

**CARROLL HOSPITAL**

**HEALTH SERVICES COST REVIEW  
COMMISSION**

**RATE REVIEW SYSTEM**

**FOR THE FISCAL YEAR ENDED JUNE 30, 2019**

**REPORTING SCHEDULES  
FOR ANNUAL REPORT  
OF REVENUE AND EXPENSES  
AND VOLUMES**

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	SUBMITTING	NOT APPLICABLE
SCHEDULES V1A, V1B, V1C, V1D - INPATIENT AND PATIENT DAYS	✓	XXXXX
SCHEDULES V2A, V2B - OUTPATIENT VISITS	✓	XXXXX
SCHEDULES V3A, V3D - ANCILLARY SERVICE UNITS	✓	XXXXX
SCHEDULE V5 - EQUIVALENT INPATIENT DAYS AND ADMISSIONS	✓	XXXXX
SCHEDULE OADP - ALLOCATION OF DATA PROCESSING AND OVERHEAD	✓	XXXXX
SCHEDULE UA - UNASSIGNED EXPENSE	✓	XXXXX
SCHEDULE P1A, P1B - HOSPITAL BASED PHYSICIANS ALLOCATION	✓	
SCHEDULES P2A TO P2I - MEDICAL STAFF SERVICES		N / A
SCHEDULE P3A TO P3H - PHYSICIAN SUPPORT SERVICES		N / A
SCHEDULES P4A TO P4I - RESIDENTS, INTERNS SERVICES - ELIGIBLE		N / A
SCHEDULES P5A TO P5I - RESIDENTS, INTERNS SERVICES - INELIGIBLE		N / A
SCHEDULES C1 TO C14 - GENERAL SERVICE CENTER	✓	XXXXX
SCHEDULES D1 TO D81 - PATIENT CARE CENTERS	✓	XXXXX
SCHEDULES E1 TO E9 - AUXILIARY ENTERPRISES	✓	XXXXX
SCHEDULES F1 TO F4 - OTHER INSTITUTIONAL PROGRAMS	✓	XXXXX
SCHEDULE RC - RECONCILIATION OF BASE YEAR EXPENSES TO SCH. RE	✓	XXXXX
SCHEDULE RE - STATEMENT OF REVENUE AND EXPENSES	✓	XXXXX
SCHEDULE RE - R RECONCILIATION OF AUDITED F/S TO SCHEDULE RE	✓	XXXXX
SCHEDULES J1, J2 - OVERHEAD EXPENSE APPORTIONMENT	✓	XXXXX
SCHEDULES J3, J4 - OVERHEAD EXPENSE APPORTIONMENT (PSYCH. HOSP.)		N / A
SCHEDULES JS1, JS2 - OVERHEAD STATISTICAL APPORTIONMENT	✓	XXXXX
SCHEDULES JS3, JS4 - OVERHEAD STATISTICAL APPORTIONMENT (PSYCH. HOSP.)		N / A
SCHEDULE H1 - BUILDING FACILITY ALLOWANCE		N / A
SCHEDULES H2A TO H2Y - DEPARTMENTAL EQUIPMENT ALLOWANCE	✓	XXXXX
SCHEDULES H3A, H3B - DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE	✓	XXXXX
SCHEDULES H3C, H3D - DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE (PSYCH. HOSP.)		N / A
SCHEDULE GR - CASH AND MARKETABLE ASSETS		N / A
SCHEDULE G - OTHER FINANCIAL CONSIDERATIONS		N / A
SCHEDULE PDA - PAYOR DIFFERENTIAL	✓	XXXXX
SCHEDULES M, MA - PART A COST ACCUMULATINS LEVELS I - IV	✓	XXXXX
SCHEDULES MC, MD - PART A COST ACCUMULATINS LEVELS I - IV (PSYCH. HOSP.)		N / A
SCHEDULE OES - OVERHEAD EXPENSE SUMMARY - PART B	✓	
SCHEDULE UR1 TO UR9 - UNREGULATED SERVICES	✓	
SCHEDULE URS - UNREGULATED SERVICES SUMMARY	✓	
SCHEDULE ACS - ANNUAL COST SURVEY	✓	
SCHEDULE TRE - TRANSACTIONS WITH RELATED ENTITIES	✓	
SCHEDULE RAT - REPORTING OF REGULATORY ADJUSTMENTS FOR TPR HOSPITALS		N / A
SCHEDULE D21A - OUTPATIENT SURGERY PROCEDURE BASED		N / A
SCHEDULE SB - SUPPLEMENTAL BIRTHS	✓	
SCHEDULE AHA-R - RECONCILIATION OF FINANCIAL STATEMENTS TO AHA SUBMISSION		N / A
SCHEDULE SBCI, SBCII - STANDBY COSTS - TRAUMA PHYSICIANS		N / A
SCHEDULE MTC - MIEMMS TRAUMA COST		N / A

I HEREBY CERTIFY THAT I HAVE REVIEWED THIS LIST OF ANNUAL REPORT SCHEDULES AND AM SUBMITTING ALL SCHEDULES APPLICABLE TO CARROLL HOSPITAL

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**INPATIENTS AND PATIENT DAYS**

**V1**

INSTITUTION NAME: Carroll Hospital

FISCAL YEAR

6/30/2019

INSTITUTION NUMBER: 210033

			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6
REPORTING SCHEDULE		CENTER	ADMISSIONS	PATIENT DAYS	INTRA HOSPITAL TRANSFERS IN	LENGTH OF STAY	AVERAGE LICENSED BEDS	% OCCUPANCY
			RECORDS	RECORDS	RECORDS	COL 2 / (COL 1 + COL 3)	RECORDS	COL 2 / COL 5 * 365
D01	MSG	Med/Surg Acute	5,151	18,233	81	3.5	49	1.019
D02	PED	Pediatric Acute	108	314	3	2.8	7	0.123
D03	PSY	Psychiatric Acute	602	3,873	0	6.4	20	0.531
D04	OBS	Obstetrics Acute	1,057	2,675	0	2.5	20	0.366
D05	DEF	Definitive Observation	3,117	14,238	22	4.5	45	0.867
D06	MIS	Med/Surg Intensive Care	578	2,319	6	4.0	12	0.529
D07	CCU	Coronary Care	0	0	0	0.0	0	0.000
D08	PIC	Pediatric Intensive Care	0	0	0	0.0	0	0.000
D09	NEO	Neonatal Intensive Care	0	0	0	0.0	0	0.000
D10	BUR	Burn Care	0	0	0	0.0	0	0.000
D11	PSI	Psychiatric Intensive Care	0	0	0	0.0	0	0.000
D12	TRM	Shock Trauma	0	0	0	0.0	0	0.000
D13	ONC	Oncology	0	0	0	0.0	0	0.000
D16	ECF	Skilled Nursing Care	0	0	0	0.0	0	0.000
D17	CRH	Chronic Care	0	0	0	0.0	0	0.000
D52	ADD	Adolescent Dual Diagnosed	0	0	0	0.0	0	0.000
D54	RHB	Rehabilitation	0	0	0	0.0	0	0.000
D70	PAD	Psychiatric Adult	0	0	0	0.0	0	0.000
D71	PCD	Psychiatric Child/Adolescent	0	0	0	0.0	0	0.000
D73	PSG	Psychiatric Geriatric	0	0	0	0.0	0	0.000
D82	PSD	Pediatric Step-Down	0	0	0	0.0	0	0.000
SUBTOTAL			10,613	41,652	112	3.9	153	0.746
D14	NUR	Newborn Nursery	1,036	2,950	0	2.8	0	
D15	PRE	Premature Nursery	0	0	0	0.0	0	
TOTAL			11,649	44,602	112	3.8	153	0.799

OUTPATIENT VISITS

V2

INSTITUTION NAME: Carroll Hospital

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210033

			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6
REPORTING SCHEDULE		CENTER	INPATIENT VISITS	OUTPATIENT VISITS	TOTAL VISITS	INPATIENT RVUS	OUTPATIENT RVUS	TOTAL RVUS
			RECORDS	RECORDS	COL 1 + COL 2	RECORDS	RECORDS	COL 4 + COL 5
D18	EMG	Emergency Services	8,258	38,544	46,802	125,770	381,379	507,149
D19	CL	Clinical Services	55	18,140	18,195	586	81,708	82,294
D20	PDC	Psych. Day & Night Care	0	2,933	2,933			
D22	SDS	Same Day Surgery	0	4,120	4,120			
D50	FSE	Free Standing Emergency	0	0	0			
D55	OBV	Observation	1,402	3,042	4,444	10,077	59,691	69,768
D58	OCL	Oncology O/P Clinic	0	0	0	0	0	0
D83	CL-340	340B Clinic Services				0	0	0
	TOTAL		9,715	66,779	76,494	136,433	522,778	659,211

ANCILLARY SERVICE UNITS

V3

INSTITUTION NAME: Carroll Hospital FISCAL YEAR 6/30/2019  
 INSTITUTION NUMBER: 210033

REPORTING SCHEDULE		CENTER	UNIT OF MEASURE	INPATIENT VOLUME	OUTPATIENT VOLUME	TOTAL VOLUME
				RECORDS	RECORDS	COL 1 + COL 2
D23	DEL	Labor & Delivery Services	MD RVUs	33,313	6,016	39,329
D24	OR	Operating Room	Minutes	259,556	270,830	530,386
D24A	ORC	Operating Room Clinic	Minutes	3,690	146,295	149,985
D25	ANS	Anesthesiology	Minutes	0	0	0
D28	LAB	Laboratory Services	MD RVUs	4,277,818	3,266,668	7,544,486
D30	EKG	Electrocardiography	1974 California RV	225,474	203,375	428,849
D31	IRC	Interventional Radiology / Cardiovascular	MD RVUs	41,439	30,717	72,156
D32	RAD	Radiology-Diagnostic	HSCRC RVUs	147,491	289,819	437,310
D33	CAT	CT Scanner	HSCRC RVUs	342,516	677,756	1,020,272
D34	RAT	Radiology-Therapeutic	MD RVUs	6,124	0	6,124
D35	NUC	Nuclear Medicine	HSCRC RVUs	52,178	83,379	135,557
D36	RES	Respiratory Therapy	MD RVUs	2,521,057	249,231	2,770,288
D37	PUL	Pulmonary Function Testing	MD RVUs	0	0	0
D38	EEG	Electroencephalography	1974 California RV	18,786	82,817	101,603
D39	PTH	Physical Therapy	MD RVUs	176,829	38,507	215,336
D40	OTH	Occupational Therapy	MD RVUs	102,399	9,933	112,332
D41	STH	Speech Language Pathology	MD RVUs	32,411	14,864	47,275
D42	REC	Recreational Therapy	Treatments	0	0	0
D43	AUD	Audiology	MD RVUs	0	0	0
D44	OPM	Other Physical Medicine	Treatments	0	0	0
D45	RDL	Renal Dialysis	Treatments	581	3	584
D46	OA	Organ Acquisition	Treatments	0	0	0
D48	LEU	Leukopheresis	JHU RVUs	0	0	0
D49	HYP	Hyperbaric Chamber	Hours of Treatment	0	544	544
D51	MRI	Magnetic Resonance Imaging	HSCRC RVUs	97,529	63,696	161,225
D53	LIT	Lithotripsy	# of Procedures	0	0	0
D56	AMR	Ambulance Services-Rebundled	HSCRC RVUs	0	0	0
D77	PST	Psychological Testing	Hours	0	0	0
D80	ETH	Electroconvulsive Therapy	Treatments	0	0	0
D84	RAT-340	340B Radiology - Therapeutic	MD RVUs	0	0	0
D85	ORC-340	340B OR Clinic Services	Minutes	0	0	0
D86	LAB-340	340B Laboratory Services	MD RVUs	0	0	0
D87	CDS-340	340B Drugs	EIPA	0	0	0

**EQUIVALENT INPATIENT DAYS AND ADMISSIONS**

**V5**

INSTITUTION NAME:          Carroll Hospital                                  FISCAL YEAR                  6/30/2019  
 INSTITUTION NUMBER:    210033

<b>EQUIVALENT INPATIENT DAYS (EIPDs)</b>	SOURCE	FISCAL YEAR
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INPATIENT DATA - BASE YEAR		COL. 1	COL. 2
A	GROSS INPATIENT REVENUE	RECORDS, BUDGET	147,190.2
B	INPATIENT GRANT REVENUE	RECORDS, BUDGET	0.0
C	TOTAL INPATIENT REVENUE *	A + B	147,190.2
D	TOTAL INPATIENT DAYS (IPDs) (EXCLUDING NURSERY)	SCHD V 1 D	41,652
E	INPATIENT UNIT REVENUE	C / D	3.53381
F	GROSS OUTPATIENT REVENUE	RECORDS, BUDGET	86,713.8
G	OUTPATIENT GRANT REVENUE	RECORDS, BUDGET	0.0
H	TOTAL OUTPATIENT REVENUE *	F + G	86,713.8
I	TOTAL OUTPATIENT VISITS	SCH V 2 B	72,374
J	OUTPATIENT UNIT REVENUE	H / I	1.19813
K	INPATIENT - OUTPATIENT UNIT REVENUE RATIO	E / J	2.94944
L	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / K	24,538
M	EQUIVALENT INPATIENT DAYS (EIPDs)	D + L	66,190

<b>EQUIVALENT INPATIENT ADMISSIONS (EIPAs)</b>	SOURCE	FISCAL YEAR
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N	TOTAL INPATIENT ADMISSIONS	SCH V 1 D	10,613
O	INPATIENT UNIT REVENUE	C / N	13.86886
P	OUTPATIENT UNIT REVENUE	H / I	1.19813
Q	INPATIENT - OUTPATIENT UNIT REVENUE RATIO	O / P	11.57542
R	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / Q	6,252
S	EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	N + R	16,865

**UNASSIGNED EXPENSES**

**UA**

INSTITUTION NAME: Carroll Hospital

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210033

	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	COL. 9	COL. 10
SOURCE	MALPRACTICE INSURANCE	OTHER INSURANCE	MEDICAL CARE REVIEW	SUB-TOTAL	DEPRECIATION & AMORTIZATIO	LEASES & RENTALS	LICENSES & TAXES	INTEREST SHORT TERM	INTEREST LONG TERM	TOTAL EXPENSES

**FISCAL YEAR DATA**

**MAL                  OIN                  MCR                  DEP                  LEA                  LIC                  IST                  ILT**

A	BASE YEAR EXPENSES	RECORDS	4,026.5	149.5	1,042.3	5,218.3	15,615.5	3,029.6	0.0	0.0	8,128.6	31,992.0	A
B	ALLOC. TO AUX. ENTERPRISES & UNREGULATED SERVICES	RECORDS	0.0	0.0	0.0	0.0	(2,158.4)	0.0	0.0	0.0	(875.0)	(3,033.4)	B
C	FISCAL YEAR EXP. - ADJUSTED	A + B	4,026.5	149.5	1,042.3	5,218.3	13,457.1	3,029.6	0.0	0.0	7,253.6	28,958.6	C

HOSPITAL BASED PHYSICIANS

P1 A

INSTITUTION NAME: Carroll Hospital FISCAL YEAR 6/30/2019  
 INSTITUTION NUMBER: 210033

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	
COST CENTER	CODE	Research	Chief of Medical Staff	Medical Care Review	Administration & Supervision	Part B Services	EDUCATION	TOTAL	
A1	Medical Staff Administration	MSA	0.0	0.0	0.0	0.0	0.0	0.0	A1
A2	Med/Surg Acute	MSG	0.0	0.0	0.0	20.9	0.0	20.9	A2
A3	Pediatric Acute	PED	0.0	0.0	0.0	0.0	0.0	0.0	A3
A4	Psychiatric Acute	PSY	0.0	0.0	0.0	0.0	0.0	0.0	A4
A5	Obstetrics Acute	OBS	0.0	0.0	0.0	4.5	0.0	4.5	A5
A6	Definitive Observation	DEF	0.0	0.0	0.0	49.9	0.0	49.9	A6
A7	Med/Surg Intensive Care	MIS	0.0	0.0	0.0	49.9	0.0	49.9	A7
A8	Coronary Care	CCU	0.0	0.0	0.0	0.0	0.0	0.0	A8
A9	Pediatric Intensive Care	PIC	0.0	0.0	0.0	0.0	0.0	0.0	A9
A10	Neonatal Intensive Care	NEO	0.0	0.0	0.0	0.0	0.0	0.0	A10
A11	Burn Care	BUR	0.0	0.0	0.0	0.0	0.0	0.0	A11
A12	Psychiatric Intensive Care	PSI	0.0	0.0	0.0	0.0	0.0	0.0	A12
A13	Shock Trauma	TRM	0.0	0.0	0.0	0.0	0.0	0.0	A13
A14	Oncology	ONC	0.0	0.0	0.0	0.0	0.0	0.0	A14
A15	Newborn Nursery	NUR	0.0	0.0	0.0	0.0	0.0	0.0	A15
A16	Premature Nursery	PRE	0.0	0.0	0.0	0.0	0.0	0.0	A16
A17	Chronic Care	CRH	0.0	0.0	0.0	0.0	0.0	0.0	A17
A18	Emergency Services	EMG	0.0	0.0	0.0	1,466.9	0.0	1,466.9	A18
A19	Clinical Services	CL	0.0	0.0	0.0	70.3	0.0	70.3	A19
A20	Psych. Day & Night Care	PDC	0.0	0.0	0.0	0.0	0.0	0.0	A20
A21	Ambulatory Surgery (PBP)	AMS	0.0	0.0	0.0	0.0	0.0	0.0	A21
A22	Same Day Surgery	SDS	0.0	0.0	0.0	0.0	0.0	0.0	A22
A23	Labor & Delivery Services	DEL	0.0	0.0	0.0	0.0	0.0	0.0	A23
A24	Operating Room	OR	0.0	0.0	0.0	0.0	0.0	0.0	A24
A25	Operating Room Clinic	ORC	0.0	0.0	0.0	0.0	0.0	0.0	A25
A26	Anesthesiology	ANS	0.0	0.0	0.0	0.0	0.0	0.0	A26
A27	Laboratory Services	LAB	0.0	0.0	0.0	0.0	0.0	0.0	A27
A28	Electrocardiography	EKG	0.0	0.0	0.0	0.0	0.0	0.0	A28
A29	Interventional Radiology / Cardiovascular	IRC	0.0	0.0	0.0	0.0	0.0	0.0	A29
A30	Radiology-Diagnostic	RAD	0.0	0.0	0.0	0.0	0.0	0.0	A30
A31	CT Scanner	CAT	0.0	0.0	0.0	0.0	0.0	0.0	A31
A32	Radiology-Therapeutic	RAT	0.0	0.0	0.0	0.0	0.0	0.0	A32
A33	Nuclear Medicine	NUC	0.0	0.0	0.0	0.0	0.0	0.0	A33
A34	Respiratory Therapy	RES	0.0	0.0	0.0	0.0	0.0	0.0	A34



HOSPITAL BASED PHYSICIANS

P1 B

INSTITUTION NAME: Carroll Hospital FISCAL YEAR 6/30/2019  
 INSTITUTION NUMBER: 210033

