

MEDSTAR ST. MARY'S HOSPITAL

**HEALTH SERVICES COST REVIEW
COMMISSION**

RATE REVIEW SYSTEM

FOR THE FISCAL YEAR ENDED JUNE 30, 2018

INPATIENTS AND PATIENT DAYS

V1

INSTITUTION NAME: MedStar St. Mary's Hospital

FISCAL YEAR

6/30/2018

INSTITUTION NUMBER: 210028

			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6
REPORTING SCHEDULE		CENTER	ADMISSIONS	PATIENT DAYS	INTRA HOSPITAL TRANSFERS IN	LENGTH OF STAY	AVERAGE LICENSED BEDS	% OCCUPANCY
			RECORDS	RECORDS	RECORDS	COL 2 / (COL 1 + COL 3)	RECORDS	COL 2 / COL 5 * 365
D01	MSG	Med/Surg Acute	4,774	18,968	3,682	2.2	73	0.712
D02	PED	Pediatric Acute	0	0	0	0.0	0	0.000
D03	PSY	Psychiatric Acute	742	2,522	12	3.3	12	0.576
D04	OBS	Obstetrics Acute	1,128	1,937	23	1.7	12	0.442
D05	DEF	Definitive Observation	0	0	0	0.0	0	0.000
D06	MIS	Med/Surg Intensive Care	133	1,538	847	1.6	12	0.351
D07	CCU	Coronary Care	0	0	0	0.0	0	0.000
D08	PIC	Pediatric Intensive Care	0	0	0	0.0	0	0.000
D09	NEO	Neonatal Intensive Care	0	0	0	0.0	0	0.000
D10	BUR	Burn Care	0	0	0	0.0	0	0.000
D11	PSI	Psychiatric Intensive Care	0	0	0	0.0	0	0.000
D12	TRM	Shock Trauma	0	0	0	0.0	0	0.000
D13	ONC	Oncology	0	0	0	0.0	0	0.000
D16	ECF	Skilled Nursing Care	0	0	0	0.0	0	0.000
D17	CRH	Chronic Care	0	0	0	0.0	0	0.000
D52	ADD	Adolescent Dual Diagnosed	0	0	0	0.0	0	0.000
D54	RHB	Rehabilitation	0	0	0	0.0	0	0.000
D70	PAD	Psychiatric Adult	0	0	0	0.0	0	0.000
D71	PCD	Psychiatric Child/Adolescent	0	0	0	0.0	0	0.000
D73	PSG	Psychiatric Geriatric	0	0	0	0.0	0	0.000
D82	PSD	Pediatric Step-Down	0	0	0	0.0	0	0.000
SUBTOTAL			6,777	24,965	4,564	2.2	109	0.627
D14	NUR	Newborn Nursery	1,136	2,279	2	2.0	0	
D15	PRE	Premature Nursery	0	0	0	0.0	0	
TOTAL			7,913	27,244	4,566	2.2	109	0.685

OUTPATIENT VISITS

V2

INSTITUTION NAME: MedStar St. Mary's Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6
REPORTING SCHEDULE		CENTER	INPATIENT VISITS	OUTPATIENT VISITS	TOTAL VISITS	INPATIENT RVUS	OUTPATIENT RVUS	TOTAL RVUS
			RECORDS	RECORDS	COL 1 + COL 2	RECORDS	RECORDS	COL 4 + COL 5
D18	EMG	Emergency Services	5,042	44,601	49,643	72,969	391,248	464,217
D19	CL	Clinical Services	1	13,203	13,204	11	120,794	120,805
D20	PDC	Psych. Day & Night Care	0	950	950			
D22	SDS	Same Day Surgery	0	4,041	4,041			
D50	FSE	Free Standing Emergency	0	0	0			
D55	OBV	Observation	465	2,675	3,140	14,722	122,056	136,778
D58	OCL	Oncology O/P Clinic	0	0	0	0	0	0
D83	CL-340	340B Clinic Services				0	0	0
	TOTAL		5,508	65,470	70,978	87,702	634,098	721,800

ANCILLARY SERVICE UNITS

V3

INSTITUTION NAME: MedStar St. Mary's Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

			COL. 1	COL. 2	COL. 3	COL. 4
REPORTING SCHEDULE		CENTER	UNIT OF MEASURE	INPATIENT VOLUME	OUTPATIENT VOLUME	TOTAL VOLUME
				RECORDS	RECORDS	COL 1 + COL 2
D23	DEL	Labor & Delivery Services	MD RVUs	44,231	8,575	52,806
D24	OR	Operating Room	Minutes	165,467	284,305	449,772
D24A	ORC	Operating Room Clinic	Minutes	1,493	127,033	128,526
D25	ANS	Anesthesiology	Minutes	162,453	278,569	441,022
D28	LAB	Laboratory Services	MD RVUs	2,674,262	3,567,507	6,241,769
D30	EKG	Electrocardiography	1974 California RV	183,202	250,911	434,113
D31	IRC	Interventional Radiology / Cardiovascular	MD RVUs	27,259	55,238	82,497
D32	RAD	Radiology-Diagnostic	HSCRC RVUs	88,982	677,412	766,394
D33	CAT	CT Scanner	HSCRC RVUs	171,475	680,955	852,430
D34	RAT	Radiology-Therapeutic	MD RVUs	0	0	0
D35	NUC	Nuclear Medicine	HSCRC RVUs	36,195	343,815	380,010
D36	RES	Respiratory Therapy	MD RVUs	1,083,776	302,916	1,386,692
D37	PUL	Pulmonary Function Testing	MD RVUs	10,603	17,754	28,357
D38	EEG	Electroencephalography	1974 California RV	16,097	79,635	95,732
D39	PTH	Physical Therapy	MD RVUs	143,115	125,151	268,266
D40	OTH	Occupational Therapy	MD RVUs	0	0	0
D41	STH	Speech Language Pathology	MD RVUs	17,288	31,161	48,449
D42	REC	Recreational Therapy	Treatments	0	0	0
D43	AUD	Audiology	MD RVUs	0	0	0
D44	OPM	Other Physical Medicine	Treatments	0	0	0
D45	RDL	Renal Dialysis	Treatments	834	0	834
D46	OA	Organ Acquisition	Treatments	0	0	0
D48	LEU	Leukopheresis	JHU RVUs	0	0	0
D49	HYP	Hyperbaric Chamber	Hours of Treatment	10	1,058	1,068
D51	MRI	Magnetic Resonance Imaging	HSCRC RVUs	64,822	461,313	526,135
D53	LIT	Lithotripsy	# of Procedures	8	218	226
D56	AMR	Ambulance Services-Rebundled	HSCRC RVUs	0	0	0
D77	PST	Psychological Testing	Hours	0	0	0
D80	ETH	Electroconvulsive Therapy	Treatments	0	0	0
D84	RAT-340	340B Radiology - Therapeutic	MD RVUs	0	0	0
D85	ORC-340	340B OR Clinic Services	Minutes	0	0	0
D86	LAB-340	340B Laboratory Services	MD RVUs	0	0	0
D87	CDS-340	340B Drugs	EIPA	0	0	0

EQUIVALENT INPATIENT DAYS AND ADMISSIONS

V5

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210028

EQUIVALENT INPATIENT DAYS (EIPDs)	SOURCE	FISCAL YEAR
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INPATIENT DATA - BASE YEAR

COL. 1

COL. 2

A	GROSS INPATIENT REVENUE	RECORDS, BUDGET	84,066.1	A
B	INPATIENT GRANT REVENUE	RECORDS, BUDGET	0.0	B
C	TOTAL INPATIENT REVENUE *	A + B	84,066.1	C
D	TOTAL INPATIENT DAYS (IPDs) (EXCLUDING NURSERY)	SCHD V 1 D	24,965	D
E	INPATIENT UNIT REVENUE	C / D	3.36736	E
F	GROSS OUTPATIENT REVENUE	RECORDS, BUDGET	112,754.4	F
G	OUTPATIENT GRANT REVENUE	RECORDS, BUDGET	0.0	G
H	TOTAL OUTPATIENT REVENUE *	F + G	112,754.4	H
I	TOTAL OUTPATIENT VISITS	SCH V 2 B	66,937	I
J	OUTPATIENT UNIT REVENUE	H / I	1.68449	J
K	INPATIENT - OUTPATIENT UNIT REVENUE RATIO	E / J	1.99904	K
L	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / K	33,485	L
M	EQUIVALENT INPATIENT DAYS (EIPDs)	D + L	58,450	M

EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	SOURCE	FISCAL YEAR
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N	TOTAL INPATIENT ADMISSIONS	SCH V 1 D	6,777	N
O	INPATIENT UNIT REVENUE	C / N	12.40462	O
P	OUTPATIENT UNIT REVENUE	H / I	1.68449	P
Q	INPATIENT - OUTPATIENT UNIT REVENUE RATIO	O / P	7.36402	Q
R	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / Q	9,090	R
S	EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	N + R	15,867	U

UNASSIGNED EXPENSES

UA

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

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

FISCAL YEAR DATA

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A	BASE YEAR EXPENSES	RECORDS	668.0	141.9	1,325.4	2,135.3	8,668.7	1,828.9	45.7	0.0	727.9	13,406.5	A
B	ALLOC. TO AUX. ENTERPRISES & UNREGULATED SERVICES	RECORDS	0.0	0.0	0.0	0.0	(406.3)	(795.2)	(5.9)	0.0	0.0	(1,207.4)	B
C	FISCAL YEAR EXP. - ADJUSTED	A + B	668.0	141.9	1,325.4	2,135.3	8,262.4	1,033.7	39.8	0.0	727.9	12,199.1	C

HOSPITAL BASED PHYSICIANS

P1 B

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210028

			COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7		
	COST CENTER	CODE	Research	Chief of Medical Staff	Medical Care Review	Administration & Supervision	Part B Services	EDUCATION	TOTAL		
D37	A35	Pulmonary Function Testing	PUL	0.0	0.0	0.0	0.0	0.0	0.0	A35	
D38	A36	Electroencephalography	EEG	0.0	0.0	0.0	0.0	0.0	0.0	A36	
D39	A37	Physical Therapy	PTH	0.0	0.0	0.0	0.0	0.0	0.0	A37	
D40	A38	Occupational Therapy	OTH	0.0	0.0	0.0	0.0	0.0	0.0	A38	
D41	A39	Speech Language Pathology	STH	0.0	0.0	0.0	0.0	0.0	0.0	A39	
D42	A40	Recreational Therapy	REC	0.0	0.0	0.0	0.0	0.0	0.0	A40	
D43	A41	Audiology	AUD	0.0	0.0	0.0	0.0	0.0	0.0	A41	
D44	A42	Other Physical Medicine	OPM	0.0	0.0	0.0	0.0	0.0	0.0	A42	
D45	A43	Renal Dialysis	RDL	0.0	0.0	0.0	0.0	0.0	0.0	A43	
D46	A44	Organ Acquisition	OA	0.0	0.0	0.0	0.0	0.0	0.0	A44	
D47	A45	Ambulatory Surgery	AOR	0.0	0.0	0.0	0.0	0.0	0.0	A45	
D48	A46	Leukopheresis	LEU	0.0	0.0	0.0	0.0	0.0	0.0	A46	
D49	A47	Hyperbaric Chamber	HYP	0.0	0.0	0.0	0.0	0.0	0.0	A47	
D50	A48	Free Standing Emergency	FSE	0.0	0.0	0.0	0.0	0.0	0.0	A48	
D51	A49	Magnetic Resonance Imaging	MRI	0.0	0.0	0.0	0.0	0.0	0.0	A49	
D52	A50	Adolescent Dual Diagnosed	ADD	0.0	0.0	0.0	0.0	0.0	0.0	A50	
D53	A51	Lithotripsy	LIT	0.0	0.0	0.0	0.0	0.0	0.0	A51	
D54	A52	Rehabilitation	RHB	0.0	0.0	0.0	0.0	0.0	0.0	A52	
D55	A53	Observation	OBV	0.0	0.0	0.0	0.0	0.0	0.0	A53	
D57	A54	Transurethral Microwave Thermotherapy	TMT	0.0	0.0	0.0	0.0	0.0	0.0	A54	
D58	A55	Oncology O/P Clinic	OCL	0.0	0.0	0.0	0.0	0.0	0.0	A55	
D59	A56	Transurethral Needle Ablation	TNA	0.0	0.0	0.0	0.0	0.0	0.0	A56	
D70	A57	Psychiatric Adult	PAD	0.0	0.0	0.0	0.0	0.0	0.0	A57	
D71	A58	Psychiatric Child/Adolescent	PCD	0.0	0.0	0.0	0.0	0.0	0.0	A58	
D73	A59	Psychiatric Geriatric	PSG	0.0	0.0	0.0	0.0	0.0	0.0	A59	
D74	A60	Individual Therapies	ITH	0.0	0.0	0.0	0.0	0.0	0.0	A60	
D75	A61	Group Therapies	GTH	0.0	0.0	0.0	0.0	0.0	0.0	A61	
D76	A62	Family Therapies	FTH	0.0	0.0	0.0	0.0	0.0	0.0	A62	
D77	A63	Psychological Testing	PST	0.0	0.0	0.0	0.0	0.0	0.0	A63	
D78	A64	Education	PSE	0.0	0.0	0.0	0.0	0.0	0.0	A64	
D79	A65	Other Therapies	OPT	0.0	0.0	0.0	0.0	0.0	0.0	A65	
D80	A66	Electroconvulsive Therapy	ETH	0.0	0.0	0.0	0.0	0.0	0.0	A66	
D81	A67	Activity Therapies	ATH	0.0	0.0	0.0	0.0	0.0	0.0	A67	
D82	A68	Pediatric Step-Down	PSD	0.0	0.0	0.0	0.0	0.0	0.0	A68	
D83	A69	340B Clinic Services	CL-340	0.0	0.0	0.0	0.0	0.0	0.0	A69	
D84	A70	340B Radiology - Therapeutic	RAT-340	0.0	0.0	0.0	0.0	0.0	0.0	A70	
D85	A71	340B OR Clinic Services	ORC-340	0.0	0.0	0.0	0.0	0.0	0.0	A71	
D86	A72	340B Laboratory Services	LAB-340	0.0	0.0	0.0	0.0	0.0	0.0	A72	
D87	A73	340B Drugs	CDS-340	0.0	0.0	0.0	0.0	0.0	0.0	A73	
N/A 1	A74	Post Graduate Medical Ed	PME						0.0	A74	
	B	TOTALS	//////	0.0	805.2	0.0	17.4	0.0	0.0	822.6	B

Reporting Schedule

C	Cost Center Schedule	//// ////	F01	C 13	UA	D1 - D80	P2A - P2G	P4A - P4G & P5A - P5G	//// ////	C
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PHYSICIANS PART B SERVICES

P2 F

INSTITUTION NAME: MedStar St. Mary's Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
SOURCE	340B LABORATORY SERVICES	340B DRUGS					TOTAL EXPENSES

FISCAL YEAR DATA

		D86 LAB-340	D87 CDS-340					
A	FISCAL YEAR EXPENSES	0.0	0.0					0.0
B	ALLOC. FROM CAFE, PARKING, ETC.	0.0	0.0					0.0
C	DONATED SERVICES	RECORDS						0.0
D	FISCAL YEAR EXPENSES ADJUSTED	0.0	0.0					0.0

INFLATION FACTORS

E	INFLATION FACTOR	HSCRC						
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FTE DATA

J	ADJ. FISCAL YEAR HOURS WORKED/2080	RECORDS	0.0	0.0				0.0
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PHYSICIAN SUPPORT SERVICES

P3

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 2018
 INSTITUTION NUMBER: 210028

	COL_1	COL_2	COL_3	COL_4	COL_5
	FISCAL YEAR EXPENSE	ALLO. CAFÉ PARK ETC.	DONATED SERVICES	TOTAL	FTE DATA
FISCAL YEAR DATA					
MED/SURG ACUTE	MSG	0.0	0.0		0.0 0.0
PEDIATRIC ACUTE	PED	0.0	0.0		0.0 0.0
PSYCHIATRIC ACUTE	PSY	0.0	0.0		0.0 0.0
OBSTETRICS ACUTE	OBS	0.0	0.0		0.0 0.0
DEFINITIVE OBSERVATION	DEF	0.0	0.0		0.0 0.0
MED/SURG INTENSIVE CARE	MIS	0.0	0.0		0.0 0.0
CORONARY CARE	CCU	0.0	0.0		0.0 0.0
PEDIATRIC INTENSIVE CARE	PIC	0.0	0.0		0.0 0.0
NEONATAL INTENSIVE CARE	NEO	0.0	0.0		0.0 0.0
BURN CARE	BUR	0.0	0.0		0.0 0.0
PSYCHIATRIC INTENSIVE CARE	PSI	0.0	0.0		0.0 0.0
SHOCK TRAUMA	TRM	0.0	0.0		0.0 0.0
ONCOLOGY	ONC	0.0	0.0		0.0 0.0
NEWBORN NURSERY	NUR	0.0	0.0		0.0 0.0
PREMATURE NURSERY	PRE	0.0	0.0		0.0 0.0
CHRONIC CARE	CRH	0.0	0.0		0.0 0.0
EMERGENCY SERVICES	EMG	0.0	0.0		0.0 0.0
CLINICAL SERVICES	CL	0.0	0.0		0.0 0.0
PSYCH. DAY & NIGHT CARE	PDC	0.0	0.0		0.0 0.0
AMBULATORY SURGERY (PBP)	AMS	0.0	0.0		0.0 0.0
SAME DAY SURGERY	SDS	0.0	0.0		0.0 0.0
LABOR & DELIVERY SERVICES	DEL	0.0	0.0		0.0 0.0
OPERATING ROOM	OR	0.0	0.0		0.0 0.0
OPERATING ROOM CLINIC	ORC	0.0	0.0		0.0 0.0
ANESTHESIOLOGY	ANS	0.0	0.0		0.0 0.0
LABORATORY SERVICES	LAB	0.0	0.0		0.0 0.0
ELECTROCARDIOGRAPHY	EKG	0.0	0.0		0.0 0.0
INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	IRC	0.0	0.0		0.0 0.0
RADIOLOGY-DIAGNOSTIC	RAD	0.0	0.0		0.0 0.0
CT SCANNER	CAT	0.0	0.0		0.0 0.0
RADIOLOGY-THERAPEUTIC	RAT	0.0	0.0		0.0 0.0
NUCLEAR MEDICINE	NUC	0.0	0.0		0.0 0.0
RESPIRATORY THERAPY	RES	0.0	0.0		0.0 0.0
PULMONARY FUNCTION TESTING	PUL	0.0	0.0		0.0 0.0
ELECTROENCEPHALOGRAPHY	EEG	0.0	0.0		0.0 0.0
PHYSICAL THERAPY	PTH	0.0	0.0		0.0 0.0
OCCUPATIONAL THERAPY	OTH	0.0	0.0		0.0 0.0
SPEECH LANGUAGE PATHOLOGY	STH	0.0	0.0		0.0 0.0
RECREATIONAL THERAPY	REC	0.0	0.0		0.0 0.0
AUDIOLOGY	AUD	0.0	0.0		0.0 0.0
OTHER PHYSICAL MEDICINE	OPM	0.0	0.0		0.0 0.0
RENAL DIALYSIS	RDL	0.0	0.0		0.0 0.0
ORGAN ACQUISITION	OA	0.0	0.0		0.0 0.0
AMBULATORY SURGERY	AOR	0.0	0.0		0.0 0.0
LEUKOPHERESIS	LEU	0.0	0.0		0.0 0.0
HYPERTHERMIC CHAMBER	HYP	0.0	0.0		0.0 0.0
FREE STANDING EMERGENCY	FSE	0.0	0.0		0.0 0.0
MAGNETIC RESONANCE IMAGING	MRI	0.0	0.0		0.0 0.0
ADOLESCENT DUAL DIAGNOSED	ADD	0.0	0.0		0.0 0.0
LITHOTRIPSY	LIT	0.0	0.0		0.0 0.0
REHABILITATION	RHB	0.0	0.0		0.0 0.0
OBSERVATION	OBV	0.0	0.0		0.0 0.0
TRANSURETHAL MICROWAVE THERMOTHERAPY	TMT	0.0	0.0		0.0 0.0
ONCOLOGY O/P CLINIC	OCL	0.0	0.0		0.0 0.0
TRANSURETHAL NEEDLE ABLATION	TNA	0.0	0.0		0.0 0.0
PSYCHIATRIC ADULT	PAD	0.0	0.0		0.0 0.0
PSYCHIATRIC CHILD/ADOLESCENT	PCD	0.0	0.0		0.0 0.0
PSYCHIATRIC GERIATRIC	PSG	0.0	0.0		0.0 0.0
INDIVIDUAL THERAPIES	ITH	0.0	0.0		0.0 0.0
GROUP THERAPIES	GTH	0.0	0.0		0.0 0.0
FAMILY THERAPIES	FTH	0.0	0.0		0.0 0.0
PSYCHOLOGICAL TESTING	PST	0.0	0.0		0.0 0.0
EDUCATION	PSE	0.0	0.0		0.0 0.0
OTHER THERAPIES	OPT	0.0	0.0		0.0 0.0
ELECTROCONVULSIVE THERAPY	ETH	0.0	0.0		0.0 0.0
ACTIVITY THERAPIES	ATH	0.0	0.0		0.0 0.0
PEDIATRIC STEP-DOWN	PSD	0.0	0.0		0.0 0.0
340B CLINIC SERVICES	CL-340	0.0	0.0		0.0 0.0
340B RADIOLOGY - THERAPEUTIC	RAT-340	0.0	0.0		0.0 0.0
340B OR CLINIC SERVICES	ORC-340	0.0	0.0		0.0 0.0
340B LABORATORY SERVICES	LAB-340	0.0	0.0		0.0 0.0
340B DRUGS	CDS-340	0.0	0.0		0.0 0.0
TOTAL		0.0	0.0	0.0	0.0 0.0

