 | 83,317         | 0        | 83,317         | 100.00%        | 515,038          | 0        | 515,038          | 100.00%        |
| Licensed Practice Nurse        | 500300 | 419            | 0        | 419            | 100.00%        | 3,576            | 0        | 3,576            | 100.00%        |
| Mid Level Providers            | 500350 | 789            | 0        | 789            | 100.00%        | 26,242           | 0        | 26,242           | 100.00%        |
| Executive                      | 500400 | 0              | 0        | 0              | 0.00%          | 0                | 0        | 0                | 0.00%          |
| Aides & Attendants             | 500500 | 6,149          | 0        | 6,149          | 100.00%        | 23,338           | 0        | 23,338           | 100.00%        |
| Administrative/Mgmt            | 500600 | 1,265          | 0        | 1,265          | 100.00%        | 11,938           | 0        | 11,938           | 100.00%        |
| Supervisory                    | 500700 | 6,119          | 0        | 6,119          | 100.00%        | 34,647           | 0        | 34,647           | 100.00%        |
| Professional                   | 500800 | 4,427          | 0        | 4,427          | 100.00%        | 41,416           | 0        | 41,416           | 100.00%        |
| Registered Technician          | 500900 | 9,145          | 0        | 9,145          | 100.00%        | 77,408           | 0        | 77,408           | 100.00%        |
| Technician                     | 501000 | 9,712          | 0        | 9,712          | 100.00%        | 74,692           | 0        | 74,692           | 100.00%        |
| Specialist                     | 501100 | (9,837)        | 0        | (9,837)        | 100.00%        | 77,597           | 0        | 77,597           | 100.00%        |
| Clerical And Secretarial       | 501200 | 11,187         | 0        | 11,187         | 100.00%        | 49,209           | 0        | 49,209           | 100.00%        |
| Enviro/Plant/Food/Service      | 501300 | 12,870         | 0        | 12,870         | 100.00%        | 76,567           | 0        | 76,567           | 100.00%        |
| Unit Secretary                 | 501400 | 6,861          | 0        | 6,861          | 100.00%        | 38,864           | 0        | 38,864           | 100.00%        |
| Student                        | 501500 | 0              | 0        | 0              | 0.00%          | 0                | 0        | 0                | 0.00%          |
| Policeman                      | 501600 | 0              | 0        | 0              | 0.00%          | 0                | 0        | 0                | 0.00%          |
| Other Salaries                 | 501700 | 0              | 0        | 0              | 0.00%          | 0                | 0        | 0                | 0.00%          |
| Reimbursable Salaries          | 501800 | 0              | 0        | 0              | 0.00%          | 0                | 0        | 0                | 0.00%          |
| Vacancies                      | 501900 | 0              | 0        | 0              | 0.00%          | 0                | 0        | 0                | 0.00%          |
| Temporary Help                 | 502300 | 0              | 0        | 0              | 0.00%          | 0                | 0        | 0                | 0.00%          |
| PTO Expense                    | 502000 | 0              | 0        | 0              | 0.00%          | 0                | 0        | 0                | 0.00%          |
| Salary Adjustment              | 502100 | 0              | 0        | 0              | 0.00%          | 0                | 0        | 0                | 0.00%          |
| PTO Cash In Expense            | 502200 | 0              | 0        | 0              | 0.00%          | 0                | 0        | 0                | 0.00%          |
| <b>Total Overtime Earnings</b> |        | <b>142,424</b> | <b>0</b> | <b>142,424</b> | <b>100.00%</b> | <b>1,050,531</b> | <b>0</b> | <b>1,050,531</b> | <b>100.00%</b> |

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

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| FOR REPORTING PERIOD |        |             |            |
|----------------------|--------|-------------|------------|
| ACTUAL               | BUDGET | \$ VARIANCE | % VARIANCE |

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

**Average Hourly Overtime Wage**

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

**Overtime Hours as a Percent of Worked Hours**

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

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

Non-Productive Hours by Job Class

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

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

**FTE'S by Job Class**

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

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

**Average Wage Per Hour by Job Class**

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2010-07-31

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

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| FOR REPORTING PERIOD |        |             |            |
|----------------------|--------|-------------|------------|
| ACTUAL               | BUDGET | \$ VARIANCE | % VARIANCE |

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

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**VOLUME SECTION**

**Statistics**

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

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**OPERATING REVENUE**

**Patient Revenue**

**Inpatient Revenue**

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

**Outpatient Revenue**

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

**Clinic Revenue**

|                            |        |            |            |           |          |             |             |             |          |
|----------------------------|--------|------------|------------|-----------|----------|-------------|-------------|-------------|----------|
|                            |        | 0          | 0          | 0         | 0.00%    | 0           | 0           | 0           | 0.00%    |
| Outpatient Revenue         | 303000 | 0          | 0          | 0         | 0.00%    | 2,113       | 0           | 2,113       | 100.00%  |
| Outpatient Medicare        | 303100 | 2,635,351  | 2,825,541  | (190,190) | (6.73%)  | 31,105,606  | 32,680,497  | (1,574,891) | (4.82%)  |
| Outpatient Medicaid        | 303200 | 498,805    | 453,704    | 45,101    | 9.94%    | 6,452,586   | 5,131,436   | 1,321,150   | 25.75%   |
| Outpatient Managed Care    | 303300 | 7,566,945  | 6,975,690  | 591,255   | 8.48%    | 76,375,302  | 80,020,487  | (3,645,185) | (4.56%)  |
| Outpatient Commercial      | 303400 | 142,055    | 198,082    | (56,027)  | (28.28%) | 1,338,036   | 2,273,516   | (935,480)   | (41.15%) |
| Outpatient Self Pay/Other  | 303500 | 786,432    | 665,768    | 120,664   | 18.12%   | 7,713,936   | 7,536,154   | 177,782     | 2.36%    |
| Outpatient Revenue         |        | 11,629,589 | 11,118,785 | 510,804   | 4.59%    | 122,987,579 | 127,642,090 | (4,654,511) | (3.65%)  |
| Observation-Medicare       | 304100 | 873,672    | 290,933    | 582,739   | 200.30%  | 8,612,725   | 3,450,726   | 5,161,999   | 149.59%  |
| Observation Medicaid       | 304200 | 196,142    | 63,695     | 132,447   | 207.94%  | 1,686,119   | 741,084     | 945,035     | 127.52%  |
| Observation Managed Care   | 304300 | 1,423,966  | 619,750    | 804,216   | 129.76%  | 12,557,731  | 7,228,790   | 5,328,941   | 73.72%   |
| Observation Commercial     | 304400 | 11,247     | 17,629     | (6,382)   | (36.20%) | 358,737     | 202,973     | 155,764     | 76.74%   |
| Observation Self Pay/Other | 304500 | 143,063    | 157,649    | (14,586)  | (9.25%)  | 3,099,259   | 1,841,932   | 1,257,327   | 68.26%   |
| Observation Revenue        |        | 2,648,090  | 1,149,655  | 1,498,435 | 130.34%  | 26,314,571  | 13,465,506  | 12,849,065  | 95.42%   |
| Total Outpatient Revenue   |        | 23,607,967 | 20,990,601 | 2,617,366 | 12.47%   | 244,406,742 | 231,566,619 | 12,840,123  | 5.54%    |

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

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|                                      |        | FOR REPORTING PERIOD |            |             |            | YEAR - TO - DATE |             |             |            |
|--------------------------------------|--------|----------------------|------------|-------------|------------|------------------|-------------|-------------|------------|
|                                      |        | ACTUAL               | BUDGET     | \$ VARIANCE | % VARIANCE | ACTUAL           | BUDGET      | \$ VARIANCE | % VARIANCE |
| <b>Grants</b>                        |        |                      |            |             |            |                  |             |             |            |
| Perinatal Educ & Trng                | 420600 | 0                    | 0          | 0           | 0.00%      | 250              | 0           | 250         | 100.00%    |
| CHS Foundation Grant                 | 422000 | 0                    | 0          | 0           | 0.00%      | 10,314           | 0           | 10,314      | 100.00%    |
| Meck County Revenue                  | 422200 | 0                    | 0          | 0           | 0.00%      | 807              | 0           | 807         | 100.00%    |
| Total Grants                         |        | 0                    | 0          | 0           | 0.00%      | 11,372           | 0           | 11,372      | 100.00%    |
| <b>Other Operating Revenue</b>       |        |                      |            |             |            |                  |             |             |            |
| Cafeteria Revenue                    | 400000 | 20,708               | 19,886     | 822         | 4.13%      | 240,968          | 250,936     | (9,968)     | (3.97%)    |
| Lactation Sales                      | 400250 | 3,377                | 3,199      | 178         | 5.56%      | 40,561           | 60,009      | (19,448)    | (32.41%)   |
| Lactation Rentals                    | 400260 | 6,262                | 4,314      | 1,948       | 45.16%     | 54,718           | 67,237      | (12,519)    | (18.62%)   |
| Employee Rx Copay Revenue            | 400600 | 605                  | 79         | 526         | 665.82%    | 878              | 1,900       | (1,022)     | (53.79%)   |
| Retail Sales                         | 400800 | 14,752               | 9,674      | 5,078       | 52.49%     | 144,336          | 110,000     | 34,336      | 31.21%     |
| Medical Record Requests              | 401100 | 0                    | 0          | 0           | 0.00%      | 134              | 48          | 86          | 179.17%    |
| Fitness Program Revenue              | 401400 | 730                  | 1,633      | (903)       | (55.30%)   | 17,605           | 16,646      | 959         | 5.76%      |
| Rental Income                        | 401600 | 0                    | 0          | 0           | 0.00%      | 1,950            | 0           | 1,950       | 100.00%    |
| Misc Other Operating Revenue         | 401900 | 28,645               | 57,076     | (28,431)    | (49.81%)   | 383,394          | 649,948     | (266,554)   | (41.01%)   |
| Affiliate Support Sys                | 402800 | 0                    | 0          | 0           | 0.00%      | 27,600           | 0           | 27,600      | 100.00%    |
| Radiology Joint Venture Rev          | 403350 | 0                    | 0          | 0           | 0.00%      | 0                | 0           | 0           | 0.00%      |
| Book Reimbursement                   | 403600 | 0                    | 0          | 0           | 0.00%      | (82)             | 0           | (82)        | 100.00%    |
| Seminars And Educ Programs           | 404800 | 2,265                | 3,839      | (1,574)     | (41.00%)   | 37,732           | 38,311      | (579)       | (1.51%)    |
| Total Other Operating Revenue        |        | 77,345               | 99,700     | (22,355)    | (22.42%)   | 949,793          | 1,195,035   | (245,242)   | (20.52%)   |
| <b>Inter/Intra Facility Revenue</b>  |        |                      |            |             |            |                  |             |             |            |
| Interco Misc Support                 | 410800 | 619                  | 0          | 619         | 100.00%    | 619              | 0           | 619         | 100.00%    |
| Interco Rent - Interfacility         | 410830 | 17,205               | 18,214     | (1,009)     | (5.54%)    | 212,514          | 218,568     | (6,054)     | (2.77%)    |
| Interco Specialist Svs               | 411400 | 26,122               | 36,344     | (10,222)    | (28.13%)   | 118,041          | 147,511     | (29,470)    | (19.98%)   |
| Interco Clinical Case Mgmt Svs       | 414400 | 375                  | 0          | 375         | 100.00%    | 375              | 0           | 375         | 100.00%    |
| Interco Preceptor Services           | 414480 | 450                  | 0          | 450         | 100.00%    | 950              | 0           | 950         | 100.00%    |
| Total Inter/Intra Facility Revenue   |        | 44,771               | 54,558     | (9,787)     | (17.94%)   | 332,499          | 366,079     | (33,580)    | (9.17%)    |
| Total Grants/Other Operating Revenue |        | 122,116              | 154,258    | (32,142)    | (20.84%)   | 1,293,664        | 1,561,114   | (267,450)   | (17.13%)   |
| Net Operating Revenue                |        | 13,195,336           | 13,794,809 | (599,473)   | (4.35%)    | 150,318,520      | 154,171,542 | (3,853,022) | (2.50%)    |
| <b>OPERATING EXPENSES</b>            |        |                      |            |             |            |                  |             |             |            |
| <b>Salaries</b>                      |        |                      |            |             |            |                  |             |             |            |
| Physicians                           | 500000 | 0                    | 0          | 0           | 0.00%      | 1,954            | 0           | 1,954       | 100.00%    |
| Interns & Residents                  | 500100 | 0                    | 0          | 0           | 0.00%      | 0                | 0           | 0           | 0.00%      |

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

8/29/10 2.12 PM

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

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

Utilities

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

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|                          | FOR REPORTING PERIOD |        |             |            | YEAR - TO - DATE |        |             |            |
|--------------------------|----------------------|--------|-------------|------------|------------------|--------|-------------|------------|
|                          | ACTUAL               | BUDGET | \$ VARIANCE | % VARIANCE | ACTUAL           | BUDGET | \$ VARIANCE | % VARIANCE |
| Operating Margin Percent | 30.31%               | 30.06% | 0.00        | 0.00%      | 28.45%           | 28.09% | 0.00        | 0.00%      |
| Total Margin Percent     | 35.06%               | 36.16% | (0.01)      | (2.77%)    | 33.06%           | 34.66% | (0.02)      | (5.77%)    |

**REVENUE/EXPENSE PER STATISTIC**

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

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

**Paid Hours By Job Class**

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

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|                                |        | FOR REPORTING PERIOD |                   |                 |                | YEAR - TO - DATE    |                     |                    |                |
|--------------------------------|--------|----------------------|-------------------|-----------------|----------------|---------------------|---------------------|--------------------|----------------|
|                                |        | ACTUAL               | BUDGET            | \$ VARIANCE     | % VARIANCE     | ACTUAL              | BUDGET              | \$ VARIANCE        | % VARIANCE     |
| Paid Hrs-Policeman             | 981600 | 0.00                 | 0.00              | 0.00            | 0.00%          | 0.00                | 0.00                | 0.00               | 0.00%          |
| Paid Hrs-Other Salaries        | 981700 | 0.00                 | 0.00              | 0.00            | 0.00%          | 0.00                | 0.00                | 0.00               | 0.00%          |
| Paid Hrs-Reimbursable Salaries | 981800 | 0.00                 | 0.00              | 0.00            | 0.00%          | 0.00                | 0.00                | 0.00               | 0.00%          |
| Paid Hours - Vacancies         | 981900 | 0.00                 | 0.00              | 0.00            | 0.00%          | 0.00                | 0.00                | 0.00               | 0.00%          |
| Paid Hrs-Temp Help             | 982300 | 0.00                 | 0.00              | 0.00            | 0.00%          | 78.43               | 0.00                | 78.43              | 100.00%        |
| Paid Hrs - Salary Adjustment   | 982100 | 0.00                 | 0.00              | 0.00            | 0.00%          | 0.00                | 0.00                | 0.00               | 0.00%          |
| <b>Total</b>                   |        | <b>126,131.18</b>    | <b>126,269.67</b> | <b>(138.49)</b> | <b>(0.11%)</b> | <b>1,383,020.39</b> | <b>1,417,279.87</b> | <b>(34,259.48)</b> | <b>(2.42%)</b> |

**Worked Hours by Job Class**

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

**Overtime Hours by Salary Expense Class**

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

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

**Overtime Earnings by Salary Expense Class**

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

8/29/10 2.12 PM

|                                             |        | FOR REPORTING PERIOD |        |             |            | YEAR - TO - DATE |        |             |            |
|---------------------------------------------|--------|----------------------|--------|-------------|------------|------------------|--------|-------------|------------|
|                                             |        | ACTUAL               | BUDGET | \$ VARIANCE | % VARIANCE | ACTUAL           | BUDGET | \$ VARIANCE | % VARIANCE |
| Student                                     | 501500 | 0                    | 0      | 0           | 0.00%      | 0                | 0      | 0           | 0.00%      |
| Policeman                                   | 501600 | 0                    | 0      | 0           | 0.00%      | 0                | 0      | 0           | 0.00%      |
| Other Salaries                              | 501700 | 0                    | 0      | 0           | 0.00%      | 0                | 0      | 0           | 0.00%      |
| Reimbursable Salaries                       | 501800 | 0                    | 0      | 0           | 0.00%      | 0                | 0      | 0           | 0.00%      |
| Vacancies                                   | 501900 | 0                    | 0      | 0           | 0.00%      | 0                | 0      | 0           | 0.00%      |
| Temporary Help                              | 502300 | 0                    | 0      | 0           | 0.00%      | 0                | 0      | 0           | 0.00%      |
| PTO Expense                                 | 502000 | 0                    | 0      | 0           | 0.00%      | 0                | 0      | 0           | 0.00%      |
| Salary Adjustment                           | 502100 | 0                    | 0      | 0           | 0.00%      | 0                | 0      | 0           | 0.00%      |
| PTO Cash In Expense                         | 502200 | 0                    | 0      | 0           | 0.00%      | 0                | 0      | 0           | 0.00%      |
| Total Overtime Earnings                     |        | 119,031              | 0      | 119,031     | 100.00%    | 1,198,386        | 0      | 1,198,386   | 100.00%    |
| Average Hourly Overtime Wage                |        |                      |        |             |            |                  |        |             |            |
| Physicians                                  |        | 0.00                 | 0.00   | 0.00        | 0.00%      | 0.00             | 0.00   | 0.00        | 0.00%      |
| Interns and Residents                       |        | 0.00                 | 0.00   | 0.00        | 0.00%      | 0.00             | 0.00   | 0.00        | 0.00%      |
| Registered Nurse                            |        | 44.25                | 0.00   | 44.25       | 100.00%    | 44.77            | 0.00   | 44.77       | 100.00%    |
| Licensed Practice Nurse                     |        | 28.86                | 0.00   | 28.86       | 100.00%    | 29.33            | 0.00   | 29.33       | 100.00%    |
| Mid Level Providers                         |        | 83.29                | 0.00   | 83.29       | 100.00%    | 84.12            | 0.00   | 84.12       | 100.00%    |
| Executive                                   |        | 0.00                 | 0.00   | 0.00        | 0.00%      | 0.00             | 0.00   | 0.00        | 0.00%      |
| Aides and Attendants                        |        | 18.18                | 0.00   | 18.18       | 100.00%    | 18.30            | 0.00   | 18.30       | 100.00%    |
| Administrative/Management                   |        | 23.56                | 0.00   | 23.56       | 100.00%    | 47.75            | 0.00   | 47.75       | 100.00%    |
| Supervisory                                 |        | 42.02                | 0.00   | 42.02       | 100.00%    | 42.08            | 0.00   | 42.08       | 100.00%    |
| Professional                                |        | 52.76                | 0.00   | 52.76       | 100.00%    | 60.97            | 0.00   | 60.97       | 100.00%    |
| Registered Technician                       |        | 39.86                | 0.00   | 39.86       | 100.00%    | 40.96            | 0.00   | 40.96       | 100.00%    |
| Technician                                  |        | 22.56                | 0.00   | 22.56       | 100.00%    | 23.31            | 0.00   | 23.31       | 100.00%    |
| Specialist                                  |        | 102.56               | 0.00   | 102.56      | 100.00%    | 105.50           | 0.00   | 105.50      | 100.00%    |
| Clerical and Secretarial                    |        | 32.44                | 0.00   | 32.44       | 100.00%    | 29.42            | 0.00   | 29.42       | 100.00%    |
| Enviro/Plant/Food Service                   |        | 18.34                | 0.00   | 18.34       | 100.00%    | 18.24            | 0.00   | 18.24       | 100.00%    |
| Unit Secretary                              |        | 22.42                | 0.00   | 22.42       | 100.00%    | 22.43            | 0.00   | 22.43       | 100.00%    |
| Student                                     |        | 0.00                 | 0.00   | 0.00        | 0.00%      | 0.00             | 0.00   | 0.00        | 0.00%      |
| Policeman                                   |        | 0.00                 | 0.00   | 0.00        | 0.00%      | 0.00             | 0.00   | 0.00        | 0.00%      |
| Other Salaries                              |        | 0.00                 | 0.00   | 0.00        | 0.00%      | 0.00             | 0.00   | 0.00        | 0.00%      |
| Reimbursable Salaries                       |        | 0.00                 | 0.00   | 0.00        | 0.00%      | 0.00             | 0.00   | 0.00        | 0.00%      |
| Vacancies                                   |        | 0.00                 | 0.00   | 0.00        | 0.00%      | 0.00             | 0.00   | 0.00        | 0.00%      |
| Salary Adjustment                           |        | 0.00                 | 0.00   | 0.00        | 0.00%      | 0.00             | 0.00   | 0.00        | 0.00%      |
| Total                                       |        | 36.62                | 0.00   | 36.62       | 100.00%    | 36.47            | 0.00   | 36.47       | 100.00%    |
| Overtime Hours as a Percent of Worked Hours |        |                      |        |             |            |                  |        |             |            |
| Physicians                                  |        | 0.00%                | 0.00%  | 0.00%       | 0.00%      | 0.00%            | 0.00%  | 0.00%       | 0.00%      |

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

8/29/10 2.12 PM

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

8/29/10 2:12 PM

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

**Non-Productive Hours by Job Class**

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

**FTE'S by Job Class**

|            |      |      |      |       |      |      |      |         |
|------------|------|------|------|-------|------|------|------|---------|
| Physicians | 0.00 | 0.00 | 0.00 | 0.00% | 0.02 | 0.00 | 0.02 | 100.00% |
|------------|------|------|------|-------|------|------|------|---------|

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

8/29/10 2.12 PM

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

**Average Wage Per Hour by Job Class**

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

**Carolinas HealthCare System**  
**Departmental Performance Report**  
2009-12-31

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

8/29/10 2:12 PM

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

York County Payer Mix  
Source: Thomson (formerly Solucient); Trendstar, SC Office of Research and Statistics  
Note: Excludes Behavioral Health and Rehab; 2008 is CY.