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	
COST CENTER	CODE	Research	Chief of Medical Staff	Medical Care Review	Administration & Supervision	Part B Services	EDUCATION	TOTAL	
A35	Pulmonary Function Testing	PUL	0.0	0.0	0.0	0.0	0.0	0.0	A35
A36	Electroencephalography	EEG	0.0	0.0	0.0	49.8	0.0	49.8	A36
A37	Physical Therapy	PTH	0.0	0.0	0.0	0.0	0.0	0.0	A37
A38	Occupational Therapy	OTH	0.0	0.0	0.0	0.0	0.0	0.0	A38
A39	Speech Language Pathology	STH	0.0	0.0	0.0	0.0	0.0	0.0	A39
A40	Recreational Therapy	REC	0.0	0.0	0.0	0.0	0.0	0.0	A40
A41	Audiology	AUD	0.0	0.0	0.0	0.0	0.0	0.0	A41
A42	Other Physical Medicine	OPM	0.0	0.0	0.0	0.0	0.0	0.0	A42
A43	Renal Dialysis	RDL	0.0	0.0	0.0	0.0	0.0	0.0	A43
A44	Organ Acquisition	OA	0.0	0.0	0.0	0.0	0.0	0.0	A44
A45	Ambulatory Surgery	AOR	0.0	0.0	0.0	0.0	0.0	0.0	A45
A46	Leukopheresis	LEU	0.0	0.0	0.0	0.0	0.0	0.0	A46
A47	Hyperbaric Chamber	HYP	0.0	0.0	0.0	0.0	0.0	0.0	A47
A48	Free Standing Emergency	FSE	0.0	0.0	0.0	0.0	0.0	0.0	A48
A49	Magnetic Resonance Imaging	MRI	0.0	0.0	0.0	0.0	0.0	0.0	A49
A50	Adolescent Dual Diagnosed	ADD	0.0	0.0	0.0	0.0	0.0	0.0	A50
A51	Lithotripsy	LIT	0.0	0.0	0.0	0.0	0.0	0.0	A51
A52	Rehabilitation	RHB	0.0	0.0	0.0	0.0	0.0	0.0	A52
A53	Observation	OBV	0.0	0.0	0.0	0.0	0.0	0.0	A53
A54	Transurethral Microwave Thermotherapy	TMT	0.0	0.0	0.0	0.0	0.0	0.0	A54
A55	Oncology O/P Clinic	OCL	0.0	0.0	0.0	0.0	0.0	0.0	A55
A56	Transurethral Needle Ablation	TNA	0.0	0.0	0.0	0.0	0.0	0.0	A56
A57	Psychiatric Adult	PAD	0.0	0.0	0.0	0.0	0.0	0.0	A57
A58	Psychiatric Child/Adolescent	PCD	0.0	0.0	0.0	0.0	0.0	0.0	A58
A59	Psychiatric Geriatric	PSG	0.0	0.0	0.0	0.0	0.0	0.0	A59
A60	Individual Therapies	ITH	0.0	0.0	0.0	0.0	0.0	0.0	A60
A61	Group Therapies	GTH	0.0	0.0	0.0	0.0	0.0	0.0	A61
A62	Family Therapies	FTH	0.0	0.0	0.0	0.0	0.0	0.0	A62
A63	Psychological Testing	PST	0.0	0.0	0.0	0.0	0.0	0.0	A63
A64	Education	PSE	0.0	0.0	0.0	0.0	0.0	0.0	A64
A65	Other Therapies	OPT	0.0	0.0	0.0	0.0	0.0	0.0	A65
A66	Electroconvulsive Therapy	ETH	0.0	0.0	0.0	0.0	0.0	0.0	A66
A67	Activity Therapies	ATH	0.0	0.0	0.0	0.0	0.0	0.0	A67
A68	Pediatric Step-Down	PSD	0.0	0.0	0.0	0.0	0.0	0.0	A68
A69	340B Clinic Services	CL-340	0.0	0.0	0.0	0.0	0.0	0.0	A69
A70	340B Radiology - Therapeutic	RAT-340	0.0	0.0	0.0	0.0	0.0	0.0	A70
A71	340B OR Clinic Services	ORC-340	0.0	0.0	0.0	0.0	0.0	0.0	A71
A72	340B Laboratory Services	LAB-340	0.0	0.0	0.0	0.0	0.0	0.0	A72
A73	340B Drugs	CDS-340	0.0	0.0	0.0	0.0	0.0	0.0	A73
A74	Post Graduate Medical Ed	PME						0.0	A74

B	TOTALS	////////	0.0	0.0	0.0	1,712.1	0.0	0.0	1,712.1	B
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Reporting Schedule

C	Cost Center Schedule	////	F01	C 13	UA	D1 - D80	P2A - P2G	P4A - P4G	////	C
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**AUXILIARY ENTERPRISES**

**DPO**

**E03**

INSTITUTION NAME: Carroll Hospital FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210033

	VOLUME DATA	FISCAL YEAR UNITS
A	Sq Feet	0

COL. 1                      COL. 2                      COL. 3                      COL. 4

**Doctor's Private Office Rent**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	101.4	502.6	604.0	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	1.1	XXXXX	1.1	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////////	XXXXX	XXXXX	XXXXX	///
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	102.5	502.6	605.1	0.00000	G

**FISCAL YEAR PROFIT (LOSS)**

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(605.1)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	(605.1)	XXXXX	K

**FTE DATA**

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	0.9	S
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**AUXILIARY ENTERPRISES**

OOR

E04

INSTITUTION NAME: Carroll Hospital FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210033

	VOLUME DATA	FISCAL YEAR UNITS
A	Sq Feet	0

COL. 1                      COL. 2                      COL. 3                      COL. 4

**Office & Other Rental**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	0.0	199.4	199.4	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	///////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	///////	XXXXX	XXXXX	XXXXX	///
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	0.0	199.4	199.4	0.00000	G

**FISCAL YEAR PROFIT (LOSS)**

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(199.4)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	(199.4)	XXXXX	K

**FTE DATA**

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	0.0	S
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**AUXILIARY ENTERPRISES**

PTE

E06

INSTITUTION NAME: Carroll Hospital FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210033

	VOLUME DATA	FISCAL YEAR UNITS
A	# of Spaces	215

COL. 1                      COL. 2                      COL. 3                      COL. 4

**Patients Telephones**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	0.0	0.9	0.9	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	///////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	///////	XXXXX	XXXXX	XXXXX	///
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	0.0	0.9	0.9	0.00419	G

**FISCAL YEAR PROFIT (LOSS)**

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(0.9)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	(0.9)	XXXXX	K

**FTE DATA**

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	0.0				S
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**AUXILIARY ENTERPRISES**

CAF

E07

INSTITUTION NAME: Carroll Hospital FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210033

	VOLUME DATA	FISCAL YEAR UNITS
A	Eq. Meals Serve	264,749

COL. 1                      COL. 2                      COL. 3                      COL. 4

**Cafeteria**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	1,131.9	923.0	2,054.9	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	XXXXX	XXXXX	XXXXX	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	///////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	///////	XXXXX	XXXXX	XXXXX	///
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	1,131.9	923.0	2,054.9	0.00776	G

**FISCAL YEAR PROFIT (LOSS)**

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	836.5	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(1,218.4)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	(1,218.4)	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	0.0	XXXXX	K

**FTE DATA**

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	21.8				S
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**OTHER INSTITUTIONAL PROGRAMS**

REG

F01

INSTITUTION NAME: Carroll Hospital

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210033

	VOLUME DATA	FISCAL YEAR UNITS
A	# of Projects	0

COL. 1                      COL. 2                      COL. 3                      COL. 4

**Research**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	0.0	23.6	23.6	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////	XXXXX	XXXXX	XXXXX	
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	FISCAL YEAR ADJUSTED EXPENSES	B+C+D	0.0	23.6	23.6	0.00000	F

**FISCAL YEAR PROFIT (LOSS)**

G	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	G
H	PROFIT (LOSS)	F - E	XXXXX	XXXXX	(23.6)	XXXXX	H

**FTE DATA**

I	FISCAL YEAR HOURS WORKED/2080	RECORDS	0.0				I
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**OTHER INSTITUTIONAL PROGRAMS**

CHE

F04

INSTITUTION NAME: Carroll Hospital

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210033

	VOLUME DATA	FISCAL YEAR UNITS
A	# of Participants	0

COL. 1                      COL. 2                      COL. 3                      COL. 4

**Community Health Education**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	24.8	12.6	37.4	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	1.0	XXXX	1.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////	XXXXX	XXXX	XXXXX	
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	FISCAL YEAR ADJUSTED EXPENSES	B+C+D	25.8	12.6	38.4	0.00000	F

**FISCAL YEAR PROFIT (LOSS)**

G	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	G
H	PROFIT (LOSS)	F - E	XXXXX	XXXXX	(38.4)	XXXXX	H

**FTE DATA**

I	FISCAL YEAR HOURS WORKED/2080	RECORDS	0.9				I
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ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: Carroll Hospital  
 INSTITUTION NUMBER: 210033  
 FISCAL YEAR: 6/30/2019

Allocation of Cafeteria / Parking Expense

		COL. 1	COL. 2
<b>LOSS PER FTE</b>		SOURCE	TOTAL EXPENSES
A	GAIN (LOSS) TO BE ALLOCATED AS FRINGE	SCH. E2,E7,E8, E9	1,218.4
B	NUMBER OF FTE'S	RECORDS	1,032.9
B1	LOSS PER FTE	A / B	1.17957

Allocation of Data Processing

		COL. 1	COL. 2	COL. 3	COL. 4
		SOURCE	WAGES, SALARIES, & BENEFITS	OTHER EXPENSES	TOTAL EXPENSES
C01	FISCAL YEAR EXPENSES	RECORDS	3,107.1	3,930.6	7,037.7
2	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0
3	FISCAL YEAR ADJUSTED EXPENSES	C1 + C2	3,107.1	3,930.6	7,037.7

					CAFETERIA, PARKING, ETC								DATA PROCESSING				
					COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7			COL. 8			
///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x D1	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION			TOTAL ALLOCATED EXPENSE			
1	DIETARY SERVICES	C01	C01	DTY	14.0	\$ 16.6	0.0	0.00%	\$ -	\$ -	\$ -	-	-	16.6			
2	LAUNDRY & LINEN	C02	C02	LL	1.5	1.8	0.0	0.00%	-	-	-	-	-	1.8			
3	SOCIAL SERVICES	C03	C03	SSS	3.2	3.7	0.0	0.00%	-	-	-	-	-	3.7			
4	PURCHASING & STORES	C04	C04	PUR	20.7	24.4	0.7	3.00%	93.2	117.9	211.1	-	-	235.6			
5	PLANT OPERATIONS	C05	C05	POP	45.4	53.6	0.0	0.00%	-	-	-	-	-	53.6			
6	HOUSEKEEPING	C06	C06	HKP	33.9	40.0	0.0	0.00%	-	-	-	-	-	40.0			
7	CENTRAL SERVICES & SUPPLY	C07	C07	CSS	8.0	9.4	0.0	0.00%	-	-	-	-	-	9.4			
8	PHARMACY	C08	C08	PHM	32.4	38.2	1.0	3.44%	124.3	117.9	242.2	-	-	280.4			
9	GENERAL ACCOUNTING	C09	C09	FIS	9.6	11.3	1.0	4.00%	124.3	157.2	281.5	-	-	292.8			
10	PATIENT ACCOUNTS	C10	C10	PAC	64.1	75.6	1.2	5.00%	155.4	196.5	351.9	-	-	427.5			
11	HOSPITAL ADMINISTRATION	C11	C11	MGT	93.2	110.0	1.1	4.50%	139.8	176.9	316.7	-	-	426.7			
12	MEDICAL RECORDS	C12	C12	MRD	14.2	16.7	1.1	4.50%	139.8	176.9	316.7	-	-	333.4			
13	MEDICAL STAFF ADMINISTRATION	C13	C13	MSA	4.9	5.8	1.1	4.35%	135.2	171.0	306.2	-	-	312.0			
14	NURSING ADMINISTRATION	C14	C14	NAD	23.6	27.9	0.7	3.00%	93.2	117.9	211.1	-	-	239.0			
15	ORGAN ACQUISITION OVERHEAD	C15	C15	OAO	0.0	0.0	0.0	0.00%	-	-	-	-	-	-			
16	MED/SURG ACUTE	D01	D01	MSG	142.8	168.5	0.7	3.00%	93.2	117.9	211.1	-	-	379.6			
17	PEDIATRIC ACUTE	D02	D02	PED	3.5	4.1	0.0	0.00%	-	-	-	-	-	4.1			
18	PSYCHIATRIC ACUTE	D03	D03	PSY	28.2	33.2	0.7	3.00%	93.2	117.9	211.1	-	-	244.3			
19	OBSTETRICS ACUTE	D04	D04	OBS	9.8	11.5	1.0	3.44%	124.3	117.9	242.2	-	-	253.7			
20	DEFINITIVE OBSERVATION	D05	D05	DEF	76.7	90.4	0.7	3.00%	93.2	117.9	211.1	-	-	301.6			
21	MED/SURG INTENSIVE CARE	D06	D06	MIS	30.8	36.3	0.7	3.00%	93.2	117.9	211.1	-	-	247.4			
22	CORONARY CARE	D07	D07	CCU	0.0	0.0	0.0	0.00%	-	-	-	-	-	-			
23	PEDIATRIC INTENSIVE CARE	D08	D08	PIC	0.0	0.0	0.0	0.00%	-	-	-	-	-	-			
24	NEONATAL INTENSIVE CARE	D09	D09	NEO	0.0	0.0	0.0	0.00%	-	-	-	-	-	-			
25	BURN CARE	D10	D10	BUR	0.0	0.0	0.0	0.00%	-	-	-	-	-	-			
26	PSYCHIATRIC INTENSIVE CARE	D11	D11	PSI	0.0	0.0	0.0	0.00%	-	-	-	-	-	-			
27	SHOCK TRAUMA	D12	D12	TRM	0.0	0.0	0.0	0.00%	-	-	-	-	-	-			
28	ONCOLOGY	D13	D13	ONC	0.0	0.0	0.0	0.00%	-	-	-	-	-	-			
29	NEWBORN NURSERY	D14	D14	NUR	10.1	11.9	1.0	3.44%	124.3	117.9	242.2	-	-	254.1			

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP B

INSTITUTION NAME: Carroll Hospital  
 INSTITUTION NUMBER: 210033  
 FISCAL YEAR: 6/30/2019

COL. 1      COL. 2      COL. 3      COL. 4      COL. 5      COL. 6      COL. 7      COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
30	PREMATURE NURSERY	D15	D15	PRE	0.0	0.0	0.0	0.00%	0	0	0	-
31	CHRONIC CARE	D17	D17	CRH	0.0	0.0	0.0	0.00%	0	0	0	-
32	EMERGENCY SERVICES	D18	D18	EMG	69.2	81.6	0.7	3.00%	93	118	211	292.8
33	CLINICAL SERVICES	D19	D19	CL	15.6	18.4	0.7	2.44%	93	79	172	190.3
34	PSYCH. DAY & NIGHT CARE	D20	D20	PDC	7.6	9.0	0.7	2.72%	93	98	191	200.5
35	AMBULATORY SURGERY (PBP)	D21	D21	AMS	0.0	0.0	0.0	0.00%	0	0	0	-
36	SAME DAY SURGERY	D22	D22	SDS	13.1	15.5	0.7	3.00%	93	118	211	226.6
37	LABOR & DELIVERY SERVICES	D23	D23	DEL	25.7	30.3	0.7	3.00%	93	118	211	241.4
38	OPERATING ROOM	D24	D24	OR	47.9	56.5	0.7	3.00%	93	118	211	267.6
39	OPERATING ROOM CLINIC	D24a	D24a	ORC	5.7	6.8	0.7	3.00%	93	118	211	217.9
40	ANESTHESIOLOGY	D25	D25	ANS	0.0	0.0	0.0	0.00%	0	0	0	-
41	LABORATORY SERVICES	D28	D28	LAB	59.8	70.6	0.7	3.00%	93	118	211	281.7
42	ELECTROCARDIOGRAPHY	D30	D30	EKG	5.2	6.2	0.7	3.00%	93	118	211	217.3
43	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	D31	IRC	12.3	14.5	0.7	3.00%	93	118	211	225.6
44	RADIOLOGY-DIAGNOSTIC	D32	D32	RAD	28.8	33.9	0.7	3.00%	93	118	211	245.1
45	CT SCANNER	D33	D33	CAT	11.9	14.0	0.7	3.00%	93	118	211	225.2
46	RADIOLOGY-THERAPEUTIC	D34	D34	RAT	0.0	0.0	0.0	0.00%	0	0	0	-
47	NUCLEAR MEDICINE	D35	D35	NUC	3.7	4.3	0.7	3.00%	93	118	211	215.5
48	RESPIRATORY THERAPY	D36	D36	RES	21.5	25.4	0.7	3.00%	93	118	211	236.5
49	PULMONARY FUNCTION TESTING	D37	D37	PUL	0.0	0.0	0.0	0.00%	0	0	0	-
50	ELECTROENCEPHALOGRAPHY	D38	D38	EEG	1.1	1.2	0.0	0.00%	0	0	0	1.2
51	PHYSICAL THERAPY	D39	D39	PTH	0.1	0.1	0.0	1.12%	0	79	79	78.7
52	OCCUPATIONAL THERAPY	D40	D40	OTH	3.4	4.1	0.7	3.00%	93	118	211	215.2
53	SPEECH LANGUAGE PATHOLOGY	D41	D41	STH	0.0	0.0	0.0	0.00%	0	0	0	-
54	RECREATIONAL THERAPY	D42	D42	REC	0.0	0.0	0.0	0.00%	0	0	0	-
55	AUDIOLOGY	D43	D43	AUD	0.0	0.0	0.0	0.00%	0	0	0	-
56	OTHER PHYSICAL MEDICINE	D44	D44	OPM	0.0	0.0	0.0	0.00%	0	0	0	-
57	RENAL DIALYSIS	D45	D45	RDL	0.0	0.0	0.0	0.00%	0	0	0	-
58	ORGAN ACQUISITION	D46	D46	OA	0.0	0.0	0.0	0.00%	0	0	0	-
59	AMBULATORY SURGERY	D47	D47	AOR	0.0	0.0	0.0	0.00%	0	0	0	-
60	LEUKOPHERESIS	D48	D48	LEU	0.0	0.0	0.0	0.00%	0	0	0	-
61	HYPERBARIC CHAMBER	D49	D49	HYP	0.9	1.1	0.0	0.00%	0	0	0	1.1

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP C

INSTITUTION NAME: Carroll Hospital  
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COL. 1      COL. 2      COL. 3      COL. 4      COL. 5      COL. 6      COL. 7      COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
62	FREE STANDING EMERGENCY	D50	D50	FSE	0.0	0.0	0.0	0.00%	0	0	0	-
63	MAGNETIC RESONANCE IMAGING	D51	D51	MRI	0.0	0.0	0.0	1.40%	0	98	98	98.3
64	ADOLESCENT DUAL DIAGNOSED	D52	D52	ADD	0.0	0.0	0.0	0.00%	0	0	0	-
65	LITHOTRIPSY	D53	D53	LIT	0.0	0.0	0.0	0.00%	0	0	0	-
66	REHABILITATION	D54	D54	RHB	0.0	0.0	0.0	0.00%	0	0	0	-
67	OBSERVATION	D55	D55	OBV	27.0	31.8	0.6	2.65%	82	104	186	218.3
68	AMBULANCE SERVICES-REBUNDLED	D56	D56	AMR	0.0	0.0	0.0	0.00%	0	0	0	-
69	TRANSURETHAL MICROWAVE THERMOTHERAPY	D57	D57	TMT	0.0	0.0	0.0	0.00%	0	0	0	-
70	ONCOLOGY O/P CLINIC	D58	D58	OCL	0.0	0.0	0.0	0.00%	0	0	0	-
71	TRANSURETHAL NEEDLE ABLATION	D59	D59	TNA	0.0	0.0	0.0	0.00%	0	0	0	-
72	PSYCHIATRIC ADULT	D70	D70	PAD	0.0	0.0	0.0	0.00%	0	0	0	-
73	PSYCHIATRIC CHILD/ADOLESCENT	D71	D71	PCD	0.0	0.0	0.0	0.00%	0	0	0	-
74	PSYCHIATRIC GERIATRIC	D73	D73	PSG	0.0	0.0	0.0	0.00%	0	0	0	-
75	INDIVIDUAL THERAPIES	D74	D74	ITH	0.0	0.0	0.0	0.00%	0	0	0	-
76	GROUP THERAPIES	D75	D75	GTH	0.0	0.0	0.0	0.00%	0	0	0	-
77	FAMILY THERAPIES	D76	D76	FTH	0.0	0.0	0.0	0.00%	0	0	0	-
78	PSYCHOLOGICAL TESTING	D77	D77	PST	0.0	0.0	0.0	0.00%	0	0	0	-
79	EDUCATION	D78	D78	PSE	0.0	0.0	0.0	0.00%	0	0	0	-
80	OTHER THERAPIES	D79	D79	OPT	0.0	0.0	0.0	0.00%	0	0	0	-
81	ELECTROCONVULSIVE THERAPY	D80	D80	ETH	0.0	0.0	0.0	0.00%	0	0	0	-
82	ACTIVITY THERAPIES	D81	D81	ATH	0.0	0.0	0.0	0.00%	0	0	0	-
83	PEDIATRIC STEP-DOWN	D82	D82	PSD	0.0	0.0	0.0	0.00%	0	0	0	-
84	340B CLINIC SERVICES	D83	D83	CL-340	0.0	0.0	0.0	0.00%	0	0	0	-
85	340B RADIOLOGY - THERAPEUTIC	D84	D84	RAT-340	0.0	0.0	0.0	0.00%	0	0	0	-
86	340B OR CLINIC SERVICES	D85	D85	ORC-340	0.0	0.0	0.0	0.00%	0	0	0	-
87	340B LABORATORY SERVICES	D86	D86	LAB-340	0.0	0.0	0.0	0.00%	0	0	0	-
88	340B DRUGS	D87	D87	CDS-340	0.0	0.0	0.0	0.00%	0	0	0	-
89	AMBULANCE SERVICES	E01	E01	AMB	0.0	0.0						-
90	PARKING	E02	E02	PAR		0.0						-
91	DOCTOR'S PRIVATE OFFICE RENT	E03	E03	DPO	0.9	1.1						1.1
92	OFFICE & OTHER RENTAL	E04	E04	OOR	0.0	0.0						-
93	RETAIL OPERATIONS	E05	E05	REO	0.0	0.0						-
94	PATIENTS TELEPHONES	E06	E06	PTE	0.0	0.0						-
95	RESEARCH	F01	F01	REG	0.0	0.0						-
96	NURSING EDUCATION	F02	F02	RNS	0.0	0.0						-
97	OTHER HEALTH PROFESSION EDUCATION	F03	F03	OHE	0.0	0.0						-
98	COMMUNITY HEALTH EDUCATION	F04	F04	CHE	0.9	1.0						1.0
99	MED/SURG ACUTE	D01	P2A	MSG	0.0	0.0						-
100	PEDIATRIC ACUTE	D02	P2A	PED	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP D

