	Financial Systems	BALL MEMORIA				eu of Form CMS-	
	eport is required by law (42 USC 1395g; 42 CF ts made since the beginning of the cost repor					 FORM APPROVED OMB NO. 0938- EXPI RES 03-31 	0050
	AL AND HOSPITAL HEALTH CARE COMPLEX COST REPO TTLEMENT SUMMARY	ORT CERTIFICATIO	N Provider CC	F	eriod: rom 01/01/2019 o 12/31/2019	Worksheet S Parts I-III	epared:
PART I	- COST REPORT STATUS		·				
Provi c	E J LE J LE J LE				Date: 6/29/20	020 Time: 8	8:00 am
use or							
	3.[0]If this is an amended report 4.[F]Medicare Utilization. Enter	'F" for full or	er of times the "L" for low.			ost report	
Contra		Recei ved:			2 Date:		
use or	I y (1) As Submitted 7. Contr (2) Settled without Audit 8. [N]	actor No.	for this Provi	der CCN 12 [(itractor's Vend	OF CODE: olumn 1 is 4 · F	4 Inter
	(2) Settled without Addit 0. [N]	Final Report fo	or this Provide	er CCN	number of ti	mes reopened =	0-9
	(4) Reopened					lies respense -	0 7.
	(5) Amended						
	I - CERTIFICATION						
	RESENTATION OR FALSIFICATION OF ANY INFORMATI						
	STRATIVE ACTION, FINE AND/OR IMPRISONMENT UND						
	ED OR PROCURED THROUGH THE PAYMENT DI RECTLY C		A KICKBACK OR	WERE OTHERWIS	E ILLEGAL, CRI	MINAL, CIVIL AN	۱D
ADMI NI	STRATIVE ACTION, FINES AND/OR IMPRISONMENT MA						
	CERTIFICATION BY CHIEF FINANCIAL OFFICER OF	R ADMI NI STRATOR	OF PROVIDER(S)				
	I HEREBY CERTIFY that I have read the above	e certification	statement and	that I have ex	amined the acc	ompanyi ng	
	electronically filed or manually submitted						
	Expenses prepared by BALL MEMORIAL HOSPITAL						
	ending 12/31/2019 and to the best of my know						
	complete and prepared from the books and re						
	except as noted. I further certify that I						
	health care services, and that the services laws and regulations.		this cost repo	ort were provid	aed in compilan	ice with such	
	5						
	[X]I have read and agree with the above of						
	signature on this certification stater	ment to be the I	egally binding	g equivalent o	r my original s	si gnature.	
		(Si gn	/	AN VANATOR			
			0ffi c	er or Administ	rator of Provid	der(s)	
			0.0.55				
				FINANCIAL OFFI	JER		
			Title				
			(Dated)	when report i	s el ectroni cal l	v signed)	
			Date	when report r		y signed.)	
			Date				
			Title	XVIII			
	Cost Center Description	Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY	, ,					
1.00	Hospi tal	0	422, 651	151, 509		-	
2.00	Subprovider - IPF	0	0	C		0	
3.00	Subprovider - IRF	0	45, 851	- 3		0	3.00

200.00Total0468,502151,506000200.00The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it
displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time
required to complete and review the information collection is estimated 673 hours per response, including the time to review
instructions, search existing resources, gather the data needed, and complete and review the information collection. If you
have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS,
7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA
Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved
under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions
or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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6.00

Swing Bed - SNF

Swing Bed - NF

	AL AND HOSPITAL HEALTH CARE COMPLEX	DENTIFICATION DA	TA	Provi der	CCN: 1	5-0089	Period: From 01/01	/2019	Works Part	heet S-2 I	
								/2019	Date/	Time Pre 2020 8:0	
	1.00		. 00	3.	00			4.00	0/2//	2020 0.0	
~	Hospital and Hospital Health Care Co		-			-					
	Street: 2401 UNIVERSITY AVENUE City: MUNCIE	PO Box: State:	I NI 7	in Code:	47303-3	3428 Coun	ty: DELAWAR	=			1.
0		Component Na		-	CBSA	Provi dei			ent Sys	stem (P,	2.
			N	umber N	lumber	Туре	Certified		<u>, 0, o</u>		
		1.00		2 00	2 00	4.00	F 00	V	XVII		-
	Hospital and Hospital-Based Componer	1.00		2.00	3.00	4.00	5.00	6.00	7.00	0 8.00	-
)	Hospi tal	BALL MEMORIAL HO		50089	34620	1	07/01/196	5 N	P	0	3.
	Subprovider - IPF										4.
	Subprovider - IRF	BMH PHYSICAL REH	AB 1	5T089	34620	5	07/01/198	5 N	P	0	5.
))	Subprovider - (Other) Swing Beds - SNF										6.
	Swing Beds - NF										8
C	Hospital-Based SNF										9.
	Hospital-Based NF										10.
	Hospi tal-Based OLTC Hospi tal-Based HHA										11.
	Separately Certified ASC										13.
	Hospi tal -Based Hospi ce										14.
	Hospital-Based Health Clinic - RHC Hospital-Based Health Clinic - FQHC										15.
	Hospital -Based (CMHC) I										17.
00	Renal Dialysis										18.
00	Other								<u> </u>		19.
							From 1.0			īo: . 00	1
	Cost Reporting Period (mm/dd/yyyy)						01/01/2	2019	12/3	1/2019	20.
00	Type of Control (see instructions)						2				21.
						1.00	2.0)	3	. 00	1
	Inpatient PPS Information										
00	Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo	stment, in accord	dance with	42 CFR		Y	N				22.
	facility subject to 42 CFR Section §			nent							
D1	hospital?) In column 2, enter "Y" fo Did this hospital receive interim un			or this		Y	Y				22.
51	cost reporting period? Enter in colu										22.
	the portion of the cost reporting pe										
	Enter in column 2, "Y" for yes or "N reporting period occurring on or aft				t						
02	Is this a newly merged hospital that					Ν	N				22.
	payments to be determined at cost re										
	Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob				_						
	or "N" for no, for the portion of th	e cost reporting	period on	or after	3						
	October 1.										
73	Did this hospital receive a geograph rural as a result of the OMB standar				_	N	N			Ν	22.
	adopted by CMS in FY2015? Enter in c				3						
	for the portion of the cost reportin										
	in column 2, "Y" for yes or "N" for reporting period occurring on or aft										
	Does this hospital contain at least										
	counted in accordance with 42 CFR 41	2.105)? Enter in	column 3,	"Y" for							
	yes or "N" for no. Which method is used to determine Me	dicaid dave on li	nes 21 and	1/or 25			3 N				23.
50	below? In column 1, enter 1 if date				3		5 1				25.
	if date of discharge. Is the method				t						
	reporting period different from the reporting period? In column 2, ente										
			In-State	In-Stat		ut-of		Medi ca		Other	
			Medicaid	Medi cai		State		HMO da	ys Me	edi cai d	
			paid days	el i gi bl unpai c			Medicaid eligible			days	
				days			unpai d				
			1.00	2.00		3.00	4.00	5.00		6.00	
	If this provider is an IPPS hospital		3, 734	1 8	321	20	82	14,	919	34	24.
00	in state Medicald said days is !			1	1						1
00	in-state Medicaid paid days in colum Medicaid eligible unpaid days in col										
00	Medicaid eligible unpaid days in col out-of-state Medicaid paid days in c	umn 2, olumn 3,									
	Medicaid eligible unpaid days in col	umn 2, olumn 3, d days in column									

HOSPI T	Financial Systems BALL AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION D/	MEMORIAL HO	Provider CC	N: 15-0089	Peri od:		u of For Workshe		
					From 01/0 To 12/3	01/2019 01/2019	Part I Date/Ti		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid	Out-of State Medicaid paid days	Out-of State Medicaid eligible	Medica HMO da	ys Med	ther li cai d lays	
		1.00	days 2.00	3.00	unpai d 4.00	5.00		. 00	-
	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0			0		322		25. (
							Date of		-
5.00	Enter your standard geographic classification (not w	age) status	at the beg	inning of t	1. he	1	2.0	0	26.
7. 00	cost reporting period. Enter "1" for urban or "2" fo Enter your standard geographic classification (not w reporting period. Enter in column 1, "1" for urban o enter the effective date of the geographic reclassif	r rural. age) status r "2" for r	at the end ural. If ap	l of the cos		1			27.
5.00	If this is a sole community hospital (SCH), enter th			H status in		0			35.
	effect in the cost reporting period.				Begi n	ni ng:	Endi	ng:	
					1.		2. (1
	Enter applicable beginning and ending dates of SCH s of periods in excess of one and enter subsequent dat	es.	·						36.
	If this is a Medicare dependent hospital (MDH), ente is in effect in the cost reporting period. Is this hospital a former MDH that is eligible for t		·		S	0			37.
	accordance with FY 2016 OPPS final rule? Enter "Y" finstructions)								57.
	If line 37 is 1, enter the beginning and ending date greater than 1, subscript this line for the number o enter subsequent dates.								38.
					Y/ 1.		Y/ 2. (-
	Does this facility qualify for the inpatient hospita hospitals in accordance with 42 CFR §412.101(b)(2)(i 1 "Y" for yes or "N" for no. Does the facility meet accordance with 42 CFR 412.101(b)(2)(i), (ii), or (i or "N" for no. (see instructions)), (ii), or the mileage	(iii)? Ent requiremen	er in colum its in	me M n		N		39.
	Is this hospital subject to the HAC program reductio "N" for no in column 1, for discharges prior to Octo no in column 2, for discharges on or after October 1	ber 1. Ente	r"Y" for y				XVIII	XIX	40.
						1.00	_	3.00	
	Prospective Payment System (PPS)-Capital Does this facility qualify and receive Capital payme	nt for disn	roportionat	o sharo in	accordance	N	Y	Y	45.
5. 00	with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment exc pursuant to 42 CFR §412.348(f)? If yes, complete Wks	eption for	extraordi na	ıry circumst	ances	N	N	N	46.
7.00	Pt. III. Is this a new hospital under 42 CFR §412.300(b) PPS Is the facility electing full federal capital paymen			5		N	N	N N	47.
	Teaching Hospitals Is this a hospital involved in training residents in	approved G	ME programs	? Enter "Y"	for yes o	r Y	Y		56.
	"N" for no in column 1. If column 1 is "Y", are you GME payment reduction? Enter "Y" for yes or "N" for If line 56 is yes, is this the first cost reporting GME programs trained at this facility? Enter "Y" fo is "Y" did residents start training in the first mon for yes or "N" for no in column 2. If column 2 is " "N", complete Wkst. D, Parts III & IV and D-2, Pt. I	no in colu period duri r yes or "N th of this Y", complet	mn 2. ng which re " for no in cost report e Worksheet	sidents in column 1. ing period?	approved If column Enter "Y	N			57.
	If line 56 is yes, did this facility elect cost reim defined in CMS Pub. 15-1, chapter 21, §2148? If yes,	bursement f	or physicia	ıns' service	s as	N			58.
	Are costs claimed on line 100 of Worksheet A? If ye				E W	N			59.
				NAHE 413.8 Y/N	5 Worksr Lin		Pass-Tl Qualifi Criterio	cation	
			to f	1.00		00	3. (00	10
	Are you claiming nursing and allied health education any programs that meet the criteria under 42 CFR 413	. 85? (see		Y		(60.
	instructions) Enter "Y" for yes or "N" for no in co is "Y", are you impacted by CR 11642 (or subsequent adjustement? Enter "Y" for yes or "N" for no in col	CR) NAHE MA							

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	ТА	Provider C		eriod: rom 01/01/2019 o 12/31/2019	Worksheet S-2 Part I Date/Time Pre 6/29/2020 8:00	pared:
	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
 bit 00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) bit 01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see 	Y			12.00) 12. OC	61.0
 instructions) 1.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions) 						61. 0
 1.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions) 						61. 0
1.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.0
1.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.0
51.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.0
	Pro	ogram Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
1.10 Of the FTEs in line 61.05, specify each new program		1.00	2.00	3.00	4.00	61.1
 specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count. of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count. 				0. 00	0.00	61.2
					1.00	
ACA Provisions Affecting the Health Resources and Ser 22.00 Enter the number of FTE residents that your hospital your hospital received HRSA PCRE funding (see instruct Enter the number of FTE residents that rotated from a during in this cost reporting period of HRSA THC prog	trained ctions) a Teachi gram. (s	l in this cost ng Health Cen see instruction	reporting peri ter (THC) into			62.0 62.0
Teaching Hospitals that Claim Residents in Nonprovide 3.00 Has your facility trained residents in nonprovider se "Y" for yes or "N" for no in column 1. If yes, comple	ettings	during this c			Y	63.0
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
Section 5504 of the ACA Base Year FTE Residents in No	onprovi	der Settings	1.00 This base year	2.00	<u> </u>	
beriod that begins on or after July 1, 2009 and befor beriod that begins on or after July 1, 2009 and befor in the base year period, the number of unweighted nor resident FTEs attributable to rotations occurring in settings. Enter in column 2 the number of unweighted resident FTEs that trained in your hospital. Enter in of (column 1 divided by (column 1 + column 2)). (see	re June ty train n-primar all non d non-pr n column	30, 2010. med residents y care provider imary care n 3 the ratio	2. 75	-		64.0

OSPI T	AL AND HOSPITAL HEALTH CARE COMP	LEX IDENTIFICATION [DATA Provi der		eriod: com 01/01/2019	Worksheet S-2 Part I	
				To			pared:
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in col umn 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column	FAMILY MEDICINE	1350	3. 21	21.04	0. 132371	65. (
	4)). (see instructions)						
5. 01		INTERNAL MEDICINE	1400	4.25 Unweighted FTEs Nonprovider Site		0.235980 Ratio (col. 1/ (col. 1 + col. 2))	65.0
				1.00	2.00	3.00	
	Section 5504 of the ACA Current	Voar ETE Docidonte					
	beginning on or after July 1, 20		in Nonprovider Settin	ngsEffective fo	or cost reporti	ng periods	
5. 00	beginning on or after July 1, 20 Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit	010 unweighted non-prim occurring in all non unweighted non-prim cal. Enter in column	ary care resident provider settings. ary care resident 3 the ratio of	1. 89			66. (
5.00	beginning on or after July 1, 20 Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of	010 unweighted non-prim occurring in all non unweighted non-prim cal. Enter in column	ary care resident provider settings. ary care resident 3 the ratio of		8. 11		
0. 00	beginning on or after July 1, 20 Enter in column 1 the number of FTEs attributable to rotations c Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 +	010 unweighted non-prim occurring in all non unweighted non-prim al. Enter in column column 2)). (see i	ary care resident provider settings. ary care resident 3 the ratio of nstructions)	Unwei ghted FTEs Nonprovi der	8.11 Unweighted FTEs in	0. 189000 Ratio (col. 3/ (col. 3 + col. 4)) 5.00	-
7.00	beginning on or after July 1, 20 Enter in column 1 the number of FTEs attributable to rotations o Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 +	010 unweighted non-prim ccurring in all non unweighted non-prim al. Enter in column column 2)). (see i Program Name <u>1.00</u> FAMILY MEDICINE	ary care resident provider settings. ary care resident 3 the ratio of nstructions) Program Code 2.00 1350	LI. 89 LI. 89 Unwei ghted FTEs Nonprovi der Si te 3. 00 10. 43	8. 11 Unwei ghted FTEs i n Hospi tal 4. 00 19. 56	0. 189000 Ratio (col. 3/ (col. 3 + col. 4)) 5. 00 0. 347783	67.0
o. 00	beginning on or after July 1, 20 Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 + (column 1 divided by (column 1 +) Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 3 divided by (column 3 + column	010 unweighted non-prim occurring in all non unweighted non-prim al. Enter in column column 2)). (see i Program Name 1.00	ary care resident provider settings. ary care resident 3 the ratio of nstructions) Program Code 2.00	Unwei ghted FTEs Nonprovi der Si te 3.00	8. 11 Unwei ghted FTEs i n Hospi tal 4. 00 19. 56	0. 189000 Ratio (col. 3/ (col. 3 + col. 4)) 5. 00 0. 347783	67. (
o. 00	beginning on or after July 1, 20 Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 + (column 1 divided by (column 1 +) Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 3 divided by (column 3 + column	010 unweighted non-prim ccurring in all non unweighted non-prim al. Enter in column column 2)). (see i Program Name <u>1.00</u> FAMILY MEDICINE	ary care resident provider settings. ary care resident 3 the ratio of nstructions) Program Code 2.00 1350	LI. 89 LI. 89 Unwei ghted FTEs Nonprovi der Si te 3. 00 10. 43	8. 11 Unwei ghted FTEs i n Hospi tal 4. 00 19. 56	0. 189000 Ratio (col. 3/ (col. 3 + col. 4)) 5. 00 0. 347783 0. 347783	67. (
. 00	beginning on or after July 1, 20 Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 + (column 1 divided by (column 1 +) Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 3 divided by (column 3 + column	010 unweighted non-prim ccurring in all non unweighted non-prim al. Enter in column column 2)). (see i Program Name 1.00 FAMILY MEDICINE INT MEDICINE	ary care resident provider settings. ary care resident 3 the ratio of nstructions) Program Code 2.00 1350	LINWEI GHTEG FTES Nonprovi der Si te 3.00 10.43	8. 11 Unwei ghted FTEs i n Hospi tal 4. 00 19. 56	0. 189000 Ratio (col. 3/ (col. 3 + col. 4)) 5. 00 0. 347783 0. 347783	67.
2. 00 2. 00 2. 01 0. 00 . 00	beginning on or after July 1, 20 Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 + (column 1 divided by (column 1 + enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 3 divided by (column 3 + column 4)). (see instructions)	D10 Unweighted non-prim bccurring in all non unweighted non-prim al. Enter in column column 2)). (see i Program Name 1.00 FAMILY MEDICINE FAMILY MEDICINE PPS Sychiatric Facility the facility have before November 15, blumn 2: Did this fa R 412.424 (d)(1)(ii cate which program	ary care resident provider settings. ary care resident 3 the ratio of nstructions) Program Code 2.00 1350 1350 1400 (IPF), or does it cor an approved GME teach 2004? Enter "Y" for cility train resident i)(D)? Enter "Y" for	1. 89 Unweighted FTEs Nonprovider Site 3. 00 10. 43 10. 43 rtain an IPF subp ning program in t yes or "N" for n si n a new teach yes or "N" for n yes or "N" for n	8. 11 Unwei ghted FTEs i n Hospi tal 4. 00 19. 56 16. 33 1. 00 rovi der? N he most o. (see i ng o.	0. 189000 Ratio (col. 3/ (col. 3 + col. 4)) 5. 00 0. 347783 0. 347783	67.

Health Financial Systems BALL MEMORIAL HOSPITAL	In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0089 F	eri od:	Worksheet S-2	
	rom 01/01/2019 o 12/31/2019	Part Date/Time Pre	narod
	0 12/31/2019	6/29/2020 8:0	
			-
76.00 If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in	the most N) 2.00 3.00 N 0	76.00
recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes o			/6.00
no. Column 2: Did this facility train residents in a new teaching program in accordance			
CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y	,		
indicate which program year began during this cost reporting period. (see instructions)			
		1.00	-
Long Term Care Hospital PPS			
80.00 Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00
81.00 Is this a LTCH co-located within another hospital for part or all of the cost reporting	period? Enter	N	81.00
"Y" for yes and "N" for no. TEFRA Provi ders			-
85.00 Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes	or "N" for no.	N	85.00
86.00 Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section			86.00
§413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			07.00
87.00 Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00
	V	XI X	
	1.00	2.00	
Title V and XIX Services			
90.00 Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for	N	Y	90.00
yes or "N" for no in the applicable column. 91.00 Is this hospital reimbursed for title V and/or XIX through the cost report either in	N	N	91.00
full or in part? Enter "Y" for yes or "N" for no in the applicable column.			
92.00 Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see		Ν	92.00
instructions) Enter "Y" for yes or "N" for no in the applicable column. 93.00 Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter	N	N	02.00
93.00 Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00 Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the	N	N	94.00
applicable column.			
95.00 fline 94 is "Y", enter the reduction percentage in the applicable column. 96.00 Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the	0.00 N	0.00 N	95.00 96.00
applicable column.	IN	IN	90.00
97.00 If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00 Does title V or XIX follow Medicare (title XVIII) for the interns and residents post	N	Y	98.00
stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in			
column 1 for title V, and in column 2 for title XIX. 98.01 Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst.	N	Y	98.01
C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for			
title XIX.			
98.02 Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1	N	Y	98. 02
for title V, and in column 2 for title XIX.			
98.03 Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH)	N	N	98.03
reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1			
for title V, and in column 2 for title XIX. 98.04 Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of	N	N	98.04
outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and	IN	IN	70.04
in column 2 for title XIX.			
98.05 Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on	N	Y	98.05
Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			
98.06 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D,	N	Y	98.06
Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in			
column 2 for title XIX.			-
Rural Providers 105.00Does this hospital qualify as a CAH?	N		105.00
106.00 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment			106.00
for outpatient services? (see instructions)			
107.00 Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R	N		107.00
training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train l&Rs in an			
approved medical education program in the CAH's excluded IPF and/or IRF unit(s)?			
Enter "Y" for yes or "N" for no in column 2. (see instructions)			
108.00 is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42	N		108.00
CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	I		I

OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider C		Period:	Worksheet S-	-2
			From 01/01/2019 To 12/31/2019		
	Physi cal	Occupati ona	Speech	6/29/2020 8: Respi ratory	
	1.00	2.00	3.00	4.00	100.0
09.00 f this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.0
				1.00	_
10.00 Did this hospital participate in the Rural Community Hospita Demonstration) for the current cost reporting period? Enter " complete Worksheet E, Part A, lines 200 through 218, and Wor applicable.	Y" for yes or	"N" for no.	f yes,	N	110. 0
			1.00	2.00	-
11.00 If this facility qualifies as a CAH, did it participate in t Health Integration Project (FCHIP) demonstration for this co "Y" for yes or "N" for no in column 1. If the response to co integration prong of the FCHIP demo in which this CAH is par Enter all that apply: "A" for Ambulance services; "B" for ad for tele-health services.	ost reporting Numn 1 is Y, ticipating ir	period? Enter enter the column 2.	N		111.0
		1.00	2.00	3.00	
12.00 Did this hospital participate in the Pennsylvania Rural Heal demonstration for any portion of the current cost reporting Enter "Y" for yes or "N" for no in column 1. If column 1 is in column 2, the date the hospital began participating in th demonstration. In column 3, enter the date the hospital cea participation in the demonstration, if applicable.	period? "Y", enter e	N			112.0
Miscellaneous Cost Reporting Information 15.00 Is this an all-inclusive rate provider? Enter "Y" for yes or in column 1. If column 1 is yes, enter the method used (A, B in column 2. If column 2 is "E", enter in column 3 either "9 for short term hospital or "98" percent for long term care (psychiatric, rehabilitation and long term hospitals provider the definition is ONS Public 1. A charter 22, S2000 1	, or E only) 3" percent includes	N			0115.0
the definition in CMS Pub.15-1, chapter 22, §2208.1. 16.00 Is this facility classified as a referral center? Enter "Y"	for yes or	Y			116. 0
"N" for no. 17.001s this facility legally-required to carry malpractice insur	ance? Enter	N			117.0
"Y" for yes or "N" for no. 18.00[s the malpractice insurance a claims-made or occurrence pol if the policy is claim-made. Enter 2 if the policy is occurr	icy? Enter 1		1		118. 0
IT the portey is cranin-inade. Enter 2 if the portey is occurr	ence.	Premi ums	Losses	Insurance	
		1.00	0.00	2.00	_
18.01 List amounts of malpractice premiums and paid losses:		1.00	2.00 78 0	3.00	0118.0
			1.00	2.00	_
18.02 Are malpractice premiums and paid losses reported in a cost	center other	than the	N	2.00	118.0
Administrative and General? If yes, submit supporting sched and amounts contained therein. 19.00DO NOT USE THIS LINE 20.00Is this a SCH or EACH that qualifies for the Outpatient Hold	Harmless pro	ovision in ACA	N	N	119. 0 120. 0
§3121 and applicable amendments? (see instructions) Enter in "N" for no. Is this a rural hospital with < 100 beds that qu Hold Harmless provision in ACA §3121 and applicable amendmen Enter in column 2, "Y" for yes or "N" for no.	alifies for t ts? (see inst	the Outpatient ructions)			
21.00 Did this facility incur and report costs for high cost impla patients? Enter "Y" for yes or "N" for no.	intable device	es charged to	Y		121.0
22.00 Does the cost report contain healthcare related taxes as def Act?Enter "Y" for yes or "N" for no in column 1. If column 1 the Worksheet A line number where these taxes are included. Transplant Center Information			Y	5.06	122. (
25.00 Does this facility operate a transplant center? Enter "Y" fo	r yes and "N"	for no. If	N		125. 0
yes, enter certification date(s) (mm/dd/yyyy) below. 6.00 If this is a Medicare certified kidney transplant center, en	ter the certi	fication date			126. 0
in column 1 and termination date, if applicable, in column 2 7.00 If this is a Medicare certified heart transplant center, ent					127. (
in column 1 and termination date, if applicable, in column 2					
(8.00) If this is a Medicare certified liver transplant center, ent in column 1 and termination date, if applicable, in column 2		rication date			128. (
29.00 If this is a Medicare certified lung transplant center, ente column 1 and termination date, if applicable, in column 2.		cation date i	ר		129. (
30.00 If this is a Medicare certified pancreas transplant center,		ti fi cati on			130. 0
date in column 1 and termination date, if applicable, in col 31.00 f this is a Medicare certified intestinal transplant center		certi ficati on			131.0
date in column 1 and termination date, if applicable, in col					
32.00 If this is a Medicare certified islet transplant center, ent		Fication data			132. (

Health Financial Systems	BALL MEMORIA	L HOSPI TAL			In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLE	X IDENTIFICATION DATA	Provider CC	CN: 15-0089		1/01/2019 2/31/2019	Worksheet S-2 Part I Date/Time Pre 6/29/2020 8:0	epared:
					1 00	2.00	-
133.00 Removed and reserved 134.00 If this is an organ procurement or and termination date, if applicabl		ne OPO number i	n column 1		1.00	2.00	133. 00 134. 00
All Providers 140.00 Are there any related organization					Y	15H059	140. 00
chapter 10? Enter "Y" for yes or " are claimed, enter in column 2 the				s			
1.00	2.0	0		l	3.00	1	
If this facility is part of a chai home office and enter the home off				name and	d address	of the	
141. 00 Name: I NDI ANA UNI VERI STY HEALTH				tor's Nu	mber: 0810)1	141.00
142.00 Street: 340 W. 10TH STREET	PO Box:						142.00
143.00 City: INDIANAPOLIS	State: IN		Zip Code	9:	4620	02	143.00
						1.00	1
144.00 Are provider based physicians' cos	sts included in Worksheet A	4?				Y	144.00
					1 00	2.00	-
145.00 If costs for renal services are cl	aimed on Wkst & Line 74	are the costs	for		1.00 Y	2.00	145.00
inpatient services only? Enter "Y" no, does the dialysis facility inc period? Enter "Y" for yes or "N" 146.00 Has the cost allocation methodolog	for yes or "N" for no in clude Medicare utilization for no in column 2.	column 1. If a for this cost	column 1 is reporting		N		145.00
Enter "Y" for yes or "N" for no ir yes, enter the approval date (mm/c	i column 1. (See CMS Pub. 1			f	IN		140.00
						1.00	
147.00 Was there a change in the statisti 148.00 Was there a change in the order of	allocation? Enter "Y" for	r yes or "N" fo	or no.			N	147.00 148.00
149.00 Was there a change to the simplifi	ed cost Finding method? Er	Part A	Part B		itle V	N Title XIX	149.00
		1.00	2.00		3.00	4.00	1
Does this facility contain a provi or charges? Enter "Y" for yes or '		ent for Part A	and Part B.		2 CFR §413	3. 13)	
155.00Hospi tal 156.00Subprovi der – IPF		N N	N N		N N	N N	155.00 156.00
157. 00 Subprovi der – TRF		N	N		N	N	157.00
158. 00 SUBPROVI DER							158.00
159.00 SNF		N	N		Ν	N	159.00
160.00 HOME HEALTH AGENCY 161.00 CMHC		N	N N		N N	N N	160.00
			I IN		IN	IN	101.00
Multicampus						1.00	
165.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no.	impus hospital that has one	e or more campu	uses in diff	erent CB	SAs?	N	165.00
	Name	County		ip Code	CBSA	FTE/Campus	
	0	1.00	2.00	3.00	4.00	5.00	1((00
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
						1.00	-
Heal th Information Technology (HI 167.00 Is this provider a meaningful user	under §1886(n)? Enter "\	Y" for yes or '	'N" for no.		the	Y	167.00
168.00 If this provider is a CAH (line 10 reasonable cost incurred for the H	IIT assets (see instruction	ns)					168.00
168.01 If this provider is a CAH and is r					lshi p		168. 01
exception under §413.70(a)(6)(ii)? 169.00 If this provider is a meaningful u transition factor. (see instruction	ser (line 167 is "Y") and				nter the	9.9	9169.00

Health Financial Systems BALL MEMORIAL HOSPITAL				In Lieu of Form CMS-2552-1			
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	K IDENTIFICATION DATA		Period:	Worksheet S-2			
			rom 01/01/2019				
			To 12/31/2019	Date/Time Pre			
				6/29/2020 8:0	0 am		
			Begi nni ng	Endi ng			
			1.00	2.00			
170.00 Enter in columns 1 and 2 the EHR b			170.00				
period respectively (mm/dd/yyyy)							
			1.00	2.00	1		
171.00 If line 167 is "Y", does this prov	Y	1, 350	171.00				
section 1876 Medicare cost plans r	eported on Wkst. S-3, Pt. I,	line 2, col. 6? Enter					
"Y" for yes and "N" for no in colu	mn 1. lf column 1 is yes, ei	nter the number of sectior					
1876 Medicare days in column 2. (se	ee instructions)						

0381	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provi der	CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019		epared:
				V /N	6/29/2020 8:	<u>00 am</u>
				Y/N 1.00	 2.00	_
	General Instruction: Enter Y for all YES responses. Enter N	for all NO i	responses. Ente			
	mm/dd/yyyy format.					
	COMPLETED BY ALL HOSPITALS					
	Provider Organization and Operation					
. 00	Has the provider changed ownership immediately prior to the			N		1.0
	reporting period? If yes, enter the date of the change in c	olumn 2. (se		· · ·	\//I	-
			Y/N 1.00	Date 2.00	V/I 3.00	
. 00	Has the provider terminated participation in the Medicare P	Program2 lf	1.00	2.00	3.00	2.0
. 00	yes, enter in column 2 the date of termination and in colum		IN IN			2.0
	voluntary or "I" for involuntary.					
. 00	Is the provider involved in business transactions, includir	ig management	Y			3.0
	contracts, with individuals or entities (e.g., chain home c					
	or medical supply companies) that are related to the provid					
	officers, medical staff, management personnel, or members of					
	of directors through ownership, control, or family and othe	er similar				
	relationships? (see instructions)		V /N	Tuno	Data	_
			Y/N 1.00	Туре 2.00	Date 3.00	
	Financial Data and Reports		1.00	2.00	3.00	-
. 00	Column 1: Were the financial statements prepared by a Cert	ified Public	Y	A	03/20/2020	4.0
	Accountant? Column 2: If yes, enter "A" for Audited, "C" f				00, 20, 2020	
	or "R" for Reviewed. Submit complete copy or enter date ava					
	column 3. (see instructions) If no, see instructions.					
. 00	Are the cost report total expenses and total revenues diffe		N			5. C
	those on the filed financial statements? If yes, submit rec	onciliation.				
				Y/N	Legal Oper.	_
				1.00	2.00	-
00	Approved Educational Activities Column 1: Are costs claimed for nursing school? Column 2:	lf.voc.ic.	the provider is	s N		6.0
. 00	the legal operator of the program?	TT yes, TS	the provider is	S N		0.0
. 00	Are costs claimed for Allied Health Programs? If "Y" see in	structions		Y		7.0
. 00	Were nursing school and/or allied health programs approved		ed during the	N		8.0
	cost reporting period? If yes, see instructions.					
. 00	Are costs claimed for Interns and Residents in an approved	graduate medi	cal education	Y		9.0
	program in the current cost report? If yes, see instruction					
0.00	Was an approved Intern and Resident GME program initiated of	or renewed in	the current	N		10. C
1 00	cost reporting period? If yes, see instructions.			N		111 0
1.00	Are GME cost directly assigned to cost centers other than I	& R IN an A	oproved	Ν		11. C
	Teaching Program on Worksheet A? If yes, see instructions.				Y/N	
					1.00	
	Bad Debts					
2.00	Is the provider seeking reimbursement for bad debts? If yes	, see instru	ctions.		Y	12.0
	If line 12 is yes, did the provider's bad debt collection p			ost reporting	Ν	13.0
	period? If yes, submit copy.					
4.00	If line 12 is yes, were patient deductibles and/or co-payme	ents waived?	fyes, see in:	structions.	N	14.0
	Bed Complement		<u> </u>			
5.00	Did total beds available change from the prior cost reporti				Y	15.0
			art A	Par		_
		Y/N 1.00	Date 2.00	Y/N 3.00	Date 4.00	-
	PS&R Data	1.00	2.00	5.00	4.00	
6.00	Was the cost report prepared using the PS&R Report only?	N		N		16.0
0.00	If either column 1 or 3 is yes, enter the paid-through					
	date of the PS&R Report used in columns 2 and 4 .(see					
	instructions)					
7.00	Was the cost report prepared using the PS&R Report for	Y	04/01/2020	Y	04/01/2020	17.0
	totals and the provider's records for allocation? If					
	either column 1 or 3 is yes, enter the paid-through date					
0 00	in columns 2 and 4. (see instructions)					10
8.00	If line 16 or 17 is yes, were adjustments made to PS&R	N		Ν		18.0
	Report data for additional claims that have been billed					
	but are not included on the PS&R Report used to file this cost report? If yes, see instructions.					
		N		Ν		19. (
9 00	11t line 16 or 1/ is ves were adjustments made to DCUD		1	IN		1 17.0
9. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report					

	Financial Systems BALL MEMORIA	AL HOSPITAL Provider C	CN: 15-0089	In Lie Period: From 01/01/2019 To 12/31/2019		5-2 Prepared:
			iption	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R		0	1.00 N	3.00 N	20.0
20.00	Report data for Other? Describe the other adjustments:			IN	11	20.0
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.0
	Trecords? The yes, see this tructions.					
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXC	EPT CHILDRENS H	IOSPI TALS)			
	Capital Related Cost					
	Have assets been relifed for Medicare purposes? If yes, see Have changes occurred in the Medicare depreciation expense		ala mada dur	ing the east	N	22.0
23.00	reporting period? If yes, see instructions.	due to apprais	ais made dur	ing the cost	N	23. (
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period?					24.
	If yes, see instructions					
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see					25.0
26.00	instructions. Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see				N	26.
20.00	instructions.				11	20.
27.00	Has the provider's capitalization policy changed during the	e cost reportir	ng period? If	yes, submit	N	27.
	сору.					
20.00	Interest Expense				N	28.
28.00	Were new loans, mortgage agreements or letters of credit en period? If yes, see instructions.	nterea into aur	ing the cost	reporting	N	28.1
29.00	Did the provider have a funded depreciation account and/or	bond funds (De	bt Service R	eserve Fund)	N	29.
	treated as a funded depreciation account? If yes, see inst	ructions				
30.00	Has existing debt been replaced prior to its scheduled mate	urity with new	debt? If yes	, see	N	30.0
31 00	instructions. Has debt been recalled before scheduled maturity without is	ssuance of new	debt2 If yes	500	N	31.0
51.00	instructions.	ssuance of new	debt: II yes	, 366	11	51.
	Purchased Servi ces				I	
32.00	Have changes or new agreements occurred in patient care set		ed through co	ntractual	N	32.
22.00	arrangements with suppliers of services? If yes, see instru		a to compoti	tivo bidding? If		22
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 app no, see instructions.	piled pertainir	ig to competi	tive blading? IT		33.
	Provi der-Based Physi ci ans					
34.00	Are services furnished at the provider facility under an a	rrangement with	n provi der-ba	sed physi ci ans?	Y	34.
	If yes, see instructions.					
35.00	If line 34 is yes, were there new agreements or amended exit		its with the	provi der-based	N	35.
	physicians during the cost reporting period? If yes, see in	IISTI UCTI UNS.		Y/N	Date	
				1.00	2.00	
	Home Office Costs					
	Were home office costs claimed on the cost report?			Y		36.
37.00	If line 36 is yes, has a home office cost statement been pu	repared by the	home office?	Ý		37.
38, 00	If yes, see instructions. If line 36 is yes , was the fiscal year end of the home office different from that of N			38.		
	the provider? If yes, enter in column 2 the fiscal year end of the home office.					00.
39.00						39.
10 00	see instructions.					
40.00	If line 36 is yes, did the provider render services to the instructions.	nome office?	IT yes, see	N		40.0
		1.	00	2.	00	
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position	RHONDA		UTTER		41.

	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position	RHONDA	UTTER	41.00
	held by the cost report preparer in columns 1, 2, and 3,			
	respecti vel y.			
42.00	Enter the employer/company name of the cost report	IU HEALTH		42.00
	preparer.			
43.00	Enter the telephone number and email address of the cost	317-962-1093	RUTTER@I UHEALTH. ORG	43.00
	report preparer in columns 1 and 2, respectively.			

Heal th	Financial Systems BA	ALL MEMORIA	L HOSPI TA	L		In Lieu	u of Form CMS-	2552-10
H0SPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIO	NNAI RE	Provid	der CCN: 15-0089		riod: om 01/01/2019	Worksheet S-2 Part II	
					To		Date/Time Pre 6/29/2020 8:0	epared: 0 am
				3.00				
	Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/pos	sition	DI RECTOR,	GOVERNMENT				41.00
	held by the cost report preparer in columns 1, 2,	, and 3,	PROGRAMS					
	respectively.							
42.00	Enter the employer/company name of the cost repor	rt						42.00
	preparer.							
43.00	Enter the telephone number and email address of t	the cost						43.00
	report preparer in columns 1 and 2, respectively.							

HOSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.	AL DATA	Provider CC		Period: From 01/01/2019 To 12/31/2019		
	Component	Worksheet A Line Number	No. of Beds	Bed Days Avai I abl e	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) HMO and other (see instructions)	30.00	249	90, 88			1.00
3.00 4.00 5.00	HMO IPF Subprovider HMO IRF Subprovider HMOspital Adults & Peds. Swing Bed SNF					0	3.00 4.00 5.00
6. 00 7. 00	Hospital Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation beds) (see instructions)		249	90, 88	.5 0.00	0	6. 00 7. 00
8.00 9.00 10.00	INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	31. 00 32. 00	36 0	13, 14	0 0.00 0.00 0.00		8.00 9.00 10.00
11. 00 12. 00 13. 00	SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT NURSERY	35. 00 43. 00	23	8, 39	0.00	0	11.00 12.00 13.00
14.00 15.00 16.00	Total (see instructions) CAH visits SURPROVIDER LEE	40. 00	308 0	112, 42	0 0.00	0	14.00 15.00
16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00	SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D. P.) HOSPICE	40.00 41.00	0 16	5, 84	0	0	16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00
24. 10 25. 00 26. 00	HOSPICE (non-distinct part) CMHC - CMHC RURAL HEALTH CLINIC	30. 00					24. 10 25. 00 26. 00
26. 25 27. 00 28. 00 29. 00 30. 00 31. 00 32. 00 32. 01	FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26) Observation Bed Days Ambulance Trips Employee discount days (see instruction) Employee discount days - IRF Labor & delivery days (see instructions) Total ancillary labor & delivery room	89. 00	324	2, 92	0	0	26. 25 27. 00 28. 00 29. 00 30. 00 31. 00 32. 00 32. 01
33.00	outpati ent days (see instructions) LTCH non-covered days LTCH site neutral days and discharges						33. 00 33. 01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC	CN: 15-0089	Period: From 01/01/2019 To 12/31/2019		pared:
	I/P Days	/ O/P Visits	/ Trips	Full Time I	Equi val ents	
Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
 1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds) 2.00 HM0 and other (see instructions) 3.00 HM0 IPF Subprovider 4.00 HM0 IRF Subprovider 5.00 Hospital Adults & Peds. Swing Bed SNF 6.00 Hospital Adults & Peds. Swing Bed NF 7.00 Total Adults and Peds. (exclude observation beds) (see instructions) 8.00 INTENSIVE CARE UNIT 9.00 CORONARY CARE UNIT 10.00 BURN INTENSIVE CARE UNIT 11.00 SURGICAL INTENSIVE CARE UNIT 12.00 NEONATAL INTENSIVE CARE UNIT 13.00 NURSERY 14.00 Total (see instructions) 15.00 CAH visits 16.00 SUBPROVIDER - IPF 17.00 SUBPROVIDER - IRF 18.00 SUBPROVIDER - IRF 20.00 NURSING FACILITY 21.00 OTHER LONG TERM CARE 22.00 HOME HEALTH AGENCY 23.00 AMBULATORY SURGICAL CENTER (D. P.) 24.00 HOSPICE (non-distinct part) 25.00 CMHC - CMHC 26.25 FEDERALLY QUALIFIED HEALTH CENTER 27.00 Total (sum of lines 14-26) 28.00 Observation Bed Days 	29, 603 12, 399 0 695 0 29, 603 4, 607 0 0 34, 210 0 34, 210 0 3, 023	2, 283 14, 592 0 322 0 2, 283 889 0 409 1, 403 4, 984 0 0 0 0 0 1, 403 4, 984 0 0 0 0 1, 403 1,	63, 86 63, 86 10, 34 2, 13 79, 89 4, 61	0 0 0 0 0 0 7 7 6 3. 76 0 0 0. 00 4 0. 00 4 0. 00 0 0 0 0 0 0. 00 6 3. 76	1, 811. 11 0. 00 23. 86 0. 00	15. 00 16. 00 17. 00 18. 00 20. 00 21. 00 22. 00 23. 00 24. 10 24. 10 25. 00 26. 00 26. 25
 29.00 Ambulance Trips 30.00 Employee discount days (see instruction) 31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 	17	34	1, 19	0 0 8 0		29.00 30.00 31.00 32.00 32.01
33.00 LTCH non-covered days 33.01 LTCH site neutral days and discharges	0 0					33.00 33.0

	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.	AL DATA	Provider C	CN: 15-0089	Period: From 01/01/2019 To 12/31/2019	u of Form CMS-2 Worksheet S-3 Part I Date/Time Pre 6/29/2020 8:00	pared:
		Full Time Equivalents		Di s	charges	072972020 8.00	
	Component	Nonpai d Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 14.00 15.00 14.00 20.00 21.00 22.00 23.00 24.00 24.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds) HMO and other (see instructions) HMO IPF Subprovider Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation beds) (see instructions) INTENSI VE CARE UNIT CORONARY CARE UNIT BURN INTENSI VE CARE UNIT SURGICAL INTENSI VE CARE UNIT NURSERY Total (see instructions) CAH visits SUBPROVIDER - IPF SUBPROVIDER - IPF SUBPROVIDER - IPF SUBPROVIDER SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D.P.) HOSPICE HOSPICE (non-distinct part) CMHC - CMHC	0. 00 0. 00 0. 00	0 0 0	1, 9 6, 5	96 2, 632 0 22	15, 175 15, 175 0 313	$\begin{array}{c} 1. \ 00\\ 2. \ 00\\ 3. \ 00\\ 4. \ 00\\ 5. \ 00\\ 6. \ 00\\ 7. \ 00\\ 10. \ 00\\ 10. \ 00\\ 11. \ 00\\ 13. \ 00\\ 13. \ 00\\ 13. \ 00\\ 14. \ 00\\ 15. \ 00\\ 14. \ 00\\ 15. \ 00\\ 21. \ 00\\ 22. \ 00\\ 21. \ 00\\ 22. \ 00\\ 23. \ 00\\ 24. \ 10\\ 25. \ 00\\ 25. \ 00\\ 15. \ 00\\ 10. \ 00\ 00\\ 10. \ 00\ 00\\ 10. \ 00\ 00\ 00\ 00\ 00\ 00\ 00\ 00\ 00\$
26. 00 26. 25 27. 00 28. 00 29. 00 30. 00 31. 00 32. 00 32. 01	RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26) Observation Bed Days Ambulance Trips Employee discount days (see instruction) Employee discount days - IRF Labor & delivery days (see instructions) Total ancillary labor & delivery room	0. 00 0. 00					26. 0 26. 2 27. 0 28. 0 29. 0 30. 0 31. 0 32. 0
33. 00 33. 01	outpatient days (see instructions) LTCH non-covered days LTCH site neutral days and discharges				0		33. 00 33. 01

21 1 <i>4</i>	AL WAGE INDEX INFORMATION			Provider C	F	Period: From 01/01/2019 To 12/31/2019		pared
		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Sal ari es (col.2 ± col. 3)	Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
-	PART II - WAGE DATA	1.00	2.00	3.00	4.00	5.00	6.00	
	SALARI ES							
	Total salaries (see instructions)	200. 00	111, 132, 675	-537, 760	110, 594, 915	3, 817, 201. 53	28. 97	1.
	Non-physician anesthetist Part		C	0	C	0.00	0.00	2.
)	A Non-physician anesthetist Part		C	0	(0.00	0.00	3.
	B		C			0.00	0.00	3.
	Physician-Part A - Administrative		C	0	C	0.00	0.00	4.
	Physicians - Part A - Teaching		C	0	c	0.00	0.00	4
	Physician and Non Physician-Part B		C	0	C	0.00	0.00	5
	Non-physician-Part B for		C	0	C	0.00	0.00	6
	hospital-based RHC and FQHC services							
	Interns & residents (in an	21.00	C	3, 915, 954	3, 915, 954	139, 240. 00	28. 12	7
	approved program) Contracted interns and		C	0	(0.00	0.00	-
	residents (in an approved		Ĺ			0.00	0.00	7
	programs) Home office and/or related		C			0.00	0.00	8
	organization personnel		(0.00	0.00	l°
	SNF	44.00	C			0.00		
	Excluded area salaries (see instructions)		5, 010, 768	1, 425, 675	6, 436, 443	8 192, 841. 15	33. 38	
	OTHER WAGES & RELATED COSTS		6 041 740	3 0	4 041 740	90, 675. 80	76. 56	1 1 1
	Contract Labor: Direct Patient Care		6, 941, 748		6, 941, 748	90, 675. 80	/0. 50	''
	Contract labor: Top level management and other management and administrative		C	0	C	0.00	0.00	12
00	services Contract Labor: Physician-Part A - Administrative		5, 547, 101	0	5, 547, 101	50, 844. 72	109. 10	13
00	Home office and/or related organization salaries and wage-related costs		C	0	C	0.00	0.00	14
	Home office salaries		31, 034, 682	0	31, 034, 682	913, 652. 00	33. 97	14
	Related organization salaries		C	-	0	0.00		
00	Home office: Physician Part A - Administrative		Ĺ	0		0.00	0.00	15
	Home office and Contract		C	0	C	0.00	0.00	16
	Physicians Part A - Teaching Home office Physicians Part A		C	0	C	0.00	0.00	16
02	- Teaching Home office contract		C	0		0.00	0.00	16
	Physicians Part A - Teaching					0.00	0.00	
	WAGE-RELATED COSTS Wage-related costs (core) (see		44, 389, 211	0	44, 389, 211	1		17
	instructions)		11,007,211		11,007,211			
00	Wage-related costs (other) (see instructions)							18
	Excluded areas		2, 698, 770	0	2, 698, 770			19
00	Non-physician anesthetist Part		C	0	C)		20
00	Non-physician anesthetist Part B		C	0	C)		21
	Physician Part A -		C	0	C)		22
	Administrative Physician Part A - Teaching		C	0	C)		22
00	Physician Part B		C	0	0			23
	Wage-related costs (RHC/FQHC) Interns & residents (in an		0 965, 180		965, 180			24 25
	approved program)							
50	Home office wage-related (core)		8, 694, 683	0	8, 694, 683	5		25
	Related organization		C	0	c			25
	wage-related (core) Home office: Physician Part A - Administrative -		C	0	C			25

Heal th	Financial Systems		BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
	AL WAGE INDEX INFORMATION			Provider C	CN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part II	pared:
		Wkst. A Line	Amount	Recl assi fi cati	Adj usted	Paid Hours	Average Hourly	
		Number	Reported	on of Salaries		Related to	Wage (col. 4 ÷	
				(from Wkst.	(col.2 ± col		col. 5)	
				A-6)	3)	col. 4		
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A		0	0		0		25. 53
	- Teaching - wage-related							
	(core)							
0/ 00	OVERHEAD COSTS - DI RECT SALARI E		0/ 074		0.00	1 0 000 50	47.40	0, 00
26.00	Employee Benefits Department	4.00			36, 27			
27.00	Administrative & General	5.00	6, 850, 972					
28.00	Administrative & General under		825, 240	0	825, 24	40 8, 448. 71	97.68	28.00
00.00	contract (see inst.)	(00	0 00/ 110	(0.40)	0.0/0.7/	101 000 00		
29.00	Maintenance & Repairs	6.00	3, 026, 110					29.00
30.00	Operation of Plant	7.00	1, 429, 736	-59, 613	1, 370, 12			
31.00	Laundry & Linen Service	8.00	0	0		0 0.00		
32.00	Housekeeping	9.00	2, 754, 924	-28, 468	2, 726, 45			
33.00	Housekeeping under contract		0	0		0 0.00	0.00	33.00
	(see instructions)	40.00		4 00/ 705			47.05	
34.00	Dietary	10. 00	2, 630, 952	-1, 236, 795	1, 394, 15			34.00
35.00	Dietary under contract (see		0	0		0 0.00	0.00	35.00
24 00	instructions)	11 00	0	1 000 040	1 220 0	0 0 100 00	14.00	24 00
36.00	Cafeteria	11.00	0	1, 228, 949	1, 228, 94			
37.00	Maintenance of Personnel	12.00	0	0	F 474 75	0 0.00		
38.00	Nursing Administration	13.00	5, 716, 624	-241, 868	5, 474, 75			
39.00	Central Services and Supply	14.00	0	0		0 0.00		
40.00	Pharmacy	15.00	5, 178, 030	-369, 784	4, 808, 24			
41.00	Medical Records & Medical Records Library	16. 00	0	0		0 0.00	0.00	41.00
42.00	Social Service	17.00	0	0		0 0.00	0.00	42.00
43.00	Other General Service	18.00	576, 035	-185	575, 85	43, 757. 43	13. 16	43.00

Heal th	Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lieu of Form CMS-2552-10			
HOSPI T	AL WAGE INDEX INFORMATION			Provider CC		Period: From 01/01/2019 To 12/31/2019		pared:
		Worksheet A		Recl assi fi cati			Average Hourly	
		Line Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from	(col.2 ± col.		col. 5)	
				Worksheet A-6)	3)	col. 4		
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY				-1		
1.00	Net salaries (see		111, 957, 915	-4, 453, 714	107, 504, 20	1 3, 686, 410. 24	29. 16	1.00
	instructions)							
2.00	Excluded area salaries (see instructions)		5, 010, 768	1, 425, 675	6, 436, 44	3 192, 841. 15	33. 38	2.00
3.00	Subtotal salaries (line 1 minus line 2)		106, 947, 147	-5, 879, 389	101, 067, 75	8 3, 493, 569. 09	28. 93	3.00
4.00	Subtotal other wages & related costs (see inst.)		43, 523, 531	0	43, 523, 53	1 1, 055, 172. 52	41. 25	4.00
5.00	Subtotal wage-related costs (see inst.)		53, 083, 894	0	53, 083, 89	4 0.00	52. 52	5.00
6.00	Total (sum of lines 3 thru 5)		203, 554, 572	-5, 879, 389	197, 675, 18	3 4, 548, 741. 61	43.46	6.00
7.00	Total overhead cost (see instructions)		29, 024, 894			6 1, 020, 976. 97	27. 17	7.00

Heal th	Financial Systems	BALL MEMORIAL HO	SPI TAL	In Lie	u of Form CMS-2	2552-10
HOSPI T	AL WAGE RELATED COSTS	ł	Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Pre 6/29/2020 8:00	pared:
					Amount	
					Reported 1.00	
	PART IV - WAGE RELATED COSTS				1.00	
	Part A - Core List					
	RETIREMENT COST					
1.00	401K Employer Contributions				3, 950, 086	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribu	oution			0	
3.00	Nonqualified Defined Benefit Plan Cost (see i				0	
4.00	Qualified Defined Benefit Plan Cost (see ins				17, 408, 333	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External (Organi zati on)				
5.00	401K/TSA Plan Administration fees				0	5.00
6.00	Legal /Accounting/Management Fees-Pension Pla	in			0	6.00
7.00	Employee Managed Care Program Administration	Fees			0	7.00
	HEALTH AND INSURANCE COST					
8.00	Health Insurance (Purchased or Self Funded)				0	8.00
8.01	Health Insurance (Self Funded without a Third	d Party Administrat	or)		0	8. 01
8.02	Health Insurance (Self Funded with a Third Pa	Party Administrator)			16, 702, 587	8. 02
8.03	Health Insurance (Purchased)				0	8.03
9.00	Prescription Drug Plan				0	
10.00	Dental, Hearing and Vision Plan				526, 769	•
11.00	Life Insurance (If employee is owner or bene				51, 281	
12.00	Accident Insurance (If employee is owner or I				0	
13.00	Disability Insurance (If employee is owner o				681, 374	•
14.00	Long-Term Care Insurance (If employee is own	er or beneficiary)			-	14.00
15.00	'Workers' Compensation Insurance				671, 966	•
16.00	Retirement Health Care Cost (Only current yea	ear, not the extraor	dinary accrual require	ed by FASB 106.	0	16.00
	Non cumulative portion)					
17 00	TAXES				0 011 74/	17 00
	FICA-Employers Portion Only Medicare Taxes - Employers Portion Only				8, 011, 746	17.00
18.00 19.00	Unemployment Insurance				-	18.00
20.00	State or Federal Unemployment Taxes				37, 718	
20.00	OTHER				37,710	20.00
21 00	Executive Deferred Compensation (Other Than I	Patiroment Cost Pan	orted on lines 1 throu	ab 1 above (see	0	21.00
21.00	instructions))	Kethement oust Kep		igii - above. (see	0	21.00
22.00	Day Care Cost and Allowances				0	22.00
23.00	Tuition Reimbursement				11, 300	
	Total Wage Related cost (Sum of lines 1 -23)				48, 053, 160	
	Part B - Other than Core Related Cost				,, 100	
25.00	OTHER WAGE RELATED COSTS (SPECIFY)					25.00
				I		

Heal th	Financial Systems	BALL MEMORIAL H	IOSPI TAL	In Lie	u of Form CMS-2	2552-10
HOSPI T	AL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0089	Peri od:	Worksheet S-3	
				From 01/01/2019		
				To 12/31/2019	Date/Time Pre 6/29/2020 8:0	
	Cost Center Description			Contract Labor		
	cost center bescription			1.00	2.00	
	PART V - Contract Labor and Benefit Cost				2100	
	Hospital and Hospital-Based Component Identif	i cati on:				1
1.00	Total facility's contract labor and benefit of	cost		6, 941, 748	48, 053, 160	1.00
2.00	Hospi tal			6, 941, 748	48, 053, 160	2.00
3.00	Subprovider - IPF			0	0	3.00
4.00	Subprovider - IRF			0	0	4.00
5.00	Subprovider - (Other)			0	0	5.00
6.00	Swing Beds - SNF			0	0	6.00
7.00	Swing Beds - NF			0	0	7.00
8.00	Hospital-Based SNF					8.00
9.00	Hospital-Based NF					9.00
10.00	Hospital-Based OLTC					10.00
11.00	Hospital-Based HHA					11.00
12.00	Separately Certified ASC					12.00
13.00	Hospital-Based Hospice					13.00
14.00	Hospital-Based Health Clinic RHC					14.00
15.00	Hospital-Based Health Clinic FQHC					15.00
16.00	Hospital-Based-CMHC					16.00
17.00	Renal Dialysis			0	0	
18.00	Other			0	0	18.00

	Financial Systems BALL MEMORIAL HOSI	PI TAL	In Li€	eu of Form CMS-2	2552-10
HOSPI T		rovider CCN: 15-0089	Peri od:	Worksheet S-10	0
			From 01/01/2019 To 12/31/2019		narad.
			10 12/31/2019	6/29/2020 8:00	0 am
				1.00	
1.00	Uncompensated and indigent care cost computation Cost to charge ratio (Worksheet C, Part I line 202 column 3 divi	ded by Line 202 celu	mp (9)	0, 181187	1.00
1.00	Medicaid (see instructions for each line)	ded by The 202 colu	III 0 <i>)</i>	0. 101107	1.00
2.00	Net revenue from Medicaid			53, 290, 826	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplementa	al payments from Medi	cai d?	Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments fro	om Medicaid		0	5.00
6.00	Medi cai d charges			344, 465, 965	6.00
7.00	Medicaid cost (line 1 times line 6)			62, 412, 755	7.00
8.00	Difference between net revenue and costs for Medicaid program (I < zero then enter zero)	INE / MINUS SUM OT I	nes 2 and 5; IT	9, 121, 929	8.00
	Children's Health Insurance Program (CHIP) (see instructions for	each Line)			
9.00	Net revenue from stand-al one CHIP			0	9.00
10.00	Stand-al one CHIP charges			0	
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	
12.00	Difference between net revenue and costs for stand-alone CHIP (I	ine 11 minus line 9;	if < zero then	0	12.00
	enter zero)	wations for each lin	-		
13.00	Other state or local government indigent care program (see instru Net revenue from state or local indigent care program (Not inclu			223, 922	13.00
14.00	Charges for patients covered under state or local indigent care			662, 314	
	10)			002/011	
15.00	State or local indigent care program cost (line 1 times line 14)			120, 003	15.00
16.00	Difference between net revenue and costs for state or local indi	gent care program (I	ne 15 minus line	0	16.00
	13; if < zero then enter zero)				
	Grants, donations and total unreimbursed cost for Medicaid, CHIP	' and state/local ind	dent care prodra		
	instructions for each line)		gent care progra	113 (366	
17.00	instructions for each line) Private grants, donations, or endowment income restricted to fun			0	17.00
17. 00 18. 00		nding charity care			
	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid, CHIP and state and local	nding charity care ospital operations		0	18.00
18.00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho	nding charity care ospital operations indigent care progra	ms (sum of lines	0 0 9, 121, 929	18.00
18.00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid, CHIP and state and local	nding charity care ospital operations indigent care progra Uninsured	ms (sum of lines	0 0 9, 121, 929 Total (col. 1	18.00
18.00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid, CHIP and state and local	nding charity care ospital operations indigent care progra	ns (sum of lines	0 0 9, 121, 929 Total (col. 1 + col. 2)	18.00
18.00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid, CHIP and state and local	nding charity care spital operations indigent care progra Uninsured patients	ns (sum of lines I Insured patients 2.00	0 0 9, 121, 929 Total (col. 1 + col. 2) 3. 00	18.00
18.00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid, CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faci	nding charity care ospital operations indigent care progra Uninsured patients 1.00	ns (sum of lines I Insured patients 2.00	0 0 9, 121, 929 Total (col. 1 + col. 2) 3. 00	18.00
18.00 19.00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faci (see instructions) Cost of patients approved for charity care and uninsured discoun	nding charity care poprations indigent care program Uninsured patients 1.00 lity 35,717,	ns (sum of lines I Insured patients 2.00 534 989,168	0 0 9, 121, 929 Total (col. 1 + col. 2) 3. 00 36, 706, 702	18. 00 19. 00 20. 00
18. 00 19. 00 20. 00 21. 00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid, CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faci (see instructions) Cost of patients approved for charity care and uninsured discoun instructions)	nding charity care spital operations indigent care progra Uninsured patients 1.00 lity 35,717, nts (see 6,471,	ns (sum of lines l Insured patients 2.00 534 989,168 553 989,168	0 0 9, 121, 929 Total (col. 1 + col. 2) 3.00 36, 706, 702 7, 460, 721	18. 00 19. 00 20. 00 21. 00
18. 00 19. 00 20. 00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faci (see instructions) Cost of patients approved for charity care and uninsured discoun instructions) Payments received from patients for amounts previously written o	nding charity care spital operations indigent care progra Uninsured patients 1.00 lity 35,717, nts (see 6,471,	ns (sum of lines l Insured patients 2.00 534 989,168 553 989,168	0 0 9, 121, 929 Total (col. 1 + col. 2) 3.00 36, 706, 702 7, 460, 721	18. 00 19. 00 20. 00 21. 00
18. 00 19. 00 20. 00 21. 00 22. 00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faci (see instructions) Cost of patients approved for charity care and uninsured discoun instructions) Payments received from patients for amounts previously written o charity care	nding charity care spital operations indigent care progra Uninsured patients 1.00 lity 35,717, nts (see 6,471, off as 69,	ns (sum of lines l Insured patients 2.00 534 989, 168 553 989, 168 990 0	0 0 9, 121, 929 Total (col. 1 + col. 2) 3. 00 36, 706, 702 7, 460, 721 69, 990	18.00 19.00 20.00 21.00 22.00
18. 00 19. 00 20. 00 21. 00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faci (see instructions) Cost of patients approved for charity care and uninsured discoun instructions) Payments received from patients for amounts previously written o	nding charity care spital operations indigent care progra Uninsured patients 1.00 lity 35,717, nts (see 6,471,	ns (sum of lines l Insured patients 2.00 534 989, 168 553 989, 168 990 0	0 0 9, 121, 929 Total (col. 1 + col. 2) 3. 00 36, 706, 702 7, 460, 721 69, 990	18.00 19.00 20.00 21.00 22.00
18. 00 19. 00 20. 00 21. 00 22. 00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faci (see instructions) Cost of patients approved for charity care and uninsured discoun instructions) Payments received from patients for amounts previously written o charity care Cost of charity care (line 21 minus line 22)	nding charity care popital operations indigent care progra Uninsured patients 1.00 lity 35,717, nts (see 6,471, off as 69, 6,401,	ms (sum of lines l Insured patients 2.00 534 989,168 553 989,168 990 0 563 989,168	0 0 9, 121, 929 Total (col. 1 + col. 2) 3.00 36, 706, 702 7, 460, 721 69, 990 7, 390, 731 1.00	18.00 19.00 20.00 21.00 22.00 23.00
18. 00 19. 00 20. 00 21. 00 22. 00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faci (see instructions) Cost of patients approved for charity care and uninsured discoun instructions) Payments received from patients for amounts previously written o charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient	nding charity care pspital operations indigent care progra Uninsured patients 1.00 lity 35,717, off as 6,471, off as 69, 6,401,	ms (sum of lines l Insured patients 2.00 534 989,168 553 989,168 990 0 563 989,168	0 0 9, 121, 929 Total (col. 1 + col. 2) 3.00 36, 706, 702 7, 460, 721 69, 990 7, 390, 731	18.00 19.00 20.00 21.00 22.00
18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faci (see instructions) Cost of patients approved for charity care and uninsured discoun instructions) Payments received from patients for amounts previously written o charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p	nding charity care spital operations indigent care progra Uninsured patients 1.00 lity 35,717, nts (see 6,471, off as 69, 6,401, c days beyond a lengt program?	ns (sum of lines l Insured patients 2.00 534 989,168 553 989,168 990 0 563 989,168 989,168	0 0 9, 121, 929 Total (col. 1 + col. 2) 3.00 36, 706, 702 7, 460, 721 69, 990 7, 390, 731 1.00 N	18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00
18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faci (see instructions) Cost of patients approved for charity care and uninsured discoun instructions) Payments received from patients for amounts previously written o charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p If line 24 is yes, enter the charges for patient days beyond the	nding charity care spital operations indigent care progra Uninsured patients 1.00 lity 35,717, nts (see 6,471, off as 69, 6,401, c days beyond a lengt program?	ns (sum of lines l Insured patients 2.00 534 989,168 553 989,168 990 0 563 989,168 989,168	0 0 9, 121, 929 Total (col. 1 + col. 2) 3.00 36, 706, 702 7, 460, 721 69, 990 7, 390, 731 1.00	18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00
18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faci (see instructions) Cost of patients approved for charity care and uninsured discoun instructions) Payments received from patients for amounts previously written o charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p If line 24 is yes, enter the charges for patient days beyond the stay limit	Inding charity care particular operations indigent care program Uninsured patients 1.00 lity 35,717, off as 69, 6,401, c days beyond a lengtor program? a indigent care program	ns (sum of lines l Insured patients 2.00 534 989,168 553 989,168 990 0 563 989,168 989,168	0 0 9, 121, 929 Total (col. 1 + col. 2) 3.00 36, 706, 702 7, 460, 721 69, 990 7, 390, 731 1.00 N 0	18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00
18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faci (see instructions) Cost of patients approved for charity care and uninsured discoun instructions) Payments received from patients for amounts previously written o charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p If line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see inst	nding charity care particular operations indigent care program Uninsured patients 1.00 lity 35,717, nts (see 6,471, off as 69, 6,401, c days beyond a lengt program? e indigent care program cructions)	ns (sum of lines l Insured patients 2.00 534 989,168 553 989,168 990 0 563 989,168 989,168	0 0 9, 121, 929 Total (col. 1 + col. 2) 3.00 36, 706, 702 7, 460, 721 69, 990 7, 390, 731 1.00 N 0 22, 610, 556	18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00
18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faci (see instructions) Cost of patients approved for charity care and uninsured discoun instructions) Payments received from patients for amounts previously written o charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p If line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see inst Medicare reimbursable bad debts for the entire hospital complex	nding charity care particular operations indigent care program Uninsured patients 1.00 lity 35,717, off as 69, 6,401, c days beyond a lengt program? e indigent care program (see instructions) (see instructions)	ns (sum of lines l Insured patients 2.00 534 989,168 553 989,168 990 0 563 989,168 989,168	0 0 9, 121, 929 Total (col. 1 + col. 2) 3.00 36, 706, 702 7, 460, 721 69, 990 7, 390, 731 1.00 N 0	18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00
18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faci (see instructions) Cost of patients approved for charity care and uninsured discoun instructions) Payments received from patients for amounts previously written o charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p If line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see inst	nding charity care particular operations indigent care program Uninsured patients 1.00 lity 35,717, off as 69, 6,401, c days beyond a lengt program? e indigent care program (see instructions) (see instructions)	ns (sum of lines l Insured patients 2.00 534 989,168 553 989,168 990 0 563 989,168 989,168	0 0 9, 121, 929 Total (col. 1 + col. 2) 3.00 36, 706, 702 7, 460, 721 69, 990 7, 390, 731 1.00 N 0 22, 610, 556 1, 390, 598	18.00 19.00 20.00 21.00 22.00 23.00 23.00 24.00 25.00 26.00 27.00 27.01
18. 00 19. 00 20. 00 21. 00 23. 00 24. 00 25. 00 26. 00 27. 00 27. 01	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faci (see instructions) Cost of patients approved for charity care and uninsured discoun instructions) Payments received from patients for amounts previously written o charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p If line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see inst Medicare reimbursable bad debts for the entire hospital complex (se Non-Medicare bad debt expense (see instructions)	inding charity care patients indigent care progra Uninsured patients 1.00 1ity 35,717, ats (see 6,471, off as 69, 6,401, c days beyond a lengt program? a indigent care progra cructions) (see instructions) we instructions)	ns (sum of lines l Insured patients 2.00 534 989,168 553 989,168 990 0 563 989,168 990 0 563 989,168 n of stay limit am's length of	0 0 9, 121, 929 Total (col. 1 + col. 2) 3.00 36, 706, 702 7, 460, 721 69, 990 7, 390, 731 1.00 N 0 22, 610, 556 1, 390, 598 2, 139, 382	18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 23. 00 24. 00 25. 00 26. 00 27. 01 28. 00
18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 01 28. 00	Private grants, donations, or endowment income restricted to fun Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faci (see instructions) Cost of patients approved for charity care and uninsured discoun instructions) Payments received from patients for amounts previously written o charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p If line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see inst Medicare allowable bad debts for the entire hospital complex (see	inding charity care patients indigent care progra Uninsured patients 1.00 1ity 35,717, ats (see 6,471, off as 69, 6,401, c days beyond a lengt program? a indigent care progra cructions) (see instructions) we instructions)	ns (sum of lines l Insured patients 2.00 534 989,168 553 989,168 990 0 563 989,168 990 0 563 989,168 n of stay limit am's length of	0 0 9, 121, 929 Total (col. 1 + col. 2) 3.00 7, 460, 702 7, 460, 721 69, 990 7, 390, 731 1.00 N 0 22, 610, 556 1, 390, 598 2, 139, 382 20, 471, 174	18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 26.00 27.00 28.00 29.00

NLULA.	SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	EXPENSES	Provider CC	N: 15-0089 F	Period: From 01/01/2019	Worksheet A	
					o 12/31/2019	Date/Time Pre 6/29/2020 8:0	
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT		5, 213, 218	5, 213, 218	20, 061, 788	25, 275, 006	1.00
3.00	00300 OTHER CAPITAL RELATED COSTS		0	0,210,210		0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	36, 271	684, 476	720, 747		21, 420, 165	4.00
5.01 5.02	01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG	497, 597 0	254, 890 0	752, 487 (586, 493 0	5. 01 5. 02
5.04	00570 ADMI TTI NG	928, 475	312, 583	1, 241, 058	-	1, 011, 482	5.04
5.05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	0	0)	0	0	5.05
5.06 6.00	00590 OTHER ADMI NI STRATI VE AND GENERAL 00600 MAI NTENANCE & REPAI RS	5, 424, 900 3, 026, 110	85, 746, 122 13, 375, 484	91, 171, 022 16, 401, 594		88, 808, 773 8, 255, 104	5.06 6.00
7.00	00700 OPERATION OF PLANT	1, 429, 736	5, 063, 342	6, 493, 078		6, 598, 555	•
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	(1, 377, 898	1, 377, 898	
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY	2, 754, 924 2, 630, 952	1, 925, 680 2, 634, 449	4, 680, 604 5, 265, 401		3, 172, 689 2, 168, 860	
11.00	01100 CAFETERI A	2,030,932	2,034,449	5, 205, 401		2, 108, 800	11.00
13.00	01300 NURSI NG ADMI NI STRATI ON	5, 716, 624	2, 898, 008	8, 614, 632	-1, 389, 729	7, 224, 903	
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	0 5, 178, 030	1, 470, 875	1, 470, 875		11, 658, 766	14.00 15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	5, 178, 030	36, 780, 479 0	41, 958, 509 (-36, 000, 510	5, 957, 999 0	16.00
18.00	01080 PATI ENT TRANSPORTATI ON	576, 035	181, 513	757, 548	-132, 257	625, 291	18.00
21.00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0	0 005 046	3, 915, 954	3, 915, 954	
22.00 23.00	02200 I & SERVICES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM	4, 135, 421 73, 257	4, 750, 427 30, 711	8, 885, 848 103, 968		3, 807, 840 196, 923	
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	10,201	00,711	100, 700	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	170,720	20.00
30.00	03000 ADULTS & PEDIATRICS	22, 311, 099	20, 954, 367	43, 265, 466		34, 697, 549	
31.00 32.00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	7, 056, 095	3, 608, 965	10, 665, 060	-2, 777, 866	7, 887, 194 0	31.00 32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	1, 848, 833	2, 192, 055	4, 040, 888	-686, 691	3, 354, 197	35.00
40.00	04000 SUBPROVI DER – I PF	0	0	C	0 0	0	40.00
41.00 43.00	04100 SUBPROVI DER – I RF 04300 NURSERY	1, 590, 246 0	915, 787 0	2, 506, 033 0		2, 101, 224 477, 596	
43.00	ANCI LLARY SERVICE COST CENTERS	0	0	(477, 370	477, 390	43.00
50.00	05000 OPERATI NG ROOM	5, 516, 264	27, 061, 245	32, 577, 509		12, 692, 814	50.00
51.00 52.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	1, 462, 258 1, 861, 210	907, 692 967, 794	2, 369, 950 2, 829, 004		1, 592, 281 2, 006, 473	51.00 52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	8, 670, 935	16, 235, 131	24, 906, 066		13, 152, 196	
57.00	05700 CT SCAN	126, 056	64, 385	190, 441	-54, 173	136, 268	57.00
58.00 59.00	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	0 1, 979, 736	0 9, 226, 261	0 11, 205, 997	, s	0 2, 305, 967	58.00 59.00
60.00	06000 LABORATORY	1, 979, 730	12, 096, 315	12, 096, 315		12,074,074	60.00
60. 01	06001 BLOOD LABORATORY	0	0	C		0	
63.00 65.00	06300 BLOOD STORI NG, PROCESSI NG, & TRANS. 06500 RESPI RATORY THERAPY	0 3, 322, 885	1, 347, 870 1, 467, 293	1, 347, 870 4, 790, 178		1, 347, 801 3, 554, 183	
65.00	06501 SLEEP LAB	460, 946	487, 918	4, 790, 178 948, 864		538, 500	65.00
66.00	06600 PHYSI CAL THERAPY	5, 412, 270	2, 123, 467	7, 535, 737	-1, 676, 224	5, 859, 513	
67.00 68.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	700, 097	241,651	941, 748		869, 674 529, 427	67.00
68.00	06801 AUDI OLOGY	464, 230 0	127, 013 0	591, 243 (529, 427	68.00 68.01
69.00	06900 ELECTROCARDI OLOGY	1, 021, 684	1, 363, 942	2, 385, 626		1, 563, 388	69.00
71.00	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	11, 730, 735	11, 730, 735	
72.00 73.00	07200 IMPL. DEV. CHARGED TO PATIENT 07300 DRUGS CHARGED TO PATIENTS	0	0	() 14, 196, 706 36, 115, 985	14, 196, 706 36, 115, 985	
73.01	07301 HOSPI TAL BASED RETAIL PHARMACIES	1, 435, 545	7, 156, 728	8, 592, 273		8, 208, 638	
74.00	07400 RENAL DI ALYSI S	0	1, 546, 273	1, 546, 273		1, 446, 955	
76.00 76.97	03160 CARDI OPULMONARY 07697 CARDI AC REHABI LI TATI ON	0 757, 092	0 345, 850	1, 102, 942	0 0 2 -215, 946	0 886, 996	76.00 76.97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	521, 914	1, 332, 053	1, 853, 967		1, 254, 831	76.98
~~ ~~	OUTPATIENT SERVICE COST CENTERS						
90.00 90.01	09000 CLINIC 09001 SUBSTANCE ABUSE CLINIC	0 229, 874	0 427, 868	657, 742	0 2 -60, 667	0 597, 075	90.00 90.01
90. 02	09002 PAIN CLINIC	385, 159	623, 190	1, 008, 349		711, 301	90.02
90.03	09003 ONCOLOGY CLINIC	1, 101, 644	720, 210	1, 821, 854		1, 426, 749	90.03
91.00 92.00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	7, 141, 006	5, 834, 560	12, 975, 566	-2, 911, 900	10, 063, 666	91.00 92.00
92.00 92.01	09201 OBSERVATION BEDS (NON-DISTINCT PART)	О	0	C	0	0	
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES SPECIAL PURPOSE COST CENTERS	0	932	932	-646	286	95.00
113.00	11300 INTEREST EXPENSE		ol	(0	0	113.00
118.00		107, 785, 410	280, 699, 072	388, 484, 482	-726, 028	387, 758, 454	
110.00	NONREI MBURSABLE COST CENTERS						1