| Payer                       | 2003   | 2004   | 2005   | 2006   | 2007   | 2008   | 2008   | 2003   | 2004   | 2005   | 2006   | 2007   | 2008   | 2008   |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Managed_Care_and_Commercial | 6,302  | 7,228  | 8,618  | 8,348  | 8,575  | 8,783  | 8,802  | 34.3%  | 38.4%  | 43.3%  | 42.3%  | 43.5%  | 45.7%  | 50.8%  |
| Medicaid                    | 2,589  | 2,501  | 2,812  | 2,705  | 2,852  | 2,854  | 2,947  | 14.1%  | 13.8%  | 13.1%  | 13.7%  | 14.6%  | 14.8%  | 12.4%  |
| Medicare                    | 7,174  | 7,452  | 7,900  | 7,769  | 7,574  | 6,880  | 6,362  | 38.1%  | 39.6%  | 39.7%  | 39.4%  | 38.4%  | 35.8%  | 33.8%  |
| Uninsured                   | 2,508  | 1,864  | 1,864  | 1,864  | 1,864  | 1,864  | 1,864  | 12.6%  | 8.8%   | 3.8%   | 4.6%   | 3.6%   | 3.6%   | 3.2%   |
| Total                       | 18,370 | 18,833 | 19,894 | 19,730 | 19,723 | 19,226 | 18,807 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

S-CHS-3269  
CONFIDENTIAL/DISCOVERY MATERIAL

Petitioner's  
Trial Exhibit

084

PET-EX084

RECORD 007750

York County Payer Mix Charges  
Source: Thomson (formerly Solucent); Trendstar, SC Office of Research and Statistics  
Note: Excludes Behavioral Health and Rehab; 2009 is CY.

| Payer                       | 2003        | 2004        | 2005        | 2006        | 2007        | 2008        | 2009        | 2003   | 2004   | 2005   | 2006   | 2007   | 2008   | 2009   |
|-----------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------|--------|--------|--------|--------|--------|--------|
| Managed_Care_and_Commercial | 118,989,211 | 127,211,957 | 151,812,043 | 169,466,748 | 177,291,732 | 197,443,481 | 235,617,350 | 27.6%  | 31.6%  | 37.1%  | 37.7%  | 38.6%  | 41.4%  | 46.0%  |
| Medicaid                    | 46,775,365  | 41,135,191  | 45,990,517  | 44,730,936  | 54,784,478  | 57,091,369  | 64,435,698  | 11.9%  | 10.9%  | 10.3%  | 10.0%  | 12.0%  | 12.0%  | 10.0%  |
| Medicare                    | 208,295,745 | 202,263,175 | 215,622,502 | 215,857,908 | 210,326,753 | 206,744,271 | 204,540,021 | 50.3%  | 50.8%  | 49.4%  | 48.0%  | 48.0%  | 49.4%  | 50.9%  |
| Uninsured                   | 45,076,690  | 29,395,625  | 13,836,084  | 19,304,779  | 14,696,657  | 15,635,552  | 17,422,174  | 10.8%  | 7.2%   | 3.2%   | 4.3%   | 3.2%   | 3.3%   | 3.4%   |
| Total                       | 414,107,002 | 400,015,259 | 436,361,145 | 449,359,427 | 457,104,531 | 478,894,497 | 512,215,214 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

S-CHS-3270  
CONFIDENTIAL DISCOVERY MATERIAL

PET-EX084.0002

RECORD 007751

| Presby Fort Mill - Payor Mix | Year 1 | Year 2 | Year 3 | Year 1 | Year 2 | Year 3 | York County<br>Discharges | York County<br>Charges |
|------------------------------|--------|--------|--------|--------|--------|--------|---------------------------|------------------------|
| Managed Care                 | 1808   | 1876   | 2183   | 44.3%  | 44.2%  | 44.2%  | 50.8%                     | 48.0%                  |
| Medicaid                     | 866    | 1007   | 1157   | 23.9%  | 23.8%  | 23.6%  | 12.4%                     | 10.6%                  |
| Medicare                     | 1019   | 1196   | 1388   | 28.1%  | 28.2%  | 28.4%  | 33.6%                     | 39.9%                  |
| Self Pay                     | 138    | 161    | 185    | 3.8%   | 3.8%   | 3.8%   | 3.2%                      | 3.4%                   |
|                              | 3831   | 4240   | 4893   |        |        |        |                           |                        |

S-CHS-3271

CONFIDENTIAL DISCOVERY MATERIAL

PET-EX084.0003

RECORD 007752

**Piedmont Medical Center  
Historical Utilization**

|                   | 2001   | 2002   | 2003   | 2004   | 2005   | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Beds              | 268    | 268    | 268    | 268    | 268    | 268    | 268    | 268    | 268    | 268    | 268    |
| Inpatient Days    | 59,019 | 64,813 | 73,432 | 72,897 | 71,951 | 70,762 | 63,495 | 61,429 | 55,838 | 56,723 | 60,750 |
| ADC               | 161.7  | 177.6  | 201.2  | 199.2  | 197.1  | 193.9  | 174.0  | 168.3  | 153.0  | 155.4  | 166.4  |
| Percent Occupancy | 60.3%  | 66.3%  | 75.1%  | 74.3%  | 73.6%  | 72.3%  | 64.9%  | 62.8%  | 57.1%  | 58.0%  | 62.1%  |

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



PET-EX088

RECORD 007753

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

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

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

### For Residents of Anderson County

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

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

**Petitioner's  
Trial Exhibit**

**089**

PET-EX089

RECORD 007754

**II. SURGICAL PROCEDURES**

|       |       |       |             |     |      |            |       |       |
|-------|-------|-------|-------------|-----|------|------------|-------|-------|
| 7,008 | 2,675 | 27.6% | Abbeville   | 11  | 0.1% | Aiken      | 1     | 0%    |
|       |       |       | Beaufort    | 3   | 0%   | Charleston | 129   | 1.3%  |
|       |       |       | Georgetown  | 2   | 0%   | Greenville | 1,925 | 19.9% |
|       |       |       | Greenwood   | 104 | 1.1% | Horry      | 5     | 0.1%  |
|       |       |       | Laurens     | 6   | 0.1% | Lexington  | 8     | 0.1%  |
|       |       |       | Oconee      | 74  | 0.8% | Orangeburg | 1     | 0%    |
|       |       |       | Pickens     | 65  | 0.7% | Richland   | 58    | 0.6%  |
|       |       |       | Spartanburg | 20  | 0.2% | Sumter     | 1     | 0%    |
|       |       |       | York        | 1   | 0%   | Georgia    | 207   | 2.1%  |
|       |       |       | N.Carolina  | 54  | 0.6% |            |       |       |

**1. OPER. NERV. SYS.**

|     |     |       |             |     |       |            |    |      |
|-----|-----|-------|-------------|-----|-------|------------|----|------|
| 134 | 146 | 52.1% | Beaufort    | 1   | 0.4%  | Charleston | 11 | 3.9% |
|     |     |       | Greenville  | 100 | 35.7% | Greenwood  | 2  | 0.7% |
|     |     |       | Horry       | 1   | 0.4%  | Oconee     | 3  | 1.1% |
|     |     |       | Pickens     | 3   | 1.1%  | Richland   | 2  | 0.7% |
|     |     |       | Spartanburg | 1   | 0.4%  | Georgia    | 20 | 7.1% |
|     |     |       | N.Carolina  | 2   | 0.7%  |            |    |      |

**2. OPHTHALMOLOGY**

|   |   |       |            |   |       |  |  |  |
|---|---|-------|------------|---|-------|--|--|--|
| 7 | 1 | 12.5% | Greenville | 1 | 12.5% |  |  |  |
|---|---|-------|------------|---|-------|--|--|--|

**3. OTORHINO.**

|    |    |       |             |    |      |            |    |       |
|----|----|-------|-------------|----|------|------------|----|-------|
| 72 | 62 | 46.3% | Charleston  | 10 | 7.5% | Greenville | 33 | 24.6% |
|    |    |       | Greenwood   | 3  | 2.2% | Oconee     | 1  | 0.7%  |
|    |    |       | Pickens     | 1  | 0.7% | Richland   | 6  | 4.5%  |
|    |    |       | Spartanburg | 2  | 1.5% | Georgia    | 6  | 4.5%  |

**3A. TONSIL/ADENOID.**

|   |   |    |  |  |  |  |  |  |
|---|---|----|--|--|--|--|--|--|
| 5 | 0 | 0% |  |  |  |  |  |  |
|---|---|----|--|--|--|--|--|--|

**4. THYROID/THYMUS**

|    |    |       |            |   |      |            |    |       |
|----|----|-------|------------|---|------|------------|----|-------|
| 61 | 24 | 28.2% | Charleston | 1 | 1.2% | Greenville | 15 | 17.6% |
|    |    |       | Greenwood  | 2 | 2.4% | Oconee     | 1  | 1.2%  |
|    |    |       | Richland   | 3 | 3.5% | N.Carolina | 2  | 2.4%  |

**5. VASC./CARD. SURG.**

|       |     |       |            |    |      |             |     |       |
|-------|-----|-------|------------|----|------|-------------|-----|-------|
| 2,369 | 734 | 23.7% | Charleston | 46 | 1.5% | Greenville  | 547 | 17.6% |
|       |     |       | Greenwood  | 29 | 0.9% | Horry       | 2   | 0.1%  |
|       |     |       | Laurens    | 1  | 0%   | Lexington   | 1   | 0%    |
|       |     |       | Oconee     | 11 | 0.4% | Pickens     | 20  | 0.6%  |
|       |     |       | Richland   | 19 | 0.6% | Spartanburg | 2   | 0.1%  |
|       |     |       | Georgia    | 44 | 1.4% | N.Carolina  | 12  | 0.4%  |

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

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

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

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

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

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

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

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

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

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

### For Residents of Beaufort County

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

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

**Petitioner's  
Trial Exhibit**

**090**

PET-EX090

RECORD 007762

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

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

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

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

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

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

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PET-EX090.0006

RECORD 007767

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

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

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

### For Residents of Georgetown County

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

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

**Petitioner's  
Trial Exhibit**

**091**

PET-EX091

RECORD 007768

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

|                              |     |       |              |     |       |              |    |       |
|------------------------------|-----|-------|--------------|-----|-------|--------------|----|-------|
|                              |     |       | Richland     | 2   | 0.3%  | Sumter       | 1  | 0.1%  |
|                              |     |       | Williamsburg | 3   | 0.4%  | York         | 1  | 0.1%  |
|                              |     |       | N.Carolina   | 4   | 0.5%  |              |    |       |
| <b>7A. REPAIR OF HERNIA</b>  |     |       |              |     |       |              |    |       |
| 9                            | 4   | 30.8% | Charleston   | 1   | 7.7%  | Florence     | 1  | 7.7%  |
|                              |     |       | Horry        | 2   | 15.4% |              |    |       |
| <b>7B. APPENDECTOMY</b>      |     |       |              |     |       |              |    |       |
| 39                           | 6   | 13.3% | Charleston   | 2   | 4.4%  | Horry        | 4  | 8.9%  |
| <b>7C. CHOLECYSTECTOMY</b>   |     |       |              |     |       |              |    |       |
| 82                           | 18  | 18%   | Charleston   | 6   | 6%    | Florence     | 2  | 2%    |
|                              |     |       | Horry        | 9   | 9%    | N.Carolina   | 1  | 1%    |
| <b>8. PROCTO. SURGERY</b>    |     |       |              |     |       |              |    |       |
| 7                            | 9   | 56.3% | Charleston   | 5   | 31.3% | Horry        | 2  | 12.5% |
|                              |     |       | Richland     | 1   | 6.3%  | Georgia      | 1  | 6.3%  |
| <b>9. UROLOGICAL SURG.</b>   |     |       |              |     |       |              |    |       |
| 167                          | 86  | 34%   | Charleston   | 52  | 20.6% | Florence     | 9  | 3.6%  |
|                              |     |       | Horry        | 19  | 7.5%  | Marion       | 1  | 0.4%  |
|                              |     |       | Richland     | 1   | 0.4%  | Williamsburg | 1  | 0.4%  |
|                              |     |       | Georgia      | 1   | 0.4%  | N.Carolina   | 2  | 0.8%  |
| <b>10. BREAST SURGERY</b>    |     |       |              |     |       |              |    |       |
| 23                           | 7   | 23.3% | Charleston   | 3   | 10%   | Florence     | 2  | 6.7%  |
|                              |     |       | Horry        | 1   | 3.3%  | N.Carolina   | 1  | 3.3%  |
| <b>11. GYN. SURGERY</b>      |     |       |              |     |       |              |    |       |
| 149                          | 133 | 47.2% | Charleston   | 78  | 27.7% | Florence     | 7  | 2.5%  |
|                              |     |       | Horry        | 42  | 14.9% | Richland     | 2  | 0.7%  |
|                              |     |       | Williamsburg | 3   | 1.1%  | N.Carolina   | 1  | 0.4%  |
| <b>12. ORTHOPEDIC SURG.</b>  |     |       |              |     |       |              |    |       |
| 506                          | 400 | 44.2% | Charleston   | 204 | 22.5% | Florence     | 11 | 1.2%  |
|                              |     |       | Horry        | 164 | 18.1% | Lexington    | 1  | 0.1%  |
|                              |     |       | Richland     | 6   | 0.7%  | Spartanburg  | 3  | 0.3%  |
|                              |     |       | Williamsburg | 1   | 0.1%  | Georgia      | 3  | 0.3%  |
|                              |     |       | N.Carolina   | 7   | 0.8%  |              |    |       |
| <b>13. PLASTIC SURGERY</b>   |     |       |              |     |       |              |    |       |
| 5                            | 33  | 86.8% | Charleston   | 13  | 34.2% | Horry        | 3  | 7.9%  |
|                              |     |       | Williamsburg | 3   | 7.9%  | Georgia      | 14 | 36.8% |
| <b>14. ORAL/MAXIL. SURG.</b> |     |       |              |     |       |              |    |       |
| 11                           | 3   | 21.4% | Charleston   | 2   | 14.3% | Horry        | 1  | 7.1%  |

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

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

**15. ACC./POISON./VIO.**

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

**16. SPEC. COND./EXAM**

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

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

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

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

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

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

### For Residents of Sumter County

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

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

**Petitioner's  
Trial Exhibit**

**092**

PET-EX092

RECORD 007774

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

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

**12. ORTHOPEDIC SURG.**

|     |     |       |            |     |       |           |     |       |
|-----|-----|-------|------------|-----|-------|-----------|-----|-------|
| 441 | 471 | 51.6% | Charleston | 66  | 7.2%  | Clarendon | 1   | 0.1%  |
|     |     |       | Darlington | 1   | 0.1%  | Florence  | 112 | 12.3% |
|     |     |       | Greenville | 3   | 0.3%  | Greenwood | 1   | 0.1%  |
|     |     |       | Horry      | 1   | 0.1%  | Kershaw   | 2   | 0.2%  |
|     |     |       | Lexington  | 66  | 7.2%  | Marion    | 1   | 0.1%  |
|     |     |       | Richland   | 205 | 22.5% | Georgia   | 4   | 0.4%  |
|     |     |       | N.Carolina | 8   | 0.9%  |           |     |       |

**13. PLASTIC SURGERY**

|    |    |       |            |   |       |            |    |      |
|----|----|-------|------------|---|-------|------------|----|------|
| 34 | 50 | 59.5% | Charleston | 2 | 2.4%  | Clarendon  | 8  | 9.5% |
|    |    |       | Florence   | 1 | 1.2%  | Greenville | 1  | 1.2% |
|    |    |       | Kershaw    | 1 | 1.2%  | Lexington  | 2  | 2.4% |
|    |    |       | Richland   | 9 | 10.7% | Georgia    | 26 | 31%  |

**14. ORAL/MAXIL. SURG.**

|   |    |       |            |   |       |          |   |       |
|---|----|-------|------------|---|-------|----------|---|-------|
| 2 | 14 | 87.5% | Charleston | 2 | 12.5% | Florence | 3 | 18.8% |
|   |    |       | Richland   | 8 | 50%   | Georgia  | 1 | 6.3%  |

**15. DENTAL SURGERY**

|   |   |      |          |   |     |          |   |     |
|---|---|------|----------|---|-----|----------|---|-----|
| 0 | 2 | 100% | Florence | 1 | 50% | Richland | 1 | 50% |
|---|---|------|----------|---|-----|----------|---|-----|

**16. OTHER SURGERIES**

|     |    |     |            |    |       |            |   |      |
|-----|----|-----|------------|----|-------|------------|---|------|
| 203 | 64 | 24% | Bamberg    | 6  | 2.2%  | Charleston | 9 | 3.4% |
|     |    |     | Darlington | 2  | 0.7%  | Florence   | 4 | 1.5% |
|     |    |     | Horry      | 1  | 0.4%  | Lexington  | 3 | 1.1% |
|     |    |     | Richland   | 31 | 11.6% | Georgia    | 7 | 2.6% |
|     |    |     | N.Carolina | 1  | 0.4%  |            |   |      |

**III. PEDIATRIC W/O PROC.**

|     |     |     |             |    |      |            |     |       |
|-----|-----|-----|-------------|----|------|------------|-----|-------|
| 363 | 274 | 43% | Charleston  | 26 | 4.1% | Clarendon  | 7   | 1.1%  |
|     |     |     | Colleton    | 1  | 0.2% | Darlington | 9   | 1.4%  |
|     |     |     | Florence    | 8  | 1.3% | Greenville | 1   | 0.2%  |
|     |     |     | Kershaw     | 13 | 2%   | Lexington  | 4   | 0.6%  |
|     |     |     | Orangeburg  | 1  | 0.2% | Richland   | 198 | 31.1% |
|     |     |     | Spartanburg | 1  | 0.2% | Georgia    | 5   | 0.8%  |

**IV. PSYCHIATRIC**

|    |     |       |            |     |       |           |    |      |
|----|-----|-------|------------|-----|-------|-----------|----|------|
| 43 | 261 | 85.9% | Charleston | 53  | 17.4% | Clarendon | 2  | 0.7% |
|    |     |       | Darlington | 3   | 1%    | Florence  | 23 | 7.6% |
|    |     |       | Kershaw    | 1   | 0.3%  | Lancaster | 7  | 2.3% |
|    |     |       | Richland   | 161 | 53%   | Georgia   | 2  | 0.7% |
|    |     |       | N.Carolina | 9   | 3%    |           |    |      |

**V. DIAG. W/O SURG. PROC.**

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

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

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

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

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

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

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

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

### For Residents of Anderson County

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

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



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

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

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

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

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

**14. SYM/ILL-DEF COND.**

|     |    |       |            |    |       |            |   |      |
|-----|----|-------|------------|----|-------|------------|---|------|
| 354 | 97 | 21.5% | Abbeville  | 3  | 0.7%  | Beaufort   | 1 | 0.2% |
|     |    |       | Charleston | 4  | 0.9%  | Georgetown | 1 | 0.2% |
|     |    |       | Greenville | 58 | 12.9% | Greenwood  | 8 | 1.8% |
|     |    |       | Horry      | 1  | 0.2%  | Laurens    | 1 | 0.2% |
|     |    |       | Oconee     | 9  | 2%    | Pickens    | 3 | 0.7% |
|     |    |       | Georgia    | 7  | 1.6%  | N.Carolina | 1 | 0.2% |

**15. ACC./POISON/VIO.**

|     |     |     |            |   |      |            |    |       |
|-----|-----|-----|------------|---|------|------------|----|-------|
| 442 | 104 | 19% | Charleston | 6 | 1.1% | Greenville | 66 | 12.1% |
|     |     |     | Greenwood  | 8 | 1.5% | Horry      | 2  | 0.4%  |
|     |     |     | Oconee     | 7 | 1.3% | Pickens    | 3  | 0.5%  |
|     |     |     | Richland   | 1 | 0.2% | Georgia    | 6  | 1.1%  |
|     |     |     | N.Carolina | 5 | 0.9% |            |    |       |

**16. SPEC. COND./EXAM.**

|    |    |       |            |   |      |            |    |       |
|----|----|-------|------------|---|------|------------|----|-------|
| 21 | 70 | 76.9% | Charleston | 1 | 1.1% | Greenville | 64 | 70.3% |
|    |    |       | Georgia    | 4 | 4.4% | N.Carolina | 1  | 1.1%  |