INSTITUTION NAME: Carroll Hospital  
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COL. 1      COL. 2      COL. 3      COL. 4      COL. 5      COL. 6      COL. 7      COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
101	PSYCHIATRIC ACUTE	D03	P2A	PSY	0.0	0.0						-
102	OBSTETRICS ACUTE	D04	P2A	OBS	0.0	0.0						-
103	DEFINITIVE OBSERVATION	D05	P2A	DEF	0.0	0.0						-
104	MED/SURG INTENSIVE CARE	D06	P2A	MIS	0.0	0.0						-
105	CORONARY CARE	D07	P2A	CCU	0.0	0.0						-
106	PEDIATRIC INTENSIVE CARE	D08	P2A	PIC	0.0	0.0						-
107	NEONATAL INTENSIVE CARE	D09	P2A	NEO	0.0	0.0						-
108	BURN CARE	D10	P2A	BUR	0.0	0.0						-
109	PSYCHIATRIC INTENSIVE CARE	D11	P2A	PSI	0.0	0.0						-
110	SHOCK TRAUMA	D12	P2A	TRM	0.0	0.0						-
111	ONCOLOGY	D13	P2A	ONC	0.0	0.0						-
112	NEWBORN NURSERY	D14	P2A	NUR	0.0	0.0						-
113	PREMATURE NURSERY	D15	P2B	PRE	0.0	0.0						-
114	CHRONIC CARE	D17	P2B	CRH	0.0	0.0						-
115	EMERGENCY SERVICES	D18	P2B	EMG	0.0	0.0						-
116	CLINICAL SERVICES	D19	P2B	CL	0.0	0.0						-
117	PSYCH. DAY & NIGHT CARE	D20	P2B	PDC	0.0	0.0						-
118	AMBULATORY SURGERY (PBP)	D21	P2B	AMS	0.0	0.0						-
119	SAME DAY SURGERY	D22	P2B	SDS	0.0	0.0						-
120	LABOR & DELIVERY SERVICES	D23	P2B	DEL	0.0	0.0						-
121	OPERATING ROOM	D24	P2B	OR	0.0	0.0						-
122	OPERATING ROOM CLINIC	D24a	P2B	ORC	0.0	0.0						-
123	ANESTHESIOLOGY	D25	P2B	ANS	0.0	0.0						-
124	LABORATORY SERVICES	D28	P2B	LAB	0.0	0.0						-
125	ELECTROCARDIOGRAPHY	D30	P2B	EKG	0.0	0.0						-
126	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P2B	IRC	0.0	0.0						-
127	RADIOLOGY-DIAGNOSTIC	D32	P2C	RAD	0.0	0.0						-
128	CT SCANNER	D33	P2C	CAT	0.0	0.0						-
129	RADIOLOGY-THERAPEUTIC	D34	P2C	RAT	0.0	0.0						-
130	NUCLEAR MEDICINE	D35	P2C	NUC	0.0	0.0						-
131	RESPIRATORY THERAPY	D36	P2C	RES	0.0	0.0						-

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///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
132	PULMONARY FUNCTION TESTING	D37	P2C	PUL	0.0	0.0						-
133	ELECTROENCEPHALOGRAPHY	D38	P2C	EEG	0.0	0.0						-
134	PHYSICAL THERAPY	D39	P2C	PTH	0.0	0.0						-
135	OCCUPATIONAL THERAPY	D40	P2C	OTH	0.0	0.0						-
136	SPEECH LANGUAGE PATHOLOGY	D41	P2C	STH	0.0	0.0						-
137	RECREATIONAL THERAPY	D42	P2C	REC	0.0	0.0						-
138	AUDIOLOGY	D43	P2C	AUD	0.0	0.0						-
139	OTHER PHYSICAL MEDICINE	D44	P2C	OPM	0.0	0.0						-
140	RENAL DIALYSIS	D45	P2C	RDL	0.0	0.0						-
141	ORGAN ACQUISITION	D46	P2D	OA	0.0	0.0						-
142	AMBULATORY SURGERY	D47	P2D	AOR	0.0	0.0						-
143	LEUKOPHERESIS	D48	P2D	LEU	0.0	0.0						-
144	HYPERBARIC CHAMBER	D49	P2D	HYP	0.0	0.0						-
145	FREE STANDING EMERGENCY	D50	P2D	FSE	0.0	0.0						-
146	MAGNETIC RESONANCE IMAGING	D51	P2D	MRI	0.0	0.0						-
147	ADOLESCENT DUAL DIAGNOSED	D52	P2D	ADD	0.0	0.0						-
148	LITHOTRIPSY	D53	P2D	LIT	0.0	0.0						-
149	REHABILITATION	D54	P2D	RHB	0.0	0.0						-
150	OBSERVATION	D55	P2D	OBV	0.0	0.0						-
151	TRANSURETHAL MICROWAVE THERMOTHERAPY	D57	P2D	TMT	0.0	0.0						-
152	ONCOLOGY O/P CLINIC	D58	P2D	OCL	0.0	0.0						-
153	TRANSURETHAL NEEDLE ABLATION	D59	P2D	TNA	0.0	0.0						-
154	PSYCHIATRIC ADULT	D70	P2D	PAD	0.0	0.0						-
155	PSYCHIATRIC CHILD/ADOLESCENT	D71	P2E	PCD	0.0	0.0						-
156	PSYCHIATRIC GERIATRIC	D73	P2E	PSG	0.0	0.0						-
157	INDIVIDUAL THERAPIES	D74	P2E	ITH	0.0	0.0						-
158	GROUP THERAPIES	D75	P2E	GTH	0.0	0.0						-
159	FAMILY THERAPIES	D76	P2E	FTH	0.0	0.0						-
160	PSYCHOLOGICAL TESTING	D77	P2E	PST	0.0	0.0						-
161	EDUCATION	D78	P2E	PSE	0.0	0.0						-
162	OTHER THERAPIES	D79	P2E	OPT	0.0	0.0						-
163	ELECTROCONVULSIVE THERAPY	D80	P2E	ETH	0.0	0.0						-
164	ACTIVITY THERAPIES	D81	P2E	ATH	0.0	0.0						-
165	PEDIATRIC STEP-DOWN	D82	P2E	PSD	0.0	0.0						-
166	340B CLINIC SERVICES	D83	P2E	CL-340	0.0	0.0						-
167	340B RADIOLOGY - THERAPEUTIC	D84	P2E	RAT-340	0.0	0.0						-
168	340B OR CLINIC SERVICES	D85	P2E	ORC-340	0.0	0.0						-
169	340B LABORATORY SERVICES	D86	P2F	LAB-340	0.0	0.0						-
170	340B DRUGS	D87	P2F	CDS-340	0.0	0.0						-
171	MED/SURG ACUTE	D01	P3	MSG	0.0	0.0						-
172	PEDIATRIC ACUTE	D02	P3	PED	0.0	0.0						-
173	PSYCHIATRIC ACUTE	D03	P3	PSY	0.0	0.0						-
174	OBSTETRICS ACUTE	D04	P3	OBS	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

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COL. 1      COL. 2      COL. 3      COL. 4      COL. 5      COL. 6      COL. 7      COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
175	DEFINITIVE OBSERVATION	D05	P3	DEF	0.0	0.0						-
176	MED/SURG INTENSIVE CARE	D06	P3	MIS	0.0	0.0						-
177	CORONARY CARE	D07	P3	CCU	0.0	0.0						-
178	PEDIATRIC INTENSIVE CARE	D08	P3	PIC	0.0	0.0						-
179	NEONATAL INTENSIVE CARE	D09	P3	NEO	0.0	0.0						-
180	BURN CARE	D10	P3	BUR	0.0	0.0						-
181	PSYCHIATRIC INTENSIVE CARE	D11	P3	PSI	0.0	0.0						-
182	SHOCK TRAUMA	D12	P3	TRM	0.0	0.0						-
183	ONCOLOGY	D13	P3	ONC	0.0	0.0						-
184	NEWBORN NURSERY	D14	P3	NUR	0.0	0.0						-
185	PREMATURE NURSERY	D15	P3	PRE	0.0	0.0						-
186	CHRONIC CARE	D17	P3	CRH	0.0	0.0						-
187	EMERGENCY SERVICES	D18	P3	EMG	0.0	0.0						-
188	CLINICAL SERVICES	D19	P3	CL	0.0	0.0						-
189	PSYCH. DAY & NIGHT CARE	D20	P3	PDC	0.0	0.0						-
190	AMBULATORY SURGERY (PBP)	D21	P3	AMS	0.0	0.0						-
191	SAME DAY SURGERY	D22	P3	SDS	0.0	0.0						-
192	LABOR & DELIVERY SERVICES	D23	P3	DEL	0.0	0.0						-
193	OPERATING ROOM	D24	P3	OR	0.0	0.0						-
194	OPERATING ROOM CLINIC	D24a	P3	ORC	0.0	0.0						-
195	ANESTHESIOLOGY	D25	P3	ANS	0.0	0.0						-
196	LABORATORY SERVICES	D28	P3	LAB	0.0	0.0						-
197	ELECTROCARDIOGRAPHY	D30	P3	EKG	0.0	0.0						-
198	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P3	IRC	0.0	0.0						-
199	RADIOLOGY-DIAGNOSTIC	D32	P3	RAD	0.0	0.0						-
200	CT SCANNER	D33	P3	CAT	0.0	0.0						-
201	RADIOLOGY-THERAPEUTIC	D34	P3	RAT	0.0	0.0						-
202	NUCLEAR MEDICINE	D35	P3	NUC	0.0	0.0						-
203	RESPIRATORY THERAPY	D36	P3	RES	0.0	0.0						-
204	PULMONARY FUNCTION TESTING	D37	P3	PUL	0.0	0.0						-
205	ELECTROENCEPHALOGRAPHY	D38	P3	EEG	0.0	0.0						-
206	PHYSICAL THERAPY	D39	P3	PTH	0.0	0.0						-



ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

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207	OCCUPATIONAL THERAPY	D40	P3	OTH	0.0	0.0						-
208	SPEECH LANGUAGE PATHOLOGY	D41	P3	STH	0.0	0.0						-
209	RECREATIONAL THERAPY	D42	P3	REC	0.0	0.0						-
210	AUDIOLOGY	D43	P3	AUD	0.0	0.0						-
211	OTHER PHYSICAL MEDICINE	D44	P3	OPM	0.0	0.0						-
212	RENAL DIALYSIS	D45	P3	RDL	0.0	0.0						-
213	ORGAN ACQUISITION	D46	P3	OA	0.0	0.0						-
214	AMBULATORY SURGERY	D47	P3	AOR	0.0	0.0						-
215	LEUKOPHERESIS	D48	P3	LEU	0.0	0.0						-
216	HYPERBARIC CHAMBER	D49	P3	HYP	0.0	0.0						-
217	FREE STANDING EMERGENCY	D50	P3	FSE	0.0	0.0						-
218	MAGNETIC RESONANCE IMAGING	D51	P3	MRI	0.0	0.0						-
219	ADOLESCENT DUAL DIAGNOSED	D52	P3	ADD	0.0	0.0						-
220	LITHOTRIPSY	D53	P3	LIT	0.0	0.0						-
221	REHABILITATION	D54	P3	RHB	0.0	0.0						-
222	OBSERVATION	D55	P3	OBV	0.0	0.0						-
223	TRANSURETHAL MICROWAVE THERMOTHERAPY	D57	P3	TMT	0.0	0.0						-
224	ONCOLOGY O/P CLINIC	D58	P3	OCL	0.0	0.0						-
225	TRANSURETHAL NEEDLE ABLATION	D59	P3	TNA	0.0	0.0						-
226	PSYCHIATRIC ADULT	D70	P3	PAD	0.0	0.0						-
227	PSYCHIATRIC CHILD/ADOLESCENT	D71	P3	PCD	0.0	0.0						-
228	PSYCHIATRIC GERIATRIC	D73	P3	PSG	0.0	0.0						-
229	INDIVIDUAL THERAPIES	D74	P3	ITH	0.0	0.0						-
230	GROUP THERAPIES	D75	P3	GTH	0.0	0.0						-
231	FAMILY THERAPIES	D76	P3	FTH	0.0	0.0						-
232	PSYCHOLOGICAL TESTING	D77	P3	PST	0.0	0.0						-
233	EDUCATION	D78	P3	PSE	0.0	0.0						-
234	OTHER THERAPIES	D79	P3	OPT	0.0	0.0						-
235	ELECTROCONVULSIVE THERAPY	D80	P3	ETH	0.0	0.0						-
236	ACTIVITY THERAPIES	D81	P3	ATH	0.0	0.0						-
236	PEDIATRIC STEP-DOWN	D82	P3	PSD	0.0	0.0						-
237	340B CLINIC SERVICES	D83	P3	CL-340	0.0	0.0						-
238	340B RADIOLOGY - THERAPEUTIC	D84	P3	RAT-340	0.0	0.0						-
239	340B OR CLINIC SERVICES	D85	P3	ORC-340	0.0	0.0						-
240	340B LABORATORY SERVICES	D86	P3	LAB-340	0.0	0.0						-
241	340B DRUGS	D87	P3	CDS-340	0.0	0.0						-
242	MED/SURG ACUTE	D01	P4A	MSG	0.0	0.0						-
243	PEDIATRIC ACUTE	D02	P4A	PED	0.0	0.0						-
244	PSYCHIATRIC ACUTE	D03	P4A	PSY	0.0	0.0						-
245	OBSTETRICS ACUTE	D04	P4A	OBS	0.0	0.0						-
246	DEFINITIVE OBSERVATION	D05	P4A	DEF	0.0	0.0						-
247	MED/SURG INTENSIVE CARE	D06	P4A	MIS	0.0	0.0						-
248	CORONARY CARE	D07	P4A	CCU	0.0	0.0						-
249	PEDIATRIC INTENSIVE CARE	D08	P4B	PIC	0.0	0.0						-
250	NEONATAL INTENSIVE CARE	D09	P4B	NEO	0.0	0.0						-
251	BURN CARE	D10	P4B	BUR	0.0	0.0						-
252	PSYCHIATRIC INTENSIVE CARE	D11	P4B	PSI	0.0	0.0						-
253	SHOCK TRAUMA	D12	P4B	TRM	0.0	0.0						-
254	ONCOLOGY	D13	P4B	ONC	0.0	0.0						-
255	NEWBORN NURSERY	D14	P4B	NUR	0.0	0.0						-
256	PREMATURE NURSERY	D15	P4C	PRE	0.0	0.0						-
257	CHRONIC CARE	D17	P4C	CRH	0.0	0.0						-

258	EMERGENCY SERVICES	D18	P4C	EMG	0.0	0.0							-
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ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP H

INSTITUTION NAME: Carroll Hospital  
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///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
259	CLINICAL SERVICES	D19	P4C	CL	0.0	0.0						-
260	PSYCH. DAY & NIGHT CARE	D20	P4C	PDC	0.0	0.0						-
261	AMBULATORY SURGERY (PBP)	D21	P4C	AMS	0.0	0.0						-
262	SAME DAY SURGERY	D22	P4C	SDS	0.0	0.0						-
263	LABOR & DELIVERY SERVICES	D23	P4D	DEL	0.0	0.0						-
264	OPERATING ROOM	D24	P4D	OR	0.0	0.0						-
265	OPERATING ROOM CLINIC	D24a	P4D	ORC	0.0	0.0						-
266	ANESTHESIOLOGY	D25	P4D	ANS	0.0	0.0						-
267	LABORATORY SERVICES	D28	P4D	LAB	0.0	0.0						-
268	ELECTROCARDIOGRAPHY	D30	P4D	EKG	0.0	0.0						-
269	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P4D	IRC	0.0	0.0						-
270	RADIOLOGY-DIAGNOSTIC	D32	P4E	RAD	0.0	0.0						-
271	CT SCANNER	D33	P4E	CAT	0.0	0.0						-
272	RADIOLOGY-THERAPEUTIC	D34	P4E	RAT	0.0	0.0						-
273	NUCLEAR MEDICINE	D35	P4E	NUC	0.0	0.0						-
274	RESPIRATORY THERAPY	D36	P4E	RES	0.0	0.0						-
275	PULMONARY FUNCTION TESTING	D37	P4E	PUL	0.0	0.0						-
276	ELECTROENCEPHALOGRAPHY	D38	P4E	EEG	0.0	0.0						-
277	PHYSICAL THERAPY	D39	P4F	PTH	0.0	0.0						-
278	OCCUPATIONAL THERAPY	D40	P4F	OTH	0.0	0.0						-
279	SPEECH LANGUAGE PATHOLOGY	D41	P4F	STH	0.0	0.0						-
280	RECREATIONAL THERAPY	D42	P4F	REC	0.0	0.0						-
281	AUDIOLOGY	D43	P4F	AUD	0.0	0.0						-
282	OTHER PHYSICAL MEDICINE	D44	P4F	OPM	0.0	0.0						-
283	RENAL DIALYSIS	D45	P4F	RDL	0.0	0.0						-
284	ORGAN ACQUISITION	D46	P4G	OA	0.0	0.0						-
285	AMBULATORY SURGERY	D47	P4G	AOR	0.0	0.0						-
286	LEUKOPHERESIS	D48	P4G	LEU	0.0	0.0						-
287	HYPERBARIC CHAMBER	D49	P4G	HYP	0.0	0.0						-
288	FREE STANDING EMERGENCY	D50	P4G	FSE	0.0	0.0						-
289	MAGNETIC RESONANCE IMAGING	D51	P4G	MRI	0.0	0.0						-
290	ADOLESCENT DUAL DIAGNOSED	D52	P4G	ADD	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP I

INSTITUTION NAME: Carroll Hospital  
 INSTITUTION NUMBER: 210033  
 FISCAL YEAR: 6/30/2019

