

**HEALTH SERVICES COST REVIEW**

**ANNE ARUNDEL MEDICAL CENTER**

**FY 2019 Annual Filing**

**SUBMISSION**

**INPATIENTS AND PATIENT DAYS**

**SCHEDULE V1**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR

6/30/2019

INSTITUTION NUMBER: 0023

| REPORTING SCHEDULE | SOURCE | CENTER                     | COL. 1     | COL. 2       | COL. 3                      | COL. 4                   | COL. 5                | COL. 6                |
|--------------------|--------|----------------------------|------------|--------------|-----------------------------|--------------------------|-----------------------|-----------------------|
|                    |        |                            | ADMISSIONS | PATIENT DAYS | INTRA-HOSPITAL TRANSFERS IN | LENGTH OF STAY           | AVERAGE LICENSED BEDS | % OCCUPANCY           |
|                    |        |                            | RECORDS    | RECORDS      | RECORDS                     | COL. 2/(COL. 1 + COL. 3) | RECORDS               | COL. 2/COL. 5*365 (6) |
| D1                 | MSG    | Med/Surg Acute             | 17,344     | 71,991       | 2,165                       | 3.7                      | 251                   | 0.786                 |
| D2                 | PED    | Pediatric Acute            | 400        | 603          | 9                           | 1.5                      | 8                     | 0.207                 |
| D3                 | PSY    | Psychiatric Acute          |            |              |                             |                          |                       |                       |
| D4                 | OBS    | Obstetrics Acute           | 5,120      | 11,456       | 468                         | 2.1                      | 60                    | 0.523                 |
| D5                 | DEF    | Definitive Observation     | 701        | 3,454        | 846                         | 2.2                      | 10                    | 0.946                 |
| D6                 | MIS    | Med/Surg Intensive Care    | 1,528      | 5,060        | 718                         | 2.3                      | 20                    | 0.693                 |
| D7                 | CCU    | Coronary Care              |            |              |                             |                          |                       |                       |
| D8                 | PIC    | Pediatric Intensive Care   |            |              |                             |                          |                       |                       |
| D9                 | NEO    | Neo-Natal Intensive Care   | 473        | 5,504        | 125                         | 9.2                      | 30                    | 0.503                 |
| D10                | BUR    | Burn Care                  |            |              |                             |                          |                       |                       |
| D11                | PSI    | Psychiatric Intensive Care |            |              |                             |                          |                       |                       |
| D12                | TRM    | Shock Trauma               |            |              |                             |                          |                       |                       |
| D13                | ONC    | Oncology                   |            |              |                             |                          |                       |                       |
| D14                | NUR    | Newborn Nursery            | 4,870      | 10,094       |                             | 2.1                      | XXXXXXXXXX            | XXXXXXXXXX            |
| D15                | PRE    | Premature Nursery          |            |              |                             |                          | XXXXXXXXXX            | XXXXXXXXXX            |
| D16                | ECF    | Skilled Nursing Care       |            |              |                             |                          |                       |                       |
| D17                | ICC    | Intermediate Chronic Care  |            |              |                             |                          |                       |                       |
| D54                | RHB    | Rehabilitation             |            |              |                             |                          |                       |                       |
| D70                | PAD    | Psych, Adult               |            |              |                             |                          |                       |                       |
| D71                | PCD    | Psych, Child / Adolescent  |            |              |                             |                          |                       |                       |
| D73                | PSG    | Psych Geriatric            |            |              |                             |                          |                       |                       |
| XXX                |        | Subtotal                   | 25,566     | 98,068       | 4,331                       | 3.3                      | 379                   | 0.709                 |
| XXXXXX             |        | Total                      | 30,436     | 108,162      | 4,331                       | 3.1                      | 379                   | 0.782                 |

**AMBULATORY VISITS**

**SCHEDULE V2**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR

6/30/2019

INSTITUTION NUMBER: 0023

| REPORTING SCHEDULE |     | CENTER                       | COL. 1<br>INPATIENT VISITS | COL. 2<br>OUTPATIENT VISITS | COL. 3<br>TOTAL VISITS | COL. 4<br>INPATIENT RVUs | COL. 5<br>OUTPATIENT RVUs | COL. 6<br>TOTAL RVUs |
|--------------------|-----|------------------------------|----------------------------|-----------------------------|------------------------|--------------------------|---------------------------|----------------------|
| SOURCE             |     |                              | RECORDS                    | RECORDS                     | COL. 1 + COL. 2        | RECORDS                  | RECORDS                   | COL. 4 + COL. 5      |
| D18                | EMG | Emergency Services           | 15,261                     | 84,544                      | 99,805                 | 215,748                  | 905,775                   | 1,121,523            |
| D19                | CL  | Clinical Services            | 594                        | 77,318                      | 77,912                 | 6,356                    | 595,497                   | 601,853              |
| D20                | PDC | Psych. Day & Night Care      |                            |                             |                        |                          |                           |                      |
| D22                | SDS | Same Day Surgery             |                            | 17,813                      | 17,813                 |                          | 17,813                    | 17,813               |
| D50                | FSE | Free Standing Emergency      |                            |                             |                        |                          |                           |                      |
| D55                | OBV | Observation                  | 2,529                      | 6,182                       | 8,711                  | 35,846                   | 150,243                   | 186,089              |
| D58                | OCL | Oncology Clinic              |                            |                             |                        |                          |                           |                      |
| N/A                | PAP | Referred Ambulatory Services |                            |                             |                        |                          |                           |                      |

ANCILLARY SERVICE UNITS

SCHEDULE V3

INSTITUTION NAME: Anne Arundel Medical Center BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

| REPORTING SCHEDULE |     |   |                  | COL. 1<br>INPATIENT VOLUME | COL. 2<br>OUTPATIENT VOLUME | COL. 3<br>TOTAL VOLUME |
|--------------------|-----|---|------------------|----------------------------|-----------------------------|------------------------|
| SOURCE             |     | CENTER                                    | UNIT OF MEASURE  | RECORDS                    | RECORDS                     | COL. 1 + COL. 2        |
| D23                | DEL | Labor & Delivery Services                 | RVUs             | 187,341                    | 18,565                      | 205,906                |
| D24                | OR  | Operating Room                            | Minutes          | 682,206                    | 941,763                     | 1,623,969              |
| D24-A              | ORC | Operating Room Clinic                     | Minutes          | 229                        | 40,642                      | 40,871                 |
| D25                | ANS | Anesthesiology                            | Minutes          |                            |                             |                        |
| D28                | LAB | Laboratory Services                       | MD. RVUs         | 12,732,920                 | 9,116,935                   | 21,849,855             |
| D30                | EKG | Electrocardiography                       | MD RVUs          | 437,316                    | 337,700                     | 775,016                |
| D31                | IRC | Interventional Radiology / Cardiovascular | Minutes          | 76,861                     | 170,071                     | 246,932                |
| D32                | RAD | Radiology-Diagnostic                      | HSCRC RVUs       | 296,910                    | 414,902                     | 711,812                |
| D33                | CAT | CT Scanner                                | RVUs             | 619,711                    | 869,834                     | 1,489,545              |
| D34                | RAT | Radiology-Therapeutic                     | HSCRC RVUs       | 52,304                     | 2,126,800                   | 2,179,104              |
| D35                | NUC | Nuclear Medicine                          | HSCRC RVUs       | 66,969                     | 145,232                     | 212,201                |
| D36                | RES | Respiratory Therapy                       | MD RVUs          | 3,846,713                  | 224,517                     | 4,071,230              |
| D37                | PUL | Pulmonary Function Testing                | CHA RVUs         | 63                         | 55,569                      | 55,632                 |
| D38                | EEG | Electroencephalography                    | 1974 Calif. RVUs | 162,576                    | 18,570                      | 181,146                |
| D39                | PTH | Physical Therapy                          | MD RVUs          | 352,173                    | 725,839                     | 1,078,012              |
| D40                | OTH | Occupational Therapy                      | RVUs             | 141,838                    | 136,366                     | 278,204                |
| D41                | STH | Speech Language Pathology                 | RVUs             | 156,372                    | 106,951                     | 263,323                |
| D42                | REC | Recreational Therapy                      | Hours            |                            |                             |                        |
| D43                | AUD | Audiology                                 | MD RVUs          |                            |                             |                        |
| D44                | OPM | Other Physical Medicine                   | Treatments       |                            |                             |                        |
| D45                | RDL | Renal Dialysis                            | Treatments       | 2,191                      |                             | 2,191                  |
| D46                | OA  | Organ Acquisition                         | Number           |                            |                             |                        |
| D47                | AOR | Ambulatory Surgery                        | Surgery Minutes  |                            |                             |                        |
| D48                | LEU | Leukopheresis                             | JHH RVUs         |                            |                             |                        |
| D49                | HYP | Hyperbaric Chamber                        | Hrs of Treatment |                            |                             |                        |
| D51                | MRI | Magnetic Resonance Imaging                | RVUs             | 193,986                    | 222,189                     | 416,175                |
| D53                | LIT | Lithotripsy                               | Procedures       | 29                         |                             | 29                     |
| D56                | AMR | Ambulance Services-Rebundled              | HSCRC RVUs       |                            |                             |                        |
| D57                | TMT | Transurethral Microwave Thermotherapy     | Procedures       |                            |                             |                        |
| D59                | TNA | Transurethral Needle Ablation             | Procedures       |                            |                             |                        |
| D80                | ETH | Electroconv. Therapy                      | Treatments       |                            |                             |                        |

**EQUIVALENT INPATIENT DAYS  
AND ADMISSIONS**

**V 5**

INSTITUTION NAME:

Anne Arundel Medical Center

BASE YEAR

6/30/2019

INSTITUTION NUMBER:

0023

| <b>EQUIVALENT INPATIENT DAYS (EIPDs)</b> | <b>SOURCE</b> | <b>BASE YEAR</b> |
|--|---------------|------------------|
|--|---------------|------------------|

INPATIENT DATA - BASE YEAR

COL. 1

|   |   |                 |           |   |
|---|---|-----------------|-----------|---|
| A | GROSS INPATIENT REVENUE                   | RECORDS, BUDGET | 311,577.1 | A |
| B | INPATIENT GRANT REVENUE                   | RECORDS, BUDGET |           | B |
| C | TOTAL INPATIENT REVENUE                   | A + B           | 311,577.1 | C |
| D | TOTAL INPATIENT DAYS (IPDs) EXCL NURSERY  | SCH V 1 D       | 98,068    | D |
| E | INPATIENT UNIT REVENUE                    | C / D           | 3,17715   | E |
| F | GROSS OUTPATIENT REVENUE                  | RECORDS, BUDGET | 328,079.4 | F |
| G | OUTPATIENT GRANT REVENUE                  | RECORDS, BUDGET |           | G |
| H | TOTAL OUTPATIENT REVENUE                  | F + G           | 328,079.4 | H |
| I | TOTAL OUTPATIENT VISITS                   | SCH V 2 B       | 177,717   | I |
| J | OUTPATIENT UNIT REVENUE                   | H / I           | 1,84608   | J |
| K | IP/OP UNIT REVENUE RATIO                  | E / J           | 1.72103   | K |
| L | INPATIENT EQUIVALENT OF OUTPATIENT VISITS | I / K           | 103,262   | L |
| M | EQUIVALENT INPATIENT DAYS (EIPDs)         | D + L           | 201,330   | M |

| <b>EQUIVALENT INPATIENT ADMISSIONS (EIPAs)</b> | <b>SOURCE</b> | <b>BASE YEAR</b> |
|--|---------------|------------------|
|--|---------------|------------------|

|   |   |           |         |   |
|---|---|-----------|---------|---|
| N | TOTAL INPATIENT ADMISSIONS (EXCL NURSERY) | SCH V 1 D | 25,566  | N |
| O | INPATIENT UNIT REVENUE                    | C / N     | 12,1872 | O |
| P | OUTPATIENT UNIT REVENUE                   | H / I     | 1,84608 | P |
| Q | IP/OP UNIT REVENUE RATIO                  | O / P     | 6.60165 | Q |
| R | INPATIENT EQUIVALENT OF OUTPATIENT VISITS | I / Q     | 26,920  | R |
| S | EQUIVALENT INPATIENT ADMISSIONS (EIPAs)   | N + R     | 52,486  | U |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING, ETC.)

OADP

INSTITUTION NAME: Anne Arundel Medical Center  
 INSTITUTION NUMBER: 0023  
 BASE YEAR 6/30/2019

Revised 5/7/20

Allocation of Cafeteria/Parking Expense

| LOSS PER FTE |                                    | SOURCE           | COL. 1<br>TOTAL |
|--------------|------------------------------------|------------------|-----------------|
| A            | GAIN (LOSS) TO BE ALLOC. AS FRINGE | SCH. E2,E7,E8,E9 | 3,598.5         |
| B            | NUMBER OF FTE'S                    | RECORDS          | 2,247.1         |
| B1           | LOSS PER FTE                       | A / B            | \$1.60          |

Allocation of Data Processing

| BASE YEAR DATA |                                | SOURCE | COL. 2<br>WAGES, SALARIES<br>& BENEFITS | COL. 3<br>OTHER<br>EXPENSES | COL. 4<br>TOTAL<br>EXPENSES |
|----------------|--------------------------------|--------|---|-----------------------------|-----------------------------|
| C1             | FISCAL YEAR EXPENSES           |        | 12,256.6                                | 11,331.7                    | 23,588.3                    |
| 2              | DONATED SERVICES & COMMODITIES |        |   |                             |                             |
| 3              | FISCAL YEAR ADJUSTED EXPENSES  |        | 12,256.6                                | 11,331.7                    | 23,588.3                    |

DISTRIBUTIONS

|    |                            |      | CAFETERIA, PARKING ETC ALLOC |        | DATA PROCESSING ALLOC |        |                               |                   |                  |  |
|----|----------------------------|------|------------------------------|--------|-----------------------|--------|-------------------------------|-------------------|------------------|--|
|    |                            |      | COL. 1                       | COL. 2 | COL. 3                | COL. 4 | COL. 5                        | COL. 6            | COL. 7           | COL. 8                                 |
|    | SCHED                      | CODE | FTE                          | B1*D1  | Allocated<br>Amount   | Basis  | WAGES, SALARIES<br>& BENEFITS | Other<br>Expenses | DP<br>ALLOCATION | Col. 2 + Col. 7<br>Total Alloc Expense |
| D1 | DIETARY SERVICES           | C 1  | DTY                          | 28.1   | 45.0                  | 0.75%  | 91.5                          | 84.6              | 176.1            | 221.1                                  |
| 2  | LAUNDRY & LINEN            | C 2  | LL                           | 3.7    | 5.9                   | 0.08%  | 9.5                           | 8.8               | 18.3             | 24.2                                   |
| 3  | SOCIAL SERVICES            | C 3  | SSS                          | 18.4   | 29.5                  | 0.94%  | 114.8                         | 106.1             | 220.9            | 250.4                                  |
| 4  | PURCHASING & STORES        | C 4  | PUR                          | 29.3   | 46.8                  | 1.08%  | 132.5                         | 122.5             | 255.1            | 301.9                                  |
| 5  | PLANT OPERATIONS           | C 5  | POP                          | 69.7   | 111.6                 | 2.30%  | 281.5                         | 260.2             | 541.7            | 653.3                                  |
| 6  | HOUSEKEEPING               | C 6  | HKP                          | 84.6   | 135.4                 | 2.15%  | 263.4                         | 243.5             | 507.0            | 642.4                                  |
| 7  | CENTRAL SERVICES & SUPPLY  | C 7  | CSS                          | 57.4   | 91.9                  | 1.44%  | 177.0                         | 163.6             | 340.6            | 432.5                                  |
| 8  | PHARMACY                   | C 8  | PHM                          | 74.4   | 119.2                 | 4.01%  | 492.0                         | 454.9             | 946.9            | 1,066.1                                |
| 9  | GENERAL ACCOUNTING         | C 9  | FIS                          | 26.4   | 42.2                  | 1.47%  | 179.8                         | 166.3             | 346.1            | 388.3                                  |
| 10 | PATIENT ACCOUNTS           | C10  | PAC                          | 77.4   | 123.9                 | 2.28%  | 280.0                         | 258.8             | 538.8            | 662.7                                  |
| 11 | HOSPITAL ADMINISTRATION    | C11  | MGT                          | 142.3  | 227.9                 | 9.15%  | 1,120.9                       | 1,036.3           | 2,157.2          | 2,385.1                                |
| 12 | MEDICAL RECORDS            | C12  | MRD                          | 24.7   | 39.5                  | 0.83%  | 101.7                         | 94.1              | 195.8            | 235.3                                  |
| 13 | MEDICAL STAFF ADM          | C13  | MSA                          | 12.8   | 20.5                  | 0.74%  | 91.2                          | 84.3              | 175.5            | 195.9                                  |
| 14 | NURSING ADMIN              | C14  | NAD                          | 102.5  | 164.2                 | 3.58%  | 439.3                         | 406.1             | 845.4            | 1,009.6                                |
| 15 | ORGAN ACQUISITION OVERHEAD | C15  | OAO                          | -      | -                     | -      | -                             | -                 | -                | -                                      |
| 16 | MED SURGICAL ACUTE         | D 1  | MSG                          | 389.1  | 623.2                 | 17.02% | 2,086.2                       | 1,928.8           | 4,014.9          | 4,638.1                                |
| 17 | PEDIATRIC ACUTE            | D 2  | PED                          | 4.9    | 7.8                   | 0.24%  | 29.4                          | 27.2              | 56.6             | 64.4                                   |
| 18 | PSYCHIATRIC ACUTE          | D 3  | PSY                          | -      | -                     | -      | -                             | -                 | -                | -                                      |
| 19 | OBSTETRICS ACUTE           | D 4  | OBS                          | 45.2   | 72.4                  | 1.95%  | 239.6                         | 221.5             | 461.1            | 533.5                                  |
| 20 | DEFINITIVE OBSERVATION     | D 5  | DEF                          | 19.2   | 30.8                  | 1.08%  | 132.7                         | 122.7             | 255.4            | 286.2                                  |
| 21 | MED SURG INTENSIVE CARE    | D 6  | MIS                          | 51.2   | 82.0                  | 2.99%  | 366.0                         | 338.4             | 704.5            | 786.4                                  |
| 22 | CORONARY CARE              | D 7  | CCU                          | -      | -                     | -      | -                             | -                 | -                | -                                      |
| 23 | PEDIATRIC INTENSIVE CARE   | D 8  | PIC                          | -      | -                     | -      | -                             | -                 | -                | -                                      |
| 24 | NEO-NATAL INTENSIVE CARE   | D 9  | NEO                          | 37.9   | 60.7                  | 2.13%  | 261.0                         | 241.3             | 502.4            | 563.1                                  |
| 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                          | 18.3   | 29.2                  | 0.89%  | 108.9                         | 100.6             | 209.5            | 238.7                                  |
| 30 | PREMATURE NURSERY          | D15  | PRE                          | -      | -                     | -      | -                             | -                 | -                | -                                      |
| 31 | INTERMEDIATE CARE          | D17  | ICC                          | -      | -                     | -      | -                             | -                 | -                | -                                      |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING, ETC.)

OADP

INSTITUTION NAME: Anne Arundel Medical Center  
 INSTITUTION NUMBER: 23.00  
 BASE YEAR: 43,646.00  
 0023

| DISTRIBUTIONS |                                     | CAFETERIA, PARKING ETC ALLOC |        | DATA PROCESSING ALLOC |        | COL. 5                     | COL. 6         | COL. 7        | COL. 8                              |         |
|---------------|-------------------------------------|------------------------------|--------|-----------------------|--------|----------------------------|----------------|---------------|-------------------------------------|---------|
|               |                                     | 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, SALARIES & BENEFITS | Other Expenses | DP ALLOCATION | Col. 2 + Col. 7 Total Alloc Expense |         |
| 32            | EMERGENCY SERVICES                  | D18                          | EMG    | 132.7                 | 212.5  | 5.83%                      | 715.0          | 661.0         | 1,376.0                             | 1,588.5 |
| 33            | CLINIC SERVICES                     | D19                          | CL     | 38.8                  | 62.1   | 2.42%                      | 297.2          | 274.7         | 571.9                               | 634.0   |
| 34            | PSYCH DAY & NIGHT CARE              | D20                          | PDC    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 35            | SAME DAY SURGERY                    | D22                          | SDS    | 73.3                  | 117.4  | 3.45%                      | 422.8          | 390.9         | 813.7                               | 931.1   |
| 36            | LABOR & DELIVERY                    | D23                          | DEL    | 77.0                  | 123.3  | 4.36%                      | 534.3          | 494.0         | 1,028.3                             | 1,151.5 |
| 37            | OPERATING ROOM                      | D24                          | OR     | 193.7                 | 310.2  | 9.17%                      | 1,123.4        | 1,038.6       | 2,161.9                             | 2,472.1 |
| 38            | OPERATING ROOM CLINIC               | D24-A                        | ORC    | 2.1                   | 3.3    | 0.00%                      | 0.1            | 0.1           | 0.1                                 | 3.4     |
| 39            | ANESTHESIOLOGY                      | D25                          | ANS    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 40            | LABORATORY SERVICES                 | D28                          | LAB    | 79.7                  | 127.6  | 2.88%                      | 352.7          | 326.1         | 678.9                               | 806.5   |
| 41            | ELECTROCARDIOGRAPHY                 | D30                          | EKG    | 10.9                  | 17.5   | 0.40%                      | 49.5           | 45.8          | 95.3                                | 112.9   |
| 42            | INTERVENTIONAL RADIOLOGY/CARDIOVASC | D31                          | IRC    | 46.1                  | 73.8   | 2.66%                      | 325.9          | 301.3         | 627.2                               | 701.0   |
| 43            | RADIOLOGY - DIAGNOSTIC              | D32                          | RAD    | 31.3                  | 50.1   | 1.52%                      | 186.8          | 172.7         | 359.4                               | 409.5   |
| 44            | CT SCANNER                          | D33                          | CAT    | 12.4                  | 19.8   | 0.56%                      | 68.2           | 63.0          | 131.2                               | 151.1   |
| 45            | RADIOLOGY - THERAPEUTIC             | D34                          | RAT    | 27.4                  | 43.9   | 1.81%                      | 222.0          | 205.2         | 427.2                               | 471.1   |
| 46            | NUCLEAR MEDICINE                    | D35                          | NUC    | 4.4                   | 7.0    | 0.31%                      | 37.5           | 34.7          | 72.2                                | 79.1    |
| 47            | RESPIRATORY THERAPY                 | D36                          | RES    | 26.0                  | 41.7   | 1.30%                      | 159.9          | 147.9         | 307.8                               | 349.5   |
| 48            | PULMONARY FUNCTION TESTING          | D37                          | PUL    | 1.0                   | 1.6    | 0.04%                      | 4.7            | 4.4           | 9.1                                 | 10.7    |
| 49            | ELECTROENCEPHALOGRAPHY              | D38                          | EEG    | 2.5                   | 4.0    | 0.11%                      | 13.3           | 12.3          | 25.6                                | 29.6    |
| 50            | PHYSICAL THERAPY                    | D39                          | PTH    | 18.8                  | 30.1   | 0.02                       | 264.6          | 244.6         | 509.2                               | 539.3   |
| 51            | OCCUPATIONAL THERAPY                | D40                          | OTH    | 5.7                   | 9.1    | 0.01                       | 62.3           | 57.6          | 119.9                               | 129.0   |
| 52            | SPEECH LANGUAGE PATHOLOGY           | D41                          | STH    | 4.7                   | 7.4    | 0.00                       | 48.4           | 44.7          | 93.1                                | 100.5   |
| 53            | RECREATIONAL THERAPY                | D42                          | REC    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 54            | AUDIOLOGY                           | D43                          | AUD    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 55            | OTHER PHYSICAL MEDICINE             | D44                          | OPM    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 56            | RENAL DIALYSIS                      | D45                          | RDL    | 0.4                   | 0.7    | 0.00                       | 1.3            | 1.2           | 2.5                                 | 3.2     |
| 57            | ORGAN ACQUISITION                   | D46                          | OA     | -                     | -      | -                          | -              | -             | -                                   | -       |
| 58            | AMBULATORY SURGERY                  | D47                          | AOR    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 59            | LEUKOPHERESIS                       | D48                          | LEU    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 60            | HYPERBARIC CHAMBER                  | D49                          | HYP    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 61            | FREE STANDING EMERGENCY SVCS        | D50                          | FSE    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 62            | MRI SCANNER                         | D51                          | MRI    | 6.8                   | 11.0   | 0.00                       | 52.3           | 48.3          | 100.6                               | 111.6   |
| 63            | LITHOTRIPSY                         | D53                          | LIT    | 0.0                   | 0.0    | 0.00                       | 0.1            | 0.1           | 0.1                                 | 0.1     |
| 64            | REHABILITATION                      | D54                          | RHB    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 65            | OBSERVATION                         | D55                          | OBV    | 57.2                  | 91.7   | 0.03                       | 315.6          | 291.7         | 607.3                               | 699.0   |
| 66            | AMB SERVICES - REBUNDLED            | D56                          | AMR    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 67            | TRANSURETHAL MICROWAVE THER.        | D57                          | TMT    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 68            | ONCOLOGY CLINIC                     | D58                          | OCL    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 69            | TRANSURETHAL NEEDLE ABLATION        | D59                          | TNA    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 70            | PSYCH ADULT                         | D70                          | PAD    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 71            | PSYCH CHILD/ADOLESCENT              | D71                          | PCD    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 72            | PSYCH GERIATRIC                     | D73                          | PSG    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 73            | INDIVIDUAL THERAPIES                | D74                          | ITH    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 74            | GROUP THERAPIES                     | D75                          | GTH    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 75            | FAMILY THERAPIES                    | D76                          | FTH    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 76            | PSYCH TESTING                       | D77                          | PST    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 77            | EDUCATION                           | D78                          | PSE    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 78            | OTHER THERAPIES                     | D79                          | OPT    | -                     | -      | -                          | -              | -             | -                                   | -       |
| 79            | ELECTROCONVULSIVE THERAPY           | D80                          | ETH    | -                     | -      | -                          | -              | -             | -                                   | -       |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING, ETC.)

OADP

INSTITUTION NAME: Anne Arundel Medical Center  
 INSTITUTION NUMBER: 23.00  
 BASE YEAR: 43,646.00  
 0023

| DISTRIBUTIONS |                                     |     | CAFETERIA, PARKING ETC ALLOC |                  | DATA PROCESSING ALLOC |                            | COL. 5         | COL. 6        | COL. 7          | COL. 8              |
|---------------|-------------------------------------|-----|------------------------------|------------------|-----------------------|----------------------------|----------------|---------------|-----------------|---------------------|
|               |                                     |     | 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, SALARIES & BENEFITS | Other Expenses | DP ALLOCATION | Col. 2 + Col. 7 | Total Alloc Expense |
| 80            | ACTIVITY THERAPIES                  | D81 | ATH                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 81            | AMBULANCE SERVICES                  | E1  | AMB                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 82            | DR. PRIVATE OFFICE RENTAL           | E3  | DPO                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 83            | OFFICE & OTHER RENTAL               | E4  | OOR                          | 8.5              | 13.6                  | -                          | -              | -             | -               | 13.6                |
| 84            | RETAIL OPERATIONS                   | E5  | REO                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 85            | PATIENT TELEPHONES                  | E6  | PTE                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 86            | RESEARCH                            | F1  | REG                          | 1.7              | 2.6                   | -                          | -              | -             | -               | 2.6                 |
| 87            | NURSING EDUCATION                   | F2  | RNS                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 88            | OTHER HEALTH PROF. EDUCATION        | F3  | OHE                          | 2.5              | 4.0                   | -                          | -              | -             | -               | 4.0                 |
| 89            | COMMUNITY HEALTH EDUCATION          | F4  | CHE                          | 2.1              | 3.4                   | -                          | -              | -             | -               | 3.4                 |
| 90            | MEDICAL SURGICAL ACUTE              | P2A | MSG                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 91            | PEDIATRIC ACUTE                     | P2A | PED                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 92            | PSYCHIATRIC ACUTE                   | P2A | PSY                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 93            | OBSTETRICS ACUTE                    | P2A | OBS                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 94            | DEFINITIVE OBSERVATION              | P2A | DEF                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 95            | M/S INTENSIVE CARE                  | P2A | MIS                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 96            | CORONARY CARE                       | P2A | CCU                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 97            | PEDIATRIC INTENSIVE CARE            | P2B | PIC                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 98            | NEONATAL INTENSIVE CARE             | P2B | NEO                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 99            | BURN CARE                           | P2B | BUR                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 100           | PSYCHIATRIC INTENSIVE CARE          | P2B | PSI                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 101           | SHOCK TRAUMA                        | P2B | TRM                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 102           | ONCOLOGY                            | P2B | ONC                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 103           | NEWBORN NURSERY                     | P2B | NUR                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 104           | PREMATURE NURSERY                   | P2C | PRE                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 105           | SAME DAY SURGERY                    | P2C | SDS                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 106           | INTERMEDIATE CARE                   | P2C | ICC                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 107           | EMERGENCY SERVICES                  | P2C | EMG                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 108           | CLINIC SERVICES                     | P2C | CL                           | -                | -                     | -                          | -              | -             | -               | -                   |
| 109           | PSYCH DAY & NIGHT CARE              | P2C | PDC                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 110           | MRI                                 | P2D | MRI                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 111           | LABOR & DELIVERY                    | P2D | DEL                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 112           | OPERATING ROOM                      | P2D | OR                           | -                | -                     | -                          | -              | -             | -               | -                   |
| 113           | OPERATING ROOM CLINIC               | P2D | ORC                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 114           | ANESTHESIOLOGY                      | P2D | ANS                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 115           | LABORATORY SERVICES                 | P2D | LAB                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 116           | ELECTROCARDIOGRAPHY                 | P2D | EKG                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 117           | INTERVENTIONAL RADIOLOGY/CARDIOVASC | P2E | IRC                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 118           | RADIOLOGY - DIAGNOSTIC              | P2E | RAD                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 119           | CT SCANNER                          | P2E | CAT                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 120           | RADIOLOGY - THERAPEUTIC             | P2E | RAT                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 121           | NUCLEAR MEDICINE                    | P2C | NUC                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 122           | RESPIRATORY THERAPY                 | P2E | RES                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 123           | PULMONARY FUNCTION TESTING          | P2E | PUL                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 124           | ELECTROENCEPHALOGRAPHY              | P2F | EEG                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 125           | PHYSICAL THERAPY                    | P2F | PTH                          | -                | -                     | -                          | -              | -             | -               | -                   |
| 126           | OCCUPATIONAL THERAPY                | P2F | OTH                          | -                | -                     | -                          | -              | -             | -               | -                   |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING, ETC.)

OADP

INSTITUTION NAME: Anne Arundel Medical Center  
 INSTITUTION NUMBER: 23.00  
 BASE YEAR 43,646.00

| DISTRIBUTIONS |                              |     | CAFETERIA, PARKING ETC ALLOC |                  | DATA PROCESSING ALLOC |                            | COL. 5         | COL. 6        | COL. 7                              | COL. 8 |
|---------------|------------------------------|-----|------------------------------|------------------|-----------------------|----------------------------|----------------|---------------|-------------------------------------|--------|
|               |                              |     | 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, SALARIES & BENEFITS | Other Expenses | DP ALLOCATION | Col. 2 + Col. 7 Total Alloc Expense |        |
| 127           | SPEECH LANGUAGE PATHOLOGY    | P2F | STH                          | -                | -                     |                            |                |               | -                                   | -      |
| 128           | OBSERVATION                  | P2F | OBV                          | -                | -                     |                            |                |               | -                                   | -      |
| 129           | AUDIOLOGY                    | P2F | AUD                          | -                | -                     |                            |                |               | -                                   | -      |
| 130           | OTHER PHYSICAL MEDICINE      | P2F | OPM                          | -                | -                     |                            |                |               | -                                   | -      |
| 131           | RENAL DIALYSIS               | P2G | RDL                          | -                | -                     |                            |                |               | -                                   | -      |
| 132           | ORGAN ACQUISITION            | P2G | OA                           | -                | -                     |                            |                |               | -                                   | -      |
| 133           | AMBULATORY SURGERY           | P2G | AOR                          | -                | -                     |                            |                |               | -                                   | -      |
| 134           | LEUKOPHERESIS                | P2G | LEU                          | -                | -                     |                            |                |               | -                                   | -      |
| 135           | HYPERBARIC CHAMBER           | P2G | HYP                          | -                | -                     |                            |                |               | -                                   | -      |
| 136           | FREE STANDING EMERGENCY SVCS | P2G | FSE                          | -                | -                     |                            |                |               | -                                   | -      |
| 137           | LITHOTRIPSY                  | P2G | LIT                          | -                | -                     |                            |                |               | -                                   | -      |
| 138           | REHABILITATION               | P2H | RHB                          | -                | -                     |                            |                |               | -                                   | -      |
| 139           | TRANSURETHAL MICROWAVE THER. | P2H | TMT                          | -                | -                     |                            |                |               | -                                   | -      |
| 140           | ONCOLOGY CLINIC              | P2H | OCL                          | -                | -                     |                            |                |               | -                                   | -      |
| 141           | TRANSURETHAL NEEDLE ABLATION | P2H | TNA                          | -                | -                     |                            |                |               | -                                   | -      |
| 142           | PSYCH ADULT                  | P2H | PAD                          | -                | -                     |                            |                |               | -                                   | -      |
| 143           | PSYCH CHILD/ADOLESCENT       | P2H | PCD                          | -                | -                     |                            |                |               | -                                   | -      |
| 144           | PSYCH GERIATRIC              | P2H | PSG                          | -                | -                     |                            |                |               | -                                   | -      |
| 145           | INDIVIDUAL THERAPIES         | P2I | ITH                          | -                | -                     |                            |                |               | -                                   | -      |
| 146           | GROUP THERAPIES              | P2I | GTH                          | -                | -                     |                            |                |               | -                                   | -      |
| 147           | PSYCH TESTING                | P2I | PST                          | -                | -                     |                            |                |               | -                                   | -      |
| 148           | EDUCATION                    | P2I | PSE                          | -                | -                     |                            |                |               | -                                   | -      |
| 149           | OTHER THERAPIES              | P2I | OPT                          | -                | -                     |                            |                |               | -                                   | -      |
| 150           | ACTIVITY THERAPY             | P2I | ATH                          | -                | -                     |                            |                |               | -                                   | -      |
| 151           | MED/SURG ACUTE               | P3A | MSG                          | -                | -                     |                            |                |               | -                                   | -      |
| 152           | PEDIATRIC ACUTE              | P3A | PED                          | -                | -                     |                            |                |               | -                                   | -      |
| 153           | PSYCHIATRIC ACUTE            | P3A | PSY                          | -                | -                     |                            |                |               | -                                   | -      |
| 154           | OBSTETRICS ACUTE             | P3A | OBS                          | -                | -                     |                            |                |               | -                                   | -      |
| 155           | DEFINITIVE OBSERVATION       | P3A | DEF                          | -                | -                     |                            |                |               | -                                   | -      |
| 156           | MED/SURG INTENSIVE CARE      | P3A | MIS                          | -                | -                     |                            |                |               | -                                   | -      |
| 157           | CORONARY CARE                | P3A | CCU                          | -                | -                     |                            |                |               | -                                   | -      |
| 158           | PEDIATRIC INTENSIVE CARE     | P3B | PIC                          | -                | -                     |                            |                |               | -                                   | -      |
| 159           | NEONATAL INTENSIVE CARE      | P3B | NEO                          | -                | -                     |                            |                |               | -                                   | -      |
| 160           | BURN CARE                    | P3B | BUR                          | -                | -                     |                            |                |               | -                                   | -      |
| 161           | PSYCHIATRIC INTENSIVE CARE   | P3B | PSI                          | -                | -                     |                            |                |               | -                                   | -      |
| 162           | SHOCK TRAUMA                 | P3B | TRM                          | -                | -                     |                            |                |               | -                                   | -      |
| 163           | ONCOLOGY                     | P3B | ONC                          | -                | -                     |                            |                |               | -                                   | -      |
| 164           | NEWBORN NURSERY              | P3B | NUR                          | -                | -                     |                            |                |               | -                                   | -      |
| 165           | PREMATURE NURSERY            | P3C | PRE                          | -                | -                     |                            |                |               | -                                   | -      |
| 166           | SAME DAY SURGERY             | P3C | SDS                          | -                | -                     |                            |                |               | -                                   | -      |
| 167           | INTERMEDIATE CARE            | P3C | ICC                          | -                | -                     |                            |                |               | -                                   | -      |
| 168           | EMERGENCY SERVICES           | P3C | EMG                          | -                | -                     |                            |                |               | -                                   | -      |
| 169           | CLINIC SERVICES              | P3C | CL                           | -                | -                     |                            |                |               | -                                   | -      |
| 170           | PSYCH DAY & NIGHT CARE       | P3C | PDC                          | -                | -                     |                            |                |               | -                                   | -      |
| 171           | MRI                          | P3D | MRI                          | -                | -                     |                            |                |               | -                                   | -      |
| 172           | LABOR & DELIVERY             | P3D | DEL                          | -                | -                     |                            |                |               | -                                   | -      |
| 173           | OPERATING ROOM               | P3D | OR                           | -                | -                     |                            |                |               | -                                   | -      |
| 174           | OPERATING ROOM CLINIC        | P3D | ORC                          | -                | -                     |                            |                |               | -                                   | -      |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING, ETC.)

