Health Financial Systems BALL MEMOR	I AL HOSPI TAL	In Lieu of Form CMS-	2552-10
This report is required by law (42 USC 1395g; 42 CFR 413.20(b)).	Failure to report can resul	t in all interim FORM APPROVED	
payments made since the beginning of the cost reporting period b	being deemed overpayments (42		
		EXPIRES 09-30	-2025
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICAT	FLON Provider CCN: 15-0089	Period: Worksheet S From 01/01/2022 Parts I-III	
AND SETTLEMENT SUMMARY		To 12/31/2022 Date/Time Pre	pared:
		5/26/2023 11:	
PART I – COST REPORT STATUS			
Provider 1. [X] Electronically prepared cost report		Date: 5/26/2023 Time: 11	l:47 am
use only 2. [ ] Manually prepared cost report			
3.[0]If this is an amended report enter the num 4.[F]Medicare Utilization. Enter "F" for full,	""" "" "" "" "" "" "" "" "" "" "" "" ""	esubmitted this cost report	
Contractor 5. [1] Cost Report Status 6. Date Received:		NPR Date:	
use only (1) As Submitted 7. Contractor No.	11. (	Contractor's Vendor Code:	4
(2) Settled without Audit 8. [ N ] Initial Report	rt for this Provider CCN 12.		
(3) Settled with Addit	for this Provider CCN	number of times reopened =	0-9.
(4) Reopened			
(5) Amended			
PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINIST	TRATOR OR PROVIDER(S)		
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED			
ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LA			
PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY	OF A KICKBACK OR WERE OTHER	VISE ILLEGAL, CRIMINAL, CIVIL AN	١D
ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.			
CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATO	OR OF PROVIDER(S)		
I HEREBY CERTIFY that I have read the above certification	on statement and that I have	examined the accompanying	
electronically filed or manually submitted cost report a			
Statement of Revenue and Expenses prepared by BALL MEMOR			
beginning 01/01/2022 and ending 12/31/2022 and to the be			
are true, correct, complete and prepared from the books			
applicable instructions, except as noted. I further cert			
regarding the provision of health care services, and that provided in compliance with such laws and regulations.	at the services identified in	n this cost report were	
provided in comprance with such raws and regulations.			
SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONI C	

	SIGNATURE OF CHIEF FINA	NCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONI C	
		1	2	SI GNATURE STATEMENT	
1	Jor	n Vanator	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Jon Vanator			2
3	Signatory Title	CHIEF FINANCIAL OFFICER			3
4	Date	(Dated when report is electronica			4

			Title	XVIII			
		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	683, 362	-204, 095	0	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	54, 327	-24		0	3.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
200.00	TOTAL	0	737, 689	-204, 119	0	0	200.00

The 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 number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 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, Maryl and 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA

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.

SFI	AL AND HOSFITAL HEALTH CARE COMPLEX	IDENTIFICATION DATA	Provi d	er CCN:		Period: From 01/01/	/2022	Workshe Part I	eet S-2	)
						To 12/31/	2022	Date/Ti		
	1.00	2.00		3.00			4.00	5/26/20	)23 11:	<u>4/ a</u>
	Hospital and Hospital Health Care Co			0.00			1.00			
0	Street: 2401 UNI VERSI TY AVENUE	P0 Box:								1.
0	City: MUNCIE	State: IN	Zip Code	e: 47303	3-3428 Count	1				2
		Component Name	CCN	CBSA				nt Syst		
			Number	Numbe	r Type	Certified		0, or		-
		1.00	2.00	3.00	4.00	5.00	V 6.00	XVIII 7.00	8.00	-
	Hospital and Hospital-Based Componer		2.00	3.00	4.00	5.00	0.00	7.00	0.00	
0	Hospi tal	BALL MEMORIAL HOSPITAL	150089	34620	) 1	07/01/1966	N	Р	0	3
2	Subprovider - IPF						İ			4
C	Subprovider - IRF	BMH PHYSICAL REHAB	15T089	34620	) 5	07/01/1986	N	P	0	5
C	Subprovider - (Other)									6
C	Swing Beds - SNF									7
0	Swing Beds - NF									8
0	Hospital -Based SNF									9
00	Hospital-Based NF									10
00	Hospital -Based OLTC									11
00	Hospi tal-Based HHA Separately Certified ASC									12
00	Hospi tal -Based Hospi ce									14
00	Hospital -Based Health Clinic - RHC									15
00	Hospital-Based Health Clinic - FQHC									16
00	Hospital-Based (CMHC) I									17
00	Renal Dialysis									18
00	Other									19
						From:		То		-
0	Cost Departing Desigd (mm (dd (uuuu))					1.00		2. (		20
	Cost Reporting Period (mm/dd/yyyy) Type of Control (see instructions)					2	022	12/31/	2022	20
50	Type of control (see this fue trolis)					2				21
				-				2 (	0	-
					1.00	2.00		3.0		1
	Inpatient PPS Information				1.00	2.00		3. (		-
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	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	ATA	Provider CC	N: 15-0089	Period: From 01/0		Part		
					To 12/3	31/2022		Time Pre 2023 11:	epared :47 am
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medica HMO da		Other edi cai d days	
		1.00	2.00	3.00	4.00	5.00		6.00	
i. 00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid 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, and other Medicaid days in column 6. 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	2, 855			0		144 542	10	9 24. ( 25. (
	HMO paid and eligible but unpaid days in column 5.				IIrhan/I	Rural S	Date	of Geogr	-
						00		2. 00	-
	Enter your standard geographic classification (not wa		at the beg	i nni ng of	he	1			26. (
. 00	cost reporting period. Enter "1" for urban or "2" for Enter your standard geographic classification (not we reporting period. Enter in column 1, "1" for urban or enter the effective date of the geographic reclassifi If this is a sole community hospital (SCH), enter the effect in the cost reporting period.	age) status r "2" for r ication in	ural. If ap column 2.	plicable,		1 0			27. 35.
					Begi n	ini ng:	En	di ng:	
	Enter applicable beginning and ending dates of SCH s		cript line	36 for numb		00	2	2.00	36.
	of periods in excess of one and enter subsequent date If this is a Medicare dependent hospital (MDH), enter		r of period	ls MDH stati	IS	0			37.
	is in effect in the cost reporting period. Is this hospital a former MDH that is eligible for th		·		.5	0			37.
	accordance with FY 2016 OPPS final rule? Enter "Y" fo instructions)	or yes or "	N" for no.	(see					
	If line 37 is 1, enter the beginning and ending dates greater than 1, subscript this line for the number of enter subsequent dates.								38.
	enter subsequent dates.					/N		Y/N	
. 00	Does this facility qualify for the inpatient hospital	navment a	diustmont f	For Low volu		00 V	2	2. 00 N	39.
. 00	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 (ii or "N" for no. (see instructions) Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octol	), (ii), or the mileage ii)? Enter n adjustmen per 1. Ente	(iii)? Ent requiremen in column 2 t? Enter "Y r "Y" for y	er in colur nts in ?"Y" for ye ("for yes o	n es pr f	N		N	40.
	no in column 2, for discharges on or after October 1.	(see inst	ructions)			V	XVII	I XIX	
						1.00	2.0	0 3.00	
	Prospective Payment System (PPS)-Capital Does this facility qualify and receive Capital paymen	nt for disp	roporti onat	e share in	accordance	N	Y	Y	45.
. 00	with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment exco pursuant to 42 CFR §412.348(f)? If yes, complete Wks					N	N	N	46.
. 00	Pt. III. Is this a new hospital under 42 CFR §412.300(b) PPS (	capital? E	nter "Y for	yes or "N'	for no.	N	N	N	47.
. 00	<u>Is the facility electing full federal capital paymen</u> Teaching Hospitals	L? EIILEI	t tot yes		110.	N	N	<u>N</u>	48.
	Is this a hospital involved in training residents in periods beginning prior to December 27, 2020, enter 'cost reporting periods beginning on or after December the instructions. For column 2, if the response to convolved in training residents in approved GME program and are you are impacted by CR 11642 (or applicable ("Y" for yes; otherwise, enter "N" for no in column 2.	"Y" for yes r 27, 2020, olumn 1 is ams in the CRs) MA dir	or "N" for under 42 C "Y", or if prior year	no in colu CFR 413.78(k this hospitor or penultin	imn 1. For b)(2), see al was nate year,	Y	Y		56.
. 00	For cost reporting periods beginning prior to Decembe is this the first cost reporting period during which at this facility? Enter "Y" for yes or "N" for no in residents start training in the first month of this of	er 27, 2020 residents n column 1.	in approved If column ing period?	IGME progra 1 is "Y", c P Enter "Y'	ums trained lid				57.

5111	Financial Systems BALL N AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA		L HOSPITAL Provider CO		eriod:	u of Form CMS-2 Worksheet S-2	
				F	rom 01/01/2022 o 12/31/2022		
					V	XVIII XIX	47 8
					1.00		
00	Are costs claimed on line 100 of Worksheet A? If yes	s, compl	ete Wkst. D-2,		N		59.
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification	
				17 1		Criterion Code	
				1.00	2.00	3.00	
00	Are you claiming nursing and allied health education			Y	Y		60.
	any programs that meet the criteria under 42 CFR 413. instructions) Enter "Y" for yes or "N" for no in col is "Y", are you impacted by CR 11642 (or subsequent C adjustment? Enter "Y" for yes or "N" for no in colum	umn 1. CR) NAHE	lf column 1				
01	If line 60 is yes, complete columns 2 and 3 for each instructions)		n. (see		23.00	1	60.
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
00	Did your hospital receive FTE slots under ACA	Y			12.00		61.
	section 5503? Enter "Y" for yes or "N" for no in						
01	column 1. (see instructions) Enter the average number of unweighted primary care				1		61
- 1	TEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see						
20	instructions)						
)2	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						61
	ACA). (see instructions)						
03	Enter the base line FTE count for primary care						61
	and/or general surgery residents, which is used for determining compliance with the 75% test. (see						
	instructions)						
04	Enter the number of unweighted primary care/or						61.
	surgery allopathic and/or osteopathic FTEs in the						
05	current cost reporting period. (see instructions). Enter the difference between the baseline primary						61.
	and/or general surgery FTEs and the current year's						
	primary care and/or general surgery FTE counts (line						
06	61.04 minus line 61.03). (see instructions) Enter the amount of ACA §5503 award that is being						61
00	used for cap relief and/or FTEs that are nonprimary						
	care or general surgery. (see instructions)						
		Pro	ogram Name	Program Code	Unweighted IME		
					FTE Count	Direct GME FTE Count	
			1.00	2.00	3.00	4.00	1
10	Of the FTEs in line 61.05, specify each new program				0.00	0.00	61.
	specialty, if any, and the number of FTE residents	ĺ					
	for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the	ĺ					
	program code. Enter in column 3, the IME FTE	Í					
	unweighted count. Enter in column 4, the direct GME	Í					
20	FTE unweighted count.				0.00	0. 00	21
20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE	ĺ			0.00	0.00	01.
	residents for each expanded program. (see	Í					
	instructions) Enter in column 1, the program name.	Í					
	Enter in column 2, the program code. Enter in column	1					
	3 the IME FTE unweighted count Enter in column 4	l .					
	<ol> <li>the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.</li> </ol>						
						1.00	
	the direct GME FTE unweighted count. ACA Provisions Affecting the Health Resources and Ser					1.00	
00	the direct GME FTE unweighted count. ACA Provisions Affecting the Health Resources and Ser Enter the number of FTE residents that your hospital	trai nec			od for which	1.00	62.
	the direct GME FTE unweighted count. ACA Provisions Affecting the Health Resources and Ser Enter the number of FTE residents that your hospital your hospital received HRSA PCRE funding (see instruc Enter the number of FTE residents that rotated from a	trai nec cti ons) a Teachi	d in this cost ng Health Cent	reporting peri ter (THC) into			
	the direct GME FTE unweighted count. ACA Provisions Affecting the Health Resources and Ser Enter the number of FTE residents that your hospital your hospital received HRSA PCRE funding (see instruct	trainec ctions) a Teachi gram. (s	d in this cost ing Health Cent see instruction	reporting peri ter (THC) into		0.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA       Provider CCX: 15-009       Provider CCX: 15-001		Financial Systems		MEMORIAL HOSPITAL			u of Form CMS-	
Unweighted FTEs Nonprovider         Unweighted FTEs Nonprovider         Unweighted FTEs Nonprovider         Wate (c) (c) (c) (c)         National (c)         National (c) <thnational (c)         National (c)</thnational 	HOSPI TA	L AND HOSPITAL HEALTH CARE COMP	LEX IDENTIFICATION DA	ATA Provider C	F	rom 01/01/2022	Date/Time Pre	pared:
period         that base year         period         the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in colum 2 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider of (column 1 divided by (column 1) - column 2)). (see Instructions)         Unweighted Program Name         Intervieweighted Program Name         Unweighted Program Name         Intervieweighted Program Name         Intervieweighted Program Name         Intervieweighted Program Name         Intervieweighted Program Name         Intervieweighted Program Name         Intervieweighted Program Name         Interview					FTĔs Nonprovider Site 1.00	FTES in Hospital	Ratio (col. 1/ (col. 1 + col. 2)) 3.00	
65.00         Enter in column 1, if line 63 is year period, the program name associated with 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 protiders attributable to rotations occurring in all non-provider Stite         The analysis to a structure in column 2, the program in which you trained residents attributable to rotations occurring in all non-provider Stite         The analysis to a structure in column 3, divided by (column 3 + column 4, divided by (column 4, the number of unweighted primary care resident FIEs that trained in your hospital. Enter in column 6, divided by (column 3 + column 4, divided by (column 4, the number of unweighted primary care resident FIEs that trained in your hospital. Enter in column 6, divided by (column 1 + column 2), divided by (colum	64.00 E i r s	beriod that begins on or after Enter in column 1, if line 63 is n the base year period, the num resident FTEs attributable to ro settings. Enter in column 2 the resident FTEs that trained in yo	July 1, 2009 and befo s yes, or your facili mber of unweighted no otations occurring in a number of unweighte pur hospital. Enter i	re June 30, 2010. ty trained residents n-primary care all nonprovider d non-primary care n column 3 the ratio	,			64.00
65.00       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 program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 3 divided by instructions)       1.100       4.25       13.76       0.132371         65.01       Unweighted primery care residents. Enter in column 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 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 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of Column 4 divided by (column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 65.01       1.400       4.25       13.76       0.235980         65.01       Section 5504 of the ACA Current Year FTE Residents in Noprovider SettingsEffective for cost reporting periods       1.00       2.00       3.00         66.00       Enter in column 1 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 2), (see instructions)       1.83       9.17       0.166364         67.00       Enter in column 1, the program name associated with each of your primary care programs in       1.00       2.00       3.00       4.00       6.67       19.79       0.252079 <td></td> <td></td> <td>Program Name</td> <td>Program Code</td> <td>FTĔs Nonprovider</td> <td>FTEsin</td> <td>(col. 3 + col.</td> <td></td>			Program Name	Program Code	FTĔs Nonprovider	FTEsin	(col. 3 + col.	
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 5, the ratio of (column 3, the column 4)). (see instructions)       INTERNAL MEDICINE       1400       4.25       13.76       0.235980         65.01       Unweighted your hospital. Enter in column 5, the ratio of (column 3, the column 4)). (see instructions)       INTERNAL MEDICINE       1400       4.25       13.76       0.235980         65.01       Section 5504 of the ACA Current Year FTE Residents in Nonprovider Site       Unweighted 1.00       PTEs in Hospital       Ratio (col. 1/ (col. 1 + col. 2))         66.00       Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider Settings- Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)       9.17       0.166364         67.00       Enter in column 1, the program name associated with each of your primary care programs in name associated with each of your primary care programs in       1350       6.67       19.79       0.252079	i 1 2 7 8 8 8 8 8 8 8 1 8 1 8 1 8 1 8 1 8 1 8	s yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care orogram in which you trained residents. Enter in column 2, the program code. Enter in						65.00
Bection 5504 of the ACA Current Year FTE Residents in Nonprovider SettingsEffective for cost reporting periods beginning on or after July 1, 2010       1.00       2.00       3.00         66.00       Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 1 divided by (column 1 + column 2)). (see instructions)       1.83       9.17       0.166364         FTEs       fTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)       Unweighted FTEs in Hospital       Unweighted Ratio (col. 3/ (col. 3 + col. 4))         67.00       Enter in column 1, the program name sociated with each of your primary care programs in       FAMILY MEDICINE       1350       6.67       19.79       0.252079	ע ד ר ג ג ג ג ג ג ג ג ג ג ג ג ג ג ג ג ג ג	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 5, the ratio of (column 3 divided by (column 3 + column						
FTEs     FTEs in Nonprovider Site     FTEs in Hospital     (col. 1 + col. 2))       66.00     Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (col umn 1 divided by (column 1 + column 2)). (see instructions)     0.166364       Program Name     Program Code     Unweighted FTEs     Unweighted FTEs in Nonprovider     Ratio (col. 3/ (col. 3 + col. 4))       67.00     Enter in column 1, the program name associated with each of your primary care programs in     FAMILY MEDICINE     1350     6.67     19.79     0.252079	65.01		INTERNAL MEDICINE	1400				
Section 5504 of the ACA Current Year FTE Residents in Nonprovider SettingsEffective for cost reporting periods         66.00       Enter in column 1 the number of unweighted non-primary care resident       1.83       9.17       0.166364         FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)       Unweighted FTEs       Unweighted FTEs       Ratio (col. 3/ FTEs in (col. 3 + col. Hospital         67.00       Enter in column 1, the program name associated with each of your primary care programs in       FAMILY MEDICINE       1350       6.67       19.79       0.252079					FTĔs Nonprovider Site	FTEs in Hospital	(col. 1 + col. 2))	
66.00       Enter in column 1 the number of unweighted non-primary care resident       1.83       9.17       0.166364         FTEs attributable to rotations occurring in all nonprovider settings.       Enter in column 2 the number of unweighted non-primary care resident       1.83       9.17       0.166364         FTEs attributable to rotations occurring in all nonprovider settings.       Enter in column 2 the number of unweighted non-primary care resident       1.83       9.17       0.166364         FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)       Unweighted       Ratio (col. 3/         Program Name       Program Code       Unweighted       FTEs in Hospital       Ratio (col. 3/         67.00       Enter in column 1, the program name associated with each of your primary care programs in       FAMILY MEDICINE       1350       6.67       19.79       0.252079				n Nonprovider Setting				
Program Name     Program Code     Unweighted FTEs Nonprovider Site     Unweighted FTEs in Hospital     Ratio (col. 3/ (col. 3 + col. 4))       67.00     Enter in column 1, the program name associated with each of your primary care programs in     FAMILY MEDICINE     1350     6.67     19.79     0.252079	66.00 E F E	Enter in column 1 the number of TEs attributable to rotations of Enter in column 2 the number of TEs that trained in your hospit	unweighted non-prima occurring in all nonp unweighted non-prima tal. Enter in column	rovider settings. ry care resident 3 the ratio of	1. 83	9. 17	0. 166364	66.00
1.002.003.004.005.0067.00Enter in column 1, the program name associated with each of your primary care programs inFAMILY MEDICINE13506.6719.790.252079					FTĔs Nonprovider	FTEsin	(col. 3 + col.	
name associated with each of your primary care programs in							5.00	
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 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	r V E C C C T T C C U U U S S S	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 5, the ratio of (column 3 divided by (column 3 + column	FAMI LY MEDI CI NE	1350	6. 67	19.79	0. 252079	67.00
4)). (see instructions)     INT MEDICINE     1400     1.48     23.01     0.060433			INT MEDICINE	1400	1.48	23. 01	0. 060433	67.01

	Financial Systems         BALL MEMORIAL HOSPIT           AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA         Prov		F	eriod: rom 01/01/ o 12/31/	/2022	u of Form Workshee Part I Date/Tin 5/26/202	et S-2 me Pre	pared:
					-	1.0	0	
	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49 For a cost reporting period beginning prior to October 1, 2022, dic MAC to apply the new DGME formula in accordance with the FY 2023 IF (August 10, 2022)?	d you ob	tain permissio	on from yo		N		68.00
					1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does i	t conto		novi don?	N			70.00
	Enter "Y" for yes or "N" for no.				N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME recent cost report filed on or before November 15, 2004? Enter "Y" 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train resprogram in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" Column 3: If column 2 is Y, indicate which program year began durin (see instructions) Inpatient Rehabilitation Facility PPS	' for ye sidents ' for ye	s or "N" for r in a new teach s or "N" for r	no. (see ni ng no.	N	N	0	71.00
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or doe	es it co	ntain an IRF		Y			75.00
76.00	subprovider? Enter "Y" for yes and "N" for no. If line 75 is yes: Column 1: Did the facility have an approved GME recent cost reporting period ending on or before November 15, 20047.	? Enter	"Y" for yes or	"N" for	N	N	0	76.00
	no. Column 2: Did this facility train residents in a new teaching p CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column indicate which program year began during this cost reporting period	n 3: If	column 2 is Y,					
					-	1.0	0	
80 00	Long Term Care Hospital PPS Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N	" for n	0			N		80.00
	Is this a LTCH co-located within another hospital for part or all c "Y" for yes and "N" for no. TEFRA Providers			period? E	nter	N		81.00
	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Did this facility establish a new Other subprovider (excluded unit) §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				no.	N		85. 00 86. 00
87.00	Is this hospital an extended neoplastic disease care hospital class 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	sified u	nder section			Ν		87.00
				Approved Permane Adjustm (Y/N)	ent ent )	Number Appro Permar Adjustn	ved nent ments	
88.00	Column 1: Is this hospital approved for a permanent adjustment to t amount per discharge? Enter "Y" for yes or "N" for no. If yes, comp 89. (see instructions)			1.00		2.0		88.00
	Column 2: Enter the number of approved permanent adjustments.		Wkst. A Line	Effecti ve	Date	Appro	ved	
			No.			Permar Adjust Amount Discha	ment Per	
80.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line num	nhor	1.00	2.00	)	3.0		89.00
87.00	on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target an per discharge. Column 3: Enter the amount of the approved permanent adjustment to	d nount	0.00	,			0	87.00
	TEFRA target amount per discharge.						,	
				V 1.00		XI X 2. 0		
00.00	Title V and XIX Services Does this facility have title V and/or XIX inpatient hospital servi	cos2 En	tor "V" 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 full or in part? Enter "Y" for yes or "N" for no in the applicable		either in	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual cert instructions) Enter "Y" for yes or "N" for no in the applicable col	ti fi cati	on)? (see			Ν		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of titl		XIX? Enter	N		Ν		93.00
94.00	"Y" for yes or "N" for no in the applicable column. Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" applicable column	' for no	in the	N		Ν		94.00
	applicable column. If line 94 is "Y", enter the reduction percentage in the applicable Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" applicable column.			0. 00 N		0. 0 N	0	95. 00 96. 00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable	e column		0.00		0.0	0	97.00

