

February 21, 2019

VIA EMAIL & HAND DELIVERY

Ms. Ruby Potter
Health Facilities Coordination Officer
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Request for Certificate of Exemption from CON Review
Conversion of University of Maryland
Shore Medical Center at Dorchester to Freestanding Medical Facility

Dear Ms. Potter:

On behalf of Shore Health System, Inc. *d/b/a* University of Maryland Shore Medical Center at Dorchester and University of Maryland Shore Medical Center at Easton (collectively, the "Applicant"), we are submitting four copies of Response 7 to the additional information questions from the Health Services Cost Review Commission dated January 9, 2019 as well as four copies of Modifications to FMF Request for Exemption, along with one set of full size project drawings. A Word version of the submission will be provided to Commission Staff under separate email.

We hereby certify that a copy of this submission has also been forwarded to the appropriate local health planning agencies as noted below.

Sincerely,



Thomas C. Dame

Sincerely,



Mallory Regenbogen

TCD/MMR:vtl
Enclosures

Ms. Ruby Potter
February 21, 2019
Page 2

cc: Kevin McDonald, Chief, Certificate of Need, MHCC
Paul Parker, Director, Center for Health Care Facilities Planning & Development, MHCC
Suellen Wideman, Esq., Assistant Attorney General, MHCC
Katie Wunderlich, Executive Director, HSCRC
Jerry Schmith, Director, Review and Compliance, HSCRC
Roger L. Harrell, MHA, Health Officer, Dorchester County Health Department
Scott LeRoy, MPH, MS, Health Officer, Caroline County Health Department
Fredia Wadley, MD, Health Officer, Talbot County Health Department
Pat Gainer, Acting Co-Executive Director, Maryland Emergency Medical Services
Systems
Kenneth D. Kozel, President & CEO, UM Shore Regional Health
Robert Frank, Sr. Regional V.P., Operations, UM Shore Regional Health
William Huffner, M.D., Sr. V.P., Medical Affairs & Chief Medical Officer, UM Shore
Regional Health
Ruth Ann Jones, Sr. V.P., Patient care Services & Chief Nursing Officer, UM Shore
Regional Health
Patti Willis, Sr. V.P., Strategy & Communications, UM Shore Regional Health
JoAnne Hahey, Chief Financial officer, UM Shore Regional Health
Michael Wood, Sr. Director of Reimbursement, UMMS
Megan Arthur, Senior Vice-President & General Counsel, UMMS
Sandra H. Benzer, Esq., Associate Counsel, UMMS
Josh Repac, Berkeley Research Group, LLC
Craig Wheelless, Director, Health Care Advisory Services, KPMG, LLP
Eileen English, Principal, Hord Coplan Macht
Andrew L. Solberg, A.L.S. Healthcare Consultant Services

**UM Shore Regional Health
Conversion of UM Shore Medical Center at Dorchester
to a Freestanding Medical Facility**

**UM Shore Regional Health's Responses to
January 9, 2019 Completeness Questions from HSCRC**

7. **There are 743 observation patients projected for the FMF in FY 2022 staying 31,933 hours, or an average of 42 hours per patient. In FY 2018 Dorchester treated 700 observation patients who stayed 19,444 hours, or an average of 28 hours per patient. Why would the time that observation patients were treated increase by 50%?**

Applicant Response

After recent discussions with MHCC Staff, the Applicant has revisited the underlying assumptions used in the projected need analysis for observation beds at the FMF. In particular, the Applicant has reassessed its projected observation patient average length of stay and observation case growth assumptions after considering the following:

- Historical average length of stay of observation patients at UM SMC at Dorchester;
- Assumptions about changes in the average length of stay that will be enabled by the FMF, taking into account recent experience at UM SMC at Easton in implementing clinical protocols to reduce the observation average length of stay; and
- Recent observation case experience for fiscal year 2019 at UM SMC at Dorchester.

As referenced in this question, UM SMC at Dorchester reported 700 observation cases and 19,444 observation hours on Schedule V2 in its HSCRC Annual Filing (see **Exhibit 17**, p. 4). However, these observation hours reflect only the hours billed to payors. Unbilled hours are excluded, but they still occupy observation bed time. Observation billing requirements dictate that only those hours that an observation patient is physically in a bed can be billed. This excludes observation hours related to observation beds held for patients while they are taken for ancillary tests or other purposes. This billing requirement severely limits the number of observation hours related to beds that are actually incurred for observation patients. Based on UM SMC at Dorchester's internal patient level detailed data set, there were 38,469 hours incurred in fiscal year 2018 from the time that a patient was classified as an observation patient and required a bed to the time that the patient was discharged from observation status. This means a total of 19,025 non-billable observation hours were incurred in addition to the 19,444 reported, nearly doubling the hours reported in the HSCRC submission.

The UM SMC at Dorchester patient level data set identified 781 observation cases in fiscal year 2018, an additional 81 cases that were not billed and reported in the HSCRC Annual Filing. Based on the 38,469 hours presented above, these patients stayed an average of 49.3 hours. This experience in fiscal year 2018 provides the basis for the projection of average length of stay at the FMF.

The Applicant has applied average length of stay reduction assumptions based on its recent experiences at UM SMC at Easton to its historical average length of stay at UM SMC at Dorchester. At UM SMC at Easton the average length of observation stays was reduced from 41.4 hours in 2017 to 26.7 hours in 2018 through the establishment of a dedicated observation unit with dedicated case management, nursing, and hospitalist staffing to facilitate the discharge of the observation patients. While the experience gained from the observation unit at UM SMC at Easton is valuable, it is also predicated on the establishment of a dedicated observation unit and dedicated case managers who work with community physicians to discharge their patients.

UM SMC at Dorchester does not expect to establish a dedicated observation unit at the hospital prior to the conversion to an FMF. As such, observation and medical patients will continue to overlap in the existing beds until a distinct observation unit is opened in the FMF in fiscal year 2022. The experience at UM SMC at Easton will be of value, however, for the operation of the observation suite at the FMF. From the experience at UM SMC at Easton, UM SMC at Dorchester expects that it will be able to reduce the average length of stay to 24 hours for observation patients at the FMF who are discharged to home. In fiscal year 2018, the percentage of observation patients at UM SMC at Dorchester who were discharged to home was approximately 74% of total cases, and the Applicant has projected that the same percentage of patients will be discharged to home from the FMF.

At UM SMC at Dorchester, the average length of stay for observation patients discharged to a skilled nursing facility ("SNF"), assisted living facility ("ALF"), hospital, or another type of health care facility is longer than for those patients discharged to home. For example, in fiscal year 2018 at UM SMC at Dorchester, of the observation patients not discharged to home, 36% were discharged to a SNF or ALF, and another 47% were discharged to another type of health care facility. These patients stayed in the observation unit for an average of 115 and 70 hours, respectively. The average length of stay is longer for these patients because, among other reasons, finding placements and available beds is challenging, particularly in this rural region, and something over which UM SMC at Dorchester has little or no control. These patients will continue to be served at the FMF and the Applicant anticipates that finding placements for and transferring these patients to other facilities from the FMF will continue to be a challenge. For this reason, the Applicant has assumed that the average length of stay for these patients will remain at a combined average of 89.8 hours.

Adverse social determinants of health in Dorchester and Caroline Counties will also continue to impact the ability of the FMF to discharge observation patients who are treated in the emergency department. In fact in 2018, Dorchester and Caroline Counties were ranked just behind Baltimore City and Somerset County for having the worst health outcomes in the State of Maryland (see **Exhibit 18**, pp. 4, 12). Age, social isolation, disability, addictions and substance use, education levels, poverty, unemployment, family dysfunction, lack or scarcity of available community resources, as well as inadequacy of primary and specialist availability per 100,000 Dorchester residents, are all factors that impact the ability to safely discharge patients from the emergency department and observation beds. UM SMC at Dorchester serves as a community safety net today, and even with advancements in community and health programming on the Eastern Shore in the next several years, the Applicant expects that the FMF will continue to serve this essential role.

With these considerations in mind, it is expected that the combined average length of stay for observation patients served at the FMF will decline to 38.4 hours beginning in fiscal year 2022. As indicated above, the decrease in average length of stay will result from decreases in the length of stay related to individuals who will be discharged home based on the

recent experience at UM SMC at Easton. Below is a brief summary of the methodology and calculations used by the Applicant to arrive at the current, updated length of stay projections beginning in fiscal year 2022:

- Using SMC at Dorchester's fiscal year 2018 internal observation data, the Applicant calculated total observation hours at the individual case level using the time each patient was placed in an observation bed and the time the same patient was discharged from the observation bed.
- The Applicant added the hours spent in an observation bed for each case to calculate 38,469 total observation hours across all patients and divided the total observation hours by the 781 observation cases at UM SMC at Dorchester during fiscal year 2018 to calculate an average length of stay of 49.3 hours. The Applicant projects that this average length of stay will remain constant until conversion of UM SMC at Dorchester to the FMF.
- During fiscal year 2018, 580 of the 781 observation cases at UM SMC at Dorchester resulted in a patient's discharge to home, self care, group/foster care, or a shelter with an average length of stay of 38.6 hours. These represent cases for which the Applicant expects that it will be able to reduce the average length of stay after conversion to an FMF with a separate observation unit. The discharge of these patients is not constrained by the availability of beds at other providers such as SNFs or ALFs, as these patients are discharged home.
- By establishing a separate observation unit at the FMF, beginning in fiscal year 2022, the Applicant expects to be able to reduce the average length of stay for these cases to 24 hours based upon the experience at UM SMC at Easton's dedicated observation unit.
- In order to project an updated average length of stay for observation patients during the period after conversion to the FMF, the Applicant revised the fiscal year 2018 average length of stay for the 580 identified cases (i.e., home discharges as defined above) to the expected 24 hours. This revision results in the reduction of 8,495 observation hours in relation to the 580 cases that were discharged to home.
- Reducing the 38,469 total observation hours in fiscal year 2018 by the 8,495 hours related to cases discharged to home and then dividing the result by the 781 observation cases in fiscal year 2018 calculates an average length of stay of 38.4 hours. This change represents a reduction of 10.9 hours per case across all cases upon conversion to the FMF with a dedicated observation unit beginning in fiscal year 2022.
- The calculation of this adjusted average length of stay for all observation cases is presented below in Table 40.

Table 40
UM SMC at Dorchester and UC SMC at Cambridge
Calculation of Adjusted Observation Average Length of Stay

	FY2018	Adjustment (1)	Adjusted FY2018 (2)
Hours			
Patients Discharged to Home	22,415	(8,495)	13,920
Patients Discharged to Other Health Care Facilities	14,904	-	14,904
Other (3)	1,150	-	1,150
Total	38,469	(8,495)	29,974
Cases			
Patients Discharged to Home	580	-	580
Patients Discharged to Other Health Care Facilities	166	-	166
Other (3)	35	-	35
Total	781	-	781
Average Hours per Case			
Patients Discharged to Home	38.6	(14.6)	24.0
Patients Discharged to Other Health Care Facilities	89.8	-	89.8
Other (3)	32.9	-	32.9
Average	49.3	(10.9)	38.4

Note (1): Reflects an assumed reduction in the average hours per case for patients discharge to home from UM SMC at Dorchester FY2018 experience of 38.6 hours to UM SMC at Easton experience of 24 hours.

Note (2): Adjusted average hours per case are assumed to begin in FY2022 with the conversion of UM SMC at Dorchester to an FMF with a dedicated observation unit.

Note (3): Includes patients that were discharged to court, left against medical advice or expired

Source: FY2018 observation hours and cases are based on UM SMC internal Observation data set

UM SMC at Dorchester has also reevaluated its assumptions regarding the growth in observation cases based on experience in the first five months of fiscal year 2019. Based on this more recent data, UM SMC at Dorchester finds that the number of observation cases in the first five months of fiscal year 2019 represents a 2.4% growth over the first five months of fiscal year 2018. UM SMC at Dorchester also assessed the seasonality of observation cases in fiscal year 2018 and applied that seasonality adjustment to the first five months of observation cases in fiscal year 2019 to arrive at an updated projection of observation cases in fiscal year 2019. Based on the significant growth in observation cases in fiscal years 2017 and 2018, continued growth in fiscal year 2019, and the expectation that the number of patients placed in observation status will continue to rise as the criteria for inpatient care continues to evolve and more and more care is rendered in alternative settings to decrease cost, UM SMC at Dorchester expects that the number of observation cases will continue to grow by 2.0% annually beginning in fiscal year 2020.

The result of the projected increase in number of observation cases is offset by the projected decrease in the average length of stay. As shown in Table 41 below, these changes result in a projected need for six (6) observation beds at the FMF beginning in fiscal year 2022.

Table 41
UM SMC at Dorchester and UC SMC at Cambridge
Historical and Projected Observation Bed Need
FY2016 – FY2024

	Historical			Projected at Dorchester			Projected at FMF		
	2016	2017	2018	2019	2020	2021	2022	2023	2024
Observation Cases	597	737	781	799	815	831	847	864	881
% Change	-1.0%	21.6%	6.0%	2.4%	2.0%	2.0%	2.0%	2.0%	2.0%
OBV Cases % of ED Visits	2.91%	3.79%	4.00%	4.08%	4.16%	4.23%	4.31%	4.39%	4.46%
Avg Hours Per Case	38.9	47.1	49.3	49.3	49.3	49.3	38.4	38.4	38.4
Total Observation Hours	23,221	34,696	38,469	39,374	40,145	40,932	32,518	33,155	33,804
Observation Days	968	1,446	1,603	1,641	1,673	1,705	1,355	1,381	1,409
Average Daily Census	2.7	4.0	4.4	4.5	4.6	4.7	3.7	3.8	3.9
Occupancy Target	70%	70%	70%	70%	70%	70%	70%	70%	70%
Bed Need	3.8	5.7	6.3	6.4	6.5	6.7	5.3	5.4	5.5
Requested Beds							6	6	6

Source: Historical observation cases and hours are based on UM SMC at Dorchester Internal Observation patient level data set

The revised need analysis presented above of observation beds at the FMF replaces the need analysis presented in the Applicant’s response number 2 submitted on December 21, 2018 to MHCC’s completeness questions dated November 29, 2018.

Tables of Exhibits

Exhibit 17 1
Exhibit 18 2

Table of Tables

Table 40 UM SMC at Dorchester and UC SMC at Cambridge Calculation of Adjusted
Observation Average Length of Stay 4
Table 41 UM SMC at Dorchester and UC SMC at Cambridge Historical and Projected
Observation Bed Need FY2016 – FY2024 5

EXHIBIT 17

SHORE MEDICAL CENTER AT DORCHESTER

**HEALTH SERVICES COST REVIEW
COMMISSION**

RATE REVIEW SYSTEM

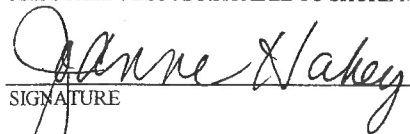
FOR THE FISCAL YEAR ENDED JUNE 30, 2018

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

TABLE OF CONTENTS

	SUBMITTING	NOT APPLICABLE
SCHEDULES V1A, V1B, V1C, V1D - INPATIENT AND PATIENT DAYS	✓	XXXXX
SCHEDULES V2A, V2B - OUTPATIENT VISITS	✓	XXXXX
SCHEDULES V3A, V3D - ANCILLARY SERVICE UNITS	✓	XXXXX
SCHEDULE V5 - EQUIVALENT INPATIENT DAYS AND ADMISSIONS	✓	XXXXX
SCHEDULE OADP - ALLOCATION OF DATA PROCESSING AND OVERHEAD	✓	XXXXX
SCHEDULE UA - UNASSIGNED EXPENSE	✓	XXXXX
SCHEDULE P1A, P1B - HOSPITAL BASED PHYSICIANS ALLOCATION	✓	
SCHEDULES P2A TO P2I - MEDICAL STAFF SERVICES		N / A
SCHEDULE P3A TO P3H - PHYSICIAN SUPPORT SERVICES		N / A
SCHEDULES P4A TO P4I - RESIDENTS, INTERNS SERVICES - ELIGIBLE		N / A
SCHEDULES P5A TO P5I - RESIDENTS, INTERNS SERVICES - INELIGIBLE		N / A
SCHEDULES C1 TO C14 - GENERAL SERVICE CENTER	✓	XXXXX
SCHEDULES D1 TO D81 - PATIENT CARE CENTERS	✓	XXXXX
SCHEDULES E1 TO E9 - AUXILIARY ENTERPRISES	✓	XXXXX
SCHEDULES F1 TO F4 - OTHER INSTITUTIONAL PROGRAMS	✓	XXXXX
SCHEDULE RC - RECONCILIATION OF BASE YEAR EXPENSES TO SCH RE	✓	XXXXX
SCHEDULE RE - STATEMENT OF REVENUE AND EXPENSES	✓	XXXXX
SCHEDULE RE - R RECONCILIATION OF AUDITED F/S TO SCHEDULE RE	✓	XXXXX
SCHEDULES J1, J2 - OVERHEAD EXPENSE APPORTIONMENT	✓	XXXXX
SCHEDULES J3, J4 - OVERHEAD EXPENSE APPORTIONMENT (PSYCH. HOSP.)		N / A
SCHEDULES JS1, JS2 - OVERHEAD STATISTICAL APPORTIONMENT	✓	XXXXX
SCHEDULES JS3, JS4 - OVERHEAD STATISTICAL APPORTIONMENT (PSYCH. HOSP.)		N / A
SCHEDULE H1 - BUILDING FACILITY ALLOWANCE		N / A
SCHEDULES H2A TO H2Y - DEPARTMENTAL EQUIPMENT ALLOWANCE	✓	XXXXX
SCHEDULES H3A, H3B - DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE	✓	XXXXX
SCHEDULES H3C, H3D - DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE (PSYCH. HOSP.)		N / A
SCHEDULE GR - CASH AND MARKETABLE ASSETS		N / A
SCHEDULE G - OTHER FINANCIAL CONSIDERATIONS		N / A
SCHEDULE PDA - PAYOR DIFFERENTIAL	✓	XXXXX
SCHEDULES M, MA - PART A COST ACCUMULATINS LEVELS I - IV	✓	XXXXX
SCHEDULES MC, MD - PART A COST ACCUMULATINS LEVELS I - IV (PSYCH. HOSP.)		N / A
SCHEDULE OES - OVERHEAD EXPENSE SUMMARY - PART B	✓	
SCHEDULE UR1 TO UR9 - UNREGULATED SERVICES	✓	
SCHEDULE URS - UNREGULATED SERVICES SUMMARY	✓	
SCHEDULE ACS - ANNUAL COST SURVEY	✓	
SCHEDULE TRE - TRANSACTIONS WITH RELATED ENTITIES	✓	
SCHEDULE RAT - REPORTING OF REGULATORY ADJUSTMENTS FOR TPR HOSPITALS	✓	
SCHEDULE D21A - OUTPATIENT SURGERY PROCEDURE BASED		N / A
SCHEDULE SB - SUPPLEMENTAL BIRTHS	✓	
SCHEDULE AHA-R - RECONCILIATION OF FINANCIAL STATEMENTS TO AHA SUBMISSION		N / A
SCHEDULE SBCI, SBCII - STANDBY COSTS - TRAUMA PHYSICIANS		N / A
SCHEDULE MTC - MIEMMS TRAUMA COST		N / A

I HEREBY CERTIFY THAT I HAVE REVIEWED THIS LIST OF ANNUAL REPORT SCHEDULES AND AM SUBMITTING ALL SCHEDULES APPLICABLE TO SHORE MEDICAL CENTER AT DORCHESTER


SIGNATURE

TITLE JoAnne R. Mahey, CPA
Senior Vice President/CFO
University of Maryland/Shore Regional Health

DATE 10/25/18

INPATIENTS AND PATIENT DAYS VI

INSTITUTION NAME: Shore Medical Center at Dorchester

FISCAL YEAR: 6/30/2018

INSTITUTION NUMBER: 210010

REPORTING SCHEDULE	CENTER	COL. 1 ADMISSIONS	COL. 2 PATIENT DAYS	COL. 3 INTRA HOSPITAL TRANSFERS IN	COL. 4 LENGTH OF STAY	COL. 5 AVERAGE LICENSED BEDS	COL. 6 % OCCUPANCY
		RECORDS	RECORDS	RECORDS	COL.2/(COL.1 * COL.3)	RECORDS	COL.2 / COL.5 * 365
D01	MSG	1,392	5,859	0	4.2	18	0.892
D02	PEDIatric Acute	0	0	0	0.0	0	0.000
D03	PSY	564	4,062	0	7.2	24	0.464
D04	OBS	0	0	0	0.0	0	0.000
D05	DEF	0	0	0	0.0	0	0.000
D06	MIS	40	226	0	5.7	6	0.103
D07	CCU	0	0	0	0.0	0	0.000
D08	PIC	0	0	0	0.0	0	0.000
D09	NEO	0	0	0	0.0	0	0.000
D10	BUR	0	0	0	0.0	0	0.000
D11	PSI	0	0	0	0.0	0	0.000
D12	TRM	0	0	0	0.0	0	0.000
D13	ONC	0	0	0	0.0	0	0.000
D16	ECF	0	0	0	0.0	0	0.000
D17	CRH	0	0	0	0.0	0	0.000
D52	ADD	0	0	0	0.0	0	0.000
D54	RHB	0	0	0	0.0	0	0.000
D70	PAD	0	0	0	0.0	0	0.000
D71	PCD	0	0	0	0.0	0	0.000
D73	PSG	0	0	0	0.0	0	0.000
D82	PSD	0	0	0	0.0	0	0.000
	SUBTOTAL	1,996	10,147	0	5.1	48	0.579
D14	NUR	0	0	0	0.0	0	0.000
D15	PRE	0	0	0	0.0	0	0.000
	TOTAL	1,996	10,147	0	5.1	48	0.579

ANCILLARY SERVICE UNITS V3

INSTITUTION NAME: Shore Medical Center at Dorchester FISCAL YEAR: 6/30/2018
 INSTITUTION NUMBER: 210010

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

REPORTING SCHEDULE	CENTER	UNIT OF MEASURE	RECORDS			TOTAL VOLUME
			INPATIENT VOLUME	OUTPATIENT VOLUME	RECORDS	
D23	DEL	Labor & Delivery Services	MD RVUs	0	0	0
D24	OR	Operating Room	Minutes	9,258	30,485	39,743
D24A	ORC	Operating Room Clinic	Minutes	3,303	2,048	5,351
D25	ANS	Anesthesiology	Minutes	8,513	28,616	37,129
D28	LAB	Laboratory Services	MD RVUs	695,688	1,181,428	1,877,116
D30	EKG	Electrocardiography	1974 California RVUs	31,980	44,199	76,179
D31	IRC	Interventional Radiology / Cardiovascular	MD RVUs	536	0	536
D32	RAD	Radiology-Diagnostic	HSCRC RVUs	18,469	191,291	209,760
D33	CAT	CT Scanner	HSCRC RVUs	35,993	190,253	226,246
D34	RAT	Radiology-Therapeutic	MD RVUs	1,511	0	1,511
D35	NUC	Nuclear Medicine	HSCRC RVUs	4,512	2,937	7,449
D36	RES	Respiratory Therapy	MD RVUs	281,329	97,310	378,639
D37	PUL	Pulmonary Function Testing	MD RVUs	0	0	0
D38	EEG	Electroencephalography	1974 California RVUs	776	23,069	23,845
D39	PTH	Physical Therapy	MD RVUs	28,410	7,282	35,692
D40	OTH	Occupational Therapy	MD RVUs	12,430	3,369	15,799
D41	STH	Speech Language Pathology	MD RVUs	5,858	718	6,576
D42	REC	Recreational Therapy	Treatments	0	0	0
D43	AUD	Audiology	MD RVUs	0	0	0
D44	OPM	Other Physical Medicine	Treatments	0	0	0
D45	RDL	Renal Dialysis	Treatments	194	48	242
D46	OA	Organ Acquisition	Treatments	0	0	0
D48	LEU	Leukopheresis	JHU RVUs	0	0	0
D49	HYP	Hyperbaric Chamber	Hours of Treatment	0	0	0
D51	MRI	Magnetic Resonance Imaging	HSCRC RVUs	11,726	48,833	60,559
D53	LIT	Lithotripsy	# of Procedures	0	0	0
D56	AMR	Ambulance Services-Rebundled	HSCRC RVUs	5,749	0	5,749
D77	PST	Psychological Testing	Hours	0	0	0
D80	ETH	Electroconvulsive Therapy	Treatments	0	0	0
D84	RAT-340	340B Radiology - Therapeutic	MD RVUs	0	0	0
D85	ORC-340	340B OR Clinic Services	Minutes	0	0	0
D86	LAB-340	340B Laboratory Services	MD RVUs	0	0	0
D87	CDS-340	340B Drugs	EIPA	0	0	0

INSTITUTION NAME: Shore Medical Center at Dorchester FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210010

EQUIVALENT INPATIENT DAYS (EIPDs)	SOURCE	FISCAL YEAR
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INPATIENT DATA - BASE YEAR COL. 1 COL. 2

A	GROSS INPATIENT REVENUE	RECORDS, BUDGET	24,798.0	A
B	INPATIENT GRANT REVENUE	RECORDS, BUDGET	0.0	B
C	TOTAL INPATIENT REVENUE *	A + B	24,798.0	C
D	TOTAL INPATIENT DAYS (IPDs) (EXCLUDING NURSERY)	SCHD V 1 D	10,147	D
E	INPATIENT UNIT REVENUE	C / D	2,44388	E
F	GROSS OUTPATIENT REVENUE	RECORDS, BUDGET	26,262.0	F
G	OUTPATIENT GRANT REVENUE	RECORDS, BUDGET	0.0	G
H	TOTAL OUTPATIENT REVENUE *	F + G	26,262.0	H
I	TOTAL OUTPATIENT VISITS	SCH V 2 B	23,970	I
J	OUTPATIENT UNIT REVENUE	H / I	1,09562	J
K	INPATIENT - OUTPATIENT UNIT REVENUE RATIO	E / J	2,23059	K
L	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / K	10,746	L
M	EQUIVALENT INPATIENT DAYS (EIPDs)	D + L	20,893	M

EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	SOURCE	FISCAL YEAR
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N	TOTAL INPATIENT ADMISSIONS	SCH V 1 D	1,996	N
O	INPATIENT UNIT REVENUE	C / N	12,42387	O
P	OUTPATIENT UNIT REVENUE	H / I	1,09562	P
Q	INPATIENT - OUTPATIENT UNIT REVENUE RATIO	O / P	11,33958	Q
R	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / Q	2,114	R
S	EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	N + R	4,110	U

UNASSIGNED EXPENSES

UA

INSTITUTION NAME: Shore Medical Center at Dorchester

FISCAL YEAR: 6/30/2018

INSTITUTION NUMBER: 210010

	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	COL. 9	COL. 10
	MAL PRACTICE INSURANCE	OTHER INSURANCE	MEDICAL CARE REVIEW	SUB-TOTAL	DEPRECIATION & AMORTIZATION	LEASES & RENTALS	LICENSES & TAXES	INTEREST SHORT TERM	INTEREST LONG TERM	TOTAL EXPENSES
SOURCE	MAL	OIN	MCR		DEP	LEA	LIC	IST	ILT	
A	949.1	(511.4)	261.7	699.4	3,187.0	234.2	76.7	0.0	193.2	4,390.5
B	(48.2)	13.1	0.0	(35.2)	(359.2)	(18.3)	(72.1)	0.0	0.0	(484.8)
C	900.9	(498.3)	261.7	664.2	2,827.8	215.9	4.6	0.0	193.2	3,905.7

FISCAL YEAR DATA

	RECORDS	RECORDS	RECORDS A+B
A	BASE YEAR EXPENSES	ALOC. TO AUX. ENTERPRISES & UNREGULATED SERVICES	FISCAL YEAR EXP. - ADJUSTED

HOSPITAL BASED PHYSICIANS PIA

INSTITUTION NAME: Shore Medical Center at Dorchester

FISCAL YEAR: 6/30/2018

INSTITUTION NUMBER: 210010

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

COST CENTER	CODE	Research	Chief of Medical Staff	Medical Care Review	Administration & Supervision	Part B Services	EDUCATION	TOTAL
A1 Medical Staff Administration	MSA	0.0	332.4	0.0	0.0	0.0	0.0	332.4
A2 Med/Surg Acute	MSG	0.0	0.0	0.0	704.7	0.0	0.0	704.7
A3 Pediatric Acute	PED	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A4 Psychiatric Acute	PSY	0.0	0.0	0.0	488.5	0.0	0.0	488.5
A5 Obstetrics Acute	OBS	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A6 Definitive Observation	DEF	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A7 Med/Surg Intensive Care	MIS	0.0	0.0	0.0	27.2	0.0	0.0	27.2
A8 Coronary Care	CCU	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A9 Pediatric Intensive Care	PIC	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A10 Neonatal Intensive Care	NEO	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A11 Burn Care	BJR	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A12 Psychiatric Intensive Care	PSI	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A13 Shock Trauma	TRM	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A14 Oncology	ONC	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A15 Newborn Nursery	NUR	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A16 Premature Nursery	PRE	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A17 Chronic Care	CRH	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A18 Emergency Services	EMG	0.0	0.0	0.0	1,310.8	0.0	0.0	1,310.8
A19 Clinical Services	CL	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A20 Psych. Day & Night Care	PDC	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A21 Ambulatory Surgery (PBP)	AMS	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A22 Same Day Surgery	SDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A23 Labor & Delivery Services	DEL	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A24 Operating Room	OR	0.0	0.0	0.0	306.1	0.0	0.0	306.1
A25 Operating Room Clinic	ORC	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A26 Anesthesiology	ANS	0.0	0.0	0.0	469.0	0.0	0.0	469.0
A27 Laboratory Services	LAB	0.0	0.0	0.0	110.7	0.0	0.0	110.7
A28 Electrocardiography	EKG	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A29 Interventional Radiology / Cardiovascular	IRC	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A30 Radiology Diagnostic	RAD	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A31 CT Scanner	CAT	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A32 Radiology Therapeutic	RAT	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A33 Nuclear Medicine	NUC	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A34 Respiratory Therapy	RES	0.0	0.0	0.0	0.0	0.0	0.0	0.0

HOSPITAL BASED PHYSICIANS **PI B**

INSTITUTION NAME: Shore Medical Center at Dorchester FISCAL YEAR: 6/30/2018
 INSTITUTION NUMBER: 210010

COST CENTER	CODE	Research	Chief of Medical Staff	Medical Care Review	Administration & Supervision	Part B Services	EDUCATION	TOTAL
		COL.1	COL.2	COL.3	COL.4	COL.5	COL.6	COL.7
A35 Pulmonary Function Testing	PUL	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A36 Electroencephalography	BEG	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A37 Physical Therapy	PTH	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A38 Occupational Therapy	OTH	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A39 Speech Language Pathology	STH	0.0	0.0	0.0	6.4	0.0	0.0	6.4
A40 Recreational Therapy	REC	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A41 Audiology	AUD	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A42 Other Physical Medicine	OPM	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A43 Renal Dialysis	RDL	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A44 Organ Acquisition	OA	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A45 Ambulatory Surgery	AOR	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A46 Leukopheresis	LEU	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A47 Hyperbaric Chamber	HYP	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A48 Free Standing Emergency	FSE	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A49 Magnetic Resonance Imaging	MRI	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A50 Adolescent Dual Diagnosed	ADD	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A51 Lithotripsy	LIT	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A52 Rehabilitation	RHB	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A53 Observation	OBV	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A54 Transurethral Microwave Thermotherapy	TMT	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A55 Oncology Q/P Clinic	OCL	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A56 Transurethral Needle Ablation	TNA	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A57 Psychiatric Adult	PAD	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A58 Psychiatric Child/Adolescent	PCD	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A59 Psychiatric Geriatric	PSG	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A60 Individual Therapies	ITH	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A61 Group Therapies	GTH	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A62 Family Therapies	FTH	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A63 Psychological Testing	PST	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A64 Education	PSE	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A65 Other Therapies	OPT	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A66 Electroconvulsive Therapy	ETH	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A67 Activity Therapies	ATH	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A68 Pediatric Step-Down	PSD	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A69 340B Clinic Services	CL-340	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A70 340B Radiology - Therapeutic	RAI-340	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A71 340B OR Clinic Services	ORC-340	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A72 340B Laboratory Services	LAB-340	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A73 340B Drugs	CDS-340	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A74 Post Graduate Medical Ed	PME	0.0	0.0	0.0	0.0	0.0	0.0	0.0
B TOTALS		0.0	232.4	0.0	3,423.3	0.0	0.0	3,655.7

Reporting Schedule

C Cost Center Schedule		F01	C-13	UA	D1 D80	P2A P2G	P4A P4G		C
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AUXILIARY ENTERPRISES

DPO

E03

INSTITUTION NAME: Shore Medical Center at Dorchester FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER 219010