RESIDENT, INTERN SERVICES

P4 K

ELIGIBLE

INSTITUTION NAME: MedStar St. Mary's Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
SOURCE	340B LABORATORY SERVICES	340B DRUGS					TOTAL EXPENSES

D86 D87
LAB-340 CDS-340

FISCAL YEAR DATA

A	FISCAL YEAR WAGES & SALARIES	RECORDS	0.0	0.0				0.0	A
B	FISCAL YEAR PHYSICIAN SUPERVISION	SCH. P1A	0.0	0.0				0.0	B
C	FISCAL YEAR OTHER EXPENSES	RECORDS	0.0	0.0				0.0	C
D	TOTAL FISCAL YEAR EXPENSES	A+B+C	0.0	0.0				0.0	D
E	ALLOC. FROM CAFE, PARKING, ETC.	SCH. OA	0.0	0.0				0.0	E
F	FISCAL YEAR EXPENSES ADJUSTED	D+E	0.0	0.0				0.0	F

INFLATION FACTORS

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

FTE DATA

I	FISCAL YEAR HOURS WORKED/2080 (A)	RECORDS	0.0	0.0				0.0	I
J	FISCAL YEAR HOURS WORKED/2080 (B)	RECORDS	0.0	0.0				0.0	J

AUXILIARY ENTERPRISES

AMB

E01

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

	VOLUME DATA	FISCAL YEAR UNITS
A	# of Occasions	0

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

Ambulance Services

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

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

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

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

PAR

E02

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

	VOLUME DATA	FISCAL YEAR UNITS
A	# of Spaces	0

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

Parking

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

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

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	0.0	0.0	0.0	0.00000	S
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AUXILIARY ENTERPRISES

DPO

E03

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

	VOLUME DATA	FISCAL YEAR UNITS
A	Sq Feet	0

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

Doctor's Private Office Rent

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

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

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

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

OOR

E04

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

	VOLUME DATA	FISCAL YEAR UNITS
A	Sq Feet	147

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

Office & Other Rental

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

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

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

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

REO

E05

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

	VOLUME DATA	FISCAL YEAR UNITS
A	Sq Feet	898

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

Retail Operations

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

B	FISCAL YEAR EXPENSES	RECORDS	0.0	47.7	47.7	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	0.4	XXXXX	0.4	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////////	XXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	0.1	0.1	XXXXX	D01
D02	Housekeeping	HKP	6.2	3.3	9.5	XXXXX	D02
D03	Plant Operations	POP	5.1	19.2	24.3	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	11.7	70.3	82.1	0.09140	G

FISCAL YEAR PROFIT (LOSS)

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	141.4	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	59.3	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	59.3	XXXXX	K

FTE DATA

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	0.2	S
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AUXILIARY ENTERPRISES

PTE

E06

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

	VOLUME DATA	FISCAL YEAR UNITS
A	# of Spaces	157

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

Patients Telephones

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

B	FISCAL YEAR EXPENSES	RECORDS	0.0	213.7	213.7	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////////	XXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	6.5	6.5	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	0.0	220.2	220.2	1.40284	G

FISCAL YEAR PROFIT (LOSS)

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(220.2)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	(220.2)	XXXXX	K

FTE DATA

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

CAF

E07

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210028

	VOLUME DATA	FISCAL YEAR UNITS
A	Eq. Meals Serve	298,947

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

Cafeteria

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

B	FISCAL YEAR EXPENSES	RECORDS	1,077.9	445.5	1,523.4	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	XXXXX	XXXXX	XXXXX	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////////	XXXXX	XXXXX	XXXXX	///
D01	General Accounting	FIS	1.6	2.0	3.7	XXXXX	D01
D02	Housekeeping	HKP	15.1	8.1	23.2	XXXXX	D02
D03	Hospital Administration	MGT	9.7	5.0	14.8	XXXXX	D03
D04	Plant Operations	POP	12.5	46.8	59.4	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	1,116.9	507.5	1,624.4	0.00543	G

FISCAL YEAR PROFIT (LOSS)

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(1,624.4)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	(1,624.4)	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	(0.0)	XXXXX	K

FTE DATA

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	23.0				S
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AUXILIARY ENTERPRISES

DEB

E08

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210028

	VOLUME DATA	FISCAL YEAR UNITS
A	Sq Feet	0

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
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FISCAL YEAR DATA

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

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	0.0	0.0	0.0	0.00000	S
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AUXILIARY ENTERPRISES

HOU

E09

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210028

	VOLUME DATA	FISCAL YEAR UNITS
A	Avg # of Person	0

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

Housing

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

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

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	0.0	0.0	0.0	0.00000	S
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OTHER INSTITUTIONAL PROGRAMS

CHE

F04

INSTITUTION NAME: MedStar St. Mary's Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

	VOLUME DATA	FISCAL YEAR UNITS
A	# of Participants	2,928

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

Community Health Education

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

B	FISCAL YEAR EXPENSES	RECORDS	34.7	123.1	157.8	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	4.5	XXXX	4.5	XXXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXX	XXXXXX	XXXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////	XXXXX	XXXX	XXXXXX	
D01	General Accounting	FIS	0.1	0.1	0.1	XXXXXX	D01
D02	Housekeeping	HKP	45.8	24.5	70.3	XXXXXX	D02
D03	Hospital Administration	MGT	0.3	0.2	0.5	XXXXXX	D03
D04	Nursing Administration	NAD	0.5	0.0	0.5	XXXXXX	D04
D05	Plant Operations	POP	37.9	141.7	179.7	XXXXXX	D05
D06					0.0	XXXXXX	D06
D07					0.0	XXXXXX	D07
D08					0.0	XXXXXX	D08
D09					0.0	XXXXXX	D09
D10					0.0	XXXXXX	D10
D11					0.0	XXXXXX	D11
D12					0.0	XXXXXX	D12
D13					0.0	XXXXXX	D13
D14					0.0	XXXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXXX	E
F	FISCAL YEAR ADJUSTED EXPENSES	B+C+D	123.8	289.6	413.4	0.14120	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	136.5	XXXXXX	G
H	PROFIT (LOSS)	F - E	XXXXX	XXXXX	(276.9)	XXXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED/2080	RECORDS	2.4
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I

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: MedStar St. Mary's Hospital
 INSTITUTION NUMBER: 210028
 FISCAL YEAR: 6/30/2018

Allocation of Cafeteria / Parking Expense

		COL. 1	COL. 2
LOSS PER FTE		SOURCE	TOTAL EXPENSES
A	GAIN (LOSS) TO BE ALLOCATED AS FRINGE	SCH. E2,E7,E8, E9	1,624.4
B	NUMBER OF FTE'S	RECORDS	863.7
B1	LOSS PER FTE	A / B	1.88082

Allocation of Data Processing

		COL. 1	COL. 2	COL. 3	COL. 4
		SOURCE	WAGES, SALARIES, & BENEFITS	OTHER EXPENSES	TOTAL EXPENSES
C01	FISCAL YEAR EXPENSES	RECORDS	2,951.8	4,295.5	7,247.3
2	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0
3	FISCAL YEAR ADJUSTED EXPENSES	C1 + C2	2,951.8	4,295.5	7,247.3

CAFETERIA, PARKING, ETC DATA PROCESSING

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	COL. 1		COL. 3		COL. 4		COL. 5		COL. 6		COL. 7		COL. 8
					NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE					
1	DIETARY SERVICES	C01	C01	DTY	8.0	\$ 15.0	0.0	0.00%	\$ -	\$ -	\$ -	-	-	-	-	15.0	
2	LAUNDRY & LINEN	C02	C02	LL	4.6	8.6	0.0	0.00%	-	-	-	-	-	-	-	8.6	
3	SOCIAL SERVICES	C03	C03	SSS	13.1	24.6	0.0	0.00%	-	-	-	-	-	-	-	24.6	
4	PURCHASING & STORES	C04	C04	PUR	10.6	19.9	0.0	0.00%	-	-	-	-	-	-	-	19.9	
5	PLANT OPERATIONS	C05	C05	POP	18.7	35.1	0.0	0.00%	-	-	-	-	-	-	-	35.1	
6	HOUSEKEEPING	C06	C06	HKP	31.3	58.8	0.0	0.00%	-	-	-	-	-	-	-	58.8	
7	CENTRAL SERVICES & SUPPLY	C07	C07	CSS	8.0	15.0	0.0	0.00%	-	-	-	-	-	-	-	15.0	
8	PHARMACY	C08	C08	PHM	22.0	41.3	0.4	1.39%	51.1	49.4	100.5	-	-	-	-	141.8	
9	GENERAL ACCOUNTING	C09	C09	FIS	12.1	22.8	0.0	0.00%	-	-	-	-	-	-	-	22.8	
10	PATIENT ACCOUNTS	C10	C10	PAC	45.2	84.9	2.0	10.18%	264.2	473.6	737.8	-	-	-	-	822.8	
11	HOSPITAL ADMINISTRATION	C11	C11	MGT	86.8	163.2	15.6	65.66%	2,023.5	2,735.3	4,758.7	-	-	-	-	4,922.0	
12	MEDICAL RECORDS	C12	C12	MRD	0.0	0.0	0.0	0.00%	-	-	-	-	-	-	-	-	
13	MEDICAL STAFF ADMINISTRATION	C13	C13	MSA	5.3	10.0	0.0	0.00%	-	-	-	-	-	-	-	10.0	
14	NURSING ADMINISTRATION	C14	C14	NAD	18.6	34.9	0.0	0.00%	-	-	-	-	-	-	-	34.9	
15	ORGAN ACQUISITION OVERHEAD	C15	C15	OAO	0.0	0.0	0.0	0.00%	-	-	-	-	-	-	-	-	
16	MED/SURG ACUTE	D01	D01	MSG	116.9	219.8	0.0	0.19%	6.2	7.5	13.7	-	-	-	-	233.5	
17	PEDIATRIC ACUTE	D02	D02	PED	0.0	0.0	0.0	0.00%	-	-	-	-	-	-	-	-	
18	PSYCHIATRIC ACUTE	D03	D03	PSY	15.4	28.9	0.0	0.03%	0.9	1.1	1.9	-	-	-	-	30.9	
19	OBSTETRICS ACUTE	D04	D04	OBS	11.6	21.7	0.0	0.02%	0.9	0.9	1.8	-	-	-	-	23.5	
20	DEFINITIVE OBSERVATION	D05	D05	DEF	0.0	0.0	0.0	0.00%	-	-	-	-	-	-	-	-	
21	MED/SURG INTENSIVE CARE	D06	D06	MIS	19.6	36.9	0.0	0.03%	0.9	1.2	2.1	-	-	-	-	39.1	
22	CORONARY CARE	D07	D07	CCU	0.0	0.0	0.0	0.00%	-	-	-	-	-	-	-	-	
23	PEDIATRIC INTENSIVE CARE	D08	D08	PIC	0.0	0.0	0.0	0.00%	-	-	-	-	-	-	-	-	
24	NEONATAL INTENSIVE CARE	D09	D09	NEO	0.0	0.0	0.0	0.00%	-	-	-	-	-	-	-	-	
25	BURN CARE	D10	D10	BUR	0.0	0.0	0.0	0.00%	-	-	-	-	-	-	-	-	
26	PSYCHIATRIC INTENSIVE CARE	D11	D11	PSI	0.0	0.0	0.0	0.00%	-	-	-	-	-	-	-	-	
27	SHOCK TRAUMA	D12	D12	TRM	0.0	0.0	0.0	0.00%	-	-	-	-	-	-	-	-	
28	ONCOLOGY	D13	D13	ONC	0.0	0.0	0.0	0.00%	-	-	-	-	-	-	-	-	
29	NEWBORN NURSERY	D14	D14	NUR	6.2	11.7	0.0	0.02%	0.6	0.5	1.1	-	-	-	-	12.8	

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP B

INSTITUTION NAME: MedStar St. Mary's Hospital
 INSTITUTION NUMBER: 210028
 FISCAL YEAR: 6/30/2018

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

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x D1	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
30	PREMATURE NURSERY	D15	D15	PRE	0.0	0.0	0.0	0.00%	0	0	0	-
31	CHRONIC CARE	D17	D17	CRH	0.0	0.0	0.0	0.00%	0	0	0	-
32	EMERGENCY SERVICES	D18	D18	EMG	90.2	169.6	0.1	0.26%	9	10	19	188.5
33	CLINICAL SERVICES	D19	D19	CL	12.8	24.1	0.0	0.05%	2	2	4	28.0
34	PSYCH. DAY & NIGHT CARE	D20	D20	PDC	2.2	4.2	0.0	0.00%	0	0	0	4.2
35	AMBULATORY SURGERY (PBP)	D21	D21	AMS	0.0	0.0	0.0	0.00%	0	0	0	-
36	SAME DAY SURGERY	D22	D22	SDS	13.6	25.6	0.0	0.03%	1	1	2	28.1
37	LABOR & DELIVERY SERVICES	D23	D23	DEL	25.9	48.8	0.0	0.06%	2	2	4	52.8
38	OPERATING ROOM	D24	D24	OR	32.9	61.9	0.9	1.74%	116	10	126	187.8
39	OPERATING ROOM CLINIC	D24a	D24a	ORC	1.2	2.2	0.0	0.01%	0	0	1	3.0
40	ANESTHESIOLOGY	D25	D25	ANS	0.0	0.0	0.0	0.00%	0	0	0	-
41	LABORATORY SERVICES	D28	D28	LAB	43.6	82.0	2.8	15.42%	359	758	1,118	1,199.7
42	ELECTROCARDIOGRAPHY	D30	D30	EKG	1.9	3.6	0.0	0.01%	0	0	1	4.2
43	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	D31	IRC	6.4	12.1	0.1	0.18%	9	4	13	25.4
44	RADIOLOGY-DIAGNOSTIC	D32	D32	RAD	31.8	59.9	0.2	0.51%	26	11	37	96.7
45	CT SCANNER	D33	D33	CAT	10.8	20.3	0.1	0.14%	7	3	10	30.2
46	RADIOLOGY-THERAPEUTIC	D34	D34	RAT	0.0	0.0	0.0	0.00%	0	0	0	-
47	NUCLEAR MEDICINE	D35	D35	NUC	2.3	4.4	0.0	0.11%	6	2	8	12.2
48	RESPIRATORY THERAPY	D36	D36	RES	13.8	26.0	0.4	3.69%	54	213	267	293.4
49	PULMONARY FUNCTION TESTING	D37	D37	PUL	1.3	2.4	0.0	0.01%	0	0	1	2.9
50	ELECTROENCEPHALOGRAPHY	D38	D38	EEG	4.4	8.3	0.0	0.01%	0	0	1	8.9
51	PHYSICAL THERAPY	D39	D39	PTH	12.9	24.3	0.0	0.03%	1	1	3	26.8
52	OCCUPATIONAL THERAPY	D40	D40	OTH	0.0	0.0	0.0	0.00%	0	0	0	-
53	SPEECH LANGUAGE PATHOLOGY	D41	D41	STH	1.9	3.5	0.0	0.00%	0	0	0	3.7
54	RECREATIONAL THERAPY	D42	D42	REC	0.0	0.0	0.0	0.00%	0	0	0	-
55	AUDIOLOGY	D43	D43	AUD	0.0	0.0	0.0	0.00%	0	0	0	-
56	OTHER PHYSICAL MEDICINE	D44	D44	OPM	0.0	0.0	0.0	0.00%	0	0	0	-
57	RENAL DIALYSIS	D45	D45	RDL	0.0	0.0	0.0	0.01%	0	1	1	0.8
58	ORGAN ACQUISITION	D46	D46	OA	0.0	0.0	0.0	0.00%	0	0	0	-
59	AMBULATORY SURGERY	D47	D47	AOR	0.0	0.0	0.0	0.00%	0	0	0	-
60	LEUKOPHERESIS	D48	D48	LEU	0.0	0.0	0.0	0.00%	0	0	0	-
61	HYPERBARIC CHAMBER	D49	D49	HYP	0.0	0.0	0.0	0.00%	0	0	0	-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP C

INSTITUTION NAME: MedStar St. Mary's Hospital
 INSTITUTION NUMBER: 210028
 FISCAL YEAR: 6/30/2018

