

GARRETT REGIONAL MEDICAL CENTER

**HEALTH SERVICES COST REVIEW
COMMISSION**

RATE REVIEW SYSTEM

FOR THE FISCAL YEAR ENDED JUNE 30, 2018

INPATIENTS AND PATIENT DAYS

V1

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR

6/30/2018

INSTITUTION NUMBER: 210017

| | | | 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 | 1,619 | 6,032 | 106 | 3.5 | 22 | 0.751 |
| D02 | PED | Pediatric Acute | 19 | 32 | 0 | 1.7 | 1 | 0.096 |
| D03 | PSY | Psychiatric Acute | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D04 | OBS | Obstetrics Acute | 276 | 483 | 0 | 1.8 | 2 | 0.662 |
| D05 | DEF | Definitive Observation | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D06 | MIS | Med/Surg Intensive Care | 183 | 663 | 185 | 1.8 | 2 | 0.908 |
| 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 | | | 2,097 | 7,210 | 291 | 3.0 | 27 | 0.734 |
| D14 | NUR | Newborn Nursery | 282 | 576 | 0 | 2.0 | 0 | |
| D15 | PRE | Premature Nursery | 0 | 0 | 0 | 0.0 | 0 | |
| TOTAL | | | 2,379 | 7,786 | 291 | 2.9 | 27 | 0.793 |

OUTPATIENT VISITS

V2

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210017

| | | | 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 | 1,414 | 16,788 | 18,202 | 23,062 | 149,609 | 172,671 |
| D19 | CL | Clinical Services | 63 | 6,746 | 6,809 | 858 | 76,656 | 77,514 |
| D20 | PDC | Psych. Day & Night Care | 0 | 0 | 0 | | | |
| D22 | SDS | Same Day Surgery | 15 | 3,220 | 3,235 | | | |
| D50 | FSE | Free Standing Emergency | 0 | 0 | 0 | | | |
| D55 | OBV | Observation | 183 | 671 | 854 | 3,549 | 18,987 | 22,536 |
| D58 | OCL | Oncology O/P Clinic | 0 | 0 | 0 | 0 | 0 | 0 |
| D83 | CL-340 | 340B Clinic Services | | | | 0 | 0 | 0 |
| | | | | | | | | |
| | | | | | | | | |
| | TOTAL | | 1,675 | 27,425 | 29,100 | 27,469 | 245,252 | 272,721 |

ANCILLARY SERVICE UNITS

V3

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210017

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

| 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 | 9,773 | 4,084 | 13,857 |
| D24 | OR | Operating Room | Minutes | 84,288 | 161,537 | 245,825 |
| D24A | ORC | Operating Room Clinic | Minutes | 176 | 3,724 | 3,900 |
| D25 | ANS | Anesthesiology | Minutes | 85,027 | 161,632 | 246,659 |
| D28 | LAB | Laboratory Services | MD RVUs | 875,720 | 2,371,923 | 3,247,643 |
| D30 | EKG | Electrocardiography | 1974 California RV | 26,137 | 146,725 | 172,862 |
| D31 | IRC | Interventional Radiology / Cardiovascular | MD RVUs | 359 | 1,309 | 1,668 |
| D32 | RAD | Radiology-Diagnostic | HSCRC RVUs | 40,966 | 273,794 | 314,760 |
| D33 | CAT | CT Scanner | HSCRC RVUs | 54,273 | 258,877 | 313,150 |
| D34 | RAT | Radiology-Therapeutic | MD RVUs | 0 | 0 | 0 |
| D35 | NUC | Nuclear Medicine | HSCRC RVUs | 8,510 | 128,275 | 136,785 |
| D36 | RES | Respiratory Therapy | MD RVUs | 366,069 | 77,271 | 443,340 |
| D37 | PUL | Pulmonary Function Testing | MD RVUs | 7,185 | 49,830 | 57,015 |
| D38 | EEG | Electroencephalography | 1974 California RV | 300 | 600 | 900 |
| D39 | PTH | Physical Therapy | MD RVUs | 62,382 | 11,941 | 74,323 |
| D40 | OTH | Occupational Therapy | MD RVUs | 23,287 | 904 | 24,191 |
| D41 | STH | Speech Language Pathology | MD RVUs | 2,755 | 4,253 | 7,008 |
| 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 | 0 | 0 | 0 |
| D46 | OA | Organ Acquisition | Treatments | 0 | 0 | 0 |
| D48 | LEU | Leukopheresis | JHU RVUs | 0 | 0 | 0 |
| D49 | HYP | Hyperbaric Chamber | Hours of Treatment | 0 | 0 | 0 |
| D51 | MRI | Magnetic Resonance Imaging | HSCRC RVUs | 8,921 | 0 | 8,921 |
| D53 | LIT | Lithotripsy | # of Procedures | 0 | 0 | 0 |
| D56 | AMR | Ambulance Services-Rebundled | HSCRC RVUs | 3,594 | 0 | 3,594 |
| 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 |

UNASSIGNED EXPENSES

UA

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210017

| | 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 | 269.1 | 53.5 | 545.6 | 868.2 | 4,156.1 | 48.9 | 94.0 | 0.0 | 156.2 | 5,323.4 | A |
| B | ALLOC. TO AUX. ENTERPRISES & UNREGULATED SERVICES | RECORDS | 0.0 | 0.0 | 0.0 | 0.0 | (387.8) | 0.0 | 0.0 | 0.0 | 0.0 | (387.8) | B |
| C | FISCAL YEAR EXP. - ADJUSTED | A + B | 269.1 | 53.5 | 545.6 | 868.2 | 3,768.3 | 48.9 | 94.0 | 0.0 | 156.2 | 4,935.6 | C |

HOSPITAL BASED PHYSICIANS

P1 A

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210017

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 | 12.0 | 0.0 | 0.0 | 12.0 | A1 |
| A2 | Med/Surg Acute | MSG | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 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 | 0.0 | 0.0 | 0.0 | A5 |
| A6 | Definitive Observation | DEF | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A6 |
| A7 | Med/Surg Intensive Care | MIS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 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 | 0.0 | 0.0 | 0.0 | A18 |
| A19 | Clinical Services | CL | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 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 | 28.7 | 0.0 | 28.7 | 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: Garrett Regional Medical Center FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210017

| | | 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 | 0.0 | 0.0 | 0.0 | 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 | 12.0 | 28.7 | 0.0 | 0.0 | 40.7 | B |
|---|--------|--------|-----|-----|------|------|-----|-----|------|---|

Reporting Schedule

| | | | | | | | | | | |
|---|----------------------|--------------|-----|------|----|----------|-----------|--------------------------|--------------|---|
| C | Cost Center Schedule | //// //// | F01 | C 13 | UA | D1 - D80 | P2A - P2G | P4A - P4G & P5A - P5G | //// //// | C |
|---|----------------------|--------------|-----|------|----|----------|-----------|--------------------------|--------------|---|

AUXILIARY ENTERPRISES

REO

E05

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210017

| | | |
|---|-------------|-------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | Sq Feet | 739 |

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

Retail Operations

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

FISCAL YEAR DATA

| B | FISCAL YEAR EXPENSES | RECORDS | 0.0 | 215.5 | 215.5 | XXXXX | B |
|-----|--|-------------|----------|-------|-------|---------|-----|
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH OA | 0.3 | XXXXX | 0.3 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTER | //////// | XXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COL. 5 COST CENTER | COL. 6 CODE | //////// | XXXXX | XXXXX | XXXXX | /// |
| D01 | Depreciation & Amortization | DEP | 0.0 | 34.4 | 34.4 | XXXXX | D01 |
| D02 | General Accounting | FIS | 1.3 | 0.4 | 1.7 | XXXXX | D02 |
| D03 | Housekeeping | HKP | 4.1 | 1.1 | 5.2 | XXXXX | D03 |
| D04 | Hospital Administration | MGT | 6.1 | 6.6 | 12.7 | XXXXX | D04 |
| D05 | Plant Operations | POP | 4.2 | 5.9 | 10.1 | XXXXX | D05 |
| D06 | Purchasing & Stores | PUR | 0.7 | 0.3 | 1.0 | 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 | 16.6 | 264.1 | 280.8 | 0.37987 | G |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|--------------------------|---------|-------|-------|--------|-------|---|
| H | FISCAL YEAR REVENUE | RECORDS | XXXXX | XXXXX | 244.7 | XXXXX | H |
| I | PROFIT (LOSS) | G - F | XXXXX | XXXXX | (36.0) | XXXXX | I |
| J | AMOUNT TREATED AS FRINGE | RECORDS | XXXXX | XXXXX | 0.0 | XXXXX | J |
| K | AMOUNT TREATED AS OFC | H - I | XXXXX | XXXXX | (36.0) | XXXXX | K |

FTE DATA

| | | | | | | | |
|---|-------------------------------|---------|-----|--|--|--|---|
| S | FISCAL YEAR HOURS WORKED/2080 | RECORDS | 0.3 | | | | S |
|---|-------------------------------|---------|-----|--|--|--|---|

AUXILIARY ENTERPRISES

PTE

E06

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210017

| | | |
|---|-------------|-------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | # of Spaces | 51 |

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

Patients Telephones

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

FISCAL YEAR DATA

| B | FISCAL YEAR EXPENSES | RECORDS | 66.4 | 25.6 | 92.0 | XXXXX | B |
|-----|--|-------------|---------|-------|-------|---------|-----|
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH OA | 1.5 | XXXXX | 1.5 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTER | /////// | XXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COL. 5 COST CENTER | COL. 6 CODE | /////// | XXXXX | XXXXX | XXXXX | /// |
| D01 | General Accounting | FIS | 0.4 | 0.1 | 0.6 | XXXXX | D01 |
| D02 | Hospital Administration | MGT | 2.1 | 2.3 | 4.4 | 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 | 70.5 | 28.0 | 98.5 | 1.93117 | G |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|--------------------------|---------|-------|-------|--------|-------|---|
| H | FISCAL YEAR REVENUE | RECORDS | XXXXX | XXXXX | 0.0 | XXXXX | H |
| I | PROFIT (LOSS) | G - F | XXXXX | XXXXX | (98.5) | XXXXX | I |
| J | AMOUNT TREATED AS FRINGE | RECORDS | XXXXX | XXXXX | 0.0 | XXXXX | J |
| K | AMOUNT TREATED AS OFC | H - I | XXXXX | XXXXX | (98.5) | XXXXX | K |

FTE DATA

| | | | | | | | |
|---|-------------------------------|---------|-----|--|--|--|---|
| S | FISCAL YEAR HOURS WORKED/2080 | RECORDS | 1.4 | | | | S |
|---|-------------------------------|---------|-----|--|--|--|---|

AUXILIARY ENTERPRISES

CAF

E07

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210017

| | | |
|---|-----------------|-------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | Eq. Meals Serve | 61,220 |

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

Cafeteria

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

FISCAL YEAR DATA

| B | FISCAL YEAR EXPENSES | RECORDS | 130.3 | 264.5 | 394.8 | 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 | Depreciation & Amortization | DEP | 0.0 | 60.5 | 60.5 | XXXXX | D01 |
| D02 | General Accounting | FIS | 2.1 | 0.6 | 2.8 | XXXXX | D02 |
| D03 | Housekeeping | HKP | 12.8 | 3.4 | 16.2 | XXXXX | D03 |
| D04 | Hospital Administration | MGT | 10.2 | 11.0 | 21.3 | XXXXX | D04 |
| D05 | Plant Operations | POP | 7.3 | 10.4 | 17.7 | XXXXX | D05 |
| D06 | Purchasing & Stores | PUR | 1.1 | 0.5 | 1.6 | 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 | 164.0 | 351.0 | 514.9 | 0.00841 | G |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|--------------------------|---------|-------|-------|---------|-------|---|
| H | FISCAL YEAR REVENUE | RECORDS | XXXXX | XXXXX | 149.6 | XXXXX | H |
| I | PROFIT (LOSS) | G - F | XXXXX | XXXXX | (365.3) | XXXXX | I |
| J | AMOUNT TREATED AS FRINGE | RECORDS | XXXXX | XXXXX | (365.3) | XXXXX | J |
| K | AMOUNT TREATED AS OFC | H - I | XXXXX | XXXXX | 0.0 | XXXXX | K |

FTE DATA

| | | | | | | | |
|---|-------------------------------|---------|-----|--|--|--|---|
| S | FISCAL YEAR HOURS WORKED/2080 | RECORDS | 3.8 | | | | S |
|---|-------------------------------|---------|-----|--|--|--|---|

OTHER INSTITUTIONAL PROGRAMS

Not Applicable

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017
 FISCAL YEAR 6/30/2018

Allocation of Cafeteria / Parking Expense

| | | COL. 1 | COL. 2 |
|--------------|---------------------------------------|-------------------|----------------|
| LOSS PER FTE | | SOURCE | TOTAL EXPENSES |
| A | GAIN (LOSS) TO BE ALLOCATED AS FRINGE | SCH. E2,E7,E8, E9 | 365.3 |
| B | NUMBER OF FTE'S | RECORDS | 339.4 |
| B1 | LOSS PER FTE | A / B | 1.07636 |

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 | 621.6 | 552.5 | 1,174.1 |
| 2 | DONATED SERVICES & COMMODITIES | RECORDS | 0.0 | 0.0 | 0.0 |
| 3 | FISCAL YEAR ADJUSTED EXPENSES | C1 + C2 | 621.6 | 552.5 | 1,174.1 |