	VOLUME DATA	FISCAL YEAR UNITS
A	Sq Feet	6,450

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

Doctor's Private Office Rent

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

B	FISCAL YEAR EXPENSES	RECORDS	0.0	2.7	2.7	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	0.5	XXXXX	0.5	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	//////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	//////	XXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	64.8	64.8	XXXXX	D01
D02	General Accounting	FIS	0.0	1.6	1.6	XXXXX	D02
D03	Licenses & Taxes	LIC	0.0	65.9	65.9	XXXXX	D03
D04	Hospital Administration	MGT	4.2	1.7	5.9	XXXXX	D04
D05	Other Insurance	OIN	0.0	(0.5)	(0.5)	XXXXX	D05
D06	Plant Operations	POP	12.0	18.7	30.7	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	16.6	154.9	171.5	0.02659	G

FISCAL YEAR PROFIT (LOSS)

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	125.6	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(45.9)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	(45.9)	XXXXX	K

FTE DATA

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

CAF

E07

INSTITUTION NAME: Shore Medical Center at Dorchester FISCAL YEAR: 6.30.2018
 INSTITUTION NUMBER: 210010

	VOLUME DATA	FISCAL YEAR UNITS
A	Eq. Meals Served	27,663

COL 1 COL 2 COL 3 COL 4

Cafeteria

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

B	FISCAL YEAR EXPENSES	RECORDS	0.0	0.0	0.0	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH 0A	XXXXX	XXXXX	XXXXX	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	//////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	//////	XXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	16.2	16.2	XXXXX	D01
D02	Dietary Services	DTY	308.0	192.4	500.4	XXXXX	D02
D03	General Accounting	FIS	0.0	1.2	1.2	XXXXXX	D03
D04	Hospital Administration	MGT	3.0	1.2	4.2	XXXXXX	D04
D05	Other Insurance	ON	0.0	(0.4)	(0.4)	XXXXXX	D05
D06	Plant Operations	POP	50.1	78.5	128.6	XXXXXX	D06
D07					0.0	XXXXXX	D07
D08					0.0	XXXXXX	D08
D09					0.0	XXXXXX	D09
D10					0.0	XXXXXX	D10
D11					0.0	XXXXXX	D11
D12					0.0	XXXXXX	D12
D13					0.0	XXXXXX	D13
D14					0.0	XXXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	361.1	289.0	650.2	0.02351	G

FISCAL YEAR PROFIT (LOSS)

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	86.0	XXXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(564.2)	XXXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	(564.2)	XXXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	0.0	XXXXXX	K

FTE DATA

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	7.0	7.0			S
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OTHER INSTITUTIONAL PROGRAMS

RNS

F02

INSTITUTION NAME: Shore Medical Center at Dorchester

FISCAL YEAR

6/30/2018

INSTITUTION NUMBER: 210010

VOLUME DATA	FISCAL YEAR UNITS
A # of Students	9

COL 1 COL 2 COL 3 COL 4

Nursing Education

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

B	FISCAL YEAR EXPENSES	RECORDS	114.8	0.1	114.9	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC	SCH OA	3.2	XXXX	3.2	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	////	XXXXX	XXXX	XXXXX	
D01	Housekeeping	HKP	3.2	0.9	4.0	XXXXX	D01
D02	Plant Operations	POP	4.9	7.6	12.5	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	FISCAL YEAR ADJUSTED EXPENSES	B+C+D	126.0	8.6	134.6	14.95109	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	G
H	PROFIT (LOSS)	F - E	XXXXX	XXXXX	(134.6)	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED 2080	RECORDS	1.6				I
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ALLOCATION OF EXPENSES/CAFETERIA, PARKING, DATA PROCESSING

INSTITUTION NAME: Shupe Medical Center at Dorchester
 INSTITUTION NUMBER: 210010
 FISCAL YEAR: 6/30/2018
 Allocation of Cafeteria / Parking Expense

	COL 1	COL 2
A	GAIN (LOSS) TO BE ALLOCATED AS FRINGE	LOSS PER FTE
B	NUMBER OF FTE'S	
BL	LOSS PER FTE	

	COL 1	COL 2	COL 3	COL 4
1	SOURCE RECORDS A/B	WAGES, SALARIES, & BENEFITS	OTHER EXPENSES	TOTAL EXPENSES
2	SOURCE RECORDS C1/C2	WAGES, SALARIES, & BENEFITS	OTHER EXPENSES	TOTAL EXPENSES

	COL 1	COL 2	COL 3	COL 4
1	SOURCE RECORDS C1/C2	WAGES, SALARIES, & BENEFITS	OTHER EXPENSES	TOTAL EXPENSES
2	SOURCE RECORDS C1/C2	WAGES, SALARIES, & BENEFITS	OTHER EXPENSES	TOTAL EXPENSES

	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
1	NO OF FTE'S	C X D	FTE'S ALLOCATED	BASIS	WAGES & BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	DATA PROCESSING							
					CAFETERIA, PARKING, ETC	WAGES, SALARIES, & BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE			
1	DIETARY SERVICES	C01	C01	DTY	7.4	14.6	0.0	0.0	1.47%	29.1	29.1	44.0
2	LAUNDRY & LINEN	C02	C02	LL	0.0	0.0	0.0	0.0	0.00%	0.0	0.0	0.0
3	SOCIAL SERVICES	C03	C03	SSS	2.3	4.5	0.0	0.0	1.11%	22.2	22.2	26.7
4	PURCHASING & STORES	C04	C04	PUR	1.8	3.6	0.0	0.0	0.42%	8.4	8.4	12.0
5	PLANT OPERATIONS	C05	C05	POP	16.4	32.3	0.0	0.0	3.69%	74.1	74.1	106.4
6	HOUSEKEEPING	C06	C06	HKP	16.3	32.0	0.0	0.0	3.11%	62.5	62.5	91.4
7	CENTRAL SERVICES & SUPPLY	C07	C07	CSS	0.4	0.9	0.0	0.0	0.54%	10.7	10.7	14.6
8	PHARMACY	C08	C08	PHM	0.9	1.7	0.0	0.0	0.62%	12.5	12.5	17.2
9	GENERAL ACCOUNTING	C09	C09	FIS	0.0	0.0	0.0	0.0	0.00%	0.0	0.0	0.0
10	PATIENT ACCOUNTS	C10	C10	PAC	22.2	43.6	0.0	0.0	5.60%	112.4	112.4	156.0
11	HOSPITAL ADMINISTRATION	C11	C11	MGT	11.6	22.9	0.0	0.0	9.14%	183.4	183.4	260.3
12	MEDICAL RECORDS	C12	C12	MRA	4.3	8.5	0.0	0.0	0.95%	19.0	19.0	27.5
13	MEDICAL STAFF ADMINISTRATION	C13	C13	MSA	2.3	4.5	0.0	0.0	0.43%	8.7	8.7	13.2
14	NURSING ADMINISTRATION	C14	C14	NAD	4.6	9.1	0.0	0.0	3.15%	63.3	63.3	87.4
15	ORGAN ACQUISITION OVERHEAD	C15	C15	OAO	0.0	0.0	0.0	0.0	0.00%	0.0	0.0	0.0
16	MED/SURG ACUTE	D01	D01	MSG	39.5	77.6	0.0	0.0	20.80%	417.6	417.6	595.7
17	PEDIATRIC ACUTE	D02	D02	PED	0.0	0.0	0.0	0.0	0.00%	0.0	0.0	0.0
18	PSYCHIATRIC ACUTE	D03	D03	PSY	28.3	55.8	0.0	0.0	9.05%	181.6	181.6	237.4
19	OBSTETRICS ACUTE	D04	D04	OBS	0.0	0.0	0.0	0.0	0.00%	0.0	0.0	0.0
20	DEFINITIVE OBSERVATION	D05	D05	DEF	0.0	0.0	0.0	0.0	0.00%	0.0	0.0	0.0
21	MED/SURG INTENSIVE CARE	D06	D06	MIS	1.9	3.8	0.0	0.0	0.27%	5.3	5.3	9.2
22	CORONARY CARE	D07	D07	CCU	0.0	0.0	0.0	0.0	0.00%	0.0	0.0	0.0
23	PEDIATRIC INTENSIVE CARE	D08	D08	PIC	0.0	0.0	0.0	0.0	0.00%	0.0	0.0	0.0
24	NEONATAL INTENSIVE CARE	D09	D09	NEO	0.0	0.0	0.0	0.0	0.00%	0.0	0.0	0.0
25	BURN CARE	D10	D10	BUR	0.0	0.0	0.0	0.0	0.00%	0.0	0.0	0.0
26	PSYCHIATRIC INTENSIVE CARE	D11	D11	PSI	0.0	0.0	0.0	0.0	0.00%	0.0	0.0	0.0
27	SHOCK TRAUMA	D12	D12	TRM	0.0	0.0	0.0	0.0	0.00%	0.0	0.0	0.0
28	ONCOLOGY	D13	D13	ONC	0.0	0.0	0.0	0.0	0.00%	0.0	0.0	0.0
29	NEWBORN NURSERY	D14	D14	NUR	0.0	0.0	0.0	0.0	0.00%	0.0	0.0	0.0

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

Institution Name: Shore Medical Center at Dorchester

Institution Number: 210910

Fiscal Year: 6/30/2018

///	DISTRIBUTION OF LOSS PER FTE	LOOK_UP	SCHED	CODE	NO. OF FTES	C \ N D I	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
								FTE'S ALLOCATED	BASIS	WAGES & SALARIES & F BENEFIT	OTHER EXPENSES	DDP ALLOCATION	TOTAL ALLOCATED EXPENSE
30	PREMATURE NURSERY	D15	D15	PRE	0.0			0.0	0.00%	0	0	0	0
31	CHRONIC CARE	D17	D17	CRH	0.0			0.0	0.00%	0	0	0	0
32	EMERGENCY SERVICES	D18	D18	EMG	34.8			68.5	10.86%	0	218	218	286.4
33	CLINICAL SERVICES	D19	D19	CL	4.4			8.6	2.07%	0	42	42	50.2
34	PSYCH DAY & NIGHT CARE	D20	D20	PDC	2.0			4.0	0.73%	0	15	15	18.7
35	AMBULATORY SURGERY (PBP)	D21	D21	AMS	0.0			0.0	0.00%	0	0	0	0
36	SAME DAY SURGERY	D22	D22	SDS	1.6			3.1	0.37%	0	7	7	10.5
37	LABOR & DELIVERY SERVICES	D23	D23	DEL	0.0			0.0	0.00%	0	0	0	0
38	OPERATING ROOM	D24	D24	OR	10.2			20.1	2.98%	0	60	60	79.8
39	OPERATING ROOM CLINIC	D24a	D24a	ORC	2.4			4.7	0.24%	0	5	5	9.5
40	ANESTHESIOLOGY	D25	D25	ANS	3.1			6.2	1.66%	0	29	29	38.3
41	LABORATORY SERVICES	D26	D26	LAB	15.4			30.2	5.92%	0	119	119	149.1
42	ELECTROCARDIOGRAPHY	D30	D30	EKG	3.1			6.1	0.91%	0	18	18	24.3
43	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	D31	IRC	0.0			0.0	0.00%	0	0	0	0
44	RADIOLOGY DIAGNOSTIC	D32	D32	RAD	15.1			29.6	3.82%	0	77	77	106.4
45	CT SCANNER	D33	D33	CAT	5.6			11.1	0.48%	0	10	10	20.6
46	RADIOLOGY THERAPEUTIC	D34	D34	RAT	0.0			0.0	0.00%	0	0	0	0
47	NUCLEAR MEDICINE	D35	D35	NUC	0.9			1.8	0.28%	0	6	6	7.4
48	RESPIRATORY THERAPY	D36	D36	RES	12.0			23.7	2.60%	0	52	52	78.8
49	PULMONARY FUNCTION TESTING	D37	D37	PUL	0.0			0.0	0.00%	0	0	0	0
50	ELECTROENCEPHALOGRAPHY	D38	D38	EEG	0.6			1.1	0.39%	0	8	8	8.9
51	PHYSICAL THERAPY	D39	D39	PTH	1.6			3.2	0.66%	0	13	13	16.5
52	OCCUPATIONAL THERAPY	D40	D40	OTH	0.5			1.0	0.22%	0	4	4	5.5
53	SPEECH LANGUAGE PATHOLOGY	D41	D41	STH	0.4			0.8	0.21%	0	4	4	5.0
54	RECREATIONAL THERAPY	D42	D42	REC	0.0			0.0	0.00%	0	0	0	0
55	AUDIOLOGY	D43	D43	AUD	0.0			0.0	0.00%	0	0	0	0
56	OTHER PHYSICAL MEDICINE	D44	D44	OPM	0.0			0.0	0.00%	0	0	0	0
57	RENAL DIALYSIS	D45	D45	RDL	1.8			3.5	0.46%	0	9	9	12.8
58	ORGAN ACQUISITION	D46	D46	OA	0.0			0.0	0.00%	0	0	0	0
59	AMBULATORY SURGERY	D47	D47	AOR	0.0			0.0	0.00%	0	0	0	0
60	LEUKOPHERESIS	D48	D48	LEU	0.0			0.0	0.00%	0	0	0	0
61	HYPERBARIC CHAMBER	D49	D49	HYP	0.0			0.0	0.00%	0	0	0	0

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INS INSTITUTION NAME: Stages Medical Center at Dorchester

INSTITUTION NUMBER: 2110010

FISCAL YEAR: 6/30/2018

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C & D1	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	COL. 9	COL. 10	COL. 11	COL. 12	COL. 13
62	FRIE STANDING EMERGENCY	D50	FSE		0.0	0.0	0.0	0.00%	0	0	0	0
63	MAGNETIC RESONANCE IMAGING	D51	MRI		1.3	2.5	0.0	0.07%	0	14	0	16.0
64	ADOLESCENT DUAL DIAGNOSED	D52	ADD		0.0	0.0	0.0	0.00%	0	0	0	0
65	LITHOTRUSY	D53	LIT		0.0	0.0	0.0	0.00%	0	0	0	0
66	REHABILITATION	D54	RHB		0.0	0.0	0.0	0.00%	0	0	0	0
67	OBSERVATION	D55	OBV		8.0	15.6	0.0	4.33%	0	87	87	107.6
68	AMBULANCE SERVICES-REBUNDLED	D56	AMR		0.0	0.0	0.0	0.00%	0	0	0	0
69	TRANSURETHRAL MICROWAVE THERMOTHERAPY	D57	TMT		0.0	0.0	0.0	0.00%	0	0	0	0
70	ONCOLOGY OP CLINIC	D58	OCU		0.0	0.0	0.0	0.00%	0	0	0	0
71	TRANSURETHRAL NEEDLE ABLATION	D59	TNA		0.0	0.0	0.0	0.00%	0	0	0	0
72	PSYCHIATRIC ADULT	D70	PAD		0.0	0.0	0.0	0.00%	0	0	0	0
73	PSYCHIATRIC CHILD/ADOLESCENT	D71	PCD		0.0	0.0	0.0	0.00%	0	0	0	0
74	PSYCHIATRIC GERIATRIC	D73	PSG		0.0	0.0	0.0	0.00%	0	0	0	0
75	INDIVIDUAL THERAPIES	D74	ITH		0.0	0.0	0.0	0.00%	0	0	0	0
76	GROUP THERAPIES	D75	GTH		0.0	0.0	0.0	0.00%	0	0	0	0
77	FAMILY THERAPIES	D76	FTH		0.0	0.0	0.0	0.00%	0	0	0	0
78	PSYCHOLOGICAL TESTING	D77	PST		0.0	0.0	0.0	0.00%	0	0	0	0
79	EDUCATION	D78	PSE		0.0	0.0	0.0	0.00%	0	0	0	0
80	OTHER THERAPIES	D79	OFT		0.0	0.0	0.0	0.00%	0	0	0	0
81	ELECTROCONVULSIVE THERAPY	D80	ETH		0.0	0.0	0.0	0.00%	0	0	0	0
82	ACTIVITY THERAPIES	D81	ATH		0.0	0.0	0.0	0.00%	0	0	0	0
83	PEDIATRIC STEP DOWN	D82	PSD		0.0	0.0	0.0	0.00%	0	0	0	0
84	340B CLINIC SERVICES	D83	CL 340		0.0	0.0	0.0	0.00%	0	0	0	0
85	340B RADIOLOGY THERAPEUTIC	D84	RAT 340		0.0	0.0	0.0	0.00%	0	0	0	0
86	340B OR CLINIC SERVICES	D85	ORC 340		0.0	0.0	0.0	0.00%	0	0	0	0
87	340B LABORATORY SERVICES	D86	LAB 340		0.0	0.0	0.0	0.00%	0	0	0	0
88	340B DRUGS	D87	CDS 340		0.0	0.0	0.0	0.00%	0	0	0	0
89	AMBULANCE SERVICES	E01	AMB		0.0	0.0	0.0	0.00%	0	0	0	0
90	PARKING	E02	PAR		0.0	0.0	0.0	0.00%	0	0	0	0
91	DOCTOR'S PRIVATE OFFICE RENT	E03	DPO		0.2	0.5	0.0	0.00%	0	0	0	0.5
92	OFFICE & OTHER RENTAL	E04	OOR		0.0	0.0	0.0	0.00%	0	0	0	0
93	RETAIL OPERATIONS	E05	REO		0.0	0.0	0.0	0.00%	0	0	0	0
94	PATIENTS TELEPHONES	E06	PTE		0.0	0.0	0.0	0.00%	0	0	0	0
95	RESEARCH	F01	REG		0.0	0.0	0.0	0.00%	0	0	0	0
96	NURSING EDUCATION	F02	RNS		1.6	3.2	0.0	0.00%	0	0	0	3.2
97	OTHER HEALTH PROFESSION EDUCATION	F03	OHE		0.0	0.0	0.0	0.00%	0	0	0	0
98	COMMUNITY HEALTH EDUCATION	F04	CHIE		0.0	0.0	0.0	0.00%	0	0	0	0
99	MEDSURG ACUTE	D01	MSG		0.0	0.0	0.0	0.00%	0	0	0	0
100	PEDIATRIC ACUTE	D02	PED		0.0	0.0	0.0	0.00%	0	0	0	0

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

Shore Medical Center at Poquoson

INSTITUTION NAME

210010

INSTITUTION NUMBER

6/30/2018

FISCAL YEAR

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO OF FTES	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
							CNDI	FTES ALLOCATED	BASIS	WAGES, SALARIES & F BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
101	PSYCHIATRIC ACUTE	D03	P2A	PSY	0.0		0.0						
102	OBSTETRIC'S ACUTE	D04	P2A	OBS	0.0		0.0						
103	DEFINITIVE OBSERVATION	D05	P2A	DEF	0.0		0.0						
104	MED/SURG INTENSIVE CARE	D06	P2A	MIS	0.0		0.0						
105	CORONARY CARE	D07	P2A	CCU	0.0		0.0						
106	PEDIATRIC INTENSIVE CARE	D08	P2A	PIC	0.0		0.0						
107	NEONATAL INTENSIVE CARE	D09	P2A	NEO	0.0		0.0						
108	BURN CARE	D10	P2A	BUR	0.0		0.0						
109	PSYCHIATRIC INTENSIVE CARE	D11	P2A	PSI	0.0		0.0						
110	SHOCK TRAUMA	D12	P2A	TRM	0.0		0.0						
111	ONCOLOGY	D13	P2A	ONC	0.0		0.0						
112	NEWBORN NURSERY	D14	P2A	NUR	0.0		0.0						
113	PREMATURE NURSERY	D15	P2B	PRE	0.0		0.0						
114	CHRONIC CARE	D17	P2B	CRH	0.0		0.0						
115	EMERGENCY SERVICES	D18	P2B	EMG	0.0		0.0						
116	CLINICAL SERVICES	D19	P2B	CL	0.0		0.0						
117	PSYCH. DAY & NIGHT CARE	D20	P2B	PDC	0.0		0.0						
118	AMBULATORY SURGERY (PBP)	D21	P2B	AMS	0.0		0.0						
119	SAME DAY SURGERY	D22	P2B	SDS	0.0		0.0						
120	LABOR & DELIVERY SERVICES	D23	P2B	DEL	0.0		0.0						
121	OPERATING ROOM	D24	P2B	OR	0.0		0.0						
122	OPERATING ROOM CLINIC	D24r	P2B	ORC	0.0		0.0						
123	ANESTHESIOLOGY	D25	P2B	ANS	0.0		0.0						
124	LABORATORY SERVICES	D28	P2B	LAB	0.0		0.0						
125	ELECTROCARDIOGRAPHY	D30	P2B	EKG	0.0		0.0						
126	INTERVENTIONAL RADIOLOGY / RADIOVASCULAR	D31	P2B	IRC	0.0		0.0						
127	RADIOLOGY DIAGNOSTIC	D32	P2C	RAD	0.0		0.0						
128	CT SCANNER	D33	P2C	CAT	0.0		0.0						
129	RADIOLOGY THERAPEUTIC	D34	P2C	RAT	0.0		0.0						
130	NUCLEAR MEDICINE	D35	P2C	NUC	0.0		0.0						
131	RESPIRATORY THERAPY	D36	P2C	RES	0.0		0.0						

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

Institution Name: Shore Medical Center at Dorchester

Institution Number: 2100119

Fiscal Year: 6/30/2018

///	DISTRIBUTION OF LOSS PER FTE	LOOK_UP	SCHED	CODE	NO OF FTES	CANDI	FTEs ALLOCATED	BASIS	WAGES, SALARIES, & F BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	COL. 9	COL. 10	COL. 11	COL. 12	COL. 13
132	PULMONARY FUNCTION TESTING	D37	P2C	PUL	0.0	0.0						
133	ELECTROENCEPHALOGRAPHY	D38	P2C	BEG	0.0	0.0						
134	PHYSICAL THERAPY	D39	P2C	PTH	0.0	0.0						
135	OCCUPATIONAL THERAPY	D40	P2C	OTH	0.0	0.0						
136	SPEECH LANGUAGE PATHOLOGY	D41	P2C	STH	0.0	0.0						
137	RECREATIONAL THERAPY	D42	P2C	REC	0.0	0.0						
138	AUDIOLOGY	D43	P2C	AUD	0.0	0.0						
139	OTHER PHYSICAL MEDICINE	D44	P2C	OPM	0.0	0.0						
140	RENAL DIALYSIS	D45	P2C	RDL	0.0	0.0						
141	ORGAN ACQUISITION	D46	P2D	OA	0.0	0.0						
142	AMBULATORY SURGERY	D47	P2D	AOR	0.0	0.0						
143	LEUKOPHERESIS	D48	P2D	LEU	0.0	0.0						
144	HYPERBARIC CHAMBER	D49	P2D	HYB	0.0	0.0						
145	FREE STANDING EMERGENCY	D80	P2D	FSE	0.0	0.0						
146	MAGNETIC RESONANCE IMAGING	D51	P2D	MRI	0.0	0.0						
147	ADOLESCENT DUAL DIAGNOSED	D52	P2D	ADD	0.0	0.0						
148	LITHOTRIPSY	D53	P2D	LIT	0.0	0.0						
149	REHABILITATION	D54	P2D	RHB	0.0	0.0						
150	OBSERVATION	D55	P2D	OBV	0.0	0.0						
151	TRANSURETHRAL MICROWAVE THERMOTHERAPY	D57	P2D	TMT	0.0	0.0						
152	ONCOLOGY OP CLINIC	D58	P2D	OCL	0.0	0.0						
153	TRANSURETHRAL NEEDLE ABLATION	D59	P2D	TNA	0.0	0.0						
154	PSYCHIATRIC ADULT	D70	P2D	PAD	0.0	0.0						
155	PSYCHIATRIC CHILD/ADOLESCENT	D71	P2E	PCD	0.0	0.0						
156	PSYCHIATRIC GERIATRIC	D73	P2E	PSG	0.0	0.0						
157	INDIVIDUAL THERAPIES	D74	P2E	ITH	0.0	0.0						
158	GROUP THERAPIES	D75	P2E	GTH	0.0	0.0						
159	FAMILY THERAPIES	D76	P2E	FTH	0.0	0.0						
160	PSYCHOLOGICAL TESTING	D77	P2E	PST	0.0	0.0						
161	EDUCATION	D78	P2E	PSE	0.0	0.0						
162	OTHER THERAPIES	D79	P2E	OPT	0.0	0.0						
163	ELECTROCONVULSIVE THERAPY	D80	P2E	ETH	0.0	0.0						
164	ACTIVITY THERAPIES	D81	P2E	ATH	0.0	0.0						
165	PEDIATRIC STEP DOWN	D82	P2E	PSD	0.0	0.0						
166	340B CLINIC SERVICES	D83	P2E	CL-340	0.0	0.0						
167	340B RADIOLOGY THERAPEUTIC	D84	P2E	RAT-340	0.0	0.0						
168	340B OR CLINIC SERVICES	D85	P2E	ORC-340	0.0	0.0						
169	340B LABORATORY SERVICES	D86	P2F	LAB-340	0.0	0.0						
170	340B DRUGS	D87	P2F	CDS-340	0.0	0.0						
171	MED/SURG ACUTE	D01	P3	MSG	0.0	0.0						
172	PEDIATRIC ACUTE	D02	P3	PEP	0.0	0.0						
173	PSYCHIATRIC ACUTE	D03	P3	PSY	0.0	0.0						
174	OBSTETRICS ACUTE	D04	P3	OBS	0.0	0.0						

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

Institution Name: Shore Medical Center at Dorchester

Institution Number: 2110010

Fiscal Year: 6/30/2018

Institution Name:

Institution Number:

Fiscal Year:

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C X DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
					COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
175	DEFINITIVE OBSERVATION	D05	P3	DEF	0.0	0.0						
176	MED/SURG INTENSIVE CARE	D06	P3	MIS	0.0	0.0						
177	CORONARY CARE	D07	P3	CCU	0.0	0.0						
178	PEDIATRIC INTENSIVE CARE	D08	P3	PIC	0.0	0.0						
179	NEONATAL INTENSIVE CARE	D09	P3	NHO	0.0	0.0						
180	BURN CARE	D10	P3	BUR	0.0	0.0						
181	PSYCHIATRIC INTENSIVE CARE	D11	P3	PSI	0.0	0.0						
182	SHOCK TRAUMA	D12	P3	TRM	0.0	0.0						
183	ONCOLOGY	D13	P3	ONC	0.0	0.0						
184	NEWBORN NURSERY	D14	P3	NUR	0.0	0.0						
185	PREMATURE NURSERY	D15	P3	PRF	0.0	0.0						
186	CHRONIC CARE	D17	P3	CRJ	0.0	0.0						
187	EMERGENCY SERVICES	D18	P3	EMG	0.0	0.0						
188	CLINICAL SERVICES	D19	P3	CL	0.0	0.0						
189	PSYCH DAY & NIGHT CARE	D20	P3	PDC	0.0	0.0						
190	AMBULATORY SURGERY (PBP)	D21	P3	AMS	0.0	0.0						
191	SAME DAY SURGERY	D22	P3	SDS	0.0	0.0						
192	LABOR & DELIVERY SERVICES	D23	P3	DEL	0.0	0.0						
193	OPERATING ROOM	D23	P3	OR	0.0	0.0						
194	OPERATING ROOM CLINIC	D23a	P3	ORC	0.0	0.0						
195	ANESTHESIOLOGY	D25	P3	ANS	0.0	0.0						
196	LABORATORY SERVICES	D28	P3	LAB	0.0	0.0						
197	ELECTROCARDIOGRAPHY	D30	P3	EKG	0.0	0.0						
198	INTERVENTIONAL RADIOLOGY / RADIOVASCULAR	D31	P3	IRC	0.0	0.0						
199	RADIOLOGY DIAGNOSTIC	D32	P3	RAD	0.0	0.0						
200	CT SCANNER	D33	P3	CAT	0.0	0.0						
201	RADIOLOGY THERAPEUTIC	D34	P3	RAT	0.0	0.0						
202	NUCLEAR MEDICINE	D35	P3	NUC	0.0	0.0						
203	RESPIRATORY THERAPY	D36	P3	RES	0.0	0.0						
204	PULMONARY FUNCTION TESTING	D37	P3	PUL	0.0	0.0						
205	ELECTROENCEPHALOGRAPHY	D38	P3	EEG	0.0	0.0						
206	PHYSICAL THERAPY	D39	P3	PTH	0.0	0.0						

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

Institution Name: Store Medical Center at Dordchester

Institution Number: 210219

Fiscal Year: 6/30/2018

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTES	C v DI	COL. 3 FTES ALLOCATED	COL. 4 BASIS	COL. 5 WAGES, SALARIES, & F. BENEFIT	COL. 6 OTHER EXPENSES	COL. 7 DP ALLOCATION	COL. 8 TOTAL ALLOCATED EXPENSE
207	OCCUPATIONAL THERAPY	D40	P4	OTH	0.0	0.0						
208	SPEECH LANGUAGE PATHOLOGY	D41	P3	STH	0.0	0.0						
209	RECREATIONAL THERAPY	D42	P3	REC	0.0	0.0						
210	AUDIOLOGY	D43	P3	AUD	0.0	0.0						
211	OTHER PHYSICAL MEDICINE	D44	P3	OPM	0.0	0.0						
212	RENAL DIALYSIS	D45	P4	RDL	0.0	0.0						
213	ORGAN ACQUISITION	D46	P3	OA	0.0	0.0						
214	AMBULATORY SURGERY	D47	P3	AOR	0.0	0.0						
215	LEUKOPHERESIS	D48	P3	LEU	0.0	0.0						
216	HYPERBARIC CHAMBER	D49	P4	HYP	0.0	0.0						
217	FREE STANDING EMERGENCY	D50	P3	ESF	0.0	0.0						
218	MAGNETIC RESONANCE IMAGING	D51	P3	MRI	0.0	0.0						
219	ADOLESCENT DUAL DIAGNOSED	D52	P4	ADD	0.0	0.0						
220	LITHOTRIPSY	D53	P3	LIT	0.0	0.0						
221	REHABILITATION	D54	P3	RHB	0.0	0.0						
222	OBSERVATION	D55	P3	OBV	0.0	0.0						
223	TRANSURETHRAL MICROWAVE THERMOTHERAPY	D57	P3	TMT	0.0	0.0						
224	ONCOLOGY OP CLINIC	D58	P4	OCL	0.0	0.0						
225	TRANSURETHRAL NEEDLE ABLATION	D59	P3	TNA	0.0	0.0						
226	PSYCHIATRIC ADULT	D70	P3	PAD	0.0	0.0						
227	PSYCHIATRIC CHILD/ADOLESCENT	D71	P3	PCD	0.0	0.0						
228	PSYCHIATRIC GERIATRIC	D73	P3	PSG	0.0	0.0						
229	INDIVIDUAL THERAPIES	D74	P3	ITH	0.0	0.0						
230	GROUP THERAPIES	D75	P3	GTH	0.0	0.0						
231	FAMILY THERAPIES	D76	P3	FTH	0.0	0.0						
232	PSYCHOLOGICAL TESTING	D77	P3	PST	0.0	0.0						
233	EDUCATION	D78	P3	PSE	0.0	0.0						
234	OTHER THERAPIES	D79	P3	OFT	0.0	0.0						
235	ELECTROCONVULSIVE THERAPY	D80	P3	ETH	0.0	0.0						
236	ACTIVITY THERAPIES	D81	P3	ATH	0.0	0.0						
237	PEDIATRIC STEP DOWN	D82	P3	PSD	0.0	0.0						
238	340B CLINIC SERVICES	D83	P3	CL-340	0.0	0.0						
239	340B RADIOLOGY THERAPEUTIC	D84	P3	RAT-340	0.0	0.0						
240	340B OR CLINIC SERVICES	D85	P4	ORC-340	0.0	0.0						
241	340B LABORATORY SERVICES	D86	P3	LAB-340	0.0	0.0						
242	340B DRUGS	D87	P3	CDS-340	0.0	0.0						
242	MED/SURG ACUTE	D11	P4A	MSG	0.0	0.0						
243	PEDIATRIC ACUTE	D12	P4A	PED	0.0	0.0						
244	PSYCHIATRIC ACUTE	D13	P4A	PSY	0.0	0.0						
245	OBSTETRICS ACUTE	D14	P4A	OBS	0.0	0.0						
246	DEFINITIVE OBSERVATION	D15	P4A	DEF	0.0	0.0						
247	MED/SURG INTENSIVE CARE	D16	P4A	MIS	0.0	0.0						
248	COBONARY CARE	D17	P4A	CCU	0.0	0.0						
249	PEDIATRIC INTENSIVE CARE	D18	P4B	PIC	0.0	0.0						
250	NEONATAL INTENSIVE CARE	D19	P4B	NEO	0.0	0.0						
251	BURN CARE	D10	P4B	BUR	0.0	0.0						
252	PSYCHIATRIC INTENSIVE CARE	D11	P4B	PSI	0.0	0.0						
253	SHOCK TRAUMA	D12	P4B	TRM	0.0	0.0						
254	ONCOLOGY	D13	P4B	ONC	0.0	0.0						
255	NEWBORN NURSERY	D14	P4B	NUR	0.0	0.0						
256	PREMATURE NURSERY	D15	P4C	PRE	0.0	0.0						
257	CHRONIC CARE	D17	P4C	CRH	0.0	0.0						

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

Institution Name: Shore Medical Center at Dorchester

Institution Number: 210010

Fiscal Year: 6/30/2018

Institution Name:

Institution Number:

Fiscal Year:

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTES	C X D I	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
								FTES ALLOCATED	BASIS	WAGES, SALARIES, & P. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
259	CLINICAL SERVICES	D19	P1C	CL	0.0	0.0							
260	PSYCH. DAY & NIGHT CARE	D20	P1C	PDC	0.0	0.0							
261	AMBULATORY SURGERY (PBP)	D21	P1C	AMS	0.0	0.0							
262	SAME DAY SURGERY	D22	P1C	SMS	0.0	0.0							
263	LABOR & DELIVERY SERVICES	D23	P1D	DEL	0.0	0.0							
264	OPERATING ROOM	D24	P1D	OR	0.0	0.0							
265	OPERATING ROOM CLINIC	D24a	P1D	ORC	0.0	0.0							
266	ANESTHESIOLOGY	D25	P1D	ANS	0.0	0.0							
267	LABORATORY SERVICES	D28	P1D	LAB	0.0	0.0							
268	ELECTROCARDIOGRAPHY	D30	P1D	EKG	0.0	0.0							
269	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P1D	IRC	0.0	0.0							
270	RADIOLOGY DIAGNOSTIC	D32	P1E	RAD	0.0	0.0							
271	CT SCANNER	D33	P1E	CAT	0.0	0.0							
272	RADIOLOGY THERAPEUTIC	D34	P1E	RAT	0.0	0.0							
273	NUCLEAR MEDICINE	D35	P1E	NUC	0.0	0.0							
274	RESPIRATORY THERAPY	D36	P4E	RES	0.0	0.0							
275	PULMONARY FUNCTION TESTING	D37	P1E	PUL	0.0	0.0							
276	ELECTROENCEPHALOGRAPHY	D38	P1E	EFG	0.0	0.0							
277	PHYSICAL THERAPY	D39	P1F	PTH	0.0	0.0							
278	OCCUPATIONAL THERAPY	D40	P1F	OTH	0.0	0.0							
279	SPEECH/LANGUAGE PATHOLOGY	D41	P1F	STH	0.0	0.0							
280	RECREATIONAL THERAPY	D42	P1F	REC	0.0	0.0							
281	AUDIOLOGY	D43	P1F	AUD	0.0	0.0							
282	OTHER PHYSICAL MEDICINE	D44	P1F	OPM	0.0	0.0							
283	RENAL DIALYSIS	D45	P1F	RDL	0.0	0.0							
284	ORGAN ACQUISITION	D46	P1G	OA	0.0	0.0							
285	AMBULATORY SURGERY	D47	P1G	AOR	0.0	0.0							
286	LEUKOPHERESIS	D48	P1G	LEU	0.0	0.0							
287	HYPERBARIC CHAMBER	D49	P1G	HYP	0.0	0.0							
288	FREE STANDING EMERGENCY	D50	P1G	FSE	0.0	0.0							
289	MAGNETIC RESONANCE IMAGING	D51	P1G	MBI	0.0	0.0							
290	ADOLESCENT DUAL DIAGNOSED	D52	P1G	ADD	0.0	0.0							

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

Institution Name: Sigurd Medical Center at Dorchester

Institution Number: 210010

Fiscal Year: 6/30/2018

Institution Name:

Institution Number:

Fiscal Year:

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO OF FTE'S	C x DI	COL. 3 FTE'S ALLOCATED	COL. 4 BASIS	COL. 5 WAGES, SALARIES, & F BENEFIT	COL. 6 OTHER EXPENSES	COL. 7 DP ALLOCATION	COL. 8 TOTAL ALLOCATED EXPENSE
291	LITHOTRIPSY	D53	P-H	LIT	0.0	0.0						
292	REHABILITATION	D54	P-H	RHB	0.0	0.0						
293	OBSERVATION	D55	P-H	OBV	0.0	0.0						
294	TRANSURETHRAL MICROWAVE THERMOTHERAPY	D57	P-H	TMT	0.0	0.0						
295	ONCOLOGY OP CLINIC	D58	P-H	OCL	0.0	0.0						
296	TRANSURETHRAL NEEDLE ABLATION	D59	P-H	TNA	0.0	0.0						
297	PSYCHIATRIC ADULT	D70	P-H	PAD	0.0	0.0						
298	PSYCHIATRIC CHILD/ADOLESCENT	D71	P-H	PCD	0.0	0.0						
299	PSYCHIATRIC GERIATRIC	D71	P-H	PSG	0.0	0.0						
300	INDIVIDUAL THERAPIES	D74	P-H	ITH	0.0	0.0						
301	GROUP THERAPIES	D75	P-H	GTH	0.0	0.0						
302	FAMILY THERAPIES	D76	P-H	PTH	0.0	0.0						
303	PSYCHOLOGICAL TESTING	D77	P-H	PST	0.0	0.0						
304	EDUCATION	D78	P-H	PSE	0.0	0.0						
305	OTHER THERAPIES	D79	P-H	OPT	0.0	0.0						
306	ELECTROCONVULSIVE THERAPY	D80	P-H	ETH	0.0	0.0						
307	ACTIVITY THERAPIES	D81	P-H	ATH	0.0	0.0						
307	PEDIATRIC STEP-DOWN	D82	P-H	PSD	0.0	0.0						
308	340B CLINIC SERVICES	D83	P-H	CL 340	0.0	0.0						
309	340B RADIOLOGY - THERAPEUTIC	D83	P-H	RAT 340	0.0	0.0						
310	340B OR CLINIC SERVICES	D83	P-H	ORC 340	0.0	0.0						
311	340B LABORATORY SERVICES	D86	P-H	LAB 340	0.0	0.0						
312	340B DRUGS	D87	P-H	CDS 340	0.0	0.0						
313	MED/SURG ACUTE	D01	P-A	MSG	0.0	0.0						
314	PEDIATRIC ACUTE	D02	P-A	PED	0.0	0.0						
315	PSYCHIATRIC ACUTE	D03	P-A	PSY	0.0	0.0						
316	OBSTETRICS ACUTE	D04	P-A	OBS	0.0	0.0						
317	DEFINITIVE OBSERVATION	D05	P-A	DEF	0.0	0.0						
318	MED/SURG INTENSIVE CARE	D06	P-A	MIS	0.0	0.0						
319	CORONARY CARE	D07	P-A	CCU	0.0	0.0						
320	PEDIATRIC INTENSIVE CARE	D08	P-SB	PIC	0.0	0.0						
321	NEONATAL INTENSIVE CARE	D09	P-SB	NEO	0.0	0.0						
322	BURN CARE	D10	P-SB	BJR	0.0	0.0						
323	PSYCHIATRIC INTENSIVE CARE	D11	P-SB	PSI	0.0	0.0						
324	SHOCK TRAUMA	D12	P-SB	TRM	0.0	0.0						
325	ONCOLOGY	D13	P-SB	ONC	0.0	0.0						
326	NEWBORN NURSERY	D14	P-SB	NUR	0.0	0.0						
327	PREMATURE NURSERY	D15	P-SB	PRE	0.0	0.0						
328	CHRONIC CARE	D17	P-SB	CRH	0.0	0.0						
329	EMERGENCY SERVICES	D18	P-SB	EMG	0.0	0.0						
330	CLINICAL SERVICES	D19	P-SB	CL	0.0	0.0						
331	PSYCH DAY & NIGHT CARE	D20	P-SB	PDC	0.0	0.0						
332	AMBULATORY SURGERY (PEIP)	D21	P-SB	AMS	0.0	0.0						

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

Institution Name: Shore Medical Center at Dorchester

Institution Number: 219013

Fiscal Year: 6/30/2018

Institution Name:

Institution Number:

Fiscal Year:

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C N D I	FTE'S ALLOCATED	BASIS	COL. 5 WAGES, SALARIES, & BENEFIT	COL. 6 OTHER EXPENSES	COL. 7 DP ALLOCATION	COL. 8 TOTAL ALLOCATED EXPENSE
333	SAME DAY SURGERY	D22	P5C	SDS	0.0	0.0						
334	LABOR & DELIVERY SERVICES	D23	P5D	DEL	0.0	0.0						
335	OPERATING ROOM	D24	P5D	OR	0.0	0.0						
336	OPERATING ROOM CLINIC	D24a	P5D	ORC	0.0	0.0						
337	ANESTHESIOLOGY	D25	P5D	ANS	0.0	0.0						
338	LABORATORY SERVICES	D28	P5D	LAB	0.0	0.0						
339	ELECTROCARDIOGRAPHY	D30	P5D	EKG	0.0	0.0						
340	INTERVENTIONAL RADIOLOGY / RADIOVASCULAR	D31	P5D	IRC	0.0	0.0						
341	RADIOLOGY-DIAGNOSTIC	D32	P5E	RAD	0.0	0.0						
342	CT SCANNER	D33	P5E	CAT	0.0	0.0						
343	RADIOLOGY-THERAPEUTIC	D34	P5E	RAT	0.0	0.0						
344	NUCLEAR MEDICINE	D35	P5E	NUC	0.0	0.0						
345	RESPIRATORY THERAPY	D36	P5E	RES	0.0	0.0						
346	PULMONARY FUNCTION TESTING	D37	P5E	PUL	0.0	0.0						
347	ELECTROENCEPHALOGRAPHY	D38	P5E	EEG	0.0	0.0						
348	PHYSICAL THERAPY	D39	P5F	PTH	0.0	0.0						
349	OCCUPATIONAL THERAPY	D40	P5F	OTH	0.0	0.0						
350	SPEECH LANGUAGE PATHOLOGY	D41	P5F	STH	0.0	0.0						
351	RECREATIONAL THERAPY	D42	P5F	REC	0.0	0.0						
352	ALDIOLOGY	D43	P5F	AUD	0.0	0.0						
353	OTHER PHYSICAL MEDICINE	D44	P5F	OPM	0.0	0.0						
354	RENAL DIALYSIS	D45	P5F	RDL	0.0	0.0						
355	ORGAN ACQUISITION	D46	P5G	OA	0.0	0.0						
356	AMBUATORY SURGERY	D47	P5G	AOR	0.0	0.0						
357	LEUKOPHERESIS	D48	P5G	LFU	0.0	0.0						
358	HYPERBARIC CHAMBER	D49	P5G	HYP	0.0	0.0						
359	FREE STANDING EMERGENCY	D50	P5G	FSE	0.0	0.0						
360	MAGNETIC RESONANCE IMAGING	D51	P5G	MRI	0.0	0.0						
361	ADOLESCENT DUAL DIAGNOSIS	D52	P5G	ADD	0.0	0.0						
362	LITHOTRIPSY	D53	P3H	LIT	0.0	0.0						
363	REHABILITATION	D54	P5H	RHB	0.0	0.0						
364	OBSERVATION	D55	P5H	OBV	0.0	0.0						
365	TRANSURETHRAL MICROWAVE THERMOTHERAPY	D57	P5H	TMT	0.0	0.0						
366	ONCOLOGY OP CLINIC	D58	P5H	OCL	0.0	0.0						
367	TRANSURETHRAL NEEDLE ABLATION	D59	P5H	TNA	0.0	0.0						
368	PSYCHIATRIC ADULT	D70	P5H	PAD	0.0	0.0						

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

Institution Name: Shore Medical Center at Dorchester

Institution Number: 210010

Fiscal Year: 6/30/2018

#	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C X D1	COL. 3 FTE'S ALLOCATED	COL. 4 BASIS	COL. 5 WAGES, SALARIES, & P. BENEFIT	COL. 6 OTHER EXPENSES	COL. 7 DP ALLOCATION	COL. 8 TOTAL ALLOCATED EXPENSE
369	PSYCHIATRIC CHILD/ADOLESCENT	D71	P51	PCD	0.0	0.0						-
370	PSYCHIATRIC GERIATRIC	D73	P51	PSG	0.0	0.0						-
371	INDIVIDUAL THERAPIES	D74	P51	ITH	0.0	0.0						-
372	GROUP THERAPIES	D75	P51	GTH	0.0	0.0						-
373	FAMILY THERAPIES	D76	P51	FTH	0.0	0.0						-
374	PSYCHOLOGICAL TESTING	D77	P51	PST	0.0	0.0						-
375	EDUCATION	D78	P51	PSE	0.0	0.0						-
376	OTHER THERAPIES	D79	P51	QHT	0.0	0.0						-
377	ELECTROCONVULSIVE THERAPY	D80	P51	ETH	0.0	0.0						-
378	ACTIVITY THERAPIES	D81	P51	ATH	0.0	0.0						-
379	PEDIATRIC STEP-DOWN	D82	P51	PSD	0.0	0.0						-
380	340B CLINIC SERVICES	D83	P51	CL340	0.0	0.0						-
381	340B RADIOLOGY - THERAPEUTIC	D84	P51	RAT340	0.0	0.0						-
382	340B OR CLINIC SERVICES	D85	P51	ORC340	0.0	0.0						-
383	340B LABORATORY SERVICES	D86	P51	LAB340	0.0	0.0						-
384	340B DRUGS	D87	P51	CD8-340	0.0	0.0						-
385	PRESTANDING CLINIC SERVICES	UR01	UR01	PSC1	0.0	0.0						-
386	HOME HEALTH SERVICES	UR02	UR02	IHC	0.0	0.0						-
387	OUTPATIENT RENAL DIALYSIS	UR03	UR03	ORD	0.0	0.0						-
388	SKILLED NURSING CARE	UR04	UR04	ECF1	0.0	0.0						-
389	LABORATORY NON-PATIENT	UR05	UR05	ILB	0.0	0.0						-
390	PHYSICIANS PART B SERVICES	UR06	UR06	UPB	0.0	0.0						-
391	CERTIFIED NURSE ANESTHETISTS	UR07	UR07	CNA	0.0	0.0						-
392	PHYSICIAN SUPPORT SERVICES	UR08	UR08	PSS	0.0	0.0						-
393	TBD	UR09	UR09	TBA2	0.0	0.0						-
394	TBD	UR10	UR10	TBA3	0.0	0.0						-
395	TBD	UR11	UR11	TBA4	0.0	0.0						-
396	TBD	UR12	UR12	TBA5	0.0	0.0						-
397	TBD	UR13	UR13	TBA6	0.0	0.0						-
398	TBD	UR14	UR14	TBA7	0.0	0.0						-
399	TBD	UR15	UR15	TBA8	0.0	0.0						-
E	TOTALS				286.9	564.2	0.0	100.00%	0.0	2,007.3	2,007.3	2,571.1

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

RC

INSTITUTION NAME Shore Medical Center at Dorchester

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER 210010

	Expenses	Sources	HSCRC Regulated	Unregulated	Total	
A	Unassigned Expense	Sch. UA, Col. 10	3,905.7	484.8	4,390.5	A
B	Physicians Part B Services	P2 Ln A Col 7 UR6 Ln B Col 3	0.0	0.0	0.0	B
C	Physician Support Services	Sch. P3, Line A, Col. 7 UR	0.0		0.0	C
D	Resident, Intern Services	Sch. P4 & P5, Line A, Col. 7	0.0	0.0	0.0	D
E	Overhead Expense Survey	Sch OES, Line P, Col. 1	13,542.0	381.1	13,923.1	E
F	Patient Care Centers	Schs D1 - D81, Line B, Col. 4	20,657.5	//////////	20,657.5	F
G	Auxiliary Enterprises	Schs E1 - E9 Line B, Col 3	564.2	(561.5)	2.700	G
H	Other Institution Programs	Schs F1 - F4, Line B, Col 3	//////////	114.9	114.9	H
I	Unregulated Services	Schs UR1-UR15 Less Ln B & C	//////////	1,006.6	1,006.6	I
J	Total Operating Expenses	A-B-C-D-E-F-G-H-I	38,669.3	1,425.9	40,095.3	J
K	Non-Operating Expenses	Non-Operating Expenses	//////////	0.0	0.0	K
L	Total Expenses	J - K	38,669.3	1,425.9	40,095.3	L
M	Total Operating Expenses - RE	Sche RE, Line S	38,031.0	2,063.9	40,094.9	M
N	Non-Operating Expenses - RE	Sche RE, Line V	//////////	0.0	0.0	N
O	Total Expenses - RE	M - N	38,031.0	2,063.9	40,094.9	O
P	Reconciliation Amount	O - L	(638.3)	638.0	(0.3)	P
Q	Nomenclature	//////////	//////////	//////////	//////////	Q
Q1	Other Non-Operating Expense	Audited Financial Statements	0.0	0.0	0.0	Q1
Q2	Rounding		0.3	0.0	0.3	Q2
Q3	O/H Exp Alloc. to Aux Ent. Fringe	E Schedules	634.4	(634.4)	0.0	Q3
Q4	Aux Ent. Loss Allocated to F and UR	OA Schedule	3.6	(3.6)	0.0	Q4
Q5	Ineligible Interns/Residents	P5 Schedule	0.0	0.0	0.0	Q5
Q6						Q6

STATEMENT OF REVENUE AND EXPENSES

RE

INSTITUTION NAME: Shore Medical Center at Dorchester

FISCAL

6/30/2018

INSTITUTION NUMBER 210010

	COL 1	COL 2	COL 3	
	Regulated	Unregulated	Total	
Operating Revenues:	xxxx	xxxx	xxxx	
A Gross Revenues from Daily Hospital Services	15,370.6	0.0	15,370.6	A
B Gross Revenues from Ambulatory Services	12,249.2	0.0	12,249.2	B
C Gross Revenues from Inpatient Ancillary Services	9,427.4	0.0	9,427.4	C
D Gross Revenues from Outpatient Ancillary Services	14,012.8	2,478.3	16,491.1	D
E Gross Patient Revenues	51,060.0	2,478.3	53,538.3	E
Deductions from Revenues:	xxxx	xxxx	xxxx	
F Provision for Bad Debts	2,169.9	0.0	2,169.9	F
G Charity/Uncompensated Care	689.3	15.1	704.4	G
H Contractual Adjustments	1,940.6	1,191.1	3,131.7	H
H1 Uncompensated Care Fund Payments	0.0	0.0	0.0	H1
H2 Denials	2,087.8	0.0	2,087.8	H2
I Other Deductions from Revenues	1,652.0	0.0	1,652.0	I
J Total Deductions from Revenues	8,539.6	1,206.3	9,745.9	J
J1 Uncompensated Care Fund Receipts	336.9	0.0	336.9	J1
K Net Patient Revenues	42,857.3	1,272.1	44,129.4	K
L Other Operating Revenues	76.0	211.6	287.6	L
M Net Operating Revenues	42,933.3	1,483.7	44,417.0	M
Operating Expenses:	xxxx	xxxx	xxxx	
N Salaries, Wages, and Employee Benefits	20,414.3	1,501.7	21,916.0	N
O Professional Fees	3,655.7	0.0	3,655.7	O
P Supplies	2,858.2	0.0	2,858.2	P
Q Depreciation/Amortization, Leases/Rentals	3,043.7	377.5	3,421.2	Q
R Other Expenses	8,059.2	184.7	8,243.9	R
S Total Operating Expenses	38,031.0	2,063.9	40,094.9	S
T Excess (Deficit) Operating Revenues Over Operating Expenses	4,902.3	(580.2)	4,322.1	T
U Non-Operating Revenues	xxxx	(147.1)	(147.1)	U
V Non-Operating Expenses	xxxx	0.0	0.0	V
W Excess (Deficit) Revenues Over Expenses-Regulated and Unregulated	4,902.3	(727.3)	4,175.0	W
X Operating Expenses per EIPD	1.82027	xxxx	xxxx	X
Y Operating Expenses per EIPA	9.25366	xxxx	xxxx	Y
Z Working Capital Ratio = Current Assets/Current Liabilities	0.7	xxxx	xxxx	Z
AA Admissions	1,996	0	1,996	AA
BB EIPA's	4,110		4,309	BB

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

INSTITUTION NAME: Shore Medical Center at Dorchester

RE - R I

INSTITUTION NO.: 210010

	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9	
	Audited Financial Statements	Miscellaneous Adjustments	E01 Ambulance	E02 Parking	E03 Dr. Office	E04 Other Office	E05 Retail Ops	E06 Pt. Phones	E07 Cafeteria	
			AUXILIARY ENTERPRISES							
Gross Patient Revenue	53,555.3	3.1	-	-	-	-	-	-	-	
Provision for Bad Debt	2,169.9	-	-	-	-	-	-	-	-	
Charity Care	704.4	-	-	-	-	-	-	-	-	
Contractual Allowances	6,531.6	3.1	-	-	-	-	-	-	-	
Total Deductions	9,405.9	3.1	-	-	-	-	-	-	-	
Net Patient Revenue	44,129.4	(0.0)	-	-	-	-	-	-	-	
Other Operating Revenue	287.6	-	-	-	125.6	-	-	-	86.0	
Total Operating Revenue	44,417.0	(0.0)	-	-	125.6	-	-	-	86.0	
Operating Expenses:										
Salaries, Wages and Benefits	22,386.5	(470.5)	-	-	16.6	-	-	-	361.1	
Professional Fees	3,655.7	-	-	-	-	-	-	-	-	
Supplies	2,858.2	-	-	-	-	-	-	-	-	
Depreciation / Amortization	3,187.0	-	-	-	64.8	-	-	-	16.2	
Leases / Rentals	-	234.2	-	-	-	-	-	-	-	
Interest	193.2	-	-	-	-	-	-	-	-	
Other Expenses	7,814.3	236.4	-	-	90.1	-	-	-	(291.4)	
Total Operating Expense	40,094.9	-	-	-	171.5	-	-	-	86.0	
Income from Operations	4,322.1	-	-	-	(45.9)	-	-	-	0.0	
Non-Operating Revenues	(147.1)	-	-	-	-	-	-	-	-	
Non-Operating Expenses	-	-	-	-	-	-	-	-	-	
Excess Revenue Over Expenses	4,175.0	-	-	-	(45.9)	-	-	-	0.0	

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

INSTITUTION NAME: Shore Medical C

INSTITUTION NO.: 210010

	Col 19	Col 20	Col 21	Col 22	Col 23	Col 23a	Col 23b	Col 23c	Col 23d
	UR04	UR05	UR06	UNREGULATED	UR08	UR09	UR10	UR11	UR12
	SNF	Non-Pt. Lab	Phys Pt. B	CNA	PSS	TBD	TBD	TBD	TBD
Gross Patient Revenue	-	1,100.6	-	-	-	-	-	-	-
Provision for Bad Debt	-	-	-	-	-	-	-	-	-
Charity Care	-	6.7	-	-	-	-	-	-	-
Contractual Allowances	-	529.0	-	-	-	-	-	-	-
Total Deductions	-	535.7	-	-	-	-	-	-	-
Net Patient Revenue	-	564.9	-	-	-	-	-	-	-
Other Operating Revenue	-	-	-	-	-	-	-	-	-
Total Operating Revenue	-	564.9	-	-	-	-	-	-	-
Operating Expenses:									
Salaries, Wages and Benefits	-	365.2	-	-	-	-	-	-	-
Professional Fees	-	-	-	-	-	-	-	-	-
Supplies	-	-	-	-	-	-	-	-	-
Depreciation / Amortization	-	92.7	-	-	-	-	-	-	-
Leases / Rentals	-	18.3	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Other Expenses	-	201.1	-	-	-	-	-	-	-
Total Operating Expense	-	677.3	-	-	-	-	-	-	-
Income from Operations	-	(112.4)	-	-	-	-	-	-	-
Non-Operating Revenues	-	-	-	-	-	-	-	-	-
Non-Operating Expenses	-	-	-	-	-	-	-	-	-
Excess Revenue Over Expenses	-	(112.4)	-	-	-	-	-	-	-

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

INSTITUTION NAME: Shore Medical Ct

RE-R 3

INSTITUTION NO: 210010

	Col 23e	Col 23f	Col 23g	Col 24	Col 25	Col 26	Col 27
	UR13	UR14	UR15	TOTAL UNREGULATED	TOTAL REGULATED	SCHEDULE RE	RE LINE
	TBD	TBD	TBD				
Gross Patient Revenue	-	-	-	2,478.3	51,060.0	53,538.3	E
Provision for Bad Debt	-	-	-	-	2,169.9	2,169.9	F
Charity Care	-	-	-	151	689.3	704.4	G
Contractual Allowances	-	-	-	1,191.1	5,343.5	6,534.6	H
Total Deductions	-	-	-	1,206.3	8,202.7	9,408.9	J
Net Patient Revenue	-	-	-	1,272.1	42,857.3	44,129.4	K
Other Operating Revenue	-	-	-	211.6	76.0	287.6	I
Total Operating Revenue	-	-	-	1,483.7	42,933.3	44,417.0	M
Operating Expenses:							
Salaries, Wages and Benefits	-	-	-	1,501.7	20,414.3	21,916.0	N
Professional Fees	-	-	-	-	3,655.7	3,655.7	O
Supplies	-	-	-	-	2,858.2	2,858.2	P
Depreciation / Amortization	-	-	-	359.2	2,827.8	3,187.0	Q
Leases / Rentals	-	-	-	18.3	215.9	234.2	Q
Interest	-	-	-	-	193.2	193.2	R
Other Expenses	-	-	-	184.7	7,866.0	8,050.7	R
Total Operating Expense	-	-	-	2,063.9	38,031.0	40,094.9	S
Income from Operations	-	-	-	(580.2)	4,902.3	4,322.1	T
Non-Operating Revenues	-	-	-	(147.1)	XXXXX	(147.1)	U
Non-Operating Expenses	-	-	-	-	XXXXX	-	V
Excess Revenue Over Expenses	-	-	-	(727.3)	4,902.3	4,175.0	W

ACCOUNT	01.1	01.2	01.3	01.4	01.5	01.6	01.7	01.8	01.9	01.10	01.11	01.12	01.13
ACCOUNT	DIETARY	LAUNDRY	PROPERTY	PLANT	OPERATIONS	REPAIRS	INSURANCE	PROPERTY	PROPERTY	PROPERTY	PROPERTY	PROPERTY	PROPERTY
ACCOUNT	01.1	01.2	01.3	01.4	01.5	01.6	01.7	01.8	01.9	01.10	01.11	01.12	01.13
ACCOUNT	01.1	01.2	01.3	01.4	01.5	01.6	01.7	01.8	01.9	01.10	01.11	01.12	01.13
1. Medical Services	645.9	99.8	127.1	95.8	580.0	2,571.2	1,898.8	2,879.9	1,215.5	2,033.9	664.2	1,109.5	2,203.5
2. Medical Services	373.0	19.6	111.4	44.8	1,268.5	1,268.5	1,268.5	1,268.5	1,268.5	1,268.5	1,268.5	1,268.5	1,268.5
3. Medical Services	286.6	13.7	9.4	120.6	291.2	291.2	291.2	291.2	291.2	291.2	291.2	291.2	291.2
4. Medical Services	14.4	2.5	0.8	52.4	138.8	138.8	138.8	138.8	138.8	138.8	138.8	138.8	138.8
5. Medical Services													
6. Medical Services													
7. Medical Services													
8. Medical Services													
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59. Medical Services													
60. Medical Services													
61. Medical Services													
62. Medical Services													
63. Medical Services													
64. Medical Services													
65. Medical Services													
TOTAL	645.9	99.8	127.1	95.8	580.0	2,571.2	1,898.8	2,879.9	1,215.5	2,033.9	664.2	1,109.5	2,203.5

DEPARTMENTAL EQUIPMENT ALLOWANCE

INSTITUTION NAME: Shore Medical Center at Dorchester FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210010

	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
CENTER	COST BASE YEAR PURCHASES	# YRS	CUMULATIVE PURCHASE TOTAL	DEPRECIATION COL. 3 / COL. 2	MKT VALUE BASE YEAR LEASES	CUMULATIVE LEASES TOTAL	LEASE AMORTIZATION COL. 6 / COL. 2	DEPR/AMORT TOTAL COL. 4 + COL. 7
H2A MIS	0.0	10	28.7	2.9	0.0	0.0	0.0	2.9
H2B CCU	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2C PIC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2D NEO	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2E BUR	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2F TRM	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2G ONC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2H OR	0.0	10	475.6	47.6	0.0	228.6	22.9	70.4
H2I ORC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2J AOR	0.0	10	86.6	8.7	0.0	376.7	37.7	46.3
H2K LAB	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2L IRC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2M RAD	0.0	10	471.7	47.2	0.0	274.9	27.5	74.7
H2N CAT	84.8	6.5	88.0	13.5	0.0	0.0	0.0	13.5
H2O RAT	0.0	10	280.0	28.0	0.0	0.0	0.0	28.0
H2P NUC	0.0	10	56.5	5.7	0.0	0.0	0.0	5.7
H2Q RDL	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2R HYP	0.0	10	28.8	2.9	0.0	0.0	0.0	2.9
H2S DTY	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2T LL	0.0	10	0.0	0.0	0.0	86.0	8.6	8.6
H2U MGT	139.4	10	239.6	24.0	0.0	0.0	0.0	24.0
H2V EDP	83.3	10	6,204.9	620.5	0.0	227.4	22.7	643.2
H2W MRI	0.0	6	6.2	1.0	88.2	0.0	0.0	1.0
H2X LIT	0.0	5	0.0	0.0	0.0	0.0	0.0	0.0
H2Y ETH	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2Z TRP	0.0	5	0.0	0.0	0.0	0.0	0.0	0.0
H2AA TMT	0.0	5	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	307.5		7,966.7	801.8	88.2	1,193.6	119.4	921.2

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

INSTITUTION NAME: **Stages Medical Center at Dorchester**

FISCAL YEAR: **6/30/2018**

INSTITUTION NUMBER: **210910**

ALLOWANCE

	Col. 1 SOURCE RECORDS	Col. 2 GENERAL	Col. 3 DIETARY	Col. 4 LAUNDRY	Col. 5 COMM	Col. 6 DATA PROC	Col. 7 DEPART	Col. 8 TOTAL
A INTEREST	193							
B TOTAL DEPRECIATION	3,043.7							
C CAPITAL INTENSIVE EQUIP DEPR	921.7							
D BLDG & GEN EQUIP DEPR	2,122.5							
E BLDG & GEN EQUIP DEPR & INT	2,122.5							
F STANDARD UNITS	116,526							
G ALLOWANCE PER UNIT	0.01987							

	ADJ SQUARE FOOTAGE BASIS	CODE	DISTRIBUTION
1	48,660	MSG	Med/Surg Acute
2	0	PED	Pediatric Acute
3	13,212	PSY	Psychiatric Acute
4	267.5	OBS	Obstetrics Acute
5	0	DEF	Definitive Observation
6	6,268	MIS	Med/Surg Intensive Care
7	0	CCU	Coronary Care
8	0	PIC	Pediatric Intensive Care
9	0	NEO	Neonatal Intensive Care
10	0	BUR	Burn Care
11	0	PSI	Psychiatric Intensive Care
12	0	TRM	Shock/Trauma
13	0	ONC	Oncology
14	0	NUR	Newborn Nursery
15	0	PRE	Prenatal Nursery
16	0	CRH	Chronic Care
17	6,714	EMG	Emergency Services
18	523	CL	Clinical Services
19	9,320	PDC	Psych, Day & Night Care
20	345	SOS	Stems Day Surgery
21	0	DEL	Labor & Delivery Services
22	11,895	OR	Operating Room
23	500	ORC	Operating Room Clinic
24	425	ANS	Anesthesiology
25	2,080	MSS	Med/Surg Supplies
26	1,567	CDS	Drugs Solid
27	4,980	LAB	Laboratory Services
28	1,635	PRC	Electrocardiography
29	0	IRG	Interventional Radiology / Cardiovascular
30	3,214	RAID	Radiology-Diagnostic
31	1,415	CAT	CT Scanner
32	0	RAT	Radiology-Therapeutic
33	737	NUC	Nuclear Medicine

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

INSTITUTION NAME: Shore Medical Center at Dorchester

FISCAL YEAR: 6/01/2018

INSTITUTION NUMBER: 210010

	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
	ADJ. SQUARE FOOTAGE BASIS	GENERAL	DIETARY	LAUNDRY	COMM	DATA PROC	DEPART	TOTAL
34	602	12.0	0.0	0.0	0.0	24.6	0.0	47.5
35	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
36	399	7.9	0.0	0.1	0.1	2.6	0.0	10.7
37	863	17.2	0.0	0.0	0.2	5.4	0.0	22.7
38	43	0.9	0.0	0.0	0.1	1.8	0.0	2.7
39	43	0.9	0.0	0.0	0.1	1.7	0.0	2.6
40	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
41	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
42	676	13.4	0.0	0.0	0.2	4.3	0.0	18.0
43	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
44	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
45	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
46	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
47	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
48	940	18.7	0.0	0.7	0.2	6.2	1.0	26.8
49	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
50	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
51	0	0.0	0.0	0.2	0.9	25.2	0.0	26.2
52	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
53	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
54	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
55	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
56	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
57	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
58	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
59	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
60	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
I	116,556	2,316	0	9	24	638	199	3,185
61	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
62	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
63	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
64	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
65	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
66	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
67	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
68	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
69	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
70	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
71	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
72	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
73	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
74	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
75	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
76	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
77	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
78	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
79	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
80	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
81	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
82	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
83	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
84	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
85	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
86	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
87	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
88	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
89	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

[] TOTAL DISTRIBUTED [] XYZ [] 11656 [] 216 [] 0 [] 9 [] 24 [] 68 [] 199 [] 188 [] 11 []

OTHER FINANCIAL CONSIDERATIONS

G

INSTITUTION NAME: Shore Medical Center at Dorchester FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210010

