

UM SHORE MEDICAL CENTER AT DORCHESTER

**HEALTH SERVICES COST REVIEW
COMMISSION**

RATE REVIEW SYSTEM

FOR THE FISCAL YEAR ENDED JUNE 30, 2019

INPATIENTS AND PATIENT DAYS

V1

INSTITUTION NAME: UM Shore Medical Center at Dorchester

FISCAL YEAR

6/30/2019

INSTITUTION NUMBER: 210010

| | | | 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 | 605 | 4,081 | 0 | 6.7 | 12 | 0.932 |
| D02 | PED | Pediatric Acute | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D03 | PSY | Psychiatric Acute | 553 | 3,995 | 0 | 7.2 | 24 | 0.456 |
| D04 | OBS | Obstetrics Acute | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D05 | DEF | Definitive Observation | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D06 | MIS | Med/Surg Intensive Care | 413 | 124 | 0 | 0.3 | 6 | 0.057 |
| D07 | CCU | Coronary Care | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D08 | PIC | Pediatric Intensive Care | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D09 | NEO | Neonatal Intensive Care | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D10 | BUR | Burn Care | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D11 | PSI | Psychiatric Intensive Care | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D12 | TRM | Shock Trauma | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D13 | ONC | Oncology | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D16 | ECF | Skilled Nursing Care | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D17 | CRH | Chronic Care | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D52 | ADD | Adolescent Dual Diagnosed | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D54 | RHB | Rehabilitation | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D70 | PAD | Psychiatric Adult | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D71 | PCD | Psychiatric Child/Adolescent | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D73 | PSG | Psychiatric Geriatric | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| D82 | PSD | Pediatric Step-Down | 0 | 0 | 0 | 0.0 | 0 | 0.000 |
| SUBTOTAL | | | 1,571 | 8,200 | 0 | 5.2 | 42 | 0.535 |
| D14 | NUR | Newborn Nursery | 0 | 0 | 0 | 0.0 | 0 | |
| D15 | PRE | Premature Nursery | 0 | 0 | 0 | 0.0 | 0 | |
| TOTAL | | | 1,571 | 8,200 | 0 | 5.2 | 42 | 0.535 |

OUTPATIENT VISITS

V2

INSTITUTION NAME: UM Shore Medical Center at Dorchester

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210010

| | | | COL. 1 | COL. 2 | COL. 3 | COL. 4 | COL. 5 | COL. 6 |
|--------------------|--------|-------------------------|------------------|-------------------|---------------|----------------|-----------------|---------------|
| REPORTING SCHEDULE | | CENTER | INPATIENT VISITS | OUTPATIENT VISITS | TOTAL VISITS | INPATIENT RVUS | OUTPATIENT RVUS | TOTAL RVUS |
| | | | RECORDS | RECORDS | COL 1 + COL 2 | RECORDS | RECORDS | COL 4 + COL 5 |
| D18 | EMG | Emergency Services | 1,815 | 14,415 | 16,230 | 17,074 | 160,763 | 177,837 |
| D19 | CL | Clinical Services | 3 | 3,313 | 3,316 | 10 | 12,616 | 12,626 |
| D20 | PDC | Psych. Day & Night Care | 0 | 586 | 586 | | | |
| D22 | SDS | Same Day Surgery | 0 | 344 | 344 | | | |
| D50 | FSE | Free Standing Emergency | 0 | 0 | 0 | | | |
| D55 | OBV | Observation | 83 | 638 | 721 | 2,693 | 20,789 | 23,482 |
| D58 | OCL | Oncology O/P Clinic | 0 | 0 | 0 | 0 | 0 | 0 |
| D83 | CL-340 | 340B Clinic Services | | | | 0 | 0 | 0 |
| | | | | | | | | |
| | | | | | | | | |
| | TOTAL | | 1,900 | 19,297 | 21,197 | 19,777 | 194,168 | 213,945 |

ANCILLARY SERVICE UNITS

V3

INSTITUTION NAME: UM Shore Medical Center at Dorchester FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210010

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 | 0 | 0 | 0 |
| D24 | OR | Operating Room | Minutes | 4,963 | 28,904 | 33,867 |
| D24A | ORC | Operating Room Clinic | Minutes | 3,823 | 642 | 4,465 |
| D25 | ANS | Anesthesiology | Minutes | 4,963 | 28,858 | 33,821 |
| D28 | LAB | Laboratory Services | MD RVUs | 486,248 | 1,130,521 | 1,616,769 |
| D30 | EKG | Electrocardiography | 1974 California RV | 18,603 | 28,193 | 46,796 |
| D31 | IRC | Interventional Radiology / Cardiovascular | MD RVUs | 158 | 0 | 158 |
| D32 | RAD | Radiology-Diagnostic | HSCRC RVUs | 11,853 | 162,661 | 174,514 |
| D33 | CAT | CT Scanner | HSCRC RVUs | 28,337 | 194,999 | 223,336 |
| D34 | RAT | Radiology-Therapeutic | MD RVUs | 0 | 0 | 0 |
| D35 | NUC | Nuclear Medicine | HSCRC RVUs | 1,913 | 2,772 | 4,685 |
| D36 | RES | Respiratory Therapy | MD RVUs | 359,155 | 113,134 | 472,289 |
| D37 | PUL | Pulmonary Function Testing | MD RVUs | 0 | 0 | 0 |
| D38 | EEG | Electroencephalography | 1974 California RV | 969 | 12,065 | 13,034 |
| D39 | PTH | Physical Therapy | MD RVUs | 20,631 | 6,196 | 26,827 |
| D40 | OTH | Occupational Therapy | MD RVUs | 10,756 | 3,246 | 14,002 |
| D41 | STH | Speech Language Pathology | MD RVUs | 4,682 | 505 | 5,187 |
| D42 | REC | Recreational Therapy | Treatments | 0 | 0 | 0 |
| D43 | AUD | Audiology | MD RVUs | 0 | 0 | 0 |
| D44 | OPM | Other Physical Medicine | Treatments | 0 | 0 | 0 |
| D45 | RDL | Renal Dialysis | Treatments | 90 | 25 | 115 |
| 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 | 5,877 | 48,686 | 54,563 |
| D53 | LIT | Lithotripsy | # of Procedures | 0 | 0 | 0 |
| D56 | AMR | Ambulance Services-Rebundled | HSCRC RVUs | 3,263 | 0 | 3,263 |
| 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: UM Shore Medical Center at Dorchester FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210010

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

INPATIENT DATA - BASE YEAR

COL. 1

COL. 2

| | | | | |
|---|---|-----------------|----------|---|
| A | GROSS INPATIENT REVENUE | RECORDS, BUDGET | 20,077.6 | A |
| B | INPATIENT GRANT REVENUE | RECORDS, BUDGET | 0.0 | B |
| C | TOTAL INPATIENT REVENUE * | A + B | 20,077.6 | C |
| D | TOTAL INPATIENT DAYS (IPDs) (EXCLUDING NURSERY) | SCHD V 1 D | 8,200 | D |
| E | INPATIENT UNIT REVENUE | C / D | 2,448.49 | E |
| F | GROSS OUTPATIENT REVENUE | RECORDS, BUDGET | 25,118.9 | F |
| G | OUTPATIENT GRANT REVENUE | RECORDS, BUDGET | 0.0 | G |
| H | TOTAL OUTPATIENT REVENUE * | F + G | 25,118.9 | H |
| I | TOTAL OUTPATIENT VISITS | SCH V 2 B | 20,853 | I |
| J | OUTPATIENT UNIT REVENUE | H / I | 1,204.57 | J |
| K | INPATIENT - OUTPATIENT UNIT REVENUE RATIO | E / J | 2.03267 | K |
| L | INPATIENT EQUIVALENT OF OUTPATIENT VISITS | I / K | 10,259 | L |
| M | EQUIVALENT INPATIENT DAYS (EIPDs) | D + L | 18,459 | M |

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

| | | | | |
|---|---|-----------|-----------|---|
| N | TOTAL INPATIENT ADMISSIONS | SCH V 1 D | 1,571 | N |
| O | INPATIENT UNIT REVENUE | C / N | 12,780.13 | O |
| P | OUTPATIENT UNIT REVENUE | H / I | 1,204.57 | P |
| Q | INPATIENT - OUTPATIENT UNIT REVENUE RATIO | O / P | 10.60970 | Q |
| R | INPATIENT EQUIVALENT OF OUTPATIENT VISITS | I / Q | 1,965 | R |
| S | EQUIVALENT INPATIENT ADMISSIONS (EIPAs) | N + R | 3,536 | U |

UNASSIGNED EXPENSES

UA

INSTITUTION NAME: UM Shore Medical Center at Dorchester

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210010

| | 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 | 949.1 | (165.6) | 82.3 | 865.8 | 2,688.8 | 316.3 | 66.9 | 0.0 | 257.9 | 4,195.7 | A |
| B | ALLOC. TO AUX. ENTERPRISES & UNREGULATED SERVICES | RECORDS | 0.0 | 0.0 | 0.0 | 0.0 | (67.7) | (80.3) | 0.0 | 0.0 | 0.0 | (148.0) | B |
| C | FISCAL YEAR EXP. - ADJUSTED | A + B | 949.1 | (165.6) | 82.3 | 865.8 | 2,621.1 | 236.0 | 66.9 | 0.0 | 257.9 | 4,047.7 | C |

HOSPITAL BASED PHYSICIANS

P1 A

INSTITUTION NAME: UM Shore Medical Center at Dorchester FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210010

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

| COST CENTER | CODE | Research | Chief of Medical Staff | Medical Care Review | Administration & Supervision | Part B Services | EDUCATION | TOTAL | | |
|-------------|---|----------|------------------------|---------------------|------------------------------|-----------------|-----------|-------|---------|-----|
| | | | | | | | | | | |
| A1 | Medical Staff Administration | MSA | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A1 |
| A2 | Med/Surg Acute | MSG | 0.0 | 0.0 | 0.0 | 5.0 | 0.0 | 0.0 | 5.0 | 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 | 77.3 | 252.2 | 0.0 | 329.5 | A4 |
| A5 | Obstetrics Acute | OBS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A5 |
| A6 | Definitive Observation | DEF | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A6 |
| A7 | Med/Surg Intensive Care | MIS | 0.0 | 0.0 | 0.0 | 0.3 | 0.0 | 0.0 | 0.3 | 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 | 0.0 | 0.0 | 0.0 | 0.0 | A10 |
| A11 | Burn Care | BUR | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 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 | 0.0 | 1,189.8 | 0.0 | 1,189.8 | A18 |
| A19 | Clinical Services | CL | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A19 |
| A20 | Psych. Day & Night Care | PDC | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 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 | 0.0 | 72.0 | 0.0 | 72.0 | 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 | 0.0 | 571.3 | 0.0 | 571.3 | A26 |
| A27 | Laboratory Services | LAB | 0.0 | 0.0 | 0.0 | 0.0 | 113.8 | 0.0 | 113.8 | 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 | 0.0 | 145.3 | 0.0 | 145.3 | 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 | 0.0 | 0.0 | 0.0 | 0.0 | A34 |

HOSPITAL BASED PHYSICIANS

P1 B

INSTITUTION NAME: UM Shore Medical Center at Dorchester FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210010

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

| | | | | | | | | | | |
|---|--------|---------|-----|-----|-----|------|---------|-----|---------|---|
| B | TOTALS | /////// | 0.0 | 0.0 | 0.0 | 82.6 | 2,344.5 | 0.0 | 2,427.1 | B |
|---|--------|---------|-----|-----|-----|------|---------|-----|---------|---|

Reporting Schedule

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

PHYSICIANS PART B SERVICES

P2 A

INSTITUTION NAME: UM Shore Medical Center at Dorchester

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210010

| | | COL. 1 | COL. 2 | COL. 3 | COL. 4 | COL. 5 | COL. 6 | COL. 7 | | |
|-------------------------|---------------------------------|----------------|-----------------|-------------------|------------------|------------------------|-------------------------|---------------|-----|---|
| SOURCE | | MED/SURG ACUTE | PEDIATRIC ACUTE | PSYCHIATRIC ACUTE | OBSTETRICS ACUTE | DEFINITIVE OBSERVATION | MED/SURG INTENSIVE CARE | CORONARY CARE | | |
| | | D01 MSG | D02 PED | D03 PSY | D04 OBS | D05 DEF | D06 MIS | D07 CCU | | |
| FISCAL YEAR DATA | | | | | | | | | | |
| A | FISCAL YEAR EXPENSES | SCH P1A,P1B | 0.0 | 0.0 | 252.2 | 0.0 | 0.0 | 0.0 | 0.0 | A |
| B | ALLOC. FROM CAFE, PARKING, ETC. | SCH. OAC | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | B |
| C | DONATED SERVICES | RECORDS | | | | | | | | C |
| D | FISCAL YEAR EXPENSES ADJUSTED | A+B+C | 0.0 | 0.0 | 252.2 | 0.0 | 0.0 | 0.0 | 0.0 | D |

| INFLATION FACTORS | | | | | | | | | | |
|--------------------------|------------------|-------|--|--|--|--|--|--|--|---|
| E | INFLATION FACTOR | HSCRC | | | | | | | | E |

| FTE DATA | | | | | | | | | | |
|-----------------|------------------------------------|---------|-----|-----|-----|-----|-----|-----|-----|---|
| J | ADJ. FISCAL YEAR HOURS WORKED/2080 | RECORDS | 1.7 | 0.0 | 2.0 | 0.0 | 0.0 | 0.1 | 0.0 | F |

| | | COL. 1 | COL. 2 | COL. 3 | COL. 4 | COL. 5 | COL. 6 | COL. 7 | | |
|-------------------------|---------------------------------|--------------------------|-------------------------|------------|----------------------------|--------------|------------|-----------------|-----|---|
| SOURCE | | PEDIATRIC INTENSIVE CARE | NEONATAL INTENSIVE CARE | BURN CARE | PSYCHIATRIC INTENSIVE CARE | SHOCK TRAUMA | ONCOLOGY | NEWBORN NURSERY | | |
| | | D08 PIC | D09 NEO | D10 BUR | D11 PSI | D12 TRM | D13 ONC | D14 NUR | | |
| FISCAL YEAR DATA | | | | | | | | | | |
| A | FISCAL YEAR EXPENSES | SCH P1A,P1B | 0 | 0 | 0 | 0 | 0 | 0 | 0 | A |
| B | ALLOC. FROM CAFE, PARKING, ETC. | SCH. OAC,D | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | B |
| C | DONATED SERVICES | RECORDS | | | | | | | | C |
| D | FISCAL YEAR EXPENSES ADJUSTED | A+B+C | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | D |

| INFLATION FACTORS | | | | | | | | | | |
|--------------------------|------------------|-------|--|--|--|--|--|--|--|---|
| E | INFLATION FACTOR | HSCRC | | | | | | | | E |

| FTE DATA | | | | | | | | | | |
|-----------------|------------------------------------|---------|-----|-----|-----|-----|-----|-----|-----|---|
| J | ADJ. FISCAL YEAR HOURS WORKED/2080 | RECORDS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | F |

PHYSICIANS PART B SERVICES

P2 B

INSTITUTION NAME: UM Shore Medical Center at Dorchester

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210010

| | | COL. 1 | COL. 2 | COL. 3 | COL. 4 | COL. 5 | COL. 6 | COL. 7 | | |
|-------------------------|---------------------------------|-------------------|--------------|--------------------|-------------------|-------------------------|--------------------------|------------------|-----|---|
| SOURCE | | PREMATURE NURSERY | CHRONIC CARE | EMERGENCY SERVICES | CLINICAL SERVICES | PSYCH. DAY & NIGHT CARE | AMBULATORY SURGERY (PBP) | SAME DAY SURGERY | | |
| | | D15 PRE | D17 CRH | D18 EMG | D19 CL | D20 PDC | D21 AMS | D22 SDS | | |
| FISCAL YEAR DATA | | | | | | | | | | |
| A | FISCAL YEAR EXPENSES | SCH P1A,P1B | 0.0 | 0.0 | 1,189.8 | 0.0 | 0.0 | 0.0 | 0.0 | A |
| B | ALLOC. FROM CAFE, PARKING, ETC. | SCH. OAD | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | B |
| C | DONATED SERVICES | RECORDS | | | | | | | | C |
| D | FISCAL YEAR EXPENSES ADJUSTED | A+B+C | 0.0 | 0.0 | 1,189.8 | 0.0 | 0.0 | 0.0 | 0.0 | D |

| INFLATION FACTORS | | | | | | | | | | |
|--------------------------|------------------|-------|--|--|--|--|--|--|--|---|
| E | INFLATION FACTOR | HSCRC | | | | | | | | E |

| FTE DATA | | | | | | | | | | |
|-----------------|------------------------------------|---------|-----|-----|-----|-----|-----|-----|-----|---|
| J | ADJ. FISCAL YEAR HOURS WORKED/2080 | RECORDS | 0.0 | 0.0 | 2.1 | 0.0 | 0.0 | 0.0 | 0.0 | F |

| | | COL. 1 | COL. 2 | COL. 3 | COL. 4 | COL. 5 | COL. 6 | COL. 7 | | |
|-------------------------|---------------------------------|---------------------------|----------------|-----------------------|----------------|---------------------|---------------------|---|-------|---|
| SOURCE | | LABOR & DELIVERY SERVICES | OPERATING ROOM | OPERATING ROOM CLINIC | ANESTHESIOLOGY | LABORATORY SERVICES | ELECTROCARDIOGRAPHY | INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR | | |
| | | D23 DEL | D24 OR | D24a ORC | D25 ANS | D28 LAB | D30 EKG | D31 IRC | | |
| FISCAL YEAR DATA | | | | | | | | | | |
| A | FISCAL YEAR EXPENSES | SCH P1A,P1B | 0.0 | 72.0 | 0.0 | 571.3 | 113.8 | 0.0 | 145.3 | A |
| B | ALLOC. FROM CAFE, PARKING, ETC. | SCH. OAD | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | B |
| C | DONATED SERVICES | RECORDS | | | | | | | | C |
| D | FISCAL YEAR EXPENSES ADJUSTED | A+B+C | 0.0 | 72.0 | 0.0 | 571.3 | 113.8 | 0.0 | 145.3 | D |

| INFLATION FACTORS | | | | | | | | | | |
|--------------------------|------------------|-------|--|--|--|--|--|--|--|---|
| E | INFLATION FACTOR | HSCRC | | | | | | | | E |

| FTE DATA | | | | | | | | | | |
|-----------------|------------------------------------|---------|-----|-----|-----|-----|-----|-----|-----|---|
| J | ADJ. FISCAL YEAR HOURS WORKED/2080 | RECORDS | 0.0 | 0.2 | 0.0 | 1.7 | 0.3 | 0.0 | 0.4 | F |

