

HEALTH SERVICES COST REVIEW
HOLY CROSS GERMANTOWN HOSPITAL

FY 2018 Annual Filing

SUBMISSION

INPATIENTS AND PATIENT DAYS

SCHEDULE V1

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 0065

REPORTING SCHEDULE	SOURCE	CENTER	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6
			ADMISSIONS	PATIENT DAYS	INTRA-HOSPITAL TRANSFERS IN	LENGTH OF STAY	AVERAGE LICENSED BEDS	% OCCUPANCY
			RECORDS	RECORDS	RECORDS	COL 2/(COL. 1 + COL 3)	RECORDS	COL 2/COL. 5*365 (6)
D1	MSG	Med/Surg Acute	1,939	5,789	303	2.6	50	0.317
D2	PED	Pediatric Acute						
D3	PSY	Psychiatric Acute	345	1,436		4.2	6	0.656
D4	OBS	Obstetrics Acute	925	2,074	2	2.2	8	0.710
D5	DEF	Definitive Observation	783	5,231	847	3.2		
D6	MIS	Med/Surg Intensive Care	516	1,953	134	3.0	8	0.669
D7	CCU	Coronary Care						
D8	PIC	Pediatric Intensive Care						
D9	NEO	Neo-Natal Intensive Care	56	960		17.1	8	0.329
D10	BUR	Burn Care						
D11	PSI	Psychiatric Intensive Care						
D12	TRM	Shock Trauma						
D13	ONC	Oncology						
D14	NUR	Newborn Nursery	848	1,912		2.3	XXXXXXXXXX	XXXXXXXXXX
D15	PRE	Premature Nursery					XXXXXXXXXX	XXXXXXXXXX
D16	ECF	Skilled Nursing Care						
D17	ICC	Intermediate Chronic Care						
D54	RHB	Rehabilitation						
D70	PAD	Psych, Adult						
D71	PCD	Psych, Child / Adolescent						
D73	PSG	Psych Geriatric						
XXX		Subtotal	4,564	17,443	1,286	3.0	80	0.597
XXXXXX		Total	5,412	19,355	1,286	2.9	80	0.663

AMBULATORY VISITS

SCHEDULE V2

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 0065

REPORTING SCHEDULE		CENTER	COL. 1 INPATIENT VISITS	COL. 2 OUTPATIENT VISITS	COL. 3 TOTAL VISITS	COL. 4 INPATIENT RVUs	COL. 5 OUTPATIENT RVUs	COL. 6 TOTAL RVUs
SOURCE			RECORDS	RECORDS	COL. 1 + COL. 2	RECORDS	RECORDS	COL. 4 + COL. 5
D18	EMG	Emergency Services	2,461	24,741	27,202	32,142	244,969	277,111
D19	CL	Clinical Services	23	3,988	4,011	93	17,301	17,394
D20	PDC	Psych. Day & Night Care						
D22	SDS	Same Day Surgery		2,243	2,243		2,243	2,243
D50	FSE	Free Standing Emergency						
D55	OBV	Observation	589	1,772	2,361	8,476	38,224	46,700
D58	OCL	Oncology Clinic						
N/A	PAP	Referred Ambulatory Services						

ANCILLARY SERVICE UNITS

SCHEDULE V3

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSF BASE YEAR

6/30/2018

INSTITUTION NUMBER: 0065

REPORTING SCHEDULE				COL. 1	COL. 2	COL. 3
SOURCE		CENTER	UNIT OF MEASURE	INPATIENT VOLUME RECORDS	OUTPATIENT VOLUME RECORDS	TOTAL VOLUME COL. 1 + COL. 2
D23	DEL	Labor & Delivery Services	RVUs	30,119	6,751	36,870
D24	OR	Operating Room	Minutes	117,385	212,127	329,512
D24-A	ORC	Operating Room Clinic	Minutes			
D25	ANS	Anesthesiology	Minutes	150,401	222,427	372,828
D28	LAB	Laboratory Services	MD. RVUs	2,155,907	2,246,210	4,402,117
D30	EKG	Electrocardiography	MD RVUs	77,198	107,327	184,525
D31	IRC	Interventional Radiology / Cardiovascular	Minutes	8,948	8,914	17,862
D32	RAD	Radiology-Diagnostic	HSCRC RVUs	62,672	191,245	253,917
D33	CAT	CT Scanner	RVUs	85,463	245,968	331,431
D34	RAT	Radiology-Therapeutic	HSCRC RVUs			
D35	NUC	Nuclear Medicine	HSCRC RVUs	15,808	15,640	31,448
D36	RES	Respiratory Therapy	MD RVUs	544,738	69,532	614,270
D37	PUL	Pulmonary Function Testing	CHA RVUs	204	3,046	3,250
D38	EEG	Electroencephalography	1974 Calif. RVUs	4,730	2,633	7,363
D39	PTH	Physical Therapy	MD RVUs	114,300	38,929	153,229
D40	OTH	Occupational Therapy	RVUs	75,991	19,691	95,682
D41	STH	Speech Language Pathology	RVUs	39,389	7,055	46,444
D42	REC	Recreational Therapy	Hours			
D43	AUD	Audiology	MD RVUs			
D44	OPM	Other Physical Medicine	Treatments			
D45	RDL	Renal Dialysis	Treatments	405		405
D46	OA	Organ Acquisition	Number			
D47	AOR	Ambulatory Surgery	Surgery Minutes			
D48	LEU	Leukopheresis	JHH RVUs			
D49	HYP	Hyperbaric Chamber	Hrs of Treatment			
D51	MRI	Magnetic Resonance Imaging	RVUs	43,768	82,838	126,606
D53	LIT	Lithotripsy	Procedures			
D56	AMR	Ambulance Services-Rebundled	HSCRC RVUs			
D57	TMT	Transurethral Microwave Thermotherapy	Procedures			
D59	TNA	Transurethral Needle Ablation	Procedures			
D80	ETH	Electroconv. Therapy	Treatments			

**EQUIVALENT INPATIENT DAYS
AND ADMISSIONS**

V 5

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR
INSTITUTION NUMBER: 0065 6/30/2018

EQUIVALENT INPATIENT DAYS (EIPDs)	SOURCE	BASE YEAR
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INPATIENT DATA - BASE YEAR

COL. 1

A	GROSS INPATIENT REVENUE	RECORDS, BUDGET	54,701.30	A
B	INPATIENT GRANT REVENUE	RECORDS, BUDGET		B
C	TOTAL INPATIENT REVENUE	A + B	54,701.30	C
D	TOTAL INPATIENT DAYS (IPDs) EXCL NURSERY	SCH V 1 D	17,443	D
E	INPATIENT UNIT REVENUE	C / D	3.14	E
F	GROSS OUTPATIENT REVENUE	RECORDS, BUDGET	41,323.90	F
G	OUTPATIENT GRANT REVENUE	RECORDS, BUDGET		G
H	TOTAL OUTPATIENT REVENUE	F + G	41,323.90	H
I	TOTAL OUTPATIENT VISITS	SCH V 2 B	31,213	I
J	OUTPATIENT UNIT REVENUE	H / I	1.32393	J
K	IP/OP UNIT REVENUE RATIO	E / J	2.36871	K
L	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / K	13,177.21	L
M	EQUIVALENT INPATIENT DAYS (EIPDs)	D + L	30,620.21	M

EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	SOURCE	BASE YEAR
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N	TOTAL INPATIENT ADMISSIONS (EXCL NURSERY)	SCH V 1 D	4,564	N
O	INPATIENT UNIT REVENUE	C / N	11.99	O
P	OUTPATIENT UNIT REVENUE	H / I	1.32393	P
Q	IP/OP UNIT REVENUE RATIO	O / P	9.05289	Q
R	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / Q	3,447.85	R
S	EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	N + R	8,011.85	U

UNASSIGNED EXPENSE

U A

INSTITUTION NAME HOLY CROSS GERMANTOWN HOSPITAL

BASE YEAR 6/30/2018

INSTITUTION NUMBER 0065

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

BASE YEAR DATA		MAL	OIN	MCR	DEP	LEA	LIC	IST	ILT			
A	BASE YEAR EXPENSES	RECORDS	\$846.60	\$189.60	\$1,082.08	\$2,118.28	\$12,182.30	\$127.60	\$54.00	\$5,998.60	\$20,480.78	A
B	ALLOCATIONS TO AUX. ENT. & UNREG. SERVICES	RECORDS	(\$12.78)	(\$16.16)	(\$4.52)	(\$33.45)				(\$499.01)	(\$532.46)	B
C	BASE YEAR EXP. - ADJ.	A + B	\$833.82	\$173.44	\$1,077.57	\$2,084.83	\$12,182.30	\$127.60	\$54.00	\$5,499.59	\$19,948.32	C

HOSPITAL BASED PHYSICIANS

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0065

		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	ADMINIS. & SUPERVISION	PART B SERVICES	EDUCATION	TOTAL	
A1	MEDICAL SURGICAL ACUTE	MSG			88.3			88.3	A1
A2	PEDIATRIC ACUTE	PED							A2
A3	PSYCHIATRIC ACUTE	PSY			19.6			19.6	A3
A4	OBSTETRICS ACUTE	OBS							A4
A5	DEFINITIVE OBSERVATION	DEF			69.8			69.8	A5
A6	M/S INTENSIVE CARE	MIS			36.8			36.8	A6
A7	CORONARY CARE	CCU							A7
A8	PEDIATRIC INTEN. CARE	PIC							A8
A9	NEO-NATAL INTEN. CARE	NEO							A9
A10	BURN CARE	BUR							A10
A11	PSYCHIATRIC INTEN. CARE	PSI							A11
A12	SHOCK TRAUMA	TRM							A12
A13	ONCOLOGY	ONC							A13
A14	NEWBORN NURSERY	NUR							A14
A15	PREMATURE NURSERY	PRE							A15
A16	REHABILITATION	RHB							A16
A17	INTERMEDIATE CARE	ICC							A17
A18	EMERGENCY SERVICES	EMG							A18
A19	CLINICAL SERVICES	CL							A19
A20	PSYCH DAY/NIGHT CARE	PDC							A20
A21	AMBULATORY SURGERY(PBP)	AMS							A21
A22	SAME DAY SURGERY	SDS							A22
A23	LITHOTRIPSY	LIT							A23
A24	LABOR & DELIVERY SERVICES	DEL							A24
A25	OPERATING ROOM	OR							A25
A26	OPERATING ROOM CLINIC	ORC							A26
A27	ANESTHESIOLOGY	ANS							A27
A28	LABORATORY SERVICES	LAB							A28
A30	ELECTROCARDIOGRAPHY	EKG							A30
A31	INTERVENTIONAL RADIOLOGY/CARDIOVASCULAR	IRC							A31
A32	RADIOLOGY-DIAGNOSTIC	RAD							A32
A33	CAT SCANNER	CAT							A33

HOSPITAL BASED PHYSICIANS

P 1 B

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0065

		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	ADMINIS. & SUPERVISOR	PART B SERVICES	EDUCATION	TOTAL	
A34	RADIOLOGY-THERAPEUTIC	RAT							A34
A35	NUCLEAR MEDICINE	NUC							A35
A36	RESPIRATORY THERAPY	RES							A36
A37	PULMONARY FUNCTION TESTING	PUL							A37
A38	ELECTROENCEPHALOGRAPHY	EEG							A38
A39	PHYSICAL THERAPY	PTH							A39
A40	OCCUPATIONAL THERAPY	OTH							A40
A41	SPEECH LANGUAGE PATH	STH							A41
A42	OBSERVATION	OBV			8.4			8.4	A42
A43	AUDIOLOGY	AUD							A43
A44	OTHER PHYSICAL MEDICINE	OPM							A44
A45	RENAL DIALYSIS	RDL							A45
A46	ORGAN ACQUISITION	OA							A46
A47	AMBULATORY SURGERY	AOR							A47
A48	LEUKOPHERESIS	LEU							A48
A49	HYPERBARIC CHAMBER	HYP							A49
A50	FREE STANDING EMG SERV.	FSE							A50
A51	MEDICAL STAFF ADMINISTRATOR	MSA		447.7				447.7	A51
A52	POST GRADUATE MEDICAL EDUCATION	PME							A52
A53	MRI SCANNER MRI	MRI							A53
A54	TRANSURETHAL MICROWAVE THERMOTHERAPY	TMT							A54

B	TOTALS	////		447.7	223.0			670.7	B
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Reporting Schedule

C	Cost Center Schedule	////	F1	C 13	UA	D1 - D56	P2A - P2G	P4A - P5I	////	C
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PATIENT CARE CENTERS

SCHEDULE D

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2016
 INSTITUTION NUMBER: 0065

FORM SOURCE	CENTER	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10
		UNITS	WAGES, SALARY & BENEFITS	PHYSICIAN SUPERVISION EXPENSES	OTHER EXPENSES	TOTAL EXPENSES	ALLOCATED EXPENSES	ADJUSTED TOTAL EXPENSES	EXPENSE PER UNIT	FTEs	PHYSICIAN SUPERVISION FTEs
		RECORDS	RECORDS	RECORDS	RECORDS	Col 2 + Col 3 + Col 4	Sch OADP	Col 5 + Col 6	Col 7/Col 1	RECORDS	RECORDS
D1	MSG Med/Surg Acute	5789	\$2,650.0	\$66.32	\$100.7	\$2,839.0	\$184.92	\$3,023.94	\$0.52	29.38	0.19
D2	PED Pediatric Acute										
D3	PSY Psychiatric Acute	1436	\$1,232.4	\$19.61	\$22.7	\$1,274.7	\$80.25	\$1,354.96	\$0.94	12.05	0.04
D4	OBS Obstetrics Acute	2074	\$914.7		\$9.4	\$924.1	\$59.61	\$983.71	\$0.47	9.26	
D5	DEF Definitive Observation	5231	\$3,061.6	\$69.82	\$95.6	\$3,227.0	\$212.35	\$3,439.37	\$0.66	33.62	0.10
D6	MIS Med/Surg Intensive Care	1953	\$2,952.8	\$36.79	\$186.5	\$3,176.1	\$205.58	\$3,381.67	\$1.73	28.45	0.08
D7	CCU Coronary Care										
D8	PIC Pediatric Intensive Care										
D9	NEO Neo-Natal Intensive Care	960	\$560.9		\$72.0	\$632.9	\$42.29	\$675.19	\$0.70	4.77	
D10	BUR Burn Care										
D11	PSI Psychiatric Intensive Care										
D12	TRM Shock Trauma										
D13	ONC Oncology										
D14	NUR Newborn Nursery	1912	\$470.9		\$50.4	\$521.3	\$34.72	\$556.02	\$0.29	4.18	
D15	PRE Premature Nursery										
D16	ECF Skilled Nursing Care										
D17	ICC Intermediate Care										
D18	EMG Emergency Services	277111	\$3,710.4		\$240.7	\$3,951.1	\$258.32	\$4,209.42	\$0.02	34.65	
D19	CL Clinical Services	17394	\$144.6		\$7.8	\$152.4	\$7.85	\$160.28	\$0.00921	0.47	
D20	PDC Psych Day & Night Care										
D22	SDS Same Day Surgery	2243	\$977.5		\$157.0	\$1,134.5	\$77.00	\$1,211.50	\$0.54	7.93	
D23	DEL Labor & Delivery Services	36870	\$2,052.6		\$53.4	\$2,106.0	\$146.99	\$2,252.99	\$0.06	19.83	
D24	OR Operating Room	329512	\$3,063.6		\$782.7	\$3,846.3	\$322.88	\$4,169.18	\$0.0127	29.01	
D24-A	ORC Operating Room Clinic										
D25	ANS Anesthesiology	372828	\$0.9		\$121.3	\$122.2	\$5.66	\$127.86	\$0.00	0.02	
D26	MSS Med/Surg Supplies	8012			\$7,220.9	\$7,220.9		\$7,220.90	\$0.90		
D27	CDS Drugs Sold	8012			\$2,631.4	\$2,631.4		\$2,631.40	\$0.33		
D28	LAB Laboratory Services	4402117	\$2,261.3		\$2,173.9	\$4,435.2	\$270.14	\$4,705.34	\$0.00	26.22	
D30	EKG Electrocardiography	184525	\$194.3		\$4.2	\$198.5	\$13.20	\$211.70	\$0.00	2.16	
D31	IRC Interventional Radiology/Cardiovascular	17862	\$429.9		\$113.0	\$542.9	\$38.76	\$581.66	\$0.03	4.46	
D32	RAD Radiology-Diagnostic	253917	\$1,274.6		\$76.8	\$1,351.4	\$122.15	\$1,473.55	\$0.01	8.43	
D33	CAT CT Scanner	331431	\$526.1		\$27.8	\$553.9	\$31.93	\$585.83	\$0.00177	3.48	