	inancial Systems AND HOSPITAL HE	ALTH CARE COMPLE			L HOSPITAL Provider	CCN: 15-0089	) Per	i od:	u of Form CMS- Worksheet S-2	2
OSITIAL	AND HOST THE HE		X I DEMITTI GATION	DAIA	11 OVI dei	000. 13 000.		om 01/01/2022 12/31/2022	Part I	
									5/26/2023 11:	
							-	V 1.00	XI X	-
st	tepdown adjustmer	X follow Medicar nts on Wkst. B, F	rt. I, col. 25? I	Enter "Y" t				<u>1.00</u> N	2.00 Y	98.0
B. 01 Do C,	es title V or XI Pt. I? Enter "۱	e V, and in colum X follow Medicar (" for yes or "N"	re (title XVIII)	for the re				Ν	Y	98. (
8.02 Do be	ed costs on Wkst.	X follow Medicar D-1, Pt. IV, li n column 2 for t	ne 89? Enter "Y					Ν	Y	98. (
3.03 Do re	oes title V or XI eimbursed 101% of	X follow Medicar inpatient servi n column 2 for t	re (title XVIII) ces cost? Enter					Ν	N	98.
3. 04 Do ou	oes title V or XI	X follow Medicar es cost? Enter "Y	re (title XVIII)				and	Ν	N	98.
3. 05 Do Wk	oes title V or XI	X follow Medicar ol. 4? Enter "Y"						Ν	Y	98.
3.06 Do Pt <u>co</u>	bes title V or XI ts. I through IV? blumn 2 for title	X follow Medicar PEnter "Y" for y						N	Y	98.
05.00Do 06.00If	°this facility o	qualify as a CA qualifies as a CA	H, has it electe	ed the all	-inclusive me	thod of pay	ment	N		105. 106.
07.00Co tr Co ap	blumn 1: Ifline caining programs? blumn 2: Ifcolu pproved medical e	rvices? (see inst 105 is Y, is thi 2 Enter "Y" for y umn 1 is Y and li education program	s facility eligi ves or "N" for no ne 70 or line 79 n in the CAH's es	o in colum 5 is Y, do xcluded II	n 1. (see in you train 1& PF and/or IRF	structions) Rs in an		Ν		107.
8. 00 I s	s this a rural ho	or "N" for no ir ospital qualifyir 113(c). Enter "Y"	ng for an excepti	ion to the		edul e? See	42	Ν		108.
					Physi cal	Occupati		Speech	Respi ratory	_
th	nerapy services p	qualifies as a CA provided by outsi no for each the	de supplier? En		1.00	Occupati 2.00 N		Speech 3.00 N	Respiratory 4.00 N	109.
th	nerapy services p	provided by outsi	de supplier? En		1.00	2.00		3.00	4.00	109.
th fo 0.00Di De co	nerapy services p or yes or "N" for d this hospital emonstration)for omplete Worksheet	provided by outsi	de supplier? En erapy. The Rural Communi reporting perio	ter "Y" ity Hospita od? Enter '	1.00 N al Demonstrat "Y" for yes c	2.00 N i on proj ect or "N" for n	(§410 o. If	3.00 N A yes,	4.00 N	
th fo 0.00Di De co	nerapy services p or yes or "N" for d this hospital emonstration)for	provided by outsi no for each the participate in t the current cost	de supplier? En erapy. The Rural Communi reporting perio	ter "Y" ity Hospita od? Enter '	1.00 N al Demonstrat "Y" for yes c	2.00 N i on proj ect or "N" for n	(§410 o. If	3.00 N A yes, 215, as	4.00 N 1.00 N	
0.00 Di De co ap 1.00 I f He Y i n En	herapy services p or yes or "N" for d this hospital emonstration) for omplete Worksheet oplicable. f this facility of aalth Integration (" for yes or "N" htegration prong	participate in t the current cost E, Part A, line qualifies as a CA of Project (FCHIP) for no in colum of the FCHIP dem oly: "A" for Ambu	de supplier? En erapy. The Rural Communi reporting perio es 200 through 2 H, did it partio demonstration nn 1. If the responsion which this	ter "Y" ity Hospita od? Enter ' 18, and Wor cipate in for this ca ponse to ca CAH is pan	1.00 N al Demonstrat "Y" for yes c rksheet E-2, the Frontier ost reporting olumn 1 is Y, rticipating i	2.00 N ion project r "N" for n lines 200 t Community period? En enter the n column 2.	(§410 o. If hrough ter	3.00 N A yes,	4.00 N	110.
1.00   f   H   H   H   H   H   H   H   H   H   H	this facility of this facility of this facility of this facility of this facility of this facility of this facility of the facility of the facility of the facility of the facility of the fac	participate in t the current cost E, Part A, line qualifies as a CA of Project (FCHIP) for no in colum of the FCHIP dem oly: "A" for Ambu	de supplier? En erapy. The Rural Communi reporting perio es 200 through 2 H, did it partio demonstration nn 1. If the responsion which this	ter "Y" ity Hospita od? Enter ' 18, and Wor cipate in for this ca ponse to ca CAH is pan	1.00 N al Demonstrat "Y" for yes c rksheet E-2, the Frontier ost reporting olumn 1 is Y, rticipating i	2.00 N ion project or "N" for n lines 200 t Community period? En enter the n column 2. ls; and/or "	(§410 o. If hrough ter C"	3.00 N yes, 215, as <u>1.00</u> N	4.00 N 1.00 N 2.00	110.
th fo 0. 00 Di De co ap 1. 00 I f He "Y i n En fo	herapy services p or yes or "N" for d this hospital monstration)for omplete Worksheet oplicable. this facility of ealth Integration (" for yes or "N" thegration prong oter all that app or tele-health se	participate in t the current cost E. Part A, line qualifies as a CA Project (FCHIP) for no in colum of the FCHIP dem oly: "A" for Ambu ervices.	de supplier? En erapy. the Rural Communi : reporting perio es 200 through 2 MH, did it partio demonstration in in 1. If the resp to in which this ilance services;	ter "Y" ity Hospita od? Enter ' 18, and Won cipate in ' for this co ponse to co CAH is pan "B" for ad	1.00 N al Demonstrat "Y" for yes c rksheet E-2, the Frontier ost reporting olumn 1 is Y, rticipating i dditional bed	2.00 N ion project r "N" for n lines 200 t Community period? En enter the n column 2.	(§410 o. If hrough ter C"	3.00 N A yes, 215, as 1.00	4.00 N 1.00 N	- 110. - 111.
1. 00 I f 1. 00 I f He "Y i n En fo 2. 00 Di (P pe "Y de	this facility of this facility of this facility of this facility of this facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facil	participate in t the current cost E. Part A, line qualifies as a CA Project (FCHIP) for no in colum of the FCHIP dem oly: "A" for Ambu ervices. participate in t i for yes or "N" umn 2, the date t n column 3, enter	de supplier? En erapy. the Rural Community reporting period so 200 through 2° AH, did it partion the demonstration of the response of the response the Pennsylvania tion of the curration for no in column the hospital beging the date the hole	ter "Y" ity Hospita od? Enter ' 18, and Won cipate in ' for this ca ponse to ca CAH is pan "B" for ad Rural Heal ent cost ra n 1. If ca an particip ospital cea	1.00 N N al Demonstrat "Y" for yes o rksheet E-2, the Frontier ost reporting olumn 1 is Y, rticipating i dditional bed lth Model eporting olumn 1 is pating in the	2.00 N N ion project r "N" for n lines 200 t Community period? En enter the n column 2. ls; and/or " 1.00 N	(§410 o. If hrough ter C"	3.00 N yes, 215, as <u>1.00</u> N	4.00 N 1.00 N 2.00	- 110. - 111.
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th fo 0.00 Di De co ap 11.00 I f He "Y i n En to 12.00 Di (P pa 13.00 Di 15.00 I s i n i n fo ps	this hospital amonstration) for omplete Worksheet oplicable. this facility of ealth Integration of for yes or "N" tegration prong ter all that app or tele-health se ad this hospital ARHM) demonstrat ariod? Enter "Y" (", enter in colu- emonstration. In articipation in t d this hospital constration. In articipation in t d this hospital constration. In ansformation (Ct porting period? scellaneous Cost s this an all-inc n column 1. If co or short term hos sychiatric, rehat	participate in t the current cost E. Part A, line qualifies as a CA Project (FCHIP) for no in colum of the FCHIP dem oly: "A" for Ambu ervices. participate in t ion for any port for yes or "N" mn 2, the date t n column 3, enter the demonstration participate in t a column 3, enter the demonstration participate in t column 1 is yes, e spital or "98" pe oilitation and lo	de supplier? En erapy. the Rural Communi- reporting perio so 200 through 2 AH, did it partio demonstration in n 1. If the response in which this and the response the Pennsylvania if ance services; the Pennsylvania if ance services; the date the heap if applicable the date the heap if applicable the date the heap if applicable the date the heap if applicable the community Heap if applicable the community Heap if applicable the response the no in column if are response if are response if are response if are response if are response if are response if are response the response if are response if are response the respon	ter "Y" ity Hospita od? Enter ' 18, and Wor for this ca ponse to ca CAH is par "B" for ac Rural Heal ent cost ra n 1. If ca an particip ospital cea dith Access he current for yes of used (A, I 3 either "of term care of Is provider	1.00 N N al Demonstrat "Y" for yes or rksheet E-2, the Frontier ost reporting olumn 1 is Y, rticipating i dditional bed lth Model eporting olumn 1 is pating in the ased s and Rural cost r "N" for no B, or E only) 93" percent (includes	2.00 N ion project or "N" for n lines 200 t Community period? En enter the n column 2. ls; and/or " 1.00 N	(§410 o. If hrough ter C"	3.00 N yes, 215, as <u>1.00</u> N	4.00 N 1.00 N 2.00	109. 110. 111. 111. 111. 111. 111. 0 115.
th fo 10.00 Di Co ap 11.00 I f He "Y in En fo 12.00 Di (P Pe pa 13.00 Di 15.00 I s 15.00 I s in fo 15.00 I s	d this hospital monstration)for omplete Worksheet oplicable. this facility of ealth Integration ("for yes or "N" thegration prong ther all that app or tele-health se d this hospital PARHM) demonstrat eriod? Enter "Y" (", enter in colu emonstration. In articipation in t d this hospital cansformation (Cf scell aneous Cost s this an all-inc n column 1. If co n column 2. If co n column 2. If co n column 1. If co	participate in t the current cost E. Part A, line qualifies as a CA Project (FCHIP) for no in colum of the FCHIP den oly: "A" for Ambu ervices. participate in t for yes or "N" umn 2, the date t n column 3, enter the demonstration participate in t tART) model for a Enter "Y" for yes t Reporting Infor clusive rate prov olumn 1 is yes, e spital or "98" pe	de supplier? En erapy. the Rural Communi- reporting perio es 200 through 2 AH, did it partio demonstration for in 1. If the response in which this and a services; the Pennsylvania ion of the curro for no in column the hospital beging the date the hole in applicable. the Community Hea in portion of the ses or "N" for no. remation rider? Enter "Y" enter the method enter in column for in applicable. the community Hea enter the method enter in column for in applicable. Secon "N" for no. remation remation remation for long for the second for long for applier 22, §2208.	ter "Y" ity Hospita od? Enter ' 18, and Won for this ca ponse to ca CAH is pan "B" for ad Rural Heal ent cost ra n 1. If ca an particip ospital cea al th Access he current ' for yes on used (A, I 3 either "a term care i Is provider .1.	1.00 N N al Demonstrat "Y" for yes or rksheet E-2, the Frontier ost reporting olumn 1 is Y, rticipating i dditional bed lth Model eporting olumn 1 is pating in the ased s and Rural cost r "N" for no B, or E only) 93" percent (includes rs) based on	2.00 N ion project or "N" for n lines 200 t Community period? En enter the n column 2. ls; and/or " 1.00 N	(§410 o. If hrough ter C"	3.00 N yes, 215, as <u>1.00</u> N	4.00 N 1.00 N 2.00	110. 111. 111. 112. 113.
th fo 10. 00 Di De co ap 11. 00 I f He "Y i n En to 12. 00 Di (P pa 13. 00 Di 12. 00 Di (P pa 13. 00 Di 15. 00 I s i n fo 15. 00 I s th 16. 00 I s "N 17. 00 I s	this hospital amonstration) for omplete Worksheet oplicable. this facility of ealth Integration of for yes or "N" tegration prong ter all that app or tele-health so tele-health so parter all that app or tele-health so ter all that app or tele-health so tele-health so tele-health so tele-health so tele-health so tele-health so tele-health so tele-health so tele-health so tele-health so this hospital ansformation. If ansformation (Ch or column 1. If co or short term hos sochiatric, rehath the definition in s this facility of "for no. s this facility for "for yes or "N"	participate in t the current cost E. Part A, line qualifies as a CA Project (FCHIP) for no in colum of the FCHIP den oly: "A" for Ambu ervices. participate in t for yes or "N" umn 2, the date t n column 3, enter the demonstration participate in t tART) model for a Enter "Y" for yes t Reporting Infor clusive rate prov olumn 1 is yes, e olumn 2 is "E", e spital or "98" pe oilitation and lo CMS Pub. 15-1, ch classified as a r egally-required	de supplier? En erapy. the Rural Communi- reporting perio so 200 through 2 AH, did it partio demonstration in n 1. If the responsion which this il ance services; the Pennsylvania i on of the curro the date the hospital began the hospital began the date the hospital began the date the hospital began the date the hospital began the date the hospital began the community Hea the community Hea the community Hea the rin column is recent for non recent for long the hospital began the hospital began the community Hea the c	ter "Y" i ty Hospit: od? Enter ' 18, and Won for this co ponse to co CAH is par "B" for ac Rural Heal ent cost ro n 1. If co an participospital cea al th Accesse he current for yes on used (A, I 3 either "C term care Is provider .1. Enter "Y"	1.00 N N al Demonstrat "Y" for yes or rksheet E-2, the Frontier ost reporting olumn 1 is Y, rticipating id ditional bed eporting olumn 1 is pating in the ased s and Rural cost r "N" for no B, or E only) 93" percent (includes rs) based on for yes or rance? Enter	2.00 N ion project r "N" for n lines 200 t Community period? En enter the n col umn 2. s; and/or " 1.00 N N	(§410 o. If hrough ter C"	3.00 N yes, 215, as <u>1.00</u> N	4.00 N 1.00 N 2.00	110. 111. 111. 1112. 1113. 0 1115.

OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DAT	A Provider		eriod: com 01/01/2022 o 12/31/2022		repared:
		Premi ums	Losses	I nsurance	
		1.00	2.00	2 00	_
18.01 List amounts of malpractice premiums and paid losses:		1.00	2.00 C	3.00	0118.0
			1.00	0.00	
18.02 Are malpractice premiums and paid losses reported in a Administrative and General? If yes, submit supporting and amounts contained therein.			<u>1.00</u> N	2.00	118.0
19.00 DO NOT USE THIS LINE 20.00 Is this a SCH or EACH that qualifies for the Outpatier §3121 and applicable amendments? (see instructions) Er "N" for no. Is this a rural hospital with < 100 beds 1 Hold Harmless provision in ACA §3121 and applicable am Enter in column 2, "Y" for yes or "N" for no.	nter in column 1, " that qualifies for	'Y" for yes or the Outpatient	Ν	N	119. 0 120. 0
21.00 Did this facility incur and report costs for high cost	t implantable devic	ces charged to	Y		121.0
patients? Enter "Y" for yes or "N" for no. 22.00 Does the cost report contain healthcare related taxes Act?Enter "Y" for yes or "N" for no in column 1. If co	olumn 1 is "Y", ent		Υ	5.06	122. 0
<pre>the Worksheet A line number where these taxes are incl 23.00 Did the facility and/or its subproviders (if applicabl services, e.g., legal, accounting, tax preparation, bo management/consulting services, from an unrelated orga for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, professional services expenses, for services purchased located in a CBSA outside of the main hospital CBSA? I "N" for no.</pre>	e) purchase profes pokkeeping, payroll anization? In colum i.e., greater tha d from unrelated or	, and/or nn 1, enter "Y" an 50% of total ganizations			123. 0
Certified Transplant Center Information 25.00 Does this facility operate a Medicare-certified transp	ant contor? Entor	W for yoc	N		125. 0
and "N" for no. If yes, enter certification date(s) (n	nm/dd/yyyy) below.	5	IN		
26.00  f this is a Medicare-certified kidney transplant prog in column 1 and termination date, if applicable, in co		tification date			126.0
27.00 If this is a Medicare-certified heart transplant progr	ram, enter the cert	tification date			127.0
in column 1 and termination date, if applicable, in co 28.00 If this is a Medicare-certified liver transplant progr		tification date			128. 0
in column 1 and termination date, if applicable, in co	olumn 2.				
29.00  f this is a Medicare-certified lung transplant progra in column 1 and termination date, if applicable, in co		fication date			129. (
30.00 If this is a Medicare-certified pancreas transplant pr		certi fi cati on			130. 0
date in column 1 and termination date, if applicable, B1.00 If this is a Medicare-certified intestinal transplant		e certification			131. (
date in column 1 and termination date, if applicable, 32.00  f this is a Medicare-certified islet transplant progr		ification data			132. (
in column 1 and termination date, if applicable, in co					
<ul> <li>33.00 Removed and reserved</li> <li>34.00 If this is a hospital-based organ procurement organization column 1 and termination date, if applicable, in column 2</li> </ul>		the OPO number			133. ( 134. (
All Providers 40.00 Are there any related organization or home office cost chapter 10? Enter "Y" for yes or "N" for no in column are claimed, enter in column 2 the home office chain r	1. If yes, and hom	ne office costs	Y	15H059	140. 0
1.00	2.00		3.00	-6	_
If this facility is part of a chain organization, enter home office and enter the home office contractor name			e and address	or the	
1.00 Name: INDIANA UNIVERISTY HEALTH INC Contractor's Na	ame: WPS	Contractor	's Number: 0810	)1	141.0
42.00Street: 340 W. 10TH STREETPO Box:43.00City:INDIANAPOLISState:	IN	Zip Code:	4620	)2	142. 0 143. 0
					_
14.00 Are provider based physicians' costs included in Works	sheet A?			1.00 Y	144. (
					_
15.00 If costs for renal services are claimed on Wkst. A, li	ne 74 are the cos	sts for	1.00 Y	2.00 N	145. (
inpatient services are craimed on west. A, in inpatient services only? Enter "Y" for yes or "N" for no, does the dialysis facility include Medicare utiliz period? Enter "Y" for yes or "N" for no in column 2.	no in column 1. If	°column 1 is	I		145.0
46.00 Has the cost allocation methodology changed from the p Enter "Y" for yes or "N" for no in column 1. (See CMS yes, enter the approval date (mm/dd/yyyy) in column 2.	Pub. 15-2, chapter		Ν		146. (

HOSPITAL AND HOSPITAL HEALTH CARE COMPLE	X IDENTIFICATION DATA		Provider CC	N: 15-0089	F		/01/2022 /31/2022		epared:
								1.00	-
147.00Was there a change in the statisti	cal basis? Enter "Y" f	for ves	s or "N" for	no.				N 1.00	147.00
148.00 Was there a change in the order of								N	148.00
149.00Was there a change to the simplifi	ed cost finding method	d? Ente	er "Y" for ye	es or "N"	for r	10.		N	149.00
			Part A	Part			tle V	Title XIX	
-			1.00	2.00			3.00	4.00	
Does this facility contain a provi or charges? Enter "Y" for yes or '									
155.00Hospital	IN TOT NO TOT EACH COL	liiponen	N N	N and Part	В. (	See 42	N	N	155.00
56. 00 Subprovi der – TPF			N	N			N	N	156.0
157. 00 Subprovi der – IRF			N	I N			N	N	157.00
158.00 SUBPROVI DER									158.00
159.00 SNF			N	N N			Ν	N	159.00
160.00 HOME HEALTH AGENCY			N	N			Ν	N	160.00
61.00 CMHC				N			Ν	N	161.00
								1.00	-
Multicampus								1.00	
165.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no.	ampus hospital that has	s one c	or more campu	uses in di	ffere	ent CBS	As?	N	165. 0
	Name		County	State	Zip	Code	CBSA	FTE/Campus	
	0		1.00	2.00	3.	00	4.00	5.00	
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	0166.00
								1.00	1
Health Information Technology (HI	Γ) incentive in the Ame	eri can	Recovery and	d Reinvest	tment	Act			
167.00 Is this provider a meaningful user 168.00 If this provider is a CAH (line 10 reasonable cost incurred for the H	05 is "Y") and is a mea	ani ngfu	ul user (line			enter	the	Y	167. 00 168. 00
68.01 If this provider is a CAH and is r exception under §413.70(a)(6)(ii) <sup>2</sup> 69.00 If this provider is a meaningful u	PEnter "Y" for yes or	"N" fo	or no. (see i	nstructio	ns)				168. 0 9169. 0
transition factor. (see instruction			SHULA CAH (		15 Î	v, en	itel the	9.9	0.09.0
						Beg	i nni ng	Endi ng	
							. 00	2.00	
70.00 Enter in columns 1 and 2 the EHR H period respectively (mm/dd/yyyy)	beginning date and endi	ing dat	te for the re	eporting					170. 0
						1	. 00	2.00	-
71.00 If line 167 is "Y", does this prov	ider have any days for	r indiv	/iduals_enrol	led in		- ·	Y		3171.0
section 1876 Medicare cost plans n "Y" for yes and "N" for no in colu 1876 Medicare days in column 2. (s	reported on Wkst. S-3, umn 1. If column 1 is y	Pt. I,	line 2, col	. 6? Ente			·	1,200	

SPI T	Financial Systems BALL MEMORI/ AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNALRE	Provi der (	CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	u of Form CMS- Worksheet S-2 Part II Date/Time Pre	2
					5/26/2023 11:	47 an
				Y/N	Date	
	PART II - HOSPITAL AND HOSPITAL HEATHCARE COMPLEX REIMBURSI			1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter Monoson mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS			r all dates in 1	he	
ĺ	Provider Organization and Operation			1		
00	Has the provider changed ownership immediately prior to the			N		1.
	reporting period? If yes, enter the date of the change in	corumn 2. (see	Y/N	Date	V/I	
			1.00	2.00	3.00	
00	Has the provider terminated participation in the Medicare yes, enter in column 2 the date of termination and in colum valuatements and "I" for involvement.		N			2.
00	voluntary or "I" for involuntary. Is the provider involved in business transactions, including contracts, with individuals or entities (e.g., chain home or medical supply companies) that are related to the provide officers, medical staff, management personnel, or members of directors through ownership, control, or family and other relationships? (see instructions)	offices, drug der or its of the board	Y			3.
			Y/N	Туре	Date	
			1.00	2.00	3.00	
00	Financial Data and Reports Column 1: Were the financial statements prepared by a Cer Accountant? Column 2: If yes, enter "A" for Audited, "C" or "R" for Reviewed. Submit complete copy or enter date av column 3. (see instructions) If no, see instructions.	for Compiled,	Y	A	02/23/2023	4.
00	Are the cost report total expenses and total revenues diff those on the filed financial statements? If yes, submit re-		N	)/ /N		5.
				Y/N 1.00	Legal Oper. 2.00	
	Approved Educational Activities				2100	
00	Column 1: Are costs claimed for a nursing program? Column	2: If yes, i	s the provider	· N		6.
~	the legal operator of the program?			N/		-
	Are costs claimed for Allied Health Programs? If "Y" see in Were nursing programs and/or allied health programs approve cost reporting period? If yes, see instructions.		wed during the	e N		8
00	Are costs claimed for Interns and Residents in an approved		cal education	Y		9
. 00	program in the current cost report? If yes, see instruction Was an approved Intern and Resident GME program initiated		the current	N		10.
	cost reporting period? If yes, see instructions.					
. 00	Are GME cost directly assigned to cost centers other than Teaching Program on Worksheet A? If yes, see instructions.	I& R IN AN AP	proved	N		11
					Y/N	
					1.00	
	Bad Debts Is the provider seeking reimbursement for bad debts? If ye	s soo instruc	tions		Y	12
	If line 12 is yes, did the provider's bad debt collection period? If yes, submit copy.			ost reporting	N	13
	If line 12 is yes, were patient deductibles and/or coinsur- instructions.	ance amounts w	aived? If yes,	see	N	14
	Bed Complement Did total beds available change from the prior cost report	ing period? If	yes, see inst	ructions.	Y	15
			rt A		tВ	
		Y/N	Date	Y/N	Date	
	DS&D Data	1.00	2.00	3.00	4.00	
	PS&R Data Was the cost report prepared using the PS&R Report only?	N		N		16
	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)					
00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2023	Y	04/03/2023	17
. 00	If line 16 or 17 is yes, were adjustments made to PS&R 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		N		18
. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report	N		Ν		19

al th Financial Systems BALL MEMO SSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	RIAL HOSPITAL Provider C	CN: 15-0089	Peri od: From 01/01/2022 To 12/31/2022	u of Form CM Worksheet S Part II Date/Time P 5/26/2023 1	-2 repared:
		iption	Y/N	Y/N	
	(	0	1.00	3.00	
0.00 If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	Ν	20.00
	Y/N	Date	Y/N	Date	
	1.00	2.00	3.00	4.00	
1.00 Was the cost report prepared only using the provider's records? If yes, see instructions.	N		Ν		21.00
		•		1 00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (E)	XCEPT CHILDRENS H	IOSPI TALS)		1.00	
Capital Related Cost					
2.00 Have assets been relifed for Medicare purposes? If yes,				N	22.00
3.00 Have changes occurred in the Medicare depreciation expensive reporting period? If yes, see instructions.			Ū	N	23.00
4.00 Were new leases and/or amendments to existing leases enter If yes, see instructions	ered into during	this cost re	eporting period?	Ν	24.00
5.00 Have there been new capitalized leases entered into durin instructions.	ng the cost repor	ting period?	'lfyes, see	Ν	25.00
6.00 Were assets subject to Sec. 2314 of DEFRA acquired during instructions.	the cost reporti	ng period? I	fyes, see	Ν	26.00
<ol> <li>7.00 Has the provider's capitalization policy changed during copy.</li> </ol>	the cost reportin	ng period? If	°yes, submit	Ν	27.00
Interest Expense					_
8.00 Were new Loans, mortgage agreements or letters of credit period? If yes, see instructions.	entered into dur	ring the cost	reporting	Ν	28.00
9.00 Did the provider have a funded depreciation account and/ treated as a funded depreciation account? If yes, see in:		ebt Service F	Reserve Fund)	Ν	29.00
D. 00 Has existing debt been replaced prior to its scheduled mi instructions.		debt? If yes	s, see	Ν	30.00
1.00 Has debt been recalled before scheduled maturity without instructions. Purchased Services	issuance of new	debt? If yes	s, see	N	31.00
2.00 Have changes or new agreements occurred in patient care	servi ces furni she	ed through co	ontractual	N	32.00
arrangements with suppliers of services? If yes, see ins 3.00 If line 32 is yes, were the requirements of Sec. 2135.2 a no, see instructions.		ng to competi	tive bidding? If		33.00
Provi der-Based Physi ci ans					
4.00 Were services furnished at the provider facility under an If yes, see instructions.	n arrangement wit	th provider-b	based physicians?	Y	34.00
5.00 If line 34 is yes, were there new agreements or amended of physicians during the cost reporting period? If yes, see		nts with the	provi der-based	Ν	35.00
physicians during the cost reporting period: in yes, see			Y/N	Date	
			1.00	2.00	
Home Office Costs6.00Were home office costs claimed on the cost report?			Y		36.00
7.00 If line 36 is yes, has a home office cost statement been	prepared by the	home office?			36.00
If yes, see instructions. 8.00 If line 36 is yes, was the fiscal year end of the home of t			₹ N		38.00
the provider? If yes, enter in column 2 the fiscal year of 9.00 If line 36 is yes, did the provider render services to o			s, Y		39.00
see instructions. 0.00 If line 36 is yes, did the provider render services to the instructions.	he home office?	lf yes, see	Ν		40.00
Cost Report Preparer Contact Information	1.	00	2.	00	
1.00 <u>Cost Report Preparer Contact Information</u> Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3,	RHONDA		UTTER		41.00
respectively.					
2.00 Enter the employer/company name of the cost report	IU HEALTH				42.00

iihi ohe mpany 43.00 Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively. 317-962-1093 RUTTER@I UHEALTH. ORG

Heal th	Financial Systems BALL M	EMORI A	L HOSPITA	L		In Lie	u of Form CMS-	2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIF	8E	Provid	der CCN: 15-0089		eriod:	Worksheet S-2	
					T	rom 01/01/2022 o 12/31/2022		pared: 47 am
				3.00				
	Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/positio	n	DI RECTOR,	GOVERNMENT				41.00
	held by the cost report preparer in columns 1, 2, and	13,	PROGRAMS					
	respecti vel y.							
42.00	Enter the employer/company name of the cost report							42.00
	preparer.							
43.00	Enter the telephone number and email address of the c	ost						43.00
	report preparer in columns 1 and 2, respectively.							