PHYSICIANS PART B SERVICES

INSTITUTION NAME: UM Shore Medical Center at Dorchester

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210010

| | | COL. 1 | COL. 2 | COL. 3 | COL. 4 | COL. 5 | COL. 6 | COL. 7 | | |
|-------------------------|---------------------------------|----------------------|------------|-----------------------|------------------|---------------------|----------------------------|------------------------|-----|---|
| SOURCE | | RADIOLOGY-DIAGNOSTIC | CT SCANNER | RADIOLOGY-THERAPEUTIC | NUCLEAR MEDICINE | RESPIRATORY THERAPY | PULMONARY FUNCTION TESTING | ELECTROENCEPHALOGRAPHY | | |
| | | D32 RAD | D33 CAT | D34 RAT | D35 NUC | D36 RES | D37 PUL | D38 EEG | | |
| FISCAL YEAR DATA | | | | | | | | | | |
| A | FISCAL YEAR EXPENSES | SCH P1A,P1B | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A |
| B | ALLOC. FROM CAFE, PARKING, ETC. | SCH. OAD | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | B |
| C | DONATED SERVICES | RECORDS | | | | | | | | C |
| D | FISCAL YEAR EXPENSES ADJUSTED | A+B+C | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | D |

| INFLATION FACTORS | | | | | | | | | | |
|--------------------------|------------------|-------|--|--|--|--|--|--|--|---|
| E | INFLATION FACTOR | HSCRC | | | | | | | | E |

| FTE DATA | | | | | | | | | | |
|-----------------|------------------------------------|---------|-----|-----|-----|-----|-----|-----|-----|---|
| J | ADJ. FISCAL YEAR HOURS WORKED/2080 | RECORDS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | F |

| | | COL. 1 | COL. 2 | COL. 3 | COL. 4 | COL. 5 | COL. 6 | COL. 7 | | |
|-------------------------|---------------------------------|------------------|----------------------|---------------------------|----------------------|------------|-------------------------|----------------|-----|---|
| SOURCE | | PHYSICAL THERAPY | OCCUPATIONAL THERAPY | SPEECH LANGUAGE PATHOLOGY | RECREATIONAL THERAPY | AUDIOLOGY | OTHER PHYSICAL MEDICINE | RENAL DIALYSIS | | |
| | | D39 PTH | D40 OTH | D41 STH | D42 REC | D43 AUD | D44 OPM | D45 RDL | | |
| FISCAL YEAR DATA | | | | | | | | | | |
| A | FISCAL YEAR EXPENSES | SCH P1A,P1B | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A |
| B | ALLOC. FROM CAFE, PARKING, ETC. | SCH. OAD | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | B |
| C | DONATED SERVICES | RECORDS | | | | | | | | C |
| D | FISCAL YEAR EXPENSES ADJUSTED | A+B+C | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | D |

| INFLATION FACTORS | | | | | | | | | | |
|--------------------------|------------------|-------|--|--|--|--|--|--|--|---|
| E | INFLATION FACTOR | HSCRC | | | | | | | | E |

| FTE DATA | | | | | | | | | | |
|-----------------|------------------------------------|---------|-----|-----|-----|-----|-----|-----|-----|---|
| J | ADJ. FISCAL YEAR HOURS WORKED/2080 | RECORDS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | F |

PHYSICIANS PART B SERVICES

P2 D

INSTITUTION NAME: UM Shore Medical Center at Dorchester

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210010

| | | COL. 1 | COL. 2 | COL. 3 | COL. 4 | COL. 5 | COL. 6 | COL. 7 | | |
|-------------------------|---------------------------------|-------------------|--------------------|---------------|--------------------|-------------------------|----------------------------|---------------------------|-----|---|
| SOURCE | | ORGAN ACQUISITION | AMBULATORY SURGERY | LEUKOPHERESIS | HYPERBARIC CHAMBER | FREE STANDING EMERGENCY | MAGNETIC RESONANCE IMAGING | ADOLESCENT DUAL DIAGNOSED | | |
| | | D46 OA | D47 AOR | D48 LEU | D49 HYP | D50 FSE | D51 MRI | D52 ADD | | |
| FISCAL YEAR DATA | | | | | | | | | | |
| A | FISCAL YEAR EXPENSES | SCH P1A,P1B | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A |
| B | ALLOC. FROM CAFE, PARKING, ETC. | SCH. OAC-H | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | B |
| C | DONATED SERVICES | RECORDS | | | | | | | | C |
| D | FISCAL YEAR EXPENSES ADJUSTED | A+B+C | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | D |

| INFLATION FACTORS | | | | | | | | | | |
|--------------------------|------------------|-------|--|--|--|--|--|--|--|---|
| E | INFLATION FACTOR | HSCRC | | | | | | | | E |

| FTE DATA | | | | | | | | | | |
|-----------------|------------------------------------|---------|-----|-----|-----|-----|-----|-----|-----|---|
| J | ADJ. FISCAL YEAR HOURS WORKED/2080 | RECORDS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | F |

| | | COL. 1 | COL. 2 | COL. 3 | COL. 4 | COL. 5 | COL. 6 | COL. 7 | | |
|-------------------------|---------------------------------|-------------|----------------|-------------|--------------------------------------|---------------------|------------------------------|-------------------|-----|---|
| SOURCE | | LITHOTRIPSY | REHABILITATION | OBSERVATION | TRANSURETHAL MICROWAVE THERMOTHERAPY | ONCOLOGY O/P CLINIC | TRANSURETHAL NEEDLE ABLATION | PSYCHIATRIC ADULT | | |
| | | D53 LIT | D54 RHB | D55 OBV | D57 TMT | D58 OCL | D59 TNA | D70 PAD | | |
| FISCAL YEAR DATA | | | | | | | | | | |
| A | FISCAL YEAR EXPENSES | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A |
| B | ALLOC. FROM CAFE, PARKING, ETC. | OOA-OOI | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | B |
| C | DONATED SERVICES | RECORDS | | | | | | | | C |
| D | FISCAL YEAR EXPENSES ADJUSTED | A+B+C | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | D |

| INFLATION FACTORS | | | | | | | | | | |
|--------------------------|------------------|-------|--|--|--|--|--|--|--|---|
| E | INFLATION FACTOR | HSCRC | | | | | | | | E |

| FTE DATA | | | | | | | | | | |
|-----------------|------------------------------------|---------|-----|-----|-----|-----|-----|-----|-----|---|
| J | ADJ. FISCAL YEAR HOURS WORKED/2080 | RECORDS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | F |

PHYSICIANS PART B SERVICES

P2 E

INSTITUTION NAME: UM Shore Medical Center at Dorchester

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210010

| | | COL. 1 | COL. 2 | COL. 3 | COL. 4 | COL. 5 | COL. 6 | COL. 7 | | |
|-------------------------|---------------------------------|------------------------------|-----------------------|----------------------|-----------------|------------------|-----------------------|------------|-----|---|
| SOURCE | | PSYCHIATRIC CHILD/ADOLESCENT | PSYCHIATRIC GERIATRIC | INDIVIDUAL THERAPIES | GROUP THERAPIES | FAMILY THERAPIES | PSYCHOLOGICAL TESTING | EDUCATION | | |
| | | D71 PCD | D73 PSG | D74 ITH | D75 GTH | D76 FTH | D77 PST | D78 PSE | | |
| FISCAL YEAR DATA | | | | | | | | | | |
| A | FISCAL YEAR EXPENSES | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A |
| B | ALLOC. FROM CAFE, PARKING, ETC. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | B |
| C | DONATED SERVICES | RECORDS | | | | | | | | C |
| D | FISCAL YEAR EXPENSES ADJUSTED | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | D |

| INFLATION FACTORS | | | | | | | | | | |
|--------------------------|------------------|-------|--|--|--|--|--|--|--|---|
| E | INFLATION FACTOR | HSCRC | | | | | | | | E |

| FTE DATA | | | | | | | | | | |
|-----------------|------------------------------------|---------|-----|-----|-----|-----|-----|-----|-----|---|
| J | ADJ. FISCAL YEAR HOURS WORKED/2080 | RECORDS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | F |

| | | COL. 1 | COL. 2 | COL. 3 | COL. 4 | COL. 5 | COL. 6 | COL. 7 | | |
|-------------------------|---------------------------------|-----------------|---------------------------|--------------------|---------------------|----------------------|------------------------------|-------------------------|-----|---|
| SOURCE | | OTHER THERAPIES | ELECTROCONVULSIVE THERAPY | ACTIVITY THERAPIES | PEDIATRIC STEP-DOWN | 340B CLINIC SERVICES | 340B RADIOLOGY - THERAPEUTIC | 340B OR CLINIC SERVICES | | |
| | | D79 OPT | D80 ETH | D81 ATH | D82 PSD | D83 CL-340 | D84 RAT-340 | D85 ORC-340 | | |
| FISCAL YEAR DATA | | | | | | | | | | |
| A | FISCAL YEAR EXPENSES | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | A |
| B | ALLOC. FROM CAFE, PARKING, ETC. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | B |
| C | DONATED SERVICES | RECORDS | | | | | | | | C |
| D | FISCAL YEAR EXPENSES ADJUSTED | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | D |

| INFLATION FACTORS | | | | | | | | | | |
|--------------------------|------------------|-------|--|--|--|--|--|--|--|---|
| E | INFLATION FACTOR | HSCRC | | | | | | | | E |

| FTE DATA | | | | | | | | | | |
|-----------------|------------------------------------|---------|-----|-----|-----|-----|-----|-----|-----|---|
| J | ADJ. FISCAL YEAR HOURS WORKED/2080 | RECORDS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | F |

PHYSICIANS PART B SERVICES

P2 F

INSTITUTION NAME: UM Shore Medical Center at Dorchester

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210010

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

D86 LAB-340 D87 CDS-340

FISCAL YEAR DATA

| | | | | | | | | | |
|---|---------------------------------|---------|-----|-----|--|--|--|---------|---|
| A | FISCAL YEAR EXPENSES | | 0.0 | 0.0 | | | | 2,344.5 | A |
| B | ALLOC. FROM CAFE, PARKING, ETC. | OOA-OOI | 0.0 | 0.0 | | | | 0.0 | B |
| C | DONATED SERVICES | RECORDS | | | | | | 0.0 | C |
| D | FISCAL YEAR EXPENSES ADJUSTED | A+B+C | 0.0 | 0.0 | | | | 2,344.5 | D |

INFLATION FACTORS

| | | | | | | | | | |
|---|------------------|-------|--|--|--|--|--|--|---|
| E | INFLATION FACTOR | HSCRC | | | | | | | E |
|---|------------------|-------|--|--|--|--|--|--|---|

FTE DATA

| | | | | | | | | | |
|---|------------------------------------|---------|-----|-----|--|--|--|-----|---|
| J | ADJ. FISCAL YEAR HOURS WORKED/2080 | RECORDS | 0.0 | 0.0 | | | | 8.6 | F |
|---|------------------------------------|---------|-----|-----|--|--|--|-----|---|

AUXILIARY ENTERPRISES

DPO

E03

INSTITUTION NAME: UM Shore Medical Center at Dorchester FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210010

| | | |
|---|-------------|-------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | Sq Feet | 6,450 |

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

Doctor's Private Office Rent

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

FISCAL YEAR DATA

| | | | | | | | |
|-----|--|-------------|----------|-------|-------|---------|-----|
| B | FISCAL YEAR EXPENSES | RECORDS | 0.0 | 26.8 | 26.8 | XXXXX | B |
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH OA | 0.0 | XXXXX | 0.0 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTER | //////// | XXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COL. 5 COST CENTER | COL. 6 CODE | //////// | XXXXX | XXXXX | XXXXX | /// |
| D01 | Depreciation & Amortization | DEP | 0.0 | 67.7 | 67.7 | XXXXX | D01 |
| D02 | Laundry & Linen | LL | 0.0 | 1.7 | 1.7 | XXXXX | D02 |
| D03 | Plant Operations | POP | 1.0 | 27.0 | 28.0 | 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 | 1.0 | 123.2 | 124.2 | 0.01925 | G |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|--------------------------|---------|-------|-------|--------|-------|---|
| H | FISCAL YEAR REVENUE | RECORDS | XXXXX | XXXXX | 83.8 | XXXXX | H |
| I | PROFIT (LOSS) | G - F | XXXXX | XXXXX | (40.4) | XXXXX | I |
| J | AMOUNT TREATED AS FRINGE | RECORDS | XXXXX | XXXXX | 0.0 | XXXXX | J |
| K | AMOUNT TREATED AS OFC | H - I | XXXXX | XXXXX | (40.4) | XXXXX | K |

FTE DATA

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

AUXILIARY ENTERPRISES

CAF

E07

INSTITUTION NAME: UM Shore Medical Center at Dorchester FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210010

| | | |
|---|-----------------|-------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | Eq. Meals Serve | 25,955 |

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 | 412.3 | 229.2 | 641.5 | 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 | Housekeeping | HKP | 34.4 | 10.4 | 44.9 | XXXXX | D01 |
| D02 | Plant Operations | POP | 21.9 | 29.2 | 51.2 | 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 | 468.7 | 268.9 | 737.6 | 0.02842 | G |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|--------------------------|---------|-------|-------|---------|-------|---|
| H | FISCAL YEAR REVENUE | RECORDS | XXXXX | XXXXX | 86.6 | XXXXX | H |
| I | PROFIT (LOSS) | G - F | XXXXX | XXXXX | (651.0) | XXXXX | I |
| J | AMOUNT TREATED AS FRINGE | RECORDS | XXXXX | XXXXX | 0.0 | XXXXX | J |
| K | AMOUNT TREATED AS OFC | H - I | XXXXX | XXXXX | (651.0) | XXXXX | K |

FTE DATA

| | | | | | | | |
|---|-------------------------------|---------|------|--|--|--|---|
| S | FISCAL YEAR HOURS WORKED/2080 | RECORDS | 10.6 | | | | S |
|---|-------------------------------|---------|------|--|--|--|---|

OTHER INSTITUTIONAL PROGRAMS

RNS

F02

INSTITUTION NAME: UM Shore Medical Center at Dorchester

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210010

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

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

Nursing Education

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

FISCAL YEAR DATA

| | | | | | | | |
|-----|--|-------------|-------|-------|-------|---------|-----|
| B | FISCAL YEAR EXPENSES | RECORDS | 108.5 | 0.1 | 108.6 | XXXXX | B |
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH OA | 0.0 | XXXX | 0.0 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTER | //// | XXXXX | XXXX | XXXXX | XXXXX | D |
| /// | COL. 5 COST CENTER | COL. 6 CODE | //// | XXXXX | XXXX | XXXXX | |
| D01 | | | | | 0.0 | XXXXX | D01 |
| D02 | | | | | 0.0 | XXXXX | D02 |
| D03 | | | | | 0.0 | XXXXX | D03 |
| D04 | | | | | 0.0 | XXXXX | D04 |
| D05 | | | | | 0.0 | XXXXX | D05 |
| D06 | | | | | 0.0 | XXXXX | D06 |
| D07 | | | | | 0.0 | XXXXX | D07 |
| D08 | | | | | 0.0 | XXXXX | D08 |
| D09 | | | | | 0.0 | XXXXX | D09 |
| D10 | | | | | 0.0 | XXXXX | D10 |
| D11 | | | | | 0.0 | XXXXX | D11 |
| D12 | | | | | 0.0 | XXXXX | D12 |
| D13 | | | | | 0.0 | XXXXX | D13 |
| D14 | | | | | 0.0 | XXXXX | D14 |
| E | CAPITAL FACILITIES ALLOWANCE | SCH H3 | | 0.0 | 0.0 | XXXXX | E |
| F | FISCAL YEAR ADJUSTED EXPENSES | B+C+D | 108.5 | 0.1 | 108.6 | #DIV/0! | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|-------|-------|---------|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXX | XXXXX | 0.0 | XXXXX | G |
| H | PROFIT (LOSS) | F - E | XXXXX | XXXXX | (108.6) | XXXXX | H |

