

UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER

**HEALTH SERVICES COST REVIEW
COMMISSION**

RATE REVIEW SYSTEM

FOR THE FISCAL YEAR ENDED JUNE 30, 2019

**REPORTING SCHEDULES
FOR ANNUAL REPORT
OF REVENUE AND EXPENSES
AND VOLUMES**

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I HEREBY CERTIFY THAT I HAVE REVIEWED THIS LIST OF ANNUAL REPORT SCHEDULES AND AM SUBMITTING ALL SCHEDULES APPLICABLE TO UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER

SIGNATURE

TITLE

DATE

INPATIENTS AND PATIENT DAYS

V1

INSTITUTION NAME: University of Maryland St. Joseph Medical Center

FISCAL YEAR

6/30/2019

INSTITUTION NUMBER: 210063

| | | | 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 | 9,344 | 39,668 | 0 | 4.2 | 144 | 0.755 |
| D02 | PED | Pediatric Acute | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D03 | PSY | Psychiatric Acute | 798 | 5,887 | 0 | 7.4 | 18 | 0.896 |
| D04 | OBS | Obstetrics Acute | 2,295 | 4,978 | 0 | 2.2 | 19 | 0.718 |
| D05 | DEF | Definitive Observation | 306 | 2,135 | 0 | 7.0 | 0 | 0.000 |
| D06 | MIS | Med/Surg Intensive Care | 1,214 | 3,284 | 0 | 2.7 | 37 | 0.243 |
| D07 | CCU | Coronary Care | 336 | 1,011 | 0 | 3.0 | 0 | 0.000 |
| D08 | PIC | Pediatric Intensive Care | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D09 | NEO | Neonatal Intensive Care | 218 | 2,913 | 0 | 13.4 | 20 | 0.399 |
| 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 | | | 14,511 | 59,876 | 0 | 4.1 | 238 | 0.689 |
| D14 | NUR | Newborn Nursery | 1,823 | 4,516 | 0 | 2.5 | 0 | |
| D15 | PRE | Premature Nursery | 0 | 0 | 0 | 0.0 | 0 | |
| TOTAL | | | 16,334 | 64,392 | 0 | 3.9 | 238 | 0.741 |

OUTPATIENT VISITS

V2

INSTITUTION NAME: University of Maryland St. Joseph Medical Center

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210063

| | | | 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 | 8,375 | 36,666 | 45,041 | 120,655 | 398,983 | 519,638 |
| D19 | CL | Clinical Services | 26 | 21,632 | 21,658 | 436 | 98,062 | 98,498 |
| D20 | PDC | Psych. Day & Night Care | 21 | 1,468 | 1,489 | | | |
| D22 | SDS | Same Day Surgery | 231 | 9,240 | 9,471 | | | |
| D50 | FSE | Free Standing Emergency | 0 | 0 | 0 | | | |
| D55 | OBV | Observation | 2,372 | 4,718 | 7,090 | 27,635 | 103,061 | 130,696 |
| D58 | OCL | Oncology O/P Clinic | 0 | 0 | 0 | 0 | 0 | 0 |
| D83 | CL-340 | 340B Clinic Services | | | | 0 | 0 | 0 |
| | | | | | | | | |
| | | | | | | | | |
| | TOTAL | | 11,025 | 73,724 | 84,749 | 148,726 | 600,106 | 748,832 |

ANCILLARY SERVICE UNITS

V3

INSTITUTION NAME: University of Maryland St. Joseph Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210063

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

| REPORTING SCHEDULE | | CENTER | UNIT OF MEASURE | INPATIENT VOLUME | OUTPATIENT VOLUME | TOTAL VOLUME |
|--------------------|--|--------|-----------------|------------------|-------------------|--------------|
|--------------------|--|--------|-----------------|------------------|-------------------|--------------|

RECORDS RECORDS COL 1 + COL 2

| | | | | | | |
|------|---------|-------------------------------------------|--------------------|-----------|-----------|------------|
| D23 | DEL | Labor & Delivery Services | MD RVUs | 86,043 | 17,977 | 104,020 |
| D24 | OR | Operating Room | Minutes | 689,553 | 562,615 | 1,252,168 |
| D24A | ORC | Operating Room Clinic | Minutes | 0 | 4,137 | 4,137 |
| D25 | ANS | Anesthesiology | Minutes | 749,320 | 588,320 | 1,337,640 |
| D28 | LAB | Laboratory Services | MD RVUs | 7,031,606 | 3,920,923 | 10,952,529 |
| D30 | EKG | Electrocardiography | 1974 California RV | 345,851 | 349,056 | 694,907 |
| D31 | IRC | Interventional Radiology / Cardiovascular | MD RVUs | 67,416 | 84,503 | 151,919 |
| D32 | RAD | Radiology-Diagnostic | HSCRC RVUs | 255,825 | 513,442 | 769,267 |
| D33 | CAT | CT Scanner | HSCRC RVUs | 363,920 | 558,167 | 922,087 |
| D34 | RAT | Radiology-Therapeutic | MD RVUs | 13,613 | 727,132 | 740,745 |
| D35 | NUC | Nuclear Medicine | HSCRC RVUs | 56,991 | 242,335 | 299,326 |
| D36 | RES | Respiratory Therapy | MD RVUs | 3,436,397 | 151,801 | 3,588,198 |
| D37 | PUL | Pulmonary Function Testing | MD RVUs | 12,612 | 22,034 | 34,646 |
| D38 | EEG | Electroencephalography | 1974 California RV | 35,049 | 5,879 | 40,928 |
| D39 | PTH | Physical Therapy | MD RVUs | 249,173 | 145,334 | 394,507 |
| D40 | OTH | Occupational Therapy | MD RVUs | 332,892 | 40,333 | 373,225 |
| D41 | STH | Speech Language Pathology | MD RVUs | 56,188 | 19,607 | 75,795 |
| D42 | REC | Recreational Therapy | Treatments | 0 | 0 | 0 |
| D43 | AUD | Audiology | MD RVUs | 12,240 | 0 | 12,240 |
| D44 | OPM | Other Physical Medicine | Treatments | 0 | 0 | 0 |
| D45 | RDL | Renal Dialysis | Treatments | 1,184 | 72 | 1,256 |
| 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 | 86,251 | 49,518 | 135,769 |
| D53 | LIT | Lithotripsy | # of Procedures | 0 | 17 | 17 |
| D56 | AMR | Ambulance Services-Rebundled | HSCRC RVUs | 0 | 0 | 0 |
| D77 | PST | Psychological Testing | Hours | 0 | 0 | 0 |
| D80 | ETH | Electroconvulsive Therapy | Treatments | 0 | 0 | 0 |
| D84 | RAT-340 | 340B Radiology - Therapeutic | MD RVUs | 0 | 0 | 0 |
| D85 | ORC-340 | 340B OR Clinic Services | Minutes | 0 | 0 | 0 |
| D86 | LAB-340 | 340B Laboratory Services | MD RVUs | 0 | 0 | 0 |
| D87 | CDS-340 | 340B Drugs | EIPA | 0 | 0 | 0 |

EQUIVALENT INPATIENT DAYS AND ADMISSIONS

V5

INSTITUTION NAME: University of Maryland St. Joseph Medical Cen FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210063

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

INPATIENT DATA - BASE YEAR

COL. 1

COL. 2

| | | | | |
|---|-------------------------------------------------|-----------------|-----------|---|
| A | GROSS INPATIENT REVENUE | RECORDS, BUDGET | 250,413.2 | A |
| B | INPATIENT GRANT REVENUE | RECORDS, BUDGET | 4,491.1 | B |
| C | TOTAL INPATIENT REVENUE * | A + B | 254,904.2 | C |
| D | TOTAL INPATIENT DAYS (IPDs) (EXCLUDING NURSERY) | SCHD V 1 D | 59,876 | D |
| E | INPATIENT UNIT REVENUE | C / D | 4.25720 | E |
| F | GROSS OUTPATIENT REVENUE | RECORDS, BUDGET | 138,760.4 | F |
| G | OUTPATIENT GRANT REVENUE | RECORDS, BUDGET | 2,488.6 | G |
| H | TOTAL OUTPATIENT REVENUE * | F + G | 141,249.0 | H |
| I | TOTAL OUTPATIENT VISITS | SCH V 2 B | 75,278 | I |
| J | OUTPATIENT UNIT REVENUE | H / I | 1.87637 | J |
| K | INPATIENT - OUTPATIENT UNIT REVENUE RATIO | E / J | 2.26885 | K |
| L | INPATIENT EQUIVALENT OF OUTPATIENT VISITS | I / K | 33,179 | L |
| M | EQUIVALENT INPATIENT DAYS (EIPDs) | D + L | 93,055 | M |

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

| | | | | |
|---|-------------------------------------------|-----------|----------|---|
| N | TOTAL INPATIENT ADMISSIONS | SCH V 1 D | 14,511 | N |
| O | INPATIENT UNIT REVENUE | C / N | 17.56628 | O |
| P | OUTPATIENT UNIT REVENUE | H / I | 1.87637 | P |
| Q | INPATIENT - OUTPATIENT UNIT REVENUE RATIO | O / P | 9.36184 | Q |
| R | INPATIENT EQUIVALENT OF OUTPATIENT VISITS | I / Q | 8,041 | R |
| S | EQUIVALENT INPATIENT ADMISSIONS (EIPAs) | N + R | 22,552 | U |

UNASSIGNED EXPENSES

UA

INSTITUTION NAME: University of Maryland St. Joseph Medical Center

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210063

| | 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 | 4,822.5 | 426.1 | 1,535.8 | 6,784.4 | 23,198.2 | 1,646.4 | 0.0 | 0.0 | 8,893.6 | 40,522.6 | A |
| B | ALLOC. TO AUX. ENTERPRISES & UNREGULATED SERVICES | RECORDS | 0.0 | 0.0 | 0.0 | 0.0 | (306.2) | (1,167.9) | 0.0 | 0.0 | 0.0 | (1,474.0) | B |
| C | FISCAL YEAR EXP. - ADJUSTED | A + B | 4,822.5 | 426.1 | 1,535.8 | 6,784.4 | 22,892.0 | 478.5 | 0.0 | 0.0 | 8,893.6 | 39,048.6 | C |

HOSPITAL BASED PHYSICIANS

P1 A

INSTITUTION NAME: University of Maryland St. Joseph Medical Center FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210063

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 | 300.0 | 221.7 | 0.0 | 0.0 | 0.0 | 521.7 | A1 |
| A2 | Med/Surg Acute | MSG | 0.0 | 0.0 | 0.0 | 91.1 | 0.0 | 0.0 | 91.1 | A2 |
| A3 | Pediatric Acute | PED | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A3 |
| A4 | Psychiatric Acute | PSY | 0.0 | 0.0 | 0.0 | 301.6 | 0.0 | 0.0 | 301.6 | A4 |
| A5 | Obstetrics Acute | OBS | 0.0 | 0.0 | 0.0 | 150.0 | 0.0 | 0.0 | 150.0 | A5 |
| A6 | Definitive Observation | DEF | 0.0 | 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 | 0.0 | A7 |
| A8 | Coronary Care | CCU | 0.0 | 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 | 0.0 | A9 |
| A10 | Neonatal Intensive Care | NEO | 0.0 | 0.0 | 0.0 | 54.6 | 0.0 | 0.0 | 54.6 | A10 |
| A11 | Burn Care | BUR | 0.0 | 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 | 0.0 | A12 |
| A13 | Shock Trauma | TRM | 0.0 | 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 | 0.0 | A14 |
| A15 | Newborn Nursery | NUR | 0.0 | 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 | 0.0 | A16 |
| A17 | Chronic Care | CRH | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A17 |
| A18 | Emergency Services | EMG | 0.0 | 0.0 | 0.0 | 295.0 | 0.0 | 0.0 | 295.0 | A18 |
| A19 | Clinical Services | CL | 0.0 | 0.0 | 0.0 | 659.1 | 0.0 | 0.0 | 659.1 | A19 |
| A20 | Psych. Day & Night Care | PDC | 0.0 | 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 | 0.0 | A21 |
| A22 | Same Day Surgery | SDS | 0.0 | 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 | 0.0 | A23 |
| A24 | Operating Room | OR | 0.0 | 0.0 | 0.0 | 592.6 | 0.0 | 0.0 | 592.6 | A24 |
| A25 | Operating Room Clinic | ORC | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A25 |
| A26 | Anesthesiology | ANS | 0.0 | 0.0 | 0.0 | 25.0 | 0.0 | 0.0 | 25.0 | A26 |
| A27 | Laboratory Services | LAB | 0.0 | 0.0 | 0.0 | 187.2 | 0.0 | 0.0 | 187.2 | A27 |
| A28 | Electrocardiography | EKG | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A28 |
| A29 | Interventional Radiology / Cardiovascular | IRC | 0.0 | 0.0 | 0.0 | 60.4 | 0.0 | 0.0 | 60.4 | A29 |
| A30 | Radiology-Diagnostic | RAD | 0.0 | 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 | 0.0 | A31 |
| A32 | Radiology-Therapeutic | RAT | 0.0 | 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 | 0.0 | A33 |
| A34 | Respiratory Therapy | RES | 0.0 | 0.0 | 0.0 | 83.2 | 0.0 | 0.0 | 83.2 | A34 |

HOSPITAL BASED PHYSICIANS

P1 B

INSTITUTION NAME: University of Maryland St. Joseph Medical Center FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210063

| | | | 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 | 0.0 | A35 |
| A36 | Electroencephalography | EEG | 0.0 | 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 | 0.0 | A37 |
| A38 | Occupational Therapy | OTH | 0.0 | 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 | 0.0 | A39 |
| A40 | Recreational Therapy | REC | 0.0 | 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 | 0.0 | A41 |
| A42 | Other Physical Medicine | OPM | 0.0 | 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 | 0.0 | A43 |
| A44 | Organ Acquisition | OA | 0.0 | 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 | 0.0 | A45 |
| A46 | Leukopheresis | LEU | 0.0 | 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 | 0.0 | A47 |
| A48 | Free Standing Emergency | FSE | 0.0 | 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 | 0.0 | A49 |
| A50 | Adolescent Dual Diagnosed | ADD | 0.0 | 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 | 0.0 | A51 |
| A52 | Rehabilitation | RHB | 0.0 | 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 | 0.0 | A53 |
| A54 | Transurethral Microwave Thermotherapy | TMT | 0.0 | 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 | 0.0 | A55 |
| A56 | Transurethral Needle Ablation | TNA | 0.0 | 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 | 0.0 | A57 |
| A58 | Psychiatric Child/Adolescent | PCD | 0.0 | 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 | 0.0 | A59 |
| A60 | Individual Therapies | ITH | 0.0 | 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 | 0.0 | A61 |
| A62 | Family Therapies | FTH | 0.0 | 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 | 0.0 | A63 |
| A64 | Education | PSE | 0.0 | 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 | 0.0 | A65 |
| A66 | Electroconvulsive Therapy | ETH | 0.0 | 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 | 0.0 | A67 |
| A68 | Pediatric Step-Down | PSD | 0.0 | 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 | 0.0 | A69 |
| A70 | 340B Radiology - Therapeutic | RAT-340 | 0.0 | 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 | 0.0 | A71 |
| A72 | 340B Laboratory Services | LAB-340 | 0.0 | 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 | 0.0 | A73 |
| A74 | Post Graduate Medical Ed | PME | | | | | | | | 0.0 | A74 |

| | | | | | | | | | | |
|---|--------|----------|-----|-------|-------|---------|-----|-----|---------|---|
| B | TOTALS | //////// | 0.0 | 300.0 | 221.7 | 2,499.8 | 0.0 | 0.0 | 3,021.5 | B |
|---|--------|----------|-----|-------|-------|---------|-----|-----|---------|---|

Reporting Schedule

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

INSTITUTION NAME: University of Maryland St. Joseph Medical Center FISCAL YEAR 2019
 INSTITUTION NUMBER: 210063

| | | 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 | 154.6 | 0.0 | | 154.6 | 0.8 |
| 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 | EKG | 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 | TNA | 0.0 | 0.0 | | 0.0 | 0.0 |
| PSYCHIATRIC ADULT | PAD | 0.0 | 0.0 | | 0.0 | 0.0 |
| PSYCHIATRIC CHILD/ADOLESCENT | PCD | 0.0 | 0.0 | | 0.0 | 0.0 |
| PSYCHIATRIC GERIATRIC | PSG | 0.0 | 0.0 | | 0.0 | 0.0 |
| INDIVIDUAL THERAPIES | ITH | 0.0 | 0.0 | | 0.0 | 0.0 |
| GROUP THERAPIES | GTH | 0.0 | 0.0 | | 0.0 | 0.0 |
| FAMILY THERAPIES | FTH | 0.0 | 0.0 | | 0.0 | 0.0 |
| PSYCHOLOGICAL TESTING | PST | 0.0 | 0.0 | | 0.0 | 0.0 |
| EDUCATION | PSE | 0.0 | 0.0 | | 0.0 | 0.0 |
| OTHER THERAPIES | OPT | 0.0 | 0.0 | | 0.0 | 0.0 |
| ELECTROCONVULSIVE THERAPY | ETH | 0.0 | 0.0 | | 0.0 | 0.0 |
| ACTIVITY THERAPIES | ATH | 0.0 | 0.0 | | 0.0 | 0.0 |
| PEDIATRIC STEP-DOWN | PSD | 0.0 | 0.0 | | 0.0 | 0.0 |
| 340B CLINIC SERVICES | CL-340 | 0.0 | 0.0 | | 0.0 | 0.0 |
| 340B RADIOLOGY - THERAPEUTIC | RAT-340 | 0.0 | 0.0 | | 0.0 | 0.0 |
| 340B OR CLINIC SERVICES | ORC-340 | 0.0 | 0.0 | | 0.0 | 0.0 |
| 340B LABORATORY SERVICES | LAB-340 | 0.0 | 0.0 | | 0.0 | 0.0 |
| 340B DRUGS | CDS-340 | 0.0 | 0.0 | | 0.0 | 0.0 |
| TOTAL | | 154.6 | 0.0 | 0.0 | 154.6 | 0.8 |

AUXILIARY ENTERPRISES

PAR

E02

INSTITUTION NAME: University of Maryland St. Joseph Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210063

| | | |
|---|-------------|-------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | # of Spaces | 2,613 |

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 | 391.7 | 379.6 | 771.3 | 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 | Central Services & Supply | CSS | 4.2 | 1.0 | 5.2 | XXXXX | D01 |
| D02 | General Accounting | FIS | 0.0 | 6.7 | 6.7 | XXXXX | D02 |
| D03 | Hospital Administration | MGT | 28.0 | 28.0 | 56.0 | XXXXX | D03 |
| D04 | Purchasing & Stores | PUR | 3.0 | 2.3 | 5.3 | XXXXX | D04 |
| D05 | | | | | 0.0 | XXXXX | D05 |
| D06 | | | | | 0.0 | XXXXX | D06 |
| D07 | | | | | 0.0 | XXXXX | D07 |
| D08 | | | | | 0.0 | XXXXX | D08 |
| D09 | | | | | 0.0 | XXXXX | D09 |
| D10 | | | | | 0.0 | XXXXX | D10 |
| D11 | | | | | 0.0 | XXXXX | D11 |
| D12 | | | | | 0.0 | XXXXX | D12 |
| D13 | | | | | 0.0 | XXXXX | D13 |
| D14 | | | | | 0.0 | XXXXX | D14 |
| 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 | 426.9 | 417.6 | 844.5 | 0.32318 | G |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|--------------------------|---------|-------|-------|---------|-------|---|
| H | FISCAL YEAR REVENUE | RECORDS | XXXXX | XXXXX | 1,392.3 | XXXXX | H |
| I | PROFIT (LOSS) | G - F | XXXXX | XXXXX | 547.9 | XXXXX | I |
| J | AMOUNT TREATED AS FRINGE | RECORDS | XXXXX | XXXXX | 0.0 | XXXXX | J |
| K | AMOUNT TREATED AS OFC | H - I | XXXXX | XXXXX | 547.9 | XXXXX | K |