	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.		L HOSPITAL Provider CO	CN: 15-0089	Peri od:	Worksheet S-3	2552-10
					From 01/01/2022	Part I	
					To 12/31/2022		
						5/26/2023 11: I/P Days / 0/P	
						Visits / Trips	
	Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	Title V	
		Line No.		Avai I abl e			
		1.00	2.00	3.00	4.00	5.00	
1.00	PART I - STATISTICAL DATA Hospital Adults & Peds. (columns 5, 6, 7 and	30.00	259	94, 5	35 0.00	0	1 1.00
1.00	8 exclude Swing Bed, Observation Bed and	30.00	209	94, 5	55 0.00	0	1.00
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)						2.00
3.00	HMO I PF Subprovider						3.00
4.00	HMO I RF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation		259	94, 5	35 0.00	0	7.00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT	31.00	36	13, 1	40 0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0		0 0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	21	7,6	65 0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		316	115, 3	40 0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	0		0	0	16.00
17.00	SUBPROVIDER – IRF	41.00	16	5, 8	40	0	17.00
18.00	SUBPROVI DER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20. 00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D. P.)						23.00
24.00	HOSPI CE						24.00
24.10	HOSPICE (non-distinct part)	30. 00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	
27.00	Total (sum of lines 14-26)		332			_	27.00
28.00	Observation Bed Days					0	
29.00	Ambul ance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF		-	1 0	25		31.00
32.00	Labor & delivery days (see instructions)		5	1, 8	25		32.00
32.01	Total ancillary labor & delivery room						32.01
22 00	outpatient days (see instructions)						33.00
33.00 33.01	LTCH non-covered days LTCH site neutral days and discharges						33.00
	Temporary Expansi on COVID-19 PHE Acute Care	30.00	1	0	65	0	
34. UU	TEMPOLATY EXPANSION COVID-19 PHE ACUTE CAPE	30.00	I	3	00	1 0	3

00         Hospi 8         exc Hospi for           00         HM0 a           00         Hospi           00         Hospi           00         Hospi           00         Hospi           00         Hospi           00         Nospi           00         SURG           00         SURN           00         SURN           00         SURN           00         CAH v           00         SUBPI           00         SUBPI           00         SUBPI           00         SUBPI           00         SUBPI           00         OTHEI           00         HOSPI           00         GUA           00         CMC           00         RURAI           00         CMC           00         CMC           00         CMC           00         CMC           00         CM	AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC	N: 12-0089		eri od:	Worksheet S-3	
00         Hospi 8         exc Hospi for           00         HM0 a           00         Hospi           00         Hospi           00         Hospi           00         Hospi           00         Hospi           00         Nospi           00         SURG           00         SURN           00         SURN           00         SURN           00         CAH v           00         SUBPI           00         SUBPI           00         SUBPI           00         SUBPI           00         SUBPI           00         OTHEI           00         HOSPI           00         GUA           00         CMC           00         RURAI           00         CMC           00         CMC           00         CMC           00         CMC           00         CM					Fr To	rom 01/01/2022 0 12/31/2022	Part I Date/Time Pre 5/26/2023 11:	
00         Hospi 8         exc Hospi for           00         HM0 a           00         Hospi           00         Hospi           00         Hospi           00         Hospi           00         Hospi           00         Nospi           00         SURG           00         SURN           00         SURN           00         SURN           00         CAH v           00         SUBPI           00         SUBPI           00         SUBPI           00         SUBPI           00         SUBPI           00         OTHEI           00         HOSPI           00         GUA           00         CMC           00         RURAI           00         CMC           00         CMC           00         CMC           00         CMC           00         CM		I/P Days	/ O/P Visits	/ Trips		Full Time E		
00         Hospi 8         exc Hospi for           00         HM0 a           00         Hospi           00         Hospi           00         Hospi           00         Hospi           00         Hospi           00         Nospi           00         SURG           00         SURN           00         SURN           00         SURN           00         CAH v           00         SUBPI           00         SUBPI           00         SUBPI           00         SUBPI           00         SUBPI           00         OTHEI           00         HOSPI           00         GUA           00         CMC           00         RURAI           00         CMC           00         CMC           00         CMC           00         CMC           00         CM	Component	Title XVIII	Title XIX	Total All Patients	-	Total Interns & Residents	Employees On Payroll	
00         Hospi 8         exc Hospi for           00         HM0 a           00         Hospi           00         Hospi           00         Hospi           00         Hospi           00         Hospi           00         Nospi           00         SURG           00         SURN           00         SURN           00         SURN           00         CAH v           00         SUBPI           00         SUBPI           00         SUBPI           00         SUBPI           00         SUBPI           00         OTHEI           00         HOSPI           00         GUA           00         CMC           00         RURAI           00         CMC           00         CMC           00         CMC           00         CMC           00         CM		6.00	7.00	8.00		9.00	10.00	
8 exc Hospi for 3 00 HM0 1 00 HM0 1 00 HM0 1 00 Hospi 00 Total 00 Total 00 SUR91 00 SUR91 00 SUB91 00	RT I - STATISTICAL DATA spital Adults & Peds. (columns 5, 6, 7 and	22, 700	1, 700	68, 74	16			1 1.
00         HM0 a           00         HM0 I           00         HOSpi           00         HOSpi           00         HOSpi           00         Total           beds;         00           00         INTER           00         COROI           00         NURSI           00         Total           00         BURN           00         NURSI           00         CAL           00         SUBPI           00         SUBPI           00         SUBPI           00         ONURSI           00         SUBPI           00         SUBPI           00         SUBPI           00         SUBPI           00         HOSPI           00         HOSPI           00         RURSI           00         HOSPI           00         RURAI           00         RURAI           00         RURAI           00         RURAI           00         Obsei           00         Empl d	exclude Swing Bed, Observation Bed and spice days)(see instructions for col. 2 r the portion of LDP room available beds)	22,700	1,700	00, /-	-0			'.
00         HM0 I           00         HOSpi           00         HOSpi           00         HOSpi           00         Total           beds;         00           00         INTER           00         COROL           00         SURGI           00         SURGI           00         NURSI           00         SUBPI           00         SUBPI           00         SUBPI           00         SUBPI           00         SUBPI           00         SUBPI           00         HMEUI           00         HOMEU           00         HOBUSI           00         HEI           00         HE           00         HE           00         HE           00         HOBUSI           00         RURSI           00         HOBUSI           00         RURAI           00         RURAI           00         RURAI           00         HE           00         HE           00         HE	0 and other (see instructions)	21, 851	18, 571					2.
00         HM0         Hospi           00         Hospi         Hospi           00         Hospi         Hospi           00         Total         Hospi           00         COROI         HUTEI           00         COROI         SUROI           00         SUROI         COROI           00         SUROI         CON           00         CAH         SO           00         CAH         SO           00         CAH         SO           00         CAH         SO           000         SUBPI         SO           000         SUBPI         SO           000         SUBPI         SO           000         SUBPI         SO           000         NURSI         SO           000         SUBI         SO           000         HOSPI         SO           000         CMHC         SO           000         CMC         SO           000         CHC         SO           000         CHC         SO           000         CHC         SO           000         Desei	0 IPF Subprovider	0	0					3.
00         Hospi           00         Total           beds;         00           00         Total           beds;         00           00         CORO           00         SURGI           00         SURGI           00         SURGI           00         NURSI           00         CAH           00         SUBPI           00         MURSI           00         CMHC           00         MURAI           00         MURAI           00         Obsei	0 IRF Subprovider	1, 125	542					4.
00         Total beds;           00         INTER           00         CORON           00         SURG           00         NURSR           00         Total           00         SURG           00         NURSR           00         SUBPR           00         HORSPI           00         HOSPI           00         HOSPI           00         CMHC           00         CMHC           00         CMHC           00         Doser           000         Ambul           000         Empla           000         Empla           000         Empla	spital Adults & Peds. Swing Bed SNF	0	0		0			5
beds) 00 INTE 00 CORON 00 BURN 00 SURG 00 NURSI 00 Total 00 CAH \ 00 CAH \ 00 SUBP 00 SUBP 00 SUBP 00 SUBP 00 SUBP 00 SKI LI 00 NURSI 00 OTHE 00 NURSI 00 OTHE 00 HOME 00 HOSP 10 HOSP 10 HOSP 10 HOSP 10 HOSP 10 OSE 10 CMHC 00 SUBA 00 OTHE 00 TOTE 00 TOTE 00 CMHC 00 CMHC 00 SUBA 00 SUBP 00 SKI LI 00 OTHE 00 TOTE 00 CMHC 00 CMHC 00 SUBA 00 SUBP 00 SKI LI 00 OTHE 00 TOTE 00 CMHC 00 CMHC 00 SUBP 00 SCA 00 S	spital Adults & Peds. Swing Bed NF		0		0			6
00         I NTER           00         CORON           0.00         BURN           .00         SURGI           .00         NEON           .00         Total           .00         CAH           .00         SUBPI           .00         NURSI           .00         NURSI           .00         NURSI           .00         HOMEU           .00         HOMEU           .00         HOMEU           .00         CMHCU           .00         CMHCU           .00         CMHCU           .00         CMEU           .00         CMEU           .00         CMEU           .00         MEUI           .00         MEUI           .00         CMEUI           .00         CMEUI           .00         Empl d	tal Adults and Peds. (exclude observation	22, 700	1, 700	68, 74	46			7
00         COROT           0.00         BURN           .00         SURGI           .00         NEON           .00         NURSI           .00         CAH           .00         SUBPI           .00         NURSI           .00         NURSI           .00         HOME           .00         AMBUI           .00         CMHC           .00         RURAI           .00         RURAI           .00         RURAI           .00         BES           .00         MBUI           .00         BES           .00         MBUI           .00         BES           .00         BES           .00         BES           .00         BES           .00         Empl d	ds) (see instructions)	0.070	000	0.7	10			
.00         BURN           .00         SURGI           .00         NURSI           .00         NURSI           .00         Total           .00         SUBPI           .00         NURSI           .00         NURSI           .00         HOME           .00         HOMP           .00         HOSPI           .00         CMHC           .00         CMHC           .00         Total           .00         Ambul           .00         Ambul           .00         Empla	TENSIVE CARE UNIT	2, 372	930	8, 74				8
00         SURG           00         NEON/           00         NURSE           00         Total           00         Total           00         SUBP           00         NURSI           00         HOME           00         HOME           00         HOME           00         HOME           00         HOME           00         HOME           00         RURAI           25         FEDEE           00         Total           00         Obset           00         Ambul           00         Emplate	RONARY CARE UNIT RN INTENSIVE CARE UNIT	0	0		0			10
00         NEON/           00         NURSE           00         Total           00         CAH \u00e7           00         SUBPP           00         SUBPP           00         SUBPP           00         SUBPP           00         SUBPP           00         SUBPP           00         SKILL           00         NURSI           00         HOME           00         HOME           00         HOSP           10         HOSP           00         CMHC           00         RURAI           25         FEDEE           00         Total           00         Obset           00         Ambul           00         Emplate	RGICAL INTENSIVE CARE UNIT							11
.00         NURSE           .00         Total           .00         CAH           .00         SUBPF           .00         SUBPF           .00         SUBPF           .00         SUBPF           .00         SKI LL           .00         NURSE           .00         NURSE           .00         HOME           .00         HOME           .00         HOME           .00         HOSPI           .00         RURAI           .00         RURAI           .00         RURAI           .00         Total           .00         Dosei           .00         Ambul           .00         Empl d	ONATAL INTENSIVE CARE UNIT	0	121	3, 19	96			12
.00         Total           .00         CAH         X           .00         SUBPP         X           .00         SUBPO         X           .00         SUBPO         X           .00         SUBPO         X           .00         SUBPO         X           .00         SKILL         X           .00         NURSI         X           .00         HOME         X           .00         HOME         X           .00         HOSPI         X           .00         CMHC         X           .00         RURAI         X           .00         RURAI         X           .00         CMHC         X           .00         CMHC         X           .00         CMHC         X           .00         Obser         X           .00         Empl d         X	RSERY	Ű	1, 431	2, 0				13
00         CAH           00         SUBPP           00         NURSI           00         OTHER           00         HOME           00         HOSP           10         HOSP           10         HOSP           00         CMHC           00         RURAI           25         FEDEF           00         Total           00         Ambul           00         Empl d	tal (see instructions)	25,072	4, 182	82, 70		61.95	1, 815. 80	
.00         SUBPP           .00         SUBPP           .00         SKI LL           .00         NURSI           .00         OTHER           .00         HOME           .00         HOME           .00         HOSPI           .00         HOSPI           .00         RURAI           .00         RURAI           .00         RURAI           .00         Total           .00         Obset           .00         Ambul           .00         Empl d	H visits	0	0		0			15
.00         SUBPP           .00         SKI LL           .00         NURS           .00         OTHEF           .00         HOME           .00         HOME           .00         HOME           .00         HOME           .00         HOME           .00         HOSP           .00         CMHC           .00         RURAI           .25         FEDEF           .00         Total           .00         Obset           .00         Ambul           .00         Empl d	BPROVIDER - IPF	0	0		0	0.00	0.00	16
00         SKILL           00         NURS           00         OTHER           00         HOME           00         HOSP           10         HOSP           10         HOSP           00         CMHC           00         RURAL           25         FEDER           00         Total           00         Obser           00         Ambul           00         Emplate	BPROVIDER – IRF	1,660	66	4, 2	78	0.00	23.02	17
00         NURS           00         OTHER           00         HOME           00         AMBUU           00         HOSP           10         HOSP           00         CMHC           00         RURA           25         FEDER           00         Total           00         Obser           00         Ambul           00         Emplate	BPROVI DER							18
00         OTHER           00         HOME           00         AMBUI           00         HOSPI           10         HOSPI           00         CMHC           00         RURAI           25         FEDEI           00         Obser           00         Obser           00         Ambul           00         Empl d	ILLED NURSING FACILITY							19
00         HOME           00         AMBUL           00         HOSPI           10         HOSPI           00         CMHC           00         RURAH           25         FEDEH           00         Obset           00         Ambul           00         Ambul           00         Emplot	RSING FACILITY							20
00         AMBUI           00         HOSPI           10         HOSPI           00         CMHC           00         RURAI           25         FEDER           00         Total           00         Obser           00         Ambul           00         Emple	HER LONG TERM CARE							21
00         HOSPI           10         HOSPI           00         CMHC           00         RURAI           25         FEDEF           00         Total           00         Obser           00         Ambul           00         Emple	ME HEALTH AGENCY							22
10HOSPI00CMHC00RURAI25FEDEF00Total00Obser00Ambul00Emplo	BULATORY SURGICAL CENTER (D. P. )							23
00CMHC00RURAI25FEDEF00Total00Obser00Ambul00Emploid				6	71			24
00 RURAI 25 FEDER 00 Total 00 Obser 00 Ambul 00 Emplo	SPICE (non-distinct part) HC - CMHC			0.	/ 1			25
25 FEDER 00 Total 00 Obser 00 Ambul 00 Emplo	RAL HEALTH CLINIC							26
. 00 Total . 00 Obser . 00 Ambul . 00 Emplo	DERALLY QUALIFIED HEALTH CENTER	0	0		0	0.00	0.00	
00 Obser 00 Ambul 00 Emplo	tal (sum of lines 14-26)		-		-	61.95	1, 838. 82	
00 Emplo	servation Bed Days		235	9, 15	59			28
	bul ance Tri ps	0						29
00 Empl	ployee discount days (see instruction)				0			30
	ployee discount days - IRF				0			31
	bor & delivery days (see instructions)	0	19	1, 15				32
	tal ancillary labor & delivery room				0			32
	tpatient days (see instructions)							
	CH non-covered days	0						33
	CH site neutral days and discharges mporary Expansion COVID-19 PHE Acute Care	0	0		0			33

	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider C	CN: 15-0089	Period: From 01/01/2022	Worksheet S-3 Part I	
					To 12/31/2022	Date/Time Prep 5/26/2023 11:4	
		Full Time		Di s	charges		
		Equi val ents			_		
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
		Workers				Patients	
	PART I – STATISTICAL DATA	11.00	12.00	13.00	14.00	15.00	
00	Hospital Adults & Peds. (columns 5, 6, 7 and		0	4, 6	56 424	14, 777	1 1.
00	8 exclude Swing Bed, Observation Bed and		0	4, 0.	424	14, 777	'.
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
00	HMO and other (see instructions)			3, 4	53 3, 243		2.
00	HMO IPF Subprovider				0		3.
00	HMO IRF Subprovider				41		4.
00	Hospital Adults & Peds. Swing Bed SNF						5.
00	Hospital Adults & Peds. Swing Bed NF						6.
00	Total Adults and Peds. (exclude observation						7.
	beds) (see instructions)						
00	INTENSIVE CARE UNIT						8.
00	CORONARY CARE UNIT						9.
0. 00	BURN INTENSIVE CARE UNIT						10.
1.00	SURGICAL INTENSIVE CARE UNIT						11.
2.00	NEONATAL INTENSIVE CARE UNIT						12.
3.00	NURSERY						13.
4.00	Total (see instructions)	0.00	0	4, 6	56 424	14, 777	14.
5.00	CAH visits	0.00					15.
5.00	SUBPROVIDER - IPF	0. 00 0. 00	0		0 0	0	16.
7.00	SUBPROVIDER - IRF	0.00	0	I. 	21 4	313	
3.00 9.00	SUBPROVIDER SKILLED NURSING FACILITY						18.   19.
). 00	NURSING FACILITY						20.
1.00	OTHER LONG TERM CARE						20.
2.00	HOME HEALTH AGENCY						22.
3.00	AMBULATORY SURGICAL CENTER (D. P. )						23
1.00	HOSPICE						24
I. 10	HOSPICE (non-distinct part)						24
5.00	CMHC - CMHC						25.
5.00	RURAL HEALTH CLINIC						26
5. 25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26
7.00	Total (sum of lines 14-26)	0.00					27
3. 00	Observation Bed Days						28
. 00	Ambul ance Trips						29
0. 00	Employee discount days (see instruction)						30
. 00	Employee discount days - IRF						31
2.00	Labor & delivery days (see instructions)						32
2. 01	Total ancillary labor & delivery room						32
0.00	outpatient days (see instructions)						22
3.00	LTCH non-covered days				0		33
3. 01	LTCH site neutral days and discharges			1	U		33

SPITAL W	ancial Systems WAGE INDEX INFORMATION			Provider C	F	eriod: rom 01/01/2022 o 12/31/2022		pare
		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adj usted Sal ari es (col . 2 ± col . 3)	Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
DAD	T II - WAGE DATA	1.00	2.00	3.00	4.00	5.00	6.00	
	ARIES							1
	al salaries (see	200. 00	161, 970, 875	-569, 601	161, 401, 274	3, 824, 737. 45	42. 20	1.
	structions) n-physician anesthetist Part		C	0	0	0.00	0.00	2.
A								
0 Non B	-physician anesthetist Part		C	0	0	0.00	0.00	3
2	vsician-Part A -		C	0	0	0.00	0.00	4
	ninistrative vsicians - Part A - Teaching		58, 507	0	58, 507	2, 112. 00	27.70	4
	vsi ci an and Non		50, 507 C		0	0.00		
	vsician-Part B n-physician-Part B for		C		0	0.00	0.00	6
	pital-based RHC and FQHC		(	0		0.00	0.00	
ser	vi ces							
	erns & residents (in an proved program)	21.00	C	3, 892, 880	3, 892, 880	133, 184. 00	29. 23	7
01 Con	tracted interns and		C	0	0	0.00	0.00	7
	sidents (in an approved ograms)							
	ne office and/or related		C	0	0	0.00	0.00	8
org 0 SNF	anization personnel	44.00	C.			0.00	0.00	9
	luded area salaries (see	44.00	6, 389, 425	1, 892, 278	8, 281, 703			
i ns	structions)							1
	ER WAGES & RELATED COSTS ntract labor: Direct Patient		2, 167, 599	0	2, 167, 599	28, 053. 89	77. 27	1 11
Car	e				2,107,077			
man	ntract labor: Top level nagement and other nagement and administrative		C	0	0	0.00	0.00	12
00 Con	vices itract labor: Physician-Part Administrative		83, 698	0	83, 698	438.65	190. 81	13
00 Hom org	ne office and/or related panization salaries and		C	0	C	0.00	0.00	14
	e-related costs ne office salaries		45, 380, 167	0	45, 380, 167	1, 102, 251. 93	41. 17	14
	ated organization salaries		C		0			
	ne office: Physician Part A Administrative		C	0	0	0.00	0.00	15
00 Hom	ne office and Contract		C	0	0	0.00	0.00	16
	vsicians Part A - Teaching ne office Physicians Part A		C	0	0	0.00	0.00	16
- T	eachi ng		_					
Phy	ne office contract /sicians Part A - Teaching E-RELATED COSTS		C	0	0	0.00	0.00	16
00 Wag	e-related costs (core) (see		37, 010, 489	0	37, 010, 489			17
	structions) me-related costs (other)							18
(se	e instructions)							
	luded areas		2, 198, 045	0	2, 198, 045			19 20
	n-physician anesthetist Part		Ĺ	, 0				20
В	-physician anesthetist Part		C	0	0			21
	vsician Part A -		C	0	0			22
1	ninistrative vsician Part A – Teaching		18, 949	о	18, 949			22
00 Phy	vsician Part B		C	0	0			23
	e-related costs (RHC/FQHC) erns & residents (in an		C 1, 069, 982		0 1, 069, 982			24 25
app	proved program)							
	ne office wage-related		11, 634, 723	0	11, 634, 723			25
	ore) ated organization		C	0	0			25
wag	e-related (core)		-	_	_			
- A	ne office: Physician Part A Administrative - ge-related (core)		C	0				25