FTE DATA

| | | | | | | | |
|---|-------------------------------|---------|-----|--|--|--|---|
| I | FISCAL YEAR HOURS WORKED/2080 | RECORDS | 1.6 | | | | I |
|---|-------------------------------|---------|-----|--|--|--|---|

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: UM Shore Medical Center at Dorchester
 INSTITUTION NUMBER: 210010
 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 | 289.3 |
| 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 | 529.4 | 1,818.0 | 2,347.4 |
| 2 | DONATED SERVICES & COMMODITIES | RECORDS | 0.0 | 0.0 | 0.0 |
| 3 | FISCAL YEAR ADJUSTED EXPENSES | C1 + C2 | 529.4 | 1,818.0 | 2,347.4 |

| CAFETERIA, PARKING, ETC | | | | | | | | | | | | DATA PROCESSING | |
|-------------------------|------------------------------|---------|-------|------|--------------|--------|-----------------|--------|-------------------------------|----------------|---------------|-------------------------|--|
| /// | DISTRIBUTION OF LOSS PER FTE | LOOK UP | SCHED | CODE | NO. OF FTE'S | COL. 2 | COL. 3 | COL. 4 | COL. 5 | COL. 6 | COL. 7 | COL. 8 | |
| | | | | | | C x D1 | FTE'S ALLOCATED | BASIS | WAGES, SALARIES, & F. BENEFIT | OTHER EXPENSES | DP ALLOCATION | TOTAL ALLOCATED EXPENSE | |
| 1 | DIETARY SERVICES | C01 | C01 | DTY | 7.4 | \$ - | 0.2 | 4.08% | \$ 14.6 | \$ 81.2 | \$ 95.8 | 95.8 | |
| 2 | LAUNDRY & LINEN | C02 | C02 | LL | 0.0 | 0.0 | 0.0 | 1.54% | - | 36.2 | 36.2 | 36.2 | |
| 3 | SOCIAL SERVICES | C03 | C03 | SSS | 3.6 | 0.0 | 0.1 | 0.32% | 7.0 | 0.5 | 7.6 | 7.6 | |
| 4 | PURCHASING & STORES | C04 | C04 | PUR | 1.6 | 0.0 | 0.0 | 0.16% | 3.2 | 0.6 | 3.8 | 3.8 | |
| 5 | PLANT OPERATIONS | C05 | C05 | POP | 20.1 | 0.0 | 0.5 | 26.52% | 40.5 | 582.0 | 622.6 | 622.6 | |
| 6 | HOUSEKEEPING | C06 | C06 | HKP | 16.3 | 0.0 | 0.4 | 4.07% | 34.3 | 61.2 | 95.5 | 95.5 | |
| 7 | CENTRAL SERVICES & SUPPLY | C07 | C07 | CSS | 0.6 | 0.0 | 0.0 | 0.12% | 1.3 | 1.6 | 2.8 | 2.8 | |
| 8 | PHARMACY | C08 | C08 | PHM | 1.0 | 0.0 | 0.0 | 0.15% | 1.9 | 1.6 | 3.5 | 3.5 | |
| 9 | GENERAL ACCOUNTING | C09 | C09 | FIS | 0.0 | 0.0 | 0.0 | 6.27% | - | 147.2 | 147.2 | 147.2 | |
| 10 | PATIENT ACCOUNTS | C10 | C10 | PAC | 18.2 | 0.0 | 0.4 | 11.80% | 37.5 | 239.4 | 277.0 | 277.0 | |
| 11 | HOSPITAL ADMINISTRATION | C11 | C11 | MGT | 12.6 | 0.0 | 0.3 | 5.66% | 25.8 | 107.0 | 132.8 | 132.8 | |
| 12 | MEDICAL RECORDS | C12 | C12 | MRD | 3.9 | 0.0 | 0.1 | 2.48% | 8.1 | 50.1 | 58.2 | 58.2 | |
| 13 | MEDICAL STAFF ADMINISTRATION | C13 | C13 | MSA | 0.6 | 0.0 | 0.0 | 0.17% | 1.1 | 2.8 | 4.0 | 4.0 | |
| 14 | NURSING ADMINISTRATION | C14 | C14 | NAD | 4.5 | 0.0 | 0.1 | 1.47% | 9.2 | 25.4 | 34.6 | 34.6 | |
| 15 | ORGAN ACQUISITION OVERHEAD | C15 | C15 | OAO | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - | |
| 16 | MED/SURG ACUTE | D01 | D01 | MSG | 20.3 | 0.0 | 0.5 | 1.86% | 39.8 | 3.8 | 43.5 | 43.5 | |
| 17 | PEDIATRIC ACUTE | D02 | D02 | PED | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - | |
| 18 | PSYCHIATRIC ACUTE | D03 | D03 | PSY | 36.1 | 0.0 | 0.8 | 3.47% | 70.4 | 10.9 | 81.4 | 81.4 | |
| 19 | OBSTETRICS ACUTE | D04 | D04 | OBS | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - | |
| 20 | DEFINITIVE OBSERVATION | D05 | D05 | DEF | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - | |
| 21 | MED/SURG INTENSIVE CARE | D06 | D06 | MIS | 1.0 | 0.0 | 0.0 | 0.15% | 1.9 | 1.7 | 3.6 | 3.6 | |
| 22 | CORONARY CARE | D07 | D07 | CCU | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - | |
| 23 | PEDIATRIC INTENSIVE CARE | D08 | D08 | PIC | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - | |
| 24 | NEONATAL INTENSIVE CARE | D09 | D09 | NEO | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - | |
| 25 | BURN CARE | D10 | D10 | BUR | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - | |
| 26 | PSYCHIATRIC INTENSIVE CARE | D11 | D11 | PSI | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - | |
| 27 | SHOCK TRAUMA | D12 | D12 | TRM | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - | |
| 28 | ONCOLOGY | D13 | D13 | ONC | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - | |
| 29 | NEWBORN NURSERY | D14 | D14 | NUR | 0.0 | 0.0 | 0.0 | 0.00% | - | - | - | - | |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP B

INSTITUTION NAME: UM Shore Medical Center at Dorchester

INSTITUTION NUMBER: 210010

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 | 31.2 | 0.0 | 0.7 | 2.86% | 61 | 6 | 67 | 67.2 |
| 33 | CLINICAL SERVICES | D19 | D19 | CL | 5.8 | 0.0 | 0.1 | 0.54% | 11 | 1 | 13 | 12.7 |
| 34 | PSYCH. DAY & NIGHT CARE | D20 | D20 | PDC | 2.2 | 0.0 | 0.1 | 0.20% | 4 | 0 | 5 | 4.8 |
| 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 | 3.0 | 0.0 | 0.1 | 0.27% | 6 | 1 | 6 | 6.4 |
| 37 | LABOR & DELIVERY SERVICES | D23 | D23 | DEL | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 38 | OPERATING ROOM | D24 | D24 | OR | 6.5 | 0.0 | 0.1 | 0.72% | 13 | 4 | 17 | 16.9 |
| 39 | OPERATING ROOM CLINIC | D24a | D24a | ORC | 1.3 | 0.0 | 0.0 | 0.11% | 3 | 0 | 3 | 2.5 |
| 40 | ANESTHESIOLOGY | D25 | D25 | ANS | 1.0 | 0.0 | 0.0 | 0.39% | 2 | 7 | 9 | 9.3 |
| 41 | LABORATORY SERVICES | D28 | D28 | LAB | 19.8 | 0.0 | 0.5 | 13.04% | 39 | 267 | 306 | 306.0 |
| 42 | ELECTROCARDIOGRAPHY | D30 | D30 | EKG | 2.8 | 0.0 | 0.1 | 0.29% | 6 | 1 | 7 | 6.7 |
| 43 | INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR | D31 | D31 | IRC | 0.1 | 0.0 | 0.0 | 0.01% | 0 | 0 | 0 | 0.2 |
| 44 | RADIOLOGY-DIAGNOSTIC | D32 | D32 | RAD | 14.0 | 0.0 | 0.3 | 2.74% | 27 | 37 | 64 | 64.4 |
| 45 | CT SCANNER | D33 | D33 | CAT | 6.2 | 0.0 | 0.1 | 1.88% | 12 | 32 | 44 | 44.1 |
| 46 | RADIOLOGY-THERAPEUTIC | D34 | D34 | RAT | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 47 | NUCLEAR MEDICINE | D35 | D35 | NUC | 1.6 | 0.0 | 0.0 | 0.17% | 3 | 1 | 4 | 3.9 |
| 48 | RESPIRATORY THERAPY | D36 | D36 | RES | 7.0 | 0.0 | 0.2 | 1.88% | 14 | 30 | 44 | 44.0 |
| 49 | PULMONARY FUNCTION TESTING | D37 | D37 | PUL | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 50 | ELECTROENCEPHALOGRAPHY | D38 | D38 | EEG | 0.5 | 0.0 | 0.0 | 0.24% | 1 | 5 | 6 | 5.7 |
| 51 | PHYSICAL THERAPY | D39 | D39 | PTH | 1.1 | 0.0 | 0.0 | 0.10% | 2 | 0 | 2 | 2.3 |
| 52 | OCCUPATIONAL THERAPY | D40 | D40 | OTH | 0.5 | 0.0 | 0.0 | 0.04% | 1 | 0 | 1 | 1.0 |
| 53 | SPEECH LANGUAGE PATHOLOGY | D41 | D41 | STH | 0.5 | 0.0 | 0.0 | 0.04% | 1 | 0 | 1 | 0.9 |
| 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 | 1.4 | 0.0 | 0.0 | 0.20% | 3 | 2 | 5 | 4.8 |
| 58 | ORGAN ACQUISITION | D46 | D46 | OA | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 59 | AMBULATORY SURGERY | D47 | D47 | AOR | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 60 | LEUKOPHERESIS | D48 | D48 | LEU | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 61 | HYPERBARIC CHAMBER | D49 | D49 | HYP | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: UM Shore Medical Center at Dorchester

INSTITUTION NUMBER: 210010

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 | 0.9 | 0.0 | 0.0 | 0.33% | 2 | 6 | 8 | 7.7 |
| 64 | ADOLESCENT DUAL DIAGNOSED | D52 | D52 | ADD | 0.0 | 0.0 | 0.0 | 0.00% | 0 | 0 | 0 | - |
| 65 | LITHOTRIPSY | D53 | D53 | LIT | 0.0 | 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 | 11.0 | 0.0 | 0.3 | 1.00% | 22 | 2 | 24 | 23.5 |
| 68 | AMBULANCE SERVICES-REBUNDLED | D56 | D56 | AMR | 0.0 | 0.0 | 0.0 | 2.65% | 0 | 62 | 62 | 62.2 |
| 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 | | | | | | | | - |
| 91 | DOCTOR'S PRIVATE OFFICE RENT | E03 | E03 | DPO | 0.0 | 0.0 | | | | | | - |
| 92 | OFFICE & OTHER RENTAL | E04 | E04 | OOR | 0.0 | 0.0 | | | | | | - |
| 93 | RETAIL OPERATIONS | E05 | E05 | REO | 0.0 | 0.0 | | | | | | - |
| 94 | PATIENTS TELEPHONES | E06 | E06 | PTE | 0.0 | 0.0 | | | | | | - |
| 95 | RESEARCH | F01 | F01 | REG | 0.0 | 0.0 | | | | | | - |
| 96 | NURSING EDUCATION | F02 | F02 | RNS | 1.6 | 0.0 | | | | | | - |
| 97 | OTHER HEALTH PROFESSION EDUCATION | F03 | F03 | OHE | 0.0 | 0.0 | | | | | | - |
| 98 | COMMUNITY HEALTH EDUCATION | F04 | F04 | CHE | 0.0 | 0.0 | | | | | | - |
| 99 | MED/SURG ACUTE | D01 | P2A | MSG | 1.7 | 0.0 | | | | | | - |
| 100 | PEDIATRIC ACUTE | D02 | P2A | PED | 0.0 | 0.0 | | | | | | - |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: UM Shore Medical Center at Dorchester

INSTITUTION NUMBER: 210010

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 | 2.0 | 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 | 0.1 | 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 | 2.1 | 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 | 0.2 | 0.0 | | | | | | - |
| 122 | OPERATING ROOM CLINIC | D24a | P2B | ORC | 0.0 | 0.0 | | | | | | - |
| 123 | ANESTHESIOLOGY | D25 | P2B | ANS | 1.7 | 0.0 | | | | | | - |
| 124 | LABORATORY SERVICES | D28 | P2B | LAB | 0.3 | 0.0 | | | | | | - |
| 125 | ELECTROCARDIOGRAPHY | D30 | P2B | EKG | 0.0 | 0.0 | | | | | | - |
| 126 | INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR | D31 | P2B | IRC | 0.4 | 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: UM Shore Medical Center at Dorchester
 INSTITUTION NUMBER: 210010
 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: UM Shore Medical Center at Dorchester
 INSTITUTION NUMBER: 210010
 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 | 0.0 | 0.0 | | | | | | - |
| 199 | RADIOLOGY-DIAGNOSTIC | D32 | P3 | RAD | 0.0 | 0.0 | | | | | | - |
| 200 | CT SCANNER | D33 | P3 | CAT | 0.0 | 0.0 | | | | | | - |
| 201 | RADIOLOGY-THERAPEUTIC | D34 | P3 | RAT | 0.0 | 0.0 | | | | | | - |
| 202 | NUCLEAR MEDICINE | D35 | P3 | NUC | 0.0 | 0.0 | | | | | | - |
| 203 | RESPIRATORY THERAPY | D36 | P3 | RES | 0.0 | 0.0 | | | | | | - |
| 204 | PULMONARY FUNCTION TESTING | D37 | P3 | PUL | 0.0 | 0.0 | | | | | | - |
| 205 | ELECTROENCEPHALOGRAPHY | D38 | P3 | EEG | 0.0 | 0.0 | | | | | | - |
| 206 | PHYSICAL THERAPY | D39 | P3 | PTH | 0.0 | 0.0 | | | | | | - |

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: UM Shore Medical Center at Dorchester

INSTITUTION NUMBER: 210010

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: UM Shore Medical Center at Dorchester
 INSTITUTION NUMBER: 210010
 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: UM Shore Medical Center at Dorchester

INSTITUTION NUMBER: 210010

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)

OADP J

INSTITUTION NAME: UM Shore Medical Center at Dorchester

INSTITUTION NUMBER: 210010

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: UM Shore Medical Center at Dorchester
 INSTITUTION NUMBER: 210010
 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 | 1.0 | 0.0 | | | | | | - |
| 389 | PHYSICIANS PART B SERVICES | UR06 | UR06 | UPB | 3.0 | 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 | SHORE REHAB | UR09 | UR09 | TBA2 | 8.3 | 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 | 0.4 | 0.0 | | | | | | - |
| 396 | TBD | UR13 | UR13 | TBA6 | 0.1 | 0.0 | | | | | | - |
| 397 | TBD | UR14 | UR14 | TBA7 | 0.0 | 0.0 | | | | | | - |
| 398 | TBD | UR15 | UR15 | TBA8 | 0.0 | 0.0 | | | | | | - |
| E | TOTALS | | | | 289.3 | 0.0 | 6.2 | 100.00% | 529.4 | 1,818.0 | 2,347.4 | 2,347.4 |