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INSTITUTION NAME: Anne Arundel Medical Center  
 INSTITUTION NUMBER: 23.00  
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| DISTRIBUTIONS |                                     |      | CAFETERIA, PARKING ETC ALLOC |        | DATA PROCESSING ALLOC |        | COL. 5                     | COL. 6         | COL. 7        | COL. 8                              |
|---------------|-------------------------------------|------|------------------------------|--------|-----------------------|--------|----------------------------|----------------|---------------|-------------------------------------|
|               | SCHED                               | CODE | COL. 1                       | COL. 2 | COL. 3                | COL. 4 |                            |                |               |                                     |
|               |                                     |      | FTE                          | B1*D1  | Allocated Amount      | Basis  | WAGES, SALARIES & BENEFITS | Other Expenses | DP ALLOCATION | Col. 2 + Col. 7 Total Alloc Expense |
| 175           | ANESTHESIOLOGY                      | P3D  | ANS                          | -      | -                     |        |                            |                | -             | -                                   |
| 176           | LABORATORY SERVICES                 | P3D  | LAB                          | -      | -                     |        |                            |                | -             | -                                   |
| 177           | INDIVIDUAL THERAPIES                | P3D  | ITH                          | -      | -                     |        |                            |                | -             | -                                   |
| 178           | ELECTROCARDIOGRAPHY                 | P3D  | EKG                          | -      | -                     |        |                            |                | -             | -                                   |
| 179           | INTERVENTIONAL RADIOLOGY/CARDIOVASC | P3E  | IRC                          | -      | -                     |        |                            |                | -             | -                                   |
| 180           | RADIOLOGY - DIAGNOSTIC              | P3E  | RAD                          | -      | -                     |        |                            |                | -             | -                                   |
| 181           | CT SCANNER                          | P3E  | CAT                          | -      | -                     |        |                            |                | -             | -                                   |
| 182           | RADIOLOGY THERAPEUTIC               | P3E  | RAT                          | -      | -                     |        |                            |                | -             | -                                   |
| 183           | NUCLEAR MEDICINE                    | P3E  | NUC                          | -      | -                     |        |                            |                | -             | -                                   |
| 184           | RESPIRATORY THERAPY                 | P3E  | RES                          | -      | -                     |        |                            |                | -             | -                                   |
| 185           | PULMONARY FUNCTION TESTING          | P3E  | PUL                          | -      | -                     |        |                            |                | -             | -                                   |
| 186           | ELECTROENCEPHALOGRAPHY              | P3F  | EEG                          | -      | -                     |        |                            |                | -             | -                                   |
| 187           | PHYSICAL THERAPY                    | P3F  | PTH                          | -      | -                     |        |                            |                | -             | -                                   |
| 188           | OCCUPATIONAL THERAPY                | P3F  | OTH                          | -      | -                     |        |                            |                | -             | -                                   |
| 189           | SPEECH LANGUAGE PATHOLOGY           | P3F  | STH                          | -      | -                     |        |                            |                | -             | -                                   |
| 190           | OBSERVATION                         | P3F  | OBV                          | -      | -                     |        |                            |                | -             | -                                   |
| 191           | AUDIOLOGY                           | P3F  | AUD                          | -      | -                     |        |                            |                | -             | -                                   |
| 192           | OTHER PHYSICAL MEDICINE             | P3F  | OPM                          | -      | -                     |        |                            |                | -             | -                                   |
| 193           | RENAL DIALYSIS                      | P3G  | RDL                          | -      | -                     |        |                            |                | -             | -                                   |
| 194           | ORGAN ACQUISITION                   | P3G  | OA                           | -      | -                     |        |                            |                | -             | -                                   |
| 195           | AMBULATORY SURGERY                  | P3G  | AOR                          | -      | -                     |        |                            |                | -             | -                                   |
| 196           | LEUKOPHERESIS                       | P3G  | LEU                          | -      | -                     |        |                            |                | -             | -                                   |
| 197           | HYPERBARIC CHAMBER                  | P3G  | HYP                          | -      | -                     |        |                            |                | -             | -                                   |
| 198           | FREE STANDING EMERGENCY SVCS        | P3G  | FSE                          | -      | -                     |        |                            |                | -             | -                                   |
| 199           | LITHOTRIPSY                         | P3G  | LIT                          | -      | -                     |        |                            |                | -             | -                                   |
| 200           | REHABILITATION                      | P3H  | RHB                          | -      | -                     |        |                            |                | -             | -                                   |
| 201           | TRANSURETHAL MICROWAVE THER.        | P3H  | TMT                          | -      | -                     |        |                            |                | -             | -                                   |
| 202           | ONCOLOGY CLINIC                     | P3H  | OCL                          | -      | -                     |        |                            |                | -             | -                                   |
| 203           | TRANSURETHAL NEEDLE ABLATION        | P3H  | TNA                          | -      | -                     |        |                            |                | -             | -                                   |
| 204           | MEDICAL SURG ACUTE                  | P4A  | MSG                          | 3.4    | 5.4                   |        |                            |                | -             | 5.4                                 |
| 205           | PEDIATRIC ACUTE                     | P4A  | PED                          | -      | -                     |        |                            |                | -             | -                                   |
| 206           | PSYCHIATRIC ACUTE                   | P4A  | PSY                          | -      | -                     |        |                            |                | -             | -                                   |
| 207           | OBSTETRICS ACUTE                    | P4A  | OBS                          | -      | -                     |        |                            |                | -             | -                                   |
| 208           | DEFINITIVE OBSERVATION              | P4A  | DEF                          | -      | -                     |        |                            |                | -             | -                                   |
| 209           | MED/SURG INTENSIVE CARE             | P4A  | MIS                          | 1.9    | 3.0                   |        |                            |                | -             | 3.0                                 |
| 210           | CORONARY CARE                       | P4A  | CCU                          | -      | -                     |        |                            |                | -             | -                                   |
| 211           | PEDIATRIC INTENSIVE CARE            | P4A  | PIC                          | -      | -                     |        |                            |                | -             | -                                   |
| 212           | NEO NATAL INTENSIVE CARE            | P4A  | NEO                          | -      | -                     |        |                            |                | -             | -                                   |
| 213           | BURN CARE                           | P4A  | BUR                          | -      | -                     |        |                            |                | -             | -                                   |
| 214           | PSYCHIATRIC INTENSIVE CARE          | P4A  | PSI                          | -      | -                     |        |                            |                | -             | -                                   |
| 215           | SHOCK TRAUMA                        | P4A  | TRM                          | -      | -                     |        |                            |                | -             | -                                   |
| 216           | ONCOLOGY                            | P4A  | ONC                          | -      | -                     |        |                            |                | -             | -                                   |
| 217           | NEWBORN NURSERY                     | P4A  | NUR                          | -      | -                     |        |                            |                | -             | -                                   |
| 218           | PREMATURE NURSERY                   | P4A  | PRE                          | -      | -                     |        |                            |                | -             | -                                   |
| 219           | SAME DAY SURGERY                    | P4A  | SDS                          | -      | -                     |        |                            |                | -             | -                                   |
| 220           | INTERMEDIATE CARE                   | P4A  | ICC                          | -      | -                     |        |                            |                | -             | -                                   |
| 221           | EMERGENCY SERVICES                  | P4C  | EMG                          | -      | -                     |        |                            |                | -             | -                                   |
| 222           | CLINIC SERVICES                     | P4C  | CL                           | -      | -                     |        |                            |                | -             | -                                   |
| 223           | PSYCH DAY & NIGHT CARE              | P4C  | PDC                          | -      | -                     |        |                            |                | -             | -                                   |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING, ETC.)

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INSTITUTION NAME: Anne Arundel Medical Center  
 INSTITUTION NUMBER: 23.00  
 BASE YEAR 43,646.00

| DISTRIBUTIONS |                                     |     | CAFETERIA, PARKING ETC ALLOC |                  | DATA PROCESSING ALLOC |        | COL. 5                     | COL. 6         | COL. 7        | COL. 8                              |
|---------------|-------------------------------------|-----|------------------------------|------------------|-----------------------|--------|----------------------------|----------------|---------------|-------------------------------------|
|               |                                     |     | COL. 1                       | COL. 2           | COL. 3                | COL. 4 | WAGES, SALARIES & BENEFITS | Other Expenses | DP ALLOCATION | Col. 2 + Col. 7 Total Alloc Expense |
| SCHED         | CODE                                | FTE | B1*D1                        | Allocated Amount | Basis                 |        |                            |                |               |                                     |
| 224           | MRI                                 | P4D | MRI                          | -                | -                     |        |                            |                |               | -                                   |
| 225           | LABOR & DELIVERY                    | P4D | DEL                          | -                | -                     |        |                            |                |               | -                                   |
| 226           | OPERATING ROOM                      | P4D | OR                           | 4.3              | 6.9                   |        |                            |                |               | 6.9                                 |
| 227           | OPERATING ROOM CLINIC               | P4D | ORC                          | -                | -                     |        |                            |                |               | -                                   |
| 228           | ANESTHESIOLOGY                      | P4D | ANS                          | -                | -                     |        |                            |                |               | -                                   |
| 229           | LABORATORY SERVICES                 | P4D | LAB                          | -                | -                     |        |                            |                |               | -                                   |
| 230           | ELECTROCARDIOGRAPHY                 | P4D | EKG                          | -                | -                     |        |                            |                |               | -                                   |
| 231           | INTERVENTIONAL RADIOLOGY/CARDIOVASC | P4E | IRC                          | -                | -                     |        |                            |                |               | -                                   |
| 232           | RADIOLOGY - DIAGNOSTIC              | P4E | RAD                          | -                | -                     |        |                            |                |               | -                                   |
| 233           | CT SCANNER                          | P4E | CAT                          | -                | -                     |        |                            |                |               | -                                   |
| 234           | RADIOLOGY - THERAPEUTIC             | P4E | RAT                          | -                | -                     |        |                            |                |               | -                                   |
| 235           | NUCLEAR MEDICINE                    | P4E | NUC                          | -                | -                     |        |                            |                |               | -                                   |
| 236           | RESPIRATORY THERAPY                 | P4E | RES                          | -                | -                     |        |                            |                |               | -                                   |
| 237           | PULMONARY FUNCTION TESTING          | P4E | PUL                          | -                | -                     |        |                            |                |               | -                                   |
| 238           | ELECTROENCEPHALOGRAPHY              | P4F | EEG                          | -                | -                     |        |                            |                |               | -                                   |
| 239           | PHYSICAL THERAPY                    | P4F | PTH                          | -                | -                     |        |                            |                |               | -                                   |
| 240           | OCCUPATIONAL THERAPY                | P4F | OTH                          | -                | -                     |        |                            |                |               | -                                   |
| 241           | SPEECH LANGUAGE PATHOLOGY           | P4F | STH                          | -                | -                     |        |                            |                |               | -                                   |
| 242           | OBSERVATION                         | P4F | OBV                          | -                | -                     |        |                            |                |               | -                                   |
| 243           | AUDIOLOGY                           | P4F | AUD                          | -                | -                     |        |                            |                |               | -                                   |
| 244           | OTHER PHYSICAL MEDICINE             | P4F | OPM                          | -                | -                     |        |                            |                |               | -                                   |
| 245           | RENAL DIALYSIS                      | P4G | RDL                          | -                | -                     |        |                            |                |               | -                                   |
| 246           | ORGAN ACQUISITION                   | P4G | OA                           | -                | -                     |        |                            |                |               | -                                   |
| 247           | AMBULATORY SURGERY                  | P4G | AOR                          | -                | -                     |        |                            |                |               | -                                   |
| 248           | LEUKOPHERESIS                       | P4G | LEU                          | -                | -                     |        |                            |                |               | -                                   |
| 249           | HYPERBARIC CHAMBER                  | P4G | HYP                          | -                | -                     |        |                            |                |               | -                                   |
| 250           | FREE STANDING EMERGENCY             | P4G | FSE                          | -                | -                     |        |                            |                |               | -                                   |
| 251           | LITHOTRIPSY                         | P4G | LIT                          | -                | -                     |        |                            |                |               | -                                   |
| 252           | REHABILITATION                      | P4H | RHB                          | -                | -                     |        |                            |                |               | -                                   |
| 253           | TRANSURETHAL MICROWAVE THER.        | P4H | TMT                          | -                | -                     |        |                            |                |               | -                                   |
| 254           | ONCOLOGY CLINIC                     | P4H | OCL                          | -                | -                     |        |                            |                |               | -                                   |
| 255           | TRANSURETHAL NEEDLE ABLATION        | P4H | TNA                          | -                | -                     |        |                            |                |               | -                                   |
| 256           | PSYCH ADULT                         | P4H | PAD                          | -                | -                     |        |                            |                |               | -                                   |
| 257           | PSYCH CHILD/ADOLESCENT              | P4H | PCD                          | -                | -                     |        |                            |                |               | -                                   |
| 258           | PSYCH GERIATRIC                     | P4H | PSG                          | -                | -                     |        |                            |                |               | -                                   |
| 259           | INDIVIDUAL THERAPIES                | P4I | ITH                          | -                | -                     |        |                            |                |               | -                                   |
| 260           | GROUP THERAPIES                     | P4I | GTH                          | -                | -                     |        |                            |                |               | -                                   |
| 261           | PSYCH TESTING                       | P4I | PST                          | -                | -                     |        |                            |                |               | -                                   |
| 262           | EDUCATION                           | P4I | PSE                          | -                | -                     |        |                            |                |               | -                                   |
| 263           | OTHER THERAPIES                     | P4I | OPT                          | -                | -                     |        |                            |                |               | -                                   |
| 264           | ACTIVITY THERAPIES                  | P4I | ATH                          | -                | -                     |        |                            |                |               | -                                   |
| 265           | MEDICAL SURG ACUTE                  | P5A | MSG                          | -                | -                     |        |                            |                |               | -                                   |
| 266           | PEDIATRICS                          | P5A | PED                          | -                | -                     |        |                            |                |               | -                                   |
| 267           | PSYCHIATRIC                         | P5A | PSY                          | -                | -                     |        |                            |                |               | -                                   |
| 268           | OBSTETRICS                          | P5A | OBS                          | -                | -                     |        |                            |                |               | -                                   |
| 269           | DEFINITIVE OBSERVATION              | P5A | DEF                          | -                | -                     |        |                            |                |               | -                                   |
| 270           | M/S INTENSIVE CARE                  | P5A | MIS                          | -                | -                     |        |                            |                |               | -                                   |
| 271           | CORONARY CARE                       | P5A | CCU                          | -                | -                     |        |                            |                |               | -                                   |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING, ETC.)

OADP

INSTITUTION NAME: Anne Arundel Medical Center  
 INSTITUTION NUMBER: 23.00  
 BASE YEAR: 43,646.00

| DISTRIBUTIONS |                                     |      | CAFETERIA, PARKING ETC ALLOC |        | DATA PROCESSING ALLOC |        | COL. 5                     | COL. 6         | COL. 7        | COL. 8                              |
|---------------|-------------------------------------|------|------------------------------|--------|-----------------------|--------|----------------------------|----------------|---------------|-------------------------------------|
|               | SCHED                               | CODE | COL. 1                       | COL. 2 | COL. 3                | COL. 4 |                            |                |               |                                     |
|               |                                     |      | FTE                          | B1*D1  | Allocated Amount      | Basis  | WAGES, SALARIES & BENEFITS | Other Expenses | DP ALLOCATION | Col. 2 + Col. 7 Total Alloc Expense |
| 272           | PEDIATRIC INTENSIVE CARE            | P5B  | PIC                          | -      | -                     |        |                            |                | -             | -                                   |
| 273           | NEO NATAL INTENSIVE CARE            | P5B  | NEO                          | -      | -                     |        |                            |                | -             | -                                   |
| 274           | BURN CARE                           | P5B  | BUR                          | -      | -                     |        |                            |                | -             | -                                   |
| 275           | PSYCHIATRIC INTENSIVE CARE          | P5B  | PSI                          | -      | -                     |        |                            |                | -             | -                                   |
| 276           | SHOCK TRAUMA                        | P5B  | TRM                          | -      | -                     |        |                            |                | -             | -                                   |
| 277           | ONCOLOGY                            | P5B  | ONC                          | -      | -                     |        |                            |                | -             | -                                   |
| 278           | NEW BORN NURSERY                    | P5B  | NUR                          | -      | -                     |        |                            |                | -             | -                                   |
| 279           | PREMATURE NURSERY                   | P5C  | PRE                          | -      | -                     |        |                            |                | -             | -                                   |
| 280           | SAME DAY SURGERY                    | P5C  | SDS                          | -      | -                     |        |                            |                | -             | -                                   |
| 281           | INTERMEDIATE CARE                   | P5C  | ICC                          | -      | -                     |        |                            |                | -             | -                                   |
| 282           | EMERGENCY SERVICES                  | P5C  | EMG                          | -      | -                     |        |                            |                | -             | -                                   |
| 283           | CLINIC SERVICES                     | P5C  | CL                           | -      | -                     |        |                            |                | -             | -                                   |
| 284           | PSYCH DAY/NIGHT CARE                | P5C  | PDC                          | -      | -                     |        |                            |                | -             | -                                   |
| 285           | MRI SCANNER                         | P5D  | MRI                          | -      | -                     |        |                            |                | -             | -                                   |
| 286           | LABOR & DELIVERY                    | P5D  | DEL                          | -      | -                     |        |                            |                | -             | -                                   |
| 287           | OPERATING ROOM                      | P5D  | OR                           | -      | -                     |        |                            |                | -             | -                                   |
| 288           | OPERATING ROOM CLINIC               | P5D  | ORC                          | -      | -                     |        |                            |                | -             | -                                   |
| 289           | ANESTHESIOLOGY                      | P5D  | ANS                          | -      | -                     |        |                            |                | -             | -                                   |
| 290           | LABORATORY SERVICES                 | P5D  | LAB                          | -      | -                     |        |                            |                | -             | -                                   |
| 291           | ELECTROCARDIOGRAPHY                 | P5D  | EKG                          | -      | -                     |        |                            |                | -             | -                                   |
| 292           | INTERVENTIONAL RADIOLOGY/CARDIOVASC | P5E  | IRC                          | -      | -                     |        |                            |                | -             | -                                   |
| 293           | RADIOLOGY - DIAGNOSTIC              | P5E  | RAD                          | -      | -                     |        |                            |                | -             | -                                   |
| 294           | CT SCANNER                          | P5E  | CAT                          | -      | -                     |        |                            |                | -             | -                                   |
| 295           | RADIOLOGY - THERAPEUTIC             | P5E  | RAT                          | -      | -                     |        |                            |                | -             | -                                   |
| 296           | NUCLEAR MEDICINE                    | P5E  | NUC                          | -      | -                     |        |                            |                | -             | -                                   |
| 297           | RESPIRATORY THERAPY                 | P5E  | RES                          | -      | -                     |        |                            |                | -             | -                                   |
| 298           | PULMONARY FUNCTION TESTING          | P5E  | PUL                          | -      | -                     |        |                            |                | -             | -                                   |
| 299           | ELECTROENCEPHALOGRAPHY              | P5F  | EEG                          | -      | -                     |        |                            |                | -             | -                                   |
| 300           | PHYSICAL THERAPY                    | P5F  | PTH                          | -      | -                     |        |                            |                | -             | -                                   |
| 301           | OCCUPATIONAL THERAPY                | P5F  | OTH                          | -      | -                     |        |                            |                | -             | -                                   |
| 302           | SPEECH LANGUAGE PATHOLOGY           | P5F  | STH                          | -      | -                     |        |                            |                | -             | -                                   |
| 303           | OBSERVATION                         | P5F  | OBV                          | -      | -                     |        |                            |                | -             | -                                   |
| 304           | AUDIOLOGY                           | P5F  | AUD                          | -      | -                     |        |                            |                | -             | -                                   |
| 305           | OTHER PHYSICAL MEDICINE             | P5F  | OPM                          | -      | -                     |        |                            |                | -             | -                                   |
| 306           | RENAL DIALYSIS                      | P5G  | RDL                          | -      | -                     |        |                            |                | -             | -                                   |
| 307           | ORGAN ACQUISITION                   | P5G  | OA                           | -      | -                     |        |                            |                | -             | -                                   |
| 308           | AMBULATORY SURGERY                  | P5G  | AOR                          | -      | -                     |        |                            |                | -             | -                                   |
| 309           | LEUKOPHERESIS                       | P5G  | LEU                          | -      | -                     |        |                            |                | -             | -                                   |
| 310           | HYPERBARIC CHAMBER                  | P5G  | HYP                          | -      | -                     |        |                            |                | -             | -                                   |
| 311           | FREE STANDING EMERGENCY SVCS        | P5G  | FSE                          | -      | -                     |        |                            |                | -             | -                                   |
| 312           | LITHOTRIPSY                         | P5G  | LIT                          | -      | -                     |        |                            |                | -             | -                                   |
| 313           | REHABILITATION                      | P5H  | RHB                          | -      | -                     |        |                            |                | -             | -                                   |
| 314           | TRANSURETHAL MICROWAVE THER.        | P5H  | TMT                          | -      | -                     |        |                            |                | -             | -                                   |
| 315           | ONCOLOGY CLINIC                     | P5H  | OCL                          | -      | -                     |        |                            |                | -             | -                                   |
| 316           | TRANSURETHAL NEEDLE ABLATION        | P5H  | TNA                          | -      | -                     |        |                            |                | -             | -                                   |
| 317           | ADULT PSYCH                         | P5H  | PAD                          | -      | -                     |        |                            |                | -             | -                                   |
| 318           | PSYCH CHILD/ADOLESCENT              | P5H  | PCD                          | -      | -                     |        |                            |                | -             | -                                   |
| 319           | PSYCHIATRIC GERIATRIC               | P5H  | PSG                          | -      | -                     |        |                            |                | -             | -                                   |



**UNASSIGNED EXPENSE**

**U A**

INSTITUTION NAME Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER 0023

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

| BASE YEAR DATA |   |         | MAL       | OIN     | MCR       |            | DEP        | LEA       | LIC | IST | ILT        |            |   |
|----------------|---|---------|-----------|---------|-----------|------------|------------|-----------|-----|-----|------------|------------|---|
| A              | BASE YEAR EXPENSES                            | RECORDS | \$6,485.8 | \$467.5 | \$8,813.4 | \$15,766.7 | \$29,613.0 | \$8,275.0 |     |     | \$10,745.7 | \$64,400.4 | A |
| B              | ALLOCATIONS TO AUX. ENT.<br>& UNREG. SERVICES | RECORDS | (27.2)    | (0.3)   |           | (27.5)     | (866.3)    | (166.9)   |     |     | (30.1)     | (1,090.8)  | B |
| C              | BASE YEAR EXP. - ADJ.                         | A + B   | \$6,458.6 | \$467.2 | \$8,813.4 | \$15,739.2 | \$28,746.7 | \$8,108.1 |     |     | \$10,715.6 | \$63,309.6 | C |

HOSPITAL BASED PHYSICIANS

INSTITUTION NAME: Anne Arundel Medical Center  
 INSTITUTION NUMBER: 0023

BASE YEAR 6/30/2019

|             |   | COL 1    | COL 2                  | COL 3               | COL 4                  | COL 5           | COL 6     | COL 7   |     |
|-------------|---|----------|------------------------|---------------------|------------------------|-----------------|-----------|---------|-----|
| COST CENTER | CODE                                    | RESEARCH | CHIEF OF MEDICAL STAFF | MEDICAL CARE REVIEW | ADMINIS. & SUPERVISION | PART B SERVICES | EDUCATION | TOTAL   |     |
| A1          | MEDICAL SURGICAL ACUTE                  | MSG      |                        |                     | 1,362.0                |                 | 91.7      | 1,453.7 | A1  |
| A2          | PEDIATRIC ACUTE                         | PED      |                        |                     |                        |                 |           |         | A2  |
| A3          | PSYCHIATRIC ACUTE                       | PSY      |                        |                     |                        |                 |           |         | A3  |
| A4          | OBSTETRICS ACUTE                        | OBS      |                        |                     | 210.3                  |                 |           | 210.3   | A4  |
| A5          | DEFINITIVE OBSERVATION                  | DEF      |                        |                     |                        |                 |           |         | A5  |
| A6          | M/S INTENSIVE CARE                      | MIS      |                        |                     |                        |                 | 52.4      | 52.4    | A6  |
| A7          | CORONARY CARE                           | CCU      |                        |                     |                        |                 |           |         | A7  |
| A8          | PEDIATRIC INTEN. CARE                   | PIC      |                        |                     |                        |                 |           |         | A8  |
| A9          | NEO-NATAL INTEN. CARE                   | NEO      |                        |                     | 166.8                  |                 |           | 166.8   | A9  |
| A10         | BURN CARE                               | BUR      |                        |                     |                        |                 |           |         | A10 |
| A11         | PSYCHIATRIC INTEN. CARE                 | PSI      |                        |                     |                        |                 |           |         | A11 |
| A12         | SHOCK TRAUMA                            | TRM      |                        |                     |                        |                 |           |         | A12 |
| A13         | ONCOLOGY                                | ONC      |                        |                     |                        |                 |           |         | A13 |
| A14         | NEWBORN NURSERY                         | NUR      |                        |                     | 166.8                  |                 |           | 166.8   | A14 |
| A15         | PREMATURE NURSERY                       | PRE      |                        |                     |                        |                 |           |         | A15 |
| A16         | REHABILITATION                          | RHB      |                        |                     |                        |                 |           |         | A16 |
| A17         | INTERMEDIATE CARE                       | ICC      |                        |                     |                        |                 |           |         | A17 |
| A18         | EMERGENCY SERVICES                      | EMG      |                        |                     | 119.0                  |                 |           | 119.0   | A18 |
| A19         | CLINICAL SERVICES                       | CL       |                        |                     | 128.3                  |                 |           | 128.3   | A19 |
| A20         | PSYCH DAY/NIGHT CARE                    | PDC      |                        |                     |                        |                 |           |         | A20 |
| A21         | AMBULATORY SURGERY(PBP)                 | AMS      |                        |                     |                        |                 |           |         | A21 |
| A22         | SAME DAY SURGERY                        | SDS      |                        |                     |                        |                 |           |         | A22 |
| A23         | LITHOTRIPSY                             | LIT      |                        |                     |                        |                 |           |         | A23 |
| A24         | LABOR & DELIVERY SERVICES               | DEL      |                        |                     | 331.8                  |                 |           | 331.8   | A24 |
| A25         | OPERATING ROOM                          | OR       |                        |                     | 2,448.3                |                 | 117.9     | 2,566.2 | A25 |
| A26         | OPERATING ROOM CLINIC                   | ORC      |                        |                     |                        |                 |           |         | A26 |
| A27         | ANESTHESIOLOGY                          | ANS      |                        |                     |                        |                 |           |         | A27 |
| A28         | LABORATORY SERVICES                     | LAB      |                        |                     | 270.0                  |                 |           | 270.0   | A28 |
| A30         | ELECTROCARDIOGRAPHY                     | EKG      |                        |                     |                        |                 |           |         | A30 |
| A31         | INTERVENTIONAL RADIOLOGY/CARDIOVASCULAR | IRC      |                        |                     |                        |                 |           |         | A31 |
| A32         | RADIOLOGY-DIAGNOSTIC                    | RAD      |                        |                     |                        |                 |           |         | A32 |
| A33         | CAT SCANNER                             | CAT      |                        |                     |                        |                 |           |         | A33 |

HOSPITAL BASED PHYSICIANS

P 1 B

INSTITUTION NAME: Anne Arundel Medical Center  
 INSTITUTION NUMBER: 0023

BASE YEAR 6/30/2019

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

| COST CENTER | CODE                                 |          |                        |                     |                        |                 |           |  | TOTAL   |     |
|-------------|--------------------------------------|----------|------------------------|---------------------|------------------------|-----------------|-----------|--|---------|-----|
|             |                                      | RESEARCH | CHIEF OF MEDICAL STAFF | MEDICAL CARE REVIEW | ADMINIS. & SUPERVISION | PART B SERVICES | EDUCATION |  |         |     |
| A34         | RADIOLOGY-THERAPEUTIC                | RAT      |                        |                     |                        | 55.0            |           |  | 55.0    | A34 |
| A35         | NUCLEAR MEDICINE                     | NUC      |                        |                     |                        |                 |           |  |         | A35 |
| A36         | RESPIRATORY THERAPY                  | RES      |                        |                     |                        | 16.2            |           |  | 16.2    | A36 |
| A37         | PULMONARY FUNCTION TESTING           | PUL      |                        |                     |                        |                 |           |  |         | A37 |
| A38         | ELECTROENCEPHALOGRAPHY               | EEG      |                        |                     |                        |                 |           |  |         | A38 |
| A39         | PHYSICAL THERAPY                     | PTH      |                        |                     |                        |                 |           |  |         | A39 |
| A40         | OCCUPATIONAL THERAPY                 | OTH      |                        |                     |                        |                 |           |  |         | A40 |
| A41         | SPEECH LANGUAGE PATH.                | STH      |                        |                     |                        |                 |           |  |         | A41 |
| A42         | OBSERVATION                          | OBV      |                        |                     |                        |                 |           |  |         | A42 |
| A43         | AUDIOLOGY                            | AUD      |                        |                     |                        |                 |           |  |         | A43 |
| A44         | OTHER PHYSICAL MEDICINE              | OPM      |                        |                     |                        |                 |           |  |         | A44 |
| A45         | RENAL DIALYSIS                       | RDL      |                        |                     |                        |                 |           |  |         | A45 |
| A46         | ORGAN ACQUISITION                    | OA       |                        |                     |                        |                 |           |  |         | A46 |
| A47         | AMBULATORY SURGERY                   | AOR      |                        |                     |                        |                 |           |  |         | A47 |
| A48         | LEUKOPHERESIS                        | LEU      |                        |                     |                        |                 |           |  |         | A48 |
| A49         | HYPERBARIC CHAMBER                   | HYP      |                        |                     |                        |                 |           |  |         | A49 |
| A50         | FREE STANDING EMG SERV.              | FSE      |                        |                     |                        |                 |           |  |         | A50 |
| A51         | MEDICAL STAFF ADMINISTRATOR          | MSA      |                        | 1,197.1             | 1,328.7                |                 |           |  | 2,525.8 | A51 |
| A52         | POST GRADUATE MEDICAL EDUCATION      | PME      |                        |                     |                        |                 |           |  |         | A52 |
| A53         | MRI SCANNER MRI                      | MRI      |                        |                     |                        |                 |           |  |         | A53 |
| A54         | TRANSURETHAL MICROWAVE THERMOTHERAPY | TMT      |                        |                     |                        |                 |           |  |         | A54 |

|   |        |      |  |         |         |         |  |       |         |   |
|---|--------|------|--|---------|---------|---------|--|-------|---------|---|
| B | TOTALS | //// |  | 1,197.1 | 1,328.7 | 5,274.5 |  | 262.0 | 8,062.3 | B |
|---|--------|------|--|---------|---------|---------|--|-------|---------|---|

Reporting Schedule

|   |                      |      |    |      |    |          |           |           |      |   |
|---|----------------------|------|----|------|----|----------|-----------|-----------|------|---|
| C | Cost Center Schedule | //// | F1 | C 13 | UA | D1 - D56 | P2A - P2G | P4A - P5I | //// | C |
|---|----------------------|------|----|------|----|----------|-----------|-----------|------|---|















PHYSICIANS PART B SERVICES

P 2 H

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

|                          |                                    | COL. 1              | COL. 2         | COL. 3                   | COL. 4 | COL. 5             | COL. 6 | COL. 7                                      |   |
|--------------------------|------------------------------------|---------------------|----------------|--------------------------|--------|--------------------|--------|---|---|
|                          | SOURCE                             | REHABIL-<br>ITATION | ADULT<br>PSYCH | CHILD/<br>ADOL.<br>PSYCH |        | GERIATRIC<br>PSYCH |        | TRANSURETHRAL<br>MICROWAVE<br>THERMOTHERAPY |   |
| <b>BASE YEAR DATA</b>    |                                    | <b>RHB</b>          | <b>PAD</b>     | <b>PCD</b>               |        | <b>PSG</b>         |        | <b>TMT</b>                                  |   |
| A                        | BASE YEAR EXPENSES                 |                     |                |                          |        |                    |        |   | A |
| B                        | ALLOCATION FROM CAFE, PARKING, ETC | OOA-OOI             |                |                          |        |                    |        |   | B |
| C                        | DONATED SERVICES                   | RECORDS             |                |                          |        |                    |        |   | C |
| D                        | BASE YEAR EXPENSES ADJUSTED        | A+B+C               |                |                          |        |                    |        |   | D |
| <b>INFLATION FACTORS</b> |                                    |                     |                |                          |        |                    |        |   |   |
| E                        | INFLATION FACTOR                   | HSCRC               |                |                          |        |                    |        |   | E |
|                          |                                    |                     |                |                          |        |                    |        |   |   |
|                          |                                    |                     |                |                          |        |                    |        |   |   |
|                          |                                    |                     |                |                          |        |                    |        |   |   |
| <b>FTE DATA</b>          |                                    |                     |                |                          |        |                    |        |   |   |
| J                        | ADJ. BASE YR HOURS WORKED/2080     | RECORDS             |                |                          |        |                    |        |   | J |
|                          |                                    |                     |                |                          |        |                    |        |   |   |

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PHYSICIANS PART B SERVICES

P 2 I

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

|                   |                                 | COL. 1             | COL. 2        | COL. 3        | COL. 4    | COL. 5          | COL. 6           | COL. 7         |   |
|-------------------|---------------------------------|--------------------|---------------|---------------|-----------|-----------------|------------------|----------------|---|
| SOURCE            |                                 | INDIVIDUAL THERAPY | GROUP THERAPY | PSYCH TESTING | EDUCATION | OTHER THERAPIES | ACTIVITY THERAPY | TOTAL EXPENSES |   |
| BASE YEAR DATA    |                                 | ITH                | GTH           | PST           | PSE       | OPT             | ATH              |                |   |
| A                 | BASE YEAR EXPENSES              |                    |               |               |           |                 |                  |                | A |
| B                 | ALLOC. FROM CAFE, PARKING, ETC. | OOA-OOI            |               |               |           |                 |                  |                | B |
| C                 | DONATED SERVICES                | RECORDS            |               |               |           |                 |                  |                | C |
| D                 | BASE YEAR EXPENSES ADJUSTED     | A+B+C              |               |               |           |                 |                  |                | D |
| INFLATION FACTORS |                                 |                    |               |               |           |                 |                  |                |   |
| E                 | INFLATION FACTOR                | HSCRC              |               |               |           |                 |                  |                | E |
|                   |                                 |                    |               |               |           |                 |                  |                |   |
|                   |                                 |                    |               |               |           |                 |                  |                |   |
| FTE DATA          |                                 |                    |               |               |           |                 |                  |                |   |
| J                 | ADJ. BASE YR HOURS WORKED/2080  | RECORDS            |               |               |           |                 |                  |                | J |

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PHYSICIAN SUPPORT SERVICES

INSTITUTION NAME: Anne Arundel Medical Center BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

COL 1 COL 2 COL 3 COL 4 COL 5

| COST CENTER                             | CODE | EXPENSE | ALLOC.<br>FROM CAFE,<br>PARKING, ETC. | DONATED<br>SERVICES | TOTAL | FTE<br>DATA |
|---|------|---------|---------------------------------------|---------------------|-------|-------------|
| MEDICAL SURGICAL ACUTE                  | MSG  | -       | -                                     |                     | -     | -           |
| PEDIATRIC ACUTE                         | PED  | -       | -                                     |                     | -     | -           |
| PSYCHIATRIC ACUTE                       | PSY  | -       | -                                     |                     | -     | -           |
| OBSTETRICS ACUTE                        | OBS  | -       | -                                     |                     | -     | -           |
| DEFINITIVE OBSERVATION                  | DEF  | -       | -                                     |                     | -     | -           |
| M/S INTENSIVE CARE                      | MIS  | -       | -                                     |                     | -     | -           |
| CORONARY CARE                           | CCU  | -       | -                                     |                     | -     | -           |
| PEDIATRIC INTEN. CARE                   | PIC  | -       | -                                     |                     | -     | -           |
| NEO-NATAL INTEN. CARE                   | NEO  | -       | -                                     |                     | -     | -           |
| BURN CARE                               | BUR  | -       | -                                     |                     | -     | -           |
| PSYCHIATRIC INTEN. CARE                 | PSI  | -       | -                                     |                     | -     | -           |
| SHOCK TRAUMA                            | TRM  | -       | -                                     |                     | -     | -           |
| ONCOLOGY                                | ONC  | -       | -                                     |                     | -     | -           |
| NEWBORN NURSERY                         | NUR  | -       | -                                     |                     | -     | -           |
| PREMATURE NURSERY                       | PRE  | -       | -                                     |                     | -     | -           |
| LABOR & DELIVERY SERVICES               | DEL  | -       | -                                     |                     | -     | -           |
| OPERATING ROOM                          | OR   | -       | -                                     |                     | -     | -           |
| OPERATING ROOM CLINIC                   | ORC  | -       | -                                     |                     | -     | -           |
| ANESTHESIOLOGY                          | ANS  | -       | -                                     |                     | -     | -           |
| LABORATORY SERVICES                     | LAB  | -       | -                                     |                     | -     | -           |
| ELECTROCARDIOGRAPHY                     | EKG  | -       | -                                     |                     | -     | -           |
| INTERVENTIONAL RADIOLOGY/CARDIOVASCULAR | IRC  | -       | -                                     |                     | -     | -           |
| RADIOLOGY-DIAGNOSTIC                    | RAD  | -       | -                                     |                     | -     | -           |
| CT SCANNER                              | CAT  | -       | -                                     |                     | -     | -           |
| RADIOLOGY-THERAPEUTIC                   | RAT  | -       | -                                     |                     | -     | -           |
| NUCLEAR MEDICINE                        | NUC  | -       | -                                     |                     | -     | -           |
| RESPIRATORY THERAPY                     | RES  | -       | -                                     |                     | -     | -           |
| PULMONARY FUNCTION TESTING              | PUL  | -       | -                                     |                     | -     | -           |
| ELECTROENCEPHALOGRAPHY                  | EEG  | -       | -                                     |                     | -     | -           |
| PHYSICAL THERAPY                        | PTH  | -       | -                                     |                     | -     | -           |
| OCCUPATIONAL THERAPY                    | OTH  | -       | -                                     |                     | -     | -           |
| SPEECH LANGUAGE PATHOLOGY               | STH  | -       | -                                     |                     | -     | -           |

PHYSICIAN SUPPORT SERVICES

INSTITUTION NAME: Anne Arundel Medical Center BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

COL 1 COL 2 COL 3 COL 4 COL 5

| COST CENTER                | CODE | EXPENSE | ALLOC.<br>FROM CAFE,<br>PARKING, ETC. | DONATED<br>SERVICES | TOTAL | FTE<br>DATA |
|----------------------------|------|---------|---------------------------------------|---------------------|-------|-------------|
| RECREATIONAL THERAPY       | REC  | -       | -                                     |                     | -     | -           |
| AUDIOLOGY                  | AUD  | -       | -                                     |                     | -     | -           |
| OTHER PHYSICAL MEDICINE    | OPM  | -       | -                                     |                     | -     | -           |
| RENAL DIALYSIS             | RDL  | -       | -                                     |                     | -     | -           |
| AMBULATORY SURGERY         | AOR  | -       | -                                     |                     | -     | -           |
| LEUKOPHERESIS              | LEU  | -       | -                                     |                     | -     | -           |
| HYPERBARIC CHAMBER         | HYP  | -       | -                                     |                     | -     | -           |
| FREE STANDING EMERGENCY    | FSE  | -       | -                                     |                     | -     | -           |
| MAGNETIC RESONANCE IMAGING | MRI  | -       | -                                     |                     | -     | -           |
| LITHOTRIPSY                | LIT  | -       | -                                     |                     | -     | -           |
| REHABILITATION             | RHB  | -       | -                                     |                     | -     | -           |
| PSYCHIATRIC ACUTE          | PSY  | -       | -                                     |                     | -     | -           |
| SAME DAY SURGERY           | SDS  | -       | -                                     |                     | -     | -           |
| INTERMEDIATE CARE          | ICC  | -       | -                                     |                     | -     | -           |
| EMERGENCY SERVICES         | EMG  | -       | -                                     |                     | -     | -           |
| CLINICAL SERVICES          | CL   | -       | -                                     |                     | -     | -           |
| PSYCH. DAY & NIGHT CARE    | PDC  | -       | -                                     |                     | -     | -           |
|                            |      |         |                                       |                     |       |             |
|                            |      |         |                                       |                     |       |             |

|        |      |   |   |   |   |   |
|--------|------|---|---|---|---|---|
| TOTALS | //// | - | - | - | - | - |
|--------|------|---|---|---|---|---|

