

HEALTH SERVICES COST REVIEW
SAINT AGNES HOSPITAL

FY 2018 Annual Filing

SUBMISSION

INPATIENTS AND PATIENT DAYS

SCHEDULE V1

INSTITUTION NAME: Saint Agnes Hospital

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 0011

REPORTING SCHEDULE	SOURCE	CENTER	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6
			ADMISSIONS RECORDS	PATIENT DAYS RECORDS	INTRA-HOSPITAL TRANSFERS IN RECORDS	LENGTH OF STAY	AVERAGE LICENSED BEDS RECORDS	% OCCUPANCY
						COL. 2/(COL. 1 + COL. 3)		COL. 2/COL. 5*365 (6)
D1	MSG	Med/Surg Acute	12,317	53,966	2,194	3.7	0	0.000
D2	PED	Pediatric Acute	0	0	0	0.0	0	0.000
D3	PSY	Psychiatric Acute	0	0	0	0.0	0	0.000
D4	OBS	Obstetrics Acute	1,912	5,308	341	2.4	0	0.000
D5	DEF	Definitive Observation	0	0	0	0.0	0	0.000
D6	MIS	Med/Surg Intensive Care	585	4,832	104	7.0	0	0.000
D7	CCU	Coronary Care	43	18	8	0.4	0	0.000
D8	PIC	Pediatric Intensive Care	0	0	0	0.0	0	0.000
D9	NEO	Neo-Natal Intensive Care	245	4,075	44	14.1	0	0.000
D10	BUR	Burn Care	0	0	0	0.0	0	0.000
D11	PSI	Psychiatric Intensive Care	0	0	0	0.0	0	0.000
D12	TRM	Shock Trauma	0	0	0	0.0	0	0.000
D13	ONC	Oncology	0	0	0	0.0	0	0.000
D14	NUR	Newborn Nursery	1,875	4,796	334	2.2	XXXXXXXXXX	XXXXXXXXXX
D15	PRE	Premature Nursery	0	0	0	0.0	XXXXXXXXXX	XXXXXXXXXX
D16	ECF	Skilled Nursing Care	0	0	0	0.0	0	0.000
D17	ICC	Intermediate Chronic Care	0	0	0	0.0	0	0.000
D54	RHB	Rehabilitation	0	0	0	0.0	0	0.000
D70	PAD	Psych, Adult	0	0	0	0.0	0	0.000
D71	PCD	Psych, Child / Adolescent	0	0	0	0.0	0	0.000
D73	PSG	Psych Geriatric	0	0	0	0.0	0	0.000
XXX		Subtotal	15,102	68,199	2,691	3.8	0	0.000
XXXXXX		Total	16,977	72,995	3,025	3.6	0	0.000

ANCILLARY SERVICE UNITS

SCHEDULE V3

INSTITUTION NAME: Saint Agnes Hospital

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 0011

REPORTING SCHEDULE			UNIT OF MEASURE	COL. 1 INPATIENT VOLUME	COL. 2 OUTPATIENT VOLUME	COL. 3 TOTAL VOLUME
SOURCE		CENTER		RECORDS	RECORDS	COL. 1 + COL. 2
D23	DEL	Labor & Delivery Services	RVUs	80,330	23,650	103,980
D24	OR	Operating Room	Minutes	490,133	484,896	975,029
D24-A	ORC	Operating Room Clinic	Minutes	9,808	47,579	57,387
D25	ANS	Anesthesiology	Minutes	1,043,535	435,049	1,478,584
D28	LAB	Laboratory Services	MD. RVUs	10,755,427	7,265,464	18,020,891
D30	EKG	Electrocardiography	MD RVUs	438,971	400,589	839,560
D31	IRC	Interventional Radiology / Cardiovascular	Minutes	52,391	77,076	129,467
D32	RAD	Radiology-Diagnostic	HSCRC RVUs	255,673	534,683	790,356
D33	CAT	CT Scanner	RVUs	445,555	742,466	1,188,021
D34	RAT	Radiology-Therapeutic	HSCRC RVUs	39,140	922,695	961,835
D35	NUC	Nuclear Medicine	HSCRC RVUs	98,940	158,558	257,498
D36	RES	Respiratory Therapy	MD RVUs	5,101,424	603,384	5,704,808
D37	PUL	Pulmonary Function Testing	CHA RVUs	863	30,688	31,551
D38	EEG	Electroencephalography	1974 Calif. RVUs	115,959	196,687	312,646
D39	PTH	Physical Therapy	MD RVUs	153,437	178,804	332,241
D40	OTH	Occupational Therapy	RVUs	113,625	28,144	141,769
D41	STH	Speech Language Pathology	RVUs	22,944	17,830	40,774
D42	REC	Recreational Therapy	Hours	0	0	0
D43	AUD	Audiology	MD RVUs	12,558	7,638	20,196
D44	OPM	Other Physical Medicine	Treatments	0	0	0
D45	RDL	Renal Dialysis	Treatments	4,168	0	4,168
D46	OA	Organ Acquisition	Number	0	0	0
D47	AOR	Ambulatory Surgery	Surgery Minutes	0	0	0
D48	LEU	Leukopheresis	JHH RVUs	0	0	0
D49	HYP	Hyperbaric Chamber	Hrs of Treatment	18	302	320
D51	MRI	Magnetic Resonance Imaging	RVUs	231,637	173,621	405,258
D53	LIT	Lithotripsy	Procedures	0	4	4
D56	AMR	Ambulance Services-Rebundled	HSCRC RVUs	0	0	0
D57	TMT	Transurethral Microwave Thermotherapy	Procedures	0	0	0
D59	TNA	Transurethral Needle Ablation	Procedures	0	0	0
D80	ETH	Electroconv. Therapy	Treatments	0	0	0

**EQUIVALENT INPATIENT DAYS
AND ADMISSIONS**

V 5

INSTITUTION NAME: Saint Agnes Hospital

BASE YEAR
6/30/2018

INSTITUTION NUMBER: 0011

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

INPATIENT DATA - BASE YEAR

COL. 1

A	GROSS INPATIENT REVENUE	RECORDS, BUDGET	252,414.50	A
B	INPATIENT GRANT REVENUE	RECORDS, BUDGET	0.00	B
C	TOTAL INPATIENT REVENUE	A + B	252,414.50	C
D	TOTAL INPATIENT DAYS (IPDs) EXCL NURSERY	SCH V 1 D	68,199	D
E	INPATIENT UNIT REVENUE	C / D	3.70	E
F	GROSS OUTPATIENT REVENUE	RECORDS, BUDGET	186,281.40	F
G	OUTPATIENT GRANT REVENUE	RECORDS, BUDGET	0.00	G
H	TOTAL OUTPATIENT REVENUE	F + G	186,281.40	H
I	TOTAL OUTPATIENT VISITS	SCH V 2 B	133,360	I
J	OUTPATIENT UNIT REVENUE	H / I	1,39683	J
K	IP/OP UNIT REVENUE RATIO	E / J	2.64968	K
L	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / K	50,330.61	L
M	EQUIVALENT INPATIENT DAYS (EIPDs)	D + L	118,529.61	M

EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	SOURCE	BASE YEAR
---	--------	-----------

N	TOTAL INPATIENT ADMISSIONS (EXCL NURSERY)	SCH V 1 D	15,102	N
O	INPATIENT UNIT REVENUE	C / N	16.71	O
P	OUTPATIENT UNIT REVENUE	H / I	1,39683	P
Q	IP/OP UNIT REVENUE RATIO	O / P	11,96565	Q
R	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / Q	11,145.24	R
S	EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	N + R	26,247.24	U

UNASSIGNED EXPENSE

U A

INSTITUTION NAME Saint Agnes Hospital

BASE YEAR 6/30/2018

INSTITUTION NUMBER 0011

	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	\$8,126.00	\$597.90	\$2,800.00	\$11,523.90	\$20,176.80	\$7,516.50	\$147.30	\$2,704.80	\$0.00	\$42,069.30	A
B	ALLOCATIONS TO AUX. ENT. & UNREG. SERVICES	RECORDS	\$0.00	\$0.00	\$0.00	\$0.00	(\$2,129.74)	(\$4,909.60)	\$0.00	\$0.00	\$0.00	(\$7,039.34)	B
C	BASE YEAR EXP. - ADJ.	A + B	\$8,126.00	\$597.90	\$2,800.00	\$11,523.90	\$18,047.06	\$2,606.90	\$147.30	\$2,704.80	\$0.00	\$35,029.96	C

HOSPITAL BASED PHYSICIANS

INSTITUTION NAME: Saint Agnes Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0011

		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		
A34	RADIOLOGY-THERAPEUTIC	RAT	0.0	0.0	0.0	76.6	0.0	0.0	76.6	A34
A35	NUCLEAR MEDICINE	NUC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A35
A36	RESPIRATORY THERAPY	RES	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A36
A37	PULMONARY FUNCTION TESTING	PUL	0.0	0.0	0.0	78.3	0.0	21.8	100.1	A37
A38	ELECTROENCEPHALOGRAPHY	EEG	0.0	0.0	0.0	17.7	0.0	91.8	109.5	A38
A39	PHYSICAL THERAPY	PTH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A39
A40	OCCUPATIONAL THERAPY	OTH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A40
A41	SPEECH LANGUAGE PATH.	STH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A41
A42	OBSERVATION	OBV	0.0	0.0	0.0	140.7	0.0	90.0	230.7	A42
A43	AUDIOLOGY	AUD	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A43
A44	OTHER PHYSICAL MEDICINE	OPM	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A44
A45	RENAL DIALYSIS	RDL	0.0	0.0	0.0	0.5	0.0	19.3	19.8	A45
A46	ORGAN ACQUISITION	OA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A46
A47	AMBULATORY SURGERY	AOR	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A47
A48	LEUKOPHERESIS	LEU	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A48
A49	HYPERBARIC CHAMBER	HYP	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A49
A50	FREE STANDING EMG SERV.	FSE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A50
A51	MEDICAL STAFF ADMINISTRATOR	MSA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A51
A52	POST GRADUATE MEDICAL EDUCATION	PME							0.0	A52
A53	MRI SCANNER MRI	MRI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A53
A54	TRANSURETHAL MICROWAVE THERMOTHERAPY	TMT							0.0	A54

B	TOTALS	////	0.0	0.0	0.0	5,487.1	0.0	2,815.4	8,302.5	B
----------	---------------	------	-----	-----	-----	---------	-----	---------	---------	----------

Reporting Schedule

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

**RESIDENT, INTERN SERVICES
ELIGIBLE**

P 4 I

INSTITUTION NAME: Saint Agnes Hospital

BASE YEAR 6/30/2018

INSTITUTION NUMBER: 0011

		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			
BASE YEAR DATA		ITH	GTH	PST	PSE	OPT	ATH				
A	BASE YEAR WAGES & SALARIES	RECORDS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,152.07	A	5,152.1
B	BASE YEAR PHYSICIAN SUPERVISION	SCH P1A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,815.40	B	2,815.4
C	BASE YEAR OTHER EXPENSES	RECORDS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	C	
D	TOTAL BASE YEAR EXPENSES	A+B+C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,967.47	D	0.0
E	ALLOC. FROM CAFE, PARKING, ETC.	SCH. OA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$46.49	E	0.0
F	BASE YEAR EXPENSES ADJUSTED	D+E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,013.96	F	0.0
INFLATION FACTORS											
G	INFLATION FACTOR-WAGES & SALARIES	HSCRC							0.00	G	
H	INFLATION FACTOR - OTHER	HSCRC							0.00	H	
FTE DATA											
N	BASE YR HOURS WORKED/2080 (A)	RECORDS	0.00	0.00	0.00	0.00	0.00	0.00	78.20	N	78.2
O	BASE YR HOURS WORKED/2080 (B)	RECORDS	0.00	0.00	0.00	0.00	0.00	0.00	9.57	O	

GENERAL SERVICE CENTERS

SCHEDULE C

INSTITUTION NAME: Saint Agnes Hospital

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 0011

FORM SOURCE	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	
			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	209,327.0	\$0.0	\$1,695.5	\$1,695.5	\$0.0	\$0.00	\$1,695.50	\$8.10	0.0
C2	LL	Laundry & Linen	Pounds	2,489,032.0	\$607.9	\$1,598.8	\$2,206.7	\$0.0	\$9.43	\$2,216.13	\$0.89	16.2
C3	SSS	Social Services	Admissions	15,102.0	\$753.5	\$185.1	\$938.6	\$0.0	\$5.68	\$944.28	\$62.53	9.7
C4	PUR	Purchasing & Stores	EIPD	118,529.6	\$206.1	\$2,052.1	\$2,258.2	\$0.0	\$2,437.72	\$4,695.92	\$39.62	3.556
C5	POP	Plant Operations	Sq. Feet	827,691.0	\$1,821.5	\$9,700.4	\$11,521.9	\$0.0	\$19.41	\$11,541.31	\$13.94	33.3
C6	HKP	Housekeeping	Sq. Feet	745,166.0	\$0.0	\$5,717.9	\$5,717.9	\$0.0	\$0.00	\$5,717.90	\$7.67	0.0
C7	CSS	Central Services & Supply	EIPA	26,247.2	\$2,351.2	\$190.8	\$2,542.0	\$0.0	\$24.53	\$2,566.53	\$97.78	42.1
C8	PHM	Pharmacy	EIPA	26,247.2	\$4,797.1	\$103.5	\$4,900.6	\$0.0	\$24.70	\$4,925.30	\$187.65	42.4
C9	FIS	General Accounting	EIPD	118,529.6	\$793.6	\$662.5	\$1,456.1	\$0.0	\$1,007.06	\$2,463.16	\$20.78	5.4
C10	PAC	Patient Accounts	# Pt. Days & OP Visits	201,559.0	\$4,484.9	\$1,566.1	\$6,051.0	\$0.0	\$10,875.15	\$16,926.15	\$83.98	79.5
C11	MGT	Hospital Administration	EIPD	118,529.6	\$10,610.7	\$26,567.6	\$37,178.3	\$0.0	\$33.36	\$37,211.66	\$313.94	57.2
C12	MRD	Medical Records	Discharge & 1/8 OP Visits	31,772.0	\$3,203.4	\$547.1	\$3,750.5	\$0.0	\$1,144.97	\$4,895.47	\$154.08	44.4
C13	MSA	Medical Staff Administration	EIPD	118,529.6	\$1,241.9	\$163.6	\$1,405.5	\$0.0	\$5.24	\$1,410.74	\$11.90	9.0
C14	NAD	Nursing Administration	Hours of Personnel	1,503,808.0	\$5,675.0	\$1,219.0	\$6,894.0	\$0.0	\$21.01	\$6,915.01	\$4.60	36.0
C15	OAO	Organ Acquisition Overhead	Number	-	\$0.00	\$0.00	\$0.00	\$0.0	\$0.00	\$0.00	\$0.00	0.0

PATIENT CARE CENTERS

SCHEDULE D

INSTITUTION NAME: Saint Agnes Hospital

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 0011

FORM			COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10
		CENTER	UNITS	WAGES, SALARY & BENEFITS	PHYSICIAN SUPERVISION EXPENSES	OTHER EXPENSES	TOTAL EXPENSES	ALLOCATED EXPENSES	ADJUSTED TOTAL EXPENSES	EXPENSE PER UNIT	FTEs	PHYSICIAN SUPERVISION FTEs
SOURCE			RECORDS	RECORDS	RECORDS	RECORDS	Col 2 + Col 3 + Col 4	Sch OADP	Col 5 + Col 6	Col 7/Col 1	RECORDS	RECORDS
D1	MSG	Med/Surg Acute	53966	\$25,264.8	\$701.97	\$1,279.0	\$27,245.8	\$151.82	\$27,397.59	\$507.68	260.37	1.81
D2	PED	Pediatric Acute	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D3	PSY	Psychiatric Acute	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D4	OBS	Obstetrics Acute	5308	\$2,036.6	\$159.50	\$90.6	\$2,286.7	\$11.81	\$2,298.51	\$433.03	20.25	0.48
D5	DEF	Definitive Observation	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D6	MIS	Med/Surg Intensive Care	4832	\$5,766.8	\$266.10	\$336.5	\$6,369.4	\$27.54	\$6,396.94	\$1,323.87	47.23	0.66
D7	CCU	Coronary Care	18	\$14.6	\$0.00	\$0.0	\$14.6	\$0.00	\$14.60	\$811.10	(0.00)	0.00
D8	PIC	Pediatric Intensive Care	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D9	NEO	Neo-Natal Intensive Care	4075	\$2,801.0	\$172.90	\$235.2	\$3,209.1	\$13.88	\$3,222.98	\$790.92	23.80	0.56
D10	BUR	Burn Care	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D11	PSI	Psychiatric Intensive Care	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D12	TRM	Shock/Trauma	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D13	ONC	Oncology	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D14	NUR	Newborn Nursery	4796	\$1,248.3	\$0.00	\$7.4	\$1,255.7	\$6.66	\$1,262.36	\$263.21	11.42	0.00
D15	PRE	Premature Nursery	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D16	ECF	Skilled Nursing Care	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D17	ICC	Intermediate Care	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D18	EMG	Emergency Services	711838	\$11,075.4	\$529.40	\$1,055.3	\$12,660.1	\$76.19	\$12,736.29	\$17.89	130.66	4.07
D19	CL	Clinical Services	310758	\$3,677.2	\$699.90	\$969.2	\$5,346.3	\$21.81	\$5,368.11	\$17.27	37.41	1.69
D20	PDC	Psych Day & Night Care	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D22	SDS	Same Day Surgery	5526	\$1,355.8	\$0.00	\$32.2	\$1,388.0	\$8.96	\$1,396.96	\$252.80	15.36	0.00
D23	DEL	Labor & Delivery Services	103980	\$4,314.2	\$0.00	\$195.1	\$4,509.3	\$25.09	\$4,534.39	\$43.61	43.03	0.00
D24	OR	Operating Room	975029	\$7,530.0	\$1,659.60	\$3,768.8	\$12,958.4	\$55.33	\$13,013.73	\$13.35	94.89	3.06
D24-A	ORC	Operating Room Clinic	57387	\$366.7	\$51.60	\$261.7	\$680.0	\$2.13	\$682.13	\$11.89	3.66	0.25
D25	ANS	Anesthesiology	1478584	\$252.4	\$87.30	\$688.1	\$1,027.8	\$2.84	\$1,030.64	\$0.70	4.87	0.18
D26	MSS	Med/Surg Supplies	26247	\$0.0	\$0.00	\$20,788.3	\$20,788.3	\$0.00	\$20,788.30	\$792.02	0.00	0.00
D27	CDS	Drugs Sold	26247	\$0.0	\$0.00	\$15,540.1	\$15,540.1	\$0.00	\$15,540.10	\$592.07	0.00	0.00
D28	LAB	Laboratory Services	18020801	\$11,880.9	\$450.20	\$5,071.4	\$17,402.5	\$1,145.76	\$18,548.26	\$1.03	130.56	1.03
D30	EKG	Electrocardiogra phy	839560	\$1,224.1	\$38.80	\$306.0	\$1,588.9	\$9.12	\$1,578.02	\$1.88	15.64	0.07
D31	IRC	Interventional Radiology/Cardio vascular	129467	\$3,419.7	\$193.80	\$849.1	\$4,462.6	\$17.98	\$4,480.58	\$34.61	30.84	0.36
D32	RAD	Radiology- Diagnostic	790358	\$4,943.1	\$162.20	\$441.2	\$5,546.5	\$27.87	\$5,574.37	\$7.05	47.80	0.32
D33	CAT	CT Scanner	1188021	\$1,089.7	\$0.00	\$351.7	\$1,441.4	\$8.77	\$1,450.17	\$1.22	15.04	0.00