Heal th	Financial Systems		BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
	AL WAGE INDEX INFORMATION			Provider CO		Period: From 01/01/2022 To 12/31/2022		pared:
		Wkst. A Line	Amount	Reclassi fi cati	Adj usted	Paid Hours	Average Hourly	
		Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from Wkst.	(col.2 ± col.	Salaries in	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)							
	OVERHEAD COSTS - DIRECT SALARII							
26.00	Employee Benefits Department	4.00				0 0.00		
27.00	Administrative & General	5.00	16, 764, 199					
28.00	Administrative & General under		70, 198	0	70, 19	8 844.90	83.08	28.00
	contract (see inst.)							
29.00	Maintenance & Repairs	6.00	2, 666, 175					29.00
30.00	Operation of Plant	7.00	1, 437, 886					
31.00	Laundry & Linen Service	8.00	0	0		0 0.00		
32.00	Housekeepi ng	9.00	3, 720, 607					
33.00	Housekeeping under contract		8, 024	0	8, 02	4 378.49	21.20	33.00
	(see instructions)							
34.00	Dietary	10.00	3, 144, 628					34.00
35.00	Dietary under contract (see		12, 605	0	12, 60	5 455.04	27.70	35.00
	instructions)							
36.00	Cafeteria	11.00	0	844, 146				36.00
37.00	Maintenance of Personnel	12.00	0	0		0 0.00		
38.00	Nursing Administration	13.00	12, 259, 797					
39.00	Central Services and Supply	14.00	1, 537		1, 53			
40.00	Pharmacy	15.00	6, 139, 892	-443, 116	5, 696, 77			
41.00	Medical Records & Medical Records Library	16.00	0	0		0 0.00	0.00	41.00
42.00	Soci al Servi ce	17.00	0	0		0.00	0.00	42.00
43.00	Other General Service	18.00	976, 711	-723	975, 98	8 47, 620. 05	20. 50	43.00

Heal th	Financial Systems		BALL MEMORIA	AL HOSPITAL		In Lie	eu of Form CMS-2	2552-10
HOSPI TA	AL WAGE INDEX INFORMATION			Provider CO		Period: From 01/01/2022	Worksheet S-3	
						Fom 01/01/2022		pared:
							5/26/2023 11:	
		Worksheet A		Recl assi fi cati	, ,		Average Hourly	
		Line Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from	(col.2 ± col.		col. 5)	
		1.00		Worksheet A-6)	3)	<u>col. 4</u> 5. 00	6.00	
	PART III - HOSPITAL WAGE INDEX		2.00	3.00	4.00	5.00	0.00	
	Net salaries (see	JUNIMART	162,003,195	-4, 462, 481	157, 540, 714	4 3, 691, 119. 88	42.68	1.00
	instructions)		102,000,170	4, 402, 401	137, 340, 71	5,071,117.00	42.00	1.00
	Excluded area salaries (see		6, 389, 425	1, 892, 278	8, 281, 703	217, 025. 53	38. 16	2.00
	instructions)							
3.00	Subtotal salaries (line 1		155, 613, 770	-6, 354, 759	149, 259, 01	1 3, 474, 094. 35	42.96	3.00
	minus line 2)							
	Subtotal other wages & related		47, 631, 464	. 0	47, 631, 464	1, 130, 744. 47	42. 12	4.00
	costs (see inst.)			_				
5.00	Subtotal wage-related costs		48, 645, 212	0	48, 645, 212	2 0.00	32.59	5.00
6 00	(see inst.)		251 000 444	6 254 750	245 525 40	7 4 4 0 4 0 2 0 0 2	53. 32	6,00
	Total (sum of lines 3 thru 5)		251, 890, 446					
	Total overhead cost (see instructions)		47, 199, 907	-6, 693, 390	40, 506, 51	7 1, 040, 195. 41	38. 94	7.00
I		I		I	I	1	1 1	

SPI 1	AL WAGE RELATED COSTS	Provider CCN: 15-			Worksheet	S-3
				/01/2022		
			To 12	/31/2022	Date/Time 5/26/2023	
					Amount	
					Reported	
					1.00	
	PART IV - WAGE RELATED COSTS					
	Part A - Core List					
	RETIREMENT COST					
00	401K Employer Contributions				5, 965,	
00	Tax Sheltered Annuity (TSA) Employer Contribution					0
00	Nonqualified Defined Benefit Plan Cost (see instru					0
00	Qualified Defined Benefit Plan Cost (see instruct					0
20	PLAN ADMINISTRATIVE COSTS (Paid to External Organi 401K/TSA Plan Administration fees	ization)				0
00 00	Legal/Accounting/Management Fees-Pension Plan					0
00	Employee Managed Care Program Administration Fees					0
0	HEALTH AND INSURANCE COST					0
00	Health Insurance (Purchased or Self Funded)					0
)1	Health Insurance (Self Funded without a Third Par	ty Administrator)				0
)2	Health Insurance (Self Funded without a Third Party .				20, 719,	~ I
)2	Heal th Insurance (Purchased)	Administrator)			20, 719, 0	0
00	Prescription Drug Plan					o
00	Dental, Hearing and Vision Plan				419	495
00	Life Insurance (If employee is owner or beneficia	ry)				554
00	Accident Insurance (If employee is owner or benef					0
00	Disability Insurance (If employee is owner or ben				569.	601
00	Long-Term Care Insurance (If employee is owner or				,	0
00	'Workers' Compensation Insurance	, , , , , , , , , , , , , , , , , , ,			696,	840
00	Retirement Health Care Cost (Only current year, n	ot the extraordinary accrual r	equired by FASE	3 106.		0
	Noncumulative portion)	5	1 5			
	TAXES					
00	FICA-Employers Portion Only				11, 729, 0	012
00	Medicare Taxes - Employers Portion Only					0
00	Unemployment Insurance					0
00	State or Federal Unemployment Taxes					0
	OTHER					
00	Executive Deferred Compensation (Other Than Retire instructions))	ement Cost Reported on lines 1	through 4 abov	/e. (see		0
00	Day Care Cost and Allowances					0
00	Tuition Reimbursement					0
. 00	Total Wage Related cost (Sum of lines 1 -23)				40, 297, -	466
	Part B - Other than Core Related Cost					

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 01/01/2022		
				To 12/31/2022	Date/Time Pre 5/26/2023 11:	pared: 47 am
	Cost Center Description		l ·	Contract Labor		
				1.00	2.00	
	PART V - Contract Labor and Benefit Cost					
	Hospital and Hospital-Based Component Identif	i cati on:				
1.00	Total facility's contract labor and benefit o	cost		0	0	1.00
2.00	Hospi tal			0	0	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	SKILLED NURSING FACILITY					8.00
9.00	NURSING FACILITY					9.00
10.00	OTHER LONG TERM CARE I					10.00
11.00	Hospital-Based HHA					11.00
12.00	AMBULATORY SURGICAL CENTER (D. P.) I					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
	RENAL DIALYSIS I			0	0	17.00
18.00	Other			0	0	18.00

Heal th	Financial Systems BALL MEMORIAL H	IOSPI TAL		In Lie	u of Form CMS-	2552-10
HOSPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CC	N: 15-0089	Period: From 01/01/2022	Worksheet S-1	
				To 12/31/2022	Date/Time Pre 5/26/2023 11:	
					1.00	
	Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 di	ivided by lin	e 202 columr	ו 8)	0. 182083	1.00
	Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid				83, 403, 941	
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 supplement			ai d?	Y	4.00
5.00 6.00	If line 4 is no, then enter DSH and/or supplemental payments Medicaid charges	rrom Medicaid			0 494, 729, 883	
6.00 7.00	Medicaid cost (line 1 times line 6)				90, 081, 901	
8.00	Difference between net revenue and costs for Medicaid program	(line 7 minu	s sum of lir	ues 2 and 5 <sup>.</sup> if	6, 677, 960	
0.00	< zero then enter zero)	•			0,077,700	0.00
0 00	Children's Health Insurance Program (CHIP) (see instructions 1	for each line	)		0	9.00
9.00 10.00	Net revenue from stand-alone CHIP Stand-alone 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	(line 11 min	us line 9 <sup>.</sup> i	f < zero then	0	
.2.00	enter zero)	(1110 11 111		2010 11011		12.00
	Other state or local government indigent care program (see ins					
13.00	Net revenue from state or local indigent care program (Not ind				544, 026	
14.00	Charges for patients covered under state or local indigent can 10)	re program (N	ot included	in lines 6 or	2, 594, 120	14.00
15.00	State or local indigent care program cost (line 1 times line	14)			472, 345	15.00
16.00	Difference between net revenue and costs for state or local in	ndigent care	program (lir	ne 15 minus line	0	16.00
	13; if < zero then enter zero)		/1 1 1 1			
	Grants, donations and total unreimbursed cost for Medicaid, CH instructions for each line)	HIP and state	/local indig	jent care program	ns (see	
17.00	Private grants, donations, or endowment income restricted to a	funding chari	ty care		0	17.00
18.00	Government grants, appropriations or transfers for support of				0	
19. 00	Total unreimbursed cost for Medicaid , CHIP and state and loca 8, 12 and 16)			s (sum of lines	6, 677, 960	19.00
			Uni nsured	Insured	Total (col. 1	
		-	patients	pati ents	+ col. 2)	
	Uncompensated Care (see instructions for each line)		1.00	2.00	3.00	
20.00	Charity care charges and uninsured discounts for the entire fa	acility	37, 226, 02	20 1, 451, 778	38, 677, 798	20.00
20.00	(see instructions)		07722070			201.00
21.00	Cost of patients approved for charity care and uninsured disc	ounts (see	6, 778, 22	25 1, 451, 778	8, 230, 003	21.00
	instructions)					
22.00	Payments received from patients for amounts previously written	n off as		0 0	0	22.00
23.00	charity care Cost of charity care (line 21 minus line 22)		6, 778, 22	25 1, 451, 778	8, 230, 003	23.00
24 00	Does the amount on line 20 column 2, include charges for patie	ant dave hevo	nd a length	of stay limit	1.00 N	24.00
24.00	imposed on patients covered by Medicaid or other indigent care		nu a rengtn	of stay find t	IN IN	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond stay limit		care program	n's length of	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see in	nstructions)			15, 808, 866	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex		uctions)		911, 469	
27.01	Medicare allowable bad debts for the entire hospital complex				1, 402, 260	
28.00	Non-Medicare bad debt expense (see instructions)		-		14, 406, 606	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt ex	xpense (see i	nstructions)	)	3, 113, 989	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				11, 343, 992	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus	line 30)			18, 021, 952	31.00