Health Financial Systems	BALL MEMORIAL	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CC	CN: 15-0089	Peri od:	Worksheet A	
				From 01/01/2019 To 12/31/2019	Date/Time Pre	narod
				10 12/31/2019	6/29/2020 8:0	
Cost Center Description	Sal ari es	Other	Total (col. 1	Reclassi fi cati	Recl assi fi ed	
			+ col. 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
					col. 4)	
	1.00	2.00	3.00	4.00	5.00	
191. 00 19100 RESEARCH	667, 653	220, 488	888, 14	1 - 126, 333	761, 808	
194.00 07950 OTHER NONREI MBURSABLE COST CENTERS	0	0	(0 0		194.00
194. 01 07951 BSU PHARMACY	143, 786	38, 227	182, 013			
194. 02 07952 PAVILLI ON PHARMACY	743, 902	6, 049, 955	6, 793, 85		6, 732, 914	
194. 03 07953 VENDI NG	0	0	(0		194.03
194. 04 07954 CARELINE	0	0	10 10			194.04
194. 05 07955 WELLNESS CENTER	0	49, 184	49, 18	4 -42, 768		194.05
194. 06 07956 PHYSI CLAN PRACTICE CLINICS	0	0	(0		194.06
194. 07 07957 PERI NATAL CLI NI C 194. 08 07958 RENTAL PROPERTY	0	1 (12 FFF	1 (12 55)		682, 089	194.07
194. 09 07959 ADVERTI SI NG	0	1, 613, 555	1, 613, 55	-931, 466		194.08
194. 10 07959 ADVERTISING 194. 10 07960 I NTEGRA LTAC	0	0		0		194.09
194. 11 07961 I U HEALTH HOSPI CE	0	6, 714	6, 714	u -17		194.10
194. 12 07962 POB MEDICAL PAVILLION CONDOS	0	0, 714	0,714	-17		194.11
194. 13/07963 EXECUTI VE PHYSI CAL	0	0				194.12
194. 14 07964 NEW CASTLE ONCOLOGY	0	0				194.13
194. 15 07965 MARKETI NG/PUBLIC RELATIONS	0	0	(194. 15
194. 16 07966 JAY COUNTY HOSPITAL	363, 555	62, 274	425, 82	1, 054, 973	1, 480, 802	
194. 17 07967 CARDI NAL HEALTH CHOI CE	000,000	02, 2, 1	120, 02			194.17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES	0	0	(0 0		194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	0	(0 0		194.19
194.2007970 MEALS ON WHEELS	0	0	(0 0		194.20
194. 21 07971 ST MARY'S SCHOOL	o	0	(0 0	0	194, 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	1, 263, 467	367, 563	1, 631, 030	-213, 476	1, 417, 554	194. 22
194.23 07973 CANCER CENTER BOUTIQUE	14, 175	100, 959	115, 134		115, 052	
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	(0 0	0	194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	1, 012	1, 01:	-356	656	194. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	8, 908	1, 151	10, 059	1, 065, 765	1, 075, 824	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	(0 0	0	194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	(0 0	0	194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	(0 0	0	194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0	(0 0		194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	(0 0		194.31
194. 32 07982 RENAL DI ALYSI S	0	0	(0 0		194.32
194. 33 07983 LAB CORP	0	0	(0 0		194.33
194. 34 07984 H. O. MATERIALS MGMT	0	0	(0		194.34
194. 35 07985 LEASED SPACE	0	0	(0		194.35
200.00 TOTAL (SUM OF LINES 118 through 199)	111, 132, 675	289, 883, 114	401, 015, 789	9 0	401, 015, 789	200.00

	Financial Systems	BALL MEMORIA	L HOSPI TAL		In Li	eu of Form CMS	5-2552-10
RECLAS	SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CCN	: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet A 9 Date/Time Pr 6/29/2020 8:	
	Cost Center Description	Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00				
	GENERAL SERVICE COST CENTERS	0.00	7.00				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	2, 486, 389	27, 761, 395				1.00
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0				3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	30, 129, 396					4.00
5.01 5.02	01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG	-110, 162 16, 159, 637	476, 331 16, 159, 637				5. 01 5. 02
5.02	00570 ADMI TTI NG	8, 458, 982	9, 470, 464				5.02
5.05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	10, 766, 961	10, 766, 961				5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL	-53, 938, 610	34, 870, 163				5.06
6.00	00600 MAI NTENANCE & REPAI RS	-361, 743					6.00
7.00	00700 OPERATION OF PLANT	-125, 854					7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	1, 377, 898				8.00
9.00	00900 HOUSEKEEPI NG 01000 DI ETARY	-48, 217 -293, 086	3, 124, 472 1, 875, 774				9.00
11.00	01100 CAFETERI A	-1, 653, 341	662, 170				11.00
	01300 NURSI NG ADMI NI STRATI ON	-139, 824	7, 085, 079				13.00
	01400 CENTRAL SERVICES & SUPPLY	0	11, 658, 766				14.00
	01500 PHARMACY	-620, 257	5, 337, 742				15.00
	01600 MEDICAL RECORDS & LIBRARY	0	0				16.00
	01080 PATIENT TRANSPORTATION	-21, 725					18.00
	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	3, 915, 954				21.00
	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM	-4, 000 -840	3, 803, 840 196, 083				22.00 23.00
25.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	-040	190,003				23.00
30.00	03000 ADULTS & PEDIATRICS	-9,004,974	25, 692, 575				30.00
	03100 I NTENSI VE CARE UNI T	0	7, 887, 194				31.00
32.00	03200 CORONARY CARE UNI T	0	0				32.00
	02060 NEONATAL INTENSIVE CARE UNIT	-1, 361, 574	1, 992, 623				35.00
	04000 SUBPROVIDER - IPF	0					40.00
	04100 SUBPROVIDER - IRF 04300 NURSERY	1, 444	2, 102, 668				41.00
43.00	ANCI LLARY SERVI CE COST CENTERS	0	477, 596				43.00
50.00	05000 OPERATI NG ROOM	-5, 462, 935	7, 229, 879				50.00
	05100 RECOVERY ROOM	0	1, 592, 281				51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2, 006, 473				52.00
	05400 RADI OLOGY-DI AGNOSTI C	-507, 712	12, 644, 484				54.00
	05700 CT SCAN	-69, 063	67, 205				57.00
	05800 MAGNETIC RESONANCE I MAGI NG (MRI) 05900 CARDI AC CATHETERI ZATI ON	0	0 2, 305, 967				58.00
	06000 LABORATORY	0	2, 305, 967				59.00 60.00
	06001 BLOOD LABORATORY	0	12,074,074				60.01
	06300 BLOOD STORING, PROCESSING, & TRANS.	0	1, 347, 801				63.00
65.00	06500 RESPI RATORY THERAPY	-321	3, 553, 862				65.00
65.01	06501 SLEEP LAB	-12, 318					65.01
	06600 PHYSI CAL THERAPY	-1, 467, 288					66.00
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	-7, 377	862, 297 524, 606				67.00 68.00
	06801 AUDI OLOGY	-4, 821	524, 606				68.00
	06900 ELECTROCARDI OLOGY	-59, 437	1, 503, 951				69.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11, 730, 735				71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	14, 196, 706				72.00
	07300 DRUGS CHARGED TO PATIENTS	0	36, 115, 985				73.00
	07301 HOSPI TAL BASED RETAIL PHARMACIES	-654, 512	7, 554, 126				73.01
	07400 RENAL DI ALYSI S	0	1, 446, 955				74.00
	03160 CARDI OPULMONARY 07697 CARDI AC REHABI LI TATI ON	-121, 731	765, 265				76.00
	07698 HYPERBARI C OXYGEN THERAPY	1, 328					76.98
/0//0	OUTPATIENT SERVICE COST CENTERS	1,020	1/200/10/				
90.00	09000 CLI NI C	0	0				90.00
	09001 SUBSTANCE ABUSE CLINIC	-344, 191	252, 884				90.01
	09002 PAIN CLINIC	-278, 030					90.02
	09003 ONCOLOGY CLINIC	0	1, 426, 749				90.03
	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	-242	10, 063, 424				91.00
92.00 92.01	09201 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00 92.01
72. UI	OTHER REIMBURSABLE COST CENTERS	0					- 12.01
95.00	09500 AMBULANCE SERVICES	0	286				95.00
	SPECIAL PURPOSE COST CENTERS						
	11300 INTEREST EXPENSE	0	-				113.00
118.00		-8, 670, 048	379, 088, 406				118.00
100 00	NONREI MBURSABLE COST CENTERS		770 574				100.00
	919000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 919100 RESEARCH	0					190.00 191.00
	07950 OTHER NONREI MBURSABLE COST CENTERS	0					191.00
		, V	9				1.7.1.00

BALL MEMORIAL HOSPITAL

In Lieu of Form CMS-2552-10

 Health Financial
 Systems
 BALL
 MEM

 RECLASSIFICATION
 AND ADJUSTMENTS
 OF
 TRIAL
 BALANCE
 OF
 EXPENSES

Cost Center Description Adjustments (See A-8) Net Expenses For Al location 194. 01 07951 BSU PHARMACY 6.00 7.00 194. 02 07952 PAVILLION PHARMACY -174, 376 24, 576 194. 02 07953 VENDING 0 6, 732, 914 194. 06 07955 VENDING 0 0 194. 06 07955 WELLESS CENTER 0 6, 416 194. 06 07957 PERINATAL CLINIC 0 0 194. 08 07958 PERINATAL CLINIC 0 0 194. 08 07959 FERINATAL CLINIC 0 0 194. 08 07959 ADVERTISING 0 0 194. 10 07960 INTEGRA LTAC 0 0 194. 10 07960 INTEGRA LTAC 0 0 194. 110 07960 INTEGRA LTAC 0 0 194. 12 07962 POB MEDI CAL PAVILLION CONDOS 0 0 194. 130 07963 EXECUTIVE PHYSICIAL -425.82 0 0 194. 130 07966 INCARDINAL HEALTH VENTURES 0 0 0 194. 130 07966 KEV CARDINAL HEALTH VENTURES 0 0 0 194. 120 07971 ST MARY'S SCHOOL -425.82 0 0 <th>Health Financial Systems</th> <th>BALL MEMORIA</th> <th>AL HOSPITAL</th> <th></th> <th>In Lieu</th> <th>u of Form CMS-25</th> <th>552-1</th>	Health Financial Systems	BALL MEMORIA	AL HOSPITAL		In Lieu	u of Form CMS-25	552-1
Cost Center Description Adjustments (See A-B) Net Expenses (See A-B) 194. 01 07951 BSU PHARMACY -174, 376 24, 576 194. 02 07952 PAVI LLI ON PHARMACY 0 6, 732, 914 194. 03 07953 VENDI NC 0 0 0 194. 04 07954 CARELI NE 0 0 0 194. 05 07955 VELLINESS CENTER 0 6, 416 194. 06 07956 MELLINESS CENTER 0 6, 420, 899 194. 06 07956 PREINATAL CLI NI C 0 0 194. 00 07957 PREINATAL CLI NI C 0 0 194. 00 07958 ADVERTI SI NO 0 0 194. 10 07960 INTEGRA LTAC 0 0 194. 10 07961 IU HEALT HOSPICE 0 6,697 194. 12 07962 POB MEDI CAL PAVI LLI ON CONDOS 0 0 194. 16 07966 JAY COUNTY HOSPI TAL -425,829 1,054,973 194. 16 07966 MARKETI NC/PUBLI C RELATI ONS 0 0 194. 18 07966 CARDI NAL HEALTH VENTURES	RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE	OF EXPENSES	Provider CC	CN: 15-0089	From 01/01/2019	Date/Time Prepa	
(See A-8) For Allocation 194. 01 07951 BSU PHARMACY -174, 376 24, 576 194. 02 07953 VENDI NG 0 6, 732, 914 194. 04 07954 CARELINE 0 0 194. 04 07954 CARELINE 0 0 194. 04 07954 CARELINE 0 0 194. 05 07955 WELLINESS CENTER 0 6, 416 194. 06 07956 PHYSICIAN PRACTICE CLINICS 0 0 194. 06 07957 PENIATAL CLINIC 0 0 194. 06 07959 AUXENTISING 0 0 194. 10 0760 INTEGRA LTAC 0 0 194. 10 0766 RECUTIVE PHYSICAL 0 0 194. 10 <	Cost Center Description	Adjustments	Net Exnenses			672972020 8:00	am
International and the second	oust conter bescription						
194. 02 0752 PAVI LLI ON PHARMACY 0 6, 732, 914 194. 03 07953 VENDI NG 0 0 194. 04 07954 CARELINE 0 0 194. 05 07955 WELLNESS CENTER 0 6, 416 194. 06 07957 PERI NATAL CLINIC 0 0 194. 07 07957 PERI NATAL CLINIC 0 0 194. 09 07958 RENTAL PROPERTY 0 682, 089 194. 10 07960 INTEGRA LTAC 0 0 194. 10 07960 INTEGRA LTAC 0 0 194. 12 07962 POB MEDI CAL PAVI LLI ON CONDOS 0 0 194. 12 07964 POF2 PHYSICAL 0 0 194. 13 07964 EXECUTI VE PHYSI CAL 0 0 0 194. 14 07964 MEXCUTI VE PHYSI CAL -425, 829 1, 054, 973 194. 16 07966 JAY COUNTY HOSPI TAL -425, 829 1, 054, 973 194. 10 07977 STARTY S SCHOOL 0 0 0							
194. 02 07952 PAVI LLI ON PHARMACY 0 6, 732, 914 194. 03 07953 VENDI NG 0 0 194. 04 07954 CARELI NE 0 0 194. 05 07955 WELLNESS CENTER 0 6, 416 194. 06 07956 PROFINATAL CLI NI C 0 0 194. 07 07957 PERI NATAL CLI NI C 0 0 194. 09 07958 RENTAL PROPERTY 0 682, 089 194. 10 07950 INTEGRA LTAC 0 0 194. 10 07950 INTEGRA LTAC 0 0 194. 11 007960 INTEGRA LTAC 0 0 194. 12 07962 POB MEDI CAL PAVI LLI ON CONDOS 0 0 194. 13 07963 EXECUTI VE PHYSI CAL 0 0 194. 14 07964 NEW CASTLE ONCOLOGY 0 0 194. 15 07966 MARCETI NG/PUBLI C RELATI ONS 0 0 194. 16 07966 GAV COUNTY HOSPI TAL -425, 829 1, 054, 973 194. 16 07966 HACLT CARE CONNECTI ONS 0 0 194. 20 07971 ST MARY YS SCHOOL 0 0 194. 200	194.01 07951 BSU PHARMACY	-174, 376	24, 576			1	94.0
194.03 07953 VENDING 0 194.04 07954 CARELINE 0 0 194.05 07955 WELLNESS CENTER 0 6,416 194.05 07955 WELLNESS CENTER 0 0 194.05 07955 PERINATAL CLINIC 0 0 194.05 07955 PERINATAL CLINIC 0 0 194.05 07956 PERINATAL CLINIC 0 0 194.05 07956 PERINATAL CLINIC 0 0 194.05 07956 PERINATAL CLINIC 0 0 194.10 07960 INTEGRA LTAC 0 0 194.10 07960 INTEGRA LTAC 0 0 194.12 07862 POB MEDICAL PAVILLION CONDOS 0 0 194.15 07965 MARKETI NG/PUBLIC RELATIONS 0 0 194.16 07965 MARKETI NG/PUBLIC RELATIONS 0 0 194.170 07976 KARETI NAL HEALTH VENTURES 0 0 194.120 07970 KALSO NA HEALTH VENTURES 0	194.0207952 PAVILLION PHARMACY					1	94. 0
194.06 07955 WELNESS CENTER 0 6,416 194.06 07956 PERINATAL CLINICS 0 0 194.07 07957 PERINATAL CLINIC 0 0 194.08 07958 RENTAL ROPERTY 0 682,089 194.10 07950 ADVERTISING 0 0 194.11 07961 INTEGRA LTAC 0 0 194.12 07963 EXECUTIVE PHYSICAL 0 0 194.13 07963 EXECUTIVE PHYSICAL 0 0 194.14 07964 NEW CASTLE 0 0 194.13 07965 MARETINO/PUBLIC RELATIONS 0 0 194.15 07965 MARETINO/PUBLIC RELATIONS 0 0 194.16 07966 AVY COUNTY HOSPITAL -425,829 1,054,973 194.16 07966 HEALTH CARE CONNECTIONS 0 0 194.19 07969 HEALTH CARE CONNECTIONS 0 0 194.20 07971 ST MARY'S SCHOOL 0 0 194.210 07971 ST MA	194. 03 07953 VENDI NG	C	0			1	94.0
194. 60 0755 PHYSI CI AN PRACTI CE CLINICS 0 194. 07 07957 PERINATAL CLINIC 0 0 194. 08 07958 RENTAL PROPERTY 0 682,089 194. 10 07961 INTEGRA LTAC 0 0 194. 11 07961 INTEGRA LTAC 0 0 194. 12 07962 POB MEDICAL PAVILLION CONDOS 0 0 194. 13 07964 INE CRAIL PAVILLION CONDOS 0 0 194. 14 07964 NEW CASTLE ONCOLOGY 0 0 194. 15 07965 MARKETI NG/PUBLI C RELATIONS 0 0 194. 16 07966 NECADINAL HEALTH VETURES 0 0 194. 16 07966 NAR CONNECTI ONS 0 0 194. 16 07967 CARDI NAL HEALTH VETURES 0 0 194. 12 07971 ST MARY 'S SCHOOL 0 0 194. 20 07971 MEALS ON WHEELS 0 0 194. 20 07974 MEALS ON WHEELS 0 0 194. 20 07974	194. 04 07954 CARELI NE	C	0			1	94.0
194. 60 0756 PHYSI CI AN PRACTI CE CLINICS 0 194. 00 07958 RENTAL PROPERTY 0 682,089 194. 00 07959 ADVERTI SI NG 0 0 194. 10 07960 INTEGRA LTAC 0 0 194. 10 07961 INTEGRA LTAC 0 0 194. 12 07962 POB MEDI CAL PAVI LLION CONDOS 0 0 194. 13 07964 POB MEDI CAL PAVI LLION CONDOS 0 0 194. 14 07964 NEW CASTLE ONCOLOGY 0 0 194. 15 07965 MARKETI NG/PUBLI C RELATIONS 0 0 194. 15 07966 JAY COUNTY HOSPI TAL -425,829 1,054,973 194. 19 07967 CARDI NAL HEALTH CHOI CE 0 0 194. 19 07968 HEALTH CARE CONNECTIONS 0 0 194. 20 07970 MEALS ON WHEELS 0 0 194. 20 07971 ST MARY'S SCHOOL 0 0 194. 20 07973 CANCER CENTER BOUTI OUE 0 0 194. 20<	194.0507955 WELLNESS CENTER	0	6, 416			1	94.0
194.02 07957 PERI NATAL CLINIC 0 0 194.09 07958 RENTAL PROPERTY 0 682,089 194.09 07959 ADVERTISING 0 0 194.10 07960 INTEGRA LTAC 0 0 194.11 07961 IU HEALTH HOSPICE 0 6,697 194.12 07962 POB MEDICAL PAVILLION CONDOS 0 0 194.13 07963 EXECUTI VE PHYSICAL 0 0 194.14 07964 NEW CASTLE ONCOLOGY 0 0 194.15 07965 MARETI NG/PUBLIC RELATIONS 0 0 194.16 07966 MAY COUNTY HOSPITAL -425,829 1,054,973 194.19 07969 KALT CARE CONNECTIONS 0 0 194.19 07969 HALTH CARE CONNECTIONS 0 0 194.20 07971 MALEXEN CONTECT CONS 0 0 194.21 07973 MALEXEND 0 0 194.22 07971 THEARPIES TO OTHER ENTITIES -1,417,554 0 194.22 <t< td=""><td></td><td>C</td><td>0</td><td></td><td></td><td></td><td>94.0</td></t<>		C	0				94.0
194.08 07958 RENTAL PROPERTY 0 662,089 194.09 07959 AUVERTISING 0 0 194.10 07960 INTEGRA LTAC 0 0 194.11 07961 IU HEALTH HOSPICE 0 6,697 194.12 07962 POB MEDICAL PAVILLION CONDOS 0 0 194.13 07964 NEW CASTLE ONCOLOGY 0 0 194.14 07964 NEW CASTLE ONCOLOGY 0 0 194.15 07965 JAV COUNTY HOSPITAL -425,829 1,054,973 194.15 07967 CARDI NAL HEALTH CHOICE 0 0 194.18 07968 CHV CARDI NAL HEALTH CHOICE 0 0 194.19 07969 RALT CARE CONNECTIONS 0 0 194.20 07970 MEALS ON WHEELS 0 0 194.21 07971 ST MARY SS CHOOL 0 0 194.22 07974 BOSC BALL OUTPATIENTIS SGREY 0 0 194.22 07976 BOSC BALL OUTPATIENT SURGERY 0 0 194.25		C	0				94.0
194. 09 07959 ADVERTI SI NG 0 194. 10 07960 INTEGRA LTAC 0 0 194. 11 07961 IU HEALTH HOSPI CE 0 6, 697 194. 12 07963 EXECUTI VE PHYSI CAL 0 0 194. 13 07964 NEW CASTLE ONCOLOGY 0 0 194. 14 07964 NEW CASTLE ONCOLOGY 0 0 194. 15 07965 MARKETI NG/PUBLI C RELATI ONS 0 0 194. 16 07966 JAY COUNTY HOSPI TAL -425, 829 1, 054, 973 194. 17 07967 CARDI NAL HEALTH CHOI CE 0 0 194. 18 07968 HAU CARDI NAL HEALTH VENTURES 0 0 194. 19 07969 HEALTH CARE CONNECTI ONS 0 0 194. 20 07977 MARLS ON WHEELS 0 0 0 194. 21 07971 ST MARY'S SCHOOL 0 0 0 194. 22 07972 THERAPI ES TO OTHER ENTI TI ES -1, 417, 554 0 0 194. 22 07976 BACKFORD COMMUNI TY HOSPI TAL <td></td> <td>0</td> <td>682,089</td> <td></td> <td></td> <td>1</td> <td>94.0</td>		0	682,089			1	94.0
194.10 07960 INTEGRA LTAC 0 0 194.11 07964 IV HEALTH HOSPICE 0 6,697 194.12 07964 POB MEDICAL PAVILLION CONDOS 0 0 194.13 07963 EXECUTIVE PHYSICAL 0 0 194.14 07964 NEW CASTLE ONCOLOGY 0 0 194.15 07965 MARKTINC/PUBLIC RELATIONS 0 0 194.16 07966 JAY COUNTY HOSPITAL -425,829 1,054,973 194.17 07967 CARDI NAL HEALTH CHOICE 0 0 194.18 07968 CHV CARDI NAL HEALTH VENTURES 0 0 194.19 07969 HEALTH CARE CONNECTIONS 0 0 194.20 07970 MEALS ON WHEELS 0 0 194.21 07971 ST MARY'S SCHOOL 0 0 194.22 07971 THARY'S SCHOOL 0 0 194.22 07973 CANCER CENTER BOUTIOUE 0 115,052 194.24 07974 BOSC BALL OUTPATI ENT SURGERY 0 0 1							94.0
194. 11 07961 IU HEALTH HOSPICE 0 6,697 194. 12 07962 POB MEDICAL PAVILLION CONDOS 0 194. 13 07963 EXECUTI VE PHYSI CAL 0 194. 14 07964 New CASTLE ONCOLOGY 0 194. 15 07965 MARKETI NG/PUBLI C RELATI ONS 0 0 194. 16 07966 JAY COUNTY HOSPI TAL -425,829 1,054,973 194. 19 07967 CARDI NAL HEALTH CHOI CE 0 0 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 0 0 194. 20 07970 MEALS ON WHEELS 0 0 194. 20 07971 ST MARY'S SCHOOL 0 0 194. 21 07971 ST MARY'S SCHOUL 0 0 194. 22 07972 THERAPI ES TO OTHER ENTI TI ES -1, 417, 554 0 194. 22 07973 CANCER CENTER BOUTI QUE 0 115, 052 194. 24 07974 BOSC BALL OUTPATI ENT SURGERY 0 0 194. 25 07977 MIDWEST HEALTH STRATEGI ES 0 0			0				94.1
194. 12 07962 POB MEDI CAL PAVI LLI ON CONDOS 0 194. 13 07963 EXECUTI VE PHYSI CAL 0 0 194. 14 07964 NEW CASTLE ONCOLOGY 0 0 194. 15 07965 MARKETI NG/PUBLI C RELATI ONS 0 0 194. 16 07966 JAY COUNTY HOSPI TAL -425, 829 1, 054, 973 194. 17 07967 CARDI NAL HEALTH CHOI CE 0 0 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 0 0 194. 19 07969 HEALTH CARE CONNECTI ONS 0 0 194. 20 07970 MEALS ON WHEELS 0 0 194. 21 07971 ST MARY'S SCHOOL 0 0 194. 22 07973 CANCER CENTER BOUTI QUE 115, 052 194. 24 07974 BOSC BALL OUTPATI ENT SURGERY 0 0 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH -9, 943 1, 065, 881 194. 26 07977 MIDWEST HEALTH STRATEGI ES 0 0 194. 28 07978 CARDI NAL BEHAVI ONG GRP 0			6.697				94.1
194. 13 07963 EXECUTI VE PHYSI CAL 0 194. 14 07964 NEW CASTLE ONCOLOGY 0 194. 15 07965 MARKETI NG/PUBLI C RELATI ONS 0 194. 16 07966 JAY COUNTY HOSPI TAL -425, 829 1, 054, 973 194. 17 07967 CARDI NAL HEALTH CHOI CE 0 0 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 0 0 194. 19 07970 MEALS ON WHEELS 0 0 194. 20 07971 ST MARY'S SCHOOL 0 0 194. 22 07973 CANCER CENTER BOUTI QUE 0 115, 052 194. 23 07974 HERAPI ES TO OTHER ENTI TI ES -1, 417, 554 0 194. 24 07974 BOSC BALL OUTPATI ENT SURGERY 0 0 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 0 656 194. 24 07974 MOKE SCHORD COMUNI TY HOSPI TAL -9, 943 1, 065, 881 194. 24 07977 KARPI SCHORD COMUNI TY HOSPI TAL -9, 943 1, 065, 881 194. 29 07977 MDWEST HEALTH STRATEGI ES<			0				94.1
194. 14 07964 NEW CASTLE ONCOLOGY 0 194. 15 07965 MARKETI NG/PUBLI C RELATI ONS 0 194. 16 07966 JAY COUNTY HOSPI TAL -425, 829 194. 17 07967 CARDI NAL HEALTH CHOI CE 0 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 0 194. 19 07967 CARDI NAL HEALTH CHOI CE 0 194. 19 07967 MEALS ON WHEELS 0 0 194. 20 07970 MEALS ON WHEELS 0 0 194. 21 07971 ST MARY'S SCHOOL 0 0 194. 22 07972 THERAPI ES TO OTHER ENTI TI ES -1, 417, 554 0 194. 23 07973 CANCER CENTER BOUTI QUE 0 115, 052 194. 24 07974 BOSC BALL OUTPATI ENT SUBGERY 0 0 194. 26 07975 CARDI NAL BEHAVI ORAL HEALTH -9, 943 1, 065, 881 194. 27 07977 MID WEST HEALTH STRATEGI ES 0 0 194. 28 07978 CARDI NAL BEALTH ALLI ANCE 0 0 194. 30 079			0				94.1
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS 0 194. 16 07966 JAY COUNTY HOSPI TAL -425, 829 194. 17 07967 CARDI NAL HEALTH CHOI CE 0 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 0 194. 19 07969 HEALTH CARE CONNECTI ONS 0 194. 20 07970 MEALS ON WHEELS 0 194. 21 07971 ST MARY'S SCHOOL 0 194. 22 07972 THERAPI ES TO OTHER ENTITIES -1, 417, 554 0 194. 22 07973 CANCER CENTER BOUTI QUE 0 115, 052 194. 24 07974 BOSC BALL OUTPATI ENT SURGERY 0 0 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 0 656 194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL -9, 943 1, 065, 881 194. 27 07977 MI DWEST HEALTH STRATEGI ES 0 0 194. 28 07979 HOME OFFICE CARDI NAL SELECT RI SK RETENTI ON GRP 0 0 194. 30 07980 CARDI NAL SELECT RI SK RETENTION GRP 0 0 <tr< td=""><td></td><td></td><td>0</td><td></td><td></td><td></td><td>94.1</td></tr<>			0				94.1
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LASSIFI	CATIONS		BALL MEMORIA	Provider CCN:	15-0089	Period: From 01/01/2019	u of Form CMS Worksheet A-	6
						To 12/31/2019	Date/Time Pr 6/29/2020 8:	
	Cost Conton	I ncreases Li ne #	Salamy	Other				
	Cost Center 2.00	3.00	Sal ary 4.00	0ther 5.00				
	- NON-BILLABLE SUPPLIES	L .						
	NTRAL SERVICES & SUPPLY V CAP REL COSTS-BLDG &	14.00 1.00	0	11, 096, 587				1.
FI >		1.00	0	66				2
o cov	/MUNI CATI ONS	5.01	0	144				3
	HER ADMINISTRATIVE AND NERAL	5.06	0	2, 115				4
	ERATION OF PLANT	7.00	0	688				5
00 I&F	R SERVICES-OTHER PRGM	22.00	0	271				6
	STS APPRVD	104 22	0	509				-
00 CAN	NCER CENTER BOUTIQUE	194. 23 0. 00	0	0				8
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00		0.00	0	0				20
00		0.00	0	0				21
00 00		0.00 0.00	0	0				22
00		0.00	0	0				24
00		0.00	0	0				25
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00		0.00	0	0				35
00 00		0.00 0.00	0	0 0				36
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О В -	- BILLABLE SUPPLIES		0	11, 100, 380				
	DI CAL SUPPLI ES CHARGED TO	71.00	0	11, 730, 735				1
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Increases Junce Salary Other 2.00 3.00 4.00 5.00 1.00 IMPLATABLE DEVICES 100 14,196,706 0.00 0.00 0 0 3.00 0.00 0 0 3.00 0.00 0 0 3.00 0.00 0 0 5.00 0.00 0 0 0.00 0.00 0 0 0.00 0.00 0 0 0.00 0.00 0 0 0.00 0 0 14,196,706 0.00 0 0 14,196,706 0.00 0 0 0 14,196,706 0.00 0 0 0 0 16,115,985 0.00 0 0 0 0 0 1.00 DERASCHEP MG 0.00 0 0 0 0.00 0 0 0 0	me Prepared: 020 8:00 am
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C - IMPLANTABLE DEVLOCS 2.00 PATLENT 72.00 0 14, 196.706 2.00 0.00 0 0 0 3.00 0.00 0 0 0 4.00 0.00 0 0 0 4.00 0.00 0 0 0 6.00 0.00 0 0 0 6.00 0.00 0 0 0 0 - BILLABLE DRUGS - 0 14, 196.706 0 - BILLABLE DRUGS - 0 652, 410 0 DRIKS CHARGED TO PATLENTS 73.00 0 36, 115, 985 0 0.00 0 0 0 0 0 0.00 0 0 0 0 10.00 DETARY 16.00 0 0 0 11.00 0 0.00 0 0 0 11.00 0 0.00 0 0 0	
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00 I&R SERVICES-SALARY &	30.0
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G - PHARMACY ADMIN COSTS 00 BSU PHARMACY 194.01 30,790 14,204 00 PAVI LLI ON_PHARMACY 194.02 30,790 14,204 0 61,580 28,408 H - AUTO & BUI LDI NG I NSURANCE 00 NEW CAP REL COSTS-BLDG & 1.00 0 331,472 0 0 331,472 0 0 1,4204 0 0 331,472 0 0 0 1,4204 0 0 0 331,472 0	1.0
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0 - - 61, 580 28, 408 H - AUTO & BUI LDI NG I NSURANCE - - 00 NEW CAP REL COSTS-BLDG & 1.00 0 331, 472 0 - - 0 331, 472 1 - - 0 331, 472 0 - - 0 331, 472 0 - - 0 331, 472 0 - - 0 331, 472 0 - - 0 331, 472 0 - - 0 331, 472 0 - - 0 331, 472 1 - REHAB ADMIN COSTS - - 00 OCCUPATI ONAL THERAPY 67. 00 42, 067 3, 900	1.0
H - AUTO & BUI LDI NG I NSURANCE OO NEW CAP REL COSTS-BLDG & I - O 0 331, 472 I - O 0 331, 472 I - O 0 331, 472	2.0
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0 123, 169 10, 250	
J - LAUNDRY 00 LAUNDRY & LINEN SERVICE 8.00 0 1,377,898	1.0
00 CAUNDRY & LINEN SERVICE 8.00 0 1,377,898	2.0
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BALL MEMORIAL HOSPITAL Provider CCN: 15-0089 Period:

In Lieu of Form CMS-2552-10 Worksheet A-6

RECLASS	SI FI CATI ONS			Provider C	CN: 15-0089	Period: From 01/01/2019	Worksheet A-6
						To 12/31/2019	Date/Time Prepared:
		Increases					6/29/2020 8:00 am
	Cost Center	Line #	Salary	Other			
44.00	2.00	3.00	4.00	5.00			11.00
11. 00 12. 00		0.00 0.00	0	0 0			11.00
12.00		0.00	0	0			13. 00
14.00		0.00	0	0			14.00
15.00		0.00	О	0			15.00
16.00		0.00	0	0			16.00
17.00 18.00		0.00 0.00	0 0	0			17.00
19.00		0.00	0	0			19.00
20.00		0.00	О	0			20.00
21.00		0.00	0	0			21.00
22. 00 23. 00		0.00 0.00	0	0			22.00 23.00
23.00		0.00	0	0			23.00
25.00		0.00	0	0			25.00
26.00		0.00	0	0			26.00
27.00 28.00		0.00	0	0			27.00
28.00 29.00		0.00 0.00	0	0			28.00 29.00
27100	<u> </u>			1, 377, 898			2,100
4 66	P - LEGAL FEES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4, 083			1.00
2.00	GENERAL	0.00	o	0			2.00
	0			4, 083			
1 00	Q - NURSERY	40.00	400 500	00.0(7			1.00
1.00 2.00	NURSERY	43.00 0.00	438, 529 0	39, 067 0			1.00
2.00	<u> </u>		438, 529	39, 067			2.00
	S - EMPLOYEE BENEFITS						
1.00 2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00 0.00	0	20, 793, 821 0			1.00
3.00		0.00	0	0			3.00
4.00		0.00	О	0			4.00
5.00		0.00	0	0			5.00
6.00 7.00		0.00 0.00	0	0			6. 00 7. 00
8.00		0.00	0	0			8.00
9.00		0.00	0	0			9.00
10.00		0.00	0	0			10.00
11. 00 12. 00		0.00 0.00	0 0	0			11.00
13.00		0.00	0	0			13.00
14.00		0.00	О	0			14.00
15.00		0.00	0	0			15.00
16. 00 17. 00		0.00 0.00	0 0	0 0			16.00 17.00
18.00		0.00	0	0			18.00
19.00		0.00	0 0	0			19.00
20.00		0.00	0	0			20.00
21. 00 22. 00		0.00 0.00	0	0 0			21.00 22.00
23.00		0.00	0	0			23.00
24.00		0.00	0	0			24.00
25.00		0.00	0	0			25.00
26.00 27.00		0.00 0.00	0 0	0 0			26.00 27.00
28.00		0.00	Ő	0			28.00
29.00		0.00	0	0			29.00
30.00		0.00	0	0			30.00
31. 00 32. 00		0.00 0.00	0 0	0 0			31.00 32.00
33.00		0.00	0	0			33.00
34.00		0.00	0	0			34.00
35.00		0.00	0 0	0 0			35.00
36.00 37.00		0.00 0.00	0	0			36.00 37.00
38.00		0.00	0	0			38.00
39.00		0.00	0	0			39.00
40.00		0.00	0	0			40.00
41.00 42.00		0.00 0.00	0	0			41.00
43.00		0.00	0	0			43.00
44.00		0.00	0	0			44.00

GENERAL 0 </th <th>52-10</th>	52-10
Increases Other Cost Center Line # Sal ary Other 0 2.00 3.00 4.00 20,193,921 1 1 0 Creater Televinol 0 20,193,921 1 1 0 Creater Administrative And Creater Administrative And 0 0 0 42,334 1 2 0 0 0.00 0 0 1 1 1 0 0 0.00 0 0 0 1 1 1 0 0.00 0 0 0 0 1 1 1 0 0.00 0 0 0 0 1 1 1 0 0.00 0 0 0 1	red:
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U -	12.00 13.00
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	34.00 35.00
	36.00 37.00
38.00 0.00 0 38	38.00
40.00 0 0 40	39.00 40.00
41.00 <u>0 0.00 0 0 18,127,333</u> 4'	41.00
V - LEASE EXPENSE	4 65
FIXT	1.00
	2.00 3.00
4.00 0.00 0 0	4.00
	5.00 6.00
7.00 0.00 0 0	7.00 8.00
	5.00

Health Financial Systems RECLASSIFICATIONS

BALL MEMORIAL HOSPITAL

Provider CCN: 15-0089

In Lieu of Form CMS-2552-10 Period: Worksheet A-6 From 01/01/2019 To 12/31/2019 Date/Time Prepared

2017		
2019	Date/Time	Prepared

					То	Date/Time Prepa 6/29/2020 8:00	
		Increases		0.11			
	Cost Center 2.00	Li ne # 3.00	Salary 4.00	0ther 5.00			
	W - PTO USED AS STD						
1.00	COMMUNI CATI ONS	5.01	0	2, 648			1.00
2.00 3.00	ADMI TTI NG OTHER ADMI NI STRATI VE AND	5.04 5.06	0	3, 898 7, 439			2.00 3.00
3.00	GENERAL	5.00	0	7,439			3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	7, 528			4.00
5.00	OPERATION OF PLANT	7.00	0	2, 295			5.00
6.00 7.00	HOUSEKEEPI NG DI ETARY	9.00 10.00	0	28, 468 7, 846			6.00 7.00
8.00	NURSING ADMINISTRATION	13.00	0	28, 596			8.00
9.00	PHARMACY	15.00	0	31, 546			9.00
10.00	PATIENT TRANSPORTATION	18.00	0	185			10.00
11. 00 12. 00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30.00 31.00	0	104, 977 63, 968			11. 00 12. 00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	4, 676			13.00
14.00	SUBPROVI DER – I RF	41.00	0	4, 932		1	14.00
15.00	OPERATING ROOM	50.00	0	30, 585			15.00
16. 00 17. 00	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	51.00 52.00	0	6, 752 30, 124			16. 00 17. 00
18.00	RADI OLOGY-DI AGNOSTI C	54.00	0	60, 359			18.00
19.00	CT SCAN	57.00	0	918			19.00
20.00	CARDI AC CATHETERI ZATI ON	59.00	0	43			20.00
21. 00 22. 00	RESPI RATORY THERAPY SLEEP LAB	65.00 65.01	0	19, 945 3, 020			21. 00 22. 00
22.00	PHYSI CAL THERAPY	66.00	0	41, 331			23.00
24.00	OCCUPATI ONAL THERAPY	67.00	0	9, 276			24.00
25.00	ELECTROCARDI OLOGY	69.00	0	8, 193			25.00
26.00 27.00	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY	76. 97 76. 98	0	7, 351 98			26.00 27.00
27.00	PAIN CLINIC	90.02	0	98 296			27.00
29.00	ONCOLOGY CLINIC	90.03	0	6, 867			29.00
30.00	EMERGENCY	91.00	0	5, 260			30.00
31.00	THERAPIES TO OTHER ENTITIES	<u>194.</u> 22	— — — <u>o</u>	<u>8, 340</u> 537, 760		ć	31.00
	X - WASTE DI SPOSAL		0	537,700			
1.00	OPERATION OF PLANT	7.00	0	306, 821		 	1.00
2.00		0.00	0	0			2.00
3.00 4.00		0.00 0.00	0	0			3.00 4.00
5.00		0.00	0	0			5.00
6.00		0.00	0	0			6.00
7.00		0.00	0	0			7.00
8.00 9.00		0.00 0.00	0	0 0			8.00 9.00
10.00		0.00	0	0		1	10.00
11.00		0.00	0	0			11.00
12.00		0.00	0	0		1	12.00
	U Y - UTILITIES		0	306, 821			
1.00	OPERATION OF PLANT	7.00	0	559, 125			1.00
2.00		0.00	0	0			2.00
3.00 4.00		0.00 0.00	0	0			3.00
4.00 5.00		0.00	0	0			4.00 5.00
6.00		0.00	0	0			6.00
7.00		0.00	0	0			7.00
8.00			0				8.00
	U Z – BLACKFORD		0	559, 125			
1.00	BLACKFORD COMMUNITY HOSPITAL	194.26	635, 235	430, 900			1.00
2.00		0.00	0	0			2.00
3.00 4.00		0.00 0.00	0	0			3.00 4.00
4.00 5.00		0.00	0	0			4.00 5.00
6.00		0.00	0	0			6.00
7.00		0.00	0	0			7.00
8.00 9.00		0.00 0.00	0	0			8.00 9.00
9.00 10.00		0.00	0	0		1	9.00 10.00
11.00		0.00	0	0		1	11.00
12.00		0.00	0	0			12.00
13.00	0	0.00	635, 235	430, 900			13.00
	•	I		,		I	

	Financial Systems		BALL MEMORIAL				u of Form CMS-2552-	-10
RECLAS	SI FI CATI ONS			Provider C	CN: 15-0089	Peri od:	Worksheet A-6	
						From 01/01/2019 To 12/31/2019	Date/Time Prepared 6/29/2020 8:00 am	
		Increases						
	Cost Center	Line #	Sal ary	0ther				
	2.00	3.00	4.00	5.00				
	AA – INTEREST EXPENSE							
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	159			1.	00
	<u>FIX</u> T							
	0		0	159				
	AB - PARAMEDICAL EDUCATION							
1.00	PARAMED ED PRGM	23.00	92,663	7,089			1.	00
	0		92, 663	7, 089				
	AC – PROPERTY TAX							
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	362, 181			1.	00
	<u>FIX</u> T							
	0		0	362, 181				
	AD - JAY HOSPITAL							
1.00	JAY COUNTY HOSPITAL	194.16	713, 757	502, 249				00
2.00		0.00	0	0				00
3.00		0.00	0	0			3.	00
4.00		0.00	0	0			4.	00
5.00		0.00	0	0			5.	00
6.00		0.00	0	0			6.	00
7.00		0.00	0	0			7.	00
8.00		0.00	0	0			8.	00
9.00		0.00	0	0			9.	00
10.00		0.00	0	0			10.	00
11.00		0.00	0	0			11.	00
	0		713, 757	502, 249				
	AE - MALPRACTICE INSURANCE							
1.00	OTHER ADMINISTRATIVE AND	5.06	0	750			1.	00
	GENERAL							
	TOTALS		0	750				
500.00	Grand Total: Increases		7, 209, 836	119, 717, 416			500.	00

Heal th	Fi nanci al	Systems
RECLAS	SIFICATION	IS

BALL MEMORIAL HOSPITAL

In Lieu of Form CMS-2552-10 Worksheet A-6

Provider CCN: 15-0089

 Period:
 Worksheet A-6

 From 01/01/2019
 Date/Time Prepared:

 To
 12/31/2019

 Addition (2000)
 0.00 am

						6/29/2020 8:	00 am
	Cost Contor	Decreases Li ne #	Salaray	Other	What A 7 Dof		
	Cost Center 6.00	7.00	<u>Sal ary</u> 8.00	9.00	Wkst. A-7 Ref. 10.00		
	A - NON-BILLABLE SUPPLIES		0100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10100		
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2, 559	0		1.00
2.00	ADMI TTI NG	5.04	0	29, 929	14		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0		0		3.00
4.00 5.00	HOUSEKEEPI NG DI ETARY	9.00 10.00	0	126, 548 3, 352	0		4.00
6.00	NURSING ADMINISTRATION	13.00	0	741	0		6.00
7.00	PHARMACY	15.00	0	203, 416	0		7.00
8.00	PATI ENT TRANSPORTATI ON	18.00	0	556	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	2, 210, 517	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	1,023,024	0		10.00
11. 00 12. 00	NEONATAL INTENSIVE CARE UNIT	35.00	0	133, 848	0		11.00
12.00	SUBPROVIDER – IRF OPERATING ROOM	41.00 50.00	0	67, 606 3, 600, 854	0		12.00
14.00	RECOVERY ROOM	51.00	0	197, 536	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	181, 581	0		15.00
16.00	RADI OLOGY-DI AGNOSTI C	54.00	0	963, 929	0		16.00
17.00	CT SCAN	57.00	0	2, 662	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	287, 492	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	405, 691	0		19.00
20.00	SLEEP LAB	65.01	0	63, 458	0		20.00
21.00	PHYSICAL THERAPY	66.00 67.00	0	59, 276	0		21.00
22.00 23.00	OCCUPATI ONAL THERAPY	67.00 68.00	0	4, 155 1, 484	o		22.00 23.00
23.00	ELECTROCARDI OLOGY	69.00	0	24, 696	0		23.00
25.00	HOSPITAL BASED RETAIL	73.01	0	878	0		25.00
20.00	PHARMACIES	70101	0	0,0	0		20100
26.00	RENAL DI ALYSI S	74.00	0	23, 641	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	11, 538	0		27.00
28.00	HYPERBARIC OXYGEN THERAPY	76.98	0	129, 962	0		28.00
29.00	SUBSTANCE ABUSE CLINIC	90.01	0	6, 241	0		29.00
30.00		90.02	0	81, 918	0		30.00
31.00 32.00	ONCOLOGY CLINIC EMERGENCY	90. 03 91. 00	0	141, 190 1, 084, 665	0		31.00
33.00	AMBULANCE SERVICES	91.00	0	1, 084, 005	0		33.00
34.00	GIFT, FLOWER, COFFEE SHOP &	190.00	0	70	0		34.00
	CANTEEN						
35.00	RESEARCH	191.00	0	166	0		35.00
36.00	PAVILLION PHARMACY	194.02	0	296	0		36.00
37.00	WELLNESS CENTER	194.05	0	1, 331	0		37.00
38.00	RENTAL PROPERTY	194.08	0	1, 484	0		38.00
39.00	CARDINAL BEHAVIORAL HEALTH	<u> </u>	0	<u>2</u> 51 11, 100, 380	<u>0</u>		39.00
	B - BILLABLE SUPPLIES	<u> </u>	0	11, 100, 300	1		1
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4	0		1.00
2.00	ADMI TTI NG	5.04	0	5	0		2.00
3.00	OTHER ADMINISTRATIVE AND	5.06	0	168	0		3.00
	GENERAL	10.00		0.110			
4.00	NURSING ADMINISTRATION	13.00	0		0		4.00
5.00 6.00	CENTRAL SERVICES & SUPPLY PHARMACY	14.00 15.00	0	512, 888 2, 301	0		5.00
7.00	ADULTS & PEDIATRICS	30.00	0	38, 492	0		6.00 7.00
8.00	INTENSIVE CARE UNIT	31.00	0	64, 676	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	11, 153	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	704	0		10.00
11.00	OPERATING ROOM	50.00	0	3, 028, 449	0		11.00
12.00	RECOVERY ROOM	51.00	0	8, 504	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	94, 157	0		13.00
			0	3, 451, 804	0		14.00
14.00	RADI OLOGY-DI AGNOSTI C	54.00	0				45 00
15.00	CARDI AC CATHETERI ZATI ON	59.00	0	4, 023, 174	0		15.00
15. 00 16. 00	CARDIAC CATHETERIZATION RESPIRATORY THERAPY	59.00 65.00	0	4, 023, 174 26, 801	0 0		16.00
15. 00 16. 00 17. 00	CARDI AC CATHETERI ZATI ON RESPI RATORY THERAPY PHYSI CAL THERAPY	59.00 65.00 66.00	000000000000000000000000000000000000000	4, 023, 174 26, 801 2, 710	0 0 0		16.00 17.00
15. 00 16. 00 17. 00 18. 00	CARDI AC CATHETERI ZATI ON RESPI RATORY THERAPY PHYSI CAL THERAPY ELECTROCARDI OLOGY	59.00 65.00 66.00 69.00		4, 023, 174 26, 801 2, 710 141, 792	0 0		16.00 17.00 18.00
15. 00 16. 00 17. 00	CARDI AC CATHETERI ZATI ON RESPI RATORY THERAPY PHYSI CAL THERAPY	59.00 65.00 66.00	0 0 0 0 0	4, 023, 174 26, 801 2, 710	0 0 0 0		16.00 17.00
15. 00 16. 00 17. 00 18. 00	CARDI AC CATHETERI ZATI ON RESPI RATORY THERAPY PHYSI CAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L	59.00 65.00 66.00 69.00		4, 023, 174 26, 801 2, 710 141, 792	0 0 0 0		16.00 17.00 18.00
15.00 16.00 17.00 18.00 19.00 20.00 21.00	CARDI AC CATHETERI ZATI ON RESPI RATORY THERAPY PHYSI CAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S HYPERBARI C OXYGEN THERAPY	59.00 65.00 66.00 69.00 73.01 74.00 76.98		4, 023, 174 26, 801 2, 710 141, 792 19	0 0 0 0 0 0		16.00 17.00 18.00 19.00 20.00 21.00
15.00 16.00 17.00 18.00 19.00 20.00 21.00 22.00	CARDI AC CATHETERI ZATI ON RESPI RATORY THERAPY PHYSI CAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLINI C	59.00 65.00 66.00 69.00 73.01 74.00 76.98 90.01		4, 023, 174 26, 801 2, 710 141, 792 19 28 248, 831 9			16.00 17.00 18.00 19.00 20.00 21.00 22.00
15.00 16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00	CARDI AC CATHETERI ZATI ON RESPI RATORY THERAPY PHYSI CAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLINI C PAI N CLINI C	59.00 65.00 66.00 69.00 73.01 74.00 76.98 90.01 90.02		4, 023, 174 26, 801 2, 710 141, 792 19 28 248, 831 9 1, 149			16. 00 17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00
15.00 16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00	CARDI AC CATHETERI ZATI ON RESPI RATORY THERAPY PHYSI CAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLINI C PAI N CLINI C ONCOLOGY CLINI C	59.00 65.00 69.00 73.01 74.00 76.98 90.01 90.02 90.03		4, 023, 174 26, 801 2, 710 141, 792 28 248, 831 9 1, 149 16, 198			16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00
15.00 16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00	CARDI AC CATHETERI ZATI ON RESPI RATORY THERAPY PHYSI CAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLINI C PAI N CLINI C	59.00 65.00 66.00 69.00 73.01 74.00 76.98 90.01 90.02		4, 023, 174 26, 801 2, 710 141, 792 19 28 248, 831 9 1, 149			16. 00 17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00

JLAJ.	SI FI CATI ONS			Provider (CCN: 15-0089	Peri od:	Worksheet A-6
						From 01/01/2019 To 12/31/2019	Date/Time Prepare 6/29/2020 8:00 an
		Decreases					5, 2 // 2020 0. 00 all
	Cost Center 6.00	Li ne # 7.00	Sal ary 8.00	0ther 9.00	Wkst. A-7 Ref		
	C - IMPLANTABLE DEVICES	7.00	8.00	9.00	10.00		
00	ADULTS & PEDIATRICS	30.00	0	2, 549		0	1
00	OPERATING ROOM	50.00	0	9, 440, 756		0	2
00 00	RECOVERY ROOM RADI OLOGY-DI AGNOSTI C	51.00 54.00	0	1, 795 719, 441		0	3
00	CARDI AC CATHETERI ZATI ON	59.00	0	4,009,582		0	5
00	PHYSI CAL THERAPY	66.00	О	360		o	6
00		90.02	0	425		0	7
00	EMERGENCY	<u>91.00</u>	0	2 <u>1, 7</u> 98 14, 196, 706			8
	D - BILLABLE DRUGS						
00	PHARMACY	15.00	0	34, 963, 977		0	1
00 00	EMPLOYEE BENEFITS DEPARTMENT	4.00 5.04	0	91, 040 127		0	2
00	OTHER ADMINI STRATI VE AND	5.04	0	199		0	4
	GENERAL						
00	MAINTENANCE & REPAIRS	6.00	0	315		0	5
00 00	NURSING ADMINISTRATION	13.00 22.00	0	35 4		0	6
	COSTS APPRVD					-	
00	ADULTS & PEDIATRICS	30.00	0	195, 777		0	8
00 . 00	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	31.00 35.00	0	76, 776 11, 747		0	9
. 00	SUBPROVIDER - IRF	41.00	0	2, 243		0	10
00	OPERATING ROOM	50.00	0	226, 568		0	12
. 00	RECOVERY ROOM	51.00	0	34, 131		0	13
00	DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC	52.00 54.00	0	15, 778 749, 398		0	14
00	CT SCAN	57.00	0	149, 390		0	16
00	CARDIAC CATHETERIZATION	59.00	0	73, 667	,	0	17
00	RESPI RATORY THERAPY	65.00	0	4, 558		0	18
. 00 . 00	PHYSICAL THERAPY OCCUPATIONAL THERAPY	66.00 67.00	0	26		0	19 20
00	SPEECH PATHOLOGY	68.00	0	37		ol	20
00	ELECTROCARDI OLOGY	69.00	Ö	2, 349		o	22
. 00	RENAL DI ALYSI S	74.00	0	66, 595		0	23
00	HYPERBARIC OXYGEN THERAPY SUBSTANCE ABUSE CLINIC	76. 98 90. 01	0	50, 376		0	24
00	PAIN CLINIC	90.01	0	11 33, 966			25
. 00	ONCOLOGY CLINIC	90.03	Ö	31, 898		0	27
. 00	EMERGENCY	91.00	0	141, 387		o	28
00	RESEARCH	191.00	0	55		0	29
00	CARDINAL BEHAVIORAL HEALTH	<u>194. 25</u>	0	<u>36, 773, 0</u> 59		0	30
	E - INTERN & RESIDENT SALARIES						
00	I &R SERVICES-OTHER PRGM	22.00	3, 915, 954	C		0	1
	COSTS APPRVD	+	3, 915, 954	— — — ā)	-	
	F - CAFETERIA			-			
00	<u>DIETARY</u>	<u>10.00</u>	<u>1, 228, 949</u> 1, 228, 949	1,086,562		0	1
	G - PHARMACY ADMIN COSTS		1, 228, 949	1, 086, 562			
00	HOSPITAL BASED RETAIL	73.01	61, 580	28, 408	3	0	1
	PHARMACI ES						
00				28, 408	<u> </u>	0	2
	H - AUTO & BUILDING INSURANCE		01, 360	20, 408			
00	OTHER ADMI NI STRATI VE AND	5.06	0	331, 472	2 1	2	1
	<u>GENERAL</u>	+	— — — _o		<u> </u>	4	
	I - REHAB ADMIN COSTS		U	331, 472	-		
00	PHYSICAL THERAPY	66.00	123, 169	10, 250		0	1
00		0.00	0	C		0	2
00		0.00	0		<u> </u>	<u>u</u>	3
	U J - LAUNDRY		123, 169	10, 250			
00	ADMI TTI NG	5.04	0	25	5	0	1
00	OTHER ADMI NI STRATI VE AND	5.06	0	303		o	2
	GENERAL HOUSEKEEPI NG	9.00	o	207, 939		0	3
າດ	1		0	207, 939 16, 154		o	4
	IDI ETARY	10.00					
00 00 00	DI ETARY CENTRAL SERVICES & SUPPLY	10. 00 14. 00	0	335, 882		0	5

Health Financial Systems RECLASSIFICATIONS

BALL MEMORIAL HOSPITAL

	Financial Systems		BALL MEMORIA				u of Form CM	
RECLAS	SI FI CATI ONS			Provider (CCN: 15-0089	Period: From 01/01/2019	Worksheet A	-6
						To 12/31/2019	Date/Time P 6/29/2020 8	
		Decreases					0/29/2020 8	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref			
<u> </u>		7.00	8.00	9.00	10.00	0		8.00
8.00 9.00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30.00 31.00	0	312, 127 63, 071		0		8.00 9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	5, 078		0		10.00
11.00	SUBPROVI DER – I RF	41.00	0	19, 259		0		11.00
12.00	OPERATING ROOM	50.00	0	120, 579		o		12.00
13.00	RECOVERY ROOM	51.00	0	22, 719		0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	19, 341		0		14.00
15. 00 16. 00	RADI OLOGY-DI AGNOSTI C CARDI AC CATHETERI ZATI ON	54.00 59.00	0	68, 976 7, 904		0		15.00 16.00
17.00	RESPIRATORY THERAPY	65.00	0	342		0		17.00
18.00	SLEEP LAB	65.01	0	18, 492		0		18.00
19.00	PHYSI CAL THERAPY	66.00	0	24, 152		o		19.00
20.00	ELECTROCARDI OLOGY	69.00	0	7, 118		0		20.00
21.00	RENAL DI ALYSI S	74.00	0	919		0		21.00
22.00	CARDIAC REHABILITATION	76. 97 76. 98	0	13		0		22.00 23.00
23.00 24.00	HYPERBARIC OXYGEN THERAPY SUBSTANCE ABUSE CLINIC	76. 98 90. 01	0	24, 570 200		o		23.00
25.00	PAIN CLINIC	90.02	0	5, 645		0		25.00
26.00	ONCOLOGY CLINIC	90.03	0	236		0		26.00
27.00	EMERGENCY	91.00	0	84, 604		o		27.00
28.00	WELLNESS CENTER	194.05	0	8, 607		0		28.00
29.00	RENTAL PROPERTY	194.08	•	60		0		29.00
	D P - LEGAL FEES		0	1, 377, 898				_
1.00	P - LEGAL FEES	15.00	0	331		0		1.00
2.00	PHYSI CAL THERAPY	66.00	0	3, 752		0		2.00
	0			4, 083				
	Q - NURSERY					1		
1.00	ADULTS & PEDIATRICS	30.00	422, 630	37, 678		0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	<u>52.00</u>	1 <u>5, 8</u> 99 438, 529	<u>1, 389</u> 39, 067	'	0		2.00
	S - EMPLOYEE BENEFITS	I	430, 327	37,007				_
1.00	COMMUNI CATI ONS	5.01	0	166, 138		0		1.00
2.00	ADMI TTI NG	5.04	0	194, 164		0		2.00
3.00	OTHER ADMI NI STRATI VE AND	5.06	0	685, 418		0		3.00
4.00	GENERAL MAINTENANCE & REPAIRS	6.00	0	740 152		0		4.00
4.00 5.00	OPERATION OF PLANT	7.00	0	760, 153 216, 073		0		4.00 5.00
6.00	HOUSEKEEPING	9.00	0	1, 015, 578		0		6.00
7.00	DI ETARY	10.00	0	684, 740		0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	941, 455		0		8.00
9.00	PHARMACY	15.00	0	875, 361		0		9.00
10.00	PATIENT TRANSPORTATION	18.00	0	103, 328		0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	770, 810		0		11.00
12.00	PARAMED ED PRGM	23.00	0	6, 797		0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	4, 104, 412		0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	1, 184, 187		o		14.00
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	428, 381		0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	294, 247		0		16.00
17.00 18.00	OPERATING ROOM RECOVERY ROOM	50.00 51.00	0	1, 159, 487 232, 731		0		17.00 18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	382, 863		0		19.00
20.00	RADI OLOGY-DI AGNOSTI C	54.00	0	1, 502, 833		0		20.00
21.00	CT SCAN	57.00	0	51, 505		o		21.00
22.00	CARDI AC CATHETERI ZATI ON	59.00	0	293, 697		0		22.00
23.00	RESPI RATORY THERAPY	65.00	0	586, 677		0		23.00
24.00	SLEEP LAB	65.01	0	115, 499		0		24.00
25.00 26.00	PHYSICAL THERAPY OCCUPATIONAL THERAPY	66.00 67.00	0	1, 045, 179 113, 277		0		25.00 26.00
27.00	SPEECH PATHOLOGY	68.00	0	87, 832		0		27.00
28.00	ELECTROCARDI OLOGY	69.00	0	282, 815		0		28.00
29.00	HOSPITAL BASED RETAIL	73.01	0	214, 608		o		29.00
0.5	PHARMACI ES							
30.00	CARDIAC REHABILITATION	76.97	0	191,885		0		30.00
31.00 32.00	HYPERBARIC OXYGEN THERAPY SUBSTANCE ABUSE CLINIC	76. 98 90. 01	0	108, 233 31, 691		0		31.00 32.00
32.00	PAIN CLINIC	90.01	0	84, 680		0		32.00
34.00	ONCOLOGY CLINIC	90.03	0	187, 259		0		34.00
35.00	EMERGENCY	91.00	0	1, 098, 252		0		35.00
36.00	GIFT, FLOWER, COFFEE SHOP &	190.00	0	34, 621		o		36.00
27 00	CANTEEN	101 00		105 050				27.00
37.00 38.00	RESEARCH BSU PHARMACY	191.00 194.01	0	125, 952 28, 055		0		37.00 38.00
50.00		174.01	Ч	20, 000	l	ч 		1 30.00

Heal th	Fi nanci al	Systems
RECLAS	SIFICATION	S

BALL MEMORIAL HOSPITAL

In Lieu of Form CMS-2552-10

Provi der CCN: 15-0089 Pe

 Period:
 Worksheet A-6

 From 01/01/2019
 Date/Time Prepared:

 To
 12/31/2019
 Date/Time Prepared:

						lo 12/31/2019 Date/lime Pr 6/29/2020 8:	
		Decreases					
	Cost Center	Line #	Sal ary	Other	Wkst. A-7 Ref.		
	6. 00	7.00	8.00	9.00	10.00		
39.00	PAVILLION PHARMACY	194.02	0	105, 641	0		39.00
40.00	WELLNESS CENTER	194.05	0	33	0		40.00
41.00	JAY COUNTY HOSPITAL	194.16	0	26, 817	0		41.00
42.00	THERAPIES TO OTHER ENTITIES CANCER CENTER BOUTIQUE	194.22	0	269, 496	0		42.00
43.00 44.00	BLACKFORD COMMUNITY HOSPITAL	194.23 194.26	0	591 370	0		43.00 44.00
44.00	DEACKFORD COMMUNITY HOSPITAL	194.20	— — — 0	20, 793, 821	<u> </u>		44.00
	T - CORPORATE TELEHPONE		V	20, 773, 021			-
1.00	DI ETARY	10.00	0	275	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	757	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	476	0		3.00
4.00	PHARMACY	15.00	0	1, 506	0		4.00
5.00	PATIENT TRANSPORTATION	18.00	0	15, 137	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	15, 845	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	1, 250	0		7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	855	0		8.00
9.00	OPERATING ROOM	50.00	0	2, 989	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	292	0		10.00
11.00 12.00	RADI OLOGY-DI AGNOSTI C PHYSI CAL THERAPY	54.00	0	2, 436 275	0		11.00
12.00	PAIN CLINIC	66.00 90.02	-	275	0		12.00 13.00
13.00		<u> </u>	0	42, 334	<u> </u>		13.00
	U – DEPRECIATION		9	42, 334			
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	800	9		1.00
2.00	ADMI TTI NG	5.04	0	5, 326	0		2.00
3.00	OTHER ADMINISTRATIVE AND	5.06	0	226, 468	0		3.00
	GENERAL						
4.00	MAINTENANCE & REPAIRS	6.00	0	7, 076, 205	0		4.00
5.00	OPERATION OF PLANT	7.00	0	464, 154	0		5.00
6.00	HOUSEKEEPING	9.00	0	5, 732	0		6.00
7.00		10.00	0	76, 591	0		7.00
8.00 9.00	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	13.00 14.00	0	96, 122 64, 022	0		8.00 9.00
9.00 10.00	PHARMACY	14.00	0	157, 408	0		9.00
11.00	PATIENT TRANSPORTATION	18.00	0	9, 656	0		11.00
12.00	I &R SERVICES-OTHER PRGM	22.00	0	387, 579	0		12.00
12.00	COSTS APPRVD	22.00	0	007,077	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	1, 227, 890	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	364, 882	0		14.00
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	95, 629	0		15.00
16.00	SUBPROVI DER – I RF	41.00	0	20, 750	0		16.00
17.00	OPERATING ROOM	50.00	0	2, 282, 992	0		17.00
18.00	RECOVERY ROOM	51.00	0	280, 253	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	111, 231	0		19.00
20.00	RADI OLOGY-DI AGNOSTI C	54.00	0	3, 638, 009	0		20.00
21. 00 22. 00	CARDI AC CATHETERI ZATI ON LABORATORY	59.00 60.00	0	189, 056 16, 632	0		21.00 22.00
	BLOOD STORING, PROCESSING, &	63.00	0	10, 032	-		22.00
23.00	TRANS.	05.00	0	07	0		23.00
24.00	RESPI RATORY THERAPY	65.00	0	174, 454	0		24.00
25.00	SLEEP LAB	65.01	0	38, 648	0	•	25.00
26.00	PHYSICAL THERAPY	66.00	0	23, 334	0		26.00
27.00	OCCUPATI ONAL THERAPY	67.00	0	600	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	2, 408	0		28.00
29.00	ELECTROCARDI OLOGY	69.00	0	327, 415	0		29.00
30.00	RENAL DI ALYSI S	74.00	0	8, 135	0		30.00
31.00	CARDIAC REHABILITATION	76.97	0	7,065	0		31.00
32.00	HYPERBARI C OXYGEN THERAPY	76.98	0	35, 163	0		32.00
33.00	PAIN CLINIC ONCOLOGY CLINIC	90.02 90.03	0	82, 315	0		33.00
34.00 35.00	EMERGENCY	90.03	0	3, 372 427, 689	0		34.00 35.00
36.00	GIFT, FLOWER, COFFEE SHOP &	190.00	0	427,089	0		36.00
50.00	CANTEEN	170.00	0	1, 517	0		30.00
37.00	RESEARCH	191.00	о	160	0		37.00
38.00	WELLNESS CENTER	194.05	0	32, 797	0		38.00
39.00	RENTAL PROPERTY	194.08	0	163, 301	0		39.00
40.00	IU HEALTH HOSPICE	194. 11	0	17	0		40.00
41.00	THERAPIES_TO_OTHER_ENTITIES_	<u> </u>	0	1, 487	<u> </u>	-	41.00
			0	18, 127, 333			-
1.00	V - LEASE EXPENSE I&R SERVICES-OTHER PRGM	22.00	0	2 100	10		1 00
1.00	COSTS APPRVD	22.00	0	3, 182	10		1.00
2.00	RADI OLOGY-DI AGNOSTI C	54.00	0	456, 140	0		2.00
3.00	LABORATORY	60.00	0	5, 609			3.00
		•					

