

**HEALTH SERVICES COST REVIEW**  
**HOLY CROSS 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	✓	
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 HOSPITAL

  
\_\_\_\_\_  
SIGNATURE

*Vice President, Reimbursement & Accounting Svcs.*  
\_\_\_\_\_  
TITLE

*10/29/19*  
\_\_\_\_\_  
DATE



**SCHEDULE V1**

**INPATIENTS AND PATIENT DAYS**

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR

6/30/2019

INSTITUTION NUMBER: 210004

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 COL. 2/(COL. 1 + COL. 3)	AVERAGE LICENSED BEDS RECORDS	% OCCUPANCY COL. 2/(COL. 5*365 (6))						
D1	MSG	Med/Surg Acute	11,412	52,665	11,412	2.3	165	0.874					
D2	PED	Pediatric Acute	234	591	234	1.3	6	0.270					
D3	PSY	Psychiatric Acute											
D4	OBS	Obstetrics Acute	8,127	20,547	8,127	1.3	96	0.586					
D5	DEF	Observation	1,157	10,516	1,157	4.5	92	0.313					
D6	MIS	Med/Surg Intensive Care	2,088	13,950	2,088	3.3	46	0.831					
D7	CCU	Coronary Care											
D8	PIC	Pediatric Intensive Care											
D9	NEO	Neo-Natal Intensive Care	767	14,986	767	9.8	46	0.893					
D10	BUR	Burn Care											
D11	PSI	Psychiatric Intensive Care											
D12	TRM	Shock Trauma											
D13	ONC	Oncology											
D14	NUR	Newborn Nursery	6,972	18,881	6,972	1.4	XXXXXXX	XXXXXXX					
D15	PRE	Premature Nursery						XXXXXXX					
D16	ECF	Skilled Nursing Care											
D17	ICC	Intermediate Chronic Care											
D54	RHB	Rehabilitation											
D70	PAD	Psych, Adult											
D71	PCD	Psych, Child / Adolescent											
D73	PSG	Psych Geriatric											
XXX		Subtotal	23,785	113,255	23,785	2.4	451	0.688					
XXXXXX		Total	30,757	132,136	30,757	2.1	451	0.803					

AMBULATORY VISITS

SCHEDULE V2

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR

6/30/2019

INSTITUTION NUMBER: 210004

REPORTING SCHEDULE SOURCE	CENTER	COL. 1		COL. 2		COL. 3		COL. 4		COL. 5		COL. 6	
		INPATIENT VISITS RECORDS	OUTPATIENT VISITS RECORDS	TOTAL VISITS COL. 1 + COL. 2	INPATIENT RVUs RECORDS	OUTPATIENT RVUs RECORDS	TOTAL RVUs COL. 4 + COL. 5						
D18	EMG	9,894	66,376	76,270	117,582	620,302	737,884						
D19	CL	173	18,323	18,496	3,410	115,977	119,387						
D20	PDC												
D22	SDS		7,054	7,054		7,054	7,054						
D50	FSE												
D55	OBV	3,053	6,450	9,503	41,827	154,216	196,043						
D58	OCL												
N/A	PAP												

ANCILLARY SERVICE UNITS

SCHEDULE V3

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR

6/30/2019

INSTITUTION NUMBER: 210004

REPORTING SCHEDULE		CENTER	UNIT OF MEASURE	COL. 1 INPATIENT VOLUME	COL. 2 OUTPATIENT VOLUME	COL. 3 TOTAL VOLUME
SOURCE				RECORDS	RECORDS	COL. 1 + COL. 2
D23	DEL	Labor & Delivery Services	RVUs	354,971	71,279	426,250
D24	OR	Operating Room	Minutes	713,860	675,957	1,389,817
D24-A	ORC	Operating Room Clinic	Minutes	14,765	132,247	147,012
D25	ANS	Anesthesiology	Minutes	994,103	708,981	1,703,084
D28	LAB	Laboratory Services	MD. RVUs	14,080,622	7,728,814	21,809,436
D30	EKG	Electrocardiography	MD RVUs	376,240	383,195	759,435
D31	IRC	Interventional Radiology / Cardiovascular	Minutes	103,398	61,654	165,052
D32	RAD	Radiology-Diagnostic	HSCRC RVUs	276,355	659,383	935,738
D33	CAT	CT Scanner	RVUs	389,149	718,331	1,107,480
D34	RAT	Radiology-Therapeutic	HSCRC RVUs	30,071		30,071
D35	NUC	Nuclear Medicine	HSCRC RVUs	89,707	78,253	167,960
D36	RES	Respiratory Therapy	MD RVUs	5,367,290	325,567	5,692,857
D37	PUL	Pulmonary Function Testing	CHA RVUs	21,141	142,167	163,308
D38	EEG	Electroencephalography	1974 Calif. RVUs	144,573	48,245	192,818
D39	PTH	Physical Therapy	MD RVUs	442,927	168,467	611,394
D40	OTH	Occupational Therapy	RVUs	300,053	54,389	354,442
D41	STH	Speech Language Pathology	RVUs	81,162	19,101	100,263
D42	REC	Recreational Therapy	Hours			
D43	AUD	Audiology	MD RVUs			
D44	OPM	Other Physical Medicine	Treatments			
D45	RDL	Renal Dialysis	Treatments	3,252		3,252
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	257,398	293,526	550,924
D53	LIT	Lithotripsy	Procedures			
D56	AMR	Ambulance Services-Rebundled	HSCRC RVUs	22,404		22,404
D57	TMT	Transurethral Microwave Thermotherapy	Procedures			
D59	TNA	Transurethral Needle Ablation	Procedures			
D80	ETH	Electroconv. Therapy	Treatments			

**EQUIVALENT INPATIENT DAYS  
AND ADMISSIONS**

**V 5**

INSTITUTION NAME: Holy Cross Hospital BASE YEAR  
6/30/2019  
 INSTITUTION NUMBER: 210004

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

COL. 1

A	GROSS INPATIENT REVENUE	RECORDS, BUDGET	363,808.1	A
B	INPATIENT GRANT REVENUE	RECORDS, BUDGET		B
C	TOTAL INPATIENT REVENUE	A + B	363,808.1	C
D	TOTAL INPATIENT DAYS (IPDs) EXCL NURSERY	SCH V 1 D	113,255	D
E	INPATIENT UNIT REVENUE	C / D	3,21229	E
F	GROSS OUTPATIENT REVENUE	RECORDS, BUDGET	154,266.3	F
G	OUTPATIENT GRANT REVENUE	RECORDS, BUDGET		G
H	TOTAL OUTPATIENT REVENUE	F + G	154,266.3	H
I	TOTAL OUTPATIENT VISITS	SCH V 2 B	94,766	I
J	OUTPATIENT UNIT REVENUE	H / I	1,62787	J
K	IP/OP UNIT REVENUE RATIO	E / J	1.97331	K
L	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / K	48,024	L
M	EQUIVALENT INPATIENT DAYS (EIPDs)	D + L	161,279	M

EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	SOURCE	BASE YEAR
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N	TOTAL INPATIENT ADMISSIONS (EXCL NURSERY)	SCH V 1 D	23,785	N
O	INPATIENT UNIT REVENUE	C / N	15,2957	O
P	OUTPATIENT UNIT REVENUE	H / I	1,62787	P
Q	IP/OP UNIT REVENUE RATIO	O / P	9.39614	Q
R	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / Q	10,086	R
S	EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	N + R	33,871	U

UNASSIGNED EXPENSE

U A

INSTITUTION NAME Holy Cross Hospital

INSTITUTION NUMBER 210004

BASE YEAR 6/30/2019

SOURCE	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	COL. 9	COL. 10
	MALPRACTICE INSURANCE	OTHER INSURANCE	MEDICAL CARE REVIEW	SUB-TOTAL	DEPRECIATION & AMORTIZATION	LEASES & RENTALS	LICENSE & TAXES	INTEREST SHORT TERM	INTEREST LONG TERM	TOTAL EXPENSES
	8830	8840	8880		8810	8820	8850	8860	8870	
A   BASE YEAR EXPENSES	\$3,232.1	\$613.2	\$5,511.5	\$9,356.8	\$25,576.7	\$7,834.1	\$406.4		\$9,642.6	\$52,816.6
B   ALLOCATIONS TO AUX. ENT. & UNREG. SERVICES	(238.1)	(64.1)		(302.2)	(774.6)				(878.6)	(1,955.4)
C   BASE YEAR EXP. - ADJ.	\$2,994.0	\$549.1	\$5,511.5	\$9,054.7	\$24,802.1	\$7,834.1	\$406.4		\$8,764.0	\$50,861.3

BASE YEAR DATA

	MAL	OIN	MCR	DEP	LEA	LIC	IST	ILT
A	\$3,232.1	\$613.2	\$5,511.5	\$25,576.7	\$7,834.1	\$406.4		\$9,642.6
B	(238.1)	(64.1)		(774.6)				(878.6)
C	\$2,994.0	\$549.1	\$5,511.5	\$24,802.1	\$7,834.1	\$406.4		\$8,764.0



HOSPITAL BASED PHYSICIANS

INSTITUTION NAME: Holy Cross Hospital  
 INSTITUTION NUMBER: 210004

BASE YEAR 6/30/2019

		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			381.1			381.1	A1
A2	PEDIATRIC ACUTE	PED					110.8	110.8	A2
A3	PSYCHIATRIC ACUTE	PSY							A3
A4	OBSTETRICS ACUTE	OBS					70.6	70.6	A4
A5	DEFINITIVE OBSERVATION	DEF			62.5			62.5	A5
A6	M/S INTENSIVE CARE	MIS			290.2			290.2	A6
A7	CORONARY CARE	CCU							A7
A8	PEDIATRIC INTEN. CARE	PIC							A8
A9	NEO-NATAL INTEN. CARE	NEO			40.1			40.1	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			100.7			100.7	A18
A19	CLINICAL SERVICES	CL			131.5		36.9	168.5	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			290.0			290.0	A24
A25	OPERATING ROOM	OR			449.6		2.0	451.5	A25
A26	OPERATING ROOM CLINIC	ORC							A26
A27	ANESTHESIOLOGY	ANS							A27
A28	LABORATORY SERVICES	LAB			62.8			62.8	A28
A30	ELECTROCARDIOGRAPHY	EKG			67.7			67.7	A30
A31	INTERVENTIONAL RADIOLOGY/CARDIOVASCULAR	IRC							A31
A32	RADIOLOGY-DIAGNOSTIC	RAD			459.3			459.3	A32
A33	CAT SCANNER	CAT							A33

HOSPITAL BASED PHYSICIANS

P 1 B

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR

6/30/2019

INSTITUTION NUMBER: 210004

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				25.8			25.8	A38
A39	PHYSICAL THERAPY	PTH								A39
A40	OCCUPATIONAL THERAPY	OTH								A40
A41	SPEECH LANGUAGE PATH.	STH								A41
A42	OBSERVATION	OBV				83.6			83.6	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			886.5				886.5	A51
A52	POST GRADUATE MEDICAL EDUCATION	PME								A52
A53	MRI SCANNER MRI	MRI								A53
A54	TRANSURETHAL MICROWAVE THERMOTHERAPY	TMT								A54

B	TOTALS	////			886.5	2,444.9		220.3	3,551.8	B
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Reporting Schedule

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

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

COL 1 COL 2 COL 3 COL 4 COL 5

<u>COST CENTER</u>	<u>CODE</u>	<u>EXPENSE</u>	<u>ALLOC. FROM CAFE, PARKING, ETC.</u>	<u>DONATED SERVICES</u>	<u>TOTAL</u>	<u>FTE DATA</u>
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	125.2	1.1		126.3	0.9
ANESTHESIOLOGY	ANS	-	-		-	-
LABORATORY SERVICES	LAB	-	-		-	-
ELECTROCARDIOGRAPHY	EKG	-	-		-	-
INTERVENTIONAL RADIOLOGY/CARDIOVASCULAR	IRC	146.5	1.6		148.1	1.3
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**

**P 3**

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

COL 1 COL 2 COL 3 COL 4 COL 5

COST CENTER	CODE	EXPENSE	ALLOC. FROM CAFE, PARKING, ETC.	DONATED SERVICES	TOTAL	FTE DATA
		COL 1	COL 2	COL 3	COL 4	COL 5
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	71.0	0.7		71.7	0.5
PSYCH. DAY & NIGHT CARE	PDC	-	-		-	-

TOTALS	////	342.7	3.4	-	346.1	2.6
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RESIDENT, INTERN SERVICES  
ELIGIBLE

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
	MEDICAL SURGICAL	PEDIATRIC	PSYCHIA-TRIC	OBSTETRIC	DEFINITIVE OBSERVA-TION	M/S INTENSIVE CARE	CORONARY CARE
	MSG	PED	PSY	OBS	DEF	MIS	CCU
SOURCE							
<b>BASE YEAR DATA</b>							
A. BASE YEAR WAGES & SALARIES	RECORDS	\$254.09		\$1,368.68			A
B. BASE YEAR PHYSICIAN SUPERVISION	SCH. P1A	\$110.83		\$70.60			B
C. BASE YEAR OTHER EXPENSES	RECORDS						C
D. TOTAL BASE YEAR EXPENSES	A+B+C	\$364.93		\$1,439.29			D
E. ALLOC. FROM CAFE, PARKING, ETC.	SCH. OA	\$9.30		\$24.53	\$0.39		E
F. BASE YEAR EXPENSES ADJUSTED	D+E	\$374.23		\$1,463.82	\$0.39		F
<b>INFLATION FACTORS</b>							
G. INFLATION FACTOR-WAGES & SALARIES	HSCRC						G
H. INFLATION FACTOR - OTHER	HSCRC						H
<b>FTE DATA</b>							
N. BASE YR HOURS WORKED/2080 (A)	RECORDS	6.63		18.81			N
O. BASE YR HOURS WORKED/2080 (B)	RECORDS	0.50			0.30		O

RESIDENT, INTERN SERVICES  
ELIGIBLE

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

INSTITUTION NUMBER: 210004

	COL. 1 PEDIATRIC INTENSIVE CARE PIC	COL. 2 NEO-NATAL INTENSIVE CARE NEO	COL. 3 BURN CARE BUR	COL. 4 PSYCH INTENSIVE CARE PSI	COL. 5 SHOCK TRAUMA TRM	COL. 6 ONCOLOGY ONC	COL. 7 NEWBORN NURSERY NUR
<b>BASE YEAR DATA</b>							
A	BASE YEAR WAGES & SALARIES	RECORDS					A
B	BASE YEAR PHYSICIAN SUPERVISION	SCH. P1A					B
C	BASE YEAR OTHER EXPENSES	RECORDS					C
D	TOTAL BASE YEAR EXPENSES	A+B+C					D
E	ALLOC. FROM CAFE, PARKING, ETC.	SCH. OA					E
F	BASE YEAR EXPENSES ADJUSTED	D+E					F
<b>INFLATION FACTORS</b>							
G	INFLATION FACTOR-WAGES & SALARIES	HSCRC					G
H	INFLATION FACTOR - OTHER	HSCRC					H
<b>FTE DATA</b>							
N	BASE YR HOURS WORKED/2080 (A)	RECORDS					N
O	BASE YR HOURS WORKED/2080 (B)	RECORDS					O

RESIDENT, INTERN SERVICES  
ELIGIBLE

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
	PREMATURE NURSERY	SAME DAY SURGERY	INTERMEDIATE CARE	EMERGENCY SERVICES	CLINIC SERVICES	PSYCH DAY/NIGHT CARE	AMBULATORY SURGERY (PBP)
	PRE	SDS	ICC	EMG	CL	PDC	AMS
<b>BASE YEAR DATA</b>							
A   BASE YEAR WAGES & SALARIES	RECORDS				\$72.76		A
B   BASE YEAR PHYSICIAN SUPERVISION	SCH PTA				\$36.91		B
C   BASE YEAR OTHER EXPENSES	RECORDS						C
D   TOTAL BASE YEAR EXPENSES	A+B+C				\$109.67		D
E   ALLOC. FROM CAREE, PARKING, ETC.	SCH OA				\$1.30		E
F   BASE YEAR EXPENSES ADJUSTED	D+E				\$110.98		F
<b>INFLATION FACTORS</b>							
G   INFLATION FACTOR-WAGES & SALARIES	HSCRC						G
H   INFLATION FACTOR - OTHER	HSCRC						H
<b>FTE DATA</b>							
N   BASE YR HOURS WORKED/2080 (A)	RECORDS				1.00		N
O   BASE YR HOURS WORKED/2080 (B)	RECORDS						O

RESIDENT, INTERN SERVICES  
ELIGIBLE

INSTITUTION NAME: Holy Cross Hospital. BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

INSTITUTION NAME: Holy Cross Hospital.

