

GARRETT REGIONAL MEDICAL CENTER

**HEALTH SERVICES COST REVIEW
COMMISSION**

RATE REVIEW SYSTEM

FOR THE FISCAL YEAR ENDED JUNE 30, 2019

INPATIENTS AND PATIENT DAYS

V1

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR

6/30/2019

INSTITUTION NUMBER: 210017

| | | | COL. 1 | COL. 2 | COL. 3 | COL. 4 | COL. 5 | COL. 6 |
|--------------------|-----|------------------------------|------------|--------------|-----------------------------|-------------------------|-----------------------|---------------------|
| REPORTING SCHEDULE | | CENTER | ADMISSIONS | PATIENT DAYS | INTRA HOSPITAL TRANSFERS IN | LENGTH OF STAY | AVERAGE LICENSED BEDS | % OCCUPANCY |
| | | | RECORDS | RECORDS | RECORDS | COL 2 / (COL 1 + COL 3) | RECORDS | COL 2 / COL 5 * 365 |
| D01 | MSG | Med/Surg Acute | 1,309 | 4,976 | 105 | 3.5 | 18 | 0.744 |
| D02 | PED | Pediatric Acute | 13 | 24 | 0 | 1.8 | 1 | 0.079 |
| D03 | PSY | Psychiatric Acute | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D04 | OBS | Obstetrics Acute | 230 | 436 | 0 | 1.9 | 2 | 0.597 |
| D05 | DEF | Definitive Observation | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D06 | MIS | Med/Surg Intensive Care | 182 | 675 | 181 | 1.9 | 2 | 0.925 |
| 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 | | | 1,734 | 6,111 | 286 | 3.0 | 23 | 0.723 |
| D14 | NUR | Newborn Nursery | 253 | 491 | 0 | 1.9 | 0 | |
| D15 | PRE | Premature Nursery | 0 | 0 | 0 | 0.0 | 0 | |
| TOTAL | | | 1,987 | 6,602 | 286 | 2.9 | 23 | 0.781 |

OUTPATIENT VISITS

V2

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

| | | | COL. 1 | COL. 2 | COL. 3 | COL. 4 | COL. 5 | COL. 6 |
|--------------------|--------|-------------------------|------------------|-------------------|---------------|----------------|-----------------|---------------|
| REPORTING SCHEDULE | | CENTER | INPATIENT VISITS | OUTPATIENT VISITS | TOTAL VISITS | INPATIENT RVUS | OUTPATIENT RVUS | TOTAL RVUS |
| | | | RECORDS | RECORDS | COL 1 + COL 2 | RECORDS | RECORDS | COL 4 + COL 5 |
| D18 | EMG | Emergency Services | 1,182 | 15,175 | 16,357 | 20,006 | 143,329 | 163,335 |
| D19 | CL | Clinical Services | 58 | 7,171 | 7,229 | 699 | 81,994 | 82,693 |
| D20 | PDC | Psych. Day & Night Care | 0 | 0 | 0 | | | |
| D22 | SDS | Same Day Surgery | 4 | 3,211 | 3,215 | | | |
| D50 | FSE | Free Standing Emergency | 0 | 0 | 0 | | | |
| D55 | OBV | Observation | 154 | 544 | 698 | 4,989 | 25,410 | 30,399 |
| D58 | OCL | Oncology O/P Clinic | 0 | 0 | 0 | 0 | 0 | 0 |
| D83 | CL-340 | 340B Clinic Services | | | | 0 | 0 | 0 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | TOTAL | | 1,398 | 26,101 | 27,499 | 25,694 | 250,733 | 276,427 |

ANCILLARY SERVICE UNITS

V3

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210017

| REPORTING SCHEDULE | | CENTER | UNIT OF MEASURE | COL. 1 | COL. 2 | COL. 3 | COL. 4 |
|--------------------|---------|---|--------------------|---------|-----------|---------------|--------|
| | | | | RECORDS | RECORDS | COL 1 + COL 2 | |
| D23 | DEL | Labor & Delivery Services | MD RVUs | 9,131 | 3,337 | 12,468 | |
| D24 | OR | Operating Room | Minutes | 70,301 | 157,979 | 228,280 | |
| D24A | ORC | Operating Room Clinic | Minutes | 50 | 1,788 | 1,838 | |
| D25 | ANS | Anesthesiology | Minutes | 70,477 | 158,313 | 228,790 | |
| D28 | LAB | Laboratory Services | MD RVUs | 755,303 | 2,335,443 | 3,090,746 | |
| D30 | EKG | Electrocardiography | 1974 California RV | 22,295 | 143,721 | 166,016 | |
| D31 | IRC | Interventional Radiology / Cardiovascular | MD RVUs | 231 | 2,089 | 2,320 | |
| D32 | RAD | Radiology-Diagnostic | HSCRC RVUs | 30,573 | 266,745 | 297,318 | |
| D33 | CAT | CT Scanner | HSCRC RVUs | 39,923 | 250,222 | 290,145 | |
| D34 | RAT | Radiology-Therapeutic | MD RVUs | 0 | 0 | 0 | |
| D35 | NUC | Nuclear Medicine | HSCRC RVUs | 6,943 | 131,336 | 138,279 | |
| D36 | RES | Respiratory Therapy | MD RVUs | 476,957 | 157,848 | 634,805 | |
| D37 | PUL | Pulmonary Function Testing | MD RVUs | 7,617 | 43,926 | 51,543 | |
| D38 | EEG | Electroencephalography | 1974 California RV | 0 | 525 | 525 | |
| D39 | PTH | Physical Therapy | MD RVUs | 48,653 | 12,476 | 61,129 | |
| D40 | OTH | Occupational Therapy | MD RVUs | 20,088 | 1,689 | 21,777 | |
| D41 | STH | Speech Language Pathology | MD RVUs | 3,048 | 4,427 | 7,475 | |
| D42 | REC | Recreational Therapy | Treatments | 0 | 0 | 0 | |
| D43 | AUD | Audiology | MD RVUs | 0 | 0 | 0 | |
| D44 | OPM | Other Physical Medicine | Treatments | 0 | 0 | 0 | |
| D45 | RDL | Renal Dialysis | Treatments | 0 | 0 | 0 | |
| D46 | OA | Organ Acquisition | Treatments | 0 | 0 | 0 | |
| D48 | LEU | Leukopheresis | JHU RVUs | 0 | 0 | 0 | |
| D49 | HYP | Hyperbaric Chamber | Hours of Treatment | 0 | 0 | 0 | |
| D51 | MRI | Magnetic Resonance Imaging | HSCRC RVUs | 7,669 | 0 | 7,669 | |
| D53 | LIT | Lithotripsy | # of Procedures | 0 | 0 | 0 | |
| D56 | AMR | Ambulance Services-Rebundled | HSCRC RVUs | 0 | 0 | 0 | |
| D77 | PST | Psychological Testing | Hours | 0 | 0 | 0 | |
| D80 | ETH | Electroconvulsive Therapy | Treatments | 0 | 0 | 0 | |
| D84 | RAT-340 | 340B Radiology - Therapeutic | MD RVUs | 0 | 0 | 0 | |
| D85 | ORC-340 | 340B OR Clinic Services | Minutes | 0 | 0 | 0 | |
| D86 | LAB-340 | 340B Laboratory Services | MD RVUs | 0 | 0 | 0 | |
| D87 | CDS-340 | 340B Drugs | EIPA | 0 | 0 | 0 | |

EQUIVALENT INPATIENT DAYS AND ADMISSIONS

V5

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210017

| EQUIVALENT INPATIENT DAYS (EIPDs) | SOURCE | FISCAL YEAR |
|-----------------------------------|--------|-------------|
|-----------------------------------|--------|-------------|

INPATIENT DATA - BASE YEAR

COL. 1

COL. 2

| | | | | |
|---|---|-----------------|----------|---|
| A | GROSS INPATIENT REVENUE | RECORDS, BUDGET | 23,277.9 | A |
| B | INPATIENT GRANT REVENUE | RECORDS, BUDGET | 0.0 | B |
| C | TOTAL INPATIENT REVENUE * | A + B | 23,277.9 | C |
| D | TOTAL INPATIENT DAYS (IPDs) (EXCLUDING NURSERY) | SCHD V 1 D | 6,111 | D |
| E | INPATIENT UNIT REVENUE | C / D | 3.80919 | E |
| F | GROSS OUTPATIENT REVENUE | RECORDS, BUDGET | 40,192.2 | F |
| G | OUTPATIENT GRANT REVENUE | RECORDS, BUDGET | 0.0 | G |
| H | TOTAL OUTPATIENT REVENUE * | F + G | 40,192.2 | H |
| I | TOTAL OUTPATIENT VISITS | SCH V 2 B | 24,284 | I |
| J | OUTPATIENT UNIT REVENUE | H / I | 1.65509 | J |
| K | INPATIENT - OUTPATIENT UNIT REVENUE RATIO | E / J | 2.30150 | K |
| L | INPATIENT EQUIVALENT OF OUTPATIENT VISITS | I / K | 10,551 | L |
| M | EQUIVALENT INPATIENT DAYS (EIPDs) | D + L | 16,662 | M |

| EQUIVALENT INPATIENT ADMISSIONS (EIPAs) | SOURCE | FISCAL YEAR |
|---|--------|-------------|
|---|--------|-------------|

| | | | | |
|---|---|-----------|----------|---|
| N | TOTAL INPATIENT ADMISSIONS | SCH V 1 D | 1,734 | N |
| O | INPATIENT UNIT REVENUE | C / N | 13.42442 | O |
| P | OUTPATIENT UNIT REVENUE | H / I | 1.65509 | P |
| Q | INPATIENT - OUTPATIENT UNIT REVENUE RATIO | O / P | 8.11099 | Q |
| R | INPATIENT EQUIVALENT OF OUTPATIENT VISITS | I / Q | 2,994 | R |
| S | EQUIVALENT INPATIENT ADMISSIONS (EIPAs) | N + R | 4,728 | U |

UNASSIGNED EXPENSES

UA

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

FISCAL YEAR DATA

MAL OIN MCR DEP LEA LIC IST ILT

| | | | | | | | | | | | | | |
|---|---|---------|---------|--------|-------|---------|---------|--------|-------|-----|-------|---------|---|
| A | BASE YEAR EXPENSES | RECORDS | 256.7 | 63.8 | 546.6 | 867.1 | 4,385.5 | 35.3 | 103.2 | 0.0 | 556.6 | 5,947.7 | A |
| B | ALLOC. TO AUX. ENTERPRISES & UNREGULATED SERVICES | RECORDS | (131.0) | (14.1) | 0.0 | (145.1) | (400.8) | (19.0) | 0.0 | 0.0 | 0.0 | (564.9) | B |
| C | FISCAL YEAR EXP. - ADJUSTED | A + B | 125.7 | 49.7 | 546.6 | 722.0 | 3,984.7 | 16.3 | 103.2 | 0.0 | 556.6 | 5,382.8 | C |

HOSPITAL BASED PHYSICIANS

P1 A

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

| COST CENTER | CODE | Research | Chief of Medical Staff | Medical Care Review | Administration & Supervision | Part B Services | EDUCATION | TOTAL | |
|-------------|---|----------|------------------------|---------------------|------------------------------|-----------------|-----------|-------|-----|
| A1 | Medical Staff Administration | MSA | 0.0 | 0.0 | 12.0 | 0.0 | 0.0 | 12.0 | A1 |
| A2 | Med/Surg Acute | MSG | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A2 |
| A3 | Pediatric Acute | PED | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A3 |
| A4 | Psychiatric Acute | PSY | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A4 |
| A5 | Obstetrics Acute | OBS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A5 |
| A6 | Definitive Observation | DEF | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A6 |
| A7 | Med/Surg Intensive Care | MIS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A7 |
| A8 | Coronary Care | CCU | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A8 |
| A9 | Pediatric Intensive Care | PIC | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A9 |
| A10 | Neonatal Intensive Care | NEO | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A10 |
| A11 | Burn Care | BUR | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A11 |
| A12 | Psychiatric Intensive Care | PSI | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A12 |
| A13 | Shock Trauma | TRM | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A13 |
| A14 | Oncology | ONC | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A14 |
| A15 | Newborn Nursery | NUR | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A15 |
| A16 | Premature Nursery | PRE | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A16 |
| A17 | Chronic Care | CRH | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A17 |
| A18 | Emergency Services | EMG | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A18 |
| A19 | Clinical Services | CL | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A19 |
| A20 | Psych. Day & Night Care | PDC | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A20 |
| A21 | Ambulatory Surgery (PBP) | AMS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A21 |
| A22 | Same Day Surgery | SDS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A22 |
| A23 | Labor & Delivery Services | DEL | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A23 |
| A24 | Operating Room | OR | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A24 |
| A25 | Operating Room Clinic | ORC | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A25 |
| A26 | Anesthesiology | ANS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A26 |
| A27 | Laboratory Services | LAB | 0.0 | 0.0 | 0.0 | 15.3 | 0.0 | 15.3 | A27 |
| A28 | Electrocardiography | EKG | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A28 |
| A29 | Interventional Radiology / Cardiovascular | IRC | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A29 |
| A30 | Radiology-Diagnostic | RAD | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A30 |
| A31 | CT Scanner | CAT | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A31 |
| A32 | Radiology-Therapeutic | RAT | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A32 |
| A33 | Nuclear Medicine | NUC | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A33 |
| A34 | Respiratory Therapy | RES | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A34 |

HOSPITAL BASED PHYSICIANS

P1 B

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

| | | | | | | | | | | |
|---|--------|----------|-----|-----|------|------|-----|-----|------|---|
| B | TOTALS | //////// | 0.0 | 0.0 | 12.0 | 15.3 | 0.0 | 0.0 | 27.3 | B |
|---|--------|----------|-----|-----|------|------|-----|-----|------|---|

Reporting Schedule

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

PHYSICIAN SUPPORT SERVICES

P3

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 2019
 INSTITUTION NUMBER: 210017

| | COL. 1 | COL. 2 | COL. 3 | COL. 4 | COL. 5 |
|---|-------------|-------------|----------|--------|--------|
| | FISCAL YEAR | ALLOC. CAFÉ | DONATED | TOTAL | FTE |
| | EXPENSE | PARK ETC. | SERVICES | | 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 / CARDIOVASCUL | 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 |
| HYPERBARIC 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 | INA | 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 |

AUXILIARY ENTERPRISES

AMB

E01

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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

AUXILIARY ENTERPRISES

PAR

E02

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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

AUXILIARY ENTERPRISES

DPO

E03

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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 | 108.7 | XXXXX | H |
| I | PROFIT (LOSS) | G - F | XXXXX | XXXXX | 108.7 | XXXXX | I |
| J | AMOUNT TREATED AS FRINGE | RECORDS | XXXXX | XXXXX | 0.0 | XXXXX | J |
| K | AMOUNT TREATED AS OFC | H - I | XXXXX | XXXXX | 108.7 | XXXXX | K |

FTE DATA

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

AUXILIARY ENTERPRISES

OOR

E04

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

| | | |
|---|-------------|-------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | Sq Feet | 0 |

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

Office & Other Rental

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

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 | XXXXX | S |
|---|-------------------------------|---------|-----|-----|-----|-------|---|

AUXILIARY ENTERPRISES

REO

E05

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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

Retail Operations

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

FISCAL YEAR DATA

| | | | | | | | |
|-----|--|-------------|----------|-------|-------|---------|-----|
| B | FISCAL YEAR EXPENSES | RECORDS | 0.0 | 181.5 | 181.5 | XXXXX | B |
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH OA | 0.3 | XXXXX | 0.3 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTER | //////// | XXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COL. 5 COST CENTER | COL. 6 CODE | //////// | XXXXX | XXXXX | XXXXX | /// |
| D01 | Depreciation & Amortization | DEP | 0.0 | 35.7 | 35.7 | XXXXX | D01 |
| D02 | General Accounting | FIS | 1.1 | 0.3 | 1.3 | XXXXX | D02 |
| D03 | Housekeeping | HKP | 4.1 | 1.0 | 5.1 | XXXXX | D03 |
| D04 | Leases & Rentals | LEA | 0.0 | 0.1 | 0.1 | XXXXX | D04 |
| D05 | Hospital Administration | MGT | 4.2 | 4.6 | 8.7 | XXXXX | D05 |
| D06 | Other Insurance | OIN | 0.0 | 0.5 | 0.5 | XXXXX | D06 |
| D07 | Plant Operations | POP | 4.1 | 4.7 | 8.8 | XXXXX | D07 |
| D08 | Purchasing & Stores | PUR | 0.6 | 0.3 | 0.8 | 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 | 14.3 | 228.6 | 242.8 | 0.32857 | G |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|--------------------------|---------|-------|-------|--------|-------|---|
| H | FISCAL YEAR REVENUE | RECORDS | XXXXX | XXXXX | 205.3 | XXXXX | H |
| I | PROFIT (LOSS) | G - F | XXXXX | XXXXX | (37.6) | XXXXX | I |
| J | AMOUNT TREATED AS FRINGE | RECORDS | XXXXX | XXXXX | 0.0 | XXXXX | J |
| K | AMOUNT TREATED AS OFC | H - I | XXXXX | XXXXX | (37.6) | XXXXX | K |

FTE DATA

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

AUXILIARY ENTERPRISES

PTE

E06

INSTITUTION NAME: Garrett Regional Medical Center REVISED 11/4/2019
 FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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

Patients Telephones

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

FISCAL YEAR DATA

| | | | | | | | |
|-----|--|-------------|----------|-------|-------|---------|-----|
| B | FISCAL YEAR EXPENSES | RECORDS | 63.9 | 30.3 | 94.2 | XXXXX | B |
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH OA | 1.5 | XXXXX | 1.5 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTER | //////// | XXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COL. 5 COST CENTER | COL. 6 CODE | //////// | XXXXX | XXXXX | XXXXX | /// |
| D01 | General Accounting | FIS | 0.5 | 0.1 | 0.6 | XXXXX | D01 |
| D02 | Leases & Rentals | LEA | 0.0 | 0.0 | 0.0 | XXXXX | D02 |
| D03 | Hospital Administration | MGT | 1.8 | 2.0 | 3.9 | 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 | 67.7 | 32.5 | 100.1 | 1.96349 | G |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|--------------------------|---------|-------|-------|---------|-------|---|
| H | FISCAL YEAR REVENUE | RECORDS | XXXXX | XXXXX | 0.0 | XXXXX | H |
| I | PROFIT (LOSS) | G - F | XXXXX | XXXXX | (100.1) | XXXXX | I |
| J | AMOUNT TREATED AS FRINGE | RECORDS | XXXXX | XXXXX | 0.0 | XXXXX | J |
| K | AMOUNT TREATED AS OFC | H - I | XXXXX | XXXXX | (100.1) | XXXXX | K |

FTE DATA

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

AUXILIARY ENTERPRISES

CAF

E07

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

| | VOLUME DATA | FISCAL YEAR UNITS |
|---|------------------|-------------------|
| A | Eq. Meals Served | 59,292 |

