

**HEALTH SERVICES COST REVIEW COMMISSION**

**UNION HOSPITAL OF CECIL COUNTY**  
**0032**

**FY 2019**  
**Annual Filing**

INPATIENTS AND PATIENT DAYS

V1

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-19

INSTITUTION NUMBER 0032

REPORTING SCHEDULE	SOURCE	CENTER	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6
			ADMISSIONS RECORDS	PATIENT DAYS RECORDS	INTRA HOSPITAL TRANSFERS IN RECORDS	LENGTH OF STAY	AVERAGE LICENSED BEDS RECORDS	% OCCUPANCY
D1	MSG	MEDICAL SURGICAL ACUTE	3525	14799		4.20	53	0.765
D2	PED	PEDIATRIC ACUTE	20	435		21.75	3	0.397
D3	PSY	PSYCHIATRIC ACUTE	480	2000		4.17	7	0.783
D4	OBS	OBSTETRICS	549	1047		1.91	4	0.717
D5	DEF	DEFINITIVE OBSERVATION						
D6	MIS	MEDICAL SURGICAL INTENSIVE CARE	363	1556		4.29	5	0.853
D7	CCU	CORONARY CARE						
D8	PIC	PEDIATRIC INTENSIVE CARE						
D9	NEO	NEONATAL INTENSIVE CARE						
D10	BUR	BURN CARE						
D11	PSI	PSYCHIATRIC INTENSIVE CARE						
D12	TRM	SHOCK TRAUMA						
D13	ONC	ONCOLOGY						
D54	RHB	REHABILITATION						
D70	PAD	PSYCH. ADULT						
D71	PCD	PSYCH. CHILD/ADOLESCENT						
D73	PSG	PSYCH. GERIATRIC						
XXX		<b>SUB-TOTAL</b>	<b>4937</b>	<b>19837</b>	<b>0</b>	<b>4.02</b>	<b>72</b>	<b>0.755</b>
D14	NUR	NEWBORN NURSERY	549	1088		1.98	4	<b>0.745</b>
D15	PRE	PREMATURE NURSERY						
XXX		<b>TOTAL</b>	<b>5486</b>	<b>20925</b>	<b>0</b>		<b>76</b>	

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AMBULATORY UNITS

V2

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-19

INSTITUTION NUMBER 0032

REPORTING SCHEDULE	CENTER	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	
		INPATIENT VISITS	OUTPATIENT VISITS	TOTAL VISITS	INPATIENT RVU's	OUTPATIENT RVU's	TOTAL RVU's	
SOURCE		RECORDS	RECORDS	Col. 1 + Col. 2	RECORDS	RECORDS	Col. 4 + Col. 5	
D18	EMG	EMERGENCY SERVICES	2154	34436	36590	31908	316696	348604
D19	CL	CLINIC	81	7207	7288	516	105091	105607
D20	PDC	PSYCH DAY/NIGHT CARE	0	0	0	0	0	0
D22	SDS	SAME DAY SURGERY	20	2079	2099	20	2079	2099
D50	FSE	FREE STANDING EMERGENCY	0	0	0	0	0	0
D55	OBV	OBSERVATION	990	1773	2763	822	55801	56623
D58	OCL	ONCOLOGY CLINIC	0	0	0	0	0	0
N/A	PAP	REFERRED AMBULATORY SERVICES	0	57569	57569	0	0	0

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ANCILLARY SERVICE UNITS

V3

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-19

INSTITUTION NUMBER 0032

REPORTING SCHEDULE		CENTER	UNIT OF MEASURE	COL 1	COL 2	COL 3
				INPATIENT VOLUME	OUTPATIENT VOLUME	TOTAL VOLUME
SOURCE				RECORDS	RECORDS	Col. 1+ Col. 2
D23	DEL	LABOR & DELIVERY	RVU's	16397	7942	24339
D24	OR	OPERATING ROOM	SURGERY MINUTES	82409	182436	264845
D24A	ORC	OPERATING ROOM CLINIC	ORC MINUTES	33	4603	4636
D25	ANS	ANESTHESIOLOGY	MINUTES	110490	180399	290889
D28	LAB	LABORATORY SERVICES	RVU's	1286872	3968243	5255115
D30	EKG	ELECTROCARDIOGRAPHY	RVU's	83826	355432	439258
D31	IRC	INTERVENTIONAL RAD/CARDIO	RVU's	8520	5266	13786
D32	RAD	RADIOLOGY DIAGNOSTIC	RVU's	51041	688955	739996
D33	CAT	CT SCANNER	RVU's	50169	647154	697323
D34	RAT	RADIOLOGY - THERAPEUTIC	RVU's	3216	3230	6446
D35	NUC	NUCLEAR MEDICINE	RVU's	12871	122417	135288
D36	RES	RESPIRATORY THERAPY	RVU's	1188291	181330	1369621
D37	PUL	PULMONARY FUNCTION TESTING	RVU's			
D38	EEG	ELECTOENCEPHALOGRAPHY	RVU's	11638	92221	103859
D39	PTH	PHYSICAL THERAPY	RVU's	54552	10938	65490
D40	OTH	OCCUPATIONAL THERAPY	RVU's	9865	1313	11178
D41	STH	SPEECH LANGUAGE PATHOLOGY	RVU's	9840	5100	14940
D42	REC	RECREATIONAL THERAPY	# OF TREATMENTS			
D43	AUD	AUDIOLOGY	RVU's			
D44	OPM	OTHER PHYSICAL MEDICINE	# OF TREATMENTS			

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003A

ANCILLARY SERVICE UNITS

V3

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-19

INSTITUTION NUMBER 0032

REPORTING SCHEDULE	SOURCE	CENTER	UNIT OF MEASURE	COL 1	COL 2	COL 3
				INPATIENT VOLUME	OUTPATIENT VOLUME	TOTAL VOLUME
				RECORDS	RECORDS	Col. 1+ Col. 2
D46	OA	ORGAN ACQUISITION	NUMBER ACQUIRED			
D48	LEU	LEUKOPHERESIS	JHH RVU's			
D49	HYP	HYPERBARIC CHAMBER	HOURS OF TREATMENT	0	512	512
D51	MRI	MAGNETIC RESONANCE IMAGING	RVU's	38812	195153	233965
D53	LIT	LITHOTRIPSY	PROCEDURES	0	25	25
D56	AMR	AMBULANCE SERVICES REBUNDLED	RVU's	3544	0	3544
D57	TMT	TRANSURETHRAL MICROWAVE THERMO THERAPY	PROCEDURES			
D59	TNA	TRANSURETHRAL NEEDLE ABLATION	PROCEDURES	0	0	0
D80	ETH	ELECTRO-CONVULSIVE THERAPY	TREATMENTS			

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003B

EQUIVALENT INPATIENT DAYS  
AND ADMISSIONS

V5

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

BUDGET YEAR 06-20

		COL. 1	COL. 2
EQUIVALENT INPATIENT DAYS (EIPD'S)		BASE YEAR	BUDGET YEAR

A	GROSS INPATIENT REVENUE	RECORDS, BUDGET	66414.5	65958.6
B	INPATIENT GRANT REVENUE	RECORDS, BUDGET	0.0	0.0
C	TOTAL INPATIENT REVENUE	A + B	66414.5	65958.6
D	TOTAL INPATIENT DAYS (IPD'S) EXCL NURSERY	SCH. V1C	19837	18889
E	INPATIENT UNIT REVENUE	C / D	3.34801	3.49191
F	GROSS OUTPATIENT REVENUE	RECORDS, BUDGET	97843.2	103437.5
G	OUTPATIENT GRANT REVENUE	RECORDS, BUDGET	0.0	0.0
H	TOTAL OUTPATIENT REVENUE	F + G	97843.2	103437.5
I	TOTAL OUTPATIENT VISITS	SCH. V2B	103064	104177
J	OUTPATIENT UNIT REVENUE	H / I	0.94934	0.99290
K	IP/OP UNIT REVENUE RATIO	E / J	3.52666	3.51687
L	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / K	29224	29622
M	EQUIVALENT INPATIENT DAYS (EIPD'S)	D + L	49061	48511

EQUIVALENT INPATIENT ADMISSIONS (EIPA'S)		SOURCE	BASE YEAR	BUDGET YEAR
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N	TOTAL INPATIENT ADMISSIONS (EXCL NURSERY)	SCH. V1C	4937	4874
O	INPATIENT UNIT REVENUE	C / N	13.45240	13.53275
P	OUTPATIENT UNIT REVENUE	H / I	0.94934	0.99290
Q	IP/OP UNIT REVENUE RATIO	O / P	14.17020	13.62949
R	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / Q	7273	7643
S	EQUIVALENT INPATIENT ADMISSIONS (EIPA'S)	N + R	12210	12517

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009

UNASSIGNED EXPENSE

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY  
 INSTITUTION NUMBER 0032

BASE YEAR 06-19  
 BUDGET YEAR \_\_\_\_\_

		COL. 1 8830	COL. 2 8840	COL. 3 8880	COL. 4	COL. 5 8810	COL. 6 8820	COL. 7 8850	COL. 8 8860	COL. 9 8870	COL. 10
	SOURCE	MALPRACTICE INSURANCE	OTHER INSURANCE	MEDICAL CARE REVIEW	SUB- TOTAL	DEPRECIATION & AMORTIZATION	LEASES & RENTALS	LICENSES & TAXES	INTEREST SHORT TERM	INTEREST LONG TERM	TOTAL EXPENSES

BASE YEAR DATA			MAL	OIN	MCR	DEP	LEA	LIC	IST	ILT			
A	BASE YEAR EXPENSES	RECORDS	1809.5	299.5	2388.3	4497.3	10823.8	633.4	0.0	0.0	1833.7	17788.2	A
B	ALLOCATIONS TO AUX. ENT., OIP'S & UNREG SERVICES	RECORDS	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	B
C	BASE YEAR EXPENSES ADJUSTED	A + B	1809.5	299.5	2388.3	4497.3	10823.8	633.4	0.0	0.0	1833.7	17788.2	C

BUDGET YEAR DATA													
D	BASE YEAR EXPENSES	HSCRC											D
E	OPERATING ECONOMICS	BUDGET	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	E
F	NEW PROGRAMS	BUDGET											F
G	MISC. ADJUSTMENTS	BUDGET											G
H	BUDGET YEAR EXPENSES	C + D + E + F + G				0.0						0.0	H

HOSPITAL BASED PHYSICIANS

BASE YEAR 06-19

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY  
 INSTITUTION NUMBER 0032

COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
RESEARCH	CHIEF OF MEDICAL STAFF	MEDICAL CARE REVIEW	ADMINIS. & SUPERV.	PART B SERVICES	EDUCATION	TOTAL

COST CENTER	CODE							
A 1	MSG				-			-
A 2	PED							-
A 3	PSY							-
A 4	OBS				-			-
A 5	DEF							-
A 6	MIS				12.5			12.5
A 7	CCU							-
A 8	PIC							-
A 9	NEO							-
A 10	BUR							-
A 11	PSI							-
A 12	TRM							-
A 13	ONC							-
A 14	NUR							-
A 15	PRE							-
A 16	RHB							-
A 17	ICC							-
A 18	EMG				-			-
A 19	CL							-
A 20	PDC							-
A 21	SDS							-
A 22	LIT							-
A 23	DEL							-
A 24	OR				637.7			637.7
A 25	ANS				-			-
A 26	LAB				140.0			140.0
A 27	CLP							-
A 28	EKG							-
A 29	IVC							-
A 30	RAD				47.9			47.9
A 31	CAT							-



HOSPITAL BASED PHYSICIANS

BASE YEAR 06-19

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY  
 INSTITUTION NUMBER 0032

COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
RESEARCH	CHIEF OF MEDICAL STAFF	MEDICAL CARE REVIEW	ADMINIS. & SUPERV.	PART B SERVICES	EDUCATION	TOTAL

COST CENTER	CODE								
A 32	RAT				0.0				-
A 33	NUC								-
A 34	RES				0.0				-
A 35	PUL								-
A 36	EEG				60.4				60.4
A 37	PTH								-
A 38	OTH								-
A 39	STH								-
A 40	REC								-
A 41	AUD								-
A 42	OPM								-
A 43	RDL								-
A 44	KA								-
A 45	AOR								-
A 46	LEU								-
A 47	HYP								-
A 48	FSE								-
A 49	MSA								-
A 50	PME								-
A 51	MRI								-
A 52	AMS								-
A 53									-
A 54									-
B		///			898.5				898.5

REPORTING SCHEDULE

C	COST CENTER SCHEDULE	///	F1	C13	UA	D1-D56	P2A-P2I	P4A-P4I	///
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8/05

GENERAL SERVICE CENTER

C

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-19

INSTITUTION NUMBER 0032

				COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9
FORM		CENTER	UNIT OF MEASURE	UNITS	WAGES, SALARY & BENEFITS	OTHER EXPENSES	TOTAL EXPENSES	ALLOCATION TO AUX ENTS, OIPS & UR's	ALLOCATED EXPENSES	ADJUSTED TOTAL EXPENSES	EXPENSE PER UNIT	FTEs
SOURCE				RECORDS	RECORDS	RECORDS	Col. 2 + Col. 3	RECORDS	Sch. OADP	Col. 4 - Col. 5 + Col. 6	Col. 7/Col. 1	RECORDS
C1	DTY	DIETARY SERVICES	MEALS	62824	927.6	305.0	1232.6		1.4	1234.0	0.01477	19.8
C2	LL	LAUNDRY & LINEN	POUNDS	929025	270.2	154.2	424.4		0.4	424.8	0.00029	6.4
C3	SSS	SOCIAL SERVICES	ADMISSIONS	4937	113.4	1.5	114.9		0.1	115.0	0.02297	1.6
C4	PUR	PURCHASING & STORES	EIPD	49061	187.7	151.8	339.5		141.8	481.3	0.00383	3.1
C5	POP	PLANT OPERATIONS	SQ. FEET	331384	2462.0	3496.3	5958.3		2.2	5960.5	0.00743	32.2
C6	HKP	HOUSEKEEPING	SQ. FEET	320990	1679.1	134.4	1813.5		2.4	1815.9	0.00523	35.2
C7	CSS	CENTRAL SERVICES & SUPPLY	EIPA	12210	507.2	523.4	1030.6		0.6	1031.2	0.04154	9.1
C8	PHM	PHARMACY	EIPA	12210	2655.2	1081.7	3736.9		139.5	3876.4	0.21746	25.7
C9	FIS	GENERAL ACCOUNTING	EIPD	12210	910.8	520.3	1431.1		273.2	1704.3	0.07459	0.9
C10	PAC	PATIENT ACCOUNTS	PAT. DAYS & OP VISITS	123989	1740.3	693.3	2433.6	29.0	312.1	2716.7	0.01404	24.7
C11	MGT	HOSPITAL ADMINISTRATION	EIPD	12210	6142.7	5728.9	11871.6		1688.4	13560.0	0.50309	35.4
C12	MRD	MEDICAL RECORDS	DISCHARGES & 1/8 OP VISITS	18369	1867.2	525.0	2392.2		1777.4	4169.6	0.10165	28.6
C13	MSA	MEDICAL STAFF ADMINISTRATION	EIPD	12210	157.3	883.4	1040.7		0.1	1040.8	0.01288	1.5
C14	NAD	NURSING ADMINISTRATION	HOURS OF PERSONNEL	426836	1900.6	241.0	2141.6		0.9	2142.5	0.00445	12.7
C15	OAO	ORGAN ACQUISITION OVERHEAD	NUMBER OF PROCEDURES									

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PATIENT CARE CENTER

D

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-19

INSTITUTION NUMBER 0032

			COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10
FORM		CENTER	UNITS	WAGES, SALARY & BENEFITS	PHYSICIAN SUPERVISION EXPENSES	OTHER EXPENSES	TOTAL EXPENSES	ALLOCATED EXPENSES	ADJUSTED TOTAL EXPENSES	EXPENSE PER UNIT	FTEs	PHYSICIAN SUPERVISION FTEs
SOURCE			RECORDS	RECORDS	RECORDS	RECORDS	Col. 1 +Col. 2 + Col. 3	Sch. OADP	Col. 5 + Col. 6	Col. 7/Col. 1	RECORDS	RECORDS
D1	MSG	MEDICAL SURGICAL ACUTE	14799	8732.0	0.0	194.0	8926.0	7.5	8933.5	0.60366	108.2	0.0
D2	PED	PEDIATRIC ACUTE	435	254.4	0.0	219.8	474.2	0.2	474.4	1.09057	2.5	0.0
D3	PSY	PSYCHIATRIC ACUTE	2000	1402.2	0.0	16.7	1418.9	1.1	1420.0	0.71000	15.7	0.0
D4	OBS	OBSTETRICS	1047	610.0	0.0	55.0	665.0	0.4	665.4	0.63553	5.9	0.0
D5	DEF	DEFINITIVE OBSERVATION										
D6	MIS	MEDICAL SURGICAL INTENSIVE CARE	1556	1571.7	12.5	1193.7	2777.9	1.1	2779.0	1.78599	15.8	0.0
D7	CCU	CORONARY CARE										
D8	PIC	PEDIATRIC INTENSIVE CARE										
D9	NEO	NEONATAL INTENSIVE CARE										
D10	BUR	BURN CARE										
D11	PSI	PSYCHIATRIC INTENSIVE CARE										
D12	TRM	SHOCK TRAUMA										
D13	ONC	ONCOLOGY										

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08/10

PATIENT CARE CENTER

D

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-19

INSTITUTION NUMBER 0032

			COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10
FORM		CENTER	UNITS	WAGES, SALARY & BENEFITS	PHYSICIAN SUPERVISION EXPENSES	OTHER EXPENSES	TOTAL EXPENSES	ALLOCATED EXPENSES	ADJUSTED TOTAL EXPENSES	EXPENSE PER UNIT	FTEs	PHYSICIAN SUPERVISION FTEs
SOURCE			RECORDS	RECORDS	RECORDS	RECORDS	Col. 1 +Col. 2 + Col. 3	Sch. OADP	Col. 4 + Col. 5	Col. 7/Col. 1	RECORDS	RECORDS
D14	NUR	NEWBORN NURSERY	1088	318.3	0.0	28.7	347.0	0.2	347.2	0.31912	3.2	0.0
D15	PRE	PREMATURE NURSERY										
D16	ECF	SKILLED NURSING CARE										
D17	ICC	CHRONIC CARE										
D18	EMG	EMERGENCY SERVICES	348604	6178.1	0.0	263.6	6441.7	196.4	6638.1	0.01904	73.4	0.0
D19	CL	CLINIC	105607	474.0	0.0	593.2	1067.2	6.6	1073.8	0.01017	5.1	0.0
D20	PDC	PSYCH DAY/NIGHT CARE	0	0.0	0.0	0.0	0.0	0.0	0.0	0.00000	0.0	0.0
D22	SDS	SAME DAY SURGERY	2099	229.0	0.0	8.3	237.3	0.2	237.5	0.11315	2.5	0.0
D23	DEL	LABOR & DELIVERY	24339	1357.3	0.0	122.3	1479.6	0.9	1480.5	0.06083	13.5	0.0
D24	OR	OPERATING ROOM	264845	4884.1	637.7	704.1	6225.9	267.0	6492.9	0.02452	51.4	1.5
D24A	ORC	OPERATING ROOM CLINIC	4636	6.0	0.0	36.4	42.4	0.5	42.9	0.00925	0.1	0.0

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PATIENT CARE CENTER

D

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-19

INSTITUTION NUMBER 0032

			COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10
FORM		CENTER	UNITS	WAGES, SALARY & BENEFITS	PHYSICIAN SUPERVISION EXPENSES	OTHER EXPENSES	TOTAL EXPENSES	ALLOCATED EXPENSES	ADJUSTED TOTAL EXPENSES	EXPENSE PER UNIT	FTEs	PHYSICIAN SUPERVISION FTEs
SOURCE			RECORDS	RECORDS	RECORDS	RECORDS	Col. 1 +Col. 2 + Col. 3	Sch. OADP	Col. 4 + Col. 5	Col. 7/Col. 1	RECORDS	RECORDS
D25	ANS	ANESTHESIOLOGY	290889	2.0	0.0	211.6	213.6	0.0	213.6	0.00073	0.0	0.0
D26	MSS	MEDICAL SUPPLIES SOLD	12210	0.0	0.0	7407.3	7407.3	0.0	7407.3	0.60666	0.0	0.0
D27	CDS	DRUGS SOLD	12210	0.0	0.0	8591.5	8591.5	0.0	8591.5	0.70364	0.0	0.0
D28	LAB	LABORATORY SERVICES	5255115	2412.6	140.0	2466.5	5019.1	321.6	5340.7	0.00102	31.6	0.3
D30	EKG	ELECTROCARDIO- GRAPHY	439258	1028.8	0.0	241.0	1269.8	15.4	1285.2	0.00293	14.6	0.0
D31	IRC	INTERVENTIONAL RAD/CARDIO	13786	853.8	0.0	178.1	1031.9	38.9	1070.8	0.07767	7.9	0.0
D32	RAD	RADIOLOGY DIAGNOSTIC	739996	3539.8	47.9	673.4	4261.1	193.8	4454.9	0.00602	40.5	0.1
D33	CAT	CT SCANNER	697323	1252.3	0.0	507.7	1760.0	78.8	1838.8	0.00264	12.6	0.0
D34	RAT	RADIOLOGY - THERAPEUTIC	6446	19.6	0.0	41.6	61.2	0.0	61.2	0.00949	0.2	0.0
D35	NUC	NUCLEAR MEDICINE	135288	570.9	0.0	143.2	714.1	24.3	738.4	0.00546	5.5	0.0
D36	RES	RESPIRATORY THERAPY	1369621	1439.6	0.0	224.6	1664.2	5.8	1670.0	0.00122	13.4	0.0
D37	PUL	PULMONARY FUNCTION TESTING										
D38	EEG	ELECTOENCEPHALO- GRAPHY	103859	366.5	60.4	22.8	449.7	3.1	452.8	0.00436	3.8	0.1
D39	PTH	PHYSICAL THERAPY	65490	445.1	0.0	1.8	446.9	1.5	448.4	0.00685	5.3	0.0
D40	OTH	OCCUPATIONAL THERAPY	11178	76.0	0.0	0.1	76.1	0.2	76.3	0.00683	0.0	0.0

