

HEALTH SERVICES COST REVIEW
HOLY CROSS HOSPITAL

FY 2018 Annual Filing

SUBMISSION

INPATIENTS AND PATIENT DAYS

SCHEDULE V1

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 0004

REPORTING SCHEDULE		CENTER	COL. 1 ADMISSIONS	COL. 2 PATIENT DAYS	COL. 3 INTRA-HOSPITAL TRANSFERS IN	COL. 4 LENGTH OF STAY	COL. 5 AVERAGE LICENSED BEDS	COL. 6 % OCCUPANCY
SOURCE			RECORDS	RECORDS	RECORDS	COL. 2/(COL. 1 + COL. 3)	RECORDS	COL. 2/COL. 5*365 (6)
D1	MSG	Med/Surg Acute	12,858	54,125	1,068	3.9	165	0.899
D2	PED	Pediatric Acute	328	786	86	1.9	6	0.359
D3	PSY	Psychiatric Acute						
D4	OBS	Obstetrics Acute	9,142	21,213	315	2.2	96	0.605
D5	DEF	Definitive Observation	1,515	11,260	798	4.9	92	0.335
D6	MIS	Med/Surg Intensive Care	1,947	14,307	923	5.0	46	0.852
D7	CCU	Coronary Care						
D8	PIC	Pediatric Intensive Care						
D9	NEO	Neo-Natal Intensive Care	722	15,843		21.9	46	0.944
D10	BUR	Burn Care						
D11	PSI	Psychiatric Intensive Care						
D12	TRM	Shock Trauma						
D13	ONC	Oncology						
D14	NUR	Newborn Nursery	6,134	19,330		3.2	XXXXXXXXXX	XXXXXXXXXX
D15	PRE	Premature Nursery					XXXXXXXXXX	XXXXXXXXXX
D16	ECF	Skilled Nursing Care						
D17	ICC	Intermediate Chronic Care						
D54	RHB	Rehabilitation						
D70	PAD	Psych, Adult						
D71	PCD	Psych, Child / Adolescent						
D73	PSG	Psych Geriatric						
XXX		Subtotal	26,512	117,534	3,190	4.0	451	0.714
XXXXXX		Total	32,646	136,864	3,190	3.8	451	0.831

AMBULATORY VISITS

SCHEDULE V2

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 0004

REPORTING SCHEDULE		CENTER	COL. 1 INPATIENT VISITS	COL. 2 OUTPATIENT VISITS	COL. 3 TOTAL VISITS	COL. 4 INPATIENT RVUs	COL. 5 OUTPATIENT RVUs	COL. 6 TOTAL RVUs
SOURCE			RECORDS	RECORDS	COL. 1 + COL. 2	RECORDS	RECORDS	COL. 4 + COL. 5
D18	EMG	Emergency Services	10,730	68,684	79,414	125,971	620,555	746,526
D19	CL	Clinical Services	196	19,791	19,987	2,990	125,243	128,233
D20	PDC	Psych. Day & Night Care						
D22	SDS	Same Day Surgery		7,033	7,033			
D50	FSE	Free Standing Emergency						
D55	OBV	Observation	2,688	6,382	9,070	38,716	145,051	183,767
D58	OCL	Oncology Clinic						
N/A	PAP	Referred Ambulatory Services						

ANCILLARY SERVICE UNITS

SCHEDULE V3

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 0004

REPORTING SCHEDULE		CENTER	UNIT OF MEASURE	COL. 1 INPATIENT VOLUME	COL. 2 OUTPATIENT VOLUME	COL. 3 TOTAL VOLUME
SOURCE				RECORDS	RECORDS	COL. 1 + COL. 2
D23	DEL	Labor & Delivery Services	RVUs	337,802	52,766	390,568
D24	OR	Operating Room	Minutes	780,130	678,667	1,458,797
D24-A	ORC	Operating Room Clinic	Minutes	16,515	143,347	159,862
D25	ANS	Anesthesiology	Minutes	1,076,769	717,348	1,794,117
D28	LAB	Laboratory Services	MD. RVUs	13,573,033	7,220,064	20,793,097
D30	EKG	Electrocardiography	MD RVUs	388,711	368,359	757,070
D31	IRC	Interventional Radiology / Cardiovascular	Minutes	106,208	55,788	161,996
D32	RAD	Radiology-Diagnostic	HSCRC RVUs	296,656	660,082	956,738
D33	CAT	CT Scanner	RVUs	387,064	666,107	1,053,171
D34	RAT	Radiology-Therapeutic	HSCRC RVUs	46,849		46,849
D35	NUC	Nuclear Medicine	HSCRC RVUs	88,688	89,050	177,738
D36	RES	Respiratory Therapy	MD RVUs	5,470,636	235,210	5,705,846
D37	PUL	Pulmonary Function Testing	CHA RVUs	15,713	143,928	159,641
D38	EEG	Electroencephalography	1974 Calif. RVUs	119,578	41,088	160,666
D39	PTH	Physical Therapy	MD RVUs	454,603	162,209	616,812
D40	OTH	Occupational Therapy	RVUs	309,392	47,718	357,110
D41	STH	Speech Language Pathology	RVUs	84,674	20,381	105,055
D42	REC	Recreational Therapy	Hours			
D43	AUD	Audiology	MD RVUs			
D44	OPM	Other Physical Medicine	Treatments			
D45	RDL	Renal Dialysis	Treatments	3,308		3,308
D46	OA	Organ Acquisition	Number			
D47	AOR	Ambulatory Surgery	Surgery Minutes			
D48	LEU	Leukopheresis	JHH RVUs			
D49	HYP	Hyperbaric Chamber	Hrs of Treatment			
D51	MRI	Magnetic Resonance Imaging	RVUs	247,447	273,170	520,617
D53	LIT	Lithotripsy	Procedures			
D56	AMR	Ambulance Services-Rebundled	HSCRC RVUs	31,293		31,293
D57	TMT	Transurethral Microwave Thermotherapy	Procedures			
D59	TNA	Transurethral Needle Ablation	Procedures			
D80	ETH	Electroconv. Therapy	Treatments			

**EQUIVALENT INPATIENT DAYS
AND ADMISSIONS**

V 5

INSTITUTION NAME:

Holy Cross Hospital

BASE YEAR

INSTITUTION NUMBER:

0004

6/30/2018

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

COL. 1

A	GROSS INPATIENT REVENUE	RECORDS, BUDGET	366,017.90	A
B	INPATIENT GRANT REVENUE	RECORDS, BUDGET		B
C	TOTAL INPATIENT REVENUE	A + B	366,017.90	C
D	TOTAL INPATIENT DAYS (IPDs) EXCL NURSERY	SCH V 1 D	117,534	D
E	INPATIENT UNIT REVENUE	C / D	3.11	E
F	GROSS OUTPATIENT REVENUE	RECORDS, BUDGET	149,336.80	F
G	OUTPATIENT GRANT REVENUE	RECORDS, BUDGET		G
H	TOTAL OUTPATIENT REVENUE	F + G	149,336.80	H
I	TOTAL OUTPATIENT VISITS	SCH V 2 B	99,401	I
J	OUTPATIENT UNIT REVENUE	H / I	1.50237	J
K	IP/OP UNIT REVENUE RATIO	E / J	2.07282	K
L	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / K	47,954.48	L
M	EQUIVALENT INPATIENT DAYS (EIPDs)	D + L	165,488.48	M

EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	SOURCE	BASE YEAR
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N	TOTAL INPATIENT ADMISSIONS (EXCL NURSERY)	SCH V 1 D	26,512	N
O	INPATIENT UNIT REVENUE	C / N	13.81	O
P	OUTPATIENT UNIT REVENUE	H / I	1.50237	P
Q	IP/OP UNIT REVENUE RATIO	O / P	9.18931	Q
R	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / Q	10,817.03	R
S	EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	N + R	37,329.03	U

UNASSIGNED EXPENSE

U A

INSTITUTION NAME Holy Cross Hospital

BASE YEAR 6/30/2018

INSTITUTION NUMBER 0004

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

BASE YEAR DATA

		MAL	OIN	MCR		DEP	LEA	LIC	IST	ILT			
A	BASE YEAR EXPENSES	RECORDS	\$3,963.80	\$887.80	\$4,486.12	\$9,337.72	\$26,057.80	\$3,898.30	\$305.90		\$9,538.70	\$49,138.42	A
B	ALLOCATIONS TO AUX. ENT. & UNREG. SERVICES	RECORDS	(\$271.47)	(\$89.90)		(\$361.37)	(\$717.59)				(\$850.09)	(\$1,929.05)	B
C	BASE YEAR EXP. - ADJ.	A + B	\$3,692.33	\$797.90	\$4,486.12	\$8,976.36	\$25,340.21	\$3,898.30	\$305.90		\$8,688.61	\$47,209.38	C

HOSPITAL BASED PHYSICIANS

P 1 A

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0004

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	
COST CENTER	CODE	RESEARCH	CHIEF OF MEDICAL STAFF	MEDICAL CARE REVIEW	ADMINIS. & SUPERVISION	PART B SERVICES	EDUCATION	TOTAL	
A1	MEDICAL SURGICAL ACUTE	MSG			338.0			338.0	A1
A2	PEDIATRIC ACUTE	PED					80.2	80.2	A2
A3	PSYCHIATRIC ACUTE	PSY							A3
A4	OBSTETRICS ACUTE	OBS					83.2	83.2	A4
A5	DEFINITIVE OBSERVATION	DEF			58.5			58.5	A5
A6	M/S INTENSIVE CARE	MIS			266.9			266.9	A6
A7	CORONARY CARE	CCU							A7
A8	PEDIATRIC INTEN. CARE	PIC							A8
A9	NEO-NATAL INTEN. CARE	NEO			74.8			74.8	A9
A10	BURN CARE	BUR							A10
A11	PSYCHIATRIC INTEN. CARE	PSI							A11
A12	SHOCK TRAUMA	TRM							A12
A13	ONCOLOGY	ONC							A13
A14	NEWBORN NURSERY	NUR							A14
A15	PREMATURE NURSERY	PRE							A15
A16	REHABILITATION	RHB							A16
A17	INTERMEDIATE CARE	ICC							A17
A18	EMERGENCY SERVICES	EMG			116.2			116.2	A18
A19	CLINICAL SERVICES	CL			137.4		34.6	172.0	A19
A20	PSYCH DAY/NIGHT CARE	PDC							A20
A21	AMBULATORY SURGERY(PBP)	AMS							A21
A22	SAME DAY SURGERY	SDS							A22
A23	LITHOTRIPSY	LIT							A23
A24	LABOR & DELIVERY SERVICES	DEL			22.9			22.9	A24
A25	OPERATING ROOM	OR			441.9		1.8	443.7	A25
A26	OPERATING ROOM CLINIC	ORC							A26
A27	ANESTHESIOLOGY	ANS							A27
A28	LABORATORY SERVICES	LAB			73.5			73.5	A28
A30	ELECTROCARDIOGRAPHY	EKG			71.1			71.1	A30
A31	INTERVENTIONAL RADIOLOGY/CARDIOVASCULAR	IRC							A31
A32	RADIOLOGY-DIAGNOSTIC	RAD							A32
A33	CAT SCANNER	CAT							A33

HOSPITAL BASED PHYSICIANS

P 1 B

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0004

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

COST CENTER	CODE								TOTAL	
		RESEARCH	CHIEF OF MEDICAL STAFF	MEDICAL CARE REVIEW	ADMINIS & SUPERVISOR	PART B SERVICES	EDUCATION			
A34	RADIOLOGY-THERAPEUTIC	RAT								A34
A35	NUCLEAR MEDICINE	NUC								A35
A36	RESPIRATORY THERAPY	RES								A36
A37	PULMONARY FUNCTION TESTING	PUL								A37
A38	ELECTROENCEPHALOGRAPHY	EEG				44.2			44.2	A38
A39	PHYSICAL THERAPY	PTH								A39
A40	OCCUPATIONAL THERAPY	OTH								A40
A41	SPEECH LANGUAGE PATH.	STH								A41
A42	OBSERVATION	OBV				68.5			68.5	A42
A43	AUDIOLOGY	AUD								A43
A44	OTHER PHYSICAL MEDICINE	OPM								A44
A45	RENAL DIALYSIS	RDL								A45
A46	ORGAN ACQUISITION	OA								A46
A47	AMBULATORY SURGERY	AOR								A47
A48	LEUKOPHERESIS	LEU								A48
A49	HYPERBARIC CHAMBER	HYP								A49
A50	FREE STANDING EMG SERV.	FSE								A50
A51	MEDICAL STAFF ADMINISTRATOR	MSA			600.7				600.7	A51
A52	POST GRADUATE MEDICAL EDUCATION	PME								A52
A53	MRI SCANNER MRI	MRI								A53
A54	TRANSURETHAL MICROWAVE THERMOTHERAPY	TMT								A54

B	TOTALS	////			600.7	1,714.1		199.8	2,514.6	B
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Reporting Schedule

C	Cost Center Schedule	////	F1	C 13	UA	D1 - D56	P2A - P2G	P4A - P5I	////	C
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PHYSICIAN SUPPORT SERVICES

INSTITUTION NAME Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER 0004

COST CENTER	CODE	COL 1	COL 2	COL 3	COL 4	COL 5
		EXPENSE	ALLOC FROM CAFE, PARKING, ETC	DONATED SERVICES	TOTAL	FTE DATA
MEDICAL SURGICAL ACUTE	MSG					
PEDIATRIC ACUTE	PED					
PSYCHIATRIC ACUTE	PSY					
OBSTETRICS ACUTE	OBS					
DEFINITIVE OBSERVATION	DEF					
MIS INTENSIVE CARE	MIS					
CORONARY CARE	CCU					
PEDIATRIC INTEN CARE	PIC					
NEO-NATAL INTEN CARE	NEO					
BURN CARE	BUR					
PSYCHIATRIC INTEN CARE	PSI					
SHOCK TRAUMA	TRM					
ONCOLOGY	ONC					
NEWBORN NURSERY	NUR					
PREMATURE NURSERY	FRE					
LABOR & DELIVERY SERVICES	DEL					
OPERATING ROOM	OR					
OPERATING ROOM CLINIC	ORC	\$136.99	\$0.82		\$137.81	0.88
ANESTHESIOLOGY	ANS					
LABORATORY SERVICES	LAB					
ELECTROCARDIOGRAPHY	EKG					
INTERVENTIONAL RADIOLOGY/CARDIOVASCULAR	IRC	\$84.36	\$0.61		\$84.97	0.66
RADIOLOGY-DIAGNOSTIC	RAD					
CT SCANNER	CAT					
RADIOLOGY-THERAPEUTIC	RAT					
NUCLEAR MEDICINE	NUC					
RESPIRATORY THERAPY	RES					
PULMONARY FUNCTION TESTING	PUL					
ELECTROENCEPHALOGRAPHY	EEG					
PHYSICAL THERAPY	PTH					
OCCUPATIONAL THERAPY	OTH					
SPEECH LANGUAGE PATHOLOGY	STH					

PHYSICIAN SUPPORT SERVICES

INSTITUTION NAME Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER 0004

COST CENTER	CODE	COL 1	COL 2	COL 3	COL 4	COL 5
		EXPENSE	ALLOC FROM CAFE, PARKING, ETC	DONATED SERVICES	TOTAL	FTE DATA
RECREATIONAL THERAPY	REC					
AUDIOLOGY	AUD					
OTHER PHYSICAL MEDICINE	OPM					
RENAL DIALYSIS	RDL					
AMBULATORY SURGERY	ADR					
LEUKOPHERESIS	LEU					
HYPERBARIC CHAMBER	HYP					
FREE STANDING EMERGENCY	FSE					
MAGNETIC RESONANCE IMAGING	MRI					
LITHOTRIPSY	LIT					
REHABILITATION	RHR					
PSYCHIATRIC ACUTE	PSY					
SAME DAY SURGERY	SDS					
INTERMEDIATE CARE	ICC					
EMERGENCY SERVICES	EMG					
CLINICAL SERVICES	CL	\$75.29	\$0.44		\$75.74	0.48
PSYCH. DAY & NIGHT CARE	PDC					

TOTALS		\$296.65	\$1.88		\$298.52	2.01
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**RESIDENT, INTERN SERVICES
ELIGIBLE**

P 4 A

INSTITUTION NAME: Holy Cross Hospital
 INSTITUTION NUMBER: 0004

BASE YEAR 6/30/2018

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7			
		SOURCE	MEDICAL SURGICAL	PEDIATRIC	PSYCHIA-TRIC	OBSTETRIC	DEFINITIVE OBSERVA-TION	M/S INTENSIVE CARE	CORONARY CARE		
			MSG	PED	PSY	OBS	DEF	MIS	CCU		
A	BASE YEAR WAGES & SALARIES	RECORDS		\$518.67		\$1,469.43				A	1,988.1
B	BASE YEAR PHYSICIAN SUPERVISION	SCH P1A		\$80.18		\$83.18				B	163.4
C	BASE YEAR OTHER EXPENSES	RECORDS								C	
D	TOTAL BASE YEAR EXPENSES	A+B+C		\$598.85		\$1,552.61				D	
E	ALLOC. FROM CAFE, PARKING, ETC.	SCH OA		\$6.64		\$17.52	\$0.28			E	24.4
F	BASE YEAR EXPENSES ADJUSTED	D+E		\$605.49		\$1,570.13	\$0.28			F	
INFLATION FACTORS											
G	INFLATION FACTOR-WAGES & SALARIES	HSCRC								G	
H	INFLATION FACTOR - OTHER	HSCRC								H	
FTE DATA											
N	BASE YR HOURS WORKED/2080 (A)	RECORDS		6.63		18.81				N	25.4
O	BASE YR HOURS WORKED/2080 (B)	RECORDS		0.50			0.30			O	0.8

**RESIDENT, INTERN SERVICES
ELIGIBLE**

P 4 D

INSTITUTION NAME: Holy Cross Hospital
 INSTITUTION NUMBER: 0004

BASE YEAR: 6/30/2018

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	
SOURCE		MRI SCANNER	LABOR & DELIVERY	OPERATING ROOM	OPERATING ROOM	ANESTHES- IOLOGY	LABORATORY	ELECTRO- CARDIO- GRAPHY	
BASE YEAR DATA		MRI	DEL	OR	ORC	ANS	LAB	EKG	
A	BASE YEAR WAGES & SALARIES	RECORDS			\$367.73				A
B	BASE YEAR PHYSICIAN SUPERVISION	SCH P1A			\$1.84				B
C	BASE YEAR OTHER EXPENSES	RECORDS							C
D	TOTAL BASE YEAR EXPENSES	A+B+C							D
E	ALLOC. FROM CAFE, PARKING, ETC	SCH OA			\$369.57				E
F	BASE YEAR EXPENSES ADJUSTED	D+E			\$4.38	\$0.09			F
					\$373.96	\$0.09			
INFLATION FACTORS									
G	INFLATION FACTOR - WAGES & SALARIES	HSCRC							G
H	INFLATION FACTOR - OTHER	HSCRC							H
FTE DATA									
N	BASE YR HOURS WORKED/2080 (A)	RECORDS			4.71				N
O	BASE YR HOURS WORKED/2080 (B)	RECORDS				0.10			O