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

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
62	FREE STANDING EMERGENCY	D50	D50	ESE	0.0	0.0	0.0	0.00%	0	0	0	-
63	MAGNETIC RESONANCE IMAGING	D51	D51	MRI	7.8	14.6	0.0	0.13%	6	3	9	23.7
64	ADOLESCENT DUAL DIAGNOSED	D52	D52	ADD	0.0	0.0	0.0	0.00%	0	0	0	-
65	LITHOTRIPSY	D53	D53	LIT	0.6	1.1	0.0	0.01%	0	0	1	1.7
66	REHABILITATION	D54	D54	RHB	0.0	0.0	0.0	0.00%	0	0	0	-
67	OBSERVATION	D55	D55	OBV	31.2	58.7	0.0	0.08%	3	3	6	64.5
68	AMBULANCE SERVICES-REBUNDLED	D56	D56	AMR	0.0	0.0	0.0	0.00%	0	0	0	-
69	TRANSURETHAL MICROWAVE THERMOTHERAPY	D57	D57	TMT	0.0	0.0	0.0	0.00%	0	0	0	-
70	ONCOLOGY O/P CLINIC	D58	D58	OCL	0.0	0.0	0.0	0.00%	0	0	0	-
71	TRANSURETHAL NEEDLE ABLATION	D59	D59	TNA	0.0	0.0	0.0	0.00%	0	0	0	-
72	PSYCHIATRIC ADULT	D70	D70	PAD	0.0	0.0	0.0	0.00%	0	0	0	-
73	PSYCHIATRIC CHILD/ADOLESCENT	D71	D71	PCD	0.0	0.0	0.0	0.00%	0	0	0	-
74	PSYCHIATRIC GERIATRIC	D73	D73	PSG	0.0	0.0	0.0	0.00%	0	0	0	-
75	INDIVIDUAL THERAPIES	D74	D74	ITH	0.0	0.0	0.0	0.00%	0	0	0	-
76	GROUP THERAPIES	D75	D75	GTH	0.0	0.0	0.0	0.00%	0	0	0	-
77	FAMILY THERAPIES	D76	D76	FTH	0.0	0.0	0.0	0.00%	0	0	0	-
78	PSYCHOLOGICAL TESTING	D77	D77	PST	0.0	0.0	0.0	0.00%	0	0	0	-
79	EDUCATION	D78	D78	PSE	0.0	0.0	0.0	0.00%	0	0	0	-
80	OTHER THERAPIES	D79	D79	OPT	0.0	0.0	0.0	0.00%	0	0	0	-
81	ELECTROCONVULSIVE THERAPY	D80	D80	ETH	0.0	0.0	0.0	0.00%	0	0	0	-
82	ACTIVITY THERAPIES	D81	D81	ATH	0.0	0.0	0.0	0.00%	0	0	0	-
83	PEDIATRIC STEP-DOWN	D82	D82	PSD	0.0	0.0	0.0	0.00%	0	0	0	-
84	340B CLINIC SERVICES	D83	D83	CL-340	0.0	0.0	0.0	0.00%	0	0	0	-
85	340B RADIOLOGY - THERAPEUTIC	D84	D84	RAT-340	0.0	0.0	0.0	0.00%	0	0	0	-
86	340B OR CLINIC SERVICES	D85	D85	ORC-340	0.0	0.0	0.0	0.00%	0	0	0	-
87	340B LABORATORY SERVICES	D86	D86	LAB-340	0.0	0.0	0.0	0.00%	0	0	0	-
88	340B DRUGS	D87	D87	CDS-340	0.0	0.0	0.0	0.00%	0	0	0	-
89	AMBULANCE SERVICES	E01	E01	AMB	0.0	0.0						-
90	PARKING	E02	E02	PAR		0.0						-
91	DOCTOR'S PRIVATE OFFICE RENT	E03	E03	DPO	0.0	0.0						-
92	OFFICE & OTHER RENTAL	E04	E04	OOR	0.0	0.0						-
93	RETAIL OPERATIONS	E05	E05	REO	0.2	0.4						0.4
94	PATIENTS TELEPHONES	E06	E06	PTE	0.0	0.0						-
95	RESEARCH	F01	F01	REG	0.0	0.0						-
96	NURSING EDUCATION	F02	F02	RNS	0.0	0.0						-
97	OTHER HEALTH PROFESSION EDUCATION	F03	F03	OHPE	0.0	0.0						-
98	COMMUNITY HEALTH EDUCATION	F04	F04	CHE	2.4	4.5						4.5
99	MED/SURG ACUTE	D01	P2A	MSG	0.0	0.0						-
100	PEDIATRIC ACUTE	D02	P2A	PED	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: MedStar St. Mary's Hospital
 INSTITUTION NUMBER: 210028
 FISCAL YEAR: 6/30/2018

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

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

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP E

INSTITUTION NAME: MedStar St. Mary's Hospital

INSTITUTION NUMBER: 210028

FISCAL YEAR 6/30/2018

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

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

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP F

INSTITUTION NAME: MedStar St. Mary's Hospital
 INSTITUTION NUMBER: 210028
 FISCAL YEAR: 6/30/2018

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

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x D1	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
175	DEFINITIVE OBSERVATION	D05	P3	DEF	0.0	0.0						-
176	MED/SURG INTENSIVE CARE	D06	P3	MIS	0.0	0.0						-
177	CORONARY CARE	D07	P3	CCU	0.0	0.0						-
178	PEDIATRIC INTENSIVE CARE	D08	P3	PIC	0.0	0.0						-
179	NEONATAL INTENSIVE CARE	D09	P3	NEO	0.0	0.0						-
180	BURN CARE	D10	P3	BUR	0.0	0.0						-
181	PSYCHIATRIC INTENSIVE CARE	D11	P3	PSI	0.0	0.0						-
182	SHOCK TRAUMA	D12	P3	TRM	0.0	0.0						-
183	ONCOLOGY	D13	P3	ONC	0.0	0.0						-
184	NEWBORN NURSERY	D14	P3	NUR	0.0	0.0						-
185	PREMATURE NURSERY	D15	P3	PRE	0.0	0.0						-
186	CHRONIC CARE	D17	P3	CRH	0.0	0.0						-
187	EMERGENCY SERVICES	D18	P3	EMG	0.0	0.0						-
188	CLINICAL SERVICES	D19	P3	CL	0.0	0.0						-
189	PSYCH. DAY & NIGHT CARE	D20	P3	PDC	0.0	0.0						-
190	AMBULATORY SURGERY (PBP)	D21	P3	AMS	0.0	0.0						-
191	SAME DAY SURGERY	D22	P3	SDS	0.0	0.0						-
192	LABOR & DELIVERY SERVICES	D23	P3	DEL	0.0	0.0						-
193	OPERATING ROOM	D24	P3	OR	0.0	0.0						-
194	OPERATING ROOM CLINIC	D24a	P3	ORC	0.0	0.0						-
195	ANESTHESIOLOGY	D25	P3	ANS	0.0	0.0						-
196	LABORATORY SERVICES	D28	P3	LAB	0.0	0.0						-
197	ELECTROCARDIOGRAPHY	D30	P3	EKG	0.0	0.0						-
198	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P3	IRC	0.0	0.0						-
199	RADIOLOGY-DIAGNOSTIC	D32	P3	RAD	0.0	0.0						-
200	CT SCANNER	D33	P3	CAT	0.0	0.0						-
201	RADIOLOGY-THERAPEUTIC	D34	P3	RAT	0.0	0.0						-
202	NUCLEAR MEDICINE	D35	P3	NUC	0.0	0.0						-
203	RESPIRATORY THERAPY	D36	P3	RES	0.0	0.0						-
204	PULMONARY FUNCTION TESTING	D37	P3	PUL	0.0	0.0						-
205	ELECTROENCEPHALOGRAPHY	D38	P3	EEG	0.0	0.0						-
206	PHYSICAL THERAPY	D39	P3	PTH	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP G

INSTITUTION NAME: MedStar St. Mary's Hospital
 INSTITUTION NUMBER: 210028
 FISCAL YEAR: 6/30/2018

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

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
207	OCCUPATIONAL THERAPY	D40	P3	OTH	0.0	0.0						-
208	SPEECH LANGUAGE PATHOLOGY	D41	P3	STH	0.0	0.0						-
209	RECREATIONAL THERAPY	D42	P3	REC	0.0	0.0						-
210	AUDIOLOGY	D43	P3	AUD	0.0	0.0						-
211	OTHER PHYSICAL MEDICINE	D44	P3	OPM	0.0	0.0						-
212	RENAL DIALYSIS	D45	P3	RDL	0.0	0.0						-
213	ORGAN ACQUISITION	D46	P3	OA	0.0	0.0						-
214	AMBULATORY SURGERY	D47	P3	AOR	0.0	0.0						-
215	LEUKOPHERESIS	D48	P3	LEU	0.0	0.0						-
216	HYPERBARIC CHAMBER	D49	P3	HYP	0.0	0.0						-
217	FREE STANDING EMERGENCY	D50	P3	FSE	0.0	0.0						-
218	MAGNETIC RESONANCE IMAGING	D51	P3	MRI	0.0	0.0						-
219	ADOLESCENT DUAL DIAGNOSED	D52	P3	ADD	0.0	0.0						-
220	LITHOTRIPSY	D53	P3	LIT	0.0	0.0						-
221	REHABILITATION	D54	P3	RHB	0.0	0.0						-
222	OBSERVATION	D55	P3	OBV	0.0	0.0						-
223	TRANSURETHAL MICROWAVE THERMOTHERAPY	D57	P3	TMT	0.0	0.0						-
224	ONCOLOGY O/P CLINIC	D58	P3	OCL	0.0	0.0						-
225	TRANSURETHAL NEEDLE ABLATION	D59	P3	TNA	0.0	0.0						-
226	PSYCHIATRIC ADULT	D70	P3	PAD	0.0	0.0						-
227	PSYCHIATRIC CHILD/ADOLESCENT	D71	P3	PCD	0.0	0.0						-
228	PSYCHIATRIC GERIATRIC	D73	P3	PSG	0.0	0.0						-
229	INDIVIDUAL THERAPIES	D74	P3	ITH	0.0	0.0						-
230	GROUP THERAPIES	D75	P3	GTH	0.0	0.0						-
231	FAMILY THERAPIES	D76	P3	FTH	0.0	0.0						-
232	PSYCHOLOGICAL TESTING	D77	P3	PST	0.0	0.0						-
233	EDUCATION	D78	P3	PSE	0.0	0.0						-
234	OTHER THERAPIES	D79	P3	OPT	0.0	0.0						-
235	ELECTROCONVULSIVE THERAPY	D80	P3	ETH	0.0	0.0						-
236	ACTIVITY THERAPIES	D81	P3	ATH	0.0	0.0						-
236	PEDIATRIC STEP-DOWN	D82	P3	PSD	0.0	0.0						-
237	340B CLINIC SERVICES	D83	P3	CL-340	0.0	0.0						-
238	340B RADIOLOGY - THERAPEUTIC	D84	P3	RAT-340	0.0	0.0						-
239	340B OR CLINIC SERVICES	D85	P3	ORC-340	0.0	0.0						-
240	340B LABORATORY SERVICES	D86	P3	LAB-340	0.0	0.0						-
241	340B DRUGS	D87	P3	CDS-340	0.0	0.0						-
242	MED/SURG ACUTE	D01	P4A	MSG	0.0	0.0						-
243	PEDIATRIC ACUTE	D02	P4A	PED	0.0	0.0						-
244	PSYCHIATRIC ACUTE	D03	P4A	PSY	0.0	0.0						-
245	OBSTETRICS ACUTE	D04	P4A	OBS	0.0	0.0						-
246	DEFINITIVE OBSERVATION	D05	P4A	DEF	0.0	0.0						-
247	MED/SURG INTENSIVE CARE	D06	P4A	MIS	0.0	0.0						-
248	CORONARY CARE	D07	P4A	CCU	0.0	0.0						-
249	PEDIATRIC INTENSIVE CARE	D08	P4B	PIC	0.0	0.0						-
250	NEONATAL INTENSIVE CARE	D09	P4B	NEO	0.0	0.0						-
251	BURN CARE	D10	P4B	BUR	0.0	0.0						-
252	PSYCHIATRIC INTENSIVE CARE	D11	P4B	PSI	0.0	0.0						-
253	SHOCK TRAUMA	D12	P4B	TRM	0.0	0.0						-
254	ONCOLOGY	D13	P4B	ONC	0.0	0.0						-
255	NEWBORN NURSERY	D14	P4B	NUR	0.0	0.0						-
256	PREMATURE NURSERY	D15	P4C	PRE	0.0	0.0						-
257	CHRONIC CARE	D17	P4C	CRH	0.0	0.0						-
258	EMERGENCY SERVICES	D18	P4C	EMG	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP H

INSTITUTION NAME: MedStar St. Mary's Hospital
 INSTITUTION NUMBER: 210028
 FISCAL YEAR: 6/30/2018

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

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x D1	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
259	CLINICAL SERVICES	D19	P4C	CL	0.0	0.0						-
260	PSYCH. DAY & NIGHT CARE	D20	P4C	PDC	0.0	0.0						-
261	AMBULATORY SURGERY (PBP)	D21	P4C	AMS	0.0	0.0						-
262	SAME DAY SURGERY	D22	P4C	SDS	0.0	0.0						-
263	LABOR & DELIVERY SERVICES	D23	P4D	DEL	0.0	0.0						-
264	OPERATING ROOM	D24	P4D	OR	0.0	0.0						-
265	OPERATING ROOM CLINIC	D24a	P4D	ORC	0.0	0.0						-
266	ANESTHESIOLOGY	D25	P4D	ANS	0.0	0.0						-
267	LABORATORY SERVICES	D28	P4D	LAB	0.0	0.0						-
268	ELECTROCARDIOGRAPHY	D30	P4D	EKG	0.0	0.0						-
269	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P4D	IRC	0.0	0.0						-
270	RADIOLOGY-DIAGNOSTIC	D32	P4E	RAD	0.0	0.0						-
271	CT SCANNER	D33	P4E	CAT	0.0	0.0						-
272	RADIOLOGY-THERAPEUTIC	D34	P4E	RAT	0.0	0.0						-
273	NUCLEAR MEDICINE	D35	P4E	NUC	0.0	0.0						-
274	RESPIRATORY THERAPY	D36	P4E	RES	0.0	0.0						-
275	PULMONARY FUNCTION TESTING	D37	P4E	PUL	0.0	0.0						-
276	ELECTROENCEPHALOGRAPHY	D38	P4E	EEG	0.0	0.0						-
277	PHYSICAL THERAPY	D39	P4F	PTH	0.0	0.0						-
278	OCCUPATIONAL THERAPY	D40	P4F	OTH	0.0	0.0						-
279	SPEECH LANGUAGE PATHOLOGY	D41	P4F	STH	0.0	0.0						-
280	RECREATIONAL THERAPY	D42	P4F	REC	0.0	0.0						-
281	AUDIOLOGY	D43	P4F	AUD	0.0	0.0						-
282	OTHER PHYSICAL MEDICINE	D44	P4F	OPM	0.0	0.0						-
283	RENAL DIALYSIS	D45	P4F	RDL	0.0	0.0						-
284	ORGAN ACQUISITION	D46	P4G	OA	0.0	0.0						-
285	AMBULATORY SURGERY	D47	P4G	AOR	0.0	0.0						-
286	LEUKOPHERESIS	D48	P4G	LEU	0.0	0.0						-
287	HYPERBARIC CHAMBER	D49	P4G	HYP	0.0	0.0						-
288	FREE STANDING EMERGENCY	D50	P4G	FSE	0.0	0.0						-
289	MAGNETIC RESONANCE IMAGING	D51	P4G	MRI	0.0	0.0						-
290	ADOLESCENT DUAL DIAGNOSED	D52	P4G	ADD	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP I

INSTITUTION NAME: MedStar St. Mary's Hospital

INSTITUTION NUMBER: 210028

FISCAL YEAR: 6/30/2018

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

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

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP J

INSTITUTION NAME: MedStar St. Mary's Hospital

INSTITUTION NUMBER: 210028

FISCAL YEAR 6/30/2018

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

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

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP K

INSTITUTION NAME: MedStar St. Mary's Hospital
 INSTITUTION NUMBER: 210028
 FISCAL YEAR: 6/30/2018

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

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x D1	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
369	PSYCHIATRIC CHILD/ADOLESCENT	D71	P51	PCD	0.0	0.0						-
370	PSYCHIATRIC GERIATRIC	D73	P51	PSG	0.0	0.0						-
371	INDIVIDUAL THERAPIES	D74	P51	ITH	0.0	0.0						-
372	GROUP THERAPIES	D75	P51	GTH	0.0	0.0						-
373	FAMILY THERAPIES	D76	P51	FTH	0.0	0.0						-
374	PSYCHOLOGICAL TESTING	D77	P51	PST	0.0	0.0						-
375	EDUCATION	D78	P51	PSE	0.0	0.0						-
376	OTHER THERAPIES	D79	P5J	OPT	0.0	0.0						-
377	ELECTROCONVULSIVE THERAPY	D80	P5J	ETH	0.0	0.0						-
378	ACTIVITY THERAPIES	D81	P5J	ATH	0.0	0.0						-
378	PEDIATRIC STEP-DOWN	D82	P5J	PSD	0.0	0.0						-
379	340B CLINIC SERVICES	D83	P5J	CL-340	0.0	0.0						-
380	340B RADIOLOGY - THERAPEUTIC	D84	P5J	RAT-340	0.0	0.0						-
381	340B OR CLINIC SERVICES	D85	P5J	ORC-340	0.0	0.0						-
382	340B LABORATORY SERVICES	D86	P5J	LAB-340	0.0	0.0						-
383	340B DRUGS	D87	P5J	CDS-340	0.0	0.0						-
384	FREESTANDING CLINIC SERVICES	UR01	UR01	FSC1	0.0	0.0						-
385	HOME HEALTH SERVICES	UR02	UR02	HHC	0.7	1.3						1.3
386	OUTPATIENT RENAL DIALYSIS	UR03	UR03	ORD	0.0	0.0						-
387	SKILLED NURSING CARE	UR04	UR04	ECF1	0.0	0.0						-
388	LABORATORY NON-PATIENT	UR05	UR05	ULB	1.0	1.9						1.9
389	PHYSICIANS PART B SERVICES	UR06	UR06	UPB	20.8	39.1						39.1
390	CERTIFIED NURSE ANESTHETISTS	UR07	UR07	CNA	0.0	0.0						-
391	PHYSICIAN SUPPORT SERVICES	UR08	UR08	PSS	3.6	6.8						6.8
392	ST. MARY'S HOSPICE	UR09	UR09	HOS	28.4	53.4						53.4
393	CHARLOTTE HALL - NORTH COUNTY	UR10	UR10	CHN	3.1	5.8						5.8
394	UNREGULATED PSYCHIATRIST	UR11	UR11	URP	0.0	0.0						-
395	S.A.F.E	UR12	UR12	SAF	0.2	0.3						0.3
396	TBD	UR13	UR13	TBA6	0.0	0.0						-
397	TBD	UR14	UR14	TBA7	0.0	0.0						-
398	TBD	UR15	UR15	TBA8	0.0	0.0						-
E	TOTALS				863.7	1,624.4	22.7	100.00%	2,951.8	4,295.3	7,247.1	8,871.5