	SSI FI CATI ONS			HOSPI TAL Provi der C		Peri od:	u of Form CMS-2552 Worksheet A-6
						From 01/01/2019 To 12/31/2019	Date/Time Prepare 6/29/2020 8:00 ar
		Decreases			I		0, 2,, 2020 01 00 0.
	Cost Center	Line #	Salary		Wkst. A-7 Ref.		
00	6.00 SLEEP LAB	7.00	8.00	9.00 170,669	10.00	0	4
00	PHYSICAL THERAPY	66.00	0	341, 082		0	5
00	HOSPITAL BASED RETAIL	73.01	0	76, 181		0	6
	PHARMACIES		-	,		-	
00	ONCOLOGY CLINIC	90.03	0	14, 952	(0	7
00	RENTAL PROPERTY	1 <u>94.</u> 08	0	300, 459	(0	8
	0		0	1, 368, 274			
	W - PTO USED AS STD	5.04	0 (10				
)0)0	COMMUNI CATI ONS ADMI TTI NG	5. 01 5. 04	2, 648 3, 898	0 0		0	1
0	OTHER ADMINISTRATIVE AND	5.04	3, 898 7, 439	0		0	3
0	GENERAL	5.00	7,437	0	· · · · · · · · · · · · · · · · · · ·		
00	MAINTENANCE & REPAIRS	6.00	7, 528	0	(o	4
00	OPERATION OF PLANT	7.00	2, 295	0		0	5
0	HOUSEKEEPI NG	9.00	28, 468	0	(0	6
00	DI ETARY	10.00	7, 846	0	(o	7
00	NURSING ADMINISTRATION	13.00	28, 596	0	(0	8
0	PHARMACY	15.00	31, 546	0		0	9
00	PATI ENT TRANSPORTATI ON	18.00	185	0		0	10
00	ADULTS & PEDIATRICS	30.00	104, 977	0		0	11
00	INTENSIVE CARE UNIT	31.00	63, 968	0		0	12
00	NEONATAL INTENSIVE CARE UNIT SUBPROVIDER – IRF	35.00 41.00	4, 676 4, 932	0		0	13
00 00	OPERATING ROOM	41.00 50.00	4, 932 30, 585	0			14
00	RECOVERY ROOM	51.00	6, 752	0		0	16
00	DELIVERY ROOM & LABOR ROOM	52.00	30, 124	0		0	17
00	RADI OLOGY-DI AGNOSTI C	54.00	60, 359	0		0	18
00	CT SCAN	57.00	918	0		0	19
00	CARDIAC CATHETERIZATION	59.00	43	0		0	20
00	RESPI RATORY THERAPY	65.00	19, 945	0		0	21
00	SLEEP LAB	65.01	3, 020	0	(0	22
00	PHYSICAL THERAPY	66.00	41, 331	0	(0	23
00	OCCUPATI ONAL THERAPY	67.00	9, 276	0	(0	24
00	ELECTROCARDI OLOGY	69.00	8, 193	0		0	25
00	CARDI AC REHABI LI TATI ON	76.97	7, 351	0		0	26
00	HYPERBARIC OXYGEN THERAPY	76. 98	98	0		0	27
00		90.02	296	0		0	28
00		90.03	6, 867	0		0	29
00 00	EMERGENCY THERAPIES TO OTHER ENTITIES	91.00 194.22	5, 260 8, 340	0			30
00			537, 760	0			51
	X - WASTE DI SPOSAL	I	337,700	0			
0	NEW CAP REL COSTS-BLDG &	1.00	0	24, 118	14	4	1
	FLXT						
0	MAINTENANCE & REPAIRS	6.00	0	21, 447		0	2
0	HOUSEKEEPI NG	9.00	0	152, 128		0	3
	PHARMACY	15.00	o				
0				17, 050		0	
0	OPERATING ROOM	50.00	0	875	(0	5
0 0	RADI OLOGY-DI AGNOSTI C	50. 00 54. 00	0	875 315	(0	5
0 0 0 0	RADI OLOGY-DI AGNOSTI C SLEEP LAB	50.00 54.00 65.01	0 0 0	875 315 785	(0 0 0	5 6 7
0 0 0	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY	50.00 54.00 65.01 66.00	0 0 0 0	875 315 785 304	()		4 5 6 7 8 9
10 10 10 10	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L	50.00 54.00 65.01	0 0 0	875 315 785	()		5 6 7
0 0 0 0	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L PHARMACI ES	50. 00 54. 00 65. 01 66. 00 73. 01	0 0 0 0	875 315 785 304 1, 961		0 0 0 0	5 6 7 8 9
0 0 0 0 0 0	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L	50.00 54.00 65.01 66.00	0 0 0 0 0	875 315 785 304			5 6 7 8
	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L PHARMACI ES SUBSTANCE ABUSE CLI NI C	50. 00 54. 00 65. 01 66. 00 73. 01 90. 01	0 0 0 0 0	875 315 785 304 1, 961 515			5 6 7 8 9 10
00 00 00 00 00 00 00	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L PHARMACI ES SUBSTANCE ABUSE CLINI C PAI N CLINI C <u>RENTAL PROPERTY</u>	50. 00 54. 00 65. 01 66. 00 73. 01 90. 01 90. 02		875 315 785 304 1, 961 515 6, 709			5 6 7 8 9 10 11
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L PHARMACI ES SUBSTANCE ABUSE CLINI C PAI N CLI NI C RENTAL PROPERTY 0 Y - UTI LI TI ES	50. 00 54. 00 65. 01 66. 00 73. 01 90. 01 90. 02 194. 08		875 315 785 304 1, 961 515 6, 709 8 <u>0, 614</u> 306, 821			5 6 7 8 9 10 11 12
0 0 0 0 0 0 0 00 00	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L PHARMACI ES SUBSTANCE ABUSE CLINI C PAI N CLINI C RENTAL PROPERTY 0 Y - UTI LI TI ES NEW CAP REL COSTS-BLDG &	50. 00 54. 00 65. 01 66. 00 73. 01 90. 01 90. 02		875 315 785 304 1, 961 515 6, 709 8 <u>0, 6</u> 14			5 6 7 8 9 10 11 12
0 0 0 0 0 0 0 0 0 0 0 0 0	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L PHARMACI ES SUBSTANCE ABUSE CLINI C PAI N CLINI C <u>RENTAL PROPERTY</u> O Y - UTILITIES NEW CAP REL COSTS-BLDG & FI XT	50.00 54.00 65.01 66.00 73.01 90.01 90.02 194.08 1.00		875 315 785 304 1, 961 515 6, 709 <u>80, 614</u> 306, 821 103, 579	(((((((((((((((((((5 6 7 8 9 10 11 12 12
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L PHARMACI ES SUBSTANCE ABUSE CLINI C PAIN CLINI C RENTAL PROPERTY 0 Y - UTI LITI ES NEW CAP REL COSTS-BLDG & FI XT MAI NTENANCE & REPAI RS	50.00 54.00 65.01 66.00 73.01 90.01 90.02 194.08 1.00 6.00		875 315 785 304 1, 961 515 6, 709 <u>80, 614</u> 306, 821 103, 579 38, 603	(((((((((((((((((((5 6 7 8 9 10 11 12 12 1 1 2
	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L PHARMACI ES SUBSTANCE ABUSE CLINI C PAIN CLINI C RENTAL PROPERTY	50.00 54.00 65.01 66.00 73.01 90.01 90.02 194.08 1.00 6.00 54.00		875 315 785 304 1, 961 515 6, 709 80, 614 306, 821 103, 579 38, 603 4, 238	(((((((((((((((((((5 6 7 8 9 10 11 12 12 1 1 2 3
	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L PHARMACI ES SUBSTANCE ABUSE CLINI C PAIN CLINI C RENTAL PROPERTY 0 Y - UTI LITIES NEW CAP REL COSTS-BLDG & FI XT MAI NTENANCE & REPAI RS RADI OLOGY-DI AGNOSTI C SLEEP LAB	50.00 54.00 65.01 66.00 73.01 90.01 90.02 194.08 1.00 6.00 54.00 65.01		875 315 785 304 1, 961 515 6, 709 <u>80, 614</u> 306, 821 103, 579 38, 603 4, 238 2, 813	(((((((((((((((((((5 6 7 8 9 10 11 12 12 1 2 3 4
	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L PHARMACI ES SUBSTANCE ABUSE CLINI C PAIN CLINI C RENTAL PROPERTY O Y - UTI LI TI ES NEW CAP REL COSTS-BLDG & FI XT MAI NTENANCE & REPAI RS RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY	50.00 54.00 65.01 66.00 73.01 90.01 90.02 <u>194.08</u> 1.00 6.00 54.00 65.01 66.00		875 315 785 304 1, 961 515 6, 709 <u>80, 614</u> 306, 821 103, 579 38, 603 4, 238 2, 813 343			5 6 7 8 9 10 11 12 1 2 3 4 5
	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L PHARMACI ES SUBSTANCE ABUSE CLINI C PAI N CLINI C RENTAL PROPERTY O Y - UTILITIES NEW CAP REL COSTS-BLDG & FI XT MAI NTENANCE & REPAI RS RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HYPERBARI C OXYGEN THERAPY	50.00 54.00 65.01 66.00 73.01 90.02 194.08 1.00 6.00 54.00 65.01 66.00 76.98		875 315 785 304 1, 961 515 6, 709 80, 614 306, 821 103, 579 38, 603 4, 238 2, 813 343 2, 001			5 6 7 8 9 10 11 12 12 3 3 4 5 6
	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L PHARMACI ES SUBSTANCE ABUSE CLINI C PAIN CLINI C RENTAL PROPERTY O Y - UTI LI TI ES NEW CAP REL COSTS-BLDG & FI XT MAI NTENANCE & REPAI RS RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY	50.00 54.00 65.01 66.00 73.01 90.01 90.02 <u>194.08</u> 1.00 6.00 54.00 65.01 66.00		875 315 785 304 1, 961 515 6, 709 <u>80, 614</u> 306, 821 103, 579 38, 603 4, 238 2, 813 343			5 6 7 8 9 10 11 12 1 2 3 4 5
	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L PHARMACI ES SUBSTANCE ABUSE CLINI C PAI N CLINI C RENTAL PROPERTY 0 Y - UTILITIES NEW CAP REL COSTS-BLDG & FI XT MAI NTENANCE & REPAI RS RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLINI C	50.00 54.00 65.01 66.00 73.01 90.01 90.02 194.08 1.00 6.00 54.00 65.01 66.00 76.98 90.01		875 315 785 304 1, 961 515 6, 709 80, 614 306, 821 103, 579 38, 603 4, 238 2, 813 343 2, 001 22, 000			5 6 7 8 9 10 11 12 12 3 3 4 4 5 6 7
	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L PHARMACI ES SUBSTANCE ABUSE CLINI C PAI N CLINI C RENTAL PROPERTY 0 Y - UTILITIES NEW CAP REL COSTS-BLDG & FI XT MAI NTENANCE & REPAI RS RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLINI C	50.00 54.00 65.01 66.00 73.01 90.01 90.02 194.08 1.00 6.00 54.00 65.01 66.00 76.98 90.01		875 315 785 304 1, 961 515 6, 709 <u>80, 614</u> 306, 821 103, 579 38, 603 4, 238 2, 813 343 2, 001 22, 000 <u>385, 548</u>			5 6 7 8 9 10 11 12 12 3 3 4 4 5 6 7
	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L PHARMACI ES SUBSTANCE ABUSE CLINI C PAIN CLINI C RENTAL PROPERTY 0 Y - UTILITIES NEW CAP REL COSTS-BLDG & FI XT MAINTENANCE & REPAIRS RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLINI C RENTAL PROPERTY 0	50.00 54.00 65.01 66.00 73.01 90.01 90.02 194.08 1.00 6.00 54.00 65.01 66.00 76.98 90.01		875 315 785 304 1, 961 515 6, 709 <u>80, 614</u> 306, 821 103, 579 38, 603 4, 238 2, 813 343 2, 001 22, 000 <u>385, 548</u>			5 6 7 8 9 10 11 12 12 3 3 4 4 5 6 7
	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L PHARMACI ES SUBSTANCE ABUSE CLINI C PAI N CLINI C RENTAL PROPERTY O Y - UTILITIES NEW CAP REL COSTS-BLDG & FI XT MAI NTENANCE & REPAI RS RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLINI C RENTAL PROPERTY O Z - BLACKFORD OTHER ADMI NI STRATI VE AND GENERAL	50.00 54.00 65.01 66.00 73.01 90.01 90.02 194.08 		875 315 785 304 1, 961 515 6, 709 <u>80, 614</u> 306, 821 103, 579 38, 603 4, 238 2, 383 343 2, 001 22, 000 <u>385, 548</u> 559, 125 			5 6 7 8 9 10 11 12 3 3 4 4 5 6 7 8 9 10 11 12 3 3 4 1 1 2 3 3 4 5 6 7 7 8 9 9 10 11 12 12 3 3 4 5 6 6 7 7 8 9 9 9 10 11 12 12 12 12 12 12 12 12 12 12 12 12
	RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HOSPI TAL BASED RETAI L PHARMACI ES SUBSTANCE ABUSE CLINIC PAIN CLINIC RENTAL PROPERTY 0 Y UTILLITIES NEW CAP REL COSTS-BLDG & FIXT MAI NTENANCE & REPAI RS RADI OLOGY-DI AGNOSTI C SLEEP LAB PHYSI CAL THERAPY HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLINIC RENTAL PROPERTY 0 Z BLACKFORD	50.00 54.00 65.01 66.00 73.01 90.01 90.02 194.08 1.00 6.00 54.00 65.01 66.00 76.98 90.01 194.08 90.01		875 315 785 304 1, 961 515 6, 709 80, 614 306, 821 103, 579 38, 603 4, 238 2, 813 343 2, 001 22, 000 385, 548 559, 125			5 6 7 8 9 10 11 12 12 3 4 5 6 7 8

	Financial Systems SIFICATIONS		BALL MEMORIAL		CCN: 15-0089	Period:	u of Form CMS-2552 Worksheet A-6
ALULAS	STITCATIONS				. 15-0089	From 01/01/2019 To 12/31/2019	
		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref	· .	
	6. 00	7.00	8.00	9.00	10.00		
5.00	PHARMACY	15.00	81, 130	28, 438		0	5
6.00	OPERATING ROOM	50.00	5, 653	3, 552		0	6
7.00	RADI OLOGY-DI AGNOSTI C	54.00	28, 291	62, 771		0	7
8.00	CARDIAC CATHETERIZATION	59.00	5, 781	3, 072		0	8
9.00	RESPI RATORY THERAPY	65.00	12, 494	5, 521		0	9
10.00	PHYSICAL THERAPY	66.00	14, 727	3, 561		0	10
11.00	ELECTROCARDI OLOGY	69.00	2,964	5, 558		o	11
12.00	CARDIAC REHABILITATION	76, 97	3, 779	1, 666		0	12
13.00	JAY COUNTY HOSPITAL	194.16	117, 495	16, 721		0	13
			635, 235	430, 900		1	
	AA - INTEREST EXPENSE	<u>I</u> I	000,200	100, 700			
1.00	PHARMACY	15.00	0	159	1	1	1
1.00				<u></u>		-	
	AB - PARAMEDICAL EDUCATION	L L	9	107	I		
1.00	PHARMACY	15.00	92, 663	7, 089		0	1
1.00			92,663	7,089			
	AC – PROPERTY TAX		72,003	7,007			
1.00	OTHER ADMINI STRATI VE AND	5.06	0	362, 181	1	3	1
1.00	GENERAL	5.00	0	302, 101		5	
		\vdash $$ $+$		362, 181		-	
	AD - JAY HOSPITAL		<u> </u>	302, 101			
1.00	OTHER ADMINI STRATI VE AND	5.06	265, 101	166, 132	1	0	1
1.00	GENERAL	5.00	203, 101	100, 152			
2.00	MAINTENANCE & REPAIRS	6.00	22, 841	65,900		0	2
3.00	OPERATION OF PLANT	7.00	28, 659	11, 806		0	3
4.00	NURSING ADMINISTRATION	13.00	146, 179	92, 753		0	4
						0	5
5.00	PHARMACY	15.00	164, 445	57, 643		-	
6.00	OPERATING ROOM	50.00	7, 333	4, 608		0	6
7.00	RADI OLOGY-DI AGNOSTI C	54.00	32, 711	72, 578		0	7
3.00	CARDI AC CATHETERI ZATI ON	59.00	4, 313	2, 292		0	8
9.00	RESPI RATORY THERAPY	65.00	13, 494	5, 963		0	9
10.00	PHYSI CAL THERAPY	66.00	19, 105	4, 619		0	10
11.00	ELECTROCARDIOLOGY	<u>69.</u> 00	<u>9, 5</u> 76	1 <u>7, 9</u> 55	<u> </u>	0	11
	0		713, 757	502, 249			
	AE - MALPRACTICE INSURANCE				1		
1.00	I&R SERVICES-OTHER PRGM	22.00	0	750		0	1
	COSTS_APPRVD	\square $_$ $_$ \bot			<u> </u>		
	TOTALS		0	750			
500.00	Grand Total: Decreases		7, 747, 596	119, 179, 656			500

Heal th	Financial Systems	BALL MEMORIA	L HOSPI TAL			In Lie	u of Form CMS-2	2552-10
RECONC	ILIATION OF CAPITAL COSTS CENTERS		Provider CO	CN: 15-0089	Perio From To	od: 01/01/2019 12/31/2019		pared:
				Acqui si ti on	s			
		Begi nni ng Bal ances	Purchases	Donati on		Total	Disposals and Retirements	
		1.00	2.00	3.00		4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	BALANCES		_				
1.00	Land	2, 924, 410	0		0	0	0	1.00
2.00	Land Improvements	3, 630, 983	0		0	0	0	2.00
3.00	Buildings and Fixtures	268, 244, 435	0		0	0	1, 300, 400	3.00
4.00	Building Improvements	52, 480, 439	16, 441, 358		0	16, 441, 358	10, 485	4.00
5.00	Fixed Equipment	0	0		0	0	0	5.00
6.00	Movable Equipment	153, 081, 150	6, 383, 475		0	6, 383, 475	41, 932, 187	6.00
7.00	HIT designated Assets	0	0		0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	480, 361, 417	22, 824, 833		0	22, 824, 833	43, 243, 072	8.00
9.00	Reconciling Items	0	0		0	0	0	9.00
10.00	Total (line 8 minus line 9)	480, 361, 417	22, 824, 833		0	22, 824, 833	43, 243, 072	10.00
		Endi ng Bal ance	Fully					
			Depreci ated					
			Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET							
1.00	Land	2, 924, 410	0					1.00
2.00	Land Improvements	3, 630, 983	1, 491, 744					2.00
3.00	Buildings and Fixtures	266, 944, 035	83, 957, 694					3.00
4.00	Building Improvements	68, 911, 312	850, 591					4.00
5.00	Fixed Equipment	0 117, 532, 438	0					5.00
6.00			51, 393, 111					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	459, 943, 178	137, 693, 140					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	459, 943, 178	137, 693, 140					10.00

Heal th	Financial Systems	BALL MEMORIAL HOSPITAL			In Lie	In Lieu of Form CMS-2552-10		
RECONO	CILIATION OF CAPITAL COSTS CENTERS		Provider CC		Peri od:	Worksheet A-7		
					From 01/01/2019 To 12/31/2019			
		SUMMARY OF CAPITAL						
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)		
		9.00	10.00	11.00	12.00	13.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2, 161, 884	242, 581	2, 233, 99	9 0	0	1.00	
3.00	Total (sum of lines 1-2)	2, 161, 884	242, 581	2, 233, 99	9 0	0	3.00	
		SUMMARY O	F CAPITAL					
	Cost Center Description	Other	Total (1) (sum					
		Capi tal -Rel ate	of cols. 9					
		d Costs (see	through 14)					
		instructions)						
		14.00	15.00					
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUM	N 2, LINES 1 a	nd 2				
1.00	NEW CAP REL COSTS-BLDG & FIXT	574, 754	5, 213, 218				1.00	
3.00	Total (sum of lines 1-2)	574, 754	5, 213, 218				3.00	

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider C		Period:	Worksheet A-7	
				From 01/01/2019 To 12/31/2019		harod
				10 12/31/2019	6/29/2020 8:00	
	COM	PUTATION OF RAT	TI OS	ALLOCATION OF	OTHER CAPITAL	
		· · · · · ·				
Cost Center Description	Gross Assets	Capi tal i zed	Gross Assets		Insurance	
		Leases	for Ratio	instructions)		
			(col. 1 - col 2)			
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CE		2.00	3.00	4.00	5.00	
1.00 NEW CAP REL COSTS-BLDG & FIXT	459, 943, 179	0	459, 943, 17	9 1.000000	0	1.00
3.00 Total (sum of lines 1-2)	459, 943, 179		459, 943, 17			3.00
		TION OF OTHER C			F CAPITAL	
Cost Center Description	Taxes	Other	Total (sum o	Depreciation	Lease	
		Capi tal -Rel ate				
		d Costs	through 7)			
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CE	1	-				
1.00 NEW CAP REL COSTS-BLDG & FIXT	0	-		0 31, 476, 704		1.00
3.00 Total (sum of lines 1-2)	0	°		0 31, 476, 704	1, 218, 688	3.00
		SL	JMMARY OF CAPI	IAL		
Cost Center Description	Interest	Insurance (see	Taxes (see	Other	Total (2) (sum	
		instructions)	instructions	Capital -Relate	of cols. 9	
				d Costs (see	through 14)	
				instructions)		
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CE	-		1			
1.00 NEW CAP REL COSTS-BLDG & FIXT	-6, 372, 844					1.00
3.00 Total (sum of lines 1-2)	-6, 372, 844	331, 472	362, 18	1 745, 194	27, 761, 395	3.00

ADJUST	MENTS TO EXPENSES			Fr	eriod: com 01/01/2019	Worksheet A-8	
						Date/Time Prep 6/29/2020 8:00	
				Expense Classification on To/From Which the Amount is t			
	Cost Center Description	Basi s/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Line # 4.00	Wkst. A-7 Ref. 5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	В	-8, 607, 002	NEW CAP REL COSTS-BLDG & FLXT	1.00	11	1. (
. 00	Investment income - CAP REL		0	*** Cost Center Deleted ***	2.00	0	2.
. 00	COSTS-MVBLE EQUIP (chapter 2) Investment income - other		0		0.00	0	3.
. 00	(chapter 2) Trade, quantity, and time		0		0.00	0	4.
. 00	discounts (chapter 8) Refunds and rebates of		0		0.00	0	5.
. 00	expenses (chapter 8) Rental of provider space by		0		0.00	0	
	suppliers (chapter 8)		0				
. 00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.
. 00	Television and radio service (chapter 21)		0		0.00	0	
. 00 0. 00	Parking lot (chapter 21) Provider-based physician adjustment	A-8-2	0 -16, 553, 032		0.00	0	9. 10.
1. 00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.
2.00	Related organization transactions (chapter 10)	A-8-1	42, 693, 953		0.00	0	
	Laundry and linen service Cafeteria-employees and guests	В	0 -1, 653, 341	CAFETERI A	0. 00 11. 00	0 0	
5.00	Rental of quarters to employee and others		0		0.00	0	15.
5. 00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.
7.00	Sale of drugs to other than		0		0.00	0	17
8. 00	patients Sale of medical records and		0		0.00	0	18
9. 00	abstracts Nursing and allied health education (tuition, fees,		О		0.00	0	19
0. 00	books, etc.) Vending machines		0		0.00	0	20.
	Income from imposition of interest, finance or penalty		0		0.00	0	
2. 00	charges (chapter 21) Interest expense on Medicare overpayments and borrowings to		0		0.00	0	22
3. 00	repay Medicare overpayments Adjustment for respiratory therapy costs in excess of	A-8-3	о	RESPI RATORY THERAPY	65.00		23.
1. 00	limitation (chapter 14) Adjustment for physical therapy costs in excess of	A-8-3	о	PHYSI CAL THERAPY	66.00		24
5. 00	limitation (chapter 14) Utilization review - physicians' compensation		о	*** Cost Center Deleted ***	114.00		25
5. 00	(chapter 21) Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FLXT	1.00	0	26
7.00	Depreciation - CAP REL			*** Cost Center Deleted ***	2.00	0	27
	COSTS-MVBLE EQUIP Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28
	Physicians' assistant Adjustment for occupational	A-8-3	0	OCCUPATI ONAL THERAPY	0.00 67.00	0	29 30
	therapy costs in excess of		0		07.00		
). 99	limitation (chapter 14) Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30.00		30
1. 00	instructions) Adjustment for speech	A-8-3	0	SPEECH PATHOLOGY	68.00		31.
2 00	pathology costs in excess of limitation (chapter 14) CAH HIT Adjustment for		0		0.00	0	32.
2.00	Depreciation and Interest		0		0.00	0	32

	Financial Systems MENTS TO EXPENSES		DALL MEMORIA	AL HOSPITAL Provider CCN: 15-0089	Period:	u of Form CMS-2 Worksheet A-8	
					From 01/01/2019 To 12/31/2019	Date/Time Pre	pare
	· · · · ·			Expense Classification or	Worksheet A	6/29/2020 8:00	0 am
				To/From Which the Amount is			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	Г	1.00	2.00	3.00	4.00	5.00	
00	MI SCELLANEOUS I NCOME	В	-392, 167	NEW CAP REL COSTS-BLDG &	1.00	10	33
00	MI SCELLANEOUS I NCOME	В	22 500	FIXT EMPLOYEE BENEFITS DEPARTMEN	T 4.00	0	34
00	MI SCELLANEOUS I NCOME	В		COMMUNI CATI ONS	5. 01	0	
00	MI SCELLANEOUS I NCOME	В		OTHER ADMINISTRATIVE AND	5.06	0	
		_	,	GENERAL		-	
00	MI SCELLANEOUS I NCOME	В	-361, 743	MAINTENANCE & REPAIRS	6.00	0	37
00	MI SCELLANEOUS I NCOME	В		OPERATION OF PLANT	7.00	0	38
00	MI SCELLANEOUS I NCOME	В		HOUSEKEEPI NG	9.00	0	
00	MI SCELLANEOUS I NCOME	В	-293, 086		10.00	0	
00	MI SCELLANEOUS I NCOME	В		NURSING ADMINISTRATION	13.00	0	
00	MI SCELLANEOUS I NCOME	B		PHARMACY	15.00	0	
00	MI SCELLANEOUS I NCOME MI SCELLANEOUS I NCOME	B B			18.00	0	43
00	INI JULLANEUUS INUUME	D	-4,000	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	44
00	MI SCELLANEOUS I NCOME	В	-218, 369	OPERATING ROOM	50.00	0	45
01	MI SCELLANEOUS I NCOME	В		RADI OLOGY-DI AGNOSTI C	54.00	0	
02	MI SCELLANEOUS I NCOME	В		CT SCAN	57.00	0	46
04	MI SCELLANEOUS I NCOME	В	-321	RESPI RATORY THERAPY	65.00	0	46
05	MI SCELLANEOUS I NCOME	В		SLEEP LAB	65.01	0	46
06	MI SCELLANEOUS I NCOME	В		PHYSI CAL THERAPY	66.00	0	46
07	MI SCELLANEOUS I NCOME	В		OCCUPATI ONAL THERAPY	67.00	0	
80	MI SCELLANEOUS I NCOME	В		SPEECH PATHOLOGY	68.00	0	
09	MI SCELLANEOUS I NCOME	В			69.00	0	
10	MI SCELLANEOUS I NCOME	В	-654, 512	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	46
11	MI SCELLANEOUS I NCOME	В	-121 731	CARDI AC REHABI LI TATI ON	76.97	0	46
13	MI SCELLANEOUS I NCOME	В		EMERGENCY	91.00	0	
14	MI SCELLANEOUS I NCOME	B		BSU PHARMACY	194.01	0	
18	MI SCELLANEOUS I NCOME	В		JAY COUNTY HOSPITAL	194.16	0	
19	MI SCELLANEOUS I NCOME	В	-1, 417, 554	THERAPIES TO OTHER ENTITIES	194.22	0	46
20	MI SCELLANEOUS I NCOME	В		BLACKFORD COMMUNITY HOSPITA	L 194.26	0	46
21	NON-ALLOWABLE MARKETING	A	-953, 148	OTHER ADMINISTRATIVE AND	5.06	0	46
			100	GENERAL	10.00		
22	NON-ALLOWABLE MARKETING	A		NURSING ADMINISTRATION	13.00	0	
23 24	NON-ALLOWABLE MARKETING NON-ALLOWABLE MARKETING	A A		SUBPROVIDER – IRF PARAMED ED PRGM	41.00 23.00	0	46 46
24 25	NON-ALLOWABLE MARKETING	A		RADI OLOGY-DI AGNOSTI C	23.00 54.00	0	
26	NON-ALLOWABLE MARKETING	A		PHYSICAL THERAPY	66.00	0	
27	NON-ALLOWABLE MARKETING	A		EMERGENCY	91.00	-	
28	CORPORATE TELEPHONE	A		OTHER ADMINISTRATIVE AND	5.06	0	
				GENERAL			
29	EMPLOYEE BENEFITS OFFSET	А		EMPLOYEE BENEFITS DEPARTMEN			
30	HAF FEES	А	-22, 814, 564	OTHER ADMINISTRATIVE AND	5.06	0	46
21			F 0	GENERAL	E AV	~	
31	NON-ALLOWABLE PATIENT REIMBURSEMENT	A	-53	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	46
32	PTO ACCRUAL	А	-582 895	OTHER ADMINISTRATIVE AND	5.06	0	46
52		~	502, 075	GENERAL	5.00	0	1
33	LOSS ON EXTINGUISHMENT OF DEBT	А	298, 071	NEW CAP REL COSTS-BLDG &	1.00	14	46
	CARRY			FLXT			
34	ADDICTION AND PAIN CLINIC	А	-221, 438	SUBSTANCE ABUSE CLINIC	90.01	9	46
_	START UP C						
35	ADDICTION AND PAIN CLINIC	A	38, 324	SUBSTANCE ABUSE CLINIC	90.01	0	46
24	START UP C	^	04 110 E00		T 4 00	~	
. 36 . 00	PENSION EXPENSE TOTAL (sum of lines 1 thru 49)	A	26, 112, 500 -10, 697, 750	EMPLOYEE BENEFITS DEPARTMEN	T 4.00	0	46 50
00	(Transfer to Worksheet A,		-10,097,750				0
	column 6, line 200.)						

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(2) Additional ediustrate results are the read on the and subparients thereaft

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

Heal th	Health Financial Systems BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-1								
STATEME	ENT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HOM	ME Provider CCN: 15-0089	Peri od:	Worksheet A-8	-1			
OFFICE	COSTS			From 01/01/2019 To 12/31/2019		norod.			
				To 12/31/2019	6/29/2020 8:0				
	Line No.	Cost Center	Expense Items	Amount of	Amount				
	Erne no.			Allowable Cost					
					Wks. A, column				
					5				
	1,00	2.00	3.00	4,00	5.00				
	A. COSTS INCURRED AND ADJUSTM			RGANI ZATI ONS OR					
	HOME OFFICE COSTS:								
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	13, 421, 486	2, 233, 999	1.00			
2.00		EMPLOYEE BENEFITS DEPARTMENT		24, 832, 771	0	2.00			
3.00	5.02	DATA PROCESSING	HOME OFFICE	16, 159, 637	0	3.00			
4.00	5.04	ADMI TTI NG	HOME OFFICE	8, 458, 982	0	4.00			
4.01	5.05	CASHI ERI NG/ACCOUNTS RECEI VAB	HOME OFFICE	10, 766, 961	0	4.01			
4.02	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	25, 624, 178	54, 225, 781	4.02			
4.03	13.00	NURSING ADMINISTRATION	HOME OFFICE	0	110, 282	4.03			
4.04	1.00	NEW CAP REL COSTS-BLDG & FIX	RELATED PARTY	236, 648	236, 648	4.04			
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	RELATED PARTY	474, 542	474, 542	4.05			
4.06		OTHER ADMINISTRATIVE AND GEN		894, 566	894, 566	4.06			
4.07			RELATED PARTY	362, 881	362, 881	4.07			
4.08		I&R SERVICES-OTHER PRGM COST	RELATED PARTY	2, 449, 259	2, 449, 259	4.08			
4.09			RELATED PARTY	9,004,974	9,004,974	4.09			
4.10			RELATED PARTY	4, 091	4, 091	4.10			
4.11	35.00	NEONATAL INTENSIVE CARE UNIT	RELATED PARTY	1, 361, 574	1, 361, 574	4.11			
4.12	41.00	SUBPROVIDER - IRF	RELATED PARTY	385, 052	385, 052	4.12			
4.13	50.00	OPERATING ROOM	RELATED PARTY	5, 724, 266	5, 724, 266	4.13			
4.14			RELATED PARTY	2, 204, 230	2, 204, 230	4.14			
4.15	59.00	CARDIAC CATHETERIZATION	RELATED PARTY	52, 451	52, 451	4.15			
4.16			RELATED PARTY	11, 952, 854	11, 952, 854	4.16			
4.17	65.01	SLEEP LAB	RELATED PARTY	170, 894	170, 894	4.17			
4.18	66.00	PHYSI CAL THERAPY	RELATED PARTY	257, 874	257, 874	4.18			
4.19	69.00	ELECTROCARDI OLOGY	RELATED PARTY	7,200	7,200	4.19			
4.20	73.01	HOSPITAL BASED RETAIL PHARMA	RELATED PARTY	76, 181	76, 181	4.20			
4.21	76.98	HYPERBARI C OXYGEN THERAPY	RELATED PARTY	-1, 328	-1, 328	4.21			
4.22	90.01	SUBSTANCE ABUSE CLINIC	RELATED PARTY	236, 941	236, 941	4.22			
4.23	90.02	PAIN CLINIC	RELATED PARTY	305, 213	305, 213	4.23			
4.24	90.03		RELATED PARTY	239, 213	239, 213	4.24			
4.25	91.00	EMERGENCY	RELATED PARTY	2, 173, 123	2, 173, 123	4.25			
4.26	191.00	RESEARCH	RELATED PARTY	6, 584	6, 584	4.26			
4.27	194.08	RENTAL PROPERTY	RELATED PARTY	267, 924		4.27			
5.00	0		0	138, 111, 222		5.00			
* Tho	amounts on Lines 1-4 (and sub	corinto on oppropriato) and d	transformed in datail to Ward						

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

				Related Organization(s) and/	or Home Office	
	Symbol (1)	Name	Percentage of	Name	Percentage of	
			Ownershi p		Ownershi p	1
	1.00	2.00	3.00	4.00	5.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:						

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1 01 110 01			
6.00	В	0.00 I U HEALTH 100.0	6.00
7.00		0.00 0.00	7.00
8.00		0.00 0.00	8.00
9.00		0.00 0.00	9.00
10.00		0.00 0.00	10.00
100.00	G. Other (financial or		100.00
	non-financial) specify:		

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
 B. Corporation, partnership, or other organization has financial interest in provider.

C. Provider has financial interest in corporation, partnership, or other organization.

D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organi zati on.

E. Individual is director, officer, administrator, or key person of provider and related organization.

F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provi der.

Heal th	Financial Syste	ms	BALL MEMORIAL	HOSPI TAL		In Lieu	u of Form CMS-2	2552-10
		SERVICES FROM I	RELATED ORGANIZATIONS AND HOME	Provi der	CCN: 15-0089	Peri od:	Worksheet A-8-	-1
OFFI CE	COSTS					From 01/01/2019 To 12/31/2019	Date/Time Prep	anad.
						To 12/31/2019	6/29/2020 8:00	
	Net	Wkst. A-7 Ref.						
	Adjustments							
	(col. 4 minus							
	col. 5)*							
	6.00	7.00						
			ENTS REQUIRED AS A RESULT OF TR	ANSACTI ONS	WITH RELATED	ORGANIZATIONS OR (CLAIMED	
	HOME OFFICE COS							
1.00	11, 187, 487	9						1.00
2.00	24, 832, 771	0						2.00
3.00	16, 159, 637	0						3.00
4.00	8, 458, 982	0						4.00
4.01	10, 766, 961	0						4.01
4.02	-28, 601, 603	0						4.02
4.03	-110, 282	0						4.03
4.04	0	9						4.04
4.05	0	0						4.05
4.06	0	0						4.06
4.07	0	0						4.07
4.08	0	0						4.08
4.09	0	0						4.09
4.10	0	0						4.10
4.11	0	0						4.11
4.12	0	0						4.12
4.13	0	0						4.13
4.14	0	0						4.14
4.15	0	0						4.15
4.16	0	0						4.16
4.17	0	0						4.17
4.18	0	0						4.18
4.19	0	0						4.19
4.20	0	0						4.20
4.21	0	0						4.21
4.22	0	0						4.22
4.23	0	0						4.23
4.24	0	0						4.24
4.25	0	0						4.25
4.26	0	0						4.26
4.27	0	0						4.27

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

5.00

nas not	been posted to worksheet A,	corumnis i and/or z, the amount arrowable should be thurcated th corumni 4 of this part.	
	Related Organization(s)		
	and/or Home Office		
	Type of Business		
	Type of Business		
	6. 00		
	B. INTERRELATIONSHIP TO RELA	TED ORGANIZATION(S) AND/OR HOME OFFICE:	

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

rerinbui		
6.00	HEALTHCARE	6.00
7.00 8.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
9.00 10.00 <u>100.00</u>		100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.

B. Corporation, partnership, or other organization has financial interest in provider.

C. Provider has financial interest in corporation, partnership, or other organization.

D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.

E. Individual is director, officer, administrator, or key person of provider and related organization.

F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

5.00

42, 693, 953

	Financial Syste		BALL MEMORI	AL HOSPI TAL			eu of Form CMS-	
PROVI DE	ER BASED PHYSIC	I AN ADJUSTMENT		Provider C		Period: From 01/01/2019	Worksheet A-8	3-2
						To 12/31/2019		epared:
							6/29/2020 8:0	<u>, po am</u>
	Wkst. A Line #		Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		I denti fi er	Remuneration	Component	Component		ider Component	
	1.00	0.00	0.00	4.00	- 00	(00	Hours	
1 00	1.00		3.00	4.00	5.00	6.00	7.00	1 00
1.00	5.06	OTHER ADMINISTRATIVE AND	897, 898	505, 771	392, 127	211, 500	5, 974	1.00
2.00	30.00	ADULTS & PEDIATRICS	9,004,974	9, 004, 974	(179,000	0	2.00
3.00		NEONATAL INTENSIVE CARE UNIT	1, 361, 574		(
4.00		SUBPROVIDER - IRF	-1, 632		(
5.00		OPERATING ROOM	5, 244, 566		(
6.00		RADI OLOGY-DI AGNOSTI C	1, 145, 625		1, 145, 625			
7.00		HYPERBARI C OXYGEN THERAPY	-1, 328		1, 143, 020			
8.00		SUBSTANCE ABUSE CLINIC	161, 077		(
9.00		PAIN CLINIC	278, 030		(211, 500		
10.00		EMERGENCY	1, 621, 289		1, 621, 289			
200.00	/1.00		19, 712, 073		3, 159, 041			200.00
200.00	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of	Provi der	Physician Cost	
	intot: A Erno #	I denti fi er		Unadjusted RCE			of Malpractice	
			Li ili c	Limit	Conti nui ng	Share of col.	Insurance	
				2.1.1.1	Education	12	i nour anoo	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND	607, 452	30, 373	(0 0	0	1.00
		GENERAL						
2.00		ADULTS & PEDIATRICS	0	0	(0 0	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	(0 0	0	3.00
4.00	41.00	SUBPROVIDER – IRF	0	0	(0 0	0	4.00
5.00		OPERATING ROOM	0	0	(0 0	0	
6.00		RADI OLOGY-DI AGNOSTI C	1, 288, 257	64, 413	(0 0	0	
7.00		HYPERBARI C OXYGEN THERAPY	0	0	(0 0	0	
8.00		SUBSTANCE ABUSE CLINIC	0	0	(0 0	0	
9.00		PAIN CLINIC	0	0	(0 0	0	
10.00	91.00	EMERGENCY	2, 115, 508		(0 0	0	
200.00			4, 011, 217				0	200.00
	Wkst. A Line #		Provi der	Adjusted RCE	RCE	Adjustment		
		I denti fi er	Component	Limit	Di sal I owance			
			Share of col.					
	1.00	2.00	14 15.00	16.00	17.00	18.00	-	
1.00		OTHER ADMI NI STRATI VE AND	15.00		17.00			1.00
1.00	5.00	GENERAL		007,452	(303,771		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	(9,004,974		2.00
3.00		NEONATAL INTENSIVE CARE UNIT	0		(3.00
4.00		SUBPROVIDER - IRF	0	-	(1	4.00
5.00		OPERATING ROOM	0		(.,	1	5.00
6.00		RADI OLOGY-DI AGNOSTI C	0		(0 3, 244, 300		6.00
7.00		HYPERBARI C OXYGEN THERAPY	1 0	1, 200, 207	(-		7.00
8.00		SUBSTANCE ABUSE CLINIC	n	0	(8.00
9.00		PAIN CLINIC	0	-	(9,00
10.00		EMERGENCY	0		(10.00
200.00			0		(-		200.00
200.00								

OST A	Financial Systems ALLOCATION - GENERAL SERVICE COSTS	BALL MEMORIA	Provi der CC		Period: Trom 01/01/2019	u of Form CMS-: Worksheet B Part I	2002 1
					o 12/31/2019	Date/Time Pre	
			CAPI TAL			6/29/2020 8:0	0 am
			RELATED COSTS				
	Cost Center Description	Net Expenses	NEW BLDG &	EMPLOYEE	COMMUNI CATI ONS	DATA	
		for Cost	FLXT	BENEFITS		PROCESSI NG	
		Allocation (from Wkst A		DEPARTMENT			
		col. 7)					
		0	1.00	4.00	5. 01	5.02	
	GENERAL SERVICE COST CENTERS	07.7/1.005			1		1
. 00	00100 NEW CAP REL COSTS-BLDG & FIXT	27, 761, 395					1.00
. 00 . 01	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS	51, 549, 561 476, 331		51, 617, 685 231, 082			4.00
. 02	00550 DATA PROCESSI NG	16, 159, 637		231,002	, 30, 833	16, 159, 637	
. 04	00570 ADMI TTI NG	9, 470, 464		431, 667	6, 571	0	
. 05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	10, 766, 961		C	0	0	5.05
. 06	00590 OTHER ADMINISTRATIVE AND GENERAL	34, 870, 163		2, 296, 227		0	
. 00	00600 MAINTENANCE & REPAIRS	7, 893, 361		1, 383, 230		0	
. 00 . 00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	6, 472, 701		639, 684	10, 452	0	1
. 00	00900 HOUSEKEEPING	1, 377, 898 3, 124, 472		1, 272, 931		0	
0.00	01000 DI ETARY	1, 875, 774		650, 905		0	
1.00	01100 CAFETERI A	662, 170		573, 773		0	11.00
3.00	01300 NURSING ADMINISTRATION	7,085,079	214, 800	2, 556, 060	28, 291	0	13.00
4.00	01400 CENTRAL SERVICES & SUPPLY	11, 658, 766		C	0	0	
5.00	01500 PHARMACY	5, 337, 742	115, 655	2, 244, 879	23, 868	0	
6.00 8.00	01600 MEDICAL RECORDS & LIBRARY 01080 PATIENT TRANSPORTATION	() 402 E44	11 224	0 249 952	0 240	0	
a. 00 1. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	603, 566 3, 915, 954		268, 853 1, 828, 285		0	
2.00	02200 I & SERVICES-OTHER PRGM COSTS APPRVD	3, 803, 840		102, 465		0	
3.00	02300 PARAMED ED PRGM	196, 083		77, 465		0	
	INPATIENT ROUTINE SERVICE COST CENTERS						
0.00	03000 ADULTS & PEDIATRICS	25, 692, 575		10, 170, 254		1, 750, 199	
1.00	03100 INTENSIVE CARE UNIT	7, 887, 194	431, 054	3, 264, 491	40, 923	496, 066	
2.00 5.00	03200 CORONARY CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT	1, 992, 623	0 74, 691	861, 002	10, 898	0 137, 207	
0.00	04000 SUBPROVIDER - IPF	1, 992, 023	74,091	001, 002	10, 878	137, 207	
1.00	04100 SUBPROVIDER - IRF	2, 102, 668	156, 308	740, 153	9, 490	90, 258	
3.00	04300 NURSERY	477, 596		204, 741		27, 245	
	ANCILLARY SERVICE COST CENTERS				1		
0.00	05000 OPERATING ROOM	7, 229, 879		2, 555, 096		1, 569, 029	
1.00 2.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	1, 592, 281 2, 006, 473		679, 548 847, 476		214, 451 220, 432	
4.00	05400 RADI OLOGY-DI AGNOSTI C	12, 644, 484		3, 991, 634		2, 144, 764	
7.00	05700 CT SCAN	67, 205		58, 425		30, 301	57.00
8.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	C	0	0	
9.00	05900 CARDI AC CATHETERI ZATI ON	2, 305, 967		919, 568	10, 651	866, 203	
	06000 LABORATORY	12,074,074	277, 436	C	16, 756	754, 894	
0. 01 3. 00	06001 BLOOD LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS.	1, 347, 801	0	0	0	0	
5.00	06500 RESPIRATORY THERAPY	3, 553, 862		1, 529, 947	19, 636	71, 374 224, 867	63.00 65.00
5.00	06501 SLEEP LAB	526, 182		213, 797		65, 394	
6.00	06600 PHYSI CAL THERAPY	4, 392, 225		2, 434, 289		181, 617	1
7.00	06700 OCCUPATI ONAL THERAPY	862, 297		342, 171		56, 141	67.00
8.00	06800 SPEECH PATHOLOGY	524, 606	8, 990	229, 764	2, 649	30, 290	
8.01	06801 AUDI OLOGY	0	0	0	0	0	
9.00	06900 ELECTROCARDI OLOGY	1, 503, 951		467, 325	8, 774	488, 974	69.00
1.00 2.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENT	11, 730, 735 14, 196, 706			0	629, 089 1, 063, 329	
3.00	07300 DRUGS CHARGED TO PATIENTS	36, 115, 985		0	0	2, 555, 066	
3.00	07301 HOSPI TAL BASED RETAIL PHARMACIES	7, 554, 126		641, 478	5, 795	60, 463	
4.00	07400 RENAL DI ALYSI S	1, 446, 955		0	0	40, 029	
6. 00	03160 CARDI OPULMONARY	0	0	C	0	0	
6. 97	07697 CARDI AC REHABI LI TATI ON	765, 265		348, 275		45, 889	
6. 98	07698 HYPERBARI C OXYGEN THERAPY	1, 256, 159	6, 489	243, 626	3, 452	138, 289	76.98
0. 00	OUTPATIENT SERVICE COST CENTERS			C		0	90.00
0.00	09000 CEINIC 09001 SUBSTANCE ABUSE CLINIC	252, 884	99, 770	107, 324	-	1, 326	
0.02	09002 PAIN CLINIC	433, 271		179, 685		61, 923	
0.02	09003 ONCOLOGY CLINIC	1, 426, 749		511, 131		292, 421	90.03
1. 00	09100 EMERGENCY	10, 063, 424		3, 331, 544		1, 852, 093	91.00
2.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
2. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	C	0	0	92.01
5.00	OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES	286	46, 750	C	414	14	95.00
J. UU	SPECIAL PURPOSE COST CENTERS	286	40, /30	U	414	14	_ 7 0.00
	11300 I NTEREST EXPENSE						1113. 00
13.00			24, 833, 203			16, 159, 637	

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Pre 6/29/2020 8:0	
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS NEW BLDG & FI XT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATI ONS	DATA PROCESSI NG	
	0	1.00	4.00	5. 01	5.02	
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	778, 571	0	66, 21			190.00
191. 00 19100 RESEARCH	761, 808	29, 238	311, 71			191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0		0 0		194.00
194.01 07951 BSU PHARMACY	24, 576	0	81, 50			194.01
194. 02 07952 PAVI LLI ON PHARMACY	6, 732, 914	39, 714	361, 68			194.02
194. 03 07953 VENDI NG	0	0				194.03
194. 04 07954 CARELINE 194. 05 07955 WELLNESS_CENTER	6, 416	0 79, 319				194.04 194.05
194. 06 07956 PHYSI CLAN PRACTICE CLINICS	0,410	378, 316		0 0		194.05
194. 07/07957 PERINATAL CLINIC	0	378, 310				194.00
194. 08 07958 RENTAL PROPERTY	682,089	1, 444, 200		0 0		194.08
194. 09 07959 ADVERTI SI NG	002,007	1, 444, 200		0 0		194.09
194. 10/07960 NTEGRA LTAC	0	184, 045		0 0		194.10
194. 11 07961 I U HEALTH HOSPI CE	6, 697	47, 547		0 0		194.11
194. 12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0 0		194.12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0		o o	0	194.13
194.1407964 NEW CASTLE ONCOLOGY	0	0		0 0	0	194.14
194. 15 07965 MARKETI NG/PUBLIC RELATIONS	0	34, 773		0 0		194.15
194.1607966 JAY COUNTY HOSPITAL	1, 054, 973	93, 391	448, 12	0 3, 285	0	194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0		0 0		194. 17
194.1807968CHV CARDINAL HEALTH VENTURES	0	0		0 0		194. 18
194.19 07969 HEALTH CARE CONNECTIONS	0	0		0 0		194. 19
194. 20 07970 MEALS ON WHEELS	0	0		0 0		194.20
194. 21 07971 ST MARY'S SCHOOL	0	0		0 0		194.21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0	610, 83			194.22
194. 23 07973 CANCER CENTER BOUTIQUE	115, 052	13, 321	6, 61			194.23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	386, 696		0 0		194.24 194.25
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL	656 1, 065, 881	138, 452 59, 180	300, 73	0		194.25
194. 27 07977 MIDWEST HEALTH STRATEGIES	1,000,001	39, 180	300,73	0 2,700		194.20
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0 0		194.27
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0 0		194.29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0		0 0		194.30
194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS	0	0		0 0		194.31
194. 32 07982 RENAL DI ALYSI S	0	o		0 0		194.32
194. 33 07983 LAB CORP	0	0		0 0	0	194.33
194. 34 07984 H. O. MATERIALS MGMT	0	О		0 0	0	194.34
194. 35 07985 LEASED SPACE	0	О		0 0	0	194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0		0 0		201.00
202.00 TOTAL (sum lines 118 through 201)	390, 318, 039	27, 761, 395	51, 617, 68	5 730, 835	16, 159, 637	202.00

Cost Center Description Addit TTHE Science Mission Science Mission Science Mission Mission		Financial Systems ALLOCATION - GENERAL SERVICE COSTS	BALL MEMORIA	L HOSPITAL Provider CC		eriod: rom 01/01/2019	w of Form CMS- Worksheet B Part I Date/Time Pre	pared:
Contract Start 5.04 5.05 5.05 5.06 4.00 4.00 Databol ENDED CONSTRUCT Start 5.01 Start 5.01 Start 5.01 Start 5.02 Start Start 5.02 Start 5.02 Start Start 5.02 Start Start Start <th></th> <th>Cost Center Description</th> <th>ADMI TTI NG</th> <th>OUNTS</th> <th></th> <th>ADMI NI STRATI VE</th> <th>MAINTENANCE &</th> <th><u>o am</u></th>		Cost Center Description	ADMI TTI NG	OUNTS		ADMI NI STRATI VE	MAINTENANCE &	<u>o am</u>
1.00 DOIDO, INTY CAP, PET, CESTS, AIR DE, AF INT 1.00 5.00 DOIDO, INTY CAP, PET, CESTS, AIR DE, AF INT 4.00 5.01 DOIDO, INTRUCT, ELEMICIT, CESTS, AIR DE, AF INT 5.01 5.01 DOIDO, INTRUMENT, ELEMICIT, CESTS, AIR DE, AF INT 5.01 5.01 DOIDO, INTRUMENT, AIR DERVERMENT, MA GENERAL 0 0.766, 601 37, 646, 614 37, 646, 614 37, 646, 614 37, 646, 614 37, 646, 614 37, 646, 614 37, 646, 614 37, 646, 614 37, 646, 614 37, 646, 614 37, 646, 614 37, 646, 614 38, 665 9, 60 9, 60 9, 60 9, 60 9, 60 16, 77, 78, 644 16, 72, 72, 744 443, 356 66 66 66 66 66 66 9, 60 16, 72, 74, 64 16, 72, 74, 64 16, 72, 74, 64 16, 72, 74, 64 16, 72, 74, 64 16, 72, 74, 64 16, 72, 74, 64 16, 72, 74, 64 16, 72, 74, 64 16, 72, 74, 64 16, 72, 74, 64 16, 72, 74, 64 16, 72, 74, 64 16, 72, 74, 64 16, 72, 74, 64 16, 72, 74, 74 16, 74, 74 16, 74, 74 16, 74, 74, 74 16, 74, 74, 74 16, 74, 74, 74			5.04		5A. 05		6.00	
4.00 DUDOS LEVLOYE, ELSENT IS SUPRAVIENI 5.02 -4.00 -4.00 -5.02 5.02 DUSSI DUAL PROCESSING 5.00 DUSSI DUAL PROCESSING 5.00 -5.02 DUSSI DUAL PROCESSING 5.00 -5.	1 00							1 1 00
5 01 01100 COMUNITY END 10, 017, 165 10, 017, 0100 100, 017, 165 10, 017, 174 10, 017,								•
5.02 DODSNO (IALA PROCESSA INC 10, 017, 165 10, 017,								•
5.00 000680 CASH ER INVACUOUNTS RECEI VABLE 0 10.766.961 37.946.814 25.983.203 10.00 20.980.220 10.984.200								
5.06 DOUBDO DITHE ALMEN STRATUT AND ETAINEDAL D O 23.7.946.814 37.946.814 5.06 S2.93 2.2.94.814 5.06 0.00000000000000000000000000000000000	5.04	00570 ADMI TTI NG	10, 017, 165					5.04
6.00 DONCO MAINTERNARC & REPAIRS 0 0 23, 430, 243 25, 933, 203 25, 954, 445 450, 953, 446 6, 01 10, 044, 104, 104, 104, 104, 104, 104, 1				10, 766, 961				
7.00 DOTOD (DEPENTION PERMIT 0 0 7, 669, 566 825, 933 1, 120, 120 7, 100 0.00 DOTOD (DEPENTION PERMIT 0 0 7, 669, 566 825, 933 1, 120, 120 7, 100 8, 00 8, 00 8, 00 8, 00 9, 00 100 10100 1			0	8				
0.00 000800 LAURDRY & LINEN SERVICE 0 0 1,377,098 148,386 0 8,00 0 0,400 1,377,098 148,386 0,00 1,377,098 148,386 0,00 1,377,098 148,386 0,00 1,372,098 1,377,098 1,372,098 1,			0	-				
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10.00 01000 DETARY 0 0 2.666.092 290.342 316.502 10.00 11.00 01000 DETARAL SERVICES 0 0 1.444.996 159.076 475.682 11.00 11.00 01000 DETARAL SERVICES SUPPRY 0 0 0 1.900.488 1.201.266 677.471 40.071 14.00 11.00 1100.01 1000.01 1000.01 23.06 01.23.00 11.00 1100.01 1000.01 23.06 01.23.00 11.00<			0	o			-	
13.00 01300 NURSING ADMINISTRATION 0 0 9.804,230 1.064,433 440,092 13.00 15.00 01500 PARAMACY 0 0 17.722,144 831,596 226,640 15.00 16.00 01500 PARAMACY 0 0 7.722,144 831,596 226,640 15.00 21.00 020100 IAR SERVICS-SALAPY & ENTINES APPRVD 0 0 5.770,686 421,407 2.00 12.00 2200 22010 12.00 5.770,686 45.1797 1.373,788 82.200 22.00 22010 1.4557,470 1.4577,787 1.477,887 82.400 30.00 0.0000 ADUITS N.FERVICE COST CENTERS 1.085,036 1.166,172 42.696,037 4.597,787 1.373,887 83.10.00 30.00 30.000 ADUITS N.FERVICE COST CENTERS 0 0 0 0.0000 0.000 0.000 0.000 0 0.4000 0.000 0.000 0.000 0.000 0.000 0 0.0000 0 0 0.0000 0 0 0.0000 0 0.0000 0 0 0.0000 <t< td=""><td>10.00</td><td></td><td>0</td><td>О</td><td></td><td></td><td></td><td></td></t<>	10.00		0	О				
14.00 CENTRAL SERVICES & JUPPLY 0 0 11.900.488 1.291.256 677.677 14.00 15.00 DISOD (HEDICAL RECORDS & LIBRARY 0 0 722.013 66.061 23.00 18.00 21.00 DISOD (HEDICAL RECORDS & LIBRARY 0 0 727.2144 831.598 23.00 18.00 11.000.400 11.0000.4000 11.000.400 <t< td=""><td></td><td></td><td>-</td><td>-</td><td></td><td></td><td></td><td></td></t<>			-	-				
15. 00 01500 PHARMACY 0 0 7, 722, 144 831, 598 226, 980 15. 00 18. 00 01600 PATIENT TRANSPORTATION 0 0 92, 00 18, 00 01600 PATIENT TRANSPORTATION 0 0 96, 061 23, 001 18, 00 23, 001 18, 00 96, 061 23, 001 18, 00 97, 722, 144 97, 723, 487 87, 867 82, 00 21, 001 18, 00 21, 001 18, 00 21, 001 18, 00 21, 001 18, 00 18, 00 18, 00 0 0, 00 0, 00 1, 166, 174 42, 695, 021 4, 597, 782 5, 488, 814 0, 00 0 0 0 0 0, 00 0			0	-				
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23. 00 02300 PARAMED ED PROM 0 0 276, 695 29, 797 4,581 23. 00 01. 00 03000 ADULTS & PEDIATRICS 1,086, 036 1,166, 174 42,695, 032 4,597, 782 5,444, 614 30. 00 320, 03200 (DR0MARY CARE UNIT 807, 532 40,597, 782 5,444, 614 30. 00 320, 03200 (DR0MARY CARE UNIT 85,035 17,77,77 732, 55,004 30,035,035 350,035 350,035 350,035 350,035 350,035 350,035 440,00 410,00 410,00 410,00 410,00 410,00 410,00 410,00 410,00 410,00 410,02 504,446,520 357,20 97,294 43,00 410,017,118,857 50,00 410,017,118,857 50,00 410,017,446,517 442,647,017,428,527 42,949,445 42,445,451 2,445,451 2,455,460 1,220,527 54,00 54,00 54,00 56,00 1,220,527 54,00 57,159 54,36,073 556,411 42,457,452 42,454,451 2,445,451 2,445,451 2,452,456 65,119,62,451 2,452,451 2,452,451			0	0				
IMPART ENT ROUTI NE SERVICE COST CENTERS Investigation 11.00 001000 01010 NUTS & PEDIATRICS 5,468,413 30.00 31.00 03100 INTENSIVE CARE UNIT 307,536 330,533 12,757,797 1,373,887 883,163 31.00 35.00 02000 REMARL INTENSIVE CARE UNIT 85,061 91,422 2,252,904 350,00 153,002 35.00 32.00 32.00 32.00 30.00 41.00 04100 SUBROW DER - IRF 05 06 0,140 3,144,973 346,220 320,250 41.00 30.00 41.00 30.00 41.00 30.00 500.00 6500.00 6500.00 6500.00 85,575 60.01 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 44.00 40.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 <td>22.00</td> <td></td> <td>0</td> <td>0</td> <td>4, 566, 786</td> <td></td> <td>1, 347, 185</td> <td>22.00</td>	22.00		0	0	4, 566, 786		1, 347, 185	22.00
30:00 03000 ADULTS a PEDIATRICS 1,065,032 1,166,174 42,095,032 4,997,782 5,444,814 30.00 31:00 03100 (117ENS) VE CARE UNIT 307,536 332,05 12,775,797 1,373,897 883,135 032 32:00 03200 (COROMARY CARE UNIT 0	23.00		0	0	276, 695	29, 797	4, 581	23.00
31.00 03100 INTERSIVE CARE UNIT 307, 536 330, 533 12, 757, 797 1, 373, 887 883, 163 311, 00 32.00 03200 (DROMARY CARE UNIT 85, 061 91, 422 32, 22, 904 350, 305 115, 030 35, 00 04.00 04000 (SUBROVIDER - IFF 0 </td <td>20.00</td> <td></td> <td>1 005 024</td> <td>1 1// 17/</td> <td>42 (05 022</td> <td>4 507 700</td> <td>E 404 014</td> <td>20.00</td>	20.00		1 005 024	1 1// 17/	42 (05 022	4 507 700	E 404 014	20.00
32.00 03200 CORONARY CARE UNIT 0 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>								
35. 00 02000 NEONATAL INTENSIVE CARE UNIT B5. 0c1 91, 422 352, 326, 904 350, 305 153, 020 350, 00 41. 00 04100 SUBPROVIDER - IFF 55, 956 60, 140 352, 02 346, 220 320, 250 41. 00 41. 00 04100 NURSERY 16, 890 18, 153 794, 652 85, 576 97, 289 43. 00 00 0500 OPERATI ING ROM 972, 720 1, 045, 459 14, 002, 506 1, 507, 930 1, 213, 857 50. 00 00 0500 OPERATI ING ROM 132, 949 142, 891 2, 098, 720 332, 25, 466 1, 429, 720 352, 02 346, 456 411, 837 52. 00 00 05400 RADI OLOY- JI AGNOSTI C 1, 329, 646 1, 429, 076 252, 524, 651 2, 425, 660 1, 970, 829 56, 00 05.00 05600 MARGETI C, RESONANCE IMAGI NG (MRI) 06, 700 0				330, 333		1, 373, 007		
11.00 04100 SUBPROVIDER - 1.RF 55, 956 60, 140 32, 214, 973 346, 220 3320, 250 41.00 30.00 4300 MRSERY 16, 890 18, 153 794, 652 85, 576 97, 289 33.00 0.00 05000 PERATI IKS ROM 172, 720 1, 046, 476 3, 570, 023 131, 613 220, 762 51, 00 51, 00 51, 00 51, 00 05400 RADI LOGY-LIARY SERVICE COST CENTERS 1142, 991 142, 991 38, 70, 02 384, 466 411, 837, 52. 55, 00 53, 50, 02 332, 466 11, 837, 52. 55, 00 570, 05 55, 00 570, 00 570, 00 570, 00 570, 00 570, 00 550, 00 56, 00 58, 00 60, 00 60, 01 60, 01 60, 01 60, 01 60, 01 60, 01 60, 01 60, 01 60, 01 60, 01 60, 01 60, 01 60, 01 60, 01 60, 01 60, 01			-	91, 422	-	350, 305		1
43. 00 04300 NURSERY 16,890 18,153 794,652 85,576 97,289 43. 00 50. 00 05000 OPEARTING ROOM 172,720 1,045,459 2,089,720 312,163 240,762 51. 00 510,0	40.00	04000 SUBPROVI DER – I PF	0	0	0	0	0	40.00
NNCLLARY SERVICE COST CENTERS 00 05000 DPERATING ROOM 972, 720 1, 045, 459 14, 002, 506 1, 507, 930 1, 213, 857 50. 00 51.00 05100 RECOVERY ROOM 132, 249 142, 891 14, 002, 506 1, 507, 930 1, 213, 857 50. 00 54.00 05400 RADILOGY-DI AGNOSTI C 1, 339, 646 1, 429, 076 3, 70. 00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 58.00 140.69.52 21.163 58.60 1, 920, 829 54.00 58.00 55.411 449, 766 59.00 58.00 56.27 21.163 56.82, 401 56.82, 401 56.82, 401 56.82, 401 56.82, 401 60.01 50.00 60.01 60.01 60.01 60.01 60.01 60.01 60.01 60.01 60.01 60.01 60.01 60.01 60.01 60.01 60.01 60.01 60.01 60.01 60.01 60.00 60.00 60.00								
50. 00 050.00 050.00 050.00 050.00 1, 001, 930 1, 1, 213, 857 50. 00 51. 00 05100 DECOVERY ROOM 132, 449 142, 891 2, 896, 720 312, 163 260, 752 51. 00 51.00 51.00 51.00 51.00 51.00 51.00 51.00 51.00 51.00 51.00 51.00 51.00 50.00 60.00 0.00 60.00 50.00 60.00 50.00 60.00 50.00 60.00 50.00 60.00 50.00 60.00 50.00 60.00 50.00 60.00 60.00 60.00 60.00 6	43.00		16, 890	18, 153	794, 652	85, 576	97, 289	43.00
51.00 DS100 PECOVERY ROOM 132,949 142,897 2,898,720 312,163 260,762 51.00 52.00 DS200 DS200 DS200 DS200 DS200 PS200 PS200 PS200 PS200 PS200 PS200 PS200 PS200 PS200 DS200 DS200<			072 720	1 045 450	14 002 504	1 507 020	1 010 057	
52.00 052.00 DELUPERY ROM & LABOR ROM 13.6, 657 14.6, 87 3.570, 024 3384, 456 411, 837 52.00 54.00 OSTOD CT SCAN 14.29, 976 22, 524, 651 2.425, 680 19.90, 292 54.00 57.00 0 0 0 57.00 0 58.00 05800 (ARDI LC CATHETERI ZATI ON 537, 003 577, 159 5.436, 073 5858, 411 449, 766 59.00 60.00 0								
54.00 [05400] RADIOLOGY-DIAGNOSTIC 1, 329, 646 1, 429, 767 22, 524, 651 2, 425, 680 1, 920, 829 54.00 57.00 [05700] CROND CREMARCE I MAGING (MRI) 0 0 0 0 0 0 0 58.00 0.0 05900 CARDIA AC CATHETER LATION 537,003 577,159 5,436,073 588,411 449,766 59.00 0.0 06000 LABDRATORY 449,766 502,992 14,094,148 1,517,799 568,423 60.00 0.0 06000 BLODD STORING, PROCESSI NG, & TRANS. 44,249 47,557 1,510,981 162,718 0 63.00 0.0 0500 RESPIRATORY THERAPY 112,593 121,103 7,325,904 788,927 110,904 66.00 0.0 0.0 0.000 COLDANAL THERAPY 112,593 121,103 7,325,904 788,927 110,904 66.00 0.0 0.6600 ELECTROCARDIOLOGY 18,778 20.182 835,259 89,999 18,420 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
58.00 OSBOO MARNETIC RESONANCE IMAGING (MRI) 0								
59.00 05900 CARDIA C CATHETERI ZATION 537,003 577,159 5,436,073 585,411 449,766 50.00 60.00 06000 LABORATORY 467,996 502,992 14,094,148 1,517,799 568,423 60.00 63.00 D6300 BLOOD LABORATORY FRANS. 44,249 47,557 1,510,981 162,718 0 63.00 65.00 D6500 RESPI RATORY THERAPY 139,406 149,831 5.689,691 612,723 147,808 65.00 66.00 D6600 PRSPI CAL THERAPY 112,503 121,013 7.325,904 788,927 710.0904 66.00 67.00 D6700 DCOPATIONAL THERAPY 34,805 37,407 1,374,267 147,995 77,011 67.00 68.01 68.01 D6800 RABOR SPECH PATHOLOGY 303,139 325,808 3,365,228 362,401 547,566 69.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 <td>57.00</td> <td></td> <td>18, 785</td> <td>20, 190</td> <td>196, 521</td> <td>21, 163</td> <td>0</td> <td></td>	57.00		18, 785	20, 190	196, 521	21, 163	0	
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63:00 06300 BLOOD STORING, PROCESSING, & TRANS. 44, 249 47, 557 1, 510, 961 162, 718 0 63:00 65:00 06500 RESPIRATORY THERAPY 1139, 406 149, 831 5, 689, 691 612, 723 147, 808 65:00 66:00 06600 PHYSICAL THERAPY 112, 593 121, 013 7, 325, 904 788, 927 110, 904 66:00 67:00 06000 OCOUDATIONAL THERAPY 134, 805 37, 407 1, 374, 267 147, 995 77, 116 70.00 68:01 06900 ELECTROCARDIOLOGY 18, 778 20, 182 835, 259 899, 949 18, 420 68:00 69:00 06900 ELECTROCARDIOLOGY 0 0 0 0 72.00 71:00 07100 MDICAL SUPPLIES CHARGED TO PATIENTS 1,583, 012 1,702, 111 41, 956, 174 4,518, 260 0 73.00 73:00 07300 RUIGS CHARGED TO PATIENTS 1,583, 012 1,702, 111 41, 956, 174 4,518, 260 0 73.00 73.00 74:00 07400 REHABILIATATION 28, 449 30, 576						1, 517, 799		
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67:00 06700 OCCUPATIONAL THERAPY 34,805 37,407 1,374,267 147,995 77,011 67.00 68:01 06800 SPECH PATHOLOGY 18,778 20,182 835,259 89,949 18,400 68.01 69:00 06801 AUDIOLOGY 0 0 0 0 68.01 71:00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 390,004 419,168 13,168,996 1,418,169 0 71.00 72:00 07200 IMPL LEV. CHARGED TO PATIENTS 1,583,012 1,702,111 41,956,174 4,518,260 0 73.00 73:01 07300 DRUGS CHARGED TO PATIENTS 1,583,012 1,702,111 41,956,174 4,518,260 0 73.01 74:00 07400 RENAL DI ALYSIS 24,816 26,672 1,584,096 170,591 93,477 74.00 76:00 03600 CHARGE RENAL LI TATION 28,449 30,576 1,224,209 131,835 0 76.97 76:97 CASPI ACRENAL C REHABILITATION 28,449 30,576 1,224,209 131,835 0 0 </td <td>65.01</td> <td>06501 SLEEP LAB</td> <td>40, 541</td> <td>43, 572</td> <td>892, 632</td> <td>96, 128</td> <td>0</td> <td>65.01</td>	65.01	06501 SLEEP LAB	40, 541	43, 572	892, 632	96, 128	0	65.01
66.00 06800 SPEECH PATHOLOGY 18,778 20,182 835,259 89,949 18,420 68.01 68.01 06900 06900 ELECTROCARDIOLOGY 303,139 325,808 3,365,228 362,401 547,568 69.00 06900 ELECTROCARDIOLOGY 303,139 325,808 3,365,228 362,401 547,564 69.00 71.00 71.00 700,01 FMELORAL SUPPLIES CHARGED TO PATIENTS 390,004 419,168 13,168,996 1,418,169 071.00 72.00 77.00,643 072.00 77.00,643 072.00 73.01 73.01 73.01 73.01 73.01 73.01 74.00 74.00 74.00 74.00 70.00 849,695 073.01 73.01 74.00 70.400 RNAL DALYSIS 24,816 26.672 1.584,096 170,591 93,477 74.00 76.97 76.97 76.97 76.97 76.97 76.97 76.97 76.97 76.97 76.97 76.97 76.97 76.97 76.97 76.97 76.97 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
68. 01 06801 AUDIOLOGY 0								
69.00 06900 ELECTROCARDIOLOGY 303, 139 325, 808 3, 365, 228 362, 401 547, 568 69.00 71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 390, 004 419, 168 13, 168, 996 1, 418, 169 0 71.00 72.00 TOZOO IMPL. DEV. CHARGED TO PATIENTS 1, 583, 012 1, 702, 111 41, 956, 174 4, 518, 260 0 73.00 73.01 07301 HOSPI TAL BASED RETAIL PHARMACIES 37, 484 40, 287 8, 339, 633 898, 095 0 73.00 74.00 OTA00 RENAL DIALYSIS 24, 816 26, 672 1, 584, 096 170, 591 93, 477 74.00 76.90 OT697 CARDI AC REHABILLITATION 28, 449 30, 576 1, 224, 209 131, 835 0 76.97 76.96 HYPERBARI C 0XYGEN THERAPY 85, 732 92, 143 1, 825, 890 196, 630 13, 294 76.98 90.01 SUBSTANCE ABUSE CLINIC 822 884 464, 330 50, 004 204, 413 90.01 90.02 O9000 LUNIC 38, 389 41, 260 1, 108, 458 119, 30 71								
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 390,004 419,168 13,168,996 1,418,169 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENT 659,211 708,506 16,627,752 1,790,643 0 72.00 73.00 07300 PRUSC CHARGED TO PATIENTS 1,583,012 1,702,114 41,956,174 45,188,260 0 73.00 73.01 07301 HOSPI TAL BASED RETAIL PHARMACIES 37,484 40,287 8,339,633 898,095 0 73.01 74.00 03160 CARDI OPULMONARY 0			-	-	-	-		
72.00 07200 IMPL. DEV. CHARGED TO PATIENT 659, 211 708, 506 16, 627, 752 1, 790, 643 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 1, 583, 012 1, 702, 111 41, 956, 174 4, 518, 260 0 73.00 73.01 07300 DRUGS CHARGED TO PATIENTS 1, 583, 012 1, 702, 111 41, 956, 174 4, 518, 260 0 73.00 74.00 07400 RENAL DI ALSSED RETAIL PHARMACI ES 37, 484 40, 287 8, 339, 633 898, 095 0 74.00 76.00 03160 CARDI AC REHABILI TATION 28, 449 30, 576 1, 224, 209 131, 835 0 76.97 76.97 CARDI AC REHABILI TATION 28, 449 30, 576 1, 224, 209 131, 835 0 76.97 00.00 00000 CLI NI C 82, 329 24.84 464, 330 50, 004 204, 413 90.01 90.00 090001 SUBSTANCE ABUSE CLI NI C 822 884 464, 330 50, 004 204, 413 90.02 90.01 090001 SUBSTANCE ABUSE CLI NI C 822 884 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
73.01 07301 HOSPI TAL BASED RETAIL PHARMACIES 37,484 40,287 8,339,633 898,095 0 73.01 74.00 07400 RENAL DI ALYSI S 24,816 26,672 1,584,096 170,591 93,477 74.00 76.00 03160 CARDI OPULMONARY 0		07200 IMPL. DEV. CHARGED TO PATIENT					0	
74.00 07400 RENAL DIALYSIS 24,816 26,672 1,584,096 170,591 93,477 74.00 76.00 03160 CARDI OPULMONARY 0 0 0 0 0 0 0 0 0 76.00 76.97 O7697 CARDI AC REHABI LI TATI ON 28,449 30,576 1,224,209 131,835 0 76.97 76.98 HYPERBARI C OXYGEN THERAPY 85,732 92,143 1,825,890 196,630 13,294 76.98 90.00 090001 CLINI C 0 0 0 0 90.00 90.01 SUBSTANCE ABUSE CLINIC 822 884 464,330 50,004 204,413 90.01 90.02 PAIN CLINIC 181,286 194,843 2,657,885 286,228 93,093 90.03 91.00 O9100 EMERGENCY 1,148,205 1,234,066 18,187,025 1,958,561 1,039,845 91.00 92.01 09500 OBSERVATI ON BEDS (NON-DI STINCT PART) 0 0 0 0 0 92.00 0 92.00 92.00					41, 956, 174			
76. 00 03160 CARDI OPULMONARY 0 0 0 0 76. 00 76. 97 76.97 CARDI AC REHABI LITATI ON 28, 449 30, 576 1, 224, 209 131, 835 0 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 85, 732 92, 143 1, 825, 890 196, 630 13, 294 76. 98 0UTPATI ENT SERVICE COST CENTERS 0 0 0 0 0 90. 00 90. 00 09000 CLI NI C 822 884 464, 330 50, 004 204, 413 90. 01 90. 02 09002 PAIN CLINIC 38, 389 41, 260 1, 108, 458 119, 370 718, 954 90. 02 91. 00 09003 ONCOGY CLINIC 181, 286 194, 843 2, 657, 885 286, 228 93, 093 90. 03 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 0 92. 00 92. 01 09500 AMBULANCE SERVICES 9 10 47, 483 5, 113 95, 784 95. 00 92. 01 09500 AMBULANCE SERVICE								
76. 97 07697 CARDI AC REHABI LI TATI ON 28, 449 30, 576 1, 224, 209 131, 835 0 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 85, 732 92, 143 1, 825, 890 196, 630 13, 294 76. 98 0UTPATI ENT SERVICE COST CENTERS 0								
76. 98 07698 HYPERBARI C 0XYGEN THERAPY 85, 732 92, 143 1, 825, 890 196, 630 13, 294 76. 98 0UTPATI ENT SERVICE COST CENTERS 0 <td></td> <td></td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>•</td>			-	-	-	-	-	•
OUTPATI ENT SERVICE COST CENTERS 90.00 09000 CLINIC 0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
90. 00 09000 CLINIC 0	, 0. 70		05,752	72, 143	1, 023, 070	170, 030	13, 274	, 5. 70
90. 02 09002 PAIN CLINIC 38,389 41,260 1,108,458 119,370 718,954 90.02 90. 03 09003 0NCOLOGY CLINIC 181,286 194,843 2,657,885 286,228 93,093 90.03 91. 00 09100 EMERGENCY 1,148,205 1,234,066 18,187,025 1,958,561 1,039,845 91.00 92. 01 09200 OBSERVATI ON BEDS (DI STINCT PART) 0 0 0 0 0 0 92.01 92. 01 09201 OBSERVATI ON BEDS (DI STINCT PART) 0	90.00		0	0	0	0		
90.03 09003 0NCOLOGY CLINIC 181,286 194,843 2,657,885 286,228 93,093 90.03 91.00 09100 EMERGENCY 1,148,205 1,234,066 18,187,025 1,958,561 1,039,845 91.00 92.01 09201 OBSERVATI ON BEDS (NON-DI STINCT PART) 0 0 0 0 92.00 92.01 09200 OBSERVATI ON BEDS (DI STINCT PART) 0 0 0 0 0 92.00 95.00 OP500 AMBULANCE SERVI CES 9 10 47,483 5,113 95,784 95.00 95.00 OP500 AMBULANCE SERVI CES 9 10 47,483 5,113 95,784 95.00 91.10 11300 INTEREST EXPENSE 9 10,766,961 373,955,613 36,184,742 19,954,029 113.00 118.00 NONREL MBURSABLE COST CENTERS 10,766,961 373,955,613 36,184,742 19,954,029 118.00 190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 14,007,128 119,227 59,905 191.00 191.00 19100 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
91.00 09100 EMERGENCY 1, 148, 205 1, 234, 066 18, 187, 025 1, 958, 561 1, 039, 845 91.00 92.00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 0 92.00 92.01 09201 OBSERVATI ON BEDS (DI STI NCT PART) 0 0 0 0 92.01 07HER REI MBURSABLE COST CENTERS 0 0 0 0 0 92.01 95.00 09500 AMBULANCE SERVICES 9 10 47, 483 5, 113 95, 784 95.00 95.01 11300 INTEREST EXPENSE 9 10, 716, 961 373, 955, 613 36, 184, 742 19, 954, 029 113.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 10, 017, 165 10, 766, 961 373, 955, 613 36, 184, 742 19, 954, 029 118.00 NONREI MBURSABLE COST CENTERS 113.00 11300 ISUBTOTALS (SUM OF LINES 1 through 117) 10, 017, 165 10, 766, 961 373, 955, 613 36, 184, 742 19, 954, 029 118.00 NONREI MBURSABLE COST CENTERS 0 0 0 846, 606 91, 171 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
92.00 09200 0BSERVATI ON BEDS (NON-DI STINCT PART) 09201 0 0 0 0 92.00 92.01 92.01 09201 0BSERVATI ON BEDS (DI STINCT PART) 0 0 0 0 92.01 0THER REI MBURSABLE COST CENTERS 0 10 47,483 5,113 95,784 95.00 95.00 09500 AMBULANCE SERVICES 9 10 47,483 5,113 95,784 95.00 95.01 113.00 INTEREST EXPENSE 9 10 47,483 5,113 95,784 95.00 113.00 11300 INTEREST EXPENSE 10,017,165 10,766,961 373,955,613 36,184,742 19,954,029 113.00 118.00 NONREI MBURSABLE COST CENTERS 113.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
92. 01 09201 0BSERVATI ON BEDS (DI STINCT PART) 0 0 0 0 0 92. 01 OTHER REI MBURSABLE COST CENTERS 09500 AMBULANCE SERVICES 9 10 47,483 5,113 95. 00 95. 00 SPECI AL PURPOSE COST CENTERS 9 10 47,483 5,113 95. 00 95. 00 113. 00 1NTEREST EXPENSE 113. 00 1NTEREST EXPENSE 113. 00 113. 00 10,017,165 10,766,961 373,955,613 36,184,742 19,954,029 118. 00 NONREI MBURSABLE COST CENTERS 100 0 846,606 91,171 0 190. 00 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 1,107,128 119,227 59,905 191. 00			1, 148, 205	1, 234, 066		1, 958, 561	1, 039, 845	
OTHER REI MBURSABLE COST CENTERS 95.00 OP500 AMBULANCE SERVICES 9 10 47,483 5,113 95,784 95.00 SPECIAL PURPOSE COST CENTERS 113.00 INTEREST EXPENSE 113.00 11300 INTEREST EXPENSE 113.00 113.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 10,017,165 10,766,961 373,955,613 36,184,742 19,954,029 118.00 NONREI MBURSABLE COST CENTERS 113.00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 0 846,606 91,171 0 190.00 191.00 19100 RESEARCH 0 0 1,107,128 119,227 59,905 191.00			0	0	-	n	n	1
95. 00 09500 AMBULANCE SERVICES 9 10 47,483 5,113 95,784 95.00 SPECIAL PURPOSE COST CENTERS 9 10 47,483 5,113 95,784 95.00 113. 00 INTEREST EXPENSE 10,017,165 10,766,961 373,955,613 36,184,742 19,954,029 113.00 118. 00 NONREI MBURSABLE COST CENTERS 10,017,165 10,766,961 373,955,613 36,184,742 19,954,029 118.00 190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 0 846,606 91,171 0 190.00 191. 00 19100 RESEARCH 0 0 1,107,128 119,227 59,905 191.00	01			Ÿ				
113.00 11300 INTEREST EXPENSE 113.00 11300 INTEREST EXPENSE 113.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 10,017,165 10,766,961 373,955,613 36,184,742 19,954,029 118.00 NONREIMBURSABLE COST CENTERS 10,017,165 0 0 846,606 91,171 0 190.00 191.00 19100 RESEARCH 0 0 1,107,128 119,227 59,905 191.00	95.00	09500 AMBULANCE SERVI CES	9	10	47, 483	5, 113	95, 784	95.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) 10,017,165 10,766,961 373,955,613 36,184,742 19,954,029 118.00 NONREIMBURSABLE COST CENTERS 190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 846,606 91,171 0 190.00 191.00 19100 RESEARCH 0 0 1,107,128 119,227 59,905 191.00								
NONREI MBURSABLE COST CENTERS 190.00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 0 846, 606 91, 171 0 190.00 191.00 19100 RESEARCH 0 0 1, 107, 128 119, 227 59, 905 191.00			10 017 4/-	10 7// 0//	272 OFF //2	0/ 404 7.0		1
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 846,606 91,171 0 190.00 191.00 19100 RESEARCH 0 0 1,107,128 119,227 59,905 191.00	118.00		10, 017, 165	10, 766, 961	373, 955, 613	36, 184, 742	19, 954, 029	118.00
191. 00 19100 RESEARCH 0 0 1, 107, 128 119, 227 59, 905 191. 00	190 00		n	n	846 606	91 171	0	190.00