FTE DATA

| | | | | | | | |
|---|-------------------------------|---------|-----|--|--|--|---|
| S | FISCAL YEAR HOURS WORKED/2080 | RECORDS | 8.0 | | | | S |
|---|-------------------------------|---------|-----|--|--|--|---|

AUXILIARY ENTERPRISES

DPO

E03

INSTITUTION NAME: University of Maryland St. Joseph Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210063

| | | |
|---|-------------|-------------------|
| | 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 | 69.2 | 0.2 | 69.4 | 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 | 69.2 | 0.2 | 69.4 | 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 | (69.4) | XXXXX | I |
| J | AMOUNT TREATED AS FRINGE | RECORDS | XXXXX | XXXXX | 0.0 | XXXXX | J |
| K | AMOUNT TREATED AS OFC | H - I | XXXXX | XXXXX | (69.4) | XXXXX | K |

FTE DATA

| | | | | | | | |
|---|-------------------------------|---------|-----|--|--|--|---|
| S | FISCAL YEAR HOURS WORKED/2080 | RECORDS | 1.2 | | | | S |
|---|-------------------------------|---------|-----|--|--|--|---|

AUXILIARY ENTERPRISES

OOR

E04

INSTITUTION NAME: University of Maryland St. Joseph Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210063

| | | |
|---|-------------|-------------------|
| | 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 | Leases & Rentals | LEA | 0.0 | 1,090.8 | 1,090.8 | 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 | 1,090.8 | 1,090.8 | 0.00000 | G |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|--------------------------|---------|-------|-------|---------|-------|---|
| H | FISCAL YEAR REVENUE | RECORDS | XXXXX | XXXXX | 1,007.8 | XXXXX | H |
| I | PROFIT (LOSS) | G - F | XXXXX | XXXXX | (83.0) | XXXXX | I |
| J | AMOUNT TREATED AS FRINGE | RECORDS | XXXXX | XXXXX | 0.0 | XXXXX | J |
| K | AMOUNT TREATED AS OFC | H - I | XXXXX | XXXXX | (83.0) | XXXXX | K |

FTE DATA

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

AUXILIARY ENTERPRISES

CAF

E07

INSTITUTION NAME: University of Maryland St. Joseph Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210063

| | | |
|---|-----------------|-------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | Eq. Meals Serve | 224,620 |

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 | 0.0 | 1,082.0 | 1,082.0 | 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 | Depreciation & Amortization | DEP | 0.0 | 167.0 | 167.0 | XXXXX | D01 |
| D02 | Housekeeping | HKP | 0.0 | 39.6 | 39.6 | XXXXX | D02 |
| D03 | Plant Operations | POP | 29.2 | 60.8 | 90.0 | 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 | 29.2 | 1,349.4 | 1,378.5 | 0.00614 | G |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|--------------------------|---------|-------|-------|-----------|-------|---|
| H | FISCAL YEAR REVENUE | RECORDS | XXXXX | XXXXX | 118.2 | XXXXX | H |
| I | PROFIT (LOSS) | G - F | XXXXX | XXXXX | (1,260.3) | XXXXX | I |
| J | AMOUNT TREATED AS FRINGE | RECORDS | XXXXX | XXXXX | 0.0 | XXXXX | J |
| K | AMOUNT TREATED AS OFC | H - I | XXXXX | XXXXX | (1,260.3) | XXXXX | K |

FTE DATA

| | | | | | | | |
|---|-------------------------------|---------|-----|--|--|--|---|
| S | FISCAL YEAR HOURS WORKED/2080 | RECORDS | 0.4 | | | | S |
|---|-------------------------------|---------|-----|--|--|--|---|

AUXILIARY ENTERPRISES

DEB

E08

INSTITUTION NAME: University of Maryland St. Joseph Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210063

| | | |
|---|-------------|-------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | Sq Feet | 5,300 |

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 | 72.9 | 72.9 | 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 | Central Services & Supply | CSS | 0.8 | 0.2 | 1.0 | XXXXX | D01 |
| D02 | Depreciation & Amortization | DEP | 0.0 | 139.2 | 139.2 | XXXXX | D02 |
| D03 | General Accounting | FIS | 0.0 | 0.6 | 0.6 | XXXXX | D03 |
| D04 | Housekeeping | HKP | 0.0 | 33.0 | 33.0 | XXXXX | D04 |
| D05 | Hospital Administration | MGT | 2.6 | 2.6 | 5.3 | XXXXX | D05 |
| D06 | Plant Operations | POP | 24.3 | 50.7 | 75.0 | XXXXX | D06 |
| D07 | Purchasing & Stores | PUR | 0.6 | 0.4 | 1.0 | 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 | 28.3 | 299.7 | 328.0 | 0.06190 | G |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|--------------------------|---------|-------|-------|---------|-------|---|
| H | FISCAL YEAR REVENUE | RECORDS | XXXXX | XXXXX | 0.0 | XXXXX | H |
| I | PROFIT (LOSS) | G - F | XXXXX | XXXXX | (328.0) | XXXXX | I |
| J | AMOUNT TREATED AS FRINGE | RECORDS | XXXXX | XXXXX | 0.0 | XXXXX | J |
| K | AMOUNT TREATED AS OFC | H - I | XXXXX | XXXXX | (328.0) | XXXXX | K |

FTE DATA

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

OTHER INSTITUTIONAL PROGRAMS

REG

F01

INSTITUTION NAME: University of Maryland St. Joseph Medical Center

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210063

| | | |
|---|----------------|----------------------|
| | 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 | 210.6 | 19.3 | 229.9 | 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 | Central Services & Supply | CSS | 0.2 | 0.0 | 0.3 | XXXXX | D01 |
| D02 | General Accounting | FIS | 0.0 | 2.0 | 2.0 | XXXXX | D02 |
| D03 | Hospital Administration | MGT | 8.3 | 8.3 | 16.7 | XXXXX | D03 |
| D04 | Medical Staff Administration | MSA | 0.5 | 0.0 | 0.5 | XXXXX | D04 |
| D05 | Patient Accounts | PAC | 1.2 | 1.2 | 2.4 | XXXXX | D05 |
| D06 | Purchasing & Stores | PUR | 0.2 | 0.1 | 0.3 | 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 | 221.0 | 31.0 | 252.0 | 0.00000 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|-------|-------|---------|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXX | XXXXX | 44.7 | XXXXX | G |
| H | PROFIT (LOSS) | F - E | XXXXX | XXXXX | (207.3) | XXXXX | H |

FTE DATA

| | | | |
|---|-------------------------------|---------|-----|
| I | FISCAL YEAR HOURS WORKED/2080 | RECORDS | 2.2 |
|---|-------------------------------|---------|-----|

| |
|---|
| I |
|---|

OTHER INSTITUTIONAL PROGRAMS

CHE

F04

INSTITUTION NAME: University of Maryland St. Joseph Medical Center

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210063

| | | |
|---|-------------------|----------------------|
| | 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 | 804.5 | 319.6 | 1,124.1 | 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 | Central Services & Supply | CSS | 3.5 | 0.8 | 4.3 | XXXXX | D01 |
| D02 | General Accounting | FIS | 0.0 | 9.8 | 9.8 | XXXXX | D02 |
| D03 | Laundry & Linen | LL | 0.1 | 0.7 | 0.8 | XXXXX | D03 |
| D04 | Hospital Administration | MGT | 40.8 | 40.8 | 81.6 | XXXXX | D04 |
| D05 | Medical Staff Administration | MSA | 2.4 | 0.2 | 2.7 | XXXXX | D05 |
| D06 | Patient Accounts | PAC | 5.8 | 5.7 | 11.6 | XXXXX | D06 |
| D07 | Purchasing & Stores | PUR | 2.5 | 1.9 | 4.5 | 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 | 859.7 | 379.5 | 1,239.3 | 0.00000 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|-------|-------|-----------|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXX | XXXXX | 44.0 | XXXXX | G |
| H | PROFIT (LOSS) | F - E | XXXXX | XXXXX | (1,195.2) | XXXXX | H |

FTE DATA

| | | | |
|---|-------------------------------|---------|-----|
| I | FISCAL YEAR HOURS WORKED/2080 | RECORDS | 9.2 |
|---|-------------------------------|---------|-----|

| |
|---|
| I |
|---|

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: University of Maryland St. Joseph Medical Center
 INSTITUTION NUMBER: 210063
 FISCAL YEAR: 6/30/2019

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 | 0.0 |
| B | NUMBER OF FTE'S | RECORDS | 1,339.0 |
| B1 | LOSS PER FTE | A / B | 0.00000 |

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 | (0.7) | 12,870.7 | 12,870.0 |
| 2 | DONATED SERVICES & COMMODITIES | RECORDS | 0.0 | 0.0 | 0.0 |
| 3 | FISCAL YEAR ADJUSTED EXPENSES | C1 + C2 | (0.7) | 12,870.7 | 12,870.0 |

| CAFETERIA, PARKING, ETC | | | | | | | | | | | | DATA PROCESSING | |
|-------------------------|------------------------------|---------|-------|------|--------------|--------|-----------------|--------|-------------------------------|----------------|---------------|-------------------------|--|
| /// | DISTRIBUTION OF LOSS PER FTE | LOOK UP | SCHED | CODE | NO. OF FTE'S | C x D1 | FTE'S ALLOCATED | BASIS | WAGES, SALARIES, & F. BENEFIT | OTHER EXPENSES | DP ALLOCATION | TOTAL ALLOCATED EXPENSE | |
| 1 | DIETARY SERVICES | C01 | C01 | DTY | 0.0 | \$ - | 0.0 | 0.00% | \$ - | \$ - | \$ - | - | |
| 2 | LAUNDRY & LINEN | C02 | C02 | LL | 3.6 | 0.0 | 0.0 | 0.28% | (0.0) | 35.4 | 35.4 | 35.4 | |
| 3 | SOCIAL SERVICES | C03 | C03 | SSS | 3.5 | 0.0 | 0.0 | 0.27% | (0.0) | 34.3 | 34.3 | 34.3 | |
| 4 | PURCHASING & STORES | C04 | C04 | PUR | 21.0 | 0.0 | 0.0 | 1.63% | (0.0) | 209.3 | 209.2 | 209.2 | |
| 5 | PLANT OPERATIONS | C05 | C05 | POP | 49.3 | 0.0 | 0.0 | 3.83% | (0.0) | 493.5 | 493.5 | 493.5 | |
| 6 | HOUSEKEEPING | C06 | C06 | HKP | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - | |
| 7 | CENTRAL SERVICES & SUPPLY | C07 | C07 | CSS | 26.4 | 0.0 | 0.0 | 2.03% | (0.0) | 260.6 | 260.6 | 260.6 | |
| 8 | PHARMACY | C08 | C08 | PHM | 38.9 | 0.0 | 0.0 | 2.99% | (0.0) | 384.3 | 384.3 | 384.3 | |
| 9 | GENERAL ACCOUNTING | C09 | C09 | FIS | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - | |
| 10 | PATIENT ACCOUNTS | C10 | C10 | PAC | 47.7 | 0.0 | 0.0 | 3.70% | (0.0) | 475.9 | 475.9 | 475.9 | |
| 11 | HOSPITAL ADMINISTRATION | C11 | C11 | MGT | 45.0 | 0.0 | 0.0 | 3.89% | (0.1) | 500.9 | 500.9 | 500.9 | |
| 12 | MEDICAL RECORDS | C12 | C12 | MRD | 25.9 | 0.0 | 0.0 | 1.99% | (0.0) | 256.0 | 256.0 | 256.0 | |
| 13 | MEDICAL STAFF ADMINISTRATION | C13 | C13 | MSA | 6.8 | 0.0 | 0.0 | 0.47% | (0.0) | 60.9 | 60.9 | 60.9 | |
| 14 | NURSING ADMINISTRATION | C14 | C14 | NAD | 31.9 | 0.0 | 0.0 | 2.45% | (0.0) | 315.3 | 315.3 | 315.3 | |
| 15 | ORGAN ACQUISITION OVERHEAD | C15 | C15 | OAO | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - | |
| 16 | MED/SURG ACUTE | D01 | D01 | MSG | 258.9 | 0.0 | 0.0 | 19.85% | (0.1) | 2,554.9 | 2,554.7 | 2,554.7 | |
| 17 | PEDIATRIC ACUTE | D02 | D02 | PED | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - | |
| 18 | PSYCHIATRIC ACUTE | D03 | D03 | PSY | 25.8 | 0.0 | 0.0 | 1.93% | (0.0) | 247.8 | 247.8 | 247.8 | |
| 19 | OBSTETRICS ACUTE | D04 | D04 | OBS | 19.9 | 0.0 | 0.0 | 1.50% | (0.0) | 192.5 | 192.5 | 192.5 | |
| 20 | DEFINITIVE OBSERVATION | D05 | D05 | DEF | 14.0 | 0.0 | 0.0 | 1.07% | (0.0) | 137.9 | 137.9 | 137.9 | |
| 21 | MED/SURG INTENSIVE CARE | D06 | D06 | MIS | 36.6 | 0.0 | 0.0 | 2.81% | (0.0) | 361.9 | 361.9 | 361.9 | |
| 22 | CORONARY CARE | D07 | D07 | CCU | 13.1 | 0.0 | 0.0 | 1.01% | (0.0) | 129.4 | 129.4 | 129.4 | |
| 23 | PEDIATRIC INTENSIVE CARE | D08 | D08 | PIC | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - | |
| 24 | NEONATAL INTENSIVE CARE | D09 | D09 | NFO | 21.2 | 0.0 | 0.0 | 1.62% | (0.0) | 208.2 | 208.1 | 208.1 | |
| 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 | 15.9 | 0.0 | 0.0 | 1.22% | (0.0) | 156.9 | 156.9 | 156.9 | |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: University of Maryland St. Joseph Medical Center