	Financial Systems SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	BALL MEMORIAL F EXPENSES	Provi der CO		eri od:	u of Form CMS-2 Worksheet A	2552-10
				T	rom 01/01/2022 p 12/31/2022	Date/Time Prep 5/26/2023 11:4	
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Recl assi fi ed Tri al Bal ance (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		1, 538, 127	1, 538, 127	22, 233, 872	23, 771, 999	1.00
3.00	00300 OTHER CAPITAL RELATED COSTS		1, 558, 127	1, 558, 127	22, 233, 872	23, 771, 999	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-2,352	774, 566	772, 214	26, 448, 198	27, 220, 412	4.00
5. 01 5. 02	01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG	652, 925 0	297, 618 0	950, 543 0	-193, 428	757, 115 0	5. 01 5. 02
5.02	00570 ADMI TTI NG	3, 516, 875	1, 748, 717	5, 265, 592	-638, 401	4, 627, 191	5.02
5.05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	0	0	0	0	0	5.05
5.06 6.00	00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS	12, 594, 399 2, 666, 175	94, 207, 855 20, 186, 957	106, 802, 254 22, 853, 132	-9, 416, 814 -12, 250, 468	97, 385, 440 10, 602, 664	5.06 6.00
7.00	00700 OPERATION OF PLANT	1, 437, 886	809, 687	2, 247, 573	6, 009, 407	8, 256, 980	
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	1, 324, 806	1, 324, 806	
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY	3, 720, 607 3, 144, 628	2, 959, 265 1, 737, 832	6, 679, 872 4, 882, 460	-1, 428, 220 -1, 888, 157	5, 251, 652 2, 994, 303	
11.00	01100 CAFETERI A	0	0	4, 002, 400	1, 187, 005	1, 187, 005	
13.00	01300 NURSING ADMINISTRATION	12, 259, 797	4, 035, 851	16, 295, 648	-2, 164, 268	14, 131, 380	
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	1, 537 6, 139, 892	1, 490, 311 53, 126, 932	1, 491, 848 59, 266, 824	8, 850, 662 -50, 748, 016	10, 342, 510 8, 518, 808	14.00 15.00
16.00	01600 MEDI CAL RECORDS & LI BRARY	0, 107, 072	0, 120, 732	0, 200, 024	0	0	16.00
18.00	01080 PATI ENT TRANSPORTATI ON	976, 711	233, 942	1, 210, 653	-145, 131	1, 065, 522	
21.00 22.00	02100 I & SERVICES-SALARY & FRINGES APPRVD 02200 I & SERVICES-OTHER PRGM COSTS APPRVD	0 4, 337, 068	0 4, 823, 062	0 9, 160, 130	3, 892, 880 -4, 984, 052	3, 892, 880 4, 176, 078	
23.00	02300 PARAMED ED PRGM	47,012	16, 015	63, 027	185, 275	248, 302	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 31. 00	03000 ADULTS & PEDI ATRI CS 03100 I NTENSI VE CARE UNI T	37, 395, 191 9, 537, 362	38, 406, 082 7, 333, 121	75, 801, 273 16, 870, 483		66, 306, 908 14, 672, 435	30.00 31.00
32.00	03200 CORONARY CARE UNIT	9, 337, 302	7, 555, 121	0, 070, 403	-2, 190, 040	14, 072, 433	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	2, 477, 704	3, 303, 243	5, 780, 947	-873, 505	4, 907, 442	
40.00 41.00	04000 SUBPROVI DER – I PF 04100 SUBPROVI DER – I RF	0 1, 950, 303	0 620, 197	0 2, 570, 500	0 -219, 205	0 2, 351, 295	40.00
43.00	04300 NURSERY	1, 750, 505	020, 197	2, 370, 300	659, 037	659,037	43.00
	ANCI LLARY SERVICE COST CENTERS						
50.00 51.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	6, 858, 233 2, 025, 688	28, 963, 582 1, 009, 954	35, 821, 815 3, 035, 642	-17, 732, 775 -577, 162	18, 089, 040 2, 458, 480	
52.00	05200 DELIVERY ROOM & LABOR ROOM	2, 457, 685	2, 413, 428	4, 871, 113	-1, 281, 728	3, 589, 385	
54.00	05400 RADI OLOGY-DI AGNOSTI C	8,871,447	13, 191, 902	22, 063, 349	-8, 628, 270	13, 435, 079	
57.00 58.00	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 443, 949 0	1, 130, 695 0	2, 574, 644	-876, 246 0	1, 698, 398 0	57.00 58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	2, 507, 170	11, 016, 385	13, 523, 555	-9, 611, 196	3, 912, 359	
60. 00 60. 01	06000 LABORATORY 06001 BLOOD LABORATORY	75	15, 972, 016	15, 972, 091	- 768 0	15, 971, 323	60.00 60.01
	06300 BLOOD STORING, PROCESSING, & TRANS.	0	1, 332, 367	1, 332, 367	-74	0 1, 332, 293	
65.00	06500 RESPI RATORY THERAPY	4, 138, 944	3, 649, 685	7, 788, 629	-1, 079, 284	6, 709, 345	
65. 01 66. 00	06501 SLEEP LAB 06600 PHYSI CAL THERAPY	452, 445 4, 599, 936	317, 594	770, 039	-182, 830	587, 209	
	06700 OCCUPATIONAL THERAPY	4, 399, 930		4 470 012		1 052 422	65.01
υ/.UU	U0700 UCCUPATIONAL INEKAPI	906, 377	1, 870, 977 285, 174	6, 470, 913 1, 191, 551	-1, 517, 281 4, 551	4, 953, 632 1, 196, 102	66.00
67. 00 68. 00	06800 SPEECH PATHOLOGY	906, 377 577, 583	1, 870, 977 285, 174 178, 871	6, 470, 913 1, 191, 551 756, 454	-1, 517, 281 4, 551 -47, 369	1, 196, 102 709, 085	66. 00 67. 00 68. 00
68. 00 68. 01	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY	577, 583 0	285, 174 178, 871 0	1, 191, 551 756, 454 0	4, 551 -47, 369 0	1, 196, 102 709, 085 0	66.00 67.00 68.00 68.01
68.00	06800 SPEECH PATHOLOGY		285, 174	1, 191, 551	4, 551	1, 196, 102 709, 085	66.00 67.00 68.00 68.01 69.00
68.00 68.01 69.00 71.00 72.00	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENT	577, 583 0	285, 174 178, 871 0	1, 191, 551 756, 454 0	4, 551 -47, 369 0 -781, 324 11, 874, 820 9, 178, 108	1, 196, 102 709, 085 0 3, 426, 871 11, 874, 820 9, 178, 108	66.00 67.00 68.00 68.01 69.00 71.00 72.00
68.00 68.01 69.00 71.00 72.00 73.00	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENT 07300 DRUGS CHARGED TO PATIENTS	577, 583 0 1, 237, 250 0 0 0	285, 174 178, 871 0 2, 970, 945 0 0 0	1, 191, 551 756, 454 0 4, 208, 195 0 0 0 0	4, 551 -47, 369 0 -781, 324 11, 874, 820 9, 178, 108 51, 927, 479	1, 196, 102 709, 085 0 3, 426, 871 11, 874, 820 9, 178, 108 51, 927, 479	66.00 67.00 68.00 68.01 69.00 71.00 72.00 73.00
68.00 68.01 69.00 71.00 72.00	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENT	577, 583 0	285, 174 178, 871 0	1, 191, 551 756, 454 0	4, 551 -47, 369 0 -781, 324 11, 874, 820 9, 178, 108	1, 196, 102 709, 085 0 3, 426, 871 11, 874, 820 9, 178, 108	66. 00 67. 00 68. 00 68. 01 69. 00 71. 00 72. 00 73. 00 73. 01
68.00 68.01 69.00 71.00 72.00 73.00 73.01 74.00 76.00	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 07200 IMPL. DEV. CHARGED TO PATI ENT 07300 DRUGS CHARGED TO PATI ENTS 07301 HOSPI TAL BASED RETAI L PHARMACI ES 07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY	577, 583 0 1, 237, 250 0 0 1, 936, 124 0 0	285, 174 178, 871 0 2, 970, 945 0 0 8, 423, 947 1, 755, 703 0	1, 191, 551 756, 454 0 4, 208, 195 0 0 10, 360, 071 1, 755, 703 0	4, 551 -47, 369 0 -781, 324 11, 874, 820 9, 178, 108 51, 927, 479 -453, 756 -34, 945 0	1, 196, 102 709, 085 0 3, 426, 871 11, 874, 820 9, 178, 108 51, 927, 479 9, 906, 315 1, 720, 758 0	66. 00 67. 00 68. 01 69. 00 71. 00 72. 00 73. 00 73. 01 74. 00 76. 00
68.00 68.01 69.00 71.00 72.00 73.00 73.01 74.00 76.00 76.97	06800 SPEECH PATHOLOGY 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 07301 HOSPI TAL BASED RETAI L PHARMACI ES 07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY 07697 CARDI AC REHABI LI TATI ON	577, 583 0 1, 237, 250 0 0 1, 936, 124 0 0 1, 040, 480	285, 174 178, 871 0 2, 970, 945 0 0 8, 423, 947 1, 755, 703 0 449, 355	1, 191, 551 756, 454 0 4, 208, 195 0 10, 360, 071 1, 755, 703 0 1, 489, 835	4, 551 -47, 369 0 -781, 324 11, 874, 820 9, 178, 108 51, 927, 479 -453, 756 -34, 945 0 -238, 047	1, 196, 102 709, 085 0 3, 426, 871 11, 874, 820 9, 178, 108 51, 927, 479 9, 906, 315 1, 720, 758 0 1, 251, 788	66.00 67.00 68.00 68.01 69.00 71.00 72.00 73.00 73.01 74.00 76.00 76.97
68.00 68.01 69.00 71.00 72.00 73.00 73.01 74.00 76.00	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 07200 IMPL. DEV. CHARGED TO PATI ENT 07300 DRUGS CHARGED TO PATI ENTS 07301 HOSPI TAL BASED RETAI L PHARMACI ES 07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY	577, 583 0 1, 237, 250 0 0 1, 936, 124 0 0	285, 174 178, 871 0 2, 970, 945 0 0 8, 423, 947 1, 755, 703 0	1, 191, 551 756, 454 0 4, 208, 195 0 0 10, 360, 071 1, 755, 703 0	4, 551 -47, 369 0 -781, 324 11, 874, 820 9, 178, 108 51, 927, 479 -453, 756 -34, 945 0	1, 196, 102 709, 085 0 3, 426, 871 11, 874, 820 9, 178, 108 51, 927, 479 9, 906, 315 1, 720, 758 0	66.00 67.00 68.00 68.01 69.00 71.00 72.00 73.00 73.01 74.00 76.00 76.98
68. 00 68. 01 69. 00 71. 00 72. 00 73. 00 73. 01 74. 00 76. 00 76. 97 76. 98 77. 00	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 07200 I MPL. DEV. CHARGED TO PATI ENT 07300 DRUGS CHARGED TO PATI ENTS 07301 HOSPI TAL BASED RETAIL PHARMACI ES 07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY 07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY 07700 ALLOGENEI C HSCT ACQUI SI TI ON 0UTPATI ENT SERVI CE COST CENTERS	577, 583 0 1, 237, 250 0 0 1, 936, 124 0 1, 936, 124 0 1, 040, 480 601, 614 0	285, 174 178, 871 0 2, 970, 945 0 0 8, 423, 947 1, 755, 703 0 449, 355	1, 191, 551 756, 454 0 4, 208, 195 0 10, 360, 071 1, 755, 703 0 1, 489, 835	4, 551 -47, 369 0 -781, 324 11, 874, 820 9, 178, 108 51, 927, 479 -453, 756 -34, 945 0 -238, 047	1, 196, 102 709, 085 0 3, 426, 871 11, 874, 820 9, 178, 108 51, 927, 479 9, 906, 315 1, 720, 758 0 1, 251, 788 1, 442, 06 0	66. 00 67. 00 68. 00 68. 01 69. 00 71. 00 72. 00 73. 00 73. 01 74. 00 76. 00 76. 98 77. 00
68.00 68.01 69.00 71.00 72.00 73.01 74.00 76.00 76.97 76.98 77.00	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 07200 I MPL. DEV. CHARGED TO PATI ENT 07300 DRUGS CHARGED TO PATI ENTS 07301 HOSPI TAL BASED RETAIL PHARMACI ES 07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY 07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY 07700 ALLOGENEI C HSCT ACQUI SI TI ON 0UTPATI ENT SERVI CE COST CENTERS 09000 CLI NI C	577, 583 0 1, 237, 250 0 0 0 1, 936, 124 0 0 1, 040, 480 601, 614 0	285, 174 178, 871 0 2, 970, 945 0 0 8, 423, 947 1, 755, 703 0 449, 355 1, 371, 741 0	1, 191, 551 756, 454 0 4, 208, 195 0 0 10, 360, 071 1, 755, 703 0 1, 489, 835 1, 973, 355 0	4, 551 -47, 369 0 -781, 324 11, 874, 820 9, 178, 108 51, 927, 479 -453, 756 -34, 945 0 -238, 047 -531, 309 0	1, 196, 102 709, 085 0 3, 426, 871 11, 874, 820 9, 178, 108 51, 927, 479 9, 906, 315 1, 720, 758 0 1, 251, 788 1, 442, 046 0	66. 00 67. 00 68. 00 68. 01 69. 00 71. 00 73. 00 73. 00 73. 01 74. 00 76. 98 77. 00 90. 00
68.00 68.01 69.00 71.00 72.00 73.00 73.01 74.00 76.00 76.97 76.98 77.00	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 07200 I MPL. DEV. CHARGED TO PATI ENT 07300 DRUGS CHARGED TO PATI ENTS 07301 HOSPI TAL BASED RETAIL PHARMACI ES 07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY 07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY 07700 ALLOGENEI C HSCT ACQUI SI TI ON 0UTPATI ENT SERVI CE COST CENTERS	577, 583 0 1, 237, 250 0 0 1, 936, 124 0 1, 936, 124 0 1, 040, 480 601, 614 0	285, 174 178, 871 0 2, 970, 945 0 0 8, 423, 947 1, 755, 703 0 449, 355	1, 191, 551 756, 454 0 4, 208, 195 0 10, 360, 071 1, 755, 703 0 1, 489, 835	4, 551 -47, 369 0 -781, 324 11, 874, 820 9, 178, 108 51, 927, 479 -453, 756 -34, 945 0 -238, 047	1, 196, 102 709, 085 0 3, 426, 871 11, 874, 820 9, 178, 108 51, 927, 479 9, 906, 315 1, 720, 758 0 1, 251, 788 1, 442, 046 0	66. 00 67. 00 68. 00 68. 01 69. 00 71. 00 73. 00 73. 00 73. 01 74. 00 76. 98 77. 00 90. 00 90. 01
68.00 68.01 69.00 71.00 73.00 73.01 74.00 76.00 76.97 76.98 77.00 90.00 90.01 90.02 90.03	06800 SPEECH PATHOLOGY 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 07301 HOSPI TAL BASED RETAI L PHARMACI ES 07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY 07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY 07700 ALLOGENEI C HSCT ACQUI SI TI ON 0UTPATI ENT SERVI CE COST CENTERS 09000 CLI NI C 09001 SUBSTANCE ABUSE CLI NI C 09003 ONCOLOGY CLI NI C	577, 583 0 1, 237, 250 0 0 1, 936, 124 0 1, 936, 124 0 1, 040, 480 601, 614 0 508, 976 326, 051 2, 557, 347	285, 174 178, 871 0 2, 970, 945 0 0 8, 423, 947 1, 755, 703 0 449, 355 1, 371, 741 0 611, 759 735, 497 1, 608, 832	1, 191, 551 756, 454 0 4, 208, 195 0 0 10, 360, 071 1, 755, 703 0 1, 489, 835 1, 973, 355 0 1, 120, 735 1, 061, 548 4, 166, 179	4, 551 -47, 369 0 -781, 324 11, 874, 820 9, 178, 108 51, 927, 479 -453, 756 -34, 945 0 -238, 047 -531, 309 0 -98, 882 -175, 478 -755, 051	$\begin{array}{c} 1, 196, 102\\ 709, 085\\ 0\\ 3, 426, 871\\ 11, 874, 820\\ 9, 178, 108\\ 51, 927, 479\\ 9, 906, 315\\ 1, 720, 758\\ 0\\ 1, 251, 788\\ 1, 442, 046\\ 0\\ \hline \\ 0\\ \hline \\ 1, 021, 853\\ 886, 070\\ 3, 411, 128\\ \end{array}$	66. 00 67. 00 68. 00 68. 01 69. 00 71. 00 72. 00 73. 01 74. 00 76. 90 76. 98 77. 00 90. 00 90. 01 90. 02 90. 03
68.00 68.01 69.00 71.00 73.00 73.01 74.00 76.00 76.97 76.98 77.00 90.00 90.01 90.02 90.03 91.00	06800 SPEECH PATHOLOGY 06801 AUDIOLOGY 06900 ELECTROCARDIOLOGY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 07301 HOSPITAL BASED RETAIL PHARMACIES 07400 RENAL DIALYSIS 03160 CARDIOPULMONARY 07697 CARDIAC REHABILITATION 07698 HYPERBARIC OXYGEN THERAPY 07700 ALLOGENEIC HSCT ACQUISITION 0UTPATIENT SERVICE COST CENTERS 09000 CLINIC 09001 SUBSTANCE ABUSE CLINIC 09002 OLINIC 09000 OLINIC	577, 583 0 1, 237, 250 0 0 1, 936, 124 0 0 1, 040, 480 601, 614 0 508, 976 326, 051	285, 174 178, 871 0 2, 970, 945 0 0 8, 423, 947 1, 755, 703 0 449, 355 1, 371, 741 0 611, 759 735, 497	1, 191, 551 756, 454 0 4, 208, 195 0 0 10, 360, 071 1, 755, 703 0 1, 489, 835 1, 973, 355 0 0 1, 120, 735 1, 061, 548	4, 551 -47, 369 0 -781, 324 11, 874, 820 9, 178, 108 51, 927, 479 -453, 756 -34, 945 0 -238, 047 -531, 309 0 -98, 882 -175, 478	1, 196, 102 709, 085 0 3, 426, 871 11, 874, 820 9, 178, 108 51, 927, 479 9, 906, 315 1, 720, 758 0 1, 251, 788 1, 442, 046 0 1, 021, 853 886, 070	66. 00 67. 00 68. 00 68. 01 69. 00 71. 00 72. 00 73. 01 74. 00 76. 97 76. 98 77. 00 90. 00 90. 01 90. 02 90. 03 91. 00
68.00 68.01 69.00 71.00 73.00 73.01 74.00 76.00 76.97 76.98 77.00 90.00 90.01 90.02 90.03	06800 SPEECH PATHOLOGY 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 07301 HOSPI TAL BASED RETAI L PHARMACI ES 07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY 07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY 07700 ALLOGENEI C HSCT ACQUI SI TI ON 0UTPATI ENT SERVI CE COST CENTERS 09000 CLI NI C 09001 SUBSTANCE ABUSE CLI NI C 09003 ONCOLOGY CLI NI C	577, 583 0 1, 237, 250 0 0 1, 936, 124 0 1, 936, 124 0 1, 040, 480 601, 614 0 508, 976 326, 051 2, 557, 347	285, 174 178, 871 0 2, 970, 945 0 0 8, 423, 947 1, 755, 703 0 449, 355 1, 371, 741 0 611, 759 735, 497 1, 608, 832	1, 191, 551 756, 454 0 4, 208, 195 0 0 10, 360, 071 1, 755, 703 0 1, 489, 835 1, 973, 355 0 1, 120, 735 1, 061, 548 4, 166, 179	4, 551 -47, 369 0 -781, 324 11, 874, 820 9, 178, 108 51, 927, 479 -453, 756 -34, 945 0 -238, 047 -531, 309 0 -98, 882 -175, 478 -755, 051	$\begin{array}{c} 1, 196, 102\\ 709, 085\\ 0\\ 3, 426, 871\\ 11, 874, 820\\ 9, 178, 108\\ 51, 927, 479\\ 9, 906, 315\\ 1, 720, 758\\ 0\\ 1, 251, 788\\ 1, 442, 046\\ 0\\ \hline \\ 0\\ \hline \\ 1, 021, 853\\ 886, 070\\ 3, 411, 128\\ \end{array}$	66. 00 67. 00 68. 00 68. 01 69. 00 71. 00 72. 00 73. 01 74. 00 76. 90 76. 98 77. 00 90. 00 90. 01 90. 02 90. 03
68. 00 68. 01 69. 00 71. 00 73. 00 73. 01 74. 00 76. 00 76. 97 76. 98 77. 00 90. 00 90. 01 90. 02 90. 03 91. 00 92. 00 92. 00	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 07200 IMPL. DEV. CHARGED TO PATI ENT 07300 DRUGS CHARGED TO PATI ENTS 07301 HOSPI TAL BASED RETAI L PHARMACI ES 07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY 07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY 07700 ALLOGENEI C HSCT ACQUI SI TI ON 0UTPATI ENT SERVICE COST CENTERS 09000 CLI NI C 09001 SUBSTANCE ABUSE CLI NI C 09002 PAI N CLI NI C 09100 EMERGENCY 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 09201 OBSERVATI ON BEDS (DI STI NCT PART) 07HER REI MBURSABLE COST CENTERS	577, 583 0 1, 237, 250 0 0 0 1, 936, 124 0 0 1, 040, 480 601, 614 0 508, 976 326, 051 2, 557, 347 10, 681, 194 996, 477	285, 174 178, 871 0 2, 970, 945 0 0 8, 423, 947 1, 755, 703 0 449, 355 1, 371, 741 0 611, 759 735, 497 1, 608, 832 9, 773, 649 609, 299	1, 191, 551 756, 454 0 4, 208, 195 0 0 10, 360, 071 1, 755, 703 0 1, 489, 835 1, 973, 355 0 0 1, 120, 735 1, 061, 548 4, 166, 179 20, 454, 843 1, 605, 776	4, 551 -47, 369 0 -781, 324 11, 874, 820 9, 178, 108 51, 927, 479 -453, 756 -34, 945 0 -238, 047 -531, 309 0 -98, 882 -175, 478 -755, 051 -2, 696, 763 -239, 309	1, 196, 102 709, 085 0 3, 426, 871 11, 874, 820 9, 178, 108 51, 927, 479 9, 906, 315 1, 720, 758 0 1, 251, 788 1, 442, 046 0 1, 021, 853 886, 070 3, 411, 128 17, 758, 080 1, 366, 467	66. 00 67. 00 68. 00 68. 01 69. 00 71. 00 73. 00 73. 00 73. 00 76. 00 76. 98 77. 00 90. 00 90. 01 90. 02 90. 03 91. 00 92. 01
68.00 68.01 69.00 71.00 72.00 73.01 74.00 76.00 76.97 76.98 77.00 90.00 90.01 90.02 90.03 91.00 92.00 92.01 95.00	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENT 07300 DRUGS CHARGED TO PATIENTS 07301 HOSPI TAL BASED RETAIL PHARMACIES 07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY 07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY 07700 ALLOGENEI C HSCT ACQUI SI TI ON 00UTPATIENT SERVICE COST CENTERS 09000 CLI NI C 09001 SUBSTANCE ABUSE CLI NI C 09002 PAI N CLI NI C 09003 ONCOLOGY CLI NI C 09100 EMERGENCY 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 09201 OBSERVATI ON BEDS (DI STI NCT PART) 09200 AMBULANCE SERVICES	577, 583 0 1, 237, 250 0 0 1, 936, 124 0 0 1, 040, 480 601, 614 0 508, 976 326, 051 2, 557, 347 10, 681, 194 996, 477	285, 174 178, 871 0 2, 970, 945 0 0 8, 423, 947 1, 755, 703 0 449, 355 1, 371, 741 0 611, 759 735, 497 1, 608, 832 9, 773, 649 609, 299	1, 191, 551 756, 454 0 4, 208, 195 0 0 10, 360, 071 1, 755, 703 0 1, 489, 835 1, 973, 355 0 1, 120, 735 1, 061, 548 4, 166, 179 20, 454, 843 1, 605, 776	4, 551 -47, 369 0 -781, 324 11, 874, 820 9, 178, 108 51, 927, 479 -453, 756 -34, 945 0 -238, 047 -531, 309 0 -98, 882 -175, 478 -755, 051 -2, 696, 763 -239, 309	1, 196, 102 709, 085 0 3, 426, 871 11, 874, 820 9, 178, 108 51, 927, 479 9, 906, 315 1, 720, 758 0 1, 251, 788 1, 442, 046 0 1, 021, 853 886, 070 3, 411, 128 17, 758, 080 1, 366, 467	66. 00 67. 00 68. 01 69. 00 71. 00 72. 00 73. 01 74. 00 76. 00 76. 00 76. 00 76. 98 77. 00 90. 01 90. 02 90. 03 91. 00 92. 01 95. 00
68.00 68.01 69.00 71.00 73.01 74.00 76.00 76.97 76.98 77.00 90.00 90.01 90.02 90.03 91.00 92.00 92.01 95.00	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 07200 IMPL. DEV. CHARGED TO PATI ENT 07300 DRUGS CHARGED TO PATI ENTS 07301 HOSPI TAL BASED RETAI L PHARMACI ES 07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY 07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY 07700 ALLOGENEI C HSCT ACQUI SI TI ON 0UTPATI ENT SERVICE COST CENTERS 09000 CLI NI C 09001 SUBSTANCE ABUSE CLI NI C 09002 PAI N CLI NI C 09100 EMERGENCY 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 09201 OBSERVATI ON BEDS (DI STI NCT PART) 07HER REI MBURSABLE COST CENTERS	577, 583 0 1, 237, 250 0 0 0 1, 936, 124 0 0 1, 040, 480 601, 614 0 508, 976 326, 051 2, 557, 347 10, 681, 194 996, 477	285, 174 178, 871 0 2, 970, 945 0 0 8, 423, 947 1, 755, 703 0 449, 355 1, 371, 741 0 611, 759 735, 497 1, 608, 832 9, 773, 649 609, 299	1, 191, 551 756, 454 0 4, 208, 195 0 0 10, 360, 071 1, 755, 703 0 1, 489, 835 1, 973, 355 0 0 1, 120, 735 1, 061, 548 4, 166, 179 20, 454, 843 1, 605, 776	4, 551 -47, 369 0 -781, 324 11, 874, 820 9, 178, 108 51, 927, 479 -453, 756 -34, 945 0 -238, 047 -531, 309 0 -98, 882 -175, 478 -755, 051 -2, 696, 763 -239, 309	1, 196, 102 709, 085 0 3, 426, 871 11, 874, 820 9, 178, 108 51, 927, 479 9, 906, 315 1, 720, 758 0 1, 251, 788 1, 442, 046 0 1, 021, 853 886, 070 3, 411, 128 17, 758, 080 1, 366, 467	66. 00 67. 00 68. 00 68. 01 69. 00 71. 00 73. 00 73. 00 73. 00 76. 00 76. 98 77. 00 90. 00 90. 01 90. 02 90. 03 91. 00 92. 01
68. 00 68. 01 69. 00 71. 00 73. 00 73. 01 74. 00 76. 97 76. 98 77. 00 90. 01 90. 02 90. 03 91. 00 92. 01 95. 00 102. 00	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENT 07300 DRUGS CHARGED TO PATIENTS 07301 HOSPI TAL BASED RETAIL PHARMACIES 07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY 07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY 07700 ALLOGENEI C HSCT ACQUI SI TI ON 0UTPATIENT SERVICE COST CENTERS 09000 CLI NI C 09002 PAI N CLI NI C 09003 ONCOLOGY CLI NI C 09020 OBSERVATI ON BEDS (NON-DI STI NCT PART) 09201 OBSERVATI ON BEDS (DI STI NCT PART) 09200 OBSERVATI ON BEDS (DI STI NCT PART) 09201 OD TREATMENT PROGRAM SPECI AL PURPOSE COST CENTERS 11300 INTEREST EXPENSE	577, 583 0 1, 237, 250 0 0 1, 936, 124 0 0 1, 040, 480 601, 614 0 508, 976 326, 051 2, 557, 347 10, 681, 194 996, 477	285, 174 178, 871 0 2, 970, 945 0 0 8, 423, 947 1, 755, 703 0 449, 355 1, 371, 741 0 611, 759 735, 497 1, 608, 832 9, 773, 649 609, 299	1, 191, 551 756, 454 0 4, 208, 195 0 0 10, 360, 071 1, 755, 703 0 1, 489, 835 1, 973, 355 0 1, 120, 735 1, 061, 548 4, 166, 179 20, 454, 843 1, 605, 776	4, 551 -47, 369 0 -781, 324 11, 874, 820 9, 178, 108 51, 927, 479 -453, 756 -34, 945 0 -238, 047 -531, 309 0 -98, 882 -175, 478 -755, 051 -2, 696, 763 -239, 309 0 0 0	$\begin{array}{c} 1, 196, 102\\ 709, 085\\ 0\\ 3, 426, 871\\ 11, 874, 820\\ 9, 178, 108\\ 51, 927, 479\\ 9, 906, 315\\ 1, 720, 758\\ 0\\ 1, 251, 788\\ 1, 442, 046\\ 0\\ \hline \\ 0\\ 1, 021, 853\\ 886, 070\\ 3, 411, 128\\ 17, 758, 080\\ 1, 366, 467\\ \hline \\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0$	66. 00 67. 00 68. 00 68. 01 69. 00 71. 00 72. 00 73. 01 74. 00 76. 97 76. 98 77. 00 90. 01 90. 01 90. 02 90. 03 91. 00 92. 01 95. 00 102. 00 95. 00 113. 00

Health Financial Systems	BALL MEMORIAL	HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CO		Peri od:	Worksheet A	
				From 01/01/2022		
				To 12/31/2022		
Cast Captor Description	Sal ari es	Other	Tatal (agl (	1 Reclassi fi cati	5/26/2023 11: Recl assi fi ed	47 am
Cost Center Description	Salaries	other	+ col. 2)	ons (See A-6)	Trial Balance	
			+ cor. 2)	UII3 (366 A-0)	(col. 3 +-	
					col. 4)	
	1.00	2.00	3.00	4.00	5.00	
NONREI MBURSABLE COST CENTERS	1.00	2.00	0.00	1.00	0.00	
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	306, 807	628, 367	935, 17	4 -56, 265	878, 909	190.00
191. 00 19100 RESEARCH	751, 407	242, 354				•
194.00 07950 OTHER NONREI MBURSABLE COST CENTERS	0	0		0 0		194.00
194. 01 07951 BSU PHARMACY	58, 202	18, 887	77,08	9 38, 218		•
194. 02 07952 PAVI LLI ON PHARMACY	988, 293	7, 390, 477	8, 378, 77			
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	24, 095	24, 09	5 -22, 973	1, 122	194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	0	0		0 0		194.06
194. 07 07957 PERINATAL CLINIC	0	0		0 0	0	194.07
194. 08 07958 RENTAL PROPERTY	0	1, 735, 397	1, 735, 39	7 -933, 283	802, 114	194.08
194. 09 07959 ADVERTI SI NG	0	0		0 0		194.09
194. 10 07960 I NTEGRA LTAC	0	0		0 0	0	194.10
194. 11 07961 IU HEALTH HOSPICE	0	0		0 0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0 0	0	194. 12
194. 13 07963 PEDI ATRI C THERAPI ES	1, 346, 469	436, 366	1, 782, 83	5 -117, 362	1, 665, 473	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	0	194.15
194. 16 07966 JAY COUNTY HOSPITAL	0	0		0 1, 162, 078	1, 162, 078	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
194.2107971 ST MARY'S SCHOOL	0	0		0 0	0	194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	921, 958	368, 521	1, 290, 47	9 -238, 526	1, 051, 953	194. 22
194.2307973 CANCER CENTER BOUTIQUE	18, 224	67, 183	85, 40	7 -420	84, 987	194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0		0 0	0	194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	750	5, 657	6, 40	7 - 302	6, 105	194. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	0	224, 272	224, 27	2 844, 170		•
194.2707977 MIDWEST HEALTH STRATEGIES	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	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 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		194.35
200.00 TOTAL (SUM OF LINES 118 through 199)	161, 970, 875	358, 434, 313	520, 405, 18	8 0	520, 405, 188	200.00

leal th	n Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lieu of For	rm CMS-2552-1
RECLA	SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C	OF EXPENSES	Provider CC	N: 15-0089	Period:         Workshi           From 01/01/2022         To           To         12/31/2022         Date/T	eet A ime Prepared:
	Cost Center Description	Adjustments	Net Expenses			023 11:47 am
	bost benter bescription	(See A-8)	For Allocation			
		6.00	7.00			
I. 00	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT	5, 040, 602	28, 812, 601			1.00
. 00	00300 OTHER CAPITAL RELATED COSTS	0	0			3.00
00	00400 EMPLOYEE BENEFITS DEPARTMENT	-2, 245, 575	24, 974, 837			4.00
01	01160 COMMUNI CATI ONS	-47, 750				5. 0
02	00550 DATA PROCESSI NG	19, 460, 039				5. 0
04		10, 489, 509 11, 631, 020				5.0
05 06	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00590 OTHER ADMI NI STRATI VE AND GENERAL	-57, 853, 805				5. 0 5. 0
00	00600 MAI NTENANCE & REPAI RS	-413, 911	10, 188, 753			6.0
. 00	00700 OPERATION OF PLANT	-4, 820				7.0
. 00	00800 LAUNDRY & LINEN SERVICE	0	1, 324, 806			8. C
00	00900 HOUSEKEEPI NG	-192, 275				9. C
). 00		-275, 124				10.0
	01100 CAFETERIA 01300 NURSI NG ADMI NI STRATI ON	-28, 152	1, 187, 005 14, 103, 228			11. 0 13. 0
	01400 CENTRAL SERVICES & SUPPLY	-20, 152	10, 342, 510			14. 0
	01500 PHARMACY	-581, 553				15.0
	01600 MEDICAL RECORDS & LIBRARY	0	0			16.0
	01080 PATIENT TRANSPORTATION	-17, 250				18.0
	02100 I &R SERVI CES-SALARY & FRI NGES APPRVD	0	3, 892, 880			21.0
	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	-7, 153				22.0
3.00	02300 PARAMED ED PRGM INPATIENT ROUTINE SERVICE COST CENTERS	0	248, 302			23. 0
0. 00	03000 ADULTS & PEDIATRICS	-10, 761, 024	55, 545, 884			30. 0
	03100 I NTENSI VE CARE UNI T	0	14, 672, 435			31.0
2.00	03200 CORONARY CARE UNI T	0	0			32.0
	02060 NEONATAL INTENSIVE CARE UNIT	-1, 275, 838	3, 631, 604			35.0
	04000 SUBPROVIDER - IPF	0	0			40.0
1.00		0	2, 351, 295			41.0
3.00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	659, 037			43. 0
0. 00	05000 OPERATI NG ROOM	-5, 912, 118	12, 176, 922			50.0
	05100 RECOVERY ROOM	0	2, 458, 480			51.0
	05200 DELIVERY ROOM & LABOR ROOM	-280	3, 589, 105			52.0
	05400 RADI OLOGY-DI AGNOSTI C	-562, 770				54.0
	05700 CT SCAN	0	1, 698, 398			57.0 58.0
	05800 MAGNETIC RESONANCE I MAGI NG (MRI) 05900 CARDI AC CATHETERIZATI ON	-4, 800	3, 907, 559			59.0
	06000 LABORATORY	4,000	15, 971, 323			60.0
	06001 BLOOD LABORATORY	0	0			60. C
	06300 BLOOD STORING, PROCESSING, & TRANS.	0	1, 332, 293			63.0
	06500 RESPI RATORY THERAPY	-197				65.0
5.01 4.00	06501 SLEEP LAB 06600 PHYSI CAL THERAPY	-6, 218	580, 991 4, 719, 121			65. 0 66. 0
	06700 OCCUPATI ONAL THERAPY	-234, 511 0	4, 719, 121			67.0
	06800 SPEECH PATHOLOGY	0	709, 085			68.0
	06801 AUDI OLOGY	0	0			68.0
	06900 ELECTROCARDI OLOGY	-82, 204	3, 344, 667			69.0
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11, 874, 820			71.0
	07200 IMPL. DEV. CHARGED TO PATIENT	0	9, 178, 108			72.0
	07300 DRUGS CHARGED TO PATIENTS 07301 HOSPITAL BASED RETAIL PHARMACIES	-674, 238	51, 927, 479 9, 232, 077			73.0
	07400 RENAL DIALYSIS	-074, 230	1, 720, 758			74.0
	03160 CARDI OPULMONARY	0	0			76.0
	07697 CARDI AC REHABI LI TATI ON	-104, 790	1, 146, 998			76. 9
	07698 HYPERBARI C OXYGEN THERAPY	43, 661	1, 485, 707			76. 9
7.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0			77. C
	OUTPATI ENT SERVI CE COST CENTERS	0	0			90.0
	09000 CLINIC 09001 SUBSTANCE ABUSE CLINIC	-391, 154	630, 699			90.0
	09002 PAIN CLINIC	-484, 576				90.0
	09003 ONCOLOGY CLINIC	-31, 966				90.0
	09100 EMERGENCY	-836, 438	16, 921, 642			91.0
	09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.0
2. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	1, 366, 467			92.0
= 00	OTHER REIMBURSABLE COST CENTERS					
	09500 AMBULANCE SERVICES 0 10200 OPI 0I D TREATMENT PROGRAM	0	0			95. C 102. C
∪∠. U	SPECIAL PURPOSE COST CENTERS	0	0			102.0
13.0	0 11300 I NTEREST EXPENSE	0	0			113. 0
18.0	0 SUBTOTALS (SUM OF LINES 1 through 117)	-36, 365, 659	468, 100, 018			118.0
	NONREI MBURSABLE COST CENTERS					
<i>)</i> 0.0	0 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	878, 909			190. 0