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

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

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

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

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

### For Residents of Beaufort County

County Residents Served

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

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

**Petitioner's  
Trial Exhibit**

**094**

PET-EX094

RECORD 007788

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

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

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

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

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

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

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

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

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

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

### For Residents of Georgetown County

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

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

**Petitioner's  
Trial Exhibit**

**095**

PET-EX095

RECORD 007794

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

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

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

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

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

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

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

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

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

### For Residents of Sumter County

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

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

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

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

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

| V. DIAG. W/O SURG. PROC. |     |       |            |     |       |            |    |      |
|--------------------------|-----|-------|------------|-----|-------|------------|----|------|
| 4,350                    | 694 | 13.7% | Aiken      | 2   | 0%    | Anderson   | 1  | 0%   |
|                          |     |       | Charleston | 95  | 1.9%  | Clarendon  | 65 | 1.3% |
|                          |     |       | Darlington | 20  | 0.4%  | Fairfield  | 5  | 0.1% |
|                          |     |       | Florence   | 106 | 2.1%  | Georgetown | 3  | 0.1% |
|                          |     |       | Greenville | 2   | 0%    | Horry      | 5  | 0.1% |
|                          |     |       | Kershaw    | 43  | 0.9%  | Lancaster  | 1  | 0%   |
|                          |     |       | Laurens    | 1   | 0%    | Lexington  | 26 | 0.5% |
|                          |     |       | Marlboro   | 3   | 0.1%  | Orangeburg | 5  | 0.1% |
|                          |     |       | Richland   | 275 | 5.4%  | Georgia    | 14 | 0.3% |
|                          |     |       | N.Carolina | 22  | 0.4%  |            |    |      |
| 1. INFECTION/PARA. DIS.  |     |       |            |     |       |            |    |      |
| 212                      | 18  | 7.8%  | Charleston | 2   | 0.9%  | Clarendon  | 5  | 2.2% |
|                          |     |       | Darlington | 2   | 0.9%  | Florence   | 5  | 2.2% |
|                          |     |       | Kershaw    | 1   | 0.4%  | Lexington  | 1  | 0.4% |
|                          |     |       | Richland   | 1   | 0.4%  | N.Carolina | 1  | 0.4% |
| 2. NEOPLASMS             |     |       |            |     |       |            |    |      |
| 79                       | 15  | 16%   | Charleston | 6   | 6.4%  | Florence   | 3  | 3.2% |
|                          |     |       | Richland   | 6   | 6.4%  |            |    |      |
| 3. ENDO./META. DIS.      |     |       |            |     |       |            |    |      |
| 348                      | 32  | 8.4%  | Anderson   | 1   | 0.3%  | Charleston | 1  | 0.3% |
|                          |     |       | Clarendon  | 7   | 1.8%  | Darlington | 1  | 0.3% |
|                          |     |       | Florence   | 6   | 1.6%  | Kershaw    | 5  | 1.3% |
|                          |     |       | Richland   | 10  | 2.6%  | Georgia    | 1  | 0.3% |
| 4. DISEASES OF BLOOD     |     |       |            |     |       |            |    |      |
| 258                      | 53  | 17%   | Charleston | 3   | 1%    | Clarendon  | 2  | 0.6% |
|                          |     |       | Florence   | 1   | 0.3%  | Horry      | 1  | 0.3% |
|                          |     |       | Kershaw    | 1   | 0.3%  | Lexington  | 1  | 0.3% |
|                          |     |       | Richland   | 40  | 12.9% | Georgia    | 2  | 0.6% |
|                          |     |       | N.Carolina | 2   | 0.6%  |            |    |      |
| 5. DIS. OF NERV. SYS.    |     |       |            |     |       |            |    |      |
| 72                       | 34  | 32.1% | Aiken      | 2   | 1.9%  | Charleston | 9  | 8.5% |
|                          |     |       | Clarendon  | 2   | 1.9%  | Florence   | 4  | 3.8% |
|                          |     |       | Kershaw    | 1   | 0.9%  | Lexington  | 2  | 1.9% |
|                          |     |       | Marlboro   | 1   | 0.9%  | Richland   | 10 | 9.4% |
|                          |     |       | Georgia    | 3   | 2.8%  |            |    |      |
| 6. DIS. OF CIRC. SYS.    |     |       |            |     |       |            |    |      |

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

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

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

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

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**Average Medicare Inpatient Charges**

|                     | 2005           |        |              | 2009           |        |              | Avg Annual<br>Change 05-09 | 2011           |        |              | Avg Annual<br>Change 05-11 |
|---------------------|----------------|--------|--------------|----------------|--------|--------------|----------------------------|----------------|--------|--------------|----------------------------|
|                     | Average Charge | CMI    | CMI Adjusted | Average Charge | CMI    | CMI Adjusted |                            | Average Charge | CMI    | CMI Adjusted |                            |
| Spring              | \$29,008       | 1.2100 | \$23,974     | \$39,992       | 1.2666 | \$31,574     | 7.1%                       | \$50,710       | 1.2204 | \$41,532     | 9.6%                       |
| Palmetto-Richmond   | \$37,801       | 1.7451 | \$21,661     | \$38,990       | 1.9285 | \$30,589     | 9.0%                       | \$68,374       | 1.8337 | \$37,287     | 9.5%                       |
| Palmetto-Baptist    | \$29,766       | 1.4176 | \$20,997     | \$48,865       | 1.5389 | \$31,733     | 10.9%                      | \$37,910       | 1.5612 | \$37,093     | 9.9%                       |
| Mary Black          | \$36,891       | 1.4733 | \$25,040     | \$42,270       | 1.4867 | \$28,432     | 3.2%                       | \$48,014       | 1.3387 | \$34,866     | 6.2%                       |
| CMC                 | \$30,282       | 1.7951 | \$16,869     | \$39,637       | 2.0317 | \$19,319     | 3.4%                       | \$47,372       | 1.99   | \$23,805     | 5.9%                       |
| Prosbj              | \$23,747       | 1.5655 | \$15,169     | \$32,126       | 1.6883 | \$19,028     | 5.8%                       | \$36,556       | 1.6439 | \$22,210     | 6.6%                       |
| Spaulding           | \$34,174       | 1.5948 | \$21,428     | \$45,984       | 1.7131 | \$26,842     | 5.8%                       | \$37,489       | 1.7476 | \$21,452     | 0.0%                       |
| CMC-Marcy/Pineville | \$25,420       | 1.4725 | \$17,263     | \$29,855       | 1.6387 | \$17,999     | 1.0%                       | \$35,439       | 1.7004 | \$20,842     | 3.2%                       |
| Madison             | \$27,754       | 1.5050 | \$18,441     | \$31,629       | 1.6724 | \$18,913     | 0.6%                       | \$38,081       | 1.5162 | \$19,840     | 1.2%                       |
| Providence          | \$31,766       | 1.8805 | \$16,892     | \$37,695       | 1.9206 | \$19,627     | 3.8%                       | \$36,861       | 1.8636 | \$19,779     | 2.7%                       |
| Gaston              | \$18,546       | 1.4138 | \$13,118     | \$21,879       | 1.5638 | \$13,991     | 1.6%                       | \$26,014       | 1.607  | \$16,188     | 3.6%                       |

Source: MEDPAR data from shd.com

**Petitioner's  
Trial Exhibit**

**097**

**PET-EX097**

**RECORD 007807**

**Census Tract 2007 Population**

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

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**York Residents Bed Need Calculations**

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

(a) Residents of York County

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



PET-EX099

RECORD 007809

**Acute Bed to Population Ratio**

| Area                       | Population | 2011          | Bed to Pop Ratio |
|----------------------------|------------|---------------|------------------|
|                            |            | Existing Beds |                  |
| Mecklenberg County*        | 979,989    | 2,014         | 2.06             |
| Chester County             | 33,300     | 82            | 2.46             |
| Lancaster County           | 77,000     | 199           | 2.58             |
| York County (with 64 Beds) | 229,600    | 332           | 1.45             |
| Excluding 64 Beds          | 229,600    | 268           | 1.17             |
| South Carolina             | 4,672,700  | 11,548        | 2.47             |
| Excluding CMC-FM           | 4,672,700  | 11,612        | 2.49             |

\*2013 NC SMFP.

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

Clarke Population, 2012 and 2017  
 Fort Mill Service Area  
 Groups, Counties

| County/<br>ZIP Name  | ZIP   | TotPop<br>2007 | TotPop<br>2008 | TotPop<br>2009 | TotPop<br>2010 | TotPop<br>2011 | TotPop<br>2012 | TotPop<br>2013 | TotPop<br>2014 | TotPop<br>2015 | TotPop<br>2016 | TotPop<br>2017 | TotPop<br>2018 | TotPop<br>2019 | TotPop<br>2020 | 1.064 | 1.013 | Age65+<br>2012 | Age65+<br>2017 |
|----------------------|-------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-------|-------|----------------|----------------|
| SC State             |       | 4,450,873      | 4,605,702      | 4,682,068      | 4,819,063      | 4,878,703      | 4,931,253      | 4,984,458      | 5,041,990      | 5,095,062      | 5,149,693      | 5,205,711      | 5,261,697      | 5,318,430      | 5,376,041      |       |       | 644,362        | 779,943        |
| Greener County Total |       | 33,180         | 33,149         | 33,739         | 33,125         | 33,116         | 33,107         | 33,096         | 33,086         | 33,076         | 33,065         | 33,054         | 33,043         | 33,033         | 33,022         | 0.996 | 1.000 | 4,728          | 6,338          |
| Lenoir County Total  |       | 72,344         | 72,727         | 73,135         | 73,573         | 73,935         | 74,228         | 74,498         | 74,767         | 75,036         | 75,305         | 75,574         | 75,843         | 76,112         | 76,381         | 1.009 | 1.013 | 10,175         | 13,413         |
| York County Total    |       | 210,264        | 215,375        | 220,620        | 225,894        | 231,486        | 237,136        | 242,812        | 248,528        | 254,288        | 260,090        | 265,935        | 271,829        | 277,762        | 283,733        | 1.128 | 1.024 | 28,218         | 38,530         |
| Danville             | 29704 | 3,546          | 3,517          | 3,580          | 3,764          | 3,840          | 3,917          | 3,996          | 4,076          | 4,158          | 4,242          | 4,327          | 4,414          | 4,503          | 4,593          | 1.105 | 1.020 | 432            | 569            |
| Fort Mill            | 29707 | 14,268         | 14,898         | 15,565         | 16,243         | 16,960         | 17,709         | 18,491         | 19,308         | 20,160         | 21,050         | 21,980         | 22,951         | 23,964         | 25,022         | 1.241 | 1.044 | 2,091          | 3,205          |
| Fort Mill            | 29705 | 22,144         | 23,022         | 23,935         | 24,885         | 25,872         | 26,898         | 27,965         | 29,074         | 30,227         | 31,428         | 32,673         | 33,968         | 35,318         | 36,717         | 1.215 | 1.040 | 2,880          | 4,351          |
| Clover               | 29710 | 21,674         | 22,318         | 22,977         | 23,662         | 24,383         | 25,143         | 25,942         | 26,780         | 27,658         | 28,576         | 29,534         | 30,536         | 31,584         | 32,678         | 1.122 | 1.028 | 4,484          | 5,831          |
| Fort Mill            | 29713 | 22,494         | 23,273         | 24,079         | 24,942         | 25,775         | 26,587         | 27,439         | 28,330         | 29,261         | 30,232         | 31,244         | 32,298         | 33,394         | 34,534         | 1.186 | 1.033 | 3,199          | 4,048          |
| Hickory Grove        | 29717 | 1,130          | 1,143          | 1,158          | 1,172          | 1,186          | 1,201          | 1,216          | 1,231          | 1,246          | 1,261          | 1,277          | 1,293          | 1,309          | 1,325          | 1.063 | 1.012 | 184            | 181            |
| McComb               | 29728 | 1,659          | 1,674          | 1,692          | 1,709          | 1,728          | 1,748          | 1,768          | 1,788          | 1,808          | 1,828          | 1,848          | 1,868          | 1,888          | 1,908          | 1.068 | 1.011 | 178            | 226            |
| Rock Hill            | 29730 | 51,488         | 52,319         | 53,145         | 53,994         | 54,853         | 55,728         | 56,619         | 57,514         | 58,425         | 59,352         | 60,295         | 61,254         | 62,229         | 63,220         | 1.082 | 1.018 | 6,153          | 7,624          |
| Rock Hill            | 29732 | 49,871         | 51,071         | 52,300         | 53,558         | 54,847         | 56,167         | 57,519         | 58,903         | 60,320         | 61,772         | 63,260         | 64,784         | 66,345         | 67,945         | 1.128 | 1.026 | 6,779          | 8,626          |
| Shirley              | 29742 | 2,226          | 2,308          | 2,390          | 2,489          | 2,410          | 2,451          | 2,493          | 2,536          | 2,580          | 2,625          | 2,671          | 2,718          | 2,767          | 2,816          | 1.088 | 1.019 | 214            | 371            |
| Stow                 | 29743 | 1,605          | 1,622          | 1,640          | 1,658          | 1,676          | 1,694          | 1,713          | 1,732          | 1,751          | 1,770          | 1,790          | 1,810          | 1,830          | 1,850          | 1.094 | 1.012 | 184            | 215            |
| York                 | 29745 | 27,888         | 27,644         | 28,212         | 28,792         | 29,384         | 30,000         | 30,634         | 31,283         | 31,945         | 32,620         | 33,308         | 34,011         | 34,728         | 35,459         | 1.107 | 1.021 | 3,488          | 4,416          |

Petitioner's  
 Trial Exhibit

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PET-EX101

RECORD 007811

**ORIGINAL**  
**F-8763-11**



**Carolina's Medical Center**  
**Mercy**

**Acute Care Bed Addition**  
**Certificate of Need**  
**Exhibits 4-15**  
**October 17, 2011**

**Petitioner's**  
**Trial Exhibit**  
**102A**

PET-EX102A

RECORD 007812

PET-EX102A.0002

RECORD 007813

## CAROLINAS HEALTHCARE SYSTEM

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

Reviewed / Revised: 09/07

### HOSPITAL ADMISSION, CREDIT AND COLLECTION

#### SUMMARY STATEMENT

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

#### GLOBAL PRINCIPLES

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

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

ADM 200.11, reviewed 09/07

Page 1 of 3

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PET-EX102A.0003

RECORD 007814

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

#### ADMISSION, CREDIT AND COLLECTION PROCEDURES

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

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

#### APPROVALS

|                                               |                                                         |
|-----------------------------------------------|---------------------------------------------------------|
| Policy Coordinator<br>Vice President Approval | Christopher Johnson, Vice President, Financial Services |
|-----------------------------------------------|---------------------------------------------------------|

- End -

## CAROLINAS HEALTHCARE SYSTEM

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

Reviewed / Revised: 11/08

### PATIENT RIGHTS POLICY STATEMENT

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

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

Approved: \_\_\_\_\_

Joseph G. Piemont, President and COO

VI. ACCESSIBILITY

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

|   |     | Provide Access to All                                |
|---|-----|------------------------------------------------------|
| X | (a) | Certified as a provider Title XVIII (Medicare)       |
| X | (b) | Certified as a provider Title XIX (Medicaid)         |
|   | (c) | Recipient of Title V Funds (Maternal & Child Health) |
| X | (d) | Accredited by The Joint Commission                   |
|   | (e) | Other Accreditation (Specify)                        |

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

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

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

CMC-Mercy

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PET-EX102B

Petitioner's  
Trial Exhibit

102B

RECORD 007818

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

|                                               | Last<br>Full FY<br>From 1/1/10<br>To 12/31/10 | Interim<br>Full FY<br>From 1/1/11<br>To 12/31/11 | Interim<br>Full FY<br>From 1/1/12<br>To 12/31/12 | Interim<br>Full FY<br>From 1/1/13<br>To 12/31/13 | First<br>Full FY<br>From 1/1/14<br>To 12/31/14 | Second<br>Full FY<br>From 1/1/15<br>To 12/31/15 | Third<br>Full FY<br>From 1/1/16<br>To 12/31/16 |
|-----------------------------------------------|-----------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| <b>REVENUE</b>                                |                                               |                                                  |                                                  |                                                  |                                                |                                                 |                                                |
| Gross Patient Revenue                         | \$ 230,790                                    | \$ 287,393                                       | \$ 289,935                                       | \$ 310,922                                       | \$ 341,036                                     | \$ 376,886                                      | \$ 415,511                                     |
| Medicare                                      | \$ 55,103                                     | \$ 58,654                                        | \$ 59,479                                        | \$ 64,696                                        | \$ 80,019                                      | \$ 89,008                                       | \$ 98,735                                      |
| Medicaid                                      | \$ 215,885                                    | \$ 247,042                                       | \$ 265,620                                       | \$ 288,538                                       | \$ 317,911                                     | \$ 351,562                                      | \$ 387,900                                     |
| Managed Care/Commercial                       | \$ 50,164                                     | \$ 68,553                                        | \$ 72,599                                        | \$ 78,718                                        | \$ 91,877                                      | \$ 101,847                                      | \$ 112,610                                     |
| Self Pay/Other                                | \$ 551,942                                    | \$ 661,642                                       | \$ 687,683                                       | \$ 742,874                                       | \$ 830,843                                     | \$ 919,303                                      | \$ 1,014,755                                   |
| Total                                         |                                               |                                                  |                                                  |                                                  |                                                |                                                 |                                                |
| Deductions from Gross Patient Revenue         |                                               |                                                  |                                                  |                                                  |                                                |                                                 |                                                |
| Charity Care                                  | \$ 28,108                                     | \$ 33,695                                        | \$ 35,018                                        | \$ 37,831                                        | \$ 42,311                                      | \$ 46,816                                       | \$ 51,677                                      |
| Bad Debt                                      | \$ 11,489                                     | \$ 13,772                                        | \$ 14,313                                        | \$ 15,468                                        | \$ 17,294                                      | \$ 19,135                                       | \$ 21,122                                      |
| Medicare Contractual Adjustment               | \$ 170,986                                    | \$ 218,188                                       | \$ 224,915                                       | \$ 245,061                                       | \$ 279,098                                     | \$ 306,296                                      | \$ 342,287                                     |
| Medicaid Contractual Adjustment               | \$ 35,825                                     | \$ 44,022                                        | \$ 45,925                                        | \$ 50,846                                        | \$ 64,252                                      | \$ 72,353                                       | \$ 81,114                                      |
| Other Contractual Adjustments                 | \$ 105,551                                    | \$ 120,923                                       | \$ 125,508                                       | \$ 138,550                                       | \$ 156,604                                     | \$ 177,376                                      | \$ 200,208                                     |
| Total Deductions from Patient Revenue         | \$ 351,959                                    | \$ 430,599                                       | \$ 445,679                                       | \$ 487,751                                       | \$ 553,560                                     | \$ 621,975                                      | \$ 696,408                                     |
| Net Patient Revenue                           | \$ 199,984                                    | \$ 231,043                                       | \$ 241,954                                       | \$ 255,123                                       | \$ 277,284                                     | \$ 297,327                                      | \$ 318,348                                     |
| Other Revenue                                 | \$ 13,720                                     | \$ 14,356                                        | \$ 14,768                                        | \$ 15,196                                        | \$ 15,644                                      | \$ 16,110                                       | \$ 16,597                                      |
| Total Revenue                                 | \$ 213,704                                    | \$ 245,399                                       | \$ 256,722                                       | \$ 270,319                                       | \$ 292,928                                     | \$ 313,437                                      | \$ 334,945                                     |
| <b>EXPENSES</b>                               |                                               |                                                  |                                                  |                                                  |                                                |                                                 |                                                |
| Direct Expenses                               |                                               |                                                  |                                                  |                                                  |                                                |                                                 |                                                |
| Salaries and Wages                            | \$ 54,974                                     | \$ 59,432                                        | \$ 62,160                                        | \$ 64,197                                        | \$ 69,730                                      | \$ 73,665                                       | \$ 77,948                                      |
| Employee Benefits                             | \$ 13,060                                     | \$ 14,119                                        | \$ 14,767                                        | \$ 15,251                                        | \$ 16,566                                      | \$ 17,500                                       | \$ 18,518                                      |
| Contract Labor                                | \$ 95                                         | \$ -                                             | \$ -                                             | \$ -                                             | \$ -                                           | \$ -                                            | \$ -                                           |
| Professional fees                             | \$ 2,079                                      | \$ 2,329                                         | \$ 2,379                                         | \$ 2,450                                         | \$ 2,568                                       | \$ 2,662                                        | \$ 2,757                                       |
| Supplies                                      | \$ 41,850                                     | \$ 45,856                                        | \$ 46,917                                        | \$ 48,265                                        | \$ 49,828                                      | \$ 52,254                                       | \$ 54,730                                      |
| Drugs and Pharmaceuticals                     | \$ 5,905                                      | \$ 6,585                                         | \$ 6,437                                         | \$ 6,776                                         | \$ 7,092                                       | \$ 7,599                                        | \$ 8,129                                       |
| Total Direct Expenses                         | \$ 117,963                                    | \$ 128,321                                       | \$ 132,660                                       | \$ 136,939                                       | \$ 145,784                                     | \$ 153,680                                      | \$ 162,082                                     |
| Indirect Expenses                             |                                               |                                                  |                                                  |                                                  |                                                |                                                 |                                                |
| Purchased Services                            | \$ 8,464                                      | \$ 9,015                                         | \$ 9,889                                         | \$ 10,382                                        | \$ 11,479                                      | \$ 12,100                                       | \$ 12,750                                      |
| Depreciation & Amortization                   | \$ 7,712                                      | \$ 10,062                                        | \$ 10,241                                        | \$ 10,606                                        | \$ 10,945                                      | \$ 11,396                                       | \$ 12,050                                      |
| Intercompany Expense (incl. Interest Expense) | \$ 33,357                                     | \$ 34,207                                        | \$ 35,917                                        | \$ 37,713                                        | \$ 39,598                                      | \$ 41,578                                       | \$ 43,637                                      |
| Other                                         | \$ 6,085                                      | \$ 6,116                                         | \$ 6,402                                         | \$ 6,935                                         | \$ 7,610                                       | \$ 8,107                                        | \$ 8,643                                       |
| Total Indirect Expenses                       | \$ 55,618                                     | \$ 59,400                                        | \$ 62,449                                        | \$ 65,636                                        | \$ 69,632                                      | \$ 73,181                                       | \$ 77,100                                      |
| Total Expenses                                | \$ 173,581                                    | \$ 187,721                                       | \$ 195,109                                       | \$ 202,575                                       | \$ 215,416                                     | \$ 226,861                                      | \$ 239,182                                     |
| Net Income                                    | \$ 40,123                                     | \$ 57,678                                        | \$ 61,613                                        | \$ 67,744                                        | \$ 77,512                                      | \$ 86,576                                       | \$ 95,763                                      |

CMI < 2.0 (revised)