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PATIENT CARE CENTER

D

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-19

INSTITUTION NUMBER 0032

FORM		CENTER	COL 1 UNITS	COL 2 WAGES, SALARY & BENEFITS	COL 3 PHYSICIAN SUPERVISION EXPENSES	COL 4 OTHER EXPENSES	COL 5 TOTAL EXPENSES	COL 6 ALLOCATED EXPENSES	COL 7 ADJUSTED TOTAL EXPENSES	COL 8 EXPENSE PER UNIT	COL 9 FTEs	COL 10 PHYSICIAN SUPERVISION FTEs
SOURCE			RECORDS	RECORDS	RECORDS	RECORDS	Col. 1 +Col. 2 + Col. 3	Sch. OADP	Col. 4 + Col. 5	Col. 7/Col. 1	RECORDS	RECORDS
D41	STH	SPEECH LANGUAGE PATHOLOGY	14940	101.5	0.0	0.4	101.9	0.2	102.1	0.00683	0.0	0.0
D42	REC	RECREATIONAL THERAPY										
D43	AUD	AUDIOLOGY										
D44	OPM	OTHER PHYSICAL MEDICINE										
D45	RDL	RENAL DIALYSIS										
D46	OA	ORGAN ACQUISITION										
D47	AOR	AMBULATORY SURGERY SERVICES										
D48	LEU	LEUKOPHERESIS										
D49	HYP	HYPERBARIC CHAMBER	512	0.7	0.0	103.1	103.8	0.2	104.0	0.20313	0.0	0.0
D50	FSE	FREE STANDING EMERGENCY										
D51	MRI	MAGNETIC RESONANCE IMAGING	233965	570.1	0.0	352.0	922.1	33.8	955.9	0.00409	5.4	0.0
D53	LIT	LITHOTRIPSY	25	43.8	0.0	41.3	85.1	0.3	85.4	3.41600	0.5	0.0
D54	RHB	REHABILITATION										
D55	OBV	OBSERVATION	56623	2373.2	0.0	72.2	2445.4	1.9	2447.3	0.04322	26.9	0.0

HSCRC  
08/10

PATIENT CARE CENTER

D

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-19

INSTITUTION NUMBER 0032

FORM			COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10
		CENTER	UNITS	WAGES, SALARY & BENEFITS	PHYSICIAN SUPERVISION EXPENSES	OTHER EXPENSES	TOTAL EXPENSES	ALLOCATED EXPENSES	ADJUSTED TOTAL EXPENSES	EXPENSE PER UNIT	FTEs	PHYSICIAN SUPERVISION FTEs
SOURCE			RECORDS	RECORDS	RECORDS	RECORDS	Col. 1 + Col. 2 + Col. 3	Sch. OADP	Col. 4 + Col. 5	Col. 7/Col. 1	RECORDS	RECORDS
D56	AMR	AMBULANCE SERVICES REBUNDLED	3544	0.0	0.0	57.6	57.6	0.0	57.6	0.01625	0.0	0.0
D57	TMT	TRANSURETHRAL MICROWAVE THERMO THERAPY										
D58	OCL	ONCOLOGY CLINIC										
D59	TNA	TRANSURETHRAL NEEDLE ABLATION	0	0.0	0.0	0.0	0.0	0.0	0.0	0.00000	0.0	0.0
D70	PAD	PSYCH. ADULT										
D71	PCD	PSYCH. CHILD/ADOLESCENT										
D73	PSG	PSYCH. GERIATRIC										
D74	ITH	INDIVIDUAL THERAPIES										
D75	GTH	GROUP THERAPIES										
D76	FTH	FAMILY THERAPIES										
D77	PST	PSYCHOLOGICAL TESTING										
D78	PSE	EDUCATION										
D79	OPT	OTHER THERAPIES										
D80	ETH	ELECTRO-CONVULSIVE THERAPY										
D81	ATH	ACTIVITY THERAPY										

HSCRC  
08/10

Schedule D Supplemental - Other Expenses

INSTITUTION NAME Union Hospital of Cecil County

BASE YEAR

06-19

INSTITUTION NUMBE 0032

SCHEDULE	COST CENTE	DESCRIPTION	AMOUNT
<b>D1</b>	<b>MSG</b>	Food	17.5
		Office Supplies	22.4
		Contracted Serv. Non-Maint.	27.4
		Minor Equipment	6.6
		Uniforms	0.1
		Dues/Books Periodicals	3.3
		Telephone	0.0
		Purch Med Services	0.0
		Linen	0.0
		Contracted Serv. Maint.	0.0
		Travel / Conf. Bus. Meet	3.8
		Marketing	0.0
		Agency Employees	112.9
		PATIENT TAXI SERVICE	0.0
		Miscellaneous	0
		<b>TOTAL</b>	<b>194</b>
<b>D2</b>	<b>PED</b>	Food	0.5
		Minor Equipment	1.8
		Minor Uniforms	0
		Office Supplies	0.3
		Dues/Books Periodicals	0.2
		Travel / Conf. Bus. Meet	0.0
		Linen	0.0
		Agency Employees	191.3
		Contracted Serv. Non-Maint.	25.7
		Miscellaneous	0
		<b>TOTAL</b>	<b>219.8</b>
<b>D3</b>	<b>PSY</b>	Food	9.0
		Contracted Serv. Non-Maint.	1.8
		Telephone	0.0
		Office Supplies	2.8
		Minor Equipment	0.7
		Uniforms	0.0
		Dietary Supplies	1.4
		Dues/Books Periodicals	0.2
		Travel / Conf. Bus. Meet	0.1
		Agency Employees	0.9
		PATIENT TAXI SERVICE	0.0
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>16.7</b>
<b>D4</b>	<b>OBS</b>	Contracted Serv. Non-Maint.	3.1
		Purch Med Services	0.0
		Office Supplies	1.3
		Food	1.2
		Minor Equipment	2.7
		Uniforms	2.7
		Dues/Books Periodicals	1.1
		Telephone	0.0
		Contracted Serv. Maint.	1.0
		Travel / Conf. Bus. Meet	1.2
		Linen	0.0
		Agency Employees	40.7
		Miscellaneous	0
		<b>TOTAL</b>	<b>55.0</b>



INSTITUTION NAME Union Hospital of Cecil County

BASE YEAR

06-19

INSTITUTION NUMBE 0032

SCHEDULE	COST CENTE	DESCRIPTION	AMOUNT
<b>D6</b>	<b>MIS</b>	Contracted Serv. Non-Maint.	308.1
		Purch MedServices	783.4
		Office Supplies	2.2
		Food	2.0
		Uniforms	0.0
		Minor Equipment	0.8
		Agency Employees	83.2
		Travel / Conf. Bus. Meet	14.0
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>1193.7</b>
<b>D14</b>	<b>NUR</b>	Contracted Serv. Non-Maint.	1.6
		Purch Med Services	0.0
		Food	0.6
		Office Supplies	0.7
		Dues/Books Periodicals	0.6
		Minor Equipment	1.4
		Uniforms	1.4
		Telephone	0.0
		Linen	0.0
		Contracted Serv. Maint.	0.5
		Marketing	0.0
		Travel / Conf. Bus. Meet	0.6
		Agency Employees	21.2
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>28.7</b>
<b>D18</b>	<b>EMG</b>	Contracted Serv. Non-Maint.	103.5
		Office Supplies	24.7
		Food	39.1
		Minor Equipment	17.6
		Telephone	0.0
		Uniforms	1.9
		Dues/Books Periodicals	0.1
		Dietary Supplies	0.3
		Postage	0.0
		Agency Employees	73.0
		Travel / Conf. Bus. Meet	3.0
		Contracted Serv. Maint.	0.3
		Miscellaneous	0.1
		<b>TOTAL</b>	<b>263.6</b>
<b>D19</b>	<b>CL</b>	Agency Employees	461.5
		Contracted Serv. Non-Maint.	123.8
		Travel / Conf. Bus. Meet	0.0
		Minor Equipment	0.2
		Office Supplies	3.0
		Food	2.2
		Dues/Books Periodicals	2.2
		Miscellaneous	0.3
		<b>TOTAL</b>	<b>593.2</b>

INSTITUTION NAME Union Hospital of Cecil County

BASE YEAR

06-19

INSTITUTION NUMBE 0032

SCHEDULE	COST CENTE	DESCRIPTION	AMOUNT
<b>D20</b>	<b>PDC</b>	Minor Equipment	0.0
		Food	0.0
		Office Supplies	0.0
		Contracted Serv. Non-Maint.	0.0
		Telephone	0.0
		Dietary Supplies	0.0
		Agency Employees	0.0
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>0.0</b>
<b>D22</b>	<b>SDS</b>	Food	2.6
		Contracted Serv. Non-Maint.	1.2
		Office Supplies	0.8
		Travel / Conf. Bus. Meet	0.1
		Telephone	0.0
		Minor Equipment	0.2
		Uniforms	0.0
		Dues/Books Periodicals	0.2
		Agency Employees	3.2
		PATIENT TAXI SERVICE	0.0
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>8.3</b>
<b>D23</b>	<b>DEL</b>	Contracted Serv. Non-Maint.	6.9
		Purch Med Services	0.0
		Office Supplies	2.9
		Food	2.8
		Dues/Books Periodicals	2.3
		Minor Equipment	6.0
		Uniforms	6.0
		Telephone	0.0
		Contracted Serv. Maint.	2.3
		Linen	0.0
		Marketing	0.0
		Travel / Conf. Bus. Meet	2.6
		Agency Employees	90.6
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>122.3</b>

SCHEDULE	COST CENTE	DESCRIPTION	AMOUNT
<b>D24</b>	<b>OR</b>	Contracted Serv. Maint.	288.1
		Contracted Serv. Non-Maint.	136.7
		Minor Equipment	79.0
		Office Supplies	13.7
		Freight Charges	9.3
		Food	3.2
		Repairs & Maint	0.0
		Purch Med Services	8.9
		Uniforms	51.2
		Dues/Books Periodicals	3.1
		Telephone	0.0
		OR Linen	6.0
		Travel / Conf. Bus. Meet	2.9
		Postage	0.0
		X-ray Film	0.0
		Agency Employees	101.1
		Miscellaneous	0.9
		<b>TOTAL</b>	<b>704.1</b>
<b>D24A</b>	<b>ORC</b>	Agency Employees	25.5
		Minor Equipment	0.3
		Contracted Serv. Non-Maint.	7.0
		Travel / Conf. Bus. Meet	0.1
		Office Supplies	3.2
		Miscellaneous	0.3
		<b>TOTAL</b>	<b>36.4</b>
<b>D25</b>	<b>ANS</b>	Drugs	57.6
		Departmental Supplies	71.6
		M&S Chrg SUPPLIES	17.2
		Anesthetic Agents	0.0
		Contracted Serv. Maint.	56.6
		Minor Equipment	3.2
		I.V. Solutions	3.2
		Office Supplies	0.0
		Contracted Serv. Non-Maint.	0.5
		Dues/Books Periodicals	0.0
		Miscellaneous	1.7
		<b>TOTAL</b>	<b>211.6</b>
<b>D26</b>	<b>MSS</b>	M&S Chrg SUPPLIES	7407.3
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>7407.3</b>
<b>D27</b>	<b>CDS</b>	Drugs	8591.6
		I.V.Solutions	0.0
		Miscellaneous	-0.1
		<b>TOTAL</b>	<b>8591.5</b>

INSTITUTION NAME Union Hospital of Cecil County

BASE YEAR

06-19

INSTITUTION NUMBE 0032

SCHEDULE	COST CENTE	DESCRIPTION	AMOUNT
<b>D28</b>	<b>LAB</b>	Departmental Supplies	1075.7
		Purch Med Services	602.4
		Blood	490.9
		Contracted Serv. Maint.	181.3
		Dues/Books Periodicals	49.6
		Office Supplies	11.2
		Contracted Serv. Non-Maint.	26.9
		M&S Chrg SUPPLIES	2.3
		Minor Equipment	7.0
		Postage	0.0
		Transpor- tation	0.2
		Drugs	0.3
		Telephone	0.0
		Food	0.1
		Travel / Conf. Bus. Meet	0.6
		Miscellaneous	18.0
		<b>TOTAL</b>	<b>2466.5</b>
<b>D30</b>	<b>EKG</b>	Contracted Serv. Maint.	57.9
		Departmental Supplies	34.3
		Purch Med Services	54.5
		M&S Chrg SUPPLIES	2.9
		Drugs	1.1
		Uniforms	1.8
		Office Supplies	1.4
		Contracted Serv. Non-Maint.	63.7
		Telephone	0.0
		Minor Equipment	23.0
		Dues/Books Periodicals	0.0
		Food	0.0
		Miscellaneous	0.4
		<b>TOTAL</b>	<b>241.0</b>
<b>D31</b>	<b>IRC</b>	Purch Med Services	4.5
		Minor Equipment	3.6
		Contracted Serv. Maint.	127.8
		Contracted Serv. Non-Maint.	38.4
		Dues/Books Periodicals	0.4
		Telephone	0.0
		Office Supplies	2.0
		Linen	0.0
		Food	0.3
		Miscellaneous	1.1
		<b>TOTAL</b>	<b>178.1</b>

INSTITUTION NAME Union Hospital of Cecil County

BASE YEAR

06-19

INSTITUTION NUMBE 0032

SCHEDULE	COST CENTE	DESCRIPTION	AMOUNT
<b>D32</b>	<b>RAD</b>	Contracted Serv. Non-Maint.	154.6
		Contracted Serv. Maint.	344.6
		Purch Med Services	0.0
		Departmental Supplies	37.3
		Dues/Books Periodicals	26.9
		M&S Chrg SUPPLIES	20.3
		X-ray Film	0.0
		Office Supplies	6.8
		Agency Employees	32.3
		Food	2.1
		Telephone	0.0
		Uniforms	6.4
		Minor Equipment	27.4
		Travel / Conf. Bus. Meet	5.8
		I.V. Solutions	0.0
		Postage	0.0
		Drugs	8.5
		Dietary Supplies	0.4
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>673.4</b>
<b>D33</b>	<b>CAT</b>	Contracted Serv. Maint.	252.9
		Departmental Supplies	102.0
		Contracted Serv. Non-Maint.	57.3
		M&S Chrg SUPPLIES	9.2
		Dues/Books Periodicals	1.0
		X-ray Film	0.0
		Uniforms	2.2
		Purch Med Services	0.0
		Office Supplies	1.5
		Food	0.1
		Minor Equipment	11.0
		Drugs	70.3
		Telephone	0.0
		I.V. Solutions	0.0
		Miscellaneous	0.2
		<b>TOTAL</b>	<b>507.7</b>
<b>D34</b>	<b>RAT</b>	Purch Med Services	38.1
		Contracted Serv. Non-Maint.	2.5
		Travel / Conf. Bus. Meet	0.3
		Repairs & Maint	0.0
		Minor Equipment	0.0
		Postage	0.0
		Office Supplies	0.0
		Food	0.0
		Dues/Books Periodicals	0.6
		Miscellaneous	0.1
		<b>TOTAL</b>	<b>41.6</b>

INSTITUTION NAME Union Hospital of Cecil County

BASE YEAR

06-19

INSTITUTION NUMBE 0032

SCHEDULE	COST CENTE	DESCRIPTION	AMOUNT
<b>D35</b>	<b>NUC</b>	Contracted Serv. Maint.	81.8
		Contracted Serv. Non-Maint.	48.4
		Departmental Supplies	4.9
		Travel / Conf. Bus. Meet	1.1
		Purch Med Services	0.0
		Office Supplies	0.7
		Minor Equipment	2.3
		Dues/Books Periodicals	1.8
		M&S Chrg SUPPLIES	0.3
		Food	0.3
		Uniforms	1.3
		Telephone	0.0
		Miscellaneous	0.3
		<b>TOTAL</b>	<b>143.2</b>
<b>D36</b>	<b>RES</b>	Oxygen	108.8
		Agency Employees	0.0
		Travel / Conf. Bus. Meet	0.0
		Departmental Supplies	71.4
		Minor Equipment	6.9
		M&S Chrg SUPPLIES	20.1
		Office Supplies	2.7
		Telephone	0.0
		Contracted Serv. Maint.	10.2
		Contracted Serv. Non-Maint.	4.3
		Food	0.0
		Dues/Books Periodicals	0.0
		Miscellaneous	0.2
		<b>TOTAL</b>	<b>224.6</b>
<b>D38</b>	<b>EEG</b>	Departmental Supplies	15.1
		Contracted Serv. Maint.	0.0
		Minor Equipment	5.3
		Office Supplies	0.6
		Telephone	0.0
		Food	0.3
		Contracted Serv. Non-Maint.	0.6
		Dues/Books Periodicals	0.0
		M&S Chrg SUPPLIES	0.8
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>22.8</b>

SCHEDULE	COST CENTE	DESCRIPTION	AMOUNT		
<b>D39</b>	<b>PTH</b>	Agency Employees	0.0		
		Departmental Supplies	0.9		
		Minor Equipment	0.5		
		Contracted Serv. Non-Maint.	0.3		
		Dues/Books Periodicals	0.0		
		Office Supplies	0.1		
		M&S Chrg SUPPLIES	0.2		
		Miscellaneous	0.0		
		<b>TOTAL</b>	<b>1.8</b>		
		<b>D40</b>	<b>OTH</b>	Agency Employees	0.0
Minor Equipment	0.2				
Contracted Serv. Non-Maint.	0.1				
Dues/Books Periodicals	0.0				
Office Supplies	0.0				
Miscellaneous	0.0				
<b>TOTAL</b>	<b>0.1</b>				
<b>D41</b>	<b>STH</b>	Agency Employees	0.0		
		Departmental Supplies	0.2		
		Minor Equipment	0.1		
		Contracted Serv. Non-Maint.	0.1		
		Dues/Books Periodicals	0.0		
		Office Supplies	0.0		
		Miscellaneous	0.0		
<b>TOTAL</b>	<b>0.4</b>				
<b>D49</b>	<b>HYP</b>	Agency Employees	47.5		
		Contracted Serv. Non-Maint.	52.7		
		Travel / Conf. Bus. Meet	0.0		
		Oxygen	2.9		
		Office Supplies	0.0		
		Telephone	0.0		
		Minor Equipment	0.0		
		DepartmentalSupplies	0.0		
		Dues/Books Periodicals	0.0		
		Miscellaneous	0.0		
		<b>TOTAL</b>	<b>103.1</b>		
		<b>D51</b>	<b>MRI</b>	Contracted Serv. Maint.	263.5
				Contracted Serv. Non-Maint.	26.4
Departmental Supplies	15.6				
M&S Chrg SUPPLIES	0.2				
Dues/Books Periodicals	5.4				
Telephone	0.0				
X-ray Film	0.0				
Minor Equipment	4.4				
Office Supplies	0.5				
Uniforms	0.8				
Purch Med Services	0.0				
Drugs	34.9				
Food	0.0				
Miscellaneous	0.3				
<b>TOTAL</b>	<b>352.0</b>				
<b>D53</b>	<b>LIT</b>	Contracted Serv. Non-Maint.	36.2		
		Contracted Serv. Maint.	2.6		
		AgencyEmployees	0.9		
		Minor Equipment	0.7		
		Office Supplies	0.1		
		Repairs & Maint	0.0		
		Freight Charges	0.1		
		Food	0.0		
		Purch Med Services	0.1		
		Uniforms	0.5		
		Miscellaneous	0.1		
		<b>TOTAL</b>	<b>41.3</b>		

INSTITUTION NAME Union Hospital of Cecil County

BASE YEAR

06-19

INSTITUTION NUMBE 0032

SCHEDULE	COST CENTE	DESCRIPTION	AMOUNT
<b>D55</b>	<b>OBV</b>	Purch Med Services	0.0
		Contracted Serv. Non-Maint.	8.8
		Agency Employees	12.3
		Food	42.7
		Travel / Conf. Bus. Meet	0.3
		Minor Equipment	1.0
		Uniforms	0.0
		Telephone	0.0
		Office Supplies	6.6
		Dues/Books/Periodicals	0.3
		Miscellaneous	0.2
		<b>TOTAL</b>	<b>72.2</b>
<b>D56</b>	<b>AMR</b>	Purch Med Services	57.6
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>57.6</b>
<b>D59</b>	<b>TNA</b>	M&S Chrg SUPPLIES	0.0
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>0.0</b>

Note: All \$ in thousands. All Departments with Misc. > 1% due to rounding, or department has miscellaneous expense category > 1% on Hospital GL.