Health Financial Systems	BALL MEMORIA	AL HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN		Period: From 01/01/2019 To 12/31/2019		pared: 0 am
Cost Center Description	ADMI TTI NG	CASHI ERI NG/ACC OUNTS RECEI VABLE	Subtotal	OTHER ADMI NI STRATI VE AND GENERAL	MAINTENANCE & REPAIRS	
	5.04	5.05	5A. 05	5.06	6.00	
194.0107951 BSU PHARMACY	C	0	106, 89	7 11, 512		194.01
194. 02 07952 PAVILLION PHARMACY	C	0	7, 138, 17	5 768, 710		
194. 03 07953 VENDI NG	C	0		0 0	0	194. 03
194. 04 07954 CARELI NE	C	0		0 0	0	194.04
194.0507955WELLNESS CENTER	C	0	85, 73	5 9, 233	162, 512	194. 05
194. 06 07956 PHYSI CLAN PRACTI CE CLI NI CS	C	0	378, 31	6 40, 741	775, 110	194.06
194. 07 07957 PERI NATAL CLI NI C	C	0		0 0		194. 07
194.0807958 RENTAL PROPERTY	C	0	2, 126, 28	9 228, 980	2, 958, 944	194.08
194. 09 07959 ADVERTI SI NG	C	0		0 0		194.09
194. 10 07960 I NTEGRA LTAC	C	0	184, 04	5 19, 820	377, 080	194. 10
194.11 07961 IU HEALTH HOSPICE	C	0	54, 24	4 5, 842	97, 417	194. 11
194.1207962 POB MEDICAL PAVILLION CONDOS	C	0		0 0	0	194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	C	0		0 0	0	194. 13
194.1407964 NEW CASTLE ONCOLOGY	C	0		0 0	0	194. 14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	C	0	34, 77	3 3, 745	71, 245	194. 15
194. 16 07966 JAY COUNTY HOSPITAL	C	0	1, 599, 76	9 172, 279	191, 343	194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	C	0		0 0	0	194. 17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES	C	0		0 0	0	194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	C	0		0 0	0	194. 19
194.2007970 MEALS ON WHEELS	C	0		0 0	0	194. 20
194.2107971 ST MARY'S SCHOOL	C	0		0 0	0	194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	C	0	610, 83	6 65, 781	0	194. 22
194.23 07973 CANCER CENTER BOUTIQUE	C	0	135, 22	2 14, 562	27, 294	194. 23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	C	0	386, 69	6 41, 643	792, 281	194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	C	0	139, 10	8 14, 981	283, 667	194. 25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	C	0	1, 428, 58	7 153, 845	121, 251	194. 26
194.2707977 MIDWEST HEALTH STRATEGIES	C	0		0 0	0	194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	C	0		0 0	0	194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	C	0		0 0	0	194.29
194.3007980 CARDINAL HEALTH ALLIANCE	C	0		0 0		194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	C	0		0 0	0	194.31
194. 32 07982 RENAL DI ALYSI S	C	0		0 0	0	194.32
194.3307983 LAB CORP	C	0		0 0	0	194.33
194.3407984 H.O. MATERIALS MGMT	C	0		0 0	0	194.34
194.3507985 LEASED SPACE	C	0		0 0	0	194.35
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers	C	0		0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	10, 017, 165	10, 766, 961	390, 318, 03	9 37, 946, 814	25, 953, 446	202.00

	Financial Systems LLOCATION - GENERAL SERVICE COSTS	BALL MEMORIA	L HOSPITAL Provider C		riod: om 01/01/2019	u of Form CMS-: Worksheet B Part I Date/Time Pre 6/29/2020 8:0	epared:
	Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPING	DI ETARY	CAFETERI A	
		PLANT 7.00	LINEN SERVICE 8.00	9.00	10.00	11.00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 5.01	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS						4.00
5.01	00550 DATA PROCESSI NG						5.01
5.02	00570 ADMI TTI NG						5.02
5.05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT	9, 615, 602	1 524 204				7.00
8.00 9.00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG	0 149, 332	1, 526, 284 0				8.00 9.00
10.00	01000 DI ETARY	149, 332	0		3, 511, 199		10.00
11.00	01100 CAFETERIA	184, 187	0		0,011,177	2, 433, 160	
13.00	01300 NURSI NG ADMI NI STRATI ON	170, 406	44	119, 181	0	113, 838	
14.00	01400 CENTRAL SERVICES & SUPPLY	263, 163	0	184, 055	0	0	
15.00	01500 PHARMACY	91, 752	126		0	96, 041	
	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	
18.00 21.00	01080 PATIENT TRANSPORTATION 02100 I&R SERVICES-SALARY & FRINGES APPRVD	8, 906	11, 057	6, 229	0	33, 673 107, 132	
21.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	521, 638	0	J J	0	11, 859	
23.00	02300 PARAMED ED PRGM	1, 774	3	1, 241	0	3, 665	1
	INPATIENT ROUTINE SERVICE COST CENTERS				-		
30.00	03000 ADULTS & PEDIATRICS	2, 123, 751	704, 220	1, 485, 337	2, 775, 882	618, 751	30.00
31.00	03100 I NTENSI VE CARE UNI T	341, 966	123, 431		232, 844	164, 667	
32.00	03200 CORONARY CARE UNIT	0 F0 0F4	0	-	0	0	
35.00 40.00	02060 NEONATAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF	59, 254	7, 846	41, 442	0	43, 851 0	1
40.00	04100 SUBPROVIDER - IRF	124,003	54, 431	0	203, 682	38, 186	
43.00	04300 NURSERY	37,671	10, 158		0	10, 227	
	ANCILLARY SERVICE COST CENTERS	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · ·			
50.00	05000 OPERATING ROOM	470, 012	119, 169		0	152, 360	
51.00	05100 RECOVERY ROOM	100, 969	42, 435		0	37, 530	
52.00	05200 DELIVERY ROOM & LABOR ROOM	159, 466	48, 630		0	44, 668	
54.00 57.00	05400 RADI OLOGY-DI AGNOSTI C 05700 CT SCAN	743, 756	105, 089 0		0	191, 250 6, 498	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0, 498	
59.00	05900 CARDI AC CATHETERI ZATI ON	174, 152	21, 707	Ű	0	42,859	
60.00	06000 LABORATORY	220, 096	0		0	67, 426	
60. 01	06001 BLOOD LABORATORY	0	0	0	0	0	60. 01
63.00	06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	0	119		0	0	
65.00	06500 RESPI RATORY THERAPY	57, 232	381	40, 028	0	79, 013	
65.01	06501 SLEEP LAB	0	0	0	0	12, 659	
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	42, 943 29, 819	8, 567 0		0	120, 863 15, 524	
68.00	06800 SPEECH PATHOLOGY	7, 132	0		0	10, 659	
68.01	06801 AUDI OLOGY	0	0	0	0	0	
	06900 ELECTROCARDI OLOGY	212, 021	17, 986	148, 286	0	35, 305	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	
73.01 74.00	07301 HOSPI TAL BASED RETAIL PHARMACIES 07400 RENAL DIALYSIS	36, 195	2, 182	25, 314	0	23, 318 0	1
76.00	03160 CARDI OPULMONARY	50, 195	2, 102	23, 314	0	0	
76.97	07697 CARDI AC REHABI LI TATI ON	0	26	0	0	23, 158	
76. 98	07698 HYPERBARI C OXYGEN THERAPY	5, 148	0		0	13, 892	
	OUTPATIENT SERVICE COST CENTERS						
90.00		0	0	-	0	0	
90.01	09001 SUBSTANCE ABUSE CLINIC	79, 150	0	55, 357	0	5, 313	
90. 02 90. 03	09002 PAIN CLINIC 09003 ONCOLOGY CLINIC	278, 383 36, 046	0 612	194, 699 25, 210	0	12, 163 24, 214	
90.03 91.00	09100 EMERGENCY	402, 634	229, 227		0	24, 214	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	402,034	227,227	201, 377	Ŭ	201,000	92.00
92.00	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	37, 088	0	25, 939	0	1, 664	95.00
440 -	SPECIAL PURPOSE COST CENTERS	1 1		I			440
	11300 INTEREST EXPENSE	7 000 50	4 507 4.4	4 005 054	2 210 400	0.044.004	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	7, 292, 596	1, 507, 446	4, 995, 951	3, 212, 408	2, 364, 086	1118.00
100.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	7 330	190.00
190 0				-	0		191.00
	19100 RESEARCH	23, 195	0	16, 223	U	17,573	1171.00
191.00	019100 RESEARCH 07950 OTHER NONREIMBURSABLE COST CENTERS	23, 195	0	10, 223	0	0	194.00 194.01

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C		Period: From 01/01/2019 To 12/31/2019	Date/Time Prepared: 6/29/2020 8:00 am
Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI N		CAFETERI A
	7.00	8.00	9.00	10.00	11.00
194.0207952 PAVILLION PHARMACY	31, 506	0	22, 0	35 0	15, 524 194. 02
194. 03 07953 VENDI NG	0	0		0 0	0 194. 03
194. 04 07954 CARELI NE	0	0		0 0	0 194. 04
194.0507955WELLNESS CENTER	62, 925	18, 801	44, 0	10 0	0 194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	300, 127	0	81, 8	86 0	0 194.06
194. 07 07957 PERINATAL CLINIC	0	0		0 0	0 194. 07
194. 08 07958 RENTAL PROPERTY	1, 145, 720	37	377, 6	61 0	0 194. 08
194. 09 07959 ADVERTI SI NG	0	0		0 0	0 194, 09
194. 10 07960 I NTEGRA LTAC	146,007	0		0 158,004	0 194, 10
194. 11 07961 I U HEALTH HOSPI CE	37, 721	0	26, 3		0 194.11
194. 12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0 0	0 194.12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0		0 0	0194.13
194. 14 07964 NEW CASTLE ONCOLOGY	0	0		0 0	0194.14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	27, 586				0194.15
194. 16 07966 JAY COUNTY HOSPITAL	74,089		51, 8	17 0	13, 219 194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	,4,007		51,0		0 194. 17
194. 18 07968 CHV CARDINAL HEALTH VENTURES	0			0 0	0 194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0			0 0	0 194. 18
194. 2007970 MEALS ON WHEELS	0			0 0	0 194. 19
194. 21/07970 MEALS ON WHEELS	0	0		0 0	0 194. 20
	0	0		0 0	0 194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	10 5 (0	0		0 0	
194. 23 07973 CANCER CENTER BOUTLOUE	10, 568		7,3		928 194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	306, 776			0 0	0 194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	109, 837			0 140, 787	
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	46, 949	0	32, 8	36 0	
194. 27 07977 MIDWEST HEALTH STRATEGIES	0	0		0 0	0 194. 27
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0 0	0 194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0 0	0 194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0		0 0	0 194. 30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0		0 0	0 194. 31
194. 32 07982 RENAL DI ALYSI S	0	0		0 0	0 194. 32
194. 33 07983 LAB CORP	0	0		0 0	0 194. 33
194.34 07984 H.O. MATERIALS MGMT	0	0		0 0	0 194. 34
194. 35 07985 LEASED SPACE	0	0		0 0	0 194. 35
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers	0	0		0 0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	9, 615, 602	1, 526, 284	5, 656, 1	92 3, 511, 199	2, 433, 160 202. 00

	Financial Systems ALLOCATION - GENERAL SERVICE COSTS	BALL MEMORIAL	Provi der CC		Period: From 01/01/2019 Fo 12/31/2019	Date/Time Pre 6/29/2020 8:0	pared
	Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	LI BRARY	OTHER GENERAL SERVI CE PATI ENT TRANSPORTATI ON	
	GENERAL SERVICE COST CENTERS	13.00	14.00	15.00	16.00	18.00	
00	00100 NEW CAP REL COSTS-BLDG & FIXT						1. (
00 00 01 02 04 05 06 00	00400 EMPLOYEE BENEFITS DEPARTMENT 01400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG 00570 ADMITTI NG 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00590 OTHER ADMI NI STRATI VE AND GENERAL 00600 MAI NTENANCE & REPAI RS 00700 OPERATI ON OF PLANT 00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG 01000 DI ETARY 01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01600 MEDI CAL DE DE PRGM	11, 792, 224 0 0 0 0 0 0 0 0 0	14, 408, 609 82, 168 0 302 0 45 0	9, 124, 96		1, 071, 242 0 0	4. (5. (5. (5. (5. (6. (7. (8. (9. (10. (11. (13. (14. (15. (14. (15. (18. (21. (22. (
. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0		<u> </u>	0	23.0
. 00	03000 ADULTS & PEDIATRICS	5, 650, 690	855, 831	48, 15	3 0	115, 971	30. (
. 00	03100 I NTENSI VE CARE UNI T	1, 497, 856	393, 057	18, 94		32, 870	
. 00 . 00	03200 CORONARY CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT	0 380, 916	0 52, 122	2, 74		0 9, 092	32. 0 35. 0
. 00	04000 SUBPROVI DER – I PF	000, 710	02, 122		0 0	0	40.0
. 00	04100 SUBPROVI DER – I RF	338, 447	26, 062	53		5, 981	
. 00		93, 269	0	(0 0	1, 805	43.0
. 00	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM	464, 058	1, 592, 514	22, 28	2 0	103, 966	50.0
. 00	05100 RECOVERY ROOM	365, 562	76, 436	8, 46		14, 210	
. 00	05200 DELIVERY ROOM & LABOR ROOM	386, 796	79, 084	3, 80		14, 606	
. 00	05400 RADI OLOGY-DI AGNOSTI C	297, 284	404, 154	8, 16		142, 115	
. 00 . 00	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1, 040			2, 008 0	
. 00	05900 CARDI AC CATHETERI ZATI ON	220, 840	263, 324	4, 60	•	57, 396	
. 00	06000 LABORATORY	0	0		0 0	50, 020	
. 01	06001 BLOOD LABORATORY	0	0	(0 0	0	
. 00	06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	0	0	(0 0	4, 729	
. 00 . 01	06500 RESPI RATORY THERAPY 06501 SLEEP LAB	52, 760	154, 500 23, 946	17		14, 900 4, 333	
. 00	06600 PHYSI CAL THERAPY	0	23, 940		4 0	12, 034	
. 00	06700 OCCUPATI ONAL THERAPY	0	2, 111		2 0	3, 720	
. 00	06800 SPEECH PATHOLOGY	0	574	(0 0	2, 007	
. 01	06801 AUDI OLOGY	0	0	(0	0	
. 00 . 00	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	10, 661 4, 424, 200	1.		32, 400 41, 684	
. 00	07200 I MPL. DEV. CHARGED TO PATIENT	0	5, 354, 224			70, 458	
. 00	07300 DRUGS CHARGED TO PATIENTS	0	0	8, 961, 79	4 0	169, 785	
. 01	07301 HOSPI TAL BASED RETAIL PHARMACIES	0	605	(0 0	4, 006	
. 00 . 00	07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY	0	9, 108	2, 08		2, 652 0	
. 00	07697 CARDI AC REHABI LI TATI ON	10, 617	4, 620			3, 041	
	07698 HYPERBARI C OXYGEN THERAPY	110, 583	52, 159	19	-	9, 163	
	OUTPATIENT SERVICE COST CENTERS						
. 00	09000 CLINIC	0	0		0 0	0	
. 01	09001 SUBSTANCE ABUSE CLINIC	17,804	2, 559			88	
. 02 . 03	09002 PAIN CLINIC 09003 ONCOLOGY CLINIC	47, 369 215, 449	32, 711 54, 791	24 7, 87(4, 103 19, 376	
. 03	09100 EMERGENCY	1, 550, 452	429, 690	34, 86		122, 722	
. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	.,	,,,,,,,	31,00		, ,	92.
. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	(0 0	0	
	OTHER REIMBURSABLE COST CENTERS						
. 00	09500 AMBULANCE SERVICES	0	244	(0 0	1	95.
3 00	SPECIAL PURPOSE COST CENTERS						112
3. UC 8. OC		11, 700, 752	14, 406, 632	9, 124, 95	9 0	1, 071, 242	113. 118.
0.00	NONREIMBURSABLE COST CENTERS						

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC	CN: 15-0089	Peri od:	Worksheet B
				From 01/01/2019 To 12/31/2019	
				10 12/31/2019	6/29/2020 8:00 am
					OTHER GENERAL
					SERVI CE
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	PATI ENT
	ADMI NI STRATI ON	SERVICES &		RECORDS &	TRANSPORTATI ON
		SUPPLY		LI BRARY	
	13.00	14.00	15.00	16.00	18.00
191.00 19100 RESEARCH	91, 472	94		0 0	
194.00 07950 OTHER NONREI MBURSABLE COST CENTERS	0	0		0 0	
194.01 07951 BSU PHARMACY	0	0		0 0	0 194. 01
194. 02 07952 PAVILLI ON PHARMACY	0	388		0 0	0 194. 02
194. 03 07953 VENDI NG	0	0		0 0	0 194. 03
	0	0			0 194. 04
194. 05 07955 WELLNESS_CENTER 194. 06 07956 PHYSI CLAN_PRACTI CE_CLI NI CS	0	578 0			0 194.05 0 194.06
194. 0707957 PERINATAL CLINIC	0	0			0194.08
194. 08 07958 RENTAL PROPERTY	0	783			0 194. 07
194. 09 07959 ADVERTI SI NG	0	0			0 194.08
194. 10 07959 ADVERTISING	0	0			0 194. 09
194. 11 07961 I U HEALTH HOSPI CE	0	0			0 194. 10
194. 12 07962 POB MEDICAL PAVILLION CONDOS	0	0			0 194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0		0 0	0 194. 13
194. 14 07964 NEW CASTLE ONCOLOGY	0	0		0 0	0 194. 14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	0	0		0 0	0194.15
194. 16 07966 JAY COUNTY HOSPI TAL	0	0		0 0	0 194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0		0 0	0 194. 17
194.1807968 CHV CARDINAL HEALTH VENTURES	0	0		0 0	0 194. 18
194.1907969 HEALTH CARE CONNECTIONS	0	0		0 0	0 194. 19
194.2007970 MEALS ON WHEELS	0	0		0 0	0 194. 20
194.2107971 ST MARY'S SCHOOL	0	0		0 0	0 194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0		0 0	0 194. 22
194.23 07973 CANCER CENTER BOUTIQUE	0	5		0 C	0 194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0		0 0	0 194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	95		1 C	0 194. 25
194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL	0	0		0 0	0 194. 26
194. 27 07977 MIDWEST HEALTH STRATEGIES	0	0		0 0	0 194. 27
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0 0	0 194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0 0	0 194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0		0 0	0 194. 30
194. 31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0			0 194. 31
194. 32 07982 RENAL DI ALYSI S 194. 33 07983 LAB CORP	0	0			0 194. 32 0 194. 33
	0	0			
194. 34 07984 H. O. MATERIALS MGMT 194. 35 07985 LEASED SPACE	0	0			0 194. 34 0 194. 35
200.00 Cross Foot Adjustments		0			200.00
201.00 Negative Cost Centers	0	0		0 0	
202.00 TOTAL (sum lines 118 through 201)	11, 792, 224	14, 408, 609	9, 124, 9		
	1	,,,	,		1

T ALL	OCATION - GENERAL SERVICE COSTS		Provider CC		riod: om 01/01/2019	Worksheet B Part I	
				То		Date/Time Pre 6/29/2020 8:0	
		INTERNS &	RESIDENTS			0/2//2020 0.0	
	Cost Center Description	SERVI CES-SALAR	SERVICES-OTHER	PARAMED ED	Subtotal	Intern &	
		Y & FRI NGES	PRGM COSTS	PRGM		Residents Cost	
						& Post	
						Stepdown	
		21.00	22.00	23.00	24.00	Adjustments 25.00	-
GE	ENERAL SERVICE COST CENTERS	21100	221.00	20100	21100	20100	
	D100 NEW CAP REL COSTS-BLDG & FIXT] 1
	0400 EMPLOYEE BENEFITS DEPARTMENT						4
	1160 COMMUNI CATI ONS						5
	0550 DATA PROCESSING 0570 ADMITTING						5
	0580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5
	0590 OTHER ADMINISTRATIVE AND GENERAL						5
	0600 MAINTENANCE & REPAIRS						1 6
	0700 OPERATION OF PLANT						1 7
	D800 LAUNDRY & LINEN SERVICE						8
	0900 HOUSEKEEPI NG						9
							10
	1100 CAFETERIA 1300 NURSI NG ADMI NI STRATI ON						11
	1400 CENTRAL SERVICES & SUPPLY						14
	1500 PHARMACY						15
0 0 [.]	1600 MEDICAL RECORDS & LIBRARY						16
	1080 PATIENT TRANSPORTATION						18
	2100 I & R SERVICES-SALARY & FRINGES APPRVD	6, 499, 459					21
	2200 I &R SERVICES-OTHER PRGM COSTS APPRVD		7, 304, 141				22
	2300 PARAMED ED PRGM NPATIENT ROUTINE SERVICE COST CENTERS			317, 756			23
	3000 ADULTS & PEDIATRICS	3, 759, 717	4, 225, 200	0	75, 141, 136	-7, 984, 917	30
	3100 I NTENSI VE CARE UNI T	898, 276	1,009,489	0	19, 967, 413	-1, 907, 765	
	3200 CORONARY CARE UNI T	124, 600	140, 026	0	264, 626	-264, 626	
20 00	2060 NEONATAL INTENSIVE CARE UNIT	0	0	0	4, 353, 507	0	35
	4000 SUBPROVI DER – I PF	0	0	0	0	0	
	4100 SUBPROVIDER - IRF	0	0	0	4, 759, 493	0	
	4300 NURSERY NCI LLARY SERVI CE COST CENTERS	0	0	0	1, 156, 994	0	43
	5000 OPERATING ROOM	414, 366	465, 667	0	20, 857, 410	-880, 033	50
	5100 RECOVERY ROOM	0	0	0	4, 187, 873	0	
	5200 DELIVERY ROOM & LABOR ROOM	0	0	0	5, 214, 903	0	52
	5400 RADI OLOGY-DI AGNOSTI C	141, 986	159, 564	0	29, 584, 701	-301, 550	
	5700 CT SCAN	0	0	0	227, 231	0	
	5800 MAGNETIC RESONANCE IMAGING (MRI) 5900 CARDIAC CATHETERIZATION	0	0	0	U סכם דדכ ד	0	
	6000 LABORATORY	0	0	0	7, 377, 938 16, 671, 846	0	
	6001 BLOOD LABORATORY	0	0	0	10, 07 1, 040	0	
	6300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1, 678, 547	0	63
	6500 RESPI RATORY THERAPY	134, 741	151, 423	0	7, 135, 371	-286, 164	65
	6501 SLEEP LAB	0	0	0	1, 029, 698	0	
	6600 PHYSI CAL THERAPY	0	0	0	8, 463, 970	0	
	6700 OCCUPATIONAL THERAPY	0	0	0	1, 671, 304	0	
	6800 SPEECH PATHOLOGY 6801 AUDI OLOGY	0	0	0	968, 988	0	
	6900 ELECTROCARDI OLOGY	268, 034	301, 218	0	5, 301, 122	-569, 252	
	7100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19, 053, 049	0	
0 0	7200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	23, 843, 077	0	72
	7300 DRUGS CHARGED TO PATIENTS	0	0	317, 756	55, 923, 769	0	
	7301 HOSPI TAL BASED RETAIL PHARMACIES	0	0	0	9, 265, 657	0	
	7400 RENAL DI ALYSI S	0	0	0	1, 925, 703	0	
	3160 CARDI OPULMONARY 7697 CARDI AC REHABI LI TATI ON	0	0	0	0 1, 397, 506	0	
	7698 HYPERBARI C OXYGEN THERAPY	0	0	0	2, 230, 556	0	
	JTPATIENT SERVICE COST CENTERS				_, 200, 000		1 ``
00 00	9000 CLI NI C	0	0	0	0	0	90
	9001 SUBSTANCE ABUSE CLINIC	0	О	0	879, 018	0	90
	9002 PAIN CLINIC	123, 151	138, 398	0	2, 778, 000	-261, 549	
	9003 ONCOLOGY CLINIC	88, 379	99, 321	0	3, 608, 474	-187, 700	
	9100 EMERGENCY	463, 626	521, 027	0	25, 423, 137	-984, 653	
	9200 OBSERVATION BEDS (NON-DISTINCT PART) 9201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	
	THER REIMBURSABLE COST CENTERS		Ŋ	0	0	0	1 1
	9500 AMBULANCE SERVICES	0	0	0	213, 316	0	95
00 00							4
SF	PECIAL PURPOSE COST CENTERS 1300 INTEREST EXPENSE						113

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC	CN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Pre 6/29/2020 8:0	
	INTERNS &	RESI DENTS			0,2,,,2020 0,0	
Cost Center Description	SERVI CES-SALAR		PARAMED ED	Subtotal	Intern &	
cost center beschiption	Y & FRI NGES	PRGM COSTS	PRGM	Subtotal	Residents Cost	
					& Post	
					Stepdown	
	21.00	22.00	23.00	24.00	Adjustments 25.00	
NONREI MBURSABLE COST CENTERS	21.00	22.00	23.00	24.00	23.00	
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0 945, 141	0	190. 00
191. 00 19100 RESEARCH	82, 583	92, 808		0 1, 610, 208	-175, 391	191.00
194.00079500THER NONREIMBURSABLE COST CENTERS	0	0		0 0		194.00
194.0107951BSU PHARMACY	0	0		0 121, 690		194.01
194.0207952 PAVILLION PHARMACY	0	0		0 8, 057, 706		194.02
194. 03 07953 VENDI NG	0	0		0 0		194.03
194. 04 07954 CARELINE	0	0		0 0		194.04
194. 05 07955 WELLNESS CENTER	0	0		0 383, 794 0 1 576 180		194.05
194. 06 07956 PHYSI CLAN PRACTI CE CLINI CS 194. 07 07957 PERINATAL CLINI C	0	0		0 1, 576, 180		194.06 194.07
194. 08 07958 RENTAL PROPERTY	0	0		0 6, 838, 414		194.07
194. 09 07959 ADVERTI SI NG	0	0		0 0, 030, 414		194.00
194. 10/07960 I NTEGRA LTAC	0	0		0 884, 956		194.10
194. 11 07961 I U HEALTH HOSPI CE	0	0		0 221, 606		194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0 0	0	194.12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0		0 0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0		0 0	0	194.14
194. 15 07965 MARKETI NG/PUBLIC RELATI ONS	0	0		0 137, 349	0	194. 15
194.1607966 JAY COUNTY HOSPITAL	0	0		0 2, 102, 516		194.16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0		0 0		194.17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES	0	0		0 0		194.18
194. 19 07969 HEALTH CARE CONNECTIONS 194. 20 07970 MEALS ON WHEELS	0	0		0 0		194. 19 194. 20
194. 20107970 MEALS ON WHEELS 194. 21 07971 ST MARY'S SCHOOL	0	0		0 0		194.20
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0		0 676, 617		194. 21
194. 23 07973 CANCER CENTER BOUTIQUE	0	0		0 195, 970		194.22
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0		0 1, 527, 396		194.24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	0		0 688, 476		194.25
194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL	0	0		0 1, 794, 687	0	194.26
194. 27 07977 MI DWEST HEALTH STRATEGIES	0	0		0 0	0	194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0 0	0	194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0 0	0	194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0		0 0		194.30
194. 31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0		0 0		194.31
194. 32 07982 RENAL DI ALYSI S	0	0		0 0		194.32
194. 33 07983 LAB CORP	0	0		0 0		194.33
194. 34 07984 H. O. MATERIALS MGMT 194. 35 07985 LEASED SPACE	0	0		0 0		194. 34 194. 35
200.00 Cross Foot Adjustments		0				200.00
201.00 Negative Cost Centers	0	0		0 0		200.00
202.00 TOTAL (sum lines 118 through 201)	6, 499, 459	7, 304, 141	317, 7	56 390, 318, 039		
			- / - /			

	Financial Systems LOCATION - GENERAL SERVICE COSTS	BALL MEMORIAL	Provi der CCN: 15-0089	Peri od:	i of Form CMS-2552-10 Worksheet B
				To 12/31/2019	Part I Date/Time Prepared:
	Cost Center Description	Total 26.00			6/29/2020 8:00 am
	GENERAL SERVICE COST CENTERS	20.00			
	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
1	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS				4.00
	00550 DATA PROCESSI NG				5. 02
	00570 ADMI TTI NG				5.02
	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE				5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600 MAI NTENANCE & REPAI RS				6.00
1	00700 OPERATION OF PLANT				7.00
1	00800 LAUNDRY & LINEN SERVICE				8.00
1	00900 HOUSEKEEPING				9.00
	01000 DI ETARY 01100 CAFETERI A				10.00
	01300 NURSI NG ADMI NI STRATI ON				13.00
	01400 CENTRAL SERVICES & SUPPLY				14.00
	01500 PHARMACY				15.00
	01600 MEDICAL RECORDS & LIBRARY				16.00
18.00 (01080 PATI ENT TRANSPORTATI ON				18.00
	02100 I &R SERVICES-SALARY & FRINGES APPRVD				21.00
	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD				22.00
	02300 PARAMED ED PRGM				23.00
	INPATIENT ROUTINE SERVICE COST CENTERS	47 154 210			20_00
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	67, 156, 219 18, 059, 648			30.00 31.00
1	03200 CORONARY CARE UNI T	10,007,040			32.00
	02060 NEONATAL INTENSIVE CARE UNIT	4, 353, 507			35.00
1	04000 SUBPROVI DER – I PF	0			40.00
41.00	04100 SUBPROVI DER – I RF	4, 759, 493			41.00
	04300 NURSERY	1, 156, 994			43.00
	ANCI LLARY SERVICE COST CENTERS	10.077.077			
1	05000 OPERATING ROOM	19, 977, 377			50.00
	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	4, 187, 873 5, 214, 903			51.00 52.00
1	05400 RADI OLOGY-DI AGNOSTI C	29, 283, 151			54.00
	05700 CT SCAN	227, 231			57.00
	05800 MAGNETIC RESONANCE I MAGING (MRI)	0			58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	7, 377, 938			59.00
	06000 LABORATORY	16, 671, 846			60.00
1	06001 BLOOD LABORATORY	0			60.01
	06300 BLOOD STORING, PROCESSING, & TRANS.	1, 678, 547			63.00
	06500 RESPI RATORY THERAPY 06501 SLEEP LAB	6, 849, 207 1, 029, 698			65.00 65.01
	06600 PHYSI CAL THERAPY	8, 463, 970			66.00
	06700 OCCUPATI ONAL THERAPY	1, 671, 304			67.00
	06800 SPEECH PATHOLOGY	968, 988			68.00
68.01	06801 AUDI OLOGY	0			68. 01
	06900 ELECTROCARDI OLOGY	4, 731, 870			69.00
	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	19, 053, 049			71.00
	07200 IMPL. DEV. CHARGED TO PATIENT	23, 843, 077			72.00
	07300 DRUGS CHARGED TO PATIENTS 07301 HOSPITAL BASED RETAIL PHARMACIES	55, 923, 769 9, 265, 657			73.00
	07301 RUSPITAL DASED RETAIL PHARMACIES	9, 205, 057 1, 925, 703			73.01
	03160 CARDI OPULMONARY	1, 723, 703			74.00
	07697 CARDI AC REHABI LI TATI ON	1, 397, 506			76. 97
	07698 HYPERBARI C OXYGEN THERAPY	2, 230, 556			76. 98
	DUTPATIENT SERVICE COST CENTERS				
	09000 CLINIC	0			90.00
	09001 SUBSTANCE ABUSE CLINIC 09002 PAIN CLINIC	879, 018 2, 516, 451			90. 01 90. 02
	09002 PAIN CEINIC 09003 ONCOLOGY CLINIC	3, 420, 774			90.02
	09100 EMERGENCY	24, 438, 484			91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
H	09201 OBSERVATION BEDS (DISTINCT PART)	0			92.01
	OTHER REIMBURSABLE COST CENTERS				
	09500 AMBULANCE SERVICES	213, 316			95.00
	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE				113.00
113.00	SUBTOTALS (SUM OF LINES 1 through 117)	348, 927, 124			113.00
	VONREIMBURSABLE COST CENTERS	575, 727, 124			113.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	945, 141			190.00
	19100 RESEARCH	1, 434, 817			191.00
	07950 OTHER NONREIMBURSABLE COST CENTERS	0			194.00
	07951 BSU PHARMACY	121, 690			194. 01
	07952 PAVILLION PHARMACY	8, 057, 706			194.02

Health Financial Systems	BALL MEMORIAL	HOSPI TAL	In Lieu	u of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 6/29/2020 8:00 am
Cost Center Description	Total 26.00		· · ·	
194. 03 07953 VENDI NG	20.00			194.03
194. 04 07954 CARELI NE	0			194.03
194. 05 07955 WELLNESS CENTER	383, 794			194.05
194. 06 07956 PHYSI CLAN PRACTICE CLINICS	1, 576, 180			194.06
194. 07 07957 PERI NATAL CLINI C	1, 370, 100			194.07
194. 08/07958 RENTAL PROPERTY	6, 838, 414			194.08
194. 09 07959 ADVERTI SI NG	0,030,414			194.09
194. 10 07960 I NTEGRA LTAC	884, 956			194.10
194. 11 07961 I U HEALTH HOSPI CE	221,606			194. 11
194. 12/07962 POB MEDICAL PAVILLION CONDOS	0			194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0			194. 13
194. 14 07964 NEW CASTLE ONCOLOGY	0			194.14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	137, 349			194. 15
194. 16 07966 JAY COUNTY HOSPI TAL	2, 102, 516			194.16
194. 17 07967 CARDI NAL HEALTH CHOI CE	2, 102, 510			194.17
194. 18 07968 CHV CARDINAL HEALTH VENTURES	0			194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0			194.19
194. 20 07970 MEALS ON WHEELS	0			194. 20
194. 21 07971 ST MARY'S SCHOOL	0			194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	676, 617			194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	195, 970			194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	1, 527, 396			194.23
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	688, 476			194. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	1, 794, 687			194.26
194. 27 07977 MI DWEST HEALTH STRATEGIES	0			194.20
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0			194. 27
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0			194.28
194. 30 07980 CARDINAL HEALTH ALLIANCE	0			194. 29
194. 31 07986 OTHER NONREIMBURSABLE COST CENTERS	0			194.30
194. 32 07982 RENAL DIALYSIS	0			194. 31
194. 33 07983 LAB_CORP	0			194. 32
194. 33[07963] LAB CORP 194. 34[07984] H. O. MATERIALS MGMT	0			194. 33
194. 35 07985 LEASED SPACE	0			194. 34
200.00 Cross Foot Adjustments	0			200.00
201.00 Negative Cost Centers	0			200.00
202.00 TOTAL (sum lines 118 through 201)	376, 514, 439			201.00
202.00 TUTAL (Sum TIMES TTO CHIOUGH 201)	370, 314, 439			1202.00

	Financial Systems TION OF CAPITAL RELATED COSTS	BALL MEMORIA	Provi der CCI	F	eriod: rom 01/01/2019 o 12/31/2019	Worksheet B Part II Date/Time Pre 6/29/2020 8:00	pared:
	Cost Center Description	Di rectl y Assi gned New Capi tal	CAPI TAL RELATED COSTS NEW BLDG & FI XT	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	COMMUNI CATI ONS	
		Related Costs 0	1.00	2A	4.00	5. 01	
	GENERAL SERVICE COST CENTERS	[1		
. 00 . 00	00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT	0	68, 124	68, 124	68, 124		1.00 4.00
. 00	01160 COMMUNI CATI ONS	0	23, 422	23, 422		23, 727	5.0 ⁴
. 02	00550 DATA PROCESSI NG	0	0	0	0	0	5. 02
. 04	00570 ADMI TTI NG	0	108, 463	108, 463		213	5.04
. 05 . 06	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00590 OTHER ADMINI STRATI VE AND GENERAL	0	0 765, 434	0 765, 434	0 3, 030	0 487	5. 0! 5. 0
. 00	00600 MAI NTENANCE & REPAI RS	0	14, 128, 603	14, 128, 603		813	6.00
. 00	00700 OPERATION OF PLANT	0	546, 709	546, 709	844	339	7.00
. 00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
. 00	00900 HOUSEKEEPI NG	0	188, 235	188, 235	1,679	1, 223	9.00
0.00	01000 DI ETARY 01100 CAFETERI A	0	154, 478 232, 171	154, 478 232, 171	859 757	485 535	
3.00	01300 NURSI NG ADMI NI STRATI ON	0	214, 800	214, 800		918	
4.00	01400 CENTRAL SERVICES & SUPPLY	0	331, 722	331, 722		0	14.00
5.00	01500 PHARMACY	0	115, 655	115, 655	2, 962	775	15.00
6.00 8.00	01600 MEDI CAL RECORDS & LI BRARY 01080 PATI ENT TRANSPORTATI ON	0	0 11, 226	0 11, 226	0 355	0 272	16.00 18.00
1.00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0	11, 220	2, 412	864	
2.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	0	657, 534	657, 534		96	
3.00	02300 PARAMED ED PRGM	0	2, 236	2, 236	102	30	23.00
0 00	INPATIENT ROUTINE SERVICE COST CENTERS	0	2 (77 025	0 (77 005	10,400	4 004	
0.00 1.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	0	2, 677, 025 431, 054	2, 677, 025 431, 054	13, 438 4, 307	4, 994 1, 329	30.00
2.00	03200 CORONARY CARE UNI T	0	0	431, 034	4, 307	0	32.00
5.00	02060 NEONATAL INTENSIVE CARE UNIT	0	74, 691	74, 691	1, 136	354	35.00
0.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
1.00 3.00	04100 SUBPROVIDER - IRF 04300 NURSERY	0	156, 308	156, 308		308 83	
3.00	ANCI LLARY SERVICE COST CENTERS	0	47, 485	47, 485	270	03	43.00
0. 00	05000 OPERATI NG ROOM	0	592, 459	592, 459	3, 371	1, 229	50.00
1.00	05100 RECOVERY ROOM	0	127, 273	127, 273		303	51.00
2.00	05200 DELIVERY ROOM & LABOR ROOM	0	201,009	201, 009		360	
4.00 7.00	05400 RADI OLOGY-DI AGNOSTI C 05700 CT SCAN	0	937, 518	937, 518 0	5, 267 77	1, 543 52	54.0 57.0
8.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.0
9.00	05900 CARDI AC CATHETERI ZATI ON	0	219, 522	219, 522		346	
0.00		0	277, 436	277, 436		544	
	06001 BLOOD LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	
5.00	06500 RESPIRATORY THERAPY	0	72, 142	72, 142	2, 019	637	65.0
5.01	06501 SLEEP LAB	0	0	0	282	102	65.0
6.00	06600 PHYSI CAL THERAPY	0	54, 130	54, 130		975	
7.00 8.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	37, 588 8, 990	37, 588 8, 990		125 86	
8.00	06801 AUDI OLOGY	0	0, 770	0, 990	0	0	68.0
9.00	06900 ELECTROCARDI OLOGY	0	267, 257	267, 257	-	285	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	
	07200 I MPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	
3.00 3.01	07300 DRUGS CHARGED TO PATIENTS 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	846	0 188	73.00 73.0
4.00	07400 RENAL DI ALYSI S	0	45, 624	45, 624	0	0	74.00
6.00	03160 CARDI OPULMONARY	0	0	0	0	0	76.00
6.97	07697 CARDI AC REHABI LI TATI ON	0	0	0	460	187	76.9
o. 98	07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	0	6, 489	6, 489	321	112	76.98
0. 00	09000 CLINIC	0	0	0	0	0	90.00
	09001 SUBSTANCE ABUSE CLINIC	0	99, 770	99, 770		43	
0. 02	09002 PAIN CLINIC	0	350, 907	350, 907	237	98	
0.03	09003 ONCOLOGY CLINIC	0	45, 437	45, 437	674	195	
1.00 2.00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	507, 527	507, 527	4, 396	1, 629	91.0 92.0
2.00	09201 OBSERVATION BEDS (NON-DISTINCT PART)	0	o	0	0	0	
	OTHER REIMBURSABLE COST CENTERS						
5.00	09500 AMBULANCE SERVICES	0	46, 750	46, 750	0	13	95.0
	SPECIAL PURPOSE COST CENTERS						113. 0
12 00							

Health Financial Systems	BALL MEMORIA				u of Form CMS-2552-1
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC	N: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 6/29/2020 8:00 am
Cost Center Description	Directly Assigned New Capital Related Costs	CAPI TAL RELATED COSTS NEW BLDG & FI XT	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	COMMUNI CATI ONS
	0	1.00	2A	4.00	5.01
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0 87	59 190. 0
191. 00 19100 RESEARCH	0	29, 238	29, 23		142 191. 0
194.00 07950 OTHER NONREI MBURSABLE COST CENTERS	0	0		0 0	0 194. 0
194. 01 07951 BSU PHARMACY	0	0		0 108	26 194. 0
194. 02 07952 PAVI LLI ON PHARMACY	0	39, 714	39, 71		125 194. 0
194. 03 07953 VENDI NG	0	0		0 0	0 194. 0
194. 04 07954 CARELI NE	0	0		0 0	0 194. 0
194. 05 07955 WELLNESS CENTER	0	79, 319	79, 31		0 194. 0
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	378, 316	378, 31		0 194. 0
194. 07 07957 PERI NATAL CLI NI C	0	0		0 0	0 194. 0
194. 08 07958 RENTAL PROPERTY	0	1, 444, 200	1, 444, 20	0 0	0 194. 0
194. 09 07959 ADVERTI SI NG	0	104 045	104.0	0 0	0 194. 0
194. 10 07960 I NTEGRA LTAC 194. 11 07961 U HEALTH HOSPI CE	0	184,045	184, 04		0 194. 1 0 194. 1
194. 12 07961 TO HEALTH HOSPICE 194. 12 07962 POB MEDICAL PAVILLION CONDOS	0	47, 547	47, 54	0 0	0194.1
194. 13 07963 EXECUTIVE PHYSICAL	0	0		0 0	0194.1
194. 14 07964 NEW CASTLE ONCOLOGY	0	0		0 0	0194.1
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	0	34, 773	34, 77	0	0194.1
194. 16 07966 JAY COUNTY HOSPITAL	0	93, 391	93, 39		107 194. 1
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	³ 3, 371	75, 55	0 0	0 194. 1
194. 18 07968 CHV CARDI NAL HEALTH VENTURES	0	0		0 0	0 194. 1
194. 19 07969 HEALTH CARE CONNECTIONS	0	0		0 0	0 194. 1
194. 20 07970 MEALS ON WHEELS	0	0		0 0	0 194. 2
194. 21 07971 ST MARY'S SCHOOL	0	0		0 0	0 194. 2
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0		0 806	0 194. 2
194. 23 07973 CANCER CENTER BOUTIQUE	0	13, 321	13, 32		7 194. 2
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	386, 696	386, 69		0 194. 2
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	138, 452	138, 45	52 0	0 194. 2
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	0	59, 180	59, 18	30 397	91 194. 2
194. 27 07977 MIDWEST HEALTH STRATEGIES	0	0		0 0	0 194. 2
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0 0	0 194. 2
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0 0	0 194. 2
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0		0 0	0 194. 3
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0		0 0	0 194. 3
194. 32 07982 RENAL DIALYSIS	0	0		0 0	0 194. 3
194. 33 07983 LAB CORP	0	0		0 0	0 194. 3
194. 34 07984 H. O. MATERIALS MGMT	0	0		0 0	0 194. 3
194. 35 07985 LEASED SPACE	0	0		0 0	0 194. 3
200.00 Cross Foot Adjustments				0	200. 0
201.00 Negative Cost Centers		0		0 0	0 201. 0
202.00 TOTAL (sum lines 118 through 201)	0	27, 761, 395	27, 761, 39	68, 124	23, 727 202. 0

ALLOCA	I Financial Systems ATION OF CAPITAL RELATED COSTS	BALL MEMORIA	Provider C		eri od:	u of Form CMS-2 Worksheet B	
					rom 01/01/2019 o 12/31/2019		
	Cost Center Description	DATA PROCESSI NG	ADMI TTI NG	CASHI ERI NG/ACC OUNTS	OTHER ADMI NI STRATI VE	6/29/2020 8: 0 MAI NTENANCE & REPAI RS	<u>0 am</u>
		5.02	5.04	RECEI VABLE 5. 05	AND GENERAL 5.06	6.00	
	GENERAL SERVICE COST CENTERS	5.02	5.04		3.00	0.00	
1.00 4.00	00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT						1.00 4.00
4.00 5.01	01160 COMMUNI CATI ONS						5.01
5.02	00550 DATA PROCESSI NG	0					5.02
5.04		0	109, 246				5.04
5.05 5.06	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00590 OTHER ADMI NI STRATI VE AND GENERAL	0	0				5.05 5.06
6.00	00600 MAI NTENANCE & REPAI RS	0	C	C		14, 182, 366	
7.00	00700 OPERATION OF PLANT	0	0	C		612, 096	
8.00 9.00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG	0	0			0 210, 748	
10.00	01000 DI ETARY	0	C	C		172, 954	
11.00		0	0	C		259, 939	
13.00 14.00	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY	0	0			240, 490 371, 396	
15.00	01500 PHARMACY	0	C	C		129, 488	
16.00	01600 MEDI CAL RECORDS & LI BRARY	0	0	C	-	0	
18.00 21.00	01080 PATIENT TRANSPORTATION 02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0			12, 569 0	
22.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	0	0			736, 175	
23.00	02300 PARAMED ED PRGM	0	0	C	604	2, 503	23.00
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	0	11. 889	c	93, 235	2, 997, 199	30.00
31.00	03100 I NTENSI VE CARE UNI T	0	3, 370			482, 608	
32.00	03200 CORONARY CARE UNI T	0	0	C	-	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	0	932			83, 624	
40.00	04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF	0	613		-	0 175, 002	40.00
43.00	04300 NURSERY	0	185	C		53, 164	
F0 00	ANCI LLARY SERVICE COST CENTERS		10 (50		20 552	(() 017	
50.00 51.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	0	10, 658 1, 457			663, 317 142, 494	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1, 497	C C		225, 050	
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	14, 569			1, 049, 645	
57.00 58.00	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	206			0	57.00 58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	5, 884			245, 777	
60.00	06000 LABORATORY	0	5, 128			310, 617	
60. 01 63. 00	06001 BLOOD LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0 485		-	0	
65.00	06500 RESPI RATORY THERAPY	0	1, 528			80, 770	
65.01		0	444	C	1, 948	0	
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	0	1, 234 381			60, 604 42, 083	
68.00	06800 SPEECH PATHOLOGY	0	206	-		10, 066	
68.01	06801 AUDI OLOGY	0	C	C	-	0	
69.00 71.00	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	3, 322 4, 273		7, 343 28, 735	299, 221 0	
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	0	7, 223		36, 282	0	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	16, 831	C	91, 548	0	73.00
73.01 74.00	07301 HOSPITAL BASED RETAIL PHARMACIES 07400 RENAL DIALYSIS	0	411 272		18, 197 3, 456	0 51, 081	73.01 74.00
76.00		0	272	-		0	
76.97	07697 CARDI AC REHABI LI TATI ON	0	312			0	76.97
76. 98	07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVICE COST CENTERS	0	939	C	3, 984	7, 265	76.98
90.00	09000 CLINIC	0	0	C	0	0	90.00
90. 01	09001 SUBSTANCE ABUSE CLINIC	0	9	C	1, 013		90.01
90.02	09002 PAIN CLINIC	0	421		2,419	392, 875	
90.03 91.00	09003 ONCOLOGY CLINIC 09100 EMERGENCY	0	1, 986 12, 581		5, 800 39, 684	50, 871 568, 227	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	Ŭ	.2, 001		37,004	550, 221	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	C	0	0	92.01
95.00	OTHER REI MBURSABLE COST CENTERS 09500 AMBULANCE SERVI CES	0	C	c	104	52, 341	95.00
73.00	SPECIAL PURPOSE COST CENTERS	0	U		104	52, 341	75.00
	11300 INTEREST EXPENSE						113.00
118.00		0	109, 246	C	733, 248	10, 903, 961	118.00
190.00	NONREI MBURSABLE COST CENTERS	0	C	C	1, 847	0	190. 00
191.00	19100 RESEARCH	0	C	c	2, 416	32, 735	191.00
	07950 OTHER NONREI MBURSABLE COST CENTERS	0	0	0	0	0	194.0

Health Financial Systems	BALL MEMORIAL	HOSPI TAL		In Li	eu of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C	CN: 15-0089	Peri od:	Worksheet B	
				From 01/01/2019		
				To 12/31/2019	Date/Time Pre 6/29/2020 8:0	pared:
Cost Center Description	DATA	ADMI TTI NG	CASHI ERI NG/A	CC OTHER	MAINTENANCE &	
cost center bescription	PROCESSING	ADMITTING	OUNTS	ADMI NI STRATI VE		
	FRUCESSING		RECEIVABLE	-		
	5.02	5.04	5.05	5.06	6.00	
194. 01 07951 BSU PHARMACY	0	0.04	5.05	0 233		194.01
194. 02 07952 PAVI LLI ON PHARMACY	0	0		0 15, 575		194.02
194. 03 07953 VENDI NG	0	0		0 13, 37		194.02
194. 04 07954 CARELI NE	0	0				194.03
194. 05 07955 WELLNESS CENTER	0	0		0 187		194.05
194. 06 07956 PHYSI CLAN PRACTICE CLINICS	0	0		0 825		
194. 07 07 950 PHTSTCTAN PRACTICE CEINICS	0	0		0 020		194.08
	0	0				
194. 08 07958 RENTAL PROPERTY	0	0		0 4,640		
194. 09 07959 ADVERTI SI NG	0	0		0 0		194.09
194. 10 07960 I NTEGRA LTAC	0	0		0 402		
194. 11 07961 IU HEALTH HOSPICE	0	0		0 118		194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0 0		194.12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0		0 0		194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0		0 0		194.14
194. 15 07965 MARKETI NG/PUBLIC RELATIONS	0	0		0 76		194. 15
194. 16 07966 JAY COUNTY HOSPITAL	0	0		0 3, 491		•
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0		0 0		194. 17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES	0	0		0 0		194. 18
194.1907969 HEALTH CARE CONNECTIONS	0	0		0 0	0 0	194.19
194.2007970 MEALS ON WHEELS	0	0		0 0	0 0	194.20
194.2107971 ST MARY'S SCHOOL	0	0		0 0	0 0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0		0 1, 333	3 0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0		0 295	5 14, 915	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0		0 844	432, 945	194.24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	0		0 304	155, 011	194.25
194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL	0	0		0 3, 117	66, 258	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0		0 0	0 0	194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0 0	o o	194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0 0	o o	194.29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0		0 0	0	194.30
194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS	0	0		0 0		194.31
194. 32 07982 RENAL DI ALYSI S	0	0		0 0		194.32
194. 33 07983 LAB CORP	0	0		0		194.33
194. 34 07984 H. O. MATERI ALS MGMT	0	0		0 0		194.34
194. 35 07985 LEASED SPACE	0	0		0 0		194.35
200.00 Cross Foot Adjustments		0		-		200.00
201.00 Negative Cost Centers	0	Ω		0 0		201.00
202.00 TOTAL (sum lines 118 through 201)	0	109, 246		0 768, 95		•
	, Ч	107, 240	1	, , , , , , , , , , , , , , , , , , , ,	1 11, 102, 500	1202.00

	Financial Systems TION OF CAPITAL RELATED COSTS	BALL MEMORIA	Provider C	F	eriod: rom 01/01/2019 o 12/31/2019	u of Form CMS-: Worksheet B Part II Date/Time Pre 6/29/2020 8:0	pared:
	Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DI ETARY	CAFETERI A	
	GENERAL SERVICE COST CENTERS	7.00	8.00	9.00	10.00	11.00	
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 5.02	01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG						5. 01 5. 02
5.02	00570 ADMI TTI NG						5.02
5.05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5.05
5.06 6.00	00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS						5.06 6.00
7.00	00700 OPERATION OF PLANT	1, 176, 723					7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	3, 007				8.00
9.00	00900 HOUSEKEEPI NG	18, 275	0				9.00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A	14, 997 22, 540	0			528, 980	10.00
	01300 NURSI NG ADMI NI STRATI ON	20, 854	0			24, 749	
14.00	01400 CENTRAL SERVICES & SUPPLY	32, 205	0			0	
	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	11, 228	0		0	20, 880 0	1
	01080 PATIENT TRANSPORTATION	1,090	22		0	7, 321	1
21.00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0		-	23, 291	21.00
22.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	63, 836	0		0	2, 578	
23.00	02300 PARAMED ED PRGM I NPATI ENT ROUTI NE SERVI CE COST CENTERS	217	0	94	0	797	23.00
30.00	03000 ADULTS & PEDI ATRI CS	259, 897	1, 388	112, 984	281, 586	134, 519	30.00
31.00	03100 I NTENSI VE CARE UNI T	41, 849	243			35, 799	1
32.00 35.00	03200 CORONARY CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT	0 7, 251	0 15		-	0 9, 533	
40.00	04000 SUBPROVIDER - IPF	0	0			y, 333 0	1
	04100 SUBPROVI DER – I RF	15, 175	107			8, 302	
43.00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	4, 610	20	2,004	0	2, 223	43.00
50.00	05000 OPERATI NG ROOM	57, 518	235	25, 005	0	33, 124	50.00
	05100 RECOVERY ROOM	12, 356	84			8, 159	51.00
52.00 54.00	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	19, 515 91, 018	96 207			9,711	
54.00 57.00	05700 CT SCAN	91,018	207			41, 579 1, 413	1
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			0	1
59.00	05900 CARDI AC CATHETERI ZATI ON	21, 312	43			9, 318	1
60. 00 60. 01	06000 LABORATORY 06001 BLOOD LABORATORY	26, 935 0	0		0	14, 659 0	1
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		0	0	1
65.00	06500 RESPI RATORY THERAPY	7,004	1	3, 045		17, 178	
	06501 SLEEP LAB 06600 PHYSI CAL THERAPY	0 5, 255	0 17				65.01 66.00
	06700 OCCUPATI ONAL THERAPY	3, 649	0	_,		3, 375	
68.00	06800 SPEECH PATHOLOGY	873	0	379	0	2, 317	
68. 01 69. 00	06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY	0 25, 946	0 35	0 11, 280	0	0 7, 676	1
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	23, 740	0	0	0	0,070	
	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	
	07300 DRUGS CHARGED TO PATIENTS 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0 5, 069	
	07400 RENAL DI ALYSI S	4, 429	4	1, 926	0	5,009	1
	03160 CARDI OPULMONARY	0	0	0	0	0	
	07697 CARDI AC REHABI LI TATI ON	0	0	0	0	5,035	
10.98	07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	630	0	274	0	3, 020	76. 98
	09000 CLI NI C	0	0	0	0	0	
	09001 SUBSTANCE ABUSE CLINIC	9, 686	0	4, 211	0	1, 155	
	09002 PAIN CLINIC 09003 ONCOLOGY CLINIC	34, 068 4, 411	0	14, 810 1, 918		2, 644 5, 264	1
	09100 EMERGENCY	49, 273	452			43, 885	1
	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	92.01
95.00	09500 AMBULANCE SERVICES	4, 539	0	1, 973	0	362	95.00
	SPECIAL PURPOSE COST CENTERS						1
113.00 118.00	11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117)	002 111	2 070	200 025	275 0/7	512 042	113.00
ι ι σ. UU	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	892, 441	2, 970	380, 025	325, 867	513, 963	1118.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1 50/	190.00
		0	0				
191.00	19000 GIFT, FLOWER, COFFEE SHOP & CANFEEN 19100 RESEARCH 07950 OTHER NONREIMBURSABLE COST CENTERS	2,839	0	1, 234		3, 820	190.00 191.00 194.00

Health Financial Systems	BALL MEMORIA	AL HOSPITAL		In Lie	eu of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C	CN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II
Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI N		CAFETERI A
	7.00	8.00	9.00	10.00	11.00
194.0207952 PAVILLION PHARMACY	3, 856	0	1, 6	76 0	3, 375 194. 02
194. 03 07953 VENDI NG	0	0)	0 0	0 194. 03
194. 04 07954 CARELI NE	0	0)	0 0	0 194. 04
194.0507955 WELLNESS CENTER	7, 701	37	3, 3	48 0	0 194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	36, 728	0	6,2	29 0	0 194.06
194. 07 07957 PERINATAL CLINIC	0	0		0 0	0 194. 07
194. 08 07958 RENTAL PROPERTY	140, 209	0	28, 7	27 0	0 194. 08
194. 09 07959 ADVERTI SI NG	0	0		0 0	0 194, 09
194. 10 07960 I NTEGRA LTAC	17,868	0)	0 16,028	0 194, 10
194. 11 07961 I U HEALTH HOSPICE	4, 616		2,0		
194. 12 07962 POB MEDICAL PAVILLION CONDOS	0	0	_, _	0 0	0 194, 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0		0 0	0 194. 13
194. 14 07964 NEW CASTLE ONCOLOGY	0	0		0 0	0194.14
194. 15 07965 MARKETI NG/PUBLIC RELATIONS	3, 376	0		0 0	0194.15
194. 16 07966 JAY COUNTY HOSPITAL	9,067		3,9	42 0	2, 874 194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0	0,,	0 0	0194.17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES	0	0		0 0	0194.18
194. 19 07969 HEALTH CARE CONNECTIONS	0	0		0 0	0194.19
194. 20 07970 MEALS ON WHEELS	0	0		0 0	0 194. 20
194. 21 07971 ST MARY'S SCHOOL	0	0			0194.21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0			0194.22
194. 23 07973 CANCER CENTER BOUTIQUE	1, 293		5	62 0	202 194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	37, 542		5	0 0	0 194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	13, 442			0 14, 281	
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	5, 745		2,4		
194. 27 07977 MI DWEST HEALTH STRATEGIES	0,749		2,7		0 194. 27
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0				0 194. 28
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0				0 194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE					0 194. 30
194. 31 07986 OTHER NONRELMBURSABLE COST CENTERS	0				0 194. 30
194. 32 07982 RENAL DI ALYSI S	0	0		0 0	0 194. 31
194. 33 07983 LAB_CORP	0	0		0 0	0 194. 32
194. 34 07984 H. O. MATERIALS MGMT	0				0 194. 33
194. 35 07985 LEASED SPACE	0			0 0	0 194. 34
200.00 Cross Foot Adjustments			1	0	200.00
200.00 Regative Cost Centers	_	_		0 0	0 201.00
201.00 Negative cost centers 202.00 TOTAL (sum lines 118 through 201)	1, 176, 723	3,007	430, 2	0	
	1, 170, 723	3,007	430,2	48 356, 176	1 320, 900 202.00

	TION OF CAPITAL RELATED COSTS		Provider CC		eri od:	Worksheet B	
				F	rom 01/01/2019 o 12/31/2019	Part II Date/Time Pre	nare
					0 12/31/2017	6/29/2020 8:0	0 an
						OTHER GENERAL	
	Cast Canton Decarintian		CENTRAL	DUADMACY		SERVI CE PATI ENT	
	Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES &	PHARMACY	MEDICAL RECORDS &	TRANSPORTATION	
			SUPPLY		LI BRARY		
		13.00	14.00	15.00	16.00	18.00	
	GENERAL SERVICE COST CENTERS	- <u>1</u>	T			1	
00	00100 NEW CAP REL COSTS-BLDG & FIXT						1
00	00400 EMPLOYEE BENEFITS DEPARTMENT						4
)1)2	01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG						5
)2)4	00550 DATA PROCESSING 00570 ADMITTING						5
)4)5	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5
)6	00590 OTHER ADMINI STRATI VE AND GENERAL						5
00	00600 MAINTENANCE & REPAIRS						6
00	00700 OPERATION OF PLANT						7
00	00800 LAUNDRY & LINEN SERVICE						8
00	00900 HOUSEKEEPI NG						9
	01000 DI ETARY						10
		505.04/					11
	01300 NURSI NG ADMI NI STRATI ON	535, 816	775 10/				13
	01400 CENTRAL SERVICES & SUPPLY	0	775, 486	207 141			14
	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	0	4, 422 0	307, 141 0	0		15
	01080 PATIENT TRANSPORTATION	0	16	0	0	35, 291	
	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	
	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	0	2	0	0		
	02300 PARAMED ED PRGM	0	0	0	0		
	INPATIENT ROUTINE SERVICE COST CENTERS						
	03000 ADULTS & PEDIATRICS	256, 757	46, 061	1, 621	0	3, 754	30
	03100 I NTENSI VE CARE UNI T	68, 060	21, 154	638			
	03200 CORONARY CARE UNI T	0	0	0	0	, o	
	02060 NEONATAL INTENSIVE CARE UNIT	17, 308	2, 805	92	0	294	
	04000 SUBPROVIDER - IPF	15 270	0	0			
	04100 SUBPROVI DER – I RF 04300 NURSERY	15, 378 4, 238	1, 403 0	18 0			
00	ANCI LLARY SERVICE COST CENTERS	4,230	U	0	0	50	43
00	05000 OPERATI NG ROOM	21,086	85, 709	750	0	3, 366	50
	05100 RECOVERY ROOM	16, 610	4, 114	285			
00	05200 DELIVERY ROOM & LABOR ROOM	17, 575	4, 256	128	0	473	52
	05400 RADI OLOGY-DI AGNOSTI C	13, 508	21, 752	275	0	4, 601	54
	05700 CT SCAN	0	56	0		65	
	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0	0		-	
	05900 CARDI AC CATHETERI ZATI ON	10, 035	14, 172	155		1, 858	
00		0	0	0			
	06001 BLOOD LABORATORY	0	0	0	0		
	06300 BLOOD STORI NG, PROCESSI NG, & TRANS. 06500 RESPI RATORY THERAPY	2, 397	0 8, 315	6	0	153	
	06501 SLEEP LAB	2, 377	1, 289	0	-	482 140	
	06600 PHYSI CAL THERAPY	0	1, 280	0	-	390	
	06700 OCCUPATI ONAL THERAPY	0	114	0	0	120	
	06800 SPEECH PATHOLOGY	0	31	0	0	65	
	06801 AUDI OLOGY	0	0	0	0	0	
	06900 ELECTROCARDI OLOGY	0	574	0	-	1, 049	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	238, 110	0	-	1, 349	
	07200 IMPL. DEV. CHARGED TO PATIENT	0	288, 179	0	0	2, 281	
	07300 DRUGS CHARGED TO PATIENTS	0	0	301, 649	0	6, 109	
	07301 HOSPITAL BASED RETAIL PHARMACIES	0	33	0	0	130	
	07400 RENAL DI ALYSI S	0	490	70	0	86	
	03160 CARDI OPULMONARY 07697 CARDI AC REHABI LI TATI ON	482	0 249	0	0	0 98	
	07698 HYPERBARI C OXYGEN THERAPY	5, 025	249 2, 807	7			
,0	OUTPATIENT SERVICE COST CENTERS	5,025	2,007	/	0	271	1 '`
00	09000 CLINIC	0	0	0	0	0	90
	09001 SUBSTANCE ABUSE CLINIC	809	138	0	-		
	09002 PAIN CLINIC	2, 152	1, 761	8	0	133	90
	09003 ONCOLOGY CLINIC	9, 790	2, 949	265	0	627	90
	09100 EMERGENCY	70, 450	23, 126	1, 174	0	3, 973	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92
01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92
	OTHER REIMBURSABLE COST CENTERS	1				1	
00	09500 AMBULANCE SERVICES	0	13	0	0	0	95
	SPECIAL PURPOSE COST CENTERS		Г				1110
	11200 INTEDEST EVELNEE						
	11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117)	531, 660	775, 380	307, 141	0	35, 291	113

Health Financial Systems	BALL MEMORIA	L HOSPI TAL			In Lie	u of Form CMS-:	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C	CN: 15-0089		riod: om 01/01/2019 12/31/2019	6/29/2020 8:0	
Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY		MEDI CAL RECORDS & LI BRARY	OTHER GENERAL SERVI CE PATI ENT TRANSPORTATI ON	
	13.00	14.00	15.00		16.00	18.00	
191.00 19100 RESEARCH	4, 156	5		0	0	0	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	0	194.00
194.01 07951 BSU PHARMACY	0	0		0	0		194.01
194. 02 07952 PAVI LLI ON PHARMACY	0	21		0	0		194.02
194. 03 07953 VENDI NG	0	0		0	0		194.03
194. 04 07954 CARELI NE	0	0		0	0	-	194.04
194.0507955 WELLNESS CENTER	0	31		0	0	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0		0	0	0	194.06
194. 07 07957 PERINATAL CLINIC	0	0		0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	42		0	0	0	194.08
194. 09 07959 ADVERTI SI NG	0	0		0	0	0	194.09
194. 10 07960 INTEGRA LTAC	0	0		0	0	0	194.10
194. 11 07961 IU HEALTH HOSPICE	0	0		0	0	0	194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0		0	0	0	194.12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0		0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0		0	0	0	194.14
194. 15 07965 MARKETI NG/PUBLIC RELATIONS	0	0		0	0	0	194.15
194. 16 07966 JAY COUNTY HOSPITAL	0	0		0	0	0	194.16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0		0	0	0	194.17
194.18 07968 CHV CARDI NAL HEALTH VENTURES	0	0		0	0	0	194.18
194.1907969 HEALTH CARE CONNECTIONS	0	0		0	0	0	194.19
194.2007970 MEALS ON WHEELS	0	0		0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0		0	0	0	194.21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0		0	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0		0	0	0	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0		0	0	0	194.24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	5		0	0	0	194.25
194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL	0	0		0	0	0	194.26
194.2707977 MIDWEST HEALTH STRATEGIES	0	0		0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0	0	0	194.29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0		0	0		194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0		194.31
194. 32 07982 RENAL DIALYSIS	0	0		0	0		194.32
194.3307983 LAB CORP	0	0		0	0		194.33
194.34 07984 H. O. MATERIALS MGMT	0	0		0	0		194.34
194. 35 07985 LEASED SPACE	0	0		0	0	0	194.35
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers	0	0		0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	535, 816	775, 486	307, 1	111	0		