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

RC

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210028

	Expenses	Sources	HSCRC Regulated	Unregulated	Total	
A	Unassigned Expense	Sch. UA, Col. 10	12,199.1	1,207.4	13,406.5	A
B	Physicians Part B Services	P2 Ln A Col 7 UR6 Ln B Col 3	0.0	10,579.3	10,579.3	B
C	Physician Support Services	Sch. P3, Line A, Col. 7 UR	0.0		0.0	C
D	Resident, Intern Services	Sch. P4 & P5 , Line A, Col. 7	0.0	0.0	0.0	D
E	Overhead Expense Survey	Sch OES, Line P, Col. 1	50,146.6	901.3	51,047.9	E
F	Patient Care Centers	Schs D1 - D81, Line B, Col. 4	78,623.1	//////////	78,623.1	F
G	Auxiliary Enterprises	Schs E1 - E9 Line B, Col 3	1,624.4	160.4	1,784.8	G
H	Other Institution Programs	Schs F1 - F4, Line B, Col 3	//////////	157.8	157.8	H
I	Unregulated Services	Schs UR1-UR15 Less Ln B & C	//////////	6,619.4	6,619.4	I
J	Total Operating Expenses	A+B+C+D+E+F+G+H+I	142,593.2	19,625.6	162,218.8	J
K	Non-Operating Expenses	Non-Operating Expenses	//////////	0.0	0.0	K
L	Total Expenses	J + K	142,593.2	19,625.6	162,218.8	L
M	Total Operating Expenses - RE	Sche RE, Line S	142,378.6	19,840.1	162,218.7	M
N	Non-Operating Expenses - RE	Sche RE, Line V	//////////	0.0	0.0	N
O	Total Expenses - RE	M + N	142,378.6	19,840.1	162,218.7	O
P	Reconciliation Amount	O - L	(214.6)	214.5	(0.1)	P
Q	Nomenclature	//////////	//////////	//////////	//////////	Q
Q1	Other Non-Operating Expense	Audited Financial Statements	0.0	0.0	0.0	Q1
Q2	Rounding		0.2	(0.0)	0.1	Q2
Q3	O/H Exp Alloc. to Aux Ent. Fringe	E Schedules	101.0	(101.0)	0.0	Q3
Q4	Aux Ent. Loss Allocated to F and UR	OA Schedule	113.4	(113.4)	0.0	Q4
Q5	Ineligible Interns/Residents	P5 Schedule	0.0	0.0	0.0	Q5
Q6						Q6

STATEMENT OF REVENUE AND EXPENSES

RE

INSTITUTION NAME: MedStar St. Mary's Hospital

FISCAL

6/30/2018

INSTITUTION NUMBER: 210028

		COL 1	COL 2	COL 3	
		Regulated	Unregulated	Total	
Operating Revenues:		xxxx	xxxx	xxxx	
A	Gross Revenues from Daily Hospital Services	32,957.9	0.0	32,957.9	A
B	Gross Revenues from Ambulatory Services	33,977.6	3,490.5	37,468.1	B
C	Gross Revenues from Inpatient Ancillary Services	51,108.2	2,130.0	53,238.2	C
D	Gross Revenues from Outpatient Ancillary Services	78,776.8	7,704.6	86,481.4	D
E	Gross Patient Revenues	196,820.5	13,325.1	210,145.6	E
Deductions from Revenues:		xxxx	xxxx	xxxx	
F	Provision for Bad Debts	4,471.5	197.3	4,668.8	F
G	Charity/Uncompensated Care	3,735.3	248.5	3,983.8	G
H	Contractual Adjustments	16,866.5	4,042.7	20,909.2	H
H1	Uncompensated Care Fund Payments	0.0	0.0	0.0	H1
H2	Denials	4,205.3	0.0	4,205.3	H2
I	Other Deductions from Revenues	220.2	0.0	220.2	I
J	Total Deductions from Revenues	29,498.8	4,488.5	33,987.3	J
J1	Uncompensated Care Fund Receipts	679.6	0.0	679.6	J1
K	Net Patient Revenues	168,001.3	8,836.6	176,837.9	K
L	Other Operating Revenues	1,291.3	1,037.5	2,328.9	L
M	Net Operating Revenues	169,292.6	9,874.2	179,166.8	M
Operating Expenses:		xxxx	xxxx	xxxx	
N	Salaries, Wages, and Employee Benefits	75,291.8	9,830.3	85,122.1	N
O	Professional Fees	0.0	0.0	0.0	O
P	Supplies	30,922.8	0.0	30,922.8	P
Q	Depreciation/Amortization, Leases/Rentals	9,296.1	1,201.5	10,497.6	Q
R	Other Expenses	26,868.0	8,808.3	35,676.2	R
S	Total Operating Expenses	142,378.6	19,840.1	162,218.7	S
T	Excess (Deficit) Operating Revenues Over Operating Expenses	26,914.0	(9,965.9)	16,948.1	T
U	Non-Operating Revenues	xxxx	246.8	246.8	U
V	Non-Operating Expenses	xxxx	0.0	0.0	V
W	Excess (Deficit) Revenues Over Expenses-Regulated and Unregulated	26,914.0	(9,719.1)	17,194.9	W
X	Operating Expenses per EIPD	2.43592	xxxx	xxxx	X
Y	Operating Expenses per EIPA	8.97340	xxxx	xxxx	Y
Z	Working Capital Ratio = Current Assets/Current Liabilities	1.3	xxxx	xxxx	Z

AA	Admissions	6,777	0	6,777	AA
BB	EIPA's	15,867	0	16,522	BB

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

INSTITUTION NAME: MedStar St. Mary's Hospital

RE - R 1

INSTITUTION NO.: 210028

	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9	Col. 10	Col. 11	
	Audited Financial Statements	Miscellaneous Adjustments	AUXILIARY ENTERPRISES								AUXILIARY ENTERPRISES	
			E01	E02	E03	E04	E05	E06	E07	E08	E09	
			Ambulance	Parking	Dr. Office	Other Office	Retail Ops.	Pt. Phones	Cafeteria	Day Care	Housing	
Gross Patient Revenue	209,925.4	220.2	-	-	-	-	-	-	-	-	-	
Provision for Bad Debt	5,300.1	(631.3)	-	-	-	-	-	-	-	-	-	
Charity Care	3,983.8	-	-	-	-	-	-	-	-	-	-	
Contractual Allowances	24,435.0	220.2	-	-	-	-	-	-	-	-	-	
Total Deductions	33,718.8	(411.1)	-	-	-	-	-	-	-	-	-	
Net Patient Revenue	176,206.6	631.3	-	-	-	-	-	-	-	-	-	
Other Operating Revenue	2,929.7	(600.8)	-	-	-	-	141.4	-	-	-	-	
Total Operating Revenue	179,136.3	30.5	-	-	-	-	141.4	-	-	-	-	
Operating Expenses:												
Salaries, Wages and Benefits	75,749.9	9,372.2	-	-	-	-	11.7	-	1,116.9	-	-	
Professional Fees	-	-	-	-	-	-	-	-	-	-	-	
Supplies	31,287.3	(364.6)	-	-	-	-	-	-	-	-	-	
Depreciation / Amortization	8,482.4	186.3	-	-	-	-	0.1	6.5	-	-	-	
Leases / Rentals	-	1,828.9	-	-	-	-	-	-	-	-	-	
Interest	726.4	-	-	-	-	-	-	-	-	-	-	
Other Expenses	45,705.9	(10,756.0)	-	-	-	-	70.2	213.7	(1,116.9)	-	-	
Total Operating Expense	161,951.9	266.8	-	-	-	-	82.1	220.2	0.0	-	-	
Income from Operations	17,184.3	(236.2)	-	-	-	-	59.3	(220.2)	(0.0)	-	-	
Non-Operating Revenues	10.6	236.2	-	-	-	-	-	-	-	-	-	
Non-Operating Expenses	-	-	-	-	-	-	-	-	-	-	-	
Excess Revenue Over Expenses	17,194.9	0.0	-	-	-	-	59.3	(220.2)	(0.0)	-	-	

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

INSTITUTION NAME: MedStar St. Mar

RE - R 2

INSTITUTION NO.: 210028

	Col. 12	Col. 13	Col. 14	Col. 15	Col. 16	Col. 17	Col. 18	Col. 19	Col. 20	Col. 21	Col. 22	Col. 23	Col. 23a
	OTHER INSTITUTIONAL PROGRAMS				UNREGULATED			UNREGULATED					
	F01	F02	F03	F04	UR01	UR02	UR03	UR04	UR05	UR06	UR07	UR08	UR09
	Research	Nursing Ed.	Other Hlth. Ed.	Comm. Hlth. Ed	FSC	Home Health	O/P Renal	SNF	Non-Pt. Lab	Phys. Pt. B	CNA	PSS	St. Mary's Hospice
Gross Patient Revenue	-	-	-	27.0	-	89.0	-	-	1,256.6	4,287.1	-	-	3,602.4
Provision for Bad Debt	-	-	-	4.0	-	-	-	-	-	156.6	-	-	4.5
Charity Care	-	-	-	-	-	-	-	-	-	0.2	-	-	248.3
Contractual Allowances	-	-	-	11.1	-	-	-	-	-	1,396.0	-	-	32.4
Total Deductions	-	-	-	15.1	-	-	-	-	-	1,552.8	-	-	285.3
Net Patient Revenue	-	-	-	11.9	-	89.0	-	-	1,256.6	2,734.4	-	-	3,317.1
Other Operating Revenue	-	-	-	124.6	-	-	-	-	-	189.6	-	-	351.9
Total Operating Revenue	-	-	-	136.5	-	89.0	-	-	1,256.6	2,924.0	-	-	3,668.9
Operating Expenses:													
Salaries, Wages and Benefits	-	-	-	123.8	-	95.0	-	-	204.0	4,145.3	-	668.1	2,263.9
Professional Fees	-	-	-	-	-	-	-	-	-	-	-	-	-
Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
Depreciation / Amortization	-	-	-	-	-	-	-	-	-	172.2	-	-	107.5
Leases / Rentals	-	-	-	-	-	-	-	-	-	723.0	-	-	69.4
Interest	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Expenses	-	-	-	289.6	-	0.7	-	-	259.5	6,564.1	-	-	759.6
Total Operating Expense	-	-	-	413.4	-	95.6	-	-	463.6	11,604.6	-	668.1	3,200.4
Income from Operations	-	-	-	(276.9)	-	(6.7)	-	-	793.0	(8,680.6)	-	(668.1)	468.6
Non-Operating Revenues	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-Operating Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-
Excess Revenue Over Expenses	-	-	-	(276.9)	-	(6.7)	-	-	793.0	(8,680.6)	-	(668.1)	468.6

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

INSTITUTION NAME: MedStar St. Mar.

RE - R 3

INSTITUTION NO.: 210028

	Col. 23b	Col. 23c	Col. 23d	Col. 23e	Col. 23f	Col. 23g	Col. 24	Col. 25	Col. 26	Col. 27
	UR10	UR11	UR12	UR13	UR14	UR15	TOTAL UNREGULATED	TOTAL REGULATED	SCHEDULE RE	RE LINE
lotte Hall - North Co	Unregulated Psychiatrist	S.A.F.E	TBD	TBD	TBD	TBD				
Gross Patient Revenue	4,063.1	-	-	-	-	-	13,325.1	196,820.5	210,145.6	E
Provision for Bad Debt	32.3	-	-	-	-	-	197.3	4,471.5	4,668.8	F
Charity Care	-	-	-	-	-	-	248.5	3,735.3	3,983.8	G
Contractual Allowances	2,602.9	0.2	-	-	-	-	4,042.7	20,612.5	24,655.2	H
Total Deductions	2,635.1	0.2	-	-	-	-	4,488.5	28,819.2	33,307.8	J
Net Patient Revenue	1,427.9	(0.2)	-	-	-	-	8,836.6	168,001.3	176,837.9	K
Other Operating Revenue	230.1	-	-	-	-	-	1,037.5	1,291.3	2,328.9	L
Total Operating Revenue	1,658.0	(0.2)	-	-	-	-	9,874.2	169,292.6	179,166.8	M
Operating Expenses:										
Salaries, Wages and Benefits	1,137.9	-	63.7	-	-	-	9,830.3	75,291.8	85,122.1	N
Professional Fees	-	-	-	-	-	-	-	-	-	O
Supplies	-	-	-	-	-	-	-	30,922.8	30,922.8	P
Depreciation / Amortization	119.8	-	0.2	-	-	-	406.3	8,262.4	8,668.7	Q
Leases / Rentals	2.8	-	-	-	-	-	795.2	1,033.7	1,828.9	Q
Interest	-	-	-	-	-	-	-	726.4	726.4	R
Other Expenses	1,269.5	485.9	12.4	-	-	-	8,808.3	26,141.6	34,949.9	R
Total Operating Expense	2,529.9	485.9	76.3	-	-	-	19,840.1	142,378.6	162,218.7	S
Income from Operations	(871.9)	(486.1)	(76.3)	-	-	-	(9,965.9)	26,914.0	16,948.1	T
Non-Operating Revenues	-	-	-	-	-	-	246.8	XXXXX	246.8	U
Non-Operating Expenses	-	-	-	-	-	-	-	XXXXX	-	V
Excess Revenue Over Expenses	(871.9)	(486.1)	(76.3)	-	-	-	(9,719.1)	26,914.0	17,194.9	W

OVERHEAD STATISTICAL APPORTIONMENT

JS1 & JS2

INSTITUTION NAME:
INSTITUTION NUMBER:

MedStar St. Mary's Hospital
210028

FISCAL YEAR

6/30/2018

UNIT COST CALCULATIONS	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 7 A	COL 8	COL 9	COL 10	
	DIETARY MEALS	LAUNDRY & LINEN POUNDS	PURCHASING STORES OTH EXP SCHED	HOUSEKEEPING # OF HOURS	CENT SUPPLY PHARMACY SOCIAL SERV	PLANT OPERATIONS NET SQ FEET	INPATIENT: PAC. MRD FIS.MGT.NAD	AMBULATORY: PAC. MRD FIS.MGT.NAD	OUTPATIENT: PAC. MRD FIS.MGT.NAD	MED STAFF ADMIN EIPAs	UNASSIGNED EXPENSES	
A Overhead Expenses	557.5	848.9	787.6	2,314.5	7,093.5	5,796.6	14,158.5	4,692.7	10,827.1	1,852.8	2,135.3	
B Units	106,413	859,666	10,438	72,670	7,094	167,884	31,028.0	10,283.9	23,523.6	15,867	105,880.4	
C Cost per unit	0.005239	0.000988	0.075453	0.031849	1.000000	0.034528	0.456314	0.456314	0.460264	0.116771	0.020167	
STATISTICAL APPORTIONMENT												
1 Med/Surg Acute	MSG	62,040	309,740	646.9	19,520	45,096	10,400.8				18,005.4	
2 Pediatric Acute	PED	0	0	0.0	0	0					0.0	
3 Psychiatric Acute	PSY	10,750	15,431	30.9	2,711	6,262	1,743.8				2,915.9	
4 Obstetrics Acute	OBS	9,322	0	77.0	2,847	6,578	1,301.1				2,267.3	
5 Definitive Observation	DEF	0	0	0.0	0	0					0.0	
6 Med/Surg Intensive Care	MIS	5,661	52,459	207.6	3,323	7,677	2,048.9				3,451.8	
7 Coronary Care	CCU	0	0	0.0	0	0					0.0	
8 Pediatric Intensive Care	PIC	0	0	0.0	0	0					0.0	
9 Neonatal Intensive Care	NEO	0	0	0.0	0	0					0.0	
10 Burn Care	BUR	0	0	0.0	0	0					0.0	
11 Psychiatric Intensive Care	PSI	0	0	0.0	0	0					0.0	
12 Shock Trauma	TRM	0	0	0.0	0	0					0.0	
13 Oncology	ONC	0	0	0.0	0	0					0.0	
14 Newborn Nursery	NUR	4,854	47.2	618	1,428	704.9					1,103.9	
15 Premature Nursery	PRE	0	0	0.0	0	0					0.0	
16 Chronic Care	CRH	0	0	0.0	0	0					0.0	
17 Emergency Services	EMG	199,843	986.0	7,247	16,743	1,316.9	7,061.1		1,750		13,485.9	
18 Clinical Services	CL	7,495	63.3	3,358	7,757	0.1	1,477.8		465		2,593.6	
19 Psych. Day & Night Care	PDC	0	0	0.2	0	0	234.7		33		345.7	
21 Ambulatory Surgery (PBP)	AMS	0	0	0.0	0	0			0		0.0	
20 Same Day Surgery	SDS	0	0	24.3	0	0	1,510.4		2,021		2,437.3	
22 Labor & Delivery Services	DEL	64,165	150.8	2,847	6,578	2,428.6	470.8				4,616.9	
23 Operating Room	OR	116,152	675.0	10,074	23,273	1,687.2	2,898.9				7,980.2	
24 Operating Room Clinic	ORC	681.1	1,342	3,100	9.4		799.7				1,382.7	
25 Anesthesiology	ANS	0	171.2	126	290	63.1	108.1				276.7	
26 Laboratory Services	LAB	0	3,313.4	2,609	6,027	2,826.0	3,769.9				10,161.7	
27 Electrocardiography	EKG	5,668	2.4	52	120	96.2	131.8				344.2	
28 Interventional Radiology / Cardiovascular	IRC	1,000	213.3	2,644	6,109	314.1	636.6				1,699.3	
29 Radiology-Diagnostic	RAD	72,536	780.8	3,900	9,010	429.3	3,267.9				5,962.9	
30 CT Scanner	CAT	0	51.8	826	1,908	237.7	944.1				1,820.9	
31 Radiology-Therapeutic	RAT	0	0.0	0	0						0.0	
32 Nuclear Medicine	NUC	0	624.1	445	1,028	92.1	875.1				1,508.8	
33 Respiratory Therapy	RES	2,539	524.9	522	1,207	1,603.3	448.1				3,089.7	
34 Pulmonary Function Testing	PUL	0	9.9	871	2,012	43.9	73.5				269.3	
35 Electroencephalography	EEG	0	40.6	609	1,406	59.2	293.0				585.1	
36 Physical Therapy	PTH	0	28.2	2,053	4,744	701.6	613.6				2,149.1	
37 Occupational Therapy	OTH	0	0.0	0	0						0.0	
38 Speech Language Pathology	STH	0	3.3	0	0	74.7	134.7				305.7	
39 Recreational Therapy	REC	0	0.0	0	0						0.0	
40 Audiology	AUD	0	0.0	0	0						0.0	
41 Other Physical Medicine	OPM	0	0.0	0	0						0.0	
42 Renal Dialysis	RDL	0	384.0	1,015	2,344	385.3					703.4	
43 Organ Acquisition	OA	0	0.0	0	0.0	0					0.0	
44 Ambulatory Surgery	AOR	0	0.0	0	0						0.0	
45 Leukopheresis	LEU	0	0.0	0	0						0.0	
46 Hyperbaric Chamber	HYP	0	168.4	0	0	1.6	166.8				258.6	
47 Free Standing Emergency	FSE	0	0.0	0	0						0.0	
48 Magnetic Resonance Imaging	MRI	0	91.0	1,186	2,741	103.1	734.0				1,361.4	
49 Adolescent Dual Diagnosed	ADD	0	0.0	0	0						0.0	
50 Lithotripsy	LIT	0	234.1	0	0	10.1	274.4				433.0	
51 Rehabilitation	RHB	0	0.0	0	0						0.0	
52 Observation	OBV	18,640	7,784	206.6	1,925	4,446	298.4	2,473.9	4,821		4,945.7	
53 Ambulance Services-Rebundled	AMR	0	0.0	0	0						0.0	
54 Transurethral Microwave Thermotherapy	TMT	0	0.0	0	0						0.0	
55 Oncology O/P Clinic	OCL	0	0.0	0	0						0.0	
56 Transurethral Needle Ablation	TNA	0	0.0	0	0						0.0	
57 Pediatric Step-Down	PSD	0	0.0	0	0						0.0	
58 340B Clinic Services	CL-340	0	0.0	0	0						0.0	
59 340B Radiology - Therapeutic	RAT-340	0	0.0	0	0						0.0	
60 340B OR Clinic Services	ORC-340	0	0.0	0	0						0.0	
61 340B Laboratory Services	LAB-340	0	0.0	0	0						0.0	
62 340B Drugs	CDS-340	0	0.0	0	0						0.0	
63 Admission Services	ADM					638.3			6,777			
64 Med/Surg Supplies	MSS					1,746.8		1,006.4	740.4		2,546.8	
65 Drugs Sold	CDS					4,708.5		1,040.2	3,668.3		6,871.5	
E TOTAL		106,413	859,666	10,438.4	72,670	7,093.5	167,884	31,028.0	10,283.9	23,523.6	15,867	105,880.4

