

**HEALTH SERVICES COST REVIEW COMMISSION**

**UNION HOSPITAL OF CECIL COUNTY**  
**0032**

**FY 2018**  
**Annual Filing**

INPATIENTS AND PATIENT DAYS

V1

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-18

INSTITUTION NUMBER 0032

REPORTING SCHEDULE	SOURCE	CENTER	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6
			ADMISSIONS RECORDS	PATIENT DAYS RECORDS	INTRA HOSPITAL TRANSFERS IN RECORDS	LENGTH OF STAY	AVERAGE LICENSED BEDS RECORDS	% OCCUPANCY
D1	MSG	MEDICAL SURGICAL ACUTE	3592	14079		3.92	60	0.643
D2	PED	PEDIATRIC ACUTE	79	738		9.34	3	0.674
D3	PSY	PSYCHIATRIC ACUTE	486	1894		3.90	11	0.472
D4	OBS	OBSTETRICS	622	1121		1.80	5	0.614
D5	DEF	DEFINITIVE OBSERVATION						
D6	MIS	MEDICAL SURGICAL INTENSIVE CARE	388	1271		3.28	3	1.161
D7	CCU	CORONARY CARE						
D8	PIC	PEDIATRIC INTENSIVE CARE						
D9	NEO	NEONATAL INTENSIVE CARE						
D10	BUR	BURN CARE						
D11	PSI	PSYCHIATRIC INTENSIVE CARE						
D12	TRM	SHOCK TRAUMA						
D13	ONC	ONCOLOGY						
D54	RHB	REHABILITATION						
D70	PAD	PSYCH. ADULT						
D71	PCD	PSYCH. CHILD/ADOLESCENT						
D73	PSG	PSYCH. GERIATRIC						
<b>XXX</b>		<b>SUB-TOTAL</b>	<b>5167</b>	<b>19103</b>	<b>0</b>	<b>3.70</b>	<b>82</b>	<b>0.638</b>
D14	NUR	NEWBORN NURSERY	623	1171		1.88	5	<b>0.642</b>
D15	PRE	PREMATURE NURSERY						
<b>XXX</b>		<b>TOTAL</b>	<b>5790</b>	<b>20274</b>	<b>0</b>		<b>87</b>	

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AMBULATORY UNITS

V2

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-18

INSTITUTION NUMBER 0032

REPORTING SCHEDULE	CENTER	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	
		INPATIENT VISITS	OUTPATIENT VISITS	TOTAL VISITS	INPATIENT RVU's	OUTPATIENT RVU's	TOTAL RVU's	
SOURCE		RECORDS	RECORDS	Col. 1 + Col. 2	RECORDS	RECORDS	Col. 4 + Col. 5	
D18	EMG	EMERGENCY SERVICES	2169	35536	37705	31899	323468	355367
D19	CL	CLINIC	51	6817	6868	454	100511	100965
D20	PDC	PSYCH DAY/NIGHT CARE	0	0	0	0	0	0
D22	SDS	SAME DAY SURGERY	34	2141	2175	34	2141	2175
D50	FSE	FREE STANDING EMERGENCY	0	0	0	0	0	0
D55	OBV	OBSERVATION	1079	1578	2657	-2270	36789	34519
D58	OCL	ONCOLOGY CLINIC	0	0	0	0	0	0
N/A	PAP	REFERRED AMBULATORY SERVICES	0	59152	59152	0	0	0

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ANCILLARY SERVICE UNITS

V3

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-18

INSTITUTION NUMBER 0032

REPORTING SCHEDULE		CENTER	UNIT OF MEASURE	COL 1	COL 2	COL 3
				INPATIENT VOLUME	OUTPATIENT VOLUME	TOTAL VOLUME
SOURCE				RECORDS	RECORDS	Col. 1+ Col. 2
D23	DEL	LABOR & DELIVERY	RVU's	18725	10343	29068
D24	OR	OPERATING ROOM	SURGERY MINUTES	81625	175476	257101
D24A	ORC	OPERATING ROOM CLINIC	ORC MINUTES	24	11705	11729
D25	ANS	ANESTHESIOLOGY	MINUTES	116052	174832	290884
D28	LAB	LABORATORY SERVICES	RVU's	1729020	3555208	5284228
D30	EKG	ELECTROCARDIOGRAPHY	RVU's	95010	332667	427677
D31	IRC	INTERVENTIONAL RAD/CARDIO	RVU's	6565	6329	12894
D32	RAD	RADIOLOGY DIAGNOSTIC	RVU's	52753	704711	757464
D33	CAT	CT SCANNER	RVU's	56836	604916	661752
D34	RAT	RADIOLOGY - THERAPEUTIC	RVU's	6461	2660	9121
D35	NUC	NUCLEAR MEDICINE	RVU's	15334	124091	139425
D36	RES	RESPIRATORY THERAPY	RVU's	757344	113937	871281
D37	PUL	PULMONARY FUNCTION TESTING	RVU's			
D38	EEG	ELECTOENCEPHALOGRAPHY	RVU's	13479	94142	107621
D39	PTH	PHYSICAL THERAPY	RVU's	53454	14148	67602
D40	OTH	OCCUPATIONAL THERAPY	RVU's	16003	1662	17665
D41	STH	SPEECH LANGUAGE PATHOLOGY	RVU's	10512	5394	15906
D42	REC	RECREATIONAL THERAPY	# OF TREATMENTS			
D43	AUD	AUDIOLOGY	RVU's			
D44	OPM	OTHER PHYSICAL MEDICINE	# OF TREATMENTS			

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003A

ANCILLARY SERVICE UNITS

V3

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-18

INSTITUTION NUMBER 0032

REPORTING SCHEDULE	SOURCE	CENTER	UNIT OF MEASURE	COL 1	COL 2	COL 3
				INPATIENT VOLUME	OUTPATIENT VOLUME	TOTAL VOLUME
				RECORDS	RECORDS	Col. 1+ Col. 2
D46	OA	ORGAN ACQUISITION	NUMBER ACQUIRED			
D48	LEU	LEUKOPHERESIS	JHH RVU's			
D49	HYP	HYPERBARIC CHAMBER	HOURS OF TREATMENT	0	399	399
D51	MRI	MAGNETIC RESONANCE IMAGING	RVU's	41832	185777	227609
D53	LIT	LITHOTRIPSY	PROCEDURES	0	50	50
D56	AMR	AMBULANCE SERVICES REBUNDLED	RVU's	5033	0	5033
D57	TMT	TRANSURETHRAL MICROWAVE THERMO THERAPY	PROCEDURES			
D59	TNA	TRANSURETHRAL NEEDLE ABLATION	PROCEDURES	0	0	0
D80	ETH	ELECTRO-CONVULSIVE THERAPY	TREATMENTS			

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003B

EQUIVALENT INPATIENT DAYS  
AND ADMISSIONS

V5

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER 0032

BUDGET YEAR 06-19

		COL. 1	COL. 2
EQUIVALENT INPATIENT DAYS (EIPD'S)		BASE YEAR	BUDGET YEAR

A	GROSS INPATIENT REVENUE	RECORDS, BUDGET	67748.6	64928.7
B	INPATIENT GRANT REVENUE	RECORDS, BUDGET	0.0	0.0
C	TOTAL INPATIENT REVENUE	A + B	67748.6	64928.7
D	TOTAL INPATIENT DAYS (IPD'S) EXCL NURSERY	SCH. V1C	19103	19142
E	INPATIENT UNIT REVENUE	C / D	3.54649	3.39195
F	GROSS OUTPATIENT REVENUE	RECORDS, BUDGET	98485.1	101720.5
G	OUTPATIENT GRANT REVENUE	RECORDS, BUDGET	0.0	0.0
H	TOTAL OUTPATIENT REVENUE	F + G	98485.1	101720.5
I	TOTAL OUTPATIENT VISITS	SCH. V2B	105224	106930
J	OUTPATIENT UNIT REVENUE	H / I	0.93596	0.95128
K	IP/OP UNIT REVENUE RATIO	E / J	3.78916	3.56566
L	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / K	27770	29989
M	EQUIVALENT INPATIENT DAYS (EIPD'S)	D + L	46873	49131

EQUIVALENT INPATIENT ADMISSIONS (EIPA'S)		SOURCE	BASE YEAR	BUDGET YEAR
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N	TOTAL INPATIENT ADMISSIONS (EXCL NURSERY)	SCH. V1C	5167	5183
O	INPATIENT UNIT REVENUE	C / N	13.11179	12.52724
P	OUTPATIENT UNIT REVENUE	H / I	0.93596	0.95128
Q	IP/OP UNIT REVENUE RATIO	O / P	14.00897	13.16881
R	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / Q	7511	8120
S	EQUIVALENT INPATIENT ADMISSIONS (EIPA'S)	N + R	12678	13303

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8-99

009

UNASSIGNED EXPENSE

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY  
 INSTITUTION NUMBER 0032

BASE YEAR 06-18  
 BUDGET YEAR \_\_\_\_\_

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

BASE YEAR DATA			MAL	OIN	MCR	DEP	LEA	LIC	IST	ILT			
A	BASE YEAR EXPENSES	RECORDS	2333.8	317.1	2356.6	5007.5	11873.0	608.2	0.0	0.1	1881.4	19370.2	A
B	ALLOCATIONS TO AUX. ENT., OIP'S & UNREG SERVICES	RECORDS	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	B
C	BASE YEAR EXPENSES ADJUSTED	A + B	2333.8	317.1	2356.6	5007.5	11873.0	608.2	0.0	0.1	1881.4	19370.2	C

BUDGET YEAR DATA													
D	BASE YEAR EXPENSES	HSCRC											D
E	OPERATING ECONOMICS	BUDGET	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	E
F	NEW PROGRAMS	BUDGET											F
G	MISC. ADJUSTMENTS	BUDGET											G
H	BUDGET YEAR EXPENSES	C + D + E + F + G				0.0						0.0	H

HOSPITAL BASED PHYSICIANS

BASE YEAR 06-18

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY  
 INSTITUTION NUMBER 0032

COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
RESEARCH	CHIEF OF MEDICAL STAFF	MEDICAL CARE REVIEW	ADMINIS. & SUPERV.	PART B SERVICES	EDUCATION	TOTAL

COST CENTER	CODE							
A 1	MSG				-			-
A 2	PED							-
A 3	PSY							-
A 4	OBS				-			-
A 5	DEF							-
A 6	MIS				15.0			15.0
A 7	CCU							-
A 8	PIC							-
A 9	NEO							-
A 10	BUR							-
A 11	PSI							-
A 12	TRM							-
A 13	ONC							-
A 14	NUR							-
A 15	PRE							-
A 16	RHB							-
A 17	ICC							-
A 18	EMG				-			-
A 19	CL							-
A 20	PDC							-
A 21	SDS							-
A 22	LIT							-
A 23	DEL							-
A 24	OR				424.1			424.1
A 25	ANS				-			-
A 26	LAB				140.0			140.0
A 27	CLP							-
A 28	EKG							-
A 29	IVC							-
A 30	RAD				11.5			11.5
A 31	CAT							-

HOSPITAL BASED PHYSICIANS

BASE YEAR 06-18

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY  
 INSTITUTION NUMBER 0032

COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
RESEARCH	CHIEF OF MEDICAL STAFF	MEDICAL CARE REVIEW	ADMINIS. & SUPERV.	PART B SERVICES	EDUCATION	TOTAL

COST CENTER		CODE							
A 32		RAT				0.0			-
A 33		NUC							-
A 34		RES				0.0			-
A 35		PUL							-
A 36		EEG				52.0			52.0
A 37		PTH							-
A 38		OTH							-
A 39		STH							-
A 40		REC							-
A 41		AUD							-
A 42		OPM							-
A 43		RDL							-
A 44		KA							-
A 45		AOR							-
A 46		LEU							-
A 47		HYP							-
A 48		FSE							-
A 49		MSA							-
A 50		PME							-
A 51		MRI							-
A 52		AMS							-
A 53									-
A 54									-
B									
		///				642.6			642.6

REPORTING SCHEDULE

C	COST CENTER SCHEDULE	///	F1	C13	UA	D1-D56	P2A-P2I	P4A-P4I	///
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8/05

GENERAL SERVICE CENTER

C

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-18

INSTITUTION NUMBER 0032

				COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9
FORM		CENTER	UNIT OF MEASURE	UNITS	WAGES, SALARY & BENEFITS	OTHER EXPENSES	TOTAL EXPENSES	ALLOCATION TO AUX ENTS, OIPS & UR's	ALLOCATED EXPENSES	ADJUSTED TOTAL EXPENSES	EXPENSE PER UNIT	FTEs
SOURCE				RECORDS	RECORDS	RECORDS	Col. 2 + Col. 3	RECORDS	Sch. OADP	Col. 4 - Col. 5 + Col. 6	Col. 7/Col. 1	RECORDS
C1	DTY	DIETARY SERVICES	MEALS	58673	933.5	360.9	1294.4		4.8	1299.2	0.01591	20.1
C2	LL	LAUNDRY & LINEN	POUNDS	867825	270.8	143.8	414.6		1.5	416.1	0.00031	6.2
C3	SSS	SOCIAL SERVICES	ADMISSIONS	5167	187.0	2.1	189.1		0.6	189.7	0.03619	2.5
C4	PUR	PURCHASING & STORES	EIPD	46873	152.4	158.3	310.7		146.2	456.9	0.00325	3.5
C5	POP	PLANT OPERATIONS	SQ. FEET	331384	2441.3	3165.6	5606.9		7.8	5614.7	0.00737	32.5
C6	HKP	HOUSEKEEPING	SQ. FEET	320990	1798.1	143.5	1941.6		8.9	1950.5	0.00560	37.1
C7	CSS	CENTRAL SERVICES & SUPPLY	EIPA	12678	565.8	518.9	1084.7		2.3	1087.0	0.04463	9.6
C8	PHM	PHARMACY	EIPA	12678	2564.8	1152.7	3717.5		147.8	3865.3	0.20230	25.7
C9	FIS	GENERAL ACCOUNTING	EIPD	12678	869.1	523.5	1392.6		281.0	1673.6	0.06855	1.1
C10	PAC	PATIENT ACCOUNTS	PAT. DAYS & OP VISITS	125498	1599.5	753.5	2353.0	28.3	324.5	2649.2	0.01275	23.8
C11	MGT	HOSPITAL ADMINISTRATION	EIPD	12678	5333.8	8210.9	13544.7		1761.7	15306.4	0.42071	38.0
C12	MRD	MEDICAL RECORDS	DISCHARGES & 1/8 OP VISITS	18943	1904.0	466.0	2370.0		1832.0	4202.0	0.10051	29.7
C13	MSA	MEDICAL STAFF ADMINISTRATION	EIPD	12678	784.0	834.3	1618.3		0.9	1619.2	0.06184	3.6
C14	NAD	NURSING ADMINISTRATION	HOURS OF PERSONNEL	426836	2305.7	248.0	2553.7		4.1	2557.8	0.00540	17.1
C15	OAO	ORGAN ACQUISITION OVERHEAD	NUMBER OF PROCEDURES									

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PATIENT CARE CENTER

D

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-18

INSTITUTION NUMBER 0032

			COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10
FORM		CENTER	UNITS	WAGES, SALARY & BENEFITS	PHYSICIAN SUPERVISION EXPENSES	OTHER EXPENSES	TOTAL EXPENSES	ALLOCATED EXPENSES	ADJUSTED TOTAL EXPENSES	EXPENSE PER UNIT	FTEs	PHYSICIAN SUPERVISION FTEs
SOURCE			RECORDS	RECORDS	RECORDS	RECORDS	Col. 1 +Col. 2 + Col. 3	Sch. OADP	Col. 5 + Col. 6	Col. 7/Col. 1	RECORDS	RECORDS
D1	MSG	MEDICAL SURGICAL ACUTE	14079	9119.8	0.0	146.1	9265.9	27.7	9293.6	0.66010	114.9	0.0
D2	PED	PEDIATRIC ACUTE	738	1.8	0.0	773.2	775.0	0.0	775.0	1.05014	0.0	0.0
D3	PSY	PSYCHIATRIC ACUTE	1894	1507.3	0.0	17.2	1524.5	4.0	1528.5	0.80702	16.5	0.0
D4	OBS	OBSTETRICS	1121	691.1	0.0	46.7	737.8	1.7	739.5	0.65968	7.1	0.0
D5	DEF	DEFINITIVE OBSERVATION										
D6	MIS	MEDICAL SURGICAL INTENSIVE CARE	1271	1548.5	15.0	853.6	2417.1	3.8	2420.9	1.90472	16.0	0.0
D7	CCU	CORONARY CARE										
D8	PIC	PEDIATRIC INTENSIVE CARE										
D9	NEO	NEONATAL INTENSIVE CARE										
D10	BUR	BURN CARE										
D11	PSI	PSYCHIATRIC INTENSIVE CARE										
D12	TRM	SHOCK TRAUMA										
D13	ONC	ONCOLOGY										

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08/10

PATIENT CARE CENTER

D

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-18

INSTITUTION NUMBER 0032

FORM			COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10
		CENTER	UNITS	WAGES, SALARY & BENEFITS	PHYSICIAN SUPERVISION EXPENSES	OTHER EXPENSES	TOTAL EXPENSES	ALLOCATED EXPENSES	ADJUSTED TOTAL EXPENSES	EXPENSE PER UNIT	FTEs	PHYSICIAN SUPERVISION FTEs
SOURCE			RECORDS	RECORDS	RECORDS	RECORDS	Col. 1 +Col. 2 + Col. 3	Sch. OADP	Col. 4 + Col. 5	Col. 7/Col. 1	RECORDS	RECORDS
D14	NUR	NEWBORN NURSERY	1171	385.2	0.0	26.0	411.2	1.0	412.2	0.35201	4.0	0.0
D15	PRE	PREMATURE NURSERY										
D16	ECF	SKILLED NURSING CARE										
D17	ICC	CHRONIC CARE										
D18	EMG	EMERGENCY SERVICES	355367	6052.0	0.0	205.9	6257.9	214.6	6472.5	0.01821	74.6	0.0
D19	CL	CLINIC	100965	454.2	0.0	511.0	965.2	7.0	972.2	0.00963	5.1	0.0
D20	PDC	PSYCH DAY/NIGHT CARE	0	0.0	0.0	0.0	0.0	0.0	0.0	0.00000	0.0	0.0
D22	SDS	SAME DAY SURGERY	2175	202.8	0.0	9.9	212.7	0.6	213.3	0.09807	2.3	0.0
D23	DEL	LABOR & DELIVERY	29068	1443.1	0.0	97.6	1540.7	3.6	1544.3	0.05313	14.8	0.0
D24	OR	OPERATING ROOM	257101	4335.4	424.1	912.8	5672.3	281.5	5953.8	0.02316	48.1	1.0
D24A	ORC	OPERATING ROOM CLINIC	11729	7.9	0.0	53.2	61.1	0.6	61.7	0.00526	0.1	0.0

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PATIENT CARE CENTER

D

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FISCAL YEAR 06-18

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			COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10
FORM		CENTER	UNITS	WAGES, SALARY & BENEFITS	PHYSICIAN SUPERVISION EXPENSES	OTHER EXPENSES	TOTAL EXPENSES	ALLOCATED EXPENSES	ADJUSTED TOTAL EXPENSES	EXPENSE PER UNIT	FTEs	PHYSICIAN SUPERVISION FTEs
SOURCE			RECORDS	RECORDS	RECORDS	RECORDS	Col. 1 +Col. 2 + Col. 3	Sch. OADP	Col. 4 + Col. 5	Col. 7/Col. 1	RECORDS	RECORDS
D25	ANS	ANESTHESIOLOGY	290884	1.8	0.0	211.7	213.5	0.0	213.5	0.00073	0.0	0.0
D26	MSS	MEDICAL SUPPLIES SOLD	12678	0.0	0.0	7213.8	7213.8	0.0	7213.8	0.56900	0.0	0.0
D27	CDS	DRUGS SOLD	12678	0.0	0.0	6894.8	6894.8	0.0	6894.8	0.54384	0.0	0.0
D28	LAB	LABORATORY SERVICES	5284228	2452.2	140.0	2477.7	5069.9	334.1	5404.0	0.00102	32.3	0.3
D30	EKG	ELECTROCARDIO- GRAPHY	427677	1119.9	0.0	171.8	1291.7	17.9	1309.6	0.00306	15.3	0.0
D31	IRC	INTERVENTIONAL RAD/CARDIO	12894	843.9	0.0	181.8	1025.7	47.3	1073.0	0.08322	8.3	0.0
D32	RAD	RADIOLOGY DIAGNOSTIC	757464	3538.2	11.5	642.8	4192.5	208.6	4401.1	0.00581	41.8	0.0
D33	CAT	CT SCANNER	661752	1243.3	0.0	474.2	1717.5	78.2	1795.7	0.00271	12.8	0.0
D34	RAT	RADIOLOGY - THERAPEUTIC	9121	47.3	0.0	57.6	104.9	0.1	105.0	0.01151	0.5	0.0
D35	NUC	NUCLEAR MEDICINE	139425	570.8	0.0	141.7	712.5	24.8	737.3	0.00529	5.6	0.0
D36	RES	RESPIRATORY THERAPY	871281	1312.1	0.0	253.8	1565.9	9.4	1575.3	0.00181	12.2	0.0
D37	PUL	PULMONARY FUNCTION TESTING										
D38	EEG	ELECTOENCEPHALO- GRAPHY	107621	377.0	52.0	23.6	452.6	3.8	456.4	0.00424	4.0	0.1
D39	PTH	PHYSICAL THERAPY	67602	455.6	0.0	2.8	458.4	2.2	460.6	0.00681	5.2	0.0
D40	OTH	OCCUPATIONAL THERAPY	17665	119.1	0.0	0.3	119.4	0.2	119.6	0.00677	0.0	0.0