INSTITUTION NUMBER: 210004

	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
	MRI SCANNER	LABOR & DELIVERY	OPERATING ROOM	OPERATING ROOM	ANESTHES- IOLOGY	LABORATORY	ELECTRO- CARDIO- GRAPHY
	MRI	DEL	OR	ORC	ANS	LAB	EKG
<b>BASE YEAR DATA</b>							
A	RECORDS		\$342.52				A
B	SCH. P1A		\$1.96				B
C	RECORDS						C
D	A+B+C		\$344.48				D
E	SCH. OA		\$6.14	\$0.13			E
F	D+E		\$350.62	\$0.13			F
<b>INFLATION FACTORS</b>							
G	HSCRC						G
H	HSCRC						H
<b>FTE DATA</b>							
N	RECORDS		4.71				N
O	RECORDS			0.10			O



RESIDENT, INTERN SERVICES  
ELIGIBLE

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

	COL 1 INTERVENTIONAL RADIOLOGY/ CARDIOVASCULAR IRC	COL 2 RADIOLOGY DIAGNOSTIC RAD	COL 3 CT SCANNER CAT	COL 4 RADIOLOGY THERAPEUTIC RAT	COL 5 NUCLEAR MEDICINE NUC	COL 6 RESPIRATORY THERAPY RES	COL 7 PULMONARY FUNCTION TESTING PUL
<b>BASE YEAR DATA</b>							
A   BASE YEAR WAGES & SALARIES	RECORDS						A
B   BASE YEAR PHYSICIAN SUPERVISION	SCH. P1A						B
C   BASE YEAR OTHER EXPENSES	RECORDS						C
D   TOTAL BASE YEAR EXPENSES	A+B+C						D
E   ALLOC. FROM CAFE, PARKING, ETC.	SCH. OA						E
F   BASE YEAR EXPENSES ADJUSTED	D+E						F
<b>INFLATION FACTORS</b>							
G   INFLATION FACTOR-WAGES & SALARIES	HSCRC						G
H   INFLATION FACTOR - OTHER	HSCRC						H
<b>FTE DATA</b>							
N   BASE YR HOURS WORKED/2080 (A)	RECORDS						N
O   BASE YR HOURS WORKED/2080 (B)	RECORDS						O

RESIDENT, INTERN SERVICES  
ELIGIBLE

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

	COL. 1 ELECTRO- ENCEPHALO- GRAPHY EEG	COL. 2 PHYSICAL THERAPY PTH	COL. 3 OCCUPATIONAL THERAPY OTH	COL. 4 SPEECH LANGUAGE STH	COL. 5 OBSERVATION OBV	COL. 6 AUDIOLOGY AUD	COL. 7 OTHER PHYSICAL MEDICINE OPM
<b>BASE YEAR DATA</b>							
A	BASE YEAR WAGES & SALARIES	RECORDS					A
B	BASE YEAR PHYSICIAN SUPERVISION	SCH. P1A					B
C	BASE YEAR OTHER EXPENSES	RECORDS					C
D	TOTAL BASE YEAR EXPENSES	A+B+C					D
E	ALLOC. FROM CAFE, PARKING, ETC.	SCH. OA					E
F	BASE YEAR EXPENSES ADJUSTED	D+E					F
<b>INFLATION FACTORS</b>							
G	INFLATION FACTOR-WAGES & SALARIES	HSCRC					G
H	INFLATION FACTOR - OTHER	HSCRC					H
<b>FTE DATA</b>							
N	BASE YR HOURS WORKED/2080 (A)	RECORDS					N
O	BASE YR HOURS WORKED/2080 (B)	RECORDS					O

RESIDENT, INTERN SERVICES  
ELIGIBLE

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

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

RESIDENT, INTERN SERVICES  
ELIGIBLE

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

INSTITUTION NUMBER: 210004

	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
	REHABIL- ITATION	ADULT PSYCH	CHILD/ADOL PSYCH	TRANSURETHRAL MICROWAVE THERMOTHERAPY	GERIATRIC PSYCH	TRANSURETHRAL NEEDLE ABLATION	ONCOLOGY CLINIC
	RHB	PAD	PCD	TMT	PSG	TNA	OOL
<b>BASE YEAR DATA</b>							
A	BASE YEAR WAGES & SALARIES						
B	BASE YEAR PHYSICIAN SUPERVISION						
C	BASE YEAR OTHER EXPENSES						
D	TOTAL BASE YEAR EXPENSES						
E	ALLOC. FROM CAFE, PARKING, ETC.						
F	BASE YEAR EXPENSES ADJUSTED						
<b>INFLATION FACTORS</b>							
G	INFLATION FACTOR-WAGES & SALARIES						
H	INFLATION FACTOR - OTHER						
<b>FTE DATA</b>							
N	BASE YR HOURS WORKED/2080 (A)						
O	BASE YR HOURS WORKED/2080 (B)						

**RESIDENT, INTERN SERVICES  
ELIGIBLE**

**P 4 I**

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
	INDIVIDUAL THERAPY ITH	GROUP THERAPY GTH	PSYCH TESTING PST	EDUCATION PSE	OTHER THERAPIES OPT	ACTIVITY THERAPY ATH	TOTAL EXPENSES
<b>BASE YEAR DATA</b>							
A. BASE YEAR WAGES & SALARIES	RECORDS						\$2,038.05
B. BASE YEAR PHYSICIAN SUPERVISION	SCH. PTA						\$220.31
C. BASE YEAR OTHER EXPENSES	RECORDS						
D. TOTAL BASE YEAR EXPENSES	A+B+C						\$2,258.37
E. ALLOC. FROM CAFE, PARKING, ETC.	SCH. OA						\$41.80
F. BASE YEAR EXPENSES ADJUSTED	D+E						\$2,300.16

	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
	INDIVIDUAL THERAPY ITH	GROUP THERAPY GTH	PSYCH TESTING PST	EDUCATION PSE	OTHER THERAPIES OPT	ACTIVITY THERAPY ATH	TOTAL EXPENSES
<b>INFLATION FACTORS</b>							
G. INFLATION FACTOR WAGES & SALARIES	HSCRC						
H. INFLATION FACTOR - OTHER	HSCRC						

	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
	INDIVIDUAL THERAPY ITH	GROUP THERAPY GTH	PSYCH TESTING PST	EDUCATION PSE	OTHER THERAPIES OPT	ACTIVITY THERAPY ATH	TOTAL EXPENSES
<b>FTE DATA</b>							
N. BASE YR HOURS WORKED/2080 (A)	RECORDS						31.15
O. BASE YR HOURS WORKED/2080 (B)	RECORDS						0.90



**SCHEDULE D**

**PATIENT CARE CENTERS**

6/30/2019

BASE YEAR

Holy Cross Hospital

INSTITUTION NAME:

210004

INSTITUTION NUMBER:

FORM SOURCE	CENTER	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 Col 5 * Col 6	COL 7 ADJUSTED TOTAL EXPENSES Col 6 + Col 8	COL 8 EXPENSE PER UNIT Col 7/Col 1	COL 9 FTEs RECORDS	COL 10 PHYSICIAN SUPERVISION FTEs RECORDS
D1	Med/Surg Acute	52,665	24,245.8	381.1	6,191.5	30,818.4	2,658.9	32,875.3	0.62424	303.0	0.8
D2	Pediatric Acute	591	159.5	-	38.5	197.0	20.9	217.9	0.36862	1.9	-
D3	Psychiatric Acute	-	-	-	-	-	39.7	39.7	-	-	-
D4	OBRS	20,547	4,474.6	-	1,053.8	5,528.4	481.8	6,010.2	0.29251	50.2	-
D5	DEF	10,516	2,913.2	82.5	1,441.5	4,417.2	663.0	5,080.2	0.48309	35.3	0.2
D6	MIS	13,950	11,658.6	290.2	2,922.3	14,871.1	1,079.6	15,950.7	1.14342	117.2	0.5
D7	CCU	-	-	-	-	-	-	-	-	-	-
D8	PIC	-	-	-	-	-	-	-	-	-	-
D9	NEO	14,986	9,068.3	40.1	3,782.9	12,901.3	951.2	13,852.5	0.92436	66.4	-
D10	BUR	-	-	-	-	-	-	-	-	-	-
D11	PSI	-	-	-	-	-	-	-	-	-	-
D12	TRM	-	-	-	-	-	-	-	-	-	-
D13	ONC	-	-	-	-	-	-	-	-	-	-
D14	NUR	18,861	3,715.0	-	877.2	4,592.2	286.8	4,879.0	0.25841	41.6	-
D15	PRE	-	-	-	-	-	-	-	-	-	-
D16	ECF	-	-	-	-	-	-	-	-	-	-
D17	ICC	-	-	-	-	-	-	-	-	-	-
D18	EMG	737,864	9,397.5	100.7	2,353.1	11,851.3	850.0	12,701.2	0.01721	96.3	-
D19	CL	119,387	1,564.9	131.5	347.1	2,043.5	147.6	2,191.2	0.01835	17.9	-
D20	PDC	-	-	-	-	-	-	-	-	-	-
D22	SDS	7,054	2,045.2	-	618.9	2,664.1	127.4	2,791.5	0.39574	33.4	-
D23	DEL	426,250	9,302.6	290.0	3,778.8	13,371.4	970.9	14,342.3	0.03365	92.2	-
D24	OR	1,389,817	9,601.2	449.6	5,837.6	15,680.4	1,242.4	17,130.8	0.01233	105.1	-
D24-A	ORC	147,012	637.0	-	157.8	794.8	61.4	856.2	0.00582	7.5	-
D25	ANS	1,703,064	-	-	435.4	435.4	28.3	463.7	0.00027	-	-
D26	MSS	33,871	-	-	34,709.2	34,709.2	-	34,709.2	1.02476	-	-
D27	DDS	33,871	-	-	16,380.5	16,380.5	-	16,380.5	0.48362	-	-
D28	LAB	21,809,436	7,852.4	62.8	9,663.3	17,578.5	1,271.7	18,850.2	0.00086	101.8	-
D30	EKG	759,435	965.5	67.7	222.0	1,255.2	86.9	1,345.0	0.00177	9.7	-
D31	IRC	165,052	2,388.7	-	804.6	3,194.3	227.3	3,421.6	0.02073	24.3	-
D32	RAD	935,736	3,020.1	459.3	802.2	4,281.6	290.2	4,571.7	0.00488	31.9	-
D33	CAT	1,107,480	1,100.6	-	422.7	1,523.3	114.2	1,637.5	0.00148	11.6	-





**AUXILIARY ENTERPRISES  
PAR**

**E 2**

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

	VOLUME DATA	BASE YEAR UNITS
A	No. of Spaces	2,071.00

COL 1                      COL 2                      COL 3                      COL 4

**Parking - 8440  
5440**

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

B	BASE YEAR EXPENSES	RECORDS	-	1,049.3	1,049.3	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC	XXXXX	XXXXX	XXXXX	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	////	XXXXX	XXXXX	XXXXX	///
D1	Depreciation & Amortization	DEP	XXXXX	72.8	72.8	XXXXX	D1
D2	General Accounting	FIS		5.8	15.5	21.3	XXXXX
D3	Interest Long Term	ILT	XXXXX		27.4	27.4	XXXXX
D4	Hospital Administration	MGT		28.1	11.1	39.2	XXXXX
D5	Other Insurance	OIN	XXXXX		1.5	1.5	XXXXX
D6	Plant Operations	POP		9.8	28.6	38.4	XXXXX
D7					-	-	XXXXX
D8					-	-	XXXXX
D9					-	-	XXXXX
D10					-	-	XXXXX
D11					-	-	XXXXX
D12					-	-	XXXXX
E	CAPITAL FACILITIES ALLOWANCE	SCH H3			-	-	XXXXX
F	DONATED SERVICES & COMMODITIES	RECORDS			-	-	XXXXX
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	43.7	1,206.2	1,249.9	0.60351	G

**BASE YEAR PROFIT (LOSS)**

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	\$1,638.88	XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	\$389.02	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX		XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX	\$389.02	XXXXX	K

**FTE DATA**

L	BASE YR HOURS WORKED/2080	RECORDS	0.55
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L

**AUXILIARY ENTERPRISES  
OOR**

**E 4**

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

	VOLUME DATA	BASE YEAR UNITS
A	Sq Feet	864.00

**OFFICE & OTHER RENTAL - 9220**

**9210**

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

B	BASE YEAR EXPENSES	RECORDS		233.2	233.2	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC	SCH OAC	0.2	XXXXX	0.2	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	///	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL 5 COST CENTER	COL 6 CODE	///	XXXXX	XXXXX	XXXXX	///
D1	Depreciation & Amortization	DEP	XXXXX	44.6	44.6	XXXXX	D1
D2	General Accounting	FIS	1.3	3.4	4.7	XXXXX	D2
D3	Housekeeping	HKP	2.2	1.8	4.0	XXXXX	D3
D4	Interest Long Term	ILT	XXXXX	13.2	13.2	XXXXX	D4
D5	Hospital Administration	MGT	6.2	2.5	8.7	XXXXX	D5
D6	Other Insurance	OIN	XXXXX	0.3	0.3	XXXXX	D6
D7	Plant Operations	POP	2.2	6.4	8.5	XXXXX	D7
D8					-	XXXXX	D8
D9					-	XXXXX	D9
D10					-	XXXXX	D10
D11					-	XXXXX	D11
D12					-	XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		67.4	67.4	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	-	-	-	XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	12.2	372.7	384.9	0.44544	G