OVERHEAD STATISTICAL APPORTIONMENT - PSYCHIATRY RATE CENTERS

JS3 & JS4

INSTITUTION NAME: MedStar St. Mary's Hospital
 INSTITUTION NUMBER: 210028

FISCAL YEAR 6/30/2018

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 7 A	COL 8	COL 9	COL 10	
UNIT COST CALCULATIONS		DIETARY MEALS	LAUNDRY & LINEN POUNDS	PURCHASING STORES OTH EXP SCHED	HOUSEKEEPING # OF HOURS	CENT SUPPLY PHARMACY SOCIAL SERV	PLANT OPERATIONS NET SQ FEET	INPATIENT: PAC, MRD FIS.MGT,NAD	AMBULATORY: PAC, MRD FIS.MGT,NAD	OUTPATIENT: PAC, MRD FIS.MGT,NAD	MED STAFF ADMIN EIPAs	UNASSIGNED EXPENSES	
STATISTICAL APPORTIONMENT													
D03	Psychiatric Intensive Care	PSI	0	0	0.0	0	\\\\\\\\\\	0	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	0.0	
D01	Psychiatric Adult	PAD	0	0	0.0	0	\\\\\\\\\\	0	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	0.0	
D02	Psychiatric Child/Adolescent	PCD	0	0	0.0	0	\\\\\\\\\\	0	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	0.0	
D04	Psychiatric Geriatric	PSG	0	0	0.0	0	\\\\\\\\\\	0	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	0.0	
D05	Individual Therapies	ITH	\\\\\\\\\\	0	0.0	0	\\\\\\\\\\	0	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	0.0	
D06	Group Therapies	GTH	\\\\\\\\\\	0	0.0	0	\\\\\\\\\\	0	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	0.0	
D11	Family Therapies	FTH	\\\\\\\\\\	0	0.0	0	\\\\\\\\\\	0	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	0.0	
D07	Psychological Testing	PST	\\\\\\\\\\	0	0.0	0	\\\\\\\\\\	0	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	0.0	
D08	Education	PSE	\\\\\\\\\\	0	0.0	0	\\\\\\\\\\	0	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	0.0	
D09	Other Therapies	OPT	\\\\\\\\\\	0	0.0	0	\\\\\\\\\\	0	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	0.0	
D12	Electroconvulsive Therapy	ETH	\\\\\\\\\\	0	0.0	0	\\\\\\\\\\	0	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	0.0	
D10	Activity Therapies	ATH	\\\\\\\\\\	0	0.0	0	\\\\\\\\\\	0	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\	0.0	
TOTAL			106,413	859,666	10,438.4	72,670	7,093.5	167,884	31,028.0	10,283.9	23,523.6	15,867	105,880.4

OVERHEAD EXPENSE APPORTIONMENT - PSYCHIATRY RATE CENTERS

J3 & J4

INSTITUTION NAME: MedStar St. Mary's Hospital
 INSTITUTION NUMBER: 210028

FISCAL YEAR 6/30/2018

ALLOCATED CENTERS		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 7 A	COL 8	COL 9	COL 10	COL 11	COL 12	COL 13	
		DIETARY MEALS	LAUNDRY & LINEN POUNDS	PURCHASING STORES OTH EXP SCHED	HOUSEKEEPING # OF HOURS	CENT SUPPLY PHARMACY SOCIAL SERV	PLANT OPERATIONS NET SQ FEET	TOTAL PATIENT CARE OVERHEAD	INPATIENT: PAC, MRD FIS.MGT.NAD	AMBULATORY: PAC, MRD FIS.MGT.NAD	OUTPATIENT: PAC, MRD FIS.MGT.NAD	MED STAFF ADMIN EIPAs	UNASSIGNED EXPENSES	TOTAL OTHER OVERHEAD	TOTAL ALLOCATED OVERHEAD	
STATISTICAL APPORTIONMENT																
D03	Psychiatric Intensive Care	PSI	//////////	//////////	//////////	//////////	//////////	0.0	//////////	//////////	//////////	//////////	//////////	0.0	0.0	
D01	Psychiatric Adult	PAD	//////////	//////////	//////////	//////////	//////////	0.0	//////////	//////////	//////////	//////////	//////////	0.0	0.0	
D02	Psychiatric Child/Adolescent	PCD	//////////	//////////	//////////	//////////	//////////	0.0	//////////	//////////	//////////	//////////	//////////	0.0	0.0	
D04	Psychiatric Geriatric	PSG	//////////	//////////	//////////	//////////	//////////	0.0	//////////	//////////	//////////	//////////	//////////	0.0	0.0	
D05	Individual Therapies	ITH	//////////	//////////	//////////	//////////	//////////	0.0	//////////	//////////	//////////	//////////	//////////	0.0	0.0	
D06	Group Therapies	GTH	//////////	//////////	//////////	//////////	//////////	0.0	//////////	//////////	//////////	//////////	//////////	0.0	0.0	
D11	Family Therapies	FTH	//////////	//////////	//////////	//////////	//////////	0.0	//////////	//////////	//////////	//////////	//////////	0.0	0.0	
D07	Psychological Testing	PST	//////////	//////////	//////////	//////////	//////////	0.0	//////////	//////////	//////////	//////////	//////////	0.0	0.0	
D08	Education	PSE	//////////	//////////	//////////	//////////	//////////	0.0	//////////	//////////	//////////	//////////	//////////	0.0	0.0	
D09	Other Therapies	OPT	//////////	//////////	//////////	//////////	//////////	0.0	//////////	//////////	//////////	//////////	//////////	0.0	0.0	
D12	Electroconvulsive Therapy	ETH	//////////	//////////	//////////	//////////	//////////	0.0	//////////	//////////	//////////	//////////	//////////	0.0	0.0	
D10	Activity Therapies	ATH	//////////	//////////	//////////	//////////	//////////	0.0	//////////	//////////	//////////	//////////	//////////	0.0	0.0	
TOTAL			557.5	848.9	787.6	2,314.5	7,093.5	5,796.6	17,398.7	14,158.5	4,692.7	10,827.1	1,852.8	2,135.3	33,666.3	51,065.0

BUILDING FACILITY ALLOWANCE

H 1

INSTITUTION NAME: MedStar St. Mary's Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

		Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9	Col. 10	Col. 11	Col. 12		
BUILDING LIFE DATA		SOURCE												TOTAL	
A	Facility Age	Rec/Budg	0	0	0	0	0	0	0	0	0	0	0		A
CASH REQUIREMENTS															
B	Principal Payments	Rec/Budg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	B
C	Interest Payments	Rec/Budg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	C
D	Rent and Lease Payments	Rec/Budg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	D
E	Purchases	Rec/Budg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	E
F	Renovations and Repairs	Rec/Budg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	F
G	Total		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	G
H	Accumulated Depreciation	Audited F/S	0.0												
I	Depreciation	Audited F/S	0.0												
J	Average Age of Plant	H / I	0.0												

DEPARTMENTAL EQUIPMENT ALLOWANCE

H2

INSTITUTION NAME: MedStar St. Mary's Hospital

FISCAL YEAR

6/30/2018

INSTITUTION NUMBER: 210028

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
	CENTER	COST BASE YEAR PURCHASES	# YRS	CUMULATIVE PURCHASE TOTAL	DEPRECIATION COL 3 / COL 2	MKT VALUE BASE YEAR LEASES	CUMULATIVE LEASES TOTAL	LEASE AMORTIZATION COL 6 / COL 2	DEPR/AMORT TOTAL COL 4 + COL 7
H2A	MIS	0.0	10	230.5	23.1	0.4	28.4	2.8	25.9
H2B	CCU	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2C	PIC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2D	NEO	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2E	BUR	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2F	TRM	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2G	ONC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2H	OR	617.1	10	3,701.0	370.1	0.4	11.4	1.1	371.2
H2I	ORC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2J	AOR	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2K	LAB	61.6	10	878.9	87.9	104.5	448.7	44.9	132.8
H2L	IRC	0.0	10	1,296.5	129.6	0.0	0.1	0.0	129.7
H2M	RAD	446.7	10	4,255.2	425.5	0.0	1.0	0.1	425.6
H2N	CAT	0.0	6.5	910.3	140.1	0.0	0.0	0.0	140.1
H2O	RAT	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2P	NUC	0.0	10	447.0	44.7	0.0	0.0	0.0	44.7
H2Q	RDL	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2R	HYP	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2S	DTY	2.6	10	374.3	37.4	0.0	1.0	0.1	37.5
H2T	LL	0.0	10	2.6	0.3	0.0	0.0	0.0	0.3
H2U	MGT	0.0	10	367.8	36.8	35.6	543.5	54.3	91.1
H2V	EDP	284.3	10	5,658.6	565.9	72.8	72.8	7.3	573.1
H2W	MRI	0.0	6	1,310.4	218.4	0.0	0.0	0.0	218.4
H2X	LIT	0.0	5	0.0	0.0	0.0	0.0	0.0	0.0
H2Y	ETH	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2Z	TRP	0.0	5	0.0	0.0	0.0	0.0	0.0	0.0
H2AA	TMT	0.0	5	0.0	0.0	0.0	0.0	0.0	0.0
	TOTAL	1,412.3		19,433.3	2,079.7	213.7	1,106.8	110.7	2,190.4

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3 A

INSTITUTION NAME: MedStar St. Mary's Hospital

FISCAL YEAR

6/30/2018

INSTITUTION NUMBER: 210028

ALLOWANCE	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	
	SOURCE	GENERAL	DIETARY	LAUNDRY	COMM.	DATA PROC	DEPART	TOTAL	
A INTEREST	RECORDS	728	//////////	//////////	//////////	//////////	//////////	//////////	A
B TOTAL DEPRECIATION	RECORDS	9,296.1	//////////	//////////	//////////	//////////	//////////	//////////	B
C CAPITAL INTENSIVE EQUIP DEPR	TOTAL H2	2,190.4	37.5	0.3	91.1	573.1	1,488.3	4,380.8	C
D BLDG & GEN EQUIP DEPR	B - C	7,105.7	//////////	//////////	//////////	//////////	//////////	7,105.7	D
E BLDG & GEN EQUIP DEPR & INT	A + D	7,833.6	37.5	0.3	91.1	573.1	1,488.3	10,024.0	E
F STANDARD UNITS	//////	167,884	106,413	859,666	64,836	64,836	//////////	//////////	F
G ALLOWANCE PER UNIT	E / F	0.04666	0.00035	0.00000	0.00141	0.00884	//////////	//////////	G

DISTRIBUTION	CODE	ADJ. SQUARE FOOTAGE BASIS									
			GENERAL	DIETARY	LAUNDRY	COMM.	DATA PROC	DEPART	TOTAL		
1 Med/Surg Acute	MSG	45,096	2,104.2	21.9	0.1	14.6	91.9	//////////	2,232.7	1	
2 Pediatric Acute	PED	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	2	
3 Psychiatric Acute	PSY	6,262	292.2	3.8	0.0	2.5	15.4	//////////	313.8	3	
4 Obstetrics Acute	OBS	6,578	306.9	3.3	0.0	1.8	11.5	//////////	323.6	4	
5 Definitive Observation	DEF	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	5	
6 Med/Surg Intensive Care	MIS	7,677	358.2	2.0	0.0	2.9	18.1	25.9	407.1	6	
7 Coronary Care	CCU	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7	
8 Pediatric Intensive Care	PIC	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8	
9 Neonatal Intensive Care	NEO	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9	
10 Burn Care	BUR	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10	
11 Psychiatric Intensive Care	PSI	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	11	
12 Shock Trauma	TRM	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12	
13 Oncology	ONC	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13	
14 Newborn Nursery	NUR	1,428	66.6	//////////	0.0	1.0	6.2	//////////	73.9	14	
15 Premature Nursery	PRE	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	15	
16 Chronic Care	CRH	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	16	
17 Emergency Services	EMG	16,743	781.2	0.0	0.1	11.8	74.1	//////////	867.1	17	
18 Clinical Services	CL	7,757	362.0	//////////	0.0	2.1	13.1	//////////	377.1	18	
19 Psych. Day & Night Care	PDC	0	0.0	0.0	0.0	0.3	2.1	//////////	2.4	19	
20 Same Day Surgery	SDS	0	0.0	0.0	0.0	2.1	13.4	//////////	15.5	20	
21 Labor & Delivery Services	DEL	6,578	306.9	//////////	0.0	4.1	25.6	//////////	336.7	21	
22 Operating Room	OR	23,273	1,085.9	//////////	0.0	6.5	40.5	371.2	1,504.2	22	
23 Operating Room Clinic	ORC	3,100	144.7	//////////	0.0	1.1	7.2	//////////	152.9	23	
24 Anesthesiology	ANS	290	13.5	//////////	0.0	0.2	1.5	//////////	15.3	24	
25 Med/Surg Supplies	MSS	0	0.0	//////////	//////////	2.5	15.4	//////////	17.9	25	
26 Drugs Sold	CDS	0	0.0	//////////	//////////	6.6	41.6	//////////	48.2	26	
27 Laboratory Services	LAB	6,027	281.2	//////////	0.0	9.3	58.3	132.8	481.6	27	
28 Electrocardiography	EKG	120	5.6	//////////	0.0	0.3	2.0	//////////	7.9	28	
29 Interventional Radiology / Cardiovascular	IRC	6,109	285.1	//////////	0.0	1.3	8.4	129.7	424.5	29	
30 Radiology-Diagnostic	RAD	9,010	420.4	//////////	0.0	5.2	32.7	425.6	883.9	30	
31 CT Scanner	CAT	1,908	89.0	//////////	0.0	1.7	10.5	140.1	241.2	31	
32 Radiology-Therapeutic	RAT	0	0.0	//////////	0.0	0.0	0.0	0.0	0.0	32	
33 Nuclear Medicine	NUC	1,028	48.0	//////////	0.0	1.4	8.6	44.7	102.6	33	

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3 B

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210028

DISTRIBUTION		Col. 1 ADJ. SQUARE FOOTAGE BASIS	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8		
			GENERAL	DIETARY	LAUNDRY	COMM.	DATA PROC	DEPART	TOTAL		
34	Respiratory Therapy	RES	1,207	56.3	//////////	0.0	2.9	18.1	//////////	77.3	34
35	Pulmonary Function Testing	PUL	2,012	93.9	//////////	0.0	0.2	1.0	//////////	95.1	35
36	Electroencephalography	EEG	1,406	65.6	//////////	0.0	0.5	3.1	//////////	69.2	36
37	Physical Therapy	PTH	4,744	221.4	//////////	0.0	1.9	11.6	//////////	234.8	37
38	Occupational Therapy	OTH	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	38
39	Speech Language Pathology	STH	0	0.0	//////////	0.0	0.3	1.9	//////////	2.1	39
40	Recreational Therapy	REC	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	40
41	Audiology	AUD	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	41
42	Other Physical Medicine	OPM	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	42
43	Renal Dialysis	RDL	2,344	109.4	//////////	0.0	0.5	3.4	0.0	113.3	43
44	Organ Acquisition	OA	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	44
45	Leukopheresis	LEU	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	45
46	Hyperbaric Chamber	HYP	0	0.0	//////////	0.0	0.2	1.5	0.0	1.7	46
47	Free Standing Emergency	FSE	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	47
48	Magnetic Resonance Imaging	MRI	2,741	127.9	//////////	0.0	1.2	7.4	218.4	354.9	48
49	Lithotripsy	LIT	0	0.0	//////////	//////////	0.4	2.5	0.0	2.9	49
50	Rehabilitation	RHB	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	50
51	Observation	OBV	4,446	207.5	//////////	0.0	3.9	24.5	//////////	235.9	51
52	Transurethral Microwave Thermotherapy	TMT	0	0.0	//////////	0.0	0.0	0.0	0.0	0.0	52
53	Oncology O/P Clinic	OCL	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	53
54	Transurethral Needle Ablation	TNA	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	54
55	Pediatric Step-Down	PSD	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	55
56	340B Clinic Services	CL-340	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	56
57	340B Radiology - Therapeutic	RAT-340	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	57
58	340B OR Clinic Services	ORC-340	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	58
59	340B Laboratory Services	LAB-340	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	59
60	340B Drugs	CDS-340	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	60
I	Subtotal	ABC	167,884	7,834	31	0	91	573	1,488	10,017	I
61	Ambulance Services	AMB	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	61
62	Parking	PAR	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	62
63	Doctor's Private Office Rent	DPO	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	63
64	Office & Other Rental	OOR	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	64
65	Retail Operations	REO	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	65
66	Patients Telephones	PTE	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	66
67	Cafeteria	CAF	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	67
68	Day Care Recreation Areas	DEB	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	68
69	Housing	HOU	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	69
70	Research	REG	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	70
71	Nursing Education	RNS	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	71
72	Other Health Profession Education	OHE	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	72
73	Community Health Education	CHE	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	73
74	Post Graduate Medical Ed	PME	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	74
75	Freestanding Clinic Services	FSCI	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	75
76	Home Health Services	HHC	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	76
77	Outpatient Renal Dialysis	ORD	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	77
78	Skilled Nursing Care	ECF	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	78
79	Laboratory Non-Patient	ULB	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	79
80	Physicians Part B Services	UPB	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	80
81	Certified Nurse Anesthetists	CNA	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	81
82	Physician Support Services	PSS	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	82
83	St. Mary's Hospice	HOS	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	83
84	Charlotte Hall - North County	CHN	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	84
85	Unregulated Psychiatrist	URP	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	85
86	S.A.F.E	SAF	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	86
87	TBD	TBA6	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	87
88	TBD	TBA7	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	88
89	TBD	TBA8	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	89
II	TOTAL DISTRIBUTED	XYZ	167,884	7,834	31	0	91	573	1,488	10,017	II

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3 C

Psychiatric

INSTITUTION NAME: MedStar St. Mary's Hospital

BASE YEAR: 6/30/2018

INSTITUTION NUMBER: 210028

ALLOWANCE	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	
	SOURCE	GENERAL	DIETARY	LAUNDRY	COMM.	DATA PROC	DEPART	TOTAL	
A AVERAGED OCCUPIED BED	Sch. V 1 C	728	//////////	//////////	//////////	//////////	//////////	//////////	A
B GEN. EQUIP. ALLOW./BED	HSCRC	9,296.0914	//////////	//////////	//////////	//////////	//////////	//////////	B
C EQUIPMENT ALLOWANCE	A x B Sch. H2	2,190.4	37.5	0.3	91.1	573.1	1,488.3	4,380.8	C
D BUILDING ALLOWANCE	Sch. H1	7,105.7	//////////	//////////	//////////	//////////	//////////	//////////	D
E TOTAL ALLOWANCE	C + D	7,833.6	37.5	0.3	91.1	573.1	1,488.3	10,024.0	E
F STANDARD UNITS	//////	167,884	106,413	859,666	64,836	64,836	//////////	//////////	F
G ALLOWANCE PER UNIT	E / F	0.04666	0.00035	0.00000	0.00141	0.00884	//////////	//////////	G