COL. 1      COL. 2      COL. 3      COL. 4      COL. 5      COL. 6      COL. 7      COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
291	LITHOTRIPSY	D53	P4H	LIT	0.0	0.0						-
292	REHABILITATION	D54	P4H	RHB	0.0	0.0						-
293	OBSERVATION	D55	P4H	OBV	0.0	0.0						-
294	TRANSURETHAL MICROWAVE THERMOTHERAPY	D57	P4H	TMT	0.0	0.0						-
295	ONCOLOGY O/P CLINIC	D58	P4H	OCL	0.0	0.0						-
296	TRANSURETHAL NEEDLE ABLATION	D59	P4H	TNA		0.0						-
297	PSYCHIATRIC ADULT	D70	P4H	PAD	0.0	0.0						-
298	PSYCHIATRIC CHILD/ADOLESCENT	D71	P4I	PCD	0.0	0.0						-
299	PSYCHIATRIC GERIATRIC	D73	P4I	PSG	0.0	0.0						-
300	INDIVIDUAL THERAPIES	D74	P4I	ITH	0.0	0.0						-
301	GROUP THERAPIES	D75	P4I	GTH	0.0	0.0						-
302	FAMILY THERAPIES	D76	P4I	FTH	0.0	0.0						-
303	PSYCHOLOGICAL TESTING	D77	P4I	PST	0.0	0.0						-
304	EDUCATION	D78	P4I	PSE	0.0	0.0						-
305	OTHER THERAPIES	D79	P4J	OPT	0.0	0.0						-
306	ELECTROCONVULSIVE THERAPY	D80	P4J	ETH	0.0	0.0						-
307	ACTIVITY THERAPIES	D81	P4J	ATH	0.0	0.0						-
307	PEDIATRIC STEP-DOWN	D82	P4J	PSD	0.0	0.0						-
308	340B CLINIC SERVICES	D83	P4J	CL-340	0.0	0.0						-
309	340B RADIOLOGY - THERAPEUTIC	D84	P4J	RAT-340	0.0	0.0						-
310	340B OR CLINIC SERVICES	D85	P4J	ORC-340	0.0	0.0						-
311	340B LABORATORY SERVICES	D86	P4K	LAB-340	0.0	0.0						-
312	340B DRUGS	D87	P4K	CDS-340	0.0	0.0						-
313	MED/SURG ACUTE	D01	P5A	MSG	0.0	0.0						-
314	PEDIATRIC ACUTE	D02	P5A	PED	0.0	0.0						-
315	PSYCHIATRIC ACUTE	D03	P5A	PSY	0.0	0.0						-
316	OBSTETRICS ACUTE	D04	P5A	OBS	0.0	0.0						-
317	DEFINITIVE OBSERVATION	D05	P5A	DEF	0.0	0.0						-
318	MED/SURG INTENSIVE CARE	D06	P5A	MIS	0.0	0.0						-
319	CORONARY CARE	D07	P5A	CCU	0.0	0.0						-
320	PEDIATRIC INTENSIVE CARE	D08	P5B	PIC	0.0	0.0						-
321	NEONATAL INTENSIVE CARE	D09	P5B	NEO	0.0	0.0						-
322	BURN CARE	D10	P5B	BUR	0.0	0.0						-
323	PSYCHIATRIC INTENSIVE CARE	D11	P5B	PSI	0.0	0.0						-
324	SHOCK TRAUMA	D12	P5B	TRM	0.0	0.0						-
325	ONCOLOGY	D13	P5B	ONC	0.0	0.0						-
326	NEWBORN NURSERY	D14	P5B	NUR	0.0	0.0						-
327	PREMATURE NURSERY	D15	P5C	PRE	0.0	0.0						-
328	CHRONIC CARE	D17	P5C	CRH	0.0	0.0						-
329	EMERGENCY SERVICES	D18	P5C	EMG	0.0	0.0						-
330	CLINICAL SERVICES	D19	P5C	CL	0.0	0.0						-
331	PSYCH. DAY & NIGHT CARE	D20	P5C	PDC	0.0	0.0						-
332	AMBULATORY SURGERY (BPB)	D21	P5C	AMS	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: Carroll Hospital  
 INSTITUTION NUMBER: 210033  
 FISCAL YEAR: 6/30/2019

COL. 1      COL. 2      COL. 3      COL. 4      COL. 5      COL. 6      COL. 7      COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
333	SAME DAY SURGERY	D22	P5C	SDS	0.0	0.0						-
334	LABOR & DELIVERY SERVICES	D23	P5D	DEL	0.0	0.0						-
335	OPERATING ROOM	D24	P5D	OR	0.0	0.0						-
336	OPERATING ROOM CLINIC	D24a	P5D	ORC	0.0	0.0						-
337	ANESTHESIOLOGY	D25	P5D	ANS	0.0	0.0						-
338	LABORATORY SERVICES	D28	P5D	LAB	0.0	0.0						-
339	ELECTROCARDIOGRAPHY	D30	P5D	EKG	0.0	0.0						-
340	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P5D	IRC	0.0	0.0						-
341	RADIOLOGY-DIAGNOSTIC	D32	P5E	RAD	0.0	0.0						-
342	CT SCANNER	D33	P5E	CAT	0.0	0.0						-
343	RADIOLOGY-THERAPEUTIC	D34	P5E	RAT	0.0	0.0						-
344	NUCLEAR MEDICINE	D35	P5E	NUC	0.0	0.0						-
345	RESPIRATORY THERAPY	D36	P5E	RES	0.0	0.0						-
346	PULMONARY FUNCTION TESTING	D37	P5E	PUL	0.0	0.0						-
347	ELECTROENCEPHALOGRAPHY	D38	P5E	EEG	0.0	0.0						-
348	PHYSICAL THERAPY	D39	P5F	PTH	0.0	0.0						-
349	OCCUPATIONAL THERAPY	D40	P5F	OTH	0.0	0.0						-
350	SPEECH LANGUAGE PATHOLOGY	D41	P5F	STH	0.0	0.0						-
351	RECREATIONAL THERAPY	D42	P5F	REC	0.0	0.0						-
352	AUDIOLOGY	D43	P5F	AUD	0.0	0.0						-
353	OTHER PHYSICAL MEDICINE	D44	P5F	OPM	0.0	0.0						-
354	RENAL DIALYSIS	D45	P5F	RDL	0.0	0.0						-
355	ORGAN ACQUISITION	D46	P5G	OA	0.0	0.0						-
356	AMBULATORY SURGERY	D47	P5G	AOR	0.0	0.0						-
357	LEUKOPHERESIS	D48	P5G	LEU	0.0	0.0						-
358	HYPERBARIC CHAMBER	D49	P5G	HYP	0.0	0.0						-
359	FREE STANDING EMERGENCY	D50	P5G	FSE	0.0	0.0						-
360	MAGNETIC RESONANCE IMAGING	D51	P5G	MRI	0.0	0.0						-
361	ADOLESCENT DUAL DIAGNOSED	D52	P5G	ADD	0.0	0.0						-
362	LITHOTRIPSY	D53	P5H	LIT	0.0	0.0						-
363	REHABILITATION	D54	P5H	RHB	0.0	0.0						-
364	OBSERVATION	D55	P5H	OBV	0.0	0.0						-
365	TRANSURETHAL MICROWAVE THERMOTHERAPY	D57	P5H	TMT	0.0	0.0						-
366	ONCOLOGY O/P CLINIC	D58	P5H	OCL	0.0	0.0						-
367	TRANSURETHAL NEEDLE ABLATION	D59	P5H	TNA	0.0	0.0						-
368	PSYCHIATRIC ADULT	D70	P5H	PAD	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP K

INSTITUTION NAME: Carroll Hospital  
 INSTITUTION NUMBER: 210033  
 FISCAL YEAR: 6/30/2019

COL. 1      COL. 2      COL. 3      COL. 4      COL. 5      COL. 6      COL. 7      COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
369	PSYCHIATRIC CHILD/ADOLESCENT	D71	P5I	PCD	0.0	0.0						-
370	PSYCHIATRIC GERIATRIC	D73	P5I	PSG	0.0	0.0						-
371	INDIVIDUAL THERAPIES	D74	P5I	ITH	0.0	0.0						-
372	GROUP THERAPIES	D75	P5I	GTH	0.0	0.0						-
373	FAMILY THERAPIES	D76	P5I	FTH	0.0	0.0						-
374	PSYCHOLOGICAL TESTING	D77	P5I	PST	0.0	0.0						-
375	EDUCATION	D78	P5I	PSE	0.0	0.0						-
376	OTHER THERAPIES	D79	P5J	OPT	0.0	0.0						-
377	ELECTROCONVULSIVE THERAPY	D80	P5J	ETH	0.0	0.0						-
378	ACTIVITY THERAPIES	D81	P5J	ATH	0.0	0.0						-
378	PEDIATRIC STEP-DOWN	D82	P5J	PSD	0.0	0.0						-
379	340B CLINIC SERVICES	D83	P5J	CL-340	0.0	0.0						-
380	340B RADIOLOGY - THERAPEUTIC	D84	P5J	RAT-340	0.0	0.0						-
381	340B OR CLINIC SERVICES	D85	P5J	ORC-340	0.0	0.0						-
382	340B LABORATORY SERVICES	D86	P5J	LAB-340	0.0	0.0						-
383	340B DRUGS	D87	P5J	CDS-340	0.0	0.0						-
384	FREESTANDING CLINIC SERVICES	UR01	UR01	FSC1	0.0	0.0						-
385	HOME HEALTH SERVICES	UR02	UR02	HHC	0.0	0.0						-
386	OUTPATIENT RENAL DIALYSIS	UR03	UR03	ORD	0.0	0.0						-
387	SKILLED NURSING CARE	UR04	UR04	ECF1	0.0	0.0						-
388	LABORATORY NON-PATIENT	UR05	UR05	ULB	0.0	0.0						-
389	PHYSICIANS PART B SERVICES	UR06	UR06	UPB	0.0	0.0						-
390	CERTIFIED NURSE ANESTHETISTS	UR07	UR07	CNA	0.0	0.0						-
391	PHYSICIAN SUPPORT SERVICES	UR08	UR08	PSS	0.0	0.0						-
392	TBD	UR09	UR09	TBA2	0.0	0.0						-
393	HOSPICE	UR10	UR10	TBA3	0.0	0.0						-
394	FOUNDATION	UR11	UR11	TBA4	0.0	0.0						-
395	IMAGING	UR12	UR12	TBA5	0.0	0.0						-
396	KAHLERT	UR13	UR13	TBA6	0.0	0.0						-
397	TBD	UR14	UR14	TBA7	0.0	0.0						-
398	ELIMINATIONS	UR15	UR15	TBA8	0.0	0.0						-
E	TOTALS				1,032.9	1,218.4	24.5	100.00%	3,107.1	3,930.6	7,037.8	8,256.2

**RECONCILIATION OF BASE YEAR EXPENSES  
AND BUDGET YEAR EXPENSES  
TO SCHEDULE RE**

**RC**

INSTITUTION NAME: Carroll Hospital FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210033

	Expenses	Sources	HSCRC Regulated	Unregulated	Total	
A	Unassigned Expense	Sch. UA, Col. 10	28,958.6	3,033.4	31,992.0	A
B	Physicians Part B Services	P2 Ln A Col 7 UR6 Ln B Col 3	0.0	13,252.8	13,252.8	B
C	Physician Support Services	Sch. P3, Line A, Col. 7 UR	0.0		0.0	C
D	Resident, Intern Services	Sch. P4 & P5 , Line A, Col. 7	0.0	0.0	0.0	D
E	Overhead Expense Survey	Sch OES, Line P, Col. 1	59,189.1	0.0	59,189.1	E
F	Patient Care Centers	Schs D1 - D81, Line B, Col. 4	97,127.1	//////////	97,127.1	F
G	Auxiliary Enterprises	Schs E1 - E9 Line B, Col 3	1,218.4	1,640.8	2,859.2	G
H	Other Institution Programs	Schs F1 - F4, Line B, Col 3	//////////	61.0	61.0	H
I	Unregulated Services	Schs UR1-UR15 Less Ln B & C	//////////	27,250.7	27,250.7	I
J	Total Operating Expenses	A+B+C+D+E+F+G+H+I	186,493.2	45,238.7	231,731.9	J
K	Non-Operating Expenses	Non-Operating Expenses	//////////	0.0	0.0	K
L	Total Expenses	J + K	186,493.2	45,238.7	231,731.9	L
M	Total Operating Expenses - RE	Sche RE, Line S	186,491.0	45,240.8	231,731.8	M
N	Non-Operating Expenses - RE	Sche RE, Line V	//////////	0.0	0.0	N
O	Total Expenses - RE	M + N	186,491.0	45,240.8	231,731.8	O
P	Reconciliation Amount	O - L	(2.2)	2.1	(0.1)	P
Q	Nomenclature	//////////	//////////	//////////	//////////	Q
Q1	Other Non-Operating Expense	Audited Financial Statements	0.0	0.0	0.0	Q1
Q2	Rounding		0.1	0.0	0.1	Q2
Q3	O/H Exp Alloc. to Aux Ent. Fringe	E Schedules	0.0	0.0	0.0	Q3
Q4	Aux Ent. Loss Allocated to F and UR	OA Schedule	2.1	(2.1)	0.0	Q4
Q5	Ineligible Interns/Residents	P5 Schedule	0.0	0.0	0.0	Q5
Q6						Q6

## STATEMENT OF REVENUE AND EXPENSES

RE

INSTITUTION NAME: Carroll Hospital

FISCAL

6/30/2019INSTITUTION NUMBER: 210033

		COL 1	COL 2	COL 3	
		Regulated	Unregulated	Total	
<b>Operating Revenues:</b>		xxxx	xxxx	xxxx	
A	Gross Revenues from Daily Hospital Services	65,877.4	0.0	65,877.4	A
B	Gross Revenues from Ambulatory Services	29,460.8	0.0	29,460.8	B
C	Gross Revenues from Inpatient Ancillary Services	81,312.8	0.0	81,312.8	C
D	Gross Revenues from Outpatient Ancillary Services	57,253.0	84,165.2	141,418.2	D
E	Gross Patient Revenues	233,904.0	84,165.2	318,069.2	E
<b>Deductions from Revenues:</b>		xxxx	xxxx	xxxx	
F	Provision for Bad Debts	5,174.5	1,254.4	6,428.9	F
G	Charity/Uncompensated Care	275.5	100.7	376.2	G
H	Contractual Adjustments	24,298.7	44,193.5	68,492.2	H
H1	Uncompensated Care Fund Payments	0.0	0.0	0.0	H1
H2	Denials	5,156.0	0.0	5,156.0	H2
I	Other Deductions from Revenues	0.0	0.0	0.0	I
J	Total Deductions from Revenues	34,904.7	45,548.6	80,453.3	J
J1	Uncompensated Care Fund Receipts	0.0	0.0	0.0	J1
K	Net Patient Revenues	198,999.3	38,616.6	237,615.9	K
L	Other Operating Revenues	9,575.8	873.0	10,448.8	L
M	Net Operating Revenues	208,575.1	39,489.6	248,064.7	M
<b>Operating Expenses:</b>		xxxx	xxxx	xxxx	
N	Salaries, Wages, and Employee Benefits	103,442.8	18,110.0	121,552.7	N
O	Professional Fees	0.0	0.0	0.0	O
P	Supplies	27,538.6	0.0	27,538.6	P
Q	Depreciation/Amortization, Leases/Rentals	16,486.8	2,158.4	18,645.2	Q
R	Other Expenses	39,022.9	24,972.4	63,995.3	R
S	Total Operating Expenses	186,491.0	45,240.8	231,731.8	S
T	<b>Excess (Deficit) Operating Revenues Over Operating Expenses</b>	22,084.1	(5,751.2)	16,332.9	T
U	Non-Operating Revenues	xxxx	12,752.0	12,752.0	U
V	Non-Operating Expenses	xxxx	0.0	0.0	V
W	<b>Excess (Deficit) Revenues Over Expenses-Regulated and Unregulated</b>	22,084.1	7,000.8	29,084.9	W
X	Operating Expenses per EIPD	2.81750	xxxx	xxxx	X
Y	Operating Expenses per EIPA	11.05762	xxxx	xxxx	Y
Z	Working Capital Ratio = Current Assets/Current Liabilities	2.2	xxxx	xxxx	Z
AA	Admissions	10,613	0	10,613	AA
BB	EIPA's	16,865		22,934	BB



**Schedule RE-R:  
Reconciliation of the Audited  
Financials to Schedule RE**

INSTITUTION NAME: Carroll Hospital

RE - R 1

INSTITUTION NO.: 210033

	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9
	Audited Financial Statements	Miscellaneous Adjustments	AUXILIARY ENTERPRISES						
			E01 Ambulance	E02 Parking	E03 Dr. Office	E04 Other Office	E05 Retail Ops.	E06 Pt. Phones	E07 Cafeteria
Gross Patient Revenue	318,069.2	-	-	-	-	-	-	-	-
Provision for Bad Debt	6,428.9	-	-	-	-	-	-	-	-
Charity Care	376.2	-	-	-	-	-	-	-	-
Contractual Allowances	73,648.2	-	-	-	-	-	-	-	-
Total Deductions	80,453.3	-	-	-	-	-	-	-	-
Net Patient Revenue	237,615.9	-	-	-	-	-	-	-	-
Other Operating Revenue	10,333.6	115.3	-	-	-	-	-	-	836.5
Total Operating Revenue	247,949.5	115.3	-	-	-	-	-	-	836.5
<b>Operating Expenses:</b>									
Salaries, Wages and Benefits	125,621.0	(4,068.3)	-	-	102.5	-	-	-	1,131.9
Professional Fees	-	-	-	-	-	-	-	-	-
Supplies	22,401.0	5,137.6	-	-	-	-	-	-	-
Depreciation / Amortization	13,976.5	1,639.0	-	-	-	-	-	-	-
Leases / Rentals	-	3,029.6	-	-	-	-	-	-	-
Interest	5,517.0	-	-	-	-	-	-	-	-
Other Expenses	64,101.0	(5,622.7)	-	-	502.6	199.4	-	0.9	(295.4)
Total Operating Expense	231,616.5	115.3	-	-	605.1	199.4	-	0.9	836.5
Income from Operations	16,333.0	(0.0)	-	-	(605.1)	(199.4)	-	(0.9)	0.0
Non-Operating Revenues	12,752.0	-	-	-	-	-	-	-	-
Non-Operating Expenses	-	-	-	-	-	-	-	-	-
Excess Revenue Over Expenses	29,085.0	(0.0)	-	-	(605.1)	(199.4)	-	(0.9)	0.0

**Schedule RE-R:  
Reconciliation of the Audited  
Financials to Schedule RE**

INSTITUTION NAME: Carroll Hospital

RE - R 2

INSTITUTION NO.: 210033

	Col. 10	Col. 11	Col. 12	Col. 13	Col. 14	Col. 15	Col. 16	Col. 17	Col. 18
	AUXILIARY ENTERPRISES		OTHER INSTITUTIONAL PROGRAMS				UNREGULATED		
	E08	E09	F01	F02	F03	F04	UR01	UR02	UR03
	Day Care	Housing	Research	Nursing Ed.	Other Hlth. Ed.	Comm. Hlth. Ed.	FSC	Home Health	O/P Renal
Gross Patient Revenue	-	-	-	-	-	-	-	-	-
Provision for Bad Debt	-	-	-	-	-	-	-	-	-
Charity Care	-	-	-	-	-	-	-	-	-
Contractual Allowances	-	-	-	-	-	-	-	-	-
Total Deductions	-	-	-	-	-	-	-	-	-
Net Patient Revenue	-	-	-	-	-	-	-	-	-
Other Operating Revenue	-	-	-	-	-	-	-	-	-
Total Operating Revenue	-	-	-	-	-	-	-	-	-
<b>Operating Expenses:</b>									
Salaries, Wages and Benefits	-	-	-	-	-	25.8	-	-	-
Professional Fees	-	-	-	-	-	-	-	-	-
Supplies	-	-	-	-	-	-	-	-	-
Depreciation / Amortization	-	-	-	-	-	-	-	-	-
Leases / Rentals	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Other Expenses	-	-	23.6	-	-	12.6	-	-	-
Total Operating Expense	-	-	23.6	-	-	38.4	-	-	-
Income from Operations	-	-	(23.6)	-	-	(38.4)	-	-	-
Non-Operating Revenues	-	-	-	-	-	-	-	-	-
Non-Operating Expenses	-	-	-	-	-	-	-	-	-
Excess Revenue Over Expenses	-	-	(23.6)	-	-	(38.4)	-	-	-