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

Cafeteria

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

FISCAL YEAR DATA

| | | | | | | | |
|-----|--|-------------|----------|--------|--------|---------|-----|
| B | FISCAL YEAR EXPENSES | RECORDS | 131.9 | 265.7 | 397.6 | XXXXX | B |
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH OA | XXXXXX | XXXXXX | XXXXXX | XXXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTER | //////// | XXXXXX | XXXXXX | XXXXXX | XXXXXX | D |
| /// | COL. 5 COST CENTER | COL. 6 CODE | //////// | XXXXXX | XXXXXX | XXXXXX | /// |
| D01 | Depreciation & Amortization | DEP | 0.0 | 62.9 | 62.9 | XXXXX | D01 |
| D02 | General Accounting | FIS | 2.1 | 0.6 | 2.7 | XXXXXX | D02 |
| D03 | Housekeeping | HKP | 7.2 | 1.8 | 9.0 | XXXXXX | D03 |
| D04 | Hospital Administration | MGT | 8.5 | 9.3 | 17.8 | XXXXXX | D04 |
| D05 | Plant Operations | POP | 7.3 | 8.2 | 15.5 | XXXXXX | D05 |
| D06 | Purchasing & Stores | PUR | 1.1 | 0.5 | 1.7 | 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 | DONATED SERVICES & COMMODITIES | RECORDS | 0.0 | 0.0 | 0.0 | XXXXXX | F |
| G | FISCAL YEAR ADJUSTED EXPENSES | B+C+D+E | 158.1 | 349.0 | 507.1 | 0.00855 | G |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|--------------------------|---------|--------|--------|---------|--------|---|
| H | FISCAL YEAR REVENUE | RECORDS | XXXXXX | XXXXXX | 143.9 | XXXXXX | H |
| I | PROFIT (LOSS) | G - F | XXXXXX | XXXXXX | (363.2) | XXXXXX | I |
| J | AMOUNT TREATED AS FRINGE | RECORDS | XXXXXX | XXXXXX | (363.2) | XXXXXX | J |
| K | AMOUNT TREATED AS OFC | H - I | XXXXXX | XXXXXX | (0.0) | XXXXXX | K |

FTE DATA

| | | | | | | | |
|---|-------------------------------|---------|-----|--|--|--|---|
| S | FISCAL YEAR HOURS WORKED/2080 | RECORDS | 3.7 | | | | S |
|---|-------------------------------|---------|-----|--|--|--|---|

AUXILIARY ENTERPRISES

DEB

E08

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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 | XXXXX | S |
|---|-------------------------------|---------|-----|-----|-----|-------|---|

AUXILIARY ENTERPRISES

HOU

E09

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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 | | | | S |
|---|-------------------------------|---------|-----|--|--|--|---|

OTHER INSTITUTIONAL PROGRAMS

REG

F01

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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

Research

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

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 | FISCAL YEAR ADJUSTED EXPENSES | B+C+D | 0.0 | 0.0 | 0.0 | 0.00000 | F |

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

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

OTHER INSTITUTIONAL PROGRAMS

RNS

F02

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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

Nursing Education

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

FISCAL YEAR DATA

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

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

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

OTHER INSTITUTIONAL PROGRAMS

OHE

F03

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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

Other Health Profession Education

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

FISCAL YEAR DATA

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

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

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

OTHER INSTITUTIONAL PROGRAMS

CHE

F04

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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

Community Health Education

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

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

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

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

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017
 FISCAL YEAR: 6/30/2019

REVISED 11/4/2019

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 | 363.2 |
| B | NUMBER OF FTE'S | RECORDS | 347.0 |
| B1 | LOSS PER FTE | A / B | 1.04674 |

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 | 575.2 | 564.1 | 1,139.3 |
| 2 | DONATED SERVICES & COMMODITIES | RECORDS | 0.0 | 0.0 | 0.0 |
| 3 | FISCAL YEAR ADJUSTED EXPENSES | C1 + C2 | 575.2 | 564.1 | 1,139.3 |

| | | | | | CAFETERIA, PARKING, ETC | | | | | | | | DATA PROCESSING | | | | COL. 8 |
|-----|------------------------------|---------|-------|------|-------------------------|--------|-----------------|--------|-------------------------------|----------------|---------------|--------|-----------------|---------|---------|-------------------------|--------|
| /// | DISTRIBUTION OF LOSS PER FTE | LOOK UP | SCHED | CODE | NO. OF FTE'S | C x DI | FTE'S ALLOCATED | BASIS | COL. 5 | COL. 6 | COL. 7 | COL. 8 | COL. 9 | COL. 10 | COL. 11 | TOTAL ALLOCATED EXPENSE | |
| | | | | | | | | | WAGES, SALARIES, & F. BENEFIT | OTHER EXPENSES | DP ALLOCATION | | | | | | |
| 1 | DIETARY SERVICES | C01 | C01 | DTY | 7.4 | \$ 7.8 | 0.2 | 2.50% | \$ 14.4 | \$ 14.1 | \$ 28.5 | | | | 36.3 | | |
| 2 | LAUNDRY & LINEN | C02 | C02 | LL | 1.2 | 1.2 | 0.0 | 0.00% | - | - | - | | | | 1.2 | | |
| 3 | SOCIAL SERVICES | C03 | C03 | SSS | 7.4 | 7.7 | 0.3 | 4.11% | 23.7 | 23.2 | 46.9 | | | | 54.6 | | |
| 4 | PURCHASING & STORES | C04 | C04 | PUR | 3.5 | 3.6 | 0.1 | 1.43% | 8.2 | 8.1 | 16.3 | | | | 19.9 | | |
| 5 | PLANT OPERATIONS | C05 | C05 | POP | 9.9 | 10.4 | 0.0 | 0.18% | 1.0 | 1.0 | 2.0 | | | | 12.4 | | |
| 6 | HOUSEKEEPING | C06 | C06 | HKP | 16.0 | 16.8 | 0.0 | 0.18% | 1.0 | 1.0 | 2.0 | | | | 18.8 | | |
| 7 | CENTRAL SERVICES & SUPPLY | C07 | C07 | CSS | 2.9 | 3.0 | 0.0 | 0.00% | - | - | - | | | | 3.0 | | |
| 8 | PHARMACY | C08 | C08 | PHM | 7.5 | 7.8 | 0.1 | 1.97% | 11.3 | 11.1 | 22.4 | | | | 30.3 | | |
| 9 | GENERAL ACCOUNTING | C09 | C09 | FIS | 4.8 | 5.0 | 0.1 | 1.25% | 7.2 | 7.1 | 14.3 | | | | 19.3 | | |
| 10 | PATIENT ACCOUNTS | C10 | C10 | PAC | 20.4 | 21.4 | 0.3 | 5.37% | 30.9 | 30.3 | 61.1 | | | | 82.5 | | |
| 11 | HOSPITAL ADMINISTRATION | C11 | C11 | MGT | 13.0 | 13.6 | 1.3 | 21.47% | 123.5 | 121.1 | 244.6 | | | | 258.2 | | |
| 12 | MEDICAL RECORDS | C12 | C12 | MRD | 12.6 | 13.1 | 0.4 | 5.90% | 34.0 | 33.3 | 67.3 | | | | 80.4 | | |
| 13 | MEDICAL STAFF ADMINISTRATION | C13 | C13 | MSA | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | | | | - | | |
| 14 | NURSING ADMINISTRATION | C14 | C14 | NAD | 7.1 | 7.5 | 0.1 | 1.61% | 9.3 | 9.1 | 18.3 | | | | 25.8 | | |
| 15 | ORGAN ACQUISITION OVERHEAD | C15 | C15 | OAO | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | | | | - | | |
| 16 | MED/SURG ACUTE | D01 | D01 | MSG | 32.1 | 33.7 | 0.6 | 10.38% | 59.7 | 58.5 | 118.2 | | | | 151.9 | | |
| 17 | PEDIATRIC ACUTE | D02 | D02 | PED | 0.2 | 0.2 | 0.0 | 0.00% | - | - | - | | | | 0.2 | | |
| 18 | PSYCHIATRIC ACUTE | D03 | D03 | PSY | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | | | | - | | |
| 19 | OBSTETRICS ACUTE | D04 | D04 | OBS | 5.3 | 5.5 | 0.3 | 5.19% | 29.8 | 29.3 | 59.1 | | | | 64.7 | | |
| 20 | DEFINITIVE OBSERVATION | D05 | D05 | DEF | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | | | | - | | |
| 21 | MED/SURG INTENSIVE CARE | D06 | D06 | MIS | 11.0 | 11.5 | 0.2 | 3.04% | 17.5 | 17.2 | 34.6 | | | | 46.1 | | |
| 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 | 3.7 | 3.8 | 0.0 | 0.00% | - | - | - | | | | 3.8 | | |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017
 FISCAL YEAR: 6/30/2019

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

| /// | DISTRIBUTION OF LOSS PER FTE | LOOK UP | SCHED | CODE | NO. OF FTE'S | C x DI | FTE'S ALLOCATED | BASIS | WAGES, SALARIES, & F. BENEFIT | OTHER EXPENSES | DP ALLOCATION | TOTAL ALLOCATED EXPENSE |
|-----|---|---------|-------|------|--------------|--------|-----------------|-------|-------------------------------|----------------|---------------|-------------------------|
| 30 | PREMATURE NURSERY | D15 | D15 | PRE | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 31 | CHRONIC CARE | D17 | D17 | CRH | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 32 | EMERGENCY SERVICES | D18 | D18 | EMG | 26.9 | 28.2 | 0.5 | 8.77% | 50 | 49 | 100 | 128.1 |
| 33 | CLINICAL SERVICES | D19 | D19 | CL | 11.3 | 11.8 | 0.1 | 1.43% | 8 | 8 | 16 | 28.1 |
| 34 | PSYCH. DAY & NIGHT CARE | D20 | D20 | PDC | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 35 | AMBULATORY SURGERY (BPB) | D21 | D21 | AMS | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 36 | SAME DAY SURGERY | D22 | D22 | SDS | 5.3 | 5.6 | 0.1 | 1.79% | 10 | 10 | 20 | 25.9 |
| 37 | LABOR & DELIVERY SERVICES | D23 | D23 | DEL | 6.0 | 6.2 | 0.0 | 0.00% | 0 | 0 | 0 | 6.2 |
| 38 | OPERATING ROOM | D24 | D24 | OR | 22.8 | 23.9 | 0.3 | 4.83% | 28 | 27 | 55 | 78.9 |
| 39 | OPERATING ROOM CLINIC | D24a | D24a | ORC | 0.1 | 0.1 | 0.0 | 0.00% | 0 | 0 | 0 | 0.1 |
| 40 | ANESTHESIOLOGY | D25 | D25 | ANS | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 41 | LABORATORY SERVICES | D28 | D28 | LAB | 16.5 | 17.3 | 0.3 | 4.83% | 28 | 27 | 55 | 72.3 |
| 42 | ELECTROCARDIOGRAPHY | D30 | D30 | EKG | 1.4 | 1.5 | 0.0 | 0.00% | 0 | 0 | 0 | 1.5 |
| 43 | INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR | D31 | D31 | IRC | 0.1 | 0.1 | 0.0 | 0.00% | 0 | 0 | 0 | 0.1 |
| 44 | RADIOLOGY-DIAGNOSTIC | D32 | D32 | RAD | 14.7 | 15.4 | 0.2 | 3.94% | 23 | 22 | 45 | 60.3 |
| 45 | CT SCANNER | D33 | D33 | CAT | 1.9 | 2.0 | 0.0 | 0.18% | 1 | 1 | 2 | 4.0 |
| 46 | RADIOLOGY-THERAPEUTIC | D34 | D34 | RAT | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 47 | NUCLEAR MEDICINE | D35 | D35 | NUC | 1.8 | 1.9 | 0.0 | 0.36% | 2 | 2 | 4 | 6.0 |
| 48 | RESPIRATORY THERAPY | D36 | D36 | RES | 5.7 | 5.9 | 0.2 | 2.68% | 15 | 15 | 31 | 36.5 |
| 49 | PULMONARY FUNCTION TESTING | D37 | D37 | PUL | 1.6 | 1.7 | 0.0 | 0.00% | 0 | 0 | 0 | 1.7 |
| 50 | ELECTROENCEPHALOGRAPHY | D38 | D38 | EEG | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | 0.0 |
| 51 | PHYSICAL THERAPY | D39 | D39 | PTH | 1.2 | 1.2 | 0.4 | 6.62% | 38 | 37 | 75 | 76.6 |
| 52 | OCCUPATIONAL THERAPY | D40 | D40 | OTH | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 53 | SPEECH LANGUAGE PATHOLOGY | D41 | D41 | STH | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 54 | RECREATIONAL THERAPY | D42 | D42 | REC | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 55 | AUDIOLOGY | D43 | D43 | AUD | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 56 | OTHER PHYSICAL MEDICINE | D44 | D44 | OPM | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 57 | RENAL DIALYSIS | D45 | D45 | RDL | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 58 | ORGAN ACQUISITION | D46 | D46 | OA | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 59 | AMBULATORY SURGERY | D47 | D47 | AOR | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 60 | LEUKOPHERESIS | D48 | D48 | LEU | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 61 | HYPERBARIC CHAMBER | D49 | D49 | HYP | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017
 FISCAL YEAR: 6/30/2019

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

| /// | DISTRIBUTION OF LOSS PER FTE | LOOK UP | SCHED | CODE | NO. OF FTE'S | C x DI | FTE'S ALLOCATED | BASIS | WAGES, SALARIES, & F. BENEFIT | OTHER EXPENSES | DP ALLOCATION | TOTAL ALLOCATED EXPENSE |
|-----|--------------------------------------|---------|-------|---------|--------------|--------|-----------------|-------|-------------------------------|----------------|---------------|-------------------------|
| 62 | FREE STANDING EMERGENCY | D50 | D50 | FSE | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 63 | MAGNETIC RESONANCE IMAGING | D51 | D51 | MRI | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | 0.0 |
| 64 | ADOLESCENT DUAL DIAGNOSED | D52 | D52 | ADD | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 65 | LITHOTRIPSY | D53 | D53 | LIT | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 66 | REHABILITATION | D54 | D54 | RHB | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 67 | OBSERVATION | D55 | D55 | OBV | 8.4 | 8.8 | 0.0 | 0.00% | 0 | 0 | 0 | 8.8 |
| 68 | AMBULANCE SERVICES-REBUNDLED | D56 | D56 | AMR | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 69 | TRANSURETHAL MICROWAVE THERMOTHERAPY | D57 | D57 | TMT | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 70 | ONCOLOGY O/P CLINIC | D58 | D58 | OCL | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 71 | TRANSURETHAL NEEDLE ABLATION | D59 | D59 | TNA | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 72 | PSYCHIATRIC ADULT | D70 | D70 | PAD | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 73 | PSYCHIATRIC CHILD/ADOLESCENT | D71 | D71 | PCD | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 74 | PSYCHIATRIC GERIATRIC | D73 | D73 | PSG | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 75 | INDIVIDUAL THERAPIES | D74 | D74 | ITH | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 76 | GROUP THERAPIES | D75 | D75 | GTH | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 77 | FAMILY THERAPIES | D76 | D76 | FTH | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 78 | PSYCHOLOGICAL TESTING | D77 | D77 | PST | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 79 | EDUCATION | D78 | D78 | PSE | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 80 | OTHER THERAPIES | D79 | D79 | OPT | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 81 | ELECTROCONVULSIVE THERAPY | D80 | D80 | ETH | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 82 | ACTIVITY THERAPIES | D81 | D81 | ATH | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 83 | PEDIATRIC STEP-DOWN | D82 | D82 | PSD | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 84 | 340B CLINIC SERVICES | D83 | D83 | CL-340 | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 85 | 340B RADIOLOGY - THERAPEUTIC | D84 | D84 | RAT-340 | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 86 | 340B OR CLINIC SERVICES | D85 | D85 | ORC-340 | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 87 | 340B LABORATORY SERVICES | D86 | D86 | LAB-340 | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 88 | 340B DRUGS | D87 | D87 | CDS-340 | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 89 | AMBULANCE SERVICES | E01 | E01 | AMB | 0.0 | 0.0 | | | | | | - |
| 90 | PARKING | E02 | E02 | PAR | | 0.0 | | | | | | - |
| 91 | DOCTOR'S PRIVATE OFFICE RENT | E03 | E03 | DPO | 0.0 | 0.0 | | | | | | - |
| 92 | OFFICE & OTHER RENTAL | E04 | E04 | OOR | 0.0 | 0.0 | | | | | | - |
| 93 | RETAIL OPERATIONS | E05 | E05 | REO | 0.3 | 0.3 | | | | | | 0.3 |
| 94 | PATIENTS TELEPHONES | E06 | E06 | PTE | 1.4 | 1.5 | | | | | | 1.5 |
| 95 | RESEARCH | F01 | F01 | REG | 0.0 | 0.0 | | | | | | - |
| 96 | NURSING EDUCATION | F02 | F02 | RNS | 0.0 | 0.0 | | | | | | - |
| 97 | OTHER HEALTH PROFESSION EDUCATION | F03 | F03 | OHE | 0.0 | 0.0 | | | | | | - |
| 98 | COMMUNITY HEALTH EDUCATION | F04 | F04 | CHE | 0.0 | 0.0 | | | | | | - |
| 99 | MED/SURG ACUTE | D01 | P2A | MSG | 0.0 | 0.0 | | | | | | - |
| 100 | PEDIATRIC ACUTE | D02 | P2A | PED | 0.0 | 0.0 | | | | | | - |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

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

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

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

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

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|-----|---|---------|-------|------|--------------|--------|-----------------|-------|-------------------------------|----------------|---------------|-------------------------|
| 175 | DEFINITIVE OBSERVATION | D05 | P3 | DEF | 0.0 | 0.0 | | | | | | - |
| 176 | MED/SURG INTENSIVE CARE | D06 | P3 | MIS | 0.0 | 0.0 | | | | | | - |
| 177 | CORONARY CARE | D07 | P3 | CCU | 0.0 | 0.0 | | | | | | - |
| 178 | PEDIATRIC INTENSIVE CARE | D08 | P3 | PIC | 0.0 | 0.0 | | | | | | - |
| 179 | NEONATAL INTENSIVE CARE | D09 | P3 | NEO | 0.0 | 0.0 | | | | | | - |
| 180 | BURN CARE | D10 | P3 | BUR | 0.0 | 0.0 | | | | | | - |
| 181 | PSYCHIATRIC INTENSIVE CARE | D11 | P3 | PSI | 0.0 | 0.0 | | | | | | - |
| 182 | SHOCK TRAUMA | D12 | P3 | TRM | 0.0 | 0.0 | | | | | | - |
| 183 | ONCOLOGY | D13 | P3 | ONC | 0.0 | 0.0 | | | | | | - |
| 184 | NEWBORN NURSERY | D14 | P3 | NUR | 0.0 | 0.0 | | | | | | - |
| 185 | PREMATURE NURSERY | D15 | P3 | PRE | 0.0 | 0.0 | | | | | | - |
| 186 | CHRONIC CARE | D17 | P3 | CRH | 0.0 | 0.0 | | | | | | - |
| 187 | EMERGENCY SERVICES | D18 | P3 | EMG | 0.0 | 0.0 | | | | | | - |
| 188 | CLINICAL SERVICES | D19 | P3 | CL | 0.0 | 0.0 | | | | | | - |
| 189 | PSYCH. DAY & NIGHT CARE | D20 | P3 | PDC | 0.0 | 0.0 | | | | | | - |
| 190 | AMBULATORY SURGERY (PBP) | D21 | P3 | AMS | 0.0 | 0.0 | | | | | | - |
| 191 | SAME DAY SURGERY | D22 | P3 | SDS | 0.0 | 0.0 | | | | | | - |
| 192 | LABOR & DELIVERY SERVICES | D23 | P3 | DEL | 0.0 | 0.0 | | | | | | - |
| 193 | OPERATING ROOM | D24 | P3 | OR | 0.0 | 0.0 | | | | | | - |
| 194 | OPERATING ROOM CLINIC | D24a | P3 | ORC | 0.0 | 0.0 | | | | | | - |
| 195 | ANESTHESIOLOGY | D25 | P3 | ANS | 0.0 | 0.0 | | | | | | - |
| 196 | LABORATORY SERVICES | D28 | P3 | LAB | 0.0 | 0.0 | | | | | | - |
| 197 | ELECTROCARDIOGRAPHY | D30 | P3 | EKG | 0.0 | 0.0 | | | | | | - |
| 198 | INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR | D31 | P3 | IRC | 0.0 | 0.0 | | | | | | - |
| 199 | RADIOLOGY-DIAGNOSTIC | D32 | P3 | RAD | 0.0 | 0.0 | | | | | | - |
| 200 | CT SCANNER | D33 | P3 | CAT | 0.0 | 0.0 | | | | | | - |
| 201 | RADIOLOGY-THERAPEUTIC | D34 | P3 | RAT | 0.0 | 0.0 | | | | | | - |
| 202 | NUCLEAR MEDICINE | D35 | P3 | NUC | 0.0 | 0.0 | | | | | | - |
| 203 | RESPIRATORY THERAPY | D36 | P3 | RES | 0.0 | 0.0 | | | | | | - |
| 204 | PULMONARY FUNCTION TESTING | D37 | P3 | PUL | 0.0 | 0.0 | | | | | | - |
| 205 | ELECTROENCEPHALOGRAPHY | D38 | P3 | EEG | 0.0 | 0.0 | | | | | | - |
| 206 | PHYSICAL THERAPY | D39 | P3 | PTH | 0.0 | 0.0 | | | | | | - |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017
 FISCAL YEAR: 6/30/2019