DISTRIBUTION	CODE	ADJ. SQUARE FOOTAGE BASIS									
90 Psychiatric Intensive Care	PSI	0	0.0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	90
91 Adolescent Dual Diagnosed	ADD	0	0.0	//////////	0.0	0.0	0.0	0.0	//////////	0.0	91
92 Psychiatric Adult	PAD	0	0.0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	92
93 Psychiatric Child/Adolescent	PCD	0	0.0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	93
94 Psychiatric Geriatric	PSG	0	0.0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	94
95 Individual Therapies	ITH	0	0.0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	95
96 Group Therapies	GTH	0	0.0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	96
97 Family Therapies	FTH	0	0.0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	97
98 Psychological Testing	PST	0	0.0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	98
99 Education	PSE	0	0.0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	99
100 Other Therapies	OPT	0	0.0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	100
101 Electroconvulsive Therapy	ETH	0	0.0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	101
102 Activity Therapies	ATH	0	0.0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	102
III Subtotal (Psychiatric)	ABC	0	0	0	0	0	0	0	//////////	0	III
IV TOTAL DISTRIBUTED	XYZ	167,884	7,834	31	0	91	573	1,488	//////////	10,017	IV

CAPITAL FACILITY ALLOWANCE SUMMARY

INSTITUTION NAME: MedStar St. Mary's Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 210028

	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6
	FACILITY PROJECT BASE YEAR			FACILITY PROJECT BUDGET YEAR		
SOURCE	BUILDING	MOVABLE EQUIPMENT	TOTAL	BUILDING	MOVABLE EQUIPMENT	TOTAL

CASH REQUIREMENTS

A	Debt Service	Rec./Budg.	0.0	0.0	0.0	0.0	0.0	0.0	A
B	Rents/Leases	Rec./Budg.	0.0	0.0	0.0	0.0	0.0	0.0	B
C	Purchases	Rec./Budg.	0.0	1,412.3	1,412.3	0.0	0.0	0.0	C
D	Renovations/Repairs	Rec./Budg.	0.0	0.0	0.0	0.0	0.0	0.0	D
E	Cash Requirements	D+E+F+G-H	0.0	1,412.3	1,412.3	0.0	0.0	0.0	E

OTHER FINANCIAL CONSIDERATIONS

G

INSTITUTION NAME: MedStar St. Mary's Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

		SOURCE	FISCAL YEAR			
			TOTAL	DIRECT	Difference	
REVENUES			COL. 1	COL. 2	COL. 3	
A	Donations, Pledges	SCH. GR	0.0	0.0	0.0	A
B	Grants	SCH. GR	0.0	0.0	0.0	B
C	Investment Income (Interest, Dividends)	SCH. GR	0.0	0.0	0.0	C
D	Donated Commodities, Blood, Services	SCH. GR	0.0	0.0	0.0	D
E	PSRO	SCH. GR	0.0	0.0	0.0	E
F	Other	SCH. GR	0.0	0.0	0.0	F
G	Total Revenues	A+B+C+D+E+F	0.0	0.0	0.0	G
EXPENSES						
H	Licenses and Taxes	SCH. UA	39.8		39.8	H
I	Short Term Interest	SCH. UA	0.0		0.0	I
J	Other	REC/BUDGET				J
K	Total Expenses	H + I + J	39.8	0.0	39.8	K
OTHER ADJUSTMENTS						
L	Aux. Ent & OIP Gains	SCH. E, F	(59.3)	0.0	(59.3)	L
M	Aux. Ent & OIP Losses	SCH. E, F	497.2		497.2	M
N	Excess Cash Requirements - Bldg & Equip	N/A				N
O	Gain on Disposal of Assets	REC/BUDGET	0.0	0.0	0.0	O
P	Loss on Disposal of Assets	REC/BUDGET	0.0		0.0	P
Q	Total Other Adjustments	L+M+N+O+P	437.9	0.0	437.9	Q
PERCENTAGE CALCULATION						
R	Net Other Financial Considerations	G + K + Q	477.7	0.0	477.7	R
S	Other Financial Consideration Percent	R/SCH. M	//////////	//////////	0.3%	S

THIRD PARTY DIFFERENTIAL

PDA

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210028

SOURCE	INPATIENT	OUTPATIENT	TOTAL
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CHARGES, DEDUCTIBLES, CBA

		COL 1	COL 2	COL 3		
A	Gross Patient Revenue, HSCRC Regulated	Records/Budget	84,066.1	112,754.4	196,820.5	A
B	Medicare Revenue, HSCRC Regulated	Records/Budget	43,723.0	37,273.0	80,996.1	B
C	Medicaid Revenue, HSCRC Regulated	Records/Budget	1,533.0	2,732.1	4,265.2	C
D	Blue Cross Revenue, HSCRC Regulated	Records/Budget	7,119.0	15,153.1	22,272.0	D
E	MCO Subcontracted Medicare, Medicaid, HSCRC Regulated **	Records/Budget	13,406.0	20,276.8	33,682.8	E
F	Medicare Deductibles Paid by Medicaid, HSCRC Regulated	Records/Budget	//////////	//////////	1,803.6	F
G	Uncompensated Care, HSCRC Regulated ***	Records/Budget	2,322.4	5,884.3	8,206.7	G
G1	Other Payors Not Eligible for SAAC & Not U.C.	A-B-C-D-E-G	15,962.7	31,435.0	47,397.7	G1

RATIOS, LEVEL III COSTS

H	Ratio of Medicare & Medicaid Charges	Col 3 (B + C) /Col 3 A	//////////	//////////	0.4332	H
I	Ratio of Blue Cross Inpatient Charges	Col 1 D/Col 3 A	0.0362	//////////	//////////	I
II	Ratio of Blue Cross Outpatient Charges	Col 2 D/Col 3 A	//////////	0.0770	//////////	II
J	Ratio of HMO Charges	Col 3 E/Col 3 A	//////////	//////////	0.1711	J
K	Ratio of Deductibles Paid by Medicaid	Col 3 F/Col 3 A	//////////	//////////	0.0092	K
L	Ratio of Uncompensated Accounts	Col 3 G/Col 3 A	//////////	//////////	0.0417	L
M	Ratio of Other Payors Charges	Col 3 G1/Col 3 A	//////////	//////////	0.2408	M
N	Level III Costs	Schedule MA	//////////	//////////	142,332.3	N

DIFFERENTIAL CALCULATION

O	Gross Revenue HSCRC Regulated	*	//////////	//////////	155,607.0	O
P	Payor Differential	1 - (Col 3 O/N)	//////////	//////////	0.0933	P

* O = N/ (1-.06H + .0225I + .0211+ .06J + .02K + L+.02M) - per HSCRC

** Detail on Supplemental Schedule 5

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

REVENUE CENTER RATE SUMMARY

M

INSTITUTION NAME:
INSTITUTION NUMBER:

MedStar St. Mary's Hospital
210028

FISCAL YEAR

6/30/2018

	UNITS OF MEASURE	DIRECT EXPENSES	PAT CARE OVERHEAD EXPENSES	OTHER OVERHEAD EXPENSES	N/A	PHYSICIAN SUPPORT EXPENSES	RESIDENT INTERN EXPENSES	LEVEL I	----- C F A -----		LEVEL II	
									BLDG & GENRL EQUIPMENT	DEPART- MENTAL		
DESCRIPTION	CODE	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10	COL 11
A1 Med/Surg Acute	MSG	18,968	10,400.8	2,858.5	5,109.2	///////	0.0	0.0	18,368.5	2,210.8	22.0	20,601.2
2 Pediatric Acute	PED	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
3 Psychiatric Acute	PSY	2,522	1,743.8	376.4	854.5	///////	0.0	0.0	2,974.7	310.1	3.8	3,288.6
4 Obstetrics Acute	OBS	1,937	1,301.1	372.5	639.4	///////	0.0	0.0	2,313.0	320.3	3.3	2,636.6
5 Definitive Observation	DEF	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
6 Med/Surg Intensive Care	MIS	1,538	2,048.9	468.0	1,004.5	///////	0.0	0.0	3,521.4	379.2	27.9	3,928.5
7 Coronary Care	CCU	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
8 Pediatric Intensive Care	PIC	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
9 Neonatal Intensive Care	NEO	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
10 Burn Care	BUR	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
11 Shock Trauma	TRM	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
12 Oncology	ONC	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
13 Newborn Nursery	NUR	2,279	704.9	77.4	343.9	///////	0.0	0.0	1,126.2	73.9	0.0	1,200.1
14 Premature Nursery	PRE	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
15 Chronic Care	CRH	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
16 Emergency Services	EMG	464,217	8,378.0	1,080.7	4,299.3	///////	0.0	0.0	13,757.9	867.1	0.1	14,625.1
17 Clinical Services	CL	120,805	1,477.9	386.9	781.0	///////	0.0	0.0	2,645.9	377.1	0.0	3,023.0
18 Psych. Day & Night Care	PDC	950	234.7	0.0	118.0	///////	0.0	0.0	352.6	2.4	0.0	355.0
19 Same Day Surgery	SDS	4,041	1,510.4	1.8	974.3	///////	0.0	0.0	2,486.5	15.5	0.0	2,502.0
20 Labor & Delivery Services	DEL	52,806	2,899.4	392.5	1,418.0	///////	0.0	0.0	4,710.0	336.6	0.0	5,046.6
21 Operating Room	OR	449,772	4,586.1	1,290.0	2,265.1	///////	0.0	0.0	8,141.2	1,132.9	371.3	9,645.4
22 Operating Room Clinic	ORC	128,526	809.1	201.2	400.3	///////	0.0	0.0	1,410.6	152.9	0.0	1,563.5
23 Anesthesiology	ANS	441,022	171.2	26.9	84.1	///////	0.0	0.0	282.3	15.3	0.0	297.6
24 Laboratory Services	LAB	6,241,769	6,595.9	541.2	3,229.6	///////	0.0	0.0	10,366.7	348.8	132.8	10,848.2
25 Electrocardiography	EKG	434,113	228.0	111.6	111.5	///////	0.0	0.0	351.1	7.9	0.0	359.0
26 Interventional Radiology / Cardiovascular	IRC	82,497	950.7	312.2	470.6	///////	0.0	0.0	1,733.5	294.8	129.7	2,158.0
27 Radiology-Diagnostic	RAD	766,394	3,697.1	565.8	1,820.2	///////	0.0	0.0	6,083.2	458.3	425.6	6,967.1
28 CT Scanner	CAT	852,430	1,181.8	96.1	579.7	///////	0.0	0.0	1,857.6	101.1	140.1	2,098.7
29 Radiology-Therapeutic	RAT	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
30 Nuclear Medicine	NUC	380,010	967.2	96.8	475.3	///////	0.0	0.0	1,539.3	57.9	44.7	1,641.9
31 Respiratory Therapy	RES	1,386,692	2,051.4	104.4	1,000.2	///////	0.0	0.0	3,152.0	77.3	0.0	3,229.3
32 Pulmonary Function Testing	PUL	28,357	117.5	98.0	59.3	///////	0.0	0.0	274.8	95.1	0.0	369.9
33 Electroencephalography	EEG	95,732	352.2	71.0	173.7	///////	0.0	0.0	596.9	69.2	0.0	666.1
34 Physical Therapy	PTH	268,266	1,315.2	231.3	645.9	///////	0.0	0.0	2,192.4	234.8	0.0	2,427.2
35 Occupational Therapy	OTH	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
36 Speech Language Pathology	STH	48,449	209.4	0.3	102.2	///////	0.0	0.0	311.9	2.1	0.0	314.0
37 Recreational Therapy	REC	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
38 Audiology	AUD	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
39 Other Physical Medicine	OPM	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
40 Renal Dialysis	RDL	834	385.3	142.2	190.0	///////	0.0	0.0	717.6	113.3	0.0	830.9
41 Organ Acquisition	OA	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
42 Leukopheresis	LEU	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
43 Hyperbaric Chamber	HYP	1,068	168.4	12.7	82.7	///////	0.0	0.0	263.8	1.7	0.0	265.5
44 Free Standing Emergency	FSE	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
45 Magnetic Resonance Imaging	MRI	526,135	837.2	139.3	412.4	///////	0.0	0.0	1,388.9	136.5	218.4	1,743.8
46 Lithotripsy	LIT	226	284.5	17.7	139.6	///////	0.0	0.0	441.8	2.9	0.0	444.7
47 Rehabilitation	RHB	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
48 Observation	OBV	136,778	2,772.3	335.7	1,937.4	///////	0.0	0.0	5,045.4	235.9	0.0	5,281.3
49 Ambulance Services-Rebundled	AMR	0	0.0	0.0	0.0	///////	///////	///////	0.0	///////	///////	0.0
50 Transurethral Microwave Thermotherapy	TMT	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
51 Oncology O/P Clinic	OCL	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
52 Transurethral Needle Ablation	TNA	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
53 Pediatric Step-Down	PSD	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
54 340B Clinic Services	CL-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
55 340B Radiology - Therapeutic	RAT-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
56 340B OR Clinic Services	ORC-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
57 340B Laboratory Services	LAB-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
58 340B Drugs	CDS-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
59 Admission Services	ADM	6,777	///////	638.3	791.4	///////	///////	///////	1,429.6	///////	///////	1,429.6
60 Med/Surg Supplies	MSS	15,867	11,731.7	1,746.8	851.4	///////	///////	///////	14,329.8	17.9	///////	14,347.7
61 Drugs Sold	CDS	15,867	11,138.0	4,708.5	2,301.6	///////	///////	///////	18,148.1	48.2	///////	18,196.3
62						///////						
B TOTAL		12,977,643	81,250.0	17,398.7	33,666.3		0.0	0.0	132,315.0	8,497.8	1,519.5	142,332.3

REVENUE CENTER RATE SUMMARY

MA

INSTITUTION NAME:
INSTITUTION NUMBER:

MedStar St. Mary's Hospital
210028

FISCAL YEAR

6/30/2018

DESCRIPTION	CODE	OFC		LEVEL III	PAYOR DIFFERENTIAL	LEVEL IV	CROSS SUBSIDY	MISC ADJ	HSCRC ADJ	ADJUST LEVEL IV	AVERAGE RATES
		Direct offsets	(Discontinued) Difference								
COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10		
A1 Med/Surg Acute	MSG	0.0	20,601.2	1,921.4	22,522.6					22,522.6	1,187.4020
2 Pediatric Acute	PED	0.0	0.0	0.0	0.0					0.0	0.0000
3 Psychiatric Acute	PSY	0.0	3,288.6	306.7	3,595.3					3,595.3	1,425.5731
4 Obstetrics Acute	OBS	0.0	2,636.6	245.9	2,882.5					2,882.5	1,488.1257
5 Definitive Observation	DEF	0.0	0.0	0.0	0.0					0.0	0.0000
6 Med/Surg Intensive Care	MIS	0.0	3,928.5	366.4	4,294.9					4,294.9	2,792.5429
7 Coronary Care	CCU	0.0	0.0	0.0	0.0					0.0	0.0000
8 Pediatric Intensive Care	PIC	0.0	0.0	0.0	0.0					0.0	0.0000
9 Neonatal Intensive Care	NEO	0.0	0.0	0.0	0.0					0.0	0.0000
10 Burn Care	BUR	0.0	0.0	0.0	0.0					0.0	0.0000
11 Shock/Trauma	TRM	0.0	0.0	0.0	0.0					0.0	0.0000
12 Oncology	ONC	0.0	0.0	0.0	0.0					0.0	0.0000
13 Newborn Nursery	NUR	0.0	1,200.1	111.9	1,312.0					1,312.0	575.6832
14 Premature Nursery	PRE	0.0	0.0	0.0	0.0					0.0	0.0000
15 Chronic Care	CRH	0.0	0.0	0.0	0.0					0.0	0.0000
16 Emergency Services	EMG	0.0	14,625.1	1,364.0	15,989.1					15,989.1	34.4431
17 Clinical Services	CL	0.0	3,023.0	281.9	3,304.9					3,304.9	27.3570
18 Psych. Day & Night Care	PDC	0.0	355.0	33.1	388.1					388.1	408.5660
19 Same Day Surgery	SDS	0.0	2,502.0	233.4	2,735.4					2,735.4	676.9110
20 Labor & Delivery Services	DEL	0.0	5,046.6	470.7	5,517.3					5,517.3	104.4829
21 Operating Room	OR	0.0	9,645.4	899.6	10,545.0					10,545.0	23.4451
22 Operating Room Clinic	ORC	0.0	1,563.5	145.8	1,709.3					1,709.3	13.2989
23 Anesthesiology	ANS	0.0	297.6	27.8	325.4					325.4	0.7377
24 Laboratory Services	LAB	0.0	10,848.2	1,011.8	11,860.0					11,860.0	1.9001
25 Electrocardiography	EKG	0.0	359.0	33.5	392.5					392.5	0.9042
26 Interventional Radiology / Cardiovascular	IRC	0.0	2,158.0	201.3	2,359.3					2,359.3	28.5985
27 Radiology-Diagnostic	RAD	0.0	6,967.1	649.8	7,616.9					7,616.9	9.9386
28 CT Scanner	CAT	0.0	2,098.7	195.7	2,294.4					2,294.4	2.6917
29 Radiology-Therapeutic	RAT	0.0	0.0	0.0	0.0					0.0	0.0000
30 Nuclear Medicine	NUC	0.0	1,641.9	153.1	1,795.0					1,795.0	4.7235
31 Respiratory Therapy	RES	0.0	3,229.3	301.2	3,530.5					3,530.5	2.5460
32 Pulmonary Function Testing	PUL	0.0	369.9	34.5	404.4					404.4	14.2595
33 Electroencephalography	EEG	0.0	666.1	62.1	728.2					728.2	7.6068
34 Physical Therapy	PTH	0.0	2,427.2	226.4	2,653.6					2,653.6	9.8917
35 Occupational Therapy	OTH	0.0	0.0	0.0	0.0					0.0	0.0000
36 Speech Language Pathology	STH	0.0	314.0	29.3	343.3					343.3	7.0852
37 Recreational Therapy	REC	0.0	0.0	0.0	0.0					0.0	0.0000
38 Audiology	AUD	0.0	0.0	0.0	0.0					0.0	0.0000
39 Other Physical Medicine	OPM	0.0	0.0	0.0	0.0					0.0	0.0000
40 Renal Dialysis	RDL	0.0	830.9	77.5	908.4					908.4	1,089.1678
41 Organ Acquisition	OA	0.0	0.0	0.0	0.0					0.0	0.0000
42 Leukopheresis	LEU	0.0	0.0	0.0	0.0					0.0	0.0000
43 Hyperbaric Chamber	HYP	0.0	265.5	24.8	290.3					290.3	271.8388
44 Free Standing Emergency	FSE	0.0	0.0	0.0	0.0					0.0	0.0000
45 Magnetic Resonance Imaging	MRI	0.0	1,743.8	162.6	1,906.4					1,906.4	3.6233
46 Lithotripsy	LIT	0.0	444.7	41.5	486.2					486.2	2,151.1305
47 Rehabilitation	RHB	0.0	0.0	0.0	0.0					0.0	0.0000
48 Observation	OBV	0.0	5,281.3	492.6	5,773.9					5,773.9	42.2140
49 Ambulance Services-Rebundled	AMR	0.0	0.0	0.0	0.0					0.0	0.0000
50 Transurethral Microwave Thermotherapy	TMT	0.0	0.0	0.0	0.0					0.0	0.0000
51 Oncology O/P Clinic	OCL	0.0	0.0	0.0	0.0					0.0	0.0000
52 Transurethral Needle Ablation	TNA	0.0	0.0	0.0	0.0					0.0	0.0000
53 Pediatric Step-Down	PSD	0.0	0.0	0.0	0.0					0.0	0.0000
54 340B Clinic Services	CL-340	0.0	0.0	0.0	0.0					0.0	0.0000
55 340B Radiology - Therapeutic	RAT-340	0.0	0.0	0.0	0.0					0.0	0.0000
56 340B OR Clinic Services	ORC-340	0.0	0.0	0.0	0.0					0.0	0.0000
57 340B Laboratory Services	LAB-340	0.0	0.0	0.0	0.0					0.0	0.0000
58 340B Drugs	CDS-340	0.0	0.0	0.0	0.0					0.0	0.0000
59 Admission Services	ADM	0.0	1,429.6	133.3	1,562.9					1,562.9	230.6207
60 Med/Surg Supplies	MSS	0.0	14,347.7	1,338.2	15,685.9					15,685.9	988.6043
61 Drugs Sold	CDS	0.0	18,196.3	1,697.1	19,893.4					19,893.4	1,253.7798
62		0.0									
B TOTAL		0.0	142,332.3	13,274.9	155,607.2	0.0	0.0	0.0		155,607.2	//////////