AUXILIARY ENTERPRISES  
PAR

E2

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

VOLUME DATA		BASE YEAR UNITS	BUDGET YR UNITS
A	# OF SPACES	750	750

PARKING - 8440

5440

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

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	102.4	140	242.4	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	XXX	XXX	XXX	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////	XXX	XXX	XXX	XXX	D

COL. 5 COL. 6  
COST CENTER CODE

D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	SCH . H3				XXX	E
F	DONATED SERV & COMMODATIES	RECORDS				XXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	102.4	140.0	242.4	0.32320	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXX	XXX	35.8	XXX	H
I	PROFIT (LOSS)	H-G	XXX	XXX	(206.6)	XXX	I
J	AMT TREATED AS FRINGE	RECORDS	XXX	XXX	0.0	XXX	J
K	AMT TREATED AS OFC	I-J	XXX	XXX	(206.6)	XXX	K

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXX	L
M	MISC ADJUSTMENTS	BUDGET				XXX	M
N	BUDGET YEAR EXPENSES	G+L+M					N

BUDGET YEAR PROFIT (LOSS)

O	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	O
P	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	P
Q	BUDGET YEAR REVENUE	O+P	XXX	XXX		XXX	Q
R	PROFIT (LOSS)	Q+N	XXX	XXX		XXX	R

FTE DATA

S	ADJ BASE YR HRS WORKED / 2080	RECORDS	0.0				S
T	BUDGET YR HRS WORKED / 2080	BUDGET					T

HSCRC  
8-99

AUXILIARY ENTERPRISES  
 OOR

E4

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

VOLUME DATA		BASE YEAR UNITS	BUDGET YR UNITS
A	SQ. FEET	3	3

OFFICE & OTHER RENTAL - 9220

5440

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

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	0.0	7.2	7.2	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	0.0	XXX	0.0	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////	XXX	XXX	XXX	XXX	D

COL. 5 COL. 6  
 COST CENTER CODE

D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	SCH . H3				XXX	E
F	DONATED SERV & COMMODATIES	RECORDS				XXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	0.0	7.2	7.2	2.40000	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXX	XXX	80.0	XXX	H
I	PROFIT (LOSS)	H-G	XXX	XXX	72.8	XXX	I
J	AMT TREATED AS FRINGE	RECORDS	XXX	XXX		XXX	J
K	AMT TREATED AS OFC	I-J	XXX	XXX	72.8	XXX	K

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXX	L
M	MISC ADJUSTMENTS	BUDGET				XXX	M
N	BUDGET YEAR EXPENSES	G+L+M					N

BUDGET YEAR PROFIT (LOSS)

O	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	O
P	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	P
Q	BUDGET YEAR REVENUE	O+P	XXX	XXX		XXX	Q
R	PROFIT (LOSS)	Q+N	XXX	XXX		XXX	R

FTE DATA

S	ADJ BASE YR HRS WORKED / 2080	RECORDS	0.0				S
T	BUDGET YR HRS WORKED / 2080	BUDGET					T

HSCRC  
 8-99

AUXILIARY ENTERPRISES  
REO

E5

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

VOLUME DATA		BASE YEAR UNITS	BUDGET YR UNITS
A	SQ. FEET	1	1

RETAIL OPERATIONS - 9230  
9130

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUE	EXPENSES, REVENUE PER UNIT
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BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	0.0	73	73	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	0.0	XXX	0.0	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////	XXX	XXX	XXX	XXX	D

COL. 5 COL. 6  
COST CENTER CODE

D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	SCH . H3				XXX	E
F	DONATED SERV & COMMODATIES	RECORDS				XXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	0.0	73.0	73.0	73.00000	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXX	XXX	0.0	XXX	H
I	PROFIT (LOSS)	H-G	XXX	XXX	(73.0)	XXX	I
J	AMT TREATED AS FRINGE	RECORDS	XXX	XXX		XXX	J
K	AMT TREATED AS OFC	I-J	XXX	XXX	(73.0)	XXX	K

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXX	L
M	MISC ADJUSTMENTS	BUDGET				XXX	M
N	BUDGET YEAR EXPENSES	G+L+M					N

BUDGET YEAR PROFIT (LOSS)

O	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	O
P	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	P
Q	BUDGET YEAR REVENUE	O+P	XXX	XXX		XXX	Q
R	PROFIT (LOSS)	Q+N	XXX	XXX		XXX	R

FTE DATA

S	ADJ BASE YR HRS WORKED / 2080	RECORDS	0.0				S
T	BUDGET YR HRS WORKED / 2080	BUDGET					T

HSCRC  
8-99

AUXILIARY ENTERPRISES  
CAF

E7

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

	VOLUME DATA	BASE YEAR UNITS	BUDGET YR UNITS
A	MEALS	127,056	142,060

CAFETERIA - 8320  
5320

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUE	EXPENSES, REVENUE PER UNIT
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BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	349.8	488.7	838.5	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	XXX	XXX	XXX	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////	XXX	XXX	XXX	XXX	D

COL. 5 COL. 6  
COST CENTER CODE

D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	SCH . H3				XXX	E
F	DONATED SERV & COMMODATIES	RECORDS				XXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	349.8	488.7	838.5	0.00660	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXX	XXX	789.5	XXX	H
I	PROFIT (LOSS)	H-G	XXX	XXX	(49.0)	XXX	I
J	AMT TREATED AS FRINGE	RECORDS	XXX	XXX	(49.0)	XXX	J
K	AMT TREATED AS OFC	I-J	XXX	XXX	0.0	XXX	K

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXX	L
M	MISC ADJUSTMENTS	BUDGET				XXX	M
N	BUDGET YEAR EXPENSES	G+L+M					N

BUDGET YEAR PROFIT (LOSS)

O	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	O
P	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	P
Q	BUDGET YEAR REVENUE	O+P	XXX	XXX		XXX	Q
R	PROFIT (LOSS)	Q+N	XXX	XXX		XXX	R

FTE DATA

S	ADJ BASE YR HRS WORKED / 2080	RECORDS	8.2
T	BUDGET YR HRS WORKED / 2080	BUDGET	

S
T

HSCRC  
8-99

OTHER INSTITUTIONAL PROGRAMS  
CHE

F4

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

VOLUME DATA		BASE YEAR UNITS	BUDGET YR UNITS
A	# PART.	-	-

COMMUNITY HEALTH EDUCATION

8270

SOURCE	WAGES, SALAR- IES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUE	EXPENSES, REVENUE PER UNIT
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BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	80.2	31.2	111.4	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	0.1	XXX	0.1	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////	XXX	XXX	XXX	XXX	D

COL. 5 COL. 6  
COST CENTER CODE

D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	SCH . H3				XXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	80.3	31.2	111.5	0.00000	G

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXX	XXX	30.6	XXX	H
H	PROFIT (LOSS)	H-G	XXX	XXX	(80.9)	XXX	I

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXX	L
J	MISC ADJUSTMENTS	BUDGET				XXX	M
K	BUDGET YEAR EXPENSES	G+L+M					N

BUDGET YEAR PROFIT (LOSS)

L	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	O
M	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	P
N	BUDGET YEAR REVENUE	O+P	XXX	XXX		XXX	Q
O	PROFIT (LOSS)	Q+N	XXX	XXX		XXX	R

FTE DATA

P	ADJ BASE YR HRS WORKED / 2080	RECORDS	0.9				S
Q	BUDGET YR HRS WORKED / 2080	BUDGET					T

HSCRC  
9-99

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP

INSTITUTION NAME: UNION HOSPITAL OF CECIL COUNTY  
 INSTITUTION NUMBER: 0032  
 BASE YEAR 06-19

LOSS PER FTE		SOURCE	TOTAL
A	GAIN (LOSS) TO BE ALLOC. AS FRINGE	SCH. E2,E7,E8	49.0
B	NUMBER OF FTEs	RECORDS	705.3
B1	LOSS PER FTE	A / B	0.06947

Allocation of Data Processing Expense

BASE YEAR DATA	SOURCE	COL. 2	COL. 3	COL. 4	
		WAGES, SALARY & BENEFITS	OTHER EXPENSES	TOTAL EXPENSES	
C1	BASE YEAR EXPENSES	RECORDS	2,185.8	3,440.7	5,626.5
2	DONATED SERVICES & COMMODATIES	RECORDS			
3	FISCAL YEAR ADJUSTED EXPENSES	A + B	2,185.8	3,440.7	5,626.5

DISTRIBUTIONS

CAFETERIA, PARKING, ETC. ALLOCATION

DATA PROCESSING ALLOCATION

	DISTRIBUTIONS	CAFETERIA, PARKING, ETC. ALLOCATION		DATA PROCESSING ALLOCATION						TOTAL ALLOCATED EXPENSE Col. 2 + Col. 7
		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7		
	SCHED	CODE	FTE	B1 * D1	ALLOCATED AMOUNT	BASIS	WAGES, SALARY & BENEFITS	OTHER EXPENSES	DP ALLOCATION	
D1	DIETARY SERVICES	C1	DTY	19.8	1.4					1.4
2	LAUNDRY & LINEN	C2	LL	6.4	0.4					0.4
3	SOCIAL SERVICES	C3	SSS	1.6	0.1					0.1
4	PURCHASING & STORES	C4	PUR	3.1	0.2	141.6	0.025	55.0	86.6	141.6
5	PLANT OPERATIONS	C5	POP	32.2	2.2					2.2
6	HOUSEKEEPING	C6	HKP	35.2	2.4					2.4
7	CENTRAL SERVICES & SUPPLY	C7	CSS	9.1	0.6					0.6
8	PHARMACY	C8	PHM	25.7	1.8	137.7	0.024	53.5	84.2	137.7
9	GENERAL ACCOUNTING	C9	FIS	0.9	0.1	273.1	0.049	106.1	167.0	273.2
10	PATIENT ACCOUNTS	C10	PAC	24.7	1.7	310.4	0.055	120.6	189.8	310.4
11	HOSPITAL ADMINISTRATION	C11	MGT	35.4	2.5	1,685.9	0.300	654.9	1,031.0	1,685.9
12	MEDICAL RECORDS	C12	MRD	28.6	2.0	1,775.4	0.316	689.7	1,085.7	1,775.4
13	MEDICAL STAFF ADM	C13	MSA	1.5	0.1					0.1
14	NURSING ADMIN	C14	NAD	12.7	0.9					0.9
15	ORGAN ACQUISITION	C15	OAO							
16	MED SURGICAL ACUTE	D1	MSG	108.2	7.5					7.5
17	PEDIATRIC ACUTE	D2	PED	2.5	0.2					0.2
18	PSYCHIATRIC ACUTE	D3	PSY	15.7	1.1					1.1
19	OBSTETRICS ACUTE	D4	OBS	5.9	0.4					0.4
20	DEFINITIVE OBSERVATION	D5	DEF							
21	MED SURG INTENSIVE CARE	D6	MIS	15.8	1.1					1.1
22	CORONARY CARE	D7	CCU							
23	PEDIATRIC INTENSIVE CARE	D8	PIC							
24	NEO-NATAL INTENSIVE CARE	D9	NEO							
25	BURN CARE	D10	BUR							
26	PSYCHIATRIC INTENSIVE CARE	D11	PSI							
27	SHOCK TRAUMA	D12	TRM							
28	ONCOLOGY	D13	ONC							
29	NEWBORN NURSERY	D14	NUR	3.2	0.2					0.2
30	PREMATURE NURSERY	D15	PRE							
31	INTERMEDIATE CARE	D17	ICC							

HSCRC  
08/10

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP

INSTITUTION NAME: UNION HOSPITAL OF CECIL COUNTY  
 INSTITUTION NUMBER: 0032  
 BASE YEAR: 06-19

DISTRIBUTIONS CAFETERIA, PARKING, ETC. ALLOCATION DATA PROCESSING ALLOCATION

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8		
	SCHED	CODE	FTE	B1 * D1	ALLOCATED AMOUNT	BASIS	WAGES, SALARY & BENEFITS	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE Col. 2 + Col. 7	
32	EMERGENCY SERVICES	D18	EMG	73.4	5.1	191.3	0.034	74.3	117.0	191.3	196.4
33	CLINIC SERVICES	D19	CL	5.1	0.4	6.2	0.001	2.4	3.8	6.2	6.6
34	PSYCH DAY & NIGHT CARE	D20	PDC								
35	SAME DAY SURGERY	D22	SDS	2.5	0.2						0.2
36	LABOR & DELIVERY	D23	DEL	13.5	0.9						0.9
37	OPERATING ROOM	D24	OR	52.9	3.7	263.3	0.047	102.3	161.0	263.3	267.0
38	OPERATING ROOM CLINIC	D24A	ORC	0.1		0.5	0.000	0.2	0.3	0.5	0.5
39	ANESTHESIOLOGY	D25	ANS								
40	LABORATORY SERVICES	D28	LAB	31.9	2.2	319.4	0.057	124.1	195.3	319.4	321.6
41	ELECTROCARDIOGRAPHY	D30	EKG	14.6	1.0	14.4	0.003	5.6	8.8	14.4	15.4
42	INTERVENTIONAL RAD/CARD	D31	IRC	7.9	0.5	38.4	0.007	14.9	23.5	38.4	38.9
43	RADIOLOGY - DIAGNOSTIC	D32	RAD	40.6	2.8	191.0	0.034	74.2	116.8	191.0	193.8
44	CT SCANNER	D33	CAT	12.6	0.9	77.9	0.014	30.3	47.6	77.9	78.8
45	RADIOLOGY - THERAPEUTIC	D34	RAT	0.2							
46	NUCLEAR MEDICINE	D35	NUC	5.5	0.4	23.9	0.004	9.3	14.6	23.9	24.3
47	RESPIRATORY THERAPY	D36	RES	13.4	0.9	4.9	0.001	1.9	3.0	4.9	5.8
48	PULMONARY FUNCTION TESTING	D37	PUL								
49	ELECTROENCEPHALOGRAPHY	D38	EEG	3.9	0.3	2.8	0.000	1.1	1.7	2.8	3.1
50	PHYSICAL THERAPY	D39	PTH	5.3	0.4	1.1	0.000	0.4	0.7	1.1	1.5
51	OCCUPATIONAL THERAPY	D40	OTH			0.2	0.000	0.1	0.1	0.2	0.2
52	SPEECH LANGUAGE PATHOLOGY	D41	STH			0.2	0.000	0.1	0.1	0.2	0.2
53	RECREATIONAL THERAPY	D42	REC								
54	AUDIOLOGY	D43	AUD								
55	OTHER PHYSICAL MEDICINE	D44	OPM								
56	RENAL DIALYSIS	D45	RDL								
57	ORGAN ACQUISITION	D46	OA								
58	LEUKOPHERESIS	D48	LEU								
59	HYPERBARIC CHAMBER	D49	HYP			0.2	0.000	0.1	0.1	0.2	0.2
60	FREE STANDING EMERGENCY SVCS	D50	FSE								
61	MRI SCANNER	D51	MRI	5.4	0.4	33.4	0.006	13.0	20.4	33.4	33.8
62	LITHOTRIPSY	D53	LIT	0.5		0.3	0.000	0.1	0.2	0.3	0.3
63	REHABILITATION	D54	RHB								
64	OBSERVATION	D55	OBV	26.9	1.9						1.9
65	AMB SERVICES - REBUNDLED	D56	AMR								
66	TRANSURETHERAL MICROWAVE THER	D57	TMT								
67	ONCOLOGY O/P CLINIC	D58	OCL								
68	TRANSURETHERAL NEEDLE ABLATION	D59	TNA								
69	PSYCH ADULT	D70	PAD								
70	PSYCH CHILD/ADOLESCENT	D71	PCD								
71	PSYCH GERIATRIC	D73	PSG								
72	INDIVIDUAL THERAPIES	D74	ITH								
73	GROUP THERAPIES	D75	GTH								
74	FAMILY THERAPIES	D76	FTH								
75	PSYCH TESTING	D77	PST								
76	EDUCATION	D78	PSE								
77	OTHER THERAPIES	D79	OPT								
78	ELECTROCONVULSIVE THERAPY	D80	ETH								

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP

INSTITUTION NAME: UNION HOSPITAL OF CECIL COUNTY

INSTITUTION NUMBER: 0032

BASE YEAR: 06-19

DISTRIBUTIONS

CAFETERIA, PARKING, ETC. ALLOCATION

DATA PROCESSING ALLOCATION

			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
	SCHED	CODE	FTE	B1 * D1	ALLOCATED AMOUNT	BASIS	WAGES, SALARY & BENEFITS	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE Col. 2 + Col. 7
79	ACTIVITY THERAPIES	D81	ATH							
80	AMBULANCE SERVICES	E1	AMB							
81	DR. PRIVATE OFFICE RENTAL	E3	DPO							
82	OFFICE & OTHER RENTAL	E4	OOR							
83	RETAIL OPERATIONS	E5	REO							
84	PATIENT TELEPHONES	E6	PTE							
85	RESEARCH	F1	REG							
86	NURSING EDUCATION	F2	RNS							
87	OTHER HEALTH PROF. EDUCATION	F3	OHE							
88	COMMUNITY HEALTH EDUCATION	F4	CHE	0.9	0.1					0.1
89	MEDICAL SURGICAL ACUTE	P2A	MSG							
90	PEDIATRIC ACUTE	P2A	PED							
91	PSYCHIATRIC ACUTE	P2A	PSY							
92	OBSTETRICS ACUTE	P2A	OBS							
93	DEFINITIVE OBSERVATION	P2A	DEF							
94	M/S INTENSIVE CARE	P2A	MIS							
95	CORONARY CARE	P2A	CCU							
96	PEDIATRIC INTENSIVE CARE	P2B	PIC							
97	NEONATAL INTENSIVE CARE	P2B	NEO							
98	BURN CARE	P2B	BUR							
99	PSYCHIATRIC INTENSIVE CARE	P2B	PSI							
100	SHOCK TRAUMA	P2B	TRM							
101	ONCOLOGY	P2B	ONC							
102	NEWBORN NURSERY	P2B	NUR							
103	PREMATURE NURSERY	P2C	PRE							
104	INTERMEDIATE CARE	P2C	ICC							
105	EMERGENCY SERVICES	P2C	EMG							
106	CLINIC SERVICES	P2C	CL							
107	PSYCH DAY & NIGHT CARE	P2C	PDC							
108	SAME DAY SURGERY	P2C	SDS							
109	MRI	P2D	MRI							
110	LABOR & DELIVERY	P2D	DEL							
111	OPERATING ROOM	P2D	OR							
112	OPERATING ROOM CLINIC	P2D	ORC							
113	ANESTHESIOLOGY	P2D	ANS							
114	LABORATORY SERVICES	P2D	LAB							
115	ELECTROCARDIOGRAPHY	P2D	EKG							
116	INTERVENTIONAL RAD/CARD	P2E	IRC							
117	RADIOLOGY - DIAGNOSTIC	P2E	RAD							
118	CT SCANNER	P2E	CAT							
119	RADIOLOGY - THERAPEUTIC	P2E	RAT							
120	NUCLEAR MEDICINE	P2C	NUC							
121	RESPIRATORY THERAPY	P2E	RES							
122	PULMONARY FUNCTION TESTING	P2E	PUL							
123	ELECTROENCEPHALOGRAPHY	P2F	EEG							
124	PHYSICAL THERAPY	P2F	PTH							
125	OCCUPATIONAL THERAPY	P2F	OTH							

HSCRC  
08/10

060B



ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP

INSTITUTION NAME: UNION HOSPITAL OF CECIL COUNTY

INSTITUTION NUMBER: 0032

BASE YEAR 06-19

DISTRIBUTIONS

CAFETERIA, PARKING, ETC. ALLOCATION

DATA PROCESSING ALLOCATION

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	
	SCHED	CODE	FTE	B1 * D1	ALLOCATED AMOUNT	BASIS	WAGES, SALARY & BENEFITS	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE Col. 2 + Col. 7
126	SPEECH LANGUAGE PATHOLOGY	P2F	STH							
127	RECREATIONAL THERAPY	P2F	REC							
128	AUDIOLOGY	P2F	AUD							
129	OTHER PHYSICAL MEDICINE	P2F	OPM							
130	RENAL DIALYSIS	P2G	RDL							
131	ORGAN ACQUISITION	P2G	OA							
132	LEUKOPHERESIS	P2G	LEU							
133	HYPERBARIC CHAMBER	P2G	HYP							
134	FREE STANDING EMERGENCY SVCS	P2G	FSE							
135	LITHOTRIPSY	P2G	LIT							
136	REHABILITATION	P2H	RHB							
137	TRANSURETHERAL MICROWAVE THER	P2H	TMT							
138	ONCOLOGY O/P CLINIC	P2H	OCL							
139	TRANSURETHERAL NEEDLE ABLATION	P2H	TNA							
140	PSYCH ADULT	P2H	PAD							
141	PSYCH CHILD/ADOLESCENT	P2H	PCD							
142	PSYCH GERIATRIC	P2H	PSG							
143	INDIVIDUAL THERAPIES	P2I	ITH							
144	GROUP THERAPIES	P2I	GTH							
145	PSYCH TESTING	P2I	PST							
146	EDUCATION	P2I	PSE							
147	OTHER THERAPIES	P2I	OPT							
148	ACTIVITY THERAPY	P2I	ATH							
149	MED/SURG ACUTE	P3A	MSG							
150	PEDIATRIC ACUTE	P3A	PED							
151	PSYCHIATRIC ACUTE	P3A	PSY							
152	OBSTETRICS ACUTE	P3A	OBS							
153	DEFINITIVE OBSERVATION	P3A	DEF							
154	MED/SURG INTENSIVE CARE	P3A	MIS							
155	CORONARY CARE	P3A	CCU							
156	PEDIATRIC INTENSIVE CARE	P3B	PIC							
157	NEONATAL INTENSIVE CARE	P3B	NEO							
158	BURN CARE	P3B	BUR							
159	PSYCHIATRIC INTENSIVE CARE	P3B	PSI							
160	SHOCK TRAUMA	P3B	TRM							
161	ONCOLOGY	P3B	ONC							
162	NEWBORN NURSERY	P3B	NUR							
163	PREMATURE NURSERY	P3C	PRE							
164	INTERMEDIATE CARE	P3C	ICC							
165	EMERGENCY SERVICES	P3C	EMG							
166	CLINIC SERVICES	P3C	CL							
167	PSYCH DAY & NIGHT CARE	P3C	PDC							
168	SAME DAY SURGERY	P3C	SDS							
169	MRI	P3D	MRI							
170	LABOR & DELIVERY	P3D	DEL							
171	OPERATING ROOM	P3D	OR							
172	OPERATING ROOM CLINIC	P3D	ORC							