RESIDENT, INTERN SERVICES  
ELIGIBLE

P 4 A

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

|                          |                                   | COL. 1   | COL. 2           | COL. 3     | COL. 4       | COL. 5     | COL. 6                  | COL. 7             |               |   |
|--------------------------|-----------------------------------|----------|------------------|------------|--------------|------------|-------------------------|--------------------|---------------|---|
|                          |                                   | SOURCE   | MEDICAL SURGICAL | PEDIATRIC  | PSYCHIA-TRIC | OBSTETRIC  | DEFINITIVE OBSERVA-TION | M/S INTENSIVE CARE | CORONARY CARE |   |
| <b>BASE YEAR DATA</b>    |                                   |          | <b>MSG</b>       | <b>PED</b> | <b>PSY</b>   | <b>OBS</b> | <b>DEF</b>              | <b>MIS</b>         | <b>CCU</b>    |   |
| A                        | BASE YEAR WAGES & SALARIES        | RECORDS  | \$211.30         |            |              |            |                         | \$120.70           |               | A |
| B                        | BASE YEAR PHYSICIAN SUPERVISION   | SCH. P1A | \$91.70          |            |              |            |                         | \$52.40            |               | B |
| C                        | BASE YEAR OTHER EXPENSES          | RECORDS  | \$145.10         |            |              |            |                         | \$82.90            |               | C |
| D                        | TOTAL BASE YEAR EXPENSES          | A+B+C    | \$448.10         |            |              |            |                         | \$256.00           |               | D |
| E                        | ALLOC. FROM CAFE, PARKING, ETC.   | SCH. OA  | \$5.44           |            |              |            |                         | \$3.04             |               | E |
| F                        | BASE YEAR EXPENSES ADJUSTED       | D+E      | \$453.54         |            |              |            |                         | \$259.04           |               | F |
| <b>INFLATION FACTORS</b> |                                   |          |                  |            |              |            |                         |                    |               |   |
| G                        | INFLATION FACTOR-WAGES & SALARIES | HSCRC    |                  |            |              |            |                         |                    |               | G |
| H                        | INFLATION FACTOR - OTHER          | HSCRC    |                  |            |              |            |                         |                    |               | H |
| <b>FTE DATA</b>          |                                   |          |                  |            |              |            |                         |                    |               |   |
| N                        | BASE YR HOURS WORKED/2080 (A)     | RECORDS  | 3.10             |            |              |            |                         | 1.70               |               | N |
| O                        | BASE YR HOURS WORKED/2080 (B)     | RECORDS  | 0.30             |            |              |            |                         | 0.20               |               | O |

**RESIDENT, INTERN SERVICES  
ELIGIBLE**

**P 4 B**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

|                          |                                   | COL. 1     | COL. 2                         | COL. 3                         | COL. 4     | COL. 5                     | COL. 6          | COL. 7     |                    |
|--------------------------|-----------------------------------|------------|--------------------------------|--------------------------------|------------|----------------------------|-----------------|------------|--------------------|
|                          |                                   | SOURCE     | PEDIATRIC<br>INTENSIVE<br>CARE | NEO-NATAL<br>INTENSIVE<br>CARE | BURN CARE  | PSYCH<br>INTENSIVE<br>CARE | SHOCK<br>TRAUMA | ONCOLOGY   | NEWBORN<br>NURSERY |
| <b>BASE YEAR DATA</b>    |                                   | <b>PIC</b> | <b>NEO</b>                     | <b>BUR</b>                     | <b>PSI</b> | <b>TRM</b>                 | <b>ONC</b>      | <b>NUR</b> |                    |
| A                        | BASE YEAR WAGES & SALARIES        | RECORDS    |                                |                                |            |                            |                 |            | A                  |
| B                        | BASE YEAR PHYSICIAN SUPERVISION   | SCH. P1A   |                                |                                |            |                            |                 |            | B                  |
| C                        | BASE YEAR OTHER EXPENSES          | RECORDS    |                                |                                |            |                            |                 |            | C                  |
| D                        | TOTAL BASE YEAR EXPENSES          | A+B+C      |                                |                                |            |                            |                 |            | D                  |
| E                        | ALLOC. FROM CAFE, PARKING, ETC.   | SCH. OA    |                                |                                |            |                            |                 |            | E                  |
| F                        | BASE YEAR EXPENSES ADJUSTED       | D+E        |                                |                                |            |                            |                 |            | F                  |
| <b>INFLATION FACTORS</b> |                                   |            |                                |                                |            |                            |                 |            |                    |
| G                        | INFLATION FACTOR-WAGES & SALARIES | HSCRC      |                                |                                |            |                            |                 |            | G                  |
| H                        | INFLATION FACTOR - OTHER          | HSCRC      |                                |                                |            |                            |                 |            | H                  |
| <b>FTE DATA</b>          |                                   |            |                                |                                |            |                            |                 |            |                    |
| N                        | BASE YR HOURS WORKED/2080 (A)     | RECORDS    |                                |                                |            |                            |                 |            | N                  |
| O                        | BASE YR HOURS WORKED/2080 (B)     | RECORDS    |                                |                                |            |                            |                 |            | O                  |

**RESIDENT, INTERN SERVICES  
ELIGIBLE**

**P 4 C**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

|                          |                                   | COL. 1   | COL. 2            | COL. 3           | COL. 4            | COL. 5             | COL. 6          | COL. 7               |                          |
|--------------------------|-----------------------------------|----------|-------------------|------------------|-------------------|--------------------|-----------------|----------------------|--------------------------|
|                          |                                   | SOURCE   | PREMATURE NURSERY | SAME DAY SURGERY | INTERMEDIATE CARE | EMERGENCY SERVICES | CLINIC SERVICES | PSYCH DAY/NIGHT CARE | AMBULATORY SURGERY (PBP) |
| <b>BASE YEAR DATA</b>    |                                   |          | <b>PRE</b>        | <b>SDS</b>       | <b>ICC</b>        | <b>EMG</b>         | <b>CL</b>       | <b>PDC</b>           | <b>AMS</b>               |
| A                        | BASE YEAR WAGES & SALARIES        | RECORDS  |                   |                  |                   |                    |                 |                      | A                        |
| B                        | BASE YEAR PHYSICIAN SUPERVISION   | SCH. P1A |                   |                  |                   |                    |                 |                      | B                        |
| C                        | BASE YEAR OTHER EXPENSES          | RECORDS  |                   |                  |                   |                    |                 |                      | C                        |
| D                        | TOTAL BASE YEAR EXPENSES          | A+B+C    |                   |                  |                   |                    |                 |                      | D                        |
| E                        | ALLOC. FROM CAFE, PARKING, ETC.   | SCH. OA  |                   |                  |                   |                    |                 |                      | E                        |
| F                        | BASE YEAR EXPENSES ADJUSTED       | D+E      |                   |                  |                   |                    |                 |                      | F                        |
| <b>INFLATION FACTORS</b> |                                   |          |                   |                  |                   |                    |                 |                      |                          |
| G                        | INFLATION FACTOR-WAGES & SALARIES | HSCRC    |                   |                  |                   |                    |                 |                      | G                        |
| H                        | INFLATION FACTOR - OTHER          | HSCRC    |                   |                  |                   |                    |                 |                      | H                        |
| <b>FTE DATA</b>          |                                   |          |                   |                  |                   |                    |                 |                      |                          |
| N                        | BASE YR HOURS WORKED/2080 (A)     | RECORDS  |                   |                  |                   |                    |                 |                      | N                        |
| O                        | BASE YR HOURS WORKED/2080 (B)     | RECORDS  |                   |                  |                   |                    |                 |                      | O                        |

**RESIDENT, INTERN SERVICES  
ELIGIBLE**

**P 4 D**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

|                          |                                   | COL. 1         | COL. 2                 | COL. 3            | COL. 4            | COL. 5              | COL. 6     | COL. 7                        |   |
|--------------------------|-----------------------------------|----------------|------------------------|-------------------|-------------------|---------------------|------------|-------------------------------|---|
| SOURCE                   |                                   | MRI<br>SCANNER | LABOR<br>&<br>DELIVERY | OPERATING<br>ROOM | OPERATING<br>ROOM | ANESTHES-<br>IOLOGY | LABORATORY | ELECTRO-<br>CARDIO-<br>GRAPHY |   |
| <b>BASE YEAR DATA</b>    |                                   | <b>MRI</b>     | <b>DEL</b>             | <b>OR</b>         | <b>ORC</b>        | <b>ANS</b>          | <b>LAB</b> | <b>EKG</b>                    |   |
| A                        | BASE YEAR WAGES & SALARIES        | RECORDS        |                        | \$271.70          |                   |                     |            |                               | A |
| B                        | BASE YEAR PHYSICIAN SUPERVISION   | SCH. P1A       |                        | \$117.90          |                   |                     |            |                               | B |
| C                        | BASE YEAR OTHER EXPENSES          | RECORDS        |                        | \$186.60          |                   |                     |            |                               | C |
| D                        | TOTAL BASE YEAR EXPENSES          | A+B+C          |                        | \$576.20          |                   |                     |            |                               | D |
| E                        | ALLOC. FROM CAFE, PARKING, ETC.   | SCH. OA        |                        | \$6.89            |                   |                     |            |                               | E |
| F                        | BASE YEAR EXPENSES ADJUSTED       | D+E            |                        | \$583.09          |                   |                     |            |                               | F |
| <b>INFLATION FACTORS</b> |                                   |                |                        |                   |                   |                     |            |                               |   |
| G                        | INFLATION FACTOR-WAGES & SALARIES | HSCRC          |                        |                   |                   |                     |            |                               | G |
| H                        | INFLATION FACTOR - OTHER          | HSCRC          |                        |                   |                   |                     |            |                               | H |
| <b>FTE DATA</b>          |                                   |                |                        |                   |                   |                     |            |                               |   |
| N                        | BASE YR HOURS WORKED/2080 (A)     | RECORDS        |                        | 3.90              |                   |                     |            |                               | N |
| O                        | BASE YR HOURS WORKED/2080 (B)     | RECORDS        |                        | 0.40              |                   |                     |            |                               | O |

**RESIDENT, INTERN SERVICES  
ELIGIBLE**

**P 4 E**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

|        | COL. 1   | COL. 2                  | COL. 3        | COL. 4                   | COL. 5              | COL. 6                 | COL. 7                           |
|--------|--|-------------------------|---------------|--------------------------|---------------------|------------------------|----------------------------------|
| SOURCE | INTERVENTIONAL<br>RADIOLOGY/<br>CARDIOVASCULAR | RADIOLOGY<br>DIAGNOSTIC | CT<br>SCANNER | RADIOLOGY<br>THERAPEUTIC | NUCLEAR<br>MEDICINE | RESPIRATORY<br>THERAPY | PULMONARY<br>FUNCTION<br>TESTING |

**BASE YEAR DATA**

|   |                                 | IRC      | RAD | CAT | RAT | NUC | RES | PUL |   |
|---|---------------------------------|----------|-----|-----|-----|-----|-----|-----|---|
| A | BASE YEAR WAGES & SALARIES      | RECORDS  |     |     |     |     |     |     | A |
| B | BASE YEAR PHYSICIAN SUPERVISION | SCH. P1A |     |     |     |     |     |     | B |
| C | BASE YEAR OTHER EXPENSES        | RECORDS  |     |     |     |     |     |     | C |
| D | TOTAL BASE YEAR EXPENSES        | A+B+C    |     |     |     |     |     |     | D |
| E | ALLOC. FROM CAFE, PARKING, ETC. | SCH. OA  |     |     |     |     |     |     | E |
| F | BASE YEAR EXPENSES ADJUSTED     | D+E      |     |     |     |     |     |     | F |

**INFLATION FACTORS**

|   |                                   |       |  |  |  |  |  |  |   |
|---|-----------------------------------|-------|--|--|--|--|--|--|---|
| G | INFLATION FACTOR-WAGES & SALARIES | HSCRC |  |  |  |  |  |  | G |
| H | INFLATION FACTOR - OTHER          | HSCRC |  |  |  |  |  |  | H |

**FTE DATA**

|   |                               |         |  |  |  |  |  |  |   |
|---|-------------------------------|---------|--|--|--|--|--|--|---|
| N | BASE YR HOURS WORKED/2080 (A) | RECORDS |  |  |  |  |  |  | N |
| O | BASE YR HOURS WORKED/2080 (B) | RECORDS |  |  |  |  |  |  | O |



**RESIDENT, INTERN SERVICES  
ELIGIBLE**

**P 4 G**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

|                          |                                   | COL. 1         | COL. 2         | COL. 3             | COL. 4        | COL. 5             | COL. 6               | COL. 7      |   |
|--------------------------|-----------------------------------|----------------|----------------|--------------------|---------------|--------------------|----------------------|-------------|---|
| SOURCE                   |                                   | RENAL DIALYSIS | ORGAN AQUISION | AMBULATORY SURGERY | LEUKOPHERESIS | HYPERBARIC CHAMBER | FREE STANDING CLINIC | LITHOTRIPSY |   |
|                          |                                   | RDL            | OA             | AOR                | LEU           | HYP                | FSE                  | LIT         |   |
| <b>BASE YEAR DATA</b>    |                                   |                |                |                    |               |                    |                      |             |   |
| A                        | BASE YEAR WAGES & SALARIES        | RECORDS        |                |                    |               |                    |                      |             | A |
| B                        | BASE YEAR PHYSICIAN SUPERVISION   | SCH. P1A       |                |                    |               |                    |                      |             | B |
| C                        | BASE YEAR OTHER EXPENSES          | RECORDS        |                |                    |               |                    |                      |             | C |
| D                        | TOTAL BASE YEAR EXPENSES          | A+B+C          |                |                    |               |                    |                      |             | D |
| E                        | ALLOC. FROM CAFE, PARKING, ETC.   | SCH. OA        |                |                    |               |                    |                      |             | E |
| F                        | BASE YEAR EXPENSES ADJUSTED       | D+E            |                |                    |               |                    |                      |             | F |
| <b>INFLATION FACTORS</b> |                                   |                |                |                    |               |                    |                      |             |   |
| G                        | INFLATION FACTOR-WAGES & SALARIES | HSCRC          |                |                    |               |                    |                      |             | G |
| H                        | INFLATION FACTOR - OTHER          | HSCRC          |                |                    |               |                    |                      |             | H |
| <b>FTE DATA</b>          |                                   |                |                |                    |               |                    |                      |             |   |
| N                        | BASE YR HOURS WORKED/2080 (A)     | RECORDS        |                |                    |               |                    |                      |             | N |
| O                        | BASE YR HOURS WORKED/2080 (B)     | RECORDS        |                |                    |               |                    |                      |             | O |



**RESIDENT, INTERN SERVICES  
ELIGIBLE**

**P 4 I**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

|                          |                                   | COL. 1             | COL. 2        | COL. 3        | COL. 4     | COL. 5          | COL. 6           | COL. 7         |   |
|--------------------------|-----------------------------------|--------------------|---------------|---------------|------------|-----------------|------------------|----------------|---|
| SOURCE                   |                                   | INDIVIDUAL THERAPY | GROUP THERAPY | PSYCH TESTING | EDUCATION  | OTHER THERAPIES | ACTIVITY THERAPY | TOTAL EXPENSES |   |
| <b>BASE YEAR DATA</b>    |                                   | <b>ITH</b>         | <b>GTH</b>    | <b>PST</b>    | <b>PSE</b> | <b>OPT</b>      | <b>ATH</b>       |                |   |
| A                        | BASE YEAR WAGES & SALARIES        | RECORDS            |               |               |            |                 |                  | \$603.70       | A |
| B                        | BASE YEAR PHYSICIAN SUPERVISION   | SCH. P1A           |               |               |            |                 |                  | \$262.00       | B |
| C                        | BASE YEAR OTHER EXPENSES          | RECORDS            |               |               |            |                 |                  | \$414.60       | C |
| D                        | TOTAL BASE YEAR EXPENSES          | A+B+C              |               |               |            |                 |                  | \$1,280.30     | D |
| E                        | ALLOC. FROM CAFE, PARKING, ETC.   | SCH. OA            |               |               |            |                 |                  | \$15.37        | E |
| F                        | BASE YEAR EXPENSES ADJUSTED       | D+E                |               |               |            |                 |                  | \$1,295.67     | F |
| <b>INFLATION FACTORS</b> |                                   |                    |               |               |            |                 |                  |                |   |
| G                        | INFLATION FACTOR-WAGES & SALARIES | HSCRC              |               |               |            |                 |                  |                | G |
| H                        | INFLATION FACTOR - OTHER          | HSCRC              |               |               |            |                 |                  |                | H |
| <b>FTE DATA</b>          |                                   |                    |               |               |            |                 |                  |                |   |
| N                        | BASE YR HOURS WORKED/2080 (A)     | RECORDS            |               |               |            |                 |                  | 8.70           | N |
| O                        | BASE YR HOURS WORKED/2080 (B)     | RECORDS            |               |               |            |                 |                  | 0.90           | O |









**RESIDENT, INTERN SERVICES  
INELIGIBLE**

**P 5 E**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

|                          |                                   | COL. 1     | COL. 2   | COL. 3                  | COL. 4        | COL. 5                   | COL. 6              | COL. 7                 |                                  |
|--------------------------|-----------------------------------|------------|--|-------------------------|---------------|--------------------------|---------------------|------------------------|----------------------------------|
|                          |                                   | SOURCE     | INTERVENTIONAL<br>RADIOLOGY/<br>CARDIOVASCULAR | RADIOLOGY<br>DIAGNOSTIC | CT<br>SCANNER | RADIOLOGY<br>THERAPEUTIC | NUCLEAR<br>MEDICINE | RESPIRATORY<br>THERAPY | PULMONARY<br>FUNCTION<br>TESTING |
| <b>BASE YEAR DATA</b>    |                                   | <b>IRC</b> | <b>RAD</b>                                     | <b>CAT</b>              | <b>RAT</b>    | <b>NUC</b>               | <b>RES</b>          | <b>PUL</b>             |                                  |
| A                        | BASE YEAR WAGES & SALARIES        | RECORDS    |  |                         |               |                          |                     |                        | A                                |
| B                        | BASE YEAR PHYSICIAN SUPERVISION   | SCH. P1A   |  |                         |               |                          |                     |                        | B                                |
| C                        | BASE YEAR OTHER EXPENSES          | RECORDS    |  |                         |               |                          |                     |                        | C                                |
| D                        | TOTAL BASE YEAR EXPENSES          | A+B+C      |  |                         |               |                          |                     |                        | D                                |
| E                        | ALLOC. FROM CAFE, PARKING, ETC.   | SCH. OA    |  |                         |               |                          |                     |                        | E                                |
| F                        | BASE YEAR EXPENSES ADJUSTED       | D+E        |  |                         |               |                          |                     |                        | F                                |
| <b>INFLATION FACTORS</b> |                                   |            |  |                         |               |                          |                     |                        |                                  |
| G                        | INFLATION FACTOR-WAGES & SALARIES | HSCRC      |  |                         |               |                          |                     |                        | G                                |
| H                        | INFLATION FACTOR - OTHER          | HSCRC      |  |                         |               |                          |                     |                        | H                                |
| <b>FTE DATA</b>          |                                   |            |  |                         |               |                          |                     |                        |                                  |
| N                        | BASE YR HOURS WORKED/2080 (A)     | RECORDS    |  |                         |               |                          |                     |                        | N                                |
| O                        | BASE YR HOURS WORKED/2080 (B)     | RECORDS    |  |                         |               |                          |                     |                        | O                                |

**RESIDENT, INTERN SERVICES  
INELIGIBLE**

**P 5 F**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

| SOURCE | COL. 1<br>ELECTRO-<br>ENCEPHALO-<br>GRAPHY | COL. 2<br>PHYSICAL<br>THERAPY | COL. 3<br>OCCUPA-<br>TIONAL<br>THERAPY | COL. 4<br>SPEECH<br>LANGUAGE | COL. 5<br>OBSERVATION | COL. 6<br>AUDIOLOGY | COL. 7<br>OTHER<br>PHYSICAL<br>MEDICINE |
|--------|--|-------------------------------|--|------------------------------|-----------------------|---------------------|---|
|--------|--|-------------------------------|--|------------------------------|-----------------------|---------------------|---|

**BASE YEAR DATA**

|   |                                 | EEG      | PTH | OTH | STH | OBV | AUD | OPM |   |
|---|---------------------------------|----------|-----|-----|-----|-----|-----|-----|---|
| A | BASE YEAR WAGES & SALARIES      | RECORDS  |     |     |     |     |     |     | A |
| B | BASE YEAR PHYSICIAN SUPERVISION | SCH. P1A |     |     |     |     |     |     | B |
| C | BASE YEAR OTHER EXPENSES        | RECORDS  |     |     |     |     |     |     | C |
| D | TOTAL BASE YEAR EXPENSES        | A+B+C    |     |     |     |     |     |     | D |
| E | ALLOC. FROM CAFE, PARKING, ETC. | SCH. OA  |     |     |     |     |     |     | E |
| F | BASE YEAR EXPENSES ADJUSTED     | D+E      |     |     |     |     |     |     | F |

**INFLATION FACTORS**

|   |                                   |       |  |  |  |  |  |  |   |
|---|-----------------------------------|-------|--|--|--|--|--|--|---|
| G | INFLATION FACTOR-WAGES & SALARIES | HSCRC |  |  |  |  |  |  | G |
| H | INFLATION FACTOR - OTHER          | HSCRC |  |  |  |  |  |  | H |

**FTE DATA**

|   |                               |         |  |  |  |  |  |  |   |
|---|-------------------------------|---------|--|--|--|--|--|--|---|
| N | BASE YR HOURS WORKED/2080 (A) | RECORDS |  |  |  |  |  |  | N |
| O | BASE YR HOURS WORKED/2080 (B) | RECORDS |  |  |  |  |  |  | O |





**RESIDENT, INTERN SERVICES  
INELIGIBLE**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

|        | COL. 1             | COL. 2        | COL. 3        | COL. 4    | COL. 5          | COL. 6           | COL. 7         |
|--------|--------------------|---------------|---------------|-----------|-----------------|------------------|----------------|
| SOURCE | INDIVIDUAL THERAPY | GROUP THERAPY | PSYCH TESTING | EDUCATION | OTHER THERAPIES | ACTIVITY THERAPY | TOTAL EXPENSES |

**BASE YEAR DATA**

|   |                                 | ITH      | GTH | PST | PSE | OPT | ATH |   |
|---|---------------------------------|----------|-----|-----|-----|-----|-----|---|
| A | BASE YEAR WAGES & SALARIES      | RECORDS  |     |     |     |     |     | A |
| B | BASE YEAR PHYSICIAN SUPERVISION | SCH. P1A |     |     |     |     |     | B |
| C | BASE YEAR OTHER EXPENSES        | RECORDS  |     |     |     |     |     | C |
| D | TOTAL BASE YEAR EXPENSES        | A+B+C    |     |     |     |     |     | D |
| E | ALLOC. FROM CAFE, PARKING, ETC. | SCH. OA  |     |     |     |     |     | E |
| F | BASE YEAR EXPENSES ADJUSTED     | D+E      |     |     |     |     |     | F |

**INFLATION FACTORS**

|   |                                   |       |  |  |  |  |  |   |
|---|-----------------------------------|-------|--|--|--|--|--|---|
| G | INFLATION FACTOR-WAGES & SALARIES | HSCRC |  |  |  |  |  | G |
| H | INFLATION FACTOR - OTHER          | HSCRC |  |  |  |  |  | H |

**FTE DATA**

|   |                               |         |  |  |  |  |  |   |
|---|-------------------------------|---------|--|--|--|--|--|---|
| N | BASE YR HOURS WORKED/2080 (A) | RECORDS |  |  |  |  |  | N |
| O | BASE YR HOURS WORKED/2080 (B) | RECORDS |  |  |  |  |  | O |



PATIENT CARE CENTERS

SCHEDULE D

Revised 5/7/20  
6/30/2019

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR

INSTITUTION NUMBER: 0023

| FORM  | SOURCE | CENTER   | COL. 1     | COL. 2                         | COL. 3                               | COL. 4            | COL. 5                   | COL. 6                | COL. 7                        | COL. 8              | COL. 9  | COL. 10                          |
|-------|--------|--|------------|--------------------------------|--------------------------------------|-------------------|--------------------------|-----------------------|-------------------------------|---------------------|---------|----------------------------------|
|       |        |  | UNITS      | WAGES,<br>SALARY &<br>BENEFITS | PHYSICIAN<br>SUPERVISION<br>EXPENSES | OTHER<br>EXPENSES | TOTAL<br>EXPENSES        | ALLOCATED<br>EXPENSES | ADJUSTED<br>TOTAL<br>EXPENSES | EXPENSE<br>PER UNIT | FTEs    | PHYSICIAN<br>SUPERVISION<br>FTEs |
|       |        |  | RECORDS    | RECORDS                        | RECORDS                              | RECORDS           | Col. 2 + Col. 3 + Col. 4 | Sch. OADP             | Col. 5 + Col. 6               | Col. 7/Col. 1       | RECORDS | RECORDS                          |
| D1    | MSG    | Med/Surg Acute                                 | 71,991     | 36,982.5                       | 1,362.0                              | 3,448.0           | 41,792.5                 | 4,638.1               | 46,430.6                      | 0.64495             | 404.9   | 3.1                              |
| D2    | PED    | Pediatric Acute                                | 603        | 524.8                          | -                                    | 11.8              | 536.6                    | 64.4                  | 601.0                         | 0.99670             | 5.1     | -                                |
| D3    | PSY    | Psychiatric Acute                              | -          | -                              | -                                    | -                 | -                        | -                     | -                             | -                   | -       | -                                |
| D4    | OBS    | Obstetrics Acute                               | 11,456     | 5,052.0                        | 210.3                                | 415.3             | 5,677.6                  | 533.5                 | 6,211.1                       | 0.54217             | 47.0    | 0.3                              |
| D5    | DEF    | Definitive<br>Observation                      | 3,454      | 2,351.9                        | -                                    | 111.9             | 2,463.8                  | 286.2                 | 2,750.0                       | 0.79618             | 20.2    | -                                |
| D6    | MIS    | Med/Surg<br>Intensive Care                     | 5,060      | 6,486.4                        | -                                    | 305.7             | 6,792.1                  | 786.4                 | 7,578.5                       | 1.49773             | 53.9    | -                                |
| D7    | CCU    | Coronary Care                                  | -          | -                              | -                                    | -                 | -                        | -                     | -                             | -                   | -       | -                                |
| D8    | PIC    | Pediatric<br>Intensive Care                    | -          | -                              | -                                    | -                 | -                        | -                     | -                             | -                   | -       | -                                |
| D9    | NEO    | Neo-Natal<br>Intensive Care                    | 5,504      | 4,617.5                        | 166.8                                | 97.7              | 4,882.0                  | 563.1                 | 5,445.1                       | 0.98930             | 39.9    | 0.2                              |
| D10   | BUR    | Burn Care                                      | -          | -                              | -                                    | -                 | -                        | -                     | -                             | -                   | -       | -                                |
| D11   | PSI    | Psychiatric<br>Intensive Care                  | -          | -                              | -                                    | -                 | -                        | -                     | -                             | -                   | -       | -                                |
| D12   | TRM    | Shock Trauma                                   | -          | -                              | -                                    | -                 | -                        | -                     | -                             | -                   | -       | -                                |
| D13   | ONC    | Oncology                                       | -          | -                              | -                                    | -                 | -                        | -                     | -                             | -                   | -       | -                                |
| D14   | NUR    | Newborn Nursery                                | 10,094     | 1,929.0                        | 166.8                                | 290.8             | 2,386.6                  | 238.7                 | 2,625.3                       | 0.26009             | 19.1    | 0.2                              |
| D15   | PRE    | Premature<br>Nursery                           | -          | -                              | -                                    | -                 | -                        | -                     | -                             | -                   | -       | -                                |
| D16   | ECF    | Skilled Nursing<br>Care                        | -          | -                              | -                                    | -                 | -                        | -                     | -                             | -                   | -       | -                                |
| D17   | ICC    | Intermediate<br>Care                           | -          | -                              | -                                    | -                 | -                        | -                     | -                             | -                   | -       | -                                |
| D18   | EMG    | Emergency<br>Services                          | 1,121,523  | 12,678.3                       | 119.0                                | 2,011.5           | 14,808.8                 | 1,588.5               | 16,397.3                      | 0.01462             | 138.1   | 0.3                              |
| D19   | CL     | Clinical Services                              | 601,853    | 4,529.7                        | 128.3                                | 3,518.2           | 8,176.2                  | 634.0                 | 8,810.2                       | 0.01464             | 41.0    | 0.6                              |
| D20   | PDC    | Psych. Day &<br>Night Care                     | -          | -                              | -                                    | -                 | -                        | -                     | -                             | -                   | -       | -                                |
| D22   | SDS    | Same Day<br>Surgery                            | 17,813     | 7,498.2                        | -                                    | 118.1             | 7,616.3                  | 931.1                 | 8,547.4                       | 0.47984             | 76.5    | -                                |
| D23   | DEL    | Labor & Delivery<br>Services                   | 205,906    | 9,114.3                        | 331.8                                | 802.8             | 10,248.9                 | 1,151.5               | 11,400.4                      | 0.05537             | 81.0    | 0.6                              |
| D24   | OR     | Operating Room                                 | 1,623,969  | 19,937.3                       | 2,448.3                              | 2,925.9           | 25,311.5                 | 2,472.1               | 27,783.6                      | 0.01711             | 202.2   | 4.9                              |
| D24-A | ORC    | Operating Room<br>Clinic                       | 40,871     | 240.4                          | -                                    | 31.4              | 271.8                    | 3.4                   | 275.2                         | 0.00673             | 2.1     | -                                |
| D25   | ANS    | Anesthesiology                                 | -          | -                              | -                                    | -                 | -                        | -                     | -                             | -                   | -       | -                                |
| D26   | MSS    | Med/Surg<br>Supplies                           | 52,486     | -                              | -                                    | 66,974.6          | 66,974.6                 | -                     | 66,974.6                      | 1.27604             | -       | -                                |
| D27   | CDS    | Drugs Sold                                     | 52,486     | -                              | -                                    | 58,994.5          | 58,994.5                 | -                     | 58,994.5                      | 1.12400             | -       | -                                |
| D28   | LAB    | Laboratory<br>Services                         | 21,849,855 | 6,769.1                        | 270.0                                | 7,911.3           | 14,950.4                 | 806.5                 | 15,756.9                      | 0.00072             | 82.4    | 0.2                              |
| D30   | EKG    | Electrocardiogra<br>phy                        | 775,016    | 882.1                          | -                                    | 47.0              | 929.1                    | 112.9                 | 1,042.0                       | 0.00134             | 11.3    | -                                |
| D31   | IRC    | Interventional<br>Radiology/Cardio<br>vascular | 246,932    | 5,780.8                        | -                                    | 522.6             | 6,303.4                  | 701.0                 | 7,004.4                       | 0.02837             | 48.6    | -                                |
| D32   | RAD    | Radiology-<br>Diagnostic                       | 711,812    | 3,310.1                        | -                                    | 1,581.7           | 4,891.8                  | 409.5                 | 5,301.3                       | 0.00745             | 32.7    | -                                |
| D33   | CAT    | CT Scanner                                     | 1,489,545  | 1,211.0                        | -                                    | 601.6             | 1,812.6                  | 151.1                 | 1,963.7                       | 0.00132             | 12.9    | -                                |



**AUXILIARY ENTERPRISES**

**AMB**

**E 1**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR

6/30/2019

INSTITUTION NUMBER: 0023

|   | VOLUME DATA  | BASE YEAR UNITS |
|---|--------------|-----------------|
| A | Occ. Service |                 |

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

**AMBULANCE SERVICES - 6950**  
3950

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

**BASE YEAR DATA**

|     |                                      |             |       |       |       |       |     |
|-----|--------------------------------------|-------------|-------|-------|-------|-------|-----|
| B   | BASE YEAR EXPENSES                   | RECORDS     | -     | -     | -     | XXXXX | B   |
| C   | ALLOC. FROM CAFETERIA, PARKING, ETC. | SCH OAC     | -     | XXXXX | -     | XXXXX | C   |
| D   | ALLOC. FROM GENERAL SERVICE CENTER   | ////        | XXXXX | XXXXX | XXXXX | XXXXX | D   |
| /// | COL. 5 COST CENTER                   | COL. 6 CODE | ////  | XXXXX | XXXXX | XXXXX |     |
| D1  |                                      |             |       |       | -     | XXXXX | D1  |
| D2  |                                      |             |       |       | -     | XXXXX | D2  |
| D3  |                                      |             |       |       | -     | XXXXX | D3  |
| D4  |                                      |             |       |       | -     | XXXXX | D4  |
| D5  |                                      |             |       |       | -     | XXXXX | D5  |
| D6  |                                      |             |       |       | -     | XXXXX | D6  |
| D7  |                                      |             |       |       | -     | XXXXX | D7  |
| D8  |                                      |             |       |       | -     | XXXXX | D8  |
| D9  |                                      |             |       |       | -     | XXXXX | D9  |
| D10 |                                      |             |       |       | -     | XXXXX | D10 |
| D11 |                                      |             |       |       | -     | XXXXX | D11 |
| D12 |                                      |             |       |       | -     | XXXXX | D12 |
| E   | CAPITAL FACILITIES ALLOWANCE         | SCH H3      |       | -     | -     | XXXXX | E   |
| F   | DONATED SERVICES & COMMODITIES       | RECORDS     | -     | -     | -     | XXXXX | F   |
| G   | BASE YEAR ADJUSTED EXPENSES          | B+C+D+E+F   | -     | -     | -     | -     | G   |

**BASE YEAR PROFIT (LOSS)**

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

**FTE DATA**

|   |                           |         |  |
|---|---------------------------|---------|--|
| L | BASE YR HOURS WORKED/2080 | RECORDS |  |
|---|---------------------------|---------|--|

L

**AUXILIARY ENTERPRISES  
PAR**

**E 2**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR

6/30/2019

INSTITUTION NUMBER: 0023

|   | VOLUME DATA   | BASE YEAR UNITS |
|---|---------------|-----------------|
| A | No. of Spaces | 5,106.00        |

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

**Parking - 8440  
5440**

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

**BASE YEAR DATA**

|     |  |             |       |       |       |         |     |
|-----|--|-------------|-------|-------|-------|---------|-----|
| B   | BASE YEAR EXPENSES                       | RECORDS     | -     | 83.4  | 83.4  | XXXXX   | B   |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH OAC     | XXXXX | XXXXX | XXXXX | XXXXX   | C   |
| D   | ALLOCATION FROM GENERAL SERVICE CENTER   | ////        | XXXXX | XXXXX | XXXXX | XXXXX   | D   |
| /// | COL. 5 COST CENTER                       | COL. 6 CODE | ////  | XXXXX | XXXXX | XXXXX   | /// |
| D1  | Depreciation & Amortization              | DEP         | XXXXX | 591.0 | 591.0 | XXXXX   | D1  |
| D2  | Hospital Administration                  | MGT         | 11.9  | 6.9   | 18.8  | XXXXX   | D2  |
| D3  | Plant Operations                         | POP         | 3.0   | 7.7   | 10.7  | XXXXX   | D3  |
| D4  |  |             |       |       | -     | XXXXX   | D4  |
| D5  |  |             |       |       | -     | XXXXX   | D5  |
| D6  |  |             |       |       | -     | XXXXX   | D6  |
| D7  |  |             |       |       | -     | XXXXX   | D7  |
| D8  |  |             |       |       | -     | XXXXX   | D8  |
| D9  |  |             |       |       | -     | XXXXX   | D9  |
| D10 |  |             |       |       | -     | XXXXX   | D10 |
| D11 |  |             |       |       | -     | XXXXX   | D11 |
| D12 |  |             |       |       | -     | XXXXX   | D12 |
| E   | CAPITAL FACILITIES ALLOWANCE             | SCH H3      |       | -     | -     | XXXXX   | E   |
| F   | DONATED SERVICES & COMMODITIES           | RECORDS     | -     | -     | -     | XXXXX   | F   |
| G   | BASE YEAR ADJUSTED EXPENSES              | B+C+D+E+F   | 14.9  | 689.0 | 703.9 | 0.13786 | G   |

**BASE YEAR PROFIT (LOSS)**

|   |                          |         |       |       |           |       |   |
|---|--------------------------|---------|-------|-------|-----------|-------|---|
| H | BASE YEAR REVENUE        | RECORDS | XXXXX | XXXXX |           | XXXXX | H |
| I | PROFIT (LOSS)            | H-G     | XXXXX | XXXXX | -\$703.90 | XXXXX | I |
| J | AMOUNT TREATED AS FRINGE | RECORDS | XXXXX | XXXXX | -\$703.90 | XXXXX | J |
| K | AMOUNT TREATED AS OFC    | I-J     | XXXXX | XXXXX |           | XXXXX | K |

**FTE DATA**

|   |                           |         |      |  |  |  |   |
|---|---------------------------|---------|------|--|--|--|---|
| L | BASE YR HOURS WORKED/2080 | RECORDS | 0.10 |  |  |  | L |
|---|---------------------------|---------|------|--|--|--|---|

**AUXILIARY ENTERPRISES**

DPO

**E 3**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR

6/30/2019

INSTITUTION NUMBER: 0023

|   |             |                 |
|---|-------------|-----------------|
|   | VOLUME DATA | BASE YEAR UNITS |
| A | Sq Feet     |                 |

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

**DOCTOR'S PRIVATE OFFICE REN - 9210**  
9110

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

**BASE YEAR DATA**

|     |  |             |       |       |       |       |     |
|-----|--|-------------|-------|-------|-------|-------|-----|
| B   | BASE YEAR EXPENSES                       | RECORDS     | -     | -     | -     | XXXXX | B   |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH OAC     | -     | XXXXX | -     | XXXXX | C   |
| D   | ALLOCATION FROM GENERAL SERVICE CENTER   | ////        | XXXXX | XXXXX | XXXXX | XXXXX | D   |
| /// | COL. 5 COST CENTER                       | COL. 6 CODE | ////  | XXXXX | XXXXX | XXXXX | /// |
| D1  |  |             |       |       | -     | XXXXX | D1  |
| D2  |  |             |       |       | -     | XXXXX | D2  |
| D3  |  |             |       |       | -     | XXXXX | D3  |
| D4  |  |             |       |       | -     | XXXXX | D4  |
| D5  |  |             |       |       | -     | XXXXX | D5  |
| D6  |  |             |       |       | -     | XXXXX | D6  |
| D7  |  |             |       |       | -     | XXXXX | D7  |
| D8  |  |             |       |       | -     | XXXXX | D8  |
| D9  |  |             |       |       | -     | XXXXX | D9  |
| D10 |  |             |       |       | -     | XXXXX | D10 |
| D11 |  |             |       |       | -     | XXXXX | D11 |
| D12 |  |             |       |       | -     | XXXXX | D12 |
| E   | CAPITAL FACILITIES ALLOWANCE             | SCH H3      |       | -     | -     | XXXXX | E   |
| F   | DONATED SERVICES & COMMODITIES           | RECORDS     | -     | -     | -     | XXXXX | F   |
| G   | BASE YEAR ADJUSTED EXPENSES              | B+C+D+E+F   | -     | -     | -     | -     | G   |

**BASE YEAR PROFIT (LOSS)**

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

**FTE DATA**

|   |                           |         |  |  |  |  |   |
|---|---------------------------|---------|--|--|--|--|---|
| L | BASE YR HOURS WORKED/2080 | RECORDS |  |  |  |  | L |
|---|---------------------------|---------|--|--|--|--|---|