**BASE YEAR PROFIT (LOSS)**

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	\$786.34	XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	\$401.48	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX		XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX	\$401.48	XXXXX	K

**FTE DATA**

L	BASE YR HOURS WORKED/2080	RECORDS	0.18				L
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**AUXILIARY ENTERPRISES  
REQ**

**E 5**

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

	VOLUME DATA	BASE YEAR UNITS
A	Sq Feet	1,725.00

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

**RETAIL OPERATIONS - 9230**                      **9130**

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

B	BASE YEAR EXPENSES	RECORDS	448.4	1,115.7	1,564.1	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC	SCH OAC	6.7	XXXXX	6.7	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////	XXXXX	XXXXX	XXXXX	///
D1	General Accounting	FIS	8.6	23.1	31.7	XXXXX	D1
D2	Housekeeping	HKP	14.9	11.9	26.8	XXXXX	D2
D3	Interest Long Term	ILT	XXXXX	14.5	14.5	XXXXX	D3
D4	Hospital Administration	MGT	41.9	16.6	58.5	XXXXX	D4
D5	Other Insurance	OIN	XXXXX	2.2	2.2	XXXXX	D5
D6	Plant Operations	POP	14.6	42.6	57.2	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		256.0	256.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	-	-	-	XXXXX	F
G	BASE YEAR ADJUSTED EXPENSES	B+C+D+E+F	535.1	1,482.6	2,017.7	1.16967	G

**BASE YEAR PROFIT (LOSS)**

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	868.6	XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	(1,149.1)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	-	XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX	(1,149.1)	XXXXX	K

**FTE DATA**

L	BASE YR HOURS WORKED/2080	RECORDS	5.11
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**L**

**AUXILIARY ENTERPRISES  
CAF**

**E 7**

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

	VOLUME DATA	BASE YEAR UNITS
A	Meals	523,304

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

**CAFETERIA -8320  
5320**

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

B	BASE YEAR EXPENSES	RECORDS	2,576.4	2,955.5	5,531.9	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	General Accounting	FIS	30.5	81.7	112.2	XXXXX	D1
D2	Housekeeping	HKP	52.7	42.0	94.7	XXXXX	D2
D3	Hospital Administration	MGT	148.2	58.6	206.8	XXXXX	D3
D4	Other Insurance	OIN	XXXXX	7.7	7.7	XXXXX	D4
D5	Plant Operations	POP	51.5	150.8	202.3	XXXXX	D5
D6	Purchasing & Stores	PUR	24.3	3.5	27.8	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	2,883.6	3,299.8	6,183.4	0.01182	G

**BASE YEAR PROFIT (LOSS)**

H	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	3,199.6	XXXXX	H
I	PROFIT (LOSS)	H-G	XXXXX	XXXXX	(2,983.9)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	(2,983.9)	XXXXX	J
K	AMOUNT TREATED AS OFC	I-J	XXXXX	XXXXX	0.0	XXXXX	K

**FTE DATA**

L	BASE YR HOURS WORKED/2080	RECORDS	62.4
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L

**OTHER INSTITUTIONAL PROGRAMS  
REG**

**F 1**

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

	VOLUME DATA	BASE YEAR UNITS
A	NO. PROJECTS	35

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

**RESEARCH -8010**

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

		RECORDS	394.5	170.8	565.3	XXXXX	
B	BASE YEAR EXPENSES	SCH OAC	5.7	XXXXX	5.7	XXXXX	B
C	ALLOC. FROM CAFETERIA, PARKING, ETC.			XXXXX	XXXXX	XXXXX	C
D	ALLOC. FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////	XXXXX	XXXXX	XXXXX	
D1	General Accounting	FIS	3.1	8.3	11.5	XXXXX	D1
D2	Hospital Administration	MGT	15.1	6.0	21.1	XXXXX	D2
D3	Plant Operations	POP	5.3	15.4	20.7	XXXXX	D3
D4	Purchasing & Stores	PUR	2.5	0.4	2.8	XXXXX	D4
D5					-	XXXXX	D5
D6					-	XXXXX	D6
D7					-	XXXXX	D7
D8					-	XXXXX	D8
D9					-	XXXXX	D9
D10					-	XXXXX	D10
D11					-	XXXXX	D11
D12					-	XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		-	-	XXXXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	426.2	200.9	627.1	18.09023	F

**BASE YEAR PROFIT (LOSS)**

G	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	453.7	XXXXX	G
H	PROFIT (LOSS)	G-F	XXXXX	XXXXX	(173.5)	XXXXX	H

**FTE DATA**

I	BASE YR HOURS WORKED/2080	RECORDS	4.4
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I

**OTHER INSTITUTIONAL PROGRAMS  
OHE**

**F 3**

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR

6/30/2019

INSTITUTION NUMBER: 210004

	VOLUME DATA	BASE YEAR UNITS
A	No. Students	837

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

**OTHER HEALTH PROFESSION EDUCATION 8260**

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

B	BASE YEAR EXPENSES	RECORDS	9.7	4.7	14.4	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OAC	0.0	XXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////	XXXXX	XXXX	XXXXX	
D1	General Accounting	FIS	0.1	0.2	0.3	XXXXX	D1
D2	Hospital Administration	MGT	0.4	0.2	0.5	XXXXX	D2
D3	Plant Operations	POP	0.1	0.4	0.5	XXXXX	D3
D4	Purchasing & Stores	PUR	0.1	0.0	0.1	XXXXX	D4
D5					-	XXXXX	D5
D6					-	XXXXX	D6
D7					-	XXXXX	D7
D8					-	XXXXX	D8
D9					-	XXXXX	D9
D10					-	XXXXX	D10
D11					-	XXXXX	D11
D12					-	XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		-	-	XXXXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	10.4	5.5	15.8	0.01893	F

**BASE YEAR PROFIT (LOSS)**

G	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	6.1	XXXXX	G
H	PROFIT (LOSS)	G-F	XXXXX	XXXXX	(9.7)	XXXXX	H

**FTE DATA**

I	BASE YEAR HOURS WORKED/2080	RECORDS	0.0				I
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**OTHER INSTITUTIONAL PROGRAMS  
CHE**

**F 4**

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

	VOLUME DATA	BASE YEAR UNITS
A	No. Participants	248,998

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

**COMMUNITY HEALTH EDUCATION**

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

B	BASE YEAR EXPENSES	RECORDS	1,636.4	1,210.1	2,846.5	XXXXX	B
C	ALLOC FROM CAFETERIA, PARKING, ETC.	SCH OAC	2.3	XXXX	2.3	XXXXX	C
D	ALLOC FROM GENERAL SERVICE CENTER	////	XXXXX	XXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	XXXXX	XXXX	XXXXX	XXXXX	
D1	General Accounting	FIS	15.7	42.0	57.7	XXXXX	D1
D2	Hospital Administration	MGT	76.3	30.2	106.4	XXXXX	D2
D3	Plant Operations	POP	26.5	77.6	104.1	XXXXX	D3
D4	Purchasing & Stores	PUR	12.5	1.8	14.3	XXXXX	D4
D5					-	XXXXX	D5
D6					-	XXXXX	D6
D7					-	XXXXX	D7
D8					-	XXXXX	D8
D9					-	XXXXX	D9
D10					-	XXXXX	D10
D11					-	XXXXX	D11
D12					-	XXXXX	D12
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		-	-	XXXXX	E
F	BASE YEAR ADJUSTED EXPENSES	B+C+D+E	1,769.7	1,361.6	3,131.3	0.01258	F

**BASE YEAR PROFIT (LOSS)**

G	BASE YEAR REVENUE	RECORDS	XXXXX	XXXXX	1,033.9	XXXXX	G
H	PROFIT (LOSS)	G-F	XXXXX	XXXXX	(2,097.4)	XXXXX	H

**FTE DATA**

I	BASE YEAR HOURS WORKED/2080	RECORDS	22.5	I
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ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING, ETC.)

Holy Cross Hospital  
 210,004.00  
 43,646.00

210004

INSTITUTION NAME:  
 INSTITUTION NUMBER:  
 BASE YEAR

DISTRIBUTIONS		CAFETERIA, PARKING ETC ALLOC						DATA PROCESSING ALLOC			COL 8	
SCHED	CODE	FTE	B1*D1	Allocated Amount	Basis	WAGES, SALARIES & BENEFITS	Other Expenses	DP ALLOCATION	Col. 2 + Col. 7 Total Alloc Expense			
32	EMERGENCY SERVICES	96.3	125.5		3.57%	-	724.4	724.4	850.0			
33	CLINIC SERVICES	17.9	23.3		0.61%	-	124.3	124.3	147.6			
34	PSYCH DAY & NIGHT CARE	-	-		-	-	-	-	-			
35	SAME DAY SURGERY	33.4	43.6		0.41%	-	83.9	83.9	127.4			
36	DEL	92.2	120.3		4.19%	-	850.6	850.6	970.9			
37	LABOR & DELIVERY	105.1	137.1		5.45%	-	1,105.3	1,105.3	1,242.4			
38	OPERATING ROOM CLINIC	7.5	9.7		0.25%	-	51.7	51.7	61.4			
39	ANESTHESIOLOGY	-	-		0.14%	-	28.3	28.3	28.3			
40	LABORATORY SERVICES	101.8	132.8		5.61%	-	1,138.9	1,138.9	1,271.7			
41	ELECTROCARDIOGRAPHY	9.7	12.6		0.38%	-	77.2	77.2	89.9			
42	INTERVENTIONAL RADIOLOGY/CARDIOVASC	24.3	31.7		0.96%	-	195.6	195.6	227.3			
43	RADIOLOGY - DIAGNOSTIC	31.9	41.6		1.23%	-	248.5	248.5	290.2			
44	CT SCANNER	11.6	15.2		0.49%	-	99.1	99.1	114.2			
45	RADIOLOGY - THERAPEUTIC	0.0	0.1		0.04%	-	8.1	8.1	8.2			
46	NUCLEAR MEDICINE	4.9	6.3		0.27%	-	55.7	55.7	62.1			
47	RESPIRATORY THERAPY	22.9	29.9		1.21%	-	245.9	245.9	275.8			
48	PULMONARY FUNCTION TESTING	4.5	5.8		0.24%	-	48.3	48.3	54.1			
49	ELECTROENCEPHALOGRAPHY	3.1	4.0		0.17%	-	34.1	34.1	38.2			
50	PHYSICAL THERAPY	21.1	27.6		0.01	-	174.2	174.2	201.7			
51	OCCUPATIONAL THERAPY	9.3	12.1		0.00	-	79.9	79.9	92.0			
52	SPEECH LANGUAGE PATHOLOGY	2.1	2.8		0.00	-	21.5	21.5	24.3			
53	RECREATIONAL THERAPY	-	-		-	-	-	-	-			
54	AUDIOLOGY	-	-		-	-	-	-	-			
55	OTHER PHYSICAL MEDICINE	-	-		-	-	-	-	-			
56	RENAL DIALYSIS	7.3	9.5		0.00	-	64.2	64.2	73.8			
57	ORGAN ACQUISITION	-	-		-	-	-	-	-			
58	AMBULATORY SURGERY	-	-		-	-	-	-	-			
59	LEUKOPHERESIS	-	-		-	-	-	-	-			
60	HYPERBARIC CHAMBER	-	-		-	-	-	-	-			
61	FREE STANDING EMERGENCY SVCS	-	-		-	-	-	-	-			
62	MRI SCANNER	6.9	9.0		0.00	-	62.0	62.0	71.0			
63	LITHOTRIPSY	-	-		-	-	-	-	-			
64	REHABILITATION	-	-		-	-	-	-	-			
65	OBSERVATION	58.2	75.9		0.01	-	280.7	280.7	356.7			
66	AMB SERVICES - REBUNDLED	0.0	0.0		0.00	-	7.1	7.1	7.2			
67	TRANSURETHRAL MICROWAVE THER.	-	-		-	-	-	-	-			
68	ONCOLOGY CLINIC	-	-		-	-	-	-	-			
69	TRANSURETHRAL NEEDLE ABLATION	-	-		-	-	-	-	-			
70	PSYCH ADULT	-	-		-	-	-	-	-			
71	PSYCH CHILD/ADOLESCENT	-	-		-	-	-	-	-			
72	PSYCH GERIATRIC	-	-		-	-	-	-	-			
73	INDIVIDUAL THERAPIES	-	-		-	-	-	-	-			
74	GROUP THERAPIES	-	-		-	-	-	-	-			
75	FAMILY THERAPIES	-	-		-	-	-	-	-			
76	PSYCH TESTING	-	-		-	-	-	-	-			
77	EDUCATION	-	-		-	-	-	-	-			
78	OTHER THERAPIES	-	-		-	-	-	-	-			
79	ELECTROCONVULSIVE THERAPY	-	-		-	-	-	-	-			













**RECONCILIATION OF BASE YEAR EXPENSES**

**RC**

**TO SCHEDULE RE**

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 210004

	Expenses	Sources	HSCRC Regulated	Unregulated	Total	
A	Unassigned Expense	Sch. UA, Lines C-B, Col. 10	50,861.3	1,955.4	52,816.6	A
B	Physicians Part B Services	P2 Ln A Col 7 UR6 Ln B Col 3		12,230.0	12,230.0	B
C	Physician Support Services	Sch. P3, Line A, Col. 7 UR, Line B, COL. 3	342.7		342.7	C
D	Resident, Intern Services	Sch. P4 & P5, Line A, Col. 7	2,258.4		2,258.4	D
E	Overhead Expense Survey	Sch OES, Line P, Col. 1	112,353.4	4,711.8	117,065.2	E
F	Patient Care Centers	Schs D1 - D81, Line B, Col. 4	217,632.8	XXXXX	217,632.8	F
G	Auxiliary Enterprises	Schs E1 - 9, Line B, Col 3	2,983.9	5,394.6	8,378.5	G
H	Other Institution Programs	Schs F1 - F4, Line B, Col 3	XXXXX	3,426.2	3,426.2	H
I	Unregulated Services	Schs UR1-UR9 - line B & C	XXXXX	25,299.1	25,299.1	I
J	Total Operating Expenses	A+B+C+D+E+F+G+H+I	386,432.4	53,017.1	439,449.5	J
K	Non-Operating Expenses	Non-Operating Expenses	XXXXX			K
L	Total Expenses	J + K	386,432.4	53,017.1	439,449.5	L
M	Total Operating Expenses - RE sch	Sch RE, Line S	385,122.7	54,326.7	439,449.4	M
N	Non-Operating Expenses - RE sch	Sch RE, Line V	XXXXX			N
O	Total Expenses - RE sch	M + N	385,122.7	54,326.7	439,449.4	O
P	Reconciliation Amount	O - L	(1,309.7)	1,309.6	(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	742.7	(742.7)		Q3
Q4	Aux Ent Loss Treated as Fringe	Sch OA	243.5	(243.5)		Q4
Q5	Capital Facilities Allow to E, F, UR		323.4	(323.4)		Q5
Q6	Ineligible I&R					Q6
Q7						Q7