**Schedule RE-R:  
Reconciliation of the Audited  
Financials to Schedule RE**

INSTITUTION NAME: Carroll Hospital

INSTITUTION NO.: 210033

	Col. 19	Col. 20	Col. 21	Col. 22	Col. 23	Col. 23a	Col. 23b	Col. 23c	Col. 23d
	UNREGULATED								
	UR04	UR05	UR06	UR07	UR08	UR09	UR10	UR11	UR12
	SNF	Non-Pt. Lab	Phys. Pt. B	CNA	PSS	TBD	HOSPICE	FOUNDATION	IMAGING
Gross Patient Revenue	-	3,077.6	4,211.9	-	-	-	12,855.4	-	65,069.8
Provision for Bad Debt	-	43.3	-	-	-	-	-	-	1,211.2
Charity Care	-	100.7	-	-	-	-	-	-	-
Contractual Allowances	-	1,310.6	2,737.7	-	-	-	528.3	-	39,616.8
Total Deductions	-	1,454.6	2,737.7	-	-	-	528.3	-	40,828.0
Net Patient Revenue	-	1,623.0	1,474.2	-	-	-	12,327.1	-	24,241.8
Other Operating Revenue	-	-	-	-	-	-	828.5	887.0	-
Total Operating Revenue	-	1,623.0	1,474.2	-	-	-	13,155.6	887.0	24,241.8
<b>Operating Expenses:</b>									
Salaries, Wages and Benefits	-	198.7	3,267.5	-	-	-	7,115.7	-	6,267.9
Professional Fees	-	-	-	-	-	-	-	-	-
Supplies	-	-	-	-	-	-	-	-	-
Depreciation / Amortization	-	279.3	-	-	-	-	174.9	-	1,324.5
Leases / Rentals	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Other Expenses	-	1,533.7	9,985.3	-	-	-	3,087.9	1,464.8	11,565.1
Total Operating Expense	-	2,011.7	13,252.8	-	-	-	10,378.5	1,464.8	19,157.5
Income from Operations	-	(388.7)	(11,778.6)	-	-	-	2,777.1	(577.8)	5,084.3
Non-Operating Revenues	-	-	-	-	-	-	-	-	-
Non-Operating Expenses	-	-	-	-	-	-	-	-	-
Excess Revenue Over Expenses	-	(388.7)	(11,778.6)	-	-	-	2,777.1	(577.8)	5,084.3

**Schedule RE-R:  
Reconciliation of the Audited  
Financials to Schedule RE**

INSTITUTION NAME: Carroll Hospital

RE - R 3

INSTITUTION NO.: 210033

	Col. 23e	Col. 23f	Col. 23g	Col. 24	Col. 25	Col. 26	Col. 27
	UR13 Kahlert	UR14 TBD	UR15 ELIMINATIONS	TOTAL UNREGULATED	TOTAL REGULATED	SCHEDULE RE	RE LINE
Gross Patient Revenue	-	-	(1,049.5)	84,165.2	233,904.0	318,069.2	E
Provision for Bad Debt	-	-	-	1,254.4	5,174.5	6,428.9	F
Charity Care	-	-	-	100.7	275.5	376.2	G
Contractual Allowances	-	-	-	44,193.5	29,454.7	73,648.2	H
Total Deductions	-	-	-	45,548.6	34,904.7	80,453.3	J
Net Patient Revenue	-	-	(1,049.5)	38,616.6	198,999.3	237,615.9	K
Other Operating Revenue	-	-	(1,679.0)	873.0	9,575.8	10,448.8	L
Total Operating Revenue	-	-	(2,728.5)	39,489.6	208,575.1	248,064.8	M
<b>Operating Expenses:</b>							
Salaries, Wages and Benefits	-	-	-	18,110.0	103,442.8	121,552.7	N
Professional Fees	-	-	-	-	-	-	O
Supplies	-	-	-	-	27,538.6	27,538.6	P
Depreciation / Amortization	-	-	379.6	2,158.4	13,457.1	15,615.5	Q
Leases / Rentals	-	-	-	-	3,029.6	3,029.6	Q
Interest	-	-	875.0	875.0	4,642.0	5,517.0	R
Other Expenses	-	-	(3,983.1)	24,097.4	34,380.9	58,478.3	R
Total Operating Expense	-	-	(2,728.5)	45,240.8	186,491.0	231,731.8	S
Income from Operations	-	-	(0.0)	(5,751.2)	22,084.1	16,333.0	T
Non-Operating Revenues	-	-	-	12,752.0	XXXXX	12,752.0	U
Non-Operating Expenses	-	-	-	-	XXXXX	-	V
Excess Revenue Over Expenses	-	-	(0.0)	7,000.8	22,084.1	29,085.0	W

OVERHEAD STATISTICAL APPORTIONMENT

JS1 & JS2

INSTITUTION NAME: Carroll Hospital  
 INSTITUTION NUMBER: 210033

FISCAL YEAR 6/30/2019

UNIT COST CALCULATIONS	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 7 A	COL 8	COL 9	COL 10	
	DIETARY MEALS	LAUNDRY & LINEN POUNDS	PURCHASING STORES OTH EXP SCHED	HOUSEKEEPING # OF HOURS	CENT SUPPLY PHARMACY SOCIAL SERV	PLANT OPERATIONS NET SQ FEET	INPATIENT: PAC, MRD FIS, MGT, NAD	AMBULATORY: PAC, MRD FIS, MGT, NAD	OUTPATIENT: PAC, MRD FIS, MGT, NAD	MED STAFF ADMIN EIPAs	UNASSIGNED EXPENSES	
A Overhead Expenses	1,318.4	552.3	1,913.0	2,130.7	5,409.9	9,650.5	18,668.4	3,873.1	10,122.4	1,185.2	5,218.3	
B Units	119,223	1,420,070	12,722	74,150	5,410	248,001	57,625.4	11,955.4	16,809.1	16,865	134,899.3	
C Cost per unit	0.011058	0.000389	0.150363	0.028735	1.000000	0.038913	0.323961	0.323961	0.602196	0.070275	0.038683	
<b>STATISTICAL APPORTIONMENT</b>												
1 Med/Surg Acute	MSG	48,637	397,616	1,212.6	10,424	////////	34,287	15,151.4	////////	////////	22,568.4	
2 Pediatric Acute	PED	838	28,401	0.2	974	////////	3,203	433.5	////////	////////	746.9	
3 Psychiatric Acute	PSY	10,331	28,401	210.9	4,291	////////	14,116	3,091.7	////////	////////	4,922.9	
4 Obstetrics Acute	OBS	7,136	42,602	133.7	3,626	////////	11,929	1,157.4	////////	////////	2,216.3	
5 Definitive Observation	DEF	37,980	71,004	506.3	8,747	////////	28,773	7,806.6	////////	////////	12,230.3	
6 Med/Surg Intensive Care	MIS	6,186	71,004	254.0	2,579	////////	8,482	3,987.5	////////	////////	5,817.7	
7 Coronary Care	CCU	0	0	0.0	0	////////	0	////////	////////	////////	0.0	
8 Pediatric Intensive Care	PIC	0	0	0.0	0	////////	0	////////	////////	////////	0.0	
9 Neonatal Intensive Care	NEO	0	0	0.0	0	////////	0	////////	////////	////////	0.0	
10 Burn Care	BUR	0	0	0.0	0	////////	0	////////	////////	////////	0.0	
11 Psychiatric Intensive Care	PSI	0	0	0.0	0	////////	0	////////	////////	////////	0.0	
12 Shock Trauma	TRM	0	0	0.0	0	////////	0	////////	////////	////////	0.0	
13 Oncology	ONC	0	0	0.0	0	////////	0	////////	////////	////////	0.0	
14 Newborn Nursery	NUR	////////	0	154.5	823	////////	2,706	1,316.8	////////	////////	1,895.6	
15 Premature Nursery	PRE	////////	0	0.0	0	////////	0	////////	////////	////////	0.0	
16 Chronic Care	CRH	0	0	0.0	0	////////	0	////////	////////	////////	0.0	
17 Emergency Services	EMG	0	298,215	259.0	7,989	////////	26,278	2,180.4	6,611.7	1,425	13,147.7	
18 Clinical Services	CL	////////	99,405	586.4	1,907	////////	6,271	18.9	2,639.2	554	3,983.9	
19 Psych. Day & Night Care	PDC	0	0	105.3	752	////////	2,475	////////	923.0	89	1,362.0	
21 Ambulatory Surgery (PBP)	AMS	0	0	0.0	0	////////	0	////////	////////	0	0.0	
20 Same Day Surgery	SDS	0	0	131.9	913	////////	3,004	////////	1,781.5	2,060	2,666.4	
22 Labor & Delivery Services	DEL	////////	56,803	217.7	1,707	////////	5,615	2,659.5	////////	480.3	4,613.0	
23 Operating Room	OR	////////	156,208	182.7	9,629	////////	31,674	2,549.6	////////	2,660.4	9,235.5	
24 Operating Room Clinic	ORC	////////	0	337.9	0	////////	0	28.3	////////	1,123.2	1,887.8	
25 Anesthesiology	ANS	////////	0	0.0	0	////////	0	////////	////////	////////	0.0	
26 Laboratory Services	LAB	////////	0	3,094.5	2,570	////////	8,454	4,179.2	////////	3,191.4	11,514.5	
27 Electrocardiography	EKG	////////	0	119.0	349	////////	1,148	363.7	////////	328.0	1,079.7	
28 Interventional Radiology / Cardiovascular	IRC	////////	14,201	213.4	1,258	////////	4,137	998.1	////////	739.8	2,741.6	
29 Radiology-Diagnostic	RAD	////////	14,201	153.0	1,505	////////	4,952	941.0	////////	1,849.1	4,472.9	
30 CT Scanner	CAT	////////	0	141.1	110	////////	362	402.7	////////	796.9	1,848.5	
31 Radiology-Therapeutic	RAT	////////	0	39.3	0	////////	0	39.3	////////	////////	57.9	
32 Nuclear Medicine	NUC	////////	14,201	377.0	688	////////	2,262	299.7	////////	478.9	1,334.2	
33 Respiratory Therapy	RES	////////	14,201	190.2	892	////////	2,934	2,523.9	////////	249.5	3,915.3	
34 Pulmonary Function Testing	PUL	////////	0	0.0	0	////////	0	////////	////////	////////	0.0	
35 Electroencephalography	EEG	////////	0	4.8	711	////////	2,340	22.7	////////	100.3	303.0	
36 Physical Therapy	PTH	////////	0	1,959.8	723	////////	2,379	1,639.6	////////	357.0	3,150.8	
37 Occupational Therapy	OTH	////////	14,201	117.6	109	////////	360	446.6	////////	43.3	701.0	
38 Speech Language Pathology	STH	////////	14,201	406.3	164	////////	540	278.6	////////	127.7	665.8	
39 Recreational Therapy	REC	0	0	0.0	0	////////	0	////////	////////	////////	0.0	
40 Audiology	AUD	////////	0	0.0	0	////////	0	////////	////////	////////	0.0	
41 Other Physical Medicine	OPM	////////	0	0.0	0	////////	0	////////	////////	////////	0.0	
42 Renal Dialysis	RDL	0	0	243.9	0	////////	0	242.6	////////	1.3	359.9	
43 Organ Acquisition	OA	////////	0	0.0	0	0.0	0	////////	////////	////////	0.0	
44 Ambulatory Surgery	AOR	////////	0	0.0	0	////////	0	////////	////////	////////	0.0	
45 Leukopheresis	LEU	////////	0	0.0	0	////////	0	////////	////////	////////	0.0	
46 Hyperbaric Chamber	HYP	////////	0	2.3	633	////////	2,081	////////	////////	94.3	250.5	
47 Free Standing Emergency	FSE	0	0	0.0	0	////////	0	////////	////////	////////	0.0	
48 Magnetic Resonance Imaging	MRI	////////	14,201	1,163.2	688	////////	2,262	703.6	////////	459.5	1,956.0	
49 Adolescent Dual Diagnosed	ADD	0	0	0.0	0	////////	0	////////	////////	////////	0.9	
50 Lithotripsy	LIT	////////	0	0.8	0	////////	0	////////	////////	////////	0.9	
51 Rehabilitation	RHB	0	0	0.0	0	////////	0	////////	////////	////////	0.0	
52 Observation	OBV	8,115	71,004	202.7	2,818	////////	9,268	396.1	////////	2,346.2	2,124	
53 Ambulance Services-Rebundled	AMR	0	0	0.0	0	////////	0	////////	////////	////////	0.0	
54 Transurethral Microwave Thermotherapy	TMT	0	0	0.0	0	////////	0	////////	////////	////////	0.0	
55 Oncology O/P Clinic	OCL	////////	0	0.0	0	////////	0	////////	////////	////////	0.0	
56 Transurethral Needle Ablation	TNA	////////	0	0.0	0	////////	0	////////	////////	////////	0.0	
57 Pediatric Step-Down	PSD	0	0	0.0	0	////////	0	////////	////////	////////	0.0	
58 340B Clinic Services	CL-340	////////	0	0.0	0	////////	0	////////	////////	////////	0.0	
59 340B Radiology - Therapeutic	RAT-340	////////	0	0.0	0	////////	0	////////	////////	////////	0.0	
60 340B OR Clinic Services	ORC-340	////////	0	0.0	0	////////	0	////////	////////	////////	0.0	
61 340B Laboratory Services	LAB-340	////////	0	0.0	0	////////	0	////////	////////	////////	0.0	
62 340B Drugs	CDS-340	////////	0	0.0	0	////////	0	////////	////////	////////	0.0	
63 Admission Services	ADM	////////	////////	////////	////////	261.8	4,098	////////	////////	10,613	////////	
64 Med/Surg Supplies	MSS	////////	////////	////////	5,550	674.5	18,257	402.6	////////	271.9	1,838.6	
65 Drugs Sold	CDS	////////	////////	////////	1,021	4,473.5	3,357	3,363.5	////////	1,110.1	6,391.6	
E TOTAL		119,223	1,420,070	12,722.3	74,150	5,409.9	248,001	57,625.4	11,955.4	16,809.1	16,865	134,899.3

OVERHEAD EXPENSE APPORTIONMENT

J1 & J2

INSTITUTION NAME: Carroll Hospital  
 INSTITUTION NUMBER: 210033

FISCAL YEAR 6/30/2019

	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 8 A	COL 9	COL 10	COL 11	COL 12	COL 13
ALLOCATED CENTERS	DIETARY MEALS	LAUNDRY & LINEN POUNDS	PURCHASING STORES OTH EXP SCHD	HOUSEKEEPING # OF HOURS	CENT SUPPLY PHARMACY SOCIAL SERV	PLANT OPERATIONS NET SQ FEET	TOTAL PATIENT CARE OVERHEAD	INPATIENT: PAC, MRD FIS, MGT, NAD	AMBULATORY: PAC, MRD FIS, MGT, NAD	OUTPATIENT: PAC, MRD FIS, MGT, NAD	MED STAFF ADMIN EIPAs	UNASSIGNED EXPENSES	TOTAL OTHER OVERHEAD	TOTAL ALLOCATED OVERHEAD
A Overhead Expenses	1,318.4	552.3	1,913.0	2,130.7	5,409.9	9,650.5	20,974.7	18,668.4	3,873.1	10,122.4	1,185.2	5,218.3	39,067.4	60,042.1
<b>REVENUE CENTERS</b>														
1 Med/Surg Acute	MSG 537.8	154.6	182.3	299.5	//////	1,334.2	2,508.6	4,908.5	//////	//////	//////	873.0	5,781.5	8,290.0
2 Pediatric Acute	PED 9.3	11.0	0.0	28.0	//////	124.6	173.0	140.4	//////	//////	//////	28.9	169.3	342.3
3 Psychiatric Acute	PSY 114.2	11.0	31.7	123.3	//////	549.3	829.6	1,001.6	//////	//////	//////	190.4	1,192.0	2,021.6
4 Obstetrics Acute	OBS 78.9	16.6	20.1	104.2	//////	464.2	684.0	375.0	//////	//////	//////	85.7	460.7	1,144.6
5 Definitive Observation	DEF 420.0	27.6	76.1	251.3	//////	1,119.6	1,894.7	2,529.0	//////	//////	//////	473.1	3,002.1	4,896.9
6 Med/Surg Intensive Care	MIS 68.4	27.6	38.2	74.1	//////	330.0	538.4	1,291.8	//////	//////	//////	225.0	1,516.9	2,055.2
7 Coronary Care	CCU	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
8 Pediatric Intensive Care	PIC	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
9 Neonatal Intensive Care	NEO	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
10 Burn Care	BUR	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
11 Psychiatric Intensive Care	PSI	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
12 Shock Trauma	TRM	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
13 Oncology	ONC	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
14 Newborn Nursery	NUR	//////	23.2	23.6	//////	105.3	152.2	426.6	//////	//////	//////	73.3	499.9	652.1
15 Premature Nursery	PRE	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
16 Chronic Care	CRH	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
17 Emergency Services	EMG	116.0	38.9	229.6	//////	1,022.6	1,407.1	706.4	2,141.9	100.1	508.6	3,457.0	4,864.1	
18 Clinical Services	CL	38.7	88.2	54.8	//////	244.0	427.5	6.1	855.0	38.9	154.1	1,054.2	1,479.8	
19 Psych. Day & Night Care	PDC	//////	15.8	21.6	//////	96.3	133.7	//////	299.0	6.3	52.7	358.0	491.7	
20 Ambulatory Surgery (PBP)	AMS	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
21 Same Day Surgery	SDS	//////	19.8	26.2	//////	116.9	163.0	//////	577.1	144.8	103.1	825.0	988.0	
22 Labor & Delivery Services	DEL	22.1	32.7	49.1	//////	218.5	322.4	861.6	289.2	178.4	1,329.2	1,651.6		
23 Operating Room	OR	60.8	27.5	276.7	//////	1,232.5	1,597.4	826.0	1,602.1	357.3	2,785.3	4,382.7		
24 Operating Room Clinic	ORC	//////	50.8	//////	//////	//////	50.8	9.2	676.4	73.0	758.6	809.4		
25 Anesthesiology	ANS	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
26 Laboratory Services	LAB	//////	465.3	73.8	//////	329.0	868.1	1,353.9	1,921.8	445.4	3,721.2	4,589.3		
27 Electrocardiography	EKG	//////	17.9	10.0	//////	44.7	72.6	117.8	197.5	41.8	357.1	429.7		
28 Interventional Radiology / Cardiovascular	IRC	5.5	32.1	36.1	//////	161.0	234.8	323.3	445.5	106.1	874.9	1,109.7		
29 Radiology-Diagnostic	RAD	5.5	23.0	43.2	//////	192.7	264.5	304.8	1,113.5	173.0	1,591.4	1,855.8		
30 CT Scanner	CAT	//////	21.2	3.2	//////	14.1	38.5	130.5	479.9	71.5	681.9	720.3		
31 Radiology-Therapeutic	RAT	//////	5.9	//////	//////	//////	5.9	12.7	//////	2.2	15.0	20.9		
32 Nuclear Medicine	NUC	5.5	56.7	19.8	//////	88.0	170.0	97.1	288.4	51.6	437.1	607.1		
33 Respiratory Therapy	RES	5.5	28.6	25.6	//////	114.2	173.9	817.7	150.3	151.5	1,119.4	1,293.3		
34 Pulmonary Function Testing	PUL	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
35 Electroencephalography	EEG	//////	0.7	20.4	//////	91.1	112.2	7.4	60.4	11.7	79.5	191.7		
36 Physical Therapy	PTH	//////	294.7	20.8	//////	92.6	408.0	531.2	215.0	121.9	868.1	1,276.1		
37 Occupational Therapy	OTH	5.5	17.7	3.1	//////	14.0	40.3	144.7	26.1	27.1	197.9	238.2		
38 Speech Language Pathology	STH	5.5	61.1	4.7	//////	21.0	92.3	90.2	76.9	25.8	192.9	285.3		
39 Recreational Therapy	REC	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
40 Audiology	AUD	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
41 Other Physical Medicine	OPM	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
42 Renal Dialysis	RDL	//////	36.7	//////	//////	//////	36.7	78.6	0.8	13.9	93.3	130.0		
43 Organ Acquisition	OA	//////	//////	//////	0.0	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
44 Ambulatory Surgery	AOR	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
45 Leukopheresis	LEU	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
46 Hyperbaric Chamber	HYP	//////	0.3	18.2	//////	81.0	99.5	//////	56.8	9.7	66.5	166.0		
47 Free Standing Emergency	FSE	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
48 Magnetic Resonance Imaging	MRI	5.5	174.9	19.8	//////	88.0	288.2	227.9	276.7	75.7	580.3	868.5		
49 Adolescent Dual Diagnosed	ADD	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
50 Lithotripsy	LIT	//////	0.1	//////	//////	//////	0.1	//////	//////	//////	//////	//////	0.0	0.2
51 Rehabilitation	RHB	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
52 Observation	OBV	89.7	27.6	30.5	81.0	360.7	589.4	128.3	1,412.8	149.3	194.3	1,884.7	2,474.2	
53 Ambulance Services-Rebundled	AMR	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
54 Transurethral Microwave Thermotherapy	TMT	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
55 Oncology O/P Clinic	OCL	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
56 Transurethral Needle Ablation	TNA	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
57 Pediatric Step-Down	PSD	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
58 340B Clinic Services	CL-340	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
59 340B Radiology - Therapeutic	RAT-340	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
60 340B OR Clinic Services	ORC-340	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
61 340B Laboratory Services	LAB-340	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
62 340B Drugs	CDS-340	//////	//////	//////	//////	//////	0.0	//////	//////	//////	//////	//////	0.0	0.0
63 Admission Services	ADM	//////	//////	//////	261.8	159.5	421.3	130.4	745.8	71.1	745.8	1,167.1		
64 Med/Surg Supplies	MSS	//////	//////	159.5	674.5	710.4	1,544.4	130.4	163.7	71.1	365.3	1,909.7		
65 Drugs Sold	CDS	//////	//////	29.3	4,473.5	130.6	4,633.5	1,089.6	668.5	247.2	2,005.4	6,638.9		
E TOTAL	1,318.4	552.3	1,913.0	2,130.7	5,409.9	9,650.5	20,974.7	18,668.4	3,873.1	10,122.4	1,185.2	5,218.3	39,067.4	60,042.1