INSTITUTION NUMBER: 210063

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 D1 | FTE'S ALLOCATED | BASIS | WAGES, SALARIES, & F. BENEFIT | OTHER EXPENSES | DP ALLOCATION | TOTAL ALLOCATED EXPENSE |
|-----|-------------------------------------------|---------|-------|------|--------------|--------|-----------------|-------|-------------------------------|----------------|---------------|-------------------------|
| 30 | PREMATURE NURSERY | D15 | D15 | PRE | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 31 | CHRONIC CARE | D17 | D17 | CRH | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 32 | EMERGENCY SERVICES | D18 | D18 | EMG | 85.7 | 0.0 | 0.0 | 6.52% | (0) | 839 | 839 | 839.0 |
| 33 | CLINICAL SERVICES | D19 | D19 | CL | 43.5 | 0.0 | 0.0 | 3.21% | (0) | 413 | 413 | 413.4 |
| 34 | PSYCH. DAY & NIGHT CARE | D20 | D20 | PDC | 5.5 | 0.0 | 0.0 | 0.42% | (0) | 54 | 54 | 54.3 |
| 35 | AMBULATORY SURGERY (PBP) | D21 | D21 | AMS | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 36 | SAME DAY SURGERY | D22 | D22 | SDS | 27.9 | 0.0 | 0.0 | 2.14% | (0) | 276 | 276 | 276.0 |
| 37 | LABOR & DELIVERY SERVICES | D23 | D23 | DEL | 43.4 | 0.0 | 0.0 | 3.33% | (0) | 429 | 429 | 429.0 |
| 38 | OPERATING ROOM | D24 | D24 | OR | 116.8 | 0.0 | 0.0 | 8.85% | (0) | 1,139 | 1,139 | 1,138.9 |
| 39 | OPERATING ROOM CLINIC | D24a | D24a | ORC | 0.4 | 0.0 | 0.0 | 0.03% | (0) | 4 | 4 | 3.6 |
| 40 | ANESTHESIOLOGY | D25 | D25 | ANS | 8.1 | 0.0 | 0.0 | 0.62% | (0) | 79 | 79 | 79.4 |
| 41 | LABORATORY SERVICES | D28 | D28 | LAB | 52.0 | 0.0 | 0.0 | 3.95% | (0) | 509 | 509 | 508.9 |
| 42 | ELECTROCARDIOGRAPHY | D30 | D30 | EKG | 11.6 | 0.0 | 0.0 | 0.89% | (0) | 115 | 115 | 114.6 |
| 43 | INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR | D31 | D31 | IRC | 39.7 | 0.0 | 0.0 | 3.03% | (0) | 390 | 390 | 390.3 |
| 44 | RADIOLOGY-DIAGNOSTIC | D32 | D32 | RAD | 43.1 | 0.0 | 0.0 | 3.31% | (0) | 425 | 425 | 425.4 |
| 45 | CT SCANNER | D33 | D33 | CAT | 9.0 | 0.0 | 0.0 | 0.69% | (0) | 89 | 89 | 88.9 |
| 46 | RADIOLOGY-THERAPEUTIC | D34 | D34 | RAT | 10.7 | 0.0 | 0.0 | 0.82% | (0) | 106 | 106 | 105.6 |
| 47 | NUCLEAR MEDICINE | D35 | D35 | NUC | 6.1 | 0.0 | 0.0 | 0.47% | (0) | 60 | 60 | 60.1 |
| 48 | RESPIRATORY THERAPY | D36 | D36 | RES | 23.3 | 0.0 | 0.0 | 1.77% | (0) | 228 | 228 | 227.9 |
| 49 | PULMONARY FUNCTION TESTING | D37 | D37 | PUL | 1.0 | 0.0 | 0.0 | 0.08% | (0) | 10 | 10 | 9.7 |
| 50 | ELECTROENCEPHALOGRAPHY | D38 | D38 | EEG | 0.8 | 0.0 | 0.0 | 0.06% | (0) | 8 | 8 | 8.3 |
| 51 | PHYSICAL THERAPY | D39 | D39 | PTH | 16.4 | 0.0 | 0.0 | 1.26% | (0) | 162 | 162 | 162.2 |
| 52 | OCCUPATIONAL THERAPY | D40 | D40 | OTH | 14.5 | 0.0 | 0.0 | 1.12% | (0) | 144 | 144 | 143.6 |
| 53 | SPEECH LANGUAGE PATHOLOGY | D41 | D41 | STH | 2.7 | 0.0 | 0.0 | 0.21% | (0) | 27 | 27 | 26.9 |
| 54 | RECREATIONAL THERAPY | D42 | D42 | REC | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 55 | AUDIOLOGY | D43 | D43 | AUD | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 56 | OTHER PHYSICAL MEDICINE | D44 | D44 | OPM | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 57 | RENAL DIALYSIS | D45 | D45 | RDL | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 58 | ORGAN ACQUISITION | D46 | D46 | OA | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 59 | AMBULATORY SURGERY | D47 | D47 | AOR | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 60 | LEUKOPHERESIS | D48 | D48 | LEU | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 61 | HYPERBARIC CHAMBER | D49 | D49 | HYP | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: University of Maryland St. Joseph Medical Center
 INSTITUTION NUMBER: 210063
 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 D1 | 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 | 0.6 | 0.0 | 0.0 | 0.04% | (0) | 5 | 5 | 5.5 |
| 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 | 34.7 | 0.0 | 0.0 | 2.67% | (0) | 343 | 343 | 343.1 |
| 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 | 1.2 | 0.0 | | | | | | - |
| 92 | OFFICE & OTHER RENTAL | E04 | E04 | OOR | 0.0 | 0.0 | | | | | | - |
| 93 | RETAIL OPERATIONS | E05 | E05 | REO | 0.0 | 0.0 | | | | | | - |
| 94 | PATIENTS TELEPHONES | E06 | E06 | PTE | 0.0 | 0.0 | | | | | | - |
| 95 | RESEARCH | F01 | F01 | REG | 2.2 | 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 | 9.2 | 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: University of Maryland St. Joseph Medical Center
 INSTITUTION NUMBER: 210063
 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 D1 | FTE'S ALLOCATED | BASIS | WAGES, SALARIES, & F. BENEFIT | OTHER EXPENSES | DP ALLOCATION | TOTAL ALLOCATED EXPENSE |
|-----|-------------------------------------------|---------|-------|------|--------------|--------|-----------------|-------|-------------------------------|----------------|---------------|-------------------------|
| 101 | PSYCHIATRIC ACUTE | D03 | P2A | PSY | 0.0 | 0.0 | | | | | | - |
| 102 | OBSTETRICS ACUTE | D04 | P2A | OBS | 0.0 | 0.0 | | | | | | - |
| 103 | DEFINITIVE OBSERVATION | D05 | P2A | DEF | 0.0 | 0.0 | | | | | | - |
| 104 | MED/SURG INTENSIVE CARE | D06 | P2A | MIS | 0.0 | 0.0 | | | | | | - |
| 105 | CORONARY CARE | D07 | P2A | CCU | 0.0 | 0.0 | | | | | | - |
| 106 | PEDIATRIC INTENSIVE CARE | D08 | P2A | PIC | 0.0 | 0.0 | | | | | | - |
| 107 | NEONATAL INTENSIVE CARE | D09 | P2A | NEO | 0.0 | 0.0 | | | | | | - |
| 108 | BURN CARE | D10 | P2A | BUR | 0.0 | 0.0 | | | | | | - |
| 109 | PSYCHIATRIC INTENSIVE CARE | D11 | P2A | PSI | 0.0 | 0.0 | | | | | | - |
| 110 | SHOCK TRAUMA | D12 | P2A | TRM | 0.0 | 0.0 | | | | | | - |
| 111 | ONCOLOGY | D13 | P2A | ONC | 0.0 | 0.0 | | | | | | - |
| 112 | NEWBORN NURSERY | D14 | P2A | NUR | 0.0 | 0.0 | | | | | | - |
| 113 | PREMATURE NURSERY | D15 | P2B | PRE | 0.0 | 0.0 | | | | | | - |
| 114 | CHRONIC CARE | D17 | P2B | CRH | 0.0 | 0.0 | | | | | | - |
| 115 | EMERGENCY SERVICES | D18 | P2B | EMG | 0.0 | 0.0 | | | | | | - |
| 116 | CLINICAL SERVICES | D19 | P2B | CL | 0.0 | 0.0 | | | | | | - |
| 117 | PSYCH. DAY & NIGHT CARE | D20 | P2B | PDC | 0.0 | 0.0 | | | | | | - |
| 118 | AMBULATORY SURGERY (PBP) | D21 | P2B | AMS | 0.0 | 0.0 | | | | | | - |
| 119 | SAME DAY SURGERY | D22 | P2B | SDS | 0.0 | 0.0 | | | | | | - |
| 120 | LABOR & DELIVERY SERVICES | D23 | P2B | DEL | 0.0 | 0.0 | | | | | | - |
| 121 | OPERATING ROOM | D24 | P2B | OR | 0.0 | 0.0 | | | | | | - |
| 122 | OPERATING ROOM CLINIC | D24a | P2B | ORC | 0.0 | 0.0 | | | | | | - |
| 123 | ANESTHESIOLOGY | D25 | P2B | ANS | 0.0 | 0.0 | | | | | | - |
| 124 | LABORATORY SERVICES | D28 | P2B | LAB | 0.0 | 0.0 | | | | | | - |
| 125 | ELECTROCARDIOGRAPHY | D30 | P2B | EKG | 0.0 | 0.0 | | | | | | - |
| 126 | INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR | D31 | P2B | IRC | 0.0 | 0.0 | | | | | | - |
| 127 | RADIOLOGY-DIAGNOSTIC | D32 | P2C | RAD | 0.0 | 0.0 | | | | | | - |
| 128 | CT SCANNER | D33 | P2C | CAT | 0.0 | 0.0 | | | | | | - |
| 129 | RADIOLOGY-THERAPEUTIC | D34 | P2C | RAT | 0.0 | 0.0 | | | | | | - |
| 130 | NUCLEAR MEDICINE | D35 | P2C | NUC | 0.0 | 0.0 | | | | | | - |
| 131 | RESPIRATORY THERAPY | D36 | P2C | RES | 0.0 | 0.0 | | | | | | - |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: University of Maryland St. Joseph Medical Center
 INSTITUTION NUMBER: 210063
 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 D1 | FTE'S ALLOCATED | BASIS | WAGES, SALARIES, & F. BENEFIT | OTHER EXPENSES | DP ALLOCATION | TOTAL ALLOCATED EXPENSE |
|-----|--------------------------------------|---------|-------|---------|--------------|--------|-----------------|-------|-------------------------------|----------------|---------------|-------------------------|
| 132 | PULMONARY FUNCTION TESTING | D37 | P2C | PUL | 0.0 | 0.0 | | | | | | - |
| 133 | ELECTROENCEPHALOGRAPHY | D38 | P2C | EEG | 0.0 | 0.0 | | | | | | - |
| 134 | PHYSICAL THERAPY | D39 | P2C | PTH | 0.0 | 0.0 | | | | | | - |
| 135 | OCCUPATIONAL THERAPY | D40 | P2C | OTH | 0.0 | 0.0 | | | | | | - |
| 136 | SPEECH LANGUAGE PATHOLOGY | D41 | P2C | STH | 0.0 | 0.0 | | | | | | - |
| 137 | RECREATIONAL THERAPY | D42 | P2C | REC | 0.0 | 0.0 | | | | | | - |
| 138 | AUDIOLOGY | D43 | P2C | AUD | 0.0 | 0.0 | | | | | | - |
| 139 | OTHER PHYSICAL MEDICINE | D44 | P2C | OPM | 0.0 | 0.0 | | | | | | - |
| 140 | RENAL DIALYSIS | D45 | P2C | RDL | 0.0 | 0.0 | | | | | | - |
| 141 | ORGAN ACQUISITION | D46 | P2D | OA | 0.0 | 0.0 | | | | | | - |
| 142 | AMBULATORY SURGERY | D47 | P2D | AOR | 0.0 | 0.0 | | | | | | - |
| 143 | LEUKOPHERESIS | D48 | P2D | LEU | 0.0 | 0.0 | | | | | | - |
| 144 | HYPERBARIC CHAMBER | D49 | P2D | HYP | 0.0 | 0.0 | | | | | | - |
| 145 | FREE STANDING EMERGENCY | D50 | P2D | FSE | 0.0 | 0.0 | | | | | | - |
| 146 | MAGNETIC RESONANCE IMAGING | D51 | P2D | MRI | 0.0 | 0.0 | | | | | | - |
| 147 | ADOLESCENT DUAL DIAGNOSED | D52 | P2D | ADD | 0.0 | 0.0 | | | | | | - |
| 148 | LITHOTRIPSY | D53 | P2D | LIT | 0.0 | 0.0 | | | | | | - |
| 149 | REHABILITATION | D54 | P2D | RHB | 0.0 | 0.0 | | | | | | - |
| 150 | OBSERVATION | D55 | P2D | OBV | 0.0 | 0.0 | | | | | | - |
| 151 | TRANSURETHAL MICROWAVE THERMOTHERAPY | D57 | P2D | TMT | 0.0 | 0.0 | | | | | | - |
| 152 | ONCOLOGY O/P CLINIC | D58 | P2D | OCL | 0.0 | 0.0 | | | | | | - |
| 153 | TRANSURETHAL NEEDLE ABLATION | D59 | P2D | TNA | 0.0 | 0.0 | | | | | | - |
| 154 | PSYCHIATRIC ADULT | D70 | P2D | PAD | 0.0 | 0.0 | | | | | | - |
| 155 | PSYCHIATRIC CHILD/ADOLESCENT | D71 | P2E | PCD | 0.0 | 0.0 | | | | | | - |
| 156 | PSYCHIATRIC GERIATRIC | D73 | P2E | PSG | 0.0 | 0.0 | | | | | | - |
| 157 | INDIVIDUAL THERAPIES | D74 | P2E | ITH | 0.0 | 0.0 | | | | | | - |
| 158 | GROUP THERAPIES | D75 | P2E | GTH | 0.0 | 0.0 | | | | | | - |
| 159 | FAMILY THERAPIES | D76 | P2E | FTH | 0.0 | 0.0 | | | | | | - |
| 160 | PSYCHOLOGICAL TESTING | D77 | P2E | PST | 0.0 | 0.0 | | | | | | - |
| 161 | EDUCATION | D78 | P2E | PSE | 0.0 | 0.0 | | | | | | - |
| 162 | OTHER THERAPIES | D79 | P2E | OPT | 0.0 | 0.0 | | | | | | - |
| 163 | ELECTROCONVULSIVE THERAPY | D80 | P2E | ETH | 0.0 | 0.0 | | | | | | - |
| 164 | ACTIVITY THERAPIES | D81 | P2E | ATH | 0.0 | 0.0 | | | | | | - |
| 165 | PEDIATRIC STEP-DOWN | D82 | P2E | PSD | 0.0 | 0.0 | | | | | | - |
| 166 | 340B CLINIC SERVICES | D83 | P2E | CL-340 | 0.0 | 0.0 | | | | | | - |
| 167 | 340B RADIOLOGY - THERAPEUTIC | D84 | P2E | RAT-340 | 0.0 | 0.0 | | | | | | - |
| 168 | 340B OR CLINIC SERVICES | D85 | P2E | ORC-340 | 0.0 | 0.0 | | | | | | - |
| 169 | 340B LABORATORY SERVICES | D86 | P2F | LAB-340 | 0.0 | 0.0 | | | | | | - |
| 170 | 340B DRUGS | D87 | P2F | CDS-340 | 0.0 | 0.0 | | | | | | - |
| 171 | MED/SURG ACUTE | D01 | P3 | MSG | 0.0 | 0.0 | | | | | | - |
| 172 | PEDIATRIC ACUTE | D02 | P3 | PED | 0.0 | 0.0 | | | | | | - |
| 173 | PSYCHIATRIC ACUTE | D03 | P3 | PSY | 0.0 | 0.0 | | | | | | - |
| 174 | OBSTETRICS ACUTE | D04 | P3 | OBS | 0.0 | 0.0 | | | | | | - |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: University of Maryland St. Joseph Medical Center
 INSTITUTION NUMBER: 210063
 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 D1 | FTE'S ALLOCATED | BASIS | WAGES, SALARIES, & F. BENEFIT | OTHER EXPENSES | DP ALLOCATION | TOTAL ALLOCATED EXPENSE |
|-----|-------------------------------------------|---------|-------|------|--------------|--------|-----------------|-------|-------------------------------|----------------|---------------|-------------------------|
| 175 | DEFINITIVE OBSERVATION | D05 | P3 | DEF | 0.0 | 0.0 | | | | | | - |
| 176 | MED/SURG INTENSIVE CARE | D06 | P3 | MIS | 0.0 | 0.0 | | | | | | - |
| 177 | CORONARY CARE | D07 | P3 | CCU | 0.0 | 0.0 | | | | | | - |
| 178 | PEDIATRIC INTENSIVE CARE | D08 | P3 | PIC | 0.0 | 0.0 | | | | | | - |
| 179 | NEONATAL INTENSIVE CARE | D09 | P3 | NEO | 0.0 | 0.0 | | | | | | - |
| 180 | BURN CARE | D10 | P3 | BUR | 0.0 | 0.0 | | | | | | - |
| 181 | PSYCHIATRIC INTENSIVE CARE | D11 | P3 | PSI | 0.0 | 0.0 | | | | | | - |
| 182 | SHOCK TRAUMA | D12 | P3 | TRM | 0.0 | 0.0 | | | | | | - |
| 183 | ONCOLOGY | D13 | P3 | ONC | 0.0 | 0.0 | | | | | | - |
| 184 | NEWBORN NURSERY | D14 | P3 | NUR | 0.0 | 0.0 | | | | | | - |
| 185 | PREMATURE NURSERY | D15 | P3 | PRE | 0.0 | 0.0 | | | | | | - |
| 186 | CHRONIC CARE | D17 | P3 | CRH | 0.0 | 0.0 | | | | | | - |
| 187 | EMERGENCY SERVICES | D18 | P3 | EMG | 0.0 | 0.0 | | | | | | - |
| 188 | CLINICAL SERVICES | D19 | P3 | CL | 0.0 | 0.0 | | | | | | - |
| 189 | PSYCH. DAY & NIGHT CARE | D20 | P3 | PDC | 0.0 | 0.0 | | | | | | - |
| 190 | AMBULATORY SURGERY (PBP) | D21 | P3 | AMS | 0.0 | 0.0 | | | | | | - |
| 191 | SAME DAY SURGERY | D22 | P3 | SDS | 0.0 | 0.0 | | | | | | - |
| 192 | LABOR & DELIVERY SERVICES | D23 | P3 | DEL | 0.0 | 0.0 | | | | | | - |
| 193 | OPERATING ROOM | D24 | P3 | OR | 0.0 | 0.0 | | | | | | - |
| 194 | OPERATING ROOM CLINIC | D24a | P3 | ORC | 0.0 | 0.0 | | | | | | - |
| 195 | ANESTHESIOLOGY | D25 | P3 | ANS | 0.0 | 0.0 | | | | | | - |
| 196 | LABORATORY SERVICES | D28 | P3 | LAB | 0.0 | 0.0 | | | | | | - |
| 197 | ELECTROCARDIOGRAPHY | D30 | P3 | EKG | 0.0 | 0.0 | | | | | | - |
| 198 | INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR | D31 | P3 | IRC | 0.8 | 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: University of Maryland St. Joseph Medical Center
 INSTITUTION NUMBER: 210063
 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 D1 | FTE'S ALLOCATED | BASIS | WAGES, SALARIES, & F. BENEFIT | OTHER EXPENSES | DP ALLOCATION | TOTAL ALLOCATED EXPENSE |
|-----|--------------------------------------|---------|-------|---------|--------------|--------|-----------------|-------|-------------------------------|----------------|---------------|-------------------------|
| 207 | OCCUPATIONAL THERAPY | D40 | P3 | OTH | 0.0 | 0.0 | | | | | | - |
| 208 | SPEECH LANGUAGE PATHOLOGY | D41 | P3 | STH | 0.0 | 0.0 | | | | | | - |
| 209 | RECREATIONAL THERAPY | D42 | P3 | REC | 0.0 | 0.0 | | | | | | - |
| 210 | AUDIOLOGY | D43 | P3 | AUD | 0.0 | 0.0 | | | | | | - |
| 211 | OTHER PHYSICAL MEDICINE | D44 | P3 | OPM | 0.0 | 0.0 | | | | | | - |
| 212 | RENAL DIALYSIS | D45 | P3 | RDL | 0.0 | 0.0 | | | | | | - |
| 213 | ORGAN ACQUISITION | D46 | P3 | OA | 0.0 | 0.0 | | | | | | - |
| 214 | AMBULATORY SURGERY | D47 | P3 | AOR | 0.0 | 0.0 | | | | | | - |
| 215 | LEUKOPHERESIS | D48 | P3 | LEU | 0.0 | 0.0 | | | | | | - |
| 216 | HYPERBARIC CHAMBER | D49 | P3 | HYP | 0.0 | 0.0 | | | | | | - |
| 217 | FREE STANDING EMERGENCY | D50 | P3 | FSE | 0.0 | 0.0 | | | | | | - |
| 218 | MAGNETIC RESONANCE IMAGING | D51 | P3 | MRI | 0.0 | 0.0 | | | | | | - |
| 219 | ADOLESCENT DUAL DIAGNOSED | D52 | P3 | ADD | 0.0 | 0.0 | | | | | | - |
| 220 | LITHOTRIPSY | D53 | P3 | LIT | 0.0 | 0.0 | | | | | | - |
| 221 | REHABILITATION | D54 | P3 | RHB | 0.0 | 0.0 | | | | | | - |
| 222 | OBSERVATION | D55 | P3 | OBV | 0.0 | 0.0 | | | | | | - |
| 223 | TRANSURETHAL MICROWAVE THERMOTHERAPY | D57 | P3 | TMT | 0.0 | 0.0 | | | | | | - |
| 224 | ONCOLOGY O/P CLINIC | D58 | P3 | OCL | 0.0 | 0.0 | | | | | | - |
| 225 | TRANSURETHAL NEEDLE ABLATION | D59 | P3 | TNA | 0.0 | 0.0 | | | | | | - |
| 226 | PSYCHIATRIC ADULT | D70 | P3 | PAD | 0.0 | 0.0 | | | | | | - |
| 227 | PSYCHIATRIC CHILD/ADOLESCENT | D71 | P3 | PCD | 0.0 | 0.0 | | | | | | - |
| 228 | PSYCHIATRIC GERIATRIC | D73 | P3 | PSG | 0.0 | 0.0 | | | | | | - |
| 229 | INDIVIDUAL THERAPIES | D74 | P3 | ITH | 0.0 | 0.0 | | | | | | - |
| 230 | GROUP THERAPIES | D75 | P3 | GTH | 0.0 | 0.0 | | | | | | - |
| 231 | FAMILY THERAPIES | D76 | P3 | FTH | 0.0 | 0.0 | | | | | | - |
| 232 | PSYCHOLOGICAL TESTING | D77 | P3 | PST | 0.0 | 0.0 | | | | | | - |
| 233 | EDUCATION | D78 | P3 | PSE | 0.0 | 0.0 | | | | | | - |
| 234 | OTHER THERAPIES | D79 | P3 | OPT | 0.0 | 0.0 | | | | | | - |
| 235 | ELECTROCONVULSIVE THERAPY | D80 | P3 | ETH | 0.0 | 0.0 | | | | | | - |
| 236 | ACTIVITY THERAPIES | D81 | P3 | ATH | 0.0 | 0.0 | | | | | | - |
| 236 | PEDIATRIC STEP-DOWN | D82 | P3 | PSD | 0.0 | 0.0 | | | | | | - |
| 237 | 340B CLINIC SERVICES | D83 | P3 | CL-340 | 0.0 | 0.0 | | | | | | - |
| 238 | 340B RADIOLOGY - THERAPEUTIC | D84 | P3 | RAT-340 | 0.0 | 0.0 | | | | | | - |
| 239 | 340B OR CLINIC SERVICES | D85 | P3 | ORC-340 | 0.0 | 0.0 | | | | | | - |
| 240 | 340B LABORATORY SERVICES | D86 | P3 | LAB-340 | 0.0 | 0.0 | | | | | | - |
| 241 | 340B DRUGS | D87 | P3 | CDS-340 | 0.0 | 0.0 | | | | | | - |
| 242 | MED/SURG ACUTE | D01 | P4A | MSG | 0.0 | 0.0 | | | | | | - |
| 243 | PEDIATRIC ACUTE | D02 | P4A | PED | 0.0 | 0.0 | | | | | | - |
| 244 | PSYCHIATRIC ACUTE | D03 | P4A | PSY | 0.0 | 0.0 | | | | | | - |
| 245 | OBSTETRICS ACUTE | D04 | P4A | OBS | 0.0 | 0.0 | | | | | | - |
| 246 | DEFINITIVE OBSERVATION | D05 | P4A | DEF | 0.0 | 0.0 | | | | | | - |
| 247 | MED/SURG INTENSIVE CARE | D06 | P4A | MIS | 0.0 | 0.0 | | | | | | - |
| 248 | CORONARY CARE | D07 | P4A | CCU | 0.0 | 0.0 | | | | | | - |
| 249 | PEDIATRIC INTENSIVE CARE | D08 | P4B | PIC | 0.0 | 0.0 | | | | | | - |
| 250 | NEONATAL INTENSIVE CARE | D09 | P4B | NEO | 0.0 | 0.0 | | | | | | - |
| 251 | BURN CARE | D10 | P4B | BUR | 0.0 | 0.0 | | | | | | - |
| 252 | PSYCHIATRIC INTENSIVE CARE | D11 | P4B | PSI | 0.0 | 0.0 | | | | | | - |
| 253 | SHOCK TRAUMA | D12 | P4B | TRM | 0.0 | 0.0 | | | | | | - |
| 254 | ONCOLOGY | D13 | P4B | ONC | 0.0 | 0.0 | | | | | | - |
| 255 | NEWBORN NURSERY | D14 | P4B | NUR | 0.0 | 0.0 | | | | | | - |
| 256 | PREMATURE NURSERY | D15 | P4C | PRE | 0.0 | 0.0 | | | | | | - |
| 257 | CHRONIC CARE | D17 | P4C | CRH | 0.0 | 0.0 | | | | | | - |
| 258 | EMERGENCY SERVICES | D18 | P4C | EMG | 0.0 | 0.0 | | | | | | - |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP H