BALL MEMORIAL HOSPITAL

 Health Financial
 Systems
 BALL
 MEMO

 RECLASSIFICATION
 AND ADJUSTMENTS OF TRIAL
 BALANCE OF
 EXPENSES

Health Financial Systems	BALL MEMORIA	- HOSPI TAL		In Lie	u of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der CCI	N: 15-0089	Peri od:	Worksheet A
				From 01/01/2022	
				To 12/31/2022	Date/Time Prepared: 5/26/2023 11:47 am
Cost Center Description	Adjustments	Net Expenses			572072023 11.47 alli
oust center bescription		For Allocation			
	6.00	7.00			
191. 00 19100 RESEARCH	0	828, 374			191.00
194.0007950 OTHER NONREIMBURSABLE COST CENTERS	0	0			194.00
194.0107951 BSU PHARMACY	-77,075	38, 232			194.01
194. 02 07952 PAVI LLI ON PHARMACY	0	8, 274, 647			194. 02
194. 03 07953 VENDI NG	0	0			194. 03
194. 04 07954 CARELI NE	0	0			194.04
194.0507955 WELLNESS CENTER	0	1, 122			194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0			194.06
194. 07 07957 PERINATAL CLINIC	0	0			194.07
194.0807958 RENTAL PROPERTY	0	802, 114			194.08
194. 09 07959 ADVERTI SI NG	0	0			194.09
194.1007960 INTEGRA LTAC	0	0			194.10
194.1107961 IU HEALTH HOSPICE	0	0			194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0			194. 12
194. 13 07963 PEDI ATRI C THERAPI ES	0	1, 665, 473			194. 13
194.14 07964 NEW CASTLE ONCOLOGY	0	0			194.14
194. 15 07965 MARKETI NG/PUBLIC RELATIONS	0	0			194. 15
194. 16 07966 JAY COUNTY HOSPI TAL	0	1, 162, 078			194.16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0			194. 17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES	0	0			194. 18
194.1907969 HEALTH CARE CONNECTIONS	0	0			194. 19
194.2007970 MEALS ON WHEELS	0	0			194. 20
194.2107971 ST MARY'S SCHOOL	0	0			194. 21
194.2207972 THERAPIES TO OTHER ENTITIES	-1, 051, 953	0			194. 22
194.2307973CANCER CENTER BOUTIQUE	0	84, 987			194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0			194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	6, 105			194. 25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	1, 068, 442			194.26
194. 27 07977 MIDWEST 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 CARDI NAL HEALTH ALLI ANCE	0	0			194. 30
194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS	0	0			194. 31
194. 32 07982 RENAL DI ALYSI S	0	0			194. 32
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
200.00 TOTAL (SUM OF LINES 118 through 199)	-37, 494, 687	482, 910, 501			200.00

Heal th	Fi nanci al	Systems
RECLAS	SIFICATION	IS

## BALL MEMORIAL HOSPITAL

Provider CCN: 15-0089

					To 12/31/2022 Date/Time Pr 5/26/2023 11	
		Increases				
	Cost Center 2.00	Line #	Salary	Other 5.00		
	A - NON-BILLABLE SUPPLIES	3.00	4.00	5.00		
1.00 2.00	CENTRAL SERVICES & SUPPLY NEW CAP REL COSTS-BLDG & FIXT	14.00 1.00	0 0	9, 536, 374 274		1.00 2.00
3.00 4.00 5.00	COMMUNI CATI ONS ADMITTI NG OTHER ADMI NI STRATI VE AND	5. 01 5. 04 5. 06	0 0 0	34 1, 123 333, 254		3.00 4.00 5.00
6. 00 7. 00	GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT	6. 00 7. 00	0	155, 908 17		6. 00 7. 00
8.00 9.00 10.00	HOUSEKEEPI NG DI ETARY PATI ENT TRANSPORTATI ON	9.00 10.00 18.00	0 0 0	1, 848 127 75		8.00 9.00 10.00
11. 00 12. 00	I&R SERVICES-OTHER PRGM COSTS APPRVD OCCUPATIONAL THERAPY	22.00 67.00	0	551 1, 052		11.00
13.00 14.00 15.00	SPEECH PATHOLOGY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L	68. 00 69. 00 73. 01	0 0 0	158 2, 742 1, 222		13.00 14.00 15.00
16. 00 17. 00 18. 00	PHARMACIES CARDIAC REHABILITATION SUBSTANCE ABUSE CLINIC RESEARCH	76. 97 90. 01 191. 00	0 0 0	5, 079 106 585		16.00 17.00 18.00
19.00 20.00	WELLNESS CENTER RENTAL PROPERTY	194. 05 194. 08	0	1, 001 14, 446		19.00 20.00
21.00 22.00	CANCER CENTER BOUTIQUE	194. 23 0. 00	0	170 0		21.00 22.00
23.00 24.00 25.00		0.00 0.00 0.00	0 0 0	0 0 0		23.00 24.00 25.00
26.00	<u> </u>		0	00000000000_0		26.00
	B - BILLABLE SUPPLIES	<u> </u>	0	10,030, 140		
1.00	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	71.00	0	11, 874, 820		1.00
2.00 3.00	RESPI RATORY THERAPY	65.00 0.00 0.00	0 0 0	177 0 0		2.00
4.00 5.00 6.00		0.00	0	0		4.00 5.00 6.00
7.00 8.00		0.00	0	0		7.00 8.00
9.00 10.00		0.00	0	0 0		9.00 10.00
11. 00 12. 00 13. 00		0.00 0.00 0.00	0 0 0	0 0 0		11.00 12.00 13.00
14.00 15.00		0.00 0.00	0 0	0 0		14. 00 15. 00
16. 00 17. 00 18. 00		0.00 0.00 0.00	0 0 0	0 0 0		16.00 17.00 18.00
19.00 19.00 20.00		0.00	0	0		19.00 20.00
21.00 22.00		0. 00 0. 00	0	0 0		21.00 22.00
23.00 24.00 25.00		0.00 0.00 0.00	0 0 0	0 0 0		23.00 24.00 25.00
26. 00 27. 00		0.00	0	0		26. 00 27. 00
28.00 29.00		0.00	0	0 0		28.00 29.00
30. 00 31. 00 32. 00		0.00 0.00 <u>0.</u> 00	0 0 0 0	0 0 <u>0</u> 11.874.007		30.00 31.00 32.00
1.00	C - IMPLANTABLE DEVICES IMPL. DEV. CHARGED TO PATIENT	72.00	0	11, 874, 997 9, 178, 108		1.00
2.00 3.00		0. 00 0. 00	0 0	0 0		2.00 3.00
4.00 5.00		0.00 0.00	0 0	0 0		4.00 5.00

LAS	Financial Systems SIFICATIONS		BALL MEMORIAL	Provi der CCN: 15-0089	Period:	u of Form CMS-2552 Worksheet A-6
					From 01/01/2022 To 12/31/2022	Date/Time Prepare
		Increases				5/26/2023 11: 47 a
	Cost Center	Line #	Salary	Other 5.00		
0	2.00	3.00	4.00	5.00		6.
0		0.00	Ö	Ö		7.
0		0.00	0	О		8.
0			0	<u> </u>		9.
	D – BILLABLE DRUGS		0	9, 178, 108		
0	PHARMACY	15.00	0	2, 193, 392		1
0	DRUGS CHARGED TO PATIENTS	73.00	0	51, 927, 479		2
0 0		0. 00 0. 00	0	0 0		3
0		0.00	0	0		5
0		0.00	0	0		6
0		0.00	0	0		7
0		0.00	0	0		8
0 00		0. 00 0. 00	0	0 0		9
00		0.00	0	0		11
00		0.00	0	0		12
00		0.00	0	0		13
00 00		0. 00 0. 00	0	0 0		14
00		0.00	0	0		16
00		0.00	0	0		17
00		0.00	0	0		18
00 00		0. 00 0. 00	0	0 0		19 20
00		0.00	0	0		20
00		0.00	0	0		22
00		0.00	0	0		23
00		0.00	0	0		24
00 00		0. 00 0. 00	0	0 0		25
00		0.00	0	0		27
00		0.00	0	О		28
00 00		0. 00 0. 00	0	0		29 30
00		0.00	0	0		31
00		0.00	0	0		32
00		0.00	0	0		33
00		0.00	0	0		34
00			0	54, 120, 871		35
	E - INTERN & RESIDENT SALARIES		<u> </u>	0111201011		
0	I &R SERVICES-SALARY &	21.00	3, 892, 880	0		1
	FRINGES APPRVD	+	3, 892, 880	— — <u> </u>		
	F - CAFETERIA	I	0,072,000			
0	CAFETERI A	<u>11.</u> 00	<u> </u>	342, 859		1
	O G - PHARMACY ADMIN COSTS		844, 146	342, 859		
0	BSU PHARMACY ADMIN COSTS	194.01	33, 389	19, 310		1
0	PAVI LLI ON PHARMACY	194.02	33, 389	19, 310		2
			66, 778	38, 620		
0	H - AUTO & BUILDING INSURANCE NEW CAP REL COSTS-BLDG &	1.00	0	449, 088		1
5	FIXT	1.00	0	, , , , , , , , , , , , , , , , , , , ,		
0		0.00	0	0		2
	O I - REHAB ADMIN COSTS		0	449, 088		
0	OCCUPATIONAL THERAPY	67.00	90, 981	42, 704		1
	SPEECH PATHOLOGY	68.00	57, 976	26, 784		2
0	PEDIATRIC THERAPIES	194.13	135, 155	65, 345		3
0 0	THERAPIES TO OTHER ENTITIES	1 <u>94.</u> 22	7,030	<u>4, 822</u>		4
0			291, 142	139, 655		
0 0	0			1 224 00/		
0 0	0 J - LAUNDRY LAUNDRY & LINEN SERVICE	8.00	0	1, 324, 806		
0 0 0 0	O J - LAUNDRY	0.00	0	1, 324, 806 0		2
0 0 0 0 0 0	O J - LAUNDRY	0. 00 0. 00		1, 324, 806 0 0		2
0 0 0 0 0 0 0	O J - LAUNDRY	0.00 0.00 0.00	0 0 0	0		2 3 4
	O J - LAUNDRY	0.00 0.00 0.00 0.00	0	0		2 3 4 5
0 0 0 0 0 0 0	O J - LAUNDRY	0.00 0.00 0.00	0 0 0	0		1 2 3 4 5 6 7

BALL MEMORIAL HOSPITAL Provider CCN: 15-0089 Period: Ecom 01

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

RECLASS	STFICATIONS			Provider (	CN: 15-0089	From 01/01/2022	Worksheet /	
							Date/Time F 5/26/2023	
	Cost Center	I ncreases Li ne #	Salary	Other				
10.00	2.00	3.00	4.00	<u>5.00</u> 0				10.00
11.00		0.00	О	0				11.00
12. 00 13. 00		0.00 0.00	0	0				12.00 13.00
14.00		0.00	0	0				14.00
15. 00 16. 00		0.00 0.00	0	0 0				15.00 16.00
17.00		0.00	О	0				17.00
18. 00 19. 00		0.00 0.00	0	0				18.00 19.00
20.00		0.00	0	0				20.00
21.00 22.00		0.00 0.00	0	0				21.00 22.00
23.00		0.00	0	0				23.00
24.00 25.00		0.00 0.00	0	0				24.00 25.00
20100	0			1, 324, 806				
1.00	L - IRF AND PACU MEDSURG ADULTS & PEDIATRICS	30.00	89, 351	26, 280				1.00
2.00		0.00	0	0				2.00
3.00 4.00		0.00 0.00	0	0				3.00 4.00
	0		89, 351	26, 280				
1.00	N - NEGATIVE SALARY EMPLOYEE BENEFITS DEPARTMENT	4.00	2, 352	0				1.00
	TOTALS		2, 352	0				_
1.00	Q - NURSERY NURSERY	43.00	575, 516	83, 521				1.00
2.00			00 575, 516	<u>0</u>	-			2.00
	S - EMPLOYEE BENEFITS							
1.00 2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00 0.00	0	26, 529, 800 0				1.00 2.00
3.00		0.00	О	0				3.00
4.00 5.00		0.00 0.00	0	0				4.00 5.00
6.00		0.00	0	0				6.00
7.00 8.00		0.00 0.00	0	0 0				7.00 8.00
9.00		0.00	0	0				9.00
10. 00 11. 00		0.00 0.00	0	0 0				10. 00 11. 00
12.00		0.00	О	0				12.00
13.00 14.00		0.00 0.00	0	0 0				13.00 14.00
15.00		0.00	О	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 20. 00		0.00 0.00	0 0	0 0				19.00 20.00
21.00		0.00	0	0				21.00
22.00 23.00		0.00 0.00	0	0 0				22. 00 23. 00
24.00		0.00	О	0				24.00
25. 00 26. 00		0.00 0.00	0 0	0 0				25.00 26.00
27.00		0.00	0	0				27.00
28. 00 29. 00		0.00 0.00	0	0 0				28.00 29.00
30.00		0.00	О	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 35.00		0. 00 0. 00	0 0	0 0				34.00 35.00
36.00		0.00	0	0				36.00
37.00 38.00		0.00 0.00	0	0 0				37.00 38.00
39.00		0.00	О	0				39.00
40. 00 41. 00		0. 00 0. 00	0 0	0 0				40.00 41.00
42.00		0.00	0	0				42.00
43.00		0.00	0	0				43.00

	Financial Systems SIFICATIONS		BALL MEMORIAL	HOSPITAL Provider CCN: 15-00		Lieu of Form CMS-2552-10 Worksheet A-6	
					To 12/31/	2022 Date/Time Prepared:	
		Increases				5/26/2023 11:47 am	
	Cost Center	Line #	Salary	Other			
44.00	2.00	3.00	4.00	5.00		44.00	
45.00	<u> </u>	0.00		0		45.00	
	O T – CORPORATE TELEHPONE		0	26, 529, 800			
1.00	OTHER ADMINI STRATI VE AND	5.06	0	305		1.00	
2 00	GENERAL	0.00		0		2.00	
2.00	<u> </u>	0.00	0	<u>0</u> 305		2.00	
	U - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FLXT	1.00	0	21, 377, 599		1.00	
2.00		0.00	0	0		2.00	
3.00		0.00	0	0		3.00	
4.00 5.00		0.00 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 0		8.00 9.00	
10.00		0.00	0	0		10.00	
11.00		0.00	0	0		11.00	
12.00 13.00		0.00 0.00	0	0		12.00 13.00	
14.00		0.00	0	0		14.00	
15.00		0.00	0	0		15.00	
16. 00 17. 00		0.00 0.00	0	0		16.00 17.00	
18.00		0.00	0	0		18.00	
19.00		0.00	0	0		19.00	
20. 00 21. 00		0.00 0.00	0	0		20.00 21.00	
22.00		0.00	0	0		22.00	
23.00		0.00	0	0		23.00	
24.00 25.00		0.00 0.00	0 O	0		24.00 25.00	
26.00		0.00	Ö	0		26.00	
27.00		0.00	0	0		27.00	
28. 00 29. 00		0.00 0.00	0	0		28.00 29.00	
30.00		0.00	0	0		30.00	
31.00		0.00	0	0		31.00	
32.00 33.00		0.00 0.00	0	0		32.00 33.00	
34.00		0.00	0	0		34.00	
35.00 36.00		0.00	0	0		35. 00 36. 00	
37.00		0.00	0	0		30.00	
38.00	$\square \square \square \square \square \square$	0.00	0	0		38.00	
	0 V - LEASE EXPENSE		0	21, 377, 599			
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	460, 997		1.00	
2 00	FLXT	0.00				2.00	
2.00	<u> </u>	0.00		<u>0</u> 460, 997		2.00	
	W - PTO USED AS STD	· · ·					
1.00 2.00	COMMUNI CATI ONS ADMI TTI NG	5. 01 5. 04	0	90 27, 757		1.00 2.00	
2.00	OPERATION OF PLANT	7.00	0	27,757		3.00	
4.00	HOUSEKEEPI NG	9.00	0	38, 501		4.00	
5.00		10.00	o	10, 513 19, 521		5.00	
6.00 7.00	NURSING ADMINISTRATION PHARMACY	13.00 15.00	0	18, 521 45, 756		6.00 7.00	
8.00	PATI ENT TRANSPORTATI ON	18.00	Ō	723		8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	127, 527		9.00	
10. 00 11. 00	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	31.00 35.00		43, 528 29, 179		10.00	
12.00	SUBPROVI DER – I RF	41.00	õ	1, 339		12.00	
13.00	OPERATING ROOM	50.00	O	26, 170		13.00	
14. 00 15. 00	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	51.00 52.00	0	1, 810 30, 758		14.00 15.00	
16. 00	RADI OLOGY-DI AGNOSTI C	52.00	0	43, 159		16.00	
17.00	CARDI AC CATHETERI ZATI ON	59.00	O	12, 416		17.00	
18. 00 19. 00	RESPI RATORY THERAPY SLEEP LAB	65.00 65.01	0	5, 254 1, 458		18.00 19.00	
		1 00.01	9	1, 100		1 1 7:00	

BALL MEMORIAL HOSPITAL Provider CCN: 15-0089 Period:

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

RECLAS	SIFICATIONS			Provider C	CN: 15-0089	Period: From 01/01/2022	Worksheet A-	6
						To 12/31/2022	Date/Time Pr	
		Increases					5/26/2023 11	:47 am
	Cost Center	Line #	Salary	Other				
	2. 00	3.00	4.00	5.00				
20.00	PHYSICAL THERAPY	66.00	0	22, 891				20.00
21.00 22.00	OCCUPATI ONAL THERAPY SPEECH PATHOLOGY	67.00 68.00	0	6, 266 5, 314				21.00
23.00	ELECTROCARDI OLOGY	69.00	0	8, 655				23.00
24.00	HOSPITAL BASED RETAIL	73.01	o	2, 291				24.00
	PHARMACI ES							
25.00	CARDIAC REHABILITATION	76. 97 76. 98	0	2, 386				25.00
26.00 27.00	HYPERBARIC OXYGEN THERAPY SUBSTANCE ABUSE CLINIC	76. 98 90. 01	0	373 4, 719				26.00 27.00
28.00	EMERGENCY	91.00	0	38, 135				28.00
29.00	RESEARCH	191.00	Ō	833				29.00
30.00	PAVILLION PHARMACY	194.02	О	735				30.00
31.00	PEDI ATRI C THERAPI ES	194.13	0	8, 201				31.00
32.00	THERAPIES_TO_OTHER_ENTITIES_	1 <u>94.</u> 22	0	2, 898				32.00
			0	569, 601				_
1.00	X - WASTE DISPOSAL OPERATION OF PLANT	7.00	0	536, 242				1.00
2.00		0.00	0	000,212				2.00
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 8.00		0. 00 0. 00	0	0				7.00
8.00 9.00		0.00	0	0				9.00
10.00		0.00	0	0				10.00
11.00		0.00	o	0				11.00
12.00		0.00	0	0				12.00
13.00		0.00	0	0				13.00
14.00		0.00	0	0				14.00
15.00 16.00		0. 00 0. 00	0	0				15.00
17.00		0.00	0	0				17.00
18.00		0.00	Ő	0				18.00
	0			536, 242				
1 00	Y - UTILITIES	7.00		5 005 045				1 00
1.00 2.00	OPERATION OF PLANT	7.00 0.00	0	5, 885, 045 0				1.00
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 9.00		0. 00 0. 00	0	0 0				8.00 9.00
9.00 10.00		0.00	0	0				10.00
	0			5, 885, 045				
	Z - BLACKFORD							
1.00 2.00	BLACKFORD COMMUNITY HOSPITAL	194.26 0.00	675, 525 0	374, 893 0				1.00
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
9.00 10.00		0. 00 0. 00		0				9.00
11.00		0.00	0	0				11.00
12.00		0.00	Ō	0				12.00
13.00	L	0.00	0	0				13.00
			675, 525	374, 893				_
1.00	AA - INTEREST EXPENSE NEW CAP REL COSTS-BLDG &	1.00	0	103				1.00
1.00	FIXT	1.00	0	105				1.00
	0		0	103				_
1 00	AB - PARAMEDICAL EDUCATION	22.00	170 0/5	10 (07				1 1 00
1.00	PARAMED ED PRGM	23.00	<u>178, 265</u> 178, 265	<u>13, 637</u> 13, 637				1.00
	AC - PROPERTY TAX		170,200	13, 037				1
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	307, 001				1.00
2.00	FLXT	0.00		~				
2.00	<u> </u>		00	00 				2.00
	اب ا		Ч	307,001				1

LASSIFICATIONS			Provider CCN: 15-00	089 Period:	Worksheet A-6
				From 01/01/2022 To 12/31/2022	Date/Time Prepared:
				10 12/31/2022	5/26/2023 11:47 am
	Increases				
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
AD - JAY HOSPITAL					
0 JAY COUNTY HOSPITAL	194.16	715, 731	446, 347		1.0
0	0.00	0	0		2.0
0	0.00	0	0		3.0
0	0.00	0	0		4.0
0	0.00 0.00	0	0		5.0
0	0.00	0	0		6.0
0	0.00	0	0		8.0
0	0.00	0	0		9.0
00	0.00	0	0		10.0
00	0.00	0	0		11.0
00	0.00	0	0		11.0
···		715, 731	446, 347		12.0
AE - MALPRACTICE INSURANCE		715,751	440, 347		
0 OTHER ADMINI STRATI VE AND	5.06	0	200		1.0
GENERAL	0.00	Ŭ	200		1.0
0	+				
AG - BONUS - EMPLOYEES					
0 ADMI TTI NG	5.04	93, 000	7, 116		1.0
0 ADULTS & PEDIATRICS	30.00	1, 680, 000	128, 519		2.0
0 INTENSIVE CARE UNIT	31.00	650, 000	49, 725		3. 0
0 NEONATAL INTENSIVE CARE UNIT	35.00	272, 000	20, 808		4.0
0 SUBPROVIDER – IRF	41.00	153, 000	11, 704		5.0
O OPERATING ROOM	50.00	406, 000	31, 059		6.0
0 RECOVERY ROOM	51.00	202, 000	15, 453		7.0
O DELIVERY ROOM & LABOR ROOM	52.00	266, 000	20, 349		8.0
0 RADI OLOGY-DI AGNOSTI C	54.00	158, 000	12, 087		9.0
00 CARDIAC CATHETERIZATION	59.00	164, 000	12, 546		10.0
00 RESPIRATORY THERAPY	65.00	308, 000	23, 562		11.0
00 ELECTROCARDI OLOGY	69.00	46, 000	3, 519		12.0
00 CARDIAC REHABILITATION	76.97	22, 000	1, 683		13.0
00 HYPERBARI C OXYGEN THERAPY	76.98	35, 000	2,677		14.0
00 SUBSTANCE ABUSE CLINIC	90.01	9, 000	688		15.0
	90.02	9,000	688		16.0
00 ONCOLOGY CLINIC	90.03	190, 000	14, 535		17.0
00 EMERGENCY	91.00	569, 000	43, 528		18.0
00 OBSERVATION BEDS (DISTINCT PART)	92.01	59, 000	4, 513		19.0
TOTALS	$\vdash$ $ +$	5, 291, 000	404, 759		
.00 Grand Total: Increases		12, 622, 686	144, 541, 480		500. 0