PATIENT CARE CENTERS

SCHEDULE D

INSTITUTION NAME: Saint Agnes Hospital

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 0011

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	Sen. OADP	Col 5 + Col 6	Col 7/Col 1	RECORDS	RECORDS
D34	RAT Radiology-Therapeutic	961635	\$1,938.3	\$76.60	\$1,803.8	\$3,818.7	\$9.25	\$3,827.95	\$3.98	15.87	0.00
D35	NUC Nuclear Medicine	257498	\$630.5	\$0.00	\$120.4	\$950.9	\$4.79	\$955.69	\$3.71	8.21	0.00
D36	RES Respiratory Therapy	5704808	\$4,648.5	\$0.00	\$826.7	\$5,475.2	\$27.09	\$5,502.29	\$0.96	46.47	0.00
D37	PUL Pulmonary Function Testing	31551	\$266.2	\$78.30	\$3.3	\$347.8	\$1.36	\$349.16	\$11.07	2.33	0.18
D38	EEG Electroencephalography	312646	\$181.9	\$17.70	\$543.9	\$743.5	\$1.17	\$744.67	\$2.38	2.00	0.07
D39	PTH Physical Therapy	332241	\$2,247.7	\$0.00	\$223.2	\$2,470.9	\$13.54	\$2,484.44	\$7.48	23.21	0.00
D40	OTH Occupational Therapy	141769	\$745.9	\$0.00	\$14.1	\$760.0	\$4.69	\$764.69	\$5.39	8.04	0.00
D41	STH Speech Language Pathology	40774	\$268.6	\$0.00	\$0.5	\$269.1	\$1.37	\$270.47	\$6.63	2.35	0.00
D42	REC Recreational Therapy	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D43	AUD Audiology	20196	\$90.6	\$0.00	\$21.5	\$112.1	\$0.59	\$112.69	\$5.58	1.01	0.00
D44	OPM Other Physical Medicine	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D45	RDL Renal Dialysis	4168	\$0.0	\$0.50	\$1,676.1	\$1,676.6	\$0.00	\$1,676.60	\$402.26	0.00	0.00
D46	OA Organ Acquisition	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D47	AOR Ambulatory Surgery	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D48	LEU Leukopheresis	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D49	HYP Hyperbaric Chamber	320	\$0.0	\$0.00	\$172.9	\$172.9	\$0.00	\$172.90	\$540.31	0.00	0.00
D50	FSE Free Standing Emergency	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D51	MRI Magnetic Resonance Imaging	405258	\$497.0	\$0.00	\$209.2	\$706.2	\$2.96	\$709.16	\$1.75	5.08	0.00
D53	LIT Lithotripsy	4	\$0.0	\$0.00	\$11.2	\$11.2	\$0.00	\$11.20	\$2,800.00	0.00	0.00
D54	RHB Rehabilitation	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D55	OBV Observation	130507	\$6,150.4	\$140.73	\$222.9	\$6,514.0	\$34.28	\$6,548.31	\$50.18	58.78	0.36
D56	AMR Ambulance Services- Rebundled	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D57	TMT Transurethral Microwave Thermotherapy	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D58	OCL Oncology Clinic	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D59	TNA Transurethral Needle Ablation	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D70	PAD Psych. Adult	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D71	PCD Psych. Child / Adolescent	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D73	PSG Psych. Geriatric	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D74	ITH Individual Therapies	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D75	GTH Group Therapies	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D76	FTH Family Therapies	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D77	PST Psychological Testing	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D78	PSE Psychological Education	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D79	OPT Other Therapies	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D80	ETH Electroconv. Therapy	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00
D81	ATH Activity Therapy	0	\$0.0	\$0.00	\$0.0	\$0.0	\$0.00	\$0.00	\$0.00	0.00	0.00

**AUXILIARY ENTERPRISES
OOR**

E 4

INSTITUTION NAME: Saint Agnes Hospital
INSTITUTION NUMBER: 0011

BASE YEAR 6/30/2018
BUDGET YEAR 1/0/1900

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	Sq Feet	0	0

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

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	0.0	108.6	108.6	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	////	XXXXX	XXXXX	XXXXX	///
D1	Depreciation & Amortization	DEP	XXXXX	364.7	364.7	XXXXX	D1
D2					0.0	XXXXX	D2
D3					0.0	XXXXX	D3
D4					0.0	XXXXX	D4
D5					0.0	XXXXX	D5
D6					0.0	XXXXX	D6
D7					0.0	XXXXX	D7
D8					0.0	XXXXX	D8
D9					0.0	XXXXX	D9
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	0.0	473.3	473.3	0.00000	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	48.0	XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	(425.3)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX	(425.3)	XXXXX	K

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXXXX	L
M	MISCELLANEOUS ADJUSTMENTS	BUDGET				XXXXX	M
N	BUDGET YEAR EXPENSES	G+L+M	0.0	473.3		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)	O-N	XXXXX	XXXXX		XXXXX	R

FTE DATA

S	BASE YR HOURS WORKED/2080	RECORDS	0.0
T	BUDGET YR HOURS/2080	BUDGET	

S
T

**AUXILIARY ENTERPRISES
REO**

E 5

INSTITUTION NAME: Saint Agnes Hospital
 INSTITUTION NUMBER: 0011

BASE YEAR 6/30/2018
 BUDGET YEAR 1/0/1900

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	Sq Feet	500	0

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

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	185.6	202.1	387.7	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC	2.1	XXXXX	2.1	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////	XXXXX	XXXXX	XXXXX	///
D1					0.0	XXXXX	D1
D2					0.0	XXXXX	D2
D3					0.0	XXXXX	D3
D4					0.0	XXXXX	D4
D5					0.0	XXXXX	D5
D6					0.0	XXXXX	D6
D7					0.0	XXXXX	D7
D8					0.0	XXXXX	D8
D9					0.0	XXXXX	D9
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	187.7	202.1	389.8	0.77954	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	430.1	XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	40.4	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX	40.4	XXXXX	K

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXXXX	L
M	MISCELLANEOUS ADJUSTMENTS	BUDGET				XXXXX	M
N	BUDGET YEAR EXPENSES	G+L+M	187.7	202.1		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	3.6				S
T	BUDGET YR HOURS/2080	BUDGET					T

**AUXILIARY ENTERPRISES
PTE**

E 6

INSTITUTION NAME: Saint Agnes Hospital
INSTITUTION NUMBER: 0011

BASE YEAR 6/30/2018
BUDGET YEAR 1/0/1900

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A # of Phones		0	0

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

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	101.7	151.1	252.8	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC	1.3	XXXXX	1.3	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////	XXXXX	XXXXX	XXXXX	///
D1					0.0	XXXXX	D1
D2					0.0	XXXXX	D2
D3					0.0	XXXXX	D3
D4					0.0	XXXXX	D4
D5					0.0	XXXXX	D5
D6					0.0	XXXXX	D6
D7					0.0	XXXXX	D7
D8					0.0	XXXXX	D8
D9					0.0	XXXXX	D9
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	103.0	151.1	254.1	#DIV/0!	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	47.0	XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	(207.1)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX	(207.1)	XXXXX	K

BUDGET YEAR DATA

L	INFLATION	HSCRC				XXXXX	L
M	MISCELLANEOUS ADJUSTMENTS	BUDGET				XXXXX	M
N	BUDGET YEAR EXPENSES	G+L+M	103.0	151.1		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	2.3				S
T	BUDGET YR HOURS/2080	BUDGET					T

**AUXILIARY ENTERPRISES
CAF**

E 7

INSTITUTION NAME: Saint Agnes Hospital
INSTITUTION NUMBER: 0011

BASE YEAR 6/30/2018
BUDGET YEAR 1/0/1900

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	Meals	0	0

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

**CAFETERIA - 8320
5320**

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

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	0.0	2,929.1	2,929.1	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					0.0	XXXXX	D1
D2					0.0	XXXXX	D2
D3					0.0	XXXXX	D3
D4					0.0	XXXXX	D4
D5					0.0	XXXXX	D5
D6					0.0	XXXXX	D6
D7					0.0	XXXXX	D7
D8					0.0	XXXXX	D8
D9					0.0	XXXXX	D9
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	0.0	2,929.1	2,929.1	#DIV/0!	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	1,720.2	XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	(1,208.9)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	(1,208.9)	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	0.0	2,929.1		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	0.0				S
T	BUDGET YR HOURS/2080	BUDGET					T

**AUXILIARY ENTERPRISES
DEB**

E 8

INSTITUTION NAME: Saint Agnes Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0011 BUDGET YEAR 1/0/1900

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	SQ. FEET	0	0

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

DAY CARE RECREATION AREAS

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

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	89.7	1.4	91.1	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					0.0	XXXXX	D1
D2					0.0	XXXXX	D2
D3					0.0	XXXXX	D3
D4					0.0	XXXXX	D4
D5					0.0	XXXXX	D5
D6					0.0	XXXXX	D6
D7					0.0	XXXXX	D7
D8					0.0	XXXXX	D8
D9					0.0	XXXXX	D9
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	89.7	1.4	91.1	#DIV/0!	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	17.8	XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	(73.3)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	(73.3)	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	89.7	1.4		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)	Q-N	XXXXX	XXXXX		XXXXX	R

FTE DATA

S	BASE YR HOURS WORKED/2080	RECORDS	1.4				S
T	BUDGET YR HOURS/2080	BUDGET					T

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

OADP

INSTITUTION NAME: Saint Agnes Hospital
 INSTITUTION NUMBER: 0011
 BASE YEAR: 6/30/2018

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	1,282.2
B	NUMBER OF FTE'S	RECORDS	2,199
B1	LOSS PER FTE	A/B	0.58

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		380.40	16,076.70	16,457.10
2	DONATED SERVICES & COMMODITIES		0.00	0.00	0.00
3	FISCAL YEAR ADJUSTED EXPENSES		380.40	16,076.70	16,457.10

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	SCHED	CODE	FTE	B1*D1	Allocated Amount	Basis					
1	D1	DIETARY SERVICES	0.0	0.0	0.00	0.00%	0.00	0.00	0.00	0.00	
2	C2	LAUNDRY & LINEN	16.2	9.4	0.00	0.00%	0.00	0.00	0.00	9.43	
3	C3	SOCIAL SERVICES	9.7	5.7	0.00	0.00%	0.00	0.00	0.00	5.68	
4	C4	PURCHASING & STORES	3.6	2.1	0.00	14.80%	56.30	2,379.35	2,435.65	2,437.72	
5	C5	PLANT OPERATIONS	33.3	19.4	0.00	0.00%	0.00	0.00	0.00	19.41	
6	C6	HOUSEKEEPING	0.0	0.0	0.00	0.00%	0.00	0.00	0.00	0.00	
7	C7	CENTRAL SERVICES & SUPPLY	42.1	24.5	0.00	0.00%	0.00	0.00	0.00	24.53	
8	C8	PHARMACY	42.4	24.7	0.00	0.00%	0.00	0.00	0.00	24.70	
9	C9	GENERAL ACCOUNTING	5.4	3.2	0.00	6.10%	23.20	980.68	1,003.88	1,007.06	
10	C10	PATIENT ACCOUNTS	79.5	46.4	0.00	65.80%	250.30	10,578.47	10,828.77	10,875.15	
11	C11	HOSPITAL ADMINISTRATION	57.2	33.4	0.00	0.00%	0.00	0.00	0.00	33.36	
12	C12	MEDICAL RECORDS	44.4	25.9	0.00	6.80%	25.87	1,093.22	1,119.08	1,144.97	
13	C13	MEDICAL STAFF ADM	9.0	5.2	0.00	0.00%	0.00	0.00	0.00	5.24	
14	C14	NURSING ADMIN	36.0	21.0	0.00	0.00%	0.00	0.00	0.00	21.01	
15	C15	ORGAN ACQUISITION OVERHEAD	0.0	0.0	0.00	0.00%	0.00	0.00	0.00	0.00	
16	D1	MED SURGICAL ACUTE	260.4	151.8	0.00	0.00%	0.00	0.00	0.00	151.82	
17	D2	PEDIATRIC ACUTE	0.0	0.0	0.00	0.00%	0.00	0.00	0.00	0.00	
18	D3	PSYCHIATRIC ACUTE	0.0	0.0	0.00	0.00%	0.00	0.00	0.00	0.00	
19	D4	OBSTETRICS ACUTE	20.3	11.8	0.00	0.00%	0.00	0.00	0.00	11.81	
20	D5	DEFINITIVE OBSERVATION	0.0	0.0	0.00	0.00%	0.00	0.00	0.00	0.00	
21	D6	MED SURG INTENSIVE CARE	47.2	27.5	0.00	0.00%	0.00	0.00	0.00	27.54	
22	D7	CORONARY CARE	0.0	0.0	0.00	0.00%	0.00	0.00	0.00	0.00	
23	D8	PEDIATRIC INTENSIVE CARE	0.0	0.0	0.00	0.00%	0.00	0.00	0.00	0.00	
24	D9	NEO-NATAL INTENSIVE CARE	23.8	13.9	0.00	0.00%	0.00	0.00	0.00	13.88	
25	D10	BURN CARE	0.0	0.0	0.00	0.00%	0.00	0.00	0.00	0.00	
26	D11	PSYCHIATRIC INTENSIVE CARE	0.0	0.0	0.00	0.00%	0.00	0.00	0.00	0.00	
27	D12	SHOCK TRAUMA	0.0	0.0	0.00	0.00%	0.00	0.00	0.00	0.00	
28	D13	ONCOLOGY	0.0	0.0	0.00	0.00%	0.00	0.00	0.00	0.00	
29	D14	NEWBORN NURSERY	11.4	6.7	0.00	0.00%	0.00	0.00	0.00	6.66	
30	D15	PREMATURE NURSERY	0.0	0.0	0.00	0.00%	0.00	0.00	0.00	0.00	
31	D17	INTERMEDIATE CARE	0.00	0.0	0.00	0.00%	0.00	0.00	0.00	0.00	

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

OADP

INSTITUTION NAME: Saint Agnes Hospital
 INSTITUTION NUMBER: 11.00
 BASE YEAR: 43,281.00
 0011

DISTRIBUTIONS		CAFETERIA, PARKING ETC ALLOC		DATA PROCESSING ALLOC		COL 5	COL 6	COL 7	COL 8	
		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	
	SCHED	CODE	FTE	B1*D1	Allocated Amount	Basis	WAGES, SALARIES & BENEFITS	Other Expenses	DP ALLOCATION	Col. 2 + Col. 7 Total Alloc Expense
80	ACTIVITY THERAPIES	D81	ATH	0.00	0.00	0.00	0.00	0.00	0.00	0.00
81	AMBULANCE SERVICES	E1	AMB	0.00	0.00	0.00	0.00	0.00	0.00	0.00
82	DR. PRIVATE OFFICE RENTAL	E3	DPO	0.00	0.00	0.00	0.00	0.00	0.00	0.00
83	OFFICE & OTHER RENTAL	E4	OOR	0.00	0.00	0.00	0.00	0.00	0.00	0.00
84	RETAIL OPERATIONS	E5	REO	3.55	2.07	0.00	0.00	0.00	0.00	2.07
85	PATIENT TELEPHONES	E6	PTE	2.30	1.34	0.00	0.00	0.00	0.00	1.34
86	RESEARCH	F1	REG	0.00	0.00	0.00	0.00	0.00	0.00	0.00
87	NURSING EDUCATION	F2	RNS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
88	OTHER HEALTH PROF. EDUCATION	F3	OHE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
89	COMMUNITY HEALTH EDUCATION	F4	CHE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
90	MEDICAL SURGICAL ACUTE	P2A	MSG	0.00	0.00				0.00	0.00
91	PEDIATRIC ACUTE	P2A	PED	0.00	0.00				0.00	0.00
92	PSYCHIATRIC ACUTE	P2A	PSY	0.00	0.00				0.00	0.00
93	OBSTETRICS ACUTE	P2A	OBS	0.00	0.00				0.00	0.00
94	DEFINITIVE OBSERVATION	P2A	DEF	0.00	0.00				0.00	0.00
95	M/S INTENSIVE CARE	P2A	MIS	0.00	0.00				0.00	0.00
96	CORONARY CARE	P2A	CCU	0.00	0.00				0.00	0.00
97	PEDIATRIC INTENSIVE CARE	P2B	PIC	0.00	0.00				0.00	0.00
98	NEONATAL INTENSIVE CARE	P2B	NEO	0.00	0.00				0.00	0.00
99	BURN CARE	P2B	BUR	0.00	0.00				0.00	0.00
100	PSYCHIATRIC INTENSIVE CARE	P2B	PSI	0.00	0.00				0.00	0.00
101	SHOCK TRAUMA	P2B	TRM	0.00	0.00				0.00	0.00
102	ONCOLOGY	P2B	ONC	0.00	0.00				0.00	0.00
103	NEWBORN NURSERY	P2B	NUR	0.00	0.00				0.00	0.00
104	PREMATURE NURSERY	P2C	PRE	0.00	0.00				0.00	0.00
105	SAME DAY SURGERY	P2C	SDS	0.00	0.00				0.00	0.00
106	INTERMEDIATE CARE	P2C	ICC	0.00	0.00				0.00	0.00
107	EMERGENCY SERVICES	P2C	EMG	0.00	0.00				0.00	0.00
108	CLINIC SERVICES	P2C	CL	0.00	0.00				0.00	0.00
109	PSYCH DAY & NIGHT CARE	P2C	PDC	0.00	0.00				0.00	0.00
110	MRI	P2D	MRI	0.00	0.00				0.00	0.00
111	LABOR & DELIVERY	P2D	DEL	0.00	0.00				0.00	0.00
112	OPERATING ROOM	P2D	OR	0.00	0.00				0.00	0.00
113	OPERATING ROOM CLINIC	P2D	ORC	0.00	0.00				0.00	0.00
114	ANESTHESIOLOGY	P2D	ANS	0.00	0.00				0.00	0.00
115	LABORATORY SERVICES	P2D	LAB	0.00	0.00				0.00	0.00
116	ELECTROCARDIOGRAPHY	P2D	EKG	0.00	0.00				0.00	0.00
117	INTERVENTIONAL RADIOLOGY/CARDIOVASC	P2E	IRC	0.00	0.00				0.00	0.00
118	RADIOLOGY - DIAGNOSTIC	P2E	RAD	0.00	0.00				0.00	0.00
119	CT SCANNER	P2E	CAT	0.00	0.00				0.00	0.00
120	RADIOLOGY - THERAPEUTIC	P2E	RAT	0.00	0.00				0.00	0.00
121	NUCLEAR MEDICINE	P2C	NUC	0.00	0.00				0.00	0.00
122	RESPIRATORY THERAPY	P2E	RES	0.00	0.00				0.00	0.00
123	PULMONARY FUNCTION TESTING	P2E	PUL	0.00	0.00				0.00	0.00
124	ELECTROENCEPHALOGRAPHY	P2F	EEG	0.00	0.00				0.00	0.00
125	PHYSICAL THERAPY	P2F	PTH	0.00	0.00				0.00	0.00
126	OCCUPATIONAL THERAPY	P2F	OTH	0.00	0.00				0.00	0.00

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

OADP

INSTITUTION NAME: Saint Agnes Hospital
 INSTITUTION NUMBER: 11.00
 BASE YEAR: 43,281.00