CAFETERIA, PARKING, ETC DATA PROCESSING

| /// | DISTRIBUTION OF LOSS PER FTE | LOOK UP | SCHED | CODE | NO. OF FTE'S | C x D1 | COL. 3 FTE'S ALLOCATED | COL. 4 BASIS | DATA PROCESSING | | | COL. 8 TOTAL ALLOCATED EXPENSE |
|-----|------------------------------|---------|-------|------|--------------|--------|---------------------------|-----------------|---|--------------------------|-------------------------|-----------------------------------|
| | | | | | | | | | COL. 5 WAGES, SALARIES, & F. BENEFIT | COL. 6 OTHER EXPENSES | COL. 7 DP ALLOCATION | |
| 1 | DIETARY SERVICES | C01 | C01 | DTY | 7.8 | \$ 8.4 | 0.2 | 2.70% | \$ 16.8 | \$ 14.9 | \$ 31.7 | 40.1 |
| 2 | LAUNDRY & LINEN | C02 | C02 | LL | 0.8 | 0.9 | 0.0 | 0.00% | - | - | - | 0.9 |
| 3 | SOCIAL SERVICES | C03 | C03 | SSS | 7.6 | 8.2 | 0.2 | 3.55% | 22.1 | 19.6 | 41.6 | 49.9 |
| 4 | PURCHASING & STORES | C04 | C04 | PUR | 4.6 | 5.0 | 0.1 | 1.18% | 7.4 | 6.5 | 13.9 | 18.8 |
| 5 | PLANT OPERATIONS | C05 | C05 | POP | 9.6 | 10.3 | 0.0 | 0.34% | 2.1 | 1.9 | 4.0 | 14.3 |
| 6 | HOUSEKEEPING | C06 | C06 | HKP | 16.8 | 18.1 | 0.0 | 0.00% | - | - | - | 18.1 |
| 7 | CENTRAL SERVICES & SUPPLY | C07 | C07 | CSS | 2.8 | 3.0 | 0.0 | 0.00% | - | - | - | 3.0 |
| 8 | PHARMACY | C08 | C08 | PHM | 7.4 | 7.9 | 0.1 | 1.69% | 10.5 | 9.3 | 19.8 | 27.8 |
| 9 | GENERAL ACCOUNTING | C09 | C09 | FIS | 5.1 | 5.5 | 0.1 | 1.18% | 7.4 | 6.5 | 13.9 | 19.4 |
| 10 | PATIENT ACCOUNTS | C10 | C10 | PAC | 20.6 | 22.2 | 0.3 | 4.73% | 29.4 | 26.1 | 55.5 | 77.7 |
| 11 | HOSPITAL ADMINISTRATION | C11 | C11 | MGT | 14.7 | 15.8 | 1.7 | 25.68% | 159.6 | 141.9 | 301.5 | 317.3 |
| 12 | MEDICAL RECORDS | C12 | C12 | MRD | 12.9 | 13.9 | 0.4 | 6.42% | 39.9 | 35.5 | 75.4 | 89.3 |
| 13 | MEDICAL STAFF ADMINISTRATION | C13 | C13 | MSA | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - |
| 14 | NURSING ADMINISTRATION | C14 | C14 | NAD | 6.7 | 7.2 | 0.1 | 1.69% | 10.5 | 9.3 | 19.8 | 27.1 |
| 15 | ORGAN ACQUISITION OVERHEAD | C15 | C15 | OAO | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - |
| 16 | MED/SURG ACUTE | D01 | D01 | MSG | 35.9 | 38.6 | 0.7 | 10.98% | 68.3 | 60.7 | 128.9 | 167.5 |
| 17 | PEDIATRIC ACUTE | D02 | D02 | PED | 0.2 | 0.2 | 0.0 | 0.00% | - | - | - | 0.2 |
| 18 | PSYCHIATRIC ACUTE | D03 | D03 | PSY | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - |
| 19 | OBSTETRICS ACUTE | D04 | D04 | OBS | 5.3 | 5.7 | 0.3 | 4.56% | 28.4 | 25.2 | 53.5 | 59.3 |
| 20 | DEFINITIVE OBSERVATION | D05 | D05 | DEF | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - |
| 21 | MED/SURG INTENSIVE CARE | D06 | D06 | MIS | 10.3 | 11.1 | 0.2 | 2.70% | 16.8 | 14.9 | 31.7 | 42.8 |
| 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 | NFO | 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 | 3.7 | 4.0 | 0.0 | 0.00% | - | - | - | 4.0 |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017
 FISCAL YEAR: 6/30/2018

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 |
|-----|---|---------|-------|------|--------------|--------|-----------------|-------|-------------------------------|----------------|---------------|-------------------------|
| 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 | 26.3 | 28.3 | 0.5 | 7.77% | 48 | 43 | 91 | 119.5 |
| 33 | CLINICAL SERVICES | D19 | D19 | CL | 11.1 | 12.0 | 0.1 | 1.52% | 9 | 8 | 18 | 29.8 |
| 34 | PSYCH. DAY & NIGHT CARE | D20 | D20 | PDC | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 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 | 4.9 | 5.3 | 0.1 | 1.52% | 9 | 8 | 18 | 23.2 |
| 37 | LABOR & DELIVERY SERVICES | D23 | D23 | DEL | 6.0 | 6.5 | 0.0 | 0.00% | 0 | 0 | 0 | 6.5 |
| 38 | OPERATING ROOM | D24 | D24 | OR | 20.6 | 22.2 | 0.3 | 5.07% | 32 | 28 | 59 | 81.7 |
| 39 | OPERATING ROOM CLINIC | D24a | D24a | ORC | 0.3 | 0.3 | 0.0 | 0.00% | 0 | 0 | 0 | 0.3 |
| 40 | ANESTHESIOLOGY | D25 | D25 | ANS | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 41 | LABORATORY SERVICES | D28 | D28 | LAB | 17.0 | 18.3 | 0.3 | 4.22% | 26 | 23 | 50 | 67.9 |
| 42 | ELECTROCARDIOGRAPHY | D30 | D30 | EKG | 1.5 | 1.7 | 0.0 | 0.00% | 0 | 0 | 0 | 1.7 |
| 43 | INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR | D31 | D31 | IRC | 0.1 | 0.1 | 0.0 | 0.00% | 0 | 0 | 0 | 0.1 |
| 44 | RADIOLOGY-DIAGNOSTIC | D32 | D32 | RAD | 14.6 | 15.7 | 0.2 | 3.72% | 23 | 21 | 44 | 59.3 |
| 45 | CT SCANNER | D33 | D33 | CAT | 1.9 | 2.1 | 0.0 | 0.17% | 1 | 1 | 2 | 4.0 |
| 46 | RADIOLOGY-THERAPEUTIC | D34 | D34 | RAT | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 47 | NUCLEAR MEDICINE | D35 | D35 | NUC | 1.8 | 2.0 | 0.0 | 0.34% | 2 | 2 | 4 | 5.9 |
| 48 | RESPIRATORY THERAPY | D36 | D36 | RES | 4.8 | 5.2 | 0.1 | 2.03% | 13 | 11 | 24 | 29.0 |
| 49 | PULMONARY FUNCTION TESTING | D37 | D37 | PUL | 1.4 | 1.5 | 0.0 | 0.00% | 0 | 0 | 0 | 1.5 |
| 50 | ELECTROENCEPHALOGRAPHY | D38 | D38 | EEG | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | 0.0 |
| 51 | PHYSICAL THERAPY | D39 | D39 | PTH | 1.1 | 1.2 | 0.4 | 6.25% | 39 | 35 | 73 | 74.6 |
| 52 | OCCUPATIONAL THERAPY | D40 | D40 | OTH | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 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 | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: Garrett Regional Medical Center

INSTITUTION NUMBER: 210017

FISCAL YEAR: 6/30/2018

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 | 0.00% | 0 | 0 | 0 | 0.0 |
| 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 | 5.7 | 6.2 | 0.0 | 0.00% | 0 | 0 | 0 | 6.2 |
| 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 | 0.0 | 0.0 | | | | | | - |
| 92 | OFFICE & OTHER RENTAL | E04 | E04 | OOR | 0.0 | 0.0 | | | | | | - |
| 93 | RETAIL OPERATIONS | E05 | E05 | REO | 0.3 | 0.3 | | | | | | 0.3 |
| 94 | PATIENTS TELEPHONES | E06 | E06 | PTE | 1.4 | 1.5 | | | | | | 1.5 |
| 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 | 0.0 | 0.0 | | | | | | - |
| 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: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017
 FISCAL YEAR: 6/30/2018

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

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017
 FISCAL YEAR: 6/30/2018

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 |
|-----|--------------------------------------|---------|-------|---------|--------------|--------|-----------------|-------|-------------------------------|----------------|---------------|-------------------------|
| 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)

INSTITUTION NAME: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017
 FISCAL YEAR: 6/30/2018

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 |
|-----|---|---------|-------|------|--------------|--------|-----------------|-------|-------------------------------|----------------|---------------|-------------------------|
| 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)

INSTITUTION NAME: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017
 FISCAL YEAR: 6/30/2018

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

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP H

INSTITUTION NAME: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017
 FISCAL YEAR: 6/30/2018

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 |
|-----|---|---------|-------|------|--------------|--------|-----------------|-------|-------------------------------|----------------|---------------|-------------------------|
| 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)

INSTITUTION NAME: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017
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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 D1 | 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 (PBP) | D21 | P5C | AMS | 0.0 | 0.0 | | | | | | - |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017
 FISCAL YEAR: 6/30/2018

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 |
|-----|---|---------|-------|------|--------------|--------|-----------------|-------|-------------------------------|----------------|---------------|-------------------------|
| 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: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017
 FISCAL YEAR: 6/30/2018

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 |
|-----|------------------------------------|---------|-------|---------|--------------|--------|-----------------|---------|-------------------------------|----------------|---------------|-------------------------|
| 369 | PSYCHIATRIC CHILD/ADOLESCENT | D71 | P51 | PCD | 0.0 | 0.0 | | | | | | - |
| 370 | PSYCHIATRIC GERIATRIC | D73 | P51 | PSG | 0.0 | 0.0 | | | | | | - |
| 371 | INDIVIDUAL THERAPIES | D74 | P51 | ITH | 0.0 | 0.0 | | | | | | - |
| 372 | GROUP THERAPIES | D75 | P51 | GTH | 0.0 | 0.0 | | | | | | - |
| 373 | FAMILY THERAPIES | D76 | P51 | FTH | 0.0 | 0.0 | | | | | | - |
| 374 | PSYCHOLOGICAL TESTING | D77 | P51 | PST | 0.0 | 0.0 | | | | | | - |
| 375 | EDUCATION | D78 | P51 | 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 | 15.9 | 17.1 | | | | | | 17.1 |
| 388 | LABORATORY NON-PATIENT | UR05 | UR05 | ULB | 2.1 | 2.2 | | | | | | 2.2 |
| 389 | PHYSICIANS PART B SERVICES | UR06 | UR06 | UPB | 27.6 | 29.7 | | | | | | 29.7 |
| 390 | CERTIFIED NURSE ANESTHETISTS | UR07 | UR07 | CNA | 0.0 | 0.0 | | | | | | - |
| 391 | PHYSICIAN SUPPORT SERVICES | UR08 | UR08 | PSS | 0.0 | 0.0 | | | | | | 0.0 |
| 392 | MOBILE SERVICES | UR09 | UR09 | TBA2 | 0.0 | 0.0 | | | | | | 0.0 |
| 393 | OUTPATIENT CT SCAN | UR10 | UR10 | TBA3 | 0.0 | 0.0 | | | | | | - |
| 394 | PHARMACY GRANT | UR11 | UR11 | TBA4 | 0.0 | 0.0 | | | | | | - |
| 395 | COMPREHENSIVE CARE CENTER | UR12 | UR12 | TBA5 | 0.0 | 0.0 | | | | | | - |
| 396 | UNREGULATED CARDIAC REHABILITATION | UR13 | UR13 | TBA6 | 0.0 | 0.0 | | | | | | 0.0 |
| 397 | TBD | UR14 | UR14 | TBA7 | 0.0 | 0.0 | | | | | | - |
| 398 | TBD | UR15 | UR15 | TBA8 | 0.0 | 0.0 | | | | | | - |
| E | TOTALS | | | | 339.4 | 365.3 | 6.5 | 100.00% | 621.6 | 552.5 | 1,174.1 | 1,539.4 |

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

RC

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210017

| Expenses | | Sources | HSCRC Regulated | Unregulated | Total | |
|----------|-------------------------------------|---------------------------------|-----------------|-------------|------------|----|
| A | Unassigned Expense | Sch. UA, Col. 10 | 4,935.6 | 387.8 | 5,323.4 | A |
| B | Physicians Part B Services | P2 Ln A Col 7 UR6 Ln B Col 3 | 0.0 | 7,931.2 | 7,931.2 | 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 | 14,594.5 | 1,038.8 | 15,633.3 | E |
| F | Patient Care Centers | Schs D1 - D81, Line B, Col. 4 | 27,544.7 | ////////// | 27,544.7 | F |
| G | Auxiliary Enterprises | Schs E1 - E9 Line B, Col 3 | 365.3 | 337.0 | 702.3 | G |
| H | Other Institution Programs | Schs F1 - F4, Line B, Col 3 | ////////// | 0.0 | 0.0 | H |
| I | Unregulated Services | Schs UR1-UR15 Less Ln B & C | ////////// | 1,605.8 | 1,605.8 | I |
| J | Total Operating Expenses | A+B+C+D+E+F+G+H+I | 47,440.1 | 11,300.6 | 58,740.7 | J |
| K | Non-Operating Expenses | Non-Operating Expenses | ////////// | 0.0 | 0.0 | K |
| L | Total Expenses | J + K | 47,440.1 | 11,300.6 | 58,740.7 | L |
| M | Total Operating Expenses - RE | Sche RE, Line S | 47,330.0 | 11,411.0 | 58,741.0 | M |
| N | Non-Operating Expenses - RE | Sche RE, Line V | ////////// | 0.0 | 0.0 | N |
| O | Total Expenses - RE | M + N | 47,330.0 | 11,411.0 | 58,741.0 | O |
| P | Reconciliation Amount | O - L | (110.1) | 110.4 | 0.3 | P |
| Q | Nomenclature | ////////// | ////////// | ////////// | ////////// | Q |
| Q1 | Other Non-Operating Expense | Audited Financial Statements | 0.0 | 0.0 | 0.0 | Q1 |
| Q2 | Rounding | | (0.3) | 0.0 | (0.3) | Q2 |
| Q3 | O/H Exp Alloc. to Aux Ent. Fringe | E Schedules | 59.6 | (59.6) | 0.0 | Q3 |
| Q4 | Aux Ent. Loss Allocated to F and UR | OA Schedule | 50.8 | (50.8) | 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: Garrett Regional Medical Center

