

HEALTH SERVICES COST REVIEW
HOLY CROSS GERMANTOWN HOSPITAL

FY 2019 Annual Filing

SUBMISSION

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

	SUBMITTING	NOT APPLICABLE
SCHEDULES V1A, V1B, V1C, V1D - INPATIENT AND PATIENT DAYS	✓	XXXXX
SCHEDULES V2A, V2B - OUTPATIENT VISITS	✓	XXXXX
SCHEDULES V3A, V3D - ANCILLARY SERVICE UNITS	✓	XXXXX
SCHEDULE V5 - EQUIVALENT INPATIENT DAYS AND ADMISSIONS	✓	XXXXX
SCHEDULE DP1 - ALLOCATION OF DATA PROCESSING	✓	XXXXX
SCHEDULE UA - UNASSIGNED EXPENSE	✓	XXXXX
SCHEDULE P1A, P1B - HOSPITAL BASED PHYSICIANS ALLOCATION	✓	
SCHEDULES P2A TO P2I - MEDICAL STAFF SERVICES		N / A
SCHEDULE P3A TO P3H - PHYSICIAN SUPPORT SERVICES	✓	
SCHEDULES P4A TO P4I - RESIDENTS, INTERNS SERVICES - ELIGIBLE		N / A
SCHEDULES P5A TO P5I - RESIDENTS, INTERNS SERVICES - INELIGIBLE		N / A
SCHEDULES C1 TO C15 - GENERAL SERVICE CENTER	✓	XXXXX
SCHEDULES D1 TO D81 - PATIENT CARE CENTERS	✓	XXXXX
SCHEDULES E1 TO E9 - AUXILIARY ENTERPRISES	✓	XXXXX
SCHEDULES F1 TO F4 - OTHER INSTITUTIONAL PROGRAMS	✓	XXXXX
SCHEDULES OAA TO OAK - ALLOCATION OF CAFETERIA, PARKING, ETC.	✓	
SCHEDULE RC - RECONCILIATION OF BASE YEAR EXPENSES TO SCH. RE	✓	XXXXX
SCHEDULE RE - STATEMENT OF REVENUE AND EXPENSES	✓	XXXXX
SCHEDULES J1, J2 - OVERHEAD EXPENSE APPORTIONMENT	✓	XXXXX
SCHEDULES J3, J4 - OVERHEAD EXPENSE APPORTIONMENT (PSYCH. HOSP.)		N / A
SCHEDULES JS1, JS2 - OVERHEAD STATISTICAL APPORTIONMENT	✓	XXXXX
SCHEDULES JS3, JS4 - OVERHEAD STATISTICAL APPORTIONMENT (PSYCH. HOSP.)		N / A
SCHEDULE H1 - BUILDING FACILITY ALLOWANCE		N / A
SCHEDULES H2A TO H2Y - DEPARTMENTAL EQUIPMENT ALLOWANCE	✓	XXXXX
SCHEDULE MTC A-F TRAUMA COSTS		N / A
SCHEDULE SBC I/II STANDBY COSTS		N / A
SCHEDULE AHA		N / A
SCHEDULES H3A, H3B - DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE	✓	XXXXX
SCHEDULES H3C, H3D - DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE (PSYCH. HOSP.)		N / A
SCHEDULE H4 - CAPITAL FACILITY ALLOWANCE SUMMARY		N / A
SCHEDULE GR - CASH AND MARKETABLE ASSETS		N / A
SCHEDULE G - OTHER FINANCIAL CONSIDERATIONS	✓	
SCHEDULE PDA - PAYOR DIFFERENTIAL	✓	XXXXX
SCHEDULES M, MA - PART A COST ACCUMULATINS LEVELS I - IV	✓	XXXXX
SCHEDULES MC, MD - PART A COST ACCUMULATINS LEVELS I - IV (PSYCH. HOSP.)		N / A
SCHEDULE OES - OVERHEAD EXPENSE SUMMARY - PART B	✓	
SCHEDULE UR1 TO UR11 - UNREGULATED SERVICES	✓	
SCHEDULE URS - UNREGULATED SERVICES SUMMARY	✓	
SCHEDULE ACS - ANNUAL COST SURVEY	✓	
SCHEDULE TRE - TRANSACTIONS WITH RELATED ENTITIES	✓	
SCHEDULE RAT - REPORTING OF REGULATORY ADJUSTMENTS FOR TPR HOSPITALS		N / A
SCHEDULE D21A - OUTPATIENT SURGERY PROCEDURE BASED		N / A
SCHEDULE ND - NORMAL DELIVERIES		N / A
SCHEDULE NNB - NORMAL NEWBORNS		N / A
SCHEDULE SB - SUPPLEMENTAL BIRTHS	✓	

I HEREBY CERTIFY THAT I HAVE REVIEWED THIS LIST OF ANNUAL REPORT SCHEDULES AND AM SUBMITTING ALL SCHEDULES APPLICABLE TO HOLY CROSS GERMANTOWN HOSPITAL


SIGNATURE

Vice President, Reimbursement & Accounting Svcs.
TITLE

10/29/19
DATE

INPATIENTS AND PATIENT DAYS

SCHEDULE V1

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL

BASE YEAR

6/30/2019

INSTITUTION NUMBER: 210065

REPORTING SCHEDULE SOURCE	CENTER	COL. 1 ADMISSIONS RECORDS	COL. 2 PATIENT DAYS RECORDS	COL. 3 INTRA- HOSPITAL TRANSFERS IN RECORDS	COL. 4 LENGTH OF STAY COL. 2/(COL. 1 + COL. 3)	COL. 5 AVERAGE LICENSED BEDS RECORDS	COL. 6 % OCCUPANCY COL. 2/(COL. 5*365 (6))
D1	MSG Med/Surg Acute	2,275	6,942	365	2.6	50	0.380
D2	PED Pediatric Acute						
D3	PSY Psychiatric Acute	384	1,306		3.4	6	0.596
D4	OBS Obstetrics Acute	957	2,138	1	2.2	8	0.732
D5	DEF Definitive Observation	966	6,657	880	3.6		
D6	MIS Med/Surg Intensive Care	645	2,266	133	2.9	8	0.776
D7	CCU Coronary Care Pediatric						
D8	PIC Intensive Care						
D9	NEO Neo-Natal Intensive Care	78	720		9.2	8	0.247
D10	BUR Burn Care						
D11	PSI Psychiatric Intensive Care						
D12	TRM Shock Trauma						
D13	ONC Oncology						
D14	NUR Newborn Nursery Premature Nursery	865	1,914		2.2	XXXXXXXXXX	XXXXXXXXXX
D15	PRE Skilled Nursing Care					XXXXXXXXXX	XXXXXXXXXX
D16	ECF Intermediate Chronic Care						
D17	ICC Rehabilitation						
D54	RHB Psych, Adult						
D70	PAD Psych, Child / Adolescent						
D71	PCD Psych Geriatric						
D73	PSG Subtotal	5,305	20,029	1,379	3.0	80	0.686
XXX	Total	6,170	21,943	1,379	2.9	80	0.751
XXXXXX							

ANCILLARY SERVICE UNITS

SCHEDULE V3

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSF BASE YEAR

6/30/2019

INSTITUTION NUMBER: 210065

REPORTING SCHEDULE				COL. 1	COL. 2	COL. 3
SOURCE		CENTER	UNIT OF MEASURE	INPATIENT VOLUME RECORDS	OUTPATIENT VOLUME RECORDS	TOTAL VOLUME COL. 1 + COL. 2
D23	DEL	Labor & Delivery Services	RVUs	33,699	7,333	41,032
D24	OR	Operating Room	Minutes	129,817	219,860	349,677
D24-A	ORC	Operating Room Clinic	Minutes			
D25	ANS	Anesthesiology	Minutes	159,336	231,846	391,182
D28	LAB	Laboratory Services	MD. RVUs	2,607,674	2,265,776	4,873,450
D30	EKG	Electrocardiography	MD RVUs	99,360	122,922	222,282
D31	IRC	Interventional Radiology / Cardiovascular	Minutes	11,258	9,853	21,111
D32	RAD	Radiology-Diagnostic	HSCRC RVUs	66,030	206,033	272,063
D33	CAT	CT Scanner	RVUs	114,630	297,319	411,949
D34	RAT	Radiology-Therapeutic	HSCRC RVUs			
D35	NUC	Nuclear Medicine	HSCRC RVUs	18,391	14,341	32,732
D36	RES	Respiratory Therapy	MD RVUs	860,599	122,827	983,426
D37	PUL	Pulmonary Function Testing	CHA RVUs	225	3,488	3,713
D38	EEG	Electroencephalography	1974 Calif. RVUs	14,011	6,611	20,622
D39	PTH	Physical Therapy	MD RVUs	129,731	48,109	177,840
D40	OTH	Occupational Therapy	RVUs	86,961	23,559	110,520
D41	STH	Speech Language Pathology	RVUs	56,516	9,103	65,619
D42	REC	Recreational Therapy	Hours			
D43	AUD	Audiology	MD RVUs			
D44	OPM	Other Physical Medicine	Treatments			
D45	RDL	Renal Dialysis	Treatments	599		599
D46	OA	Organ Acquisition	Number			
D47	AOR	Ambulatory Surgery	Surgery Minutes			
D48	LEU	Leukopheresis	JHH RVUs			
D49	HYP	Hyperbaric Chamber	Hrs of Treatment			
D51	MRI	Magnetic Resonance Imaging	RVUs	59,934	100,438	160,372
D53	LIT	Lithotripsy	Procedures			
D56	AMR	Ambulance Services-Rebundled	HSCRC RVUs			
D57	TMT	Transurethral Microwave Thermotherapy	Procedures			
D59	TNA	Transurethral Needle Ablation	Procedures			
D80	ETH	Electroconv. Therapy	Treatments			

**EQUIVALENT INPATIENT DAYS
AND ADMISSIONS**

V 5

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR
INSTITUTION NUMBER: 210065 6/30/2019

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

INPATIENT DATA - BASE YEAR

COL. 1

A	GROSS INPATIENT REVENUE	RECORDS, BUDGET	66,765.0	A
B	INPATIENT GRANT REVENUE	RECORDS, BUDGET		B
C	TOTAL INPATIENT REVENUE	A + B	66,765.0	C
D	TOTAL INPATIENT DAYS (IPDs) EXCL NURSERY	SCH V 1 D	20,029	D
E	INPATIENT UNIT REVENUE	C / D	3.33342	E
F	GROSS OUTPATIENT REVENUE	RECORDS, BUDGET	44,429.1	F
G	OUTPATIENT GRANT REVENUE	RECORDS, BUDGET		G
H	TOTAL OUTPATIENT REVENUE	F + G	44,429.1	H
I	TOTAL OUTPATIENT VISITS	SCH V 2 B	32,903	I
J	OUTPATIENT UNIT REVENUE	H / I	1.35031	J
K	IP/OP UNIT REVENUE RATIO	E / J	2.46863	K
L	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / K	13,328	L
M	EQUIVALENT INPATIENT DAYS (EIPDs)	D + L	33,357	M

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

N	TOTAL INPATIENT ADMISSIONS (EXCL NURSERY)	SCH V 1 D	5,305	N
O	INPATIENT UNIT REVENUE	C / N	12.5853	O
P	OUTPATIENT UNIT REVENUE	H / I	1.35031	P
Q	IP/OP UNIT REVENUE RATIO	O / P	9.32030	Q
R	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / Q	3,530	R
S	EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	N + R	8,835	U

UNASSIGNED EXPENSE

UA

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR: 6/30/2019

INSTITUTION NUMBER: 210065

SOURCE	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
	MAL PRACTICE INSURANCE	OTHER INSURANCE	MEDICAL CARE REVIEW	SUB- TOTAL	DEPRECIATION & AMORTIZATION	LEASES & RENTALS	LICENSE & TAXES	INTEREST SHORT TERM	INTEREST LONG TERM	TOTAL EXPENSES
	\$773.0	\$146.6	\$1,269.7	\$2,189.3	\$12,349.9	\$104.3	\$49.9		\$6,053.3	\$20,746.7
	(11.4)	(12.1)		(23.5)	(31.1)				(487.7)	(542.3)
	\$761.6	\$134.5	\$1,269.7	\$2,165.7	\$12,318.8	\$104.3	\$49.9		\$5,565.6	\$20,204.3

BASE YEAR DATA

	MAL	OIN	MCR	DEP	LEA	LIC	IST	ILT
A BASE YEAR EXPENSES				\$12,349.9	\$104.3	\$49.9		\$6,053.3
B ALLOCATIONS TO AUX. ENT. & UNREG. SERVICES	(11.4)	(12.1)		(31.1)				(487.7)
C BASE YEAR EXP. - ADJ.	\$761.6	\$134.5	\$1,269.7	\$12,318.8	\$104.3	\$49.9		\$5,565.6