RECLASS	Financial Systems		BALL MEMORIA	L HUSPITAL		In Lieu	i of Form CMS-2552-10
	SIFICATIONS			Provider (		Period:	Worksheet A-6
						From 01/01/2022 To 12/31/2022	Date/Time Prepared:
							5/26/2023 11:47 am
	Cost Center	Decreases	Salary	Other	Wkct A 7 Dof	I	
	6.00	7.00	8.00	9.00	Wkst. A-7 Ref. 10.00		
	A - NON-BILLABLE SUPPLIES	7.00	0.00	7.00	10.00		
	NURSING ADMINISTRATION	13.00	0	91, 041	0		1.00
2.00	PHARMACY	15.00	0	150, 143	14		2.00
	ADULTS & PEDIATRICS	30.00	0	1, 190, 612	0		3.00
	INTENSIVE CARE UNIT	31.00	0	476, 775	0		4.00
	NEONATAL INTENSIVE CARE UNIT	35.00	0	92, 801	0		5.00
	SUBPROVI DER – I RF	41.00	0	26, 234	0		6.00
	OPERATING ROOM	50.00	0	4, 760, 110	0		7.00
	RECOVERY ROOM	51.00	0	60, 806	0		8.00
	DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC	52.00 54.00	0	135, 052 982, 196	0		9. 00 10. 00
	CT SCAN	57.00	0	56, 254	0		11.00
	CARDI AC CATHETERI ZATI ON	59.00	0	570, 964	0		12.00
	LABORATORY	60.00	0	585	-		13.00
	BLOOD STORING, PROCESSING, &	63.00	0	74	0		14.00
	TRANS.	001.00	Ŭ				
15.00	RESPI RATORY THERAPY	65.00	О	499, 016	0		15.00
	SLEEP LAB	65.01	0	43, 333	0		16.00
17.00	PHYSI CAL THERAPY	66.00	0	8, 855	0		17.00
	RENAL DI ALYSI S	74.00	0	4, 710	0		18.00
19.00	HYPERBARIC OXYGEN THERAPY	76.98	0	272, 338			19.00
20.00	PAIN CLINIC	90.02	0	3, 930	0		20.00
21.00	ONCOLOGY CLINIC	90.03	0	121, 990	0		21.00
	EMERGENCY	91.00	0	481, 820	0		22.00
	OBSERVATION BEDS (DISTINCT	92.01	0	9, 285	0		23.00
	PART)	100.00		074			
24.00	GIFT, FLOWER, COFFEE SHOP &	190.00	0	371	0		24.00
25.00		194. 02	o	15 244	0		25.00
	PAVILLION PHARMACY PEDIATRIC THERAPIES	194.02	-	15, 344 1, 507	0		26.00
20.00			0	10, 056, 146			20.00
	B - BILLABLE SUPPLIES		Ч	10, 030, 140			
	OTHER ADMI NI STRATI VE AND	5.06	0	32	0		1.00
	GENERAL				-		
2.00	MAINTENANCE & REPAIRS	6.00	0	21	0		2.00
3.00	HOUSEKEEPING	9.00	0	19	0		3.00
4.00	DI ETARY	10.00	0	20	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	10, 175	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	19, 360	0		6.00
	PHARMACY	15.00	0	7, 198	0		7.00
	ADULTS & PEDIATRICS	30.00	0	279, 038			8.00
	INTENSIVE CARE UNIT	31.00	0	82, 989	0		9.00
	NEONATAL INTENSIVE CARE UNIT	35.00	0	4, 576	0		10.00
	SUBPROVIDER - IRF	41.00	0	8, 890			11.00
	OPERATING ROOM RECOVERY ROOM	50.00 51.00	-	3, 326, 041	-		12.00 13.00
	DELIVERY ROOM & LABOR ROOM	51.00	0	5, 375	0		
14.00				01 050			
15 00			0	91, 952 2, 672, 291	0		14.00
	RADI OLOGY-DI AGNOSTI C	54.00	0	2, 673, 281	0		14.00 15.00
16.00	CT SCAN	54.00 57.00	0 0	2, 673, 281 6, 128	0 0 0		14.00 15.00 16.00
16. 00 17. 00	CT SCAN CARDI AC CATHETERI ZATI ON	54.00 57.00 59.00	0 0 0	2, 673, 281 6, 128 5, 066, 930	0 0 0 0		14.00 15.00 16.00 17.00
16. 00 17. 00 18. 00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB	54.00 57.00 59.00 65.01	0 0 0	2, 673, 281 6, 128 5, 066, 930 171	0 0 0 0 0		14.00 15.00 16.00 17.00 18.00
16. 00 17. 00 18. 00 19. 00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY	54.00 57.00 59.00 65.01 66.00	0 0 0 0 0	2, 673, 281 6, 128 5, 066, 930 171 19, 205	0 0 0 0 0 0		14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
16.00 17.00 18.00 19.00 20.00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	54.00 57.00 59.00 65.01 66.00 67.00	0 0 0	2, 673, 281 6, 128 5, 066, 930 171 19, 205 20	0 0 0 0 0 0 0 0		14.00 15.00 16.00 17.00 18.00 19.00 20.00
16.00 17.00 18.00 19.00 20.00 21.00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY	54.00 57.00 59.00 65.01 66.00 67.00 69.00	0 0 0 0 0	2, 673, 281 6, 128 5, 066, 930 171 19, 205 20 538	0 0 0 0 0 0 0 0 0 0 0 0		14. 00 15. 00 17. 00 18. 00 19. 00 20. 00 21. 00
16.00 17.00 18.00 19.00 20.00 21.00 22.00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	54.00 57.00 59.00 65.01 66.00 67.00	0 0 0 0 0 0	2, 673, 281 6, 128 5, 066, 930 171 19, 205 20	0 0 0 0 0 0 0 0 0 0 0 0		14.00 15.00 16.00 17.00 18.00 19.00 20.00
16.00 17.00 18.00 19.00 20.00 21.00 22.00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L	54.00 57.00 59.00 65.01 66.00 67.00 69.00	0 0 0 0 0 0	2, 673, 281 6, 128 5, 066, 930 171 19, 205 20 538	0 0 0 0 0 0 0 0 0		14. 00 15. 00 17. 00 18. 00 19. 00 20. 00 21. 00
16. 00 17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S CARDI AC REHABI LI TATI ON	54.00 57.00 59.00 65.01 66.00 67.00 69.00 73.01 74.00 76.97		2, 673, 281 6, 128 5, 066, 930 171 19, 205 20 538 158 12, 943 111	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		14. 00 15. 00 17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00
16. 00 17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S CARDI AC REHABI LI TATI ON HYPERBARI C OXYGEN THERAPY	54.00 57.00 59.00 65.01 66.00 67.00 69.00 73.01 74.00 76.97 76.98		2, 673, 281 6, 128 5, 066, 930 171 19, 205 20 538 158 12, 943 111 106, 373			14. 00 15. 00 17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00
16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 26.00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S CARDI AC REHABI LI TATI ON HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLI NI C	54.00 57.00 59.00 65.01 66.00 67.00 69.00 73.01 74.00 76.97 76.98 90.01		2, 673, 281 6, 128 5, 066, 930 171 19, 205 20 538 158 12, 943 111 106, 373 99			14. 00 15. 00 17. 00 18. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00
16. 00 17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S CARDI AC REHABI LI TATI ON HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLINIC PAIN CLINI C	54.00 57.00 59.00 65.01 66.00 67.00 69.00 73.01 74.00 76.97 76.98 90.01 90.02		2, 673, 281 6, 128 5, 066, 930 171 19, 205 20 538 158 12, 943 111 106, 373 99 92			14. 00 15. 00 17. 00 18. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00
16. 00 17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S CARDI AC REHABI LI TATI ON HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLI NI C PAI N CLI NI C ONCOLOGY CLI NI C	54.00 57.00 59.00 65.01 66.00 67.00 73.01 74.00 76.97 76.97 76.97 90.01 90.02 90.03		2, 673, 281 6, 128 5, 066, 930 171 19, 205 20 538 158 12, 943 111 106, 373 99 92 10, 074			14. 00 15. 00 16. 00 17. 00 29. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00
16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 26.00 27.00 28.00 29.00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S CARDI AC REHABI LI TATI ON HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLI NI C PAI N CLI NI C ONCOLOGY CLI NI C EMERGENCY	54.00 57.00 59.00 65.01 66.00 67.00 73.01 74.00 76.97 76.98 90.02 90.03 91.00		2, 673, 281 6, 128 5, 066, 930 171 19, 205 20 538 158 12, 943 111 106, 373 99 92 10, 074 140, 797			14. 00 15. 00 16. 00 17. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00
16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 26.00 27.00 28.00 29.00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S CARDI AC REHABI LI TATI ON HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLINI C PAI N CLI NI C ONCOLOGY CLI NI C EMERGENCY OBSERVATI ON BEDS (DI STI NCT	54.00 57.00 59.00 65.01 66.00 67.00 73.01 74.00 76.97 76.97 76.97 90.01 90.02 90.03		2, 673, 281 6, 128 5, 066, 930 171 19, 205 20 538 158 12, 943 111 106, 373 99 92 10, 074			14. 00 15. 00 16. 00 17. 00 29. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00
16. 00 17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00 30. 00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S CARDI AC REHABI LI TATI ON HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLINI C PAI N CLINI C ONCOLOGY CLINI C EMERGENCY OBSERVATI ON BEDS (DI STINCT PART)	54.00 57.00 59.00 65.01 66.00 67.00 69.00 73.01 74.00 76.97 76.98 90.01 90.02 90.03 91.00 92.01		2, 673, 281 6, 128 5, 066, 930 171 19, 205 20 538 158 12, 943 111 106, 373 99 92 10, 074 140, 797 1, 684			14. 00 15. 00 17. 00 18. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 25. 00 26. 00 27. 00 28. 00 29. 00 30. 00
16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 25.00 26.00 27.00 28.00 29.00 30.00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S CARDI AC REHABI LI TATI ON HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLINI C PAI N CLINI C ONCOLOGY CLINI C EMERGENCY OBSERVATI ON BEDS (DI STI NCT PART) PAVI LLI ON PHARMACY	54.00 57.00 59.00 65.01 66.00 67.00 69.00 73.01 74.00 76.97 76.98 90.01 90.02 90.03 91.00 92.01 194.02		2, 673, 281 6, 128 5, 066, 930 171 19, 205 20 538 158 12, 943 111 106, 373 99 92 10, 074 140, 797			14. 00 15. 00 17. 00 18. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 25. 00 26. 00 27. 00 28. 00 29. 00 30. 00 31. 00
16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 25.00 26.00 27.00 28.00 29.00 30.00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S CARDI AC REHABI LI TATI ON HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLINI C PAI N CLINI C ONCOLOGY CLINI C EMERGENCY OBSERVATI ON BEDS (DI STINCT PART) PAVI LLI ON PHARMACY PEDI ATRI C THERAPI ES	54.00 57.00 59.00 65.01 66.00 67.00 69.00 73.01 74.00 76.97 76.98 90.01 90.02 90.03 91.00 92.01		2, 673, 281 6, 128 5, 066, 930 171 19, 205 20 538 158 12, 943 111 106, 373 99 92 10, 074 140, 797 1, 684 700 70			14. 00 15. 00 17. 00 18. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 25. 00 26. 00 27. 00 28. 00 29. 00 30. 00
16. 00 17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 25. 00 26. 00 27. 00 28. 00 29. 00 30. 00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S CARDI AC REHABI LI TATI ON HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLI NI C PAI N CLI NI C ONCOLOGY CLI NI C EMERGENCY OBSERVATI ON BEDS (DI STI NCT PART) PAVI LLI ON PHARMACY PEDI ATRI C THERAPI ES O	54.00 57.00 59.00 65.01 66.00 67.00 69.00 73.01 74.00 76.97 76.98 90.01 90.02 90.03 91.00 92.01 194.02		2, 673, 281 6, 128 5, 066, 930 171 19, 205 20 538 158 12, 943 111 106, 373 99 92 10, 074 140, 797 1, 684			14. 00 15. 00 17. 00 18. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 25. 00 26. 00 27. 00 28. 00 29. 00 30. 00 31. 00
16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 26.00 26.00 27.00 28.00 29.00 30.00 31.00 32.00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S CARDI AC REHABI LI TATI ON HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLI NI C PAI N CLI NI C ONCOLOGY CLI NI C EMERGENCY OBSERVATI ON BEDS (DI STI NCT PART) PAVI LLI ON PHARMACY PEDI ATRI C THERAPI ES O C - IMPLANTABLE DEVI CES	54. 00 57. 00 59. 00 65. 01 66. 00 67. 00 73. 01 74. 00 76. 97 76. 98 90. 01 90. 02 90. 03 91. 00 92. 01 194. 02 194. 13		2, 673, 281 6, 128 5, 066, 930 171 19, 205 20 538 12, 943 111 106, 373 99 92 10, 074 140, 797 1, 684 700 7 11, 874, 997			14. 00 15. 00 17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00 30. 00 31. 00 32. 00
16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 26.00 27.00 28.00 29.00 30.00 31.00 32.00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S CARDI AC REHABI LI TATI ON HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLINI C PAI N CLI NI C ONCOLOGY CLI NI C EMERGENCY OBSERVATI ON BEDS (DI STI NCT PART) PAVI LLI ON PHARMACY PEDI ATRI C THERAPI ES O C - I MPLANTABLE DEVI CES ADULTS & PEDI ATRI CS	54. 00 57. 00 59. 00 65. 01 66. 00 67. 00 73. 01 74. 00 76. 97 76. 98 90. 03 91. 00 92. 01 194. 02 94. 02 90. 03 91. 00 92. 01 194. 02 30. 00		2, 673, 281 6, 128 5, 066, 930 171 19, 205 20 538 12, 943 111 106, 373 99 92 10, 074 140, 797 1, 684 700 7 11, 874, 997			14. 00 15. 00 17. 00 18. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 25. 00 26. 00 27. 00 28. 00 29. 00 30. 00 31. 00 32. 00
16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 26.00 27.00 28.00 29.00 30.00 31.00 32.00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S CARDI AC REHABI LI TATI ON HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLINI C PAIN CLINI C ONCOLOGY CLINI C EMERGENCY OBSERVATI ON BEDS (DI STINCT PART) PAVI LLI ON PHARMACY PEDI ATRI C THERAPI ES O C - IMPLANTABLE DEVI CES ADULTS & PEDI ATRI CS INTENSI VE CARE UNI T	54. 00 57. 00 59. 00 65. 01 66. 00 67. 00 69. 00 73. 01 74. 00 76. 98 90. 01 90. 02 90. 03 91. 00 92. 01 194. 02 194. 13 30. 00 31. 00		2, 673, 281 6, 128 5, 066, 930 171 19, 205 20 538 158 12, 943 111 106, 373 99 92 10, 074 140, 797 1, 684 700 7 11, 874, 997 61 128			14. 00 15. 00 16. 00 17. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 25. 00 26. 00 27. 00 30. 00 30. 00 31. 00 32. 00 31. 00 32. 00 31. 00 32. 00 32. 00 31. 00 32. 00 31. 00 32. 00 32. 00 32. 00 33. 00 34. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 20. 00 21. 00 22. 00 24. 00 25. 00 29. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20
16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 25.00 25.00 26.00 27.00 28.00 29.00 30.00 31.00 32.00	CT SCAN CARDI AC CATHETERI ZATI ON SLEEP LAB PHYSI CAL THERAPY OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L PHARMACI ES RENAL DI ALYSI S CARDI AC REHABI LI TATI ON HYPERBARI C OXYGEN THERAPY SUBSTANCE ABUSE CLINI C PAI N CLI NI C ONCOLOGY CLI NI C EMERGENCY OBSERVATI ON BEDS (DI STI NCT PART) PAVI LLI ON PHARMACY PEDI ATRI C THERAPI ES O C - I MPLANTABLE DEVI CES ADULTS & PEDI ATRI CS	54. 00 57. 00 59. 00 65. 01 66. 00 67. 00 73. 01 74. 00 76. 97 76. 98 90. 03 91. 00 92. 01 194. 02 94. 02 90. 03 91. 00 92. 01 194. 02 30. 00		2, 673, 281 6, 128 5, 066, 930 171 19, 205 20 538 12, 943 111 106, 373 99 92 10, 074 140, 797 1, 684 700 7 11, 874, 997			14. 00 15. 00 17. 00 18. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 25. 00 26. 00 27. 00 28. 00 29. 00 30. 00 31. 00 32. 00

BALL MEMORIAL HOSPITAL

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

Health Financial Systems RECLASSIFICATIONS

ASS	I FI CATI ONS			Provider (	CCN: 15-0089	Period: From 01/01/2022	Worksheet A-6	
						To 12/31/2022	Date/Time Prepa 5/26/2023 11:47	
		Decreases		0.11				
	Cost Center 6.00	Li ne # 7.00	Salary 8.00	0ther 9.00	Wkst. A-7 Ref 10.00	<u>.</u>		
	CARDI AC CATHETERI ZATI ON	59.00	0.00	3, 386, 674		0		6
ו כ	PHYSI CAL THERAPY	66.00	О	351		0		7
	PAIN CLINIC	90. 02	0	6, 030		0		8
	EMERGENCY	<u>91.00</u>	0	2, 256		이		9
	D - BILLABLE DRUGS		U	9, 178, 108	i			
	PHARMACY	15.00	0	50, 335, 970	)	o		1
	EMPLOYEE BENEFITS DEPARTMENT	4.00	o	2, 498		0		2
) k	ADMI TTI NG	5.04	О	15		o		3
	OTHER ADMINISTRATIVE AND	5.06	0	267	,	0		4
	GENERAL	( 00	0	210		0		
	MAINTENANCE & REPAIRS OPERATION OF PLANT	6.00 7.00	0	219 38		0		6
	HOUSEKEEPING	9.00	o	39		0		7
	NURSING ADMINISTRATION	13.00	o	26, 422		0		8
)	CENTRAL SERVICES & SUPPLY	14.00	О	2, 075		o		ç
	I&R SERVICES-OTHER PRGM	22.00	0	2, 242		0		10
	COSTS APPRVD	20,00	0	E22 E10		o		11
	ADULTS & PEDIATRICS	30. 00 31. 00	0	532, 519 253, 632		0		11
	NEONATAL INTENSIVE CARE UNIT	35.00	0	15, 918		0		13
	SUBPROVIDER - IRF	41.00	o	5, 448		0		14
00	OPERATING ROOM	50.00	О	317, 481		0	· · · · · · · · · · · · · · · · · · ·	15
	RECOVERY ROOM	51.00	0	91, 415		0		16
	DELIVERY ROOM & LABOR ROOM	52.00	0	58, 230		0		17
	RADI OLOGY-DI AGNOSTI C CT SCAN	54.00 57.00	0	1, 034, 246 387, 669		0		18
	CARDI AC CATHETERI ZATI ON	59.00	0	137, 834		0		20
	RESPI RATORY THERAPY	65.00	0	10, 694		0		21
00	PHYSI CAL THERAPY	66.00	О	1, 040		0		22
	ELECTROCARDI OLOGY	69.00	0	221, 186		0		23
	RENAL DI ALYSI S	74.00	0	8, 752		0		24
	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY	76. 97 76. 98	0	121 56, 573		0		25
	SUBSTANCE ABUSE CLINIC	70.98 90.01	0	50, 573		0		26 27
	PAIN CLINIC	90.02	0	597		0		28
00	ONCOLOGY CLINIC	90. 03	О	107, 993		o		29
	EMERGENCY	91.00	0	490, 651		0		30
	OBSERVATION BEDS (DISTINCT	92.01	0	14, 235		0		31
	PART) RESEARCH	191.00	0	Л		0		32
	PAVILLION PHARMACY	191.00	0	4, 573		0		33
	RENTAL PROPERTY	194.08	o	97		0		34
	PEDI ATRI C_THERAPI ES	194.13	0	106		o		35
	0		0	54, 120, 871				
	E - INTERN & RESIDENT SALARIES	00.00	0.000.000		1			
	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	3, 892, 880	0		0		1
l		+	3, 892, 880	– – – ō		-		
Ī	F - CAFETERIA		.,,					
) [	DI ETARY	10.00	844, 146	342, 859	· ·	0		1
C	0		844, 146	342, 859	)			
	G - PHARMACY ADMIN COSTS	70.01	// 770	20 ( 22	1	0		
	HOSPITAL BASED RETAIL PHARMACIES	73.01	66, 778	38, 620		0		1
b		0.00	o	0		0		2
(	0		66, 778	38, 620		1		-
	H - AUTO & BUILDING INSURANCE				1			
	OTHER ADMINI STRATI VE AND	5.06	0	447, 804	1	2		1
	GENERAL RENTAL PROPERTY	194.08	0	1, 284		0		2
- [	0		ŏ	449, 088		Ť		2
Ì	I - REHAB ADMIN COSTS		<u> </u>					
	PHYSICAL THERAPY	66.00	291, 142	139, 655		0		-
		0.00	0	0		0		2
		0.00	0	0		0		3
	+	0.00		00 139,655		<u>o</u>		2
	J – LAUNDRY		271, 142	137,000	1			
- E	HOUSEKEEPING	9.00	0	34, 017	,	0		1
	CENTRAL SERVICES & SUPPLY	14.00	0	626, 933		0		2
	PHARMACY	15.00	О	618		o		3
)	I&R SERVICES-OTHER PRGM	22.00	0	39	1	0		4

# Health Financial Systems RECLASSIFICATIONS

### BALL MEMORIAL HOSPITAL

In Lieu of Form CMS-2552-10

Provider CCN: 15-0089

 Period:
 Worksheet A-o

 From 01/01/2022
 Date/Time Prepared:

 To
 12/31/2022
 Date/Time Prepared:

					L	 5/26/2023 11:47 am
		Decreases				
	Cost Center	Line #	Salary		Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	 
5.00	ADULTS & PEDIATRICS	30.00	0	353, 894		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	69, 535		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2, 302		7.00
8.00	SUBPROVIDER - IRF	41.00	0	15, 564	0	8.00
9.00	OPERATING ROOM	50.00	0	42,654	0	9.00
10.00	RECOVERY ROOM	51.00	0	13, 891	0	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	22, 020		11.00
12.00	RADI OLOGY-DI AGNOSTI C	54.00	0	42, 247		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	4, 232		13.00
14.00		60.00	0	41	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	180		15.00
16.00	SLEEP LAB	65.01	0	1,045		16.00
17.00	PHYSICAL THERAPY	66.00	0	22, 774		17.00
18.00	ELECTROCARDI OLOGY	69.00	0	6, 182		18.00
19. 00 20. 00	RENAL DI ALYSI S CARDI AC REHABI LI TATI ON	74.00 76.97	0	876 23	-	19.00 20.00
20.00	ONCOLOGY CLINIC	90.03	0	6, 038		20.00
21.00	EMERGENCY	90.03 91.00	0	51, 133		21.00
22.00	OBSERVATION BEDS (DISTINCT	92.01	0	4, 929	-	22.00
23.00	PART)	92.01	0	4, 929	0	23.00
24.00	WELLNESS CENTER	194.05	0	2, 314	0	24.00
25.00	PEDI ATRI C THERAPI ES	194.13	0	1, 325		25.00
23.00		174.15		1, 324, 806		23.00
	L - IRF AND PACU MEDSURG		0	1, 324, 000		
1.00	SUBPROVI DER – I RF	41.00	25, 200	3, 423	0	1.00
2.00	RECOVERY ROOM	51.00	7, 365	811		2.00
3.00	CARDI AC CATHETERI ZATI ON	59.00	1, 451	773	-	3.00
4.00	OBSERVATION BEDS (DISTINCT	92.01	55, 335	21, 273		4.00
1.00	PART)	72.01	00,000	21,270	0	1.00
			89, 351	26, 280		
	N - NEGATI VE SALARY					
1.00	ADULTS & PEDIATRICS	30.00	2, 352	0	0	1.00
	TOTALS		2, 352	0		
	Q - NURSERY		_/	-		
1.00	ADULTS & PEDIATRICS	30.00	547, 884	73, 595	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	27, 632	9, 926		2.00
	0		575, 516	83, 521		
	S - EMPLOYEE BENEFITS					
1.00	COMMUNI CATI ONS	5.01	0	193, 462	0	1.00
2.00	ADMI TTI NG	5.04	0	717, 820	0	2.00
3.00	OTHER ADMINISTRATIVE AND	5.06	0	1, 258, 803	0	3.00
	GENERAL					
4.00	MAINTENANCE & REPAIRS	6.00	0	668, 224	0	4.00
5.00	OPERATION OF PLANT	7.00	0	271, 677	0	5.00
6.00	HOUSEKEEPI NG	9.00	0	1, 029, 981	0	6.00
7.00	DI ETARY	10.00	0	603, 807	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	1, 495, 017	0	8.00
9.00	PHARMACY	15.00	0	1, 087, 622	0	9.00
10.00	PATIENT TRANSPORTATION	18.00	0	130, 124	0	10.00
11.00	I&R SERVICES-OTHER PRGM	22.00	0	811, 049	0	11.00
	COSTS APPRVD					
12.00	PARAMED ED PRGM	23.00	0	6, 627		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	5, 685, 141	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	1, 290, 507	0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	511, 453		15.00
16.00	SUBPROVIDER - IRF	41.00	0	277, 152		16.00
17.00	OPERATING ROOM	50.00	0	1, 306, 148		17.00
18.00	RECOVERY ROOM	51.00	0	411, 126		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	467, 970		19.00
20.00	RADI OLOGY-DI AGNOSTI C	54.00	0	1, 566, 184		20.00
21.00	CT SCAN	57.00	0	220, 207	0	21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	431, 596		22.00
23.00	LABORATORY	60.00	0	142		23.00
24.00	RESPIRATORY THERAPY	65.00	0	659, 093		24.00
25.00	SLEEP LAB	65.01	0	132, 427	0	25.00
26.00	PHYSICAL THERAPY	66.00	0	950, 959		26.00
27.00	OCCUPATI ONAL THERAPY	67.00	0	129, 566		27.00
28.00	SPEECH PATHOLOGY	68.00	0	132, 287		28.00
29.00	ELECTROCARDI OLOGY	69.00	0	256, 164		29.00
30.00	HOSPITAL BASED RETAIL	73.01	0	345, 560	0	30.00
04 00			-	007 07-	_	
31.00	CARDIAC REHABILITATION	76.97	0	227, 278		31.00
32.00	HYPERBARIC OXYGEN THERAPY	76.98	0	109, 751		32.00
33.00	SUBSTANCE ABUSE CLINIC	90.01	0	107, 172	0	 33.00
-						