FISCAL

6/30/2018INSTITUTION NUMBER: 210017

| | | COL 1 | COL 2 | COL 3 | |
|----------------------------------|--|-----------|-------------|-----------|----|
| | | Regulated | Unregulated | Total | |
| Operating Revenues: | | xxxx | xxxx | xxxx | |
| A | Gross Revenues from Daily Hospital Services | 8,641.7 | 0.0 | 8,641.7 | A |
| B | Gross Revenues from Ambulatory Services | 9,445.3 | 0.0 | 9,445.3 | B |
| C | Gross Revenues from Inpatient Ancillary Services | 13,931.8 | 2,364.9 | 16,296.7 | C |
| D | Gross Revenues from Outpatient Ancillary Services | 25,701.3 | 12,268.5 | 37,969.8 | D |
| E | Gross Patient Revenues | 57,720.0 | 14,633.4 | 72,353.4 | E |
| Deductions from Revenues: | | xxxx | xxxx | xxxx | |
| F | Provision for Bad Debts | 1,242.1 | 356.6 | 1,598.6 | F |
| G | Charity/Uncompensated Care | 2,550.7 | 127.3 | 2,677.9 | G |
| H | Contractual Adjustments | 3,704.0 | 7,139.5 | 10,843.5 | H |
| H1 | Uncompensated Care Fund Payments | 693.0 | 0.0 | 693.0 | H1 |
| H2 | Denials | 891.9 | 997.3 | 1,889.2 | H2 |
| I | Other Deductions from Revenues | 0.0 | 0.0 | 0.0 | I |
| J | Total Deductions from Revenues | 9,081.7 | 8,620.6 | 17,702.3 | J |
| J1 | Uncompensated Care Fund Receipts | 0.0 | 0.0 | 0.0 | J1 |
| K | Net Patient Revenues | 48,638.4 | 6,012.8 | 54,651.1 | K |
| L | Other Operating Revenues | 499.7 | 505.8 | 1,005.5 | L |
| M | Net Operating Revenues | 49,138.1 | 6,518.6 | 55,656.7 | M |
| Operating Expenses: | | xxxx | xxxx | xxxx | |
| N | Salaries, Wages, and Employee Benefits | 25,147.4 | 6,503.9 | 31,651.3 | N |
| O | Professional Fees | 0.0 | 0.0 | 0.0 | O |
| P | Supplies | 10,954.2 | 0.0 | 10,954.2 | P |
| Q | Depreciation/Amortization, Leases/Rentals | 3,817.3 | 387.8 | 4,205.0 | Q |
| R | Other Expenses | 7,411.1 | 4,519.4 | 11,930.5 | R |
| S | Total Operating Expenses | 47,330.0 | 11,411.0 | 58,741.0 | S |
| T | Excess (Deficit) Operating Revenues Over Operating Expenses | 1,808.1 | (4,892.4) | (3,084.3) | T |
| U | Non-Operating Revenues | xxxx | 776.5 | 776.5 | U |
| V | Non-Operating Expenses | xxxx | 0.0 | 0.0 | V |
| W | Excess (Deficit) Revenues Over Expenses-Regulated and Unregulated | 1,808.1 | (4,115.9) | (2,307.8) | W |
| X | Operating Expenses per EIPD | 2.56728 | xxxx | xxxx | X |
| Y | Operating Expenses per EIPA | 8.82692 | xxxx | xxxx | Y |
| Z | Working Capital Ratio = Current Assets/Current Liabilities | 4.6 | xxxx | xxxx | Z |
| AA | Admissions | 2,097 | 0 | 2,097 | AA |
| BB | EIPA's | 5,362 | 0 | 6,084 | BB |

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

INSTITUTION NAME: Garrett Regional Medical Center

RE - R 1

INSTITUTION NO.: 210017

| | 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 | 72,353.4 | - | - | - | - | - | - | - | - |
| Provision for Bad Debt | 1,598.8 | - | - | - | - | - | - | - | - |
| Charity Care | 2,677.8 | - | - | - | - | - | - | - | - |
| Contractual Allowances | 13,425.7 | - | - | - | - | - | - | - | - |
| Total Deductions | 17,702.3 | - | - | - | - | - | - | - | - |
| Net Patient Revenue | 54,651.1 | - | - | - | - | - | - | - | - |
| Other Operating Revenue | 1,005.5 | - | - | - | 108.7 | - | 244.7 | - | 149.6 |
| Total Operating Revenue | 55,656.7 | - | - | - | 108.7 | - | 244.7 | - | 149.6 |
| Operating Expenses: | | | | | | | | | |
| Salaries, Wages and Benefits | 31,651.3 | - | - | - | - | - | 16.6 | 70.5 | 164.0 |
| Professional Fees | - | - | - | - | - | - | - | - | - |
| Supplies | 10,954.2 | - | - | - | - | - | - | - | - |
| Depreciation / Amortization | 4,156.1 | - | - | - | - | - | 34.4 | - | 60.5 |
| Leases / Rentals | - | 48.9 | - | - | - | - | - | - | - |
| Interest | 157.6 | - | - | - | - | - | - | - | - |
| Other Expenses | 11,821.8 | (48.9) | - | - | - | - | 229.7 | 28.0 | (74.9) |
| Total Operating Expense | 58,741.0 | - | - | - | - | - | 280.8 | 98.5 | 149.6 |
| Income from Operations | (3,084.3) | - | - | - | 108.7 | - | (36.0) | (98.5) | 0.0 |
| Non-Operating Revenues | 776.5 | - | - | - | - | - | - | - | - |
| Non-Operating Expenses | - | - | - | - | - | - | - | - | - |
| Excess Revenue Over Expenses | (2,307.8) | - | - | - | 108.7 | - | (36.0) | (98.5) | 0.0 |

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

INSTITUTION NAME: Garrett Regional

RE - R 2

INSTITUTION NO.: 210017

| | 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 | - | - | - | - | - | - | - | - | - |
| Operating Expenses: | | | | | | | | | |
| Salaries, Wages and Benefits | - | - | - | - | - | - | - | - | - |
| Professional Fees | - | - | - | - | - | - | - | - | - |
| Supplies | - | - | - | - | - | - | - | - | - |
| Depreciation / Amortization | - | - | - | - | - | - | - | - | - |
| Leases / Rentals | - | - | - | - | - | - | - | - | - |
| Interest | - | - | - | - | - | - | - | - | - |
| Other Expenses | - | - | - | - | - | - | - | - | - |
| Total Operating Expense | - | - | - | - | - | - | - | - | - |
| Income from Operations | - | - | - | - | - | - | - | - | - |
| Non-Operating Revenues | - | - | - | - | - | - | - | - | - |
| Non-Operating Expenses | - | - | - | - | - | - | - | - | - |
| Excess Revenue Over Expenses | - | - | - | - | - | - | - | - | - |

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

INSTITUTION NAME: Garrett Regional

INSTITUTION NO.: 210017

| | 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 | MOBILE SERVICES | PATIENT CT SC | Pharmacy Grant | Comprehensive Care Ce |
| Gross Patient Revenue | 2,364.9 | 584.5 | 11,674.6 | - | - | 9.1 | - | - | - |
| Provision for Bad Debt | 0.9 | 5.7 | 349.7 | - | - | 0.3 | - | - | - |
| Charity Care | 7.3 | 11.1 | 108.4 | - | - | 0.5 | - | - | - |
| Contractual Allowances | 1,130.1 | 239.1 | 6,761.1 | - | - | 6.5 | - | - | - |
| Total Deductions | 1,138.3 | 255.8 | 7,219.2 | - | - | 7.3 | - | - | - |
| Net Patient Revenue | 1,226.6 | 328.7 | 4,455.4 | - | - | 1.8 | - | - | - |
| Other Operating Revenue | - | - | 0.8 | - | - | - | - | 2.0 | - |
| Total Operating Revenue | 1,226.6 | 328.7 | 4,456.1 | - | - | 1.8 | - | 2.0 | - |
| Operating Expenses: | | | | | | | | | |
| Salaries, Wages and Benefits | 1,173.5 | 141.8 | 4,935.5 | - | 0.1 | 0.1 | - | 0.4 | - |
| Professional Fees | - | - | - | - | - | - | - | - | - |
| Supplies | - | - | - | - | - | - | - | - | - |
| Depreciation / Amortization | 216.8 | 12.0 | 63.8 | - | - | - | - | - | - |
| Leases / Rentals | - | - | - | - | - | - | - | - | - |
| Interest | - | - | - | - | - | - | - | - | - |
| Other Expenses | 491.4 | 194.3 | 3,647.6 | - | 0.0 | 0.8 | - | 2.1 | - |
| Total Operating Expense | 1,881.7 | 348.2 | 8,646.9 | - | 0.1 | 0.9 | - | 2.5 | - |
| Income from Operations | (655.1) | (19.5) | (4,190.7) | - | (0.1) | 0.9 | - | (0.5) | - |
| Non-Operating Revenues | - | - | - | - | - | - | - | - | - |
| Non-Operating Expenses | - | - | - | - | - | - | - | - | - |
| Excess Revenue Over Expenses | (655.1) | (19.5) | (4,190.7) | - | (0.1) | 0.9 | - | (0.5) | - |

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

INSTITUTION NAME: Garrett Regional

RE - R 3

INSTITUTION NO.: 210017

| | Col. 23e | Col. 23f | Col. 23g | Col. 24 | Col. 25 | Col. 26 | Col. 27 |
|------------------------------|-----------------------|----------|----------|-------------|-----------|-----------|---------|
| | UR13 | UR14 | UR15 | TOTAL | TOTAL | SCHEDULE | RE |
| | Related Cardiac Rehab | TBD | TBD | UNREGULATED | REGULATED | RE | LINE |
| Gross Patient Revenue | 0.4 | - | - | 14,633.4 | 57,720.0 | 72,353.4 | E |
| Provision for Bad Debt | - | - | - | 356.6 | 1,242.2 | 1,598.8 | F |
| Charity Care | - | - | - | 127.3 | 2,550.5 | 2,677.8 | G |
| Contractual Allowances | - | - | - | 8,136.8 | 5,288.9 | 13,425.7 | H |
| Total Deductions | - | - | - | 8,620.6 | 9,081.7 | 17,702.3 | J |
| Net Patient Revenue | 0.4 | - | - | 6,012.8 | 48,638.4 | 54,651.1 | K |
| Other Operating Revenue | - | - | - | 505.8 | 499.7 | 1,005.5 | L |
| Total Operating Revenue | 0.4 | - | - | 6,518.6 | 49,138.1 | 55,656.7 | M |
| Operating Expenses: | | | | | | | |
| Salaries, Wages and Benefits | 1.5 | - | - | 6,503.9 | 25,147.4 | 31,651.3 | N |
| Professional Fees | - | - | - | - | - | - | O |
| Supplies | - | - | - | - | 10,954.2 | 10,954.2 | P |
| Depreciation / Amortization | 0.2 | - | - | 387.8 | 3,768.4 | 4,156.1 | Q |
| Leases / Rentals | - | - | - | - | 48.9 | 48.9 | Q |
| Interest | - | - | - | - | 157.6 | 157.6 | R |
| Other Expenses | 0.2 | - | - | 4,519.4 | 7,253.6 | 11,772.9 | R |
| Total Operating Expense | 1.9 | - | - | 11,411.0 | 47,330.0 | 58,741.0 | S |
| Income from Operations | (1.6) | - | - | (4,892.4) | 1,808.1 | (3,084.3) | T |
| Non-Operating Revenues | - | - | - | 776.5 | XXXXX | 776.5 | U |
| Non-Operating Expenses | - | - | - | - | XXXXX | - | V |
| Excess Revenue Over Expenses | (1.6) | - | - | (4,115.9) | 1,808.1 | (2,307.8) | W |