OVERHEAD EXPENSE SUMMARY

OES

INSTITUTION NAME: MedStar St. Mary's Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

EXPENSES		TOTAL	DISTRIBUTE TO:			
			Physician Part B Centers Sch P2	Data Processing Sch DP1	General Service Centers Sch C1 - C14	
A	Dietary Services	542.5	0.0		542.5	A
B	Laundry & Linen	840.3	0.0		840.3	B
C	Social Services	613.7	0.0		613.7	C
D	Purchasing & Stores	767.7	0.0		767.7	D
E	Plant Operations	6,350.2	0.0		6,350.2	E
F	Housekeeping	2,486.1	0.0		2,486.1	F
G	Central Services & Supply	1,731.8	0.0		1,731.8	G
H	Pharmacy	4,566.7	0.0		4,566.7	H
I	General Accounting	3,440.7	0.0		3,440.7	I
J	Patient Accounts	2,905.1	0.0		2,905.1	J
K	Hospital Administration	14,319.4	0.0		14,319.4	K
L	Medical Records	940.6	0.0		940.6	L
M	Medical Staff Administration	1,850.4	0.0		1,850.4	M
N	Nursing Administration	2,445.6	0.0		2,445.6	N
O	Data Processing	7,247.1	0.0	7,247.1		O
P	Organ Acquisition Overhead	0.0			0.0	P
Q	Totals	51,047.9	0.0	7,247.1	43,800.8	Q

ANNUAL COST SURVEY

ACS

INSTITUTION NAME: MedStar St. Mary's Hospit FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

COL 1

COL 2

	CATEGORY	COSTS	PERCENT	
A	Salaries & Wages	61,534.8	43.22%	A
B	Fringe Benefits	11,991.4	8.42%	B
C	Depreciation & Amortization	8,262.4	5.80%	C
C01	Operating Leases	1,033.7	0.73%	C01
D	Interest Expense	726.4	0.51%	D
E	Medical & Surgical Supplies	13,806.4	9.70%	E
F	IV Solutions and Pharmacy	12,153.5	8.54%	F
G	Laundry, Linen, Uniforms	1,255.0	0.88%	G
H	Films & Solutions	491.3	0.35%	H
I	Blood, Plasmanate, Albumin	426.9	0.30%	I
J	Contracted Services	8,792.6	6.18%	J
K	Professional Fees	165.8	0.12%	K
L	Agency Nurses	1,915.1	1.35%	L
M	Malpractice Insurance	668.0	0.47%	M
N	All Other Insurance	133.1	0.09%	N
O	Telephone	105.1	0.07%	O
P	Utilities & Water	1,531.1	1.08%	P
Q	Food	73.7	0.05%	Q
R	Printing, Office Supplies, Copying, Postage	575.7	0.40%	R
S	Chemical, Solutions, Lubrication, Gases	1,679.9	1.18%	S
T	Other (Detail over 20% of supply cost)	15,056.8	10.58%	T
U	Total	142,378.6	100.00%	U

UNREGULATED SERVICES

HHC

UR02

INSTITUTION NAME: MedStar St. Mary's Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

	VOLUME DATA	FISCAL YEAR UNITS
A	Visits	860

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
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FISCAL YEAR DATA

B	FISCAL YEAR EXPENSES	RECORDS	92.3	0.0	92.3	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	1.3	XXXXX	1.3	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01	General Accounting	FIS	0.1	0.2	0.3	XXXXX	D01
D02	Hospital Administration	MGT	0.8	0.4	1.3	XXXXX	D02
D03	Nursing Administration	NAD	0.2	0.0	0.2	XXXXX	D03
D04	Patient Accounts	PAC	0.2	0.0	0.3	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	95.0	0.7	95.6	0.1112	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	89.0	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(6.7)	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	0.7				I
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UNREGULATED SERVICES

ULB

UR05

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210028

	VOLUME DATA	FISCAL YEAR UNITS
A	CAP. WMU, 1982 Ed.	525,681

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

LABORATORY NON-PATIENT

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

B	FISCAL YEAR EXPENSES	RECORDS	201.2	259.0	460.2	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	1.9	XXXXX	1.9	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01	General Accounting	FIS	0.3	0.4	0.7	XXXXX	D01
D02	Medical Staff Administration	MSA	0.1	0.1	0.2	XXXXX	D02
D03	Patient Accounts	PAC	0.5	0.1	0.6	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	204.0	259.5	463.6	0.0009	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	1,256.6	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	793.0	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	1.0				I
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UNREGULATED SERVICES

UPB

UR06

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

	VOLUME DATA	FISCAL YEAR UNITS
A	# of FTEs	20.8

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

PHYSICIANS PART B SERVICES

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

B	FISCAL YEAR EXPENSES	RECORDS	4,051.1	6,528.2	10,579.3	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	39.1	XXXXX	39.1	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	172.2	172.2	XXXXX	D01
D02	General Accounting	FIS	6.1	7.7	13.8	XXXXX	D02
D03	Leases & Rentals	LEA	0.0	723.0	723.0	XXXXX	D03
D04	Licenses & Taxes	LIC	0.0	5.9	5.9	XXXXX	D04
D05	Hospital Administration	MGT	36.6	19.0	55.5	XXXXX	D05
D06	Medical Staff Administration	MSA	2.4	1.8	4.2	XXXXX	D06
D07	Patient Accounts	PAC	10.1	1.5	11.6	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	4,145.3	7,459.3	11,604.6	558.4827	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	2,924.0	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(8,680.6)	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	20.8				I
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UNREGULATED SERVICES

PSS

UR08

INSTITUTION NAME: MedStar St. Mary's Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

	VOLUME DATA	FISCAL YEAR UNITS
A	# of FTEs	1

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
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FISCAL YEAR DATA

B	FISCAL YEAR EXPENSES	RECORDS	661.3	0.0	661.3	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	6.8	XXXXX	6.8	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	668.1	0.0	668.1	668.0610	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	0.0	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(668.1)	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	3.6				I
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UNREGULATED SERVICES

HOS

UR09

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210028

	VOLUME DATA	FISCAL YEAR UNITS
A	Visits	14,036

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

ST. MARY'S HOSPICE

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

B	FISCAL YEAR EXPENSES	RECORDS	2,176.3	742.8	2,919.1	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	53.4	XXXXX	53.4	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	107.5	107.5	XXXXX	D01
D02	General Accounting	FIS	3.3	4.1	7.4	XXXXX	D02
D03	Leases & Rentals	LEA	0.0	69.4	69.4	XXXXX	D03
D04	Hospital Administration	MGT	19.7	10.2	29.8	XXXXX	D04
D05	Medical Staff Administration	MSA	1.3	1.0	2.2	XXXXX	D05
D06	Nursing Administration	NAD	4.6	0.6	5.3	XXXXX	D06
D07	Patient Accounts	PAC	5.4	0.8	6.2	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	2,263.9	936.5	3,200.4	0.2280	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	3,668.9	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	468.6	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	28.4				I
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UNREGULATED SERVICES

CHN

UR10

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210028

	VOLUME DATA	FISCAL YEAR UNITS
A	Visits	2,196

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

CHARLOTTE HALL - NORTH COUNTY

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

B	FISCAL YEAR EXPENSES	RECORDS	965.3	961.0	1,926.3	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	5.8	XXXXX	5.8	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	119.8	119.8	XXXXX	D01
D02	General Accounting	FIS	1.4	1.8	3.3	XXXXX	D02
D03	Housekeeping	HKP	82.9	44.4	127.4	XXXXX	D03
D04	Leases & Rentals	LEA	0.0	2.8	2.8	XXXXX	D04
D05	Hospital Administration	MGT	8.7	4.5	13.2	XXXXX	D05
D06	Medical Staff Administration	MSA	0.6	0.4	1.0	XXXXX	D06
D07	Nursing Administration	NAD	2.0	0.3	2.3	XXXXX	D07
D08	Patient Accounts	PAC	2.4	0.4	2.8	XXXXX	D08
D09	Plant Operations	POP	68.7	256.6	325.3	XXXXX	D09
D10	Purchasing & Stores	PUR	0.0	0.0	0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	1,137.9	1,392.0	2,529.9	1.1521	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	1,658.0	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(871.9)	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	3.1				I
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UNREGULATED SERVICES

URP

UR11

INSTITUTION NAME: MedStar St. Mary's Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

	VOLUME DATA	FISCAL YEAR UNITS
A	Visits	1,016

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

UNREGULATED PSYCHIATRIST

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

B	FISCAL YEAR EXPENSES	RECORDS	0.0	485.9	485.9	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	0.0	485.9	485.9	0.4782	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	(0.2)	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(486.1)	XXXXX	H

FTE DATA

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

SAF

UR12

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210028

	VOLUME DATA	FISCAL YEAR UNITS
A	Visits	33

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

S.A.F.E

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

B	FISCAL YEAR EXPENSES	RECORDS	62.4	11.9	74.3	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.3	XXXXX	0.3	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	0.2	0.2	XXXXX	D01
D02	General Accounting	FIS	0.1	0.1	0.2	XXXXX	D02
D03	Hospital Administration	MGT	0.6	0.3	0.9	XXXXX	D03
D04	Medical Staff Administration	MSA	0.0	0.0	0.1	XXXXX	D04
D05	Nursing Administration	NAD	0.1	0.0	0.2	XXXXX	D05
D06	Patient Accounts	PAC	0.2	0.0	0.2	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	63.7	12.6	76.3	2.3113	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	0.0	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(76.3)	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	0.2				I
---	---------------------------------	---------	-----	--	--	--	---

UNREGULATED SERVICES SUMMARY

URS

INSTITUTION NAME: MedStar St. Mary's Hospital BASE YEAR 6/30/2018

INSTITUTION NUMBER: 210028

Schedule	Entity Name and Address	Nature of Service
UR-1		FREESTANDING CLINIC SERVICES
UR-2	Chesapeake-Potomac Home Health Agency, Inc. 7627 Leonardtown Road Hughesville, MD 20637	HOME HEALTH SERVICES
UR-3		OUTPATIENT RENAL DIALYSIS
UR-4		SKILLED NURSING CARE
UR-5	St. Mary's Hospital Medical Center at Charlotte Hall 37767 Market Drive Charlotte Hall, MD 20622	LABORATORY NON-PATIENT
UR-6	Unregulated Physicians 25500 Point Lookout Rd Leonardtown, MD 20650	PHYSICIANS PART B SERVICES
UR-7	St. Mary's Hospital P.O. Box 527 Leonardtown, MD 20650	CERTIFIED NURSE ANESTHETISTS

UR-8	Unregulated Physicians	PHYSICIAN SUPPORT SERVICES
	25500 Point Lookout Rd	
	Leonardtown, MD 20650	

UR-9	Hospice of St. Mary's, Inc.	ST. MARY'S HOSPICE
	P.O. Box 625	
	Leonardtown, MD 20650	

UR-10	St. Mary's Hospital Center at Charlotte Hall	CHARLOTTE HALL - NORTH COUNTY
	St. Mary's Hospital	
	P.O. Box 527	
	Leonardtown, MD 20650	

UR-11	Gurdeep Chhabra, M.D.	UNREGULATED PSYCHIATRIST
	St. Mary's Hospital	
	P.O. Box 527	
	Leonardtown, MD 20650	

UR-12	SAFE	S.A.F.E
	St. Mary's Hospital	
	P.O. Box 527	
	Leonardtown, MD 20650	

UR-13		TBD

UR-14		TBD

UR-15		TBD

TRANSACTIONS WITH RELATED ENTITIES

TRE

INSTITUTION NAME: MedStar St. Mary's Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 210028

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	Hospice of St. Mary's, Inc.		131,723	C	Supplies/Non-Capital Items
2	Hospice of St. Mary's, Inc.		271,724	A	Purchased Services/Other Items
3	Hospice of St. Mary's, Inc.	494,425		H	Working Capital/Equity Invest
4	St. Mary's Hospital Foundation		269,361	C	Supplies/Non-Capital Items
5	St. Mary's Hospital Foundation		3,612	A	Purchased Services/Other Items
6	St. Mary's Hospital Foundation	1,210,857		H	Working Capital/Equity Invest
7	St. Mary's Health Alliance, Inc.		300	C	Supplies/Non-Capital Items
8	MedStar		219,776	A	Purchased Services/Other Items
9	MedStar	4,191,365		D	Supplies/Non-Capital Items
10	MedStar	15,900,704		B	Purchased Services/Other Items
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**REPORTING OF REGULATORY ADJUSTMENTS
FOR TPR HOSPITALS**

INSTITUTION NAME: MedStar St. Mary's Hospital IAS Effective Date 1/0/1900
 INSTITUTION NUMBER: 210028 FISCAL YEAR 6/30/2018

PART I ACTUAL REVENUE				Col. 4	Col. 5
A1	Prior Period	1/0/1900	to #####	0	//////////
B1	Subsequent Period	1/0/1900	to 6/30/2018	0	//////////
C01	Total Actual Revenue A1 + B1			//////////	0

PART II CAPPED REVENUE		Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
		Effective Date	# of Months Effective	Budgeted Revenue	Capped Revenue	
A2	Prior Period	1/0/1900	0	0	0	//////////
B2	Subsequent Period	1/0/1900	1,443	0	0	//////////
C02	Total Capped Revenue				//////////	0

PART III ACTUAL REVENUE OVER (UNDER) CAPPED REVENUE				Col. 4	Col. 5
A3	Total C1 - C2			//////////	0

SUPPLEMENTAL BIRTHS SCHEDULE

INSTITUTION NAME: MedStar St. Mary's Hospital FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210028

Admissions for EIPA Counts

A	Neonates Not Charged an Admissions Charge	0
B	Admissions from Monthly Reports (ADM) Revenue Center	6,777
C	Total	6,777

Cases for Charge Per Case Calculation (CPC)

D	Neonates Not Charged an Admissions Charge	0
E	Births from Monthly Reports (NUR) Center	1,136
F	Subtotal	1,136
G	Admissions from Monthly Reports (ADM) Revenue Center	6,777
H	Total	7,913

Standby Costs - Trauma Physicians

SBC - I

MedStar St. Mary's Hospital

Hourly or Salary Based Arrangement (Payroll Based)

Fiscal Year: 6/30/2018

		Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9	Col. 10	Col. 11
	Specialty	Total Trauma Hours	Availability Hours	Supervision & Admin Hours	Payments for Availability	Payments for Supervision & Admin	% Inpatient Hours	% Outpatient Hours	Prof. Organiz. Membership	CME Costs	Malpractice Insurance	Total Trauma Standby Costs
A	Trauma Surgeon	-	-	-	-	-	0.00%	0.00%	-	-	-	
A1		-	-	-	-	-	0.00%	0.00%	-	-	-	\$ -
A2		-	-	-	-	-	0.00%	0.00%	-	-	-	-
B	Orthopedic Surgeon	-	-	-	-	-	0.00%	0.00%	-	-	-	
B1		-	-	-	-	-	0.00%	0.00%	-	-	-	\$ -
B2		-	-	-	-	-	0.00%	0.00%	-	-	-	-
C	Neurosurgeon	-	-	-	-	-	0.00%	0.00%	-	-	-	
C01		-	-	-	-	-	0.00%	0.00%	-	-	-	\$ -
C02		-	-	-	-	-	0.00%	0.00%	-	-	-	-
D	Anesthesiologist	-	-	-	-	-	0.00%	0.00%	-	-	-	
D01		-	-	-	-	-	0.00%	0.00%	-	-	-	\$ -
D02		-	-	-	-	-	0.00%	0.00%	-	-	-	-

Standby Costs - Trauma Physicians

SBC - II

MedStar St. Mary's Hospital

Minimum Guaranteed Arrangement (Contract Based)

Fiscal Year: 6/30/2018

		Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9	Col. 10	Col. 11	Col. 12
	Specialty	Total Trauma Hours	Availability Hours	Supervision & Admin Hours	Act. Min Guaranteed AM	Payments for Supervision & Admin	% Inpatient Hours	% Outpatient Hours	Prof. Organiz. Membership	CME Costs	Malpractice Insurance	Total Trauma Standby Costs	Prof. Service Billed (Paid)
A	Trauma Surgeon	-	-	-	-	-	0.00%	0.00%	-	-	-	-	-
A1		-	-	-	-	-	0.00%	0.00%	-	-	-	\$ -	-
A2		-	-	-	-	-	0.00%	0.00%	-	-	-	-	-
B	Orthopedic Surgeon	-	-	-	-	-	0.00%	0.00%	-	-	-	-	-
B1		-	-	-	-	-	0.00%	0.00%	-	-	-	\$ -	-
B2		-	-	-	-	-	0.00%	0.00%	-	-	-	-	-
C	Neurosurgeon	-	-	-	-	-	0.00%	0.00%	-	-	-	-	-
C01		-	-	-	-	-	0.00%	0.00%	-	-	-	\$ -	-
C02		-	-	-	-	-	0.00%	0.00%	-	-	-	-	-
D	Anesthesiologist	-	-	-	-	-	0.00%	0.00%	-	-	-	-	-
D01		-	-	-	-	-	0.00%	0.00%	-	-	-	\$ -	-
D02		-	-	-	-	-	0.00%	0.00%	-	-	-	-	-

MIEMMS Regulatory Trauma Costs MTC

SUMMARY

Hospital Name: MedStar St. Mary's Hospital
 Hospital Number: 210028 Fiscal Year: 6/30/2018

Col. 1	
A. Trauma Director	\$ -
B. Trauma Department	-
C. Trauma Protocol	-
D. Specialized Trauma Staff	-
E. Education & Training Cost	-
F. Special Equipment	-
G. Total	\$ -

MIEMMS Regulatory Trauma Costs MTC - A

SCHEDULE A - TRAUMA DIRECTOR

Hospital Name: MedStar St. Mary's Hospital
 Hospital Number: 210028 Fiscal Year: 6/30/2018

Col. 1	
A.	\$ -
B.	-
C.	-
D.	-
E.	-
F.	-
G. Total	\$ -

MIEMMS Regulatory Trauma Costs MTC - B

SCHEDULE B - TRAUMA DEPARTMENT

Hospital Name: MedStar St. Mary's Hospital
 Hospital Number: 210028 Fiscal Year: 6/30/2018

Col. 1	
A. Trauma Coordinator	\$ -
B. Trauma Assistant	-
C. Trauma Registrar(s)	-
D. Tech. & Prof. Fees	-
E. Drugs & Supplies	-
F. Travel & Lodging	-
G. Other	-
H. Total	\$ -