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

RC

INSTITUTION NAME: UM Shore Medical Center at Dorchester FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210010

| | Expenses | Sources | HSCRC Regulated | Unregulated | Total | |
|----|-------------------------------------|---------------------------------|-----------------|-------------|------------|----|
| A | Unassigned Expense | Sch. UA, Col. 10 | 4,047.7 | 148.0 | 4,195.7 | A |
| B | Physicians Part B Services | P2 Ln A Col 7 UR6 Ln B Col 3 | 2,344.5 | 4,493.5 | 6,838.0 | B |
| C | Physician Support Services | Sch. P3, Line A, Col. 7 UR | 0.0 | | 0.0 | C |
| D | Resident, Intern Services | Sch. P4 & P5 , Line A, Col. 7 | 0.0 | 0.0 | 0.0 | D |
| E | Overhead Expense Survey | Sch OES, Line P, Col. 1 | 11,213.9 | 239.1 | 11,453.0 | E |
| F | Patient Care Centers | Schs D1 - D81, Line B, Col. 4 | 16,378.5 | ////////// | 16,378.5 | F |
| G | Auxiliary Enterprises | Schs E1 - E9 Line B, Col 3 | 0.0 | 668.3 | 668.3 | G |
| H | Other Institution Programs | Schs F1 - F4, Line B, Col 3 | ////////// | 108.6 | 108.6 | H |
| I | Unregulated Services | Schs UR1-UR15 Less Ln B & C | ////////// | 549.0 | 549.0 | I |
| J | Total Operating Expenses | A+B+C+D+E+F+G+H+I | 33,984.6 | 6,206.5 | 40,191.1 | J |
| K | Non-Operating Expenses | Non-Operating Expenses | ////////// | 0.0 | 0.0 | K |
| L | Total Expenses | J + K | 33,984.6 | 6,206.5 | 40,191.1 | L |
| M | Total Operating Expenses - RE | Sche RE, Line S | 33,888.4 | 6,302.5 | 40,190.9 | M |
| N | Non-Operating Expenses - RE | Sche RE, Line V | ////////// | 0.0 | 0.0 | N |
| O | Total Expenses - RE | M + N | 33,888.4 | 6,302.5 | 40,190.9 | O |
| P | Reconciliation Amount | O - L | (96.3) | 96.1 | (0.2) | P |
| Q | Nomenclature | ////////// | ////////// | ////////// | ////////// | Q |
| Q1 | Other Non-Operating Expense | Audited Financial Statements | 0.0 | 0.0 | 0.0 | Q1 |
| Q2 | Rounding | | 0.2 | (0.0) | 0.2 | Q2 |
| Q3 | O/H Exp Alloc. to Aux Ent. Fringe | E Schedules | 96.1 | (96.1) | 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: UM Shore Medical Center at Dorchester

FISCAL

6/30/2019INSTITUTION NUMBER: 210010

| | | COL 1 | COL 2 | COL 3 | |
|----------------------------------|--|-----------|-------------|----------|----|
| | | Regulated | Unregulated | Total | |
| Operating Revenues: | | xxxx | xxxx | xxxx | |
| A | Gross Revenues from Daily Hospital Services | 13,011.3 | 0.0 | 13,011.3 | A |
| B | Gross Revenues from Ambulatory Services | 13,020.2 | 0.0 | 13,020.2 | B |
| C | Gross Revenues from Inpatient Ancillary Services | 7,066.3 | 0.0 | 7,066.3 | C |
| D | Gross Revenues from Outpatient Ancillary Services | 12,098.8 | 2,722.4 | 14,821.2 | D |
| E | Gross Patient Revenues | 45,196.5 | 2,722.4 | 47,918.9 | E |
| Deductions from Revenues: | | xxxx | xxxx | xxxx | |
| F | Provision for Bad Debts | 2,058.6 | 0.0 | 2,058.6 | F |
| G | Charity/Uncompensated Care | 429.7 | 16.9 | 446.6 | G |
| H | Contractual Adjustments | 1,934.4 | 1,414.6 | 3,349.0 | H |
| H1 | Uncompensated Care Fund Payments | 0.0 | 0.0 | 0.0 | H1 |
| H2 | Denials | 2,254.0 | 0.0 | 2,254.0 | H2 |
| I | Other Deductions from Revenues | 1,540.9 | 0.0 | 1,540.9 | I |
| J | Total Deductions from Revenues | 8,217.6 | 1,431.4 | 9,649.1 | J |
| J1 | Uncompensated Care Fund Receipts | 507.6 | 0.0 | 507.6 | J1 |
| K | Net Patient Revenues | 37,486.5 | 1,291.0 | 38,777.5 | K |
| L | Other Operating Revenues | 723.4 | 170.4 | 893.7 | L |
| M | Net Operating Revenues | 38,209.9 | 1,461.3 | 39,671.2 | M |
| Operating Expenses: | | xxxx | xxxx | xxxx | |
| N | Salaries, Wages, and Employee Benefits | 19,839.4 | 1,255.5 | 21,095.0 | N |
| O | Professional Fees | 3,591.6 | 0.0 | 3,591.6 | O |
| P | Supplies | 2,389.1 | 0.0 | 2,389.1 | P |
| Q | Depreciation/Amortization, Leases/Rentals | 2,857.2 | 148.0 | 3,005.2 | Q |
| R | Other Expenses | 5,211.0 | 4,899.0 | 10,110.1 | R |
| S | Total Operating Expenses | 33,888.4 | 6,302.5 | 40,190.9 | S |
| T | Excess (Deficit) Operating Revenues Over Operating Expenses | 4,321.6 | (4,841.2) | (519.6) | T |
| U | Non-Operating Revenues | xxxx | 0.0 | 0.0 | U |
| V | Non-Operating Expenses | xxxx | 0.0 | 0.0 | V |
| W | Excess (Deficit) Revenues Over Expenses-Regulated and Unregulated | 4,321.6 | (4,841.2) | (519.6) | W |
| X | Operating Expenses per EIPD | 1.83587 | xxxx | xxxx | X |
| Y | Operating Expenses per EIPA | 9.58255 | xxxx | xxxx | Y |
| Z | Working Capital Ratio = Current Assets/Current Liabilities | 1.0 | xxxx | xxxx | Z |
| AA | Admissions | 1,571 | 0 | 1,571 | AA |
| BB | EIPA's | 3,536 | | 3,749 | BB |

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

INSTITUTION NAME: UM Shore Medical Center at Dorchester

RE - R 1

INSTITUTION NO.: 210010

| | 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 Ambulance | E02 Parking | E03 Dr. Office | E04 Other Office | E05 Retail Ops. | E06 Pt. Phones | E07 Cafeteria |
| Gross Patient Revenue | 47,942.8 | (23.9) | - | - | - | - | - | - | - |
| Provision for Bad Debt | 2,058.6 | - | - | - | - | - | - | - | - |
| Charity Care | 446.6 | - | - | - | - | - | - | - | - |
| Contractual Allowances | 6,660.2 | (23.9) | - | - | - | - | - | - | - |
| Total Deductions | 9,165.3 | (23.9) | - | - | - | - | - | - | - |
| Net Patient Revenue | 38,777.5 | 0.0 | - | - | - | - | - | - | - |
| Other Operating Revenue | 893.7 | - | - | - | 83.8 | - | - | - | 86.6 |
| Total Operating Revenue | 39,671.2 | 0.0 | - | - | 83.8 | - | - | - | 86.6 |
| Operating Expenses: | | | | | | | | | |
| Salaries, Wages and Benefits | 21,095.0 | - | - | - | 1.0 | - | - | - | 468.7 |
| Professional Fees | 3,591.6 | - | - | - | - | - | - | - | - |
| Supplies | 2,389.1 | - | - | - | - | - | - | - | - |
| Depreciation / Amortization | 2,688.8 | - | - | - | 67.7 | - | - | - | - |
| Leases / Rentals | 316.3 | - | - | - | - | - | - | - | - |
| Interest | 257.9 | - | - | - | - | - | - | - | - |
| Other Expenses | 9,852.2 | - | - | - | 55.5 | - | - | - | 268.9 |
| Total Operating Expense | 40,190.9 | - | - | - | 124.2 | - | - | - | 737.6 |
| Income from Operations | (519.6) | - | - | - | (40.4) | - | - | - | (651.0) |
| Non-Operating Revenues | - | - | - | - | - | - | - | - | - |
| Non-Operating Expenses | - | - | - | - | - | - | - | - | - |
| Excess Revenue Over Expenses | (519.6) | - | - | - | (40.4) | - | - | - | (651.0) |

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

INSTITUTION NAME: UM Shore Medic

RE - R 2

INSTITUTION NO.: 210010

| | 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 | - | - | - | - | - | - | - | - | - |
| Provision for Bad Debt | - | - | - | - | - | - | - | - | - |
| Charity Care | - | - | - | - | - | - | - | - | - |
| Contractual Allowances | - | - | - | - | - | - | - | - | - |
| Total Deductions | - | - | - | - | - | - | - | - | - |
| Net Patient Revenue | - | - | - | - | - | - | - | - | - |
| Other Operating Revenue | - | - | - | - | - | - | - | - | - |
| Total Operating Revenue | - | - | - | - | - | - | - | - | - |
| Operating Expenses: | | | | | | | | | |
| Salaries, Wages and Benefits | - | - | - | 108.5 | - | - | - | - | - |
| Professional Fees | - | - | - | - | - | - | - | - | - |
| Supplies | - | - | - | - | - | - | - | - | - |
| Depreciation / Amortization | - | - | - | - | - | - | - | - | - |
| Leases / Rentals | - | - | - | - | - | - | - | - | - |
| Interest | - | - | - | - | - | - | - | - | - |
| Other Expenses | - | - | - | 0.1 | - | - | - | - | - |
| Total Operating Expense | - | - | - | 108.6 | - | - | - | - | - |
| Income from Operations | - | - | - | (108.6) | - | - | - | - | - |
| Non-Operating Revenues | - | - | - | - | - | - | - | - | - |
| Non-Operating Expenses | - | - | - | - | - | - | - | - | - |
| Excess Revenue Over Expenses | - | - | - | (108.6) | - | - | - | - | - |

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

INSTITUTION NAME: UM Shore Medic

INSTITUTION NO.: 210010

| | 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 | Shore Rehab | TBD | TBD | TBD |
| Gross Patient Revenue | - | 505.9 | - | - | - | 2,216.6 | - | - | - |
| Provision for Bad Debt | - | - | - | - | - | - | - | - | - |
| Charity Care | - | - | - | - | - | 16.9 | - | - | - |
| Contractual Allowances | - | - | - | - | - | 1,414.6 | - | - | - |
| Total Deductions | - | - | - | - | - | 1,431.4 | - | - | - |
| Net Patient Revenue | - | 505.9 | - | - | - | 785.1 | - | - | - |
| Other Operating Revenue | - | - | - | - | - | - | - | - | - |
| Total Operating Revenue | - | 505.9 | - | - | - | 785.1 | - | - | - |
| Operating Expenses: | | | | | | | | | |
| Salaries, Wages and Benefits | - | 46.0 | - | - | - | 631.3 | - | - | - |
| Professional Fees | - | - | - | - | - | - | - | - | - |
| Supplies | - | - | - | - | - | - | - | - | - |
| Depreciation / Amortization | - | - | - | - | - | - | - | - | - |
| Leases / Rentals | - | 20.6 | - | - | - | 59.7 | - | - | - |
| Interest | - | - | - | - | - | - | - | - | - |
| Other Expenses | - | - | 4,493.5 | - | - | 81.0 | - | - | - |
| Total Operating Expense | - | 66.6 | 4,493.5 | - | - | 772.0 | - | - | - |
| Income from Operations | - | 439.2 | (4,493.5) | - | - | 13.1 | - | - | - |
| Non-Operating Revenues | - | - | - | - | - | - | - | - | - |
| Non-Operating Expenses | - | - | - | - | - | - | - | - | - |
| Excess Revenue Over Expenses | - | 439.2 | (4,493.5) | - | - | 13.1 | - | - | - |

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

INSTITUTION NAME: UM Shore Medic

RE - R 3

INSTITUTION NO.: 210010

| | 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 | - | - | - | 2,722.4 | 45,196.5 | 47,918.9 | E |
| Provision for Bad Debt | - | - | - | - | 2,058.6 | 2,058.6 | F |
| Charity Care | - | - | - | 16.9 | 429.7 | 446.6 | G |
| Contractual Allowances | - | - | - | 1,414.6 | 5,221.7 | 6,636.3 | H |
| Total Deductions | - | - | - | 1,431.4 | 7,710.0 | 9,141.4 | J |
| Net Patient Revenue | - | - | - | 1,291.0 | 37,486.5 | 38,777.5 | K |
| Other Operating Revenue | - | - | - | 170.4 | 723.4 | 893.7 | L |
| Total Operating Revenue | - | - | - | 1,461.3 | 38,209.9 | 39,671.2 | M |
| Operating Expenses: | | | | | | | |
| Salaries, Wages and Benefits | - | - | - | 1,255.5 | 19,839.4 | 21,095.0 | N |
| Professional Fees | - | - | - | - | 3,591.6 | 3,591.6 | O |
| Supplies | - | - | - | - | 2,389.1 | 2,389.1 | P |
| Depreciation / Amortization | - | - | - | 67.7 | 2,621.2 | 2,688.8 | Q |
| Leases / Rentals | - | - | - | 80.3 | 236.0 | 316.3 | Q |
| Interest | - | - | - | - | 257.9 | 257.9 | R |
| Other Expenses | - | - | - | 4,899.0 | 4,953.2 | 9,852.2 | R |
| Total Operating Expense | - | - | - | 6,302.5 | 33,888.4 | 40,190.9 | S |
| Income from Operations | - | - | - | (4,841.2) | 4,321.6 | (519.6) | T |
| Non-Operating Revenues | - | - | - | - | XXXXX | - | U |
| Non-Operating Expenses | - | - | - | - | XXXXX | - | V |
| Excess Revenue Over Expenses | - | - | - | (4,841.2) | 4,321.6 | (519.6) | W |

OVERHEAD STATISTICAL APPORTIONMENT

JS1 & JS2

INSTITUTION NAME: UIM Shore Medical Center at Dorchester
 INSTITUTION NUMBER: 210010