**AUXILIARY ENTERPRISES**

OOR

E 4

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR

6/30/2019

INSTITUTION NUMBER: 0023

|   | VOLUME DATA | BASE YEAR UNITS |
|---|-------------|-----------------|
| A | Sq Feet     | 108,711.00      |

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

**OFFICE & OTHER RENTAL - 9220**

**9210**

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

**BASE YEAR DATA**

|     |  |             |       |       |       |         |     |
|-----|--|-------------|-------|-------|-------|---------|-----|
| B   | BASE YEAR EXPENSES                       | RECORDS     | 640.6 | 7.8   | 648.4 | XXXXX   | B   |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH OAC     | 13.6  | XXXXX | 13.6  | XXXXX   | C   |
| D   | ALLOCATION FROM GENERAL SERVICE CENTER   | ////        | XXXXX | XXXXX | XXXXX | XXXXX   | D   |
| /// | COL. 5 COST CENTER                       | COL. 6 CODE | ////  | XXXXX | XXXXX | XXXXX   | /// |
| D1  | General Accounting                       | FIS         | 1.9   | 1.6   | 3.5   | XXXXX   | D1  |
| D2  | Housekeeping                             | HKP         | 2.7   | 0.6   | 3.3   | XXXXX   | D2  |
| D3  | Hospital Administration                  | MGT         | 11.4  | 6.7   | 18.1  | XXXXX   | D3  |
| D4  |  |             |       |       | -     | XXXXX   | D4  |
| D5  |  |             |       |       | -     | XXXXX   | D5  |
| D6  |  |             |       |       | -     | XXXXX   | D6  |
| D7  |  |             |       |       | -     | XXXXX   | D7  |
| D8  |  |             |       |       | -     | XXXXX   | D8  |
| D9  |  |             |       |       | -     | XXXXX   | D9  |
| D10 |  |             |       |       | -     | XXXXX   | D10 |
| D11 |  |             |       |       | -     | XXXXX   | D11 |
| D12 |  |             |       |       | -     | XXXXX   | D12 |
| E   | CAPITAL FACILITIES ALLOWANCE             | SCH H3      |       | -     | -     | XXXXX   | E   |
| F   | DONATED SERVICES & COMMODITIES           | RECORDS     | -     | -     | -     | XXXXX   | F   |
| G   | BASE YEAR ADJUSTED EXPENSES              | B+C+D+E+F   | 670.2 | 16.7  | 686.9 | 0.00632 | G   |

**BASE YEAR PROFIT (LOSS)**

|   |                          |         |       |       |            |       |   |
|---|--------------------------|---------|-------|-------|------------|-------|---|
| H | BASE YEAR REVENUE        | RECORDS | XXXXX | XXXXX | \$1,328.90 | XXXXX | H |
| I | PROFIT (LOSS)            | H-G     | XXXXX | XXXXX | \$642.04   | XXXXX | I |
| J | AMOUNT TREATED AS FRINGE | RECORDS | XXXXX | XXXXX |            | XXXXX | J |
| K | AMOUNT TREATED AS OFC    | I-J     | XXXXX | XXXXX | \$642.04   | XXXXX | K |

**FTE DATA**

|   |                           |         |      |  |  |  |   |
|---|---------------------------|---------|------|--|--|--|---|
| L | BASE YR HOURS WORKED/2080 | RECORDS | 8.47 |  |  |  | L |
|---|---------------------------|---------|------|--|--|--|---|

**AUXILIARY ENTERPRISES  
REO**

**E 5**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR

6/30/2019

INSTITUTION NUMBER: 0023

|   |             |                 |
|---|-------------|-----------------|
|   | VOLUME DATA | BASE YEAR UNITS |
| A | Sq Feet     |                 |

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

**RETAIL OPERATIONS - 9230**

**9130**

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

**BASE YEAR DATA**

|     |  |             |       |       |       |       |     |
|-----|--|-------------|-------|-------|-------|-------|-----|
| B   | BASE YEAR EXPENSES                       | RECORDS     | -     | -     | -     | XXXXX | B   |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH OAC     | -     | XXXXX | -     | XXXXX | C   |
| D   | ALLOCATION FROM GENERAL SERVICE CENTER   | ////        | XXXXX | XXXXX | XXXXX | XXXXX | D   |
| /// | COL. 5 COST CENTER                       | COL. 6 CODE | ////  | XXXXX | XXXXX | XXXXX | /// |
| D1  |  |             |       |       | -     | XXXXX | D1  |
| D2  |  |             |       |       | -     | XXXXX | D2  |
| D3  |  |             |       |       | -     | XXXXX | D3  |
| D4  |  |             |       |       | -     | XXXXX | D4  |
| D5  |  |             |       |       | -     | XXXXX | D5  |
| D6  |  |             |       |       | -     | XXXXX | D6  |
| D7  |  |             |       |       | -     | XXXXX | D7  |
| D8  |  |             |       |       | -     | XXXXX | D8  |
| D9  |  |             |       |       | -     | XXXXX | D9  |
| D10 |  |             |       |       | -     | XXXXX | D10 |
| D11 |  |             |       |       | -     | XXXXX | D11 |
| D12 |  |             |       |       | -     | XXXXX | D12 |
| E   | CAPITAL FACILITIES ALLOWANCE             | SCH H3      |       | -     | -     | XXXXX | E   |
| F   | DONATED SERVICES & COMMODITIES           | RECORDS     | -     | -     | -     | XXXXX | F   |
| G   | BASE YEAR ADJUSTED EXPENSES              | B+C+D+E+F   | -     | -     | -     | -     | G   |

**BASE YEAR PROFIT (LOSS)**

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

**FTE DATA**

|   |                           |         |  |  |  |  |   |
|---|---------------------------|---------|--|--|--|--|---|
| L | BASE YR HOURS WORKED/2080 | RECORDS |  |  |  |  | L |
|---|---------------------------|---------|--|--|--|--|---|

**AUXILIARY ENTERPRISES  
PTE**

**E 6**

INSTITUTION NAME: Anne Arundel Medical Center                      BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

|   | VOLUME DATA | BASE YEAR UNITS |
|---|-------------|-----------------|
| A | # of Phones | 400             |

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

**PATIENT TELEPHONES -8615**  
5610

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

**BASE YEAR DATA**

|     |  |             |       |       |       |         |     |
|-----|--|-------------|-------|-------|-------|---------|-----|
| B   | BASE YEAR EXPENSES                       | RECORDS     | -     | 202.6 | 202.6 | XXXXX   | B   |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH OAC     | -     | XXXXX | -     | XXXXX   | C   |
| D   | ALLOCATION FROM GENERAL SERVICE CENTER   | ////        | XXXXX | XXXXX | XXXXX | XXXXX   | D   |
| /// | COL. 5 COST CENTER                       | COL. 6 CODE | ////  | XXXXX | XXXXX | XXXXX   | /// |
| D1  |  |             |       |       | -     | XXXXX   | D1  |
| D2  |  |             |       |       | -     | XXXXX   | D2  |
| D3  |  |             |       |       | -     | XXXXX   | D3  |
| D4  |  |             |       |       | -     | XXXXX   | D4  |
| D5  |  |             |       |       | -     | XXXXX   | D5  |
| D6  |  |             |       |       | -     | XXXXX   | D6  |
| D7  |  |             |       |       | -     | XXXXX   | D7  |
| D8  |  |             |       |       | -     | XXXXX   | D8  |
| D9  |  |             |       |       | -     | XXXXX   | D9  |
| D10 |  |             |       |       | -     | XXXXX   | D10 |
| D11 |  |             |       |       | -     | XXXXX   | D11 |
| D12 |  |             |       |       | -     | XXXXX   | D12 |
| E   | CAPITAL FACILITIES ALLOWANCE             | SCH H3      |       | -     | -     | XXXXX   | E   |
| F   | DONATED SERVICES & COMMODITIES           | RECORDS     | -     | -     | -     | XXXXX   | F   |
| G   | BASE YEAR ADJUSTED EXPENSES              | B+C+D+E+F   | -     | 202.6 | 202.6 | 0.50650 | G   |

**BASE YEAR PROFIT (LOSS)**

|   |                          |         |       |       |         |       |   |
|---|--------------------------|---------|-------|-------|---------|-------|---|
| H | BASE YEAR REVENUE        | RECORDS | XXXXX | XXXXX | -       | XXXXX | H |
| I | PROFIT (LOSS)            | H-G     | XXXXX | XXXXX | (202.6) | XXXXX | I |
| J | AMOUNT TREATED AS FRINGE | RECORDS | XXXXX | XXXXX | -       | XXXXX | J |
| K | AMOUNT TREATED AS OFC    | I-J     | XXXXX | XXXXX | (202.6) | XXXXX | K |

**FTE DATA**

|   |                           |         |  |  |  |  |   |
|---|---------------------------|---------|--|--|--|--|---|
| L | BASE YR HOURS WORKED/2080 | RECORDS |  |  |  |  | L |
|---|---------------------------|---------|--|--|--|--|---|

**AUXILIARY ENTERPRISES  
CAF**

**E 7**

INSTITUTION NAME: Anne Arundel Medical Center      BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

|   | VOLUME DATA | BASE YEAR UNITS |
|---|-------------|-----------------|
| A | Meals       | 1,469,571       |

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

**CAFETERIA -8320  
5320**

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

**BASE YEAR DATA**

|     |  |             |         |         |         |         |     |
|-----|--|-------------|---------|---------|---------|---------|-----|
| B   | BASE YEAR EXPENSES                       | RECORDS     | 3,554.0 | 3,632.6 | 7,186.6 | XXXXX   | B   |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH OAC     | XXXXX   | XXXXX   | XXXXX   | XXXXX   | C   |
| D   | ALLOCATION FROM GENERAL SERVICE CENTER   | ////        | XXXXX   | XXXXX   | XXXXX   | XXXXX   | D   |
| /// | COL. 5 COST CENTER                       | COL. 6 CODE | ////    | XXXXX   | XXXXX   | XXXXX   | /// |
| D1  | Depreciation & Amortization              | DEP         | XXXXX   | 46.7    | 46.7    | XXXXX   | D1  |
| D2  | General Accounting                       | FIS         | 20.7    | 17.4    | 38.1    | XXXXX   | D2  |
| D3  | Housekeeping                             | HKP         | 30.2    | 6.1     | 36.3    | XXXXX   | D3  |
| D4  | Leases & Rentals                         | LEA         | XXXXX   | 87.8    | 87.8    | XXXXX   | D4  |
| D5  | Hospital Administration                  | MGT         | 126.7   | 74.0    | 200.7   | XXXXX   | D5  |
| D6  | Plant Operations                         | POP         | 32.3    | 82.1    | 114.4   | XXXXX   | D6  |
| D7  | Purchasing & Stores                      | PUR         | 15.2    | 12.4    | 27.6    | XXXXX   | D7  |
| D8  |  |             |         |         | -       | XXXXX   | D8  |
| D9  |  |             |         |         | -       | XXXXX   | D9  |
| D10 |  |             |         |         | -       | XXXXX   | D10 |
| D11 |  |             |         |         | -       | XXXXX   | D11 |
| D12 |  |             |         |         | -       | XXXXX   | D12 |
| E   | CAPITAL FACILITIES ALLOWANCE             | SCH H3      |         | -       | -       | XXXXX   | E   |
| F   | DONATED SERVICES & COMMODITIES           | RECORDS     | -       | -       | -       | XXXXX   | F   |
| G   | BASE YEAR ADJUSTED EXPENSES              | B+C+D+E+F   | 3,779.1 | 3,959.1 | 7,738.2 | 0.00527 | G   |

**BASE YEAR PROFIT (LOSS)**

|   |                          |         |       |       |           |       |   |
|---|--------------------------|---------|-------|-------|-----------|-------|---|
| H | BASE YEAR REVENUE        | RECORDS | XXXXX | XXXXX | 4,843.6   | XXXXX | H |
| I | PROFIT (LOSS)            | H-G     | XXXXX | XXXXX | (2,894.6) | XXXXX | I |
| J | AMOUNT TREATED AS FRINGE | RECORDS | XXXXX | XXXXX | (2,894.6) | XXXXX | J |
| K | AMOUNT TREATED AS OFC    | I-J     | XXXXX | XXXXX | -         | XXXXX | K |

**FTE DATA**

|   |                           |         |      |  |  |  |   |
|---|---------------------------|---------|------|--|--|--|---|
| L | BASE YR HOURS WORKED/2080 | RECORDS | 68.0 |  |  |  | L |
|---|---------------------------|---------|------|--|--|--|---|

**AUXILIARY ENTERPRISES**

**DEB**

**E 8**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR

6/30/2019

INSTITUTION NUMBER: 0023

|   |             |                 |
|---|-------------|-----------------|
|   | VOLUME DATA | BASE YEAR UNITS |
| A | SQ. FEET    |                 |

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

**DAY CARE RECREATION AREAS**

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

**BASE YEAR DATA**

|     |  |             |       |       |       |       |     |
|-----|--|-------------|-------|-------|-------|-------|-----|
| B   | BASE YEAR EXPENSES                       | RECORDS     | -     | -     | -     | XXXXX | B   |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH OAC     | XXXXX | XXXXX | XXXXX | XXXXX | C   |
| D   | ALLOCATION FROM GENERAL SERVICE CENTER   | ////        | XXXXX | XXXXX | XXXXX | XXXXX | D   |
| /// | COL. 5 COST CENTER                       | COL. 6 CODE | ////  | XXXXX | XXXXX | XXXXX | /// |
| D1  |  |             |       |       | -     | XXXXX | D1  |
| D2  |  |             |       |       | -     | XXXXX | D2  |
| D3  |  |             |       |       | -     | XXXXX | D3  |
| D4  |  |             |       |       | -     | XXXXX | D4  |
| D5  |  |             |       |       | -     | XXXXX | D5  |
| D6  |  |             |       |       | -     | XXXXX | D6  |
| D7  |  |             |       |       | -     | XXXXX | D7  |
| D8  |  |             |       |       | -     | XXXXX | D8  |
| D9  |  |             |       |       | -     | XXXXX | D9  |
| D10 |  |             |       |       | -     | XXXXX | D10 |
| D11 |  |             |       |       | -     | XXXXX | D11 |
| D12 |  |             |       |       | -     | XXXXX | D12 |
| E   | CAPITAL FACILITIES ALLOWANCE             | SCH H3      |       | -     | -     | XXXXX | E   |
| F   | DONATED SERVICES & COMMODITIES           | RECORDS     | -     | -     | -     | XXXXX | F   |
| G   | BASE YEAR ADJUSTED EXPENSES              | B+C+D+E+F   | -     | -     | -     | -     | G   |

**BASE YEAR PROFIT (LOSS)**

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

**FTE DATA**

|   |                           |         |  |  |  |  |   |
|---|---------------------------|---------|--|--|--|--|---|
| L | BASE YR HOURS WORKED/2080 | RECORDS |  |  |  |  | L |
|---|---------------------------|---------|--|--|--|--|---|

**AUXILIARY ENTERPRISES  
HOU**

**E 9**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR

6/30/2019

INSTITUTION NUMBER: 0023

|   | VOLUME DATA | BASE YEAR UNITS |
|---|-------------|-----------------|
| A | Average #   |                 |

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

**HOUSING - 8360**

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

**BASE YEAR DATA**

|     |  |             |       |       |       |       |     |
|-----|--|-------------|-------|-------|-------|-------|-----|
| B   | BASE YEAR EXPENSES                       | RECORDS     | -     | -     | -     | XXXXX | B   |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH OAC     | XXXXX | XXXXX | XXXXX | XXXXX | C   |
| D   | ALLOCATION FROM GENERAL SERVICE CENTER   | ////        | XXXXX | XXXXX | XXXXX | XXXXX | D   |
| /// | COL. 5 COST CENTER                       | COL. 6 CODE | ////  | XXXXX | XXXXX | XXXXX | /// |
| D1  |  |             |       |       | -     | XXXXX | D1  |
| D2  |  |             |       |       | -     | XXXXX | D2  |
| D3  |  |             |       |       | -     | XXXXX | D3  |
| D4  |  |             |       |       | -     | XXXXX | D4  |
| D5  |  |             |       |       | -     | XXXXX | D5  |
| D6  |  |             |       |       | -     | XXXXX | D6  |
| D7  |  |             |       |       | -     | XXXXX | D7  |
| D8  |  |             |       |       | -     | XXXXX | D8  |
| D9  |  |             |       |       | -     | XXXXX | D9  |
| D10 |  |             |       |       | -     | XXXXX | D10 |
| D11 |  |             |       |       | -     | XXXXX | D11 |
| D12 |  |             |       |       | -     | XXXXX | D12 |
| E   | CAPITAL FACILITIES ALLOWANCE             | SCH H3      |       | -     | -     | XXXXX | E   |
| F   | DONATED SERVICES & COMMODITIES           | RECORDS     | -     | -     | -     | XXXXX | F   |
| G   | BASE YEAR ADJUSTED EXPENSES              | B+C+D+E+F   | -     | -     | -     | -     | G   |

**BASE YEAR PROFIT (LOSS)**

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

**FTE DATA**

|   |                           |         |  |
|---|---------------------------|---------|--|
| L | BASE YR HOURS WORKED/2080 | RECORDS |  |
|---|---------------------------|---------|--|

**L**

**OTHER INSTITUTIONAL PROGRAMS  
REG**

**F 1**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

|   | VOLUME DATA  | BASE YEAR UNITS |
|---|--------------|-----------------|
| A | NO. PROJECTS | 130             |

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

**RESEARCH -8010**

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

**BASE YEAR DATA**

|     |                                      |             |       |       |       |         |     |
|-----|--------------------------------------|-------------|-------|-------|-------|---------|-----|
| B   | BASE YEAR EXPENSES                   | RECORDS     | 475.2 | 47.1  | 522.3 | XXXXX   | B   |
| C   | ALLOC. FROM CAFETERIA, PARKING, ETC. | SCH OAC     | 2.6   | XXXXX | 2.6   | XXXXX   | C   |
| D   | ALLOC. FROM GENERAL SERVICE CENTER   | ////        | XXXXX | XXXXX | XXXXX | XXXXX   | D   |
| /// | COL. 5 COST CENTER                   | COL. 6 CODE | ////  | XXXXX | XXXXX | XXXXX   |     |
| D1  | General Accounting                   | FIS         | 1.5   | 1.3   | 2.8   | XXXXX   | D1  |
| D2  | Hospital Administration              | MGT         | 9.2   | 5.4   | 14.6  | XXXXX   | D2  |
| D3  | Medical Records                      | MRD         | 0.8   | 1.3   | 2.1   | XXXXX   | D3  |
| D4  | Medical Staff Administration         | MSA         | 0.9   | 0.2   | 1.1   | XXXXX   | D4  |
| D5  | Nursing Administration               | NAD         | 3.7   | 0.5   | 4.2   | XXXXX   | D5  |
| D6  | Patient Accounts                     | PAC         | 2.3   | 1.5   | 3.8   | XXXXX   | D6  |
| D7  | Plant Operations                     | POP         | 2.3   | 6.0   | 8.3   | XXXXX   | D7  |
| D8  | Purchasing & Stores                  | PUR         | 1.1   | 0.9   | 2.0   | XXXXX   | D8  |
| D9  |                                      |             |       |       | -     | XXXXX   | D9  |
| D10 |                                      |             |       |       | -     | XXXXX   | D10 |
| D11 |                                      |             |       |       | -     | XXXXX   | D11 |
| D12 |                                      |             |       |       | -     | XXXXX   | D12 |
| E   | CAPITAL FACILITIES ALLOWANCE         | SCH H3      |       | -     | -     | XXXXX   | E   |
| F   | BASE YEAR ADJUSTED EXPENSES          | B+C+D+E     | 499.6 | 64.2  | 563.8 | 4.33725 | F   |

**BASE YEAR PROFIT (LOSS)**

|   |                   |         |       |       |         |       |   |
|---|-------------------|---------|-------|-------|---------|-------|---|
| G | BASE YEAR REVENUE | RECORDS | XXXXX | XXXXX | 336.4   | XXXXX | G |
| H | PROFIT (LOSS)     | G-F     | XXXXX | XXXXX | (227.4) | XXXXX | H |

**FTE DATA**

|   |                           |         |     |  |  |  |   |
|---|---------------------------|---------|-----|--|--|--|---|
| I | BASE YR HOURS WORKED/2080 | RECORDS | 1.7 |  |  |  | I |
|---|---------------------------|---------|-----|--|--|--|---|

**OTHER INSTITUTIONAL PROGRAMS  
RNS**

**F 2**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

|   |                |                    |
|---|----------------|--------------------|
|   | VOLUME<br>DATA | BASE YEAR<br>UNITS |
| A | # Students     |                    |

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

**NURSING EDUCATION -8220**

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

**BASE YEAR DATA**

|     |                                     |             |       |       |       |       |     |
|-----|-------------------------------------|-------------|-------|-------|-------|-------|-----|
| B   | BASE YEAR EXPENSES                  | RECORDS     | -     | -     | -     | XXXXX | B   |
| C   | ALLOC FROM CAFETERIA, PARKING, ETC. | SCH OAC     | -     | XXXX  | -     | XXXXX | C   |
| D   | ALLOC FROM GENERAL SERVICE CENTER   | ////        | XXXXX | XXXX  | XXXXX | XXXXX | D   |
| /// | COL. 5 COST CENTER                  | COL. 6 CODE | ////  | XXXXX | XXXX  | XXXXX |     |
| D1  |                                     |             |       |       | -     | XXXXX | D1  |
| D2  |                                     |             |       |       | -     | XXXXX | D2  |
| D3  |                                     |             |       |       | -     | XXXXX | D3  |
| D4  |                                     |             |       |       | -     | XXXXX | D4  |
| D5  |                                     |             |       |       | -     | XXXXX | D5  |
| D6  |                                     |             |       |       | -     | XXXXX | D6  |
| D7  |                                     |             |       |       | -     | XXXXX | D7  |
| D8  |                                     |             |       |       | -     | XXXXX | D8  |
| D9  |                                     |             |       |       | -     | XXXXX | D9  |
| D10 |                                     |             |       |       | -     | XXXXX | D10 |
| D11 |                                     |             |       |       | -     | XXXXX | D11 |
| D12 |                                     |             |       |       | -     | XXXXX | D12 |
| E   | CAPITAL FACILITIES ALLOWANCE        | SCH H3      |       | -     | -     | XXXXX | E   |
| F   | BASE YEAR ADJUSTED EXPENSES         | B+C+D+E     | -     | -     | -     | -     | F   |

**BASE YEAR PROFIT (LOSS)**

|   |                   |         |       |       |   |       |   |
|---|-------------------|---------|-------|-------|---|-------|---|
| G | BASE YEAR REVENUE | RECORDS | XXXXX | XXXXX | - | XXXXX | G |
| H | PROFIT (LOSS)     | G-F     | XXXXX | XXXXX | - | XXXXX | H |

**FTE DATA**

|   |                             |         |  |  |  |  |   |
|---|-----------------------------|---------|--|--|--|--|---|
| I | BASE YEAR HOURS WORKED/2080 | RECORDS |  |  |  |  | I |
|---|-----------------------------|---------|--|--|--|--|---|

**OTHER INSTITUTIONAL PROGRAMS  
OHE**

**F 3**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

|   |                |                    |
|---|----------------|--------------------|
|   | VOLUME<br>DATA | BASE YEAR<br>UNITS |
| A | No. Students   | 9                  |

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

**OTHER HEALTH PROFESSION EDUCATION 8260**

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

**BASE YEAR DATA**

|     |  |             |       |       |       |          |     |
|-----|--|-------------|-------|-------|-------|----------|-----|
| B   | BASE YEAR EXPENSES                       | RECORDS     | 232.4 | 353.5 | 585.9 | XXXXX    | B   |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH OAC     | 4.0   | XXXX  | 4.0   | XXXXX    | C   |
| D   | ALLOCATION FROM GENERAL SERVICE CENTER   | ////        | XXXXX | XXXX  | XXXXX | XXXXX    | D   |
| /// | COL. 5 COST CENTER                       | COL. 6 CODE | ////  | XXXXX | XXXX  | XXXXX    |     |
| D1  | General Accounting                       | FIS         | 1.7   | 1.4   | 3.1   | XXXXX    | D1  |
| D2  | Hospital Administration                  | MGT         | 10.3  | 6.0   | 16.3  | XXXXX    | D2  |
| D3  |  |             |       |       | -     | XXXXX    | D3  |
| D4  |  |             |       |       | -     | XXXXX    | D4  |
| D5  |  |             |       |       | -     | XXXXX    | D5  |
| D6  |  |             |       |       | -     | XXXXX    | D6  |
| D7  |  |             |       |       | -     | XXXXX    | D7  |
| D8  |  |             |       |       | -     | XXXXX    | D8  |
| D9  |  |             |       |       | -     | XXXXX    | D9  |
| D10 |  |             |       |       | -     | XXXXX    | D10 |
| D11 |  |             |       |       | -     | XXXXX    | D11 |
| D12 |  |             |       |       | -     | XXXXX    | D12 |
| E   | CAPITAL FACILITIES ALLOWANCE             | SCH H3      |       | -     | -     | XXXXX    | E   |
| F   | BASE YEAR ADJUSTED EXPENSES              | B+C+D+E     | 248.4 | 360.9 | 609.3 | 67.69505 | F   |

**BASE YEAR PROFIT (LOSS)**

|   |                   |         |       |       |         |       |   |
|---|-------------------|---------|-------|-------|---------|-------|---|
| G | BASE YEAR REVENUE | RECORDS | XXXXX | XXXXX | 73.1    | XXXXX | G |
| H | PROFIT (LOSS)     | G-F     | XXXXX | XXXXX | (536.2) | XXXXX | H |

**FTE DATA**

|   |                             |         |     |  |  |  |   |
|---|-----------------------------|---------|-----|--|--|--|---|
| I | BASE YEAR HOURS WORKED/2080 | RECORDS | 2.5 |  |  |  | I |
|---|-----------------------------|---------|-----|--|--|--|---|

**OTHER INSTITUTIONAL PROGRAMS  
CHE**

**F 4**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

|   | VOLUME DATA      | BASE YEAR UNITS |
|---|------------------|-----------------|
| A | No. Participants | 32,000          |

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

**COMMUNITY HEALTH EDUCATION**

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

**BASE YEAR DATA**

|     |                                     |             |         |         |         |         |     |
|-----|-------------------------------------|-------------|---------|---------|---------|---------|-----|
| B   | BASE YEAR EXPENSES                  | RECORDS     | 2,567.9 | 1,814.3 | 4,382.2 | XXXXX   | B   |
| C   | ALLOC FROM CAFETERIA, PARKING, ETC. | SCH OAC     | 3.4     | XXXX    | 3.4     | XXXXX   | C   |
| D   | ALLOC FROM GENERAL SERVICE CENTER   | ////        | XXXXX   | XXXX    | XXXXX   | XXXXX   | D   |
| /// | COL. 5 COST CENTER                  | COL. 6 CODE | ////    | XXXXX   | XXXX    | XXXXX   |     |
| D1  | General Accounting                  | FIS         | 18.6    | 15.7    | 34.3    | XXXXX   | D1  |
| D2  | Housekeeping                        | HKP         | 27.1    | 5.5     | 32.6    | XXXXX   | D2  |
| D3  | Hospital Administration             | MGT         | 113.7   | 66.4    | 180.1   | XXXXX   | D3  |
| D4  | Plant Operations                    | POP         | 29.0    | 73.6    | 102.6   | XXXXX   | D4  |
| D5  | Purchasing & Stores                 | PUR         | 13.7    | 11.2    | 24.9    | XXXXX   | D5  |
| D6  |                                     |             |         |         | -       | XXXXX   | D6  |
| D7  |                                     |             |         |         | -       | XXXXX   | D7  |
| D8  |                                     |             |         |         | -       | XXXXX   | D8  |
| D9  |                                     |             |         |         | -       | XXXXX   | D9  |
| D10 |                                     |             |         |         | -       | XXXXX   | D10 |
| D11 |                                     |             |         |         | -       | XXXXX   | D11 |
| D12 |                                     |             |         |         | -       | XXXXX   | D12 |
| E   | CAPITAL FACILITIES ALLOWANCE        | SCH H3      |         | 311.3   | 311.3   | XXXXX   | E   |
| F   | BASE YEAR ADJUSTED EXPENSES         | B+C+D+E     | 2,773.4 | 2,298.0 | 5,071.3 | 0.15848 | F   |

**BASE YEAR PROFIT (LOSS)**

|   |                   |         |       |       |           |       |   |
|---|-------------------|---------|-------|-------|-----------|-------|---|
| G | BASE YEAR REVENUE | RECORDS | XXXXX | XXXXX | 878.9     | XXXXX | G |
| H | PROFIT (LOSS)     | G-F     | XXXXX | XXXXX | (4,192.4) | XXXXX | H |

**FTE DATA**

|   |                             |         |      |  |  |  |   |
|---|-----------------------------|---------|------|--|--|--|---|
| I | BASE YEAR HOURS WORKED/2080 | RECORDS | 28.2 |  |  |  | I |
|---|-----------------------------|---------|------|--|--|--|---|

RECONCILIATION OF BASE YEAR EXPENSES

RC

TO SCHEDULE RE

INSTITUTION NAME: Anne Arundel Medical Center BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

|    | Expenses                             | Sources                                       | HSCRC Regulated | Unregulated | Total     |    |
|----|--------------------------------------|---|-----------------|-------------|-----------|----|
| A  | Unassigned Expense                   | Sch. UA, Lines C-B, Col. 10                   | 63,309.6        | 1,090.8     | 64,400.4  | A  |
| B  | Physicians Part B Services           | P2 Ln A Col 7<br>UR6 Ln B Col 3               |                 | 24,581.4    | 24,581.4  | B  |
| C  | Physician Support Services           | Sch. P3, Line A, Col. 7<br>UR, Line B, COL. 3 |                 |             |           | C  |
| D  | Resident, Intern Services            | Sch. P4 & P5, Line A, Col. 7                  | 1,280.3         |             | 1,280.3   | D  |
| E  | Overhead Expense Survey              | Sch OES, Line P, Col. 1                       | 135,817.7       | 1,470.8     | 137,288.5 | E  |
| F  | Patient Care Centers                 | Schs D1 - D81, Line B, Col. 4                 | 311,387.6       | XXXXX       | 311,387.6 | F  |
| G  | Auxiliary Enterprises                | Schs E1 - 9, Line B, Col 3                    | 3,598.5         | 4,522.5     | 8,121.0   | G  |
| H  | Other Institution Programs           | Schs F1 - F4, Line B, Col 3                   | XXXXX           | 5,490.4     | 5,490.4   | H  |
| I  | Unregulated Services                 | Schs UR1-UR9 - line B & C                     | XXXXX           | 4,118.1     | 4,118.1   | I  |
| J  | Total Operating Expenses             | A+B+C+D+E+F+G+H+I                             | 515,393.7       | 41,274.0    | 556,667.7 | J  |
| K  | Non-Operating Expenses               | Non-Operating Expenses                        | XXXXX           |             |           | K  |
| L  | Total Expenses                       | J + K   | 515,393.7       | 41,274.0    | 556,667.7 | L  |
| M  | Total Operating Expenses - RE sch    | Sch RE, Line S                                | 514,500.7       | 42,167.3    | 556,668.0 | M  |
| N  | Non-Operating Expenses - RE sch      | Sch RE, Line V                                | XXXXX           |             |           | N  |
| O  | Total Expenses - RE sch              | M + N   | 514,500.7       | 42,167.3    | 556,668.0 | O  |
| P  | Reconciliation Amount                | O - L   | (893.0)         | 893.3       | 0.3       | P  |
| Q  | Nomenclature                         | XXXXX   | XXXXX           | XXXXX       | XXXXX     | Q  |
| Q1 | Other Non-Operating Expense          | Audited Financial Statements                  |                 |             |           | Q1 |
| Q2 | Rounding                             |   | (0.3)           | (0.0)       | (0.3)     | Q2 |
| Q3 | O/H Exp Alloc to Aux Ent             | Schs E2, E7-E9                                | 446.6           | (446.6)     |           | Q3 |
| Q4 | Aux Ent Loss Treated as Fringe       | Sch OA  | 108.0           | (108.0)     |           | Q4 |
| Q5 | Capital Facilities Allow to E, F, UR |   | 338.7           | (338.7)     |           | Q5 |
| Q6 | Ineligible I&R                       |   |                 |             |           | Q6 |
| Q7 |                                      |   |                 |             |           | Q7 |

## STATEMENT OF REVENUE AND EXPENSES

RE

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR

6/30/2019INSTITUTION NUMBER: 0023

|                                  |  | COL 1     | COL 2       | COL 3     |    |
|----------------------------------|--|-----------|-------------|-----------|----|
|                                  |  | Regulated | Unregulated | Total     |    |
| <b>Operating Revenues:</b>       |  | xxxx      | xxxx        | xxxx      |    |
| A                                | Gross Revenues from Daily Hospital Services                        | 129,378.2 | -           | 129,378.2 | A  |
| B                                | Gross Revenues from Ambulatory Services                            | 107,877.7 | -           | 107,877.7 | B  |
| C                                | Gross Revenues from Inpatient Ancillary Services                   | 182,198.9 | -           | 182,198.9 | C  |
| D                                | Gross Revenues from Outpatient Ancillary Services                  | 220,201.7 | 12,128.2    | 232,329.9 | D  |
| E                                | Gross Patient Revenues   | 639,656.5 | 12,128.2    | 651,784.7 | E  |
| <b>Deductions from Revenues:</b> |  | xxxx      | xxxx        | xxxx      |    |
| F                                | Provision for Bad Debts  | 13,291.4  | 109.5       | 13,400.9  | F  |
| G                                | Charity/Uncompensated Care   | 4,024.3   | 182.8       | 4,207.1   | G  |
| H                                | Contractual Adjustments  | 27,450.0  | 7,171.3     | 34,621.3  | H  |
| H1                               | Uncompensated Care Fund Payments                                   | 6,890.5   | -           | 6,890.5   | H1 |
| H2                               | Denials  | 7,390.1   | 497.8       | 7,888.0   | H2 |
| I                                | Other Deductions from Revenues                                     | 19,775.9  | -           | 19,775.9  | I  |
| J                                | Total Deductions from Revenues                                     | 78,822.2  | 7,961.4     | 86,783.6  | J  |
| J1                               | Uncompensated Care Fund Receipts                                   | -         | -           | -         | J1 |
| K                                | Net Patient Revenues   | 560,834.3 | 4,166.8     | 565,001.1 | K  |
| L                                | Other Operating Revenues   | 4,560.1   | 8,860.9     | 13,421.0  | L  |
| M                                | Net Operating Revenues   | 565,394.4 | 13,027.7    | 578,422.0 | M  |
| <b>Operating Expenses:</b>       |  | xxxx      | xxxx        | xxxx      |    |
| N                                | Salaries, Wages, and Employee Benefits                             | 240,384.3 | 11,290.7    | 251,675.0 | N  |
| O                                | Professional Fees  | 6,032.6   | -           | 6,032.6   | O  |
| P                                | Supplies   | 143,523.0 | -           | 143,523.0 | P  |
| Q                                | Depreciation/Amortization, Leases/Rentals                          | 36,854.7  | 1,033.2     | 37,887.9  | Q  |
| R                                | Other Expenses   | 87,706.1  | 29,843.4    | 117,549.5 | R  |
| S                                | Total Operating Expenses   | 514,500.7 | 42,167.3    | 556,668.0 | S  |
| T                                | <b>Excess (Deficit) Operating Revenues Over Operating Expenses</b> | 50,893.7  | (29,139.6)  | 21,754.1  | T  |
| U                                | Non-Operating Revenues   | xxxx      | (4,660.0)   | (4,660.0) | U  |
| V                                | Non-Operating Expenses   | xxxx      | -           | -         | V  |
| W                                | <b>Excess (Deficit) Revenues Over Expenses</b>                     | 50,893.7  | (33,799.6)  | 17,094.1  | W  |
| X                                | Operating Expenses per EIPD  | 2.56      | xxxx        | xxxx      | X  |
| Y                                | Operating Expenses per EIPA  | 9.80      | xxxx        | xxxx      | Y  |
| Z                                | Working Capital Ratio = Current Assets/Current Liabilities         | 0.9       | xxxx        | xxxx      | Z  |
| AA                               | Admissions   | 25,566    | -           | 25,566    | W  |
| BB                               | EIPA's   | 52,486    | -           | 53,481    | X  |

SCHEDULE RE R

SCHEDULE RE R

Hospital Name: Anne Arundel Medical Center  
 Hospital Number: 0023

FY2019 RECONCILIATION OF THE AUDITED FINANCIALS  
 TO SCHEDULE RE

|   | Audited Financial Statements | Miscellaneous Adjustments | Auxiliary Enterprises, Othe |         |            |              |             |            |           |          |         |          |             |                 |                 |   |           |
|---|------------------------------|---------------------------|-----------------------------|---------|------------|--------------|-------------|------------|-----------|----------|---------|----------|-------------|-----------------|-----------------|---|-----------|
|   |                              |                           | E 1                         | E 2     | E 3        | E 4          | E 5         | E 6        | E 7       | E 8      | E 9     | F 1      | F 2         | F 3             | F 4             |   |           |
|   |                              |                           | Ambulance                   | Parking | Dr. Office | Other Office | Retail Ops. | Pt. Phones | Cafeteria | Day Care | Housing | Research | Nursing Ed. | Other Hlth. Ed. | Comm. Hlth. Ed. |   |           |
| <b>Revenue:</b>   |                              |                           |                             |         |            |              |             |            |           |          |         |          |             |                 |                 |   |           |
| Gross Patient Revenue   | 651,784.7                    |                           |                             |         |            |              |             |            |           |          |         |          | 4.5         |                 |                 |   |           |
| <b>Deductions from Patient Revenue:</b>                       |                              |                           |                             |         |            |              |             |            |           |          |         |          |             |                 |                 |   |           |
| Charity Care/UCC  | 4,207.1                      |                           |                             |         |            |              |             |            |           |          |         |          |             |                 |                 |   |           |
| Provisions for Bad Debts                                      | 13,400.9                     |                           |                             |         |            |              |             |            |           |          |         |          |             |                 |                 |   |           |
| Contractual Adjustments                                       | 34,621.3                     |                           |                             |         |            |              |             |            |           |          |         |          |             |                 |                 |   |           |
| UCC Fund Payments   | 6,890.5                      |                           |                             |         |            |              |             |            |           |          |         |          |             |                 |                 |   |           |
| Denials   | 7,888.0                      |                           |                             |         |            |              |             |            |           |          |         |          |             |                 |                 |   |           |
| Other Deductions  | 19,775.9                     |                           |                             |         |            |              |             |            |           |          |         |          |             |                 |                 |   |           |
| Total Deductions  | 86,783.7                     | -                         | -                           | -       | -          | -            | -           | -          | -         | -        | -       | -        | -           | -               | -               | - | -         |
| UCC Fund Receipts   |                              |                           |                             |         |            |              |             |            |           |          |         |          |             |                 |                 |   |           |
| Net Patient Revenue   | 565,001.0                    | -                         | -                           | -       | -          | -            | -           | -          | -         | -        | -       | -        | 4.5         | -               | -               | - | -         |
| Other Operating Revenue                                       | 13,421.0                     |                           |                             |         |            | 1,328.9      |             |            | 4,843.6   |          |         |          | 331.9       |                 | 73.1            |   | 878.9     |
| Total Operating Revenue                                       | 578,422.0                    | -                         | -                           | -       | -          | 1,328.9      | -           | -          | 4,843.6   | -        | -       | -        | 336.4       | -               | 73.1            | - | 878.9     |
| <b>Operating Expenses:</b>                                    |                              |                           |                             |         |            |              |             |            |           |          |         |          |             |                 |                 |   |           |
| Salaries, Wages & Benefits                                    | 251,675.0                    |                           | -                           | 14.9    | -          | 670.2        | -           | -          | 3,779.1   | -        | -       | -        | 499.6       | -               | 248.4           |   | 2,773.4   |
| Professional Fees   | -                            | 6,032.6                   |                             | -       |            | -            |             |            | -         |          |         |          | -           | -               | -               |   | -         |
| Supplies  | 143,523.0                    |                           |                             | -       |            |              |             |            | -         |          |         |          |             |                 |                 |   |           |
| Purchased Services & Other                                    | 121,111.1                    | (14,307.5)                |                             | -       | (605.9)    | -            | 16.7        | -          | 202.6     | 930.0    | -       | -        | 64.2        | -               | 360.9           |   | 2,298.0   |
| Depreciation/Amortization                                     | 29,613.0                     |                           |                             | -       | 591.0      | -            | -           | -          | -         | 46.7     | -       | -        |             |                 |                 |   |           |
| Leases/Rentals  |                              | 8,274.9                   |                             | -       | -          | -            | -           | -          | -         | 87.8     | -       | -        |             |                 |                 |   |           |
| Interest  | 10,746.0                     |                           |                             | -       | -          | -            | -           | -          | -         | -        | -       | -        |             |                 |                 |   |           |
| Provision for Bad Debts                                       |                              |                           |                             |         |            |              |             |            |           |          |         |          |             |                 |                 |   |           |
| Total Operating Expenses                                      | 556,668.0                    | -                         | -                           | -       | -          | 686.9        | -           | 202.6      | 4,843.6   | -        | -       | -        | 563.8       | -               | 609.3           |   | 5,071.3   |
| Income from Operations  | 21,754.0                     | -                         | -                           | -       | -          | 642.0        | -           | (202.6)    | -         | -        | -       | -        | (227.4)     | -               | (536.2)         |   | (4,192.4) |
| Non-Operating Revenues  | (4,660.0)                    |                           |                             |         |            |              |             |            |           |          |         |          |             |                 |                 |   |           |
| Non-Operating Expenses  |                              |                           |                             |         |            |              |             |            |           |          |         |          |             |                 |                 |   |           |
| Non-Operating Gains, Net                                      | (4,660.0)                    | -                         | -                           | -       | -          | -            | -           | -          | -         | -        | -       | -        | -           | -               | -               |   | -         |
| <b>Revenue &amp; Gains in Excess of Expenses &amp; Losses</b> | 17,094.1                     | -                         | -                           | -       | -          | 642.0        | -           | (202.6)    | -         | -        | -       | -        | (227.4)     | -               | (536.2)         |   | (4,192.4) |