DISTRIBUTIONS			CAFETERIA, PARKING ETC ALLOC		DATA PROCESSING ALLOC		COL 5	COL 6	COL 7	COL 8
	SCHED	CODE	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
			FTE	B1*D1	Allocated Amount	Basis	WAGES, SALARIES & BENEFITS	Other Expenses	DP ALLOCATION	Col. 2 + Col. 7 Total Alloc Expense
127	SPEECH LANGUAGE PATHOLOGY	P2F	STH	0.00	0.00				0.00	0.00
128	OBSERVATION	P2F	OBV	0.00	0.00				0.00	0.00
129	AUDIOLOGY	P2F	AUD	0.00	0.00				0.00	0.00
130	OTHER PHYSICAL MEDICINE	P2F	OPM	0.00	0.00				0.00	0.00
131	RENAL DIALYSIS	P2G	RDL	0.00	0.00				0.00	0.00
132	ORGAN ACQUISITION	P2G	OA	0.00	0.00				0.00	0.00
133	AMBULATORY SURGERY	P2G	AOR	0.00	0.00				0.00	0.00
134	LEUKOPHERESIS	P2G	LEU	0.00	0.00				0.00	0.00
135	HYPERBARIC CHAMBER	P2G	HYP	0.00	0.00				0.00	0.00
136	FREE STANDING EMERGENCY SVCS	P2G	FSE	0.00	0.00				0.00	0.00
137	LITHOTRIPSY	P2G	LIT	0.00	0.00				0.00	0.00
138	REHABILITATION	P2H	RHB	0.00	0.00				0.00	0.00
139	TRANSURETHAL MICROWAVE THER	P2H	TMT	0.00	0.00				0.00	0.00
140	ONCOLOGY CLINIC	P2H	OCL	0.00	0.00				0.00	0.00
141	TRANSURETHAL NEEDLE ABLATION	P2H	TNA	0.00	0.00				0.00	0.00
142	PSYCH ADULT	P2H	PAD	0.00	0.00				0.00	0.00
143	PSYCH CHILD/ADOLESCENT	P2H	PCD	0.00	0.00				0.00	0.00
144	PSYCH GERIATRIC	P2H	PSG	0.00	0.00				0.00	0.00
145	INDIVIDUAL THERAPIES	P2I	ITH	0.00	0.00				0.00	0.00
146	GROUP THERAPIES	P2I	GTH	0.00	0.00				0.00	0.00
147	PSYCH TESTING	P2I	PST	0.00	0.00				0.00	0.00
148	EDUCATION	P2I	PSE	0.00	0.00				0.00	0.00
149	OTHER THERAPIES	P2I	OPT	0.00	0.00				0.00	0.00
150	ACTIVITY THERAPY	P2I	ATH	0.00	0.00				0.00	0.00
151	MED/SURG ACUTE	P3A	MSG	0.00	0.00				0.00	0.00
152	PEDIATRIC ACUTE	P3A	PED	0.00	0.00				0.00	0.00
153	PSYCHIATRIC ACUTE	P3A	PSY	0.00	0.00				0.00	0.00
154	OBSTETRICS ACUTE	P3A	OBS	0.00	0.00				0.00	0.00
155	DEFINITIVE OBSERVATION	P3A	DEF	0.00	0.00				0.00	0.00
156	MED/SURG INTENSIVE CARE	P3A	MIS	0.00	0.00				0.00	0.00
157	CORONARY CARE	P3A	CCU	0.00	0.00				0.00	0.00
158	PEDIATRIC INTENSIVE CARE	P3B	PIC	0.00	0.00				0.00	0.00
159	NEONATAL INTENSIVE CARE	P3B	NEO	0.00	0.00				0.00	0.00
160	BURN CARE	P3B	BUR	0.00	0.00				0.00	0.00
161	PSYCHIATRIC INTENSIVE CARE	P3B	PSI	0.00	0.00				0.00	0.00
162	SHOCK TRAUMA	P3B	TRM	0.00	0.00				0.00	0.00
163	ONCOLOGY	P3B	ONC	0.00	0.00				0.00	0.00
164	NEWBORN NURSERY	P3B	NUR	0.00	0.00				0.00	0.00
165	PREMATURE NURSERY	P3C	PRE	0.00	0.00				0.00	0.00
166	SAME DAY SURGERY	P3C	SDS	0.00	0.00				0.00	0.00
167	INTERMEDIATE CARE	P3C	ICC	0.00	0.00				0.00	0.00
168	EMERGENCY SERVICES	P3C	EMG	0.00	0.00				0.00	0.00
169	CLINIC SERVICES	P3C	CL	0.00	0.00				0.00	0.00
170	PSYCH DAY & NIGHT CARE	P3C	PDC	0.00	0.00				0.00	0.00
171	MRI	P3D	MRI	0.00	0.00				0.00	0.00
172	LABOR & DELIVERY	P3D	DEL	0.00	0.00				0.00	0.00
173	OPERATING ROOM	P3D	OR	0.00	0.00				0.00	0.00
174	OPERATING ROOM CLINIC	P3D	ORC	0.00	0.00				0.00	0.00

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

OADP

INSTITUTION NAME:
INSTITUTION NUMBER:
BASE YEAR

Saint Agnes Hospital
11.00
43,281.00

DISTRIBUTIONS

CAFETERIA, PARKING ETC ALLOC

DATA PROCESSING ALLOC

	DISTRIBUTIONS	CAFETERIA, PARKING ETC ALLOC		DATA PROCESSING ALLOC		COL 5 WAGES, SALARIES & BENEFITS	COL 6 Other Expenses	COL 7 DP ALLOCATION	COL 8 Col. 2 + Col. 7 Total Alloc Expense
		COL 1	COL 2	COL 3	COL 4				
	SCHED	CODE	FTE	B1*D1	Allocated Amount	Basis			
175	ANESTHESIOLOGY	P3D	ANS	0.00	0.00			0.00	0.00
176	LABORATORY SERVICES	P3D	LAB	0.00	0.00			0.00	0.00
177	INDIVIDUAL THERAPIES	P3D	ITH	0.00	0.00			0.00	0.00
178	ELECTROCARDIOGRAPHY	P3D	EKG	0.00	0.00			0.00	0.00
179	INTERVENTIONAL RADIOLOGY/CARDIOVASC	P3E	IRC	0.00	0.00			0.00	0.00
180	RADIOLOGY - DIAGNOSTIC	P3E	RAD	0.00	0.00			0.00	0.00
181	CT SCANNER	P3E	CAT	0.00	0.00			0.00	0.00
182	RADIOLOGY THERAPEUTIC	P3E	RAT	0.00	0.00			0.00	0.00
183	NUCLEAR MEDICINE	P3E	NUC	0.00	0.00			0.00	0.00
184	RESPIRATORY THERAPY	P3E	RES	0.00	0.00			0.00	0.00
185	PULMONARY FUNCTION TESTING	P3E	PUL	0.00	0.00			0.00	0.00
186	ELECTROENCEPHALOGRAPHY	P3F	EEG	0.00	0.00			0.00	0.00
187	PHYSICAL THERAPY	P3F	PTH	0.00	0.00			0.00	0.00
188	OCCUPATIONAL THERAPY	P3F	OTH	0.00	0.00			0.00	0.00
189	SPEECH LANGUAGE PATHOLOGY	P3F	STH	0.00	0.00			0.00	0.00
190	OBSERVATION	P3F	OBV	0.00	0.00			0.00	0.00
191	AUDIOLOGY	P3F	AUD	0.00	0.00			0.00	0.00
192	OTHER PHYSICAL MEDICINE	P3F	OPM	0.00	0.00			0.00	0.00
193	RENAL DIALYSIS	P3G	RDL	0.00	0.00			0.00	0.00
194	ORGAN ACQUISITION	P3G	OA	0.00	0.00			0.00	0.00
195	AMBULATORY SURGERY	P3G	AOR	0.00	0.00			0.00	0.00
196	LEUKOPHERESIS	P3G	LEU	0.00	0.00			0.00	0.00
197	HYPERBARIC CHAMBER	P3G	HYP	0.00	0.00			0.00	0.00
198	FREE STANDING EMERGENCY SVCS	P3G	FSE	0.00	0.00			0.00	0.00
199	LITHOTRIPSY	P3G	LIT	0.00	0.00			0.00	0.00
200	REHABILITATION	P3H	RHB	0.00	0.00			0.00	0.00
201	TRANSURETHAL MICROWAVE THER.	P3H	TMT	0.00	0.00			0.00	0.00
202	ONCOLOGY CLINIC	P3H	OCL	0.00	0.00			0.00	0.00
203	TRANSURETHAL NEEDLE ABLATION	P3H	TNA	0.00	0.00			0.00	0.00
204	MEDICAL SURG ACUTE	P4A	MSG	38.80	22.62			0.00	22.62
205	PEDIATRIC ACUTE	P4A	PED	0.00	0.00			0.00	0.00
206	PSYCHIATRIC ACUTE	P4A	PSY	0.00	0.00			0.00	0.00
207	OBSTETRICS ACUTE	P4A	OBS	0.00	0.00			0.00	0.00
208	DEFINITIVE OBSERVATION	P4A	DEF	0.00	0.00			0.00	0.00
209	MED/SURG INTENSIVE CARE	P4A	MIS	8.31	4.85			0.00	4.85
210	CORONARY CARE	P4A	CCU	0.00	0.00			0.00	0.00
211	PEDIATRIC INTENSIVE CARE	P4A	PIC	0.00	0.00			0.00	0.00
212	NEO NATAL INTENSIVE CARE	P4A	NEO	2.98	1.74			0.00	1.74
213	BURN CARE	P4A	BUR	0.00	0.00			0.00	0.00
214	PSYCHIATRIC INTENSIVE CARE	P4A	PSI	0.00	0.00			0.00	0.00
215	SHOCK TRAUMA	P4A	TRM	0.00	0.00			0.00	0.00
216	ONCOLOGY	P4A	ONC	0.00	0.00			0.00	0.00
217	NEWBORN NURSERY	P4A	NUR	1.70	0.99			0.00	0.99
218	PREMATURE NURSERY	P4A	PRE	0.00	0.00			0.00	0.00
219	SAME DAY SURGERY	P4A	SDS	0.00	0.00			0.00	0.00
220	INTERMEDIATE CARE	P4A	ICC	0.00	0.00			0.00	0.00
221	EMERGENCY SERVICES	P4C	EMG	4.71	2.75			0.00	2.75
222	CLINIC SERVICES	P4C	CL	1.85	1.08			0.00	1.08
223	PSYCH DAY & NIGHT CARE	P4C	PDC	0.00	0.00			0.00	0.00

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

OADP

INSTITUTION NAME:
INSTITUTION NUMBER:
BASE YEAR

Saint Agnes Hospital
11 00
43,281.00

DISTRIBUTIONS

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

	SCHED	CODE	FTE	B1*D1	Allocated Amount	Basis	WAGES, SALARIES & BENEFITS	Other Expenses	DP ALLOCATION	Col. 2 + Col. 7 Total Alloc Expense
224	MRI	P4D	MRI	0.00	0.00				0.00	0.00
225	LABOR & DELIVERY	P4D	DEL	0.00	0.00				0.00	0.00
226	OPERATING ROOM	P4D	OR	9.35	5.45				0.00	5.45
227	OPERATING ROOM CLINIC	P4D	ORC	0.01	0.00				0.00	0.00
228	ANESTHESIOLOGY	P4D	ANS	1.24	0.72				0.00	0.72
229	LABORATORY SERVICES	P4D	LAB	4.24	2.47				0.00	2.47
230	ELECTROCARDIOGRAPHY	P4D	EKG	1.70	0.99				0.00	0.99
231	INTERVENTIONAL RADIOLOGY/CARDIOVASC	P4E	IRC	0.60	0.35				0.00	0.35
232	RADIOLOGY - DIAGNOSTIC	P4E	RAD	0.00	0.00				0.00	0.00
233	CT SCANNER	P4E	CAT	0.00	0.00				0.00	0.00
234	RADIOLOGY - THERAPEUTIC	P4E	RAT	0.00	0.00				0.00	0.00
235	NUCLEAR MEDICINE	P4E	NUC	0.30	0.17				0.00	0.17
236	RESPIRATORY THERAPY	P4E	RES	0.00	0.00				0.00	0.00
237	PULMONARY FUNCTION TESTING	P4E	PUL	2.05	1.20				0.00	1.20
238	ELECTROENCEPHALOGRAPHY	P4F	EEG	1.14	0.67				0.00	0.67
239	PHYSICAL THERAPY	P4F	PTH	0.00	0.00				0.00	0.00
240	OCCUPATIONAL THERAPY	P4F	OTH	0.00	0.00				0.00	0.00
241	SPEECH LANGUAGE PATHOLOGY	P4F	STH	0.00	0.00				0.00	0.00
242	OBSERVATION	P4F	OBV	0.00	0.00				0.00	0.00
243	AUDIOLOGY	P4F	AUD	0.00	0.00				0.00	0.00
244	OTHER PHYSICAL MEDICINE	P4F	OPM	0.00	0.00				0.00	0.00
245	RENAL DIALYSIS	P4G	RDL	0.74	0.43				0.00	0.43
246	ORGAN ACQUISITION	P4G	OA	0.00	0.00				0.00	0.00
247	AMBULATORY SURGERY	P4G	AOR	0.00	0.00				0.00	0.00
248	LEUKOPHERESIS	P4G	LEU	0.00	0.00				0.00	0.00
249	HYPERBARIC CHAMBER	P4G	HYP	0.00	0.00				0.00	0.00
250	FREE STANDING EMERGENCY	P4G	FSE	0.00	0.00				0.00	0.00
251	LITHOTRIPSY	P4G	LIT	0.00	0.00				0.00	0.00
252	REHABILITATION	P4H	RHB	0.00	0.00				0.00	0.00
253	TRANSURETHAL MICROWAVE THER	P4H	TMT	0.00	0.00				0.00	0.00
254	ONCOLOGY CLINIC	P4H	OCL	0.00	0.00				0.00	0.00
255	TRANSURETHAL NEEDLE ABLATION	P4H	TNA	0.00	0.00				0.00	0.00
256	PSYCH ADULT	P4H	PAD	0.00	0.00				0.00	0.00
257	PSYCH CHILD/ADOLESCENT	P4H	PCD	0.00	0.00				0.00	0.00
258	PSYCH GERIATRIC	P4H	PSG	0.00	0.00				0.00	0.00
259	INDIVIDUAL THERAPIES	P4I	ITH	0.00	0.00				0.00	0.00
260	GROUP THERAPIES	P4I	GTH	0.00	0.00				0.00	0.00
261	PSYCH TESTING	P4I	PST	0.00	0.00				0.00	0.00
262	EDUCATION	P4I	PSE	0.00	0.00				0.00	0.00
263	OTHER THERAPIES	P4I	OPT	0.00	0.00				0.00	0.00
264	ACTIVITY THERAPIES	P4I	ATH	0.00	0.00				0.00	0.00
265	MEDICAL SURG ACUTE	P5A	MSG	0.00	0.00				0.00	0.00
266	PEDIATRICS	P5A	PED	0.00	0.00				0.00	0.00
267	PSYCHIATRIC	P5A	PSY	0.00	0.00				0.00	0.00
268	OBSTETRICS	P5A	OBS	0.00	0.00				0.00	0.00
269	DEFINITIVE OBSERVATION	P5A	DEF	0.00	0.00				0.00	0.00
270	M/S INTENSIVE CARE	P5A	MIS	0.00	0.00				0.00	0.00
271	CORONARY CARE	P5A	CCU	0.00	0.00				0.00	0.00

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

OADP

INSTITUTION NAME: Saint Agnes Hospital
 INSTITUTION NUMBER: 11.00
 BASE YEAR: 43,261.00

DISTRIBUTIONS

CAFETERIA, PARKING ETC ALLOC DATA PROCESSING ALLOC

	SCHED	CODE	COL 1 COL 2		COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	
			FTE	B1*D1	Allocated Amount	Basis	WAGES, SALARIES & BENEFITS	Other Expenses	DP ALLOCATION	Col. 2 + Col. 7 Total Alloc Expense	
272	PEDIATRIC INTENSIVE CARE	P5B	PIC	0.00	0.00					0.00	0.00
273	NEO NATAL INTENSIVE CARE	P5B	NEO	0.00	0.00					0.00	0.00
274	BURN CARE	P5B	BUR	0.00	0.00					0.00	0.00
275	PSYCHIATRIC INTENSIVE CARE	P5B	PSI	0.00	0.00					0.00	0.00
276	SHOCK TRAUMA	P5B	TRM	0.00	0.00					0.00	0.00
277	ONCOLOGY	P5B	ONC	0.00	0.00					0.00	0.00
278	NEW BORN NURSERY	P5B	NUR	0.00	0.00					0.00	0.00
279	PREMATURE NURSERY	P5C	PRE	0.00	0.00					0.00	0.00
280	SAME DAY SURGERY	P5C	SDS	0.00	0.00					0.00	0.00
281	INTERMEDIATE CARE	P5C	ICC	0.00	0.00					0.00	0.00
282	EMERGENCY SERVICES	P5C	EMG	0.00	0.00					0.00	0.00
283	CLINIC SERVICES	P5C	CL	0.00	0.00					0.00	0.00
284	PSYCH DAY/NIGHT CARE	P5C	PDC	0.00	0.00					0.00	0.00
285	MRI SCANNER	P5D	MRI	0.00	0.00					0.00	0.00
286	LABOR & DELIVERY	P5D	DEL	0.00	0.00					0.00	0.00
287	OPERATING ROOM	P5D	OR	0.00	0.00					0.00	0.00
288	OPERATING ROOM CLINIC	P5D	ORC	0.00	0.00					0.00	0.00
289	ANESTHESIOLOGY	P5D	ANS	0.00	0.00					0.00	0.00
290	LABORATORY SERVICES	P5D	LAB	0.00	0.00					0.00	0.00
291	ELECTROCARDIOGRAPHY	P5D	EKG	0.00	0.00					0.00	0.00
292	INTERVENTIONAL RADIOLOGY/CARDIOVASC	P5E	IRC	0.00	0.00					0.00	0.00
293	RADIOLOGY - DIAGNOSTIC	P5E	RAD	0.00	0.00					0.00	0.00
294	CT SCANNER	P5E	CAT	0.00	0.00					0.00	0.00
295	RADIOLOGY - THERAPEUTIC	P5E	RAT	0.00	0.00					0.00	0.00
296	NUCLEAR MEDICINE	P5E	NUC	0.00	0.00					0.00	0.00
297	RESPIRATORY THERAPY	P5E	RES	0.00	0.00					0.00	0.00
298	PULMONARY FUNCTION TESTING	P5E	PUL	0.00	0.00					0.00	0.00
299	ELECTROENCEPHALOGRAPHY	P5F	EEG	0.00	0.00					0.00	0.00
300	PHYSICAL THERAPY	P5F	PTH	0.00	0.00					0.00	0.00
301	OCCUPATIONAL THERAPY	P5F	OTH	0.00	0.00					0.00	0.00
302	SPEECH LANGUAGE PATHOLOGY	P5F	STH	0.00	0.00					0.00	0.00
303	OBSERVATION	P5F	OBV	0.00	0.00					0.00	0.00
304	AUDIOLOGY	P5F	AUD	0.00	0.00					0.00	0.00
305	OTHER PHYSICAL MEDICINE	P5F	OPM	0.00	0.00					0.00	0.00
306	RENAL DIALYSIS	P5G	RDL	0.00	0.00					0.00	0.00
307	ORGAN ACQUISITION	P5G	OA	0.00	0.00					0.00	0.00
308	AMBULATORY SURGERY	P5G	AOR	0.00	0.00					0.00	0.00
309	LEUKOPHERESIS	P5G	LEU	0.00	0.00					0.00	0.00
310	HYPERBARIC CHAMBER	P5G	HYP	0.00	0.00					0.00	0.00
311	FREE STANDING EMERGENCY SVCS	P5G	FSE	0.00	0.00					0.00	0.00
312	LITHOTRIPSY	P5G	LIT	0.00	0.00					0.00	0.00
313	REHABILITATION	P5H	RHB	0.00	0.00					0.00	0.00
314	TRANSURETHAL MICROWAVE THER.	P5H	TMT	0.00	0.00					0.00	0.00
315	ONCOLOGY CLINIC	P5H	OCL	0.00	0.00					0.00	0.00
316	TRANSURETHAL NEEDLE ABLATION	P5H	TNA	0.00	0.00					0.00	0.00
317	ADULT PSYCH	P5H	PAD	0.00	0.00					0.00	0.00
318	PSYCH CHILD/ADOLESCENT	P5H	PCD	0.00	0.00					0.00	0.00
319	PSYCHIATRIC GERIATRIC	P5H	PSG	0.00	0.00					0.00	0.00

