

LEVINDALE GERIATRIC CENTER & HOSPITAL

**HEALTH SERVICES COST REVIEW
COMMISSION**

RATE REVIEW SYSTEM

FOR THE FISCAL YEAR ENDED JUNE 30, 2018

INPATIENTS AND PATIENT DAYS

V1

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL

FISCAL YEAR

6/30/2018

INSTITUTION NUMBER: 210064

REPORTING SCHEDULE	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
D01	MSG	Med/Surg Acute	0	0	0	0.0	0.000
D02	PED	Pediatric Acute	0	0	0	0.0	0.000
D03	PSY	Psychiatric Acute	0	0	0	0.0	0.000
D04	OBS	Obstetrics Acute	0	0	0	0.0	0.000
D05	DEF	Definitive Observation	0	0	0	0.0	0.000
D06	MIS	Med/Surg Intensive Care	0	0	0	0.0	0.000
D07	CCU	Coronary Care	0	0	0	0.0	0.000
D08	PIC	Pediatric Intensive Care	0	0	0	0.0	0.000
D09	NEO	Neonatal Intensive Care	0	0	0	0.0	0.000
D10	BUR	Burn Care	0	0	0	0.0	0.000
D11	PSI	Psychiatric Intensive Care	0	0	0	0.0	0.000
D12	TRM	Shock Trauma	0	0	0	0.0	0.000
D13	ONC	Oncology	0	0	0	0.0	0.000
D16	ECF	Skilled Nursing Care	0	0	0	0.0	0.000
D17	CRH	Chronic Care	1,091	32,231	27	28.8	0.930
D60	RDS	Respiratory Dependent	78	2,170	36	19.0	0.396
D54	RHB	Rehabilitation	140	2,294	16	14.7	0.628
D70	PAD	Psychiatric Adult	0	0	0	0.0	0.000
D71	PCD	Psychiatric Child/Adolescent	0	0	0	0.0	0.000
D73	PSG	Psychiatric Geriatric	0	0	0	0.0	0.000
D82	PSD	Pediatric Step-Down	0	0	0	0.0	0.000
SUBTOTAL			1,309	36,695	79	26.4	0.838
D14	NUR	Newborn Nursery	0	0	0	0.0	0.000
D15	PRE	Premature Nursery	0	0	0	0.0	0.000
TOTAL			1,309	36,695	79	26.4	0.838

ANCILLARY SERVICE UNITS

V3

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210064

REPORTING SCHEDULE	CENTER	UNIT OF MEASURE	COL. 1	COL. 2	COL. 3	COL. 4
			INPATIENT VOLUME	OUTPATIENT VOLUME	TOTAL VOLUME	
			RECORDS	RECORDS	COL 1 + COL 2	
D23	DEL	Labor & Delivery Services	MD RVUs	0	0	0
D24	OR	Operating Room	Minutes	412	114	526
D24A	ORC	Operating Room Clinic	Minutes	4,237	0	4,237
D25	ANS	Anesthesiology	Minutes	330	0	330
D28	LAB	Laboratory Services	MD RVUs	336,474	945	337,419
D30	EKG	Electrocardiography	1974 California RV	2,175	0	2,175
D31	IRC	Interventional Radiology / Cardiovascular	MD RVUs	138	0	138
D32	RAD	Radiology-Diagnostic	HSCRC RVUs	11,693	248	11,941
D33	CAT	CT Scanner	HSCRC RVUs	2,248	0	2,248
D34	RAT	Radiology-Therapeutic	MD RVUs	0	1	1
D35	NUC	Nuclear Medicine	HSCRC RVUs	2,231	0	2,231
D36	RES	Respiratory Therapy	MD RVUs	980,822	0	980,822
D37	PUL	Pulmonary Function Testing	MD RVUs	0	0	0
D38	EEG	Electroencephalography	1974 California RV	0	0	0
D39	PTH	Physical Therapy	MD RVUs	328,863	0	328,863
D40	OTH	Occupational Therapy	MD RVUs	320,641	0	320,641
D41	STH	Speech Language Pathology	MD RVUs	125,598	2,266	127,864
D42	REC	Recreational Therapy	Treatments	1,884	0	1,884
D43	AUD	Audiology	MD RVUs	0	0	0
D44	OPM	Other Physical Medicine	Treatments	0	0	0
D45	RDL	Renal Dialysis	Treatments	696	0	696
D46	OA	Organ Acquisition	Treatments	0	0	0
D48	LEU	Leukopheresis	JHU RVUs	0	0	0
D49	HYP	Hyperbaric Chamber	Hours of Treatment	0	0	0
D51	MRI	Magnetic Resonance Imaging	HSCRC RVUs	980	0	980
D53	LIT	Lithotripsy	# of Procedures	0	0	0
D56	AMR	Ambulance Services-Rebundled	HSCRC RVUs	8,103	0	8,103
D77	PST	Psychological Testing	Hours	0	0	0
D80	ETH	Electroconvulsive Therapy	Treatments	0	0	0
D84	RAT-340	340B Radiology - Therapeutic	MD RVUs	0	0	0
D85	ORC-340	340B OR Clinic Services	Minutes	0	0	0
D86	LAB-340	340B Laboratory Services	MD RVUs	0	0	0
D87	CDS-340	340B Drugs	EIPA	0	0	0

EQUIVALENT INPATIENT DAYS AND ADMISSIONS

V5

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSP FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210064

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

COL. 1

COL. 2

A	GROSS INPATIENT REVENUE	RECORDS, BUDGET	57,520.4	A
B	INPATIENT GRANT REVENUE	RECORDS, BUDGET	0.0	B
C	TOTAL INPATIENT REVENUE *	A + B	57,520.4	C
D	TOTAL INPATIENT DAYS (IPDs) (EXCLUDING NURSERY)	SCH V 1 D	36,695	D
E	INPATIENT UNIT REVENUE	C / D	1.56753	E
F	GROSS OUTPATIENT REVENUE	RECORDS, BUDGET	2,356.9	F
G	OUTPATIENT GRANT REVENUE	RECORDS, BUDGET	0.0	G
H	TOTAL OUTPATIENT REVENUE *	F + G	2,356.9	H
I	TOTAL OUTPATIENT VISITS	SCH V 2 B	3,080	I
J	OUTPATIENT UNIT REVENUE	H / I	0.76534	J
K	INPATIENT - OUTPATIENT UNIT REVENUE RATIO	E / J	2.04815	K
L	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / K	1.504	L
M	EQUIVALENT INPATIENT DAYS (EIPDs)	D + L	38,199	M

EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	SOURCE	FISCAL YEAR
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N	TOTAL INPATIENT ADMISSIONS	SCH V 1 D	1,309	N
O	INPATIENT UNIT REVENUE	C / N	43.94223	O
P	OUTPATIENT UNIT REVENUE	H / I	0.76534	P
Q	INPATIENT - OUTPATIENT UNIT REVENUE RATIO	O / P	57.41531	Q
R	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / Q	54	R
S	EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	N + R	1,363	U

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL
 INSTITUTION NUMBER: 210064
 FISCAL YEAR: 6/30/2018

Allocation of Cafeteria / Parking Expense

		COL 1	COL 2
	LOSS PER FTE	SOURCE	TOTAL EXPENSES
A	GAIN (LOSS) TO BE ALLOCATED AS FRINGE	SCH. E2, E7, E8, E9	1,105.0
B	NUMBER OF FTES	RECORDS	303.1
B1	LOSS PER FTE:	A / B	3.64589

Allocation of Data Processing

		COL 1	COL 2	COL 3	COL 4
	FISCAL YEAR EXPENSES	SOURCE	WAGES, SALARIES, & BENEFITS	OTHER EXPENSES	TOTAL EXPENSES
C01	FISCAL YEAR EXPENSES	RECORDS	964.6	1,192.6	2,157.2
2	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0
3	FISCAL YEAR ADJUSTED EXPENSES	C1 + C2	964.6	1,192.6	2,157.2

#	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	CAFETERIA, PARKING, ETC				DATA PROCESSING				TOTAL ALLOCATED EXPENSE
					NO. OF FTES	C x DI	FTES ALLOCATED	BASIS	COL 5 WAGES, SALARIES, & BENEFIT	COL 6 OTHER EXPENSES	COL 7 DP ALLOCATION	COL 8	
1	DIETARY SERVICES	C01	C01	DTY	13.4	\$ 48.8	0.1	2.00%	\$ 19.3	\$ 23.9	\$ 43.1	92.0	
2	LAUNDRY & LINEN	C02	C02	LL	0.4	1.6	0.1	1.00%	9.6	11.9	21.6	23.2	
3	SOCIAL SERVICES	C03	C03	SSS	8.4	30.5	0.1	2.00%	19.3	23.9	43.1	73.7	
4	PURCHASING & STORES	C04	C04	PUR	3.2	11.8	0.1	2.00%	19.3	23.9	43.1	54.9	
5	PLANT OPERATIONS	C05	C05	POP	4.5	16.6	0.1	2.00%	19.3	23.9	43.1	59.7	
6	HOUSEKEEPING	C06	C06	HKP	14.7	53.6	0.1	1.00%	9.6	11.9	21.6	75.2	
7	CENTRAL SERVICES & SUPPLY	C07	C07	CSS	1.0	3.6	0.1	2.00%	19.3	23.9	43.1	46.7	
8	PHARMACY	C08	C08	PHM	4.9	17.7	0.1	2.00%	19.3	23.9	43.1	60.8	
9	GENERAL ACCOUNTING	C09	C09	FIS	2.7	9.8	0.8	15.00%	144.7	178.9	323.6	333.4	
10	PATIENT ACCOUNTS	C10	C10	PAC	15.7	57.3	1.8	35.00%	337.6	417.4	755.0	812.3	
11	HOSPITAL ADMINISTRATION	C11	C11	MGT	26.3	95.8	0.5	9.00%	86.8	107.3	194.1	289.9	
12	MEDICAL RECORDS	C12	C12	MRD	2.0	7.5	0.1	2.00%	19.3	23.9	43.1	50.6	
13	MEDICAL STAFF ADMINISTRATION	C13	C13	MSA	1.1	4.1	0.1	2.00%	19.3	23.9	43.1	47.3	
14	NURSING ADMINISTRATION	C14	C14	NAD	5.9	21.6	0.1	2.00%	19.3	23.9	43.1	64.7	
15	ORGAN ACQUISITION OVERHEAD	C15	C15	OAO	0.0	0.0	0.0	0.00%	-	-	-	-	
16	MEDSURG ACUTE	D01	D01	MISG	0.0	0.0	0.0	0.00%	-	-	-	-	
17	PEDIATRIC ACUTE	D02	D02	PLD	0.0	0.0	0.0	0.00%	-	-	-	-	
18	PSYCHIATRIC ACUTE	D03	D03	PSY	0.0	0.0	0.0	0.00%	-	-	-	-	
19	OBSTETRICS ACUTE	D04	D04	OBS	0.0	0.0	0.0	0.00%	-	-	-	-	
20	DEFINITIVE OBSERVATION	D05	D05	DEF	0.0	0.0	0.0	0.00%	-	-	-	-	
21	MEDSURG INTENSIVE CARE	D06	D06	MIS	0.0	0.0	0.0	0.00%	-	-	-	-	
22	CORONARY CARE	D07	D07	CCU	0.0	0.0	0.0	0.00%	-	-	-	-	
23	PEDIATRIC INTENSIVE CARE	D08	D08	PIC	0.0	0.0	0.0	0.00%	-	-	-	-	
24	NEONATAL INTENSIVE CARE	D09	D09	NICU	0.0	0.0	0.0	0.00%	-	-	-	-	
25	BURN CARE	D10	D10	BUR	0.0	0.0	0.0	0.00%	-	-	-	-	
26	PSYCHIATRIC INTENSIVE CARE	D11	D11	PSI	0.0	0.0	0.0	0.00%	-	-	-	-	
27	SHOCK TRAUMA	D12	D12	TRM	0.0	0.0	0.0	0.00%	-	-	-	-	
28	ONCOLOGY	D13	D13	ONC	0.0	0.0	0.0	0.00%	-	-	-	-	
29	NEW-BORN NURSERY	D14	D14	NUR	0.0	0.0	0.0	0.00%	-	-	-	-	

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL
 INSTITUTION NUMBER: 210064
 FISCAL YEAR: 6/30/2018

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8			
##	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
30	PREMATURE NURSERY	D15	D15	PRE	0.0	0.0	0.0	0.00%	0	0	0	-
31	CHRONIC CARE	D17	D17	CRH	121.6	443.2	0.1	2.00%	19	24	43	486.3
32	EMERGENCY SERVICES	D18	D18	EMG	0.0	0.0	0.0	0.00%	0	0	0	-
33	CLINICAL SERVICES	D19	D19	CL	0.6	2.0	0.1	1.00%	10	12	22	23.6
34	PSYCH. DAY & NIGHT CARE	D20	D20	PMC	4.0	14.8	0.1	2.00%	19	24	43	57.9
35	AMBU LATORY SURGERY (MHP)	D21	D21	AMS	0.0	0.0	0.0	0.00%	0	0	0	-
36	SAME DAY SURGERY	D22	D22	SOS	0.0	0.0	0.0	0.00%	0	0	0	-
37	LABOR & DELIVERY SERVICES	D23	D23	DEL	0.0	0.0	0.0	0.00%	0	0	0	-
38	OPERATING ROOM	D24	D24	OR	0.0	0.0	0.0	0.00%	0	0	0	-
39	OPERATING ROOM CLINIC	D24a	D24a	ORC	0.0	0.0	0.0	0.00%	0	0	0	-
40	ANESTHESIOLOGY	D25	D25	ANS	0.0	0.0	0.0	0.00%	0	0	0	-
41	LABORATORY SERVICES	D28	D28	LAB	3.2	11.8	0.0	0.00%	0	0	0	11.8
42	ELECTROCARDIOGRAPHY	D30	D30	EKG	0.0	0.1	0.0	0.00%	0	0	0	0.1
43	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	D31	IRC	0.0	0.0	0.0	0.00%	0	0	0	-
44	RADIOLOGY-DIAGNOSTIC	D32	D32	RAD	0.3	1.1	0.1	2.00%	19	24	43	44.2
45	CT SCANNER	D33	D33	CAT	0.0	0.0	0.0	0.00%	0	0	0	-
46	RADIOLOGY THERAPEUTIC	D34	D34	RAT	0.0	0.0	0.0	0.00%	0	0	0	-
47	NUCLEAR MEDICINE	D35	D35	NUC	0.0	0.0	0.0	0.00%	0	0	0	-
48	RESPIRATORY THERAPY	D36	D36	RES	17.1	62.3	0.1	2.00%	19	24	43	105.5
49	PULMONARY FUNCTION TESTING	D37	D37	PUL	0.0	0.0	0.0	0.00%	0	0	0	-
50	ELECTROENCEPHALOGRAPHY	D38	D38	EEG	0.0	0.0	0.0	0.00%	0	0	0	-
51	PHYSICAL THERAPY	D39	D39	PTH	8.0	29.2	0.1	2.00%	19	24	43	72.3
52	OCCUPATIONAL THERAPY	D40	D40	OTH	9.8	35.7	0.1	2.00%	19	24	43	78.8
53	SPEECH LANGUAGE PATHOLOGY	D41	D41	STH	4.6	16.7	0.1	2.00%	19	24	43	59.8
54	RECREATIONAL THERAPY	D42	D42	REC	3.1	11.2	0.1	2.00%	19	24	43	54.4
55	AUDIOLOGY	D43	D43	AUD	0.0	0.0	0.0	0.00%	0	0	0	-
56	OTHER PHYSICAL MEDICINE	D44	D44	OPM	0.0	0.0	0.0	0.00%	0	0	0	-
57	RENAL DIALYSIS	D45	D45	RDI	0.0	0.0	0.0	0.00%	0	0	0	-
58	ORGAN ACQUISITION	D46	D46	OA	0.0	0.0	0.0	0.00%	0	0	0	-
59	AMBU LATORY SURGERY	D47	D47	AOR	0.0	0.0	0.0	0.00%	0	0	0	-
60	LEUKOPHERESIS	D48	D48	LJU	0.0	0.0	0.0	0.00%	0	0	0	-
61	HYPERBARIC CHAMBER	D49	D49	HYP	0.0	0.0	0.0	0.00%	0	0	0	-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL
 INSTITUTION NUMBER: 210064
 FISCAL YEAR: 6/30/2018