HOSPITAL BASED PHYSICIANS

P 1 A

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2019
 INSTITUTION NUMBER: 210065

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	
COST CENTER	CODE	RESEARCH	CHIEF OF MEDICAL STAFF	MEDICAL CARE REVIEW	ADMINIS. & SUPERVISION	PART B SERVICES	EDUCATION	TOTAL	
A1	MEDICAL SURGICAL ACUTE	MSG			82.5			82.5	A1
A2	PEDIATRIC ACUTE	PED							A2
A3	PSYCHIATRIC ACUTE	PSY			18.3			18.3	A3
A4	OBSTETRICS ACUTE	OBS							A4
A5	DEFINITIVE OBSERVATION	DEF			65.2			65.2	A5
A6	M/S INTENSIVE CARE	MIS			34.3			34.3	A6
A7	CORONARY CARE	CCU							A7
A8	PEDIATRIC INTEN. CARE	PIC							A8
A9	NEO-NATAL INTEN. CARE	NEO							A9
A10	BURN CARE	BUR							A10
A11	PSYCHIATRIC INTEN. CARE	PSI							A11
A12	SHOCK TRAUMA	TRM							A12
A13	ONCOLOGY	ONC							A13
A14	NEWBORN NURSERY	NUR							A14
A15	PREMATURE NURSERY	PRE							A15
A16	REHABILITATION	RHB							A16
A17	INTERMEDIATE CARE	ICC							A17
A18	EMERGENCY SERVICES	EMG							A18
A19	CLINICAL SERVICES	CL							A19
A20	PSYCH DAY/NIGHT CARE	PDC							A20
A21	AMBULATORY SURGERY(PBP)	AMS							A21
A22	SAME DAY SURGERY	SDS							A22
A23	LITHOTRIPSY	LIT							A23
A24	LABOR & DELIVERY SERVICES	DEL							A24
A25	OPERATING ROOM	OR							A25
A26	OPERATING ROOM CLINIC	ORC							A26
A27	ANESTHESIOLOGY	ANS							A27
A28	LABORATORY SERVICES	LAB							A28
A30	ELECTROCARDIOGRAPHY	EKG							A30
A31	INTERVENTIONAL RADIOLOGY/CARDIOVASCULAR	IRC							A31
A32	RADIOLOGY-DIAGNOSTIC	RAD							A32
A33	CAT SCANNER	CAT							A33

HOSPITAL BASED PHYSICIANS

P 1 B

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2019
 INSTITUTION NUMBER: 210065

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

COST CENTER	CODE								TOTAL	
		RESEARCH	CHIEF OF MEDICAL STAFF	MEDICAL CARE REVIEW	ADMINIS. & SUPERVISION	PART B SERVICES	EDUCATION			
A34	RADIOLOGY-THERAPEUTIC	RAT								A34
A35	NUCLEAR MEDICINE	NUC								A35
A36	RESPIRATORY THERAPY	RES								A36
A37	PULMONARY FUNCTION TESTING	PUL								A37
A38	ELECTROENCEPHALOGRAPHY	EEG								A38
A39	PHYSICAL THERAPY	PTH								A39
A40	OCCUPATIONAL THERAPY	OTH								A40
A41	SPEECH LANGUAGE PATH.	STH								A41
A42	OBSERVATION	OBV				7.9			7.9	A42
A43	AUDIOLOGY	AUD								A43
A44	OTHER PHYSICAL MEDICINE	OPM								A44
A45	RENAL DIALYSIS	RDL								A45
A46	ORGAN ACQUISITION	OA								A46
A47	AMBULATORY SURGERY	AOR								A47
A48	LEUKOPHERESIS	LEU								A48
A49	HYPERBARIC CHAMBER	HYP								A49
A50	FREE STANDING EMG SERV.	FSE								A50
A51	MEDICAL STAFF ADMINISTRATOR	MSA			457.7				457.7	A51
A52	POST GRADUATE MEDICAL EDUCATION	PME								A52
A53	MRI SCANNER MRI	MRI								A53
A54	TRANSURETHAL MICROWAVE THERMOTHERAPY	TMT								A54

B	TOTALS	////			457.7	208.2			665.8	B
---	--------	------	--	--	-------	-------	--	--	-------	---

Reporting Schedule

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

PHYSICIAN SUPPORT SERVICES

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210065

COL 1 COL 2 COL 3 COL 4 COL 5

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

PHYSICIAN SUPPORT SERVICES

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2019
 INSTITUTION NUMBER: 210065

COL 1 COL 2 COL 3 COL 4 COL 5

COST CENTER	CODE	EXPENSE	ALLOC. FROM CAFE, PARKING, ETC.	DONATED SERVICES	TOTAL	FTE DATA
RECREATIONAL THERAPY	REC	-	-		-	-
AUDIOLOGY	AUD	-	-		-	-
OTHER PHYSICAL MEDICINE	OPM	-	-		-	-
RENAL DIALYSIS	RDL	-	-		-	-
AMBULATORY SURGERY	AOR	-	-		-	-
LEUKOPHERESIS	LEU	-	-		-	-
HYPERBARIC CHAMBER	HYP	-	-		-	-
FREE STANDING EMERGENCY	FSE	-	-		-	-
MAGNETIC RESONANCE IMAGING	MRI	-	-		-	-
LITHOTRIPSY	LIT	-	-		-	-
REHABILITATION	RHB	-	-		-	-
PSYCHIATRIC ACUTE	PSY	-	-		-	-
SAME DAY SURGERY	SDS	-	-		-	-
INTERMEDIATE CARE	ICC	-	-		-	-
EMERGENCY SERVICES	EMG	-	-		-	-
CLINICAL SERVICES	CL	171.7	2.5		174.2	1.4
PSYCH. DAY & NIGHT CARE	PDC	-	-		-	-

TOTALS	////	171.7	2.5	-	174.2	1.4
--------	------	-------	-----	---	-------	-----

GENERAL SERVICE CENTERS

SCHEDULE C

6/30/2019

BASE YEAR

HOLY CROSS GERMANTOWN HOSPITAL

INSTITUTION NAME:

210065

INSTITUTION NUMBER:

FORM SOURCE	CENTER	UNIT OF MEASURE	COL. 1		COL. 2		COL. 3		COL. 4		COL. 5		COL. 6		COL. 7		COL. 8		COL. 9	
			RECORDS	UNITS	RECORDS	WAGES, SALARY & BENEFITS	RECORDS	OTHER EXPENSES	Col. 2 + Col. 3	TOTAL EXPENSES	ALLOCATION TO AUX ENT, OIP & URs	RECORDS	Sch. OADP	ALLOCATED EXPENSES	ADJUSTED TOTAL EXPENSES	Col. 4 + Col. 5 + Col. 6	EXPENSE PER UNIT	Col. 6/Col. 1	FTEs	RECORDS
C1	DTY	Dietary Services	57,808	Meals	393.2	275.2	668.4	-	47.9	716.3	0.01239	6.3								
C2	LL	Laundry & Linen	273,578	Pounds	141.1	333.2	474.3	-	31.3	505.6	0.00185	3.0								
C3	SSS	Social Services	5,305	Admissions	539.7	412.6	952.3	-	61.1	1,013.4	0.19102	5.0								
C4	PUR	Purchasing & Stores	33,357	EIPD	847.9	310.5	1,158.4	(87.7)	81.2	1,151.9	0.03453	10.0								
C5	POP	Plant Operations	143,872	Sq. Feet	1,835.5	3,868.7	5,704.2	(455.5)	353.6	5,602.3	0.03894	23.0								
C6	HKP	Housekeeping	130,026	Sq. Feet	1,054.3	495.4	1,549.7	(117.0)	112.4	1,545.1	0.01188	15.5								
C7	CSS	Central Services & Supply	8,835	EIPA	333.1	247.2	580.3	(50.5)	40.7	570.4	0.06456	5.0								
C8	PHM	Pharmacy	8,835	EIPA	1,882.9	171.5	2,054.4	(152.6)	142.6	2,044.4	0.23139	16.9								
C9	FIS	General Accounting	33,357	EIPD	-	2,046.1	2,046.1	(118.2)	112.3	2,040.2	0.06116									
C10	PAC	Patient Accounts Hospital	52,932	# Pt. Days & OP Visits	1,090.2	96.8	1,187.0	(9.2)	91.6	1,269.4	0.02398	15.0								
C11	MGT	Administration	33,357	EIPD	669.6	8,169.5	8,839.1	(691.3)	493.0	8,640.7	0.25903	4.5								
C12	MRD	Medical Records	9,418	Discharge & 1/8 OP Visits	292.1	15.9	308.0	(2.7)	25.7	331.0	0.03515	5.0								
C13	MSA	Medical Staff Administration	33,357	EIPD	68.9	54.6	123.5	(9.0)	8.5	123.1	0.00369	1.0								
C14	NAD	Nursing Administration	360,077	Hours of Personnel	997.4	125.3	1,122.7	(80.7)	72.2	1,114.2	0.00309	6.0								
C15	OAO	Organ Acquisition Overhead	-	Number	-	-	-	-	-	-	-	-								

PATIENT CARE CENTERS

SCHEDULE D

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL
 INSTITUTION NUMBER: 210065
 BASE YEAR: 6/30/2019

FORM SOURCE	COL 1 UNITS RECORDS	COL 2 WAGES, SALARY & BENEFITS RECORDS	COL 3 PHYSICIAN SUPERVISION EXPENSES RECORDS	COL 4 OTHER EXPENSES RECORDS	COL 5 TOTAL EXPENSES Col 2 + Col 3 + Col 4	COL 6 ALLOCATED EXPENSES 50% O&P Col 5 / Col 6	COL 7 ADJUSTED TOTAL EXPENSES Col 5 + Col 6	COL 8 EXPENSE PER UNIT Col 7/Col 8	COL 9 FTEs RECORDS	COL 10 PHYSICIAN SUPERVISION FTEs RECORDS
D1 MSG	6,942	1,101.2	82.5	66.0	1,249.7	209.8	1,459.5	0.21024	11.5	0.2
D2 PED	-	-	-	-	-	-	-	-	-	-
D3 PSY	1,306	1,274.5	18.3	10.0	1,302.8	92.8	1,395.6	1.05862	12.7	0.0
D4 OBS	2,138	415.5	-	1.3	416.8	45.2	462.0	0.21608	3.8	-
D5 DEF	6,857	6,170.7	65.2	380.7	6,616.6	342.6	6,959.2	1.04539	62.5	0.1
D6 MIS	2,266	2,215.4	34.3	253.6	2,503.3	170.8	2,674.2	1.18012	20.5	0.1
D7 CCU	-	-	-	-	-	-	-	-	-	-
D8 PIC	-	-	-	-	-	-	-	-	-	-
D9 NEO	720	900.4	-	24.0	924.4	66.3	990.7	1.37459	8.3	-
D10 BUR	-	-	-	-	-	-	-	-	-	-
D11 PSI	-	-	-	-	-	-	-	-	-	-
D12 TRM	-	-	-	-	-	-	-	-	-	-
D13 ONC	-	-	-	-	-	-	-	-	-	-
D14 NUR	1,914	635.9	2.1	638.0	638.0	30.3	668.3	0.34917	5.9	-
D15 PRE	-	-	-	-	-	-	-	-	-	-
D16 ECF	-	-	-	-	-	-	-	-	-	-
D17 ICC	-	-	-	-	-	-	-	-	-	-
D18 EMG	293,965	4,060.7	-	130.5	4,191.2	297.5	4,488.7	0.01530	38.3	-
D19 CL	17,814	146.7	-	7.1	153.8	8.7	162.5	0.00912	0.2	-
D20 PDC	-	-	-	-	-	-	-	-	-	-
D22 SDS	2,307	689.0	-	119.9	808.9	33.6	842.5	0.36521	7.0	-
D23 DEL	41,032	2,324.2	-	53.0	2,377.2	169.3	2,546.5	0.06206	22.2	-
D24 OR	349,877	3,166.6	-	1,048.5	4,215.1	275.0	4,490.1	0.01284	28.8	-
D24-A ORC	-	-	-	-	-	-	-	-	-	-
D25 ANS	391,182	0.9	-	225.1	226.0	12.4	238.4	0.00061	0.0	-
D26 MSS	8,835	-	-	8,012.5	8,012.5	-	8,012.5	0.00688	-	-
D27 CDS	6,835	-	-	2,475.0	2,475.0	-	2,475.0	0.28013	-	-
D28 LAB	4,873,450	2,304.8	-	2,367.1	4,671.9	209.8	4,971.7	0.00102	24.6	-
D30 EKG	222,282	223.2	-	5.9	229.1	16.2	245.3	0.00110	2.1	-
D31 IRC	21,111	848.2	-	87.7	735.9	80.5	816.4	0.03867	5.6	-
D32 RAD	272,063	1,270.4	-	96.3	1,366.7	88.2	1,454.9	0.00535	7.5	-
D33 CAT	411,949	595.7	-	51.8	647.5	41.8	689.3	0.00167	3.5	-