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

| /// | DISTRIBUTION OF LOSS PER FTE | LOOK UP | SCHED | CODE | NO. OF FTE'S | C x DI | FTE'S ALLOCATED | BASIS | WAGES, SALARIES, & F. BENEFIT | OTHER EXPENSES | DP ALLOCATION | TOTAL ALLOCATED EXPENSE |
|-----|--------------------------------------|---------|-------|---------|--------------|--------|-----------------|-------|-------------------------------|----------------|---------------|-------------------------|
| 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)

INSTITUTION NAME: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017
 FISCAL YEAR: 6/30/2019

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

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

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017
 FISCAL YEAR 6/30/2019

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

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

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: Garrett Regional Medical Center
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COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8

| /// | DISTRIBUTION OF LOSS PER FTE | LOOK UP | SCHED | CODE | NO. OF FTE'S | C x DI | FTE'S ALLOCATED | BASIS | WAGES, SALARIES, & F. BENEFIT | OTHER EXPENSES | DP ALLOCATION | TOTAL ALLOCATED EXPENSE |
|-----|---|---------|-------|------|--------------|--------|-----------------|-------|-------------------------------|----------------|---------------|-------------------------|
| 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)

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017
 FISCAL YEAR 6/30/2019

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

| /// | DISTRIBUTION OF LOSS PER FTE | LOOK UP | SCHED | CODE | NO. OF FTE'S | C x DI | FTE'S ALLOCATED | BASIS | WAGES, SALARIES, & F. BENEFIT | OTHER EXPENSES | DP ALLOCATION | TOTAL ALLOCATED EXPENSE |
|-----|------------------------------------|---------|-------|---------|--------------|--------|-----------------|---------|-------------------------------|----------------|---------------|-------------------------|
| 369 | PSYCHIATRIC CHILD/ADOLESCENT | D71 | P5I | PCD | 0.0 | 0.0 | | | | | | - |
| 370 | PSYCHIATRIC GERIATRIC | D73 | P5I | PSG | 0.0 | 0.0 | | | | | | - |
| 371 | INDIVIDUAL THERAPIES | D74 | P5I | ITH | 0.0 | 0.0 | | | | | | - |
| 372 | GROUP THERAPIES | D75 | P5I | GTH | 0.0 | 0.0 | | | | | | - |
| 373 | FAMILY THERAPIES | D76 | P5I | FTH | 0.0 | 0.0 | | | | | | - |
| 374 | PSYCHOLOGICAL TESTING | D77 | P5I | PST | 0.0 | 0.0 | | | | | | - |
| 375 | EDUCATION | D78 | P5I | PSE | 0.0 | 0.0 | | | | | | - |
| 376 | OTHER THERAPIES | D79 | P5J | OPT | 0.0 | 0.0 | | | | | | - |
| 377 | ELECTROCONVULSIVE THERAPY | D80 | P5J | ETH | 0.0 | 0.0 | | | | | | - |
| 378 | ACTIVITY THERAPIES | D81 | P5J | ATH | 0.0 | 0.0 | | | | | | - |
| 378 | PEDIATRIC STEP-DOWN | D82 | P5J | PSD | 0.0 | 0.0 | | | | | | - |
| 379 | 340B CLINIC SERVICES | D83 | P5J | CL-340 | 0.0 | 0.0 | | | | | | - |
| 380 | 340B RADIOLOGY - THERAPEUTIC | D84 | P5J | RAT-340 | 0.0 | 0.0 | | | | | | - |
| 381 | 340B OR CLINIC SERVICES | D85 | P5J | ORC-340 | 0.0 | 0.0 | | | | | | - |
| 382 | 340B LABORATORY SERVICES | D86 | P5J | LAB-340 | 0.0 | 0.0 | | | | | | - |
| 383 | 340B DRUGS | D87 | P5J | CDS-340 | 0.0 | 0.0 | | | | | | - |
| 384 | FREESTANDING CLINIC SERVICES | UR01 | UR01 | FSC1 | 0.0 | 0.0 | | | | | | - |
| 385 | HOME HEALTH SERVICES | UR02 | UR02 | HHC | 0.0 | 0.0 | | | | | | - |
| 386 | OUTPATIENT RENAL DIALYSIS | UR03 | UR03 | ORD | 0.0 | 0.0 | | | | | | - |
| 387 | SKILLED NURSING CARE | UR04 | UR04 | ECF1 | 16.2 | 16.9 | | | | | | 16.9 |
| 388 | LABORATORY NON-PATIENT | UR05 | UR05 | ULB | 2.0 | 2.1 | | | | | | 2.1 |
| 389 | PHYSICIANS PART B SERVICES | UR06 | UR06 | UPB | 35.4 | 37.1 | | | | | | 37.1 |
| 390 | CERTIFIED NURSE ANESTHETISTS | UR07 | UR07 | CNA | 0.0 | 0.0 | | | | | | - |
| 391 | PHYSICIAN SUPPORT SERVICES | UR08 | UR08 | PSS | 0.0 | 0.0 | | | | | | - |
| 392 | MOBILE SERVICES | UR09 | UR09 | TBA2 | 0.0 | 0.0 | | | | | | - |
| 393 | OUTPATIENT CT SCAN | UR10 | UR10 | TBA3 | 0.0 | 0.0 | | | | | | - |
| 394 | PHARMACY GRANT | UR11 | UR11 | TBA4 | 0.0 | 0.0 | | | | | | 0.0 |
| 395 | COMPREHENSIVE CARE CENTER | UR12 | UR12 | TBA5 | 0.0 | 0.0 | | | | | | - |
| 396 | UNREGULATED CARDIAC REHABILITATION | UR13 | UR13 | TBA6 | 0.0 | 0.0 | | | | | | 0.0 |
| 397 | TBD | UR14 | UR14 | TBA7 | 0.0 | 0.0 | | | | | | - |
| 398 | TBD | UR15 | UR15 | TBA8 | 0.0 | 0.0 | | | | | | - |
| E | TOTALS | | | | 347.0 | 363.2 | 6.2 | 100.00% | 575.2 | 564.1 | 1,139.3 | 1,502.5 |

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

RC

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210017

| | Expenses | Sources | HSCRC Regulated | Unregulated | Total | |
|----|-------------------------------------|---------------------------------|-----------------|-------------|------------|----|
| A | Unassigned Expense | Sch. UA, Col. 10 | 5,382.8 | 564.9 | 5,947.7 | A |
| B | Physicians Part B Services | P2 Ln A Col 7 UR6 Ln B Col 3 | 0.0 | 8,566.4 | 8,566.4 | 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 | 13,322.8 | 984.1 | 14,306.9 | E |
| F | Patient Care Centers | Schs D1 - D81, Line B, Col. 4 | 26,415.8 | ////////// | 26,415.8 | F |
| G | Auxiliary Enterprises | Schs E1 - E9 Line B, Col 3 | 363.2 | 310.1 | 673.3 | G |
| H | Other Institution Programs | Schs F1 - F4, Line B, Col 3 | ////////// | 0.0 | 0.0 | H |
| I | Unregulated Services | Schs UR1-UR15 Less Ln B & C | ////////// | 1,509.8 | 1,509.8 | I |
| J | Total Operating Expenses | A+B+C+D+E+F+G+H+I | 45,484.7 | 11,935.3 | 57,419.9 | J |
| K | Non-Operating Expenses | Non-Operating Expenses | ////////// | 0.0 | 0.0 | K |
| L | Total Expenses | J + K | 45,484.7 | 11,935.3 | 57,419.9 | L |
| M | Total Operating Expenses - RE | Sche RE, Line S | 45,380.2 | 12,039.8 | 57,420.0 | M |
| N | Non-Operating Expenses - RE | Sche RE, Line V | ////////// | 0.0 | 0.0 | N |
| O | Total Expenses - RE | M + N | 45,380.2 | 12,039.8 | 57,420.0 | O |
| P | Reconciliation Amount | O - L | (104.4) | 104.6 | 0.1 | P |
| Q | Nomenclature | ////////// | ////////// | ////////// | ////////// | Q |
| Q1 | Other Non-Operating Expense | Audited Financial Statements | 0.0 | 0.0 | 0.0 | Q1 |
| Q2 | Rounding | | (0.1) | (0.0) | (0.1) | Q2 |
| Q3 | O/H Exp Alloc. to Aux Ent. Fringe | E Schedules | 46.6 | (46.6) | 0.0 | Q3 |
| Q4 | Aux Ent. Loss Allocated to F and UR | OA Schedule | 57.9 | (57.9) | 0.0 | Q4 |
| Q5 | Ineligible Interns/Residents | P5 Schedule | 0.0 | 0.0 | 0.0 | Q5 |
| Q6 | | | | | | Q6 |

STATEMENT OF REVENUE AND EXPENSES

RE

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL

6/30/2019INSTITUTION NUMBER: 210017

| | COL 1 | COL 2 | COL 3 | |
|--|-----------|-------------|----------|----|
| | Regulated | Unregulated | Total | |
| Operating Revenues: | xxxx | xxxx | xxxx | |
| A Gross Revenues from Daily Hospital Services | 9,354.9 | 0.0 | 9,354.9 | A |
| B Gross Revenues from Ambulatory Services | 9,899.4 | 0.0 | 9,899.4 | B |
| C Gross Revenues from Inpatient Ancillary Services | 13,923.1 | 2,554.4 | 16,477.5 | C |
| D Gross Revenues from Outpatient Ancillary Services | 30,292.7 | 13,008.9 | 43,301.6 | D |
| E Gross Patient Revenues | 63,470.1 | 15,563.4 | 79,033.5 | E |
| Deductions from Revenues: | xxxx | xxxx | xxxx | |
| F Provision for Bad Debts | 1,488.8 | 392.4 | 1,881.2 | F |
| G Charity/Uncompensated Care | 2,933.0 | 127.8 | 3,060.8 | G |
| H Contractual Adjustments | 3,924.7 | 8,485.6 | 12,410.3 | H |
| H1 Uncompensated Care Fund Payments | 314.8 | 0.0 | 314.8 | H1 |
| H2 Denials | 1,830.0 | 127.8 | 1,957.8 | H2 |
| I Other Deductions from Revenues | 0.0 | 0.0 | 0.0 | I |
| J Total Deductions from Revenues | 10,491.4 | 9,133.5 | 19,624.9 | J |
| J1 Uncompensated Care Fund Receipts | 0.0 | 0.0 | 0.0 | J1 |
| K Net Patient Revenues | 52,978.7 | 6,429.8 | 59,408.6 | K |
| L Other Operating Revenues | 235.3 | 460.5 | 695.8 | L |
| M Net Operating Revenues | 53,214.0 | 6,890.4 | 60,104.4 | M |
| Operating Expenses: | xxxx | xxxx | xxxx | |
| N Salaries, Wages, and Employee Benefits | 24,544.9 | 7,916.8 | 32,461.7 | N |
| O Professional Fees | 0.0 | 0.0 | 0.0 | O |
| P Supplies | 10,081.4 | 0.0 | 10,081.4 | P |
| Q Depreciation/Amortization, Leases/Rentals | 4,001.0 | 419.8 | 4,420.8 | Q |
| R Other Expenses | 6,752.9 | 3,703.3 | 10,456.2 | R |
| S Total Operating Expenses | 45,380.2 | 12,039.8 | 57,420.0 | S |
| T Excess (Deficit) Operating Revenues Over Operating Expenses | 7,833.8 | (5,149.5) | 2,684.3 | T |
| U Non-Operating Revenues | xxxx | 122.3 | 122.3 | U |
| V Non-Operating Expenses | xxxx | 0.0 | 0.0 | V |
| W Excess (Deficit) Revenues Over Expenses-Regulated and Unregulated | 7,833.8 | (5,027.2) | 2,806.6 | W |
| X Operating Expenses per EIPD | 2.72351 | xxxx | xxxx | X |
| Y Operating Expenses per EIPA | 9.59826 | xxxx | xxxx | Y |
| Z Working Capital Ratio = Current Assets/Current Liabilities | 4.9 | xxxx | xxxx | Z |
| AA Admissions | 1,734 | 0 | 1,734 | AA |
| BB EIPA's | 4,728 | 0 | 5,305 | BB |

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

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center

RE - R 1

INSTITUTION NO.: 210017

| | Col. 1 | Col. 2 | Col. 3 | Col. 4 | Col. 5 | Col. 6 | Col. 7 | Col. 8 | Col. 9 | Col. 10 | Col. 11 | Col. 12 | Col. 13 | Col. 14 | Col. 15 |
|------------------------------|------------------------------------|------------------------------|-----------------------|---------|------------|--------------|-------------|------------|-----------|-----------------------|---------|------------------------------|-------------|-----------------|-----------------|
| | Audited Financial Statements | Miscellaneous Adjustments | AUXILIARY ENTERPRISES | | | | | | | AUXILIARY ENTERPRISES | | OTHER INSTITUTIONAL PROGRAMS | | | |
| | | | E01 | E02 | E03 | E04 | E05 | E06 | E07 | E08 | E09 | F01 | F02 | F03 | F04 |
| | | | Ambulance | Parking | Dr. Office | Other Office | Retail Ops. | Pt. Phones | Cafeteria | Day Care | Housing | Research | Nursing Ed. | Other Hlth. Ed. | Comm. Hlth. Ed. |
| Gross Patient Revenue | 79,033.5 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Provision for Bad Debt | 1,881.2 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Charity Care | 3,060.8 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Contractual Allowances | 14,682.9 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Deductions | 19,624.9 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Net Patient Revenue | 59,408.6 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Other Operating Revenue | 695.8 | - | - | - | 108.7 | - | 205.3 | - | 143.9 | - | - | - | - | - | - |
| Total Operating Revenue | 60,104.4 | - | - | - | 108.7 | - | 205.3 | - | 143.9 | - | - | - | - | - | - |
| Operating Expenses: | | | | | | | | | | | | | | | |
| Salaries, Wages and Benefits | 32,461.7 | - | - | - | - | - | 14.3 | 67.7 | 158.1 | - | - | - | - | - | - |
| Professional Fees | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Supplies | 10,081.4 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Depreciation / Amortization | 4,385.5 | - | - | - | - | - | 35.7 | - | 62.9 | - | - | - | - | - | - |
| Leases / Rentals | - | 35.3 | - | - | - | - | 0.1 | 0.0 | - | - | - | - | - | - | - |
| Interest | 557.8 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Other Expenses | 9,933.6 | (35.3) | - | - | - | - | 192.8 | 32.4 | (77.1) | - | - | - | - | - | - |
| Total Operating Expense | 57,420.0 | - | - | - | - | - | 242.8 | 100.1 | 143.9 | - | - | - | - | - | - |
| Income from Operations | 2,684.3 | - | - | - | 108.7 | - | (37.6) | (100.1) | (0.0) | - | - | - | - | - | - |
| Non-Operating Revenues | 122.3 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Non-Operating Expenses | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Excess Revenue Over Expenses | 2,806.6 | - | - | - | 108.7 | - | (37.6) | (100.1) | (0.0) | - | - | - | - | - | - |

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

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional

RE - R 2

INSTITUTION NO.: 210017

| | Col. 16 | Col. 17 | Col. 18 | Col. 19 | Col. 20 | Col. 21 | Col. 22 | Col. 23 | Col. 23a | Col. 23b | Col. 23c | Col. 23d |
|------------------------------|-------------|-------------|-----------|-------------|-------------|-------------|---------|---------|-----------------|---------------|---------------|----------------------|
| | UNREGULATED | | | UNREGULATED | | | | | | | | |
| | UR01 | UR02 | UR03 | UR04 | UR05 | UR06 | UR07 | UR08 | UR09 | UR10 | UR11 | UR12 |
| | FSC | Home Health | O/P Renal | SNF | Non-Pt. Lab | Phys. Pt. B | CNA | PSS | MOBILE SERVICES | PATIENT CT SC | PHARMACY GRAN | COMPREHENSIVE CARE C |
| Gross Patient Revenue | - | - | - | 2,554.4 | 550.1 | 12,451.5 | - | - | 7.1 | - | - | - |
| Provision for Bad Debt | - | - | - | 0.9 | 11.1 | 380.2 | - | - | 0.2 | - | - | - |
| Charity Care | - | - | - | 4.9 | 7.7 | 114.8 | - | - | 0.5 | - | - | - |
| Contractual Allowances | - | - | - | 1,264.5 | 208.0 | 7,140.4 | - | - | 0.5 | - | - | - |
| Total Deductions | - | - | - | 1,270.3 | 226.8 | 7,635.3 | - | - | 1.2 | - | - | - |
| Net Patient Revenue | - | - | - | 1,284.2 | 323.2 | 4,816.2 | - | - | 5.9 | - | - | - |
| Other Operating Revenue | - | - | - | - | - | 0.8 | - | - | - | - | 1.9 | - |
| Total Operating Revenue | - | - | - | 1,284.2 | 323.2 | 4,817.0 | - | - | 5.9 | - | 1.9 | - |
| Operating Expenses: | | | | | | | | | | | | |
| Salaries, Wages and Benefits | - | - | - | 1,120.6 | 135.9 | 6,418.1 | - | - | - | - | 0.6 | - |
| Professional Fees | - | - | - | - | - | - | - | - | - | - | - | - |
| Supplies | - | - | - | - | - | - | - | - | - | - | - | - |
| Depreciation / Amortization | - | - | - | 225.4 | 12.7 | 63.8 | - | - | - | - | 0.2 | - |
| Leases / Rentals | - | - | - | 0.8 | 0.0 | 18.1 | - | - | - | - | 0.0 | - |
| Interest | - | - | - | - | - | - | - | - | - | - | - | - |
| Other Expenses | - | - | - | 469.1 | 180.4 | 2,903.5 | - | - | - | - | 2.2 | - |
| Total Operating Expense | - | - | - | 1,816.0 | 329.0 | 9,403.5 | - | - | - | - | 3.0 | - |
| Income from Operations | - | - | - | (531.8) | (5.8) | (4,586.5) | - | - | 5.9 | - | (1.0) | - |
| Non-Operating Revenues | - | - | - | - | - | - | - | - | - | - | - | - |
| Non-Operating Expenses | - | - | - | - | - | - | - | - | - | - | - | - |
| Excess Revenue Over Expenses | - | - | - | (531.8) | (5.8) | (4,586.5) | - | - | 5.9 | - | (1.0) | - |