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08/10

PATIENT CARE CENTER

D

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-18

INSTITUTION NUMBER 0032

FORM		CENTER	COL 1 UNITS	COL 2 WAGES, SALARY & BENEFITS	COL 3 PHYSICIAN SUPERVISION EXPENSES	COL 4 OTHER EXPENSES	COL 5 TOTAL EXPENSES	COL 6 ALLOCATED EXPENSES	COL 7 ADJUSTED TOTAL EXPENSES	COL 8 EXPENSE PER UNIT	COL 9 FTEs	COL 10 PHYSICIAN SUPERVISION FTEs
SOURCE			RECORDS	RECORDS	RECORDS	RECORDS	Col. 1 +Col. 2 + Col. 3	Sch. OADP	Col. 4 + Col. 5	Col. 7/Col. 1	RECORDS	RECORDS
D41	STH	SPEECH LANGUAGE PATHOLOGY	15906	107.2	0.0	0.7	107.9	0.2	108.1	0.00680	0.0	0.0
D42	REC	RECREATIONAL THERAPY										
D43	AUD	AUDIOLOGY										
D44	OPM	OTHER PHYSICAL MEDICINE										
D45	RDL	RENAL DIALYSIS										
D46	OA	ORGAN ACQUISITION										
D47	AOR	AMBULATORY SURGERY SERVICES										
D48	LEU	LEUKOPHERESIS										
D49	HYP	HYPERBARIC CHAMBER	399	0.5	0.0	98.6	99.1	0.2	99.3	0.24887	0.0	0.0
D50	FSE	FREE STANDING EMERGENCY										
D51	MRI	MAGNETIC RESONANCE IMAGING	227609	584.2	0.0	297.1	881.3	33.6	914.9	0.00402	5.5	0.0
D53	LIT	LITHOTRIPSY	50	80.3	0.0	86.9	167.2	0.8	168.0	3.36000	0.9	0.0
D54	RHB	REHABILITATION										
D55	OBV	OBSERVATION	34519	1927.6	0.0	107.9	2035.5	5.4	2040.9	0.05912	22.6	0.0

HSCRC  
08/10

PATIENT CARE CENTER

D

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR 06-18

INSTITUTION NUMBER 0032

FORM			COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10
		CENTER	UNITS	WAGES, SALARY & BENEFITS	PHYSICIAN SUPERVISION EXPENSES	OTHER EXPENSES	TOTAL EXPENSES	ALLOCATED EXPENSES	ADJUSTED TOTAL EXPENSES	EXPENSE PER UNIT	FTEs	PHYSICIAN SUPERVISION FTEs
SOURCE			RECORDS	RECORDS	RECORDS	RECORDS	Col. 1 + Col. 2 + Col. 3	Sch. OADP	Col. 4 + Col. 5	Col. 7/Col. 1	RECORDS	RECORDS
D56	AMR	AMBULANCE SERVICES REBUNDLED	5033	0.0	0.0	49.0	49.0	0.0	49.0	0.00974	0.0	0.0
D57	TMT	TRANSURETHRAL MICROWAVE THERMO THERAPY										
D58	OCL	ONCOLOGY CLINIC										
D59	TNA	TRANSURETHRAL NEEDLE ABLATION	0	0.0	0.0	0.0	0.0	0.0	0.0	0.00000	0.0	0.0
D70	PAD	PSYCH. ADULT										
D71	PCD	PSYCH. CHILD/ADOLESCENT										
D73	PSG	PSYCH. GERIATRIC										
D74	ITH	INDIVIDUAL THERAPIES										
D75	GTH	GROUP THERAPIES										
D76	FTH	FAMILY THERAPIES										
D77	PST	PSYCHOLOGICAL TESTING										
D78	PSE	EDUCATION										
D79	OPT	OTHER THERAPIES										
D80	ETH	ELECTRO-CONVULSIVE THERAPY										
D81	ATH	ACTIVITY THERAPY										

HSCRC  
08/10

Schedule D Supplemental - Other Expenses

INSTITUTION NAME Union Hospital of Cecil County

BASE YEAR

06-18

INSTITUTION NUMBE 0032

SCHEDULE	COST CENTE	DESCRIPTION	AMOUNT
<b>D1</b>	<b>MSG</b>	Food	21.8
		Office Supplies	20.9
		Contracted Serv. Non-Maint.	21.4
		Minor Equipment	8.2
		Uniforms	0
		Dues/Books Periodicals	7.6
		Telephone	0.0
		Purch Med Services	0.0
		Linen	0.0
		Contracted Serv. Maint.	0.0
		Travel / Conf. Bus. Meet	3.1
		Marketing	0.1
		Agency Employees	62.9
		PATIENT TAXI SERVICE	0.0
		Miscellaneous	0.1
		<b>TOTAL</b>	<b>146.1</b>
<b>D2</b>	<b>PED</b>	Food	1.9
		Minor Equipment	4.0
		Minor Uniforms	0
		Office Supplies	0.7
		Dues/Books Periodicals	0.0
		Travel / Conf. Bus. Meet	0.4
		Linen	0.0
		Agency Employees	669.8
		Contracted Serv. Non-Maint.	96.5
		Miscellaneous	0
		<b>TOTAL</b>	<b>773.2</b>
<b>D3</b>	<b>PSY</b>	Food	9.0
		Contracted Serv. Non-Maint.	2.0
		Telephone	0.0
		Office Supplies	2.6
		Minor Equipment	1.8
		Uniforms	0.0
		Dietary Supplies	1.1
		Dues/Books Periodicals	0.0
		Travel / Conf. Bus. Meet	0.4
		Agency Employees	0.0
		PATIENT TAXI SERVICE	0.0
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>17.2</b>
<b>D4</b>	<b>OBS</b>	Contracted Serv. Non-Maint.	9.9
		Purch Med Services	0.0
		Office Supplies	1.1
		Food	1.5
		Minor Equipment	1.9
		Uniforms	0.2
		Dues/Books Periodicals	0.9
		Telephone	0.0
		Contracted Serv. Maint.	0.9
		Travel / Conf. Bus. Meet	0.3
		Linen	0.0
		Agency Employees	30.0
		Miscellaneous	0
		<b>TOTAL</b>	<b>46.7</b>

INSTITUTION NAME Union Hospital of Cecil County

BASE YEAR

06-18

INSTITUTION NUMBE 0032

SCHEDULE	COST CENTE	DESCRIPTION	AMOUNT
<b>D6</b>	<b>MIS</b>	Contracted Serv. Non-Maint.	255.6
		Purch MedServices	346.6
		Office Supplies	1.7
		Food	0.3
		Uniforms	0.0
		Minor Equipment	1.9
		Agency Employees	246.5
		Miscellaneous	1.0
		<b>TOTAL</b>	<b>853.6</b>
<b>D14</b>	<b>NUR</b>	Contracted Serv. Non-Maint.	5.5
		Purch Med Services	0.0
		Food	0.9
		Office Supplies	0.6
		Dues/Books Periodicals	0.5
		Minor Equipment	1.1
		Uniforms	0.1
		Telephone	0.0
		Linen	0.0
		Contracted Serv. Maint.	0.5
		Marketing	0.0
		Travel / Conf. Bus. Meet	0.2
		Agency Employees	16.7
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>26</b>
<b>D18</b>	<b>EMG</b>	Contracted Serv. Non-Maint.	59.2
		Office Supplies	21.1
		Food	37.2
		Minor Equipment	5.9
		Telephone	0.0
		Uniforms	1.8
		Dues/Books Periodicals	0.3
		Dietary Supplies	0.3
		Postage	0.0
		Agency Employees	74.8
		Travel / Conf. Bus. Meet	5.2
		Contracted Serv. Maint.	0.0
		Miscellaneous	0.1
		<b>TOTAL</b>	<b>205.9</b>
<b>D19</b>	<b>CL</b>	Agency Employees	383.4
		ContractedServ. Non-Maint.	118.9
		Travel / Conf. Bus. Meet	1.7
		Minor Equipment	2.6
		Office Supplies	1.5
		Food	2.2
		Dues/Books Periodicals	0.4
		Miscellaneous	0.3
		<b>TOTAL</b>	<b>511</b>

INSTITUTION NAME Union Hospital of Cecil County

BASE YEAR

06-18

INSTITUTION NUMBE 0032

SCHEDULE	COST CENTE	DESCRIPTION	AMOUNT
<b>D20</b>	<b>PDC</b>	Minor Equipment	0.0
		Food	0.0
		Office Supplies	0.0
		Contracted Serv. Non-Maint.	0.0
		Telephone	0.0
		Dietary Supplies	0.0
		Agency Employees	0.0
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>0.0</b>
<b>D22</b>	<b>SDS</b>	Food	3.6
		Contracted Serv. Non-Maint.	1.0
		Office Supplies	0.9
		Travel / Conf. Bus. Meet	0.6
		Telephone	0.0
		Minor Equipment	0.7
		Uniforms	0.0
		Dues/Books Periodicals	0.4
		Agency Employees	2.3
		PATIENT TAXI SERVICE	0.0
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>9.9</b>
<b>D23</b>	<b>DEL</b>	Contracted Serv. Non-Maint.	20.6
		Purch Med Services	0.0
		Office Supplies	2.3
		Food	3.2
		Dues/Books Periodicals	1.9
		Minor Equipment	3.9
		Uniforms	0.5
		Telephone	0.0
		Contracted Serv. Maint.	1.8
		Linen	0.0
		Marketing	0.0
		Travel / Conf. Bus. Meet	0.7
		Agency Employees	62.7
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>97.6</b>

SCHEDULE	COST CENTE	DESCRIPTION	AMOUNT
<b>D24</b>	<b>OR</b>	Contracted Serv. Maint.	262.2
		Contracted Serv. Non-Maint.	145.0
		Minor Equipment	121.0
		Office Supplies	9.9
		Freight Charges	8.1
		Food	0.0
		Repairs & Maint	0.0
		Purch Med Services	6.1
		Uniforms	54.0
		Dues/Books Periodicals	3.4
		Telephone	0.0
		OR Linen	5.2
		Travel / Conf. Bus. Meet	6.7
		Postage	0.0
		X-ray Film	0.0
		Agency Employees	290.4
		Miscellaneous	0.8
		<b>TOTAL</b>	<b>912.8</b>
<b>D24A</b>	<b>ORC</b>	Agency Employees	35.9
		Minor Equipment	3.3
		Contracted Serv. Non-Maint.	11.3
		Travel / Conf. Bus. Meet	0.3
		Office Supplies	2.2
		Miscellaneous	0.2
		<b>TOTAL</b>	<b>53.2</b>
<b>D25</b>	<b>ANS</b>	Drugs	66.2
		Departmental Supplies	75.0
		M&S Chrg SUPPLIES	18.1
		Anesthetic Agents	0.0
		Contracted Serv. Maint.	45.1
		Minor Equipment	2.4
		I.V. Solutions	3.2
		Office Supplies	0.1
		Contracted Serv. Non-Maint.	0.3
		Dues/Books Periodicals	0.0
		Miscellaneous	1.3
		<b>TOTAL</b>	<b>211.7</b>
<b>D26</b>	<b>MSS</b>	M&S Chrg SUPPLIES	7213.7
		Miscellaneous	0.1
		<b>TOTAL</b>	<b>7213.8</b>
<b>D27</b>	<b>CDS</b>	Drugs	6894.8
		I.V.Solutions	0.0
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>6894.8</b>

INSTITUTION NAME Union Hospital of Cecil County

BASE YEAR

06-18

INSTITUTION NUMBE 0032

SCHEDULE	COST CENTE	DESCRIPTION	AMOUNT
<b>D28</b>	<b>LAB</b>	Departmental Supplies	1123.7
		Purch Med Services	628.3
		Blood	464.5
		Contracted Serv. Maint.	152.0
		Dues/Books Periodicals	50.0
		Office Supplies	9.9
		Contracted Serv. Non-Maint.	28.3
		M&S Chrg SUPPLIES	1.1
		Minor Equipment	3.9
		Postage	0.0
		Transpor- tation	0.5
		Drugs	0.0
		Telephone	0.4
		Food	0.1
		Travel / Conf. Bus. Meet	0.9
		Miscellaneous	14.1
		<b>TOTAL</b>	<b>2477.7</b>
<b>D30</b>	<b>EKG</b>	Contracted Serv. Maint.	17.3
		Departmental Supplies	39.7
		Purch Med Services	13.5
		M&S Chrg SUPPLIES	3.4
		Drugs	3.0
		Uniforms	1.6
		Office Supplies	1.6
		Contracted Serv. Non-Maint.	68.0
		Telephone	0.2
		Minor Equipment	23.4
		Dues/Books Periodicals	0.0
		Food	0.0
		Miscellaneous	0.1
		<b>TOTAL</b>	<b>171.8</b>
<b>D31</b>	<b>IRC</b>	Purch Med Services	1.5
		Minor Equipment	6.0
		Contracted Serv. Maint.	126.1
		Contracted Serv. Non-Maint.	40.9
		Dues/Books Periodicals	4.3
		Telephone	0.0
		Office Supplies	1.8
		Linen	0.0
		Food	0.4
		Miscellaneous	0.8
		<b>TOTAL</b>	<b>181.8</b>

INSTITUTION NAME Union Hospital of Cecil County

BASE YEAR

06-18

INSTITUTION NUMBE 0032

SCHEDULE	COST CENTE	DESCRIPTION	AMOUNT
<b>D32</b>	<b>RAD</b>	Contracted Serv. Non-Maint.	152.5
		Contracted Serv. Maint.	309.8
		Purch Med Services	0.0
		Departmental Supplies	49.6
		Dues/Books Periodicals	20.2
		M&S Chrg SUPPLIES	24.0
		X-ray Film	0.0
		Office Supplies	6.6
		Agency Employees	32.0
		Food	2.2
		Telephone	0.5
		Uniforms	5.4
		Minor Equipment	25.4
		Travel / Conf. Bus. Meet	7.3
		I.V. Solutions	0.0
		Postage	0.0
		Drugs	6.4
		Dietary Supplies	0.3
		Miscellaneous	0.6
		<b>TOTAL</b>	<b>642.8</b>
<b>D33</b>	<b>CAT</b>	Contracted Serv. Maint.	239.0
		Departmental Supplies	92.9
		Contracted Serv. Non-Maint.	51.8
		M&S Chrg SUPPLIES	7.3
		Dues/Books Periodicals	1.7
		X-ray Film	0.0
		Uniforms	1.1
		Purch Med Services	0.0
		Office Supplies	1.3
		Food	0.2
		Minor Equipment	10.8
		Drugs	67.5
		Telephone	0.1
		I.V. Solutions	0.0
		Miscellaneous	0.5
		<b>TOTAL</b>	<b>474.2</b>
<b>D34</b>	<b>RAT</b>	Purch Med Services	50.0
		Contracted Serv. Non-Maint.	5.4
		Travel / Conf. Bus. Meet	0.7
		Repairs & Maint	0.0
		Minor Equipment	0.1
		Postage	0.0
		Office Supplies	0.1
		Food	0.0
		Dues/Books Periodicals	1.2
		Miscellaneous	0.1
		<b>TOTAL</b>	<b>57.6</b>

INSTITUTION NAME Union Hospital of Cecil County

BASE YEAR

06-18

INSTITUTION NUMBE 0032

SCHEDULE	COST CENTE	DESCRIPTION	AMOUNT
<b>D35</b>	<b>NUC</b>	Contracted Serv. Maint.	81.7
		Contracted Serv. Non-Maint.	44.7
		Departmental Supplies	4.4
		Travel / Conf. Bus. Meet	1.2
		Purch Med Services	0.0
		Office Supplies	1.0
		Minor Equipment	3.5
		Dues/Books Periodicals	3.4
		M&S Chrg SUPPLIES	0.2
		Food	0.2
		Uniforms	1.1
		Telephone	0.0
		Miscellaneous	0.3
		<b>TOTAL</b>	<b>141.7</b>
<b>D36</b>	<b>RES</b>	Oxygen	110.0
		Agency Employees	48.0
		Travel / Conf. Bus. Meet	0.5
		Departmental Supplies	63.7
		Minor Equipment	2.3
		M&S Chrg SUPPLIES	15.9
		Office Supplies	1.0
		Telephone	0.0
		Contracted Serv. Maint.	8.6
		Contracted Serv. Non-Maint.	3.7
		Food	0.0
		Dues/Books Periodicals	0.0
		Miscellaneous	0.1
		<b>TOTAL</b>	<b>253.8</b>
<b>D38</b>	<b>EEG</b>	Departmental Supplies	16.5
		Contracted Serv. Maint.	0.3
		Minor Equipment	3.3
		Office Supplies	0.7
		Telephone	0.0
		Food	0.1
		Contracted Serv. Non-Maint.	1.0
		Dues/Books Periodicals	0.8
		M&S Chrg SUPPLIES	0.9
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>23.6</b>

SCHEDULE	COST CENTE	DESCRIPTION	AMOUNT		
<b>D39</b>	<b>PTH</b>	Agency Employees	0.0		
		Departmental Supplies	1.3		
		Minor Equipment	0.7		
		Contracted Serv. Non-Maint.	0.3		
		Dues/Books Periodicals	0.0		
		Office Supplies	0.4		
		M&S Chrg SUPPLIES	0.2		
		Miscellaneous	0.0		
		<b>TOTAL</b>	<b>2.8</b>		
		<b>D40</b>	<b>OTH</b>	Agency Employees	0.0
Minor Equipment	0.3				
Contracted Serv. Non-Maint.	0.1				
Dues/Books Periodicals	0.0				
Office Supplies	0.1				
Miscellaneous	0.0				
<b>TOTAL</b>	<b>0.3</b>				
<b>D41</b>	<b>STH</b>	Agency Employees	0.0		
		Departmental Supplies	0.3		
		Minor Equipment	0.2		
		Contracted Serv. Non-Maint.	0.1		
		Dues/Books Periodicals	0.0		
		Office Supplies	0.1		
		Miscellaneous	0.0		
<b>TOTAL</b>	<b>0.7</b>				
<b>D49</b>	<b>HYP</b>	Agency Employees	44.4		
		Contracted Serv. Non-Maint.	52.0		
		Travel / Conf. Bus. Meet	0.0		
		Oxygen	2.3		
		Office Supplies	0.0		
		Telephone	0.0		
		Minor Equipment	0.0		
		DepartmentalSupplies	0.0		
		Dues/Books Periodicals	0.0		
		Miscellaneous	0.0		
		<b>TOTAL</b>	<b>98.6</b>		
		<b>D51</b>	<b>MRI</b>	Contracted Serv. Maint.	208.7
				Contracted Serv. Non-Maint.	29.6
Departmental Supplies	15.8				
M&S Chrg SUPPLIES	0.3				
Dues/Books Periodicals	6.7				
Telephone	0.0				
X-ray Film	0.0				
Minor Equipment	5.6				
Office Supplies	0.6				
Uniforms	0.7				
Purch Med Services	0.0				
Drugs	29.0				
Food	0.0				
Miscellaneous	0.1				
<b>TOTAL</b>	<b>297.1</b>				
<b>D53</b>	<b>LIT</b>	Contracted Serv. Non-Maint.	72.6		
		Contracted Serv. Maint.	4.9		
		AgencyEmployees	5.4		
		Minor Equipment	2.3		
		Office Supplies	0.2		
		Repairs & Maint	0.0		
		Freight Charges	0.2		
		Food	0.0		
		Purch Med Services	0.1		
		Uniforms	1.0		
		Miscellaneous	0.2		
		<b>TOTAL</b>	<b>86.9</b>		

INSTITUTION NAME Union Hospital of Cecil County

BASE YEAR

06-18

INSTITUTION NUMBE 0032

SCHEDULE	COST CENTE	DESCRIPTION	AMOUNT
<b>D55</b>	<b>OBV</b>	Purch Med Services	0.0
		Contracted Serv. Non-Maint.	10.7
		Agency Employees	56.3
		Food	32.8
		Travel / Conf. Bus. Meet	0.8
		Minor Equipment	1.4
		Uniforms	0.0
		Telephone	0.0
		Office Supplies	5.7
		Dues/Books/Periodicals	0.2
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>107.9</b>
<b>D56</b>	<b>AMR</b>	Purch Med Services	49.0
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>49.0</b>
<b>D59</b>	<b>TNA</b>	M&S Chrg SUPPLIES	0.0
		Miscellaneous	0.0
		<b>TOTAL</b>	<b>0.0</b>

Note: All \$ in thousands. All Departments with Misc. > 1% due to rounding, or department has miscellaneous expense category > 1% on Hospital GL.