	SOURCE	FISCAL YEAR			
		TOTAL	DIRECT	Difference	
		COL. 1	COL. 2	COL. 3	
REVENUES					
A	Donations, Pledges	SCH. GR 0.0	0.0	0.0	A
B	Grants	SCH. GR 0.0	0.0	0.0	B
C	Investment Income (Interest, Dividends)	SCH. GR 0.0	0.0	0.0	C
D	Donated Commodities, Blood, Services	SCH. GR 0.0	0.0	0.0	D
E	PSRO	SCH. GR 0.0	0.0	0.0	E
F	Other	SCH. GR 0.0	0.0	0.0	F
G	Total Revenues	A+B+C+D+E+F 0.0	0.0	0.0	G
EXPENSES					
H	Licenses and Taxes	SCH. UA 4.6	4.6	4.6	H
I	Short Term Interest	SCH. UA 0.0	0.0	0.0	I
J	Other	REC/BUDGET			J
K	Total Expenses	H+I+J 4.6	4.6	4.6	K
OTHER ADJUSTMENTS					
L	Aux. Ent & OIP Gains	SCH. E, F (0.0)	0.0	(0.0)	L
M	Aux. Ent & OIP Losses	SCH. E, F 180.4		180.4	M
N	Excess Cash Requirements - Bldg & Equip	N/A			N
O	Gain on Disposal of Assets	REC/BUDGET 0.0	0.0	0.0	O
P	Loss on Disposal of Assets	REC/BUDGET 0.0		0.0	P
Q	Total Other Adjustments	L+M+N+O+P 180.4	0.0	180.4	Q
PERCENTAGE CALCULATION					
R	Net Other Financial Considerations	G+K+Q 185.0	0.0	185.0	R
S	Other Financial Consideration Percent	R/SCH. M 		0.5%	S

THIRD PARTY DIFFERENTIAL

PDA

INSTITUTION NAME: Shore Medical Center at Dorchester FISCAL YEAR: 6/30/2018

INSTITUTION NUMBER: 210010

SOURCE	INPATIENT	OUTPATIENT	TOTAL
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CHARGES, DEDUCTIBLES, CBA

	COL 1	COL 2	COL 3
A Gross Patient Revenue, HSCRC Regulated	24,798.0	26,262.0	51,060.0
B Medicare Revenue, HSCRC Regulated	14,183.2	8,582.4	22,765.6
C Medicaid Revenue, HSCRC Regulated	526.4	1,356.8	1,883.2
D Blue Cross Revenue, HSCRC Regulated	817.2	2,981.6	3,798.7
E MCO Subcontracted Medicare, Medicaid, HSCRC Regulated **	6,729.6	8,775.8	15,505.5
F Medicare Deductibles Paid by Medicaid, HSCRC Regulated	226.2		226.2
G Uncompensated Care, HSCRC Regulated ***	1,388.6	1,470.6	2,859.2
G1 Other Payors Not Eligible for SAAC & Not U.C.	1,153.0	3,094.7	4,247.7

RATIOS, LEVEL III COSTS

H Ratio of Medicare & Medicaid Charges	0.4827		
I Ratio of Blue Cross Inpatient Charges	0.0160		
II Ratio of Blue Cross Outpatient Charges	0.0584		
J Ratio of HMO Charges	0.3037		
K Ratio of Deductibles Paid by Medicaid	0.0044		
L Ratio of Uncompensated Accounts	0.0560		
M Ratio of Other Payors Charges	0.0832		
N Level III Costs	37,974.9		

DIFFERENTIAL CALCULATION

O Gross Revenue HSCRC Regulated	42,499.5
P Payor Differential	0.1191

* O = N / (1 - .0611 + .0225I + .0211 + .06J + .02K + 1 + .02M) - per HSCRC

** Detail on Supplemental Schedule 5

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

REVENUE CENTER RATE SUMMARY

INSTITUTION NAME:
INSTITUTION NUMBER:

Shore Medical Center at Dorchester
210010

FISCAL YEAR
6/30/2018

DESCRIPTION	CODE	COL. 1 UNITS OF MEASURE	COL. 2 DIRECT EXPENSES	COL. 3 PAT CARE OVERHEAD EXPENSES	COL. 4 OTHER OVERHEAD EXPENSES	N/A	COL. 5	COL. 6 PHYSICIAN SUPPORT EXPENSES	COL. 7 RESIDENT INTERN EXPENSES	COL. 8 I.R.V.E.L. I	COL. 9 BLDG & GNRL EQUIPMENT	COL. 10 DEPART. MENTAL	COL. 11 I.R.V.E.L. H
1 Med/Surg Acute	MSG	5,859	4,978.1	1,938.5	1,418.7	#####	#####	0.0	0.0	8,335.2	1,126.5	19	9,463.6
2 Pediatric Acute	PED	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
3 Psychiatric Acute	PSY	4,063	2,957.9	693.7	833.4	#####	#####	0.0	0.0	4,185.1	3,724.1	13	4,843.8
4 Obstetric Acute	ORS	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
5 Definitive Observation	DEF	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
6 Med/Surg Intensive Care	MIS	226	277.1	213.4	81.2	#####	#####	0.0	0.0	571.7	113.4	11	718.2
7 Coronary Care	CCU	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
8 Pediatric Intensive Care	PIC	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
9 Neonatal Intensive Care	NEO	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
10 Burn Care	BUR	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
11 Shock/Trauma	TRM	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
12 Oncology	ONC	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
13 Newborn Nursery	NUR	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
14 Premature Nursery	PRE	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
15 Chronic Care	CRH	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
16 Emergency Services	EMG	174,838	3,715.3	243.1	1,104.9	#####	#####	0.0	0.0	5,063.3	252.6	11	5,317.0
17 Clinical Services	CL	9,595	438.0	17.8	129.9	#####	#####	0.0	0.0	585.6	24.4	0.2	610.2
18 Psych Day & Night Clinic	PDC	1,456	215.9	256.1	70.4	#####	#####	0.0	0.0	542.3	192.1	0.0	734.5
19 Same Day Surgery	SDS	354	188.0	11.2	66.5	#####	#####	0.0	0.0	265.8	12.9	0.0	278.7
20 Labor & Delivery Services	DEL	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
21 Operating Room	OR	39,764	665.7	392.2	335.0	#####	#####	0.0	0.0	1,396.9	247.8	72.9	1,727.6
22 Operating Room Clinic	ORC	0	114.7	16.6	44.2	#####	#####	0.0	0.0	175.5	13.6	0.1	189.1
23 Anesthesiology	ANS	37,129	583.9	16.1	97.6	#####	#####	0.0	0.0	885.9	27.2	0.0	913.1
24 Laboratory Services	LAB	1,877,116	2,153.3	164.7	972.6	#####	#####	0.0	0.0	3,290.6	168.0	0.0	3,458.6
25 Electrocardiography	EKG	76,179	283.3	46.0	125.5	#####	#####	0.0	0.0	458.8	41.6	0.0	498.4
26 Interventional Radiology / Cardiovascular	IRC	336	9.9	0.4	2.7	#####	#####	0.0	0.0	13.1	0.3	0.0	13.4
27 Radiology Diagnostic	RAD	209,760	1,185.1	96.2	627.5	#####	#####	0.0	0.0	1,908.7	101.9	74.9	2,085.5
28 CT Scanner	CAT	226,246	269.7	42.3	138.0	#####	#####	0.0	0.0	450.0	36.8	13.5	500.4
29 Radiology Therapeutic	RAT	1,511	3.2	0.5	0.9	#####	#####	0.0	0.0	4.6	0.1	28.0	32.7
30 Nuclear Medicine	NUC	7,449	28.8	8.6	11.3	#####	#####	0.0	0.0	48.6	5.6	3.8	60.0
31 Respiratory Therapy	RES	378,639	794.5	21.7	276.6	#####	#####	0.0	0.0	1,092.8	37.5	0.0	1,130.3
32 Pulmonary Function Testing	PUL	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
33 Electroencephalography	EEG	23,845	83.9	12.3	45.8	#####	#####	0.0	0.0	142.0	10.6	0.1	152.7
34 Physical Therapy	PTH	35,692	173.3	22.2	58.2	#####	#####	0.0	0.0	251.6	22.7	0.0	276.3
35 Occupational Therapy	OTH	15,799	48.7	2.7	19.7	#####	#####	0.0	0.0	81.2	2.7	0.0	83.9
36 Speech Language Pathology	STH	6,576	54.6	1.6	16.8	#####	#####	0.0	0.0	71.1	2.6	0.0	73.7
37 Recreational Therapy	REC	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
38 Audiology	AUD	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
39 Other Physical Medicine	OPM	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
40 Renal Dialysis	RDL	242	119.9	25.0	46.9	#####	#####	0.0	0.0	211.7	17.9	0.0	229.7
41 Organ Acquisition	OA	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
42 Leukopheresis	LEU	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
43 Hyperbaric Chamber	HYP	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	2.9	2.9
44 Free Standing Emergency	FSE	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
45 Magnetic Resonance Imaging	MRI	60,559	199.4	33.7	100.2	#####	#####	0.0	0.0	343.3	25.1	1.7	368.1
46 Lithotripsy	LIT	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
47 Rehabilitation	RHB	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
48 Observation	OBV	19,469	813.4	5.2	296.2	#####	#####	0.0	0.0	1,114.7	26.1	0.2	1,141.0
49 Ambulance Services Rebundled	AMR	5,749	173.0	7.2	48.0	#####	#####	0.0	0.0	228.2	0.0	0.0	228.2
50 Transurethral Microwave Thermotherapy	TMT	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
51 Oncology OP Clinic	OCL	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
52 Transurethral Needle Ablation	TNA	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
53 Pediatric Step-Down	PSD	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
54 340B Clinic Services	CL 340	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
55 340B Radiology - Therapeutic	RAT 340	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
56 340B OR Clinic Services	ORC 340	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
57 340B Laboratory Services	LAB 340	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
58 340B Drugs	CDS 340	0	0.0	0.0	0.0	#####	#####	0.0	0.0	0.0	0.0	0.0	0.0
59 Admission Services	ADM	1,996	115.1	31.5	15.1	#####	#####	0.0	0.0	472.2	0.0	0.0	472.2
60 Menu/Surg Supplies	MSS	4,110	718.6	113.0	25.1	#####	#####	0.0	0.0	876.8	43.1	0.0	919.9
61 Drugs Sold	CDS	4,110	1,137.5	221.8	71.3	#####	#####	0.0	0.0	1,440.6	36.9	0.0	1,467.5
B. TOTAL		3,234,195	22,440.6	4,938.8	7,410.5	#####	#####	0.0	0.0	30,785.8	2,971.4	207.6	37,974.9

REVENUE CENTER RATE SUMMARY

6/30/2018

FISCAL YEAR

Shore Medical Center at Dorchester
2,000.0

INSTITUTION NAME:
INSTITUTION NUMBER:

DESCRIPTION	CODE	OFC		PAYER DIFFERENTIAL	LVL IV	CROSS SUBSIDY	MISC ADJ	HSCRC ADJ	ADJUST LVL IV	AVERAGE RATE'S
		COL. 1 Direct offsets	(Discontinued) Differences							
1. Med/Surg Acute	MSG	0.0	0.0	1,127.6	10,391.2				10,391.2	1,807,698.3
2. Pediatric Acute	PED	0.0	0.0	0.0	0.0				0.0	0.0000
3. Psychiatric Acute	PSY	0.0	4,843.8	577.1	5,420.9				5,420.9	1,334,530.4
4. Obstetrics Acute	OBS	0.0	0.0	0.0	0.0				0.0	0.0000
5. Definitive Observation	DEF	0.0	0.0	0.0	0.0				0.0	0.0000
6. Med/Surg Intensive Care	MIS	0.0	708.2	81.4	792.6				792.6	1,307,050.3
7. Coronary Care	CCU	0.0	0.0	0.0	0.0				0.0	0.0000
8. Pediatric Intensive Care	PIC	0.0	0.0	0.0	0.0				0.0	0.0000
9. Neonatal Intensive Care	NEO	0.0	0.0	0.0	0.0				0.0	0.0000
10. Burn Care	BUR	0.0	0.0	0.0	0.0				0.0	0.0000
11. Shock/Trauma	TRM	0.0	0.0	0.0	0.0				0.0	0.0000
12. Oncology	ONS	0.0	0.0	0.0	0.0				0.0	0.0000
13. Newborn Nursery	NUR	0.0	0.0	0.0	0.0				0.0	0.0000
14. Perinatal Nursery	PRE	0.0	0.0	0.0	0.0				0.0	0.0000
15. Chronic Care	CRH	0.0	0.0	0.0	0.0				0.0	0.0000
16. Emergency Services	EMG	0.0	5,317.0	633.5	5,950.5				5,950.5	34,034.4
17. Clinical Services	CL	0.0	610.2	72.7	682.9				682.9	71,172.5
18. Psych, Day & Night Care	PDC	0.0	734.5	87.5	822.0				822.0	564,546.4
19. Same Day Surgery	SDS	0.0	278.7	33.2	311.9				311.9	881,018.1
20. Labor & Delivery Services	DEL	0.0	0.0	0.0	0.0				0.0	0.0000
21. Operating Room	OR	0.0	1,727.6	205.8	1,933.4				1,933.4	48,646.8
22. Operating Room Clinic	ORC	0.0	189.1	22.5	211.6				211.6	39,548.0
23. Anesthesiology	ANS	0.0	913.1	108.8	1,021.9				1,021.9	71,522.9
24. Laboratory Services	LAB	0.0	3,458.6	412.1	3,870.7				3,870.7	2,062.0
25. Electrocardiography	EKG	0.0	498.4	59.4	557.8				557.8	7,322.0
26. Interventional Radiology / Cardiovascular	IR	0.0	11.4	1.6	13.0				13.0	27,909.4
27. Radiology Diagnostic	RAD	0.0	2,085.5	248.5	2,334.0				2,334.0	11,127.0
28. CT Scanner	CAT	0.0	500.4	59.6	560.0				560.0	2,475.0
29. Radiology Therapeutic	RAT	0.0	32.7	3.9	36.6				36.6	3,429.0
30. Nuclear Medicine	NUC	0.0	60.0	7.2	67.2				67.2	9,027.4
31. Respiratory Therapy	RES	0.0	1,130.3	134.7	1,265.0				1,265.0	3,340.9
32. Pulmonary Function Testing	PUL	0.0	0.0	0.0	0.0				0.0	0.0000
33. Electroencephalography	EEG	0.0	152.7	18.2	170.9				170.9	7,167.0
34. Physical Therapy	PTH	0.0	276.3	32.9	309.2				309.2	8,661.8
35. Occupational Therapy	OTH	0.0	81.9	10.0	91.9				91.9	5,942.7
36. Speech Language Pathology	STH	0.0	75.7	9.0	84.7				84.7	12,876.8
37. Recreational Therapy	REC	0.0	0.0	0.0	0.0				0.0	0.0000
38. Audiology	AUD	0.0	0.0	0.0	0.0				0.0	0.0000
39. Other Physical Medicine	OPM	0.0	0.0	0.0	0.0				0.0	0.0000
40. Renal Dialysis	RDL	0.0	229.7	27.4	257.1				257.1	1,062,344.4
41. Organ Acquisition	OA	0.0	0.0	0.0	0.0				0.0	0.0000
42. Leukopheresis	LEU	0.0	0.0	0.0	0.0				0.0	0.0000
43. Hyperbaric Chamber	HYP	0.0	2.9	0.3	3.2				3.2	0.0000
44. Free Standing Emergency	FSE	0.0	0.0	0.0	0.0				0.0	0.0000
45. Magnetic Resonance Imaging	MRI	0.0	360.1	42.9	403.0				403.0	6,654.1
46. Lithotripsy	LIT	0.0	0.0	0.0	0.0				0.0	0.0000
47. Rehabilitation	RHB	0.0	0.0	0.0	0.0				0.0	0.0000
48. Observation	OBV	0.0	1,141.0	135.9	1,276.9				1,276.9	65,585.8
49. Ambulance Services-Rebundled	AMR	0.0	228.2	27.2	255.4				255.4	44,438.8
50. Transurethral Microwave Thermotherapy	TMT	0.0	0.0	0.0	0.0				0.0	0.0000
51. Oncology OP Clinic	OCL	0.0	0.0	0.0	0.0				0.0	0.0000
52. Transurethral Needle Ablation	TNA	0.0	0.0	0.0	0.0				0.0	0.0000
53. Pediatric Step Down	PSD	0.0	0.0	0.0	0.0				0.0	0.0000
54. 340B Clinic Services	CL 340	0.0	0.0	0.0	0.0				0.0	0.0000
55. 340B Radiology - Therapeutic	RAT 340	0.0	0.0	0.0	0.0				0.0	0.0000
56. 340B OR Clinic Services	ORC 340	0.0	0.0	0.0	0.0				0.0	0.0000
57. 340B Laboratory Services	LAB 340	0.0	0.0	0.0	0.0				0.0	0.0000
58. 340B Drugs	CDS 340	0.0	0.0	0.0	0.0				0.0	0.0000
59. Admission Services	ADM	0.0	472.2	56.3	528.5				528.5	264,771.4
60. Med/Surg Supplies	MSS	0.0	1,019.9	109.6	1,029.5				1,029.5	250,487.0
61. Drugs Sold	CDS	0.0	1,467.5	174.8	1,642.3				1,642.3	399,597.3
62.		0.0	0.0	0.0	0.0				0.0	0.0000
B. TOTAL		0.0	37,974.9	4,524.6	42,499.5	0.0	0.0	0.0	42,499.5	1,000,000.0

OVERHEAD EXPENSE SUMMARY

OES

INSTITUTION NAME: Shore Medical Center at Dorchester FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210010

EXPENSES	TOTAL	DISTRIBUTE TO:			
		Physician Part B Centers Sch P2	Data Processing Sch DP1	General Service Centers Sch C1 - C14	
A Dietary Services	1,102.3	0.0		1,102.3	A
B Laundry & Linen	92.7	0.0		92.7	B
C Social Services	292.6	0.0		292.6	C
D Purchasing & Stores	119.2	0.0		119.2	D
E Plant Operations	2,679.4	0.0		2,679.4	E
F Housekeeping	863.4	0.0		863.4	F
G Central Services & Supply	44.5	0.0		44.5	G
H Pharmacy	164.6	0.0		164.6	H
I General Accounting	694.9	0.0		694.9	I
J Patient Accounts	1,960.1	0.0		1,960.1	J
K Hospital Administration	2,509.0	0.0		2,509.0	K
L Medical Records	269.4	0.0		269.4	L
M Medical Staff Administration	314.6	0.0		314.6	M
N Nursing Administration	809.1	0.0		809.1	N
O Data Processing	2,007.3	0.0	2,007.3		O
P Organ Acquisition Overhead	0.0			0.0	P
Q Totals	13,923.1	0.0	2,007.3	11,915.8	Q

ANNUAL COST SURVEY ACS

INSTITUTION NAME: Shore Medical Center at LEFISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210010

COL 1 COL 2

CATEGORY	COSTS	PERCENT
A Salaries & Wages	16,849.2	44.30%
B Fringe Benefits	4,631.0	12.18%
C Depreciation & Amortization	2,834.0	7.45%
C01 Operating Leases	215.9	0.57%
D Interest Expense	193.2	0.51%
E Medical & Surgical Supplies	733.2	1.93%
F IV Solutions and Pharmacy	1,274.9	3.35%
G Laundry, Linen, Uniforms	91.0	0.24%
H Films & Solutions	54.3	0.14%
I Blood, Plasmanate, Albumin	111.4	0.29%
J Contracted Services	4,728.6	12.43%
K Professional Fees	3,815.2	10.03%
L Agency Nurses	536.4	1.41%
M Malpractice Insurance	949.1	2.50%
N All Other Insurance	(511.4)	-1.34%
O Telephone	46.2	0.12%
P Utilities & Water	809.4	2.13%
Q Food	197.4	0.52%
R Printing, Office Supplies, Copying, Postage	130.1	0.34%
S Chemical, Solutions, Lubrication, Gases	311.8	0.82%
T Other (Detail over 20% of supply cost)	30.5	0.08%
U Total	38,031.0	100.00%

UNREGULATED SERVICES

FSC1

UR01

INSTITUTION NAME Shore Medical Center at Dorchester FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER 210210

VOLUME DATA	FISCAL YEAR UNITS
A Visits	7,960

FREESTANDING CLINIC SERVICES

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

	RECORDS	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT	
B FISCAL YEAR EXPENSES	RECORDS	520.3	67.3	587.6	XXXXX	B
C ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH_OA	0.0	XXXXX	0.0	XXXXX	C
D ALLOCATION FROM GENERAL SERVICE CENTERS	////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
COST CENTER Col 5	COL 6 CODE	////	XXXXXXXX	XXXXX	XXXXX	////
D01 Depreciation & Amortization	DEP	0.0	85.5	85.5	XXXXX	D01
D02 General Accounting	FIS	0.0	21.1	21.1	XXXXX	D02
D03 Laundry & Linen	LL	0.0	1.9	1.9	XXXXX	D03
D04 Malpractice Insurance	MAL	0.0	28.2	28.2	XXXXX	D04
D05 Hospital Administration	MGT	54.3	22.0	76.3	XXXXX	D05
D06 Medical Staff Administration	MSA	2.2	0.3	2.5	XXXXX	D06
D07 Other Insurance	OIN	0.0	(7.1)	(7.1)	XXXXX	D07
D08 Patient Accounts	PAC	36.9	22.7	59.6	XXXXX	D08
D09 Pharmacy	PHM	(0.0)	(0.0)	(0.0)	XXXXX	D09
D10 Plant Operations	POP	11.9	18.7	30.7	XXXXX	D10
D11 Purchasing & Stores	PUR	3.1	1.0	4.1	XXXXX	D11
D12 Social Services	SSS	4.0	0.2	4.2	XXXXX	D12
D13				0.0	XXXXX	D13
D14				0.0	XXXXX	D14
D15				0.0	XXXXX	D15
D16				0.0	XXXXX	D16
E Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F FISCAL Year Adjusted Expenses	B-C-D-E	632.8	36.9	994.6	0.1250	F
FISCAL YEAR PROFIT (LOSS)						
G FISCAL YEAR REVENUE	RECORDS	XXXXXXX	XXXXX	707.0	XXXXX	G
H PROFIT (LOSS)	G - F	XXXXXXX	XXXXX	(287.4)	XXXXX	H
FTE DATA						
I FISCAL YEAR HOURS WORKED / 2080	RECORDS	6.7				I

UNREGULATED SERVICES

ULB

UR05

INSTITUTION NAME Shore Medical Center at Dorchester FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER 210010

VOLUME DATA		FISCAL YEAR UNITS	COL 1	COL 2	COL 3	COL 4	
A	CAP. WMU, 1982 Ed.	4,166,378					
LABORATORY NON-PATIENT							
FISCAL YEAR DATA			SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
B	FISCAL YEAR EXPENSES		RECORDS	293.8	125.2	419.0	XXXXX B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.		SCH. OA	0.0	XXXXX	0.0	XXXXX C
D	ALLOCATION FROM GENERAL SERVICE CENTERS		///	XXXXXXXX	XXXXX	XXXXX	XXXXX D
///	COST CENTER Col. 5		COL. 5 CODE	///	XXXXXXXX	XXXXX	XXXXX ///
D01	Depreciation & Amortization		DEP	0.0	92.7	92.7	XXXXX D01
D02	General Accounting		FIS	0.0	15.1	15.1	XXXXX D02
D03	Leases & Rentals		LEA	0.0	18.3	18.3	XXXXX D03
D04	Licenses & Taxes		LIC	0.0	6.2	6.2	XXXXX D04
D05	Malpractice Insurance		MAL	0.0	20.1	20.1	XXXXX D05
D06	Hospital Administration		MGT	38.7	15.7	54.4	XXXXX D06
D07	Medical Staff Administration		MSA	1.6	0.2	1.8	XXXXX D07
D08	Other Insurance		OIN	0.0	(5.1)	(5.1)	XXXXX D08
D09	Patient Accounts		PAC	26.3	16.2	42.5	XXXXX D09
D10	Plant Operations		POP	4.8	7.4	12.2	XXXXX D10
D11	Purchasing & Stores		PUR	0.0	0.0	0.0	XXXXX D11
D12						0.0	XXXXX D12
D13						0.0	XXXXX D13
D14						0.0	XXXXX D14
D15						0.0	XXXXX D15
D16						0.0	XXXXX D16
E	Capital Facilities Allowance		Records		0.0	0.0	XXXXX E
F	FISCAL Year Adjusted Expenses		B+C+D+E	365.2	312.1	677.3	0.0002 F
FISCAL YEAR PROFIT (LOSS)							
G	FISCAL YEAR REVENUE		RECORDS	XXXXXXXX	XXXXX	564.9	XXXXX G
H	PROFIT (LOSS)		G - F	XXXXXXXX	XXXXX	(112.4)	XXXXX H
FTE DATA							
I	FISCAL YEAR HOURS WORKED / 2080		RECORDS	5.0			I

INSTITUTION NAME: Shore Medical Center at Dorchester

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 210010

Schedule	Entity Name and Address	Nature of Service
UR-1		FREESTANDING CLINIC SERVICES
UR-2		HOME HEALTH SERVICES
UR-3		OUTPATIENT RENAL DIALYSIS
UR-4		SKILLED NURSING CARE
UR-5		LABORATORY NON-PATIENT
UR-6		PHYSICIANS PART B SERVICES
UR-7		CERTIFIED NURSE ANESTHETISTS

UR-8

PHYSICIAN SUPPORT SERVICES

UR-9

TBD

UR-10

TBD

UR-11

TBD

UR-12

TBD

UR-13

TBD

UR-14

TBD

UR-15

TBD

TRANSACTIONS WITH RELATED ENTITIES

TRE

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

BASE YEAR: 6/30/2018

COL 1	COL 2	COL 3	COL 4	COL 5	COL 6
No.	RELATED ENTITY	VALUE OF ASSET OR SERVICE PROVIDED TO THE HOSPITAL	VALUE OF ASSET OR SERVICE PROVIDED BY THE HOSPITAL	CATEGORY CODE	DESCRIPTION OF TRANSACTION
1	UMMS	1,889,731		B	INST OTHER CRP ALLO/RECV: IT
2	UMMS	770,326		B	INST OTHER CRP ALLO/RECV: FACILITY CBO
3	UMMS	578,586		B	INST OTHER CRP ALLO/RECV: FINANCE
4	UMMS	480,339		B	INST OTHER CRP ALLO/RECV: HR
5	UMMS	410,875		B	INST OTHER CRP ALLO/RECV: ENGIN
6	UMMS	361,341		B	INST OTHER CRP ALLO/RECV: CRP OFFICE
7	UMMS	305,970		B	INST OTHER PHYS/UMAB, SUPPORT
8	UMMS	251,096		B	INST OTHER CRP ALLO/RECV: MKTING
9	UMMS	165,752		B	INST OTHER CRP ALLO/RECV: DEPRECIATN
10	UMMS	131,016		B	INST OTHER CRP ALLO/RECV: SUPP CHAIN
11	UMMS	124,397		B	INST OTHER CRP ALLO/RECV: GBR
12	UMMS	117,517		B	INST OTHER CRP ALLO/RECV: DATA DRIV
13	UMMS	99,554		B	INST OTHER CRP ALLO/RECV: PROP MGMT
14	UMMS	70,773		B	INST OTHER CRP ALLO/RECV: LEGAL
15	UMMS	47,225		B	INST OTHER CRP ALLO/RECV: CLIN PREF
16	UMMS	43,173		B	INST OTHER CRP ALLO/RECV: TELEMED
17	UMMS	42,676		B	INST OTHER CRP ALLO/RECV: COMPLIANCE
18	UMMS	40,134		B	INST OTHER CRP ALLO/RECV: OPS COUNCIL
19	UMMS	31,487		B	INST OTHER CRP ALLO/RECV: TELE-SITTER
20	UMMS	23,041		B	INST OTHER CRP ALLO/RECV: AUDIT
21	UMMS	20,593		B	INST OTHER CRP ALLO/RECV: QUALITY
22	UMMS	11,016		B	INST OTHER CRP ALLO/RECV: EMP HEALTH
23	UMMS	9,500		B	INST OTHER CRP ALLO/RECV: WORKFORCE
24	UMMS	5,454		B	INST OTHER CRP ALLO/RECV: PAYOR RELA
25	UMMS	2,890		B	INST OTHER CRP ALLO/RECV: CENTRI HIM
26	UMMS	2,792		B	INST OTHER CRP ALLO/RECV: CENTRI PHARM
27	UMMS	2,646		B	INST OTHER NONCHG: MED/SURG
28	UMMS	263		B	INST SEVERANCE PROF DEV: SEARCH OUT PLACE
29	UMMS	132		B	INST OTHER SALARY/WAGES: INCENT ACCR
30	UMMS		1,176	A	INST OTHER CRP ALLO/RECV: CLIN INFOR
31	UMMS		1,432,242	A	INTERNAL ALLOC OTHER: RECOVERY
32	UMMS		278,554	A	INST OTHER OTHER: SELF INSUR TRUST
33	UMMS		160,078	A	INST OTHER CHG: REBATES
34	UMMS		8,152	A	INST OTHER OTHER: MISCELLANEOUS
35	UMMS		6,047	A	INST OTHER DIET: REBATES
36	UMMS		4,200	A	INST OTHER OTHER: OTH NON OP INC/EXP
37	UMMS		649	A	INST OTHER SALES: EXTERNAL CATERING
38	UMMS		475	A	INST OTHER OTHER: DISCOUNT PURCHASES
39	UMMS		21	A	INST OTHER OTHER: NONOP CONTRIBUTION
40	UMMS			A	

**REPORTING OF REGULATORY ADJUSTMENTS
FOR TPR HOSPITALS**

INSTITUTION NAME: Shore Medical Center at Dorchester
 INSTITUTION NUMBER: 210010
 IAS Effective Date: 7/1/2017
 FISCAL YEAR: 6/30/2018

PART I ACTUAL REVENUE					Col. 4	Col. 5
A1	Prior Period	7/1/2016	to	6/30/2017	49,851	//////////
B1	Subsequent Period	7/1/2017	to	6/30/2018	0	//////////
C01	Total Actual Revenue A1 + B1				//////////	49,851

PART II CAPPED REVENUE						Col. 4	Col. 5
	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5		
	Effective Date	# of Months Effective	Budgeted Revenue	Capped Revenue			
A2	Prior Period	12	50,395	50,395	//////////		
B2	Subsequent Period	12	51,265	51,265	//////////		
C02	Total Capped Revenue				//////////	101,660	

PART III ACTUAL REVENUE OVER (UNDER) CAPPED REVENUE			Col. 4	Col. 5
A3	Total C1 - C2		//////////	(51,808)

SUPPLEMENTAL BIRTHS SCHEDULE

INSTITUTION NAME: Shore Medical Center at Dorchester FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210010

Admissions for EIPA Counts

A	Neonates Not Charged an Admissions Charge	0
B	Admissions from Monthly Reports (ADM) Revenue Center	1,996
C	Total	1,996

Cases for Charge Per Case Calculation (CPC)

D	Neonates Not Charged an Admissions Charge	0
E	Births from Monthly Reports (NUR) Center	0
F	Subtotal	0
G	Admissions from Monthly Reports (ADM) Revenue Center	1,996
H	Total	1,996

SUPPLEMENTAL SCHEDULE 1

Shore Medical Center at Dorchester

Summary of Other and Non-Operating Revenue

For The Fiscal Year Ended June 30, 2018

Non-Operating and Net Unregulated Expenses:

Ambulance Services	-	E01
Parking	-	E02
Doctor's Private Office Rent	171.5	E03
Office & Other Rental	-	E04
Retail Operations	-	E05
Patients' Telephones	-	E06
Cafeteria	86.0	E07
Day Care Recreation Areas	-	E08
Housing	-	E09
Research	-	F01
Nursing Education	134.6	F02
Other Health Profession Education	-	F03
Community Health Education	-	F04
Freestanding Clinic Services	994.6	UR01
Home Health Services	-	UR02
Outpatient Renal Dialysis	-	UR03
Skilled Nursing Care	-	UR04
Laboratory Non-Patient	677.3	UR05
Physicians Part B Services	-	UR06
Certified Nurse Anesthetists	-	UR07
Physician Support Services	-	UR08
TBD	-	UR09
TBD	-	UR10
TBD	-	UR11
TBD	-	UR12
TBD	-	UR13
TBD	-	UR14
TBD	-	UR15
Non Operating Expenses	-	G/GR
Other:	-	G/GR
Other:	-	G/GR
Other:	-	G/GR
Other:	-	G/GR
Other:	-	G/GR
<hr/>		
Total - RE Line, Col 2., Line S + Line V	2,063.9	Check ->