HSCRC  
08/10

060C

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP

INSTITUTION NAME: UNION HOSPITAL OF CECIL COUNTY

INSTITUTION NUMBER: 0032

BASE YEAR 06-19

DISTRIBUTIONS

CAFETERIA, PARKING, ETC. ALLOCATION

DATA PROCESSING ALLOCATION

			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
	SCHED	CODE	FTE	B1 * D1	ALLOCATED AMOUNT	BASIS	WAGES, SALARY & BENEFITS	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE Col. 2 + Col. 7
173	ANESTHESIOLOGY	P3D	ANS							
174	LABORATORY SERVICES	P3D	LAB							
175	ELECTROCARDIOGRAPHY	P3D	EKG							
176	INTERVENTIONAL RAD/CARD	P3E	IRC							
177	RADIOLOGY - DIAGNOSTIC	P3E	RAD							
178	CT SCANNER	P3E	CAT							
179	RADIOLOGY THERAPEUTIC	P3E	RAT							
180	NUCLEAR MEDICINE	P3E	NUC							
181	RESPIRATORY THERAPY	P3E	RES							
182	PULMONARY FUNCTION TESTING	P3E	PUL							
183	ELECTROENCEPHALOGRAPHY	P3F	EEG							
184	PHYSICAL THERAPY	P3F	PTH							
185	OCCUPATIONAL THERAPY	P3F	OTH							
186	SPEECH LANGUAGE PATHOLOGY	P3F	STH							
187	RECREATIONAL THERAPY	P3F	REC							
188	AUDIOLOGY	P3F	AUD							
189	OTHER PHYSICAL MEDICINE	P3F	OPM							
190	RENAL DIALYSIS	P3G	RDL							
191	ORGAN ACQUISITION	P3G	OA							
192	LEUKOPHERESIS	P3G	LEU							
193	HYPERBARIC CHAMBER	P3G	HYP							
194	FREE STANDING EMERGENCY SVCS	P3G	FSE							
195	LITHOTRIPSY	P3G	LIT							
196	REHABILITATION	P3H	RHB							
197	TRANSURETHERAL MICROWAVE THER	P3H	TMT							
198	ONCOLOGY O/P CLINIC	P3H	OCL							
199	TRANSURETHERAL NEEDLE ABLATION	P3H	TNA							
200	MEDICAL SURG ACUTE	P4A	MSG							
201	PEDIATRIC ACUTE	P4A	PED							
202	PSYCHIATRIC ACUTE	P4A	PSY							
203	OBSTETRICS ACUTE	P4A	OBS							
204	DEFINITIVE OBSERVATION	P4A	DEF							
205	MED/SURG INTENSIVE CARE	P4A	MIS							
206	CORONARY CARE	P4A	CCU							
207	PEDIATRIC INTENSIVE CARE	P4A	PIC							
208	NEO NATAL INTENSIVE CARE	P4A	NEO							
209	BURN CARE	P4A	BUR							
210	PSYCHIATRIC INTENSIVE CARE	P4A	PSI							
211	SHOCK TRAUMA	P4A	TRM							
212	ONCOLOGY	P4A	ONC							
213	NEWBORN NURSERY	P4A	NUR							
214	PREMATURE NURSERY	P4A	PRE							
215	INTERMEDIATE CARE	P4A	ICC							
216	EMERGENCY SERVICES	P4C	EMG							
217	CLINIC SERVICES	P4C	CL							
218	PSYCH DAY & NIGHT CARE	P4C	PDC							
219	SAME DAY SURGERY	P4A	SDS							

HSCRC  
08/10

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP

INSTITUTION NAME: UNION HOSPITAL OF CECIL COUNTY

INSTITUTION NUMBER: 0032

BASE YEAR 06-19

DISTRIBUTIONS

CAFETERIA, PARKING, ETC. ALLOCATION

DATA PROCESSING ALLOCATION

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	
	SCHED	CODE	FTE	B1 * D1	ALLOCATED AMOUNT	BASIS	WAGES, SALARY & BENEFITS	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE Col. 2 + Col. 7
220	MRI	P4D	MRI							
221	LABOR & DELIVERY	P4D	DEL							
222	OPERATING ROOM	P4D	OR							
223	OPERATING ROOM CLINIC	P4D	ORC							
224	ANESTHESIOLOGY	P4D	ANS							
225	LABORATORY SERVICES	P4D	LAB							
226	ELECTROCARDIOGRAPHY	P4D	EKG							
227	INTERVENTIONAL RAD/CARD	P4E	IRC							
228	RADIOLOGY - DIAGNOSTIC	P4E	RAD							
229	CT SCANNER	P4E	CAT							
230	RADIOLOGY - THERAPEUTIC	P4E	RAT							
231	NUCLEAR MEDICINE	P4E	NUC							
232	RESPIRATORY THERAPY	P4E	RES							
233	PULMONARY FUNCTION TESTING	P4E	PUL							
234	ELECTROENCEPHALOGRAPHY	P4F	EEG							
235	PHYSICAL THERAPY	P4F	PTH							
236	OCCUPATIONAL THERAPY	P4F	OTH							
237	SPEECH LANGUAGE PATHOLOGY	P4F	STH							
238	RECREATIONAL THERAPY	P4F	REC							
239	AUDIOLOGY	P4F	AUD							
240	OTHER PHYSICAL MEDICINE	P4F	OPM							
241	RENAL DIALYSIS	P4G	RDL							
242	ORGAN ACQUISITION	P4G	OA							
243	LEUKOPHERESIS	P4G	LEU							
244	HYPERBARIC CHAMBER	P4G	HYP							
245	FREE STANDING EMERGENCY	P4G	FSE							
246	LITHOTRIPSY	P4G	LIT							
247	REHABILITATION	P4H	RHB							
248	TRANSURETHRAL MICROWAVE THER	P4H	TMT							
249	ONCOLOGY Q/P CLINIC	P4H	OCL							
250	TRANSURETHRAL NEEDLE ABLATION	P4H	TNA							
251	PSYCH ADULT	P4H	PAD							
252	PSYCH CHILD/ADOLESCENT	P4H	PCD							
253	PSYCH GERIATRIC	P4H	PSG							
254	INDIVIDUAL THERAPIES	P4I	ITH							
255	GROUP THERAPIES	P4I	GTH							
256	PSYCH TESTING	P4I	PST							
257	EDUCATION	P4I	PSE							
258	OTHER THERAPIES	P4I	OPT							
259	ACTIVITY THERAPIES	P4I	ATH							
260	MEDICAL SURG ACUTE	P5A	MSG							
261	PEDIATRIC ACUTE	P5A	PED							
262	PSYCHIATRIC ACUTE	P5A	PSY							
263	OBSTETRICS ACUTE	P5A	OBS							
264	DEFINITIVE OBSERVATION	P5A	DEF							
265	M/S INTENSIVE CARE	P5A	MIS							
266	CORONARY CARE	P5A	CCU							

HSCRC  
08/10

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP

INSTITUTION NAME: UNION HOSPITAL OF CECIL COUNTY

INSTITUTION NUMBER: 0032

BASE YEAR 06-19

DISTRIBUTIONS

CAFETERIA, PARKING, ETC. ALLOCATION

DATA PROCESSING ALLOCATION

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	
	SCHED	CODE	FTE	B1 * D1	ALLOCATED AMOUNT	BASIS	WAGES, SALARY & BENEFITS	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE Col. 2 + Col. 7
267	PEDIATRIC INTENSIVE CARE	P5B	PIC							
268	NEO NATAL INTENSIVE CARE	P5B	NEO							
269	BURN CARE	P5B	BUR							
270	PSYCHIATRIC INTENSIVE CARE	P5B	PSI							
271	SHOCK TRAUMA	P5B	TRM							
272	ONCOLOGY	P5B	ONC							
273	NEW BORN NURSERY	P5B	NUR							
274	PREMATURE NURSERY	P5C	PRE							
275	SAME DAY SURGERY	P5C	SDS							
276	INTERMEDIATE CARE	P5C	ICC							
277	EMERGENCY SERVICES	P5C	EMG							
278	CLINIC SERVICES	P5C	CL							
279	PSYCH DAY/NIGHT CARE	P5C	PDC							
280	MRI SCANNER	P5D	MRI							
281	LABOR & DELIVERY	P5D	DEL							
282	OPERATING ROOM	P5D	OR							
283	OPERATING ROOM CLINIC	P5D	ORC							
284	ANESTHESIOLOGY	P5D	ANS							
285	LABORATORY SERVICES	P5D	LAB							
286	ELECTROCARDIOGRAPHY	P5D	EKG							
287	INTERVENTIONAL CARDIOVASCULAR	P5E	IVC							
288	RADIOLOGY - DIAGNOSTIC	P5E	RAD							
289	CT SCANNER	P5E	CAT							
290	RADIOLOGY - THERAPEUTIC	P5E	RAT							
291	NUCLEAR MEDICINE	P5E	NUC							
292	RESPIRATORY THERAPY	P5E	RES							
293	PULMONARY FUNCTION TESTING	P5E	PUL							
294	ELECTROENCEPHALOGRAPHY	P5F	EEG							
295	PHYSICAL THERAPY	P5F	PTH							
296	OCCUPATIONAL THERAPY	P5F	OTH							
297	SPEECH LANGUAGE PATHOLOGY	P5F	STH							
298	RECREATIONAL THERAPY	P5F	REC							
299	AUDIOLOGY	P5F	AUD							
300	OTHER PHYSICAL MEDICINE	P5F	OPM							
301	RENAL DIALYSIS	P5G	RDL							
302	ORGAN ACQUISITION	P5G	OA							
303	LEUKOPHERESIS	P5G	LEU							
304	HYPERBARIC CHAMBER	P5G	HYP							
305	FREE STANDING EMERGENCY SVCS	P5G	FSE							
306	LITHOTRIPSY	P5G	LIT							
307	REHABILITATION	P5H	RHB							
308	TRANSURETHRAL MICROWAVE THER	P5H	TMT							
309	ONCOLOGY O/P CLINIC	P5H	OCL							
310	TRANSURETHRAL NEEDLE ABLATION	P5H	TNA							
311	PSYCH ADULT	P5H	PAD							
312	PSYCH CHILD/ADOLESCENT	P5H	PCD							
313	PSYCHIATRIC GERIATRIC	P5H	PSG							

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RECONCILIATION OF BASE YEAR EXPENSES  
TO SCHEDULE RE

RC

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

EXPENSES		SOURCE	COL. 1 HSCRC REGULATED	COL. 2 UNREGULATED	COL. 3 TOTAL
A	UNASSIGNED EXPENSE	SCH UA, LINES C-B, COL 10	17,788.2	0.0	17,788.2
		SCH UR6, (LINE B, COL 3)			
B	PHYSICIAN PART B SERVICES	SCH P2, LINE A, COL 7	0.0	27,011.0	27,011.0
		SCH UR, LINE B, COL 3			
C	PHYSICIAN SUPPORT SERVICES	SCH P3, LINE A, COL 7	0.0	0.0	0.0
D	RESIDENT INTERN SERVICES	SCH P4 & P5, LINE D, COL 7	0.0	0.0	0.0
E	OVERHEAD EXPENSE SURVEY	SCH OES, LINE P, COL 1	40,273.0	XXXXXX	40,273.0
F	PATIENT CARE CENTERS	SCH D 1- 81, LINE B, COL 4	67,987.4	XXXXXX	67,987.4
G	AUXILIARY ENTERPRISES	SCH E 1- 9, LINE B, COL 3	0.0	1,112.1	1,112.1
H	OTHER INSTITUTIONAL PROG.	SCH F 1- 4, LINE B, COL 3	XXXXXX	111.5	111.5
I	UNREGULATED SERVICES	SCH UR1-UR7,LINE F,COL. 3 (less line B above)	XXXXXX	7,545.4	7,545.4
J	TOTAL OPERATING EXPENSES	A+B+C+D+E+F+G+H+I	126,048.6	35,780.0	161,828.6
K	NON-OPERATING EXPENSES	SCH E 3, 4, 5 LINE B COL 3	XXXXXX	692.6	692.6
L	TOTAL EXPENSES - RE SCHEDULE	LINES J + K	126,048.6	36,472.6	162,521.2
M	TOTAL OPERATING EXPENSES - RE SCH.	SCH RE, LINE S	126,048.6	35,780.0	161,828.6
N	NON-OPERATING EXPENSES	SCH RE, LINE V	XXXXXX	692.6	692.6
O	TOTAL EXPENSES - RE SCHEDULE	LINE M + LINE N	126,048.6	36,472.6	162,521.2
P	RECONCILIATION AMOUNT	LINE O - LINE J	0.0	0.0	0.0
Q	NOMENCLATURE	XXXXXX	XXXXXX	XXXXXX	XXXXXX
P	SEE ATTACHED SHEET				
P3					
P4					
P5					

HSCRC  
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**RC - LINE P  
RECONCILIATION AMOUNT DETAIL**

INSTITUTION NAME: UNION HOSPITAL OF CECIL COUNTY  
INSTITUTION NUMBER: 0032

BASE YEAR

06-19

P1	ROUNDING	0.0
P2		
P3		
P4		
P5		
P6		
P7		
P8		
P9		
P10		
	<b>TOTAL</b>	<b>0.0</b>

## STATEMENT OF REVENUES AND EXPENSES

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTYBASE YEAR 06-19INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

COLUMN 1	COLUMN 2	COLUMN 3
REGULATED	UNREGULATED	TOTAL

## OPERATING REVENUES

		COLUMN 1 REGULATED	COLUMN 2 UNREGULATED	COLUMN 3 TOTAL	
A	GROSS REV FROM DAILY HOSP SERVICES	30816.2	0.0	30816.2	A
B	GROSS REV FROM AMBULATORY SERVICES	19337.2	0.0	19337.2	B
C	GROSS REV FROM I/PANCILLARY SERVICES	35598.3	0.3	35598.6	C
D	GROSS REV FROM O/PANCILLARY SERVICES	78506.0	36348.9	114854.9	D
E	GROSS PATIENT REVENUES	164257.7	36349.2	200606.9	E

## DEDUCTIONS FROM REVENUES

F	PROVISION FOR BAD DEBTS	6906.8	52.9	6959.7	F
G	CHARITY/UNCOMPENSATED CARE	1829.3	7.1	1836.4	G
H	CONTRACTUAL ADJUSTMENTS	5863.3	391.0	6254.3	H
H1	UNCOMPENSATED CARE FUND PAYMENTS	0.0	0.0	0.0	H1
H2	DENIALS	3352.3	14.0	3366.3	H1
I	OTHER DEDUCTIONS FROM REVENUES	8067.6	20841.6	28909.2	I
J	TOTAL DEDUCTIONS FROM REVENUES	26019.3	21306.6	47325.9	J
J1	UNCOMPENSATED CARE FUND RECEIPTS	438.0	0.0	438.0	J1
K	NET PATIENT REVENUES	138676.4	15042.6	153719.0	K
L	OTHER OPERATING REVENUES	1211.4	1398.2	2609.6	L
M	NET OPERATING REVENUES	139887.8	16440.8	156328.6	M

## OPERATING EXPENSES

N	SALARIES, WAGES AND EMPLOYEE BENEFITS	64865.0	21139.8	86004.8	N
O	PROFESSIONAL FEES	1878.7	6.4	1885.1	O
P	SUPPLIES	17226.9	1156.3	18383.2	P
Q	DEPRECIATION/AMORT., LEASES/RENTALS	11457.2	1446.8	12904.0	Q
R	OTHER EXPENSES	30620.8	12030.7	42651.5	R
S	TOTAL OPERATING EXPENSES	126048.6	35780.0	161828.6	S
T	EXCESS (DEFICIT) OPR. REV. OVER OPR. EXP.	13839.2	(19339.2)	(5500.0)	T
U	NON-OPR. REVENUES	XXXXXXXX	1719.7	1719.7	U
V	NON-OPR. EXPENSES	XXXXXXXX	692.6	692.6	V
W	EXCESS (DEFICIT) REVENUES OVER EXPENSES	13839.2	(18312.1)	(4472.9)	W
X	OPERATING EXPENSES PER EIPD	2.569	XXXXXXXX	XXXXXXXX	X
Y	OPERATING EXPENSES PER EIPA	10.323	XXXXXXXX	XXXXXXXX	Y
Z	WORKING CAPITAL RATIO = CURRENT ASSETS / CURRENT LIABILITIES	0.5	XXXXXXXX	XXXXXXXX	Z

AA	ADMISSIONS	4937	0	4937	Y
BB	EIPA's	12210	0	12210	Y

HSCRC

8-04

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

**Income Statement**

RE Line T	Excess (Deficit) Operating Rev. over Operating Expenses	XXXXX	(5,500.0)
RE Line U Detailed Non-Operating:- Income/(Expense)			
U1	Contributions (Unrestricted)	0	XXXXX
U2	Interest & Investment Income	1,027.8	XXXXX
U3	Investment - Gains/Losses - Realized	(175.0)	XXXXX
U4	Investment - Gains/Losses - Unrealized	(658.9)	XXXXX
U5	Swap Agreements - Gains/(losses) - Realized	0	XXXXX
V	Other (Specify)(all other Line U Income and Line V Exp)	833.2	XXXXX
RE Line W Excess Profit/(Loss)		XXXXX	-4472.9

**Supplemental Schedule - FS and RE Schedules**

**Other Significant Financial Information**

CC	Swap Agreements - Gains/(Losses) - Unrealized	0	XXXXX
DD	Collateral Received/(Posted) - Swap Agreements	0	XXXXX
EE	Retirement of Debt - Gains/(Losses)	0	XXXXX
FF	Pension Adjustments - Defined Benefit Plans	0	XXXXX
GG	Other (Specify)	0	XXXXX
HH	Total	XXXXX	0

RE LINE DETAIL

INSTITUTION NAME      UNION HOSPITAL OF CECIL COUNTY      BASE YEAR      06-19  
 INSTITUTION NUMBER      0032

SCHEDULE RE - page 1 of 3

LINE L - OTHER OPERATING REVENUE - DETAIL

	<u>Regulated</u>	<u>Unregulated</u>	<u>Schedule</u>
GARAGE PAY STAT MISC REV	0	35760	E2
MPB RENT	0	16299	E4
PET SCAN RENTAL	0	43000	E4
VOICESTREAM RENTAL	0	0	E4
T-MOBILE RENTAL	0	20736	E4
229 E MAIN NCH MISC REV	0	0	E4
TV RENTAL	0	0	E5
FOOD SERVICE REBATES	0	304	E7
DIETARY EMPLOYEE PURCH	0	12607	E7
OP DIET COUNSEL CONTRACT	0	0	E7
OUTSIDE CATERING	0	205430	E7
EMPLOYEE DISC FOOD SERV	0	0	E7
CAFETERIA	0	0	E7
UNION CAFÉ FOOD SERV	0	0	E7
UNION CAFÉ MISC	0	571150	E7
DIABETES PROGRAM	0	0	F4
OCCUPATIONAL MED PHYSICIAN REVENUE	0	30603	F4
OCCUPATIONAL MED PHYSICIAN ALLOWANCES	0	0	F4
PRE/ANN EXAM OCC HEALTH	0	0	F4
HEALTH WORKS OCC HEALTH	0	0	F4
LIFELINE	0	0	F4
PREMIER MISCELLANEOUS REV	809006	0	G/GR
ALCOHOL TEST - STATE	12	0	G/GR
MISCELLANEOUS	18241	0	G/GR
PREMIER REBATES	10331	0	G/GR
PHARMACY INCOME	0	0	G/GR
PREMIER REBATES	8280	0	G/GR
LL ORG HARVEST	41504	0	G/GR
PURCH DISCOUNTS	0	0	G/GR
PURCH DISCOUNTS	8384	0	G/GR
CREDIT CARD REIMBURSEMENT	0	0	G/GR
MEDICARE INTEREST	307	0	G/GR
DIV OF PATIENT CARE	0	0	G/GR
PALLIATIVE CARE	0	0	G/GR
OPEN MRI PRINC MISC REV	0	5325	UR6
RADIOLOGY MPB MISC REV	0	5595	UR6
PHARMACY MISC REV	2275	0	G/GR
MEANINGFUL USE MIS REV	0	0	G/GR
HIS SOFTWARE MIS REV	6644	0	G/GR
FUND DEV ASSETS RELEASEE	149169	0	G/GR
PHYS PROV SRVC MISC REV	0	0	G/GR
CORP COMPLIANCE MIS REV	35914	0	G/GR
FUND DEV ASSETS RELEASEE	0	0	G/GR
ADULT DAYCARE	0	435316	UR9
SLEEP LAB - CLINICAL TRIALS	0	0	UR10
AFFINITY HEALTH	0	0	G/GR
CANCER PROJ - CLINICAL TRIALS	0	3550	UR10
CLINICAL ED MIS REV	4439	0	G/GR
DIRE PROF PRAC	0	0	G/GR
PSYCH UNIT MISC INCOME	0	0	G/GR
BEHAV HLTH MGT MISC REV	83704	0	G/GR
LAB VET OP	0	12617	UR5
MISCELLANEOUS - LAB	0	0	UR5
MISCELLANEOUS - BREAST CENTER	0	0	G/GR
MISCELLANEOUS - MRI	0	0	G/GR
MISCELLANEOUS - RAD	0	0	UR1
MISCELLANEOUS - MIC	70	0	G/GR
LACTATION EDUCATION	2350	0	G/GR
BARIATRICS MISC REV	0	0	G/GR
ELK PRIMARY CARE MISC REV	0	0	UR6
UNION PRIM CARE MISC REV	0	0	UR6
PSYCH PHYS OP MISC REV	0	0	UR1
CARD PULM REHAB MISC REV	0	0	UR1
EP CLINIC MISC REV	0	0	UR1
PEDIATRICS MISC REV	0	0	UR6
MED STAFF MISC	21975	0	G/GR
MED REC MISC	8318	0	G/GR
TRANSCRIPTION SERV	0	0	G/GR
TELEPHONE COMMISSIONS	0	0	G/GR
GRANT EXPENSE MISC REVENUE	470	0	G/GR
BUDGET ADJUSTMENT	0	0	G/GR
GBR IP Revenue Accrual	0	0	G/GR
ROUNDING	0	(100)	G/GR
	<u>1,211,393</u>	<u>1,398,192</u>	
	<u>1,211.4</u>	<u>1,398.2</u>	