AUXILIARY ENTERPRISES  
PAR

E2

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

	VOLUME DATA	BASE YEAR UNITS	BUDGET YR UNITS
A	# OF SPACES	750	750

PARKING - 8440

5440

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

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	97.6	134.1	231.7	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	XXX	XXX	XXX	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////	XXX	XXX	XXX	XXX	D

COL. 5 COL. 6  
COST CENTER CODE

D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	SCH . H3				XXX	E
F	DONATED SERV & COMMODATIES	RECORDS				XXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	97.6	134.1	231.7	0.30893	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXX	XXX	34.9	XXX	H
I	PROFIT (LOSS)	H-G	XXX	XXX	(196.8)	XXX	I
J	AMT TREATED AS FRINGE	RECORDS	XXX	XXX	0.0	XXX	J
K	AMT TREATED AS OFC	I-J	XXX	XXX	(196.8)	XXX	K

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXX	L
M	MISC ADJUSTMENTS	BUDGET				XXX	M
N	BUDGET YEAR EXPENSES	G+L+M					N

BUDGET YEAR PROFIT (LOSS)

O	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	O
P	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	P
Q	BUDGET YEAR REVENUE	O+P	XXX	XXX		XXX	Q
R	PROFIT (LOSS)	Q+N	XXX	XXX		XXX	R

FTE DATA

S	ADJ BASE YR HRS WORKED / 2080	RECORDS	0.0				S
T	BUDGET YR HRS WORKED / 2080	BUDGET					T

HSCRC  
8-99

AUXILIARY ENTERPRISES  
OOR

E4

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

	VOLUME DATA	BASE YEAR UNITS	BUDGET YR UNITS
A	SQ. FEET	3	3

OFFICE & OTHER RENTAL - 9220

5440

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

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	0.0	97.9	97.9	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	0.0	XXX	0.0	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////	XXX	XXX	XXX	XXX	D

COL. 5 COL. 6  
COST CENTER CODE

D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	SCH . H3				XXX	E
F	DONATED SERV & COMMODATIES	RECORDS				XXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	0.0	97.9	97.9	32.63333	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXX	XXX	57.8	XXX	H
I	PROFIT (LOSS)	H-G	XXX	XXX	(40.1)	XXX	I
J	AMT TREATED AS FRINGE	RECORDS	XXX	XXX		XXX	J
K	AMT TREATED AS OFC	I-J	XXX	XXX	(40.1)	XXX	K

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXX	L
M	MISC ADJUSTMENTS	BUDGET				XXX	M
N	BUDGET YEAR EXPENSES	G+L+M					N

BUDGET YEAR PROFIT (LOSS)

O	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	O
P	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	P
Q	BUDGET YEAR REVENUE	O+P	XXX	XXX		XXX	Q
R	PROFIT (LOSS)	Q+N	XXX	XXX		XXX	R

FTE DATA

S	ADJ BASE YR HRS WORKED / 2080	RECORDS	0.0				S
T	BUDGET YR HRS WORKED / 2080	BUDGET					T

HSCRC  
8-99

AUXILIARY ENTERPRISES  
REO

E5

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

	VOLUME DATA	BASE YEAR UNITS	BUDGET YR UNITS
A	SQ. FEET	1	1

RETAIL OPERATIONS - 9230  
9130

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

B	BASE YEAR EXPENSES	RECORDS	0.0	73.7	73.7	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	0.0	XXX	0.0	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////	XXX	XXX	XXX	XXX	D

COL. 5 COL. 6  
COST CENTER CODE

D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	SCH . H3				XXX	E
F	DONATED SERV & COMMODATIES	RECORDS				XXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	0.0	73.7	73.7	73.70000	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXX	XXX	0.0	XXX	H
I	PROFIT (LOSS)	H-G	XXX	XXX	(73.7)	XXX	I
J	AMT TREATED AS FRINGE	RECORDS	XXX	XXX		XXX	J
K	AMT TREATED AS OFC	I-J	XXX	XXX	(73.7)	XXX	K

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXX	L
M	MISC ADJUSTMENTS	BUDGET				XXX	M
N	BUDGET YEAR EXPENSES	G+L+M					N

BUDGET YEAR PROFIT (LOSS)

O	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	O
P	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	P
Q	BUDGET YEAR REVENUE	O+P	XXX	XXX		XXX	Q
R	PROFIT (LOSS)	Q+N	XXX	XXX		XXX	R

FTE DATA

S	ADJ BASE YR HRS WORKED / 2080	RECORDS	0.0				S
T	BUDGET YR HRS WORKED / 2080	BUDGET					T

HSCRC  
8-99

AUXILIARY ENTERPRISES  
CAF

E7

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

	VOLUME DATA	BASE YEAR UNITS	BUDGET YR UNITS
A	MEALS	154,349	158,889

CAFETERIA - 8320  
5320

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

B	BASE YEAR EXPENSES	RECORDS	402.1	534.7	936.8	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	XXX	XXX	XXX	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////	XXX	XXX	XXX	XXX	D

COL. 5 COL. 6  
COST CENTER CODE

D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	SCH. H3				XXX	E
F	DONATED SERV & COMMODATIES	RECORDS				XXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	402.1	534.7	936.8	0.00607	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXX	XXX	762.0	XXX	H
I	PROFIT (LOSS)	H-G	XXX	XXX	(174.8)	XXX	I
J	AMT TREATED AS FRINGE	RECORDS	XXX	XXX	(174.8)	XXX	J
K	AMT TREATED AS OFC	I-J	XXX	XXX	0.0	XXX	K

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXX	L
M	MISC ADJUSTMENTS	BUDGET				XXX	M
N	BUDGET YEAR EXPENSES	G+L+M					N

BUDGET YEAR PROFIT (LOSS)

O	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	O
P	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	P
Q	BUDGET YEAR REVENUE	O+P	XXX	XXX		XXX	Q
R	PROFIT (LOSS)	Q+N	XXX	XXX		XXX	R

FTE DATA

S	ADJ BASE YR HRS WORKED / 2080	RECORDS	10.4
T	BUDGET YR HRS WORKED / 2080	BUDGET	

S
T

HSCRC  
8-99

OTHER INSTITUTIONAL PROGRAMS  
CHE

F4

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

VOLUME DATA		BASE YEAR UNITS	BUDGET YR UNITS
A	# PART.	10,098	10,074

COMMUNITY HEALTH EDUCATION

8270

SOURCE	WAGES, SALAR- IES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUE	EXPENSES, REVENUE PER UNIT
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BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	559.2	227.6	786.8	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	1.4	XXX	1.4	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////	XXX	XXX	XXX	XXX	D

COL. 5

COL. 6

COST CENTER

CODE

D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	SCH . H3				XXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	560.6	227.6	788.2	0.07806	G

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXX	XXX	577.8	XXX	H
H	PROFIT (LOSS)	H-G	XXX	XXX	(210.4)	XXX	I

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXX	L
J	MISC ADJUSTMENTS	BUDGET				XXX	M
K	BUDGET YEAR EXPENSES	G+L+M					N

BUDGET YEAR PROFIT (LOSS)

L	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	O
M	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	P
N	BUDGET YEAR REVENUE	O+P	XXX	XXX		XXX	Q
O	PROFIT (LOSS)	Q+N	XXX	XXX		XXX	R

FTE DATA

P	ADJ BASE YR HRS WORKED / 2080	RECORDS	5.9				S
Q	BUDGET YR HRS WORKED / 2080	BUDGET					T

HSCRC  
9-99

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP

INSTITUTION NAME: UNION HOSPITAL OF CECIL COUNTY  
 INSTITUTION NUMBER: 0032  
 BASE YEAR 06-18

LOSS PER FTE		SOURCE	TOTAL
A	GAIN (LOSS) TO BE ALLOC. AS FRINGE	SCH. E2,E7,E8	174.8
B	NUMBER OF FTEs	RECORDS	728.3
B1	LOSS PER FTE	A / B	0.24001

Allocation of Data Processing Expense

BASE YEAR DATA	SOURCE	COL. 2	COL. 3	COL. 4	
		WAGES, SALARY & BENEFITS	OTHER EXPENSES	TOTAL EXPENSES	
C1	BASE YEAR EXPENSES	RECORDS	2,491.6	3,302.1	5,793.7
2	DONATED SERVICES & COMMODATIES	RECORDS			
3	FISCAL YEAR ADJUSTED EXPENSES	A + B	2,491.6	3,302.1	5,793.7

DISTRIBUTIONS

CAFETERIA, PARKING, ETC. ALLOCATION

DATA PROCESSING ALLOCATION

	DISTRIBUTIONS	CAFETERIA, PARKING, ETC. ALLOCATION		DATA PROCESSING ALLOCATION						TOTAL ALLOCATED EXPENSE Col. 2 + Col. 7	
		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8		
	SCHED	CODE	FTE	B1 * D1	ALLOCATED AMOUNT	BASIS	WAGES, SALARY & BENEFITS	OTHER EXPENSES	DP ALLOCATION		
D1	DIETARY SERVICES	C1	DTY	20.1	4.8					4.8	
2	LAUNDRY & LINEN	C2	LL	6.2	1.5					1.5	
3	SOCIAL SERVICES	C3	SSS	2.5	0.6					0.6	
4	PURCHASING & STORES	C4	PUR	3.5	0.8	145.4	0.025	62.5	82.9	145.4	146.2
5	PLANT OPERATIONS	C5	POP	32.5	7.8						7.8
6	HOUSEKEEPING	C6	HKP	37.1	8.9						8.9
7	CENTRAL SERVICES & SUPPLY	C7	CSS	9.6	2.3						2.3
8	PHARMACY	C8	PHM	25.7	6.2	141.6	0.024	60.9	80.7	141.6	147.8
9	GENERAL ACCOUNTING	C9	FIS	1.1	0.3	280.7	0.048	120.7	160.0	280.7	281.0
10	PATIENT ACCOUNTS	C10	PAC	23.8	5.7	318.8	0.055	137.1	181.7	318.8	324.5
11	HOSPITAL ADMINISTRATION	C11	MGT	38.0	9.1	1,752.6	0.303	753.7	998.9	1,752.6	1,761.7
12	MEDICAL RECORDS	C12	MRD	29.7	7.1	1,824.9	0.315	784.8	1,040.1	1,824.9	1,832.0
13	MEDICAL STAFF ADM	C13	MSA	3.6	0.9						0.9
14	NURSING ADMIN	C14	NAD	17.1	4.1						4.1
15	ORGAN ACQUISITION	C15	OAO								
16	MED SURGICAL ACUTE	D1	MSG	114.9	27.7						27.7
17	PEDIATRIC ACUTE	D2	PED								
18	PSYCHIATRIC ACUTE	D3	PSY	16.5	4.0						4.0
19	OBSTETRICS ACUTE	D4	OBS	7.1	1.7						1.7
20	DEFINITIVE OBSERVATION	D5	DEF								
21	MED SURG INTENSIVE CARE	D6	MIS	16.0	3.8						3.8
22	CORONARY CARE	D7	CCU								
23	PEDIATRIC INTENSIVE CARE	D8	PIC								
24	NEO-NATAL INTENSIVE CARE	D9	NEO								
25	BURN CARE	D10	BUR								
26	PSYCHIATRIC INTENSIVE CARE	D11	PSI								
27	SHOCK TRAUMA	D12	TRM								
28	ONCOLOGY	D13	ONC								
29	NEWBORN NURSERY	D14	NUR	4.0	1.0						1.0
30	PREMATURE NURSERY	D15	PRE								
31	INTERMEDIATE CARE	D17	ICC								

HSCRC  
08/10

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP

INSTITUTION NAME: UNION HOSPITAL OF CECIL COUNTY

INSTITUTION NUMBER: 0032

BASE YEAR: 06-18

DISTRIBUTIONS CAFETERIA, PARKING, ETC. ALLOCATION DATA PROCESSING ALLOCATION

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8		
	SCHED	CODE	FTE	B1 * D1	ALLOCATED AMOUNT	BASIS	WAGES, SALARY & BENEFITS	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE Col. 2 + Col. 7	
32	EMERGENCY SERVICES	D18	EMG	74.6	17.9	196.7	0.034	84.6	112.1	196.7	214.6
33	CLINIC SERVICES	D19	CL	5.1	1.2	5.8	0.001	2.5	3.3	5.8	7.0
34	PSYCH DAY & NIGHT CARE	D20	PDC								
35	SAME DAY SURGERY	D22	SDS	2.3	0.6						0.6
36	LABOR & DELIVERY	D23	DEL	14.8	3.6						3.6
37	OPERATING ROOM	D24	OR	49.1	11.8	269.7	0.047	116.0	153.7	269.7	281.5
38	OPERATING ROOM CLINIC	D24A	ORC	0.1		0.6	0.000	0.3	0.3	0.6	0.6
39	ANESTHESIOLOGY	D25	ANS								
40	LABORATORY SERVICES	D28	LAB	32.6	7.8	326.3	0.056	140.3	186.0	326.3	334.1
41	ELECTROCARDIOGRAPHY	D30	EKG	15.3	3.7	14.2	0.002	6.1	8.1	14.2	17.9
42	INTERVENTIONAL RAD/CARD	D31	IRC	8.3	2.0	45.3	0.008	19.5	25.8	45.3	47.3
43	RADIOLOGY - DIAGNOSTIC	D32	RAD	41.8	10.0	198.6	0.034	85.4	113.2	198.6	208.6
44	CT SCANNER	D33	CAT	12.8	3.1	75.1	0.013	32.3	42.8	75.1	78.2
45	RADIOLOGY - THERAPEUTIC	D34	RAT	0.5	0.1						0.1
46	NUCLEAR MEDICINE	D35	NUC	5.6	1.3	23.5	0.004	10.1	13.4	23.5	24.8
47	RESPIRATORY THERAPY	D36	RES	12.2	2.9	6.5	0.001	2.8	3.7	6.5	9.4
48	PULMONARY FUNCTION TESTING	D37	PUL								
49	ELECTROENCEPHALOGRAPHY	D38	EEG	4.1	1.0	2.8	0.000	1.2	1.6	2.8	3.8
50	PHYSICAL THERAPY	D39	PTH	5.2	1.2	1.0	0.000	0.4	0.6	1.0	2.2
51	OCCUPATIONAL THERAPY	D40	OTH			0.2	0.000	0.1	0.1	0.2	0.2
52	SPEECH LANGUAGE PATHOLOGY	D41	STH			0.2	0.000	0.1	0.1	0.2	0.2
53	RECREATIONAL THERAPY	D42	REC								
54	AUDIOLOGY	D43	AUD								
55	OTHER PHYSICAL MEDICINE	D44	OPM								
56	RENAL DIALYSIS	D45	RDL								
57	ORGAN ACQUISITION	D46	OA								
58	LEUKOPHERESIS	D48	LEU								
59	HYPERBARIC CHAMBER	D49	HYP			0.2	0.000	0.1	0.1	0.2	0.2
60	FREE STANDING EMERGENCY SVCS	D50	FSE								
61	MRI SCANNER	D51	MRI	5.5	1.3	32.3	0.006	13.9	18.4	32.3	33.6
62	LITHOTRIPSY	D53	LIT	0.9	0.2	0.6	0.000	0.3	0.3	0.6	0.8
63	REHABILITATION	D54	RHB								
64	OBSERVATION	D55	OBV	22.6	5.4						5.4
65	AMB SERVICES - REBUNDLED	D56	AMR								
66	TRANSURETHERAL MICROWAVE THER	D57	TMT								
67	ONCOLOGY O/P CLINIC	D58	OCL								
68	TRANSURETHERAL NEEDLE ABLATION	D59	TNA								
69	PSYCH ADULT	D70	PAD								
70	PSYCH CHILD/ADOLESCENT	D71	PCD								
71	PSYCH GERIATRIC	D73	PSG								
72	INDIVIDUAL THERAPIES	D74	ITH								
73	GROUP THERAPIES	D75	GTH								
74	FAMILY THERAPIES	D76	FTH								
75	PSYCH TESTING	D77	PST								
76	EDUCATION	D78	PSE								
77	OTHER THERAPIES	D79	OPT								
78	ELECTROCONVULSIVE THERAPY	D80	ETH								

HSCRC  
08/10

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP

INSTITUTION NAME: UNION HOSPITAL OF CECIL COUNTY

INSTITUTION NUMBER: 0032

BASE YEAR: 06-18

DISTRIBUTIONS

CAFETERIA, PARKING, ETC. ALLOCATION

DATA PROCESSING ALLOCATION

			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
	SCHED	CODE	FTE	B1 * D1	ALLOCATED AMOUNT	BASIS	WAGES, SALARY & BENEFITS	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE Col. 2 + Col. 7
79	ACTIVITY THERAPIES	D81	ATH							
80	AMBULANCE SERVICES	E1	AMB							
81	DR. PRIVATE OFFICE RENTAL	E3	DPO							
82	OFFICE & OTHER RENTAL	E4	OOR							
83	RETAIL OPERATIONS	E5	REO							
84	PATIENT TELEPHONES	E6	PTE							
85	RESEARCH	F1	REG							
86	NURSING EDUCATION	F2	RNS							
87	OTHER HEALTH PROF. EDUCATION	F3	OHE							
88	COMMUNITY HEALTH EDUCATION	F4	CHE	5.9	1.4					1.4
89	MEDICAL SURGICAL ACUTE	P2A	MSG							
90	PEDIATRIC ACUTE	P2A	PED							
91	PSYCHIATRIC ACUTE	P2A	PSY							
92	OBSTETRICS ACUTE	P2A	OBS							
93	DEFINITIVE OBSERVATION	P2A	DEF							
94	M/S INTENSIVE CARE	P2A	MIS							
95	CORONARY CARE	P2A	CCU							
96	PEDIATRIC INTENSIVE CARE	P2B	PIC							
97	NEONATAL INTENSIVE CARE	P2B	NEO							
98	BURN CARE	P2B	BUR							
99	PSYCHIATRIC INTENSIVE CARE	P2B	PSI							
100	SHOCK TRAUMA	P2B	TRM							
101	ONCOLOGY	P2B	ONC							
102	NEWBORN NURSERY	P2B	NUR							
103	PREMATURE NURSERY	P2C	PRE							
104	INTERMEDIATE CARE	P2C	ICC							
105	EMERGENCY SERVICES	P2C	EMG							
106	CLINIC SERVICES	P2C	CL							
107	PSYCH DAY & NIGHT CARE	P2C	PDC							
108	SAME DAY SURGERY	P2C	SDS							
109	MRI	P2D	MRI							
110	LABOR & DELIVERY	P2D	DEL							
111	OPERATING ROOM	P2D	OR							
112	OPERATING ROOM CLINIC	P2D	ORC							
113	ANESTHESIOLOGY	P2D	ANS							
114	LABORATORY SERVICES	P2D	LAB							
115	ELECTROCARDIOGRAPHY	P2D	EKG							
116	INTERVENTIONAL RAD/CARD	P2E	IRC							
117	RADIOLOGY - DIAGNOSTIC	P2E	RAD							
118	CT SCANNER	P2E	CAT							
119	RADIOLOGY - THERAPEUTIC	P2E	RAT							
120	NUCLEAR MEDICINE	P2C	NUC							
121	RESPIRATORY THERAPY	P2E	RES							
122	PULMONARY FUNCTION TESTING	P2E	PUL							
123	ELECTROENCEPHALOGRAPHY	P2F	EEG							
124	PHYSICAL THERAPY	P2F	PTH							
125	OCCUPATIONAL THERAPY	P2F	OTH							

HSCRC  
08/10

060B

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP

INSTITUTION NAME: UNION HOSPITAL OF CECIL COUNTY

INSTITUTION NUMBER: 0032

BASE YEAR 06-18

DISTRIBUTIONS

CAFETERIA, PARKING, ETC. ALLOCATION

DATA PROCESSING ALLOCATION

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	
	SCHED	CODE	FTE	B1 * D1	ALLOCATED AMOUNT	BASIS	WAGES, SALARY & BENEFITS	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE Col. 2 + Col. 7
126	SPEECH LANGUAGE PATHOLOGY	P2F	STH							
127	RECREATIONAL THERAPY	P2F	REC							
128	AUDIOLOGY	P2F	AUD							
129	OTHER PHYSICAL MEDICINE	P2F	OPM							
130	RENAL DIALYSIS	P2G	RDL							
131	ORGAN ACQUISITION	P2G	OA							
132	LEUKOPHERESIS	P2G	LEU							
133	HYPERBARIC CHAMBER	P2G	HYP							
134	FREE STANDING EMERGENCY SVCS	P2G	FSE							
135	LITHOTRIPSY	P2G	LIT							
136	REHABILITATION	P2H	RHB							
137	TRANSURETHERAL MICROWAVE THER	P2H	TMT							
138	ONCOLOGY O/P CLINIC	P2H	OCL							
139	TRANSURETHERAL NEEDLE ABLATION	P2H	TNA							
140	PSYCH ADULT	P2H	PAD							
141	PSYCH CHILD/ADOLESCENT	P2H	PCD							
142	PSYCH GERIATRIC	P2H	PSG							
143	INDIVIDUAL THERAPIES	P2I	ITH							
144	GROUP THERAPIES	P2I	GTH							
145	PSYCH TESTING	P2I	PST							
146	EDUCATION	P2I	PSE							
147	OTHER THERAPIES	P2I	OPT							
148	ACTIVITY THERAPY	P2I	ATH							
149	MED/SURG ACUTE	P3A	MSG							
150	PEDIATRIC ACUTE	P3A	PED							
151	PSYCHIATRIC ACUTE	P3A	PSY							
152	OBSTETRICS ACUTE	P3A	OBS							
153	DEFINITIVE OBSERVATION	P3A	DEF							
154	MED/SURG INTENSIVE CARE	P3A	MIS							
155	CORONARY CARE	P3A	CCU							
156	PEDIATRIC INTENSIVE CARE	P3B	PIC							
157	NEONATAL INTENSIVE CARE	P3B	NEO							
158	BURN CARE	P3B	BUR							
159	PSYCHIATRIC INTENSIVE CARE	P3B	PSI							
160	SHOCK TRAUMA	P3B	TRM							
161	ONCOLOGY	P3B	ONC							
162	NEWBORN NURSERY	P3B	NUR							
163	PREMATURE NURSERY	P3C	PRE							
164	INTERMEDIATE CARE	P3C	ICC							
165	EMERGENCY SERVICES	P3C	EMG							
166	CLINIC SERVICES	P3C	CL							
167	PSYCH DAY & NIGHT CARE	P3C	PDC							
168	SAME DAY SURGERY	P3C	SDS							
169	MRI	P3D	MRI							
170	LABOR & DELIVERY	P3D	DEL							
171	OPERATING ROOM	P3D	OR							
172	OPERATING ROOM CLINIC	P3D	ORC							