**AUXILIARY ENTERPRISES
OOR**

E 4

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2019
 INSTITUTION NUMBER: 210065

	VOLUME DATA	BASE YEAR UNITS
A	Sq Feet	300.00

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

OFFICE & OTHER RENTAL - 9220

9210

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

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	-	-	-	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC	-	XXXXX	-	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	///	XXXXX	XXXXX	XXXXX	///
D1	Interest Long Term	ILT	XXXXX	18.7	18.7	XXXXX	D1
D2						XXXXX	D2
D3						XXXXX	D3
D4						XXXXX	D4
D5						XXXXX	D5
D6						XXXXX	D6
D7						XXXXX	D7
D8						XXXXX	D8
D9						XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3	-	-	-	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	-	-	-	XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	-	18.7	18.7	0.06220	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	\$347.92	XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	\$329.26	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX		XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX	\$329.26	XXXXX	K

FTE DATA

L	BASE YR HOURS WORKED/2080	RECORDS					L
---	---------------------------	---------	--	--	--	--	---

**AUXILIARY ENTERPRISES
REO**

E 5

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2019
 INSTITUTION NUMBER: 210065

	VOLUME DATA	BASE YEAR UNITS
A	Sq Feet	300.00

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

RETAIL OPERATIONS - 9230 **9130**

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

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	45.4	-	45.4	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC	1.8	XXXXX	1.8	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////	XXXXX	XXXXX	XXXXX	///
D1	Central Services & Supply	CSS	0.1	0.1	0.2	XXXXX	D1
D2	General Accounting	FIS	-	0.9	0.9	XXXXX	D2
D3	Housekeeping	HKP	0.4	0.2	0.6	XXXXX	D3
D4	Interest Long Term	ILT		XXXXX	2.2	XXXXX	D4
D5	Hospital Administration	MGT	0.3	3.4	3.7	XXXXX	D5
D6	Other Insurance	OIN		XXXXX	0.1	XXXXX	D6
D7	Plant Operations	POP	0.8	1.6	2.4	XXXXX	D7
D8	Purchasing & Stores	PUR	0.4	0.1	0.5	XXXXX	D8
D9					-	XXXXX	D9
D10					-	XXXXX	D10
D11					-	XXXXX	D11
D12					-	XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		72.0	72.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	-	-	-	XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	49.2	80.5	129.7	0.43237	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	41.0	XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	(88.7)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	-	XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX	(88.7)	XXXXX	K

FTE DATA

L	BASE YR HOURS WORKED/2080	RECORDS	1.02
---	---------------------------	---------	------

L

**AUXILIARY ENTERPRISES
CAF**

E 7

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2019
 INSTITUTION NUMBER: 210065

	VOLUME DATA	BASE YEAR UNITS
A	Meals	90,146

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	537.0	373.9	910.9	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC	SCH OAC	XXXXX	XXXXX	XXXXX	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	////	XXXXX	XXXXX	XXXXX	///
D1	Central Services & Supply	CSS	2.8	2.1	4.9	XXXXX	D1
D2	General Accounting	FIS	-	17.1	17.1	XXXXX	D2
D3	Housekeeping	HKP	8.8	4.2	13.0	XXXXX	D3
D4	Interest Long Term	ILT	XXXXX	19.0	19.0	XXXXX	D4
D5	Hospital Administration	MGT	5.6	68.4	74.1	XXXXX	D5
D6	Other Insurance	OIN	XXXXX	1.2	1.2	XXXXX	D6
D7	Plant Operations	POP	15.4	32.4	47.8	XXXXX	D7
D8	Purchasing & Stores	PUR	7.1	2.6	9.7	XXXXX	D8
D9					-	XXXXX	D9
D10					-	XXXXX	D10
D11					-	XXXXX	D11
D12					-	XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		782.1	782.1	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	-	-	-	XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	576.7	1,303.0	1,879.7	0.02085	G

BASE YEAR PROFIT (LOSS)

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	353.3	XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	(1,526.4)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	(1,526.4)	XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX	0.0	XXXXX	K

FTE DATA

L	BASE YR HOURS WORKED/2080	RECORDS	9.1				L
---	---------------------------	---------	-----	--	--	--	---

**OTHER INSTITUTIONAL PROGRAMS
CHE**

F 4

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210065

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

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

COMMUNITY HEALTH EDUCATION

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

BASE YEAR DATA

B	BASE YEAR EXPENSES	RECORDS	-	-	-	XXXXX	B
C	ALLOC FROM CAFETERIA, PARKING, ETC.	SCH OAC	0.0	XXXX	0.0	XXXXX	C
D	ALLOC FROM GENERAL SERVICE CENTER	////	XXXXX	XXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////	XXXXX	XXXX	XXXXX	
D1	General Accounting	FIS	-	0.0	0.0	XXXXX	D1
D2	Hospital Administration	MGT	0.0	0.1	0.2	XXXXX	D2
D3	Medical Staff Administration	MSA	0.0	0.0	0.0	XXXXX	D3
D4	Plant Operations	POP	0.0	0.1	0.1	XXXXX	D4
D5	Purchasing & Stores	PUR	0.0	0.0	0.0	XXXXX	D5
D6					-	XXXXX	D6
D7					-	XXXXX	D7
D8					-	XXXXX	D8
D9					-	XXXXX	D9
D10					-	XXXXX	D10
D11					-	XXXXX	D11
D12					-	XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		-	-	XXXXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	0.1	0.3	0.3	0.00002	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	25.4	XXXXX	G
H	PROFIT (LOSS)	G-F	XXXXX	XXXXX	25.1	XXXXX	H

FTE DATA

I	BASE YEAR HOURS WORKED/2080	RECORDS	0.0				I
---	-----------------------------	---------	-----	--	--	--	---

OADP

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

INSTITUTION NAME:
 INSTITUTION NUMBER:
 BASE YEAR

HOLY CROSS GERMANTOWN HOSPITAL
 210,065.00
 43,646.00

210065

DISTRIBUTIONS

CAFETERIA, PARKING ETC ALLOC DATA PROCESSING ALLOC

	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
SCHED	CODE							
D81	ATH	-						
80	ACTIVITY THERAPIES							
E1	AMB	-						
81	AMBULANCE SERVICES							
E3	DPO	-						
82	DR. PRIVATE OFFICE RENTAL							
E4	OOR	-						
83	OFFICE & OTHER RENTAL							
E5	REO	1.0						1.8
84	RETAIL OPERATIONS							
E6	PTE	-						
85	PATIENT TELEPHONES							
F1	REG	-						
86	RESEARCH							
F2	RNS	-						
87	NURSING EDUCATION							
F3	OHE	-						
88	OTHER HEALTH PROF. EDUCATION							
F4	CHE	0.0						0.0
89	COMMUNITY HEALTH EDUCATION							
F4	CHE	0.0						0.0
90	MEDICAL SURGICAL ACUTE							
P2A	MSG	-						
91	PEDIATRIC ACUTE							
P2A	PED	-						
92	PSYCHIATRIC ACUTE							
P2A	PSY	-						
93	OBSTETRICS ACUTE							
P2A	OBS	-						
94	DEFINITIVE OBSERVATION							
P2A	DEF	-						
95	MIS INTENSIVE CARE							
P2A	MIS	-						
96	CORONARY CARE							
P2A	CCU	-						
97	PEDIATRIC INTENSIVE CARE							
P2B	PIC	-						
98	NEONATAL INTENSIVE CARE							
P2B	NEO	-						
99	BURN CARE							
P2B	BUR	-						
100	PSYCHIATRIC INTENSIVE CARE							
P2B	PSI	-						
101	SHOCK TRAUMA							
P2B	TRM	-						
102	ONCOLOGY							
P2B	ONC	-						
103	NEWBORN NURSERY							
P2B	NUR	-						
104	PREMATURE NURSERY							
P2C	PRE	-						
105	SAME DAY SURGERY							
P2C	SDS	-						
106	INTERMEDIATE CARE							
P2C	ICC	-						
107	EMERGENCY SERVICES							
P2C	EMG	-						
108	CLINIC SERVICES							
P2C	CL	-						
109	PSYCH DAY & NIGHT CARE							
P2C	PDC	-						
110	MRI							
P2D	MRI	-						
111	LABOR & DELIVERY							
P2D	DEL	-						
112	OPERATING ROOM							
P2D	OR	-						
113	OPERATING ROOM CLINIC							
P2D	ORC	-						
114	ANESTHESIOLOGY							
P2D	ANS	-						
115	LABORATORY SERVICES							
P2D	LAB	-						
116	ELECTROCARDIOGRAPHY							
P2D	EKG	-						
117	INTERVENTIONAL RADIOLOGY/CARDIOVASC							
P2E	IRC	-						
118	RADIOLOGY - DIAGNOSTIC							
P2E	RAD	-						
119	CT SCANNER							
P2E	CAT	-						
120	RADIOLOGY - THERAPEUTIC							
P2E	RAT	-						
121	NUCLEAR MEDICINE							
P2C	NUC	-						
122	RESPIRATORY THERAPY							
P2E	RES	-						
123	PULMONARY FUNCTION TESTING							
P2E	PUL	-						
124	ELECTROENCEPHALOGRAPHY							
P2F	EEG	-						
125	PHYSICAL THERAPY							
P2F	PTH	-						
126	OCCUPATIONAL THERAPY							
P2F	OTH	-						

OADP

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

HOLY CROSS GERMANTOWN HOSPITAL
 INSTITUTION NUMBER: 210.065.00
 BASE YEAR 43,646.00

INSTITUTION NAME:
 INSTITUTION NUMBER:
 BASE YEAR

DISTRIBUTIONS		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
SCHED	CODE								
P2F	127	SPEECH LANGUAGE PATHOLOGY	STH	-	-	-	-	-	-
P2F	128	OBSERVATION	OBV	-	-	-	-	-	-
P2F	129	AUDIOLOGY	AUD	-	-	-	-	-	-
P2F	130	OTHER PHYSICAL MEDICINE	OPM	-	-	-	-	-	-
P2G	131	RENAL DIALYSIS	RDL	-	-	-	-	-	-
P2G	132	ORGAN ACQUISITION	OA	-	-	-	-	-	-
P2G	133	AMBULATORY SURGERY	AOR	-	-	-	-	-	-
P2G	134	LEUKOPHERESIS	LEU	-	-	-	-	-	-
P2G	135	HYPERBARIC CHAMBER	HYP	-	-	-	-	-	-
P2G	136	FREE STANDING EMERGENCY SVCS	FSE	-	-	-	-	-	-
P2G	137	LITHOTRIPSY	LIT	-	-	-	-	-	-
P2H	138	REHABILITATION	RHB	-	-	-	-	-	-
P2H	139	TRANSURETHRAL MICROWAVE THER	TMT	-	-	-	-	-	-
P2H	140	ONCOLOGY CLINIC	OCL	-	-	-	-	-	-
P2H	141	TRANSURETHRAL NEEDLE ABLATION	TNA	-	-	-	-	-	-
P2H	142	PSYCH ADULT	PAD	-	-	-	-	-	-
P2H	143	PSYCH CHILD/ADOLESCENT	PCD	-	-	-	-	-	-
P2H	144	PSYCH GERIATRIC	PSG	-	-	-	-	-	-
P2I	145	INDIVIDUAL THERAPIES	ITH	-	-	-	-	-	-
P2I	146	GROUP THERAPIES	GTH	-	-	-	-	-	-
P2I	147	PSYCH TESTING	PST	-	-	-	-	-	-
P2I	148	EDUCATION	PSE	-	-	-	-	-	-
P2I	149	OTHER THERAPIES	OPT	-	-	-	-	-	-
P2I	150	ACTIVITY THERAPY	ATH	-	-	-	-	-	-
P3A	151	MED/SURG ACUTE	MSG	-	-	-	-	-	-
P3A	152	PEDIATRIC ACUTE	PED	-	-	-	-	-	-
P3A	153	PSYCHIATRIC ACUTE	PSY	-	-	-	-	-	-
P3A	154	OBSTETRICS ACUTE	OBS	-	-	-	-	-	-
P3A	155	DEFINITIVE OBSERVATION	DEF	-	-	-	-	-	-
P3A	156	MED/SURG INTENSIVE CARE	MIS	-	-	-	-	-	-
P3A	157	CORONARY CARE	CCU	-	-	-	-	-	-
P3B	158	PEDIATRIC INTENSIVE CARE	PIC	-	-	-	-	-	-
P3B	159	NEONATAL INTENSIVE CARE	NEO	-	-	-	-	-	-
P3B	160	BURN CARE	BUR	-	-	-	-	-	-
P3B	161	PSYCHIATRIC INTENSIVE CARE	PSI	-	-	-	-	-	-
P3B	162	SHOCK TRAUMA	TRM	-	-	-	-	-	-
P3B	163	ONCOLOGY	ONC	-	-	-	-	-	-
P3B	164	NEWBORN NURSERY	NUR	-	-	-	-	-	-
P3C	165	PREMATURE NURSERY	PRE	-	-	-	-	-	-
P3C	166	SAME DAY SURGERY	SDS	-	-	-	-	-	-
P3C	167	INTERMEDIATE CARE	ICC	-	-	-	-	-	-
P3C	168	EMERGENCY SERVICES	EMG	-	-	-	-	-	-
P3C	169	CLINIC SERVICES	CL	1.4	2.5	-	-	-	2.5
P3C	170	PSYCH DAY & NIGHT CARE	PDC	-	-	-	-	-	-
P3D	171	MRI	MRI	-	-	-	-	-	-
P3D	172	LABOR & DELIVERY	DEL	-	-	-	-	-	-
P3D	173	OPERATING ROOM	OR	-	-	-	-	-	-
P3D	174	OPERATING ROOM CLINIC	ORC	-	-	-	-	-	-