**AUXILIARY ENTERPRISES
AMB**

E 1

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0065

	VOLUME DATA	BASE YEAR UNITS
A	Occ. Service	

COL 1 COL 2 COL 3 COL 4

AMBULANCE SERVICES - 6950
3950

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

B	BASE YEAR EXPENSES	RECORDS				XXXXX	B
C	ALLOC. FROM CAFETERIA, PARKING, ETC.	SCH OAC		XXXXX		XXXXX	C
D	ALLOC. FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	///	XXXXX	XXXXX	XXXXX	
D1						XXXXX	D1
D2						XXXXX	D2
D3						XXXXX	D3
D4						XXXXX	D4
D5						XXXXX	D5
D6						XXXXX	D6
D7						XXXXX	D7
D8						XXXXX	D8
D9						XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3				XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS				XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F					G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX		XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX		XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX		XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX		XXXXX	K

FTE DATA

L	BASE YR HOURS WORKED/2080	RECORDS					L
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**AUXILIARY ENTERPRISES
PAR**

E 2

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0065

	VOLUME DATA	BASE YEAR UNITS
A	No. of Spaces	

COL 1 COL 2 COL 3 COL 4

**Parking - 8440
5440**

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

B	BASE YEAR EXPENSES	RECORDS				XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC	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	///
D1						XXXXX	D1
D2						XXXXX	D2
D3						XXXXX	D3
D4						XXXXX	D4
D5						XXXXX	D5
D6						XXXXX	D6
D7						XXXXX	D7
D8						XXXXX	D8
D9						XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3				XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS				XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F					G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX		XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX		XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX		XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX		XXXXX	K

FTE DATA

L	BASE YR HOURS WORKED/2080	RECORDS					L
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**AUXILIARY ENTERPRISES
DPO**

E 3

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0065

	VOLUME DATA	BASE YEAR UNITS
A	Sq Feet	

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

DOCTOR'S PRIVATE OFFICE REN - 9210
9110

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

B	BASE YEAR EXPENSES	RECORDS				XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC		XXXXX		XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	///	XXXXX	XXXXX	XXXXX	///
D1						XXXXX	D1
D2						XXXXX	D2
D3						XXXXX	D3
D4						XXXXX	D4
D5						XXXXX	D5
D6						XXXXX	D6
D7						XXXXX	D7
D8						XXXXX	D8
D9						XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3				XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS				XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F					G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX		XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX		XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX		XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX		XXXXX	K

FTE DATA

L	BASE YR HOURS WORKED/2080	RECORDS					L
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**AUXILIARY ENTERPRISES
OOR**

E 4

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0065

	VOLUME DATA	BASE YEAR UNITS
A	Sq Feet	300.00

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

OFFICE & OTHER RENTAL - 9220

9210

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

B	BASE YEAR EXPENSES	RECORDS				XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC	\$0.03	XXXXX	\$0.03	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	////	XXXXX	XXXXX	XXXXX	///
D1	Interest Long Term	ILT	XXXXX		\$20.77	\$20.77	XXXXX
D2	Medical Care Review	MCR		\$1.33	\$0.86	\$2.20	XXXXX
D3							XXXXX
D4							XXXXX
D5							XXXXX
D6							XXXXX
D7							XXXXX
D8							XXXXX
D9							XXXXX
D10							XXXXX
D11							XXXXX
D12							XXXXX
E	CAPITAL FACILITIES ALLOWANCE	SCH H3					XXXXX
F	DONATED SERVICES & COMMODITIES	RECORDS					XXXXX
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	\$1.36	\$21.63	\$22.99	\$0.08	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	\$344.68	XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	\$321.69	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX		XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX	\$321.69	XXXXX	K

FTE DATA

L	BASE YR. HOURS WORKED/2080	RECORDS	0.01
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L

**AUXILIARY ENTERPRISES
REO**

E 5

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR: 6/30/2018
 INSTITUTION NUMBER: 0065

	VOLUME DATA	BASE YEAR UNITS
A	Sq Feet	300.00

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

RETAIL OPERATIONS - 9230 **9130**

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

B	BASE YEAR EXPENSES	RECORDS	\$41.80	\$4.40	\$46.20	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC	\$1.93	XXXXX	\$1.93	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	////	XXXXX	XXXXX	XXXXX	///
D1	Central Services & Supply	CSS	\$0.12	\$0.09	\$0.21	XXXXX	D1
D2	General Accounting	FIS		\$0.60	\$0.60	XXXXX	D2
D3	Housekeeping	HKP	\$0.36	\$0.24	\$0.62	XXXXX	D3
D4	Interest Long Term	ILT	XXXXX	\$2.28	\$2.28	XXXXX	D4
D5	Medical Care Review	MCR	\$0.15	\$0.09	\$0.24	XXXXX	D5
D6	Hospital Administration	MGT	\$0.42	\$3.22	\$3.64	XXXXX	D6
D7	Medical Records	MRO	\$0.15	\$0.00	\$0.15	XXXXX	D7
D8	Medical Staff Administration	MSA	\$0.03	\$0.03	\$0.05	XXXXX	D8
D9	Nursing Administration	NAD	\$0.45	\$0.03	\$0.49	XXXXX	D9
D10	Other Insurance	OIN	XXXXX	\$0.09	\$0.09	XXXXX	D10
D11	Patient Accounts	PAC	\$0.47	\$0.04	\$0.51	XXXXX	D11
D12	Pharmacy	PHM	\$0.82	\$0.08	\$0.90	XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3				XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS				XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	\$46.72	\$11.19	\$57.91	\$0.19	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	\$37.86	XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	-\$20.05	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX		XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX	-\$20.05	XXXXX	K

FTE DATA

L	BASE YR HOURS WORKED/2080	RECORDS	1.05				L
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**AUXILIARY ENTERPRISES
PTE**

E 6

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0065

	VOLUME DATA	BASE YEAR UNITS
A	# of Phones	

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

PATIENT TELEPHONES -8615 **5610**

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

B	BASE YEAR EXPENSES	RECORDS				XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC		XXXXX		XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	///	XXXXX	XXXXX	XXXXX	///
D1						XXXXX	D1
D2						XXXXX	D2
D3						XXXXX	D3
D4						XXXXX	D4
D5						XXXXX	D5
D6						XXXXX	D6
D7						XXXXX	D7
D8						XXXXX	D8
D9						XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3				XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS				XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F					G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX		XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX		XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX		XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX		XXXXX	K

FTE DATA

L	BASE YR HOURS WORKED/2080	RECORDS					L
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**AUXILIARY ENTERPRISES
CAF**

E 7

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2018

INSTITUTION NUMBER: 0065

	VOLUME DATA	BASE YEAR UNITS
A	Meals	74,602

COL 1 COL 2 COL 3 COL 4

**CAFETERIA -8320
5320**

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

B	BASE YEAR EXPENSES	RECORDS	\$475.70	\$399.50	\$875.20	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC	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	///
D1	Central Services & Supply	CSS		\$2.29	\$1.70	\$3.98	XXXXX
D2	General Accounting	FIS			\$11.43	\$11.43	XXXXX
D3	Housekeeping	HKP		\$7.15	\$4.55	\$11.69	XXXXX
D4	Interest Long Term	ILT		XXXXX	\$19.65	\$19.65	XXXXX
D5	Medical Care Review	MCR		\$1.26	\$0.82	\$2.08	XXXXX
D6	Hospital Administration	MGT		\$7.95	\$61.06	\$69.01	XXXXX
D7	Medical Records	MRD		\$2.79	\$0.09	\$2.88	XXXXX
D8	Medical Staff Administration	MSA		\$0.55	\$0.47	\$1.02	XXXXX
D9	Nursing Administration	NAD		\$8.63	\$0.58	\$9.21	XXXXX
D10	Other Insurance	OIN		XXXXX	\$1.65	\$1.65	XXXXX
D11	Patient Accounts	PAC		\$8.98	\$0.78	\$9.76	XXXXX
D12	Pharmacy	PHM		\$15.58	\$1.52	\$17.11	XXXXX
E	CAPITAL FACILITIES ALLOWANCE	SCH H3					XXXXX
F	DONATED SERVICES & COMMODITIES	RECORDS					XXXXX
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	\$530.87	\$503.81	\$1,034.67	\$0.01	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	\$326.32	XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	-\$708.35	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	-\$708.40	XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX	\$0.05	XXXXX	K

FTE DATA

L	BASE YR HOURS WORKED/2080	RECORDS	10.1				L
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**AUXILIARY ENTERPRISES
DEB**

E 8

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0065

	VOLUME DATA	BASE YEAR UNITS
A	SQ. FEET	

COL 1 COL 2 COL 3 COL 4

DAY CARE RECREATION AREAS

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

B	BASE YEAR EXPENSES	RECORDS				XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC	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	///
D1						XXXXX	D1
D2						XXXXX	D2
D3						XXXXX	D3
D4						XXXXX	D4
D5						XXXXX	D5
D6						XXXXX	D6
D7						XXXXX	D7
D8						XXXXX	D8
D9						XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3				XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS				XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F					G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX		XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX		XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX		XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX		XXXXX	K

FTE DATA

L	BASE YR HOURS WORKED/2080	RECORDS					L
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**AUXILIARY ENTERPRISES
HOU**

E 9

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0065

	VOLUME DATA	BASE YEAR UNITS
A	Average #	

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

HOUSING - 8360

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

B	BASE YEAR EXPENSES	RECORDS				XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC	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	XXXXX	///
D1						XXXXX	D1
D2						XXXXX	D2
D3						XXXXX	D3
D4						XXXXX	D4
D5						XXXXX	D5
D6						XXXXX	D6
D7						XXXXX	D7
D8						XXXXX	D8
D9						XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3				XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS				XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F					G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX		XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX		XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX		XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX		XXXXX	K

FTE DATA

L	BASE YR HOURS WORKED/2080	RECORDS					L
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OTHER INSTITUTIONAL PROGRAMS
REG

F 1

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL

BASE YEAR 6/30/2018

INSTITUTION NUMBER: 0065

	VOLUME DATA	BASE YEAR UNITS
A	NO. PROJECTS	

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

RESEARCH -8010

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

B	BASE YEAR EXPENSES		RECORDS				XXXXX	B
C	ALLOC. FROM CAFETERIA, PARKING, ETC.		SCH OAC		XXXXX		XXXXX	C
D	ALLOC. FROM GENERAL SERVICE CENTER		////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5	COST CENTER	COL. 6 CODE	////	XXXXX	XXXXX	XXXXX	
D1							XXXXX	D1
D2							XXXXX	D2
D3							XXXXX	D3
D4							XXXXX	D4
D5							XXXXX	D5
D6							XXXXX	D6
D7							XXXXX	D7
D8							XXXXX	D8
D9							XXXXX	D9
D10							XXXXX	D10
D11							XXXXX	D11
D12							XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE		SCH H3				XXXXX	E
F	BASE YEAR ADJUSTED EXPENSES		B+C+D+E					F

BASE YEAR PROFIT (LOSS)

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

FTE DATA

I	BASE YR HOURS WORKED/2080	RECORDS					I
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OTHER INSTITUTIONAL PROGRAMS
OHE

F 3

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2016

INSTITUTION NUMBER: 0065

	VOLUME DATA	BASE YEAR UNITS
A	No. Students	

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

OTHER HEALTH PROFESSION EDUCATION 8260

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

B	BASE YEAR EXPENSES	RECORDS				XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC		XXXX		XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////	XXXXX	XXXX	XXXXX	
D1						XXXXX	D1
D2						XXXXX	D2
D3						XXXXX	D3
D4						XXXXX	D4
D5						XXXXX	D5
D6						XXXXX	D6
D7						XXXXX	D7
D8						XXXXX	D8
D9						XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3				XXXXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E					F

BASE YEAR PROFIT (LOSS)

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

FTE DATA

I	BASE YEAR HOURS WORKED/2080	RECORDS					I
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OTHER INSTITUTIONAL PROGRAMS
CHE

F 4

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2018

INSTITUTION NUMBER: 0065

	VOLUME DATA	BASE YEAR UNITS
A	No. Participants	20,284

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

COMMUNITY HEALTH EDUCATION

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

B	BASE YEAR EXPENSES	RECORDS		\$18.00	\$18.00	XXXXX	B	
C	ALLOC FROM CAFETERIA, PARKING, ETC.	SCH OAC	\$0.01	XXXX	\$0.01	XXXXX	C	
D	ALLOC FROM GENERAL SERVICE CENTER	////	XXXXX	XXXX	XXXXX	XXXXX	D	
///	COL. 5 COST CENTER	COL. 6 CODE	////	XXXXX	XXXX	XXXXX		
D1	General Accounting	FIS			\$0.24	\$0.24	XXXXX	D1
D2	Hospital Administration	MGT	\$0.16	\$1.26	\$1.42	XXXXX	D2	
D3	Medical Staff Administration	MSA	\$0.01	\$0.01	\$0.02	XXXXX	D3	
D4	Plant Operations	POP	\$0.30	\$0.64	\$0.95	XXXXX	D4	
D5	Purchasing & Stores	PUR	\$0.10	\$0.08	\$0.18	XXXXX	D5	
D6						XXXXX	D6	
D7						XXXXX	D7	
D8						XXXXX	D8	
D9						XXXXX	D9	
D10						XXXXX	D10	
D11						XXXXX	D11	
D12						XXXXX	D12	
E	CAPITAL FACILITIES ALLOWANCE	SCH H3				XXXXX	E	
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	\$0.59	\$20.22	\$20.82	\$0.00	F	

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	\$26.22	XXXXX	G
H	PROFIT (LOSS)	G-F	XXXXX	XXXXX	\$5.40	XXXXX	H

FTE DATA

I	BASE YEAR HOURS WORKED/2080	RECORDS	0.0				I
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ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING, ETC.)