MIEMMS Regulatory Trauma Costs MTC - C

SCHEDULE C - TRAUMA PROTOCOL

Hospital Name: MedStar St. Mary's Hospital
 Hospital Number: 210028 Fiscal Year: 6/30/2018

Col. 1	
A. Respiratory Therapist	\$ -
B. Lab Technician	-
C. Radiology Technician	-
D. ED Nurse	-
E. ED Tech	-
F. OR Anesthesia Tech	-
G. Nurse Manager	-
H. Patient Access Registrar	-
I. Other	-
J. Total	\$ -

MIEMMS Regulatory Trauma Costs MTC - D

SCHEDULE D - SPECIALIZED TRAUMA STAFF

Hospital Name: MedStar St. Mary's Hospital
 Hospital Number: 210028 Fiscal Year: 6/30/2018

Col. 1	
A. ICU	\$ -
B. Nurse	-
C. Technical Staff	-
D. Social Work	-
E. Other Staff	-
F. Total	\$ -

MIEMMS Regulatory Trauma Costs MTC - E

SCHEDULE E - EDUCATION AND TRAINING

Hospital Name: MedStar St. Mary's Hospital
 Hospital Number: 210028 Fiscal Year: 6/30/2018

Col. 1	
A. Instructors & Supplies	\$ -
B. Trauma Nurse Orientation (1st Int.)	-
C. Continuing Education	-
D. ATLS Certification	-
E. Other	-
F. Total	\$ -

MIEMMS Regulatory Trauma Costs MTC - F

SCHEDULE F - SPECIALIZED EQUIPMENT

Hospital Name: MedStar St. Mary's Hospital
 Hospital Number: 210028 Fiscal Year: 6/30/2018

Col. 1	
A. Intensive Care Department	\$ -
B. OR, Recovery & ICU	-
C. Auxiliary Services	-
D. Post Anest. Services	-
E. Transportation Services	-
F. Other	-
G. Total	\$ -

SUPPLEMENTAL SCHEDULE 1

MedStar St. Mary's Hospital
Summary of Other and Non-Operating Revenue
For The Fiscal Year Ended June 30, 2018

<u>Other Operating Revenue:</u>	<u>2018</u>	<u>HSCRC Schedule</u>
Pharmacy	3,409.0	G / GR
Pharmacy Contract Allow	(2,324.2)	G / GR
Office Rental Revenue	-	G / GR
Grant Income	(0.0)	G / GR
Medical Records	0.0	G / GR
Rebate Income	364.6	G / GR
Other - Physician Revenue	-	G / GR
Meaningful Use- Hospital	-	G / GR
Health Education	63.7	G / GR
Non-Physician Intraero Revenue	10.7	G / GR
Misc. Revenue-Other	367.2	G / GR
Interest AR Late Pymnts	33.0	G / GR
Equity-NRHCPT RR	246.7	G / GR
Equity - MDMH Subsidiaries	(367.9)	G / GR
Donations-Other	89.4	G / GR
TRNA Restriction Released	0.0	G / GR
Robos	(603.8)	G / GR
		G / GR
		G / GR
Total - RE Line L	1,291.3	Check ->

<u>Non-Operating and Net Unregulated Revenue:</u>		
Ambulance Services	-	E01
Parking	-	E02
Doctor's Private Office Rent	-	E03
Office & Other Rental	-	E04
Retail Operations	141.4	E05
Patients Telephones	-	E06
Cafeteria	-	E07
Day Care Recreation Areas	-	E08
Housing	-	E09
Research	-	F01
Nursing Education	-	F02
Other Health Profession Education	-	F03
Community Health Education	136.5	F04
Freestanding Clinic Services	-	UR01
Home Health Services	89.0	UR02
Outpatient Renal Dialysis	-	UR03
Skilled Nursing Care	-	UR04
Laboratory Non-Patient	1,256.6	UR05
Physicians Part B Services	2,924.0	UR06
Certified Nurse Anesthetists	-	UR07
Physician Support Services	-	UR08
St. Mary's Hospice	3,668.9	UR09
Charlotte Hall - North County	1,658.0	UR10
Unregulated Psychiatrist	(0.2)	UR11
S.A.F.E	-	UR12
TRD	-	UR13
TRD	-	UR14
TRD	-	UR15
Investment Income	246.8	G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR
Total - RE Line, Col 2., Line M + Line U	10,121.0	Check ->

<u>Non-Operating and Net Unregulated Expenses:</u>		
Ambulance Services	-	E01
Parking	-	E02
Doctor's Private Office Rent	-	E03
Office & Other Rental	-	E04
Retail Operations	82.1	E05
Patients Telephones	220.2	E06
Cafeteria	0.0	E07
Day Care Recreation Areas	-	E08
Housing	-	E09
Research	-	F01
Nursing Education	-	F02
Other Health Profession Education	-	F03
Community Health Education	413.4	F04
Freestanding Clinic Services	-	UR01
Home Health Services	95.6	UR02
Outpatient Renal Dialysis	-	UR03
Skilled Nursing Care	-	UR04
Laboratory Non-Patient	463.6	UR05
Physicians Part B Services	11,604.6	UR06
Certified Nurse Anesthetists	-	UR07
Physician Support Services	668.1	UR08
St. Mary's Hospice	3,200.4	UR09
Charlotte Hall - North County	2,529.9	UR10
Unregulated Psychiatrist	485.9	UR11
S.A.F.E	76.3	UR12
TRD	-	UR13
TRD	-	UR14
TRD	-	UR15
Non-Operating Expenses	-	G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR
Total - RE Line, Col 2., Line S + Line V	19,840.1	Check ->

SUPPLEMENTAL SCHEDULE 2

MedStar St. Mary's Hospital

Reconciliation of Depreciation & Lease / Rentals

For The Fiscal Year Ended June 30, 2018

	<u>Depreciation</u>	<u>Leases / Rentals</u>	<u>Total</u>
UA Schedule - Line A	8,668.7	1,828.9	10,497.6
Allocation of E & UR Schedules:			
E01	-	-	-
E02	-	-	-
E03	-	-	-
E04	-	-	-
E05	0.1	-	0.1
E06	6.5	-	6.5
E07	-	-	-
E08	-	-	-
E09	-	-	-
UR01	-	-	-
UR02	-	-	-
UR03	-	-	-
UR04	-	-	-
UR05	-	-	-
UR06	172.2	723.0	895.2
UR07	-	-	-
UR08	-	-	-
UR09	107.5	69.4	176.9
UR10	119.8	2.8	122.6
UR11	-	-	-
UR12	0.2	-	0.2
UR13	-	-	-
UR14	-	-	-
UR15	-	-	-
RE Schedule - Line Q	<u>8,262.4</u>	<u>1,033.7</u>	<u>9,296.1</u>

SUPPLEMENTAL SCHEDULE 3

MedStar St. Mary's Hospital

Reconciliation of UCC

For The Fiscal Year Ended June 30, 2018

Audited Financial Statements:

Bad Debts	4,668.8
Charity Care	3,983.8
Uncompensated Care per Statement	<u>8,652.5</u>

Trial Balance:

Bad Debt Write-offs	8,750.8
Charity Write-offs	3,983.8
Change in Balance Sheet Reserve	(308.6)
Bad Debt Recoveries	(3,740.4)
Other	(33.0)
Uncompensated Care per Trial Balance	<u>8,652.5</u>

Annual Report of Revenues, Expenses, and Volumes:

Uncompensated Care - Schedule PDA	8,206.7
Unregulated Charity & Bad Debts	445.8
Medicaid Day Limit UCC included in contractuals on F/S	-
Uncompensated Care Per Report	<u>8,652.5</u>

SUPPLEMENTAL SCHEDULE 4

MedStar St. Mary's Hospital

Detail of MCO Regulated Revenue

For The Fiscal Year Ended June 30, 2018

MCO Revenue	Inpatient	Outpatient	Total
AETNA BTR HTH MCO	\$ 11.3	\$ 20.6	\$ 31.9
AMERIGROUP MD	1,111.2	2,122.8	3,233.9
Amerihealth	13.6	11.8	25.4
AMERIHEALTH ALLI	-	0.7	0.7
ANTHEM HEALTH MCO	6.4	(7.5)	(1.1)
BEACON HEALTH	3.0	-	3.0
BEACON HEALTH NA	76.9	725.6	802.5
BEACON HEALTH OPT	2,092.2	96.0	2,188.2
DNU MDSTR FAM DC	3.4	0.2	3.6
JAI MED SVCS MCO	-	3.1	3.1
KAISER MD MCO	34.0	136.8	170.8
MCO MISCELLANEOUS	74.2	98.1	172.3
MD PHYS CARE MCO	2,550.4	3,987.0	6,537.3
MDSTR FAMILY MD	1,842.1	4,260.8	6,102.8
Medicaid Managed Care - HMO	181.7	269.3	451.1
PRIORITY PT MCO	2,302.2	3,691.9	5,994.1
TRUSTED MCO	16.5	9.6	26.1
UHC BEHAVIOR MCO	17.9	0.9	18.8
UHC MD MCO	1,664.4	3,124.7	4,789.1
AETNA GOLD CH/MCR	77.6	120.4	198.0
AMERIGROUP DC	-	9.0	9.0
BC MEDICARE	-	44.4	44.4
CIGNAHEALTHSPRING	30.0	-	30.0
HUMANA MCR	44.9	50.3	95.1
JOHN HPKIN ADV MD	22.7	7.1	29.8
MDSTR MCR CHOICE	472.9	983.0	1,455.9
Medicare HMO Miscellaneous	120.6	65.5	186.1
UHC EVERCARE	24.5	79.2	103.7
UHC MCR SOLUTIONS	650.8	428.7	1,079.6
Uni MD Advant HMO	-	0.4	0.4
WELLCARE	-	0.4	0.4
Bad Debt	(39.2)	(64.2)	(103.4)
			-
Total MCO Revenue	\$ 13,406.0	\$ 20,276.8	\$ 33,682.8

SUPPLEMENTAL SCHEDULE 5

MedStar St. Mary's Hospital

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

For The Fiscal Year Ended June 30, 2018

Income Statement		
RE Line T Excess (Deficit) Operating Rev. Over Operating Expenses		\$ 16,948.1
RE Line U Detailed Non-Operating: Income / (Expense)		
U1 Contributions (Unrestricted)		\$ 236.2
U2 Interest & Investment Income		8.5
U3 Investment - Gains / (Losses) - Realized		13.8
U4 Investment - Gains / (Losses) - Unrealized		(18.0)
U5 Swap Agreements - Gains / (Losses) - Realized		
V Other (Specify)		6.2
RE Line W Excess Profit / (Loss)		<u>17,194.9</u>
Other Significant Financial Information		
CC Swap Agreements - Gains / (Losses) - Unrealized		
DD Collateral Received / (Posted) - Swap Agreements		
EE Retirement of Debt - Gains / (Losses)		
FF Pension Adjustments - Defined Benefit Plans		
GG Other (Specify)		
HH Total		<u>\$ -</u>

SUPPLEMENTAL SCHEDULE 6

MedStar St. Mary's Hospital

Debt Collection/Financial Assistance Report

For The Fiscal Year Ended June 30, 2018

1. Collection Agency Name

- a. Bolder - formerly ROI
- b.
- c.
- d.
- e.
- f.
- g.
- h.

2. Number of Liens

- i. -

3. Number of extended payment plans

- j. 4

FINANCIAL ASSISTANCE

4. Number of applications for financial assistance received

- k. 6,004

5. Number of applicants for financial assistance approved

- l. 5,957

SUPPLEMENTAL SCHEDULE 7

MedStar St. Mary's Hospital

Hospital Outpatient Services Survey

For The Fiscal Year Ended June 30, 2018

Name of Outpatient Service	Description of Services Provided	Physical Location/Address	Regulated/Unregulated
MedStar St. Mary's Express Care	Urgent Care including basic lab and x-ray	37767 Market Drive, Charlotte Hall	Unregulated
Eye Physicians of St. Mary's	Outpatient Ophthalmology physician practice	37767 Market Drive, Charlotte Hall	Unregulated
Hospice House of St. Mary's	Residential Hospice Services	44724 Hospice Lane, Callaway	Unregulated
MedStar St. Mary's Laboratory	Outpatient Lab Draw Station	23000 Moakley St. Ste 103 Leonardtown	Unregulated
MedStar St. Mary's Laboratory	Outpatient Lab Draw Station	20945 Great Mills Rd. St 202 Lexington Park	Unregulated
MedStar St. Mary's Hospital Laboratory	Clinical Laboratory, Pathology, Blood Bank	Main Hospital -25500 Point Lookout Rd	Regulated
Grace Anne Dorney Pulmonary Cardiac	Pulmonary & Cardiac Rehabilitation	Main Hospital -25500 Point Lookout Rd	Regulated
Grace Anne Dorney Pulmonary Cardiac	Phase III Pulmonary & Cardiac Rehabilitation	Main Hospital -25500 Point Lookout Rd	Unregulated
MedStar St. Mary's Hospital Rehabilitation	Physical, Occupational and Speech Therapy	Main Hospital -25500 Point Lookout Rd	Regulated
MedStar St. Mary's Hospital Cancer Care	Chemotherapy and Infusion Services	OP Pavilion-25500 Point Lookout Rd	Regulated
MedStar St. Mary's Hospital Imaging Services	Radiology (plain & Fluoro), Mammography, Bone Density, MRI, CT, Ultrasound	Main Hospital & OP Pavilion -25500 Point Lookout Rd	Regulated
MedStar St. Mary's Hospital Emergency	Emergency Services to include Emergency Psychiatric Services	Main Hospital -25500 Point Lookout Rd	Regulated
MedStar St. Mary's Hospital Ambulatory	Ambulatory Surgery, Anesthesia, Recovery Services & Lithotripsy	Main Hospital -25500 Point Lookout Rd	Regulated
MedStar St. Mary's Hospital Psychiatric	Psychiatric intensive outpatient/partial hospitalization services	Main Hospital -25500 Point Lookout Rd	Regulated
MedStar St. Mary's Hospital Women's Health	Obstetric observation	Main Hospital -25500 Point Lookout Rd	Regulated
MedStar St. Mary's Hospital	Medical observation	Main Hospital -25500 Point Lookout Rd	Regulated
MedStar St. Mary's Hospital - Cardiology	EKG & Echocardiograms	Main Hospital -25500 Point Lookout Rd	Regulated
MedStar St. Mary's Hospital - Neurology	EEG & Sleep Studies	Main Hospital -25500 Point Lookout Rd	Regulated
MedStar St. Mary's Hospital - Health Care	Diabetic Counseling/Nutrition Clinic	OP Pavilion-25500 Point Lookout Rd	Regulated
Get Connected to Health	Mobile outreach primary care services	Mobile Van-25500 Point Lookout Rd	Unregulated
MedStar Wound Healing Center at MedStar	Wound Healing Clinic with Hyperbaric Chambers	Main Hospital -25500 Point Lookout Rd	Regulated
Great Mills Primary Practice	Family Primary Practice - Great Mills	20945 Great Mills Rd. St 203, Lexington Park	Unregulated
MedStar St. Mary's Hospital Nutrition Clinic	Nutrition Clinic	OP Pavilion-25500 Point Lookout Rd	Regulated
MedStar St. Mary's Hospital Dialysis	Dialysis services	Main Hospital -25500 Point Lookout Rd	Regulated
MedStar St. Mary's Hospital Respiratory	Respiratory Observation	Main Hospital -25500 Point Lookout Rd	Regulated
MedStar St. Mary's Hospital SAFE	SAFE Program services	Main Hospital -25500 Point Lookout Rd	Regulated
MedStar St. Mary's Hospital - Hematology	Hematology-Oncology	OP Pavilion-25500 Point Lookout Rd	Regulated
MedStar St. Mary's Hospital - Pathology	Pathology	Main Hospital -25500 Point Lookout Rd	Regulated
OUTPATIENT SERVICES NOT OWNED BY THE HOSPITAL - LOCATED IN PRINCIPAL HOSPITAL BUILDINGS OR LOCATED IN OTHER BUILDINGS IN WHICH REGULATED SERVICES ARE PROVIDED			
Children's National Medical Center Card	Outpatient Pediatric Cardiology Clinic	OP Pavilion-25500 Point Lookout Rd	Unregulated
Whitten Laser Eye	Outpatient Ophthalmology (Lasik) practice	37767 Market Drive, Charlotte Hall	Unregulated
MedStar Georgetown University Hospital	Outpatient Orthopedic Clinic	OP Pavilion-25500 Point Lookout Rd	Unregulated
MedStar Georgetown University Hospital	Outpatient Pediatric Endocrinology Clinic	OP Pavilion-25500 Point Lookout Rd	Unregulated
MedStar Washington Hospital Center D	Outpatient General & Colo-Rectal Surgery Clinic	OP Pavilion-25500 Point Lookout Rd	Unregulated
MedStar Washington Hospital Center D	Outpatient Vascular Surgery Clinic	OP Pavilion-25500 Point Lookout Rd	Unregulated
MedStar Georgetown University Hospital	Outpatient Ob/Gyn Clinic	40900 Merchants Lane	Unregulated
MedStar Pharmacy Retail	Outpatient Retail Pharmacy	Main Hospital -25500 Point Lookout Rd	Unregulated

SUPPLEMENTAL SCHEDULE 8

Gross Patient Revenue Reconciliation

For The Fiscal Year Ended June 30, 2018

Institution Name: MedStar St. Mary's Hospital

Institution Number: 210028

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

Section I

TOTAL GROSS PATIENT REVENUE

Line #		Col 1 Inpatient	Col 2 Outpatient	Col 3 Total
1	Total In-State Revenue	\$ 82,624	\$ 111,106	\$ 193,730
2	Total Out-State Revenue	\$ 1,442	\$ 1,648	\$ 3,090
3	Total Gross Patient Revenue	\$ 84,066	\$ 112,754	\$ 196,821

Section II

TOTAL MEDICARE REVENUE

	Col 1 In-State I/P Revenue	Col 2 Out-State I/P Revenue	Col 3 In-State O/P Revenue	Col 4 Out-State O/P Revenue	Col 5 Total Revenue
4	Medicare FFS Revenue	\$ 43,353	\$ 37,191	\$ 507	\$ 81,369
5	Medicare Non-FFS Revenue	\$ 1,283	\$ 1,709	\$ 160	\$ 3,232
6	Total Medicare Revenue	\$ 44,636	\$ 38,901	\$ 668	\$ 84,602

SUPPLEMENTAL SCHEDULE 9

UR6-A

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

INSTITUTION NAME: MedStar St. Mary's Hospital

FISCAL YEAR

6/30/2018

INSTITUTION NUMBER: 210028

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

Instructions:

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

COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
Code	Physician Description	<u>Wages, Salaries, & Fringe Benefits</u>	<u>Other Expenses</u>	<u>Total Expenses</u>	<u>Revenue</u>	<u>Hospital Based</u>	<u>FTEs</u>
2	General Surgery	\$ 834.5	\$ 1,501.7	\$ 2,336.3	\$ 338.4	No	4.2
8	Family Practice	1,071.5	1,928.1	2,999.5	555.0	Yes	5.4
11	Internal	1,455.8	2,619.7	4,075.5	777.4	Yes	7.3
13	Neurology	173.8	312.7	486.4	192.5	No	0.9
18	Ophthalmology	609.7	1,097.2	1,706.9	1,060.7	No	3.1
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Total		\$ 4,145.3	\$ 7,459.3	\$ 11,604.6	\$ 2,924.0	Combined	20.8