FISCAL YEAR 6/30/2019

| UNIT COST CALCULATIONS | COL 1 DIETARY MEALS | COL 2 LAUNDRY & LINEN POUNDS | COL 3 PURCHASING STORES OTH EXP SCHD | COL 4 HOUSEKEEPING # OF HOURS | COL 5 CENT SUPPLY PHARMACY SOCIAL SERV | COL 6 PLANT OPERATIONS NET SQ FEET | COL 7 INPATIENT: PAC, MRD FIS, MGT, NAD | COL 7 A AMBULATORY: PAC, MRD FIS, MGT, NAD | COL 8 OUTPATIENT: PAC, MRD FIS, MGT, NAD | COL 9 MED STAFF ADMIN EIPAs | COL 10 UNASSIGNED EXPENSES | |
|--|------------------------|---------------------------------|---|----------------------------------|---|---------------------------------------|--|---|---|--------------------------------|-------------------------------|----------|
| A Overhead Expenses | 637.7 | 124.4 | 78.8 | 915.9 | 521.8 | 3,042.7 | 2,074.5 | 1,240.2 | 1,599.4 | 56.4 | 865.8 | |
| B Units | 27,692 | 158,507 | 1,675 | 35,483 | 522 | 113,679 | 7,128.2 | 4,261.4 | 4,519.8 | 3,536 | 25,654.5 | |
| C Cost per unit | 0.023027 | 0.000785 | 0.047071 | 0.025813 | 1.000000 | 0.026766 | 0.291032 | 0.291032 | 0.353873 | 0.015952 | 0.033748 | |
| STATISTICAL APPORTIONMENT | | | | | | | | | | | | |
| 1 Med/Surg Acute | MSG | 13,782 | 11,401 | 13.1 | 15,828 | //////// | 43,794 | 1,642.3 | //////// | //////// | 4,028.0 | |
| 2 Pediatric Acute | PED | 0 | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 3 Psychiatric Acute | PSY | 13,491 | 11,161 | 38.0 | 2,103 | //////// | 11,891 | 2,771.5 | //////// | //////// | 4,271.9 | |
| 4 Obstetrics Acute | OBS | 0 | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 5 Definitive Observation | DEF | 0 | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 6 Med/Surg Intensive Care | MIS | 419 | 346 | 5.9 | 220 | //////// | 10,031 | 57.4 | //////// | //////// | 358.4 | |
| 7 Coronary Care | CCU | 0 | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 8 Pediatric Intensive Care | PIC | 0 | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 9 Neonatal Intensive Care | NEO | 0 | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 10 Burn Care | BUR | 0 | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 11 Psychiatric Intensive Care | PSI | 0 | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 12 Shock Trauma | TRM | 0 | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 13 Oncology | ONC | 0 | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 14 Newborn Nursery | NUR | //////// | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 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 | 0 | 52,801 | 20.8 | 2,344 | //////// | 6,043 | 267.0 | 2,514.2 | 667 | 3,865.9 | |
| 18 Clinical Services | CL | //////// | 9,264 | 4.4 | 3,436 | //////// | 8,859 | 0.4 | 487.1 | 136 | 964.8 | |
| 19 Psych. Day & Night Care | PDC | 0 | 0 | 1.4 | 0 | //////// | 0 | 175.7 | //////// | 24 | 227.2 | |
| 21 Ambulatory Surgery (PBP) | AMS | 0 | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | 0 | 0.0 | |
| 20 Same Day Surgery | SDS | 0 | 961 | 1.8 | 120 | //////// | 311 | 178.2 | //////// | 172 | 245.1 | |
| 22 Labor & Delivery Services | DEL | //////// | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 23 Operating Room | OR | //////// | 1,011 | 14.7 | 4,153 | //////// | 10,706 | 53.6 | //////// | 312.0 | 886.7 | |
| 24 Operating Room Clinic | ORC | //////// | 0 | 0.0 | 175 | //////// | 450 | 64.4 | //////// | 10.8 | 114.3 | |
| 25 Anesthesiology | ANS | //////// | 0 | 25.4 | 148 | //////// | 383 | 12.0 | //////// | 69.7 | 125.1 | |
| 26 Laboratory Services | LAB | //////// | 0 | 929.8 | 1,739 | //////// | 4,482 | 730.9 | //////// | 1,699.4 | 3,453.0 | |
| 27 Electrocardiography | EKG | //////// | 4,805 | 4.0 | 571 | //////// | 1,472 | 94.2 | //////// | 142.8 | 373.1 | |
| 28 Interventional Radiology / Cardiovascular | IRC | //////// | 0 | 0.0 | 0 | //////// | 0 | 7.9 | //////// | //////// | 10.3 | |
| 29 Radiology-Diagnostic | RAD | //////// | 45,498 | 128.5 | 1,122 | //////// | 2,893 | 84.8 | //////// | 1,163.7 | 1,833.1 | |
| 30 CT Scanner | CAT | //////// | 16,033 | 111.0 | 494 | //////// | 1,274 | 81.4 | //////// | 559.8 | 927.6 | |
| 31 Radiology-Therapeutic | RAT | //////// | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 32 Nuclear Medicine | NUC | //////// | 142 | 2.7 | 83 | //////// | 213 | 35.3 | //////// | 51.2 | 123.0 | |
| 33 Respiratory Therapy | RES | //////// | 0 | 105.1 | 210 | //////// | 542 | 557.6 | //////// | 175.6 | 982.5 | |
| 34 Pulmonary Function Testing | PUL | //////// | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 35 Electroencephalography | EEG | //////// | 324 | 16.3 | 139 | //////// | 359 | 4.7 | //////// | 58.5 | 99.5 | |
| 36 Physical Therapy | PTH | //////// | 0 | 0.6 | 301 | //////// | 777 | 72.9 | //////// | 21.9 | 152.4 | |
| 37 Occupational Therapy | OTH | //////// | 0 | 0.0 | 15 | //////// | 39 | 35.2 | //////// | 10.6 | 61.3 | |
| 38 Speech Language Pathology | STH | //////// | 0 | 0.0 | 15 | //////// | 39 | 31.8 | //////// | 3.4 | 47.1 | |
| 39 Recreational Therapy | REC | 0 | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 40 Audiology | AUD | //////// | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 41 Other Physical Medicine | OPM | //////// | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 42 Renal Dialysis | RDL | 0 | 321 | 7.0 | 236 | //////// | 608 | 85.1 | //////// | 23.6 | 164.8 | |
| 43 Organ Acquisition | OA | //////// | 0 | 0.0 | 0 | 0.0 | 0 | //////// | //////// | //////// | 0.0 | |
| 44 Ambulatory Surgery | AOR | //////// | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 45 Leukopheresis | LEU | //////// | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 46 Hyperbaric Chamber | HYP | //////// | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 47 Free Standing Emergency | FSE | 0 | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 48 Magnetic Resonance Imaging | MRI | //////// | 2,422 | 21.0 | 328 | //////// | 846 | 16.5 | //////// | 137.1 | 241.0 | |
| 49 Adolescent Dual Diagnosed | ADD | 0 | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 50 Lithotripsy | LIT | //////// | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 51 Rehabilitation | RHB | 0 | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 52 Observation | OBV | 0 | 2,014 | 7.0 | 1,703 | //////// | 4,389 | 117.4 | 906.2 | 966 | 1,500.3 | |
| 53 Ambulance Services-Rebundled | AMR | 0 | 0 | 216.4 | 0 | //////// | 0 | 216.4 | //////// | //////// | 289.5 | |
| 54 Transurethral Microwave Thermotherapy | TMT | 0 | 0 | 0.0 | 0 | //////// | 0 | //////// | //////// | //////// | 0.0 | |
| 55 Oncology O/P Clinic | OC | //////// | 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 | //////// | //////// | //////// | //////// | 354.7 | 0 | //////// | //////// | 1,571 | //////// | |
| 64 Med/Surg Supplies | MSS | //////// | //////// | //////// | 0 | 40.6 | 1,872 | 12.8 | //////// | 27.8 | 104.3 | |
| 65 Drugs Sold | CDS | //////// | //////// | //////// | 0 | 126.5 | 1,410 | 74.6 | //////// | 51.9 | 204.3 | |
| E TOTAL | | 27,692 | 158,507 | 1,674.8 | 35,483 | 521.8 | 113,679 | 7,128.2 | 4,261.4 | 4,519.8 | 3,536 | 25,654.5 |

OVERHEAD EXPENSE APPORTIONMENT

J1 & J2

INSTITUTION NAME: UM Shore Medical Center at Dorchester
 INSTITUTION NUMBER: 210010

FISCAL YEAR 6/30/2019

| | | COL 1 | COL 2 | COL 3 | COL 4 | COL 5 | COL 6 | COL 7 | COL 8 | COL 8 A | COL 9 | COL 10 | COL 11 | COL 12 | COL 13 |
|--|---------------|------------------------|--------------------------------|-------------------------|----------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------------|------------------------------------|-----------------------|---------------------|----------------------|--------------------------|--------|
| ALLOCATED CENTERS | DIETARY MEALS | LAUNDRY & LINEN POUNDS | PURCHASING STORES OTH EXP SCHD | HOUSEKEEPING # OF HOURS | CENT SUPPLY PHARMACY SOCIAL SERV | PLANT OPERATIONS NET SQ FEET | TOTAL PATIENT CARE OVERHEAD | INPATIENT: PAC, MRD FIS, MGT, NAD | AMBULATORY: PAC, MRD FIS, MGT, NAD | OUTPATIENT: PAC, MRD FIS, MGT, NAD | MED STAFF ADMIN EIPAs | UNASSIGNED EXPENSES | TOTAL OTHER OVERHEAD | TOTAL ALLOCATED OVERHEAD | |
| A Overhead Expenses | 637.7 | 124.4 | 78.8 | 915.9 | 521.8 | 3,042.7 | 5,321.3 | 2,074.5 | 1,240.2 | 1,599.4 | 56.4 | 865.8 | 5,836.4 | 11,157.7 | |
| REVENUE CENTERS | | | | | | | | | | | | | | | |
| 1 Med/Surg Acute | MSG 317.4 | 8.9 | 0.6 | 408.6 | 0.0 | 1,172.2 | 1,907.7 | 478.0 | 0.0 | 0.0 | 0.0 | 135.9 | 613.9 | 2,521.6 | |
| 2 Pediatric Acute | PEID | | | | | | | | | | | | 0.0 | 0.0 | |
| 3 Psychiatric Acute | PSY 310.7 | 8.8 | 1.8 | 54.3 | | 318.3 | 693.8 | 806.6 | | | | 144.2 | 950.8 | 1,644.5 | |
| 4 Obstetrics Acute | OBS | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 5 Definitive Observation | DEF | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 6 Med/Surg Intensive Care | MIS 9.6 | 0.3 | 0.3 | 5.7 | | 268.5 | 284.4 | 16.7 | | | | 12.1 | 28.8 | 313.1 | |
| 7 Coronary Care | CCU | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 8 Pediatric Intensive Care | PIC | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 9 Neonatal Intensive Care | NEO | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 10 Burn Care | BUR | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 11 Psychiatric Intensive Care | PSI | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 12 Shock Trauma | TRM | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 13 Oncology | ONC | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 14 Newborn Nursery | NUR | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 15 Premature Nursery | PRE | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 16 Chronic Care | CRH | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 17 Emergency Services | EMG | 41.4 | 1.0 | 60.5 | | 161.7 | 264.7 | 77.7 | 731.7 | | 10.6 | 130.5 | 950.5 | 1,215.2 | |
| 18 Clinical Services | CL | 7.3 | 0.2 | 88.7 | | 237.1 | 333.3 | 0.1 | 141.8 | | 2.2 | 32.6 | 176.6 | 509.9 | |
| 19 Psych. Day & Night Care | PDC | | 0.1 | | | | 0.1 | | 51.1 | | | 0.4 | 7.7 | 59.2 | |
| 20 Ambulatory Surgery (PBP) | AMS | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 21 Same Day Surgery | SDS | 0.8 | 0.1 | 3.1 | | 8.3 | 12.3 | | 51.9 | | 2.7 | 8.3 | 62.9 | 75.1 | |
| 22 Labor & Delivery Services | DEL | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 23 Operating Room | OR | 0.8 | 0.7 | 107.2 | | 286.5 | 395.2 | 15.6 | | 110.4 | | 29.9 | 155.9 | 551.1 | |
| 24 Operating Room Clinic | ORC | | | 4.5 | | 12.0 | 16.6 | 18.7 | | 3.8 | | 3.9 | 26.4 | 43.0 | |
| 25 Anesthesiology | ANS | | 1.2 | 3.8 | | 10.2 | 15.3 | 3.5 | | 24.7 | | 4.2 | 32.4 | 47.6 | |
| 26 Laboratory Services | LAB | | 43.8 | 44.9 | | 120.0 | 208.6 | 212.7 | | 601.4 | | 116.5 | 930.6 | 1,139.2 | |
| 27 Electrocardiography | EKG | 3.8 | 0.2 | 14.7 | | 39.4 | 58.1 | 27.4 | | 50.5 | | 12.6 | 90.6 | 148.6 | |
| 28 Interventional Radiology / Cardiovascular | IRC | | | | | | 0.0 | 2.3 | | | | 0.3 | 2.7 | 2.7 | |
| 29 Radiology-Diagnostic | RAD | 35.7 | 6.0 | 29.0 | | 77.4 | 148.1 | 24.7 | | 411.8 | | 61.9 | 498.3 | 646.5 | |
| 30 CT Scanner | CAT | 12.6 | 5.2 | 12.8 | | 34.1 | 64.6 | 23.7 | | 198.1 | | 31.3 | 253.1 | 317.7 | |
| 31 Radiology-Therapeutic | RAT | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 32 Nuclear Medicine | NUC | 0.1 | 0.1 | 2.1 | | 5.7 | 8.1 | 10.3 | | 18.1 | | 4.2 | 32.6 | 40.6 | |
| 33 Respiratory Therapy | RES | | 4.9 | 5.4 | | 14.5 | 24.9 | 162.3 | | | | 33.2 | 257.6 | 282.5 | |
| 34 Pulmonary Function Testing | PUL | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 35 Electroencephalography | EEG | 0.3 | 0.8 | 3.6 | | 9.6 | 14.2 | 1.4 | | 20.7 | | 3.4 | 25.4 | 39.6 | |
| 36 Physical Therapy | PTH | | 0.0 | 7.8 | | 20.8 | 28.6 | 21.2 | | 7.8 | | 5.1 | 34.1 | 62.7 | |
| 37 Occupational Therapy | OTH | | 0.0 | 0.4 | | 1.0 | 1.4 | 10.2 | | 3.8 | | 2.1 | 16.1 | 17.5 | |
| 38 Speech Language Pathology | STH | | 0.0 | 0.4 | | 1.0 | 1.4 | 9.2 | | 1.2 | | 1.6 | 12.0 | 13.5 | |
| 39 Recreational Therapy | REC | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 40 Audiology | AUD | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 41 Other Physical Medicine | OPM | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 42 Renal Dialysis | RDL | 0.3 | 0.3 | 6.1 | | 16.3 | 23.0 | 24.8 | | 8.4 | | 5.6 | 38.7 | 61.6 | |
| 43 Organ Acquisition | OA | | | | | 0.0 | 0.0 | | | | | | 0.0 | 0.0 | |
| 44 Ambulatory Surgery | AOR | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 45 Leukopheresis | LEU | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 46 Hyperbaric Chamber | HYP | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 47 Free Standing Emergency | FSE | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 48 Magnetic Resonance Imaging | MRI | 1.9 | 1.0 | 8.5 | | 22.6 | 34.0 | 4.8 | | 48.5 | | 8.1 | 61.5 | 95.5 | |
| 49 Adolescent Dual Diagnosed | ADD | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 50 Lithotripsy | LIT | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 51 Rehabilitation | RHB | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 52 Observation | OBV | 1.6 | 0.3 | 43.9 | | 117.5 | 163.3 | 34.2 | 263.7 | | 15.4 | 50.6 | 363.9 | 527.3 | |
| 53 Ambulance Services-Rebundled | AMR | | 10.2 | | | | 10.2 | 63.0 | | | | 9.8 | 72.7 | 82.9 | |
| 54 Transurethral Microwave Thermotherapy | TMT | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 55 Oncology O/P Clinic | OCL | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 56 Transurethral Needle Ablation | TNA | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 57 Pediatric Step-Down | PSD | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 58 340B Clinic Services | CL-340 | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 59 340B Radiology - Therapeutic | RAT-340 | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 60 340B OR Clinic Services | ORC-340 | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 61 340B Laboratory Services | LAB-340 | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 62 340B Drugs | CDS-340 | | | | | | 0.0 | | | | | | 0.0 | 0.0 | |
| 63 Admission Services | ADM | | | | | 354.7 | 354.7 | | | | 25.1 | | 25.1 | 379.7 | |
| 64 Med/Surg Supplies | MSS | | | | | 40.6 | 90.7 | 3.7 | | 9.8 | | 3.5 | 17.1 | 107.8 | |
| 65 Drugs Sold | CDS | | | | | 126.5 | 164.2 | 21.7 | | 18.4 | | 6.9 | 47.0 | 211.2 | |
| E TOTAL | 637.7 | 124.4 | 78.8 | 915.9 | 521.8 | 3,042.7 | 5,321.3 | 2,074.5 | 1,240.2 | 1,599.4 | 56.4 | 865.8 | 5,836.4 | 11,157.7 | |

DEPARTMENTAL EQUIPMENT ALLOWANCE

H2

INSTITUTION NAME: UM Shore Medical Center at Dorchester

FISCAL YEAR

6/30/2019

INSTITUTION NUMBER: 210010

| | | 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 | 10.0 | 1.0 | 0.0 | 0.0 | 0.0 | 1.0 |
| H2B | CCU | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2C | PIC | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2D | NEO | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2E | BUR | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2F | TRM | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2G | ONC | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2H | OR | 54.3 | 10 | 511.2 | 51.1 | 0.0 | 201.1 | 20.1 | 71.2 |
| H2I | ORC | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2J | AOR | 0.0 | 10 | 78.9 | 7.9 | 0.0 | 225.1 | 22.5 | 30.4 |
| H2K | LAB | 22.0 | 10 | 22.0 | 2.2 | 0.0 | 0.0 | 0.0 | 2.2 |
| H2L | IRC | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2M | RAD | 289.8 | 10 | 390.4 | 39.0 | 0.0 | 241.8 | 24.2 | 63.2 |
| H2N | CAT | 0.0 | 6.5 | 88.0 | 13.5 | 0.0 | 0.0 | 0.0 | 13.5 |
| H2O | RAT | 0.0 | 10 | 140.0 | 14.0 | 0.0 | 0.0 | 0.0 | 14.0 |
| H2P | NUC | 0.0 | 10 | 56.5 | 5.7 | 0.0 | 0.0 | 0.0 | 5.7 |
| H2Q | RDL | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2R | HYP | 0.0 | 10 | 14.4 | 1.4 | 0.0 | 0.0 | 0.0 | 1.4 |
| H2S | DTY | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| H2T | LL | 0.0 | 10 | 0.0 | 0.0 | 0.0 | 86.0 | 8.6 | 8.6 |
| H2U | MGT | 3,339.8 | 10 | 3,579.5 | 357.9 | 0.0 | 0.0 | 0.0 | 357.9 |
| H2V | EDP | 531.1 | 10 | 6,569.6 | 657.0 | 0.0 | 0.0 | 0.0 | 657.0 |
| H2W | MRI | 0.0 | 6 | 3.1 | 0.5 | 0.0 | 982.9 | 163.8 | 164.3 |
| 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 | 4,237.1 | | 11,463.6 | 1,151.3 | 0.0 | 1,736.9 | 239.2 | 1,390.5 |