COL 1 COL 2 COL 3 COL 4 COL 5 COL 6 COL 7 COL 8

DI	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
62	TRIP-STANDING EMERGENCY	150	150	ESE	0.0	0.0	0.0	0.00%	0	0	0	-
63	MAGNETIC RESONANCE IMAGING	151	151	MRI	0.0	0.0	0.0	0.00%	0	0	0	-
64	ADOLESCENT DUAL DIAGNOSED	152	152	ADD	0.0	0.0	0.0	0.00%	0	0	0	-
65	LITHIUM THERAPY	153	153	LIT	0.0	0.0	0.0	0.00%	0	0	0	-
66	REHABILITATION	154	154	RHB	12.6	45.8	0.1	2.00%	19	24	43	89.0
67	OBSERVATION	155	155	ODV	0.0	0.0	0.0	0.00%	0	0	0	-
68	AMBULANCE SERVICES-REBUNDLED	156	156	AMR	0.0	0.0	0.0	0.00%	0	0	0	-
69	TRANSURBITAL MICROWAVE THERMOTHERAPY	157	157	TMT	0.0	0.0	0.0	0.00%	0	0	0	-
70	ONCOLOGY OP CLINIC	158	158	OCL	0.0	0.0	0.0	0.00%	0	0	0	-
71	RESPIRATORY DEPENDENT	160	160	RDS	12.0	43.7	0.1	2.00%	19	24	43	86.8
72	PSYCHIATRIC ADULT	170	170	PAD	0.0	0.0	0.0	0.00%	0	0	0	-
73	PSYCHIATRIC CHILD/ADOLESCENT	171	171	PCD	0.0	0.0	0.0	0.00%	0	0	0	-
74	PSYCHIATRIC GERIATRIC	173	173	PSG	0.0	0.0	0.0	0.00%	0	0	0	-
75	INDIVIDUAL THERAPIES	174	174	IIT	0.0	0.0	0.0	0.00%	0	0	0	-
76	GROUP THERAPIES	175	175	GTH	0.0	0.0	0.0	0.00%	0	0	0	-
77	FAMILY THERAPIES	176	176	FTH	0.0	0.0	0.0	0.00%	0	0	0	-
78	PSYCHOLOGICAL TESTING	177	177	PST	0.0	0.0	0.0	0.00%	0	0	0	-
79	EDUCATION	178	178	PSE	0.0	0.0	0.0	0.00%	0	0	0	-
80	OTHER THERAPIES	179	179	OPT	0.0	0.0	0.0	0.00%	0	0	0	-
81	ELECTROCONVULSIVE THERAPY	180	180	ETH	0.0	0.0	0.0	0.00%	0	0	0	-
82	ACTIVITY THERAPIES	181	181	ATH	0.0	0.0	0.0	0.00%	0	0	0	-
83	PEDIATRIC STEP-DOWN	182	182	PSD	0.0	0.0	0.0	0.00%	0	0	0	-
84	340B CLINIC SERVICES	183	183	CL-340	0.0	0.0	0.0	0.00%	0	0	0	-
85	340B RADIOLOGY - THERAPEUTIC	184	184	RAT-340	0.0	0.0	0.0	0.00%	0	0	0	-
86	340B OR CLINIC SERVICES	185	185	ORC-340	0.0	0.0	0.0	0.00%	0	0	0	-
87	340B LABORATORY SERVICES	186	186	LAB-340	0.0	0.0	0.0	0.00%	0	0	0	-
88	340B DRUGS	187	187	CD5-340	0.0	0.0	0.0	0.00%	0	0	0	-
89	AMBULANCE SERVICES	191	191	AMB	0.0	0.0						-
90	PARKING	192	192	PAR		0.0						-
91	DOCTOR'S PRIVATE OFFICE RENT	193	193	DOX	0.3	1.1						1.1
92	OFFICE & OTHER RENTAL	194	194	ODR	0.0	0.0						-
93	RETAIL OPERATIONS	195	195	REG	0.1	0.5						0.5
94	PATIENTS TELEPHONES	196	196	PTE	1.1	3.9						3.9
95	RESEARCH	191	191	REG	0.0	0.0						-
96	NURSING EDUCATION	192	192	RNS	0.0	0.0						-
97	OTHER HEALTH PROFESSION EDUCATION	193	193	OME	0.0	0.0						-
98	COMMUNITY HEALTH EDUCATION	194	194	CHE	0.5	1.6						1.6
99	MEDSURG ACUTE	191	191	MISG	0.0	0.0						-
100	PEDIATRIC ACUTE	192	192	PEG	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

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 FISCAL YEAR: 6/30/2018

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8		
#	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTES	C x DI	FTES ALLOCATED	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
101	PSYCHIATRIC ACUTE	D03	P2A	PSY	0.0	0.0					-
102	OBSTETRIC ACUTE	D04	P2A	OBS	0.0	0.0					-
103	DEFINITIVE OBSERVATION	D05	P2A	DEF	0.0	0.0					-
104	MEDSURG INTENSIVE CARE	D06	P2A	MIS	0.0	0.0					-
105	CORONARY CARE	D07	P2A	CCU	0.0	0.0					-
106	PEDIATRIC INTENSIVE CARE	D08	P2A	PIC	0.0	0.0					-
107	NEONATAL INTENSIVE CARE	D09	P2A	NEO	0.0	0.0					-
108	BURN CARE	D10	P2A	BUR	0.0	0.0					-
109	PSYCHIATRIC INTENSIVE CARE	D11	P2A	PSI	0.0	0.0					-
110	SHOCK TRAUMA	D12	P2A	TRM	0.0	0.0					-
111	ONCOLOGY	D13	P2A	ONC	0.0	0.0					-
112	NEWBORN NURSERY	D14	P2A	NUR	0.0	0.0					-
113	PREMATURE NURSERY	D15	P2B	PRE	0.0	0.0					-
114	CHRONIC CARE	D17	P2B	CRH	0.0	0.0					-
115	EMERGENCY SERVICES	D18	P2B	EMG	0.0	0.0					-
116	CLINICAL SERVICES	D19	P2B	CL	0.0	0.0					-
117	PSYCH. DAY & NIGHT CARE	D20	P2B	PKC	0.0	0.0					-
118	AMBULATORY SURGERY (PBP)	D21	P2B	AMS	0.0	0.0					-
119	SAME DAY SURGERY	D22	P2B	SDS	0.0	0.0					-
120	LABOR & DELIVERY SERVICES	D23	P2B	DEL	0.0	0.0					-
121	OPERATING ROOM	D24	P2B	OR	0.0	0.0					-
122	OPERATING ROOM CLINIC	D24a	P2B	ORC	0.0	0.0					-
123	ANESTHESIOLOGY	D25	P2B	ANS	0.0	0.0					-
124	LABORATORY SERVICES	D28	P2B	LAB	0.0	0.0					-
125	ELECTROCARDIOGRAPHY	D30	P2B	EKG	0.0	0.0					-
126	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P2B	IRC	0.0	0.0					-
127	RADIOLOGY-DIAGNOSTIC	D32	P2C	RAD	0.0	0.0					-
128	CT SCANNER	D33	P2C	CAT	0.0	0.0					-
129	RADIOLOGY-THERAPEUTIC	D34	P2C	RAT	0.0	0.0					-
130	NUCLEAR MEDICINE	D35	P2C	NUC	0.0	0.0					-
131	RESPIRATORY THERAPY	D36	P2C	RES	0.0	0.0					-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL
 INSTITUTION NUMBER: 210063
 FISCAL YEAR: 6/30/2018

COL 1 COL 2 COL 3 COL 4 COL 5 COL 6 COL 7 COL 8

#	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
132	PULMONARY FUNCTION TESTING	D37	P2C	PUL	0.0	0.0						-
133	ELECTROENCEPHALOGRAPHY	D38	P2C	EKG	0.0	0.0						-
134	PHYSICAL THERAPY	D39	P2C	PTH	0.0	0.0						-
135	OCCUPATIONAL THERAPY	D40	P2C	OTH	0.0	0.0						-
136	SPEECH LANGUAGE PATHOLOGY	D41	P2C	STH	0.0	0.0						-
137	RECREATIONAL THERAPY	D42	P2C	REC	0.0	0.0						-
138	AUDIOLOGY	D43	P2C	AUD	0.0	0.0						-
139	OTHER PHYSICAL MEDICINE	D44	P2C	OPM	0.0	0.0						-
140	RENAL DIALYSIS	D45	P2C	RDL	0.0	0.0						-
141	ORGAN ACQUISITION	D46	P2D	OA	0.0	0.0						-
142	AMBULATORY SURGERY	D47	P2D	AOR	0.0	0.0						-
143	LEUKOPHRESIS	D48	P2D	LEU	0.0	0.0						-
144	HYPERBARIC CHAMBER	D49	P2D	HYP	0.0	0.0						-
145	WHEEL STANDING EMERGENCY	D50	P2D	ESE	0.0	0.0						-
146	MAGNETIC RESONANCE IMAGING	D51	P2D	MRI	0.0	0.0						-
147	ADOLESCENT DRUG DIAGNOSIS	D52	P2D	ADD	0.0	0.0						-
148	LITHOTRIPSY	D53	P2D	LIT	0.0	0.0						-
149	REHABILITATION	D54	P2D	RHH	0.0	0.0						-
150	OBSERVATION	D55	P2D	OBV	0.0	0.0						-
151	TRANSURETHRAL MICROWAVE THERMOTHERAPY	D57	P2D	TMT	0.0	0.0						-
152	ONCOLOGY OP CLINIC	D58	P2D	OCL	0.0	0.0						-
153	RESPIRATORY DEPENDENT	D60	P2D	RDS	0.0	0.0						-
154	PSYCHIATRIC ADULT	D70	P2E	PAD	0.0	0.0						-
155	PSYCHIATRIC CHILD/ADOLESCENT	D71	P2E	PCD	0.0	0.0						-
156	PSYCHIATRIC GERIATRIC	D73	P2E	PSG	0.0	0.0						-
157	INDIVIDUAL THERAPIES	D74	P2E	PTH	0.0	0.0						-
158	GROUP THERAPIES	D75	P2E	GTH	0.0	0.0						-
159	FAMILY THERAPIES	D76	P2E	FTH	0.0	0.0						-
160	PSYCHOLOGICAL TESTING	D77	P2E	PST	0.0	0.0						-
161	EDUCATION	D78	P2E	PSE	0.0	0.0						-
162	OTHER THERAPIES	D79	P2E	OPT	0.0	0.0						-
163	ELECTROCONVULSIVE THERAPY	D80	P2E	ETH	0.0	0.0						-
164	ACTIVITY THERAPIES	D81	P2E	ATH	0.0	0.0						-
165	PEDIATRIC STEP-DOWN	D82	P2E	PSD	0.0	0.0						-
166	340B CLINIC SERVICES	D83	P2E	CL-340	0.0	0.0						-
167	340B RADIOLOGY - THERAPEUTIC	D84	P2E	RAT-340	0.0	0.0						-
168	340B OR CLINIC SERVICES	D85	P2E	ORC-340	0.0	0.0						-
169	340B LABORATORY SERVICES	D86	P2E	LAB-340	0.0	0.0						-
170	340B DRUGS	D87	P2E	CDS-340	0.0	0.0						-
171	MEDSURG ACUTE	D01	P3	MSG	0.0	0.0						-
172	PEDIATRIC ACUTE	D02	P3	PLD	0.0	0.0						-
173	PSYCHIATRIC ACUTE	D03	P3	PSY	0.0	0.0						-
174	OBSTETRICS ACUTE	D04	P3	ODS	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL
 INSTITUTION NUMBER: 210064
 FISCAL YEAR: 6/30/2018

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8			
#	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
175	DEFINITIVE OBSERVATION	D05	P3	DEF	0.0	0.0						-
176	MEDSURG INTENSIVE CARE	D06	P3	MIS	0.0	0.0						-
177	CORONARY CARE	D07	P3	CCU	0.0	0.0						-
178	PEDIATRIC INTENSIVE CARE	D08	P3	PIC	0.0	0.0						-
179	NEONATAL INTENSIVE CARE	D09	P3	NEO	0.0	0.0						-
180	BURN CARE	D10	P3	BUR	0.0	0.0						-
181	PSYCHIATRIC INTENSIVE CARE	D11	P3	PSI	0.0	0.0						-
182	SHOCK TRAUMA	D12	P3	TRM	0.0	0.0						-
183	ONCOLOGY	D13	P3	ONC	0.0	0.0						-
184	NEWBORN NURSERY	D14	P3	NUR	0.0	0.0						-
185	PREMATURE NURSERY	D15	P3	PRE	0.0	0.0						-
186	CHRONIC CARE	D17	P3	CRH	0.0	0.0						-
187	EMERGENCY SERVICES	D18	P3	EMG	0.0	0.0						-
188	CLINICAL SERVICES	D19	P3	CL	0.0	0.0						-
189	PSYCH DAY & NIGHT CARE	D20	P3	PDC	0.0	0.0						-
190	AMBULATORY SURGERY (PH)	D21	P3	AMS	0.0	0.0						-
191	SAME DAY SURGERY	D22	P3	SDS	0.0	0.0						-
192	LABOR & DELIVERY SERVICES	D23	P3	DEL	0.0	0.0						-
193	OPERATING ROOM	D24	P3	OR	0.0	0.0						-
194	OPERATING ROOM CLINIC	D24a	P3	ORC	0.0	0.0						-
195	ANESTHESIOLOGY	D25	P3	ANS	0.0	0.0						-
196	LABORATORY SERVICES	D28	P3	LAB	0.0	0.0						-
197	EKG/ECG	D30	P3	EKG	0.0	0.0						-
198	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P3	IRC	0.0	0.0						-
199	RADIOLOGY DIAGNOSTIC	D32	P3	RAD	0.0	0.0						-
200	CT SCANNER	D33	P3	CAT	0.0	0.0						-
201	RADIOLOGY THERAPEUTIC	D34	P3	RAT	0.0	0.0						-
202	NUCLEAR MEDICINE	D35	P3	NUC	0.0	0.0						-
203	RESPIRATORY THERAPY	D36	P3	RES	0.0	0.0						-
204	PULMONARY FUNCTION TESTING	D37	P3	PUL	0.0	0.0						-
205	ELECTROENCEPHALOGRAPHY	D38	P3	EEG	0.0	0.0						-
206	PHYSICAL THERAPY	D39	P3	PTH	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL
 INSTITUTION NUMBER: 210064
 FISCAL YEAR: 6/30/2018

COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTES	C & DI	FTES ALLOCATED	BASIS	WAGES, SALARIES, & F BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
207	OCCUPATIONAL THERAPY	1340	P3	OTH	0.0	0.0						-
208	SPEECH LANGUAGE PATHOLOGY	1341	P3	STH	0.0	0.0						-
209	RECREATIONAL THERAPY	1342	P3	REC	0.0	0.0						-
210	AUDIOLOGY	1343	P3	AUD	0.0	0.0						-
211	OTHER PHYSICAL MEDICINE	1344	P3	OPM	0.0	0.0						-
212	RENAL DIALYSIS	1345	P3	RDL	0.0	0.0						-
213	ORGAN ACQUISITION	1346	P3	OA	0.0	0.0						-
214	AMBULATORY SURGERY	1347	P3	AOR	0.0	0.0						-
215	LEUKOPHRESIS	1348	P3	LEU	0.0	0.0						-
216	HYPERBARIC CHAMBER	1349	P3	HYP	0.0	0.0						-
217	FREE STANDING EMERGENCY	1350	P3	ESE	0.0	0.0						-
218	MAGNETIC RESONANCE IMAGING	1351	P3	MRI	0.0	0.0						-
219	ADOLESCENT DUAL DIAGNOSED	1352	P3	ADD	0.0	0.0						-
220	LITHOTRIPSY	1353	P3	LIT	0.0	0.0						-
221	REHABILITATION	1354	P3	RHB	0.0	0.0						-
222	OBSERVATION	1355	P3	OBV	0.0	0.0						-
223	TRANSURETHRAL MICROWAVE THERMOTHERAPY	1357	P3	TMT	0.0	0.0						-
224	ONCOLOGY OP CLINIC	1358	P3	OCL	0.0	0.0						-
225	RESPIRATORY DEPENDENT	1360	P3	RDS	0.0	0.0						-
226	PSYCHIATRIC ADULT	1370	P3	PAD	0.0	0.0						-
227	PSYCHIATRIC CHILD/ADOLESCENT	1371	P3	PXD	0.0	0.0						-
228	PSYCHIATRIC GERIATRIC	1373	P3	PSG	0.0	0.0						-
229	INDIVIDUAL THERAPIES	1374	P3	ITH	0.0	0.0						-
230	GROUP THERAPIES	1375	P3	GTH	0.0	0.0						-
231	FAMILY THERAPIES	1376	P3	FTH	0.0	0.0						-
232	PSYCHOLOGICAL TESTING	1377	P3	PST	0.0	0.0						-
233	EDUCATION	1378	P3	PSE	0.0	0.0						-
234	OTHER THERAPIES	1379	P3	OPT	0.0	0.0						-
235	ELECTROCONVULSIVE THERAPY	1380	P3	EFTH	0.0	0.0						-
236	ACTIVITY THERAPIES	1381	P3	ATH	0.0	0.0						-
237	PEDIATRIC STEP-DOWN	1382	P3	PSD	0.0	0.0						-
237	340B CLINIC SERVICES	1383	P3	CL-340	0.0	0.0						-
238	340B RADIOLOGY - THERAPEUTIC	1384	P3	RAT-340	0.0	0.0						-
239	340B OR CLINIC SERVICES	1385	P3	ORC-340	0.0	0.0						-
240	340B LABORATORY SERVICES	1386	P3	LAB-340	0.0	0.0						-
241	340B DRUGS	1387	P3	CDS-340	0.0	0.0						-
242	MEDSURG ACUTE	1301	P4A	MSG	0.0	0.0						-
243	PEDIATRIC ACUTE	1302	P4A	PEA	0.0	0.0						-
244	PSYCHIATRIC ACUTE	1303	P4A	PSY	0.0	0.0						-
245	OBSTETRICS ACUTE	1304	P4A	OBS	0.0	0.0						-
246	DEFINITIVE OBSERVATION	1305	P4A	DEF	0.0	0.0						-
247	MEDSURG INTENSIVE CARE	1306	P4A	MIS	0.0	0.0						-
248	CORONARY CARE	1307	P4A	CCU	0.0	0.0						-
249	PEDIATRIC INTENSIVE CARE	1308	P4B	PIC	0.0	0.0						-
250	NEONATAL INTENSIVE CARE	1309	P4B	NICU	0.0	0.0						-
251	BURN CARE	1310	P4B	BUR	0.0	0.0						-
252	PSYCHIATRIC INTENSIVE CARE	1311	P4B	PSI	0.0	0.0						-
253	SHOCK TRAUMA	1312	P4B	TRM	0.0	0.0						-
254	ONCOLOGY	1313	P4B	ONC	0.0	0.0						-
255	NEWBORN NURSERY	1314	P4B	NUR	0.0	0.0						-
256	PREMATURE NURSERY	1315	P4C	PRE	0.0	0.0						-
257	CHRONIC CARE	1317	P4C	CRH	0.0	0.0						-
258	EMERGENCY SERVICES	1318	P4C	EMG	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL

INSTITUTION NUMBER: 210064

FISCAL YEAR: 6/30/2018

COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8

#	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
259	CLINICAL SERVICES	D19	P4C	CL	0.0	0.0						-
260	PSYCH DAY & NIGHT CARE	D20	P4C	PTC	0.0	0.0						-
261	AMBULATORY SURGERY (PBP)	D21	P4C	AMS	0.0	0.0						-
262	SAME DAY SURGERY	D22	P4C	SDS	0.0	0.0						-
263	LABOR & DELIVERY SERVICES	D23	P4D	DEL	0.0	0.0						-
264	OPERATING ROOM	D24	P4D	OR	0.0	0.0						-
265	OPERATING ROOM CLINIC	D24a	P4D	ORC	0.0	0.0						-
266	ANESTHESIOLOGY	D25	P4D	ANS	0.0	0.0						-
267	LABORATORY SERVICES	D28	P4D	LAB	0.0	0.0						-
268	ELECTROCARDIOGRAPHY	D30	P4D	EKG	0.0	0.0						-
269	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P4D	IRC	0.0	0.0						-
270	RADIOLOGY-DIAGNOSTIC	D32	P4E	RAD	0.0	0.0						-
271	CT SCANNER	D33	P4E	CAT	0.0	0.0						-
272	RADIOLOGY-THERAPEUTIC	D34	P4E	RAT	0.0	0.0						-
273	NUCLEAR MEDICINE	D35	P4E	NUC	0.0	0.0						-
274	RESPIRATORY THERAPY	D36	P4E	RES	0.0	0.0						-
275	PULMONARY FUNCTION TESTING	D37	P4E	PUL	0.0	0.0						-
276	ELECTROENCEPHALOGRAPHY	D38	P4E	EEG	0.0	0.0						-
277	PHYSICAL THERAPY	D39	P4E	PTH	0.0	0.0						-
278	OCCUPATIONAL THERAPY	D40	P4E	OTH	0.0	0.0						-
279	SPEECH LANGUAGE PATHOLOGY	D41	P4E	STH	0.0	0.0						-
280	RECREATIONAL THERAPY	D42	P4E	REC	0.0	0.0						-
281	AUDIOLOGY	D43	P4E	AUD	0.0	0.0						-
282	OTHER PHYSICAL MEDICINE	D44	P4E	OPM	0.0	0.0						-
283	RENAL DIALYSIS	D45	P4E	RDL	0.0	0.0						-
284	ORGAN ACQUISITION	D46	P4G	OA	0.0	0.0						-
285	AMBULATORY SURGERY	D47	P4G	AOR	0.0	0.0						-
286	LEUKOPHERESIS	D48	P4G	LEU	0.0	0.0						-
287	HYPERTHERMIC CHAMBER	D49	P4G	HYP	0.0	0.0						-
288	FIRE STANDING EMERGENCY	D50	P4G	ISE	0.0	0.0						-
289	MAGNETIC RESONANCE IMAGING	D51	P4G	MRI	0.0	0.0						-
290	ADOLESCENT DUAL DIAGNOSIS	D52	P4G	ADD	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL
 INSTITUTION NUMBER: 210064
 FISCAL YEAR: 6/30/2018

					COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
#	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTES	C x DI	FTES ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
291	LITHIOTRIpsy	D53	P4H	LIT	0.0	0.0						
292	REHABILITATION	D54	P4H	RHB	0.0	0.0						
293	OBSERVATION	D55	P4H	OBV	0.0	0.0						
294	TRANSURETHAL MICROWAVE THERMOTHERAPY	D57	P4H	TMT	0.0	0.0						
295	ONCOLOGY OP CLINIC	D58	P4H	OCL	0.0	0.0						
296	RESPIRATORY DEPENDENT	D60	P4H	RDS	0.0	0.0						
297	PSYCHIATRIC ADULT	D70	P4H	PAO	0.0	0.0						
298	PSYCHIATRIC CHILD/ADOLESCENT	D71	P4I	PCO	0.0	0.0						
299	PSYCHIATRIC GERIATRIC	D73	P4I	PSG	0.0	0.0						
300	INDIVIDUAL THERAPIES	D74	P4I	ITH	0.0	0.0						
301	GROUP THERAPIES	D75	P4I	GTH	0.0	0.0						
302	FAMILY THERAPIES	D76	P4I	FTH	0.0	0.0						
303	PSYCHOLOGICAL TESTING	D77	P4I	PST	0.0	0.0						
304	EDUCATION	D78	P4I	PSE	0.0	0.0						
305	OTHER THERAPIES	D79	P4I	OPT	0.0	0.0						
306	ELECTROCONVULSIVE THERAPY	D80	P4I	ETH	0.0	0.0						
307	ACTIVITY THERAPIES	D81	P4I	ATH	0.0	0.0						
307	PEDIATRIC STEP-DOWN	D82	P4I	PSD	0.0	0.0						
308	LAB CLINIC SERVICES	D83	P4I	CL-340	0.0	0.0						
309	LAB RADIOLOGY - THERAPEUTIC	D84	P4I	RAT-340	0.0	0.0						
310	LAB OR CLINIC SERVICES	D85	P4I	ORC-340	0.0	0.0						
311	LABORATORY SERVICES	D86	P4K	LAB-340	0.0	0.0						
312	LAB DRUGS	D87	P4K	CDS-340	0.0	0.0						
313	MEDSURG ACUTE	D01	P5A	MSO	0.0	0.0						
314	PEDIATRIC ACUTE	D02	P5A	PFD	0.0	0.0						
315	PSYCHIATRIC ACUTE	D03	P5A	PSY	0.0	0.0						
316	OBSTETRICS ACUTE	D04	P5A	OBS	0.0	0.0						
317	DEFINITIVE OBSERVATION	D05	P5A	DEP	0.0	0.0						
318	MEDSURG INTENSIVE CARE	D06	P5A	MIS	0.0	0.0						
319	CORONARY CARE	D07	P5A	CCU	0.0	0.0						
320	PEDIATRIC INTENSIVE CARE	D08	P5B	PK	0.0	0.0						
321	NEONATAL INTENSIVE CARE	D09	P5B	NFO	0.0	0.0						
322	BURN CARE	D10	P5B	BUR	0.0	0.0						
323	PSYCHIATRIC INTENSIVE CARE	D11	P5B	PSI	0.0	0.0						
324	SHOCK TRAUMA	D12	P5B	TRM	0.0	0.0						
325	ONCOLOGY	D13	P5B	ONC	0.0	0.0						
326	NEWBORN NURSERY	D14	P5B	NUR	0.0	0.0						
327	PREMATURE NURSERY	D15	P5C	PRE	0.0	0.0						
328	CHRONIC CARE	D17	P5C	CRH	0.0	0.0						
329	EMERGENCY SERVICES	D18	P5C	EMG	0.0	0.0						
330	CLINICAL SERVICES	D19	P5C	CL	0.0	0.0						
331	PSYCH DAY & NIGHT CARE	D20	P5C	PLC	0.0	0.0						
332	AMBULATORY SURGERY (PBP)	D21	P5C	AMS	0.0	0.0						

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL
 INSTITUTION NUMBER: 210061
 FISCAL YEAR: 6/30/2018

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8			
#	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
333	SAME DAY SURGERY	D22	P5C	SOS	0.0	0.0						
334	LABOR & DELIVERY SERVICES	D23	P5D	DEL	0.0	0.0						
335	OPERATING ROOM	D24	P5D	OR	0.0	0.0						
336	OPERATING ROOM CLINIC	D24a	P5D	ORC	0.0	0.0						
337	ANESTHESIOLOGY	D25	P5D	ANS	0.0	0.0						
338	LABORATORY SERVICES	D28	P5D	LAB	0.0	0.0						
339	ELECTROCARDIOGRAPHY	D30	P5D	EKG	0.0	0.0						
340	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P5D	IRC	0.0	0.0						
341	RADIOLOGY DIAGNOSTIC	D32	P5E	RAD	0.0	0.0						
342	CT SCANNER	D33	P5E	CAT	0.0	0.0						
343	RADIOLOGY THERAPEUTIC	D34	P5E	RAT	0.0	0.0						
344	NUCLEAR MEDICINE	D35	P5E	NUC	0.0	0.0						
345	RESPIRATORY THERAPY	D36	P5E	RES	0.0	0.0						
346	PULMONARY FUNCTION TESTING	D37	P5E	PUL	0.0	0.0						
347	ELECTROENCEPHALOGRAPHY	D38	P5E	EKG	0.0	0.0						
348	PHYSICAL THERAPY	D39	P5F	PTH	0.0	0.0						
349	OCCUPATIONAL THERAPY	D40	P5F	OTH	0.0	0.0						
350	SPEECH LANGUAGE PATHOLOGY	D41	P5F	STH	0.0	0.0						
351	RECREATIONAL THERAPY	D42	P5F	REC	0.0	0.0						
352	AUDIOLOGY	D43	P5F	AUD	0.0	0.0						
353	OTHER PHYSICAL MEDICINE	D44	P5F	OPM	0.0	0.0						
354	RENAL DIALYSIS	D45	P5F	RDL	0.0	0.0						
355	ORGAN ACQUISITION	D46	P5G	OA	0.0	0.0						
356	AMBULATORY SURGERY	D47	P5G	AOR	0.0	0.0						
357	LEUKOPHERESIS	D48	P5G	LEU	0.0	0.0						
358	HYPERTHERMIC CHAMBER	D49	P5G	HYP	0.0	0.0						
359	FREE STANDING EMERGENCY	D50	P5G	FSE	0.0	0.0						
360	MAGNETIC RESONANCE IMAGING	D51	P5G	MRI	0.0	0.0						
361	ADOLESCENT DUAL DIAGNOSIS	D52	P5H	ADD	0.0	0.0						
362	LITHOTRIPSY	D53	P5H	LIT	0.0	0.0						
363	REHABILITATION	D54	P5H	RHB	0.0	0.0						
364	OBSERVATION	D55	P5H	OBV	0.0	0.0						
365	TRANSURETHRAL MICROWAVE THERMOTHERAPY	D57	P5H	TMT	0.0	0.0						
366	ONCOLOGY QIP CLINIC	D58	P5H	OCL	0.0	0.0						
367	RESPIRATORY DEPARTMENT	D60	P5H	RDS	0.0	0.0						
368	PSYCHIATRIC ADULT	D70	P5H	PAI	0.0	0.0						

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL

INSTITUTION NUMBER: 210064

FISCAL YEAR: 6/30/2018

					COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
369	PSYCHIATRIC CHILD/ADOLESCENT	D71	PSI	PCD	0.0	0.0						
370	PSYCHIATRIC GERIATRIC	D72	PSI	PSG	0.0	0.0						
371	INDIVIDUAL THERAPIES	D74	PSI	ITH	0.0	0.0						
372	GROUP THERAPIES	D75	PSI	GTH	0.0	0.0						
373	FAMILY THERAPIES	D76	PSI	FTH	0.0	0.0						
374	PSYCHOLOGICAL TESTING	D77	PSI	PST	0.0	0.0						
375	EDUCATION	D78	PSI	PSE	0.0	0.0						
376	OTHER THERAPIES	D79	PSI	OPT	0.0	0.0						
377	ELECTROCONVULSIVE THERAPY	D80	PSI	ETH	0.0	0.0						
378	ACTIVITY THERAPIES	D81	PSI	ATH	0.0	0.0						
379	PEDIATRIC STEP-DOWN	D82	PSI	PSD	0.0	0.0						
379	340B CLINIC SERVICES	D83	PSI	CL-340	0.0	0.0						
380	340B RADIOLOGY - THERAPEUTIC	D84	PSI	RAT-340	0.0	0.0						
381	340B OR CLINIC SERVICES	D85	PSI	ORC-340	0.0	0.0						
382	340B LABORATORY SERVICES	D86	PSI	LAR-340	0.0	0.0						
383	340B DRUGS	D87	PSI	CDG-340	0.0	0.0						
384	FRISTANDING CLINIC SERVICES	UR01	UR01	FSC1	0.0	0.0						
385	HOME HEALTH SERVICES	UR02	UR02	HHC	0.0	0.0						
386	OUTPATIENT RENAL DIALYSIS	UR03	UR03	ORD	0.0	0.0						
387	SKILLED NURSING CARE	UR04	UR04	ECT1	0.0	0.0						
388	LABORATORY NON-PATIENT	UR05	UR05	ULB	0.0	0.0						
389	PHYSICIANS PART B SERVICES	UR06	UR06	UPB	0.0	0.0						
390	CERTIFIED NURSE ANESTHETISTS	UR07	UR07	CNA	0.0	0.0						
391	INTERMEDIATE CARE	UR08	UR08	ISS	0.0	0.0						
392	ADULT DAY CARE	UR09	UR09	TBA2	0.0	0.0						
393	TBD	UR10	UR10	TBA3	0.0	0.0						
394	TBD	UR11	UR11	TBA4	0.0	0.0						
395	TBD	UR12	UR12	TBA5	0.0	0.0						
396	TBD	UR13	UR13	TBA6	0.0	0.0						
397	TBD	UR14	UR14	TBA7	0.0	0.0						
398	TBD	UR15	UR15	TBA8	0.0	0.0						
E	TOTALS				703.1	1,105.0	5.0	800,000	964.6	1,192.6	2,157.2	3,262.2

UNASSIGNED EXPENSES

UA

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210064

	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10
SOURCE	MALPRACTICE INSURANCE	OTHER INSURANCE	MEDICAL CARE REVIEW	SUB-TOTAL	DEPRECIATION & AMORTIZATIO	LEASES & RENTALS	LICENSES & TAXES	INTEREST SHORT TERM	INTEREST LONG TERM	TOTAL EXPENSES

FISCAL YEAR DATA		MAL	OIN	MCR	DEP	LEA	LIC	IST	ILT				
A	BASE YEAR EXPENSES	RECORDS	682.6	163.5	569.0	1,415.1	3,405.8	551.5	1,619.0	0.0	741.8	7,733.2	A
B	ALLOC. TO AUX. ENTERPRISES & UNREGULATED SERVICES	RECORDS	(455.9)	0.0	(229.0)	(684.9)	(1,534.7)	0.0	0.0	0.0	(741.8)	(2,961.4)	B
C	FISCAL YEAR EXP. - ADJUSTED	A + B	226.7	163.5	340.0	730.2	1,871.1	551.5	1,619.0	0.0	(0.0)	4,771.8	C

HOSPITAL BASED PHYSICIANS

P1 A

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210064

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7		
COST CENTER	CODE	Research	Chief of Medical Staff	Medical Care Review	Administration & Supervision	Part B Services	EDUCATION	TOTAL		
A1	Medical Staff Administration	MSA	0.0	359.0	0.0	0.0	0.0	0.0	359.0	A1
A2	Med/Surg Acute	MSG	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A2
A3	Pediatric Acute	PEA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A3
A4	Psychiatric Acute	PSY	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A4
A5	Obstetrics Acute	OBS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A5
A6	Definitive Observation	DEF	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A6
A7	Med/Surg Intensive Care	MIS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A7
A8	Coronary Care	CCU	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A8
A9	Pediatric Intensive Care	PIC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A9
A10	Neonatal Intensive Care	NEO	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A10
A11	Burn Care	BUR	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A11
A12	Psychiatric Intensive Care	PSI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A12
A13	Shock Trauma	TRM	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A13
A14	Oncology	ONC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A14
A15	Newborn Nursery	NUR	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A15
A16	Premature Nursery	PRE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A16
A17	Chronic Care	CRH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A17
A18	Emergency Services	EMG	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A18
A19	Clinical Services	CL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A19
A20	Psych. Day & Night Care	PDC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A20
A21	Ambulatory Surgery (PBP)	AMS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A21
A22	Same Day Surgery	SOS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A22
A23	Labor & Delivery Services	DEL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A23
A24	Operating Room	OR	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A24
A25	Operating Room Clinic	ORC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A25
A26	Anesthesiology	ANS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A26
A27	Laboratory Services	LAB	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A27
A28	Electrocardiography	EKG	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A28
A29	Interventional Radiology / Cardiovascular	IRC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A29
A30	Radiology-Diagnostic	RAD	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A30
A31	CT Scanner	CAT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A31
A32	Radiology-Therapeutic	RAT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A32
A33	Nuclear Medicine	NUC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A33
A34	Respiratory Therapy	RFS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A34