OADP

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

HOLY CROSS GERMANTOWN HOSPITAL
 210,065.00
 43,646.00

INSTITUTION NAME:
 INSTITUTION NUMBER:
 BASE YEAR

DISTRIBUTIONS

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

RECONCILIATION OF BASE YEAR EXPENSES

RC

TO SCHEDULE RE

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2019
 INSTITUTION NUMBER: 210065

	Expenses	Sources	HSCRC Regulated	Unregulated	Total	
A	Unassigned Expense	Sch. UA, Lines C-B, Col. 10	20,204.3	542.3	20,746.7	A
B	Physicians Part B Services	P2 Ln A Col 7 UR6 Ln B Col 3		6,405.4	6,405.4	B
C	Physician Support Services	Sch. P3, Line A, Col. 7 UR, Line B, COL. 3	171.7		171.7	C
D	Resident, Intern Services	Sch. P4 & P5, Line A, Col. 7				D
E	Overhead Expense Survey	Sch OES, Line P, Col. 1	29,250.0	1,607.8	30,857.8	E
F	Patient Care Centers	Schs D1 - D81, Line B, Col. 4	47,949.0	XXXXX	47,949.0	F
G	Auxiliary Enterprises	Schs E1 - 9, Line B, Col 3	744.3	212.0	956.3	G
H	Other Institution Programs	Schs F1 - F4, Line B, Col 3	XXXXX			H
I	Unregulated Services	Schs UR1-UR9 - line B & C	XXXXX	1,639.1	1,639.1	I
J	Total Operating Expenses	A+B+C+D+E+F+G+H+I	98,319.2	10,406.7	108,725.9	J
K	Non-Operating Expenses	Non-Operating Expenses	XXXXX			K
L	Total Expenses	J + K	98,319.2	10,406.7	108,725.9	L
M	Total Operating Expenses - RE sch	Sch RE, Line S	98,064.5	10,661.5	108,726.0	M
N	Non-Operating Expenses - RE sch	Sch RE, Line V	XXXXX			N
O	Total Expenses - RE sch	M + N	98,064.5	10,661.5	108,726.0	O
P	Reconciliation Amount	O - L	(254.8)	254.9	0.1	P
Q	Nomenclature	XXXXX	XXXXX	XXXXX	XXXXX	Q
Q1	Other Non-Operating Expense	Audited Financial Statements				Q1
Q2	Rounding		(0.1)	0.0	(0.1)	Q2
Q3	O/H Exp Alloc to Aux Ent	Schs E2, E7-E9	166.5	(166.5)		Q3
Q4	Aux Ent Loss Treated as Fringe	Sch OA	16.4	(16.4)		Q4
Q5	Capital Facilities Allow to E, F, UR		72.0	(72.0)		Q5
Q6	Ineligible I&R					Q6
Q7						Q7

STATEMENT OF REVENUE AND EXPENSES

RE

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL

BASE YEAR

6/30/2019

INSTITUTION NUMBER: 210065

		COL 1	COL 2	COL 3	
		Regulated	Unregulated	Total	
Operating Revenues:		xxxx	xxxx	xxxx	
A	Gross Revenues from Daily Hospital Services	30,106.1	-	30,106.1	A
B	Gross Revenues from Ambulatory Services	15,847.5	-	15,847.5	B
C	Gross Revenues from Inpatient Ancillary Services	36,658.9	-	36,658.9	C
D	Gross Revenues from Outpatient Ancillary Services	28,581.6	1,668.1	30,249.7	D
E	Gross Patient Revenues	111,194.1	1,668.1	112,862.2	E
Deductions from Revenues:		xxxx	xxxx	xxxx	
F	Provision for Bad Debts	5,256.6	81.8	5,338.4	F
G	Charity/Uncompensated Care	4,149.9	132.4	4,282.3	G
H	Contractual Adjustments	4,037.6	855.9	4,893.5	H
H1	Uncompensated Care Fund Payments	-	-	-	H1
H2	Denials	1,922.9	14.6	1,937.5	H2
I	Other Deductions from Revenues	324.9	79.6	404.6	I
J	Total Deductions from Revenues	15,692.0	1,164.4	16,856.3	J
J1	Uncompensated Care Fund Receipts	-	-	-	J1
K	Net Patient Revenues	95,502.1	503.7	96,005.9	K
L	Other Operating Revenues	552.4	767.6	1,320.0	L
M	Net Operating Revenues	96,054.5	1,271.4	97,325.9	M
Operating Expenses:		xxxx	xxxx	xxxx	
N	Salaries, Wages, and Employee Benefits	42,705.2	2,695.2	45,400.4	N
O	Professional Fees	6,379.8	0.9	6,380.7	O
P	Supplies	14,802.9	1.2	14,804.1	P
Q	Depreciation/Amortization, Leases/Rentals	12,423.1	31.1	12,454.2	Q
R	Other Expenses	21,753.5	7,933.1	29,686.6	R
S	Total Operating Expenses	98,064.5	10,661.5	108,726.0	S
T	Excess (Deficit) Operating Revenues Over Operating Expenses	(2,009.9)	(9,390.2)	(11,400.1)	T
U	Non-Operating Revenues	xxxx	6,442.2	6,442.2	U
V	Non-Operating Expenses	xxxx	-	-	V
W	Excess (Deficit) Revenues Over Expenses	(2,009.9)	(2,948.0)	(4,957.9)	W
X	Operating Expenses per EIPD	2.94	xxxx	xxxx	X
Y	Operating Expenses per EIPA	11.10	xxxx	xxxx	Y
Z	Working Capital Ratio = Current Assets/Current Liabilities	0.7	xxxx	xxxx	Z
AA	Admissions	4,896	-	4,896	W
BB	EIPA's	8,154	-	8,276	X

OVERHEAD STATISTICAL APPORTIONMENT

HOLY CROSS GERMAN TOWN HOSPITAL
210065

INSTITUTION NAME:
INSTITUTION NUMBER:

UNIT COST CALCULATIONS	COL 1		COL 2		COL 3		COL 4		COL 5		COL 6		COL 7		COL 7 A		COL 8		COL 9		COL 10
	DIETARY MEALS	LAUNDRY & LINEN POUNDS	PURCHASING STORES OTH EXP SCHED	HOUSEKEEPING # OF HOURS	CENT SUPPLY PHARMACY SOC SERV, OAO	PLANT OPERATIONS NET SQ FEET	INFAPATIENT: PAC, MRD FIS, MGT, NAD	INFAPATIENT: PAC, MRD FIS, MGT, NAD	AMBULATORY: PAC, MRD FIS, MGT, NAD	OUTPATIENT: PAC, MRD FIS, MGT, NAD	MED STAFF ADMIN EIPAs	UNASSIGNED EXPENSES									
A. Overhead Expenses	716.3	505.6	1,151.9	1,545.1	3,628.2	5,602.3	7,674.2	1,584.0	4,137.5	123.1	2,165.7										
B Units	57,808	273,578	7,707	33,576	111,111	125,616	27,516	5,679	9,393	8,835	65,607										
C Cost per unit	\$0.01	\$0.00	\$0.15	\$0.05	\$0.04	\$0.04	\$0.28	\$0.28	\$0.44	\$0.01	\$0.03										
STATISTICAL APPORTIONMENT																					
D1 Med/Surg Acute	45,418	11,742	256	10,273	11,111	39,783	1,459	1,459	1,459	1,459	4,736										
2 Pediatric Acute	PSY	-	-	-	1,396	-	-	-	-	-	-										
3 Psychiatric Acute	PSY	3,913	80	1,290	4,994	-	-	-	-	-	2,137										
4 Obstetrics Acute	OBG	-	40	2,008	7,725	462	1,068	-	-	-	9,240										
5 Definitive Observation	DEF	-	613	21,077	3,710	6,959	1,111	-	-	-	3,620										
6 Med/Surg Intensive Care	MIS	-	388	38,303	326	1,263	2,674	-	-	-	-										
7 Coronary Care	CCU	-	-	-	-	-	-	-	-	-	-										
8 Pediatric Intensive Care	PIC	-	-	-	-	-	-	-	-	-	-										
9 Neo-Natal Intensive Care	NEO	3,373	53	243	939	990	1,372	-	-	-	-										
10 Burn Care	BUR	-	-	-	-	-	-	-	-	-	-										
11 Psychiatric Intensive Care	PSI	-	-	-	-	-	-	-	-	-	-										
12 Shock/Trauma	TRM	-	-	-	-	-	-	-	-	-	-										
13 Oncology	ONC	-	-	-	-	-	-	-	-	-	-										
14 Newborn Nursery	NUR	XXXXXX	140	22	645	2,498	668	-	-	-	999										
15 Premature Nursery	PRI	XXXXXX	-	-	-	-	-	-	-	-	-										
16 Rehabilitation	RHB	-	-	-	-	-	-	-	-	-	-										
17 Intermediate Care	ICC	-	-	-	-	-	-	-	-	-	-										
18 Emergency Services	EMG	5,104	77,225	360	2,492	9,649	3,698	6,373	-	-	-										
19 Clinical Services	CL	XXXXXX	-	16	374	1,448	2	160	266	796	2,996										
20 Observation	OBV	-	9,827	109	645	2,499	778	145	-	-	1,454										
21 Psych Day & Night Care	PDC	-	-	-	-	-	-	-	-	-	-										
22 Lithotripsy	LIT	XXXXXX	-	-	-	-	-	-	-	-	-										
23 Same Day Surgery	SDS	-	44,707	141	1,198	4,640	843	-	-	-	1,459										
24 Free Standing Emergency	FSE	-	-	-	-	-	-	-	-	-	-										
25 Labor & Delivery Services	DEL	XXXXXX	13,399	183	2,278	4,410	2,091	455	-	-	3,684										
26 Operating Room	OR	XXXXXX	27,368	1,273	5,181	20,063	1,667	2,823	-	-	7,573										
27 Operating Room Clinic	ORC	XXXXXX	-	-	-	-	-	-	-	-	-										
28 Ambulance Services-Rebundled	AMR	-	-	52	188	728	-	-	-	-	-										
29 Anesthesiology	ANS	XXXXXX	-	238	-	-	97	-	-	-	101										
30 Laboratory Services	LAB	XXXXXX	-	2,624	1,179	4,565	2,660	141	-	-	363										
31 Ambulatory Surgery (PHI)	AMS	-	-	-	-	-	-	2,311	-	-	7,382										
32 Electrocardiography	EKG	XXXXXX	-	-	-	-	-	-	-	-	-										
33 Electroencephalography	EEG	XXXXXX	18	-	-	-	110	-	-	-	338										
34 Radiology-Diagnostic	RAD	XXXXXX	73	-	-	-	60	-	-	-	128										
35 Radiology-Therapeutic	RAT	XXXXXX	5,544	171	629	2,437	353	1,102	-	-	2,212										
36 Nuclear Medicine	NUC	XXXXXX	667	86	76	293	137	-	-	-	359										
37 CT Scanner	CAT	XXXXXX	8,395	87	953	3,691	192	-	-	-	1,199										
38 Interventional Radiology/Cardiovascular	IRC	XXXXXX	-	138	236	914	435	-	-	-	1,181										
39 Respiratory Therapy	RES	XXXXXX	-	158	-	-	951	-	-	-	1,433										
40 Pulmonary Function Testing	PUL	XXXXXX	-	1	-	-	0	-	-	-	6										
41 Renal Dialysis	RDL	-	-	389	-	-	393	-	-	-	4										
42 Physical Therapy	PTH	XXXXXX	-	39	80	308	539	-	-	-	560										
43 Occupational Therapy	OTH	XXXXXX	-	17	24	92	265	-	-	-	200										
44 Speech Language Pathology	STH	XXXXXX	-	9	36	140	143	-	-	-	72										
45 Recreational Therapy	REC	-	-	-	-	-	-	-	-	-	23										
46 Organ Acquisition	OA	XXXXXX	-	-	-	-	-	-	-	-	-										
47 Ambulatory Surgery	AGR	XXXXXX	-	-	-	-	-	-	-	-	-										
48 Leukopheresis	LEU	XXXXXX	-	-	-	-	-	-	-	-	-										
49 Hyperbaric Chamber	HYP	XXXXXX	-	-	-	-	-	-	-	-	-										
50 Audiology	AUD	XXXXXX	-	-	-	-	-	-	-	-	-										
51 Other Physical Medicine	OPM	XXXXXX	-	-	-	-	-	-	-	-	-										
52 Transcatheter Needle Ablation	TNA	XXXXXX	-	-	-	-	-	-	-	-	-										
53 Magnetic Resonance Imaging	MRI	XXXXXX	3,268	32	371	1,437	136	-	-	-	229										
54 Oncology Clinic	OCL	XXXXXX	-	-	-	-	-	-	-	-	-										
55 Transcatheter Microwave Thermotherapy	TMT	-	-	-	-	-	-	-	-	-	-										
56 Admission Services	ADM	XXXXXX	-	-	XXXXXX	-	-	-	-	-	-										
57 Med/Surg Supplies	MSS	XXXXXX	XXXXXX	1,111	999	3,870	307	-	-	-	263										
58 Drugs Sold	CDS	XXXXXX	XXXXXX	1,111	897	3,472	1,559	-	-	-	486										
E TOTAL		57,808	273,578	7,707	33,576	125,616	27,516	5,679	9,393	8,835	65,607										