Piedmont Medical Center - Fort Mill Service Area  
2009

| Hospital Name                   | 29704 | 29707 | 29708 | 29710 | 29715 | 29717 | 29726 | 29730 | 29732 | 29742 | 29743 | 29745 | Grand Total |
|---------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|
| Piedmont Medical Center         | 186   | 67    | 292   | 613   | 581   | 54    | 67    | 3,120 | 2,193 | 124   | 50    | 1,409 | 8,776       |
| Piedmont Medical Center         | 63.9% | 9.5%  | 23.9% | 31.1% | 33.4% | 53.5% | 65.9% | 73.4% | 67.8% | 63.6% | 41.7% | 66.1% | 54.5%       |
| North Carolina Hospitals        | 77    | 616   | 894   | 1,321 | 1,077 | 19    | 26    | 976   | 931   | 25    | 34    | 644   | 6,940       |
| North Carolina Hospitals        | 26.5% | 85.4% | 73.5% | 67.1% | 61.9% | 18.8% | 19.7% | 23.0% | 28.8% | 12.8% | 28.3% | 30.2% | 41.2%       |
| Subtotal                        | 263   | 683   | 1,186 | 1,934 | 1,658 | 73    | 119   | 4,096 | 3,124 | 149   | 84    | 2,053 | 15,716      |
| Total                           | 261   | 721   | 1,220 | 1,970 | 1,789 | 101   | 132   | 4,250 | 3,235 | 195   | 120   | 2,131 | 16,105      |
| Market Share PMC & NC Providers | 90.4% | 94.7% | 87.2% | 98.2% | 95.3% | 72.3% | 85.6% | 96.4% | 96.6% | 76.4% | 70.0% | 96.9% | 95.7%       |

2017

| Hospital Name                           | 29704 | 29707 | 29708 | 29710 | 29715 | 29717 | 29726 | 29730 | 29732 | 29742 | 29743 | 29745 | Grand Total |
|-----------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|
| Piedmont Medical Center                 | 220   | 83    | 373   | 760   | 744   | 63    | 109   | 3,775 | 2,737 | 146   | 58    | 1,716 | 10,784      |
| Piedmont Medical Center                 | 63.9% | 9.3%  | 23.9% | 31.1% | 33.4% | 53.5% | 65.9% | 73.4% | 67.8% | 63.6% | 41.7% | 66.1% | 54.2%       |
| NC Providers                            | 91    | 762   | 1,142 | 1,639 | 1,379 | 22    | 32    | 1,181 | 1,162 | 29    | 40    | 784   | 8,264       |
| NC Providers                            | 26.5% | 85.4% | 73.5% | 67.1% | 61.9% | 18.8% | 19.7% | 23.0% | 28.8% | 12.8% | 28.3% | 30.2% | 41.3%       |
| Proposed NC Provider Fort Mill Hospital | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0           |
| Proposed NC Provider Fort Mill Hospital | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%        |
| Subtotal                                | 311   | 845   | 1,515 | 2,399 | 2,123 | 85    | 141   | 4,956 | 3,899 | 175   | 98    | 2,501 | 19,048      |
| Total                                   | 344   | 892   | 1,559 | 2,444 | 2,227 | 119   | 165   | 5,142 | 4,037 | 229   | 140   | 2,596 | 19,892      |

| 2017                                      |           |           |             |           |             |          |          |             |             |          |          |          |              |
|-------------------------------------------|-----------|-----------|-------------|-----------|-------------|----------|----------|-------------|-------------|----------|----------|----------|--------------|
| Percent from Piedmont                     | 75%       | 18%       | 50%         | 80%       | 65%         | 85%      | 85%      | 80%         | 80%         | 85%      | 85%      | 95%      | 66%          |
| Percent from NC Providers                 | 25%       | 85%       | 50%         | 20%       | 35%         | 15%      | 15%      | 20%         | 20%         | 15%      | 15%      | 5%       | 34%          |
| Hospital Name                             | 29704     | 29707     | 29708       | 29710     | 29715       | 29717    | 29726    | 29730       | 29732       | 29742    | 29743    | 29745    | Grand Total  |
| Piedmont Medical Center                   | 155       | 14        | 17          | 668       | 20          | 60       | 105      | 2,852       | 1,929       | 140      | 55       | 1,544    | 7,620        |
| Piedmont Medical Center                   | 45.2%     | 1.5%      | 1.1%        | 27.1%     | 0.9%        | 50.9%    | 63.4%    | 57.4%       | 47.8%       | 61.0%    | 39.1%    | 59.5%    | 38.3%        |
| NC Providers                              | 69        | 885       | 753         | 1,614     | 989         | 22       | 32       | 875         | 960         | 28       | 39       | 775      | 5,642        |
| NC Providers                              | 20.2%     | 43.2%     | 48.3%       | 66.1%     | 44.4%       | 18.4%    | 19.2%    | 19.0%       | 28.8%       | 12.4%    | 27.9%    | 29.9%    | 33.4%        |
| Proposed NC Provider Fort Mill Hospital   | 86        | 446       | 779         | 1,122     | 1,113       | 4        | 5        | 1,028       | 1,009       | 7        | 4        | 182      | 4,786        |
| Proposed NC Provider Fort Mill Hospital   | 25.0%     | 50.0%     | 50.0%       | 5.0%      | 50.0%       | 3.0%     | 3.0%     | 10.0%       | 25.0%       | 3.0%     | 3.0%     | 7.0%     | 24.1%        |
| Subtotal                                  | 311       | 845       | 1,516       | 2,399     | 2,123       | 86       | 141      | 4,956       | 3,899       | 175      | 98       | 2,501    | 19,048       |
| Total                                     | 344       | 892       | 1,559       | 2,444     | 2,227       | 119      | 165      | 5,142       | 4,037       | 229      | 140      | 2,596    | 19,892       |
| Impact to FMC (Cases) 2017 with & without | 64        | 69        | 850         | 98        | 724         | 3        | 4        | 823         | 807         | 6        | 4        | 173      | 3,164        |
| Contribution Per Case (for CMI < 2.0)     | \$4,044   | \$3,915   | \$3,915     | \$4,044   | \$3,915     | \$4,044  | \$4,044  | \$3,915     | \$3,915     | \$4,044  | \$4,044  | \$4,044  |              |
| Total Impact                              | \$260,671 | \$270,701 | \$1,526,041 | \$395,817 | \$1,883,724 | \$12,229 | \$17,010 | \$3,221,243 | \$3,267,468 | \$23,650 | \$14,406 | \$99,054 | \$12,434,515 |

Source: SC Office of Research and Statistics and Petition.

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

Similarly, ZIP Code 29703 was combined with 29710, and 29701 & 29702 were combined with 29704.

Petitioner's  
Trial Exhibit

103

RECORD 007820

Sensitivity 1 (revised)

Piedmont Medical Center - Fort Mill Service Area

2007

| Hospital Name                   | 29704 | 29707 | 29708 | 29710 | 29715 | 29717 | 29726 | 29730 | 29732 | 29742 | 29743 | 29745 | Grand Total |
|---------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|
| Piedmont Medical Center         | 186   | 67    | 292   | 613   | 581   | 54    | 87    | 3,120 | 1,189 | 124   | 50    | 1,409 | 8,779       |
| Piedmont Medical Center         | 63.9% | 9.3%  | 23.9% | 31.1% | 33.4% | 53.5% | 65.9% | 73.4% | 67.8% | 62.6% | 41.7% | 66.2% | 54.5%       |
| North Carolina Hospitals        | 77    | 616   | 894   | 1,321 | 1,077 | 19    | 26    | 978   | 981   | 25    | 34    | 644   | 6,640       |
| North Carolina Hospitals        | 26.5% | 85.4% | 73.3% | 67.1% | 61.9% | 18.8% | 19.7% | 23.0% | 28.8% | 12.8% | 28.3% | 30.2% | 41.2%       |
| Subtotal                        | 263   | 683   | 1,186 | 1,934 | 1,658 | 73    | 113   | 4,098 | 3,124 | 149   | 84    | 2,053 | 15,416      |
| Total                           | 261   | 721   | 1,220 | 1,970 | 1,739 | 101   | 132   | 4,250 | 3,235 | 195   | 120   | 2,131 | 16,105      |
| Market Share PMC & NC Providers | 90.4% | 94.7% | 87.1% | 98.1% | 95.3% | 72.3% | 85.6% | 96.4% | 96.5% | 76.4% | 70.0% | 86.3% | 95.7%       |

2017

| Hospital Name                           | 29704 | 29707 | 29708 | 29710 | 29715 | 29717 | 29726 | 29730 | 29732 | 29742 | 29743 | 29745 | Grand Total |
|-----------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|
| Piedmont Medical Center                 | 220   | 89    | 978   | 760   | 744   | 63    | 109   | 3,775 | 2,797 | 146   | 58    | 1,718 | 10,784      |
| Piedmont Medical Center                 | 63.9% | 9.3%  | 23.9% | 31.1% | 33.4% | 53.5% | 65.9% | 73.4% | 67.8% | 62.6% | 41.7% | 66.2% | 54.2%       |
| NC Providers                            | 91    | 762   | 1,142 | 1,639 | 1,373 | 22    | 82    | 1,181 | 1,182 | 29    | 40    | 784   | 8,264       |
| NC Providers                            | 26.5% | 85.4% | 73.3% | 67.1% | 61.9% | 18.8% | 19.7% | 23.0% | 28.8% | 12.8% | 28.3% | 30.2% | 41.5%       |
| Proposed NC Provider Fort Mill Hospital | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0           |
| Proposed NC Provider Fort Mill Hospital | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%        |
| Subtotal                                | 311   | 845   | 1,516 | 2,399 | 2,123 | 85    | 141   | 4,956 | 3,979 | 175   | 98    | 2,501 |             |
| Total                                   | 344   | 892   | 1,559 | 2,444 | 2,227 | 119   | 165   | 5,142 | 4,037 | 229   | 140   | 2,501 | 19,892      |

2017

|                                           |           |           |             |           |             |         |          |             |             |          |          |           |             |     |
|-------------------------------------------|-----------|-----------|-------------|-----------|-------------|---------|----------|-------------|-------------|----------|----------|-----------|-------------|-----|
| Percent from Piedmont                     | 40%       | 16%       | 50%         | 45%       | 55%         | 50%     | 50%      | 50%         | 50%         | 60%      | 55%      | 60%       | 50%         | 50% |
| Percent from NC Providers                 | 60%       | 85%       | 50%         | 55%       | 45%         | 50%     | 50%      | 50%         | 50%         | 40%      | 45%      | 40%       | 50%         | 50% |
| Hospital Name                             | 29704     | 29707     | 29708       | 29710     | 29715       | 29717   | 29726    | 29730       | 29732       | 29742    | 29743    | 29745     | Grand Total |     |
| Piedmont Medical Center                   | 185       | 14        | -17         | 705       | 132         | 62      | 106      | 3,261       | 2,331       | 142      | 58       | 1,625     | 8,402       |     |
| Piedmont Medical Center                   | 53.9%     | 1.5%      | -1.1%       | 28.9%     | 5.8%        | 52.0%   | 64.6%    | 63.4%       | 51.8%       | 61.9%    | 39.9%    | 62.6%     | 44.1%       |     |
| NC Providers                              | 99        | 985       | 753         | 1,571     | 878         | 21      | 80       | 667         | 768         | 26       | 88       | 694       | 5,850       |     |
| NC Providers                              | 11.5%     | 43.2%     | 48.3%       | 64.3%     | 39.4%       | 17.3%   | 18.2%    | 13.0%       | 18.8%       | 11.5%    | 27.1%    | 26.7%     | 30.9%       |     |
| Proposed NC Provider Fort Mill Hospital   | 86        | 446       | 779         | 1,122     | 1,113       | 4       | 5        | 1,028       | 1,009       | 7        | 4        | 182       | 4,786       |     |
| Proposed NC Provider Fort Mill Hospital   | 25.0%     | 50.0%     | 50.0%       | 5.0%      | 50.0%       | 3.0%    | 3.0%     | 20.0%       | 25.0%       | 3.0%     | 3.0%     | 7.0%      | 25.1%       |     |
| Subtotal                                  | 311       | 845       | 1,516       | 2,399     | 2,123       | 86      | 141      | 4,956       | 3,979       | 175      | 98       | 2,501     | 19,048      |     |
| Impact to PMC (Cases) 2017 with & without | 34        | 69        | 399         | 55        | 612         | 2       | 2        | 514         | 606         | 4        | 3        | 81        | 2,982       |     |
| Contribution Per Case (for CM) < 2.0      | \$4,044   | \$3,515   | \$3,515     | \$4,044   | \$3,515     | \$4,044 | \$4,044  | \$3,515     | \$3,515     | \$4,044  | \$4,044  | \$4,044   |             |     |
| Total Impact                              | \$129,025 | \$270,701 | \$1,526,041 | \$222,366 | \$2,397,767 | \$7,194 | \$10,068 | \$2,013,277 | \$2,371,101 | \$15,303 | \$10,169 | \$367,397 | \$9,350,945 |     |

Source: SC Office of Research and Statistics and Public.

Note: As ZIP Code 29726 is a part of the Fort Mill ZIP Code area combined with 29725.

Strategy: ZIP Code 29703 was combined with 29710, and 29701 & 29702 were combined with 29705.

Sensitivity 2 (revised)

Piedmont Medical Center - Fort Mill Service Area

| Hospital Name            | 29704 | 29707 | 29708 | 29710 | 29715 | 29717 | 29726 | 29780 | 29782 | 29742 | 29743 | 29745 | Grand Total |
|--------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|
| Piedmont Medical Center  | 186   | 67    | 182   | 613   | 581   | 54    | 87    | 3,110 | 2,183 | 124   | 50    | 1,408 | 8,776       |
| Piedmont Medical Center  | 63.5% | 9.3%  | 23.5% | 31.1% | 33.4% | 53.5% | 65.5% | 78.4% | 67.8% | 63.6% | 41.7% | 65.1% | 54.5%       |
| North Carolina Hospitals | 77    | 616   | 854   | 1,921 | 1,077 | 13    | 16    | 976   | 631   | 25    | 34    | 644   | 6,640       |
| North Carolina Hospitals | 26.5% | 85.4% | 73.3% | 67.1% | 61.9% | 18.8% | 19.7% | 23.0% | 28.3% | 12.8% | 28.3% | 30.2% | 41.2%       |
| Subtotal                 | 263   | 683   | 1,036 | 1,534 | 1,658 | 73    | 113   | 4,086 | 2,814 | 149   | 84    | 2,052 | 15,416      |

|       |     |     |       |       |       |     |     |       |       |     |     |       |        |
|-------|-----|-----|-------|-------|-------|-----|-----|-------|-------|-----|-----|-------|--------|
| Total | 291 | 721 | 1,220 | 1,970 | 1,739 | 101 | 132 | 4,250 | 3,235 | 195 | 120 | 2,131 | 16,106 |
|-------|-----|-----|-------|-------|-------|-----|-----|-------|-------|-----|-----|-------|--------|

|                                 |       |       |       |       |       |       |       |       |       |       |       |       |       |
|---------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Market Share PMC & NC Providers | 90.4% | 94.7% | 97.2% | 98.2% | 95.3% | 71.5% | 85.6% | 86.4% | 95.5% | 76.4% | 70.0% | 96.5% | 85.7% |
|---------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|

| Hospital Name                           | 29704 | 29707 | 29708 | 29710 | 29715 | 29717 | 29726 | 29780 | 29782 | 29742 | 29743 | 29745 | Grand Total |
|-----------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|
| Piedmont Medical Center                 | 220   | 83    | 173   | 760   | 744   | 63    | 109   | 3,775 | 2,787 | 146   | 58    | 1,718 | 10,784      |
| Piedmont Medical Center                 | 63.5% | 9.3%  | 23.5% | 31.1% | 33.4% | 53.5% | 65.5% | 78.4% | 67.8% | 63.6% | 41.7% | 65.1% | 54.5%       |
| NC Providers                            | 91    | 762   | 1,142 | 1,639 | 1,579 | 22    | 32    | 1,181 | 1,162 | 29    | 40    | 784   | 8,264       |
| NC Providers                            | 26.5% | 85.4% | 73.3% | 67.1% | 61.9% | 18.8% | 19.7% | 23.0% | 28.3% | 12.8% | 28.3% | 30.2% | 41.2%       |
| Proposed NC Provider Fort Mill Hospital | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0           |
| Proposed NC Provider Fort Mill Hospital | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%        |
| Subtotal                                | 311   | 845   | 1,315 | 2,399 | 2,123 | 85    | 141   | 4,956 | 3,949 | 175   | 98    | 2,502 | 19,048      |

|       |     |     |       |       |       |     |     |       |       |     |     |       |        |
|-------|-----|-----|-------|-------|-------|-----|-----|-------|-------|-----|-----|-------|--------|
| Total | 344 | 892 | 1,559 | 2,444 | 2,227 | 119 | 165 | 5,142 | 4,037 | 229 | 140 | 2,598 | 19,832 |
|-------|-----|-----|-------|-------|-------|-----|-----|-------|-------|-----|-----|-------|--------|

| Hospital Name                             | 29704     | 29707     | 29708       | 29710     | 29715       | 29717    | 29726    | 29780       | 29782       | 29742    | 29743    | 29745     | Grand Total  |
|-------------------------------------------|-----------|-----------|-------------|-----------|-------------|----------|----------|-------------|-------------|----------|----------|-----------|--------------|
| Piedmont Medical Center                   | 142       | 14        | -17         | 650       | -58         | 60       | 104      | 2,788       | 1,778       | 139      | 54       | 1,544     | 7,209        |
| Piedmont Medical Center                   | 41.4%     | 1.5%      | -1.1%       | 28.6%     | -1.6%       | 50.6%    | 63.2%    | 54.4%       | 44.0%       | 60.7%    | 38.8%    | 59.5%     | 26.2%        |
| NC Providers                              | 82        | 385       | 753         | 1,628     | 1,067       | 22       | 32       | 1,119       | 1,111       | 29       | 39       | 775       | 7,059        |
| NC Providers                              | 24.0%     | 43.2%     | 48.3%       | 66.6%     | 47.5%       | 18.7%    | 19.4%    | 22.0%       | 27.5%       | 12.7%    | 28.3%    | 28.9%     | 35.3%        |
| Proposed NC Provider Fort Mill Hospital   | 88        | 446       | 779         | 1,121     | 1,113       | 4        | 5        | 1,028       | 1,029       | 7        | 4        | 182       | 4,786        |
| Proposed NC Provider Fort Mill Hospital   | 25.0%     | 50.0%     | 50.0%       | 5.0%      | 50.0%       | 3.0%     | 3.0%     | 20.0%       | 25.0%       | 3.0%     | 3.0%     | 7.0%      | 24.1%        |
| Subtotal                                  | 230       | 845       | 1,516       | 2,399     | 2,123       | 86       | 141      | 4,956       | 3,949       | 175      | 98       | 2,502     | 19,048       |
| Impact to PMC (Cases) 2017 with & without | 77        | 69        | 890         | 110       | 801         | 3        | 4        | 977         | 958         | 7        | 4        | 178       | 3,575        |
| Contribution Per Case (for CMI < 2.0)     | \$4,044   | \$3,915   | \$3,915     | \$4,044   | \$3,915     | \$4,044  | \$4,044  | \$3,915     | \$3,915     | \$4,044  | \$4,044  | \$4,044   |              |
| Total Impact                              | \$312,805 | \$270,701 | \$1,516,041 | \$444,732 | \$3,136,894 | \$13,668 | \$18,011 | \$3,825,227 | \$3,754,243 | \$26,482 | \$16,101 | \$688,054 | \$14,044,909 |

Source: SC Office of Research and Statistics and Public.

Note: As ZIP Code 29726 has post office box, this ZIP Code was combined with 29725.