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3 A

INSTITUTION NAME: UM Shore Medical Center at Dorchester

FISCAL YEAR

6/30/2019

INSTITUTION NUMBER: 210010

| 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 | 258 | ////////// | ////////// | ////////// | ////////// | ////////// | ////////// | A |
| B TOTAL DEPRECIATION | RECORDS | 2,857.1 | ////////// | ////////// | ////////// | ////////// | ////////// | ////////// | B |
| C CAPITAL INTENSIVE EQUIP DEPR | TOTAL H2 | 1,390.5 | 0.0 | 8.6 | 357.9 | 657.0 | 367.0 | 2,781.1 | C |
| D BLDG & GEN EQUIP DEPR | B - C | 1,466.6 | ////////// | ////////// | ////////// | ////////// | ////////// | 1,466.6 | D |
| E BLDG & GEN EQUIP DEPR & INT | A + D | 1,724.5 | 0.0 | 8.6 | 357.9 | 657.0 | 367.0 | 3,115.0 | E |
| F STANDARD UNITS | ////// | 126,310 | 27,692 | 158,507 | 15,909 | 15,909 | ////////// | ////////// | F |
| G ALLOWANCE PER UNIT | E / F | 0.01365 | 0.00000 | 0.00005 | 0.02250 | 0.04129 | ////////// | ////////// | G |

| DISTRIBUTION | CODE | ADJ. SQUARE FOOTAGE BASIS | | | | | | | | | |
|--|------|---------------------------|-------|------------|------------|------|-------|------------|-------|----|--|
| | | | | | | | | | | | |
| 1 Med/Surg Acute | MSG | 48,660 | 664.4 | 0.0 | 0.6 | 37.0 | 67.8 | ////////// | 769.7 | 1 | |
| 2 Pediatric Acute | PED | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 2 | |
| 3 Psychiatric Acute | PSY | 13,212 | 180.4 | 0.0 | 0.6 | 62.4 | 114.5 | ////////// | 357.8 | 3 | |
| 4 Obstetrics Acute | OBS | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 4 | |
| 5 Definitive Observation | DEF | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 5 | |
| 6 Med/Surg Intensive Care | MIS | 11,145 | 152.2 | 0.0 | 0.0 | 1.3 | 2.4 | 1.0 | 156.8 | 6 | |
| 7 Coronary Care | CCU | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 7 | |
| 8 Pediatric Intensive Care | PIC | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 8 | |
| 9 Neonatal Intensive Care | NEO | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 9 | |
| 10 Burn Care | BUR | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 10 | |
| 11 Psychiatric Intensive Care | PSI | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 11 | |
| 12 Shock Trauma | TRM | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 12 | |
| 13 Oncology | ONC | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 13 | |
| 14 Newborn Nursery | NUR | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 14 | |
| 15 Premature Nursery | PRE | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 15 | |
| 16 Chronic Care | CRH | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 16 | |
| 17 Emergency Services | EMG | 6,714 | 91.7 | 0.0 | 2.9 | 62.6 | 114.9 | ////////// | 272.0 | 17 | |
| 18 Clinical Services | CL | 9,843 | 134.4 | ////////// | 0.5 | 11.0 | 20.1 | ////////// | 166.0 | 18 | |
| 19 Psych. Day & Night Care | PDC | 0 | 0.0 | 0.0 | 0.0 | 4.0 | 7.3 | ////////// | 11.2 | 19 | |
| 20 Same Day Surgery | SDS | 345 | 4.7 | 0.0 | 0.1 | 4.0 | 7.4 | ////////// | 16.1 | 20 | |
| 21 Labor & Delivery Services | DEL | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | ////////// | 0.0 | 21 | |
| 22 Operating Room | OR | 11,895 | 162.4 | ////////// | 0.1 | 8.2 | 15.1 | 71.2 | 257.0 | 22 | |
| 23 Operating Room Clinic | ORC | 500 | 6.8 | ////////// | 0.0 | 1.7 | 3.1 | ////////// | 11.6 | 23 | |
| 24 Anesthesiology | ANS | 425 | 5.8 | ////////// | 0.0 | 1.8 | 3.4 | ////////// | 11.0 | 24 | |
| 25 Med/Surg Supplies | MSS | 2,080 | 28.4 | ////////// | ////////// | 0.9 | 1.7 | ////////// | 31.0 | 25 | |
| 26 Drugs Sold | CDS | 1,567 | 21.4 | ////////// | ////////// | 2.9 | 5.2 | ////////// | 29.5 | 26 | |
| 27 Laboratory Services | LAB | 4,980 | 68.0 | ////////// | 0.0 | 54.7 | 100.4 | 2.2 | 225.2 | 27 | |
| 28 Electrocardiography | EKG | 1,635 | 22.3 | ////////// | 0.3 | 5.3 | 9.8 | ////////// | 37.7 | 28 | |
| 29 Interventional Radiology / Cardiovascular | IRC | 0 | 0.0 | ////////// | 0.0 | 0.2 | 0.3 | 0.0 | 0.5 | 29 | |
| 30 Radiology-Diagnostic | RAD | 3,214 | 43.9 | ////////// | 2.5 | 28.1 | 51.6 | 63.2 | 189.2 | 30 | |
| 31 CT Scanner | CAT | 1,415 | 19.3 | ////////// | 0.9 | 14.4 | 26.5 | 13.5 | 74.6 | 31 | |
| 32 Radiology-Therapeutic | RAT | 0 | 0.0 | ////////// | 0.0 | 0.0 | 0.0 | 14.0 | 14.0 | 32 | |
| 33 Nuclear Medicine | NUC | 237 | 3.2 | ////////// | 0.0 | 2.0 | 3.6 | 5.7 | 14.4 | 33 | |

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3 B

INSTITUTION NAME: UM Shore Medical Center at Dorchester

FISCAL YEAR: 6/30/2019

INSTITUTION NUMBER: 210010

| DISTRIBUTION | | Col. 1 ADJ. SQUARE FOOTAGE BASIS | Col. 2 GENERAL | Col. 3 DIETARY | Col. 4 LAUNDRY | Col. 5 COMM. | Col. 6 DATA PROC | Col. 7 DEPART | Col. 8 TOTAL | | |
|--------------|---------------------------------------|---|-------------------|-------------------|-------------------|-----------------|---------------------|------------------|-----------------|-------|----|
| | | | | | | | | | | | |
| 34 | Respiratory Therapy | RES | 602 | 8.2 | //// | 0.0 | 16.5 | 30.3 | //// | 55.0 | 34 |
| 35 | Pulmonary Function Testing | PUL | 0 | 0.0 | //// | 0.0 | 0.0 | 0.0 | //// | 0.0 | 35 |
| 36 | Electroencephalography | EKG | 399 | 5.5 | //// | 0.0 | 1.4 | 2.6 | //// | 9.5 | 36 |
| 37 | Physical Therapy | PTH | 863 | 11.8 | //// | 0.0 | 2.1 | 3.9 | //// | 17.8 | 37 |
| 38 | Occupational Therapy | OTH | 43 | 0.6 | //// | 0.0 | 1.0 | 1.9 | //// | 3.5 | 38 |
| 39 | Speech Language Pathology | STH | 43 | 0.6 | //// | 0.0 | 0.8 | 1.5 | //// | 2.8 | 39 |
| 40 | Recreational Therapy | REC | 0 | 0.0 | //// | 0.0 | 0.0 | 0.0 | //// | 0.0 | 40 |
| 41 | Audiology | AUD | 0 | 0.0 | //// | 0.0 | 0.0 | 0.0 | //// | 0.0 | 41 |
| 42 | Other Physical Medicine | OPM | 0 | 0.0 | //// | 0.0 | 0.0 | 0.0 | //// | 0.0 | 42 |
| 43 | Renal Dialysis | RDL | 676 | 9.2 | //// | 0.0 | 2.5 | 4.5 | 0.0 | 16.2 | 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 | 1.4 | 1.4 | 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 | 940 | 12.8 | //// | 0.1 | 3.5 | 6.3 | 164.3 | 187.1 | 48 |
| 49 | Lithotripsy | LIT | 0 | 0.0 | //// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 49 |
| 50 | Rehabilitation | RHB | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | //// | 0.0 | 50 |
| 51 | Observation | OBV | 4,877 | 66.6 | //// | 0.1 | 23.0 | 42.3 | //// | 132.0 | 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 | 126,310 | 1,725 | 0 | 9 | 353 | 648 | 337 | 3,071 | 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 | Shore Rehab | 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 | 126,310 | 1,725 | 0 | 9 | 353 | 648 | 337 | 3,071 | II |
|----|-------------------|-----|---------|-------|---|---|-----|-----|-----|-------|----|

OTHER FINANCIAL CONSIDERATIONS

G

INSTITUTION NAME: UM Shore Medical Center at Dorchester

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210010

| | | 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 | 66.9 | | 66.9 | H |
| I | Short Term Interest | SCH. UA | 0.0 | | 0.0 | I |
| J | Other | REC/BUDGET | | | | J |
| K | Total Expenses | H + I + J | 66.9 | 0.0 | 66.9 | K |
| OTHER ADJUSTMENTS | | | | | | |
| L | Aux. Ent & OIP Gains | SCH. E, F | 0.0 | 0.0 | 0.0 | L |
| M | Aux. Ent & OIP Losses | SCH. E, F | 800.0 | | 800.0 | 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 | 800.0 | 0.0 | 800.0 | Q |
| PERCENTAGE CALCULATION | | | | | | |
| R | Net Other Financial Considerations | G + K + Q | 866.9 | 0.0 | 866.9 | R |
| S | Other Financial Consideration Percent | R/SCH. M | //////// | //////// | 2.8% | S |

THIRD PARTY DIFFERENTIAL

PDA

INSTITUTION NAME: UM Shore Medical Center at Dorchester FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210010

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

CHARGES, DEDUCTIBLES, CBA

| | | COL 1 | COL 2 | COL 3 | | |
|----|--|----------------|------------|------------|----------|----|
| A | Gross Patient Revenue, HSCRC Regulated | Records/Budget | 20,077.6 | 25,118.9 | 45,196.5 | A |
| B | Medicare Revenue, HSCRC Regulated | Records/Budget | 10,887.5 | 7,978.4 | 18,865.9 | B |
| C | Medicaid Revenue, HSCRC Regulated | Records/Budget | 476.0 | 1,457.4 | 1,933.5 | C |
| D | Blue Cross Revenue, HSCRC Regulated | Records/Budget | 617.5 | 2,228.1 | 2,845.6 | D |
| E | MCO Subcontracted Medicare, Medicaid, HSCRC Regulated ** | Records/Budget | 5,772.8 | 8,689.3 | 14,462.1 | E |
| F | Medicare Deductibles Paid by Medicaid, HSCRC Regulated | Records/Budget | ////////// | ////////// | 502.7 | F |
| G | Uncompensated Care, HSCRC Regulated *** | Records/Budget | 1,105.4 | 1,382.9 | 2,488.3 | G |
| G1 | Other Payors Not Eligible for SAAC & Not U.C. | A-B-C-D-E-G | 1,218.4 | 3,382.8 | 4,601.2 | G1 |

RATIOS, LEVEL III COSTS

| | | | | | | |
|----|--|------------------------|------------|------------|------------|----|
| H | Ratio of Medicare & Medicaid Charges | Col 3 (B + C) /Col 3 A | ////////// | ////////// | 0.4602 | H |
| I | Ratio of Blue Cross Inpatient Charges | Col 1 D/Col 3 A | 0.0137 | ////////// | ////////// | I |
| I1 | Ratio of Blue Cross Outpatient Charges | Col 2 D/Col 3 A | ////////// | 0.0493 | ////////// | I1 |
| J | Ratio of HMO Charges | Col 3 E/Col 3 A | ////////// | ////////// | 0.3200 | J |
| K | Ratio of Deductibles Paid by Medicaid | Col 3 F/Col 3 A | ////////// | ////////// | 0.0111 | K |
| L | Ratio of Uncompensated Accounts | Col 3 G/Col 3 A | ////////// | ////////// | 0.0551 | L |
| M | Ratio of Other Payors Charges | Col 3 G1/Col 3 A | ////////// | ////////// | 0.1018 | M |
| N | Level III Costs | Schedule MA | ////////// | ////////// | 31,432.9 | N |

DIFFERENTIAL CALCULATION

| | | | | | | |
|---|-------------------------------|-----------------|------------|------------|----------|---|
| O | Gross Revenue HSCRC Regulated | * | ////////// | ////////// | 35,665.7 | O |
| P | Payor Differential | 1 - (Col 3 O/N) | ////////// | ////////// | 0.1347 | 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: UM Shore Medical Center at Dorchester
 INSTITUTION NUMBER: 210010

FISCAL YEAR 6/30/2019

| UNITS OF MEASURE | DIRECT EXPENSES | PAT CARE OVERHEAD EXPENSES | OTHER OVERHEAD EXPENSES | N/A | PHYSICIAN SUPPORT EXPENSES | RESIDENT INTERN EXPENSES | LEVEL I | ----- C F A ----- | | LEVEL II |
|------------------|-----------------|----------------------------|-------------------------|-----|----------------------------|--------------------------|---------|------------------------|---------------|----------|
| | | | | | | | | BLDG & GENRL EQUIPMENT | DEPART-MENTAL | |

| | DESCRIPTION | CODE | COL 1 | COL 2 | COL 3 | COL 4 | COL 5 | COL 6 | COL 7 | COL 8 | COL 9 | COL 10 | COL 11 |
|----|---|---------|-----------|----------|---------|---------|----------|----------|----------|----------|----------|----------|----------|
| A1 | Med/Surg Acute | MSG | 4,081 | 1,642.3 | 1,907.7 | 613.9 | //////// | 0.0 | 0.0 | 4,163.9 | 769.1 | 0.6 | 4,933.6 |
| 2 | Pediatric Acute | PED | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 3 | Psychiatric Acute | PSY | 3,995 | 2,771.5 | 693.8 | 950.8 | //////// | 0.0 | 0.0 | 4,416.1 | 357.2 | 0.6 | 4,773.9 |
| 4 | Obstetrics Acute | OBS | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 5 | Definitive Observation | DEF | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 6 | Med/Surg Intensive Care | MIS | 124 | 57.4 | 284.4 | 28.8 | //////// | 0.0 | 0.0 | 370.5 | 155.8 | 1.0 | 527.4 |
| 7 | Coronary Care | CCU | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 8 | Pediatric Intensive Care | PIC | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 9 | Neonatal Intensive Care | NEO | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 10 | Burn Care | BUR | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 11 | Shock Trauma | TRM | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 12 | Oncology | ONC | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 13 | Newborn Nursery | NUR | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 14 | Premature Nursery | PRE | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 15 | Chronic Care | CRH | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 16 | Emergency Services | EMG | 177,837 | 2,781.2 | 264.7 | 950.5 | //////// | 0.0 | 0.0 | 3,996.4 | 269.1 | 2.9 | 4,268.4 |
| 17 | Clinical Services | CL | 12,626 | 487.5 | 333.3 | 176.6 | //////// | 0.0 | 0.0 | 997.4 | 165.5 | 0.5 | 1,163.4 |
| 18 | Psych. Day & Night Care | PDC | 586 | 175.7 | 0.1 | 59.2 | //////// | 0.0 | 0.0 | 234.9 | 11.2 | 0.0 | 246.1 |
| 19 | Same Day Surgery | SDS | 344 | 178.2 | 12.3 | 62.9 | //////// | 0.0 | 0.0 | 253.4 | 16.1 | 0.1 | 269.5 |
| 20 | Labor & Delivery Services | DEL | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 21 | Operating Room | OR | 33,867 | 365.5 | 395.2 | 155.9 | //////// | 0.0 | 0.0 | 916.7 | 185.7 | 71.3 | 1,173.7 |
| 22 | Operating Room Clinic | ORC | 4,465 | 75.2 | 16.6 | 26.4 | //////// | 0.0 | 0.0 | 118.2 | 11.6 | 0.0 | 129.8 |
| 23 | Anesthesiology | ANS | 33,821 | 81.7 | 15.3 | 32.4 | //////// | 0.0 | 0.0 | 129.3 | 11.0 | 0.0 | 140.3 |
| 24 | Laboratory Services | LAB | 1,616,769 | 2,430.3 | 208.6 | 930.6 | //////// | 0.0 | 0.0 | 3,569.5 | 223.0 | 2.2 | 3,794.7 |
| 25 | Electrocardiography | EKG | 46,796 | 237.0 | 58.1 | 90.6 | //////// | 0.0 | 0.0 | 385.7 | 37.4 | 0.3 | 423.3 |
| 26 | Interventional Radiology / Cardiovascular | IRC | 158 | 7.9 | 0.0 | 2.7 | //////// | 0.0 | 0.0 | 10.6 | 0.5 | 0.0 | 11.1 |
| 27 | Radiology-Diagnostic | RAD | 174,514 | 1,248.5 | 148.1 | 498.3 | //////// | 0.0 | 0.0 | 1,895.0 | 123.5 | 65.7 | 2,084.2 |
| 28 | CT Scanner | CAT | 223,336 | 641.2 | 64.6 | 253.1 | //////// | 0.0 | 0.0 | 958.9 | 60.2 | 14.4 | 1,033.5 |
| 29 | Radiology-Therapeutic | RAT | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 14.0 | 14.0 |
| 30 | Nuclear Medicine | NUC | 4,685 | 86.5 | 8.1 | 32.6 | //////// | 0.0 | 0.0 | 127.2 | 8.8 | 5.7 | 141.6 |
| 31 | Respiratory Therapy | RES | 472,289 | 733.2 | 24.9 | 257.6 | //////// | 0.0 | 0.0 | 1,015.7 | 55.0 | 0.0 | 1,070.7 |
| 32 | Pulmonary Function Testing | PUL | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 33 | Electroencephalography | EEG | 13,034 | 63.2 | 14.2 | 25.4 | //////// | 0.0 | 0.0 | 102.8 | 9.5 | 0.0 | 112.3 |
| 34 | Physical Therapy | PTH | 26,827 | 94.8 | 28.6 | 34.1 | //////// | 0.0 | 0.0 | 157.5 | 17.8 | 0.0 | 175.3 |
| 35 | Occupational Therapy | OTH | 14,002 | 45.8 | 1.4 | 16.1 | //////// | 0.0 | 0.0 | 63.3 | 3.5 | 0.0 | 66.8 |
| 36 | Speech Language Pathology | STH | 5,187 | 35.2 | 1.4 | 12.0 | //////// | 0.0 | 0.0 | 48.7 | 2.8 | 0.0 | 51.5 |
| 37 | Recreational Therapy | REC | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 38 | Audiology | AUD | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 39 | Other Physical Medicine | OPM | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 40 | Renal Dialysis | RDL | 115 | 108.7 | 23.0 | 38.7 | //////// | 0.0 | 0.0 | 170.3 | 16.2 | 0.0 | 186.5 |
| 41 | Organ Acquisition | OA | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 42 | Leukopheresis | LEU | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 43 | Hyperbaric Chamber | HYP | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 1.4 | 1.4 |
| 44 | Free Standing Emergency | FSE | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 45 | Magnetic Resonance Imaging | MRI | 54,563 | 153.6 | 34.0 | 61.5 | //////// | 0.0 | 0.0 | 249.1 | 22.6 | 164.5 | 436.2 |
| 46 | Lithotripsy | LIT | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 47 | Rehabilitation | RHB | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 48 | Observation | OBV | 23,482 | 1,023.6 | 163.3 | 363.9 | //////// | 0.0 | 0.0 | 1,550.9 | 131.9 | 0.1 | 1,682.9 |
| 49 | Ambulance Services-Rebundled | AMR | 3,263 | 216.4 | 10.2 | 72.7 | //////// | //////// | //////// | 299.3 | //////// | //////// | 299.3 |
| 50 | Transurethral Microwave Thermotherapy | TMT | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 51 | Oncology O/P Clinic | OCL | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 52 | Transurethral Needle Ablation | TNA | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 53 | Pediatric Step-Down | PSD | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 54 | 340B Clinic Services | CL-340 | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 55 | 340B Radiology - Therapeutic | RAT-340 | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 56 | 340B OR Clinic Services | ORC-340 | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 57 | 340B Laboratory Services | LAB-340 | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 58 | 340B Drugs | CDS-340 | 0 | 0.0 | 0.0 | 0.0 | //////// | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 59 | Admission Services | ADM | 1,571 | //////// | 354.7 | 25.1 | //////// | //////// | //////// | 379.7 | //////// | //////// | 379.7 |
| 60 | Med/Surg Supplies | MSS | 3,536 | 592.5 | 90.7 | 17.1 | //////// | //////// | //////// | 700.3 | 31.0 | //////// | 731.3 |
| 61 | Drugs Sold | CDS | 3,536 | 869.6 | 164.2 | 47.0 | //////// | //////// | //////// | 1,080.8 | 29.5 | //////// | 1,110.3 |
| 62 | | | | | | | //////// | | | | | | |
| B | TOTAL | | 2,959,409 | 17,204.4 | 5,321.3 | 5,836.4 | | 0.0 | 0.0 | 28,362.1 | 2,725.5 | 345.2 | 31,432.9 |