OADP

INSTITUTION NAME:
INSTITUTION NUMBER:
BASE YEAR

HOLY CROSS GERMANTOWN HOSPITAL
0065
6/30/2018

DISTRIBUTIONS			CAFETERIA, PARKING ETC ALLOC		DATA PROCESSING ALLOC		COL 5	COL 6	COL 7	COL 8
	SCHED	CODE	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
			FTE	B1*D1	Allocated Amount	Basis	WAGES, SALARIES & BENEFITS	Other Expenses	DP ALLOCATION	Col. 2 + Col. 7 Total Alloc Expense
32	EMERGENCY SERVICES	D18	EMG	34.65	63.76	6.21%		194.56	194.56	258.32
33	CLINIC SERVICES	D19	CL	0.47	0.86	0.22%		7.01	7.01	7.88
34	PSYCH DAY & NIGHT CARE	D20	PDC							
35	SAME DAY SURGERY	D22	SDS	7.93	14.60	1.99%		62.40	62.40	77.00
36	LABOR & DELIVERY	D23	DEL	19.83	36.48	3.53%		110.51	110.51	146.99
37	OPERATING ROOM	D24	OR	29.01	53.38	8.60%		269.50	269.50	322.88
38	OPERATING ROOM CLINIC	D24-A	ORC							
39	ANESTHESIOLOGY	D25	ANS	0.02	0.03	0.18%		5.63	5.63	5.66
40	LABORATORY SERVICES	D28	LAB	26.22	48.24	7.08%		221.90	221.90	270.14
41	ELECTROCARDIOGRAPHY	D30	EKG	2.16	3.98	0.29%		9.23	9.23	13.20
42	INTERVENTIONAL RADIOLOGY/CARDIOVASC	D31	IRC	4.46	8.20	0.98%		30.57	30.57	38.76
43	RADIOLOGY - DIAGNOSTIC	D32	RAD	8.43	15.51	3.40%		106.64	106.64	122.15
44	CT SCANNER	D33	CAT	3.48	6.41	0.81%		25.52	25.52	31.93
45	RADIOLOGY - THERAPEUTIC	D34	RAT							
46	NUCLEAR MEDICINE	D35	NUC	1.15	2.12	0.26%		8.02	8.02	10.14
47	RESPIRATORY THERAPY	D36	RES	8.28	15.23	1.52%		47.72	47.72	62.95
48	PULMONARY FUNCTION TESTING	D37	PUL	0.04	0.08	0.01%		0.25	0.25	0.33
49	ELECTROENCEPHALOGRAPHY	D38	EEG	0.01	0.01	0.17%		5.19	5.19	5.21
50	PHYSICAL THERAPY	D39	PTH	4.48	8.25	0.01		29.53	29.53	37.78
51	OCCUPATIONAL THERAPY	D40	OTH	2.10	3.87	0.00		11.87	11.87	15.74
52	SPEECH LANGUAGE PATHOLOGY	D41	STH	0.65	1.20	0.00		5.24	5.24	6.44
53	RECREATIONAL THERAPY	D42	REC							
54	AUDIOLOGY	D43	AUD							
55	OTHER PHYSICAL MEDICINE	D44	OPM							
56	RENAL DIALYSIS	D45	RDL	0.05	0.10			13.66	13.66	13.76
57	ORGAN ACQUISITION	D46	OA			0.00				
58	AMBULATORY SURGERY	D47	AOR							
59	LEUKOPHERESIS	D48	LEU							
60	HYPERBARIC CHAMBER	D49	HYP							
61	FREE STANDING EMERGENCY SVCS	D50	FSE							
62	MRI SCANNER	D51	MRI	2.24	4.13	0.00		13.89	13.89	18.02
63	LITHOTRIPSY	D53	LIT							
64	REHABILITATION	D54	RHB							
65	OBSERVATION	D55	OBV	9.78	18.00	0.01		46.63	46.63	64.62
66	AMB SERVICES - REBUNDLED	D56	AMR							
67	TRANSURETHAL MICROWAVE THER.	D57	TMT							
68	ONCOLOGY CLINIC	D58	OCL							
69	TRANSURETHAL NEEDLE ABLATION	D59	TNA							
70	PSYCH ADULT	D70	PAD							
71	PSYCH CHILD/ADOLESCENT	D71	PCD							
72	PSYCH GERIATRIC	D73	PSG							
73	INDIVIDUAL THERAPIES	D74	ITH							
74	GROUP THERAPIES	D75	GTH							
75	FAMILY THERAPIES	D76	FTH							
76	PSYCH TESTING	D77	PST							
77	EDUCATION	D78	PSE							
78	OTHER THERAPIES	D79	OPT							
79	ELECTROCONVULSIVE THERAPY	D80	ETH							

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING, ETC.)

OADP

INSTITUTION NAME:
INSTITUTION NUMBER:
BASE YEAR

HOLY CROSS GERMANTOWN HOSPITAL
0065
6/30/2018

0065

DISTRIBUTIONS

CAFETERIA, PARKING ETC ALLOC COL 1 COL 2 DATA PROCESSING ALLOC COL 3 COL 4 COL 5 COL 6 COL 7 COL 8

	SCHED	CODE	FTE	B1*D1	Allocated Amount	Basis	WAGES, SALARIES & BENEFITS	Other Expenses	DP ALLOCATION	Col. 2 + Col. 7
										Total Alloc Expense
80	ACTIVITY THERAPIES	D81	ATH							
81	AMBULANCE SERVICES	E1	AMB							
82	DR. PRIVATE OFFICE RENTAL	E3	DPO							
83	OFFICE & OTHER RENTAL	E4	OOR	0.01	0.03					0.03
84	RETAIL OPERATIONS	E5	REO	1.05	1.93					1.93
85	PATIENT TELEPHONES	E6	PTE							
86	RESEARCH	F1	REG							
87	NURSING EDUCATION	F2	RNS							
88	OTHER HEALTH PROF. EDUCATION	F3	OHE							
89	COMMUNITY HEALTH EDUCATION	F4	CHE	0.01	0.01					0.01
90	MEDICAL SURGICAL ACUTE	P2A	MSG							
91	PEDIATRIC ACUTE	P2A	PED							
92	PSYCHIATRIC ACUTE	P2A	PSY							
93	OBSTETRICS ACUTE	P2A	OBS							
94	DEFINITIVE OBSERVATION	P2A	DEF							
95	M/S INTENSIVE CARE	P2A	MIS							
96	CORONARY CARE	P2A	CCU							
97	PEDIATRIC INTENSIVE CARE	P2B	PIC							
98	NEONATAL INTENSIVE CARE	P2B	NEO							
99	BURN CARE	P2B	BUR							
100	PSYCHIATRIC INTENSIVE CARE	P2B	PSI							
101	SHOCK TRAUMA	P2B	TRM							
102	ONCOLOGY	P2B	ONC							
103	NEWBORN NURSERY	P2B	NUR							
104	PREMATURE NURSERY	P2C	PRE							
105	SAME DAY SURGERY	P2C	SDS							
106	INTERMEDIATE CARE	P2C	ICC							
107	EMERGENCY SERVICES	P2C	EMG							
108	CLINIC SERVICES	P2C	CL							
109	PSYCH DAY & NIGHT CARE	P2C	PDC							
110	MRI	P2D	MRI							
111	LABOR & DELIVERY	P2D	DEL							
112	OPERATING ROOM	P2D	OR							
113	OPERATING ROOM CLINIC	P2D	ORC							
114	ANESTHESIOLOGY	P2D	ANS							
115	LABORATORY SERVICES	P2D	LAB							
116	ELECTROCARDIOGRAPHY	P2D	EKG							
117	INTERVENTIONAL RADIOLOGY/CARDIOVASC	P2E	IRC							
118	RADIOLOGY - DIAGNOSTIC	P2E	RAD							
119	CT SCANNER	P2E	CAT							
120	RADIOLOGY - THERAPEUTIC	P2E	RAT							
121	NUCLEAR MEDICINE	P2C	NUC							
122	RESPIRATORY THERAPY	P2E	RES							
123	PULMONARY FUNCTION TESTING	P2E	PUL							
124	ELECTROENCEPHALOGRAPHY	P2F	EEG							
125	PHYSICAL THERAPY	P2F	PTH							
126	OCCUPATIONAL THERAPY	P2F	OTH							

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING, ETC.)

OADP

INSTITUTION NAME:
INSTITUTION NUMBER:
BASE YEAR

HOLY CROSS GERMANTOWN HOSPITAL
0065
6/30/2018

DISTRIBUTIONS

			CAFETERIA, PARKING ETC ALLOC		DATA PROCESSING ALLOC		COL 5	COL 6	COL 7	COL 8
			COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
	SCHED	CODE	FTE	B1*D1	Allocated Amount	Basis	WAGES, SALARIES & BENEFITS	Other Expenses	DP ALLOCATION	Col 2 + Col 7 Total Alloc Expense
127	SPEECH LANGUAGE PATHOLOGY	P2F	STH							
128	OBSERVATION	P2F	OBV							
129	AUDIOLOGY	P2F	AUD							
130	OTHER PHYSICAL MEDICINE	P2F	OPM							
131	RENAL DIALYSIS	P2G	RDL							
132	ORGAN ACQUISITION	P2G	OA							
133	AMBULATORY SURGERY	P2G	AOR							
134	LEUKOPHERESIS	P2G	LEU							
135	HYPERBARIC CHAMBER	P2G	HYP							
136	FREE STANDING EMERGENCY SVCS	P2G	FSE							
137	LITHOTRIPSY	P2G	LIT							
138	REHABILITATION	P2H	RHB							
139	TRANSURETHAL MICROWAVE THER	P2H	TMT							
140	ONCOLOGY CLINIC	P2H	OCL							
141	TRANSURETHAL NEEDLE ABLATION	P2H	TNA							
142	PSYCH ADULT	P2H	PAD							
143	PSYCH CHILD/ADOLESCENT	P2H	PCD							
144	PSYCH GERIATRIC	P2H	PSG							
145	INDIVIDUAL THERAPIES	P2I	ITH							
146	GROUP THERAPIES	P2I	GTH							
147	PSYCH TESTING	P2I	PST							
148	EDUCATION	P2I	PSE							
149	OTHER THERAPIES	P2I	OPT							
150	ACTIVITY THERAPY	P2I	ATH							
151	MED/SURG ACUTE	P3A	MSG							
152	PEDIATRIC ACUTE	P3A	PED							
153	PSYCHIATRIC ACUTE	P3A	PSY							
154	OBSTETRICS ACUTE	P3A	OBS							
155	DEFINITIVE OBSERVATION	P3A	DEF							
156	MED/SURG INTENSIVE CARE	P3A	MIS							
157	CORONARY CARE	P3A	CCU							
158	PEDIATRIC INTENSIVE CARE	P3B	PIC							
159	NEONATAL INTENSIVE CARE	P3B	NEO							
160	BURN CARE	P3B	BUR							
161	PSYCHIATRIC INTENSIVE CARE	P3B	PSI							
162	SHOCK TRAUMA	P3B	TRM							
163	ONCOLOGY	P3B	ONC							
164	NEWBORN NURSERY	P3B	NUR							
165	PREMATURE NURSERY	P3C	PRE							
166	SAME DAY SURGERY	P3C	SDS							
167	INTERMEDIATE CARE	P3C	ICC							
168	EMERGENCY SERVICES	P3C	EMG							
169	CLINIC SERVICES	P3C	CL	1.36	2.50					2.50
170	PSYCH DAY & NIGHT CARE	P3C	PDC							
171	MRI	P3D	MRI							
172	LABOR & DELIVERY	P3D	DEL							
173	OPERATING ROOM	P3D	OR							
174	OPERATING ROOM CLINIC	P3D	ORC							

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING, ETC.)

OADP

INSTITUTION NAME:
INSTITUTION NUMBER:
BASE YEAR

HOLY CROSS GERMANTOWN HOSPITAL
0065
6/30/2018

DISTRIBUTIONS

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

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING, ETC.)

OADP

INSTITUTION NAME:
INSTITUTION NUMBER:
BASE YEAR

HOLY CROSS GERMANTOWN HOSPITAL
0065
6/30/2018

DISTRIBUTIONS			CAFETERIA, PARKING ETC ALLOC		DATA PROCESSING ALLOC		COL 5	COL 6	COL 7	COL 8
			COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
SCHED	CODE	FTE	B1*D1	Allocated Amount	Basis	WAGES, SALARIES & BENEFITS	Other Expenses	DP ALLOCATION	Col. 2 + Col. 7	Total Alloc Expense
272	PEDIATRIC INTENSIVE CARE	P5B	PIC							
273	NEO NATAL INTENSIVE CARE	P5B	NEO							
274	BURN CARE	P5B	BUR							
275	PSYCHIATRIC INTENSIVE CARE	P5B	PSI							
276	SHOCK TRAUMA	P5B	TRM							
277	ONCOLOGY	P5B	ONC							
278	NEW BORN NURSERY	P5B	NUR							
279	PREMATURE NURSERY	P5C	PRE							
280	SAME DAY SURGERY	P5C	SDS							
281	INTERMEDIATE CARE	P5C	ICC							
282	EMERGENCY SERVICES	P5C	EMG							
283	CLINIC SERVICES	P5C	CL							
284	PSYCH DAY/NIGHT CARE	P5C	PDC							
285	MRI SCANNER	P5D	MRI							
286	LABOR & DELIVERY	P5D	DEL							
287	OPERATING ROOM	P5D	OR							
288	OPERATING ROOM CLINIC	P5D	ORC							
289	ANESTHESIOLOGY	P5D	ANS							
290	LABORATORY SERVICES	P5D	LAB							
291	ELECTROCARDIOGRAPHY	P5D	EKG							
292	INTERVENTIONAL RADIOLOGY/CARDIOVASC	P5E	IRC							
293	RADIOLOGY - DIAGNOSTIC	P5E	RAD							
294	CT SCANNER	P5E	CAT							
295	RADIOLOGY - THERAPEUTIC	P5E	RAT							
296	NUCLEAR MEDICINE	P5E	NUC							
297	RESPIRATORY THERAPY	P5E	RES							
298	PULMONARY FUNCTION TESTING	P5E	PUL							
299	ELECTROENCEPHALOGRAPHY	P5F	EEG							
300	PHYSICAL THERAPY	P5F	PTH							
301	OCCUPATIONAL THERAPY	P5F	OTH							
302	SPEECH LANGUAGE PATHOLOGY	P5F	STH							
303	OBSERVATION	P5F	OBV							
304	AUDIOLOGY	P5F	AUD							
305	OTHER PHYSICAL MEDICINE	P5F	OPM							
306	RENAL DIALYSIS	P5G	RDL							
307	ORGAN ACQUISITION	P5G	OA							
308	AMBULATORY SURGERY	P5G	AOR							
309	LEUKOPHERESIS	P5G	LEU							
310	HYPERBARIC CHAMBER	P5G	HYP							
311	FREE STANDING EMERGENCY SVCS	P5G	FSE							
312	LITHOTRIPSY	P5G	LIT							
313	REHABILITATION	P5H	RHB							
314	TRANSURETHAL MICROWAVE THER	P5H	TMT							
315	ONCOLOGY CLINIC	P5H	OCL							
316	TRANSURETHAL NEEDLE ABLATION	P5H	TNA							
317	ADULT PSYCH	P5H	PAD							
318	PSYCH CHILD/ADOLESCENT	P5H	PCD							
319	PSYCHIATRIC GERIATRIC	P5H	PSG							