SUPPLEMENTAL SCHEDULE 2

Shore Medical Center at Dorchester

Reconciliation of Depreciation & Lease / Rentals

For The Fiscal Year Ended June 30, 2018

	Depreciation	Leases / Rentals	Total
UA Schedule - Line A	3,187.0	234.2	3,421.2
Allocation of E & UR Schedules:			
E01	-	-	-
E02	-	-	-
E03	64.8	-	64.8
E04	-	-	-
E05	-	-	-
E06	-	-	-
E07	16.2	-	16.2
E08	-	-	-
E09	-	-	-
UR01	185.5	-	185.5
UR02	-	-	-
UR03	-	-	-
UR04	-	-	-
UR05	92.7	18.3	111.0
UR06	-	-	-
UR07	-	-	-
UR08	-	-	-
UR09	-	-	-
UR10	-	-	-
UR11	-	-	-
UR12	-	-	-
UR13	-	-	-
UR14	-	-	-
UR15	-	-	-
RE Schedule - Line Q	<u>2,827.8</u>	<u>215.9</u>	<u>3,043.7</u>

SUPPLEMENTAL SCHEDULE 3

Shore Medical Center at Dorchester

Reconciliation of UCC

For The Fiscal Year Ended June 30, 2018

Audited Financial Statements:

Bad Debts	2,169.9
Charity Care	704.4
Uncompensated Care per Statement	<u>2,874.3</u>

Trial Balance:

Bad Debt Write-offs	2,798.8	Bad Debt	2,798,783
Charity Write-offs	704.4	CC	592,223
Change in Balance Sheet Reserve	14.5	14 Recovery	(643,342)
Bad Debt Recoveries	(643.3)	TOTAL	2,747,664
Other	-	BD LOSS	2,155,441
Uncompensated Care per Trial Balance	<u>2,874.3</u>		

Annual Report of Revenues, Expenses, and Volumes:

Uncompensated Care - Schedule PDA	2,859.2
Unregulated Charity & Bad Debts	15.1
Medicaid Day Limit UCC included in contractuals on P/S	-
Uncompensated Care Per Report	<u>2,874.3</u>

SUPPLEMENTAL SCHEDULE 4

Shore Medical Center at Dorchester

Detail of MCO Regulated Revenue

For The Fiscal Year Ended June 30, 2018

MCO Revenue	Inpatient	Outpatient	Total
Amerigroup (MA MCO/HMO)	\$ 112.1	\$ 312.7	\$ 424.8
JAI Medical Group (MA MCO/HMO)	9.9	17.5	27.4
Maryland Physicians Care (MA MCO/HMO)	395.7	776.5	1,172.3
Medicaid Uninsured APS - Maryland (psych)	2,670.7	863.8	3,534.4
Other Medicaid MCO/HMO (MA MCO/HM) ¹	18.1	26.6	44.7
Other Medicare HMO (MC HMO)	860.7	803.2	1,663.9
Priority Partners (MA MCO/HMO)	2,278.9	5,038.4	7,317.3
Riverside Health (MA MCO/HMO)	163.5	503.3	666.8
United Healthcare (Americhoice) (MA MCO)	220.1	433.7	653.8
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
Total MCO Revenue	\$ 6,729.6	\$ 8,775.8	\$ 15,505.5

SUPPLEMENTAL SCHEDULE 5

Shore Medical Center at Dorchester

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

For The Fiscal Year Ended June 30, 2018

Income Statement		\$	4,322.1
RE Line T	Excess (Deficit) Operating Rev. Over Operating Expenses		
RE Line U	Detailed Non-Operating: Income / (Expense)		
U1	Contributions (Unrestricted)		0.021
U2	Interest & Investment Income		46.810
U3	Investment - Gains / (Losses) - Realized		
U4	Investment - Gains / (Losses) - Unrealized		
U5	Swap Agreements - Gains / (Losses) - Realized		(165.270)
V	Other (Specify)		(28.652)
RE Line W	Excess Profit / (Loss)		4,175.014
Other Significant Financial Information			
CC	Swap Agreements - Gains / (Losses) - Unrealized	\$	(59.8)
DD	Collateral Received / (Posted) - Swap Agreements		
EE	Retirement of Debt - Gains / (Losses)		
FF	Pension Adjustments - Defined Benefit Plans		
GG	Other (Specify)		31.1
HH	Total	\$	(28.652)
	Other non-operating income/expense		31.0

SUPPLEMENTAL SCHEDULE 6

Shore Medical Center at Dorchester

Debt Collection/Financial Assistance Report

For The Fiscal Year Ended June 30, 2018

1. Collection Agency Name

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

2. Number of Liens

- i. -

3. Number of extended payment plans

- j. 11

FINANCIAL ASSISTANCE

4. Number of applications for financial assistance received

- k. 180

5. Number of applicants for financial assistance approved

- l. 150

SUPPLEMENTAL SCHEDULE 7

Shore Medical Center at Dorchester

Hospital Outpatient Services Survey

For The Fiscal Year Ended June 30, 2018

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

Emergency Services

CLINIC PSYCH EMERGENCY RESPONSE TEAM (PERT)

UM Shore Medical Center at Dorchester, 300

Regulated

SUPPLEMENTAL SCHEDULE 8

Gross Patient Revenue Reconciliation

For The Fiscal Year Ended June 30, 2018

Institution Name: Shore Medical Center at Dorchester
 Institution Number: 210010

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

Section I

TOTAL GROSS PATIENT REVENUE

Line #	Col 1 Inpatient	Col 2 Outpatient	Col 3 Total
1	\$ 24,427	\$ 25,842	\$ 50,269
2	\$ 371	\$ 420	\$ 791
3	\$ 24,798	\$ 26,262	\$ 51,060

Section II

TOTAL MEDICARE REVENUE

	Col 1 In-State I/P Revenue	Col 2 Out-State I/P Revenue	Col 3 In-State O/P Revenue	Col 4 Out-State O/P Revenue	Col 5 Total Revenue
4	\$ 14,275	\$ 8,723	\$ 131	\$ 104	\$ 23,233
5	\$ 858	\$ 767	\$ 24	\$ 9	\$ 1,657
6	\$ 15,133	\$ 9,490	\$ 155	\$ 113	\$ 24,891

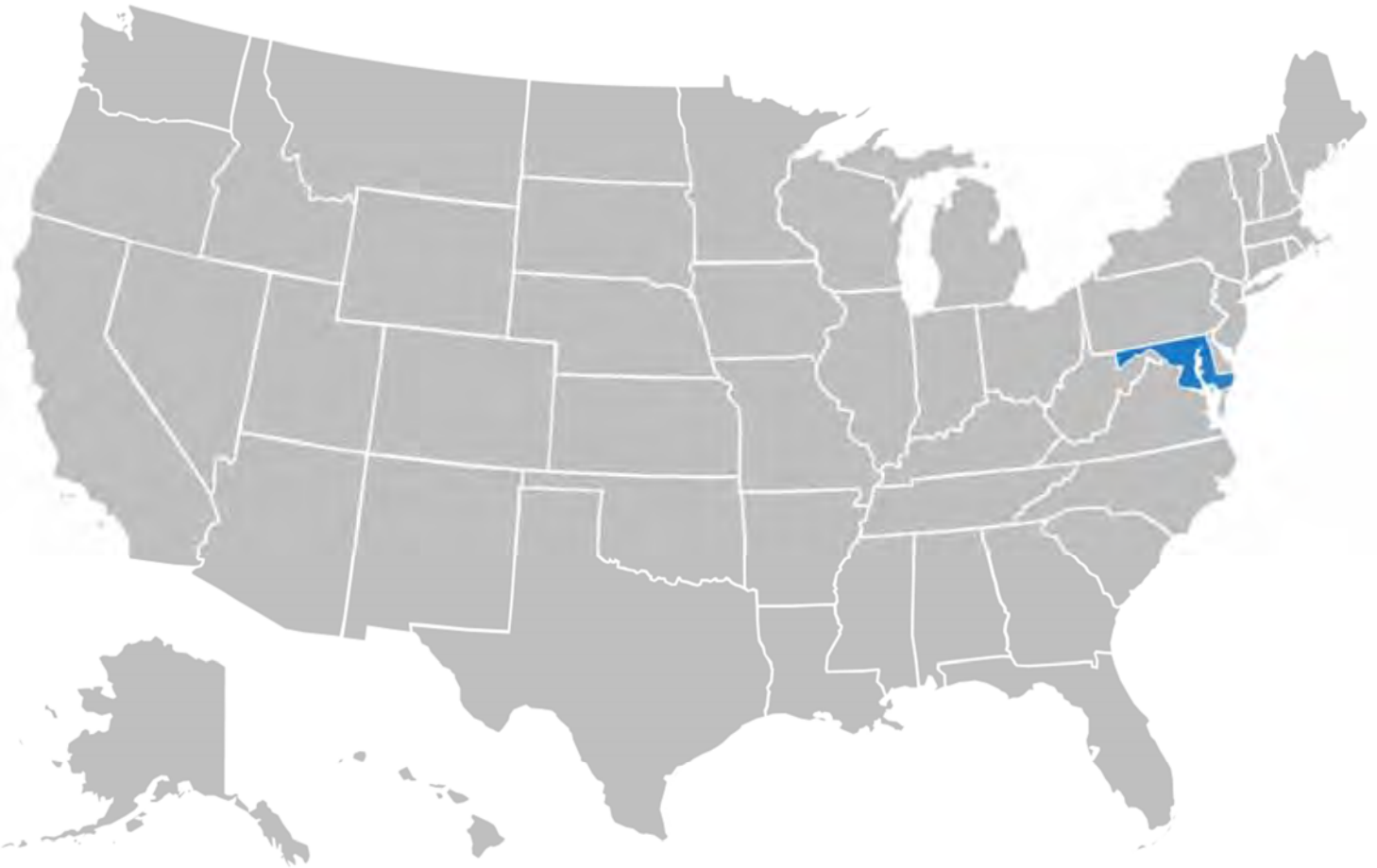
EXHIBIT 18

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

Maryland



2018 County Health Rankings Report

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.



Support provided by

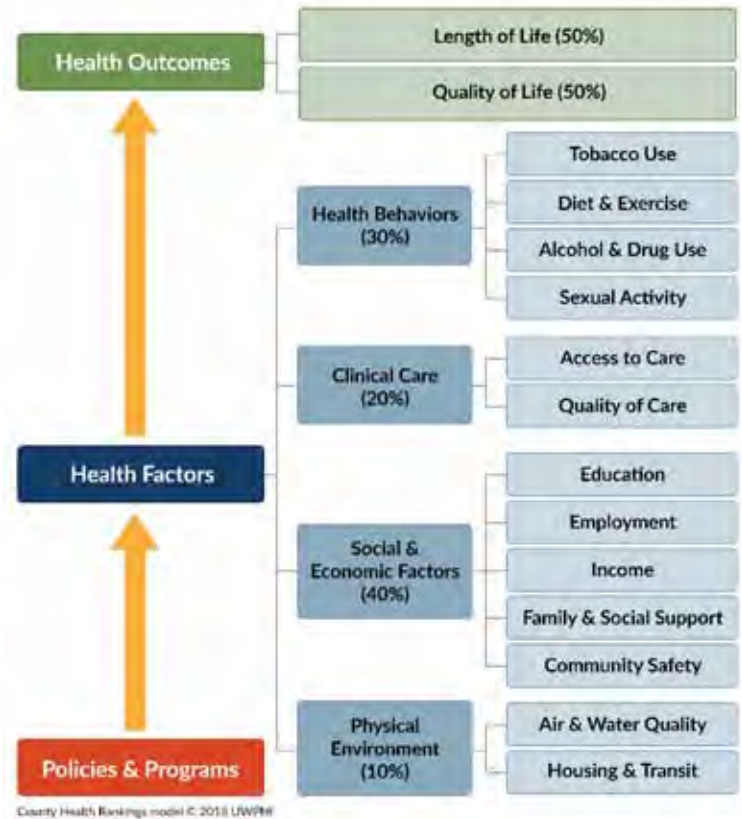
Robert Wood Johnson Foundation



Introduction

Ranking the health of nearly every county in the nation (based on the model to the right), County Health Rankings & Roadmaps (CHR&R) illustrates what we know when it comes to what is keeping people healthy or making them sick and shows what we can do to create healthier places to live, learn, work and play. CHR&R brings actionable data, evidence, guidance and stories to communities to make it easier for people to be healthy in their neighborhoods, schools and workplaces.

Our country has achieved significant health improvements over the past century. We have benefited from progress in automobile safety, better workplace standards, good schools and medical clinics, and reductions in smoking and infectious diseases. But when you look closer, there are significant differences in health outcomes according to where we live, how much money we make or how we are treated. The data show that not everyone has benefited in the same way from these health improvements. There are fewer opportunities and resources for better health among groups that have been historically marginalized including people of color, people living in poverty, people with physical or mental disabilities, LGBTQ persons, and women.



This report explores the size and nature of health differences by place and race/ethnicity in Maryland and how state and community leaders can take action to create environments where all residents have the opportunity to live their healthiest lives. Specifically, this report will help illuminate:

1. What health equity is and why it matters
2. Differences in health outcomes within the state by place and racial/ethnic groups
3. Differences in health factors within the state by place and racial/ethnic groups
4. What communities can do to create opportunity and health for all

The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation.

What Is Health Equity?

We live in a nation that prides itself on being a land of opportunity - a place where everyone has a fair chance to lead the healthiest life possible regardless of where we live, how we are treated, or the circumstances we were born into; this is the prospect of health equity. However, this is not always our reality. More often the choices we make depend on the opportunities we have, such as a quality education, access to healthy foods and living in safe, affordable housing in crime-free neighborhoods. These opportunities are not the same for everyone.

Health disparities emerge when some groups of people have more access to opportunities and resources over their lifetime and across generations. For example, when children live in families with higher incomes, they typically experience stable housing in safer neighborhoods, have access to better-resourced and higher quality schools, and are better prepared for living wage jobs leading to upward economic mobility and good health. When children live in families with lower incomes and do not have access to these same opportunities, they face challenges to gaining a foothold on the ladder to economic security that helps them thrive.

Differences in opportunity do not come about on their own or because of the actions of individuals alone. Often, they are the result of policies and practices at many levels that have created deep-rooted barriers to good health, such as unfair bank lending practices, school funding based on local property taxes, and policing and prison sentencing. The collective effect is that a fair and just opportunity to live a long and healthy life is not a reality for everyone. Now is the time to change how things are done.

Achieving health equity means reducing and ultimately eliminating unjust and avoidable differences in health and in the conditions and resources needed for optimal health by improving the health of marginalized groups, not by worsening the health of others. Our progress toward health equity will be measured by how health disparities change over time. This report provides data on differences in health and opportunities in Maryland that can help identify where action is needed to achieve greater equity and offers information on how to move from data to action.



Why Does It Matter?

Population projections indicate that our nation's youth are increasingly more racially and ethnically diverse. A healthy beginning is essential to a healthy future for our children and our nation.

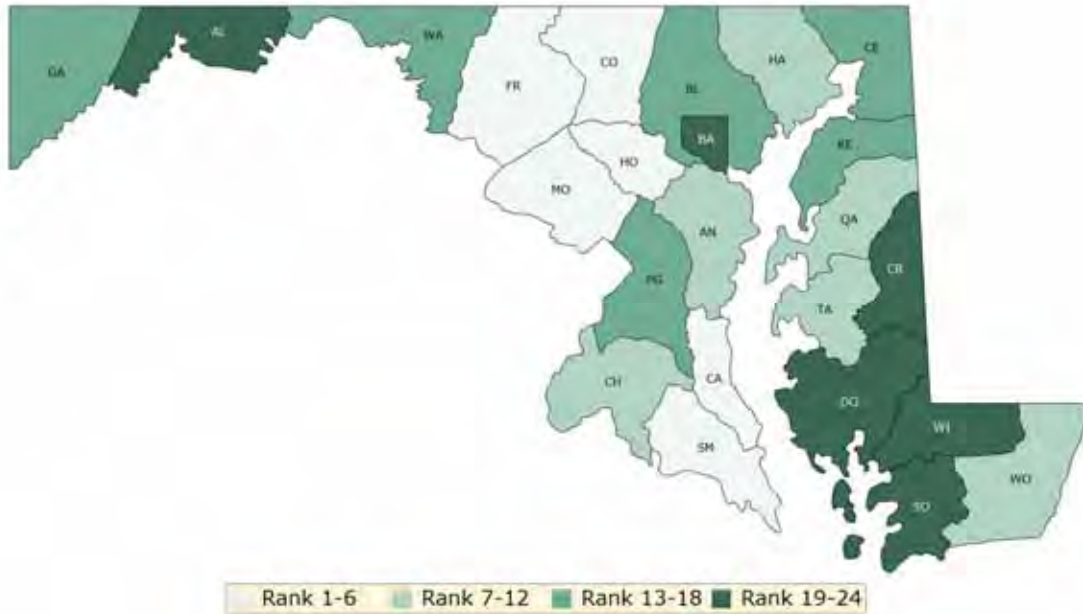
Yet, child poverty rates remain high with nearly one in five living in poverty. And, in the majority of U.S. counties, rates for Black or Hispanic children are even higher than rates for White children.

Investing in the health and well-being of ALL young people now and in years to come is vital to our nation's future success and prosperity.

Differences in Health Outcomes within States by Place and Racial/Ethnic Groups

How Do Counties Rank for Health Outcomes?

Health outcomes in the County Health Rankings represent measures of how long people live and how healthy people feel. Length of life is measured by premature death (years of potential life lost before age 75) and quality of life is measured by self-reported health status (% of people reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days) and the % of low birth weight newborns. Detailed information on the underlying measures is available at countyhealthrankings.org



The green map above shows the distribution of Maryland’s **health outcomes**, based on an equal weighting of length and quality of life. The map is divided into four quartiles with less color intensity indicating better performance in the respective summary rankings. Specific county ranks can be found in the table on page 12 at the end of this report.

How Do Health Outcomes Vary by Race/Ethnicity?

Length and quality of life vary not only based on where we live, but also by our racial/ethnic background. In Maryland there are differences by race/ethnicity in length and quality of life that are masked when we only look at differences by place. The table below presents the five underlying measures that make up the Health Outcomes Rank. Explore the table to see how health differs between the healthiest and the least healthy counties in Maryland, and among racial/ethnic groups.

Differences in Health Outcome Measures among Counties and for Racial/Ethnic Groups in Maryland

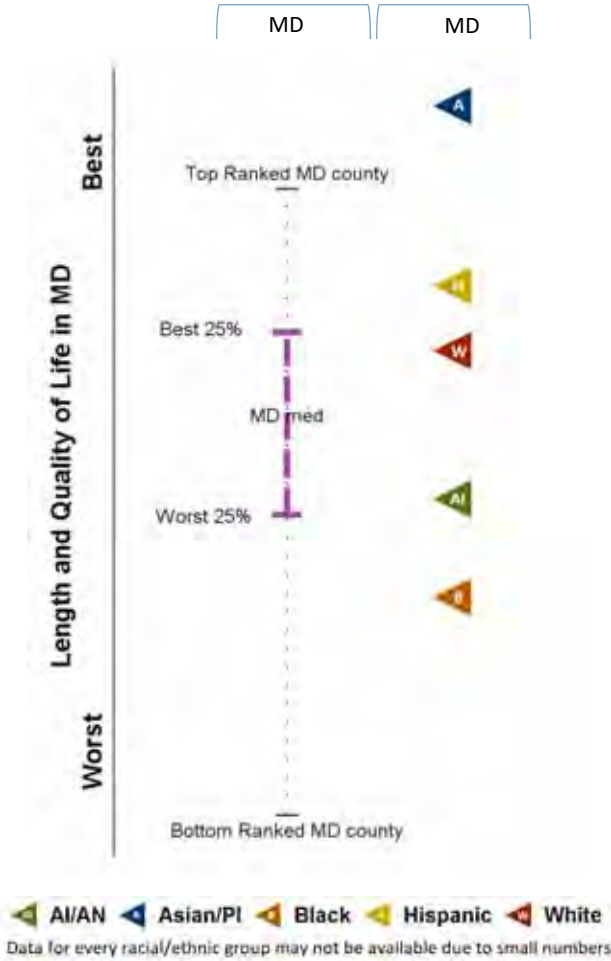
	Healthiest MD County	Least Healthy MD County	AI/AN	Asian/PI	Black	Hispanic	White
Premature Death (years lost/100,000)	3,700	12,500	4,000	2,700	8,900	3,200	6,100
Poor or Fair Health (%)	10%	19%	25%	9%	15%	24%	12%
Poor Physical Health Days (avg)	2.4	3.7	5.5	1.6	3.0	3.6	3.1
Poor Mental Health Days (avg)	2.8	4.1	5.2	2.0	3.3	3.4	3.8
Low Birthweight (%)	7%	12%	9%	8%	12%	7%	7%

American Indian/Alaskan Native (AI/AN), Asian/Pacific Islander (Asian/PI)

N/A = Not available. Data for all racial/ethnic groups may not be available due to small numbers

Health Outcomes in Maryland

Differences by: **Place** **Race/Ethnicity**



AI/AN - American Indian/Alaskan Native/Native American

Asian/PI - Asian/Pacific Islander

The graphic to the left compares measures of length and quality of life by place (Health Outcomes ranks) and by race/ethnicity. To learn more about this composite measure, see the technical notes on page 13.

In Maryland, **measures of length and quality of life** indicate:

- American Indians/Alaskan Natives are most similar in health to those living in the middle 50% of counties.
- Asians/Pacific Islanders are healthier than those living in the top ranked county.
- Blacks are most similar in health to those living in the least healthy quartile of counties.
- Hispanics are most similar in health to those living in the healthiest quartile of counties.
- Whites are most similar in health to those living in the middle 50% of counties.

(Quartiles refer to the map on page 4.)

Across the US, values for measures of length and quality of life for Native American, Black and Hispanic residents are regularly worse than for Whites and Asians. For example, even in the healthiest counties in the US, Black and American Indian premature death rates are about 1.5 times higher than White rates. Not only are these differences unjust and avoidable, they will also negatively impact our changing nation's future prosperity.



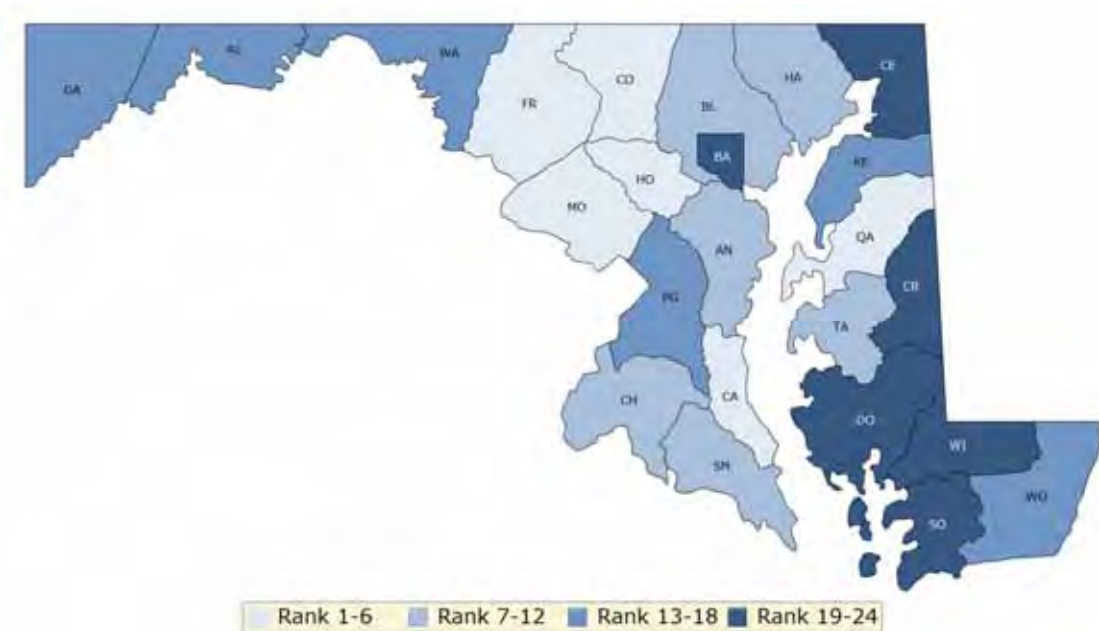
Changing the Course in Kansas City

A decade ago, public health officials identified an 8-year gap in life expectancy between the city's White and Black populations. Segregation and discrimination over the past century fueled this disparity, but community residents and city leaders joined forces to tackle tough conversations on race, stem the violence, increase educational opportunities, improve access to care and ensure economic justice. Today the disparity in life expectancy has been reduced to 6.9 years. Learn more at rwjf.org/prize.

Differences in Health Factors within States by Place and Racial/Ethnic Groups

How Do Counties Rank for Health Factors?

Health factors in the County Health Rankings represent the focus areas that drive how long and how well we live, including health behaviors (tobacco use, diet & exercise, alcohol & drug use, sexual activity), clinical care (access to care, quality of care), social and economic factors (education, employment, income, family & social support, community safety), and the physical environment (air & water quality, housing & transit).



The blue map above shows the distribution of Maryland’s **health factors** based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment. Detailed information on the underlying measures is available at countyhealthrankings.org. The map is divided into four quartiles with less color intensity indicating better performance in the respective summary rankings. Specific county ranks can be found in the table on page 12.

What are the Factors That Drive Health and Health Equity?

Health is influenced by a range of factors. However, social and economic factors, like connected and supportive communities, good schools, stable jobs, and safe neighborhoods, are foundational to achieving long and healthy lives. These social and economic factors also influence other important drivers of health and health equity. Social and economic factors impact our ability to make healthy choices, afford medical care or housing, and even manage stress leading to serious health problems. The choices we make are based on the choices we have.

Across the nation, there are meaningful differences in social and economic factors among counties and among racial/ethnic groups. Even within counties, policies and practices marginalize many racial and ethnic groups, keeping them from resources and supports necessary to thrive. Limited access to opportunities is what creates disparities in health, impacting how well and how long we live.

How Do Social and Economic Opportunities for Health Vary in Maryland?

Social and economic factors vary depending on where we live and by our racial/ethnic background. The following four data graphics illustrate differences among counties and by racial/ethnic groups in social and economic opportunities for health in Maryland. These graphics show that it is important to explore differences by place and race/ethnicity in order to tell a more holistic story about the health of your community.

This report explores state-wide data. To dive deeper into your county data, visit [Use the Data](http://www.countyhealthrankings.org) at www.countyhealthrankings.org

Consider these questions as you look at the data graphics throughout this report:

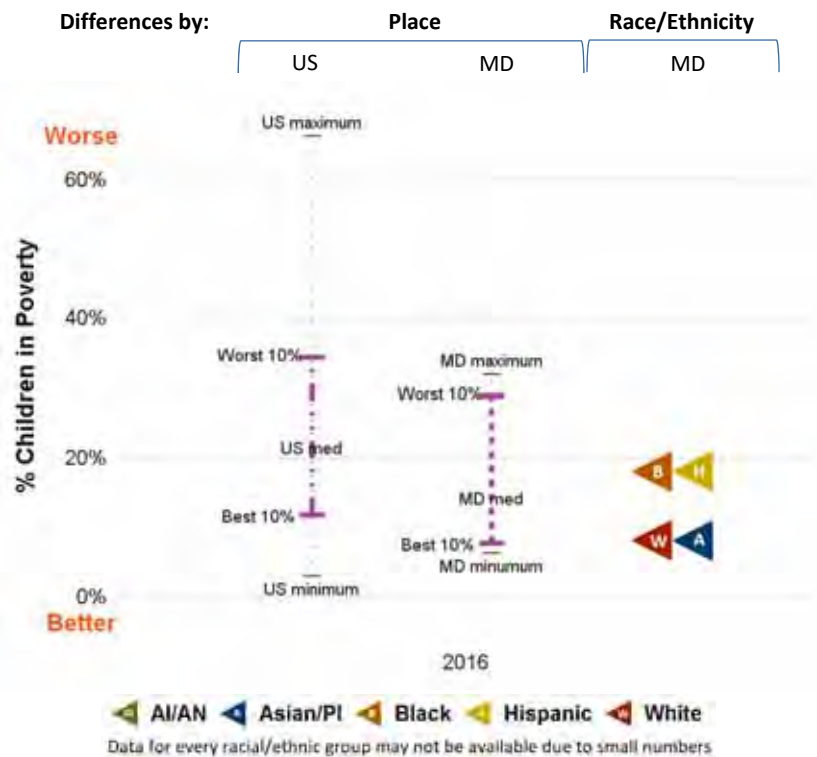
- What differences do you see among counties in your state?
- What differences do you see by racial/ethnic groups in your state?
- How do counties in your state compare to all U.S. counties?
- What patterns do you see? For example, do some racial/ethnic groups fare better or worse across measures?

CHILDREN IN POVERTY

Poverty limits opportunities for quality housing, safe neighborhoods, healthy food, living wage jobs, and quality education. As poverty and related stress increase, health worsens.

The graphic to the right shows:

- In Maryland, 13% of children are living in poverty compared to the U.S. rate of 20%.
- Children in poverty rates among Maryland counties range from 6% to 32%.
- Children in poverty rates among racial/ethnic groups in Maryland range from 8% to 18%.



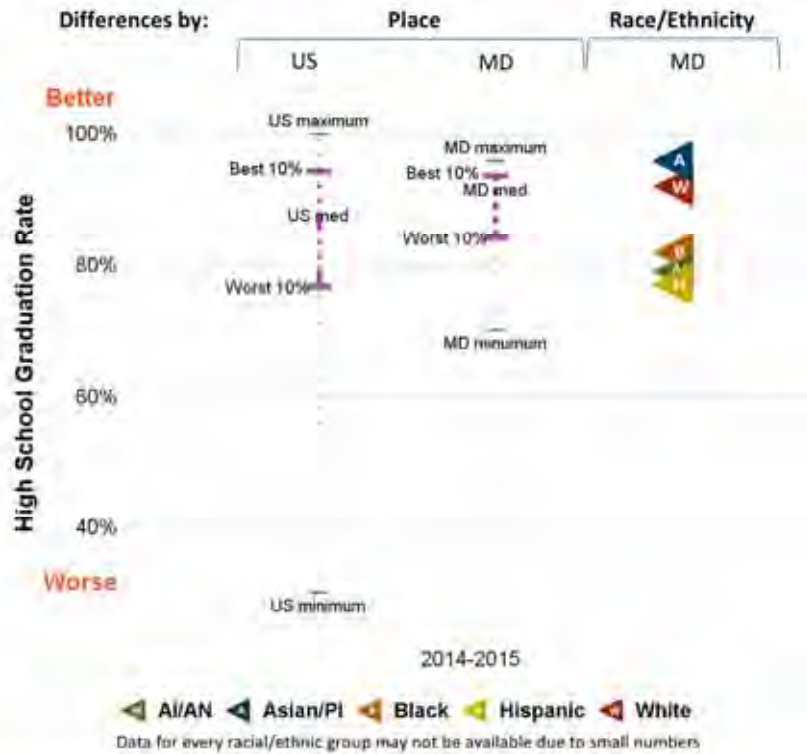
US and state values and the state minimum and maximum can be found in the table on page 14
 American Indian/Alaskan Native/Native American (AI/AN) Asian/Pacific Islander (Asian/PI)

HIGH SCHOOL GRADUATION

Higher rates of educational achievement are linked to better jobs and higher incomes resulting in better health. Education is also connected to lifespan: on average, college graduates live nine years longer than those who didn't complete high school.

The graphic to the right shows:

- Maryland's high school graduation rate is 87% compared to the U.S. rate of 83%.
- High school graduation rates among Maryland counties range from 70% to 96%.
- High school graduation rates among racial/ethnic groups in Maryland range from 77% to 96%.

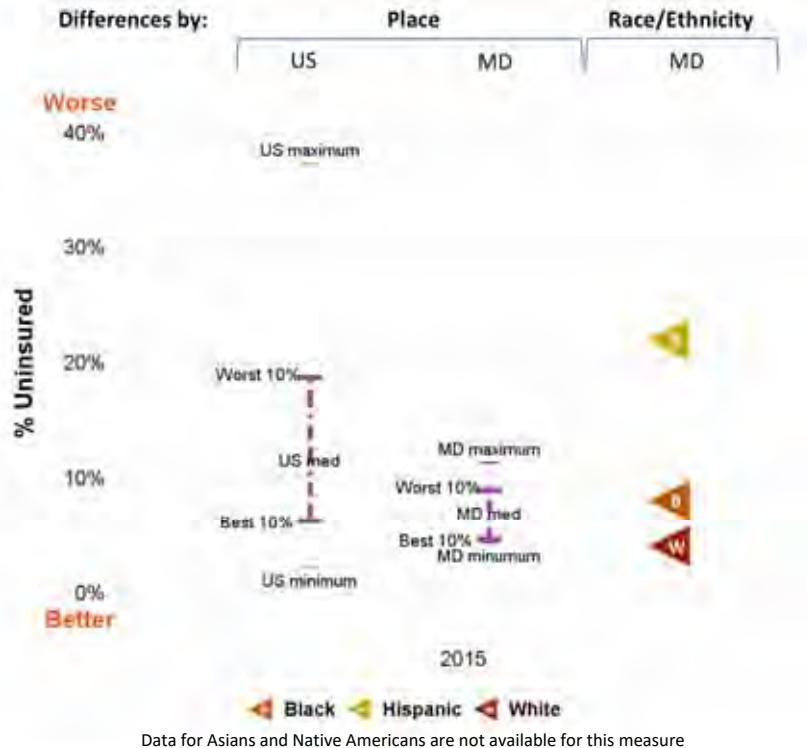


HEALTH INSURANCE

Health insurance helps individuals and families access needed primary care, specialists, and emergency care. Those without insurance are often diagnosed at later, less treatable disease stages and at higher costs than those with insurance.