RECONCILIATION OF BASE YEAR EXPENSES

RC

TO SCHEDULE RE

INSTITUTION NAME: Saint Agnes Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0011

	Expenses	Sources	HSCRC Regulated	Unregulated	Total	
A	Unassigned Expense	Sch. UA, Lines C-B, Col. 10	\$35,029.96	\$7,039.34	\$42,069.30	A
B	Physicians Part B Services	P2 Ln A Col 7 UR6 Ln B Col 3	\$0.00	\$97,368.40	\$97,368.40	B
C	Physician Support Services	Sch. P3, Line A, Col. 7 UR, Line B, COL. 3	\$0.00		\$0.00	C
D	Resident, Intern Services	Sch. P4 & P5, Line A, Col. 7	\$7,967.47	\$0.00	\$7,967.47	D
E	Overhead Expense Survey	Sch OES, Line P, Col. 1	\$104,973.90	\$0.00	\$104,973.90	E
F	Patient Care Centers	Schs D1 - D81, Line B, Col. 4	\$169,730.60	XXXXX	\$169,730.60	F
G	Auxiliary Enterprises	Schs E1 - 9, Line B, Col 3	\$1,282.18	\$2,487.12	\$3,769.30	G
H	Other Institution Programs	Schs F1 - F4, Line B, Col 3	XXXXX	\$0.00	\$0.00	H
I	Unregulated Services	Schs UR1-UR9 - line B & C	XXXXX	\$26,585.00	\$26,585.00	I
J	Total Operating Expenses	A+B+C+D+E+F+G+H+I	\$318,984.10	\$133,479.86	\$452,463.97	J
K	Non-Operating Expenses	Non-Operating Expenses	XXXXX	\$2,422.00	\$2,422.00	K
L	Total Expenses	J + K	\$318,984.10	\$135,901.86	\$454,885.97	L
M	Total Operating Expenses - RE sch	Sch RE, Line S	\$318,614.79	\$133,849.71	\$452,464.50	M
N	Non-Operating Expenses - RE sch	Sch RE, Line V	XXXXX	\$2,422.00	\$2,422.00	N
O	Total Expenses - RE sch	M + N	\$318,614.79	\$136,271.71	\$454,886.50	O
P	Reconciliation Amount	O - L	(\$369.31)	\$369.84	\$0.54	P
Q	Nomenclature	XXXXX	XXXXX	XXXXX	XXXXX	Q
Q1	Other Non-Operating Expense	Audited Financial Statements	\$0.00	\$0.00	\$0.00	Q1
Q2	Rounding		(\$0.6)	\$0.0	(\$0.5)	Q2
Q3	O/H Exp Alloc to Aux Ent	Schs E2, E7-E9	\$0.00	\$0.00	\$0.00	Q3
Q4	Aux Ent Loss Treated as Fringe	Sch OA	\$370	(\$370)	\$0.00	Q4
Q5	Capital Facilities Allow to E, F, UR		\$0.00	\$0.00	\$0.00	Q5
Q6	Ineligible I&R		\$0.00	\$0.00	\$0.00	Q6
Q7					\$0.00	Q7

STATEMENT OF REVENUE AND EXPENSES

RE

INSTITUTION NAME: Saint Agnes Hospital

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 0011

		COL 1	COL 2	COL 3	
		Regulated	Unregulated	Total	
Operating Revenues:		xxxx	xxxx	xxxx	
A	Gross Revenues from Daily Hospital Services	95,457.20	178,218.94	273,676.14	A
B	Gross Revenues from Ambulatory Services	52,958.50	0.00	52,958.50	B
C	Gross Revenues from Inpatient Ancillary Services	156,957.30	0.00	156,957.30	C
D	Gross Revenues from Outpatient Ancillary Services	133,322.90	0.00	133,322.90	D
E	Gross Patient Revenues	438,695.90	178,218.94	616,914.84	E
Deductions from Revenues:		xxxx	xxxx	xxxx	
F	Provision for Bad Debts	406.63	4,100.45	4,507.08	F
G	Charity/Uncompensated Care	21,651.84	2,303.04	23,954.88	G
H	Contractual Adjustments	29,006.59	89,596.29	118,602.87	H
H1	Uncompensated Care Fund Payments	0.00	0.00	0.00	H1
H2	Denials	11,725.00	2,636.88	14,361.88	H2
I	Other Deductions from Revenues	9,950.50	0.00	9,950.50	I
J	Total Deductions from Revenues	72,740.56	98,636.66	171,377.22	J
J1	Uncompensated Care Fund Receipts	3,831.50	0.00	3,831.50	J1
K	Net Patient Revenues	369,786.84	79,582.28	449,369.13	K
L	Other Operating Revenues	1,981.30	7,397.96	9,379.26	L
M	Net Operating Revenues	371,768.14	86,980.24	458,748.38	M
Operating Expenses:		xxxx	xxxx	xxxx	
N	Salaries, Wages, and Employee Benefits	150,964.13	105,983.87	256,948.00	N
O	Professional Fees	15,885.00	0.00	15,885.00	O
P	Supplies	57,879.00	0.00	57,879.00	P
Q	Depreciation/Amortization, Leases/Rentals	20,655.54	7,037.96	27,693.49	Q
R	Other Expenses	73,231.12	20,827.89	94,059.01	R
S	Total Operating Expenses	318,614.79	133,849.71	452,464.50	S
T	Excess (Deficit) Operating Revenues Over Operating Expenses	53,153.35	-46,869.47	6,283.88	T
U	Non-Operating Revenues	xxxx	1,880.00	1,880.00	U
V	Non-Operating Expenses	xxxx	2,422.00	2,422.00	V
W	Excess (Deficit) Revenues Over Expenses	53,153.35	-47,411.47	5,741.88	W
X	Operating Expenses per EIPD	2.69	xxxx	xxxx	X
Y	Operating Expenses per EIPA	12.14	xxxx	xxxx	Y
Z	Working Capital Ratio = Current Assets/Current Liabilities	0.8	xxxx	xxxx	Z
AA	Admissions	15,292	-	15,292	W
BB	EIPA's	26,577	-	21,907	X

SCHEDULE RE R

Hospital Name Saint Agnes Hospital
 Hospital Number 0011

FY2018 RECONCILIATION OF THE AUDITED FINANCIALS
 TO SCHEDULE RE

Audited Financial Statements	Miscellaneous Adjustments	Auxiliary Enterprises, Other Institutional Programs and Unregulated													Total Unregulated	Total Regulated	Total	RE Line				
		E 4	E 5	E 6	E 7	E 8	UR 1	UR 5	UR 6	UR 7	UR 8	UR 9	UR 10	UR 11								
		Other Office	Retail Ops	Ph. Phones	Cafeteria	Day Care	FSC	Non-Pl Lab	Proys. Pt. B	CRNA	Physician Support Services	Free Standing Imaging	Other UR services	Ambulatory Surgery Center								
Revenue:																						
Gross Patient Revenue	606,954.3	9,950.5								326.4	7,748.4	132,570.0	7,030.3	7,890.3	19,893.7	-	2,759.9	178,218.9	438,695.9	616,914.9	E	
Deductions from Patient Revenue:																						
Charity Care/UCC	23,954.9									65.0	172.5	1,699.5	49.1	26.4	260.9	11.4	18.3	2,303.0	21,651.8	23,954.9	G	
Provisions for Bad Debts	4,875.6	(368.5)								24.5	340.3	3,163.4	167.9	169.8	201.8	(11.4)	44.0	4,100.4	406.6	4,507.1	F	
Contractual Adjustments	114,771.4	3,831.5								87.8	3,826.9	64,650.3	4,274.5	3,557.2	11,997.3	(222.5)	1,424.8	89,596.3	29,006.6	118,602.9	H	
UCC Fund Payments	-									-								-	-	-	H1	
Denials	14,361.9									6.3	441.0	1,619.2	3.3	145.3	289.5	0.0	132.2	2,638.9	11,725.0	14,361.9	H2	
Other Deductions	-	9,950.5								-	-	-	-	-	-	-	-	-	9,950.5	9,950.5	I	
Total Deductions	157,963.7	13,413.5								183.7	4,780.7	71,132.4	4,494.8	3,898.6	12,749.5	(222.5)	1,619.4	98,636.7	72,740.6	171,377.2	J	
UCC Fund Receipts	-	3,831.5								-	-	-	-	-	-	-	-	-	3,831.5	3,831.5	J1	
Net Patient Revenue	449,000.6	368.5								142.8	2,967.7	61,437.6	2,535.4	3,991.6	7,144.2	222.5	1,140.6	79,582.3	369,786.9	449,369.1	K	
Other Operating Revenue	9,379.2	-	48.0	430.1	47.0	1,720.2	17.8			363.9	1,210.9	3,132.1			1.7	425.9	0.3	7,398.0	1,981.3	9,379.2	L	
Total Operating Revenue	458,379.9	368.5	48.0	430.1	47.0	1,720.2	17.8			506.6	4,178.6	64,569.6	2,535.4	3,991.6	7,145.9	648.4	1,140.9	86,980.2	371,768.1	458,748.4	M	
Operating Expenses:																						
Salaries, Wages & Benefits	256,948.0			187.7	103.0		89.7			220.4	1,009.0	83,319.2	4,308.8	10,695.5	5,165.7	198.5	686.5	105,983.9	150,954.1	256,948.0	N	
Professional Fees	15,885.0																		15,885.0	15,885.0	O	
Supplies	57,879.0																		57,879.0	57,879.0	P	
Purchased Services & Other	98,502.0	(7,148.0)	108.6	202.1	151.1	1,720.2	(71.9)			420.7	2,472.3	14,324.1	170.7		949.4	29.3	351.3	20,827.9	70,526.1	91,354.0	R	
Depreciation/Amortization	20,177.0		364.7							0.3		1,378.4			360.8		24.1	2,128.4	18,048.6	20,177.0	Q	
Leases/Rentals		7,516.5									42.9	4,295.1			457.1		114.5	4,909.6	2,606.9	7,516.5	Q	
Interest	2,705.0																		2,705.0	2,705.0	R	
Provision for Bad Debts	-																		-	-		
Total Operating Expenses	452,095.0	368.5	473.3	389.8	254.1	1,720.2	17.8			641.4	3,524.2	103,316.8	4,479.5	10,695.5	6,933.0	227.8	1,178.4	133,849.7	318,614.8	452,464.5	S	
Income from Operations	6,283.9	(0.0)	(425.3)	40.4	(207.1)	0.0	0.0			(134.8)	654.4	(38,747.2)	(1,944.1)	(6,703.8)	212.9	420.6	(35.5)	(46,869.5)	53,153.3	6,283.9	T	
Non-Operating Revenues	1,880.0																		1,880.0	-	1,880.0	U
Non-Operating Expenses	(2,422.0)																		(2,422.0)	-	(2,422.0)	V
Non-Operating Gains, Net	(542.0)																		(542.0)	-	(542.0)	
Revenue & Gains in Excess of Expenses & Losses	5,741.9	(0.0)	(425.3)	40.4	(207.1)	0.0	0.0			(134.8)	654.4	(38,747.2)	(1,944.1)	(6,703.8)	212.9	420.6	(35.5)	(47,411.5)	53,153.3	5,741.9		

OVERHEAD STATISTICAL APPORTIONMENT

JS1 & JS2

INSTITUTION NAME: Saint Agnes Hospital
 INSTITUTION NUMBER: 0011

BASE YEAR: 6/30/2018

UNIT COST CALCULATIONS	COL 1 DIETARY MEALS	COL 2 LAUNDRY & LINEN POUNDS	COL 3 PURCHASING STORES OTH EXP SCHED	COL 4 HOUSEKEEPING # OF HOURS	COL 5 CENT SUPPLY PHARMACY SOC SERV, OAO	COL 6 PLANT OPERATIONS NET SQ FEET	COL 7 INPATIENT: PAC, MRD FIS, MGT, NAD	COL 7 A AMBULATORY: PAC, MRD FIS, MGT, NAD	COL 8 OUTPATIENT: PAC, MRD FIS, MGT, NAD	COL 9 MED STAFF ADMIN EIPAs	COL 10 UNASSIGNED EXPENSES
A Overhead Expenses	1,695.5	2,216.13	4,695.92	5,717.90	8,436.11	11,541.31	34,433.08	8,928.99	25,049.39	1,410.74	11,523.90
B Units	209,327	2,489,032.00	22,833.19	176,716.87		399,195.00	84,995.43	22,040.53	35,572.72	26,247.24	237,485.94
C Cost per unit	0.008100	0.000890	0.205662	0.032356		0.028911	0.405117	0.405117	0.704174	0.053748	0.048525
STATISTICAL APPORTIONMENT											
D1 Med/Surg Acute	MSG 151,166	821,188.00	1,279.00	72,873.00		164,599.00	27,397.59				47,832.12
2 Pediatric Acute	PED 0	0.00	0.00	0.00		0.00					0.00
3 Psychiatric Acute	PSY 0	0.00	0.00	0.00		0.00					0.00
4 Obstetrics Acute	OBS 15,324	85,522.00	90.60	6,679.00		15,086.00	2,298.51				4,100.84
5 Definitive Observation	DEF 0	0.00	0.00	0.00		0.00					0.00
6 Med/Surg Intensive Care	MIS 6,741	90,462.00	336.50	5,971.00		13,488.00	6,396.94				9,775.96
7 Coronary Care	CCU 0	0.00	0.00	0.00		0.00	14.60				20.51
8 Pediatric Intensive Care	PIC 0	0.00	0.00	0.00		0.00					0.00
9 Neo-Natal Intensive Care	NEO 0	11,524.00	235.20	5,330.00		12,039.00	3,222.98				5,107.82
10 Burn Care	BUR 0	0.00	0.00	0.00		0.00					0.00
11 Psychiatric Intensive Care	PSI 0	0.00	0.00	0.00		0.00					0.00
12 Shock/Trauma	TRM 0	0.00	0.00	0.00		0.00					0.00
13 Oncology	ONC 0	0.00	0.00	0.00		0.00					0.00
14 Newborn Nursery	NUR XXXXX	24,365.00	7.40	2,697.56		6,094.00	1,262.36				2,060.44
15 Premature Nursery	PRE XXXXX	0.00	0.00	0.00		0.00					0.00
16 Rehabilitation	RHB 0	0.00	0.00	0.00		0.00					0.00
17 Intermediate Care	ICC 0	0.00	0.00	0.00		0.00					0.00
18 Emergency Services	EMG 0	377,651.00	1,055.30	9,415.88		21,268.00	2,721.37	10,014.92		5,089.19	19,642.34
19 Clinical Services	CL XXXXX	21,993.00	969.20	7,936.73		17,927.00	89.57	5,278.55		2,903.54	8,692.90
20 Observation	OBV 33,019	170,856.00	222.90	4,652.15		10,509.00	1,198.20	5,350.11		389.51	10,141.84
21 Psych Day & Night Care	PDC 0	0.00	0.00	0.00		0.00				0.00	0.00
22 Lithotripsy	LIT XXXXX	0.00	11.20	0.00		0.00			11.20		21.39
23 Same Day Surgery	SDS 3,077	15,920.00	32.20	2,141.90		4,838.00		1,396.96		2,763.00	2,366.29
24 Free Standing Emergency	FSE 0	0.00	0.00	0.00		0.00					0.00
25 Labor & Delivery Services	DEL XXXXX	103,714.00	195.10	5,880.72		13,283.00	3,503.06		1,031.34		7,386.56
26 Operating Room	OR XXXXX	422,033.00	3,768.80	14,872.02		33,592.00	6,541.81		6,471.92		22,824.54
27 Operating Room Clinic	ORC XXXXX	0.00	261.70	15.94		36.00	116.58		565.55		1,182.98
28 Ambulance Services-Rebundled	AMR 0	0.00	0.00	0.00		0.00					0.00
29 Anesthesiology	ANS XXXXX	0.00	688.10	132.82		300.00	727.39		303.25		1,693.35
30 Laboratory Services	LAB XXXXX	0.00	6,116.39	7,770.71		17,552.00	11,070.18		7,478.08		30,315.64
31 Ambulatory Surgery (PBP)	AMS 0	0.00	0.00	0.00		0.00				0.00	0.00
32 Electrocardiography	EKG XXXXX	7,902.00	306.00	2,176.44		4,916.00	825.08		752.94		2,725.00
33 Electroencephalography	EEG XXXXX	13,828.00	543.90	1,099.73		2,484.00	276.19		468.47		1,418.02
34 Radiology-Diagnostic	RAD XXXXX	107,666.00	441.20	9,530.10		19,884.00	1,803.26		3,771.11		10,030.26
35 Radiology-Therapeutic	RAT XXXXX	32,991.00	1,803.80	3,236.76		7,311.00	155.77		3,672.18		7,193.36
36 Nuclear Medicine	NUC XXXXX	9,548.00	120.40	4,150.99		9,376.00	367.21		588.48		1,957.49
37 CT Scanner	CAT XXXXX	26,011.00	351.70	1,193.14		2,695.00	543.87		906.30		2,520.70
38 Interventional Radiology/Cardiovascular	IRC XXXXX	19,426.00	849.10	1,328.18		4,642.00	1,813.14		2,667.44		7,462.56
39 Respiratory Therapy	RES XXXXX	0.00	826.70	2,240.63		5,061.00	4,920.33		581.96		8,294.25
40 Pulmonary Function Testing	PUL XXXXX	0.00	3.30	180.19		407.00	9.55		339.61		610.45
41 Renal Dialysis	RDL 0	4,280.00	1,676.10	1,046.16		2,363.00	1,676.60				2,806.51
42 Physical Therapy	PTH XXXXX	51,364.00	223.20	1,781.53		4,024.00	1,147.37		1,337.06		4,156.40
43 Occupational Therapy	OTH XXXXX	0.00	14.10	1,004.99		2,270.00	612.88		151.81		1,220.92
44 Speech Language Pathology	STH XXXXX	0.00	0.50	121.31		274.00	152.20		118.27		427.36
45 Recreational Therapy	REC 0	0.00	0.00	0.00		0.00					0.00
46 Organ Acquisition	OA XXXXX	0.00	0.00	0.00	0.00	0.00					0.00
47 Ambulatory Surgery	AOR XXXXX	0.00	0.00	0.00		0.00					0.00
48 Leukopheresis	LEU XXXXX	0.00	0.00	0.00		0.00					0.00
49 Hyperbaric Chamber	HYP XXXXX	0.00	172.90	0.00		38.00	9.73		163.17		328.40
50 Audiology	AUD XXXXX	0.00	21.50	496.74		1,122.00	70.07		42.62		224.02
51 Other Physical Medicine	OPM XXXXX	0.00	0.00	0.00		0.00					0.00
52 Transurethral Needle Ablation	TNA XXXXX	0.00	0.00	0.00		0.00					0.00
53 Magnetic Resonance Imaging	MRI XXXXX	70,788.00	209.20	760.55		1,717.00	405.34		303.82		1,267.62
54 Oncology Clinic	OCL XXXXX	0.00	0.00	0.00		0.00					0.00
55 Transurethral Microwave Thermotherapy	TMT 0	0.00	0.00	0.00		0.00					0.00
56 Admission Services	ADM XXXXX	XXXXX		XXXXX	944.28	0.00				15,102.00	
57 Med/Surg Supplies	MSS XXXXX	XXXXX		0.00	2,566.53	0.00	1,614.52		952.01		3,890.98
58 Drugs Sold	CDS XXXXX	XXXXX		0.00	4,925.30	0.00	2,031.17		2,894.14		7,786.14
E TOTAL	209,327	2,489,032.00	22,833.19	176,716.87	8,436.11	399,195.00	84,995.43	22,040.53	35,572.72	26,247.24	237,485.94