OVERHEAD STATISTICAL APPORTIONMENT

JS1 & JS2

INSTITUTION NAME: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017

FISCAL YEAR 6/30/2018

| UNIT COST CALCULATIONS | COL 1 DIETARY MEALS | COL 2 LAUNDRY & LINEN POUNDS | COL 3 PURCHASING STORES OTH EXP SCHED | COL 4 HOUSEKEEPING # OF HOURS | COL 5 CENT SUPPLY PHARMACY SOCIAL SERV | COL 6 PLANT OPERATIONS NET SQ FEET | COL 7 INPATIENT: PAC, MRD FIS, MGT, NAD | COL 7 A AMBULATORY: PAC, MRD FIS, MGT, NAD | COL 8 OUTPATIENT: PAC, MRD FIS, MGT, NAD | COL 9 MED STAFF ADMIN EIPAs | COL 10 UNASSIGNED EXPENSES | |
|--|------------------------|---------------------------------|--|----------------------------------|---|---------------------------------------|--|---|---|--------------------------------|-------------------------------|----------|
| A Overhead Expenses | 594.9 | 242.1 | 304.0 | 856.0 | 2,066.1 | 2,304.4 | 2,770.2 | 1,149.9 | 3,776.7 | 0.0 | 868.2 | |
| B Units | 32,536 | 221,505 | 5,220 | 21,747 | 2,066 | 58,250 | 9,808.4 | 4,071.5 | 8,470.1 | 5,362 | 34,292.3 | |
| C Cost per unit | 0.018283 | 0.001093 | 0.058233 | 0.039361 | 1.000000 | 0.039560 | 0.282434 | 0.282434 | 0.445890 | 0.000000 | 0.025318 | |
| STATISTICAL APPORTIONMENT | | | | | | | | | | | | |
| 1 Med/Surg Acute | MSG | 23,967 | 74,860 | 355.1 | 3,492 | 9,127 | 3,045.4 | | | | 4,944.7 | |
| 2 Pediatric Acute | PED | 127 | 470 | 2.1 | 26 | 69 | 18.4 | | | | 30.4 | |
| 3 Psychiatric Acute | PSY | 0 | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 4 Obstetrics Acute | OBS | 3,092 | 5,155 | 50.0 | 846 | 2,212 | 564.6 | | | | 910.0 | |
| 5 Definitive Observation | DEF | 0 | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 6 Med/Surg Intensive Care | MIS | 2,100 | 11,799 | 178.1 | 1,242 | 3,245 | 1,349.8 | | | | 1,969.9 | |
| 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 | 2,444 | 14.6 | 657 | 1,717 | 339.3 | | | | | 532.4 | |
| 15 Premature Nursery | PRE | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 16 Chronic Care | CRH | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 17 Emergency Services | EMG | 51,081 | 305.5 | 1,888 | 4,934 | 369.3 | 2,395.7 | | 631 | | 3,889.1 | |
| 18 Clinical Services | CL | 3,363 | 192.7 | 1,661 | 4,340 | 12.5 | 1,118.8 | | 236 | | 1,702.8 | |
| 19 Psych. Day & Night Care | PDC | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 21 Ambulatory Surgery (PBP) | AMS | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 20 Same Day Surgery | SDS | 3,250 | 13,737 | 20.7 | 2,090 | 5,463 | 2.6 | 557.0 | | 1,618 | 1,091.6 | |
| 22 Labor & Delivery Services | DEL | 6,014 | 10.8 | 1,067 | 2,790 | 485.3 | | 202.8 | | | 1,075.3 | |
| 23 Operating Room | OR | 16,939 | 635.3 | 4,214 | 11,014 | 952.5 | | 1,825.5 | | | 4,518.1 | |
| 24 Operating Room Clinic | ORC | 0 | 0.5 | 31 | 80 | 1.2 | | 24.4 | | | 41.1 | |
| 25 Anesthesiology | ANS | 0 | 88.5 | 72 | 189 | 30.5 | | 58.0 | | | 138.5 | |
| 26 Laboratory Services | LAB | 122 | 1,984.5 | 1,020 | 2,666 | 852.6 | | 2,309.3 | | | 4,693.8 | |
| 27 Electrocardiography | EKG | 0 | 21.9 | 36 | 95 | 39.1 | | 219.3 | | | 373.6 | |
| 28 Interventional Radiology / Cardiovascular | IRC | 0 | 20.3 | 0 | 0 | 5.5 | | 20.1 | | | 37.2 | |
| 29 Radiology-Diagnostic | RAD | 14,953 | 265.0 | 1,625 | 4,248 | 199.7 | | 1,334.9 | | | 2,450.0 | |
| 30 CT Scanner | CAT | 5,751 | 190.9 | 186 | 487 | 63.6 | | 303.2 | | | 563.9 | |
| 31 Radiology-Therapeutic | RAT | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 32 Nuclear Medicine | NUC | 2,660 | 292.3 | 94 | 245 | 31.4 | | 472.9 | | | 757.3 | |
| 33 Respiratory Therapy | RES | 0 | 40.0 | 109 | 284 | 399.9 | | 84.4 | | | 652.7 | |
| 34 Pulmonary Function Testing | PUL | 0 | 8.5 | 247 | 646 | 15.6 | | 108.5 | | | 212.6 | |
| 35 Electroencephalography | EEG | 0 | 0.0 | 55 | 144 | 0.2 | | 0.4 | | | 8.7 | |
| 36 Physical Therapy | PTH | 285 | 308.1 | 293 | 765 | 344.7 | | 66.0 | | | 597.5 | |
| 37 Occupational Therapy | OTH | 0 | 104.4 | 119 | 311 | 100.5 | | 3.9 | | | 157.6 | |
| 38 Speech Language Pathology | STH | 0 | 11.6 | 0 | 0 | 4.6 | | 7.0 | | | 16.7 | |
| 39 Recreational Therapy | REC | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 40 Audiology | AUD | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 41 Other Physical Medicine | OPM | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 42 Renal Dialysis | RDL | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 43 Organ Acquisition | OA | 0 | 0.0 | 0 | 0.0 | 0 | | | | | 0.0 | |
| 44 Ambulatory Surgery | AOR | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 45 Leukopheresis | LEU | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 46 Hyperbaric Chamber | HYP | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 47 Free Standing Emergency | FSE | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 48 Magnetic Resonance Imaging | MRI | 0 | 53.6 | 0 | 0 | 54.4 | | | | | 72.9 | |
| 49 Adolescent Dual Diagnosed | ADD | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 50 Lithotripsy | LIT | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 51 Rehabilitation | RHB | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 52 Observation | OBV | 11,871 | 52.6 | 675 | 1,764 | 74.1 | | 396.2 | 781 | | 780.3 | |
| 53 Ambulance Services-Rebundled | AMR | 0 | 12.6 | 0 | 0 | 12.6 | | | | | 16.9 | |
| 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 | | | | | 0.0 | |
| 56 Transurethral Needle Ablation | TNA | 0 | 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 | | | | | 0.0 | |
| 59 340B Radiology - Therapeutic | RAT-340 | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 60 340B OR Clinic Services | ORC-340 | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 61 340B Laboratory Services | LAB-340 | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 62 340B Drugs | CDS-340 | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 63 Admission Services | ADM | | | | 594.1 | 1,414 | | | 2,097 | | | |
| 64 Med/Surg Supplies | MSS | | | | 359.6 | 0 | 196.8 | | 162.8 | | 487.8 | |
| 65 Drugs Sold | CDS | | | | 1,112.4 | 0 | 241.7 | | 870.7 | | 1,568.9 | |
| E TOTAL | | 32,536 | 221,505 | 5,220.3 | 21,747 | 2,066.1 | 58,250 | 9,808.4 | 4,071.5 | 8,470.1 | 5,362 | 34,292.3 |

OVERHEAD EXPENSE APPORTIONMENT

J1 & J2

INSTITUTION NAME: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017

FISCAL YEAR 6/30/2018

| | 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 | 594.9 | 242.1 | 304.0 | 856.0 | 2,066.1 | 2,304.4 | 6,367.4 | 2,770.2 | 1,149.9 | 3,776.7 | 0.0 | 868.2 | 8,565.1 | 14,932.5 |
| REVENUE CENTERS | | | | | | | | | | | | | | |
| 1 Med/Surg Acute | MSG 438.2 | 81.8 | 20.7 | 137.5 | //// | 361.1 | 1,039.2 | 860.1 | //// | //// | //// | 125.2 | 985.3 | 2,024.5 |
| 2 Pediatric Acute | PEP 2.3 | 0.5 | 0.1 | 1.0 | //// | 2.7 | 6.7 | 5.2 | //// | //// | //// | 0.8 | 6.0 | 12.7 |
| 3 Psychiatric Acute | PSY | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 4 Obstetrics Acute | OBS 56.5 | 5.6 | 2.9 | 33.3 | //// | 87.5 | 185.9 | 159.5 | //// | //// | //// | 23.0 | 182.5 | 368.4 |
| 5 Definitive Observation | DEF | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 6 Med/Surg Intensive Care | MIS 38.4 | 12.9 | 10.4 | 48.9 | //// | 128.4 | 238.9 | 381.2 | //// | //// | //// | 49.9 | 431.1 | 670.0 |
| 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 | 2.7 | 0.9 | 25.9 | //// | 67.9 | 97.3 | 95.8 | //// | //// | //// | 13.5 | 109.3 | 206.6 |
| 15 Premature Nursery | PRE | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 16 Chronic Care | CRH | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 17 Emergency Services | EMG | 55.8 | 17.8 | 74.3 | //// | 195.2 | 343.1 | 104.3 | 676.6 | 0.0 | 0.0 | 98.5 | 879.4 | 1,222.6 |
| 18 Clinical Services | CL | 3.7 | 11.2 | 65.4 | //// | 171.7 | 252.0 | 3.5 | 316.0 | 0.0 | 0.0 | 43.1 | 362.6 | 614.6 |
| 19 Psych. Day & Night Care | PDC | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 20 Ambulatory Surgery (PBP) | AMS | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 21 Same Day Surgery | SDS 59.4 | 15.0 | 1.2 | 82.3 | //// | 216.1 | 374.0 | 0.7 | 157.3 | 0.0 | 0.0 | 27.6 | 185.7 | 559.7 |
| 22 Labor & Delivery Services | DEL | 6.6 | 0.6 | 42.0 | //// | 110.4 | 159.6 | 137.1 | //// | 90.4 | //// | 27.2 | 254.7 | 414.3 |
| 23 Operating Room | OR | 18.5 | 37.0 | 165.9 | //// | 435.7 | 657.1 | 269.0 | //// | 814.0 | //// | 114.4 | 1,197.4 | 1,854.5 |
| 24 Operating Room Clinic | ORC | //// | 0.0 | 1.2 | //// | 3.2 | 4.4 | 0.3 | //// | 10.9 | //// | 1.0 | 12.2 | 16.6 |
| 25 Anesthesiology | ANS | //// | 5.2 | 2.8 | //// | 7.5 | 15.5 | 8.6 | //// | 25.9 | //// | 3.5 | 38.0 | 53.5 |
| 26 Laboratory Services | LAB | 0.1 | 115.6 | 40.2 | //// | 105.5 | 261.3 | 240.8 | //// | 1,029.7 | //// | 118.8 | 1,389.3 | 1,650.7 |
| 27 Electrocardiography | EKG | //// | 1.3 | 1.4 | //// | 3.7 | 6.4 | 11.0 | //// | 97.8 | //// | 9.5 | 118.3 | 124.7 |
| 28 Interventional Radiology / Cardiovascular | IRC | //// | 1.2 | //// | //// | 1.2 | 1.6 | 1.6 | //// | 8.9 | //// | 0.9 | 11.4 | 12.6 |
| 29 Radiology-Diagnostic | RAD | 16.3 | 15.4 | 64.0 | //// | 168.0 | 263.8 | 56.4 | //// | 595.2 | //// | 62.0 | 713.7 | 977.4 |
| 30 CT Scanner | CAT | 6.3 | 11.1 | 7.3 | //// | 19.3 | 44.0 | 18.0 | //// | 135.2 | //// | 14.3 | 167.4 | 211.4 |
| 31 Radiology-Therapeutic | RAT | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 32 Nuclear Medicine | NUC | 2.9 | 17.0 | 3.7 | //// | 9.7 | 33.3 | 8.9 | //// | 210.8 | //// | 19.2 | 238.9 | 272.2 |
| 33 Respiratory Therapy | RES | //// | 2.3 | 4.3 | //// | 11.2 | 17.8 | 112.9 | //// | 37.6 | //// | 16.5 | 167.1 | 184.9 |
| 34 Pulmonary Function Testing | PUL | //// | 0.5 | 9.7 | //// | 25.5 | 35.8 | 4.4 | //// | 48.4 | //// | 5.4 | 58.2 | 93.9 |
| 35 Electroencephalography | EEG | //// | //// | 2.2 | //// | 5.7 | 7.9 | 0.1 | //// | 0.2 | //// | 0.2 | 0.5 | 8.3 |
| 36 Physical Therapy | PTH | 0.3 | 17.9 | 11.5 | //// | 30.3 | 60.0 | 97.4 | //// | 29.4 | //// | 15.1 | 141.9 | 201.9 |
| 37 Occupational Therapy | OTH | //// | 6.1 | 4.7 | //// | 12.3 | 23.1 | 28.4 | //// | 1.7 | //// | 4.0 | 34.1 | 57.2 |
| 38 Speech Language Pathology | STH | //// | 0.7 | //// | //// | //// | 0.7 | 1.3 | //// | 3.1 | //// | 0.4 | 4.8 | 5.5 |
| 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 | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 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 | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 47 Free Standing Emergency | FSE | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 48 Magnetic Resonance Imaging | MRI | //// | 3.1 | //// | //// | 3.1 | 15.4 | //// | //// | //// | //// | 1.8 | 17.2 | 20.3 |
| 49 Adolescent Dual Diagnosed | ADD | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 50 Lithotripsy | LIT | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 51 Rehabilitation | RHB | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 52 Observation | OBV | 13.0 | 3.1 | 26.6 | //// | 69.8 | 112.4 | 20.9 | //// | 176.7 | 0.0 | 19.8 | 217.3 | 329.7 |
| 53 Ambulance Services-Rebundled | AMR | //// | 0.7 | //// | //// | //// | 0.7 | 3.6 | //// | //// | //// | 0.4 | 4.0 | 4.7 |
| 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 | //// | //// | //// | 594.1 | 55.9 | 650.0 | //// | //// | 0.0 | 0.0 | 0.0 | 0.0 | 650.0 |
| 64 Med/Surg Supplies | MSS | //// | //// | //// | 359.6 | //// | 359.6 | 55.6 | 72.6 | //// | 12.3 | 140.5 | 500.1 | 500.1 |
| 65 Drugs Sold | CDS | //// | //// | //// | 1,112.4 | //// | 1,112.4 | 68.3 | 388.2 | //// | 39.7 | 496.2 | 1,608.6 | 1,608.6 |
| E TOTAL | 594.9 | 242.1 | 304.0 | 856.0 | 2,066.1 | 2,304.4 | 6,367.4 | 2,770.2 | 1,149.9 | 3,776.7 | 0.0 | 868.2 | 8,565.1 | 14,932.5 |

DEPARTMENTAL EQUIPMENT ALLOWANCE

H2

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR

6/30/2018

INSTITUTION NUMBER: 210017

| | | 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 | 116.1 | 10 | 352.9 | 35.3 | 0.0 | 0.0 | 0.0 | 35.3 |
| 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 | 135.0 | 10 | 2,184.1 | 218.4 | 0.0 | 0.0 | 0.0 | 218.4 |
| 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 | 112.9 | 10 | 1,134.8 | 113.5 | 0.0 | 0.0 | 0.0 | 113.5 |
| H2L | IRC | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2M | RAD | 467.5 | 10 | 1,463.7 | 146.4 | 0.0 | 0.0 | 0.0 | 146.4 |
| H2N | CAT | 0.0 | 6.5 | 5.0 | 0.8 | 0.0 | 0.0 | 0.0 | 0.8 |
| H2O | RAT | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2P | NUC | 3.8 | 10 | 348.6 | 34.9 | 0.0 | 0.0 | 0.0 | 34.9 |
| H2Q | RDL | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2R | HYP | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2S | DTY | 4.0 | 10 | 107.6 | 10.8 | 0.0 | 0.0 | 0.0 | 10.8 |
| H2T | LL | 0.0 | 10 | 17.8 | 1.8 | 0.0 | 0.0 | 0.0 | 1.8 |
| H2U | MGT | 0.0 | 10 | 40.2 | 4.0 | 0.0 | 0.0 | 0.0 | 4.0 |
| H2V | EDP | 169.1 | 10 | 4,521.5 | 452.1 | 0.0 | 0.0 | 0.0 | 452.1 |
| H2W | MRI | 0.0 | 6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 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 | 1,008.4 | | 10,176.3 | 1,017.9 | 0.0 | 0.0 | 0.0 | 1,017.9 |