INSTITUTION NAME: University of Maryland St. Joseph Medical Center
 INSTITUTION NUMBER: 210063
 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 D1 | FTE'S ALLOCATED | BASIS | WAGES, SALARIES, & F. BENEFIT | OTHER EXPENSES | DP ALLOCATION | TOTAL ALLOCATED EXPENSE |
|-----|-------------------------------------------|---------|-------|------|--------------|--------|-----------------|-------|-------------------------------|----------------|---------------|-------------------------|
| 259 | CLINICAL SERVICES | D19 | P4C | CL | 0.0 | 0.0 | | | | | | - |
| 260 | PSYCH. DAY & NIGHT CARE | D20 | P4C | PDC | 0.0 | 0.0 | | | | | | - |
| 261 | AMBULATORY SURGERY (PBP) | D21 | P4C | AMS | 0.0 | 0.0 | | | | | | - |
| 262 | SAME DAY SURGERY | D22 | P4C | SDS | 0.0 | 0.0 | | | | | | - |
| 263 | LABOR & DELIVERY SERVICES | D23 | P4D | DEL | 0.0 | 0.0 | | | | | | - |
| 264 | OPERATING ROOM | D24 | P4D | OR | 0.0 | 0.0 | | | | | | - |
| 265 | OPERATING ROOM CLINIC | D24a | P4D | ORC | 0.0 | 0.0 | | | | | | - |
| 266 | ANESTHESIOLOGY | D25 | P4D | ANS | 0.0 | 0.0 | | | | | | - |
| 267 | LABORATORY SERVICES | D28 | P4D | LAB | 0.0 | 0.0 | | | | | | - |
| 268 | ELECTROCARDIOGRAPHY | D30 | P4D | EKG | 0.0 | 0.0 | | | | | | - |
| 269 | INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR | D31 | P4D | IRC | 0.0 | 0.0 | | | | | | - |
| 270 | RADIOLOGY-DIAGNOSTIC | D32 | P4E | RAD | 0.0 | 0.0 | | | | | | - |
| 271 | CT SCANNER | D33 | P4E | CAT | 0.0 | 0.0 | | | | | | - |
| 272 | RADIOLOGY-THERAPEUTIC | D34 | P4E | RAT | 0.0 | 0.0 | | | | | | - |
| 273 | NUCLEAR MEDICINE | D35 | P4E | NUC | 0.0 | 0.0 | | | | | | - |
| 274 | RESPIRATORY THERAPY | D36 | P4E | RES | 0.0 | 0.0 | | | | | | - |
| 275 | PULMONARY FUNCTION TESTING | D37 | P4E | PUL | 0.0 | 0.0 | | | | | | - |
| 276 | ELECTROENCEPHALOGRAPHY | D38 | P4E | EEG | 0.0 | 0.0 | | | | | | - |
| 277 | PHYSICAL THERAPY | D39 | P4F | PTH | 0.0 | 0.0 | | | | | | - |
| 278 | OCCUPATIONAL THERAPY | D40 | P4F | OTH | 0.0 | 0.0 | | | | | | - |
| 279 | SPEECH LANGUAGE PATHOLOGY | D41 | P4F | STH | 0.0 | 0.0 | | | | | | - |
| 280 | RECREATIONAL THERAPY | D42 | P4F | REC | 0.0 | 0.0 | | | | | | - |
| 281 | AUDIOLOGY | D43 | P4F | AUD | 0.0 | 0.0 | | | | | | - |
| 282 | OTHER PHYSICAL MEDICINE | D44 | P4F | OPM | 0.0 | 0.0 | | | | | | - |
| 283 | RENAL DIALYSIS | D45 | P4F | RDLD | 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: University of Maryland St. Joseph Medical Center
 INSTITUTION NUMBER: 210063
 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 D1 | FTE'S ALLOCATED | BASIS | WAGES, SALARIES, & F. BENEFIT | OTHER EXPENSES | DP ALLOCATION | TOTAL ALLOCATED EXPENSE |
|-----|--------------------------------------|---------|-------|---------|--------------|--------|-----------------|-------|-------------------------------|----------------|---------------|-------------------------|
| 291 | LITHOTRIPSY | D53 | P4H | LIT | 0.0 | 0.0 | | | | | | - |
| 292 | REHABILITATION | D54 | P4H | RHB | 0.0 | 0.0 | | | | | | - |
| 293 | OBSERVATION | D55 | P4H | OBV | 0.0 | 0.0 | | | | | | - |
| 294 | TRANSURETHAL MICROWAVE THERMOTHERAPY | D57 | P4H | TMT | 0.0 | 0.0 | | | | | | - |
| 295 | ONCOLOGY O/P CLINIC | D58 | P4H | OCL | 0.0 | 0.0 | | | | | | - |
| 296 | TRANSURETHAL NEEDLE ABLATION | D59 | P4H | TNA | | 0.0 | | | | | | - |
| 297 | PSYCHIATRIC ADULT | D70 | P4H | PAD | 0.0 | 0.0 | | | | | | - |
| 298 | PSYCHIATRIC CHILD/ADOLESCENT | D71 | P4I | PCD | 0.0 | 0.0 | | | | | | - |
| 299 | PSYCHIATRIC GERIATRIC | D73 | P4I | PSG | 0.0 | 0.0 | | | | | | - |
| 300 | INDIVIDUAL THERAPIES | D74 | P4I | ITH | 0.0 | 0.0 | | | | | | - |
| 301 | GROUP THERAPIES | D75 | P4I | GTH | 0.0 | 0.0 | | | | | | - |
| 302 | FAMILY THERAPIES | D76 | P4I | FTH | 0.0 | 0.0 | | | | | | - |
| 303 | PSYCHOLOGICAL TESTING | D77 | P4I | PST | 0.0 | 0.0 | | | | | | - |
| 304 | EDUCATION | D78 | P4I | PSE | 0.0 | 0.0 | | | | | | - |
| 305 | OTHER THERAPIES | D79 | P4J | OPT | 0.0 | 0.0 | | | | | | - |
| 306 | ELECTROCONVULSIVE THERAPY | D80 | P4J | ETH | 0.0 | 0.0 | | | | | | - |
| 307 | ACTIVITY THERAPIES | D81 | P4J | ATH | 0.0 | 0.0 | | | | | | - |
| 307 | PEDIATRIC STEP-DOWN | D82 | P4J | PSD | 0.0 | 0.0 | | | | | | - |
| 308 | 340B CLINIC SERVICES | D83 | P4J | CL-340 | 0.0 | 0.0 | | | | | | - |
| 309 | 340B RADIOLOGY - THERAPEUTIC | D84 | P4J | RAT-340 | 0.0 | 0.0 | | | | | | - |
| 310 | 340B OR CLINIC SERVICES | D85 | P4J | ORC-340 | 0.0 | 0.0 | | | | | | - |
| 311 | 340B LABORATORY SERVICES | D86 | P4K | LAB-340 | 0.0 | 0.0 | | | | | | - |
| 312 | 340B DRUGS | D87 | P4K | CDS-340 | 0.0 | 0.0 | | | | | | - |
| 313 | MED/SURG ACUTE | D01 | P5A | MSG | 0.0 | 0.0 | | | | | | - |
| 314 | PEDIATRIC ACUTE | D02 | P5A | PED | 0.0 | 0.0 | | | | | | - |
| 315 | PSYCHIATRIC ACUTE | D03 | P5A | PSY | 0.0 | 0.0 | | | | | | - |
| 316 | OBSTETRICS ACUTE | D04 | P5A | OBS | 0.0 | 0.0 | | | | | | - |
| 317 | DEFINITIVE OBSERVATION | D05 | P5A | DEF | 0.0 | 0.0 | | | | | | - |
| 318 | MED/SURG INTENSIVE CARE | D06 | P5A | MIS | 0.0 | 0.0 | | | | | | - |
| 319 | CORONARY CARE | D07 | P5A | CCU | 0.0 | 0.0 | | | | | | - |
| 320 | PEDIATRIC INTENSIVE CARE | D08 | P5B | PIC | 0.0 | 0.0 | | | | | | - |
| 321 | NEONATAL INTENSIVE CARE | D09 | P5B | NEO | 0.0 | 0.0 | | | | | | - |
| 322 | BURN CARE | D10 | P5B | BUR | 0.0 | 0.0 | | | | | | - |
| 323 | PSYCHIATRIC INTENSIVE CARE | D11 | P5B | PSI | 0.0 | 0.0 | | | | | | - |
| 324 | SHOCK TRAUMA | D12 | P5B | TRM | 0.0 | 0.0 | | | | | | - |
| 325 | ONCOLOGY | D13 | P5B | ONC | 0.0 | 0.0 | | | | | | - |
| 326 | NEWBORN NURSERY | D14 | P5B | NUR | 0.0 | 0.0 | | | | | | - |
| 327 | PREMATURE NURSERY | D15 | P5C | PRE | 0.0 | 0.0 | | | | | | - |
| 328 | CHRONIC CARE | D17 | P5C | CRH | 0.0 | 0.0 | | | | | | - |
| 329 | EMERGENCY SERVICES | D18 | P5C | EMG | 0.0 | 0.0 | | | | | | - |
| 330 | CLINICAL SERVICES | D19 | P5C | CL | 0.0 | 0.0 | | | | | | - |
| 331 | PSYCH. DAY & NIGHT CARE | D20 | P5C | PDC | 0.0 | 0.0 | | | | | | - |
| 332 | AMBULATORY SURGERY (PBP) | D21 | P5C | AMS | 0.0 | 0.0 | | | | | | - |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: University of Maryland St. Joseph Medical Center
 INSTITUTION NUMBER: 210063
 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 D1 | FTE'S ALLOCATED | BASIS | WAGES, SALARIES, & F. BENEFIT | OTHER EXPENSES | DP ALLOCATION | TOTAL ALLOCATED EXPENSE |
|-----|-------------------------------------------|---------|-------|------|--------------|--------|-----------------|-------|-------------------------------|----------------|---------------|-------------------------|
| 333 | SAME DAY SURGERY | D22 | P5C | SDS | 0.0 | 0.0 | | | | | | - |
| 334 | LABOR & DELIVERY SERVICES | D23 | P5D | DEL | 0.0 | 0.0 | | | | | | - |
| 335 | OPERATING ROOM | D24 | P5D | OR | 0.0 | 0.0 | | | | | | - |
| 336 | OPERATING ROOM CLINIC | D24a | P5D | ORC | 0.0 | 0.0 | | | | | | - |
| 337 | ANESTHESIOLOGY | D25 | P5D | ANS | 0.0 | 0.0 | | | | | | - |
| 338 | LABORATORY SERVICES | D28 | P5D | LAB | 0.0 | 0.0 | | | | | | - |
| 339 | ELECTROCARDIOGRAPHY | D30 | P5D | EKG | 0.0 | 0.0 | | | | | | - |
| 340 | INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR | D31 | P5D | IRC | 0.0 | 0.0 | | | | | | - |
| 341 | RADIOLOGY-DIAGNOSTIC | D32 | P5E | RAD | 0.0 | 0.0 | | | | | | - |
| 342 | CT SCANNER | D33 | P5E | CAT | 0.0 | 0.0 | | | | | | - |
| 343 | RADIOLOGY-THERAPEUTIC | D34 | P5E | RAT | 0.0 | 0.0 | | | | | | - |
| 344 | NUCLEAR MEDICINE | D35 | P5E | NUC | 0.0 | 0.0 | | | | | | - |
| 345 | RESPIRATORY THERAPY | D36 | P5E | RES | 0.0 | 0.0 | | | | | | - |
| 346 | PULMONARY FUNCTION TESTING | D37 | P5E | PUL | 0.0 | 0.0 | | | | | | - |
| 347 | ELECTROENCEPHALOGRAPHY | D38 | P5E | EEG | 0.0 | 0.0 | | | | | | - |
| 348 | PHYSICAL THERAPY | D39 | P5F | PTH | 0.0 | 0.0 | | | | | | - |
| 349 | OCCUPATIONAL THERAPY | D40 | P5F | OTH | 0.0 | 0.0 | | | | | | - |
| 350 | SPEECH LANGUAGE PATHOLOGY | D41 | P5F | STH | 0.0 | 0.0 | | | | | | - |
| 351 | RECREATIONAL THERAPY | D42 | P5F | REC | 0.0 | 0.0 | | | | | | - |
| 352 | AUDIOLOGY | D43 | P5F | AUD | 0.0 | 0.0 | | | | | | - |
| 353 | OTHER PHYSICAL MEDICINE | D44 | P5F | OPM | 0.0 | 0.0 | | | | | | - |
| 354 | RENAL DIALYSIS | D45 | P5F | RDL | 0.0 | 0.0 | | | | | | - |
| 355 | ORGAN ACQUISITION | D46 | P5G | OA | 0.0 | 0.0 | | | | | | - |
| 356 | AMBULATORY SURGERY | D47 | P5G | AOR | 0.0 | 0.0 | | | | | | - |
| 357 | LEUKOPHERESIS | D48 | P5G | LEU | 0.0 | 0.0 | | | | | | - |
| 358 | HYPERBARIC CHAMBER | D49 | P5G | HYP | 0.0 | 0.0 | | | | | | - |
| 359 | FREE STANDING EMERGENCY | D50 | P5G | FSE | 0.0 | 0.0 | | | | | | - |
| 360 | MAGNETIC RESONANCE IMAGING | D51 | P5G | MRI | 0.0 | 0.0 | | | | | | - |
| 361 | ADOLESCENT DUAL DIAGNOSED | D52 | P5G | ADD | 0.0 | 0.0 | | | | | | - |
| 362 | LITHOTRIPSY | D53 | P5H | LIT | 0.0 | 0.0 | | | | | | - |
| 363 | REHABILITATION | D54 | P5H | RHB | 0.0 | 0.0 | | | | | | - |
| 364 | OBSERVATION | D55 | P5H | OBV | 0.0 | 0.0 | | | | | | - |
| 365 | TRANSURETHAL MICROWAVE THERMOTHERAPY | D57 | P5H | TMT | 0.0 | 0.0 | | | | | | - |
| 366 | ONCOLOGY O/P CLINIC | D58 | P5H | OCL | 0.0 | 0.0 | | | | | | - |
| 367 | TRANSURETHAL NEEDLE ABLATION | D59 | P5H | TNA | 0.0 | 0.0 | | | | | | - |
| 368 | PSYCHIATRIC ADULT | D70 | P5H | PAD | 0.0 | 0.0 | | | | | | - |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP K

INSTITUTION NAME: University of Maryland St. Joseph Medical Center
 INSTITUTION NUMBER: 210063
 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 D1 | FTE'S ALLOCATED | BASIS | WAGES, SALARIES, & F. BENEFIT | OTHER EXPENSES | DP ALLOCATION | TOTAL ALLOCATED EXPENSE |
|-----|------------------------------|---------|-------|---------|--------------|--------|-----------------|---------|-------------------------------|----------------|---------------|-------------------------|
| 369 | PSYCHIATRIC CHILD/ADOLESCENT | D71 | P51 | PCD | 0.0 | 0.0 | | | | | | - |
| 370 | PSYCHIATRIC GERIATRIC | D73 | P51 | PSG | 0.0 | 0.0 | | | | | | - |
| 371 | INDIVIDUAL THERAPIES | D74 | P51 | ITH | 0.0 | 0.0 | | | | | | - |
| 372 | GROUP THERAPIES | D75 | P51 | GTH | 0.0 | 0.0 | | | | | | - |
| 373 | FAMILY THERAPIES | D76 | P51 | FTH | 0.0 | 0.0 | | | | | | - |
| 374 | PSYCHOLOGICAL TESTING | D77 | P51 | PST | 0.0 | 0.0 | | | | | | - |
| 375 | EDUCATION | D78 | P51 | PSE | 0.0 | 0.0 | | | | | | - |
| 376 | OTHER THERAPIES | D79 | P5J | OPT | 0.0 | 0.0 | | | | | | - |
| 377 | ELECTROCONVULSIVE THERAPY | D80 | P5J | ETH | 0.0 | 0.0 | | | | | | - |
| 378 | ACTIVITY THERAPIES | D81 | P5J | ATH | 0.0 | 0.0 | | | | | | - |
| 378 | PEDIATRIC STEP-DOWN | D82 | P5J | PSD | 0.0 | 0.0 | | | | | | - |
| 379 | 340B CLINIC SERVICES | D83 | P5J | CL-340 | 0.0 | 0.0 | | | | | | - |
| 380 | 340B RADIOLOGY - THERAPEUTIC | D84 | P5J | RAT-340 | 0.0 | 0.0 | | | | | | - |
| 381 | 340B OR CLINIC SERVICES | D85 | P5J | ORC-340 | 0.0 | 0.0 | | | | | | - |
| 382 | 340B LABORATORY SERVICES | D86 | P5J | LAB-340 | 0.0 | 0.0 | | | | | | - |
| 383 | 340B DRUGS | D87 | P5J | CDS-340 | 0.0 | 0.0 | | | | | | - |
| 384 | FREESTANDING CLINIC SERVICES | UR01 | UR01 | FSC1 | 0.0 | 0.0 | | | | | | - |
| 385 | HOME HEALTH SERVICES | UR02 | UR02 | HHC | 0.0 | 0.0 | | | | | | - |
| 386 | OUTPATIENT RENAL DIALYSIS | UR03 | UR03 | ORD | 0.0 | 0.0 | | | | | | - |
| 387 | SKILLED NURSING CARE | UR04 | UR04 | ECF1 | 0.0 | 0.0 | | | | | | - |
| 388 | LABORATORY NON-PATIENT | UR05 | UR05 | ULB | 14.4 | 0.0 | | | | | | - |
| 389 | PHYSICIANS PART B SERVICES | UR06 | UR06 | UPB | 6.6 | 0.0 | | | | | | - |
| 390 | CERTIFIED NURSE ANESTHETISTS | UR07 | UR07 | CNA | 0.0 | 0.0 | | | | | | - |
| 391 | PHYSICIAN SUPPORT SERVICES | UR08 | UR08 | PSS | 0.0 | 0.0 | | | | | | - |
| 392 | TBD | UR09 | UR09 | TBA2 | 1.5 | 0.0 | | | | | | - |
| 393 | TBD | UR10 | UR10 | TBA3 | 0.0 | 0.0 | | | | | | - |
| 394 | TBD | UR11 | UR11 | TBA4 | 0.0 | 0.0 | | | | | | - |
| 395 | TBD | UR12 | UR12 | TBA5 | 0.0 | 0.0 | | | | | | - |
| 396 | TBD | UR13 | UR13 | TBA6 | 0.0 | 0.0 | | | | | | - |
| 397 | TBD | UR14 | UR14 | TBA7 | 0.0 | 0.0 | | | | | | - |
| 398 | TBD | UR15 | UR15 | TBA8 | 0.0 | 0.0 | | | | | | - |
| E | TOTALS | | | | 1,339.0 | 0.0 | 0.0 | 100.00% | (0.7) | 12,870.7 | 12,870.0 | 12,870.0 |