OVERHEAD EXPENSE APPORTIONMENT

HOLY CROSS GERMAN TOWN HOSPITAL
210065

INSTITUTION NAME:
INSTITUTION NUMBER:

	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
	DIETARY MEALS	LAUNDRY & LINEN POUNDS	PURCHASING STORES OTH EXP SCHED	HOUSEKEEPING # OF HOURS	CENT SUPPLY PHARMACY SERVO 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	716.3	505.6	1,151.9	1,545.1	3,628.2	5,602.3	13,149.4	7,674.2	1,584.0	4,137.5	123.1	2,165.7	15,644.5	28,833.9
A	Overhead Expenses													
REVENUE CENTERS														
D1	Med/Surg Acute	21.7	38.2	472.7	2,869.6	1,774.3	2,869.6	407.1	1,584.0	4,137.5	123.1	156.3	563.4	3,433.0
2	Podiatric Acute													
3	Psychiatric Acute	9.5	12.0	59.3	352.1	222.7	352.1	389.2	1,584.0	4,137.5	123.1	156.3	563.4	3,433.0
4	Obstetrics Acute	12.4	5.9	92.4	457.5	346.8	457.5	128.8	1,584.0	4,137.5	123.1	156.3	563.4	3,433.0
5	Definitive Observation	39.0	91.6	44.1	1,540.9	165.4	1,540.9	1,540.9	1,584.0	4,137.5	123.1	156.3	563.4	3,433.0
6	Med/Surg Intensive Care	70.8	38.0	15.0	200.1	56.3	200.1	745.8	1,584.0	4,137.5	123.1	156.3	563.4	3,433.0
7	Coronary Care													
8	Podiatric Intensive Care													
9	Neo-Natal Intensive Care	0.1	11.2	11.2	106.1	41.9	106.1	276.0	1,584.0	4,137.5	123.1	156.3	563.4	3,433.0
10	Burn Care													
11	Psychiatric Intensive Care													
12	Shock/Trauma													
13	Oncology													
14	Newborn Nursery	0.3	3.3	29.7	111.4	111.4	144.6	186.4	1,584.0	4,137.5	123.1	156.3	563.4	3,433.0
15	Premature Nursery													
16	Rehabilitation													
17	Intermediate Care													
18	Emergency Services	142.7	53.9	114.7	804.8	430.3	804.8	164.6	1,584.0	4,137.5	123.1	156.3	563.4	3,433.0
19	Clinical Services													
20	Observation	18.2	2.3	17.2	84.1	64.6	84.1	0.7	1,584.0	4,137.5	123.1	156.3	563.4	3,433.0
21	Psych. Day & Night Care													
22	Laboratory													
23	Same Day Surgery	82.6	21.1	55.1	206.9	206.9	365.8	365.8	1,584.0	4,137.5	123.1	156.3	563.4	3,433.0
24	Free Standing Emergency													
25	Labor & Delivery Services	24.8	27.4	104.8	196.7	196.7	353.6	583.3	1,584.0	4,137.5	123.1	156.3	563.4	3,433.0
26	Operating Room	50.6	190.2	238.4	894.8	894.8	1,374.0	464.9	1,584.0	4,137.5	123.1	156.3	563.4	3,433.0
27	Operating Room Clinic													
28	Ambulance Services-Rebundled													
29	Anesthesiology													
30	Laboratory Services													
31	Laboratory Services (PBP)													
32	Electrocardiography													
33	Electroencephalography													
34	Radiology-Diagnostic	10.2	25.6	29.0	108.7	108.7	173.5	98.5	1,584.0	4,137.5	123.1	156.3	563.4	3,433.0
35	Radiology-Therapeutic													
36	Nuclear Medicine	1.2	12.9	3.5	13.1	13.1	30.7	38.1	1,584.0	4,137.5	123.1	156.3	563.4	3,433.0
37	CT Scanner	15.5	13.1	43.9	164.6	164.6	237.0	53.5	1,584.0	4,137.5	123.1	156.3	563.4	3,433.0
38	Interventional Radiology/Cardiovascular													
39	Respiratory Therapy	23.6	23.7	10.9	40.7	40.7	75.3	121.4	1,584.0	4,137.5	123.1	156.3	563.4	3,433.0
40	Pulmonary Function Testing													
41	Renal Dialysis													
42	Physical Therapy													
43	Occupational Therapy													
44	Speech Language Pathology													
45	Recreational Therapy													
46	Organ Acquisition													
47	Ambulatory Surgery													
48	Leukopheresis													
49	Hyperbaric Chamber													
50	Audiology													
50	Other Physical Medicine													
51	Transcatheter Needle Ablation	6.0	4.7	17.1	64.1	64.1	91.9	38.0	1,584.0	4,137.5	123.1	156.3	563.4	3,433.0
52	Magnetic Resonance Imaging													
53	Transcatheter Microwave Thermotherapy													
54	Admission Services													
55	Med/Surg Supplies													
54	Drugs Sold													
E	TOTAL	505.6	1,151.9	1,545.1	3,628.2	5,602.3	13,149.4	7,674.2	1,584.0	4,137.5	123.1	2,165.7	15,644.5	28,833.9

Departmental Equipment Allowance

INSTITUTION NAME

HOLY CROSS GERMANTOWN HOSPITAL

6/30/2019

INSTITUTION NUMBER

210065

BASE YEAR

CENTER	COL. 1 COST BASE YEAR PURCHASES	COL. 2 # YRS	COL. 3 CUMULATIVE PURCHASE TOTAL	COL. 4 DEPRECIATION COL. 3/COL. 2	COL. 5 MARKET VALUE BASE YEAR LEASES	COL. 6 CUMULATIVE LEASES TOTAL	COL. 7 LEASE AMORTIZATION COL. 6/COL. 2	COL. 8 DEPR/AMORT TOTAL COL. 4 + COL. 7
H2 A	4.9	10	1,520.5	152.1	-	0.0	0.0	152.1
H2 B	-	10	-	-	-	-	-	-
H2 C	-	10	-	-	-	-	-	-
H2 D	49.0	10	1,186.9	118.7	-	-	-	118.7
H2 E	-	10	-	-	-	-	-	-
H2 F	-	10	-	-	-	-	-	-
H2 G	-	10	-	-	-	-	-	-
H2 H	935.6	10	12,751.3	1,275.1	-	0.4	0.0	1,275.2
H2 I	-	10	-	-	-	-	-	-
H2 J	-	10	2,267.2	226.7	-	0.0	0.0	226.7
H2 K	72.2	10	589.6	59.0	-	-	-	59.0
H2 L	9.9	10	2,919.8	292.0	-	0.1	0.0	292.0
H2 M	33.2	6.5	1,212.5	186.5	-	-	-	186.5
H2 N	-	10	-	-	-	-	-	-
H2 O	-	10	884.9	88.5	-	-	-	88.5
H2 P	-	10	-	-	-	-	-	-
H2 Q	-	10	-	-	-	-	-	-
H2 R	-	10	-	-	-	-	-	-
H2 S	-	10	-	-	-	-	-	-
H2 T	-	10	-	-	-	-	-	-
H2 U	-	10	-	-	-	-	-	-
H2 V	-	6	1,674.5	279.1	-	-	-	279.1
H2 W	-	5	-	-	-	-	-	-
H2 X	-	10	-	-	-	-	-	-
H2 Y	-	5	-	-	-	-	-	-
H2 Z	-	5	-	-	-	-	-	-
	Total		25,007.2	2,677.6	-	0.6	0.1	2,677.7

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

INSTITUTION NAME HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2019
 INSTITUTION NUMBER 210065

ALLOWANCE	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
	SOURCE		DIETARY	LAUNDRY	COMM.	DATA PROC.	DEPT.	TOTAL
A TOTAL INTEREST	HOSP RECORDS	6,053	//////////	//////////	//////////	//////////	//////////	//////////
B TOTAL DEPRECIATION	HOSP RECORDS	12,454,200	//////////	//////////	//////////	//////////	//////////	//////////
C CAP INTENSIVE EQUIP DEPR	H2 TOTAL	2,677.7	-	-	-	-	2,677.7	2,677.7
D BLDG & GEN EQUIP DEPR	B-C	9,776.5	//////////	//////////	//////////	//////////	//////////	9,776.5
E BLDG & GEN EQUIP DEPR & INT	A+D	15,829.8	//////////	//////////	//////////	//////////	//////////	15,829.8
F STANDARD UNITS		132,010	57,808	273,578	42,589	42,589	//////////	//////////
G ALLOWANCE PER UNIT		0.119914	-	-	-	-	//////////	//////////

DISTRIBUTION	CODE	NET SQ FT. BASIS							
H01 MEDICAL/SURGICAL	MSG	39,783	4,770.5	-	-	-	-	//////////	4,770.5
H02 PEDIATRIC	PED			-	-	-	-	//////////	-
H03 PSYCHIATRIC	PSY	4,994	598.9	-	-	-	-	//////////	598.9
H04 OBSTETRIC	OBS	7,775	932.3	-	-	-	-	//////////	932.3
H05 DEFINITIVE OBSERVATION	DEF	3,710	444.8	-	-	-	-	//////////	444.8
H06 MEDICAL SURGICAL ICU	MIS	1,283	151.4	-	-	-	-	152.1	303.5
H07 CORONARY CARE	CCU			-	-	-	-	-	-
H08 PEDIATRIC ICU	PIC			-	-	-	-	-	-
H09 NEO NATAL ICU	NEO	939	112.7	-	-	-	-	118.7	231.4
H10 BURN CARE	BUR			-	-	-	-	-	-
H11 PSYCHIATRIC ICU	PSI			-	-	-	-	//////////	-
H12 SHOCK TRAUMA	TRM			-	-	-	-	-	-
H13 ONCOLOGY	ONC			-	-	-	-	-	-
H14 NEWBORN NURSERY	NUR	2,498	299.5	//////////	-	-	-	//////////	299.5
H15 PREMATURE NURSERY	PRE			//////////	-	-	-	//////////	-
H16 REHABILITATION	RHB			-	-	-	-	//////////	-
H17 INTERMEDIATE CARE	ICC			-	-	-	-	//////////	-
H18 EMERGENCY SERVICES	EMG	9,649	1,157.1	-	-	-	-	//////////	1,157.1
H19 CLINIC SERVICES	CL	1,448	173.6	//////////	-	-	-	//////////	173.6
H20 PSYCH DAY/NIGHT	PDC			-	-	-	-	//////////	-
H21 AMBULATORY SURGERY (PBP)	AMS			-	-	-	-	//////////	-
H22 SAME DAY SURGERY	SDS	4,640	556.4	-	-	-	-	//////////	556.4
H23 MRI SCANNER	MRI	1,437	172.3	//////////	-	-	-	279.1	451.4
H24 LABOR & DELIVERY	DEL	4,410	528.8	//////////	-	-	-	//////////	528.8
H25 OPERATING ROOM	OR	20,063	2,405.8	//////////	-	-	-	1,275.2	3,681.0
H25a OPERATING ROOM CLINIC	ORC			//////////	-	-	-	//////////	-
H26 OBSERVATION	OBV	2,499	299.7	-	-	-	-	//////////	299.7
H27 ANESTHESIOLOGY	ANS			//////////	-	-	-	//////////	-
H28 MEDICAL SUPPLIES	MSS	3,870	464.1	//////////	//////////	-	-	//////////	464.1
H29 DRUGS	CDS	3,472	418.3	//////////	//////////	-	-	//////////	418.3
H30 LABORATORY SERVICES	LAB	4,565	547.4	//////////	-	-	-	226.7	774.1