367.7
1.8
4.5
4.7
0.1

**RESIDENT, INTERN SERVICES
ELIGIBLE**

P 4 G

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2018

INSTITUTION NUMBER: 0004

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	
SOURCE		RENAL DIALYSIS	ORGAN AQUISITION	AMBULATORY SURGERY	LEUKOPHERESIS	HYPERBARIC CHAMBER	FREE STANDING CLINIC	LITHO-TRIPSY	
		RDL	OA	AOR	LEU	HYP	FSE	LIT	
BASE YEAR DATA									
A	BASE YEAR WAGES & SALARIES	RECORDS							A
B	BASE YEAR PHYSICIAN SUPERVISION	SCH P1A							B
C	BASE YEAR OTHER EXPENSES	RECORDS							C
D	TOTAL BASE YEAR EXPENSES	A+B+C							D
E	ALLOC. FROM CAFE, PARKING, ETC.	SCH OA							E
F	BASE YEAR EXPENSES ADJUSTED	D+E							F
INFLATION FACTORS									
G	INFLATION FACTOR-WAGES & SALARIES	HSCRC							G
H	INFLATION FACTOR - OTHER	HSCRC							H
FTE DATA									
N	BASE YR HOURS WORKED/2080 (A)	RECORDS							N
O	BASE YR HOURS WORKED/2080 (B)	RECORDS							O

**RESIDENT, INTERN SERVICES
ELIGIBLE**

P 4 I

INSTITUTION NAME: Holy Cross Hospital
 INSTITUTION NUMBER: 0004

BASE YEAR 6/30/2018

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7		
		SOURCE	INDIVIDUAL THERAPY	GROUP THERAPY	PSYCH TESTING	EDUCATION	OTHER THERAPIES	ACTIVITY THERAPY	TOTAL EXPENSES	
			ITH	GTH	PST	PSE	OPT	ATH		
BASE YEAR DATA										
A	BASE YEAR WAGES & SALARIES	RECORDS								
B	BASE YEAR PHYSICIAN SUPERVISION	SCH P1A							\$2,433.94	A
C	BASE YEAR OTHER EXPENSES	RECORDS							\$199.85	B
D	TOTAL BASE YEAR EXPENSES	A+B+C							\$2,633.79	D
E	ALLOC. FROM CAFE, PARKING, ETC.	SCH OA							\$29.85	E
F	BASE YEAR EXPENSES ADJUSTED	D+E							\$2,663.64	F
INFLATION FACTORS										
G	INFLATION FACTOR-WAGES & SALARIES	HSCRC								
H	INFLATION FACTOR - OTHER	HSCRC								
FTE DATA										
N	BASE YR HOURS WORKED/2080 (A)	RECORDS							31.15	N
O	BASE YR HOURS WORKED/2080 (B)	RECORDS							0.90	O

2,433.9
199.8

31.1

GENERAL SERVICE CENTERS

SCHEDULE C

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 0004

FORM	CENTER	UNIT OF MEASURE	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	COL. 9		
			UNITS	WAGES, SALARY & BENEFITS	OTHER EXPENSES	TOTAL EXPENSES	ALLOCATION TO AUX ENT, OIP & URs	ALLOCATED EXPENSES	ADJUSTED TOTAL EXPENSES	EXPENSE PER UNIT	FTEs		
SOURCE			RECORDS	RECORDS	RECORDS	Col 2 + Col 3	RECORDS	Sch OADP	Col. 4 + Col. 5 + Col. 6	Col. 6/Col. 1	RECORDS		
C1	DTY	Dietary Services	Meals	299,946.0	\$1,567.3	\$2,116.7	\$3,684.0						
C2	LL	Laundry & Linen	Pounds	2,726,996.0	\$500.9	\$1,555.4	\$2,056.3		\$211.97	\$3,895.97	\$12.99	38.3	
C3	SSS	Social Services	Admissions	26,512.0	\$3,859.3	\$1,946.5	\$5,805.8		\$141.15	\$2,197.45	\$0.81	14.0	
		Purchasing & Stores	EIPD						\$398.42	\$6,204.22	\$234.02	38.0	
C4	PUR			165,488.5	\$1,933.0	\$1,816.0	\$3,749.0	(\$222.9)	\$300.52	\$3,826.62	\$23.12	41.500	
C5	POP	Plant Operations	Sq. Feet	498,631.0	\$3,771.0	\$15,475.4	\$19,246.4						
C6	HKP	Housekeeping	Sq. Feet	432,036.6	\$4,206.6	\$3,365.0	\$7,571.6	(\$845.3)	\$1,374.75	\$19,775.90	\$39.66	72.3	
								(\$251.7)	\$579.48	\$7,899.40	\$18.28	113.4	
C7	CSS	Central Services & Supply	EIPA	37,329.0	\$845.7	\$715.3	\$1,561.0						
C8	PHM	Pharmacy	EIPA	37,329.0	\$6,917.0	\$1,720.3	\$8,637.3	(\$60.9)	\$126.73	\$1,626.80	\$43.58	12.6	
		General Accounting	EIPD						\$612.82	\$9,250.12	\$247.80	64.9	
C9	FIS			165,488.5	\$2,229.8	\$1,387.9	\$3,617.7		\$286.38	\$3,477.35	\$21.01	27.0	
C10	PAC	Patient Accounts	# Pt. Days & OP Visits	216,935.0	\$6,732.7	\$5,304.9	\$12,037.6						
		Hospital Administration	EIPD						(\$426.7)	\$286.38	\$3,477.35	27.0	
C11	MGT			165,488.5	\$13,561.5	\$11,677.8	\$25,239.3						
			Discharge & 1/8 OP Visits						\$877.07	\$12,817.16	\$59.08	134.1	
C12	MRD	Medical Records		38,937.1	\$3,201.0	\$1,255.8	\$4,456.8						
		Medical Staff Administration	EIPD						\$982.26	\$22,612.05	\$136.64	128.0	
C13	MSA	Nursing Administration	Hours of Personnel	1,945,627.0	\$1,878.9	\$1,104.1	\$2,983.0						
		Organ Acquisition Overhead	Number						(\$169.8)	\$325.95	\$4,612.98	\$118.47	48.0
C14	NAD			1,945,627.0	\$1,477.8	\$916.7	\$2,394.5						
									\$204.48	\$2,965.83	\$17.92	20.4	
C15	OAO			-					\$205.24	\$2,599.74	\$1.34	30.4	

PATIENT CARE CENTERS

SCHEDULE D

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 0004

FORM SOURCE	CENTER	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10	
		UNITS	WAGES, SALARY & BENEFITS	PHYSICIAN SUPERVISION EXPENSES	OTHER EXPENSES	TOTAL EXPENSES	ALLOCATED EXPENSES	ADJUSTED TOTAL EXPENSES	EXPENSE PER UNIT	FTEs	PHYSICIAN SUPERVISION FTEs	
		RECORDS	RECORDS	RECORDS	RECORDS	Col. 2 + Col. 3 + Col. 4	8th OADP	Col. 5 + Col. 6	Col. 7/Col. 1	RECORDS	RECORDS	
D1	MSG	Med/Surg Acute	54125	\$22,331.4	\$337.99	\$5,135.0	\$28,004.4	\$2,031.59	\$30,035.98	\$554.94	270.22	0.84
D2	PED	Pediatric Acute	786	\$448.3		\$96.9	\$545.2	\$41.73	\$586.93	\$746.73	5.39	
D3	PSY	Psychiatric Acute										
D4	OBS	Obstetrics Acute	21213	\$3,750.0		\$463.8	\$4,213.8	\$305.06	\$4,518.86	\$213.02	47.78	
D5	DEF	Definitive Observation	11260	\$4,101.6	\$58.53	\$976.7	\$5,136.8	\$436.60	\$5,573.44	\$494.98	48.64	0.18
D6	MIS	Med/Surg Intensive Care	14307	\$13,377.6	\$286.93	\$3,150.8	\$16,795.3	\$1,245.31	\$18,040.65	\$1,260.97	159.86	0.51
D7	CCU	Coronary Care										
D8	PIC	Pediatric Intensive Care										
D9	NEO	Neo-Natal Intensive Care	15843	\$8,958.9	\$74.85	\$3,464.2	\$12,497.9	\$878.00	\$13,375.95	\$844.28	87.65	
D10	BUR	Burn Care										
D11	PSI	Psychiatric Intensive Care										
D12	TRM	Shock/Trauma										
D13	ONC	Oncology										
D14	NUR	Newborn Nursery	19330	\$3,697.1		\$1,203.7	\$4,900.8	\$352.48	\$5,253.28	\$271.77	38.91	
D15	PRE	Premature Nursery										
D16	ECF	Skilled Nursing Care										
D17	ICC	Intermediate Care										
D18	EMG	Emergency Services	746526	\$9,723.6	\$116.22	\$2,653.6	\$12,493.4	\$864.14	\$13,357.55	\$17.89	101.46	
D19	CL	Clinical Services	128233	\$1,621.1	\$137.35	\$363.3	\$2,121.8	\$140.40	\$2,262.16	\$17.64	16.93	
D20	PDC	Psych. Day & Night Care										
D22	SDS	Same Day Surgery	7033	\$2,450.8		\$684.2	\$3,134.8	\$145.24	\$3,280.04	\$466.38	34.34	
D23	DEL	Labor & Delivery Services	390568	\$6,990.4	\$22.92	\$2,906.8	\$11,920.1	\$841.17	\$12,761.29	\$32.67	97.53	
D24	OR	Operating Room	1458797	\$9,669.5	\$441.87	\$6,021.2	\$16,132.6	\$1,167.28	\$17,299.85	\$11.86	112.90	
D24-A	ORC	Operating Room Clinic	159862	\$669.8		\$180.4	\$850.2	\$60.52	\$910.72	\$5.70	8.15	
D25	ANS	Anesthesiology	1794117			\$432.8	\$432.8	\$42.79	\$475.59	\$0.27		
D26	MSS	Med/Surg Supplies	37329			\$31,640.6	\$31,640.6		\$31,640.60	\$847.61		
D27	CDS	Drugs Sold	37329			\$16,414.3	\$16,414.3		\$16,414.30	\$439.72		
D28	LAB	Laboratory Services	20793097	\$7,199.6	\$73.51	\$9,362.1	\$16,635.2	\$1,165.92	\$17,801.12	\$0.86	97.50	
D30	EKG	Electrocardiography	757070	\$889.4	\$71.12	\$196.0	\$1,156.5	\$84.46	\$1,240.98	\$1.64	9.61	
D31	IRC	Interventional Radiology/Cardiovascular	161996	\$2,173.3		\$665.8	\$2,839.1	\$225.94	\$3,065.04	\$18.92	19.82	
D32	RAD	Radiology-Diagnostic	956738	\$2,899.6		\$803.2	\$3,702.8	\$291.41	\$3,994.21	\$4.17	32.00	
D33	CAT	CT Scanner	1053171	\$1,006.7		\$357.6	\$1,364.3	\$108.69	\$1,472.99	\$1.40	8.95	

AUXILIARY ENTERPRISES

AMB

E 1

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	Occ. Service		

COL 1 COL 2 COL 3 COL 4

AMBULANCE SERVICES - 6950
3950

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

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

BASE YEAR PROFIT (LOSS)

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

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXXXX	L
M	MISCELLANEOUS ADJUSTMENTS	BUDGET				XXXXX	M
N	BUDGET YEAR EXPENSES	G+L+M				XXXXX	N

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

S	BASE YR HOURS WORKED/2080	RECORDS	
T	BUDGET YR HOURS/2080	BUDGET	

S
T

**AUXILIARY ENTERPRISES
PAR**

E 2

INSTITUTION NAME: Holy Cross Hospital BASE YEAR: 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR: 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	No. of Spaces	2,071	

**Parking - 8440
5440**

BASE YEAR DATA

		COL 1	COL 2	COL 3	COL 4		
	SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT		
B	BASE YEAR EXPENSES		1,097.8	1,097.8	XXXXX	B	
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC	XXXXX	XXXXX	XXXXX	C	
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	D	
///	COL 5 COST CENTER	COL 6 CODE	////	XXXXX	XXXXX	///	
D1	Depreciation & Amortization	DEP	XXXXX	81.8	81.8	XXXXX	D1
D2	General Accounting	FIS	5.7	3.5	9.2	XXXXX	D2
D3	Interest Long Term	ILT	XXXXX	29.9	29.9	XXXXX	D3
D4	Hospital Administration	MGT	34.5	29.7	64.1	XXXXX	D4
D5	Other Insurance	OIN	XXXXX	2.3	2.3	XXXXX	D5
D6	Plant Operations	POP	9.6	39.3	48.9	XXXXX	D6
D7						XXXXX	D7
D8						XXXXX	D8
D9						XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3				XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS				XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	49.7	1,284.3	1,334.0	0.64415	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	1,796.2	XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	462.1	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX		XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX	462.1	XXXXX	K

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXXXX	L
M	MISCELLANEOUS ADJUSTMENTS	BUDGET				XXXXX	M
N	BUDGET YEAR EXPENSES	G+L+M	49.7	1,284.3		XXXXX	N

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

S	BASE YR HOURS WORKED/2080	RECORDS	0.6
T	BUDGET YR HOURS/2080	BUDGET	

S
T

AUXILIARY ENTERPRISES
DPO

E 3

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2018
INSTITUTION NUMBER: 0004 BUDGET YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	Sq Feet		

COL 1 COL 2 COL 3 COL 4

DOCTOR'S PRIVATE OFFICE REN - 9210
9110

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

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

BASE YEAR PROFIT (LOSS)

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

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXXXX	L
M	MISCELLANEOUS ADJUSTMENTS	BUDGET				XXXXX	M
N	BUDGET YEAR EXPENSES	G+L+M				XXXXX	N

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

S	BASE YR HOURS WORKED/2080	RECORDS					S
T	BUDGET YR HOURS/2080	BUDGET					T

**AUXILIARY ENTERPRISES
OOR**

E 4

INSTITUTION NAME: Holy Cross Hospital BASE YEAR: 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR: 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	Sq Feet	864	

COL 1 COL 2 COL 3 COL 4

OFFICE & OTHER RENTAL - 9220

9210

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

B	BASE YEAR EXPENSES	RECORDS		397.2	397.2	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC	SCH OAC	0.3	XXXXX	0.3	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	////	XXXXX	XXXXX	XXXXX	///
D1	Depreciation & Amortization	DEP	XXXXX	44.6	44.6	XXXXX	D1
D2	General Accounting	FIS		2.1	1.3	XXXXX	D2
D3	Housekeeping	HKP		3.9	3.1	XXXXX	D3
D4	Interest Long Term	ILT	XXXXX		7.9	XXXXX	D4
D5	Hospital Administration	MGT		12.5	10.7	XXXXX	D5
D6	Other Insurance	OIN	XXXXX		0.8	XXXXX	D6
D7	Plant Operations	POP		3.5	14.2	XXXXX	D7
D8						XXXXX	D8
D9						XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3				XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS				XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	22.2	479.8	501.9	0.58095	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	473.0	XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	(28.9)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX		XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX	(28.9)	XXXXX	K

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXXXX	L
M	MISCELLANEOUS ADJUSTMENTS	BUDGET				XXXXX	M
N	BUDGET YEAR EXPENSES	G+L+M	22.2	479.8		XXXXX	N

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

S	BASE YR HOURS WORKED/2080	RECORDS	0.3
T	BUDGET YR HOURS/2080	BUDGET	

S
T

**AUXILIARY ENTERPRISES
REO**

E 5

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	Sq Feet	1,725	

COL 1 COL 2 COL 3 COL 4

RETAIL OPERATIONS - 9230

9130

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

B	BASE YEAR EXPENSES	RECORDS	413.6	1,030.2	1,443.8	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC	SCH OAC	4.7	XXXXX	4.7	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	////	XXXXX	XXXXX	XXXXX	///
D1	General Accounting	FIS	7.5	4.6	12.1	XXXXX	D1
D2	Housekeeping	HKP	14.1	11.2	25.3	XXXXX	D2
D3	Interest Long Term	ILT	XXXXX	12.8	12.8	XXXXX	D3
D4	Hospital Administration	MGT	45.3	39.0	84.4	XXXXX	D4
D5	Other Insurance	OIN	XXXXX	3.0	3.0	XXXXX	D5
D6	Plant Operations	POP	12.6	51.7	64.3	XXXXX	D6
D7						XXXXX	D7
D8						XXXXX	D8
D9						XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3				XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS				XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	497.8	1,152.6	1,650.4	0.95674	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	767.3	XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	(883.1)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX		XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX	(883.1)	XXXXX	K

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXXXX	L
M	MISCELLANEOUS ADJUSTMENTS	BUDGET				XXXXX	M
N	BUDGET YEAR EXPENSES	G+L+M	497.8	1,152.6		XXXXX	N

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

S	BASE YR HOURS WORKED/2080	RECORDS	5.1			S
T	BUDGET YR HOURS/2080	BUDGET				T

**AUXILIARY ENTERPRISES
PTE**

E 6

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	# of Phones		

COL 1 COL 2 COL 3 COL 4

PATIENT TELEPHONES -8615
5610

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

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

BASE YEAR PROFIT (LOSS)

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

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXXXX	L
M	MISCELLANEOUS ADJUSTMENTS	BUDGET				XXXXX	M
N	BUDGET YEAR EXPENSES	G+L+M				XXXXX	N

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

S	BASE YR HOURS WORKED/2080	RECORDS	
T	BUDGET YR HOURS/2080	BUDGET	

S
T

**AUXILIARY ENTERPRISES
CAF**

E 7

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	Meals	566,876	

**CAFETERIA -8320
5320**

BASE YEAR DATA

		COL 1	COL 2	COL 3	COL 4	
		SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT
B	BASE YEAR EXPENSES	RECORDS	2,043.4	2,549.4	4,592.8	XXXXX B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC	XXXXX	XXXXX	XXXXX	XXXXX C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX D
///	COL 5 COST CENTER	COL 6 CODE	////	XXXXX	XXXXX	XXXXX ///
D1	Depreciation & Amortization	DEP	XXXXX	(0.0)	(0.0)	XXXXX D1
D2	General Accounting	FIS	23.7	14.8	38.5	XXXXX D2
D3	Housekeeping	HKP	44.7	35.8	80.5	XXXXX D3
D4	Interest Long Term	ILT	XXXXX	(0.0)	(0.0)	XXXXX D4
D5	Hospital Administration	MGT	144.2	124.2	268.4	XXXXX D5
D6	Other Insurance	OIN	XXXXX	9.4	9.4	XXXXX D6
D7	Plant Operations	POP	40.1	164.6	204.7	XXXXX D7
D8	Purchasing & Stores	PUR	20.6	19.3	39.9	XXXXX D8
D9						XXXXX D9
D10						XXXXX D10
D11						XXXXX D11
D12						XXXXX D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3				XXXXX E
F	DONATED SERVICES & COMMODITIES	RECORDS				XXXXX F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	2,316.7	2,917.4	5,234.1	0.00923 G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	3,065.0	XXXXX H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	(2,169.1)	XXXXX I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	(2,169.1)	XXXXX J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX	(0.0)	XXXXX K

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXXXX L
M	MISCELLANEOUS ADJUSTMENTS	BUDGET				XXXXX M
N	BUDGET YEAR EXPENSES	G+L+M	2,316.7	2,917.4		XXXXX N

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

S	BASE YR HOURS WORKED/2080	RECORDS	52.5		
T	BUDGET YR HOURS/2080	BUDGET			

S
T

**AUXILIARY ENTERPRISES
DEB**

E 8

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR 6/30/2019

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

	COL 1	COL 2	COL 3	COL 4
DAY CARE RECREATION AREAS				
BASE YEAR DATA				
SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT

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

BASE YEAR PROFIT (LOSS)

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

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXXXX	L
M	MISCELLANEOUS ADJUSTMENTS	BUDGET				XXXXX	M
N	BUDGET YEAR EXPENSES	G+L+M				XXXXX	N

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

S	BASE YR HOURS WORKED/2080	RECORDS	
T	BUDGET YR HOURS/2080	BUDGET	

S
T

**AUXILIARY ENTERPRISES
HOU**

E 9

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2018

INSTITUTION NUMBER: 0004

BUDGET YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BASE YEAR UNITS
A	Average #		

HOUSING - 8360

COL 1 COL 2 COL 3 COL 4

BASE YEAR DATA

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

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

BASE YEAR PROFIT (LOSS)