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

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional

RE - R 3

INSTITUTION NO.: 210017

| | Col. 23e | Col. 23f | Col. 23g | Col. 24 | Col. 25 | Col. 26 | Col. 27 |
|------------------------------|----------|----------|----------|-------------------|-----------------|-------------|---------|
| | UR13 | UR14 | UR15 | TOTAL UNREGULATED | TOTAL REGULATED | SCHEDULE RE | RE LINE |
| Gross Patient Revenue | 0.4 | - | - | 15,563.4 | 63,470.1 | 79,033.5 | E |
| Provision for Bad Debt | - | - | - | 392.4 | 1,488.8 | 1,881.2 | F |
| Charity Care | - | - | - | 127.8 | 2,933.0 | 3,060.8 | G |
| Contractual Allowances | - | - | - | 8,613.4 | 6,069.6 | 14,682.9 | H |
| Total Deductions | - | - | - | 9,133.5 | 10,491.4 | 19,624.9 | J |
| Net Patient Revenue | 0.4 | - | - | 6,429.8 | 52,978.7 | 59,408.6 | K |
| Other Operating Revenue | - | - | - | 460.5 | 235.3 | 695.8 | L |
| Total Operating Revenue | 0.4 | - | - | 6,890.4 | 53,214.0 | 60,104.4 | M |
| Operating Expenses: | | | | | | | |
| Salaries, Wages and Benefits | 1.5 | - | - | 7,916.8 | 24,544.9 | 32,461.7 | N |
| Professional Fees | - | - | - | - | - | - | O |
| Supplies | - | - | - | - | 10,081.4 | 10,081.4 | P |
| Depreciation / Amortization | - | - | - | 400.8 | 3,984.7 | 4,385.5 | Q |
| Leases / Rentals | - | - | - | 19.0 | 16.3 | 35.3 | Q |
| Interest | - | - | - | - | 557.8 | 557.8 | R |
| Other Expenses | - | - | - | 3,703.3 | 6,195.1 | 9,898.4 | R |
| Total Operating Expense | 1.5 | - | - | 12,039.8 | 45,380.2 | 57,420.0 | S |
| Income from Operations | (1.2) | - | - | (5,149.5) | 7,833.8 | 2,684.3 | T |
| Non-Operating Revenues | - | - | - | 122.3 | XXXXX | 122.3 | U |
| Non-Operating Expenses | - | - | - | - | XXXXX | - | V |
| Excess Revenue Over Expenses | (1.2) | - | - | (5,027.2) | 7,833.8 | 2,806.6 | W |

OVERHEAD STATISTICAL APPORTIONMENT

JS1 & JS2

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center
 INSTITUTION NUMBER: 210017

FISCAL YEAR 6/30/2019

| UNIT COST CALCULATIONS | COL 1 DIETARY MEALS | COL 2 LAUNDRY & LINEN POUNDS | COL 3 PURCHASING STORES OTH EXP SCHED | COL 4 HOUSEKEEPING # OF HOURS | COL 5 CENT SUPPLY PHARMACY SOCIAL SERV | COL 6 PLANT OPERATIONS NET SQ FEET | COL 7 INPATIENT: PAC, MRD FIS, MGT, NAD | COL 7 A AMBULATORY: PAC, MRD FIS, MGT, NAD | COL 8 OUTPATIENT: PAC, MRD FIS, MGT, NAD | COL 9 MED STAFF ADMIN EIPAs | COL 10 UNASSIGNED EXPENSES | |
|--|------------------------|---------------------------------|--|----------------------------------|---|---------------------------------------|--|---|---|--------------------------------|-------------------------------|----------|
| A Overhead Expenses | 556.6 | 234.7 | 278.7 | 805.7 | 2,060.7 | 1,979.7 | 2,247.0 | 972.3 | 3,644.1 | 0.0 | 722.0 | |
| B Units | 27,105 | 216,589 | 4,660 | 23,008 | 2,061 | 58,049 | 9,098.5 | 3,936.9 | 8,626.2 | 4,728 | 32,332.2 | |
| C Cost per unit | 0.020536 | 0.001084 | 0.059821 | 0.035019 | 1.000000 | 0.034104 | 0.246960 | 0.246960 | 0.422449 | 0.000000 | 0.022329 | |
| STATISTICAL APPORTIONMENT | | | | | | | | | | | | |
| 1 Med/Surg Acute | MSG | 21,442 | 69,841 | 392.8 | 3,401 | 8,372 | 2,777.1 | | | | 4,407.1 | |
| 2 Pediatric Acute | PED | 103 | 358 | 2.1 | 26 | 63 | 16.4 | | | | 26.1 | |
| 3 Psychiatric Acute | PSY | 0 | 0 | 0.0 | 0 | 0 | 0 | | | | 0.0 | |
| 4 Obstetrics Acute | OBS | 310 | 5,015 | 97.0 | 1,122 | 2,762 | 634.1 | | | | 941.7 | |
| 5 Definitive Observation | DEF | 0 | 0 | 0.0 | 0 | 0 | 0 | | | | 0.0 | |
| 6 Med/Surg Intensive Care | MIS | 2,100 | 12,000 | 77.0 | 1,318 | 3,245 | 1,314.0 | | | | 1,856.1 | |
| 7 Coronary Care | CCU | 0 | 0 | 0.0 | 0 | 0 | 0 | | | | 0.0 | |
| 8 Pediatric Intensive Care | PIC | 0 | 0 | 0.0 | 0 | 0 | 0 | | | | 0.0 | |
| 9 Neonatal Intensive Care | NEO | 0 | 0 | 0.0 | 0 | 0 | 0 | | | | 0.0 | |
| 10 Burn Care | BUR | 0 | 0 | 0.0 | 0 | 0 | 0 | | | | 0.0 | |
| 11 Psychiatric Intensive Care | PSI | 0 | 0 | 0.0 | 0 | 0 | 0 | | | | 0.0 | |
| 12 Shock Trauma | TRM | 0 | 0 | 0.0 | 0 | 0 | 0 | | | | 0.0 | |
| 13 Oncology | ONC | 0 | 0 | 0.0 | 0 | 0 | 0 | | | | 0.0 | |
| 14 Newborn Nursery | NUR | 2,200 | 11.2 | 632 | 1,555 | 307.8 | | | | | 462.1 | |
| 15 Premature Nursery | PRE | 0 | 0 | 0.0 | 0 | 0 | 0 | | | | 0.0 | |
| 16 Chronic Care | CRH | 0 | 0 | 0.0 | 0 | 0 | 0 | | | | 0.0 | |
| 17 Emergency Services | EMG | 50,675 | 220.2 | 1,923 | 4,733 | 324.6 | 2,325.7 | | 420 | | 3,601.6 | |
| 18 Clinical Services | CL | 2,369 | 141.5 | 1,608 | 3,958 | 9.1 | 1,064.8 | | 186 | | 1,541.4 | |
| 19 Psych. Day & Night Care | PDC | 0 | 0 | 0.0 | 0 | 0 | 0 | | 0 | | 0.0 | |
| 20 Ambulatory Surgery (PBP) | AMS | 0 | 0 | 0.0 | 0 | 0 | 0 | | 0 | | 0.0 | |
| 21 Same Day Surgery | SDS | 3,150 | 13,575 | 21.6 | 2,250 | 5,539 | 0.7 | 546.5 | | 1,608 | 1,030.7 | |
| 22 Labor & Delivery Services | DEL | 5,879 | 15.7 | 1,026 | 2,525 | 556.6 | | | 203.4 | | 1,112.7 | |
| 23 Operating Room | OR | 16,200 | 555.8 | 4,474 | 11,014 | 863.7 | | | 1,940.8 | | 4,420.8 | |
| 24 Operating Room Clinic | ORC | 0 | 0 | 16 | 40 | 0.3 | | | 10.0 | | 16.4 | |
| 25 Anesthesiology | ANS | 0 | 38.8 | 77 | 189 | 12.0 | | | 26.8 | | 64.5 | |
| 26 Laboratory Services | LAB | 94 | 1,794.6 | 1,075 | 2,646 | 707.2 | | 2,186.7 | | | 4,227.6 | |
| 27 Electrocardiography | EKG | 0 | 23.2 | 32 | 78 | 31.7 | | | 204.6 | | 335.7 | |
| 28 Interventional Radiology / Cardiovascular | IRC | 0 | 5.0 | 0 | 0 | 1.2 | | | 11.3 | | 17.9 | |
| 29 Radiology-Diagnostic | RAD | 8,121 | 359.5 | 1,726 | 4,248 | 166.9 | | 1,456.1 | | | 2,514.9 | |
| 30 CT Scanner | CAT | 7,925 | 185.1 | 198 | 487 | 46.4 | | | 290.8 | | 514.7 | |
| 31 Radiology-Therapeutic | RAT | 0 | 0.0 | 0 | 0 | 0 | | | | | 0.0 | |
| 32 Nuclear Medicine | NUC | 4,140 | 156.3 | 100 | 245 | 17.7 | | | 335.5 | | 525.1 | |
| 33 Respiratory Therapy | RES | 0 | 55.7 | 124 | 305 | 423.1 | | | 140.0 | | 744.8 | |
| 34 Pulmonary Function Testing | PUL | 0 | 6.9 | 302 | 744 | 20.3 | | | 117.3 | | 228.6 | |
| 35 Electroencephalography | EEG | 0 | 0.5 | 59 | 144 | | | | 0.9 | | 8.3 | |
| 36 Physical Therapy | PTH | 295 | 266.4 | 311 | 766 | 290.5 | | | 74.5 | | 521.5 | |
| 37 Occupational Therapy | OTH | 0 | 94.8 | 130 | 320 | 87.4 | | | 7.4 | | 140.6 | |
| 38 Speech Language Pathology | STH | 0 | 11.8 | 0 | 0 | 4.8 | | | 7.0 | | 16.6 | |
| 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 | 0 | 0 | 0 | 0 | | | | | 0.0 | |
| 43 Organ Acquisition | OA | 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 | 0 | 0 | 0 | 0 | | | | | 0.0 | |
| 47 Free Standing Emergency | FSE | 0 | 0 | 0 | 0 | 0 | | | | | 0.0 | |
| 48 Magnetic Resonance Imaging | MRI | 0 | 38.2 | 0 | 0 | 38.7 | | | | | 50.6 | |
| 49 Adolescent Dual Diagnosed | ADD | 0 | 0 | 0 | 0 | 0 | | | | | 0.0 | |
| 50 Lithotripsy | LIT | 0 | 0 | 0 | 0 | 0 | | | | | 0.0 | |
| 51 Rehabilitation | RHB | 0 | 0 | 0 | 0 | 0 | | | | | 0.0 | |
| 52 Observation | OBV | 17,903 | 87.8 | 1,079 | 2,657 | 113.9 | | | 580.0 | 781 | 1,120.0 | |
| 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 | | | | 695.4 | 1,414 | | | | 1,734 | | |
| 64 Med/Surg Supplies | MSS | | | | 314.2 | 0 | 134.3 | | 180.0 | | 423.4 | |
| 65 Drugs Sold | CDS | | | | 1,051.1 | 0 | 197.9 | | 853.1 | | 1,460.4 | |
| E TOTAL | | 27,105 | 216,589 | 4,659.7 | 23,008 | 2,060.7 | 58,049 | 9,098.5 | 3,936.9 | 8,626.2 | 4,728 | 32,332.2 |

OVERHEAD EXPENSE APPORTIONMENT

J1 & J2

REVISED 11/4/2019

FISCAL YEAR

6/30/2019

INSTITUTION NAME:
INSTITUTION NUMBER:

Garrett Regional Medical Center
210017

| | COL 1 | COL 2 | COL 3 | COL 4 | COL 5 | COL 6 | COL 7 | COL 8 | COL 8 A | COL 9 | COL 10 | COL 11 | COL 12 | COL 13 |
|---|---------------|------------------------|--------------------------------|-------------------------|----------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------------|------------------------------------|-----------------------|---------------------|----------------------|--------------------------|
| ALLOCATED CENTERS | DIETARY MEALS | LAUNDRY & LINEN POUNDS | PURCHASING STORES OTH EXP SCHD | HOUSEKEEPING # OF HOURS | CENT SUPPLY PHARMACY SOCIAL SERV | PLANT OPERATIONS NET SQ FEET | TOTAL PATIENT CARE OVERHEAD | INPATIENT: PAC, MRD FIS, MGT, NAD | AMBULATORY: PAC, MRD FIS, MGT, NAD | OUTPATIENT: PAC, MRD FIS, MGT, NAD | MED STAFF ADMIN EIPAs | UNASSIGNED EXPENSES | TOTAL OTHER OVERHEAD | TOTAL ALLOCATED OVERHEAD |
| A Overhead Expenses | 556.6 | 234.7 | 278.7 | 805.7 | 2,060.7 | 1,979.7 | 5,916.3 | 2,247.0 | 972.3 | 3,644.1 | 0.0 | 722.0 | 7,585.3 | 13,501.5 |
| REVENUE CENTERS | | | | | | | | | | | | | | |
| 1 Med/Surg Acute | MSG 440.3 | 75.7 | 23.5 | 119.1 | //// | 285.5 | 944.2 | 685.8 | //// | //// | //// | 98.4 | 784.2 | 1,728.4 |
| 2 Pediatric Acute | PED 2.1 | 0.4 | 0.1 | 0.9 | //// | 2.1 | 5.7 | 4.1 | //// | //// | //// | 0.6 | 4.6 | 10.3 |
| 3 Psychiatric Acute | PSY | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 4 Obstetrics Acute | OBS 6.4 | 5.4 | 5.8 | 39.3 | //// | 94.2 | 151.1 | 156.6 | //// | //// | //// | 21.0 | 177.6 | 328.7 |
| 5 Definitive Observation | DEF | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 6 Med/Surg Intensive Care | MIS 43.1 | 13.0 | 4.6 | 46.2 | //// | 110.7 | 217.6 | 324.5 | //// | //// | //// | 41.4 | 366.0 | 583.5 |
| 7 Coronary Care | CCU | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 8 Pediatric Intensive Care | PIC | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 9 Neonatal Intensive Care | NEO | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 10 Burn Care | BUR | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 11 Psychiatric Intensive Care | PSI | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 12 Shock Trauma | TRM | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 13 Oncology | ONC | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 14 Newborn Nursery | NUR | 2.4 | 0.7 | 22.1 | //// | 53.0 | 78.2 | 76.0 | //// | //// | //// | 10.3 | 86.3 | 164.5 |
| 15 Premature Nursery | PRE | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 16 Chronic Care | CRH | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 17 Emergency Services | EMG | 54.9 | 13.2 | 67.3 | //// | 161.4 | 296.8 | 80.2 | 574.3 | 0.0 | 0.0 | 80.4 | 734.9 | 1,031.8 |
| 18 Clinical Services | CL | 2.6 | 8.5 | 56.3 | //// | 135.0 | 202.3 | 2.2 | 263.0 | 0.0 | 0.0 | 34.4 | 299.6 | 502.0 |
| 19 Psych. Day & Night Care | PDC | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 20 Ambulatory Surgery (PBP) | AMS | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 21 Same Day Surgery | SDS 64.7 | 14.7 | 1.3 | 78.8 | //// | 188.9 | 348.4 | 0.2 | 135.0 | 0.0 | 0.0 | 23.0 | 158.1 | 506.5 |
| 22 Labor & Delivery Services | DEL | 6.4 | 0.9 | 35.9 | //// | 86.1 | 129.4 | 137.4 | //// | 85.9 | //// | 24.8 | 248.2 | 377.6 |
| 23 Operating Room | OR 17.6 | 33.3 | 156.7 | //// | 375.6 | 583.1 | 213.3 | //// | 819.9 | //// | //// | 98.7 | 1,131.9 | 1,715.0 |
| 24 Operating Room Clinic | ORC | //// | 0.6 | //// | //// | 1.4 | 1.9 | 0.1 | //// | 4.2 | //// | 0.4 | 4.6 | 6.6 |
| 25 Anesthesiology | ANS | 2.3 | 2.7 | 6.4 | //// | 11.5 | 3.0 | 11.3 | //// | 11.3 | //// | 1.4 | 15.7 | 27.2 |
| 26 Laboratory Services | LAB | 0.1 | 107.4 | 37.6 | //// | 90.2 | 235.3 | 174.6 | //// | 923.8 | //// | 94.4 | 1,192.8 | 1,428.2 |
| 27 Electrocardiography | EKG | 1.4 | 1.1 | 2.7 | //// | 2.7 | 5.2 | 7.8 | //// | 86.4 | //// | 7.5 | 101.8 | 106.9 |
| 28 Interventional Radiology/ Cardiovascular | IRC | //// | 0.3 | //// | //// | //// | 0.3 | 0.3 | //// | 4.8 | //// | 0.4 | 5.5 | 5.8 |
| 29 Radiology-Diagnostic | RAD | 8.8 | 21.5 | 60.4 | //// | 144.9 | 235.6 | 41.2 | //// | 615.1 | //// | 56.2 | 712.5 | 948.1 |
| 30 CT Scanner | CAT | 8.6 | 11.1 | 6.9 | //// | 16.6 | 43.2 | 11.5 | //// | 122.9 | //// | 11.5 | 145.8 | 189.0 |
| 31 Radiology-Therapeutic | RAT | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 32 Nuclear Medicine | NUC | 4.5 | 9.4 | 3.5 | //// | 8.4 | 25.7 | 4.4 | //// | 141.8 | //// | 11.7 | 157.9 | 183.6 |
| 33 Respiratory Therapy | RES | 3.3 | 4.3 | 10.4 | //// | 10.4 | 18.1 | 104.5 | //// | 59.2 | //// | 16.6 | 180.3 | 198.3 |
| 34 Pulmonary Function Testing | PUL | 0.4 | 10.6 | 25.4 | //// | 25.4 | 36.4 | 5.0 | //// | 49.6 | //// | 5.1 | 59.7 | 96.1 |
| 35 Electroencephalography | EEG | 0.0 | 2.1 | 4.9 | //// | 4.9 | 7.0 | //// | //// | 0.4 | //// | 0.2 | 0.6 | 7.6 |
| 36 Physical Therapy | PTH | 0.3 | 15.9 | 10.9 | //// | 26.1 | 53.3 | 71.7 | //// | 31.5 | //// | 11.6 | 114.9 | 168.1 |
| 37 Occupational Therapy | OTH | 5.7 | 4.6 | 10.9 | //// | 10.9 | 21.1 | 21.6 | //// | 3.1 | //// | 3.1 | 27.8 | 49.0 |
| 38 Speech Language Pathology | STH | 0.7 | //// | //// | //// | //// | 0.7 | 1.2 | //// | 3.0 | //// | 0.4 | 4.5 | 5.2 |
| 39 Recreational Therapy | REC | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 40 Audiology | AUD | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 41 Other Physical Medicine | OPM | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 42 Renal Dialysis | RDL | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 43 Organ Acquisition | OA | //// | //// | //// | //// | 0.0 | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 44 Ambulatory Surgery | AOR | //// | //// | //// | //// | 0.0 | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 45 Leukopheresis | LEU | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 46 Hyperbaric Chamber | HYP | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 47 Free Standing Emergency | FSE | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 48 Magnetic Resonance Imaging | MRI | 2.3 | //// | 2.3 | //// | 2.3 | 9.6 | //// | //// | //// | //// | 1.1 | 10.7 | 13.0 |
| 49 Adolescent Dual Diagnosed | ADD | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 50 Lithotripsy | LIT | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 51 Rehabilitation | RHB | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 52 Observation | OBV | 19.4 | 5.3 | 37.8 | //// | 90.6 | 153.1 | 28.1 | //// | 245.0 | 0.0 | 25.0 | 298.1 | 451.2 |
| 53 Ambulance Services-Rebundled | AMR | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 54 Transurethral Microwave Thermotherapy | TMT | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 55 Oncology O/P Clinic | OCL | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 56 Transurethral Needle Ablation | TNA | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 57 Pediatric Step-Down | PSD | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 58 340B Clinic Services | CL-340 | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 59 340B Radiology - Therapeutic | RAT-340 | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 60 340B OR Clinic Services | ORC-340 | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 61 340B Laboratory Services | LAB-340 | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 62 340B Drugs | CDS-340 | //// | //// | //// | //// | //// | 0.0 | //// | //// | //// | //// | //// | 0.0 | 0.0 |
| 63 Admission Services | ADM | //// | //// | //// | 695.4 | 48.2 | 743.6 | //// | //// | 0.0 | 0.0 | 0.0 | 0.0 | 743.6 |
| 64 Med/Surg Supplies | MSS | //// | //// | //// | 314.2 | //// | 314.2 | 33.2 | //// | 76.0 | //// | 9.5 | 118.6 | 432.9 |
| 65 Drugs Sold | CDS | //// | //// | //// | 1,051.1 | //// | 1,051.1 | 48.9 | //// | 360.4 | //// | 32.6 | 441.9 | 1,493.0 |
| E TOTAL | 556.6 | 234.7 | 278.7 | 805.7 | 2,060.7 | 1,979.7 | 5,916.3 | 2,247.0 | 972.3 | 3,644.1 | 0.0 | 722.0 | 7,585.3 | 13,501.5 |