HSCRC  
08/10

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP

INSTITUTION NAME: UNION HOSPITAL OF CECIL COUNTY

INSTITUTION NUMBER: 0032

BASE YEAR 06-18

DISTRIBUTIONS

CAFETERIA, PARKING, ETC. ALLOCATION

DATA PROCESSING ALLOCATION

			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
	SCHED	CODE	FTE	B1 * D1	ALLOCATED AMOUNT	BASIS	WAGES, SALARY & BENEFITS	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE Col. 2 + Col. 7
173	ANESTHESIOLOGY	P3D	ANS							
174	LABORATORY SERVICES	P3D	LAB							
175	ELECTROCARDIOGRAPHY	P3D	EKG							
176	INTERVENTIONAL RAD/CARD	P3E	IRC							
177	RADIOLOGY - DIAGNOSTIC	P3E	RAD							
178	CT SCANNER	P3E	CAT							
179	RADIOLOGY THERAPEUTIC	P3E	RAT							
180	NUCLEAR MEDICINE	P3E	NUC							
181	RESPIRATORY THERAPY	P3E	RES							
182	PULMONARY FUNCTION TESTING	P3E	PUL							
183	ELECTROENCEPHALOGRAPHY	P3F	EEG							
184	PHYSICAL THERAPY	P3F	PTH							
185	OCCUPATIONAL THERAPY	P3F	OTH							
186	SPEECH LANGUAGE PATHOLOGY	P3F	STH							
187	RECREATIONAL THERAPY	P3F	REC							
188	AUDIOLOGY	P3F	AUD							
189	OTHER PHYSICAL MEDICINE	P3F	OPM							
190	RENAL DIALYSIS	P3G	RDL							
191	ORGAN ACQUISITION	P3G	OA							
192	LEUKOPHERESIS	P3G	LEU							
193	HYPERBARIC CHAMBER	P3G	HYP							
194	FREE STANDING EMERGENCY SVCS	P3G	FSE							
195	LITHOTRIPSY	P3G	LIT							
196	REHABILITATION	P3H	RHB							
197	TRANSURETHERAL MICROWAVE THER	P3H	TMT							
198	ONCOLOGY O/P CLINIC	P3H	OCL							
199	TRANSURETHERAL NEEDLE ABLATION	P3H	TNA							
200	MEDICAL SURG ACUTE	P4A	MSG							
201	PEDIATRIC ACUTE	P4A	PED							
202	PSYCHIATRIC ACUTE	P4A	PSY							
203	OBSTETRICS ACUTE	P4A	OBS							
204	DEFINITIVE OBSERVATION	P4A	DEF							
205	MED/SURG INTENSIVE CARE	P4A	MIS							
206	CORONARY CARE	P4A	CCU							
207	PEDIATRIC INTENSIVE CARE	P4A	PIC							
208	NEO NATAL INTENSIVE CARE	P4A	NEO							
209	BURN CARE	P4A	BUR							
210	PSYCHIATRIC INTENSIVE CARE	P4A	PSI							
211	SHOCK TRAUMA	P4A	TRM							
212	ONCOLOGY	P4A	ONC							
213	NEWBORN NURSERY	P4A	NUR							
214	PREMATURE NURSERY	P4A	PRE							
215	INTERMEDIATE CARE	P4A	ICC							
216	EMERGENCY SERVICES	P4C	EMG							
217	CLINIC SERVICES	P4C	CL							
218	PSYCH DAY & NIGHT CARE	P4C	PDC							
219	SAME DAY SURGERY	P4A	SDS							

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08/10

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP

INSTITUTION NAME: UNION HOSPITAL OF CECIL COUNTY

INSTITUTION NUMBER: 0032

BASE YEAR 06-18

DISTRIBUTIONS

CAFETERIA, PARKING, ETC. ALLOCATION

DATA PROCESSING ALLOCATION

			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
	SCHED	CODE	FTE	B1 * D1	ALLOCATED AMOUNT	BASIS	WAGES, SALARY & BENEFITS	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE Col. 2 + Col. 7
220	MRI	P4D	MRI							
221	LABOR & DELIVERY	P4D	DEL							
222	OPERATING ROOM	P4D	OR							
223	OPERATING ROOM CLINIC	P4D	ORC							
224	ANESTHESIOLOGY	P4D	ANS							
225	LABORATORY SERVICES	P4D	LAB							
226	ELECTROCARDIOGRAPHY	P4D	EKG							
227	INTERVENTIONAL RAD/CARD	P4E	IRC							
228	RADIOLOGY - DIAGNOSTIC	P4E	RAD							
229	CT SCANNER	P4E	CAT							
230	RADIOLOGY - THERAPEUTIC	P4E	RAT							
231	NUCLEAR MEDICINE	P4E	NUC							
232	RESPIRATORY THERAPY	P4E	RES							
233	PULMONARY FUNCTION TESTING	P4E	PUL							
234	ELECTROENCEPHALOGRAPHY	P4F	EEG							
235	PHYSICAL THERAPY	P4F	PTH							
236	OCCUPATIONAL THERAPY	P4F	OTH							
237	SPEECH LANGUAGE PATHOLOGY	P4F	STH							
238	RECREATIONAL THERAPY	P4F	REC							
239	AUDIOLOGY	P4F	AUD							
240	OTHER PHYSICAL MEDICINE	P4F	OPM							
241	RENAL DIALYSIS	P4G	RDL							
242	ORGAN ACQUISITION	P4G	OA							
243	LEUKOPHERESIS	P4G	LEU							
244	HYPERBARIC CHAMBER	P4G	HYP							
245	FREE STANDING EMERGENCY	P4G	FSE							
246	LITHOTRIPSY	P4G	LIT							
247	REHABILITATION	P4H	RHB							
248	TRANSURETHRAL MICROWAVE THER	P4H	TMT							
249	ONCOLOGY Q/P CLINIC	P4H	OCL							
250	TRANSURETHRAL NEEDLE ABLATION	P4H	TNA							
251	PSYCH ADULT	P4H	PAD							
252	PSYCH CHILD/ADOLESCENT	P4H	PCD							
253	PSYCH GERIATRIC	P4H	PSG							
254	INDIVIDUAL THERAPIES	P4I	ITH							
255	GROUP THERAPIES	P4I	GTH							
256	PSYCH TESTING	P4I	PST							
257	EDUCATION	P4I	PSE							
258	OTHER THERAPIES	P4I	OPT							
259	ACTIVITY THERAPIES	P4I	ATH							
260	MEDICAL SURG ACUTE	P5A	MSG							
261	PEDIATRIC ACUTE	P5A	PED							
262	PSYCHIATRIC ACUTE	P5A	PSY							
263	OBSTETRICS ACUTE	P5A	OBS							
264	DEFINITIVE OBSERVATION	P5A	DEF							
265	M/S INTENSIVE CARE	P5A	MIS							
266	CORONARY CARE	P5A	CCU							

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08/10

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP

INSTITUTION NAME: UNION HOSPITAL OF CECIL COUNTY

INSTITUTION NUMBER: 0032

BASE YEAR 06-18

DISTRIBUTIONS

CAFETERIA, PARKING, ETC. ALLOCATION

DATA PROCESSING ALLOCATION

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	
	SCHED	CODE	FTE	B1 * D1	ALLOCATED AMOUNT	BASIS	WAGES, SALARY & BENEFITS	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE Col. 2 + Col. 7
267	PEDIATRIC INTENSIVE CARE	P5B	PIC							
268	NEO NATAL INTENSIVE CARE	P5B	NEO							
269	BURN CARE	P5B	BUR							
270	PSYCHIATRIC INTENSIVE CARE	P5B	PSI							
271	SHOCK TRAUMA	P5B	TRM							
272	ONCOLOGY	P5B	ONC							
273	NEW BORN NURSERY	P5B	NUR							
274	PREMATURE NURSERY	P5C	PRE							
275	SAME DAY SURGERY	P5C	SDS							
276	INTERMEDIATE CARE	P5C	ICC							
277	EMERGENCY SERVICES	P5C	EMG							
278	CLINIC SERVICES	P5C	CL							
279	PSYCH DAY/NIGHT CARE	P5C	PDC							
280	MRI SCANNER	P5D	MRI							
281	LABOR & DELIVERY	P5D	DEL							
282	OPERATING ROOM	P5D	OR							
283	OPERATING ROOM CLINIC	P5D	ORC							
284	ANESTHESIOLOGY	P5D	ANS							
285	LABORATORY SERVICES	P5D	LAB							
286	ELECTROCARDIOGRAPHY	P5D	EKG							
287	INTERVENTIONAL CARDIOVASCULAR	P5E	IVC							
288	RADIOLOGY - DIAGNOSTIC	P5E	RAD							
289	CT SCANNER	P5E	CAT							
290	RADIOLOGY - THERAPEUTIC	P5E	RAT							
291	NUCLEAR MEDICINE	P5E	NUC							
292	RESPIRATORY THERAPY	P5E	RES							
293	PULMONARY FUNCTION TESTING	P5E	PUL							
294	ELECTROENCEPHALOGRAPHY	P5F	EEG							
295	PHYSICAL THERAPY	P5F	PTH							
296	OCCUPATIONAL THERAPY	P5F	OTH							
297	SPEECH LANGUAGE PATHOLOGY	P5F	STH							
298	RECREATIONAL THERAPY	P5F	REC							
299	AUDIOLOGY	P5F	AUD							
300	OTHER PHYSICAL MEDICINE	P5F	OPM							
301	RENAL DIALYSIS	P5G	RDL							
302	ORGAN ACQUISITION	P5G	OA							
303	LEUKOPHERESIS	P5G	LEU							
304	HYPERBARIC CHAMBER	P5G	HYP							
305	FREE STANDING EMERGENCY SVCS	P5G	FSE							
306	LITHOTRIPSY	P5G	LIT							
307	REHABILITATION	P5H	RHB							
308	TRANSURETHRAL MICROWAVE THER	P5H	TMT							
309	ONCOLOGY O/P CLINIC	P5H	OCL							
310	TRANSURETHRAL NEEDLE ABLATION	P5H	TNA							
311	PSYCH ADULT	P5H	PAD							
312	PSYCH CHILD/ADOLESCENT	P5H	PCD							
313	PSYCHIATRIC GERIATRIC	P5H	PSG							

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RECONCILIATION OF BASE YEAR EXPENSES  
TO SCHEDULE RE

RC

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

EXPENSES		SOURCE	COL. 1 HSCRC REGULATED	COL. 2 UNREGULATED	COL. 3 TOTAL
A	UNASSIGNED EXPENSE	SCH UA, LINES C-B, COL 10	19,370.2	0.0	19,370.2
		SCH UR6, (LINE B, COL 3)			
B	PHYSICIAN PART B SERVICES	SCH P2, LINE A, COL 7	0.0	25,317.3	25,317.3
		SCH UR, LINE B, COL 3			
C	PHYSICIAN SUPPORT SERVICES	SCH P3, LINE A, COL 7	0.0	0.0	0.0
D	RESIDENT INTERN SERVICES	SCH P4 & P5, LINE D, COL 7	0.0	0.0	0.0
E	OVERHEAD EXPENSE SURVEY	SCH OES, LINE P, COL 1	42,887.6	XXXXXX	42,887.6
F	PATIENT CARE CENTERS	SCH D 1- 81, LINE B, COL 4	65,527.4	XXXXXX	65,527.4
G	AUXILIARY ENTERPRISES	SCH E 1- 9, LINE B, COL 3	0.0	1,165.3	1,165.3
H	OTHER INSTITUTIONAL PROG.	SCH F 1- 4, LINE B, COL 3	XXXXXX	788.2	788.2
I	UNREGULATED SERVICES	SCH UR1-UR7,LINE F,COL. 3 (less line B above)	XXXXXX	9,186.8	9,186.8
J	TOTAL OPERATING EXPENSES	A+B+C+D+E+F+G+H+I	127,785.2	36,457.6	164,242.8
K	NON-OPERATING EXPENSES	SCH E 3, 4, 5 LINE B COL 3	XXXXXX	618.5	618.5
L	TOTAL EXPENSES - RE SCHEDULE	LINES J + K	127,785.2	37,076.1	164,861.3
M	TOTAL OPERATING EXPENSES - RE SCH.	SCH RE, LINE S	127,785.2	36,457.6	164,242.8
N	NON-OPERATING EXPENSES	SCH RE, LINE V	XXXXXX	618.5	618.5
O	TOTAL EXPENSES - RE SCHEDULE	LINE M + LINE N	127,785.2	37,076.1	164,861.3
P	RECONCILIATION AMOUNT	LINE O - LINE J	0.0	0.0	0.0
Q	NOMENCLATURE	XXXXXX	XXXXXX	XXXXXX	XXXXXX
P	SEE ATTACHED SHEET				
P3					
P4					
P5					

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08/08

**RC - LINE P  
RECONCILIATION AMOUNT DETAIL**

INSTITUTION NAME: UNION HOSPITAL OF CECIL COUNTY  
INSTITUTION NUMBER: 0032

BASE YEAR

06-18

P1	ROUNDING	0.0
P2		
P3		
P4		
P5		
P6		
P7		
P8		
P9		
P10		
	<b>TOTAL</b>	<b>0.0</b>

## STATEMENT OF REVENUES AND EXPENSES

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTYBASE YEAR 06-18INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

COLUMN 1	COLUMN 2	COLUMN 3
REGULATED	UNREGULATED	TOTAL

## OPERATING REVENUES

		COLUMN 1 REGULATED	COLUMN 2 UNREGULATED	COLUMN 3 TOTAL	
A	GROSS REV FROM DAILY HOSP SERVICES	30340.5	0.0	30340.5	A
B	GROSS REV FROM AMBULATORY SERVICES	20568.8	0.0	20568.8	B
C	GROSS REV FROM I/PANCILLARY SERVICES	37408.1	0.9	37409.0	C
D	GROSS REV FROM O/PANCILLARY SERVICES	77916.3	35125.3	113041.6	D
E	GROSS PATIENT REVENUES	166233.7	35126.2	201359.9	E

## DEDUCTIONS FROM REVENUES

F	PROVISION FOR BAD DEBTS	7974.0	833.4	8807.4	F
G	CHARITY/UNCOMPENSATED CARE	1815.2	7.1	1822.3	G
H	CONTRACTUAL ADJUSTMENTS	6174.6	382.0	6556.6	H
H1	UNCOMPENSATED CARE FUND PAYMENTS	0.0	0.0	0.0	H1
H2	DENIALS	3568.5	28.0	3596.5	H1
I	OTHER DEDUCTIONS FROM REVENUES	8469.5	20664.4	29133.9	I
J	TOTAL DEDUCTIONS FROM REVENUES	28001.8	21914.9	49916.7	J
J1	UNCOMPENSATED CARE FUND RECEIPTS	562.6	0.0	562.6	J1
K	NET PATIENT REVENUES	138794.5	13211.3	152005.8	K
L	OTHER OPERATING REVENUES	(2384.1)	1953.1	(431.0)	L
M	NET OPERATING REVENUES	136410.4	15164.4	151574.8	M

## OPERATING EXPENSES

N	SALARIES, WAGES AND EMPLOYEE BENEFITS	64901.2	18366.3	83267.5	N
O	PROFESSIONAL FEES	3337.0	4.6	3341.6	O
P	SUPPLIES	15345.8	441.6	15787.4	P
Q	DEPRECIATION/AMORT., LEASES/RENTALS	12481.2	554.8	13036.0	Q
R	OTHER EXPENSES	31720.0	17090.3	48810.3	R
S	TOTAL OPERATING EXPENSES	127785.2	36457.6	164242.8	S
T	EXCESS (DEFICIT) OPR. REV. OVER OPR. EXP.	8625.2	(21293.2)	(12668.0)	T
U	NON-OPR. REVENUES	XXXXXXXX	3627.3	3627.3	U
V	NON-OPR. EXPENSES	XXXXXXXX	618.5	618.5	V
W	EXCESS (DEFICIT) REVENUES OVER EXPENSES	8625.2	(18284.4)	(9659.2)	W
X	OPERATING EXPENSES PER EIPD	2.726	XXXXXXXX	XXXXXXXX	X
Y	OPERATING EXPENSES PER EIPA	10.079	XXXXXXXX	XXXXXXXX	Y
Z	WORKING CAPITAL RATIO = CURRENT ASSETS / CURRENT LIABILITIES	0.2	XXXXXXXX	XXXXXXXX	Z

AA	ADMISSIONS	5167	0	5167	Y
BB	EIPA's	12678	0	12678	Y

HSCRC

8-04

121

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

**Income Statement**

RE Line T	Excess (Deficit) Operating Rev. over Operating Expenses	XXXXX	(12,668.0)
RE Line U Detailed Non-Operating:- Income/(Expense)			
U1	Contributions (Unrestricted)	0	XXXXX
U2	Interest & Investment Income	1,015.3	XXXXX
U3	Investment - Gains/Losses - Realized	(175.0)	XXXXX
U4	Investment - Gains/Losses - Unrealized	1,461.0	XXXXX
U5	Swap Agreements - Gains/(losses) - Realized	0	XXXXX
V	Other (Specify)(all other Line U Income and Line V Exp)	707.5	XXXXX
RE Line W Excess Profit/(Loss)		XXXXX	-9659.2

**Supplemental Schedule - FS and RE Schedules**  
**Other Significant Financial Information**

CC	Swap Agreements - Gains/(Losses) - Unrealized	0	XXXXX
DD	Collateral Received/(Posted) - Swap Agreements	0	XXXXX
EE	Retirement of Debt - Gains/(Losses)	0	XXXXX
FF	Pension Adjustments - Defined Benefit Plans	0	XXXXX
GG	Other (Specify)	0	XXXXX
HH	Total	XXXXX	0

RE LINE DETAIL

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY BASE YEAR 06-18  
 INSTITUTION NUMBER 0032

SCHEDULE RE - page 1 of 3

LINE L - OTHER OPERATING REVENUE - DETAIL

	<u>Regulated</u>	<u>Unregulated</u>	<u>Schedule</u>
GARAGE PAY STAT MISC REV	0	34870	E2
MPB RENT	0	0	E4
PET SCAN RENTAL	0	33500	E4
VOICESTREAM RENTAL	0	0	E4
T-MOBILE RENTAL	0	20736	E4
229 E MAIN NCH MISC REV	0	3600	E4
TV RENTAL	0	0	E5
FOOD SERVICE REBATES	0	0	E7
DIETARY EMPLOYEE PURCH	0	18134	E7
OP DIET COUNSEL CONTRACT	0	0	E7
OUTSIDE CATERING	0	156900	E7
EMPLOYEE DISC FOOD SERV	0	0	E7
CAFETERIA	0	103292	E7
UNION CAFÉ FOOD SERV	0	0	E7
UNION CAFÉ MISC	0	483694	E7
DIABETES PROGRAM	0	0	F4
OCCUPATIONAL MED PHYSICIAN REVENUE	0	567116	F4
OCCUPATIONAL MED PHYSICIAN ALLOWANCES	0	10672	F4
PRE/ANN EXAM OCC HEALTH	0	0	F4
HEALTH WORKS OCC HEALTH	0	0	F4
LIFELINE	0	0	F4
PREMIER MISCELLANEOUS REV	398765	0	G/GR
ALCOHOL TEST - STATE	60	0	G/GR
MISCELLANEOUS	16718	0	G/GR
PREMIER REBATES	11728	0	G/GR
PHARMACY INCOME	0	0	G/GR
PREMIER REBATES	20947	0	G/GR
PURCH DISCOUNTS	0	0	G/GR
PURCH DISCOUNTS	6000	0	G/GR
CREDIT CARD REIMBURSEMENT	0	0	G/GR
MEDICARE INTEREST	926	0	G/GR
DIV OF PATIENT CARE	0	0	G/GR
PALLIATIVE CARE	0	0	G/GR
PHARMACY MISC REV	800	0	G/GR
MEANINGFUL USE MIS REV	(13027)	0	G/GR
HIS SOFTWARE MIS REV	11393	0	G/GR
FUND DEV ASSETS RELEASSE	408206	0	G/GR
PHYS PROV SRVC MISC REV	0	0	G/GR
FUND DEV ASSETS RELEASSE	0	0	G/GR
ADULT DAYCARE	0	491646	UR9
SLEEP LAB - CLINICAL TRIALS	0	0	UR10
AFFINITY HEALTH	0	0	G/GR
CANCER PROJ - CLINICAL TRIALS	0	1820	UR10
CLINICAL ED MIS REV	4250	0	G/GR
DIRE PROF PRAC	(25000)	0	G/GR
PSYCH UNIT MISC INCOME	0	0	G/GR
BEHAV HLTH MGT MISC REV	122537	0	G/GR
LAB VET OP	0	16153	UR5
MISCELLANEOUS - LAB	0	0	UR5
MISCELLANEOUS - BREAST CENTER	0	0	G/GR
MISCELLANEOUS - MRI	0	0	G/GR
MISCELLANEOUS - RAD	0	0	UR1
MISCELLANEOUS - MIC	0	0	G/GR
LACTATION EDUCATION	1830	0	G/GR
BARIATRICS MISC REV	(307)	0	G/GR
ELK PRIMARY CARE MISC REV	0	0	UR6
UNION PRIM CARE MISC REV	0	0	UR6
PSYCH PHYS OP MISC REV	0	10954	UR1
CARD PULM REHAB MISC REV	0	0	UR1
EP CLINIC MISC REV	0	0	UR1
PEDIATRICS MISC REV	0	0	UR6
MED STAFF MISC	0	0	G/GR
MED REC MISC	50966	0	G/GR
TRANSCRIPTION SERV	0	0	G/GR
TELEPHONE COMMISSIONS	0	0	G/GR
GRANT EXPENSE MISC REVENUE	35192	0	G/GR
BUDGET ADJUSTMENT	(2693632)	0	G/GR
GBR IP Revenue Accrual	(742534)	0	G/GR
ROUNDING	100	0	G/GR
	<u>(2,384,082)</u>	<u>1,953,087</u>	
	<u>(2,384.1)</u>	<u>1,953.1</u>	

RE LINE DETAIL

INSTITUTION NAME            UNION HOSPITAL OF CECIL COUNTY            BASE YEAR    06-18  
 INSTITUTION NUMBER        0032

SCHEDULE RE - page 2 of 3

LINE U - NON-OPERATING REVENUES - DETAIL

	<u>Regulated</u>	<u>Unregulated</u>	<u>Schedule</u>
DRUG EMPLOYEE PURCH	0	39230	G/GR
OUTSIDE PROVIDER DRUG PURCH	0	159507	G/GR
OFFSITE MAINT MISC	0	0	G/GR
MAINTENANCE MISC	0	24960	G/GR
FACILITIES MGMT MISC	0	7632	G/GR
SECURITY MISC	0	8988	G/GR
HOUSEKEEPING MISC	0	20964	G/GR
LAUNDRY MISC	0	0	G/GR
SUPPLY EMPLOYEE PURCH	0	190408	G/GR
EMPLOYEE WELLNESS MISC REV	0	30420	G/GR
STATE OF EMERGENCY MISC	0	0	G/GR
MISC NON-OP	0	10408	G/GR
PHYSICIAN FINES	0	0	G/GR
DONATIONS	0	0	G/GR
INVEST INC HEALTH INV INC	0	0	G/GR
INVEST INC M/M CD	0	10897	G/GR
INVEST INC SAVINGS	0	0	G/GR
T-MOBILE INVESTMENT INC	0	0	G/GR
INVEST INC 92 & 98 BOND	0	0	G/GR
PREMIER INVEST INC	0	0	G/GR
VOICESTREAM RENTAL	0	0	E4
GAIN ON ASSET DISPOSAL	0	0	G/GR
LEY MORT INT INC	0	0	G/GR
LAVENBURG MORT INT INC	0	0	G/GR
BERNSTEIN MORT INT INC	0	0	G/GR
DEUTSCHE INV INC	0	1663214	G/GR
PRUDENTIAL INTEREST INC	0	0	G/GR
INT 2000 SERIES	0	0	G/GR
INVEST INC	0	0	G/GR
INVEST INC - Inco	0	0	G/GR
UNREALIZED GAIN/LOSS PER AUDIT	0	1460963	G/GR
ROUNDING	0	(300)	G/GR
	<u>0</u>	<u>3,627,291</u>	
	<u>0.0</u>	<u>3,627.3</u>	