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

BUDGET YEAR DATA

L	INFLATION	HSCRC					XXXXX		L
M	MISCELLANEOUS ADJUSTMENTS	BUDGET					XXXXX		M
N	BUDGET YEAR EXPENSES	G+L+M					XXXXX		N

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

S	BASE YR HOURS WORKED/2080	RECORDS	
T	BUDGET YR HOURS/2080	BUDGET	

S
T

OTHER INSTITUTIONAL PROGRAMS
REG

F 1

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	NO. PROJECTS	36	

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

RESEARCH -8010

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

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	395.0	103.0	498.0	XXXXX	B
C	ALLOC. FROM CAFETERIA, PARKING, ETC.	SCH OAC	4.0	XXXXX	4.0	XXXXX	C
D	ALLOC. FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	XXXXX	XXXXX	XXXXX	XXXXX	
D1	General Accounting	FIS	2.6	1.6	4.2	XXXXX	D1
D2	Hospital Administration	MGT	15.6	13.5	29.1	XXXXX	D2
D3	Plant Operations	POP	4.3	17.8	22.2	XXXXX	D3
D4	Purchasing & Stores	PUR	2.2	2.1	4.3	XXXXX	D4
D5						XXXXX	D5
D6						XXXXX	D6
D7						XXXXX	D7
D8						XXXXX	D8
D9						XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3				XXXXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	423.8	136.0	561.8	15.60647	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	126.6	XXXXX	G
H	PROFIT (LOSS)	G-F	XXXXX	XXXXX	(435.2)	XXXXX	H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXXXX	I
J	MISCELLANEOUS ADJUSTMENTS	BUDGET				XXXXX	J
K	BUDGET YEAR EXPENSES	F+I+J				XXXXX	K

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

P	BASE YR HOURS WORKED/2080	RECORDS	4.3
Q	BUDGET YR HOURS/2080	BUDGET	

P
Q

OTHER INSTITUTIONAL PROGRAMS
RNS

F 2

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2018

INSTITUTION NUMBER: 0004

BUDGET YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	# Students		

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

NURSING EDUCATION -8220

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

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

BASE YEAR PROFIT (LOSS)

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

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXXXX	I
J	MISCELLANEOUS ADJUSTMENTS	BUDGET				XXXXX	J
K	BUDGET YEAR EXPENSES	F+I+J				XXXXX	K

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

P	BASE YEAR HOURS WORKED/2080	RECORDS	
Q	BUDGET YEAR HOURS/2080	BUDGET	

P
Q

**OTHER INSTITUTIONAL PROGRAMS
OHE**

F 3

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2018

INSTITUTION NUMBER: 0004

BUDGET YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	No. Students	1,172	

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

OTHER HEALTH PROFESSION EDUCATION 8260

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

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	8.8	5.1	13.9	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC	0.0	XXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	XXXXX	XXXX	XXXXX	XXXXX	
D1	General Accounting	FIS	0.1	0.0	0.1	XXXXX	D1
D2	Hospital Administration	MGT	0.4	0.4	0.8	XXXXX	D2
D3	Plant Operations	POP	0.1	0.5	0.6	XXXXX	D3
D4	Purchasing & Stores	PUR	0.1	0.1	0.1	XXXXX	D4
D5						XXXXX	D5
D6						XXXXX	D6
D7						XXXXX	D7
D8						XXXXX	D8
D9						XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3				XXXXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	9.5	6.1	15.6	0.01329	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	9.2	XXXXX	G
H	PROFIT (LOSS)	G-F	XXXXX	XXXXX	(6.4)	XXXXX	H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXXXX	I
J	MISCELLANEOUS ADJUSTMENTS	BUDGET				XXXXX	J
K	BUDGET YEAR EXPENSES	F+I+J				XXXXX	K

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

P	BASE YEAR HOURS WORKED/2080	RECORDS	0.0
Q	BUDGET YEAR HOURS/2080	BUDGET	

P
Q

OTHER INSTITUTIONAL PROGRAMS
CHE

F 4

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	No. Participants	162,229	

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
--------	-----------------------------------	----------------	------------------------	--------------------------

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	1,830.1	1,172.3	3,002.4	XXXXX	B
C	ALLOC FROM CAFETERIA, PARKING, ETC.	SCH OAC	1.7	XXXX	1.7	XXXXX	C
D	ALLOC FROM GENERAL SERVICE CENTER	////	XXXXX	XXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	XXXXX	XXXX	XXXXX	XXXXX	
D1	General Accounting	FIS	15.5	9.6	25.1	XXXXX	D1
D2	Hospital Administration	MGT	94.3	81.2	175.4	XXXXX	D2
D3	Plant Operations	POP	26.2	107.6	133.8	XXXXX	D3
D4	Purchasing & Stores	PUR	13.4	12.6	26.1	XXXXX	D4
D5						XXXXX	D5
D6						XXXXX	D6
D7						XXXXX	D7
D8						XXXXX	D8
D9						XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3				XXXXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	1,981.3	1,383.3	3,364.6	0.02074	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	1,001.4	XXXXX	G
H	PROFIT (LOSS)	G-F	XXXXX	XXXXX	(2,363.1)	XXXXX	H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXXXX	I
J	MISCELLANEOUS ADJUSTMENTS	BUDGET				XXXXX	J
K	BUDGET YEAR EXPENSES	F+I+J				XXXXX	K

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

P	BASE YEAR HOURS WORKED/2080	RECORDS	29.7
Q	BUDGET YEAR HOURS/2080	BUDGET	

P
Q

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

INSTITUTION NAME: Holy Cross Hospital
 INSTITUTION NUMBER: 0004
 BASE YEAR: 6/30/2018

OADP

Allocation of Cafeteria/Parking Expense

LOSS PER FTE		SOURCE	COL 1 TOTAL
A	GAIN (LOSS) TO BE ALLOC. AS FRINGE	SCH. E2, E7, E8, E9	2,169.1
B	NUMBER OF FTE'S	RECORDS	2,329
B1	LOSS PER FTE	A / B	0.93

Allocation of Data Processing

BASE YEAR DATA		SOURCE	COL 2 WAGES, SALARIES & BENEFITS	COL 3 OTHER EXPENSES	COL 4 TOTAL EXPENSES
C1	FISCAL YEAR EXPENSES			19,249.00	19,249.00
2	DONATED SERVICES & COMMODITIES				
3	FISCAL YEAR ADJUSTED EXPENSES			19,249.00	19,249.00

DISTRIBUTIONS

		CAFETERIA, PARKING ETC ALLOC		DATA PROCESSING ALLOC		COL 5		COL 6	COL 7	COL 8
		COL 1	COL 2	COL 3	COL 4	WAGES, SALARIES & BENEFITS	Other Expenses	DP ALLOCATION	Col. 2 + Col. 7	Total Alloc Expense
D1	DIETARY SERVICES	SCHED	CODE	FTE	B1*D1	Allocated Amount	Basis			
2	LAUNDRY & LINEN	C 2	LL	38.3	35.6		0.92%	176.33	176.33	211.97
3	SOCIAL SERVICES	C 3	LL	14.0	13.0		0.67%			141.15
4	PURCHASING & STORES	C 4	SSS	38.0	35.4		1.89%	128.12	128.12	398.42
5	PLANT OPERATIONS	C 4	PUR	41.5	38.6		1.36%	363.07	363.07	300.52
6	HOUSEKEEPING	C 5	POP	72.3	67.3		6.79%	261.87	261.87	1,374.75
7	CENTRAL SERVICES & SUPPLY	C 6	HKP	113.4	105.6		2.46%	1,307.44	1,307.44	579.48
8	PHARMACY	C 7	CSS	12.6	11.7		0.60%	473.91	473.91	126.73
9	GENERAL ACCOUNTING	C 8	PHM	64.9	60.4		2.87%	115.00	115.00	612.82
10	PATIENT ACCOUNTS	C 9	FIS	27.0	25.1		1.36%	552.38	552.38	286.38
11	HOSPITAL ADMINISTRATION	C10	PAC	134.1	124.9		3.91%	261.24	261.24	877.07
12	MEDICAL RECORDS	C11	MGT	128.0	119.3		4.48%	752.18	752.18	982.26
13	MEDICAL STAFF ADM	C12	MRD	48.0	44.7		1.46%	863.01	863.01	325.95
14	NURSING ADMIN	C13	MSA	20.4	19.0		0.96%	281.25	281.25	204.48
15	ORGAN ACQUISITION OVERHEAD	C14	NAD	30.4	28.3		0.92%	185.48	185.48	205.24
16	MED SURGICAL ACUTE	C15	OAD					176.95	176.95	
17	PEDIATRIC ACUTE	D 1	MSG	270.2	251.7		9.25%			
18	PSYCHIATRIC ACUTE	D 2	PED	5.4	5.0		0.19%	1,779.94	1,779.94	2,031.59
19	OBSTETRICS ACUTE	D 3	PSY					36.72	36.72	41.73
20	DEFINITIVE OBSERVATION	D 4	OBS	47.8	44.5		1.35%			
21	MED SURG INTENSIVE CARE	D 5	DEF	48.6	45.3		2.03%	260.56	260.56	305.06
22	CORONARY CARE	D 6	MIS	159.9	148.9		5.70%	391.30	391.30	436.60
23	PEDIATRIC INTENSIVE CARE	D 7	CCU					1,096.44	1,096.44	1,245.31
24	NEO-NATAL INTENSIVE CARE	D 8	PIC							
25	BURN CARE	D 9	NEO	87.7	81.6		4.14%			
26	PSYCHIATRIC INTENSIVE CARE	D10	BUR					796.37	796.37	878.00
27	SHOCK TRAUMA	D11	PSI							
28	ONCOLOGY	D12	TRM							
29	NEWBORN NURSERY	D13	ONC							
30	PREMATURE NURSERY	D14	NUR	38.9	36.2		1.64%			
31	INTERMEDIATE CARE	D15	PRE					316.24	316.24	352.48
		D17	ICC							

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

INSTITUTION NAME:
INSTITUTION NUMBER:
BASE YEAR

Holy Cross Hospital
4.00
43,281.00

OADP

0004

DISTRIBUTIONS

	SCHED	CODE	CAFETERIA, PARKING ETC ALLOC		DATA PROCESSING ALLOC		WAGES, SALARIES & BENEFITS	Other Expenses	DP ALLOCATION	Col. 2 + Col. 7 Total Alloc Expense
			COL 1	COL 2	COL 3	COL 4				
32	EMERGENCY SERVICES	D18	EMG							
33	CLINIC SERVICES	D19	CL	101.46	94.48		4.00%	769.65	769.65	864.14
34	PSYCH DAY & NIGHT CARE	D20	PDC		15.77		0.65%	124.63	124.63	140.40
35	SAME DAY SURGERY	D22	SDS							
36	LABOR & DELIVERY	D23	DEL	34.34	31.98		0.59%	113.26	113.26	145.24
37	OPERATING ROOM	D24	OR	97.53	90.83		3.90%	750.35	750.35	841.17
38	OPERATING ROOM CLINIC	D24-A	ORC	112.90	105.14		5.52%	1,062.14	1,062.14	1,167.28
39	ANESTHESIOLOGY	D25	ANS	8.15	7.59		0.27%	52.93	52.93	60.52
40	LABORATORY SERVICES	D28	LAB				0.22%	42.79	42.79	42.79
41	ELECTROCARDIOGRAPHY	D30	EKG	97.50	90.80		5.59%	1,075.12	1,075.12	1,165.92
42	INTERVENTIONAL RADIOLOGY/CARDIOVASC	D31	IRC	9.61	8.95		0.39%	75.51	75.51	84.46
43	RADIOLOGY - DIAGNOSTIC	D32	RAD	19.82	18.46		1.08%	207.48	207.48	225.94
44	CT SCANNER	D33	CAT	32.00	29.81		1.36%	261.61	261.61	291.41
45	RADIOLOGY - THERAPEUTIC	D34	RAT	8.95	8.34		0.52%	100.36	100.36	108.69
46	NUCLEAR MEDICINE	D35	NUC	0.04	0.04		0.09%	17.63	17.63	17.7
47	RESPIRATORY THERAPY	D36	RES	4.81	4.48		0.33%	62.91	62.91	67.39
48	PULMONARY FUNCTION TESTING	D37	PUL	34.17	31.83		1.70%	327.06	327.06	358.88
49	ELECTROENCEPHALOGRAPHY	D38	EEG	1.02	0.95		0.07%	14.39	14.39	15.33
50	PHYSICAL THERAPY	D39	PTH	4.11	3.83		0.16%	31.64	31.64	35.46
51	OCCUPATIONAL THERAPY	D40	OTH	21.07	19.62		0.01	161.71	161.71	181.33
52	SPEECH LANGUAGE PATHOLOGY	D41	STH	9.19	8.56		0.00	78.70	78.70	87.26
53	RECREATIONAL THERAPY	D42	REC	2.11	1.97		0.00	20.63	20.63	22.60
54	AUDIOLOGY	D43	AUD							
55	OTHER PHYSICAL MEDICINE	D44	OPM							
56	RENAL DIALYSIS	D45	RDL							
57	ORGAN ACQUISITION	D46	OA	9.02	8.40		0.00	65.40	65.40	73.80
58	AMBULATORY SURGERY	D47	AOR							
59	LEUKOPHERESIS	D48	LEU							
60	HYPERBARIC CHAMBER	D49	HYP							
61	FREE STANDING EMERGENCY SVCS	D50	FSE							
62	MRI SCANNER	D51	MRI							
63	LITHOTRIPSY	D53	LIT	6.46	6.02		0.00	58.93	58.93	64.95
64	REHABILITATION	D54	RHB							
65	OBSERVATION	D55	OBV							
66	AMB SERVICES - REBUNDLED	D56	AMR	40.07	37.32		0.01	107.83	107.83	145.15
67	TRANSURETHAL MICROWAVE THER.	D57	TMT	0.01	0.01		0.00	11.73	11.73	11.74
68	ONCOLOGY CLINIC	D58	OCL							
69	TRANSURETHAL NEEDLE ABLATION	D59	TNA							
70	PSYCH ADULT	D70	PAD							
71	PSYCH CHILD/ADOLESCENT	D71	PCD							
72	PSYCH GERIATRIC	D73	PSG							
73	INDIVIDUAL THERAPIES	D74	ITH							
74	GROUP THERAPIES	D75	GTH							
75	FAMILY THERAPIES	D76	FTH							
76	PSYCH TESTING	D77	PST							
77	EDUCATION	D78	PSE							
78	OTHER THERAPIES	D79	OPT							
79	ELECTROCONVULSIVE THERAPY	D80	ETH							

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

INSTITUTION NAME:
INSTITUTION NUMBER:
BASE YEAR

Holy Cross Hospital
4.00
43,281.00

OADP

DISTRIBUTIONS		CAFETERIA, PARKING ETC ALLOC		DATA PROCESSING ALLOC		COL 5		COL 6	COL 7	COL 8
	SCHED	CODE	COL 1	COL 2	COL 3	COL 4	WAGES, SALARIES & BENEFITS	Other Expenses	DP ALLOCATION	Col. 2 + Col. 7 Total Alloc Expense
			FTE	B1*D1	Allocated Amount	Basis				
175	ANESTHESIOLOGY	P3D								
176	LABORATORY SERVICES	P3D								
177	INDIVIDUAL THERAPIES	P3D								
178	ELECTROCARDIOGRAPHY	P3D								
179	INTERVENTIONAL RADIOLOGY/CARDIOVASC	P3E								
180	RADIOLOGY - DIAGNOSTIC	P3E	0.66	0.61						
181	CT SCANNER	P3E								0.61
182	RADIOLOGY THERAPEUTIC	P3E								
183	NUCLEAR MEDICINE	P3E								
184	RESPIRATORY THERAPY	P3E								
185	PULMONARY FUNCTION TESTING	P3E								
186	ELECTROENCEPHALOGRAPHY	P3F								
187	PHYSICAL THERAPY	P3F								
188	OCCUPATIONAL THERAPY	P3F								
189	SPEECH LANGUAGE PATHOLOGY	P3F								
190	OBSERVATION	P3F								
191	AUDIOLOGY	P3F								
192	OTHER PHYSICAL MEDICINE	P3F								
193	RENAL DIALYSIS	P3G								
194	ORGAN ACQUISITION	P3G								
195	AMBULATORY SURGERY	P3G								
196	LEUKOPHERESIS	P3G								
197	HYPERBARIC CHAMBER	P3G								
198	FREE STANDING EMERGENCY SVCS	P3G								
199	LITHOTRIPSY	P3G								
200	REHABILITATION	P3H								
201	TRANSURETHAL MICROWAVE THER	P3H								
202	ONCOLOGY CLINIC	P3H								
203	TRANSURETHAL NEEDLE ABLATION	P3H								
204	MEDICAL SURG ACUTE	P4A								
205	PEDIATRIC ACUTE	P4A								
206	PSYCHIATRIC ACUTE	P4A	7.13	6.64						
207	OBSTETRICS ACUTE	P4A								6.64
208	DEFINITIVE OBSERVATION	P4A	18.81	17.52						
209	MED/SURG INTENSIVE CARE	P4A	0.30	0.28						17.52
210	CORONARY CARE	P4A								0.28
211	PEDIATRIC INTENSIVE CARE	P4A								
212	NEO NATAL INTENSIVE CARE	P4A								
213	BURN CARE	P4A								
214	PSYCHIATRIC INTENSIVE CARE	P4A								
215	SHOCK TRAUMA	P4A								
216	ONCOLOGY	P4A								
217	NEWBORN NURSERY	P4A								
218	PREMATURE NURSERY	P4A								
219	SAME DAY SURGERY	P4A								
220	INTERMEDIATE CARE	P4A								
221	EMERGENCY SERVICES	P4C								
222	CLINIC SERVICES	P4C								
223	PSYCH DAY & NIGHT CARE	P4C	1.00	0.93						0.93

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

INSTITUTION NAME:
INSTITUTION NUMBER:
BASE YEAR

Holy Cross Hospital
4 00
43,281.00

OADP

DISTRIBUTIONS

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

RECONCILIATION OF BASE YEAR EXPENSES

RC

TO SCHEDULE RE

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0004

	Expenses	Sources	HSCRC Regulated	Unregulated	Total	
A	Unassigned Expense	Sch. UA, Lines C-B, Col. 10	\$47,209.38	\$1,929.05	\$49,138.42	A
B	Physicians Part B Services	P2 Ln A Col 7 UR6 Ln B Col 3		\$11,688.80	\$11,688.80	B
C	Physician Support Services	Sch. P3, Line A, Col. 7 UR, Line B, COL. 3	\$296.65		\$296.65	C
D	Resident, Intern Services	Sch. P4 & P5, Line A, Col. 7	\$2,633.79		\$2,633.79	D
E	Overhead Expense Survey	Sch OES, Line P, Col. 1	\$117,137.51	\$5,151.79	\$122,289.30	E
F	Patient Care Centers	Schs D1 - D81, Line B, Col. 4	\$210,320.46	XXXXX	\$210,320.46	F
G	Auxiliary Enterprises	Schs E1 - 9, Line B, Col 3	\$2,169.12	\$5,362.48	\$7,531.60	G
H	Other Institution Programs	Schs F1 - F4, Line B, Col 3	XXXXX	\$3,514.30	\$3,514.30	H
I	Unregulated Services	Schs UR1-UR9 - line B & C	XXXXX	\$24,513.00	\$24,513.00	I
J	Total Operating Expenses	A+B+C+D+E+F+G+H+I	\$379,766.89	\$52,159.42	\$431,926.31	J
K	Non-Operating Expenses	Non-Operating Expenses	XXXXX			K
L	Total Expenses	J + K	\$379,766.89	\$52,159.42	\$431,926.31	L
M	Total Operating Expenses - RE sch	Sch RE, Line S	\$378,841.38	\$53,083.62	\$431,925.00	M
N	Non-Operating Expenses - RE sch	Sch RE, Line V	XXXXX			N
O	Total Expenses - RE sch	M + N	\$378,841.38	\$53,083.62	\$431,925.00	O
P	Reconciliation Amount	O - L	(\$925.51)	\$924.20	(\$1.31)	P
Q	Nomenclature	XXXXX	XXXXX	XXXXX	XXXXX	Q
Q1	Other Non-Operating Expense	Audited Financial Statements				Q1
Q2	Rounding		\$1.3	(\$0.0)	\$1.3	Q2
Q3	O/H Exp Alloc to Aux Ent	Schs E2, E7-E9	\$754.14	(\$754.14)		Q3
Q4	Aux Ent Loss Treated as Fringe	Sch OA	\$170	(\$170)		Q4
Q5	Capital Facilities Allow to E, F, UR					Q5
Q6	Ineligible I&R					Q6
Q7						Q7