## STATEMENT OF REVENUE AND EXPENSES

RE

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR

6/30/2019INSTITUTION NUMBER: 210004

		COL 1	COL 2	COL 3	
		Regulated	Unregulated	Total	
<b>Operating Revenues:</b>		xxxx	xxxx	xxxx	
A	Gross Revenues from Daily Hospital Services	160,405.7	-	160,405.7	A
B	Gross Revenues from Ambulatory Services	47,270.9	-	47,270.9	B
C	Gross Revenues from Inpatient Ancillary Services	203,402.4	-	203,402.4	C
D	Gross Revenues from Outpatient Ancillary Services	106,995.4	39,683.2	146,678.6	D
E	Gross Patient Revenues	518,074.4	39,683.2	557,757.6	E
<b>Deductions from Revenues:</b>		xxxx	xxxx	xxxx	
F	Provision for Bad Debts	17,313.6	1,886.0	19,199.6	F
G	Charity/Uncompensated Care	25,976.7	5,121.5	31,098.2	G
H	Contractual Adjustments	41,019.1	15,563.0	56,582.1	H
H1	Uncompensated Care Fund Payments	-	-	-	H1
H2	Denials	7,137.1	632.6	7,769.7	H2
I	Other Deductions from Revenues	1,723.3	419.3	2,142.6	I
J	Total Deductions from Revenues	93,169.8	23,622.4	116,792.2	J
J1	Uncompensated Care Fund Receipts	15,777.4	-	15,777.4	J1
K	Net Patient Revenues	440,682.0	16,060.8	456,742.8	K
L	Other Operating Revenues	3,035.8	15,196.5	18,232.3	L
M	Net Operating Revenues	443,717.8	31,257.3	474,975.1	M
<b>Operating Expenses:</b>		xxxx	xxxx	xxxx	
N	Salaries, Wages, and Employee Benefits	219,702.8	25,003.7	244,706.5	N
O	Professional Fees	13,946.8	9,483.7	23,430.5	O
P	Supplies	61,853.0	6,390.6	68,243.6	P
Q	Depreciation/Amortization, Leases/Rentals	32,636.5	774.6	33,411.0	Q
R	Other Expenses	56,983.7	12,674.1	69,657.8	R
S	Total Operating Expenses	385,122.7	54,326.7	439,449.4	S
T	<b>Excess (Deficit) Operating Revenues Over Operating Expenses</b>	58,595.1	(23,069.3)	35,525.7	T
U	Non-Operating Revenues	xxxx	9,594.0	9,594.0	U
V	Non-Operating Expenses	xxxx	-	-	V
W	<b>Excess (Deficit) Revenues Over Expenses</b>	58,595.1	(13,475.3)	45,119.7	W
X	Operating Expenses per EIPD	2.39	xxxx	xxxx	X
Y	Operating Expenses per EIPA	11.37	xxxx	xxxx	Y
Z	Working Capital Ratio = Current Assets/Current Liabilities	(2.0)	xxxx	xxxx	Z
AA	Admissions	25,963	-	25,963	W
BB	EIPA's	36,972	-	39,804	X

OVERHEAD STATISTICAL APPORTIONMENT

JSI & JSJ

INSTITUTION NAME: Holy Cross Hospital  
INSTITUTION NUMBER: 210004

BASE YEAR

6/30/2019

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 INFANT: 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	2,863.5	2,232.2	2,270.2	7,868.9	17,313.3	16,451.2	32,506.7	4,798.8	9,532.2	2,680.6	9,054.7
B. Units	299,946	2,726,996	57,016	211,260	11,111	57,016	139,471	20,589	30,915	33,871	270,337
C. Cost per unit	30.01	30.00	50.04	50.04	11,111	50.04	50.23	50.23	50.31	50.08	50.03
<b>STATISTICAL APPORTIONMENT</b>											
D1. Med/Surg Acute	MISG	557,230	7,853	37,595	11,111	74,891	32,875	11,111	11,111	11,111	47,239
2. Pediatric Acute	PEID	8,418	57	1,356	11,111	2,701	218	11,111	11,111	11,111	511
3. Psychiatric Acute	PSY	-	40	-	11,111	-	-	11,111	11,111	11,111	41
4. Obstetrics Acute	OBS	51,433	137,960	11,667	11,111	23,241	6,010	11,111	11,111	11,111	9,417
5. Definitive Observation	DEF	21,453	122,063	2,058	11,111	46,647	5,080	11,111	11,111	11,111	9,347
6. Med/Surg Intensive Care	MIS	19,551	332,004	3,849	11,111	36,913	15,951	11,111	11,111	11,111	22,413
7. Coronary Care	CCU	-	-	-	11,111	-	-	11,111	11,111	11,111	-
8. Pediatric Intensive Care	PIC	-	-	-	11,111	-	-	11,111	11,111	11,111	-
9. Neo-Natal Intensive Care	NEO	6	4,629	4,268	11,111	8,503	13,852	11,111	11,111	11,111	17,767
10. Burn Care	BUR	-	-	-	11,111	-	-	11,111	11,111	11,111	-
11. Psychiatric Intensive Care	PSI	-	-	-	11,111	-	-	11,111	11,111	11,111	-
12. Shock/Trauma	TRM	-	-	-	11,111	-	-	11,111	11,111	11,111	-
13. Oncology	ONC	-	-	-	11,111	-	-	11,111	11,111	11,111	-
14. Newborn Nursery	NUR	41,093	1,110	10,409	11,111	20,753	4,879	11,111	11,111	11,111	7,992
15. Premature Nursery	PRE	XXXXX	-	-	11,111	-	-	11,111	11,111	11,111	-
16. Rehabilitation	RHB	-	-	-	11,111	-	-	11,111	11,111	11,111	-
17. Intermittent Care	ICC	-	-	-	11,111	-	-	11,111	11,111	11,111	-
18. Emergency Services	EMG	17,949	506,405	3,078	11,111	19,074	2,024	10,677	11,111	4,797	17,852
19. Clinical Services	CL	XXXXXX	25,353	471	11,111	7,563	63	2,129	11,111	1,163	3,271
20. Observation	OBV	13,070	49,681	1,417	11,111	4,600	1,354	4,992	11,111	598	8,160
21. Psych. Day & Night Care	PDC	-	-	-	11,111	-	-	11,111	11,111	-	-
22. Lithotripsy	LIT	XXXXXX	-	-	11,111	-	-	11,111	11,111	-	-
23. Same Day Surgery	SDS	-	194,889	703	11,111	5,780	2,902	2,992	11,111	3,527	4,243
24. Free Standing Emergency	FSE	-	-	-	11,111	-	-	11,111	11,111	-	-
25. Labor & Delivery Services	DEL	XXXXXX	344,647	4,629	11,111	59,924	11,944	11,111	2,398	11,111	21,955
26. Operating Room	OR	XXXXXX	190,020	6,943	11,111	42,345	8,799	8,332	11,111	11,111	24,630
27. Operating Room Clinic	ORC	XXXXXX	20,661	209	11,111	1,304	86	1,214	770	11,111	1,149
28. Ambulance Services-Refund	AMR	-	-	-	11,111	-	-	11,111	11,111	-	-
29. Anesthesiology	ANS	XXXXXX	464	116	11,111	-	271	193	11,111	11,111	605
30. Laboratory Services	LAB	XXXXXX	-	10,802	11,111	8,500	12,170	6,680	11,111	11,111	24,668
31. Ambulatory Surgery (PBP)	AMS	-	-	-	11,111	-	-	11,111	11,111	-	-
32. Electrocardiography	EKG	XXXXXX	2,357	256	11,111	510	666	11,111	11,111	11,111	1,753
33. Electroencephalography	EEG	XXXXXX	-	61	11,111	122	442	11,111	11,111	11,111	757
34. Radiology-Diagnostic	RAD	XXXXXX	121,164	1,051	11,111	7,944	1,350	11,111	3,222	11,111	6,880
35. Radiology-Therapeutic	RAT	XXXXXX	-	132	11,111	-	134	11,111	11,111	11,111	170
36. Nuclear Medicine	NUC	XXXXXX	12,351	349	11,111	1,965	491	11,111	11,111	11,111	1,303
37. CT Scanner	CAT	XXXXXX	778	522	11,111	1,550	575	11,111	1,062	11,111	2,210
38. Interventional Radiology/Cardiovascular	IRC	XXXXXX	-	2,652	11,111	5,288	2,144	11,111	1,278	11,111	4,660
39. Respiratory Therapy	RES	XXXXXX	1,675	668	11,111	1,350	3,825	11,111	232	11,111	5,164
40. Pulmonary Function Testing	PUL	XXXXXX	-	576	11,111	1,477	103	11,111	694	11,111	1,110
41. Renal Dialysis	RDL	XXXXXX	28,248	346	11,111	859	1,062	11,111	11,111	11,111	1,395
42. Physical Therapy	PTH	XXXXXX	12,257	421	11,111	8,526	2,086	11,111	794	11,111	4,138
43. Occupational Therapy	OTH	XXXXXX	-	273	11,111	337	1,118	11,111	203	11,111	1,675
44. Speech Language Pathology	SLP	XXXXXX	-	69	11,111	374	287	11,111	68	11,111	467
45. Recreational Therapy	REC	XXXXXX	-	-	11,111	-	-	11,111	-	11,111	-
46. Organ Acquisition	OA	XXXXXX	-	-	11,111	-	-	11,111	-	11,111	-
47. Ambulatory Surgery	AOR	XXXXXX	-	-	11,111	-	-	11,111	-	11,111	-
48. Leukopheresis	LEU	XXXXXX	-	-	11,111	-	-	11,111	-	11,111	-
49. Hyperbaric Chamber	HYP	XXXXXX	-	-	11,111	-	-	11,111	-	11,111	-
50. Audiology	AUD	XXXXXX	-	-	11,111	-	-	11,111	-	11,111	-
51. Other Physical Medicine	OPM	XXXXXX	-	-	11,111	-	-	11,111	-	11,111	-
52. Transurethral Needle Ablation	TNA	XXXXXX	-	-	11,111	-	-	11,111	-	11,111	-
53. Magnetic Resonance Imaging	MRI	XXXXXX	12,116	266	11,111	2,443	478	11,111	545	11,111	1,471
54. Oncology Clinic	OCL	XXXXXX	-	-	11,111	-	-	11,111	-	11,111	-
55. Transurethral Microwave Thermotherapy	TMT	XXXXXX	-	-	11,111	-	-	11,111	-	11,111	-
56. Admission Services	ADM	XXXXXX	XXXXX	XXXXX	5,308	-	-	11,111	11,111	11,111	-
57. Med/Surg Supplies	MSS	XXXXXX	XXXXXX	XXXXX	1,787	19,825	1,045	11,111	743	11,111	23,785
58. Drugs Sold	CDS	XXXXXX	XXXXXX	XXXXX	2,923	5,823	7,971	11,111	2,447	11,111	13,367
<b>E. TOTAL</b>		299,946	2,726,996	57,016	211,260	420,842	139,471	20,589	30,915	33,871	270,337

CHECK UNITS OK IF = 0

OVERHEAD EXPENSE APPORTIONMENT

J1 & J2

BASE YEAR 6/30/2019

INSTITUTION NAME: Holy Cross Hospital  
INSTITUTION NUMBER: 210004

ALLOCATED CENTERS	DIETARY MEALS	LAUNDRY & LINEN POUNDS	PURCHASING STORES OTH EXP SCHD	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
	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
	2,863.5	2,232.2	2,270.2	7,868.9	17,513.3	16,451.2	49,199.3	32,506.7	4,798.8	9,532.2	2,680.6	9,054.7	58,572.9	107,772.1
<b>A. Overhead Expenses</b>														
<b>REVENUE CENTERS</b>														
D1 Med/Surg Acute	1,604.4	456.1	312.7	1,400.3	17,513.3	2,927.6	6,701.2	7,662.3	1,882.2	9,532.2	2,680.6	9,054.7	9,244.5	15,945.7
2 Pediatric Acute	80.4	3.7	2.3	50.5	17,513.3	105.6	242.4	50.8	17.1	9,532.2	2,680.6	679	679	310.3
3 Psychiatric Acute	491.0	112.9	58.5	434.6	17,513.3	908.5	2,005.5	1,400.8	315.4	9,532.2	2,680.6	1.4	1.4	3.0
4 Obstetrics Acute	204.8	99.9	82.0	1,823.5	17,513.3	1,823.5	3,082.4	1,840.0	315.4	9,532.2	2,680.6	1,716.2	1,716.2	3,721.8
5 Diagnostic Observation	186.6	271.8	153.3	690.2	17,513.3	1,443.0	2,744.9	3,717.6	750.7	9,532.2	2,680.6	1,497.1	1,497.1	4,579.5
6 Med/Surg Intensive Care														7,213.2
7 Coronary Care														
8 Pediatric Intensive Care														
9 Neo-Natal Intensive Care	0.1	9.8	184.3	159.0	17,513.3	332.4	685.6	3,228.6	595.1	9,532.2	2,680.6	3,823.7	3,823.7	4,509.2
10 Burn Care														
11 Psychiatric Intensive Care														
12 Shock/Trauma														
13 Oncology														
14 Newborn Nursery														
15 Prenatal Nursery														
16 Rehabilitation														
17 Intermediate Care														
18 Emergency Services	171.4	414.5	122.5	356.6	17,513.3	745.6	1,810.7	471.7	597.9	9,532.2	2,680.6	3,957.9	3,957.9	5,748.6
19 Clinical Services		20.8	18.8	141.4	17,513.3	295.7	476.6	14.6	109.5	9,532.2	2,680.6	1,188.9	1,188.9	2,294.0
20 Observation		40.7	56.4	86.0	17,513.3	179.8	487.7	315.6	280.0	9,532.2	2,680.6	1,806.3	1,806.3	2,294.0
21 Pouch, Day & Night Care														
22 Lithotripsy														
23 Same Day Surgery		159.5	28.0	108.1	17,513.3	226.0	521.6	650.6	142.1	9,532.2	2,680.6	1,071.9	1,071.9	1,593.4
24 Free Standing Emergency														
25 Labor & Delivery Services		282.1	184.3	1,120.5	17,513.3	2,342.5	3,929.4	2,283.8	730.0	9,532.2	2,680.6	4,253.3	4,253.3	8,182.7
26 Operating Room		155.5	276.4	791.8	17,513.3	1,655.3	2,050.8	314.7	824.9	9,532.2	2,680.6	298.2	298.2	3,988.8
27 Operating Room Clinic		16.9	8.3	24.4	17,513.3	51.0	100.6	20.3	40.7	9,532.2	2,680.6	5.0	5.0	36.9
28 Ambulance Services-Rebundled														
29 Anesthesiology														
30 Laboratory Services														
31 Ambulatory Surgery (PBP)														
32 Electrocardiography		1.9	11.9	9.5	17,513.3	19.9	43.3	155.3	58.7	9,532.2	2,680.6	423.3	423.3	466.6
33 Electrophysiology			12.4	4.8	17,513.3	4.8	19.5	102.9	25.4	9,532.2	2,680.6	193.2	193.2	215.2
34 Radiology-Diagnostic		99.2	41.8	148.5	17,513.3	310.5	600.1	314.7	983.3	9,532.2	2,680.6	217.0	217.0	2,125.2
35 Radiology-Therapeutic														
36 Nuclear Medicine		10.1	13.9	36.7	17,513.3	76.8	137.6	114.4	43.6	9,532.2	2,680.6	36.8	36.8	42.0
37 CT Scanner			20.8	29.0	17,513.3	60.6	110.4	134.1	327.5	9,532.2	2,680.6	290.1	290.1	427.7
38 Interventional Radiology/Cardiovascular			39.8	98.8	17,513.3	206.5	345.2	499.6	156.1	9,532.2	2,680.6	1,049.8	1,049.8	1,394.9
39 Respiratory Therapy			66.7	24.9	17,513.3	52.0	143.6	891.6	172.0	9,532.2	2,680.6	37.2	37.2	1,279.6
40 Pulmonary Function Testing			8.6	21.4	17,513.3	44.8	74.8	24.1	37.2	9,532.2	2,680.6	275.3	275.3	350.1
41 Renal Dialysis		23.1	13.8	15.7	17,513.3	32.8	85.4	247.5	46.7	9,532.2	2,680.6	294.2	294.2	379.6
42 Physical Therapy		10.0	24.2	159.4	17,513.3	333.3	526.9	486.3	138.6	9,532.2	2,680.6	669.6	669.6	1,396.4
43 Occupational Therapy			10.9	6.3	17,513.3	13.2	30.3	260.7	62.5	9,532.2	2,680.6	379.3	379.3	409.6
44 Speech Language Pathology			2.7	7.0	17,513.3	14.6	24.4	67.0	15.6	9,532.2	2,680.6	103.4	103.4	127.8
45 Recreational Therapy														
46 Organ Acquisition														
47 Ambulatory Surgery														
48 Leukopheresis														
49 Hyperbaric Chamber														
50 Audiology														
51 Transcatheter Needle Ablation														
52 Oncology Clinic		9.9	10.6	47.6	17,513.3	99.4	167.5	111.5	168.2	9,532.2	2,680.6	49.3	49.3	496.4
53 Transcatheter Microcatheter Thrombolysis														
54 Admision Services														
55 Med/Surg Supplies														
56 Drug Sale														
<b>E. TOTAL</b>	<b>2,863.5</b>	<b>2,232.2</b>	<b>2,270.2</b>	<b>7,868.9</b>	<b>17,513.3</b>	<b>16,451.2</b>	<b>49,199.3</b>	<b>32,506.7</b>	<b>4,798.8</b>	<b>9,532.2</b>	<b>2,680.6</b>	<b>9,054.7</b>	<b>58,572.9</b>	<b>107,772.1</b>