DEPARTMENTAL EQUIPMENT ALLOWANCE

H2

INSTITUTION NAME: Carroll Hospital

FISCAL YEAR

6/30/2019

INSTITUTION NUMBER: 210033

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
	CENTER	COST BASE YEAR PURCHASES	# YRS	CUMULATIVE PURCHASE TOTAL	DEPRECIATION COL 3 / COL 2	MKT VALUE BASE YEAR LEASES	CUMULATIVE LEASES TOTAL	LEASE AMORTIZATION COL 6 / COL 2	DEPR/AMORT TOTAL COL 4 + COL 7
H2A	MIS	0.0	10	1,071.1	107.1	0.0	0.0	0.0	107.1
H2B	CCU	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2C	PIC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2D	NEO	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2E	BUR	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2F	TRM	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2G	ONC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2H	OR	593.1	10	7,260.6	726.1	0.0	0.0	0.0	726.1
H2I	ORC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2J	AOR	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2K	LAB	147.1	10	1,115.7	111.6	0.0	0.0	0.0	111.6
H2L	IRC	28.5	10	2,516.9	251.7	0.0	0.0	0.0	251.7
H2M	RAD	146.7	10	2,006.3	200.6	0.0	0.0	0.0	200.6
H2N	CAT	0.0	6.5	1,444.4	222.2	0.0	0.0	0.0	222.2
H2O	RAT	0.0	10	1,202.4	120.2	0.0	0.0	0.0	120.2
H2P	NUC	0.0	10	567.9	56.8	0.0	0.0	0.0	56.8
H2Q	RDL	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2R	HYP	0.0	10	25.1	2.5	0.0	0.0	0.0	2.5
H2S	DTY	47.9	10	488.3	48.8	0.0	0.0	0.0	48.8
H2T	LL	0.0	10	36.6	3.7	0.0	0.0	0.0	3.7
H2U	MGT	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2V	EDP	8,594.1	10	55,990.6	5,599.1	0.0	0.0	0.0	5,599.1
H2W	MRI	0.0	6	11.4	1.9	0.0	0.0	0.0	1.9
H2X	LIT	0.0	5	0.0	0.0	0.0	0.0	0.0	0.0
H2Y	ETH	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2Z	TRP	0.0	5	0.0	0.0	0.0	0.0	0.0	0.0
H2AA	TMT	0.0	5	0.0	0.0	0.0	0.0	0.0	0.0
	TOTAL	9,557.3		73,737.3	7,452.3	0.0	0.0	0.0	7,452.3

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3 A

INSTITUTION NAME: Carroll Hospital

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210033

ALLOWANCE	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	
	SOURCE	GENERAL	DIETARY	LAUNDRY	COMM.	DATA PROC	DEPART	TOTAL	
A INTEREST	RECORDS	7,254	//////////	//////////	//////////	//////////	//////////	//////////	A
B TOTAL DEPRECIATION	RECORDS	16,486.7	//////////	//////////	//////////	//////////	//////////	//////////	B
C CAPITAL INTENSIVE EQUIP DEPR	TOTAL H2	7,452.3	48.8	3.7	0.0	5,599.1	1,800.7	14,904.5	C
D BLDG & GEN EQUIP DEPR	B - C	9,034.4	//////////	//////////	//////////	//////////	//////////	9,034.4	D
E BLDG & GEN EQUIP DEPR & INT	A + D	16,288.0	48.8	3.7	0.0	5,599.1	1,800.7	23,740.3	E
F STANDARD UNITS	//////////	271,004	119,223	1,420,070	86,391	86,391	//////////	//////////	F
G ALLOWANCE PER UNIT	E / F	0.06010	0.00041	0.00000	0.00000	0.06481	//////////	//////////	G

DISTRIBUTION	CODE	ADI. SQUARE FOOTAGE BASIS								
1 Med/Surg Acute	MSG	38,097	2,289.7	19.9	1.0	0.0	982.0	//////////	3,292.7	1
2 Pediatric Acute	PED	3,559	213.9	0.3	0.1	0.0	28.1	//////////	242.4	2
3 Psychiatric Acute	PSY	15,684	942.7	4.2	0.1	0.0	200.4	//////////	1,147.3	3
4 Obstetrics Acute	OBS	13,254	796.6	2.9	0.1	0.0	75.0	//////////	874.6	4
5 Definitive Observation	DEF	31,970	1,921.5	15.6	0.2	0.0	506.0	//////////	2,443.2	5
6 Med/Surg Intensive Care	MIS	9,424	566.4	2.5	0.2	0.0	258.4	107.1	934.7	6
7 Coronary Care	CCU	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7
8 Pediatric Intensive Care	PIC	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8
9 Neonatal Intensive Care	NEO	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9
10 Burn Care	BUR	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10
11 Psychiatric Intensive Care	PSI	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	11
12 Shock Trauma	TRM	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12
13 Oncology	ONC	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13
14 Newborn Nursery	NUR	3,007	180.7	//////////	0.0	0.0	85.4	//////////	266.1	14
15 Premature Nursery	PRE	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	15
16 Chronic Care	CRH	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	16
17 Emergency Services	EMG	29,198	1,754.9	0.0	0.8	0.0	569.8	//////////	2,325.5	17
18 Clinical Services	CL	6,968	418.8	//////////	0.3	0.0	172.3	//////////	591.3	18
19 Psych. Day & Night Care	PDC	2,750	165.3	0.0	0.0	0.0	59.8	//////////	225.1	19
20 Same Day Surgery	SDS	3,338	200.6	0.0	0.0	0.0	115.5	//////////	316.1	20
21 Labor & Delivery Services	DEL	6,239	375.0	//////////	0.2	0.0	203.5	//////////	578.6	21
22 Operating Room	OR	35,193	2,115.2	//////////	0.4	0.0	337.7	726.1	3,179.3	22
23 Operating Room Clinic	ORC	0	0.0	//////////	0.0	0.0	74.6	//////////	74.6	23
24 Anesthesiology	ANS	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	24
25 Med/Surg Supplies	MSS	20,285	1,219.2	//////////	//////////	0.0	43.7	//////////	1,262.9	25
26 Drugs Sold	CDS	3,730	224.2	//////////	//////////	0.0	289.9	//////////	514.1	26
27 Laboratory Services	LAB	9,393	564.5	//////////	0.0	0.0	477.7	111.6	1,153.8	27
28 Electrocardiography	EKG	1,275	76.6	//////////	0.0	0.0	44.8	//////////	121.5	28
29 Interventional Radiology / Cardiovascular	IRC	4,597	276.3	//////////	0.0	0.0	112.6	251.7	640.7	29
30 Radiology-Diagnostic	RAD	5,502	330.7	//////////	0.0	0.0	180.8	200.6	712.2	30
31 CT Scanner	CAT	402	24.2	//////////	0.0	0.0	77.8	222.2	324.1	31
32 Radiology-Therapeutic	RAT	0	0.0	//////////	0.0	0.0	2.6	120.2	122.8	32
33 Nuclear Medicine	NUC	2,513	151.0	//////////	0.0	0.0	50.5	56.8	258.3	33



DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3 B

INSTITUTION NAME: Carroll Hospital

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210033

DISTRIBUTION		Col. 1 ADJ. SQUARE FOOTAGE BASIS	Col. 2 GENERAL	Col. 3 DIETARY	Col. 4 LAUNDRY	Col. 5 COMM.	Col. 6 DATA PROC	Col. 7 DEPART	Col. 8 TOTAL		
34	Respiratory Therapy	RES	3,260	195.9	///////	0.0	0.0	179.8	///////	375.7	34
35	Pulmonary Function Testing	PUL	0	0.0	///////	0.0	0.0	0.0	///////	0.0	35
36	Electroencephalography	EEG	2,600	156.3	///////	0.0	0.0	8.0	///////	164.2	36
37	Physical Therapy	PTH	2,643	158.9	///////	0.0	0.0	129.4	///////	288.3	37
38	Occupational Therapy	OTH	400	24.0	///////	0.0	0.0	31.8	///////	55.8	38
39	Speech Language Pathology	STH	600	36.1	///////	0.0	0.0	26.3	///////	62.4	39
40	Recreational Therapy	REC	0	0.0	///////	0.0	0.0	0.0	///////	0.0	40
41	Audiology	AUD	0	0.0	///////	0.0	0.0	0.0	///////	0.0	41
42	Other Physical Medicine	OPM	0	0.0	///////	0.0	0.0	0.0	///////	0.0	42
43	Renal Dialysis	RDL	0	0.0	///////	0.0	0.0	15.8	0.0	15.8	43
44	Organ Acquisition	OA	0	0.0	///////	0.0	0.0	0.0	///////	0.0	44
45	Leukopheresis	LEU	0	0.0	///////	0.0	0.0	0.0	///////	0.0	45
46	Hyperbaric Chamber	HYP	2,312	139.0	///////	0.0	0.0	6.1	2.5	147.6	46
47	Free Standing Emergency	FSE	0	0.0	0.0	0.0	0.0	0.0	///////	0.0	47
48	Magnetic Resonance Imaging	MRI	2,513	151.0	///////	0.0	0.0	75.4	1.9	228.4	48
49	Lithotripsy	LIT	0	0.0	///////	///////	0.0	0.1	0.0	0.1	49
50	Rehabilitation	RHB	0	0.0	0.0	0.0	0.0	0.0	///////	0.0	50
51	Observation	OBV	10,298	618.9	///////	0.2	0.0	177.7	///////	796.9	51
52	Transurethral Microwave Thermotherapy	TMT	0	0.0	///////	0.0	0.0	0.0	0.0	0.0	52
53	Oncology O/P Clinic	OCL	0	0.0	///////	0.0	0.0	0.0	///////	0.0	53
54	Transurethral Needle Ablation	TNA	0	0.0	///////	0.0	0.0	0.0	///////	0.0	54
55	Pediatric Step-Down	PSD	0	0.0	0.0	0.0	0.0	0.0	///////	0.0	55
56	340B Clinic Services	CL-340	0	0.0	///////	0.0	0.0	0.0	///////	0.0	56
57	340B Radiology - Therapeutic	RAT-340	0	0.0	///////	0.0	0.0	0.0	///////	0.0	57
58	340B OR Clinic Services	ORC-340	0	0.0	///////	0.0	0.0	0.0	///////	0.0	58
59	340B Laboratory Services	LAB-340	0	0.0	///////	0.0	0.0	0.0	///////	0.0	59
60	340B Drugs	CDS-340	0	0.0	///////	0.0	0.0	0.0	///////	0.0	60
I	Subtotal	ABC	271,004	16,288	45	4	0	5,599	1,801	23,737	I
61	Ambulance Services	AMB	0	0.0	///////	///////	///////	///////	///////	0.0	61
62	Parking	PAR	0	0.0	///////	///////	///////	///////	///////	0.0	62
63	Doctor's Private Office Rent	DPO	0	0.0	///////	///////	///////	///////	///////	0.0	63
64	Office & Other Rental	OOR	0	0.0	///////	///////	///////	///////	///////	0.0	64
65	Retail Operations	REO	0	0.0	///////	///////	///////	///////	///////	0.0	65
66	Patients Telephones	PTE	0	0.0	///////	///////	///////	///////	///////	0.0	66
67	Cafeteria	CAF	0	0.0	///////	///////	///////	///////	///////	0.0	67
68	Day Care Recreation Areas	DEB	0	0.0	///////	///////	///////	///////	///////	0.0	68
69	Housing	HOU	0	0.0	///////	///////	///////	///////	///////	0.0	69
70	Research	REG	0	0.0	///////	///////	///////	///////	///////	0.0	70
71	Nursing Education	RNS	0	0.0	///////	///////	///////	///////	///////	0.0	71
72	Other Health Profession Education	OHE	0	0.0	///////	///////	///////	///////	///////	0.0	72
73	Community Health Education	CHE	0	0.0	///////	///////	///////	///////	///////	0.0	73
74	Post Graduate Medical Ed	PME	0	0.0	///////	///////	///////	///////	///////	0.0	74
75	Freestanding Clinic Services	FSC1	0	0.0	///////	///////	///////	///////	///////	0.0	75
76	Home Health Services	HHC	0	0.0	///////	///////	///////	///////	///////	0.0	76
77	Outpatient Renal Dialysis	ORD	0	0.0	///////	///////	///////	///////	///////	0.0	77
78	Skilled Nursing Care	ECF	0	0.0	///////	///////	///////	///////	///////	0.0	78
79	Laboratory Non-Patient	ULB	0	0.0	///////	///////	///////	///////	///////	0.0	79
80	Physicians Part B Services	UPB	0	0.0	///////	///////	///////	///////	///////	0.0	80
81	Certified Nurse Anesthetists	CNA	0	0.0	///////	///////	///////	///////	///////	0.0	81
82	Physician Support Services	PSS	0	0.0	///////	///////	///////	///////	///////	0.0	82
83	TBD	TBA2	0	0.0	///////	///////	///////	///////	///////	0.0	83
84	HOSPICE	TBA3	0	0.0	///////	///////	///////	///////	///////	0.0	84
85	FOUNDATION	TBA4	0	0.0	///////	///////	///////	///////	///////	0.0	85
86	IMAGING	TBA5	0	0.0	///////	///////	///////	///////	///////	0.0	86
87	Kahlert	TBA6	0	0.0	///////	///////	///////	///////	///////	0.0	87
88	TBD	TBA7	0	0.0	///////	///////	///////	///////	///////	0.0	88
89	ELIMINATIONS	TBA8	0	0.0	///////	///////	///////	///////	///////	0.0	89

II	TOTAL DISTRIBUTED	XYZ	271,004	16,288	45	4	0	5,599	1,801	23,737	II
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**OTHER FINANCIAL CONSIDERATIONS**

**G**

INSTITUTION NAME: Carroll Hospital

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210033

		SOURCE	FISCAL YEAR			
			TOTAL	DIRECT	Difference	
<b>REVENUES</b>			COL. 1	COL. 2	COL. 3	
A	Donations, Pledges	SCH. GR	0.0	0.0	0.0	A
B	Grants	SCH. GR	0.0	0.0	0.0	B
C	Investment Income (Interest, Dividends)	SCH. GR	0.0	0.0	0.0	C
D	Donated Commodities, Blood, Services	SCH. GR	0.0	0.0	0.0	D
E	PSRO	SCH. GR	0.0	0.0	0.0	E
F	Other	SCH. GR	0.0	0.0	0.0	F
G	Total Revenues	A+B+C+D+E+F	0.0	0.0	0.0	G
<b>EXPENSES</b>						
H	Licenses and Taxes	SCH. UA	0.0		0.0	H
I	Short Term Interest	SCH. UA	0.0		0.0	I
J	Other	REC/BUDGET				J
K	Total Expenses	H + I + J	0.0	0.0	0.0	K
<b>OTHER ADJUSTMENTS</b>						
L	Aux. Ent & OIP Gains	SCH. E, F	(0.0)	0.0	(0.0)	L
M	Aux. Ent & OIP Losses	SCH. E, F	867.4		867.4	M
N	Excess Cash Requirements - Bldg & Equip	N/A				N
O	Gain on Disposal of Assets	REC/BUDGET	0.0	0.0	0.0	O
P	Loss on Disposal of Assets	REC/BUDGET	0.0		0.0	P
Q	Total Other Adjustments	L+M+N+O+P	867.4	0.0	867.4	Q
<b>PERCENTAGE CALCULATION</b>						
R	Net Other Financial Considerations	G + K + Q	867.4	0.0	867.4	R
S	Other Financial Consideration Percent	R/SCH. M	//////////	//////////	0.5%	S

**THIRD PARTY DIFFERENTIAL**

**PDA**

INSTITUTION NAME: Carroll Hospital FISCAL YEAR 6/30/2019  
 INSTITUTION NUMBER: 210033

SOURCE	INPATIENT	OUTPATIENT	TOTAL
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**CHARGES, DEDUCTIBLES, CBA**

		COL 1	COL 2	COL 3		
A	Gross Patient Revenue, HSCRC Regulated	Records/Budget	144,906.3	88,997.6	233,904.0	A
B	Medicare Revenue, HSCRC Regulated	Records/Budget	79,954.5	29,859.0	109,813.5	B
C	Medicaid Revenue, HSCRC Regulated	Records/Budget	2,984.7	933.5	3,918.2	C
D	Blue Cross Revenue, HSCRC Regulated	Records/Budget	10,720.4	10,653.3	21,373.7	D
E	MCO Subcontracted Medicare, Medicaid, HSCRC Regulated **	Records/Budget	22,359.9	15,750.5	38,110.4	E
F	Medicare Deductibles Paid by Medicaid, HSCRC Regulated	Records/Budget	//////////	//////////	0.0	F
G	Uncompensated Care, HSCRC Regulated ***	Records/Budget	2,273.5	3,176.5	5,450.0	G
G1	Other Payors Not Eligible for SAAC & Not U.C.	A-B-C-D-E-G	26,613.3	28,624.9	55,238.2	G1

**RATIOS, LEVEL III COSTS**

H	Ratio of Medicare & Medicaid Charges	Col 3 (B + C) /Col 3 A	//////////	//////////	0.4862	H
I	Ratio of Blue Cross Inpatient Charges	Col 1 D/Col 3 A	0.0458	//////////	//////////	I
II	Ratio of Blue Cross Outpatient Charges	Col 2 D/Col 3 A	//////////	0.0455	//////////	II
J	Ratio of HMO Charges	Col 3 E/Col 3 A	//////////	//////////	0.1629	J
K	Ratio of Deductibles Paid by Medicaid	Col 3 F/Col 3 A	//////////	//////////	0.0000	K
L	Ratio of Uncompensated Accounts	Col 3 G/Col 3 A	//////////	//////////	0.0233	L
M	Ratio of Other Payors Charges	Col 3 G1/Col 3 A	//////////	//////////	0.2362	M
N	Level III Costs	Schedule MA	//////////	//////////	186,488.0	N