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

INSTITUTION NAME HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 43,646.0
 INSTITUTION NUMBER 210085

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			//////////	-	-	-	//////////	-
H33	INTERVENTIONAL RADIOLOGY/CARDI	IRC	914	\$109.54	//////////	-	-	-	59.0	188.5
H34	RADIOLOGY-DIAG	RAD	2,437	\$292.28	//////////	-	-	-	292.0	584.3
H35	CT SCANNER	CAT	3,691	\$442.56	//////////	-	-	-	186.5	629.1
H36	RADIOLOGY THERAPEUTIC	RAT			//////////	-	-	-	-	-
H37	NUCLEAR MEDICINE	NUC	293	\$35.16	//////////	-	-	-	88.5	123.7
H38	RESPIRATORY THERAPY	RES			//////////	-	-	-	//////////	-
H39	PULMONARY FUNCTION	PUL			//////////	-	-	-	//////////	-
H40	EEG	EEG			//////////	-	-	-	//////////	-
H41	PHYSICAL THERAPY	PTH	308	\$36.93	//////////	-	-	-	//////////	36.9
H42	OCCUPATIONAL THERAPY	OTH	92	\$11.03	//////////	-	-	-	//////////	11.0
H43	SPEECH/LANGUAGE	STH	140	\$16.79	//////////	-	-	-	//////////	16.8
H44	RECREATIONAL THERAPY	REC			//////////	-	-	-	//////////	-
H45	AUDIOLOGY	AUD			//////////	-	-	-	//////////	-
H46	OTHER PHYS. MEDICINE	OPM			//////////	-	-	-	//////////	-
H47	RENAL DIALYSIS	RDL			//////////	-	-	-	//////////	-
H48	ORGAN ACQUISITION	OA			//////////	-	-	-	//////////	-
H49	LEUKOPHERESIS	LEU			//////////	-	-	-	//////////	-
H50	HYPERBARIC CHAMBER	HYP			//////////	-	-	-	//////////	-
H51	LITHOTRIPSY	LIT			//////////	-	-	-	//////////	-
H52	TRANSURETHAL MICRO THERM	TMT			//////////	-	-	-	//////////	-
H53	ONCOLOGY CLINIC	OCL			//////////	-	-	-	//////////	-
H54	TRANSURETHRAL NEEDLE ABLATION	TNA			//////////	-	-	-	//////////	-
	SUBTOTAL	ABC	124,886	\$14,975.77	//////////	-	-	-	//////////	17,653.5
H55	RESEARCH	REG			//////////	-	-	-	//////////	-
H56	NURSING EDUCATION	RNS			//////////	-	-	-	//////////	-
H57	OTHER HLTH PROF EDU	OHE			//////////	-	-	-	//////////	-
H58	COMM HEALTH EDU	CHE			//////////	-	-	-	//////////	-
H59	FREE STANDING CLINIC	FSC			//////////	-	-	-	//////////	-
H60	HOUSING	HOU			//////////	-	-	-	//////////	-
H61	AMBULANCE	AMB			//////////	-	-	-	//////////	-
H62	PARKING	PAR			//////////	-	-	-	//////////	-
H63	CAFETERIA	CAF	6,522	\$782.08	//////////	-	-	-	//////////	782.1
H64	DOCTOR OFFICE RENT	DPO			//////////	-	-	-	//////////	-
H65	OFFICE OTHER RENT	OOR			//////////	-	-	-	//////////	-
H66	RETAIL OPERATIONS	REO	600	\$71.95	//////////	-	-	-	//////////	72.0
H67	PATIENT TELEPHONES	PTE			//////////	-	-	-	//////////	-
H68	DAY CARE, ETC.	DEB			//////////	-	-	-	//////////	-
H69	HOME HEALTH SERVICES	HHC			//////////	-	-	-	//////////	-
H70	O/P RENAL DIALYSIS	ORD			//////////	-	-	-	//////////	-
H71	SKILLED NURSING CARE	ECF			//////////	-	-	-	//////////	-
H72	LAB NON/PATIENT	ULB			//////////	-	-	-	//////////	-
H73	PHYS PART B SERVICES	UPB			//////////	-	-	-	//////////	-
H74	CERTIFIED NURSE ANEST.	CNA			//////////	-	-	-	//////////	-
	TOTAL DISTRIBUTED	XYZ	132,010	\$15,829.80	-	-	-	-	-	18,507.5

OTHER FINANCIAL CONSIDERATIONS

G

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2017

INSTITUTION NUMBER: 210065

	SOURCE	BASE YEAR		
		TOTAL COL. 1	DIRECT COL. 2	PERCENTAGE COL. 3
REVENUES				
A	Donations, Pledges	-	-	-
B	Grants	-	-	-
C	Investment Income (Interest, Dividends)	-	-	-
D	Donated Commodities, Blood, Services	-	-	-
E	PSRO	-	-	-
F	Other	-	-	-
G	Total Revenues	-	-	-

EXPENSES				
H	Licenses and Taxes	49.9		49.9
I	Short Term Interest			-
J	Other			
K	Total Expenses	49.9	-	49.9

OTHER ADJUSTMENTS				
L	Aux. Ent & OIP Gains	(329.3)	-	(329.3)
M	Aux. Ent & OIP Losses	88.7		88.7
N	Excess Cash Requirements - Bldg & Equip	-		
O	Gain on Disposal of Assets	-		-
P	Loss on Disposal of Assets	-		-
Q	Total Other Adjustments	(240.6)	-	(240.6)

PERCENTAGE CALCULATION				
R	Net Other Financial Considerations	(190.7)	-	(190.7)
S	Other Financial Consideration Percent			-0.2%

THIRD PARTY DIFFERENTIAL

PDA

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210065

	SOURCE	INPATIENT	OUTPATIENT	TOTAL
CHARGES, DEDUCTIBLES, CBA				
A	GROSS PATIENT REVENUE, HSCRC REGULATED	COL 1	COL 2	COL 3
B	MEDICARE REVENUE, HSCRC REGULATED	66,765.0	44,429.1	111,194.1
C	MEDICAID REVENUE, HSCRC REGULATED	28,683.4	8,314.9	36,998.3
D	BLUE CROSS REVENUE, HSCRC REGULATED	6,003.9	3,449.6	9,453.6
E	MCO SUBCONTRACTED MEDICARE, MEDICAID, HSCRC REGULATED **	8,032.0	7,238.0	15,270.0
F	MEDICARE DEDUCTIBLES PAID BY MEDICAID & BC< HSCRC REGULATED	10,030.5	7,085.0	17,115.5
G	UNCOMPENSATED CARE, HSCRC REGULATED***	1,305.3	1,305.3	1,305.3
G1	OTHER PAYORS	2,732.0	6,674.5	9,406.5
	A-B-C-D-E-G	11,283.2	11,667.0	22,950.2

RATIOS, LEVEL III COSTS

H	Ratio of Medicare & Medicaid Charges	0.0722		0.4178
I	Ratio of Blue Cross Inpatient Charges			
I1	Ratio of Blue Cross Outpatient Charges	0.0651		
J	Ratio of HMO Charges			0.1539
K	Ratio of Deductibles Paid by Medicaid & Blue Cross			0.0117
L	Ratio of Uncompensated Accounts			0.0846
M	Ratio of Other Payors Charges			0.2064
N	Level III Costs			97,560.7

DIFFERENTIAL CALCULATION

O	Gross Revenue HSCRC Regulated			111,649.3
P	Payor Differential			0.1444

REVENUE CENTER RATE SUMMARY

HOLY CROSS GERMAINTOWN HOSPITAL
210065

INSTITUTION NAME:
INSTITUTION NUMBER:

DESCRIPTION	CODE	UNITS OF MEASURE		COL 2	COL 3	COL 4	COL 5	N/A	PHYSICIAN SUPPORT EXPENSES	RESIDENT INTERN EXPENSES	LEVEL I	COL 9	COL 10	LEVEL II
		COL 1	COL 2											
A1 Med/Surg Acute	MSG	6,942	1,459.5	2,869.6	563.4	4,892.5	4,770.5					4,770.5		9,663.0
2 Pediatric Acute	PED						///							
3 Psychiatric Acute	PSY	1,306	1,395.6	352.1	459.8	2,207.5	598.9					598.9		2,806.4
4 Obstetrics Acute	OBS	2,138	462.0	457.5	163.4	1,082.9	932.3					932.3		2,015.2
5 Definitive Observation	DEF	6,657	6,959.2	340.1	2,245.9	9,545.2	444.8					444.8		9,980.0
6 Med/Surg Intensive Care	MIS	2,266	2,674.2	200.1	865.3	3,739.6	151.4					151.4		4,043.1
7 Coronary Care	CCU						///							
8 Pediatric Intensive Care	PIC						///							
9 Neo-Natal Intensive Care	NEO	720	989.7	106.1	321.3	1,417.1	112.7					112.7		1,648.5
10 Burn Care	BUR						///							
11 Psychiatric Intensive Care	PSI						///							
12 Shock Trauma	TRM						///							
13 Oncology	ONC	1,914	668.3	144.6	219.4	1,032.3	299.5					299.5		1,331.8
14 Newborn Nursery	NUR						///							
15 Premature Nursery	PRE						///							
16 Rehabilitation	RHB						///							
17 Intermediate Care	ICC						///							
18 Emergency Services	EMG	293,365	4,488.7	804.8	1,496.2	6,789.8	1,157.1					1,157.1		7,946.9
19 Clinical Services	CL	17,814	162.5	84.1	58.8	479.7	173.6		174.2			173.6		653.3
20 Observation	OBV	47,539	997.9	175.5	328.3	1,501.8	299.7					299.7		1,801.5
21 Psych. Day & Night Care	PDC						///							
22 Lithotripsy	LIT						///							
23 Same Day Surgery	SDS	2,307	842.5	365.8	299.2	1,507.6	556.4					556.4		2,064.0
24 Free Standing Emergency	FSE						///							
25 Labor & Delivery Services	DEL	41,032	2,546.5	353.6	905.4	3,805.5	528.8					528.8		4,334.3
26 Operating Room	OR	349,677	4,490.1	1,374.0	1,958.4	7,822.5	2,405.8					2,405.8		11,503.5
27 Operating Room Clinic	ORC						///							
28 Ambulance Services-Rebundled	AMR	391,182	52.3	48.9	3.3	104.6	///		///			///		104.6
29 Anesthesiology	ANS	4,873,450	238.4	35.5	101.3	375.3	///		///			///		375.3
30 Laboratory Services	LAB		4,971.7	649.9	2,003.7	7,625.3	547.4					547.4		8,399.5
31 Ambulatory Surgery (PBP)	AMS						///							
32 Electrocardiography	EKG	222,282	245.3	2.8	101.5	349.6	///		///			///		349.6
33 Electroencephalography	EEG	20,622	87.8	10.9	33.2	131.9	///		///			///		131.9
34 Radiology-Diagnostic	RAD	272,063	1,454.9	173.5	656.8	2,285.2	292.3					292.3		2,869.5
35 Radiology-Therapeutic	RAT						///							
36 Nuclear Medicine	NUC	32,732	243.2	30.7	96.9	370.8	///		///			///		370.8
37 CT Scanner	CAT	411,949	689.3	237.0	312.2	1,238.5	352.8					352.8		494.5
38 Interventional Radiology/Cardiovascular	IRC	21,111	816.4	75.3	328.3	1,220.0	109.5					109.5		1,388.4
39 Respiratory Therapy	RES	983,428	1,086.8	23.6	372.4	1,462.8	///		///			///		1,462.8
40 Pulmonary Function Testing	PUL	3,713	4.3	0.1	2.1	6.5	///		///			///		6.5
41 Renal Dialysis	RDL	599	392.7	56.1	128.0	578.9	///		///			///		578.9
42 Physical Therapy	PTH	177,840	738.5	23.2	271.2	1,032.9	///		///			///		1,032.9
43 Occupational Therapy	OTH	110,520	337.3	7.8	120.6	465.7	///		///			///		465.7
44 Speech Language Pathology	SLP	65,619	165.7	9.2	57.4	232.3	///		///			///		232.3
45 Organ Acquisition	OA						///		///			///		///
46 Ambulatory Surgery	AOR						///		///			///		///
47 Leukopheresis	LEU						///		///			///		///
48 Hyperbaric Chamber	HYP						///		///			///		///
49 Audiology	AUD						///		///			///		///
50 Other Physical Medicine	OPM						///		///			///		///
51 Transurethral Needle Ablation	TNA						///		///			///		///
52 Magnetic Resonance Imaging	MRI	160,372	365.0	91.9	158.4	615.3	///		///			///		615.3
53 Oncology Clinic	OCL						///		///			///		///
54 Transurethral Microwave Thermotherapy	TMT						///		///			///		///
55 Admission Services	ADM	5,305	///	1,013.4	73.9	1,087.3	///		///			///		1,087.3
56 Med/Surg Supplies	MSS	8,835	8,452.3	789.0	234.3	9,475.6	464.1					464.1		9,939.7
57 Drugs Sold	CDS	8,835	2,610.8	2,240.5	744.0	5,595.3	416.3					416.3		6,011.6
B TOTAL		8,544,133	51,089.5	13,149.4	15,684.5	80,097.7	14,975.9		174.2			14,975.9		97,751.3