SCHEDULE RE R

Hospital Name: Anne Arundel Medical Center  
 Hospital Number: 0023

SCHEDULE RE R

FY2019 RECONCILIATION OF THE AUDITED FINANCIALS  
 TO SCHEDULE RE

|   | Audited Financial Statements | Miscellaneous Adjustments | r Institutional Programs and Unregulated |                                     |                               |                                    |                             |                               |   |  |                            |       |         |       |       |       |   |
|---|------------------------------|---------------------------|--|-------------------------------------|-------------------------------|------------------------------------|-----------------------------|-------------------------------|---|--|----------------------------|-------|---------|-------|-------|-------|---|
|   |                              |                           | UR 1<br>FREE<br>STANDING<br>CLINIC       | UR 2<br>PRIVATE<br>HOME<br>SERVICES | UR 3<br>OUTPATIENT<br>T RENAL | UR 4<br>SKILLED<br>NURSING<br>CARE | UR 5<br>LAB NON-<br>PATIENT | UR 6<br>PHYSICIAN<br>S PART B | UR 7<br>CERTIFIED<br>NURSE<br>ANESTHETI | UR 8<br>PHYSICIAN<br>SUPPORT<br>SERVICES | UR 9<br>HACKERMA<br>N-PATZ | UR 10 | UR 11   | UR 12 | UR 13 | UR 14 |   |
| <b>Revenue:</b>                         |                              |                           |  |                                     |                               |                                    |                             |                               |   |  |                            |       |         |       |       |       |   |
| Gross Patient Revenue                   | 651,784.7                    |                           | 55.4                                     |                                     | 116.1                         |                                    | 11,952.2                    |                               |   |  |                            |       |         |       |       |       | - |
| <b>Deductions from Patient Revenue:</b> |                              |                           |  |                                     |                               |                                    |                             |                               |   |  |                            |       |         |       |       |       |   |
| Charity Care/UCC                        | 4,207.1                      |                           | 0.8                                      |                                     | 1.7                           |                                    | 180.2                       |                               |   |  |                            |       |         |       |       |       |   |
| Provisions for Bad Debts                | 13,400.9                     |                           | 0.5                                      |                                     | 1.0                           |                                    | 108.0                       |                               |   |  |                            |       |         |       |       |       |   |
| Contractual Adjustments                 | 34,621.3                     |                           |  |                                     |                               |                                    | 7,171.3                     |                               |   |  |                            |       |         |       |       |       |   |
| UCC Fund Payments                       | 6,890.5                      |                           |  |                                     |                               |                                    |                             |                               |   |  |                            |       |         |       |       |       |   |
| Denials                                 | 7,888.0                      |                           |  |                                     |                               |                                    | 497.8                       |                               |   |  |                            |       |         |       |       |       |   |
| Other Deductions                        | 19,775.9                     |                           |  |                                     |                               |                                    |                             |                               |   |  |                            |       |         |       |       |       |   |
| Total Deductions                        | 86,783.7                     | -                         | 1.3                                      | -                                   | 2.8                           | -                                  | 7,957.3                     | -                             | -                                       | -  | -                          | -     | -       | -     | -     | -     | - |
| UCC Fund Receipts                       |                              |                           |  |                                     |                               |                                    |                             |                               |   |  |                            |       |         |       |       |       |   |
| Net Patient Revenue                     | 565,001.0                    | -                         | 54.1                                     | -                                   | 113.3                         | -                                  | 3,994.9                     | -                             | -                                       | -  | -                          | -     | -       | -     | -     | -     | - |
| Other Operating Revenue                 | 13,421.0                     |                           | 580.0                                    |                                     |                               |                                    |                             | 688.4                         |   |  |                            |       | 136.1   |       |       |       |   |
| Total Operating Revenue                 | 578,422.0                    | -                         | 634.1                                    | -                                   | 113.3                         | -                                  | 3,994.9                     | 688.4                         | -                                       | -  | -                          | -     | 136.1   | -     | -     | -     | - |
| <b>Operating Expenses:</b>              |                              |                           |  |                                     |                               |                                    |                             |                               |   |  |                            |       |         |       |       |       |   |
| Salaries, Wages & Benefits              | 251,675.0                    |                           | 436.8                                    | -                                   | 0.6                           | -                                  | 2,089.1                     | 679.2                         | -                                       | -  | -                          | -     | 99.5    | -     | -     | -     | - |
| Professional Fees                       | -                            | 6,032.6                   |  |                                     |                               |                                    |                             |                               |   |  |                            |       |         |       |       |       |   |
| Supplies                                | 143,523.0                    |                           |  |                                     |                               |                                    |                             |                               |   |  |                            |       |         |       |       |       |   |
| Purchased Services & Other              | 121,111.1                    | (14,307.5)                | 357.3                                    | -                                   | 93.8                          | -                                  | 1,320.6                     | 24,711.0                      | -                                       | -  | -                          | -     | 64.2    | -     | -     | -     | - |
| Depreciation/Amortization               | 29,613.0                     |                           | 114.4                                    | -                                   | -                             | -                                  | 18.3                        | 0.5                           | -                                       | -  | -                          | -     | 95.4    | -     | -     | -     | - |
| Leases/Rentals                          |                              | 8,274.9                   | -  | -                                   | -                             | -                                  | 79.1                        | -                             | -                                       | -  | -                          | -     | -       | -     | -     | -     | - |
| Interest                                | 10,746.0                     |                           | -  | -                                   | -                             | -                                  | 30.1                        | -                             | -                                       | -  | -                          | -     | -       | -     | -     | -     | - |
| Provision for Bad Debts                 |                              |                           |  |                                     |                               |                                    |                             |                               |   |  |                            |       |         |       |       |       |   |
| Total Operating Expenses                | 556,668.0                    | -                         | 908.5                                    | -                                   | 94.4                          | -                                  | 3,537.2                     | 25,390.7                      | -                                       | -  | -                          | -     | 259.1   | -     | -     | -     | - |
| Income from Operations                  | 21,754.0                     | -                         | (274.4)                                  | -                                   | 18.9                          | -                                  | 457.7                       | (24,702.3)                    | -                                       | -  | -                          | -     | (123.0) | -     | -     | -     | - |
| Non-Operating Revenues                  | (4,660.0)                    |                           |  |                                     |                               |                                    |                             |                               |   |  |                            |       |         |       |       |       |   |
| Non-Operating Expenses                  |                              |                           |  |                                     |                               |                                    |                             |                               |   |  |                            |       |         |       |       |       |   |
| Non-Operating Gains, Net                | (4,660.0)                    | -                         | -  | -                                   | -                             | -                                  | -                           | -                             | -                                       | -  | -                          | -     | -       | -     | -     | -     | - |
| <b>Revenue &amp; Gains in Excess</b>    |                              |                           |  |                                     |                               |                                    |                             |                               |   |  |                            |       |         |       |       |       |   |
| <b>of Expenses &amp; Losses</b>         | 17,094.1                     | -                         | (274.4)                                  | -                                   | 18.9                          | -                                  | 457.7                       | (24,702.3)                    | -                                       | -  | -                          | -     | (123.0) | -     | -     | -     | - |

**SCHEDULE RE R**

Hospital Name: Anne Arundel Medical Center  
 Hospital Number: 0023

|   | Audited<br>Financial<br>Statements | Miscellaneous<br>Adjustments | UR 15 | Total       | Total     | Total     | RE        |
|---|------------------------------------|------------------------------|-------|-------------|-----------|-----------|-----------|
|   |                                    |                              | -     | Unregulated | Regulated |           | Line      |
| <b>Revenue:</b>                         |                                    |                              |       |             |           |           |           |
| Gross Patient Revenue                   | 651,784.7                          |                              | -     | 12,128.2    | 639,656.5 | 651,784.7 | <b>E</b>  |
| <b>Deductions from Patient Revenue:</b> |                                    |                              |       |             |           |           |           |
| Charity Care/UCC                        | 4,207.1                            |                              |       | 182.8       | 4,024.4   | 4,207.1   | <b>G</b>  |
| Provisions for Bad Debts                | 13,400.9                           |                              |       | 109.5       | 13,291.4  | 13,400.9  | <b>F</b>  |
| Contractual Adjustments                 | 34,621.3                           |                              |       | 7,171.3     | 27,450.0  | 34,621.3  | <b>H</b>  |
| UCC Fund Payments                       | 6,890.5                            |                              |       | -           | 6,890.5   | 6,890.5   | <b>H1</b> |
| Denials                                 | 7,888.0                            |                              |       | 497.8       | 7,390.1   | 7,888.0   | <b>H2</b> |
| Other Deductions                        | 19,775.9                           |                              |       | -           | 19,775.9  | 19,775.9  | <b>I</b>  |
| Total Deductions                        | 86,783.7                           | -                            | -     | 7,961.4     | 78,822.3  | 86,783.7  | <b>J</b>  |
| UCC Fund Receipts                       |                                    |                              |       | -           | -         | -         | <b>J1</b> |
| Net Patient Revenue                     | 565,001.0                          | -                            | -     | 4,166.8     | 560,834.2 | 565,001.0 | <b>K</b>  |
| Other Operating Revenue                 | 13,421.0                           |                              |       | 8,860.9     | 4,560.1   | 13,421.0  | <b>L</b>  |
| Total Operating Revenue                 | 578,422.0                          | -                            | -     | 13,027.7    | 565,394.3 | 578,422.0 | <b>M</b>  |
| <b>Operating Expenses:</b>              |                                    |                              |       |             |           |           |           |
| Salaries, Wages & Benefits              | 251,675.0                          |                              | -     | 11,290.7    | 240,384.3 | 251,675.0 | <b>N</b>  |
| Professional Fees                       | -                                  | 6,032.6                      |       | -           | 6,032.6   | 6,032.6   | <b>O</b>  |
| Supplies                                | 143,523.0                          |                              |       | -           | 143,523.0 | 143,523.0 | <b>P</b>  |
| Purchased Services & Other              | 121,111.1                          | (14,307.5)                   | -     | 29,813.3    | 76,990.2  | 106,803.6 | <b>R</b>  |
| Depreciation/Amortization               | 29,613.0                           |                              | -     | 866.3       | 28,746.7  | 29,613.0  | <b>Q</b>  |
| Leases/Rentals                          |                                    | 8,274.9                      | -     | 166.9       | 8,108.0   | 8,274.9   | <b>Q</b>  |
| Interest                                | 10,746.0                           |                              | -     | 30.1        | 10,715.9  | 10,746.0  | <b>R</b>  |
| Provision for Bad Debts                 |                                    |                              |       | -           | -         | -         |           |
| Total Operating Expenses                | 556,668.0                          | -                            | -     | 42,167.3    | 514,500.7 | 556,668.0 | <b>S</b>  |
| Income from Operations                  | 21,754.0                           | -                            | -     | (29,139.6)  | 50,893.6  | 21,754.0  | <b>T</b>  |
| Non-Operating Revenues                  | (4,660.0)                          |                              |       | (4,660.0)   | -         | (4,660.0) | <b>U</b>  |
| Non-Operating Expenses                  |                                    |                              |       | -           | -         | -         | <b>V</b>  |
| Non-Operating Gains, Net                | (4,660.0)                          | -                            | -     | (4,660.0)   | -         | (4,660.0) |           |
| <b>Revenue &amp; Gains in Excess</b>    |                                    |                              |       |             |           |           |           |
| <b>of Expenses &amp; Losses</b>         | 17,094.1                           | -                            | -     | (33,799.6)  | 50,893.6  | 17,094.1  |           |

OVERHEAD STATISTICAL APPORTIONMENT

JS1 & JS2

INSTITUTION NAME: Anne Arundel Medical Center  
 INSTITUTION NUMBER: 0023

BASE YEAR

Revised 5/7/20  
 6/30/2019

| UNIT COST CALCULATIONS           |   | COL 1         | COL 2                  | COL 3                           | COL 4                   | COL 5                              | COL 6                        | COL 7                           | COL 7 A                          | COL 8                            | COL 9                 | COL 10              |
|----------------------------------|---|---------------|------------------------|---------------------------------|-------------------------|------------------------------------|------------------------------|---------------------------------|----------------------------------|----------------------------------|-----------------------|---------------------|
|                                  |   | DIETARY MEALS | LAUNDRY & LINEN POUNDS | PURCHASING STORES OTH EXP SCHED | HOUSEKEEPING # OF HOURS | CENT SUPPLY PHARMACY SOC SERV. OAO | PLANT OPERATIONS NET SQ FEET | INPATIENT: PAC, MRD FIS.MGT.NAD | AMBULATORY: PAC, MRD FIS.MGT.NAD | OUTPATIENT: PAC, MRD FIS.MGT.NAD | MED STAFF ADMIN EIPAs | UNASSIGNED EXPENSES |
| A                                | Overhead Expenses                       | 3,280.9       | 1,177.8                | 4,520.7                         | 6,175.3                 | 20,048.0                           | 18,088.5                     | 33,367.8                        | 9,432.3                          | 20,560.8                         | 3,599.4               | 15,739.2            |
| B                                | Units                                   | 716,827       | 1,956,808              | 37,131                          | 175,873                 | ////////                           | 428,031                      | 127,875                         | 36,147                           | 56,896                           | 52,486                | 319,369             |
| C                                | Cost per unit                           | \$0.00        | \$0.00                 | \$0.12                          | \$0.04                  | ////////                           | \$0.04                       | \$0.26                          | \$0.26                           | \$0.36                           | \$0.07                | \$0.05              |
| <b>STATISTICAL APPORTIONMENT</b> |   |               |                        |                                 |                         |                                    |                              |                                 |                                  |                                  |                       |                     |
| D1                               | Med/Surg Acute                          | MSG           | 509,554                | 588,339                         | 5,377                   | 54,182                             | ////////                     | 131,867                         | 46,431                           | ////////                         | ////////              | 69,362              |
| 2                                | Pediatric Acute                         | PED           | 4,268                  | 50,877                          | 39                      | 547                                | ////////                     | 1,331                           | 601                              | ////////                         | ////////              | 888                 |
| 3                                | Psychiatric Acute                       | PSY           | -                      | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 4                                | Obstetrics Acute                        | OBS           | 81,086                 | 93,103                          | 637                     | 7,709                              | ////////                     | 18,761                          | 6,211                            | ////////                         | ////////              | 9,400               |
| 5                                | Definitive Observation                  | DEF           | 24,447                 | 4,360                           | 235                     | 2,284                              | ////////                     | 5,559                           | 2,750                            | ////////                         | ////////              | 3,926               |
| 6                                | Med/Surg Intensive Care                 | MIS           | 35,815                 | 126,705                         | 644                     | 7,489                              | ////////                     | 18,225                          | 7,579                            | ////////                         | ////////              | 10,908              |
| 7                                | Coronary Care                           | CCU           | -                      | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 8                                | Pediatric Intensive Care                | PIC           | -                      | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 9                                | Neo-Natal Intensive Care                | NEO           | -                      | 21,884                          | 339                     | 2,505                              | ////////                     | 6,096                           | 5,445                            | ////////                         | ////////              | 7,266               |
| 10                               | Burn Care                               | BUR           | -                      | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 11                               | Psychiatric Intensive Care              | PSI           | -                      | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 12                               | Shock Trauma                            | TRM           | -                      | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 13                               | Oncology                                | ONC           | -                      | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 14                               | Newborn Nursery                         | NUR           | XXXXX                  | 13,370                          | 391                     | 3,245                              | ////////                     | 7,897                           | 2,625                            | ////////                         | ////////              | 3,814               |
| 15                               | Premature Nursery                       | PRE           | XXXXX                  | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 16                               | Rehabilitation                          | RHB           | -                      | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 17                               | Intermediate Care                       | ICC           | -                      | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 18                               | Emergency Services                      | EMG           | -                      | 153,713                         | 2,673                   | 15,333                             | ////////                     | 37,316                          | 3,154                            | 13,243                           | 9,644                 | 23,871              |
| 19                               | Clinical Services                       | CL            | XXXXX                  | 136,859                         | 3,793                   | 4,185                              | ////////                     | 10,186                          | 93                               | 8,717                            | 7,528                 | 12,747              |
| 20                               | Observation                             | OBV           | 61,657                 | 40,801                          | 979                     | 5,061                              | ////////                     | 12,322                          | 1,346                            | 5,640                            | 842                   | 9,990               |
| 21                               | Psych. Day & Night Care                 | PDC           | -                      | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 22                               | Lithotripsy                             | LIT           | XXXXX                  | -                               | 55                      | -                                  | ////////                     | 56                              | -                                | ////////                         | ////////              | 78                  |
| 23                               | Same Day Surgery                        | SDS           | -                      | 63,982                          | 509                     | 5,074                              | ////////                     | 12,350                          | 8,547                            | ////////                         | 8,907                 | 12,189              |
| 24                               | Free Standing Emergency                 | FSE           | -                      | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 25                               | Labor & Delivery Services               | DEL           | XXXXX                  | 132,285                         | 1,297                   | 10,333                             | ////////                     | 25,147                          | 10,373                           | ////////                         | 1,028                 | 16,142              |
| 26                               | Operating Room                          | OR            | XXXXX                  | 224,852                         | 3,964                   | 24,197                             | ////////                     | 58,889                          | 11,672                           | ////////                         | 16,112                | 40,608              |
| 27                               | Operating Room Clinic                   | ORC           | XXXXX                  | 11,315                          | 31                      | 327                                | ////////                     | 797                             | 2                                | ////////                         | 274                   | 430                 |
| 28                               | Ambulance Services-Rebundled            | AMR           | -                      | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 29                               | Anesthesiology                          | ANS           | XXXXX                  | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 30                               | Laboratory Services                     | LAB           | XXXXX                  | -                               | 8,237                   | 5,079                              | ////////                     | 12,361                          | 9,182                            | ////////                         | 6,575                 | 22,232              |
| 31                               | Ambulatory Surgery (PBP)                | AMS           | -                      | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 32                               | Electrocardiography                     | EKG           | XXXXX                  | -                               | 93                      | 689                                | ////////                     | 1,677                           | 588                              | ////////                         | 454                   | 1,466               |
| 33                               | Electroencephalography                  | EEG           | XXXXX                  | -                               | 256                     | -                                  | ////////                     | -                               | 455                              | ////////                         | 52                    | 675                 |
| 34                               | Radiology-Diagnostic                    | RAD           | XXXXX                  | 68,253                          | 1,754                   | 4,163                              | ////////                     | 10,131                          | 2,211                            | ////////                         | 3,090                 | 7,824               |
| 35                               | Radiology-Therapeutic                   | RAT           | XXXXX                  | 72,606                          | 1,426                   | 4,313                              | ////////                     | 10,498                          | 136                              | ////////                         | 5,549                 | 8,539               |
| 36                               | Nuclear Medicine                        | NUC           | XXXXX                  | 10,055                          | 44                      | 973                                | ////////                     | 2,367                           | 237                              | ////////                         | 513                   | 1,143               |
| 37                               | CT Scanner                              | CAT           | XXXXX                  | 10,856                          | 665                     | 478                                | ////////                     | 1,163                           | 817                              | ////////                         | 1,147                 | 2,745               |
| 38                               | Interventional Radiology/Cardiovascular | IRC           | XXXXX                  | 92,959                          | 824                     | 5,963                              | ////////                     | 14,512                          | 2,180                            | ////////                         | 4,824                 | 10,296              |
| 39                               | Respiratory Therapy                     | RES           | XXXXX                  | -                               | 932                     | 687                                | ////////                     | 1,673                           | 3,766                            | ////////                         | 220                   | 5,257               |
| 40                               | Pulmonary Function Testing              | PUL           | XXXXX                  | -                               | 15                      | 122                                | ////////                     | 297                             | 0                                | ////////                         | 105                   | 162                 |
| 41                               | Renal Dialysis                          | RDL           | -                      | -                               | 921                     | 546                                | ////////                     | 1,328                           | 945                              | ////////                         | ////////              | 1,380               |
| 42                               | Physical Therapy                        | PTH           | XXXXX                  | -                               | 563                     | 703                                | ////////                     | 1,710                           | 1,812                            | ////////                         | 3,735                 | 7,535               |
| 43                               | Occupational Therapy                    | OTH           | XXXXX                  | -                               | 76                      | 218                                | ////////                     | 530                             | 639                              | ////////                         | 614                   | 1,682               |
| 44                               | Speech Language Pathology               | STH           | XXXXX                  | -                               | 278                     | 210                                | ////////                     | 510                             | 709                              | ////////                         | 485                   | 1,617               |
| 45                               | Recreational Therapy                    | REC           | -                      | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 46                               | Organ Acquisition                       | OA            | XXXXX                  | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 47                               | Ambulatory Surgery                      | AOR           | XXXXX                  | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 48                               | Leukopheresis                           | LEU           | XXXXX                  | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 49                               | Hyperbaric Chamber                      | HYP           | XXXXX                  | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 50                               | Audiology                               | AUD           | XXXXX                  | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 51                               | Other Physical Medicine                 | OPM           | XXXXX                  | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 52                               | Transurethral Needle Ablation           | TNA           | XXXXX                  | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 53                               | Magnetic Resonance Imaging              | MRI           | XXXXX                  | 39,635                          | 84                      | 164                                | ////////                     | 400                             | 500                              | ////////                         | 573                   | 1,467               |
| 54                               | Oncology Clinic                         | OCL           | XXXXX                  | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 55                               | Transurethral Microwave Thermotherapy   | TMT           | -                      | -                               | -                       | -                                  | ////////                     | -                               | -                                | ////////                         | ////////              | -                   |
| 56                               | Admission Services                      | ADM           | XXXXX                  | XXXXX                           | ////////                | XXXXX                              | 3,143                        | -                               | ////////                         | ////////                         | 25,566                | ////////            |
| 57                               | Med/Surg Supplies                       | MSS           | XXXXX                  | XXXXX                           | ////////                | 4,484                              | 5,744                        | 10,912                          | 2,892                            | ////////                         | 2,853                 | 8,148               |
| 58                               | Drugs Sold                              | CDS           | XXXXX                  | XXXXX                           | ////////                | 4,610                              | 11,161                       | 11,219                          | 2,468                            | ////////                         | 8,693                 | 15,582              |
| E                                | TOTAL                                   |               | 716,827                | 1,956,808                       | 37,131                  | 175,873                            | 20,048                       | 428,031                         | 127,875                          | 36,147                           | 56,896                | 319,369             |

CHECK UNITS OK IF = 0

OVERHEAD EXPENSE APPORTIONMENT

BASE YEAR

6/30/2019

INSTITUTION NAME: Anne Arundel Medical Center  
 INSTITUTION NUMBER: 0023

COL 1 COL 2 COL 3 COL 4 COL 5 COL 6 COL 7 COL 8 COL 8 A COL 9 COL 10 COL 11 COL 12 COL 13

| ALLOCATED CENTERS                          | DIETARY MEALS | LAUNDRY & LINEN POUNDS | PURCHASING STORES OTH EXP SCHED | HOUSEKEEPING # OF HOURS | CENT SUPPLY PHARMACY SOC SERV. OAO | PLANT OPERATIONS NET SQ FEET | TOTAL PATIENT CARE OVERHEAD | INPATIENT: PAC, MRD FIS.MGT.NAD | AMBULATORY: PAC, MRD FIS.MGT.NAD | OUTPATIENT: PAC, MRD FIS.MGT.NAD | MED STAFF ADMIN EIPAs | UNASSIGNED EXPENSES | TOTAL OTHER OVERHEAD | TOTAL ALLOCATED OVERHEAD |
|--|---------------|------------------------|---------------------------------|-------------------------|------------------------------------|------------------------------|-----------------------------|---------------------------------|----------------------------------|----------------------------------|-----------------------|---------------------|----------------------|--------------------------|
| A Overhead Expenses                        | 3,280.9       | 1,177.8                | 4,520.7                         | 6,175.3                 | 20,048.0                           | 18,088.5                     | 53,291.1                    | 33,367.8                        | 9,432.3                          | 20,560.8                         | 3,599.4               | 15,739.2            | 82,699.5             | 135,990.6                |
| <b>REVENUE CENTERS</b>                     |               |                        |                                 |                         |                                    |                              |                             |                                 |                                  |                                  |                       |                     |                      |                          |
| D1 Med/Surg Acute                          | MSG 2,332.2   | 354.1                  | 654.6                           | 1,902.4                 | ////                               | 5,572.7                      | 10,816.0                    | 12,115.6                        | ////                             | ////                             | ////                  | 3,418.3             | 15,534.0             | 26,350.0                 |
| 2 Pediatric Acute                          | PED 19.5      | 30.6                   | 4.7                             | 19.2                    | ////                               | 56.2                         | 130.4                       | 156.8                           | ////                             | ////                             | ////                  | 43.8                | 200.6                | 331.0                    |
| 3 Psychiatric Acute                        | PSY           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 4 Obstetrics Acute                         | OBS 371.1     | 56.0                   | 77.5                            | 270.7                   | ////                               | 792.8                        | 1,568.2                     | 1,620.7                         | ////                             | ////                             | ////                  | 463.3               | 2,084.0              | 3,652.2                  |
| 5 Definitive Observation                   | DEF 111.9     | 2.6                    | 28.6                            | 80.2                    | ////                               | 234.9                        | 458.2                       | 717.6                           | ////                             | ////                             | ////                  | 193.5               | 911.1                | 1,369.3                  |
| 6 Med/Surg Intensive Care                  | MIS 163.9     | 76.3                   | 78.4                            | 263.0                   | ////                               | 770.2                        | 1,351.8                     | 1,977.5                         | ////                             | ////                             | ////                  | 537.6               | 2,515.1              | 3,866.9                  |
| 7 Coronary Care                            | CCU           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 8 Pediatric Intensive Care                 | PIC           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 9 Neo-Natal Intensive Care                 | NEO           | 13.2                   | 41.3                            | 88.0                    | ////                               | 257.6                        | 400.0                       | 1,420.9                         | ////                             | ////                             | ////                  | 358.1               | 1,778.9              | 2,179.0                  |
| 10 Burn Care                               | BUR           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 11 Psychiatric Intensive Care              | PSI           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 12 Shock Trauma                            | TRM           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 13 Oncology                                | ONC           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 14 Newborn Nursery                         | NUR           | 8.0                    | 47.7                            | 113.9                   | ////                               | 333.7                        | 503.4                       | 685.1                           | ////                             | ////                             | ////                  | 187.9               | 873.0                | 1,376.4                  |
| 15 Premature Nursery                       | PRE           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 16 Rehabilitation                          | RHB           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 17 Intermediate Care                       | ICC           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 18 Emergency Services                      | EMG           | 92.5                   | 325.4                           | 538.4                   | ////                               | 1,577.0                      | 2,533.2                     | 823.1                           | 3,455.6                          | ////                             | 661.3                 | 1,176.4             | 6,116.5              | 8,649.7                  |
| 19 Clinical Services                       | CL            | 82.4                   | 461.8                           | 146.9                   | ////                               | 430.5                        | 1,121.6                     | 24.3                            | 2,274.7                          | ////                             | 516.3                 | 628.2               | 3,443.4              | 4,565.0                  |
| 20 Observation                             | OBV           | 282.2                  | 24.6                            | 119.2                   | 177.7                              | 520.7                        | 1,124.4                     | 351.1                           | 1,471.6                          | ////                             | 57.7                  | 492.3               | 2,372.8              | 3,497.1                  |
| 21 Psych. Day & Night Care                 | PDC           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 22 Lithotripsy                             | LIT           | ////                   | 6.7                             | ////                    | ////                               | ////                         | 6.7                         | 14.7                            | ////                             | ////                             | ////                  | 3.8                 | 18.5                 | 25.2                     |
| 23 Same Day Surgery                        | SDS           | 38.5                   | 62.0                            | 178.2                   | ////                               | 521.9                        | 800.6                       | ////                            | 2,230.4                          | ////                             | 610.8                 | 600.7               | 3,441.9              | 4,242.4                  |
| 24 Free Standing Emergency                 | FSE           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 25 Labor & Delivery Services               | DEL           | 79.6                   | 157.9                           | 362.8                   | ////                               | 1,062.7                      | 1,663.0                     | 2,706.6                         | ////                             | 371.5                            | ////                  | 795.5               | 3,873.6              | 5,536.6                  |
| 26 Operating Room                          | OR            | 135.3                  | 482.7                           | 849.6                   | ////                               | 2,488.6                      | 3,956.3                     | 3,045.6                         | ////                             | 5,822.5                          | ////                  | 2,001.3             | 10,869.3             | 14,825.6                 |
| 27 Operating Room Clinic                   | ORC           | 6.8                    | 3.8                             | 11.5                    | ////                               | 33.7                         | 55.8                        | 0.4                             | ////                             | 98.9                             | ////                  | 21.2                | 120.5                | 176.3                    |
| 28 Ambulance Services-Rebundled            | AMR           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 29 Anesthesiology                          | ANS           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 30 Laboratory Services                     | LAB           | 1,002.9                | 178.3                           | ////                    | ////                               | 522.4                        | 1,703.6                     | 2,396.0                         | ////                             | 2,375.9                          | ////                  | 1,095.7             | 5,867.6              | 7,571.2                  |
| 31 Ambulatory Surgery (PBP)                | AMS           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 32 Electrocardiography                     | EKG           | 11.3                   | 24.2                            | ////                    | ////                               | 70.9                         | 106.4                       | 153.4                           | ////                             | 164.1                            | ////                  | 72.2                | 389.7                | 496.1                    |
| 33 Electroencephalography                  | EEG           | 31.2                   | ////                            | ////                    | ////                               | 31.2                         | 118.6                       | 118.6                           | ////                             | 18.8                             | ////                  | 33.3                | 170.7                | 201.9                    |
| 34 Radiology-Diagnostic                    | RAD           | 41.1                   | 213.6                           | 146.2                   | ////                               | 428.1                        | 829.0                       | 577.0                           | ////                             | 1,116.6                          | ////                  | 385.6               | 2,079.2              | 2,908.2                  |
| 35 Radiology-Therapeutic                   | RAT           | 43.7                   | 173.7                           | 151.4                   | ////                               | 443.6                        | 812.4                       | 35.6                            | ////                             | 2,005.4                          | ////                  | 420.8               | 2,461.8              | 3,274.3                  |
| 36 Nuclear Medicine                        | NUC           | 6.1                    | 5.4                             | 34.2                    | ////                               | 100.0                        | 145.6                       | 61.8                            | ////                             | 185.6                            | ////                  | 56.3                | 303.7                | 449.3                    |
| 37 CT Scanner                              | CAT           | 6.5                    | 80.9                            | 16.8                    | ////                               | 49.1                         | 153.4                       | 213.2                           | ////                             | 414.4                            | ////                  | 135.3               | 762.8                | 916.2                    |
| 38 Interventional Radiology/Cardiovascular | IRC           | 56.0                   | 100.3                           | 209.4                   | ////                               | 613.3                        | 978.9                       | 568.9                           | ////                             | 1,743.3                          | ////                  | 507.4               | 2,819.6              | 3,798.6                  |
| 39 Respiratory Therapy                     | RES           | 113.5                  | 24.1                            | ////                    | ////                               | 70.7                         | 208.3                       | 982.8                           | ////                             | 79.4                             | ////                  | 259.1               | 1,321.3              | 1,529.6                  |
| 40 Pulmonary Function Testing              | PUL           | 1.9                    | 4.3                             | ////                    | ////                               | 12.6                         | 18.7                        | 0.0                             | ////                             | 38.1                             | ////                  | 8.0                 | 46.1                 | 64.8                     |
| 41 Renal Dialysis                          | RDL           | 112.1                  | 19.2                            | ////                    | ////                               | 56.1                         | 187.4                       | 246.7                           | ////                             | ////                             | ////                  | 68.0                | 314.7                | 502.1                    |
| 42 Physical Therapy                        | PTH           | 68.6                   | 24.7                            | ////                    | ////                               | 72.3                         | 165.5                       | 472.9                           | ////                             | 1,349.8                          | ////                  | 371.4               | 2,194.0              | 2,359.5                  |
| 43 Occupational Therapy                    | OTH           | 9.2                    | 7.7                             | ////                    | ////                               | 22.4                         | 39.3                        | 166.8                           | ////                             | 222.0                            | ////                  | 82.9                | 471.7                | 511.0                    |
| 44 Speech Language Pathology               | STH           | 33.8                   | 7.4                             | ////                    | ////                               | 21.6                         | 62.7                        | 185.1                           | ////                             | 175.3                            | ////                  | 79.7                | 440.1                | 502.8                    |
| 45 Recreational Therapy                    | REC           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 46 Organ Acquisition                       | OA            | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 47 Ambulatory Surgery                      | AOR           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 48 Leukopheresis                           | LEU           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 49 Hyperbaric Chamber                      | HYP           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 50 Audiology                               | AUD           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 50 Other Physical Medicine                 | OPM           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 51 Transurethral Needle Ablation           | TNA           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 51 Magnetic Resonance Imaging              | MRI           | 23.9                   | 10.2                            | 5.8                     | ////                               | 16.9                         | 56.7                        | 130.5                           | ////                             | 207.0                            | ////                  | 72.3                | 409.8                | 466.5                    |
| 52 Oncology Clinic                         | OCL           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 52 Transurethral Microwave Thermotherapy   | TMT           | ////                   | ////                            | ////                    | ////                               | ////                         | ////                        | ////                            | ////                             | ////                             | ////                  | ////                | ////                 | ////                     |
| 53 Admission Services                      | ADM           | ////                   | ////                            | ////                    | ////                               | 3,142.8                      | 3,142.8                     | ////                            | ////                             | ////                             | 1,753.3               | ////                | 1,753.3              | 4,896.1                  |
| 53 Med/Surg Supplies                       | MSS           | ////                   | ////                            | 157.4                   | ////                               | 461.1                        | 6,362.7                     | 754.5                           | ////                             | 1,030.9                          | ////                  | 401.6               | 2,186.9              | 8,549.7                  |
| 54 Drugs Sold                              | CDS           | ////                   | ////                            | 161.9                   | ////                               | 11,161.0                     | 474.1                       | 11,797.0                        | ////                             | 3,141.5                          | ////                  | 767.9               | 4,553.4              | 16,350.4                 |
| E TOTAL                                    | 3,280.9       | 1,177.8                | 4,520.7                         | 6,175.3                 | 20,048.0                           | 18,088.5                     | 53,291.1                    | 33,367.8                        | 9,432.3                          | 20,560.8                         | 3,599.4               | 15,739.2            | 82,699.5             | 135,990.6                |