Departmental Equipment Allowance

INSTITUTION NAME Holy Cross Hospital BASE YEAR 6/30/2019

INSTITUTION NUMBER 210004

CENTER	COL. 1 COST BASE YEAR PURCHASES	COL. 2 # YRS	COL. 3 CUMULATIVE PURCHASE TOTAL	COL. 4 DEPRECIATION COL. 3/COL. 2	COL. 5 MARKET VALUE BASE YEAR LEASES	COL. 6 CUMULATIVE LEASES TOTAL	COL. 7 LEASE AMORTIZATION COL. 6/COL. 2	COL. 8 DEPR/AMORT TOTAL COL. 4 + COL. 7
H2 A	MIS	10	1,894.0	189.4	-	-	-	189.4
H2 B	CCU	10	-	-	-	-	-	-
H2 C	PIC	10	-	-	-	-	-	-
H2 D	NEO	10	2,338.5	233.8	-	-	-	233.8
H2 E	BUR	10	-	-	-	-	-	-
H2 F	TRM	10	-	-	-	-	-	-
H2 G	ONC	10	-	-	-	-	-	-
H2 H	OR	10	15,491.8	1,549.2	-	-	-	1,549.2
H2 I	AOR	10	-	-	-	-	-	-
H2 J	LAB	10	3,757.1	375.7	-	-	-	375.7
H2 K	IRC	10	4,897.9	489.8	-	-	-	489.8
H2 L	RAD	10	5,062.1	506.2	-	-	-	506.2
H2 M	CAT	6.5	1,801.9	277.2	-	-	-	277.2
H2 N	RAT	10	-	-	-	-	-	-
H2 O	NUC	10	1,419.6	142.0	-	-	-	142.0
H2 P	RDL	10	370.4	37.0	-	-	-	37.0
H2 Q	HYP	10	-	-	-	-	-	-
H2 R	DTY	10	91.4	9.1	-	-	-	9.1
H2 S	LI	10	39.6	4.0	-	-	-	4.0
H2 T	MGMT	10	15.3	1.5	-	-	-	1.5
H2 U	EDP	10	2,298.3	229.8	-	-	-	229.8
H2 V	MRI	6	314.5	52.4	-	-	-	52.4
H2 W	LIT	5	-	-	-	-	-	-
H2 X	ETH	10	-	-	-	-	-	-
H2 Y	TRP	5	-	-	-	-	-	-
H2 Z	TMT	5	-	-	-	-	-	-
	Total		39,792.3	4,097.2	-	-	-	4,097.2

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

INSTITUTION NAME Holy Cross Hospital  
 INSTITUTION NUMBER 210004

BASE YEAR 6/30/2019

ALLOWANCE	COL 1 SOURCE	COL 2	COL 3 DIETARY	COL 4 LAUNDRY	COL 5 COMM	COL 6 DATA PROC.	COL 7 DEPT.	COL 8 TOTAL
A TOTAL INTEREST	HOSP RECORDS	9,643	////	////	////	////	////	////
B TOTAL DEPRECIATION	HOSP RECORDS	33,410,800	////	////	////	////	////	////
C CAP INTENSIVE EQUIP DEPR	H2 TOTAL	4,097.2	9.1	4.0	1.5	229.8	3,852.8	4,097.2
D BLDG & GEN EQUIP DEPR	B-C	29,313.6	////	////	////	////	////	29,313.6
E BLDG & GEN EQUIP DEPR & INT	A+D	38,956.2	////	////	////	////	////	38,956.2
F STANDARD UNITS		424,365	299,946	2,726,996	190,859	190,859	////	////
G ALLOWANCE PER UNIT		0.091799	0.000030	0.000001	0.000008	0.001204	////	////

DISTRIBUTION	CODE	NET SQ FT. BASIS								
H01 MEDICAL/SURGICAL	MSG	74,891	6,874.9	5.1	0.8	0.3	39.6	////	////	6,920.7
H02 PEDIATRIC	PED	2,701	248.0	0.3	0.0	-	0.3	////	////	248.5
H03 PSYCHIATRIC	PSY			-	-	-	0.1	////	////	0.1
H04 OBSTETRIC	OBS	23,241	2,133.5	1.6	0.2	0.1	7.2	////	////	2,142.5
H05 DEFINITIVE OBSERVATION	DEF	46,647	4,282.1	0.7	0.2	0.0	6.1	////	////	4,289.1
H06 MEDICAL SURGICAL ICU	MIS	36,913	3,388.6	0.6	0.5	0.1	19.2	////	189.4	3,598.4
H07 CORONARY CARE	CCU			-	-	-	-	////	-	-
H08 PEDIATRIC ICU	PIC			-	-	-	-	////	-	-
H09 NEO NATAL ICU	NEO	8,503	780.6	-	0.0	0.1	16.7	////	233.8	1,031.2
H10 BURN CARE	BUR			-	-	-	-	////	-	-
H11 PSYCHIATRIC ICU	PSI			-	-	-	-	////	-	-
H12 SHOCK TRAUMA	TRM			-	-	-	-	////	-	-
H13 ONCOLOGY	ONC			-	-	-	-	////	-	-
H14 NEWBORN NURSERY	NUR	20,735	1,903.5	////	0.1	0.0	5.9	////	////	1,909.5
H15 PREMATURE NURSERY	PRE			////	-	-	-	////	-	-
H16 REHABILITATION	RHB			-	-	-	-	////	-	-
H17 INTERMEDIATE CARE	ICC			-	-	-	-	////	-	-
H18 EMERGENCY SERVICES	EMG	19,074	1,751.0	0.6	0.7	0.1	15.3	////	////	1,767.7
H19 CLINIC SERVICES	CL	7,563	694.3	////	0.0	0.0	2.6	////	////	697.0
H20 PSYCH DAY/NIGHT	PDC			-	-	-	-	////	-	-
H21 AMBULATORY SURGERY (PBP)	AMS			-	-	-	-	////	-	-
H22 SAME DAY SURGERY	SDS	5,780	530.6	-	0.3	0.0	3.4	////	////	534.3
H23 MRI SCANNER	MRI	2,543	233.5	////	0.0	0.0	1.2	////	52.4	287.1
H24 LABOR & DELIVERY	DEL	59,924	5,501.0	////	0.5	0.1	17.3	////	////	5,518.8
H25 OPERATING ROOM	OR	42,345	3,887.3	////	0.3	0.1	20.6	////	1,549.2	5,457.5
H25a OPERATING ROOM CLINIC	ORC	1,304	119.7	////	0.0	0.0	1.0	////	////	120.8
H26 OBSERVATION	OBV	4,600	422.3	0.4	0.1	0.1	7.6	////	////	430.5
H27 ANESTHESIOLOGY	ANS			////	-	-	0.6	////	////	0.6
H28 MEDICAL SUPPLIES	MSS	19,825	1,820.0	////	////	0.0	2.2	////	////	1,822.1
H29 DRUGS	CDS	5,823	534.6	////	////	0.1	12.6	////	////	547.2
H30 LABORATORY SERVICES	LAB	8,500	780.3	////	-	0.2	22.7	////	375.7	1,178.9

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

INSTITUTION NAME Holy Cross Hospital  
 INSTITUTION NUMBER 210004

BASE YEAR 43,646.0

DISTRIBUTION			COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
			ADJ. SQUARE FOOTAGE BASIS	GENERAL	DIETARY	LAUNDRY	COMM.	DATA PROC	DEPART	TOTAL
H32	ELECTROCARDIOGRAPHY	EKG	510	\$46.82	//////////	-	0.0	1.6	//////////	48.5
H33	INTERVENTIONAL RADIOLOGY/CARDI	IRC	5,284	\$485.03	//////////	-	0.0	4.1	489.8	979.0
H34	RADIOLOGY-DIAG	RAD	7,944	\$729.26	//////////	0.2	0.0	5.5	506.2	1,241.2
H35	CT SCANNER	CAT	1,550	\$142.32	//////////	-	0.0	2.0	277.2	421.5
H36	RADIOLOGY THERAPEUTIC	RAT			//////////	-	-	0.2	-	0.2
H37	NUCLEAR MEDICINE	NUC	1,965	\$180.40	//////////	0.0	0.0	1.1	142.0	323.5
H38	RESPIRATORY THERAPY	RES	1,330	\$122.12	//////////	-	0.0	4.9	//////////	127.0
H39	PULMONARY FUNCTION	PUL	1,147	\$105.28	//////////	-	0.0	1.0	//////////	106.2
H40	EEG	EEG	122	\$11.24	//////////	-	-	0.7	//////////	12.0
H41	PHYSICAL THERAPY	PTH	8,526	\$782.63	//////////	0.0	0.0	3.5	//////////	786.1
H42	OCCUPATIONAL THERAPY	OTH	337	\$30.90	//////////	-	0.0	1.6	//////////	32.5
H43	SPEECH/LANGUAGE	STH	374	\$34.33	//////////	-	-	0.4	//////////	34.8
H44	RECREATIONAL THERAPY	REC			-	-	-	-	//////////	-
H45	AUDIOLOGY	AUD			//////////	-	-	-	//////////	-
H46	OTHER PHYS. MEDICINE	OPM			//////////	-	-	-	//////////	-
H47	RENAL DIALYSIS	RDL	839	\$77.01	-	0.0	0.0	1.3	37.0	115.4
H48	ORGAN ACQUISITION	OA			//////////	-	-	-	//////////	-
H49	LEUKOPHERESIS	LEU			//////////	-	-	-	//////////	-
H50	HYPERBARIC CHAMBER	HYP			//////////	-	-	-	//////////	-
H51	LITHOTRIPSY	LIT			//////////	-	-	-	//////////	-
H52	TRANSURETHRAL MICRO THERM	TMT			-	-	-	-	//////////	-
H53	ONCOLOGY CLINIC	OCL			//////////	-	-	-	//////////	-
H54	TRANSURETHRAL NEEDLE ABLATION	TNA			//////////	-	-	-	//////////	-
	SUBTOTAL	ABC	420,842	\$38,632.74	//////////	4.0	1.5	229.9	//////////	42,730.1
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			//////////	-	-	-	//////////	-
H64	DOCTOR OFFICE RENT	DPO			//////////	-	-	-	//////////	-
H65	OFFICE OTHER RENT	OOR	734	\$67.42	//////////	-	-	-	//////////	67.4
H66	RETAIL OPERATIONS	REQ	2,789	\$256.01	//////////	-	-	-	//////////	256.0
H67	PATIENT TELEPHONES	PTE			//////////	-	-	-	//////////	-
H68	DAY CARE, ETC	DEB			//////////	-	-	-	//////////	-
H69	HOME HEALTH SERVICES	HHC			//////////	-	-	-	//////////	-
H70	O/P RENAL DIALYSIS	ORO			//////////	-	-	-	//////////	-
H71	SKILLED NURSING CARE	ECF			//////////	-	-	-	//////////	-
H72	LAB NON/PATIENT	ULB			//////////	-	-	-	//////////	-
H73	PHYS PART B SERVICES	UPB			//////////	-	-	-	//////////	-
H74	CERTIFIED NURSE ANEST.	CNA			//////////	-	-	-	//////////	-
	TOTAL DISTRIBUTED	XYZ	424,365	\$38,956.17	-	4.0	1.5	229.9	-	43,053.5

**OTHER FINANCIAL CONSIDERATIONS**

**G**

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2017

INSTITUTION NUMBER: 210004

	SOURCE	BASE YEAR		
		TOTAL COL. 1	DIRECT COL. 2	PERCENTAGE COL. 3
<b>REVENUES</b>				
A	Donations, Pledges	SCH. GR (431.8)	-	(431.8)
B	Grants	SCH. GR (894.9)	-	(894.9)
C	Investment Income (Interest, Dividends)	SCH. GR (2,928.0)	-	(2,928.0)
D	Donated Commodities, Blood, Services	SCH. GR -	-	-
E	PSRO	SCH. GR -	-	-
F	Other	SCH. GR (13,563.7)	-	(13,563.7)
G	Total Revenues	A+B+C+D+E+F (17,818.4)	-	(17,818.4)