**DIFFERENTIAL CALCULATION**

O	Gross Revenue HSCRC Regulated	*	//////////	//////////	202,693.6	O
P	Payor Differential	1 - (Col 3 O/N)	//////////	//////////	0.0869	P

\* O = N/ (1-.077H + .0225I + .02II + .077J + .02K + L+.02M) - per HSCRC

\*\* Detail on Supplemental Schedule 5

\*\*\* See Supplemental Schedule 4 for reconciliation to financial statements

REVENUE CENTER RATE SUMMARY

INSTITUTION NAME: Carroll Hospital  
 INSTITUTION NUMBER: 210033

FISCAL YEAR 6/30/2019

	UNITS OF MEASURE	DIRECT EXPENSES	PAT CARE OVERHEAD EXPENSES	OTHER OVERHEAD EXPENSES	N/A	PHYSICIAN SUPPORT EXPENSES	RESIDENT INTERN EXPENSES	LEVEL I	----- C F A -----		LEVEL II	
									BLDG & GENRL EQUIPMENT	DEPART-MENTAL		
DESCRIPTION	CODE	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10	COL 11
A1 Med/Surg Acute	MSG	18,233	15,151.4	2,508.6	5,781.5	///////	0.0	0.0	23,441.4	3,271.7	20.9	26,734.1
2 Pediatric Acute	PED	314	433.5	173.0	169.3	///////	0.0	0.0	775.8	242.0	0.4	1,018.2
3 Psychiatric Acute	PSY	3,873	3,091.7	829.6	1,192.0	///////	0.0	0.0	5,113.4	1,143.0	4.3	6,260.7
4 Obstetrics Acute	OBS	2,675	1,157.4	684.0	460.7	///////	0.0	0.0	2,302.1	871.6	3.0	3,176.7
5 Definitive Observation	DEF	14,238	7,806.6	1,894.7	3,002.1	///////	0.0	0.0	12,703.4	2,427.4	15.7	15,146.6
6 Med/Surg Intensive Care	MIS	2,319	3,987.5	538.4	1,516.9	///////	0.0	0.0	6,042.7	824.9	109.8	6,977.5
7 Coronary Care	CCU	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
8 Pediatric Intensive Care	PIC	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
9 Neonatal Intensive Care	NEO	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
10 Burn Care	BUR	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
11 Shock/Trauma	TRM	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
12 Oncology	ONC	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
13 Newborn Nursery	NUR	2,950	1,316.8	152.2	499.9	///////	0.0	0.0	1,969.0	266.1	0.0	2,235.1
14 Premature Nursery	PRE	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
15 Chronic Care	CRH	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
16 Emergency Services	EMG	507,149	8,792.1	1,407.1	3,457.0	///////	0.0	0.0	13,656.2	2,324.7	0.8	15,981.7
17 Clinical Services	CL	82,294	2,658.1	425.7	1,054.2	///////	0.0	0.0	4,138.0	591.1	0.3	4,729.3
18 Psych. Day & Night Care	PDC	2,933	923.0	133.7	358.0	///////	0.0	0.0	1,414.7	225.1	0.0	1,639.8
19 Same Day Surgery	SDS	4,120	1,781.5	163.0	825.0	///////	0.0	0.0	2,769.5	316.1	0.0	3,085.6
20 Labor & Delivery Services	DEL	39,329	3,139.8	322.4	1,329.2	///////	0.0	0.0	4,791.4	578.5	0.2	5,370.1
21 Operating Room	OR	530,386	5,210.0	1,597.4	2,785.3	///////	0.0	0.0	9,592.8	2,452.9	726.5	12,772.1
22 Operating Room Clinic	ORC	149,985	1,151.5	50.8	758.6	///////	0.0	0.0	1,960.9	74.6	0.0	2,035.5
23 Anesthesiology	ANS	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
24 Laboratory Services	LAB	7,544,486	7,370.6	868.1	3,721.2	///////	0.0	0.0	11,959.9	1,042.2	111.6	13,113.7
25 Electrocardiography	EKG	428,849	691.7	72.6	357.1	///////	0.0	0.0	1,121.4	121.5	0.0	1,242.9
26 Interventional Radiology / Cardiovascular	IRC	72,156	1,737.9	234.8	874.9	///////	0.0	0.0	2,847.6	388.9	251.7	3,488.3
27 Radiology-Diagnostic	RAD	437,310	2,790.1	264.5	1,591.4	///////	0.0	0.0	4,645.9	511.5	200.7	5,358.1
28 CT Scanner	CAT	1,020,272	1,199.7	38.5	681.9	///////	0.0	0.0	1,920.0	101.9	222.2	2,244.1
29 Radiology-Therapeutic	RAT	6,124	39.3	5.9	15.0	///////	0.0	0.0	60.2	2.6	120.2	183.0
30 Nuclear Medicine	NUC	135,557	778.7	170.0	437.1	///////	0.0	0.0	1,385.8	201.5	56.8	1,644.1
31 Respiratory Therapy	RES	2,770,288	2,773.4	173.9	1,119.4	///////	0.0	0.0	4,066.7	375.7	0.0	4,442.5
32 Pulmonary Function Testing	PUL	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
33 Electroencephalography	EEG	101,603	123.0	112.2	79.5	///////	0.0	0.0	314.7	164.2	0.0	478.9
34 Physical Therapy	PTH	215,336	1,996.6	408.0	868.1	///////	0.0	0.0	3,272.7	288.3	0.0	3,561.0
35 Occupational Therapy	OTH	112,332	489.9	40.3	197.9	///////	0.0	0.0	728.1	55.8	0.0	784.0
36 Speech Language Pathology	STH	47,275	406.3	92.3	192.9	///////	0.0	0.0	691.6	62.4	0.0	754.0
37 Recreational Therapy	REC	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
38 Audiology	AUD	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
39 Other Physical Medicine	OPM	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
40 Renal Dialysis	RDL	584	243.9	36.7	93.3	///////	0.0	0.0	373.9	15.8	0.0	389.7
41 Organ Acquisition	OA	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
42 Leukopheresis	LEU	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
43 Hyperbaric Chamber	HYP	544	94.3	99.5	66.5	///////	0.0	0.0	260.2	145.1	2.5	407.8
44 Free Standing Emergency	FSE	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
45 Magnetic Resonance Imaging	MRI	161,225	1,163.2	288.2	580.3	///////	0.0	0.0	2,031.7	226.4	1.9	2,260.1
46 Lithotripsy	LIT	0	0.8	0.1	0.0	///////	0.0	0.0	1.0	0.1	0.0	1.1
47 Rehabilitation	RHB	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
48 Observation	OBV	69,768	2,742.2	589.4	1,884.7	///////	0.0	0.0	5,216.4	796.7	0.2	6,013.3
49 Ambulance Services-Rebundled	AMR	0	0.0	0.0	0.0	///////	///////	///////	0.0	///////	///////	0.0
50 Transurethral Microwave Thermotherapy	TMT	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
51 Oncology O/P Clinic	OCL	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
52 Transurethral Needle Ablation	TNA	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
53 Pediatric Step-Down	PSD	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
54 340B Clinic Services	CL-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
55 340B Radiology - Therapeutic	RAT-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
56 340B OR Clinic Services	ORC-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
57 340B Laboratory Services	LAB-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
58 340B Drugs	CDS-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
59 Admission Services	ADM	10,613	///////	421.3	745.8	///////	///////	///////	1,167.1	///////	///////	1,167.1
60 Med/Surg Supplies	MSS	16,865	15,733.1	1,544.4	365.3	///////	///////	///////	17,642.8	1,262.9	///////	18,905.7
61 Drugs Sold	CDS	16,865	5,733.0	4,633.5	2,005.4	///////	///////	///////	12,371.9	514.1	///////	12,886.0
62						///////						
<b>B TOTAL</b>		<b>14,528,851</b>	<b>102,708.7</b>	<b>20,974.7</b>	<b>39,067.4</b>		<b>0.0</b>	<b>0.0</b>	<b>162,750.8</b>	<b>21,887.3</b>	<b>1,849.9</b>	<b>186,488.0</b>

REVENUE CENTER RATE SUMMARY

INSTITUTION NAME:  
INSTITUTION NUMBER:

Carroll Hospital  
210033

FISCAL YEAR

6/30/2019

		OFC		LEVEL III	PAYOR DIFFERENTIAL	LEVEL IV	CROSS SUBSIDY	MISC ADJ	HSCRC ADJ	ADJUST LEVEL IV	AVERAGE RATES
Direct offsets	(Discontinued) Difference										
DESCRIPTION	CODE	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10
A1	Med/Surg Acute	MSG	0.0	26,734.1	2,323.2	29,057.3				29,057.3	1,593.6635
2	Pediatric Acute	PED	0.0	1,018.2	88.5	1,106.7				1,106.7	3,524.5242
3	Psychiatric Acute	PSY	0.0	6,260.7	544.0	6,804.7				6,804.7	1,756.9508
4	Obstetrics Acute	OBS	0.0	3,176.7	276.1	3,452.8				3,452.8	1,290.7640
5	Definitive Observation	DEF	0.0	15,146.6	1,316.2	16,462.8				16,462.8	1,156.2563
6	Med/Surg Intensive Care	MIS	0.0	6,977.5	606.3	7,583.8				7,583.8	3,270.2752
7	Coronary Care	CCU	0.0	0.0	0.0	0.0				0.0	0.0000
8	Pediatric Intensive Care	PIC	0.0	0.0	0.0	0.0				0.0	0.0000
9	Neonatal Intensive Care	NEO	0.0	0.0	0.0	0.0				0.0	0.0000
10	Burn Care	BUR	0.0	0.0	0.0	0.0				0.0	0.0000
11	Shock Trauma	TRM	0.0	0.0	0.0	0.0				0.0	0.0000
12	Oncology	ONC	0.0	0.0	0.0	0.0				0.0	0.0000
13	Newborn Nursery	NUR	0.0	2,235.1	194.2	2,429.3				2,429.3	823.4779
14	Premature Nursery	PRE	0.0	0.0	0.0	0.0				0.0	0.0000
15	Chronic Care	CRH	0.0	0.0	0.0	0.0				0.0	0.0000
16	Emergency Services	EMG	0.0	15,981.7	1,388.8	17,370.5				17,370.5	34.2513
17	Clinical Services	CL	0.0	4,729.3	411.0	5,140.3				5,140.3	62.4629
18	Psych, Day & Night Care	PDC	0.0	1,639.8	142.5	1,782.3				1,782.3	607.6754
19	Same Day Surgery	SDS	0.0	3,085.6	268.1	3,353.7				3,353.7	814.0071
20	Labor & Delivery Services	DEL	0.0	5,370.1	466.7	5,836.8				5,836.8	148.4087
21	Operating Room	OR	0.0	12,772.1	1,109.9	13,882.0				13,882.0	26.1734
22	Operating Room Clinic	ORC	0.0	2,035.5	176.9	2,212.4				2,212.4	14.7507
23	Anesthesiology	ANS	0.0	0.0	0.0	0.0				0.0	0.0000
24	Laboratory Services	LAB	0.0	13,113.7	1,139.6	14,253.3				14,253.3	1.8892
25	Electrocardiography	EKG	0.0	1,242.9	108.0	1,350.9				1,350.9	3.1501
26	Interventional Radiology / Cardiovascular	IRC	0.0	3,488.3	303.1	3,791.4				3,791.4	52.5440
27	Radiology-Diagnostic	RAD	0.0	5,358.1	465.6	5,823.7				5,823.7	13.3170
28	CT Scanner	CAT	0.0	2,244.1	195.0	2,439.1				2,439.1	2.3907
29	Radiology-Therapeutic	RAT	0.0	183.0	15.9	198.9				198.9	32.4824
30	Nuclear Medicine	NUC	0.0	1,644.1	142.9	1,787.0				1,787.0	13.1827
31	Respiratory Therapy	RES	0.0	4,442.5	386.0	4,828.5				4,828.5	1.7429
32	Pulmonary Function Testing	PUL	0.0	0.0	0.0	0.0				0.0	0.0000
33	Electroencephalography	EEG	0.0	478.9	41.6	520.5				520.5	5.1226
34	Physical Therapy	PTH	0.0	3,561.0	309.4	3,870.4				3,870.4	17.9739
35	Occupational Therapy	OTH	0.0	784.0	68.1	852.1				852.1	7.5852
36	Speech Language Pathology	STH	0.0	754.0	65.5	819.5				819.5	17.3349
37	Recreational Therapy	REC	0.0	0.0	0.0	0.0				0.0	0.0000
38	Audiology	AUD	0.0	0.0	0.0	0.0				0.0	0.0000
39	Other Physical Medicine	OPM	0.0	0.0	0.0	0.0				0.0	0.0000
40	Renal Dialysis	RDL	0.0	389.7	33.9	423.6				423.6	725.2736
41	Organ Acquisition	OA	0.0	0.0	0.0	0.0				0.0	0.0000
42	Leukopheresis	LEU	0.0	0.0	0.0	0.0				0.0	0.0000
43	Hyperbaric Chamber	HYP	0.0	407.8	35.4	443.2				443.2	814.7459
44	Free Standing Emergency	FSE	0.0	0.0	0.0	0.0				0.0	0.0000
45	Magnetic Resonance Imaging	MRI	0.0	2,260.1	196.4	2,456.5				2,456.5	15.2362
46	Lithotripsy	LIT	0.0	1.1	0.1	1.2				1.2	0.0000
47	Rehabilitation	RHB	0.0	0.0	0.0	0.0				0.0	0.0000
48	Observation	OBV	0.0	6,013.3	522.5	6,535.8				6,535.8	93.6785
49	Ambulance Services-Rebundled	AMR	0.0	0.0	0.0	0.0				0.0	0.0000
50	Transurethral Microwave Thermotherapy	TMT	0.0	0.0	0.0	0.0				0.0	0.0000
51	Oncology O/P Clinic	OCL	0.0	0.0	0.0	0.0				0.0	0.0000
52	Transurethral Needle Ablation	TNA	0.0	0.0	0.0	0.0				0.0	0.0000
53	Pediatric Step-Down	PSD	0.0	0.0	0.0	0.0				0.0	0.0000
54	340B Clinic Services	CL-340	0.0	0.0	0.0	0.0				0.0	0.0000
55	340B Radiology - Therapeutic	RAT-340	0.0	0.0	0.0	0.0				0.0	0.0000
56	340B OR Clinic Services	ORC-340	0.0	0.0	0.0	0.0				0.0	0.0000
57	340B Laboratory Services	LAB-340	0.0	0.0	0.0	0.0				0.0	0.0000
58	340B Drugs	CDS-340	0.0	0.0	0.0	0.0				0.0	0.0000
59	Admission Services	ADM	0.0	1,167.1	101.4	1,268.5				1,268.5	119.5247
60	Med/Surg Supplies	MSS	0.0	18,905.7	1,642.9	20,548.6				20,548.6	1,218.3906
61	Drugs Sold	CDS	0.0	12,886.0	1,119.8	14,005.8				14,005.8	830.4439
62			0.0								
B	TOTAL		0.0	186,488.0	16,205.5	202,693.5	0.0	0.0	0.0	202,693.5	//////////

**OVERHEAD EXPENSE SUMMARY**

**OES**

INSTITUTION NAME: Carroll Hospital

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210033

EXPENSES		TOTAL	DISTRIBUTE TO:			
			Physician Part B Centers Sch P2	Data Processing Sch DP1	General Service Centers Sch C1 - C14	
A	Dietary Services	1,301.8	0.0		1,301.8	A
B	Laundry & Linen	550.5	0.0		550.5	B
C	Social Services	258.1	0.0		258.1	C
D	Purchasing & Stores	1,677.4	0.0		1,677.4	D
E	Plant Operations	9,596.9	0.0		9,596.9	E
F	Housekeeping	2,090.7	0.0		2,090.7	F
G	Central Services & Supply	665.1	0.0		665.1	G
H	Pharmacy	4,193.1	0.0		4,193.1	H
I	General Accounting	1,513.0	0.0		1,513.0	I
J	Patient Accounts	5,518.2	0.0		5,518.2	J
K	Hospital Administration	19,568.5	0.0		19,568.5	K
L	Medical Records	1,430.4	0.0		1,430.4	L
M	Medical Staff Administration	873.2	0.0		873.2	M
N	Nursing Administration	2,914.4	0.0		2,914.4	N
O	Data Processing	7,037.8	0.0	7,037.8		O
P	Organ Acquisition Overhead	0.0			0.0	P
Q	Totals	59,189.1	0.0	7,037.8	52,151.3	Q

**ANNUAL COST SURVEY**

**ACS**

INSTITUTION NAME: Carroll Hospital FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210033

COL 1 COL 2

	CATEGORY	COSTS	PERCENT	
A	Salaries & Wages	82,821.0	44.41%	A
B	Fringe Benefits	20,621.7	11.06%	B
C	Depreciation & Amortization	13,457.1	7.22%	C
C01	Operating Leases	3,029.6	1.62%	C01
D	Interest Expense	7,253.6	3.89%	D
E	Medical & Surgical Supplies	15,158.4	8.13%	E
F	IV Solutions and Pharmacy	5,885.2	3.16%	F
G	Laundry, Linen, Uniforms	1,066.1	0.57%	G
H	Films & Solutions	134.3	0.07%	H
I	Blood, Plasmanate, Albumin	690.8	0.37%	I
J	Contracted Services	11,757.3	6.30%	J
K	Professional Fees	12,357.2	6.63%	K
L	Agency Nurses	2,174.9	1.17%	L
M	Malpractice Insurance	4,026.5	2.16%	M
N	All Other Insurance	(754.8)	-0.40%	N
O	Telephone	340.3	0.18%	O
P	Utilities & Water	2,243.9	1.20%	P
Q	Food	21.7	0.01%	Q
R	Printing, Office Supplies, Copying, Postage	1,031.4	0.55%	R
S	Chemical, Solutions, Lubrication, Gases	1,767.5	0.95%	S
T	Other (Detail over 20% of supply cost)	1,407.5	0.75%	T
U	Total	186,491.0	100.00%	U



**UNREGULATED SERVICES**

ULB

UR05

INSTITUTION NAME: Carroll Hospital  
 INSTITUTION NUMBER: 210033

FISCAL YEAR 6/30/2019

	VOLUME DATA	FISCAL YEAR UNITS
A	CAP, WMU, 1982 Ed.	2,205,650

COL. 1                      COL. 2                      COL. 3                      COL. 4

**LABORATORY NON-PATIENT**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	198.7	1,533.7	1,732.4	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	279.3	279.3	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	198.7	1,813.0	2,011.7	0.0009	F

**FISCAL YEAR PROFIT (LOSS)**

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	1,623.0	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(388.7)	XXXXX	H

**FTE DATA**

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	3.0				I
---	---------------------------------	---------	-----	--	--	--	---

**UNREGULATED SERVICES**

UPB

UR06

INSTITUTION NAME: Carroll Hospital  
 INSTITUTION NUMBER: 210033

FISCAL YEAR 6/30/2019

	VOLUME DATA	FISCAL YEAR UNITS
A	# of FTEs	5.1

COL. 1                  COL. 2                  COL. 3                  COL. 4

**PHYSICIANS PART B SERVICES**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	3,267.5	9,985.3	13,252.8	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	3,267.5	9,985.3	13,252.8	2,583.9730	F

**FISCAL YEAR PROFIT (LOSS)**

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	1,474.2	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(11,778.6)	XXXXX	H

**FTE DATA**

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	5.1				I
---	---------------------------------	---------	-----	--	--	--	---

**UNREGULATED SERVICES**

TBA3

UR10

INSTITUTION NAME: Carroll Hospital  
 INSTITUTION NUMBER: 210033

FISCAL YEAR 6/30/2019

	VOLUME DATA	FISCAL YEAR UNITS
A	Visits	70,147

COL. 1                  COL. 2                  COL. 3                  COL. 4

**HOSPICE**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	7,115.7	3,087.9	10,203.6	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	174.9	174.9	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	7,115.7	3,262.8	10,378.5	0.1480	F