HOSPITAL BASED PHYSICIANS

PI B

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210064

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7		
COST CENTER	CODE	Research	Chief of Medical Staff	Medical Care Review	Administration & Supervision	Part II Services	EDUCATION	TOTAL		
A35	Pulmonary Function Testing	PUL	0.0	0.0	0.0	0.0	0.0	0.0	A35	
A36	Electroencephalography	EEG	0.0	0.0	0.0	0.0	0.0	0.0	A36	
A37	Physical Therapy	PTH	0.0	0.0	0.0	0.0	0.0	0.0	A37	
A38	Occupational Therapy	OTH	0.0	0.0	0.0	0.0	0.0	0.0	A38	
A39	Speech Language Pathology	STH	0.0	0.0	0.0	0.0	0.0	0.0	A39	
A40	Recreational Therapy	REC	0.0	0.0	0.0	0.0	0.0	0.0	A40	
A41	Audiology	AUD	0.0	0.0	0.0	0.0	0.0	0.0	A41	
A42	Other Physical Medicine	OPM	0.0	0.0	0.0	0.0	0.0	0.0	A42	
A43	Renal Dialysis	RDL	0.0	0.0	0.0	0.0	0.0	0.0	A43	
A44	Organ Acquisition	OA	0.0	0.0	0.0	0.0	0.0	0.0	A44	
A45	Ambulatory Surgery	AOR	0.0	0.0	0.0	0.0	0.0	0.0	A45	
A46	Leukopheresis	LEU	0.0	0.0	0.0	0.0	0.0	0.0	A46	
A47	Hyperbaric Chamber	HYP	0.0	0.0	0.0	0.0	0.0	0.0	A47	
A48	Free Standing Emergency	FSE	0.0	0.0	0.0	0.0	0.0	0.0	A48	
A49	Magnetic Resonance Imaging	MRI	0.0	0.0	0.0	0.0	0.0	0.0	A49	
A50	Adolescent Dual Diagnosed	ADD	0.0	0.0	0.0	0.0	0.0	0.0	A50	
A51	Lithotripsy	LIT	0.0	0.0	0.0	0.0	0.0	0.0	A51	
A52	Rehabilitation	RHB	0.0	0.0	0.0	0.0	0.0	0.0	A52	
A53	Observation	OBV	0.0	0.0	0.0	0.0	0.0	0.0	A53	
A54	Transurethral Microwave Thermotherapy	TMT	0.0	0.0	0.0	0.0	0.0	0.0	A54	
A55	Oncology OP Clinic	OCL	0.0	0.0	0.0	0.0	0.0	0.0	A55	
A56	Respiratory Dependent	RDS	0.0	0.0	0.0	0.0	0.0	0.0	A56	
A57	Psychiatric Adult	PAD	0.0	0.0	0.0	0.0	0.0	0.0	A57	
A58	Psychiatric Child/Adolescent	PCH	0.0	0.0	0.0	0.0	0.0	0.0	A58	
A59	Psychiatric Geriatric	PSG	0.0	0.0	0.0	0.0	0.0	0.0	A59	
A60	Individual Therapies	ITI	0.0	0.0	0.0	0.0	0.0	0.0	A60	
A61	Group Therapies	GTH	0.0	0.0	0.0	0.0	0.0	0.0	A61	
A62	Family Therapies	FTH	0.0	0.0	0.0	0.0	0.0	0.0	A62	
A63	Psychological Testing	PST	0.0	0.0	0.0	0.0	0.0	0.0	A63	
A64	Education	PSE	0.0	0.0	0.0	0.0	0.0	0.0	A64	
A65	Other Therapies	OPT	0.0	0.0	0.0	0.0	0.0	0.0	A65	
A66	Electroconvulsive Therapy	ETH	0.0	0.0	0.0	0.0	0.0	0.0	A66	
A67	Activity Therapies	ATH	0.0	0.0	0.0	0.0	0.0	0.0	A67	
A68	Pediatric Step-Down	PSD	0.0	0.0	0.0	0.0	0.0	0.0	A68	
A69	340B Clinic Services	CL-340	0.0	0.0	0.0	0.0	0.0	0.0	A69	
A70	340B Radiology - Therapeutic	RAT-340	0.0	0.0	0.0	0.0	0.0	0.0	A70	
A71	340B OR Clinic Services	ORC-340	0.0	0.0	0.0	0.0	0.0	0.0	A71	
A72	340B Laboratory Services	LAB-340	0.0	0.0	0.0	0.0	0.0	0.0	A72	
A73	340B Drugs	CDS-340	0.0	0.0	0.0	0.0	0.0	0.0	A73	
A74	Post Graduate Medical Ed	PME						0.0	A74	
B	TOTALS	#####	0.0	359.0	0.0	0.0	0.0	0.0	359.0	B
Reporting Schedule										
C	Cost Center Schedule	### ###	F01	C 13	UA	D1 - D80	P2A - P2G	P4A - P4G & P5A - P5G	### ###	C

AUXILIARY ENTERPRISES

DPO

E03

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210064

	VOLUME DATA	FISCAL YEAR UNITS
A	Sq Feet	0

COL 1 COL 2 COL 3 COL 4

Doctor's Private Office Rent

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

B	FISCAL YEAR EXPENSES	RECORDS	27.5	95.5	123.0	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	1.1	XXXXX	1.1	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	//////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	//////	XXXXX	XXXXX	XXXXX	///
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	28.6	95.5	124.1	0.00000	G

FISCAL YEAR PROFIT (LOSS)

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(124.1)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	(124.1)	XXXXX	K

FTE DATA

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	0.3				S
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AUXILIARY ENTERPRISES

OOR

E04

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210064

	VOLUME DATA	FISCAL YEAR UNITS
A	Sq Feet	0

COL 1 COL 2 COL 3 COL 4

Office & Other Rental

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

B	FISCAL YEAR EXPENSES	RECORDS	0.0	75.0	75.0	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	//////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	//////	XXXXX	XXXXX	XXXXX	///
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	0.0	75.0	75.0	0.00000	G

FISCAL YEAR PROFIT (LOSS)

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(75.0)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	(75.0)	XXXXX	K

FTE DATA

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	0.0				S
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AUXILIARY ENTERPRISES

REO

E05

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210064

	VOLUME DATA	FISCAL YEAR UNITS
A	Sq Feet	719

COL 1 COL 2 COL 3 COL 4

Retail Operations

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

B	FISCAL YEAR EXPENSES	RECORDS	4.2	52.9	57.1	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	0.5	XXXXX	0.5	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	///////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	///////	XXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	8.3	8.3	XXXXX	D01
D02	General Accounting	FIS	0.4	0.1	0.5	XXXXX	D02
D03	Housekeeping	HKP	2.6	1.2	3.8	XXXXX	D03
D04	Hospital Administration	MGT	4.0	1.2	5.3	XXXXX	D04
D05	Plant Operations	POP	1.5	6.8	8.3	XXXXX	D05
D06	Purchasing & Stores	PUR	0.5	0.1	0.7	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	13.7	70.7	84.4	0.11746	G

FISCAL YEAR PROFIT (LOSS)

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	41.9	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(42.5)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	(42.5)	XXXXX	K

FTE DATA

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	0.1				S
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AUXILIARY ENTERPRISES

PTE

E06

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210064

	VOLUME DATA	FISCAL YEAR UNITS
A	# of Spaces	348

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

Patients Telephones

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

B	FISCAL YEAR EXPENSES	RECORDS	38.5	0.0	38.5	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	3.9	XXXXX	3.9	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	///////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	///////	XXXXX	XXXXX	XXXXX	///
D01	General Accounting	FIS	0.2	0.1	0.3	XXXXX	D01
D02	Hospital Administration	MGT	2.7	0.8	3.6	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	45.4	0.9	46.3	0.13311	G

FISCAL YEAR PROFIT (LOSS)

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(46.3)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	(46.3)	XXXXX	K

FTE DATA

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	1.1				S
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AUXILIARY ENTERPRISES

CAF

E07

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210064

	VOLUME DATA	FISCAL YEAR UNITS
A	Eq. Meals Serve	90,101

COL 1 COL 2 COL 3 COL 4

Cafeteria

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

B	FISCAL YEAR EXPENSES	RECORDS	518.8	558.9	1,077.7	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	XXXXX	XXXXX	XXXXX	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	//////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	//////	XXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	28.8	28.8	XXXXX	D01
D02	General Accounting	FIS	5.7	2.4	8.1	XXXXX	D02
D03	Housekeeping	HKP	8.9	4.3	13.1	XXXXX	D03
D04	Hospital Administration	MGT	66.2	20.3	86.5	XXXXX	D04
D05	Plant Operations	POP	5.1	23.7	28.8	XXXXX	D05
D06	Purchasing & Stores	PUR	4.3	1.1	5.4	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	609.0	639.5	1,248.6	0.01386	G

FISCAL YEAR PROFIT (LOSS)

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	143.5	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(1,105.0)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	(1,105.0)	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	(0.0)	XXXXX	K

FTE DATA

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	11.5				S
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OTHER INSTITUTIONAL PROGRAMS

REG

F01

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR: 6/30/2018
 INSTITUTION NUMBER: 210064

	VOLUME DATA	FISCAL YEAR UNITS
A	# of Projects	0

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

Research

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

B	FISCAL YEAR EXPENSES	RECORDS	0.0	1.6	1.6	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////	XXXXX	XXXXX	XXXXX	
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	FISCAL YEAR ADJUSTED EXPENSES	B+C+D	0.0	1.6	1.6	0.00000	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	G
H	PROFIT (LOSS)	F - E	XXXXX	XXXXX	(1.6)	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED/2080	RECORDS	0.0
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I

OTHER INSTITUTIONAL PROGRAMS

CHE

F04

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210064

	VOLUME DATA	FISCAL YEAR UNITS
A	# of Participants	0

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

Community Health Education

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

B	FISCAL YEAR EXPENSES	RECORDS	42.3	15.9	58.2	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	1.6	XXXX	1.6	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////	XXXXX	XXXX	XXXXX	
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	FISCAL YEAR ADJUSTED EXPENSES	B+C+D	43.9	15.9	59.8	0.00000	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	G
H	PROFIT (LOSS)	F - E	XXXXX	XXXXX	(59.8)	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED/2080	RECORDS	0.5				1
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**RECONCILIATION OF BASE YEAR EXPENSES
AND BUDGET YEAR EXPENSES
TO SCHEDULE RE**

RC

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210064

	Expenses	Sources	HSCRC Regulated	Unregulated	Total	
A	Unassigned Expense	Sch. UA, Col. 10	4,771.8	2,961.4	7,733.2	A
B	Physicians Part B Services	P2 Ln A Col 7 UR6 Ln B Col 3	0.0	751.0	751.0	B
C	Physician Support Services	Sch. P3, Line A, Col. 7 UR	0.0		0.0	C
D	Resident, Intern Services	Sch. P4 & P5 , Line A, Col. 7	0.0	0.0	0.0	D
E	Overhead Expense Survey	Sch OES, Line P, Col. 1	16,541.2	8,686.8	25,228.0	E
F	Patient Care Centers	Schs D1 - D81, Line B, Col. 4	21,379.8	//////////	21,379.8	F
G	Auxiliary Enterprises	Schs E1 - E9 Line B, Col 3	1,105.0	266.3	1,371.3	G
H	Other Institution Programs	Schs F1 - F4, Line B, Col 3	//////////	59.8	59.8	H
I	Unregulated Services	Schs UR1-UR15 Less Ln B & C	//////////	21,202.4	21,202.4	I
J	Total Operating Expenses	A+B+C+D+E+F+G+H+I	43,797.8	33,927.7	77,725.5	J
K	Non-Operating Expenses	Non-Operating Expenses	//////////	0.0	0.0	K
L	Total Expenses	J + K	43,797.8	33,927.7	77,725.5	L
M	Total Operating Expenses - RE	Sche RE, Line S	43,648.9	34,077.0	77,725.8	M
N	Non-Operating Expenses - RE	Sche RE, Line V	//////////	0.0	0.0	N
O	Total Expenses - RE	M + N	43,648.9	34,077.0	77,725.8	O
P	Reconciliation Amount	O - L	(148.9)	149.3	0.4	P
Q	Nomenclature	//////////	//////////	//////////	//////////	Q
Q1	Other Non-Operating Expense	Audited Financial Statements	0.0	0.0	0.0	Q1
Q2	Rounding		(0.3)	(0.0)	(0.4)	Q2
Q3	O/H Exp Alloc. to Aux Ent. Fringe	E Schedules	142.0	(142.0)	0.0	Q3
Q4	Aux Ent. Loss Allocated to F and UR	OA Schedule	7.2	(7.2)	0.0	Q4
Q5	Ineligible Interns/Residents	P5 Schedule	0.0	0.0	0.0	Q5
Q6						Q6

STATEMENT OF REVENUE AND EXPENSES

RE

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL6/30/2018INSTITUTION NUMBER: 210064

		COL 1	COL 2	COL 3	
		Regulated	Unregulated	Total	
Operating Revenues:		xxxx	xxxx	xxxx	
A	Gross Revenues from Daily Hospital Services	37,554.3	27,184.5	64,738.8	A
B	Gross Revenues from Ambulatory Services	2,287.2	1,604.5	3,891.6	B
C	Gross Revenues from Inpatient Ancillary Services	19,966.1	5,154.0	25,120.0	C
D	Gross Revenues from Outpatient Ancillary Services	69.7	0.0	69.7	D
E	Gross Patient Revenues	59,877.2	33,942.9	93,820.2	E
Deductions from Revenues:		xxxx	xxxx	xxxx	
F	Provision for Bad Debts	1,363.9	1,291.6	2,655.5	F
G	Charity/Uncompensated Care	504.7	513.9	1,018.6	G
H	Contractual Adjustments	6,289.4	4,394.6	10,684.1	H
H1	Uncompensated Care Fund Payments	365.6	0.0	365.6	H1
H2	Denials	790.4	66.4	856.7	H2
I	Other Deductions from Revenues	0.0	0.0	0.0	I
J	Total Deductions from Revenues	9,314.0	6,266.4	15,580.5	J
J1	Uncompensated Care Fund Receipts	0.0	0.0	0.0	J1
K	Net Patient Revenues	50,563.2	27,676.5	78,239.7	K
L	Other Operating Revenues	2,639.2	185.5	2,824.7	L
M	Net Operating Revenues	53,202.5	27,862.0	81,064.4	M
Operating Expenses:		xxxx	xxxx	xxxx	
N	Salaries, Wages, and Employee Benefits	26,481.8	23,896.4	50,378.3	N
O	Professional Fees	0.0	0.0	0.0	O
P	Supplies	6,229.7	0.0	6,229.7	P
Q	Depreciation/Amortization, Leases/Rentals	2,423.1	1,534.7	3,957.7	Q
R	Other Expenses	8,514.3	8,645.8	17,160.1	R
S	Total Operating Expenses	43,648.9	34,077.0	77,725.8	S
T	Excess (Deficit) Operating Revenues Over Operating Expenses	9,553.6	(6,215.0)	3,338.6	T
U	Non-Operating Revenues	xxxx	1,951.0	1,951.0	U
V	Non-Operating Expenses	xxxx	0.0	0.0	V
W	Excess (Deficit) Revenues Over Expenses-Regulated and Unregulated	9,553.6	(4,264.0)	5,289.6	W
X	Operating Expenses per EIPD	1.14268	xxxx	xxxx	X
Y	Operating Expenses per EIPA	32.03269	xxxx	xxxx	Y
Z	Working Capital Ratio = Current Assets/Current Liabilities	1.5	xxxx	xxxx	Z
AA	Admissions	1,309	504	1,813	AA
BB	EIPA's	1,363	529	1,893	BB

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

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL

RE - R 1

INSTITUTION NO.: 210064

	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9
	Audited Financial Statements	Miscellaneous Adjustments	AUXILIARY ENTERPRISES						
			E01 Ambulance	E02 Parking	E03 Dr. Office	E04 Other Office	E05 Retail Ops.	E06 Pt. Phones	E07 Cafeteria
Gross Patient Revenue	93,820.2	-	-	-	-	-	-	-	-
Provision for Bad Debt	-	2,655.5	-	-	-	-	-	-	-
Charity Care	1,018.6	-	-	-	-	-	-	-	-
Contractual Allowances	11,906.4	-	-	-	-	-	-	-	-
Total Deductions	12,925.0	2,655.5	-	-	-	-	-	-	-
Net Patient Revenue	80,895.2	(2,655.5)	-	-	-	-	-	-	-
Other Operating Revenue	2,267.4	557.3	-	-	-	-	41.9	-	143.5
Total Operating Revenue	83,162.6	(2,098.2)	-	-	-	-	41.9	-	143.5
Operating Expenses:									
Salaries, Wages and Benefits	50,378.3	-	-	-	28.6	-	13.7	45.4	609.0
Professional Fees	-	-	-	-	-	-	-	-	-
Supplies	6,229.7	-	-	-	-	-	-	-	-
Depreciation / Amortization	2,786.1	619.7	-	-	-	-	8.3	-	28.8
Leases / Rentals	-	551.9	-	-	-	-	-	-	-
Interest	51.3	690.5	-	-	-	-	-	-	-
Other Expenses	20,378.6	(3,960.3)	-	-	95.5	75.0	62.5	0.9	(494.3)
Total Operating Expense	79,824.0	(2,098.2)	-	-	124.1	75.0	84.4	46.3	143.6
Income from Operations	3,338.6	-	-	-	(124.1)	(75.0)	(42.5)	(46.3)	(0.0)
Non-Operating Revenues	1,951.0	-	-	-	-	-	-	-	-
Non-Operating Expenses	-	-	-	-	-	-	-	-	-
Excess Revenue Over Expenses	5,289.6	-	-	-	(124.1)	(75.0)	(42.5)	(46.3)	(0.0)