<b>EXPENSES</b>				
H	Licenses and Taxes	SCH. UA 406.4		406.4
I	Short Term Interest	SCH. UA		-
J	Other	REC/BUDGET		
K	Total Expenses	H + I + J 406.4	-	406.4

<b>OTHER ADJUSTMENTS</b>				
L	Aux. Ent & OIP Gains	SCH. E, F (1,576.9)	-	(1,576.9)
M	Aux. Ent & OIP Losses	SCH. E, F 1,149.1		1,149.1
N	Excess Cash Requirements - Bldg & Equip	SCH. H4 -		-
O	Gain on Disposal of Assets	REC/BUDGET -		-
P	Loss on Disposal of Assets	REC/BUDGET -		-
Q	Total Other Adjustments	L+M+N+O+P (427.8)	-	(427.8)

<b>PERCENTAGE CALCULATION</b>				
R	Net Other Financial Considerations	G + K + Q (17,839.8)	-	(17,839.8)
S	Other Financial Consideration Percent	R/SCH. M 		-4.6%

THIRD PARTY DIFFERENTIAL

PDA

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

SOURCE	INPATIENT	OUTPATIENT	TOTAL
<b>CHARGES, DEDUCTIBLES, CBA</b>			
A GROSS PATIENT REVENUE, HSCRC REGULATED	COL 1	COL 2	COL 3
B MEDICARE REVENUE, HSCRC REGULATED	363,808.1	154,266.3	518,074.4
C MEDICAID REVENUE, HSCRC REGULATED	109,286.7	32,051.6	141,338.2
D BLUE CROSS REVENUE, HSCRC REGULATED	27,096.7	4,416.9	31,513.6
E MCO SUBCONTRACTED MEDICARE, MEDICAID, HSCRC REGULATED **	37,326.9	20,507.6	57,834.4
F MEDICARE DEDUCTIBLES PAID BY MEDICAID & BC< HSCRC REGULATED	87,504.4	26,744.7	114,249.1
G UNCOMPENSATED CARE, HSCRC REGULATED***	//////////	//////////	5,555.4
G1 OTHER PAYORS	16,351.3	26,939.0	43,290.2
	86,242.1	43,606.6	129,848.7

**RATIOS, LEVEL III COSTS**

H Ratio of Medicare & Medicaid Charges	//////////	//////////	0.3336
I Ratio of Blue Cross Inpatient Charges	0.0720	//////////	//////////
I1 Ratio of Blue Cross Outpatient Charges	//////////	0.0396	//////////
J Ratio of HMO Charges	//////////	//////////	0.2205
K Ratio of Deductibles Paid by Medicaid & Blue Cross	//////////	//////////	0.0107
L Ratio of Uncompensated Accounts	//////////	//////////	0.0836
M Ratio of Other Payors Charges	//////////	//////////	0.2506
N Level III Costs	//////////	//////////	368,529.9

**DIFFERENTIAL CALCULATION**

O Gross Revenue HSCRC Regulated	//////////	//////////	420,912.5
P Payor Differential	1 - (Col 3 O/N)	//////////	0.1421



REVENUE CENTER RATE SUMMARY

INSTITUTION NAME: Holy Cross Hospital  
INSTITUTION NUMBER: 210004

BASE YEAR 6/30/2019

DESCRIPTION	CODE	CFA										LEVEL II
		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10	
UNITS OF MEASURE	DIRECT EXPENSES	PAT CARE OVERHEAD EXPENSES	OTHER OVERHEAD EXPENSES	N/A	PHYSICIAN SUPPORT EXPENSES	RESIDENT INTERN EXPENSES	LEVEL I	BLDG & GENRL EQUIPMENT	DEPART- MENTAL	LEVEL I	LEVEL II	
1 Med/Surg Acute	52,865	32,875.4	6,701.2	9,244.5	//////	//////	48,821.0	6,914.8	//////	55,741.7	55,741.7	
2 Pediatric Acute	591	217.9	242.4	67.9	//////	//////	902.4	248.2	//////	1,150.9	1,150.9	
3 Psychiatric Acute	PSY	39.7	1.6	1.4	//////	//////	42.6	0.1	//////	42.7	42.7	
4 Obstetrics Acute	OBS	6,010.2	2,005.5	1,716.2	//////	//////	11,195.8	2,140.8	//////	13,338.4	13,338.4	
5 Definitive Observation	DEF	5,080.2	3,082.4	1,487.1	//////	//////	9,660.0	4,288.3	//////	13,949.2	13,949.2	
6 Med/Surg Intensive Care	MIS	15,950.7	2,744.9	4,468.4	//////	//////	23,163.9	3,407.9	//////	26,762.3	26,762.3	
7 Coronary Care	CCU				//////	//////			//////			
8 Pediatric Intensive Care	PIC				//////	//////			//////			
9 Neo-Natal Intensive Care	NEO	14,986	13,852.5	685.6	//////	//////	18,361.7	797.4	//////	19,393.0	19,393.0	
10 Burn Care	BCR				//////	//////			//////			
11 Psychiatric Intensive Care	PSI				//////	//////			//////			
12 Shock/Trauma	TRM				//////	//////			//////			
13 Oncology	ONC				//////	//////			//////			
14 Newborn Nursery	NUR	18,881	4,878.0	1,276.1	//////	//////	7,536.5	1,909.4	//////	9,446.0	9,446.0	
15 Premature Nursery	PRE				//////	//////			//////			
16 Rehabilitation	RHB				//////	//////			//////			
17 Intermediate Care	ICC				//////	//////			//////			
18 Emergency Services	EMG	737,884	12,701.2	1,810.7	//////	//////	18,449.8	1,766.4	//////	20,217.5	20,217.5	
19 Clinical Services	CL	119,387	2,191.2	476.6	//////	//////	3,562.7	697.0	//////	4,259.8	4,259.8	
20 Observation	OBV	196,043	6,345.8	487.7	//////	//////	8,639.8	430.0	//////	9,070.3	9,070.3	
21 Psych, Day & Night Care	PDC				//////	//////			//////			
22 Lithotripsy	LIT				//////	//////			//////			
23 Same Day Surgery	SDS	7,054	2,791.5	521.6	//////	//////	4,385.0	594.0	//////	4,919.2	4,919.2	
24 Free Standing Emergency	FSE				//////	//////			//////			
25 Labor & Delivery Services	DEL	426,250	14,342.3	3,929.4	//////	//////	22,525.0	5,518.3	//////	28,043.8	28,043.8	
26 Operating Room	OR	1,389,817	17,130.8	2,879.1	//////	//////	25,805.3	3,908.0	//////	31,262.7	31,262.7	
27 Operating Room Clinic	ORC	147,012	856.2	100.6	//////	//////	1,381.5	120.7	//////	1,502.2	1,502.2	
28 Ambulance Services-Rebundled	AMR	22,404	117.0	4.6	//////	//////	153.8	0.6	//////	153.8	153.8	
29 Anesthesiology	ANS	1,703,084	463.7	18.5	//////	//////	625.0	0.6	//////	625.6	625.6	
30 Laboratory Services	LAB	21,809,436	18,850.3	921.3	//////	//////	25,494.0	803.1	//////	26,672.8	26,672.8	
31 Ambulatory Surgery (PBP)	AMS				//////	//////			//////			
32 Electrocardiography	EKG	759,435	1,345.0	43.3	//////	//////	1,811.6	48.5	//////	1,860.1	1,860.1	
33 Electroencephalography	EEG	192,818	589.0	19.5	//////	//////	782.2	12.0	//////	794.2	794.2	
34 Radiology-Diagnostic	RAD	935,738	4,571.7	600.1	//////	//////	6,696.9	734.8	//////	7,938.1	7,938.1	
35 Radiology-Therapeutic	RAT	30,071	133.5	5.2	//////	//////	175.5	0.2	//////	175.7	175.7	
36 Nuclear Medicine	NUC	167,960	919.1	137.6	//////	//////	1,346.7	181.5	//////	1,670.2	1,670.2	
37 CT Scanner	CAT	1,107,480	1,637.5	110.4	//////	//////	2,283.5	144.3	//////	2,705.0	2,705.0	
38 Interventional Radiology/Cardiovascular	IRC	165,052	3,421.6	345.2	//////	//////	5,337.0	489.2	//////	5,943.7	5,943.7	
39 Respiratory Therapy	RES	5,692,857	4,057.4	143.6	//////	//////	1,147.6	127.0	//////	5,464.0	5,464.0	
40 Pulmonary Function Testing	PUL	163,308	797.4	74.8	//////	//////	1,147.6	106.2	//////	1,253.8	1,253.8	
41 Renal Dialysis	RDL	3,252	1,081.8	85.4	//////	//////	1,441.3	78.3	//////	1,556.7	1,556.7	
42 Physical Therapy	PTH	611,394	2,880.0	526.9	//////	//////	4,276.5	786.1	//////	5,062.6	5,062.6	
43 Occupational Therapy	OTH	354,442	1,321.1	30.3	//////	//////	1,730.7	32.5	//////	1,763.2	1,763.2	
44 Speech/Language Pathology	STH	100,263	354.9	24.4	//////	//////	482.7	34.8	//////	517.5	517.5	
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	550,924	1,023.8	167.5	//////	//////	1,520.2	234.7	//////	1,807.4	1,807.4	
53 Oncology Clinic	OCL				//////	//////			//////			
54 Transurethral Microwave Thermotherapy	TMT				//////	//////			//////			
55 Admission Services	ADM	23,785	//////	5,307.5	//////	//////	7,189.9	//////	//////	7,189.9	7,189.9	
56 Med/Surg Supplies	MSS	33,871	36,986.1	2,933.1	//////	//////	40,485.8	1,822.1	//////	42,307.9	42,307.9	
57 Drugs Sold	CDS	33,871	17,445.6	10,754.9	//////	//////	31,260.7	547.2	//////	31,807.9	31,807.9	
58					//////	//////			//////			
<b>B TOTAL</b>		<b>37,617,027</b>	<b>233,221.2</b>	<b>49,199.3</b>		<b>346.1</b>	<b>2,300.2</b>	<b>38,864.4</b>		<b>3,865.9</b>	<b>386,369.9</b>	

REVENUE CENTER RATE SUMMARY

INSTITUTION NAME: Holy Cross Hospital  
 INSTITUTION NUMBER: 210004

BASE YEAR

6/30/2019

DESCRIPTION	CODE	O F C		COL 1	COL 2	COL 3	COL 4	LEVEL IV	COL 6	COL 7	COL 8	COL 9	COL 10
		DIRECT	PERCENTAGE										
A1 Med/Surg Acute	MSG		(2,573.7)	53,168.0	7,567.3	60,725.3						60,725.3	1,153.05
2.00 Pediatric Acute	PED		(53.1)	1,097.8	156.0	1,253.8						1,253.8	2,121.41
3.00 Psychiatric Acute	PSY		(2.0)	40.7	5.8	46.5						46.5	
4.00 Obstetrics Acute	OBS		(615.9)	12,722.5	1,808.4	14,530.9						14,530.9	707.20
5.00 Definitive Observation	DEF		(644.1)	13,305.1	1,891.2	15,196.3						15,196.3	1,445.06
6.00 Med/Surg Intensive Care	MIS		(1,235.7)	25,526.6	3,628.3	29,154.9						29,154.9	2,089.96
7.00 Coronary Care	CCU												
8.00 Pediatric Intensive Care	PIC												
9.00 Neo-Natal Intensive Care	NEO		(895.4)	18,497.6	2,629.2	21,126.8						21,126.8	1,409.77
### Burn Care	BLR												
### Psychiatric Intensive Care	PSI												
### Shock/Trauma	TRM												
### Oncology	ONC												
### Newborn Nursery	NUR		(436.1)	9,009.9	1,280.7	10,290.6						10,290.6	545.02
### Premature Nursery	PRE												
### Rehabilitation	RHB												
### Intermediate Care	ICC												
### Emergency Services	EMG		(933.5)	19,284.0	2,741.0	22,025.0						22,025.0	29.85
### Clinical Services	CL		(196.7)	4,063.1	577.5	4,640.6						4,640.6	38.87
### Observation	OBV		(418.8)	8,651.5	1,229.7	9,881.2						9,881.2	50.40
### Psych. Day & Night Care	PDC												
### Lithotripsy	LIT		(227.1)	4,692.1	666.9	5,359.0						5,359.0	759.72
### Same Day Surgery	SDS												
### Free Standing Emergency	FSE												
### Labor & Delivery Services	DEL		(1,294.9)	26,748.9	3,802.1	30,551.0						30,551.0	71.67
### Operating Room	OR		(1,443.5)	29,819.2	4,238.5	34,057.7						34,057.7	24.51
### Operating Room Clinic	ORC		(69.4)	1,432.8	203.7	1,636.5						1,636.5	11.13
### Ambulance Services-Rebundled	AMR		(7.1)	146.7	20.9	167.6						167.6	7.48
### Anesthesiology	ANS		(28.9)	596.7	84.8	681.5						681.5	0.40
### Laboratory Services	LAB		(1,231.6)	25,441.2	3,616.2	29,057.4						29,057.4	1.33
### Ambulatory Surgery (PBP)	AMS												
### Electrocardiography	EKG		(85.9)	1,774.2	252.2	2,026.4						2,026.4	2.67
### Electrocephalography	EEG		(36.7)	757.5	107.7	865.2						865.2	4.49
### Radiology-Diagnostic	RAD		(366.5)	7,571.6	1,076.2	8,647.8						8,647.8	9.24
### Radiology-Therapeutic	RAT		(8.1)	167.6	23.8	191.4						191.4	6.37
### Nuclear Medicine	NUC		(77.1)	1,593.1	226.4	1,819.5						1,819.5	10.83
### CT Scanner	CAT		(124.9)	2,580.1	366.7	2,946.8						2,946.8	2.66
### Interventional Radiology/Cardiovascular	IRC		(274.4)	5,669.3	805.8	6,475.1						6,475.1	39.23
### Respiratory Therapy	RES		(252.3)	5,211.7	740.8	5,952.5						5,952.5	1.05
### Pulmonary Function Testing	PUL		(57.9)	1,195.9	170.0	1,365.9						1,365.9	8.36
### Renal Dialysis	RDL		(233.8)	4,828.8	686.4	5,515.2						5,515.2	521.46
### Physical Therapy	PTH		(233.8)	4,828.8	686.4	5,515.2						5,515.2	9.02
### Occupational Therapy	OTH		(81.4)	1,681.8	239.0	1,920.8						1,920.8	5.42
### Speech Language Pathology	STH		(23.9)	483.6	70.2	563.8						563.8	5.62
### Organ Acquisition	OA												
### Ambulatory Surgery	AOR												
### Leukopheresis	LEU												
### Hyperbaric Chamber	HYP												
### Audiology	AUD												
### Other Physical Medicine	OPM												
### Transurethral Needle Ablation	TNA												
### Magnetic Resonance Imaging	MRI		(83.5)	1,723.9	245.0	1,968.9						1,968.9	3.57
### Oncology Clinic	OCL												
### Transurethral Microwave Thermotherapy	TMT												
### Admission Services	ADM		(332.0)	6,857.9	974.8	7,832.7						7,832.7	329.31
### Med/Surg Supplies	MSS		(1,953.5)	40,354.4	5,735.9	46,090.3						46,090.3	1,360.77
### Drugs Sold	CDS		(1,468.7)	30,339.2	4,312.4	34,651.6						34,651.6	1,023.06
B TOTAL			(17,840.0)	368,529.9	52,382.5	420,912.4						420,912.4	111111111