REVENUE CENTER RATE SUMMARY

INSTITUTION NAME:
INSTITUTION NUMBER:

UM Shore Medical Center at Dorchester
210010

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 | 4,933.6 | 664.4 | 5,598.0 | | | | 5,598.0 | 1,371.7259 |
| 2 | Pediatric Acute | PED | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 3 | Psychiatric Acute | PSY | 0.0 | 4,773.9 | 642.9 | 5,416.8 | | | | 5,416.8 | 1,355.8880 |
| 4 | Obstetrics Acute | OBS | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 5 | Definitive Observation | DEF | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 6 | Med/Surg Intensive Care | MIS | 0.0 | 527.4 | 71.0 | 598.4 | | | | 598.4 | 4,825.4343 |
| 7 | Coronary Care | CCU | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 8 | Pediatric Intensive Care | PIC | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 9 | Neonatal Intensive Care | NEO | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 10 | Burn Care | BUR | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 11 | Shock Trauma | TRM | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 12 | Oncology | ONC | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 13 | Newborn Nursery | NUR | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 14 | Premature Nursery | PRE | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 15 | Chronic Care | CRH | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 16 | Emergency Services | EMG | 0.0 | 4,268.4 | 574.8 | 4,843.2 | | | | 4,843.2 | 27.2338 |
| 17 | Clinical Services | CL | 0.0 | 1,163.4 | 156.7 | 1,320.1 | | | | 1,320.1 | 104.5528 |
| 18 | Psych. Day & Night Care | PDC | 0.0 | 246.1 | 33.1 | 279.2 | | | | 279.2 | 476.4755 |
| 19 | Same Day Surgery | SDS | 0.0 | 269.5 | 36.3 | 305.8 | | | | 305.8 | 889.0121 |
| 20 | Labor & Delivery Services | DEL | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 21 | Operating Room | OR | 0.0 | 1,173.7 | 158.0 | 1,331.7 | | | | 1,331.7 | 39.3201 |
| 22 | Operating Room Clinic | ORC | 0.0 | 129.8 | 17.5 | 147.3 | | | | 147.3 | 32.9845 |
| 23 | Anesthesiology | ANS | 0.0 | 140.3 | 18.9 | 159.2 | | | | 159.2 | 4.7069 |
| 24 | Laboratory Services | LAB | 0.0 | 3,794.7 | 511.0 | 4,305.7 | | | | 4,305.7 | 2.6632 |
| 25 | Electrocardiography | EKG | 0.0 | 423.3 | 57.0 | 480.3 | | | | 480.3 | 10.2645 |
| 26 | Interventional Radiology / Cardiovascular | IRC | 0.0 | 11.1 | 1.5 | 12.6 | | | | 12.6 | 79.7380 |
| 27 | Radiology-Diagnostic | RAD | 0.0 | 2,084.2 | 280.7 | 2,364.9 | | | | 2,364.9 | 13.5512 |
| 28 | CT Scanner | CAT | 0.0 | 1,033.5 | 139.2 | 1,172.7 | | | | 1,172.7 | 5.2508 |
| 29 | Radiology-Therapeutic | RAT | 0.0 | 14.0 | 1.9 | 15.9 | | | | 15.9 | 0.0000 |
| 30 | Nuclear Medicine | NUC | 0.0 | 141.6 | 19.1 | 160.7 | | | | 160.7 | 34.3085 |
| 31 | Respiratory Therapy | RES | 0.0 | 1,070.7 | 144.2 | 1,214.9 | | | | 1,214.9 | 2.5723 |
| 32 | Pulmonary Function Testing | PUL | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 33 | Electroencephalography | EEG | 0.0 | 112.3 | 15.1 | 127.4 | | | | 127.4 | 9.7766 |
| 34 | Physical Therapy | PTH | 0.0 | 175.3 | 23.6 | 198.9 | | | | 198.9 | 7.4158 |
| 35 | Occupational Therapy | OTH | 0.0 | 66.8 | 9.0 | 75.8 | | | | 75.8 | 5.4161 |
| 36 | Speech Language Pathology | STH | 0.0 | 51.5 | 6.9 | 58.4 | | | | 58.4 | 11.2511 |
| 37 | Recreational Therapy | REC | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 38 | Audiology | AUD | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 39 | Other Physical Medicine | OPM | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 40 | Renal Dialysis | RDL | 0.0 | 186.5 | 25.1 | 211.6 | | | | 211.6 | 1,840.4018 |
| 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 | 1.4 | 0.2 | 1.6 | | | | 1.6 | 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 | 436.2 | 58.7 | 494.9 | | | | 494.9 | 9.0701 |
| 46 | Lithotripsy | LIT | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 47 | Rehabilitation | RHB | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | 0.0000 |
| 48 | Observation | OBV | 0.0 | 1,682.9 | 226.6 | 1,909.5 | | | | 1,909.5 | 81.3197 |
| 49 | Ambulance Services-Rebundled | AMR | 0.0 | 299.3 | 40.3 | 339.6 | | | | 339.6 | 104.0938 |
| 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 | 379.7 | 51.1 | 430.8 | | | | 430.8 | 274.2480 |
| 60 | Med/Surg Supplies | MSS | 0.0 | 731.3 | 98.5 | 829.8 | | | | 829.8 | 234.6428 |
| 61 | Drugs Sold | CDS | 0.0 | 1,110.3 | 149.5 | 1,259.8 | | | | 1,259.8 | 356.2298 |
| 62 | | | 0.0 | | | | | | | | |
| B | TOTAL | | 0.0 | 31,432.9 | 4,232.8 | 35,665.7 | 0.0 | 0.0 | 0.0 | 35,665.7 | ////////// |

OVERHEAD EXPENSE SUMMARY

OES

INSTITUTION NAME: UM Shore Medical Center at Dorchester FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210010

| | | DISTRIBUTE TO: | | | | |
|----------|------------------------------|----------------|---------------------------------------|-------------------------------|--|---|
| EXPENSES | | TOTAL | Physician Part B Centers Sch P2 | Data Processing Sch DP1 | General Service Centers Sch C1 - C14 | |
| A | Dietary Services | 541.9 | 0.0 | | 541.9 | A |
| B | Laundry & Linen | 89.9 | 0.0 | | 89.9 | B |
| C | Social Services | 347.1 | 0.0 | | 347.1 | C |
| D | Purchasing & Stores | 75.0 | 0.0 | | 75.0 | D |
| E | Plant Operations | 2,499.3 | 0.0 | | 2,499.3 | E |
| F | Housekeeping | 865.3 | 0.0 | | 865.3 | F |
| G | Central Services & Supply | 37.8 | 0.0 | | 37.8 | G |
| H | Pharmacy | 123.0 | 0.0 | | 123.0 | H |
| I | General Accounting | 365.1 | 0.0 | | 365.1 | I |
| J | Patient Accounts | 1,506.1 | 0.0 | | 1,506.1 | J |
| K | Hospital Administration | 1,619.8 | 0.0 | | 1,619.8 | K |
| L | Medical Records | 329.4 | 0.0 | | 329.4 | L |
| M | Medical Staff Administration | 55.0 | 0.0 | | 55.0 | M |
| N | Nursing Administration | 650.9 | 0.0 | | 650.9 | N |
| O | Data Processing | 2,347.4 | 0.0 | 2,347.4 | | O |
| P | Organ Acquisition Overhead | 0.0 | | | 0.0 | P |
| Q | Totals | 11,453.0 | 0.0 | 2,347.4 | 9,105.6 | Q |

ANNUAL COST SURVEY

ACS

INSTITUTION NAME: UM Shore Medical Center FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210010

COL 1

COL 2

| | CATEGORY | COSTS | PERCENT | |
|-----|---|----------|---------|-----|
| A | Salaries & Wages | 15,300.4 | 45.15% | A |
| B | Fringe Benefits | 3,583.3 | 10.57% | B |
| C | Depreciation & Amortization | 2,621.2 | 7.73% | C |
| C01 | Operating Leases | 236.0 | 0.70% | C01 |
| D | Interest Expense | 257.9 | 0.76% | D |
| E | Medical & Surgical Supplies | 673.8 | 1.99% | E |
| F | IV Solutions and Pharmacy | 945.6 | 2.79% | F |
| G | Laundry, Linen, Uniforms | 89.9 | 0.27% | G |
| H | Films & Solutions | 74.5 | 0.22% | H |
| I | Blood, Plasmanate, Albumin | 66.1 | 0.20% | I |
| J | Contracted Services | (171.8) | -0.51% | J |
| K | Professional Fees | 6,920.6 | 20.42% | K |
| L | Agency Nurses | 955.7 | 2.82% | L |
| M | Malpractice Insurance | 949.1 | 2.80% | M |
| N | All Other Insurance | (165.6) | -0.49% | N |
| O | Telephone | 26.9 | 0.08% | O |
| P | Utilities & Water | 840.5 | 2.48% | P |
| Q | Food | 198.6 | 0.59% | Q |
| R | Printing, Office Supplies, Copying, Postage | 83.5 | 0.25% | R |
| S | Chemical, Solutions, Lubrication, Gases | 357.6 | 1.06% | S |
| T | Other (Detail over 20% of supply cost) | 44.6 | 0.13% | T |
| U | Total | 33,888.4 | 100.00% | U |

UNREGULATED SERVICES

ULB

UR05

INSTITUTION NAME: UM Shore Medical Center at Dorchester

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210010

| | | |
|---|--------------------|-------------------|
| | 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 | 46.0 | 0.0 | 46.0 | 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 | Leases & Rentals | LEA | 0.0 | 20.6 | 20.6 | 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 | 46.0 | 20.6 | 66.6 | 0.0000 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|----------|-------|-------|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 505.9 | XXXXX | G |
| H | PROFIT (LOSS) | G - F | XXXXXXXX | XXXXX | 439.2 | XXXXX | H |

FTE DATA

| | | | | | | | |
|---|---------------------------------|---------|--|-----|--|--|---|
| I | FISCAL YEAR HOURS WORKED / 2080 | RECORDS | | 1.0 | | | I |
|---|---------------------------------|---------|--|-----|--|--|---|

UNREGULATED SERVICES

UPB

UR06

INSTITUTION NAME: UM Shore Medical Center at Dorchester

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210010

| | | |
|---|-------------|-------------------|
| | VOLUME DATA | FISCAL YEAR UNITS |
| A | # of FTEs | 3.0 |

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 | 0.0 | 4,493.5 | 4,493.5 | XXXXX | B |
|-----|--|-------------|----------|----------|---------|------------|-----|
| C | ALLOCATION FROM CAFETERIA, PARKING, ETC. | SCH. OA | 0.0 | XXXXX | 0.0 | XXXXX | C |
| D | ALLOCATION FROM GENERAL SERVICE CENTERS | ///// | XXXXXXXX | XXXXX | XXXXX | XXXXX | D |
| /// | COST CENTER Col 5 | COL. 6 CODE | ///// | XXXXXXXX | XXXXX | XXXXX | /// |
| D01 | | | | | 0.0 | XXXXX | D01 |
| D02 | | | | | 0.0 | XXXXX | D02 |
| D03 | | | | | 0.0 | XXXXX | D03 |
| D04 | | | | | 0.0 | XXXXX | D04 |
| D05 | | | | | 0.0 | XXXXX | D05 |
| D06 | | | | | 0.0 | XXXXX | D06 |
| D07 | | | | | 0.0 | XXXXX | D07 |
| D08 | | | | | 0.0 | XXXXX | D08 |
| D09 | | | | | 0.0 | XXXXX | D09 |
| D10 | | | | | 0.0 | XXXXX | D10 |
| D11 | | | | | 0.0 | XXXXX | D11 |
| D12 | | | | | 0.0 | XXXXX | D12 |
| D13 | | | | | 0.0 | XXXXX | D13 |
| D14 | | | | | 0.0 | XXXXX | D14 |
| D15 | | | | | 0.0 | XXXXX | D15 |
| D16 | | | | | 0.0 | XXXXX | D16 |
| E | Capital Facilities Allowance | Records | | 0.0 | 0.0 | XXXXX | E |
| F | FISCAL Year Adjusted Expenses | B+C+D+E | 0.0 | 4,493.5 | 4,493.5 | 1,509.2724 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|----------|-------|-----------|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 0.0 | XXXXX | G |
| H | PROFIT (LOSS) | G - F | XXXXXXXX | XXXXX | (4,493.5) | XXXXX | H |

FTE DATA

| | | | | | | | |
|---|---------------------------------|---------|--|-----|--|--|---|
| I | FISCAL YEAR HOURS WORKED / 2080 | RECORDS | | 3.0 | | | I |
|---|---------------------------------|---------|--|-----|--|--|---|

UNREGULATED SERVICES

TBA2

UR09

INSTITUTION NAME: UM Shore Medical Center at Dorchester

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210010

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

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

SHORE REHAB

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

FISCAL YEAR DATA

| B | FISCAL YEAR EXPENSES | RECORDS | 487.6 | 15.4 | 503.0 | 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 | General Accounting | FIS | 0.0 | 16.9 | 16.9 | XXXXX | D01 |
| D02 | Leases & Rentals | LEA | 0.0 | 59.7 | 59.7 | XXXXX | D02 |
| D03 | Hospital Administration | MGT | 62.6 | 12.3 | 74.9 | XXXXX | D03 |
| D04 | Medical Records | MRD | 9.5 | 5.7 | 15.2 | XXXXX | D04 |
| D05 | Medical Staff Administration | MSA | 2.2 | 0.3 | 2.5 | XXXXX | D05 |
| D06 | Nursing Administration | NAD | 27.2 | 2.9 | 30.1 | XXXXX | D06 |
| D07 | Patient Accounts | PAC | 42.2 | 27.5 | 69.7 | 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 | 631.3 | 140.7 | 772.0 | 0.0000 | F |