STATEMENT OF REVENUE AND EXPENSES

RE

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 0004

		COL 1	COL 2	COL 3	
		Regulated	Unregulated	Total	
Operating Revenues:		xxxx	xxxx	xxxx	
A	Gross Revenues from Daily Hospital Services	154,877.00	40,850.37	195,727.37	A
B	Gross Revenues from Ambulatory Services	45,621.70		45,621.70	B
C	Gross Revenues from Inpatient Ancillary Services	211,140.90		211,140.90	C
D	Gross Revenues from Outpatient Ancillary Services	103,715.10		103,715.10	D
E	Gross Patient Revenues	515,354.70	40,850.37	556,205.07	E
Deductions from Revenues:		xxxx	xxxx	xxxx	
F	Provision for Bad Debts	12,035.58	1,385.31	13,420.89	F
G	Charity/Uncompensated Care	25,604.23	5,881.61	31,485.84	G
H	Contractual Adjustments	41,114.08	16,026.21	57,140.30	H
H1	Uncompensated Care Fund Payments				H1
H2	Denials	11,607.42	112.51	11,719.93	H2
I	Other Deductions from Revenues	121.95	332.84	454.80	I
J	Total Deductions from Revenues	90,483.26	23,738.48	114,221.74	J
J1	Uncompensated Care Fund Receipts	19,056.50		19,056.50	J1
K	Net Patient Revenues	443,927.94	17,111.89	461,039.83	K
L	Other Operating Revenues	2,104.14	14,034.40	16,138.53	L
M	Net Operating Revenues	446,032.08	31,146.28	477,178.36	M
Operating Expenses:		xxxx	xxxx	xxxx	
N	Salaries, Wages, and Employee Benefits	216,763.11	24,190.89	240,954.00	N
O	Professional Fees	12,495.00		12,495.00	O
P	Supplies	69,395.00		69,395.00	P
Q	Depreciation/Amortization, Leases/Rentals	29,239.28	717.59	29,956.86	Q
R	Other Expenses	50,948.99	28,175.14	79,124.14	R
S	Total Operating Expenses	378,841.38	53,083.62	431,925.00	S
T	Excess (Deficit) Operating Revenues Over Operating Expenses	67,190.70	-21,937.34	45,253.36	T
U	Non-Operating Revenues	xxxx	8,033.00	8,033.00	U
V	Non-Operating Expenses	xxxx			V
W	Excess (Deficit) Revenues Over Expenses	67,190.70	-13,904.34	53,286.36	W
X	Operating Expenses per EIPD	2.29	xxxx	xxxx	X
Y	Operating Expenses per EIPA	10.15	xxxx	xxxx	Y
Z	Working Capital Ratio = Current Assets/Current Liabilities	(2.0)	xxxx	xxxx	Z
AA	Admissions	26,605	-	26,605	W
BB	EIPA's	37,460	-	36,370	X

OVERHEAD STATISTICAL APPORTIONMENT

JS1 & JS2

INSTITUTION NAME: Holy Cross Hospital
 INSTITUTION NUMBER: 0004

BASE YEAR: 6/30/2018

	UNIT COST CALCULATIONS	COL 1		COL 2		COL 3		COL 4		COL 5		COL 6		COL 7		COL 7 A		COL 8		COL 9		COL 10			
		DIETARY MEALS	LAUNDRY & LINEN POUNDS	PURCHASING STORES OTH EXP SCHED	HOUSEKEEPING # OF HOURS	CENT SUPPLY PHARMACY SOC SERV_OAO	PLANT OPERATIONS NET SQ FEET	INPATIENT PAC. MRD FIS/MGT_NAD	AMBULATORY PAC. MRD FIS/MGT_NAD	OUTPATIENT PAC. MRD FIS/MGT_NAD	MED STAFF ADMIN EIPAS	UNASSIGNED EXPENSES													
A	Overhead Expenses	3,896.0	2,197.45	3,826.62	7,899.40	17,081.14	19,775.90	32,283.89	4,720.97	9,114.43	2,965.83	8,976.36													
B	Units	299,946	2,726,995.98	53,913.84	211,259.72		420,841.61	136,945.30	20,025.91	27,681.57	37,329.03	269,226.82													
C	Cost per unit	0.012989	0.000806	0.070977	0.037392		0.046991	0.235743	0.235743	0.329260	0.079451	0.033441													
STATISTICAL APPORTIONMENT																									
D1	Med/Surg Acute	MSG	168,065	557,230.22	6,914.94	37,594.94		74,891.29	30,035.98																
2	Pediatric Acute	PED	8,418	4,513.49	133.62	1,355.88		2,701.00	586.93															45,164.54	
3	Psychiatric Acute	PSY																						1,025.38	
4	Obstetrics Acute	OBS	51,435	137,960.07	724.36	11,666.61		23,240.57	4,518.86																
5	Definitive Observation	DEF	21,453	122,062.50	1,368.00	23,416.44		46,646.92	5,573.44															7,943.15	
6	Med/Surg Intensive Care	MIS	19,551	332,003.57	4,247.24	18,530.15		36,913.14	18,040.65															10,429.03	
7	Coronary Care	CCU																						25,544.01	
8	Pediatric Intensive Care	PIC																							
9	Neo-Natal Intensive Care	NEO	6	11,983.06	4,260.57	4,268.45		8,503.00	13,375.95																
10	Burn Care	BUR																						17,400.54	
11	Psychiatric Intensive Care	PSI																							
12	Shock/Trauma	TRM																							
13	Oncology	ONC																							
14	Newborn Nursery	NUR	XXXXX	41,092.82	1,519.94	10,408.98																			
15	Premature Nursery	PRE	XXXXX																						
16	Rehabilitation	RHB																							7,996.28
17	Intermediate Care	ICC																							
18	Emergency Services	EMG	17,949	506,404.74	3,423.25	9,575.02																			
19	Clinical Services	CL	XXXXX	25,352.90	487.93	3,796.64		19,074.00	2,253.99	11,103.56	5,344.87	19,069.68													
20	Observation	OBV	13,070	49,681.29	938.83	2,309.27		4,600.20	916.28	3,432.90	1,345.20	3,454.75													
21	Psych. Day & Night Care	PDC									610.45	6,001.91													
22	Lithotripsy	LIT	XXXXX																						
23	Same Day Surgery	SDS		194,888.51	797.46	2,901.67																			
24	Free Standing Emergency	FSE						5,780.29		3,280.04		3,516.50	4,926.45												
25	Labor & Delivery Services	DEL	XXXXX	344,646.95	3,657.15	30,081.53		59,924.15	11,037.23		1,724.06	20,408.92													
26	Operating Room	OR	XXXXX	190,020.22	7,083.34	21,257.06		42,345.30	9,251.55		8,048.30	25,571.39													
27	Operating Room Clinic	ORC	XXXXX	20,661.42	233.33	654.47		1,303.74	94.08		816.64	1,320.73													
28	Ambulance Services-Rebundled	AMR			199.53				200.14			261.48													
29	Anesthesiology	ANS	XXXXX		475.59				285.43			639.24													
30	Laboratory Services	LAB	XXXXX		10,437.22	4,266.94		8,500.00	11,619.97		6,181.15	23,875.43													
31	Ambulatory Surgery (PBP)	AMS																							
32	Electrocardiography	EKG	XXXXX	2,357.46	271.51	256.02																			
33	Electroencephalography	EEG	XXXXX		272.74	61.44		510.00	637.17		603.81	1,644.71													
34	Radiology-Diagnostic	RAD	XXXXX	121,164.25	1,064.81	3,987.89		7,944.10	1,238.49		2,755.73	725.00													
35	Radiology-Therapeutic	RAT	XXXXX		298.23				300.47			5,889.16													
36	Nuclear Medicine	NUC	XXXXX	12,350.92	357.61	986.52		1,965.20	435.96			392.48													
37	CT Scanner	CAT	XXXXX		457.96	778.29		1,550.40	541.36		437.73	1,285.16													
38	Interventional Radiology/Cardiovascular	IRC	XXXXX		873.28	2,652.33		5,283.60	2,069.51		931.64	2,041.83													
39	Respiratory Therapy	RES	XXXXX	1,786.86	667.78			1,330.25	5,198.48		1,055.54	4,295.75													
40	Pulmonary Function Testing	PUL	XXXXX		128.19	575.61		1,146.65	23.22		223.51	6,935.39													
41	Renal Dialysis	RDL		28,247.87	335.40	421.15		838.95	1,107.10		212.71	395.95													
42	Physical Therapy	PTH	XXXXX	12,257.48	574.11	4,279.74		8,525.50	2,038.18		727.25	1,469.83													
43	Occupational Therapy	OTH	XXXXX		280.70	168.97		336.60	1,170.97		180.60	4,096.64													
44	Speech Language Pathology	STH	XXXXX		69.03	187.75		374.00	284.68		68.52	1,729.13													
45	Recreational Therapy	REC										472.37													
46	Organ Acquisition	OA	XXXXX																						
47	Ambulatory Surgery	AOR	XXXXX																						
48	Leukopheresis	LEU	XXXXX																						
49	Hyperbaric Chamber	HYP	XXXXX																						
50	Audiology	AUD	XXXXX																						
51	Other Physical Medicine	OPM	XXXXX																						
52	Transurethral Needle Ablation	TNA	XXXXX																						
53	Magnetic Resonance Imaging	MRI	XXXXX	12,116.24	241.13	1,276.67		2,543.20	454.74		502.01	1,423.36													
54	Oncology Clinic	OCL	XXXXX																						
55	Transurethral Microwave Thermotherapy	TMT																							
56	Admission Services	ADM	XXXXX	XXXXX		XXXXX	6,204.22																		
57	Med/Surg Supplies	MSS	XXXXX	XXXXX			9,952.22	1,626.80	19,825.40	995.74	631.06	26,512.00													
58	Drugs Sold	CDS	XXXXX	XXXXX			2,923.28	9,250.12	5,823.35	7,000.57	2,749.54	3,373.07													
E	TOTAL		299,946	2,726,995.98	53,913.84	211,259.72	17,081.14	420,841.61	136,945.30	20,025.91	27,681.57	37,329.03	269,226.82												
CHECK UNITS OR IF = 0																									

OVERHEAD EXPENSE APPORTIONMENT

J1 & J2

INSTITUTION NAME: Holy Cross Hospital
 INSTITUTION NUMBER: 0004

BASE YEAR: 6/30/2018

	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 8 A	COL 9	COL 10	COL 11	COL 12	COL 13
ALLOCATED CENTERS	DIETARY MEALS	LAUNDRY & LINEN POUNDS	PURCHASING STORES OTH EXP SCHED	HOUSEKEEPING # OF HOURS	CENT SUPPLY PHARMACY SOC SERV. OAO	PLANT OPERATIONS NET SQ FEET	TOTAL PATIENT CARE OVERHEAD	INPATIENT PAC, MRD FIS, MGT, NAD	AMBULATORY PAC, MRD FIS, MGT, NAD	OUTPATIENT PAC, MRD FIS, MGT, NAD	MED STAFF ADMIN EIPAs	UNASSIGNED EXPENSES	TOTAL OTHER OVERHEAD	TOTAL ALLOCATED OVERHEAD
A Overhead Expenses	3,895.97	2,197.45	3,826.62	7,899.40	17,081.14	19,775.90	54,676.47	32,283.89	4,720.97	9,114.43	2,965.83	8,976.36	58,061.47	112,737.94
REVENUE CENTERS														
D1 Mod/Surg Acute	MSG	2,182.97	449.02	490.80	1,405.75		3,519.24	8,047.78	7,080.77				1,505.84	8,586.61
2 Pediatric Acute	PED	109.34	3.64	9.48	50.70			126.92	300.08	138.37			34.19	172.55
3 Psychiatric Acute	PSY													
4 Obstetrics Acute	OBS	668.08	111.17	51.41	436.24		1,092.10	2,359.01	1,065.29				264.83	1,330.12
5 Definitive Observation	DEF	278.65	98.36	97.10	875.59		2,192.00	3,541.69	1,313.90				347.72	1,661.62
6 Med/Surg Intensive Care	MIS	253.95	267.53	301.45	692.88		1,734.60	3,250.41	4,252.96				851.67	5,104.62
7 Coronary Care	CCU													
8 Pediatric Intensive Care	PIC													
9 Neo-Natal Intensive Care	NEO	0.08	9.66											
10 Burn Care	BUR			302.40	159.61		399.57	871.31	3,153.28				580.16	3,733.44
11 Psychiatric Intensive Care	PSI													
12 Shock/Trauma	TRM													
13 Oncology	ONC													
14 Newborn Nursery	NUR		33.11	107.88	389.21		974.38	1,504.58	1,238.42				266.61	1,505.03
15 Premature Nursery	PRE													
16 Rehabilitation	RHB													
17 Intermediate Care	ICC													
18 Emergency Services	EMG	233.14	408.07	242.97	358.03		896.31	2,138.52	531.36	2,617.59	424.66	635.81	4,209.41	6,347.93
19 Clinical Services	CL		20.43	34.63	141.96		355.40	552.43	12.43	520.85	106.88	115.19	755.35	1,307.78
20 Observation	OBV	169.76	40.03	66.63	86.35		216.17	578.94	216.01	809.28	48.50	200.11	1,273.90	1,852.85
21 Psych Day & Night Care	PDC													
22 Lithotripsy	LIT													
23 Same Day Surgery	SDS		157.04	56.00	108.50		271.63	593.77	774.75		279.39	164.75	1,216.59	1,810.66
24 Free Standing Emergency	FSE													
25 Labor & Delivers Services	DEL		277.72	259.57	1,124.81		2,815.91	4,478.01	2,601.95		567.66	680.46	3,850.07	8,328.08
26 Operating Room	OR		153.12	502.75	794.84		1,989.86	3,440.57	2,180.99		2,649.98	852.58	5,683.55	9,124.12
27 Operating Room Climate	ORC		16.65	16.56	24.47		61.26	118.95	22.18		268.89	44.03	335.10	454.05
28 Ambulance Services-Rebundled	AMR			14.16				14.16	47.18			8.72	55.90	70.06
29 Anesthesiology	ANS			33.76				33.76	67.29		62.61	21.31	151.21	184.97
30 Laboratory Services	LAB			740.80	159.55		399.43	1,299.77	2,739.33		2,035.20	796.04	5,570.57	6,870.34
31 Ambulatory Surgery (PBP)	AMS													
32 Electrocardiography	EKG		1.90	19.27	9.57		23.97	54.71	150.21		198.81	54.84	403.86	458.57
33 Electroencephalography	EEG			19.36	2.30		5.75	27.41	97.17		46.63	24.17	167.97	195.38
34 Radiology-Diagnostic	RAD		97.64	75.58	149.11		373.30	695.63	291.96		907.35	196.35	1,395.67	2,091.30
35 Radiology-Therapeutic	RAT			21.17				21.17	70.83				13.09	83.92
36 Nuclear Medicine	NUC		9.95	25.38	36.89		92.35	164.57	102.77		144.13	42.85	289.75	454.32
37 CT Scanner	CAT			32.50	29.10		72.86	134.46	127.62		306.75	68.08	502.45	636.91
38 Interventional Radiology/Cardiovascular	IRC			61.98	99.18		248.28	409.44	473.73		347.55	143.23	964.50	1,373.94
39 Respiratory Therapy	RES			126.82	24.97		62.51	214.30	1,225.50		73.59	231.23	1,530.33	1,744.64
40 Pulmonary Function Testing	PUL			9.10	21.52		53.88	84.50	5.47		70.04	13.20	88.71	173.22
41 Renal Dialysis	RDL		22.76	23.81	15.75		39.42	101.74	260.99			49.01	310.00	411.74
42 Physical Therapy	PTH		9.88	40.75	160.03		400.62	611.28	480.49		239.45	136.59	856.53	1,467.80
43 Occupational Therapy	OTH			19.92	6.32		15.82	42.06	276.05		59.46	57.65	393.16	435.22
44 Speech Language Pathology	STH			4.90	7.02		17.57	29.49	67.11		22.56	15.75	105.42	134.92
45 Recreational Therapy	REC													
46 Organ Acquisition	OA													
47 Ambulatory Surgery	AOR													
48 Leukopheresis	LEU													
49 Hyperbaric Chamber	HYP													
50 Audiology	AUD													
50 Other Physical Medicine	OPM													
51 Transurethral Needle Ablation	TNA													
51 Magnetic Resonance Imaging	MRI		9.76	17.11	47.74		119.51	194.12	107.20				47.46	319.95
52 Oncology Clinic	OCL													
52 Transurethral Microwave Thermotherapy	TMT													
53 Admission Services	ADM													
53 Med/Surg Supplies	MSS				372.13		6,204.22	6,204.22			2,106.41		2,106.41	8,310.63
54 Drugs Sold	CDS				109.31		1,626.80	2,930.55	234.74		207.78	112.46	554.98	3,485.53
E TOTAL	3,895.97	2,197.45	3,826.62	7,899.40	17,081.14	19,775.90	54,676.47	32,283.89	4,720.97	9,114.43	2,965.83	8,976.36	58,061.47	112,737.94

Departmental Equipment Allowance

INSTITUTION NAME Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER 0004

		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	MARKET VALUE BASE YEAR LEASES	CUMULATIVE LEASES TOTAL	LEASE AMORTIZATION COL. 6/COL. 2	DEPR/AMORT TOTAL COL. 4 + COL. 7
H2 A	MIS	\$324.54	10	\$1,757.63	\$175.76				\$175.76
H2 B	CCU		10						
H2 C	PIC		10						
H2 D	NEO	\$345.92	10	\$2,040.80	\$204.08				\$204.08
H2 E	BUR		10						
H2 F	TRM		10						
H2 G	ONC		10						
H2 H	OR	\$2,124.50	10	\$16,425.19	\$1,642.52				\$1,642.52
H2 I	AOR		10						
H2 J	LAB	\$278.68	10	\$3,626.23	\$362.62				\$362.62
H2 K	IRC		10	\$7,814.93	\$781.49				\$781.49
H2 L	RAD	\$1,012.07	10	\$5,092.58	\$509.26				\$509.26
H2 M	CAT	\$819.78	6.5	\$1,801.88	\$277.21				\$277.21
H2 N	RAT		10						
H2 O	NUC		10	\$1,347.80	\$134.78				\$134.78
H2 P	RDL	\$27.78	10	\$411.57	\$41.16				\$41.16
H2 Q	HYP		10						
H2 R	DTY		10	\$91.40	\$9.14				\$9.14
H2 S	LL		10	\$39.59	\$3.96				\$3.96
H2 T	MGT		10	\$142.10	\$14.21				\$14.21
H2 U	EDP	\$25.59	10	\$5,516.09	\$551.61				\$551.61
H2 V	MRI	\$78.50	6	\$162.15	\$27.02				\$27.02
H2 W	LIT		5						
H2 X	ETH		10						
H2 Y	TRP		5						
H2 Z	TMT		5						
		Total		\$46,269.96	\$4,734.83				\$4,734.83