**OVERHEAD EXPENSE SUMMARY**

**OES**

INSTITUTION NAME: Holy Cross Hospital

BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

EXPENSES		TOTAL	DISTRIBUTE TO:			
			Physician Part B Centers Sch P2	Data Processing Sch DP1	General Service Centers Sch C1 - C14	
A	Dietary Services	2,660.30			2,660.3	A
B	Laundry and Linen	2,078.80			2,078.8	B
C	Social Services	4,830.60			4,830.6	C
D	Purchasing and Stores	2,210.30			2,210.3	D
E	Plant Operations	16,068.10			16,068.1	E
F	Housekeeping	7,521.80			7,521.8	F
G	Central Services and Supply	1,722.50			1,722.5	G
H	Pharmacy	9,692.50			9,692.5	H
I	General Accounting	8,912.50			8,912.5	I
J	Patient Accounts	14,835.00			14,835.0	J
K	Hospital Administration	16,432.50			16,432.5	K
L	Medical Records	4,518.60			4,518.6	L
M	Medical Staff Administration	2,687.60			2,687.6	M
N	Nursing Administration	2,608.60			2,608.6	N
O	Organ Acquisition					O
P	Data Processing	20,285.52		20,285.5		P
Q	Totals	117,065.22		20,285.5	96,779.7	Q

**UNREGULATED SERVICES  
FSC1**

**UR 1**

INSTITUTION NAME: Holy Cross Hospital  
INSTITUTION NUMBER: 210004

BASE YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS
A	VISITS	33,490

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

**FREE STANDING CLINIC SERVICES**

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

BASE YEAR DATA							
B	BASE YEAR EXPENSES	RECORDS	4,740.6	4,509.8	9,250.4	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	69.7		89.7	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	////	XXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXX	XXXXX	XXXXX	///
D1	Central Services & Supply	CSS	19.5	16.8	36.3	XXXXX	D1
D2	Depreciation & Amortization	DEP	XXXXX		195.6	XXXXX	D2
D3	General Accounting	FIS	51.1	136.5	187.6	XXXXX	D3
D4	Interest Long Term	ILT	XXXXX		203.0	XXXXX	D4
D5	Malpractice Insurance	MAL	XXXXX		51.9	XXXXX	D5
D6	Hospital Administration	MGT	247.9	99.0	345.9	XXXXX	D6
D7	Medical Staff Administration	MSA	33.4	23.1	56.6	XXXXX	D7
D8	Other Insurance	OIN	XXXXX		12.9	XXXXX	D8
D9	Purchasing & Stores	PUR	40.7	5.8	46.5	XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
D13						XXXXX	D13
D14						XXXXX	D14
D15						XXXXX	D15
E	Capital Facilities Allowance	Records				XXXXX	E
F	Base Year Adjusted Expenses	B+C+D+E	5,202.8	5,253.5	10,456.3		F

BASE YEAR PROFIT (LOSS)							
G	BASE YEAR REVENUE	RECORDS	XXXXXXX	XXXXX	6,588.4	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXX	XXXXX	(3,867.9)	XXXXX	H

FTE DATA							
I	BASE YEAR HOURS WORKED / 2080	RECORDS	53.4				I

**UNREGULATED SERVICES  
HHC**

**UR 2**

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 210004

	VOLUME DATA	BASE YEAR UNITS
A	VISITS	6,431

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

**HOME HEALTH SERVICES**

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

<b>BASE YEAR DATA</b>							
B	BASE YEAR EXPENSES	RECORDS	1,067.8	259.1	1,326.9	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	14.3	XXXXX	14.3	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	77.2	77.2	XXXXX	D1
D2	General Accounting	FIS	7.3	19.6	26.9	XXXXX	D2
D3	Housekeeping	HKP	12.6	10.1	22.7	XXXXX	D3
D4	Interest Long Term	ILT	XXXXX	29.1	29.1	XXXXX	D4
D5	Malpractice Insurance	MAL	XXXXX	2.9	2.9	XXXXX	D5
D6	Hospital Administration	MGT	35.6	14.1	49.6	XXXXX	D6
D7	Other Insurance	OIN	XXXXX	1.9	1.9	XXXXX	D7
D8	Plant Operations	POP	12.4	36.2	48.5	XXXXX	D8
D9	Purchasing & Stores	PUR	5.8	0.8	6.7	XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
D13						XXXXX	D13
D14						XXXXX	D14
D15						XXXXX	D15
E	Capital Facilities Allowance	Records				XXXXX	E
F	Base Year Adjusted Expenses	B+C+D+E	1,155.8	451.0	1,606.8	0.2499	F

<b>BASE YEAR PROFIT (LOSS)</b>							
G	BASE YEAR REVENUE	RECORDS	XXXXXXX	XXXXX	506.8	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(1,100.0)	XXXXX	H

<b>FTE DATA</b>							
I	BASE YEAR HOURS WORKED / 2080	RECORDS		11.0			I

**UNREGULATED SERVICES  
ORD**

**UR 3**

INSTITUTION NAME: Holy Cross Hospital  
 INSTITUTION NUMBER: 210004

BASE YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS
A	TREATMENTS	147,598

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

**OUTPATIENT RENAL DIALYSIS**

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

BASE YEAR DATA							
B	BASE YEAR EXPENSES	RECORDS	2,784.2	1,758.9	4,523.1	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	41.8	XXXXX	41.8	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	//////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	//////	XXXXXXX	XXXXX	XXXXX	///
D1	Central Services & Supply	CSS	9.5	8.2	17.7	XXXXX	D1
D2	Depreciation & Amortization	DEP	XXXXX	154.7	154.7	XXXXX	D2
D3	General Accounting	FIS	25.0	66.8	91.7	XXXXX	D3
D4	Housekeeping	HKP	43.1	34.4	77.4	XXXXX	D4
D5	Interest Long Term	ILT	XXXXX	99.2	99.2	XXXXX	D5
D6	Malpractice Insurance	MAL	XXXXX	92.9	92.9	XXXXX	D6
D7	Hospital Administration	MGT	121.2	47.9	169.1	XXXXX	D7
D8	Medical Records	MRD	92.6	37.3	129.9	XXXXX	D8
D9	Other Insurance	OIN	XXXXX	6.3	6.3	XXXXX	D9
D10	Plant Operations	POP	42.1	123.3	165.4	XXXXX	D10
D11	Purchasing & Stores	PUR	19.9	2.9	22.7	XXXXX	D11
D12						XXXXX	D12
D13						XXXXX	D13
D14						XXXXX	D14
D15						XXXXX	D15
E	Capital Facilities Allowance	Records				XXXXX	E
F	Base Year Adjusted Expenses	B+C+D+E	3,159.4	2,432.8	5,592.2	0.0379	F

BASE YEAR PROFIT (LOSS)							
G	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	16,560.3	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	10,968.2	XXXXX	H

FTE DATA							
I	BASE YEAR HOURS WORKED / 2080	RECORDS	32.1				I

**UNREGULATED SERVICES  
ULB**

**UR 5**

INSTITUTION NAME: Holy Cross Hospital  
INSTITUTION NUMBER: 210004

BASE YEAR 8/30/2019

	VOLUME DATA	BASE YEAR UNITS
A	CAP 1982 ed.	1,276,905

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

**LABORATORY -NON PATIENT**

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

	RECORDS					
B	BASE YEAR EXPENSES		865.8	1,065.5	1,931.3	XXXXX
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	14.6	XXXXX	14.6	XXXXX
D	ALLOCATION FROM GENERAL SERVICE CENTERS	//////	XXXXXXXX	XXXXX	XXXXX	XXXXX
///	COST CENTER Col 5	COL 6 CODE	//////	XXXXXXXX	XXXXX	XXXXX
D1	Central Services & Supply	CSS	4.1	3.5	7.6	XXXXX
D2	General Accounting	FIS	10.7	28.5	39.2	XXXXX
D3	Housekeeping	HKP	18.4	14.7	33.1	XXXXX
D4	Interest Long Term	ILT	XXXXX	42.4	42.4	XXXXX
D5	Malpractice Insurance	MAL	XXXXX	26.9	26.9	XXXXX
D6	Hospital Administration	MGT	51.8	20.5	72.2	XXXXX
D7	Medical Records	MRD	26.9	10.8	37.7	XXXXX
D8	Other Insurance	OIN	XXXXX	2.7	2.7	XXXXX
D9	Patient Accounts	PAC	58.0	65.7	123.7	XXXXX
D10	Plant Operations	POP	18.0	52.6	70.6	XXXXX
D11	Purchasing & Stores	PUR	8.5	1.2	9.7	XXXXX
D12						XXXXX
D13						XXXXX
D14						XXXXX
D15						XXXXX
E	Capital Facilities Allowance	Records				XXXXX
F	Base Year Adjusted Expenses	B+C+D+E	1,076.7	1,335.0	2,411.7	0.0019

**BASE YEAR PROFIT (LOSS)**

G	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	4,802.6	XXXXX
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	2,390.9	XXXXX

**FTE DATA**

I	BASE YEAR HOURS WORKED / 2080	RECORDS	11.2			
---	-------------------------------	---------	------	--	--	--

**UNREGULATED SERVICES  
UPB**

**UR 6**

INSTITUTION NAME: Holy Cross Hospital  
INSTITUTION NUMBER: 210004

BASE YEAR 6/30/2019

VOLUME DATA		BASE YEAR UNITS
A	NO. OF FTEs	21.50

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

**PHYSICIANS PART B SERVICES**

		SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
<b>BASE YEAR DATA</b>						
B	BASE YEAR EXPENSES	RECORDS	2,191.6	10,038.4	12,230.0	XXXXX
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH_OA	28.0	XXXXX	28.0	XXXXX
D	ALLOCATION FROM GENERAL SERVICE CENTERS	//////	XXXXXXXX	XXXXX	XXXXX	XXXXX
///	COST CENTER Col 5	//////	XXXXXXXX	XXXXX	XXXXX	XXXXX
D1	Depreciation & Amortization	DEP	XXXXX	24.5	24.5	XXXXX
D2	General Accounting	FIS	67.5	180.5	248.0	XXXXX
D3	Interest Long Term	ILT	XXXXX	288.4	268.4	XXXXX
D4	Malpractice Insurance	MAL	XXXXX	39.0	39.0	XXXXX
D5	Hospital Administration	MGT	327.7	129.6	457.3	XXXXX
D6	Medical Staff Administration	MSA	44.2	30.6	74.8	XXXXX
D7	Other Insurance	OIN	XXXXX	17.1	17.1	XXXXX
D8						XXXXX
D9						XXXXX
D10						XXXXX
D11						XXXXX
D12						XXXXX
D13						XXXXX
D14						XXXXX
D15						XXXXX
E	Capital Facilities Allowance	Records				XXXXX
F	Base Year Adjusted Expenses	B+C+D+E	2,659.1	10,728.0	13,387.1	822.6541
<b>BASE YEAR PROFIT (LOSS)</b>						
G	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	6,864.3	XXXXX
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(6,522.8)	XXXXX
<b>FTE DATA</b>						
I	BASE YEAR HOURS WORKED / 2080	RECORDS	21.5			I



UNREGULATED SERVICES  
UPB - Detail

UR6A

INSTITUTION NAME:

Holy Cross Hospital

BASE YEAR

6/30/2019

INSTITUTION NUMBER:

0004

(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
2	GENERAL SURGERY	0.0	2832.6	2832.6	0.0	X	0.0
8	FAMILY PRACTICE	1502.0	347.1	1849.1	2625.8	X	15.5
10	GASTROENTEROLOGY	0.0	56.4	56.4	0.0	X	0.0
11	INTERNAL MEDICINE	805.2	3178.4	3983.6	918.4	X	4.0
13	NEUROLOGY	351.9	182.8	534.7	96.1	X	2.0
14	NEUROSURGERY	0.0	112.3	112.3	0.0	X	0.0
16	OBSTETRICS & GYNECOLOGY	0.0	1803.0	1803.0	1832.0	X	0.0
22	PATHOLOGY	0.0	47.3	47.3	0.0	X	0.0
26	PSYCHIATRY	0.0	198.7	198.7	196.8	X	0.0
30	DIAGNOSTIC RADIOLOGY	0.0	33.7	33.7	0.0	X	0.0
37	PEDIATRIC MEDICINE	0.0	1836.8	1836.8	1195.2	X	0.0
46	ENDOCRINOLOGY	0.0	9.1	9.1	0.0	X	0.0
72	PAIN MANAGEMENT	0.0	89.9	89.9	0.0	X	0.0
		2659.1	10728.0	13387.1	6864.3		21.5

**UNREGULATED SERVICES  
PSS**

**UR 8**

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 210004

	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
<b>BASE YEAR DATA</b>						
B	BASE YEAR EXPENSES	RECORDS	3,769.4	675.8	4,445.2	XXXXX B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	36.4	XXXXX	36.4	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	4.1	4.1	XXXXX D1
D2	General Accounting	FIS	59.8	29.3	89.1	XXXXX D2
D3	Interest Long Term	ILT	XXXXX	97.5	97.5	XXXXX D3
D4	Hospital Administration	MGT	345.2	747.5	1,092.6	XXXXX D4
D5	Medical Staff Administration	MSA	50.6	23.7	74.3	XXXXX D5
D6	Other Insurance	OIN	XXXXX	6.2	6.2	XXXXX D6
D7						XXXXX D7
D8						XXXXX D8
D9						XXXXX D9
D10						XXXXX D10
D11						XXXXX D11
D12						XXXXX D12
D13						XXXXX D13
D14						XXXXX D14
D15						XXXXX D15
E	Capital Facilities Allowance	Records				XXXXX E
F	Base Year Adjusted Expenses	B+C+D+E	4,261.3	1,584.1	5,845.5	1221.2422 F

**BASE YEAR PROFIT (LOSS)**

G	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX		XXXXX G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(5,845.5)	XXXXX H

**FTE DATA**

I	BASE YEAR HOURS WORKED / 2080	RECORDS	27.9			I
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UNREGULATED SERVICES  
TBA3