CHECK UNITS OK IF 0

OVERHEAD EXPENSE APPORTIONMENT

J1 & J2

BASE YEAR

6/30/2018

INSTITUTION NAME: Saint Agnes Hospital
 INSTITUTION NUMBER: 0011

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 EXPSCHD	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	1,695.50	2,216.13	4,695.92	5,717.90	8,436.11	11,541.31	34,302.87	34,433.08	8,928.99	25,049.39	1,410.74	11,523.90	81,346.10	115,648.97	
REVENUE CENTERS															
DJ Med/Surg Acute	MSG 1,224.41	731.15	263.04	2,357.90		4,758.80	9,335.30	11,099.22					2,321.03	13,420.26	22,755.56
2 Pediatric Acute	PED						0.00							0.00	0.00
3 Psychiatric Acute	PSY						0.00							0.00	0.00
4 Obstetrics Acute	OBS 124.12	76.15	18.63	216.11		436.16	871.16	931.16					198.99	1,130.16	2,001.32
5 Definitive Observation	DEF						0.00							0.00	0.00
6 Med/Surg Intensive Care	MIS 54.60	80.54	69.21	193.20		389.96	787.51	2,591.51					474.37	3,065.88	3,853.39
7 Coronary Care	CCU						0.00	5.91					1.00	6.91	6.91
8 Pediatric Intensive Care	PIC						0.00							0.00	0.00
9 Neo-Natal Intensive Care	NEO	10.26	48.37	172.46		348.07	579.16	1,305.68					247.85	1,553.54	2,132.69
10 Burn Care	BUR						0.00							0.00	0.00
11 Psychiatric Intensive Care	PSI						0.00							0.00	0.00
12 Shock Trauma	TRM						0.00							0.00	0.00
13 Oncology	ONC						0.00							0.00	0.00
14 Newborn Nursery	NUR	21.69	1.52	87.28		176.19	286.69	511.40					99.98	611.38	898.07
15 Premature Nursery	PRE						0.00							0.00	0.00
16 Rehabilitation	RHB						0.00							0.00	0.00
17 Intermediate Care	ICC						0.00							0.00	0.00
18 Emergency Services	EMG	336.24	217.04	304.66		614.89	1,472.83	1,102.47	4,057.21		273.54	953.14	6,386.36	7,859.19	
19 Clinical Services	CL	19.58	199.33	256.80		481.20	994.01	518.30	2,138.43		156.06	421.82	2,752.59	3,746.60	
20 Observation	OBV 267.45	152.12	45.84	150.53		303.83	919.77	485.41	2,167.42		20.94	492.13	3,165.89	4,085.66	
21 Psych Day & Night Care	PDC						0.00							0.00	0.00
22 Lithotripsy	LIT		2.30				2.30				7.89		1.04	8.92	11.23
23 Same Day Surgery	SDS 24.92	14.17	6.62	69.30		139.87	254.90		565.93			148.51	114.82	829.26	1,084.16
24 Free Standing Emergency	FSE						0.00							0.00	0.00
25 Labor & Delivery Services	DEL	92.34	40.12	190.28		384.03	706.78	1,419.15		726.24		358.43	2,503.82	3,210.59	
26 Operating Rooms	OR 375.76		775.10	481.20		971.19	2,603.26	2,650.20		4,557.36		1,107.55	8,315.10	10,918.36	
27 Operating Room Clinic	ORC		53.82	0.52		1.04	55.38	47.23		398.24		57.40	502.88	558.26	
28 Ambulance Services-Rebundled	AMR						0.00							0.00	0.00
29 Anesthesiology	ANS		141.52	4.30		8.67	154.49	294.68		213.54		82.17	590.39	744.88	
30 Laboratory Services	LAB		1,257.91	251.43		507.45	2,016.79	4,484.71		5,265.87		1,471.05	11,221.64	13,238.43	
31 Ambulatory Surgery (PBP)	AMS						0.00							0.00	0.00
32 Electrocardiography	EKG	7.04	62.93	70.42		142.13	282.52	334.25		530.20		132.23	996.68	1,279.20	
33 Electroencephalography	EEG	12.31	111.86	35.58		71.82	231.57	111.89		329.89		68.81	510.59	742.16	
34 Radiology-Diagnostic	RAD	95.86	90.74	308.36		574.88	1,069.83	730.53		2,655.52		485.71	3,872.77	4,942.60	
35 Radiology-Therapeutic	RAT	29.37	370.97	104.73		211.37	716.45	63.11		2,585.86		349.05	2,998.02	3,714.46	
36 Nuclear Medicine	NUC	8.50	24.76	134.31		271.07	438.65	148.76		414.39		94.99	658.14	1,096.79	
37 CT Scanner	CAT	23.16	72.33	38.61		77.92	212.01	220.33		638.19		122.32	980.84	1,192.85	
38 Interventional Radiology/Cardiovascular	IRC	17.30	174.63	42.97		134.21	369.11	734.53		1,878.34		362.12	2,974.99	3,344.10	
39 Respiratory Therapy	RES		170.02	72.50		146.32	388.84	1,993.31		409.80		402.47	2,805.59	3,194.43	
40 Pulmonary Function Testing	PUL		0.68	5.83		11.77	18.28	3.87		239.14		29.62	272.63	290.91	
41 Renal Dialysis	RDL	3.81	344.71	33.85		68.32	450.69	679.22				136.18	815.40	1,266.09	
42 Physical Therapy	PTH	45.73	45.90	57.64		116.34	265.62	464.82		941.52		201.69	1,608.03	1,873.65	
43 Occupational Therapy	OTH		2.90	32.52		65.63	101.05	248.29		106.90		59.24	414.43	515.48	
44 Speech Language Pathology	STH		0.10	3.93		7.92	11.95	61.66		83.29		20.74	165.68	177.63	
45 Recreational Therapy	REC						0.00							0.00	0.00
46 Organ Acquisition	OA						0.00							0.00	0.00
47 Ambulatory Surgery	AOR						0.00							0.00	0.00
48 Leukopheresis	LEU						0.00							0.00	0.00
49 Hyperbaric Chamber	HYP		35.56				36.66	3.94		114.90		15.94	134.78	171.44	
50 Audiology	AUD		4.42	16.07		32.44	52.93	28.39		30.01		10.87	69.27	122.20	
51 Other Physical Medicine	OPM						0.00							0.00	0.00
51 Transurethral Needle Ablation	TNA						0.00							0.00	0.00
51 Magnetic Resonance Imaging	MRI	63.03	43.02	24.61		49.64	180.30	164.21		213.94		61.51	439.66	619.96	
52 Oncology Clinic	OCL						0.00							0.00	0.00
52 Transurethral Microwave Thermotherapy	TMT						0.00							0.00	0.00
53 Admission Services	ADM				944.28		944.28				811.71		811.71	1,755.99	
53 Med/Surg Supplies	MSS				2,566.53		2,566.53	654.07		670.38		188.81	1,513.26	4,079.79	
54 Drugs Sold	CDS				4,925.30		4,925.30	822.86		2,037.98		377.82	3,238.66	8,163.96	
E TOTAL	1,695.50	2,216.13	4,695.92	5,717.90	8,436.11	11,541.31	34,302.87	34,433.08	8,928.99	25,049.39	1,410.74	11,523.90	81,346.10	115,648.97	

Departmental Equipment Allowance

INSTITUTION NAME Saint Agnes Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER 0011

		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	\$0.00	10	\$580.46	\$58.05	\$0.00	\$0.00	\$0.00	\$58.05
H2 B	CCU	\$0.00	10	\$9.43	\$0.94	\$0.00	\$0.00	\$0.00	\$0.94
H2 C	PIC	\$0.00	10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H2 D	NEO	\$0.00	10	\$1,450.06	\$145.01	\$0.00	\$0.00	\$0.00	\$145.01
H2 E	BUR	\$0.00	10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H2 F	TRM	\$0.00	10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H2 G	ONC	\$0.00	10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H2 H	OR	\$114.74	10	\$12,285.24	\$1,228.52	\$0.00	\$0.00	\$0.00	\$1,228.52
H2 I	AOR	\$0.00	10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H2 J	LAB	\$415.87	10	\$2,197.63	\$219.76	\$0.00	\$0.00	\$0.00	\$219.76
H2 K	IRC	\$150.74	10	\$3,157.52	\$315.75	\$0.00	\$0.00	\$0.00	\$315.75
H2 L	RAD	\$0.00	10	\$1,901.49	\$190.15	\$0.00	\$0.00	\$0.00	\$190.15
H2 M	CAT	\$25.94	6.5	\$1,402.97	\$215.84	\$0.00	\$534.29	\$82.20	\$298.04
H2 N	RAT	\$318.83	10	\$5,268.61	\$526.86	\$0.00	\$0.00	\$0.00	\$526.86
H2 O	NUC	\$0.00	10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H2 P	RDL	\$0.00	10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H2 Q	HYP	\$0.00	10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H2 R	DTY	\$19.92	10	\$190.77	\$19.08	\$0.00	\$0.00	\$0.00	\$19.08
H2 S	LL	\$17.48	10	\$190.57	\$19.06	\$0.00	\$0.00	\$0.00	\$19.06
H2 T	MGT	\$233.35	10	\$551.92	\$55.19	\$0.00	\$0.00	\$0.00	\$55.19
H2 U	EDP	\$2,054.20	10	\$16,182.05	\$1,618.20	\$0.00	\$0.00	\$0.00	\$1,618.20
H2 V	MRI	\$0.00	6	\$6.50	\$1.08	\$0.00	\$0.00	\$0.00	\$1.08
H2 W	LIT	\$0.00	5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H2 X	ETH	\$0.00	10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H2 Y	TRP	\$0.00	5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H2 Z	TMT	\$0.00	5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Total		\$45,375.23	\$4,613.50	\$0.00	\$534.29	\$82.20	\$4,695.70

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

INSTITUTION NAME Saint Agnes Hospital

BASE YEAR 6/30/2018

INSTITUTION NUMBER 0011

ALLOWANCE	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
	SOURCE	GENERAL	DIETARY	LAUNDRY	COMM.	DATA PROC.	DEPT.	TOTAL
A TOTAL INTEREST	HOSP RECORDS	-	//////	//////	//////	//////	//////	//////
B TOTAL DEPRECIATION	HOSP RECORDS	20,653,956	//////	//////	//////	//////	//////	//////
C CAP INTENSIVE EQUIP DEPR	H2 TOTAL	4,695.7	\$19.08	\$19.06	\$55.19	\$1,618.20	\$2,984.17	\$4,695.70
D BLDG & GEN EQUIP DEPR	B-C	15,958.3	//////	//////	//////	//////	//////	\$15,958.28
E BLDG & GEN EQUIP DEPR & INT	A+D	15,958.3	//////	//////	//////	//////	//////	\$15,958.26
F STANDARD UNITS		399,195	209,327	2,489,032	142,809	142,609	//////	//////
G ALLOWANCE PER UNIT		0.039976	\$0.000091	\$0.000008	\$0.000387	\$0.011347	//////	//////

DISTRIBUTION	CODE	NET SQ. FT. BASIS	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
H01 MEDICAL/SURGICAL	MSG	164,599	6,580.0	\$13.78	\$6.29	\$10.60	\$310.89	//////	//////	\$6,921.58
H02 PEDIATRIC	PED	0	0.0	\$0.00	\$0.00	\$0.00	\$0.00	//////	//////	\$0.00
H03 PSYCHIATRIC	PSY	0	0.0	\$0.00	\$0.00	\$0.00	\$0.00	//////	//////	\$0.00
H04 OBSTETRIC	OBS	15,086	603.1	\$1.40	\$0.85	\$0.89	\$26.08	//////	//////	\$632.10
H05 DEFINITIVE OBSERVATION	DEF	0	0.0	\$0.00	\$0.00	\$0.00	\$0.00	//////	//////	\$0.00
H06 MEDICAL SURGICAL ICU	MIS	13,488	539.2	\$0.61	\$0.69	\$2.48	\$72.59	\$58.05	//////	\$673.62
H07 CORONARY CARE	CCU	0	0.0	\$0.00	\$0.00	\$0.01	\$0.17	\$0.94	//////	\$1.12
H08 PEDIATRIC ICU	PIC	0	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	//////	\$0.00
H09 NEO NATAL ICU	NEO	12,039	481.3	\$0.00	\$0.09	\$1.25	\$36.57	\$145.01	//////	\$664.19
H10 BURN CARE	BUR	0	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	//////	\$0.00
H11 PSYCHIATRIC ICU	PSI	0	0.0	\$0.00	\$0.00	\$0.00	\$0.00	//////	//////	\$0.00
H12 SHOCK TRAUMA	TRM	0	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	//////	\$0.00
H13 ONCOLOGY	ONC	0	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	//////	\$0.00
H14 NEWBORN NURSERY	NUR	6,094	243.6	//////	\$0.19	\$0.49	\$14.32	//////	//////	\$258.61
H15 PREMATURE NURSERY	PRE	0	0.0	//////	\$0.00	\$0.00	\$0.00	//////	//////	\$0.00
H16 REHABILITATION	RHB	0	0.0	\$0.00	\$0.00	\$0.00	\$0.00	//////	//////	\$0.00
H17 INTERMEDIATE CARE	ICC	0	0.0	\$0.00	\$0.00	\$0.00	\$0.00	//////	//////	\$0.00
H18 EMERGENCY SERVICES	EMG	21,268	850.2	\$0.00	\$2.89	\$4.93	\$144.52	//////	//////	\$1,002.55
H19 CLINIC SERVICES	CL	17,927	716.7	//////	\$0.17	\$2.08	\$80.91	//////	//////	\$779.81
H20 PSYCH DAY/NIGHT	PDC	0	0.0	\$0.00	\$0.00	\$0.00	\$0.00	//////	//////	\$0.00
H21 AMBULATORY SURGERY (PBP)	AMS	0	0.0	\$0.00	\$0.00	\$0.00	\$0.00	//////	//////	\$0.00
H22 SAME DAY SURGERY	SDS	4,838	193.4	\$0.28	\$0.12	\$0.54	\$15.85	//////	//////	\$210.19
H23 MRI SCANNER	MRI	1,717	68.6	//////	\$0.54	\$0.27	\$8.05	\$1.08	//////	\$78.58
H24 LABOR & DELIVERY	DEL	13,283	531.0	//////	\$0.79	\$1.75	\$51.45	//////	//////	\$584.99
H25 OPERATING ROOM	OR	33,592	1,342.9	//////	\$3.23	\$5.04	\$147.67	\$1,228.52	//////	\$2,727.34
H25a OPERATING ROOM CLINIC	ORC	36	1.4	//////	\$0.00	\$0.26	\$7.74	//////	//////	\$9.44
H26 OBSERVATION	OBV	10,509	420.1	\$3.01	\$1.31	\$2.53	\$74.30	//////	//////	\$501.26
H27 ANESTHESIOLOGY	ANS	300	12.0	//////	\$0.00	\$0.40	\$11.69	//////	//////	\$24.08
H28 MEDICAL SUPPLIES	MSS	0	0.0	//////	//////	\$0.99	\$29.12	//////	//////	\$30.11
H29 DRUGS	CDS	0	0.0	//////	//////	\$1.91	\$55.89	//////	//////	\$57.80
H30 LABORATORY SERVICES	LAB	17,552	701.7	//////	\$0.00	\$7.18	\$210.47	\$219.76	//////	\$1,139.07

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

INSTITUTION NAME Saint Agnes Hospital
 INSTITUTION NUMBER 0011

BASE YEAR 6/30/2018

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	4,916	\$196.52	////	\$0.06	\$0.61	\$17.91	////	\$215.10
H33	INTERVENTIONAL RADIOLOGY/CARDI	IRC	4,642	\$185.57	////	\$0.15	\$1.73	\$50.84	\$315.75	\$554.04
H34	RADIOLOGY-DIAG	RAD	19,884	\$794.88	////	\$0.82	\$2.16	\$63.25	\$190.15	\$1,051.26
H35	CT SCANNER	CAT	2,695	\$107.74	////	\$0.20	\$0.96	\$16.46	\$298.04	\$423.00
H36	RADIOLOGY THERAPEUTIC	RAT	7,311	\$292.27	////	\$0.25	\$1.48	\$43.44	\$526.86	\$864.30
H37	NUCLEAR MEDICINE	NUC	9,376	\$374.82	////	\$0.07	\$0.37	\$10.84	\$0.00	\$386.10
H38	RESPIRATORY THERAPY	RES	5,061	\$202.32	////	\$0.00	\$2.13	\$62.44	////	\$266.89
H39	PULMONARY FUNCTION	PUL	407	\$16.27	////	\$0.00	\$0.14	\$3.96	////	\$20.37
H40	EEG	EEG	2,484	\$99.30	////	\$0.11	\$0.29	\$8.45	////	\$108.15
H41	PHYSICAL THERAPY	PTH	4,024	\$160.86	////	\$0.39	\$0.96	\$28.19	////	\$190.40
H42	OCCUPATIONAL THERAPY	OTH	2,270	\$90.75	////	\$0.00	\$0.30	\$8.68	////	\$99.73
H43	SPEECH/LANGUAGE	STH	274	\$10.95	////	\$0.00	\$0.10	\$3.07	////	\$14.12
H44	RECREATIONAL THERAPY	REC	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	////	\$0.00
H45	AUDIOLOGY	AUD	1,122	\$44.85	////	\$0.00	\$0.04	\$1.28	////	\$46.17
H46	OTHER PHYS. MEDICINE	OPM	0	\$0.00	////	\$0.00	\$0.00	\$0.00	////	\$0.00
H47	RENAL DIALYSIS	RDL	2,363	\$94.46	\$0.00	\$0.03	\$0.65	\$19.02	\$0.00	\$114.16
H48	ORGAN ACQUISITION	OA	0	\$0.00	////	\$0.00	\$0.00	\$0.00	////	\$0.00
H49	LEUKOPHERESIS	LEU	0	\$0.00	////	\$0.00	\$0.00	\$0.00	////	\$0.00
H50	HYPERBARIC CHAMBER	HYP	38	\$1.52	////	\$0.00	\$0.07	\$1.96	\$0.00	\$3.55
H51	LITHOTRIPSY	LIT	0	\$0.00	////	\$0.00	\$0.00	\$0.13	\$0.00	\$0.13
H52	TRANSURETHRAL MICRO THERM	TMT	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H53	ONCOLOGY CLINIC	OCL	0	\$0.00	////	\$0.00	\$0.00	\$0.00	////	\$0.00
H54	TRANSURETHRAL NEEDLE ABLATION	TNA	0	\$0.00	////	\$0.00	\$0.00	\$0.00	////	\$0.00
I	SUBTOTAL	ABC	399,195	\$15,958.24	////	\$19.04	\$55.19	\$1,618.20	////	\$20,653.92
H55	RESEARCH	REG	0	\$0.00	////				////	\$0.00
H56	NURSING EDUCATION	RNS	0	\$0.00	////				////	\$0.00
H57	OTHER HLTH PROF EDU	OHE	0	\$0.00	////				////	\$0.00
H58	COMM HEALTH EDU	CHE	0	\$0.00	////				////	\$0.00
H59	FREE STANDING CLINIC	FSC	0	\$0.00	////				////	\$0.00
H60	HOUSING	HOU	0	\$0.00	////				////	\$0.00
H61	AMBULANCE	AMB	0	\$0.00	////		\$0.00	\$0.00	////	\$0.00
H62	PARKING	PAR	0	\$0.00	////				////	\$0.00
H63	CAFETERIA	CAF	0	\$0.00	////				////	\$0.00
H64	DOCTOR OFFICE RENT	DPO	0	\$0.00	////				////	\$0.00
H65	OFFICE OTHER RENT	OOR	0	\$0.00	////				////	\$0.00
H66	RETAIL OPERATIONS	REO	0	\$0.00	////				////	\$0.00
H67	PATIENT TELEPHONES	PTE	0	\$0.00	////				////	\$0.00
H68	DAY CARE, ETC	DEB	0	\$0.00	////				////	\$0.00
H69	HOME HEALTH SERVICES	HHC	0	\$0.00	////				////	\$0.00
H70	O/P RENAL DIALYSIS	ORD	0	\$0.00	////				////	\$0.00
H71	SKILLED NURSING CARE	ECF	0	\$0.00	////		\$0.00	\$0.00	////	\$0.00
H72	LAB NON/PATIENT	ULB	0	\$0.00	////				////	\$0.00
H73	PHYS PART B SERVICES	UPB	0	\$0.00	////				////	\$0.00
H74	CERTIFIED NURSE ANEST.	CNA	0	\$0.00	////				////	\$0.00
	TOTAL DISTRIBUTED	XYZ	399,195	\$15,958.24	\$0.00	\$19.04	\$55.19	\$1,618.20	\$0.00	\$20,653.92