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3 A

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR

6/30/2018

INSTITUTION NUMBER: 210017

| 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 | 156 | ////////// | ////////// | ////////// | ////////// | ////////// | ////////// | A |
| B TOTAL DEPRECIATION | RECORDS | 3,817.2 | ////////// | ////////// | ////////// | ////////// | ////////// | ////////// | B |
| C CAPITAL INTENSIVE EQUIP DEPR | TOTAL H2 | 1,017.9 | 10.8 | 1.8 | 4.0 | 452.1 | 549.2 | 2,035.8 | C |
| D BLDG & GEN EQUIP DEPR | B - C | 2,799.4 | ////////// | ////////// | ////////// | ////////// | ////////// | 2,799.4 | D |
| E BLDG & GEN EQUIP DEPR & INT | A + D | 2,955.6 | 10.8 | 1.8 | 4.0 | 452.1 | 549.2 | 3,973.4 | E |
| F STANDARD UNITS | ////// | 65,235 | 32,536 | 221,505 | 22,350 | 22,350 | ////////// | ////////// | F |
| G ALLOWANCE PER UNIT | E / F | 0.04531 | 0.00033 | 0.00001 | 0.00018 | 0.02023 | ////////// | ////////// | G |

| DISTRIBUTION | CODE | ADJ. SQUARE FOOTAGE BASIS | | | | | | | | | |
|--|------|---------------------------|--------|------------|------------|--------|--------|------------|--------|--------|--|
| | | | Col. 1 | Col. 2 | Col. 3 | Col. 4 | Col. 5 | Col. 6 | Col. 7 | Col. 8 | |
| 1 Med/Surg Acute | MSG | 11,055 | 500.9 | 7.9 | 0.6 | 0.6 | 61.6 | ////////// | 571.6 | 1 | |
| 2 Pediatric Acute | PED | 69 | 3.1 | 0.0 | 0.0 | 0.0 | 0.4 | ////////// | 3.5 | 2 | |
| 3 Psychiatric Acute | PSY | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 3 | |
| 4 Obstetrics Acute | OBS | 2,352 | 106.6 | 1.0 | 0.0 | 0.1 | 11.4 | ////////// | 119.2 | 4 | |
| 5 Definitive Observation | DEF | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 5 | |
| 6 Med/Surg Intensive Care | MIS | 3,245 | 147.0 | 0.7 | 0.1 | 0.2 | 27.3 | 35.3 | 210.7 | 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 | 1,717 | 77.8 | ////////// | 0.0 | 0.1 | 6.9 | ////////// | 84.8 | 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 | 5,060 | 229.2 | 0.0 | 0.4 | 0.5 | 55.9 | ////////// | 286.1 | 17 | |
| 18 Clinical Services | CL | 4,340 | 196.6 | ////////// | 0.0 | 0.2 | 22.9 | ////////// | 219.8 | 18 | |
| 19 Psych. Day & Night Care | PDC | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 19 | |
| 20 Same Day Surgery | SDS | 5,587 | 253.1 | 1.1 | 0.1 | 0.1 | 11.3 | ////////// | 265.8 | 20 | |
| 21 Labor & Delivery Services | DEL | 2,790 | 126.4 | ////////// | 0.1 | 0.1 | 13.9 | ////////// | 140.5 | 21 | |
| 22 Operating Room | OR | 12,409 | 562.2 | ////////// | 0.1 | 0.5 | 56.2 | 218.4 | 837.5 | 22 | |
| 23 Operating Room Clinic | ORC | 80 | 3.6 | ////////// | 0.0 | 0.0 | 0.5 | ////////// | 4.2 | 23 | |
| 24 Anesthesiology | ANS | 189 | 8.6 | ////////// | 0.0 | 0.0 | 1.8 | ////////// | 10.4 | 24 | |
| 25 Med/Surg Supplies | MSS | 0 | 0.0 | ////////// | ////////// | 0.1 | 7.3 | ////////// | 7.3 | 25 | |
| 26 Drugs Sold | CDS | 0 | 0.0 | ////////// | ////////// | 0.2 | 22.5 | ////////// | 22.7 | 26 | |
| 27 Laboratory Services | LAB | 2,666 | 120.8 | ////////// | 0.0 | 0.6 | 64.0 | 113.5 | 298.8 | 27 | |
| 28 Electrocardiography | EKG | 95 | 4.3 | ////////// | 0.0 | 0.1 | 5.2 | ////////// | 9.6 | 28 | |
| 29 Interventional Radiology / Cardiovascular | IRC | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.5 | 0.0 | 0.5 | 29 | |
| 30 Radiology-Diagnostic | RAD | 4,272 | 193.5 | ////////// | 0.1 | 0.3 | 31.1 | 146.4 | 371.4 | 30 | |
| 31 CT Scanner | CAT | 487 | 22.1 | ////////// | 0.1 | 0.1 | 7.4 | 0.8 | 30.4 | 31 | |
| 32 Radiology-Therapeutic | RAT | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 32 | |
| 33 Nuclear Medicine | NUC | 245 | 11.1 | ////////// | 0.0 | 0.1 | 10.2 | 34.9 | 56.3 | 33 | |

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3 B

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210017

| DISTRIBUTION | | | Col. 1 | Col. 2 | Col. 3 | Col. 4 | Col. 5 | Col. 6 | Col. 7 | Col. 8 | |
|--------------|---------------------------------------|---------|---------------------------|---------|------------|------------|------------|------------|------------|--------|----|
| | | | ADJ. SQUARE FOOTAGE BASIS | GENERAL | DIETARY | LAUNDRY | COMM. | DATA PROC | DEPART | TOTAL | |
| 34 | Respiratory Therapy | RES | 284 | 12.9 | ////////// | 0.0 | 0.1 | 9.8 | ////////// | 22.8 | 34 |
| 35 | Pulmonary Function Testing | PUL | 646 | 29.3 | ////////// | 0.0 | 0.0 | 2.5 | ////////// | 31.8 | 35 |
| 36 | Electroencephalography | EEG | 144 | 6.5 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 6.6 | 36 |
| 37 | Physical Therapy | PTH | 765 | 34.7 | ////////// | 0.0 | 0.1 | 8.3 | ////////// | 43.0 | 37 |
| 38 | Occupational Therapy | OTH | 311 | 14.1 | ////////// | 0.0 | 0.0 | 2.1 | ////////// | 16.2 | 38 |
| 39 | Speech Language Pathology | STH | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.2 | ////////// | 0.2 | 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 | 0.0 | 0.0 | 0.0 | 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 | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 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 | 0 | 0.0 | ////////// | 0.0 | 0.0 | 1.1 | 0.0 | 1.1 | 48 |
| 49 | Lithotripsy | LIT | 0 | 0.0 | ////////// | ////////// | 0.0 | 0.0 | 0.0 | 0.0 | 49 |
| 50 | Rehabilitation | RHB | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 50 |
| 51 | Observation | OBV | 1,764 | 79.9 | ////////// | 0.1 | 0.1 | 9.5 | ////////// | 89.6 | 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 | 60,574 | 2,744 | 11 | 2 | 4 | 452 | 549 | 3,762 | 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 | 4,661 | 211.2 | ////////// | ////////// | ////////// | ////////// | ////////// | 211.2 | 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 | MOBILE SERVICES | TBA2 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 83 |
| 84 | OUTPATIENT CT SCAN | TBA3 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 84 |
| 85 | Pharmacy Grant | TBA4 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 85 |
| 86 | Comprehensive Care Center | TBA5 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 86 |
| 87 | Unregulated Cardiac Rehabilitation | TBA6 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 87 |
| 88 | TBD | TBA7 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 88 |
| 89 | TBD | TBA8 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 89 |
| II | TOTAL DISTRIBUTED | XYZ | 65,235 | 2,956 | 11 | 2 | 4 | 452 | 549 | 3,973 | II |

OTHER FINANCIAL CONSIDERATIONS

G

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210017

| | | SOURCE | FISCAL YEAR | | | |
|-------------------------------|---|-------------|-------------|----------|------------|---|
| | | | TOTAL | DIRECT | Difference | |
| REVENUES | | | 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 |
| EXPENSES | | | | | | |
| H | Licenses and Taxes | SCH. UA | 94.0 | | 94.0 | H |
| I | Short Term Interest | SCH. UA | 0.0 | | 0.0 | I |
| J | Other | REC/BUDGET | | | | J |
| K | Total Expenses | H + I + J | 94.0 | 0.0 | 94.0 | K |
| OTHER ADJUSTMENTS | | | | | | |
| L | Aux. Ent & OIP Gains | SCH. E, F | (108.7) | 0.0 | (108.7) | L |
| M | Aux. Ent & OIP Losses | SCH. E, F | 134.5 | | 134.5 | 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 | 25.8 | 0.0 | 25.8 | Q |
| PERCENTAGE CALCULATION | | | | | | |
| R | Net Other Financial Considerations | G + K + Q | 119.8 | 0.0 | 119.8 | R |
| S | Other Financial Consideration Percent | R/SCH. M | //////// | //////// | 0.3% | S |

THIRD PARTY DIFFERENTIAL

PDA

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210017

| SOURCE | INPATIENT | OUTPATIENT | TOTAL |
|--------|-----------|------------|-------|
|--------|-----------|------------|-------|

CHARGES, DEDUCTIBLES, CBA

| | | COL 1 | COL 2 | COL 3 | | |
|----|--|----------------|------------|------------|----------|----|
| A | Gross Patient Revenue, HSCRC Regulated | Records/Budget | 22,525.7 | 35,194.4 | 57,720.0 | A |
| B | Medicare Revenue, HSCRC Regulated | Records/Budget | 11,458.6 | 14,188.6 | 25,647.2 | B |
| C | Medicaid Revenue, HSCRC Regulated | Records/Budget | 881.9 | 1,533.0 | 2,414.9 | C |
| D | Blue Cross Revenue, HSCRC Regulated | Records/Budget | 1,704.0 | 3,913.5 | 5,617.5 | D |
| E | MCO Subcontracted Medicare, Medicaid, HSCRC Regulated ** | Records/Budget | 4,922.9 | 6,850.3 | 11,773.3 | E |
| F | Medicare Deductibles Paid by Medicaid, HSCRC Regulated | Records/Budget | ////////// | ////////// | 251.1 | F |
| G | Uncompensated Care, HSCRC Regulated *** | Records/Budget | 1,154.8 | 2,638.0 | 3,792.7 | G |
| G1 | Other Payors Not Eligible for SAAC & Not U.C. | A-B-C-D-E-G | 2,403.5 | 6,071.0 | 8,474.4 | 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 | 0.0295 | ////////// | ////////// | I |
| I1 | Ratio of Blue Cross Outpatient Charges | Col 2 D/Col 3 A | ////////// | 0.0678 | ////////// | I1 |
| J | Ratio of HMO Charges | Col 3 E/Col 3 A | ////////// | ////////// | 0.2040 | J |
| K | Ratio of Deductibles Paid by Medicaid | Col 3 F/Col 3 A | ////////// | ////////// | 0.0043 | K |
| L | Ratio of Uncompensated Accounts | Col 3 G/Col 3 A | ////////// | ////////// | 0.0657 | L |
| M | Ratio of Other Payors Charges | Col 3 G1/Col 3 A | ////////// | ////////// | 0.1468 | M |
| N | Level III Costs | Schedule MA | ////////// | ////////// | 47,024.2 | N |

DIFFERENTIAL CALCULATION

| | | | | | | |
|---|-------------------------------|-----------------|------------|------------|----------|---|
| O | Gross Revenue HSCRC Regulated | * | ////////// | ////////// | 52,964.8 | O |
| P | Payor Differential | 1 - (Col 3 O/N) | ////////// | ////////// | 0.1263 | P |

* O = N/ (1-.06H + .0225I + .02I1+ .06J + .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: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017