RE LINE DETAIL

INSTITUTION NAME            UNION HOSPITAL OF CECIL COUNTY            BASE YEAR    06-18  
 INSTITUTION NUMBER        0032

SCHEDULE RE - page 3 of 3

LINE V - NON-OPERATING EXPENSES - DETAIL

	<u>Regulated</u>	<u>Unregulated</u>	<u>Schedule</u>
COST OF NON PATIENT DRUGS	0	35734	G/GR
340B PHARM	0	256958	G/GR
HOUSEKEEPING - OFFSITE	0	19888	G/GR
OFF-SITE MAINTENANCE	0	0	G/GR
COST OF NON PATIENT MS SUPPLIES	0	167871	G/GR
BANK FEES	0	59447	G/GR
LOSS ON REFINANCING	0	0	G/GR
MISC NON-OP EXPENSES	0	0	G/GR
GAIN ON DISPOSITION OF ASSETS	0	(19214)	G/GR
LOSS ON DISPOSITION OF ASSETS	0	97785	G/GR
SETTLEMENT EXP	0	0	G/GR
ROUNDING	0	0	G/GR
	<u>0</u>	<u>618,469</u>	
	<u>0.0</u>	<u>618.5</u>	

BUILDING FACILITY ALLOWANCE

H1

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

BUILDING LIFE DATA		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	COL. 9	COL. 10
SOURCE PRIMARY USE		1957 Building	1974 Main Hospital	1986 Ambulatory Care							TOTAL
A	FACILITY AGE	REC/BUDG	61	44	32						XXXXX

CASH REQUIRMENTS

B	PRINCIPAL PAYMENTS	REC/BUDG	-	-	2,387.0						2,387.0
C	INTEREST PAYMENTS	REC/BUDG	-	-	1,830.8						1,830.8
D	RENT & LEASE PAYMENTS	REC/BUDG	-	-	-						-
E	PURCHASES	REC/BUDG	-	-	930.2						930.2
F	RENOVATION/REPAIRS	REC/BUDG	-	-	5,662.2						5,662.2
G	TOTAL		-	-	10,810.2						10,810.2

H	ACCUMUALTED DEPRECIATION
I	DEPRECIATION
J	AVERAGE AGE OF PLANT H/I

133,400.7
11,873.0
11.2

DEPARTMENT EQUIPMENT ALLOWANCE

H2A

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
		COST		CUMULATIVE		MKT VALUE	CUMULATIVE	LEASE	
		BASE YEAR	#YRS	PURCHASE	DEPRECIATION	BASE YEAR	LEASES	AMORTIZATION	TOTAL
	CENTER	PURCHASES		TOTAL	COL 3/COL 2	LEASES	TOTAL	COL 6/COL 2	ALLOWANCE
H2 A	MIS	19.1	10	529.5	53.0	-	-	-	53.0
H2 B	CCU		10		-			-	-
H2 C	PIC		10		-			-	-
H2 D	NEO		10		-			-	-
H2 E	BUR		10		-			-	-
H2 F	TRM		10		-			-	-
H2 G	ONC		10		-			-	-
H2 H	OR	383.5	10	2,447.1	244.7	492.8	2,397.2	239.7	484.4
H2 I	AOR		10		-			-	-
H2 J	LAB	19.5	10	522.4	52.2	144.1	766.9	76.7	128.9
H2 K	IRC	38.0	10	1,580.8	158.1	-	-	-	158.1
H2 L	RAD	40.2	10	4,085.0	408.5	-	14.6	1.5	410.0
H2 M	CAT	-	6.5	1,197.3	184.2	-	-	-	184.2
H2 N	RAT		10		-			-	-
H2 O	NUC	8.4	10	62.1	6.2	-	-	-	6.2
H2 P	RDL		10		-			-	-
H2 Q	HYP		10		-			-	-
H2 R	DTY	5.1	10	403.9	40.4	-	-	-	40.4
H2 S	LL	-	10	3.6	0.4	-	-	-	0.4
H2 T	MGT	4.3	10	60.8	6.1	-	-	-	6.1
H2 U	EDP	893.9	5	22,994.0	4,598.8	1,382.8	2,021.2	404.2	5,003.0
H2 V	MRI	24.6	6	410.3	68.4	-	-	-	68.4
H2 W	LIT		5		-			-	-
H2 X	ETH		10		-			-	-
H2 Y	TRP		5		-			-	-
H2 Z	TMT		5		-			-	-
		<b>TOTAL</b>		<b>34,296.8</b>	<b>5,821.0</b>	<b>2,019.7</b>	<b>5,199.9</b>	<b>722.1</b>	<b>6,543.1</b>

**AHA / HSCRC RECONCILIATION  
AHA ANNUAL SURVEY**

AHA - R

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

INSTITUTION NUMBER 0032

Period 06-18

		Col. 1	Col. 2A	Col. 2B	Col. 2C	Col. 2D			Col. 3	Col. 4	Col. 5
Source	RE Schedule	ELIMINATING ENTRIES / RECONCILING ITEMS				Destination	AHA Survey Total Facility	AHA Survey Nursing Home /Sub Acute Unit	AHA Survey Hospital Unit		
		Description	Description	Description	Description						
		HSCRC									
A	Net Patient Revenue	RE Line K	152005.8	(2842.2)			A	AHA Line 3a	149163.6	0.0	149163.6
B	Tax Appropriations	xxxxx	xxxxx				B	AHA Line 3b	0.0	0.0	0.0
C	Other Operating Revenue	RE Line L	-431.0	3231.5			C	AHA Line 3c	2800.5	0.0	2800.5
D	Total Operating Revenue	A + C	151574.8	389.3			D	A + B + C	151964.1	0.0	151964.1
E	Non Operating Revenue	RE Line U	3627.3	(626.1)			E	AHA Line 3d	3001.2	0.0	3001.2
F	Total Revenue	D + E	155202.1	(236.8)			F	AHA Line 3e	154965.3	0.0	154965.3
G	Bad Debts	RE Line F	0	0.0			G	AHA Line 5a	0	0.0	0.0
H	Total Operating Expenses	RE Line S	164242.8	381.7			H		164624.5		
I	Non-Operating Expenses	RE Line V	618.5	(618.5)			I				
J	Total Expenses	G + H + I	164861.3	(236.8)			J	AHA Line 3j	164624.5	0.0	164624.5
K	TOTAL PROFIT / (LOSS)	F - J	-9659.2	0.0			K	F - J	-9659.2	0.0	-9659.2
L	Total Gross Inpatient Revenue	RE Lines A+C	67749.5	(0.2)			L	AHA Line 4a	67,749.3	0.0	67749.3
M	Total Gross Outpatient Revenue	RE Lines B+D	133610.4	583.3			M	AHA Line 4b	134,193.7	0.0	134193.7
N	Total Gross Revenue	RE Line E	201359.9	583.1			N	AHA Line 4c	201943.0	0.0	201943.0
K	Bad Debt Expense	RE Line F	8807.4	(8807.4)			K	AHA Line 5a	0.0	0.0	0.0
L	Charity Care	RE Line G	1822.3	0.1			L	AHA Line 5b	1822.4	0.0	1822.4
M	Admissions *	RE Line AA	5167	0			M	AHA Line 1d	5167	0.0	5167

\* Admissions plus neonates not charged an admission charge (supplemental births)

SUPPLEMENTAL BIRTHS SCHEDULE

HOSPITAL NAME: UNION HOSPITAL OF CECIL COUNTY

HOSPITAL NUMBER: 0032

PERIOD: 06-18

<b>Admissions for EIPA counts</b>		
A	Neonates not charged an Admission Charge	-
B	Admissions from monthly reports ADM revenue center	5,167
C	<b>TOTAL</b>	<b>5,167</b>
<b>Cases for Charge per Case (CPC) Calculations</b>		
D	Neonates not charged a Admission Charge	-
E	Births from monthly reports Nursery (NUR) revenue center	623
F	<b>SUB-TOTAL</b>	<b>623</b>
G	Admissions from monthly reports ADM revenue center	5,167
H	<b>TOTAL</b>	<b>5,790</b>

HSCRC

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3A,H3B

BASE YEAR 06-18

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY  
 INSTITUTION NUMBER 32

	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8	
ALLOWANCE	SOURCE	GENERAL	DIETARY	LAUNDRY	COMM	DATA PROC.	DEPT.	TOTAL	
A	TOTAL INTEREST	HOSP RECORDS	1,881.4	////////	////////	////////	////////	////////	
B	TOTAL DEPRECIATION	HOSP RECORDS	12,481.2	////////	////////	////////	////////	////////	
C	CAP INTENSIVE EQUIP DEPR	H2 TOTAL	6,543.1	40.4	0.4	6.1	5,003.0	1,493.2	6,543.1
D	BLDG & GEN EQUIP DEPR	B - C	5,938.1	////////	////////	////////	////////	////////	5,938.1
E	BLDG & GEN EQUIP DEPR & INT	A + D	7,819.5						7,819.5
F	STANDARD UNITS		91,850.0	58,673.0	867,825.0	55,009.2	55,009.2	////////	////////
G	ALLOWANCE PER UNIT		0.085133	0.000689	0.000001	0.000111	0.090948	////////	////////

DISTRIBUTION	CODE	ADJ. SQ. FT. BASIS								
H1	MSG	5,315	452.5	29.7	0.3	1.0	842.7	-		1,326.2
H2	PED	1,202	102.3	1.6	-	0.1	70.5	-		174.5
H3	PSY	3,800	323.5	4.0	-	0.2	138.7	-		466.4
H4	OBS	3,049	259.6	2.4	-	0.1	67.1	-		329.2
H6	MIS	1,293	110.1	2.7	-	0.3	219.8	53.0		385.9
H14	NUR	792	67.4	-	-	-	37.4	-		104.8
H18	EMG	9,375	798.1	-	-	0.7	569.1	-		1,367.9
H19	CL	6,079	517.5	-	-	0.1	87.8	-		605.4
H20	PDC	120	10.2	-	-	-	-	-		10.2
H22	SDS	500	42.6	-	-	-	19.3	-		61.9
H23	MRI	1,000	85.1	-	-	0.1	80.2	68.4		233.8
H24	DEL	2,219	188.9	-	-	0.2	140.1	-		329.2
H25	OR	24,283	2,067.3	-	0.1	0.6	515.9	484.4		3,068.3
H19	ORC	350	29.8	-	-	-	5.6	-		35.4
H27	ANS	607	51.7	-	-	-	19.4	-		71.1
H28	MSS	8,437	718.3	-	-	0.1	98.9	-		817.3
H29	CDS	2,109	179.5	-	-	0.4	351.5	-		531.4
H30	LAB	5,169	440.1	-	-	0.6	461.1	128.9		1,030.7
H31	AMS	-	-	-	-	-	-	-		-
H32	EKG	1,054	89.7	-	-	0.1	117.5	-		207.3
H33	IRC	570	48.5	-	-	0.1	93.3	158.1		300.0
H34	RAD	7,087	603.3	-	-	0.5	381.3	410.0		1,395.1
H35	CAT	634	54.0	-	-	0.2	156.2	184.2		394.6
H36	RAT	-	-	-	-	-	9.5	-		9.5
H37	NUC	650	55.3	-	-	0.1	64.8	6.2		126.4
H38	RES	1,334	113.6	-	-	0.2	142.4	-		256.2
H40	EEG	1,697	144.5	-	-	0.1	41.2	-		185.8
H41	PTH	21	1.8	-	-	0.1	41.7	-		43.6
H42	OTH	84	7.2	-	-	-	10.9	-		18.1
H43	STH	20	1.7	-	-	-	9.8	-		11.5
H19	HYP	250	21.3	-	-	-	9.0	-		30.3
H51	LIT	250	21.3	-	-	-	15.2	-		36.5
H51	OBV	2,500	212.8	-	-	0.2	185.1	-		398.1
H52	TNA	-	-	-	-	-	-	-		-
II	XYZ	91,850	7,819.5	40.4	0.4	6.1	5,003.0	1,493.2		14,362.6

HSCRC

8-03

164-165B

CAPITAL FACILITY ALLOWANCE SUMMARY

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY  
 INSTITUTION NUMBER 0032

BASE YEAR 06-18  
 BUDGET YEAR \_\_\_\_\_

			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	
			FACILITY PROJECT BASE YEAR			FACILITY PROJECT BUDGET YEAR			
CASH REQUIREMENTS		SOURCE	BUILDING	MOVABLE EQUIP.	TOTAL	BUILDING	MOVABLE EQUIP.	TOTAL	
A	DEBT SERVICE	REC/BUDGET	4,217.8	116.6	4,334.4				A
B	RENTS/LEASES	REC/BUDGET	-	608.2	608.2				B
C	PURCHASES	REC/BUDGET	930.2	3,150.0	4,080.2				C
D	RENOVATIONS/REPAIRS	REC/BUDGET	5,662.2	-	5,662.2				D
E	CASH REQUIREMENTS	A + B + C + D	10,810.2	3,874.8	14,685.0				E

OTHER FINANCIAL CONSIDERATIONS

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

SOURCE	BASE YEAR			BUDGET YEAR		
	TOTAL	DIRECT	PERCENTAGE	TOTAL	DIRECT	PERCENTAGE

REVENUES			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	
A	DONATIONS/PLEDGES	SCH. GR	(0.0)	0.0	(0.0)	(0.0)	(0.0)	(0.0)	A
B	GRANTS	SCH. GR	(0.0)	0.0	(0.0)	(0.0)	(0.0)	(0.0)	B
C	INVESTMENT INCOME (INT.,DIVIDENDS)	SCH. GR	(1674.1)	0.0	(1674.1)	(0.0)	(0.0)	(0.0)	C
D	DONATED COMMODITIES, BLOOD, SERV.	SCH. GR	(0.0)	0.0	(0.0)	(0.0)	(0.0)	(0.0)	D
E	PSRO	SCH. GR	(0.0)	0.0	(0.0)	(0.0)	(0.0)	(0.0)	E
F	OTHER	SCH. GR	(2041.8)	0.0	(2041.8)	(0.0)	(0.0)	(0.0)	F
G	TOTAL REVENUES	A+B+C+D+E+F	(3715.9)	0.0	(3715.9)	(0.0)	(0.0)	(0.0)	G

EXPENSES			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	
H	LICENSES AND TAXES	SCH. UA	0.0	0.0	0.0	0.0	0.0	0.0	H
I	SHORT TERM INTEREST	SCH. UA	0.1	0.0	0.1	0.0	0.0	0.0	I
J	OTHER	REC/BUDGET	618.5	0.0	618.5	0.0	0.0	0.0	J
K	TOTAL EXPENSES	H+I+J	618.6	0.0	618.6	0.0	0.0	0.0	K

OTHER ADJUSTMENTS			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	
L	AUX. ENT & OIP GAINS	SCH E,F	(0.0)	(0.0)	0.0	(0.0)	(0.0)	(0.0)	L
M	AUX. ENT & OIP LOSSES	SCH E,F	519.6	0.0	519.6	0.0	0.0	0.0	M
N	EXCESS CASH REQUIRE. - BLDG. & EQUIP.	SCH. H4	0.0	0.0	0.0	0.0	0.0	0.0	N
O	GAIN ON DISPOSAL OF ASSETS	REC/BUDGET	(0.0)	(0.0)	0.0	(0.0)	(0.0)	(0.0)	O
P	LOSS ON DISPOSAL OF ASSETS	REC/BUDGET	0.0	0.0	0.0	0.0	0.0	0.0	P
Q	TOTAL OTHER ADJUSTMENTS	L+M+N+O+P	519.6	(0.0)	519.6	(0.0)	(0.0)	(0.0)	Q

PERCENTAGE CALCULATION			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	
R	NET OTHER FINANCIAL CONSIDERATIONS	G+K+Q	(2577.7)	(0.0)	(2577.7)	(0.0)	(0.0)	(0.0)	R
S	OTHER FINANCIAL CONSID. PERCENTAGE	R/SCH M	//////	//////	(0.0202)	//////	//////		S



THIRD PARTY PAYOR DIFFERENTIAL - LINE E DETAIL

INSTITUTION NAME      UNION HOSPITAL OF CECIL COUNTY      BASE YEAR      06-18  
 INSTITUTION NUMBER      0032

	<u>INPATIENT</u>	<u>OUTPATIENT</u>	<u>TOTAL</u>
<b>LINE E DETAIL: HMO REV HSCRC REG</b>	<b>17,877.9</b>	<b>26,848.2</b>	<b>44,726.1</b>
AETNA BETTER HEALTH (MCD MCO)	24,682	69,662	94,344
AMERIGROUP AMERICAID (MCD MCO)	3,203,746	4,749,131	7,952,877
BEACON HEALTH (MCD HMO)	1,700,486	571,872	2,272,358
BLUE CROSS (MCD HMO)	15,365	41,226	56,591
HELIX FAMILY CHOICE (MCD MCO)	-	-	-
MARYLAND PMHS (MCD MCO)	-	-	-
AETNA MEDICAID	-	-	-
KEYSTONE MERCY(MCD MCO)	-	-	-
JAI MEDICAL SYSTEMS (MCD MCO)	7,338	25,430	32,768
KAISER MCD MCO (MCD MCO)	85,314	8,870	94,184
FREESTATE MCO (MCD MCO)	-	-	-
MD PHYSICIANS CARE (MCD MCO)	3,589,887	6,720,012	10,309,899
MEDICAID DIAMOND STATE PARTNER (MCD MCO)	-	-	-
MEDSTAR FAMILY CHOICE	21,947	59,695	81,642
MARYLAND HEALTH PARTNERS (MCD MCO)	-	-	-
PAC AMERIGROUP AMERICAID (MCD MCO)	-	-	-
PAC JCI MEDICAL SYSTEMS (MCD MCO)	-	-	-
PAC MD PHYSICIANS CARE (MCD MCO)	-	-	-
PAC PRIORITY PARTNERS (MCD MCO)	-	-	-
PAC UNITED HEALTH CARE MCO ( MCD)	-	-	-
PRIORITY PARTNERS (MCD MCO)	1,678,448	3,185,830	4,864,278
RIVERSIDE HEALTH OF MD INC (MCD MCO)	-	281,721	281,721
UNITED HEALTH CARE MCO ( MCD MCO)	2,004,035	2,866,671	4,870,706
UNITED HEALTHCARE COMMUNITY PL	35,965	221,013	256,978
UNIV OF MD HEALTH PARTNERS (MCD MCO)	3,266,704	5,116,516	8,383,220
VALUE OPTIONS ( MCD MCO)	-	-	-
ADVANTRA OF DE	-	-	-
AETNA MEDICARE	966,479	1,102,551	2,069,030
BC KEY CARE 65 MEDICARE	29,773	12,676	42,449
BLUE CROSS MEDICARE ADVANTAGE	97,496	42,957	140,453
BRAVO MEDICARE	-	-	-
EVERCARE - MEDICARE	-	-	-
HUMANA - MEDICARE	88,879	106,033	194,912
JOHNS HOPKINS MED SERV CORP - MEDICARE	16,178	104,792	120,970
MEDICARE HMO	39,235	41,630	80,865
SECURE HORIZONS MCR	-	-	-
STERLING OPTION (MEDICARE)	-	-	-
UNIVERSITY OF MD HEALTH ADVANTAGE	1,005,917	1,519,919	2,525,836
<b>TOTAL</b>	<b>17,877,874</b>	<b>26,848,207</b>	<b>44,726,081</b>

OVERHEAD EXPENSE APPORTIONMENT - STATS

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY  
INSTITUTION NUMBER #0032