RECONCILIATION OF BASE YEAR EXPENSES

RC

TO SCHEDULE RE

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0065

	Expenses	Sources	HSCRC Regulated	Unregulated	Total	
A	Unassigned Expense	Sch. UA, Lines C-B, Col. 10	\$19,948.32	\$532.46	\$20,480.78	A
B	Physicians Part B Services	P2 Ln A Col 7 UR6 Ln B Col 3		\$6,280.80	\$6,280.80	B
C	Physician Support Services	Sch. P3, Line A, Col. 7 UR, Line B, COL. 3	\$157.10		\$157.10	C
D	Resident, Intern Services	Sch. P4 & P5, Line A, Col. 7				D
E	Overhead Expense Survey	Sch OES, Line P, Col. 1	\$25,234.11	\$1,613.59	\$26,847.70	E
F	Patient Care Centers	Schs D1 - D81, Line B, Col. 4	\$44,621.28	XXXXX	\$44,621.28	F
G	Auxiliary Enterprises	Schs E1 - 9, Line B, Col 3	\$762.86	\$158.54	\$921.40	G
H	Other Institution Programs	Schs F1 - F4, Line B, Col 3	XXXXX	\$18.00	\$18.00	H
I	Unregulated Services	Schs UR1-UR9 - line B & C	XXXXX	\$1,380.10	\$1,380.10	I
J	Total Operating Expenses	A+B+C+D+E+F+G+H+I	\$90,723.68	\$9,983.49	\$100,707.16	J
K	Non-Operating Expenses	Non-Operating Expenses	XXXXX			K
L	Total Expenses	J + K	\$90,723.68	\$9,983.49	\$100,707.16	L
M	Total Operating Expenses - RE sch	Sch RE, Line S	\$90,520.93	\$10,186.55	\$100,707.48	M
N	Non-Operating Expenses - RE sch	Sch RE, Line V	XXXXX			N
O	Total Expenses - RE sch	M + N	\$90,520.93	\$10,186.55	\$100,707.48	O
P	Reconciliation Amount	O - L	(\$202.74)	\$203.06	\$0.32	P
Q	Nomenclature	XXXXX	XXXXX	XXXXX	XXXXX	Q
Q1	Other Non-Operating Expense	Audited Financial Statements				Q1
Q2	Rounding		(\$3.2)	\$2.9	(\$0.3)	Q2
Q3	O/H Exp Alloc to Aux Ent	Schs E2, E7-E9	\$190.61	(\$190.61)		Q3
Q4	Aux Ent Loss Treated as Fringe	Sch OA	\$15	(\$15)		Q4
Q5	Capital Facilities Allow to E, F, UR					Q5
Q6	Ineligible I&R					Q6
Q7						Q7

STATEMENT OF REVENUE AND EXPENSES

RE

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL

BASE YEAR

6/30/2018INSTITUTION NUMBER: 0065

		COL 1	COL 2	COL 3	
		Regulated	Unregulated	Total	
Operating Revenues:		xxxx	xxxx	xxxx	
A	Gross Revenues from Daily Hospital Services	23,637.20	1,515.80	25,153.00	A
B	Gross Revenues from Ambulatory Services	15,059.90		15,059.90	B
C	Gross Revenues from Inpatient Ancillary Services	31,064.10		31,064.10	C
D	Gross Revenues from Outpatient Ancillary Services	26,264.00		26,264.00	D
E	Gross Patient Revenues	96,025.20	1,515.80	97,541.00	E
Deductions from Revenues:		xxxx	xxxx	xxxx	
F	Provision for Bad Debts	3,667.92	161.87	3,829.79	F
G	Charity/Uncompensated Care	5,062.25	-222.90	4,839.35	G
H	Contractual Adjustments	8,222.30	197.80	8,420.10	H
H1	Uncompensated Care Fund Payments				H1
H2	Denials	2,034.30		2,034.30	H2
I	Other Deductions from Revenues	283.90		283.90	I
J	Total Deductions from Revenues	19,270.67	136.77	19,407.44	J
J1	Uncompensated Care Fund Receipts	4,290.80		4,290.80	J1
K	Net Patient Revenues	81,045.33	1,379.03	82,424.36	K
L	Other Operating Revenues	875.60	735.07	1,610.67	L
M	Net Operating Revenues	81,920.93	2,114.10	84,035.03	M
Operating Expenses:		xxxx	xxxx	xxxx	
N	Salaries, Wages, and Employee Benefits	39,937.31	2,397.49	42,334.81	N
O	Professional Fees	6,257.48		6,257.48	O
P	Supplies	13,512.61		13,512.61	P
Q	Depreciation/Amortization, Leases/Rentals	12,309.89		12,309.89	Q
R	Other Expenses	18,503.63	7,789.06	26,292.69	R
S	Total Operating Expenses	90,520.93	10,186.55	100,707.48	S
T	Excess (Deficit) Operating Revenues Over Operating Expenses	-8,600.00	-8,072.45	-16,672.45	T
U	Non-Operating Revenues	xxxx	6,567.40	6,567.40	U
V	Non-Operating Expenses	xxxx			V
W	Excess (Deficit) Revenues Over Expenses	-8,600.00	-1,505.05	-10,105.05	W
X	Operating Expenses per EIPD	2.96	xxxx	xxxx	X
Y	Operating Expenses per EIPA	11.30	xxxx	xxxx	Y
Z	Working Capital Ratio = Current Assets/Current Liabilities	0.6	xxxx	xxxx	Z
AA	Admissions	4,235	-	4,235	W
BB	EIPA's	7,434	-	7,348	X

OVERHEAD STATISTICAL APPORTIONMENT

JS1 & JS2

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL
 INSTITUTION NUMBER: 0063

BASE YEAR: 6/30/2018

UNIT COST CALCULATIONS		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 7 A	COL 8	COL 9	COL 10
		DIETARY MEALS	LAUNDRY & LINEN POUNDS	PURCHASING STORES OTH EXP SCHED	HOUSEKEEPING # OF HOURS	CENT SUPPLY PHARMACY SOC SERV. DAO	PLANT OPERATIONS NET SQ FEET	INPATIENT PAC. MRD FIS.MGT.NAD	AMBULATORY PAC. MRD FIS.MGT.NAD	OUTPATIENT PAC. MRD FIS.MGT.NAD	MED STAFF ADMIN EIPAs	UNASSIGNED EXPENSES
A	Overhead Expenses	724.3	478.21	975.63	1,318.20	3,055.29	5,111.81	6,145.81	1,471.99	3,589.23	114.81	2,084.83
B	Units	45,321	357,530.20	6,694.36	33,576.00	11,111	125,402.00	24,630.39	5,899.27	8,955.51	8,011.85	59,349.74
C	Cost per unit	0.015981	0.001338	0.145739	0.039260	111111	0.040763	0.249521	0.249521	0.400785	0.014330	0.035128
STATISTICAL APPORTIONMENT												
D1	Med/Surg Acute	MSG	34,491	23,331.30	231.55	10,292.64	111111	25,886.74	3,023.94	1111111111	1111111111	5,853.95
2	Pediatric Acute	PED					111111			1111111111	1111111111	
3	Psychiatric Acute	PSY	4,169	8,937.96	80.77	1,289.58	111111	4,994.00	1,354.96	1111111111	1111111111	2,037.59
4	Obstetrics Acute	OBS		11,877.31	51.97	2,007.70	111111	7,775.00	983.71	1111111111	1111111111	1,648.39
5	Definitive Observation	DEF		49,964.08	246.09	920.54	111111	13,881.59	3,439.37	1111111111	1111111111	5,002.26
6	Med/Surg Intensive Care	MIS		39,823.87	339.74	343.69	111111	4,986.67	3,381.67	1111111111	1111111111	4,545.02
7	Coronary Care	CCU					111111			1111111111	1111111111	
8	Pediatric Intensive Care	PIC					111111			1111111111	1111111111	
9	Neo-Natal Intensive Care	NEO	3,081	320.95	105.51	296.66	111111	1,060.56	675.19	1111111111	1111111111	963.58
10	Burn Care	BUR					111111			1111111111	1111111111	
11	Psychiatric Intensive Care	PSI					111111			1111111111	1111111111	
12	Shock/Trauma	TRM					111111			1111111111	1111111111	
13	Oncology	ONC					111111			1111111111	1111111111	
14	Newborn Nursery	NUR	XXXXX	639.24	77.44	590.86	111111	2,376.44	556.02	1111111111	1111111111	826.97
15	Premature Nursery	PRE	XXXXX				111111			1111111111	1111111111	
16	Rehabilitation	RHB					111111			1111111111	1111111111	
17	Intermediate Care	ICC					111111			1111111111	1111111111	
18	Emergency Services	EMG	3,581	82,110.56	435.26	2,491.62	111111	9,649.00	488.25	3,721.17	1,884.83	6,008.40
19	Clinical Services	CL	XXXXX		14.81	373.91	111111	1,448.00	0.86	159.42	277.92	280.12
20	Observation	OBV		29,356.95	71.53	645.30	111111	2,499.00	178.99	807.18	163.59	1,411.47
21	Psych. Day & Night Care	PDC					111111			1111111111	1111111111	
22	Lithotripsy	LIT	XXXXX				111111			1111111111	1111111111	
23	Same Day Surgery	SDS		37,719.12	219.40	1,202.35	111111	4,185.91	1,211.50	1111111111	1,121.50	1,830.13
24	Free Standing Emergency	FSE					111111			1111111111	1111111111	
25	Labor & Delivery Services	DEL	XXXXX	23,754.63	163.91	2,277.55	111111	5,138.00	1,840.46	1111111111	412.53	3,232.08
26	Operating Room	OR	XXXXX	25,618.04	1,052.20	5,199.31	111111	18,626.61	1,485.22	1111111111	2,683.95	6,766.48
27	Operating Room Clinic	ORC	XXXXX				111111			1111111111	1111111111	
28	Ambulance Services-Rebundled	AMR				187.99	111111			1111111111	1111111111	7.38
29	Anesthesiology	ANS	XXXXX		126.93		111111		51.58	1111111111	76.28	189.80
30	Laboratory Services	LAB	XXXXX		2,395.80	1,178.80	111111	4,565.00	2,304.41	1111111111	2,400.93	6,824.12
31	Ambulatory Surgery (PBP)	AMS					111111			1111111111	1111111111	
32	Electrocardiography	EKG	XXXXX		13.43		111111		88.57	1111111111	123.14	285.11
33	Electroencephalography	EEG	XXXXX		98.29		111111		69.32	1111111111	38.59	154.99
34	Radiology-Diagnostic	RAD	XXXXX	8,223.47	183.44	693.07	111111	2,269.40	363.70	1111111111	1,109.85	2,166.57
35	Radiology-Therapeutic	RAT	XXXXX				111111			1111111111	1111111111	
36	Nuclear Medicine	NUC	XXXXX	1,018.49	21.72	85.84	111111	736.91	92.71	1111111111	91.73	282.28
37	CT Scanner	CAT	XXXXX	10,733.88	53.32	904.65	111111	4,736.74	151.06	1111111111	434.77	1,048.50
38	Interventional Radiology/Cardiovascular	IRC	XXXXX		143.57	213.04	111111	2,075.47	291.39	1111111111	290.28	884.60
39	Respiratory Therapy	RES	XXXXX		153.52		111111		922.94	1111111111	117.81	1,340.63
40	Pulmonary Function Testing	PUL	XXXXX		1.15		111111		0.37	1111111111	5.46	8.28
41	Renal Dialysis	RDL			295.06		111111		298.06	1111111111	1111111111	415.44
42	Physical Therapy	PTH	XXXXX		76.03	79.53	111111	308.00	505.58	1111111111	172.19	899.70
43	Occupational Therapy	OTH	XXXXX		11.97	23.76	111111	140.00	217.24	1111111111	56.29	358.69
44	Speech Language Pathology	STH	XXXXX		5.54	36.15	111111	92.00	101.97	1111111111	18.26	158.98
45	Recreational Therapy	REC					111111			1111111111	1111111111	
46	Organ Acquisition	OA	XXXXX				111111			1111111111	1111111111	
47	Ambulatory Surgery	AOR	XXXXX				111111			1111111111	1111111111	
48	Leukopheresis	LEU	XXXXX				111111			1111111111	1111111111	
49	Hyperbaric Chamber	HYP	XXXXX				111111			1111111111	1111111111	
50	Audiology	AUD	XXXXX				111111			1111111111	1111111111	
51	Other Physical Medicine	OPM	XXXXX				111111			1111111111	1111111111	
52	Transurethral Needle Ablation	TNA	XXXXX				111111			1111111111	1111111111	
53	Magnetic Resonance Imaging	MRI	XXXXX	4,100.35	24.39	345.58	111111	628.95	110.53	1111111111	209.19	479.38
54	Oncology Clinic	OCL	XXXXX				111111			1111111111	1111111111	
55	Transurethral Microwave Thermotherapy	TMT					111111			1111111111	1111111111	
56	Admission Services	ADM	XXXXX	XXXXX	111111	XXXXX	111111	688.71		1111111111	1111111111	
57	Med/Surg Supplies	MSS	XXXXX	XXXXX	111111	999.33	445.15	3,870.00	227.01	1111111111	218.15	4,564.00
58	Drugs Sold	CDS	XXXXX	XXXXX	111111	896.56	1,921.42	3,472.00	1,425.31	1111111111	496.11	786.22
E	TOTAL		45,321	357,530.20	6,694.36	33,576.00	3,055.29	125,402.00	24,630.39	5,899.27	8,955.51	59,349.74