REVENUE CENTER RATE SUMMARY

BASE YEAR 6/30/2019

HOLY CROSS GERMANTOWN HOSPITAL
210065

INSTITUTION NAME:
INSTITUTION NUMBER:

CODE	DESCRIPTION	O F C		COL 2	COL 3	PAYOR DIFFERENTIAL	LEVEL IV	COL 6	COL 7	COL 8	COL 9	COL 10
		DIRECT	PERCENTAGE									
A1	Med/Surg Acute											
2	Pediatric Acute		(18.8)	9,644.2	1,392.7	11,036.9					11,036.9	1,589.88
3	Psychiatric Acute		(5.5)	2,800.9	404.5	3,205.4					3,205.4	2,454.38
4	Obstetrics Acute		(3.9)	2,011.3	290.4	2,301.7					2,301.7	1,076.56
5	Definitive Observation		(19.5)	9,970.5	1,439.8	11,410.3					11,410.3	1,714.04
6	Med/Surg Intensive Care		(7.9)	4,035.2	582.7	4,617.9					4,617.9	2,037.90
7	Coronary Care											
8	Pediatric Intensive Care											
9	Neo-Natal Intensive Care		(3.2)	1,845.3	237.6	1,882.9					1,882.9	2,615.15
10	Burn Care											
11	Psychiatric Intensive Care											
12	Shock Trauma											
13	Oncology											
14	Newborn Nursery		(2.6)	1,329.2	191.9	1,521.1					1,521.1	794.73
15	Premature Nursery											
16	Rehabilitation											
17	Intermediate Care											
18	Emergency Services		(15.5)	7,931.4	1,145.4	9,076.8					9,076.8	30.94
19	Clinical Services		(1.3)	652.0	94.2	746.2					746.2	41.89
20	Observation		(3.5)	1,798.0	259.7	2,057.7					2,057.7	43.29
21	Psych. Day & Night Care											
22	Lithotripsy											
23	LIT		(4.0)	2,060.0	297.5	2,357.5					2,357.5	1,021.87
24	Same Day Surgery											
25	Free Standing Emergency		(6.5)	4,325.8	624.7	4,950.5					4,950.5	120.65
26	Labor & Delivery Services		(22.4)	11,481.1	1,658.0	13,139.1					13,139.1	37.57
27	Operating Room											
28	Operating Room Clinic		(0.2)	104.4	15.1	119.5					119.5	1.10
29	Ambulance Services-Rebundled		(0.7)	374.6	54.1	428.7					428.7	1.97
30	Anesthesiology		(16.4)	8,383.1	1,210.6	9,593.7					9,593.7	1.80
31	Laboratory Services											
32	Ambulatory Surgery (PBP)		(0.7)	348.9	50.4	399.3					399.3	7.30
33	EKG		(0.3)	131.6	19.0	150.6					150.6	12.05
34	Electroencephalography		(5.6)	2,863.9	413.6	3,277.5					3,277.5	564.8
35	Radiology-Diagnostic		(1.0)	493.5	71.3	564.8					564.8	2,133.2
36	Nuclear Medicine		(3.6)	1,864.0	269.2	2,133.2					2,133.2	1,585.8
37	CT Scanner		(2.7)	1,385.7	200.1	1,585.8					1,585.8	1,693.6
38	Interventional Radiology/Cardiovascular		(2.9)	1,479.9	213.7	1,693.6					1,693.6	7.4
39	Radiology-Therapeutic		(1.1)	577.8	83.4	661.2					661.2	1,103.83
40	Nuclear Medicine		(2.1)	1,067.7	154.2	1,221.9					1,221.9	6.87
41	Renal Dialysis		(0.9)	475.8	68.7	544.5					544.5	4.93
42	Physical Therapy		(0.5)	248.6	35.9	284.5					284.5	4.34
43	Occupational Therapy											
44	Speech Language Pathology											
45	Organ Acquisition											
46	Ambulatory Surgery											
47	Leukopheresis											
48	Hyperbaric Chamber											
49	Audiology											
50	Other Physical Medicine											
51	Transurethral Needle Ablation		(2.1)	1,064.6	153.7	1,218.3					1,218.3	7.60
52	Magnetic Resonance Imaging											
53	Oncology Clinic											
54	Transurethral Microwave Thermotherapy											
55	Admission Services		(2.1)	1,085.2	156.7	1,241.9					1,241.9	234.10
56	Med/Surg Supplies		(19.4)	9,920.3	1,432.6	11,352.9					11,352.9	1,284.95
57	Drugs Sold		(11.7)	5,989.9	866.4	6,856.3					6,856.3	777.15
58												
B	TOTAL		(190.6)	97,560.7	14,086.7	111,649.4					111,649.4	11111111

OVERHEAD EXPENSE SUMMARY

OES

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210065

		DISTRIBUTE TO:				
EXPENSES		TOTAL	Physician Part B Centers Sch P2	Data Processing Sch DP1	General Service Centers Sch C1 - C14	
A	Dietary Services	668.40			668.4	A
B	Laundry and Linen	474.30			474.3	B
C	Social Services	952.30			952.3	C
D	Purchasing and Stores	1,158.40			1,158.4	D
E	Plant Operations	5,704.20			5,704.2	E
F	Housekeeping	1,549.70			1,549.7	F
G	Central Services and Supply	580.30			580.3	G
H	Pharmacy	2,054.40			2,054.4	H
I	General Accounting	2,046.10			2,046.1	I
J	Patient Accounts	1,187.00			1,187.0	J
K	Hospital Administration	8,839.10			8,839.1	K
L	Medical Records	308.00			308.0	L
M	Medical Staff Administration	123.50			123.5	M
N	Nursing Administration	1,122.70			1,122.7	N
O	Organ Acquisition					O
P	Data Processing	4,089.40		4,089.4		P
Q	Totals	30,857.80		4,089.4	26,768.4	Q

**UNREGULATED SERVICES
ULB**

UR 5

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2019
 INSTITUTION NUMBER: 210085

	VOLUME DATA	BASE YEAR UNITS
A	CAP 1982 ed.	1,360

COL 1 COL 2 COL 3 COL 4

LABORATORY -NON PATIENT

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

BASE YEAR DATA							
B	BASE YEAR EXPENSES	RECORDS	72.3	12.2	84.5	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	1.8	XXXXX	1.8	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL 6 CODE	////	XXXXXXXX	XXXXX	XXXXX	///
D1	Central Services & Supply	CSS	0.2	0.3	0.4	XXXXX	D1
D2	Depreciation & Amortization	DEP	XXXXX	9.6	9.6	XXXXX	D2
D3	General Accounting	FIS		1.0	1.0	XXXXX	D3
D4	Housekeeping	HKP	0.5	0.5	1.0	XXXXX	D4
D5	Interest Long Term	ILT	XXXXX	4.7	4.7	XXXXX	D5
D6	Malpractice Insurance	MAL	XXXXX	0.2	0.2	XXXXX	D6
D7	Hospital Administration	MGT	0.6	5.4	6.0	XXXXX	D7
D8	Medical Records	MRD	0.1	0.0	0.1	XXXXX	D8
D9	Medical Staff Administration	MSA	0.0	0.0	0.1	XXXXX	D9
D10	Nursing Administration	NAD	0.6	0.2	0.8	XXXXX	D10
D11	Other Insurance	OIN	XXXXX	0.1	0.1	XXXXX	D11
D12	Patient Accounts	PAC	0.2	0.1	0.3	XXXXX	D12
D13	Plant Operations	POP	1.0	2.9	3.9	XXXXX	D13
D14	Purchasing & Stores	PUR	0.3	0.4	0.8	XXXXX	D14
D15						XXXXX	D15
E	Capital Facilities Allowance	Records				XXXXX	E
F	Base Year Adjusted Expenses	B+C+D+E	77.5	37.7	115.2	0.0847	F

BASE YEAR PROFIT (LOSS)							
G	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	41.0	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(74.2)	XXXXX	H

FTE DATA							
I	BASE YEAR HOURS WORKED / 2080	RECORDS		1.0			I

UNREGULATED SERVICES
UPB - Detail

UR6A

INSTITUTION NAME:

HOLY CROSS GERMANTOWN HOSPIT BASE YEAR

6/30/2019

INSTITUTION NUMBER:

0065

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Code	MEDICARE PROVIDER/SUPPLIER TYPE DESCRIPTIO	Wages, Salaries & Fringe Benefits	Other Expenses	Total Expenses	Revenue	Hospital Based	FTEs
2	GENERAL SURGERY	49.9	1048.6	1098.5	0.0	X	0.0
5	ANESTHESIOLOGY	23.0	482.3	505.2	0.0	X	0.0
6	CARDIOLOGY	1.5	31.1	32.6	0.0	X	0.0
11	INTERNAL MEDICINE	97.2	2040.0	2137.2	0.0	X	0.0
13	NEUROLOGY	0.4	9.1	9.5	0.0	X	0.0
16	OBSTETRICS & GYNECOLOGY	75.3	1585.2	1660.5	302.7	X	0.0
26	PSYCHIATRY	17.2	360.8	378.0	67.0	X	0.0
30	DIAGNOSTIC RADIOLOGY	14.5	303.9	318.4	0.0	X	0.0
37	PEDIATRIC MEDICINE	8.8	185.5	194.3	0.0	X	0.0
81	CRITICAL CARE MEDICINE	78.4	1646.0	1724.4	0.0	X	0.0
93	EMERGENCY MEDICINE	1.6	34.3	35.9	0.0	X	0.0

367.9	7726.7	8094.5	369.6	0.0
-------	--------	--------	-------	-----

**UNREGULATED SERVICES
PSS**

UR 8

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL
INSTITUTION NUMBER: 210065