BASE YEAR 06-18  
BUDGET YEAR

	COL. 01	COL. 02	COL. 03	COL. 04	COL. 05	COL. 06	COL. 07	COL. 07A	COL. 08	COL. 09	COL. 10
UNIT COST					CENT-		INPATIENT	AMBULATORY	OUTPATIENT		
CACULATIONS		LAUNDRY		HOUSE	SUPP/		PAT.ACCTS	PAT.ACCTS	PAT.ACCTS		
		&	PURCH &	KEEPING	PHARM/	PLANT	MED.REC.	MED.REC.	MED.REC.	MEDICAL	UNASSIGNED
	DIETARY	LINEN	STORES		S. SERV.	OPERATIONS	ACCTG.	ACCTG.	ACCTG.	STAFF	EXPENSES
							NUR.ADMIN	NUR.ADMIN	NUR.ADMIN	ADMIN.	
							MGMT	MGMT	MGMT		
<b>A</b>    OVERHEAD EXPENSES	1,299	416	457	1,951	5,142	5,615	10,755	3,843	11,791	1,619	0 5,008
<b>B</b>    UNITS	58,673	867,825	8,884	77,205	5,142	91,850	25,332	9,052	20,625	5,167	0 91,136
<b>C</b>    COST PER UNIT	0.0221	0.0005	0.0514	0.0253	1.0000	0.0611	0.4246	0.4246	0.5717	0.3134	# 0.0549
STATISTICAL APPORTIONMENT											
<b>D1</b>    MEDICAL SURG ACUTE    MSG	43,242.0	310,809.0	146.1	4,918.0	//	5,315.0	9,265.9	-	-	//	0 14,762.9
<b>02</b>    PEDIATRIC ACUTE    PED	2,267.0	80,384.0	773.2	1,113.0	//	1,202.0	775.0	-	-	//	0 1,334.1
<b>03</b>    PSYCHIATRIC ACUTE    PSY	5,817.0	48,910.0	17.2	3,517.0	//	3,800.0	1,524.5	-	-	//	0 2,646.1
<b>04</b>    OBSTETRIC ACUTE    OBS	3,443.0	31,268.0	46.7	2,822.0	//	3,049.0	737.8	-	-	//	0 1,402.3
<b>05</b>    DEFINITIVE OBSERVATION    DEF	-	-	-	-	//	-	-	-	-	//	0 -
<b>06</b>    MEDICAL SURGICAL ICU    MIS	3,904.0	55,246.0	853.6	1,197.0	//	1,293.0	2,417.1	-	-	//	0 3,709.3
<b>07</b>    CORONARY CARE    CCU	-	-	-	-	//	-	-	-	-	//	0 -
<b>08</b>    PEDIATRIC ICU    PIC	-	-	-	-	//	-	-	-	-	//	0 -
<b>09</b>    NEO NATAL ICU    NEO	-	-	-	-	//	-	-	-	-	//	0 -
<b>10</b>    BURN CARE    BUR	-	-	-	-	//	-	-	-	-	//	0 -
<b>11</b>    PSYCHIATRIC ICU    PSI	-	-	-	-	//	-	-	-	-	//	0 -
<b>12</b>    SHOCK TRAUMA    TRM	-	-	-	-	//	-	-	-	-	//	0 -
<b>13</b>    ONCOLOGY    ONC	-	-	-	-	//	-	-	-	-	//	0 -
<b>14</b>    NEW BORN NURSERY    NUR //		8,614.0	26.0	733.0	//	792.0	411.2	-	-	//	0 658.1
<b>15</b>    PREMATURE NURSERY    PRE //		-	-	-	//	-	-	-	-	//	0 -
<b>16</b>    REHABILITATION    RHB	-	-	-	-	//	-	-	-	-	//	0 -
<b>17</b>    INTERMEDIATE CARE    ICC	-	-	-	-	//	-	-	-	-	//	0 -
<b>18</b>    EMERGENCY SERVICES    EMG	-	94,754.0	205.9	8,676.0	//	9,375.0	543.1	5,714.8	-	-	0 9,763.2
<b>19</b>    CLINIC SERVICES    CL //		2,195.0	511.0	5,627.0	//	6,079.0	4.0	961.2	-	-	0 1,916.2
<b>20</b>    BUNDLED OP SURGERY    AMS //		-	-	-	//	-	-	-	-	-	0 -
<b>21</b>    PSYCH DAY&NIGHT CARE    PDC	-	-	-	111.0	//	120.0	-	-	-	-	0 10.1
<b>22</b>    LITHOTRIPSY    LIT //		1,408.0	86.9	231.0	//	250.0	-	-	167.2	//	0 289.1
<b>23</b>    SAME DAY SURGERY    SDS	-	5,177.0	9.9	463.0	//	500.0	4.2	208.5	-	-	0 348.3
<b>24</b>    FREE STANDING EMERG    FSE	-	-	-	-	//	-	-	-	-	-	0 -
<b>25</b>    LABOR AND DELIVERY    DEL //		24,559.0	97.6	2,054.0	//	2,219.0	989.7	-	551.0	//	0 2,480.2

OVERHEAD EXPENSE APPORTIONMENT

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER #0032

BUDGET YEAR

STATISTICAL APPORTIONMENT(CONT'D)	COL.01	COL.02	COL.03	COL.04	COL.05	COL.06	COL.07	COL.07A	COL.08	COL.09	COL.10
26    OPERATING ROOM    OR    //	135464.0	912.8	22475.0	24283.0	1802.7	0.0	3869.6	10814.0			
26    OPERATING ROOM CLINIC    ORC    //	0.0	53.2	324.0	350.0	0.1	0.0	61.0	128.3			
27    MED/SURG EXTRAORDINAF    MSE    //    //											
28    ANESTHESIOLOGY    ANS    //		211.7	562.0	607.0	84.6	0.0	128.9	385.3			
29    LABORATORY    LAB    //		2477.7	4784.0	5169.0	1626.9	0.0	3443.0	8293.3			
30    TUNA    TNA    //	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
31    ELECTROCARDIOGRAPHY    EKG    //		171.8	976.0	1054.0	282.8	0.0	1008.9	2086.5			
32    ELECTROENCEPHALOGRA    EEG    //		23.6	1571.0	1697.0	52.9	0.0	399.7	848.2			
33    RADIOLOGY-DIAGNOSTIC    RAD    //	41165.0	642.8	6560.0	7087.0	325.9	0.0	3866.6	7193.0			
34    RADIOLOGY-THERAPEUTIC    RAT    //		57.6			74.4	0.0	30.5	156.9			
35    NUCLEAR MEDICINE    NUC    //		141.7	602.0	650.0	79.4	0.0	633.1	1170.3			
36    CT SCANNER    CAT    //		474.2	587.0	634.0	148.6	0.0	1568.9	2755.5			
37    INTERVENTIONAL CARDIO    IVC    //	0.0	181.8	528.0	570.0	523.2	0.0	502.5	1592.5			
38    RESPIRATORY THERAPY    RES    //		253.8	1235.0	1334.0	1338.1	0.0	227.8	2390.0			
38    PULMONARY FUNCTION    PUL    //											
39    RENAL DIALYSIS    RDL    //											
40    PHYSICAL THERAPY    PTH    //	12217.0	2.8	19.0	21.0	362.4	0.0	96.0	675.0			
41    OCCUPATIONAL THERAPY    OTH    //		0.3	78.0	84.0	108.3	0.0	11.1	178.8			
43    SPEECH THERAPY    STH    //		0.7	19.0	20.0	71.7	0.0	36.2	160.7			
44    ORGAN ACQUISITION    OA    //											
45    AMBULATORY SURGERY    AOR    //											
46    LEUKOPHERESIS    LEU    //											
47    HYPERBARIC CHAMBER    HYP    //	166.0	98.6	231.0	250.0	0.0	0.0	99.1	182.1			
48    AUDIOLOGY    AUD    //											
49    OTHER PHYSICAL MEDICIN    OPM    //											
50    MRI SCANNER    MRI    //		297.1	926.0	1000.0	163.0	0.0	718.3	1460.9			
51    T.U.M.T.    TMT    //	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
52    ADMISSIONS SERVICE    ADM    //    //				189.7	0.0	0.0	0.0	0.0	5167.0		
53    MEDICAL SUPPLIES    MSS    //    //			0.0	1087.0	8437.0	480.8	606.2	2153.5			
54    DRUGS    CDS    //    //			1952.0	3865.3	2109.0	1266.2	0.0	2599.1	6067.0		
55    OBSERVATION    OBV    //	15489.0	107.9	2314.0	2500.0	-132.2	2167.7	0.0	0.0	3123.9		
<b>E    TOTAL STATISTICS    XYZ   </b>	<b>58673.0</b>	<b>867825.0</b>	<b>8884.2</b>	<b>77205.0</b>	<b>5142.0</b>	<b>91850.0</b>	<b>25332.3</b>	<b>9052.2</b>	<b>20624.7</b>	<b>5167.0</b>	<b>91135.6</b>

OVERHEAD EXPENSE APPORTIONMENT

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER #0032

BUDGET YEAR

		COL.01	COL.02	COL.03	COL.04	COL.05	COL.06	COL.07	COL.08	COL.08A	COL.09	COL.10	COL.11	COL.12	COL.13	
ALLOCATED CENTERS			LAUNDRY & LINEN	PURCH. & STORES	HOUSE-KEEPING	CENT-SUPP/PHARM/S.SERV.	PLANT OPERATIONS	TOTAL PATIENT CARE O.H.	INPATIENT PAT.ACCTS M-REC/ACCTG N-ADM/MGMT	AMBULATORY PAT.ACCTS M-REC/ACCTG N-ADM/MGMT	OUTPATIENT PAT.ACCTS M-REC/ACCTG N-ADM/MGMT	MEDICAL STAFF ADMIN.	UNASSIGN. EXPENSES	TOTAL OTHER OVERHEAD	TOTAL ALLOCATED OVERHEAD	
<b>A</b>	OVERHEAD EXPENSES	CODE	1,299.2	416.1	456.9	1,950.5	5,142.0	5,614.7	14,879.4	10,755.0	3,843.2	11,790.8	1,619.2	5,007.5	33,015.7	47,895.1
REVENUE CENTERS																
<b>B1</b>	MEDICAL SURG ACUTE	MSG	957.6	149.0	7.5	124.2	//	324.9	1,563.2	3,933.9	-	-	/	811.2	4,745.1	6,308.3
<b>02</b>	PEDIATRIC ACUTE	PED	50.2	38.5	39.8	28.1	//	73.5	230.1	329.0	-	-	/	73.3	402.3	632.4
<b>03</b>	PSYCHIATRIC ACUTE	PSY	128.8	23.5	0.9	88.9	//	232.3	474.4	647.2	-	-	/	145.4	792.6	1,267.0
<b>04</b>	OBSTETRIC ACUTE	OBS	76.2	15.0	2.4	71.3	//	186.4	351.3	313.2	-	-	/	77.1	390.3	741.6
<b>05</b>	DEFINITIVE OBSERVATION	DEF	-				//						/			
<b>06</b>	MEDICAL SURGICAL ICU	MIS	86.4	26.5	43.9	30.2	//	79.0	266.0	1,026.2	-	-	/	203.8	1,230.0	1,496.0
<b>07</b>	CORONARY CARE	CCU	-				//						/			
<b>08</b>	PEDIATRIC ICU	PIC	-				//						/			
<b>09</b>	NEO NATAL ICU	NEO	-				//						/			
<b>10</b>	BURN CARE	BUR	-				//						/			
<b>11</b>	PSYCHIATRIC ICU	PSI	-				//						/			
<b>12</b>	SHOCK TRAUMA	TRM	-				//						/			
<b>13</b>	ONCOLOGY	ONC	-				//						/			
<b>14</b>	NEW BORN NURSERY	NUR	//	4.1	1.3	18.5	//	48.4	72.3	174.6	-	-	/	36.2	210.8	283.1
<b>15</b>	PREMATURE NURSERY	PRE	//				//						/			
<b>16</b>	REHABILITATION	RHB	-				//						/			
<b>17</b>	INTERMEDIATE CARE	ICC	-				//						/			
<b>18</b>	EMERGENCY SERVICES	EMG	-	45.4	10.6	219.2	//	573.1	848.3	230.6	2,426.3	-	-	536.4	3,193.3	4,041.6
<b>19</b>	CLINIC SERVICES	CL	//	1.1	26.3	142.2	//	371.6	541.2	1.7	408.1	-	-	105.3	515.1	1,056.3
<b>20</b>	BUNDLED OP SURGERY	AMS	-				//						/			
<b>21</b>	PSYCH DAY&NIGHT CARE	PDC	-		-	2.8	//	7.3	10.1	-	-	-	-	0.6	0.6	10.7
<b>22</b>	LITHOTRIPSY	LIT	//	0.7	4.5	5.8	//	15.3	26.3	-	-	95.6	/	15.9	111.5	137.8
<b>23</b>	SAME DAY SURGERY	SDS	-	2.5	0.5	11.7	//	30.6	45.3	1.8	88.5	-	-	19.1	109.4	154.7
<b>24</b>	FREE STANDING EMERG	FSE	-				//						/			
<b>25</b>	LABOR AND DELIVERY	DEL	//	11.8	5.0	51.9	//	135.6	204.3	420.2	-	315.0	/	136.3	871.5	1,075.8



REVENUE CENTER RATE SUMMARY

INSTITUTION NAME  
INSTITUTION NUMBER

UNION HOSPITAL OF CECIL COUNTY  
0032

BASE YEAR  
BUDGET YEAR

06-18

													(C F A)																					
													BUILD &		DEPART-	LEVEL																		
													GENERAL	EQUIP	MENTAL	II																		
													PHY	SPT	INTERN	LEVEL	I	N/A	OTHER	O/H	PATIENT	CARE	O/H	DIRECT	EXPENSES	OF	MEASURE	UNITS						
													EXP	EXPENSE	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I				
													COL.06	COL.07	COL.08	COL.09	COL.10	COL.11	COL.05	COL.04	COL.03	COL.02	COL.01	COL.01	COL.02	COL.03	COL.04	COL.05	COL.06	COL.07	COL.08	COL.09	COL.10	COL.11
A1	MEDICAL SURGICAL ACUTE	MSG	14079	9293.6	1563.1	4745.1	//	0.0	0.0	15601.8	1296.2	30.0	16928.0																					
2	PEDIATRIC ACUTE	PED	738	775.0	230.1	402.3	//	0.0	0.0	1407.4	172.9	1.6	1581.9																					
3	PSYCHIATRIC ACUTE	PSY	1894	1528.5	474.4	792.6	//	0.0	0.0	2795.5	462.4	4.0	3261.9																					
4	OBSTETRICS ACUTE	OBS	1121	739.5	351.3	390.3	//	0.0	0.0	1481.1	326.8	2.4	1810.3																					
5	DEFINITIVE OBSERVATION	DEF	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
6	MEDICAL SURGICAL ICU	MIS	1271	2420.9	266.0	1230.0	//	0.0	0.0	3916.9	330.2	55.7	4302.8																					
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 ICU	PIC	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
9	NEO NATAL ICU	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	PSYCHIATRIC ICU	PSI	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
12	SHOCK TRAUMA	TRM	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
13	ONCOLOGY	ONC	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
14	NEW BORN NURSERY	NUR	1171	412.2	72.3	210.8	//	0.0	0.0	695.3	104.8	0.0	800.1																					
15	PREMATURE NURSERY	PRE	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
16	REHABILITATION	RHB	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
17	INTERMEDIATE CARE	ICC	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
18	EMERGENCY SERVICES	EMG	355367	6472.5	848.4	3193.3	//	0.0	0.0	10514.2	1367.9	0.0	11882.1																					
19	CLINIC SERVICES	CL	100965	972.2	541.2	515.1	//	0.0	0.0	2028.5	605.4	0.0	2633.9																					
20	OP SURG - PROC	AMS	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
21	PSYCH DAY & NIGHT CARE	PDC	0	0.0	10.1	0.6	//	0.0	0.0	10.7	10.2	0.0	20.9																					
22	LITHOTRIPSY	LIT	50	168.0	26.3	111.5	//	0.0	0.0	305.8	36.5	0.0	342.3																					
23	SAME DAY SURGERY	SDS	2175	213.3	45.3	109.4	//	0.0	0.0	368.0	61.9	0.0	429.9																					
24	FREE STAND EMERGENCY	FSE	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
25	LABOR AND DELIVERY	DEL	29068	1544.3	204.3	871.5	//	0.0	0.0	2620.1	329.2	0.0	2949.3																					
26	OPERATING ROOM	OR	257101	5953.8	2164.2	3571.7	//	0.0	0.0	11689.7	2583.8	484.5	14758.0																					
27	OPERATING ROOM CLINIC	ORC	11729	61.7	32.3	41.9	//	0.0	0.0	135.9	35.4	0.0	171.3																					
27	AMBULANCE SERV-REBUND	AMR	5033	49.0	//	//	//	0.0	0.0	49.0	0.0	0.0	49.0																					
28	ANESTHESIOLOGY	ANS	290884	213.5	62.2	130.8	//	0.0	0.0	406.5	71.1	0.0	477.6																					
29	LABORATORY SERVICES	LAB	5284228	5404.0	564.4	3114.7	//	0.0	0.0	9083.1	901.8	128.9	10113.8																					
30	ELECTROCARDIOGRAPHY	EKG	427677	1309.6	97.9	811.5	//	0.0	0.0	2219.0	207.3	0.0	2426.3																					
31	ELECTROENCEPHALOGRAPHY	EEG	107621	456.4	144.6	297.6	//	0.0	0.0	898.6	185.8	0.0	1084.4																					
32	RADIOLOGY-DIAGNOSTIC	RAD	757464	4401.1	651.7	2744.0	//	0.0	0.0	7796.8	985.1	410.0	9191.9																					
33	RADIOLOGY THERAPEUTIC	RAT	9121	105.0	3.0	57.6	//	0.0	0.0	165.6	9.5	0.0	175.1																					
34	NUCLEAR MEDICINE	NUC	139425	737.3	62.2	459.9	//	0.0	0.0	1259.4	120.2	6.2	1385.8																					
35	CT SCANNER	CAT	661752	1795.7	78.0	1111.4	//	0.0	0.0	2985.1	210.4	184.2	3379.7																					
36	INTERVENTIONAL RAD / CARD	IRC	12894	1073.0	57.4	596.9	//	0.0	0.0	1727.3	141.9	158.1	2027.3																					
37	RESPIRATORY THERAPY	RES	871281	1575.3	125.8	829.6	//	0.0	0.0	2530.7	256.2	0.0	2786.9																					
38	PULMONARY FUNCTION TEST	PUL	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
39	RENAL DIALYSIS	RDL	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
40	PHYSICAL THERAPY	PTH	67602	460.6	7.8	245.9	//	0.0	0.0	714.3	43.6	0.0	757.9																					
41	OCCUPATIONAL THERAPY	OTH	17665	119.6	7.1	62.1	//	0.0	0.0	188.8	18.1	0.0	206.9																					
42	SPEECH THERAPY	STH	15906	108.1	1.7	59.9	//	0.0	0.0	169.7	11.5	0.0	181.2																					
43	RECREATIONAL THERAPY	REC	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
44	ORGAN ACQUISITION	OA	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
45	LEUKOPHERESIS	LEU	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
46	HYPERBARIC CHAMBER	HYP	399	99.3	26.3	66.7	//	0.0	0.0	192.3	30.3	0.0	222.6																					
47	AUDIOLOGY	AUD	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
48	OTHER PHYSICAL MEDICINE	OPM	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
49	MRI SCANNER	MRI	227609	914.9	99.8	560.1	//	0.0	0.0	1574.8	165.4	68.4	1808.6																					
50	T. U. M. T.	TMT	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
51	ADMISSION SERVICES	ADM	5167	//	189.7	1619.2	//	//	//	1808.9	//	//	1808.9																					
52	MEDICAL SURGICAL SUPPLIES	MSS	12678	7213.8	1602.8	669.0	//	//	//	9485.6	817.3	0.0	10302.9																					
53	DRUGS	CDS	12678	6894.8	4043.5	2356.9	//	//	//	13295.2	531.4	0.0	13826.6																					
54	NORMAL DELIVERIES	ND	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
55	NORMAL NEWBORNS	NB	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
55	OBSERVATION	OBV	34519	2040.9	224.2	1035.8	//	0.0	0.0	3300.9	398.1	0.0	3699.0																					
56	T. U. N. A.	TNA	0	0.0	0.0	0.0	//	0.0	0.0	0.0	0.0	0.0	0.0																					
B	TOTALS		//	65527.4	14879.4	33015.7	//	0.0	0.0	113422.5	12828.6	1534.0	127785.1																					

REVENUE CENTER RATE SUMMARY

INSTITUTION NAME  
INSTITUTION NUMBER

UNION HOSPITAL OF CECIL COUNTY  
0032

BASE YEAR 06-18  
BUDGET YEAR

PG. 170B-C  
MA

			(O F C)		PAYER	LEVEL	CROSS			ADJUSTED			
			DIRECT	PERCENT- AGE			LEVEL III	LEVEL IV	SUB- SIDY	MISC. ADJ.	HSCRC ADJ	LEVEL IV	AVERAGE RATES
			COL.01	COL.02			COL.03	COL.04	COL.05	COL.06	COL.07	COL.08	COL.09
A1	MEDICAL SURGICAL ACUTE	MSG		(341.5)	16,586.5	1,949.9	18,536.4						
2	PEDIATRIC ACUTE	PED		(31.9)	1,550.0	182.2	1,732.2						
3	PSYCHIATRIC ACUTE	PSY		(65.8)	3,196.1	375.7	3,571.8						
4	OBSTETRICS ACUTE	OBS		(36.5)	1,773.8	208.5	1,982.3						
5	DEFINITIVE OBSERVATION	DEF		-	-	-	-						
6	MEDICAL SURGICAL ICU	MIS		(86.8)	4,216.0	495.6	4,711.6						
7	CORONARY CARE	CCU		-	-	-	-						
8	PEDIATRIC ICU	PIC		-	-	-	-						
9	NEO NATAL ICU	NEO		-	-	-	-						
10	BURN CARE	BUR		-	-	-	-						
11	PSYCHIATRIC ICU	PSI		-	-	-	-						
12	SHOCK TRAUMA	TRM		-	-	-	-						
13	ONCOLOGY	ONC		-	-	-	-						
14	NEW BORN NURSERY	NUR		(16.1)	784.0	92.2	876.2						
15	PREMATURE NURSERY	PRE		-	-	-	-						
16	REHABILITATION	RHB		-	-	-	-						
17	INTERMEDIATE CARE	ICC		-	-	-	-						
18	EMERGENCY SERVICES	EMG		(239.7)	11,642.4	1,368.7	13,011.1						
19	CLINIC SERVICES	CL		(53.1)	2,580.8	303.4	2,884.2						
20	OP SURG - PROC	AMS		-	-	-	-						
21	PSYCH DAY & NIGHT CARE	PDC		(0.4)	20.5	2.4	22.9						
22	LITHOTRIPSY	LIT		(6.9)	335.4	39.4	374.8						
23	SAME DAY SURGERY	SDS		(8.7)	421.2	49.5	470.7						
24	FREE STANDING EMERGENCY	FSE		-	-	-	-						
25	LABOR AND DELIVERY	DEL		(59.5)	2,889.8	339.7	3,229.5						
26	OPERATING ROOM	OR		(297.7)	14,460.3	1,699.9	16,160.2						
27	OPERATING ROOM CLINIC	OR		(3.5)	167.8	19.7	187.5						
27	AMBULANCE SERV-REBUND	AMR		(1.0)	48.0	5.6	53.6						
28	ANESTHESIOLOGY	ANS		(9.6)	468.0	55.0	523.0						
29	LABORATORY SERVICES	LAB		(204.0)	9,909.8	1,165.0	11,074.8						
30	ELECTROCARDIOGRAPHY	EKG		(48.9)	2,377.4	279.5	2,656.9						
31	ELECTROENCEPHALOGRAPHY	EEG		(21.9)	1,062.5	124.9	1,187.4						
32	RADIOLOGY-DIAGNOSTIC	RAD		(185.4)	9,006.5	1,058.8	10,065.3						
33	RADIOLOGY THERAPEUTIC	RAT		(3.5)	171.6	20.2	191.8						
34	NUCLEAR MEDICINE	NUC		(28.0)	1,357.8	159.6	1,517.4						
35	CT SCANNER	CAT		(68.2)	3,311.5	389.3	3,700.8						
36	INTERVENTIONAL RAD / CARD	IRC		(40.9)	1,986.4	233.5	2,219.9						
37	RESPIRATORY THERAPY	RES		(56.2)	2,730.7	321.0	3,051.7						
38	PULMONARY FUNCTION TEST	PUL		-	-	-	-						
39	RENAL DIALYSIS	RDL		-	-	-	-						
40	PHYSICAL THERAPY	PTH		(15.3)	742.6	87.3	829.9						
41	OCCUPATIONAL THERAPY	OTH		(4.2)	202.7	23.8	226.5						
42	SPEECH THERAPY	STH		(3.7)	177.5	20.9	198.4						
43	RECREATIONAL THERAPY	REC		-	-	-	-						
44	ORGAN ACQUISITION	OA		-	-	-	-						
45	LEUKOPHERESIS	LEU		-	-	-	-						
46	HYPERBARIC CHAMBER	HYP		(4.5)	218.1	25.6	243.7						
47	AUDIOLOGY	AUD		-	-	-	-						
48	OTHER PHYSICAL MEDICINE	OPM		-	-	-	-						
49	MRI SCANNER	MRI		(36.5)	1,772.1	208.3	1,980.4						
50	T. U. M. T.	TMT		-	-	-	-						
51	ADMISSION SERVICES	ADM		(36.5)	1,772.4	208.4	1,980.8						
52	MEDICAL SURGICAL SUPPLIES	MSS		(207.8)	10,095.1	1,186.8	11,281.9						
53	DRUGS	CDS		(278.9)	13,547.7	1,592.6	15,140.3						
54	NORMAL DELIVERIES	ND		-	-	-	-						
55	NORMAL NEWBORNS	NB		-	-	-	-						
56	OBSERVATION	OBV		(74.6)	3,624.4	426.1	4,050.5						
57	TUNA	TNA		-	-	-	-						
B	TOTALS			(2,577.7)	125,207.4	14,719.0	139,926.4						