CHECK UNITS OK IF = 0

OVERHEAD EXPENSE APPORTIONMENT

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL
 INSTITUTION NUMBER: 0065

BASE YEAR 6/30/2018

	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 8 A	COL 9	COL 10	COL 11	COL 12	COL 13
ALLOCATED CENTERS	DIETARY MEALS	LAUNDRY & LINEN POUNDS	PURCHASING STORES OTH EXP SCHED	HOUSEKEEPING # OF HOURS	CENT SUPPLY PHARMACY SOC SERV. OAO	PLANT OPERATIONS NET SQ FEET	TOTAL PATIENT CARE OVERHEAD	INPATIENT: PAC. MRD FIS.MGT.NAD	AMBULATORY: PAC. MRD FIS.MGT.NAD	OUTPATIENT: PAC. MRD FIS.MGT.NAD	MED STAFF ADMIN EIPAs	UNASSIGNED EXPENSES	TOTAL OTHER OVERHEAD	TOTAL ALLOCATED OVERHEAD
A Overhead Expenses	724.28	478.21	975.63	1,318.20	3,055.29	5,111.81	11,663.42	6,145.81	1,471.99	3,589.23	114.81	2,084.83	13,406.67	25,070.09
REVENUE CENTERS														
D1 Med/Surg Acute	MSG 551.20	31.21	33.75	404.09		1,055.23	2,975.48	754.54				205.64	960.17	3,035.65
2 Pediatric Acute	PED													
3 Psychiatric Acute	PSY 66.62	11.95	11.77	50.63		203.57	344.55	338.09				71.58	409.67	754.21
4 Obstetrics Acute	OBS	15.89	7.57	78.82		316.94	419.22	245.46					303.36	722.58
5 Definitive Observation	DEF	66.83	35.86	36.14		565.86	704.69	858.20				175.72	1,033.92	1,738.61
6 Med/Surg Intensive Care	MIS	53.27	49.51	13.49		203.27	319.55	843.80				159.66	1,003.46	1,323.00
7 Coronary Care	CCU													
8 Pediatric Intensive Care	PIC													
9 Neo-Natal Intensive Care	NEO 49.24	0.43	15.38	11.65		43.23	119.92	168.47						
10 Burn Care	BUR											33.85	202.32	322.25
11 Psychiatric Intensive Care	FSI													
12 Shock Trauma	TRM													
13 Oncology	ONC													
14 Newborn Nursery	NUR	0.85	11.29	23.20		96.87	132.21	138.74				29.05	167.79	300.00
15 Premature Nursery	PRE													
16 Rehabilitation	RHB													
17 Intermediate Care	ICC													
18 Emergency Services	EMG 57.22	109.83	63.44	97.82		393.33	721.63	121.83	928.51		27.01	211.06	1,288.41	2,010.04
19 Clinical Services	CL		2.16	14.68		59.03	75.86	0.21	39.78		3.98	9.84	53.82	129.68
20 Observation	OBV	39.27	10.42	25.33		101.87	176.89	44.66	201.41		2.34	49.58	298.00	474.89
21 Psych. Day & Night Care	PDC													
22 Lithotripsy	LIT													
23 Same Day Surgery	SDS	50.45	31.98	47.20		170.63	300.26		302.30		16.97	64.29	382.65	682.92
24 Free Standing Emergency	FSE													
25 Labor & Delivery Services	DEL	31.77	23.89	89.42		209.44	354.52	459.23		165.34		113.54	738.11	1,092.62
26 Operating Room	OR	34.27	153.35	204.13		759.28	1,151.02	370.59		1,075.69		237.69	1,683.98	2,835.00
27 Operating Room Clinic	ORC													
28 Ambulance Services-Rebundled	AMR			7.38				7.38						
29 Anesthesiology	ANS	18.50										0.26	0.26	7.64
30 Laboratory Services	LAB		349.16	46.28		186.08	18.50	12.87		30.57		6.67	50.11	68.61
31 Ambulatory Surgery (PBP)	AMS							581.53		962.26		239.72	1,776.97	2,358.50
32 Electrocardiography	EKG	1.96					1.96	22.10		49.35		10.02	81.47	83.42
33 Electroencephalography	EEG	14.33					14.33	17.30		15.47		5.44	38.21	52.53
34 Radiology-Diagnostic	RAD	11.00	26.73	27.21		92.51	157.45	90.75		444.81		76.11	611.67	769.12
35 Radiology-Therapeutic	RAT													
36 Nuclear Medicine	NUC	1.36	3.17	3.37		30.04	30.04							
37 CT Scanner	CAT	14.36	7.77	35.52		193.09	250.73	37.69		174.25		36.83	248.77	499.50
38 Interventional Radiology/Cardiovascular	IRC	20.92	8.36			84.60	113.89	72.71		116.34		31.07	220.12	334.01
39 Respiratory Therapy	RES	22.37					22.37	230.29		47.22		47.09	324.60	346.97
40 Pulmonary Function Testing	PUL	0.17					0.17	0.09		2.19		0.29	2.57	2.74
41 Renal Dialysis	RDL	43.00					43.00	74.37				14.59	88.97	131.97
42 Physical Therapy	PTH	11.08	3.12	12.56		26.76	126.15			69.01		31.60	226.77	253.53
43 Occupational Therapy	OTH	1.74	0.93	5.71		8.38	54.21			22.56		12.60	89.37	97.75
44 Speech Language Pathology	STH	0.81	1.42	3.75		5.98	25.44			7.32		5.58	38.35	44.33
45 Recreational Therapy	REC													
46 Organ Acquisition	OA													
47 Ambulatory Surgery	AOR													
48 Leukopheresis	LEU													
49 Hyperbaric Chamber	HYP													
50 Audiology	AUD													
51 Other Physical Medicine	OPM													
51 Transurethral Needle Ablation	TNA													
51 Magnetic Resonance Imaging	MRI	5.48	3.55	13.57		25.64	48.24	27.58		83.84		16.84	128.26	176.50
52 Oncology Clinic	OCL													
52 Transurethral Microwave Thermotherapy	TMT													
53 Admission Services	ADM													
53 Med/Surg Supplies	MSS			39.23	688.71	445.15	157.75	642.14	688.71		65.40		65.40	754.11
54 Drugs Sold	CDS			35.20	1,921.42	141.53	2,098.15	56.64		87.43		27.62	171.69	813.83
E TOTAL	724.28	478.21	975.63	1,318.20	3,055.29	5,111.81	11,663.42	6,145.81	1,471.99	3,589.23	114.81	2,084.83	13,406.67	25,070.09

Departmental Equipment Allowance

INSTITUTION NAME HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR
 INSTITUTION NUMBER 0065

6/30/2018

	CENTER	COL. 1 COST BASE YEAR PURCHASES	COL. 2 # YRS	COL. 3 CUMULATIVE PURCHASE TOTAL	COL. 4 DEPRECIATION COL. 3/COL. 2	COL. 5 MARKET VALUE BASE YEAR LEASES	COL. 6 CUMULATIVE LEASES TOTAL	COL. 7 LEASE AMORTIZATION COL. 6/COL. 2	COL. 8 DEPR/AMORT TOTAL COL. 4 + COL. 7
H2 A	MIS	\$6.75	10	\$1,515.65	\$151.56			\$151.56	
H2 B	CCU		10						
H2 C	PIC		10						
H2 D	NEO		10	\$1,137.90	\$113.79			\$113.79	
H2 E	BUR		10						
H2 F	TRM		10						
H2 G	ONC		10						
H2 H	OR	\$437.79	10	\$11,815.73	\$1,181.57			\$1,181.57	
H2 I	AOR		10						
H2 J	LAB	\$8.70	10	\$2,267.16	\$226.72			\$226.72	
H2 K	IRC		10	\$517.33	\$51.73			\$51.73	
H2 L	RAD	\$125.95	10	\$2,909.97	\$291.00			\$291.00	
H2 M	CAT		6.5	\$1,179.30	\$181.43			\$181.43	
H2 N	RAT		10						
H2 O	NUC		10	\$884.90	\$88.49			\$88.49	
H2 P	RDL		10						
H2 Q	HYP		10						
H2 R	DTY		10						
H2 S	LL		10						
H2 T	MGT		10						
H2 U	EDP		10						
H2 V	MRI		6	\$1,674.50	\$279.08			\$279.08	
H2 W	LIT		5						
H2 X	ETH		10						
H2 Y	TRP		5						
H2 Z	TMT		5						
		Total		\$23,902.44	\$2,565.38			\$2,565.38	

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

INSTITUTION NAME HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2018
 INSTITUTION NUMBER 0065

ALLOWANCE	COL 1 SOURCE	COL 2	COL 3 DIETARY	COL 4 LAUNDRY	COL 5 COMM	COL 6 DATA PROC	COL 7 DEPT	COL 8 TOTAL
A TOTAL INTEREST	HOSP RECORDS	5,999	////	////	////	////	////	////
B TOTAL DEPRECIATION	HOSP RECORDS	12,309,900	////	////	////	////	////	////
C CAP INTENSIVE EQUIP DEPR	H2 TOTAL	2,565.4					\$2,565.38	\$2,565.38
D BLDG & GEN EQUIP DEPR	B-C	9,744.5	////	////	////	////	////	////
E BLDG & GEN EQUIP DEPR & INT	A+D	15,743.1	////	////	////	////	////	\$15,743.12
F STANDARD UNITS		125,402	45,321	357,530	39,485	39,485	////	////
G ALLOWANCE PER UNIT		0.125541					////	////

DISTRIBUTION	CODE	NET SQ. FT. BASIS						
H01 MEDICAL/SURGICAL	MSG	25,887	3,249.9				////	\$3,249.85
H02 PEDIATRIC	PED						////	
H03 PSYCHIATRIC	PSY	4,994	627.0				////	\$626.95
H04 OBSTETRIC	OBS	7,775	976.1				////	\$976.08
H05 DEFINITIVE OBSERVATION	DEF	13,882	1,742.7				////	\$1,742.71
H06 MEDICAL SURGICAL ICU	MIS	4,987	626.0				\$151.56	\$777.59
H07 CORONARY CARE	CCU							
H08 PEDIATRIC ICU	PIC							
H09 NEO NATAL ICU	NEO	1,061	133.1				\$113.79	\$246.93
H10 BURN CARE	BUR							
H11 PSYCHIATRIC ICU	PSI						////	
H12 SHOCK TRAUMA	TRM							
H13 ONCOLOGY	ONC							
H14 NEWBORN NURSERY	NUR	2,376	298.3	////			////	\$298.34
H15 PREMATURE NURSERY	PRE			////			////	
H16 REHABILITATION	RHB						////	
H17 INTERMEDIATE CARE	ICC						////	
H18 EMERGENCY SERVICES	EMG	9,649	1,211.4				////	\$1,211.35
H19 CLINIC SERVICES	CL	1,448	181.8	////			////	\$181.78
H20 PSYCH DAY/NIGHT	PDC						////	
H21 AMBULATORY SURGERY (PBP)	AMS						////	
H22 SAME DAY SURGERY	SDS	4,186	525.5				////	\$525.50
H23 MRI SCANNER	MRI	629	79.0	////			\$279.08	\$358.04
H24 LABOR & DELIVERY	DEL	5,138	645.0	////			////	\$645.03
H25 OPERATING ROOM	OR	18,827	2,338.4	////			\$1,181.57	\$3,519.98
H25a OPERATING ROOM CLINIC	ORC			////			////	
H26 OBSERVATION	OBV	2,499	313.7				////	\$313.73
H27 ANESTHESIOLOGY	ANS			////			////	
H28 MEDICAL SUPPLIES	MSS	3,870	485.8	////	////		////	\$485.84
H29 DRUGS	CDS	3,472	435.9	////	////		////	\$435.88
H30 LABORATORY SERVICES	LAB	4,565	573.1	////			\$226.72	\$799.82

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

INSTITUTION NAME HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2018
 INSTITUTION NUMBER 0065

DISTRIBUTION		COL 1 ADJ. SQUARE FOOTAGE BASIS	COL 2 GENERAL	COL 3 DIETARY	COL 4 LAUNDRY	COL 5 COMM.	COL 6 DATA PROC	COL 7 DEPART	COL 8 TOTAL
H32	ELECTROCARDIOGRAPHY	EKG		//////////				//////////	
H33	INTERVENTIONAL RADIOLOGY/CARD	IRC	2,075	\$260 56	//////////			\$51 73	\$312 29
H34	RADIOLOGY-DIAG	RAD	2,269	\$284 90	//////////			\$291 00	\$575 90
H35	CT SCANNER	CAT	4,737	\$594 66	//////////			\$181 43	\$776 09
H36	RADIOLOGY THERAPEUTIC	RAT		//////////					
H37	NUCLEAR MEDICINE	NUC	737	\$92 51	//////////			\$88 49	\$181 00
H38	RESPIRATORY THERAPY	RES		//////////					
H39	PULMONARY FUNCTION	PUL		//////////					
H40	EEG	EEG		//////////					
H41	PHYSICAL THERAPY	PTH	308	\$38 67	//////////				\$38 67
H42	OCCUPATIONAL THERAPY	OTH	140	\$17 58	//////////				\$17 58
H43	SPEECH/LANGUAGE	STH	92	\$11 55	//////////				\$11 55
H44	RECREATIONAL THERAPY	REC		//////////					
H45	AUDIOLOGY	AUD		//////////					
H46	OTHER PHYS. MEDICINE	OPM		//////////					
H47	RENAL DIALYSIS	RDL		//////////					
H48	ORGAN ACQUISITION	OA		//////////					
H49	LEUKOPHERESIS	LEU		//////////					
H50	HYPERBARIC CHAMBER	HYP		//////////					
H51	LITHOTRIPSY	LIT		//////////					
H52	TRANSURETHAL MICRO THERM	TMT		//////////					
H53	ONCOLOGY CLINIC	OCL		//////////					
H54	TRANSURETHRAL NEEDLE ABLATION	TNA		//////////					
	SUBTOTAL	ABC	125,402	\$15,743.11	//////////				\$18,308.49
H55	RESEARCH	REG	XXXXX						
H56	NURSING EDUCATION	RNS	XXXXX						
H57	OTHER HLTH PROF EDU	OHE	XXXXX						
H58	COMM HEALTH EDU	CHE	XXXXX						
H59	FREE STANDING CLINIC	FSC	XXXXX						
H60	HOUSING	HOU	XXXXX						
H61	AMBULANCE	AMB							
H62	PARKING	PAR	XXXXX						
H63	CAFETERIA	CAF	XXXXX						
H64	DOCTOR OFFICE RENT	DPO	XXXXX						
H65	OFFICE OTHER RENT	OOR	XXXXX						
H66	RETAIL OPERATIONS	REO	XXXXX						
H67	PATIENT TELEPHONES	PTE	XXXXX						
H68	DAY CARE, ETC.	DEB	XXXXX						
H69	HOME HEALTH SERVICES	HHC	XXXXX						
H70	O/P RENAL DIALYSIS	ORD	XXXXX						
H71	SKILLED NURSING CARE	ECF							
H72	LAB NON/PATIENT	ULB	XXXXX						
H73	PHYS PART B SERVICES	UPB	XXXXX						
H74	CERTIFIED NURSE ANEST.	CNA	XXXXX						
	TOTAL DISTRIBUTED	XYZ	125,402	\$15,743.11					\$18,308.49