THIRD PARTY DIFFERENTIAL

PDA

INSTITUTION NAME: Saint Agnes Hospital

BASE YEAR

6/30/2018

INSTITUTION NUMBER: 0011

SOURCE	INPATIENT	OUTPATIENT	TOTAL
--------	-----------	------------	-------

CHARGES, DEDUCTIBLES, CBA

		COL 1	COL 2	COL 3		
A	GROSS PATIENT REVENUE, HSCRC REGULATED	SCH RE, LINE E	252,414.50	186,281.40	438,695.90	A
B	MEDICARE REVENUE, HSCRC REGULATED	RECORDS/BUDGET	114,099.00	60,712.00	174,811.00	B
C	MEDICAID REVENUE, HSCRC REGULATED	RECORDS/BUDGET	16,420.00	4,105.00	20,525.00	C
D	BLUE CROSS REVENUE, HSCRC REGULATED	RECORDS/BUDGET	25,294.00	31,909.00	57,203.00	D
E	MCO SUBCONTRACTED MEDICARE, MEDICAID, HSCRC REGULATED **	RECORDS/BUDGET	57,644.00	47,636.00	105,280.00	E
F	MEDICARE DEDUCTIBLES PAID BY MEDICAID & BC< HSCRC REGULATED	RECORDS/BUDGET	//////////	//////////	10,159.05	F
G	UNCOMPENSATED CARE, HSCRC REGULATED***	RECORDS/BUDGET	7,161.83	14,896.64	22,058.47	G
G1	OTHER PAYORS	A-B-C-D-E-G	31,795.7	27,022.8	58,818.43	G1

RATIOS, LEVEL III COSTS

H	Ratio of Medicare & Medicaid Charges	Col 3 (B + C) /A	//////////	//////////	0.4453	H
I	Ratio of Blue Cross Inpatient Charges	Col 1 D/Col 3 A	0.0577	//////////	//////////	I
I1	Ratio of Blue Cross Outpatient Charges	Col 2 D/Col 3 A	//////////	0.0727	//////////	I1
J	Ratio of HMO Charges	Col 3 E/Col 3 A	//////////	//////////	0.2400	J
K	Ratio of Deductibles Paid by Medicaid & Blue Cross	Col 3 F/Col 3 A	//////////	//////////	0.0232	K
L	Ratio of Uncompensated Accounts	Col 3 G/Col 3 A	//////////	//////////	0.0503	L
M	Ratio of Other Payors Charges	Col 3 G1/Col 3 A	//////////	//////////	0.1341	M
N	Level III Costs	Schedule MA	//////////	//////////	315,762.07	N

DIFFERENTIAL CALCULATION

O	Gross Revenue HSCRC Regulated	*	//////////	//////////	349,794.85	O
P	Payor Differential	1 - (Col 3 O/N)	//////////	//////////	0.1078	P

REVENUE CENTER RATE SUMMARY

INSTITUTION NAME:
INSTITUTION NUMBER:

Saint Agnes Hospital
0011

BASE YEAR

6/30/2018

DESCRIPTION	CODE	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10	COL 11	LEVEL I	----- C F A -----		LEVEL II
														BLDG & GENRL EQUIPMENT	DEPART-MENTAL	
A1 Med/Surg Acute	MSG	53,966.00	27,397.59	9,335.30	13,420.26	////////	0.00	2,779.08	52,832.23	6,901.50	20.07	59,853.80				
2 Pediatric Acute	PED	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
3 Psychiatric Acute	PSY	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
4 Obstetrics Acute	OBS	5,308.00	2,298.51	871.16	1,130.16	////////	0.00	0.00	4,299.83	630.10	2.05	4,931.98				
5 Definitive Observation	DEF	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
6 Med/Surg Intensive Care	MIS	4,832.00	6,396.94	787.51	3,065.88	////////	0.00	587.19	10,837.52	614.30	59.35	11,511.16				
7 Coronary Care	CCU	18.00	14.60	0.00	6.91	////////	0.00	57.82	79.33	0.20	0.94	80.48				
8 Pediatric Intensive Care	PIC	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
9 Neo-Natal Intensive Care	NEO	4,075.00	3,222.98	579.16	1,553.54	////////	0.00	368.72	5,724.39	519.10	145.10	6,388.59				
10 Burn Care	BUR	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
11 Psychiatric Intensive Care	PSI	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
12 Shock Trauma	TRM	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
13 Oncology	ONC	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
14 Newborn Nursery	NUR	4,796.00	1,262.36	286.69	611.38	////////	0.00	163.22	2,323.65	258.40	0.19	2,582.24				
15 Premature Nursery	PRE	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
16 Rehabilitation	RHB	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
17 Intermediate Care	ICC	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
18 Emergency Services	EMG	711,838.00	12,736.29	1,472.83	6,386.36	////////	0.00	505.75	21,101.22	999.70	2.89	22,103.81				
19 Clinical Services	CL	310,758.00	5,368.11	994.01	2,752.59	////////	0.00	252.53	9,367.25	779.60	0.17	10,147.02				
20 Observation	OBV	130,507.00	6,548.31	919.77	3,165.89	////////	0.00	588.65	11,222.62	496.90	4.32	11,723.84				
21 Psych Day & Night Care	PDC	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
22 Lithotripsy	LIT	4.00	11.20	2.30	8.92	////////	0.00	0.00	22.43	0.10	0.00	22.53				
23 Same Day Surgery	SDS	5,526.00	1,396.96	254.90	829.26	////////	0.00	0.00	2,481.12	209.80	0.40	2,691.32				
24 Free Standing Emergency	FSE	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
25 Labor & Delivery Services	DEL	103,980.00	4,534.39	706.78	2,503.82	////////	0.00	0.00	7,744.98	584.20	0.79	8,329.97				
26 Operating Room	OR	975,029.00	13,013.73	2,603.26	8,315.10	////////	0.00	1,225.38	25,157.46	1,495.60	1,231.75	27,884.82				
27 Operating Room Clinic	ORC	57,387.00	682.13	55.38	502.88	////////	0.00	1.10	1,241.49	9.40	0.00	1,250.89				
28 Ambulance Services-Rebundled	AMR	0.00	0.00	0.00	0.00	////////	////////	////////	0.00	////////	////////	0.00				
29 Anesthesiology	ANS	1,478,584.00	1,030.64	154.49	590.39	////////	0.00	88.06	1,863.58	24.10	0.00	1,887.68				
30 Laboratory Services	LAB	18,020,891.00	18,548.26	2,016.79	11,221.64	////////	0.00	586.39	32,373.09	919.30	219.76	33,512.15				
31 Ambulatory Surgery (PBP)	AMS	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
32 Electrocardiography	EKG	839,560.00	1,578.02	282.52	996.68	////////	0.00	155.05	3,012.27	215.00	0.06	3,227.33				
33 Electroencephalography	EEG	312,646.00	744.67	231.57	510.59	////////	0.00	139.96	1,626.78	108.00	0.11	1,734.89				
34 Radiology-Diagnostic	RAD	790,356.00	5,574.37	1,069.83	3,872.77	////////	0.00	0.00	10,516.97	860.30	190.97	11,568.24				
35 Radiology-Therapeutic	RAT	961,834.65	3,827.95	716.45	2,998.02	////////	0.00	0.00	7,542.42	337.20	527.11	8,406.73				
36 Nuclear Medicine	NJC	257,498.00	955.69	438.65	658.14	////////	0.00	20.68	2,073.16	386.00	0.07	2,459.23				
37 CT Scanner	CAT	1,188,021.00	1,450.17	212.01	980.84	////////	0.00	0.00	2,643.02	124.80	298.24	3,066.06				
38 Interventional Radiology/Cardiovascular	IRC	129,467.00	4,480.58	369.11	2,974.99	////////	0.00	281.60	8,106.28	238.10	315.90	8,660.28				
39 Respiratory Therapy	RES	5,704,807.74	5,502.29	388.84	2,805.59	////////	0.00	0.00	8,696.72	266.90	0.00	8,963.62				
40 Pulmonary Function Testing	PUL	31,551.10	349.16	18.28	272.63	////////	0.00	148.72	788.79	20.40	0.00	809.19				
41 Renal Dialysis	RDL	4,188.00	1,676.80	450.69	815.40	////////	0.00	64.06	3,006.76	114.10	0.03	3,120.89				
42 Physical Therapy	PTH	332,240.80	2,484.44	265.62	1,608.03	////////	0.00	0.00	4,358.09	190.00	0.39	4,548.48				
43 Occupational Therapy	OTH	141,769.00	764.69	101.05	414.43	////////	0.00	0.00	1,280.17	99.70	0.00	1,379.87				
44 Speech Language Pathology	STH	40,774.00	270.47	11.95	165.68	////////	0.00	0.00	448.10	14.10	0.00	462.20				
45 Organ Acquisition	OA	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
46 Ambulatory Surgery	AOR	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
47 Leukopheresis	LEU	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
48 Hyperbaric Chamber	HYP	320.00	172.90	36.66	134.78	////////	0.00	0.00	344.34	3.60	0.00	347.94				
49 Audiology	AUD	20,196.00	112.69	52.93	69.27	////////	0.00	0.00	234.89	46.20	0.00	281.09				
50 Other Physical Medicine	OPM	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
51 Transurethral Needle Ablation	TNA	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
52 Magnetic Resonance Imaging	MRI	405,257.90	709.16	180.30	439.66	////////	0.00	0.00	1,329.13	77.00	1.62	1,407.75				
53 Oncology Clinic	OCL	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
54 Transurethral Microwave ThermoTherapy	TMT	0.00	0.00	0.00	0.00	////////	0.00	0.00	0.00	0.00	0.00	0.00				
55 Admission Services	ADM	15,102.00	////////	944.28	811.71	////////	////////	////////	1,755.99	////////	////////	1,755.99				
56 Med/Surg Supplies	MSS	26,247.24	20,788.30	2,566.53	1,513.26	////////	////////	////////	24,868.09	30.10	////////	24,898.19				
57 Drugs Sold	CDS	26,247.24	15,540.10	4,925.30	3,238.66	////////	////////	////////	23,704.06	57.80	////////	23,761.86				
58						////////										
B TOTAL		33,095,562.65	171,445.25	34,302.87	81,346.10		0.00	8,013.96	295,108.18	17,631.60	3,022.29	315,762.07				

REVENUE CENTER RATE SUMMARY

INSTITUTION NAME:
INSTITUTION NUMBER:

Saint Agnes Hospital
0011

BASE YEAR

6/30/2018

		----- O F C -----		LEVEL III	PAYOR DIFFERENTIAL	LEVEL IV	CROSS SUBSIDY	MISC ADJ	HSCRC ADJ	ADJUST LEVEL IV	AVERAGE RATES	
DESCRIPTION	CODE	DIRECT	PERCENTAGE									
		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10	
A1	Med/Surg Acute	MSG	0.00	533.00	59,853.80	6,451.00	66,304.80			66,304.80	1,228.64	
2.00	Pediatric Acute	PED	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
3.00	Psychiatric Acute	PSY	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
4.00	Obstetrics Acute	OBS	0.00	43.90	4,931.98	531.60	5,463.58			5,463.58	1,029.31	
5.00	Definitive Observation	DEF	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
6.00	Med/Surg Intensive Care	MIS	0.00	102.50	11,511.16	1,240.70	12,751.86			12,751.86	2,639.04	
7.00	Coronary Care	CCU	0.00	0.70	80.48	8.70	89.18			89.18	4,954.17	
8.00	Pediatric Intensive Care	PIC	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
9.00	Neo-Natal Intensive Care	NEO	0.00	56.90	6,388.59	688.60	7,077.19			7,077.19	1,736.73	
###	Burn Care	BJR	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
###	Psychiatric Intensive Care	PSI	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
###	Shock Trauma	TRM	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
###	Oncology	ONC	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
###	Newborn Nursery	NUR	0.00	23.00	2,582.24	278.30	2,860.54			2,860.54	596.44	
###	Premature Nursery	PRE	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
###	Rehabilitation	RHB	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
###	Intermediate Care	ICC	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
###	Emergency Services	EMG	0.00	196.80	22,103.81	2,382.30	24,486.11			24,486.11	34.40	
###	Clinical Services	CL	0.00	90.40	10,147.02	1,093.60	11,240.62			11,240.62	36.17	
###	Observation	OBV	0.00	104.40	11,723.84	1,263.60	12,987.44			12,987.44	99.52	
###	Psych. Day & Night Care	PDC	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
###	Lithotripsy	LIT	0.00	0.20	22.53	2.40	24.93			24.93	6,232.03	
###	Same Day Surgery	SDS	0.00	24.00	2,691.22	280.10	2,981.42			2,981.42	539.53	
###	Free Standing Emergency	FSE	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
###	Labor & Delivery Services	DEL	0.00	74.20	8,329.97	897.80	9,227.77			9,227.77	88.75	
###	Operating Room	OR	0.00	248.30	27,884.82	3,005.40	30,890.22			30,890.22	31.68	
###	Operating Room Clinic	ORC	0.00	11.10	1,250.89	134.80	1,385.69			1,385.69	24.15	
###	Ambulance Services-Rebundled	AMR	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
###	Anesthesiology	ANS	0.00	16.80	1,887.68	203.50	2,091.18			2,091.18	1.41	
###	Laboratory Services	LAB	0.00	298.40	33,512.15	3,611.90	37,124.05			37,124.05	2.06	
###	Ambulatory Surgery (PBP)	AMS	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
###	Electrocardiography	EKG	0.00	28.70	3,227.33	347.80	3,575.13			3,575.13	4.26	
###	Electroencephalography	EEG	0.00	15.40	1,734.89	187.00	1,921.89			1,921.89	6.15	
###	Radiology-Diagnostic	RAD	0.00	103.00	11,568.24	1,246.80	12,815.04			12,815.04	16.21	
###	Radiology-Therapeutic	RAT	0.00	74.90	8,406.73	906.10	9,312.83			9,312.83	9.68	
###	Nuclear Medicine	NUC	0.00	21.90	2,459.23	265.10	2,724.33			2,724.33	10.58	
###	CT Scanner	CAT	0.00	27.30	3,066.06	330.50	3,396.56			3,396.56	2.86	
###	Interventional Radiology/Cardiovascular	IRC	0.00	77.10	8,660.28	933.40	9,593.68			9,593.68	74.10	
###	Respiratory Therapy	RES	0.00	79.80	8,963.62	966.10	9,929.72			9,929.72	1.74	
###	Pulmonary Function Testing	PUL	0.00	7.20	809.19	87.20	896.39			896.39	28.41	
###	Renal Dialysis	RDL	0.00	27.80	3,120.89	336.40	3,457.29			3,457.29	829.48	
###	Physical Therapy	PTH	0.00	40.50	4,548.48	490.20	5,038.68			5,038.68	15.17	
###	Occupational Therapy	OTH	0.00	12.30	1,379.87	148.70	1,528.57			1,528.57	10.78	
###	Speech Language Pathology	STH	0.00	4.10	462.20	49.80	512.00			512.00	12.56	
###	Organ Acquisition	OA	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
###	Ambulatory Surgery	AOR	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
###	Leukopheresis	LEU	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
###	Hyperbaric Chamber	HYP	0.00	3.10	347.94	37.50	385.44			385.44	1,204.49	
###	Audiology	AUD	0.00	2.50	281.09	30.30	311.39			311.39	15.42	
###	Other Physical Medicine	OPM	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
###	Transurethral Needle Ablation	TNA	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
###	Magnetic Resonance Imaging	MRI	0.00	12.50	1,407.75	151.70	1,559.45			1,559.45	3.85	
###	Oncology Clinic	OCL	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
###	Transurethral Microwave Thermotherapy	TMT	0.00	0.00	0.00	0.00	0.00			0.00	0.00	
###	Admission Services	ADM	0.00	15.60	1,755.99	189.30	1,945.29			1,945.29	128.81	
###	Med/Surg Supplies	MSS	0.00	221.70	24,898.19	2,683.50	27,581.69			27,581.69	1,050.84	
###	Drugs Sold	CDS	0.00	211.60	23,761.86	2,561.00	26,322.86			26,322.86	1,002.88	
###												
B	TOTAL		0.00	2,811.60	315,762.07	34,032.70	349,794.77	0.00	0.00	0.00	349,794.77	//////////

OVERHEAD EXPENSE SUMMARY

OES

INSTITUTION NAME: Saint Agnes Hospital

BASE YEAR 6/30/2018

INSTITUTION NUMBER: 0011

	EXPENSES	TOTAL	DISTRIBUTE TO:			
			Physician Part B Centers Sch P2	Data Processing Sch DP1	General Service Centers Sch C1 - C14	
A	Dietary Services	1,695.50	0.0		1,695.5	A
B	Laundry and Linen	2,206.70	0.0		2,206.7	B
C	Social Services	938.60	0.0		938.6	C
D	Purchasing and Stores	2,258.20	0.0		2,258.2	D
E	Plant Operations	11,521.90	0.0		11,521.9	E
F	Housekeeping	5,717.90	0.0		5,717.9	F
G	Central Services and Supply	2,542.00	0.0		2,542.0	G
H	Pharmacy	4,900.60	0.0		4,900.6	H
I	General Accounting	1,456.10	0.0		1,456.1	I
J	Patient Accounts	6,051.00	0.0		6,051.0	J
K	Hospital Administration	37,178.30	0.0		37,178.3	K
L	Medical Records	3,750.50	0.0		3,750.5	L
M	Medical Staff Administration	1,405.50	0.0		1,405.5	M
N	Nursing Administration	6,894.00	0.0		6,894.0	N
O	Organ Acquisition	0.00			0.0	O
P	Data Processing	16,457.10	0.0	16,457.1		P
Q	Totals	104,973.90	0.0	16,457.1	88,516.8	Q

UNREGULATED SERVICES
FSC1

UR 1

INSTITUTION NAME: Saint Agnes Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0011 BUDGET YEAR 1/0/1900

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	VISITS	1,831	0

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	219.3	420.7	640.0	XXXXX
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. 0A 1.1	XXXXX	1.1	XXXXX
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXX	XXXXX	XXXXX
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXX	XXXXX
D1	Depreciation & Amortization	DEP	/////	0.3	XXXXX
D2				0.0	XXXXX
D3				0.0	XXXXX
D4				0.0	XXXXX
D5				0.0	XXXXX
D6				0.0	XXXXX
D7				0.0	XXXXX
D8				0.0	XXXXX
D9				0.0	XXXXX
D10				0.0	XXXXX
D11				0.0	XXXXX
D12				0.0	XXXXX
D13				0.0	XXXXX
D14				0.0	XXXXX
D15				0.0	XXXXX
E	Capital Facilities Allowance	Records	0.0	0.0	XXXXX
F	Base Year Adjusted Expenses	B+C+D+E	220.4	421.0	641.4
				0.3503	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXXXXXX	XXXXX	506.6	XXXXX
H	PROFIT (LOSS)	G - F	XXXXXXX	XXXXX	(134.8)	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	1.8			P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET				Q