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

RC

INSTITUTION NAME: University of Maryland St. Joseph Medical Center FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210063

| | Expenses | Sources | HSCRC Regulated | Unregulated | Total | |
|----|-------------------------------------|---------------------------------|-----------------|-------------|------------|----|
| A | Unassigned Expense | Sch. UA, Col. 10 | 39,048.6 | 1,474.0 | 40,522.6 | A |
| B | Physicians Part B Services | P2 Ln A Col 7 UR6 Ln B Col 3 | 0.0 | 33,703.9 | 33,703.9 | B |
| C | Physician Support Services | Sch. P3, Line A, Col. 7 UR | 154.6 | | 154.6 | 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 | 80,548.2 | 3,161.1 | 83,709.3 | E |
| F | Patient Care Centers | Schs D1 - D81, Line B, Col. 4 | 171,967.9 | ////////// | 171,967.9 | F |
| G | Auxiliary Enterprises | Schs E1 - E9 Line B, Col 3 | 0.0 | 1,995.6 | 1,995.6 | G |
| H | Other Institution Programs | Schs F1 - F4, Line B, Col 3 | ////////// | 1,354.0 | 1,354.0 | H |
| I | Unregulated Services | Schs UR1-UR15 Less Ln B & C | ////////// | 2,016.0 | 2,016.0 | I |
| J | Total Operating Expenses | A+B+C+D+E+F+G+H+I | 291,719.3 | 43,704.6 | 335,423.9 | J |
| K | Non-Operating Expenses | Non-Operating Expenses | ////////// | 0.0 | 0.0 | K |
| L | Total Expenses | J + K | 291,719.3 | 43,704.6 | 335,423.9 | L |
| M | Total Operating Expenses - RE | Sche RE, Line S | 291,400.7 | 44,023.3 | 335,424.0 | M |
| N | Non-Operating Expenses - RE | Sche RE, Line V | ////////// | 0.0 | 0.0 | N |
| O | Total Expenses - RE | M + N | 291,400.7 | 44,023.3 | 335,424.0 | O |
| P | Reconciliation Amount | O - L | (318.6) | 318.7 | 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 | 318.7 | (318.7) | 0.0 | Q3 |
| Q4 | Aux Ent. Loss Allocated to F and UR | OA Schedule | 0.0 | 0.0 | 0.0 | Q4 |
| Q5 | Ineligible Interns/Residents | P5 Schedule | 0.0 | 0.0 | 0.0 | Q5 |
| Q6 | | | | | | Q6 |

STATEMENT OF REVENUE AND EXPENSES

RE

INSTITUTION NAME: University of Maryland St. Joseph Medical Center FISCAL

6/30/2019

INSTITUTION NUMBER: 210063

| | | COL 1 | COL 2 | COL 3 | |
|----------------------------------|--------------------------------------------------------------------------|-----------|-------------|-----------|----|
| | | Regulated | Unregulated | Total | |
| Operating Revenues: | | xxxx | xxxx | xxxx | |
| A | Gross Revenues from Daily Hospital Services | 92,095.3 | 0.0 | 92,095.3 | A |
| B | Gross Revenues from Ambulatory Services | 29,663.2 | 0.0 | 29,663.2 | B |
| C | Gross Revenues from Inpatient Ancillary Services | 158,317.9 | 0.0 | 158,317.9 | C |
| D | Gross Revenues from Outpatient Ancillary Services | 109,097.2 | 6,151.1 | 115,248.3 | D |
| E | Gross Patient Revenues | 389,173.6 | 6,151.1 | 395,324.6 | E |
| Deductions from Revenues: | | xxxx | xxxx | xxxx | |
| F | Provision for Bad Debts | 6,979.7 | 231.3 | 7,211.0 | F |
| G | Charity/Uncompensated Care | 8,023.6 | 57.4 | 8,081.0 | G |
| H | Contractual Adjustments | 19,504.4 | 0.0 | 19,504.4 | H |
| H1 | Uncompensated Care Fund Payments | 466.0 | 0.0 | 466.0 | H1 |
| H2 | Denials | 5,432.6 | 0.0 | 5,432.6 | H2 |
| I | Other Deductions from Revenues | 13,363.6 | 0.0 | 13,363.6 | I |
| J | Total Deductions from Revenues | 53,770.0 | 288.7 | 54,058.6 | J |
| J1 | Uncompensated Care Fund Receipts | 0.0 | 0.0 | 0.0 | J1 |
| K | Net Patient Revenues | 335,403.6 | 5,862.4 | 341,266.0 | K |
| L | Other Operating Revenues | 1,271.4 | 2,760.6 | 4,032.0 | L |
| M | Net Operating Revenues | 336,675.0 | 8,623.0 | 345,298.0 | M |
| Operating Expenses: | | xxxx | xxxx | xxxx | |
| N | Salaries, Wages, and Employee Benefits | 134,828.2 | 4,674.8 | 139,503.0 | N |
| O | Professional Fees | 21,857.0 | 0.0 | 21,857.0 | O |
| P | Supplies | 62,174.0 | 0.0 | 62,174.0 | P |
| Q | Depreciation/Amortization, Leases/Rentals | 23,370.4 | 1,474.0 | 24,844.4 | Q |
| R | Other Expenses | 49,171.1 | 37,874.4 | 87,045.6 | R |
| S | Total Operating Expenses | 291,400.7 | 44,023.3 | 335,424.0 | S |
| T | Excess (Deficit) Operating Revenues Over Operating Expenses | 45,274.3 | (35,400.3) | 9,874.0 | T |
| U | Non-Operating Revenues | xxxx | (1,326.0) | (1,326.0) | U |
| V | Non-Operating Expenses | xxxx | 0.0 | 0.0 | V |
| W | Excess (Deficit) Revenues Over Expenses-Regulated and Unregulated | 45,274.3 | (36,726.3) | 8,548.0 | W |
| X | Operating Expenses per EIPD | 3.13149 | xxxx | xxxx | X |
| Y | Operating Expenses per EIPA | 12.92132 | xxxx | xxxx | Y |
| Z | Working Capital Ratio = Current Assets/Current Liabilities | 0.6 | xxxx | xxxx | Z |
| AA | Admissions | 14,511 | 0 | 14,511 | AA |
| BB | EIPA's | 22,552 | | 22,908 | BB |

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

INSTITUTION NAME: University of Maryland St. Joseph Medical Center

RE - R 1

INSTITUTION NO.: 210063

| | Col. 1 | Col. 2 | Col. 3 | Col. 4 | Col. 5 | Col. 6 | Col. 7 | Col. 8 | Col. 9 |
|------------------------------|------------------------------------|------------------------------|-----------------------|---------|------------|--------------|-------------|------------|-----------|
| | Audited Financial Statements | Miscellaneous Adjustments | AUXILIARY ENTERPRISES | | | | | | |
| | | | E01 | E02 | E03 | E04 | E05 | E06 | E07 |
| | | | Ambulance | Parking | Dr. Office | Other Office | Retail Ops. | Pt. Phones | Cafeteria |
| Gross Patient Revenue | 395,301.0 | 23.6 | - | - | - | - | - | - | - |
| Provision for Bad Debt | 7,211.0 | - | - | - | - | - | - | - | - |
| Charity Care | 8,081.0 | - | - | - | - | - | - | - | - |
| Contractual Allowances | 38,743.0 | 23.6 | - | - | - | - | - | - | - |
| Total Deductions | 54,035.0 | 23.6 | - | - | - | - | - | - | - |
| Net Patient Revenue | 341,266.0 | - | - | - | - | - | - | - | - |
| Other Operating Revenue | 4,032.0 | - | - | 1,392.3 | - | 1,007.8 | 0.1 | - | 118.2 |
| Total Operating Revenue | 345,298.0 | - | - | 1,392.3 | - | 1,007.8 | 0.1 | - | 118.2 |
| Operating Expenses: | | | | | | | | | |
| Salaries, Wages and Benefits | 139,503.0 | - | - | 426.9 | 69.2 | - | - | - | 29.2 |
| Professional Fees | 21,857.0 | - | - | - | - | - | - | - | - |
| Supplies | 62,174.0 | - | - | - | - | - | - | - | - |
| Depreciation / Amortization | 23,198.0 | - | - | - | - | - | - | - | 167.0 |
| Leases / Rentals | - | 1,646.4 | - | - | - | 1,090.8 | - | - | - |
| Interest | 8,894.0 | - | - | - | - | - | - | - | - |
| Other Expenses | 79,798.0 | (1,646.4) | - | 417.6 | 0.2 | - | - | - | 1,182.4 |
| Total Operating Expense | 335,424.0 | - | - | 844.5 | 69.4 | 1,090.8 | - | - | 1,378.5 |
| Income from Operations | 9,874.0 | - | - | 547.9 | (69.4) | (83.0) | 0.1 | - | (1,260.3) |
| Non-Operating Revenues | (1,326.0) | - | - | - | - | - | - | - | - |
| Non-Operating Expenses | - | - | - | - | - | - | - | - | - |
| Excess Revenue Over Expenses | 8,548.0 | - | - | 547.9 | (69.4) | (83.0) | 0.1 | - | (1,260.3) |

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

INSTITUTION NAME: University of Ma

RE - R 2

INSTITUTION NO.: 210063

| | Col. 10 | Col. 11 | Col. 12 | Col. 13 | Col. 14 | Col. 15 | Col. 16 | Col. 17 | Col. 18 |
|------------------------------|-----------------------|---------|------------------------------|-------------|-----------------|-----------------|-------------|-------------|-----------|
| | AUXILIARY ENTERPRISES | | OTHER INSTITUTIONAL PROGRAMS | | | | UNREGULATED | | |
| | E08 | E09 | F01 | F02 | F03 | F04 | UR01 | UR02 | UR03 |
| | Day Care | Housing | Research | Nursing Ed. | Other Hlth. Ed. | Comm. Hlth. Ed. | FSC | Home Health | O/P Renal |
| Gross Patient Revenue | - | - | 2.6 | - | - | - | - | - | - |
| Provision for Bad Debt | - | - | - | - | - | - | - | - | - |
| Charity Care | - | - | - | - | - | - | - | - | - |
| Contractual Allowances | - | - | - | - | - | - | - | - | - |
| Total Deductions | - | - | - | - | - | - | - | - | - |
| Net Patient Revenue | - | - | 2.6 | - | - | - | - | - | - |
| Other Operating Revenue | - | - | 42.2 | - | - | 44.0 | - | - | - |
| Total Operating Revenue | - | - | 44.7 | - | - | 44.0 | - | - | - |
| Operating Expenses: | | | | | | | | | |
| Salaries, Wages and Benefits | 28.3 | - | 221.0 | - | - | 859.7 | - | - | - |
| Professional Fees | - | - | - | - | - | - | - | - | - |
| Supplies | - | - | - | - | - | - | - | - | - |
| Depreciation / Amortization | 139.2 | - | - | - | - | - | - | - | - |
| Leases / Rentals | - | - | - | - | - | - | - | - | - |
| Interest | - | - | - | - | - | - | - | - | - |
| Other Expenses | 160.5 | - | 31.0 | - | - | 379.5 | - | - | - |
| Total Operating Expense | 328.0 | - | 252.0 | - | - | 1,239.3 | - | - | - |
| Income from Operations | (328.0) | - | (207.3) | - | - | (1,195.2) | - | - | - |
| Non-Operating Revenues | - | - | - | - | - | - | - | - | - |
| Non-Operating Expenses | - | - | - | - | - | - | - | - | - |
| Excess Revenue Over Expenses | (328.0) | - | (207.3) | - | - | (1,195.2) | - | - | - |

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

INSTITUTION NAME: University of Ma

INSTITUTION NO.: 210063

| | Col. 19 | Col. 20 | Col. 21 | Col. 22 | Col. 23 | Col. 23a | Col. 23b | Col. 23c | Col. 23d |
|------------------------------|-------------|-------------|-------------|---------|---------|----------|----------|----------|----------|
| | UNREGULATED | | | | | | | | |
| | UR04 | UR05 | UR06 | UR07 | UR08 | UR09 | UR10 | UR11 | UR12 |
| | SNF | Non-Pt. Lab | Phys. Pt. B | CNA | PSS | TBD | TBD | TBD | TBD |
| Gross Patient Revenue | - | 6,148.5 | - | - | - | - | - | - | - |
| Provision for Bad Debt | - | 231.3 | - | - | - | - | - | - | - |
| Charity Care | - | 57.4 | - | - | - | - | - | - | - |
| Contractual Allowances | - | - | - | - | - | - | - | - | - |
| Total Deductions | - | 288.7 | - | - | - | - | - | - | - |
| Net Patient Revenue | - | 5,859.9 | - | - | - | - | - | - | - |
| Other Operating Revenue | - | 155.8 | - | - | - | - | - | - | - |
| Total Operating Revenue | - | 6,015.7 | - | - | - | - | - | - | - |
| Operating Expenses: | | | | | | | | | |
| Salaries, Wages and Benefits | - | 1,607.0 | 1,426.4 | - | 7.0 | - | - | - | - |
| Professional Fees | - | - | - | - | - | - | - | - | - |
| Supplies | - | - | - | - | - | - | - | - | - |
| Depreciation / Amortization | - | - | - | - | - | - | - | - | - |
| Leases / Rentals | - | 77.0 | - | - | - | - | - | - | - |
| Interest | - | - | - | - | - | - | - | - | - |
| Other Expenses | - | 604.4 | 35,098.8 | - | - | - | - | - | - |
| Total Operating Expense | - | 2,288.5 | 36,525.2 | - | 7.0 | - | - | - | - |
| Income from Operations | - | 3,727.2 | (36,525.2) | - | (7.0) | - | - | - | - |
| Non-Operating Revenues | - | - | - | - | - | - | - | - | - |
| Non-Operating Expenses | - | - | - | - | - | - | - | - | - |
| Excess Revenue Over Expenses | - | 3,727.2 | (36,525.2) | - | (7.0) | - | - | - | - |

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

INSTITUTION NAME: University of Ma

RE - R 3

INSTITUTION NO.: 210063

| | Col. 23e | Col. 23f | Col. 23g | Col. 24 | Col. 25 | Col. 26 | Col. 27 |
|------------------------------|----------|----------|----------|-------------|-----------|-----------|---------|
| | UR13 | UR14 | UR15 | TOTAL | TOTAL | SCHEDULE | RE |
| | TBD | TBD | TBD | UNREGULATED | REGULATED | RE | LINE |
| Gross Patient Revenue | - | - | - | 6,151.1 | 389,173.6 | 395,324.6 | E |
| Provision for Bad Debt | - | - | - | 231.3 | 6,979.7 | 7,211.0 | F |
| Charity Care | - | - | - | 57.4 | 8,023.6 | 8,081.0 | G |
| Contractual Allowances | - | - | - | - | 38,766.6 | 38,766.6 | H |
| Total Deductions | - | - | - | 288.7 | 53,770.0 | 54,058.6 | J |
| Net Patient Revenue | - | - | - | 5,862.4 | 335,403.6 | 341,266.0 | K |
| Other Operating Revenue | - | - | - | 2,760.6 | 1,271.4 | 4,032.0 | L |
| Total Operating Revenue | - | - | - | 8,623.0 | 336,675.0 | 345,298.0 | M |
| Operating Expenses: | | | | | | | |
| Salaries, Wages and Benefits | - | - | - | 4,674.8 | 134,828.2 | 139,503.0 | N |
| Professional Fees | - | - | - | - | 21,857.0 | 21,857.0 | O |
| Supplies | - | - | - | - | 62,174.0 | 62,174.0 | P |
| Depreciation / Amortization | - | - | - | 306.2 | 22,891.8 | 23,198.0 | Q |
| Leases / Rentals | - | - | - | 1,167.9 | 478.6 | 1,646.4 | Q |
| Interest | - | - | - | - | 8,894.0 | 8,894.0 | R |
| Other Expenses | - | - | - | 37,874.4 | 40,277.1 | 78,151.6 | R |
| Total Operating Expense | - | - | - | 44,023.3 | 291,400.7 | 335,424.0 | S |
| Income from Operations | - | - | - | (35,400.3) | 45,274.3 | 9,874.0 | T |
| Non-Operating Revenues | - | - | - | (1,326.0) | XXXXX | (1,326.0) | U |
| Non-Operating Expenses | - | - | - | - | XXXXX | - | V |
| Excess Revenue Over Expenses | - | - | - | (36,726.3) | 45,274.3 | 8,548.0 | W |

OVERHEAD STATISTICAL APPORTIONMENT

JS1 & JS2

INSTITUTION NAME: University of Maryland St. Joseph Medical Center
 INSTITUTION NUMBER: 210063