OTHER FINANCIAL CONSIDERATIONS

G

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL

BASE YEAR

6/30/2017

INSTITUTION NUMBER: 0065

	SOURCE	BASE YEAR		
		TOTAL COL. 1	DIRECT COL. 2	PERCENTAGE COL. 3
REVENUES				
A	Donations, Pledges	SCH. GR		
B	Grants	SCH. GR	(\$26.22)	(26.2)
C	Investment Income (Interest, Dividends)	SCH. GR		
D	Donated Commodities, Blood, Services	SCH. GR		
E	PSRO	SCH. GR		
F	Other	SCH. GR	(\$1,610.31)	(1,610.3)
G	Total Revenues	A+B+C+D+E+F	(\$1,636.52)	(1,636.5)
EXPENSES				
H	Licenses and Taxes	SCH. UA	\$54.00	54.0
I	Short Term Interest	SCH. UA		
J	Other	REC/BUDGET		
K	Total Expenses	H + I + J	\$54.00	54.0
OTHER ADJUSTMENTS				
L	Aux. Ent & OIP Gains	SCH. E, F	(\$321.74)	(321.7)
M	Aux. Ent & OIP Losses	SCH. E, F	\$20.05	20.1
N	Excess Cash Requirements - Bldg & Equip	SCH. H4		
O	Gain on Disposal of Assets	REC/BUDGET		
P	Loss on Disposal of Assets	REC/BUDGET		
Q	Total Other Adjustments	L+M+N+O+P	(\$301.68)	(301.7)
PERCENTAGE CALCULATION				
R	Net Other Financial Considerations	G + K + Q	(1,884.2)	(1,884.2)
S	Other Financial Consideration Percent	R/SCH. M	////////	////////
				-2.1%

THIRD PARTY DIFFERENTIAL

PDA

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 0065

SOURCE	INPATIENT	OUTPATIENT	TOTAL
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CHARGES, DEDUCTIBLES, CBA

		COL 1	COL 2	COL 3		
A	GROSS PATIENT REVENUE, HSCRC REGULATED	SCH RE, LINE E	54,701.30	41,323.90	96,025.20	A
B	MEDICARE REVENUE, HSCRC REGULATED	RECORDS/BUDGET	21,140.98	7,441.33	28,582.31	B
C	MEDICAID REVENUE, HSCRC REGULATED	RECORDS/BUDGET	6,191.54	3,154.54	9,346.09	C
D	BLUE CROSS REVENUE, HSCRC REGULATED	RECORDS/BUDGET	7,542.53	7,131.44	14,673.97	D
E	MCO SUBCONTRACTED MEDICARE, MEDICAID, HSCRC REGULATED **	RECORDS/BUDGET	7,062.95	5,903.73	12,966.67	E
F	MEDICARE DEDUCTIBLES PAID BY MEDICAID & BC< HSCRC REGULATED	RECORDS/BUDGET	//////////	//////////	1,136.93	F
G	UNCOMPENSATED CARE, HSCRC REGULATED***	RECORDS/BUDGET	2,590.33	6,139.84	8,730.17	G
G1	OTHER PAYORS	A-B-C-D-E-G	12,619.6	14,168.6	26,788.17	G1

RATIOS, LEVEL III COSTS

H	Ratio of Medicare & Medicaid Charges	Col 3 (B + C) /A	//////////	//////////	0.3950	H
I	Ratio of Blue Cross Inpatient Charges	Col 1 D/Col 3 A	0.0785	//////////	//////////	I
I1	Ratio of Blue Cross Outpatient Charges	Col 2 D/Col 3 A	//////////	0.0743	//////////	I1
J	Ratio of HMO Charges	Col 3 E/Col 3 A	//////////	//////////	0.1350	J
K	Ratio of Deductibles Paid by Medicaid & Blue Cross	Col 3 F/Col 3 A	//////////	//////////	0.0118	K
L	Ratio of Uncompensated Accounts	Col 3 G/Col 3 A	//////////	//////////	0.0909	L
M	Ratio of Other Payors Charges	Col 3 G1/Col 3 A	//////////	//////////	0.2790	M
N	Level III Costs	Schedule MA	//////////	//////////	90,962.88	N

DIFFERENTIAL CALCULATION

O	Gross Revenue HSCRC Regulated	*	//////////	//////////	104,770.03	O
P	Payor Differential	1 - (Col 3 O/N)	//////////	//////////	0.1518	P

REVENUE CENTER RATE SUMMARY

INSTITUTION NAME:
INSTITUTION NUMBER:

HOLY CROSS GERMANTOWN HOSPITAL
0065

BASE YEAR

6/30/2018

DESCRIPTION	CODE	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10	COL 11	----- C F A -----	
													UNITS OF MEASURE	DIRECT EXPENSES
A1 Med/Surg Acute	MSG	5,789.00	3,023.94	2,075.48	960.17	///////			6,059.59	3,249.90		9,309.49		
2 Pediatric Acute	PED					///////								
3 Psychiatric Acute	PSY	1,436.00	1,354.96	344.55	409.67	///////								
4 Obstetrics Acute	OBS	2,074.00	983.71	419.22	303.36	///////			2,109.17	627.00		2,736.17		
5 Definitive Observation	DEF	5,231.00	3,439.37	704.69	1,033.92	///////			1,706.30	976.10		2,682.40		
6 Med/Surg Intensive Care	MIS	1,953.00	3,381.67	319.55	1,003.46	///////			5,177.98	1,742.70		6,920.68		
7 Coronary Care	CCU					///////			4,704.67	626.00	151.56	5,482.24		
8 Pediatric Intensive Care	PIC					///////								
9 Neo-Natal Intensive Care	NEO	960.00	675.19	119.92	202.32	///////			997.43	133.10	113.79	1,244.32		
10 Burn Care	BUR					///////								
11 Psychiatric Intensive Care	PSI					///////								
12 Shock Trauma	TRM					///////								
13 Oncology	ONC					///////								
14 Newborn Nursery	NUR	1,912.00	556.02	132.21	167.79	///////			856.01	298.30		1,154.31		
15 Premature Nursery	PRE					///////								
16 Rehabilitation	RHB					///////								
17 Intermediate Care	ICC					///////								
18 Emergency Services	EMG	277,111.00	4,209.42	721.63	1,288.41	///////			6,219.46	1,211.40		7,430.86		
19 Clinical Services	CL	17,394.00	160.28	75.86	53.82	///////	159.60		449.56	181.80		631.36		
20 Observation	OBV	46,700.00	986.16	176.89	298.00	///////			1,461.05	313.70		1,774.75		
21 Psych. Day & Night Care	PDC					///////								
22 Lithotripsy	LIT					///////								
23 Same Day Surgery	SDS	2,243.00	1,211.50	300.26	382.65	///////			1,894.42	525.50		2,419.92		
24 Free Standing Emergency	FSE					///////								
25 Labor & Delivery Services	DEL	36,870.00	2,252.99	354.52	738.11	///////			3,345.61	645.00		3,990.61		
26 Operating Room	OR	329,512.00	4,169.18	1,151.02	1,683.98	///////			7,004.17	2,338.40	1,181.57	10,524.15		
27 Operating Room Clinic	ORC					///////								
28 Ambulance Services-Rebundied	AMR			7.38	0.26	///////	///////	///////	7.64	///////	///////	7.64		
29 Anesthesiology	ANS	372,828.00	127.86	18.50	50.11	///////			196.46			196.46		
30 Laboratory Services	LAB	4,402,117.00	4,705.34	581.53	1,776.97	///////			7,063.83	573.10	226.72	7,863.65		
31 Ambulatory Surgery (PBP)	AMS					///////								
32 Electrocardiography	EKG	184,525.00	211.70	1.96	81.47	///////			295.13			295.13		
33 Electroencephalography	EEG	7,363.00	107.91	14.33	38.21	///////			160.44			160.44		
34 Radiology-Diagnostic	RAD	253,917.00	1,473.55	157.45	611.67	///////			2,242.68	284.90	291.00	2,818.57		
35 Radiology-Therapeutic	RAT					///////								
36 Nuclear Medicine	NUC	31,448.00	184.44	37.94	69.81	///////			292.19	92.50	88.49	473.18		
37 CT Scanner	CAT	331,431.00	585.83	250.73	248.77	///////			1,085.33	594.70	181.43	1,861.46		
38 Interventional Radiology/Cardiovascular	IRC	17,862.00	581.66	113.89	220.12	///////			915.68	260.60	51.73	1,228.01		
39 Respiratory Therapy	RES	614,270.00	1,040.75	22.37	324.60	///////			1,387.72			1,387.72		
40 Pulmonary Function Testing	PUL	3,250.00	5.83	0.17	2.57	///////			8.57			8.57		
41 Renal Dialysis	RDL	405.00	298.06	43.00	88.97	///////			430.03			430.03		
42 Physical Therapy	PTH	153,229.00	677.78	26.76	226.77	///////			931.31	38.70		970.01		
43 Occupational Therapy	OTH	95,682.00	273.54	8.38	89.37	///////			371.29	17.60		388.89		
44 Speech Language Pathology	STH	46,444.00	120.24	5.98	38.35	///////			164.57	11.60		176.17		
45 Organ Acquisition	OA					///////								
46 Ambulatory Surgery	AOR					///////								
47 Leukopheresis	LEU					///////								
48 Hyperbaric Chamber	HYP					///////								
49 Audiology	AUD					///////								
50 Other Physical Medicine	OPM					///////								
51 Transurethral Needle Ablation	TNA					///////								
52 Magnetic Resonance Imaging	MRI	126,606.00	319.72	48.24	128.26	///////			496.22	79.00	279.08	854.31		
53 Oncology Clinic	OCL					///////								
54 Transurethral Microwave Thermotherapy	TMT					///////								
55 Admission Services	ADM	4,564.00	///////	688.71	65.40	///////	///////	///////	754.11	///////	///////	754.11		
56 Med/Surg Supplies	MSS	8,011.85	7,553.36	642.14	171.69	///////	///////	///////	8,367.19	485.80	///////	8,852.99		
57 Drugs Sold	CDS	8,011.85	2,752.55	2,098.15	647.66	///////	///////	///////	5,498.37	435.90	///////	5,934.27		
58						///////								
B TOTAL		7,391,149.70	47,424.51	11,663.42	13,406.67		159.60		72,654.20	15,743.30	2,565.38	90,962.88		

REVENUE CENTER RATE SUMMARY

INSTITUTION NAME:
INSTITUTION NUMBER:

HOLY CROSS GERMANTOWN HOSPITAL
0065

BASE YEAR

6/30/2018

----- O F C -----		LEVEL III	PAYOR DIFFERENTIAL	LEVEL IV	CROSS SUBSIDY	MISC ADJ	HSCRC ADJ	ADJUST LEVEL IV	AVERAGE RATES
DIRECT	PERCENTAGE								

	DESCRIPTION	CODE	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10
A1	Med/Surg Acute	MSG			9,309.49	1,413.10	10,722.59				10,722.59	1,852.23
2	Pediatric Acute	PED										
3	Psychiatric Acute	PSY			2,736.17	415.30	3,151.47				3,151.47	2,194.62
4	Obstetrics Acute	OBS			2,682.40	407.20	3,089.60				3,089.60	1,489.68
5	Definitive Observation	DEF			6,920.68	1,050.50	7,971.18				7,971.18	1,523.84
6	Med/Surg Intensive Care	MIS			5,482.24	832.10	6,314.34				6,314.34	3,233.15
7	Coronary Care	CCU										
8	Pediatric Intensive Care	PIC										
9	Neo-Natal Intensive Care	NEO			1,244.32	188.90	1,433.22				1,433.22	1,492.94
10	Burn Care	BUR										
11	Psychiatric Intensive Care	PSI										
12	Shock Trauma	TRM										
13	Oncology	ONC										
14	Newborn Nursery	NUR			1,154.31	175.20	1,329.51				1,329.51	695.35
15	Premature Nursery	PRE										
16	Rehabilitation	RHB										
17	Intermediate Care	ICC										
18	Emergency Services	EMG			7,430.86	1,127.90	8,558.76				8,558.76	30.89
19	Clinical Services	CL			631.36	95.80	727.16				727.16	41.81
20	Observation	OBV			1,774.75	269.40	2,044.15				2,044.15	43.77
21	Psych. Day & Night Care	PDC										
22	Lithotripsy	LIT										
23	Same Day Surgery	SDS			2,419.92	367.30	2,787.22				2,787.22	1,242.63
24	Free Standing Emergency	FSE										
25	Labor & Delivery Services	DEL			3,990.61	605.70	4,596.31				4,596.31	124.66
26	Operating Room	OR			10,524.15	1,597.40	12,121.55				12,121.55	36.79
27	Operating Room Clinic	ORC										
28	Ambulance Services-Rebundled	AMR			7.64	1.20	8.84				8.84	
29	Anesthesiology	ANS			196.46	29.80	226.26				226.26	0.61
30	Laboratory Services	LAB			7,863.65	1,193.60	9,057.25				9,057.25	2.06
31	Ambulatory Surgery (PBP)	AMS										
32	Electrocardiography	EKG			295.13	44.80	339.93				339.93	1.84
33	Electroencephalography	EEG			160.44	24.40	184.84				184.84	25.10
34	Radiology-Diagnostic	RAD			2,818.57	427.80	3,246.37				3,246.37	12.79
35	Radiology-Therapeutic	RAT										
36	Nuclear Medicine	NUC			473.18	71.80	544.98				544.98	17.33
37	CT Scanner	CAT			1,861.46	282.50	2,143.96				2,143.96	6.47
38	Interventional Radiology/Cardiovascular	IRC			1,228.01	186.40	1,414.41				1,414.41	79.19
39	Respiratory Therapy	RES			1,387.72	210.60	1,598.32				1,598.32	2.60
40	Pulmonary Function Testing	PUL			8.57	1.30	9.87				9.87	3.04
41	Renal Dialysis	RDL			430.03	65.30	495.33				495.33	1,223.04
42	Physical Therapy	PTH			970.01	147.20	1,117.21				1,117.21	7.29
43	Occupational Therapy	OTH			388.89	59.00	447.89				447.89	4.68
44	Speech Language Pathology	STH			176.17	26.70	202.87				202.87	4.37
45	Organ Acquisition	OA										
46	Ambulatory Surgery	AOR										
47	Leukopheresis	LEU										
48	Hyperbaric Chamber	HYP										
49	Audiology	AUD										
50	Other Physical Medicine	OPM										
51	Transurethral Needle Ablation	TNA										
52	Magnetic Resonance Imaging	MRI			854.31	129.70	984.01				984.01	7.77
53	Oncology Clinic	OCL										
54	Transurethral Microwave Thermotherapy	TMT										
55	Admission Services	ADM			754.11	114.50	868.61				868.61	190.32
56	Med/Surg Supplies	MSS			8,852.99	1,343.80	10,196.79				10,196.79	1,272.71
57	Drugs Sold	CDS			5,934.27	900.80	6,835.07				6,835.07	853.12
58												
B	TOTAL				-1,884.40	90,962.88	13,807.00	104,769.88			104,769.88	//////////