UNREGULATED SERVICES
ULB

UR 5

INSTITUTION NAME: Saint Agnes Hospital BASE YEAR: 6/30/2018
 INSTITUTION NUMBER: 0011 BUDGET YEAR: 1/0/1900

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS	COL 1	COL 2	COL 3	COL 4
A	CAP 1982 ed.	231,312	0				

LABORATORY -NON PATIENT

	SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
BASE YEAR DATA					
B	BASE YEAR EXPENSES	998.4	2,470.9	3,469.3	XXXX
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA 10.6	XXXXX	10.6	XXXX
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXX
///	COST CENTER Col 5	COL 6 CODE	/////	XXXXXX	XXXX
D1	Depreciation & Amortization	DEP	XXXXX	1.4	XXXX
D2	Leases & Rentals	LEA	XXXXX	42.9	XXXX
D3				0.0	XXXX
D4				0.0	XXXX
D5				0.0	XXXX
D6				0.0	XXXX
D7				0.0	XXXX
D8				0.0	XXXX
D9				0.0	XXXX
D10				0.0	XXXX
D11				0.0	XXXX
D12				0.0	XXXX
D13				0.0	XXXX
D14				0.0	XXXX
D15				0.0	XXXX
E	Capital Facilities Allowance	Records		0.0	XXXX
F	Base Year Adjusted Expenses	B+C+D+E	1,009.0	2,515.2	3,524.2
					0.0152

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	4,178.6	XXXX
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	654.4	XXXX

BUDGET YEAR DATA

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

BUDGET YEAR PROFIT (LOSS)

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

FTE DATA

P	BASE YEAR HOURS WORKED / 2080	RECORDS	18.2			P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET				Q

**UNREGULATED SERVICES
UPB**

UR 6

INSTITUTION NAME: Saint Agnes Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0011 BUDGET YEAR 1/0/1900

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS	COL 1	COL 2	COL 3	COL 4
A	NO. OF FTEs	471.5	471.5				

PHYSICIANS PART B SERVICES

	SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
BASE YEAR DATA					
B	BASE YEAR EXPENSES	RECORDS 83,044.3	14,324.1	97,368.4	XXXXX B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA 274.9	XXXXX	274.9	XXXXX C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	////// XXXXXXXX	XXXXX	XXXXX	XXXXX D
///	COST CENTER Col 5	COL. 5 CODE	////// XXXXXXXX	XXXXX	XXXXX ///
D1	Depreciation & Amortization	DEP	XXXXX	1,378.4	1,378.4 XXXXX D1
D2	Leases & Rentals	LEA	XXXXX	4,295.1	4,295.1 XXXXX D2
D3				0.0	0.0 XXXXX D3
D4				0.0	0.0 XXXXX D4
D5				0.0	0.0 XXXXX D5
D6				0.0	0.0 XXXXX D6
D7				0.0	0.0 XXXXX D7
D8				0.0	0.0 XXXXX D8
D9				0.0	0.0 XXXXX D9
D10				0.0	0.0 XXXXX D10
D11				0.0	0.0 XXXXX D11
D12				0.0	0.0 XXXXX D12
D13				0.0	0.0 XXXXX D13
D14				0.0	0.0 XXXXX D14
D15				0.0	0.0 XXXXX D15
E	Capital Facilities Allowance	Records	0.0	0.0	0.0 XXXXX E
F	Base Year Adjusted Expenses	B+C+D+E	83,319.2	19,997.6	103,316.8 219,1237 F
BASE YEAR PROFIT (LOSS)					
G	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	64,569.6 XXXXX G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(38,747.2) 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	471.5		P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET	471.5		Q

**UNREGULATED SERVICES
UPB - Detail**

UR6A

INSTITUTION NAME: Saint Agnes Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0011

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Code	MEDICARE PROVIDER/SUPPLIER TYPE DESCRIPTOR	Wages, Salaries & Fringe Benefits	Other Expenses	Total Expenses	Revenue	Hospital Based	FTEs
xx	HOSPITALIST						
1	GENERAL PRACTICE	252.10	191.03	443.13	217.15		0.12
2	GENERAL SURGERY	8747.40	1652.64	10400.04	5203.84		38.59
4	OTOLARYNGOLOGY	1993.60	827.91	2821.51	1935.79		12.10
5	ANESTHESIOLOGY	4992.30	232.82	5225.12	3092.73	Yes	13.81
6	CARDIOLOGY	9107.80	1979.18	11086.98	7878.87		46.18
7	DERMATOLOGY						
8	FAMILY PRACTICE	15688.60	6324.98	22013.58	15920.11		141.29
9	INTERVENTIONAL PAIN MANAGEMENT						
10	GASTROENTEROLOGY	119.40	0.18	119.58	0.00		0.86
11	INTERNAL MEDICINE	6424.19	282.36	6706.55	4182.97	Yes	23.47
12	OSTEOPATHIC MANIPULATIVE MEDICINE						
13	NEUROLOGY	1601.00	438.78	2039.78	1242.72		7.53
14	NEUROSURGERY						
16	OBSTETRICS & GYNECOLOGY	9828.60	1921.05	11749.65	6333.79		61.41
16	OBSTETRICS & GYNECOLOGY						
17	HOSPICE & PALLIATIVE CARE	0.00	0.00	0.00	0.00	Yes	0.00
18	OPHTHALMOLOGY						
19	ORAL SURGERY						
20	ORTHOPEDIC SURGERY	664.30	129.90	794.20	660.03		2.57
22	PATHOLOGY	0.00	0.00	0.00	45.15	Yes	0.00
23	SPORTS MEDICINE						
24	PLASTIC & RECONSTRUCTIVE SURGERY	2776.60	1446.17	4222.77	2865.68		12.80
25	PHYSICAL MEDICINE & REHABILITATION						
26	PSYCHIATRY	427.10	13.61	440.71	92.71	Yes	2.80
29	PULMONARY DISEASE	1745.90	338.35	2084.25	1153.18		11.09
30	DIAGNOSTIC RADIOLOGY	3942.99	86.10	4029.09	3573.64	Yes	14.30
33	THORACIC SURGERY	1057.55	227.52	1285.07	328.55		4.14
34	UROLOGY	0.00	0.00	0.00	0.00		0.00
37	PEDIATRIC MEDICINE	3187.49	182.55	3370.04	2372.95	Yes	14.82
38	GERIATRIC MEDICINE	184.32	10.67	194.99	71.53	Yes	0.89
39	NEPHROLOGY	0.00	0.00	0.00	0.00		0.00
40	HAND SURGERY						
44	INFECTIOUS DISEASE	41.22	0.00	41.22	0.00		0.11
46	ENDOCRINOLOGY	680.81	94.40	775.21	697.00	Yes	5.79
48	PODIATRY						
66	RHEUMATOLOGY	10.10	0.00	10.10	0.00		0.07
72	PAIN MANAGEMENT	516.01	18.33	534.34	352.56		2.84
77	VASCULAR SURGERY	1915.37	536.17	2451.53	1307.54		13.07
78	CARDIAC SURGERY	0.00	0.00	0.00	0.00		0.00
79	ADDICTION MEDICINE	0.00	0.00	0.00	0.00		0.00
81	CRITICAL CARE MEDICINE	2610.49	102.07	2712.56	1771.06	Yes	6.85
82	HEMATOLOGY						
83	HEMATOLOGY - ONCOLOGY						
84	PREVENTIVE MEDICINE						
85	MAXILLOFACIAL SURGERY						
86	NEUROPSYCHIATRY						
90	MEDICAL ONCOLOGY	2838.29	2993.10	5831.39	3270.05	Yes	18.79
91	SURGICAL ONCOLOGY						
92	RADIATION ONCOLOGY	55.65	12.54	68.19	0.00	Yes	1.46
93	EMERGENCY MEDICINE	1777.92	0.00	1777.92	0.00	Yes	12.84
94	INTERVENTIONAL RADIOLOGY						
98	GYNECOLOGICAL ONCOLOGY	132.12	-44.78	87.34	0.00		0.90
C3	INTERVENTIONAL RADIOLOGY						
co	SLEEP MEDICINE						
zz	OTHER (Unregulated Lab)	0.00			0.00		
		<u>83,319.21</u>	<u>19,997.63</u>	<u>103,316.84</u>	<u>64,569.61</u>		<u>471.50</u>

**UNREGULATED SERVICES
CNA**

UR 7

INSTITUTION NAME: Saint Agnes Hospital
INSTITUTION NUMBER: 0011

BASE YEAR N/A 6/30/2018
BUDGET YEAR 1/0/1900

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	CNA Minutes	0	0

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	4,299.8	170.7	4,470.5	XXXXX
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	9.0	XXXXX	9.0	XXXXX
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXX	XXXXX	XXXXX
///	COST CENTER Col 5		XXXXXX	XXXXX	///
D1				0.0	XXXXX
D2				0.0	XXXXX
D3				0.0	XXXXX
D4				0.0	XXXXX
D5				0.0	XXXXX
D6				0.0	XXXXX
D7				0.0	XXXXX
D8				0.0	XXXXX
D9				0.0	XXXXX
D10				0.0	XXXXX
D11				0.0	XXXXX
D12				0.0	XXXXX
D13				0.0	XXXXX
D14				0.0	XXXXX
D15				0.0	XXXXX
E	Capital Facilities Allowance		0.0	0.0	XXXXX
F	Base Year Adjusted Expenses	B+C+D+E	4,308.8	170.7	4,479.5
					0.0000

BASE YEAR PROFIT (LOSS)					
G	BASE YEAR REVENUE		RECORDS	XXXXXXX	XXXXX
H	PROFIT (LOSS)		G - F	XXXXXXX	XXXXX
				2,535.4	XXXXX
				(1,944.1)	XXXXX

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

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

FTE DATA					
P	BASE YEAR HOURS WORKED / 2080		RECORDS	15.4	P
Q	BUDGET YEAR HOURS WORKED / 2080		BUDGET		Q

**UNREGULATED SERVICES
PSS**

UR 8

INSTITUTION NAME: Saint Agnes Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0011 BUDGET YEAR 1/0/1900

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	NUMBER OF FTES	70	0

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	10,654.9	0.0	10,654.9	XXXXX
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	40.6	XXXXX	40.6	XXXXX
D	ALLOCATION FROM GENERAL SERVICE CENTERS	XXXXXXX	XXXXX	XXXXX	XXXXX
///	COST CENTER Col 5	COL. 6 CODE	////	XXXXXX	XXXXX
D1				0.0	XXXXX
D2				0.0	XXXXX
D3				0.0	XXXXX
D4				0.0	XXXXX
D5				0.0	XXXXX
D6				0.0	XXXXX
D7				0.0	XXXXX
D8				0.0	XXXXX
D9				0.0	XXXXX
D10				0.0	XXXXX
D11				0.0	XXXXX
D12				0.0	XXXXX
D13				0.0	XXXXX
D14				0.0	XXXXX
D15				0.0	XXXXX
E	Capital Facilities Allowance				XXXXX
F	Base Year Adjusted Expenses	10,695.5	0.0	10,695.5	153.7973

BASE YEAR PROFIT (LOSS)					
G	BASE YEAR REVENUE	XXXXXXX	XXXXX	3,991.6	XXXXX
H	PROFIT (LOSS)	G - F	XXXXXX	(6,703.9)	XXXXX

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

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

FTE DATA					
P	BASE YEAR HOURS WORKED / 2080	69.5			P
Q	BUDGET YEAR HOURS WORKED / 2080				Q

**UNREGULATED SERVICES
TBA3**

UR 9

INSTITUTION NAME: Saint Agnes Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0011 BUDGET YEAR 1/0/1900

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	VISITS	57,991	0

COL 1 COL 2 COL 3 COL 4

SETON IMAGING

	SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT		
BASE YEAR DATA							
B	BASE YEAR EXPENSES	RECORDS	5,140.4	949.4	6,089.8	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	25.3	XXXXX	25.3	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	//////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL 6 CODE	//////	XXXXXXXX	XXXXX	XXXXX	///
D1	Depreciation & Amortization	DEP	XXXXX	360.8	360.8	XXXXX	D1
D2	Leases & Rentals	LEA	XXXXX	457.1	457.1	XXXXX	D2
D3					0.0	XXXXX	D3
D4					0.0	XXXXX	D4
D5					0.0	XXXXX	D5
D6					0.0	XXXXX	D6
D7					0.0	XXXXX	D7
D8					0.0	XXXXX	D8
D9					0.0	XXXXX	D9
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
E	Capital Facilities Allowance	Records				XXXXX	E
F	Base Year Adjusted Expenses	B+C+D+E	5,165.7	1,767.3	6,933.0	0.1196	F

BASE YEAR PROFIT (LOSS)							
G	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	7,145.9	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	212.9	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	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	43.4				P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET					Q

UNREGULATED SERVICES
TBA4

UR 10

INSTITUTION NAME: Saint Agnes Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0011 BUDGET YEAR 1/0/1900

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	TREATMENTS	0	0

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

ALL OTHER

	SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT		
BASE YEAR DATA							
B	BASE YEAR EXPENSES	RECORDS	197.5	29.3	226.8	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	1.0	XXXXX	1.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	////	XXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 5 CODE	////	XXXXXXX	XXXXX	XXXXX	///
D1					0.0	XXXXX	D1
D2					0.0	XXXXX	D2
D3					0.0	XXXXX	D3
D4					0.0	XXXXX	D4
D5					0.0	XXXXX	D5
D6					0.0	XXXXX	D6
D7					0.0	XXXXX	D7
D8					0.0	XXXXX	D8
D9					0.0	XXXXX	D9
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
E	Capital Facilities Allowance	Records				XXXXX	E
F	Base Year Adjusted Expenses	B+C+D+E	198.5	29.3	227.8	0.0000	F

BASE YEAR PROFIT (LOSS)							
G	BASE YEAR REVENUE	RECORDS	XXXXXXX	XXXXX	648.4	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXX	XXXXX	420.6	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	1.7				P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET					Q

UNREGULATED SERVICES
TBA5

UR 11

INSTITUTION NAME: Saint Agnes Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0011 BUDGET YEAR 1/0/1900

	VOLUME DATA	BASE YEAR UNITS	BUDGET YEAR UNITS
A	SURGERIES	902	0

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

ASC

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

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	682.4	351.3	1,033.7	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	4.1	XXXXX	4.1	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	//////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL 5 CODE	//////	XXXXXXXX	XXXXX	XXXXX	///
D1	Depreciation & Amortization	DEP	XXXXX	24.1	24.1	XXXXX	D1
D2	Leases & Rentals	LEA	XXXXX	114.5	114.5	XXXXX	D2
D3					0.0	XXXXX	D3
D4					0.0	XXXXX	D4
D5					0.0	XXXXX	D5
D6					0.0	XXXXX	D6
D7					0.0	XXXXX	D7
D8					0.0	XXXXX	D8
D9					0.0	XXXXX	D9
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
E	Capital Facilities Allowance	Records				XXXXX	E
F	Base Year Adjusted Expenses	B+C+D+E	686.5	489.9	1,176.4	1.3042	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	1,140.9	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(35.5)	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	7.0				P
Q	BUDGET YEAR HOURS WORKED / 2080	BUDGET					Q

UNREGULATED SERVICES SUMMARY

URS

INSTITUTION NAME: Saint Agnes Hospital BASE YEAR 6/30/2018
 INSTITUTION NUMBER: 0011

Schedule	Entity Name and Address	Nature of Service
UR-1	BMS/St. Agnes Community Care Center 900 S. Caton Avenue Baltimore, MD 21229	FREE STANDING CLINIC SERVICES
UR-2		PRIVATE HOME SERVICES
UR-3		OUTPATIENT RENAL DIALYSIS
UR-4		SKILLED NURSING CARE
UR-5	Laboratory Outreach	LAB NON-PATIENT
UR-6	Various	PART B PHYSICIANS
UR-7		CERTIFIED NURSE ANESTHETISTS
UR-8		PHYSICIAN SUPPORT SERVICES
UR-9	Seton Imaging 3449 Wilkens Avenue Baltimore, MD 21229	SETON IMAGING
UR-10	HADP_CORF_Diab 900 S. Caton Avenue Baltimore, MD 21229	ALL OTHER
UR-11	MD Surgeons Center of Columbia	ASC
UR-12		
UR-13		
UR-14		
UR-15		

ANNUAL COST SURVEY

INSTITUTION NAME Saint Agnes Hospital BASE YEAR 6/30/2018

INSTITUTION NUMBER 0011

COL 1

COL 2

	CATEGORY	COSTS	PERCENT
A	Salaries & Wages	117,003.74	36.72%
B	Fringe Benefits	32,789.96	10.29%
C	Depreciation & Amortization	18,048.45	5.66%
C1	Operating Leases	2,606.89	0.82%
D	Interest Expense	2,704.78	0.85%
E	Medical & Surgical Supplies	25,613.72	8.04%
F	IV Solutions and Pharmacy	20,643.21	6.48%
G	Laundry, Linen, Uniforms	1,432.14	0.45%
H	Films & Solutions	2,082.61	0.65%
I	Blood, Plamanate, Albumen	1,528.53	0.48%
J	Contracted Services	28,303.20	8.88%
K	Professional Fees	1,529.89	0.48%
L	Agency Nurses	3,461.91	1.09%
M	Malpractice Insurance	1,754.18	0.55%
N	All Other Insurance	6,943.77	2.18%
O	Telephone	0.00	0.00%
P	Utilities & Water	1,648.51	0.52%
Q	Food	65.06	0.02%
R	Printing, Office Supplies, Copying	957.10	0.30%
S	Chemical, Solutions, Lubrication,	100.95	0.03%
T	Other (Detail over 20% of supply	49,396.23	15.50%
U	Total	318,614.83	100.00%

TRANSACTIONS WITH RELATED ENTITIES

INSTITUTION NAME: Saint Agnes Hospital

BASE YEAR 6/30/2018

INSTITUTION NUMBER: 0011

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	Ascension Information Services	23,335,355.00		B & D	Information Technology Services
2	MedExcel	5,767,407.00		B & D	Plant Operations & Maintenance Services
3	Ministry Service Center	1,020,869.00		B & D	General Accounting & Business Office Functions
4	The Resource Group	1,140,114.00		B & D	Purchasing & Supply Chain Services
5	Trimedx			B & D	Biomedical Engineering Services
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

SUPPLEMENTAL BIRTHS SCHEDULE

INSTITUTION NAME: Saint Agnes Hospital BASE YEAR 6/30/2018

INSTITUTION NUMBER: 0011

Admissions for EIPA Counts		
A	Neonates not charged an Admission Charge	252
B	Admissions from monthly reports ADM revenue center	15,040
C	Total	15,292
Cases for Charge Per Case (CPC) Calculations		
D	Neonates not charged an Admission Charge	252
E	Births from monthly reports Nursery (NUR) revenue center	1,918
F	Sub-Total	2,170
G	Admissions from monthly reports ADM revenue center	15,040
H	Total	17,210

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

Hospital Name: Saint Agnes Hospital
Hospital Number: 0011

Other Operating Revenue:	<u>2018</u>	HSCRC Schedule
Release of gifts funds		G / GR
Grants/Federal Financial Awards		G / GR
Investments	-	G / GR
Other	<u>1,981.3</u>	G / GR
Total - RE Col 1, Line L	1,981.3	