OVERHEAD EXPENSE SUMMARY

OES

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER 0032

	EXPENSES	TOTAL	DISTRIBUTE TO:		
			PHYSICIAN PART B CENTERS SCH. P2	DATA PROCESSING SCH. DPI	GENERAL SERV CENTERS SCH. C1-C14

		COL. 1	COL. 2	COL. 3	COL. 4	
A	DIETARY SERVICES	1299.2			1299.2	A
B	LAUNDRY & LINEN	416.1			416.1	B
C	SOCIAL SERVICES	189.7			189.7	C
D	PURCHASING & STORES	456.9			456.9	D
E	PLANT OPERATIONS	5614.7			5614.7	E
F	HOUSEKEEPING	1950.5			1950.5	F
G	CENTRAL SERVICES & SUPPLIES	1087			1087.0	G
H	PHARMACY	3865.3			3865.3	H
I	GENERAL ACCOUNTING	1673.6			1673.6	I
J	PATIENT ACCOUNTING	2649.2			2649.2	J
K	HOSPITAL MANAGEMENT	15306.4			15306.4	K
L	MEDICAL RECORDS	4202			4202.0	L
M	MEDICAL STAFF ADMINISTRATION	1619.2			1619.2	M
N	NURSING ADMINISTRATION	2557.8			2557.8	N
O	DATA PROCESSING	5793.7		5793.7		O
P	TOTALS	48681.3	0.0	5793.7	42887.6	P

UNREGULATED SERVICES  
FSC

UR1

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

	VOLUME DATA	BASE YEAR UNITS	BUDGET YR UNITS
A	VISITS	9	9

FREESTANDING CLINIC SERVICES - 6970 / 3970

	COL. 1	COL. 2	COL. 3	COL. 4
SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUE	EXPENSES, REVENUE PER UNIT

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	791.8	706.9	1498.7	XXX	B	
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OADP	0.2	0.2	0.4	XXX	C	
D	ALLOC. FROM GEN SERV CENTERS	////	0.0	0.0	0.0	XXX	D	
	COL. 5	COL. 6				XXX		
	COST CENTER	CODE				XXX		
D1	PATIENT ACCOUNTS	PAC	RECORDS	0	0	0.0	XXX	D1
D2							XXX	D2
D3							XXX	D3
D4							XXX	D4
D5							XXX	D5
D6							XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	H3					XXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	792.0	707.1	1499.1	166.56667	F	

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXX	XXX	238.2	XXX	G
H	PROFIT (LOSS)	G-F	XXX	XXX	(1260.9)	XXX	H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXX	I
J	MISC ADJUSTMENTS	BUDGET				XXX	J
K	BUDGET YEAR EXPENSES	F+I+J					K

BUDGET YEAR PROFIT (LOSS)

L	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	L
M	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	M
N	BUDGET YEAR REVENUE	L+M	XXX	XXX		XXX	N
O	PROFIT (LOSS)	N-K	XXX	XXX		XXX	O

FTE DATA

P	ADJ BASE YR HRS WORKED / 2080	RECORDS	9.1		9.1		P
Q	BUDGET YR HRS WORKED / 2080	BUDGET					Q

HSCRC  
8-02

UNREGULATED SERVICES  
ULB

UR5

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

	VOLUME DATA	BASE YEAR UNITS	BUDGET YR UNITS
A	VISITS	70964	84414

LABORATORY - NON PATIENT - 7220

	COL. 1	COL. 2	COL. 3	COL. 4
SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUE	EXPENSES, REVENUE PER UNIT

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	557.0	420.0	977.0	XXX	B	
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OADP	55.8	73.9	129.7	XXX	C	
D	ALLOC. FROM GEN SERV CENTERS	////	18.5	9.8	28.3	XXX	D	
	COL. 5	COL. 6				XXX		
	COST CENTER	CODE				XXX		
D1	PATIENT ACCOUNTS	PAC	RECORDS	18.5	9.8	28.3	XXX	D1
D2						XXX	D2	
D3						XXX	D3	
D4						XXX	D4	
D5						XXX	D5	
D6						XXX	D6	
E	CAPITAL FACILITIES ALLOWANCE	H3				XXX	E	
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	631.3	503.7	1135.0	0.01599	F	

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXX	XXX	519.6	XXX	G
H	PROFIT (LOSS)	G-F	XXX	XXX	(615.4)	XXX	H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXX	I
J	MISC ADJUSTMENTS	BUDGET				XXX	J
K	BUDGET YEAR EXPENSES	F+I+J					K

BUDGET YEAR PROFIT (LOSS)

L	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	L
M	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	M
N	BUDGET YEAR REVENUE	L+M	XXX	XXX		XXX	N
O	PROFIT (LOSS)	N-K	XXX	XXX		XXX	O

FTE DATA

P	ADJ BASE YR HRS WORKED / 2080	RECORDS	8.7	0.0	8.7		P
Q	BUDGET YR HRS WORKED / 2080	BUDGET					Q

HSCRC  
8-02

178A

UNREGULATED SERVICES  
UPB

UR6

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

VOLUME DATA		BASE YEAR UNITS	BUDGET YR UNITS
A	NO. OF FTE'S	37.0	37.0

PHYSICIAN PART B SERVICES - 8760

	COL. 1	COL. 2	COL. 3	COL. 4
SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUE	EXPENSES, REVENUE PER UNIT

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	12203.7	13113.6	25317.3	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	0.0	0	0.0	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////				XXX	D
	COL. 5	COL. 6				XXX	
	COST CENTER	CODE				XXX	
D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	H3				XXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	12203.7	13113.6	25317.3	684.25135	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXX	XXX	12052.4	XXX	G
H	PROFIT (LOSS)	G-F	XXX	XXX	(13264.9)	XXX	H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXX	I
J	MISC ADJUSTMENTS	BUDGET				XXX	J
K	BUDGET YEAR EXPENSES	F+I+J					K

BUDGET YEAR PROFIT (LOSS)

L	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	L
M	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	M
N	BUDGET YEAR REVENUE	L+M	XXX	XXX		XXX	N
O	PROFIT (LOSS)	N-K	XXX	XXX		XXX	O

FTE DATA

P	ADJ BASE YR HRS WORKED / 2080	RECORDS	(4.5)	41.5	37.0		P
Q	BUDGET YR HRS WORKED / 2080	BUDGET					Q

HSCRC  
8-02

178B

UNREGULATED SERVICES  
CNA

UR7

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

	VOLUME DATA	BASE YEAR UNITS	BUDGET YR UNITS
A	CNA Minutes	65316	65316

CERTIFIED NURSE ANESTHETIST - 7090

	COL. 1	COL. 2	COL. 3	COL. 4
SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUE	EXPENSES, REVENUE PER UNIT

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	608.4	79.3	687.7	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	0.0	0	0.0	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////				XXX	D
	COL. 5	COL. 6				XXX	
	COST CENTER	CODE				XXX	
D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	H3				XXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	608.4	79.3	687.7	0.01053	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXX	XXX	(504.2)	XXX	G
H	PROFIT (LOSS)	G-F	XXX	XXX	(1191.9)	XXX	H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXX	I
J	MISC ADJUSTMENTS	BUDGET				XXX	J
K	BUDGET YEAR EXPENSES	F+I+J					K

BUDGET YEAR PROFIT (LOSS)

L	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	L
M	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	M
N	BUDGET YEAR REVENUE	L+M	XXX	XXX		XXX	N
O	PROFIT (LOSS)	N-K	XXX	XXX		XXX	O

FTE DATA

P	ADJ BASE YR HRS WORKED / 2080	RECORDS	2.6	0.0	2.6		P
Q	BUDGET YR HRS WORKED / 2080	BUDGET					Q

HSCRC  
8-02

178B

UNREGULATED SERVICES  
PSS

UR8

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

VOLUME DATA		BASE YEAR UNITS	BUDGET YR UNITS
A	FTE's	26.0	25.9

PHYSICIAN SUPPORT SERVICES - PART B - 8740

SOURCE	COL. 1	COL. 2	COL. 3	COL. 4
	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUE	EXPENSES, REVENUE PER UNIT

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	2743.7	2220.7	4964.4	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	0.0	0	0.0	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////				XXX	D
	COL. 5	COL. 6				XXX	
	COST CENTER	CODE				XXX	
D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	H3				XXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	2743.7	2220.7	4964.4	190.93846	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXX	XXX	932.6	XXX	G
H	PROFIT (LOSS)	G-F	XXX	XXX	(4031.8)	XXX	H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXX	I
J	MISC ADJUSTMENTS	BUDGET				XXX	J
K	BUDGET YEAR EXPENSES	F+I+J					K

BUDGET YEAR PROFIT (LOSS)

L	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	L
M	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	M
N	BUDGET YEAR REVENUE	L+M	XXX	XXX		XXX	N
O	PROFIT (LOSS)	N-K	XXX	XXX		XXX	O

FTE DATA

P	ADJ BASE YR HRS WORKED / 2080	RECORDS	25.9	0.0	25.9		P
Q	BUDGET YR HRS WORKED / 2080	BUDGET					Q

HSCRC  
8-02

178B

UNREGULATED SERVICES  
ADULT DAY CARE

UR9

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

VOLUME DATA		BASE YEAR UNITS	BUDGET YR UNITS
A	NO. OF PROGRAMS	1	1

ADULT DAY CARE

	COL. 1	COL. 2	COL. 3	COL. 4
SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUE	EXPENSES, REVENUE PER UNIT

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	501.7	398.9	900.6	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	0.0	0	0.0	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////				XXX	D
	COL. 5	COL. 6				XXX	
	COST CENTER	CODE				XXX	
D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	H3				XXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	501.7	398.9	900.6	900.60000	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXX	XXX	491.6	XXX	G
H	PROFIT (LOSS)	G-F	XXX	XXX	(409.0)	XXX	H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXX	I
J	MISC ADJUSTMENTS	BUDGET				XXX	J
K	BUDGET YEAR EXPENSES	F+I+J					K

BUDGET YEAR PROFIT (LOSS)

L	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	L
M	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	M
N	BUDGET YEAR REVENUE	L+M	XXX	XXX		XXX	N
O	PROFIT (LOSS)	N-K	XXX	XXX		XXX	O

FTE DATA

P	ADJ BASE YR HRS WORKED / 2080	RECORDS	7.3	0.0	7.3		P
Q	BUDGET YR HRS WORKED / 2080	BUDGET					Q

HSCRC  
8-02

178B

UNREGULATED SERVICES  
CLINICAL TRIALS

UR10

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTY

BASE YEAR 06-18

INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

VOLUME DATA		BASE YEAR UNITS	BUDGET YR UNITS
A	NO. OF PROGRAMS	1	0

CLINICAL TRIALS

SOURCE	COL. 1	COL. 2	COL. 3	COL. 4
	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUE	EXPENSES, REVENUE PER UNIT

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	0.0	0.0	0.0	XXX	B
C	ALLOC. FROM CAFÉ, PARKING, ECT.	SCH OAC	0.0	0	0.0	XXX	C
D	ALLOC. FROM GEN SERV CENTERS	////				XXX	D
	COL. 5	COL. 6				XXX	
	COST CENTER	CODE				XXX	
D1						XXX	D1
D2						XXX	D2
D3						XXX	D3
D4						XXX	D4
D5						XXX	D5
D6						XXX	D6
E	CAPITAL FACILITIES ALLOWANCE	H3				XXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	0.0	0.0	0.0	0.00000	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXX	XXX	1.8	XXX	G
H	PROFIT (LOSS)	G-F	XXX	XXX	1.8	XXX	H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXX	I
J	MISC ADJUSTMENTS	BUDGET				XXX	J
K	BUDGET YEAR EXPENSES	F+I+J					K

BUDGET YEAR PROFIT (LOSS)

L	BASE YEAR REVENUE	RECORDS	XXX	XXX		XXX	L
M	ADJUSTMENTS	BUDGET	XXX	XXX		XXX	M
N	BUDGET YEAR REVENUE	L+M	XXX	XXX		XXX	N
O	PROFIT (LOSS)	N-K	XXX	XXX		XXX	O

FTE DATA

P	ADJ BASE YR HRS WORKED / 2080	RECORDS	0.0	0.0	0.0		P
Q	BUDGET YR HRS WORKED / 2080	BUDGET					Q

HSCRC  
8-02

178B

## Physician Part B Services

INSTITUTION NAME UNION HOSPITAL OF CECIL COUNTYBASE YEAR 06-18INSTITUTION NUMBER 0032

BUDGET YEAR \_\_\_\_\_

<u>(1)</u>	<u>(2)</u>	<u>(3)</u>	<u>(4)</u>	<u>(5)</u>	<u>(6)</u>	<u>(7)</u>	<u>(8)</u>
<u>Physician Category Code</u>	<u>Physician Description</u>	<u>Wages, Salaries &amp; Fringe Benefits</u>	<u>Other Expenses</u>	<u>Total Expenses</u>	<u>Revenue</u>	<u>Hospital Based</u>	<u>FTE's</u>
26	Psychiatry	479.7	28.1	507.8	98.9		1.3
8	Family Practice	0.0	0.0	0.0	85.5		0
30	Diagnostic Radiology	0.0	119.5	119.5	6.4	X	0.2
30	Diagnostic Radiology	0.0	402.5	402.5	905.2		0.7
30	Diagnostic Radiology	0.0	4.5	4.5	0.1		0
30	Diagnostic Radiology	0.0	50.9	50.9	89.9		0
XX	Hospitalist	0.0	2499.8	2499.8	0.0	X	0
77	Vascular Surgery	0.0	354.8	354.8	45.9		0.7
4	Otolaryngology	445.7	328.8	774.5	437.4		0.9
10	Gastroenterology	1173.1	385.0	1558.1	847.1		1.8
34	Urology	578.8	930.2	1509.0	633.8		2
37	Pediatric Medicine	0.0	350.0	350.0	0.0	X	0.8
8	Family Practice	332.2	240.7	572.9	322.4		0.9
8	Family Practice	0.0	0.0	0.0	0.0		0
83	Hematology-Oncology	801.8	332.9	1134.7	388.4		1
2	General Surgery	454.7	242.2	696.9	316.2		0.9
8	Family Practice	1018.9	757.3	1776.2	1089.0		3
11	Internal Medicine	1363.0	297.4	1660.4	711.1		2.7
11	Internal Medicine	236.2	186.8	423.0	128.4		0.7
13	Neurology	547.1	421.7	968.8	495.7		0.9
26	Psychiatry	548.9	49.4	598.3	291.1		5.4
6	Cardiology	0.0	0.0	0.0	0.0		0
30	Diagnostic Radiology	0.0	2872.7	2872.7	2299.1	X	6.4
ZZ	Other - Audiologist	86.8	135.4	222.2	159.1		0.5
11	Internal Medicine	286.5	180.4	466.9	241.1		0.9
16	Obstetrics & Gynecology	1298.7	1364.1	2662.8	1258.6		3.6
ZZ	Other - Wound Care	0.0	7.6	7.6	0.5		0
6	Cardiology	0.0	359.0	359.0	119.2		0.8
11	Internal Medicine	4.2	2.0	6.2	19.8		0
13	Neurology	0.0	48.0	48.0	0.0		0.1
11	Internal Medicine	0.0	0.0	0.0	0.0		0
79	Addiction Medicine	2547.7	161.6	2709.3	1062.6	X	5.3
		<b>12203.8</b>	<b>13113.6</b>	<b>25317.4</b>	<b>12052.5</b>		

## ANNUAL COST SURVEY

ACS

HOSPITAL NAME UNION HOSPITAL OF CECIL COUNTYBASE YEAR 06-18HOSPITAL NUMBER 0032

	CATEGORY	COSTS	PERCENT
A	SALARIES & WAGES	53708.2	42.0
B	FRINGE BENEFITS	11193.0	8.8
C	DEPRECIATION & AMORTIZATION	11873.0	9.3
C1	OPERATING LEASES	608.2	0.5
D	INTEREST EXPENSE	1881.5	1.5
E	MEDICAL & SURGICAL SUPPLIES	7213.8	5.6
F	IV SOLUTIONS AND PHARMACY	6894.8	5.4
G	LAUNDRY, LINEN, UNIFORMS	222.1	0.2
H	FILMS & SOLUTIONS	0.0	0.0
I	BLOOD, PLASMANATE, ALBUMEN	464.5	0.4
J	CONTRACTED SERVICES	17497.3	13.7
K	PROFESSIONAL FEES	1574.7	1.2
L	AGENCY NURSES	1762.3	1.4
M	MALPRACTICE INSURANCE	2359.4	1.8
N	ALL OTHER INSURANCE	302.3	0.2
O	TELEPHONE	421.0	0.3
P	UTILITIES & WATER	1792.4	1.4
Q	FOOD	438.3	0.3
R	PRINTING,OFFICE SUPPLIES,COPYING,POSTAGE	199.4	0.2
S	CHEMICALS,SOLUTIONS,LUBRICATIONS, GASES	112.3	0.1
T	OTHER (DETAIL OVER 20% OF SUPPLY COST)	7266.7	5.7
U	TOTAL	127785.2	100.0

HSCRC

8-93

**TRANSACTIONS WITH RELATED ENTITIES**

TRE

INSTITUTION NAME      UNION HOSPITAL OF CECIL COUNTY

BASE YEAR      06-18

INSTITUTION NUMBER      0032

COL. 1	COL. 2	COL. 3	COL. 4	COL. 4	COL. 5
NO.	RELATED ENTITY	VALUE OF ASSET/ SERVICE PROVIDED <b>TO</b> THE HOSPITAL	VALUE OF ASSET/ SERVICE PROVIDED <b>BY</b> THE HOSPITAL	CATEGORY CODE	DESCRIPTION OF TRANSACTION
		CODE ONLY AS ONE OF THE FOLLOWING: <b>B, D, F, H, J</b>	CODE ONLY AS ONE OF THE FOLLOWING: <b>A, C, E, G, I</b>		
1	AFFINITY HEALTH ALLIANCE, INC		2,855,136	A	HEALTH SYSTEMS PURCHASES SUPPORT STAFF FROM HOSPITAL
2	AFFINITY HEALTH ALLIANCE, INC	1,574,678		B	HEALTH SYSTEMS PROVIDES MGMT. RESOURCES TO HOSPITAL

**SUPPLEMENTAL SCHEDULE CS  
APPROVED OVERHEAD COMPLIANCE**

CSS

INSTITUTION NAME	<u>Union Hospital of Cecil County</u>	RATE PERIOD BEGINNING	<u>07-17</u>
INSTITUTION NUMBER	<u>0032</u>	RATE PERIOD ENDING	<u>06-18</u>

			MSS	CDS
A	INVOICE COST RATE YEAR TO DATE	A	7,213,703	6,894,821
B	MARKUP AMOUNT	B	1.1011	1.1011
C	INVOICE COST WITH MARKUP	$C=A*B$	7,943,008	7,591,887
D	ACTUAL REVENUE RATE YEAR TO DATE	D	16,234,418	16,151,245
E	OVERHEAD COLLECTED	$E=D-C$	8,291,410	8,559,358
F	APPROVED OVERHEAD	F	15,041,724	15,887,129
G	MONTHS OF RATE YEAR	G	12	12
H	APPROVED O/H FOR PERIOD	$H=F*G/12$	15,041,724	15,887,129
I	OVERHEAD VARIANCE	$I=E-H$	(6,750,314)	(7,327,771)