DEPARTMENTAL EQUIPMENT ALLOWANCE

H2

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR

6/30/2019

INSTITUTION NUMBER: 210017

| | | COL 1 | COL 2 | COL 3 | COL 4 | COL 5 | COL 6 | COL 7 | COL 8 |
|------|--------|--------------------------------|-------|---------------------------------|-------------------------------|----------------------------------|-------------------------------|--|--------------------------------------|
| | CENTER | COST BASE YEAR PURCHASES | # YRS | CUMULATIVE PURCHASE TOTAL | DEPRECIATION COL 3 / COL 2 | MKT VALUE BASE YEAR LEASES | CUMULATIVE LEASES TOTAL | LEASE AMORTIZATION COL 6 / COL 2 | DEPR/AMORT TOTAL COL 4 + COL 7 |
| H2A | MIS | 12.3 | 10 | 365.2 | 36.5 | 0.0 | 0.0 | 0.0 | 36.5 |
| 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 | 328.6 | 10 | 2,479.9 | 248.0 | 0.0 | 0.0 | 0.0 | 248.0 |
| 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 | 81.7 | 10 | 1,096.6 | 109.7 | 0.0 | 0.0 | 0.0 | 109.7 |
| H2L | IRC | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2M | RAD | 4.0 | 10 | 1,450.3 | 145.0 | 0.0 | 0.0 | 0.0 | 145.0 |
| H2N | CAT | 0.0 | 6.5 | 5.0 | 0.8 | 0.0 | 0.0 | 0.0 | 0.8 |
| H2O | RAT | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2P | NUC | 0.0 | 10 | 348.6 | 34.9 | 0.0 | 0.0 | 0.0 | 34.9 |
| H2Q | RDL | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2R | HYP | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2S | DTY | 12.9 | 10 | 112.1 | 11.2 | 0.0 | 0.0 | 0.0 | 11.2 |
| H2T | LL | 0.0 | 10 | 17.8 | 1.8 | 0.0 | 0.0 | 0.0 | 1.8 |
| H2U | MGT | 0.0 | 10 | 40.2 | 4.0 | 0.0 | 0.0 | 0.0 | 4.0 |
| H2V | EDP | 642.8 | 10 | 5,039.9 | 504.0 | 0.0 | 0.0 | 0.0 | 504.0 |
| H2W | MRI | 0.0 | 6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2X | LIT | 0.0 | 5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2Y | ETH | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2Z | TRP | 0.0 | 5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2AA | TMT | 0.0 | 5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| | TOTAL | 1,082.3 | | 10,955.6 | 1,095.8 | 0.0 | 0.0 | 0.0 | 1,095.8 |

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3 A

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210017

| ALLOWANCE | Col. 1 | Col. 2 | Col. 3 | Col. 4 | Col. 5 | Col. 6 | Col. 7 | Col. 8 | |
|--------------------------------|----------|---------|------------|------------|------------|------------|------------|------------|---|
| | SOURCE | GENERAL | DIETARY | LAUNDRY | COMM. | DATA PROC | DEPART | TOTAL | |
| A INTEREST | RECORDS | 557 | ////////// | ////////// | ////////// | ////////// | ////////// | ////////// | A |
| B TOTAL DEPRECIATION | RECORDS | 4,001.0 | ////////// | ////////// | ////////// | ////////// | ////////// | ////////// | B |
| C CAPITAL INTENSIVE EQUIP DEPR | TOTAL H2 | 1,095.8 | 11.2 | 1.8 | 4.0 | 504.0 | 574.8 | 2,191.7 | C |
| D BLDG & GEN EQUIP DEPR | B - C | 2,905.2 | ////////// | ////////// | ////////// | ////////// | ////////// | 2,905.2 | D |
| E BLDG & GEN EQUIP DEPR & INT | A + D | 3,461.8 | 11.2 | 1.8 | 4.0 | 504.0 | 574.8 | 4,557.6 | E |
| F STANDARD UNITS | ///// | 65,034 | 27,105 | 216,589 | 21,662 | 21,662 | ////////// | ////////// | F |
| G ALLOWANCE PER UNIT | E / F | 0.05323 | 0.00041 | 0.00001 | 0.00019 | 0.02327 | ////////// | ////////// | G |

| | DISTRIBUTION | CODE | ADJ. SQUARE FOOTAGE BASIS | | | | | | | | | |
|----|---|------|---------------------------|--------|------------|------------|--------|--------|------------|--------|--------|--|
| | | | | Col. 1 | Col. 2 | Col. 3 | Col. 4 | Col. 5 | Col. 6 | Col. 7 | Col. 8 | |
| 1 | Med/Surg Acute | MSG | 10,301 | 548.3 | 8.9 | 0.6 | 0.5 | 64.6 | ////////// | 622.9 | 1 | |
| 2 | Pediatric Acute | PED | 63 | 3.4 | 0.0 | 0.0 | 0.0 | 0.4 | ////////// | 3.8 | 2 | |
| 3 | Psychiatric Acute | PSY | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 3 | |
| 4 | Obstetrics Acute | OBS | 2,902 | 154.5 | 0.1 | 0.0 | 0.1 | 14.8 | ////////// | 169.5 | 4 | |
| 5 | Definitive Observation | DEF | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 5 | |
| 6 | Med/Surg Intensive Care | MIS | 3,245 | 172.8 | 0.9 | 0.1 | 0.2 | 30.6 | 36.5 | 241.1 | 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 | 1,555 | 82.8 | ////////// | 0.0 | 0.1 | 7.2 | ////////// | 90.0 | 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 | 4,858 | 258.6 | 0.0 | 0.4 | 0.5 | 61.7 | ////////// | 321.2 | 17 | |
| 18 | Clinical Services | CL | 3,958 | 210.7 | ////////// | 0.0 | 0.2 | 25.0 | ////////// | 235.9 | 18 | |
| 19 | Psych. Day & Night Care | PDC | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 19 | |
| 20 | Same Day Surgery | SDS | 5,663 | 301.5 | 1.3 | 0.1 | 0.1 | 12.7 | ////////// | 315.7 | 20 | |
| 21 | Labor & Delivery Services | DEL | 2,525 | 134.4 | ////////// | 0.1 | 0.1 | 17.7 | ////////// | 152.3 | 21 | |
| 22 | Operating Room | OR | 12,409 | 660.6 | ////////// | 0.1 | 0.5 | 65.3 | 248.0 | 974.5 | 22 | |
| 23 | Operating Room Clinic | ORC | 40 | 2.1 | ////////// | 0.0 | 0.0 | 0.2 | ////////// | 2.4 | 23 | |
| 24 | Anesthesiology | ANS | 189 | 10.1 | ////////// | 0.0 | 0.0 | 0.9 | ////////// | 11.0 | 24 | |
| 25 | Med/Surg Supplies | MSS | 0 | 0.0 | ////////// | ////////// | 0.1 | 7.3 | ////////// | 7.4 | 25 | |
| 26 | Drugs Sold | CDS | 0 | 0.0 | ////////// | ////////// | 0.2 | 24.5 | ////////// | 24.7 | 26 | |
| 27 | Laboratory Services | LAB | 2,646 | 140.9 | ////////// | 0.0 | 0.5 | 67.3 | 109.7 | 318.4 | 27 | |
| 28 | Electrocardiography | EKG | 78 | 4.2 | ////////// | 0.0 | 0.0 | 5.5 | ////////// | 9.7 | 28 | |
| 29 | Interventional Radiology / Cardiovascular | IRC | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.3 | 0.0 | 0.3 | 29 | |
| 30 | Radiology-Diagnostic | RAD | 4,272 | 227.4 | ////////// | 0.1 | 0.3 | 37.8 | 145.0 | 410.5 | 30 | |
| 31 | CT Scanner | CAT | 487 | 25.9 | ////////// | 0.1 | 0.1 | 7.9 | 0.8 | 34.7 | 31 | |
| 32 | Radiology-Therapeutic | RAT | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 32 | |
| 33 | Nuclear Medicine | NUC | 245 | 13.1 | ////////// | 0.0 | 0.1 | 8.2 | 34.9 | 56.2 | 33 | |

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3 B

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210017

| DISTRIBUTION | | | Col. 1 | Col. 2 | Col. 3 | Col. 4 | Col. 5 | Col. 6 | Col. 7 | Col. 8 | |
|--------------|---------------------------------------|---------|---------------------------|---------|------------|------------|------------|------------|------------|--------|----|
| | | | ADJ. SQUARE FOOTAGE BASIS | GENERAL | DIETARY | LAUNDRY | COMM. | DATA PROC | DEPART | TOTAL | |
| 34 | Respiratory Therapy | RES | 305 | 16.2 | ////////// | 0.0 | 0.1 | 13.1 | ////////// | 29.4 | 34 |
| 35 | Pulmonary Function Testing | PUL | 744 | 39.6 | ////////// | 0.0 | 0.0 | 3.2 | ////////// | 42.8 | 35 |
| 36 | Electroencephalography | EEG | 144 | 7.7 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 7.7 | 36 |
| 37 | Physical Therapy | PTH | 766 | 40.8 | ////////// | 0.0 | 0.1 | 8.5 | ////////// | 49.3 | 37 |
| 38 | Occupational Therapy | OTH | 320 | 17.0 | ////////// | 0.0 | 0.0 | 2.2 | ////////// | 19.3 | 38 |
| 39 | Speech Language Pathology | STH | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.3 | ////////// | 0.3 | 39 |
| 40 | Recreational Therapy | REC | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 40 |
| 41 | Audiology | AUD | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 41 |
| 42 | Other Physical Medicine | OPM | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 42 |
| 43 | Renal Dialysis | RDL | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 43 |
| 44 | Organ Acquisition | OA | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 44 |
| 45 | Leukopheresis | LEU | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 45 |
| 46 | Hyperbaric Chamber | HYP | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 46 |
| 47 | Free Standing Emergency | FSE | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 47 |
| 48 | Magnetic Resonance Imaging | MRI | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.9 | 0.0 | 0.9 | 48 |
| 49 | Lithotripsy | LIT | 0 | 0.0 | ////////// | ////////// | 0.0 | 0.0 | 0.0 | 0.0 | 49 |
| 50 | Rehabilitation | RHB | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 50 |
| 51 | Observation | OBV | 2,657 | 141.4 | ////////// | 0.2 | 0.1 | 16.1 | ////////// | 157.8 | 51 |
| 52 | Transurethral Microwave Thermotherapy | TMT | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 52 |
| 53 | Oncology O/P Clinic | OCL | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 53 |
| 54 | Transurethral Needle Ablation | TNA | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 54 |
| 55 | Pediatric Step-Down | PSD | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 55 |
| 56 | 340B Clinic Services | CL-340 | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 56 |
| 57 | 340B Radiology - Therapeutic | RAT-340 | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 57 |
| 58 | 340B OR Clinic Services | ORC-340 | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 58 |
| 59 | 340B Laboratory Services | LAB-340 | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 59 |
| 60 | 340B Drugs | CDS-340 | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 60 |
| I | Subtotal | ABC | 60,373 | 3,214 | 11 | 2 | 4 | 504 | 575 | 4,310 | I |
| 61 | Ambulance Services | AMB | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 61 |
| 62 | Parking | PAR | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 62 |
| 63 | Doctor's Private Office Rent | DPO | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 63 |
| 64 | Office & Other Rental | OOR | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 64 |
| 65 | Retail Operations | REO | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 65 |
| 66 | Patients Telephones | PTE | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 66 |
| 67 | Cafeteria | CAF | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 67 |
| 68 | Day Care Recreation Areas | DEB | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 68 |
| 69 | Housing | HOU | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 69 |
| 70 | Research | REG | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 70 |
| 71 | Nursing Education | RNS | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 71 |
| 72 | Other Health Profession Education | OHE | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 72 |
| 73 | Community Health Education | CHE | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 73 |
| 74 | Post Graduate Medical Ed | PME | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 74 |
| 75 | Freestanding Clinic Services | FSC1 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 75 |
| 76 | Home Health Services | HHC | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 76 |
| 77 | Outpatient Renal Dialysis | ORD | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 77 |
| 78 | Skilled Nursing Care | ECF | 4,661 | 248.1 | ////////// | ////////// | ////////// | ////////// | ////////// | 248.1 | 78 |
| 79 | Laboratory Non-Patient | ULB | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 79 |
| 80 | Physicians Part B Services | UPB | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 80 |
| 81 | Certified Nurse Anesthetists | CNA | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 81 |
| 82 | Physician Support Services | PSS | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 82 |
| 83 | MOBILE SERVICES | TBA2 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 83 |
| 84 | OUTPATIENT CT SCAN | TBA3 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 84 |
| 85 | PHARMACY GRANT | TBA4 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 85 |
| 86 | COMPREHENSIVE CARE CENTER | TBA5 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 86 |
| 87 | UNREGULATED CARDIAC REHABILIT | TBA6 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 87 |
| 88 | TBD | TBA7 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 88 |
| 89 | TBD | TBA8 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 89 |
| II | TOTAL DISTRIBUTED | XYZ | 65,034 | 3,462 | 11 | 2 | 4 | 504 | 575 | 4,558 | II |

OTHER FINANCIAL CONSIDERATIONS

G

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

| | | SOURCE | FISCAL YEAR | | | |
|-------------------------------|---|-------------|-------------|----------|------------|---|
| | | | TOTAL | DIRECT | Difference | |
| REVENUES | | | COL. 1 | COL. 2 | COL. 3 | |
| A | Donations, Pledges | SCH. GR | 0.0 | 0.0 | 0.0 | A |
| B | Grants | SCH. GR | 0.0 | 0.0 | 0.0 | B |
| C | Investment Income (Interest, Dividends) | SCH. GR | 0.0 | 0.0 | 0.0 | C |
| D | Donated Commodities, Blood, Services | SCH. GR | 0.0 | 0.0 | 0.0 | D |
| E | PSRO | SCH. GR | 0.0 | 0.0 | 0.0 | E |
| F | Other | SCH. GR | 0.0 | 0.0 | 0.0 | F |
| G | Total Revenues | A+B+C+D+E+F | 0.0 | 0.0 | 0.0 | G |
| EXPENSES | | | | | | |
| H | Licenses and Taxes | SCH. UA | 103.2 | | 103.2 | H |
| I | Short Term Interest | SCH. UA | 0.0 | | 0.0 | I |
| J | Other | REC/BUDGET | | | | J |
| K | Total Expenses | H + I + J | 103.2 | 0.0 | 103.2 | K |
| OTHER ADJUSTMENTS | | | | | | |
| L | Aux. Ent & OIP Gains | SCH. E, F | (108.7) | 0.0 | (108.7) | L |
| M | Aux. Ent & OIP Losses | SCH. E, F | 137.7 | | 137.7 | 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 | 29.1 | 0.0 | 29.1 | Q |
| PERCENTAGE CALCULATION | | | | | | |
| R | Net Other Financial Considerations | G + K + Q | 132.3 | 0.0 | 132.3 | R |
| S | Other Financial Consideration Percent | R/SCH. M | //////// | //////// | 0.3% | S |

THIRD PARTY DIFFERENTIAL

PDA

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210017

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

CHARGES, DEDUCTIBLES, CBA

| | | COL 1 | COL 2 | COL 3 | | |
|----|--|----------------|------------|------------|----------|----|
| A | Gross Patient Revenue, HSCRC Regulated | Records/Budget | 23,218.6 | 40,251.4 | 63,470.1 | A |
| B | Medicare Revenue, HSCRC Regulated | Records/Budget | 11,626.1 | 17,389.1 | 29,015.2 | B |
| C | Medicaid Revenue, HSCRC Regulated | Records/Budget | 1,271.0 | 1,754.3 | 3,025.3 | C |
| D | Blue Cross Revenue, HSCRC Regulated | Records/Budget | 1,589.6 | 4,379.9 | 5,969.5 | D |
| E | MCO Subcontracted Medicare, Medicaid, HSCRC Regulated ** | Records/Budget | 5,253.4 | 7,681.3 | 12,934.8 | E |
| F | Medicare Deductibles Paid by Medicaid, HSCRC Regulated | Records/Budget | ////////// | ////////// | 499.1 | F |
| G | Uncompensated Care, HSCRC Regulated *** | Records/Budget | 1,455.2 | 2,966.6 | 4,421.8 | G |
| G1 | Other Payors Not Eligible for SAAC & Not U.C. | A-B-C-D-E-G | 2,023.3 | 6,080.2 | 8,103.4 | G1 |

RATIOS, LEVEL III COSTS

| | | | | | | |
|----|--|------------------------|------------|------------|------------|----|
| H | Ratio of Medicare & Medicaid Charges | Col 3 (B + C) /Col 3 A | ////////// | ////////// | 0.5048 | H |
| I | Ratio of Blue Cross Inpatient Charges | Col 1 D/Col 3 A | 0.0250 | ////////// | ////////// | I |
| I1 | Ratio of Blue Cross Outpatient Charges | Col 2 D/Col 3 A | ////////// | 0.0690 | ////////// | I1 |
| J | Ratio of HMO Charges | Col 3 E/Col 3 A | ////////// | ////////// | 0.2038 | J |
| K | Ratio of Deductibles Paid by Medicaid | Col 3 F/Col 3 A | ////////// | ////////// | 0.0079 | K |
| L | Ratio of Uncompensated Accounts | Col 3 G/Col 3 A | ////////// | ////////// | 0.0697 | L |
| M | Ratio of Other Payors Charges | Col 3 G1/Col 3 A | ////////// | ////////// | 0.1277 | M |
| N | Level III Costs | Schedule MA | ////////// | ////////// | 45,029.0 | N |

DIFFERENTIAL CALCULATION

| | | | | | | |
|---|-------------------------------|-----------------|------------|------------|----------|---|
| O | Gross Revenue HSCRC Regulated | * | ////////// | ////////// | 51,691.2 | O |
| P | Payor Differential | 1 - (Col 3 O/N) | ////////// | ////////// | 0.1480 | P |

* O = N/ (1-.077H + .0225I + .02I1+ .077J + .02K + L+.02M) - per HSCRC

** Detail on Supplemental Schedule 5

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

REVENUE CENTER RATE SUMMARY

INSTITUTION NAME:
INSTITUTION NUMBER:

Garrett Regional Medical Center
210017

REVISED 11/4/2019

FISCAL YEAR

6/30/2019

| DESCRIPTION | CODE | COL 1 | COL 2 | COL 3 | COL 4 | COL 5 | COL 6 | COL 7 | COL 8 | COL 9 | COL 10 | COL 11 | LEVEL II | ----- C F A ----- | |
|--|---------|-----------|----------|---------|---------|--------|--------|--------|----------|---------|--------|----------|----------|-------------------|-----------------|
| | | | | | | | | | | | | | | UNITS OF MEASURE | DIRECT EXPENSES |
| A1 Med/Surg Acute | MSG | 4,976 | 2,777.1 | 944.2 | 784.2 | ////// | 0.0 | 0.0 | 4,505.5 | 613.5 | 9.4 | 5,128.4 | | | |
| 2 Pediatric Acute | PED | 24 | 16.4 | 5.7 | 4.6 | ////// | 0.0 | 0.0 | 26.7 | 3.7 | 0.0 | 30.5 | | | |
| 3 Psychiatric Acute | PSY | 0 | 0.0 | 0.0 | 0.0 | ////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | |
| 4 Obstetrics Acute | OBS | 436 | 634.1 | 151.1 | 177.6 | ////// | 0.0 | 0.0 | 962.7 | 169.3 | 0.2 | 1,132.2 | | | |
| 5 Definitive Observation | DEF | 0 | 0.0 | 0.0 | 0.0 | ////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | |
| 6 Med/Surg Intensive Care | MIS | 675 | 1,314.0 | 217.6 | 366.0 | ////// | 0.0 | 0.0 | 1,897.6 | 203.6 | 37.5 | 2,138.7 | | | |
| 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 | 491 | 307.8 | 78.2 | 86.3 | ////// | 0.0 | 0.0 | 472.4 | 90.0 | 0.0 | 562.4 | | | |
| 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 | 163,335 | 2,650.3 | 296.8 | 734.9 | ////// | 0.0 | 0.0 | 3,682.1 | 320.8 | 0.4 | 4,003.3 | | | |
| 17 Clinical Services | CL | 82,693 | 1,073.9 | 202.3 | 299.6 | ////// | 0.0 | 0.0 | 1,575.9 | 235.9 | 0.0 | 1,811.8 | | | |
| 18 Psych. Day & Night Care | PDC | 0 | 0.0 | 0.0 | 0.0 | ////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | |
| 19 Same Day Surgery | SDS | 3,215 | 547.1 | 348.4 | 158.1 | ////// | 0.0 | 0.0 | 1,053.7 | 314.3 | 1.4 | 1,369.4 | | | |
| 20 Labor & Delivery Services | DEL | 12,468 | 759.9 | 129.4 | 248.2 | ////// | 0.0 | 0.0 | 1,137.5 | 152.3 | 0.1 | 1,289.9 | | | |
| 21 Operating Room | OR | 228,280 | 2,804.5 | 583.1 | 1,131.9 | ////// | 0.0 | 0.0 | 4,519.5 | 726.3 | 248.1 | 5,493.9 | | | |
| 22 Operating Room Clinic | ORC | 1,838 | 10.2 | 1.9 | 4.6 | ////// | 0.0 | 0.0 | 16.8 | 2.4 | 0.0 | 19.2 | | | |
| 23 Anesthesiology | ANS | 228,790 | 38.8 | 11.5 | 15.7 | ////// | 0.0 | 0.0 | 66.0 | 11.0 | 0.0 | 77.0 | | | |
| 24 Laboratory Services | LAB | 3,090,746 | 2,893.9 | 235.3 | 1,192.8 | ////// | 0.0 | 0.0 | 4,322.0 | 208.7 | 109.7 | 4,640.4 | | | |
| 25 Electrocardiography | EKG | 166,016 | 236.3 | 5.2 | 101.8 | ////// | 0.0 | 0.0 | 343.2 | 9.7 | 0.0 | 352.9 | | | |
| 26 Interventional Radiology / Cardiovascular | IRC | 2,320 | 12.5 | 0.3 | 5.5 | ////// | 0.0 | 0.0 | 18.3 | 0.3 | 0.0 | 18.6 | | | |
| 27 Radiology-Diagnostic | RAD | 297,318 | 1,623.0 | 235.6 | 712.5 | ////// | 0.0 | 0.0 | 2,571.1 | 265.4 | 145.1 | 2,981.6 | | | |
| 28 CT Scanner | CAT | 290,145 | 337.2 | 43.2 | 145.8 | ////// | 0.0 | 0.0 | 526.2 | 33.8 | 0.8 | 560.9 | | | |
| 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 | 138,279 | 353.3 | 25.7 | 157.9 | ////// | 0.0 | 0.0 | 536.8 | 21.4 | 34.9 | 593.1 | | | |
| 31 Respiratory Therapy | RES | 634,805 | 563.1 | 18.1 | 180.3 | ////// | 0.0 | 0.0 | 761.4 | 29.4 | 0.0 | 790.8 | | | |
| 32 Pulmonary Function Testing | PUL | 51,543 | 137.7 | 36.4 | 59.7 | ////// | 0.0 | 0.0 | 233.7 | 42.8 | 0.0 | 276.5 | | | |
| 33 Electroencephalography | EEG | 525 | 0.9 | 7.0 | 0.6 | ////// | 0.0 | 0.0 | 8.5 | 7.7 | 0.0 | 16.2 | | | |
| 34 Physical Therapy | PTH | 61,129 | 365.0 | 53.3 | 114.9 | ////// | 0.0 | 0.0 | 533.2 | 49.3 | 0.0 | 582.5 | | | |
| 35 Occupational Therapy | OTH | 21,777 | 94.8 | 21.1 | 27.8 | ////// | 0.0 | 0.0 | 143.8 | 19.3 | 0.0 | 163.1 | | | |
| 36 Speech Language Pathology | STH | 7,475 | 11.8 | 0.7 | 4.5 | ////// | 0.0 | 0.0 | 17.0 | 0.3 | 0.0 | 17.3 | | | |
| 37 Recreational Therapy | REC | 0 | 0.0 | 0.0 | 0.0 | ////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | |
| 38 Audiology | AUD | 0 | 0.0 | 0.0 | 0.0 | ////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | |
| 39 Other Physical Medicine | OPM | 0 | 0.0 | 0.0 | 0.0 | ////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | |
| 40 Renal Dialysis | RDL | 0 | 0.0 | 0.0 | 0.0 | ////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | |
| 41 Organ Acquisition | OA | 0 | 0.0 | 0.0 | 0.0 | ////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | |
| 42 Leukopheresis | LEU | 0 | 0.0 | 0.0 | 0.0 | ////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | |
| 43 Hyperbaric Chamber | HYP | 0 | 0.0 | 0.0 | 0.0 | ////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | |
| 44 Free Standing Emergency | FSE | 0 | 0.0 | 0.0 | 0.0 | ////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | |
| 45 Magnetic Resonance Imaging | MRI | 7,669 | 38.7 | 2.3 | 10.7 | ////// | 0.0 | 0.0 | 51.7 | 0.9 | 0.0 | 52.6 | | | |
| 46 Lithotripsy | LIT | 0 | 0.0 | 0.0 | 0.0 | ////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | |
| 47 Rehabilitation | RHB | 0 | 0.0 | 0.0 | 0.0 | ////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | |
| 48 Observation | OBV | 30,399 | 693.9 | 153.1 | 298.1 | ////// | 0.0 | 0.0 | 1,145.1 | 157.7 | 0.2 | 1,302.9 | | | |
| 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 | 1,734 | ////// | 743.6 | 0.0 | ////// | ////// | ////// | 743.6 | ////// | ////// | 743.6 | | | |
| 60 Med/Surg Supplies | MSS | 4,728 | 3,693.9 | 314.2 | 118.6 | ////// | ////// | ////// | 4,126.8 | 7.4 | ////// | 4,134.2 | | | |
| 61 Drugs Sold | CDS | 4,728 | 3,227.6 | 1,051.1 | 441.9 | ////// | ////// | ////// | 4,720.6 | 24.7 | ////// | 4,745.3 | | | |
| 62 | | | | | | ////// | | | | | | | | | |
| B TOTAL | | 5,538,557 | 27,217.7 | 5,916.3 | 7,585.3 | | 0.0 | 0.0 | 40,719.3 | 3,721.9 | 587.8 | 45,029.0 | | | |

REVENUE CENTER RATE SUMMARY

REVISED 11/4/2019

INSTITUTION NAME:
INSTITUTION NUMBER:

Garrett Regional Medical Center
210017

FISCAL YEAR

6/30/2019

| 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 | | 5,128.4 | 758.8 | 5,887.2 | | | | 5,887.2 | 1,183.1198 |
| 2 Pediatric Acute | PED | 0.0 | | 30.5 | 4.5 | 35.0 | | | | 35.0 | 1,456.5527 |
| 3 Psychiatric Acute | PSY | 0.0 | | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 4 Obstetrics Acute | OBS | 0.0 | | 1,132.2 | 167.5 | 1,299.7 | | | | 1,299.7 | 2,980.9706 |
| 5 Definitive Observation | DEF | 0.0 | | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 6 Med/Surg Intensive Care | MIS | 0.0 | | 2,138.7 | 316.4 | 2,455.1 | | | | 2,455.1 | 3,637.1680 |
| 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 | | 562.4 | 83.2 | 645.6 | | | | 645.6 | 1,314.8676 |
| 14 Premature Nursery | PRE | 0.0 | | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 15 Chronic Care | CRH | 0.0 | | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 16 Emergency Services | EMG | 0.0 | | 4,003.3 | 592.3 | 4,595.6 | | | | 4,595.6 | 28.1359 |
| 17 Clinical Services | CL | 0.0 | | 1,811.8 | 268.1 | 2,079.9 | | | | 2,079.9 | 25.1519 |
| 18 Psych. Day & Night Care | PDC | 0.0 | | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 19 Same Day Surgery | SDS | 0.0 | | 1,369.4 | 202.6 | 1,572.0 | | | | 1,572.0 | 488.9519 |
| 20 Labor & Delivery Services | DEL | 0.0 | | 1,289.9 | 190.8 | 1,480.7 | | | | 1,480.7 | 118.7586 |
| 21 Operating Room | OR | 0.0 | | 5,493.9 | 812.8 | 6,306.7 | | | | 6,306.7 | 27.6271 |
| 22 Operating Room Clinic | ORC | 0.0 | | 19.2 | 2.8 | 22.0 | | | | 22.0 | 11.9783 |
| 23 Anesthesiology | ANS | 0.0 | | 77.0 | 11.4 | 88.4 | | | | 88.4 | 0.3863 |
| 24 Laboratory Services | LAB | 0.0 | | 4,640.4 | 686.6 | 5,327.0 | | | | 5,327.0 | 1.7235 |
| 25 Electrocardiography | EKG | 0.0 | | 352.9 | 52.2 | 405.1 | | | | 405.1 | 2.4403 |
| 26 Interventional Radiology / Cardiovascular | IRC | 0.0 | | 18.6 | 2.7 | 21.3 | | | | 21.3 | 9.1602 |
| 27 Radiology-Diagnostic | RAD | 0.0 | | 2,981.6 | 441.1 | 3,422.7 | | | | 3,422.7 | 11.5118 |
| 28 CT Scanner | CAT | 0.0 | | 560.9 | 83.0 | 643.9 | | | | 643.9 | 2.2192 |
| 29 Radiology-Therapeutic | RAT | 0.0 | | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 30 Nuclear Medicine | NUC | 0.0 | | 593.1 | 87.8 | 680.9 | | | | 680.9 | 4.9243 |
| 31 Respiratory Therapy | RES | 0.0 | | 790.8 | 117.0 | 907.8 | | | | 907.8 | 1.4301 |
| 32 Pulmonary Function Testing | PUL | 0.0 | | 276.5 | 40.9 | 317.4 | | | | 317.4 | 6.1582 |
| 33 Electroencephalography | EEG | 0.0 | | 16.2 | 2.4 | 18.6 | | | | 18.6 | 35.3965 |
| 34 Physical Therapy | PTH | 0.0 | | 582.5 | 86.2 | 668.7 | | | | 668.7 | 10.9386 |
| 35 Occupational Therapy | OTH | 0.0 | | 163.1 | 24.1 | 187.2 | | | | 187.2 | 8.5954 |
| 36 Speech Language Pathology | STH | 0.0 | | 17.3 | 2.6 | 19.9 | | | | 19.9 | 2.6646 |
| 37 Recreational Therapy | REC | 0.0 | | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 38 Audiology | AUD | 0.0 | | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 39 Other Physical Medicine | OPM | 0.0 | | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 40 Renal Dialysis | RDL | 0.0 | | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 41 Organ Acquisition | OA | 0.0 | | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 42 Leukopheresis | LEU | 0.0 | | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 43 Hyperbaric Chamber | HYP | 0.0 | | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 44 Free Standing Emergency | FSE | 0.0 | | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 45 Magnetic Resonance Imaging | MRI | 0.0 | | 52.6 | 7.8 | 60.4 | | | | 60.4 | 7.8738 |
| 46 Lithotripsy | LIT | 0.0 | | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 47 Rehabilitation | RHB | 0.0 | | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 48 Observation | OBV | 0.0 | | 1,302.9 | 192.8 | 1,495.7 | | | | 1,495.7 | 49.2024 |
| 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 | | 743.6 | 110.0 | 853.6 | | | | 853.6 | 492.2761 |
| 60 Med/Surg Supplies | MSS | 0.0 | | 4,134.2 | 611.7 | 4,745.9 | | | | 4,745.9 | 1,003.7886 |
| 61 Drugs Sold | CDS | 0.0 | | 4,745.3 | 702.1 | 5,447.4 | | | | 5,447.4 | 1,152.1660 |
| 62 | | 0.0 | | | | | | | | | |
| B TOTAL | | 0.0 | | 45,029.0 | 6,662.2 | 51,691.2 | 0.0 | 0.0 | 0.0 | 51,691.2 | ////////// |

OVERHEAD EXPENSE SUMMARY

OES

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

| | EXPENSES | TOTAL | DISTRIBUTE TO: | | | |
|---|------------------------------|----------|---------------------------------------|-------------------------------|--|---|
| | | | Physician Part B Centers Sch P2 | Data Processing Sch DP1 | General Service Centers Sch C1 - C14 | |
| A | Dietary Services | 633.5 | 0.0 | | 633.5 | A |
| B | Laundry & Linen | 258.0 | 0.0 | | 258.0 | B |
| C | Social Services | 640.8 | 0.0 | | 640.8 | C |
| D | Purchasing & Stores | 303.6 | 0.0 | | 303.6 | D |
| E | Plant Operations | 2,050.2 | 0.0 | | 2,050.2 | E |
| F | Housekeeping | 835.0 | 0.0 | | 835.0 | F |
| G | Central Services & Supply | 311.2 | 0.0 | | 311.2 | G |
| H | Pharmacy | 1,036.0 | 0.0 | | 1,036.0 | H |
| I | General Accounting | 511.1 | 0.0 | | 511.1 | I |
| J | Patient Accounts | 1,302.4 | 0.0 | | 1,302.4 | J |
| K | Hospital Administration | 3,111.1 | 0.0 | | 3,111.1 | K |
| L | Medical Records | 974.9 | 0.0 | | 974.9 | L |
| M | Medical Staff Administration | 0.0 | 0.0 | | 0.0 | M |
| N | Nursing Administration | 1,199.8 | 0.0 | | 1,199.8 | N |
| O | Data Processing | 1,139.3 | 0.0 | 1,139.3 | | O |
| P | Organ Acquisition Overhead | 0.0 | | | 0.0 | P |
| Q | Totals | 14,306.9 | 0.0 | 1,139.3 | 13,167.6 | Q |

ANNUAL COST SURVEY

ACS

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

COL 1

COL 2

| | CATEGORY | COSTS | PERCENT | |
|-----|---|----------|---------|-----|
| A | Salaries & Wages | 18,217.6 | 40.14% | A |
| B | Fringe Benefits | 6,333.6 | 13.96% | B |
| C | Depreciation & Amortization | 3,984.7 | 8.78% | C |
| C01 | Operating Leases | 16.1 | 0.04% | C01 |
| D | Interest Expense | 556.6 | 1.23% | D |
| E | Medical & Surgical Supplies | 4,555.0 | 10.04% | E |
| F | IV Solutions and Pharmacy | 3,064.4 | 6.75% | F |
| G | Laundry, Linen, Uniforms | 51.2 | 0.11% | G |
| H | Films & Solutions | 0.0 | 0.00% | H |
| I | Blood, Plasmanate, Albumin | 200.1 | 0.44% | I |
| J | Contracted Services | 3,837.8 | 8.46% | J |
| K | Professional Fees | 670.1 | 1.48% | K |
| L | Agency Nurses | 555.8 | 1.22% | L |
| M | Malpractice Insurance | 132.0 | 0.29% | M |
| N | All Other Insurance | 286.1 | 0.63% | N |
| O | Telephone | 52.0 | 0.11% | O |
| P | Utilities & Water | 469.6 | 1.03% | P |
| Q | Food | 322.9 | 0.71% | Q |
| R | Printing, Office Supplies, Copying, Postage | 1,235.0 | 2.72% | R |
| S | Chemical, Solutions, Lubrication, Gases | 16.2 | 0.04% | S |
| T | Other (Detail over 20% of supply cost) | 823.5 | 1.81% | T |
| U | Total | 45,380.2 | 100.00% | U |

UNREGULATED SERVICES

FSC1

UR01

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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

FREESTANDING CLINIC SERVICES

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

FISCAL YEAR DATA

| B | FISCAL YEAR EXPENSES | RECORDS | 0.0 | 0.0 | 0.0 | XXXXX | B |
|-----|--|-------------|----------|----------|-------|--------|-----|
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 0.0 | XXXXX | 0.0 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTERS | ////// | XXXXXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COST CENTER Col 5 | COL. 6 CODE | ////// | XXXXXXXX | XXXXX | XXXXX | /// |
| D01 | | | | | 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 | 0.0 | 0.0 | 0.0000 | F |

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

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

UNREGULATED SERVICES

HHC

UR02

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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

FISCAL YEAR DATA

| | | | | | | | |
|-----|--|-------------|----------|----------|-------|--------|-----|
| B | FISCAL YEAR EXPENSES | RECORDS | 0.0 | 0.0 | 0.0 | XXXXX | B |
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 0.0 | XXXXX | 0.0 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTERS | ///// | XXXXXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COST CENTER Col 5 | COL. 6 CODE | ///// | XXXXXXXX | XXXXX | XXXXX | /// |
| D01 | | | | | 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 | 0.0 | 0.0 | 0.0000 | F |

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

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

UNREGULATED SERVICES

ORD

UR03

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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

OUTPATIENT RENAL DIALYSIS

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

FISCAL YEAR DATA

| | | | | | | | |
|-----|--|-------------|----------|----------|-------|--------|-----|
| B | FISCAL YEAR EXPENSES | RECORDS | 0.0 | 0.0 | 0.0 | XXXXX | B |
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 0.0 | XXXXX | 0.0 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTERS | ///// | XXXXXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COST CENTER Col 5 | COL. 6 CODE | ///// | XXXXXXXX | XXXXX | XXXXX | /// |
| D01 | | | | | 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 | 0.0 | 0.0 | 0.0000 | F |

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

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

UNREGULATED SERVICES

ECF1

UR04

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210017

| | VOLUME DATA | FISCAL YEAR UNITS |
|---|--------------|-------------------|
| A | Patient Days | 2,679 |