**FISCAL YEAR PROFIT (LOSS)**

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	13,155.6	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	2,777.1	XXXXX	H

**FTE DATA**

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS		0.0			I
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**UNREGULATED SERVICES**

TBA4

UR11

INSTITUTION NAME: Carroll Hospital  
 INSTITUTION NUMBER: 210033

FISCAL YEAR 6/30/2019

	VOLUME DATA	FISCAL YEAR UNITS
A	Visits	236

COL. 1                  COL. 2                  COL. 3                  COL. 4

**FOUNDATION**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
--------	-----------------------------------	----------------	--------------------------	--------------------------

**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	0.0	1,464.8	1,464.8	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	0.0	1,464.8	1,464.8	6.2068	F

**FISCAL YEAR PROFIT (LOSS)**

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	887.0	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(577.8)	XXXXX	H

**FTE DATA**

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS		0.0			I
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**UNREGULATED SERVICES**

TBA5

UR12

INSTITUTION NAME: Carroll Hospital  
 INSTITUTION NUMBER: 210033

FISCAL YEAR 6/30/2019

	VOLUME DATA	FISCAL YEAR UNITS
A	Visits	152,478

COL. 1                      COL. 2                      COL. 3                      COL. 4

**IMAGING**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
--------	-----------------------------------	----------------	--------------------------	--------------------------

**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	6,267.9	11,565.1	17,833.0	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	////	XXXXXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	1,324.5	1,324.5	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	6,267.9	12,889.6	19,157.5	0.1256	F

**FISCAL YEAR PROFIT (LOSS)**

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	24,241.8	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	5,084.3	XXXXX	H

**FTE DATA**

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	0.0				I
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**UNREGULATED SERVICES**

TBA8

UR15

INSTITUTION NAME: Carroll Hospital  
 INSTITUTION NUMBER: 210033

FISCAL YEAR 6/30/2019

	VOLUME DATA	FISCAL YEAR UNITS
A	Visits	0

COL. 1                      COL. 2                      COL. 3                      COL. 4

**ELIMINATIONS**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	0.0	(3,983.1)	(3,983.1)	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	379.6	379.6	XXXXX	D01
D02	Interest Long Term	ILT	0.0	875.0	875.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	0.0	(2,728.5)	(2,728.5)	0.0000	F

**FISCAL YEAR PROFIT (LOSS)**

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	(2,728.5)	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(0.0)	XXXXX	H

**FTE DATA**

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	0.0				I
---	---------------------------------	---------	-----	--	--	--	---

**UNREGULATED SERVICES SUMMARY**

**URS**

INSTITUTION NAME: Carroll Hospital BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 210033

Schedule	Entity Name and Address	Nature of Service
UR-1		FREESTANDING CLINIC SERVICES
UR-2	CARROLL HOME CARE 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	HOME HEALTH SERVICES
UR-3		OUTPATIENT RENAL DIALYSIS
UR-4		SKILLED NURSING CARE
UR-5	CARROLL HOSPITAL CENTER LABORATORY OUTREACH 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	LABORATORY NON-PATIENT
UR-6	CARROLL HOSPITAL CENTER PHYSICIAN SERVICES 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	PHYSICIANS PART B SERVICES
UR-7		CERTIFIED NURSE ANESTHETISTS

UR-8 


 PHYSICIAN SUPPORT SERVICES

UR-9 


 TBD

UR-10 

CARROLL HOSPICE
200 MEMORIAL AVENUE
WESTMINSTER, MD 21157

 HOSPICE

UR-11 

CARROLL HOSPITAL CENTER FOUNDATION
200 MEMORIAL AVENUE
WESTMINSTER, MD 21157

 FOUNDATION

UR-12 

CARROLL COUNTY RADIOLOGY LLC
200 MEMORIAL AVENUE
WESTMINSTER, MD 21157

 IMAGING

UR-13 

William E. Kahlert Regional Cancer Center
291 Stoner Avenue
Westminster, MD 21157

 KAHLERT

0 


 0

UR-15 

ELIMINATIONS

 ELIMINATIONS



TRANSACTIONS WITH RELATED ENTITIES

TRE

INSTITUTION NAME: Carroll Hospital BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 210033

COL 1	COL 2	COL 3	COL 4	COL 5	COL 6
No.	RELATED ENTITY	VALUE OF ASSET OR SERVICE PROVIDED TO THE HOSPITAL	VALUE OF ASSET OR SERVICE PROVIDED BY THE HOSPITAL	CATEGORY CODE	DESCRIPTION OF TRANSACTION
1	CHC FOUNDATION		372,565	A	
2	CHC FOUNDATION	3,054,078		J	
3	CARROLL HOSPICE		385,000	A	
4	CARROLL COUNTY IMAGING	1,049,503		B	
5	LIFEBRIDGE HEALTH	37,060,024		B	Management & IS Services - Corporate Allocation
6	LIFEBRIDGE HEALTH	2,591,346		H	AP Operating Expenses & Capital Equipment
7	LIFEBRIDGE HEALTH		9,713,855	G	AR Operating Expenses & Capital Equipment
8	LIFEBRIDGE HEALTH		1,014,238	G	Capital Contribution to Health System
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

## SUPPLEMENTAL BIRTHS SCHEDULE

INSTITUTION NAME: Carroll Hospital FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210033

**Admissions for EIPA Counts**

A	Neonates Not Charged an Admissions Charge	0
B	Admissions from Monthly Reports (ADM) Revenue Center	10,613
C	<b>Total</b>	10,613

**Cases for Charge Per Case Calculation (CPC)**

D	Neonates Not Charged an Admissions Charge	0
E	Births from Monthly Reports (NUR) Center	1,036
F	<b>Subtotal</b>	1,036
G	Admissions from Monthly Reports (ADM) Revenue Center	10,613
H	<b>Total</b>	11,649



**SUPPLEMENTAL SCHEDULE 1**

**Carroll Hospital**

**Summary of Other and Non-Operating Revenue**

**For The Fiscal Year Ended June 30, 2019**

**Non-Operating and Net Unregulated Revenue:**

Ambulance Services	-	E01
Parking	-	E02
Doctor's Private Office Rent	-	E03
Office & Other Rental	-	E04
Retail Operations	-	E05
Patients Telephones	-	E06
Cafeteria	836.5	E07
Day Care Recreation Areas	-	E08
Housing	-	E09
Research	-	F01
Nursing Education	-	F02
Other Health Profession Education	-	F03
Community Health Education	-	F04
Freestanding Clinic Services	-	UR01
Home Health Services	-	UR02
Outpatient Renal Dialysis	-	UR03
Skilled Nursing Care	-	UR04
Laboratory Non-Patient	1,623.0	UR05
Physicians Part B Services	1,474.2	UR06
Certified Nurse Anesthetists	-	UR07
Physician Support Services	-	UR08
TBD	-	UR09
HOSPICE	13,155.6	UR10
FOUNDATION	887.0	UR11
IMAGING	24,241.8	UR12
Kahlert	-	UR13
TBD	-	UR14
ELIMINATIONS	(2,728.5)	UR15
Investment Income	12,752.0	G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR

Total - RE Line, Col 2., Line M + Line U 52,241.6 Check ->

**SUPPLEMENTAL SCHEDULE 1**

**Carroll Hospital**

**Summary of Other and Non-Operating Revenue**

**For The Fiscal Year Ended June 30, 2019**

**Non-Operating and Net Unregulated Expenses:**

Ambulance Services	-	E01
Parking	-	E02
Doctor's Private Office Rent	605.1	E03
Office & Other Rental	199.4	E04
Retail Operations	-	E05
Patients Telephones	0.9	E06
Cafeteria	836.5	E07
Day Care Recreation Areas	-	E08
Housing	-	E09
Research	23.6	F01
Nursing Education	-	F02
Other Health Profession Education	-	F03
Community Health Education	38.4	F04
Freestanding Clinic Services	-	UR01
Home Health Services	-	UR02
Outpatient Renal Dialysis	-	UR03
Skilled Nursing Care	-	UR04
Laboratory Non-Patient	2,011.7	UR05
Physicians Part B Services	13,252.8	UR06
Certified Nurse Anesthetists	-	UR07
Physician Support Services	-	UR08
TBD	-	UR09
HOSPICE	10,378.5	UR10
FOUNDATION	1,464.8	UR11
IMAGING	19,157.5	UR12
Kahlert	-	UR13
TBD	-	UR14
ELIMINATIONS	(2,728.5)	UR15
Non Operating Expenses	-	G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR

Total - RE Line, Col 2., Line S + Line V	<u>45,240.8</u>	Check ->
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**SUPPLEMENTAL SCHEDULE 2**

**Carroll Hospital**

**Reconciliation of Depreciation & Lease / Rentals**

**For The Fiscal Year Ended June 30, 2019**

	<u>Depreciation</u>	<u>Leases / Rentals</u>	<u>Total</u>
UA Schedule - Line A	15,615.5	3,029.6	18,645.1
Allocation of E & UR Schedules:			
E01	-	-	-
E02	-	-	-
E03	-	-	-
E04	-	-	-
E05	-	-	-
E06	-	-	-
E07	-	-	-
E08	-	-	-
E09	-	-	-
UR01	-	-	-
UR02	-	-	-
UR03	-	-	-
UR04	-	-	-
UR05	279.3	-	279.3
UR06	-	-	-
UR07	-	-	-
UR08	-	-	-
UR09	-	-	-
UR10	174.9	-	174.9
UR11	-	-	-
UR12	1,324.5	-	1,324.5
UR13	-	-	-
UR14	-	-	-
UR15	379.6	-	379.6
RE Schedule - Line Q	<u>13,457.1</u>	<u>3,029.6</u>	<u>16,486.7</u>

## SUPPLEMENTAL SCHEDULE 3

### Carroll Hospital

#### Reconciliation of UCC

For The Fiscal Year Ended June 30, 2019

Source: Amy 10/14/19 email

#### Audited Financial Statements:

		FY19 per Amy
Bad Debts	6,428.9	6,429
Charity Care	376.2	376
Uncompensated Care per Statement	<u>6,805.1</u>	6,805

#### Trial Balance:

Bad Debt Write-offs	9,181.6	9,182
Charity Write-offs	376.2	376
Change in Balance Sheet Reserve	17.0	17
Bad Debt Recoveries	(2,769.6)	(2,770)
Other	(0.1)	0
Uncompensated Care per Trial Balance	<u>6,805.1</u>	6,805

#### Annual Report of Revenues, Expenses, and Volumes:

Uncompensated Care - Schedule PDA	5,450.0	0
Unregulated Charity & Bad Debts	1,355.1	0
Medicaid Day Limit UCC included in contractuals on F/S	-	
Uncompensated Care Per Report	<u>6,805.1</u>	0

**SUPPLEMENTAL SCHEDULE 4**

**Carroll Hospital**

**Detail of MCO Regulated Revenue**

**For The Fiscal Year Ended June 30, 2019**

Source: Mark's Pl

MCO Revenue	Inpatient	Outpatient	Total
AMERIGROUP COMMUNITY CARE	\$ 1,992.0	\$ 1,751.7	\$ 3,743.7
MA-VALUE OPTIONS	3,128.7	1,386.1	4,514.8
MD PHYSICIAN CARE	4,003.1	3,870.1	7,873.2
AETNA BETTER HEALTH OF MD	58.0	133.7	191.7
HELIX MEDSTAR FAMILY	7.9	8.4	16.3
JAI MEDICAL SYSTEMS	42.7	31.3	74.0
KAISER PERMANENTE	117.8	41.1	158.9
MEDSTAR	118.5	72.2	190.7
PRIORITY PARTNERS	3,155.4	2,750.0	5,905.4
UNITED HEALTHCARE	2,420.1	2,472.7	4,892.8
UNIVERSITY OF MARYLAND HEALTH	1,316.4	1,055.0	2,371.4
			-
AETNA MEDICARE	344.0	146.7	490.7
CIGNA HEALTHSPRING	20.3	5.0	25.3
HUMANA MEDICARE ADVANTAGE	125.7	71.3	197.0
JOHNS HOPKINS ADVANTAGE	1,006.3	199.3	1,205.6
KAISER MEDICARE PLUS	17.6	22.1	39.7
MEDSTAR MEDICARE CHOICE	12.0	1.8	13.8
UNITED HEALTHCARE MEDICARE	813.5	297.7	1,111.2
UNITED HEALTHCARE MEDICARE SOL	1,588.1	567.0	2,155.1
UNIVERSITY HEALTH ADVANTAGE	421.3	220.8	642.1
MEDICARE REPLACEMENT PLAN	820.2	363.0	1,183.2
ADVANTAGE MD	830.3	283.5	1,113.8
			-
			-
			-
<b>Total MCO Revenue</b>	<b>\$ 22,359.9</b>	<b>\$ 15,750.5</b>	<b>\$ 38,110.4</b>



## SUPPLEMENTAL SCHEDULE 5

### Carroll Hospital

#### Supplement to FS and RE Schedules to Disclose Non-Operating Revenue and Expense

For The Fiscal Year Ended June 30, 2019

Income Statement	
RE Line T Excess (Deficit) Operating Rev. Over Operating Expenses	\$ 16,332.9
RE Line U Detailed Non-Operating: Income / (Expense)	
U1 Contributions (Unrestricted)	
U2 Interest & Investment Income	4,789.0
U3 Investment - Gains / (Losses) - Realized	4,087.0
U4 Investment - Gains / (Losses) - Unrealized	1,805.0
U5 Swap Agreements - Gains / (Losses) - Realized	
V Other (Specify)	2,071.0
RE Line W Excess Profit / (Loss)	<u>29,084.9</u>
Other Significant Financial Information	
CC Swap Agreements - Gains / (Losses) - Unrealized	
DD Collateral Received / (Posted) - Swap Agreements	
EE Retirement of Debt - Gains / (Losses)	
FF Pension Adjustments - Defined Benefit Plans	(11,160.0)
GG Other (Specify)	
HH Total	<u>\$ (11,160.0)</u>

## SUPPLEMENTAL SCHEDULE 6

### Carroll Hospital

#### Debt Collection/Financial Assistance Report

For The Fiscal Year Ended June 30, 2019

#### 1. Collection Agency Name

- a. Credit Collection Services
- b. John Lindner, Attorney at Law
- c. Blibaum Law
- d. Receivables Outsourcing, Inc.
- e. State Collection Service, Inc.
- f.
- g.
- h.

#### 2. Number of Liens

- i. -

#### 3. Number of extended payment plans

- j. -

#### FINANCIAL ASSISTANCE

#### 4. Number of applications for financial assistance received

- k. 287

#### 5. Number of applicants for financial assistance approved

- l. 179

**SUPPLEMENTAL SCHEDULE 7**

**Carroll Hospital**

**Hospital Outpatient Services Survey**

**For The Fiscal Year Ended June 30, 2019**

Name of Outpatient Service	Description of Services Provided	Physical Location/Address	Regulated/Unregulated
Hospital located, non-clinic related serv	· Emergency Services	Principal Hospital Building	Regulated
	· Observation Service		
	· Surgical Services	200 Memorial Avenue	
	· Psych Day/Night (PHP/IOP)	Westminster, MD 21157	
	· Therapy (PT,OT,ST)		
	· Interventional Cardiology		
	· Non-interventional cardiac/vascular services (ECG's, stress tests, holter monitor, calcium scoring		
	· Women & Children Services		
Hospital located, "Outpatient Center" / C	· Anticoagulation	Principal Hospital Building	Regulated
	· Cardiac Rehab		
	· Pulmonary Rehab	200 Memorial Avenue	
	· Diabetic Counseling	Westminster, MD 21157	
	· Nutritional Therapy		
	· Wound Care		
	· Hyperbaric Medicine		
	· Sleep Disorders		
	· Vascular/Vein Clinic		
Carroll Regional Cancer Center Physicia (Subsidiary of Hospital)	Employed Physicians (2 Medical Oncologists, 1 Radiation Oncologist)	291 Stoner Ave. Westminster, MD 21157	Unregulated

## SUPPLEMENTAL SCHEDULE 8

### Gross Patient Revenue Reconciliation

For The Fiscal Year Ended June 30, 2019

Institution Name: Carroll Hospital  
 Institution Number: 210033

Source: John C.

Please enter revenue results in \$1,000's.

#### Section I

#### TOTAL GROSS PATIENT REVENUE

Line #		Col 1 Inpatient	Col 2 Outpatient	Col 3 Total
1	Total In-State Revenue	\$ 140,957	\$ 82,385	\$ 223,342
2	Total Out-State Revenue	\$ 6,233	\$ 4,329	\$ 10,562
3	Total Gross Patient Revenue	\$ 147,190	\$ 86,714	\$ 233,904

#### Section II

#### TOTAL MEDICARE REVENUE

	Col 1 In-State I/P Revenue	Col 2 Out-State I/P Revenue	Col 3 In-State O/P Revenue	Col 4 Out-State O/P Revenue	Col 5 Total Revenue
4	Medicare FFS Revenue	\$ 79,033	\$ 2,697	\$ 28,424	\$ 111,172
5	Medicare Non-FFS Revenue	\$ 5,837	\$ 255	\$ 2,068	\$ 8,277
6	Total Medicare Revenue	\$ 84,870	\$ 2,952	\$ 30,491	\$ 119,449

**SUPPLEMENTAL SCHEDULE 9**

**UR6-A**

**Physician Part B Services - UR6 Addendum (UR6-A)**

INSTITUTION NAME: Carroll Hospital

FISCAL YEAR

6/30/2019

INSTITUTION NUMBER: 210033

Schedule UR6-A is provided to enable hospitals to identify the Physician Part B Services cost, revenue, and FTEs reported on Schedule UR6 by physician category. A reconciliation of this schedule to the UR6 schedule will be required beginning with the FY2016 Special Audit Procedures.

\*Update UR6A backu

**Instructions:**

- 1) Enter the appropriate code and description for each physician type at the hospital, with separate lines for hospital vs. non-hospital based physicians.  
A directory of codes and description can be found below.  
 If your hospital has both hospital and non-hospital based physicians in the same category, use one line for hospital based and a separate line for non-hospital based physicians.
- 2) Enter expenses and revenues in thousands, rounded to one decimal place.
- 3) Indicate "Yes" or "No" in the "Hospital Based" column for the line in question.  
 For the purposes of this report, only House Staff, Pathologists, Radiologists, and Anesthesiologists can be considered "Hospital Based."
- 4) Enter the FTEs for each line. FTEs should be rounded to one decimal place.
- 5) Verify that the data entered matches Schedule UR6 using the check at the bottom of this schedule.

COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
<u>Code</u>	<u>Physician Description</u>	<u>Wages, Salaries, &amp; Fringe Benefits</u>	<u>Other Expenses</u>	<u>Total Expenses</u>	<u>Revenue</u>	<u>Hospital Based</u>	<u>FTEs</u>
1	Physician/General Practice	\$ -	\$ 3,877.2	\$ 3,877.2		Y	-
5	Physician/Anesthesiology	\$ -	\$ 1,800.0	\$ 1,800.0		Y	-
69	Clinical Laboratory	\$ -	\$ 197.9	\$ 197.9		N	-
70	Clinic or Group Practice	\$ -	\$ 1,273.3	\$ 1,273.3		N	-
80	Licensed Clinical Social Worker	\$ -	\$ 221.2	\$ 221.2		N	-
81	Physician/Critical Care (Intensivists)	\$ -	\$ 1,126.8	\$ 1,126.8		N	-
92	Physician/Radiation Oncology	\$ 2,853.4	\$ 296.8	\$ 3,150.2	\$ 1,474.2	N	3.0
97	Physician Assistant	\$ -	\$ 490.8	\$ 490.8		N	-
99	Physician/Undefined Physician	\$ 414.1	\$ 246.8	\$ 660.9		N	2.2
A0	Hospital-General	\$ -	\$ 454.5	\$ 454.5		N	-
<b>Total</b>		\$ 3,267.5	\$ 9,985.3	\$ 13,252.8	\$ 1,474.2	Combined	5.1