Non-Operating and Net Unregulated Revenue:		
Office & Other Rental	48.0	E 4
Retail Operations	430.1	E 5
Patients Telephones	47.0	E 6
Cafeteria	1,720.2	E 7
Day Care	17.8	E 8
Housing	-	E 9
Research	-	F 1
Nursing Education	-	F 2
Other Health Profession Education	-	F 3
Community Health Education	-	F 4
Freestanding Clinic Services	506.6	UR 1
Private Home Services	-	UR 2
Outpatient Renal Dialysis	-	UR 3
Skilled Nursing Care	-	UR 4
Laboratory Non-Patient	4,178.6	UR 5
Physicians Part B Services	64,569.6	UR 6
Certified Nurse Anesthetists	2,535.4	UR 7
Physician Support Services	3,991.6	UR 8
Freestanding Imaging Services	7,145.9	UR 9
All Other UR	648.4	UR 10
Ambulatory Surgery Center	1,140.9	UR 11
0	-	UR 12
0	-	UR 13
0	-	UR 14
0	-	UR 15
Investment Income	1,880.0	G / GR
Other	<u> </u>	G / GR
Total - RE Col 2, Line M + Line U	88,860.2	

Non-Operating and Net Unregulated Expenses:

Office & Other Rental	473.3	E 4
Retail Operations	389.8	E 5
Patients Telephones	254.1	E 6
Cafeteria	1,720	E 7
Day Care	18	E 8
Freestanding Clinic Services	641.4	UR 1
Laboratory Non-Patient	3,524.2	UR 5
Physicians Part B Services	103,316.8	UR 6
Certified Nurse Anesthetists	4,479.5	UR 7
Physician Support Services	10,695.5	UR 8
Freestanding Imaging Services	6,933.0	UR 9
All Other UR	227.8	UR 10
Ambulatory Surgery Center	1,176.4	UR 11
Non-Operating Expense	<u>2,422</u>	G / GR

Total - RE Col 2, Line S + Line V

136,271.7

FY2018 SUPPLEMENTAL SCHEDULE - II

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

Hospital Name: Saint Agnes Hospital
 Hospital Number: 0011

Income Statement

RE Line T	Excess (Deficit) Operating Rev. over Operating Expenses	XXXXX	\$6,283.88
-----------	---	-------	------------

RE Line U Detailed Non-Operating:- Income/(Expense)			
U1	Contributions (Unrestricted)		XXXXX
U2	Interest & Investment Income	243.4	XXXXX
U3	Investment - Gains/(Losses) - Realized	1,060.2	XXXXX
U4	Investment - Gains/(Losses) - Unrealized	576.7	XXXXX
U5	Swap Agreements - Gains/(Losses) - Realized		XXXXX
V	Other (Specify)	-\$2,422.29	XXXXX
V	Loss on extinguishment of debt		XXXXX
V	Other non-operating income		XXXXX
RE Line W	Excess Profit/(Loss)	XXXXX	5,741.8

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: Saint Agnes Hospital
Hospital Number: 0011

Fiscal Year 2018

	Depreciation	Leases / Rentals	Total
UA Schedule - Line A	\$20,176.80	\$7,516.50	\$27,693.30
Allocation of E & UR Schedules:			
E 1	\$0.00	\$0.00	\$0.00
E 2	\$0.00	\$0.00	\$0.00
E 3	\$0.00	\$0.00	\$0.00
E 4	\$364.70	\$0.00	\$364.70
UR 5	\$1.39	\$42.88	\$44.27
UR 6	\$1,378.35	\$4,295.14	\$5,673.49
UR 7	\$0.00	\$0.00	\$0.00
UR 8	\$0.00	\$0.00	\$0.00
UR 9	\$360.81	\$457.13	\$817.94
UR 10	\$0.00	\$0.00	\$0.00
UR 11	\$24.15	\$114.45	\$138.60
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	\$18,047.06	\$2,606.90	\$20,653.96

\$20,655.54

SUPPLEMENTAL SCHEDULE - IV

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

Hospital Name: Saint Agnes Hospital
Hospital Number: 0011
Fiscal Year 2018

<u>Audited Financial Statements:</u>	
Bad Debts	\$4,875.58
Charity Care	\$23,954.88
Uncompensated Care per Statement	\$28,830.46

<u>Trial Balance:</u>	
Bad Debt Write-offs	\$10,067.89
Charity Write-offs	\$23,115.34
Change in Balance Sheet Reserve	-\$3,021.17
Bad Debt Recoveries	-\$1,700.11
Credit and Collection Expense	\$368.50
Uncompensated Care per Trial Balance	\$28,830.46

<u>Annual Report of Revenues, Expenses, and Volumes:</u>	
Uncompensated Care - Schedule PDA	\$22,058.47
Unregulated Charity & Bad Debts	\$6,403.49
Credit and Collection Expense	\$368.50
Uncompensated Care Per Report	\$28,830.46

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

Hospital Name:
Hospital Number:
Fiscal Year 2018

Saint Agnes Hospital
0011

Payor	Inpatient	Outpatient	Total
AETNA	992.1	1,364.8	2,356.9
AMERIGROUP	7,813.3	8,907.8	16,721.1
CARE IMPROVEMENT PLUS	2.6	11.4	14.0
CIGNA HEALTHSPRING	4,107.3	2,551.1	6,658.4
COVENTRY	0.0	0.0	0.0
ERICKSON	1,028.1	825.9	1,854.0
EVERCARE	0.0	2.9	2.9
JAI	2,265.9	1,315.5	3,581.4
JOHNS HOPKINS	1,407.7	636.8	2,044.5
KAISER	5,031.0	1,592.3	6,623.3
MD PHYSICIAN CARE	9,650.2	10,144.2	19,794.3
MEDSTAR MEDICARE CHOICE	136.1	91.1	227.2
MEDSTAR PHYSICIAN PARTNERS	1,781.2	1,569.7	3,351.0
OTHER	1,730.2	776.4	2,506.5
PRIORITY PARTNERS	6,714.3	6,434.9	13,149.2
UNITED	7,281.4	5,737.8	13,019.3
UNIV OF MD HEALTH ADVANTAGE	1,366.3	846.1	2,212.5
UNIV OF MD HEALTH PARTNERS	1,468.9	1,129.3	2,598.2
VALUE OPTIONS	1,366.3	846.1	2,212.5
Total	54,142.8	44,784.3	98,927.1

FY 2018 SUPPLEMENTAL SCHEDULE - VI

Clinic Detail

Visits, RVUs and Revenues by Clinic

Hospital Name: Saint Agnes Hospital

Hospital Number: 0011

Visits	RVUs	Revenue
--------	------	---------

Ostomy Clinic	5	40	\$1,848
GI Infusion	22	402	\$17,530
Coag	16,215	36,069	\$1,650,916
CHF	1,843	44,253	\$2,026,825
Diabetes	4,835	17,446	\$770,709
WHC - Perinatology	4,036	20,638	\$948,623
WHC - Oncology	453	926	\$42,383
Pain Mgmt	281	2,836	\$127,576
Medical Oncology	17,785	163,742	\$7,490,260
Breast Center	103	622	\$28,493
Radiation Therapy	908	3,598	\$164,485
Wound Center	1,898	17,725	\$811,178
Laboratory	62	2,232	\$119,257
Total	48,446	310,529	\$14,200,082

SUPPLEMENTAL SCHEDULE VIII

Saint Agnes Hospital

Debt Collection/Financial Assistance Report

For The Fiscal Year Ended June 30, 2018

1. Collection Agency Name

- a. TSI
- b.
- c.
- d.
- e.
- f.
- g.
- h.

2. Number of Liens

- i.

3. Number of extended payment plans

- j.

FINANCIAL ASSISTANCE

4. Number of applications for financial assistance received

- k.

5. Number of applicants for financial assistance approved

- l.

SUPPLEMENTAL SCHEDULE - X
Gross Patient Revenue Reconciliation
Schedule

Hospital Name: Saint Agnes Hospital
 Hospital Number: 0011

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	248,999	184,214	433,213
2	Total Out-State Revenue	3,416	2,067	5,483
3	Total Gross Patient Revenue	252,414	186,281	438,696

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	111,644	59,698	1,442	563	173,347
5	Non-FFS Revenue	13,873	8,160	192	108	22,333
6	Total Revenue	125,517	67,858	1,634	670	195,680

HOSPITAL OWNED OUTPATIENT SERVICES WHEREVER LOCATED

Name of Outpatient Service	Description of Services Provided	Physical Location/Address	Regulated / Unregulated
AUDIOLOGY	Provides diagnostic and therapeutic audiology services	HOSPITAL	REGULATED
CARDIOLOGY	Provides electrocardiography services and other noninvasive cardiology procedures	HOSPITAL	REGULATED
CARDIAC REHAB	Program focused on physical and mental rehabilitation for heart patients	HOSPITAL	REGULATED
CARDIAC CATH LAB	Provides cardiac catheterization and noninvasive cardiology procedures.	HOSPITAL	REGULATED
COAGULATION CLINIC	Provides point of care anti-coagulation management to patients.	HOSPITAL	REGULATED
CAT SCAN	Computerized Axial Tomography services	HOSPITAL	REGULATED
DIAGNOSTIC IMAGING	Diagnostic radiology services	HOSPITAL	REGULATED
DIABETES EDUCATION	Provides diabetes and nutritional education	HOSPITAL	REGULATED
ENDOCRINOLOGY	Provides endocrinology consultative services	HOSPITAL	REGULATED
ADULT MAIN EMERGENCY DEPT	Emergency Services focused on Adults	HOSPITAL	REGULATED
CHEST PAIN EMERGENCY DEPT	Emergency Services focused on chest pain symptoms	HOSPITAL	REGULATED
PEDIATRIC EMERGENCY DEPT	Emergency Services focused on Pediatrics	HOSPITAL	REGULATED
URGENT CARE EMERGENCY DEPT	Emergency Services focused on immediate medical care	HOSPITAL	REGULATED
EEG	ELECTROENCEPHALOGRAM SERVICES	HOSPITAL	REGULATED
EMG	ELECTROMYOGRAPHY SERVICES	HOSPITAL	REGULATED
G.I.SERVICES	GASTROINTESTINAL SUITE	HOSPITAL	REGULATED
LAB	LABORATORY SERVICES	HOSPITAL	REGULATED
MRI	Magnetic Resonance Imaging services	HOSPITAL	REGULATED
NUCLEAR MEDICINE	Relies on the process of radioactive decay in the diagnosis and treatment of disease	HOSPITAL	REGULATED
OPHTHALMOLOGY	Provides ophthalmology services including YAG Laser treatment of posterior capsular opacification	HOSPITAL	REGULATED
OPERATING ROOM	SURGICAL OPERATING ROOM	HOSPITAL	REGULATED
OSTOMY CLINIC	Provides Ostomy services	HOSPITAL	REGULATED

HOSPITAL OWNED OUTPATIENT SERVICES WHEREVER LOCATED

Name of Outpatient Service	Description of Services Provided	Physical Location/Address	Regulated / Unregulated
OCCUPATIONAL THERAPY	Provides treatment to develop, recover, or maintain the daily living and work skills of patients	HOSPITAL	REGULATED
PAIN MANAGEMENT	Provides acute and chronic pain management interventions	HOSPITAL	REGULATED
PHYSICAL THERAPY	Provides services to patients in order to develop, maintain and restore maximum movement and functional ability	HOSPITAL	REGULATED
PULMONARY	PULMONARY SERVICES	HOSPITAL	REGULATED
RESPIRATORY THERAPY	RESPIRATORY SERVICES	HOSPITAL	REGULATED
INTERVENTIONAL RADIOLOGY	Minimally invasive procedures are performed using image guidance	HOSPITAL	REGULATED
SPEECH THERAPY	Provides diagnosis and treatment of a variety of speech, voice, and language disorders	HOSPITAL	REGULATED
T.U.M.T	TRANSURETRAL MICROWAVE THERAPY	HOSPITAL	REGULATED
ULTRASOUND	Ultrasound Imaging Services	HOSPITAL	REGULATED
VASCULAR LAB	Non invasive studies to evaluate arteries and veins	HOSPITAL	REGULATED
WOMENS CTR ONC	Provides gynecologic oncology services	HOSPITAL	REGULATED
WOMEN'S HEALTH CENTER SA	Provides prenatal services and extra care for women managing high-risk pregnancies	HOSPITAL	REGULATED
BREAST CENTER	Provides advanced breast cancer detection and treatment.	HOSPITAL	REGULATED
ONCOLOGY MEDICAL	Cancer treatment primarily with drugs, i.e. chemotherapy	HOSPITAL	REGULATED
ONCOLOGY RADIATION	Cancer treatment primarily with radiation	HOSPITAL	REGULATED
WOUND CENTER	Provides comprehensive wound care including hyperbaric oxygen services	HOSPITAL	REGULATED
SETON IMAGING	Provides various diagnostic imaging services in a freestanding imaging center	3449 Wilkens Ave Baltimore, MD	UNREGULATED
COMMUNITY CARE CENTER at BALTIMORE MEDICAL SYSTEM (FQHC)	Provides various physician specialty consultative services	900 Caton Ave, Baltimore, MD	UNREGULATED

HOSPITAL OWNED OUTPATIENT SERVICES WHEREVER LOCATED

Name of Outpatient Service	Description of Services Provided	Physical Location/Address	Regulated / Unregulated
SETON MEDICAL GROUP PRIMARY CARE & OB/GYN - BALTIMORE NATIONAL PIKE	Primary Care services	6501 Baltimore National Pike. Baltimore, MD	UNREGULATED
SETON MEDICAL GROUP PRIMARY CARE - KINGS CONTRIVANCE	Primary Care services	8325 Guilford Rd., Columbia, MD	UNREGULATED
SETON MEDICAL GROUP PRIMARY CARE - ELKRIDGE	Primary Care services	6518 Meadow Ridge Rd., Elkridge, MD	UNREGULATED
SETON MEDICAL GROUP PRIMARY CARE - COLUMBIA/OAKLAND MILLS	Primary Care services	9650 Santiago Rd., Ste. 109 Columbia, MD	UNREGULATED
SETON MEDICAL GROUP PRIMARY CARE - ELLICOTT CITY	Primary Care services	2850 N. Ridge Rd., Ellicott City, MD	UNREGULATED
SETON MEDICAL GROUP PRIMARY CARE - MARRIOTTSVILLE	Primary Care services	2400 Longstone Lane, Marriottsville, MD	UNREGULATED
SETON MEDICAL GROUP PRIMARY CARE - WILKENS AVE	Primary Care services	3449 Wilkens Ave, Suite 300, Baltimore, MD	UNREGULATED
SETON MEDICAL GROUP PRIMARY CARE - FOSTER AVE	Primary Care services	2801 Foster Ave., Baltimore, MD	UNREGULATED
SETON MEDICAL GROUP PRIMARY CARE - PINE HEIGHTS	Primary Care services	1001 Pine Heights Ave. Baltimore, MD	UNREGULATED
SETON MEDICAL GROUP OB/GYN - COLUMBIA	OB/GYN services	8945 Guilford Road, Columbia	UNREGULATED
SETON MEDICAL GROUP OB/GYN - WILKENS AVE	OB/GYN services	3449 Wilkens Ave., Baltimore	UNREGULATED

HOSPITAL OWNED OUTPATIENT SERVICES WHEREVER LOCATED

Name of Outpatient Service	Description of Services Provided	Physical Location/Address	Regulated / Unregulated
SETON MEDICAL GROUP OB/GYN - PINE HEIGHTS	OB/GYN services	1001 Pine Heights Ave. Baltimore, MD	UNREGULATED
SETON MEDICAL GROUP OB/GYN - ROLLING CROSSROADS	OB/GYN services	4 E. Rolling Crossroads, Catonsville, MD	UNREGULATED
COMMUNITY CARDIOLOGY	Provides cardiology consultative services	3407 Wilkens Ave Baltimore, MD	UNREGULATED
COMMUNITY CARDIOLOGY	Provides cardiology consultative services	5500 Knoll North Dr., Ste 250, Columbia, MD	UNREGULATED
COMMUNITY BARIATRICS	Provides bariatric surgery consultative services	700 Geipe Road Catonsville, MD	UNREGULATED
COMMUNITY VASCULAR SURGERY	Provides vascular surgery consultative services	3407 Wilkens Ave. Baltimore, MD	UNREGULATED
AMBULATORY SURGERY CENTER - COLUMBIA	Freestanding Ambulatory Surgery Center	11055 Little Patuxent Pkwy., Columbia, MD	UNREGULATED
COMMUNITY GENERAL SURGERY - COLUMBIA	Provides general surgery consultative services	10710 Charter Dr., Columbia, MD	UNREGULATED
COMMUNITY GENERAL SURGERY - FULTON	Provides breast surgery consultative services	7625 Maple Lawn Blvd., Fulton, MD	UNREGULATED
COMMUNITY GENERAL SURGERY - WILKENS	Provides general surgery consultative services	3407 Wilkens Ave Baltimore, MD	UNREGULATED
COMMUNITY NEUROLOGY	Provides neurology consultative services	3407 Wilkens Ave Baltimore, MD	UNREGULATED
COMMUNITY ORTHOPEDIC SURGERY - WILKENS	Provides orthopedic surgery consultative services	3449 Wilkens Ave Baltimore, MD	UNREGULATED
COMMUNITY OTOLARYNGOLOGY	Provides ENT surgery consultative services	3449 Wilkens Ave Baltimore, MD	UNREGULATED
COMMUNITY OTOLARYNGOLOGY	Provides ENT surgery consultative services	10025 Governor Warfield Pkwy, Suite 410, Columbia, MD	UNREGULATED
COMMUNITY PAIN MANAGEMENT	Provides pain management consultative services	3449 Wilkens Ave Baltimore, MD	UNREGULATED
COMMUNITY PLASTIC SURGERY - FREDERICK RD	Provides Plastic surgery consultative services	300 Frederick Rd., Catonsville, MD	UNREGULATED
COMMUNITY PLASTIC SURGERY - COLUMBIA	Provides Plastic surgery consultative services	10710 Charter Dr., Columbia, MD	UNREGULATED

HOSPITAL OWNED OUTPATIENT SERVICES WHEREVER LOCATED

Name of Outpatient Service	Description of Services Provided	Physical Location/Address	Regulated / Unregulated
COMMUNITY PULMONARY MEDICINE	Provides Pulmonary Medicine consultative services	3407 Wilkens Ave., Baltimore, MD	UNREGULATED
COMMUNITY THORACIC SURGERY	Provides Thoracic surgery consultative services	3407 Wilkens Ave., Baltimore, MD	UNREGULATED
COMMUNITY THORACIC SURGERY	Provides Thoracic surgery consultative services	10710 Charter Dr., Columbia, MD	UNREGULATED
IMMUNO-THERAPY CENTER	Provides immuno-oncology infusion services	900 Caton Ave, Baltimore, MD	UNREGULATED
COMPREHENSIVE CARE CENTER	Provides internal medicine consultative services to high risk patients	900 Caton Ave, Baltimore, MD	UNREGULATED

OUTPATIENT SERVICES NOT OWNED BY THE HOSPITAL - LOCATED IN PRINCIPAL HOSPITAL BUILDINGS
OR LOCATED IN OTHER BUILDINGS IN WHICH REGULATED SERVICES ARE PROVIDED

Name of Outpatient Service	Description of Services Provided	Physical Location/Address	Regulated / Unregulated
Chesapeake Urology	Provides urology consultative services	3407 Wilkens Ave., Suite 210, Baltimore, MD	Unregulated
Advanced Dental Care	OP Dental Services	3407 Wilkens Ave., Suite 205, Baltimore, MD	Unregulated
Seton Pain & Rehab Center	Pain Management Services	3407 Wilkens Ave., Suite 240, Baltimore, MD	Unregulated