POSITIVE # IS OVERCOLLECTION  
NEGATIVE NUMBER IS UNDERCOLLECTION

HSCRC  
8/96

SCHEDULE RE-R  
RECONCILIATION OF THE AUDITED FINANCIALS  
TO SCHEDULE RE

Hospital Name: Union Hospital of Cecil County

RE-R1

Hospital Number: 0032

	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8	Col 9	Col 10
	Audited Financial Statements	Miscellaneous* Adjustments	AUXILIARY ENTERPRISES							
			E1	E2	E3	E4	E5	E6	E7	E8
Gross Patient Revenue	201,200.6	159.3	-	-	-	-	-	-	-	-
Provisions for Bad Debts	8,807.4	-	-	-	-	-	-	-	-	-
Charity/Uncomp Care	1,822.4	(0.1)	-	-	-	-	-	-	-	-
Contractual Allowances	6,006.3	550.3	-	-	-	-	-	-	-	-
Uncomp Care Fund Pay.	3,613.7	(17.2)	-	-	-	-	-	-	-	-
Other Deductions	31,787.2	(2,653.4)	-	-	-	-	-	-	-	-
Total Deductions	52,037.0	(2,120.4)	-	-	-	-	-	-	-	-
Uncomp Care Fund Recp.	(562.6)	1,125.2	-	-	-	-	-	-	-	-
Net Patient Revenue	149,163.6	2,842.3	-	-	-	-	-	-	-	-
Other Operating Revenue	2,800.5	(3,231.5)	-	34.9	-	57.8	-	-	762.0	-
Net Operating Revenues	151,964.1	(389.2)	-	34.9	-	57.8	-	-	762.0	-
<b>Operating Expenses:</b>	-	-	-	-	-	-	-	-	-	-
Salaries, Wages, Benefits	84,856.0	(1,415.1)	-	97.6	-	-	-	-	402.1	-
Fringe Allocatio of E's & F's	-	(173.4)	-	-	-	-	-	-	(174.8)	-
Professional Fees	-	3,341.6	-	-	-	-	-	-	-	-
Supplies	65,697.6	(49,910.2)	-	-	-	-	23.2	-	0.5	-
Depreciation/Amortization	11,476.0	(713.8)	-	-	-	-	-	-	-	-
Leases/Rentals	-	2,273.8	-	-	-	-	-	-	-	-
Interest	2,024.9	464.7	-	-	-	-	-	-	-	-
Other Expenses	570.0	45,750.7	-	134.1	-	97.9	50.5	-	534.2	-
Provisions for Bad Debts	-	-	-	-	-	-	-	-	-	-
Total Operating Expenses	164,624.5	(381.7)	-	231.7	-	97.9	73.7	-	762.0	-
Income from Operations	(12,660.4)	(7.5)	-	(196.8)	-	(40.1)	(73.7)	-	-	-
Non-Operating Revenues	3,135.1	492.2	-	-	-	-	-	-	-	-
Non-Operating Expenses	(133.9)	752.4	-	-	-	-	-	-	-	-
Excess Revenues Over Expenses	(9,659.2)	0.1	-	(196.8)	-	(40.1)	(73.7)	-	-	-

\*Provide Details

8/2002  
HSCRC

SCHEDULE RE-R  
RECONCILIATION OF THE AUDITED FINANCIALS  
TO SCHEDULE RE

Hospital Name: Union Hospital of Cecil County

RE-R2

Hospital Number: 0032

	Col 11	Col 12	Col 13	Col 14	Col 15	Col 16	Col 17	Col 18	Col 19	Col 20
	ENTERPRISES	OTHER INSTITUTIONAL PROGRAMS				UNREGULATED			UNREGULATED	
	E9	F1	F2	F3	F4	UR1	UR2	UR3	UR4	UR5
Gross Patient Revenue	-	-	-	-	-	333.2	-	-	-	1,927.6
Provisions for Bad Debts	-	-	-	-	-	-	-	-	-	833.4
Charity/Uncomp Care	-	-	-	-	-	-	-	-	-	7.1
Contractual Allowances	-	-	-	-	-	-	-	-	-	382.0
Uncomp Care Fund Pay.	-	-	-	-	-	-	-	-	-	28.0
Other Deductions	-	-	-	-	-	106.0	-	-	-	173.7
Total Deductions	-	-	-	-	-	106.0	-	-	-	1,424.2
Uncomp Care Fund Recp.	-	-	-	-	-	-	-	-	-	-
Net Patient Revenue	-	-	-	-	-	227.2	-	-	-	503.4
Other Operating Revenue	-	-	-	-	577.8	11.0	-	-	-	16.2
Net Operating Revenues	-	-	-	-	577.8	238.2	-	-	-	519.6
Operating Expenses:	-	-	-	-	-	-	-	-	-	-
Salaries, Wages, Benefits	-	-	-	-	559.2	792.0	-	-	-	631.3
Fringe Allocatio of E's & F's	-	-	-	-	1.4	-	-	-	-	-
Professional Fees	-	-	-	-	-	-	-	-	-	4.6
Supplies	-	-	-	-	78.6	18.0	-	-	-	263.0
Depreciation/Amortization	-	-	-	-	-	-	-	-	-	26.1
Leases/Rentals	-	-	-	-	57.2	175.7	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-	-
Other Expenses	-	-	-	-	91.8	513.4	-	-	-	210.0
Provisions for Bad Debts	-	-	-	-	-	-	-	-	-	-
Total Operating Expenses	-	-	-	-	788.2	1,499.1	-	-	-	1,135.0
Income from Operations	-	-	-	-	(210.4)	(1,260.9)	-	-	-	(615.4)
Non-Operating Revenues	-	-	-	-	-	-	-	-	-	-
Non-Operating Expenses	-	-	-	-	-	-	-	-	-	-
Excess Revenues Over Expenses	-	-	-	-	(210.4)	(1,260.9)	-	-	-	(615.4)

\*Provide Details

8/2002  
HSCRC

SCHEDULE RE-R  
RECONCILIATION OF THE AUDITED FINANCIALS  
TO SCHEDULE RE

Hospital Name: Union Hospital of Cecil County

RE-R3

Hospital Number: 0032

	Col 21	Col 22	Col 23	Col 22	Col 23	Col 24	Col 25	Col 26	Col 27	
	UR6	UR7	UR8	UR9	UR10	TOTAL Col. 3 - 24	UNREGULATED ADJUSTMENTS	REGULATED SCHEDULE RE	TOTAL SCHEDULE RE	RE LINE
Gross Patient Revenue	30,646.4	161.5	2,057.5	-	-	35,126.2	-	166,233.7	201,359.9	E
Provisions for Bad Debts	-	-	-	-	-	833.4	-	7,974.0	8,807.4	F
Charity/Uncomp Care	-	-	-	-	-	7.1	-	1,815.2	1,822.3	G
Contractual Allowances	-	-	-	-	-	382.0	-	6,174.6	6,556.6	H
Uncomp Care Fund Pay.	-	-	-	-	-	28.0	-	3,568.5	3,596.5	H1
Other Deductions	18,594.0	665.7	1,124.9	-	-	20,664.3	-	8,469.5	29,133.8	I
Total Deductions	18,594.0	665.7	1,124.9	-	-	21,914.8	-	28,001.8	49,916.6	J
Uncomp Care Fund Recp.	-	-	-	-	-	-	-	562.6	562.6	J1
Net Patient Revenue	12,052.4	(504.2)	932.6	-	-	13,211.4	-	138,794.5	152,005.9	K
Other Operating Revenue	-	-	-	491.6	1.8	1,953.1	-	(2,384.1)	(431.0)	L
Net Operating Revenues	12,052.4	(504.2)	932.6	491.6	1.8	15,164.5	-	136,410.4	151,574.9	M
Operating Expenses:	-	-	-	-	-	-	-	-	-	-
Salaries, Wages, Benefits	12,203.7	608.4	2,743.7	501.7	-	18,539.7	-	64,901.2	83,440.9	N
Fringe Allocatio of E's & F's	-	-	-	-	-	(173.4)	-	-	(173.4)	-
Professional Fees	-	-	-	-	-	4.6	-	3,337.0	3,341.6	O
Supplies	3.2	-	47.7	7.4	-	441.6	-	15,345.8	15,787.4	P
Depreciation/Amortization	-	-	-	-	-	26.1	-	10,736.1	10,762.2	Q
Leases/Rentals	0.1	-	196.0	99.7	-	528.7	-	1,745.1	2,273.8	Q
Interest	-	-	-	-	-	-	-	2,489.6	2,489.6	R
Other Expenses	13,110.3	79.3	1,977.0	291.8	-	17,090.3	-	29,230.4	46,320.7	R
Provisions for Bad Debts	-	-	-	-	-	-	-	-	-	R
Total Operating Expenses	25,317.3	687.7	4,964.4	900.6	-	36,457.6	-	127,785.2	164,242.8	S
Income from Operations	(13,264.9)	(1,191.9)	(4,031.8)	(409.0)	1.8	(21,293.1)	-	8,625.2	(12,667.9)	T
Non-Operating Revenues	-	-	-	-	-	-	3,627.3	XXXXXXX	3,627.3	U
Non-Operating Expenses	-	-	-	-	-	-	618.5	XXXXXXX	618.5	V
Excess Revenues Over Expenses	(13,264.9)	(1,191.9)	(4,031.8)	(409.0)	1.8	(21,293.1)	3,008.8	8,625.2	(9,659.1)	W

\*Provide Details

8/2002  
HSCRC

UNREGULATED SERVICES SUMMARY

URS

INSTITUTION NAME Union Hospital of Cecil County

INSTITUTION NUMBER 0032

BASE YEAR

06-18

SCHEDULE	ENTITY NAME AND ADDRESS	NATURE OF SERVICE
UR-1	Union Hospital of Cecil County	FREESTANDING CLINIC
	106 Bow Street, Elkton, MD 21921	PATIENT ACCESS
	Cancer Clincial Center	GUIDANCE
	111 West High Street, Ste. 101, Elkton, MD 21921	
UR-1	Union Hospital of Cecil County	FREESTANDING CLINIC
	106 Bow Street, Elkton, MD 21921	PATIENT ACCESS
	Thoracic Surgery Clinic	GUIDANCE
	111 West High Street, Suite 112, Elkton, MD 21921	
UR-1	Union Hospital of Cecil County	FREESTANDING CLINIC
	106 Bow Street, Elkton, MD 21921	PATIENT ACCESS
	Cardiology Clinic	GUIDANCE
	111 West High Street, Suite 112, Elkton, MD 21921	
UR-1	Union Hospital of Cecil County	FREESTANDING CLINIC
	106 Bow Street, Elkton, MD 21921	PATIENT ACCESS
	Outpainet Care Corddination Clinic	GUIDANCE
	111 West High Street, Suite 112, Elkton, MD 21921	
UR-1	Union Hospital of Cecil County	REHAB
	106 Bow Street, Elkton, MD 21921	
	Cardio-Pulmonary Rehab	
	137 West High Street, Ste. 3A, Elkton, MD 21921	
UR-1	Union Hospital of Cecil County	PALLIATIVE CARE
	106 Bow Street, Elkton, MD 21921	
	Palliative Care	
	111 West High Street, Ste. 309, Elkton, MD 21921	
UR-1	Union Hospital of Cecil County	FREESTANDING CLINIC
	106 Bow Street, Elkton, MD 21921	PATIENT ACCESS
	Outpatient Dietary Counseling	GUIDANCE
	111 West High Street, Ste. 314, Elkton, MD 21921	
UR-5	Union Hospital of Cecil County	LABORATORY
	106 Bow Street, Elkton, MD 21921	
	Union Diagnostic Center	
	123 Singerly Avenue, Elkton, MD 21921	

UNREGULATED SERVICES SUMMARY  
URS

INSTITUTION NAME Union Hospital of Cecil County

INSTITUTION NUMBER 0032

BASE YEAR

06-18

SCHEDULE	ENTITY NAME AND ADDRESS	NATURE OF SERVICE				
UR-5	<table border="1"> <tr><td>Union Hospital of Cecil County</td></tr> <tr><td>106 Bow Street, Elkton, MD 21921</td></tr> <tr><td>Rising Sun Diagnostic Center</td></tr> <tr><td>101 Colonial Way, Rising Sun, MD 21911</td></tr> </table>	Union Hospital of Cecil County	106 Bow Street, Elkton, MD 21921	Rising Sun Diagnostic Center	101 Colonial Way, Rising Sun, MD 21911	LABORATORY
Union Hospital of Cecil County						
106 Bow Street, Elkton, MD 21921						
Rising Sun Diagnostic Center						
101 Colonial Way, Rising Sun, MD 21911						
UR-5	<table border="1"> <tr><td>Union Hospital of Cecil County</td></tr> <tr><td>106 Bow Street, Elkton, MD 21921</td></tr> <tr><td>Principio Health Center</td></tr> <tr><td>4863 Pulaski Highway, Perryville MD 21903</td></tr> </table>	Union Hospital of Cecil County	106 Bow Street, Elkton, MD 21921	Principio Health Center	4863 Pulaski Highway, Perryville MD 21903	LABORATORY
Union Hospital of Cecil County						
106 Bow Street, Elkton, MD 21921						
Principio Health Center						
4863 Pulaski Highway, Perryville MD 21903						
UR-6	<table border="1"> <tr><td>Union Hospital of Cecil County</td></tr> <tr><td>106 Bow Street, Elkton, MD 21921</td></tr> <tr><td>Rising Sun Diagnostic Center</td></tr> <tr><td>101 Colonial Way, Rising Sun, MD 21911</td></tr> </table>	Union Hospital of Cecil County	106 Bow Street, Elkton, MD 21921	Rising Sun Diagnostic Center	101 Colonial Way, Rising Sun, MD 21911	FREESTANDING CLINIC IMAGING
Union Hospital of Cecil County						
106 Bow Street, Elkton, MD 21921						
Rising Sun Diagnostic Center						
101 Colonial Way, Rising Sun, MD 21911						
UR-6	<table border="1"> <tr><td>Union Hospital of Cecil County</td></tr> <tr><td>106 Bow Street, Elkton, MD 21921</td></tr> <tr><td>Principio Health Center</td></tr> <tr><td>4863 Pulaski Highway, Perryville MD 21903</td></tr> </table>	Union Hospital of Cecil County	106 Bow Street, Elkton, MD 21921	Principio Health Center	4863 Pulaski Highway, Perryville MD 21903	FREESTANDING CLINIC IMAGING
Union Hospital of Cecil County						
106 Bow Street, Elkton, MD 21921						
Principio Health Center						
4863 Pulaski Highway, Perryville MD 21903						
UR-5	<table border="1"> <tr><td>Union Hospital of Cecil County</td></tr> <tr><td>106 Bow Street, Elkton, MD 21921</td></tr> <tr><td>Union Diagnostic Center</td></tr> <tr><td>123 Singerly Avenue, Elkton, MD 21921</td></tr> </table>	Union Hospital of Cecil County	106 Bow Street, Elkton, MD 21921	Union Diagnostic Center	123 Singerly Avenue, Elkton, MD 21921	IMAGING
Union Hospital of Cecil County						
106 Bow Street, Elkton, MD 21921						
Union Diagnostic Center						
123 Singerly Avenue, Elkton, MD 21921						
UR-6	<table border="1"> <tr><td>Union Primary Care</td></tr> <tr><td>111 West High Street, Suite 314, Elkton, MD 21921</td></tr> </table>	Union Primary Care	111 West High Street, Suite 314, Elkton, MD 21921	PART B PHYSICIANS Family Practice		
Union Primary Care						
111 West High Street, Suite 314, Elkton, MD 21921						
UR-6	<table border="1"> <tr><td>Union Urology</td></tr> <tr><td>137 West High Street, Suite 2B, Elkton, MD 21921</td></tr> </table>	Union Urology	137 West High Street, Suite 2B, Elkton, MD 21921	PART B PHYSICIANS Urology Practice		
Union Urology						
137 West High Street, Suite 2B, Elkton, MD 21921						
UR-6	<table border="1"> <tr><td>Union G.I. Associates</td></tr> <tr><td>137 West High Street, Suite 2B, Elkton, MD 21921</td></tr> </table>	Union G.I. Associates	137 West High Street, Suite 2B, Elkton, MD 21921	PART B PHYSICIANS Gastroenterology Practice		
Union G.I. Associates						
137 West High Street, Suite 2B, Elkton, MD 21921						
UR-6	<table border="1"> <tr><td>Union Oncology</td></tr> <tr><td>111 West High Street, Suite 302, Elkton, MD 21921</td></tr> </table>	Union Oncology	111 West High Street, Suite 302, Elkton, MD 21921	PART B PHYSICIANS Medical Oncology Practice		
Union Oncology						
111 West High Street, Suite 302, Elkton, MD 21921						

8/2002

HSCRC 205A

UNREGULATED SERVICES SUMMARY  
URS

INSTITUTION NAME Union Hospital of Cecil County

INSTITUTION NUMBER 0032

BASE YEAR

06-18

SCHEDULE	ENTITY NAME AND ADDRESS	NATURE OF SERVICE
UR-6	Union General Surgery 111 West High Street, Suite 207, Elkton, MD 21921	PART B PHYSICIANS
UR-6	Union Healthcare Medical Office 101 Colonial Way, Rising Sun, MD 21911	PART B PHYSICIANS Family Practice
UR-6	Union Rheumatology 137 West High Street, Suite 2A, Elkton, MD 21921	PART B PHYSICIANS Rheumatology Practice
UR-6	Union Neurology 137 West High Street, Suite 2A, Elkton, MD 21921	PART B PHYSICIANS Neurology Practice
UR-6	Union Vascular 137 West High Street, Suite 2B, Elkton, MD 21921	PART B PHYSICIANS Vascular Practice
UR-6	Union Radiology Medical Staff Office 106 Bow Street, Elkton, MD 21921	PART B PHYSICIANS Radiology Practice
UR-6	Union Psychiatric Practice 111 West High Street, Suite 204, Elkton, MD 21921	PART B PHYSICIANS Psychiatric Practice
UR-6	Hospitalist Physician Specialists, PA Medical Staff Office - Union Hospital of Cecil County 106 Bow Street, Elkton, MD 21921	PART B PHYSICIANS Hospitalist Physicians
UR-6	Union Pulmonology 111 West High Street, Suite 203, Elkton, MD 21921	PART B PHYSICIANS Pulmonology Practice
UR-6	Perryville Primary Care 4863 Pulaski Hwy., Suite 300, Perryville, MD 21903	PART B PHYSICIANS Family Practice

8/2002

HSCRC 205B

UNREGULATED SERVICES SUMMARY  
URS

INSTITUTION NAME Union Hospital of Cecil County

INSTITUTION NUMBER 0032

BASE YEAR 06-18

SCHEDULE	ENTITY NAME AND ADDRESS	NATURE OF SERVICE
UR-6	<div style="border: 1px solid black; padding: 2px;">Union Pediatric Hospitalist</div> <div style="border: 1px solid black; padding: 2px;">Medical Staff Office - Union Hospital of Cecil County</div> <div style="border: 1px solid black; padding: 2px;">106 Bow Street, Elkton, MD 21921</div>	PART B PHYSICIANS Pediatrics Physician Practice
UR-6	<div style="border: 1px solid black; padding: 2px;">Union Obstetrics &amp; Gynecology</div> <div style="border: 1px solid black; padding: 2px;">137 West High Street Suite 3B, Elkton, MD 21921</div>	PART B PHYSICIANS OB/Gyn Practice
UR-6	<div style="border: 1px solid black; padding: 2px;">Union E.N.T. / Audiology</div> <div style="border: 1px solid black; padding: 2px;">111 West High Street, Suite 303, Elkton, MD 21921</div>	PART B PHYSICIANS ENT/Audiology
UR-6	<div style="border: 1px solid black; padding: 2px;">Union Endocrinology</div> <div style="border: 1px solid black; padding: 2px;">137 West High Street, Suite 1B, Elkton, MD 21921</div>	PART B PHYSICIANS Family Practice
UR-6	<div style="border: 1px solid black; padding: 2px;">Union Anesthesiology</div> <div style="border: 1px solid black; padding: 2px;">Medical Staff Office, Union Hospital of Cecil Co.</div> <div style="border: 1px solid black; padding: 2px;">106 Bow Street, Elkton, MD 21921</div>	PART B PHYSICIANS Anesthesiology
UR-6	<div style="border: 1px solid black; padding: 2px;">Union Level II Ultrasound</div> <div style="border: 1px solid black; padding: 2px;">Medical Staff Office, Union Hospital of Cecil Co.</div> <div style="border: 1px solid black; padding: 2px;">106 Bow Street, Elkton, MD 21921</div>	PART B PHYSICIANS Level II Ultrasound
UR-9	<div style="border: 1px solid black; padding: 2px;">Union Hospital Adult Day Care Center</div> <div style="border: 1px solid black; padding: 2px;">301 Augustine Herman Hwy Suite B, Elkton, MD 21921</div>	ADULT DAY CARE

8/2002

HSCRC 205C

## CLINIC DETAIL

INSTITUTION NAME	<u>Union Hospital of Cecil County</u>	RATE PERIOD	
		BEGINNING	<u>07-17</u>
		RATE PERIOD	
INSTITUTION NUMBER	<u>0032</u>	ENDING	<u>06-18</u>

<u>CLINIC</u>	<u>VISITS</u>	<u>RVU's</u>	<u>REVENUE</u>
HAND	-	-	-
HAND	-	-	-
CHEMOTHERAPY - IV	1,380	31,740	748,134
IV THERAPY	1,710	37,094	892,092
INJECTIONS	1,172	4,578	111,683
WOUND & SKIN	2,437	23,197	526,872
BLOOD TRANSFUSIONS	169	4,356	103,897
NUTRITIONAL EDUCATION	-	-	-
	<b>6,868</b>	<b>100,965</b>	<b>2,382,678</b>

**SUPPLEMENTAL SCHEDULE  
GROSS PATIENT REVENUE RECONCILIATION SCHEDULE**

INSTITUTION NAME            Union Hospital of Cecil County  
 INSTITUTION NUMBER        0032

BASE YEAR            06-18

**Section I**

**TOTAL GROSS PATIENT REVENUE**

Line #		Col 1 Inpatient	Col 2 Outpatient	Col 3 Total
1	Total In-State Revenue	63317615	90166367	153483982
2	Total Out-State Revenue	4430908	8318731	12749639
3	Total Gross Patient Revenue	67748523	98485098	166233621

**Section II**

**TOTAL MEDICARE/NON-FFS REVENUE**

Line #		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 3 Total Revenue
4	Medicare FFS Revenue	30732778	1358062	30337410	1911647	64339897
5	Non-FFS Revenue	2368077	449963	2913456	347069	6078565
6	Total Revenue	33100855	1808025	33250866	2258716	70418462