The graphic to the right shows:

- The uninsured rate in Maryland is 7% compared to the U.S. rate of 11%.
- Uninsured rates among Maryland counties range from 4% to 11%.
- Uninsured rates among racial/ethnic groups in Maryland range from 4% to 22%.

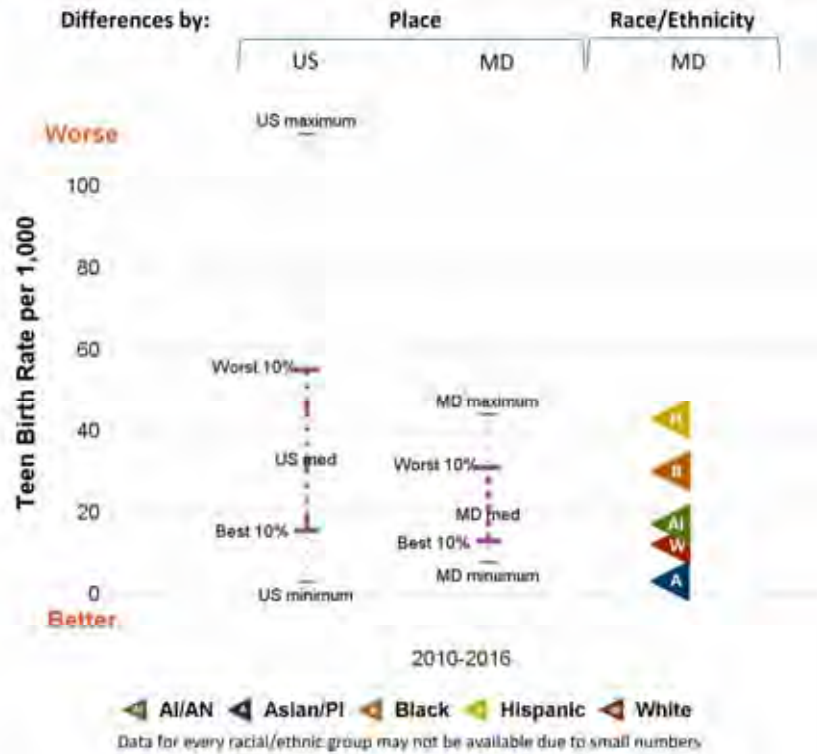


TEEN BIRTHS

Teenage motherhood is more likely to occur in communities with fewer opportunities for education or jobs. Teen mothers are less likely to complete high school and face challenges to upward economic mobility. In turn, their children often have fewer social and economic supports and worse health outcomes.

The graphic to the right shows:

- The teen birth rate in Maryland is 21 births per 1,000 female population, ages 15-19, compared to the U.S. rate of 27 per 1,000.
- Teen birth rates among Maryland counties range from 8 to 44 per 1,000.
- Teen births for racial/ethnic groups in Maryland range from 3 to 43 per 1,000.



US and state values and the state minimum and maximum can be found in the table on page 14
 American Indian/Alaskan Native/Native American (AI/AN) Asian/Pacific Islander (Asian/PI)



Spartanburg County Closing the Gap

Community leaders in Spartanburg County, SC took a good hard look at their data in 2008 and discovered they had the worst teen birth rate in the whole state. Deciding to face this issue head on, they brought together teens, providers, parents, and partners to create solutions - a warm welcoming teen center, accessible and respectful reproductive health care, and open discussions about sexuality. Recent data show improvements - rates have receded by 50% from 2010 to 2016 for all 15-19 year olds. And while disparities in teen births among racial/ethnic groups in SC continue, the gap has closed for teen births among Black and White females in Spartanburg County (in 2016, 23.3 per 1,000 and 23.9 per 1,000, respectively). Learn more at rwjf.org/prize.

What Communities Can Do to Create Opportunity and Health for All

This report shows some of the differences in opportunity for people in Maryland based on where they live and their race or ethnicity. But how can you turn this information into action? Below are some evidence-informed approaches to consider as your community moves forward:

Invest in education from early childhood through adulthood to boost employment and career prospects

- Strengthen parents' skills, including ways to foster children's learning and development in home and community settings
- Undertake policy initiatives to improve pre-K-12 education in the classroom, school, district or state level, focusing on raising school attendance and high school graduation rates
- Implement community and school-based supports that will improve access to and quality of early childhood care and education, beginning in infancy
- Offer alternative learning models and technology to help students develop social and work-ready skills
- Support higher education opportunity for all through college application assistance and financial aid

Increase or supplement income and support asset development in low income households

- Increase public and private sector wages and offer benefits for low-income earners through living wages and paid leave
- Expand eligibility for earned-income tax credits and increase credit amount
- Assist parents by expanding refundable child care tax credits and increasing child care subsidies

Ensure that everyone has adequate, affordable health care coverage and receives culturally competent services and care

- Make health care services accessible and available in community, school, and clinical settings, including medical, dental, vision, mental health care, and long-term care
- Increase access to sex education and contraceptives in school, clinic, and community settings
- Increase patients' health-related knowledge via efforts to simplify health education materials, improve patient-provider communication, and increase literacy
- Provide culturally-sensitive care coordination and system navigation, including language interpretation and care tailored to patients' norms, beliefs, and values

Foster social connections within communities and cultivate empowered and civically engaged youth

- Establish positive relationships among youth and adult mentors and provide youth with leadership opportunities in schools, community groups, and local governments
- Create safe places to convene, such as community centers, with activities, programs, and supportive technologies for all ages and abilities
- Support information sharing, collaboration and networking to inform decision-making using social media and in-person approaches

To learn more about specific strategies that can support your work, visit **What Works for Health**, a living resource of evidence-informed policies and programs to make a difference locally. You can search for policies and programs that have been tested or implemented in communities like yours, or adapt strategies that have been tested elsewhere but seem like a good 'fit'. You can also learn about each strategy's likely impact on disparities.

Visit countyhealthrankings.org/whatworks



Communities Driving Local Change

We can work together to reshape the policies, programs, and practices that have marginalized some and, without action, will perpetuate health disparities. We can create environments where people are treated fairly, where everyone has a voice in decisions that affect them, and where all have a chance to succeed.

The 35 RWJF Culture of Health Prize winners are prime examples of making this a reality. For examples of how several communities, such as the below are cultivating a shared belief in good health for all, visit www.rwjf.org/prize.

- Columbia Gorge Region, OR/WA
- Richmond, VA
- Chelsea, MA
- Santa Monica, CA

Moving With Data to Action

County Health Rankings & Roadmaps offers a range of community supports including data, evidence, guidance and stories to support communities moving from awareness to action. Visit our website to learn more – countyhealthrankings.org.

- CHR&R provides a snapshot of a community's health and a starting point to explore ways to improve health and increase health equity. [Use the Data](#) will help you learn more about the data and find other sources as you begin to assess your needs and resources and focus on what's important.
- Our [Partner Center](#) helps changemakers in all sectors make connections and leverage collective power to put ideas into action.
- Our [Action Center](#) provides step-by-step guidance to help communities assess their needs, drive local policy and systems changes, and evaluate the impacts of their health improvement efforts. Our team of community coaches are available to communities across the nation to guide local collaborations and individuals to accelerate learning and action.

Guidance in the Action Center focuses on areas like:

- Working together is at the heart of making meaningful change. When people share a vision and commitment to improve health, it can yield better results than working alone. CHR&R's [Work Together](#) guide can help you build and sustain partnerships that reflect the diversity of your community. Together you can identify the challenges and solutions that can make a difference.
- Taking time to choose policies and programs that have been shown to work and that are a good fit for your community will maximize your chances of success. CHR&R's [Choose Effective Policies & Programs](#) guide can help you explore and select strategies to address priority issues.
- Once you have decided what you want to do, the next step is to make it happen. CHR&R's guide to [Act on What's Important](#) can help your community build on strengths, leverage available resources, and respond to unique needs.
- What you say and how you say it can motivate people to take the right action at the right time. CHR&R's [Communicate](#) guide can help you to develop strategic messages and deliver those messages effectively.

2018 County Health Rankings for the 24 Ranked Counties in Maryland

County	Health Outcomes	Health Factors
Allegany	20	18
Anne Arundel	7	9
Baltimore	13	11
Baltimore City	24	24
Calvert	4	5
Caroline	22	21
Carroll	3	3
Cecil	17	20

County	Health Outcomes	Health Factors
Charles	11	12
Dorchester	21	22
Frederick	5	4
Garrett	15	14
Harford	8	8
Howard	2	1
Kent	16	13
Montgomery	1	2

County	Health Outcomes	Health Factors
Prince George's	14	16
Queen Anne's	9	6
Somerset	23	23
St. Mary's	6	10
Talbot	10	7
Washington	18	17
Wicomico	19	19
Worcester	12	15



Stay Up-To-Date with County Health Rankings & Roadmaps

For the latest updates on our Rankings, community support, RWJF Culture of Health Prize communities, and more visit countyhealthrankings.org/news. You can see what we're featuring on our webinar series, what communities are doing to improve health, and how you can get involved!

Technical Notes and Glossary of Terms

What is health equity? What are health disparities? And how do they relate?

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Health disparities are differences in health or in the key determinants of health such as education, safe housing, and discrimination, which adversely affect marginalized or excluded groups.

Health equity and health disparities are closely related to each other. Health equity is the ethical and human rights principle or value that motivates us to eliminate health disparities. Reducing and ultimately eliminating disparities in health and its determinants of health is how we measure progress toward health equity.

Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What is Health Equity? And What Difference Does a Definition Make? Robert Wood Johnson Foundation. May 2017

How do we define racial/ethnic groups?

In our analyses by race/ethnicity we define each category as follows:

- Hispanic includes those who identify themselves as Mexican, Puerto Rican, Cuban, Central or South American, other Hispanic, or Hispanic of unknown origin.
- American Indian/Alaskan Native includes people who identify themselves as American Indian or Alaskan Native and do not identify as Hispanic. This group is sometimes referred to as Native American in the report.
- Asian/Pacific Islander includes people who identify themselves as Asian or Pacific Islander and do not identify as Hispanic.
- Black includes people who identify themselves as black/African American and do not identify as Hispanic.
- White includes people who identify themselves as white and do not identify as Hispanic.

All racial/ethnic categories are exclusive so that one person fits into only one category. Our analyses do not include people reporting more than one race, as this category was not measured uniformly across our data sources.

We recognize that “race” is a social category, meaning the way society may identify individuals based on their cultural ancestry, not a way of characterizing individuals based on biology or genetics. A strong and growing body of empirical research provides support for the notion that genetic factors are not responsible for racial differences in health factors and very rarely for health outcomes.

How did we compare county ranks and racial/ethnic groups for length and quality of life?

Data are from the same data sources and years listed in the table on page 15. The mean and standard deviation for each health outcome measure (premature death, poor or fair health, poor physical health days, poor mental health days, and low birthweight) are calculated for all ranked counties within a state. This mean and standard deviation are then used as the metrics to calculate z-scores, a way to put all measures on the same scale, for values by race/ethnicity within the state. The z-scores are weighted using CHR&R measure weights for health outcomes to calculate a health outcomes z-score for each race/ethnicity. This z-score is then compared to the health outcome z-scores for all ranked counties within a state; the identified-score calculated for the racial/ethnic groups is compared to the quartile cut-off values for counties with states. You can learn more about calculating z-scores on our website under [Rankings Methods](#).

How did we select evidence-informed approaches?

Evidence-informed approaches included in this report represent those backed by strategies that have demonstrated consistently favorable results in robust studies or reflect recommendations by experts based on early research. To learn more about evidence analysis methods and evidence-informed strategies that can make a difference to improving health and decreasing disparities, visit [What Works for Health](#).

Technical Notes:

- In this report, we use the terms disparities, differences, and gaps interchangeably.
- We follow basic design principles for cartography in displaying color spectrums with less intensity for lower values and increasing color intensity for higher values. We do not intend to elicit implicit biases that “darker is bad”.
- In our graphics of state and U.S. counties we report the median of county values, our preferred measure of central tendency for counties. This value can differ from the state or U.S. overall values.

2018 County Health Rankings for Maryland: Measures and National/State Results

Measure	Description	US	MD	MD Minimum	MD Maximum
HEALTH OUTCOMES					
Premature death	Years of potential life lost before age 75 per 100,000 population	6,700	6,500	3,700	12,500
Poor or fair health	% of adults reporting fair or poor health	16%	14%	9%	22%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	3.7	3.1	2.4	4.5
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	3.8	3.5	2.8	4.6
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	9%	6%	12%
HEALTH FACTORS					
HEALTH BEHAVIORS					
Adult smoking	% of adults who are current smokers	17%	14%	7%	21%
Adult obesity	% of adults that report a BMI ≥ 30	28%	29%	21%	45%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.7	9.1	6.1	9.5
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	23%	22%	16%	33%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	83%	93%	39%	100%
Excessive drinking	% of adults reporting binge or heavy drinking	18%	17%	14%	20%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	29%	30%	20%	60%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	478.8	459.3	141.5	1,080.3
Teen births	# of births per 1,000 female population ages 15-19	27	21	8	44
CLINICAL CARE					
Uninsured	% of population under age 65 without health insurance	11%	7%	4%	11%
Primary care physicians	Ratio of population to primary care physicians	1,320:1	1,140:1	3,220:1	510:1
Dentists	Ratio of population to dentists	1,480:1	1,320:1	2,720:1	680:1
Mental health providers	Ratio of population to mental health providers	470:1	460:1	2,530:1	240:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	49	47	29	81
Diabetes monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	85%	85%	81%	90%
Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	63%	64%	59%	75%
SOCIAL AND ECONOMIC FACTORS					
High school graduation	% of ninth-grade cohort that graduates in four years	83%	87%	70%	96%
Some college	% of adults ages 25-44 with some post-secondary education	65%	69%	37%	85%
Unemployment	% of population aged 16 and older unemployed but seeking work	4.9%	4.3%	3.2%	9.0%
Children in poverty	% of children under age 18 in poverty	20%	13%	6%	32%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	5	4.6	3.5	6.3
Children in single-parent households	% of children that live in a household headed by a single parent	34%	34%	21%	64%
Social associations	# of membership associations per 10,000 population	9.3	8.9	5.9	18.2
Violent crime	# of reported violent crime offenses per 100,000 population	380	465	130	1,389
Injury deaths	# of deaths due to injury per 100,000 population	65	64	33	126
PHYSICAL ENVIRONMENT					
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	8.7	9.5	8.3	11.1
Drinking water violations	Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation.	NA	NA	No	Yes
Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	19%	17%	12%	24%
Driving alone to work	% of workforce that drives alone to work	76%	74%	60%	85%
Long commute – driving alone	Among workers who commute in their car alone, % commuting > 30 minutes	35%	49%	19%	64%

2018 County Health Rankings: Ranked Measure Sources and Years of Data

	Measure	Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Premature death	National Center for Health Statistics – Mortality files	2013-2015
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2016
	Poor physical health days	Behavioral Risk Factor Surveillance System	2016
	Poor mental health days	Behavioral Risk Factor Surveillance System	2016
	Low birthweight	National Center for Health Statistics – Natality files	2010-2016
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2016
Diet and Exercise	Adult obesity	CDC Diabetes Interactive Atlas	2014
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2015
	Physical inactivity	CDC Diabetes Interactive Atlas	2014
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Files	2010 & 2016
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2016
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2012-2016
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2015
	Teen births	National Center for Health Statistics – Natality files	2010-2016
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2015
	Primary care physicians	Area Health Resource File/American Medical Association	2015
	Dentists	Area Health Resource File/National Provider Identification file	2016
	Mental health providers	CMS, National Provider Identification file	2017
Quality of Care	Preventable hospital stays	Dartmouth Atlas of Health Care	2015
	Diabetes monitoring	Dartmouth Atlas of Health Care	2014
	Mammography screening	Dartmouth Atlas of Health Care	2014
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	ED Facts	2014-2015
	Some college	American Community Survey	2012-2016
Employment	Unemployment	Bureau of Labor Statistics	2016
Income	Children in poverty	Small Area Income and Poverty Estimates	2016
	Income inequality	American Community Survey	2012-2016
Family and Social Support	Children in single-parent households	American Community Survey	2012-2016
	Social associations	County Business Patterns	2015
Community Safety	Violent crime	Uniform Crime Reporting – FBI	2012-2014
	Injury deaths	CDC WONDER mortality data	2012-2016
PHYSICAL ENVIRONMENT			
Air and Water Quality	Air pollution – particulate matter*	Environmental Public Health Tracking Network	2012
	Drinking water violations	Safe Drinking Water Information System	2016
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2010-2014
	Driving alone to work	American Community Survey	2012-2016
	Long commute – driving alone	American Community Survey	2012-2016

*Not available for AK and HI.

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**UM Shore Regional Health
Conversion of UM Shore Medical Center at Dorchester
to a Freestanding Medical Facility**

Modifications to FMF Request for Exemption

As previously discussed with MHCC Staff, the Applicant has reevaluated the project design submitted with its Request for Exemption to Convert UM SMC at Dorchester to a Freestanding Medical Facility (“FMF Application”) in order to make the project more cost effective and efficient for patients and visitors. The Applicant has determined that consolidating the FMF with the MOB that was to be built adjacent to the FMF will result in significant cost savings, as well as improved traffic flow, parking, and patient access. Accordingly, the Applicant has redesigned the project and consolidated these two buildings with the FMF located on the Ground Floor and the MOB located on Floor 2. Please see the revised floor plans attached as **Exhibit 20**. Note that the FMF and MOB will have separate entrances each with their own covered drop-off area.

The MOB is not a component of this project; however, the Applicant has included the costs for the MOB in a separate column of the revised project budget found in Table E of **Exhibit 19** for informational purposes.

REVISED PROJECT DESCRIPTION

The Applicant has also reevaluated its need projections for the ED treatment and observation spaces to be included in the FMF. As discussed in the Applicant’s response number 7 to the Completeness Questions dated November 26, 2018, it has revised the proposed number of ED treatment spaces in the FMF to 22, which includes 19 general treatment spaces and three behavioral health treatment spaces. In addition, as discussed in the Applicant’s response number 7 to the HSCRC Completeness Questions dated January 9, 2019, it has revised the proposed number of observation spaces in the FMF to 6.

The proposed FMF – “UM SMC at Cambridge” – will include the following features:

1. A main public entry and reception/check-in area with four public toilets;
2. An emergency department with a total of 22 patient care rooms and related staff and support space, including:
 - a. One triage area at 860 square feet;
 - b. Fifteen private exam rooms at 154 square feet each;
 - c. Two private bariatric exam rooms at 193 square feet each;
 - d. Resuscitation/Critical Care suite with two treatment bays, each at 243 square feet;

- e. Seven patient toilets and four staff toilets;
 - f. A self-contained behavioral health suite with three exams rooms, all negative pressure/all-hazard rooms, at 169 square feet each and one patient toilet, and related staff and support space;
 - g. An intensive outpatient treatment suite for behavioral health and substance use disorder services and the Bridge Clinic (described below) and related staff and support space;
 - h. An observation suite with six private patient rooms, five at 159 square feet each, and one bariatric patient room at 217 square feet, all rooms with private toilet rooms at 38 square feet, and related staff and support space;
 - i. A diagnostic imaging suite including x-ray, ultrasound, and CT, with related staff and support space;
 - j. A modern, efficient nursing station with full view of emergency department rooms;
 - k. A cardiac rehab suite;
 - l. An infusion suite;
 - m. Laboratory services that will be operational 24/7/365;
 - n. A covered, pull-through ambulance entrance with space for at least four ambulances under cover; related exterior decontamination space, interior patient decontamination space, EMS/ambulance work room, and an emergency provider check in station for patient hand-off;
 - o. Pyxis medication stations, stocked and monitored under UM SRH Pharmacy Services using protocols developed and implemented at the UM Shore EC Queenstown;
 - p. Related general staff and support spaces, including materials management with dedicated delivery entrance, clean supply, environmental services, security, information technology, nourishment, mechanical/electrical/plumbing, generator, and medical gas storage; and
3. Designated adjacent parking for law enforcement and EMS vehicles, as well as public parking sufficient for the capacity of the facility by local code.

UM SMC at Cambridge will include a full service emergency department, open 24/7/365, with the capability of caring for patients of all ages categorized in EMS priority levels 2 through

4¹ as well as EMS priority level 1 patients who suffer from either an unsecured airway, are in *extremis*, or suffer from a stroke if an accredited primary or comprehensive stroke facility is greater than 15 additional minutes of drive time away. UM SMC at Cambridge will have the ability to rapidly transfer those who cannot be definitively cared for at the facility via interfacility ambulance services provided by a contracted commercial vendor with defined response times, or via air transport from the FMF's onsite helipad to other hospitals and tertiary centers. UM SMC at Cambridge will maintain its MIEMSS approved EMS Base Station designation currently at UM SMC at Dorchester to provide necessary communication with EMS providers in order to direct patients to the appropriate level of service; such communications are required for all EMS priority 1 and 2 patients before arrival at a UM SRH emergency medical facility.

The Applicant anticipates maintaining the same level of emergency and observation services at UM SMC at Cambridge as are currently provided at UM SMC at Dorchester, with the exception of limited non-stroke EMS priority 1 patients or patients requiring inpatient medical/surgical, psychiatric, or surgical capabilities. Patients requiring these acute levels of service, who arrive as walk-ins or by ambulance, will be transferred from UM SMC at Cambridge to UM SMC at Easton or other acute care facilities, as needed. Patients requiring observation stays will be cared for at UM SMC at Cambridge unless its observation unit is at full capacity or the patient's condition deteriorates and warrants an acute care admission or transfer to a tertiary facility.

UM SMC at Cambridge will be staffed by Board Certified Emergency Medicine physicians and nursing staff specializing in emergency medicine, with 24 hours of emergency physician staffing and 10 hours of emergency Advanced Practice Clinicians staffing per day. Patients in the observation unit at UM SMC at Cambridge will be cared for by personnel capable of caring for this type of patient, including nursing staff capable of providing appropriate care.

Additionally, the three-bed behavioral health suite will be supported by personnel trained in caring for patients suffering from psychiatric conditions and incorporating the skilled services of the Behavioral Health Response Team ("BHRT") and the best practice of telemedicine for psychiatric consults in the emergency department. Certain specialty services that are currently provided at UM SMC at Dorchester via telemedicine in conjunction with UM SMC at Easton will continue to be accessible to patients at UM SMC at Cambridge. UM SMC at Cambridge

¹ The Maryland Institute for Emergency Medical Services Systems ("MIEMSS") uses the following classifications for patient priority level: Priority 1 – Critically ill or injured person requiring immediate attention; unstable patients with life-threatening injury or illness; Priority 2 – Less serious condition yet potentially life-threatening injury or illness, requiring emergency medical attention but not immediately endangering the patient's life; Priority 3 – Non-emergency condition, requiring medical attention but not on an emergency basis; Priority 4 – Does not require medical attention. MIEMSS, *The Maryland Medical Protocols for Emergency Medical Services Providers* (effective July 1, 2017), https://www.miemss.org/home/Portals/0/Docs/Guidelines_Protocols/2017-MD-Medical-Protocols-WEB.pdf?ver=2017-04-04-143321-600.

will utilize current established clinical protocols and order sets, electronic medical records, technology, and medication administration for the full range of clinical diagnoses.

UM SRH established the Behavioral Health Bridge Clinic (“Bridge Clinic”) in 2016 to improve access to urgent community psychiatric care. The Bridge Clinic currently serves patients discharged from the UM SMC at Dorchester behavioral health inpatient unit who are unable to access psychiatric care from the community due to a shortage of psychiatric providers. The Bridge Clinic will continue to serve patients at the FMF by providing continuity of care, counseling, and other support services to behavioral patients until they are able to connect with a behavioral health provider in the community.

The UM SMC at Cambridge facility was designed in accordance with the Facilities Guidelines Institute, Guidelines for Design and Construction of Hospitals and Outpatient Facilities 2014 Edition (“FGI Guidelines”), the 2015 National Fire and Protection Association 101 Life Safety Code, and the 2015 International Building Code. More specifically, UM SMC at Cambridge was designed considering the FGI Guidelines Part 2 – Hospitals, Section 2.2-3 Diagnostic and Treatment Facilities, and Section 2.3 – Specific Requirements for Freestanding Emergency Departments.

REVISED PROJECT BUDGET AND FINANCIAL TABLES

The revised total project budget for the FMF is \$38,497,006, exclusive of the adjacent MOB. The Applicant’s modifications to the project will result in significant cost savings of approximately \$3.9 million related to the FMF.

The Applicant has also revised the MHCC CON Tables A through L and the underlying assumptions, which are attached as **Exhibit 19**. Tables A through L have been updated to reflect the building design changes and to reflect the latest utilization projections. Tables G and H have also been updated with the following changes:

- 1) Incorporated fiscal year 2018 audited financial results as the starting point of the projection for SHS.
- 2) Inclusion of updated financial projections for the Cambridge FMF and Merger/Consolidation COE’s (see high level summary of changes below).
- 3) Inclusion of the Cambridge medical office building financial plan beginning in fiscal year 2022 through fiscal 2024.
- 4) Addition of non-operating income and expense.
- 5) Correction to Table G only – Deductions from gross revenue is held constant from fiscal year 2018 levels.

Tables J and K have been updated with the following changes:

- 1) Changes in gross revenue, deductions from gross revenue and operating expenses due to:
 - a. The anticipated offering of cardiac and pulmonary rehabilitation and infusion services in the regulated Cambridge FMF.
 - b. Projected changes in observation service line utilization.

- 2) Incorporated updated facility square footage which impacted utility expenses.
- 3) Added other operating revenue to the projection, which was carried forward from fiscal year 2021 UM SMC at Dorchester other operating revenue.
- 4) Updated project budget cost of \$38.5 million (previously \$42.4 million) which decreased the depreciation and interest expense related to the project. This change also decreased the depreciation and interest expense funding request assumed in gross revenue.

REVISED MARSHALL VALUATION SERVICE ANALYSIS

Based on the project changes described above, the Applicant has updated its Marshall Valuation Service (“MVS”) analysis and Table D which is attached as **Exhibit 19**.

Standard .04B(7) – Construction Cost of Hospital Space

(a) The cost per square foot of hospital construction projects shall be no greater than the cost of good quality Class A hospital construction given in the Marshall and Swift Valuation Quarterly, updated to the nearest quarter using the Marshall and Swift update multipliers, and adjusted as shown in the Marshall and Swift guide as necessary for terrain of the site, number of levels, geographic locality, and other listed factors.

(b) Each Certificate of Need applicant proposing costs per square foot above the limitations set forth in the Marshall and Swift Guide must demonstrate that the higher costs are reasonable.

The following compares the project costs to the Marshall Valuation Service (“MVS”) benchmark. The FMF will be built to hospital standards.

**I. Marshall Valuation Service
Valuation Benchmark**

Type		Hospital
Construction Quality/Class		Good/A
Stories		2
Perimeter		950
Average Floor to Floor Height		14.0
Square Feet		43,794
f.1	Average floor Area	43,794
A. Base Costs		
	Basic Structure	\$374.00
	Elimination of HVAC cost for adjustment	0
	HVAC Add-on for Mild Climate	0
	HVAC Add-on for Extreme Climate	0
Total Base Cost		\$374.00

Adjustment for Departmental Differential Cost Factors		1.16
Adjusted Total Base Cost		\$432.97
B. Additions		
	Elevator (If not in base)	\$0.00
	Other	\$0.00
Subtotal		\$0.00
Total		\$432.97
C. Multipliers		
Perimeter Multiplier		0.90210235
	Product	\$390.59
Height Multiplier		1.046
	Product	\$408.55
Multi-story Multiplier		1.000
	Product	\$408.55
D. Sprinklers		
	Sprinkler Amount	\$3.48
Subtotal		\$412.03
E. Update/Location Multipliers		
Update Multiplier		1.03
	Product	\$424.39
Location Multiplier		0.98
	Product	\$415.90
Calculated Square Foot Cost Benchmark		\$415.90

The MVS estimate for this project is impacted by the Adjustment for Departmental Differential Cost Factor. In Section 87 on page 8 of the Valuation Service, MVS provides the cost differential by department compared to the average cost for an entire hospital. The calculation of the average factor is shown below.

Department/Function	BGSF	MVS Department Name	MVS Differential Cost Factor	Cost Factor X SF
ACUTE PATIENT CARE				
Emergency Department	17,857	Emergency Suite	1.18	21,071

Observation Unit	4,861	Inpatient Unit	1.06	5,153
Behavioral Health Emergency Department	1,655	Emergency Suite	1.18	1,953
Emergency Entry/Intake/Waiting	5,679	Offices	0.98	5565.42
Laboratory	1,364	Laboratories	1.15	1,569
Cardiac Rehabilitation	2,128	Physical Medicine	1.09	2,320
Infusion	1,453	Outpatient Department	0.99	1,438
Intensive Outpatient/Bridge Program	1,461	Outpatient Department	0.99	1,446
Building Support (Ground)	5,924	Storage and Refrigeration	1.6	9,478
Exterior Wall (Ground)	1,412	Unassigned Space	0.5	706
	43,794		1.16	50,700

Cost of New Construction

A. Base Calculations	Actual	Per Sq. Foot
Building	\$13,780,551	\$314.67
Fixed Equipment	\$220,000	\$0.00
Site Preparation	\$2,900,000	\$66.22
Architectural Fees	\$1,320,000	\$30.14
Permits	\$470,000	\$10.73
Capitalized Construction Interest	Calculated Below	Calculated Below
Subtotal	\$18,690,551	\$426.78

However, as related below, this project includes expenditures for items not included in the MVS average.

	Project Costs	Associated Cap Interest
Site Demolition Costs	\$368,254	Site
Storm Drains	\$230,159	Site

Rough Grading	\$184,127	Site	
Paving	\$276,190	Site	
Exterior Signs	\$46,032	Site	
Landscaping	\$92,063	Site	
Covered Walkway	\$230,159	Site	
Unsuitable Material Allowance	\$46,032	Site	
Helipad	\$460,317	Site	
MBE Participation Cost Premium	\$29,460	Site	
LEED Silver Green Building Premium	\$551,222	Building	\$115,635
MBE Participation Cost Premium	\$551,222	Building	\$115,635
Utility Connection Fees	\$100,000	Permits	
Total Cost Adjustments	\$3,165,238		\$231,271

Associated Capitalized Interest and Loan Placement Fees should be excluded from the comparison for those items that are also excluded from the comparison. Since only Capitalized Interest and Loan Placement fees relating to the Building costs are included in the MVS analysis, they have only been eliminated for the Extraordinary Costs that are in the Building cost item. This was calculated as follows, using a Canopy as an example:

(Cost of the Canopy/Building Cost) X (Building related Capitalized Interest and Loan Placement Fees).

Explanation of Extraordinary Costs

Below are the explanations of the Extraordinary Costs that are not specifically mentioned as not being in contained in the MVS average costs in the MVS Guide (at Section 1, Page 3) but that are specific to this project and would not be in the average cost of a hospital project.

1. Premium for LEED Silver Construction - UMMS has included a 4% premium (based on Building Costs only) due to constructing this building to LEED Silver standards. The potential for a 0%-7% premium is recognized by MVS in Section 99, Page 1.
2. Premium for Minority Business Enterprise Requirement (MBE) – UMMS projects include a premium for Minority Business Enterprises that would not be in the average cost of hospital construction. This premium was projected to be 4%. UMMS consulted with its cost estimators/construction managers on the impact on project budgets of targeting 25% inclusion of MBE subcontractors or suppliers as part of its projects, and their conservative estimate is that it adds 3-4% to the costs, compared to projects that do not include MBE subcontractors or suppliers. This estimate has been confirmed through UMMS’ experience with past construction jobs. UMMS now uses this percentage in all of its construction cost estimates.

Eliminating all of the extraordinary costs reduces the project costs that should be compared to the MVS benchmark.

C. Adjusted Project Cost	Adjusted Project Costs	Per Square Foot
Building	\$12,678,107	\$289.49
Fixed Equipment	\$220,000	\$5.02
Site Preparation	\$937,206	\$21.40
Architectural Fees	\$1,320,000	\$30.14
Permits	\$370,000	\$8.45
Subtotal	\$15,525,313	\$354.51
Capitalized Construction Interest	\$2,659,615	\$60.73
Total	\$18,184,928	\$415.24

Building associated Capitalized Interest and Loan Placement Fees were calculated as follows:

Hospital	New	Renovation	Total			
Building Cost	\$13,780,551	\$0				
Subtotal Cost (w/o Cap Interest)	\$18,690,551	\$0	\$18,690,551			
Subtotal/Total	100.0%	0.0%	Cap Interest	Loan Placement Fees		Total
Total Project Cap Interest & Financing [(Subtotal Cost/Total Cost) X Total Cap Interest]	\$3,920,906	\$0	\$3,410,309	\$510,597		\$3,920,906
Building/Subtotal	73.7%	N/A				
Building Cap Interest & Loan Place. Associated with Extraordinary Costs	\$2,890,886	N/A				
	\$231,271					
Applicable Cap Interest & Loan Place.	\$2,659,615					

As noted below, the project's cost per square foot is very close to the MVS benchmark.