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

SKILLED NURSING CARE

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

FISCAL YEAR DATA

| | | | | | | | |
|-----|--|-------------|----------|----------|---------|--------|-----|
| B | FISCAL YEAR EXPENSES | RECORDS | 885.2 | 336.5 | 1,221.7 | XXXXX | B |
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 16.9 | XXXXX | 16.9 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTERS | ////// | XXXXXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COST CENTER Col 5 | COL. 6 CODE | ////// | XXXXXXXX | XXXXX | XXXXX | /// |
| D01 | Depreciation & Amortization | DEP | 0.0 | 225.4 | 225.4 | XXXXX | D01 |
| D02 | Dietary Services | DTY | 77.0 | 36.2 | 113.2 | XXXXX | D02 |
| D03 | General Accounting | FIS | 6.0 | 1.6 | 7.6 | XXXXX | D03 |
| D04 | Housekeeping | HKP | 25.8 | 6.4 | 32.2 | XXXXX | D04 |
| D05 | Leases & Rentals | LEA | 0.0 | 0.8 | 0.8 | XXXXX | D05 |
| D06 | Laundry & Linen | LL | 2.9 | 15.4 | 18.3 | XXXXX | D06 |
| D07 | Hospital Administration | MGT | 23.7 | 26.0 | 49.7 | XXXXX | D07 |
| D08 | Medical Records | MRD | 11.1 | 3.4 | 14.6 | XXXXX | D08 |
| D09 | Nursing Administration | NAD | 14.6 | 3.1 | 17.7 | XXXXX | D09 |
| D10 | Other Insurance | OIN | 0.0 | 3.2 | 3.2 | XXXXX | D10 |
| D11 | Patient Accounts | PAC | 15.0 | 4.4 | 19.4 | XXXXX | D11 |
| D12 | Pharmacy | PHM | 13.1 | 2.0 | 15.2 | XXXXX | D12 |
| D13 | Plant Operations | POP | 26.0 | 29.4 | 55.5 | XXXXX | D13 |
| D14 | Purchasing & Stores | PUR | 3.1 | 1.5 | 4.6 | XXXXX | D14 |
| D15 | | | | | 0.0 | XXXXX | D15 |
| D16 | | | | | 0.0 | XXXXX | D16 |
| E | Capital Facilities Allowance | Records | | 248.1 | 248.1 | XXXXX | E |
| F | FISCAL Year Adjusted Expenses | B+C+D+E | 1,120.6 | 943.5 | 2,064.1 | 0.7705 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|----------|-------|---------|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 1,284.2 | XXXXX | G |
| H | PROFIT (LOSS) | G - F | XXXXXXXX | XXXXX | (779.9) | XXXXX | H |

FTE DATA

| | | | | | | | |
|---|---------------------------------|---------|--|------|--|--|---|
| I | FISCAL YEAR HOURS WORKED / 2080 | RECORDS | | 16.2 | | | I |
|---|---------------------------------|---------|--|------|--|--|---|

UNREGULATED SERVICES

ULB

UR05

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

| | VOLUME DATA | FISCAL YEAR UNITS |
|---|--------------------|-------------------|
| A | CAP, WMU, 1982 Ed. | 340,100 |

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

LABORATORY NON-PATIENT

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

FISCAL YEAR DATA

| | | | | | | | |
|-----|--|-------------|----------|---------|-------|--------|-----|
| B | FISCAL YEAR EXPENSES | RECORDS | 115.2 | 168.9 | 284.1 | XXXXX | B |
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 2.1 | XXXXX | 2.1 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTERS | ///// | XXXXXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COST CENTER Col 5 | COL. 6 CODE | ///// | XXXXXXX | XXXXX | XXXXX | /// |
| D01 | Depreciation & Amortization | DEP | 0.0 | 12.7 | 12.7 | XXXXX | D01 |
| D02 | General Accounting | FIS | 1.5 | 0.4 | 1.9 | XXXXX | D02 |
| D03 | Housekeeping | HKP | 1.5 | 0.4 | 1.8 | XXXXX | D03 |
| D04 | Leases & Rentals | LEA | 0.0 | 0.0 | 0.0 | XXXXX | D04 |
| D05 | Hospital Administration | MGT | 5.9 | 6.5 | 12.5 | XXXXX | D05 |
| D06 | Nursing Administration | NAD | 3.7 | 0.8 | 4.4 | XXXXX | D06 |
| D07 | Other Insurance | OIN | 0.0 | 0.3 | 0.3 | XXXXX | D07 |
| D08 | Patient Accounts | PAC | 3.8 | 1.1 | 4.9 | XXXXX | D08 |
| D09 | Plant Operations | POP | 1.5 | 1.7 | 3.1 | XXXXX | D09 |
| D10 | Purchasing & Stores | PUR | 0.8 | 0.4 | 1.2 | 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 | 135.9 | 193.1 | 329.0 | 0.0010 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|----------|-------|-------|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 323.2 | XXXXX | G |
| H | PROFIT (LOSS) | G - F | XXXXXXXX | XXXXX | (5.8) | XXXXX | H |

FTE DATA

| | | | | | | | |
|---|---------------------------------|---------|--|-----|--|--|---|
| I | FISCAL YEAR HOURS WORKED / 2080 | RECORDS | | 2.0 | | | I |
|---|---------------------------------|---------|--|-----|--|--|---|

UNREGULATED SERVICES

UPB

UR06

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

| | VOLUME DATA | FISCAL YEAR UNITS |
|---|-------------|-------------------|
| A | # of FTEs | 35.4 |

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

PHYSICIANS PART B SERVICES

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

FISCAL YEAR DATA

| B | FISCAL YEAR EXPENSES | RECORDS | 6,057.5 | 2,508.9 | 8,566.4 | XXXXX | B |
|-----|--|-------------|----------|----------|---------|----------|-----|
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 37.1 | XXXXX | 37.1 | 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 | 63.8 | 63.8 | XXXXX | D01 |
| D02 | General Accounting | FIS | 47.4 | 12.6 | 59.9 | XXXXX | D02 |
| D03 | Leases & Rentals | LEA | 0.0 | 18.1 | 18.1 | XXXXX | D03 |
| D04 | Laundry & Linen | LL | 1.0 | 5.2 | 6.2 | XXXXX | D04 |
| D05 | Malpractice Insurance | MAL | 0.0 | 131.0 | 131.0 | XXXXX | D05 |
| D06 | Hospital Administration | MGT | 186.7 | 204.9 | 391.7 | XXXXX | D06 |
| D07 | Medical Records | MRD | 27.1 | 8.4 | 35.5 | XXXXX | D07 |
| D08 | Other Insurance | OIN | 0.0 | 10.0 | 10.0 | XXXXX | D08 |
| D09 | Patient Accounts | PAC | 36.6 | 10.7 | 47.3 | XXXXX | D09 |
| D10 | Purchasing & Stores | PUR | 24.8 | 11.7 | 36.5 | XXXXX | D10 |
| D11 | | | | | 0.0 | XXXXX | D11 |
| D12 | | | | | 0.0 | XXXXX | D12 |
| D13 | | | | | 0.0 | XXXXX | D13 |
| D14 | | | | | 0.0 | XXXXX | D14 |
| D15 | | | | | 0.0 | XXXXX | D15 |
| D16 | | | | | 0.0 | XXXXX | D16 |
| E | Capital Facilities Allowance | Records | | 0.0 | 0.0 | XXXXX | E |
| F | FISCAL Year Adjusted Expenses | B+C+D+E | 6,418.1 | 2,985.3 | 9,403.5 | 265.3606 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|----------|-------|-----------|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 4,817.0 | XXXXX | G |
| H | PROFIT (LOSS) | G - F | XXXXXXXX | XXXXX | (4,586.5) | XXXXX | H |

FTE DATA

| | | | | | | | |
|---|---------------------------------|---------|------|--|--|--|---|
| I | FISCAL YEAR HOURS WORKED / 2080 | RECORDS | 35.4 | | | | I |
|---|---------------------------------|---------|------|--|--|--|---|

UNREGULATED SERVICES

CNA

UR07

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210017

| | | |
|---|----------------|----------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | CNA Minutes | 0 |

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

CERTIFIED NURSE ANESTHETISTS

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

FISCAL YEAR DATA

| | | | | | | | |
|-----|--|-------------|----------|----------|-------|--------|-----|
| B | FISCAL YEAR EXPENSES | RECORDS | 0.0 | 0.0 | 0.0 | XXXXX | B |
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 0.0 | XXXXX | 0.0 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTERS | ///// | XXXXXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COST CENTER Col 5 | COL. 6 CODE | ///// | XXXXXXXX | XXXXX | XXXXX | /// |
| D01 | | | | | 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 | 0.0 | 0.0 | 0.0000 | F |

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

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

UNREGULATED SERVICES

PSS

UR08

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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

PHYSICIAN SUPPORT SERVICES

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

FISCAL YEAR DATA

| | | | | | | | |
|-----|--|-------------|----------|----------|-------|--------|-----|
| B | FISCAL YEAR EXPENSES | RECORDS | 0.0 | 0.0 | 0.0 | XXXXX | B |
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 0.0 | XXXXX | 0.0 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTERS | ///// | XXXXXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COST CENTER Col 5 | COL. 6 CODE | ///// | XXXXXXXX | XXXXX | XXXXX | /// |
| D01 | | | | | 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 | 0.0 | 0.0 | 0.0000 | F |

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

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

UNREGULATED SERVICES

TBA2

UR09

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

| | VOLUME DATA | FISCAL YEAR UNITS |
|---|-------------|-------------------|
| A | Visits | 1,966 |

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

MOBILE SERVICES

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

FISCAL YEAR DATA

| B | FISCAL YEAR EXPENSES | RECORDS | 0.0 | 0.0 | 0.0 | XXXXX | B |
|-----|--|-------------|----------|----------|-------|--------|-----|
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 0.0 | XXXXX | 0.0 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTERS | ////// | XXXXXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COST CENTER Col 5 | COL. 6 CODE | ////// | XXXXXXXX | XXXXX | XXXXX | /// |
| D01 | | | | | 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 | 0.0 | 0.0 | 0.0000 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|----------|-------|-----|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 5.9 | XXXXX | G |
| H | PROFIT (LOSS) | G - F | XXXXXXXX | XXXXX | 5.9 | XXXXX | H |

FTE DATA

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

UNREGULATED SERVICES

TBA3

UR10

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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

OUTPATIENT CT SCAN

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

FISCAL YEAR DATA

| | | | | | | | |
|-----|--|-------------|----------|----------|-------|--------|-----|
| B | FISCAL YEAR EXPENSES | RECORDS | 0.0 | 0.0 | 0.0 | XXXXX | B |
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 0.0 | XXXXX | 0.0 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTERS | ///// | XXXXXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COST CENTER Col 5 | COL. 6 CODE | ///// | XXXXXXXX | XXXXX | XXXXX | /// |
| D01 | | | | | 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 | 0.0 | 0.0 | 0.0000 | F |

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

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

UNREGULATED SERVICES

TBA4

UR11

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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

PHARMACY GRANT

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

FISCAL YEAR DATA

| | | | | | | | |
|-----|--|-------------|----------|----------|-------|--------|-----|
| B | FISCAL YEAR EXPENSES | RECORDS | 0.5 | 2.0 | 2.5 | XXXXX | B |
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 0.0 | XXXXX | 0.0 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTERS | ////// | XXXXXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COST CENTER Col 5 | COL. 6 CODE | ////// | XXXXXXXX | XXXXX | XXXXX | /// |
| D01 | Depreciation & Amortization | DEP | 0.0 | 0.2 | 0.2 | XXXXX | D01 |
| D02 | General Accounting | FIS | 0.0 | 0.0 | 0.0 | XXXXX | D02 |
| D03 | Housekeeping | HKP | 0.0 | 0.0 | 0.0 | XXXXX | D03 |
| D04 | Leases & Rentals | LEA | 0.0 | 0.0 | 0.0 | XXXXX | D04 |
| D05 | Hospital Administration | MGT | 0.0 | 0.0 | 0.1 | XXXXX | D05 |
| D06 | Other Insurance | OIN | 0.0 | 0.1 | 0.1 | XXXXX | D06 |
| D07 | Patient Accounts | PAC | 0.0 | 0.0 | 0.0 | XXXXX | D07 |
| D08 | Plant Operations | POP | 0.0 | 0.0 | 0.1 | XXXXX | D08 |
| D09 | Purchasing & Stores | PUR | 0.0 | 0.0 | 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 | 0.6 | 2.4 | 3.0 | 0.0000 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|----------|-------|-------|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 1.9 | XXXXX | G |
| H | PROFIT (LOSS) | G - F | XXXXXXXX | XXXXX | (1.0) | XXXXX | H |

FTE DATA

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

UNREGULATED SERVICES

TBA5

UR12

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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

COMPREHENSIVE CARE CENTER

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

FISCAL YEAR DATA

| | | | | | | | |
|-----|--|-------------|----------|----------|-------|--------|-----|
| B | FISCAL YEAR EXPENSES | RECORDS | 0.0 | 0.0 | 0.0 | XXXXX | B |
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 0.0 | XXXXX | 0.0 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTERS | //// | XXXXXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COST CENTER Col 5 | COL. 6 CODE | //// | XXXXXXXX | XXXXX | XXXXX | /// |
| D01 | | | | | 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 | 0.0 | 0.0 | 0.0000 | F |

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

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

UNREGULATED SERVICES

TBA6

UR13

REVISED 11/4/2019

INSTITUTION NAME: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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

UNREGULATED CARDIAC REHABILITATION

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

FISCAL YEAR DATA

| | | | | | | | |
|-----|--|-------------|----------|----------|-------|--------|-----|
| B | FISCAL YEAR EXPENSES | RECORDS | 1.5 | 0.0 | 1.5 | XXXXX | B |
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 0.0 | XXXXX | 0.0 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTERS | ////// | XXXXXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COST CENTER Col 5 | COL. 6 CODE | ////// | XXXXXXXX | XXXXX | XXXXX | /// |
| D01 | | | | | 0.0 | XXXXX | D01 |
| D02 | | | | | 0.0 | XXXXX | D02 |
| D03 | | | | | 0.0 | XXXXX | D03 |
| D04 | | | | | 0.0 | XXXXX | D04 |
| D05 | | | | | 0.0 | XXXXX | D05 |
| D06 | | | | | 0.0 | XXXXX | D06 |
| D07 | | | | | 0.0 | XXXXX | D07 |
| D08 | | | | | 0.0 | XXXXX | D08 |
| D09 | | | | | 0.0 | XXXXX | D09 |
| D10 | | | | | 0.0 | XXXXX | D10 |
| D11 | | | | | 0.0 | XXXXX | D11 |
| D12 | | | | | 0.0 | XXXXX | D12 |
| D13 | | | | | 0.0 | XXXXX | D13 |
| D14 | | | | | 0.0 | XXXXX | D14 |
| D15 | | | | | 0.0 | XXXXX | D15 |
| D16 | | | | | 0.0 | XXXXX | D16 |
| E | Capital Facilities Allowance | Records | | 0.0 | 0.0 | XXXXX | E |
| F | FISCAL Year Adjusted Expenses | B+C+D+E | 1.5 | 0.0 | 1.5 | 0.0000 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|----------|-------|-------|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 0.4 | XXXXX | G |
| H | PROFIT (LOSS) | G - F | XXXXXXXX | XXXXX | (1.2) | XXXXX | H |

FTE DATA

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

UNREGULATED SERVICES

TBA7

UR14

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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

TBD

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

FISCAL YEAR DATA

| B | FISCAL YEAR EXPENSES | RECORDS | 0.0 | 0.0 | 0.0 | XXXXX | B |
|-----|--|-------------|----------|----------|-------|--------|-----|
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 0.0 | XXXXX | 0.0 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTERS | ////// | XXXXXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COST CENTER Col 5 | COL. 6 CODE | ////// | XXXXXXXX | XXXXX | XXXXX | /// |
| D01 | | | | | 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 | 0.0 | 0.0 | 0.0000 | F |

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

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

UNREGULATED SERVICES

TBA8

UR15

INSTITUTION NAME: Garrett Regional Medical Center

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

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

TBD

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

FISCAL YEAR DATA

| | | | | | | | |
|-----|--|-------------|----------|----------|-------|--------|-----|
| B | FISCAL YEAR EXPENSES | RECORDS | 0.0 | 0.0 | 0.0 | XXXXX | B |
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 0.0 | XXXXX | 0.0 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTERS | ///// | XXXXXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COST CENTER Col 5 | COL. 6 CODE | ///// | XXXXXXXX | XXXXX | XXXXX | /// |
| D01 | | | | | 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 | 0.0 | 0.0 | 0.0000 | F |

FISCAL YEAR PROFIT (LOSS)

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

FTE DATA

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

UNREGULATED SERVICES SUMMARY

URS

INSTITUTION NAME: Garrett Regional Medical Center BASE YEAR: 6/30/2019
 INSTITUTION NUMBER: 210017

| Schedule | Entity Name and Address | Nature of Service |
|----------|--|------------------------------------|
| UR-1 | | FREESTANDING CLINIC SERVICES |
| | | |
| | | |
| UR-2 | | HOME HEALTH SERVICES |
| | | |
| | | |
| UR-3 | | OUTPATIENT RENAL DIALYSIS |
| | | |
| | | |
| UR-4 | Garrett County Memorial Hospital 251 North Fourth Street Oakland, MD 21550 | SKILLED NURSING CARE |
| | | |
| UR-5 | Garrett County Memorial Hospital 251 North Fourth Street Oakland, MD 21550 | LABORATORY NON-PATIENT |
| | | |
| UR-6 | Garrett County Memorial Hospital 251 North Fourth Street Oakland, MD 21550 | PHYSICIANS PART B SERVICES |
| | | |
| UR-7 | Garrett County Memorial Hospital 251 North Fourth Street Oakland, MD 21550 | CERTIFIED NURSE ANESTHETISTS |
| | | |
| UR-8 | | PHYSICIAN SUPPORT SERVICES |
| | | |
| | | |
| UR-9 | Garrett County Memorial Hospital 251 North Fourth Street Oakland, MD 21550 | MOBILE SERVICES |
| | | |
| UR-10 | Garrett County Memorial Hospital 251 North Fourth Street Oakland, MD 21550 | OUTPATIENT CT SCAN |
| | | |
| UR-11 | Garrett County Memorial Hospital 251 North Fourth Street Oakland, MD 21550 | PHARMACY GRANT |
| | | |
| UR-12 | Eliminations 251 North Fourth Street Oakland, MD 21550 | COMPREHENSIVE CARE CENTER |
| | | |
| UR-13 | | UNREGULATED CARDIAC REHABILITATION |
| | | |
| UR-14 | | TBD |
| | | |
| | | |
| UR-15 | | TBD |
| | | |
| | | |

TRANSACTIONS WITH RELATED ENTITIES

TRE

INSTITUTION NAME: Garrett Regional Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210017

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

| No. | RELATED ENTITY | VALUE OF ASSET OR SERVICE PROVIDED TO THE HOSPITAL | VALUE OF ASSET OR SERVICE PROVIDED BY THE HOSPITAL | CATEGORY CODE | DESCRIPTION OF TRANSACTION |
|-----|----------------|--|--|---------------|----------------------------|
|-----|----------------|--|--|---------------|----------------------------|

| | | | | | |
|----|-------------------------------------|---------|--------|---|--|
| 1 | Oakland MRI Center, LLC | 38,216 | | B | MRI Diagnostic Services provided to GCMH Inpatients based on Medicare Fee Schedule and On-Call Pay |
| 2 | Oakland MRI Center, LLC | 108,672 | | B | Other Operating Revenue for Building Lease (Beginning 1/1/06 - Agreement in progress) |
| 3 | Oakland MRI Center, LLC | 60,000 | | B | GCMH's portion of OMRI Investment Cash Distribution |
| 4 | Oakland MRI Center, LLC | | 93,018 | G | GCMH's portion of OMRI Investment Equity Earnings recorded this year. |
| 5 | Freestate Healthcare Insurance Cor | 0 | | B | Additional GCMH investment in Freestate this year. |
| 6 | Freestate Healthcare Insurance Cor | | 0 | G | GCMH's portion of Freestate Investment Equity Earnings recorded this year. |
| 7 | Freestate Healthcare Insurance Cor | 129,215 | | B | PL/GL & Excess Liability Insurance Premiums paid this fiscal year (RCM&D) |
| 8 | Professional Emergency Physician | 210,478 | | B | Management Fees revenue recorded to the Hospital for intercompany services |
| 9 | Garrett Anesthesia Services, LLC | 61,387 | | B | Management Fees revenue recorded to the Hospital for intercompany services |
| 10 | Specialty Physicians of Garrett Cor | 201,654 | | B | Management Fees revenue recorded to the Hospital for intercompany services |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |

**REPORTING OF REGULATORY ADJUSTMENTS
FOR TPR HOSPITALS**

INSTITUTION NAME: Garrett Regional Medical Center IAS Effective Date 1/0/1900
 INSTITUTION NUMBER: 210017 FISCAL YEAR 6/30/2019

| PART I ACTUAL REVENUE | | | | Col. 4 | Col. 5 |
|------------------------------|------------------------------|----------|--------------|------------|------------|
| A1 | Prior Period | 1/0/1900 | to ##### | 0 | ////////// |
| B1 | Subsequent Period | 1/0/1900 | to 6/30/2019 | 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 | 1,455 | 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: Garrett Regional Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210017

Admissions for EIPA Counts

| | | |
|---|--|-------|
| A | Neonates Not Charged an Admissions Charge | 0 |
| B | Admissions from Monthly Reports (ADM) Revenue Center | 1,734 |
| C | Total | 1,734 |

Cases for Charge Per Case Calculation (CPC)

| | | |
|---|--|-------|
| D | Neonates Not Charged an Admissions Charge | 0 |
| E | Births from Monthly Reports (NUR) Center | 253 |
| F | Subtotal | 253 |
| G | Admissions from Monthly Reports (ADM) Revenue Center | 1,734 |
| H | Total | 1,987 |

Standby Costs - Trauma Physicians

SBC - I

Garrett Regional Medical Center

Hourly or Salary Based Arrangement (Payroll Based)

Fiscal Year: 6/30/2019

| | | 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

Garrett Regional Medical Center

Minimum Guaranteed Arrangement (Contract Based)

Fiscal Year: 6/30/2019

| | | 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: Garrett Regional Medical Center
Hospital Number: 210017

Fiscal Year: 6/30/2019

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: Garrett Regional Medical Center
Hospital Number: 210017

Fiscal Year: 6/30/2019

Col. 1

| | | |
|---|-------|------|
| A | - | \$ - |
| B | - | - |
| C | - | - |
| D | - | - |
| E | - | - |
| F | - | - |
| G | Total | \$ - |

MIEMMS Regulatory Trauma Costs

MTC - B

SCHEDULE B - TRAUMA DEPARTMENT

Hospital Name: Garrett Regional Medical Center
Hospital Number: 210017

Fiscal Year: 6/30/2019

Col. 1

| | | | |
|---|---------------------|----|---|
| A | Trauma Coordinator | \$ | - |
| B | Trauma Assistant | | - |
| C | Trauma Registrar(s) | | - |
| D | Tech. & Prof. Fees | | - |
| E | Dues & Licences | | - |
| F | Travel & Seminars | | - |
| G | Other | | - |
| H | Total | \$ | - |

MIEMMS Regulatory Trauma Costs

MTC - C

SCHEDULE C - TRAUMA PROTOCOL

Hospital Name: Garrett Regional Medical Center
Hospital Number: 210017

Fiscal Year: 6/30/2019

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: Garrett Regional Medical Center
Hospital Number: 210017

Fiscal Year: 6/30/2019

Col. 1

| | | | |
|---|-----------------|----|---|
| A | ICU | \$ | - |
| B | Nursing | | - |
| C | Technical Staff | | - |
| D | Social Work | | - |
| E | Other Staff | | - |
| F | Total | \$ | - |

MIEMMS Regulatory Trauma Costs

MTC - E

SCHEDULE E - EDUCATION AND TRAINING

Hospital Name: Garrett Regional Medical Center
Hospital Number: 210017

Fiscal Year: 6/30/2019

Col. 1

| | | | |
|---|------------------------------------|----|---|
| A | Instructor & Supplies | \$ | - |
| B | Trauma Nurse Orientation (16 hrs.) | | - |
| C | Continuing Education | | - |
| D | ATLAS Certification | | - |
| E | Other | | - |
| F | Total | \$ | - |

MIEMMS Regulatory Trauma Costs

MTC - F

SCHEDULE F - SPECIALIZED EQUIPMENT

Hospital Name: Garrett Regional Medical Center
Hospital Number: 210017

Fiscal Year: 6/30/2019

Col. 1

| | | | |
|---|-------------------------|----|---|
| A | Emergency Department | \$ | - |
| B | OR, Recovery & ICU | | - |
| C | Ancillary Services | | - |
| D | Post Acute Services | | - |
| E | Transportation Services | | - |
| F | Other | | - |
| G | Total | \$ | - |

SUPPLEMENTAL SCHEDULE 1

REVISED 11/4/2019

Garrett Regional Medical Center

Summary of Other and Non-Operating Revenue

For The Fiscal Year Ended June 30, 2019

| <u>Other Operating Revenue:</u> | <u>2019</u> | <u>HSCRC Schedule</u> |
|---|---------------------------|---------------------------|
| Wellness Screenings | | G / GR |
| Healthworks | 21.2 | G / GR |
| Rental Revenue | 6.2 | G / GR |
| Other | 207.9 | G / GR |
| Total - RE Line L | <u>235.3</u> | Check -> |
| | - | |
| <u>Non-Operating and Net Unregulated Revenue:</u> | | |
| Ambulance Services | - | E01 |
| Parking | - | E02 |
| Doctor's Private Office Rent | 108.7 | E03 |
| Office & Other Rental | - | E04 |
| Retail Operations | 205.3 | E05 |
| Patients Telephones | - | E06 |
| Cafeteria | 143.9 | E07 |
| Day Care Recreation Areas | - | E08 |
| Housing | - | E09 |
| Research | - | F01 |
| Nursing Education | - | F02 |
| Other Health Profession Education | - | F03 |
| Community Health Education | - | F04 |
| Freestanding Clinic Services | - | UR01 |
| Home Health Services | - | UR02 |
| Outpatient Renal Dialysis | - | UR03 |
| Skilled Nursing Care | 1,284.2 | UR04 |
| Laboratory Non-Patient | 323.2 | UR05 |
| Physicians Part B Services | 4,817.0 | UR06 |
| Certified Nurse Anesthetists | - | UR07 |
| Physician Support Services | - | UR08 |
| MOBILE SERVICES | 5.9 | UR09 |
| OUTPATIENT CT SCAN | - | UR10 |
| PHARMACY GRANT | 1.9 | UR11 |
| COMPREHENSIVE CARE CENTER | - | UR12 |
| UNREGULATED CARDIAC REHABILITATION | 0.4 | UR13 |
| TBD | - | UR14 |
| TBD | - | UR15 |
| Investment Income | 122.3 | 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 | <u><u>7,012.6</u></u> | Check -> |
| | - | |

SUPPLEMENTAL SCHEDULE 1

REVISED 11/4/2019

Garrett Regional Medical Center

Summary of Other and Non-Operating Revenue

For The Fiscal Year Ended June 30, 2019

Non-Operating and Net Unregulated Expenses:

| | | |
|--|----------|----------|
| Ambulance Services | - | E01 |
| Parking | - | E02 |
| Doctor's Private Office Rent | - | E03 |
| Office & Other Rental | - | E04 |
| Retail Operations | 242.8 | E05 |
| Patients Telephones | 100.1 | E06 |
| Cafeteria | 143.9 | E07 |
| Day Care Recreation Areas | - | E08 |
| Housing | - | E09 |
| Research | - | F01 |
| Nursing Education | - | F02 |
| Other Health Profession Education | - | F03 |
| Community Health Education | - | F04 |
| Freestanding Clinic Services | - | UR01 |
| Home Health Services | - | UR02 |
| Outpatient Renal Dialysis | - | UR03 |
| Skilled Nursing Care | 1,816.0 | UR04 |
| Laboratory Non-Patient | 329.0 | UR05 |
| Physicians Part B Services | 9,403.5 | UR06 |
| Certified Nurse Anesthetists | - | UR07 |
| Physician Support Services | - | UR08 |
| MOBILE SERVICES | - | UR09 |
| OUTPATIENT CT SCAN | - | UR10 |
| PHARMACY GRANT | 3.0 | UR11 |
| COMPREHENSIVE CARE CENTER | - | UR12 |
| UNREGULATED CARDIAC REHABILITATION | 1.5 | UR13 |
| TBD | - | UR14 |
| TBD | - | UR15 |
| Non Operating Expenses | - | G / GR |
| Other: | | G / GR |
| Other: | | G / GR |
| Other: | | G / GR |
| Other: | | G / GR |
| Other: | | G / GR |
| Total - RE Line, Col 2., Line S + Line V | 12,039.8 | Check -> |

SUPPLEMENTAL SCHEDULE 2

REVISED 11/4/2019

Garrett Regional Medical Center**Reconciliation of Depreciation & Lease / Rentals****For The Fiscal Year Ended June 30, 2019**

| | <u>Depreciation</u> | <u>Leases / Rentals</u> | <u>Total</u> |
|---------------------------------|---------------------|-----------------------------|----------------|
| UA Schedule - Line A | 4,385.5 | 35.3 | 4,420.8 |
| Allocation of E & UR Schedules: | | | |
| E01 | - | - | - |
| E02 | - | - | - |
| E03 | - | - | - |
| E04 | - | - | - |
| E05 | 35.7 | 0.1 | 35.8 |
| E06 | - | 0.0 | 0.0 |
| E07 | 62.9 | - | 62.9 |
| E08 | - | - | - |
| E09 | - | - | - |
| UR01 | - | - | - |
| UR02 | - | - | - |
| UR03 | - | - | - |
| UR04 | 225.4 | 0.8 | 226.2 |
| UR05 | 12.7 | 0.0 | 12.7 |
| UR06 | 63.8 | 18.1 | 81.8 |
| UR07 | - | - | - |
| UR08 | - | - | - |
| UR09 | - | - | - |
| UR10 | - | - | - |
| UR11 | 0.2 | 0.0 | 0.2 |
| UR12 | - | - | - |
| UR13 | - | - | - |
| UR14 | - | - | - |
| UR15 | - | - | - |
| RE Schedule - Line Q | <u>3,984.7</u> | <u>16.3</u> | <u>4,001.0</u> |

SUPPLEMENTAL SCHEDULE 3

Garrett Regional Medical Center

Reconciliation of UCC

For The Fiscal Year Ended June 30, 2019

Audited Financial Statements:

| | |
|----------------------------------|----------------|
| Bad Debts | 1,881.2 |
| Charity Care | 3,060.8 |
| Uncompensated Care per Statement | <u>4,942.0</u> |

Trial Balance:

| | |
|--------------------------------------|----------------|
| Bad Debt Write-offs | 1,910.7 |
| Charity Write-offs | 3,060.8 |
| Change in Balance Sheet Reserve | 205.7 |
| Bad Debt Recoveries | (235.1) |
| Other | (0.0) |
| Uncompensated Care per Trial Balance | <u>4,942.0</u> |

Annual Report of Revenues, Expenses, and Volumes:

| | |
|---|----------------|
| Uncompensated Care - Schedule PDA | 4,421.8 |
| Unregulated Charity & Bad Debts | 520.2 |
| Medicaid Day Limit UCC included in contractals on F/S | - |
| Uncompensated Care Per Report | <u>4,942.0</u> |

SUPPLEMENTAL SCHEDULE 4

Garrett Regional Medical Center

Detail of MCO Regulated Revenue

For The Fiscal Year Ended June 30, 2019

| MCO Revenue | Inpatient | Outpatient | Total |
|--------------------------|-------------------|-------------------|--------------------|
| AET BH MD | \$ - | \$ 33.2 | \$ 33.2 |
| AMER-MDMA | 98.5 | 139.8 | 238.2 |
| Jai Medica | - | 0.5 | 0.5 |
| Riverside | - | 0.5 | 0.5 |
| MedStar | 18.7 | 2.8 | 21.5 |
| Value Opt | - | 101.8 | 101.8 |
| Md Physicians Care | 2,758.9 | 4,372.1 | 7,131.0 |
| Priority Partners | 109.2 | 346.5 | 455.7 |
| United Healthcare | 132.6 | 143.2 | 275.9 |
| MCR - Aetna | 194.4 | 345.4 | 539.8 |
| MCR - COVENT | 293.1 | 285.1 | 578.3 |
| MCR - SECURE | 86.5 | 39.0 | 125.5 |
| MCR-WV SEN | - | 3.5 | 3.5 |
| MCRFRE-HSR | 8.8 | 3.8 | 12.7 |
| MCRHMO-AAR | - | 9.7 | 9.7 |
| MCRHMO-ADV | - | 8.8 | 8.8 |
| MCRHMO-AME | - | - | - |
| MCRHMO-B/C | - | - | - |
| MCRHMO-FRE | - | 12.9 | 12.9 |
| MCRHMO-HP | - | 0.1 | 0.1 |
| MCRHMO-HUM | 1,263.2 | 1,530.8 | 2,793.9 |
| MCRHMO-PPH | 101.9 | 67.7 | 169.6 |
| MCRHM-UPM | - | 0.3 | 0.3 |
| MCRUHC-HMO | - | 11.4 | 11.4 |
| MCRMISHMO | 26.7 | 7.2 | 33.9 |
| UNITEDMCR | 160.9 | 215.3 | 376.2 |
| Total MCO Revenue | \$ 5,253.4 | \$ 7,681.3 | \$ 12,934.8 |

SUPPLEMENTAL SCHEDULE 5

Garrett Regional Medical Center

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

For The Fiscal Year Ended June 30, 2019

| | | |
|---|----|------------------|
| Income Statement | | |
| RE Line T Excess (Deficit) Operating Rev. Over Operating Expenses | \$ | 2,684.3 |
| | | |
| RE Line U Detailed Non-Operating: Income / (Expense) | | |
| U1 Contributions (Unrestricted) | \$ | 403.6 |
| U2 Interest & Investment Income | \$ | 218.1 |
| U3 Investment - Gains / (Losses) - Realized | \$ | 150.1 |
| U4 Investment - Gains / (Losses) - Unrealized | \$ | 224.3 |
| U5 Swap Agreements - Gains / (Losses) - Realized | \$ | - |
| V Other (Specify) | \$ | (873.9) |
| RE Line W Excess Profit / (Loss) | | <u>2,806.6</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 | \$ | (7,186.0) |
| GG Other (Specify) | \$ | 212.4 |
| HH Total | \$ | <u>(6,973.7)</u> |

SUPPLEMENTAL SCHEDULE 6

Garrett Regional Medical Center

Debt Collection/Financial Assistance Report

For The Fiscal Year Ended June 30, 2019

1. Collection Agency Name

- | | |
|----|-------------------------------------|
| a. | Debt Collection Partners (DCP) |
| b. | National Hospital Collections (NHC) |
| c. | |
| d. | |
| e. | |
| f. | |
| g. | |
| h. | |

2. Number of Liens

- | | |
|----|---|
| i. | - |
|----|---|

3. Number of extended payment plans

- | | |
|----|---|
| j. | 1 |
|----|---|

FINANCIAL ASSISTANCE

4. Number of applications for financial assistance received

- | | |
|----|-----|
| k. | 710 |
|----|-----|

5. Number of applicants for financial assistance approved

- | | |
|----|-----|
| l. | 632 |
|----|-----|

SUPPLEMENTAL SCHEDULE 7

Garrett Regional Medical Center

Hospital Outpatient Services Survey

For The Fiscal Year Ended June 30, 2019

| Name of Outpatient Service | Description of Services Provided | Physical Location/Address | Regulated/Unregulated |
|------------------------------|---|--|-----------------------|
| EMERGENCY ROOM | Emergency Care Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| CLINIC SERVICES | Transfusion therapy, Injections; | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| OBSERVATION SERVICES | OutPt Observation Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| SAME DAY SURGERY | Post-Recovery Care | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| LABOR & DELIVERY | Fetal Non Stress Test; Labor Observation | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| OPERATING ROOM | Surgical Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| WOUND CARE CLINIC | Wnd Care Services | GCMH 251 N. 4th St. Oakland, MD 21550 (CS Building) | Regulated |
| ANESTHESIOLOGY | Anesthesia Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| LABORATORY | Laboratory Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| ELECTROCARDIOGRAPHY | EKGs | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| ELECTROENCEPHALOGRAPHY | EEGs | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| RADIOLOGY - DIAGNOSTIC | Imaging Services: X-Rays | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| INTERVENTIONAL RADIOLOGY | | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| NUCLEAR MEDICINE | Imaging Services: Nuc. Med Scans | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| CT SCAN | Imaging Services: CTs | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| RESPIRATORY THERAPY | O2 Therapy | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| PULMONARY FUNCTION | Pulmonary Function Testing | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| PACEMAKER CLINIC | Telephonic Pacer Evals | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Unregulated |
| MOBILE LABORATORY | Laboratory Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Unregulated |
| PROFESSIONAL EMERGENCY PHY | Emergency Room Physician Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Unregulated |
| CARDIAC REHABILITATION | Cardiac & Pulmonary Rehabilitation Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| CANCER CARE/INFUSION SVS | Cancer Care & Infusion Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Regulated |
| GARRETT ANESTHESIA SERVICES | CRNA/Anestheologist Services | GCMH 251 N. 4th St. Oakland, MD 21550 (Main Hosp) | Unregulated |
| SPECIALTY PHYSICIANS OF GARR | Gynecology - Specialist Physician Practice | 880 Memorial Drive, Lower Level, Oakland, MD 21550 | Unregulated |
| SPECIALTY PHYSICIANS OF GARR | Urgent & Primary Care Services | 32 Corporate Drive, Grantsville, MD 21536 | Unregulated |
| SPECIALTY PHYSICIANS OF GARR | Behavioral Health & Wellness Services | 69 Wolfe Acres Drive, Oakland, MD 21550 | Unregulated |
| Services Below are Not Owned | Services Below are Not Owned | Services Below are Not Owned | N/A |
| Oakland MRI Center, LLC | MRI Services; 50% Owner | 259 N. Fourth Street Oakland, MD 21550 | Regulated- Rebundled |
| Flagship Rehabilitation | PT Therapy Evals/Services | 157 Baltimore St, Suite 102, Cumberland, MD 21502 (Services provided in main hosp) | Regulated/Unreg (SNF) |
| Flagship Rehabilitation | OT Therapy Evals/Services | 158 Baltimore St, Suite 102, Cumberland, MD 21502 (Services provided in main hosp) | Regulated/Unreg (SNF) |
| Flagship Rehabilitation | ST Therapy Evals/Services | 159 Baltimore St, Suite 102, Cumberland, MD 21502 (Services provided in main hosp) | Regulated/Unreg (SNF) |
| Peak Rehab Services | Speech Therapy Services/Evals | 1477 Maryland Highway Mt. Lake Park, MD 21550 (Services provided in hospital) | Regulated |

SUPPLEMENTAL SCHEDULE 8

Gross Patient Revenue Reconciliation

For The Fiscal Year Ended June 30, 2019

Institution Name: Garrett Regional Medical Center

Institution Number: 210017

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

Section I

TOTAL GROSS PATIENT REVENUE

| Line # | | Col 1 Inpatient | Col 2 Outpatient | Col 3 Total |
|--------|-----------------------------|--------------------|---------------------|----------------|
| 1 | Total In-State Revenue | \$ 16,564 | \$ 28,934 | \$ 45,498 |
| 2 | Total Out-State Revenue | \$ 6,714 | \$ 11,258 | \$ 17,972 |
| 3 | Total Gross Patient Revenue | \$ 23,278 | \$ 40,192 | \$ 63,470 |

Section II

TOTAL MEDICARE REVENUE

| | Col 1 In-State I/P Revenue | Col 2 Out-State I/P Revenue | Col 3 In-State O/P Revenue | Col 4 Out-State O/P Revenue | Col 5 Total Revenue |
|---|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|---------------------------|
| 4 | Medicare FFS Revenue | \$ 8,881 | \$ 3,135 | \$ 13,398 | \$ 4,398 |
| 5 | Medicare Non-FFS Revenue | \$ 1,093 | \$ 1,055 | \$ 1,201 | \$ 1,393 |
| 6 | Total Medicare Revenue | \$ 9,975 | \$ 4,190 | \$ 14,598 | \$ 5,791 |