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

INSTITUTION NAME Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER 0004

ALLOWANCE	COL 1 SOURCE	COL 2	COL 3 DIETARY	COL 4 LAUNDRY	COL 5 COMM.	COL 6 DATA PROC.	COL 7 DEPT.	COL 8 TOTAL
A TOTAL INTEREST	HOSP RECORDS	9,539	//////////	//////////	//////////	//////////	//////////	//////////
B TOTAL DEPRECIATION	HOSP RECORDS	29,956,100	//////////	//////////	//////////	//////////	//////////	//////////
C CAP INTENSIVE EQUIP DEPR	H2 TOTAL	4,734.8	\$9.14	\$3.96	\$14.21	\$551.61	\$4,155.91	\$4,734.83
D BLDG & GEN EQUIP DEPR	B-C	25,221.3	//////////	//////////	//////////	//////////	//////////	\$25,221.27
E BLDG & GEN EQUIP DEPR & INT	A+D	34,760.0	//////////	//////////	//////////	//////////	//////////	\$34,759.97
F STANDARD UNITS		420,842	299,946	2,726,996	184,453	184,453	//////////	//////////
G ALLOWANCE PER UNIT		0.082596	\$0.000030	\$0.000001	\$0.000077	\$0.002991	//////////	//////////

DISTRIBUTION	CODE	NET SQ FT. BASIS	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
H01 MEDICAL/SURGICAL	MSG	74,891	6,185.8	\$5.12	\$0.81	\$2.31	\$89.82	//////////	\$6,283.81
H02 PEDIATRIC	PED	2,701	223.1	\$0.26	\$0.01	\$0.05	\$1.76	//////////	\$225.17
H03 PSYCHIATRIC	PSY							//////////	
H04 OBSTETRIC	OBS	23,241	1,919.6	\$1.57	\$0.20	\$0.35	\$13.51	//////////	\$1,935.22
H05 DEFINITIVE OBSERVATION	DEF	48,647	3,852.9	\$0.85	\$0.18	\$0.43	\$16.67	//////////	\$3,870.79
H06 MEDICAL SURGICAL ICU	MIS	36,913	3,048.9	\$0.60	\$0.48	\$1.39	\$53.95	\$175.76	\$3,281.07
H07 CORONARY CARE	CCU								
H08 PEDIATRIC ICU	PIC								
H09 NEO NATAL ICU	NEO	6,503	702.3		\$0.02	\$1.03	\$40.00	\$204.08	\$947.45
H10 BURN CARE	BUR								
H11 PSYCHIATRIC ICU	PSI							//////////	
H12 SHOCK TRAUMA	TRM								
H13 ONCOLOGY	ONC								
H14 NEWBORN NURSERY	NUR	20,735	1,712.7	//////////	\$0.06	\$0.40	\$15.71	//////////	\$1,728.83
H15 PREMATURE NURSERY	PRE			//////////				//////////	
H16 REHABILITATION	RHB							//////////	
H17 INTERMEDIATE CARE	ICC							//////////	
H18 EMERGENCY SERVICES	EMG	19,074	1,575.4	\$0.55	\$0.74	\$1.03	\$39.95	//////////	\$1,617.71
H19 CLINIC SERVICES	CL	7,563	624.7	//////////	\$0.04	\$0.17	\$6.77	//////////	\$631.67
H20 PSYCH DAY/NIGHT	PDC							//////////	
H21 AMBULATORY SURGERY (PBP)	AMS							//////////	
H22 SAME DAY SURGERY	SDS	5,780	477.4		\$0.28	\$0.25	\$9.81	//////////	\$487.77
H23 MRI SCANNER	MRI	2,543	210.1	//////////	\$0.02	\$0.07	\$2.86	\$27.02	\$240.03
H24 LABOR & DELIVERY	DEL	59,924	4,949.5	//////////	\$0.50	\$0.98	\$38.16	//////////	\$4,989.15
H25 OPERATING ROOM	OR	42,345	3,497.6	//////////	\$0.28	\$1.33	\$51.74	\$1,642.52	\$5,193.44
H25a OPERATING ROOM CLINIC	ORC	1,304	107.7	//////////	\$0.03	\$0.07	\$2.72	//////////	\$110.50
H26 OBSERVATION	OBV	4,600	380.0	\$0.40	\$0.07	\$0.34	\$13.01	//////////	\$393.78
H27 ANESTHESIOLOGY	ANS			//////////		\$0.04	\$1.42	//////////	\$1.46
H28 MEDICAL SUPPLIES	MSS	19,825	1,637.5	//////////	//////////	\$0.13	\$4.86	//////////	\$1,642.50
H29 DRUGS	CDS	5,823	481.0	//////////	//////////	\$0.71	\$27.66	//////////	\$509.36
H30 LABORATORY SERVICES	LAB	8,500	702.1	//////////		\$1.37	\$53.23	\$362.62	\$1,119.29

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

INSTITUTION NAME Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER 0004

DISTRIBUTION			COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
			ADJ. SQUARE FOOTAGE BASIS	GENERAL	DIETARY	LAUNDRY	COMM.	DATA PROC	DEPART	TOTAL
H32	ELECTROCARDIOGRAPHY	EKG	510	\$42.12	//////////		\$0.10	\$3.71	//////////	\$45.93
H33	INTERVENTIONAL RADIOLOGY/CARDI	IRC	5,284	\$436.41	//////////		\$0.24	\$9.17	\$781.49	\$1,227.31
H34	RADIOLOGY-DIAG	RAD	7,944	\$656.15	//////////	\$0.18	\$0.31	\$11.94	\$509.26	\$1,177.84
H35	CT SCANNER	CAT	1,550	\$128.06	//////////		\$0.11	\$4.41	\$277.21	\$409.79
H36	RADIOLOGY THERAPEUTIC	RAT			//////////		\$0.02	\$0.90		\$0.92
H37	NUCLEAR MEDICINE	NUC	1,965	\$162.32	//////////	\$0.02	\$0.07	\$2.61	\$134.78	\$299.80
H38	RESPIRATORY THERAPY	RES	1,330	\$109.87	//////////		\$0.42	\$16.21		\$126.50
H39	PULMONARY FUNCTION	PUL	1,147	\$94.71	//////////		\$0.02	\$0.71		\$95.44
H40	EEG	EEG	122	\$10.11	//////////		\$0.04	\$1.66		\$11.81
H41	PHYSICAL THERAPY	PTH	8,526	\$704.17	//////////	\$0.02	\$0.21	\$8.27		\$712.67
H42	OCCUPATIONAL THERAPY	OTH	337	\$27.80	//////////		\$0.10	\$4.04		\$31.94
H43	SPEECH/LANGUAGE	STH	374	\$30.89	//////////		\$0.03	\$1.06		\$31.98
H44	RECREATIONAL THERAPY	REC			//////////					
H45	AUDIOLOGY	AUD			//////////					
H46	OTHER PHYS. MEDICINE	OPM			//////////					
H47	RENAL DIALYSIS	RDL	839	\$69.29	//////////	\$0.04	\$0.09	\$3.31	\$41.16	\$113.89
H48	ORGAN ACQUISITION	OA			//////////					
H49	LEUKOPHERESIS	LEU			//////////					
H50	HYPERBARIC CHAMBER	HYP			//////////					
H51	LITHOTRIPSY	LIT			//////////					
H52	TRANSURETHAL MICRO THERM	TMT			//////////					
H53	ONCOLOGY CLINIC	OCL			//////////					
H54	TRANSURETHRAL NEEDLE ABLATION	TNA			//////////					
I	SUBTOTAL	ABC	420,842	\$34,759.97	//////////	\$3.98	\$14.21	\$551.61		\$39,494.83
H55	RESEARCH	REG	XXXXX							
H56	NURSING EDUCATION	RNS	XXXXX							
H57	OTHER HLTH PROF EDU	OHE	XXXXX							
H58	COMM HEALTH EDU	CHE	XXXXX							
H59	FREE STANDING CLINIC	FSC	XXXXX							
H60	HOUSING	HOU	XXXXX							
H61	AMBULANCE	AMB								
H62	PARKING	PAR	XXXXX							
H63	CAFETERIA	CAF	XXXXX							
H64	DOCTOR OFFICE RENT	DPO	XXXXX							
H65	OFFICE OTHER RENT	OOR	XXXXX							
H66	RETAIL OPERATIONS	REO	XXXXX							
H67	PATIENT TELEPHONES	PTE	XXXXX							
H68	DAY CARE, ETC	DEB	XXXXX							
H69	HOME HEALTH SERVICES	HHC	XXXXX							
H70	O/P RENAL DIALYSIS	ORD	XXXXX							
H71	SKILLED NURSING CARE	ECF								
H72	LAB NON/PATIENT	ULB	XXXXX							
H73	PHYS PART B SERVICES	UPB	XXXXX							
H74	CERTIFIED NURSE ANEST.	CNA	XXXXX							
	TOTAL DISTRIBUTED	XYZ	420,842	\$34,759.97		\$3.98	\$14.21	\$551.61		\$39,494.83

OTHER FINANCIAL CONSIDERATIONS

G

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR

6/30/2017

INSTITUTION NUMBER: 0004

		SOURCE	BASE YEAR		
			TOTAL COL. 1	DIRECT COL. 2	PERCENTAGE COL. 3
REVENUES					
A	Donations, Pledges	SCH. GR	(\$135.52)		(135.5)
B	Grants	SCH. GR	(\$493.66)		(493.7)
C	Investment Income (Interest, Dividends)	SCH. GR	(\$1,848.68)		(1,848.7)
D	Donated Commodities, Blood, Services	SCH. GR			
E	PSRO	SCH. GR			
F	Other	SCH. GR	(\$13,250.27)		(13,250.3)
G	Total Revenues	A+B+C+D+E+F	(\$15,728.12)		(15,728.1)
EXPENSES					
H	Licenses and Taxes	SCH. UA	\$305.90		305.9
I	Short Term Interest	SCH. UA			
J	Other	REC/BUDGET			
K	Total Expenses	H + I + J	\$305.90		305.9
OTHER ADJUSTMENTS					
L	Aux. Ent & OIP Gains	SCH. E, F			
M	Aux. Ent & OIP Losses	SCH. E, F	\$883.06		883.1
N	Excess Cash Requirements - Bldg & Equip	SCH. H4			
O	Gain on Disposal of Assets	REC/BUDGET			
P	Loss on Disposal of Assets	REC/BUDGET			
Q	Total Other Adjustments	L+M+N+O+P	\$883.06		883.1
PERCENTAGE CALCULATION					
R	Net Other Financial Considerations	G + K + Q	(14,539.2)		(14,539.2)
S	Other Financial Consideration Percent	R/SCH. M	////////	////////	-3.8%

THIRD PARTY DIFFERENTIAL

PDA

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 0004

SOURCE	INPATIENT	OUTPATIENT	TOTAL
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CHARGES, DEDUCTIBLES, CBA

		COL 1	COL 2	COL 3		
A	GROSS PATIENT REVENUE, HSCRC REGULATED	SCH RE, LINE E	366,017.90	149,336.80	515,354.70	A
B	MEDICARE REVENUE, HSCRC REGULATED	RECORDS/BUDGET	125,979.61	34,595.83	160,575.44	B
C	MEDICAID REVENUE, HSCRC REGULATED	RECORDS/BUDGET	29,531.56	4,722.46	34,254.02	C
D	BLUE CROSS REVENUE, HSCRC REGULATED	RECORDS/BUDGET	43,280.28	22,268.05	65,548.33	D
E	MCO SUBCONTRACTED MEDICARE, MEDICAID, HSCRC REGULATED **	RECORDS/BUDGET	68,843.88	21,928.71	90,772.59	E
F	MEDICARE DEDUCTIBLES PAID BY MEDICAID & BC< HSCRC REGULATED	RECORDS/BUDGET	//////////	//////////	4,588.37	F
G	UNCOMPENSATED CARE, HSCRC REGULATED***	RECORDS/BUDGET	14,435.78	23,204.02	37,639.81	G
G1	OTHER PAYORS	A-B-C-D-E-G	83,946.8	42,617.7	126,564.51	G1

RATIOS, LEVEL III COSTS

H	Ratio of Medicare & Medicaid Charges	Col 3 (B + C) /A	//////////	//////////	0.3780	H
I	Ratio of Blue Cross Inpatient Charges	Col 1 D/Col 3 A	0.0840	//////////	//////////	I
I1	Ratio of Blue Cross Outpatient Charges	Col 2 D/Col 3 A	//////////	0.0432	//////////	I1
J	Ratio of HMO Charges	Col 3 E/Col 3 A	//////////	//////////	0.1761	J
K	Ratio of Deductibles Paid by Medicaid & Blue Cross	Col 3 F/Col 3 A	//////////	//////////	0.0089	K
L	Ratio of Uncompensated Accounts	Col 3 G/Col 3 A	//////////	//////////	0.0730	L
M	Ratio of Other Payors Charges	Col 3 G1/Col 3 A	//////////	//////////	0.2456	M
N	Level III Costs	Schedule MA	//////////	//////////	380,104.73	N

DIFFERENTIAL CALCULATION

O	Gross Revenue HSCRC Regulated	*	//////////	//////////	429,075.74	O
P	Payor Differential	1 - (Col 3 O/N)	//////////	//////////	0.1288	P

REVENUE CENTER RATE SUMMARY

INSTITUTION NAME:
INSTITUTION NUMBER:

Holy Cross Hospital
0004

BASE YEAR

6/30/2018

A	DESCRIPTION	CODE	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	
											COL 1	COL 2		COL 3
1	Med/Surg Acute	MSG	54,125.00	30,035.98	8,047.78	8,586.61	///////				46,670.38	6,277.90	5.93	52,954.21
2	Pediatric Acute	PED	786.00	586.93	300.08	172.55	///////				1,665.06	224.90	0.27	1,890.23
3	Psychiatric Acute	PSY					///////		605.49					
4	Obstetrics Acute	OBS	21,213.00	4,518.86	2,359.01	1,330.12	///////							
5	Definitive Observation	DEF	11,260.00	5,573.44	3,541.69	1,661.62	///////		1,570.13		9,778.11	1,933.50	1.77	11,713.38
6	Med/Surg Intensive Care	MIS	14,307.00	18,040.65	3,250.41	5,104.62	///////		0.28		10,777.02	3,870.00	0.83	14,647.85
7	Coronary Care	CCU					///////				26,395.68	3,104.20	176.84	29,676.72
8	Pediatric Intensive Care	PIC					///////							
9	Neo-Natal Intensive Care	NEO	15,843.00	13,375.95	871.31	3,733.44	///////							
10	Burn Care	BUR					///////			17,980.69		743.40	204.10	18,928.19
11	Psychiatric Intensive Care	PSI					///////							
12	Shock Trauma	TRM					///////							
13	Oncology	ONC					///////							
14	Newborn Nursery	NUR	19,330.00	5,253.28	1,504.58	1,505.03	///////							
15	Premature Nursery	PRE					///////			8,262.89		1,728.80	0.06	9,991.75
16	Rehabilitation	RHB					///////							
17	Intermediate Care	ICC					///////							
18	Emergency Services	EMG	746,526.00	13,357.55	2,138.52	4,209.41	///////							
19	Clinical Services	CL	128,233.00	2,262.16	552.43	755.35	///////			19,705.48		1,616.40	1.29	21,323.17
20	Observation	OBV	183,767.00	4,349.18	578.94	1,273.90	///////	75.74	113.69	3,759.36		631.60	0.04	4,391.00
21	Psych. Day & Night Care	PDC					///////			6,202.03		393.30	0.47	6,595.80
22	Lithotripsy	LIT					///////							
23	Same Day Surgery	SDS	7,033.00	3,280.04	593.77	1,216.89	///////							
24	Free Standing Emergency	FSE					///////			5,090.70		487.50	0.28	5,578.48
25	Labor & Delivery Services	DEL	390,568.00	12,761.29	4,478.01	3,850.07	///////							
26	Operating Room	OR	1,458,797.00	17,299.85	3,440.57	5,683.55	///////			21,089.37		4,988.70	0.50	26,078.57
27	Operating Room Clinic	ORC	159,862.00	910.72	118.95	335.10	///////		373.96	26,797.93		3,550.60	1,642.80	31,991.33
28	Ambulance Services-Rebundled	AMR	31,293.00	200.14	14.16	55.90	///////	137.81	0.09	1,502.67		110.50	0.03	1,613.20
29	Anesthesiology	ANS	1,794,117.00	475.59	33.76	151.21	///////	///////	///////	270.20	///////	///////	///////	270.20
30	Laboratory Services	LAB	20,793,097.00	17,801.12	1,299.77	5,570.57	///////			660.55		1.50		662.05
31	Ambulatory Surgery (PBP)	AMS					///////			24,671.46		756.70	362.62	25,790.79
32	Electrocardiography	EKG	757,070.00	1,240.98	54.71	403.86	///////							
33	Electroencephalography	EEG	160,666.00	553.79	27.41	167.97	///////			1,699.55		45.90		1,745.45
34	Radiology-Diagnostic	RAD	956,738.00	3,994.21	695.63	1,395.67	///////			749.17		11.80		760.97
35	Radiology-Therapeutic	RAT	46,849.00	300.47	21.17	83.92	///////			6,085.51		668.40	509.44	7,263.35
36	Nuclear Medicine	NUC	177,738.00	873.69	164.57	289.75	///////			405.56		0.90		406.46
37	CT Scanner	CAT	1,053,171.00	1,472.99	134.46	502.45	///////			1,328.01		165.00	134.80	1,627.81
38	Interventional Radiology/Cardiovascular	IRC	161,996.00	3,065.04	409.44	964.50	///////			2,109.90		132.60	277.21	2,519.72
39	Respiratory Therapy	RES	5,705,846.00	5,421.98	214.30	1,530.33	///////	84.97		4,523.95		445.80	781.49	5,751.24
40	Pulmonary Function Testing	PUL	159,641.00	235.93	84.50	88.71	///////			7,166.62		126.50		7,293.12
41	Renal Dialysis	RDL	3,308.00	1,107.10	101.74	310.00	///////			409.15		95.40		504.55
42	Physical Therapy	PTH	616,812.00	2,765.43	611.28	856.53	///////			1,518.84		72.70	41.20	1,632.73
43	Occupational Therapy	OTH	357,110.00	1,351.56	42.06	393.16	///////			4,233.23		712.70	0.02	4,945.95
44	Speech Language Pathology	STH	105,055.00	353.20	29.49	105.42	///////			1,786.79		31.90		1,818.69
45	Organ Acquisition	OA					///////			488.12		32.00		520.12
46	Ambulatory Surgery	AOR					///////							
47	Leukopheresis	LEU					///////							
48	Hyperbaric Chamber	HYP					///////							
49	Audiology	AUD					///////							
50	Other Physical Medicine	OPM					///////							
51	Transurethral Needle Ablation	TNA					///////							
52	Magnetic Resonance Imaging	MRI	520,617.00	956.75	194.12	319.95	///////							
53	Oncology Clinic	OCL					///////			1,470.82		213.00	27.04	1,710.86
54	Transurethral Microwave ThermoTherapy	TMT					///////							
55	Admission Services	ADM	26,512.00	///////	6,204.22	2,106.41	///////							
56	Med/Surg Supplies	MSS	37,329.03	33,699.34	2,930.55	554.98	///////	///////	///////	8,310.63	///////	///////	///////	8,310.63
57	Drugs Sold	CDS	37,329.03	17,434.39	9,633.07	2,791.92	///////	///////	///////	37,184.87	///////	1,642.50	///////	38,827.37
58							///////	///////	///////	29,859.38	///////	509.40	///////	30,368.78
B	TOTAL		36,713,944.05	224,909.59	54,676.47	58,061.47		298.52	2,663.64	340,609.69	35,326.00	4,169.04		380,104.73