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

Assumes CMC-FM @ 80% occupancy, 67/33 Impact, CMI<2.0

Piedmont Medical Center - Fort Mill Service Area

| Hospital Name                   | 29704 | 29707 | 29708 | 29710 | 29715 | 29717 | 29726 | 29730 | 29732 | 29742 | 29743 | 29745 | Grand Total |
|---------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|
| Piedmont Medical Center         | 199   | 85    | 256   | 784   | 547   | 79    | 95    | 3,906 | 2,657 | 165   | 58    | 1,678 | 10,169      |
| Piedmont Medical Center         | 61.0% | 9.2%  | 19.7% | 33.8% | 32.3% | 63.7% | 69.3% | 73.0% | 67.8% | 66.3% | 44.3% | 67.5% | 55.0%       |
| North Carolina Hospitals        | 99    | 871   | 1,024 | 1,374 | 1,096 | 28    | 23    | 1,106 | 1,139 | 44    | 30    | 794   | 7,568       |
| North Carolina Hospitals        | 30.4% | 84.7% | 78.6% | 63.9% | 64.7% | 22.6% | 16.8% | 22.4% | 29.1% | 17.7% | 22.9% | 29.5% | 40.9%       |
| Subtotal                        | 298   | 956   | 1,280 | 2,158 | 1,643 | 107   | 118   | 4,712 | 3,796 | 209   | 88    | 2,472 | 17,737      |
| Total                           | 326   | 1,028 | 1,302 | 2,170 | 1,695 | 124   | 137   | 4,938 | 3,916 | 249   | 131   | 2,485 | 18,501      |
| Market Share PMC & NC Providers | 91.4% | 94.0% | 98.3% | 97.1% | 96.9% | 86.3% | 86.1% | 95.4% | 96.9% | 83.9% | 67.2% | 97.1% | 95.9%       |

| Hospital Name                           | 29704 | 29707 | 29708 | 29710 | 29715 | 29717 | 29726 | 29730 | 29732 | 29742 | 29743 | 29745 | Grand Total |
|-----------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|
| Piedmont Medical Center                 | 224   | 123   | 323   | 843   | 671   | 83    | 102   | 3,964 | 3,064 | 178   | 62    | 1,896 | 11,336      |
| Piedmont Medical Center                 | 61.0% | 8.2%  | 18.7% | 33.8% | 32.3% | 63.7% | 69.3% | 73.0% | 67.8% | 66.3% | 44.3% | 67.5% | 54.0%       |
| NC Providers                            | 112   | 1,129 | 1,299 | 1,577 | 1,344 | 30    | 25    | 1,216 | 1,314 | 48    | 32    | 829   | 8,949       |
| NC Providers                            | 30.4% | 84.7% | 78.6% | 63.9% | 64.7% | 22.6% | 16.8% | 22.4% | 29.1% | 17.7% | 22.9% | 29.5% | 41.9%       |
| Proposed NC Provider Fort Mill Hospital | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0           |
| Proposed NC Provider Fort Mill Hospital | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%        |
| Subtotal                                | 336   | 1,252 | 1,616 | 2,420 | 2,015 | 113   | 126   | 5,180 | 4,378 | 226   | 95    | 2,725 | 21,357      |
| Total                                   | 367   | 1,332 | 1,644 | 2,491 | 2,079 | 133   | 147   | 5,429 | 4,517 | 269   | 141   | 2,808 | 21,357      |

| Hospital Name                             | 29704     | 29707     | 29708       | 29710     | 29715       | 29717    | 29726    | 29730       | 29732       | 29742    | 29743    | 29745     | Grand Total  |
|-------------------------------------------|-----------|-----------|-------------|-----------|-------------|----------|----------|-------------|-------------|----------|----------|-----------|--------------|
| Piedmont Medical Center                   | 178       | 88        | 271         | 737       | 513         | 82       | 98       | 3,041       | 2,195       | 172      | 58       | 1,709     | 8,461        |
| Piedmont Medical Center                   | 48.5%     | 2.4%      | 17.7%       | 29.6%     | 16.3%       | 61.2%    | 66.8%    | 55.0%       | 48.6%       | 63.7%    | 41.7%    | 60.9%     | 39.6%        |
| NC Providers                              | 66        | 686       | 831         | 1,559     | 1,059       | 30       | 24       | 1,063       | 1,054       | 46       | 32       | 819       | 7,334        |
| NC Providers                              | 17.9%     | 81.3%     | 64.0%       | 62.6%     | 50.7%       | 22.1%    | 16.3%    | 19.4%       | 29.3%       | 17.2%    | 22.5%    | 29.2%     | 34.4%        |
| Proposed NC Provider Fort Mill Hospital   | 92        | 533       | 656         | 1,25      | 832         | 4        | 4        | 1,086       | 1,129       | 8        | 4        | 197       | 4,671        |
| Proposed NC Provider Fort Mill Hospital   | 25.0%     | 40.0%     | 40.0%       | 5.0%      | 40.0%       | 3.0%     | 3.0%     | 20.0%       | 25.0%       | 3.0%     | 3.0%     | 7.0%      | 21.9%        |
| Subtotal                                  | 336       | 1,252     | 1,616       | 2,420     | 2,015       | 115      | 126      | 5,180       | 4,378       | 226      | 95       | 2,725     | 20,485       |
| Total                                     | 367       | 1,332     | 1,644       | 2,491     | 2,079       | 133      | 147      | 5,429       | 4,517       | 269      | 141      | 2,808     | 21,357       |
| Impact to PMC (Cases) 2017 with & without | 46        | 91        | 296         | 106       | 541         | 9        | 4        | 923         | 869         | 7        | 4        | 187       | 3,076        |
| Contribution Per Case (for CMI < 2.0)     | \$4,044   | \$3,915   | \$3,915     | \$4,044   | \$3,915     | \$4,044  | \$4,044  | \$3,915     | \$3,915     | \$4,044  | \$4,044  | \$4,044   |              |
| Total Impact                              | \$185,716 | \$354,720 | \$1,158,856 | \$428,221 | \$2,116,471 | \$13,765 | \$15,113 | \$3,613,435 | \$3,404,219 | \$27,780 | \$14,547 | \$755,098 | \$12,087,942 |

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

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

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

Notes: Assumes CMI<2.0

PET-EX104



RECORD 007823

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

Piedmont Medical Center - Fort Mill Service Area

2013

| Hospital Name                   | 29704 | 29707 | 29708 | 29710 | 29715 | 29717 | 29726 | 29730 | 29732 | 29742 | 29743 | 29745 | Grand Total |
|---------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|
| Piedmont Medical Center         | 199   | 95    | 255   | 734   | 547   | 79    | 95    | 3,606 | 2,657 | 165   | 58    | 1,678 | 10,169      |
| Piedmont Medical Center         | 61.0% | 9.2%  | 39.7% | 33.8% | 32.3% | 63.7% | 69.3% | 73.0% | 57.8% | 66.3% | 44.3% | 67.5% | 55.0%       |
| North Carolina Hospitals        | 99    | 871   | 1,024 | 1,574 | 1,096 | 28    | 23    | 1,106 | 1,139 | 44    | 30    | 734   | 7,568       |
| North Carolina Hospitals        | 30.4% | 84.7% | 78.6% | 63.3% | 64.7% | 22.6% | 16.8% | 22.4% | 29.1% | 17.7% | 22.9% | 29.5% | 40.9%       |
| Subtotal                        | 298   | 966   | 1,280 | 2,108 | 1,643 | 107   | 118   | 4,712 | 3,796 | 209   | 88    | 2,412 | 17,737      |
| Total                           | 326   | 1,028 | 1,302 | 2,170 | 1,695 | 124   | 157   | 4,938 | 3,916 | 249   | 131   | 2,485 | 18,501      |
| Market Share PMC & NC Providers | 91.4% | 94.0% | 98.3% | 97.1% | 95.9% | 86.3% | 86.1% | 95.4% | 96.9% | 83.9% | 67.2% | 97.1% | 95.9%       |

2017

| Hospital Name                           | 29704 | 29707 | 29708 | 29710 | 29715 | 29717 | 29726 | 29730 | 29732 | 29742 | 29743 | 29745 | Grand Total |
|-----------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|
| Piedmont Medical Center                 | 224   | 123   | 323   | 843   | 571   | 85    | 102   | 3,964 | 3,064 | 178   | 62    | 1,896 | 11,536      |
| Piedmont Medical Center                 | 61.0% | 9.2%  | 39.7% | 33.8% | 32.3% | 63.7% | 69.3% | 73.0% | 57.8% | 66.3% | 44.3% | 67.5% | 54.0%       |
| NC Providers                            | 112   | 112   | 1,289 | 1,577 | 1,944 | 30    | 25    | 1,216 | 1,314 | 48    | 32    | 828   | 8,949       |
| NC Providers                            | 30.4% | 84.7% | 78.6% | 63.3% | 64.7% | 22.6% | 16.8% | 22.4% | 29.1% | 17.7% | 22.9% | 29.5% | 41.9%       |
| Proposed NC Provider Fort Mill Hospital | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0           |
| Proposed NC Provider Fort Mill Hospital | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%        |
| Subtotal                                | 336   | 1,252 | 1,616 | 2,420 | 2,015 | 115   | 126   | 5,180 | 4,378 | 226   | 95    | 2,725 | 21,357      |
| Total                                   | 367   | 1,332 | 1,644 | 2,491 | 2,079 | 133   | 147   | 5,429 | 4,517 | 269   | 141   | 2,808 | 21,357      |

2017

| Hospital Name                             | 29704     | 29707     | 29708     | 29710     | 29715       | 29717    | 29726    | 29730       | 29732       | 29742    | 29743   | 29745     | Grand Total |
|-------------------------------------------|-----------|-----------|-----------|-----------|-------------|----------|----------|-------------|-------------|----------|---------|-----------|-------------|
| Piedmont Medical Center                   | 168       | 74        | 194       | 801       | 463         | 82       | 99       | 3,271       | 2,269       | 179      | 61      | 1,769     | 9,287       |
| Piedmont Medical Center                   | 45.8%     | 5.5%      | 11.8%     | 32.1%     | 19.4%       | 61.8%    | 67.8%    | 58.4%       | 50.3%       | 64.5%    | 42.9%   | 62.8%     | 49.5%       |
| NC Providers                              | 76        | 645       | 785       | 1,495     | 781         | 29       | 23       | 1,086       | 1,129       | 45       | 30      | 765       | 6,528       |
| NC Providers                              | 20.6%     | 48.4%     | 46.5%     | 60.0%     | 37.6%       | 21.5%    | 15.9%    | 21.0%       | 21.0%       | 16.7%    | 21.2%   | 27.3%     | 30.6%       |
| Proposed NC Provider Fort Mill Hospital   | 92        | 533       | 658       | 125       | 832         | 4        | 4        | 1,086       | 1,129       | 8        | 4       | 197       | 4,671       |
| Proposed NC Provider Fort Mill Hospital   | 25.0%     | 40.0%     | 40.0%     | 5.0%      | 40.0%       | 3.0%     | 3.0%     | 20.0%       | 25.0%       | 3.0%     | 3.0%    | 7.0%      | 21.9%       |
| Subtotal                                  | 336       | 1,252     | 1,616     | 2,420     | 2,015       | 115      | 126      | 5,180       | 4,378       | 226      | 95      | 2,725     | 20,485      |
| Total                                     | 367       | 1,332     | 1,644     | 2,491     | 2,079       | 133      | 147      | 5,429       | 4,517       | 269      | 141     | 2,808     | 21,357      |
| Impact to PMC (Cases) 2017 with & without | 56        | 49        | 129       | 42        | 268         | 3        | 3        | 783         | 1,766       | 5        | 2       | 133       | 2,250       |
| Contribution Per Case (for CMI < 2.0)     | \$4,044   | \$3,915   | \$3,915   | \$4,044   | \$3,915     | \$4,044  | \$4,044  | \$3,915     | \$3,915     | \$4,044  | \$4,044 | \$4,044   |             |
| Total Impact                              | \$226,733 | \$192,627 | \$506,344 | \$170,408 | \$1,050,782 | \$10,317 | \$12,329 | \$3,104,368 | \$2,999,685 | \$21,657 | \$7,577 | \$596,717 | \$8,839,773 |

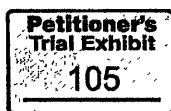
Source: NC Office of Research and Statistics and NC Inpatient Database.

Note: As ZIP Code 29736 is a post office box, this ZIP Code was combined with 29715.

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

Note Assumes CMI<2.0

PET-EX105



RECORD 007824

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

Piedmont Medical Center - Fort Mill Service Area

2011

| Hospital Name                   | 29704 | 29707 | 29708 | 29710 | 29715 | 29717 | 29726 | 29730 | 29732 | 29742 | 29743 | 29745 | Grand Total |
|---------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|
| Piedmont Medical Center         | 199   | 95    | 256   | 734   | 547   | 79    | 95    | 3,606 | 2,657 | 165   | 58    | 1,678 | 10,169      |
| Piedmont Medical Center         | 61.0% | 9.2%  | 19.7% | 33.8% | 32.3% | 63.7% | 69.3% | 73.0% | 67.8% | 66.3% | 44.3% | 67.5% | 55.0%       |
| North Carolina Hospitals        | 99    | 871   | 1,024 | 1,374 | 1,096 | 28    | 23    | 1,106 | 1,139 | 44    | 30    | 734   | 7,868       |
| North Carolina Hospitals        | 30.4% | 84.7% | 78.6% | 63.3% | 64.7% | 22.6% | 16.8% | 22.4% | 29.1% | 17.7% | 22.9% | 29.5% | 40.8%       |
| Subtotal                        | 298   | 966   | 1,280 | 2,108 | 1,643 | 107   | 118   | 4,712 | 3,796 | 209   | 88    | 2,412 | 17,737      |
| Total                           | 326   | 1,028 | 1,302 | 2,170 | 1,695 | 124   | 137   | 4,938 | 3,916 | 249   | 131   | 2,485 | 18,501      |
| Market Share PMC & NC Providers | 91.4% | 94.0% | 98.3% | 97.1% | 96.9% | 86.3% | 86.1% | 95.4% | 96.8% | 83.9% | 67.2% | 97.1% | 95.9%       |

2017

| Hospital Name                           | 29704 | 29707 | 29708 | 29710 | 29715 | 29717 | 29726 | 29730 | 29732 | 29742 | 29743 | 29745 | Grand Total |
|-----------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|
| Piedmont Medical Center                 | 224   | 123   | 323   | 843   | 671   | 85    | 102   | 3,964 | 3,064 | 178   | 62    | 1,896 | 11,536      |
| Piedmont Medical Center                 | 61.0% | 9.2%  | 19.7% | 33.8% | 32.3% | 63.7% | 69.3% | 73.0% | 67.8% | 66.3% | 44.3% | 67.5% | 54.0%       |
| NC Providers                            | 112   | 1,129 | 1,283 | 1,577 | 1,344 | 30    | 25    | 1,216 | 1,314 | 48    | 32    | 829   | 8,949       |
| NC Providers                            | 30.4% | 84.7% | 78.6% | 63.3% | 64.7% | 22.6% | 16.8% | 22.4% | 29.1% | 17.7% | 22.9% | 29.5% | 41.9%       |
| Proposed NC Provider Fort Mill Hospital | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0           |
| Proposed NC Provider Fort Mill Hospital | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%        |
| Subtotal                                | 336   | 1,252 | 1,616 | 2,420 | 2,015 | 115   | 126   | 5,180 | 4,378 | 226   | 95    | 2,725 |             |
| Total                                   | 367   | 1,332 | 1,644 | 2,491 | 2,079 | 133   | 147   | 5,429 | 4,517 | 269   | 141   | 2,808 | 21,357      |

2017

| Percent from Piedmont                     | 50%       | 17%       | 42%         | 85%         | 65%         | 85%      | 85%      | 85%         | 80%         | 85%      | 85%      | 95%         | 65%          |
|-------------------------------------------|-----------|-----------|-------------|-------------|-------------|----------|----------|-------------|-------------|----------|----------|-------------|--------------|
| Percent from NC Providers                 | 50%       | 83%       | 58%         | 15%         | 35%         | 15%      | 15%      | 15%         | 20%         | 15%      | 15%      | 5%          | 35%          |
| Hospital Name                             | 29704     | 29707     | 29708       | 29710       | 29715       | 29717    | 29726    | 29730       | 29732       | 29742    | 29743    | 29745       | Grand Total  |
| Piedmont Medical Center                   | 187       | 17        | 16          | 520         | 126         | 75       | 93       | 3,257       | 2,380       | 164      | 57       | 1,637       | 8,528        |
| Piedmont Medical Center                   | 50.8%     | 1.3%      | 1.0%        | 20.9%       | 6.0%        | 56.2%    | 63.8%    | 60.0%       | 52.7%       | 60.8%    | 40.4%    | 58.3%       | 39.8%        |
| NC Providers                              | 74        | 610       | 869         | 1,522       | 1,051       | 28       | 23       | 1,095       | 1,143       | 45       | 31       | 816         | 7,308        |
| NC Providers                              | 20.3%     | 45.8%     | 52.9%       | 61.1%       | 50.5%       | 21.3%    | 15.8%    | 20.2%       | 25.3%       | 16.7%    | 22.2%    | 29.1%       | 34.2%        |
| Proposed NC Provider Fort Mill Hospital   | 75        | 625       | 731         | 378         | 839         | 12       | 10       | 828         | 855         | 17       | 6        | 273         | 4,850        |
| Proposed NC Provider Fort Mill Hospital   | 20.4%     | 46.9%     | 44.5%       | 15.2%       | 40.4%       | 8.9%     | 6.6%     | 15.3%       | 18.9%       | 6.4%     | 4.6%     | 9.7%        | 21.8%        |
| Subtotal                                  | 336       | 1,252     | 1,616       | 2,420       | 2,015       | 115      | 126      | 5,180       | 4,378       | 226      | 95       | 2,725       | 20,485       |
| Total                                     | 367       | 1,332     | 1,644       | 2,491       | 2,079       | 133      | 147      | 5,429       | 4,517       | 269      | 141      | 2,808       | 21,357       |
| Impact to PMC (Cases) 2017 with & without | 38        | 106       | 307         | 323         | 545         | 10       | 8        | 708         | 684         | 15       | 5        | 259         | 3,009        |
| Contribution Per Case (for CMI < 2.0)     | \$4,044   | \$3,915   | \$3,915     | \$4,044     | \$3,915     | \$4,044  | \$4,044  | \$3,915     | \$3,915     | \$4,044  | \$4,044  | \$4,044     |              |
| Total Impact                              | \$152,518 | \$416,011 | \$1,202,468 | \$1,306,569 | \$2,135,201 | \$40,703 | \$33,094 | \$2,770,250 | \$2,679,192 | \$59,502 | \$22,210 | \$1,048,325 | \$11,866,044 |

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

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

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

Note: Assumes CMI<2.0

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

Piedmont Medical Center - Fort Mill Service Area

2011

| Hospital Name                   | 29704 | 29707 | 29708 | 29710 | 29715 | 29717 | 29726 | 29730 | 29732 | 29742 | 29743 | 29745 | Grand Total |
|---------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|
| Piedmont Medical Center         | 199   | 95    | 256   | 734   | 547   | 79    | 85    | 3,606 | 2,657 | 165   | 58    | 1,678 | 10,169      |
| Piedmont Medical Center         | 61.0% | 9.2%  | 19.7% | 33.8% | 32.3% | 63.7% | 68.3% | 67.0% | 67.0% | 66.3% | 44.3% | 67.5% | 65.6%       |
| North Carolina Hospitals        | 99    | 871   | 1,024 | 1,574 | 1,096 | 20    | 23    | 1,106 | 1,189 | 44    | 80    | 794   | 7,588       |
| North Carolina Hospitals        | 30.4% | 84.7% | 78.6% | 63.3% | 64.7% | 22.6% | 15.8% | 22.4% | 22.4% | 17.7% | 22.5% | 29.5% | 40.9%       |
| Subtotal                        | 298   | 966   | 1,280 | 2,108 | 1,643 | 107   | 118   | 4,712 | 3,846 | 209   | 88    | 2,472 | 17,757      |
| Total                           | 326   | 1,028 | 1,942 | 2,170 | 1,698 | 124   | 137   | 4,998 | 3,916 | 249   | 131   | 2,495 | 18,591      |
| Market Share PMC & NC Providers | 91.4% | 94.0% | 98.3% | 97.1% | 96.9% | 86.3% | 86.1% | 95.4% | 96.9% | 83.9% | 67.2% | 97.1% | 95.9%       |

2017

| Hospital Name                           | 29704 | 29707 | 29708 | 29710 | 29715 | 29717 | 29726 | 29730 | 29732 | 29742 | 29743 | 29745 | Grand Total |
|-----------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|
| Piedmont Medical Center                 | 224   | 123   | 323   | 843   | 671   | 85    | 102   | 3,564 | 3,064 | 178   | 62    | 1,886 | 11,536      |
| Piedmont Medical Center                 | 61.0% | 9.2%  | 19.7% | 33.8% | 32.3% | 63.7% | 68.3% | 67.0% | 67.0% | 66.3% | 44.3% | 67.5% | 65.6%       |
| NC Providers                            | 112   | 1,139 | 1,239 | 1,577 | 1,344 | 30    | 25    | 1,216 | 1,344 | 48    | 82    | 829   | 8,949       |
| NC Providers                            | 30.4% | 84.7% | 78.6% | 63.3% | 64.7% | 22.6% | 15.8% | 22.4% | 22.4% | 17.7% | 22.5% | 29.5% | 40.9%       |
| Proposed NC Provider Fort Mill Hospital | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0           |
| Proposed NC Provider Fort Mill Hospital | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%        |
| Subtotal                                | 336   | 1,252 | 1,616 | 2,420 | 2,015 | 115   | 127   | 4,780 | 4,378 | 226   | 95    | 2,715 | 20,485      |
| Total                                   | 367   | 1,332 | 1,644 | 2,491 | 2,079 | 133   | 147   | 5,429 | 4,517 | 269   | 141   | 2,808 | 21,357      |

2017

| Hospital Name                             | 29704     | 29707     | 29708     | 29710     | 29715       | 29717    | 29726    | 29730       | 29732       | 29742    | 29743    | 29745     | Grand Total |
|-------------------------------------------|-----------|-----------|-----------|-----------|-------------|----------|----------|-------------|-------------|----------|----------|-----------|-------------|
| Piedmont Medical Center                   | 179       | 63        | 180       | 715       | 400         | 77       | 85       | 3,359       | 2,484       | 167      | 60       | 1,712     | 8,492       |
| Piedmont Medical Center                   | 48.8%     | 4.9%      | 10.9%     | 28.7%     | 19.2%       | 58.1%    | 64.8%    | 61.9%       | 55.0%       | 62.0%    | 42.2%    | 61.0%     | 44.4%       |
| NC Providers                              | 82        | 562       | 706       | 1,327     | 776         | 26       | 22       | 1,092       | 1,089       | 42       | 29       | 741       | 6,948       |
| NC Providers                              | 22.4%     | 42.2%     | 42.9%     | 53.3%     | 37.3%       | 19.4%    | 14.8%    | 18.9%       | 25.0%       | 15.5%    | 20.3%    | 26.4%     | 28.7%       |
| Proposed NC Provider Fort Mill Hospital   | 75        | 625       | 791       | 878       | 839         | 12       | 10       | 828         | 835         | 17       | 5        | 273       | 4,850       |
| Proposed NC Provider Fort Mill Hospital   | 20.4%     | 48.9%     | 44.5%     | 35.2%     | 40.4%       | 8.9%     | 6.6%     | 10.5%       | 18.9%       | 6.4%     | 4.8%     | 9.7%      | 21.8%       |
| Subtotal                                  | 236       | 1,250     | 1,677     | 2,920     | 2,015       | 115      | 117      | 5,279       | 4,378       | 226      | 95       | 2,725     | 20,488      |
| Total                                     | 367       | 1,332     | 1,644     | 2,491     | 2,079       | 133      | 147      | 5,429       | 4,517       | 269      | 141      | 2,808     | 21,357      |
| Impact to PMC (Cases) 2017 with & without | 46        | 58        | 144       | 128       | 8           | 8        | 7        | 605         | 580         | 11       | 8        | 184       | 2,044       |
| Contribution Per Case (for CMI < 2.0)     | \$4,044   | \$3,915   | \$3,915   | \$4,044   | \$3,915     | \$4,044  | \$4,044  | \$3,815     | \$3,815     | \$4,044  | \$4,044  | \$4,044   |             |
| Total Impact                              | \$184,728 | \$226,145 | \$562,928 | \$517,501 | \$1,266,091 | \$30,508 | \$26,998 | \$2,368,840 | \$2,272,284 | \$46,387 | \$11,569 | \$745,140 | \$8,059,117 |

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

Note: As ZIP Code 29711 is a post office box, this ZIP Code was combined with 29715.