MVS Benchmark	\$415.90
The Project	\$415.24
Difference	-\$0.67
%	-0.16%

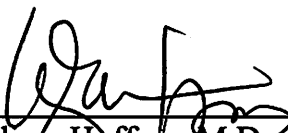
Table of Exhibits

Exhibit 19.....1

Exhibit 20.....1

I hereby declare and affirm under the penalties of perjury that the facts stated in this Modifications to the Freestanding Medical Facility Application and its attachments are true and correct to the best of my knowledge, information, and belief.

2/18/19
Date


William Huffner, M.D., MBA,
FACEP, FACHE
Senior Vice President, Medical
Affairs and Chief Medical Officer
UM Shore Regional Health

I hereby declare and affirm under the penalties of perjury that the facts stated in this Modifications to the Freestanding Medical Facility Application and its attachments are true and correct to the best of my knowledge, information, and belief.

2/18/2019
Date

Ruth Ann Jones
Ruth Ann Jones, Ed.D., MSN, RN,
NEA-BC
Senior Vice President, Patient Care
Services and Chief Nursing Officer
UM Shore Regional Health

I hereby declare and affirm under the penalties of perjury that the facts stated in this Modifications to the Merger/Consolidation Application and its attachments are true and correct to the best of my knowledge, information, and belief.

2/18/2019
Date

Ruth Ann Jones
Ruth Ann Jones, Ed.D., MSN, RN,
NEA-BC
Senior Vice President, Patient Care
Services and Chief Nursing Officer
UM Shore Regional Health

I hereby declare and affirm under the penalties of perjury that the facts stated in this Modifications to the Freestanding Medical Facility Application and its attachments are true and correct to the best of my knowledge, information, and belief.

2/18/2019

Date




Robert Frank, MBA
Senior Regional Vice President,
Operations
UM Shore Regional Health

I hereby declare and affirm under the penalties of perjury that the facts stated in this Modifications to the Freestanding Medical Facility Application and its attachments are true and correct to the best of my knowledge, information, and belief.

2/19/19

Date



JoAnne Hahey
Chief Financial Officer
UM Shore Regional Health

I hereby declare and affirm under the penalties of perjury that the facts stated in this Modifications to the Freestanding Medical Facility Application and its attachments are true and correct to the best of my knowledge, information, and belief.

Feb. 18, 2019

Date

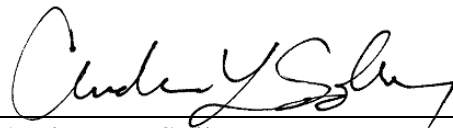


Patti Willis
Senior Vice President, Strategy &
Communications
UM Shore Regional Health

I hereby declare and affirm under the penalties of perjury that the facts stated in this Modifications to the Freestanding Medical Facility Application and its attachments are true and correct to the best of my knowledge, information, and belief.

2/15/19

Date



Andrew L. Solberg

A.L.S. Healthcare Consultant Services

I hereby declare and affirm under the penalties of perjury that the facts stated in this Modification to the Freestanding Medical Facility Application and its attachments are true and correct to the best of my knowledge, information, and belief.

02.12.2019

Date

Eileen English

Eileen English, AIA, EDAC
Principal
Hord Coplan Macht

EXHIBIT 19

Name of Applicant:

Shore Health System, Inc. dba University of Maryland Shore Medical Center at Dorchester and
University of Maryland Shore Medical Center at Easton

Date of Submission:

6-Jul-18

Applicants should follow additional instructions included at the top of each of the following worksheets. Please ensure all green fields (see above) are filled.

Table Number	Table Title	Instructions
Table A	Physical Bed Capacity Before and After Project	All applicants whose project impacts any nursing unit, regardless of project type or scope, must complete Table A.
Table B	Departmental Gross Square Feet	All applicants, regardless of project type or scope, must complete Table B for all departments and functional areas affected by the proposed project.
Table C	Construction Characteristics	All applicants proposing new construction or renovation must complete Table C.
Table D	Site and Offsite Costs Included and Excluded in Marshall Valuation Costs	All applicants proposing new construction or renovation must complete Table D.
Table E	Project Budget	All applicants, regardless of project type or scope, must complete Table E.
Table F	Statistical Projections - Entire Facility	Existing facility applicants must complete Table F. All applicants who complete this table must also complete Tables G and H.
Table G	Revenues & Expenses, Uninflated - Entire Facility	Existing facility applicants must complete Table G. The projected revenues and expenses in Table G should be consistent with the volume projections in Table F.
Table H	Revenues & Expenses, Inflated - Entire Facility	Existing facility applicants must complete Table H. The projected revenues and expenses in H should be consistent with the projections in Tables F and G.
Table I	Statistical Projections - New Facility or Service	Applicants who propose to establish a new facility, existing facility applicants who propose a new service, and applicants who are directed by MHCC staff must complete Table I. All applicants who complete this table must also complete Tables J and K.
Table J	Revenues & Expenses, Uninflated - New Facility or Service	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant who completes a Table I must complete Table J. The projected revenues and expenses in Table J should be consistent with the volume projections in Table I.
Table K	Revenues & Expenses, Inflated - New Facility or Service	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant that completes a Table I must complete Table K. The projected revenues and expenses in Table K should be consistent with the projections in Tables I and J.
Table L	Work Force Information	All applicants, regardless of project type or scope, must complete Table L.

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

INSTRUCTIONS: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. NOTE: Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.

Before the Project							After Project Completion					
Hospital Service	Location (Floor/Wing)*	Licensed Beds: 7/1/2017	Based on Physical Capacity				Hospital Service	Location (Floor/Wing)*	Based on Physical Capacity			
			Room Count			Bed Count			Room Count			Bed Count
			Private	Semi-Private	Total Rooms	Physical Capacity			Private	Semi-Private	Total Rooms	Physical Capacity
ACUTE CARE							ACUTE CARE					
General Medical/ Surgical*		16			0	0	General Medical/ Surgical*				0	0
Medical Surgical	2 East		11	14	25	39					0	0
Palliative Care	2nd Floor		2	0	2	2					0	0
					0	0					0	0
					0	0					0	0
SUBTOTAL Gen. Med/Surg*		16	13	14	27	41	SUBTOTAL Gen. Med/Surg*					
ICU/CCU	2nd Floor	6	16	0	16	16	ICU/CCU				0	0
Other (Specify/add rows as needed)					0	0					0	0
TOTAL MSGA							TOTAL MSGA					
Obstetrics					0	0	Obstetrics				0	0
Pediatrics					0	0	Pediatrics				0	0
Psychiatric	1st Floor	24	2	11	13	24	Psychiatric				0	0
TOTAL ACUTE		46	31	25	56	81	TOTAL ACUTE		0	0	0	0
NON-ACUTE CARE							NON-ACUTE CARE					
Dedicated Observation**					0	0	Dedicated Observation**	1st Floor	6	0	6	6
Rehabilitation					0	0	Rehabilitation				0	0
Comprehensive Care					0	0	Comprehensive Care				0	0
Other (Specify/add rows as needed)					0	0	Other (Specify/add rows as needed)		0	0	0	0
					0				0	0	0	0
									0	0	0	0
TOTAL NON-ACUTE							TOTAL NON-ACUTE		6	0	6	6
HOSPITAL TOTAL		46	31	25	56	81	HOSPITAL TOTAL		6	0	6	6

* Include beds dedicated to gynecology and addictions, if unit(s) is separate for acute psychiatric unit

** Include services included in the reporting of the "Observation Center". Service furnished by the hospital on the hospital's promise, including use of a bed and periodic monitoring by the hospital's nursing or other staff, which are reasonable and necessary to determine the need for a possible admission to the hospital as an inpatient; Must be ordered and documented in writing, given by a medical practitioner.

TABLE B. DEPARTMENTAL GROSS SQUARE FEET AFFECTED BY PROPOSED PROJECT

INSTRUCTION: Add or delete rows if necessary. See additional instruction in the column to the right of the table.

DEPARTMENT/FUNCTIONAL AREA FOR FIRST FLOOR FMF ONLY	DEPARTMENTAL GROSS SQUARE FEET				Total After Project Completion
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	
Emergency Department		17,857			17,857
Observation Unit		4,861			4,861
Behavioral Health Emergency Department		1,655			1,655
Emergency Entry/Intake/Waiting		5,679			5,679
Laboratory		1,364			1,364
Cardiac Rehabilitation		2,128			2,128
Infusion		1,453			1,453
Intensive Outpatient/Bridge Program		1,461			1,461
Building Support (Ground)		5,924			5,924
Exterior Wall (Ground)		1,412			1,412
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
Total		43,794			43,794

TABLE C. CONSTRUCTION CHARACTERISTICS

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garages, medical office buildings, or energy plants), complete an additional Table C for each structure.

	NEW CONSTRUCTION	MOB - Not in Project For Information Only
BASE BUILDING CHARACTERISTICS	Check if applicable	
Class of Construction (for renovations the class of the building being renovated)*		
Class A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input type="checkbox"/>	<input type="checkbox"/>
Class D	<input type="checkbox"/>	<input type="checkbox"/>
Type of Construction/Renovation*		
Low	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
Number of Stories		

*As defined by Marshall Valuation Service

PROJECT SPACE	List Number of Feet, if applicable	
Total Square Footage	Total Square Feet	
Basement	0	0
First Floor	43,794	0
Second Floor	0	37,568
Third Floor	0	0
Fourth Floor	0	0
Average Square Feet	43,794	37,568
Perimeter in Linear Feet	Linear Feet	
Basement	0	0
First Floor	950	0
Second Floor	0	835
Third Floor	0	0
Fourth Floor	0	0
Total Linear Feet	950	835
Average Linear Feet	950	835
Wall Height (floor to eaves)	Feet	
Basement	n/a	n/a
First Floor	14	n/a
Second Floor	n/a	12
Third Floor	n/a	n/a
Fourth Floor	n/a	n/a
Average Wall Height	14	12

OTHER COMPONENTS		
Elevators	List Number	
Passenger	0	2
Freight	0	0
Sprinklers	Square Feet Covered	
Wet System	43,794	37,568
Dry System		
Other	Describe Type	
Type of HVAC System for proposed project		
Type of Exterior Walls for proposed project	Brick Veneer on Metal Stud with Continuous Insulation and Stud Cavity Insulation; Aluminum Storefront Windows	

TABLE D. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garges, medical office buildings, or energy plants), complete an additional Table D for each structure.

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
SITE PREPARATION COSTS		
Normal Site Preparation	\$937,206	
Utilities from Structure to Lot Line		
Subtotal included in Marshall Valuation Costs	\$937,206	
Site Demolition Costs	\$368,254	
Storm Drains	\$230,159	
Rough Grading	\$184,127	
Hillside Foundation		
Paving	\$276,190	
Exterior Signs	\$46,032	
Landscaping	\$92,063	
Walls		
Yard Lighting		
Other (Specify/add rows if needed)		
Sediment Control & Stabilization		
Helipad	\$460,317	
Covered Walkway	\$230,159	
Unsuitable Material Allowance	\$46,032	
Premium for Minority Business Enterprise Requirement	\$29,460	
Subtotal On-Site excluded from Marshall Valuation Costs	\$1,962,794	
OFFSITE COSTS		
Roads		
Utilities		
Jurisdictional Hook-up Fees		
Other (Specify/add rows if needed)		
Subtotal Off-Site excluded from Marshall Valuation Costs	\$0	
TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs	\$1,962,794	\$0
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	\$2,900,000	\$0
BUILDING COSTS		
Normal Building Costs	\$12,678,107	
Subtotal included in Marshall Valuation Costs	\$12,678,107	
Canopy		
Premium for Labor Shortages on Eastern Shore Projects		
LEED Silver Premium	\$551,222	
Siesmic Costs		
Pneumatic Tube System		
Signs		
Premium for Minority Business Enterprise Requirement	\$551,222	
Subtotal Building Costs excluded from Marshall Valuation Costs	\$1,102,444	
TOTAL Building Costs included and excluded from Marshall Valuation Service*	\$13,780,551	\$0
A&E COSTS		
Normal A&E Costs	\$1,320,000	
Subtotal included in Marshall Valuation Costs	\$1,320,000	
Subtotal A&E Costs excluded from Marshall Valuation Costs	\$0	
TOTAL A&E Costs included and excluded from Marshall Valuation Service*	\$1,320,000	\$0
PERMIT COSTS		
Normal Permit Costs	\$370,000	
Subtotal included in Marshall Valuation Costs	\$370,000	
Jurisdictional Hook-up Fees	\$100,000	
Impact Fees		
Subtotal Permit Costs excluded from Marshall Valuation Costs	\$100,000	
TOTAL Permit Costs included and excluded from Marshall Valuation Service*	\$470,000	\$0

TABLE E. PROJECT BUDGET

		Hospital Building	Other Structure - MOB - NOT PART OF THE PROJECT - For Informational Purposes Only	Total
A. USE OF FUNDS				
1. CAPITAL COSTS				
a. New Construction				
(1)	Building	\$13,780,551	\$9,239,812	\$23,020,363
(2)	Fixed Equipment	\$220,000		\$220,000
(3)	Site and Infrastructure	\$2,900,000	\$2,003,681	\$4,903,681
(4)	Architect/Engineering Fees	\$1,320,000	\$1,606,649	\$2,926,649
(5)	Permits (Building, Utilities, Etc.)	\$470,000	\$470,000	\$940,000
	SUBTOTAL	\$18,690,551	\$13,320,142	\$32,010,693
b. Renovations				
(1)	Building			\$0
(2)	Fixed Equipment (not included in construction)			\$0
(3)	Architect/Engineering Fees			\$0
(4)	Permits (Building, Utilities, Etc.)			\$0
	SUBTOTAL	\$0	\$0	\$0
c. Other Capital Costs				
(1)	Movable Equipment	\$6,460,000	\$4,455,000	\$10,915,000
(2)	Contingency Allowance	\$2,471,500	\$1,000,000	\$3,471,500
(3)	Gross interest during construction period	\$3,410,309	\$2,108,901	\$5,519,210
(4)	Other - Owner Enabling	\$75,000	\$193,351	\$268,351
				\$0
	SUBTOTAL	\$12,416,809	\$7,757,252	\$20,174,061
	TOTAL CURRENT CAPITAL COSTS	\$31,107,360	\$21,077,394	\$52,184,754
d. Land Purchase				
		\$6,000,000		\$6,000,000
e. Inflation Allowance				
		\$814,049	\$551,574	\$1,365,623
	TOTAL CAPITAL COSTS	\$37,921,409	\$21,628,968	\$59,550,377
2. Financing Cost and Other Cash Requirements				
a.	Loan Placement Fees	\$510,597	\$268,084	\$778,681
b.	Bond Discount			\$0
c.	CON Application Assistance			
	<i>c1. Legal Fees</i>	\$45,000		\$45,000
	<i>c2. Other (Specify/add rows if needed)</i>	\$20,000		\$20,000
d.	Non-CON Consulting Fees			
	<i>d1. Legal Fees</i>			\$0
	<i>d2. Other (Specify/add rows if needed)</i>			\$0
e.	Debt Service Reserve Fund			\$0
f.	Other (Specify/add rows if needed)			\$0
	SUBTOTAL	\$575,597	\$268,084	\$843,681
3. Working Capital Startup Costs				
				\$0
	TOTAL USES OF FUNDS	\$38,497,006	\$21,897,052	\$60,394,058
B. Sources of Funds				
1. Cash				
				\$0
2. Philanthropy (to date and expected)				
				\$0
3. Authorized Bonds				
		\$38,097,559	\$21,626,985	\$59,724,544
4. Interest Income from bond proceeds listed in #3				
		\$399,446	\$270,067	\$669,513
5. Mortgage				
				\$0
6. Working Capital Loans				
				\$0
7. Grants or Appropriations				
a. Federal				
				\$0
b. State				
				\$0
c. Local				
				\$0
8. Other (Specify/add rows if needed)				
				\$0
	TOTAL SOURCES OF FUNDS	\$38,497,006	\$21,897,052	\$60,394,058
Annual Lease Costs (if applicable)				
1. Land				
				\$0
2. Building				
				\$0
3. Major Movable Equipment				
				\$0
4. Minor Movable Equipment				
				\$0
5. Other (Specify/add rows if needed)				
				\$0
Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.				

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY - SHORE HEALTH SYSTEM

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the right of the table.

Indicate CY or FY	Three Most Recent Years (Actual)			Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.				
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024
1. DISCHARGES									
a. General Medical/Surgical*	7,700	7,889	6,866	6,892	6,933	6,976	6,708	6,751	6,796
b. ICU/CCU	227	243	212	213	214	215	208	209	210
Total MSGA	7,927	8,132	7,078	7,105	7,147	7,191	6,915	6,960	7,006
c. Pediatric	125	106	77	76	76	75	75	74	74
d. Obstetric	1,050	1,057	1,092	1,118	1,144	1,171	1,199	1,227	1,256
e. Acute Psychiatric	642	549	556	551	551	552	552	553	554
Total Acute	9,744	9,844	8,803	8,850	8,919	8,990	8,741	8,814	8,890
f. Rehabilitation	344	357	353	357	362	366	371	376	381
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL DISCHARGES	10,088	10,201	9,156	9,207	9,280	9,356	9,112	9,190	9,271
2. PATIENT DAYS									
a. General Medical/Surgical*	32,198	33,972	27,974	27,436	26,976	27,154	25,972	26,152	26,339
b. ICU/CCU	1,883	1,842	1,545	1,512	1,481	1,490	1,464	1,474	1,485
Total MSGA	34,081	35,814	29,519	28,948	28,457	28,645	27,437	27,627	27,824
c. Pediatric	292	245	179	178	177	175	174	173	172
d. Obstetric	2,513	2,570	2,698	2,762	2,827	2,893	2,961	3,031	3,104
e. Acute Psychiatric	4,465	4,106	3,880	3,844	3,848	3,851	3,855	3,860	3,864
Total Acute	41,351	42,735	36,276	35,732	35,308	35,565	34,427	34,691	34,964
f. Rehabilitation	3,567	3,394	3,455	3,499	3,542	3,588	3,634	3,682	3,731
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL PATIENT DAYS	44,918	46,129	39,731	39,231	38,850	39,153	38,061	38,373	38,695
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)									
a. General Medical/Surgical*	4.2	4.3	4.1	4.0	3.9	3.9	3.9	3.9	3.9
b. ICU/CCU	8.3	7.6	7.3	7.1	6.9	6.9	7.1	7.1	7.1
Total MSGA	4.3	4.4	4.2	4.1	4.0	4.0	4.0	4.0	4.0
c. Pediatric	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3
d. Obstetric	2.4	2.4	2.5	2.5	2.5	2.5	2.5	2.5	2.5
e. Acute Psychiatric	7.0	7.5	7.0	7.0	7.0	7.0	7.0	7.0	7.0
Total Acute	4.2	4.3	4.1	4.0	4.0	4.0	3.9	3.9	3.9
f. Rehabilitation	10.4	9.5	9.8	9.8	9.8	9.8	9.8	9.8	9.8
g. Comprehensive Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
h. Other (Specify/add rows of needed)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL AVERAGE LENGTH OF STAY	4.5	4.5	4.3	4.3	4.2	4.2	4.2	4.2	4.2

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY - SHORE HEALTH SYSTEM

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the right of the table.

Indicate CY or FY	Three Most Recent Years (Actual)			Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.				
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024
4. NUMBER OF LICENSED BEDS									
a. General Medical/Surgical*	94	94	94	86	84	85	83	84	84
b. ICU/CCU	16	16	16	16	16	16	11	11	11
Total MSGA	110	110	110	102	100	101	94	95	95
c. Pediatric	8	8	8	1	1	1	1	1	1
d. Obstetric	17	17	17	11	11	11	12	12	12
e. Acute Psychiatric	24	24	24	12	12	12	12	12	12
Total Acute	159	159	159	126	124	125	119	120	120
f. Rehabilitation	20	20	20	13	13	13	13	13	14
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL LICENSED BEDS	179	179	179	139	137	138	132	133	134
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.									
a. General Medical/Surgical*	93.8%	99.0%	81.5%	87.3%	87.7%	87.8%	85.5%	85.6%	85.6%
b. ICU/CCU	32.2%	31.5%	26.5%	25.9%	25.4%	25.5%	36.5%	36.7%	37.0%
Total MSGA	84.9%	89.2%	73.5%	77.7%	77.8%	77.9%	79.8%	79.9%	80.0%
c. Pediatric	10.0%	8.4%	6.1%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
d. Obstetric	40.5%	41.4%	43.5%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%
e. Acute Psychiatric	51.0%	46.9%	44.3%	87.8%	87.8%	87.9%	88.0%	88.1%	88.2%
Total Acute	71.3%	73.6%	62.5%	77.8%	77.8%	77.9%	79.4%	79.5%	79.6%
f. Rehabilitation	48.9%	46.5%	47.3%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
g. Comprehensive Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
h. Other (Specify/add rows of needed)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL OCCUPANCY %	68.8%	70.6%	60.8%	77.5%	77.6%	77.7%	79.0%	79.1%	79.1%
6. OUTPATIENT VISITS									
a. Emergency Department (IP and OP)	73,094	68,389	82,210	82,341	82,471	82,603	82,734	82,865	82,997
b. Same-day Surgery OP Visits	3,329	3,337	3,300	3,305	3,310	3,316	2,970	2,975	2,979
c. Laboratory OP RVUs	4,401,015	4,271,265	4,119,100	4,125,646	4,132,202	4,138,768	4,145,345	4,151,932	4,158,530
d. Imaging OP RVUs	776,132	768,199	1,246,290	1,248,270	1,250,254	1,252,241	1,254,231	1,256,224	1,258,220
e. MRI OP RVUs	29,250	26,290	107,512	107,683	107,854	108,025	108,197	108,369	108,541
f. Infusion Visits		207	202	202	203	203	203	204	204
g. Pulmonary Rehab Visits		238	264	264	265	265	266	266	267
h. Cardiac Rehab Visits		286	392	393	393	394	394	395	396
TOTAL OUTPATIENT VISITS	5,282,820	5,138,211	5,559,270	5,568,104	5,576,952	5,585,814	5,594,339	5,603,229	5,612,133
7. OBSERVATIONS**									
a. Number of Patients	2,071	2,476	3,258	3,280	3,300	3,320	3,340	3,361	3,382
b. Hours	81,332	110,662	110,925	111,945	112,832	113,734	105,435	106,188	106,954

* Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

** Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY - SHORE HEALTH SYSTEM

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table G should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table F and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.

	Most Recent Years (Actual)	Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.					
	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Indicate CY or FY								
1. REVENUE								
a. Inpatient Services	\$ 131,796	\$ 126,323	126,323	126,323	126,323	130,509	130,509	130,509
b. Outpatient Services	177,167	191,860	191,860	191,860	191,860	187,566	187,428	187,294
Gross Patient Service Revenues	308,963	318,183	318,183	318,183	318,183	318,075	317,937	317,803
c. Allowance For Bad Debt	-	7,829	7,829	7,829	7,829	8,398	8,398	8,398
d. Contractual Allowance	67,802	58,915	58,915	58,915	58,915	60,314	60,314	60,314
e. Charity Care	-	3,505	3,505	3,505	3,505	3,344	3,344	3,344
Net Patient Services Revenue	241,161	247,934	247,934	247,934	247,934	246,018	245,881	245,746
f. Other Operating Revenues (Specify/add rows if needed)	4,576	4,646	4,646	4,646	4,646	4,646	4,646	4,646
NET OPERATING REVENUE	\$ 245,737	\$ 252,580	\$ 252,580	\$ 252,580	\$ 252,580	\$ 250,664	\$ 250,527	\$ 250,392
2. EXPENSES								
a. Salaries & Wages (including benefits)	\$ 120,913	\$ 111,175	\$ 114,978	\$ 114,840	\$ 114,712	\$ 109,374	\$ 110,086	\$ 110,819
b. Professional Fees	11,137	11,695	11,695	11,695	11,695	11,381	11,371	11,360
c. Interest on Current Debt	2,983	3,603	4,004	3,955	3,907	5,044	4,978	4,911
d1. Interest on Project Debt - FMF	-	-	-	-	-	1,917	1,884	1,849
d2. Interest on Project Debt - Easton	-	-	-	-	-	-	-	-
e. Current Depreciation	17,976	18,099	19,215	18,711	17,292	14,163	13,107	12,076
f1. Project Depreciation - FMF	-	-	-	-	-	1,812	1,848	1,885
f2. Project Depreciation - Easton	-	-	-	-	-	1,185	1,166	1,146
g. Current Amortization	-	-	-	-	-	-	-	-
h. Project Amortization	-	-	-	-	-	-	-	-
i. Supplies	38,148	39,366	39,601	39,868	40,143	39,473	39,745	40,026
j. Other Expenses (Purchased Services, Other Expense and Overhead & Shared Services)	42,398	44,339	44,457	44,632	44,812	54,827	55,030	55,237
k. Fixed Cost Additions	-	-	5,438	1,629	1,808	3,509	3,509	3,509
TOTAL OPERATING EXPENSES	\$ 233,555	\$ 228,277	\$ 239,388	\$ 235,330	\$ 234,369	\$ 242,685	\$ 242,724	\$ 242,819
3. INCOME								
a. Income From Operation	\$ 12,182	\$ 24,302	\$ 13,191	\$ 17,249	\$ 18,211	\$ 7,979	\$ 7,803	\$ 7,574
b. Non-Operating Income/Expense	\$ 7,475	\$ 7,372	\$ 2,400	\$ 2,400	\$ 2,400	\$ 2,400	\$ 2,400	\$ 2,400
SUBTOTAL	\$ 19,657	\$ 31,674	\$ 15,591	\$ 19,649	\$ 20,611	\$ 10,379	\$ 10,203	\$ 9,974
c. Income Taxes								
NET INCOME (LOSS)	\$ 19,657	\$ 31,674	\$ 15,591	\$ 19,649	\$ 20,611	\$ 10,379	\$ 10,203	\$ 9,974

Table G – Key Financial Projection Assumptions for UM Shore Health System (Does not include HSCRC Annual Update Factors & Expense Inflation)

<p>Projection is based on the UM Shore Health System (SHS) FY2018 actual financial performance with assumptions identified below. SHS includes Memorial Hospital at Easton, Dorchester General Hospital and Queen Anne's Emergency Center. The assumptions listed below only apply to services regulated by the HSCRC.</p>	
<p>Projection period reflects FY2019 – FY2024</p>	
Volumes	- Refer to historical and projected utilization in Table F
<p>Patient Revenue</p> <ul style="list-style-type: none"> • Gross Charges <ul style="list-style-type: none"> ○ Update Factor ○ Demographic Adjustment ○ Other Rate Adjustments ○ Variable Cost Factor ○ Redistribution of Dorchester General Hospital Revenue • Revenue Deductions 	<ul style="list-style-type: none"> - 0.00% annual increase in FY2019 – FY2024 - 0.00% annual increase in FY2019 – FY2024 - 0.00% annual increase in FY2019 – FY2024 based on historical experience - 100% variable cost factor associated with outpatient services shifted to the FMF and inpatient services shifted to Easton in FY2022 - 50% variable cost factor associated with the loss of volumes to other providers - Shore Health System (SHS) will retain 50% of revenue related to volumes that will be lost to other providers in FY2022 (Retained Revenue) - \$4.1M of SHS's Retained Revenue will be apportioned to the FMF to cover its depreciation and interest expense - Remainder of SHS's Retained Revenue will be apportioned to Memorial Hospital of Easton to fund ambulatory and physician network development and population health initiatives - Continuation of FY2018 deductions from revenue (contractual allowances, denials, charity, bad debts, assessments, UCC pool receipts) as percentages of gross revenue - Beginning in FY2022 for the services located in the FMF, deductions from revenue is based off historical actual results by service line and held constant throughout the remainder of the projection period
Other Operating Revenue	Remains constant from FY2018

TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY - SHORE HEALTH SYSTEM

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

Indicate CY or FY	Most Recent Year (Actual)	Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.					
	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
1. REVENUE								
a. Inpatient Services	\$ 131,796	\$ 126,323	\$ 129,405	\$ 132,563	\$ 135,797	\$ 143,720	\$ 147,227	\$ 150,819
b. Outpatient Services	\$ 177,167	\$ 191,860	\$ 196,541	\$ 201,337	\$ 206,250	\$ 206,553	\$ 211,438	\$ 216,442
Gross Patient Service Revenues	308,963	318,183	325,947	333,900	342,047	350,274	358,665	367,261
c. Allowance For Bad Debt	-	7,829	8,020	8,216	8,416	9,249	9,474	9,705
d. Contractual Allowance	67,802	58,915	60,353	61,826	63,334	66,419	68,040	69,700
e. Charity Care	-	3,505	3,591	3,678	3,768	3,683	3,773	3,865
Net Patient Services Revenue	241,161	247,934	253,983	260,180	266,529	270,923	277,378	283,991
f. Other Operating Revenues (Specify/add rows if needed)	4,576	4,646	4,646	4,646	4,646	4,646	4,646	4,646
NET OPERATING REVENUE	\$ 245,737	\$ 252,580	\$ 258,629	\$ 264,826	\$ 271,175	\$ 275,569	\$ 282,024	\$ 288,637
2. EXPENSES								
a. Salaries & Wages (including benefits)	\$ 120,913	\$ 111,175	\$ 117,623	\$ 120,183	\$ 122,810	\$ 119,789	\$ 123,342	\$ 127,019
b. Professional Fees	11,137	11,695	11,999	12,311	12,631	12,611	12,928	13,252
c. Interest on Current Debt	2,983	3,603	4,004	3,955	3,907	5,044	4,978	4,911
d1. Interest on Project Debt - FMF	-	-	-	-	-	1,917	1,884	1,849
d2. Interest on Project Debt - Easton	-	-	-	-	-	-	-	-
e. Current Depreciation	17,976	18,099	19,215	18,711	17,292	14,163	13,107	12,076
f1. Project Depreciation - FMF	-	-	-	-	-	1,812	1,848	1,885
f2. Project Depreciation - Easton	-	-	-	-	-	1,185	1,166	1,146
g. Current Amortization	-	-	-	-	-	-	-	-
h. Project Amortization	-	-	-	-	-	-	-	-
i. Supplies	38,148	39,366	40,789	42,296	43,865	44,427	46,076	47,793
j. Other Expenses (Purchased Services, Other Expense and Overhead & Shared Services)	42,398	44,339	45,346	46,435	47,555	59,347	60,757	62,205
k. Fixed Cost Additions	-	-	5,438	1,629	1,808	3,509	3,509	3,509
TOTAL OPERATING EXPENSES	\$ 233,555	\$ 228,277	\$ 244,414	\$ 245,521	\$ 249,868	\$ 263,804	\$ 269,594	\$ 275,646
3. INCOME								
a. Income From Operation	\$ 12,182	\$ 24,302	\$ 14,215	\$ 19,305	\$ 21,306	\$ 11,764	\$ 12,430	\$ 12,991
b. Non-Operating Income/Expense	\$ 7,475	\$ 7,372	\$ 2,400	\$ 2,448	\$ 2,497	\$ 2,547	\$ 2,598	\$ 2,650
SUBTOTAL	\$ 19,657	\$ 31,674	\$ 16,615	\$ 21,753	\$ 23,803	\$ 14,311	\$ 15,028	\$ 15,641
c. Income Taxes								
NET INCOME (LOSS)	\$ 19,657	\$ 31,674	\$ 16,615	\$ 21,753	\$ 23,803	\$ 14,311	\$ 15,028	\$ 15,641

Table H – Key Financial Projection Assumptions for UM Shore Health System (Includes HSCRC Annual Update Factors & Expense Inflation)

<p>Projection is based on the UM Shore Health System (SHS) FY2018 actual financial performance with assumptions identified below. SHS includes Memorial Hospital at Easton, Dorchester General Hospital and Queen Anne’s Emergency Center. The assumptions listed below only apply to services regulated by the HSCRC.</p>	
<p>Projection period reflects FY2019 – FY2024</p>	
Volumes	- Refer to historical and projected utilization in Table F
<p>Patient Revenue</p> <ul style="list-style-type: none"> • Gross Charges <ul style="list-style-type: none"> ○ Update Factor ○ Demographic Adjustment ○ Other Rate Adjustments ○ Variable Cost Factor ○ Redistribution of Dorchester General Hospital Revenue • Revenue Deductions 	<ul style="list-style-type: none"> - 2.0% annual increase in FY2019 – FY2024 - 0.29% annual increase in FY2019 – FY2024 - 0.15% annual increase in FY2019 – FY2024 based on historical experience - 100% variable cost factor associated with outpatient services shifted to the FMF and inpatient services shifted to Easton in FY2022 - 50% variable cost factor associated with the loss of volumes to other providers - Shore Health System (SHS) will retain 50% of revenue related to volumes that will be lost to other providers in FY2022 (Retained Revenue) - \$4.1M of SHS’s Retained Revenue will be apportioned to the FMF to cover its depreciation and interest expense - Remainder of SHS’s Retained Revenue will be apportioned to Memorial Hospital of Easton to fund ambulatory and physician network development and population health initiatives - Continuation of FY2018 deductions from revenue (contractual allowances, denials, charity, bad debts, assessments, UCC pool receipts) as percentages of gross revenue - Beginning in FY2022 for the services located in the FMF, deductions from revenue is based off historical actual results by service line and held constant throughout the remainder of the projection period
Other Operating Revenue	- Remains constant from FY2018

Expenses

- Inflation
 - Salaries and Benefits - 2.5% weighted average annual increase that reflects the following:
 - 2.25%
 - 2.75%
 - 3.0%
 - 2.8%
 - 2.0%
 - Professional Fees - 2.75%
 - Supplies - 3.0%
 - Purchased Services - 2.8%
 - Other Operating Expenses - 2.0%

 - Expense Variability with Volume Changes
 - Salaries and Benefits
 - Professional Fees - 80%
 - Supplies & Drugs - 0%
 - Purchased Services - 80%
 - Other Operating Expenses - 50%
 - 0%

 - Building Related Operating Expense
 - Incremental building operating costs (utilities, housekeeping, maintenance, security) calculated for the FMF's new square feet

 - Interest Expense
 - Existing Debt
 - Continued amortization of existing debt and related interest expense
 - Project Debt
 - Amortization of the following debt issuance over 30 years at 5.0%
 - \$38.5M for construction of the new FMF
 - \$21.9M for construction of a new MOB

 - Depreciation and Amortization
 - 30 year useful life for new construction and renovations
 - 7 year useful life for new equipment
 - 7 year useful life for routine capital expenditures

 - Additional Incremental Expenses
 - New expenses related to EPIC implementation (\$5 million in fiscal year 2019), physician contracting and other strategic initiatives as follows:
 - \$5.4M in FY2019
 - \$1.6M in FY2020
 - \$1.8M in FY2021
 - \$3.5M in FY2022-FY2024
 - The retention of 50% of revenue associated with patients that will seek care at other providers following the transformation of Dorchester to an FMF, will enable SHS to fund \$8.4M of initiatives related to ambulatory and physician network development and population health initiatives.
- Non-Operating Income/Expense
- Includes \$2.4M of investment income with 2.0% investment earnings rate. Non-operating expenses were not assumed over the projection period to the unpredictability of this expense

TABLE I. STATISTICAL PROJECTIONS - UM SMC AT DORCHESTER (FY2016-FY2021) & UM SMC AT CAMBRIDGE (FY2022-FY2024)

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the right of the table.