FISCAL YEAR PROFIT (LOSS)

| | | | | | | | |
|---|---------------------|---------|----------|-------|-------|-------|---|
| G | FISCAL YEAR REVENUE | RECORDS | XXXXXXXX | XXXXX | 785.1 | XXXXX | G |
| H | PROFIT (LOSS) | G - F | XXXXXXXX | XXXXX | 13.1 | XXXXX | H |

FTE DATA

| | | | | | | | |
|---|---------------------------------|---------|-----|--|--|--|---|
| I | FISCAL YEAR HOURS WORKED / 2080 | RECORDS | 8.3 | | | | I |
|---|---------------------------------|---------|-----|--|--|--|---|

UNREGULATED SERVICES SUMMARY

URS

INSTITUTION NAME: UM Shore Medical Center at Dorchester BASE YEAR 6/30/2019
 INSTITUTION NUMBER: 210010

| 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 | 300 Byrne St Cambridge, MD 21613 | LABORATORY NON-PATIENT |
| UR-6 | | PHYSICIANS PART B SERVICES |
| UR-7 | | CERTIFIED NURSE ANESTHETISTS |

UR-8

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

 PHYSICIAN SUPPORT SERVICES

UR-9

| |
|-------------------------------|
| 309 Sunburst Highway Suite 15 |
| Cambridge, MD 21613 |
| |
| |

 SHORE REHAB

UR-10

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 TBD

UR-11

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UR-12

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UR-13

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UR-14

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 TBD

UR-15

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| |

 TBD

TRANSACTIONS WITH RELATED ENTITIES

TRE

INSTITUTION NAME: UM Shore Medical Center at Dorchester

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210010

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 | Shore Health System | 13,918 | | B | Ambulatory revenue Provided by UMMC |
| 2 | Shore Health System | | (1,544) | A | Salary reimbursement Provided by UMMC |
| 3 | Shore Health System | | (8,248) | A | Cancer center affiliation fee and director Provided by UMMC |
| 4 | Shore Health System | | (8,111) | A | Outreach Lab services Provided by UMMC |
| 5 | Shore Health System | 3,274,793 | | B | Corp Alloc Other |
| 6 | Shore Health System | 1,542,615 | | B | Corp IT |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
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| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |

**REPORTING OF REGULATORY ADJUSTMENTS
FOR TPR HOSPITALS**

INSTITUTION NAME: UM Shore Medical Center at Dorchester IAS Effective Date 7/1/2018
 INSTITUTION NUMBER: 210010 FISCAL YEAR 6/30/2019

| PART I ACTUAL REVENUE | | | | Col. 4 | Col. 5 |
|------------------------------|------------------------------|----------|--------------|------------|------------|
| A1 | Prior Period | 7/1/2017 | to 6/30/2018 | 45,197 | ////////// |
| B1 | Subsequent Period | 7/1/2018 | to 6/30/2019 | 49,851 | ////////// |
| C01 | Total Actual Revenue A1 + B1 | | | ////////// | 95,048 |

| PART II CAPPED REVENUE | | | | Col. 1 | Col. 2 | Col. 3 | Col. 4 | Col. 5 |
|-------------------------------|----------------------|--|--|----------------|-----------------------|------------------|----------------|------------|
| | | | | Effective Date | # of Months Effective | Budgeted Revenue | Capped Revenue | |
| A2 | Prior Period | | | 7/1/2017 | 12 | 51,265 | 51,265 | ////////// |
| B2 | Subsequent Period | | | 7/1/2018 | 12 | 48,196 | 48,196 | ////////// |
| C02 | Total Capped Revenue | | | | | | ////////// | 99,461 |

| PART III ACTUAL REVENUE OVER (UNDER) CAPPED REVENUE | | | | Col. 4 | Col. 5 |
|--|---------------|--|--|------------|---------|
| A3 | Total C1 - C2 | | | ////////// | (4,413) |

SUPPLEMENTAL SCHEDULE 1

UM Shore Medical Center at Dorchester

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 | - | E02 |
| Doctor's Private Office Rent | 83.8 | E03 |
| Office & Other Rental | - | E04 |
| Retail Operations | - | E05 |
| Patients Telephones | - | E06 |
| Cafeteria | 86.6 | E07 |
| Day Care Recreation Areas | - | E08 |
| Housing | - | E09 |
| Research | - | F01 |
| Nursing Education | - | F02 |
| Other Health Profession Education | - | F03 |
| Community Health Education | - | F04 |
| Freestanding Clinic Services | - | UR01 |
| Home Health Services | - | UR02 |
| Outpatient Renal Dialysis | - | UR03 |
| Skilled Nursing Care | - | UR04 |
| Laboratory Non-Patient | 505.9 | UR05 |
| Physicians Part B Services | - | UR06 |
| Certified Nurse Anesthetists | - | UR07 |
| Physician Support Services | - | UR08 |
| Shore Rehab | 785.1 | UR09 |
| TBD | - | UR10 |
| TBD | - | UR11 |
| TBD | - | UR12 |
| TBD | - | UR13 |
| TBD | - | UR14 |
| TBD | - | UR15 |
| Investment Income | - | 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 1,461.3 Check ->

SUPPLEMENTAL SCHEDULE 1

UM Shore Medical Center at Dorchester

Summary of Other and Non-Operating Revenue

For The Fiscal Year Ended June 30, 2019

Non-Operating and Net Unregulated Expenses:

| | | |
|---|-----------------------|----------|
| Ambulance Services | - | E01 |
| Parking | - | E02 |
| Doctor's Private Office Rent | 124.2 | E03 |
| Office & Other Rental | - | E04 |
| Retail Operations | - | E05 |
| Patients Telephones | - | E06 |
| Cafeteria | 737.6 | E07 |
| Day Care Recreation Areas | - | E08 |
| Housing | - | E09 |
| Research | - | F01 |
| Nursing Education | 108.6 | F02 |
| Other Health Profession Education | - | F03 |
| Community Health Education | - | F04 |
| Freestanding Clinic Services | - | UR01 |
| Home Health Services | - | UR02 |
| Outpatient Renal Dialysis | - | UR03 |
| Skilled Nursing Care | - | UR04 |
| Laboratory Non-Patient | 66.6 | UR05 |
| Physicians Part B Services | 4,493.5 | UR06 |
| Certified Nurse Anesthetists | - | UR07 |
| Physician Support Services | - | UR08 |
| Shore Rehab | 772.0 | 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 | <u>6,302.5</u> | Check -> |

SUPPLEMENTAL SCHEDULE 2

UM Shore Medical Center at Dorchester

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 | 2,688.8 | 316.3 | 3,005.1 |
| Allocation of E & UR Schedules: | | | |
| E01 | - | - | - |
| E02 | - | - | - |
| E03 | 67.7 | - | 67.7 |
| E04 | - | - | - |
| E05 | - | - | - |
| E06 | - | - | - |
| E07 | - | - | - |
| E08 | - | - | - |
| E09 | - | - | - |
| UR01 | - | - | - |
| UR02 | - | - | - |
| UR03 | - | - | - |
| UR04 | - | - | - |
| UR05 | - | 20.6 | 20.6 |
| UR06 | - | - | - |
| UR07 | - | - | - |
| UR08 | - | - | - |
| UR09 | - | 59.7 | 59.7 |
| UR10 | - | - | - |
| UR11 | - | - | - |
| UR12 | - | - | - |
| UR13 | - | - | - |
| UR14 | - | - | - |
| UR15 | - | - | - |
| RE Schedule - Line Q | <u>2,621.1</u> | <u>236.0</u> | <u>2,857.1</u> |

SUPPLEMENTAL SCHEDULE 3

UM Shore Medical Center at Dorchester

Reconciliation of UCC

For The Fiscal Year Ended June 30, 2019

Audited Financial Statements:

| | |
|----------------------------------|----------------|
| Bad Debts | 2,058.6 |
| Charity Care | 446.6 |
| Uncompensated Care per Statement | <u>2,505.1</u> |

Trial Balance:

| | |
|--------------------------------------|----------------|
| Bad Debt Write-offs | 4,005.8 |
| Charity Write-offs | 446.6 |
| Change in Balance Sheet Reserve | (766.0) |
| Bad Debt Recoveries | (1,181.2) |
| Other | <u>0.0</u> |
| Uncompensated Care per Trial Balance | <u>2,505.1</u> |

Annual Report of Revenues, Expenses, and Volumes:

| | |
|---|----------------|
| Uncompensated Care - Schedule PDA | 2,488.3 |
| Unregulated Charity & Bad Debts | 16.9 |
| Medicaid Day Limit UCC included in contractals on F/S | <u>-</u> |
| Uncompensated Care Per Report | <u>2,505.1</u> |

SUPPLEMENTAL SCHEDULE 4

UM Shore Medical Center at Dorchester

Detail of MCO Regulated Revenue

For The Fiscal Year Ended June 30, 2019

| MCO Revenue | Inpatient | Outpatient | Total |
|---|-------------------|-------------------|--------------------|
| Aetna (MC HMO) | \$ 6.5 | \$ 42.5 | \$ 49.0 |
| Amerigroup (MA MCO/HMO) | 95.8 | 205.0 | 300.8 |
| Cigna Healthspring - Bravo (MC HMO) | - | 1.0 | 1.0 |
| JAI Medical Group (MA MCO/HMO) | 11.1 | 7.6 | 18.7 |
| Johns Hopkins Medicine Medicare Plan (MC HMO) | 3.7 | - | 3.7 |
| Kaiser Foundation Health Plan (MC HMO) | - | 1.8 | 1.8 |
| Kaiser Medicaid MCO | 33.6 | 3.2 | 36.8 |
| Maryland Physicians Care (MA MCO/HMO) | 382.0 | 740.7 | 1,122.7 |
| Medstar Family Choice (MA MCO/HMO) | - | 12.3 | 12.3 |
| Other Medicaid MCO/HMO (MA MCO/HMO) | 10.9 | 19.1 | 30.0 |
| Other Medicare HMO (MC HMO) | 552.1 | 465.9 | 1,018.1 |
| Priority Partners (MA MCO/HMO) | 1,572.3 | 5,255.3 | 6,827.6 |
| Riverside Health (MA MCO/HMO) | 88.4 | 506.8 | 595.2 |
| United Healthcare Community Plan (MA MCO/HMO) | 183.0 | 293.3 | 476.3 |
| University of Maryland Health Advantage HMO | 100.4 | 220.3 | 320.7 |
| Value Options (MA MCO/HMO) | 2,733.0 | 914.5 | 3,647.5 |
| Total MCO Revenue | \$ 5,772.8 | \$ 8,689.3 | \$ 14,462.1 |

SUPPLEMENTAL SCHEDULE 5

UM Shore Medical Center at Dorchester

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 | \$ | (519.6) |
| RE Line U Detailed Non-Operating: Income / (Expense) | | |
| U1 Contributions (Unrestricted) | | |
| U2 Interest & Investment Income | | |
| U3 Investment - Gains / (Losses) - Realized | | |
| U4 Investment - Gains / (Losses) - Unrealized | | |
| U5 Swap Agreements - Gains / (Losses) - Realized | | |
| V Other (Specify) | | |
| RE Line W Excess Profit / (Loss) | | <u>(519.6)</u> |
| Other Significant Financial Information | | |
| CC Swap Agreements - Gains / (Losses) - Unrealized | \$ | - |
| DD Collateral Received / (Posted) - Swap Agreements | | - |
| EE Retirement of Debt - Gains / (Losses) | | - |
| FF Pension Adjustments - Defined Benefit Plans | | - |
| GG Other (Specify) | | - |
| HH Total | <u>\$</u> | <u>-</u> |

SUPPLEMENTAL SCHEDULE 6

UM Shore Medical Center at Dorchester

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. -

3. Number of extended payment plans

- j. 6

FINANCIAL ASSISTANCE

4. Number of applications for financial assistance received

- k. 156

5. Number of applicants for financial assistance approved

- l. 126

SUPPLEMENTAL SCHEDULE 7

UM Shore Medical Center at Dorchester

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 |
|--------------------------------|---|--|-----------------------|
| Renal Dialysis | HEMODIALYSIS CARE : RENAL DIALYSIS | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Speech Therapy | REHAB SVC SPEECH THERAPY SERVICES | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Speech Therapy | BALANCE CENTER: SPEECH THERAPY SERVICES | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Occupational Therapy | OCCUPATIONAL THERAPY SERVICES | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Occupational Therapy | BALANCE CENTER: OCCUPATIONAL THERAPY SERVICES | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Respiratory Therapy | RESPIRATORY THERAPY SERVICES | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Respiratory Therapy | CARDIOPULMONARY FX LAB : PULMONARY FUNCTN | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Physical Therapy | REHAB SVC PHYSICAL THERAPY SERVICES | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Physical Therapy | BALANCE CENTER: REHAB SVC PHYSICAL THERAPY SERVICES | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Audiology | AUDIOLOGY OUTPAT | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Electroencephalography | REGIONAL SLEEP DISORDER CTR | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Electroencephalography | NEURODIAGNOSTICS SVCS | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Nuclear Medicine | NUCLEAR MEDICINE | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Radiology-Therapeutic | CANCER CTR: RADIOLOGY THERAPEUTIC | UM Shore Medical Center at Dorchester, 300 | Regulated |
| MRI Scanner | MRI SCANNER | UM Shore Medical Center at Dorchester, 300 | Regulated |
| CT Scanner | COMPUTED TOMOGRAPHY | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Radiology-Diagnostic | DIAGNOSTIC IMAGING OUTPAT: RAD DIAGNOSTIC | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Radiology-Diagnostic | CARDIOPULMONARY VASCULAR LAB DIAGNOSTIC RADIOLOGY | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Electrocardiography | NON INVAS CARDIOLGY | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Laboratory | BLOOD BANK | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Laboratory | LABORATORY SVCS | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Laboratory | LAB SVCS SENDOUTS | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Same Day Surgery | AMB CARE SHORT STAY: SAME DAY SURGERY | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Anesthesiology | SHORT STAY ANESTHESIA SVCS | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Operating Room | SHORT STAY ENDOSCOPY SVCS: OPERATING ROOM | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Operating Room | SURGICAL SVCS: OPERATING ROOM | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Psychiatric Day/Night | SHORE BEHAVIORAL HEALTH, PARTIAL HOSP PROGRAM | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Operating Room Clinic Services | SSU AND IV TEAMS: OR CLINIC | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Clinic Services | EMERGENCY ROOM CLINIC OUTPAT | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Clinic Services | IV INFUSION THER NONCHEMO | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Clinic Services | AMBULATORY CARE SAME DAY SURGERY CLINIC | UM Shore Medical Center at Dorchester, 300 | Regulated |
| Emergency Services | CLINIC PSYCH EMERGENCY RESPONSE TEAM (PERT) | UM Shore Medical Center at Dorchester, 300 | Regulated |

SUPPLEMENTAL SCHEDULE 8

Gross Patient Revenue Reconciliation

For The Fiscal Year Ended June 30, 2019

Institution Name: UM Shore Medical Center at Dorchester

Institution Number: 210010

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 | \$ 19,795 | \$ 24,604 | \$ 44,399 |
| 2 | Total Out-State Revenue | \$ 283 | \$ 515 | \$ 798 |
| 3 | Total Gross Patient Revenue | \$ 20,078 | \$ 25,119 | \$ 45,197 |

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 | \$ 10,959 | \$ 55 | \$ 8,065 | \$ 19,169 |
| 5 | Medicare Non-FFS Revenue | \$ 641 | \$ 13 | \$ 731 | \$ 1,413 |
| 6 | Total Medicare Revenue | \$ 11,600 | \$ 68 | \$ 8,796 | \$ 20,583 |

SUPPLEMENTAL SCHEDULE 9

UR6-A

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

INSTITUTION NAME: UM Shore Medical Center at Dorchester

FISCAL YEAR

6/30/2019

INSTITUTION NUMBER: 210010

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

Instructions:

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

| COL. 1 | COL. 2 | COL. 3 | COL. 4 | COL. 5 | COL. 6 | COL. 7 | COL. 8 |
|--------------|------------------------------|---|-----------------------|-----------------------|----------------|-----------------------|-------------|
| <u>Code</u> | <u>Physician Description</u> | <u>Wages, Salaries, & Fringe Benefits</u> | <u>Other Expenses</u> | <u>Total Expenses</u> | <u>Revenue</u> | <u>Hospital Based</u> | <u>FTEs</u> |
| 11 | Internal | | \$ 1,164.5 | \$ 1,164.5 | | Yes | 3.0 |
| 6 | Cardiology | | 127.0 | 127.0 | | | |
| 37 | Pediatric Medicine | | 108.0 | 108.0 | | | |
| 34 | Urology | | 1,446.0 | 1,446.0 | | | |
| 1 | General Practice | | 1,648.0 | 1,648.0 | | | |
| | | | | - | | | |
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| | | | | - | | | |
| Total | | \$ - | \$ 4,493.5 | \$ 4,493.5 | \$ - | Combined | 3.0 |