Similarly, ZIP Code 29701 was combined with 29706, and 29721 & 29783 were combined with 29707.

Note: Assumes CMI < 2.0

PET-EX107



2005, 2008 and 2011 Discharges and Market Share by Product Line  
Piedmont Medical Center - Fort Mill Service Area  
Excludes Normal Newborns  
Sources: SC Office of Research and Statistics and Thomson Reuters

Discharges by Product Line

| Product Line                  | 2005          |           |       |        |        | 2008          |           |       |        |        | 2011          |           |       |        |        |
|-------------------------------|---------------|-----------|-------|--------|--------|---------------|-----------|-------|--------|--------|---------------|-----------|-------|--------|--------|
|                               | CHS-Charlotte | CHS-Other | Other | PMC    | Total  | CHS-Charlotte | CHS-Other | Other | PMC    | Total  | CHS-Charlotte | CHS-Other | Other | PMC    | Total  |
| Burn                          | 1             |           |       | 11     | 11     | 2             | 1         | 3     |        | 6      | 2             |           | 9     |        | 11     |
| Cardiovascular Medicine       | 285           | 23        | 261   | 1,120  | 1,689  | 294           | 24        | 285   | 760    | 1,363  | 455           | 10        | 251   | 836    | 1,552  |
| Cath/EP                       | 157           | 1         | 153   | 1,228  | 1,449  | 194           | 3         | 111   | 474    | 792    | 279           | 3         | 139   | 542    | 963    |
| Dental/Oral                   | 5             |           | 2     | 18     | 25     | 8             |           | 2     | 5      | 15     | 4             |           | 2     | 12     | 18     |
| Dermatology                   | 37            | 1         | 39    | 121    | 198    | 60            | 4         | 31    | 111    | 206    | 119           | 4         | 35    | 142    | 300    |
| Endocrinology Medicine        | 87            | 6         | 75    | 554    | 722    | 108           | 4         | 54    | 317    | 483    | 173           | 6         | 69    | 379    | 627    |
| Endocrinology Surgery         | 12            |           | 9     | 28     | 49     | 24            |           | 6     | 38     | 68     | 18            | 1         | 5     | 31     | 55     |
| ENT Medicine                  | 14            | 3         | 17    | 87     | 131    | 50            |           | 11    | 45     | 106    | 51            |           | 16    | 88     | 155    |
| ENT Surgery                   | 12            |           | 6     | 24     | 42     | 17            |           | 15    | 16     | 48     | 22            |           | 10    | 12     | 44     |
| Gastrointestinal Medicine     | 234           | 21        | 199   | 954    | 1,408  | 405           | 24        | 250   | 774    | 1,483  | 562           | 15        | 265   | 1,114  | 1,859  |
| General Medicine              | 2             |           | 4     | 55     | 61     | 22            |           | 7     | 45     | 74     | 27            |           | 1     | 18     | 128    |
| General Surgery               | 243           | 10        | 178   | 788    | 1,197  | 440           | 12        | 267   | 649    | 1,368  | 509           | 8         | 217   | 637    | 1,371  |
| Gynecology                    | 129           | 1         | 84    | 299    | 613    | 78            | 2         | 77    | 257    | 414    | 71            | 1         | 68    | 155    | 285    |
| Hematology                    | 43            |           | 37    | 167    | 237    | 82            | 5         | 26    | 133    | 248    | 98            | 3         | 37    | 215    | 353    |
| HIV Infections                | 3             |           |       | 16     | 19     | 6             | 1         | 4     | 16     | 27     | 8             |           | 2     | 10     | 18     |
| Infectious Diseases           | 80            | 1         | 78    | 264    | 423    | 174           | 12        | 124   | 325    | 635    | 277           | 13        | 107   | 453    | 850    |
| Major Trauma                  | 58            | 2         | 21    | 35     | 116    | 102           | 1         | 16    | 15     | 134    | 105           |           | 16    | 42     | 163    |
| Miscellaneous-IP              | 32            | 2         | 23    | 74     | 131    | 2             |           |       |        | 2      |               |           |       |        |        |
| Neonatal                      | 192           | 2         | 89    | 366    | 649    | 244           |           | 132   | 538    | 914    | 232           | 8         | 138   | 488    | 866    |
| Nephrology                    | 44            | 1         | 28    | 96     | 169    | 86            | 5         | 43    | 159    | 288    | 113           | 3         | 49    | 201    | 366    |
| Neurological Medicine         | 180           | 8         | 110   | 602    | 899    | 278           | 6         | 178   | 388    | 845    | 325           | 13        | 138   | 587    | 1,063  |
| Neurosurgery                  | 109           | 1         | 48    | 65     | 223    | 150           | 1         | 37    | 88     | 248    | 123           | 2         | 40    | 31     | 196    |
| Obstetrics - Delivered        | 629           | 6         | 278   | 1,550  | 2,463  | 884           | 3         | 457   | 1,728  | 3,069  | 831           | 11        | 384   | 1,579  | 2,906  |
| Obstetrics - Non Delivered    | 55            | 1         | 43    | 168    | 267    | 74            |           | 55    | 149    | 278    | 83            |           | 52    | 140    | 275    |
| Oncology Medicine             | 112           | 1         | 113   | 133    | 359    | 127           | 1         | 73    | 107    | 308    | 168           | 2         | 67    | 147    | 384    |
| Oncology Surgery              | 84            |           | 25    | 74     | 163    | 81            |           | 42    | 37     | 140    | 70            | 2         | 26    | 45     | 143    |
| Open Heart                    | 97            |           | 55    | 120    | 242    | 80            |           | 55    | 130    | 265    | 106           |           | 55    | 106    | 267    |
| Ophthalmology                 | 6             | 1         | 5     | 13     | 25     | 7             | 1         | 3     | 5      | 16     | 6             |           | 5     | 7      | 18     |
| Orthopedic Medicine           | 51            | 3         | 52    | 181    | 287    | 73            | 6         | 45    | 84     | 188    | 109           | 3         | 47    | 137    | 288    |
| Orthopedic Surgery            | 291           | 7         | 259   | 596    | 1,168  | 481           | 12        | 312   | 518    | 1,323  | 599           | 21        | 263   | 452    | 1,385  |
| Plastic Surgery               | 37            | 2         | 22    | 77     | 136    | 40            | 2         | 13    | 28     | 81     | 47            | 1         | 13    | 20     | 81     |
| Poisoning/Drug Tox/Comp of TX | 32            | 3         | 27    | 180    | 242    | 50            | 3         | 41    | 163    | 257    | 82            | 1         | 37    | 178    | 278    |
| Psychiatry                    | 33            | 11        | 165   | 327    | 536    | 66            | 20        | 184   | 395    | 645    | 86            | 21        | 212   | 854    | 963    |
| Pulmonary Medicine            | 249           | 25        | 252   | 1,398  | 1,824  | 413           | 34        | 259   | 1,153  | 1,859  | 592           | 42        | 243   | 1,316  | 2,193  |
| Rehabilitation                | 122           | 8         | 13    |        | 143    | 125           |           | 25    |        | 150    | 152           |           | 18    |        | 172    |
| Spinal Fusion Surgery         | 98            | 1         | 85    | 91     | 273    | 110           | 1         | 148   | 79     | 338    | 140           | 1         | 126   | 72     | 345    |
| Substance Abuse               | 30            | 14        | 72    | 117    | 233    | 49            | 27        | 17    | 57     | 160    | 43            | 37        | 24    | 88     | 202    |
| Thoracic Surgery              | 27            |           | 33    | 58     | 118    | 35            | 1         | 30    | 92     | 169    | 59            | 3         | 28    | 65     | 155    |
| Transplant                    | 14            |           | 6     |        | 19     | 21            |           | 14    |        | 35     | 15            |           | 13    |        | 28     |
| Urology Medicine              | 57            | 4         | 43    | 264    | 368    | 96            | 4         | 57    | 207    | 364    | 138           | 2         | 47    | 287    | 472    |
| Urology Surgery               | 62            |           | 41    | 164    | 267    | 54            |           | 57    | 162    | 273    | 65            |           | 67    | 124    | 258    |
| Vascular Surgery              | 37            | 1         | 27    | 152    | 217    | 18            | 3         | 27    | 99     | 147    | 63            | 1         | 30    | 73     | 157    |
| Grand Total                   | 3,970         | 171       | 3,118 | 12,595 | 19,854 | 5,870         | 223       | 3,580 | 10,278 | 19,761 | 7,103         | 241       | 3,411 | 11,555 | 22,310 |

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

Market Share by Product Line

| Product Line                  | 2005          |           |       |       |        | 2009          |           |       |       |        | 2011          |           |       |       |        |
|-------------------------------|---------------|-----------|-------|-------|--------|---------------|-----------|-------|-------|--------|---------------|-----------|-------|-------|--------|
|                               | CHS-Charlotte | CHS-Other | Other | PMC   | Total  | CHS-Charlotte | CHS-Other | Other | PMC   | Total  | CHS-Charlotte | CHS-Other | Other | PMC   | Total  |
| Burn                          | 6.3%          | 0.0%      | 25.0% | 68.8% | 100.0% | 33.3%         | 16.7%     | 50.0% | 0.0%  | 100.0% | 18.2%         | 0.0%      | 81.8% | 0.0%  | 100.0% |
| Cardiovascular Medicine       | 15.6%         | 1.4%      | 15.6% | 67.1% | 100.0% | 21.7%         | 1.8%      | 21.1% | 55.4% | 100.0% | 28.3%         | 0.6%      | 16.2% | 53.8% | 100.0% |
| Cath/EP                       | 10.8%         | 0.1%      | 9.8%  | 79.3% | 100.0% | 24.8%         | 0.4%      | 14.2% | 60.6% | 100.0% | 29.0%         | 0.3%      | 14.4% | 56.3% | 100.0% |
| Dental/Oral                   | 20.0%         | 0.0%      | 8.0%  | 72.0% | 100.0% | 53.3%         | 0.0%      | 13.3% | 33.3% | 100.0% | 22.2%         | 0.0%      | 11.1% | 66.7% | 100.0% |
| Dermatology                   | 18.7%         | 0.6%      | 19.7% | 61.1% | 100.0% | 29.1%         | 1.9%      | 15.0% | 53.9% | 100.0% | 39.7%         | 1.3%      | 11.7% | 47.3% | 100.0% |
| Endocrinology Medicine        | 12.0%         | 0.8%      | 10.4% | 76.7% | 100.0% | 21.9%         | 0.8%      | 13.0% | 64.3% | 100.0% | 27.6%         | 1.0%      | 11.0% | 60.4% | 100.0% |
| Endocrinology Surgery         | 24.5%         | 0.0%      | 18.4% | 57.1% | 100.0% | 36.4%         | 0.0%      | 9.1%  | 54.5% | 100.0% | 32.7%         | 1.8%      | 9.1%  | 56.4% | 100.0% |
| ENT Medicine                  | 10.7%         | 2.3%      | 13.0% | 74.0% | 100.0% | 47.2%         | 0.0%      | 10.4% | 42.6% | 100.0% | 32.9%         | 0.0%      | 10.3% | 56.8% | 100.0% |
| ENT Surgery                   | 28.6%         | 0.0%      | 14.3% | 57.1% | 100.0% | 35.4%         | 0.0%      | 31.3% | 33.3% | 100.0% | 50.0%         | 0.0%      | 22.7% | 27.3% | 100.0% |
| Gastrointestinal Medicine     | 15.6%         | 1.6%      | 14.1% | 67.8% | 100.0% | 27.9%         | 1.7%      | 17.2% | 53.3% | 100.0% | 28.7%         | 0.8%      | 13.6% | 57.0% | 100.0% |
| General Medicine              | 3.3%          | 0.0%      | 6.6%  | 90.2% | 100.0% | 28.7%         | 0.0%      | 9.5%  | 60.8% | 100.0% | 21.4%         | 0.8%      | 14.3% | 63.5% | 100.0% |
| General Surgery               | 20.3%         | 0.8%      | 14.7% | 64.2% | 100.0% | 32.2%         | 0.9%      | 19.5% | 47.4% | 100.0% | 37.1%         | 0.8%      | 15.8% | 46.5% | 100.0% |
| Gynecology                    | 25.1%         | 0.2%      | 18.4% | 58.3% | 100.0% | 18.8%         | 0.5%      | 18.8% | 62.1% | 100.0% | 24.1%         | 0.3%      | 23.1% | 52.5% | 100.0% |
| Hematology                    | 18.1%         | 0.0%      | 15.6% | 66.2% | 100.0% | 33.3%         | 2.0%      | 10.6% | 54.1% | 100.0% | 27.8%         | 0.8%      | 10.6% | 60.9% | 100.0% |
| HIV Infections                | 15.8%         | 0.0%      | 0.0%  | 84.2% | 100.0% | 22.2%         | 3.7%      | 14.8% | 59.3% | 100.0% | 33.3%         | 0.0%      | 11.1% | 55.6% | 100.0% |
| Infectious Diseases           | 18.9%         | 0.2%      | 18.4% | 62.4% | 100.0% | 27.4%         | 1.8%      | 18.5% | 51.2% | 100.0% | 32.6%         | 1.5%      | 12.6% | 53.3% | 100.0% |
| Major Trauma                  | 50.0%         | 1.7%      | 18.1% | 30.2% | 100.0% | 76.1%         | 0.7%      | 11.9% | 11.2% | 100.0% | 64.4%         | 0.0%      | 9.8%  | 25.8% | 100.0% |
| Miscellaneous-IP              | 24.4%         | 1.6%      | 17.6% | 56.5% | 100.0% | 100.0%        | 0.0%      | 0.0%  | 0.0%  | 100.0% |               |           |       |       |        |
| Neonatal                      | 29.8%         | 0.3%      | 13.7% | 56.4% | 100.0% | 26.7%         | 0.0%      | 14.4% | 58.9% | 100.0% | 26.8%         | 0.9%      | 15.9% | 56.4% | 100.0% |
| Nephrology                    | 26.0%         | 0.6%      | 16.6% | 56.8% | 100.0% | 28.4%         | 1.7%      | 14.7% | 54.3% | 100.0% | 30.9%         | 0.8%      | 13.4% | 54.9% | 100.0% |
| Neurological Medicine         | 18.2%         | 0.9%      | 12.5% | 68.4% | 100.0% | 32.8%         | 0.7%      | 20.8% | 45.8% | 100.0% | 30.6%         | 1.2%      | 13.0% | 55.2% | 100.0% |
| Neurosurgery                  | 48.8%         | 0.4%      | 21.5% | 29.1% | 100.0% | 61.0%         | 0.4%      | 15.0% | 23.6% | 100.0% | 62.8%         | 1.0%      | 20.4% | 15.8% | 100.0% |
| Obstetrics - Delivered        | 25.6%         | 0.2%      | 11.3% | 62.9% | 100.0% | 28.3%         | 0.1%      | 16.0% | 55.6% | 100.0% | 32.0%         | 0.4%      | 13.2% | 54.4% | 100.0% |
| Obstetrics - Non Delivered    | 20.6%         | 0.4%      | 18.1% | 62.9% | 100.0% | 26.6%         | 0.0%      | 19.8% | 53.6% | 100.0% | 30.2%         | 0.0%      | 18.0% | 50.9% | 100.0% |
| Oncology Medicine             | 31.2%         | 0.3%      | 31.5% | 37.0% | 100.0% | 41.2%         | 0.3%      | 23.7% | 34.7% | 100.0% | 43.8%         | 0.5%      | 17.4% | 38.3% | 100.0% |
| Oncology Surgery              | 39.3%         | 0.0%      | 16.3% | 45.4% | 100.0% | 48.6%         | 0.0%      | 30.0% | 26.4% | 100.0% | 49.0%         | 1.4%      | 18.2% | 31.6% | 100.0% |
| Open Heart                    | 27.7%         | 0.0%      | 22.7% | 49.6% | 100.0% | 30.2%         | 0.0%      | 20.8% | 49.1% | 100.0% | 39.7%         | 0.0%      | 20.6% | 39.7% | 100.0% |
| Ophthalmology                 | 24.0%         | 4.0%      | 20.0% | 52.0% | 100.0% | 43.8%         | 6.3%      | 18.8% | 31.3% | 100.0% | 33.3%         | 0.0%      | 27.8% | 38.9% | 100.0% |
| Orthopedic Medicine           | 18.1%         | 1.1%      | 19.6% | 60.3% | 100.0% | 36.8%         | 3.2%      | 23.9% | 34.0% | 100.0% | 38.8%         | 1.0%      | 15.9% | 48.3% | 100.0% |
| Orthopedic Surgery            | 22.4%         | 0.6%      | 25.7% | 51.2% | 100.0% | 36.4%         | 0.9%      | 23.6% | 39.2% | 100.0% | 44.2%         | 1.5%      | 20.9% | 33.4% | 100.0% |
| Plastic Surgery               | 28.8%         | 1.4%      | 15.9% | 56.8% | 100.0% | 49.4%         | 2.6%      | 16.0% | 32.1% | 100.0% | 68.0%         | 1.2%      | 18.0% | 24.7% | 100.0% |
| Poisoning/Drug Tox/Comp of TX | 13.2%         | 1.2%      | 11.2% | 74.4% | 100.0% | 18.5%         | 1.2%      | 16.0% | 63.4% | 100.0% | 22.3%         | 0.4%      | 13.3% | 64.0% | 100.0% |
| Psychiatry                    | 6.2%          | 2.1%      | 30.8% | 61.0% | 100.0% | 10.2%         | 3.1%      | 25.4% | 61.2% | 100.0% | 8.8%          | 2.1%      | 21.8% | 66.6% | 100.0% |
| Pulmonary Medicine            | 12.9%         | 1.3%      | 13.1% | 72.7% | 100.0% | 22.2%         | 1.8%      | 13.9% | 62.1% | 100.0% | 27.0%         | 1.9%      | 11.1% | 60.0% | 100.0% |
| Rehabilitation                | 85.3%         | 5.6%      | 8.1%  | 0.0%  | 100.0% | 83.3%         | 0.0%      | 16.7% | 0.0%  | 100.0% | 88.4%         | 1.2%      | 10.5% | 0.0%  | 100.0% |
| Spinal Fusion Surgery         | 35.2%         | 0.4%      | 31.1% | 33.3% | 100.0% | 32.6%         | 0.3%      | 43.8% | 23.4% | 100.0% | 40.9%         | 0.3%      | 37.7% | 21.1% | 100.0% |
| Substance Abuse               | 12.9%         | 6.0%      | 30.9% | 50.2% | 100.0% | 32.7%         | 18.0%     | 11.3% | 38.0% | 100.0% | 21.3%         | 18.3%     | 11.9% | 48.5% | 100.0% |
| Thoracic Surgery              | 22.9%         | 0.0%      | 28.0% | 49.2% | 100.0% | 22.2%         | 0.6%      | 19.0% | 58.2% | 100.0% | 38.1%         | 1.9%      | 18.1% | 41.9% | 100.0% |
| Transplant                    | 73.7%         | 0.0%      | 26.3% | 0.0%  | 100.0% | 60.0%         | 0.0%      | 40.0% | 0.0%  | 100.0% | 63.6%         | 0.0%      | 46.4% | 0.0%  | 100.0% |
| Urology Medicine              | 15.6%         | 1.1%      | 11.7% | 71.7% | 100.0% | 26.4%         | 1.1%      | 15.7% | 56.9% | 100.0% | 28.8%         | 0.4%      | 10.0% | 60.8% | 100.0% |
| Urology Surgery               | 23.2%         | 0.0%      | 15.4% | 61.4% | 100.0% | 19.8%         | 0.0%      | 20.9% | 69.3% | 100.0% | 26.4%         | 0.0%      | 26.2% | 48.4% | 100.0% |
| Vascular Surgery              | 17.1%         | 0.6%      | 12.4% | 70.0% | 100.0% | 12.2%         | 2.0%      | 18.4% | 67.3% | 100.0% | 33.8%         | 0.6%      | 19.1% | 46.5% | 100.0% |
| Grand Total                   | 28.0%         | 0.9%      | 15.7% | 63.4% | 100.0% | 28.7%         | 1.1%      | 18.1% | 52.0% | 100.0% | 31.8%         | 1.1%      | 15.3% | 51.8% | 100.0% |