Departmental Equipment Allowance

INSTITUTION NAME Anne Arundel Medical Center BASE YEAR 6/30/2019  
 INSTITUTION NUMBER 0023

|      |        | COL. 1                         | COL. 2 | COL. 3                          | COL. 4                        | COL. 5                              | COL. 6                        | COL. 7                                 | COL. 8                                 |
|------|--------|--------------------------------|--------|---------------------------------|-------------------------------|-------------------------------------|-------------------------------|--|--|
|      | CENTER | COST<br>BASE YEAR<br>PURCHASES | # YRS  | CUMULATIVE<br>PURCHASE<br>TOTAL | DEPRECIATION<br>COL. 3/COL. 2 | MARKET VALUE<br>BASE YEAR<br>LEASES | CUMULATIVE<br>LEASES<br>TOTAL | LEASE<br>AMORTIZATION<br>COL. 6/COL. 2 | DEPR/AMORT<br>TOTAL<br>COL. 4 + COL. 7 |
| H2 A | MIS    | 133.7                          | 10     | 1,524.5                         | 152.5                         | -                                   | -                             | -                                      | 152.5                                  |
| H2 B | CCU    | -                              | 10     | -                               | -                             | -                                   | -                             | -                                      | -                                      |
| H2 C | PIC    | -                              | 10     | -                               | -                             | -                                   | -                             | -                                      | -                                      |
| H2 D | NEO    | 106.4                          | 10     | 320.9                           | 32.1                          | -                                   | -                             | -                                      | 32.1                                   |
| H2 E | BUR    | -                              | 10     | -                               | -                             | -                                   | -                             | -                                      | -                                      |
| H2 F | TRM    | -                              | 10     | -                               | -                             | -                                   | -                             | -                                      | -                                      |
| H2 G | ONC    | -                              | 10     | -                               | -                             | -                                   | -                             | -                                      | -                                      |
| H2 H | OR     | 1,326.8                        | 10     | 16,058.4                        | 1,605.8                       | -                                   | -                             | -                                      | 1,605.8                                |
| H2 I | AOR    | -                              | 10     | -                               | -                             | -                                   | -                             | -                                      | -                                      |
| H2 J | LAB    | 6.2                            | 10     | 1,593.1                         | 159.3                         | -                                   | -                             | -                                      | 159.3                                  |
| H2 K | IRC    | 10.2                           | 10     | 1,552.6                         | 155.3                         | -                                   | -                             | -                                      | 155.3                                  |
| H2 L | RAD    | 143.0                          | 10     | 5,278.5                         | 527.9                         | -                                   | -                             | -                                      | 527.9                                  |
| H2 M | CAT    | 220.5                          | 6.5    | 223.5                           | 34.4                          | -                                   | -                             | -                                      | 34.4                                   |
| H2 N | RAT    | 19.5                           | 10     | 8,244.3                         | 824.4                         | -                                   | -                             | -                                      | 824.4                                  |
| H2 O | NUC    | -                              | 10     | 60.3                            | 6.0                           | -                                   | -                             | -                                      | 6.0                                    |
| H2 P | RDL    | -                              | 10     | -                               | -                             | -                                   | -                             | -                                      | -                                      |
| H2 Q | HYP    | -                              | 10     | -                               | -                             | -                                   | -                             | -                                      | -                                      |
| H2 R | DTY    | 155.3                          | 10     | 947.5                           | 94.8                          | -                                   | -                             | -                                      | 94.8                                   |
| H2 S | LL     | -                              | 10     | 6.1                             | 0.6                           | -                                   | -                             | -                                      | 0.6                                    |
| H2 T | MGT    | 14.6                           | 10     | 1,253.1                         | 125.3                         | -                                   | -                             | -                                      | 125.3                                  |
| H2 U | EDP    | 1,019.4                        | 10     | 16,241.4                        | 1,624.1                       | -                                   | -                             | -                                      | 1,624.1                                |
| H2 V | MRI    | -                              | 6      | 1,102.9                         | 183.8                         | -                                   | -                             | -                                      | 183.8                                  |
| H2 W | LIT    | -                              | 5      | -                               | -                             | -                                   | -                             | -                                      | -                                      |
| H2 X | ETH    | -                              | 10     | -                               | -                             | -                                   | -                             | -                                      | -                                      |
| H2 Y | TRP    | -                              | 5      | -                               | -                             | -                                   | -                             | -                                      | -                                      |
| H2 Z | TMT    | -                              | 5      | -                               | -                             | -                                   | -                             | -                                      | -                                      |
|      |        | Total                          |        | 54,407.2                        | 5,526.3                       | -                                   | -                             | -                                      | 5,526.3                                |

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

INSTITUTION NAME Anne Arundel Medical Center BASE YEAR 6/30/2019  
 INSTITUTION NUMBER 0023

|           |                             | COL. 1       | COL. 2     | COL. 3     | COL. 4     | COL. 5     | COL. 6     | COL. 7     | COL. 8     |
|-----------|-----------------------------|--------------|------------|------------|------------|------------|------------|------------|------------|
| ALLOWANCE | SOURCE                      |              |            | DIETARY    | LAUNDRY    | COMM.      | DATA PROC. | DEPT.      | TOTAL      |
| A         | TOTAL INTEREST              | HOSP RECORDS | 10,746     | ////////// | ////////// | ////////// | ////////// | ////////// | ////////// |
| B         | TOTAL DEPRECIATION          | HOSP RECORDS | 37,888,000 | ////////// | ////////// | ////////// | ////////// | ////////// | ////////// |
| C         | CAP INTENSIVE EQUIP DEPR    | H2 TOTAL     | 5,526.3    | 94.8       | 0.6        | 125.3      | 1,624.1    | 3,681.5    | 5,526.3    |
| D         | BLDG & GEN EQUIP DEPR       | B-C          | 32,361.7   | ////////// | ////////// | ////////// | ////////// | ////////// | 32,361.7   |
| E         | BLDG & GEN EQUIP DEPR & INT | A+D          | 43,107.4   | ////////// | ////////// | ////////// | ////////// | ////////// | 43,107.4   |
| F         | STANDARD UNITS              |              | 431,421    | 716,827    | 1,956,808  | 220,919    | 220,919    | ////////// | ////////// |
| G         | ALLOWANCE PER UNIT          |              | 0.099920   | 0.000132   | 0.000000   | 0.000567   | 0.007352   | ////////// | ////////// |

| DISTRIBUTION | CODE                     | NET SQ. FT. BASIS |         |          |            |            |      |       |            |          |
|--------------|--------------------------|-------------------|---------|----------|------------|------------|------|-------|------------|----------|
| H01          | MEDICAL/SURGICAL         | MSG               | 131,867 | 13,176.1 | 67.4       | 0.2        | 26.3 | 341.4 | ////////// | 13,611.3 |
| H02          | PEDIATRIC                | PED               | 1,331   | 133.0    | 0.6        | 0.0        | 0.3  | 4.4   | ////////// | 138.3    |
| H03          | PSYCHIATRIC              | PSY               |         |          | -          | -          | -    | -     | ////////// | -        |
| H04          | OBSTETRIC                | OBS               | 18,761  | 1,874.6  | 10.7       | 0.0        | 3.5  | 45.7  | ////////// | 1,934.5  |
| H05          | DEFINITIVE OBSERVATION   | DEF               | 5,559   | 555.5    | 3.2        | -          | 1.6  | 20.2  | ////////// | 580.5    |
| H06          | MEDICAL SURGICAL ICU     | MIS               | 18,225  | 1,821.1  | 4.7        | 0.0        | 4.3  | 55.7  | 152.5      | 2,038.3  |
| H07          | CORONARY CARE            | CCU               |         |          | -          | -          | -    | -     | -          | -        |
| H08          | PEDIATRIC ICU            | PIC               |         |          | -          | -          | -    | -     | -          | -        |
| H09          | NEO NATAL ICU            | NEO               | 6,096   | 609.1    | -          | 0.0        | 3.1  | 40.0  | 32.1       | 684.3    |
| H10          | BURN CARE                | BUR               |         |          | -          | -          | -    | -     | -          | -        |
| H11          | PSYCHIATRIC ICU          | PSI               |         |          | -          | -          | -    | -     | ////////// | -        |
| H12          | SHOCK TRAUMA             | TRM               |         |          | -          | -          | -    | -     | -          | -        |
| H13          | ONCOLOGY                 | ONC               |         |          | -          | -          | -    | -     | -          | -        |
| H14          | NEWBORN NURSERY          | NUR               | 7,897   | 789.0    | ////////// | -          | 1.5  | 19.3  | ////////// | 809.8    |
| H15          | PREMATURE NURSERY        | PRE               |         |          | ////////// | -          | -    | -     | ////////// | -        |
| H16          | REHABILITATION           | RHB               |         |          | -          | -          | -    | -     | ////////// | -        |
| H17          | INTERMEDIATE CARE        | ICC               |         |          | -          | -          | -    | -     | ////////// | -        |
| H18          | EMERGENCY SERVICES       | EMG               | 37,316  | 3,728.6  | -          | 0.1        | 9.3  | 120.6 | ////////// | 3,858.5  |
| H19          | CLINIC SERVICES          | CL                | 10,186  | 1,017.8  | ////////// | 0.0        | 5.0  | 64.8  | ////////// | 1,087.6  |
| H20          | PSYCH DAY/NIGHT          | PDC               |         |          | -          | -          | -    | -     | ////////// | -        |
| H21          | AMBULATORY SURGERY (PBP) | AMS               |         |          | -          | -          | -    | -     | ////////// | -        |
| H22          | SAME DAY SURGERY         | SDS               | 12,350  | 1,234.0  | -          | 0.0        | 4.9  | 62.8  | ////////// | 1,301.7  |
| H23          | MRI SCANNER              | MRI               | 400     | 40.0     | ////////// | 0.0        | 0.6  | 7.9   | 183.8      | 232.3    |
| H24          | LABOR & DELIVERY         | DEL               | 25,147  | 2,512.7  | ////////// | 0.0        | 6.5  | 83.8  | ////////// | 2,603.0  |
| H25          | OPERATING ROOM           | OR                | 58,889  | 5,884.2  | ////////// | 0.1        | 15.8 | 204.3 | 1,605.8    | 7,710.1  |
| H25a         | OPERATING ROOM CLINIC    | ORC               | 797     | 79.6     | ////////// | -          | 0.2  | 2.0   | ////////// | 81.8     |
| H26          | OBSERVATION              | OBV               | 12,322  | 1,231.2  | 8.2        | 0.0        | 4.0  | 51.4  | ////////// | 1,294.7  |
| H27          | ANESTHESIOLOGY           | ANS               |         |          | ////////// | -          | -    | -     | ////////// | -        |
| H28          | MEDICAL SUPPLIES         | MSS               | 10,912  | 1,090.3  | ////////// | ////////// | 3.3  | 42.2  | ////////// | 1,135.8  |
| H29          | DRUGS                    | CDS               | 11,219  | 1,121.0  | ////////// | ////////// | 6.3  | 82.1  | ////////// | 1,209.4  |
| H30          | LABORATORY SERVICES      | LAB               | 12,361  | 1,235.1  | ////////// | -          | 8.9  | 115.8 | 159.3      | 1,519.2  |

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

INSTITUTION NAME Anne Arundel Medical Center

BASE YEAR 43,646.0

INSTITUTION NUMBER 0023

| DISTRIBUTION |                                | COL. 1                    | COL. 2  | COL. 3      | COL. 4     | COL. 5 | COL. 6    | COL. 7  | COL. 8     |          |
|--------------|--------------------------------|---------------------------|---------|-------------|------------|--------|-----------|---------|------------|----------|
|              |                                | ADJ. SQUARE FOOTAGE BASIS | GENERAL | DIETARY     | LAUNDRY    | COMM.  | DATA PROC | DEPART  | TOTAL      |          |
| H32          | ELECTROCARDIOGRAPHY            | EKG                       | 1,677   | \$167.57    | ////////// | -      | 0.6       | 7.7     | ////////// | 175.8    |
| H33          | INTERVENTIONAL RADIOLOGY/CARDI | IRC                       | 14,512  | \$1,450.03  | ////////// | 0.0    | 4.0       | 51.5    | 155.3      | 1,660.8  |
| H34          | RADIOLOGY-DIAG                 | RAD                       | 10,131  | \$1,012.29  | ////////// | 0.0    | 3.0       | 39.0    | 527.9      | 1,582.1  |
| H35          | CT SCANNER                     | CAT                       | 1,163   | \$116.21    | ////////// | -      | 1.1       | 14.4    | 34.4       | 166.1    |
| H36          | RADIOLOGY THERAPEUTIC          | RAT                       | 10,498  | \$1,048.96  | ////////// | 0.0    | 3.2       | 41.8    | 824.4      | 1,918.4  |
| H37          | NUCLEAR MEDICINE               | NUC                       | 2,367   | \$236.51    | ////////// | -      | 0.4       | 5.5     | 6.0        | 248.5    |
| H38          | RESPIRATORY THERAPY            | RES                       | 1,673   | \$167.17    | ////////// | -      | 2.3       | 29.3    | ////////// | 198.7    |
| H39          | PULMONARY FUNCTION             | PUL                       | 297     | \$29.68     | ////////// | -      | 0.1       | 0.8     | ////////// | 30.5     |
| H40          | EEG                            | EEG                       |         |             | ////////// | -      | 0.3       | 3.7     | ////////// | 4.0      |
| H41          | PHYSICAL THERAPY               | PTH                       | 1,710   | \$170.86    | ////////// | -      | 3.2       | 40.8    | ////////// | 214.8    |
| H42          | OCCUPATIONAL THERAPY           | OTH                       | 530     | \$52.96     | ////////// | -      | 0.7       | 9.2     | ////////// | 62.9     |
| H43          | SPEECH/LANGUAGE                | STH                       | 510     | \$50.96     | ////////// | -      | 0.7       | 8.8     | ////////// | 60.4     |
| H44          | RECREATIONAL THERAPY           | REC                       |         |             | -          | -      | -         | -       | ////////// | -        |
| H45          | AUDIOLOGY                      | AUD                       |         |             | ////////// | -      | -         | -       | ////////// | -        |
| H46          | OTHER PHYS. MEDICINE           | OPM                       |         |             | -          | -      | -         | -       | ////////// | -        |
| H47          | RENAL DIALYSIS                 | RDL                       | 1,328   | \$132.69    | -          | -      | 0.5       | 7.0     | -          | 140.2    |
| H48          | ORGAN ACQUISITION              | OA                        |         |             | ////////// | -      | -         | -       | ////////// | -        |
| H49          | LEUKOPHERESIS                  | LEU                       |         |             | ////////// | -      | -         | -       | ////////// | -        |
| H50          | HYPERBARIC CHAMBER             | HYP                       |         |             | ////////// | -      | -         | -       | -          | -        |
| H51          | LITHOTRIPSY                    | LIT                       |         |             | ////////// | -      | 0.0       | 0.4     | -          | 0.4      |
| H52          | TRANSURETHAL MICRO THERM       | TMT                       |         |             | -          | -      | -         | -       | -          | -        |
| H53          | ONCOLOGY CLINIC                | OCL                       |         |             | ////////// | -      | -         | -       | ////////// | -        |
| H54          | TRANSURETHRAL NEEDLE ABLATION  | TNA                       |         |             | ////////// | -      | -         | -       | ////////// | -        |
| I            | SUBTOTAL                       | ABC                       | 428,031 | \$42,768.72 | ////////// | 0.6    | 125.3     | 1,624.1 | ////////// | 48,295.0 |
| H55          | RESEARCH                       | REG                       |         |             |            |        |           |         | ////////// | -        |
| H56          | NURSING EDUCATION              | RNS                       |         |             |            |        |           |         | ////////// | -        |
| H57          | OTHER HLTH PROF EDU            | OHE                       |         |             |            |        |           |         | ////////// | -        |
| H58          | COMM HEALTH EDU                | CHE                       | 3,115   | \$311.25    |            |        |           |         | ////////// | 311.3    |
| H59          | FREE STANDING CLINIC           | FSC                       |         |             |            |        |           |         | ////////// | -        |
| H60          | HOUSING                        | HOU                       |         |             |            |        |           |         | ////////// | -        |
| H61          | AMBULANCE                      | AMB                       |         |             |            |        | -         | -       | ////////// | -        |
| H62          | PARKING                        | PAR                       |         |             |            |        |           |         | ////////// | -        |
| H63          | CAFETERIA                      | CAF                       |         |             |            |        |           |         | ////////// | -        |
| H64          | DOCTOR OFFICE RENT             | DPO                       |         |             |            |        |           |         | ////////// | -        |
| H65          | OFFICE OTHER RENT              | OOR                       |         |             |            |        |           |         | ////////// | -        |
| H66          | RETAIL OPERATIONS              | REO                       |         |             |            |        |           |         | ////////// | -        |
| H67          | PATIENT TELEPHONES             | PTE                       |         |             |            |        |           |         | ////////// | -        |
| H68          | DAY CARE, ETC.                 | DEB                       |         |             |            |        |           |         | ////////// | -        |
| H69          | HOME HEALTH SERVICES           | HHC                       |         |             |            |        |           |         | ////////// | -        |
| H70          | O/P RENAL DIALYSIS             | ORD                       |         |             |            |        |           |         | ////////// | -        |
| H71          | SKILLED NURSING CARE           | ECF                       |         |             |            |        |           |         | ////////// | -        |
| H72          | LAB NON/PATIENT                | ULB                       |         |             |            |        |           |         | ////////// | -        |
| H73          | PHYS PART B SERVICES           | UPB                       | 275     | \$27.48     |            |        |           |         | ////////// | 27.5     |
| H74          | CERTIFIED NURSE ANEST.         | CNA                       |         |             |            |        |           |         | ////////// | -        |
|              | TOTAL DISTRIBUTED              | XYZ                       | 431,421 | \$43,107.45 | -          | 0.6    | 125.3     | 1,624.1 | -          | 48,633.7 |

OTHER FINANCIAL CONSIDERATIONS

G

INSTITUTION NAME: Frederick Memorial Hospital BASE YEAR 6/30/2017  
 INSTITUTION NUMBER: 0005

|                               | SOURCE                                  | BASE YEAR       |                  |                      |           |
|-------------------------------|---|-----------------|------------------|----------------------|-----------|
|                               |   | TOTAL<br>COL. 1 | DIRECT<br>COL. 2 | PERCENTAGE<br>COL. 3 |           |
| <b>REVENUES</b>               |   |                 |                  |                      |           |
| A                             | Donations, Pledges                      | SCH. GR         | (3,785.9)        | -                    | (3,785.9) |
| B                             | Grants                                  | SCH. GR         | -                | -                    | -         |
| C                             | Investment Income (Interest, Dividends) | SCH. GR         | (99.5)           | -                    | (99.5)    |
| D                             | Donated Commodities, Blood, Services    | SCH. GR         | (674.4)          | -                    | (674.4)   |
| E                             | PSRO                                    | SCH. GR         | -                | -                    | -         |
| F                             | Other                                   | SCH. GR         | -                | -                    | -         |
| G                             | Total Revenues                          | A+B+C+D+E+F     | (4,559.8)        | -                    | (4,559.8) |
| <b>EXPENSES</b>               |   |                 |                  |                      |           |
| H                             | Licenses and Taxes                      | SCH. UA         | -                | -                    | -         |
| I                             | Short Term Interest                     | SCH. UA         | -                | -                    | -         |
| J                             | Other                                   | REC/BUDGET      | -                | -                    | -         |
| K                             | Total Expenses                          | H + I + J       | -                | -                    | -         |
| <b>OTHER ADJUSTMENTS</b>      |   |                 |                  |                      |           |
| L                             | Aux. Ent & OIP Gains                    | SCH. E, F       | (642.0)          | -                    | (642.0)   |
| M                             | Aux. Ent & OIP Losses                   | SCH. E, F       | 202.6            | -                    | 202.6     |
| N                             | Excess Cash Requirements - Bldg & Equip | SCH. H4         | -                | -                    | -         |
| O                             | Gain on Disposal of Assets              | REC/BUDGET      | -                | -                    | -         |
| P                             | Loss on Disposal of Assets              | REC/BUDGET      | -                | -                    | -         |
| Q                             | Total Other Adjustments                 | L+M+N+O+P       | (439.4)          | -                    | (439.4)   |
| <b>PERCENTAGE CALCULATION</b> |   |                 |                  |                      |           |
| R                             | Net Other Financial Considerations      | G + K + Q       | (4,999.2)        | -                    | (4,999.2) |
| S                             | Other Financial Consideration Percent   | R/SCH. M        |                  |                      | -1.0%     |

THIRD PARTY DIFFERENTIAL

PDA

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

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

**CHARGES, DEDUCTIBLES, CBA**

|    |   | COL 1          | COL 2      | COL 3      |           |    |
|----|---|----------------|------------|------------|-----------|----|
| A  | GROSS PATIENT REVENUE, HSCRC REGULATED                      | SCH RE, LINE E | 311,577.1  | 328,079.4  | 639,656.5 | A  |
| B  | MEDICARE REVENUE, HSCRC REGULATED                           | RECORDS/BUDGET | 135,529.8  | 108,158.1  | 243,687.9 | B  |
| C  | MEDICAID REVENUE, HSCRC REGULATED                           | RECORDS/BUDGET | 9,018.0    | 2,729.6    | 11,747.6  | C  |
| D  | BLUE CROSS REVENUE, HSCRC REGULATED                         | RECORDS/BUDGET | 44,606.3   | 61,764.3   | 106,370.6 | D  |
| E  | MCO SUBCONTRACTED MEDICARE, MEDICAID, HSCRC REGULATED **    | RECORDS/BUDGET | 38,131.2   | 34,385.9   | 72,517.1  | E  |
| F  | MEDICARE DEDUCTIBLES PAID BY MEDICAID & BC< HSCRC REGULATED | RECORDS/BUDGET | ////////// | ////////// | 4,005.0   | F  |
| G  | UNCOMPENSATED CARE, HSCRC REGULATED***                      | RECORDS/BUDGET | 5,714.0    | 11,601.7   | 17,315.7  | G  |
| G1 | OTHER PAYORS  | A-B-C-D-E-G    | 78,577.8   | 109,439.8  | 188,017.6 | G1 |

**RATIOS, LEVEL III COSTS**

|    |  |                  |            |            |            |    |
|----|--|------------------|------------|------------|------------|----|
| H  | Ratio of Medicare & Medicaid Charges               | Col 3 (B + C) /A | ////////// | ////////// | 0.3993     | H  |
| I  | Ratio of Blue Cross Inpatient Charges              | Col 1 D/Col 3 A  | 0.0697     | ////////// | ////////// | I  |
| I1 | Ratio of Blue Cross Outpatient Charges             | Col 2 D/Col 3 A  | ////////// | 0.0966     | ////////// | I1 |
| J  | Ratio of HMO Charges                               | Col 3 E/Col 3 A  | ////////// | ////////// | 0.1134     | J  |
| K  | Ratio of Deductibles Paid by Medicaid & Blue Cross | Col 3 F/Col 3 A  | ////////// | ////////// | 0.0063     | K  |
| L  | Ratio of Uncompensated Accounts                    | Col 3 G/Col 3 A  | ////////// | ////////// | 0.0271     | L  |
| M  | Ratio of Other Payors Charges                      | Col 3 G1/Col 3 A | ////////// | ////////// | 0.2939     | M  |
| N  | Level III Costs                                    | Schedule MA      | ////////// | ////////// | 510,564.6  | N  |

**DIFFERENTIAL CALCULATION**

|   |                               |                 |            |            |           |   |
|---|-------------------------------|-----------------|------------|------------|-----------|---|
| O | Gross Revenue HSCRC Regulated | *               | ////////// | ////////// | 547,426.4 | O |
| P | Payor Differential            | 1 - (Col 3 O/N) | ////////// | ////////// | 0.0722    | P |

REVENUE CENTER RATE SUMMARY

Revised 5/7/20  
6/30/2019

INSTITUTION NAME: Anne Arundel Medical Center  
INSTITUTION NUMBER: 0023

BASE YEAR

| A1 | DESCRIPTION                             | CODE | COL 1      | COL 2     | COL 3    | COL 4    | COL 5   | COL 6   | COL 7   | COL 8     | COL 9    | COL 10  | COL 11    | LEVEL I | ----- C F A ----- |                 | LEVEL II |
|----|---|------|------------|-----------|----------|----------|---------|---------|---------|-----------|----------|---------|-----------|---------|-------------------|-----------------|----------|
|    |   |      |            |           |          |          |         |         |         |           |          |         |           |         | UNITS OF MEASURE  | DIRECT EXPENSES |          |
|    | Med/Surg Acute                          | MSG  | 71,991     | 46,430.6  | 10,816.0 | 15,534.0 | /////// |         | 453.5   | 73,234.1  | 13,543.8 | 67.5    | 86,845.5  |         |                   |                 |          |
|    | Pediatric Acute                         | PED  | 603        | 601.0     | 130.4    | 200.6    | /////// |         |         | 932.0     | 137.7    | 0.6     | 1,070.2   |         |                   |                 |          |
|    | Psychiatric Acute                       | PSY  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Obstetrics Acute                        | OBS  | 11,456     | 6,211.1   | 1,568.2  | 2,084.0  | /////// |         |         | 9,863.3   | 1,923.7  | 10.8    | 11,797.7  |         |                   |                 |          |
|    | Definitive Observation                  | DEF  | 3,454      | 2,750.0   | 458.2    | 911.1    | /////// |         |         | 4,119.3   | 577.2    | 3.2     | 4,699.7   |         |                   |                 |          |
|    | Med/Surg Intensive Care                 | MIS  | 5,060      | 7,578.5   | 1,351.8  | 2,515.1  | /////// |         | 259.0   | 11,704.4  | 1,881.1  | 157.2   | 13,742.7  |         |                   |                 |          |
|    | Coronary Care                           | CCU  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Pediatric Intensive Care                | PIC  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Neo-Natal Intensive Care                | NEO  | 5,504      | 5,445.1   | 400.0    | 1,778.9  | /////// |         |         | 7,624.1   | 652.2    | 32.1    | 8,308.4   |         |                   |                 |          |
|    | Burn Care                               | BUR  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Psychiatric Intensive Care              | PSI  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Shock Trauma                            | TRM  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Oncology                                | ONC  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Newborn Nursery                         | NUR  | 10,094     | 2,625.3   | 503.4    | 873.0    | /////// |         |         | 4,001.7   | 809.8    |         | 4,811.5   |         |                   |                 |          |
|    | Premature Nursery                       | PRE  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Rehabilitation                          | RHB  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Intermediate Care                       | ICC  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Emergency Services                      | EMG  | 1,121,523  | 16,397.3  | 2,533.2  | 6,116.5  | /////// |         |         | 25,047.0  | 3,858.5  | 0.1     | 28,905.5  |         |                   |                 |          |
|    | Clinical Services                       | CL   | 601,853    | 8,810.2   | 1,121.6  | 3,443.4  | /////// |         |         | 13,375.2  | 1,087.6  | 0.0     | 14,462.9  |         |                   |                 |          |
|    | Observation                             | OBV  | 186,089    | 6,985.3   | 1,124.4  | 2,372.8  | /////// |         |         | 10,482.4  | 1,286.6  | 8.2     | 11,777.2  |         |                   |                 |          |
|    | Psych. Day & Night Care                 | PDC  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Lithotripsy                             | LIT  | 29         | 56.2      | 6.7      | 18.5     | /////// |         |         | 81.4      | 0.4      |         | 81.8      |         |                   |                 |          |
|    | Same Day Surgery                        | SDS  | 17,813     | 8,547.4   | 800.6    | 3,441.9  | /////// |         |         | 12,789.8  | 1,301.7  | 0.0     | 14,091.5  |         |                   |                 |          |
|    | Free Standing Emergency                 | FSE  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Labor & Delivery Services               | DEL  | 205,906    | 11,400.4  | 1,663.0  | 3,873.6  | /////// |         |         | 16,937.0  | 2,603.0  | 0.0     | 19,540.1  |         |                   |                 |          |
|    | Operating Room                          | OR   | 1,623,969  | 27,783.6  | 3,956.3  | 10,869.3 | /////// |         | 583.1   | 43,192.3  | 6,104.2  | 1,605.9 | 50,902.4  |         |                   |                 |          |
|    | Operating Room Clinic                   | ORC  | 40,871     | 275.2     | 55.8     | 120.5    | /////// |         |         | 451.5     | 81.8     |         | 533.3     |         |                   |                 |          |
|    | Ambulance Services-Rebundled            | AMR  |            |           |          |          | /////// | /////// | /////// | ///////   | ///////  | /////// | ///////   |         |                   |                 |          |
|    | Anesthesiology                          | ANS  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Laboratory Services                     | LAB  | 21,849,855 | 15,756.9  | 1,703.6  | 5,867.6  | /////// |         |         | 23,328.1  | 1,359.9  | 159.3   | 24,847.3  |         |                   |                 |          |
|    | Ambulatory Surgery (PBP)                | AMS  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Electrocardiography                     | EKG  | 775,016    | 1,042.0   | 106.4    | 389.7    | /////// |         |         | 1,538.0   | 175.8    |         | 1,713.8   |         |                   |                 |          |
|    | Electroencephalography                  | EEG  | 181,146    | 506.6     | 31.2     | 170.7    | /////// |         |         | 708.5     | 4.0      |         | 712.5     |         |                   |                 |          |
|    | Radiology-Diagnostic                    | RAD  | 711,812    | 5,301.3   | 829.0    | 2,079.2  | /////// |         |         | 8,209.5   | 1,054.3  | 527.9   | 9,791.7   |         |                   |                 |          |
|    | Radiology-Therapeutic                   | RAT  | 2,179,104  | 5,685.8   | 812.4    | 2,461.8  | /////// |         |         | 8,960.0   | 1,094.0  | 824.4   | 10,878.5  |         |                   |                 |          |
|    | Nuclear Medicine                        | NUC  | 212,201    | 750.2     | 145.6    | 303.7    | /////// |         |         | 1,199.5   | 242.5    | 6.0     | 1,448.1   |         |                   |                 |          |
|    | CT Scanner                              | CAT  | 1,489,545  | 1,963.7   | 153.4    | 762.8    | /////// |         |         | 2,879.9   | 131.8    | 34.4    | 3,046.0   |         |                   |                 |          |
|    | Interventional Radiology/Cardiovascular | IRC  | 246,932    | 7,004.4   | 978.9    | 2,819.6  | /////// |         |         | 10,803.0  | 1,505.5  | 155.3   | 12,463.8  |         |                   |                 |          |
|    | Respiratory Therapy                     | RES  | 4,071,230  | 3,986.1   | 208.3    | 1,321.3  | /////// |         |         | 5,515.7   | 198.7    |         | 5,714.4   |         |                   |                 |          |
|    | Pulmonary Function Testing              | PUL  | 55,632     | 105.5     | 18.7     | 46.1     | /////// |         |         | 170.4     | 30.5     |         | 200.9     |         |                   |                 |          |
|    | Renal Dialysis                          | RDL  | 2,191      | 945.5     | 187.4    | 314.7    | /////// |         |         | 1,447.6   | 140.2    |         | 1,587.8   |         |                   |                 |          |
|    | Physical Therapy                        | PTH  | 1,078,012  | 5,547.3   | 165.5    | 2,194.0  | /////// |         |         | 7,906.9   | 214.8    |         | 8,121.7   |         |                   |                 |          |
|    | Occupational Therapy                    | OTH  | 278,204    | 1,253.5   | 39.3     | 471.7    | /////// |         |         | 1,764.5   | 62.9     |         | 1,827.4   |         |                   |                 |          |
|    | Speech Language Pathology               | STH  | 263,323    | 1,194.3   | 62.7     | 440.1    | /////// |         |         | 1,697.1   | 60.4     |         | 1,757.5   |         |                   |                 |          |
|    | Organ Acquisition                       | OA   |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Ambulatory Surgery                      | AOR  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Leukopheresis                           | LEU  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Hyperbaric Chamber                      | HYP  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Audiology                               | AUD  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Other Physical Medicine                 | OPM  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Transurethral Needle Ablation           | TNA  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Magnetic Resonance Imaging              | MRI  | 416,175    | 1,072.9   | 56.7     | 409.8    | /////// |         |         | 1,539.3   | 48.5     | 183.8   | 1,771.6   |         |                   |                 |          |
|    | Oncology Clinic                         | OCL  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Transurethral Microwave Thermotherapy   | TMT  |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
|    | Admission Services                      | ADM  | 25,566     | ///////   | 3,142.8  | 1,753.3  | /////// | /////// | /////// | 4,896.1   | ///////  | /////// | 4,896.1   |         |                   |                 |          |
|    | Med/Surg Supplies                       | MSS  | 52,486     | 66,974.6  | 6,362.7  | 2,186.9  | /////// | /////// | /////// | 75,524.3  | 1,135.8  | /////// | 76,660.1  |         |                   |                 |          |
|    | Drugs Sold                              | CDS  | 52,486     | 58,994.5  | 11,797.0 | 4,553.4  | /////// | /////// | /////// | 75,344.9  | 1,209.4  | /////// | 76,554.3  |         |                   |                 |          |
|    |   |      |            |           |          |          | /////// |         |         |           |          |         |           |         |                   |                 |          |
| B  | TOTAL                                   |      | 37,847,131 | 329,982.4 | 53,291.1 | 82,699.5 |         |         | 1,295.7 | 467,268.7 | 44,518.3 | 3,776.8 | 515,563.8 |         |                   |                 |          |

REVENUE CENTER RATE SUMMARY

Revised 5/7/20  
6/30/2019

INSTITUTION NAME: Anne Arundel Medical Center  
INSTITUTION NUMBER: 0023

BASE YEAR

| ----- O F C ----- |            | LEVEL III | PAYOR DIFFERENTIAL | LEVEL IV | CROSS SUBSIDY | MISC ADJ | HSCRC ADJ | ADJUST LEVEL IV | AVERAGE RATES |
|-------------------|------------|-----------|--------------------|----------|---------------|----------|-----------|-----------------|---------------|
| DIRECT            | PERCENTAGE |           |                    |          |               |          |           |                 |               |

| DESCRIPTION                                 | CODE | COL 1 | COL 2     | COL 3     | COL 4    | COL 5     | COL 6 | COL 7 | COL 8 | COL 9     | COL 10     |
|---|------|-------|-----------|-----------|----------|-----------|-------|-------|-------|-----------|------------|
| A1 Med/Surg Acute                           | MSG  |       | (842.1)   | 86,003.4  | 6,209.3  | 92,212.7  |       |       |       | 92,212.7  | 1,280.89   |
| 2.00 Pediatric Acute                        | PED  |       | (10.4)    | 1,059.8   | 76.5     | 1,136.3   |       |       |       | 1,136.3   | 1,884.48   |
| 3.00 Psychiatric Acute                      | PSY  |       |           |           |          |           |       |       |       |           |            |
| 4.00 Obstetrics Acute                       | OBS  |       | (114.4)   | 11,683.3  | 843.5    | 12,526.8  |       |       |       | 12,526.8  | 1,093.47   |
| 5.00 Definitive Observation                 | DEF  |       | (45.6)    | 4,654.1   | 336.0    | 4,990.1   |       |       |       | 4,990.1   | 1,444.73   |
| 6.00 Med/Surg Intensive Care                | MIS  |       | (133.3)   | 13,609.4  | 982.6    | 14,592.0  |       |       |       | 14,592.0  | 2,883.80   |
| 7.00 Coronary Care                          | CCU  |       |           |           |          |           |       |       |       |           |            |
| 8.00 Pediatric Intensive Care               | PIC  |       |           |           |          |           |       |       |       |           |            |
| 9.00 Neo-Natal Intensive Care               | NEO  |       | (80.6)    | 8,227.8   | 594.0    | 8,821.8   |       |       |       | 8,821.8   | 1,602.79   |
| ### Burn Care                               | BUR  |       |           |           |          |           |       |       |       |           |            |
| ### Psychiatric Intensive Care              | PSI  |       |           |           |          |           |       |       |       |           |            |
| ### Shock Trauma                            | TRM  |       |           |           |          |           |       |       |       |           |            |
| ### Oncology                                | ONC  |       |           |           |          |           |       |       |       |           |            |
| ### Newborn Nursery                         | NUR  |       | (46.7)    | 4,764.8   | 344.0    | 5,108.8   |       |       |       | 5,108.8   | 506.12     |
| ### Premature Nursery                       | PRE  |       |           |           |          |           |       |       |       |           |            |
| ### Rehabilitation                          | RHB  |       |           |           |          |           |       |       |       |           |            |
| ### Intermediate Care                       | ICC  |       |           |           |          |           |       |       |       |           |            |
| ### Emergency Services                      | EMG  |       | (280.3)   | 28,625.2  | 2,066.7  | 30,691.9  |       |       |       | 30,691.9  | 27.37      |
| ### Clinical Services                       | CL   |       | (140.2)   | 14,322.7  | 1,034.1  | 15,356.8  |       |       |       | 15,356.8  | 25.52      |
| ### Observation                             | OBV  |       | (114.2)   | 11,663.0  | 842.0    | 12,505.0  |       |       |       | 12,505.0  | 67.20      |
| ### Psych. Day & Night Care                 | PDC  |       |           |           |          |           |       |       |       |           |            |
| ### Lithotripsy                             | LIT  |       | (0.8)     | 81.0      | 5.9      | 86.9      |       |       |       | 86.9      | 2,997.90   |
| ### Same Day Surgery                        | SDS  |       | (136.6)   | 13,954.9  | 1,007.5  | 14,962.4  |       |       |       | 14,962.4  | 839.97     |
| ### Free Standing Emergency                 | FSE  |       |           |           |          |           |       |       |       |           |            |
| ### Labor & Delivery Services               | DEL  |       | (189.5)   | 19,350.6  | 1,397.1  | 20,747.7  |       |       |       | 20,747.7  | 100.76     |
| ### Operating Room                          | OR   |       | (493.6)   | 50,408.8  | 3,639.4  | 54,048.2  |       |       |       | 54,048.2  | 33.28      |
| ### Operating Room Clinic                   | ORC  |       | (5.2)     | 528.1     | 38.1     | 566.2     |       |       |       | 566.2     | 13.85      |
| ### Ambulance Services-Rebundled            | AMR  |       |           |           |          |           |       |       |       |           |            |
| ### Anesthesiology                          | ANS  |       |           |           |          |           |       |       |       |           |            |
| ### Laboratory Services                     | LAB  |       | (240.9)   | 24,606.4  | 1,776.5  | 26,382.9  |       |       |       | 26,382.9  | 1.21       |
| ### Ambulatory Surgery (PBP)                | AMS  |       |           |           |          |           |       |       |       |           |            |
| ### Electrocardiography                     | EKG  |       | (16.6)    | 1,697.2   | 122.5    | 1,819.7   |       |       |       | 1,819.7   | 2.35       |
| ### Electroencephalography                  | EEG  |       | (6.9)     | 705.6     | 50.9     | 756.5     |       |       |       | 756.5     | 4.18       |
| ### Radiology-Diagnostic                    | RAD  |       | (94.9)    | 9,696.8   | 700.1    | 10,396.9  |       |       |       | 10,396.9  | 14.61      |
| ### Radiology-Therapeutic                   | RAT  |       | (105.5)   | 10,773.0  | 777.8    | 11,550.8  |       |       |       | 11,550.8  | 5.30       |
| ### Nuclear Medicine                        | NUC  |       | (14.0)    | 1,434.1   | 103.5    | 1,537.6   |       |       |       | 1,537.6   | 7.25       |
| ### CT Scanner                              | CAT  |       | (29.5)    | 3,016.5   | 217.8    | 3,234.3   |       |       |       | 3,234.3   | 2.17       |
| ### Interventional Radiology/Cardiovascular | IRC  |       | (120.9)   | 12,342.9  | 891.1    | 13,234.0  |       |       |       | 13,234.0  | 53.59      |
| ### Respiratory Therapy                     | RES  |       | (55.4)    | 5,659.0   | 408.6    | 6,067.6   |       |       |       | 6,067.6   | 1.49       |
| ### Pulmonary Function Testing              | PUL  |       | (1.9)     | 199.0     | 14.4     | 213.4     |       |       |       | 213.4     | 3.84       |
| ### Renal Dialysis                          | RDL  |       | (15.4)    | 1,572.4   | 113.5    | 1,685.9   |       |       |       | 1,685.9   | 769.45     |
| ### Physical Therapy                        | PTH  |       | (78.8)    | 8,042.9   | 580.7    | 8,623.6   |       |       |       | 8,623.6   | 8.00       |
| ### Occupational Therapy                    | OTH  |       | (17.7)    | 1,809.7   | 130.7    | 1,940.4   |       |       |       | 1,940.4   | 6.97       |
| ### Speech Language Pathology               | STH  |       | (17.0)    | 1,740.5   | 125.7    | 1,866.2   |       |       |       | 1,866.2   | 7.09       |
| ### Organ Acquisition                       | OA   |       |           |           |          |           |       |       |       |           |            |
| ### Ambulatory Surgery                      | AOR  |       |           |           |          |           |       |       |       |           |            |
| ### Leukopheresis                           | LEU  |       |           |           |          |           |       |       |       |           |            |
| ### Hyperbaric Chamber                      | HYP  |       |           |           |          |           |       |       |       |           |            |
| ### Audiology                               | AUD  |       |           |           |          |           |       |       |       |           |            |
| ### Other Physical Medicine                 | OPM  |       |           |           |          |           |       |       |       |           |            |
| ### Transurethral Needle Ablation           | TNA  |       |           |           |          |           |       |       |       |           |            |
| ### Magnetic Resonance Imaging              | MRI  |       | (17.2)    | 1,754.4   | 126.7    | 1,881.1   |       |       |       | 1,881.1   | 4.52       |
| ### Oncology Clinic                         | OCL  |       |           |           |          |           |       |       |       |           |            |
| ### Transurethral Microwave Thermotherapy   | TMT  |       |           |           |          |           |       |       |       |           |            |
| ### Admission Services                      | ADM  |       | (47.5)    | 4,848.6   | 350.1    | 5,198.7   |       |       |       | 5,198.7   | 203.34     |
| ### Med/Surg Supplies                       | MSS  |       | (743.3)   | 75,916.8  | 5,481.0  | 81,397.8  |       |       |       | 81,397.8  | 1,550.84   |
| ### Drugs Sold                              | CDS  |       | (742.3)   | 75,812.0  | 5,473.5  | 81,285.5  |       |       |       | 81,285.5  | 1,548.71   |
| ###   |      |       |           |           |          |           |       |       |       |           |            |
| B TOTAL                                     |      |       | (4,999.2) | 510,564.6 | 36,861.8 | 547,426.4 |       |       |       | 547,426.4 | ////////// |