RE LINE DETAIL

INSTITUTION NAME      UNION HOSPITAL OF CECIL COUNTY      BASE YEAR      06-19  
 INSTITUTION NUMBER      0032

SCHEDULE RE - page 2 of 3

LINE U - NON-OPERATING REVENUES - DETAIL

	<u>Regulated</u>	<u>Unregulated</u>	<u>Schedule</u>
DRUG EMPLOYEE PURCH	0	7418	G/GR
OUTSIDE PROVIDER DRUG PURCH	0	99638	G/GR
OFFSITE MAINT MISC	0	0	G/GR
MAINTENANCE MISC	0	24960	G/GR
FACILITIES MGMT MISC	0	7632	G/GR
SECURITY MISC	0	8988	G/GR
HOUSEKEEPING MISC	0	20964	G/GR
LAUNDRY MISC	0	0	G/GR
SUPPLY EMPLOYEE PURCH	0	238063	G/GR
EMPLOYEE WELLNESS MISC REV	0	15804	G/GR
STATE OF EMERGENCY MISC	0	0	G/GR
MISC NON-OP	0	0	G/GR
PHYSICIAN FINES	0	0	G/GR
DONATIONS	0	0	G/GR
INVEST INC HEALTH INV INC	0	0	G/GR
INVEST INC M/M CD	0	23445	G/GR
INVEST INC SAVINGS	0	0	G/GR
T-MOBILE INVESTMENT INC	0	0	G/GR
INVEST INC 92 & 98 BOND	0	0	G/GR
PREMIER INVEST INC	0	0	G/GR
VOICESTREAM RENTAL	0	0	E4
GAIN ON ASSET DISPOSAL	0	0	G/GR
LEY MORT INT INC	0	0	G/GR
LAVENBURG MORT INT INC	0	0	G/GR
BERNSTEIN MORT INT INC	0	0	G/GR
DEUTSCHE INV INC	0	1931702	G/GR
PRUDENTIAL INTEREST INC	0	0	G/GR
INT 2000 SERIES	0	0	G/GR
INVEST INC	0	0	G/GR
INVEST INC - Inco	0	0	G/GR
UNREALIZED GAIN/LOSS PER AUDIT	0	(658922)	G/GR
ROUNDING	0	0	G/GR
	<u>0</u>	<u>1,719,692</u>	
	<u>0.0</u>	<u>1,719.7</u>	

RE LINE DETAIL

INSTITUTION NAME      UNION HOSPITAL OF CECIL COUNTY      BASE YEAR      06-19  
 INSTITUTION NUMBER      0032

SCHEDULE RE - page 3 of 3

LINE V - NON-OPERATING EXPENSES - DETAIL

	<u>Regulated</u>	<u>Unregulated</u>	<u>Schedule</u>
COST OF NON PATIENT DRUGS	0	5197	G/GR
340B PHARM	0	389868	G/GR
HOUSEKEEPING - OFFSITE	0	19857	G/GR
OFF-SITE MAINTENANCE	0	0	G/GR
COST OF NON PATIENT MS SUPPLIES	0	212735	G/GR
BANK FEES	0	63552	G/GR
LOSS ON REFINANCING	0	0	G/GR
MISC NON-OP EXPENSES	0	0	G/GR
GAIN ON DISPOSITION OF ASSETS	0	0	G/GR
LOSS ON DISPOSITION OF ASSETS	0	1315	G/GR
SETTLEMENT EXP	0	0	G/GR
ROUNDING	0	100	G/GR
	<u>0</u>	<u>692,624</u>	
	<u>0.0</u>	<u>692.6</u>	

BUILDING FACILITY ALLOWANCE

H1  
DO NOT FILE

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

BUILDING LIFE DATA		SOURCE PRIMARY USE	COL. 1 1957 Building	COL. 2 1974 Main Hospital	COL. 3 1986 Ambulatory Care	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	COL. 9	COL. 10 TOTAL
A	FACILITY AGE	REC/BUDG	62	45	33							XXXXX

CASH REQUIRMENTS

B	PRINCIPAL PAYMENTS	REC/BUDG	-	-	2,545.6							2,545.6
C	INTEREST PAYMENTS	REC/BUDG	-	-	1,787.7							1,787.7
D	RENT & LEASE PAYMENTS	REC/BUDG	-	-	-							-
E	PURCHASES	REC/BUDG	-	-	2,482.3							2,482.3
F	RENOVATION/REPAIRS	REC/BUDG	-	-	1,083.3							1,083.3
G	TOTAL		-	-	7,898.9							7,898.9

H	ACCUMUALTED DEPRECIATION
I	DEPRECIATION
J	AVERAGE AGE OF PLANT H/I

142,462.9
10,823.8
13.2

DEPARTMENT EQUIPMENT ALLOWANCE

H2A

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
		COST		CUMULATIVE		MKT VALUE	CUMULATIVE	LEASE	
		BASE YEAR	#YRS	PURCHASE	DEPRECIATION	BASE YEAR	LEASES	AMORTIZATION	TOTAL
CENTER		PURCHASES		TOTAL	COL 3/COL 2	LEASES	TOTAL	COL 6/COL 2	ALLOWANCE
H2 A	MIS	235.8	10	638.7	63.9	-	-	-	63.9
H2 B	CCU		10		-			-	-
H2 C	PIC		10		-			-	-
H2 D	NEO		10		-			-	-
H2 E	BUR		10		-			-	-
H2 F	TRM		10		-			-	-
H2 G	ONC		10		-			-	-
H2 H	OR	223.9	10	2,553.7	255.4	-	2,397.2	239.7	495.1
H2 I	AOR		10		-			-	-
H2 J	LAB	3.2	10	515.1	51.5	-	471.1	47.1	98.6
H2 K	IRC	180.2	10	1,761.0	176.1	-	-	-	176.1
H2 L	RAD	486.3	10	4,093.1	409.3	-	14.6	1.5	410.8
H2 M	CAT	40.0	6.5	1,186.4	182.5	-	-	-	182.5
H2 N	RAT		10		-			-	-
H2 O	NUC	9.6	10	71.7	7.2	-	-	-	7.2
H2 P	RDL		10		-			-	-
H2 Q	HYP		10		-			-	-
H2 R	DTY	-	10	342.0	34.2	-	-	-	34.2
H2 S	LL	22.5	10	25.0	2.5	-	-	-	2.5
H2 T	MGT	-	10	3.0	0.3	-	-	-	0.3
H2 U	EDP	143.6	5	22,678.6	4,535.7	-	1,671.9	334.4	4,870.1
H2 V	MRI	51.5	6	434.9	72.5	-	-	-	72.5
H2 W	LIT		5		-			-	-
H2 X	ETH		10		-			-	-
H2 Y	TRP		5		-			-	-
H2 Z	TMT		5		-			-	-
		<b>TOTAL</b>		<b>34,303.2</b>	<b>5,791.1</b>	<b>-</b>	<b>4,554.8</b>	<b>622.7</b>	<b>6,413.8</b>

**AHA / HSCRC RECONCILIATION  
AHA ANNUAL SURVEY**

AHA - R

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

INSTITUTION NUMBER 0032

Period 06-19

		Col. 1	Col. 2A	Col. 2B	Col. 2C	Col. 2D			Col. 3	Col. 4	Col. 5
Source	RE Schedule	ELIMINATING ENTRIES / RECONCILING ITEMS				Destination	AHA Survey Total Facility	AHA Survey Nursing Home /Sub Acute Unit	AHA Survey Hospital Unit		
		Description	Description	Description	Description						
		HSCRC									
A	Net Patient Revenue	RE Line K	153719.0	43.3			A	AHA Line 3a	153762.3	0.0	153762.3
B	Tax Appropriations	xxxxx	xxxxx				B	AHA Line 3b	0.0	0.0	0.0
C	Other Operating Revenue	RE Line L	2609.6	264.6			C	AHA Line 3c	2874.2	0.0	2874.2
D	Total Operating Revenue	A + C	156328.6	307.9			D	A + B + C	156636.5	0.0	156636.5
E	Non Operating Revenue	RE Line U	1719.7	(380.9)			E	AHA Line 3d	1338.8	0.0	1338.8
F	Total Revenue	D + E	158048.3	(73.0)			F	AHA Line 3e	157975.3	0.0	157975.3
G	Bad Debts	RE Line F	0	0.0			G	AHA Line 5a	0	0.0	0.0
H	Total Operating Expenses	RE Line S	161828.6	619.6			H		162448.2		
I	Non-Operating Expenses	RE Line V	692.6	(692.6)			I				
J	Total Expenses	G + H + I	162521.2	(73.0)			J	AHA Line 3j	162448.2	0.0	162448.2
K	TOTAL PROFIT / (LOSS)	F - J	-4472.9	0.0			K	F - J	-4472.9	0.0	-4472.9
L	Total Gross Inpatient Revenue	RE Lines A+C	66414.8	0.1			L	AHA Line 4a	66,414.9	0.0	66414.9
M	Total Gross Outpatient Revenue	RE Lines B+D	134192.1	43.2			M	AHA Line 4b	134,235.3	0.0	134235.3
N	Total Gross Revenue	RE Line E	200606.9	43.3			N	AHA Line 4c	200650.2	0.0	200650.2
K	Bad Debt Expense	RE Line F	6959.7	(6959.7)			K	AHA Line 5a	0.0	0.0	0.0
L	Charity Care	RE Line G	1836.4	0.0			L	AHA Line 5b	1836.4	0.0	1836.4
M	Admissions *	RE Line AA	4937	0			M	AHA Line 1d	4937	0.0	4937

\* Admissions plus neonates not charged an admission charge (supplemental births)

SUPPLEMENTAL BIRTHS SCHEDULE

HOSPITAL NAME: UNION HOSPITAL OF CECIL COUNTY

HOSPITAL NUMBER: 0032

PERIOD: 06-19

<b>Admissions for EIPA counts</b>		
A	Neonates not charged an Admission Charge	-
B	Admissions from monthly reports ADM revenue center	4,937
C	<b>TOTAL</b>	<b>4,937</b>
<b>Cases for Charge per Case (CPC) Calculations</b>		
D	Neonates not charged a Admission Charge	-
E	Births from monthly reports Nursery (NUR) revenue center	549
F	<b>SUB-TOTAL</b>	<b>549</b>
G	Admissions from monthly reports ADM revenue center	4,937
H	<b>TOTAL</b>	<b>5,486</b>

HSCRC



DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3A,H3B

BASE YEAR 06-19

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY  
 INSTITUTION NUMBER 32

		Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8
	ALLOWANCE	SOURCE	GENERAL	DIETARY	LAUNDRY	COMM	DATA PROC.	DEPT.	TOTAL
A	TOTAL INTEREST	HOSP RECORDS	1,833.7	////////	////////	////////	////////	////////	////////
B	TOTAL DEPRECIATION	HOSP RECORDS	11,457.2	////////	////////	////////	////////	////////	////////
C	CAP INTENSIVE EQUIP DEPR	H2 TOTAL	6,413.8	34.2	2.5	0.3	4,870.1	1,506.7	6,413.8
D	BLDG & GEN EQUIP DEPR	B - C	5,043.4	////////	////////	////////	////////	////////	5,043.4
E	BLDG & GEN EQUIP DEPR & INT	A + D	6,877.1						6,877.1
F	STANDARD UNITS		91,850.0	62,824.0	929,025.0	55,636.7	55,636.7	////////	////////
G	ALLOWANCE PER UNIT		0.074873	0.000544	0.000003	0.000005	0.087534	////////	////////

	DISTRIBUTION	CODE	ADJ. SQ. FT. BASIS							
H1		MSG	5,238	392.2	25.6	0.9	0.3	781.1	-	1,200.1
H2		PED	1,279	95.8	0.7	0.2	-	41.5	-	138.2
H3		PSY	3,800	284.5	3.4	0.1	-	124.2	-	412.2
H4		OBS	3,049	228.3	1.8	0.1	-	58.2	-	288.4
H6		MIS	1,293	96.8	2.7	0.2	-	243.2	63.9	406.8
H14		NUR	792	59.3	-	-	-	30.4	-	89.7
H18		EMG	9,375	701.9	-	0.3	-	563.9	-	1,266.1
H19		CL	6,079	455.2	-	-	-	93.4	-	548.6
H20		PDC	120	9.0	-	-	-	-	-	9.0
H22		SDS	500	37.4	-	-	-	20.8	-	58.2
H23		MRI	1,000	74.9	-	-	-	80.7	72.5	228.1
H24		DEL	2,219	166.1	-	0.1	-	129.5	-	295.7
H25		OR	24,408	1,827.5	-	0.4	-	545.0	495.1	2,868.0
H19		ORC	350	26.2	-	-	-	3.7	-	29.9
H27		ANS	607	45.4	-	-	-	18.7	-	64.1
H28		MSS	8,437	631.7	-	-	-	90.3	-	722.0
H29		CDS	2,109	157.9	-	-	-	339.3	-	497.2
H30		LAB	5,169	387.0	-	-	-	439.3	98.6	924.9
H31		AMS	-	-	-	-	-	-	-	-
H32		EKG	1,082	81.0	-	-	-	111.2	-	192.2
H33		IRC	542	40.6	-	-	-	90.3	176.1	307.0
H34		RAD	7,087	530.6	-	0.1	-	373.0	410.8	1,314.5
H35		CAT	634	47.5	-	-	-	154.1	182.5	384.1
H36		RAT	-	-	-	-	-	5.4	-	5.4
H37		NUC	650	48.7	-	-	-	62.5	7.2	118.4
H38		RES	1,334	99.9	-	-	-	145.7	-	245.6
H40		EEG	1,697	127.1	-	-	-	39.4	-	166.5
H41		PTH	17	1.3	-	-	-	39.1	-	40.4
H42		OTH	82	6.1	-	-	-	6.7	-	12.8
H43		STH	26	1.9	-	-	-	8.9	-	10.8
H19		HYP	250	18.7	-	-	-	9.1	-	27.8
H51		LIT	125	9.4	-	-	-	7.4	-	16.8
H51		OBV	2,500	187.2	-	0.1	-	214.1	-	401.4
H52		TNA	-	-	-	-	-	-	-	-
II		XYZ	91,850	6,877.1	34.2	2.5	0.3	4,870.1	1,506.7	13,290.9

HSCRC

8-03

164-165B

CAPITAL FACILITY ALLOWANCE SUMMARY

DO NOT File

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY  
 INSTITUTION NUMBER 0032

BASE YEAR 06-19  
 BUDGET YEAR \_\_\_\_\_

			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	
			FACILITY PROJECT BASE YEAR			FACILITY PROJECT BUDGET YEAR			
CASH REQUIREMENTS		SOURCE	BUILDING	MOVABLE EQUIP.	TOTAL	BUILDING	MOVABLE EQUIP.	TOTAL	
A	DEBT SERVICE	REC/BUDGET	4,333.3	111.5	4,444.8				A
B	RENTS/LEASES	REC/BUDGET	-	633.4	633.4				B
C	PURCHASES	REC/BUDGET	2,482.3	1,925.5	4,407.8				C
D	RENOVATIONS/REPAIRS	REC/BUDGET	1,083.3	-	1,083.3				D
E	CASH REQUIREMENTS	A + B + C + D	7,898.9	2,670.4	10,569.3				E

## OTHER FINANCIAL CONSIDERATIONS

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTYBASE YEAR 06-19INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

SOURCE	BASE YEAR			BUDGET YEAR		
	TOTAL	DIRECT	PERCENTAGE	TOTAL	DIRECT	PERCENTAGE

REVENUES			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	
A	DONATIONS/PLEDGES	SCH. GR	(0.0)	0.0	(0.0)	(0.0)	(0.0)	(0.0)	A
B	GRANTS	SCH. GR	(0.0)	0.0	(0.0)	(0.0)	(0.0)	(0.0)	B
C	INVESTMENT INCOME (INT.,DIVIDENDS)	SCH. GR	(1955.1)	0.0	(1955.1)	(0.0)	(0.0)	(0.0)	C
D	DONATED COMMODITIES, BLOOD, SERV.	SCH. GR	(0.0)	0.0	(0.0)	(0.0)	(0.0)	(0.0)	D
E	PSRO	SCH. GR	(0.0)	0.0	(0.0)	(0.0)	(0.0)	(0.0)	E
F	OTHER	SCH. GR	(2661.8)	0.0	(2661.8)	(0.0)	(0.0)	(0.0)	F
G	TOTAL REVENUES	A+B+C+D+E+F	(4616.9)	0.0	(4616.9)	(0.0)	(0.0)	(0.0)	G

EXPENSES			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	
H	LICENSES AND TAXES	SCH. UA	0.0	0.0	0.0	0.0	0.0	0.0	H
I	SHORT TERM INTEREST	SCH. UA	0.0	0.0	0.0	0.0	0.0	0.0	I
J	OTHER	REC/BUDGET	692.6	0.0	692.6	0.0	0.0	0.0	J
K	TOTAL EXPENSES	H+I+J	692.6	0.0	692.6	0.0	0.0	0.0	K

OTHER ADJUSTMENTS			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	
L	AUX. ENT & OIP GAINS	SCH E,F	(72.8)	(0.0)	(72.8)	(0.0)	(0.0)	(0.0)	L
M	AUX. ENT & OIP LOSSES	SCH E,F	360.4	0.0	360.4	0.0	0.0	0.0	M
N	EXCESS CASH REQUIRE. - BLDG. & EQUIP.	SCH. H4	0.0	0.0	0.0	0.0	0.0	0.0	N
O	GAIN ON DISPOSAL OF ASSETS	REC/BUDGET	(0.0)	(0.0)	0.0	(0.0)	(0.0)	(0.0)	O
P	LOSS ON DISPOSAL OF ASSETS	REC/BUDGET	0.0	0.0	0.0	0.0	0.0	0.0	P
Q	TOTAL OTHER ADJUSTMENTS	L+M+N+O+P	287.6	(0.0)	287.6	(0.0)	(0.0)	(0.0)	Q

PERCENTAGE CALCULATION			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	
R	NET OTHER FINANCIAL CONSIDERATIONS	G+K+Q	(3636.7)	(0.0)	(3636.7)	(0.0)	(0.0)	(0.0)	R
S	OTHER FINANCIAL CONSID. PERCENTAGE	R/SCH M	//////	//////	(0.0289)	//////	//////		S

THIRD PARTY PAYOR DIFFERENTIAL

PDA

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

CHARGES, DEDUCTIBLES,CBA		SOURCE	COL. 1 INPATIENT	COL. 2 OUTPATIENT	COL. 3 TOTAL
A	GROSS PATIENT REVENUE, HSCRC REGULATED	SCH RE, LINE E	66414.5	97843.2	164257.7
B	MEDICARE REVENUE, HSCRC REGULATED	RECORDS/BUDGET	32453.7	33355.7	65809.4
C	MEDICAID REVENUE, HSCRC REGULATED	RECORDS/BUDGET	1970.7	1608.9	3579.6
D	BLUE CROSS REVENUE, HSCRC REGULATED	RECORDS/BUDGET	7067.6	19709.4	26777.0
E	MCO SUBCONTRACTED MEDICARE, MEDICAID, HSCRC REGULATED **	RECORDS/BUDGET	///////	///////	43181.2
F	MEDICARE DEDUCTIBLES PAID BY MEDICAID, HSCRC REGULATED	RECORDS/BUDGET	///////	///////	0.0
G	UNCOMPENSATED CARE, HSCRC REGULATED ***	RECORDS/BUDGET	2132.3	6603.8	8736.1
G1	OTHER PAYORS	A-B-C-D-E-G	///////	///////	16174.4

RATIOS, LEVEL III COSTS

H	RATIO OF MEDICARE & MEDICAID CHARGES	COL. 3 (B+C)/A	///////	///////	0.4224
I	RATIO OF BLUE CROSS INPATIENT CHARGES	COL. 1 D/COL. 3 A	0.0430	///////	///////
I1	RATIO OF BLUE CROSS OUTPATIENT CHARGES	COL. 2 D/COL. 3 A	///////	0.1200	///////
J	RATIO OF MCO MEDICARE, MEDICAID	COL. 3 E/COL. 3 A	///////	///////	0.2629
K	RATIO OF DEDUCTIBLES PAID BY MEDICAID & BLUE CROSS	COL. 3 F/COL. 3 A	///////	///////	0.0000
L	RATIO OF UNCOMPENSATED CARE	COL. 3 G/COL. 3 A	///////	///////	0.0532
M	RATIO OF OTHER PAYORS CHARGES	COL. 3 G1/COL. 3 A	///////	///////	0.0985
N	LEVEL III COSTS	SCHEDULE MA	///////	///////	122411.9

DIFFERENTIAL CALCULATION

O	GROSS REVENUE, HSCRC REGULATED	*	///////	///////	135959.2
P	PAYOR DIFFERENTIAL	1-(COL. 3, O/N)	///////	///////	0.1107

HSCRC  
08-07

$$*O = O ( .06H + .0225 + .02 + .06J + .02K + L + .02M ) + N$$

Medicare B/C B/C HMO Deducts UC Others  
 & Medicaid & MCO

\*\* ATTACH DETAIL

\*\*\* RECONCILE TO AUDITED FINANCIALS

THIRD PARTY PAYOR DIFFERENTIAL - LINE E DETAIL

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY BASE YEAR 06-19  
 INSTITUTION NUMBER 0032

	<u>INPATIENT</u>	<u>OUTPATIENT</u>	<u>TOTAL</u>
<b>LINE E DETAIL: HMO REV HSCRC REG</b>	<b>17,486.6</b>	<b>25,694.6</b>	<b>43,181.2</b>
AETNA BETTER HEALTH (MCD MCO)	156,771	307,631	464,402
AMERIGROUP AMERICAID (MCD MCO)	2,743,982	4,137,644	6,881,626
BEACON HEALTH (MCD HMO)	1,805,839	525,193	2,331,032
BLUE CROSS (MCD HMO)	14,828	23,729	38,557
HELIX FAMILY CHOICE (MCD MCO)	-	-	-
MARYLAND PMHS (MCD MCO)	-	-	-
AETNA MEDICAID	-	-	-
KEYSTONE MERCY(MCD MCO)	-	-	-
JAI MEDICAL SYSTEMS (MCD MCO)	10,236	5,924	16,160
KAISER MCD MCO (MCD MCO)	2,971	22,300	25,271
FREESTATE MCO (MCD MCO)	-	-	-
MD PHYSICIANS CARE (MCD MCO)	3,526,212	6,671,241	10,197,453
MEDICAID DIAMOND STATE PARTNER (MCD MCO)	-	-	-
MEDSTAR FAMILY CHOICE	(35,821)	52,266	16,445
MARYLAND HEALTH PARTNERS (MCD MCO)	-	-	-
PAC AMERIGROUP AMERICAID (MCD MCO)	-	-	-
PAC JCI MEDICAL SYSTEMS (MCD MCO)	-	-	-
PAC MD PHYSICIANS CARE (MCD MCO)	-	-	-
PAC PRIORITY PARTNERS (MCD MCO)	-	-	-
PAC UNITED HEALTH CARE MCO ( MCD)	-	-	-
PRIORITY PARTNERS (MCD MCO)	2,097,759	3,035,790	5,133,549
RIVERSIDE HEALTH OF MD INC (MCD MCO)	-	(43)	(43)
UNITED HEALTH CARE MCO ( MCD MCO)	1,393,269	2,563,858	3,957,127
UNITED HEALTHCARE COMMUNITY PL	14,110	6,042	20,152
UNIV OF MD HEALTH PARTNERS (MCD MCO)	2,950,636	4,954,235	7,904,871
VALUE OPTIONS ( MCD MCO)	-	-	-
ADVANTRA OF DE	-	-	-
AETNA MEDICARE	1,698,168	1,569,818	3,267,986
BC KEY CARE 65 MEDICARE	-	2,860	2,860
BLUE CROSS MEDICARE ADVANTAGE	33,602	78,600	112,202
BRAVO MEDICARE	-	-	-
EVERCARE - MEDICARE	-	-	-
HUMANA - MEDICARE	145,380	466,040	611,420
JOHNS HOPKINS MED SERV CORP - MEDICARE	36,042	34,652	70,694
MEDICARE HMO	136,532	15,227	151,759
SECURE HORIZONS MCR	-	-	-
STERLING OPTION (MEDICARE)	-	-	-
UNIVERSITY OF MD HEALTH ADVANTAGE	756,034	1,221,552	1,977,586
<b>TOTAL</b>	<b>17,486,550</b>	<b>25,694,559</b>	<b>43,181,109</b>