REVENUE CENTER RATE SUMMARY

MA

INSTITUTION NAME: Holy Cross Hospital
 INSTITUTION NUMBER: 0004

BASE YEAR 6/30/2018

		----- O F C -----										
		DIRECT	PERCENTAGE	LEVEL III	PAYOR DIFFERENTIAL	LEVEL IV	CROSS SUBSIDY	MISC ADJ	HSCRC ADJ	ADJUST LEVEL IV	AVERAGE RATES	
DESCRIPTION	CODE	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10	
A1 Med/Surg Acute	MSG			52,954.21	6,822.40	59,776.61						
2.00 Pediatric Acute	PED			1,890.23	243.50	2,133.73				59,776.61	1,104.42	
3.00 Psychiatric Acute	PSY									2,133.73	2,714.66	
4.00 Obstetrics Acute	OBS			11,713.38	1,509.10	13,222.48						
5.00 Definitive Observation	DEF			14,647.85	1,887.20	16,535.05				13,222.48	623.32	
6.00 Med/Surg Intensive Care	MIS			29,676.72	3,823.40	33,500.12				16,535.05	1,468.48	
7.00 Coronary Care	CCU									33,500.12	2,341.52	
8.00 Pediatric Intensive Care	PIC											
9.00 Neo-Natal Intensive Care	NEO			18,928.19	2,438.60	21,366.79						
### Burn Care	BUR									21,366.79	1,348.66	
### Psychiatric Intensive Care	PSI											
### Shock Trauma	TRM											
### Oncology	ONC											
### Newborn Nursery	NUR			9,991.75	1,287.30	11,279.05						
### Premature Nursery	PRE									11,279.05	583.50	
### Rehabilitation	RHB											
### Intermediate Care	ICC											
### Emergency Services	EMG											
### Clinical Services	CL			21,323.17	2,747.20	24,070.37						
### Observation	OBV			4,391.00	565.70	4,956.70				24,070.37	32.24	
### Psych. Day & Night Care	PDC			6,595.80	849.80	7,445.60				4,956.70	38.65	
### Lithotripsy	LIT									7,445.60	40.52	
### Same Day Surgery	SDS											
### Free Standing Emergency	FSE			5,578.48	718.70	6,297.18						
### Labor & Delivery Services	DEL									6,297.18	895.38	
### Operating Room	OR			26,078.57	3,359.80	29,438.37						
### Operating Room Clinic	ORC			31,991.33	4,121.60	36,112.93				29,438.37	75.37	
### Ambulance Services-Rebundled	AMR			1,613.20	207.80	1,821.00				36,112.93	24.76	
### Anesthesiology	ANS			270.20	34.80	305.00				1,821.00	11.39	
### Laboratory Services	LAB			662.05	85.30	747.35				305.00	9.75	
### Ambulatory Surgery (PBP)	AMS			25,790.79	3,322.80	29,113.59				747.35	0.42	
### Electrocardiography	EKG									29,113.59	1.40	
### Electroencephalography	EEG			1,745.45	224.90	1,970.35						
### Radiology-Diagnostic	RAD			760.97	98.00	858.97				1,970.35	2.60	
### Radiology-Therapeutic	RAT			7,263.35	935.80	8,199.15				858.97	5.35	
### Nuclear Medicine	NUC			406.46	52.40	458.86				8,199.15	8.57	
### CT Scanner	CAT			1,627.81	209.70	1,837.51				458.86	9.79	
### Interventional Radiology/Cardiovascular	IRC			2,519.72	324.60	2,844.32				1,837.51	10.34	
### Respiratory Therapy	RES			5,751.24	741.00	6,492.24				2,844.32	2.70	
### Pulmonary Function Testing	PUL			7,293.12	939.60	8,232.72				6,492.24	40.08	
### Renal Dialysis	RDL			504.55	65.00	569.55				8,232.72	1.44	
### Physical Therapy	PTH			1,632.73	210.40	1,843.13				569.55	3.57	
### Occupational Therapy	OTH			4,945.95	637.20	5,583.15				1,843.13	557.17	
### Speech Language Pathology	STH			1,818.69	234.30	2,052.99				5,583.15	9.05	
### Organ Acquisition	OA			520.12	67.00	587.12				2,052.99	5.75	
### Ambulatory Surgery	AOR									587.12	5.59	
### Leukopheresis	LEU											
### Hyperbaric Chamber	HYP											
### Audiology	AUD											
### Other Physical Medicine	OPM											
### Transurethral Needle Ablation	TNA											
### Magnetic Resonance Imaging	MRI											
### Oncology Clinic	OCL			1,710.86	220.40	1,931.26						
### Transurethral Microwave ThermoTherapy	TMT									1,931.26	3.71	
### Admission Services	ADM											
### Med/Surg Supplies	MSS			8,310.63	1,070.70	9,381.33						
### Drugs Sold	CDS			38,827.37	5,002.30	43,829.67				9,381.33	353.85	
###				30,368.78	3,912.60	34,281.38				43,829.67	1,174.14	
B TOTAL			-14,539.20	380,104.73	48,970.90	429,075.63				429,075.63	//////////	

OVERHEAD EXPENSE SUMMARY

OES

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2018

INSTITUTION NUMBER: 0004

EXPENSES		TOTAL	DISTRIBUTE TO:			
			Physician Part B Centers Sch P2	Data Processing Sch DP1	General Service Centers Sch C1 - C14	
A	Dietary Services	3,684.00			3,684.0	A
B	Laundry and Linen	2,056.30			2,056.3	B
C	Social Services	5,805.80			5,805.8	C
D	Purchasing and Stores	3,749.00			3,749.0	D
E	Plant Operations	19,246.40			19,246.4	E
F	Housekeeping	7,571.60			7,571.6	F
G	Central Services and Supply	1,561.00			1,561.0	G
H	Pharmacy	8,637.30			8,637.3	H
I	General Accounting	3,617.70			3,617.7	I
J	Patient Accounts	12,037.60			12,037.6	J
K	Hospital Administration	25,239.30			25,239.3	K
L	Medical Records	4,456.80			4,456.8	L
M	Medical Staff Administration	2,983.00			2,983.0	M
N	Nursing Administration	2,394.50			2,394.5	N
O	Organ Acquisition					O
P	Data Processing	19,249.00		19,249.0		P
Q	Totals	122,289.30		19,249.0	103,040.3	Q

UNREGULATED SERVICES

FSC1

UR 1

INSTITUTION NAME:	<u>Holy Cross Hospital</u>	BASE YEAR	<u>6/30/2018</u>
INSTITUTION NUMBER:	<u>0004</u>	BUDGET YEAR	<u>6/30/2019</u>

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	VISITS	8,017	

COL 1 COL 2 COL 3 COL 4

FREE STANDING CLINIC SERVICES

	SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES/REVENUES	EXPENSE REVENUE PER UNIT
BASE YEAR DATA					
B	BASE YEAR EXPENSES	RECORDS 4,925.8	4,724.8	9,650.6	XXXXX B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC	SCH OA 52.9	XXXXX	52.9	XXXXX C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	//////	XXXXXX	XXXXX	XXXXX D
///	COST CENTER Col 5	//////	XXXXXX	XXXXX	XXXXX ///
		COL 6 CODE			
D1	Central Services & Supply	CSS	18.9	16.0	34.9 XXXXX D1
D2	Depreciation & Amortization	DEP	XXXXX	211.8	211.8 XXXXX D2
D3	General Accounting	FIS	49.8	31.0	80.8 XXXXX D3
D4	Interest Long Term	ILT	XXXXX	213.1	213.1 XXXXX D4
D5	Malpractice Insurance	MAL	XXXXX	60.4	60.4 XXXXX D5
D6	Hospital Administration	MGT	303.0	260.9	563.9 XXXXX D6
D7	Medical Staff Administration	MSA	42.0	24.7	66.7 XXXXX D7
D8	Other Insurance	OIN	XXXXX	19.8	19.8 XXXXX D8
D9	Purchasing & Stores	PUR	43.2	40.6	83.8 XXXXX D9
D10					XXXXX D10
D11					XXXXX D11
D12					XXXXX D12
D13					XXXXX D13
D14					XXXXX D14
D15					XXXXX D15
E	Capital Facilities Allowance	Records			XXXXX E
F	Base Year Adjusted Expenses	B+C+D+E	5,435.6	5,603.1	11,038.7 1,376.9 F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	4,330.8	XXXXX G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(6,707.9)	XXXXX H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXXXX I
J	MISCELLANEOUS	BUDGET				XXXXX J
K	BUDGET YEAR EXPENSES	F+I+J				XXXXX K

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

P	BASE YEAR HOURS WORKED / 2080	RECORDS	56.8			P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET				Q

**UNREGULATED SERVICES
HHC**

UR 2

INSTITUTION NAME: Holy Cross Hospital BASE YEAR: 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR: 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	VISITS	5,000	

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

HOME HEALTH SERVICES

	SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
BASE YEAR DATA					
B	BASE YEAR EXPENSES	RECORDS 567.0	146.1	713.1	XXXXX B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC	SCH OA 0.9	XXXXX	0.9	XXXXX C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	////// XXXXXXXX	XXXXX	XXXXX	XXXXX D
///	COST CENTER Col 5	////// XXXXXXXX	XXXXX	XXXXX	XXXXX ///
D1	Depreciation & Amortization	DEP XXXXX	2.4	2.4	XXXXX D1
D2	General Accounting	FIS	3.7	2.3	6.0 XXXXX D2
D3	Housekeeping	HKP	6.9	5.6	12.5 XXXXX D3
D4	Interest Long Term	ILT	XXXXX	15.7	15.7 XXXXX D4
D5	Malpractice Insurance	MAL	XXXXX	4.8	4.8 XXXXX D5
D6	Hospital Administration	MGT	22.4	19.3	41.7 XXXXX D6
D7	Other Insurance	OIN	XXXXX	1.5	1.5 XXXXX D7
D8	Plant Operations	POP	6.2	25.5	31.8 XXXXX D8
D9	Purchasing & Stores	PUR	3.2	3.0	6.2 XXXXX D9
D10					XXXXX D10
D11					XXXXX D11
D12					XXXXX D12
D13					XXXXX D13
D14					XXXXX D14
D15					XXXXX D15
E	Capital Facilities Allowance	Records			XXXXX E
F	Base Year Adjusted Expenses	B+C+D+E	610.4	226.2	836.5 0.1673 F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXXXXXX	XXXXX	697.2	XXXXX G
H	PROFIT (LOSS)	G - F	XXXXXXX	XXXXX	(139.3)	XXXXX H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXXXX I
J	MISCELLANEOUS	BUDGET				XXXXX J
K	BUDGET YEAR EXPENSES	F+J				XXXXX K

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

P	BASE YEAR HOURS WORKED / 2080	RECORDS	1.0			P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET				Q

**UNREGULATED SERVICES
ORD**

UR 3

INSTITUTION NAME: Holy Cross Hospital BASE YEAR: 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR: 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	TREATMENTS	207,798	

COL 1 COL 2 COL 3 COL 4

OUTPATIENT RENAL DIALYSIS

	SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
BASE YEAR DATA					
B	BASE YEAR EXPENSES	RECORDS 2,672.2	1,744.7	4,416.9	XXXXX B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA 33.3	XXXXX	33.3	XXXXX C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	////// XXXXXXXX	XXXXX	XXXXX	XXXXX D
///	COST CENTER Col 5	COL 6 CODE	////// XXXXXXXX	XXXXX	XXXXX ///
D1	Central Services & Supply	CSS	8.6	7.3	16.0 XXXXX D1
D2	Depreciation & Amortization	DEP	XXXXX	147.3	147.3 XXXXX D2
D3	General Accounting	FIS	22.8	14.2	37.0 XXXXX D3
D4	Housekeeping	HKP	43.0	34.4	77.4 XXXXX D4
D5	Interest Long Term	ILT	XXXXX	97.5	97.5 XXXXX D5
D6	Malpractice Insurance	MAL	XXXXX	118.9	118.9 XXXXX D6
D7	Hospital Administration	MGT	138.7	119.4	258.1 XXXXX D7
D8	Medical Records	MRD	96.0	37.7	133.7 XXXXX D8
D9	Other Insurance	OIN	XXXXX	9.1	9.1 XXXXX D9
D10	Plant Operations	POP	38.6	158.3	196.8 XXXXX D10
D11	Purchasing & Stores	PUR	19.8	18.6	38.3 XXXXX D11
D12					XXXXX D12
D13					XXXXX D13
D14					XXXXX D14
D15					XXXXX D15
E	Capital Facilities Allowance	Records			XXXXX E
F	Base Year Adjusted Expenses	B+C+D+E	3,073.0	2,507.4	5,580.4 0.0269 F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	5,633.5	XXXXX G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	53.1	XXXXX H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXXXX I
J	MISCELLANEOUS	BUDGET				XXXXX J
K	BUDGET YEAR EXPENSES	F+I+J				XXXXX K

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

P	BASE YEAR HOURS WORKED / 2080	RECORDS	35.8			P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET				Q

**UNREGULATED SERVICES
ECF1**

UR 4

INSTITUTION NAME: Holy Cross Hospital
 INSTITUTION NUMBER: 0004

BASE YEAR: N/A 6/30/2018
 BUDGET YEAR: 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	PATIENT DAYS		

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
--------	-----------------------------------	----------------	--------------------------	--------------------------

BASE YEAR DATA

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

BASE YEAR PROFIT (LOSS)

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

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXXXX	I
J	MISCELLANEOUS	BUDGET				XXXXX	J
K	BUDGET YEAR EXPENSES	F+I+J					K

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

P	BASE YEAR HOURS WORKED / 2080	RECORDS					P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET					Q

**UNREGULATED SERVICES
ULB**

UR 5

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	CAP 1982 ed.	1,933,351	

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

LABORATORY -NON PATIENT

	SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT	
BASE YEAR DATA						
B	BASE YEAR EXPENSES	RECORDS	735.3	950.6	1,685.9	XXXXX B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	9.1	XXXXX	9.1	XXXXX C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	////	XXXXXXX	XXXXX	XXXXX	XXXXX D
///	COST CENTER Col 5	COL 5 CODE	////	XXXXXXX	XXXXX	XXXXX ///
D1	Central Services & Supply	CSS	3.3	2.8	6.1	XXXXX D1
D2	General Accounting	FIS	8.7	5.4	14.1	XXXXX D2
D3	Housekeeping	HKP	16.4	13.1	29.6	XXXXX D3
D4	Interest Long Term	ILT	XXXXX	37.2	37.2	XXXXX D4
D5	Malpractice Insurance	MAL	XXXXX	32.1	32.1	XXXXX D5
D6	Hospital Administration	MGT	52.9	45.6	98.5	XXXXX D6
D7	Medical Records	MRD	25.9	10.2	36.1	XXXXX D7
D8	Other Insurance	OIN	XXXXX	3.5	3.5	XXXXX D8
D9	Patient Accounts	PAC	54.5	43.0	97.5	XXXXX D9
D10	Plant Operations	POP	14.7	60.4	75.1	XXXXX D10
D11	Purchasing & Stores	PUR	7.5	7.1	14.6	XXXXX D11
D12						XXXXX D12
D13						XXXXX D13
D14						XXXXX D14
D15						XXXXX D15
E	Capital Facilities Allowance	Records				XXXXX E
F	Base Year Adjusted Expenses	B+C+D+E	928.5	1,211.0	2,139.5	0.0011 F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXXXXXX	XXXXX	3,594.7	XXXXX G
H	PROFIT (LOSS)	G - F	XXXXXXX	XXXXX	1,455.2	XXXXX H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXXXX I
J	MISCELLANEOUS	BUDGET				XXXXX J
K	BUDGET YEAR EXPENSES	F+J				XXXXX K

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

P	BASE YEAR HOURS WORKED / 2080	RECORDS	9.8			P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET				Q

**UNREGULATED SERVICES
UPB**

UR 6

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR 6/30/2019

VOLUME DATA		BASE YEAR UNITS	BUDGET YEAR UNITS
A	NO. OF FTEs	21.4	21.4

PHYSICIANS PART B SERVICES

		COL 1	COL 2	COL 3	COL 4		
SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT			
BASE YEAR DATA							
B	BASE YEAR EXPENSES	2,501.8	9,187.0	11,688.8	XXXXX	B	
C	ALLOCATION FROM CAFETERIA, PARKING, ETC	19.9	XXXXX	19.9	XXXXX	C	
D	ALLOCATION FROM GENERAL SERVICE CENTERS	XXXXXXX	XXXXX	XXXXX	XXXXX	D	
///	COST CENTER Col 5	XXXXXXX	XXXXX	XXXXX	XXXXX	///	
D1	Depreciation & Amortization	COL 5 CODE					
D2	General Accounting	DEP	XXXXX	24.5	24.5	XXXXX	
D3	Interest Long Term	FIS	60.3	37.6	97.9	XXXXX	
D4	Malpractice Insurance	ILT	XXXXX	258.1	258.1	XXXXX	
D5	Hospital Administration	MAL	XXXXX	55.3	55.3	XXXXX	
D6	Medical Staff Administration	MGT	367.0	316.0	683.0	XXXXX	
D7	Other Insurance	MSA	50.8	29.9	80.7	XXXXX	
D8		OIN	XXXXX	24.0	24.0	XXXXX	
D9						XXXXX	
D10						XXXXX	
D11						XXXXX	
D12						XXXXX	
D13						XXXXX	
D14						XXXXX	
D15						XXXXX	
E	Capital Facilities Allowance	Records				XXXXX	
F	Base Year Adjusted Expenses	B+C+D+E	2,999.9	9,932.4	12,932.4	604.3156	F
BASE YEAR PROFIT (LOSS)							
G	BASE YEAR REVENUE	RECORDS	XXXXXXX	XXXXX	3,790.5	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXX	XXXXX	(9,141.9)	XXXXX	H
BUDGET YEAR DATA							
I	INFLATION	HSCRC				XXXXX	I
J	MISCELLANEOUS	BUDGET				XXXXX	J
K	BUDGET YEAR EXPENSES	F+I+J					K
BUDGET YEAR PROFIT (LOSS)							
L	BASE YEAR REVENUE	RECORDS	XXXXXXX	XXXXX		XXXXX	L
M	ADJUSTMENTS	BUDGET	XXXXXXX	XXXXX		XXXXX	M
N	BUDGET YEAR REVENUE	L + M	XXXXXXX	XXXXX		XXXXX	N
O	PROFIT (LOSS)	N - K	XXXXXXX	XXXXX		XXXXX	O
FTE DATA							
P	BASE YEAR HOURS WORKED / 2080	RECORDS	21.4				P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET	21.4				Q

Unregulated Services
UR6A
Physicians Part B Services Detail

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

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

Physician Category Code (2 digit code)	Physician Description	Salaries and Fringe Benefits	Other Expenses	Total Expenses	Revenue	Hospital Based (Y or N)	FTEs	
2	Physician/General Surgery	505.4	889.7	1,395.2	568.8	Y	13.4	2
6	Physician/Cardiovascular Disease (Cardiology)	-	69.0	69.0	-	Y	-	6
8	Physician/Family Practice	2,148.0	526.1	2,674.0	1,494.8	Y	-	8
11	Physician/Internal Medicine	-	2,843.5	2,843.5	-	Y	-	11
13	Physician/Neurology	-	251.8	251.8	-	Y	-	13
16	Physician/Obstetrics & Gynecology	-	1,872.5	1,872.5	979.3	Y	5.0	16
20	Physician/Orthopedic Surgery	-	29.8	29.8	-	Y	-	20
22	Physician/Pathology	-	0.1	0.1	-	Y	-	22
26	Physician/Psychiatry	346.5	72.7	419.2	45.4	Y	-	26
37	Physician/Pediatric Medicine	-	1,575.9	1,575.9	657.1	Y	-	37
46	Physician/Endocrinology	-	12.9	12.9	-	Y	-	46
72	Physician/Pain Management	-	84.6	84.6	-	Y	-	72
80	Licensed Clinical Social Worker	-	207.1	207.1	45.1	Y	2.0	80
81	Physician/Critical Care (Intensivists)	-	1,378.7	1,378.7	-	Y	-	81
90	Physician/Medical Oncology	-	51.6	51.6	-	Y	-	90
93	Physician/Emergency Medicine	-	66.4	66.4	-	Y	1.0	
Total		\$2,999.92	\$9,932.43	\$12,932.35	\$3,790.48		21.40	
Per UR6		\$2,999.92	\$9,932.43	\$12,932.35	\$3,790.48		21.40	
Variance (should be 0.0)		0.0	0.0	0.0	0.0		0.0	