BASE YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS
A	NUMBER OF FTES	5

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

PHYSICIAN SUPPORT SERVICES

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

BASE YEAR DATA

B	BASE YEAR EXPENSES		RECORDS	1,534.9	19.7	1,554.6	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.		SCH. OA	12.8	XXXXX	12.8	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS		////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5		////	XXXXXXXX	XXXXX	XXXXX	XXXXX	///
		COL. 6 CODE						
D1	Central Services & Supply	CSS		2.8	5.0	7.7	XXXXX	D1
D2	Depreciation & Amortization	DEP		XXXXX	17.7	17.7	XXXXX	D2
D3	General Accounting	FIS			17.1	17.1	XXXXX	D3
D4	Housekeeping	HKP		8.3	9.3	17.6	XXXXX	D4
D5	Interest Long Term	ILT		XXXXX	86.6	86.6	XXXXX	D5
D6	Malpractice Insurance	MAL		XXXXX	3.6	3.6	XXXXX	D6
D7	Hospital Administration	MGT		10.0	94.6	104.6	XXXXX	D7
D8	Medical Records	MRD		0.3	0.1	0.4	XXXXX	D8
D9	Medical Staff Administration	MSA		0.7	0.9	1.5	XXXXX	D9
D10	Nursing Administration	NAD		10.0	3.8	13.8	XXXXX	D10
D11	Other Insurance	OIN		XXXXX	2.1	2.1	XXXXX	D11
D12	Patient Accounts	PAC		0.9	0.3	1.2	XXXXX	D12
D13	Pharmacy	PHM		19.5	6.8	26.3	XXXXX	D13
D14	Plant Operations	POP		17.9	51.2	69.1	XXXXX	D14
D15	Purchasing & Stores	PUR		5.8	7.4	13.2	XXXXX	D15
E	Capital Facilities Allowance		Records				XXXXX	E
F	Base Year Adjusted Expenses		B+C+D+E	1,623.9	325.9	1,949.8	389.9558	F

BASE YEAR PROFIT (LOSS)

G	BASE YEAR REVENUE		RECORDS	XXXXXXXX	XXXXX	93.1	XXXXX	G
H	PROFIT (LOSS)		G - F	XXXXXXXX	XXXXX	(1,856.7)	XXXXX	H

FTE DATA

I	BASE YEAR HOURS WORKED / 2080		RECORDS	7.3				I
---	-------------------------------	--	---------	-----	--	--	--	---

UNREGULATED SERVICES SUMMARY

URS

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL BASE YEAR 6/30/2019
 INSTITUTION NUMBER: 210065

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

ANNUAL COST SURVEY

INSTITUTION NAME HOLY CROSS GERM BASE YEAR 6/30/2019
 INSTITUTION NUMBER 210065

		COL 1	COL 2
	CATEGORY	COSTS	PERCENT
A	Salaries & Wages	35,508.7	36.21%
B	Fringe Benefits	7,196.5	7.34%
C	Depreciation & Amortization	12,318.8	12.56%
C1	Operating Leases	104.3	0.11%
D	Interest Expense	5,565.6	5.68%
E	Medical & Surgical Supplies	10,472.9	10.68%
F	IV Solutions and Pharmacy	2,472.2	2.52%
G	Laundry, Linen, Uniforms	72.2	0.07%
H	Films & Solutions	1.7	0.00%
I	Blood, Plamanate, Albumen	484.2	0.49%
J	Contracted Services	12,871.6	13.13%
K	Professional Fees	4,424.4	4.51%
L	Agency Nurses	650.4	0.66%
M	Malpractice Insurance	761.6	0.78%
N	All Other Insurance	134.5	0.14%
O	Telephone		
P	Utilities & Water	2,171.6	2.21%
Q	Food	613.1	0.63%
R	Printing, Office Supplies, Copying	266.6	0.27%
S	Chemical, Solutions, Lubrication,	69.1	0.07%
T	Other (Detail over 20% of supply	1,904.6	1.94%
U	Total	98,064.6	100.00%

TRANSACTIONS WITH RELATED ENTITIES

INSTITUTION NAME: HOLY CROSS GERMANTOWN HOSPITAL

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210065

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

No.	RELATED ENTITY	VALUE OF ASSET OR SERVICE PROVIDED TO THE HOSPITAL	VALUE OF ASSET OR SERVICE PROVIDED BY THE HOSPITAL	CATEGORY CODE	DESCRIPTION OF TRANSACTION
1	Trinity Health	(153,139,058)		H	Relates to bonds issued by Trinity on behalf of F
2	Trinity Health	(378,771)		B	Trinity Health is group purchaser of benefits
3	Trinity Health			B	Contract labor
4	Trinity Health			B	Information services
5	Trinity Health	73,895		B	Management services
6	Trinity Health			B	Revenue management services
7	Trinity Health	447,040		B	Supply chain & accts payable services
8	Trinity Health			B	Repairs and maintenance
9	Trinity Health			F	Amortization fixed assets held by Trinity for bene
10	Trinity Health	6,022,207		H	Interest expense on bond issues by Trinity on be
11	Trinity Health			B	Liability and malpractice insurance
12	Trinity Health			B	Other purchased services
13	Trinity Health	(6,796,368)		H	Gains on investments in corporate pooled invest
14	Trinity Health	354,132		H	Losses in other non-operating items
15	Trinity Health			G	Equity transfers of funds to parent
16	Trinity Health			J	Other Revenue
17	Trinity Health		127,839,447	G	Investments in CHE Trinity corporate pooled inv
18	Trinity Health			G	Prepaid charges for shared information systems
19	Trinity Health	(1,055,822)		H	Accounts and other payables
20	Trinity Health	(209,703)		H	Deferred compensation liability
21	Trinity Health		120,000	G	Prepaid expenses and other current assets
22					

S B

SUPPLEMENTAL BIRTHS SCHEDULE

INSTITUTION NAME: HOLY CROSS GERMANTOWN BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210065

Admissions for EIPA Counts		
A	Neonates not charged an Admission Charge	78
B	Admissions from monthly reports ADM revenue center	4,818
C	Total	4,896
Cases for Charge Per Case (CPC) Calculations		
D	Neonates not charged an Admission Charge	78
E	Births from monthly reports Nursery (NUR) revenue center	865
F	Sub-Total	943
G	Admissions from monthly reports ADM revenue center	4,818
H	Total	5,761

SCHEDULE RE R

Hospital Name: HOLY CROSS GERMANTOWN HOSPITAL
 Hospital Number: ####

SCHEDULE RE R

**FY2019 RECONCILIATION OF THE AUDITED FINANCIALS
 TO SCHEDULE RE**

	Audited Financial Statements	Miscellaneous Adjustments	Auxiliary Enterprises, Other Institutional Programs and Unregulated										Total	Regulated	Total	RE Line		
			E 4	E 5	E 7	F 4	UR 5	UR 6	UR 8 Physician Support Services	UR 11	Unregulated	Total						
Revenue:																		
Gross Patient Revenue	112,862.2									41.0	1,106.7	520.4			1,668.1	111,194.1	112,862.2	E
Deductions from Patient Revenue:																		
Charity Care/UCC	4,282.3										113.8	18.6			132.4	4,149.9	4,282.3	G
Provisions for Bad Debts	5,338.4										66.3	15.5			81.8	5,256.6	5,338.4	F
Contractual Adjustments	4,893.5										537.2	318.7			855.9	4,037.6	4,893.5	H
UCC Fund Payments																		H1
Denials	1,937.5										4.6	10.0			14.6	1,922.9	1,937.5	H2
Other Deductions	404.6										15.1	64.5			79.6	324.9	404.6	I
Total Deductions	16,856.3										737.1	427.3			1,164.4	15,692.0	16,856.3	J
UCC Fund Receipts																		J1
Net Patient Revenue	96,005.9									41.0	369.6	93.1			503.7	95,502.2	96,005.9	K
Other Operating Revenue	1,320.0						25.4								767.6	552.4	1,320.0	L
Total Operating Revenue	97,325.887						25.4			41.0	369.6	93.1			1,271.4	96,054.5	97,325.9	M
Operating Expenses:																		
Salaries, Wages & Benefits	45,400.4									77.5	367.9	1,623.9			2,695.2	42,705.2	45,400.4	N
Professional Fees		6,381.0													1.2	6,379.8	6,381.0	O
Supplies	14,803.8									0.2					0.9	14,802.9	14,803.8	P
Purchased Services & Other	30,118.5	(6,485.3)								23.2	7,366.2	221.7			7,445.4	16,187.8	23,633.3	R
Depreciation/Amortization	12,349.9									9.6	3.9	17.7			31.1	12,318.8	12,349.9	Q
Leases/Rentals		104.3														104.3	104.3	Q
Interest	6,053.3									4.7	356.6	86.6			487.7	5,565.6	6,053.3	R
Provision for Bad Debts																		
Total Operating Expenses	108,726.0	(0.0)					0.3			115.2	6,094.5	1,949.8			10,661.5	98,064.5	108,726.0	S
Income from Operations	(11,400.1)	0.0					25.1			(74.2)	(7,724.9)	(1,856.7)			(9,390.2)	(2,009.9)	(11,400.1)	T
Non-Operating Revenues	6,796.4	(354.1)													6,442.2		6,442.2	U
Non-Operating Expenses	(354.1)	354.1																V
Non-Operating Gains, Net	6,442.2														6,442.2		6,442.2	
Revenue & Gains in Excess of Expenses & Losses	(4,957.9)	0.0					25.1			(74.2)	(7,724.9)	(1,856.7)			(2,948.0)	(2,009.9)	(4,957.9)	

FY2019 SUPPLEMENTAL SCHEDULE - II
Supplement to FS & RE Schedules to Disclose Non-Operating Revenue and Expense

Hospital Name: HOLY CROSS GERMANTOWN HOSPITAL
 Hospital Number: 210065

Income Statement

RE Line T	Excess (Deficit) Operating Rev. over Operating Expenses	XXXXX	(11,400.1)
RE Line U Detailed Non-Operating:- Income/(Expense)			
U1	Contributions (Unrestricted)	-	XXXXX
U2	Interest & Investment Income	1,621.1	XXXXX
U3	Investment - Gains/(Losses) - Realized	3,169.8	XXXXX
U4	Investment - Gains/(Losses) - Unrealized	2,005.4	XXXXX
U5	Swap Agreements - Gains/(Losses) - Realized	(354.1)	XXXXX
V	Other (Specify)		XXXXX
V	Loss on extinguishment of debt		XXXXX
V	Other non-operating income		XXXXX
RE Line W	Excess Profit/(Loss)	XXXXX	(4,957.9)

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	-

SUPPLEMENTAL SCHEDULE - III
Reconciliation of Depreciation and Lease / Rentals

Hospital Name: HOLY CROSS GERMANTOWN HOSPITAL
 Hospital Number: 210065

Fiscal Year 2019

	Depreciation	Leases / Rentals	Total
UA Schedule - Line A	12,349.9	104.3	12,454.2
Allocation of E & UR Schedules:			
E 1	-	-	-
E 2	-	-	-
E 3	-	-	-
E 4	-	-	-
E 5	-	-	-
E 6	-	-	-
E 7	-	-	-
E 8	-	-	-
E 9	-	-	-
UR 1	-	-	-
UR 2	-	-	-
UR 3	-	-	-
UR 4	-	-	-
UR 5	9.6	-	9.6
UR 6	3.9	-	3.9
UR 7	-	-	-
UR 8	17.7	-	17.7
UR 9	-	-	-
UR 10	-	-	-
UR 11	-	-	-
UR 12	-	-	-
UR 13	-	-	-
UR 14	-	-	-
UR 15	-	-	-
RE Schedule - Line Q	12,318.8	104.3	12,423.1

12,423.1

SUPPLEMENTAL SCHEDULE - IV

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

Hospital Name: HOLY CROSS GERMANTOWN HOSPITAL
Hospital Number: 210065
Fiscal Year 2019

<u>Audited Financial Statements:</u>	
Bad Debts	5,338.4
Charity Care	4,282.3
Uncompensated Care per Statement	9,620.7

<u>Trial Balance:</u>	
Bad Debt Write-offs	5,870.3
Charity Write-offs	4,282.3
Change in Balance Sheet Reserve	(531.9)
Bad Debt Recoveries	-
Other	-
Uncompensated Care per Trial Balance	9,620.7

<u>Annual Report of Revenues, Expenses, and Volumes:</u>	
Uncompensated Care - Schedule PDA	9,406.5
Unregulated Charity & Bad Debts	214.2
Other	-
Uncompensated Care Per Report	9,620.7

SUPPLEMENTAL SCHEDULE - X
Gross Patient Revenue Reconciliation
Schedule

Hospital Name: HOLY CROSS GERMANTOWN HOSPITAL
 Hospital Number: 0065

Base Year: 6/30/2019

Section I

TOTAL GROSS PATIENT REVENUE

Line #		Col 1 Inpatient	Col 2 Outpatient	Col 3 Total
1	Total In-State Revenue	64,244,696	42,660,325	106,905,021
2	Total Out-State Revenue	2,520,363	1,768,782	4,289,145
3	Total Gross Patient Revenue	66,765,059	44,429,107	111,194,166

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	26,953,975	1,122,889	8,839,576	317,685	37,234,125
5 Non-FFS Revenue	3,567,540	402,219	1,087,845	76,409	5,134,013
6 Total Revenue	30,521,515	1,525,108	9,927,421	394,094	42,368,138