OVERHEAD EXPENSE APPORTIONMENT - STATS

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY  
INSTITUTION NUMBER #0032

BASE YEAR 06-19  
BUDGET YEAR

	COL. 01	COL. 02	COL. 03	COL. 04	COL. 05	COL. 06	COL. 07	COL. 07A	COL. 08	COL. 09	COL. 10
UNIT COST CACULATIONS		LAUNDRY & LINEN	PURCH & STORES	HOUSE KEEPING	CENT-SUPP/ PHARM/ S. SERV.	PLANT OPERATIONS	INPATIENT PAT.ACCTS MED.REC. ACCTG. NUR.ADMIN MGMT	AMBULATORY PAT.ACCTS MED.REC. ACCTG. NUR.ADMIN MGMT	OUTPATIENT PAT.ACCTS MED.REC. ACCTG. NUR.ADMIN MGMT	MEDICAL STAFF ADMIN.	UNASSIGNED EXPENSES
<b>A</b> OVERHEAD EXPENSES	1,234	425	481	1,816	5,023	5,961	9,823	3,769	10,701	1,041	0 4,497
<b>B</b> UNITS	62,824	929,025	8,717	73,303	5,023	91,850	24,960	9,577	21,100	4,937	0 89,846
<b>C</b> COST PER UNIT	0.0196	0.0005	0.0552	0.0248	1.0000	0.0649	0.3935	0.3935	0.5072	0.2108	# 0.0501
STATISTICAL APPORTIONMENT											
D1 MEDICAL SURG ACUTE	MSG	46,868.0	320,140.0	194.0	4,604.0	//	5,238.0	8,926.0	-	//	0 13,970.5
02 PEDIATRIC ACUTE	PED	1,378.0	91,494.0	219.8	1,124.0	//	1,279.0	474.2	-	//	0 852.6
03 PSYCHIATRIC ACUTE	PSY	6,334.0	53,187.0	16.7	3,339.0	//	3,800.0	1,418.9	-	//	0 2,456.2
04 OBSTETRIC ACUTE	OBS	3,316.0	33,436.0	55.0	2,679.0	//	3,049.0	665.0	-	//	0 1,274.4
05 DEFINITIVE OBSERVATION	DEF	-	-	-	-	//	-	-	-	//	0 -
06 MEDICAL SURGICAL ICU	MIS	4,928.0	59,077.0	1,193.7	1,136.0	//	1,293.0	2,777.9	-	//	0 4,172.8
07 CORONARY CARE	CCU	-	-	-	-	//	-	-	-	//	0 -
08 PEDIATRIC ICU	PIC	-	-	-	-	//	-	-	-	//	0 -
09 NEO NATAL ICU	NEO	-	-	-	-	//	-	-	-	//	0 -
10 BURN CARE	BUR	-	-	-	-	//	-	-	-	//	0 -
11 PSYCHIATRIC ICU	PSI	-	-	-	-	//	-	-	-	//	0 -
12 SHOCK TRAUMA	TRM	-	-	-	-	//	-	-	-	//	0 -
13 ONCOLOGY	ONC	-	-	-	-	//	-	-	-	//	0 -
14 NEW BORN NURSERY	NUR	//	9,211.0	28.7	696.0	//	792.0	347.0	-	//	0 558.0
15 PREMATURE NURSERY	PRE	//	-	-	-	//	-	-	-	//	0 -
16 REHABILITATION	RHB	-	-	-	-	//	-	-	-	//	0 -
17 INTERMEDIATE CARE	ICC	-	-	-	-	//	-	-	-	//	0 -
18 EMERGENCY SERVICES	EMG	-	101,326.0	263.6	8,240.0	//	9,375.0	572.9	5,868.8	-	0 9,850.4
19 CLINIC SERVICES	CL	//	2,436.0	593.2	5,342.0	//	6,079.0	5.2	1,062.0	-	0 2,047.8
20 BUNDLED OP SURGERY	AMS	//	-	-	-	//	-	-	-	-	0 -
21 PSYCH DAY&NIGHT CARE	PDC	-	-	-	105.0	//	120.0	-	-	-	0 10.4
22 LITHOTRIPSY	LIT	//	753.0	41.3	110.0	//	125.0	-	85.1	//	0 141.7
23 SAME DAY SURGERY	SDS	-	5,536.0	8.3	439.0	//	500.0	-	237.3	-	0 377.0
24 FREE STANDING EMERG	FSE	-	-	-	-	//	-	-	-	-	0 -
25 LABOR AND DELIVERY	DEL	//	26,262.0	122.3	1,950.0	//	2,219.0	992.5	-	487.1	// 0 2,328.3

OVERHEAD EXPENSE APPORTIONMENT

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER #0032

BUDGET YEAR

STATISTICAL APPORTIONMENT(CONT'D)	COL.01	COL.02	COL.03	COL.04	COL.05	COL.06	COL.07	COL.07A	COL.08	COL.09	COL.10
26    OPERATING ROOM    OR    //	145612.0	704.1	21451.0	//	24408.0	1936.9	0.0	4289.0	//	11384.6	
26    OPERATING ROOM CLINIC    ORC    //	0.0	36.4	308.0	//	350.0	0.1	0.0	42.3	//	96.2	
27    MED/SURG EXTRAORDINAF    MSE    //    //	//	//	//	//	//	//	//	//	//	//	
28    ANESTHESIOLOGY    ANS    //	211.6	533.0	//	607.0	80.6	0.0	133.0	//	377.1		
29    LABORATORY    LAB    //	2466.5	4542.0	//	5169.0	1200.3	0.0	3818.8	//	8012.3		
30    TUNA    TNA    //	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	//	0.0	
31    ELECTROCARDIOGRAPHY    EKG    //	241.0	951.0	//	1082.0	240.0	0.0	1029.8	//	1993.7		
32    ELECTROENCEPHALOGRA    EEG    //	22.8	1491.0	//	1697.0	51.1	0.0	398.6	//	820.3		
33    RADIOLOGY-DIAGNOSTIC    RAD    //	44020.0	673.4	6228.0	//	7087.0	357.6	0.0	3903.5	//	7052.9	
34    RADIOLOGY-THERAPEUTIC    RAT    //	41.6	//	//	34.2	0.0	27.0	//	90.7			
35    NUCLEAR MEDICINE    NUC    //	143.2	571.0	//	650.0	68.0	0.0	646.1	//	1132.8		
36    CT SCANNER    CAT    //	507.7	557.0	//	634.0	127.1	0.0	1632.9	//	2721.1		
37    INTERVENTIONAL CARDIO    IVC    //	0.0	178.1	476.0	//	542.0	640.3	0.0	391.6	//	1539.3	
38    RESPIRATORY THERAPY    RES    //	224.6	1172.0	//	1334.0	1444.9	0.0	219.3	//	2472.0		
38    PULMONARY FUNCTION    PUL    //	//	//	//	//	//	//	//	//	//		
39    RENAL DIALYSIS    RDL    //	//	//	//	//	//	//	//	//	//		
40    PHYSICAL THERAPY    PTH    //	13064.0	1.8	15.0	//	17.0	374.3	0.0	72.6	//	638.6	
41    OCCUPATIONAL THERAPY    OTH    //	0.1	72.0	//	82.0	67.2	0.0	8.9	//	114.1		
43    SPEECH THERAPY    STH    //	0.4	23.0	//	26.0	67.8	0.0	34.1	//	148.2		
44    ORGAN ACQUISITION    OA    //	//	//	//	//	//	//	//	//	//		
45    AMBULATORY SURGERY    AOR    //	//	//	//	//	//	//	//	//	//		
46    LEUKOPHERESIS    LEU    //	//	//	//	//	//	//	//	//	//		
47    HYPERBARIC CHAMBER    HYP    //	221.0	103.1	220.0	//	250.0	0.0	0.0	103.8	//	183.8	
48    AUDIOLOGY    AUD    //	//	//	//	//	//	//	//	//	//		
49    OTHER PHYSICAL MEDICIN    OPM    //	//	//	//	//	//	//	//	//	//		
50    MRI SCANNER    MRI    //	352.0	879.0	//	1000.0	151.9	0.0	770.2	//	1478.6		
51    T.U.M.T.    TMT    //	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	//	0.0	
52    ADMISSIONS SERVICE    ADM    //    //	//	//	//	115.0	0.0	0.0	0.0	0.0	4937.0	// //	
53    MEDICAL SUPPLIES    MSS    //    //	//	//	0.0	1031.2	8437.0	468.1	0.0	563.1	//	2048.5	
54    DRUGS    CDS    //    //	//	1853.0	3876.4	2109.0	1433.1	0.0	2443.3	//	5862.4		
55    OBSERVATION    OBV    //	23250.0	72.2	2197.0	//	2500.0	36.5	2408.9	0.0	0.0	3639.0	
<b>E    TOTAL STATISTICS    XYZ   </b>	<b>62824.0</b>	<b>929025.0</b>	<b>8717.2</b>	<b>73303.0</b>	<b>5022.6</b>	<b>91850.0</b>	<b>24959.6</b>	<b>9577.0</b>	<b>21100.1</b>	<b>4937.0</b>	<b>89846.3</b>

OVERHEAD EXPENSE APPORTIONMENT

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER #0032

BUDGET YEAR

		COL.01	COL.02	COL.03	COL.04	COL.05	COL.06	COL.07	COL.08	COL.08A	COL.09	COL.10	COL.11	COL.12	COL.13	
ALLOCATED CENTERS			LAUNDRY	PURCH. &	HOUSE-	CENT- SUPP/ PHARM/ S. SERV.	PLANT OPERATIONS	TOTAL PATIENT CARE O.H.	INPATIENT PAT.ACCTS M-REC/ACCTG N-ADM/MGMT	AMBULATORY PAT.ACCTS M-REC/ACCTG N-ADM/MGMT	OUTPATIENT PAT.ACCTS M-REC/ACCTG N-ADM/MGMT	MEDICAL STAFF ADMIN.	UNASSIGN. EXPENSES	TOTAL OTHER OVERHEAD	TOTAL ALLOCATED OVERHEAD	
A	OVERHEAD EXPENSES	CODE	1,234.0	424.8	481.3	1,815.9	5,022.6	5,960.5	14,939.1	9,822.7	3,769.0	10,701.4	1,040.8	4,497.3	29,831.2	44,770.3
REVENUE CENTERS																
B1	MEDICAL SURG ACUTE	MSG	920.6	146.4	10.7	114.1	//	339.9	1,531.7	3,512.8	-	-	/	699.3	4,212.1	5,743.8
02	PEDIATRIC ACUTE	PED	27.1	41.8	12.1	27.8	//	83.0	191.8	186.6	-	-	/	42.7	229.3	421.1
03	PSYCHIATRIC ACUTE	PSY	124.4	24.3	0.9	82.7	//	246.6	478.9	558.4	-	-	/	122.9	681.3	1,160.2
04	OBSTETRIC ACUTE	OBS	65.1	15.3	3.0	66.4	//	197.9	347.7	261.7	-	-	/	63.8	325.5	673.2
05	DEFINITIVE OBSERVATION	DEF	-				//						/			
06	MEDICAL SURGICAL ICU	MIS	96.8	27.0	65.9	28.1	//	83.9	301.7	1,093.2	-	-	/	208.9	1,302.1	1,603.8
07	CORONARY CARE	CCU	-				//						/			
08	PEDIATRIC ICU	PIC	-				//						/			
09	NEO NATAL ICU	NEO	-				//						/			
10	BURN CARE	BUR	-				//						/			
11	PSYCHIATRIC ICU	PSI	-				//						/			
12	SHOCK TRAUMA	TRM	-				//						/			
13	ONCOLOGY	ONC	-				//						/			
14	NEW BORN NURSERY	NUR	//	4.2	1.6	17.2	//	51.4	74.4	136.6	-	-	/	27.9	164.5	238.9
15	PREMATURE NURSERY	PRE	//				//						/			
16	REHABILITATION	RHB	-				//						/			
17	INTERMEDIATE CARE	ICC	-				//						/			
18	EMERGENCY SERVICES	EMG	-	46.3	14.6	204.1	//	608.4	873.4	225.5	2,309.6	-	-	493.1	3,028.2	3,901.6
19	CLINIC SERVICES	CL	//	1.1	32.8	132.3	//	394.5	560.7	2.0	417.9	-	-	102.5	522.4	1,083.1
20	BUNDLED OP SURGERY	AMS	-				//						/			
21	PSYCH DAY&NIGHT CARE	PDC	-		-	2.6	//	7.8	10.4	-	-	-	-	0.5	0.5	10.9
22	LITHOTRIPSY	LIT	//	0.3	2.3	2.7	//	8.1	13.4	-	-	43.2	/	7.1	50.3	63.7
23	SAME DAY SURGERY	SDS	-	2.5	0.5	10.9	//	32.4	46.3	-	93.4	-	-	18.9	112.3	158.6
24	FREE STANDING EMERG	FSE	-				//						/			
25	LABOR AND DELIVERY	DEL	//	12.0	6.8	48.3	//	144.0	211.1	390.6	-	247.0	/	116.5	754.1	965.2





REVENUE CENTER RATE SUMMARY

INSTITUTION NAME  
INSTITUTION NUMBER

UNION HOSPITAL OF CECIL COUNTY  
0032

BASE YEAR  
BUDGET YEAR

06-19

		(C F A)											
		UNITS OF MEASURE	DIRECT EXPENSES	PATIENT CARE O/H EXPENSES	OTHER O/H EXPENSES	N/A	PHY SUPT EXP	INTERN EXPENSE	LEVEL I	BUILD & GENERAL EQUIP	DEPART- MENTAL	LEVEL II	
		COL.01	COL.02	COL.03	COL.04	COL.05	COL.06	COL.07	COL.08	COL.09	COL.10	COL.11	
A1	MEDICAL SURGICAL ACUTE	MSG	14799	8933.5	1531.8	4212.0	//	0.0	0.0	14677.3	1173.6	26.5	15877.4
2	PEDIATRIC ACUTE	PED	435	474.4	191.8	229.3	//	0.0	0.0	895.5	137.3	0.9	1033.7
3	PSYCHIATRIC ACUTE	PSY	2000	1420.0	478.9	681.3	//	0.0	0.0	2580.2	408.7	3.5	2992.4
4	OBSTETRICS ACUTE	OBS	1047	665.4	347.7	325.5	//	0.0	0.0	1338.6	286.5	1.9	1627.0
5	DEFINITIVE OBSERVATION	DEF	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
6	MEDICAL SURGICAL ICU	MIS	1556	2779.0	301.7	1302.1	//	0.0	0.0	4382.8	340.0	66.8	4789.6
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 ICU	PIC	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
9	NEO NATAL ICU	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	PSYCHIATRIC ICU	PSI	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
12	SHOCK TRAUMA	TRM	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
13	ONCOLOGY	ONC	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
14	NEW BORN NURSERY	NUR	1088	347.2	74.4	164.5	//	0.0	0.0	586.1	89.7	0.0	675.8
15	PREMATURE NURSERY	PRE	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
16	REHABILITATION	RHB	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
17	INTERMEDIATE CARE	ICC	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
18	EMERGENCY SERVICES	EMG	348604	6638.1	873.5	3028.3	//	0.0	0.0	10539.9	1265.8	0.3	11806.0
19	CLINIC SERVICES	CL	105607	1073.8	560.7	522.4	//	0.0	0.0	2156.9	548.6	0.0	2705.5
20	OP SURG - PROC	AMS	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
21	PSYCH DAY & NIGHT CARE	PDC	0	0.0	10.4	0.5	//	0.0	0.0	10.9	9.0	0.0	19.9
22	LITHOTRIPSY	LIT	25	85.4	13.4	50.3	//	0.0	0.0	149.1	16.8	0.0	165.9
23	SAME DAY SURGERY	SDS	2099	237.5	46.3	112.3	//	0.0	0.0	396.1	58.2	0.0	454.3
24	FREE STAND EMERGENCY	FSE	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
25	LABOR AND DELIVERY	DEL	24339	1480.5	211.1	754.1	//	0.0	0.0	2445.7	295.6	0.1	2741.4
26	OPERATING ROOM	OR	264845	6492.9	2221.1	3507.5	//	0.0	0.0	12221.5	2372.5	495.5	15089.5
27	OPERATING ROOM CLINIC	ORC	4636	42.9	32.3	26.3	//	0.0	0.0	101.5	29.9	0.0	131.4
27	AMBULANCE SERV-REBUND	AMR	3544	57.6	//	//	//	0.0	0.0	57.6	0.0	0.0	57.6
28	ANESTHESIOLOGY	ANS	290889	213.6	64.3	118.1	//	0.0	0.0	396.0	64.1	0.0	460.1
29	LABORATORY SERVICES	LAB	5255115	5340.7	584.0	2810.3	//	0.0	0.0	8735.0	826.3	98.6	9659.9
30	ELECTROCARDIOGRAPHY	EKG	439258	1285.2	107.1	716.6	//	0.0	0.0	2108.9	192.2	0.0	2301.1
31	ELECTROENCEPHALOGRAPHY	EEG	103859	452.8	148.3	263.4	//	0.0	0.0	864.5	166.5	0.0	1031.0
32	RADIOLOGY-DIAGNOSTIC	RAD	739996	4454.9	671.5	2473.3	//	0.0	0.0	7599.7	903.6	410.9	8914.2
33	RADIOLOGY THERAPEUTIC	RAT	6446	61.2	2.3	31.7	//	0.0	0.0	95.2	5.4	0.0	100.6
34	NUCLEAR MEDICINE	NUC	135288	738.4	64.2	411.2	//	0.0	0.0	1213.8	111.2	7.2	1332.2
35	CT SCANNER	CAT	697323	1838.8	82.9	1014.4	//	0.0	0.0	2936.1	201.6	182.5	3320.2
36	INTERVENTIONAL RAD / CARD	IRC	13786	1070.8	56.8	527.7	//	0.0	0.0	1655.3	130.9	176.1	1962.3
37	RESPIRATORY THERAPY	RES	1369621	1670.0	128.0	803.5	//	0.0	0.0	2601.5	245.6	0.0	2847.1
38	PULMONARY FUNCTION TEST	PUL	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
39	RENAL DIALYSIS	RDL	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
40	PHYSICAL THERAPY	PTH	65490	448.4	7.6	216.1	//	0.0	0.0	672.1	40.4	0.0	712.5
41	OCCUPATIONAL THERAPY	OTH	11178	76.3	7.1	36.6	//	0.0	0.0	120.0	12.8	0.0	132.8
42	SPEECH THERAPY	STH	14940	102.1	2.3	51.4	//	0.0	0.0	155.8	10.8	0.0	166.6
43	RECREATIONAL THERAPY	REC	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
44	ORGAN ACQUISITION	OA	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
45	LEUKOPHERESIS	LEU	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
46	HYPERBARIC CHAMBER	HYP	512	104.0	27.4	61.8	//	0.0	0.0	193.2	27.8	0.0	221.0
47	AUDIOLOGY	AUD	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
48	OTHER PHYSICAL MEDICINE	OPM	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
49	MRI SCANNER	MRI	233965	955.9	106.1	524.4	//	0.0	0.0	1586.4	155.6	72.5	1814.5
50	T. U. M. T.	TMT	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
51	ADMISSION SERVICES	ADM	4937	//	115.0	1040.8	//	//	//	1155.8	//	//	1155.8
52	MEDICAL SURGICAL SUPPLIES	MSS	12210	7407.3	1578.7	572.3	//	//	//	9558.3	722.0	0.0	10280.3
53	DRUGS	CDS	12210	8591.5	4059.2	2096.6	//	//	//	14747.3	497.2	0.0	15244.5
54	NORMAL DELIVERIES	ND	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
55	NORMAL NEWBORNS	NB	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
55	OBSERVATION	OBV	56623	2447.3	231.2	1144.6	//	0.0	0.0	3823.1	401.3	0.1	4224.5
56	T. U. N. A.	TNA	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0
B	TOTALS	//		67987.4	14939.1	29831.2	//	0.0	0.0	112757.7	11747.5	1543.4	126048.6