	Financial Systems TION OF CAPITAL RELATED COSTS	BALL MEMORIA	Provider CC		Period: From 01/01/2019 To 12/31/2019	u of Form CMS-: Worksheet B Part II Date/Time Pre	
					10 12/31/2019	6/29/2020 8:0	o am
		INTERNS &	RESIDENTS				
	Cost Center Description	SERVI CES-SALAR Y & FRI NGES	SERVI CES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		21.00	22.00	23.00	24.00	25.00	
	GENERAL SERVICE COST CENTERS						1 1 0
. 00 . 01 . 02 . 04 . 05 . 06 . 00 . 00 . 00 . 00 0. 00 1. 00 3. 00 4. 00 5. 00 6. 00 8. 00 1. 00	00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATIONS 00550 DATA PROCESSING 00570 ADMITTING 00580 CASHIERING/ACCOUNTS RECEIVABLE 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01000 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01600 PATIENT TRANSPORTATION 012100 I & SERVICES-SALARY & FRINGES APPRVD 02200 I & SERVICES-OTHER PRGM COSTS APPRVD	39, 159	1, 498, 072				1.0 4.0 5.0 5.0 5.0 5.0 5.0 6.0 7.0 8.0 9.0 10.0 11.0 13.0 14.0 15.0 14.0 15.0 14.0 21.0 22.0
	02300 PARAMED ED PRGM		1, 470, 072	6, 58	3		23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
	03000 ADULTS & PEDIATRICS				6, 896, 347	0	
	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T				1, 161, 126	0	31.00
	02060 NEONATAL INTENSIVE CARE UNIT				208, 285	0	
0.00	04000 SUBPROVI DER – I PF				0	0	40.00
1.00	04100 SUBPROVIDER - IRF				408, 058	0	41.00
3.00	04300 NURSERY				116, 074	0	43.00
	ANCI LLARY SERVI CE COST CENTERS	-r	I		T	I	-
	05000 OPERATING ROOM				1, 528, 380	0	
	05100 RECOVERY ROOM				326, 189	0	
	05200 DELIVERY ROOM & LABOR ROOM				497, 062 2, 270, 199	0	
	05400 RADI OLOGY-DI AGNOSTI C 05700 CT SCAN				2, 270, 199	0	
	05800 MAGNETIC RESONANCE IMAGING (MRI)				2, 290		
	05900 CARDI AC CATHETERI ZATI ON				550, 762	0	
	06000 LABORATORY				679, 400		
	06001 BLOOD LABORATORY				0	0	
	06300 BLOOD STORING, PROCESSING, & TRANS.				3, 935	0	
	06500 RESPI RATORY THERAPY				207, 939	0	65.0
5.01	06501 SLEEP LAB				6, 957	0	65.0
	06600 PHYSI CAL THERAPY				171, 643	0	
	06700 OCCUPATI ONAL THERAPY				92, 471	0	
	06800 SPEECH PATHOLOGY				25, 139	0	
	06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY				624 605	0	68.0 69.0
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				624, 605 272, 467	0	
	07200 I MPL. DEV. CHARGED TO PATIENT				333, 965	0	72.0
	07300 DRUGS CHARGED TO PATIENTS				416, 137	0	
	07301 HOSPI TAL BASED RETAIL PHARMACIES				24, 874	0	
	07400 RENAL DI ALYSI S				107, 438	0	
	03160 CARDI OPULMONARY				0	0	
	07697 CARDI AC REHABI LI TATI ON				9, 494	0	
6. 98	07698 HYPERBARI C OXYGEN THERAPY				31, 170	0	76.9
0. 00	OUTPATIENT SERVICE COST CENTERS	1			0	0	90.0
	09001 SUBSTANCE ABUSE CLINIC				228, 681	0	90.0
	09002 PAIN CLINIC				802, 533	0	
	09003 ONCOLOGY CLINIC				130, 188	0	
	09100 EMERGENCY				1, 347, 797	0	1
	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	
2. 01	09201 OBSERVATION BEDS (DISTINCT PART)				0	0	92. 0 [.]
F 07	OTHER REIMBURSABLE COST CENTERS						·
	09500 AMBULANCE SERVICES SPECIAL PURPOSE COST CENTERS				106, 095	0	95.0
	11300 INTEREST EXPENSE						113.0
	SUBTOTALS (SUM OF LINES 1 through 117)	0	0		0 19, 587, 708		118.0

Health Financial Systems	BALL MEMORIA		N 15 0000		u of Form CMS-2	2552-1
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC	N: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prep 6/29/2020 8:00	
	INTERNS &	RESI DENTS				
Cost Center Description	SERVI CES-SALAR Y & FRI NGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown	
	21.00	22.00	22.00	24.00	Adjustments	
NONREI MBURSABLE COST CENTERS	21.00	22.00	23.00	24.00	25.00	
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				3, 589	0	190. 0
191. 00 19100 RESEARCH				76, 996		191.0
194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS				10, 110		194. 0
194. 01 07951 BSU PHARMACY				1, 080		194.0
194. 02 07952 PAVI LLI ON PHARMACY				109, 283		194. 0
194. 03 07953 VENDI NG				0,200		194.0
194. 04 07954 CARELI NE				0		194.0
194. 05 07955 WELLNESS CENTER				179, 428		194.0
194. 06 07956 PHYSI CLAN PRACTICE CLINICS				845, 660	-	194.0
194. 07 07957 PERI NATAL CLI NI C				0		194.0
194.0807958 RENTAL PROPERTY				3, 234, 745	0	194.0
194. 09 07959 ADVERTI SI NG				0	0	194. 0
194. 10 07960 INTEGRA LTAC				424, 400	0	194. 10
194. 11 07961 IU HEALTH HOSPICE				107, 522	0	194. 1
194.1207962 POB MEDICAL PAVILLION CONDOS				0	0	194.1
194. 13 07963 EXECUTI VE PHYSI CAL				0	0	194.1
194.14 07964 NEW CASTLE ONCOLOGY				0	0	194. 1
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS				77, 157	0	194. 1
194. 16 07966 JAY COUNTY HOSPITAL				218, 023		194. 1
194. 17 07967 CARDI NAL HEALTH CHOI CE				0	-	194. 1
194.1807968CHV CARDINAL HEALTH VENTURES				0		194. 1
194.1907969 HEALTH CARE CONNECTIONS				0		194. 1
194.20 07970 MEALS ON WHEELS				0		194.2
194. 21 07971 ST MARY'S SCHOOL				0		194.2
194. 22 07972 THERAPIES TO OTHER ENTITIES				2, 139		194.2
194. 23 07973 CANCER CENTER BOUTIQUE				30, 604		194.2
194. 24 07974 BOSC BALL OUTPATIENT SURGERY				858, 027		194.2
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH				321, 495		194.2
194.26 07976 BLACKFORD COMMUNITY HOSPITAL 194.27 07977 MIDWEST HEALTH STRATEGIES				139, 725 0		194. 2 194. 2
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP				0		194. 2
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI				0		194. 2
194. 30 07980 CARDI NAL HEALTH ALLI ANCE				0	-	194. 2
194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS				0		194.3
194. 32 07982 RENAL DI ALYSI S				0		194. 3
194. 33 07983 LAB CORP				0		194.3
194. 34 07984 H. O. MATERIALS MGMT				0		194.3
194. 35 07985 LEASED SPACE				0		194.3
200.00 Cross Foot Adjustments	39, 159	1, 498, 072	6, 58	1, 543, 814		200. 0
201.00 Negative Cost Centers	0	0		0 0	0	201. 0
202.00 TOTAL (sum lines 118 through 201)	39, 159	1, 498, 072	6, 58	33 27, 761, 395	0	202.0

ALLOCA	TION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: Worksheet B From 01/01/2019 Part II	
				To 12/31/2019 Date/Time Pr 6/29/2020 8:	repared: 00 am
	Cost Center Description	Total 26.00			
	GENERAL SERVICE COST CENTERS				
1.00 4.00	00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT				1.0
4.00 5.01	01160 COMMUNI CATI ONS				5.0
5. 02	00550 DATA PROCESSI NG				5.0
5.04	00570 ADMI TTI NG				5.0
5. 05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE				5.0
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL				5.0
5.00 7.00	00600 MAI NTENANCE & REPAI RS 00700 OPERATI ON OF PLANT				6. C
. 00	00800 LAUNDRY & LINEN SERVICE				8.0
00.00	00900 HOUSEKEEPI NG				9.0
0. 00	01000 DI ETARY				10.0
1.00	01100 CAFETERI A				11. C
	01300 NURSI NG ADMI NI STRATI ON				13.0
	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY				14.0
	01600 MEDICAL RECORDS & LIBRARY				15. C
	01080 PATI ENT TRANSPORTATI ON				18.0
	02100 I &R SERVICES-SALARY & FRINGES APPRVD				21.0
	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				22.0
23.00	02300 PARAMED ED PRGM				23.0
	INPATIENT ROUTINE SERVICE COST CENTERS				
	03000 ADULTS & PEDIATRICS	6, 896, 347			30.0
	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	1, 161, 126			31.0
	02060 NEONATAL INTENSIVE CARE UNIT	208, 285			35.0
	04000 SUBPROVIDER - IPF	0			40.0
1.00	04100 SUBPROVI DER – I RF	408, 058			41.0
3.00	04300 NURSERY	116, 074			43.0
- 00	ANCI LLARY SERVICE COST CENTERS	1 520 200			
51.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	1, 528, 380 326, 189			50.0
	05200 DELIVERY ROOM & LABOR ROOM	497, 062			52.0
	05400 RADI OLOGY-DI AGNOSTI C	2, 270, 199			54.0
57.00	05700 CT SCAN	2, 298			57.0
	05800 MAGNETIC RESONANCE I MAGING (MRI)	0			58. C
	05900 CARDI AC CATHETERI ZATI ON	550, 762			59.0
0.00	06000 LABORATORY 06001 BLOOD LABORATORY	679, 400 0			60. C
	06300 BLOOD STORING, PROCESSING, & TRANS.	3, 935			63.0
5.00	06500 RESPI RATORY THERAPY	207, 939			65.0
5. 01	06501 SLEEP LAB	6, 957			65. C
6. 00	06600 PHYSI CAL THERAPY	171, 643			66.0
7.00	06700 OCCUPATIONAL THERAPY	92, 471			67.0
8.00	06800 SPEECH PATHOLOGY	25, 139			68.0
	06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY	0 624, 605			68. C
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	272, 467			71.0
	07200 I MPL. DEV. CHARGED TO PATIENT	333, 965			72.0
	07300 DRUGS CHARGED TO PATIENTS	416, 137			73. C
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	24, 874			73. C
	07400 RENAL DI ALYSI S	107, 438			74.0
	03160 CARDI OPULMONARY	0			76.0
	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C 0XYGEN THERAPY	9, 494 31, 170			76.9
0.70	OUTPATIENT SERVICE COST CENTERS	51, 170			- 10.9
0. 00	09000 CLINIC	0			90.0
0. 01	09001 SUBSTANCE ABUSE CLINIC	228, 681			90. C
	09002 PAIN CLINIC	802, 533			90. C
	09003 ONCOLOGY CLINIC	130, 188			90.0
	09100 EMERGENCY	1, 347, 797			91.0
	09200 OBSERVATI ON BEDS (NON-DI STINCT PART) 09201 OBSERVATI ON BEDS (DI STINCT PART)	o			92.0 92.0
2.01	OTHER REIMBURSABLE COST CENTERS	U			72.0
5. 00	09500 AMBULANCE SERVICES	106, 095			95.0
	SPECIAL PURPOSE COST CENTERS				
	11300 I NTEREST EXPENSE				113.0
18.00		19, 587, 708			118. 0
00 00	NONREI MBURSABLE COST CENTERS	3 589			190 0

Health Financial Systems	BALL MEMORIAL	HOSPI TAL	In Lie	u of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 6/29/2020 8:00 am
Cost Center Description	Total 26.00			
194. 03 07953 VENDI NG	20.00			194.03
194. 04 07954 CARELI NE	0			194.04
194.0507955 WELLNESS CENTER	179, 428			194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	845, 660			194.06
194. 07 07957 PERINATAL CLINIC	0			194.07
194.08 07958 RENTAL PROPERTY	3, 234, 745			194.08
194. 09 07959 ADVERTI SI NG	0			194.09
194. 10 07960 INTEGRA_LTAC	424, 400			194. 10
194.1107961 IU HEALTH HOSPICE	107, 522			194. 11
194.1207962 POB MEDICAL PAVILLION CONDOS	0			194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0			194. 13
194.1407964 NEW CASTLE ONCOLOGY	0			194. 14
194.1507965MARKETING/PUBLIC RELATIONS	77, 157			194. 15
194. 16 07966 JAY COUNTY HOSPITAL	218, 023			194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0			194. 17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES	0			194. 18
194.19 07969 HEALTH CARE CONNECTIONS	0			194. 19
194.2007970 MEALS ON WHEELS	0			194. 20
194. 21 07971 ST MARY'S SCHOOL	0			194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	2, 139			194. 22
194.23 07973 CANCER CENTER BOUTIQUE	30, 604			194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	858, 027			194.24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	321, 495			194. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	139, 725			194.26
194. 27 07977 MIDWEST HEALTH STRATEGIES	0			194.27
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0			194. 28
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0			194.29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0			194.30
194. 31 07986 OTHER NONREIMBURSABLE COST CENTERS	0			194.31
194. 32 07982 RENAL DI ALYSI S	0			194.32
194. 33 07983 LAB CORP	0			194.33
194. 34 07984 H. O. MATERIALS MGMT 194. 35 07985 LEASED SPACE	0			194. 34 194. 35
200.00 Cross Foot Adjustments	1, 543, 814			200.00
201.00 Negative Cost Centers	1, 343, 614			200.00
201.00 TOTAL (sum lines 118 through 201)	27, 761, 395			201.00
202.00 TUTAL (SUIII TITIES TTO LITIOUGH 201)	27,701,395			J202.00

ealth Financial Systems OST ALLOCATION – STATISTICAL BASIS		BALL MEMORIAL			Period:	u of Form CMS-2 Worksheet B-1	
					From 01/01/2019 To 12/31/2019	Date/Time Pre	pare
	Cost Center Description	CAPITAL RELATED COSTS NEW BLDG & FIXT (SOUARE FEET)	EMPLOYEE BENEFI TS DEPARTMENT (GROSS SALARI ES)	COMMUNI CATI ONS	S DATA PROCESSING (GROSS CHARGES)	6/29/2020 8:0 ADMI TTI NG (GROSS CHARGES)	<u>0 an</u>
		1.00	4.00	5.01	5.02	5.04	
00 00 01 02	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNICATIONS 00550 DATA PROCESSING	1, 775, 541 4, 357 1, 498 0	110, 558, 644 494, 949 0	183, 75 ⁻	1, 925, 780, 448		1 4 5 5
04 05 06 00	00570 ADMITTING 00580 CASHIERING/ACCOUNTS RECEIVABLE 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	6,937 0 48,955 903,626 34,966	924, 577 0 4, 918, 228 2, 962, 704 1, 370, 123	3, 76 ⁰ 6, 298	D 0 9 0 3 0	1, 925, 780, 448 0 0 0 0	5 5 6 7
00 00 00 00	00700 DEERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION	34, 988 0 12, 039 9, 880 14, 849 13, 738	1, 370, 123 0 2, 726, 456 1, 394, 157 1, 228, 949 5, 474, 756	9, 472 9, 472 3, 755 4, 144	D 0 2 0 5 0 4 0	0 0 0 0 0 0	7 8 9 10 11 13
00 00 00 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01080 PATIENT TRANSPORTATION 02100 I&R SERVICES-SALARY & FRINGES APPRVD	21, 216 7, 397 0 718 0	0 4, 808, 246 0 575, 850 3, 915, 954	6, 00 ⁻ 6, 00 ⁻ 0 2, 104	D 0 1 0 0 0 4 0	0 0 0 0 0	14 15 16 18 21
00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	42, 054 143 171, 215	219, 467 165, 920 21, 783, 492	74	1 0 9 0	0 0 208, 580, 544	22 23 30
00 00	03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT	27, 569 0 4, 777	6, 992, 127 0 1, 844, 157	10, 289	9 59, 118, 819 0 0	59, 118, 819 0 16, 351, 656	31 32
00	04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0 9, 997 3, 037	0 1, 585, 314 <u>438, 529</u>	2, 380		0 10, 756, 555 <u>3, 246, 898</u>	
00	05000 OPERATING ROOM	37, 892	5, 472, 693	9, 520	186, 989, 547	186, 989, 547	50
00 00 00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC 05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	8, 140 12, 856 59, 961 0	1, 455, 506 1, 815, 187 8, 549, 574 125, 138	2, 34! 2, 79 ⁻ 11, 950	25, 557, 246 26, 270, 035 255, 602, 932 3, 611, 184	25, 557, 246 26, 270, 035 255, 602, 932 3, 611, 184 0	51 52 54
00 00 01 00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06001 BLOOD LABORATORY 06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	14, 040 17, 744 0 0	1, 969, 599 0 0 0	2, 678 4, 213	103, 230, 051 89, 964, 667 0 0 8, 506, 074	103, 230, 051 89, 964, 667 0 8, 506, 074	59 60 60 63
00 00	06500 RESPI RATORY THERAPY 06501 SLEEP LAB 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	4, 614 0 3, 462 2, 404 575	3, 276, 952 457, 926 5, 213, 938 732, 888 492, 125	79 [.] 7, 552 970	1 7, 793, 315 2 21, 644, 258 0 6, 690, 622	26, 798, 620 7, 793, 315 21, 644, 258 6, 690, 622 3, 609, 778	65 66 67
01 00 00 00	06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 07200 I MPL. DEV. CHARGED TO PATI ENT 07300 DRUGS CHARGED TO PATI ENTS	0 0 17, 093 0 0 0	1,000,951 0 0 0 0 0	2,200	0 0 6 58, 273, 580	0 58, 273, 580 74, 971, 856 126, 722, 542 304, 451, 438	68 69 71 72
01 00 00 97	07301 HOSPI TAL BASED RETAIL PHARMACI ES 07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY 07697 CARDI AC REHABI LI TATI ON	0 2, 918 0 0	0 1, 373, 965 0 0 745, 962	1, 45 [°]) () 1, 44 [°]	7 7, 205, 708 0 4, 770, 460 0 0 7 5, 468, 868	7, 205, 708 4, 770, 460 0 5, 468, 868	73 74 76 76
00	07698 HYPERBARIC OXYGEN THERAPY OUTPATIENT SERVICE COST CENTERS 09000 CLINIC 09001 SUBSTANCE ABUSE CLINIC	415 0 6, 381	521, 816 0 229, 874			16, 480, 643 0 158, 033	90
02 03 00 00	09002 PAIN CLINIC 09003 ONCOLOGY CLINIC 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	22, 443 2, 906 32, 460	384, 863 1, 094, 777 7, 135, 746	760 1,513 12,613	7, 379, 713 3 34, 849, 378	7, 379, 713 34, 849, 378 220, 723, 720	90 90 91 92
	OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES SPECIAL PURPOSE COST CENTERS	2, 990	0	104	4 1, 708	1, 708	
3.00 3.00	11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117)	1, 588, 262	105, 873, 435	179, 43	5 1, 925, 780, 448	1, 925, 780, 448	113

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider C		eriod: rom 01/01/2019 o 12/31/2019	Worksheet B-1 Date/Time Pre 6/29/2020 8:0	pared:
Cost Center Description	CAPI TAL RELATED COSTS NEW BLDG & FIXT (SQUARE FEET)	EMPLOYEE BENEFI TS DEPARTMENT (GROSS SALARI ES)	COMMUNI CATI ONS (FTE' S)	DATA PROCESSI NG (GROSS CHARGES)	ADMI TTI NG (GROSS CHARGES)	
	1.00	4.00	5.01	5. 02	5.04	
NONREI MBURSABLE COST CENTERS 190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	141, 819	458	0	0	190.00
191. 00 19100 RESEARCH	1, 870	667, 653				191.00
194.00 07950 OTHER NONREI MBURSABLE COST CENTERS	0	0		0		194.00
194.0107951 BSU PHARMACY	0	174, 576		0		194. 01
194. 02 07952 PAVILLI ON PHARMACY	2, 540	774, 692		0		194.02
194. 03 07953 VENDI NG 194. 04 07954 CARELI NE	0	0	0	0		194. 03 194. 04
194. 05 07955 WELLNESS CENTER	5, 073	0	0	0		194.04
194. 06 07956 PHYSI CLAN PRACTICE CLINICS	24, 196	0	0	0		194.06
194. 07 07957 PERI NATAL CLI NI C	0	0	0	0	0	194. 07
194. 08 07958 RENTAL PROPERTY	92, 367	0	0	0		194.08
194. 09 07959 ADVERTI SI NG 194. 10 07960 I NTEGRA LTAC	11 771	0	0	0		194. 09 194. 10
194. 11 07961 1U HEALTH HOSPICE	11, 771 3, 041	0	0	0		194.10
194. 12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0		194.12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0	0	0	0	194. 13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0		194. 14
194. 15 07965 MARKETING/PUBLIC RELATIONS 194. 16 07966 JAY COUNTY HOSPITAL	2, 224	0	0	0		194.15
194. 17 07967 CARDINAL HEALTH CHOICE	5, 973	959, 817	826 0	0		194. 16 194. 17
194. 18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0		194. 17
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0		194.19
194.2007970 MEALS ON WHEELS	0	0	0	0		194. 20
194. 21 07971 ST MARY'S SCHOOL	0	0	0	0		194.21
194. 22 07972 THERAPIES TO OTHER ENTITIES 194. 23 07973 CANCER CENTER BOUTIQUE	0 852	1, 308, 334 14, 175		0		194. 22 194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	24, 732	14, 175		0		194.23
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	8,855	0	0	0		194.25
194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL	3, 785	644, 143	701	0	0	194. 26
194. 27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0		194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP 194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0		194. 28 194. 29
194. 30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0		194.29
194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS	0	0	0	0		194.31
194. 32 07982 RENAL DI ALYSI S	0	0	0	0		194. 32
194. 33 07983 LAB CORP	0	0	0	0		194.33
194. 34 07984 H.O. MATERIALS MGMT 194. 35 07985 LEASED SPACE	0	0	0	0		194. 34 194. 35
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	27, 761, 395	51, 617, 685	730, 835	16, 159, 637	10, 017, 165	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	15. 635457	0. 466881	3. 977312	0. 008391	0. 005202	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		68, 124	23, 727	0	109, 246	204.00
205.00 Unit cost multiplier (Wkst. B, Part		0. 000616	0. 129126	0. 000000	0. 000057	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206. 00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00
	1 I		I		I	I

COST A	Financial Systems LLOCATION - STATISTICAL BASIS	BALL MEMORIAL	Provi der CC		eriod: rom 01/01/2019	u of Form CMS-2 Worksheet B-1	
				Т	b 12/31/2019	Date/Time Prep 6/29/2020 8:00	pared: 0 am
	Cost Center Description	CASHI ERI NG/ACC	Reconciliation		MAINTENANCE &	OPERATION OF	-
		OUNTS		ADMI NI STRATI VE AND GENERAL	REPAI RS	PLANT	
		RECEI VABLE (GROSS		(ACCUM.	(SQUARE FEET)	(SQUARE FEET)	
		CHARGES)		COST)		1221)	
		5.05	5A. 06	5.06	6.00	7.00	
1 00	GENERAL SERVICE COST CENTERS	1					1 1 00
1.00 4.00	00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT						1.00 4.00
5. 01	01160 COMMUNI CATI ONS						5.01
5. 02	00550 DATA PROCESSI NG						5.02
5.04	00570 ADMI TTI NG						5.04
5.05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	1, 925, 780, 448					5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL	0	-37, 946, 814	352, 371, 225	010 1/0		5.00
5.00 7.00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	0	0	23, 430, 243 7, 669, 546	810, 168 34, 966	775, 202	6.00 7.00
3.00 3.00	00800 LAUNDRY & LINEN SERVICE	0	0	1, 377, 898	34, 900	0	8.00
9.00	00900 HOUSEKEEPING	0	0	4, 623, 311	12, 039	12, 039	9.00
10.00	01000 DI ETARY	0	0	2, 696, 092	9, 880	9, 880	10.00
	01100 CAFETERI A	0	0	1, 484, 596	14, 849	14, 849	11.00
13.00	01300 NURSI NG ADMI NI STRATI ON	0	0	9, 884, 230	13, 738	13, 738	13.00
	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	0	0	11, 990, 488	21, 216	21, 216	14.00 15.00
	01600 MEDICAL RECORDS & LIBRARY	0	0	7, 722, 144 0	7, 397	7, 397 0	16.00
	01080 PATIENT TRANSPORTATION	0	0	892, 013	718	718	18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	5, 770, 863	0	0	21.00
	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4, 566, 786	42, 054	42, 054	22.00
23.00	02300 PARAMED ED PRGM	0	0	276, 695	143	143	23.00
30. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	208, 580, 544	0	42, 695, 032	171, 215	171, 215	30.00
	03100 I NTENSI VE CARE UNI T	59, 118, 819	0	42, 895, 832	27, 569	27, 569	30.00
	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	16, 351, 656	0	3, 252, 904	4, 777	4, 777	35.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	10, 756, 555	0	3, 214, 973	9, 997	9, 997	41.00
43.00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	3, 246, 898	0	794, 652	3, 037	3, 037	43.00
50.00	05000 OPERATING ROOM	186, 989, 547	0	14, 002, 506	37, 892	37, 892	50. OC
	05100 RECOVERY ROOM	25, 557, 246	0	2, 898, 720	8, 140	8, 140	
	05200 DELIVERY ROOM & LABOR ROOM	26, 270, 035	0	3, 570, 024	12, 856	12, 856	
	05400 RADI OLOGY-DI AGNOSTI C	255, 602, 932	0	22, 524, 651	59, 961	59, 961	54.00
	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	3, 611, 184	0	196, 521	0	0	57.00 58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	103, 230, 051	0	5, 436, 073	14,040	14,040	59.00
50.00	06000 LABORATORY	89, 964, 667	0	14, 094, 148	17, 744	17, 744	
	06001 BLOOD LABORATORY	0	0	0	0	0	60. 01
	06300 BLOOD STORING, PROCESSING, & TRANS.	8, 506, 074	0	1, 510, 981	0	0	
	06500 RESPI RATORY THERAPY	26, 798, 620	0	5, 689, 691	4, 614		65.00
	06501 SLEEP LAB 06600 PHYSI CAL THERAPY	7, 793, 315 21, 644, 258	0	892, 632 7, 325, 904	0 3, 462	0 3, 462	
	06700 OCCUPATI ONAL THERAPY	6, 690, 622	0	1, 374, 267	2,404	2,404	
	06800 SPEECH PATHOLOGY	3, 609, 778	0	835, 259	575	575	
	06801 AUDI OLOGY	0	0	0	0	0	68.01
	06900 ELECTROCARDI OLOGY	58, 273, 580	0	3, 365, 228	17, 093	17, 093	
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	74,971,856	0	13, 168, 996	0	0	71.00
	07200 I MPL. DEV. CHARGED TO PATI ENT 07300 DRUGS CHARGED TO PATI ENTS	126, 722, 542 304, 451, 438	0	16, 627, 752 41, 956, 174	0	0	72.00
	07301 HOSPI TAL BASED RETAIL PHARMACIES	7, 205, 708	0	8, 339, 633	0	0	73.00
	07400 RENAL DI ALYSI S	4, 770, 460	0	1, 584, 096	2, 918	2, 918	
	03160 CARDI OPULMONARY	0	0	0	0	0	76.00
	07697 CARDIAC REHABILITATION	5, 468, 868	0	1, 224, 209	0	0	76.97
10. 98	07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	16, 480, 643	0	1, 825, 890	415	415	76.98
90.00	09000 CLINIC	0	0	0	n	0	90.00
	09001 SUBSTANCE ABUSE CLINIC	158, 033	0	464, 330	6, 381	6, 381	90.01
90. 02	09002 PAIN CLINIC	7, 379, 713	0	1, 108, 458	22, 443	22, 443	90.02
	09003 ONCOLOGY CLINIC	34, 849, 378	0	2, 657, 885	2, 906	2, 906	90.03
	09100 EMERGENCY	220, 723, 720	0	18, 187, 025	32, 460	32, 460	
92.00 92.01	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.00 92.01
	OTHER REIMBURSABLE COST CENTERS		0	U	0	0	72.0
/2.01		1, 708	0	47, 483	2, 990	2, 990	95.00
	09500 AMBULANCE SERVICES	1,700					
95.00	SPECIAL PURPOSE COST CENTERS	1,700					
95. 00 113. 00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE						113.00
95.00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE		-37, 946, 814	336, 008, 799	622, 889	587, 923	

	icial Systems FION - STATISTICAL BASIS	BALL MEMORIAL	Provider C		In Lie Period:	Worksheet B-1	
					From 01/01/2019 To 12/31/2019		
	Cost Center Description	CASHI ERI NG/ACCRE	econciliation	OTHER	MAINTENANCE &	6/29/2020 8:0 OPERATION OF	
		OUNTS		ADMI NI STRATI V		PLANT	
		RECEI VABLE		AND GENERAL	(SQUARE	(SQUARE	
		(GROSS		(ACCUM.	FEET)	FEET)	
		CHARGES)		COST)		, í	
		5.05	5A. 06	5.06	6.00	7.00	
91.00 19100		0	0	1, 107, 12	.8 1, 870	1, 870	
	OTHER NONREIMBURSABLE COST CENTERS	0	0		0 0		194.
	BSU PHARMACY	0	0	106, 89		-	194.
	PAVILLION PHARMACY	0	0	7, 138, 17	5 2, 540	2, 540	
94.0307953		0	0		0 0		194.
94.0407954		0	0		0 0		194.
	WELLNESS CENTER	0	0	85, 73		5, 073	
	PHYSICIAN PRACTICE CLINICS	0	0	378, 31		24, 196	
	PERINATAL CLINIC	0	0		0 0		194.
	RENTAL PROPERTY	0	0	2, 126, 28	9 92, 367	92, 367	
	ADVERTI SI NG	0	0		0 0		194.
	INTEGRA LTAC	0	0	184, 04		11, 771	
	IU HEALTH HOSPICE	0	0	54, 24	4 3, 041	3, 041	
	POB MEDICAL PAVILLION CONDOS	0	0		0 0		194.
	EXECUTI VE PHYSI CAL	0	0		0 0		194.
	NEW CASTLE ONCOLOGY	0	0		0 0		194.
	MARKETI NG/PUBLI C RELATI ONS	0	0	34, 77		2, 224	
	JAY COUNTY HOSPITAL	0	0	1, 599, 76	9 5, 973	5, 973	
	CARDINAL HEALTH CHOICE	0	0		0 0		194.
	CHV CARDINAL HEALTH VENTURES	0	0		0 0		194.
	HEALTH CARE CONNECTIONS	0	0		0 0		194.
	MEALS ON WHEELS	0	0		0 0		194.
	ST MARY'S SCHOOL	0	0	(10.00	0 0		194.
	THERAPIES TO OTHER ENTITIES	0	0	610, 83			194.
	CANCER CENTER BOUTIQUE	0	0	135, 22			194.
	BOSC BALL OUTPATIENT SURGERY	0	0	386, 69		24, 732	
	CARDINAL BEHAVIORAL HEALTH	0	0	139, 10		8, 855	
	BLACKFORD COMMUNITY HOSPITAL	0	0	1, 428, 58	7 3, 785 0 0	3, 785	
	MIDWEST HEALTH STRATEGIES	0	0		0 0		194.
	CARDINAL SELECT RISK RETENTION GRP HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0 0		194. 194.
	CARDINAL HEALTH ALLIANCE	0	0		0 0		194.
	OTHER NONREIMBURSABLE COST CENTERS	0	0				194.
	RENAL DIALYSIS	0	0				194.
94. 32 07 982		0	0		0 0		194.
	H. O. MATERIALS MGMT	0	0		0 0		194.
	LEASED SPACE	0	0		0 0		194.
94. 35 07985	Cross Foot Adjustments		0		0	0	200.
01.00	Negative Cost Centers						200.
02.00	Cost to be allocated (per Wkst. B,	10, 766, 961		37, 946, 81	4 25, 953, 446	9, 615, 602	
02.00	Part I)	10, 700, 701		37, 740, 01	4 23, 933, 440	9,015,002	202.
203.00	Unit cost multiplier (Wkst. B, Part I)	0. 005591		0. 10769	32. 034647	12. 403995	203
204.00	Cost to be allocated (per Wkst. B,	0.000071		768, 95		1, 176, 723	
	Part II)			,00,75	17, 102, 300	1, 170, 723	207.
205.00	Unit cost multiplier (Wkst. B, Part	0. 000000		0. 00218	17. 505463	1. 517957	205.
06.00	II) NAHE adjustment amount to be allocated						206.
207.00	(per Wkst. B-2)						207.
/11/ 188	NAHE unit cost multiplier (Wkst. D,	1		1	1		1/1/

Health Financial Systems COST ALLOCATION - STATISTICAL BASIS	BALL MEMORIA	Provider CC		Peri od:	u of Form CMS-2 Worksheet B-1	<u>1-202-1</u>
				From 01/01/2019 To 12/31/2019	Date/Time Prep 6/29/2020 8:00	pared:
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPI NG (SQUARE FEET - HOUSEKEEPI NG)	DI ETARY (MEALS SERVED)	CAFETERI A (FTE' S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
	8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS 1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		[[1.00
1.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.01 01160 COMMUNI CATI ONS 5.02 00550 DATA PROCESSI NG 5.04 00570 ADMI TTI NG 5.05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5.06 00590 OTHER ADMI NI STRATI VE AND GENERAL 6.00 00600 MAI NTENANCE & REPAI RS 7.00 00700 OPERATI ON OF PLANT 8.00 00800 LAUNDRY & LI NEN SERVI CE 9.00 00900 HOUSEKEEPI NG 10.00 01000 DI ETARY 11.00 01100 CAFETERI A 13.00 01300 NURSI NG ADMI NI STRATI ON 14.00 01400 CENTRAL SERVI CES & SUPPLY 15.00 01500 PHARMACY 16.00 01600 MEDI CAL RECORDS & LI BRARY 18.00 01080 PATI ENT TRANSPORTATI ON 21.00 02100 I & SERVI CES-SALARY & FRI NGES APPRVD 23.00 02300 PARAMED ED PRGM INPATI ENT ROUTI NE SERVI CE COST CENTERS	1, 526, 616 0 0 44 0 126 0 11, 059 0 3	651, 990 9, 880 14, 849 13, 738 21, 216 7, 397 0 718 0 42, 054 143		5 0 152, 033 0 7, 113 0 0 0 6, 001 0 0 0 2, 104 0 6, 694 0 741 0 229		4.00 5.0 5.02 5.04 5.05 5.04 6.00 7.00 8.00 9.00 10.00 11.00 14.00 15.00 16.00 18.00 22.00 23.00
30. 00 03000 ADULTS & PEDIATRICS	704, 373	171, 215	190, 09	1 38, 662	34, 594	30.00
31.00 03100 I NTENSI VE CARE UNI T 32.00 03200 CORONARY CARE UNI T	123, 458	27, 569	15, 94	5 10, 289 0 0	9, 170 0	31.00 32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	7,848	4, 777		0 2,740	2, 332	35.0
40. 00 04000 SUBPROVI DER - I PF 41. 00 04100 SUBPROVI DER - I RF	0 54, 443	0 9, 997	13, 94	0 0 8 2, 386	0 2, 072	40. 0 41. 0
43. 00 04300 NURSERY	10, 160			0 639		43.00
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM	119, 195	37, 892		0 9, 520	2, 841	50.00
51.00 05100 RECOVERY ROOM	42, 444	8, 140		0 2,345		51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM 54. 00 05400 RADIOLOGY-DIAGNOSTIC	48, 641 105, 112	12, 856 59, 961		0 2, 791 0 11, 950	2, 368 1, 820	52.00 54.00
57. 00 05700 CT SCAN	005, 112	0		0 406		57.0
58. 00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 0 0 2.678	0	58.0
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	21, 712	14, 040 17, 744		0 2,678 0 4,213		59.0 60.0
60. 01 06001 BLOOD LABORATORY	0	0		0 0	0	60. 0
63. 00 06300 BLOOD STORI NG, PROCESSI NG, & TRANS. 65. 00 06500 RESPI RATORY THERAPY	119 381	0 4, 614		0 0 0 4,937	0 323	63.00 65.00
65. 01 06501 SLEEP LAB	0	4, 014		0 791	0	65.0
66. 00 06600 PHYSI CAL THERAPY	8, 569	3, 462		0 7, 552	0	66. 0 67. 0
67. 00 06700 0CCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	0	2, 404 575		0 970 0 666		67.0
68. 01 06801 AUDI OLOGY	0	0		0 0	0	68.0
69. 00 06900 ELECTROCARDI OLOGY 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	17, 990 0	17, 093 0		0 2,206 0 0	0	69.0 71.0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		0 0	0	72.0
73.00 07300 DRUGS CHARGED TO PATIENTS 73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		0 0 0 1,457	0	73.0 73.0
74.00 07400 RENAL DIALYSIS	2, 182	2, 918		0 0	0	74.0
76. 00 03160 CARDI OPULMONARY 76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 0 0 1.447	0	76. 0 76. 9
76. 98 07698 HYPERBARI C OXYGEN THERAPY	26	415		0 1, 447 0 868	65 677	76.9
OUTPATIENT SERVICE COST CENTERS	-				_	
90.00 09000 CLINIC 90.01 09001 SUBSTANCE ABUSE CLINIC	0	0 6, 381		0 0 0 332	0 109	90.00 90.0
90. 02 09002 PAIN CLINIC	0	22, 443		0 760	290	90. 0
90. 03 09003 ONCOLOGY CLINIC 91. 00 09100 EMERGENCY	612 229, 277	2, 906 32, 460		0 1, 513 0 12, 613		
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	227,211	52,400		12,013	7,472	91.0
	0	0		0 0	0	92.0
92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART)						
92. 01 09201 OBSERVATI ON BEDS (DI STINCT PART) 0THER REI MBURSABLE COST CENTERS 95. 00 09500 AMBULANCE SERVI CES	0	2, 990		0 104	0	95.00
0THER REI MBURSABLE COST CENTERS 95. 00 09500 AMBULANCE SERVI CES SPECI AL PURPOSE COST CENTERS	0	2, 990		0 104		
0THER REI MBURSABLE COST CENTERS 95. 00 09500 AMBULANCE SERVI CES			219, 98			95.00 113.00 118.00

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CC		Peri od:	Worksheet B-1	
				From 01/01/2019 To 12/31/2019	Date/Time Pre	pared [.]
					6/29/2020 8:0	
Cost Center Description	LAUNDRY &	HOUSEKEEPING	DI ETARY	CAFETERI A	NURSI NG	
		(SQUARE FEET -	(MEALS	(FTE'S)	ADMI NI STRATI ON	
	(POUNDS OF	HOUSEKEEPI NG)	SERVED)			
	LAUNDRY)				(DI RECT NURS. HRS.)	
	8.00	9.00	10.00	11.00	13.00	
191. 00 19100 RESEARCH	0.00	1, 870		0 1,098		191.00
194.0007950 OTHER NONREIMBURSABLE COST CENTERS	0	0		0 0		194.00
194.0107951BSU PHARMACY	0	0		0 205	0	194.01
194. 02 07952 PAVI LLI ON PHARMACY	0	2, 540		0 970		194. 02
194. 03 07953 VENDI NG	0	0		0 0		194.03
194. 04 07954 CARELI NE	0	0		0 0		194.04
194.0507955 WELLNESS CENTER	18, 805	5, 073		0 0		194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	9, 439		0 0		194.06
194. 07 07957 PERINATAL CLINIC	0	42 522		0 0		194.07
194. 08 07958 RENTAL PROPERTY	37	43, 533		0 0		194. 08 194. 09
194. 09 07959 ADVERTI SI NG 194. 10 07960 I NTEGRA_LTAC	0	0	10, 82			194.09
194. 11/07961 IU HEALTH HOSPICE	0	3, 041		0 0		194.10
194. 12 07962 POB MEDICAL PAVILLION CONDOS	0	0,041		0 0		194.12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0		0 0		194.13
194. 14 07964 NEW CASTLE ONCOLOGY	0	0		0 0		194.14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	0	Ő		0 0		194.15
194. 16 07966 JAY COUNTY HOSPI TAL	0	5, 973		0 826		194.16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0		0 0	0	194. 17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0		0 0	0	194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	0		0 0	0	194. 19
194.2007970 MEALS ON WHEELS	0	0		0 0	0	194. 20
194.21 07971 ST MARY'S SCHOOL	0	0		0 0		194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0		0 0		194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	0	852		0 58		194.23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0		0 0		194.24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	2 705	9, 64	1 0 0 701		194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL 194.27 07977 MIDWEST HEALTH STRATEGIES	0	3, 785 0				194. 26 194. 27
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0 0		194.27
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0 0		194.20
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0		0 0		194.30
194.31 07986 OTHER NONREI MBURSABLE COST CENTERS	0	0		0 0		194.31
194. 32 07982 RENAL DI ALYSI S	0	0		0 0	0	194.32
194. 33 07983 LAB CORP	0	0		0 0	0	194. 33
194.34 07984 H.O. MATERIALS MGMT	0	0		0 0		194.34
194. 35 07985 LEASED SPACE	0	0		0 0	0	194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	1, 526, 284	5, 656, 192	3, 511, 19	9 2, 433, 160	11, 792, 224	202.00
Part I)	0 000702	0 475074	14 (0000	0 14 004157	142 242020	202.00
203.00Unit cost multiplier (Wkst. B, Part I)204.00Cost to be allocated (per Wkst. B,	0. 999783					
Part II)	3, 007	430, 248	356, 17	0 520, 900	535, 610	204.00
205.00 Unit cost multiplier (Wkst. B, Part	0. 001970	0. 659900	1. 48132	0 3. 479376	7. 421994	205 00
	0.001770	0.007700	1. 40132	5, 7, 570	,. 721 / 74	
206.00 NAHE adjustment amount to be allocated						206.00
(per Wkst. B-2)						
207.00 NAHE unit cost multiplier (Wkst. D,						207.00
Parts III and IV)					l	I

	_ BASI S	BALL MEMORIAL	HOSPITAL Provider CO		Peri od:	u of Form CMS-2 Worksheet B-1	
					From 01/01/2019 To 12/31/2019	Date/Time Prep 6/29/2020 8:00	pared:
					OTHER GENERAL	I NTERNS &	
Cost Contor Dooo	ri nti on	CENTRAL	DUADMACY	MEDICAL	SERVI CE PATI ENT	RESI DENTS	
Cost Center Descr	ription	SERVICES &	PHARMACY (COSTED	MEDI CAL RECORDS &	TRANSPORTATION	SERVICES-SALAR Y & FRINGES	
		SUPPLY	REQUIS.)	LIBRARY		(ASSI GNED	
		(COSTED		(GROSS	(GROSS	TI ME)	
		REQUIS.) 14.00	15.00	CHARGES) 16.00	CHARGES) 18.00	21.00	
GENERAL SERVICE COST CI							
1.00 00100 NEW CAP REL COSTS 4.00 00400 EMPLOYEE BENEFITS							1.00
4.00 00400 EMPLOYEE BENEFITS 5.01 01160 COMMUNICATIONS	5 DEPARTMENT						4.00 5.01
5. 02 00550 DATA PROCESSI NG							5. 02
5. 04 00570 ADMI TTI NG							5.04
5. 05 00580 CASHI ERI NG/ACCOUN 5. 06 00590 OTHER ADMI NI STRAT							5.05
6.00 00600 MAI NTENANCE & REF							5.06 6.00
7.00 00700 OPERATION OF PLAN							7.00
8.00 00800 LAUNDRY & LINEN S	SERVI CE						8.00
9. 00 00900 HOUSEKEEPI NG 10. 00 01000 DI ETARY							9.00 10.00
11. 00 01100 CAFETERI A							11.00
13.00 01300 NURSING ADMINIST							13.00
14. 00 01400 CENTRAL SERVICES 15. 00 01500 PHARMACY	& SUPPLY	38, 204, 349 217, 868	36, 773, 560			l I	14.00 15.00
16. 00 01600 MEDICAL RECORDS &	& LI BRARY	217,000	00,773,500	1, 925, 780, 448	8		16.00
18.00 01080 PATIENT TRANSPORT	TATI ON	801	0		0 1, 925, 780, 448		18.00
21.00 02100 I &R SERVI CES-SAL		0	0		0 0	4, 486	
22.00 02200 I &R SERVICES-OTHE 23.00 02300 PARAMED ED PRGM	ER PRGWI CUSIS APPRVD	118	4				22.00 23.00
INPATIENT ROUTINE SERV	I CE COST CENTERS	<u> </u>	0				20100
30. 00 03000 ADULTS & PEDI ATRI		2, 269, 231	194, 078				1
31.00 03100 INTENSIVE CARE UN 32.00 03200 CORONARY CARE UNI		1, 042, 187	76, 334	59, 118, 819	9 59, 118, 819	620 86	1
35. 00 02060 NEONATAL INTENSI		138, 200	11, 063	16, 351, 656	6 16, 351, 656	0	35.00
40. 00 04000 SUBPROVIDER - I PF		0	0	(0 0	0	40.00
41.00 04100 SUBPROVIDER - IRF 43.00 04300 NURSERY	F	69, 102 0	2, 140 0	10, 756, 555 3, 246, 898			41.00 43.00
ANCI LLARY SERVICE COST	CENTERS	<u> </u>	0	5, 240, 690	5, 240, 696	0	43.00
50.00 05000 OPERATING ROOM		4, 222, 541	89, 797	186, 989, 54		286	1
51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & L		202, 669 209, 692	34, 131	25, 557, 246 26, 270, 035			51.00 52.00
54. 00 05400 RADI OLOGY-DI AGNOS		1, 071, 612	15, 342 32, 906	255, 602, 932		98	1
57.00 05700 CT SCAN		2, 758	6	3, 611, 184			57.00
58.00 05800 MAGNETI C RESONANC	, , , , , , , , , , , , , , , , , , ,	0	0	102 220 05	0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI 60. 00 06000 LABORATORY	IZATION	698, 202 0	18, 575 0	103, 230, 05 ⁻ 89, 964, 66		0	1
60. 01 06001 BLOOD LABORATORY		0	0		0 0	0	
63.00 06300 BLOOD STORING, PF		0	0	8, 506, 074		0	
65. 00 06500 RESPI RATORY THERA 65. 01 06501 SLEEP LAB	APY	409, 657 63, 492	691 0	26, 798, 620 7, 793, 315			65.00 65.01
66. 00 06600 PHYSI CAL THERAPY		63, 080	15	21, 644, 258			66.00
67.00 06700 OCCUPATIONAL THEF	RAPY	5, 597	9	6, 690, 622		0	67.00
68. 00 06800 SPEECH PATHOLOGY 68. 01 06801 AUDI OLOGY		1, 523	0	3, 609, 778	8 3, 609, 778 0 0	0	68.00 68.01
69. 00 06900 ELECTROCARDI OLOGY	Y	28, 268	58	58, 273, 580			69.00
71.00 07100 MEDICAL SUPPLIES		11, 730, 735	0	74, 971, 856			71.00
72.00 07200 I MPL. DEV. CHARGE		14, 196, 706	0 24 115 094	126, 722, 542		0	72.00
73.00 07300 DRUGS CHARGED T0 73.01 07301 HOSPI TAL BASED RE		0 1, 604	36, 115, 986 0	304, 451, 438 7, 205, 708			73.00 73.01
74. 00 07400 RENAL DI ALYSI S		24, 151	8, 415	4, 770, 460			74.00
76. 00 03160 CARDI OPULMONARY		0	0		0 5 4 6 9 6	0	76.00
76. 97 07697 CARDI AC REHABI LI 1 76. 98 07698 HYPERBARI C 0XYGEN		12, 251 138, 300	0 792	5, 468, 868 16, 480, 643		0	76.97 76.98
OUTPATIENT SERVICE COS		130, 300		.0, +00, 04		0	, 5. 70
90. 00 09000 CLINIC		0	0		0 0	-	
90. 01 09001 SUBSTANCE ABUSE 0 90. 02 09002 PAIN CLINIC	ULINIC	6, 784 86, 733	0 972	158, 033 7, 379, 713			
90. 03 09003 ONCOLOGY CLINIC		145, 277	31, 718				90.02
91.00 09100 EMERGENCY		1, 139, 321	140, 524	220, 723, 720			91.00
UT AA IAADAA ABCEDWATIAN DEDC	(NON-DISTINCT PART)	0	0		0 0	0	92.00 92.01
			0	l (J U	<u> </u>	1 72.01
92. 00 09200 OBSERVATION BEDS 92. 01 09201 OBSERVATION BEDS OTHER RELIMBURSABLE COST							
92.01 09201 0BSERVATI ON BEDS 0THER REI MBURSABLE COST 95.00 09500 AMBULANCE SERVI CE	T_CENTERS ES	646	0	1, 708	8 1, 708	0	95.00
92. 01 09201 OBSERVATION BEDS OTHER REIMBURSABLE COS	T_CENTERS ES		0	1, 708	8 1, 708		95.00

Health Financial Systems	BALL MEMORIAL	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider C	CN: 15-0089	Peri od:	Worksheet B-1	
				From 01/01/2019 To 12/31/2019	Date/Time Pre	nared
					6/29/2020 8:0	
				OTHER GENERAL	INTERNS &	
Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SERVI CE PATI ENT	RESI DENTS SERVI CES-SALAR	
cost center bescription	SERVICES &	(COSTED	RECORDS &	TRANSPORTATION		
	SUPPLY	REQUIS.)	LI BRARY		(ASSI GNED	
	(COSTED		(GROSS	(GROSS	TIME)	
	REQUIS.)	15.00	CHARGES)	CHARGES) 18.00	21.00	
NONREI MBURSABLE COST CENTERS	14.00	15.00	16.00	16.00	21.00	
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	91	0		0 0	0	190.00
191. 00 19100 RESEARCH	250	0		0 0	57	191.00
194.00 07950 OTHER NONREI MBURSABLE COST CENTERS	0	0		0 0		194. 00
194. 01 07951 BSU PHARMACY	0	0		0 0		194.01
194. 02 07952 PAVI LLI ON PHARMACY 194. 03 07953 VENDI NG	1,030	0		0 0		194. 02 194. 03
194. 04 07954 CARELI NE	0	0		0 0		194.03
194. 05 07955 WELLNESS CENTER	1, 532	0		0 0		194.05
194. 06 07956 PHYSI CLAN PRACTI CE CLI NI CS	0	0		0 0	0	194.06
194. 07 07957 PERINATAL CLINIC	0	0		0 0		194.07
194. 08 07958 RENTAL PROPERTY	2, 077	0		0 0		194.08
194. 09 07959 ADVERTI SI NG 194. 10 07960 I NTEGRA LTAC	0	0		0 0		194. 09 194. 10
194. 11 07961 I U HEALTH HOSPI CE	0	0		0 0		194.10
194. 12 07962 POB MEDICAL PAVILLION CONDOS	Ő	0		0 0		194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0		0 0	0	194. 13
194.14 07964 NEW CASTLE ONCOLOGY	0	0		0 0		194. 14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	0	0		0 0		194.15
194. 16 07966 JAY_COUNTY_HOSPITAL 194. 17 07967 CARDI NAL_HEALTH_CHOI CE	0	0		0 0		194. 16 194. 17
194. 18 07968 CHV CARDINAL HEALTH CHOICE	0	0		0 0		194.17
194. 19 07969 HEALTH CARE CONNECTIONS	0	0		0 0		194.19
194.2007970 MEALS ON WHEELS	0	0		0 0	0	194. 20
194. 21 07971 ST MARY'S SCHOOL	0	0		0 0		194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0		0 0		194. 22
194. 23 07973 CANCER CENTER BOUTI QUE 194. 24 07974 BOSC BALL OUTPATI ENT SURGERY	12	0		0 0		194. 23 194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	251	0				194. 24
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0		0 0		194.26
194. 27 07977 MI DWEST HEALTH STRATEGI ES	0	0		0 0	0	194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0 0		194. 28
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0 0		194.29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE 194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS	0	0		0 0		194. 30 194. 31
194. 32 07980 OTHER NONRELIMBORSABLE COST CENTERS	0	0		0 0		194.31
194. 33 07983 LAB CORP	0	0		0 0		194.33
194.3407984 H.O. MATERIALS MGMT	0	0		0 0	0	194.34
194. 35 07985 LEASED SPACE	0	0		0 0	0	194. 35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	14 400 400	0 104 040		0 1 071 040	4 400 450	201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	14, 408, 609	9, 124, 960		0 1, 071, 242	6, 499, 459	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 377146	0. 248139	0. 00000	0. 000556	1, 448. 831699	203.00
204.00 Cost to be allocated (per Wkst. B,	775, 486	307, 141		0 35, 291		204.00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part	0. 020298	0. 008352	0.0000	0. 000018	8. 729157	205.00
206.00 NAHE adjustment amount to be allocated						206. 00
(per Wkst. B-2) 207.00 NAHE unit cost multiplier (Wkst. D,						207.00
Parts III and IV)						

	Financial Systems LLOCATION - STATISTICAL BASIS	BALL MEMORIA	Provi der CC	N: 15-0089	Peri od:	u of Form CMS-2 Worksheet B-1	
					From 01/01/2019 To 12/31/2019	Date/Time Prep	pare
		I NTERNS &				6/29/2020 8:00	0 am
	Cost Center Description	RESI DENTS SERVI CES-OTHER	PARAMED ED				
		PRGM COSTS (ASSI GNED TI ME)	PRGM (100% PHARMACY				
		22.00	DRUGS) 23.00				
	GENERAL SERVICE COST CENTERS		20100		· · · · · · · · · · · · · · · · · · ·		
	00100 NEW CAP REL COSTS-BLDG & FIXT						1.
	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS						4.
	00550 DATA PROCESSING						5. 5.
	00570 ADMI TTI NG						5.
	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5
	00590 OTHER ADMINISTRATIVE AND GENERAL						5
00	00600 MAI NTENANCE & REPAI RS						6
	00700 OPERATION OF PLANT						7
	00800 LAUNDRY & LINEN SERVICE						8
	00900 HOUSEKEEPI NG 01000 DI ETARY						9
	01100 CAFETERIA						10 11
	01300 NURSI NG ADMI NI STRATI ON						13
	01400 CENTRAL SERVICES & SUPPLY						14
. 00	01500 PHARMACY						15
	01600 MEDICAL RECORDS & LIBRARY						16
	01080 PATIENT TRANSPORTATION						18
	02100 I &R SERVI CES-SALARY & FRI NGES APPRVD	4 404					21
	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM	4, 486	100				22
+	INPATIENT ROUTINE SERVICE COST CENTERS		100				23
	03000 ADULTS & PEDI ATRI CS	2, 595	0				30
	03100 INTENSIVE CARE UNIT	620	o				31
00	03200 CORONARY CARE UNI T	86	0				32
	02060 NEONATAL INTENSIVE CARE UNIT	0	0				35
	04000 SUBPROVIDER - IPF	0	0				40
	04100 SUBPROVIDER - IRF	0	0				41
	04300 NURSERY ANCI LLARY SERVICE COST CENTERS	<u> </u>	0				43
	05000 OPERATI NG ROOM	286	0				50
. 00	05100 RECOVERY ROOM	0	o				51
	05200 DELIVERY ROOM & LABOR ROOM	0	0				52
	05400 RADI OLOGY-DI AGNOSTI C	98	0				54
	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0				57
	05900 CARDIAC CATHETERIZATION	0	0				58 59
	06000 LABORATORY	0	0				60
	06001 BLOOD LABORATORY	0	0				60
00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	О				63
	06500 RESPI RATORY THERAPY	93	0				65
	06501 SLEEP LAB	0	0				65
	06600 PHYSI CAL THERAPY	0	0				66
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY		0				67
	06801 AUDI OLOGY	0	0				68
	06900 ELECTROCARDI OLOGY	185	0				69
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	Ő				71
	07200 IMPL. DEV. CHARGED TO PATIENT	0	О				72
	07300 DRUGS CHARGED TO PATIENTS	0	100				73
	07301 HOSPI TAL BASED RETAIL PHARMACIES	0	0				73
	07400 RENAL DI ALYSI S	0	0				74
	03160 CARDI OPULMONARY 07697 CARDI AC REHABI LI TATI ON	0	0				76
	07698 HYPERBARIC OXYGEN THERAPY	0	0				76
	OUTPATIENT SERVICE COST CENTERS						
	09000 CLINIC	0	0				90
	09001 SUBSTANCE ABUSE CLINIC	0	0				90
	09002 PAIN CLINIC	85	O				90
	09003 ONCOLOGY CLINIC	61	0				90
	09100 EMERGENCY	320	0				91
	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	0	0				92 92
+	OTHER REIMBURSABLE COST CENTERS	<u> </u>	0				1 12
	09500 AMBULANCE SERVICES	0	0				95
00 1			1.				1
	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE						113

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CCN	I: 15-0089	Peri od:	Worksheet B-1
				From 01/01/2019 To 12/31/2019	Date/Time Prepared:
				10 12/01/2017	6/29/2020 8:00 am
	INTERNS &				
Cost Center Description	RESI DENTS SERVI CES-OTHER	PARAMED ED			
	PRGM COSTS	PRGM			
	(ASSI GNED	(100%			
	TIME)	PHARMACY			
	22.00	DRUGS) 23.00			
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190. 00
191.00 19100 RESEARCH	57	0			191.00
194.00 07950 OTHER NONREI MBURSABLE COST CENTERS 194.01 07951 BSU PHARMACY	0	0			194. 00 194. 01
194. 02 07952 PAVI LLI ON PHARMACY	0	0			194.02
194. 03 07953 VENDI NG	0	0			194.03
194. 04 07954 CARELI NE	0	0			194.04
194. 05 07955 WELLNESS CENTER	0	0			194.05
194. 06 07956 PHYSI CLAN PRACTI CE CLI NI CS 194. 07 07957 PERI NATAL CLI NI C	0	0			194. 06 194. 07
194. 08/07958 RENTAL PROPERTY	0	0			194.07
194. 09 07959 ADVERTI SI NG	0	0			194. 09
194. 10 07960 I NTEGRA LTAC	0	0			194. 10
194. 11 07961 IU HEALTH HOSPICE	0	0			194.11
194. 12 07962 POB MEDICAL PAVILLION CONDOS 194. 13 07963 EXECUTIVE PHYSICAL	0	0			194. 12 194. 13
194. 14 07964 NEW CASTLE ONCOLOGY	0	0			194. 13
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	0	0			194. 15
194. 16 07966 JAY COUNTY HOSPITAL	0	0			194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0			194.17
194. 18 07968 CHV CARDINAL HEALTH VENTURES 194. 19 07969 HEALTH CARE CONNECTIONS	0	0			194. 18 194. 19
194. 20 07970 MEALS ON WHEELS	0	0			194. 19
194. 21 07971 ST MARY'S SCHOOL	0	0			194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0			194. 22
194. 23 07973 CANCER CENTER BOUTLQUE	0	0			194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0			194.24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL	0	0			194. 25 194. 26
194. 27 07977 MI DWEST HEALTH STRATEGIES	0	0			194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0			194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0			194. 29
194.30 07980 CARDINAL HEALTH ALLIANCE 194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0			194. 30 194. 31
194. 32 07982 RENAL DIALYSIS	0	0			194. 31
194. 33 07983 LAB CORP	0	0			194. 33
194. 34 07984 H. O. MATERIALS MGMT	0	0			194.34
194. 35 07985 LEASED SPACE	0	0			194.35
200.00Cross Foot Adjustments201.00Negative Cost Centers					200. 00 201. 00
202.00 Cost to be allocated (per Wkst. B,	7, 304, 141	317, 756			201.00
Part I)	.,	011,100			
203.00 Unit cost multiplier (Wkst. B, Part I)	1, 628. 207980	3, 177. 560000			203.00
204.00 Cost to be allocated (per Wkst. B,	1, 498, 072	6, 583			204.00
Part II) 205.00 Unit cost multiplier (Wkst. B, Part	333. 943825	65. 830000			205.00
	000.740020				200.00
206.00 NAHE adjustment amount to be allocated		О			206.00
(per Wkst. B-2)		0,000000			
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0. 000000			207.00
	I I	I I			1

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0089	Period:	Worksheet C	
				From 01/01/2019 To 12/31/2019	Part I Date/Time Pre	pared:
					6/29/2020 8:0	
		Title	XVIII	Hospi tal	PPS	
Cast Contor Description	Total Cost	Therapy Limit	Total Costs	Costs RCE	Total Costs	
Cost Center Description	(from Wkst. B,	Adj.		Di sal Lowance	TOTAL COSTS	
	Part I, col.	naj .		Di Sai i omanoc		
	26)					
	1.00	2.00	3.00	4.00	5.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	(7.454.040		(7.454.04		(7.454.040	
30. 00 03000 ADULTS & PEDI ATRI CS 31. 00 03100 I NTENSI VE CARE UNI T	67, 156, 219		67, 156, 21		67, 156, 219	
31. 00 03100 I NTENSI VE CARE UNI T 32. 00 03200 CORONARY CARE UNI T	18, 059, 648		18, 059, 64	0 0	18, 059, 648 0	
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	4, 353, 507		4, 353, 50		4, 353, 507	
40. 00 04000 SUBPROVI DER – I PF	0		1,000,00	0 0	0	
41.00 04100 SUBPROVIDER - IRF	4, 759, 493		4, 759, 49	03 0	4, 759, 493	•
43. 00 04300 NURSERY	1, 156, 994		1, 156, 99	04 0	1, 156, 994	43.00
ANCI LLARY SERVI CE COST CENTERS			1			
50.00 O5000 OPERATING ROOM	19, 977, 377		19, 977, 37		19, 977, 377	
51.00 05100 RECOVERY ROOM	4, 187, 873		4, 187, 87		4, 187, 873	•
52. 00 05200 DELIVERY ROOM & LABOR ROOM	5, 214, 903		5, 214, 90		5, 214, 903	
54. 00 05400 RADI OLOGY-DI AGNOSTI C 57. 00 05700 CT SCAN	29, 283, 151 227, 231		29, 283, 15 227, 23	-	29, 283, 151 227, 231	
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	227,231		221,23	0 0	227, 231	1
59. 00 05900 CARDI AC CATHETERI ZATI ON	7, 377, 938		7, 377, 93	-	7, 377, 938	
60. 00 06000 LABORATORY	16, 671, 846		16, 671, 84		16, 671, 846	
60. 01 06001 BLOOD LABORATORY	0			0 0	0	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	1, 678, 547		1, 678, 54	7 0	1, 678, 547	63.00
65. 00 06500 RESPI RATORY THERAPY	6, 849, 207	0	6, 849, 20	07 0	6, 849, 207	65.00
65.01 06501 SLEEP LAB	1, 029, 698				1, 029, 698	1
66. 00 06600 PHYSI CAL THERAPY	8, 463, 970				8, 463, 970	1
67. 00 06700 OCCUPATIONAL THERAPY	1, 671, 304				1, 671, 304	1
68. 00 06800 SPEECH PATHOLOGY	968, 988	0	968, 98		968, 988	
68. 01 06801 AUDI OLOGY 69. 00 06900 ELECTROCARDI OLOGY	0 4, 731, 870	0	4, 731, 87	0 0 0 0	0 4, 731, 870	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19, 053, 049		19, 053, 04		4, 731, 870	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT	23, 843, 077		23, 843, 07		23, 843, 077	
73. 00 07300 DRUGS CHARGED TO PATIENTS	55, 923, 769		55, 923, 76		55, 923, 769	
73. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES	9, 265, 657		9, 265, 65		9, 265, 657	
74.00 07400 RENAL DIALYSIS	1, 925, 703		1, 925, 70	03 0	1, 925, 703	74.00
76. 00 03160 CARDI OPULMONARY	0			0 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	1, 397, 506		1, 397, 50		1, 397, 506	
76. 98 07698 HYPERBARI C OXYGEN THERAPY	2, 230, 556		2, 230, 55	6 0	2, 230, 556	76. 98
						00.00
90. 00 09000 CLINIC 90. 01 09001 SUBSTANCE ABUSE CLINIC	0 879, 018		879, 01	0 0 8 0	0 879, 018	•
90. 02 09002 PAIN CLINIC	2, 516, 451		2, 516, 45		2, 516, 451	
90. 03 09003 ONCOLOGY CLINIC	3, 420, 774		3, 420, 77		3, 420, 774	
91. 00 09100 EMERGENCY	24, 438, 484		24, 438, 48		24, 438, 484	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	7, 533, 668		7, 533, 66		7, 533, 668	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0			0 0	0	
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES	213, 316		213, 31	6 0	213, 316	95.00
SPECIAL PURPOSE COST CENTERS	1		1			
113.00 11300 INTEREST EXPENSE		_	05/ //0		05/ //0 555	113.00
200.00 Subtotal (see instructions)	356, 460, 792				356, 460, 792	
201.00Less Observation Beds202.00Total (see instructions)	7, 533, 668 348, 927, 124		7, 533, 66 348, 927, 12		7, 533, 668 348, 927, 124	
	340, 727, 124	0	340, 727, 12	-+ U	340, 727, 124	1202.00

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0089	Peri od:	Worksheet C	
				From 01/01/2019 To 12/31/2019	Part I Date/Time Pre	marod
				10 12/31/2019	6/29/2020 8:0	
		Title	e XVIII	Hospi tal	PPS	
		Charges				
Cost Center Description	I npati ent	Outpati ent	Total (col. d	6 Cost or Other	TEFRA	
			+ col. 7)	Ratio	Inpatient	
					Ratio	
	6.00	7.00	8.00	9.00	10.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	474 400 000		474 400 00			0.00
30. 00 03000 ADULTS & PEDI ATRI CS	171, 133, 080		171, 133, 08			30.00
31. 00 03100 I NTENSI VE CARE UNI T 32. 00 03200 CORONARY CARE UNI T	59, 118, 819		59, 118, 81	9		31.00
	16, 351, 656		16, 351, 65	4		32.00 35.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT 40. 00 04000 SUBPROVIDER - IPF	10, 351, 050		10, 351, 05	0		40.00
40.00 04100 SUBPROVIDER - TPP 41.00 04100 SUBPROVIDER - TRF	10, 756, 555		10, 756, 55	5		40.00
43. 00 04300 NURSERY	3, 246, 898		3, 246, 89			41.00
ANCI LLARY SERVI CE COST CENTERS	5, 240, 070		3, 240, 07	0		43.00
50. 00 05000 OPERATING ROOM	111, 274, 578	75, 714, 969	186, 989, 54	7 0. 106837	0.00000	50.00
51. 00 05100 RECOVERY ROOM	10, 707, 168	14, 850, 078				
52.00 05200 DELIVERY ROOM & LABOR ROOM	21, 461, 244	4, 808, 791			0.000000	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	66, 098, 633	189, 504, 299			0.000000	
57. 00 05700 CT SCAN	1, 566, 062	2,045,122			0.000000	
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0		0.000000		
59.00 05900 CARDI AC CATHETERI ZATI ON	43, 972, 403	59, 257, 648	103, 230, 05		0.00000	
60. 00 06000 LABORATORY	47, 290, 253	42, 674, 414			0.00000	
60. 01 06001 BLOOD LABORATORY	0	0		0.000000	0. 000000	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	6, 153, 864	2, 352, 210	8, 506, 07			
65. 00 06500 RESPI RATORY THERAPY	23, 868, 515	2, 930, 105	26, 798, 62	0 0. 255581	0. 000000	65.00
65.01 06501 SLEEP LAB	27, 021	7, 766, 294	7, 793, 31	5 0. 132126	0. 000000	65.01
66. 00 06600 PHYSI CAL THERAPY	9, 674, 493	11, 969, 765	21, 644, 25	8 0. 391049	0. 000000	66.00
67.00 06700 OCCUPATI ONAL THERAPY	6, 600, 648	89, 974	6, 690, 62	2 0. 249798	0.00000	67.00
68.00 06800 SPEECH PATHOLOGY	3, 253, 605	356, 173	3, 609, 77	8 0. 268434	0.00000	68.00
68. 01 06801 AUDI OLOGY	0	0		0 0.000000	0.00000	68.01
69. 00 06900 ELECTROCARDI OLOGY	36, 835, 895	21, 437, 685			0.00000	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	33, 102, 282	41, 869, 574				
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	88, 068, 145	38, 654, 397			0.00000	
73.00 07300 DRUGS CHARGED TO PATIENTS	97, 431, 472	207, 019, 966			0.00000	
73.01 07301 HOSPI TAL BASED RETAIL PHARMACIES	0	7, 205, 708			0.00000	
74.00 07400 RENAL DIALYSIS	4, 489, 078	281, 382	4, 770, 46			
76.00 03160 CARDI OPULMONARY	0	0		0 0.00000		
76. 97 07697 CARDI AC REHABI LI TATI ON	1, 297, 285	4, 171, 583				
76. 98 07698 HYPERBARI C OXYGEN THERAPY	118, 138	16, 362, 505	16, 480, 64	3 0. 135344	0.00000	76. 98
OUTPATIENT SERVICE COST CENTERS			1	0 0 00000	0.00000	00.00
90. 00 09000 CLINIC	0	150.022		0 0.000000		
90. 01 09001 SUBSTANCE ABUSE CLINIC	0	158, 033				
90. 02 09002 PALN CLINIC	10, 437	7, 369, 276				
90. 03 09003 ONCOLOGY CLINIC 91. 00 09100 EMERGENCY	345, 841	34, 503, 537				
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	65, 184, 979 1, 248, 267	155, 538, 741 36, 199, 197				
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.01 09201 OBSERVATION BEDS (DISTINCT PART)	1, 248, 267	36, 199, 197 0		0.000000		
OTHER REIMBURSABLE COST CENTERS	0	0	1	0.00000	0.00000	72.01
95. 00 09500 AMBULANCE SERVICES	1, 708	0	1, 70	8 124. 892272	0.00000	95.00
SPECIAL PURPOSE COST CENTERS	1,700	0	1,70	124.072272	0.00000	73.00
113. 00 11300 I NTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	940, 689, 022	985 091 426	1, 925, 780, 44	8		200.00
201.00 Less Observation Beds	, 10, 007, 022	,00,071,420	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ĭ		200.00
202.00 Total (see instructions)	940, 689, 022	985,091.426	1, 925, 780, 44	8		202.00
		, 0, 1, 120	1 , , . 00, 11	- 1	I	

MPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared 6/29/2020 8:00 am
		Title XVIII	Hospi tal	PPS
Cost Center Description	PPS Inpatient Ratio 11.00			
INPATIENT ROUTINE SERVICE COST CENTERS				
. 00 03000 ADULTS & PEDI ATRI CS				30.
. 00 03100 I NTENSI VE CARE UNI T				31.
. 00 03200 CORONARY CARE UNI T				32.
. 00 02060 NEONATAL INTENSIVE CARE UNIT				35.
. 00 04000 SUBPROVIDER - IPF				40.
. 00 04100 SUBPROVIDER – IRF				41.
. 00 04300 NURSERY				43.
ANCI LLARY SERVI CE COST CENTERS				10.
. 00 05000 OPERATING ROOM	0. 106837			50.
. 00 05100 RECOVERY ROOM	0. 163862			51.
. 00 05200 DELIVERY ROOM & LABOR ROOM	0. 103802			52.
. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 198511			52.
. 00 05700 CT SCAN	0. 114565			54.
	0. 000000			58.
. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) . 00 05900 CARDI AC CATHETERI ZATI ON	0. 071471			59.
. 00 06000 LABORATORY				
	0. 185315			60.
01 06001 BLOOD LABORATORY	0. 000000			60.
. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 197335			63.
. 00 06500 RESPI RATORY THERAPY	0. 255581			65.
. 01 06501 SLEEP LAB	0. 132126			65.
. 00 06600 PHYSI CAL THERAPY	0. 391049			66.
. 00 06700 OCCUPATI ONAL THERAPY	0. 249798			67.
. 00 06800 SPEECH PATHOLOGY	0. 268434			68.
. 01 06801 AUDI OLOGY	0. 000000			68.
. 00 06900 ELECTROCARDI OLOGY	0. 081201			69.
. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0. 254136			71.
. 00 07200 I MPL. DEV. CHARGED TO PATIENT	0. 188152			72.
. 00 07300 DRUGS CHARGED TO PATIENTS	0. 183687			73.
01 07301 HOSPI TAL BASED RETAIL PHARMACIES	1. 285877			73.
. 00 07400 RENAL DIALYSIS	0. 403672			74.
. 00 03160 CARDI OPULMONARY	0. 000000			76.
. 97 07697 CARDI AC REHABI LI TATI ON	0. 255538			76.
. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 135344			76.
OUTPATIENT SERVICE COST CENTERS				
. 00 09000 CLINIC	0. 000000			90.
. 01 09001 SUBSTANCE ABUSE CLINIC	5. 562243			90.
. 02 09002 PAIN CLINIC	0. 340996			90.
. 03 09003 ONCOLOGY CLINIC	0. 098159			90.
. 00 09100 EMERGENCY	0. 110720			91.
. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)	0. 201180			92.
. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000			92.
OTHER REIMBURSABLE COST CENTERS	- <u> </u>			
. 00 09500 AMBULANCE SERVICES	124. 892272			95.
SPECIAL PURPOSE COST CENTERS				
3.00 11300 INTEREST EXPENSE				113.
0.00 Subtotal (see instructions)				200.
1.00 Less Observation Beds				201.
2.00 Total (see instructions)				202.