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

Discharges by Product Line

| PL                         | 2005          |           |       |     |       | 2009          |           |       |       |       | 2011          |           |       |       |       |
|----------------------------|---------------|-----------|-------|-----|-------|---------------|-----------|-------|-------|-------|---------------|-----------|-------|-------|-------|
|                            | CHS-Charlotte | CHS-Other | Other | PMC | Total | CHS-Charlotte | CHS-Other | Other | PMC   | Total | CHS-Charlotte | CHS-Other | Other | PMC   | Total |
| Burn                       |               |           | 1     | 1   | 2     |               | 1         | 2     |       | 3     |               |           | 3     |       | 3     |
| Cardiovascular Medicine    |               |           |       |     |       | 3             |           | 1     |       | 4     |               |           |       |       |       |
| Cath/EP                    | 38            |           | 22    | 189 | 249   | 66            | 2         | 35    | 125   | 228   | 114           |           | 53    | 122   | 289   |
| Endocrinology Surgery      |               |           | 2     | 6   | 8     | 6             |           | 1     | 7     | 14    | 8             |           | 1     | 5     | 14    |
| ENT Surgery                |               |           |       |     |       | 4             |           | 4     | 2     | 10    | 8             |           |       | 4     | 12    |
| Gastrointestinal Medicine  |               |           |       |     |       | 6             | 1         | 2     | 16    | 25    | 7             | 1         | 8     | 23    | 39    |
| General Surgery            | 69            | 2         | 54    | 147 | 272   | 215           | 3         | 111   | 228   | 557   | 246           | 2         | 97    | 241   | 586   |
| Gynecology                 | 1             |           | 1     | 6   | 7     |               |           |       |       |       | 1             |           | 1     | 1     | 3     |
| Hematology                 | 2             |           | 9     |     | 11    | 2             |           | 2     | 5     | 9     | 4             |           | 2     | 10    | 16    |
| HIV Infections             |               |           |       |     |       | 3             |           | 1     | 8     | 12    | 4             |           | 1     | 4     | 9     |
| Infectious Diseases        |               |           |       |     |       | 48            | 1         | 22    | 68    | 137   | 64            | 1         | 18    | 58    | 141   |
| Major Trauma               | 25            |           | 6     | 4   | 34    | 48            |           | 8     | 6     | 62    | 44            |           | 6     | 7     | 57    |
| Miscellaneous-IP           | 25            | 2         | 17    | 71  | 115   |               |           |       |       |       |               |           |       |       |       |
| Neonatal                   | 62            |           | 25    | 72  | 159   | 124           |           | 64    | 195   | 383   | 125           | 2         | 61    | 180   | 368   |
| Neurological Medicine      |               |           |       | 3   | 3     | 4             |           | 1     | 3     | 8     | 7             |           | 1     | 8     | 16    |
| Neurosurgery               | 52            | 1         | 22    | 13  | 88    | 107           |           | 27    | 5     | 139   | 88            | 1         | 26    | 5     | 120   |
| Obstetrics - Non Delivered |               |           |       |     |       | 3             |           |       | 8     | 11    | 3             |           |       | 2     | 5     |
| Oncology Medicine          | 7             |           | 19    | 4   | 30    | 21            | 1         | 16    | 11    | 49    | 39            | 1         | 11    | 16    | 67    |
| Oncology Surgery           | 14            |           | 3     | 13  | 30    | 31            |           | 15    | 12    | 68    | 31            | 2         | 13    | 13    | 59    |
| Open Heart                 | 48            |           | 40    | 66  | 154   | 80            |           | 55    | 130   | 265   | 106           |           | 55    | 108   | 287   |
| Orthopedic Medicine        |               |           |       |     |       | 3             | 4         | 1     | 3     | 11    | 4             | 1         | 1     | 5     | 11    |
| Orthopedic Surgery         | 7             | 1         | 12    | 24  | 44    | 292           | 5         | 216   | 289   | 802   | 381           | 11        | 191   | 257   | 840   |
| Plastic Surgery            | 7             |           | 10    | 27  | 44    | 15            | 2         | 4     | 8     | 29    | 17            |           | 5     | 5     | 27    |
| Psychiatry                 |               |           |       | 1   | 1     |               |           |       |       |       |               |           |       | 2     | 2     |
| Pulmonary Medicine         |               |           |       |     |       | 44            | 11        | 27    | 133   | 215   | 67            | 19        | 35    | 120   | 241   |
| Spinal Fusion Surgery      | 61            | 1         | 65    | 59  | 186   | 101           | 1         | 145   | 78    | 325   | 134           | 1         | 126   | 72    | 333   |
| Thoracic Surgery           | 23            |           | 32    | 57  | 112   | 30            | 1         | 21    | 78    | 130   | 42            | 2         | 23    | 52    | 119   |
| Transplant                 | 14            |           | 5     |     | 19    | 21            |           | 8     |       | 29    | 15            |           | 12    |       | 27    |
| Urology Surgery            | 16            |           | 8     | 32  | 56    | 7             |           | 5     | 15    | 27    | 9             |           | 6     | 11    | 26    |
| Vascular Surgery           | 12            |           | 16    | 78  | 106   | 11            | 2         | 15    | 69    | 97    | 29            | 1         | 22    | 55    | 107   |
| Grand Total                | 483           | 7         | 368   | 872 | 1,730 | 1,293         | 36        | 810   | 1,502 | 3,640 | 1,597         | 45        | 778   | 1,384 | 3,804 |

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

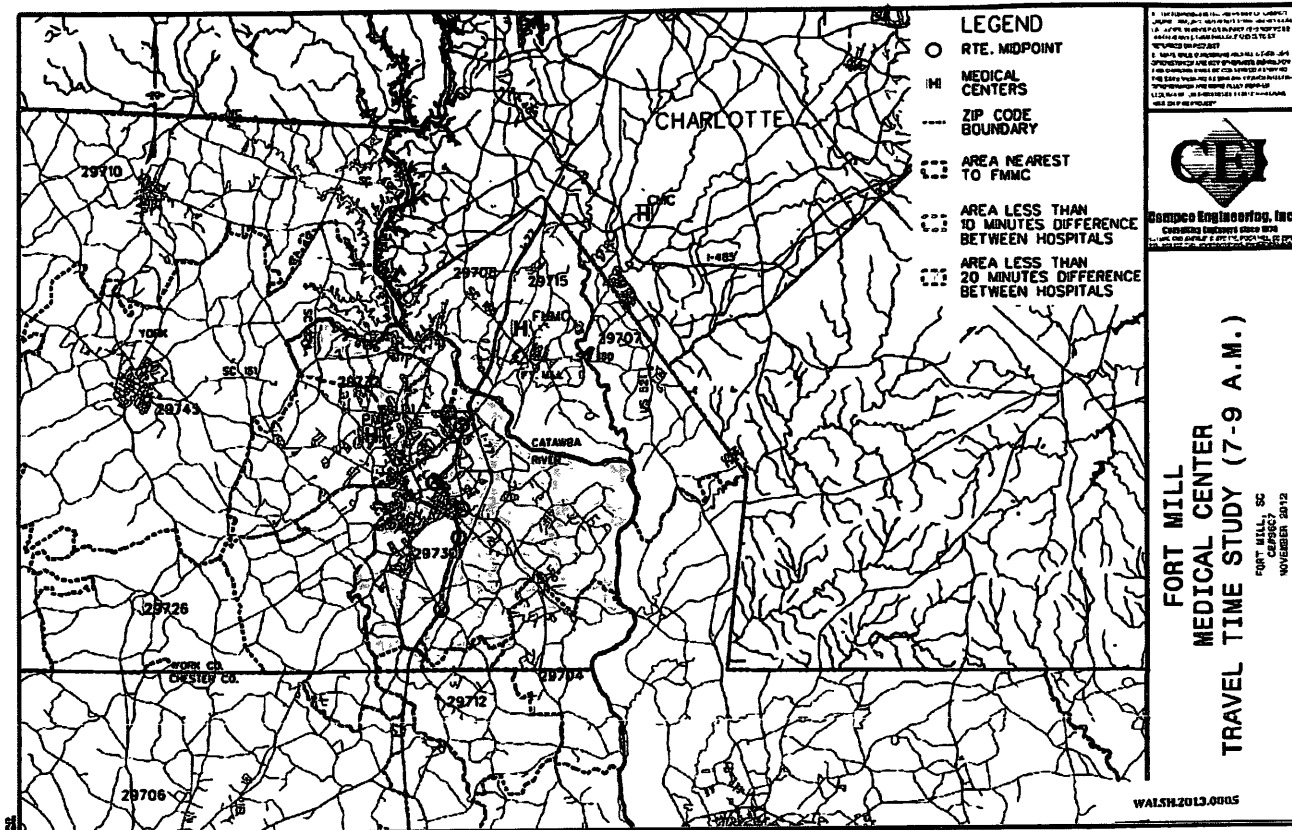
Market Share by Product Line

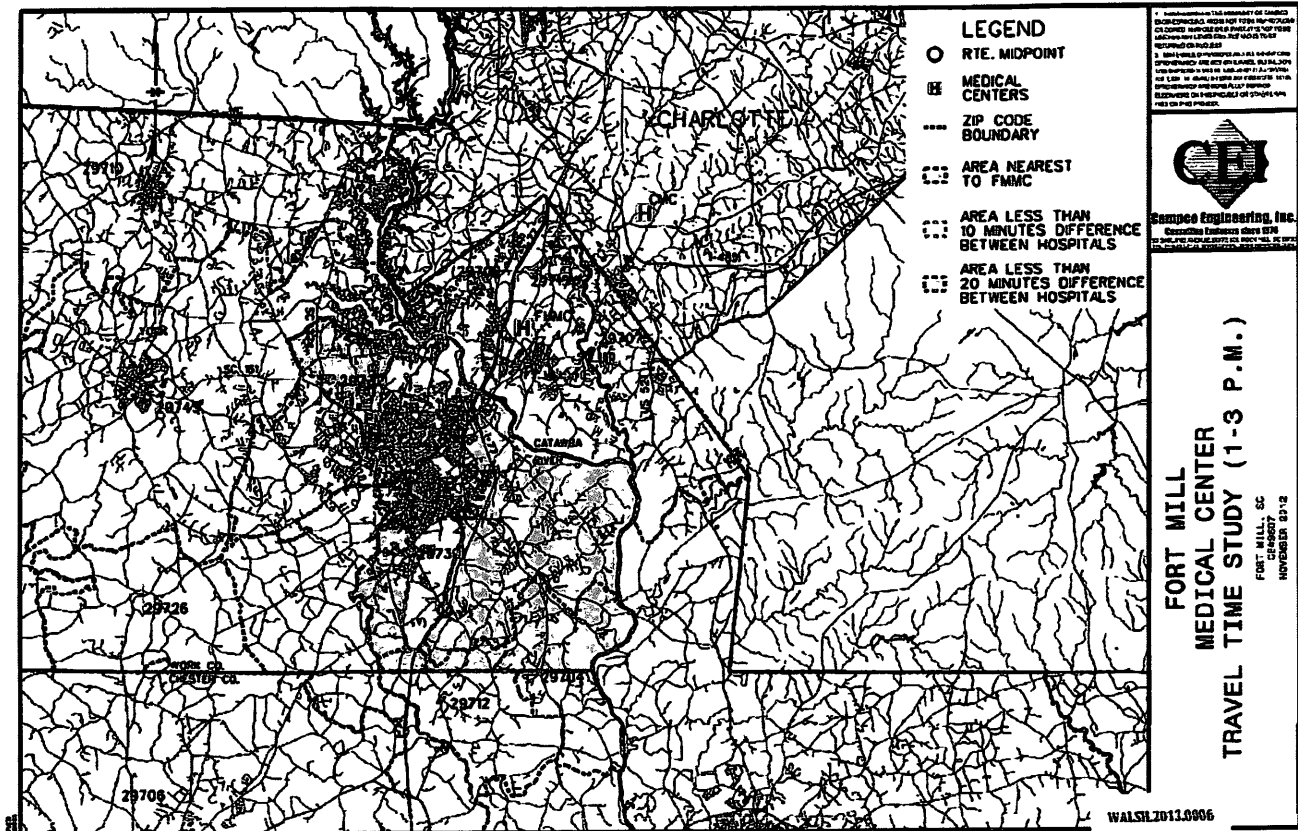
| Product Line               | 2005          |           |       |        |        | 2009          |           |       |       |        | 2011          |           |        |        |        |
|----------------------------|---------------|-----------|-------|--------|--------|---------------|-----------|-------|-------|--------|---------------|-----------|--------|--------|--------|
|                            | CHS-Charlotte | CHS-Other | Other | PMC    | Total  | CHS-Charlotte | CHS-Other | Other | PMC   | Total  | CHS-Charlotte | CHS-Other | Other  | PMC    | Total  |
| Burn                       | 0.0%          | 0.0%      | 60.0% | 60.0%  | 100.0% | 0.0%          | 33.3%     | 66.7% | 0.0%  | 100.0% | 0.0%          | 0.0%      | 100.0% | 0.0%   | 100.0% |
| Cardiovascular Medicine    |               |           |       |        |        | 75.0%         | 0.0%      | 25.0% | 0.0%  | 100.0% |               |           |        |        |        |
| Cath/EP                    | 15.3%         | 0.0%      | 8.8%  | 75.8%  | 100.0% | 28.9%         | 0.8%      | 15.4% | 64.8% | 100.0% | 39.4%         | 0.0%      | 18.3%  | 42.2%  | 100.0% |
| Endocrinology Surgery      | 0.0%          | 0.0%      | 25.0% | 75.0%  | 100.0% | 42.9%         | 0.0%      | 7.1%  | 50.0% | 100.0% | 57.1%         | 0.0%      | 7.1%   | 35.7%  | 100.0% |
| ENT Surgery                |               |           |       |        |        | 40.0%         | 0.0%      | 40.0% | 20.0% | 100.0% | 66.7%         | 0.0%      | 0.0%   | 33.3%  | 100.0% |
| Gastrointestinal Medicine  |               |           |       |        |        | 24.0%         | 4.0%      | 8.0%  | 64.0% | 100.0% | 17.6%         | 2.6%      | 20.5%  | 59.0%  | 100.0% |
| General Surgery            | 25.4%         | 0.7%      | 19.9% | 54.0%  | 100.0% | 38.6%         | 0.5%      | 19.9% | 40.9% | 100.0% | 42.0%         | 0.3%      | 16.6%  | 41.1%  | 100.0% |
| Gynecology                 | 14.3%         | 0.0%      | 14.3% | 71.4%  | 100.0% |               |           |       |       |        | 33.3%         | 0.0%      | 33.3%  | 33.3%  | 100.0% |
| Hematology                 | 18.2%         | 0.0%      | 81.8% | 0.0%   | 100.0% | 22.2%         | 0.0%      | 22.2% | 55.6% | 100.0% | 25.0%         | 0.0%      | 12.5%  | 62.5%  | 100.0% |
| HIV Infections             |               |           |       |        |        | 25.0%         | 0.0%      | 8.3%  | 66.7% | 100.0% | 44.4%         | 0.0%      | 11.1%  | 44.4%  | 100.0% |
| Infectious Diseases        |               |           |       |        |        | 33.6%         | 0.7%      | 16.1% | 49.6% | 100.0% | 45.4%         | 0.7%      | 12.8%  | 41.1%  | 100.0% |
| Major Trauma               | 73.5%         | 0.0%      | 14.7% | 11.8%  | 100.0% | 77.4%         | 0.0%      | 12.9% | 9.7%  | 100.0% | 77.2%         | 0.0%      | 10.5%  | 12.3%  | 100.0% |
| Miscellaneous-IP           | 21.7%         | 1.7%      | 14.8% | 61.7%  | 100.0% |               |           |       |       |        |               |           |        |        |        |
| Neonatal                   | 39.0%         | 0.0%      | 15.7% | 45.3%  | 100.0% | 32.4%         | 0.0%      | 16.7% | 50.9% | 100.0% | 34.0%         | 0.5%      | 16.6%  | 48.9%  | 100.0% |
| Neurological Medicine      | 0.0%          | 0.0%      | 0.0%  | 100.0% | 100.0% | 50.0%         | 0.0%      | 12.5% | 37.5% | 100.0% | 43.8%         | 0.0%      | 6.3%   | 50.0%  | 100.0% |
| Neurosurgery               | 59.1%         | 1.1%      | 25.0% | 14.8%  | 100.0% | 77.0%         | 0.0%      | 19.4% | 3.6%  | 100.0% | 73.3%         | 0.8%      | 21.7%  | 4.2%   | 100.0% |
| Obstetrics - Non Delivered |               |           |       |        |        | 27.3%         | 0.0%      | 0.0%  | 72.7% | 100.0% | 80.0%         | 0.0%      | 0.0%   | 40.0%  | 100.0% |
| Oncology Medicine          | 23.3%         | 0.0%      | 63.3% | 13.3%  | 100.0% | 42.9%         | 2.0%      | 32.7% | 22.4% | 100.0% |               |           |        |        |        |
| Oncology Surgery           | 46.7%         | 0.0%      | 10.0% | 43.3%  | 100.0% | 63.4%         | 0.0%      | 25.9% | 20.7% | 100.0% | 52.5%         | 3.4%      | 22.0%  | 22.0%  | 100.0% |
| Open Heart                 | 31.2%         | 0.0%      | 26.0% | 42.8%  | 100.0% | 30.2%         | 0.0%      | 20.8% | 49.1% | 100.0% | 39.7%         | 0.0%      | 20.8%  | 39.7%  | 100.0% |
| Orthopedic Medicine        |               |           |       |        |        | 27.3%         | 36.4%     | 8.1%  | 27.3% | 100.0% | 36.4%         | 9.1%      | 9.1%   | 45.5%  | 100.0% |
| Orthopedic Surgery         | 15.9%         | 2.3%      | 27.3% | 54.5%  | 100.0% | 38.4%         | 0.6%      | 26.9% | 36.0% | 100.0% | 45.4%         | 1.3%      | 22.7%  | 30.6%  | 100.0% |
| Plastic Surgery            | 15.9%         | 0.0%      | 22.7% | 61.4%  | 100.0% | 51.7%         | 6.9%      | 13.8% | 27.6% | 100.0% | 63.0%         | 0.0%      | 18.5%  | 18.5%  | 100.0% |
| Psychiatry                 | 0.0%          | 0.0%      | 0.0%  | 100.0% | 100.0% |               |           |       |       |        | 0.0%          | 0.0%      | 0.0%   | 100.0% | 100.0% |
| Pulmonary Medicine         |               |           |       |        |        | 20.5%         | 5.1%      | 12.6% | 61.9% | 100.0% | 27.8%         | 7.9%      | 14.5%  | 49.8%  | 100.0% |
| Spinal Fusion Surgery      | 32.8%         | 0.5%      | 34.9% | 31.7%  | 100.0% | 31.0%         | 0.3%      | 44.8% | 23.9% | 100.0% | 40.2%         | 0.3%      | 37.8%  | 21.6%  | 100.0% |
| Thoracic Surgery           | 20.6%         | 0.0%      | 28.6% | 50.9%  | 100.0% | 23.1%         | 0.8%      | 16.2% | 60.0% | 100.0% | 35.3%         | 1.7%      | 18.3%  | 43.7%  | 100.0% |
| Transplant                 | 73.7%         | 0.0%      | 26.3% | 0.0%   | 100.0% | 72.4%         | 0.0%      | 27.6% | 0.0%  | 100.0% | 65.6%         | 0.0%      | 44.4%  | 0.0%   | 100.0% |
| Urology Surgery            | 28.6%         | 0.0%      | 14.3% | 67.1%  | 100.0% | 25.9%         | 0.0%      | 16.5% | 55.6% | 100.0% | 34.6%         | 0.0%      | 23.1%  | 42.3%  | 100.0% |
| Vascular Surgery           | 11.3%         | 0.0%      | 16.1% | 73.6%  | 100.0% | 11.3%         | 2.1%      | 16.5% | 71.1% | 100.0% | 27.1%         | 0.9%      | 20.6%  | 51.4%  | 100.0% |
| Grand Total                | 27.9%         | 0.4%      | 21.9% | 60.4%  | 100.0% | 35.5%         | 1.0%      | 22.3% | 41.3% | 100.0% | 42.0%         | 1.2%      | 20.5%  | 36.4%  | 100.0% |

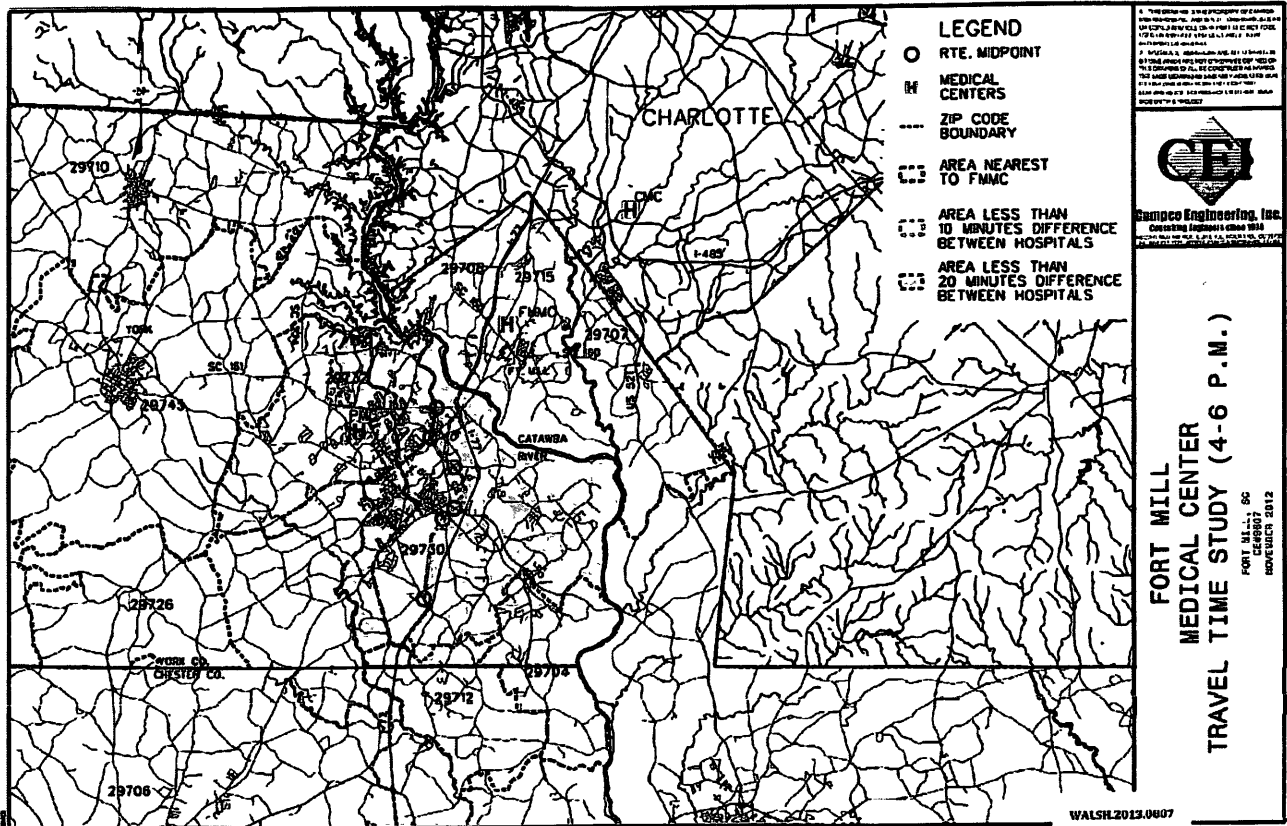
**Median HHI by ZIP Code**  
**Fort Mill Medical Center Service Area**  
**Source: Claritas, April 2012.**

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

Source: Claritas, Inc., April 2012.