REVENUE CENTER RATE SUMMARY

INSTITUTION NAME  
INSTITUTION NUMBER

UNION HOSPITAL OF CECIL COUNTY  
0032

BASE YEAR 06-19  
BUDGET YEAR

PG. 170B-C  
MA

			(O F C)		PAYER	LEVEL	CROSS			ADJUSTED				
			DIRECT	PERCENT- AGE			LEVEL III	DIFF	LEVEL IV	SUB- SIDY	MISC. ADJ.	HSCRC ADJ	LEVEL IV	AVERAGE RATES
			COL.01	COL.02			COL.03	COL.04	COL.05	COL.06	COL.07	COL.08	COL.09	COL.10
A1	MEDICAL SURGICAL ACUTE	MSG	(458.1)	15,419.3	1,706.5	17,125.8								
2	PEDIATRIC ACUTE	PED	(29.8)	1,003.9	111.1	1,115.0								
3	PSYCHIATRIC ACUTE	PSY	(86.3)	2,906.1	321.6	3,227.7								
4	OBSTETRICS ACUTE	OBS	(46.9)	1,580.1	174.9	1,755.0								
5	DEFINITIVE OBSERVATION	DEF	-	-	-	-								
6	MEDICAL SURGICAL ICU	MIS	(138.2)	4,651.4	514.8	5,166.2								
7	CORONARY CARE	CCU	-	-	-	-								
8	PEDIATRIC ICU	PIC	-	-	-	-								
9	NEO NATAL ICU	NEO	-	-	-	-								
10	BURN CARE	BUR	-	-	-	-								
11	PSYCHIATRIC ICU	PSI	-	-	-	-								
12	SHOCK TRAUMA	TRM	-	-	-	-								
13	ONCOLOGY	ONC	-	-	-	-								
14	NEW BORN NURSERY	NUR	(19.5)	656.3	72.6	728.9								
15	PREMATURE NURSERY	PRE	-	-	-	-								
16	REHABILITATION	RHB	-	-	-	-								
17	INTERMEDIATE CARE	ICC	-	-	-	-								
18	EMERGENCY SERVICES	EMG	(340.6)	11,465.4	1,268.9	12,734.3								
19	CLINIC SERVICES	CL	(78.1)	2,627.4	290.8	2,918.2								
20	OP SURG - PROC	AMS	-	-	-	-								
21	PSYCH DAY & NIGHT CARE	PDC	(0.6)	19.3	2.1	21.4								
22	LITHOTRIPSY	LIT	(4.8)	161.1	17.8	178.9								
23	SAME DAY SURGERY	SDS	(13.1)	441.2	48.8	490.0								
24	FREE STANDING EMERGENCY	FSE	-	-	-	-								
25	LABOR AND DELIVERY	DEL	(79.1)	2,662.3	294.6	2,956.9								
26	OPERATING ROOM	OR	(435.4)	14,654.1	1,621.8	16,275.9								
27	OPERATING ROOM CLINIC	OR	(3.8)	127.6	14.1	141.7								
27	AMBULANCE SERV-REBUND	AMR	(1.7)	55.9	6.2	62.1								
28	ANESTHESIOLOGY	ANS	(13.3)	446.8	49.4	496.2								
29	LABORATORY SERVICES	LAB	(278.7)	9,381.2	1,038.2	10,419.4								
30	ELECTROCARDIOGRAPHY	EKG	(66.4)	2,234.7	247.3	2,482.0								
31	ELECTROENCEPHALOGRAPHY	EEG	(29.7)	1,001.3	110.8	1,112.1								
32	RADIOLOGY-DIAGNOSTIC	RAD	(257.2)	8,657.0	958.1	9,615.1								
33	RADIOLOGY THERAPEUTIC	RAT	(2.9)	97.7	10.8	108.5								
34	NUCLEAR MEDICINE	NUC	(38.4)	1,293.8	143.2	1,437.0								
35	CT SCANNER	CAT	(95.8)	3,224.4	356.8	3,581.2								
36	INTERVENTIONAL RAD / CARD	IRC	(56.6)	1,905.7	210.9	2,116.6								
37	RESPIRATORY THERAPY	RES	(82.1)	2,765.0	306.0	3,071.0								
38	PULMONARY FUNCTION TEST	PUL	-	-	-	-								
39	RENAL DIALYSIS	RDL	-	-	-	-								
40	PHYSICAL THERAPY	PTH	(20.6)	691.9	76.6	768.5								
41	OCCUPATIONAL THERAPY	OTH	(3.8)	129.0	14.3	143.3								
42	SPEECH THERAPY	STH	(4.8)	161.8	17.9	179.7								
43	RECREATIONAL THERAPY	REC	-	-	-	-								
44	ORGAN ACQUISITION	OA	-	-	-	-								
45	LEUKOPHERESIS	LEU	-	-	-	-								
46	HYPERBARIC CHAMBER	HYP	(6.4)	214.6	23.7	238.3								
47	AUDIOLOGY	AUD	-	-	-	-								
48	OTHER PHYSICAL MEDICINE	OPM	-	-	-	-								
49	MRI SCANNER	MRI	(52.4)	1,762.1	195.0	1,957.1								
50	T. U. M. T.	TMT	-	-	-	-								
51	ADMISSION SERVICES	ADM	(33.3)	1,122.5	124.2	1,246.7								
52	MEDICAL SURGICAL SUPPLIES	MSS	(296.6)	9,983.7	1,104.9	11,088.6								
53	DRUGS	CDS	(439.8)	14,804.7	1,638.4	16,443.1								
54	NORMAL DELIVERIES	ND	-	-	-	-								
55	NORMAL NEWBORNS	NB	-	-	-	-								
56	OBSERVATION	OBV	(121.9)	4,102.6	454.0	4,556.6								
57	TUNA	TNA	-	-	-	-								
B	TOTALS		(3,636.7)	122,411.9	13,547.1	135,959.0								

OVERHEAD EXPENSE SUMMARY

OES

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

	EXPENSES	TOTAL	DISTRIBUTE TO:		
			PHYSICIAN PART B CENTERS SCH. P2	DATA PROCESSING SCH. DP1	GENERAL SERV CENTERS SCH. C1-C14

		COL. 1	COL. 2	COL. 3	COL. 4	
A	DIETARY SERVICES	1234			1234.0	A
B	LAUNDRY & LINEN	424.8			424.8	B
C	SOCIAL SERVICES	115			115.0	C
D	PURCHASING & STORES	481.3			481.3	D
E	PLANT OPERATIONS	5960.5			5960.5	E
F	HOUSEKEEPING	1815.9			1815.9	F
G	CENTRAL SERVICES & SUPPLIES	1031.2			1031.2	G
H	PHARMACY	3876.4			3876.4	H
I	GENERAL ACCOUNTING	1704.3			1704.3	I
J	PATIENT ACCOUNTING	2716.7			2716.7	J
K	HOSPITAL MANAGEMENT	13560			13560.0	K
L	MEDICAL RECORDS	4169.6			4169.6	L
M	MEDICAL STAFF ADMINISTRATION	1040.8			1040.8	M
N	NURSING ADMINISTRATION	2142.5			2142.5	N
O	DATA PROCESSING	5626.5		5626.5		O
P	TOTALS	45899.5	0.0	5626.5	40273.0	P

UNREGULATED SERVICES  
FSC

UR1

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

	VOLUME DATA	BASE YEAR UNITS	BUDGET YR UNITS
A	VISITS	9	9

FREESTANDING CLINIC SERVICES - 6970 / 3970

	COL. 1	COL. 2	COL. 3	COL. 4
SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUE	EXPENSES, REVENUE PER UNIT

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	704.9	465.3	1170.2	XXX	B	
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OADP	0.1	0.1	0.2	XXX	C	
D	ALLOC. FROM GEN SERV CENTERS	////	0.0	0.0	0.0	XXX	D	
	COL. 5	COL. 6				XXX		
	COST CENTER	CODE				XXX		
D1	PATIENT ACCOUNTS	PAC	RECORDS	0	0	0.0	XXX	D1
D2							XXX	D2
D3							XXX	D3
D4							XXX	D4
D5							XXX	D5
D6							XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	H3					XXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	705.0	465.4	1170.4	130.04444	F	

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXX	XXX	(196.4)	XXX	G
H	PROFIT (LOSS)	G-F	XXX	XXX	(1366.8)	XXX	H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXX	I
J	MISC ADJUSTMENTS	BUDGET				XXX	J
K	BUDGET YEAR EXPENSES	F+I+J					K

BUDGET YEAR PROFIT (LOSS)

L	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	L
M	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	M
N	BUDGET YEAR REVENUE	L+M	XXX	XXX		XXX	N
O	PROFIT (LOSS)	N-K	XXX	XXX		XXX	O

FTE DATA

P	ADJ BASE YR HRS WORKED / 2080	RECORDS	8.3		8.3		P
Q	BUDGET YR HRS WORKED / 2080	BUDGET					Q

HSCRC  
8-02

UNREGULATED SERVICES  
ULB

UR5

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

	VOLUME DATA	BASE YEAR UNITS	BUDGET YR UNITS
A	VISITS	67267	86108

LABORATORY - NON PATIENT - 7220

	COL. 1	COL. 2	COL. 3	COL. 4
SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUE	EXPENSES, REVENUE PER UNIT

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	501.5	389.0	890.5	XXX	B	
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OADP	51.6	81.2	132.8	XXX	C	
D	ALLOC. FROM GEN SERV CENTERS	////	19.9	9.1	29.0	XXX	D	
	COL. 5	COL. 6				XXX		
	COST CENTER	CODE				XXX		
D1	PATIENT ACCOUNTS	PAC	RECORDS	19.9	9.1	29.0	XXX	D1
D2						XXX	D2	
D3						XXX	D3	
D4						XXX	D4	
D5						XXX	D5	
D6						XXX	D6	
E	CAPITAL FACILITIES ALLOWANCE	H3				XXX	E	
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	573.0	479.3	1052.3	0.01564	F	

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXX	XXX	1241.2	XXX	G
H	PROFIT (LOSS)	G-F	XXX	XXX	188.9	XXX	H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXX	I
J	MISC ADJUSTMENTS	BUDGET				XXX	J
K	BUDGET YEAR EXPENSES	F+I+J					K

BUDGET YEAR PROFIT (LOSS)

L	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	L
M	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	M
N	BUDGET YEAR REVENUE	L+M	XXX	XXX		XXX	N
O	PROFIT (LOSS)	N-K	XXX	XXX		XXX	O

FTE DATA

P	ADJ BASE YR HRS WORKED / 2080	RECORDS	7.8	0.0	7.8		P
Q	BUDGET YR HRS WORKED / 2080	BUDGET					Q

HSCRC  
8-02

178A

UNREGULATED SERVICES  
UPB

UR6

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

VOLUME DATA		BASE YEAR UNITS	BUDGET YR UNITS
A	NO. OF FTE'S	92.0	92.0

PHYSICIAN PART B SERVICES - 8760

	COL. 1	COL. 2	COL. 3	COL. 4
SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUE	EXPENSES, REVENUE PER UNIT

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	15924.9	11086.1	27011.0	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	0.0	0	0.0	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////				XXX	D
	COL. 5	COL. 6				XXX	
	COST CENTER	CODE				XXX	
D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	H3				XXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	15924.9	11086.1	27011.0	293.59783	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXX	XXX	12166.1	XXX	G
H	PROFIT (LOSS)	G-F	XXX	XXX	(14844.9)	XXX	H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXX	I
J	MISC ADJUSTMENTS	BUDGET				XXX	J
K	BUDGET YEAR EXPENSES	F+I+J					K

BUDGET YEAR PROFIT (LOSS)

L	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	L
M	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	M
N	BUDGET YEAR REVENUE	L+M	XXX	XXX		XXX	N
O	PROFIT (LOSS)	N-K	XXX	XXX		XXX	O

FTE DATA

P	ADJ BASE YR HRS WORKED / 2080	RECORDS	45.7	46.0	91.7		P
Q	BUDGET YR HRS WORKED / 2080	BUDGET					Q

HSCRC  
8-02

178B

UNREGULATED SERVICES  
CNA

UR7

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

	VOLUME DATA	BASE YEAR UNITS	BUDGET YR UNITS
A	CNA Minutes	39011	39011

CERTIFIED NURSE ANESTHETIST - 7090

	COL. 1	COL. 2	COL. 3	COL. 4
SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUE	EXPENSES, REVENUE PER UNIT

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	319.8	49.1	368.9	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	0.0	0	0.0	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////				XXX	D
	COL. 5	COL. 6				XXX	
	COST CENTER	CODE				XXX	
D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	H3				XXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	319.8	49.1	368.9	0.00946	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXX	XXX	325.4	XXX	G
H	PROFIT (LOSS)	G-F	XXX	XXX	(43.5)	XXX	H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXX	I
J	MISC ADJUSTMENTS	BUDGET				XXX	J
K	BUDGET YEAR EXPENSES	F+I+J					K

BUDGET YEAR PROFIT (LOSS)

L	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	L
M	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	M
N	BUDGET YEAR REVENUE	L+M	XXX	XXX		XXX	N
O	PROFIT (LOSS)	N-K	XXX	XXX		XXX	O

FTE DATA

P	ADJ BASE YR HRS WORKED / 2080	RECORDS	1.4	0.0	1.4		P
Q	BUDGET YR HRS WORKED / 2080	BUDGET					Q

HSCRC  
8-02

178B



UNREGULATED SERVICES  
PSS

UR8

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

	VOLUME DATA	BASE YEAR UNITS	BUDGET YR UNITS
A	FTE's	25.0	25.1

PHYSICIAN SUPPORT SERVICES - PART B - 8740

	COL. 1	COL. 2	COL. 3	COL. 4
SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUE	EXPENSES, REVENUE PER UNIT

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	2647.0	1424.2	4071.2	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	0.0	0	0.0	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////				XXX	D
	COL. 5	COL. 6				XXX	
	COST CENTER	CODE				XXX	
D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	H3				XXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	2647.0	1424.2	4071.2	162.84800	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXX	XXX	1529.9	XXX	G
H	PROFIT (LOSS)	G-F	XXX	XXX	(2541.3)	XXX	H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXX	I
J	MISC ADJUSTMENTS	BUDGET				XXX	J
K	BUDGET YEAR EXPENSES	F+I+J					K

BUDGET YEAR PROFIT (LOSS)

L	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	L
M	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	M
N	BUDGET YEAR REVENUE	L+M	XXX	XXX		XXX	N
O	PROFIT (LOSS)	N-K	XXX	XXX		XXX	O

FTE DATA

P	ADJ BASE YR HRS WORKED / 2080	RECORDS	25.1	0.0	25.1		P
Q	BUDGET YR HRS WORKED / 2080	BUDGET					Q

HSCRC  
8-02

178B

UNREGULATED SERVICES  
ADULT DAY CARE

UR9

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

VOLUME DATA		BASE YEAR UNITS	BUDGET YR UNITS
A	NO. OF PROGRAMS	1	1

ADULT DAY CARE

SOURCE	COL. 1	COL. 2	COL. 3	COL. 4
	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUE	EXPENSES, REVENUE PER UNIT

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	486.6	396.0	882.6	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	0.0	0	0.0	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////				XXX	D
	COL. 5	COL. 6				XXX	
	COST CENTER	CODE				XXX	
D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	H3				XXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	486.6	396.0	882.6	882.60000	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXX	XXX	435.3	XXX	G
H	PROFIT (LOSS)	G-F	XXX	XXX	(447.3)	XXX	H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXX	I
J	MISC ADJUSTMENTS	BUDGET				XXX	J
K	BUDGET YEAR EXPENSES	F+I+J					K

BUDGET YEAR PROFIT (LOSS)

L	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	L
M	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	M
N	BUDGET YEAR REVENUE	L+M	XXX	XXX		XXX	N
O	PROFIT (LOSS)	N-K	XXX	XXX		XXX	O

FTE DATA

P	ADJ BASE YR HRS WORKED / 2080	RECORDS	7.0	0.0	7.0		P
Q	BUDGET YR HRS WORKED / 2080	BUDGET					Q

HSCRC  
8-02

178B

UNREGULATED SERVICES  
CLINICAL TRIALS

UR10

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

VOLUME DATA		BASE YEAR UNITS	BUDGET YR UNITS
A	NO. OF PROGRAMS	1	0

CLINICAL TRIALS

SOURCE	COL. 1	COL. 2	COL. 3	COL. 4
	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUE	EXPENSES, REVENUE PER UNIT

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	0.0	0.0	0.0	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	0.0	0	0.0	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////				XXX	D
	COL. 5	COL. 6				XXX	
	COST CENTER	CODE				XXX	
D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	H3				XXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	0.0	0.0	0.0	0.00000	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXX	XXX	3.6	XXX	G
H	PROFIT (LOSS)	G-F	XXX	XXX	3.6	XXX	H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXX	I
J	MISC ADJUSTMENTS	BUDGET				XXX	J
K	BUDGET YEAR EXPENSES	F+I+J					K

BUDGET YEAR PROFIT (LOSS)

L	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	L
M	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	M
N	BUDGET YEAR REVENUE	L+M	XXX	XXX		XXX	N
O	PROFIT (LOSS)	N-K	XXX	XXX		XXX	O

FTE DATA

P	ADJ BASE YR HRS WORKED / 2080	RECORDS	0.0	0.0	0.0		P
Q	BUDGET YR HRS WORKED / 2080	BUDGET					Q

HSCRC  
8-02

178B

## Physician Part B Services

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTYBASE YEAR 06-19INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

<u>(1)</u>	<u>(2)</u>	<u>(3)</u>	<u>(4)</u>	<u>(5)</u>	<u>(6)</u>	<u>(7)</u>	<u>(8)</u>
<u>Physician Category Code</u>	<u>Physician Description</u>	<u>Wages, Salaries &amp; Fringe Benefits</u>	<u>Other Expenses</u>	<u>Total Expenses</u>	<u>Revenue</u>	<u>Hospital Based</u>	<u>FTE's</u>
26	Psychiatry	324.3	40.9	365.2	95.1		0.9
8	Family Practice	0.0	0.0	0.0	84.8		0
30	Diagnostic Radiology	0.0	118.9	118.9	0.8	X	0.2
30	Diagnostic Radiology	0.0	351.0	351.0	811.9		0.6
30	Diagnostic Radiology	0.0	4.9	4.9	0.0		0
30	Diagnostic Radiology	0.0	55.8	55.8	115.6		0.1
XX	Hospitalist	0.0	2131.6	2131.6	0.0	X	0
77	Vascular Surgery	0.0	0.0	0.0	0.0		0
4	Otolaryngology	619.0	186.3	805.3	385.6		0.9
10	Gastroenterology	1408.4	222.7	1631.1	817.3		1.8
34	Urology	1234.4	622.9	1857.3	715.3		2.3
72	Pain Management	386.2	79.5	465.7	172.9		1.1
37	Pediatric Medicine	0.0	696.2	696.2	101.5	X	1.7
8	Family Practice	502.3	177.6	679.9	415.6		0.9
8	Family Practice	0.0	0.0	0.0	0.0		0
83	Hematology-Oncology	878.9	210.0	1088.9	384.5		1
2	General Surgery	856.4	210.3	1066.7	457.6		1.6
8	Family Practice	2210.8	658.1	2868.9	1395.2		5.2
11	Internal Medicine	1335.3	242.5	1577.8	588.6		2.6
11	Internal Medicine	379.8	147.4	527.2	220.4		0.9
13	Neurology	451.3	156.9	608.2	141.3		0.8
26	Psychiatry	386.4	18.6	405.0	137.6		5.5
6	Cardiology	0.0	0.0	0.0	0.0		0
30	Diagnostic Radiology	0.0	2884.7	2884.7	2023.5	X	6.6
ZZ	Other - Audiologist	93.9	123.3	217.2	107.2		0.5
11	Internal Medicine	473.5	110.9	584.4	233.4		0.9
16	Obstetrics & Gynecology	1847.5	968.1	2815.6	1300.3		3.8
ZZ	Other - Wound Care	0.0	6.4	6.4	0.0		0
6	Cardiology	0.0	381.2	381.2	269.7		0.8
11	Internal Medicine	2.3	0.3	2.6	3.5		0
13	Neurology	0.0	92.5	92.5	0.0		0.2
11	Internal Medicine	0.0	0.0	0.0	0.0		0
79	Addiction Medicine	2534.1	186.7	2720.8	1186.7	X	5.1
		<b>15924.9</b>	<b>11086.2</b>	<b>27011.1</b>	<b>12165.9</b>		

## ANNUAL COST SURVEY

ACS

HOSPITAL NAME UNION HOSPITAL OF CECIL COUNTYBASE YEAR 06-19HOSPITAL NUMBER 0032

	CATEGORY	COSTS	PERCENT
A	SALARIES & WAGES	53195.6	42.2
B	FRINGE BENEFITS	11669.4	9.3
C	DEPRECIATION & AMORTIZATION	10823.8	8.6
C1	OPERATING LEASES	633.4	0.5
D	INTEREST EXPENSE	1833.7	1.5
E	MEDICAL & SURGICAL SUPPLIES	7407.3	5.9
F	IV SOLUTIONS AND PHARMACY	8591.5	6.8
G	LAUNDRY, LINEN, UNIFORMS	222.2	0.2
H	FILMS & SOLUTIONS	0.0	0.0
I	BLOOD, PLASMANATE, ALBUMEN	490.9	0.4
J	CONTRACTED SERVICES	16780.5	13.3
K	PROFESSIONAL FEES	910.9	0.7
L	AGENCY NURSES	967.8	0.8
M	MALPRACTICE INSURANCE	1813.9	1.4
N	ALL OTHER INSURANCE	306.1	0.2
O	TELEPHONE	393.8	0.3
P	UTILITIES & WATER	2065.2	1.6
Q	FOOD	403.2	0.3
R	PRINTING,OFFICE SUPPLIES,COPYING,POSTAGE	209.6	0.2
S	CHEMICALS,SOLUTIONS,LUBRICATIONS, GASES	111.8	0.1
T	OTHER (DETAIL OVER 20% OF SUPPLY COST)	7218.0	5.7
U	TOTAL	126048.6	100.0

HSCRC

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**TRANSACTIONS WITH RELATED ENTITIES**

TRE

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-19

INSTITUTION NUMBER 0032

COL. 1	COL. 2	COL. 3	COL. 4	COL. 4	COL. 5
NO.	RELATED ENTITY	VALUE OF ASSET/ SERVICE PROVIDED <b>TO</b> THE HOSPITAL	VALUE OF ASSET/ SERVICE PROVIDED <b>BY</b> THE HOSPITAL	CATEGORY CODE	DESCRIPTION OF TRANSACTION
		CODE ONLY AS ONE OF THE FOLLOWING: <b>B, D, F, H, J</b>	CODE ONLY AS ONE OF THE FOLLOWING: <b>A, C, E, G, I</b>		
1	AFFINITY HEALTH ALLIANCE, INC		2,458,547	A	HEALTH SYSTEMS PURCHASES SUPPORT STAFF FROM HOSPITAL
2	AFFINITY HEALTH ALLIANCE, INC	910,899		B	HEALTH SYSTEMS PROVIDES MGMT. RESOURCES TO HOSPITAL