FISCAL YEAR 6/30/2019

| UNIT COST CALCULATIONS | COL 1 | COL 2 | COL 3 | COL 4 | COL 5 | COL 6 | COL 7 | COL 7 A | COL 8 | COL 9 | COL 10 | |
|----------------------------------------------|---------------|------------------------|--------------------------------|-------------------------|----------------------------------|------------------------------|-----------------------------------|------------------------------------|------------------------------------|-----------------------|---------------------|-----------|
| | DIETARY MEALS | LAUNDRY & LINEN POUNDS | PURCHASING STORES OTH EXP SCHD | HOUSEKEEPING # OF HOURS | CENT SUPPLY PHARMACY SOCIAL SERV | PLANT OPERATIONS NET SQ FEET | INPATIENT: PAC, MRD FIS, MGT, NAD | AMBULATORY: PAC, MRD FIS, MGT, NAD | OUTPATIENT: PAC, MRD FIS, MGT, NAD | MED STAFF ADMIN EIPAs | UNASSIGNED EXPENSES | |
| A Overhead Expenses | 2,676.3 | 1,096.1 | 2,487.9 | 5,424.4 | 8,554.5 | 12,834.1 | 21,296.1 | 3,353.5 | 11,597.3 | 1,065.7 | 6,784.4 | |
| B Units | 221,187 | 1,343,247 | 21,651 | 78,540 | 8,555 | 400,265 | 89,915.3 | 14,158.9 | 31,199.3 | 22,552 | 196,419.0 | |
| C Cost per unit | 0.012100 | 0.000816 | 0.114905 | 0.069065 | 1.000000 | 0.032064 | 0.236846 | 0.236846 | 0.371716 | 0.047257 | 0.034541 | |
| STATISTICAL APPORTIONMENT | | | | | | | | | | | | |
| 1 Med/Surg Acute | MSG | 119,968 | 415,005 | 2,797.5 | 18,798 | 95,802 | 29,684.9 | | | | 43,197.4 | |
| 2 Pediatric Acute | PED | 0 | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 3 Psychiatric Acute | PSY | 17,661 | 9,001 | 268.8 | 2,084 | 10,623 | 3,399.4 | | | | 4,941.0 | |
| 4 Obstetrics Acute | OBS | 13,141 | 62,986 | 213.0 | 4,400 | 22,424 | 2,669.3 | | | | 4,559.3 | |
| 5 Definitive Observation | DEF | 29,812 | 124,713 | 121.4 | 3,734 | 19,032 | 1,104.9 | | | | 2,711.2 | |
| 6 Med/Surg Intensive Care | MIS | 11,964 | 145,854 | 405.8 | 4,703 | 23,969 | 3,931.9 | | | | 6,266.9 | |
| 7 Coronary Care | CCU | 2,297 | 17,595 | 162.2 | 890 | 4,534 | 1,614.7 | | | | 2,264.7 | |
| 8 Pediatric Intensive Care | PIC | 0 | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 9 Neonatal Intensive Care | NEO | 0 | 14,238 | 251.6 | 1,268 | 6,461 | 2,946.6 | | | | 3,979.8 | |
| 10 Burn Care | BUR | 0 | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 11 Psychiatric Intensive Care | PSI | 0 | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 12 Shock Trauma | TRM | 0 | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 13 Oncology | ONC | 0 | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 14 Newborn Nursery | NUR | | 0 | 187.4 | 0 | 0 | 1,852.7 | | | | 2,313.0 | |
| 15 Premature Nursery | PRE | | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 16 Chronic Care | CRH | 0 | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 17 Emergency Services | EMG | 14,344 | 193,801 | 1,008.8 | 4,203 | 21,421 | 2,302.5 | 7,613.9 | | 749 | 13,725.1 | |
| 18 Clinical Services | CL | | 14,237 | 589.5 | 2,554 | 13,015 | 13.6 | 3,055.1 | | 360 | 4,485.5 | |
| 19 Psych. Day & Night Care | PDC | 0 | 0 | 57.6 | 128 | 651 | 4.4 | 305.4 | | | 420.7 | |
| 21 Ambulatory Surgery (PBP) | AMS | 0 | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 20 Same Day Surgery | SDS | 61 | 0 | 298.7 | 0 | 0 | 79.6 | 3,184.4 | | 4,736 | 4,296.0 | |
| 22 Labor & Delivery Services | DEL | | 37,068 | 497.5 | 2,440 | 12,436 | 4,349.4 | | 908.7 | | 7,280.8 | |
| 23 Operating Room | OR | | 227,381 | 3,530.2 | 13,417 | 68,377 | 9,302.1 | | 7,589.7 | | 25,626.5 | |
| 24 Operating Room Clinic | ORC | | 0 | 5.3 | 0 | 0 | | | 22.3 | | 31.2 | |
| 25 Anesthesiology | ANS | | 0 | 832.9 | 662 | 3,376 | 927.6 | | 728.3 | | 2,396.0 | |
| 26 Laboratory Services | LAB | | 0 | 4,689.3 | 4,119 | 20,990 | 6,406.6 | | 3,572.4 | | 14,320.7 | |
| 27 Electrocardiography | EKG | | 2,543 | 138.6 | 960 | 4,891 | 523.2 | | 528.0 | | 1,612.5 | |
| 28 Interventional Radiology / Cardiovascular | IRC | | 31,962 | 491.2 | 5,205 | 26,525 | 2,304.6 | | 2,888.7 | | 8,105.4 | |
| 29 Radiology-Diagnostic | RAD | | 22,962 | 678.6 | 2,622 | 13,362 | 1,691.0 | | 3,393.9 | | 7,453.1 | |
| 30 CT Scanner | CAT | | 0 | 294.0 | 432 | 2,202 | 515.7 | | 790.9 | | 1,857.0 | |
| 31 Radiology-Therapeutic | RAT | | 3,757 | 389.3 | 2,343 | 11,942 | 37.3 | | 1,991.6 | | 3,370.5 | |
| 32 Nuclear Medicine | NUC | | 5,643 | 664.7 | 1,487 | 7,579 | 242.1 | | 1,029.3 | | 2,138.1 | |
| 33 Respiratory Therapy | RES | | 0 | 469.6 | 399 | 2,031 | 2,855.0 | | 126.1 | | 3,850.7 | |
| 34 Pulmonary Function Testing | PUL | | 0 | 15.3 | 188 | 960 | 39.3 | | 68.6 | | 188.3 | |
| 35 Electroencephalography | EEG | | 0 | 14.0 | 9 | 47 | 94.7 | | 15.9 | | 142.7 | |
| 36 Physical Therapy | PTH | | 6,579 | 171.7 | 919 | 4,683 | 1,302.5 | | 759.7 | | 2,891.7 | |
| 37 Occupational Therapy | OTH | | 0 | 147.7 | 294 | 1,501 | 1,463.6 | | 177.3 | | 2,138.9 | |
| 38 Speech Language Pathology | STH | | 0 | 31.0 | 36 | 182 | 285.1 | | 99.5 | | 500.9 | |
| 39 Recreational Therapy | REC | 0 | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 40 Audiology | AUD | | 0 | 94.3 | 0 | 0 | 94.3 | | | | 127.5 | |
| 41 Other Physical Medicine | OPM | | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 42 Renal Dialysis | RDL | 0 | 538 | 654.2 | 245 | 1,249 | 616.7 | | 37.5 | | 946.8 | |
| 43 Organ Acquisition | OA | | 0 | 0.0 | 0 | 0.0 | | | | | 0.0 | |
| 44 Ambulatory Surgery | AOR | | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 45 Leukopheresis | LEU | | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 46 Hyperbaric Chamber | HYP | | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 47 Free Standing Emergency | FSE | 0 | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 48 Magnetic Resonance Imaging | MRI | | 672 | 855.7 | 0 | 0 | 557.7 | | 320.2 | | 1,227.8 | |
| 49 Adolescent Dual Diagnosed | ADD | 0 | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 50 Lithotripsy | LIT | | 0 | 14.5 | 0 | 0 | | | 14.5 | | 21.6 | |
| 51 Rehabilitation | RHB | 0 | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 52 Observation | OBV | 11,939 | 6,715 | 609.6 | 0 | 0 | 997.0 | | 3,718.3 | 2,172 | 6,656.2 | |
| 53 Ambulance Services-Rebundled | AMR | 0 | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 54 Transurethral Microwave Thermotherapy | TMT | 0 | 0 | 0.0 | 0 | 0 | | | | | 0.0 | |
| 55 Oncology O/P Clinic | OCCL | 0 | 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 | | | | | 0.0 | |
| 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 | | | | | 431.3 | 0 | | | 14,511 | | |
| 64 Med/Surg Supplies | MSS | | | | 0 | 2,469.4 | 1,622.0 | | 847.4 | | 3,168.5 | |
| 65 Drugs Sold | CDS | | | | 0 | 5,653.9 | 4,083.5 | | 1,570.4 | | 7,204.8 | |
| E TOTAL | | 221,187 | 1,343,247 | 21,651.3 | 78,540 | 8,554.5 | 400,265 | 89,915.3 | 14,158.9 | 31,199.3 | 22,552 | 196,419.0 |

DEPARTMENTAL EQUIPMENT ALLOWANCE

H2

INSTITUTION NAME: University of Maryland St. Joseph Medical Center FISCAL YEAR

6/30/2019

INSTITUTION NUMBER: 210063

| | | COL 1 | COL 2 | COL 3 | COL 4 | COL 5 | COL 6 | COL 7 | COL 8 |
|------|--------|--------------------------------|-------|---------------------------------|-------------------------------|----------------------------------|-------------------------------|----------------------------------------|--------------------------------------|
| | CENTER | COST BASE YEAR PURCHASES | # YRS | CUMULATIVE PURCHASE TOTAL | DEPRECIATION COL 3 / COL 2 | MKT VALUE BASE YEAR LEASES | CUMULATIVE LEASES TOTAL | LEASE AMORTIZATION COL 6 / COL 2 | DEPR/AMORT TOTAL COL 4 + COL 7 |
| H2A | MIS | 0.0 | 10 | 2,709.3 | 270.9 | 0.0 | 0.0 | 0.0 | 270.9 |
| H2B | CCU | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2C | PIC | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2D | NEO | 0.0 | 10 | 250.4 | 25.0 | 0.0 | 0.0 | 0.0 | 25.0 |
| 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 | 284.7 | 10 | 13,973.2 | 1,397.3 | 0.0 | 0.0 | 0.0 | 1,397.3 |
| 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 | 184.5 | 10 | 2,753.5 | 275.4 | 0.0 | 0.0 | 0.0 | 275.4 |
| H2L | IRC | 1,371.9 | 10 | 5,543.2 | 554.3 | 0.0 | 0.0 | 0.0 | 554.3 |
| H2M | RAD | 10.7 | 10 | 2,141.3 | 214.1 | 0.0 | 0.0 | 0.0 | 214.1 |
| H2N | CAT | 22.5 | 6.5 | 489.6 | 75.3 | 0.0 | 0.0 | 0.0 | 75.3 |
| H2O | RAT | 99.0 | 10 | 6,563.9 | 656.4 | 0.0 | 0.0 | 0.0 | 656.4 |
| H2P | NUC | 0.0 | 10 | 62.3 | 6.2 | 0.0 | 0.0 | 0.0 | 6.2 |
| 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 | 94.0 | 10 | 368.3 | 36.8 | 0.0 | 0.0 | 0.0 | 36.8 |
| H2T | LL | 0.0 | 10 | 88.7 | 8.9 | 0.0 | 0.0 | 0.0 | 8.9 |
| H2U | MGT | 1.4 | 10 | 1,034.2 | 103.4 | 0.0 | 0.0 | 0.0 | 103.4 |
| H2V | EDP | 5,327.0 | 10 | 11,855.5 | 1,185.5 | 0.0 | 0.0 | 0.0 | 1,185.5 |
| 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 | 7,395.6 | | 47,833.5 | 4,809.7 | 0.0 | 0.0 | 0.0 | 4,809.7 |

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3 A

INSTITUTION NAME: University of Maryland St. Joseph Medical Center

FISCAL YEAR

6/30/2019

INSTITUTION NUMBER: 210063

| 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 | 8,894 | ////////// | ////////// | ////////// | ////////// | ////////// | ////////// | A |
| B TOTAL DEPRECIATION | RECORDS | 23,370.6 | ////////// | ////////// | ////////// | ////////// | ////////// | ////////// | B |
| C CAPITAL INTENSIVE EQUIP DEPR | TOTAL H2 | 4,809.7 | 36.8 | 8.9 | 103.4 | 1,185.5 | 3,475.0 | 9,619.4 | C |
| D BLDG & GEN EQUIP DEPR | B - C | 18,560.9 | ////////// | ////////// | ////////// | ////////// | ////////// | 18,560.9 | D |
| E BLDG & GEN EQUIP DEPR & INT | A + D | 27,454.5 | 36.8 | 8.9 | 103.4 | 1,185.5 | 3,475.0 | 32,264.2 | E |
| F STANDARD UNITS | ////// | 400,265 | 221,187 | 1,343,247 | 135,273 | 135,273 | ////////// | ////////// | F |
| G ALLOWANCE PER UNIT | E / F | 0.06859 | 0.00017 | 0.00001 | 0.00076 | 0.00876 | ////////// | ////////// | G |

| DISTRIBUTION | CODE | ADJ. SQUARE FOOTAGE BASIS | | | | | | | | | |
|----------------------------------------------|------|---------------------------|---------|------------|------------|------|-------|------------|---------|----|--|
| | | | | | | | | | | | |
| 1 Med/Surg Acute | MSG | 95,802 | 6,571.1 | 20.0 | 2.7 | 22.7 | 260.2 | ////////// | 6,876.7 | 1 | |
| 2 Pediatric Acute | PED | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 2 | |
| 3 Psychiatric Acute | PSY | 10,623 | 728.7 | 2.9 | 0.1 | 2.6 | 29.8 | ////////// | 764.0 | 3 | |
| 4 Obstetrics Acute | OBS | 22,424 | 1,538.1 | 2.2 | 0.4 | 2.0 | 23.4 | ////////// | 1,566.2 | 4 | |
| 5 Definitive Observation | DEF | 19,032 | 1,305.4 | 5.0 | 0.8 | 0.8 | 9.7 | ////////// | 1,321.7 | 5 | |
| 6 Med/Surg Intensive Care | MIS | 23,969 | 1,644.1 | 2.0 | 1.0 | 3.0 | 34.5 | 270.9 | 1,955.4 | 6 | |
| 7 Coronary Care | CCU | 4,534 | 311.0 | 0.4 | 0.1 | 1.2 | 14.2 | 0.0 | 326.9 | 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 | 6,461 | 443.1 | 0.0 | 0.1 | 2.3 | 25.8 | 25.0 | 496.3 | 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 | 0 | 0.0 | ////////// | 0.0 | 1.4 | 16.2 | ////////// | 17.7 | 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 | 21,421 | 1,469.3 | 2.4 | 1.3 | 7.6 | 86.9 | ////////// | 1,567.4 | 17 | |
| 18 Clinical Services | CL | 13,015 | 892.7 | ////////// | 0.1 | 2.4 | 26.9 | ////////// | 922.0 | 18 | |
| 19 Psych. Day & Night Care | PDC | 651 | 44.7 | 0.0 | 0.0 | 0.2 | 2.7 | ////////// | 47.6 | 19 | |
| 20 Same Day Surgery | SDS | 0 | 0.0 | 0.0 | 0.0 | 2.5 | 28.6 | ////////// | 31.1 | 20 | |
| 21 Labor & Delivery Services | DEL | 12,436 | 853.0 | ////////// | 0.2 | 4.0 | 46.1 | ////////// | 903.4 | 21 | |
| 22 Operating Room | OR | 68,377 | 4,690.0 | ////////// | 1.5 | 12.9 | 148.0 | 1,397.3 | 6,249.8 | 22 | |
| 23 Operating Room Clinic | ORC | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.2 | ////////// | 0.2 | 23 | |
| 24 Anesthesiology | ANS | 3,376 | 231.6 | ////////// | 0.0 | 1.3 | 14.5 | ////////// | 247.3 | 24 | |
| 25 Med/Surg Supplies | MSS | 0 | 0.0 | ////////// | ////////// | 1.9 | 21.6 | ////////// | 23.5 | 25 | |
| 26 Drugs Sold | CDS | 0 | 0.0 | ////////// | ////////// | 4.3 | 49.6 | ////////// | 53.9 | 26 | |
| 27 Laboratory Services | LAB | 20,990 | 1,439.7 | ////////// | 0.0 | 7.6 | 87.5 | 275.4 | 1,810.2 | 27 | |
| 28 Electrocardiography | EKG | 4,891 | 335.5 | ////////// | 0.0 | 0.8 | 9.2 | ////////// | 345.5 | 28 | |
| 29 Interventional Radiology / Cardiovascular | IRC | 26,525 | 1,819.4 | ////////// | 0.2 | 4.0 | 45.5 | 554.3 | 2,423.4 | 29 | |
| 30 Radiology-Diagnostic | RAD | 13,362 | 916.5 | ////////// | 0.2 | 3.9 | 44.6 | 214.1 | 1,179.2 | 30 | |
| 31 CT Scanner | CAT | 2,202 | 151.1 | ////////// | 0.0 | 1.0 | 11.5 | 75.3 | 238.8 | 31 | |
| 32 Radiology-Therapeutic | RAT | 11,942 | 819.1 | ////////// | 0.0 | 1.6 | 17.8 | 656.4 | 1,494.9 | 32 | |
| 33 Nuclear Medicine | NUC | 7,579 | 519.9 | ////////// | 0.0 | 1.0 | 11.1 | 6.2 | 538.2 | 33 | |

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3 B

INSTITUTION NAME: University of Maryland St. Joseph Medical Center FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210063

| DISTRIBUTION | | Col. 1 ADJ. SQUARE FOOTAGE BASIS | Col. 2 | Col. 3 | Col. 4 | Col. 5 | Col. 6 | Col. 7 | Col. 8 | | |
|--------------|---------------------------------------|-------------------------------------------|---------|---------|------------|------------|------------|------------|------------|--------|----|
| | | | GENERAL | DIETARY | LAUNDRY | COMM. | DATA PROC | DEPART | TOTAL | | |
| 34 | Respiratory Therapy | RES | 2,031 | 139.3 | ////////// | 0.0 | 2.3 | 26.1 | ////////// | 167.7 | 34 |
| 35 | Pulmonary Function Testing | PUL | 960 | 65.9 | ////////// | 0.0 | 0.1 | 1.0 | ////////// | 66.9 | 35 |
| 36 | Electroencephalography | EKG | 47 | 3.2 | ////////// | 0.0 | 0.1 | 1.0 | ////////// | 4.3 | 36 |
| 37 | Physical Therapy | PTH | 4,683 | 321.2 | ////////// | 0.0 | 1.6 | 18.1 | ////////// | 340.9 | 37 |
| 38 | Occupational Therapy | OTH | 1,501 | 102.9 | ////////// | 0.0 | 1.3 | 14.4 | ////////// | 118.6 | 38 |
| 39 | Speech Language Pathology | STH | 182 | 12.5 | ////////// | 0.0 | 0.3 | 3.4 | ////////// | 16.1 | 39 |
| 40 | Recreational Therapy | REC | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 40 |
| 41 | Audiology | AUD | 0 | 0.0 | ////////// | 0.0 | 0.1 | 0.8 | ////////// | 0.9 | 41 |
| 42 | Other Physical Medicine | OPM | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 42 |
| 43 | Renal Dialysis | RDL | 1,249 | 85.7 | ////////// | 0.0 | 0.5 | 5.7 | 0.0 | 91.9 | 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 | 0.7 | 7.7 | 0.0 | 8.4 | 48 |
| 49 | Lithotripsy | LIT | 0 | 0.0 | ////////// | ////////// | 0.0 | 0.1 | 0.0 | 0.1 | 49 |
| 50 | Rehabilitation | RHB | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 50 |
| 51 | Observation | OBV | 0 | 0.0 | ////////// | 0.0 | 3.6 | 41.3 | ////////// | 45.0 | 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 |
| 1 | Subtotal | ABC | 400,265 | 27,454 | 35 | 9 | 103 | 1,186 | 3,475 | 32,262 | 1 |
| 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 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 78 |
| 79 | Laboratory Non-Patient | ULB | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 79 |
| 80 | Physicians Part B Services | UPB | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 80 |
| 81 | Certified Nurse Anesthetists | CNA | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 81 |
| 82 | Physician Support Services | PSS | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 82 |
| 83 | TBD | TBA2 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 83 |
| 84 | TBD | TBA3 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 84 |
| 85 | TBD | TBA4 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 85 |
| 86 | TBD | TBA5 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 86 |
| 87 | TBD | TBA6 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 87 |
| 88 | TBD | TBA7 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 88 |
| 89 | TBD | TBA8 | 0 | 0.0 | ////////// | ////////// | ////////// | ////////// | ////////// | 0.0 | 89 |

| | | | | | | | | | | | |
|----|-------------------|-----|---------|--------|----|---|-----|-------|-------|--------|----|
| II | TOTAL DISTRIBUTED | XYZ | 400,265 | 27,454 | 35 | 9 | 103 | 1,186 | 3,475 | 32,262 | II |
|----|-------------------|-----|---------|--------|----|---|-----|-------|-------|--------|----|