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C		Period:	Worksheet C	
				From 01/01/2019	Part I	
				To 12/31/2019	Date/Time Pre 6/29/2020 8:0	
		Ti +1	e XIX	Hospi tal	Cost	
		1111		Costs	0031	
Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
bost benter beschiption	(from Wkst. B,	Adj.		Di sal I owance	10101 00313	
	Part I, col.	, ag i		Drodri ondinoo		
	26)					
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	67, 156, 219		67, 156, 21	9 0	67, 156, 219	30.00
31. 00 03100 I NTENSI VE CARE UNI T	18, 059, 648		18, 059, 64	в о	18, 059, 648	31.00
32.00 03200 CORONARY CARE UNI T	0			o o	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	4, 353, 507		4, 353, 50	7 0	4, 353, 507	
40. 00 04000 SUBPROVI DER – I PF	0			o o	0	40.00
41. 00 04100 SUBPROVI DER – I RF	4, 759, 493		4, 759, 493	3 0	4, 759, 493	41.00
43. 00 04300 NURSERY	1, 156, 994		1, 156, 99	4 0	1, 156, 994	43.00
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	19, 977, 377		19, 977, 37	7 0	19, 977, 377	50.00
51.00 05100 RECOVERY ROOM	4, 187, 873		4, 187, 87	3 0	4, 187, 873	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5, 214, 903		5, 214, 90	3 0	5, 214, 903	52.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	29, 283, 151		29, 283, 15	1 0	29, 283, 151	54.00
57.00 05700 CT SCAN	227, 231		227, 23	1 0	227, 231	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0			o o	0	58.00
59.00 05900 CARDI AC CATHETERI ZATI ON	7, 377, 938		7, 377, 93	в о	7, 377, 938	59.00
60. 00 06000 LABORATORY	16, 671, 846		16, 671, 84	6 0	16, 671, 846	60.00
60. 01 06001 BLOOD LABORATORY	0			o o	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	1, 678, 547		1, 678, 54	7 0	1, 678, 547	63.00
65. 00 06500 RESPI RATORY THERAPY	6, 849, 207	0	6, 849, 20	7 0	6, 849, 207	65.00
65.01 06501 SLEEP LAB	1, 029, 698	0	1, 029, 69	в о	1, 029, 698	65.01
66. 00 06600 PHYSI CAL THERAPY	8, 463, 970				8, 463, 970	1
67.00 06700 OCCUPATI ONAL THERAPY	1, 671, 304				1, 671, 304	
68.00 06800 SPEECH PATHOLOGY	968, 988				968, 988	
68. 01 06801 AUDI OLOGY	0			o o	0	1
69. 00 06900 ELECTROCARDI OLOGY	4, 731, 870		4, 731, 87	o o	4, 731, 870	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19, 053, 049		19, 053, 04	9 0	19, 053, 049	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	23, 843, 077		23, 843, 07	7 0	23, 843, 077	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	55, 923, 769		55, 923, 76	9 0	55, 923, 769	73.00
73.01 07301 HOSPI TAL BASED RETAIL PHARMACIES	9, 265, 657		9, 265, 65	7 0	9, 265, 657	73.01
74.00 07400 RENAL DI ALYSI S	1, 925, 703		1, 925, 70	3 0	1, 925, 703	74.00
76.00 03160 CARDI OPULMONARY	0		(o o	0	76.00
76. 97 07697 CARDIAC REHABILITATION	1, 397, 506		1, 397, 50	6 0	1, 397, 506	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	2, 230, 556		2, 230, 55	6 0	2, 230, 556	76.98
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	0		(0 0	0	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC	879, 018		879, 01	в о	879, 018	90.01
90. 02 09002 PAIN CLINIC	2, 516, 451		2, 516, 45	1 0	2, 516, 451	90.02
90. 03 09003 ONCOLOGY CLINIC	3, 420, 774		3, 420, 77	4 0	3, 420, 774	90.03
91.00 09100 EMERGENCY	24, 438, 484		24, 438, 48	4 0	24, 438, 484	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	7, 533, 668		7, 533, 66		7, 533, 668	
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0			o o	0	
OTHER REIMBURSABLE COST CENTERS						1
95. 00 09500 AMBULANCE SERVICES	213, 316		213, 31	6 0	213, 316	95.00
SPECIAL PURPOSE COST CENTERS						1
113.00 11300 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	356, 460, 792	0	356, 460, 793	2 0	356, 460, 792	200.00
201.00 Less Observation Beds	7, 533, 668		7, 533, 66	8	7, 533, 668	
202.00 Total (see instructions)	348, 927, 124	0	348, 927, 12	4 0	348, 927, 124	202.00
			-			

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0089	Peri od:	Worksheet C	
				From 01/01/2019 To 12/31/2019	Part I Date/Time Pre	narod
				10 12/31/2019	6/29/2020 8:0	
		Titl	e XIX	Hospi tal	Cost	
		Charges				
Cost Center Description	I npati ent	Outpati ent	Total (col.	6 Cost or Other	TEFRA	
			+ col. 7)	Ratio	Inpati ent	
					Ratio	
	6.00	7.00	8.00	9.00	10.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	474 400 000		474 400 00			0.00
30. 00 03000 ADULTS & PEDIATRICS	171, 133, 080		171, 133, 08			30.00
31. 00 03100 I NTENSI VE CARE UNI T 32. 00 03200 CORONARY CARE UNI T	59, 118, 819		59, 118, 81	9		31.00
	16, 351, 656		14 251 45	0		32.00 35.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT 40. 00 04000 SUBPROVIDER - IPF	10, 331, 030		16, 351, 65	0		40.00
40. 00 04000 SUBPROVI DER - 1 PF 41. 00 04100 SUBPROVI DER - 1 RF	10, 756, 555		10, 756, 55	5		40.00
43. 00 04300 NURSERY	3, 246, 898		3, 246, 89			43.00
ANCI LLARY SERVICE COST CENTERS	3, 240, 070		3, 240, 09	0		43.00
50. 00 05000 OPERATING ROOM	111, 274, 578	75, 714, 969	186, 989, 54	7 0. 106837	0.00000	50.00
51. 00 05100 RECOVERY ROOM	10, 707, 168	14, 850, 078			0. 000000	
52.00 05200 DELIVERY ROOM & LABOR ROOM	21, 461, 244	4, 808, 791			0. 000000	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	66, 098, 633	189, 504, 299			0. 000000	
57. 00 05700 CT SCAN	1, 566, 062	2,045,122			0.000000	
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	_, _ , _ ,		0 0.000000	0.000000	
59. 00 05900 CARDI AC CATHETERI ZATI ON	43, 972, 403	59, 257, 648	103, 230, 05		0.000000	
60. 00 06000 LABORATORY	47, 290, 253	42, 674, 414			0.000000	
60. 01 06001 BLOOD LABORATORY	0	0		0 0.000000	0. 000000	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	6, 153, 864	2, 352, 210	8, 506, 07		0. 000000	
65. 00 06500 RESPI RATORY THERAPY	23, 868, 515	2, 930, 105	26, 798, 62	0 0. 255581	0. 000000	65.00
65.01 06501 SLEEP LAB	27, 021	7, 766, 294	7, 793, 31	5 0. 132126	0. 000000	65.01
66. 00 06600 PHYSI CAL THERAPY	9, 674, 493	11, 969, 765			0. 000000	66.00
67.00 06700 OCCUPATI ONAL THERAPY	6, 600, 648	89, 974	6, 690, 62	2 0. 249798	0. 000000	67.00
68.00 06800 SPEECH PATHOLOGY	3, 253, 605	356, 173	3, 609, 77	8 0. 268434	0. 000000	68.00
68. 01 06801 AUDI OLOGY	0	C		0 0.000000	0.00000	68.01
69. 00 06900 ELECTROCARDI OLOGY	36, 835, 895	21, 437, 685			0. 000000	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	33, 102, 282	41, 869, 574			0. 000000	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	88, 068, 145	38, 654, 397			0. 000000	
73.00 07300 DRUGS CHARGED TO PATIENTS	97, 431, 472	207, 019, 966			0. 000000	
73. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES	0	7, 205, 708			0.00000	
74.00 07400 RENAL DIALYSIS	4, 489, 078	281, 382	4, 770, 46		0.00000	
76.00 03160 CARDI OPULMONARY	0	0		0 0.000000	0.00000	
76. 97 07697 CARDI AC REHABI LI TATI ON	1, 297, 285	4, 171, 583			0.00000	
76. 98 07698 HYPERBARI C OXYGEN THERAPY	118, 138	16, 362, 505	16, 480, 64	3 0. 135344	0.00000	76. 98
			1	0 0 00000	0,000000	00.00
90. 00 09000 CLINIC	0	150,022		0 0.000000	0.00000	
90. 01 09001 SUBSTANCE ABUSE CLINIC 90. 02 09002 PAIN CLINIC	0 10, 437	158, 033 7, 369, 276			0. 000000 0. 000000	
90. 02 09002 PATN CLINIC 90. 03 09003 0NC0L0GY CLINIC	345, 841	7, 369, 276 34, 503, 537			0. 000000	
90. 03 09003 0NC0L0GF CELINIC 91. 00 09100 EMERGENCY	65, 184, 979	155, 538, 741			0. 000000	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 248, 267	36, 199, 197				
92. 01 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	1, 248, 207	30, 199, 197 C		0 0.000000		
OTHER REIMBURSABLE COST CENTERS	<u> </u>	0		0.00000	0.00000	,2.01
95. 00 09500 AMBULANCE SERVICES	1, 708	0	1, 70	8 124.892272	0. 000000	95.00
SPECIAL PURPOSE COST CENTERS	1,700		1,70		0.00000	10.00
113. 00 11300 I NTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	940, 689, 022	985, 091, 426	1, 925, 780, 44	8		200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	940, 689, 022	985, 091, 426	1, 925, 780, 44	8		202.00
					•	•

COMPUTA	Financial Systems TION OF RATIO OF COSTS TO CHARGES	BALL MEMORIAL	Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	u of Form CMS-2552- Worksheet C Part I Date/Time Prepared 6/29/2020 8:00 am
			Title XIX	Hospi tal	Cost
	Cost Center Description	PPS Inpatient Ratio 11.00			
1	NPATIENT ROUTINE SERVICE COST CENTERS	11.00			
	03000 ADULTS & PEDI ATRI CS				30. 0
	03100 I NTENSI VE CARE UNI T				31. 0
	03200 CORONARY CARE UNIT				32.0
	22060 NEONATAL INTENSIVE CARE UNIT				35.0
	04000 SUBPROVIDER - IPF				40.0
	04100 SUBPROVIDER - IRF				40.0
	04300 NURSERY				43.0
	ANCI LLARY SERVICE COST CENTERS				43.0
	D5000 OPERATI NG ROOM	0. 000000			50.0
	D5100 RECOVERY ROOM	0.000000			50.0
	D5200 DELIVERY ROOM & LABOR ROOM	0. 000000			52.0
	05400 RADI OLOGY-DI AGNOSTI C	0. 000000			54.0
	D5700 CT SCAN	0. 000000			57.0
	D5800 MAGNETIC RESONANCE I MAGING (MRI)	0. 000000			58.0
	05900 CARDI AC CATHETERI ZATI ON	0.000000			59.0
	06000 LABORATORY	0. 000000			60.0
	06001 BLOOD LABORATORY	0. 000000			60.0
	06300 BLOOD STORING, PROCESSING, & TRANS.	0.00000			63. (
	06500 RESPI RATORY THERAPY	0.00000			65.0
	D6501 SLEEP LAB	0.00000			65. (
	06600 PHYSI CAL THERAPY	0.00000			66. (
	06700 OCCUPATIONAL THERAPY	0. 000000			67.0
	06800 SPEECH PATHOLOGY	0.000000			68.0
	06801 AUDI OLOGY	0.00000			68.0
	06900 ELECTROCARDI OLOGY	0.00000			69. (
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000			71.0
	07200 IMPL. DEV. CHARGED TO PATIENT	0. 000000			72.0
	D7300 DRUGS CHARGED TO PATIENTS	0. 000000			73.0
	07301 HOSPI TAL BASED RETAIL PHARMACIES	0. 000000			73.0
	07400 RENAL DIALYSIS	0. 000000			74.0
	03160 CARDI OPULMONARY	0. 000000			76.0
	07697 CARDI AC REHABI LI TATI ON	0. 000000			76. 9
	07698 HYPERBARI C OXYGEN THERAPY	0. 000000			76. 9
	DUTPATIENT SERVICE COST CENTERS				
	09000 CLI NI C	0.000000			90.0
	09001 SUBSTANCE ABUSE CLINIC	0. 000000			90. 0
	09002 PAIN CLINIC	0. 000000			90.0
	09003 ONCOLOGY CLINIC	0. 000000			90.0
	09100 EMERGENCY	0. 000000			91. (
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000			92.0
	09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000			92.0
	THER REIMBURSABLE COST CENTERS				
	09500 AMBULANCE SERVI CES	0. 000000			95. (
	SPECIAL PURPOSE COST CENTERS				
13.001	11300 INTEREST EXPENSE				113. (
00.00	Subtotal (see instructions)				200. 0
01.00	Less Observation Beds				201.0
02.00	Total (see instructions)				202.0

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provider CO		Period: From 01/01/2019 To 12/31/2019	Date/Time Pre 6/29/2020 8:0	pared: 0 am
			XVIII	Hospi tal	PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col.	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col	Days	Per Diem (col. 3 / col. 4)	
	26)		2)			
	1.00	2.00	3.00	4,00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS	1100	2.00	0.00		0.00	
30.00 ADULTS & PEDIATRICS 31.00 INTENSIVE CARE UNIT	6, 896, 347 1, 161, 126		6, 896, 34 1, 161, 12			
32. 00 CORONARY CARE UNIT	1, 101, 120		1, 101, 12	0 10, 344	0.00	•
35.00 NEONATAL INTENSIVE CARE UNIT	208, 285		208, 28	5 3, 542	58.80	
40.00 SUBPROVIDER - IPF	200, 203	0	200, 20	0 3, 342	0.00	
40.00 SUBPROVIDER - IRF	408, 058	0	408, 05	8 4,614		
43. 00 NURSERY	116, 074		116, 07			
200.00 Total (lines 30 through 199)	8, 789, 890		8, 789, 89			200.00
Cost Center Description	I npati ent	Inpati ent	0,707,07	0 72, 374		200.00
	Program days	Program				
	l'rogram aayo	Capital Cost				
		(col. 5 x col.				
		6)				
	6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	29, 603	2, 838, 040				30.00
31.00 INTENSIVE CARE UNIT	4, 607	517, 136				31.00
32.00 CORONARY CARE UNIT	0	0				32.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0				35.00
40. 00 SUBPROVIDER - IPF	0	0				40.00
41.00 SUBPROVIDER - IRF	3, 023	267, 354				41.00
43.00 NURSERY	0	0				43.00
200.00 Total (lines 30 through 199)	37, 233	3, 622, 530	1			200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT	AL COSTS	Provider C	Provider CCN: 15-0089		Worksheet D	
				From 01/01/2019	Part II	
				To 12/31/2019	Date/Time Pre	
					6/29/2020 8:0	00 am
	_		XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges			Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,		(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1, 528, 380	186, 989, 547	0. 00817	4 47, 868, 622	391, 278	50.0
51.00 05100 RECOVERY ROOM	326, 189	25, 557, 246	0. 01276	4, 857, 043	61, 990	51.0
52.00 05200 DELIVERY ROOM & LABOR ROOM	497,062	26, 270, 035	0. 01892	140, 900	2, 666	52.0
54. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 270, 199	255, 602, 932	0.00888	31, 896, 238	283, 302	54.0
57.00 05700 CT SCAN	2, 298	3, 611, 184	0. 00063	6 860, 605	547	57.0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0. 00000	0 0	0	58.0
59. 00 05900 CARDI AC CATHETERI ZATI ON	550, 762	103, 230, 051	0.00533	19, 655, 676	104, 863	59.0
50. 00 06000 LABORATORY	679, 400	89, 964, 667	0.00755	20, 184, 836	152, 436	60.0
50. 01 06001 BLOOD LABORATORY	0				0	
53. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	3, 935	8, 506, 074			1, 390	63.0
55. 00 06500 RESPI RATORY THERAPY	207, 939				80, 874	
55. 01 06501 SLEEP LAB	6, 957				9	
56. 00 06600 PHYSI CAL THERAPY	171, 643				25, 146	
57. 00 06700 OCCUPATI ONAL THERAPY	92, 471				13, 306	
58. 00 06800 SPEECH PATHOLOGY	25, 139				7, 125	
58. 01 06801 AUDI OLOGY	23, 137				0	
59. 00 06900 ELECTROCARDI OLOGY	624, 605	-			208, 503	
1. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	272, 467				49, 502	
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	333, 965				106, 011	
73.00 07300 DRUGS CHARGED TO PATIENTS	416, 137					
73. 01 07300 DROGS CHARGED TO PATTENTS					56, 244 0	
	24,874				-	
74. 00 07400 RENAL DI ALYSI S 76. 00 03160 CARDI OPULMONARY	107, 438				54, 886	
	0	0	0.00000		0	
76. 97 07697 CARDI AC REHABI LI TATI ON	9, 494				1, 183	
76. 98 07698 HYPERBARI C OXYGEN THERAPY	31, 170	16, 480, 643	0.00189	73, 881	140	76.9
OUTPATIENT SERVICE COST CENTERS			0.0000			
20. 00 09000 CLINIC	0				0	
20. 01 09001 SUBSTANCE ABUSE CLINIC	228, 681				0	
20. 02 09002 PAIN CLINIC	802, 533				1, 078	
20. 03 09003 ONCOLOGY CLINIC	130, 188				715	
21.00 09100 EMERGENCY	1, 347, 797				195, 270	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	773, 640				11, 543	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.00000	0 0	0	92.0
OTHER REIMBURSABLE COST CENTERS	-	1	-			
25. 00 09500 AMBULANCE SERVICES						95.0
200.00 Total (lines 50 through 199)	11 /65 262	1, 665, 171, 732	1	294, 440, 551	1, 810, 007	1200 0

Health Financial Sys		BALL MEMORIA		<u></u>		eu of Form CMS-	2552-1
APPORIIONMENI OF IN	PATIENT ROUTINE SERVICE OTHE	R PASS THROUGH COS	IS Provider C		Period: From 01/01/2019	Worksheet D Part III	
					To 12/31/2019		pared.
					10 12/01/2017	6/29/2020 8:0	0 am
			Title	e XVIII	Hospi tal	PPS	
Cost Ce	nter Description	Nursing School	Nursing School	Allied Health	Allied Health	All Other	
		Post-Stepdown	Ũ	Post-Stepdowr	n Cost	Medi cal	
		Adjustments		Adjustments		Education Cost	
		1A	1.00	2A	2.00	3.00	
I NPATI ENT ROU	TINE SERVICE COST CENTERS	· · ·			· ·		
30. 00 03000 ADULTS	& PEDIATRICS	0	C)	0 0	0	30.00
31.00 03100 INTENSI	VE CARE UNIT	0	C		0 0	0	31.00
32.00 03200 CORONAR	Y CARE UNI T	0	C		o o	0	32.00
35. 00 02060 NEONATA	L INTENSIVE CARE UNIT	0	C		o o	0	35.00
40.00 04000 SUBPROV		0	C		0 0	0	
41.00 04100 SUBPROV		0	C		0 0	0	
43.00 04300 NURSERY		0	C		0 0	0	
	lines 30 through 199)	0	c c			-	200.00
	nter Description	Swing-Bed	Total Costs	Total Patient	Per Diem (col.	Inpati ent	200100
0001 00		Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
		Amount (see	1 through 3,	buyo	0 0000000000000000000000000000000000000	l l ogi am bayo	
			minus col. 4)				
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROU	TINE SERVICE COST CENTERS						
30. 00 03000 ADULTS	& PEDIATRICS	0	C	71, 93	7 0.00	29, 603	30.00
31.00 03100 INTENSI	VE CARE UNIT		C	10, 34	4 0.00	4,607	31.00
32.00 03200 CORONAR			C		0.00	0	32.00
35. 00 02060 NEONATA	L INTENSIVE CARE UNIT		C	3, 54	2 0.00	0	35.00
40. 00 04000 SUBPROV	IDER – IPF	0	C		0 0.00	0	40.00
41.00 04100 SUBPROV	IDER – IRF	0	C	4, 61	4 0.00	3, 023	41.00
43.00 04300 NURSERY			C	2,13			
	lines 30 through 199)		C	92, 57		37, 233	
	nter Description	I npati ent	-	,			
		Program					
		Pass-Through					
		Cost (col. 7 x					
		col. 8)					
		9.00					
INPATIENT ROL	ITI NE SERVI CE COST CENTERS					·	
30. 00 03000 ADULTS	& PEDIATRICS	0					30.00
31.00 03100 INTENSI	VE CARE UNIT	0					31.0
ST. OU JUSTUULTNIENSE		0					32.0
							35.0
32.00 03200 CORONAR	L INTENSIVE CARE UNIT	0					
32.00 03200 CORONAR 35.00 02060 NEONATA	L INTENSIVE CARE UNIT IDER – IPE	0					40.00
32. 00 03200 CORONAR 35. 00 02060 NEONATA 40. 00 04000 SUBPROV	IDER – IPF	0					
32.00 03200 CORONAR 35.00 02060 NEONATA	IDER – IPF IDER – IRF	0					40.00 41.00 43.00

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SET THROUGH COSTS	RVICE OTHER PASS			Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Pre 6/29/2020 8:0	pared: 0 am
			XVIII	Hospi tal	PPS	
Cost Center Description	Non Physician	Nursing School	Nursing Schoo	Allied Health	Allied Health	
	Anesthetist	Post-Stepdown		Post-Stepdown		
	Cost	Adjustments		Adjustments		
	1.00	2A	2.00	3A	3.00	
ANCI LLARY SERVI CE COST CENTERS						
50.00 O5000 OPERATING ROOM	0	C)	0 0	0	50.00
51.00 05100 RECOVERY ROOM	0	C		0 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	C		0 0	0	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	C		0 0	0	54.00
57.00 05700 CT SCAN	0	C		0 0	0	57.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	C		0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	- -			0	59.00
60. 00 06000 LABORATORY	0	c c			0	60.00
60. 01 06001 BLOOD LABORATORY	0	c c		0 0	0	60.01
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0				0	63.00
65. 00 06500 RESPIRATORY THERAPY	0			0 0	0	65.00
65. 01 06500 SLEEP LAB	0				0	65.00
	0			0 0	-	1
66. 00 06600 PHYSICAL THERAPY	0			0 0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0)	0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0)	0 0	0	68.00
68. 01 06801 AUDI OLOGY	0)	0 0	0	68.01
69.00 06900 ELECTROCARDI OLOGY	0	C)	0 0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	C)	0 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	C)	0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	C)	0 0	317, 756	1
73. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES	0	C)	0 0	0	73.01
74.00 07400 RENAL DIALYSIS	0	C		0 0	0	74.00
76. 00 03160 CARDI OPULMONARY	0	C		0 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	C		0 0	0	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	C)	0 0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	C)	0 0	0	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	C		0 0	0	90.01
90. 02 09002 PAIN CLINIC	0	C		0 0	0	90.02
90. 03 09003 ONCOLOGY CLINIC	0	C		0 0	0	90.03
91. 00 09100 EMERGENCY	0	C		0 0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	C		0 0	0	
OTHER REI MBURSABLE COST CENTERS			I			1
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	C		0 0	317, 756	
			1	-	0, /00	

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF	RVICE OTHER PASS	S Provider C	CN: 15-0089	Peri od:	Worksheet D	
THROUGH COSTS				From 01/01/2019 To 12/31/2019		narod
				10 12/31/2019	6/29/2020 8:0	
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
	Education Cost		Cost (sum of		(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
			and 4)		(see	
					instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS				0 404 000 547	0.00000	50.00
50. 00 05000 OPERATING ROOM	0			0 186, 989, 547		50.00
51.00 05100 RECOVERY ROOM	0			0 25, 557, 246		51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 26, 270, 035		52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 255, 602, 932		54.00
57.00 05700 CT SCAN 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 3, 611, 184 0 0		57.00 58.00
	0	0		0	0.000000	
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	0	0		0 103, 230, 051	0.000000	59.00
60. 01 06000 LABORATORY	0	0		0 89, 964, 667 0 0	0.000000	60.00
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		-	0.000000	60. 01 63. 00
65. 00 06500 RESPIRATORY THERAPY	0	0			0.000000	
65. 01 06500 RESPIRATORY THERAPY	0	0		0 26, 798, 620 0 7, 793, 315	0.000000 0.000000	
66. 00 06600 PHYSI CAL THERAPY	0			0 7, 793, 315		1
67. 00 06700 OCCUPATI ONAL THERAPY	0			0 6, 690, 622	0.000000	
68. 00 06800 SPEECH PATHOLOGY	0			0 3, 609, 778		
68. 01 06801 AUDI OLOGY	0			0 3,009,778	0.000000	
69. 00 06900 ELECTROCARDI OLOGY	0			0 58, 273, 580		1
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0			0 74, 971, 856		1
72. 00 07200 I MPL. DEV. CHARGED TO PATIENT	0			0 126, 722, 542	0.000000	1
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	317, 756	317, 75			1
73. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES	0	0		0 7, 205, 708		1
74. 00 07400 RENAL DIALYSIS	0	0		0 4, 770, 460		
76.00 03160 CARDI OPULMONARY	0	0		0 0		
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 5, 468, 868		
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 16, 480, 643		76.98
OUTPATIENT SERVICE COST CENTERS			1			
90. 00 09000 CLI NI C	0	0		0 0	0.00000	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC	0	0		0 158, 033	0.000000	90.01
90. 02 09002 PAIN CLINIC	0	0		0 7, 379, 713	0.000000	90.02
90. 03 09003 ONCOLOGY CLINIC	0	0		0 34, 849, 378	0. 000000	90. 03
91. 00 09100 EMERGENCY	0	0		0 220, 723, 720	0. 000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0 37, 447, 464	0.00000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 0	0.00000	92.01
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	317, 756	317, 75	6 1, 665, 171, 732		200. 00

Health Financial Systems	BALL MEMORIAL				u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	Provider C		Peri od:	Worksheet D	
THROUGH COSTS				From 01/01/2019	Part IV Date/Time Pre	
				To 12/31/2019	6/29/2020 8:0	
		Title	XVIII	Hospi tal	PPS	o un
Cost Center Description	Outpati ent	Inpati ent	Inpatient	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through		Pass-Through	
	(col. 6 ÷ col.	ondi goo	Costs (col.		Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVI CE COST CENTERS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10100	11100	12100	10100	
50. 00 05000 OPERATI NG ROOM	0,000000	47, 868, 622		0 22, 358, 652	0	50.00
51. 00 05100 RECOVERY ROOM	0, 000000	4, 857, 043		0 5, 122, 448	-	
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0, 000000	140, 900		0 26, 317		
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0, 000000	31, 896, 238		0 63, 961, 582	0	
57. 00 05700 CT SCAN	0. 000000	860, 605		0 706, 095	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000	000,000		0 700,043	0	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	19, 655, 676		0 25, 329, 797	0	59.00
60. 00 06000 LABORATORY	0. 000000	20, 184, 836		0 6, 840, 290	0	
60. 01 06000 LABORATORY 60. 01 06001 BLOOD LABORATORY	0.000000	20, 184, 836		0 6, 840, 290	0	60.00
	0. 000000	3, 002, 114			-	
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.				0 1, 200, 662	0	
65. 00 06500 RESPI RATORY THERAPY	0. 000000	10, 423, 225		0 679, 211	0	65.00
65. 01 06501 SLEEP LAB	0. 000000	10, 530		0 2, 161, 555	0	
66. 00 06600 PHYSI CAL THERAPY	0. 000000	3, 171, 038		0 178, 666	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0. 000000	962, 710		0 2, 496		67.00
68.00 06800 SPEECH PATHOLOGY	0. 000000	1, 023, 051		0 8, 398	0	68.00
68. 01 06801 AUDI OLOGY	0. 000000	0		0 0	0	
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	19, 453, 504		0 6, 601, 549	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	13, 621, 812		0 17, 445, 993	0	
72.00 07200 I MPL. DEV. CHARGED TO PATIENT	0.000000	40, 231, 939		0 15, 031, 581	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.001044	41, 144, 297	42, 95	5 82, 024, 191	85, 633	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0. 000000	0		0 0	0	73.01
74.00 07400 RENAL DIALYSIS	0. 000000	2, 437, 004		0 174, 059	0	74.00
76. 00 03160 CARDI OPULMONARY	0. 000000	0		0 0	0	76.00
76. 97 07697 CARDIAC REHABILITATION	0. 000000	681, 532		0 1, 776, 534	0	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	73, 881	1	0 7, 099, 631	0	76.98
OUTPATIENT SERVICE COST CENTERS			•		•	
90. 00 09000 CLI NI C	0.000000	0		0 0	0	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC	0.000000	0		0 1, 207	0	90.01
90. 02 09002 PAIN CLINIC	0. 000000	9, 916		0 2, 602, 419	0	90.02
90. 03 09003 ONCOLOGY CLINIC	0.000000	191, 261		0 14, 157, 476	0	90.03
91. 00 09100 EMERGENCY	0.000000	31, 980, 058		0 28, 963, 794	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	558, 759		0 8, 738, 908	0	92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0, 000000	0000,707		0 0	0	
OTHER REIMBURSABLE COST CENTERS						1
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)		294, 440, 551	42, 95	5 313, 193, 511	85, 633	
	1 I					

Health Financial Systems	BALL MEMORIA	AL HOSPITAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	O VACCINE COST	Provider C		Period: From 01/01/2019 To 12/31/2019		pared: 0 am
		Title	e XVIII	Hospi tal	PPS	
			Charges	nospitai	Costs	
Cost Center Description	Cost to Charge	PPS Reimbursed		Cost	PPS Services	
	Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not		
	Part I, col. 9		Subject To	Subject To		
			Ded. & Coins.	Ded. & Coins.		
			(see inst.)	(see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS		1				
50.00 05000 OPERATING ROOM	0. 106837			0 0		
51.00 05100 RECOVERY ROOM	0. 163862			0 0	839, 375	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 198511	26, 317	(0 0	5, 224	52.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0. 114565			0 0	7, 327, 759	54.00
57.00 05700 CT SCAN	0. 062924	706, 095	. (0 0	44, 430	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000	0 0		0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 071471	25, 329, 797	. (0 0	1, 810, 346	59.00
60. 00 06000 LABORATORY	0. 185315	6, 840, 290	3, 41	0 0	1, 267, 608	60.00
60. 01 06001 BLOOD LABORATORY	0. 000000	0 0) (0 0	0	60. 01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 197335	1, 200, 662	(0 0	236, 933	63.00
65. 00 06500 RESPI RATORY THERAPY	0. 255581	679, 211		0 0	173, 593	65.00
65.01 06501 SLEEP LAB	0. 132126	2, 161, 555	. (0 0	285, 598	65.01
66. 00 06600 PHYSI CAL THERAPY	0. 391049	178, 666	, (0 0	69, 867	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 249798	2, 496	, (0 0	623	67.00
68.00 06800 SPEECH PATHOLOGY	0. 268434	8, 398	. (0 0	2, 254	68.00
68. 01 06801 AUDI OLOGY	0. 000000	0 0) (0 0	0	68.01
69. 00 06900 ELECTROCARDI OLOGY	0. 081201	6, 601, 549	(0 0	536, 052	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 254136	17, 445, 993	. (0 0	4, 433, 655	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0. 188152	15, 031, 581		0 0	2, 828, 222	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 183687	82, 024, 191		395, 179	15, 066, 778	73.00
73. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES	1. 285877	0)	0 0	0	73.01
74.00 07400 RENAL DIALYSIS	0. 403672	174, 059	(0 0	70, 263	74.00
76.00 03160 CARDI OPULMONARY	0. 000000	0 0) (0 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 255538	1, 776, 534		0 0	453, 972	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 135344	7, 099, 631	(0 0	960, 892	76.98
OUTPATIENT SERVICE COST CENTERS		1		1		
90. 00 09000 CLINIC	0. 000000			0 0		90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	5. 562243			0 0	6, 714	•
90. 02 09002 PAIN CLINIC	0. 340996			0 0	887, 414	90.02
90. 03 09003 ONCOLOGY CLINIC	0. 098159			0 0	1, 389, 684	90.03
91. 00 09100 EMERGENCY	0. 110720			0 0	3, 206, 871	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 201180			0 0	1, 758, 094	92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000	0 0) (0 0	0	92.01
OTHER REIMBURSABLE COST CENTERS	1	1	1			
95. 00 09500 AMBULANCE SERVICES	124. 892272				.,	95.00
200.00 Subtotal (see instructions)		313, 193, 511	3, 41			•
201.00 Less PBP Clinic Lab. Services-Program				0 0		201.00
0nly Charges 202.00 Net Charges (line 200 - line 201)		313, 193, 511	3, 410	395, 179	46, 050, 952	202 00
	I	515, 175, 511	1 5,41	575,177	40,000,902	1202.00

Heal th Financi APPORTI ONMENT	OF MEDICAL, OTHER HEALTH SERVICES AND	BALL MEMORIA VACCINE COST	Provider C	CN: 15-0089	Period: From 01/01/2019 To 12/31/2019	u of Form CMS- Worksheet D Part V Date/Time Pre 6/29/2020 8:0	epared:
			Title	e XVIII	Hospi tal	PPS	
		Cos	sts				
C	Cost Center Description	Cost	Cost	1			
		Reimbursed	Reimbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		Ded. & Coins.	Ded. & Coins.				
		(see inst.)	(see inst.)	-			
		6.00	7.00				-
	ARY SERVICE COST CENTERS	0					- FO 00
		0					50.00
	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	0					51.00
	ADIOLOGY-DIAGNOSTIC	0		1			54.00
57.00 05700 C		0		1			57.00
	MAGNETIC RESONANCE IMAGING (MRI)	0	-				58.00
	CARDIAC CATHETERIZATION	0					58.00
	ABORATORY	632					60.00
	BLOOD LABORATORY	032		1			60.00
	BLOOD STORING, PROCESSING, & TRANS.	0					63.00
	RESPIRATORY THERAPY	0		1			65.00
	SLEEP LAB	0					65.00
	PHYSI CAL THERAPY	0					66.00
	OCCUPATIONAL THERAPY	0					67.00
	SPEECH PATHOLOGY	0					68.00
	AUDI OLOGY	0		1			68.01
	ELECTROCARDI OLOGY	0		1			69.00
	IEDI CAL SUPPLIES CHARGED TO PATIENTS	0					71.00
	MPL. DEV. CHARGED TO PATIENT	0					72.00
	DRUGS CHARGED TO PATIENTS	0	72, 589				73.00
1 1	IOSPITAL BASED RETAIL PHARMACIES	0		1			73.01
	RENAL DIALYSIS	0					74.00
	CARDI OPULMONARY	0	l c)			76.00
	CARDI AC REHABI LI TATI ON	0	C)			76.97
76.98 07698 H	IYPERBARI C OXYGEN THERAPY	0	C				76.98
OUTPATI	ENT SERVICE COST CENTERS						
90.00 09000 C	CLINIC	0	C)			90.00
90.01 09001 S	SUBSTANCE ABUSE CLINIC	0	c c				90.01
90.02 09002 F	PAIN CLINIC	0	c c				90.02
90.03 09003 0	DNCOLOGY CLINIC	0	c c				90.03
91.00 09100 E	MERGENCY	0	c c				91.00
92.00 09200 0	DBSERVATION BEDS (NON-DISTINCT PART)	0	c				92.00
	DESERVATION BEDS (DISTINCT PART)	0	C				92.01
OTHER F	REIMBURSABLE COST CENTERS						
	MBULANCE SERVICES	0					95.00
200.00 S	Subtotal (see instructions)	632	72, 589				200.00
	ess PBP Clinic Lab. Services-Program	0					201.00
	Only Charges						
202.00 N	let Charges (line 200 - line 201)	632	72, 589	1			202.00

PPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT		L HOSPITAL Provider C	°N· 15_0089	Peri od:	eu of Form CMS-: Worksheet D	LUUL
TORTONWENT OF THEATENT ANGLEART SERVICE CALL	AL 00313	TTOVIDEI C	CN. 13-0007	From 01/01/2019		
		•	CCN: 15-T089	To 12/31/2019		
		Title	e XVIII	Subprovider - IRF	PPS	
Cost Center Description	Capi tal	Total Charges			Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,		(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)	2.00	2.00	4.00	F 00	
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVICE COST CENTERS	1 500 000	10/ 000 547	0.0001	74 115 510	944	
	1, 528, 380					50.0
1.00 O5100 RECOVERY ROOM	326, 189					
2. 00 05200 DELIVERY ROOM & LABOR ROOM	497,062				0	52.0
4. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 270, 199					
7.00 05700 CT SCAN	2, 298				7	57.0
8.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0.0000		0	58.0
9. 00 05900 CARDI AC CATHETERI ZATI ON	550, 762	103, 230, 051			29	59.0
	679, 400		0.0075		3, 148	
0. 01 06001 BLOOD LABORATORY	0		0.0000		0	60.0
3. 00 06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	3, 935				3	63.0
5. 00 06500 RESPI RATORY THERAPY	207, 939					65. C
5. 01 06501 SLEEP LAB	6, 957				0	65. C
6.00 06600 PHYSI CAL THERAPY	171, 643				16, 374	66.0
7. 00 06700 OCCUPATI ONAL THERAPY	92, 471	6, 690, 622			36, 951	67.0
8. 00 06800 SPEECH PATHOLOGY	25, 139				3, 802	
8. 01 06801 AUDI OLOGY	0	-	0.0000		0	68.0
9. 00 06900 ELECTROCARDI OLOGY	624, 605				333	
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	272, 467	74, 971, 856				
2. 00 07200 I MPL. DEV. CHARGED TO PATIENT	333, 965				-	72.0
3. 00 07300 DRUGS CHARGED TO PATIENTS	416, 137					73.0
3. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES	24,874				0	
4. 00 07400 RENAL DI ALYSI S	107, 438				4, 095	
6. 00 03160 CARDI OPULMONARY	0	Ű	0.0000		0	76.0
6. 97 07697 CARDIAC REHABILITATION	9, 494					76.9
6. 98 07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	31, 170	16, 480, 643	0.00189	91 <u>0</u>	0	76. 9
0. 00 09000 CLINIC	0	0	0.0000	0 00	0	90. (
0.01 09001 SUBSTANCE ABUSE CLINIC	228, 681	158, 033	1. 44704	46 0	0	90.0
0. 02 09002 PAIN CLINIC	802, 533			49 0	0	90.0
0. 03 09003 ONCOLOGY CLINIC	130, 188				0	90.0
1.00 09100 EMERGENCY	1, 347, 797				27	91.0
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0				0	92.0
2.01 09201 OBSERVATION BEDS (DISTINCT PART)	0		0.0000		0	
OTHER REIMBURSABLE COST CENTERS					-	1
5. 00 09500 AMBULANCE SERVICES						95.0
00.00 Total (lines 50 through 199)	10 401 700	1, 665, 171, 732		7, 478, 075	70, 213	1200

APPORTI THROUGH	Financial Systems ONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF COSTS	RVICE OTHER PASS		CN: 15-0089 CCN: 15-T089	Period: From 01/01/2019 To 12/31/2019	Date/Time Pre	
			Title	e XVIII	Subprovider -	6/29/2020 8:0 PPS	0 am
					I RF	L	
	Cost Center Description			Nursing Schoo	Allied Health	Allied Health	
			Post-Stepdown		Post-Stepdown		
		Cost 1.00	Adjustments 2A	2.00	Adjustments	2.00	
1	ANCILLARY SERVICE COST CENTERS	1.00	ZA	2.00	3A	3.00	
	D5000 OPERATING ROOM	0	0		0 0	0	50.00
	D5100 RECOVERY ROOM	0	0			-	
	D5200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	
		0	0		0 0		
	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0		1 0 11 00
	05700 CT SCAN	0	0		0 0	0	
	D5800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 0	0	
	05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	
	06000 LABORATORY	0	0		0 0	0	
	06001 BLOOD LABORATORY	0	0		0 0	0	
	D6300 BLOOD STORING, PROCESSING, & TRANS.	0	0		0 0	0	
	06500 RESPI RATORY THERAPY	0	0		0 0	0	
	06501 SLEEP LAB	0	0		0 0	0	
	06600 PHYSI CAL THERAPY	0	0		0 0	0	
	06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
68.00 0	06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
68.01 0	06801 AUDI OLOGY	0	0		0 0	0	68. 0 ⁻
59. OO 🛛	06900 ELECTROCARDI OLOGY	0	0		0 0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0	71.00
2.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0		0 0	0	72.0
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	317, 756	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		0 0	0	73.0
4.00 0	07400 RENAL DIALYSIS	0	0		0 0	0	74.00
76.00 0	03160 CARDI OPULMONARY	0	0		0 0	0	76.00
76.97 0	07697 CARDI AC REHABI LI TATI ON	0	0		0 0	0	76.9
76.98 0	07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0	0	76.98
C	DUTPATIENT SERVICE COST CENTERS			•			1
90.00	09000 CLI NI C	0	0		0 0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0	0		0 0	0	90.0
0. 02	D9002 PAIN CLINIC	0	0		0 0	l o	90.0
	09003 ONCOLOGY CLINIC	0	0		0 0	0	90.03
	D9100 EMERGENCY	0	0		0 0	0	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	-		0	0	
	09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 0	-	1
	THER REI MBURSABLE COST CENTERS						1
	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0		0 0	317, 756	

.PPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS	RVICE OTHER PASS	6 Provider C	CN: 15-0089	Period: From 01/01/2019	Worksheet D Part IV	
		Component	CCN: 15-T089	To 12/31/2019		
		Title	e XVIII	Subprovider - IRF	PPS	
Cost Center Description	All Other	Total Cost	Total	Total Charges		
	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
	Education Cost		Cost (sum of		(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
			and 4)		(see	
	1.00	F 00	(00	7.00	instructions)	
	4.00	5.00	6.00	7.00	8.00	-
0.00 05000 OPERATING ROOM	0	0		0 10/ 000 547	0,000000	
0. 00 05000 OPERATING ROOM 1. 00 05100 RECOVERY ROOM	0			0 186, 989, 547 0 25, 557, 246		
	0					
	0					
4. 00 05400 RADI OLOGY-DI AGNOSTI C 7. 00 05700 CT SCAN	0					
8.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0			0 3, 611, 184 0 0	0. 000000	
9. 00 05900 CARDIAC CATHETERIZATION	0			0 103, 230, 051	0. 000000	
0. 00 06000 LABORATORY	0			0 89, 964, 667	0. 000000	
0. 01 06000 EABORATORY	0	0		0 0, 904, 007	0. 000000	
3. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		0 8, 506, 074	0. 000000	
5. 00 06500 RESPIRATORY THERAPY	0	0		0 26, 798, 620	0. 000000	
5. 01 06501 SLEEP LAB	0	0		0 7, 793, 315	0.000000	
6. 00 06600 PHYSI CAL THERAPY	0	0		0 21, 644, 258	0.000000	
7. 00 06700 OCCUPATIONAL THERAPY	0	0		0 6, 690, 622	0.000000	
8. 00 06800 SPEECH PATHOLOGY	0	0		0 3, 609, 778	0.000000	
8. 01 06801 AUDI OLOGY	0	0		0 0	0.000000	
9. 00 06900 ELECTROCARDI OLOGY	0	0		0 58, 273, 580	0. 000000	
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 74, 971, 856	0. 000000	
2.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		0 126, 722, 542	0. 000000	
3. 00 07300 DRUGS CHARGED TO PATIENTS	0	317, 756	317, 75			
3. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES	0	0		0 7, 205, 708		
4.00 07400 RENAL DI ALYSI S	0	0		0 4, 770, 460		
6.00 03160 CARDI OPULMONARY	0	0		0 0		
6. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 5, 468, 868		
6. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 16, 480, 643	0. 000000	
OUTPATIENT SERVICE COST CENTERS			•			
0. 00 09000 CLINIC	0	0		0 0	0.00000	90.
0.01 09001 SUBSTANCE ABUSE CLINIC	0	0		0 158, 033	0.00000	
0. 02 09002 PAIN CLINIC	0	0		0 7, 379, 713	0. 000000	90.
0. 03 09003 ONCOLOGY CLINIC	0	0		0 34, 849, 378	0. 000000	90.
1.00 09100 EMERGENCY	0	0		0 220, 723, 720	0. 000000	91.
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0 37, 447, 464	0. 000000	92.
2.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 0	0. 000000	92.
OTHER REIMBURSABLE COST CENTERS						
5. 00 09500 AMBULANCE SERVICES						95.0
00.00 Total (lines 50 through 199)	0	317, 756	317, 75	56 1, 665, 171, 732		200.

92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0. 000000 0 0 0 0 0 92. 00	Health Financial Systems	BALL MEMORIAL			In Lie	u of Form CMS-	2552-10
Interest in the server is a ser		RVICE OTHER PASS	Provider C	CN: 15-0089			
It is a Will Subprovider - Is PPS Cost Center Description Outpatient Program (col. 6 + col. 7) Inpatient Program (col. 6 + col. 7) Inpatient Program (cost (col. 9) Uppatient Program (cost (col. 9) Program Pass-Through Cost (col. 9) Program	THROUGH COSTS		Component (CCN: 15-T089		Date/Time Pre	
Cost Center Description Outpatient Ratio of Cost to Charges (col. 6 + col. 7 Inpatient Program Charges (col. 6 + col. 7 Inpatient Program Pass-Through Costs (col. 8 x col. 10) Outpatient Program Charges x col. 10 Outpatient Program Pass-Through Costs (col. 8 x col. 10) Outpatient Program Pass-Through Costs (col. 9 x col. 10) Outpatient Program Pass-Through Costs (col. 8 x col. 10) Outpatient Program Pass-Through Costs (col. 8 x col. 10) 50.00 05000 [PECOVERY ROOM 0.000000 115.519 0 0 0 50.00 51.00 05200 [PECOVERY ROOM 0.000000 145.40 0 0 51.00 52.00 05500 [MACHTIC RESONANCE I MAGING (MRI) 0.000000 0 0 58.00 50.00 05000 [ABOD ACC ATHETERIZATION 0.000000 0			Title	XVIII	Subprovider -		
Cost Center Description Outpatient Ratio of Cast (col. 6 + program 7) inpatient inpatient Ratio of Cast (col. 6 + program Pass-Through Casts (col. 8 x col. 10) Outpatient Program Pass-Through Casts (col. 8 x col. 10) 00 05000 DEENOT ING ROOM 0.000000 115, 519 0 0 0 0 50.00 51.00 05100 DELVEXP ROOM 0.000000 119, 515 0 0 51.00 0 54.00 54.00 0 54.00 54.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 59.00 59.00 59.00 50.00 5							
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74.00 07400 RENAL DIALYSIS 0.403672 0 0 76.00 03160 CARDI OPULMONARY 0.000000 0 0 76.97 07697 CARDI AC REHABI LITATI ON 0.255538 0 0 76.97 07698 HYPERBARI C OXYGEN THERAPY 0.135344 0 0 0UTPATI ENT SERVICE COST CENTERS 0.000000 0 0 0 90.00 09000 CLINIC 0.000000 0 0 90.01 09000 CLINIC 0.340996 0 0 90.02 09002 PAIN CLINIC 0.340996 0 0 90.03 09003 ONCOLOGY CLINIC 0.098159 0 0 91.00 09100 EMERGENCY 0.110720 0 0 92.01 0BSERVATION BEDS (NON-DISTINCT PART) 0.201180 0 0 92.01 0BSERVATION BEDS (DISTINCT PART) 0.000000 0 0 92.01 0BSERVATION BEDS (DISTINCT PART) 0.000000 0 0 92.00 0P2007 MBBULANCE SERVICES 124.892272<	73.00		0. 183687	' C		0 154	0	73.00
76.00 03160 CARDI OPULMONARY 0.000000 0 76.97 07697 CARDI AC REHABI LI TATI ON 0.255538 0 0 76.98 07698 HYPERBARI C OXYGEN THERAPY 0.135344 0 0 0UTPATI ENT SERVICE COST CENTERS 0 0 0 0 00.00 09000 CLI NI C 0.000000 0 0 90.01 09000 CLINI C 0.340996 0 0 90.02 09002 PAIN CLINI C 0.340996 0 0 90.03 09003 ONCOLOGY CLINI C 0.110720 0 0 90.04 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0.201180 0 0 92.01 08267 VATI ON BEDS (DI STI NCT PART) 0.000000 0 0 0 92.01 0826RVATI ON BEDS (DI STI NCT PART) 0.000000 0 0 0 92.01 0826RVATI ON BEDS (DI STI NCT PART) 0.000000 0 0 0 92.00 09201 UBBERVATI ON BEDS (DENTERS 124.892272 0 0 90500	73.01	07301 HOSPI TAL BASED RETAIL PHARMACIES	1. 285877	' C		0 0	0 0	73.01
76. 97 07697 CARDI AC REHABI LI TATI ON 0.255538 0 0 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0.135344 0 0 0UTPATI ENT SERVICE COST CENTERS 0 0 0 0 90. 00 09000 CLINIC 0.000000 0 0 90. 01 09001 SUBSTANCE ABUSE CLINIC 5.562243 0 0 90. 02 09002 PAIN CLINIC 0.340996 0 0 90. 03 09003 ONCOLOGY CLINIC 0.110720 0 0 90. 04 09200 DESERVATI ON BEDS (NON-DI STINCT PART) 0.201180 0 0 92. 01 09201 OBSERVATI ON BEDS (DI STINCT PART) 0.000000 0 0 92. 01 09201 OBSERVATI ON BEDS (DI STINCT PART) 0.000000 0 0 92. 01 09201 OBSERVATI ON BEDS (ENT PART) 0.000000 0 0 92. 00 09200 MBULANCE SERVICES 124.892272 0 0 9200. 00 Subtotal (see instructions) 0 0 0 0	74.00		0. 403672	2 C		0 0	0 0	74.00
76.98 07698 HYPERBARI C 0XYGEN THERAPY 0.135344 0 0 0UTPATI ENT SERVICE COST CENTERS 00000 0 0 0 0 90.00 09000 CLINIC 0.000000 0 0 0 90.01 09001 SUBSTANCE ABUSE CLINIC 5.562243 0 0 0 90.02 09002 PAIN CLINIC 0.340996 0 0 0 90.03 09003 ONCOLOGY CLINIC 0.10720 0 0 0 90.04 09100 EMERGENCY 0.110720 0 0 0 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.201180 0 0 92.01 09201 0BSERVATION BEDS (DISTINCT PART) 0.000000 0 0 92.01 0BSERVATION BEDS (DISTINCT PART) 0.000000 0 0 92.01 0BSERVATION BEDS (DISTINCT PART) 0.000000 0 0 92.00 0SUBSTANCE SERVICES 124.892272 0 0	76.00		0. 000000) C		0 0	0 0) 76.00
OUTPATIENT SERVICE COST CENTERS 90.00 OPOOD CLINIC 0.000000 0 0 90.01 OPOOD SUBSTANCE ABUSE CLINIC 5.562243 0 0 90.02 OPOO2 PAIN CLINIC 0.340996 0 0 90.02 OPOO3 ONCOLOGY CLINIC 0.340996 0 0 90.03 OPOO3 ONCOLOGY CLINIC 0.110720 0 0 91.00 OP100 EMERGENCY 0.110720 0 0 92.00 OP200 OBSERVATION BEDS (NON-DISTINCT PART) 0.201180 0 0 92.01 OBSERVATION BEDS (DISTINCT PART) 0.000000 0 0 0 92.01 OBSERVATION BEDS (DISTINCT PART) 0.000000 0 0 0 92.01 OBSERVATION BEDS (DISTINCT PART) 0.000000 0 0 0 95.00 OP500 AMBULANCE SERVICES 124.892272 0 0 200.00 Subtotal (see instructions) 0 0 0								
90.00 09000 CLINIC 0.000000 0 0 90.01 09001 SUBSTANCE ABUSE CLINIC 5.562243 0 0 90.02 09002 PAIN CLINIC 0.340996 0 0 90.03 09003 ONCOLOGY CLINIC 0.340996 0 0 90.03 09003 ONCOLOGY CLINIC 0.098159 0 0 91.00 OP100 EMERGENCY 0.110720 0 0 92.00 09201 OBSERVATION BEDS (NON-DISTINCT PART) 0.201180 0 0 92.01 09201 OBSERVATION BEDS (DISTINCT PART) 0.000000 0 0 07100 DBSERVATION BEDS (DISTINCT PART) 0.000000 0 0 0 92.01 OBSERVATION BEDS (DISTINCT PART) 0.000000 0 0 0 07100 MBULANCE SERVICES 124.892272 0 0 0 200.00 Subtotal (see instructions) 0 0 0 0	76. 98		0. 135344	C		0 C	0 0	76. 98
90.01 09001 SUBSTANCE ABUSE CLINIC 5.562243 0 0 90.02 09002 PAIN CLINIC 0.340996 0 0 90.03 09003 ONCOLOGY CLINIC 0.098159 0 0 91.00 6MERGENCY 0.110720 0 0 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.201180 0 0 92.01 09201 OBSERVATION BEDS (DISTINCT PART) 0.000000 0 0 071.01 OBSERVATION BEDS (DISTINCT PART) 0.000000 0 0 09201 OBSERVATION BEDS (DISTINCT PART) 0.000000 0 0 071.02 MBULANCE SERVICES 124.892272 0 0 0200.00 Subtotal (see instructions) 0 0 0			1	1	1		1	
90.02 09002 PAIN CLINIC 0.340996 0 0 90.03 09003 ONCOLOGY CLINIC 0.098159 0 0 91.00 09100 EMERGENCY 0.110720 0 0 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.201180 0 0 92.01 09201 OBSERVATION BEDS (DISTINCT PART) 0.000000 0 0 07100 OBSERVATION BEDS (DISTINCT PART) 0.000000 0 0 09201 OBSERVATION SEDS (DISTINCT PART) 0.000000 0 0 0100000 0 0 0 0 0 0201 OBSERVATION SEDS (DISTINCT PART) 0.000000 0 0 0100000 0 0 0 0 0 0200.00 Subtotal (see instructions) 124.892272 0 0								
90.03 09003 0NCOLOGY CLINIC 0.098159 0 0 91.00 09100 EMERGENCY 0.110720 0 0 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.201180 0 0 92.01 085ERVATION BEDS (DISTINCT PART) 0.000000 0 0 09201 OBSERVATION BEDS (DISTINCT PART) 0.000000 0 0 07HER REIMBURSABLE COST CENTERS 0 0 0 95.00 09500 AMBULANCE SERVICES 124.892272 0 0 200.00 Subtotal (see instructions) 0 0 0 0						-		
91.00 09100 EMERGENCY 0.110720 0 0 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.201180 0 0 92.01 09201 OBSERVATION BEDS (DISTINCT PART) 0.000000 0 0 92.01 09500 AMBULANCE SERVICES 124.892272 0 950.00 Subtotal (see instructions) 0 0 0						-		
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0. 201180 0 0 92. 01 09201 OBSERVATION BEDS (DISTINCT PART) 0. 000000 0 0 01 01 01 01 01 0 0 01 01 01 01 01 0 0 01 01 01 01 01 0 0 05. 00 09500 AMBULANCE SERVICES 124. 892272 0 0 200. 00 Subtotal (see instructions) 0 0 0 0						-	-	
92. 01 09201 0BSERVATION BEDS (DI STINCT PART) 0.00000 0 0 0THER REI MBURSABLE COST CENTERS 124.892272 0 0 950. 00 Subtotal (see instructions) 0 0 0 0						-		
OTHER REI MBURSABLE COST CENTERS 95. 00 09500 AMBULANCE SERVI CES 124. 892272 00 0 200. 00 Subtotal (see instructions)								
95.00 09500 AMBULANCE SERVICES 124.892272 0 200.00 Subtotal (see instructions) 0 0	92.01		0.00000) C		0 0	0 0	92.01
200.00 Subtotal (see instructions) 0 0	05 00		104 000070	1	T		1	05 63
			124. 892272				_	95.00
) C	,			200.00
201.00 Less PBP Clinic Lab. Services-Program 0	201.00	Ű				0 0		201.00
Only Charges 0 202.00 Net Charges (line 200 - line 201) 0 0	202.02					0 154		202.00

	tems DICAL, OTHER HEALTH SERVICES AND	BALL MEMORIA	Provider C	CN: 15_0089	Peri od:	u of Form CMS Worksheet D	-2002-
	NCAL, UTHER HEALTH SERVICES AND	WACCINE COST		CCN: 15-T089	From 01/01/2019 To 12/31/2019	Part V Date/Time Pr	epared
				e XVIII	Subprovider -	6/29/2020 8: PPS	<u>00 am</u>
			in the		IRF	115	
		Cos					
Cost Ce	nter Description	Cost	Cost				
		Reimbursed	Reimbursed				
		Services	Services Not				
		Subject To Ded. & Coins.	Subject To				
		(see inst.)	(see inst.)				
		6.00	7.00	-			
ANCI LLARY SER	VI CE COST CENTERS	0.00	7.00	1	· · · · · · · · · · · · · · · · · · ·		
0. 00 05000 OPERATI	NG ROOM	0	0)			50.
1. 00 05100 RECOVER	Y ROOM	0	0				51.
2. 00 05200 DELI VER'	Y ROOM & LABOR ROOM	0	0				52.
4. 00 05400 RADI OLO	GY-DI AGNOSTI C	0	0				54.
7.00 05700 CT SCAN		0	0				57.
3. 00 05800 MAGNETI	C RESONANCE IMAGING (MRI)	0	C				58.
9. 00 05900 CARDI AC	CATHETERI ZATI ON	0	C				59.
0. 00 06000 LABORAT	DRY	0	C				60.
). 01 06001 BLOOD L		0	C				60
3.00 06300 BLOOD S	TORING, PROCESSING, & TRANS.	0	C	1			63
5. 00 06500 RESPI RA		0	C				65
5.01 06501 SLEEP L		0	0				65.
6. 00 06600 PHYSI CA		0	0				66.
7.00 06700 0CCUPAT		0	0				67.
8. 00 06800 SPEECH 1		0	C				68.
8. 01 06801 AUDI OLO		0	0				68.
9. 00 06900 ELECTRO		0	C				69.
	SUPPLIES CHARGED TO PATIENTS	0	C				71.
	EV. CHARGED TO PATIENT	0	0				72.
	HARGED TO PATIENTS	0	28				73.
	L BASED RETAIL PHARMACIES	0	0				73
4.00 07400 RENAL D		0	0	•			74
5. 00 03160 CARDI 0P		0	0				76.
		0	0				76
	RIC OXYGEN THERAPY RVICE COST CENTERS	0	U				76
0.00 09000 CLINIC		0	C				90.
	CE ABUSE CLINIC	0	Ő				90
0. 02 09002 PAIN CL		0	Ő	1			90.
0. 03 09003 ONCOLOG		0	0	•			90.
1.00 09100 EMERGEN		0	0				91.
	TION BEDS (NON-DISTINCT PART)	0	0				92.
	TION BEDS (DISTINCT PART)	0	0	•			92.
	SABLE COST CENTERS		-				
5. 00 09500 AMBULAN		0					95.
00.00 Subtota	(see instructions)	0	28				200.
01.00 Less PB	P Clinic Lab. Services-Program	0					201.
Only Ch							
02.00 Net Cha	rges (line 200 - line 201)	0	28	8			202.

MPUT	Financial Systems BALL MEMORIAL ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prep 6/29/2020 8:00	par
		Title XVIII	Hospi tal	PPS	1
	Cost Center Description		·	1.00	-
	PART I - ALL PROVIDER COMPONENTS				
00	INPATIENT DAYS Inpatient days (including private room days and swing-bed day	us oveluding nowborn)		71, 937	.
00	Inpatient days (including private room days, excluding swing-bed day Inpatient days (including private room days, excluding swing-	, , , , , , , , , , , , , , , , , , ,		71, 937	
00	Private room days (excluding swing-bed and observation bed da		rivate room days,	0	
20	do not complete this line.			(2.0/7	
00 00	Semi-private room days (excluding swing-bed and observation b Total swing-bed SNF type inpatient days (including private ro		er 31 of the cost	63, 867 0	
	reporting period			J.	
00	Total swing-bed SNF type inpatient days (including private ro	oom days) after December	31 of the cost	0	6
00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private roc	om davs) through December	- 31 of the cost	0	1 -
00	reporting period			0	'
00	Total swing-bed NF type inpatient days (including private roc	om days) after December 3	31 of the cost	0	8
00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable t	to the Dreason (aveluding	, cwing bod and	29, 603	9
50	newborn days) (see instructions)		j swillig-beu allu	29,003	`
. 00	Swing-bed SNF type inpatient days applicable to title XVIII c		room days)	0	10
00	through December 31 of the cost reporting period (see instruc		and dava) often	0	1.
. 00	Swing-bed SNF type inpatient days applicable to title XVIII of December 31 of the cost reporting period (if calendar year, e		com days) arter	0	1
. 00	Swing-bed NF type inpatient days applicable to titles V or XI		e room days)	0	12
~~	through December 31 of the cost reporting period				1.
. 00	Swing-bed NF type inpatient days applicable to titles V or XI after December 31 of the cost reporting period (if calendar y			0	13
. 00	Medically necessary private room days applicable to the Progr			0	14
. 00	Total nursery days (title V or XIX only)			0	
. 00	Nursery days (title V or XIX only)			0	16
. 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to servic	ces through December 31 c	of the cost	0.00	1 17
	reporting period			0,00	
. 00	Medicare rate for swing-bed SNF services applicable to service	ces after December 31 of	the cost	0.00	18
. 00	reporting period Medicaid rate for swing-bed NF services applicable to service	es through December 31 of	the cost	118.90	19
	reporting period				
. 00	Medicaid rate for swing-bed NF services applicable to service	es after December 31 of t	the cost	0.00	20
. 00	reporting period Total general inpatient routine service cost (see instruction	ns)		67, 156, 219	21
. 00	Swing-bed cost applicable to SNF type services through Decemb		ing period (line	07, 100, 217	
	5 x line 17)				
. 00	Swing-bed cost applicable to SNF type services after December x line 18)	r 31 of the cost reportin	ng period (line 6	0	23
. 00	Swing-bed cost applicable to NF type services through December	er 31 of the cost reporti	na period (line	0	24
	7 x line 19)				
. 00	Swing-bed cost applicable to NF type services after December x line 20)	31 of the cost reporting	period (line 8	0	25
. 00	Total swing-bed cost (see instructions)			0	26
	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		67, 156, 219	
00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
	General inpatient routine service charges (excluding swing-be Private room charges (excluding swing-bed charges)	eu and observation bed ch	arges)	0	
	Semi-private room charges (excluding swing-bed charges)			0	
. 00	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0. 000000	3
	Average private room per diem charge (line 29 ÷ line 3)			0.00	
	Average semi-private room per diem charge (line 30 ÷ line 4) Average per diem private room charge differential (line 32 mi	nus line 33)(see instruc	ctions)	0. 00 0. 00	
	Average per diem private room cost differential (line 34 x li			0.00	
. 00	Private room cost differential adjustment (line 3 x line 35)			0	36
. 00	General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line	67, 156, 219	37
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ	JUSTMENTS			
	Adjusted general inpatient routine service cost per diem (see			933.54	38
			1		
00 00 00	Program general inpatient routine service cost (line 9 x line Medically necessary private room cost applicable to the Progr	-		27, 635, 585 0	

leal th Financial Systems COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0089 Period:	eu of Form CMS-2 Worksheet D-1	
	From 01/01/2019 To 12/31/2019		
Cost Center Description	Title XVIII Hospital Total Total Average Per Program Days	PPS Program Cost	
	Inpatient Cost Inpatient DaysDiem (col. 1 ÷ col. 2) 1.00 2.00 3.00 4.00	(col. 3 x col. 4) 5.00	
12.00 NURSERY (title V & XIX only)	0 0 0.00 0		42.00
Intensive Care Type Inpatient Hospital I3.00 INTENSIVE CARE UNIT	Uni ts 18, 059, 648 10, 344 1, 745. 91 4, 607	8, 043, 407	1 12 0
I3.00 INTENSIVE CARE UNIT			
15. 00 BURN I NTENSI VE CARE UNI T			45.0
46. 00 SURGI CAL I NTENSI VE CARE UNI T			46.0
47.00 NEONATAL INTENSIVE CARE UNIT Cost Center Description	4, 353, 507 3, 542 1, 229. 11 0	0	47.0
· · · · · · · · · · · · · · · · · · ·		1.00	
18.00 Program inpatient ancillary service co		44, 816, 765	
19.00 Total Program inpatient costs (sum of PASS THROUGH COST ADJUSTMENTS	lines 41 through 48)(see instructions)	80, 495, 757	49.0
	am inpatient routine services (from Wkst. D, sum of Parts I and	3, 355, 176	50.0
III) 51.00 Pass through costs applicable to Progr	am inpatient ancillary services (from Wkst. D, sum of Parts II	1, 852, 962	51.0
and IV)	am inpatient anciitary services (from wkst. D, sum of Parts II	1, 852, 902	51.0
52.00 Total Program excludable cost (sum of		5, 208, 138	
	excluding capital related, non-physician anesthetist, and	75, 287, 619	53.0
medical education costs (line 49 minus TARGET AMOUNT AND LIMIT COMPUTATION	s TTHE SZ)		
54.00 Program discharges		0	
5.00 Target amount per discharge		0.00	
6.00 Target amount (line 54 x line 55)7.00 Difference between adjusted inpatient	operating cost and target amount (line 56 minus line 53)	0	
8.00 Bonus payment (see instructions)	operating cost and target amount (The so minus the ss)	0	
9.00 Lesser of lines 53/54 or 55 from the c	0.00	59.0	
market basket 0.00 Lesser of lines 53/54 or 55 from prior	year cost report, updated by the market basket	0.00	60.0
	of lines 55, 59 or 60 enter the lesser of 50% of the amount by	0.00	61.0
	ess than expected costs (lines 54 x 60), or 1% of the target		
amount (line 56), otherwise enter zero 22.00 Relief payment (see instructions)	(see instructions)	0	62.0
53.00 Allowable Inpatient cost plus incentiv	ve payment (see instructions)	0	
PROGRAM INPATIENT ROUTINE SWING BED CO		1	
64.00 Medicare swing-bed SNF inpatient routi instructions)(title XVIII only)	ne costs through December 31 of the cost reporting period (See	0	64.0
	ne costs after December 31 of the cost reporting period (See	0	65.0
instructions) (title XVIII only)			
66.00 Total Medicare swing-bed SNF inpatient CAH (see instructions)	routine costs (line 64 plus line 65)(title XVIII only). For	0	66.0
57.00 Title V or XIX swing-bed NF inpatient	routine costs through December 31 of the cost reporting period	0	67.0
(line 12 x line 19) 58.00 Title V or XIX swing-bed NF inpatient	routine costs after December 31 of the cost reporting period	0	68.0
(line 13 x line 20)	Touthe costs after becember 31 of the cost reporting period	0	00.0
	tient routine costs (line 67 + line 68)	0	69.0
	THER NURSING FACILITY, AND ICF/IID ONLY facility/ICF/IID routine service cost (line 37)	1	70.0
1.00 Adjusted general inpatient routine ser			71.0
2.00 Program routine service cost (line 9 x	(line 71)		72.0
5 51	applicable to Program (line 14 x line 35)		73.0 74.0
74.00 Total Program general inpatient routir 75.00 Capital-related cost allocated to inpa	itient routine service costs (from Worksheet B, Part II, column		75.0
26, line 45)			
6.00 Per diem capital-related costs (line 7			76.0
7.00 Program capital-related costs (line 9 8.00 Inpatient routine service cost (line 7			77. C
9.00 Aggregate charges to beneficiaries for	· · · · · · · · · · · · · · · · · · ·		79.0
	or comparison to the cost limitation (line 78 minus line 79)		80. C
1.00 Inpatient routine service cost per die 2.00 Inpatient routine service cost limitat			81. C 82. C
3.00 Reasonable inpatient routine service cost frimitat	, , ,		82. C
34.00 Program inpatient ancillary services (•		84.0
5.00 Utilization review - physician compens			85.0
36.00 Total Program inpatient operating cost PART IV - COMPUTATION OF OBSERVATION B		l	86.0
Total observation bed days (see instru		8, 070	87.0
	st per diem (line 27 ÷ line 2)	933.54	
39.00 Observation bed cost (line 87 x line 8		7, 533, 668	

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lieu of Form CMS-2552-10		
COMPUTATION OF INPATIENT OPERATING COST		Provider CO		Period: From 01/01/2019	Worksheet D-1	
				To 12/31/2019	Date/Time Pre 6/29/2020 8:0	
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (COST					
90.00 Capital-related cost	6, 896, 347	67, 156, 219	0. 10269	1 7, 533, 668	773, 640	90.00
91.00 Nursing School cost	0	67, 156, 219	0.00000	7, 533, 668	0	91.00
92.00 Allied health cost	0	67, 156, 219	0.00000	7, 533, 668	0	92.00
93.00 All other Medical Education	0	67, 156, 219	0.00000			93.00