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

INSTITUTION NAME: LEVINDALE GI

RE - R 2

INSTITUTION NO.: 210064

	Col. 10	Col. 11	Col. 12	Col. 13	Col. 14	Col. 15	Col. 16	Col. 17	Col. 18
	AUXILIARY ENTERPRISES		OTHER INSTITUTIONAL PROGRAMS				UNREGULATED		
	E08	E09	F01	F02	F03	F04	UR01	UR02	UR03
	Day Care	Housing	Research	Nursing Ed.	Other Hlth. Ed.	Comm. Hlth. Ed.	FSC	Home Health	O/P Renal
Gross Patient Revenue	-	-	-	-	-	-	-	-	-
Provision for Bad Debt	-	-	-	-	-	-	-	-	-
Charity Care	-	-	-	-	-	-	-	-	-
Contractual Allowances	-	-	-	-	-	-	-	-	-
Total Deductions	-	-	-	-	-	-	-	-	-
Net Patient Revenue	-	-	-	-	-	-	-	-	-
Other Operating Revenue	-	-	-	-	-	-	-	-	-
Total Operating Revenue	-	-	-	-	-	-	-	-	-
Operating Expenses:									
Salaries, Wages and Benefits	-	-	-	-	-	43.9	-	-	-
Professional Fees	-	-	-	-	-	-	-	-	-
Supplies	-	-	-	-	-	-	-	-	-
Depreciation / Amortization	-	-	-	-	-	-	-	-	-
Leases / Rentals	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Other Expenses	-	-	1.6	-	-	15.9	-	-	-
Total Operating Expense	-	-	1.6	-	-	59.8	-	-	-
Income from Operations	-	-	(1.6)	-	-	(59.8)	-	-	-
Non-Operating Revenues	-	-	-	-	-	-	-	-	-
Non-Operating Expenses	-	-	-	-	-	-	-	-	-
Excess Revenue Over Expenses	-	-	(1.6)	-	-	(59.8)	-	-	-

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

INSTITUTION NAME: LEVINDALE GI

INSTITUTION NO.: 210064

	Col. 19	Col. 20	Col. 21	Col. 22	Col. 23	Col. 23a	Col. 23b	Col. 23c	Col. 23d
	UNREGULATED								
	UR04	UR05	UR06	UR07	UR08	UR09	UR10	UR11	UR12
	SNF	Non-Pt. Lab	Phys. Pt. B	CNA	PSS	Adult Day Care	TBD	TBD	TBD
Gross Patient Revenue	14,716.5	-	231.8	-	17,622.0	1,372.6	-	-	-
Provision for Bad Debt	-	-	0.1	-	1,265.2	26.3	-	-	-
Charity Care	252.9	-	-	-	258.2	2.7	-	-	-
Contractual Allowances	3,967.5	-	117.4	-	263.0	113.1	-	-	-
Total Deductions	4,220.4	-	117.5	-	1,786.5	142.1	-	-	-
Net Patient Revenue	10,496.1	-	114.4	-	15,835.5	1,230.5	-	-	-
Other Operating Revenue	-	-	-	-	-	-	-	-	-
Total Operating Revenue	10,496.1	-	114.4	-	15,835.5	1,230.5	-	-	-
Operating Expenses:									
Salaries, Wages and Benefits	9,398.0	-	622.3	-	11,823.2	1,312.3	-	-	-
Professional Fees	-	-	-	-	-	-	-	-	-
Supplies	-	-	-	-	-	-	-	-	-
Depreciation / Amortization	263.7	-	-	-	1,118.2	115.6	-	-	-
Leases / Rentals	-	-	-	-	-	-	-	-	-
Interest	141.5	-	-	-	600.3	-	-	-	-
Other Expenses	3,825.9	-	205.0	-	3,858.6	257.3	-	-	-
Total Operating Expense	13,629.2	-	827.3	-	17,400.3	1,685.2	-	-	-
Income from Operations	(3,133.1)	-	(713.0)	-	(1,564.9)	(454.7)	-	-	-
Non-Operating Revenues	-	-	-	-	-	-	-	-	-
Non-Operating Expenses	-	-	-	-	-	-	-	-	-
Excess Revenue Over Expenses	(3,133.1)	-	(713.0)	-	(1,564.9)	(454.7)	-	-	-

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

INSTITUTION NAME: LEVINDALE GI

RE - R 3

INSTITUTION NO.: 210064

	Col. 23e	Col. 23f	Col. 23g	Col. 24	Col. 25	Col. 26	Col. 27
	UR13	UR14	UR15	TOTAL	TOTAL	SCHEDULE	RE
	TBD	TBD	TBD	UNREGULATED	REGULATED	RE	LINE
Gross Patient Revenue	-	-	-	33,942.9	59,877.2	93,820.2	E
Provision for Bad Debt	-	-	-	1,291.6	1,363.9	2,655.5	F
Charity Care	-	-	-	513.9	504.7	1,018.6	G
Contractual Allowances	-	-	-	4,461.0	7,445.4	11,906.4	H
Total Deductions	-	-	-	6,266.4	9,314.0	15,580.5	J
Net Patient Revenue	-	-	-	27,676.5	50,563.2	78,239.7	K
Other Operating Revenue	-	-	-	185.5	2,639.2	2,824.7	L
Total Operating Revenue	-	-	-	27,862.0	53,202.5	81,064.4	M
Operating Expenses:							
Salaries, Wages and Benefits	-	-	-	23,896.4	26,481.8	50,378.3	N
Professional Fees	-	-	-	-	-	-	O
Supplies	-	-	-	-	6,229.7	6,229.7	P
Depreciation / Amortization	-	-	-	1,534.7	1,871.1	3,405.8	Q
Leases / Rentals	-	-	-	-	551.9	551.9	Q
Interest	-	-	-	741.8	-	741.8	R
Other Expenses	-	-	-	7,904.0	8,514.3	16,418.3	R
Total Operating Expense	-	-	-	34,077.0	43,648.9	77,725.8	S
Income from Operations	-	-	-	(6,215.0)	9,553.6	3,338.6	T
Non-Operating Revenues	-	-	-	1,951.0	XXXXX	1,951.0	U
Non-Operating Expenses	-	-	-	-	XXXXX	-	V
Excess Revenue Over Expenses	-	-	-	(4,264.0)	9,553.6	5,289.6	W

OVERHEAD EXPENSE APPOINTMENT

J1 & J2

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL
 INSTITUTION NUMBER: 210064

FISCAL YEAR: 6/30/2018

	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	COL. 8A	COL. 9	COL. 10	COL. 11	COL. 12	COL. 13
ALLOCATED CENTERS	DINARY MEALS	LAUNDRY & LINEN POUNDS	PURCHASING STORES (OTH EXPCD)	HOUSEKEEPING # OF HOURS	CENT SUPPLY PHARMACY SOCIAL SERV	PLANT OPERATIONS NET SQ FEET	TOTAL PATIENT CARE OVERHEAD	INPATIENT PAC, MRD FTS, MGT, NAD	AMBULATORY PAC, MRD FTS, MGT, NAD	OUTPATIENT PAC, MRD FTS, MGT, NAD	MED/STAFF ADMIN EDPA	UNASSIGNED EXPENSES	TOTAL OTHER OVERHEAD	TOTAL ALLOCATED OVERHEAD
A Overhead Expenses	1,259.6	151.6	306.4	928.0	1,552.7	1,930.8	6,111.2	7,527.6	214.4	1,989.8	468.6	790.2	10,925.5	17,056.7
REVENUE CENTERS														
1 Med/Surg Acute	MSG						0.0						0.0	0.0
2 Pediatric Acute	PLD						0.0						0.0	0.0
3 Psychiatric Acute	PSY						0.0						0.0	0.0
4 Obstetrics Acute	OBS						0.0						0.0	0.0
5 Definitive Observation	DLF						0.0						0.0	0.0
6 Med/Surg Intensive Care	MIS						0.0						0.0	0.0
7 Coronary Care	CCTI						0.0						0.0	0.0
8 Pediatric Intensive Care	PKI						0.0						0.0	0.0
9 Neonatal Intensive Care	NICU						0.0						0.0	0.0
10 Burn Care	BHRC						0.0						0.0	0.0
11 Psychiatric Intensive Care	PSI						0.0						0.0	0.0
12 Shock/Trauma	TRM						0.0						0.0	0.0
13 Oncology	ONC						0.0						0.0	0.0
14 Newborn Nursery	NBR						0.0						0.0	0.0
15 Premature Nursery	PRN						0.0						0.0	0.0
16 Chronic Care	CRH	1,084.0	133.9	39.0	574.3	1,194.7	3,026.8	3,893.9				361.3	4,255.2	7,287.0
17 Emergency Services	EMG			2.7			2.7	6.6			0.2	0.6	7.4	10.1
18 Clinical Services	CL			6.9			6.9	0.0			3.8	3.2	47.0	53.9
19 Psych Day & Night Care	PMC	25.1		19.0	114.9	218.9	398.8	0.7	176.3		10.9	22.0	299.9	606.6
20 Ambulatory Surgery (PH)	AMS						0.0						0.0	0.0
21 Same Day Surgery	SDS			1.1			1.1	1.5		260.8	2.6	5.6	290.4	371.6
22 Labor & Delivery Services	DL						0.0						0.0	0.0
23 Operating Room	OR			3.8			3.8	7.1		402.1		9.0	418.2	427.0
24 Operating Room Clinic	ORC			17.6			17.6	30.6				2.6	31.7	45.8
25 Anesthesiology	ANS			0.3			0.3	0.7				0.1	0.7	1.0
26 Laboratory Services	LAB			55.5			55.5	227.8		130.4		21.4	379.5	435.0
27 Electrocadiography	EKG						0.0	0.8				0.1	0.8	1.8
28 Interventional Radiology / Cardiovascular	IRU			0.3			0.3	0.8				0.1	0.8	1.3
29 Radiology-Diagnostic	RAD			31.4	9.5	19.9	62.8	102.9		345.1		18.5	566.5	629.1
30 CT Scanner	CAT			1.5			1.5	3.7				0.3	4.0	5.6
31 Radiology-Therapeutic	RAT						0.0						0.0	0.0
32 Nuclear Medicine	NRM			2.1			2.1	5.5				0.5	6.0	8.3
33 Respiratory Therapy	RLS			3.9	8.1	16.9	28.9	70.9				55.1	764.4	793.1
34 Pulmonary Function Testing	PH						0.0						0.0	0.0
35 Electroencephalography	EEG						0.0						0.0	0.0
36 Physical Therapy	PTH			13.8	15.3	71.4	122.5	451.7				17.4	491.1	613.5
37 Occupational Therapy	OTH			13.2	40.8	84.9	139.0	430.4				35.9	466.3	605.2
38 Speech Language Pathology	SLP			8.1	2.7	4.4	14.7	201.5		748.6		31.5	983.6	998.3
39 Recreational Therapy	RLT			5.9	11.7	24.2	41.7	95.8				8.2	104.0	135.7
40 Audiology	AUD						0.0						0.0	0.0
41 Other Physical Medicine	OPM						0.0						0.0	0.0
42 Renal Dialysis	RDL			37.2			37.2	90.1				7.7	97.8	135.0
43 Organ Acquisition	OA						0.0						0.0	0.0
44 Ambulatory Surgery	AOR						0.0						0.0	0.0
45 Leukopheresis	LEP						0.0						0.0	0.0
46 Hyperbaric Chamber	HYP						0.0						0.0	0.0
47 Free Standing Emergency	FSE						0.0						0.0	0.0
48 Magnetic Resonance Imaging	MRI			1.4			1.4	3.1				0.3	3.6	5.0
49 Adolescent Dual Diagnosis	ADD						0.0						0.0	0.0
50 Lithotripsy	LIT						0.0						0.0	0.0
51 Rehabilitation	RHB	77.5	9.6	14.8	60.8	136.5	289.1	475.6				42.5	518.1	807.4
52 Observation	OBV						0.0						0.0	0.0
53 Ambulance Services-Rebundled	AMB			5.0			5.0	12.0				1.0	13.2	18.2
54 Transurethral Microwave Thermotherapy	TMT						0.0						0.0	0.0
55 Oncology (OP) Clinic	OCCL						0.0						0.0	0.0
56 Respiratory Dependent	RDS	73.0	9.1	23.9	56.9	118.1	281.2	477.6				42.5	520.0	801.2
57 Pediatric Step-Down	PSD						0.0						0.0	0.0
58 340H Clinic Services	CT-340						0.0						0.0	0.0
59 340H Radiology - Therapeutic	RAT-340						0.0						0.0	0.0
60 340H OR Clinic Services	ORC-340						0.0						0.0	0.0
61 340H Laboratory Services	LAB-340						0.0						0.0	0.0
62 340H Drugs	DRS-340						0.0						0.0	0.0
63 Admission Services	ADM					765.8	765.8				450.3		450.2	1,215.9
64 Med/Surg Supplies	MSS					88.9	88.9	31.5		2.9		2.6	37.9	126.9
65 Drugs Sold	DS				33.7	698.0	28.8	740.4	255.2			30.5	275.6	1,016.0
TOTAL	1,259.6	151.6	306.4	928.0	1,552.7	1,930.8	6,111.2	7,527.6	214.4	1,989.8	468.6	790.2	10,925.5	17,056.7

OVERHEAD STATISTICAL APPORTIONMENT

J51 & J52

INSTITUTION NAME:
INSTITUTION NUMBER:

LEVINHALE GERIATRIC CENTER & HOSPITAL
21064

FISCAL YEAR

6/30/2018

UNIT COST CALCULATIONS		CYCLE										
		CYCL 1	CYCL 2	CYCL 3	CYCL 4	CYCL 5	CYCL 6	CYCL 7	CYCL 7A	CYCL 8	CYCL 9	CYCL 10
		DIETARY MEALS	LAUNDRY & LINEN POUNDS	PURCHASING STORES (OTH EXP SECT)	HOUSEKEEPING # OF ROOMS	CLINT SUPPLY PHARMACY SOCIAL SERV	PLANT OPERATIONS NET SQ FEET	INPATIENT PAC MHD FLS MGT NAD	AMBULATORY PAC MHD FLS MGT NAD	OUTPATIENT PAC MHD FLS MGT NAD	MED STAFF ADMIN EPA	UNASSIGNED EXPENSES
A	Overhead Expenses	1,259.6	153.6	306.4	938.0	1,552.7	1,930.8	7,522.6	214.4	1,909.8	468.6	730.2
B	Items	112,350	181,624	2,011	10,342	1,553	53,087	20,580.2	566.5	26.7	1,361	35,517.1
C	Cost per unit	0.011212	0.000837	0.150820	0.092759	1.000000	0.036371	0.365521	0.365521	74.909457	0.343892	0.020588
STATISTICAL APPORTIONMENT												
1	Med/Surg Acute	MSG	0	0	0	0	0	0	0	0	0	0
2	Psychiatric Acute	PEJ	0	0	0	0	0	0	0	0	0	0
3	Psychiatric Acute	PSY	0	0	0	0	0	0	0	0	0	0
4	Obstetrics Acute	OBG	0	0	0	0	0	0	0	0	0	0
5	Definitive Observation	DEF	0	0	0	0	0	0	0	0	0	0
6	Med/Surg Intensive Care	MIS	0	0	0	0	0	0	0	0	0	0
7	Convalescent Care	CYU	0	0	0	0	0	0	0	0	0	0
8	Psychiatric Intensive Care	PII	0	0	0	0	0	0	0	0	0	0
9	Neonatal Intensive Care	NICU	0	0	0	0	0	0	0	0	0	0
10	Burn Care	BUR	0	0	0	0	0	0	0	0	0	0
11	Psychiatric Intensive Care	PSI	0	0	0	0	0	0	0	0	0	0
12	Shock/Trauma	ITM	0	0	0	0	0	0	0	0	0	0
13	Oncology	ONC	0	0	0	0	0	0	0	0	0	0
14	Newborn Nursery	NBR	0	0	0	0	0	0	0	0	0	0
15	Premature Nursery	PNR	0	0	0	0	0	0	0	0	0	0
16	Transc Care	TRH	96,687	161,241	256.6	6,399	32,848	10,654.0	0	0	0	17,573.8
17	Emergency Services	EMG	0	0	16.1	0	0	0	18.1	0	0	27.6
18	Thermal Services	TR	0	0	45.4	0	0	0	2.4	0	0	157.4
19	Psych Day & Night Care	PMC	2,241	0	141.8	1,280	6,569	0	482.3	0	0	1,070.7
20	Ambulatory Surgery (AMB)	AMS	0	0	0	0	0	0	0	0	0	0
21	Same Day Surgery	SMS	0	0	7.5	0	0	0	4.0	0	0	271.5
22	Labor & Delivery Services	DEL	0	0	0	0	0	0	0	0	0	0
23	Operating Room	OR	0	0	24.9	0	0	19.5	0	5.4	0	437.9
24	Operating Room Clinic	ORC	0	0	81.7	0	0	81.7	0	0	0	126.9
25	Anesthesiology	ANS	0	0	1.8	0	0	1.8	0	0	0	2.7
26	Laboratory Services	LAB	0	0	367.9	0	0	621.1	0	1.8	0	1,038.6
27	Electrocardiography	EKG	0	0	0	0	0	2.1	0	0	0	2.9
28	Interventional Radiology / Cardiovascular	IRC	0	0	2.1	0	0	2.1	0	0	0	3.2
29	Radiology-Diagnostic	RAD	0	0	221.8	106	546	281.6	0	6.0	0	898.4
30	CT Scanner	CAT	0	0	10.2	0	0	10.2	0	0	0	15.5
31	Radiology-Therapeutic	RAT	0	0	0	0	0	0	0	0	0	0
32	Nuclear Medicine	NUC	0	0	15.1	0	0	15.1	0	0	0	22.9
33	Respiratory Therapy	RES	0	0	26.0	90	464	2,980.6	0	0	0	2,678.7
34	Pulmonary Function Testing	PLR	0	0	0	0	0	0	0	0	0	0
35	Electroencephalography	EKG	0	0	0	0	0	0	0	0	0	0
36	Physical Therapy	PHI	0	0	91.4	393	2,019	1,241.2	0	0	0	1,817.4
37	Occupational Therapy	OHI	0	0	87.6	455	2,115	1,177.4	0	0	0	1,746.7
38	Speech/Language Pathology	STH	0	0	51.6	24	122	556.9	0	100	0	1,511.7
39	Recreational Therapy	RLT	0	0	18.9	130	666	262.4	0	0	0	399.6
40	Audiology	AUD	0	0	0	0	0	0	0	0	0	0
41	Other Physical Medicine	OPM	0	0	0	0	0	0	0	0	0	0
42	Renal Dialysis	RDR	0	0	246.5	0	0	246.5	0	0	0	373.8
43	Organ Acquisition	OA	0	0	0	0	0	0	0	0	0	0
44	Ambulatory Surgery	AMB	0	0	0	0	0	0	0	0	0	0
45	Leukopheresis	LEU	0	0	0	0	0	0	0	0	0	0
46	Hyperbaric Chamber	HYP	0	0	0	0	0	0	0	0	0	0
47	Free Standing Emergency	FSE	0	0	0	0	0	0	0	0	0	0
48	Magnetic Resonance Imaging	MRI	0	0	9.1	0	0	9.1	0	0	0	13.8
49	Adolescent Inpatient Diagnostic	ADD	0	0	0	0	0	0	0	0	0	0
50	Entitropis	ENT	0	0	0	0	0	0	0	0	0	0
51	Rehabilitation	RHB	6,909	11,522	98.2	678	3,479	7,301.2	0	0	0	2,066.0
52	Observation	OBV	0	0	0	0	0	0	0	0	0	0
53	Ambulance Services-Rebundled	AMR	0	0	33.2	0	0	33.2	0	0	0	50.3
54	Transurethral Microwave Thermotherapy	TMT	0	0	0	0	0	0	0	0	0	0
55	Oncology (OP) Clinic	OCU	0	0	0	0	0	0	0	0	0	0
56	Respiratory Dependents	RDS	6,511	10,861	158.4	632	1,251	1,306.5	0	0	0	2,085.3
57	Pediatric Step-Down	PSD	0	0	0	0	0	0	0	0	0	0
58	340B Clinic Services	CT-340	0	0	0	0	0	0	0	0	0	0
59	340B Radiology - Therapeutic	RAT-340	0	0	0	0	0	0	0	0	0	0
60	340B OR Clinic Services	ORC-340	0	0	0	0	0	0	0	0	0	0
61	340B Laboratory Services	LAB-340	0	0	0	0	0	0	0	0	0	0
62	340B Drugs	CDU-340	0	0	0	0	0	0	0	0	0	0
63	Admission Services	ADM	0	0	0	0	76.8	0	0	0	0	1,309
64	Med/Surg Supplies	MSS	0	0	0	0	88.9	0	0	0	0	124.3
65	Drugs Sold	DDS	0	0	0	153	698.0	786	698.0	0	0	995.5
TOTAL		112,350	181,624	2,011	10,342	1,552.7	53,087	20,580.2	566.5	26.7	1,361	35,517.1

DEPARTMENTAL EQUIPMENT ALLOWANCE

H2

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR

6/30/2018

INSTITUTION NUMBER: 210064

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
	CENTER	COST BASE YEAR PURCHASES	# YRS	CUMULATIVE PURCHASE TOTAL	DEPRECIATION COL 3 / COL 2	MKT VALUE BASE YEAR LEASES	CUMULATIVE LEASES TOTAL	LEASE AMORTIZATION COL 6 / COL 2	DEPR/AMORT TOTAL COL 4 + COL 7
H2A	MIS	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2B	CCU	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2C	PIC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2D	NEO	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2E	BUR	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2F	TRM	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2G	ONC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2H	OR	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2I	ORC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2J	AOR	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2K	LAB	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2L	IRC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2M	RAD	0.0	10	285.8	28.6	0.0	0.0	0.0	28.6
H2N	CAT	0.0	6.5	0.0	0.0	0.0	0.0	0.0	0.0
H2O	RAT	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2P	NUC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2Q	RDL	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2R	HYP	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2S	DTY	99.5	10	668.3	66.8	0.0	0.0	0.0	66.8
H2T	LL	0.0	10	162.3	16.2	0.0	0.0	0.0	16.2
H2U	MGT	6.8	10	164.8	16.5	0.0	0.0	0.0	16.5
H2V	EDP	0.0	10	264.8	26.5	0.0	0.0	0.0	26.5
H2W	MRI	0.0	6	0.0	0.0	0.0	0.0	0.0	0.0
H2X	LIT	0.0	5	0.0	0.0	0.0	0.0	0.0	0.0
H2Y	ETH	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2Z	TRP	0.0	5	0.0	0.0	0.0	0.0	0.0	0.0
H2AA	TMT	0.0	5	0.0	0.0	0.0	0.0	0.0	0.0
	TOTAL	106.3		1,546.2	154.6	0.0	0.0	0.0	154.6

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3A

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR: 6/30/2018
 INSTITUTION NUMBER: 210064

ALLOWANCE	SOURCE	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	
		GENERAL	DIFTARY	LAUNDRY	COMM.	DATA PROC	DEPART	TOTAL		
A INTEREST	RECORDS	(0)	//////////	//////////	//////////	//////////	//////////	//////////	//////////	A
B TOTAL DEPRECIATION	RECORDS	2,422.6	//////////	//////////	//////////	//////////	//////////	//////////	//////////	B
C CAPITAL INTENSIVE EQUIP DEPR	TOTAL B2	154.6	66.8	16.2	16.5	26.5	28.6	309.2		C
D BLDG & GEN EQUIP DEPR	B - C	2,268.0	//////////	//////////	//////////	//////////	//////////	//////////	2,268.0	D
E BLDG & GEN EQUIP DEPR & INT	A + D	2,268.0	66.8	16.2	16.5	26.5	28.6		2,422.6	E
F STANDARD UNITS	//////	53,087	112,350	183,624	21,193	21,193	//////////	//////////	//////////	F
G ALLOWANCE PER UNIT	////	0.04272	0.00059	0.00009	0.00078	0.00125	//////////	//////////	//////////	G

DISTRIBUTION	CODE	ADJ. SQUARE FOOTAGE BASIS									
1 Med/Surg Acute	MSG	0	0.0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	1
2 Psychiatric Acute	PEP	0	0.0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	2
3 Psychiatric Acute	PSY	0	0.0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	3
4 Obstetrics Acute	OBS	0	0.0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	4
5 Definitive Observation	DEF	0	0.0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	5
6 Med/Surg Intensive Care	MIS	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6
7 Coronary Care	CCU	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7
8 Psychiatric Intensive Care	PIC	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8
9 Neonatal Intensive Care	NEO	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9
10 Burn Care	BUR	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10
11 Psychiatric Intensive Care	PSI	0	0.0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	11
12 Shock/Trauma	TRM	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12
13 Oncology	ONC	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13
14 Newborn Nursery	NUR	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	0.0	14
15 Premature Nursery	PRE	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	0.0	15
16 Chronic Care	CRH	32,848	1,403.3	57.5	14.3	8.3	13.3	//////////	1,496.7	16	16
17 Emergency Services	EMG	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	0.0	17
18 Clinical Services	CL	0	0.0	//////////	0.0	0.1	0.1	//////////	0.2	0.2	18
19 Psych. Day & Night Care	PNC	6,569	280.6	1.3	0.0	0.4	0.6	//////////	283.0	19	19
20 Same Day Surgery	SDS	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	0.0	20
21 Labor & Delivery Services	DEL	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	0.0	21
22 Operating Room	OR	0	0.0	//////////	0.0	0.0	0.0	0.0	0.0	0.1	22
23 Operating Room Clinic	ORC	0	0.0	//////////	0.0	0.1	0.1	//////////	0.2	0.2	23
24 Anesthesiology	ANS	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	0.0	24
25 Med/Surg Supplies	MSS	0	0.0	//////////	//////////	0.1	0.1	//////////	0.2	0.2	25
26 Drugs Sold	CDS	786	33.6	//////////	//////////	0.5	0.9	//////////	35.0	35.0	26
27 Laboratory Services	LAB	0	0.0	//////////	0.0	0.5	0.8	0.0	1.3	1.3	27
28 Electrocardiography	EKG	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	0.0	28
29 Interventional Radiology / Cardiovascular	IRC	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	0.0	29
30 Radiology-Diagnostic	RAD	546	23.3	//////////	0.0	0.2	0.4	28.6	52.5	52.5	30
31 CT Scanner	CAT	0	0.0	//////////	0.0	0.0	0.0	0.0	0.0	0.0	31
32 Radiology-Therapeutic	RAT	0	0.0	//////////	0.0	0.0	0.0	0.0	0.0	0.0	32
33 Nuclear Medicine	NUC	0	0.0	//////////	0.0	0.0	0.0	0.0	0.0	0.0	33

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

11A B

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210064

DISTRIBUTION	ADD. SQUARE FOOTAGE BASIS	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
		GENERAL.	DIETARY	LAUNDRY	COMM.	DATA PROC.	DEPART	TOTAL.	
34 Respiratory Therapy RES 464 19.8 // 0.0 1.5 2.4 // 23.8 34									
35 Pulmonary Function Testing PUL 0 0.0 // 0.0 0.0 0.0 // 0.0 35									
36 Electroencephalography EEG 0 0.0 // 0.0 0.0 0.0 // 0.0 36									
37 Physical Therapy PTH 2,019 86.3 // 0.0 1.0 1.6 // 88.8 37									
38 Occupational Therapy OTH 2,335 99.8 // 0.0 0.9 1.5 // 102.2 38									
39 Speech Language Pathology STH 122 5.2 // 0.0 0.4 0.7 // 6.4 39									
40 Recreational Therapy REC 666 28.5 // 0.0 0.2 0.3 // 29.0 40									
41 Audiology AUD 0 0.0 // 0.0 0.0 0.0 // 0.0 41									
42 Other Physical Medicine OPM 0 0.0 // 0.0 0.0 0.0 // 0.0 42									
43 Renal Dialysis RDL 0 0.0 // 0.0 0.2 0.3 0.0 // 0.5 43									
44 Organ Acquisition OA 0 0.0 // 0.0 0.0 0.0 // 0.0 44									
45 Leukopheresis LLO 0 0.0 // 0.0 0.0 0.0 // 0.0 45									
46 Hyperbaric Chamber HYP 0 0.0 // 0.0 0.0 0.0 0.0 // 0.0 46									
47 Free Standing Emergency FSE 0 0.0 0.0 0.0 0.0 0.0 // 0.0 47									
48 Magnetic Resonance Imaging MRI 0 0.0 // 0.0 0.0 0.0 0.0 // 0.0 48									
49 Lithotripsy LIT 0 0.0 // 0.0 0.0 0.0 0.0 // 0.0 49									
50 Rehabilitation RHB 3,479 148.6 4.1 1.0 1.6 // 156.4 50									
51 Observation OBV 0 0.0 // 0.0 0.0 0.0 // 0.0 51									
52 Transurethral Microwave Thermotherapy TMT 0 0.0 // 0.0 0.0 0.0 0.0 // 0.0 52									
53 Oncology OP Clinic OCL 0 0.0 // 0.0 0.0 0.0 // 0.0 53									
54 Respiratory Dependent RDS 3,253 139.0 // 1.0 1.0 1.6 // 142.6 54									
55 Pediatric Step-Down PSD 0 0.0 0.0 0.0 0.0 0.0 // 0.0 55									
56 340B Clinic Services CT-340 0 0.0 // 0.0 0.0 0.0 // 0.0 56									
57 340B Radiology - Therapeutic RAT-340 0 0.0 // 0.0 0.0 0.0 // 0.0 57									
58 340B OR Clinic Services ORC-340 0 0.0 // 0.0 0.0 0.0 // 0.0 58									
59 340B Laboratory Services LAB-340 0 0.0 // 0.0 0.0 0.0 // 0.0 59									
60 340B Drugs CDS-340 0 0.0 // 0.0 0.0 0.0 // 0.0 60									
I Subtotal ABC 53,087 2,268 63 16 16 26 29 2,419 I									
61 Ambulance Services AMB 0 0.0 // // // // // // 0.0 61									
62 Parking PAR 0 0.0 // // // // // // // 0.0 62									
63 Doctor's Private Office Rent DPO 0 0.0 // // // // // // // 0.0 63									
64 Office & Other Rental OOR 0 0.0 // // // // // // // 0.0 64									
65 Retail Operations ROO 0 0.0 // // // // // // // 0.0 65									
66 Patients Telephones PTE 0 0.0 // // // // // // // 0.0 66									
67 Cafeteria CAF 0 0.0 // // // // // // // 0.0 67									
68 Day Care Recreation Areas DEB 0 0.0 // // // // // // // 0.0 68									
69 Housing HOU 0 0.0 // // // // // // // 0.0 69									
70 Research REG 0 0.0 // // // // // // // 0.0 70									
71 Nursing Education RNS 0 0.0 // // // // // // // 0.0 71									
72 Other Health Profession Education OHE 0 0.0 // // // // // // // 0.0 72									
73 Community Health Education CHE 0 0.0 // // // // // // // 0.0 73									
74 Post Graduate Medical Ed PME 0 0.0 // // // // // // // 0.0 74									
75 Freestanding Clinic Services FSC 0 0.0 // // // // // // // 0.0 75									
76 Home Health Services HHC 0 0.0 // // // // // // // 0.0 76									
77 Outpatient Renal Dialysis ORD 0 0.0 // // // // // // // 0.0 77									
78 Skilled Nursing Care SCF 0 0.0 // // // // // // // 0.0 78									
79 Laboratory Non-Patient ULB 0 0.0 // // // // // // // 0.0 79									
80 Physicians Part II Services UPH 0 0.0 // // // // // // // 0.0 80									
81 Certified Nurse Anesthetists CNA 0 0.0 // // // // // // // 0.0 81									
82 Intermediate Care PSS 0 0.0 // // // // // // // 0.0 82									
83 Adult Day Care TBA2 0 0.0 // // // // // // // 0.0 83									
84 IDH TBA3 0 0.0 // // // // // // // 0.0 84									
85 IDH TBA4 0 0.0 // // // // // // // 0.0 85									
86 IDH TBA5 0 0.0 // // // // // // // 0.0 86									
87 IDH TBA6 0 0.0 // // // // // // // 0.0 87									
88 IDH TBA7 0 0.0 // // // // // // // 0.0 88									
89 IDH TBA8 0 0.0 // // // // // // // 0.0 89									
II TOTAL DISTRIBUTED XYZ 53,087 2,268 63 16 16 26 29 2,419 II									

THIRD PARTY DIFFERENTIAL

PDA

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210064

SOURCE	INPATIENT	OUTPATIENT	TOTAL
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CHARGES, DEDUCTIBLES, CBA

		COL 1	COL 2	COL 3		
A	Gross Patient Revenue, HSCRC Regulated	Records/Budget	57,520.4	2,356.8	59,877.2	A
B	Medicare Revenue, HSCRC Regulated	Records/Budget	47,961.7	2,252.4	50,214.1	B
C	Medicaid Revenue, HSCRC Regulated	Records/Budget	2,044.9	0.7	2,045.6	C
D	Blue Cross Revenue, HSCRC Regulated	Records/Budget	2,274.5	3.3	2,277.8	D
E	MCO Subcontracted Medicare, Medicaid, HSCRC Regulated **	Records/Budget	2,463.5	90.2	2,553.7	E
F	Medicare Deductibles Paid by Medicaid, HSCRC Regulated	Records/Budget	//////////	//////////	0.0	F
G	Uncompensated Care, HSCRC Regulated ***	Records/Budget	1,868.6	0.0	1,868.6	G
G1	Other Payors Not Eligible for SAAC & Not U.C.	A-B-C-D-E-G	907.2	10.2	917.4	G1