UNREGULATED SERVICES
CNA

UR 7

INSTITUTION NAME: Holy Cross Hospital
INSTITUTION NUMBER: 0004

BASE YEAR: 6/30/2018
BUDGET YEAR: 6/30/2019

N/A

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	CNA Minutes		

COL 1 COL 2 COL 3 COL 4

CERTIFIED NURSE ANESTHETIST

	SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
BASE YEAR DATA					
B	BASE YEAR EXPENSES				XXXXX
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.		XXXXX		XXXXX
D	ALLOCATION FROM GENERAL SERVICE CENTERS		XXXXX	XXXXX	XXXXX
///	COST CENTER Col 5	COL 6 CODE	XXXXXXX	XXXXX	XXXXX
D1					XXXXX
D2					XXXXX
D3					XXXXX
D4					XXXXX
D5					XXXXX
D6					XXXXX
D7					XXXXX
D8					XXXXX
D9					XXXXX
D10					XXXXX
D11					XXXXX
D12					XXXXX
D13					XXXXX
D14					XXXXX
D15					XXXXX
E	Capital Facilities Allowance	Records			XXXXX
F	Base Year Adjusted Expenses	B+C+D+E			XXXXX

BASE YEAR PROFIT (LOSS)

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

BUDGET YEAR DATA

I	INFLATION	HSCRC			XXXXX
J	MISCELLANEOUS	BUDGET			XXXXX
K	BUDGET YEAR EXPENSES	F+I+J			XXXXX

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

P	BASE YEAR HOURS WORKED / 2080	RECORDS			P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET			Q

**UNREGULATED SERVICES
PSS**

UR 8

INSTITUTION NAME: Holy Cross Hospital BASE YEAR: 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR: 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	NUMBER OF FTES	5	

COL 1 COL 2 COL 3 COL 4

PHYSICIAN SUPPORT SERVICES

	SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT		
BASE YEAR DATA							
B	BASE YEAR EXPENSES	RECORDS	3,572.6	603.1	4,175.7	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	24.5	XXXXX	24.5	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	//////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	//////	XXXXXXXX	XXXXX	XXXXX	XXXXX	///
		COL 6 CODE					
D1	Depreciation & Amortization	DEP	XXXXX	4.1	4.1	XXXXX	D1
D2	General Accounting	FIS	59.8	29.3	89.1	XXXXX	D2
D3	Interest Long Term	ILT	XXXXX	92.2	92.2	XXXXX	D3
D4	Hospital Administration	MGT	345.2	747.5	1,092.6	XXXXX	D4
D5	Medical Staff Administration	MSA	50.6	23.7	74.3	XXXXX	D5
D6	Other Insurance	OIN	XXXXX	8.6	8.6	XXXXX	D6
D7						XXXXX	D7
D8						XXXXX	D8
D9						XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
D13						XXXXX	D13
D14						XXXXX	D14
D15						XXXXX	D15
E	Capital Facilities Allowance	Records				XXXXX	E
F	Base Year Adjusted Expenses	B+C+D+E	4,052.6	1,508.5	5,561.1	1,090.4034	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	864.0	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(4,697.0)	XXXXX	H

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXXXX	I
J	MISCELLANEOUS	BUDGET				XXXXX	J
K	BUDGET YEAR EXPENSES	F+I+J					K

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

P	BASE YEAR HOURS WORKED / 2080	RECORDS	26.3				P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET					Q

**UNREGULATED SERVICES
TBA3**

UR 9

INSTITUTION NAME: Holy Cross Hospital BASE YEAR: 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR: 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	VISITS	49,377	

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	
BASE YEAR DATA						
B	BASE YEAR EXPENSES	RECORDS 590.6	516.7	1,107.3	XXXXX B	
C	ALLOCATION FROM CAFETERIA, PARKING, ETC	SCH OA 9.8	XXXXX	9.8	XXXXX C	
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXX	XXXXX	XXXXX D	
///	COST CENTER Col 5	/////	XXXXXXX	XXXXX	XXXXX ///	
		COL 6 CODE				
D1	Central Services & Supply	CSS	2.2	1.8	4.0	XXXXX D1
D2	Depreciation & Amortization	DEP	XXXXX	15.2	15.2	XXXXX D2
D3	General Accounting	FIS	5.7	3.6	9.3	XXXXX D3
D4	Housekeeping	HKP	10.8	8.6	19.4	XXXXX D4
D5	Interest Long Term	ILT	XXXXX	24.5	24.5	XXXXX D5
D6	Hospital Administration	MGT	34.8	29.9	64.7	XXXXX D6
D7	Other Insurance	OIN	XXXXX	2.3	2.3	XXXXX D7
D8	Plant Operations	POP	9.7	39.7	49.3	XXXXX D8
D9	Purchasing & Stores	PUR	5.0	4.7	9.6	XXXXX D9
D10						XXXXX D10
D11						XXXXX D11
D12						XXXXX D12
D13						XXXXX D13
D14						XXXXX D14
D15						XXXXX D15
E	Capital Facilities Allowance	Records				XXXXX E
F	Base Year Adjusted Expenses	B+C+D+E	668.4	647.0	1,315.4	0.0266 F
BASE YEAR PROFIT (LOSS)						
G	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	524.3	XXXXX G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(791.0)	XXXXX H
BUDGET YEAR DATA						
I	INFLATION	HSCRC				XXXXX I
J	MISCELLANEOUS	BUDGET				XXXXX J
K	BUDGET YEAR EXPENSES	F+I+J				XXXXX K
BUDGET YEAR PROFIT (LOSS)						
L	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX		XXXXX L
M	ADJUSTMENTS	BUDGET	XXXXXXXX	XXXXX		XXXXX M
N	BUDGET YEAR REVENUE	L + M	XXXXXXXX	XXXXX		XXXXX N
O	PROFIT (LOSS)	N - K	XXXXXXXX	XXXXX		XXXXX O
FTE DATA						
P	BASE YEAR HOURS WORKED / 2080	RECORDS	10.5			P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET				Q

**UNREGULATED SERVICES
TBA4**

UR 10

INSTITUTION NAME: Holy Cross Hospital BASE YEAR: 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR: 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	TREATMENTS	8,926	

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

RADIATION THERAPY

	SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
BASE YEAR DATA					
B	BASE YEAR EXPENSES	1,026.0	1,737.5	2,763.5	XXXXX
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	8.7	XXXXX	8.7	XXXXX
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXX	XXXXX	XXXXX
///	COST CENTER Col 5	/////	XXXXXX	XXXXX	XXXXX
		COL 6 CODE			///
D1	Depreciation & Amortization	DEF	XXXXX	185.9	185.9
D2	Interest Long Term	ILT	XXXXX	61.0	61.0
D3	Hospital Administration	MGT	86.8	74.7	161.5
D4	Other Insurance	OIN	XXXXX	5.7	5.7
D5					XXXXX
D6					XXXXX
D7					XXXXX
D8					XXXXX
D9					XXXXX
D10					XXXXX
D11					XXXXX
D12					XXXXX
D13					XXXXX
D14					XXXXX
D15					XXXXX
E	Capital Facilities Allowance	Records			XXXXX
F	Base Year Adjusted Expenses	B+C+D+E	1,121.5	2,064.8	3,186.3
					0.3570

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXXX	4,472.4	XXXXX
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXXX	1,286.0	XXXXX

BUDGET YEAR DATA

I	INFLATION	HSCRC				XXXXX
J	MISCELLANEOUS	BUDGET				XXXXX
K	BUDGET YEAR EXPENSES	F+I+J				

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

P	BASE YEAR HOURS WORKED / 2080	RECORDS	9.4			P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET				Q

**UNREGULATED SERVICES
TBA5**

UR 11

INSTITUTION NAME: Holy Cross Hospital BASE YEAR: 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR: 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A			

COL 1 COL 2 COL 3 COL 4

	SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUES	EXPENSE REVENUE PER UNIT	
BASE YEAR DATA						
B	BASE YEAR EXPENSES	RECORDS			XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC	SCH. OA	XXXXX		XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	////	XXXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL 6 CODE	////	XXXXXX	XXXXX	///
D1					XXXXX	D1
D2					XXXXX	D2
D3					XXXXX	D3
D4					XXXXX	D4
D5					XXXXX	D5
D6					XXXXX	D6
D7					XXXXX	D7
D8					XXXXX	D8
D9					XXXXX	D9
D10					XXXXX	D10
D11					XXXXX	D11
D12					XXXXX	D12
D13					XXXXX	D13
D14					XXXXX	D14
D15					XXXXX	D15
E	Capital Facilities Allowance	Records			XXXXX	E
F	Base Year Adjusted Expenses	B+C+D+E				F

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

BUDGET YEAR DATA						
I	INFLATION	HSCRC			XXXXX	I
J	MISCELLANEOUS	BUDGET			XXXXX	J
K	BUDGET YEAR EXPENSES	F+I+J				K

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

FTE DATA						
P	BASE YEAR HOURS WORKED / 2080	RECORDS				P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET				Q

**UNREGULATED SERVICES
TBA6**

UR 12

INSTITUTION NAME: Holy Cross Hospital
 INSTITUTION NUMBER: 0004

BASE YEAR 6/30/2018
 BUDGET YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A			

COL 1 COL 2 COL 3 COL 4

	SCOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT	
BASE YEAR DATA						
B	BASE YEAR EXPENSES				XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC	RECORDS			XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	SCH OA	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL 5 CODE	XXXXXXX	XXXXX	XXXXX	///
D1			XXXXXXX	XXXXX	XXXXX	D1
D2					XXXXX	D2
D3					XXXXX	D3
D4					XXXXX	D4
D5					XXXXX	D5
D6					XXXXX	D6
D7					XXXXX	D7
D8					XXXXX	D8
D9					XXXXX	D9
D10					XXXXX	D10
D11					XXXXX	D11
D12					XXXXX	D12
D13					XXXXX	D13
D14					XXXXX	D14
D15					XXXXX	D15
E	Capital Facilities Allowance	Records			XXXXX	E
F	Base Year Adjusted Expenses	B+C+D+E			XXXXX	F

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

BUDGET YEAR DATA						
I	INFLATION	HSCRC				I
J	MISCELLANEOUS	BUDGET			XXXXX	J
K	BUDGET YEAR EXPENSES	F+J			XXXXX	K

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

FTE DATA						
P	BASE YEAR HOURS WORKED / 2080	RECORDS				P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET				Q

UNREGULATED SERVICES
TBA7

UR 13

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A			

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

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

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

BUDGET YEAR DATA					
I	INFLATION	HSCRC			XXXX
J	MISCELLANEOUS	BUDGET			XXXX
K	BUDGET YEAR EXPENSES	F+J			

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

FTE DATA					
P	BASE YEAR HOURS WORKED / 2080	RECORDS			P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET			Q

UNREGULATED SERVICES
TBA8

UR 14

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0004 BUDGET YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A			

COL 1 COL 2 COL 3 COL 4

	SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT	
BASE YEAR DATA						
B	BASE YEAR EXPENSES					B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.				XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS				XXXXX	D
///	COST CENTER Col 5	////	XXXXXXX	XXXXX	XXXXX	///
D1		////	XXXXXXX	XXXXX	XXXXX	D1
D2					XXXXX	D2
D3					XXXXX	D3
D4					XXXXX	D4
D5					XXXXX	D5
D6					XXXXX	D6
D7					XXXXX	D7
D8					XXXXX	D8
D9					XXXXX	D9
D10					XXXXX	D10
D11					XXXXX	D11
D12					XXXXX	D12
D13					XXXXX	D13
D14					XXXXX	D14
D15					XXXXX	D15
E	Capital Facilities Allowance	Records			XXXXX	E
F	Base Year Adjusted Expenses	B+C+D+E			XXXXX	F

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

BUDGET YEAR DATA						
I	INFLATION					
J	MISCELLANEOUS	HSCRC				XXXXX
K	BUDGET YEAR EXPENSES	BUDGET				XXXXX
		F+J				

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

FTE DATA						
P	BASE YEAR HOURS WORKED / 2080					
Q	BUDGET YEAR HOURS WORKED / 2080	RECORDS				P
		BUDGET				Q

**UNREGULATED SERVICES
TBA9**

UR 15

INSTITUTION NAME: Holy Cross Hospital
 INSTITUTION NUMBER: 0004

BASE YEAR: 6/30/2018
 BUDGET YEAR: 6/30/2019

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A			

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

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

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

BUDGET YEAR DATA				
I	INFLATION	HSCRC		XXXXX I
J	MISCELLANEOUS	BUDGET		XXXXX J
K	BUDGET YEAR EXPENSES	F+I+J		XXXXX K

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

FTE DATA				
P	BASE YEAR HOURS WORKED / 2080	RECORDS		P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET		Q

UNREGULATED SERVICES SUMMARY

URS

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR: 6/30/2018

INSTITUTION NUMBER: 0004

Schedule	Entity Name and Address	Nature of Service
UR-1	Holy Cross Hospital Health Centers 7987 Georgia Avenue Silver Spring, MD 20910	FREE STANDING CLINIC SERVICES
UR-2	Holy Cross Private Home Services 9805 Dameron Drive Silver Spring, MD 20904	PRIVATE HOME SERVICES
UR-3	Holy Cross Hospital 1500 Forest Glen Road Silver Spring, MD 20910	OUTPATIENT RENAL DIALYSIS
UR-4		SKILLED NURSING CARE
UR-5	Holy Cross Hospital 1500 Forest Glen Road Silver Spring, MD 20910	LAB NON-PATIENT
UR-6	Holy Cross Hospital 1500 Forest Glen Road Silver Spring, MD 20910	PART B PHYSICIANS
UR-7		CERTIFIED NURSE ANESTHETISTS
UR-8	Holy Cross Hospital 1500 Forest Glen Road Silver Spring, MD 20910	PHYSICIAN SUPPORT SERVICES
UR-9	Holy Cross Medical Adult Day Care 9805 Dameron Drive Silver Spring, MD 20910	ADULT DAY CARE
UR-10	Holy Cross Radiation Treatment Center 2121 Medical Park Drive, Suite 4 Silver Spring, MD 20902	RADIATION THERAPY
UR-11		
UR-12		
UR-13		
UR-14		
UR-15		

ANNUAL COST SURVEY

INSTITUTION NAME Holy Cross Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER 0004

COL 1 COL 2

	CATEGORY	COSTS	PERCENT
A	Salaries & Wages	179,945.43	47.50%
B	Fringe Benefits	36,817.68	9.72%
C	Depreciation & Amortization	25,340.21	6.69%
C1	Operating Leases	3,898.30	1.03%
D	Interest Expense	8,688.61	2.29%
E	Medical & Surgical Supplies	41,872.88	11.05%
F	IV Solutions and Pharmacy	17,271.27	4.56%
G	Laundry, Linen, Uniforms	380.93	0.10%
H	Films & Solutions	11.74	0.00%
I	Blood, Plamanate, Albumen	2,526.46	0.67%
J	Contracted Services	21,829.22	5.76%
K	Professional Fees	12,494.97	3.30%
L	Agency Nurses	1,370.52	0.36%
M	Malpractice Insurance	3,963.79	1.05%
N	All Other Insurance	888.00	0.23%
O	Telephone	4.41	0.00%
P	Utilities & Water	7,133.79	1.88%
Q	Food	4,459.07	1.18%
R	Printing, Office Supplies, Copying	1,466.87	0.39%
S	Chemical, Solutions, Lubrication,	306.83	0.08%
T	Other (Detail over 20% of supply	8,170.40	2.16%
U	Total	378,841.38	100.00%

TRANSACTIONS WITH RELATED ENTITIES

TRE

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2018

INSTITUTION NUMBER: 0004

COL 1	COL 2	COL 3	COL 4	COL 5	COL 6
No.	RELATED ENTITY	VALUE OF ASSET OR SERVICE PROVIDED TO THE HOSPITAL	VALUE OF ASSET OR SERVICE PROVIDED BY THE HOSPITAL	CATEGORY CODE	DESCRIPTION OF TRANSACTION
1	Trinity Health	(244,909,842.69)			
2	Trinity Health	(1,953,170.59)		H	Relates to bonds issued by Trinity on behalf of F
3	Trinity Health	5,133,640.20		B	Trinity Health is group purchaser of benefits
4	Trinity Health	22,028,480.00		B	Contract labor
5	Trinity Health	5,679,991		B	Information services
6	Trinity Health	2,053,456.00		B	Management services
7	Trinity Health	1,268,125.65		B	Revenue management services
8	Trinity Health	4,719,335.76		B	Supply chain & accts payable services
9	Trinity Health	5,596,719.00		B	Repairs and maintenance
10	Trinity Health	9,393,004.30		F	Amortization fixed assets held by Trinity for bene
11	Trinity Health	5,174,901.00		H	Interest expense on bond issues by Trinity on be
12	Trinity Health	769,879.66		B	Liability and malpractice insurance
13	Trinity Health	(8,826,518.35)		B	Other purchased services
14	Trinity Health	793,678.01		H	Gains on investments in corporate pooled invest
15	Trinity Health		13,696,784.00	H	Losses in other non-operating items
16	Trinity Health	829,536.07		G	Equity transfers of funds to parent
17	Trinity Health			J	Other Revenue
18	Trinity Health		167,038,856.04	G	Investments in CHE Trinity corporate pooled inv
19	Trinity Health		31,900,569.71	G	Prepaid charges for shared information systems
20	Trinity Health	6,487,142.07		G	Accounts and other payables
21	Trinity Health	401,986.35		H	Deferred compensation liability
22	Trinity Health		1,050,136.18	H	Prepaid expenses and other current assets

SUPPLEMENTAL BIRTHS SCHEDULE

S B

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2018

INSTITUTION NUMBER: 0004

Admissions for EIPA Counts		
A	Neonates not charged an Admission Charge	1,041
B	Admissions from monthly reports ADM revenue center	25,564
C	Total	26,605
Cases for Charge Per Case (CPC) Calculations		
D	Neonates not charged an Admission Charge	1,041
E	Births from monthly reports Nursery (NUR) revenue center	8,329
F	Sub-Total	9,370
G	Admissions from monthly reports ADM revenue center	25,564
H	Total	34,934