REVENUE CENTER RATE SUMMARY

INSTITUTION NAME: Anne Arundel Medical Center  
 INSTITUTION NUMBER: 0023

BASE YEAR 6/30/2019

| UNITS OF MEASURE | DIRECT EXPENSES              | PAT CARE OVERHEAD EXPENSES | OTHER OVERHEAD EXPENSES | N/A       | PHYSICIAN SUPPORT EXPENSES | RESIDENT INTERN EXPENSES | LEVEL I  | ----- C F A -----      |               | LEVEL II |         |           |
|------------------|------------------------------|----------------------------|-------------------------|-----------|----------------------------|--------------------------|----------|------------------------|---------------|----------|---------|-----------|
|                  |                              |                            |                         |           |                            |                          |          | BLDG & GENRL EQUIPMENT | DEPART-MENTAL |          |         |           |
| DESCRIPTION      | CODE                         | COL 1                      | COL 2                   | COL 3     | COL 4                      | COL 5                    | COL 6    | COL 7                  | COL 8         | COL 9    | COL 10  | COL 11    |
| A1               | Psychiatric Adult            | PAD                        |                         |           |                            | ////////                 |          |                        |               |          |         |           |
| A2               | Psychiatric Child/Adolescent | PCD                        |                         |           |                            | ////////                 |          |                        |               |          |         |           |
| A3               | Psychiatric Intensive Care   | PSI                        |                         |           |                            | ////////                 | //////// | ////////               |               |          |         |           |
| A4               | Psychiatric Geriatric        | PSG                        |                         |           |                            | ////////                 |          |                        |               |          |         |           |
| A5               | Individual Therapies         | ITH                        |                         |           |                            | ////////                 |          |                        |               |          |         |           |
| A6               | Group Therapies              | GTH                        |                         |           |                            | ////////                 |          |                        |               |          |         |           |
| A7               | Psychological Testing        | PST                        |                         |           |                            | ////////                 |          |                        |               |          |         |           |
| A8               | Education                    | PSE                        |                         |           |                            | ////////                 |          |                        |               |          |         |           |
| A9               | Other Therapies              | OPT                        |                         |           |                            | ////////                 |          |                        |               |          |         |           |
| A10              | Activity Therapies           | ATH                        |                         |           |                            | ////////                 |          |                        |               |          |         |           |
| A11              | Family Therapies             | FTH                        |                         |           |                            | ////////                 | //////// | ////////               |               |          |         |           |
| A12              | Electroconvulsive Therapy    | ETH                        |                         |           |                            | ////////                 | //////// | ////////               |               |          |         |           |
| <b>B</b>         | <b>TOTAL</b>                 |                            | 37847131.18             | 329982.43 | 53291.11                   | 82699.52                 |          | 1295.67                | 467268.73     | 44518.30 | 3776.81 | 515563.84 |

REVENUE CENTER RATE SUMMARY

INSTITUTION NAME: Anne Arundel Medical Center  
 INSTITUTION NUMBER: 0023

BASE YEAR 6/30/2019

|                   |            |              |                            |             |                  |             |              |                       |                  |
|-------------------|------------|--------------|----------------------------|-------------|------------------|-------------|--------------|-----------------------|------------------|
| ----- O F C ----- |            | LEVEL<br>III | PAYOR<br>DIFFER-<br>ENTIAL | LEVEL<br>IV | CROSS<br>SUBSIDY | MISC<br>ADJ | HSCRC<br>ADJ | ADJUST<br>LEVEL<br>IV | AVERAGE<br>RATES |
| DIRECT            | PERCENTAGE |              |                            |             |                  |             |              |                       |                  |

| DESCRIPTION | CODE                         | COL 1 | COL 2 | COL 3 | COL 4 | COL 5 | COL 6 | COL 7 | COL 8 | COL 9 | COL 10 |
|-------------|------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| A1          | Psychiatric Adult            | PAD   |       |       |       |       |       |       |       |       |        |
| A2          | Psychiatric Child/Adolescent | PCD   |       |       |       |       |       |       |       |       |        |
| A3          | Psychiatric Intensive Care   | PSI   |       |       |       |       |       |       |       |       |        |
| A4          | Psychiatric Geriatric        | PSG   |       |       |       |       |       |       |       |       |        |
| A5          | Individual Therapies         | ITH   |       |       |       |       |       |       |       |       |        |
| A6          | Group Therapies              | GTH   |       |       |       |       |       |       |       |       |        |
| A7          | Psychological Testing        | PST   |       |       |       |       |       |       |       |       |        |
| A8          | Education                    | PSE   |       |       |       |       |       |       |       |       |        |
| A9          | Other Therapies              | OPT   |       |       |       |       |       |       |       |       |        |
| A10         | Activity Therapies           | ATH   |       |       |       |       |       |       |       |       |        |
| A11         | Family Therapies             | FTH   |       |       |       |       |       |       |       |       |        |
| A12         | Electroconvulsive Therapy    | ETH   |       |       |       |       |       |       |       |       |        |

|   |       |  |          |           |          |           |  |  |  |           |            |
|---|-------|--|----------|-----------|----------|-----------|--|--|--|-----------|------------|
| B | TOTAL |  | -4999.20 | 510564.64 | 36861.80 | 547426.44 |  |  |  | 547426.44 | ////////// |
|---|-------|--|----------|-----------|----------|-----------|--|--|--|-----------|------------|

**OVERHEAD EXPENSE SUMMARY**

**OES**

INSTITUTION NAME: Anne Arundel Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

| EXPENSES |                              | TOTAL      | DISTRIBUTE TO:                        |                               |  |   |
|----------|------------------------------|------------|---------------------------------------|-------------------------------|--|---|
|          |                              |            | Physician<br>Part B Centers<br>Sch P2 | Data<br>Processing<br>Sch DP1 | General<br>Service Centers<br>Sch C1 - C14 |   |
| A        | Dietary Services             | 3,059.80   |                                       |                               | 3,059.8                                    | A |
| B        | Laundry and Linen            | 1,153.60   |                                       |                               | 1,153.6                                    | B |
| C        | Social Services              | 2,892.40   |                                       |                               | 2,892.4                                    | C |
| D        | Purchasing and Stores        | 4,288.20   |                                       |                               | 4,288.2                                    | D |
| E        | Plant Operations             | 17,721.20  |                                       |                               | 17,721.2                                   | E |
| F        | Housekeeping                 | 5,621.00   |                                       |                               | 5,621.0                                    | F |
| G        | Central Services and Supply  | 5,330.20   |                                       |                               | 5,330.2                                    | G |
| H        | Pharmacy                     | 10,094.90  |                                       |                               | 10,094.9                                   | H |
| I        | General Accounting           | 5,906.70   |                                       |                               | 5,906.7                                    | I |
| J        | Patient Accounts             | 8,069.30   |                                       |                               | 8,069.3                                    | J |
| K        | Hospital Administration      | 32,740.40  |                                       |                               | 32,740.4                                   | K |
| L        | Medical Records              | 4,620.30   |                                       |                               | 4,620.3                                    | L |
| M        | Medical Staff Administration | 3,454.50   |                                       |                               | 3,454.5                                    | M |
| N        | Nursing Administration       | 8,747.70   |                                       |                               | 8,747.7                                    | N |
| O        | Organ Acquisition            |            |                                       |                               |  | O |
| P        | Data Processing              | 23,588.30  |                                       | 23,588.3                      |  | P |
| Q        | Totals                       | 137,288.50 |                                       | 23,588.3                      | 113,700.2                                  | Q |

**UNREGULATED SERVICES  
FSC1**

**UR 1**

INSTITUTION NAME: Anne Arundel Medical Center BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

|   |                |                    |
|---|----------------|--------------------|
|   | VOLUME<br>DATA | BASE YEAR<br>UNITS |
| A | VISITS         | 572                |

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

**FREE STANDING CLINIC SERVICES**

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

| <b>BASE YEAR DATA</b> |  |             |          |       |       |        |     |
|-----------------------|--|-------------|----------|-------|-------|--------|-----|
| B                     | BASE YEAR EXPENSES                       | RECORDS     | 403.1    | 340.7 | 743.8 | XXXXX  | B   |
| C                     | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA     | 10.3     | XXXXX | 10.3  | XXXXX  | C   |
| D                     | ALLOCATION FROM GENERAL SERVICE CENTERS  | //////      | XXXXXXXX | XXXXX | XXXXX | XXXXX  | D   |
| ///                   | COST CENTER Col 5                        | COL. 6 CODE | XXXXXXXX | XXXXX | XXXXX | XXXXX  | /// |
| D1                    | Central Services & Supply                | CSS         | 2.1      | 1.5   | 3.6   | XXXXX  | D1  |
| D2                    | Depreciation & Amortization              | DEP         | XXXXX    | 114.4 | 114.4 | XXXXX  | D2  |
| D3                    | General Accounting                       | FIS         | 2.1      | 1.8   | 3.9   | XXXXX  | D3  |
| D4                    | Hospital Administration                  | MGT         | 13.1     | 7.7   | 20.8  | XXXXX  | D4  |
| D5                    | Medical Records                          | MRD         | 1.2      | 1.9   | 3.1   | XXXXX  | D5  |
| D6                    | Other Insurance                          | OIN         | XXXXX    | 0.3   | 0.3   | XXXXX  | D6  |
| D7                    | Patient Accounts                         | PAC         | 3.3      | 2.1   | 5.4   | XXXXX  | D7  |
| D8                    | Purchasing & Stores                      | PUR         | 1.6      | 1.3   | 2.9   | XXXXX  | D8  |
| D9                    |  |             |          |       |       | XXXXX  | D9  |
| D10                   |  |             |          |       |       | XXXXX  | D10 |
| D11                   |  |             |          |       |       | XXXXX  | D11 |
| D12                   |  |             |          |       |       | XXXXX  | D12 |
| D13                   |  |             |          |       |       | XXXXX  | D13 |
| D14                   |  |             |          |       |       | XXXXX  | D14 |
| D15                   |  |             |          |       |       | XXXXX  | D15 |
| E                     | Capital Facilities Allowance             | Records     |          |       |       | XXXXX  | E   |
| F                     | Base Year Adjusted Expenses              | B+C+D+E     | 436.8    | 471.7 | 908.5 | 1.5882 | F   |

| <b>BASE YEAR PROFIT (LOSS)</b> |                   |         |          |       |         |       |   |
|--------------------------------|-------------------|---------|----------|-------|---------|-------|---|
| G                              | BASE YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 634.1   | XXXXX | G |
| H                              | PROFIT (LOSS)     | G - F   | XXXXXXXX | XXXXX | (274.4) | XXXXX | H |

| <b>FTE DATA</b> |                               |         |     |  |  |  |   |
|-----------------|-------------------------------|---------|-----|--|--|--|---|
| I               | BASE YEAR HOURS WORKED / 2080 | RECORDS | 6.6 |  |  |  | I |

**UNREGULATED SERVICES  
HHC**

**UR 2**

INSTITUTION NAME: Anne Arundel Medical Center BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

|   | VOLUME DATA | BASE YEAR UNITS |
|---|-------------|-----------------|
| A | VISITS      |                 |

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

**HOME HEALTH SERVICES**

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

**BASE YEAR DATA**

|     |  |             |         |         |       |       |     |
|-----|--|-------------|---------|---------|-------|-------|-----|
| B   | BASE YEAR EXPENSES                       | RECORDS     |         |         |       | XXXXX | B   |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA     |         | XXXXX   |       | XXXXX | C   |
| D   | ALLOCATION FROM GENERAL SERVICE CENTERS  | //////      | XXXXXXX | XXXXX   | XXXXX | XXXXX | D   |
| /// | COST CENTER Col 5                        | COL. 6 CODE | //////  | XXXXXXX | XXXXX | XXXXX | /// |
| D1  |  |             |         |         |       | XXXXX | D1  |
| D2  |  |             |         |         |       | XXXXX | D2  |
| D3  |  |             |         |         |       | XXXXX | D3  |
| D4  |  |             |         |         |       | XXXXX | D4  |
| D5  |  |             |         |         |       | XXXXX | D5  |
| D6  |  |             |         |         |       | XXXXX | D6  |
| D7  |  |             |         |         |       | XXXXX | D7  |
| D8  |  |             |         |         |       | XXXXX | D8  |
| D9  |  |             |         |         |       | XXXXX | D9  |
| D10 |  |             |         |         |       | XXXXX | D10 |
| D11 |  |             |         |         |       | XXXXX | D11 |
| D12 |  |             |         |         |       | XXXXX | D12 |
| D13 |  |             |         |         |       | XXXXX | D13 |
| D14 |  |             |         |         |       | XXXXX | D14 |
| D15 |  |             |         |         |       | XXXXX | D15 |
| E   | Capital Facilities Allowance             | Records     |         |         |       | XXXXX | E   |
| F   | Base Year Adjusted Expenses              | B+C+D+E     |         |         |       |       | F   |

**BASE YEAR PROFIT (LOSS)**

|   |                   |         |          |       |  |       |   |
|---|-------------------|---------|----------|-------|--|-------|---|
| G | BASE YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX |  | XXXXX | G |
| H | PROFIT (LOSS)     | G - F   | XXXXXXXX | XXXXX |  | XXXXX | H |

**FTE DATA**

|   |                               |         |  |  |  |  |   |
|---|-------------------------------|---------|--|--|--|--|---|
| I | BASE YEAR HOURS WORKED / 2080 | RECORDS |  |  |  |  | I |
|---|-------------------------------|---------|--|--|--|--|---|

**UNREGULATED SERVICES  
ORD**

**UR 3**

INSTITUTION NAME: Anne Arundel Medical Center BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

|   | VOLUME DATA | BASE YEAR UNITS |
|---|-------------|-----------------|
| A | TREATMENTS  | 223             |

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

**OUTPATIENT RENAL DIALYSIS**

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

**BASE YEAR DATA**

|     |  |             |         |         |       |        |       |
|-----|--|-------------|---------|---------|-------|--------|-------|
| B   | BASE YEAR EXPENSES                       | RECORDS     |         | 93.5    | 93.5  | XXXXX  | B     |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA     |         | XXXXX   | XXXXX | XXXXX  | C     |
| D   | ALLOCATION FROM GENERAL SERVICE CENTERS  | //////      | XXXXXXX | XXXXX   | XXXXX | XXXXX  | D     |
| /// | COST CENTER Col 5                        | COL. 6 CODE | //////  | XXXXXXX | XXXXX | XXXXX  | ///   |
| D1  | Housekeeping                             | HKP         |         | 0.1     |       | 0.1    | XXXXX |
| D2  | Hospital Administration                  | MGT         |         | 0.2     | 0.1   | 0.3    | XXXXX |
| D3  | Nursing Administration                   | NAD         |         | 0.1     |       | 0.1    | XXXXX |
| D4  | Patient Accounts                         | PAC         |         | 0.1     |       | 0.1    | XXXXX |
| D5  | Plant Operations                         | POP         |         | 0.1     | 0.2   | 0.3    | XXXXX |
| D6  |  |             |         |         |       |        | XXXXX |
| D7  |  |             |         |         |       |        | XXXXX |
| D8  |  |             |         |         |       |        | XXXXX |
| D9  |  |             |         |         |       |        | XXXXX |
| D10 |  |             |         |         |       |        | XXXXX |
| D11 |  |             |         |         |       |        | XXXXX |
| D12 |  |             |         |         |       |        | XXXXX |
| D13 |  |             |         |         |       |        | XXXXX |
| D14 |  |             |         |         |       |        | XXXXX |
| D15 |  |             |         |         |       |        | XXXXX |
| E   | Capital Facilities Allowance             | Records     |         |         |       |        | XXXXX |
| F   | Base Year Adjusted Expenses              | B+C+D+E     | 0.6     | 93.8    | 94.4  | 0.4233 | F     |

**BASE YEAR PROFIT (LOSS)**

|   |                   |         |          |       |       |       |   |
|---|-------------------|---------|----------|-------|-------|-------|---|
| G | BASE YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 113.3 | XXXXX | G |
| H | PROFIT (LOSS)     | G - F   | XXXXXXXX | XXXXX | 18.9  | XXXXX | H |

**FTE DATA**

|   |                               |         |  |  |  |  |   |
|---|-------------------------------|---------|--|--|--|--|---|
| I | BASE YEAR HOURS WORKED / 2080 | RECORDS |  |  |  |  | I |
|---|-------------------------------|---------|--|--|--|--|---|

**UNREGULATED SERVICES  
ECF1**

**UR 4**

**N/A**

INSTITUTION NAME: Anne Arundel Medical Center  
 INSTITUTION NUMBER: 0023

BASE YEAR 6/30/2019

|   |                |                    |
|---|----------------|--------------------|
|   | VOLUME<br>DATA | BASE YEAR<br>UNITS |
| A | PATIENT DAYS   |                    |

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

**SKILLED NURSING CARE**

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

**BASE YEAR DATA**

|     |  |  |         |          |       |       |       |     |
|-----|--|--|---------|----------|-------|-------|-------|-----|
| B   | BASE YEAR EXPENSES                       |  | RECORDS |          |       |       | XXXXX | B   |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. |  | SCH. OA |          | XXXXX |       | XXXXX | C   |
| D   | ALLOCATION FROM GENERAL SERVICE CENTERS  |  | //////  | XXXXXXXX | XXXXX | XXXXX | XXXXX | D   |
| /// | COST CENTER Col 5                        |  | //////  | XXXXXXXX | XXXXX | XXXXX | XXXXX | /// |
| D1  |  |  |         |          |       |       | XXXXX | D1  |
| D2  |  |  |         |          |       |       | XXXXX | D2  |
| D3  |  |  |         |          |       |       | XXXXX | D3  |
| D4  |  |  |         |          |       |       | XXXXX | D4  |
| D5  |  |  |         |          |       |       | XXXXX | D5  |
| D6  |  |  |         |          |       |       | XXXXX | D6  |
| D7  |  |  |         |          |       |       | XXXXX | D7  |
| D8  |  |  |         |          |       |       | XXXXX | D8  |
| D9  |  |  |         |          |       |       | XXXXX | D9  |
| D10 |  |  |         |          |       |       | XXXXX | D10 |
| D11 |  |  |         |          |       |       | XXXXX | D11 |
| D12 |  |  |         |          |       |       | XXXXX | D12 |
| D13 |  |  |         |          |       |       | XXXXX | D13 |
| D14 |  |  |         |          |       |       | XXXXX | D14 |
| D15 |  |  |         |          |       |       | XXXXX | D15 |
| E   | Capital Facilities Allowance             |  | Records |          |       |       | XXXXX | E   |
| F   | Base Year Adjusted Expenses              |  | B+C+D+E |          |       |       | XXXXX | F   |

**BASE YEAR PROFIT (LOSS)**

|   |                   |  |         |          |       |  |       |   |
|---|-------------------|--|---------|----------|-------|--|-------|---|
| G | BASE YEAR REVENUE |  | RECORDS | XXXXXXXX | XXXXX |  | XXXXX | G |
| H | PROFIT (LOSS)     |  | G - F   | XXXXXXXX | XXXXX |  | XXXXX | H |

**FTE DATA**

|   |                               |  |         |  |  |  |  |   |
|---|-------------------------------|--|---------|--|--|--|--|---|
| I | BASE YEAR HOURS WORKED / 2080 |  | RECORDS |  |  |  |  | I |
|---|-------------------------------|--|---------|--|--|--|--|---|

**UNREGULATED SERVICES  
ULB**

**UR 5**

INSTITUTION NAME: Anne Arundel Medical Center BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

|   |              |                 |
|---|--------------|-----------------|
|   | VOLUME DATA  | BASE YEAR UNITS |
| A | CAP 1982 ed. | 7,425,887       |

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

**LABORATORY - NON PATIENT**

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

| <b>BASE YEAR DATA</b> |  |             |          |          |         |        |     |
|-----------------------|--|-------------|----------|----------|---------|--------|-----|
| B                     | BASE YEAR EXPENSES                       | RECORDS     | 1,911.9  | 1,211.1  | 3,123.0 | XXXXX  | B   |
| C                     | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA     | 51.6     | XXXXX    | 51.6    | XXXXX  | C   |
| D                     | ALLOCATION FROM GENERAL SERVICE CENTERS  | /////       | XXXXXXXX | XXXXX    | XXXXX   | XXXXX  | D   |
| ///                   | COST CENTER Col 5                        | COL. 6 CODE | /////    | XXXXXXXX | XXXXX   | XXXXX  | /// |
| D1                    | Central Services & Supply                | CSS         | 8.8      | 6.1      | 14.9    | XXXXX  | D1  |
| D2                    | Depreciation & Amortization              | DEP         | XXXXX    | 18.3     | 18.3    | XXXXX  | D2  |
| D3                    | General Accounting                       | FIS         | 9.0      | 7.6      | 16.6    | XXXXX  | D3  |
| D4                    | Housekeeping                             | HKP         | 13.1     | 2.7      | 15.8    | XXXXX  | D4  |
| D5                    | Interest Long Term                       | ILT         | XXXXX    | 30.1     | 30.1    | XXXXX  | D5  |
| D6                    | Leases & Rentals                         | LEA         | XXXXX    | 79.1     | 79.1    | XXXXX  | D6  |
| D7                    | Malpractice Insurance                    | MAL         | XXXXX    | 3.3      | 3.3     | XXXXX  | D7  |
| D8                    | Hospital Administration                  | MGT         | 55.1     | 32.1     | 87.2    | XXXXX  | D8  |
| D9                    | Medical Records                          | MRD         | 5.1      | 7.9      | 13.0    | XXXXX  | D9  |
| D10                   | Patient Accounts                         | PAC         | 13.9     | 8.7      | 22.6    | XXXXX  | D10 |
| D11                   | Plant Operations                         | POP         | 14.0     | 35.7     | 49.7    | XXXXX  | D11 |
| D12                   | Purchasing & Stores                      | PUR         | 6.6      | 5.4      | 12.0    | XXXXX  | D12 |
| D13                   |  |             |          |          |         | XXXXX  | D13 |
| D14                   |  |             |          |          |         | XXXXX  | D14 |
| D15                   |  |             |          |          |         | XXXXX  | D15 |
| E                     | Capital Facilities Allowance             | Records     |          |          |         | XXXXX  | E   |
| F                     | Base Year Adjusted Expenses              | B+C+D+E     | 2,089.1  | 1,448.1  | 3,537.2 | 0.0005 | F   |

| <b>BASE YEAR PROFIT (LOSS)</b> |                   |         |          |       |         |       |   |
|--------------------------------|-------------------|---------|----------|-------|---------|-------|---|
| G                              | BASE YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 3,994.9 | XXXXX | G |
| H                              | PROFIT (LOSS)     | G - F   | XXXXXXXX | XXXXX | 457.7   | XXXXX | H |

| <b>FTE DATA</b> |                               |         |      |  |  |  |   |
|-----------------|-------------------------------|---------|------|--|--|--|---|
| I               | BASE YEAR HOURS WORKED / 2080 | RECORDS | 33.7 |  |  |  | I |

**UNREGULATED SERVICES  
UPB**

**UR 6**

INSTITUTION NAME: Anne Arundel Medical Center      BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

|   |             |                 |
|---|-------------|-----------------|
|   | VOLUME DATA | BASE YEAR UNITS |
| A | NO. OF FTEs | 76.37           |

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

**PHYSICIANS PART B SERVICES**

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

| BASE YEAR DATA |  |                    |         |          |          |          |     |
|----------------|--|--------------------|---------|----------|----------|----------|-----|
| B              | BASE YEAR EXPENSES                       | RECORDS            | 182.3   | 24,399.1 | 24,581.4 | XXXXX    | B   |
| C              | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA            | 21.1    | XXXXX    | 21.1     | XXXXX    | C   |
| D              | ALLOCATION FROM GENERAL SERVICE CENTERS  | //////             | XXXXXXX | XXXXX    | XXXXX    | XXXXX    | D   |
| ///            | COST CENTER Col 5                        | //////             | XXXXXXX | XXXXX    | XXXXX    | XXXXX    | /// |
| D1             | Depreciation & Amortization              | COL. 6 CODE<br>DEP | XXXXX   | 0.5      | 0.5      | XXXXX    | D1  |
| D2             | Malpractice Insurance                    | MAL                | XXXXX   | 23.9     | 23.9     | XXXXX    | D2  |
| D3             | Hospital Administration                  | MGT                | 433.4   | 253.0    | 686.4    | XXXXX    | D3  |
| D4             | Medical Staff Administration             | MSA                | 42.4    | 7.5      | 49.9     | XXXXX    | D4  |
| D5             |  |                    |         |          |          | XXXXX    | D5  |
| D6             |  |                    |         |          |          | XXXXX    | D6  |
| D7             |  |                    |         |          |          | XXXXX    | D7  |
| D8             |  |                    |         |          |          | XXXXX    | D8  |
| D9             |  |                    |         |          |          | XXXXX    | D9  |
| D10            |  |                    |         |          |          | XXXXX    | D10 |
| D11            |  |                    |         |          |          | XXXXX    | D11 |
| D12            |  |                    |         |          |          | XXXXX    | D12 |
| D13            |  |                    |         |          |          | XXXXX    | D13 |
| D14            |  |                    |         |          |          | XXXXX    | D14 |
| D15            |  |                    |         |          |          | XXXXX    | D15 |
| E              | Capital Facilities Allowance             | Records            |         | 27.5     | 27.5     | XXXXX    | E   |
| F              | Base Year Adjusted Expenses              | B+C+D+E            | 679.2   | 24,711.5 | 25,390.7 | 332.4583 | F   |

| BASE YEAR PROFIT (LOSS) |                   |         |         |       |            |       |   |
|-------------------------|-------------------|---------|---------|-------|------------|-------|---|
| G                       | BASE YEAR REVENUE | RECORDS | XXXXXXX | XXXXX | 688.4      | XXXXX | G |
| H                       | PROFIT (LOSS)     | G - F   | XXXXXXX | XXXXX | (24,702.3) | XXXXX | H |

| FTE DATA |                               |         |      |  |  |  |   |
|----------|-------------------------------|---------|------|--|--|--|---|
| I        | BASE YEAR HOURS WORKED / 2080 | RECORDS | 76.4 |  |  |  | I |

**UNREGULATED SERVICES  
CNA**

**UR 7**

**N/A**

INSTITUTION NAME: Anne Arundel Medical Center  
 INSTITUTION NUMBER: 0023

BASE YEAR 6/30/2019

|   |                |                    |
|---|----------------|--------------------|
|   | VOLUME<br>DATA | BASE YEAR<br>UNITS |
| A | CNA Minutes    |                    |

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

**CERTIFIED NURSE ANESTHETIST**

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

**BASE YEAR DATA**

|     |  |  |         |          |       |       |       |     |
|-----|--|--|---------|----------|-------|-------|-------|-----|
| B   | BASE YEAR EXPENSES                       |  | RECORDS |          |       |       | XXXXX | B   |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. |  | SCH. OA |          | XXXXX |       | XXXXX | C   |
| D   | ALLOCATION FROM GENERAL SERVICE CENTERS  |  | //////  | XXXXXXXX | XXXXX | XXXXX | XXXXX | D   |
| /// | COST CENTER Col 5                        |  | //////  | XXXXXXXX | XXXXX | XXXXX | XXXXX | /// |
| D1  |  |  |         |          |       |       | XXXXX | D1  |
| D2  |  |  |         |          |       |       | XXXXX | D2  |
| D3  |  |  |         |          |       |       | XXXXX | D3  |
| D4  |  |  |         |          |       |       | XXXXX | D4  |
| D5  |  |  |         |          |       |       | XXXXX | D5  |
| D6  |  |  |         |          |       |       | XXXXX | D6  |
| D7  |  |  |         |          |       |       | XXXXX | D7  |
| D8  |  |  |         |          |       |       | XXXXX | D8  |
| D9  |  |  |         |          |       |       | XXXXX | D9  |
| D10 |  |  |         |          |       |       | XXXXX | D10 |
| D11 |  |  |         |          |       |       | XXXXX | D11 |
| D12 |  |  |         |          |       |       | XXXXX | D12 |
| D13 |  |  |         |          |       |       | XXXXX | D13 |
| D14 |  |  |         |          |       |       | XXXXX | D14 |
| D15 |  |  |         |          |       |       | XXXXX | D15 |
| E   | Capital Facilities Allowance             |  | Records |          |       |       | XXXXX | E   |
| F   | Base Year Adjusted Expenses              |  | B+C+D+E |          |       |       |       | F   |

**BASE YEAR PROFIT (LOSS)**

|   |                   |  |         |          |       |  |       |   |
|---|-------------------|--|---------|----------|-------|--|-------|---|
| G | BASE YEAR REVENUE |  | RECORDS | XXXXXXXX | XXXXX |  | XXXXX | G |
| H | PROFIT (LOSS)     |  | G - F   | XXXXXXXX | XXXXX |  | XXXXX | H |

**FTE DATA**

|   |                               |  |         |  |  |  |  |   |
|---|-------------------------------|--|---------|--|--|--|--|---|
| I | BASE YEAR HOURS WORKED / 2080 |  | RECORDS |  |  |  |  | I |
|---|-------------------------------|--|---------|--|--|--|--|---|

**UNREGULATED SERVICES  
PSS**

**UR 8**

INSTITUTION NAME: Anne Arundel Medical Center BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

|   | VOLUME DATA    | BASE YEAR UNITS |
|---|----------------|-----------------|
| A | NUMBER OF FTES |                 |

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

**PHYSICIAN SUPPORT SERVICES**

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

**BASE YEAR DATA**

|     |  |             |         |         |       |       |     |
|-----|--|-------------|---------|---------|-------|-------|-----|
| B   | BASE YEAR EXPENSES                       | RECORDS     |         |         |       | XXXXX | B   |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA     |         | XXXXX   |       | XXXXX | C   |
| D   | ALLOCATION FROM GENERAL SERVICE CENTERS  | //////      | XXXXXXX | XXXXX   | XXXXX | XXXXX | D   |
| /// | COST CENTER Col 5                        | COL. 6 CODE | //////  | XXXXXXX | XXXXX | XXXXX | /// |
| D1  |  |             |         |         |       | XXXXX | D1  |
| D2  |  |             |         |         |       | XXXXX | D2  |
| D3  |  |             |         |         |       | XXXXX | D3  |
| D4  |  |             |         |         |       | XXXXX | D4  |
| D5  |  |             |         |         |       | XXXXX | D5  |
| D6  |  |             |         |         |       | XXXXX | D6  |
| D7  |  |             |         |         |       | XXXXX | D7  |
| D8  |  |             |         |         |       | XXXXX | D8  |
| D9  |  |             |         |         |       | XXXXX | D9  |
| D10 |  |             |         |         |       | XXXXX | D10 |
| D11 |  |             |         |         |       | XXXXX | D11 |
| D12 |  |             |         |         |       | XXXXX | D12 |
| D13 |  |             |         |         |       | XXXXX | D13 |
| D14 |  |             |         |         |       | XXXXX | D14 |
| D15 |  |             |         |         |       | XXXXX | D15 |
| E   | Capital Facilities Allowance             | Records     |         |         |       | XXXXX | E   |
| F   | Base Year Adjusted Expenses              | B+C+D+E     |         |         |       |       | F   |

**BASE YEAR PROFIT (LOSS)**

|   |                   |         |          |       |  |       |   |
|---|-------------------|---------|----------|-------|--|-------|---|
| G | BASE YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX |  | XXXXX | G |
| H | PROFIT (LOSS)     | G - F   | XXXXXXXX | XXXXX |  | XXXXX | H |

**FTE DATA**

|   |                               |         |  |  |  |  |   |
|---|-------------------------------|---------|--|--|--|--|---|
| I | BASE YEAR HOURS WORKED / 2080 | RECORDS |  |  |  |  | I |
|---|-------------------------------|---------|--|--|--|--|---|

**UNREGULATED SERVICES  
TBA3**

**UR 9**

INSTITUTION NAME: Anne Arundel Medical Center BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

|   | VOLUME DATA | BASE YEAR UNITS |
|---|-------------|-----------------|
| A | VISITS      | 2,802           |

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

**HACKERMAN-PATZ HOUSE**

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

**BASE YEAR DATA**

|     |  |             |          |          |       |        |     |
|-----|--|-------------|----------|----------|-------|--------|-----|
| B   | BASE YEAR EXPENSES                       | RECORDS     | 95.2     | 62.6     | 157.8 | XXXXX  | B   |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA     | 1.5      | XXXXX    | 1.5   | XXXXX  | C   |
| D   | ALLOCATION FROM GENERAL SERVICE CENTERS  | /////       | XXXXXXXX | XXXXX    | XXXXX | XXXXX  | D   |
| /// | COST CENTER Col 5                        | COL. 6 CODE | /////    | XXXXXXXX | XXXXX | XXXXX  | /// |
| D1  | Depreciation & Amortization              | DEP         | XXXXX    | 95.4     | 95.4  | XXXXX  | D1  |
| D2  | Hospital Administration                  | MGT         | 2.8      | 1.6      | 4.4   | XXXXX  | D2  |
| D3  |  |             |          |          |       | XXXXX  | D3  |
| D4  |  |             |          |          |       | XXXXX  | D4  |
| D5  |  |             |          |          |       | XXXXX  | D5  |
| D6  |  |             |          |          |       | XXXXX  | D6  |
| D7  |  |             |          |          |       | XXXXX  | D7  |
| D8  |  |             |          |          |       | XXXXX  | D8  |
| D9  |  |             |          |          |       | XXXXX  | D9  |
| D10 |  |             |          |          |       | XXXXX  | D10 |
| D11 |  |             |          |          |       | XXXXX  | D11 |
| D12 |  |             |          |          |       | XXXXX  | D12 |
| D13 |  |             |          |          |       | XXXXX  | D13 |
| D14 |  |             |          |          |       | XXXXX  | D14 |
| D15 |  |             |          |          |       | XXXXX  | D15 |
| E   | Capital Facilities Allowance             | Records     |          |          |       | XXXXX  | E   |
| F   | Base Year Adjusted Expenses              | B+C+D+E     | 99.5     | 159.6    | 259.1 | 0.0925 | F   |

**BASE YEAR PROFIT (LOSS)**

|   |                   |         |          |       |         |       |   |
|---|-------------------|---------|----------|-------|---------|-------|---|
| G | BASE YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 136.1   | XXXXX | G |
| H | PROFIT (LOSS)     | G - F   | XXXXXXXX | XXXXX | (123.0) | XXXXX | H |

**FTE DATA**

|   |                               |         |     |  |  |  |   |
|---|-------------------------------|---------|-----|--|--|--|---|
| I | BASE YEAR HOURS WORKED / 2080 | RECORDS | 0.9 |  |  |  | I |
|---|-------------------------------|---------|-----|--|--|--|---|

**UNREGULATED SERVICES  
TBA4**

**UR 10**

INSTITUTION NAME: Anne Arundel Medical Center      BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

|   |             |                 |
|---|-------------|-----------------|
|   | VOLUME DATA | BASE YEAR UNITS |
| A | TREATMENTS  |                 |

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

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

**BASE YEAR DATA**

|     |  |             |         |         |       |       |       |     |
|-----|--|-------------|---------|---------|-------|-------|-------|-----|
| B   | BASE YEAR EXPENSES                       |             | RECORDS |         |       |       | XXXXX | B   |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. |             | SCH. OA |         | XXXXX |       | XXXXX | C   |
| D   | ALLOCATION FROM GENERAL SERVICE CENTERS  |             | //////  | XXXXXXX | XXXXX | XXXXX | XXXXX | D   |
| /// | COST CENTER Col 5                        | COL. 6 CODE | //////  | XXXXXXX | XXXXX | XXXXX | XXXXX | /// |
| D1  |  |             |         |         |       |       | XXXXX | D1  |
| D2  |  |             |         |         |       |       | XXXXX | D2  |
| D3  |  |             |         |         |       |       | XXXXX | D3  |
| D4  |  |             |         |         |       |       | XXXXX | D4  |
| D5  |  |             |         |         |       |       | XXXXX | D5  |
| D6  |  |             |         |         |       |       | XXXXX | D6  |
| D7  |  |             |         |         |       |       | XXXXX | D7  |
| D8  |  |             |         |         |       |       | XXXXX | D8  |
| D9  |  |             |         |         |       |       | XXXXX | D9  |
| D10 |  |             |         |         |       |       | XXXXX | D10 |
| D11 |  |             |         |         |       |       | XXXXX | D11 |
| D12 |  |             |         |         |       |       | XXXXX | D12 |
| D13 |  |             |         |         |       |       | XXXXX | D13 |
| D14 |  |             |         |         |       |       | XXXXX | D14 |
| D15 |  |             |         |         |       |       | XXXXX | D15 |
| E   | Capital Facilities Allowance             |             | Records |         |       |       | XXXXX | E   |
| F   | Base Year Adjusted Expenses              |             | B+C+D+E |         |       |       |       | F   |

**BASE YEAR PROFIT (LOSS)**

|   |                   |  |         |          |       |  |       |   |
|---|-------------------|--|---------|----------|-------|--|-------|---|
| G | BASE YEAR REVENUE |  | RECORDS | XXXXXXXX | XXXXX |  | XXXXX | G |
| H | PROFIT (LOSS)     |  | G - F   | XXXXXXXX | XXXXX |  | XXXXX | H |

**FTE DATA**

|   |                               |  |         |  |  |  |  |   |
|---|-------------------------------|--|---------|--|--|--|--|---|
| I | BASE YEAR HOURS WORKED / 2080 |  | RECORDS |  |  |  |  | I |
|---|-------------------------------|--|---------|--|--|--|--|---|

**UNREGULATED SERVICES  
TBA5**

**UR 11**

INSTITUTION NAME: Anne Arundel Medical Center      BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

|   |             |                 |
|---|-------------|-----------------|
|   | VOLUME DATA | BASE YEAR UNITS |
| A |             |                 |