PET-EX111.0003

RECORD 007834

## ADMINISTRATIVE LAW COURT

### Respondents.

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

## GENERAL OBJECTIONS

RECORD 007835

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

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

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

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

#### **ANSWERS TO INTERROGATORIES**

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

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

**ANSWER:**

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

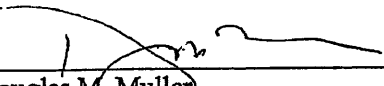
2. Describe the manner and extent to which referrals or admissions of CPN-employed physicians are tracked, recorded, reported or received by CPN or CHS employees, officers, or agents.

**ANSWER:**

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

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

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



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

February 18, 2013  
Charleston, SC

## ADMINISTRATIVE LAW COURT

## CERTIFICATE OF SERVICE

## ADMINISTRATIVE LAW COURT

### Respondents.

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

## GENERAL OBJECTIONS

RECORD 007840

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

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

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

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

#### **ANSWERS TO INTERROGATORIES**

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

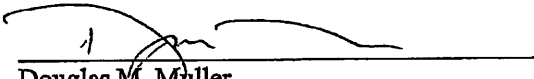
**ANSWER:** The capital reinvestment percentages utilized in this analysis for CHS were based on the primary enterprise facilities per CHS audited financial statements. The primary enterprise consists of CHS and all affiliates whose assets and income the system

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

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

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

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

  
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Mecklenburg Hospital Authority d/b/a Carolinas  
Healthcare System*

December 7, 2012  
Charleston, SC

CHARLESTON\515018\1

PET-EX114.0008

RECORD 007842



STATE OF SOUTH CAROLINA

ADMINISTRATIVE LAW COURT

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

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

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

**GENERAL OBJECTIONS**

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

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PET-EX114.0010

RECORD 007844

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

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

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

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

#### **ANSWERS TO INTERROGATORIES**

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

**ANSWER:**

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

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

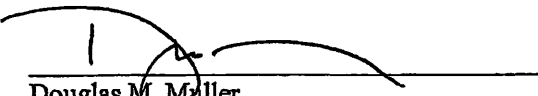
**ANSWER:**

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

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

**ANSWER:**

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



---

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

November 15, 2012

Charleston, South Carolina

CHARLESTON515016v1

PET-EX114.0013

RECORD 007847

## ADMINISTRATIVE LAW COURT

## CERTIFICATE OF SERVICE

STATE OF SOUTH CAROLINA

ADMINISTRATIVE LAW COURT

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

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

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

**GENERAL OBJECTIONS**

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

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

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

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

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

#### **ANSWERS TO INTERROGATORIES**

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

**ANSWER:**

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

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

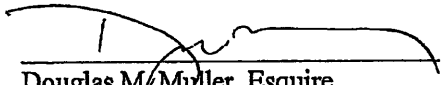
**Notes:**

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

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

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

MOORE & VAN ALLEN, PLLC



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*Attorneys for The Charlotte-Mecklenburg  
Hospital Authority d/b/a Carolinas Medical  
Center-Fort Mill*

August 15, 2012

Charleston, SC





South Carolina  
Department of Transportation

Exhibit D-1

February 9, 2011

Cherokee County  
Chester County  
Chesterfield County  
Fairfield County  
Lexington County  
Union County  
York County

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

RE: Kanawha Site  
York County

Dear Mr. Pickens:

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

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

District Four Engineering  
Post Office Box 130  
Chester, South Carolina 29708

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

AN EQUAL OPPORTUNITY  
AFFIRMATIVE ACTION EMPLOYER

BK 11971 PGO277

Petitioner's  
Trial Exhibit

115

PET-EX115

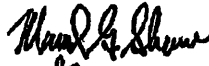
RECORD 007854

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

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

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

Sincerely,



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

JMM/jha  
cc: Sarah B. Nuckles, SCDOT Commissioner  
cc: Bradley Trout, RMB, York Maintenance

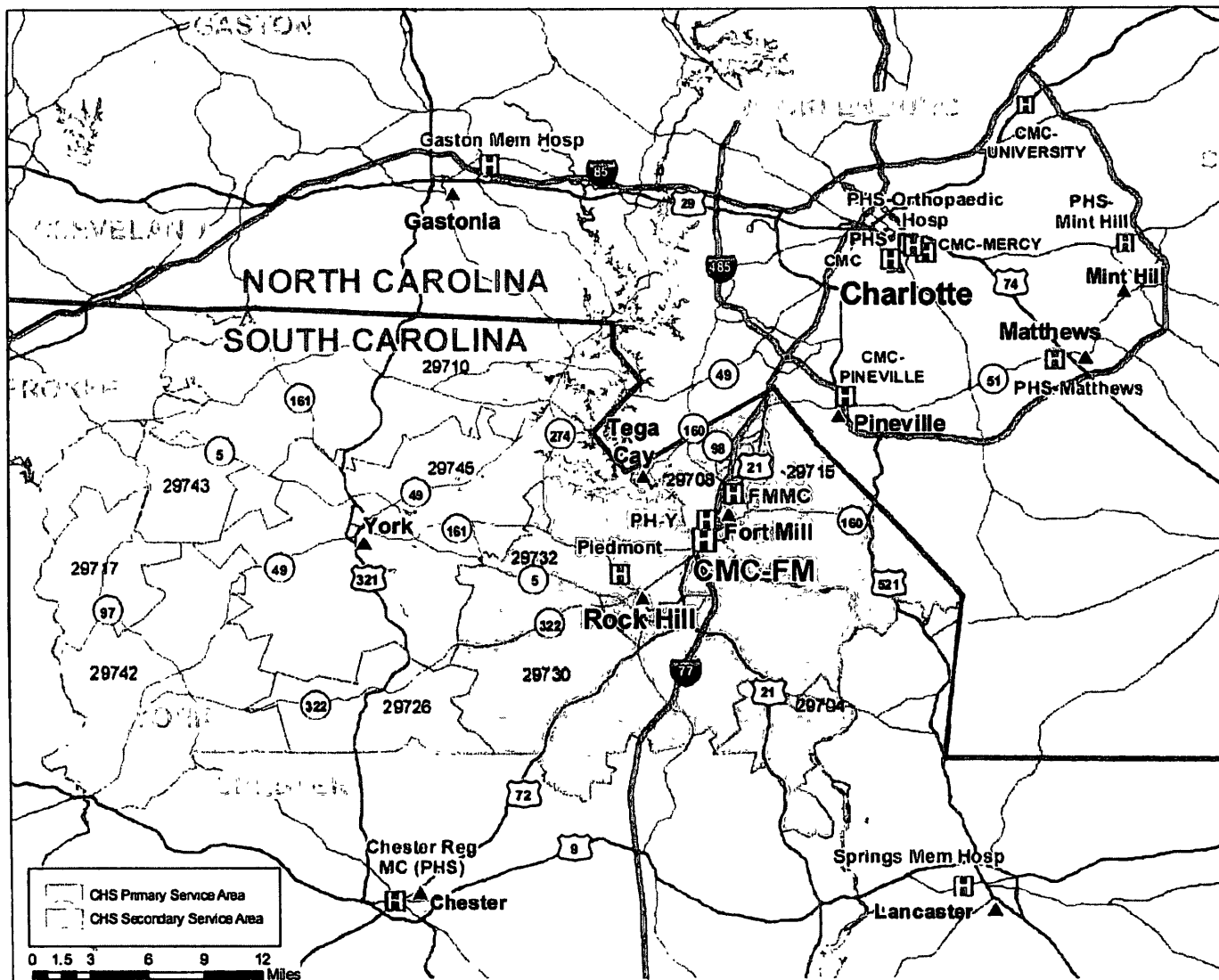
File: D4/TE/VE

BK11971 PQ0278

PET-EX115.0002

RECORD 007855

## Carolinas Health System (Proposed Service Area)



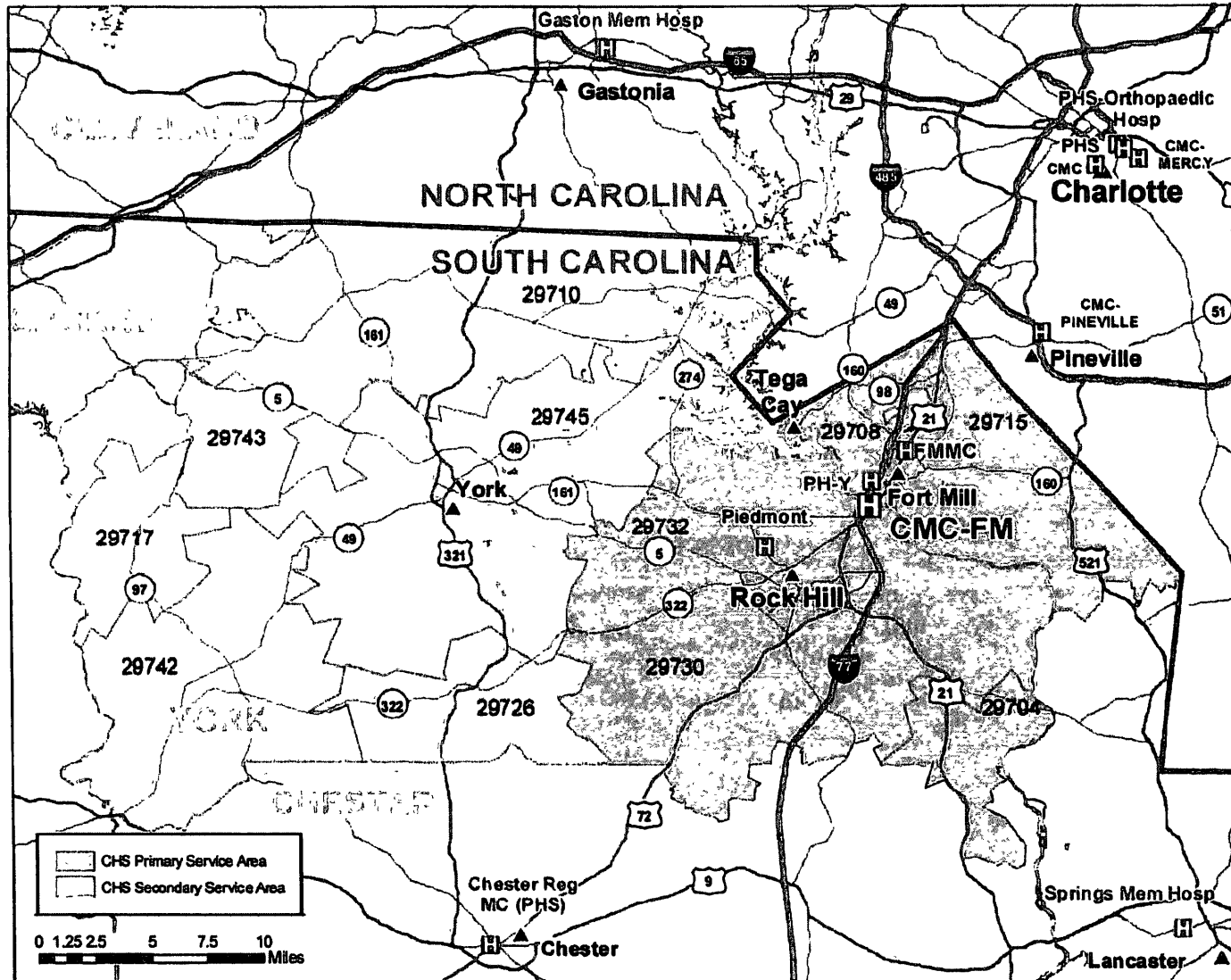
**PET-EX116**

### Petitioner's Trial Exhibit

116

RECORD 007856

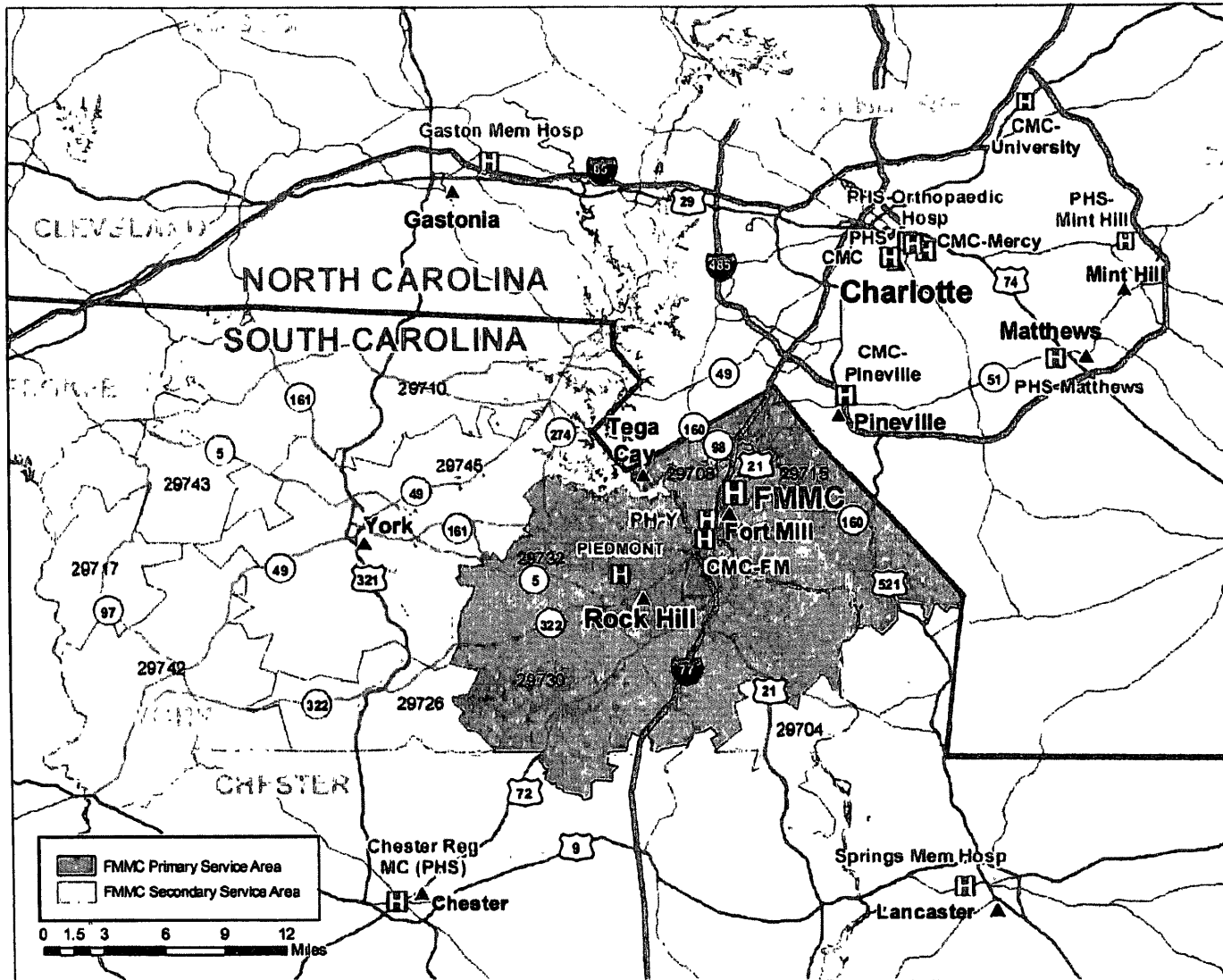
# Carolinas Health System (Proposed Service Area)



PET-EX116.0002

RECORD 007857

## Fort Mill Medical Center (Proposed Service Area)



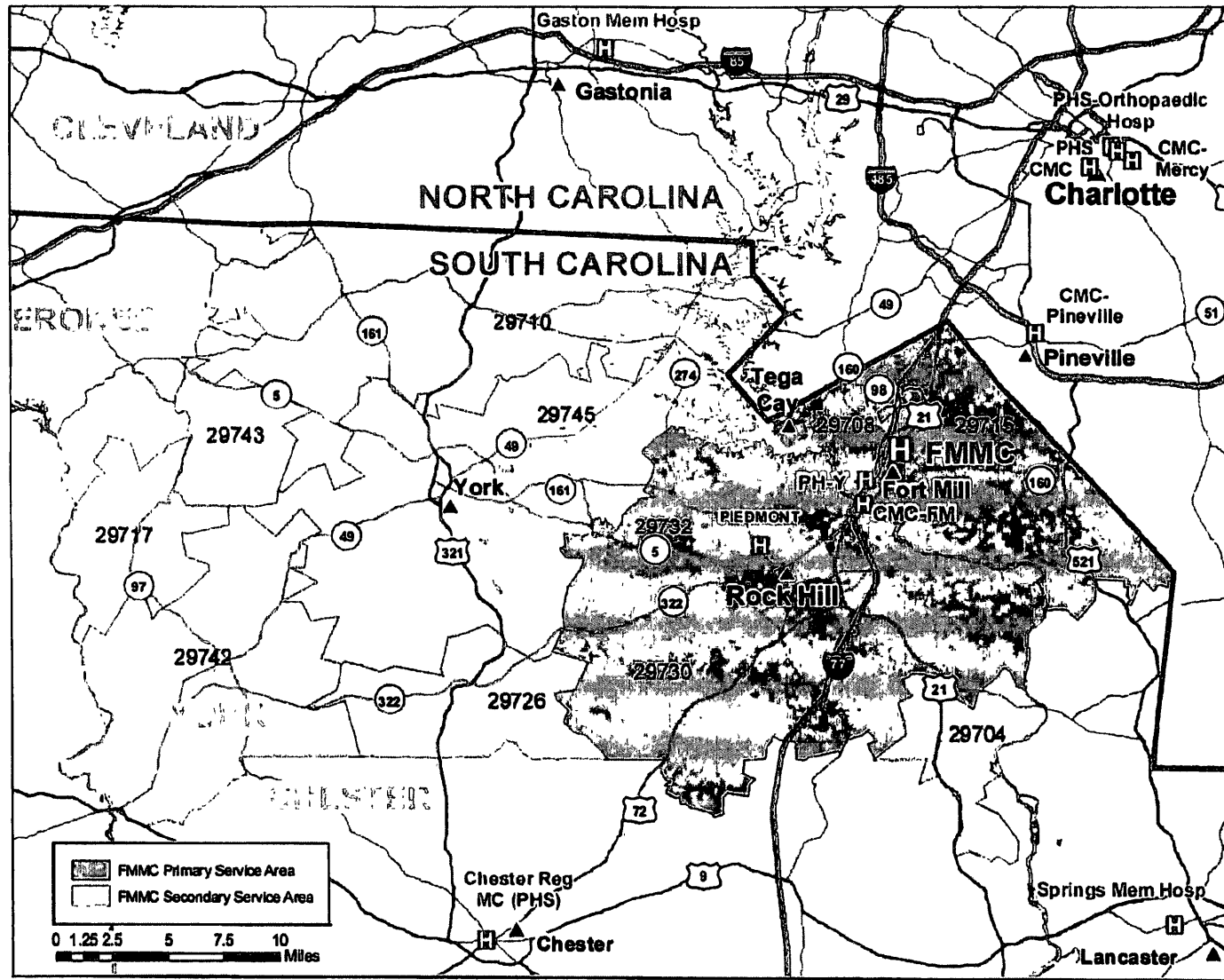
PET-EX117

Petitioner's  
Trial Exhibit

117

RECORD 007858

# Fort Mill Medical Center (Proposed Service Area)



PET-EX117.0002

RECORD 007859

## **Part C: Programmatic Documents**

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

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

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

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

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

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

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

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

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## CAROLINAS HEALTHCARE SYSTEM

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

Reviewed / Revised: 01/05

### HOSPITAL ADMISSION, CREDIT AND COLLECTION

#### SUMMARY STATEMENT

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

#### GLOBAL PRINCIPLES

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

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

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

#### **ADMISSION, CREDIT AND COLLECTION PROCEDURES**

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

000212

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

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**APPROVALS**

|                                               |                                                         |
|-----------------------------------------------|---------------------------------------------------------|
| Policy Coordinator<br>Vice President Approval | Christopher Johnson, Vice President, Financial Services |
|-----------------------------------------------|---------------------------------------------------------|

- End -

000213

THE STATE OF SOUTH CAROLINA  
IN THE COURT OF APPEALS

**RECEIVED**  
AUG 03 2015  
SC Court of Appeals

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

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

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

v.

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

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

**CERTIFICATE OF COUNSEL**

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

*E. B. A. A.*

---

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E. Brandon Gaskins, Esquire  
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Mecklenburg Hospital Authority, d/b/a  
Carolinas Medical Center – Fort Mill

July 24, 2015

Charleston, South Carolina