RATIOS, LEVEL III COSTS

H	Ratio of Medicare & Medicaid Charges	Col 3 (B + C) /Col 3 A	//////////	//////////	0.8728	H
I	Ratio of Blue Cross Inpatient Charges	Col 1 D/Col 3 A	0.0380	//////////	//////////	I
I1	Ratio of Blue Cross Outpatient Charges	Col 2 D/Col 3 A	//////////	0.0001	//////////	I1
J	Ratio of HMO Charges	Col 3 E/Col 3 A	//////////	//////////	0.0426	J
K	Ratio of Deductibles Paid by Medicaid	Col 3 F/Col 3 A	//////////	//////////	0.0000	K
L	Ratio of Uncompensated Accounts	Col 3 G/Col 3 A	//////////	//////////	0.0312	L
M	Ratio of Other Payors Charges	Col 3 G1/Col 3 A	//////////	//////////	0.0153	M
N	Level III Costs	Schedule MA	//////////	//////////	42,025.7	N

DIFFERENTIAL CALCULATION

O	Gross Revenue HSCRC Regulated	*	//////////	//////////	46,045.3	O
P	Payor Differential	I - (Col 3 O/N)	//////////	//////////	0.0956	P

* O = N/ (1-.06H + .0225I + .021I+ .06J + .02K + L+.02M) - per HSCRC
 ** Detail on Supplemental Schedule 5
 *** See Supplemental Schedule 4 for reconciliation to financial statements

REVENUE CENTER RATE SUMMARY

M

INSTITUTION NAME:
INSTITUTION NUMBER:

LEVINDALE GERIATRIC CENTER & HOSPITAL
210064

FISCAL YEAR

6/30/2018

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

DESCRIPTION	CODE	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10	COL 11
A1 Med/Surg Acute	MISG	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
2 Pediatric Acute	PIED	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
3 Psychiatric Acute	PSY	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
4 Obstetrics Acute	OBS	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
5 Definitive Observation	DEF	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
6 Med/Surg Intensive Care	MIS	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
7 Coronary Care	CCU	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
8 Pediatric Intensive Care	PIC	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
9 Neonatal Intensive Care	NICU	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
10 Burn Care	BUR	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
11 Shock/Trauma	TRM	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
12 Oncology	ONC	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
13 Newborn Nursery	NOR	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
14 Premature Nursery	PRE	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
15 Chronic Care	CRH	32,231	10,653.0	3,026.8	4,255.2	#####	0.0	0.0	17,935.1	1,424.9	71.8	19,431.7
16 Emergency Services	EMIG	298	18.1	2.7	7.4	#####	0.0	0.0	28.2	0.0	0.0	28.2
17 Clinical Services	CL	3,572	106.7	6.9	47.0	#####	0.0	0.0	160.6	0.2	0.0	160.8
18 Psych Day & Night Care	PDC	2,114	484.1	398.8	209.9	#####	0.0	0.0	1,092.7	281.6	1.3	1,375.6
19 Same Day Surgery	SDS	15	7.5	1.1	270.4	#####	0.0	0.0	279.1	0.0	0.0	279.1
20 Labor & Delivery Services	DEL	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
21 Operating Room	OR	526	24.9	3.8	418.2	#####	0.0	0.0	446.9	0.1	0.0	447.0
22 Operating Room Clinic	ORC	4,237	83.7	12.6	33.2	#####	0.0	0.0	129.5	0.2	0.0	129.7
23 Anesthesiology	ANS	330	1.8	0.3	0.7	#####	0.0	0.0	2.8	0.0	0.0	2.8
24 Laboratory Services	LAB	337,419	624.9	55.5	379.5	#####	0.0	0.0	1,059.9	1.3	0.0	1,061.2
25 Electrocardiography	EKG	2,175	2.1	0.0	0.8	#####	0.0	0.0	2.9	0.0	0.0	2.9
26 Interventional Radiology / Cardiovascular	IRC	138	2.1	0.3	0.8	#####	0.0	0.0	3.2	0.0	0.0	3.2
27 Radiology Diagnostic	RAD	11,941	287.6	62.8	566.5	#####	0.0	0.0	916.9	23.9	28.6	969.4
28 CT Scanner	CAT	2,248	10.2	1.5	4.0	#####	0.0	0.0	15.8	0.0	0.0	15.8
29 Radiology-Therapeutic	RAT	1	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
30 Nuclear Medicine	NUC	2,231	15.1	2.3	6.0	#####	0.0	0.0	23.4	0.0	0.0	23.4
31 Respiratory Therapy	RES	980,822	1,940.6	28.9	764.4	#####	0.0	0.0	2,733.8	23.8	0.0	2,757.6
32 Pulmonary Function Testing	PUL	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
33 Electroencephalography	EKG	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
34 Physical Therapy	PTH	328,863	1,241.2	122.5	491.1	#####	0.0	0.0	1,854.8	88.8	0.0	1,943.6
35 Occupational Therapy	OTH	320,641	1,177.4	139.0	466.3	#####	0.0	0.0	1,782.7	102.2	0.0	1,884.9
36 Speech Language Pathology	STH	127,864	566.9	14.7	983.6	#####	0.0	0.0	1,565.2	6.4	0.0	1,571.6
37 Recreational Therapy	REC	1,884	262.1	41.7	104.0	#####	0.0	0.0	407.8	29.0	0.0	436.8
38 Audiology	AUD	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
39 Other Physical Medicine	OPM	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
40 Renal Dialysis	RDL	696	246.5	37.2	97.8	#####	0.0	0.0	381.5	0.5	0.0	382.0
41 Organ Acquisition	OA	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
42 Leukopheresis	LEU	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
43 Hyperbaric Chamber	HYP	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
44 Free Standing Emergency	FSE	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
45 Magnetic Resonance Imaging	MRI	980	9.1	1.4	3.6	#####	0.0	0.0	14.1	0.0	0.0	14.1
46 Lithotripsy	LIT	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
47 Rehabilitation	RHB	2,294	1,301.2	289.3	518.1	#####	0.0	0.0	2,108.5	151.3	5.1	2,264.9
48 Observation	OBV	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
49 Ambulance Services-Rebundled	AMR	8,103	33.2	5.0	13.2	#####	#####	#####	51.4	#####	#####	51.4
50 Transurethral Microwave Thermotherapy	TMT	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
51 Oncology Outpatient Clinic	OCL	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
52 Respiratory Dependent	RDS	2,170	1,306.5	281.2	520.0	#####	0.0	0.0	2,107.8	141.6	1.0	2,250.3
53 Pediatric Step-Down	PSD	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
54 340B Clinic Services	CL-340	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
55 340B Radiology - Therapeutic	RAT-340	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
56 340B OR Clinic Services	ORC-340	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
57 340B Laboratory Services	LAB-340	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
58 340B Drugs	CDS-340	0	0.0	0.0	0.0	#####	0.0	0.0	0.0	0.0	0.0	0.0
59 Admission Services	ADM	1,309	#####	765.8	450.2	#####	#####	#####	1,215.9	#####	#####	1,215.9
60 Med/Surg Supplies	MSS	1,363	1,016.0	88.9	37.9	#####	#####	#####	1,142.9	0.2	#####	1,143.1
61 Drugs Sold	CDS	1,363	1,127.8	740.4	275.6	#####	#####	#####	2,143.8	35.0	#####	2,178.8
62						#####						
B TOTAL		2,177,827	22,550.3	6,131.2	10,925.5		0.0	0.0	39,607.0	2,311.0	107.8	42,025.7

REVENUE CENTER RATE SUMMARY

MA

INSTITUTION NAME:
INSTITUTION NUMBER:

LEVINDALE GERIATRIC CENTER & HOSPITAL
210064

FISCAL YEAR

6/30/2018

	DESCRIPTION	CODE	OFC		LEVEL III	PAYOR DIFFERENTIAL	LEVEL IV	CROSS SUBSIDY	MISC ADJ	HSCRC ADJ	ADJUST LEVEL IV	AVERAGE RATES
			Direct offsets	(Discontinued) Difference								
			COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10
A1	Med/Surg Acute	MSG	0.0		0.0	0.0	0.0				0.0	0.0000
2	Pediatric Acute	PEA	0.0		0.0	0.0	0.0				0.0	0.0000
3	Psychiatric Acute	PSY	0.0		0.0	0.0	0.0				0.0	0.0000
4	Obstetrics Acute	OBS	0.0		0.0	0.0	0.0				0.0	0.0000
5	Definitive Observation	DEF	0.0		0.0	0.0	0.0				0.0	0.0000
6	Med/Surg Intensive Care	MIS	0.0		0.0	0.0	0.0				0.0	0.0000
7	Coronary Care	CCU	0.0		0.0	0.0	0.0				0.0	0.0000
8	Pediatric Intensive Care	PIC	0.0		0.0	0.0	0.0				0.0	0.0000
9	Neonatal Intensive Care	NEO	0.0		0.0	0.0	0.0				0.0	0.0000
10	Burn Care	BUR	0.0		0.0	0.0	0.0				0.0	0.0000
11	Shock/Trauma	TRM	0.0		0.0	0.0	0.0				0.0	0.0000
12	Oncology	ONC	0.0		0.0	0.0	0.0				0.0	0.0000
13	Newborn Nursery	NUR	0.0		0.0	0.0	0.0				0.0	0.0000
14	Premature Nursery	PRE	0.0		0.0	0.0	0.0				0.0	0.0000
15	Chronic Care	CRH	0.0		19,431.7	1,858.5	21,290.2				21,290.2	660,5518
16	Emergency Services	EMG	0.0		28.2	2.7	30.9				30.9	103,7067
17	Clinical Services	CL	0.0		160.8	15.4	176.2				176.2	49,3260
18	Psych. Day & Night Care	PDC	0.0		1,375.6	131.6	1,507.2				1,507.2	713,1531
19	Same Day Surgery	SDS	0.0		279.1	26.7	305.8				305.8	20,385,1553
20	Labor & Delivery Services	DCL	0.0		0.0	0.0	0.0				0.0	0.0000
21	Operating Room	OR	0.0		447.0	42.8	489.8				489.8	931,1456
22	Operating Room Clinic	ORC	0.0		129.7	12.4	142.1				142.1	33,5443
23	Anesthesiology	ANS	0.0		2.8	0.3	3.1				3.1	9,3501
24	Laboratory Services	LAB	0.0		1,061.2	101.5	1,162.7				1,162.7	3,4459
25	Electrocardiography	EKG	0.0		2.9	0.3	3.2				3.2	1,4800
26	Interventional Radiology /Cardiovascular	IRC	0.0		3.2	0.3	3.5				3.5	25,7231
27	Radiology-Diagnostic	RAD	0.0		969.4	92.7	1,062.1				1,062.1	88,9432
28	CT Scanner	CAT	0.0		15.8	1.5	17.3				17.3	7,6889
29	Radiology-Therapeutic	RAT	0.0		0.0	0.0	0.0				0.0	0.0000
30	Nuclear Medicine	NUC	0.0		23.4	2.2	25.6				25.6	11,4601
31	Respiratory Therapy	RIS	0.0		2,757.6	263.8	3,021.4				3,021.4	3,0805
32	Pulmonary Function Testing	PUL	0.0		0.0	0.0	0.0				0.0	0.0000
33	Electroencephalography	EEG	0.0		0.0	0.0	0.0				0.0	0.0000
34	Physical Therapy	PTH	0.0		1,943.6	185.9	2,129.5				2,129.5	6,4752
35	Occupational Therapy	OTH	0.0		1,884.9	180.3	2,065.2				2,065.2	6,4407
36	Speech Language Pathology	STH	0.0		1,571.6	150.3	1,721.9				1,721.9	13,4666
37	Recreational Therapy	REC	0.0		436.8	41.8	478.6				478.6	254,0346
38	Audiology	AUD	0.0		0.0	0.0	0.0				0.0	0.0000
39	Other Physical Medicine	OPM	0.0		0.0	0.0	0.0				0.0	0.0000
40	Renal Dialysis	RDI	0.0		382.0	36.5	418.5				418.5	601,2398
41	Organ Acquisition	OIA	0.0		0.0	0.0	0.0				0.0	0.0000
42	Leukopheresis	LLE	0.0		0.0	0.0	0.0				0.0	0.0000
43	Hyperbaric Chamber	HYP	0.0		0.0	0.0	0.0				0.0	0.0000
44	Free Standing Emergency	FSE	0.0		0.0	0.0	0.0				0.0	0.0000
45	Magnetic Resonance Imaging	MRI	0.0		14.1	1.3	15.4				15.4	15,7043
46	Lithotripsy	LIT	0.0		0.0	0.0	0.0				0.0	0.0000
47	Rehabilitation	RHB	0.0		2,264.9	216.6	2,481.5				2,481.5	1,081,7562
48	Observation	OBV	0.0		0.0	0.0	0.0				0.0	0.0000
49	Ambulance Services-Rebundled	AMR	0.0		51.4	4.9	56.3				56.3	6,9453
50	Transurethral Microwave Thermotherapy	TMT	0.0		0.0	0.0	0.0				0.0	0.0000
51	Oncology OP Clinic	OCL	0.0		0.0	0.0	0.0				0.0	0.0000
52	Respiratory Dependent	RDS	0.0		2,250.3	215.2	2,465.5				2,465.5	1,136,1845
53	Pediatric Step-Down	PSD	0.0		0.0	0.0	0.0				0.0	0.0000
54	340B Clinic Services	CL-340	0.0		0.0	0.0	0.0				0.0	0.0000
55	340B Radiology - Therapeutic	RAT-340	0.0		0.0	0.0	0.0				0.0	0.0000
56	340B OR Clinic Services	ORC-340	0.0		0.0	0.0	0.0				0.0	0.0000
57	340B Laboratory Services	LAB-340	0.0		0.0	0.0	0.0				0.0	0.0000
58	340B Drugs	CDS-340	0.0		0.0	0.0	0.0				0.0	0.0000
59	Admission Services	ADM	0.0		1,215.9	116.3	1,332.2				1,332.2	1,017,7334
60	Med/Surg Supplies	MSS	0.0		1,143.1	109.3	1,252.4				1,252.4	949,0901
61	Drugs Sold	CDS	0.0		2,178.8	208.4	2,387.2				2,387.2	1,751,8820
62			0.0									
B	TOTAL		0.0		42,025.7	4,019.5	46,045.2	0.0	0.0	0.0	46,045.2	#####

OVERHEAD EXPENSE SUMMARY

OES

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210064

		DISTRIBUTE TO:				
EXPENSES		TOTAL	Physician Part B Centers Sch P2	Data Processing Sch DPI	General Service Centers Sch C1 - C14	
A	Dietary Services	3,631.8	0.0		3,631.8	A
B	Laundry & Linen	393.0	0.0		393.0	B
C	Social Services	692.1	0.0		692.1	C
D	Purchasing & Stores	309.7	0.0		309.7	D
E	Plant Operations	3,405.7	0.0		3,405.7	E
F	Housekeeping	1,552.2	0.0		1,552.2	F
G	Central Services & Supply	42.2	0.0		42.2	G
H	Pharmacy	637.2	0.0		637.2	H
I	General Accounting	698.0	0.0		698.0	I
J	Patient Accounts	2,051.3	0.0		2,051.3	J
K	Hospital Administration	7,426.8	0.0		7,426.8	K
L	Medical Records	403.8	0.0		403.8	L
M	Medical Staff Administration	546.9	0.0		546.9	M
N	Nursing Administration	1,280.1	0.0		1,280.1	N
O	Data Processing	2,157.2	0.0	2,157.2		O
P	Organ Acquisition Overhead	0.0			0.0	P
Q	Totals	25,228.0	0.0	2,157.2	23,070.8	Q

UNREGULATED SERVICES

ECF1

UR04

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210064

	VOLUME DATA	FISCAL YEAR UNITS
A	Patient Days	18,807

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

SKILLED NURSING CARE

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

B	FISCAL YEAR EXPENSES	RECORDS	7,409.5	2,780.0	10,189.5	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	////	XXXXXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	263.7	263.7	XXXXX	D01
D02	Dietary Services	DTY	326.3	260.1	586.4	XXXXX	D02
D03	General Accounting	FIS	62.7	25.9	88.6	XXXXX	D03
D04	Housekeeping	HKP	81.3	38.9	120.2	XXXXX	D04
D05	Interest Long Term	ILT	0.0	141.5	141.5	XXXXX	D05
D06	Laundry & Linen	LL	10.3	56.6	66.9	XXXXX	D06
D07	Malpractice Insurance	MAL	0.0	116.1	116.1	XXXXX	D07
D08	Medical Care Review	MCR	155.8	0.0	155.8	XXXXX	D08
D09	Hospital Administration	MGT	721.7	221.5	943.1	XXXXX	D09
D10	Medical Records	MRD	85.8	19.5	105.4	XXXXX	D10
D11	Medical Staff Administration	MSA	25.9	6.0	31.9	XXXXX	D11
D12	Nursing Administration	NAD	246.7	12.7	259.4	XXXXX	D12
D13	Patient Accounts	PAC	196.4	64.1	260.5	XXXXX	D13
D14	Plant Operations	POP	46.8	216.8	263.7	XXXXX	D14
D15	Purchasing & Stores	PUR	28.8	7.6	36.4	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	9,398.0	4,231.1	13,629.2	0.7247	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	10,496.1	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(3,133.1)	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS		111.0			I
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UNREGULATED SERVICES