MPUT	TION OF INPATIENT OPERATING COST	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Pre 6/29/2020 8:0	pare
		Title XVIII	Subprovider -	PPS	U alli
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS				
00	INPATIENT DAYS Inpatient days (including private room days and swing-bed da	we oveluding nowhern)		4, 614	1 1.
00	Inpatient days (including private room days, excluding swing-			4, 614	
00	Private room days (excluding swing-bed and observation bed d		ivate room days,	0	
	do not complete this line.				
00 00	Semi-private room days (excluding swing-bed and observation Total swing-bed SNF type inpatient days (including private r		r 21 of the cost	4, 614 0	
00	reporting period	Com days) thi odgn becembe	1 31 01 the cost	0	
00	Total swing-bed SNF type inpatient days (including private r	room days) after December	31 of the cost	0	6
	reporting period (if calendar year, enter 0 on this line)				
00	Total swing-bed NF type inpatient days (including private ro reporting period	oom days) through December	31 of the cost	0	7
00	Total swing-bed NF type inpatient days (including private ro	om days) after December 3	1 of the cost	0	8
	reporting period (if calendar year, enter 0 on this line)	5.			
00	Total inpatient days including private room days applicable	to the Program (excluding	swing-bed and	3, 023	9
. 00	newborn days) (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII	only (including private r	nom davs)	0	10
. 00	through December 31 of the cost reporting period (see instru			0	
. 00	Swing-bed SNF type inpatient days applicable to title XVIII		oom days) after	0	11
. 00	December 31 of the cost reporting period (if calendar year, Swing-bed NF type inpatient days applicable to titles V or X		a room davic)	0	12
. 00	through December 31 of the cost reporting period	and only (frict during privat	e room days)	0	12
. 00	Swing-bed NF type inpatient days applicable to titles V or X	IX only (including privat	e room days)	0	13
	after December 31 of the cost reporting period (if calendar				
	Medically necessary private room days applicable to the Prog Total nursery days (title V or XIX only)	ram (excluding swing-bed	days)	0	
	Nursery days (title V or XIX only)			0	
	SWING BED ADJUSTMENT		I		
. 00	Medicare rate for swing-bed SNF services applicable to servi	ces through December 31 o	f the cost	0.00	17
. 00	reporting period Medicare rate for swing-bed SNF services applicable to servi	ces after December 31 of	the cost	0.00	18
	reporting period			0100	
. 00	Medicaid rate for swing-bed NF services applicable to servic	es through December 31 of	the cost	0.00	19
. 00	reporting period Medicaid rate for swing-bed NF services applicable to servic	es after December 31 of t	he cost	0.00	20
. 00	reporting period		ne cost	0.00	20
	Total general inpatient routine service cost (see instructio			4, 759, 493	
. 00	Swing-bed cost applicable to SNF type services through Decem	ber 31 of the cost report	ing period (line	0	22
. 00	5 x line 17) Swing-bed cost applicable to SNF type services after Decembe	r 31 of the cost reportin	a period (line 6	0	23
	x line 18)		g por rou (rino o	Ũ	20
. 00	Swing-bed cost applicable to NF type services through Decemb	er 31 of the cost reporti	ng period (line	0	24
. 00	7 x line 19) Swing-bed cost applicable to NF type services after December	31 of the cost reporting	period (line 8	0	25
. 00	x line 20)	or of the cost reporting		0	20
	Total swing-bed cost (see instructions)			0	
	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		4, 759, 493	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-b	ed and observation bed ch	arges)	0	28
	Private room charges (excluding swing-bed charges)		ur geo)	0	
. 00	Semi-private room charges (excluding swing-bed charges)			0	
	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0.000000	
	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 0.00	
	Average per diem private room charge differential (line 32 m		tions)	0.00	
. 00	Average per diem private room cost differential (line 34 x l	ine 31)		0.00	35
	Private room cost differential adjustment (line 3 x line 35)		fforontial (11-	0	
. 00	General inpatient routine service cost net of swing-bed cost 27 minus line 36)	and private room cost di	iierentiai (line	4, 759, 493	37
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AD.				
	Adjusted general inpatient routine service cost per diem (se			1,031.53	
. 00	Program general inpatient routine service cost (line 9 x lin			3, 118, 315	
	Medically necessary private room cost applicable to the Prog	ram (line 14 v line 25)	1	0	40

alth Financial Systems DMPUTATION OF INPATIENT OPERATING COST	BALL MEMORIAL		CN: 15-0089	Peri od:	eu of Form CMS- Worksheet D-1		
			CCN: 15-T089	From 01/01/2019 To 12/31/2019	Date/Time Pre	epare	
		Title	e XVIII	Subprovider -	6/29/2020 8:0 PPS	<u>ju ar</u>	
Cost Center Description	Total	Total	Average Per	IRF Program Days	Program Cost		
	Inpatient CostIr	patient Days	Diem (col. 1 col. 2)	÷	(col. 3 x col. 4)		
.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00 C) 42.	
Intensive Care Type Inpatient Hospital Un	i ts	-					
. OO INTENSIVE CARE UNIT . OO CORONARY CARE UNIT	0	0	0.0				
. 00 BURN INTENSIVE CARE UNIT	0	C	0.0	0		45	
. 00 SURGI CAL I NTENSI VE CARE UNI T						46	
C. 00 NEONATAL INTENSIVE CARE UNIT Cost Center Description	0	(0.0	0 00	C) 47	
		1. 000)			1.00	- 10	
00 Program inpatient ancillary service cost 00 Total Program inpatient costs (sum of lir			ons)		2, 056, 895 5, 175, 210		
PASS THROUGH COST ADJUSTMENTS							
00 Pass through costs applicable to Program	inpatient routine se	ervices (Tron	N WKST. D, SUN	n of Parts I and	267, 354	1 50	
.00 Pass through costs applicable to Program and IV)	inpatient ancillary	services (fr	rom Wkst. D, s	sum of Parts II	71, 274	1 51	
.00 Total Program excludable cost (sum of lir	nes 50 and 51)				338, 628		
8.00 Total Program inpatient operating cost ex		ited, non-phy	sician anestl	netist, and	4, 836, 582	2 53	
medical education costs (line 49 minus li TARGET AMOUNT AND LIMIT COMPUTATION	ne 32)				I		
. 00 Program di scharges					0		
.00 Target amount per discharge .00 Target amount (line 54 x line 55)					0.00		
.00 Difference between adjusted inpatient ope	erating cost and targ	jet amount (I	ine 56 minus	line 53)			
58.00 Bonus payment (see instructions) 59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the							
market basket	. Teportring period er	uning 1990, t		shipounded by the	0.00) 59	
0.00 Lesser of lines 53/54 or 55 from prior ye				*h h	0.00		
.00 If line 53/54 is less than the lower of I which operating costs (line 53) are less					C) 61	
amount (line 56), otherwise enter zero (s			<i>,</i> .	5	C) 62	
52.00 Relief payment (see instructions) 53.00 Allowable Inpatient cost plus incentive payment (see instructions)							
PROGRAM INPATIENT ROUTINE SWING BED COST					C		
.00 Medicare swing-bed SNF inpatient routine instructions)(title XVIII only)	costs through Decemb	er 31 of the	e cost reporti	ng period (See	C	64	
.00 Medicare swing-bed SNF inpatient routine	costs after December	31 of the c	cost reporting	g period (See	C	65	
instructions)(title XVIII only) .00 Total Medicare swing-bed SNF inpatient ro	nutine costs (line 64	l nlus line A	5)(title XVII	Lonly) For	c c	66	
CAH (see instructions)				•			
.00 Title V or XIX swing-bed NF inpatient rou (line 12 x line 19)	itine costs through [ecember 31 o	of the cost re	eporting period	0	67	
00 Title V or XIX swing-bed NF inpatient rou	itine costs after Dec	ember 31 of	the cost repo	orting period	C	68	
(line 13 x line 20) 0.00 Total title V or XIX swing-bed NF inpatie	ent routine costs (li	ne 67 + line	e 68)		C) 69	
PART III - SKILLED NURSING FACILITY, OTHE	R NURSING FACILITY,	AND ICF/IID	ONLY				
00 Skilled nursing facility/other nursing facility/other nursing facility/other nursing facility.)		70	
.00 Program routine service cost (line 9 x li		ie 70 ÷ Trite	2)			72	
. 00 Medically necessary private room cost app	, C					73	
.00 Total Program general inpatient routine s .00 Capital-related cost allocated to inpatie	-			Part II, column		74	
26, line 45)							
.00 Per diem capital-related costs (line 75 ÷ .00 Program capital-related costs (line 9 x l						76	
.00 Inpatient routine service cost (line 74 m	ninus line 77)					78	
.00 Aggregate charges to beneficiaries for ex .00 Total Program routine service costs for c				us line 70)		79 80	
. 00 Inpatient routine service costs for c	•	st i i mitati Of		IUS ITTE /9)		80	
.00 Inpatient routine service cost limitation	n (line 9 x line 81)					82	
8.00 Reasonable inpatient routine service cost	•					83	
 00 Program inpatient ancillary services (see 00 Utilization review - physician compensati 		;)				84	
5.00 Total Program inpatient operating costs (sum of lines 83 thro					86	
PART IV - COMPUTATION OF OBSERVATION BED						1 07	
7.00 Total observation bed days (see instructi 3.00 Adjusted general inpatient routine cost p	-	ine 2)			0.00		
9.00 Observation bed cost (line 87 x line 88)		/				89	

Health Financial Systems	L HOSPI TAL		In Lie	2552-10		
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 01/01/2019	Worksheet D-1	
			Component CCN: 15-T089		Date/Time Pre 6/29/2020 8:00	
		Title	XVIII	Subprovider -	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (COST					
90.00 Capital-related cost	408, 058	4, 759, 493	0. 08573	6 0	0	90.00
91.00 Nursing School cost	0	4, 759, 493	0. 00000	0 0	0	91.00
92.00 Allied health cost	0	4, 759, 493	0. 00000	0 0	0	92.00
93.00 All other Medical Education	0	4, 759, 493	0. 00000	0 0	0	93.00

OMPUT	Financial Systems BALL MEMORIAL H ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	u of Form CMS-2 Worksheet D-1 Date/Time Pre	
		Title XIX	Hospi tal	6/29/2020 8:00 Cost	
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
00	INPATIENT DAYS Inpatient days (including private room days and swing-bed days	s. excluding newborn)		71, 937	1 1
00	Inpatient days (including private room days, excluding swing-b	bed and newborn days)		71, 937	2
00	Private room days (excluding swing-bed and observation bed day do not complete this line.	/s). If you have only pr	rivate room days,	0	3
00	Semi-private room days (excluding swing-bed and observation be	ed days)		63, 867	4
00	Total swing-bed SNF type inpatient days (including private roo		er 31 of the cost	0	5
00	reporting period Total swing-bed SNF type inpatient days (including private roo	m days) after December	31 of the cost	0	6
	reporting period (if calendar year, enter 0 on this line)			0	
00	Total swing-bed NF type inpatient days (including private room	n days) through December	31 of the cost	0	7
00	reporting period Total swing-bed NF type inpatient days (including private room	n davs) after December 3	1 of the cost	0	6
	reporting period (if calendar year, enter 0 on this line)				
00	Total inpatient days including private room days applicable to newborn days) (see instructions)	o the Program (excluding	swing-bed and	2, 283	ļ
. 00	Swing-bed SNF type inpatient days applicable to title XVIII or		room days)	0	10
. 00	through December 31 of the cost reporting period (see instruct Swing-bed SNF type inpatient days applicable to title XVIII or		soom dave) after	0	11
. 00	December 31 of the cost reporting period (if calendar year, er		oom days) arter	0	
. 00	Swing-bed NF type inpatient days applicable to titles V or XI>	(only (including privat	e room days)	0	12
00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XI>	(only (including privat	e room days)	0	13
	after December 31 of the cost reporting period (if calendar ye	ear, enter 0 on this lir	ne)	-	
	Medically necessary private room days applicable to the Progra Total nursery days (title V or XIX only)	am (excluding swing-bed	days)	0 2, 137	14
	Nursery days (title V or XIX only)			1, 403	
	SWING BED ADJUSTMENT				
. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es through December 31 c	of the cost	0.00	17
. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18
00	reporting period	through December 21 of	the east	110 00	10
. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	s through becember 31 of	the cost	118.90	
. 00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of t	he cost	0.00	20
. 00	reporting period Total general inpatient routine service cost (see instructions	5)		67, 156, 219	21
	Swing-bed cost applicable to SNF type services through Decembe		ing period (line	0	
00	5 x line 17) Swing-bed cost applicable to SNF type services after December	21 of the cost reportin	a poriod (lipo 6	0	23
. 00	x line 18)	ST OF the cost reportin	ig period (inne o	0	2.
. 00	Swing-bed cost applicable to NF type services through December	31 of the cost reporti	ng period (line	0	24
. 00	7 x line 19) Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25
	x line 20)				
00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		0 67, 156, 219	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	· · · · ·		0771007217	
	General inpatient routine service charges (excluding swing-bed	and observation bed ch	narges)	0	
	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	
. 00	General inpatient routine service cost/charge ratio (line 27 =	line 28)		0.000000	31
	Average private room per diem charge (line 29 ÷ line 3)			0.00	
	Average semi-private room per diem charge (line 30 ÷ line 4) Average per diem private room charge differential (line 32 mir	nus line 33)(see instruc	tions)	0.00 0.00	
. 00	Average per diem private room cost differential (line 34 x lir		-	0.00	35
. 00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	0 67, 156, 219	36
. 00	27 minus line 36)			07, 100, 219] "
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				1
00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU Adjusted general inpatient routine service cost per diem (see			933. 54	25
	Program general inpatient routine service cost (line 9 x line			2, 131, 272	39
	Medically necessary private room cost applicable to the Progra			0	
()()	Total Program general inpatient routine service cost (line 39	+ iine 40)		2, 131, 272	41