UR 9

INSTITUTION NAME: Holy Cross Hospital  
INSTITUTION NUMBER: 0004

BASE YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS
A	VISITS	45,594

COL 1                  COL 2                  COL 3                  COL 4

ADULT DAY CARE

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

BASE YEAR DATA					RECORDS					
B	BASE YEAR EXPENSES				675.5	499.5	1,175.0	XXXX	B	
C	ALLOCATION FROM CAFETERIA, PARKING, ETC				SCH. 0A	13.7	13.7	XXXX	C	
D	ALLOCATION FROM GENERAL SERVICE CENTERS				////	XXXXXX	XXXX	XXXX	D	
///	COST CENTER Col 5				////	XXXXXX	XXXX	XXXX	///	
		COL 6 CODE								
D1	Central Services & Supply	CSS				2.5	2.1	4.6	XXXX	
D2	Depreciation & Amortization	DEP			XXXX		15.2	15.2	XXXX	
D3	General Accounting	FIS				6.5	17.3	23.8	XXXX	
D4	Housekeeping	HKP				11.2	8.9	20.1	XXXX	
D5	Interest Long Term	ILT			XXXX		25.8	25.8	XXXX	
D6	Hospital Administration	MGT				31.5	12.5	43.9	XXXX	
D7	Other Insurance	OIN			XXXX		1.6	1.6	XXXX	
D8	Plant Operations	POP				10.9	32.0	43.0	XXXX	
D9	Purchasing & Stores	PUR				5.2	0.7	5.9	XXXX	
D10									XXXX	
D11									XXXX	
D12									XXXX	
D13									XXXX	
D14									XXXX	
D15									XXXX	
E	Capital Facilities Allowance				Records				XXXX	
F	Base Year Adjusted Expenses				B+C+D+E	756.9	615.8	1,372.7	0.0301	

BASE YEAR PROFIT (LOSS)					RECORDS					
G	BASE YEAR REVENUE				XXXXXX	XXXX	484.9	XXXX	G	
H	PROFIT (LOSS)				G - F	XXXXXX	XXXX	(887.6)	XXXX	

FTE DATA					RECORDS				
I	BASE YEAR HOURS WORKED / 2080					10.5			I

**UNREGULATED SERVICES  
TBA4**

**UR 10**

INSTITUTION NAME: Holy Cross Hospital  
 INSTITUTION NUMBER: 210004

BASE YEAR 6/30/2019

	VOLUME DATA	BASE YEAR UNITS
A	TREATMENTS	8,978

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

**RADIATION THERAPY**

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

**BASE YEAR DATA**

B	BASE YEAR EXPENSES	RECORDS	970.0	1,677.2	2,647.2	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	9.9	XXXXX	9.9	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	//////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	//////	XXXXXXXX	XXXXX	XXXXX	XXXXX	///
		COL. 6 CODE					
D1	Depreciation & Amortization	DEP	XXXXX	185.9	185.9	XXXXX	D1
D2	Interest Long Term	ILT	XXXXX	58.1	58.1	XXXXX	D2
D3	Malpractice Insurance	MAL	XXXXX	24.4	24.4	XXXXX	D3
D4	Hospital Administration	MGT	70.9	28.1	99.0	XXXXX	D4
D5	Other Insurance	OIN	XXXXX	3.7	3.7	XXXXX	D5
D6						XXXXX	D6
D7						XXXXX	D7
D8						XXXXX	D8
D9						XXXXX	D9
D10						XXXXX	D10
D11						XXXXX	D11
D12						XXXXX	D12
D13						XXXXX	D13
D14						XXXXX	D14
D15						XXXXX	D15
E	Capital Facilities Allowance	Records				XXXXX	E
F	Base Year Adjusted Expenses	B+C+D+E	1,050.8	1,977.4	3,028.2	0.3373	F

**BASE YEAR PROFIT (LOSS)**

G	BASE YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	4,355.7	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	1,327.6	XXXXX	H

**FTE DATA**

I	BASE YEAR HOURS WORKED / 2080	RECORDS	7.8				I
---	-------------------------------	---------	-----	--	--	--	---

UNREGULATED SERVICES SUMMARY

URS

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2019  
 INSTITUTION NUMBER: 210004

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

ANNUAL COST SURVEY

INSTITUTION NAME Holy Cross Hospital BASE YEAR 6/30/2019

INSTITUTION NUMBER 210004

COL 1

COL 2

	CATEGORY	COSTS	PERCENT
A	Salaries & Wages	195,271.0	50.70%
B	Fringe Benefits	24,431.7	6.34%
C	Depreciation & Amortization	24,802.1	6.44%
C1	Operating Leases	7,834.1	2.03%
D	Interest Expense	8,764.0	2.28%
E	Medical & Surgical Supplies	38,117.4	9.90%
F	IV Solutions and Pharmacy	18,000.0	4.67%
G	Laundry, Linen, Uniforms	680.3	0.18%
H	Films & Solutions	8.4	0.00%
I	Blood, Plamanate, Albumen	2,778.8	0.72%
J	Contracted Services	24,416.9	6.34%
K	Professional Fees	13,956.4	3.62%
L	Agency Nurses	3,172.5	0.82%
M	Malpractice Insurance	2,994.0	0.78%
N	All Other Insurance	549.1	0.14%
O	Telephone	1.9	0.00%
P	Utilities & Water	7,186.7	1.87%
Q	Food	4,560.0	1.18%
R	Printing, Office Supplies, Copying	1,409.0	0.37%
S	Chemical, Solutions, Lubrication,	325.0	0.08%
T	Other (Detail over 20% of supply	5,863.2	1.52%
U	Total	385,122.7	100.00%

TRANSACTIONS WITH RELATED ENTITIES

INSTITUTION NAME: Holy Cross Hospital BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

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	(240,648,522)		H	Relates to bonds issued by Trinity on behalf of F
2	Trinity Health	(1,828,757)		B	Trinity Health is group purchaser of benefits
3	Trinity Health	5,355,293		B	Contract labor
4	Trinity Health	22,489,140		B	Information services
5	Trinity Health	5,668,860		B	Management services
6	Trinity Health	1,917,505		B	Revenue management services
7	Trinity Health	1,640,373		B	Supply chain & accis payable services
8	Trinity Health	5,202,199		B	Repairs and maintenance
9	Trinity Health	5,584,983		F	Amortization fixed assets held by Trinity for bene
10	Trinity Health	9,462,229		H	Interest expense on bond issues by Trinity on be
11	Trinity Health	5,106,053		B	Liability and malpractice insurance
12	Trinity Health	757,277		B	Other purchased services
13	Trinity Health	(10,150,193)		H	Gains on investments in corporate pooled invest
14	Trinity Health	556,419	10,174,278	H	Losses in other non-operating items
15	Trinity Health			G	Equity transfers of funds to parent
16	Trinity Health	1,001,769		J	Other Revenue
17	Trinity Health		196,091,398	G	Investments in CHE Trinity corporate pooled invi
18	Trinity Health		29,767,675	G	Prepaid charges for shared information systems
19	Trinity Health	(4,947,833)		H	Accounts and other payables
20	Trinity Health	(554,805)		H	Deferred compensation liability
21	Trinity Health		397,391	G	Prepaid expenses and other current assets
22					

**S B**

**SUPPLEMENTAL BIRTHS SCHEDULE**

INSTITUTION NAME: Holy Cross Hospital      BASE YEAR 6/30/2019

INSTITUTION NUMBER: 210004

<b>Admissions for EIPA Counts</b>		
A	Neonates not charged an Admission Charge	884
B	Admissions from monthly reports ADM revenue center	25,079
C	Total	25,963
<b>Cases for Charge Per Case (CPC) Calculations</b>		
D	Neonates not charged an Admission Charge	884
E	Births from monthly reports Nursery (NUR) revenue center	7,925
F	Sub-Total	8,809
G	Admissions from monthly reports ADM revenue center	25,079
H	Total	33,888



**SCHEDULE RE R**

Hospital Name: Holy Cross Hospital  
 Hospital Number: 210004

**SCHEDULE RE R**

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

Audited Financial Statements	Miscellaneous Adjustments	Auxiliary Enterprises, Other Institutional Programs											
		E 1	E 2	E 3	E 4	E 5	E 6	E 7	E 8	E 9	F 1	F 2	F 3
		Ambulance	Parking	Dr. Office	Other Office	Retail Ops.	Pt. Phones	Cafeteria	Day Care	Housing	Research	Nursing Ed	Other Hlth. Ed.
<b>Revenue:</b>													
Gross Patient Revenue	557,757.6												
<b>Deductions from Patient Revenue:</b>													
Charity Care/UCC	31,098.2												
Provisions for Bad Debts	19,199.6												
Contractual Adjustments	40,804.7	15,777.4											
UCC Fund Payments													
Denials	7,769.7												
Other Deductions	2,142.6												
Total Deductions	101,014.8	15,777.4											
UCC Fund Receipts	15,777.4												
Net Patient Revenue	456,742.8												
Other Operating Revenue	18,232.3		1,638.9	786.3		868.6		3,199.6			453.7		6.1
Total Operating Revenue	474,975.1		1,638.9	786.3		868.6		3,199.6			453.7		6.1
<b>Operating Expenses:</b>													
Salaries, Wages & Benefits	244,706.5		43.7		12.2	535.1		2,883.6			426.2		10.4
Professional Fees		20,337.4											
Supplies		71,336.7			4.7			713.1			3.7		4.2
Purchased Services & Other	159,521.5	(99,508.3)	1,106.0		310.2	1,468.1		(397.2)			197.2		1.3
Depreciation/Amortization	35,221.5	(9,644.5)	72.8		44.6								
Leases/Rentals		7,834.1											
Interest		9,644.5	27.4		13.2	14.5							
Other													
Total Operating Expenses	439,449.4		1,249.9		384.9	2,017.7		3,199.5			627.1		15.8
Income from Operations	35,525.7		389.0	786.3	(384.9)	(1,149.1)		0.0			(173.5)		(9.7)
Non-Operating Revenues	9,594.0												
Non-Operating Expenses													
Non-Operating Gains, Net	9,594.0												
<b>Revenue &amp; Gains in Excess of Expenses &amp; Losses</b>	45,119.7		389.0	786.3	(384.9)	(1,149.1)		0.0			(173.5)		(9.7)



**SCHEDULE RE R**

Hospital Name:  
Hospital Number:

Holy Cross Hospital  
210004

	Audited Financial Statements		Miscellaneous Adjustments		Total	Line
	Statements	Adjustments	Adjustments	Total		
<b>Revenue:</b>						
Gross Patient Revenue	557,757.6				557,757.6	E
<b>Deductions from Patient Revenue:</b>						
Charity Care/UCC	31,098.2				31,098.2	G
Provisions for Bad Debts	19,199.6				19,199.6	F
Contractual Adjustments	40,804.7		15,777.4		56,582.1	H
UCC Fund Payments					-	H1
Denials	7,769.7				7,769.7	H2
Other Deductions	2,142.6				2,142.6	I
Total Deductions	101,014.8		15,777.4		116,792.2	J
UCC Fund Receipts			15,777.4		15,777.4	J1
Net Patient Revenue	456,742.8				456,742.8	K
Other Operating Revenue	18,232.3				18,232.3	L
Total Operating Revenue	474,975.1				474,975.1	M
<b>Operating Expenses:</b>						
Salaries, Wages & Benefits	244,706.5				244,706.5	N
Professional Fees			20,337.4		20,337.4	O
Supplies			71,336.7		71,336.7	P
Purchased Services & Other	159,521.5		(89,508.3)		60,013.2	R
Depreciation/Amortization	35,221.5		(9,644.5)		25,576.9	Q
Leases/Rentals			7,834.1		7,834.1	Q
Interest			9,644.5		9,644.5	R
Other					-	
Total Operating Expenses	439,449.4				439,449.4	S
Income from Operations	35,525.7				35,525.7	T
Non-Operating Revenues	9,594.0				9,594.0	U
Non-Operating Expenses					-	V
Non-Operating Gains, Net	9,594.0				9,594.0	
<b>Revenue &amp; Gains in Excess of Expenses &amp; Losses</b>	45,119.7				45,119.7	

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

Hospital Name: Holy Cross Hospital  
 Hospital Number: 210004

**Income Statement**

RE Line T	Excess (Deficit) Operating Rev. over Operating Expenses	XXXXX	35,525.7
<b>RE Line U Detailed Non-Operating:- Income/(Expense)</b>			
U1	Contributions (Unrestricted)		XXXXX
U2	Interest & Investment Income	2,424.0	XXXXX
U3	Investment - Gains/(Losses) - Realized	4,289.6	XXXXX
U4	Investment - Gains/(Losses) - Unrealized	3,436.6	XXXXX
U5	Swap Agreements - Gains/(Losses) - Realized	(556.4)	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	45,119.5

**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 Hospital  
 Hospital Number: 210004

**Fiscal Year 2019**

	Depreciation	Leases / Rentals	Total
UA Schedule - Line A	25,576.7	7,834.1	33,410.8
Allocation of E & UR Schedules:			
E 1	-	-	-
E 2	72.8	-	72.8
E 3	-	-	-
E 4	44.6	-	44.6
E 5	-	-	-
E 6	-	-	-
E 7	-	-	-
E 8	-	-	-
E 9	-	-	-
UR 1	195.6	-	195.6
UR 2	77.2	-	77.2
UR 3	154.7	-	154.7
UR 4	-	-	-
UR 5	-	-	-
UR 6	24.5	-	24.5
UR 7	-	-	-
UR 8	4.1	-	4.1
UR 9	15.2	-	15.2
UR 10	185.9	-	185.9
UR 11	-	-	-
UR 12	-	-	-
UR 13	-	-	-
UR 14	-	-	-
UR 15	-	-	-
RE Schedule - Line Q	24,802.1	7,834.1	32,636.2

32,636.5

**SUPPLEMENTAL SCHEDULE - IV**  
**Reconciling the amount of uncompensated care per**  
**the hospital's audited financial statements and trial balance**

Hospital Name: Holy Cross Hospital  
 Hospital Number: 210004  
 Fiscal Year 2019

<b><u>Audited Financial Statements:</u></b>	
Bad Debts	19,199.6
Charity Care	31,098.2
Uncompensated Care per Statement	50,297.8

<b><u>Trial Balance:</u></b>	
Bad Debt Write-offs	21,143.0
Charity Write-offs	31,098.2
Change in Balance Sheet Reserve	
Bad Debt Recoveries	(1,943.4)
Other	-
Uncompensated Care per Trial Balance	50,297.8

<b><u>Annual Report of Revenues, Expenses, and Volumes:</u></b>	
Uncompensated Care - Schedule PDA	43,290.2
Unregulated Charity & Bad Debts	7,007.5
Other	
Uncompensated Care Per Report	50,297.8



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

**For The Fiscal Year Ended June 30, 2019**

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





**SUPPLEMENTAL SCHEDULE - X**  
**Gross Patient Revenue Reconciliation**  
**Schedule**

Hospital Name: Holy Cross Hospital  
 Hospital Number: 0004

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	333,878,414	140,059,475	473,937,889
2	Total Out-State Revenue	29,929,723	14,206,805	44,136,528
3	Total Gross Patient Revenue	363,808,137	154,266,280	518,074,417

**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	97,738,935	9,930,324	31,466,482	4,472,521	143,608,262
5 Non-FFS Revenue	21,777,600	2,784,858	5,179,516	580,888	30,322,862
6 Total Revenue	119,516,535	12,715,182	36,645,998	5,053,409	173,931,124