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

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

**BASE YEAR DATA**

|     |  |             |         |         |       |       |       |     |
|-----|--|-------------|---------|---------|-------|-------|-------|-----|
| B   | BASE YEAR EXPENSES                       |             | RECORDS |         |       |       | XXXXX | B   |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. |             | SCH. OA |         | XXXXX |       | XXXXX | C   |
| D   | ALLOCATION FROM GENERAL SERVICE CENTERS  |             | //////  | XXXXXXX | XXXXX | XXXXX | XXXXX | D   |
| /// | COST CENTER Col 5                        | COL. 6 CODE | //////  | XXXXXXX | XXXXX | XXXXX | XXXXX | /// |
| D1  |  |             |         |         |       |       | XXXXX | D1  |
| D2  |  |             |         |         |       |       | XXXXX | D2  |
| D3  |  |             |         |         |       |       | XXXXX | D3  |
| D4  |  |             |         |         |       |       | XXXXX | D4  |
| D5  |  |             |         |         |       |       | XXXXX | D5  |
| D6  |  |             |         |         |       |       | XXXXX | D6  |
| D7  |  |             |         |         |       |       | XXXXX | D7  |
| D8  |  |             |         |         |       |       | XXXXX | D8  |
| D9  |  |             |         |         |       |       | XXXXX | D9  |
| D10 |  |             |         |         |       |       | XXXXX | D10 |
| D11 |  |             |         |         |       |       | XXXXX | D11 |
| D12 |  |             |         |         |       |       | XXXXX | D12 |
| D13 |  |             |         |         |       |       | XXXXX | D13 |
| D14 |  |             |         |         |       |       | XXXXX | D14 |
| D15 |  |             |         |         |       |       | XXXXX | D15 |
| E   | Capital Facilities Allowance             |             | Records |         |       |       | XXXXX | E   |
| F   | Base Year Adjusted Expenses              |             | B+C+D+E |         |       |       |       | F   |

**BASE YEAR PROFIT (LOSS)**

|   |                   |  |         |         |       |  |       |   |
|---|-------------------|--|---------|---------|-------|--|-------|---|
| G | BASE YEAR REVENUE |  | RECORDS | XXXXXXX | XXXXX |  | XXXXX | G |
| H | PROFIT (LOSS)     |  | G - F   | XXXXXXX | XXXXX |  | XXXXX | H |

**FTE DATA**

|   |                               |  |         |  |  |  |  |   |
|---|-------------------------------|--|---------|--|--|--|--|---|
| I | BASE YEAR HOURS WORKED / 2080 |  | RECORDS |  |  |  |  | I |
|---|-------------------------------|--|---------|--|--|--|--|---|

**UNREGULATED SERVICES  
TBA6**

**UR 12**

INSTITUTION NAME: Anne Arundel Medical Center      BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

|   |             |                 |
|---|-------------|-----------------|
|   | VOLUME DATA | BASE YEAR UNITS |
| A |             |                 |

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

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

**BASE YEAR DATA**

|     |  |             |         |         |       |       |       |     |
|-----|--|-------------|---------|---------|-------|-------|-------|-----|
| B   | BASE YEAR EXPENSES                       |             | RECORDS |         |       |       | XXXXX | B   |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. |             | SCH. OA |         | XXXXX |       | XXXXX | C   |
| D   | ALLOCATION FROM GENERAL SERVICE CENTERS  |             | //////  | XXXXXXX | XXXXX | XXXXX | XXXXX | D   |
| /// | COST CENTER Col 5                        | COL. 6 CODE | //////  | XXXXXXX | XXXXX | XXXXX | XXXXX | /// |
| D1  |  |             |         |         |       |       | XXXXX | D1  |
| D2  |  |             |         |         |       |       | XXXXX | D2  |
| D3  |  |             |         |         |       |       | XXXXX | D3  |
| D4  |  |             |         |         |       |       | XXXXX | D4  |
| D5  |  |             |         |         |       |       | XXXXX | D5  |
| D6  |  |             |         |         |       |       | XXXXX | D6  |
| D7  |  |             |         |         |       |       | XXXXX | D7  |
| D8  |  |             |         |         |       |       | XXXXX | D8  |
| D9  |  |             |         |         |       |       | XXXXX | D9  |
| D10 |  |             |         |         |       |       | XXXXX | D10 |
| D11 |  |             |         |         |       |       | XXXXX | D11 |
| D12 |  |             |         |         |       |       | XXXXX | D12 |
| D13 |  |             |         |         |       |       | XXXXX | D13 |
| D14 |  |             |         |         |       |       | XXXXX | D14 |
| D15 |  |             |         |         |       |       | XXXXX | D15 |
| E   | Capital Facilities Allowance             |             | Records |         |       |       | XXXXX | E   |
| F   | Base Year Adjusted Expenses              |             | B+C+D+E |         |       |       |       | F   |

**BASE YEAR PROFIT (LOSS)**

|   |                   |  |         |          |       |  |       |   |
|---|-------------------|--|---------|----------|-------|--|-------|---|
| G | BASE YEAR REVENUE |  | RECORDS | XXXXXXXX | XXXXX |  | XXXXX | G |
| H | PROFIT (LOSS)     |  | G - F   | XXXXXXXX | XXXXX |  | XXXXX | H |

**FTE DATA**

|   |                               |  |         |  |  |  |  |   |
|---|-------------------------------|--|---------|--|--|--|--|---|
| I | BASE YEAR HOURS WORKED / 2080 |  | RECORDS |  |  |  |  | I |
|---|-------------------------------|--|---------|--|--|--|--|---|

**UNREGULATED SERVICES  
TBA7**

**UR 13**

INSTITUTION NAME: Anne Arundel Medical Center      BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

|   | VOLUME DATA | BASE YEAR UNITS |
|---|-------------|-----------------|
| A |             |                 |

|  | COL. 1                            | COL. 2         | COL. 3                   | COL. 4                   |
|--|-----------------------------------|----------------|--------------------------|--------------------------|
|  | WAGES, SALARIES & FRINGE BENEFITS | OTHER EXPENSES | TOTAL EXPENSES, REVENUES | EXPENSE REVENUE PER UNIT |

| BASE YEAR DATA |  |  |  |             | RECORDS |         |       |       |       |       |     |
|----------------|--|--|--|-------------|---------|---------|-------|-------|-------|-------|-----|
| B              | BASE YEAR EXPENSES                       |  |  |             | SCH. OA |         |       |       |       | XXXXX | B   |
| C              | ALLOCATION FROM CAFETERIA, PARKING, ETC. |  |  |             |         |         | XXXXX |       |       | XXXXX | C   |
| D              | ALLOCATION FROM GENERAL SERVICE CENTERS  |  |  |             | //////  | XXXXXXX | XXXXX | XXXXX | XXXXX | XXXXX | D   |
| ///            | COST CENTER Col 5                        |  |  | COL. 6 CODE | //////  | XXXXXXX | XXXXX | XXXXX | XXXXX | XXXXX | /// |
| D1             |  |  |  |             |         |         |       |       |       | XXXXX | D1  |
| D2             |  |  |  |             |         |         |       |       |       | XXXXX | D2  |
| D3             |  |  |  |             |         |         |       |       |       | XXXXX | D3  |
| D4             |  |  |  |             |         |         |       |       |       | XXXXX | D4  |
| D5             |  |  |  |             |         |         |       |       |       | XXXXX | D5  |
| D6             |  |  |  |             |         |         |       |       |       | XXXXX | D6  |
| D7             |  |  |  |             |         |         |       |       |       | XXXXX | D7  |
| D8             |  |  |  |             |         |         |       |       |       | XXXXX | D8  |
| D9             |  |  |  |             |         |         |       |       |       | XXXXX | D9  |
| D10            |  |  |  |             |         |         |       |       |       | XXXXX | D10 |
| D11            |  |  |  |             |         |         |       |       |       | XXXXX | D11 |
| D12            |  |  |  |             |         |         |       |       |       | XXXXX | D12 |
| D13            |  |  |  |             |         |         |       |       |       | XXXXX | D13 |
| D14            |  |  |  |             |         |         |       |       |       | XXXXX | D14 |
| D15            |  |  |  |             |         |         |       |       |       | XXXXX | D15 |
| E              | Capital Facilities Allowance             |  |  |             | Records |         |       |       |       | XXXXX | E   |
| F              | Base Year Adjusted Expenses              |  |  |             | B+C+D+E |         |       |       |       |       | F   |

| BASE YEAR PROFIT (LOSS) |                   |  |  |  | RECORDS |         |       |  |  |       |   |
|-------------------------|-------------------|--|--|--|---------|---------|-------|--|--|-------|---|
| G                       | BASE YEAR REVENUE |  |  |  | G - F   | XXXXXXX | XXXXX |  |  | XXXXX | G |
| H                       | PROFIT (LOSS)     |  |  |  |         | XXXXXXX | XXXXX |  |  | XXXXX | H |

| FTE DATA |                               |  |  |  | RECORDS |  |
|----------|-------------------------------|--|--|--|---------|--|
| I        | BASE YEAR HOURS WORKED / 2080 |  |  |  |         |  |



**UNREGULATED SERVICES  
TBA9**

**UR 15**

INSTITUTION NAME: Anne Arundel Medical Center BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

|   | VOLUME DATA | BASE YEAR UNITS |
|---|-------------|-----------------|
| A |             |                 |

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

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

**BASE YEAR DATA**

|     |  |  |             |         |         |       |       |     |
|-----|--|--|-------------|---------|---------|-------|-------|-----|
| B   | BASE YEAR EXPENSES                       |  | RECORDS     |         |         |       | XXXXX | B   |
| C   | ALLOCATION FROM CAFETERIA, PARKING, ETC. |  | SCH. OA     |         | XXXXX   |       | XXXXX | C   |
| D   | ALLOCATION FROM GENERAL SERVICE CENTERS  |  | //////      | XXXXXXX | XXXXX   | XXXXX | XXXXX | D   |
| /// | COST CENTER Col 5                        |  | COL. 6 CODE | //////  | XXXXXXX | XXXXX | XXXXX | /// |
| D1  |  |  |             |         |         |       | XXXXX | D1  |
| D2  |  |  |             |         |         |       | XXXXX | D2  |
| D3  |  |  |             |         |         |       | XXXXX | D3  |
| D4  |  |  |             |         |         |       | XXXXX | D4  |
| D5  |  |  |             |         |         |       | XXXXX | D5  |
| D6  |  |  |             |         |         |       | XXXXX | D6  |
| D7  |  |  |             |         |         |       | XXXXX | D7  |
| D8  |  |  |             |         |         |       | XXXXX | D8  |
| D9  |  |  |             |         |         |       | XXXXX | D9  |
| D10 |  |  |             |         |         |       | XXXXX | D10 |
| D11 |  |  |             |         |         |       | XXXXX | D11 |
| D12 |  |  |             |         |         |       | XXXXX | D12 |
| D13 |  |  |             |         |         |       | XXXXX | D13 |
| D14 |  |  |             |         |         |       | XXXXX | D14 |
| D15 |  |  |             |         |         |       | XXXXX | D15 |
| E   | Capital Facilities Allowance             |  | Records     |         |         |       | XXXXX | E   |
| F   | Base Year Adjusted Expenses              |  | B+C+D+E     |         |         |       |       | F   |

**BASE YEAR PROFIT (LOSS)**

|   |                   |  |         |          |       |  |       |   |
|---|-------------------|--|---------|----------|-------|--|-------|---|
| G | BASE YEAR REVENUE |  | RECORDS | XXXXXXXX | XXXXX |  | XXXXX | G |
| H | PROFIT (LOSS)     |  | G - F   | XXXXXXXX | XXXXX |  | XXXXX | H |

**FTE DATA**

|   |                               |  |         |  |  |  |  |   |
|---|-------------------------------|--|---------|--|--|--|--|---|
| I | BASE YEAR HOURS WORKED / 2080 |  | RECORDS |  |  |  |  | I |
|---|-------------------------------|--|---------|--|--|--|--|---|

UNREGULATED SERVICES

UR6A

UPB - Detail

INSTITUTION NAME: Anne Arundel Medical Center BASE YEAR 6/30/2019

INSTITUTION NUMBER: 0023

| (1)  | (2)  | (3)  | (4)               | (5)               | (6)          | (7)               | (8)         |
|------|--|--|-------------------|-------------------|--------------|-------------------|-------------|
| Code | MEDICARE PROVIDER/SUPPLIER TYPE DESCRIPTIO | Wages,<br>Salaries &<br>Fringe<br>Benefits | Other<br>Expenses | Total<br>Expenses | Revenue      | Hospital<br>Based | FTEs        |
| 11   | Internal Medicine                          | 239.5                                      | 8692.9            | 8932.5            | 688.4        | Y                 | 33.7        |
| 83   | Hematology-Oncology                        | 95.4                                       | 3537.9            | 3633.3            | 0.0          | Y                 | 6.7         |
| 2    | General Surgery                            | 116.9                                      | 4335.6            | 4452.5            | 0.0          | Y                 | 14.1        |
| 16   | Obstetrics & Gynecology                    | 65.7                                       | 2434.3            | 2500.0            | 0.0          | Y                 | 9.1         |
| 33   | Thoracic Surgery                           | 36.1                                       | 1337.3            | 1373.3            | 0.0          | Y                 | 2.2         |
| 77   | Vascular Surgery                           | 36.4                                       | 1348.4            | 1384.7            | 0.0          | Y                 | 2.6         |
| 26   | Psychiatry                                 | 23.6                                       | 873.4             | 897.0             | 0.0          | Y                 | 3.6         |
| 78   | Cardiac Surgery                            | 21.4                                       | 795.2             | 816.6             | 0.0          | Y                 | 1.4         |
| 37   | Pediatric Medicine                         | 8.8  | 326.0             | 334.8             | 0.0          | Y                 | 1.2         |
| 20   | Orthopedic Surgery                         | 20.7                                       | 768.0             | 788.7             | 0.0          | Y                 | 1.3         |
| 92   | Radiation Oncology                         | 0.0  | 0.0               | 0.0               | 0.0          | Y                 | 0.0         |
| 34   | Urology                                    | 6.1  | 225.7             | 231.8             | 0.0          | Y                 | 0.4         |
| 72   | Pain Management                            | 0.7  | 24.1              | 24.8              | 0.0          | Y                 | 0.1         |
| 18   | Ophthalmology                              | 0.6  | 20.8              | 21.4              | 0.0          | Y                 | 0.1         |
|      |  | <u>671.8</u>                               | <u>24719.6</u>    | <u>25391.4</u>    | <u>688.4</u> |                   | <u>76.4</u> |

UNREGULATED SERVICES SUMMARY

INSTITUTION NAME: Anne Arundel Medical Center BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

| Schedule | Entity Name and Address  | Nature of Service             |
|----------|--|-------------------------------|
| UR-1     | Sajak Pavilion<br>2002 Medical Parkway<br>Annapolis, MD 21401                    | FREE STANDING CLINIC SERVICES |
| UR-2     |  | PRIVATE HOME SERVICES         |
| UR-3     | Emergency Renal Dialysis<br>2001 Medical Parkway<br>Annapolis, MD 21401          | OUTPATIENT RENAL DIALYSIS     |
| UR-4     |  | SKILLED NURSING CARE          |
| UR-5     | Sajak/Conexus Lab Draw<br>2002 Medical Parkway<br>Annapolis, MD 21401            | LAB NON-PATIENT               |
| UR-6     | Anne Arundel Physicians Practices<br>2001 Medical Parkway<br>Annapolis, MD 21401 | PHYSICIANS PART B SERVICES    |
| UR-7     |  | CERTIFIED NURSE ANESTHETIST   |
| UR-8     |  | PHYSICIAN SUPPORT SERVICES    |
| UR-9     | Hackerman-Patz House<br>141 Jennifer Road<br>Annapolis, MD 21401                 | HACKERMAN-PATZ HOUSE          |
| UR-10    |  |                               |
| UR-11    |  |                               |
| UR-12    |  |                               |
| UR-13    |  |                               |
| UR-14    |  |                               |
| UR-15    |  |                               |

ANNUAL COST SURVEY

INSTITUTION NAME Anne Arundel Medical Center BASE YEAR 6/30/2019

INSTITUTION NUMBER 0023

COL 1

COL 2

|    | CATEGORY                           | COSTS     | PERCENT |
|----|------------------------------------|-----------|---------|
| A  | Salaries & Wages                   | 201,908.8 | 39.24%  |
| B  | Fringe Benefits                    | 38,475.5  | 7.48%   |
| C  | Depreciation & Amortization        | 28,746.7  | 5.59%   |
| C1 | Operating Leases                   | 8,108.1   | 1.58%   |
| D  | Interest Expense                   | 10,715.6  | 2.08%   |
| E  | Medical & Surgical Supplies        | 66,974.6  | 13.02%  |
| F  | IV Solutions and Pharmacy          | 58,994.5  | 11.47%  |
| G  | Laundry, Linen, Uniforms           | 629.0     | 0.12%   |
| H  | Films & Solutions                  | 329.7     | 0.06%   |
| I  | Blood, Plamanate, Albumen          |           |         |
| J  | Contracted Services                | 20,657.3  | 4.02%   |
| K  | Professional Fees                  | 6,031.6   | 1.17%   |
| L  | Agency Nurses                      | 7,836.5   | 1.52%   |
| M  | Malpractice Insurance              | 6,458.6   | 1.26%   |
| N  | All Other Insurance                | 467.2     | 0.09%   |
| O  | Telephone                          | 418.0     | 0.08%   |
| P  | Utilities & Water                  | 5,536.5   | 1.08%   |
| Q  | Food                               | 4,868.9   | 0.95%   |
| R  | Printing, Office Supplies, Copying | 13,962.5  | 2.71%   |
| S  | Chemical, Solutions, Lubrication,  | 384.6     | 0.07%   |
| T  | Other (Detail over 20% of supply)  | 32,996.5  | 6.41%   |
| U  | Total                              | 514,500.7 | 100.00% |

TRANSACTIONS WITH RELATED ENTITIES

REVISED 11/19/19

INSTITUTION NAME: Anne Arundel Medical Center BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 0023

| COL 1 | COL 2                           | COL 3  | COL 4  | COL 5         | COL 6  |
|-------|---------------------------------|--|--|---------------|--|
| No.   | RELATED ENTITY                  | VALUE OF ASSET OR SERVICE PROVIDED TO THE HOSPITAL | VALUE OF ASSET OR SERVICE PROVIDED BY THE HOSPITAL | CATEGORY CODE | DESCRIPTION OF TRANSACTION                     |
| 1     | Anne Arundel Health Care Serv   |  | 353,689  | A             | Transcription, insurance, and courier services |
| 2     | Anne Arundel General Treatment  |  | 162,853  | A             | Blood plasma and pharmacy                      |
| 3     | Anne Arundel Medical Center Fo  | 6,055,230  |  | J             | Donations                                      |
| 4     | Cottage Insurance Company, Ltd  | 6,821,205  |  | B             | Liability Insurance                            |
| 5     | Pavillion Park, Inc.            |  | (340,905)  | G             | Note Receivable - Wayson                       |
| 6     | Pavillion Park, Inc.            |  | 99,523   | G             | Interest on note                               |
| 7     | IONA                            |  | 88,190   | A             | Management services                            |
| 8     | Blue Building                   |  | 67,434   | A             | Management services                            |
| 9     | KIMA                            |  | 16,961   | A             | Management services                            |
| 10    | Annapolis Exchange              |  | 36,504   | A             | Management services                            |
| 11    | Healthcare Enterprises, Inc.    |  | 465,445  | A             | Epic connectivity fees                         |
| 12    | Healthcare Enterprises, Inc.    |  | 274,024  | A             | Staffing Contract                              |
| 13    | Anne Arundel Health System Re   |  | 106,525  | E             | Rental Agreement                               |
| 14    | Physician Enterprise, LLC       | 28,511,735   |  | B             | Physician Services                             |
| 15    | Anne Arundel Real Estate Holdir | 5,258,248  |  | F             | Rental Agreements                              |
| 16    |                                 |  |  |               |  |
| 17    |                                 |  |  |               |  |
| 18    |                                 |  |  |               |  |
| 19    |                                 |  |  |               |  |
| 20    |                                 |  |  |               |  |
| 21    |                                 |  |  |               |  |
| 22    |                                 |  |  |               |  |

**SUPPLEMENTAL BIRTHS SCHEDULE**

INSTITUTION NAME: Anne Arundel Medical Center    BASE YEAR    6/30/2019

INSTITUTION NUMBER: 0023

| <b>Admissions for EIPA Counts</b>                   |  |        |
|---|--|--------|
| A   | Neonates not charged an Admission Charge                 | 429    |
| B   | Admissions from monthly reports ADM revenue center       | 25,137 |
| C   | Total  | 25,566 |
| <b>Cases for Charge Per Case (CPC) Calculations</b> |  |        |
| D   | Neonates not charged an Admission Charge                 | 429    |
| E   | Births from monthly reports Nursery (NUR) revenue center | 4,870  |
| F   | Sub-Total  | 5,299  |
| G   | Admissions from monthly reports ADM revenue center       | 25,137 |
| H   | Total  | 30,436 |

## FY2019 SUPPLEMENTAL SCHEDULE - II

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

Hospital Name: Anne Arundel Medical Center

Hospital Number: 0023

#### Income Statement

|   |   |            |          |
|---|---|------------|----------|
| RE Line T   | Excess (Deficit) Operating Rev. over Operating Expenses | XXXXX      | 21,754.1 |
| RE Line U Detailed Non-Operating:- Income/(Expense) |   |            |          |
| U1  | Contributions (Unrestricted)                            | -          | XXXXX    |
| U2  | Interest & Investment Income                            | 4,510.8    | XXXXX    |
| U3  | Investment - Gains/(Losses) - Realized                  | 3,057.2    | XXXXX    |
| U4  | Investment - Gains/(Losses) - Unrealized                | 11,135.1   | XXXXX    |
| U5  | Swap Agreements - Gains/(Losses) - Realized             | (23,363.0) | XXXXX    |
| V   | Other (Specify)   |            | XXXXX    |
| V   | Loss on extinguishment of debt                          |            | XXXXX    |
| V   | Other non-operating income                              |            | XXXXX    |
| RE Line W   | Excess Profit/(Loss)                                    | XXXXX      | 17,094.1 |

#### Supplemental Schedule - FS and RE Schedules

#### Other Significant Financial Information

|    |  |          |          |
|----|--|----------|----------|
| CC | Swap Agreements - Gains/(Losses) - Unrealized  |          | XXXXX    |
| DD | Collateral Received/(Posted) - Swap Agreements | 22,511.7 | XXXXX    |
| EE | Retirement of Debt - Gains/(Losses)            |          | XXXXX    |
| FF | Pension Adjustment - Defined Benefit Plans     | 34.9     | XXXXX    |
| GG | Other (Specify)                                |          | XXXXX    |
| HH | Total  | XXXXX    | 22,546.7 |

**SUPPLEMENTAL SCHEDULE - III**  
**Reconciliation of Depreciation and Lease / Rentals**

Hospital Name: Anne Arundel Medical Center  
Hospital Number: 0023

**Fiscal Year 2019**

|                                 | Depreciation | Leases /<br>Rentals | Total    |
|---------------------------------|--------------|---------------------|----------|
| UA Schedule - Line A            | 29,613.0     | 8,275.0             | 37,888.0 |
| Allocation of E & UR Schedules: |              |                     |          |
| E 1                             | -            | -                   | -        |
| E 2                             | 591.0        | -                   | 591.0    |
| E 3                             | -            | -                   | -        |
| E 4                             | -            | -                   | -        |
| E 5                             | -            | -                   | -        |
| E 6                             | -            | -                   | -        |
| E 7                             | 46.7         | 87.8                | 134.5    |
| E 8                             | -            | -                   | -        |
| E 9                             | -            | -                   | -        |
| UR 1                            | 114.4        | -                   | 114.4    |
| UR 2                            | -            | -                   | -        |
| UR 3                            | -            | -                   | -        |
| UR 4                            | -            | -                   | -        |
| UR 5                            | 18.3         | 79.1                | 97.4     |
| UR 6                            | 0.5          | -                   | 0.5      |
| UR 7                            | -            | -                   | -        |
| UR 8                            | -            | -                   | -        |
| UR 9                            | 95.4         | -                   | 95.4     |
| UR 10                           | -            | -                   | -        |
| UR 11                           | -            | -                   | -        |
| UR 12                           | -            | -                   | -        |
| UR 13                           | -            | -                   | -        |
| UR 14                           | -            | -                   | -        |
| UR 15                           | -            | -                   | -        |
| RE Schedule - Line Q            | 28,746.7     | 8,108.1             | 36,854.8 |

36,854.7

## SUPPLEMENTAL SCHEDULE - IV

Reconciling the amount of uncompensated care per  
the hospital's audited financial statements and trial balance

Hospital Name: Anne Arundel Medical Center  
Hospital Number: 0023  
Fiscal Year 2019

| <b><u>Audited Financial Statements:</u></b> |          |
|---|----------|
| Bad Debts                                   | 13,400.9 |
| Charity Care                                | 4,207.1  |
|   | <hr/>    |
| Uncompensated Care per Statement            | 17,608.0 |

| <b><u>Trial Balance:</u></b>         |           |
|--------------------------------------|-----------|
| Bad Debt Write-offs                  | 18,319.5  |
| Charity Write-offs                   | 4,207.1   |
| Change in Balance Sheet Reserve      | 774.4     |
| Bad Debt Recoveries                  | (5,693.0) |
| Other                                | -         |
|                                      | <hr/>     |
| Uncompensated Care per Trial Balance | 17,608.0  |

| <b><u>Annual Report of Revenues, Expenses, and Volumes:</u></b> |          |
|---|----------|
| Uncompensated Care - Schedule PDA                               | 17,315.7 |
| Unregulated Charity & Bad Debts                                 | 292.3    |
| Other   |          |
|   | <hr/>    |
| Uncompensated Care Per Report                                   | 17,608.0 |

**FY 2019 SUPPLEMENTAL SCHEDULE - V**  
**Detail of MCO Revenue (in 000's)**

Hospital Name:  
 Hospital Number:  
 Fiscal Year 2019

Anne Arundel Medical Center  
 0023

| Payor                               | Inpatient       | Outpatient      | Total           |
|-------------------------------------|-----------------|-----------------|-----------------|
| AARP MEDICARE COMPLETE              | 62.8            | 34.9            | 97.7            |
| AETNA BETTER HEALTH                 | 352.5           | 202.4           | 554.9           |
| AETNA MEDICARE                      | 2,600.3         | 2,659.7         | 5,260.0         |
| AMERICAID COMMUNITY CA              | 2,466.6         | 2,586.8         | 5,053.4         |
| BEACON HEALTH                       | 0.0             | 3.0             | 3.0             |
| CIGNA HEALTHSPRING (MEDICARE HMO)   | 0.1             | 1,689.0         | 1,689.1         |
| EVERCARE HMO                        | 680.2           | 248.1           | 928.3           |
| HEALTH COST SOLUTIONS-AA CNTY DET ( | 0.0             | (2.4)           | (2.4)           |
| HORIZONS MC DIRECT                  | 457.0           | 95.1            | 552.1           |
| HUMANA MEDICARE                     | 27.5            | 55.1            | 82.6            |
| JAI MEDICAL SYSTEMS                 | 3,072.2         | 3,012.9         | 6,085.1         |
| JOHNS HOPKINS ADVANTAGE MD          | 202.7           | 78.8            | 281.5           |
| KAISER MEDICARE                     | 57.0            | 144.5           | 201.5           |
| KAISER PERMANENTE MCO               | 2,189.6         | 1,973.0         | 4,162.6         |
| MARYLAND PHYSICIAN CARE             | 1,377.3         | 263.4           | 1,640.7         |
| MEDICARE HMO GENERIC                | 635.9           | 686.8           | 1,322.7         |
| MEDSTAR FAMILY CHOICE               | 1,937.0         | 1,624.9         | 3,561.9         |
| MEDSTAR PHYSICIAN PARTNERS          | 183.2           | 60.1            | 243.3           |
| MVP HEALTH CARE HMO                 | 706.0           | 613.7           | 1,319.7         |
| PRIORITY PARTNERS                   | 330.2           | 30.4            | 360.6           |
| UNITED HEALTHCARE MA                | 29.1            | 6.4             | 35.5            |
| UNIVERSITY OF MARYLAND HEALTH ADVA  | 14,032.8        | 12,854.3        | 26,887.1        |
| UNIVERSITY OF MARYLAND HEALTH PART  | 4,220.8         | 3,553.1         | 7,773.9         |
| Other Medicare MCO                  | 622.1           | 577.3           | 1,199.4         |
| Other Medicaid MCO                  | 1,888.3         | 1,334.6         | 3,222.9         |
| <b>Total</b>                        | <b>38,131.2</b> | <b>34,385.9</b> | <b>72,517.1</b> |

**SUPPLEMENTAL SCHEDULE VII  
Outpatient Services Survey  
Anne Arundel Medical Center**

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

| <b>Name of Outpatient Service &amp; Rate Center if Applicable</b> | <b>Description of Services Provided</b> | <b>Physical Location/Address</b>   | <b>Regulated/Unregulated</b> |
|---|---|--|------------------------------|
| Lab Services and Blood Bank                                       | Laboratory                              | Hospital Pavilion, Basement, 2001 Medical Pkwy, Annapolis, MD 21401          | Regulated                    |
| Materials Management  | Supplies                                | Hospital Pavilion, Basement, 2001 Medical Pkwy, Annapolis, MD 21401          | Regulated                    |
| Emergency Room  | Emergency                               | Hospital Pavilion, 1st Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Observation Unit  | Observation                             | Hospital Pavilion, 1st Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Pediatric Observation   | Observation                             | Hospital Pavilion, 1st Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Vascular Lab  | Radiology                               | Hospital Pavilion, 1st Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Endoscopy   | Endoscopy Suite                         | Hospital Pavilion, 1st Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Echo Cardiology Lab   | Cardiology EKG                          | Hospital Pavilion, 1st Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| EKG   | EKG                                     | Hospital Pavilion, 1st Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Radiology   | Radiology                               | Hospital Pavilion, 1st Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| CT Scan   | CT Scan                                 | Hospital Pavilion, 1st Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Nuclear Medicine  | Nuclear Medicine                        | Hospital Pavilion, 1st Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| MRI   | MRI                                     | Hospital Pavilion, 1st Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Ultrasound  | Radiology                               | Hospital Pavilion, 1st Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Operating Room  | OR                                      | Hospital Pavilion, 2nd Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| PACU  | Recovery                                | Hospital Pavilion, 2nd Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Short Stay Unit   | Extended Recovery                       | Hospital Pavilion, 2nd Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Interventional Radiology  | Arteriography                           | Hospital Pavilion, 2nd Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Cardiac Cath Lab  | Cardiac Cath Lab                        | Hospital Pavilion, 2nd Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Procedural Care Unit  | IR & Cardiac Cath Lab Recovery          | Hospital Pavilion, 2nd Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Respiratory Therapy   | Respiratory Therapy                     | Hospital Pavilion, 3rd Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Pulmonary Function  | Pulmonary Function                      | Hospital Pavilion, 3rd Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Pharmacy/Main   | Pharmacy                                | Hospital Pavilion, 3rd Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Renal Dialysis  | Renal Dialysis                          | Hospital Pavilion, 4th Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Neurodiagnostics  | EEG                                     | Hospital Pavilion, 6th Floor, 2001 Medical Pkwy, Annapolis, MD 21401         | Regulated                    |
| Edwards Surgical Pavilion   | Outpatient Surgery                      | Edwards Surgical Pavilion, 1st Floor, 2001 Medical Pkwy, Annapolis, MD 21401 | Regulated                    |
| Edwards Surgical Pavilion PACU                                    | Outpatient Recovery                     | Edwards Surgical Pavilion, 1st Floor, 2001 Medical Pkwy, Annapolis, MD 21401 | Regulated                    |
| Wound Care  | Hospital Based Clinic                   | Clatanoff Pavilion, 1st Floor, 2001 Medical Pkwy, Annapolis, MD 21401        | Regulated                    |
| Labor & Delivery  | Labor & Delivery                        | Clatanoff Pavilion, 2nd Floor, 2001 Medical Pkwy, Annapolis, MD 21401        | Regulated                    |
| Pharmacy/Clatanoff  | Pharmacy                                | Clatanoff Pavilion, 2nd Floor, 2001 Medical Pkwy, Annapolis, MD 21401        | Regulated                    |
| Anticoagulation Clinic  | Hospital Based Clinic                   | Wayson Pavilion, Ground Floor, 2003 Medical Pkwy, Annapolis, MD 21401        | Regulated                    |
| Oncology Lab & Wayson Draw Center                                 | Laboratory and Draw Station             | Wayson Pavilion, Ground Floor, 2003 Medical Pkwy, Annapolis, MD 21401        | Regulated                    |
| Pre Anesthesia Testing Center                                     | Hospital Based Clinic                   | Wayson Pavilion, Ground Floor, 2003 Medical Pkwy, Annapolis, MD 21401        | Regulated                    |
| Employee Pharmacy   | Pharmacy                                | Wayson Pavilion, 1st Floor, 2003 Medical Pkwy, Annapolis, MD 21401           | Regulated                    |
| Women's Center for Pelvic Health                                  | Hospital Based Clinic                   | Wayson Pavilion, 1st Floor, 2003 Medical Pkwy, Annapolis, MD 21401           | Regulated                    |
| AAMC Oncology & Hematology  | Hospital Based Clinic                   | Wayson Pavilion, 2nd Floor, 2003 Medical Pkwy, Annapolis, MD 21401           | Regulated                    |
| AA Hematology Oncology  | Hospital Based Clinic                   | Wayson Pavilion, 3rd Floor, 2003 Medical Pkwy, Annapolis, MD 21401           | Regulated                    |
| Annapolis Thoracic  | Hospital Based Clinic                   | Wayson Pavilion, 3rd Floor, 2003 Medical Pkwy, Annapolis, MD 21401           | Regulated                    |
| Annapolis Surgical Oncology                                       | Hospital Based Clinic                   | Wayson Pavilion, 3rd Floor, 2003 Medical Pkwy, Annapolis, MD 21401           | Regulated                    |
| Gyn Oncology  | Hospital Based Clinic                   | Wayson Pavilion, 3rd Floor, 2003 Medical Pkwy, Annapolis, MD 21401           | Regulated                    |

**SUPPLEMENTAL SCHEDULE VII  
Outpatient Services Survey  
Anne Arundel Medical Center**

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

| <b>Name of Outpatient Service &amp; Rate Center if Applicable</b> | <b>Description of Services Provided</b> | <b>Physical Location/Address</b>                                     | <b>Regulated/Unregulated</b> |
|---|---|--|------------------------------|
| AAMC Blood Donor Center   | Hospital Department                     | Wayson Pavilion, 4th Floor, 2003 Medical Pkwy, Annapolis, MD 21401   | Regulated                    |
| Radiation Oncology  | Hospital Based Clinic & Rad Therapy     | Donner Pavilion, 1st Floor, 2001 Medical Pkwy, Annapolis, MD 21401   | Regulated                    |
| Outpatient Infusion Therapy Center (OPIV)                         | Hospital Based Clinic                   | Donner Pavilion, 2nd Floor, 2001 Medical Pkwy, Annapolis, MD 21401   | Regulated                    |
| Pharmacy/OPIV   | Pharmacy                                | Donner Pavilion, 2nd Floor, 2001 Medical Pkwy, Annapolis, MD 21401   | Regulated                    |
| Anne Arundel Diagnostic Breast Imaging (1)                        | Mammography                             | Belcher Pavilion, 2nd Floor, 2000 Medical Pkwy, Annapolis, MD 21401  | Unregulated                  |
| Breast Center   | Breast Clinic                           | Belcher Pavilion, 2nd Floor, 2000 Medical Pkwy, Annapolis, MD 21401  | Unregulated                  |
| Outpatient Physical Therapy                                       | OP PT                                   | Belcher Pavilion, 4th Floor, 2000 Medical Pkwy, Annapolis, MD 21401  | Regulated                    |
| Outpatient Occupational Therapy                                   | OP OT                                   | Belcher Pavilion, 4th Floor, 2000 Medical Pkwy, Annapolis, MD 21401  | Regulated                    |
| Outpatient Speech Therapy   | OP ST                                   | Belcher Pavilion, 4th Floor, 2000 Medical Pkwy, Annapolis, MD 21401  | Regulated                    |
| Pulmonary Rehab   | Pulmonary Rehab                         | Belcher Pavilion, 4th Floor, 2000 Medical Pkwy, Annapolis, MD 21401  | Regulated                    |
| Cardiac Rehab   | Cardiac Rehab                           | Belcher Pavilion, 4th Floor, 2000 Medical Pkwy, Annapolis, MD 21401  | Regulated                    |
| Anne Arundel Diagnostic Imaging (1)                               | Radiology                               | Sajak Pavilion, 1st Floor, 2002 Medical Parkway, Annapolis, MD 21401 | Unregulated                  |
| Conexus (Sajak) Draw Station                                      | Draw Station                            | Sajak Pavilion, 2nd Floor, 2002 Medical Parkway, Annapolis, MD 21401 | Unregulated                  |
| Pathways (1)  | Alcohol and Drug Treatment Center       | 2620 Riva Road, Annapolis, MD 21401                                  | Unregulated                  |
| AAMG Infusion Therapy   | Infusion Therapy                        | 183 Harry S. Truman Parkway, Suite 120, Annapolis, MD 21401          | Unregulated                  |
|   |   |  |                              |
|   |   |  |                              |
|   |   |  |                              |

OUTPATIENT SERVICES NOT OWNED BY THE HOSPITAL LOCATED IN REGULATED SPACE

# **SUPPLEMENTAL SCHEDULE VIII**

## **Anne Arundel Medical Center**

### **Debt Collection/Financial Assistance Report**

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

#### **1. Collection Agency Name**

- a. Alacrity Collection Agency
- b.
- c.
- d.
- e.
- f.
- g.
- h.

#### **2. Number of Liens**

- i. 70

#### **3. Number of extended payment plans**

- j. 1,887

#### **FINANCIAL ASSISTANCE**

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

- k. 1,099

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

- l. 775



**SUPPLEMENTAL SCHEDULE - X**  
**Gross Patient Revenue Reconciliation**  
**Schedule**

Hospital Name: Anne Arundel Medical Center  
 Hospital Number: 0023

Base Year: 6/30/2019

**Section I**  
**TOTAL GROSS PATIENT REVENUE**

| Line # |                             | Col 1<br>Inpatient | Col 2<br>Outpatient | Col 3<br>Total |
|--------|-----------------------------|--------------------|---------------------|----------------|
| 1      | Total In-State Revenue      | 304,585,017        | 320,340,126         | 624,925,143    |
| 2      | Total Out-State Revenue     | 6,992,084          | 7,739,245           | 14,731,329     |
| 3      | Total Gross Patient Revenue | 311,577,101        | 328,079,371         | 639,656,472    |

**Section II**  
**TOTAL MEDICARE/NON-FFS REVENUE**

|   | Col 1<br>In-State<br>I/P Revenue | Col 2<br>Out-State<br>I/P Revenue | Col 3<br>In-State<br>O/P Revenue | Col 4<br>Out-State<br>O/P Revenue | Col 5<br>Total<br>Revenue |             |
|---|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|---------------------------|-------------|
| 4 | Medicare FFS Revenue             | 131,963,762                       | 3,040,179                        | 107,029,107                       | 1,908,299                 | 243,941,347 |
| 5 | Non-FFS Revenue                  | 11,151,571                        | 415,854                          | 8,843,290                         | 138,710                   | 20,549,425  |
| 6 | Total Revenue                    | 143,115,333                       | 3,456,033                        | 115,872,397                       | 2,047,009                 | 264,490,772 |