)MPU I	ATION OF INPATIENT OPERATING COST		Provider C	CN: 15-0089	Period: From 01/01/2019		
					To 12/31/2019	6/29/2020 8:0	
	Cost Center Description	Total		e XIX Average Per	Hospital Program Days	Cost Program Cost	
	bust builter beschiption	Inpatient Cost		Diem (col. 1		(col. 3 x col.	
		1.00	2.00	col. 2) 3.00	4.00	4) 5.00	
2. 00	NURSERY (title V & XIX only)	1, 156, 994	2, 137	541.4			42.
	Intensive Care Type Inpatient Hospital Units						
3.00 4.00	I NTENSI VE CARE UNI T CORONARY CARE UNI T	18, 059, 648 0	10, 344 0	1, 745. 9 0. 0			
5.00	BURN INTENSIVE CARE UNIT	0	0	0.0		0	44.
5.00	SURGI CAL INTENSI VE CARE UNI T						46.
. 00	NEONATAL INTENSIVE CARE UNIT	4, 353, 507	3, 542	1, 229. 1	1 409	502, 706	47.
	Cost Center Description					1.00	
. 00	Program inpatient ancillary service cost (Wks	st. D-3, col. 3,	line 200)			2, 106, 883	48.
. 00	Total Program inpatient costs (sum of lines 4	41 through 48)(s	see instructio	ns)		7, 052, 573	49.
~~~	PASS THROUGH COST ADJUSTMENTS			Wheet D arm			1 50
. 00	Pass through costs applicable to Program inpa	atient routine s	services (from	WKST. D, SUM	or Parts I and	0	50.
. 00	Pass through costs applicable to Program inpa	atient ancillar	y services (fr	om Wkst. D, s	um of Parts II	0	51.
	and IV)						
. 00	Total Program excludable cost (sum of lines Total Program inpatient operating cost exclud		ated non nh	cician anac+h	atist and	0	
. 00	medical education costs (line 49 minus line 5		ateu, non-pny		ietist, anu	0	53.
	TARGET AMOUNT AND LIMIT COMPUTATION	)					
. 00	Program di scharges					0	
. 00 . 00	Target amount per discharge Target amount (line 54 x line 55)					0.00	
. 00	Difference between adjusted inpatient operati	ng cost and tai	raet amount (I	ine 56 minus	line 53)	0	
. 00 Bonus payment (see instructions)							58
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by th							59.
. 00	market basket Lesser of lines 53/54 or 55 from prior year of	cost report up	dated by the m	arket hasket		0.00	60
. 00	If line 53/54 is less than the lower of lines				the amount by	0.00	
	which operating costs (line 53) are less than		s (lines 54 x	60), or 1% of	the target		
00	amount (line 56), otherwise enter zero (see i	nstructions)				0	4.2
. 00 . 00	Relief payment (see instructions) Allowable Inpatient cost plus incentive payme	ent (see instru	ctions)			0	
	PROGRAM INPATIENT ROUTINE SWING BED COST						
. 00	Medicare swing-bed SNF inpatient routine cost	ts through Decer	mber 31 of the	cost reporti	ng period (See	0	64.
. 00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cost	ts after Decemb	er 31 of the c	ost reporting	neriod (See	0	65.
. 00	instructions) (title XVIII only)			UST TEPOT TINg	period (See	0	05.
. 00	Total Medicare swing-bed SNF inpatient routin	ne costs (line d	64 plus line 6	5)(title XVII	l only). For	0	66.
00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routine	costs through	December 21 o	f the cost re	porting poriod	0	67.
. 00	(line 12 x line 19)	e costs through	December 31 0	I the cost re	portring period	0	07.
8. 00	Title V or XIX swing-bed NF inpatient routine	e costs after De	ecember 31 of	the cost repo	orting period	0	68.
	(line 13 x line 20)		i	(0)			1
0. 00	Total title V or XIX swing-bed NF inpatient PART III - SKILLED NURSING FACILITY, OTHER NU					0	69.
. 00	Skilled nursing facility/other nursing facili						70.
. 00	Adjusted general inpatient routine service co		ne 70 ÷ line	2)			71.
. 00	Program routine service cost (line 9 x line 7 Medically necessary private room cost applica		(lipo 14 v li	no 2E)			72.
. 00	Total Program general inpatient routine servi			ne 33)			74.
. 00	Capital -related cost allocated to inpatient i			orksheet B, P	Part II, column		75.
0.0	26, line 45)						<b>_</b>
. 00 . 00	Per diem capital-related costs (line 75 ÷ lin Program capital-related costs (line 9 x line						76.
. 00	Inpatient routine service cost (line 74 minus						78
00	Aggregate charges to beneficiaries for excess	s costs (from pi		· · ·			79
. 00	Total Program routine service costs for compa		ost limitation	(line 78 min	us line 79)		80
. 00 . 00	Inpatient routine service cost per diem limit Inpatient routine service cost limitation (li		)				81 82
. 00	Reasonable inpatient routine service cost (						83
. 00	Program inpatient ancillary services (see ins	structions)					84
. 00	Utilization review - physician compensation	•					85
o. 00	Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PASS		rougn 85)				86.
. 00	Total observation bed days (see instructions)					8, 070	87.
	Adjusted general inpatient routine cost per o		line 2)			933.54	
. 00 . 00	Observation bed cost (line 87 x line 88) (see	•				7, 533, 668	

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 01/01/2019	Worksheet D-1	
				To 12/31/2019		
		Titl	e XIX	Hospi tal	Cost	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (	COST					
90.00 Capital-related cost	6, 896, 347	67, 156, 219	0. 10269	1 7, 533, 668	773, 640	90.00
91.00 Nursing School cost	0	67, 156, 219	0.00000	7, 533, 668	0	91.00
92.00 Allied health cost	0	67, 156, 219	0.00000	7, 533, 668	0	92.00
93.00 All other Medical Education	0	67, 156, 219	0.00000	7, 533, 668	0	93.00

	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0089	Period: From 01/01/2019	Worksheet D-1	
		Component CCN: 15-T089	To 12/31/2019	Date/Time Prep 6/29/2020 8:00	
		Title XIX	Subprovider - IRF	Cost	
	Cost Center Description		-	1.00	
	PART I - ALL PROVIDER COMPONENTS		L		
	INPATIENT DAYS				
00 00	Inpatient days (including private room days and swing-bed days			4,614	1
00	Inpatient days (including private room days, excluding swing Private room days (excluding swing-bed and observation bed o		ivate room davs	4, 614 0	2
00	do not complete this line.	days). If you have only pr	rvate room days,	0	
00	Semi-private room days (excluding swing-bed and observation	bed days)		4, 614	4
00	Total swing-bed SNF type inpatient days (including private r	room days) through Decembe	r 31 of the cost	0	5
00	reporting period Total swing-bed SNF type inpatient days (including private r	coom days) after December	21 of the cost	0	4
50	reporting period (if calendar year, enter 0 on this line)	doin days) ar ter becenber	ST OF THE COST	0	6
00	Total swing-bed NF type inpatient days (including private ro	oom days) through December	31 of the cost	0	7
	reporting period	<i>,</i> , , , , , , , , , , , , , , , , , ,			
00	Total swing-bed NF type inpatient days (including private ro	oom days) after December 3	1 of the cost	0	8
00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable	to the Drogram (aveluding	swing bod and	0	9
00	newborn days) (see instructions)	to the Frogram (excluding	swing-bed and	0	7
. 00	Swing-bed SNF type inpatient days applicable to title XVIII	only (including private r	oom days)	0	10
	through December 31 of the cost reporting period (see instru				
. 00	Swing-bed SNF type inpatient days applicable to title XVIII		oom days) after	0	11
. 00	December 31 of the cost reporting period (if calendar year, Swing-bed NF type inpatient days applicable to titles V or >		e room days)	0	12
. 00	through December 31 of the cost reporting period	(including privat	e room days)	0	12
. 00	Swing-bed NF type inpatient days applicable to titles V or >	KIX only (including privat	e room days)	0	13
~ ~	after December 31 of the cost reporting period (if calendar				
. 00 . 00	Medically necessary private room days applicable to the Prog Total nursery days (title V or XIX only)	gram (excluding swing-bed	days)	0 2, 137	
	Nursery days (title V or XIX only)			1, 403	
. 00	SWING BED ADJUSTMENT			1,405	
. 00	Medicare rate for swing-bed SNF services applicable to servi	ces through December 31 o	f the cost	0.00	17
~~	reporting period			0.00	1
00	Medicare rate for swing-bed SNF services applicable to servi reporting period	ces after December 31 of	the cost	0.00	11
. 00	Medicaid rate for swing-bed NF services applicable to servic	ces through December 31 of	the cost	118.90	19
	reporting period	C C			
. 00	Medicaid rate for swing-bed NF services applicable to servic	ces after December 31 of t	he cost	0.00	20
. 00	reporting period Total general inpatient routine service cost (see instruction			4, 759, 493	21
. 00	Swing-bed cost applicable to SNF type services through Decen		ing period (line	4, 759, 493	22
. 00	5 x line 17)	iber 31 of the cost report		0	22
. 00	Swing-bed cost applicable to SNF type services after December	er 31 of the cost reportin	g period (line 6	0	23
~ ~	x line 18)				
. 00	Swing-bed cost applicable to NF type services through Decemb 7 x line 19)	per 31 of the cost reporti	ng period (line	0	24
. 00	Swing-bed cost applicable to NF type services after December	r 31 of the cost reporting	period (line 8	0	25
	x line 20)	1 3			
	Total swing-bed cost (see instructions)			0	26
. 00	General inpatient routine service cost net of swing-bed cost PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	t (line 21 minus line 26)		4, 759, 493	27
. 00	General inpatient routine service charges (excluding swing-b	ped and observation bed ch	arges)	0	28
	Private room charges (excluding swing-bed charges)		9	0	29
	Semi-private room charges (excluding swing-bed charges)			0	30
	General inpatient routine service cost/charge ratio (line 27	7 ÷ line 28)		0.00000	
	Average private room per diem charge (line 29 ÷ line 3)			0.00	
	Average semi-private room per diem charge (line 30 ÷ line 4) Average per diem private room charge differential (line 32 m		tions)	0.00 0.00	
	Average per diem private room cost differential (line 32 m	, ,		0.00	
00	Private room cost differential adjustment (line 3 x line 35)			0	36
. 00	General inpatient routine service cost net of swing-bed cost	t and private room cost di	fferential (line	4, 759, 493	37
	27 minus line 36)				
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AD	JUSTMENTS			
. 00	Adjusted general inpatient routine service cost per diem (se			1, 031. 53	38
	Program general inpatient routine service cost (line 9 x lir			0	39
. 00	Medically necessary private room cost applicable to the Prog			0	40
	Total Program general inpatient routine service cost (line 3	20 + 11  mod (0)		0	41

	Financial Systems TION OF INPATIENT OPERATING COST	DALL MEMORIA	- HOSPI TAL Provi der	CCN: 15-0089	Peri od:	eu of Form CMS- Worksheet D-1	
				CCN: 15-T089	From 01/01/2019 To 12/31/2019	Date/Time Pre	epai
			Tit	le XIX	Subprovider -	6/29/2020 8:0 Cost	00 8
	Cost Conton Description	T-+-1			IRF		
	Cost Center Description	Total Inpatient Cost		col . 2)	÷	Program Cost (col. 3 x col. 4)	
00 1	NURSERY (title V & XIX only)	1.00	2.00	<u>3.00</u> 0 0.	4.00	5.00 C	) 4
1	ntensive Care Type Inpatient Hospital Units			<u>oj</u> <u></u> .			
	INTENSIVE CARE UNIT	0		0 0.		-	
	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	0		0 0.	00 0	C	4
. 00	SURGI CAL I NTENSI VE CARE UNI T						4
00	NEONATAL INTENSIVE CARE UNIT Cost Center Description	0		0 0.	00 0	C	) 4
						1.00	
	Program inpatient ancillary service cost (Wk			>		0	
	Total Program inpatient costs (sum of lines PASS THROUGH COST ADJUSTMENTS	41 through 48)(	see instructi	ons)		C	) 4
. 00 🛛	Pass through costs applicable to Program inp	atient routine	services (fro	m Wkst. D, su	m of Parts I and	0	5
	III) Pass through costs applicable to Program inp	atient ancillar	v services (f	rom Wkst D	sum of Parts II	c c	) 5
	and IV)		, 301 VI 063 (I	. om wkst. D,	com or runto II		
	Total Program excludable cost (sum of lines		lated non	welcion anast	botict and		-
	Total Program inpatient operating cost exclu medical education costs (line 49 minus line		iateu, non-pr	iysi ci an anest	neust, and		) 5
T	FARGET AMOUNT AND LIMIT COMPUTATION						] -
	Program discharges Target amount per discharge					0.00	
. 00	Target amount (line 54 x line 55)					0	5
	Difference between adjusted inpatient operat	ing cost and ta	rget amount (	line 56 minus	line 53)		
	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost re	porting period	ending 1996,	updated and c	ompounded by the		
1	market basket		0				
	Lesser of lines 53/54 or 55 from prior year If line 53/54 is less than the lower of line					0.00	
	which operating costs (line 53) are less that						ĺ
	amount (line 56), otherwise enter zero (see Relief payment (see instructions)	instructions)				0	) 6
	Allowable Inpatient cost plus incentive paym	ent (see instru	ctions)				
	PROGRAM INPATIENT ROUTINE SWING BED COST						
	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts through Dece	mber 31 of tr	e cost report	ing period (See	C	) 6
. 00	Medicare swing-bed SNF inpatient routine cos	ts after Decemb	er 31 of the	cost reportin	g period (See	0	6
	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routi	ne costs (line	64 nlus line	65)(title XVI	LL only) For	c c	) 6
(	CAH (see instructions)				•		Ί
	Title V or XIX swing-bed NF inpatient routin	e costs through	December 31	of the cost r	eporting period	0	6
	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routin	e costs after D	ecember 31 of	the cost rep	orting period	0	6
	(line 13 x line 20)				- •		
	Total title V or XIX swing-bed NF inpatient PART III - SKILLED NURSING FACILITY, OTHER N					0	) 6
. 00	Skilled nursing facility/other nursing facil	ity/ICF/IID rou	tine service	cost (line 37	)		7
	Adjusted general inpatient routine service c Program routine service cost (line 9 x line		ıne ∕0 ÷ lin∈	: 2)			7
. 00	Medically necessary private room cost applic	able to Program	•				7
	Total Program general inpatient routine serv	•		·	Dort II orline		7
	Capital-related cost allocated to inpatient 26, line 45)	routine service	COSTS (TROM	WURKSNEET B,	Part II, COLUMN		7
. 00	Per diem capital-related costs (line 75 ÷ li						7
	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minu	· · · · · · · · · · · · · · · · · · ·					7
	Aggregate charges to beneficiaries for exces		rovider recor	ds)			7
	Total Program routine service costs for comp		ost limitatio	n (line 78 mi	nus line 79)		8
	Inpatient routine service cost per diem limi Inpatient routine service cost limitation (I		)				8
. 00	Reasonable inpatient routine service costs (	see instruction					8
1	Program inpatient ancillary services (see in		nc)				8
1	Utilization review – physician compensation Total Program inpatient operating costs (sum						8
F	PART IV - COMPUTATION OF OBSERVATION BED PAS	S THROUGH COST	- <u>-</u> /				
	Total observation bed days (see instructions Adjusted general inpatient routine cost per		line 2)			0.00	
	najusteu generar rupatrent routrne cost per					U. UU	VI Ö

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 01/01/2019	Worksheet D-1	
		Component (		To 12/31/2019		
		Titl	e XIX	Subprovider - IRF	Cost	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	408, 058	4, 759, 493	0. 08573	6 0	0	90.00
91.00 Nursing School cost	0	4, 759, 493	0. 00000	0 0	0	91.00
92.00 Allied health cost	0	4, 759, 493	0. 00000	0 0	0	92.00
93.00 All other Medical Education	0	4, 759, 493	0.00000	0 0	0	93.00

I NPATI ENT	ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0089	Peri od:	Worksheet D-3	}
				From 01/01/2019 To 12/31/2019	Date/Time Pre	epared:
					6/29/2020 8:0	
		Title	XVIII	Hospital	PPS	
	Cost Center Description		Ratio of Cos To Charges		Inpatient Program Costs	
			10 charges	Charges	(col. 1 x col.	
				ondrigeo	2)	
			1.00	2.00	3.00	
	PATIENT ROUTINE SERVICE COST CENTERS		1			
	000 ADULTS & PEDI ATRI CS			78, 085, 795		30.00
	100 I NTENSI VE CARE UNI T			25, 703, 836		31.00
	200 CORONARY CARE UNIT			0		32.00
	060 NEONATAL INTENSIVE CARE UNIT			0		35.00
	000 SUBPROVIDER - IPF			0		40.00
	100 SUBPROVIDER - IRF			0		41.00
	300 NURSERY CI LLARY SERVI CE COST CENTERS		1		I	43.00
	OOO OPERATI NG ROOM		0. 1068	37 47, 868, 622	5, 114, 140	50.00
	100 RECOVERY ROOM		0. 1638			
	200 DELIVERY ROOM & LABOR ROOM		0. 1985			
	400 RADI OLOGY-DI AGNOSTI C		0. 1145			
	700 CT SCAN		0.0629			
	800 MAGNETIC RESONANCE I MAGING (MRI)		0.0000			
59.00 05	900 CARDI AC CATHETERI ZATI ON		0.0714		1, 404, 811	59.00
	000 LABORATORY		0. 1853	15 20, 184, 836	3, 740, 553	60.00
60.01 06	001 BLOOD LABORATORY		0.0000	00 0	0	60.01
	300 BLOOD STORING, PROCESSING, & TRANS.		0. 1973	35 3, 002, 114	592, 422	63.00
	500 RESPI RATORY THERAPY		0. 2555	81 10, 423, 225	2, 663, 978	
	501 SLEEP LAB		0. 1321			
	600 PHYSI CAL THERAPY		0. 3910			
	700 OCCUPATI ONAL THERAPY		0. 2497			
	800 SPEECH PATHOLOGY		0. 2684		274, 622	
	801 AUDI OLOGY		0.0000		0	
			0.0812		1, 579, 644	
	100 MEDICAL SUPPLIES CHARGED TO PATIENTS 200 IMPL. DEV. CHARGED TO PATIENT		0.2541		3, 461, 793	
	300 DRUGS CHARGED TO PATIENTS		0. 1881		7, 569, 720 7, 557, 672	
	301 HOSPI TAL BASED RETAIL PHARMACI ES		0. 1836		0	1
74.00 07	400 RENAL DIALYSIS		0. 4036			
	160 CARDI OPULMONARY		0.0000		0	
	697 CARDI AC REHABI LI TATI ON		0. 2555			
	698 HYPERBARI C OXYGEN THERAPY		0. 1353		9, 999	
	TPATIENT SERVICE COST CENTERS					
90.00 09	000 CLINIC		0.0000	00 0	0	90.00
90.01 09	001 SUBSTANCE ABUSE CLINIC		5. 5622	43 0	0	90.01
90.02 09	002 PAIN CLINIC		0. 3409	96 9, 916	3, 381	90.02
	003 ONCOLOGY CLINIC		0. 0981		18, 774	
	100 EMERGENCY		0. 1107			
	200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 2011			
	201 OBSERVATION BEDS (DISTINCT PART)		0.0000	00 0	0	92.01
	HER REIMBURSABLE COST CENTERS		1			05 05
	500 AMBULANCE SERVICES			204 440 551	44 044 715	95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)	(line (1))		294, 440, 551		
201.00	Less PBP Clinic Laboratory Services-Program only charges	s (II në 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1	294, 440, 551	l	202.00

NPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0089	Peri od:	eu of Form CMS- Worksheet D-3	3
			From 01/01/2019		
	Component	CCN: 15-T089	To 12/31/2019	Date/Time Pre 6/29/2020 8:0	
	Ti tl ∈	e XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cos		Inpatient	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
		1.00	2.00	2) 3.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS			2100	0100	
30. 00 03000 ADULTS & PEDIATRICS			0		30.0
31. 00 03100 I NTENSI VE CARE UNI T			0		31.0
32.00 03200 CORONARY CARE UNIT			0		32.0
35.00 02060 NEONATAL INTENSIVE CARE UNIT			0		35.0
10. 00 04000 SUBPROVI DER – I PF			0		40.0
1.00 04100 SUBPROVI DER – I RF			6, 988, 410		41.0
13. 00 04300 NURSERY					43. (
ANCI LLARY SERVI CE COST CENTERS					
0.00 05000 OPERATING ROOM		0. 1068			
1.00 05100 RECOVERY ROOM		0. 1638			
2.00 05200 DELIVERY ROOM & LABOR ROOM		0. 1985			
4. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 1145			
7.00 05700 CT SCAN		0.0629			
8.00 05800 MAGNETIC RESONANCE IMAGING (MRI)		0.0000		-	
9. 00 05900 CARDI AC CATHETERI ZATI ON		0.0714			
0. 00 06000 LABORATORY		0. 1853			
0. 01 06001 BLOOD LABORATORY		0.0000		0	
3.00 06300 BLOOD STORING, PROCESSING, & TRANS.		0. 1973			
5. 00 06500 RESPI RATORY THERAPY		0. 2555			
5. 01 06501 SLEEP LAB		0. 1321		-	
6. 00 06600 PHYSI CAL THERAPY		0. 3910			
7.00 06700 OCCUPATI ONAL THERAPY		0. 2497			
8.00 06800 SPEECH PATHOLOGY		0. 2684		146, 541	
.8. 01 06801 AUDI OLOGY		0.0000			
9. 00 06900 ELECTROCARDI OLOGY		0. 0812			
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 2541		18, 863	
2.00 07200 IMPL. DEV. CHARGED TO PATIENT		0. 1881			
3.00 07300 DRUGS CHARGED TO PATIENTS		0. 1836		186, 699	
3. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES		1. 2858		e e e e e e e e e e e e e e e e e e e	
4. 00 07400 RENAL DI ALYSI S		0. 4036		73, 398	
6. 00 03160 CARDI OPULMONARY		0.0000	00 0	0	76.
6. 97 07697 CARDI AC REHABI LI TATI ON		0. 2555	38 0	0	76.
6. 98 07698 HYPERBARI C OXYGEN THERAPY		0. 1353	44 0	0	76.
OUTPATIENT SERVICE COST CENTERS					
20. 00 09000 CLINIC		0.0000			
0.01 09001 SUBSTANCE ABUSE CLINIC		5. 5622			
0. 02 09002 PAIN CLINIC		0.3409		0	
0. 03 09003 ONCOLOGY CLINIC		0. 0981			
1. 00 09100 EMERGENCY		0. 1107		493	
22.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 2011			
2.01 09201 OBSERVATION BEDS (DISTINCT PART)		0.0000	00 0	0	92.
OTHER REIMBURSABLE COST CENTERS		1		1	
5. 00 09500 AMBULANCE SERVICES					95.
200.00 Total (sum of lines 50 through 94 and 96 through 98)			7, 478, 075	2, 056, 895	200.
201.00 Less PBP Clinic Laboratory Services-Program only charges	(line 61)		0		201.
202.00 Net charges (line 200 minus line 201)			7, 478, 075		202.0

Interview          Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview         Interview <t< th=""><th>VPATIENT ANCILLARY SERVICE COST APPORTIONMENT</th><th>Provider C</th><th>CN: 15-0089</th><th>Peri od:</th><th>Worksheet D-3</th><th></th></t<>	VPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0089	Peri od:	Worksheet D-3	
Intervention         Title XIX         Hospital         Cost Program           Ratio of Cost To Charges         Inpatient Program         Inpatient Program         Inpatient Program           0         03000 ADULTS & PEDIATRICS         1.00         2.00         3.00           0         03000 ADULTS & PEDIATRICS         1.00         2.00         3.00           0         03000 ADULTS & PEDIATRICS         1.00         1.878.716         1.978.716           0         0.0000 ADULTS & PEDIATRICS         1.978.716         1.978.716         1.978.716           0         0.0000 ADULTS & PEDIATRICS         1.978.716         1.978.716         1.978.716           0         0.0000 ADULTS & PEDIATRICS         1.978.716         1.978.716         1.978.716           0         0.0000 ADURSENY         1.978.716         1.978.716         1.978.716           0         0.0000 ADURSENY         1.978.722         139.900         221.363           0         0.00000 ADURSENY         221.363         1.987.723         139.900           50.00         0.5000 DELIVERY ROM & LABOR ROM         0.168301         1.986.723         139.900           50.00         0.5000 ADULTS & PROMAR CARE INCOM         0.198311         7.457         1.364           50				From 01/01/2019 To 12/31/2019		
Cost Center Description         Ratio of cost in patient         Inpatient         Inpatient           0 00         03000 ADULTS & PEDIATRICS         1.00         2.00         3.00           0 00         03000 ADULTS & PEDIATRICS         4,596,074         1,471,364         1,471,364           0 00         02006 NIEWNATALINTENSIVE CARE UNIT         1,878,7716         0         0         0           3 00         02060 NIEWNATALINTENSIVE CARE UNIT         1,878,7716         0         0         0           41.00         04100 SUBPROVIDER - IPF         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0						10 am
To         Charges         Program Charges         Program 	Cost Contor Description					
INPATIENT ROUTINE SERVICE COST CENTERS         Charges         Control 1, x col. 2, 00         3, 00           30, 00         33000 ADULTS & PEDNATRICS         4, 596, 074         1, 471, 34           30, 00         33000 ADULTS & PEDNATRICS         4, 596, 074         1, 471, 34           30, 00         33000 INTENSIVE CARE UNIT         1, 471, 34         1, 471, 34           30, 00         03200 CORONARY CARE UNIT         1, 471, 34         1, 471, 34           40, 00         04000 SUBPROVIDER - IPF         0         0           40, 00         04300 NURSERV         221, 363         221, 363           AMCLLARY SERVICE COST CENTERS         0         105500 DEFNATINE ROUM         1, 1305, 723         139, 500           50, 00         05500 DELI VERY NOM & LABOR ROOM         0, 103851         1, 616, 642         185, 142           50, 00         05500 DELI VERY NOM & LABOR ROOM         0, 198511         7, 64, 512         151, 764           50, 00         05500 CET SCAN         0, 004292         21, 65         1, 262, 272           50, 00         05500 CARDI AC CATHETER LATIO N         0, 017471         371, 137, 152         221, 765           50, 00         05500 CARDI AC CATHETER LATIO N         0, 017471         371, 137, 137         26, 226           60, 00<	cost center bescription					
IDENT ENT ROUTINE SERVICE COST CENTERS         0         2)           0.00         0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.0000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.0000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.			10 charges			
INPARTLENT ROUTI NE SERVICE COST CENTERS           0.0         03000 ADULTS & PENDATRICS         4.596,074           31.00         03100 (NTERS) VE CARE UNIT         1,471,384           32.00         02000 CRONMEY CARE UNIT         0           35.00         02000 NEOMATAL INFENSIVE CARE UNIT         1,878,716           35.00         02000 NEOMATAL INFENSIVE CARE UNIT         1,878,716           40.00         04000 SUBPROVIDER - IPF         221,363           WACILLARY SERVICE COST CENTERS         221,363           MACILLARY SERVICE COST CENTERS         221,363           50.00         05000 OPERATIN RG ROM         0.166382           51.00         05100 RECOVERY ROM & LABOR ROM         0.143662           51.00         05300 CARDICOLOCY - DIAGNOSTIC         0.114565           50.00         05800 MAGNETIC RESONANCE IMAGING (MRI)         0.007000           50.00         05800 CARDIA CCARTHERTER ZATION         0.017471           50.00         05800 CARDIA CCARTHERTER ZATION         0.195335           60.00         0.6000 LABORATORY         0.000000         0           60.00         0.6000 PHSI CLA THERAPY         0.391049         118,894           60.00         0.6000 PHSI CLA THERAPY         0.247978         19,920           6				g		
0.00         03000 ADULTS & PEDLATRICS         4,596,074           1.00         03100 INTENSIVE CARE UNIT         1,471,384           0.00         03200 CORRMARY CARE UNIT         1,878,716           0.00         04000 SUBPROVIDER - IPF         0           0.01         04300 NURSESVE         221,363           MACICLARY SERVICE COST CENTERS         0           0.05200 DPELIVERY ROOM & LABOR ROOM         0.163862         13.6,044         22,292           50.00         05000 OPELATICE RESONANCE I MACING (MRI)         0.0062924         21,675         1,364           50.00         05000 CARDIAC, CATHETER ZATION         0.014355         1,250,712         231,776           60.00         04000 LABORATORY         0.185315         1,250,712         231,776           60.01         04000 LABORATORY         0.185315         1,250,712         231,776           60.01         04000 SUPERVINIT HERAPY         0.19735         149,220         29,446           61.00         04000 SUPERVINITHERAPY         0.255981         734,604         187,751           61.00         05000 PICSIL			1.00	2.00	3.00	
31.00       03100   INTERSI VE CARE UNI T       1.471.384         32.00       02000 (DROWARY CARE UNI T       0         35.00       02000 (NEONATAL INTENSI VE CARE UNI T       0         41.00       04100 (SUBPROVIDER - 1FF       0         35.00       02000 (NIRSERY       221.363         41.00       04100 (NIRSERY       221.363         41.01       05000 (PEENTI ING ROOM       0.106837         51.00       051000 (RECOVERY ROOM & LABOR ROOM       0.106837         51.00       05200 (DELI VERY ROOM & LABOR ROOM       0.114565         52.00       05200 (DELI VERY ROOM & LABOR ROOM       0.114565         50.00       05000 (ARCHTI C RESONANCE INAGING (MRI)       0.000000         50.00       05000 (ARCHTI C RESONANCE INAGING (MRI)       0.000000         50.00       06000 (LaBORATORY       0.85315       1.250.712         50.00       06000 (LaBORATORY       0.85315       1.250.712       21.751         50.00       06000 (LaBORATORY       0.391049       118.894       46.493         50.00       06000 (RESPIRATORY THERAPY       0.249798       73.4604       187.751         50.00       06000 (RESPIRATORY THERAPY       0.249798       73.4604       187.751         50.00       0			1		I	
32.00         03200         CORRANARY CARE UNIT         0           40.00         04000         SUBPROVIDER - IPF         0           40.00         04000         SUBPROVIDER - IPF         0           40.00         04000         SUBPROVIDER - IPF         0           40.00         04000         SUBPROVIDER - IFF         0           40.01         04000         SUBPROVIDER - IFF         0           40.01         CECOVERY ROOM         0.106837         1.305, 723         139, 9500           50.00         05000         PECOVERY ROOM         0.168362         136, 044         22, 395           50.00         05200         DELIVERY ROOM         0.106837         1.405, 723         139, 9500           50.00         05200         DELIVERY ROOM         ALBOR ROOM         0.168382         136, 044         22, 325           50.00         05200         DELIVERY ROOM & LABOR ROM         0.062924         21, 675         1, 364           50.00         DS000         CARDIAC, CATHETERI ZATI ON         0.071471         371, 137         26, 526           60.00         D6000         LABORATORY         0.25581         74, 604         187, 751           50.00         D6000         SPECH PATIONI, THE						30.00
5:00         02060         NEOMATAL INTENSIVE CARE UNIT         1,878,716           00         04100         SUBPROVIDER - IFF         0           00         04100         NURSERY         221,363           00         05000         OPERATINE ROW         221,364           00         05000         OPERATINE ROW         0.106837         1,305,723           00         05000         OPERATINE ROW         0.106837         1,005,723           00         05000         DELIVERY ROOM         0.106837         1,616,042         185,142           00         05000         DELIVERY ROOM         0.00000         0         0         0           00         05000         CARNAC CATHETER LATION         0.071471         371,137         26,526           00         05000         CARNATORY         0.18315         1.420,712         21,7751           00         05000         CARNATORY         0.13317         26,526         0.000000         0         0           00         05000         RESPIRATORY THERAPY         0.249798         734,604         187,751           00         05000         RESPIRATORY         0.25581         734,604         187,751           00				1, 471, 384		31.00
00.000         SUBPROVIDER - IPF         0         0           100         04000         SUBPROVIDER - IRF         0         0           ALCILLARY SERVICE COST CENTERS         0         0         1300         0.106837         1,305,723         139,500           01.00         05000         DFEATING ROOM         0.106837         1,305,723         139,500           02.00         05200         DELVERY ROOM         0.108651         764,512         151,764           03100         RECOVERY ROOM         0.114565         1,616,042         1185,142         151,764           00.05400         RADIOLOGY-DIAGNOSTIC         0.002924         21,675         1,364         0.000000         0         0           00.05400         CARDIA CCATHETERIZATION         0.021421         31,137         26,526         0         0.0000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				0		32.00
04100         SUBPROVIDER - IRF         0           04100         NURSERY         221,363           04010         OREATING ROOM         0.106832         1,305,723         139,500           05000         065000         0.13862         1,305,723         139,500           05100         RECOVERY ROOM         0.166832         1,305,723         139,500           05200         DELIVERY ROOM & LABOR ROOM         0.1668511         764,512         151,764           05200         DELIVERY ROOM & LABOR ROOM         0.062924         21,675         1,364           05700         CT SCAN         0.000000         0         0           05900         CARDI AC CATHETERI ZATION         0.071471         371,137         226,526           00         05000         LABORATORY         0.15315         1,250,712         231,776           00         06000         BLODD STORIN C. PROCESSING, & TRANS.         0.197335         149,220         29,446           55<00				1, 8/8, /16		35.0
31.00         04300[NURSERY         221, 363           ANCILLARY SERVICE COST CENTERS         221, 363           ANCILLARY SERVICE COST CENTERS         0.106837         1, 305, 723         139, 500           50.00         05000[DEELVIEY ROOM         0.163862         136, 044         22, 292           52.00         05200[DELVIEY ROOM & LABOR ROOM         0.196511         764, 512         151, 764           51.00         05100(CT SCAN         0.062924         21, 675         1, 364           50.00         05300[CARDIAC CATHETERI ZATION         0.000000         0         0           50.00         06300[LABORATORY         0.01471         371, 373         26, 526           50.00         06300[LABORATORY         0.132126         0         0         0           50.00         06300[RESPI RATORY THERAPY         0.32126         0         0         0           50.00         06300[RESPI RATORY THERAPY         0.32126         0         0         0           50.00         06500[PHYSI CAL THERAPY         0.32126         0         0         0           50.00         06500[PHYSI CAL THERAPY         0.32126         0         0         0           50.00         06500[PHYSI CAL THERAPY         0.249798				0		40.00
ANCI LLARY SERVICE COST CENTERS           00         05000 OPERATINE ROOM         0.106332         1.305, 723         139, 500           51.00         05100 RECOVERY ROM         0.163862         136, 044         22, 292           5200 DELIVERY ROM & LABOR ROM         0.198511         764, 512         151, 764           5200 DELIVERY ROM & LABOR ROM         0.198511         764, 512         151, 764           5400 RADIOLOGY-DIAGNOSTIC         0.114565         1, 616, 042         138, 142           57.00         05700 CT SCAN         0.06000 MAGNETIC RESONANCE INAGING (MRI)         0.000000         0           0         05900 CARDIAC CATHETERIZATION         0.071471         371, 137         26, 526           50.01         06500 RESPI RATORY         0.08100 STORING, PROCESSING, & TRANS.         0.197335         149, 220         29, 446           50.00         06500 RESPI RATORY THERAPY         0.331049         118, 894         46, 493           51.00         06600 PHYSICAL THERAPY         0.255581         734, 604         187, 751           50.01         06601 PHYSICAL THERAPY         0.26434         122, 562         32, 900           60600 SPECHATONAL THERAPY         0.264434         122, 562         32, 900           005600 CHESTATONE THERAPY         0						41.00
00.00         05000         0PERATINE ROM         0.106837         1,305,723         139,500           00         05100         05100         05100         1,4565         1,456         1,456         2,292           00         05200         DELIVERY ROM         0.14365         1,616,042         185,142           01         05700         CRSONO         0.602924         21,675         1,364           00         05800         MAGNETIC RESONANCE IMAGING (MRI)         0.000000         0         0           00         05000         CARDIAC CATHETERIZATION         0.071471         371,137         26,526           00         06000         CARDIAC CATHETERIZATION         0.071471         371,137         26,526           00         06000         CARDIAC CATHETERIZATION         0.132126         0         0           00         06300 BLODD STORING, PROCESSING, & TRANS.         0.137126         0         0         0           05000 CCUPATIONAL THERAPY         0.255581         734,604         187,751         0         0           00         06500 RESPIRATORY THERAPY         0.2484797         0.248434         122,562         32,900           00         00000 OCUPATIONAL THERAPY         0.248434			I	221, 303		43.0
51:00         051:00         PECOVERY ROOM         0.163862         136,044         22,292           52:00         052:00         DELIVERY ROOM & LABOR ROOM         0.198511         764,512         151,764           54:00         054:00         PELIVERY ROOM & LABOR ROOM         0.114565         1,616,042         185,142           57:00         05700         CT SCAN         0.00000         0         0           59:00         05900         CARDI AC CATHETERIZATI ON         0.0143515         1,250,712         231,776           60:00         PEODOL LABORATORY         0.183515         1,250,712         231,776         0.06300           00:00         LABORATORY         0.132126         0         0         0         0           60:00         OEGOD PHYSI CAL, THERAPY         0.255581         734,604         187,751         19,820           61:00         05600 RESPI RATORY THERAPY         0.249798         79,345         19,820           66:00         PHYSI CAL, THERAPY         0.249798         79,345         19,820           66:00         SPECEH PATHOLOCY         0.26434         122,562         32,900           70:00         OTOD OLOGY         0.000000         0         0         0 <tr< td=""><td></td><td></td><td>0, 1068</td><td>37 1, 305 723</td><td>139,500</td><td>50.00</td></tr<>			0, 1068	37 1, 305 723	139,500	50.00
52:00         052:00         DELIVERY ROOM & LABOR ROOM         0.196511         764,512         151,764           40         054:00         CASON CADIOLCO-VIAGNOSTIC         0.014565         1,616,042         185,142           57:00         05700         CT SCAN         0.062924         21,675         1,364           68:00         05600         MAGNETIC RESONANCE I MAGING (MRI)         0.001471         371,137         26,526           50:00         06000         LABORATORY         0.185315         1,250,712         231,776           50:01         06300         BLOOD STORING, PROCESSING, & TRANS.         0.197335         149,220         29,446           50:01         06600         PHYSICAL THERAPY         0.24798         79,345         19,894         46,493           51:01         06600         SPEECH PATHOLOGY         0.268434         122,562         32,900           50:00         06000         0         0         0         0         0           50:01         06600         SPEECH PATHOLOGY         0.268434         122,562         32,900           50:00         06000         0         0         0         0         0         0           51:00         06400         SPEECH						
44.00       05400       RADI OLGCY-DI AGNOSTI C       0.114565       1, 616, 042       185, 142         700       05700       CTSCAN       0.662924       21, 675       1, 364         88.00       05800       MAGNETI C RESONANCE I MAGI NG (MRI)       0.000000       0       0         99.00       05900       CARDI AC CATHETERI ZATI ON       0.185315       1, 250, 712       231, 776         05.01       06001       BLOOD LABORATORY       0.185315       1, 250, 712       231, 776         05.01       06001       BLODD NINO, PROCESSING, & TRANS.       0.197335       149, 220       29, 446         055.00       06500       RESPIRATORY THERAPY       0.391049       118, 894       46, 493         05.00       06000       PHYSI CAL, THERAPY       0.391049       118, 894       46, 493         05.00       06000 CUPATIONAL THERAPY       0.249798       79, 345       19, 820         0600       SPECEL PATHOLOCY       0.26434       122, 566, 43       624, 246       158, 643         00       0700       RELCTROCARDI OLGCY       0.081201       766, 041       62, 203         07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0.254136       624, 246       158, 643         07300						
57:00         05700         CT SCAN         0.062924         21,675         1,364           68:00         05800         MAGNETIC RESONANCE IMAGING (MRI)         0.000000         0         0           69:00         05900         CARDI AC CATHETERI ZATI ON         0.071471         371,137         26,526           60:00         06000         LABORATORY         0.08030         0.000000         0         0           63:00         BLOOD LABORATORY         0.0185315         1,250,712         231,776         0           63:00         06000         BLOOD LABORATORY         0.0197335         149,220         29,446           55:00         06500         RESPI RATORY THERAPY         0.132126         0         0           56:00         06600         PRESPI RATORY THERAPY         0.255581         734,604         1187,751           57:00         06600         PRESPI RATHOLOGY         0.264843         122,562         32,900           57:00         06600         SPEECH PATHOLOGY         0.264843         122,562         32,900           58:00         06801         AUDI OLGY         0.264843         122,562         32,900           50:00         DTHOL DEV, CHARGED TO PATI ENTS         0.183152         57,36						
99.00         05900         CARDI AC CATHETERI ZATI ON         0.071471         371, 137         26, 526           00.00         06000         LABORATORY         0.185315         1, 250, 712         231, 776           00.00         06300         BLODD LABORATORY         0.000000         0         0           03.00         06300         RESPI RATORY THERAPY         0.255581         734, 604         187, 751           05.00         06600         RESPI RATORY THERAPY         0.391049         118, 894         46, 493           0.06600         PRIVSI CAL THERAPY         0.249798         79, 345         19, 820           0.06600         SECECH PATHOLOGY         0.000000         0         0           0.07100         MCDI CAL SUPPLIES CHARGED TO PATI ENTS         0.28434         122, 562         32, 900           0.0900         INCLAR SUPPLIES CHARGED TO PATI ENTS         0.28434         122, 562         478, 630           0.010000         INCLAR SUPPLIES CHARGED TO PATI ENTS         0.188152         577, 362         108, 632           0.1000         INCLA SUPPLIES CHARGED TO PATI ENTS         0.183667         2, 605, 684         478, 630           0.1000         INCLA SUPPLIES CHARGED TO PATI ENTS         0.1836672         70, 155         28, 320<						
0.00         06000         LABORATORY         0.185315         1, 250, 712         231, 776           00.01         06001         BLOOD LABORATORY         0.000000         0         0           00.01         06001         BLOOD STORING, PROCESSING, & TRANS.         0.197335         149, 220         29, 446           05.00         06500         RESPIRATORY THERAPY         0.255581         734, 604         187, 751           05.01         05610         SLEEP LAB         0.391049         118, 894         46, 493           0.00         06700         OCUPATIONAL THERAPY         0.249798         79, 345         19, 820           0.80         06800         SPECET PATHOLOCY         0.081201         766, 041         62, 203           0.00         06900         ELECTROCARDIOLOGY         0.081201         766, 041         62, 203           1.00         07100         MEDI CAL SUPPLIES CHARGED TO PATIENTS         0.183547         2, 605, 684         478, 630           3.01         07301         HOSPI TAL BASED RETAIL PHARMACIES         1.285877         0         0           3.01         07301         HOSPI TAL BASED RETAIL PHARMACIES         1.285877         0         0           0.0403672         70, 155         28, 3			0.0000	00 00	0	58.0
50.01         66001         BLOOD LABORATORY         0.000000         0         0         0           53.00         06300         BLOOD STORING, PROCESSING, & TRANS.         0.197335         149,220         29,446           55.01         06500         RESPI RATORY THERAPY         0.255581         734,604         187,751           55.01         06501         SLEEP LAB         0.132126         0         0           06400         PHYSICAL THERAPY         0.249798         79,345         19,820           70.0         06700         OCCUPATIONAL THERAPY         0.240798         79,345         19,820           8.00         06800         SPEECH PATHOLOGY         0.268434         122,562         32,900           90.0         06900         ELECTROCARDIOLOGY         0.081201         766,041         62,203           91.00         MEDICAL SUPPLIES CHARGED TO PATIENTS         0.284136         624,246         158,643           92.00         OR300         DRUGS CHARGED TO PATIENTS         0.188152         577,362         108,632           93.01         07301         MCN ENAL DIALYSIS         0.188152         577,362         108,632           93.01         07301         NENGE TALSENTIENT         0.88152         57	9. 00 05900 CARDI AC CATHETERI ZATI ON		0. 0714	71 371, 137	26, 526	59.0
33.00       06300       BLOOD STORING, PROCESSING, & TRANS.       0.197335       149.220       29.446         55.00       06500       RESPIRATORY THERAPY       0.255581       734.604       187.751         56.10       06501       SLEEP LAB       0.32126       0       0         66.00       OCCUPATI ONAL THERAPY       0.249798       79.345       19.820         57.00       06700       OCCUPATI ONAL THERAPY       0.249798       79.345       19.820         58.01       06800       SPEECH PATHOLOGY       0.268434       122.562       32.900         58.01       06800       ELECTROCARDI OLOGY       0.081201       76.041       62.203         71.00       OT100       IMEL DEV. CHARGED TO PATI ENTS       0.188152       577.362       108.632         73.00       07300       DRUSC ALRAGED TO PATI ENTS       0.18867       2.605.684       478.630         73.01       07301       HOSPI TAL BASED RETAI L PHARMACI ES       1.285877       0       0       0         70.057       CARDI AC REHABI LI TATI ON       0.255538       15.689       4.009       0       0         70.101       ONTAGO       CANDI AC REHABI LI TATI ON       0.255538       15.689       4.009       0			0. 1853	15 1, 250, 712	231, 776	60.0
55.00       06500       RESPI RATORY THERAPY       0.255581       734,604       187,751         06501       SLEP LAB       0.132126       0       0         0600       CCUPATI ONAL THERAPY       0.391049       118,894       46,493         7.00       06700       CCUPATI ONAL THERAPY       0.249798       79,345       19,820         0.8.00       06800       SPECH PATHOLOGY       0.268434       122,562       32,900         0.01       0600       LECTROCARDI OLOGY       0.081201       766,041       62,203         1.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0.183152       577,362       108,632         1.00       07300       DRUGS CHARGED TO PATI ENTS       0.183687       2,605,684       478,630         3.01       07300       DRUGS CHARGED TO PATI ENTS       0.183687       2,605,684       478,630         3.01       07300       RENAL DI ALYSIS       0.403672       70,155       28,320         6.00       03160       CARDI OPULMONARY       0.255538       15,689       4,009         6.90       70697       CARDI AC REHABI LI TATI ON       0.255538       15,689       4,009         0.01       090002       CLI N IC       0.000000<						
55.01         06501         SLEEP LAB         0.132126         0           06600         PHYSI CAL THERAPY         0.391049         118,894         46,493           70.00         06700         0CCUPATI DNAL THERAPY         0.249798         79,345         19,820           58.00         06800         SPEECH PATHOLOGY         0.268434         122,562         32,900           58.01         06801         AUDI OLOGY         0.000000         0         0           59.00         06800         ELECTROCARDI OLOGY         0.081201         766,041         624,203           71.00         OT100         MEDL CAL SUPPLIES CHARGED TO PATI ENTS         0.183687         2,605,684         478,630           73.01         07301         HOSPI TAL BASED RETAIL PHARMACI ES         1.285877         0         0           76.00         07400         RENAL DI ALYSI S         0.4033672         70,155         28,320           76.00         03160         CARDI OPULMONARY         0.000000         0         0           76.97         CARDI AC REHABI LITATI ON         0.255538         15,689         4,009           76.98         HYERBARI C OXYGEN THERAPY         0.135344         0         0           70.01         S						
56.00         06600         PHYSI CAL THERAPY         0.391049         118,894         46,493           57.00         0CCUPATI ONAL THERAPY         0.249798         79,345         19,820           88.01         06801         AUDI OLOGY         0.268334         122,552         32,900           88.01         06801         AUDI OLOGY         0.000000         0         0           99.00         06900         ELECTROCARDI OLOGY         0.081201         766,041         62,203           11.00         OTIO0         MPL. DEV. CHARGED TO PATI ENTS         0.183152         577,362         108,632           73.00         OTION EDI CAL BASED RETAI L PHARMACI ES         1.385877         0         0         0           74.00         OT400         RENAL DI ALYSI S         0.403672         70,155         28,320           76.90         OG700         CRDI OPULMONARY         0.255538         15,689         4,009           76.97         OF307         CARDI AC REHAB LI TATI ON         0.255538         15,689         4,009           70.00         PUEMATI ENT SERVICE COST CENTERS         0.135344         0         0         0           70.01         0.9000         CLINI C         0.340996         111         38						
77.00       06700       0CCUPATIONAL THERAPY       0.249798       79,345       19,820         88.00       06800       SPECH PATHOLOGY       0.268434       122,562       32,900         90.00       06900       ELECTROCARDIOLOGY       0.000000       0       0         91.00       06900       ELECTROCARDIOLOGY       0.081201       766,041       62,203         1.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENTS       0.254136       624,246       158,643         2:00       07200       IMPL. DEV. CHARGED TO PATIENTS       0.188152       577,362       108,632         3:01       07300       DRUSC CHARGED TO PATIENTS       0.403672       70,155       28,320         0:01000       RENAL DIALYSIS       0.403672       70,155       28,320         0:01000       CARDIAC REHABILITATION       0.255538       15,689       4,009         0:7500       RMIA CI REMAPY       0.000000       0       0         0:0000       CLINIC       0.000000       0       0         0:0000       CLINIC       0.340996       111       38         0:0000       OPO00       CLINIC       0.340996       111       38         0:0000       OPO00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>						
88.00         06800         SPEECH PATHOLOGY         0.268434         122,562         32,900           88.01         06801         AUDIOLOGY         0.000000         0         0           99.00         06900         ELECTROCARDIOLOGY         0.081201         766,041         622,203           1.00         07100         MEDICAL SUPPLIES CHARGED TO PATIENTS         0.188152         577,362         108,632           3.00         07301         HOSEN CHARGED TO PATIENTS         0.183687         2,605,684         478,630           3.01         07301         HOSEN CHARGED TO PATIENTS         0.403672         70,155         28,320           6.00         03160         CARDI OPULMONARY         0.00000         0         0           6.90         07697         CARDI AC REHABILITATION         0.25538         15,689         4,009           0.01         09000         CLINIC         0.000000         0         0           0.01         09001         SUBSTANCE ABUSE CLINIC         0.340996         111         38           0.02         09003         ONCLOGY CLINIC         0.340996         111         38           0.02         09003         ONCLOGY CLINIC         0.340996         111         38						
88.01       06801       AUDI OLOGY       0.000000       0       0       0         99.00       06900       ELECTROCARDI OLOGY       0.081201       766,041       622,203         11.00       OTOO       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0.188152       577,362       108,632         12.00       07300       DRUGS CHARGED TO PATIENT       0.183687       2,605,684       478,630         13.01       07301       HOSPI TAL BASED RETAIL PHARMACIES       0.403672       70,155       28,320         14.00       OT400       RENAL DI ALYSI S       0.403672       70,155       28,320         16.00       03160       CARDI OPULMONARY       0.00000       0       0       0         16.797       CARDI AC REHABILI TATI ON       0.255538       15,689       4,009       0       0         16.798       OT900       CLINI C       0.000000       0       0       0       0       0         10.01       09000       SUBSTANCE ABUSE CLINI C       0.340996       111       38       3       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0						
99.00         06900         ELECTROCARDIOLOGY         0.081201         766,041         62,203           11.00         07100         MEDICAL SUPPLIES CHARGED TO PATIENTS         0.254136         624,246         158,643           12.00         07300         DRVL. CHARGED TO PATIENTS         0.183687         2,605,684         478,632           13.00         07301         HOSPITAL BASED RETAIL PHARMACIES         1.285877         0         0           14.00         07400         RENAL DI ALYSIS         0.403672         70,155         28,320           06.00         03160         CARDI OPULMONARY         0.255538         15,689         4,00           06.00         07697         CARDI AC REHABILITATION         0.255538         15,689         4,00           07000         VIPATI ENT SERVICE COST CENTERS         0.00000         0         0         0           00.01         09001         SUBSTANCE ABUSE CLINIC         0.340996         111         38           00.02         09002         PAIN CLINIC         0.340996         111         38           00.03         09003         INCLINIC         0.10720         1,717,810         190,196           02.00         09200         DESERVATION BEDS (NON-DI STINCT PART)						
11.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0.254136       624,246       158,643         12.00       07200       IMPL. DEV. CHARGED TO PATIENT       0.188152       577,362       108,632         13.00       07300       DRUGS CHARGED TO PATIENTS       0.183687       2,605,684       478,630         13.01       07400       RENAL DI AL BASED RETAIL PHARMACIES       1.285877       0       0         14.00       07400       RENAL DI ALYSIS       0.403672       70,155       28,320         76.00       03160       CARDI OPULMONARY       0.000000       0       0         76.79       07677       CARDI AC REHABILITATION       0.255538       15,689       4,009         04.79       07401 SUBSTANCE ABUSE CLINIC       0.000000       0       0       0         70.01       SUBSTANCE ABUSE CLINIC       0.000000       0       0       0         70.03       090002       PAIN CLINIC       0.340996       111       38         70.03       090003       0NCOLOGY CLINIC       0.110720       1,717,810       190,196         70.03       090004       ELINIC       0.201180       7,076       1,424         70.03       090005       OBSERVATION B						
1/2.00       07200       IMPL. DEV. CHARGED TO PATIENT       0.188152       577, 362       108, 632         1/3.00       07300       DRUGS CHARGED TO PATIENTS       0.183687       2, 605, 684       478, 630         1/3.00       07300       DRUGS CHARGED TO PATIENTS       0.183687       2, 605, 684       478, 630         1/3.00       07400       RENAL DI ALYSI S       0.403672       70, 155       28, 320         1/6.00       03160       CARDI OPULMONARY       0.255538       15, 689       4, 009         1/6.97       07697       CARDI AC REHABI LI TATI ON       0.255538       15, 689       4, 009         1/6.97       07697       CARDI AC REHABI LI TATI ON       0.200000       0       0         0/6.97       07697       CARDI AC REHABI LI TATI ON       0.255538       15, 689       4, 009         0/6.98       HYPERBARI C OXYGEN THERAPY       0.135344       0       0       0         0/0.00       09000       CLI NI C       0.000000       0       0       0         0/0.01       09001       SUBSTANCE ABUSE CLINIC       0.000000       0       0       0         0/0.03       09002       PAI N CLINIC       0.10720       1,717,810       140       14     <						
73.00       07300       DRUGS CHARGED TO PATIENTS       0.183687       2,605,684       478,630         73.01       07301       HOSPITAL BASED RETAIL PHARMACIES       1.285877       0       0         73.01       07400       RENAL DI ALYSIS       0.403672       70,155       28,320         76.00       03160       CARDI OPULMONARY       0.000000       0       0         76.97       07697       CARDI AC REHABILITATION       0.255538       15,689       4,009         76.98       HYPERBARIC OXYGEN THERAPY       0.135344       0       0       0         0010       09000       CLINIC       0.000000       0       0       0         00.00       09000       SUBSTANCE ABUSE CLINIC       0.340996       111       38         00.00       09003       ONCOLOGY CLINIC       0.340996       111       38         01.00       09100       EMERGENCY       0.110720       1,717,810       190,196         02.01       09200       OBSERVATION BEDS (NON-DISTINCT PART)       0.201180       7,076       1,424         0.00       09200       OBSERVATION BEDS (DISTINCT PART)       0.000000       0       0         02.01       09201       OBSERVATION BEDS (DISTINC						
3.01       07301       HOSPITAL BASED RETAIL PHARMACIES       1.285877       0       0         4.00       07400       RENAL DIALYSIS       0.403672       70,155       28,320         6.00       03160       CARDI OPULMONARY       0.000000       0       0         6.07       07697       CARDI AC REHABILITATION       0.255538       15,689       4,009         0.01004       07698       HYPERBARI C 0XYGEN THERAPY       0.135344       0       0         0.0100       09000       CLI NI C       0.000000       0       0         0.02       09001       SUBSTANCE ABUSE CLINIC       0.000000       0       0         0.02       09002       PAI N CLINIC       0.340996       111       38         0.03       09003       ONCOLOGY CLINIC       0.110720       1,717,810       190,196         0.03       09200       DBERVATION BEDS (NON-DISTINCT PART)       0.201180       7,076       1,424         0.201       09200       OBSERVATION BEDS (DISTINCT PART)       0.000000       0       0         0.201       09200       OBSERVATION BEDS (DISTINCT PART)       0.000000       0       0         0.201       092001       OBSERVATION BEDS (DISTINCT PART) <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>						
44.00       07400       RENAL DI ALYSI S       0.403672       70,155       28,320         6.00       03160       CARDI OPULMONARY       0.000000       0       0         6.07       07697       CARDI OPULMONARY       0.255538       15,689       4,009         6.18       07698       HYPERBARI C 0XYGEN THERAPY       0.135344       0       0       0         0.0000       0       0.135344       0       0       0       0       0         0.000       0       0.5562243       0       0       0       0       0       0         0.010       09001       SUBSTANCE ABUSE CLINIC       0.340996       111       38       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	2. 01 07301 HOSDITAL BASED DETAIL DHADMACLES					1
76.00       03160       CARDI OPULMONARY       0.000000       0       0         76.97       07697       CARDI AC REHABI LI TATI ON       0.255538       15,689       4,009         76.98       07698       HYPERBARI C 0XYGEN THERAPY       0.135344       0       0         00000       CLI NI C       0.000000       0       0       0         00.00       09000       CLI NI C       0.000000       0       0         00.01       09000       CLI NI C       0.000000       0       0         00.02       09000       CLI NI C       0.000000       0       0         00.03       09000       CLI NI C       0.000000       0       0         00.03       09000       OUTORATI ENT SERVICE COST CENTERS       0       0       0         00.02       09000       CLI NI C       0.000000       0       0       0         00.03       090003       ONCOLOGY CLINI C       0.340996       111       38         00.03       09000       DEMERGENCY       0.110720       1,717,810       190,196         02.01       0BSERVATI ON BEDS (NON-DI STI NCT PART)       0.201180       7,076       1,424         02.01       0BSER	1 OD O7400 RENAL DIALYSIS					
76.97       07697       CARDI AC REHABILLITATION       0.255538       15,689       4,009         06.98       07698       HYPERBARI C 0XYGEN THERAPY       0.135344       0       0         00100       OUTPATI ENT SERVICE COST CENTERS       0.00000       0       0       0         00.00       09001       CLI NI C       0.000000       0       0       0         00.01       09001       SUBSTANCE ABUSE CLI NI C       0.000000       0       0       0         00.02       09002       PAI N CLINI C       0.340996       111       38       38       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0						
6.98       07698       HYPERBARI C 0XYGEN THERAPY       0.135344       0       0         0UTPATI ENT SERVICE COST CENTERS       0.00000       0       0       0         00.01       09000       CLI NI C       0.000000       0       0         00.02       09001       SUBSTANCE ABUSE CLI NI C       0.562243       0       0         00.03       09003       0NCOLOGY CLI NI C       0.340996       111       38         00.03       09003       0NCOLOGY CLI NI C       0.098159       141       14         01.00       09100       EMERGENCY       0.110720       1,717,810       190,196         02.01       09200       0BSERVATI ON BEDS (NON-DI STI NCT PART)       0.201180       7,076       1,424         0.9201       0BSERVATI ON BEDS (DI STI NCT PART)       0.000000       0       0       0         02.01       0BSERVATI ON BEDS (DI STI NCT PART)       0.000000       0       0       0       0         02.01       0BSERVATI ON BEDS (DI STI NCT PART)       0.000000       0       0       0       0       0         04.00       0BSERVATI ON BEDS (DI STI NCT PART)       0.000000       0       0       0       0       0         05.00						
OUTPATI ENT SERVICE COST CENTERS           00.00         09000         CLINIC         0.000000         0         0           00.01         09001         SUBSTANCE ABUSE CLINIC         0.000000         0         0           00.02         09002         PAIN CLINIC         0.340996         111         38           00.03         09003         ONCLOGY CLINIC         0.10720         1,717,810         190,196           01.00         OBSERVATION BEDS (NON-DISTINCT PART)         0.201180         7,076         1,424           02.01         09SERVATION BEDS (DISTINCT PART)         0.000000         0         0           02.01         OBSERVATION BEDS (DISTINCT PART)         0.000000         0         0           01         09500         AMBULANCE SERVICES         13,054,785         2,106,883         2,106,883           201.00         Less PBP Clinic Laboratory Services-Program only charges (Line 61)         0         13,054,785						
00.01         09001         SUBSTANCE ABUSE CLINIC         5.562243         0         0           00.02         09002         PAIN CLINIC         0.340996         111         38           00.03         09003         ONCOLOGY CLINIC         0.09015         141         14           11.00         09100         EMERGENCY         0.10720         1,717,810         190,196           02.01         09200         OBSERVATION BEDS (NON-DISTINCT PART)         0.201180         7,076         1,424           0.2010         OBSERVATION BEDS (DISTINCT PART)         0.000000         0         0         0           00.01         OTHER REI MBURSABLE COST CENTERS         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0						
20.02         09002         PAIN CLINIC         0.340996         111         38           20.03         09003         0NCOLOGY CLINIC         0.098159         141         14           11.00         09100         EMERGENCY         0.110720         1,717,810         190,196           20.00         09200         OBSERVATION BEDS (NON-DISTINCT PART)         0.201180         7,076         1,424           02.01         09201         OBSERVATION BEDS (DISTINCT PART)         0.000000         0         0           07HER         REIMBURSABLE COST CENTERS         0.000000         0         0         0           20.00         09500         AMBULANCE SERVICES         Total (sum of lines 50 through 94 and 96 through 98)         13,054,785         2,106,883         2,106,883         2           20.10         0         0         0         0         0         2         2         0         0         2			0.0000	00 00	0	90.0
20.02         09002         PAIN CLINIC         0.340996         111         38           20.03         09003         0NCOLOGY CLINIC         0.098159         141         14           11.00         09100         EMERGENCY         0.110720         1,717,810         190,196           20.00         09200         OBSERVATION BEDS (NON-DISTINCT PART)         0.201180         7,076         1,424           02.01         09201         OBSERVATION BEDS (DISTINCT PART)         0.000000         0         0           07HER         REIMBURSABLE COST CENTERS         0.000000         0         0         0           20.00         09500         AMBULANCE SERVICES         Total (sum of lines 50 through 94 and 96 through 98)         13,054,785         2,106,883         2,106,883         2           20.10         0         0         0         0         0         2         2         0         0         2					0	
01.00       09100       EMERGENCY       0.110720       1,717,810       190,196         02.00       09200       0BSERVATION BEDS (NON-DISTINCT PART)       0.201180       7,076       1,424         02.01       0BSERVATION BEDS (DISTINCT PART)       0.000000       0       0         0THER       REIMBURSABLE COST CENTERS       0.000000       0       0         0500       AMBULANCE SERVICES       13,054,785       2,106,883         20.00       Less PBP Clinic Laboratory Services-Program only charges (line 61)       0       0	D. 02 09002 PALN CLINIC					
022.00         09200         OBSERVATION         BEDS (NON-DISTINCT PART)         0.201180         7,076         1,424           02.01         09201         0BSERVATION         BEDS (DISTINCT PART)         0.000000         0         0           0THER         REI MBURSABLE         COST         CENTERS         0         0         0           20.00         09500         AMBULANCE         SERVICES         13,054,785         2,106,883           201.00         Less         PBP Clinic Laboratory Services-Program only charges (line 61)         0         0						
022.01092010BSERVATI ONBEDS (DI STINCT PART)0.00000000OTHERREI MBURSABLECOSTCENTERS25.0009500AMBULANCESERVI CES200.00Total (sum of lines 50 through 94 and 96 through 98)13,054,7852,106,883201.00LessPBP Clinic Laboratory Services-Program only charges (line 61)0						
OTHER REI MBURSABLE COST CENTERS         05.00       09500         AMBULANCE SERVI CES         200.00       Total (sum of lines 50 through 94 and 96 through 98)         201.00       Less PBP Clinic Laboratory Services-Program only charges (line 61)						
D25.00         O9500         AMBULANCE SERVICES           200.00         Total (sum of lines 50 through 94 and 96 through 98)         13,054,785         2,106,883           201.00         Less PBP Clinic Laboratory Services-Program only charges (line 61)         0         2			0.0000	00 0	0	92.0
200.00         Total (sum of lines 50 through 94 and 96 through 98)         13,054,785         2,106,883           201.00         Less PBP Clinic Laboratory Services-Program only charges (line 61)         0         0			1			05 -
201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 2				40.054.305	0 404 000	95.0
		(1) == (1)				
202.00 Net charges (line 200 minus line 201) 13,054,785 2	5 5 5 5	es (IIne 61)		-		201.0

ALCUL	Financial         Systems         BALL         MEMORIAL           ATION OF         REIMBURSEMENT         SETTLEMENT         SETTLEMENT	Provi der CCN: 15-0089	Period: From 01/01/2019	u of Form CMS-: Worksheet E Part A			
			To 12/31/2019	Date/Time Pre 6/29/2020 8:0			
		Title XVIII	Hospi tal	PPS			
				1.00			
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			1.00			
00 01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurr	ring prior to October 1	(see	0 46, 114, 027			
02	instructions) DRG amounts other than outlier payments for discharges occurr	ring on or after October	1 (see	15, 274, 286	1.		
03	instructions) DRG for federal specific operating payment for Model 4 BPCI f	for discharges occurring	prior to October	0	1.		
04	1 (see instructions) DRG for federal specific operating payment for Model 4 BPCI f	for discharges occurring	on or after	0	1.		
00	October 1 (see instructions) Outlier payments for discharges. (see instructions)			0	2.		
01 02	Outlier reconciliation amount Outlier payment for discharges for Model 4 BPCI (see instruct	tions)		0			
02	Outlier payments for discharges occurring prior to October 1	-		516, 585			
04	Outlier payments for discharges occurring on or after October			329, 259			
00	Managed Care Simulated Payments			21, 212, 739	3.		
00	Bed days available divided by number of days in the cost repo	orting period (see instru	uctions)	290.99	4.		
00	Indirect Medical Education Adjustment FTE count for allopathic and osteopathic programs for the mos	t recent cost reporting	portiod onding on	50.70	5.		
00	or before 12/31/1996. (see instructions)	st recent cost reporting	period ending on	50.70	J. J.		
00	FTE count for allopathic and osteopathic programs that meet t new programs in accordance with 42 CFR 413.79(e) $$		•	0.00			
00 01	MMA Section 422 reduction amount to the IME cap as specified ACA $\S$ 5503 reduction amount to the IME cap as specified under	0.00 0.00					
00	cost report straddles July 1, 2011 then see instructions. 0 Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for						
	affiliated programs in accordance with 42 CFR 413.75(b), 413.		5	0.00	8.		
01	1998), and 67 FR 50069 (August 1, 2002). The amount of increase if the hospital was awarded FTE cap sl	ots under § 5503 of the	ACA. If the cost	12.00	8.		
02							
00							
0. 00	instructions) FTE count for allopathic and osteopathic programs in the curr	rent year from your recom	^ds	62.48	10.		
1.00	FTE count for residents in dental and podiatric programs.			0.00	11.		
2.00	Current year allowable FTE (see instructions)			62.48	12.		
3.00	Total allowable FTE count for the prior year.			62.34			
1.00	Total allowable FTE count for the penultimate year if that ye otherwise enter zero.	ear ended on or after Sep	otember 30, 1997,	62.14	14		
5.00	Sum of lines 12 through 14 divided by 3.			62.32	15.		
5.00	Adjustment for residents in initial years of the program			0.00	16		
. 00	Adjustment for residents displaced by program or hospital clo	osure		0.00			
. 00	Adjusted rolling average FTE count			62.32			
	Current year resident to bed ratio (line 18 divided by line 4	ł).		0. 214165			
	Prior year resident to bed ratio (see instructions) Enter the lesser of lines 19 or 20 (see instructions)			0. 203466 0. 203466			
	IME payment adjustment (see instructions)			6, 455, 349			
	IME payment adjustment - Managed Care (see instructions)			2, 230, 647			
. 00	Indirect Medical Education Adjustment for the Add-on for § 42 Number of additional allopathic and osteopathic IME FTE resic		CER 412, 105	4.00			
. 00	(f)(1)(iv)(C). IME FTE Resident Count Over Cap (see instructions)			-0. 22			
-	If the amount on line 24 is greater than -O-, then enter the	lower of line 23 or line	e 24 (see	0.00			
. 00	instructions) Resident to bed ratio (divide line 25 by line 4)			0.000000	26		
. 00	IME payments adjustment factor. (see instructions)			0.000000			
3.00	IME add-on adjustment amount (see instructions)			0			
. 01	IME add-on adjustment amount - Managed Care (see instructions	5)		0			
. 00	Total IME payment ( sum of lines 22 and 28)			6, 455, 349	29		
9. 01	Total IME payment - Managed Care (sum of lines 22.01 and 28.0 Disproportionate Share Adjustment	)1)		2, 230, 647	29		
0. 00	Percentage of SSI recipient patient days to Medicare Part A p	patient days (see instruc	ctions)	5. 71	30		
	Percentage of Medicaid patient days (see instructions)			24.18			
2.00	Sum of Lines 30 and 31			29.89			
	Allowable disproportionate share percentage (see instructions	5)		13.87			
	Disproportionate share adjustment (see instructions)			2, 128, 640	1 3/		

CALCUL	ATION OF REIMBURSEMENT SETTLEMENT		Peri od:	u of Form CMS-2 Worksheet E	-		
			From 01/01/2019 To 12/31/2019	Date/Time Pre			
		Title XVIII	Hospi tal	6/29/2020 8:00 PPS	0 am		
			Prior to 10/1				
			1.00	2.00			
05 00	Uncompensated Care Adjustment		0 070 070 447	0 050 500 00/	05 00		
35.00 35.01	Total uncompensated care amount (see instructions) Factor 3 (see instructions)		8, 272, 872, 447 0. 000991126	8, 350, 599, 096 0. 000376569			
35.01	Hospital uncompensated care payment (If line 34 is zero, ente	r zero on this line) (see	8, 199, 460				
001.02	instructions)		01177100	0, 11, 0, 1	00102		
35.03	Pro rata share of the hospital uncompensated care payment amo		6, 132, 745				
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.0 Additional payment for high percentage of ESRD beneficiary dia		6, 923, 184		36.00		
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding		0		40.00		
10.00	652, 682, 683, 684 and 685 (see instructions)		0		10.00		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 6	83, 684 an 685. (see	0		41.00		
41 01	instructions)						
41.01	. 01 Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 0 an 685. (see instructions)						
42.00	Divide line 41 by line 40 (if less than 10%, you do not quali	fy for adjustment)	0.00		42.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 68	2, 683, 684 an 685. (see	0		43.00		
44 00	instructions)		0,000000		44.00		
44.00	Ratio of average length of stay to one week (line 43 divided days)	by TTHE 41 divided by 7	0. 000000		44.00		
45.00	Average weekly cost for dialysis treatments (see instructions	)	0.00		45.00		
46.00	Total additional payment (line 45 times line 44 times line 41	. 01)	0		46.00		
47.00	Subtotal (see instructions)		77, 741, 330		47.00		
48.00	Hospital specific payments (to be completed by SCH and MDH, s only. (see instructions)	mali rurai nospitais	0		48.00		
				Amount			
				1.00			
49.00	Total payment for inpatient operating costs (see instructions			79, 971, 977			
50.00 51.00	Payment for inpatient program capital (from Wkst. L, Pt. I an Exception payment for inpatient program capital (Wkst. L, Pt.			5, 744, 611 0			
52.00	Direct graduate medical education payment (from Wkst. E-4, li			2, 552, 265			
53.00	Nursing and Allied Health Managed Care payment			0	53.00		
54.00	Special add-on payments for new technologies			0	54.00		
54.01 55.00	Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 6	0)		0	54.01 55.00		
56.00	Cost of physicians' services in a teaching hospital (see intr	-		0	56.00		
57.00	Routine service other pass through costs (from Wkst. D, Pt. I		rough 35).	0	57.00		
58.00	Ancillary service other pass through costs from Wkst. D, Pt.		-	42, 955			
59.00	Total (sum of amounts on lines 49 through 58)			88, 311, 808			
60.00 61.00	Primary payer payments Total amount payable for program beneficiaries (line 59 minus	line 60)		23, 934 88, 287, 874			
62.00	Deductibles billed to program beneficiaries			6, 349, 360			
63.00	Coinsurance billed to program beneficiaries			234, 356	63.00		
64.00	Allowable bad debts (see instructions)			761, 931			
65.00	Adjusted reimbursable bad debts (see instructions)	ructions)		495, 255			
66.00 67.00	Allowable bad debts for dual eligible beneficiaries (see inst Subtotal (line 61 plus line 65 minus lines 62 and 63)			226, 902 82, 199, 413			
68.00	Credits received from manufacturers for replaced devices for	applicable to MS-DRGs (se	e instructions)	02, 177, 413	68.00		
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).			0	69.00		
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00		
70. 50 70. 87	Rural Community Hospital Demonstration Project (§410A Demonst Demonstration payment adjustment amount before sequestration	ration) adjustment (see i	nstructions)	0	70. 50 70. 87		
70.87	SCH or MDH volume decrease adjustment (contractor use only)			0	70.87		
70.89	Pioneer ACO demonstration payment adjustment amount (see inst	ructions)		Ű	70.89		
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0			
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91		
70. 92 70. 93	Bundled Model 1 discount amount (see instructions) HVBP payment adjustment amount (see instructions)			0 -50, 004	70. 92 70. 93		
70.93	HRR adjustment amount (see instructions)			-93, 695			
10.74							

LCULATION OF REIMBURSEMENT SETTLEMENT	AL HOSPITAL Provider C		Period:	wof Form CMS-2 Worksheet E	
			From 01/01/2019 To 12/31/2019		pare
	T: +1 -		11	6/29/2020 8:0	
		XVIII	Hospi tal (yyyy)	Amount	
			0	1.00	<u> </u>
96 Low volume adjustment for federal fiscal year (yyyy) (Ente			0	0	70
the corresponding federal year for the period prior to 10/ 97 Low volume adjustment for federal fiscal year (yyyy) (Ente			0	0	70
the corresponding federal year for the period ending on or			0		''
98 Low Volume Payment-3				0	70
99 HAC adjustment amount (see instructions)				0	1
00 Amount due provider (line 67 minus lines 68 plus/minus lin	nes 69 & 70)			82, 055, 714	
01 Sequestration adjustment (see instructions) 02 Demonstration payment adjustment amount after sequestratio	n			1, 641, 114	1
03 Sequestration adjustment-PARHM pass-throughs				Ĭ	71
00 Interim payments				79, 991, 949	72
01 Interim payments-PARHM					72
00 Tentative settlement (for contractor use only)				0	73
01 Tentative settlement-PARHM (for contractor use only) 00 Balance due provider/program (line 71 minus lines 71.01, 7	71 02 72 and			422, 651	
73)	1.02, 72, and			122,001	ľ
01 Balance due provider/program-PARHM (see instructions)					74
00 Protested amounts (nonallowable cost report items) in acco	ordance with			1, 661, 057	75
CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
00 Operating outlier amount from Wkst. E, Pt. A, line 2, or s	sum of 2.03			0	90
plus 2.04 (see instructions)					
00 Capital outlier from Wkst. L, Pt. I, line 2				0	
00 Operating outlier reconciliation adjustment amount (see in 00 Capital outlier reconciliation adjustment amount (see inst				0	
00 The rate used to calculate the time value of money (see in				0.00	
00 Time value of money for operating expenses (see instructio				0	
00 Time value of money for capital related expenses (see inst	ructions)			0	96
			Prior to 10/1 1.00	2.00	-
HSP Bonus Payment Amount			1		
0.00 HSP bonus amount (see instructions)			0	0	100
HVBP Adjustment for HSP Bonus Payment .00 HVBP adjustment factor (see instructions)			0.000000000	0.000000000	1101
2.00 HVBP adjustment amount for HSP bonus payment (see instruct	ions)		0.0000000000000000000000000000000000000		102
HRR Adjustment for HSP Bonus Payment					1.0.
INKK AUJUSTINEITT TOT HSP DOTIUS PAYINEITT					
8.00 HRR adjustment factor (see instructions)			0.0000		
8.00 HRR adjustment factor (see instructions) 9.00 HRR adjustment amount for HSP bonus payment (see instruction			0.0000		
<ul> <li>00 HRR adjustment factor (see instructions)</li> <li>00 HRR adjustment amount for HSP bonus payment (see instructi Rural Community Hospital Demonstration Project (§410A Demon</li> </ul>	nstration) Adju			0	104
<ul> <li>00 HRR adjustment factor (see instructions)</li> <li>00 HRR adjustment amount for HSP bonus payment (see instructi Rural Community Hospital Demonstration Project (§410A Demon. 00 Is this the first year of the current 5-year demonstration</li> </ul>	nstration) Adju			0	104
<ul> <li>00 HRR adjustment factor (see instructions)</li> <li>00 HRR adjustment amount for HSP bonus payment (see instructi Rural Community Hospital Demonstration Project (§410A Demon 0.00 Is this the first year of the current 5-year demonstration Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> </ul>	nstration) Adju n period under t			0	104
<ul> <li>3.00 HRR adjustment factor (see instructions)</li> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructi Rural Community Hospital Demonstration Project (§410A Demon 0.00 Is this the first year of the current 5-year demonstration Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>5.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II,</li> </ul>	nstration) Adju n period under t			0	104 200 207
<ul> <li>8.00 HRR adjustment factor (see instructions)</li> <li>9.00 HRR adjustment amount for HSP bonus payment (see instruction Rural Community Hospital Demonstration Project (§410A Demonstration 200 Is this the first year of the current 5-year demonstration Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>9.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 200 Medicare discharges (see instructions)</li> </ul>	nstration) Adju n period under t			0	104 200 207 202
<ul> <li>00 HRR adjustment factor (see instructions)</li> <li>00 HRR adjustment amount for HSP bonus payment (see instructi Rural Community Hospital Demonstration Project (§410A Demon 0.00 Is this the first year of the current 5-year demonstration Century Cures Act? Enter "Y" for yes or "N" for no.</li> <li>Cost Reimbursement</li> <li>00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 0.00 Medicare discharges (see instructions)</li> <li>00 Case-mix adjustment factor (see instructions)</li> </ul>	nstration) Adju n period under t line 49)	he 21st	0	0	104 200 201 202
<ul> <li>8.00 HRR adjustment factor (see instructions)</li> <li>9.00 HRR adjustment amount for HSP bonus payment (see instruction Rural Community Hospital Demonstration Project (§410A Demon 2000)</li> <li>9.00 Is this the first year of the current 5-year demonstration Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>9.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 2000)</li> <li>9.00 Medicare discharges (see instructions)</li> <li>9.00 Case-mix adjustment factor (see instructions)</li> <li>9.00 Computation of Demonstration Target Amount Limitation (N/A period)</li> </ul>	nstration) Adju n period under t line 49)	he 21st	0	0	104 200 201 202 203
<ul> <li>3.00 HRR adjustment factor (see instructions)</li> <li>4.00 HRR adjustment amount for HSP bonus payment (see instruction Rural Community Hospital Demonstration Project (§410A Demonstration Project (§410A Demonstration Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>5.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 200 Medicare discharges (see instructions)</li> <li>5.00 Case-mix adjustment factor (see instructions)</li> <li>6.00 Computation Demonstration Target Amount Limitation (N/A period)</li> <li>7.00 Medicare target amount</li> </ul>	nstration) Adju n period under t line 49)	he 21st	0	0	104 200 201 202 203
<ul> <li>8.00 HRR adjustment factor (see instructions)</li> <li>9.00 HRR adjustment amount for HSP bonus payment (see instructions)</li> <li>9.00 HRR adjustment amount for HSP bonus payment (see instructions)</li> <li>9.00 Is this the first year of the current 5-year demonstration Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>9.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 200 Medicare discharges (see instructions)</li> <li>9.00 Case-mix adjustment factor (see instructions)</li> <li>9.00 Case-mix adjustment factor (see instructions)</li> <li>9.00 Medicare target amount</li> <li>9.00 Case-mix adjusted target amount (line 203 times line 204)</li> </ul>	nstration) Adju n period under t line 49) n in first year	he 21st	0	0	104 200 201 202 203 204 204
<ul> <li>8.00 HRR adjustment factor (see instructions)</li> <li>9.00 HRR adjustment amount for HSP bonus payment (see instructions)</li> <li>9.00 HRR adjustment amount for HSP bonus payment (see instructions)</li> <li>9.00 Is this the first year of the current 5-year demonstration Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>9.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 200 Medicare discharges (see instructions)</li> <li>9.00 Case-mix adjustment factor (see instructions)</li> <li>9.00 Case-mix adjustment factor (see instructions)</li> <li>9.00 Medicare target amount</li> <li>9.00 Case-mix adjusted target amount (line 203 times line 204)</li> </ul>	nstration) Adju n period under t line 49) n in first year	he 21st	0	0	104 200 201 202 203 204 204
<ul> <li>3.00 HRR adjustment factor (see instructions)</li> <li>4.00 HRR adjustment amount for HSP bonus payment (see instruction Rural Community Hospital Demonstration Project (§410A Demonstration Project (§410A Demonstration Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>5.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, end)</li> <li>5.00 Case-mix adjustment factor (see instructions)</li> <li>6.00 Case-mix adjustment factor (see instructions)</li> <li>7.00 Medicare target amount</li> <li>7.00 Medicare target amou</li></ul>	nstration) Adju n period under t line 49) n in first year 205)	he 21st	0	0	103 104 200 201 202 203 204 205 206 207
<ul> <li>3.00 HRR adjustment factor (see instructions)</li> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions)</li> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions)</li> <li>5.00 HRR adjustment instructions of the current 5-year demonstration Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>5.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, end)</li> <li>5.00 Medicare discharges (see instructions)</li> <li>6.00 Medicare target amount factor (see instructions)</li> <li>7.00 Medicare target amount</li> <li>6.00 Medicare target amount</li> <li>7.00 Medicare inpatient routine cost cap (line 202 times line 204)</li> <li>7.00 Medicare Part A inpatient service costs (from Wkst. E, Pt.</li> </ul>	nstration) Adju n period under t line 49) n in first year 205) nstructions)	he 21st	0	0	104 200 201 202 203 204 205 206 207 206
<ol> <li>3. 00 HRR adjustment factor (see instructions)</li> <li>4. 00 HRR adjustment amount for HSP bonus payment (see instructi- Rural Community Hospital Demonstration Project (§410A Demon 0. 00 Is this the first year of the current 5-year demonstration Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1. 00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 2. 00 Medicare discharges (see instructions)</li> <li>3. 00 Case-mix adjustment factor (see instructions)</li> <li>3. 00 Case-mix adjustment factor (see instructions)</li> <li>4. 00 Medicare target amount</li> <li>5. 00 Case-mix adjusted target amount (line 203 times line 204)</li> <li>5. 00 Case-mix adjusted target amount (line 203 times line 204)</li> <li>5. 00 Medicare inpatient routine cost cap (line 202 times line 2 Adjustment to Medicare Part A Inpatient Reimbursement</li> <li>7. 00 Program reimbursement under the §410A Demonstration (see i 3. 00 Medicare Part A inpatient service costs (from Wkst. E, Pt.</li> <li>9. 00 Adjustment to Medicare IPPS payments (see instructions)</li> </ol>	nstration) Adju n period under t line 49) n in first year 205) nstructions)	he 21st	0	0	104 200 201 202 203 204 205 206 207 208 207
<ul> <li>3.00 HRR adjustment factor (see instructions)</li> <li>4.00 HRR adjustment amount for HSP bonus payment (see instruction Rural Community Hospital Demonstration Project (§410A Demonstration Project (§410A Demonstration Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>5.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 2.00 Medicare discharges (see instructions)</li> <li>5.00 Case-mix adjustment factor (see instructions)</li> <li>6.00 Medicare target amount</li> <li>6.00 Medicare inpatient routine cost cap (line 202 times line 204)</li> <li>6.00 Medicare inpatient onder the §410A Demonstration (see is 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 0.00 Medicare Part A inpatient service costs</li></ul>	nstration) Adju n period under t line 49) n in first year 205) nstructions) A, line 59)	he 21st	0	0 tration	104 200 201 202 203 204 205 206 206 206 207 208 209 210
<ul> <li>3.00 HRR adjustment factor (see instructions)</li> <li>4.00 HRR adjustment amount for HSP bonus payment (see instruction Rural Community Hospital Demonstration Project (§410A Demonstration Project (§410A Demonstration Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>5.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 2.00 Medicare discharges (see instructions)</li> <li>8.00 Case-mix adjustment factor (see instructions)</li> <li>8.00 Case-mix adjustment factor (see instructions)</li> <li>6.00 Medicare target amount</li> <li>6.00 Medicare inpatient routine cost cap (line 202 times line 204)</li> <li>6.00 Medicare inpatient service costs (from Wkst. E, Pt. 2.00 Medicare Part A Inpatient Reimbursement</li> <li>7.00 Program reimbursement under the §410A Demonstration (see i 8.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 2.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 2.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 2.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 2.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 2.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 2.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 2.00 Medicare Part A inpatient service costs (see instructions)</li> <li>0.00 Reserved for future use</li> <li>00 Total adjustment to Medicare IPPS payments (see instructions)</li> </ul>	nstration) Adju n period under t line 49) n in first year 205) nstructions) A, line 59)	he 21st	0	0 tration	104 200 201 202 203 204 205 206 206 206 207 208 209 210
<ol> <li>00 HRR adjustment factor (see instructions)</li> <li>00 HRR adjustment amount for HSP bonus payment (see instructi- Rural Community Hospital Demonstration Project (§410A Demon 0.00 Is this the first year of the current 5-year demonstration Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 0.00 Medicare discharges (see instructions)</li> <li>00 Case-mix adjustment factor (see instructions)</li> <li>00 Case-mix adjusted target amount (line 203 times line 204)</li> <li>00 Medicare inpatient routine cost cap (line 202 times line 204)</li> <li>00 Program reimbursement under the §410A Demonstration (see i 3.00 Medicare Part A inpatient service costs (from Wkst. E, Pt.</li> <li>00 Medicare Part A inpatient (see instructions)</li> <li>00 Reserved for future use</li> <li>00 Total adjustment to Medicare IPPS payments (see instructions)</li> </ol>	nstration) Adju n period under t line 49) n in first year 205) nstructions) A, line 59)	he 21st	0	0	10 ⁴ 200 201 202 203 204 205 206 207 208
<ol> <li>3. 00 HRR adjustment factor (see instructions)</li> <li>4. 00 HRR adjustment amount for HSP bonus payment (see instructi Rural Community Hospital Demonstration Project (§410A Demon O Is this the first year of the current 5-year demonstration Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1. 00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, Computation of Demonstration Target Amount Limitation (N/A period)</li> <li>4. 00 Medicare target amount</li> <li>5. 00 Case-mix adjustment factor (see instructions)</li> <li>6. 00 Medicare inpatient routine cost cap (line 202 times line 204)</li> <li>6. 00 Medicare inpatient to Medicare Part A Inpatient Reimbursement</li> <li>7. 00 Program reimbursement under the §410A Demonstration (see i 8. 00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 9. 00 Adjustment to Medicare IPPS payments (see instructions)</li> <li>6. 00 Reserved for future use</li> <li>6. 00 Total adjustment to Medicare IPPS payments (see instructions)</li> </ol>	nstration) Adju n period under t line 49) a in first year 205) nstructions) A, line 59) ons) ne 211)	he 21st of the curren	0	0	104 200 201 202 203 204 205 206 206 207 208 209 210 211

	Financial Systems DLUME CALCULATION EXHIBIT 4		BALL MEMORIA	Provider C	CN: 15-0089	Peri od:	u of Form CMS-2 Worksheet E	
						From 01/01/2019 To 12/31/2019	Part A Exhibi	pared
				Title	XVIII	Hospi tal	PPS	<u>o am</u>
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior		Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01	through 4)	
00	DRG amounts other than outlier	0	1.00	2.00	3.00	4.00	5.00	1.
00	payments	1.00	0	0		0 0	0	I.
01	DRG amounts other than outlier payments for discharges	1.01	46, 114, 027	0	46, 114, 02	7	46, 114, 027	1.
02	occurring prior to October 1 DRG amounts other than outlier payments for discharges occurring on or after October	1. 02	15, 274, 286	0		15, 274, 286	15, 274, 286	1.
)3	1 DRG for Federal specific operating payment for Model 4 BPCI occurring prior to	1. 03	0	0		0	0	1
)4	October 1 DRG for Federal specific operating payment for Model 4 BPCI occurring on or after	1.04	0	0		0	0	1
00	October 1 Outlier payments for	2.00						2
D1	discharges (see instructions) Outlier payments for	2.02	0	0		0 0	0	2
	discharges for Model 4 BPCI	0.00		_1		_		
)2	Outlier payments for discharges occurring prior to October 1 (see instructions)	2. 03	516, 585	0	516, 58	5	516, 585	2
)3	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	329, 259	0		329, 259	329, 259	2
0	Operating outlier	2. 01	0	0		0 0	0	3
0	reconciliation Managed care simulated payments	3.00	21, 212, 739	0	15, 668, 32	5 5, 544, 414	21, 212, 739	4
	Indirect Medical Education Adju	ustment						
00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0. 203466	0. 203466	0. 20346	6 0. 203466		5
00	IME payment adjustment (see instructions)	22.00	6, 455, 349	0	4, 849, 16	6 1, 606, 183	6, 455, 349	6
)1	IME payment adjustment for managed care (see instructions)	22. 01	2, 230, 647	0	1, 647, 61	9 583, 028	2, 230, 647	6
	Indirect Medical Education Adju	ustment for the	e Add-on for Se	ction 422 of t	he MMA			1
0	IME payment adjustment factor (see instructions)	27.00	0. 000000	0. 000000	0. 00000	0 0. 000000		7
0	IME adjustment (see instructions)	28.00	0	0		0 0	0	8
)1	IME payment adjustment add on for managed care (see	28.01	0	0		0 0	0	8
00	instructions) Total IME payment (sum of lines 6 and 8)	29.00	6, 455, 349	0	4, 849, 16	6 1, 606, 183	6, 455, 349	9
)1	Total IME payment for managed care (sum of lines 6.01 and	29.01	2, 230, 647	0	1, 647, 61	9 583, 028	2, 230, 647	Ģ
	8.01)	n+						-
00	Disproportionate Share Adjustme Allowable disproportionate share percentage (see	33.00	0. 1387	0. 1387	0. 138	7 0. 1387		10
00	instructions) Disproportionate share adjustment (see instructions)	34.00	2, 128, 640	0	1, 599, 00	4 529, 636	2, 128, 640	11
01	Uncompensated care payments	36.00	6, 923, 184	0	6, 132, 74	5 790, 439	6, 923, 184	11
00	Additional payment for high per Total ESRD additional payment	46.00	0 beneficiary	di scharges 0		0 0	0	12
00 00	(see instructions) Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH, small rural hospitals only.)	47.00 48.00	77, 741, 330 0	0 0		7 18, 529, 803 0 0		13
00	(see instructions) Total payment for inpatient operating costs (see	49.00	79, 971, 977	0	60, 859, 14	6 19, 112, 831	79, 971, 977	15
00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5, 744, 611	0	4, 333, 30	1 1, 411, 310	5, 744, 611	16

Heal th	Financial Systems		BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-	2552-10
LOW VO	DLUME CALCULATION EXHIBIT 4			Provider CO		Period: From 01/01/2019 To 12/31/2019	Date/Time Pre 6/29/2020 8:0	pared:
				Title	XVIII	Hospi tal	PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	0n/After 10/01	through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	0	0		0 0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	manufacturers for replaced	68.00	0	0		0 0	C	17.02
18.00	devices for applicable MS-DRGs Capital outlier reconciliation		0	0		0 0	O	18.00
40.00	adjustment amount (see instructions)				(5.400.4			10.00
19.00	SUBTOTAL		(1)	0	65, 192, 44	20, 524, 141	85, 716, 588	19.00
		W/S L, line	(Amounts from L)					
	1	0	1.00	2.00	3.00	4.00	5.00	
20. 00 20. 01	Capital DRG other than outlier Model 4 BPCI Capital DRG other than outlier	1. 00 1. 01	4, 969, 771 0	0		24 1, 217, 747 0 0		•
21.00	Capital DRG outlier payments	2.00	43, 786	0	29, 35	14, 433	43, 786	21.00
21.00	Model 4 BPCI Capital DRG outlier payments	2.00	43,700	0		0 0	0	
22.00	Indirect medical education percentage (see instructions)	5.00	0. 0847	0. 0847	0. 084	0. 0847		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	420, 940			103, 143	420, 940	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0. 0624	0. 0624	0. 062	0.0624		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	310, 114	0	234, 12	27 75, 987	310, 114	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5, 744, 611	0	4, 333, 30	1, 411, 310	5, 744, 611	26.00
		W/S E, Part A line	Part A)					
	1	0	1.00	2.00	3.00	4.00	5.00	
27. 00 28. 00	Low volume adjustment factor Low volume adjustment (transfer amount to Wkst. E,	70. 96			0. 00000	0 0.000000	C	27.00 28.00
29.00	Pt. A, line) Low volume adjustment	70. 97				C	0	29.00
100.00	(transfer amount to Wkst. E, Pt. A, line) Transfer low volume		Y					100.00
100.00	adjustments to Wkst. E, Pt. A.		ſ					

)SPI T	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5	Provider CC		Peri od: From 01/01/2019 To 12/31/2019 Hospi tal	Worksheet E Part A Exhibit Date/Time Prep 6/29/2020 8:00 PPS	pared:
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt.	Period to 10/01		Total (cols. 2 and 3)	
		0	A) 1.00	2.00	3.00	4.00	
00	DRG amounts other than outlier payments	1.00					1.00
01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	46, 114, 027	46, 114, 02	27	46, 114, 027	1. 01
02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	15, 274, 286		15, 274, 286	15, 274, 286	1. 02
03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October	1.03	0		0	0	1. 03
04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after	1.04	0		0	0	1. 04
00	October 1 Outlier payments for discharges (see instructions)	2.00					2.00
01	Outlier payments for discharges for Model 4 BPCI	2.02	0		0 0	0	2. 01
02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	516, 585	516, 58	5	516, 585	2. 02
03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	329, 259		329, 259	329, 259	2.03
00 00	Operating outlier reconciliation Managed care simulated payments	2. 01 3. 00	0 21, 212, 739	15, 668, 32	0 0 25 5, 544, 414	0 21, 212, 739	3.00 4.00
	Indirect Medical Education Adjustment						
00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0. 203466	0. 20346	0. 203466		5.00
00 01	IME payment adjustment (see instructions) IME payment adjustment for managed care (see	22.00 22.01	6, 455, 349 2, 230, 647	4, 849, 16 1, 647, 61			6.00 6.01
	instructions) Indirect Medical Education Adjustment for the	Add on for Sc	ction 422 of th				
00	IME payment adjustment factor (see	27.00	0. 000000	0.00000	0 0.00000		7.00
00	instructions) IME adjustment (see instructions)	28.00	0		0 0	0	8. 0
01	IME payment adjustment add on for managed care (see instructions)	28.01	0		0 0	0	8.0
00 01	Total IME payment (sum of lines 6 and 8) Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.00 29.01	6, 455, 349 2, 230, 647	4, 849, 16 1, 647, 61			9. 0 9. 0
	Di sproporti onate Share Adjustment						
00	Allowable disproportionate share percentage (see instructions)	33.00	0. 1387	0. 138	0. 1387		10. 0
00	Disproportionate share adjustment (see	34.00	2, 128, 640	1, 599, 00	529, 636	2, 128, 640	11. 0
01	instructions) Uncompensated care payments	36.00	6, 923, 184	6, 132, 74	5 790, 439	6, 923, 184	11. 0
00	Additional payment for high percentage of ESR Total ESRD additional payment (see	<u>D beneficiary</u> 46.00	di scharges		0 0	0	12. 0
00	instructions) Subtotal (see instructions)	47.00	77, 741, 330	59, 211, 52	18, 529, 803	77, 741, 330	13 0
00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see	48.00	0	07, 211, 02	0 0	0	
00	instructions) Total payment for inpatient operating costs (see instructions)	49.00	79, 971, 977	60, 859, 14	6 19, 112, 831	79, 971, 977	15. 04
00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5, 744, 611	4, 333, 30	1, 411, 310	5, 744, 611	16. 0
00	Special add-on payments for new technologies	54.00	0		0 0	0	17.0
	Net organ acquisition cost	68.00	0		0 0	0	17.0 17.0
01	Credits received from manufacturers for	00.00	9				
01 02 00	Credits received from manufacturers for replaced devices for applicable MS-DRGs Capital outlier reconciliation adjustment amount (see instructions)	93.00	0		0 0	0	18. 0

	Financial Systems TAL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	BALL MEMORIA		N. 15-0089	Period:	u of Form CMS- Worksheet E	2552-10
noseri	AL ACQUIRED CONDITION (TAC) REDUCTION CALCULA	TTON EXHIBIT 5			From 01/01/2019 To 12/31/2019	Part A Exhibi Date/Time Pre 6/29/2020 8:0	pared:
			Title	XVIII	Hospi tal	PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4, 969, 771	3, 752, 02	24 1, 217, 747	4, 969, 771	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0		0 0	0	20.01
21.00	Capital DRG outlier payments	2.00	43, 786	29, 3	53 14, 433	43, 786	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0		0 0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0847	0. 084	47 0. 0847		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	420, 940	317, 79	97 103, 143	420, 940	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0624	0. 062	0. 0624		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	310, 114	234, 12	27 75, 987	310, 114	25.00
26.00		12.00	5, 744, 611	4, 333, 30	01 1, 411, 310	5, 744, 611	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1,00	2.00	3.00	4.00	
27.00				2.00	0.00		27.00
28.00	Low volume adjustment prior to October 1	70, 96	0		0	0	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	
30.00	HVBP payment adjustment (see instructions)	70, 93	-50,004	19, 89	- 69, 901	-50, 004	
30. 01	HVBP payment adjustment for HSP bonus payment (see instructions)	70. 90	0		0 0	0	
31.00		70. 94	-93, 695	-83, 00	-10, 691	-93, 695	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70. 91	0		0 0	0	
						(Amt. to Wkst.	
						E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70. 99			0 0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

	Financial Systems BALL MEMORIAL I ATION OF REIMBURSEMENT SETTLEMENT	HOSPI TAL Provi der CCN: 15-0089	In Lie Period: From 01/01/2019 To 12/31/2019	Date/Time Pre	pared:
		Title XVIII	Hospi tal	6/29/2020 8:0 PPS	<u>0 am</u>
			• • •	1 00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
1.00	Medical and other services (see instructions)			73, 221	1.00
2.00	Medical and other services reimbursed under OPPS (see instruc	tions)		45, 965, 319	
3.00 4.00	OPPS payments Outlier payment (see instructions)			42, 836, 430 145, 129	
4.00	Outlier reconciliation amount (see instructions)			145, 129	1
5.00	Enter the hospital specific payment to cost ratio (see instru	ctions)		0.000	1
6.00	Line 2 times line 5			0	
7.00 8.00	Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)			0.00	7.00 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt.	IV, col. 13, line 200		85, 633	
10.00	Organ acqui si ti ons			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			73, 221	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES Reasonable charges				-
12.00	Ancillary service charges			398, 589	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, I	ine 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13) Customary charges			398, 589	14.00
15.00	Aggregate amount actually collected from patients liable for	payment for services on	a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable fo		0	0	
47 00	had such payment been made in accordance with 42 CFR §413.13(	e)			17.00
17.00 18.00	Ratio of line 15 to line 16 (not to exceed 1.000000) Total customary charges (see instructions)			0. 000000 398, 589	
19.00	Excess of customary charges over reasonable cost (complete on	ly if line 18 exceeds li	ne 11) (see	325, 368	
	instructions)	· · · · · · · · · · · · · · · · · · ·			
20.00	Excess of reasonable cost over customary charges (complete on instructions)	ly if line 11 exceeds li	ne 18) (see	0	20.00
21.00	Lesser of cost or charges (see instructions)			73, 221	21.00
22.00	Interns and residents (see instructions)			0	
23.00	Cost of physicians' services in a teaching hospital (see inst	ructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9) COMPUTATION OF REIMBURSEMENT SETTLEMENT			43, 067, 192	24.00
25.00	Deductibles and coinsurance amounts (for CAH, see instruction	s)		682	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on lin			7, 525, 560	
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) instructions)	plus the sum of lines 22	2 and 23] (see	35, 614, 171	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, I	ine 50)		1, 374, 315	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	
30.00	Subtotal (sum of lines 27 through 29) Primary payer payments			36, 988, 486 6, 061	
31.00	Subtotal (line 30 minus line 31)			36, 982, 425	1
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVI	CES)			1
	Composite rate ESRD (from Wkst. I-5, line 11)			0	
34.00 35.00	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)			1, 374, 718 893, 567	
36.00	Allowable bad debts for dual eligible beneficiaries (see inst	ructions)		898, 444	
37.00	Subtotal (see instructions)			37, 875, 992	1
38. 00 39. 00	MSP-LCC reconciliation amount from PS&R OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			23	1
39.50	Pioneer ACO demonstration payment adjustment (see instruction	s)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration			0	1
39.98	Partial or full credits received from manufacturers for repla	ced devices (see instruc	ctions)	8, 297	
39. 99 40. 00	RECOVERY OF ACCELERATED DEPRECIATION Subtotal (see instructions)			0 37, 875, 969	
40.00	Sequestration adjustment (see instructions)			757, 519	
40. 02	Demonstration payment adjustment amount after sequestration			0	
40.03	Sequestration adjustment-PARHM pass-throughs			36, 966, 941	40.03
41.00	Interim payments Interim payments-PARHM			30, 900, 941	41.00
42.00	Tentative settlement (for contractors use only)			0	
42.01	Tentative settlement-PARHM (for contractor use only)				42.01
43. 00 43. 01	Balance due provider/program (see instructions)			151, 509	43.00 43.01
43.01	Balance due provider/program-PARHM (see instructions) Protested amounts (nonallowable cost report items) in accorda	nce with CMS Pub. 15-2.	chapter 1.	10, 803	
	§115. 2		- P	, 200	
00.00	TO BE COMPLETED BY CONTRACTOR			2	00.00
	Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions)			0	
91.00 92.00	The rate used to calculate the Time Value of Money			0.00	
	Time Value of Money (see instructions)			0	93.00
94 00	Total (sum of lines 91 and 93)			0	94.00

	Financial Systems         BALL MEMORIAL           ATION OF REIMBURSEMENT SETTLEMENT         BALL MEMORIAL	Provi der CCN: 15-0089	Peri od:	u of Form CMS-2 Worksheet E	
		Component CCN: 15-T089	From 01/01/2019 To 12/31/2019	Part B Date/Time Pre	
		Title XVIII	Subprovider -	6/29/2020 8: 0 PPS	U an
				1.00	
1 00	PART B - MEDICAL AND OTHER HEALTH SERVICES				1 1 0
1.00 2.00	Medical and other services (see instructions) Medical and other services reimbursed under OPPS (see instruc	ctions)		28 0	
3.00	OPPS payments	,		0	3.0
4.00 4.01	Outlier payment (see instructions)			0	4.0
5. 00	Outlier reconciliation amount (see instructions) Enter the hospital specific payment to cost ratio (see instru	uctions)		0.000	
5.00	Line 2 times line 5	· · · · · · · · · · · · · · · · · · ·		0	6.0
7.00 3.00	Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)			0. 00 0	
9.00 9.00	Ancillary service other pass through costs from Wkst. D, Pt.	IV, col. 13, line 200		0	
10. 00	Organ acqui si ti ons			0	
11.00	Total cost (sum of lines 1 and 10) (see instructions) COMPUTATION OF LESSER OF COST OR CHARGES			28	11.0
	Reasonable charges				
12.00	Ancillary service charges	line (0)		154 0	
13.00 14.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, Total reasonable charges (sum of lines 12 and 13)	TTHE 69)		154	
	Customary charges				
15.00 16.00	Aggregate amount actually collected from patients liable for Amounts that would have been realized from patients liable for			0	
10.00	had such payment been made in accordance with 42 CFR §413.13		in a chargebasi s	Ũ	10.0
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	
18.00 19.00	Total customary charges (see instructions) Excess of customary charges over reasonable cost (complete or	nlvifline 18 exceeds li	ne 11) (see	154 126	
	instructions)	5	, ,		
20. 00	Excess of reasonable cost over customary charges (complete or instructions)	nly if line 11 exceeds li	ne 18) (see	0	20.0
21.00	Lesser of cost or charges (see instructions)			28	21. (
22.00 23.00	Interns and residents (see instructions)	tructions)		0	
23.00	Cost of physicians' services in a teaching hospital (see ins Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	(Tuctions)		0	
	COMPUTATION OF REIMBÜRSEMENT SETTLEMENT		I		
25.00 26.00	Deductibles and coinsurance amounts (for CAH, see instruction Deductibles and Coinsurance amounts relating to amount on lin		uctions)	0	
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26)			28	
20 00	instructions) Direct graduate modical education nauments (from Wyst E.4.	Lino EO)		0	28.0
28.00 29.00	Direct graduate medical education payments (from Wkst. E-4, ESRD direct medical education costs (from Wkst. E-4, line 36			0	
30. 00	Subtotal (sum of lines 27 through 29)	, ,		28	
31.00 32.00	Primary payer payments Subtotal (line 30 minus line 31)			0 28	31.0 32.0
52.00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVI	I CES)		20	52.0
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0	
34.00 35.00	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)			0	
36.00	Allowable bad debts for dual eligible beneficiaries (see ins	tructions)		0	
37.00 38.00	Subtotal (see instructions) MSP-LCC reconciliation amount from PS&R			28 0	37.0 38.0
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39. (
39. 50	Pioneer ACO demonstration payment adjustment (see instruction	-			39. !
39.97 39.98	Demonstration payment adjustment amount before sequestration Partial or full credits received from manufacturers for repla		tions)	0	
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	
40.00	Subtotal (see instructions)			28	
40. 01 40. 02	Sequestration adjustment (see instructions)			1 0	40. ( 40. (
40.02	Demonstration payment adjustment amount after sequestration Sequestration adjustment-PARHM pass-throughs			0	40.0
41.00	Interim payments			30	41.0
41.01 42.00	Interim payments-PARHM Tentative settlement (for contractors use only)			0	41. 42.
42.00 42.01	Tentative settlement-PARHM (for contractor use only)			0	42.
43.00	Balance due provider/program (see instructions)			-3	43.
43. 01 44. 00	Balance due provider/program-PARHM (see instructions) Protested amounts (nonallowable cost report items) in accorda §115.2	ance with CMS Pub. 15-2,	chapter 1,	0	43. ( 44. (
	TO BE COMPLETED BY CONTRACTOR		I		
	Original outlier amount (see instructions)			0	90. 01
91.00 92.00	Outlier reconciliation adjustment amount (see instructions) The rate used to calculate the Time Value of Money			0.00	
93.00	Time Value of Money (see instructions)			0	93. (
94.00	Total (sum of lines 91 and 93)			0	94.0

NALY	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC	N: 15-0089	Peri od: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part I Date/Time Prep 6/29/2020 8:00	
		Title		Hospi tal	PPS	
		Inpatient	t Part A	Par	tВ	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
. 00	Total interim payments paid to provider		79, 991, 94	19	36, 966, 941	1. (
. 00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0	0	2.0
. 00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3. (
01	Program to Provider			0	0	
. 01 . 02	ADJUSTMENTS TO PROVIDER			0	0	3. 0 3. 0
. 02				0	0	3.
. 04				0	0	3.
. 05				0	0	3.
	Provider to Program			_		
50	ADJUSTMENTS TO PROGRAM			0	0	3.
51 52				0	0	3. 3.
53				0	0	3.
54				0	0	3.
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0	0	3.
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		79, 991, 94	19	36, 966, 941	4.
00	TO BE COMPLETED BY CONTRACTOR List separately each tentative settlement payment after					5.
00	desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					0.
01	TENTATI VE TO PROVI DER			0	0	5.
02				0	0	5.
03				0	0	5.
50	Provider to Program TENTATIVE TO PROGRAM	I		0	0	5.
50 51				0	0	5.
52				0	0	5.
99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	0	5.
00	Determined net settlement amount (balance due) based on the cost report. (1)					6.
01	SETTLEMENT TO PROVIDER		422, 65		151, 509	6.
02 00	SETTLEMENT TO PROGRAM		80, 414, 60	0	0 37, 118, 450	6. 7.
00	Total Medicare program liability (see instructions)		00, 414, 60	Contractor Number	NPR Date (Mo/Day/Yr)	7.
		0		1.00	2.00	

NALYS	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		CN: 15-0089 CCN: 15-T089	Period: From 01/01/201 To 12/31/201		epared:	
		Title	XVIII	Subprovider - IRF	PPS		
		I npati en	t Part A		art B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
. 00 . 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		5, 623, 9	90 0	30 0		
. 00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					3. (	
. 01	ADJUSTMENTS TO PROVIDER			0	0	3. (	
. 02				0	0	3. (	
. 03				0	0		
. 04				0	0	3.	
. 05	Provider to Program			0	0	3.	
50	ADJUSTMENTS TO PROGRAM			0	0	3.	
51				0	0	3.	
52				0	0	3.	
53				0	0	3.	
54				0	0	3.	
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	0	3.	
~ ~	3. 50-3. 98)		- (aa a				
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5, 623, 9	90	30	4.	
	TO BE COMPLETED BY CONTRACTOR						
00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.	
	Program to Provider						
01	TENTATI VE TO PROVI DER			0	0	5.	
02				0	0		
03				0	0	5.	
50	Provider to Program		1	0	0	5.	
50 51	TENTATI VE TO PROGRAM			0	0		
52				0	0		
99	Subtotal (sum of lines 5.01–5.49 minus sum of lines 5.50–5.98)			0	0	5.	
00	Determined net settlement amount (balance due) based on the cost report. (1)					6.	
01	SETTLEMENT TO PROVIDER		45, 8	51	0	6.	
02	SETTLEMENT TO PROGRAM			0	3	6.	
00	Total Medicare program liability (see instructions)		5, 669, 8		27 NPR Date	7.	
				Contractor Number	(Mo/Day/Yr)		
			)	1.00	2.00		

Heal th	Financial Systems BALL MEMORIAL	HOSPI TAL	In Lie	u of Form CMS-	2552-10		
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019		epared:		
		Title XVIII	Hospi tal	PPS			
				1.00			
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			1.00			
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION	N					
1.00							
2.00							
3.00	3.00 Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2						
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1,	8-12			4.00		
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5.00		
6.00	Total hospital charity care charges from Wkst. S-10, col. 3				6.00		
7.00	CAH only - The reasonable cost incurred for the purchase of line 168	certified HIT technology	Wkst. S-2, Pt. I		7.00		
8.00	Calculation of the HIT incentive payment (see instructions)				8.00		
9.00	Sequestration adjustment amount (see instructions)				9.00		
10.00	Calculation of the HIT incentive payment after sequestration	(see instructions)			10.00		
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH						
	Initial/interim HIT payment adjustment (see instructions)				30.00		
	Other Adjustment (specify)				31.00		
32.00	Balance due provider (line 8 (or line 10) minus line 30 and	line 31) (see instructior	ns)		32.00		

	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0089	Peri od:	Worksheet E-3	2552
ALCOL		Component CCN: 15-T089	From 01/01/2019 To 12/31/2019	Part III	pare
		Title XVIII	Subprovider -	PPS	<u>u ai</u>
				1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS			1.00	
. 00	Net Federal PPS Payment (see instructions)			4, 174, 018	1
. 00	Medicare SSI ratio (IRF PPS only) (see instructions)			0. 0739	2
. 00	Inpatient Rehabilitation LIP Payments (see instructions	)		181, 987	3
. 00	Outlier Payments			1, 450, 921	4
00	Unweighted intern and resident FTE count in the most reto November 15, 2004 (see instructions)	cent cost reporting period en	ding on or prior	0.00	5
. 01	Cap increases for the unweighted intern and resident FT program or hospital closure, that would not be counted CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions	without a temporary cap adjust		0.00	5
. 00	New Teaching program adjustment. (see instructions)			0.00	6
. 00	Current year's unweighted FTE count of I&R excluding FT teaching program" (see instructions)			0.00	7
. 00	Current year's unweighted I&R FTE count for residents w teaching program" (see instructions)			0.00	8
. 00	Intern and resident count for IRF PPS medical education	adjustment (see instructions)		0.00	
0.00	Average Daily Census (see instructions)			12.641096	
1.00	Teaching Adjustment Factor (see instructions)			0.000000	11
2.00 3.00	Teaching Adjustment (see instructions) Total PPS Payment (see instructions)			0 5, 806, 926	13
4.00	Nursing and Allied Health Managed Care payments (see in	struction)		5, 800, 920	14
5.00	Organ acquisition (DO NOT USE THIS LINE)			0	15
5.00	Cost of physicians' services in a teaching hospital (se	e instructions)		0	
7.00	Subtotal (see instructions)			5, 806, 926	
3.00	Primary payer payments			0,000,720	18
9.00	Subtotal (line 17 less line 18).			5, 806, 926	19
0. 00	Deducti bl es			9, 548	
I. 00	Subtotal (line 19 minus line 20)			5, 797, 378	
2.00	Coinsurance			14, 663	22
3.00	Subtotal (line 21 minus line 22)			5, 782, 715	23
4.00	Allowable bad debts (exclude bad debts for professional	services) (see instructions)		2, 733	24
5.00	Adjusted reimbursable bad debts (see instructions)			1, 776	25
5.00	Allowable bad debts for dual eligible beneficiaries (se	e instructions)		0	26
7.00	Subtotal (sum of lines 23 and 25)			5, 784, 491	27
8.00	Direct graduate medical education payments (from Wkst.	E-4, line 49)		0	28
9.00	Other pass through costs (see instructions)			1, 061	
D. 00	Outlier payments reconciliation			0	30
1.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	31
1.50	Pioneer ACO demonstration payment adjustment (see instr			0	31
1.99	Demonstration payment adjustment amount before sequestr			0	31
2.00	Total amount payable to the provider (see instructions)			5, 785, 552	
2.01	Sequestration adjustment (see instructions)	tion		115, 711	
2.02	Demonstration payment adjustment amount after sequestra	LI ON			32
3.00	Interim payments			5, 623, 990	
4.00 5.00	Tentative settlement (for contractor use only) Balance due provider/program (line 32 minus lines 32.01	22,02,22 and $24$		0 45, 851	34 35
5.00 6.00	Protested amounts (nonallowable cost report items) in a §115.2		chapter 1,	49, 671	36
	TO BE COMPLETED BY CONTRACTOR				
0. 00	Original outlier amount from Wkst. E-3, Pt. III, line 4			1, 450, 921	50
	5			0	51
1.00	Outlier reconciliation adjustment amount (see instruction	015)		01	

DI RECT	Financial Systems BALL MEMORIAL GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT - EDUCATION COSTS	Provider C		Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prep 6/29/2020 8:00	pared:
		Title	XVIII	Hospi tal	PPS	
					1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT			· · ·	57.00	1 4 00
	Unweighted resident FTE count for allopathic and osteopathic ending on or before December 31, 1996.	programs for	cost reportin	ng periods	57.92	1.00
. 00	Unweighted FTE resident cap add-on for new programs per 42 CF		1) (see instru	uctions)	0.00	
	Amount of reduction to Direct GME cap under section 422 of MM Direct GME cap reduction amount under ACA §5503 in accordance		8412 70 (m)	(500	0.00 0.00	3. 00 3. 01
	instructions for cost reporting periods straddling 7/1/2011)	s with 42 Cirk	. 9413.77 (11).	(366	0.00	3.0
	Adjustment (plus or minus) to the FTE cap for allopathic and		programs due ⁻	to a Medicare	0.00	4.00
	GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f) ACA Section 5503 increase to the Direct GME FTE Cap (see inst		cost reportin	na periods	12.00	4.01
	straddling 7/1/2011)					
	ACA Section 5506 number of additional direct GME FTE cap slot periods straddling 7/1/2011)	ts (see inst	ructions for a	cost reporting	0.00	4.02
	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 pl	us or minus	line 4 plus li	nes 4.01 and	69. 92	5.00
	4.02 plus applicable subscripts				(2.7)	
	Unweighted resident FTE count for allopathic and osteopathic records (see instructions)	programs for	the current	year from your	63.76	6.00
	Enter the lesser of line 5 or line 6				63.76	7.00
			Primary Care 1.00	0ther 2.00	Total 3.00	
. 00	Weighted FTE count for physicians in an allopathic and osteop	oathi c	53.7		63.76	8.00
	program for the current year.		50.7	( 10.00	(0.7)	
	If line 6 is less than 5 enter the amount from line 8, otherw multiply line 8 times the result of line 5 divided by the amo 6.		53.70	6 10.00	63.76	9.00
	Weighted dental and podiatric resident FTE count for the curr	rent year		0.00		10. 0
	Unweighted dental and podiatric resident FTE count for the cu	urrent year		0.00		10.0
	Total weighted FTE count Total weighted resident FTE count for the prior cost reportir	ng vear (see	53. 70 53. 70			11.00
	instructions)	0 9		10.00		12.00
	Total weighted resident FTE count for the penultimate cost re year (see instructions)	eporting	53.3	2 10.00		13.00
	Rolling average FTE count (sum of lines 11 through 13 divided	1 by 3).	53.6	1 10.00		14.00
	Adjustment for residents in initial years of new programs		0.00			15.00
	Unweighted adjustment for residents in initial years of new p Adjustment for residents displaced by program or hospital clo		0.0			15.0 16.0
	Unweighted adjustment for residents displaced by program of hospital cit		0.0			16.0
	closure			0.00		10.0
	Adjusted rolling average FTE count		53.6			17.0
	Per resident amount Approved amount for resident costs		105, 277. 4 5, 643, 92		6, 640, 807	18.00 19.00
7.00			3, 043, 72.	//0,003	0, 040, 007	17.00
0.00		- <b>T</b> F . 1 .		1 1 1 10	1.00	00.00
0.00	Additional unweighted allopathic and osteopathic direct GME F Sec. 413.79(c)(4)	- IE resident	cap slots rece	eived under 42	4.00	20. 0
1.00	Direct GME FTE unweighted resident count over cap (see instru	uctions)			0.00	21.0
	Allowable additional direct GME FTE Resident Count (see instr				0.00	22.0
	Enter the locality adjustment national average per resident a	amount (see i	nstructions)		103, 720. 40	
1	Multiply line 22 time line 23 Total direct GME amount (sum of lines 19 and 24)				0 6, 640, 807	
5.00			Inpatient Par	t Managed Care	Total	25.00
			A 1.00	2.00	2 00	
	COMPUTATION OF PROGRAM PATIENT LOAD		1.00	2.00	3.00	
	Inpatient Days (see instructions)		37, 23	3 13, 094		26.00
			83, 56	5 83, 565		27.00
26.00 27.00	Total Inpatient Days (see instructions)					
26.00 27.00 28.00	Ratio of inpatient days to total inpatient days		0. 44555			
26.00 27.00 28.00 29.00	Ratio of inpatient days to total inpatient days Program direct GME amount			8 1, 040, 561	3, 999, 419	
26.00 27.00 28.00 29.00 29.01	Ratio of inpatient days to total inpatient days		0. 44555		3, 999, 419 72, 839	29. 00 29. 01

Health Financial Systems BALL MEMORIAL HOSPITAL	In Lie	u of Form CMS-2	2552-10			
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT Provider CCN: 15-008		Worksheet E-4				
MEDICAL EDUCATION COSTS	From 01/01/2019 To 12/31/2019	Date/Time Pre	narod			
	10 12/31/2019	6/29/2020 8:0				
Title XVIII	Hospi tal	PPS				
		1.00				
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING	SCHOOL AND PARAMEDI	CAL				
EDUCATION COSTS)		0	32.00			
32.00 Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 94)						
33.00 Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lin	es 74 and 94)	4, 770, 460	33.00			
34.00 Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.00000	34.00			
35.00 Medicare outpatient ESRD charges (see instructions)		0	35.00			
36.00 Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00			
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY						
Part A Reasonable Cost						
37.00 Reasonable cost (see instructions)		85, 670, 967				
38.00 Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00			
39.00 Cost of physicians' services in a teaching hospital (see instructions)		0	39.00			
40.00 Primary payer payments (see instructions)		23, 934				
41.00 Total Part A reasonable cost (sum of lines 37 through 39 minus line 40) Part B Reasonable Cost		85, 647, 033	41.00			
42. 00 Reasonable cost (see instructions)		46, 124, 201	42.00			
43.00 Primary payer payments (see instructions)		40, 124, 201	42.00			
44.00 Total Part B reasonable cost (line 42 minus line 43)		46, 118, 140				
45.00 Total reasonable cost (sum of lines 41 and 44)		131, 765, 173				
46.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0. 649997				
47.00 Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0. 350003				
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B						
48.00 Total program GME payment (line 31)		3, 926, 580	48.00			
49.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2, 552, 265	49.00			
50.00 Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1, 374, 315	50.00			

	E SHEET (If you are nonproprietary and do not maintain ype accounting records, complete the General Fund column	Provider CO	1	Period: From 01/01/2019 Fo 12/31/2019	Worksheet G Date/Time Pre 6/29/2020 8:0	
		General Fund	Specific Purpose Fund		Plant Fund	
		1.00	2.00	3.00	4.00	
00	Cash on hand in banks	323, 658, 543	(	0 0	0	1.0
00	Temporary investments	0	(		0	2.0
00 00	Notes receivable Accounts receivable	0 54, 603, 702		-	0	3.0
00	Other receivable	-8, 460, 999		-	0	5.0
00	Allowances for uncollectible notes and accounts receivable	0	(	0 0	0	6.0
00	Inventory	8, 938, 631	(	-	0	7.0
00	Prepaid expenses	2, 427, 935		J	0	8.0
00	Other current assets Due from other funds	0		-	0	9. 10.
	Total current assets (sum of lines 1-10)	381, 167, 812		0	0	11.
	FIXED ASSETS					
00	Land	2, 924, 410	(		0	12.
	Land improvements	3, 630, 983			0	13. 14.
	Accumulated depreciation Buildings	-3, 146, 654 335, 422, 247		-	0	14.
	Accumulated depreciation	-190, 355, 048	(	-	0	16.
	Leasehold improvements	433, 100	(	0 0	0	17.
	Accumulated depreciation	-314, 956	(		0	18.
	Fixed equipment	0		-	0	19.
	Accumulated depreciation Automobiles and trucks	0			0	20. 21.
	Accumulated depreciation	0		-	0	22.
	Major movable equipment	117, 532, 439	(	0 0	0	23.
	Accumulated depreciation	-77, 382, 217	(	-	0	24.
	Minor equipment depreciable	0	(	-	0	25.
	Accumulated depreciation HIT designated Assets	0		-	0	26. 27.
	Accumulated depreciation	0		J	0	27.
	Minor equipment-nondepreciable	0	(	0 0	0	29.
00	Total fixed assets (sum of lines 12-29)	188, 744, 304	(	0 0	0	30.
00	OTHER ASSETS	21 027 011		0 10	0	1 21
	Investments Deposits on Leases	31, 937, 011 0			0	31. 32.
00	Due from owners/officers	0			0	33.
00	Other assets	12, 031, 239	(	o o	0	34.
00	Total other assets (sum of lines 31-34)	43, 968, 250	(	-	0	35.
00	Total assets (sum of lines 11, 30, and 35)	613, 880, 366	(	0 0	0	36.
00	CURRENT LI ABI LI TI ES Accounts payable	17, 521, 155	(	0 0	0	37.
00	Salaries, wages, and fees payable	11, 211, 504			0	37.
	Payroll taxes payable	0		0 0	0	39.
00	Notes and Loans payable (short term)	4, 990, 898	(	0 0	0	40.
	Deferred income	0	(	0 0	0	41.
00	Accel erated payments Due to other funds	0 12, 738, 774	(		0	42. 43.
	Other current liabilities	12,730,774		-	0	44.
	Total current liabilities (sum of lines 37 thru 44)	46, 462, 331	(	-	0	45.
	LONG TERM LIABILITIES		[	1		
	Mortgage payable	0	(		0	46.
00	Notes payable Unsecured Loans	60, 053, 922			0	47. 48.
00	Other long term liabilities	1, 276, 781			0	49.
	Total long term liabilities (sum of lines 46 thru 49)	61, 330, 703	(	0 0	0	50.
00	Total liabilities (sum of lines 45 and 50)	107, 793, 034	(	0 0	0	51.
00	CAPITAL ACCOUNTS	FO( 007 000				1 5 2
00	General fund balance Specific purpose fund	506, 087, 332				52 53
00	Donor created - endowment fund balance - restricted			0		54
00	Donor created - endowment fund balance - unrestricted			0		55.
00	Governing body created - endowment fund balance			0		56
00	Plant fund balance - invested in plant				0	57.
00	Plant fund balance - reserve for plant improvement,				0	58.
	replacement, and expansion Total fund balances (sum of lines 52 thru 58)	506, 087, 332		0 0	0	59.
00						

	Financial Systems	BALL MEMORIAL					u of Form CMS-	
STATEN	IENT OF CHANGES IN FUND BALANCES		Provider CC	N: 15-0089	Frc To	iod: m 01/01/2019 12/31/2019	Worksheet G- Date/Time Pro 6/29/2020 8:0	epared:
		General	Fund	Speci al	Purp	oose Fund	Endowment Fund	
		1.00	2.00	3.00		4.00	5.00	
1.00	Fund balances at beginning of period	1.00	449, 184, 478	5.00		0	3.00	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		77, 972, 563			-		2.00
3.00	Total (sum of line 1 and line 2)		527, 157, 041			0		3.00
4.00	DONATED PP&E	26, 966			0		(	4.00
5.00	ROUNDING	3			0		(	5.00
6.00		0			0		(	6.00
7.00		0			0		(	7.00
8.00		0			0		(	8.00
9.00		0			0		(	9.00
10.00	Total additions (sum of line 4-9)		26, 969			0		10.00
11.00	Subtotal (line 3 plus line 10)		527, 184, 010			0		11.00
12.00	UNRESTRICTED FUND BALANCE	19, 844, 441			0		(	12.00
13.00	OPERATING FUND BAL-CDHV	1, 252, 237			0		(	13.00
14.00		0			0		(	14.00
15.00		0			0		(	15.00
16.00		0			0		(	16.00
17.00		0			0		(	17.00
18.00	Total deductions (sum of lines 12-17)		21, 096, 678			0		18.00
19.00	Fund balance at end of period per balance		506, 087, 332			0		19.00
	sheet (line 11 minus line 18)							
		Event and a second second second						
		Endowment Fund	PI ant	Fund				
		6.00	7.00	Fund 8.00				
1.00	Fund balances at beginning of period				0			1.00
1.00 2.00	Net income (loss) (from Wkst. G-3, line 29)	6.00			0			1.00 2.00
2.00 3.00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2)	6.00			0			2.00 3.00
2.00 3.00 4.00	Net income (loss) (from Wkst. G-3, line 29)	6.00			-			2.00 3.00
2.00 3.00 4.00 5.00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2)	6.00			-			2.00 3.00 4.00
2.00 3.00 4.00 5.00 6.00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) DONATED PP&E	6.00			-			2.00 3.00 4.00 5.00 6.00
2.00 3.00 4.00 5.00 6.00 7.00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) DONATED PP&E	6.00	7.00 0 0		-			2.00 3.00 4.00 5.00 6.00 7.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) DONATED PP&E	6.00	7.00 0 0		-			2.00 3.00 4.00 5.00 6.00 7.00 8.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) DONATED PP&E ROUNDING	6.00	7.00 0 0		0			2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) DONATED PP&E ROUNDING Total additions (sum of line 4-9)	6.00	7.00 0 0		0			2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) DONATED PP&E ROUNDING Total additions (sum of line 4-9) Subtotal (line 3 plus line 10)	6.00	7.00 0 0		0			2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00 \end{array}$	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) DONATED PP&E ROUNDING Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) UNRESTRICTED FUND BALANCE	6.00	7.00 0 0		0			2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ \end{array}$	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) DONATED PP&E ROUNDING Total additions (sum of line 4-9) Subtotal (line 3 plus line 10)	6.00	7.00 0 0 0 0 0 0 0		0			2.00
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00 \end{array}$	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) DONATED PP&E ROUNDING Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) UNRESTRICTED FUND BALANCE	6.00	7.00 0 0 0 0 0 0 0 0		0			2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) DONATED PP&E ROUNDING Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) UNRESTRICTED FUND BALANCE	6.00	7.00 0 0 0 0 0 0 0 0		0			2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ \end{array}$	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) DONATED PP&E ROUNDING Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) UNRESTRICTED FUND BALANCE	6.00	7.00 0 0 0 0 0 0 0 0		0			2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ \end{array}$	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) DONATED PP&E ROUNDING Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) UNRESTRICTED FUND BALANCE	6.00	7.00 0 0 0 0 0 0 0 0		0			2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ \end{array}$	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) DONATED PP&E ROUNDING Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) UNRESTRICTED FUND BALANCE	6.00	7.00 0 0 0 0 0 0 0 0		0			2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ \end{array}$	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) DONATED PP&E ROUNDING Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) UNRESTRICTED FUND BALANCE OPERATING FUND BAL-CDHV	6.00 0 0 0 0	7.00 0 0 0 0 0 0 0 0		0			2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00

STATE	Financial Systems BALL MEMORIAL MEMORIAL MEMORIAL	Provider CC	N· 15-0089	Peri		u of Form CMS-2 Worksheet G-2	
JIAIE			N. 13 0007		n 01/01/2019 12/31/2019	Parts I & II Date/Time Pre 6/29/2020 8:0	pared:
	Cost Center Description		Inpati ent	(	Outpati ent	Total	
			1.00		2.00	3.00	
	PART I – PATIENT REVENUES						
	General Inpatient Routine Services						
1.00	Hospi tal		174, 379, 9	78		174, 379, 978	1.00
2.00	SUBPROVIDER - IPF			0		0	2.00
3.00	SUBPROVIDER - IRF		10, 756, 5	55		10, 756, 555	
4.00	SUBPROVIDER						4.00
5.00	Swing bed - SNF			0		0	
6.00	Swing bed - NF			0		0	
7.00 8.00	SKILLED NURSING FACILITY NURSING FACILITY						7.00
8.00 9.00	OTHER LONG TERM CARE						9.00
10.00	Total general inpatient care services (sum of lines 1-9)		185, 136, 5	22		185, 136, 533	1
10.00	Intensive Care Type Inpatient Hospital Services		105, 150, 5	55	I	105, 150, 555	10.00
11.00	INTENSIVE CARE UNIT		59, 118, 8	19		59, 118, 819	11.00
12.00	CORONARY CARE UNIT		07, 110, 0	0		0,,110,017	
13.00	BURN INTENSIVE CARE UNIT			Ŭ		0	13.00
14.00	SURGI CAL I NTENSI VE CARE UNI T						14.00
15.00	NEONATAL INTENSIVE CARE UNIT		16, 351, 6	56		16, 351, 656	
16.00	Total intensive care type inpatient hospital services (sum of	lines	75, 470, 4			75, 470, 475	1
	11-15)						
17.00	Total inpatient routine care services (sum of lines 10 and 16	)	260, 607, 0	08		260, 607, 008	17.00
18.00	Ancillary services		613, 290, 7	82	751, 322, 642	1, 364, 613, 424	18.00
19.00	Outpatient services		66, 789, 5	24	233, 768, 783	300, 558, 307	19.00
20.00	RURAL HEALTH CLINIC			0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULANCE SERVICES		1, 7	08	0	1, 708	
24.00	СМНС						24.00
25.00	AMBULATORY SURGICAL CENTER (D. P. )						25.00
26.00				~	( 000 (54	( 000 (54	26.00
27.00	OTHER (PHYSICIAN REVENUE)		0.40 (00 0	0	6, 899, 651	6, 899, 651	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3	to WKST.	940, 689, 0	22	991, 991, 076	1, 932, 680, 098	28.00
	G-3, line 1) PART II - OPERATING EXPENSES				I		-
29.00	Operating expenses (per Wkst. A, column 3, line 200)				401, 015, 789		29.00
30.00	ADD (SPECIFY)			0	401, 013, 707		30.00
31.00				0			31.00
32.00				0			32.00
33.00				0			33.00
34.00				0			34.00
35.00				0			35.00
36.00	Total additions (sum of lines 30-35)				0		36.00
37.00	DEDUCT (SPECI FY)			0	-		37.00
38.00				0			38.00
39.00				0			39.00
40.00				0			40.00
41.00				0			41.00
42.00	Total deductions (sum of lines 37-41)				0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 4	2)(transfer			401, 015, 789		43.00
	to Wkst. G-3, line 4)						1

Heal th	Financial Systems BALL MEMORIAL H	HOSPI TAL	In Lie	u of Form CMS-2	2552-10
STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 15-0089	Peri od:	Worksheet G-3	
			From 01/01/2019 To 12/31/2019	Date/Time Pre	arad
			10 12/31/2019	6/29/2020 8:00	
				1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, lin			1, 932, 680, 098	1.00
2.00	Less contractual allowances and discounts on patients' accounts		1, 482, 906, 216	2.00	
3.00	) Net patient revenues (line 1 minus line 2)		449, 773, 882	3.00	
4.00			401, 015, 789	4.00	
5.00			48, 758, 093	5.00	
	OTHER INCOME		1		
6.00	Contributions, donations, bequests, etc			0	6.00
7.00	Income from investments			0	7.00
8.00	Revenues from telephone and other miscellaneous communication	servi ces		0	8.00
9.00	Revenue from television and radio service			0	9.00
10.00	Purchase di scounts			0	10.00
11.00	Rebates and refunds of expenses			0	11.00
12.00	Parking lot receipts			0	12.00
13.00	Revenue from Laundry and Linen service			0	13.00
14.00	Revenue from meals sold to employees and guests			0	14.00
15.00	Revenue from rental of living quarters			0	15.00
16.00	Revenue from sale of medical and surgical supplies to other t	han patients		0	16.00
17.00	Revenue from sale of drugs to other than patients			0	17.00
18.00	Revenue from sale of medical records and abstracts			0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0	20.00
21.00	Rental of vending machines			0	21.00
22.00	Rental of hospital space			0	22.00
23.00	Governmental appropriations			0	23.00
24.00	MI SCELLANEOUS I NCOME			29, 214, 470	
25.00	Total other income (sum of lines 6-24)			29, 214, 470	
26.00	Total (line 5 plus line 25)			77, 972, 563	
27.00 28.00	OTHER EXPENSES (SPECIFY)			0	27.00 28.00
	Total other expenses (sum of line 27 and subscripts) Net income (or loss) for the period (line 26 minus line 28)			0 77, 972, 563	
29.00	Iner Theome (of Toss) for the period (The 20 MINUS The 28)		I	11, 912, 503	∠9. UU

Health Financial Systems	BALL MEMORIAL H	LL MEMORIAL HOSPITAL In L			552-10
CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prep 6/29/2020 8:00	
		Title XVIII	Hospi tal	PPS	

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	4, 969, 771	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	43, 786	2.00
2.01	Model 4 BPCI Capital DRG outlier payments	0	2. 01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	216.30	3.00
4.00	Number of interns & residents (see instructions)	62.32	4.00
5.00	Indirect medical education percentage (see instructions)	8.47	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01) (see instructions)	420, 940	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	5. 71	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	24.18	8.00
9.00	Sum of Lines 7 and 8	29.89	9.00
10.00	Allowable disproportionate share percentage (see instructions)	6.24	10.00
11.00	Disproportionate share adjustment (see instructions)	310, 114	11.00
12.00	Total prospective capital payments (see instructions)	5, 744, 611	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
		0	10.00
10.00			
10. 00 11. 00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
	Worksheet L, Part III, line 14)	0	11. 00 12. 00
11.00	Worksheet L, Part III, line 14) Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	-	
11. 00 12. 00	Worksheet L, Part III, line 14) Net comparison of capital minimum payment level to capital payments (line 10 plus line 11) Current year exception payment (if line 12 is positive, enter the amount on this line)	0	12.00
11. 00 12. 00 13. 00	Worksheet L, Part III, line 14) Net comparison of capital minimum payment level to capital payments (line 10 plus line 11) Current year exception payment (if line 12 is positive, enter the amount on this line) Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	12. 00 13. 00
11. 00 12. 00 13. 00 14. 00 15. 00	Worksheet L, Part III, line 14) Net comparison of capital minimum payment level to capital payments (line 10 plus line 11) Current year exception payment (if line 12 is positive, enter the amount on this line) Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0 0 0	12. 00 13. 00 14. 00