OVERHEAD EXPENSE SUMMARY

OES

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2018

INSTITUTION NUMBER: 0065

EXPENSES		TOTAL	DISTRIBUTE TO:			
			Physician Part B Centers Sch P2	Data Processing Sch DP1	General Service Centers Sch C1 - C14	
A	Dietary Services	682.10			682.1	A
B	Laundry and Linen	450.10			450.1	B
C	Social Services	649.60			649.6	C
D	Purchasing and Stores	995.30			995.3	D
E	Plant Operations	5,277.30			5,277.3	E
F	Housekeeping	1,345.60			1,345.6	F
G	Central Services and Supply	458.10			458.1	G
H	Pharmacy	1,968.50			1,968.5	H
I	General Accounting	1,315.20			1,315.2	I
J	Patient Accounts	1,123.00			1,123.0	J
K	Hospital Administration	7,941.20			7,941.2	K
L	Medical Records	331.20			331.2	L
M	Medical Staff Administration	117.60			117.6	M
N	Nursing Administration	1,059.90			1,059.9	N
O	Organ Acquisition					O
P	Data Processing	3,133.00		3,133.0		P
Q	Totals	26,847.70		3,133.0	23,714.7	Q

UNREGULATED SERVICES
ULB

UR 5

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0055

	VOLUME DATA	BASE YEAR UNITS
A	CAP 1982 ed	596

COL 1 COL 2 COL 3 COL 4

LABORATORY -NON PATIENT

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

B	BASE YEAR EXPENSES	RECORDS	61.10	11.90	73.00	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. DA.	1.85	XXXXX	1.85	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	//////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	//////	XXXXXXXX	XXXXX	XXXXX	///
D1	Central Services & Supply	CSS	0.16	0.28	0.44	XXXXX	D1
D2	General Accounting	FIS		0.98	0.98	XXXXX	D2
D3	Housekeeping	HKP	0.47	0.53	1.01	XXXXX	D3
D4	Interest Long Term	ILT		XXXXX	4.34	XXXXX	D4
D5	Malpractice Insurance	MAL		XXXXX	0.36	XXXXX	D5
D6	Hospital Administration	MGT	0.57	5.40	5.98	XXXXX	D6
D7	Medical Records	MRD	0.06	0.02	0.08	XXXXX	D7
D8	Medical Staff Administration	MSA	0.04	0.05	0.09	XXXXX	D8
D9	Nursing Administration	NAD	0.57	0.21	0.79	XXXXX	D9
D10	Other Insurance	OIN		XXXXX	0.14	XXXXX	D10
D11	Patient Accounts	PAC	0.20	0.07	0.27	XXXXX	D11
D12	Pharmacy	PHM	1.11	0.39	1.50	XXXXX	D12
D13	Plant Operations	POP	1.02	2.92	3.95	XXXXX	D13
D14	Purchasing & Stores	PUR	0.33	0.42	0.75	XXXXX	D14
D15						XXXXX	D15
E	Capital Facilities Allowance	Records				XXXXX	E
F	Base Year Adjusted Expenses	B+C+D+E	67.49	28.02	95.51	0.16	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	42.10	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	-53.41	XXXXX	H

FTE DATA

I	BASE YEAR HOURS WORKED / 2080	RECORDS	1.0				I
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**UNREGULATED SERVICES
UPB**

UR 6

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR: 6/30/2018
 INSTITUTION NUMBER: 0065

VOLUME DATA		BASE YEAR UNITS
A	NO. OF FTEs	

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

PHYSICIANS PART B SERVICES

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

B	BASE YEAR EXPENSES	RECORDS		6280.80	6280.80	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA		XXXXXX		XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	//////	XXXXXXXX	XXXXXX	XXXXXX	XXXXX	D
///	COST CENTER Col 5	COL 6 CODE	//////	XXXXXXXX	XXXXXX	XXXXX	///
D1	Central Services & Supply	CSS		13.27	23.97	37.24	XXXXX D1
D2	General Accounting	FIS			82.08	82.08	XXXXX D2
D3	Housekeeping	HKP		39.93	44.80	84.73	XXXXX D3
D4	Interest Long Term	ILT		XXXXXX		374.11	XXXXX D4
D5	Malpractice Insurance	MAL		XXXXXX		9.26	XXXXX D5
D6	Hospital Administration	MGT		48.20	454.68	502.88	XXXXX D6
D7	Medical Records	MRD		1.74	0.52	2.27	XXXXX D7
D8	Medical Staff Administration	MSA		3.22	4.11	7.34	XXXXX D8
D9	Nursing Administration	NAD		48.05	18.09	66.14	XXXXX D9
D10	Other Insurance	OIN		XXXXXX		11.83	XXXXX D10
D11	Patient Accounts	PAC		5.69	2.01	7.70	XXXXX D11
D12	Pharmacy	PHM		93.67	32.66	126.33	XXXXX D12
D13	Plant Operations	POP		86.09	246.12	332.21	XXXXX D13
D14	Purchasing & Stores	PUR		28.00	35.52	63.53	XXXXX D14
D15							XXXXX D15
E	Capital Facilities Allowance	Records					XXXXX E
F	Base Year Adjusted Expenses	B+C+D+E		367.87	7620.57	7988.44	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXXX	1112.30	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXXX	(6876.14)	XXXXX	H

FTE DATA

I	BASE YEAR HOURS WORKED / 2080	RECORDS					I
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Unregulated Services
UR6A
Physicians Part B Services Detail

Schedule UR6A is provided to enable hospitals to identify and report the Physicians Part B Services costs, revenue, and FTEs reported on Schedule UR6 by Physician Category. The information reported on Schedule UR6A must agree with the information reported on Schedule UR6 Physicians Part B Services. The Physician Categories to be use in this report are those listed in the CROSSWALK - Medicare Provider/Supplier to Healthcare Provider Taxonomy.

<https://data.cms.gov/Medicare/CROSSWALK-MEDICARE-PROVIDER-SUPPLIER-to-HEALTHCARE/j75i-rw8y>

Physician Category Code (2 digit code)	Physician Description	Salaries and Fringe Benefits	Other Expenses	Total Expenses	Revenue	Hospital Based (Y or N)	FTEs
2	Physician/General Surgery	45.0	932.9	978.0	-	Y	
5	Physician/Anesthesiology	23.4	485.0	508.4	-	Y	
13	Physician/Neurology	0.1	2.2	2.3	-	Y	
16	Physician/Obstetrics & Gynecology	72.1	1,494.0	1,566.2	939.2	Y	
30	Physician/Diagnostic Radiology	26.2	542.0	568.1	-	Y	
37	Physician/Pediatric Medicine	8.8	181.9	190.7	-	Y	
80	Licensed Clinical Social Worker	17.5	361.6	379.0	173.1	Y	
81	Physician/Critical Care (Intensivists)	85.3	1,766.7	1,851.9	-	Y	
86	Physician/Neuropsychiatry	0.3	6.6	6.9	-	Y	
93	Physician/Emergency Medicine	87.7	1,816.7	1,904.4	-	Y	
98	Physician/Gynecological Oncology	1.5	31.0	32.5	-	Y	
Total		\$367.87	\$7,620.57	\$7,988.44	\$1,112.30		-
Per UR6		\$367.87	\$7,620.57	\$7,988.44	\$1,112.30		-
Variance (should be 0.0)		-	-	-	-		-

UNREGULATED SERVICES
CNA

UR 7

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR N/A
 INSTITUTION NUMBER: 0065 6/30/2018

	VOLUME DATA	BASE YEAR UNITS
A	CNA Minutes	

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

CERTIFIED NURSE ANESTHETIST

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

B	BASE YEAR EXPENSES	RECORDS				XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA		XXXXX		XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	////	XXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL 6 CODE	////	XXXXXXX	XXXXX	XXXXX	///
D1						XXXXX	D1
D2						XXXXX	D2
D3						XXXXX	D3
D4						XXXXX	D4
D5						XXXXX	D5
D6						XXXXX	D6
D7						XXXXX	D7
D8						XXXXX	D8
D9						XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
D13						XXXXX	D13
D14						XXXXX	D14
D15						XXXXX	D15
E	Capital Facilities Allowance	Records				XXXXX	E
F	Base Year Adjusted Expenses	B+C+D+E				XXXXX	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX		XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX		XXXXX	H

FTE DATA

I	BASE YEAR HOURS WORKED / 2080	RECORDS					I
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**UNREGULATED SERVICES
PSS**

UR 8

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0065

	VOLUME DATA	BASE YEAR UNITS
A	NUMBER OF FTES	4

COL 1 COL 2 COL 3 COL 4

PHYSICIAN SUPPORT SERVICES

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

B	BASE YEAR EXPENSES	RECORDS	1294.90	12.20	1307.10	XXXXX	B	
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	11.56	XXXXX	11.56	XXXXX	C	
D	ALLOCATION FROM GENERAL SERVICE CENTERS	//////	XXXXXXXXX	XXXXX	XXXXX	XXXXX	D	
///	COST CENTER Col 5	//////	XXXXXXXXX	XXXXX	XXXXX	XXXXX	///	
D1	Central Services & Supply	COL 6 CODE	2.76	4.99	7.75	XXXXX	D1	
D2	General Accounting	CSS		17.07	17.07	XXXXX	D2	
D3	Housekeeping	FIS	8.30	9.32	17.62	XXXXX	D3	
D4	Interest Long Term	HKP		77.86	77.86	XXXXX	D4	
D5	Malpractice Insurance	ILT	XXXXX	3.16	3.16	XXXXX	D5	
D6	Hospital Administration	MAL		10.03	94.57	104.59	XXXXX	D6
D7	Medical Records	MGT	0.27	0.08	0.36	XXXXX	D7	
D8	Medical Staff Administration	MRD	0.67	0.86	1.53	XXXXX	D8	
D9	Nursing Administration	MSA	9.99	3.76	13.76	XXXXX	D9	
D10	Other Insurance	NAD	XXXXX	2.46	2.46	XXXXX	D10	
D11	Patient Accounts	OIN	0.90	0.32	1.21	XXXXX	D11	
D12	Pharmacy	PAC	19.48	6.79	26.27	XXXXX	D12	
D13	Plant Operations	PHM	17.91	51.19	69.10	XXXXX	D13	
D14	Purchasing & Stores	POP	5.82	7.39	13.21	XXXXX	D14	
D15		PUR				XXXXX	D15	
E	Capital Facilities Allowance	Records				XXXXX	E	
F	Base Year Adjusted Expenses	B+C+D+E	1382.60	292.01	1674.61	416.65	F	

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXXXXXXXX	XXXXX	224.63	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXXX	XXXXX	-1449.97	XXXXX	H

FTE DATA

I	BASE YEAR HOURS WORKED / 2080	RECORDS	6.3				I
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UNREGULATED SERVICES SUMMARY

URS

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR: 6/30/2018
 INSTITUTION NUMBER: 0065

Schedule	Entity Name and Address	Nature of Service
UR-1		FREE STANDING CLINIC SERVICES
UR-2		PRIVATE HOME SERVICES
UR-3		OUTPATIENT RENAL DIALYSIS
UR-4		SKILLED NURSING CARE
UR-5	Holy Cross Germantown Hospital 19801 Observation Dr. Germantown, MD 20876	LAB NON-PATIENT
UR-6	Holy Cross Germantown Hospital 19801 Observation Dr. Germantown, MD 20876	PART B PHYSICIANS
UR-7		CERTIFIED NURSE ANESTHETISTS
UR-8	Holy Cross Germantown Hospital 19801 Observation Dr. Germantown, MD 20876	PHYSICIAN SUPPORT SERVICES
UR-9		
UR-10		
UR-11		
UR-12		
UR-13		
UR-14		
UR-15		

ANNUAL COST SURVEY

INSTITUTION NAME HOLY CROSS GERM BASE YEAR 6/30/2018

INSTITUTION NUMBER 0065

COL 1 COL 2

	CATEGORY	COSTS	PERCENT
A	Salaries & Wages	33,101.95	36.57%
B	Fringe Benefits	6,835.36	7.55%
C	Depreciation & Amortization	12,182.30	13.46%
C1	Operating Leases	127.60	0.14%
D	Interest Expense	5,499.59	6.08%
E	Medical & Surgical Supplies	9,095.55	10.05%
F	IV Solutions and Pharmacy	2,620.89	2.90%
G	Laundry, Linen, Uniforms	62.68	0.07%
H	Films & Solutions	2.42	0.00%
I	Blood, Plamanate, Albumen	392.87	0.43%
J	Contracted Services	8,098.44	8.95%
K	Professional Fees	6,257.50	6.91%
L	Agency Nurses	584.79	0.65%
M	Malpractice Insurance	833.82	0.92%
N	All Other Insurance	173.44	0.19%
O	Telephone		
P	Utilities & Water	1,906.90	2.11%
Q	Food	556.08	0.61%
R	Printing, Office Supplies, Copying	286.32	0.32%
S	Chemical, Solutions, Lubrication,	92.73	0.10%
T	Other (Detail over 20% of supply	1,809.69	2.00%
U	Total	90,520.93	100.00%

TRANSACTIONS WITH RELATED ENTITIES

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0065

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	Trinity Health	(155,872,129)		H	Relates to bonds issued by Trinity on behalf of F
2	Trinity Health	(376,922)		B	Trinity Health is group purchaser of benefits
3	Trinity Health			B	Contract labor
4	Trinity Health			B	Information services
5	Trinity Health	71,628		B	Management services
6	Trinity Health			B	Revenue management services
7	Trinity Health	301,923		B	Supply chain & accts payable services
8	Trinity Health			B	Repairs and maintenance
9	Trinity Health			F	Amortization fixed assets held by Trinity for bene
10	Trinity Health	5,970,410		H	Interest expense on bond issues by Trinity on be
11	Trinity Health			B	Liability and malpractice insurance
12	Trinity Health			B	Other purchased services
13	Trinity Health	(7,071,878)		H	Gains on investments in corporate pooled invest
14	Trinity Health	504,480		H	Losses in other non-operating items
15	Trinity Health			G	Equity transfers of funds to parent
16	Trinity Health			J	Other Revenue
17	Trinity Health		120,772,758	G	Investments in CHE Trinity corporate pooled inv
18	Trinity Health			G	Prepaid charges for shared information systems
19	Trinity Health	1,250,212		H	Accounts and other payables
20	Trinity Health	191,375		H	Deferred compensation liability
21	Trinity Health		1,106	G	Prepaid expenses and other current assets
22	Trinity Health				Restructuring costs

SUPPLEMENTAL BIRTHS SCHEDULE

INSTITUTION NAME: HOLY CROSS GERMANTOWN BASE YEAR 6/30/2018

INSTITUTION NUMBER: 0065

Admissions for EIPA Counts		
A	Neonates not charged an Admission Charge	56
B	Admissions from monthly reports ADM revenue center	4,179
C	Total	4,235
Cases for Charge Per Case (CPC) Calculations		
D	Neonates not charged an Admission Charge	56
E	Births from monthly reports Nursery (NUR) revenue center	848
F	Sub-Total	904
G	Admissions from monthly reports ADM revenue center	4,179
H	Total	5,083