Hospital Name: _____
 Hospital Number: _____

SCHEDULE RE F

Hc

FY2018 RECONCILIATION OF THE AU
 TO SCHEDULE RE

	Audited Financial Statements	Miscellaneous Adjustments	E									F				Auxiliary Enterprises, Other	
			E 1 Ambulance	E 2 Parking	E 3 Dr. Office	E 4 Other Office	E 5 Retail Ops.	E 6 Pt. Phones	E 7 Cafeteria	E 8 Day Care	E 9 Housing	F 1 Research	F 2 Nursing Ed.	F 3 Other Hlth. Ed.	F 4 Comm. Hlth. Ed.		
Revenue:																	
Gross Patient Revenue	556,205.1	-															
Deductions from Patient Revenue:																	
Charity Care/UCC	31,485.8																
Provisions for Bad Debts	13,420.9																
Contractual Adjustments	38,083.8	19,056.5															
UCC Fund Payments																	
Denials	11,719.9																
Other Deductions	454.8																
Total Deductions	95,165.2	19,056.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
UCC Fund Receipts	-	19,056.5															
Net Patient Revenue	461,039.8	-															
Other Operating Revenue	16,138.5	-															
Total Operating Revenue	477,178.4	-	-	1,796.2	-	473.0	767.3	-	3,065.0	-	-	126.6	-	9.2	1,001.4		
Operating Expenses:																	
Salaries, Wages & Benefits	240,954.0			49.7	-	22.2	497.8	-	2,316.7	-	-	423.8	-	9.5	1,981.3		
Professional Fees		12,495.0															
Supplies		69,395.0															
Purchased Services & Other	155,373.0	(85,788.9)	-	1,172.6	-	427.4	1,139.8	-	748.3	-	-	138.0	-	6.1	1,383.3		
Depreciation/Amortization	26,058.0		-	81.8	-	44.6	-	-	(0.0)	-	-						
Leases/Rentals		3,898.9	-	-	-	-	-	-	-	-	-						
Interest	9,540.0		-	29.9	-	7.9	12.8	-	(0.0)	-	-						
Provision for Bad Debts																	
Total Operating Expenses	431,925.0	-	-	1,334.0	-	501.9	1,650.4	-	3,065.0	-	-	561.8	-	15.6	3,364.6		
Income from Operations	45,253.4	-	-	462.1	-	(28.9)	(883.1)	-	(0.0)	-	-	(435.2)	-	(6.4)	(2,363.1)		
Non-Operating Revenues	8,033.0																
Non-Operating Expenses	-																
Non-Operating Gains, Net	8,033.0	-															
Revenue & Gains in Excess of Expenses & Losses	53,286.4	-	-	462.1	-	(28.9)	(883.1)	-	(0.0)	-	-	(435.2)	-	(6.4)	(2,363.1)		

Hospital Name:
Hospital Number:

2
Holy Cross Hospital
0004

ADITED FINANCIALS

	Audited Financial Statements	Miscellaneous Adjustments	Institutional Programs and Unregulated														
			UR 1	UR 2	UR 3	UR 4	UR 5	UR 6	UR 7	UR 8	UR 9	UR 10	UR 11	UR 12	UR 13	UR 14	
			FSC	Home Health	O/P Renal	SNF	Non-Pt. Lab	Phys. Pt. B	CRNA	Physician Support Services	Adult Day Care	Radiation Therapy					
Revenue:																	
Gross Patient Revenue	556,205.1	-	6,716.4	687.0	17,165.8		4,636.1	7,719.7		3,448.9	476.6						
Deductions from Patient Revenue:																	
Charity Care/UCC	31,485.8		4,061.8		937.6		678.3			183.8							
Provisions for Bad Debts	13,420.9		17.3		906.9		363.0			96.1							
Contractual Adjustments	38,083.8	19,056.5	257.2		9,658.3			4,031.3		2,078.7	0.8						
UCC Fund Payments																	
Denials	11,719.9		24.2														
Other Deductions	454.8		2.9		29.4			50.5		37.0	0.8						
Total Deductions	95,165.2	19,056.5	4,383.4		11,532.3		1,041.4	4,195.0		2,584.8	1.6						
UCC Fund Receipts	-	19,056.5	-		-												
Net Patient Revenue	461,039.8	-	2,333.0	687.0	5,633.5		3,594.7	3,524.7		864.0	475.0						
Other Operating Revenue	16,138.5	-	1,997.9	10.3				265.8									
Total Operating Revenue	477,178.4	-	4,330.8	697.2	5,633.5		3,594.7	3,790.5		864.0	524.3	4,472.4					
Operating Expenses:																	
Salaries, Wages & Benefits	240,954.0		5,435.6	610.4	3,073.0		928.5	2,999.9		4,052.6	668.4	1,121.5					
Professional Fees		12,495.0															
Supplies		69,395.0															
Purchased Services & Other	155,373.0	(85,788.9)	5,178.1	208.1	2,262.49		1,173.7	9,649.8		1,412.2	607.3	1,817.9					
Depreciation/Amortization	26,058.0		211.8	2.4	147.3			24.5		4.1	15.2	185.9					
Leases/Rentals		3,898.9	-	-	-		-	-		-	-	-					
Interest	9,540.0		213.1	15.7	97.5		37.2	258.1		92.2	24.5	61.0					
Provision for Bad Debts																	
Total Operating Expenses	431,925.0	-	11,038.7	836.5	5,580.4		2,139.5	12,932.4		5,561.1	1,315.4	3,186.3					
Income from Operations	45,253.4	-	(6,707.9)	(139.3)	53.1		1,455.2	(9,141.9)		(4,697.0)	(791.0)	1,286.0					
Non-Operating Revenues	8,033.0																
Non-Operating Expenses	-																
Non-Operating Gains, Net	8,033.0																
Revenue & Gains in Excess of Expenses & Losses	53,286.4	-	(6,707.9)	(139.3)	53.1		1,455.2	(9,141.9)		(4,697.0)	(791.0)	1,286.0					

Hospital Name: _____
 Hospital Number: _____

515,354.74

	Audited Financial Statements	Miscellaneous Adjustments	UR 15	Total	Total	Total	RE Line
			-	Unregulated	Regulated		
Revenue:							
Gross Patient Revenue	556,205.1	-	-	40,850.4	515,354.7	556,205.1	E
Deductions from Patient Revenue:							
Charity Care/UCC	31,485.8			5,881.6	25,604.2	31,485.8	G
Provisions for Bad Debts	13,420.9			1,385.3	12,035.6	13,420.9	F
Contractual Adjustments	38,083.8	19,056.5		16,026.2	41,114.1	57,140.3	H
UCC Fund Payments				-	-	-	H1
Denials	11,719.9			112.5	11,607.4	11,719.9	H2
Other Deductions	454.8			332.8	122.0	454.8	I
Total Deductions	95,165.2	19,056.5	-	23,738.5	90,483.3	114,221.7	J
UCC Fund Receipts	-	19,056.5		-	19,056.5	19,056.5	J1
Net Patient Revenue	461,039.8	-	-	17,111.9	443,927.9	461,039.8	K
Other Operating Revenue	16,138.5	-		14,034.4	2,104.1	16,138.5	L
Total Operating Revenue	477,178.4	-	-	31,146.3	446,032.1	477,178.4	M
Operating Expenses:							
Salaries, Wages & Benefits	240,954.0		-	24,190.9	216,763.1	240,954.0	N
Professional Fees		12,495.0		-	12,495.0	12,495.0	O
Supplies		69,395.0		-	69,395.0	69,395.0	P
Purchased Services & Other	155,373.0	(85,788.9)	-	27,325.1	42,259.1	69,584.1	R
Depreciation/Amortization	26,058.0		-	717.6	25,340.4	26,058.0	Q
Leases/Rentals		3,898.9	-	-	3,898.9	3,898.9	Q
Interest	9,540.0		-	850.1	8,689.9	9,540.0	R
Provision for Bad Debts				-	-	-	
Total Operating Expenses	431,925.0	-	-	53,083.6	378,841.4	431,925.0	S
Income from Operations	45,253.4	-	-	(21,937.3)	67,190.7	45,253.4	T
Non-Operating Revenues	8,033.0			8,033.0	-	8,033.0	U
Non-Operating Expenses	-			-	-	-	V
Non-Operating Gains, Net	8,033.0	-	-	8,033.0	-	8,033.0	
Revenue & Gains in Excess of Expenses & Losses	53,286.4	-	-	(13,904.3)	67,190.7	53,286.4	

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

Hospital Name: Holy Cross Hospital
Hospital Number: 0004

Other Operating Revenue:	2018	HSCRC Schedule
Release of gifts funds	135.5	G / GR
Grants/Federal Financial Awards	493.7	G / GR
Investments	1,848.7	G / GR
Other	(373.7)	G / GR
Total - RE Col 1, Line L	2,104.1	

Non-Operating and Net Unregulated Revenue:		
Ambulance Services	-	E 1
Parking	1,796.2	E 2
Doctor's Private Office Rent	-	E 3
Office & Other Rental	473.0	E 4
Retail Operations	767.3	E 5
Patients Telephones	-	E 6
Cafeteria	3,065.0	E 7
Day Care	-	E 8
Housing	-	E 9
Research	126.6	F 1
Nursing Education	-	F 2
Other Health Profession Education	9.2	F 3
Community Health Education	1,001.4	F 4
Freestanding Clinic Services	4,330.8	UR 1
Private Home Services	697.2	UR 2
Outpatient Renal Dialysis	5,633.5	UR 3
Skilled Nursing Care	-	UR 4
Laboratory Non-Patient	3,594.7	UR 5
Physicians Part B Services	3,790.5	UR 6
Certified Nurse Anesthetists	-	UR 7
Physician Support Services	864.0	UR 8
Adult Day Care	524.3	UR 9
Radiation Therapy	4,472.4	UR 10
Investment Income	8,033.0	G / GR
Other	-	G / GR
Total - RE Col 2, Line M + Line U	39,179.3	

Non-Operating and Net Unregulated Expenses:		
Ambulance Services	-	E 1
Parking	1,334	E 2
Doctor's Private Office Rent	-	E 3
Office & Other Rental	501.9	E 4
Retail Operations	1,650.4	E 5
Patients Telephones	-	E 6
Cafeteria	3,065	E 7
Day Care	-	E 8
Housing	-	E 9
Research	561.8	F 1
Nursing Education	-	F 2
Other Health Profession Education	15.6	F 3
Community Health Education	3,364.6	F 4
Freestanding Clinic Services	11,038.7	UR 1
Private Home Services	836.5	UR 2
Outpatient Renal Dialysis	5,580.4	UR 3
Skilled Nursing Care	-	UR 4
Laboratory Non-Patient	2,139.5	UR 5
Physicians Part B Services	12,932.4	UR 6
Certified Nurse Anesthetists	-	UR 7
Physician Support Services	5,561.1	UR 8
Adult Day Care	1,315.4	UR 9
Radiation Therapy	3,186.3	UR 10
Total - RE Col 2, Line S + Line V	53,083.6	

FY2018 SUPPLEMENTAL SCHEDULE - II

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

Hospital Name: Holy Cross Hospital
 Hospital Number: 0004

Income Statement

RE Line T	Excess (Deficit) Operating Rev. over Operating Expenses	XXXXX	\$45,253.36
RE Line U Detailed Non-Operating: - Income/(Expense)			
U1	Contributions (Unrestricted)		XXXXX
U2	Interest & Investment Income	1,756.6	XXXXX
U3	Investment - Gains/(Losses) - Realized	4,325.6	XXXXX
U4	Investment - Gains/(Losses) - Unrealized	2,744.3	XXXXX
U5	Swap Agreements - Gains/(Losses) - Realized	(793.7)	XXXXX
V	Other (Specify)	\$0.00	XXXXX
V	Loss on extinguishment of debt		XXXXX
V	Other non-operating income		XXXXX
RE Line W	Excess Profit/(Loss)	XXXXX	53,286.2

(0.2) Check

Supplemental Schedule - FS and RE Schedules

Other Significant Financial Information

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

SUPPLEMENTAL SCHEDULE - III
Reconciliation of Depreciation and Lease / Rentals

Hospital Name: Holy Cross Hospital
 Hospital Number: 0004

Fiscal Year 2018

	Depreciation	Leases / Rentals	Total	
UA Schedule - Line A	\$26,057.80	\$3,898.30	\$29,956.10	
Allocation of E & UR Schedules:				
E 1	\$0.00	\$0.00	\$0.00	
E 2	\$81.78	\$0.00	\$81.78	
E 3	\$0.00	\$0.00	\$0.00	
E 4	\$44.55	\$0.00	\$44.55	
E 5	\$0.00	\$0.00	\$0.00	
E 6	\$0.00	\$0.00	\$0.00	
E 7	\$0.00	\$0.00	\$0.00	
E 8	\$0.00	\$0.00	\$0.00	
E 9	\$0.00	\$0.00	\$0.00	
UR 1	\$211.83	\$0.00	\$211.83	
UR 2	\$2.37	\$0.00	\$2.37	
UR 3	\$147.35	\$0.00	\$147.35	
UR 4	\$0.00	\$0.00	\$0.00	
UR 5	\$0.00	\$0.00	\$0.00	
UR 6	\$24.50	\$0.00	\$24.50	
UR 7	\$0.00	\$0.00	\$0.00	
UR 8	\$4.08	\$0.00	\$4.08	
UR 9	\$15.23	\$0.00	\$15.23	
UR 10	\$185.91	\$0.00	\$185.91	
UR 11	\$0.00	\$0.00	\$0.00	
UR 12	\$0.00	\$0.00	\$0.00	
UR 13	\$0.00	\$0.00	\$0.00	
UR 14	\$0.00	\$0.00	\$0.00	
UR 15	\$0.00	\$0.00	\$0.00	
RE Schedule - Line Q	\$25,340.21	\$3,898.30	\$29,238.51	\$29,239.28

SUPPLEMENTAL SCHEDULE - IV

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

Hospital Name: Holy Cross Hospital
Hospital Number: 0004
Fiscal Year 2018

Audited Financial Statements:	
Bad Debts	\$13,420.9
Charity Care	\$31,485.8
	<hr/>
Uncompensated Care per Statement	\$44,906.7

Trial Balance:	
Bad Debt Write-offs	\$15,970.7
Charity Write-offs	\$31,485.8
Change in Balance Sheet Reserve	
Bad Debt Recoveries	-\$2,550
Other	\$0.00
	<hr/>
Uncompensated Care per Trial Balance	\$44,906.7

Annual Report of Revenues, Expenses, and Volumes:	
Uncompensated Care - Schedule PDA	\$37,639.8
Unregulated Charity & Bad Debts	\$7,266.9
Other	
	<hr/>
Uncompensated Care Per Report	\$44,906.7

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

Hospital Name:
 Hospital Number:
 Fiscal Year 2018

Holy Cross Hospital
 0004

Payor	Inpatient	Outpatient	Total
AMERICAID/AMERIGROUP	14,938.1	6,572.3	21,510.4
PRIORITY PARTNERS	12,219.2	3,906.9	16,126.2
UHC MEDICAID	8,412.7	2,651.6	11,064.3
MARYLAND PHYSICIANS	6,143.6	2,157.7	8,301.3
KAISER	16,050.0	2,467.9	18,517.9
CIGNA	1,440.6	321.8	1,762.3
AETNA MEDICARE	617.9	284.2	902.1
UHC	2,137.5	577.6	2,715.1
MEDSTAR MD HEALTH CHOICE	1,665.0	692.4	2,357.5
MEDICARE HMO OTHER	1,751.5	502.4	2,253.9
ERICKSON	632.3	169.3	801.6
DC CHARTERED	386.3	342.2	728.6
TRUSTED HEALTH PLAN	128.1	69.0	197.1
MEDSTAR DC HEALTHY FAMILY	102.6	52.4	154.9
EVERCARE	0.0	1.3	1.3
OTHER	2,086.7	1,058.6	3,145.4
Total	68,712.2	21,827.6	90,539.8

FY 2018 SUPPLEMENTAL SCHEDULE - VI

Clinic Detail

Visits, RVUs and Revenues by Clinic

Hospital Name: Holy Cross Hospital
 Hospital Number: 0004

Visits	RVUs	Revenue
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BLOOD BANK	109	2,440	\$102,459
ENTEROSTOMAL THERAP	29	174	\$7,335
HC OB/GYN CLINIC	3	21	\$897
Pain Mngt Cntr	10,267	47,512	\$2,000,990
Outpatient Infusion Cntr	3,078	49,161	\$2,089,252
DIABETES EDUCATION	6,507	28,925	\$1,218,675
Total	19,993	128,233	\$5,419,608

**SUPPLEMENTAL SCHEDULE VII
Outpatient Services Survey
Holy Cross Hospital**

For The Fiscal Year Ended June 30, 2018

Name of Outpatient Service & Rate Center if Applicable	Description of Services Provided	Physical Location/Address	Regulated/Unregulated
ANS	Anesthesiology		
CAT	CAT Scan	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
CDS	Pharmacy	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
CL	IV Therapy	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
CL	OB/GYN Clinic	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
CL	Infusion Center	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
CL	Enterostomal Therapy	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
CL	Pain Mngt Center	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
DEL	Diabetes Education	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
EEG	Labor & Delivery	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
EEG	Sleep Lab	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
EKG	EEG	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
EMG	EKG	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
IRC	Emergency Center	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
LAB	Cardiac Cath & Angiography	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
MRI	Lab Test for Hospital Patients	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
MSS	MRI	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
NUC	Supplies	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
OR	Nuclear Medicine	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
OTH	Surgery & Endoscopy	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
PTH	Occupational Therapy	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
PUL	Physical Therapy	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
RAD	Pulmonary Function	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
RES	Diagnostic Radiology, Ultrasound, Mammography	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
STH	Respiratory Therapy	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
Adult Day Care	Speech Therapy	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
Holy Cross Health Center in Aspen Hill	Medical Adult Day Care	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Regulated
Holy Cross Health Center in Gaithersburg	Health Center for Uninsured	9805 Dameron Dr, Silver Spring, Md 20902	Unregulated
Holy Cross Health Center in Germantown	Health Center for Uninsured	13975 Connecticut Ave, Silver Spring, Md.	Unregulated
Holy Cross Health Center in Silver Spring	Health Center for Uninsured	702 Russell Ave., Gaithersburg, Md. 20877	Unregulated
Holy Cross Health Partners in Kensington	Health Center for Uninsured	12800 Middlebrook Road, Suite 206, Germantown, MD 20874	Unregulated
Holy Cross Health Partners at Asbury Methodist Village	General Physician Practice	7987 Georgia Ave, Silver Spring, Md. 20910	Unregulated
Surgical Physician Practice	General Physician Practice	3720 Farragut Ave, Kensington, Md. 20895	Unregulated
Holy Cross Radiation Treatment Center	Dr Tannenbaum	201 Russell Ave, Gaithersburg, Md 20877	Unregulated
Holy Cross Hospital Dialysis	Radiation Therapy Center	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Unregulated
Holy Cross Dialysis Center at Woodmore	O/P Dialysis	2121 Medical Park Dr, Suite 4, Silver Spring, Md 20902	Unregulated
O/P Pharmacy	O/P Dialysis	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Unregulated
Private Home Services	Retail Pharmacy for Patients & Employees	11721 Woodmore Rd Suite 190 Mitchellville, Md. 20721	Unregulated
Reference Lab	Certified Nursing Assts provide services in the home	Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Unregulated
	Lab Tests for Non Patients	9805 Dameron Dr, Silver Spring, Md 20902	Unregulated
		Holy Cross Hospital, 1500 Forest Glen Road, Silver Spring, Md. 20910	Unregulated

OUTPATIENT SERVICES NOT OWNED BY THE HOSPITAL LOCATED IN REGULATED SPACE

SUPPLEMENTAL SCHEDULE - X
Gross Patient Revenue Reconciliation
Schedule

Hospital Name: Holy Cross Hospital
 Hospital Number: 0004

Base Year: 6/30/2018

Section I
TOTAL GROSS PATIENT REVENUE

Line #		Col 1 Inpatient	Col 2 Outpatient	Col 3 Total
1	Total In-State Revenue	334,642,462	134,571,018	469,213,480
2	Total Out-State Revenue	31,375,464	14,765,798	46,141,262
3	Total Gross Patient Revenue	366,017,926	149,336,816	515,354,742

Section II
TOTAL MEDICARE/NON-FFS REVENUE

	Col 1 In-State I/P Revenue	Col 2 Out-State I/P Revenue	Col 3 In-State O/P Revenue	Col 4 Out-State O/P Revenue	Col 5 Total Revenue
4 Medicare FFS Revenue	110,663,639	13,645,135	32,557,697	4,675,376	161,541,847
5 Non-FFS Revenue	6,298,456	485,180	1,723,580	203,762	8,710,978
6 Total Revenue	116,962,095	14,130,315	34,281,277	4,879,138	170,252,825