FISCAL YEAR 6/30/2018

| 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 | 6,032 | 3,045.4 | 1,039.2 | 985.3 | /////// | 0.0 | 0.0 | 5,069.9 | 563.0 | 8.5 | 5,641.5 |
| 2 Pediatric Acute | PED | 32 | 18.4 | 6.7 | 6.0 | /////// | 0.0 | 0.0 | 31.1 | 3.5 | 0.0 | 34.7 |
| 3 Psychiatric Acute | PSY | 0 | 0.0 | 0.0 | 0.0 | /////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 4 Obstetrics Acute | OBS | 483 | 564.6 | 185.9 | 182.5 | /////// | 0.0 | 0.0 | 933.0 | 118.1 | 1.1 | 1,052.2 |
| 5 Definitive Observation | DEF | 0 | 0.0 | 0.0 | 0.0 | /////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 6 Med/Surg Intensive Care | MIS | 663 | 1,349.8 | 238.9 | 431.1 | /////// | 0.0 | 0.0 | 2,019.8 | 174.6 | 36.1 | 2,230.5 |
| 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 | 576 | 339.3 | 97.3 | 109.3 | /////// | 0.0 | 0.0 | 545.9 | 84.7 | 0.0 | 630.6 |
| 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 | 172,671 | 2,765.0 | 343.1 | 879.4 | /////// | 0.0 | 0.0 | 3,987.6 | 285.7 | 0.4 | 4,273.7 |
| 17 Clinical Services | CL | 77,514 | 1,131.3 | 252.0 | 362.6 | /////// | 0.0 | 0.0 | 1,745.9 | 219.7 | 0.0 | 1,965.6 |
| 18 Psych. Day & Night Care | PDC | 0 | 0.0 | 0.0 | 0.0 | /////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 19 Same Day Surgery | SDS | 3,235 | 559.6 | 374.0 | 185.7 | /////// | 0.0 | 0.0 | 1,119.3 | 264.6 | 1.2 | 1,385.1 |
| 20 Labor & Delivery Services | DEL | 13,857 | 688.2 | 159.6 | 254.7 | /////// | 0.0 | 0.0 | 1,102.5 | 140.4 | 0.1 | 1,242.9 |
| 21 Operating Room | OR | 245,825 | 2,778.0 | 657.1 | 1,197.4 | /////// | 0.0 | 0.0 | 4,632.5 | 618.9 | 218.5 | 5,469.9 |
| 22 Operating Room Clinic | ORC | 3,900 | 25.5 | 4.4 | 12.2 | /////// | 0.0 | 0.0 | 42.2 | 4.2 | 0.0 | 46.4 |
| 23 Anesthesiology | ANS | 246,659 | 88.5 | 15.5 | 38.0 | /////// | 0.0 | 0.0 | 142.0 | 10.4 | 0.0 | 152.4 |
| 24 Laboratory Services | LAB | 3,247,643 | 3,161.9 | 261.3 | 1,389.3 | /////// | 0.0 | 0.0 | 4,812.6 | 185.3 | 113.5 | 5,111.4 |
| 25 Electrocardiography | EKG | 172,862 | 258.4 | 6.4 | 118.3 | /////// | 0.0 | 0.0 | 383.1 | 9.6 | 0.0 | 392.7 |
| 26 Interventional Radiology / Cardiovascular | IRC | 1,668 | 25.6 | 1.2 | 11.4 | /////// | 0.0 | 0.0 | 38.2 | 0.5 | 0.0 | 38.7 |
| 27 Radiology-Diagnostic | RAD | 314,760 | 1,534.6 | 263.8 | 713.7 | /////// | 0.0 | 0.0 | 2,512.1 | 224.9 | 146.5 | 2,883.5 |
| 28 CT Scanner | CAT | 313,150 | 366.7 | 44.0 | 167.4 | /////// | 0.0 | 0.0 | 578.1 | 29.5 | 0.8 | 608.5 |
| 29 Radiology-Therapeutic | RAT | 0 | 0.0 | 0.0 | 0.0 | /////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 30 Nuclear Medicine | NUC | 136,785 | 504.2 | 33.3 | 238.9 | /////// | 0.0 | 0.0 | 776.4 | 21.4 | 34.9 | 832.7 |
| 31 Respiratory Therapy | RES | 443,340 | 484.3 | 17.8 | 167.1 | /////// | 0.0 | 0.0 | 669.2 | 22.8 | 0.0 | 692.0 |
| 32 Pulmonary Function Testing | PUL | 57,015 | 124.1 | 35.8 | 58.2 | /////// | 0.0 | 0.0 | 218.0 | 31.8 | 0.0 | 249.8 |
| 33 Electroencephalography | EEG | 900 | 0.6 | 7.9 | 0.5 | /////// | 0.0 | 0.0 | 9.0 | 6.6 | 0.0 | 15.6 |
| 34 Physical Therapy | PTH | 74,323 | 410.7 | 60.0 | 141.9 | /////// | 0.0 | 0.0 | 612.6 | 43.0 | 0.0 | 655.6 |
| 35 Occupational Therapy | OTH | 24,191 | 104.4 | 23.1 | 34.1 | /////// | 0.0 | 0.0 | 161.6 | 16.2 | 0.0 | 177.8 |
| 36 Speech Language Pathology | STH | 7,008 | 11.6 | 0.7 | 4.8 | /////// | 0.0 | 0.0 | 17.1 | 0.2 | 0.0 | 17.3 |
| 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 | 0 | 0.0 | 0.0 | 0.0 | /////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 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 | 0 | 0.0 | 0.0 | 0.0 | /////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 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 | 8,921 | 54.4 | 3.1 | 17.2 | /////// | 0.0 | 0.0 | 74.7 | 1.1 | 0.0 | 75.8 |
| 46 Lithotripsy | LIT | 0 | 0.0 | 0.0 | 0.0 | /////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 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 | 22,536 | 470.3 | 112.4 | 217.3 | /////// | 0.0 | 0.0 | 800.0 | 89.5 | 0.1 | 889.6 |
| 49 Ambulance Services-Rebundled | AMR | 3,594 | 12.6 | 0.7 | 4.0 | /////// | /////// | /////// | 17.3 | /////// | /////// | 17.3 |
| 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 | 2,097 | /////// | 650.0 | 0.0 | /////// | /////// | /////// | 650.0 | /////// | /////// | 650.0 |
| 60 Med/Surg Supplies | MSS | 5,362 | 4,439.0 | 359.6 | 140.5 | /////// | /////// | /////// | 4,939.1 | 7.3 | /////// | 4,946.4 |
| 61 Drugs Sold | CDS | 5,362 | 3,012.7 | 1,112.4 | 496.2 | /////// | /////// | /////// | 4,621.3 | 22.7 | /////// | 4,644.0 |
| 62 | | | | | | /////// | | | | | | |
| B TOTAL | | 5,612,964 | 28,329.7 | 6,367.4 | 8,565.1 | | 0.0 | 0.0 | 43,262.2 | 3,200.2 | 561.7 | 47,024.2 |

REVENUE CENTER RATE SUMMARY

INSTITUTION NAME:
INSTITUTION NUMBER:

Garrett Regional Medical Center
210017

FISCAL YEAR

6/30/2018

| | | 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 | 5,641.5 | 712.7 | 6,354.2 | | | | 6,354.2 | 1,053.4082 |
| 2 | Pediatric Acute | PED | 0.0 | 34.7 | 4.4 | 39.1 | | | | 39.1 | 1,221.5374 |
| 3 | Psychiatric Acute | PSY | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 4 | Obstetrics Acute | OBS | 0.0 | 1,052.2 | 132.9 | 1,185.1 | | | | 1,185.1 | 2,453.5555 |
| 5 | Definitive Observation | DEF | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 6 | Med/Surg Intensive Care | MIS | 0.0 | 2,230.5 | 281.8 | 2,512.3 | | | | 2,512.3 | 3,789.2716 |
| 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 | 630.6 | 79.7 | 710.3 | | | | 710.3 | 1,233.2218 |
| 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 | 4,273.7 | 539.9 | 4,813.6 | | | | 4,813.6 | 27.8774 |
| 17 | Clinical Services | CL | 0.0 | 1,965.6 | 248.3 | 2,213.9 | | | | 2,213.9 | 28.5618 |
| 18 | Psych. Day & Night Care | PDC | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 19 | Same Day Surgery | SDS | 0.0 | 1,385.1 | 175.0 | 1,560.1 | | | | 1,560.1 | 482.2446 |
| 20 | Labor & Delivery Services | DEL | 0.0 | 1,242.9 | 157.0 | 1,399.9 | | | | 1,399.9 | 101.0281 |
| 21 | Operating Room | OR | 0.0 | 5,469.9 | 691.0 | 6,160.9 | | | | 6,160.9 | 25.0621 |
| 22 | Operating Room Clinic | ORC | 0.0 | 46.4 | 5.9 | 52.3 | | | | 52.3 | 13.4002 |
| 23 | Anesthesiology | ANS | 0.0 | 152.4 | 19.2 | 171.6 | | | | 171.6 | 0.6955 |
| 24 | Laboratory Services | LAB | 0.0 | 5,111.4 | 645.7 | 5,757.1 | | | | 5,757.1 | 1.7727 |
| 25 | Electrocardiography | EKG | 0.0 | 392.7 | 49.6 | 442.3 | | | | 442.3 | 2.5586 |
| 26 | Interventional Radiology / Cardiovascular | IRC | 0.0 | 38.7 | 4.9 | 43.6 | | | | 43.6 | 26.1319 |
| 27 | Radiology-Diagnostic | RAD | 0.0 | 2,883.5 | 364.3 | 3,247.8 | | | | 3,247.8 | 10.3182 |
| 28 | CT Scanner | CAT | 0.0 | 608.5 | 76.9 | 685.4 | | | | 685.4 | 2.1886 |
| 29 | Radiology-Therapeutic | RAT | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 30 | Nuclear Medicine | NUC | 0.0 | 832.7 | 105.2 | 937.9 | | | | 937.9 | 6.8569 |
| 31 | Respiratory Therapy | RES | 0.0 | 692.0 | 87.4 | 779.4 | | | | 779.4 | 1.7580 |
| 32 | Pulmonary Function Testing | PUL | 0.0 | 249.8 | 31.6 | 281.4 | | | | 281.4 | 4.9358 |
| 33 | Electroencephalography | EEG | 0.0 | 15.6 | 2.0 | 17.6 | | | | 17.6 | 19.5056 |
| 34 | Physical Therapy | PTH | 0.0 | 655.6 | 82.8 | 738.4 | | | | 738.4 | 9.9356 |
| 35 | Occupational Therapy | OTH | 0.0 | 177.8 | 22.5 | 200.3 | | | | 200.3 | 8.2800 |
| 36 | Speech Language Pathology | STH | 0.0 | 17.3 | 2.2 | 19.5 | | | | 19.5 | 2.7861 |
| 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 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 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 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 44 | Free Standing Emergency | FSE | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 45 | Magnetic Resonance Imaging | MRI | 0.0 | 75.8 | 9.6 | 85.4 | | | | 85.4 | 9.5780 |
| 46 | Lithotripsy | LIT | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 47 | Rehabilitation | RHB | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 48 | Observation | OBV | 0.0 | 889.6 | 112.4 | 1,002.0 | | | | 1,002.0 | 44.4624 |
| 49 | Ambulance Services-Rebundled | AMR | 0.0 | 17.3 | 2.2 | 19.5 | | | | 19.5 | 5.4313 |
| 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 | 650.0 | 82.1 | 732.1 | | | | 732.1 | 349.1226 |
| 60 | Med/Surg Supplies | MSS | 0.0 | 4,946.4 | 624.9 | 5,571.3 | | | | 5,571.3 | 1,039.0398 |
| 61 | Drugs Sold | CDS | 0.0 | 4,644.0 | 586.7 | 5,230.7 | | | | 5,230.7 | 975.5094 |
| 62 | | | 0.0 | | | | | | | | |
| B | TOTAL | | 0.0 | 47,024.2 | 5,940.8 | 52,965.0 | 0.0 | 0.0 | 0.0 | 52,965.0 | ////////// |

OVERHEAD EXPENSE SUMMARY

OES

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210017

| | | DISTRIBUTE TO: | | | | |
|----------|------------------------------|----------------|---------------------------------------|-------------------------------|--|---|
| EXPENSES | | TOTAL | Physician Part B Centers Sch P2 | Data Processing Sch DP1 | General Service Centers Sch C1 - C14 | |
| A | Dietary Services | 651.5 | 0.0 | | 651.5 | A |
| B | Laundry & Linen | 265.1 | 0.0 | | 265.1 | B |
| C | Social Services | 544.2 | 0.0 | | 544.2 | C |
| D | Purchasing & Stores | 327.5 | 0.0 | | 327.5 | D |
| E | Plant Operations | 2,385.0 | 0.0 | | 2,385.0 | E |
| F | Housekeeping | 894.0 | 0.0 | | 894.0 | F |
| G | Central Services & Supply | 356.6 | 0.0 | | 356.6 | G |
| H | Pharmacy | 1,099.7 | 0.0 | | 1,099.7 | H |
| I | General Accounting | 524.7 | 0.0 | | 524.7 | I |
| J | Patient Accounts | 1,351.1 | 0.0 | | 1,351.1 | J |
| K | Hospital Administration | 4,049.6 | 0.0 | | 4,049.6 | K |
| L | Medical Records | 1,001.5 | 0.0 | | 1,001.5 | L |
| M | Medical Staff Administration | 0.0 | 0.0 | | 0.0 | M |
| N | Nursing Administration | 1,008.7 | 0.0 | | 1,008.7 | N |
| O | Data Processing | 1,174.1 | 0.0 | 1,174.1 | | O |
| P | Organ Acquisition Overhead | 0.0 | | | 0.0 | P |
| Q | Totals | 15,633.3 | 0.0 | 1,174.1 | 14,459.2 | Q |

ANNUAL COST SURVEY

ACS

INSTITUTION NAME: Garrett Regional Medical (FISCAL YEAR 6/30/2018)

INSTITUTION NUMBER: 210017

COL 1

COL 2

| | CATEGORY | COSTS | PERCENT | |
|-----|---|----------|---------|-----|
| A | Salaries & Wages | 16,222.4 | 34.28% | A |
| B | Fringe Benefits | 8,286.7 | 17.51% | B |
| C | Depreciation & Amortization | 3,766.3 | 7.96% | C |
| C01 | Operating Leases | 46.6 | 0.10% | C01 |
| D | Interest Expense | 156.1 | 0.33% | D |
| E | Medical & Surgical Supplies | 6,251.0 | 13.21% | E |
| F | IV Solutions and Pharmacy | 3,357.4 | 7.09% | F |
| G | Laundry, Linen, Uniforms | 75.7 | 0.16% | G |
| H | Films & Solutions | 257.4 | 0.54% | H |
| I | Blood, Plasmanate, Albumin | 334.2 | 0.71% | I |
| J | Contracted Services | 4,011.3 | 8.48% | J |
| K | Professional Fees | (345.2) | -0.73% | K |
| L | Agency Nurses | 563.9 | 1.19% | L |
| M | Malpractice Insurance | 220.3 | 0.47% | M |
| N | All Other Insurance | 150.6 | 0.32% | N |
| O | Telephone | 39.9 | 0.08% | O |
| P | Utilities & Water | 710.5 | 1.50% | P |
| Q | Food | 414.0 | 0.87% | Q |
| R | Printing, Office Supplies, Copying, Postage | 1,674.4 | 3.54% | R |
| S | Chemical, Solutions, Lubrication, Gases | 13.0 | 0.03% | S |
| T | Other (Detail over 20% of supply cost) | 1,123.6 | 2.37% | T |
| U | Total | 47,330.0 | 100.00% | U |

UNREGULATED SERVICES

ECF1

UR04

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210017

| | | |
|---|----------------|----------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | Patient Days | 2,614 |