Hospital Name: _____
 Hospital Number: _____

SCHEDULE RE R

HOLY CROSS GERMANTOWN HOSPITAL
 0065
FY2018 RECONCILIATION OF THE AUDITED FINANCIALS
TO SCHEDULE RE

	Audited Financial Statements	Miscellaneous Adjustments	Auxiliary Enterprises, Other Institutional Programs and Unregulated														
			E 2 Parking	E 3 Dr. Office	E 4 Other Office	E 5 Retail Ops.	E 6 Pt. Phones	E 7 Cafeteria	F 1 Research	F 3 Other Hlth. Ed.	F 4 Comm. Hlth. Ed.	UR 1 FSC	UR 2 Home Health	UR 3 O/P Renal	UR 4 SNF		
Revenue:																	
Gross Patient Revenue	97,541.0	-															
Deductions from Patient Revenue:																	
Charity Care/UCC	4,839.4																
Provisions for Bad Debts	3,829.8																
Contractual Adjustments	4,129.3	4,290.8															
UCC Fund Payments																	
Denials	2,034.3																
Other Deductions	283.9																
Total Deductions	15,116.6	4,290.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
UCC Fund Receipts	-	4,290.8															
Net Patient Revenue	82,424.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Operating Revenue	1,610.7	-			344.7	37.9		326.3				26.2					
Total Operating Revenue	84,035.0	-	-	-	344.7	37.9	-	326.3				26.2					
Operating Expenses:																	
Salaries, Wages & Benefits	42,334.8		-	-	1.4	46.7	-	530.9				0.6					
Professional Fees		6,257.5															
Supplies	13,512.6																
Purchased Services & Other	26,679.2	(6,385.1)	-	-	0.9	8.9	-	(224.2)				20.2					
Depreciation/Amortization	12,182.3		-	-	-	-	-	-									
Leases/Rentals		127.6	-	-	-	-	-	-									
Interest	5,998.6		-	-	20.8	2.3	-	19.6									
Provision for Bad Debts																	
Total Operating Expenses	100,707.5	0.0	-	-	23.0	57.9	-	326.3				20.8					
Income from Operations	(16,672.5)	(0.0)	-	-	321.7	(20.1)	-	0.0				5.4					
Non-Operating Revenues	7,071.9	(504.5)															
Non-Operating Expenses	(504.5)	504.5															
Non-Operating Gains, Net	6,567.4	-															
Revenue & Gains in Excess																	
of Expenses & Losses	(10,105.1)	(0.0)	-	-	321.7	(20.1)	-	0.0				5.4					

Hospital Name: _____
 Hospital Number: _____

	Audited Financial Statements	Miscellaneous Adjustments	UR						Total		Total		RE Line
			UR 5	UR 6	UR 7	UR 8	UR 9	UR 10	Unregulated	Regulated	Total		
			Non-Pt. Lab	Phys. Pt. B	CRNA	Physician Support Services	Adult Day Care	Radiation Therapy					
Revenue:													
Gross Patient Revenue	97,541.0	-	42.1	1,088.7			385.0			1,515.8	96,025.2	97,541.0	E
Deductions from Patient Revenue:													
Charity Care/UCC	4,839.4			(147.1)			(75.8)			(222.9)	5,062.3	4,839.4	G
Provisions for Bad Debts	3,829.8			123.5			38.4			161.9	3,667.9	3,829.8	F
Contractual Adjustments	4,129.3	4,290.8					197.8			197.8	8,222.3	8,420.1	H
UCC Fund Payments													
Denials	2,034.3												H1
Other Deductions	283.9										2,034.3	2,034.3	H2
Total Deductions	15,116.6	4,290.8	-	(23.6)			160.4			136.8	19,270.7	19,407.4	J
UCC Fund Receipts	-	4,290.8	-	-							283.9	283.9	I
Net Patient Revenue	82,424.3	-	42.1	1,112.3			224.6			1,379.0	4,290.8	4,290.8	J1
Other Operating Revenue	1,610.7										81,045.3	82,424.3	K
Total Operating Revenue	84,035.0	-	42.1	1,112.3			224.6			2,114.1	875.6	84,035.0	M
Operating Expenses:													
Salaries, Wages & Benefits	42,334.8		67.5	367.9			1,382.6			2,397.5	39,937.3	42,334.8	N
Professional Fees		6,257.5									6,257.5	6,257.5	O
Supplies	13,512.6										13,512.6	13,512.6	P
Purchased Services & Other	26,679.2	(6,385.1)	23.7	7,246.5			214.2			7,290.1	13,004.0	20,294.1	R
Depreciation/Amortization	12,182.3										12,182.3	12,182.3	Q
Leases/Rentals		127.6									127.6	127.6	Q
Interest	5,998.6		4.3	374.1			77.9			499.0	5,499.6	5,998.6	R
Provision for Bad Debts													
Total Operating Expenses	100,707.5	0.0	95.5	7,988.4			1,674.6			10,186.5	90,520.9	100,707.5	S
Income from Operations	(16,672.5)	(0.0)	(53.4)	(6,876.1)			(1,450.0)			(8,072.4)	(8,600.0)	(16,672.5)	T
Non-Operating Revenues	7,071.9	(504.5)								6,567.4		6,567.4	U
Non-Operating Expenses	(504.5)	504.5											V
Non-Operating Gains, Net	6,567.4	-	-	-			-			6,567.4	-	6,567.4	
Revenue & Gains in Excess of Expenses & Losses	(10,105.1)	(0.0)	(53.4)	(6,876.1)			(1,450.0)			(1,505.1)	(8,600.0)	(10,105.1)	

FY2018 SUPPLEMENTAL SCHEDULE - I
Summary of Other and Non-Operating Revenue

Hospital Name: HOLY CROSS GERMANTOWN HOSPITAL
Hospital Number: 0065

Other Operating Revenue:	2018	HSCRC Schedule
Release of gifts funds		G / GR
Grants/Federal Financial Awards		G / GR
Investments	-	G / GR
Other	-	G / GR
Total - RE Col 1, Line L	-	

Non-Operating and Net Unregulated Revenue:		
Ambulance Services	-	E 1
Parking	-	E 2
Doctor's Private Office Rent	-	E 3
Office & Other Rental	344.7	E 4
Retail Operations	37.9	E 5
Patients Telephones	-	E 6
Cafeteria	326.3	E 7
Day Care	-	E 8
Housing	-	E 9
Research	-	F 1
Nursing Education	-	F 2
Other Health Profession Education	-	F 3
Community Health Education	26.2	F 4
Freestanding Clinic Services	-	UR 1
Private Home Services	-	UR 2
Outpatient Renal Dialysis	-	UR 3
Skilled Nursing Care	-	UR 4
Laboratory Non-Patient	42.1	UR 5
Physicians Part B Services	1,112.3	UR 6
Certified Nurse Anesthetists	-	UR 7
Physician Support Services	224.6	UR 8
Adult Day Care	-	UR 9
Radiation Therapy	-	UR 10
Investment Income	6,567.4	G / GR
Other	-	G / GR
Total - RE Col 2, Line M + Line U	8,681.5	

Non-Operating and Net Unregulated Expenses:

Ambulance Services	-	E 1
Parking	-	E 2
Doctor's Private Office Rent	-	E 3
Office & Other Rental	23.0	E 4
Retail Operations	57.9	E 5
Patients Telephones	-	E 6
Cafeteria	326	E 7
Day Care	-	E 8
Housing	-	E 9
Research	-	F 1
Nursing Education	-	F 2
Other Health Profession Education	-	F 3
Community Health Education	20.8	F 4
Freestanding Clinic Services	-	UR 1
Private Home Services	-	UR 2
Outpatient Renal Dialysis	-	UR 3
Skilled Nursing Care	-	UR 4
Laboratory Non-Patient	95.5	UR 5
Physicians Part B Services	7,988.4	UR 6
Certified Nurse Anesthetists	-	UR 7
Physician Support Services	1,674.6	UR 8
Adult Day Care	-	UR 9
Radiation Therapy	-	UR 10

Total - RE Col 2, Line S + Line V

10,186.5

FY2018 SUPPLEMENTAL SCHEDULE - II

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

Hospital Name: HOLY CROSS GERMANTOWN HOSPITAL
 Hospital Number: 0065

Income Statement

RE Line T	Excess (Deficit) Operating Rev. over Operating Expenses	XXXXX	-\$16,672.45
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RE Line U Detailed Non-Operating:- Income/(Expense)			
U1	Contributions (Unrestricted)		XXXXX
U2	Interest & Investment Income	1,346.3	XXXXX
U3	Investment - Gains/(Losses) - Realized	3,462.8	XXXXX
U4	Investment - Gains/(Losses) - Unrealized	2,262.8	XXXXX
U5	Swap Agreements - Gains/(Losses) - Realized	(504.5)	XXXXX
V	Other (Specify)		XXXXX
V	Loss on extinguishment of debt		XXXXX
V	Other non-operating income		XXXXX
RE Line W	Excess Profit/(Loss)	XXXXX	(10,105.1)

0.0

Supplemental Schedule - FS and RE Schedules

Other Significant Financial Information

CC	Swap Agreements - Gains/(Losses) - Unrealized		XXXXX
DD	Collateral Received/(Posted) - Swap Agreements		XXXXX
EE	Retirement of Debt - Gains/(Losses)		XXXXX
FF	Pension Adjustment - Defined Benefit Plans		XXXXX
GG	Other (Specify)		XXXXX
HH	Total	XXXXX	\$0.00

SUPPLEMENTAL SCHEDULE - III
Reconciliation of Depreciation and Lease / Rentals

Hospital Name: HOLY CROSS GERMANTOWN HOSPITAL
 Hospital Number: 0065

Fiscal Year 2018

	Depreciation	Leases / Rentals	Total
UA Schedule - Line A	\$12,182.30	\$127.60	\$12,309.90
Allocation of E & UR Schedules:			
E 1	\$0.00	\$0.00	\$0.00
E 2	\$0.00	\$0.00	\$0.00
E 3	\$0.00	\$0.00	\$0.00
E 4	\$0.00	\$0.00	\$0.00
E 5	\$0.00	\$0.00	\$0.00
E 6	\$0.00	\$0.00	\$0.00
E 7	\$0.00	\$0.00	\$0.00
E 8	\$0.00	\$0.00	\$0.00
E 9	\$0.00	\$0.00	\$0.00
UR 1	\$0.00	\$0.00	\$0.00
UR 2	\$0.00	\$0.00	\$0.00
UR 3	\$0.00	\$0.00	\$0.00
UR 4	\$0.00	\$0.00	\$0.00
UR 5	\$0.00	\$0.00	\$0.00
UR 6	\$0.00	\$0.00	\$0.00
UR 7	\$0.00	\$0.00	\$0.00
UR 8	\$0.00	\$0.00	\$0.00
UR 9	\$0.00	\$0.00	\$0.00
UR 10	\$0.00	\$0.00	\$0.00
UR 11	\$0.00	\$0.00	\$0.00
UR 12	\$0.00	\$0.00	\$0.00
UR 13	\$0.00	\$0.00	\$0.00
UR 14	\$0.00	\$0.00	\$0.00
UR 15	\$0.00	\$0.00	\$0.00
RE Schedule - Line Q	\$12,182.30	\$127.60	\$12,309.90

\$12,309.89

SUPPLEMENTAL SCHEDULE - IV

Reconciling the amount of uncompensated care per
the hospital's audited financial statements and trial balance

Hospital Name: HOLY CROSS GERMANTOWN HOSPITAL
Hospital Number: 0065
Fiscal Year 2018

Audited Financial Statements:	
Bad Debts	\$3,829.77
Charity Care	\$4,839.37
	<hr/>
Uncompensated Care per Statement	\$8,669.14

Trial Balance:	
Bad Debt Write-offs	\$4,393.07
Charity Write-offs	\$4,839.37
Change in Balance Sheet Reserve	
Bad Debt Recoveries	-\$563.30
Other	\$0.00
	<hr/>
Uncompensated Care per Trial Balance	\$8,669.14

Annual Report of Revenues, Expenses, and Volumes:	
Uncompensated Care - Schedule PDA	\$8,730.17
Unregulated Charity & Bad Debts	-\$61.03
Other	
	<hr/>
Uncompensated Care Per Report	\$8,669.14

FY 2018 SUPPLEMENTAL SCHEDULE - V
Detail of MCO Revenue (in 000's)

Hospital Name:
Hospital Number:
Fiscal Year 2018

HOLY CROSS GERMANTOWN HOSPITAL
0065

Payor	Inpatient	Outpatient	Total
AMERICAID/AMERIGROUP	1,089.7	1,753.7	2,843.3
PRIORITY PARTNERS	1,026.3	1,070.2	2,096.5
UHC MEDICAID	728.6	813.6	1,542.2
MARYLAND PHYSICIANS	1,169.6	932.8	2,102.3
KAISER	1,062.0	382.8	1,444.8
CIGNA	260.0	109.6	369.6
AETNA MEDICARE	145.9	34.2	180.1
UHC	339.6	79.2	418.7
MEDSTAR MD HEALTH CHOICE	261.6	256.4	518.0
MEDICARE HMO OTHER	562.2	206.6	768.9
ERICKSON	0.0	1.5	1.5
DC CHARTERED	25.2	14.4	39.6
TRUSTED HEALTH PLAN	7.1	6.2	13.3
MEDSTAR DC HEALTHY FAMILY	(0.3)	12.9	12.7
EVERCARE	0.0	0.0	0.0
OTHER	385.5	215.4	600.9
Total	7,062.9	5,889.5	12,952.5

SUPPLEMENTAL SCHEDULE - X
Gross Patient Revenue Reconciliation
Schedule

Hospital Name: HOLY CROSS GERMANTOWN HOSPITAL
 Hospital Number: 0065

Base Year: 6/30/2018

Section I

TOTAL GROSS PATIENT REVENUE

Line #		Col 1 Inpatient	Col 2 Outpatient	Col 3 Total
1	Total In-State Revenue	53,148,931	39,876,869	93,025,800
2	Total Out-State Revenue	1,552,329	1,446,989	2,999,318
3	Total Gross Patient Revenue	54,701,260	41,323,858	96,025,118

Section II

TOTAL MEDICARE/NON-FFS REVENUE

	Col 1 In-State I/P Revenue	Col 2 Out-State I/P Revenue	Col 3 In-State O/P Revenue	Col 4 Out-State O/P Revenue	Col 5 Total Revenue
4 Medicare FFS Revenue	19,931,839	656,128	7,686,450	230,665	28,505,082
5 Non-FFS Revenue	1,255,607	155,975	409,954	52,407	1,873,943
6 Total Revenue	21,187,446	812,103	8,096,404	283,072	30,379,025