UPB

UR06

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR 6/30/2018
 INSTITUTION NUMBER: 210064

	VOLUME DATA	FISCAL YEAR UNITS
A	# of FTEs	2.5

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

PHYSICIANS PART B SERVICES

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

B	FISCAL YEAR EXPENSES	RECORDS	564.5	186.5	751.0	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	RECORDS	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	XXXXXXXX	XXXXX	XXXXX	XXXXX	///
D01	General Accounting	RES	4.6	1.9	6.5	XXXXX	D01
D02	Hospital Administration	MGT	53.2	16.3	69.5	XXXXX	D02
D03	Medical Staff Administration	MSA	0.0	0.3	0.3	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	622.3	205.0	827.3	334.7604	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	114.4	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(713.0)	XXXXX	H

FTE DATA

J	FISCAL YEAR HOURS WORKED / 2080	RECORDS	2.5				J
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UNREGULATED SERVICES

PSS

UR08

INSTITUTION NAME: LIVINDALE GERIATRIC CENTER & HOSPITAL FISCAL YEAR: 6/30/2018
 INSTITUTION NUMBER: 210064

	VOLUME DATA	FISCAL YEAR UNITS
A	Patient Days	55,010

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

INTERMEDIATE CARE

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

B	FISCAL YEAR EXPENSES	RECORDS	8,757.9	1,162.3	9,920.2	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. 0A	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	XXXXXXXX	XXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	1,118.2	1,118.2	XXXXX	D01
D02	Dietary Services	DTY	954.5	760.7	1,715.2	XXXXX	D02
D03	General Accounting	GIS	61.1	25.2	86.3	XXXXX	D03
D04	Housekeeping	HKP	344.8	164.9	509.7	XXXXX	D04
D05	Interest Long Term	ILT	0.0	600.3	600.3	XXXXX	D05
D06	Laundry & Linen	LL	30.2	165.5	195.6	XXXXX	D06
D07	Malpractice Insurance	MAL	0.0	339.7	339.7	XXXXX	D07
D08	Medical Care Review	MCR	73.2	0.0	73.2	XXXXX	D08
D09	Hospital Administration	MGT	702.6	215.6	918.2	XXXXX	D09
D10	Medical Staff Administration	MSA	75.7	17.7	93.4	XXXXX	D10
D11	Nursing Administration	NAD	421.5	21.8	443.2	XXXXX	D11
D12	Patient Accounts	PAC	191.3	62.4	253.6	XXXXX	D12
D13	Plant Operations	POP	198.6	919.6	1,118.2	XXXXX	D13
D14	Purchasing & Stores	PUR	12.0	3.2	15.2	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	11,823.2	5,577.1	17,400.3	0.3163	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	15,835.5	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(1,564.9)	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS		167.6			I
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UNREGULATED SERVICES

TBA2

UR09

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL

FISCAL YEAR

6/30/2018

INSTITUTION NUMBER: 210064

	VOLUME DATA	FISCAL YEAR UNITS
A	Visits	15,642

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

ADULT DAY CARE

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

FISCAL YEAR DATA

B	FISCAL YEAR EXPENSES	RECORDS	1,054.4	38.3	1,092.7	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	////	XXXXXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	115.6	115.6	XXXXX	D01
D02	Dietary Services	DTY	90.5	72.1	162.6	XXXXX	D02
D03	General Accounting	FIS	6.7	2.8	9.5	XXXXX	D03
D04	Housekeeping	HKP	35.7	17.1	52.7	XXXXX	D04
D05	Hospital Administration	MGT	77.4	23.8	101.1	XXXXX	D05
D06	Medical Records	MRD	5.6	1.3	6.9	XXXXX	D06
D07	Patient Accounts	PAC	21.1	6.9	27.9	XXXXX	D07
D08	Plant Operations	POP	20.5	95.1	115.6	XXXXX	D08
D09	Purchasing & Stores	PUR	0.4	0.1	0.5	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	1,312.3	373.0	1,685.2	0.1077	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	1,230.5	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(454.7)	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	17.4				
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I

UNREGULATED SERVICES SUMMARY

URS

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 210064

Schedule	Entity Name and Address	Nature of Service
UR-1		FREESTANDING CLINIC SERVICES
UR-2		HOME HEALTH SERVICES
UR-3		OUTPATIENT RENAL DIALYSIS
UR-4	LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, 2434 W. BELVEDERE AVENUE BALTIMORE, MD 21215	SKILLED NURSING CARE
UR-5		LABORATORY NON-PATIENT
UR-6	LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, 2434 W. BELVEDERE AVENUE BALTIMORE, MD 21215	PHYSICIANS PART B SERVICES
UR-7		CERTIFIED NURSE ANESTHETISTS

UR-8

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INTERMEDIATE CARE
2434 W. BELVEDERE AVENUE
BALTIMORE, MD 21215

UR-9

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, ADULT DAY CARE
2434 W. BELVEDERE AVENUE
BALTIMORE, MD 21215

UR-10

	TBD

UR-11

	TBD

UR-12

	TBD

UR-13

	TBD

UR-14

	TBD

UR-15

	TBD

ANNUAL COST SURVEY

ACS

INSTITUTION NAME: LEVINDALE GERIATRIC FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210064

COL 1

COL 2

	CATEGORY	COSTS	PERCENT	
A	Salaries & Wages	20,881.7	47.84%	A
B	Fringe Benefits	5,600.1	12.83%	B
C	Depreciation & Amortization	1,871.1	4.29%	C
C01	Operating Leases	551.5	1.26%	C01
D	Interest Expense	(0.0)	0.00%	D
E	Medical & Surgical Supplies	3,063.7	7.02%	E
F	IV Solutions and Pharmacy	5,765.5	13.21%	F
G	Laundry, Linen, Uniforms	65.0	0.15%	G
H	Films & Solutions	132.4	0.30%	H
I	Blood, Plasmanate, Albumin	0.0	0.00%	I
J	Contracted Services	782.9	1.79%	J
K	Professional Fees	321.2	0.74%	K
L	Agency Nurses	737.1	1.69%	L
M	Malpractice Insurance	294.8	0.68%	M
N	All Other Insurance	54.7	0.13%	N
O	Telephone	19.5	0.04%	O
P	Utilities & Water	757.8	1.74%	P
Q	Food	154.2	0.35%	Q
R	Printing, Office Supplies, Copying, Postage	48.9	0.11%	R
S	Chemical, Solutions, Lubrication, Gases	203.6	0.47%	S
T	Other (Detail over 20% of supply cost)	2,340.9	5.36%	T
U	Total	43,646.7	100.00%	U

TRANSACTIONS WITH RELATED ENTITIES

TRE

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 210064

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	LifeBridge	8,663,715		B	Support Services
2	Sinai Hospital	293,424		B	Purchased Lab Services
3	Sinai Hospital	76,015		H	Due to Sinai
4	Northwest Hospital	268,619		H	Due to Northwest
5	LifeBridge Health	1,836,360		H	Due to LifeBridge Health
6	LifeBridge Health & Fitness	112,293		H	Due to LifeBridge Health and Fitness
7	LifeBridge Metropolitan Physician	195,173		H	Due to LifeBridge Health Metropolitan Physician
8	Carroll Hospital Center		146,827	G	Due from Carroll Hospital Center
9	LifeBridge Rehabilitation Services		203,664	G	Due from LifeBridge Rehabilitation Services
10	LifeBridge Insurance		400,000	G	Due from LifeBridge Insurance
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

SUPPLEMENTAL SCHEDULE 9

UR6-A

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

INSTITUTION NAME: LEVINDALE GERIATRIC CENTER & HOSPITAL

FISCAL YEAR

6/30/2018

INSTITUTION NUMBER: 210064

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

Instructions:

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

COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
Code	Physician Description	Wages, Salaries, & Fringe Benefits	Other Expenses	Total Expenses	Revenue	Hospital Based	FTEs
1	Physician/General Practice	\$ 21.928	\$ 11.5	\$ 33.4			0.2
4	Physician/Otolaryngology		53.1	53.1			
7	Physician/Dermatology		11.4	11.4			
13	Physician/Neurology	\$ 60.831	-	60.8			0.2
22	Physician/Pathology		24.6	24.6			
25	Physician/Physical Medicine and Rehabilitation		33.0	33.0			
34	Urology		71.4	71.4			
81	Physician/Critical Care (Intensivists)	539.5		539.5	114.4	Yes	2.1
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
Total		\$ 622.26	\$ 205.00	\$ 827.26	\$ 114.4	Combined	2.5

SUPPLEMENTAL SCHEDULE 1

LEVINDALE GERIATRIC CENTER & HOSPITAL

Summary of Other and Non-Operating Revenue

For The Fiscal Year Ended June 30, 2018

Non-Operating and Net Unregulated Revenue:

Ambulance Services	-	E01
Parking	-	E02
Doctor's Private Office Rent	-	E03
Office & Other Rental	-	E04
Retail Operations	41.9	E05
Patients Telephones	-	E06
Cafeteria	143.5	E07
Day Care Recreation Areas	-	E08
Housing	-	E09
Research	-	F01
Nursing Education	-	F02
Other Health Profession Education	-	F03
Community Health Education	-	F04
Freestanding Clinic Services	-	UR01
Home Health Services	-	UR02
Outpatient Renal Dialysis	-	UR03
Skilled Nursing Care	10,496.1	UR04
Laboratory Non-Patient	-	UR05
Physicians Part B Services	114.4	UR06
Certified Nurse Anesthetists	-	UR07
Intermediate Care	15,835.5	UR08
Adult Day Care	1,230.5	UR09
TBD	-	UR10
TBD	-	UR11
TBD	-	UR12
TBD	-	UR13
TBD	-	UR14
TBD	-	UR15
Investment Income	1,951.0	G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR
	<hr/>	
Total - RE Line, Col 2, Line M + Line U	29,813.0	Check ->

SUPPLEMENTAL SCHEDULE I

LEVINDALE GERIATRIC CENTER & HOSPITAL

Summary of Other and Non-Operating Revenue

For The Fiscal Year Ended June 30, 2018

Non-Operating and Net Unregulated Expenses:

Ambulance Services	-	E01
Parking	-	E02
Doctor's Private Office Rent	124.1	E03
Office & Other Rental	75.0	E04
Retail Operations	84.4	E05
Patients Telephones	46.3	E06
Cafeteria	143.6	E07
Day Care Recreation Areas	-	E08
Housing	-	E09
Research	1.6	F01
Nursing Education	-	F02
Other Health Profession Education	-	F03
Community Health Education	59.8	F04
Freestanding Clinic Services	-	UR01
Home Health Services	-	UR02
Outpatient Renal Dialysis	-	UR03
Skilled Nursing Care	13,629.2	UR04
Laboratory Non-Patient	-	UR05
Physicians Part B Services	827.3	UR06
Certified Nurse Anesthetists	-	UR07
Intermediate Care	17,400.3	UR08
Adult Day Care	1,685.2	UR09
TBD	-	UR10
TBD	-	UR11
TBD	-	UR12
TBD	-	UR13
TBD	-	UR14
TBD	-	UR15
Non Operating Expenses	-	G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR
	<u>34,077.0</u>	Check ->
Total - RE Line, Col 2., Line S + Line V		

SUPPLEMENTAL SCHEDULE 2

LEVINDALE GERIATRIC CENTER & HOSPITAL

Reconciliation of Depreciation & Lease / Rentals

For The Fiscal Year Ended June 30, 2018

	<u>Depreciation</u>	<u>Leases / Rentals</u>	<u>Total</u>
UA Schedule - Line A	3,405.8	551.5	3,957.3
Allocation of E & UR Schedules:			
E01	-	-	-
E02	-	-	-
E03	-	-	-
E04	-	-	-
E05	8.3	-	8.3
E06	-	-	-
E07	28.8	-	28.8
E08	-	-	-
E09	-	-	-
UR01	-	-	-
UR02	-	-	-
UR03	-	-	-
UR04	263.7	-	263.7
UR05	-	-	-
UR06	-	-	-
UR07	-	-	-
UR08	1,118.2	-	1,118.2
UR09	115.6	-	115.6
UR10	-	-	-
UR11	-	-	-
UR12	-	-	-
UR13	-	-	-
UR14	-	-	-
UR15	-	-	-
RE Schedule - Line Q	<u>1,871.1</u>	<u>551.5</u>	<u>2,422.6</u>

SUPPLEMENTAL SCHEDULE 3

LEVINDALE GERIATRIC CENTER & HOSPITAL

Reconciliation of UCC

For The Fiscal Year Ended June 30, 2018

Audited Financial Statements:

Bad Debts	2,655.5
Charity Care	1,018.6
Uncompensated Care per Statement	<u>3,674.0</u>

Trial Balance:

Bad Debt Write-offs	3,941.4
Charity Write-offs	1,018.6
Change in Balance Sheet Reserve	56.0
Bad Debt Recoveries	(1,341.8)
Other	<u>-</u>
Uncompensated Care per Trial Balance	<u>3,674.0</u>

Annual Report of Revenues, Expenses, and Volumes:

Uncompensated Care - Schedule PDA	1,868.6
Unregulated Charity & Bad Debts	1,805.4
Medicaid Day Limit UCC included in contractuals on F/S	<u>-</u>
Uncompensated Care Per Report	<u>3,674.0</u>

SUPPLEMENTAL SCHEDULE 4**LEVINDALE GERIATRIC CENTER & HOSPITAL****Detail of MCO Regulated Revenue****For The Fiscal Year Ended June 30, 2018**

<u>MCO Revenue</u>	<u>Inpatient</u>	<u>Outpatient</u>	<u>Total</u>
Amerigroup	\$ 30.3		\$ 30.3
Evercare	87.4	0.2	\$ 87.6
United Healthcare	284.8	1.1	\$ 285.9
Priority Partner	339.6		\$ 339.6
Cigna Healthspring	414.6	12.7	\$ 427.2
Aetna Medicare Advantage	153.0	4.5	\$ 157.5
Medstar Family Choice	320.8		\$ 320.8
JAI	217.2		\$ 217.2
Aetna		9.5	\$ 9.5
Johns Hopkins Healthcare Advantage	246.7	59.3	\$ 305.9
Medstar Medicare Health	45.2		\$ 45.2
Carefirst Blue Choice BCBS	48.0	2.8	\$ 50.8
PPHP Health Plan Medicare Advantage	37.0		\$ 37.0
University of Maryland Health Advantage		0.2	\$ 0.2
United Healthcare Medicare Advantage	238.9		\$ 238.9
			\$ -
Total MCO Revenue	<u>\$ 2,463.5</u>	<u>\$ 90.2</u>	<u>\$ 2,553.7</u>

SUPPLEMENTAL SCHEDULE 5

LEVINDALE GERIATRIC CENTER & HOSPITAL

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

For The Fiscal Year Ended June 30, 2018

Income Statement

RE Line T Excess (Deficit) Operating Rev. Over Operating Expenses \$ 3,338.6

RE Line U Detailed Non-Operating: Income / (Expense)

U1	Contributions (Unrestricted)	
U2	Interest & Investment Income	553.4
U3	Investment - Gains / (Losses) - Realized	314.4
U4	Investment - Gains / (Losses) - Unrealized	910.3
U5	Swap Agreements - Gains / (Losses) - Realized	
V	Other (Specify)	173.0
RE Line W	Excess Profit / (Loss)	<u>5,289.6</u>

Other Significant Financial Information

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

SUPPLEMENTAL SCHEDULE 6

LEVINDALE GERIATRIC CENTER & HOSPITAL

Debt Collection/Financial Assistance Report

For The Fiscal Year Ended June 30, 2018

1. Collection Agency Name

- a. Healthcare Legal Solutions
- b. ROI/Bolder Healthcare
- c.
- d.
- e.
- f.
- g.
- h.

2. Number of Liens

- i. zero (0)

3. Number of extended payment plans

- j. zero (0)

FINANCIAL ASSISTANCE

4. Number of applications for financial assistance received

- k. 45

5. Number of applicants for financial assistance approved

- l. 45

SUPPLEMENTAL SCHEDULE 8**Gross Patient Revenue Reconciliation****For The Fiscal Year Ended June 30, 2018**

Institution Name: LEVINDALE GERIATRIC CENTER & HOSPITAL

Institution Number: 210064

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

Section I**TOTAL GROSS PATIENT REVENUE**

Line #		Col 1 Inpatient	Col 2 Outpatient	Col 3 Total
1	Total In-State Revenue	56,317.1	2,319.0	58,636.1
2	Total Out-State Revenue	1,232.5	8.6	1,241.2
3	Total Gross Patient Revenue	57,549.6	2,327.6	59,877.2

Section II**TOTAL MEDICARE REVENUE**

	Col 1 In-State I/P Revenue	Col 2 Out-State I/P Revenue	Col 3 In-State O/P Revenue	Col 4 Out-State O/P Revenue	Col 5 Total Revenue
4	Medicare FFS Revenue	\$ 44,173.2	\$ 822.6	\$ 1,796.2	\$ 46,798.3
5	Medicare Non-FFS Revenue	\$ 1,301.1	\$ -	\$ 74.9	\$ 1,376.0
6	Total Medicare Revenue	\$ 45,474.3	\$ 822.6	\$ 1,871.1	\$ 48,174.3