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

SKILLED NURSING CARE

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

FISCAL YEAR DATA

| B | FISCAL YEAR EXPENSES | RECORDS | 950.8 | 349.3 | 1,300.1 | XXXXX | B |
|-----|--|-------------|----------|----------|---------|--------|-----|
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 17.1 | XXXXX | 17.1 | 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 | 216.8 | 216.8 | XXXXX | D01 |
| D02 | Dietary Services | DTY | 61.9 | 34.8 | 96.8 | XXXXX | D02 |
| D03 | General Accounting | FIS | 6.2 | 1.9 | 8.1 | XXXXX | D03 |
| D04 | Housekeeping | HKP | 26.0 | 6.9 | 32.9 | XXXXX | D04 |
| D05 | Laundry & Linen | LL | 1.7 | 15.7 | 17.4 | XXXXX | D05 |
| D06 | Hospital Administration | MGT | 29.9 | 32.2 | 62.0 | XXXXX | D06 |
| D07 | Medical Records | MRD | 11.2 | 2.8 | 14.0 | XXXXX | D07 |
| D08 | Nursing Administration | NAD | 11.3 | 2.8 | 14.1 | XXXXX | D08 |
| D09 | Patient Accounts | PAC | 14.7 | 4.4 | 19.1 | XXXXX | D09 |
| D10 | Pharmacy | PHM | 13.2 | 1.9 | 15.1 | XXXXX | D10 |
| D11 | Plant Operations | POP | 26.2 | 37.2 | 63.5 | XXXXX | D11 |
| D12 | Purchasing & Stores | PUR | 3.3 | 1.4 | 4.7 | 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 | | 211.2 | 211.2 | XXXXX | E |
| F | FISCAL Year Adjusted Expenses | B+C+D+E | 1,173.5 | 919.4 | 2,092.9 | 0.8006 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|----------|-------|---------|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 1,226.6 | XXXXX | G |
| H | PROFIT (LOSS) | G - F | XXXXXXXX | XXXXX | (866.3) | XXXXX | H |

FTE DATA

| | | | | | | | |
|---|---------------------------------|---------|------|--|--|--|---|
| I | FISCAL YEAR HOURS WORKED / 2080 | RECORDS | 15.9 | | | | I |
|---|---------------------------------|---------|------|--|--|--|---|

UNREGULATED SERVICES

ULB

UR05

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210017

| | | |
|---|--------------------|----------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | CAP, WMU, 1982 Ed. | 348,615 |

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

FISCAL YEAR DATA

| B | FISCAL YEAR EXPENSES | RECORDS | 120.0 | 180.9 | 300.9 | XXXXX | B |
|-----|--|-------------|----------|----------|-------|--------|-----|
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 2.2 | XXXXX | 2.2 | 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 | 12.0 | 12.0 | XXXXX | D01 |
| D02 | General Accounting | FIS | 1.6 | 0.5 | 2.1 | XXXXX | D02 |
| D03 | Housekeeping | HKP | 1.4 | 0.4 | 1.8 | XXXXX | D03 |
| D04 | Hospital Administration | MGT | 7.6 | 8.2 | 15.9 | XXXXX | D04 |
| D05 | Nursing Administration | NAD | 2.9 | 0.7 | 3.6 | XXXXX | D05 |
| D06 | Patient Accounts | PAC | 3.7 | 1.1 | 4.9 | XXXXX | D06 |
| D07 | Plant Operations | POP | 1.5 | 2.1 | 3.5 | XXXXX | D07 |
| D08 | Purchasing & Stores | PUR | 0.8 | 0.4 | 1.2 | 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 | 141.8 | 206.3 | 348.2 | 0.0010 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|----------|-------|--------|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 328.7 | XXXXX | G |
| H | PROFIT (LOSS) | G - F | XXXXXXXX | XXXXX | (19.5) | XXXXX | H |

FTE DATA

| | | | | | | | |
|---|---------------------------------|---------|-----|--|--|--|---|
| I | FISCAL YEAR HOURS WORKED / 2080 | RECORDS | 2.1 | | | | I |
|---|---------------------------------|---------|-----|--|--|--|---|

UNREGULATED SERVICES

UPB

UR06

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210017

| | | |
|---|-------------|-------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | # of FTEs | 27.6 |

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

FISCAL YEAR DATA

| B | FISCAL YEAR EXPENSES | RECORDS | 4,560.9 | 3,370.3 | 7,931.2 | XXXXX | B |
|-----|--|-------------|----------|----------|---------|----------|-----|
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 29.7 | XXXXX | 29.7 | 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 | 63.8 | 63.8 | XXXXX | D01 |
| D02 | General Accounting | FIS | 44.8 | 13.5 | 58.2 | XXXXX | D02 |
| D03 | Laundry & Linen | LL | 0.6 | 5.9 | 6.5 | XXXXX | D03 |
| D04 | Hospital Administration | MGT | 214.3 | 230.5 | 444.8 | XXXXX | D04 |
| D05 | Medical Records | MRD | 26.7 | 6.7 | 33.4 | XXXXX | D05 |
| D06 | Patient Accounts | PAC | 34.9 | 10.6 | 45.5 | XXXXX | D06 |
| D07 | Purchasing & Stores | PUR | 23.6 | 10.2 | 33.8 | 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 | 4,935.5 | 3,711.4 | 8,646.9 | 313.5815 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|----------|-------|-----------|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 4,456.1 | XXXXX | G |
| H | PROFIT (LOSS) | G - F | XXXXXXXX | XXXXX | (4,190.7) | XXXXX | H |

FTE DATA

| | | | | | | | |
|---|---------------------------------|---------|------|--|--|--|---|
| I | FISCAL YEAR HOURS WORKED / 2080 | RECORDS | 27.6 | | | | I |
|---|---------------------------------|---------|------|--|--|--|---|

UNREGULATED SERVICES

PSS

UR08

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210017

| | | |
|---|-------------|-------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | # of FTEs | 0 |

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

PHYSICIAN SUPPORT SERVICES

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

FISCAL YEAR DATA

| B | FISCAL YEAR EXPENSES | RECORDS | 0.0 | 0.0 | 0.0 | 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 | General Accounting | FIS | 0.0 | 0.0 | 0.0 | XXXXX | D01 |
| D02 | Hospital Administration | MGT | 0.0 | 0.0 | 0.0 | XXXXX | D02 |
| D03 | Nursing Administration | NAD | 0.0 | 0.0 | 0.0 | XXXXX | D03 |
| D04 | Patient Accounts | PAC | 0.0 | 0.0 | 0.0 | XXXXX | D04 |
| D05 | Purchasing & Stores | PUR | 0.0 | 0.0 | 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 | 0.1 | 0.0 | 0.1 | 0.0000 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|----------|-------|-------|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 0.0 | XXXXX | G |
| H | PROFIT (LOSS) | G - F | XXXXXXXX | XXXXX | (0.1) | XXXXX | H |

FTE DATA

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

UNREGULATED SERVICES

TBA2

UR09

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210017

| | | |
|---|-------------|-------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | Visits | 1,900 |

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

MOBILE SERVICES

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

FISCAL YEAR DATA

| B | FISCAL YEAR EXPENSES | RECORDS | 0.0 | 0.8 | 0.8 | 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 | General Accounting | FIS | 0.0 | 0.0 | 0.0 | XXXXX | D01 |
| D02 | Hospital Administration | MGT | 0.0 | 0.0 | 0.0 | XXXXX | D02 |
| D03 | Nursing Administration | NAD | 0.0 | 0.0 | 0.0 | XXXXX | D03 |
| D04 | Patient Accounts | PAC | 0.0 | 0.0 | 0.0 | XXXXX | D04 |
| D05 | Purchasing & Stores | PUR | 0.0 | 0.0 | 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 | 0.1 | 0.8 | 0.9 | 0.0005 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|----------|-------|-----|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 1.8 | XXXXX | G |
| H | PROFIT (LOSS) | G - F | XXXXXXXX | XXXXX | 0.9 | XXXXX | H |

FTE DATA

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

UNREGULATED SERVICES

TBA4

UR11

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210017

| | | |
|---|-------------|-------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | Visits | 0 |

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

PHARMACY GRANT

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

FISCAL YEAR DATA

| B | FISCAL YEAR EXPENSES | RECORDS | 0.4 | 2.1 | 2.5 | 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 | 0.4 | 2.1 | 2.5 | 0.0000 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|----------|-------|-------|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 2.0 | XXXXX | G |
| H | PROFIT (LOSS) | G - F | XXXXXXXX | XXXXX | (0.5) | XXXXX | H |

FTE DATA

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

UNREGULATED SERVICES

TBA6

UR13

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210017

| | | |
|---|-------------|-------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | Visits | 0 |

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

UNREGULATED CARDIAC REHABILITATION

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

FISCAL YEAR DATA

| B | FISCAL YEAR EXPENSES | RECORDS | 1.4 | 0.1 | 1.5 | XXXXXX | B |
|-----|--|-------------|----------|----------|--------|--------|-----|
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 0.0 | XXXXXX | 0.0 | XXXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTERS | ///// | XXXXXXXX | XXXXXX | XXXXXX | XXXXXX | D |
| /// | COST CENTER Col 5 | COL. 6 CODE | ///// | XXXXXXXX | XXXXXX | XXXXXX | /// |
| D01 | Depreciation & Amortization | DEP | 0.0 | 0.2 | 0.2 | XXXXXX | D01 |
| D02 | General Accounting | FIS | 0.0 | 0.0 | 0.0 | XXXXXX | D02 |
| D03 | Housekeeping | HKP | 0.0 | 0.0 | 0.0 | XXXXXX | D03 |
| D04 | Hospital Administration | MGT | 0.0 | 0.0 | 0.1 | XXXXXX | D04 |
| D05 | Patient Accounts | PAC | 0.0 | 0.0 | 0.0 | XXXXXX | D05 |
| D06 | Plant Operations | POP | 0.0 | 0.1 | 0.1 | XXXXXX | D06 |
| D07 | Purchasing & Stores | PUR | 0.0 | 0.0 | 0.0 | XXXXXX | D07 |
| D08 | | | | | 0.0 | XXXXXX | D08 |
| D09 | | | | | 0.0 | XXXXXX | D09 |
| D10 | | | | | 0.0 | XXXXXX | D10 |
| D11 | | | | | 0.0 | XXXXXX | D11 |
| D12 | | | | | 0.0 | XXXXXX | D12 |
| D13 | | | | | 0.0 | XXXXXX | D13 |
| D14 | | | | | 0.0 | XXXXXX | D14 |
| D15 | | | | | 0.0 | XXXXXX | D15 |
| D16 | | | | | 0.0 | XXXXXX | D16 |
| E | Capital Facilities Allowance | Records | | 0.0 | 0.0 | XXXXXX | E |
| F | FISCAL Year Adjusted Expenses | B+C+D+E | 1.5 | 0.4 | 1.9 | 0.0000 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|----------|--------|-------|--------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXXXXX | XXXXXX | 0.4 | XXXXXX | G |
| H | PROFIT (LOSS) | G - F | XXXXXXXX | XXXXXX | (1.6) | XXXXXX | H |

FTE DATA

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

| | | | | | | | |
|----------------------------------|--|----------------------------------|-------------------------|-------------------|--|----------------------------|------------------------------------|
| UR-8 | <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | | | | | PHYSICIAN SUPPORT SERVICES | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| UR-9 | <table border="1"> <tr><td>Garrett County Memorial Hospital</td></tr> <tr><td>251 North Fourth Street</td></tr> <tr><td>Oakland, MD 21550</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | Garrett County Memorial Hospital | 251 North Fourth Street | Oakland, MD 21550 | | | MOBILE SERVICES |
| Garrett County Memorial Hospital | | | | | | | |
| 251 North Fourth Street | | | | | | | |
| Oakland, MD 21550 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| UR-10 | <table border="1"> <tr><td>Garrett County Memorial Hospital</td></tr> <tr><td>251 North Fourth Street</td></tr> <tr><td>Oakland, MD 21550</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | Garrett County Memorial Hospital | 251 North Fourth Street | Oakland, MD 21550 | | | OUTPATIENT CT SCAN |
| Garrett County Memorial Hospital | | | | | | | |
| 251 North Fourth Street | | | | | | | |
| Oakland, MD 21550 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| UR-11 | <table border="1"> <tr><td>Garrett County Memorial Hospital</td></tr> <tr><td>251 North Fourth Street</td></tr> <tr><td>Oakland, MD 21550</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | Garrett County Memorial Hospital | 251 North Fourth Street | Oakland, MD 21550 | | | PHARMACY GRANT |
| Garrett County Memorial Hospital | | | | | | | |
| 251 North Fourth Street | | | | | | | |
| Oakland, MD 21550 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| UR-12 | <table border="1"> <tr><td>Eliminations</td></tr> <tr><td>251 North Fourth Street</td></tr> <tr><td>Oakland, MD 21550</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | Eliminations | 251 North Fourth Street | Oakland, MD 21550 | | | COMPREHENSIVE CARE CENTER |
| Eliminations | | | | | | | |
| 251 North Fourth Street | | | | | | | |
| Oakland, MD 21550 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| UR-13 | <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | | | | | | UNREGULATED CARDIAC REHABILITATION |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| UR-14 | <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | | | | | | TBD |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| UR-15 | <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | | | | | | TBD |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

TRANSACTIONS WITH RELATED ENTITIES

TRE

INSTITUTION NAME: Garrett Regional Medical Center

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 210017

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 | Oakland MRI Center, LLC | 53,615 | | B | MRI Diagnostic Services provided to GCMH Inpatients Based on Medicare Fee Schedule |
| 2 | Oakland MRI Center, LLC | 108,672 | | B | Other Operating Revenue for Building Lease (Beginning 1/1/06 - Agreement in progress) |
| 3 | Oakland MRI Center, LLC | 60,000 | | B | GCMH's portion of OMRI Investment Cash Distribution |
| 4 | Oakland MRI Center, LLC | | 127,612 | G | GCMH's portion of OMRI Investment Equity Earnings recorded this year. |
| 5 | Freestate Healthcare Insurance Company, Ltd. | 0 | | B | Additional GCMH investment in Freestate this year. |
| 6 | Freestate Healthcare Insurance Company, Ltd. | | 0 | G | GCMH's portion of Freestate Investment Equity Earnings recorded this year. |
| 7 | Freestate Healthcare Insurance Company, Ltd. | 265,108 | | B | PL/GL & Excess Liability Insurance Premiums paid this fiscal year (RCM&D) |
| 8 | Professional Emergency Physician Services, LLC | 160,618 | | B | Management Fees revenue recorded to the Hospital for intercompany services rendered/Expense recorded to PEPS. (Eliminated in consolidation of GCMH and Subsidiaries) |
| 9 | Garrett Anesthesia Services, LLC | 46,913 | | B | Management Fees revenue recorded to the Hospital for intercompany services rendered/Expense recorded to GAS. (Eliminated in consolidation of GCMH and Subsidiaries) |
| 10 | Specialty Physicians of Garrett County, LLC | 161,362 | | B | Management Fees revenue recorded to the Hospital for intercompany services rendered/Expense recorded to SPGC. (Eliminated in consolidation of GCMH and Subsidiaries) |
| 11 | Western Maryland Medical Supply | 0 | | B | GCMH's portion of equity earning recorded this year. WMMS closed effective 12/31/15. |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |

SUPPLEMENTAL BIRTHS SCHEDULE

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210017

Admissions for EIPA Counts

| | | |
|---|--|-------|
| A | Neonates Not Charged an Admissions Charge | 0 |
| B | Admissions from Monthly Reports (ADM) Revenue Center | 2,097 |
| C | Total | 2,097 |

Cases for Charge Per Case Calculation (CPC)

| | | |
|---|--|-------|
| D | Neonates Not Charged an Admissions Charge | 0 |
| E | Births from Monthly Reports (NUR) Center | 282 |
| F | Subtotal | 282 |
| G | Admissions from Monthly Reports (ADM) Revenue Center | 2,097 |
| H | Total | 2,379 |

SUPPLEMENTAL SCHEDULE 1

Garrett Regional Medical Center

Summary of Other and Non-Operating Revenue

For The Fiscal Year Ended June 30, 2018

| <u>Other Operating Revenue:</u> | <u>2018</u> | <u>HSCRC Schedule</u> |
|--|--------------|---------------------------|
| Wellness Screenings | - | G / GR |
| Healthworks | 130.2 | G / GR |
| Rental Revenue | 6.3 | G / GR |
| Other | 363.2 | G / GR |
| Total - RE Line L | <u>499.7</u> | Check -> |
| | - | |

SUPPLEMENTAL SCHEDULE 1

Garrett Regional Medical Center

Summary of Other and Non-Operating Revenue

For The Fiscal Year Ended June 30, 2018

Non-Operating and Net Unregulated Revenue:

| | | |
|------------------------------------|---------|--------|
| Ambulance Services | - | E01 |
| Parking | - | E02 |
| Doctor's Private Office Rent | 108.7 | E03 |
| Office & Other Rental | - | E04 |
| Retail Operations | 244.7 | E05 |
| Patients Telephones | - | E06 |
| Cafeteria | 149.6 | 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 | 1,226.6 | UR04 |
| Laboratory Non-Patient | 328.7 | UR05 |
| Physicians Part B Services | 4,456.1 | UR06 |
| Certified Nurse Anesthetists | - | UR07 |
| Physician Support Services | - | UR08 |
| MOBILE SERVICES | 1.8 | UR09 |
| OUTPATIENT CT SCAN | - | UR10 |
| Pharmacy Grant | 2.0 | UR11 |
| Comprehensive Care Center | - | UR12 |
| Unregulated Cardiac Rehabilitation | 0.4 | UR13 |
| TBD | - | UR14 |
| TBD | - | UR15 |
| Investment Income | 776.5 | 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 7,295.2 Check ->

SUPPLEMENTAL SCHEDULE 1

Garrett Regional Medical Center

Summary of Other and Non-Operating Revenue

For The Fiscal Year Ended June 30, 2018

Non-Operating and Net Unregulated Expenses:

| | | |
|---|------------------------|----------|
| Ambulance Services | - | E01 |
| Parking | - | E02 |
| Doctor's Private Office Rent | - | E03 |
| Office & Other Rental | - | E04 |
| Retail Operations | 280.8 | E05 |
| Patients Telephones | 98.5 | E06 |
| Cafeteria | 149.6 | 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 | 1,881.7 | UR04 |
| Laboratory Non-Patient | 348.2 | UR05 |
| Physicians Part B Services | 8,646.9 | UR06 |
| Certified Nurse Anesthetists | - | UR07 |
| Physician Support Services | 0.1 | UR08 |
| MOBILE SERVICES | 0.9 | UR09 |
| OUTPATIENT CT SCAN | - | UR10 |
| Pharmacy Grant | 2.5 | UR11 |
| Comprehensive Care Center | - | UR12 |
| Unregulated Cardiac Rehabilitation | 1.9 | UR13 |
| TBD | - | UR14 |
| TBD | - | 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>11,411.0</u> | Check -> |

SUPPLEMENTAL SCHEDULE 2

Garrett Regional Medical Center

Reconciliation of Depreciation & Lease / Rentals

For The Fiscal Year Ended June 30, 2018

| | <u>Depreciation</u> | <u>Leases / Rentals</u> | <u>Total</u> |
|---------------------------------|---------------------|-----------------------------|----------------|
| UA Schedule - Line A | 4,156.1 | 48.9 | 4,205.0 |
| Allocation of E & UR Schedules: | | | |
| E01 | - | - | - |
| E02 | - | - | - |
| E03 | - | - | - |
| E04 | - | - | - |
| E05 | 34.4 | - | 34.4 |
| E06 | - | - | - |
| E07 | 60.5 | - | 60.5 |
| E08 | - | - | - |
| E09 | - | - | - |
| UR01 | - | - | - |
| UR02 | - | - | - |
| UR03 | - | - | - |
| UR04 | 216.8 | - | 216.8 |
| UR05 | 12.0 | - | 12.0 |
| UR06 | 63.8 | - | 63.8 |
| UR07 | - | - | - |
| UR08 | - | - | - |
| UR09 | - | - | - |
| UR10 | - | - | - |
| UR11 | - | - | - |
| UR12 | - | - | - |
| UR13 | 0.2 | - | 0.2 |
| UR14 | - | - | - |
| UR15 | - | - | - |
| RE Schedule - Line Q | <u>3,768.3</u> | <u>48.9</u> | <u>3,817.2</u> |

SUPPLEMENTAL SCHEDULE 3

Garrett Regional Medical Center

Reconciliation of UCC

For The Fiscal Year Ended June 30, 2018

Audited Financial Statements:

| | |
|----------------------------------|----------------|
| Bad Debts | 1,598.8 |
| Charity Care | 2,677.8 |
| Uncompensated Care per Statement | <u>4,276.5</u> |

Trial Balance:

| | |
|--------------------------------------|----------------|
| Bad Debt Write-offs | 1,296.0 |
| Charity Write-offs | 2,677.8 |
| Change in Balance Sheet Reserve | 139.6 |
| Bad Debt Recoveries | (186.5) |
| Other | 349.7 |
| Uncompensated Care per Trial Balance | <u>4,276.5</u> |

Annual Report of Revenues, Expenses, and Volumes:

| | |
|---|----------------|
| Uncompensated Care - Schedule PDA | 3,792.7 |
| Unregulated Charity & Bad Debts | 483.8 |
| Medicaid Day Limit UCC included in contractals on F/S | - |
| Uncompensated Care Per Report | <u>4,276.5</u> |

SUPPLEMENTAL SCHEDULE 4

Garrett Regional Medical Center

Detail of MCO Regulated Revenue

For The Fiscal Year Ended June 30, 2018

| MCO Revenue | Inpatient | Outpatient | Total |
|--------------------------|-------------------|-------------------|--------------------|
| AET BH MD | \$ - | \$ 4.2 | \$ 4.2 |
| AMER-MDMA | 127.4 | 262.4 | 389.8 |
| Jai Medica | - | 1.9 | 1.9 |
| Riverside | - | 0.7 | 0.7 |
| MedStar | - | 1.2 | 1.2 |
| Value Opt | 25.6 | 125.3 | 150.9 |
| Md Physicians Care | 2,203.8 | 4,049.7 | 6,253.4 |
| Priority Partners | 116.3 | 188.4 | 304.6 |
| United Healthcare | 171.1 | 137.8 | 308.8 |
| MCR - Aetna | 271.6 | 209.3 | 480.8 |
| MCR - COVENT | 175.5 | 385.9 | 561.3 |
| MCR - SECURE | 13.7 | 56.7 | 70.5 |
| MCR-WV SEN | - | 0.5 | 0.5 |
| MCRHMO-AAR | - | 4.3 | 4.3 |
| MCRHMO-AME | - | - | - |
| MCRHMO-B/C | 19.6 | 7.2 | 26.8 |
| MCRHMO-FRE | - | 10.4 | 10.4 |
| MCRHMO-HP | 21.3 | 15.6 | 36.9 |
| MCRHMO-HUM | 1,293.3 | 1,147.1 | 2,440.4 |
| MCRHMO-PPH | 27.6 | 0.1 | 27.7 |
| MCRHM-USA | - | - | - |
| UNITEDMCR | 200.0 | 114.9 | 314.8 |
| MCRMISHMO | 157.0 | 226.3 | 383.3 |
| Total MCO Revenue | \$ 4,823.5 | \$ 6,949.8 | \$ 11,773.3 |

SUPPLEMENTAL SCHEDULE 5

Garrett Regional Medical Center

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

For The Fiscal Year Ended June 30, 2018

| | |
|---|-------------------|
| Income Statement | |
| RE Line T Excess (Deficit) Operating Rev. Over Operating Expenses | \$ (3,084.3) |
| RE Line U Detailed Non-Operating: Income / (Expense) | |
| U1 Contributions (Unrestricted) | \$ 133.7 |
| U2 Interest & Investment Income | \$ 280.2 |
| U3 Investment - Gains / (Losses) - Realized | \$ 342.7 |
| U4 Investment - Gains / (Losses) - Unrealized | \$ 38.4 |
| U5 Swap Agreements - Gains / (Losses) - Realized | \$ - |
| V Other (Specify) | \$ (18.5) |
| RE Line W Excess Profit / (Loss) | <u>(2,307.8)</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 | \$ 1,304.0 |
| GG Other (Specify) | \$ 76.3 |
| HH Total | <u>\$ 1,380.3</u> |

SUPPLEMENTAL SCHEDULE 6

Garrett Regional Medical Center

Debt Collection/Financial Assistance Report

For The Fiscal Year Ended June 30, 2018

1. Collection Agency Name

| | |
|----|---|
| a. | - |
| b. | - |
| c. | - |
| d. | - |
| e. | - |
| 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. | - |
|----|---|

5. Number of applicants for financial assistance approved

| | |
|----|---|
| l. | - |
|----|---|

SUPPLEMENTAL SCHEDULE 7

Garrett Regional Medical Center

Hospital Outpatient Services Survey

For The Fiscal Year Ended June 30, 2018

| Name of Outpatient Service | Description of Services Provided | Physical Location/Address | Regulated/Unregulated |
|--|---|--|-----------------------|
| EMERGENCY ROOM | Emergency Care Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| CLINIC SERVICES | Transfusion therapy, Injections; | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| OBSERVATION SERVICES | OutPt Observation Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| SAME DAY SURGERY | Post-Recovery Care | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| LABOR & DELIVERY | Fetal Non Stress Test; Labor Observation | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| OPERATING ROOM | Surgical Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| WOUND CARE CLINIC | Wnd Care Services | GCMH 251 N. 4th St. Oakland, MD 21550 (CS Building) | Regulated |
| ANESTHESIOLOGY | Anesthesia Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| LABORATORY | Laboratory Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| ELECTROCARDIOGRAPHY | EKGs | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| ELECTROENCEPHALOGRAPHY | EEGs | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| RADIOLOGY - DIAGNOSTIC | Imaging Services: X-Rays | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| INTERVENTIONAL RADIOLOGY | | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| NUCLEAR MEDICINE | Imaging Services: Nuc. Med Scans | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| CT SCAN | Imaging Services: CTs | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| RESPIRATORY THERAPY | O2 Therapy | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| PULMONARY FUNCTION | Pulmonary Function Testing | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| PACEMAKER CLINIC | Telephonic Pacer Evals | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Unregulated |
| MOBILE LABORATORY | Laboratory Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Unregulated |
| PROFESSIONAL EMERGENCY PHYSICIAN SERVICES, INC | Emergency Room Physician Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Unregulated |
| CARDIAC REHABILITATION | Cardiac & Pulmonary Rehabilitation Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| CANCER CARE/INFUSION SVS | Cancer Care & Infusion Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| GARRETT ANESTHESIA SERVICES | CRNA/Anestheologist Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Unregulated |
| SPECIALTY PHYSICIANS OF GARRETT COUNTY | Gynecology - Specialist Physician Practice | 880 Memorial Drive, Lower Level, Oakland, MD 21550 | Unregulated |
| SPECIALTY PHYSICIANS OF GARRETT COUNTY | Urgent & Primary Care Services | 32 Corporate Drive, Grantsville, MD 21536 | Unregulated |
| Services Below are Not Owned | Services Below are Not Owned | Services Below are Not Owned | N/A |
| Oakland MRI Center, LLC | MRI Services; 50% Owner | 259 N. Fourth Street Oakland, MD 21550 | Regulated- Rebundled |
| Flagship Rehabilitation | PT Therapy Evals/Services | 157 Baltimore St, Suite 102, Cumberland, MD 21502 (Services provided in main hosp) | Regulated/Unreg (SNF) |
| Flagship Rehabilitation | OT Therapy Evals/Services | 158 Baltimore St, Suite 102, Cumberland, MD 21502 (Services provided in main hosp) | Regulated/Unreg (SNF) |
| Flagship Rehabilitation | ST Therapy Evals/Services | 159 Baltimore St, Suite 102, Cumberland, MD 21502 (Services provided in main hosp) | Regulated/Unreg (SNF) |
| Peak Rehab Services | Speech Therapy Services/Evals | 1477 Maryland Highway Mt. Lake Park, MD 21550 (Services provided in hospital) | Regulated |

SUPPLEMENTAL SCHEDULE 8

Gross Patient Revenue Reconciliation

For The Fiscal Year Ended June 30, 2018

Institution Name: Garrett Regional Medical Center

Institution Number: 210017

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 | \$ 16,091 | \$ 25,493 | \$ 41,584 |
| 2 | Total Out-State Revenue | \$ 6,482 | \$ 9,652 | \$ 16,135 |
| 3 | Total Gross Patient Revenue | \$ 22,573 | \$ 35,146 | \$ 57,719 |

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 | \$ 8,738 | \$ 2,978 | \$ 11,037 | \$ 3,415 | \$ 26,168 |
| 5 | Medicare Non-FFS Revenue | \$ 1,056 | \$ 1,028 | \$ 871 | \$ 1,090 | \$ 4,046 |
| 6 | Total Medicare Revenue | \$ 9,794 | \$ 4,006 | \$ 11,908 | \$ 4,505 | \$ 30,213 |