OTHER FINANCIAL CONSIDERATIONS

G

INSTITUTION NAME: University of Maryland St. Joseph Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210063

| | | 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 | 0.0 | | 0.0 | H |
| I | Short Term Interest | SCH. UA | 0.0 | | 0.0 | I |
| J | Other | REC/BUDGET | | | | J |
| K | Total Expenses | H + I + J | 0.0 | 0.0 | 0.0 | K |
| OTHER ADJUSTMENTS | | | | | | |
| L | Aux. Ent & OIP Gains | SCH. E, F | (548.0) | 0.0 | (548.0) | L |
| M | Aux. Ent & OIP Losses | SCH. E, F | 3,143.3 | | 3,143.3 | 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 | 2,595.3 | 0.0 | 2,595.3 | Q |
| PERCENTAGE CALCULATION | | | | | | |
| R | Net Other Financial Considerations | G + K + Q | 2,595.3 | 0.0 | 2,595.3 | R |
| S | Other Financial Consideration Percent | R/SCH. M | ////////// | ////////// | 0.9% | S |

THIRD PARTY DIFFERENTIAL

PDA

INSTITUTION NAME: University of Maryland St. Joseph Medical Center FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210063

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

CHARGES, DEDUCTIBLES, CBA

| | | COL 1 | COL 2 | COL 3 | | |
|----|----------------------------------------------------------|----------------|------------|------------|-----------|----|
| A | Gross Patient Revenue, HSCRC Regulated | Records/Budget | 250,413.2 | 138,760.4 | 389,173.6 | A |
| B | Medicare Revenue, HSCRC Regulated | Records/Budget | 117,060.6 | 48,952.4 | 166,013.0 | B |
| C | Medicaid Revenue, HSCRC Regulated | Records/Budget | 7,596.6 | 1,291.9 | 8,888.5 | C |
| D | Blue Cross Revenue, HSCRC Regulated | Records/Budget | 26,325.9 | 18,866.8 | 45,192.7 | D |
| E | MCO Subcontracted Medicare, Medicaid, HSCRC Regulated ** | Records/Budget | 33,176.2 | 18,468.7 | 51,644.8 | E |
| F | Medicare Deductibles Paid by Medicaid, HSCRC Regulated | Records/Budget | ////////// | ////////// | 808.5 | F |
| G | Uncompensated Care, HSCRC Regulated *** | Records/Budget | 9,653.9 | 5,349.5 | 15,003.3 | G |
| G1 | Other Payors Not Eligible for SAAC & Not U.C. | A-B-C-D-E-G | 56,599.9 | 45,831.2 | 102,431.1 | G1 |

RATIOS, LEVEL III COSTS

| | | | | | | |
|----|----------------------------------------|------------------------|------------|------------|------------|----|
| H | Ratio of Medicare & Medicaid Charges | Col 3 (B + C) /Col 3 A | ////////// | ////////// | 0.4494 | H |
| I | Ratio of Blue Cross Inpatient Charges | Col 1 D/Col 3 A | 0.0676 | ////////// | ////////// | I |
| I1 | Ratio of Blue Cross Outpatient Charges | Col 2 D/Col 3 A | ////////// | 0.0485 | ////////// | I1 |
| J | Ratio of HMO Charges | Col 3 E/Col 3 A | ////////// | ////////// | 0.1327 | J |
| K | Ratio of Deductibles Paid by Medicaid | Col 3 F/Col 3 A | ////////// | ////////// | 0.0021 | K |
| L | Ratio of Uncompensated Accounts | Col 3 G/Col 3 A | ////////// | ////////// | 0.0386 | L |
| M | Ratio of Other Payors Charges | Col 3 G1/Col 3 A | ////////// | ////////// | 0.2632 | M |
| N | Level III Costs | Schedule MA | ////////// | ////////// | 291,398.6 | N |

DIFFERENTIAL CALCULATION

| | | | | | | |
|---|-------------------------------|-----------------|------------|------------|-----------|---|
| O | Gross Revenue HSCRC Regulated | * | ////////// | ////////// | 320,631.3 | O |
| P | Payor Differential | 1 - (Col 3 O/N) | ////////// | ////////// | 0.1003 | 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:

University of Maryland St. Joseph Medical Center
210063

FISCAL YEAR

6/30/2019

| | | OFC | | LEVEL III | PAYOR DIFFERENTIAL | LEVEL IV | CROSS SUBSIDY | MISC ADJ | HSCRC ADJ | ADJUST LEVEL IV | AVERAGE RATES |
|-------------|-------------------------------------------|----------------|---------------------------|-----------|--------------------|-----------|---------------|----------|-----------|-----------------|---------------|
| | | Direct offsets | (Discontinued) Difference | | | | | | | | |
| DESCRIPTION | CODE | COL 1 | COL 2 | COL 3 | COL 4 | COL 5 | COL 6 | COL 7 | COL 8 | COL 9 | COL 10 |
| A1 | Med/Surg Acute | MSG | 0.0 | 51,566.1 | 5,173.0 | 56,739.1 | | | | 56,739.1 | 1,430.3504 |
| 2 | Pediatric Acute | PED | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 3 | Psychiatric Acute | PSY | 0.0 | 5,875.7 | 589.4 | 6,465.1 | | | | 6,465.1 | 1,098.1934 |
| 4 | Obstetrics Acute | OBS | 0.0 | 6,282.9 | 630.3 | 6,913.2 | | | | 6,913.2 | 1,388.7581 |
| 5 | Definitive Observation | DEF | 0.0 | 4,126.5 | 414.0 | 4,540.5 | | | | 4,540.5 | 2,126.6969 |
| 6 | Med/Surg Intensive Care | MIS | 0.0 | 8,438.7 | 846.6 | 9,285.3 | | | | 9,285.3 | 2,827.4423 |
| 7 | Coronary Care | CCU | 0.0 | 2,669.9 | 267.8 | 2,937.7 | | | | 2,937.7 | 2,905.7006 |
| 8 | Pediatric Intensive Care | PIC | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 9 | Neonatal Intensive Care | NEO | 0.0 | 4,613.6 | 462.8 | 5,076.4 | | | | 5,076.4 | 1,742.6554 |
| 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 | 2,410.6 | 241.8 | 2,652.4 | | | | 2,652.4 | 587.3381 |
| 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 | 15,766.7 | 1,581.7 | 17,348.4 | | | | 17,348.4 | 33.3855 |
| 17 | Clinical Services | CL | 0.0 | 5,562.5 | 558.0 | 6,120.5 | | | | 6,120.5 | 62.1379 |
| 18 | Psych. Day & Night Care | PDC | 0.0 | 482.8 | 48.4 | 531.2 | | | | 531.2 | 356.7482 |
| 19 | Same Day Surgery | SDS | 0.0 | 4,475.5 | 449.0 | 4,924.5 | | | | 4,924.5 | 519.9534 |
| 20 | Labor & Delivery Services | DEL | 0.0 | 8,435.6 | 846.3 | 9,281.9 | | | | 9,281.9 | 89.2322 |
| 21 | Operating Room | OR | 0.0 | 32,761.5 | 3,286.6 | 36,048.1 | | | | 36,048.1 | 28.7885 |
| 22 | Operating Room Clinic | ORC | 0.0 | 32.5 | 3.3 | 35.8 | | | | 35.8 | 8.6546 |
| 23 | Anesthesiology | ANS | 0.0 | 2,726.0 | 273.5 | 2,999.5 | | | | 2,999.5 | 2.2424 |
| 24 | Laboratory Services | LAB | 0.0 | 16,625.5 | 1,667.8 | 18,293.3 | | | | 18,293.3 | 1.6702 |
| 25 | Electrocardiography | EKG | 0.0 | 2,013.7 | 202.0 | 2,215.7 | | | | 2,215.7 | 3.1885 |
| 26 | Interventional Radiology / Cardiovascular | IRC | 0.0 | 10,963.3 | 1,099.8 | 12,063.1 | | | | 12,063.1 | 79.4049 |
| 27 | Radiology-Diagnostic | RAD | 0.0 | 8,889.9 | 891.8 | 9,781.7 | | | | 9,781.7 | 12.7156 |
| 28 | CT Scanner | CAT | 0.0 | 2,160.0 | 216.7 | 2,376.7 | | | | 2,376.7 | 2.5775 |
| 29 | Radiology-Therapeutic | RAT | 0.0 | 4,981.9 | 499.8 | 5,481.7 | | | | 5,481.7 | 7.4002 |
| 30 | Nuclear Medicine | NUC | 0.0 | 2,750.2 | 275.9 | 3,026.1 | | | | 3,026.1 | 10.1098 |
| 31 | Respiratory Therapy | RES | 0.0 | 4,151.5 | 416.5 | 4,568.0 | | | | 4,568.0 | 1.2730 |
| 32 | Pulmonary Function Testing | PUL | 0.0 | 261.7 | 26.3 | 288.0 | | | | 288.0 | 8.3136 |
| 33 | Electroencephalography | EEG | 0.0 | 151.9 | 15.2 | 167.1 | | | | 167.1 | 4.0823 |
| 34 | Physical Therapy | PTH | 0.0 | 3,332.6 | 334.3 | 3,666.9 | | | | 3,666.9 | 9.2948 |
| 35 | Occupational Therapy | OTH | 0.0 | 2,331.4 | 233.9 | 2,565.3 | | | | 2,565.3 | 6.8733 |
| 36 | Speech Language Pathology | STH | 0.0 | 534.3 | 53.6 | 587.9 | | | | 587.9 | 7.7570 |
| 37 | Recreational Therapy | REC | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 38 | Audiology | AUD | 0.0 | 132.8 | 13.3 | 146.1 | | | | 146.1 | 11.9341 |
| 39 | Other Physical Medicine | OPM | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 40 | Renal Dialysis | RDL | 0.0 | 1,071.4 | 107.5 | 1,178.9 | | | | 1,178.9 | 938.6087 |
| 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 | 1,278.6 | 128.3 | 1,406.9 | | | | 1,406.9 | 10.3626 |
| 46 | Lithotripsy | LIT | 0.0 | 22.4 | 2.2 | 24.6 | | | | 24.6 | 1,447.0923 |
| 47 | Rehabilitation | RHB | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 48 | Observation | OBV | 0.0 | 6,931.1 | 695.3 | 7,626.4 | | | | 7,626.4 | 58.3521 |
| 49 | Ambulance Services-Rebundled | AMR | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 50 | Transurethral Microwave Thermotherapy | TMT | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 51 | Oncology O/P Clinic | OCL | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 52 | Transurethral Needle Ablation | TNA | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 53 | Pediatric Step-Down | PSD | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 54 | 340B Clinic Services | CL-340 | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 55 | 340B Radiology - Therapeutic | RAT-340 | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 56 | 340B OR Clinic Services | ORC-340 | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 57 | 340B Laboratory Services | LAB-340 | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 58 | 340B Drugs | CDS-340 | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 59 | Admission Services | ADM | 0.0 | 1,117.0 | 112.1 | 1,229.1 | | | | 1,229.1 | 84.7021 |
| 60 | Med/Surg Supplies | MSS | 0.0 | 50,786.1 | 5,094.8 | 55,880.9 | | | | 55,880.9 | 2,477.8744 |
| 61 | Drugs Sold | CDS | 0.0 | 14,684.3 | 1,473.1 | 16,157.4 | | | | 16,157.4 | 716.4540 |
| 62 | | | 0.0 | | | | | | | | |
| B | TOTAL | | 0.0 | 291,398.6 | 29,232.7 | 320,631.3 | 0.0 | 0.0 | 0.0 | 320,631.3 | ////////// |

OVERHEAD EXPENSE SUMMARY

OES

INSTITUTION NAME: University of Maryland St. Joseph Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210063

| | | DISTRIBUTE TO: | | | | |
|----------|------------------------------|----------------|---------------------------------------|-------------------------------|--------------------------------------------|---|
| EXPENSES | | TOTAL | Physician Part B Centers Sch P2 | Data Processing Sch DP1 | General Service Centers Sch C1 - C14 | |
| A | Dietary Services | 2,676.3 | 0.0 | | 2,676.3 | A |
| B | Laundry & Linen | 1,063.9 | 0.0 | | 1,063.9 | B |
| C | Social Services | 397.0 | 0.0 | | 397.0 | C |
| D | Purchasing & Stores | 2,296.7 | 0.0 | | 2,296.7 | D |
| E | Plant Operations | 12,505.7 | 0.0 | | 12,505.7 | E |
| F | Housekeeping | 5,496.9 | 0.0 | | 5,496.9 | F |
| G | Central Services & Supply | 2,226.3 | 0.0 | | 2,226.3 | G |
| H | Pharmacy | 5,269.6 | 0.0 | | 5,269.6 | H |
| I | General Accounting | 2,914.7 | 0.0 | | 2,914.7 | I |
| J | Patient Accounts | 3,447.2 | 0.0 | | 3,447.2 | J |
| K | Hospital Administration | 24,346.2 | 0.0 | | 24,346.2 | K |
| L | Medical Records | 2,726.2 | 0.0 | | 2,726.2 | L |
| M | Medical Staff Administration | 1,092.4 | 0.0 | | 1,092.4 | M |
| N | Nursing Administration | 4,380.2 | 0.0 | | 4,380.2 | N |
| O | Data Processing | 12,870.0 | 0.0 | 12,870.0 | | O |
| P | Organ Acquisition Overhead | 0.0 | | | 0.0 | P |
| Q | Totals | 83,709.3 | 0.0 | 12,870.0 | 70,839.3 | Q |

ANNUAL COST SURVEY

ACS

INSTITUTION NAME: University of Maryland St. FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210063

COL 1

COL 2

| | CATEGORY | COSTS | PERCENT | |
|-----|---------------------------------------------|-----------|---------|-----|
| A | Salaries & Wages | 107,099.1 | 36.75% | A |
| B | Fringe Benefits | 24,200.4 | 8.30% | B |
| C | Depreciation & Amortization | 22,892.0 | 7.86% | C |
| C01 | Operating Leases | 478.6 | 0.16% | C01 |
| D | Interest Expense | 8,893.6 | 3.05% | D |
| E | Medical & Surgical Supplies | 49,620.5 | 17.03% | E |
| F | IV Solutions and Pharmacy | 7,327.8 | 2.51% | F |
| G | Laundry, Linen, Uniforms | 0.0 | 0.00% | G |
| H | Films & Solutions | 728.5 | 0.25% | H |
| I | Blood, Plasmanate, Albumin | 1,700.0 | 0.58% | I |
| J | Contracted Services | 16,965.9 | 5.82% | J |
| K | Professional Fees | 21,858.8 | 7.50% | K |
| L | Agency Nurses | 3,643.1 | 1.25% | L |
| M | Malpractice Insurance | 7,889.3 | 2.71% | M |
| N | All Other Insurance | 426.1 | 0.15% | N |
| O | Telephone | 124.6 | 0.04% | O |
| P | Utilities & Water | 3,166.8 | 1.09% | P |
| Q | Food | 4,219.1 | 1.45% | Q |
| R | Printing, Office Supplies, Copying, Postage | 1,895.7 | 0.65% | R |
| S | Chemical, Solutions, Lubrication, Gases | 1,702.2 | 0.58% | S |
| T | Other (Detail over 20% of supply cost) | 6,568.5 | 2.25% | T |
| U | Total | 291,400.7 | 100.00% | U |

UNREGULATED SERVICES

ULB

UR05

INSTITUTION NAME: University of Maryland St. Joseph Medical Center

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210063

| | | |
|---|--------------------|----------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | CAP, WMU, 1982 Ed. | 0 |

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 | 1,509.9 | 499.1 | 2,009.0 | 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 | Central Services & Supply | CSS | 5.5 | 1.3 | 6.8 | XXXXX | D01 |
| D02 | General Accounting | FIS | 0.0 | 17.5 | 17.5 | XXXXX | D02 |
| D03 | Leases & Rentals | LEA | 0.0 | 77.0 | 77.0 | XXXXX | D03 |
| D04 | Hospital Administration | MGT | 72.9 | 72.9 | 145.8 | XXXXX | D04 |
| D05 | Medical Staff Administration | MSA | 4.3 | 0.4 | 4.7 | XXXXX | D05 |
| D06 | Patient Accounts | PAC | 10.4 | 10.2 | 20.6 | XXXXX | D06 |
| D07 | Purchasing & Stores | PUR | 4.0 | 3.0 | 7.0 | 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 | 1,607.0 | 681.5 | 2,288.5 | 0.0000 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|----------|-------|---------|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 6,015.7 | XXXXX | G |
| H | PROFIT (LOSS) | G - F | XXXXXXXX | XXXXX | 3,727.2 | XXXXX | H |

FTE DATA

| | | | | | | | |
|---|---------------------------------|---------|------|--|--|--|---|
| I | FISCAL YEAR HOURS WORKED / 2080 | RECORDS | 14.4 | | | | I |
|---|---------------------------------|---------|------|--|--|--|---|

UNREGULATED SERVICES

UPB

UR06

INSTITUTION NAME: University of Maryland St. Joseph Medical Center FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210063

| | | |
|---|-------------|-------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | # of FTEs | 6.6 |

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

PHYSICIANS PART B SERVICES

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

FISCAL YEAR DATA

| B | FISCAL YEAR EXPENSES | RECORDS | 130.1 | 33,573.8 | 33,703.9 | XXXXX | B |
|-----|------------------------------------------|-------------|----------|----------|----------|------------|-----|
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 0.0 | XXXXX | 0.0 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTERS | ///// | XXXXXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COST CENTER Col 5 | COL. 6 CODE | ///// | XXXXXXXX | XXXXX | XXXXX | /// |
| D01 | General Accounting | FIS | 0.0 | 292.9 | 292.9 | XXXXX | D01 |
| D02 | Laundry & Linen | LL | 0.3 | 2.1 | 2.5 | XXXXX | D02 |
| D03 | Hospital Administration | MGT | 1,223.5 | 1,222.8 | 2,446.3 | XXXXX | D03 |
| D04 | Medical Staff Administration | MSA | 72.5 | 7.1 | 79.6 | 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 | 1,426.4 | 35,098.8 | 36,525.2 | 5,539.5454 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|----------|-------|------------|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 0.0 | XXXXX | G |
| H | PROFIT (LOSS) | G - F | XXXXXXXX | XXXXX | (36,525.2) | XXXXX | H |