	Two Most Recent Years (Actual)			Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.				
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024
Indicate CY or FY									
1. DISCHARGES									
a. General Medical/Surgical*	1,711	1,918	1,375	1,371	1,380	1,390			
b. ICU/CCU	51	57	41	41	41	41			
Total MSGA	1,762	1,975	1,416	1,411	1,421	1,432	0	0	0
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric	642	549	556	551	551	552			
Total Acute	2,404	2,524	1,972	1,962	1,973	1,983	0	0	0
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL DISCHARGES	2,404	2,524	1,972	1,962	1,973	1,983	0	0	0
2. PATIENT DAYS									
a. General Medical/Surgical*	7,212	8,240	6,006	5,990	6,036	6,083			
b. ICU/CCU	190	217	158	158	159	160			
Total MSGA	7,402	8,457	6,164	6,148	6,195	6,243	0	0	0
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric	4,465	4,106	3,880	3,844	3,848	3,851			
Total Acute	11,867	12,563	10,044	9,992	10,042	10,094	0	0	0
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL PATIENT DAYS	11,867	12,563	10,044	9,992	10,042	10,094	0	0	0
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)									
a. General Medical/Surgical*	4.2	4.3	4.4	4.4	4.4	4.4	0.0	0.0	0.0
b. ICU/CCU	3.7	3.8	3.9	3.9	3.9	3.9	0.0	0.0	0.0
Total MSGA	4.2	4.3	4.4	4.4	4.4	4.4	0.0	0.0	0.0
c. Pediatric	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
d. Obstetric	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
e. Acute Psychiatric	7.0	7.5	7.0	7.0	7.0	7.0	0.0	0.0	0.0
Total Acute	4.9	5.0	5.1	5.1	5.1	5.1	0.0	0.0	0.0
f. Rehabilitation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
g. Comprehensive Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
h. Other (Specify/add rows of needed)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL AVERAGE LENGTH OF STAY	4.9	5.0	5.1	5.1	5.1	5.1	0.0	0.0	0.0

TABLE I. STATISTICAL PROJECTIONS - UM SMC AT DORCHESTER (FY2016-FY2021) & UM SMC AT CAMBRIDGE (FY2022-FY2024)

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the right of the table.

	Two Most Recent Years (Actual)			Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.				
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024
Indicate CY or FY									
4. NUMBER OF LICENSED BEDS									
a. General Medical/Surgical*	17	17	17	18	18	18			
b. ICU/CCU	6	6	6	6	6	6			
Total MSGA	23	23	23	24	24	24	0	0	0
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric	24	24	24	12	12	12			
Total Acute	47	47	47	36	36	36	0	0	0
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL LICENSED BEDS	47	47	47	36	36	36	0	0	0
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.									
a. General Medical/Surgical*	116.2%	132.8%	96.8%	91.2%	91.9%	92.6%	0.0%	0.0%	0.0%
b. ICU/CCU	8.7%	9.9%	7.2%	7.2%	7.3%	7.3%	0.0%	0.0%	0.0%
Total MSGA	88.2%	100.7%	73.4%	70.2%	70.7%	71.3%	0.0%	0.0%	0.0%
c. Pediatric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
d. Obstetric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
e. Acute Psychiatric	51.0%	46.9%	44.3%	87.8%	87.8%	87.9%	0.0%	0.0%	0.0%
Total Acute	69.2%	73.2%	58.5%	76.0%	76.4%	76.8%	0.0%	0.0%	0.0%
f. Rehabilitation	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
g. Comprehensive Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
h. Other (Specify/add rows of needed)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL OCCUPANCY %	69.2%	73.2%	58.5%	76.0%	76.4%	76.8%	0.0%	0.0%	0.0%
6. OUTPATIENT VISITS									
a. Emergency Department (IP and OP)	20,964	19,857	19,543	19,574	19,605	19,636	19,668	19,699	19,730
b. Same-day Surgery OP Visits	490	479	349	350	350	351	-	-	-
c. Laboratory OP RVUs	1,358,638	1,323,333	1,181,428	1,183,305	1,185,186	1,187,069	1,188,955	1,190,845	1,192,737
d. Imaging OP RVUs	262,336	250,775	407,820	408,468	409,117	409,767	410,418	411,071	411,724
e. MRI OP RVUs	17,630	13,715	48,833	48,911	48,988	49,066	49,144	49,222	49,300
f. Infusion Visits		207	202	202	203	203	203	204	204
g. Pulmonary Rehab Visits		238	264	264	265	265	266	266	267
h. Cardiac Rehab Visits		286	392	393	393	394	394	395	396
TOTAL OUTPATIENT VISITS	1,660,058	1,608,890	1,658,831	1,661,467	1,664,107	1,666,752	1,669,049	1,671,701	1,674,358
7. OBSERVATIONS**									
a. Number of Patients	597	737	781	799	815	831	847	864	881
b. Hours	23,221	34,696	38,469	39,374	40,145	40,932	32,518	33,155	33,804

* Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

** Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.

TABLE J. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE - UM SMC AT CAMBRIDGE (FMF)

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table J should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table I and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
1. REVENUE							
a. Inpatient Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Outpatient Services	-	-	-	-	19,179	19,179	19,179
Gross Patient Service Revenues	-	-	-	-	19,179	19,179	19,179
c. Allowance For Bad Debt	-	-	-	-	1,058	1,058	1,058
d. Contractual Allowance	-	-	-	-	2,252	2,252	2,252
e. Charity Care	-	-	-	-	157	157	157
Net Patient Services Revenue	-	-	-	-	15,712	15,712	15,712
f. Other Operating Revenues (Specify)	-	-	-	-	215	215	215
NET OPERATING REVENUE	\$ -	\$ -	\$ -	\$ -	\$ 15,927	\$ 15,927	\$ 15,927
2. EXPENSES							
a. Salaries & Wages (including benefits)	\$ -	\$ -	\$ -	\$ -	\$ 4,934	\$ 4,947	\$ 4,961
b. Professional Fees	-	-	-	-	1,778	1,778	1,778
c. Interest on Current Debt	-	-	-	-	207	204	202
d. Interest on Project Debt	-	-	-	-	1,917	1,884	1,849
e. Current Depreciation	-	-	-	-	-	-	-
f. Project Depreciation	-	-	-	-	1,812	1,848	1,885
g. Current Amortization	-	-	-	-	-	-	-
h. Project Amortization	-	-	-	-	-	-	-
i. Supplies	-	-	-	-	733	734	735
j. Other Expenses (Purchased Services, Other Expense and Overhead & Shared Services)	-	-	-	-	4,933	4,934	4,935
TOTAL OPERATING EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ 16,315	\$ 16,330	\$ 16,344
3. INCOME							
a. Income From Operation	\$ -	\$ -	\$ -	\$ -	\$ (388)	\$ (403)	\$ (417)
b. Non-Operating Income	-	-	-	-	-	-	-
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ (388)	\$ (403)	\$ (417)
c. Income Taxes	-	-	-	-	-	-	-
NET INCOME (LOSS)	\$ -	\$ -	\$ -	\$ -	\$ (388)	\$ (403)	\$ (417)

TABLE J. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE - UM SMC AT CAMBRIDGE (FMF)

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table J should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table I and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare					36.6%	36.6%	36.6%
2) Medicaid					36.0%	36.0%	36.0%
3) Blue Cross					9.0%	9.0%	9.0%
4) Commercial Insurance					13.8%	13.8%	13.8%
5) Self-pay					3.0%	3.0%	3.0%
6) Other					1.8%	1.8%	1.8%
TOTAL	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%

**Table J –
Key Financial Projection Assumptions for UM SMC at Cambridge (Does
not include HSCRC Annual Update Factors & Expense Inflation)**

<p>Projection is based on UM Shore Medical Center at Dorchester FY2017 actual financial performance of its outpatient services with assumptions identified below. The assumptions listed below only apply to services regulated by the HSCRC.</p>		
<p>Projection period reflects FY2018 – FY2024</p>		
Volumes	<ul style="list-style-type: none"> - Refer to historical and projected utilization in Table F and Sections H and I related to the methodology, assumptions and projections of ED and Observation utilization 	
<p>Patient Revenue</p> <ul style="list-style-type: none"> • Gross Charges <ul style="list-style-type: none"> ○ Update Factor ○ Demographic Adjustment ○ Other Rate Adjustments ○ Variable Cost Factor ○ Redistribution of Dorchester General Hospital Revenue • Revenue Deductions 	<ul style="list-style-type: none"> - 0.00% annual increase in FY2019 – FY2024 - 0.00% annual increase in FY2019 – FY2024 - 0.00% annual increase in FY2019 – FY2024 based on historical experience - 100% variable cost factor associated with regulated outpatient services shifted from Dorchester General Hospital to the FMF in FY2022 - Shore Health System (SHS) will retain 50% of revenue related to volumes that will be lost to other providers in FY2022 (Retained Revenue) <ul style="list-style-type: none"> - \$4.1M of SHS's Retained Revenue will be apportioned to the FMF to cover its depreciation and interest expense - Continuation of 2017 deductions from revenue (contractual allowances, denials, charity, bad debts, assessments) as percentages of gross revenue <ul style="list-style-type: none"> - Historical UCC pool receipts for outpatient services at Dorchester General Hospital are incorporated into the regulated revenue for the FMF 	
Other Operating Revenue	<ul style="list-style-type: none"> - Historical other operating revenue at Dorchester General Hospital is carried forward throughout the projection period 	
Expenses	<ul style="list-style-type: none"> • Inflation <ul style="list-style-type: none"> ○ Salaries and Benefits ○ Professional Fees ○ Supplies ○ Purchased Services ○ Other Operating Expenses • Expense Variability with Volume Changes <ul style="list-style-type: none"> ○ Salaries and Benefits ○ Professional Fees ○ Supplies & Drugs ○ Purchased Services ○ Other Operating Expenses 	<ul style="list-style-type: none"> - 0.0% weighted average annual increase that reflects the following: <ul style="list-style-type: none"> - 0.0% - 0.0% - 0.0% - 0.0% - 0.0% - 80% - 0% - 80% - 50% - 0%

- Building Related Operating Expense

- Incremental building operating costs (utilities, housekeeping, maintenance, security) calculated for the FMF's new square feet

- Interest Expense

- Amortization of \$38.5M for construction of the new FMF over 30 years at 5.0%

- Depreciation and Amortization

- 30 year useful life for new construction and renovations
- 7 year useful life for new equipment
- 7 year useful life for routine capital expenditures

TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE - UM SMC AT CAMBRIDGE (FMF)

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
1. REVENUE							
a. Inpatient Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Outpatient Services	-	-	-	-	20,694	21,199	21,716
Gross Patient Service Revenues	-	-	-	-	20,694	21,199	21,716
c. Allowance For Bad Debt	-	-	-	-	1,165	1,194	1,223
d. Contractual Allowance	-	-	-	-	2,429	2,489	2,549
e. Charity Care	-	-	-	-	173	177	181
Net Patient Services Revenue	-	-	-	-	16,926	17,339	17,762
f. Other Operating Revenues (Specify/add rows of needed)	-	-	-	-	215	215	215
NET OPERATING REVENUE	\$ -	\$ -	\$ -	\$ -	\$ 17,141	\$ 17,554	\$ 17,977
2. EXPENSES							
a. Salaries & Wages (including benefits)	\$ -	\$ -	\$ -	\$ -	\$ 5,532	\$ 5,671	\$ 5,814
b. Professional Fees	-	-	-	-	1,997	2,042	2,088
c. Interest on Current Debt	-	-	-	-	207	204	202
d. Interest on Project Debt	-	-	-	-	1,917	1,884	1,849
e. Current Depreciation	-	-	-	-	-	-	-
f. Project Depreciation	-	-	-	-	1,812	1,848	1,885
g. Current Amortization	-	-	-	-	-	-	-
h. Project Amortization	-	-	-	-	-	-	-
i. Supplies	-	-	-	-	822	841	861
j. Other Expenses (Purchased Services, Other Expense and Overhead & Shared Services)	-	-	-	-	5,169	5,284	5,401
TOTAL OPERATING EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ 17,456	\$ 17,774	\$ 18,100
3. INCOME							
a. Income From Operation	\$ -	\$ -	\$ -	\$ -	\$ (315)	\$ (220)	\$ (122)
b. Non-Operating Income	-	-	-	-	-	-	-
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ (315)	\$ (220)	\$ (122)
c. Income Taxes	-	-	-	-	-	-	-
NET INCOME (LOSS)	\$ -	\$ -	\$ -	\$ -	\$ (315)	\$ (220)	\$ (122)

TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE - UM SMC AT CAMBRIDGE (FMF)

INSTRUCTION : After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare					36.6%	36.6%	36.6%
2) Medicaid					36.0%	36.0%	36.0%
3) Blue Cross					9.0%	9.0%	9.0%
4) Commercial Insurance					13.8%	13.8%	13.8%
5) Self-pay					3.0%	3.0%	3.0%
6) Other					1.8%	1.8%	1.8%
TOTAL	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%

**Table K –
Key Financial Projection Assumptions for UM SMC at Cambridge (Includes HSCRC Annual Update Factors & Expense Inflation)**

<p>Projection is based on UM Shore Medical Center at Dorchester FY2017 actual financial performance of its outpatient services with assumptions identified below. The assumptions listed below only apply to services regulated by the HSCRC.</p>	
<p>Projection period reflects FY2018 – FY2024</p>	
Volumes	<ul style="list-style-type: none"> - Refer to historical and projected utilization in Table F and Sections H and I related to the methodology, assumptions and projections of ED and Observation utilization
<p>Patient Revenue</p> <ul style="list-style-type: none"> • Gross Charges <ul style="list-style-type: none"> ○ Update Factor ○ Demographic Adjustment ○ Other Rate Adjustments ○ Variable Cost Factor ○ Redistribution of Dorchester General Hospital Revenue • Revenue Deductions 	<ul style="list-style-type: none"> - 2.0% annual increase in FY2019 – FY2024 - 0.29% annual increase in FY2019 – FY2024 - 0.15% annual increase in FY2019 – FY2024 based on historical experience - 100% variable cost factor associated with regulated outpatient services shifted from Dorchester General Hospital to the FMF in FY2022 - Shore Health System (SHS) will retain 50% of revenue related to volumes that will be lost to other providers in FY2022 (Retained Revenue) - \$4.1M of SHS's Retained Revenue will be apportioned to the FMF to cover its depreciation and interest expense - Continuation of 2017 deductions from revenue (contractual allowances, denials, charity, bad debts, assessments) as percentages of gross revenue - Historical UCC pool receipts for outpatient services at Dorchester General Hospital are incorporated into the regulated revenue for the FMF
Other Operating Revenue	<ul style="list-style-type: none"> - Historical other operating revenue at Dorchester General Hospital is carried forward to the FMF beginning in FY2022

Expenses

- Inflation
 - 2.5% weighted average annual increase that reflects the following:
 - o Salaries and Benefits - 2.25%
 - o Professional Fees - 2.75%
 - o Supplies - 3.0%
 - o Purchased Services - 2.8%
 - o Other Operating Expenses - 2.0%

- Expense Variability with Volume Changes
 - o Salaries and Benefits - 80%
 - o Professional Fees - 0%
 - o Supplies & Drugs - 80%
 - o Purchased Services - 50%
 - o Other Operating Expenses - 0%

- Building Related Operating Expense
 - Incremental building operating costs (utilities, housekeeping, maintenance, security) calculated for the FMF's new square feet

- Interest Expense
 - Amortization of \$38.5M for construction of the new FMF over 30 years at 5.0%

- Depreciation and Amortization
 - 30 year useful life for new construction and renovations
 - 7 year useful life for new equipment
 - 7 year useful life for routine capital expenditures

TABLE L. WORKFORCE INFORMATION for UM SMC at Cambridge

INSTRUCTION: List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables F and G.

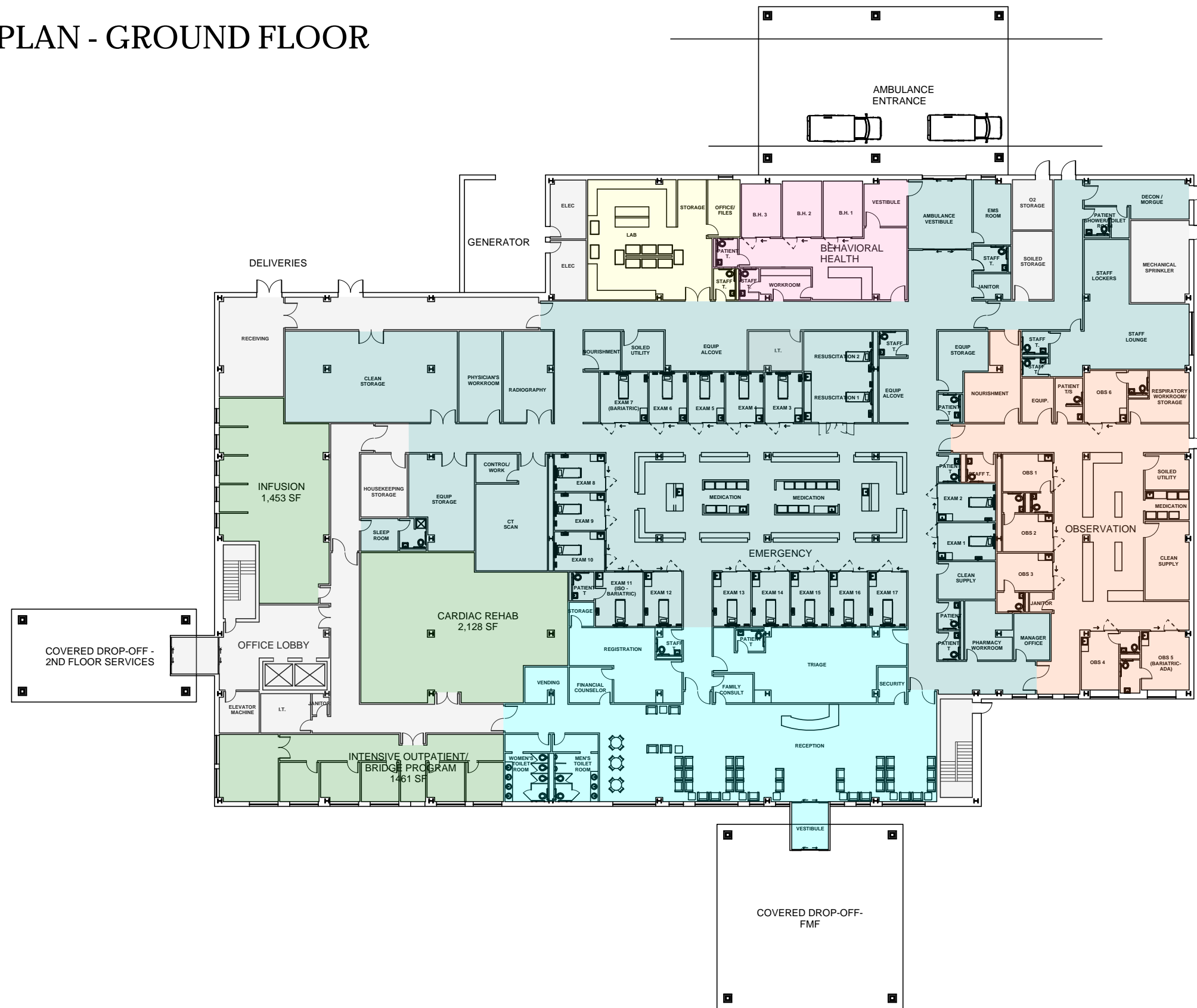
Job Category	Entire Current Facility			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *		
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table G, if submitted)	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)	
1. Regular Employees												
Administration (List general categories, add rows if needed)												
Total Administration			\$0			\$0			\$0	0.0	\$0	
Direct Care Staff (List general categories, add rows if needed)												
Emergency			\$0			\$0			\$0	22.7	\$1,656,563	
Laboratory Svcs										9.0	\$703,831	
Observation										6.8	\$338,607	
Diagnostic Imaging										4.3	\$242,709	
Cardiac Rehab Svcs										2.1	\$160,683	
Sbh Partial Hosp Program										2.1	\$142,395	
Computed Tomography										0.9	\$71,358	
Infusion Center										0.6	\$45,995	
Nuclear Medicine										0.0	\$2,607	
Total Direct Care			\$0			\$0			\$0	48.5	\$ 3,364,749	
Support Staff (List general categories, add rows if needed)												
Case Management			\$0			\$0			\$0	1.6	\$120,583	
Security			\$0			\$0			\$0	7.6	\$270,455	
Environmental Services			\$0			\$0			\$0	2.5	\$70,947	
Maintenance			\$0			\$0			\$0	1.0	\$49,230	
Total Support			\$0			\$0			\$0	12.7	\$ 511,215	
REGULAR EMPLOYEES TOTAL			\$0			\$0			\$0	61.1	\$3,875,964	

TABLE L. WORKFORCE INFORMATION for UM SMC at Cambridge


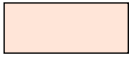
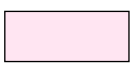
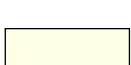
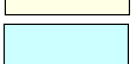
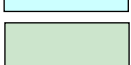
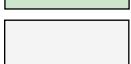
2. Contractual Employees									
Administration <i>(List general categories, add rows if needed)</i>									
			\$0		\$0		\$0	0.0	\$0
			\$0		\$0		\$0	0.0	\$0
			\$0		\$0		\$0	0.0	\$0
			\$0		\$0		\$0	0.0	\$0
Total Administration			\$0		\$0		\$0	0.0	\$0
Direct Care Staff <i>(List general categories, add rows if needed)</i>									
			\$0		\$0		\$0	0.0	\$0
			\$0		\$0		\$0	0.0	\$0
			\$0		\$0		\$0	0.0	\$0
			\$0		\$0		\$0	0.0	\$0
Total Direct Care Staff			\$0		\$0		\$0	0.0	\$0
Support Staff <i>(List general categories, add rows if needed)</i>									
			\$0		\$0		\$0	0.0	\$0
			\$0		\$0		\$0	0.0	\$0
			\$0		\$0		\$0	0.0	\$0
			\$0		\$0		\$0	0.0	\$0
Total Support Staff			\$0		\$0		\$0	0.0	\$0
CONTRACTUAL EMPLOYEES TOTAL			\$0		\$0		\$0	0.0	\$0
Benefits <i>(State method of calculating benefits below):</i>									\$1,085,270
28.0% of Salary Expense									
TOTAL COST	0.0		\$0	0.0	\$0	0.0	\$0		\$4,961,234

EXHIBIT 20

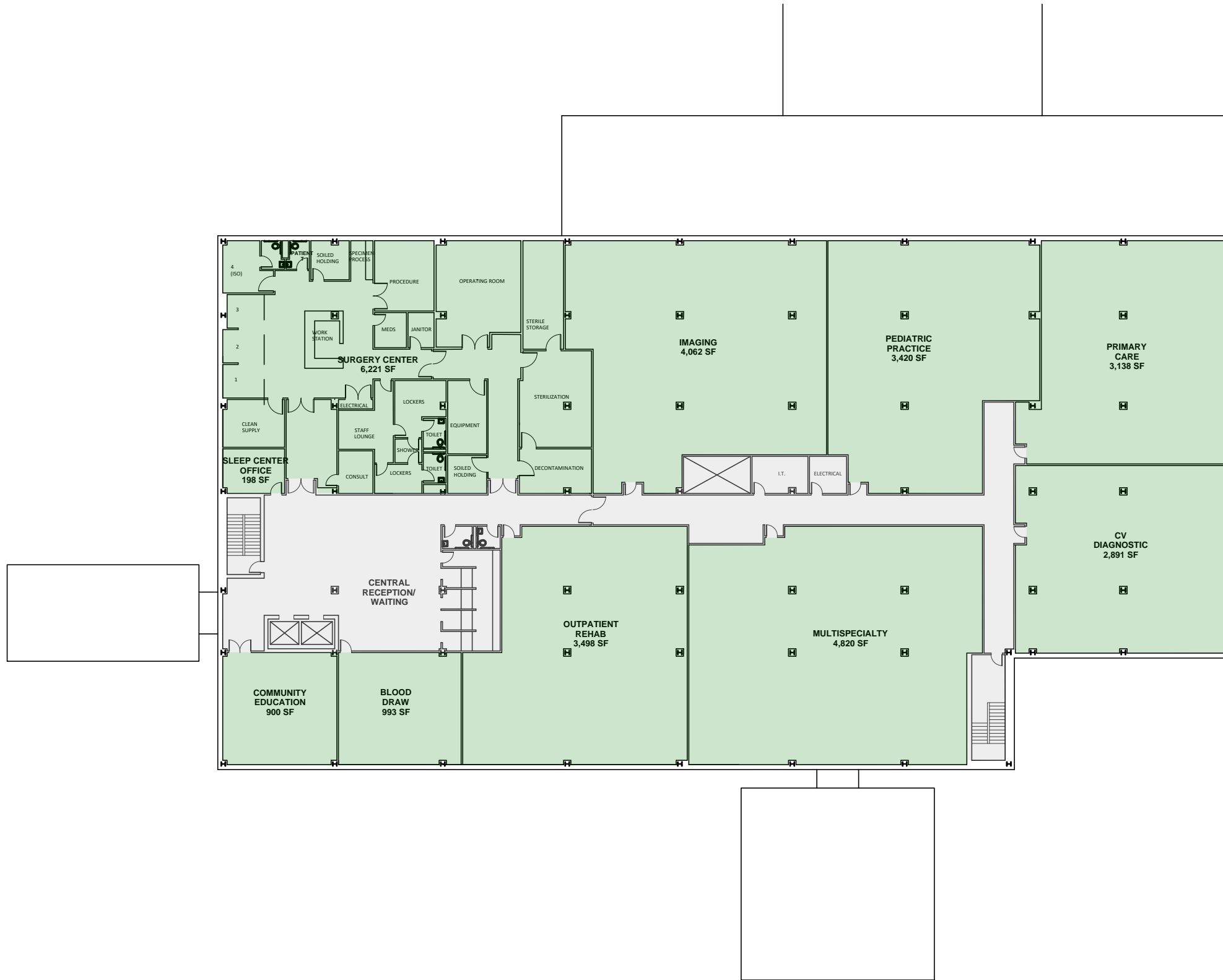
CONCEPT PLAN - GROUND FLOOR



KEY

EMERGENCY DEPARTMENT	
OBSERVATION	
BEHAVIORAL HEALTH EMERGENCY DEPARTMENT	
LABORATORY	
ENTRY/INTAKE	
OUTPATIENT SERVICES	
BUILDING SUPPORT	

CONCEPT PLAN - SECOND FLOOR



KEY

- OUTPATIENT SERVICES
- BUILDING SUPPORT

UNIVERSITY OF MARYLAND SHORE REGIONAL HEALTH

MEDICAL OFFICE BUILDING (UNREGULATED), CAMBRIDGE, MD

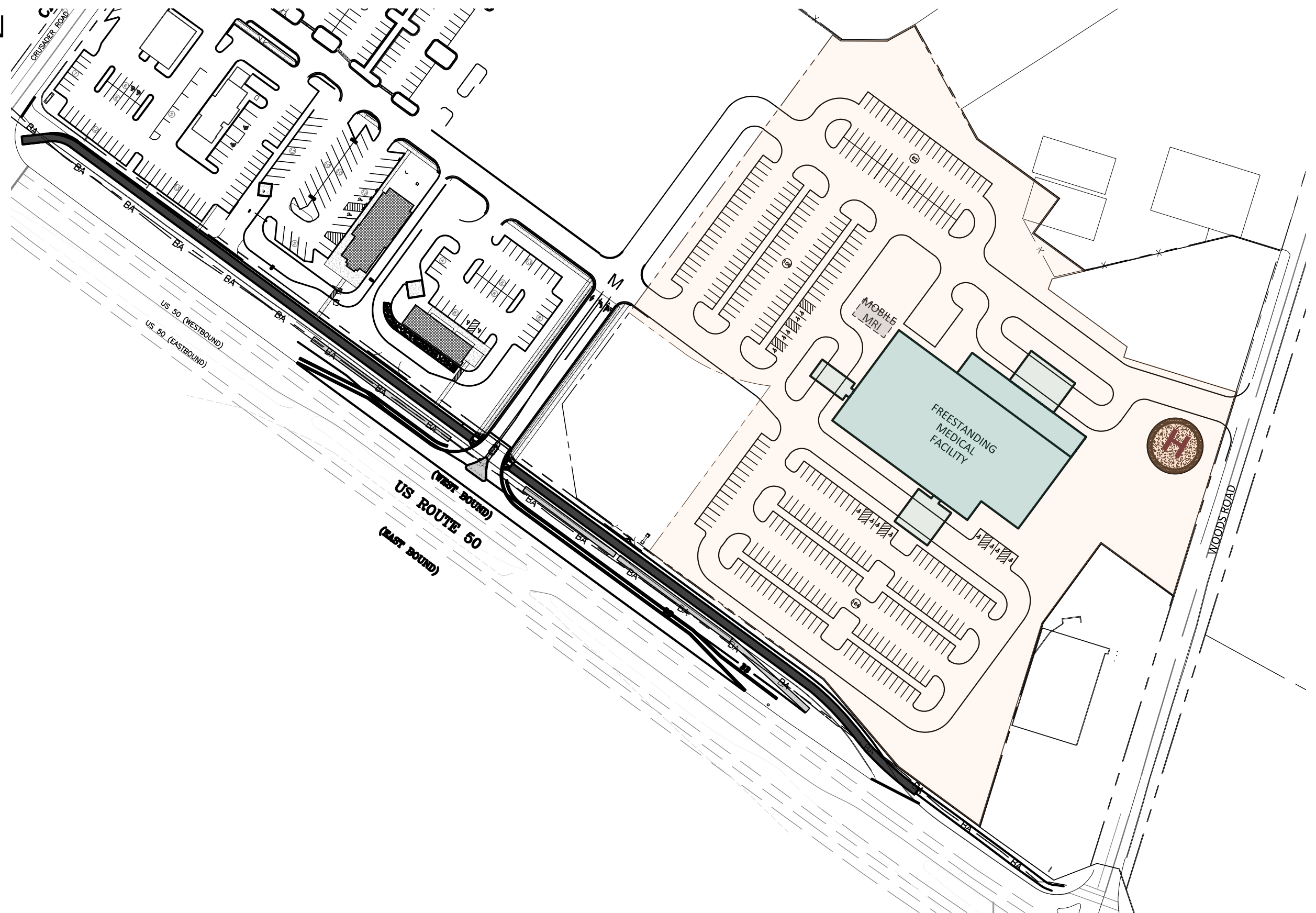
1/32" = 1'-0"

JANUARY 17, 2019

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CONCEPT SITE PLAN



UNIVERSITY OF MARYLAND SHORE REGIONAL HEALTH
CAMBRIDGE, MD

NOT TO SCALE
JANUARY 17, 2019

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