**SUPPLEMENTAL SCHEDULE CS  
APPROVED OVERHEAD COMPLIANCE**

CSS

INSTITUTION NAME	<u>Union Hospital of Cecil County</u>	RATE PERIOD BEGINNING	<u>07-18</u>
INSTITUTION NUMBER	<u>0032</u>	RATE PERIOD ENDING	<u>06-19</u>

			MSS	CDS
A	INVOICE COST RATE YEAR TO DATE	A	7,407,295	8,591,594
B	MARKUP AMOUNT	B	1.0968	1.0968
C	INVOICE COST WITH MARKUP	$C=A*B$	8,124,321	9,423,260
D	ACTUAL REVENUE RATE YEAR TO DATE	D	15,344,319	20,547,588
E	OVERHEAD COLLECTED	$E=D-C$	7,219,998	11,124,328
F	APPROVED OVERHEAD	F	14,998,810	20,675,450
G	MONTHS OF RATE YEAR	G	12	12
H	APPROVED O/H FOR PERIOD	$H=F*G/12$	14,998,810	20,675,450
I	OVERHEAD VARIANCE	$I=E-H$	(7,778,812)	(9,551,122)

POSITIVE # IS OVERCOLLECTION  
NEGATIVE NUMBER IS UNDERCOLLECTION

HSCRC  
8/96

SCHEDULE RE-R  
RECONCILIATION OF THE AUDITED FINANCIALS  
TO SCHEDULE RE

Hospital Name: Union Hospital of Cecil County

RE-R1

Hospital Number: 0032

	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8	Col 9	Col 10
	Audited Financial Statements	Miscellaneous* Adjustments	AUXILIARY ENTERPRISES							
			E1	E2	E3	E4	E5	E6	E7	E8
Gross Patient Revenue	200,650.3	(43.4)	-	-	-	-	-	-	-	-
Provisions for Bad Debts	6,959.7	-	-	-	-	-	-	-	-	-
Charity/Uncomp Care	1,836.4	-	-	-	-	-	-	-	-	-
Contractual Allowances	5,710.5	543.8	-	-	-	-	-	-	-	-
Uncomp Care Fund Pay.	3,381.2	(14.9)	-	-	-	-	-	-	-	-
Other Deductions	29,000.2	(91.1)	-	-	-	-	-	-	-	-
Total Deductions	46,888.0	437.8	-	-	-	-	-	-	-	-
Uncomp Care Fund Recp.	(438.0)	876.0	-	-	-	-	-	-	-	-
Net Patient Revenue	153,762.3	(43.2)	-	-	-	-	-	-	-	-
Other Operating Revenue	2,874.2	(264.5)	-	35.8	-	80.0	-	-	789.5	-
Net Operating Revenues	156,636.5	(307.7)	-	35.8	-	80.0	-	-	789.5	-
<b>Operating Expenses:</b>	-	-	-	-	-	-	-	-	-	-
Salaries, Wages, Benefits	87,612.1	(1,558.4)	-	102.4	-	-	-	-	349.8	-
Fringe Allocatio of E's & F's	-	(48.9)	-	-	-	-	-	-	(49.0)	-
Professional Fees	-	1,885.1	-	-	-	-	-	-	-	-
Supplies	61,867.1	(43,483.9)	-	-	-	-	19.5	-	0.5	-
Depreciation/Amortization	11,026.3	(2,230.7)	-	-	-	-	-	-	-	-
Leases/Rentals	-	4,108.4	-	-	-	-	-	-	-	-
Interest	1,942.7	524.4	-	-	-	-	-	-	-	-
Other Expenses	-	40,184.4	-	140.0	-	7.2	53.5	-	488.2	-
Provisions for Bad Debts	-	-	-	-	-	-	-	-	-	-
Total Operating Expenses	162,448.2	(619.6)	-	242.4	-	7.2	73.0	-	789.5	-
Income from Operations	(5,811.7)	311.9	-	(206.6)	-	72.8	(73.0)	-	-	-
Non-Operating Revenues	1,296.2	423.5	-	-	-	-	-	-	-	-
Non-Operating Expenses	42.6	650.0	-	-	-	-	-	-	-	-
Excess Revenues Over Expenses	(4,472.9)	0.2	-	(206.6)	-	72.8	(73.0)	-	-	-

\*Provide Details

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SCHEDULE RE-R  
RECONCILIATION OF THE AUDITED FINANCIALS  
TO SCHEDULE RE

Hospital Name: Union Hospital of Cecil County

RE-R2

Hospital Number: 0032

	Col 11	Col 12	Col 13	Col 14	Col 15	Col 16	Col 17	Col 18	Col 19	Col 20
	ENTERPRISES	OTHER INSTITUTIONAL PROGRAMS				UNREGULATED			UNREGULATED	
	E9	F1	F2	F3	F4	UR1	UR2	UR3	UR4	UR5
Gross Patient Revenue	-	-	-	-	-	(104.5)	-	-	-	1,887.9
Provisions for Bad Debts	-	-	-	-	-	-	-	-	-	52.9
Charity/Uncomp Care	-	-	-	-	-	-	-	-	-	7.1
Contractual Allowances	-	-	-	-	-	-	-	-	-	391.0
Uncomp Care Fund Pay.	-	-	-	-	-	-	-	-	-	14.0
Other Deductions	-	-	-	-	-	91.9	-	-	-	194.3
Total Deductions	-	-	-	-	-	91.9	-	-	-	659.3
Uncomp Care Fund Recp.	-	-	-	-	-	-	-	-	-	-
Net Patient Revenue	-	-	-	-	-	(196.4)	-	-	-	1,228.6
Other Operating Revenue	-	-	-	-	30.6	-	-	-	-	12.6
Net Operating Revenues	-	-	-	-	30.6	(196.4)	-	-	-	1,241.2
Operating Expenses:	-	-	-	-	-	-	-	-	-	-
Salaries, Wages, Benefits	-	-	-	-	80.2	705.0	-	-	-	573.0
Fringe Allocatio of E's & F's	-	-	-	-	0.1	-	-	-	-	-
Professional Fees	-	-	-	-	-	-	-	-	-	6.4
Supplies	-	-	-	-	49.6	9.8	-	-	-	239.0
Depreciation/Amortization	-	-	-	-	-	-	-	-	-	26.0
Leases/Rentals	-	-	-	-	-	175.7	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-	-
Other Expenses	-	-	-	-	(18.4)	279.9	-	-	-	207.9
Provisions for Bad Debts	-	-	-	-	-	-	-	-	-	-
Total Operating Expenses	-	-	-	-	111.5	1,170.4	-	-	-	1,052.3
Income from Operations	-	-	-	-	(80.9)	(1,366.8)	-	-	-	188.9
Non-Operating Revenues	-	-	-	-	-	-	-	-	-	-
Non-Operating Expenses	-	-	-	-	-	-	-	-	-	-
Excess Revenues Over Expenses	-	-	-	-	(80.9)	(1,366.8)	-	-	-	188.9

\*Provide Details

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SCHEDULE RE-R  
RECONCILIATION OF THE AUDITED FINANCIALS  
TO SCHEDULE RE

Hospital Name: Union Hospital of Cecil County

RE-R3

Hospital Number: 0032

	Col 21	Col 22	Col 23	Col 22	Col 23	Col 24	Col 25	Col 26	Col 27	
	UR6	UR7	UR8	UR9	UR10	TOTAL Col. 3 - 24	UNREGULATED ADJUSTMENTS	REGULATED SCHEDULE RE	TOTAL SCHEDULE RE	RE LINE
Gross Patient Revenue	31,388.6	653.1	2,524.1	-	-	36,349.2	-	164,257.7	200,606.9	E
Provisions for Bad Debts	-	-	-	-	-	52.9	-	6,906.8	6,959.7	F
Charity/Uncomp Care	-	-	-	-	-	7.1	-	1,829.3	1,836.4	G
Contractual Allowances	-	-	-	-	-	391.0	-	5,863.3	6,254.3	H
Uncomp Care Fund Pay.	-	-	-	-	-	14.0	-	3,352.3	3,366.3	H1
Other Deductions	19,233.4	327.7	994.2	-	-	20,841.5	-	8,067.6	28,909.1	I
Total Deductions	19,233.4	327.7	994.2	-	-	21,306.5	-	26,019.3	47,325.8	J
Uncomp Care Fund Recp.	-	-	-	-	-	-	-	438.0	438.0	J1
Net Patient Revenue	12,155.2	325.4	1,529.9	-	-	15,042.7	-	138,676.4	153,719.1	K
Other Operating Revenue	10.9	-	-	435.3	3.6	1,398.3	-	1,211.4	2,609.7	L
Net Operating Revenues	12,166.1	325.4	1,529.9	435.3	3.6	16,441.0	-	139,887.8	156,328.8	M
Operating Expenses:	-	-	-	-	-	-	-	-	-	-
Salaries, Wages, Benefits	15,924.9	319.8	2,647.0	486.6	-	21,188.7	-	64,865.0	86,053.7	N
Fringe Allocatio of E's & F's	-	-	-	-	-	(48.9)	-	-	(48.9)	-
Professional Fees	-	-	-	-	-	6.4	-	1,878.7	1,885.1	O
Supplies	686.2	-	145.8	5.9	-	1,156.3	-	17,226.9	18,383.2	P
Depreciation/Amortization	-	-	-	-	-	26.0	-	8,769.6	8,795.6	Q
Leases/Rentals	771.2	-	374.2	99.7	-	1,420.8	-	2,687.6	4,108.4	Q
Interest	-	-	-	-	-	-	-	2,467.1	2,467.1	R
Other Expenses	9,628.7	49.1	904.2	290.4	-	12,030.7	-	28,153.7	40,184.4	R
Provisions for Bad Debts	-	-	-	-	-	-	-	-	-	R
Total Operating Expenses	27,011.0	368.9	4,071.2	882.6	-	35,780.0	-	126,048.6	161,828.6	S
Income from Operations	(14,844.9)	(43.5)	(2,541.3)	(447.3)	3.6	(19,339.0)	-	13,839.2	(5,499.8)	T
Non-Operating Revenues	-	-	-	-	-	-	1,719.7	XXXXXXXX	1,719.7	U
Non-Operating Expenses	-	-	-	-	-	-	692.6	XXXXXXXX	692.6	V
Excess Revenues Over Expenses	(14,844.9)	(43.5)	(2,541.3)	(447.3)	3.6	(19,339.0)	1,027.1	13,839.2	(4,472.7)	W

\*Provide Details

8/2002  
HSCRC

UNREGULATED SERVICES SUMMARY

URS

INSTITUTION NAME Union Hospital of Cecil County

INSTITUTION NUMBER 0032

BASE YEAR

06-19

SCHEDULE	ENTITY NAME AND ADDRESS	NATURE OF SERVICE
UR-1	Union Hospital of Cecil County	FREESTANDING CLINIC
	106 Bow Street, Elkton, MD 21921	PATIENT ACCESS
	Cancer Clincial Center	GUIDANCE
	111 West High Street, Ste. 101, Elkton, MD 21921	
UR-1	Union Hospital of Cecil County	FREESTANDING CLINIC
	106 Bow Street, Elkton, MD 21921	PATIENT ACCESS
	Thoracic Surgery Clinic	GUIDANCE
	111 West High Street, Suite 112, Elkton, MD 21921	
UR-1	Union Hospital of Cecil County	FREESTANDING CLINIC
	106 Bow Street, Elkton, MD 21921	PATIENT ACCESS
	Outpatient Care Cordination Clinic	GUIDANCE
	111 West High Street, Suite 112, Elkton, MD 21921	
UR-1	Union Hospital of Cecil County	REHAB
	106 Bow Street, Elkton, MD 21921	
	Cardio-Pulmonary Rehab	
	137 West High Street, Ste. 3A, Elkton, MD 21921	
UR-1	Union Hospital of Cecil County	PALLIATIVE CARE
	106 Bow Street, Elkton, MD 21921	
	Palliative Care	
	111 West High Street, Ste. 309, Elkton, MD 21921	
UR-1	Union Hospital of Cecil County	FREESTANDING CLINIC
	106 Bow Street, Elkton, MD 21921	PATIENT ACCESS
	Outpatient Dietary Counseling	GUIDANCE
	111 West High Street, Ste. 314, Elkton, MD 21921	
UR-5	Union Hospital of Cecil County	LABORATORY
	106 Bow Street, Elkton, MD 21921	
	Union Diagnostic Center	
	123 Singerly Avenue, Elkton, MD 21921	

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UNREGULATED SERVICES SUMMARY  
URS

INSTITUTION NAME Union Hospital of Cecil County

INSTITUTION NUMBER 0032

BASE YEAR 06-19

SCHEDULE	ENTITY NAME AND ADDRESS	NATURE OF SERVICE
UR-5	<div style="border: 1px solid black; padding: 2px;">Union Hospital of Cecil County</div> <div style="border: 1px solid black; padding: 2px;">106 Bow Street, Elkton, MD 21921</div> <div style="border: 1px solid black; padding: 2px;">Rising Sun Diagnostic Center</div> <div style="border: 1px solid black; padding: 2px;">101 Colonial Way, Rising Sun, MD 21911</div>	LABORATORY
UR-5	<div style="border: 1px solid black; padding: 2px;">Union Hospital of Cecil County</div> <div style="border: 1px solid black; padding: 2px;">106 Bow Street, Elkton, MD 21921</div> <div style="border: 1px solid black; padding: 2px;">Principio Health Center</div> <div style="border: 1px solid black; padding: 2px;">4863 Pulaski Highway, Perryville MD 21903</div>	LABORATORY
UR-6	<div style="border: 1px solid black; padding: 2px;">Union Hospital of Cecil County</div> <div style="border: 1px solid black; padding: 2px;">106 Bow Street, Elkton, MD 21921</div> <div style="border: 1px solid black; padding: 2px;">Rising Sun Diagnostic Center</div> <div style="border: 1px solid black; padding: 2px;">101 Colonial Way, Rising Sun, MD 21911</div>	FREESTANDING CLINIC IMAGING
UR-6	<div style="border: 1px solid black; padding: 2px;">Union Hospital of Cecil County</div> <div style="border: 1px solid black; padding: 2px;">106 Bow Street, Elkton, MD 21921</div> <div style="border: 1px solid black; padding: 2px;">Principio Health Center</div> <div style="border: 1px solid black; padding: 2px;">4863 Pulaski Highway, Perryville MD 21903</div>	FREESTANDING CLINIC IMAGING
UR-5	<div style="border: 1px solid black; padding: 2px;">Union Hospital of Cecil County</div> <div style="border: 1px solid black; padding: 2px;">106 Bow Street, Elkton, MD 21921</div> <div style="border: 1px solid black; padding: 2px;">Union Diagnostic Center</div> <div style="border: 1px solid black; padding: 2px;">123 Singerly Avenue, Elkton, MD 21921</div>	IMAGING
UR-6	<div style="border: 1px solid black; padding: 2px;">Union Primary Care</div> <div style="border: 1px solid black; padding: 2px;">111 West High Street, Suite 314, Elkton, MD 21921</div>	PART B PHYSICIANS Family Practice
UR-6	<div style="border: 1px solid black; padding: 2px;">Union Urology</div> <div style="border: 1px solid black; padding: 2px;">137 West High Street, Suite 2B, Elkton, MD 21921</div>	PART B PHYSICIANS Urology Practice
UR-6	<div style="border: 1px solid black; padding: 2px;">Union G.I. Associates</div> <div style="border: 1px solid black; padding: 2px;">137 West High Street, Suite 2B, Elkton, MD 21921</div>	PART B PHYSICIANS Gastroenterology Practice
UR-6	<div style="border: 1px solid black; padding: 2px;">Union Oncology</div> <div style="border: 1px solid black; padding: 2px;">111 West High Street, Suite 302, Elkton, MD 21921</div>	PART B PHYSICIANS Medical Oncology Practice

UNREGULATED SERVICES SUMMARY  
URS

INSTITUTION NAME Union Hospital of Cecil County

INSTITUTION NUMBER 0032

BASE YEAR

06-19

SCHEDULE	ENTITY NAME AND ADDRESS	NATURE OF SERVICE
UR-6	Union General Surgery 111 West High Street, Suite 207, Elkton, MD 21921	PART B PHYSICIANS
UR-6	Union Healthcare Medical Office 101 Colonial Way, Rising Sun, MD 21911	PART B PHYSICIANS Family Practice
UR-6	Union Rheumatology 137 West High Street, Suite 2A, Elkton, MD 21921	PART B PHYSICIANS Rheumatology Practice
UR-6	Union Neurology 137 West High Street, Suite 2A, Elkton, MD 21921	PART B PHYSICIANS Neurology Practice
UR-6	Union Vascular 137 West High Street, Suite 2B, Elkton, MD 21921	PART B PHYSICIANS Vascular Practice
UR-6	Union Radiology Medical Staff Office 106 Bow Street, Elkton, MD 21921	PART B PHYSICIANS Radiology Practice
UR-6	Union Psychiatric Practice 111 West High Street, Suite 204, Elkton, MD 21921	PART B PHYSICIANS Psychiatric Practice
UR-6	Hospitalist Physician Specialists, PA Medical Staff Office - Union Hospital of Cecil County 106 Bow Street, Elkton, MD 21921	PART B PHYSICIANS Hospitalist Physicians
UR-6	Union Pulmonology 111 West High Street, Suite 203, Elkton, MD 21921	PART B PHYSICIANS Pulmonology Practice
UR-6	Perryville Primary Care 4863 Pulaski Hwy., Suite 300, Perryville, MD 21903	PART B PHYSICIANS Family Practice

8/2002

HSCRC 205B

UNREGULATED SERVICES SUMMARY  
URS

INSTITUTION NAME Union Hospital of Cecil County

INSTITUTION NUMBER 0032

BASE YEAR 06-19

SCHEDULE	ENTITY NAME AND ADDRESS	NATURE OF SERVICE
UR-6	<div style="border: 1px solid black; padding: 2px;">Union Pediatric Hospitalist</div> <div style="border: 1px solid black; padding: 2px;">Medical Staff Office - Union Hopsital of Cecil County</div> <div style="border: 1px solid black; padding: 2px;">106 Bow Street, Elkton, MD 21921</div>	PART B PHYSICIANS Pediatrics Physician Practice
UR-6	<div style="border: 1px solid black; padding: 2px;">Union Intensivist</div> <div style="border: 1px solid black; padding: 2px;">Medical Staff Office - Union Hopsital of Cecil County</div> <div style="border: 1px solid black; padding: 2px;">106 Bow Street, Elkton, MD 21921</div>	PART B PHYSICIANS Intensivist
UR-6	<div style="border: 1px solid black; padding: 2px;">Union Obstetrics &amp; Gynecology</div> <div style="border: 1px solid black; padding: 2px;">137 West High Street Suite 3B, Elkton, MD 21921</div>	PART B PHYSICIANS OB/Gyn Practice
UR-6	<div style="border: 1px solid black; padding: 2px;">Union E.N.T. / Audiology</div> <div style="border: 1px solid black; padding: 2px;">111 West High Street, Suite 303, Elkton, MD 21921</div>	PART B PHYSICIANS ENT/Audiology
UR-6	<div style="border: 1px solid black; padding: 2px;">Union Endocrinology</div> <div style="border: 1px solid black; padding: 2px;">137 West High Street, Suite 1B, Elkton, MD 21921</div>	PART B PHYSICIANS Family Practice
UR-6	<div style="border: 1px solid black; padding: 2px;">Union Anesthesiology</div> <div style="border: 1px solid black; padding: 2px;">Medical Staff Office, Union Hospital of Cecil Co.</div> <div style="border: 1px solid black; padding: 2px;">106 Bow Street, Elkton, MD 21921</div>	PART B PHYSICIANS Anesthesiology
UR-6	<div style="border: 1px solid black; padding: 2px;">Union Level II Ultrasound</div> <div style="border: 1px solid black; padding: 2px;">Medical Staff Office, Union Hospital of Cecil Co.</div> <div style="border: 1px solid black; padding: 2px;">106 Bow Street, Elkton, MD 21921</div>	PART B PHYSICIANS Level II Ultrasound
UR-9	<div style="border: 1px solid black; padding: 2px;">Union Hospital Adult Day Care Center</div> <div style="border: 1px solid black; padding: 2px;">301 Augustine Herman Hwy Suite B, Elkton, MD 21921</div>	ADULT DAY CARE

8/2002

HSCRC 205C

## CLINIC DETAIL

INSTITUTION NAME	<u>Union Hospital of Cecil County</u>	RATE PERIOD BEGINNING	<u>07-18</u>
INSTITUTION NUMBER	<u>0032</u>	RATE PERIOD ENDING	<u>06-19</u>

<u>CLINIC</u>	<u>VISITS</u>	<u>RVU's</u>	<u>REVENUE</u>
HAND	-	-	-
HAND	-	-	-
CHEMOTHERAPY - IV	1,505	35,649	803,951
IV THERAPY	1,481	33,276	766,536
INJECTIONS	1,272	4,818	115,231
WOUND & SKIN	2,883	28,228	613,924
BLOOD TRANSFUSIONS	147	3,636	82,927
NUTRITIONAL EDUCATION	-	-	-
	<b>7,288</b>	<b>105,607</b>	<b>2,382,569</b>

**SUPPLEMENTAL SCHEDULE  
GROSS PATIENT REVENUE RECONCILIATION SCHEDULE**

INSTITUTION NAME            Union Hospital of Cecil County  
 INSTITUTION NUMBER        0032

BASE YEAR            06-19

**Section I**

**TOTAL GROSS PATIENT REVENUE**

Line #		Col 1 Inpatient	Col 2 Outpatient	Col 3 Total
1	Total In-State Revenue	61882280	89517678	151399958
2	Total Out-State Revenue	4532351	8325522	12857873
3	Total Gross Patient Revenue	66414631	97843200	164257831

**Section II**

**TOTAL MEDICARE/NON-FFS REVENUE**

Line #		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 3 Total Revenue
4	Medicare FFS Revenue	30318072	2138033	30299394	2023741	64779240
5	Non-FFS Revenue	2590291	437166	2982127	780722	6790306
6	Total Revenue	32908363	2575199	33281521	2804463	71569546