FTE DATA

| | | | | | | | |
|---|---------------------------------|---------|-----|--|--|--|---|
| I | FISCAL YEAR HOURS WORKED / 2080 | RECORDS | 6.6 | | | | I |
|---|---------------------------------|---------|-----|--|--|--|---|

UNREGULATED SERVICES

PSS

UR08

INSTITUTION NAME: University of Maryland St. Joseph Medical Center FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210063

| | | |
|---|-------------|-------------------|
| | 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 | 7.0 | 0.0 | 7.0 | 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 | 7.0 | 0.0 | 7.0 | 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 | (7.0) | XXXXX | H |

FTE DATA

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

UNREGULATED SERVICES SUMMARY

URS

INSTITUTION NAME: University of Maryland St. Joseph Medical Center BASE YEAR 6/30/2019
 INSTITUTION NUMBER: 210063

| 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 | | SKILLED NURSING CARE |
| | | |
| | | |
| | | |
| UR-5 | O'Dea Lab, Osler Drive Lab, Professional Centre Lab, Towson Medical Associates Lab, Hereford Lab | LABORATORY NON-PATIENT |
| | In care of: St. Joseph Medical Center, 7601 Osler Drive, Towson, MD 21204 | |
| | | |
| UR-6 | St. Joseph Medical Center 7601 Osler Drive Towson, MD 21204 | PHYSICIANS PART B SERVICES |
| | | |
| | | |
| UR-7 | | CERTIFIED NURSE ANESTHETISTS |
| | | |
| | | |
| | | |

UR-8

| |
|---------------------------|
| St. Joseph Medical Center |
| 7601 Osler Drive |
| Towson, MD 21204 |
| |
| |

 PHYSICIAN SUPPORT SERVICES

UR-9

| |
|---------------------------|
| Lactation Center Program |
| Irwin Center |
| St. Joseph Medical Center |
| 7601 Osler Drive |
| Towson, MD 21204 |

 TBD

UR-10

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UR-11

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UR-12

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UR-13

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UR-14

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UR-15

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 TBD

TRANSACTIONS WITH RELATED ENTITIES

TRE

INSTITUTION NAME: University of Maryland St. Joseph Medical Center

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210063

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 | UMMC | | 108,328 | A | Cancer center affiliation fee and director |
| 2 | UMMC | | 14,430,204 | A | Infusion expense |
| 3 | UMMC | | 642,887 | A | Outreach Lab services |
| 4 | UMMS | 23,455,444 | | B | Corp Alloc Other |
| 5 | UMMS | 15,935,450 | | B | Corp IT |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
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| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |

SUPPLEMENTAL BIRTHS SCHEDULE

INSTITUTION NAME: University of Maryland St. Joseph FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210063

Admissions for EIPA Counts

| | | |
|---|------------------------------------------------------|--------|
| A | Neonates Not Charged an Admissions Charge | 218 |
| B | Admissions from Monthly Reports (ADM) Revenue Center | 14,294 |
| C | Total | 14,512 |

Cases for Charge Per Case Calculation (CPC)

| | | |
|---|------------------------------------------------------|--------|
| D | Neonates Not Charged an Admissions Charge | 218 |
| E | Births from Monthly Reports (NUR) Center | 1,823 |
| F | Subtotal | 2,041 |
| G | Admissions from Monthly Reports (ADM) Revenue Center | 14,294 |
| H | Total | 16,335 |

SUPPLEMENTAL SCHEDULE 1

University of Maryland St. Joseph 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> |
|---------------------------------|----------------|---------------------------|
| Other Regulated Revenue Revenue | 1,271.4 | G / GR |
| | | G / GR |
| | | G / GR |
| | | G / GR |
| | | G / GR |
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| | | G / GR |
| | | G / GR |
| | | G / GR |
| Total - RE Line L | <u>1,271.4</u> | Check -> |

SUPPLEMENTAL SCHEDULE 1

University of Maryland St. Joseph Medical Center

Summary of Other and Non-Operating Revenue

For The Fiscal Year Ended June 30, 2019

Non-Operating and Net Unregulated Revenue:

| | | |
|-------------------------------------------------|-----------------------|--------------------|
| Ambulance Services | - | E01 |
| Parking | 1,392.3 | E02 |
| Doctor's Private Office Rent | - | E03 |
| Office & Other Rental | 1,007.8 | E04 |
| Retail Operations | 0.1 | E05 |
| Patients Telephones | - | E06 |
| Cafeteria | 118.2 | E07 |
| Day Care Recreation Areas | - | E08 |
| Housing | - | E09 |
| Research | 44.7 | F01 |
| Nursing Education | - | F02 |
| Other Health Profession Education | - | F03 |
| Community Health Education | 44.0 | F04 |
| Freestanding Clinic Services | - | UR01 |
| Home Health Services | - | UR02 |
| Outpatient Renal Dialysis | - | UR03 |
| Skilled Nursing Care | - | UR04 |
| Laboratory Non-Patient | 6,015.7 | UR05 |
| Physicians Part B Services | - | UR06 |
| Certified Nurse Anesthetists | - | UR07 |
| Physician Support Services | - | UR08 |
| TBD | - | UR09 |
| TBD | - | UR10 |
| TBD | - | UR11 |
| TBD | - | UR12 |
| TBD | - | UR13 |
| TBD | - | UR14 |
| TBD | - | UR15 |
| Investment Income | (1,326.0) | 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>7,297.0</u> | Check -> |

SUPPLEMENTAL SCHEDULE 1

University of Maryland St. Joseph 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 | 844.5 | E02 |
| Doctor's Private Office Rent | 69.4 | E03 |
| Office & Other Rental | 1,090.8 | E04 |
| Retail Operations | - | E05 |
| Patients Telephones | - | E06 |
| Cafeteria | 1,378.5 | E07 |
| Day Care Recreation Areas | 328.0 | E08 |
| Housing | - | E09 |
| Research | 252.0 | F01 |
| Nursing Education | - | F02 |
| Other Health Profession Education | - | F03 |
| Community Health Education | 1,239.3 | F04 |
| Freestanding Clinic Services | - | UR01 |
| Home Health Services | - | UR02 |
| Outpatient Renal Dialysis | - | UR03 |
| Skilled Nursing Care | - | UR04 |
| Laboratory Non-Patient | 2,288.5 | UR05 |
| Physicians Part B Services | 36,525.2 | UR06 |
| Certified Nurse Anesthetists | - | UR07 |
| Physician Support Services | 7.0 | UR08 |
| TBD | - | UR09 |
| TBD | - | UR10 |
| TBD | - | UR11 |
| TBD | - | UR12 |
| TBD | - | 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 44,023.3 Check ->

SUPPLEMENTAL SCHEDULE 2

University of Maryland St. Joseph 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 | 23,198.2 | 1,646.4 | 24,844.6 |
| Allocation of E & UR Schedules: | | | |
| E01 | - | - | - |
| E02 | - | - | - |
| E03 | - | - | - |
| E04 | - | 1,090.8 | 1,090.8 |
| E05 | - | - | - |
| E06 | - | - | - |
| E07 | 167.0 | - | 167.0 |
| E08 | 139.2 | - | 139.2 |
| E09 | - | - | - |
| UR01 | - | - | - |
| UR02 | - | - | - |
| UR03 | - | - | - |
| UR04 | - | - | - |
| UR05 | - | 77.0 | 77.0 |
| UR06 | - | - | - |
| UR07 | - | - | - |
| UR08 | - | - | - |
| UR09 | - | - | - |
| UR10 | - | - | - |
| UR11 | - | - | - |
| UR12 | - | - | - |
| UR13 | - | - | - |
| UR14 | - | - | - |
| UR15 | - | - | - |
| RE Schedule - Line Q | <u>22,892.0</u> | <u>478.5</u> | <u>23,370.6</u> |

SUPPLEMENTAL SCHEDULE 3

University of Maryland St. Joseph Medical Center

Reconciliation of UCC

For The Fiscal Year Ended June 30, 2019

Audited Financial Statements:

| | |
|----------------------------------|-----------------|
| Bad Debts | 7,211.0 |
| Charity Care | 8,081.0 |
| Uncompensated Care per Statement | <u>15,292.0</u> |

Trial Balance:

| | |
|--------------------------------------|-----------------|
| Bad Debt Write-offs | 16,790.5 |
| Charity Write-offs | 8,081.0 |
| Change in Balance Sheet Reserve | 168.2 |
| Bad Debt Recoveries | (9,747.7) |
| Other | - |
| Uncompensated Care per Trial Balance | <u>15,292.0</u> |

Annual Report of Revenues, Expenses, and Volumes:

| | |
|-------------------------------------------------------|-----------------|
| Uncompensated Care - Schedule PDA | 15,003.3 |
| Unregulated Charity & Bad Debts | 288.7 |
| Medicaid Day Limit UCC included in contractals on F/S | - |
| Uncompensated Care Per Report | <u>15,292.0</u> |

SUPPLEMENTAL SCHEDULE 4

University of Maryland St. Joseph Medical Center

Detail of MCO Regulated Revenue

For The Fiscal Year Ended June 30, 2019

| MCO Revenue | Inpatient | Outpatient | Total |
|-----------------------------------------------|--------------------|--------------------|--------------------|
| Aetna (MC HMO) | 1,972 | 821 | \$ 2,792.4 |
| Amerigroup (MA MCO/HMO) | 3,801 | 3,334 | 7,134.7 |
| Cigna Healthspring - Bravo (MC HMO) | 1,768 | 421 | 2,188.6 |
| JAI Medical Group (MA MCO/HMO) | 581 | 407 | 987.9 |
| Johns Hopkins Medicine Medicare Plan (MC HMO) | 965 | 357 | 1,322.2 |
| Kaiser Foundation Health Plan (MC HMO) | 475 | 53 | 528.2 |
| Kaiser Medicaid MCO | 67 | 171 | 237.9 |
| Maryland Physicians Care (MA MCO/HMO) | 4,181 | 2,686 | 6,867.1 |
| Medstar Family Choice (MA MCO/HMO) | 896 | 805 | 1,701.9 |
| Medstart Medicare Choice (MC HMO) | 178 | 23 | 201.1 |
| Other Medicaid MCO/HMO (MA MCO/HMO) | 78 | 96 | 173.9 |
| Other Medicare HMO (MC HMO) | 5,570 | 1,984 | 7,553.4 |
| Priority Partners (MA MCO/HMO) | 3,420 | 2,542 | 5,961.8 |
| Riverside Health (MA MCO/HMO) | 1,763 | 1,049 | 2,811.9 |
| United Healthcare Community Plan (MA MCO/HMO) | 2,704 | 2,136 | 4,840.7 |
| University of Maryland Health Advantage HMO | 1,775 | 624 | 2,398.7 |
| Value Options (MA MCO/HMO) | 2,982 | 960 | 3,942.2 |
| Total MCO Revenue | \$ 33,176.2 | \$ 18,468.7 | \$ 51,644.8 |

SUPPLEMENTAL SCHEDULE 5

University of Maryland St. Joseph 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 | \$ | 9,874.0 |
| RE Line U Detailed Non-Operating: Income / (Expense) | | |
| U1 Contributions (Unrestricted) | | |
| U2 Interest & Investment Income | | |
| U3 Investment - Gains / (Losses) - Realized | | 1,236.0 |
| U4 Investment - Gains / (Losses) - Unrealized | | |
| U5 Swap Agreements - Gains / (Losses) - Realized | | (1,881.0) |
| V Other (Specify) | | (681.0) |
| RE Line W Excess Profit / (Loss) | | <u>8,548.0</u> |
| Other Significant Financial Information | | |
| CC Swap Agreements - Gains / (Losses) - Unrealized | | |
| DD Collateral Received / (Posted) - Swap Agreements | | |
| EE Retirement of Debt - Gains / (Losses) | | |
| FF Pension Adjustments - Defined Benefit Plans | | |
| GG Other (Specify) | | |
| HH Total | \$ | <u>-</u> |

SUPPLEMENTAL SCHEDULE 6

University of Maryland St. Joseph Medical Center

Debt Collection/Financial Assistance Report

For The Fiscal Year Ended June 30, 2019

1. Collection Agency Name

- a. Bloom & Associates, P.A.
- b. MAMI
- c. Receivables Outsourcing, Inc.
- d. ProCo LLC
- e.
- f.
- g.
- h.

2. Number of Liens

- i. 26

3. Number of extended payment plans

- j. 48

FINANCIAL ASSISTANCE

4. Number of applications for financial assistance received

- k. 494

5. Number of applicants for financial assistance approved

- l. 366

SUPPLEMENTAL SCHEDULE 7

University of Maryland St. Joseph 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 |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------|
| UM Medical Solutions - Home Infusion | Home Infusion Pharmacy | 825 N. Hammonds Ferry Rd Suite CLinthicum | Unregulated |
| | | | |
| | | Outpatient Laboratory Collection Center | |
| Laboratory Drawing Stations | Laboratory specimens are collected from the following locations and sent to the laboratory at St. Joseph Medical Center | Osler Medical Building Room 103 7600 Osler Drive Towson, Maryland 21204 | Unregulated Service |
| | | Outpatient Laboratory Collection Center | |
| Laboratory Drawing Stations | Laboratory specimens are collected from the following locations and sent to the laboratory at St. Joseph Medical Center | O'Dea Medical Arts Building B Suite 210 7505 Osler Drive Towson, Maryland 21204 | Unregulated Service |
| | | Outpatient Laboratory Collection Center | |
| Laboratory Drawing Stations | Laboratory specimens are collected from the following locations and sent to the laboratory at St. Joseph Medical Center | Professional Centre D Suite 106 120 Sister Pierre Drive Towson, Maryland 21204 | Unregulated Service |
| | | Outpatient Laboratory Collection Center | |
| Laboratory Drawing Stations | Laboratory specimens are collected from the following locations and sent to the laboratory at St. Joseph Medical Center | Towson Medical Associates 7801 York Rd, Suite 102 Towson, MD 21204 | Unregulated Service |
| | | Outpatient Laboratory Collection Center | |
| Laboratory Drawing Stations | Laboratory specimens are collected from the following locations and sent to the laboratory at St. Joseph Medical Center | Health Park at Hereford 14A Mt. Carmel Rd Parkton, MD 21120 | Unregulated Service |
| | | | |
| | | | |
| Radiation Therapy | Radiation treatments provided to oncology patients | The Cancer Institute, Building A 7501 Osler Drive Towson, Maryland 21204 | Regulated Service |

SUPPLEMENTAL SCHEDULE 8

Gross Patient Revenue Reconciliation

For The Fiscal Year Ended June 30, 2019

Institution Name: University of Maryland St. Joseph Medical Center

Institution Number: 210063

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 | \$ 240,255 | \$ 132,839 | \$ 373,094 |
| 2 | Total Out-State Revenue | \$ 10,159 | \$ 5,921 | \$ 16,080 |
| 3 | Total Gross Patient Revenue | \$ 250,413 | \$ 138,760 | \$ 389,174 |

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 | \$ 113,941 | \$ 3,771 | \$ 47,144 | \$ 166,837 |
| 5 | Medicare Non-FFS Revenue | \$ 12,407 | \$ 602 | \$ 3,997 | \$ 17,362 |
| 6 | Total Medicare Revenue | \$ 126,348 | \$ 4,373 | \$ 51,141 | \$ 184,199 |

SUPPLEMENTAL SCHEDULE 9

UR6-A

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

INSTITUTION NAME: University of Maryland St. Joseph Medical Center

FISCAL YEAR

6/30/2019

INSTITUTION NUMBER: 210063

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

Instructions:

1) Enter the appropriate code and description for each physician type at the hospital, with separate lines for hospital vs. non-hospital based physicians.

A directory of codes and description can be found below.

If your hospital has both hospital and non-hospital based physicians in the same category, use one line for hospital based and a separate line for non-hospital based physicians.

2) Enter expenses and revenues in thousands, rounded to one decimal place.

3) Indicate "Yes" or "No" in the "Hospital Based" column for the line in question.

For the purposes of this report, only House Staff, Pathologists, Radiologists, and Anesthesiologists can be considered "Hospital Based."

4) Enter the FTEs for each line. FTEs should be rounded to one decimal place.

5) Verify that the data entered matches Schedule UR6 using the check at the bottom of this schedule.

| COL. 1 | COL. 2 | COL. 3 | COL. 4 | COL. 5 | COL. 6 | COL. 7 | COL. 8 |
|--------------|-------------------------|--------------------|----------------|----------------|---------|-----------------|------------|
| Code | Physician Description | Wages, Salaries, & | | Total Expenses | Revenue | Hospital Based | FTEs |
| | | Fringe Benefits | Other Expenses | | | | |
| 2 | General Surgery | \$ 43.8 | \$ 1,191.0 | \$ 1,234.8 | \$ - | No | \$ 0.2 |
| 5 | Anesthesiology | \$ 65.5 | \$ 1,780.0 | 1,845.5 | - | No | \$ 0.3 |
| 1 | General Practice | \$ 221.6 | \$ 6,021.8 | 6,243.3 | - | No | \$ 1.1 |
| 30 | Diagnostic Radiology | \$ - | \$ - | - | - | No | \$ - |
| 6 | Cardiology | \$ 72.5 | \$ 1,969.2 | 2,041.7 | - | No | \$ 0.4 |
| 78 | Cardiac Surgery | \$ 36.4 | \$ 989.6 | 1,026.0 | - | No | \$ 0.2 |
| 93 | Emergency Medicine | \$ 80.9 | \$ 62.1 | 143.1 | - | No | \$ 0.0 |
| 81 | Critical Care Medicine | \$ 68.1 | \$ 1,850.7 | 1,918.8 | - | No | \$ 0.3 |
| 11 | Internal | \$ 324.4 | \$ 6,980.7 | 7,305.1 | - | No | \$ 1.3 |
| 16 | Obstetrics & Gynecology | \$ 113.6 | \$ 3,390.5 | 3,504.1 | - | No | \$ 0.6 |
| 26 | Psychiatry | \$ 59.1 | \$ 1,607.4 | 1,666.6 | - | No | \$ 0.3 |
| 90 | Medical Oncology | \$ 58.8 | \$ 1,599.0 | 1,657.8 | - | No | \$ 0.3 |
| 91 | Surgical Oncology | \$ 16.8 | \$ 457.9 | 474.7 | - | No | \$ 0.1 |
| 37 | Pediatric Medicine | \$ 0.2 | \$ 4.2 | 4.3 | - | No | \$ 0.0 |
| 13 | Neurology | \$ 3.8 | \$ 102.5 | 106.2 | - | No | \$ 0.0 |
| 72 | Pain Management | \$ 0.8 | \$ 23.0 | 23.8 | - | No | \$ 0.0 |
| zz | Other* | \$ 72.4 | \$ 1,968.5 | 2,041.0 | - | No | \$ 0.4 |
| 20 | Orthopedic Surgery | \$ 187.7 | \$ 5,100.6 | 5,288.3 | - | No | \$ 1.0 |
| | | | | - | | | |
| | | | | - | | | |
| | | | | - | | | |
| | | | | - | | | |
| | | | | - | | | |
| | | | | - | | | |
| | | | | - | | | |
| Total | | \$ 1,426.4 | \$ 35,098.8 | \$ 36,525.2 | \$ - | Combined | 6.6 |