# Health Financial Systems RECLASSIFICATIONS

### BALL MEMORIAL HOSPITAL

Provider CCN: 15-0089

In Lieu of Form CMS-2552-10 Period: Worksheet A-6 From 01/01/2022

						From 01/01/2022 To 12/31/2022	Date/Time Prepare	
		Decreases					5/26/2023 11: 47 a	1m
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	_		
34.00	6.00 PAIN CLINIC	7.00	8.00	9.00 80,047	10.00	)	34	. 00
35.00	ONCOLOGY CLINIC	90.03	0	488, 138				. 00
36.00	EMERGENCY	91.00	0	1, 452, 907	(			. 00
37.00	OBSERVATION BEDS (DISTINCT	92.01	0	169, 134	(	ס	37.	. 00
38.00	PART) GIFT, FLOWER, COFFEE SHOP &	190.00	0	55, 894	(		38.	. 00
	CANTEEN							
39. 00 40. 00	RESEARCH BSU PHARMACY	191.00 194.01	0	165, 968 14, 481				. 00 . 00
40.00 41.00	PAVILLION PHARMACY	194.01	0	136, 205				. 00
42.00	PEDI ATRI C THERAPI ES	194.13	0	225, 434	(			. 00
43.00	THERAPIES TO OTHER ENTITIES	194.22	0	248, 604	(			. 00
44.00 45.00	CANCER CENTER BOUTIQUE CARDINAL BEHAVIORAL HEALTH	194.23 194.25	0	590 302				. 00 . 00
101 00	0		<u>_</u>	26, 529, 800				
4 00	T - CORPORATE TELEHPONE	50.00		0.40				~~
1.00 2.00	OPERATI NG ROOM RADI OLOGY-DI AGNOSTI C	50.00 54.00	0 0	249 56				. 00 . 00
2.00	0	<u>34.00</u>	— — — <del>0</del>		`		۷.	. 00
	U - DEPRECIATION							
1.00 2.00	ADMITTING OTHER ADMINISTRATIVE AND	5.04 5.06	0	21, 805 1, 095, 657		9 )		. 00 . 00
2.00	GENERAL	5.00	0	1,095,057			2.	. 00
3.00	MAINTENANCE & REPAIRS	6.00	0	6, 672, 085	(		3.	. 00
4.00	OPERATION OF PLANT	7.00	0	88, 962				. 00
5.00 6.00	HOUSEKEEPI NG DI ETARY	9.00 10.00	0	13, 605 83, 138				. 00 . 00
7.00	NURSING ADMINISTRATION	13.00	0	126, 218				. 00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	37, 344				. 00
9. 00 10. 00	PHARMACY PATI ENT TRANSPORTATI ON	15.00 18.00	0	860, 535 15, 082				. 00 . 00
11.00	I &R SERVICES-OTHER PRGM	22.00	0	277, 833				. 00
	COSTS APPRVD							
12.00 13.00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30.00 31.00	0	2, 752, 072 724, 207				. 00 . 00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	539, 263				. 00
15.00	SUBPROVI DER – I RF	41.00	0	21, 998				. 00
16.00	OPERATING ROOM	50.00	0	2, 680, 368	(			. 00
17.00 18.00	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	51.00 52.00	0	203, 825 755, 295				. 00 . 00
19.00	RADI OLOGY-DI AGNOSTI C	54.00	0	1, 888, 067				. 00
20.00	CT SCAN	57.00	0	205, 988				. 00
21. 00 22. 00	CARDI AC CATHETERI ZATI ON RESPI RATORY THERAPY	59.00 65.00	0	174, 469 186, 495				. 00 . 00
23.00	SLEEP LAB	65.01	0	965				. 00
24.00	PHYSI CAL THERAPY	66.00	0	21, 753	(			. 00
25. 00 26. 00	OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY	67.00 69.00	0	600 329, 732				. 00 . 00
27.00	RENAL DI ALYSI S	74.00	0	7, 664				. 00
28.00	CARDI AC REHABI LI TATI ON	76. 97	0	36, 272		ס		. 00
29.00	HYPERBARI C OXYGEN THERAPY	76. 98 90. 02	0	21, 194				. 00
30. 00 31. 00	PAIN CLINIC ONCOLOGY CLINIC	90. 02 90. 03	0	69, 693 225, 353				. 00 . 00
32.00	EMERGENCY	91.00	0	662, 369				. 00
33.00	OBSERVATION BEDS (DISTINCT	92.01	0	26, 947	(	ס	33.	. 00
34.00	PART) WELLNESS CENTER	194.05	о	21, 660			34	. 00
35.00	RENTAL PROPERTY	194.08	0	300, 053	(		35.	. 00
36.00	PEDIATRI C THERAPI ES	194.13	0	89, 483				. 00
37.00 38.00	THERAPIES TO OTHER ENTITIES BLACKFORD COMMUNITY HOSPITAL	194.22 194.26	0	1, 774 137, 776				. 00 . 00
30.00	0		— — — <del>o</del>	21, 377, 599				. 00
4 95	V - LEASE EXPENSE							
1.00 2.00	RADI OLOGY-DI AGNOSTI C RENTAL PROPERTY	54.00 194.08	0	388, 521				. 00 . 00
2.00		174.08	<u>0</u>	7 <u>2,4</u> 76 460,997			2.	. 00
	W - PTO USED AS STD	L			1			
1.00		5.01 5.04	90 27 75 7	0				. 00
2.00 3.00	ADMITTING OPERATION OF PLANT	5.04	27, 757 1, 445	0				. 00 . 00
4.00	HOUSEKEEPI NG	9.00	38, 501	0	(		4.	. 00
5.00		10.00	10, 513	0				. 00
6.00 7.00	NURSING ADMINISTRATION PHARMACY	13.00 15.00	18, 521 45, 756	0 0				. 00 . 00
		10.00	, ,	0	ı <b>`</b>	1		

# Health Financial Systems RECLASSIFICATIONS

### BALL MEMORIAL HOSPITAL

In Lieu of Form CMS-2552-10

Provi der CCN: 15-0089 Per

Description         Display         Display         Display         Display           6.00         An Link Linkers of An Link         18.00         7.23         0         <							0 12/31/2022	5/26/2023 11:47 am
n         A. 00         Z. 700         R. 00         P. 00         10.00           0.0         VILLEU INSPONDALATION         18.00         7.20         0         0         10.00         1			Decreases	<u> </u>	0.11			
0.00         MALLENT IMMONORMATION         10.00         2.23         0         0         8.00         8.00           100         DEMNARAL INTEGNOL CASE UNIT         30.00         12,777         0								
9.00 AMULTS & PF01ATR(CS ) 30.00 127,57 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8.00							8,00
11.00         DELMARAL THILDSIVE CARE UNIT         35.00         29,179         0         0         11.00           12.00         DERROY DEF : IFF         61.00         12.30         0         0         12.00           13.00         DERROY DEF : IFF         61.00         12.379         0         0         13.00           13.00         DERROY ROMA         50.00         10.175         0         0         13.00           13.00         DERROY ROMA         50.00         12.01         0         0         15.00           14.00         DERROY ROMA         50.00         12.45         0         0         15.00           10.00         DELEP LAS         66.01         1.458         0         0         17.00           10.00         DELEP LAS         66.01         2.459         0         0         22.00           21.00         DELET INMUTERATION         2.271         0         0         22.00         22.00           23.00         DELET INMUTERATION         2.271         0         0         22.00         22.00           24.00         DELET INMUTERATION         2.271         0         0         22.00         22.00         22.00         22.00					-			
12.00         BURRENUMER - I RF         41.00         1.339         0         0         12.00           12.00         DEPRENTING BOM         50.00         1.817         0         0         13.00           14.00         DEPRENTING         50.00         1.817         0         0         14.00           14.00         DEPRENTING         50.00         1.817         0         0         14.00           14.00         DEPRENTING         50.00         1.817         0         0         14.00           10.00         MEDIAL CATHELELATION         59.00         12.416         0         0         17.00           10.00         DEPRENTING         DEPRENTING         50.00         12.600         0         12.00           10.00         DEPRENTING         DEPRENTING         70.00         22.00<								
10.00         0 PERATING ROM         50.00         22,170         0         0         14.00           10.00         PECENTER ROW & LENTER ROW         51.00         1,80.0         0         14.00           10.00         PECENTER ROW         1.00 <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td>					-			
14.00         INCODER MOXA         51.00         1.810         0         14.00         14.00           15.00         INTERNATE MOXA & LANDA REDAD         52.00         33.78         F         0         15.00           15.00         INTERNATE MOXA & LANDA REDAD         52.00         33.78         F         0         15.00           15.00         INTERNATE MOXA & LANDA REDAD         52.00         33.78         F         0         15.00           15.00         INTERNATE MOXA & LANDA REDAD         50.00         77.74         0         0         16.00         16.00           15.00         INTERNATE MOXA ALLANDA         60.00         22.801         0         0         22.00					-			
15:00         DELIVERY ROWS LABOR ROW         52:00         30.758         0         0         15:00         10:00         15:00         15:00					-			
17.00         OxABD AC CATHETER JATION         59 000         12.416         0         0         17.00 <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td>					-			
18:00         BESIN RATORY THERAPY         65:00         5.256         0         0         18:00         18:00           20:00         PHYSI CAL THERAPY         66:00         22:801         0         0         20:00         22:00         20:00         22:00         20:00					-			
19.00         SLEEP LAB         65.01         1.458         0         0         19.00           21.00         COCUPATIONAL THERAPY         66.00         22.00         21.00         22.00         21.00         22.00         21.00         22.00         21.00         22.00         21.00         22.00         21.00         22.00         21.00         22.00         21.00         22.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00					-			
20.00         PMSICAL THERMAY         66.00         22.00					-			
21:00         SCUPATIONAL THERAPY         67:00         6.266         0         12:00           21:00         SPECIE ANHOLOGY         64:00         5.314         0         0         22:00           21:00         SPECIE ANHOLOGY         64:00         8.655         0         0         22:00           21:00         CARDIAC REMABLITATION         76:97         2.386         0         0         25:00         64:00         52:00         25:00         20:00         25:00         20:00         25:00         20:00         20:00         20:00         20:00         20:00         20:00         20:00         20:00         20:00         20:00         20:00         20:00         20:00         20:00         20:00         20:00         20:00         20:00					-			
22.00         ELECTENCARDIOLOGY         69.00         8.655         0         0         24.00           23.00         ELECTENCARDIOLOGY         73.01         2.291         0         0         24.00           23.00         CARDER EMBANCT LA BASIC RETAIL         73.01         2.291         0         0         24.00         25.00         25.00         25.00         25.00         25.00         25.00         25.00         25.00         25.00         25.00         25.00         25.00         27.00         27.00         27.00         27.00         28.00         27.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         33.00         29.00         33.00         29.00         33.00         28.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         32.00         33.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00		OCCUPATI ONAL THERAPY						
24.00         PAGRITAL BASED RETAIL         73.01         2.201         0         0         24.00           25.00         CARDIAG REHABLITATION         76.97         2.386         0         0         25.00					-			
Display         Display <t< td=""><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></t<>					-			
25. 00         CARDIAC REHABILITATION         76. 97         2. 364         0         0         25. 00         26. 00         27. 00         28. 00         27. 00         28. 00         27. 00         28. 00         27. 00         28. 00         27. 00         28. 00         27. 00         28. 00         33. 00         0         0         33. 00         0         33. 00         0         33. 00         0         10. 0         57. 97. 71         1         1. 00         10. 0         27. 00         28. 00         30. 00         10. 30. 0         17. 187         0         3. 00         4. 00         50. 00         13. 47         0         4. 00         50. 00         10. 00         10. 00         10. 00         10. 00         10. 00         10. 00         10. 00	24.00		/3.01	2, 291	0	0		24.00
26. 00         IMPERBARIC COVENT THERAPY         76, 98         373         0         0         26. 00         26. 00         27. 00         28. 00         27. 00         28. 00         28. 00         28. 00         28. 00         28. 00         28. 00         28. 00         28. 00         28. 00         28. 00         28. 00         28. 00         28. 00         28. 00         28. 00         29. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         31. 00         32. 00         3	25.00		76.97	2, 386	0	о		25.00
22 00         EXERCINCY         91.00         38.135         0         0         22 00           20 00         RSEARCH         191.00         83.3         0         0         29.00         30.00         29.00         30.00         29.00         30.00         29.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         32.00         30.00         1.00         5.99.00         30.00         1.00         1.00         5.99.00         30.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         30.00         1.00         1.00         1.00         1.00         30.00         4.00         30.00         4.00         30.00         4.00         30.00         30.00         3.837         0         6.00         30.00         3.637         0         6.00         7.00         2.00         3.660         0         7.00         3.60         0         7.00         3.60         0         1.00         1.00         1.00         1.00         1.00	26.00	HYPERBARIC OXYGEN THERAPY	76. 98		0	0		26.00
29. 00         RESEARCH PEDIATRIC THERAPIES         191. 00         833 (0.00)         0         0         92. 00         93. 00         93. 00         94. 01 (1.00)         94. 02 (1.00)         95. 00 (1.00)         95. 00 (1.00)         95. 00 (1.00)         95. 00 (1.00)         97. 00 (1.00)         97. 00 (1.00)         97. 00 (1.00)         97. 00 (1.00)         97. 00 (1.00)         97. 02 (1.00)         14         1.00         97. 027         14         1.00         97. 027         14         1.00         97. 027         14         1.00         97. 027         14         1.00         97. 027         14         1.00         97. 027         14         1.00         97. 027         14         1.00         97. 027         14         1.00         97. 027         14         1.00         97. 02         10. 03         97. 02         10. 03         97. 0					-	-		
30. 00         PAULLION PRABMACY         194. 02         725         0         0         30. 00         60         30. 00         60         30. 00         60         30. 00         60         30. 00         60         30. 00         60         30. 00         60         32. 00         100         0         0         0         32. 00         31. 00         32. 00         31. 00         32. 00         33. 00         32. 00         33. 00         32. 00					-			
31.00       PEDIATRIC THERAPTES       194.13       8.201       0       0       0       32.00         0.0       THERAPLES ID OTHER_ENTITLES       194.22       2.896       0       0       0       32.00         1.00       NEW CAP RELOSTIS-BLIDG &       1.00       0       559.601       0       0       2.00         2.00       OTHER ADMINISTRATIVE AND       5.06       0       513       0       2.00         3.00       MAINTERMENE & REPAIRS       6.00       0       71.157       0       3.00         3.00       MAINTERMENE & REPAIRS       6.00       0       3.837       0       5.00         3.00       MAINTERMENE & REPAIRS       5.00       0       3.837       0       6.00         5.00       MAINTERMENE & REPAIRS       6.00       0       1.953       0       7.00         6.00       OULTES & PEDIATRIC S       30.00       0       1.4347       0       8.00       9.00         7.00       IASERVICES-OTHER PRGM       52.00       0       1.953       0       1.00       1.00         7.00       DESERVICES-OTHER PRGM       50.00       0       2.2579       0       10.00       12.00       13.00 <t< td=""><td></td><td></td><td></td><td></td><td>-</td><td>-</td><td></td><td></td></t<>					-	-		
32.00         THERAPLES TO OTHER ENTITIES         194.22         2.898         0         0         0         32.00           X - WASTE DISPOSAL         569.601         0         579.27         14         1.00         1.00         1.00         0.00         57.927         14         1.00         1.00         0.00         0.00         57.927         14         1.00         2.00         0.00					-	-		
K - WASTE DI SPOSAL         Image: Construction of the	32.00	THERAPIES TO OTHER ENTITIES			0	0		1
1.00         NEW CAP REL COSTS-BLDG & 1.00         0         57,927         14         1.00           2.00         OTHER ADMINISTRATIVE AND GENERAL         5.06         0         513         0         2.00           3.00         MAINTENANCE & REPAIRS         6.00         0         17,187         0         4.00           0.00         MURSING ADMINISTRATION         13.00         0         1,445         0         6.00           0.00         IRR SERVICES-OTHER PROM         22.00         0         360         0         6.00           0.00         COSTS APPRV0         30.00         0         1,347         0         8.00           9.00         OPRATINE ROM         50.00         0         1,347         0         9.00           10.00         RADICIS & PEDIATINE CS         30.00         0         1,347         0         9.00           10.00         RADIOLIS & PEDIATINE CS         30.00         0         1,347         0         10.00           11.00         SLEE HAB         65.01         0         2,251         0         11.00           12.00         PHARMACE B         9.00         0         2,4777         0         15.00           14.00		<u> </u>		569, 601	0			
FIXT         FIXT <th< td=""><td>1 00</td><td></td><td>1 00</td><td>0</td><td>E7 027</td><td>14</td><td></td><td>1.00</td></th<>	1 00		1 00	0	E7 027	14		1.00
GENERAL         General <t< td=""><td>1.00</td><td></td><td>1.00</td><td>0</td><td>57, 927</td><td>14</td><td></td><td>1.00</td></t<>	1.00		1.00	0	57, 927	14		1.00
3.00         MAINTENARCE & REPARS         6.00         0         17,187         0           4.00         HOLSKEEPING         9.00         0         352,407         0           6.00         PHARMACY         15.00         0         3.837         0           7.00         I&R SERVICES-OTHER PRGM         22.00         0         360         0           0.00         FARMACY         15.00         0         3.837         0           7.00         IAR SERVICES-OTHER PRGM         22.00         0         360         0           0.00         PERTAING ROM         50.00         0         1.953         0         9.00           1.00         REPTAING ROM         50.00         0         2.251         0         10.00           1.00         REPTAIS         66.01         0         2.251         0         12.00           1.00         PARAMACIES         73.01         0         3.862         0         12.00           1.00         DEMERGENCY         91.00         0         24.777         0         14.00           15.00         PARAMACIES         0         34.851         0         3.00         16.00           16.00	2.00		5.06	о	513	о		2.00
4.00         HOUSEKCEPING         9.00         0         352.407         0         4.00           0.00         HARMACY         STATION         13.00         0         1.445         0           0.00         PHARMACY         15.00         0         3.837         0         6.00           7.00         IAR SERVI CES-OTHER PRGM         22.00         0         360         0         6.00           0.00         PHARMACY         STAPPRO         22.00         0         360         0         6.00           0.00         PARAMACY         STAPPRO         22.00         0         360         0         7.00         8.00           0.00         OPERATING ROOM         50.00         0         1.347         0         9.00         10.00         1.00         1.200         1.00         1.00         1.00         1.00         1.00         12.00         10.00         12.00         10.00         12.00         10.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00<								
5.00         NURSI NG ADMINI STRATI ON         13.00         0         1.445         0         5.00         6.00           0.00         FAR SERVICES-OTHER PRGM         22.00         0         3.60         0         6.00           0.00         FS APPRV0         20.00         0         3.60         0         6.00           0.00         ADULTS & FPEDIATRICS         30.00         0         1.347         0         8.00           9.00         OLOW FARMOND         50.00         0         1.947         0         8.00           9.00         OLOW FARMOND         50.00         0         1.947         0         8.00           9.00         OLOW FARMOND         50.00         0         1.9453         0         9.00           11.00         SLEEP LAB         65.01         0         2.259         0         11.00           12.00         HYSICAL THERAPY         66.00         0         9.45         0         13.00           14.00         SUBSTANCE ABUSE CLINIC         90.01         0         1.333         0         14.00           15.00         PAIATLE PROPERTY         194.26         0         4.251         0         17.00           16.0				-				
6.00         PHARMACY         15.00         0         3.837         0         6.00           7.00         IAS SERVI CES-OTHER PRGM         22.00         0         360         0         7.00           8.00         ADUITS & PEDIATRICS         30.00         0         1.447         0         8.00           8.00         ADUITS & PEDIATRICS         30.00         0         1.953         0         9.00           10.00         REVE LAB         65.01         0         2.251         0         11.00           12.00         PHASMACE         8.00         0         9.45         0         12.00           13.00         HOSTIAL         FASE PETAL         73.01         0         3.862         0         13.00           14.00         SUBSTACE ABUSE CLINIC         90.02         0         24.737         0         15.00           16.00         ENERGENCY         91.00         0         24.737         0         18.00           0         0         3032.643         14         18.00         18.00         18.00           17.00         RERAL         ROPERTY         94.08         2.757         0         4.00         3.00           1.00 <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td>				-				
7.00         IAR SERVICES-OTHER PROM         22.00         0         360         0         7.00           8.00         ADULTS & PEDIATRICS         30.00         0         1,347         0         9.00         9.00         9.00         0         1,953         0         9.00         9.00         9.00         0         1,953         0         9.00         9.00         9.01         0.00         2.259         0         10.00         11.00         11.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         13.00         9.05         12.00         13.00         9.05         12.00         13.00         14.00         9.05         12.00         13.00         14.00         13.00         24,777         0         15.00         14.00         14.00         14.00         14.00         14.00         14.00         14.00         14.00         16.00				-		-		
8.00         ADULTS & PEDIATRICS         30.00         0         1.347         0           9.00         OPERTING ROOM         50.00         0         1.953         0           9.00         RADIOLOGY-DIAGNOSTIC         54.00         0         2.259         0         10.00           11.00         SLEEP LAB         65.01         0         2.259         0         11.00           12.00         PH3KINCIES         0         3.662         0         12.00           13.00         HOSPITAL BASED RETAIL         73.01         0         3.662         0           14.00         SUBSTANCE ABUSE CLINIC         90.01         0         24.777         0         15.00           16.00         EMERGENCY         91.00         0         24.737         0         16.00           17.00         RENTAL PROPERTY         194.06         0         34.851         0         18.00           0         O				0		0		
9.00         OPERATING ROM         50.00         0         1,953         0         9.00           10.00         RADIOLOGY-DIAGNOSTIC         54.00         0         2,259         0         11.00           12.00         PHYSICAL THERAPY         66.00         0         2,251         0         11.00           13.00         PHYSICAL THERAPY         66.00         0         9.45         0         12.00           14.00         SUBSTANCE ABUSE CLINIC         90.01         0         1,333         0         14.00           15.00         PAIARMACIES         91.00         0         24,777         0         16.00           16.00         ENERCINCY         91.00         0         24,737         0         15.00           16.00         BLACKORD COMMUNI TY HOSPI TAL         194.26         0         4.851         0         17.00           18.00         FIXT PROPERTY         194.26         0         4.851         0         17.00           10.00         REMARCHORD COMMUNI TY HOSPI TAL         194.26         0         4.953.641         0         3.00           10.00         REMERENCY         91.00         0         4.851         0         2.00         2.00								
10.00       RADI OL OCY-DI AGNOSTI C       54.00       0       2,259       0       10.00         11.00       SLEEP LAB       65.01       0       2,251       0       11.00         12.00       PHYSI CAL THERAPY       66.00       0       945       0       12.00         13.00       HOSPI TAL BASED RETAIL       73.01       0       3.862       0       13.00         14.00       SUBSTANCE ABUSE CLINIC       90.01       0       1,333       0       14.00         15.00       PAIA CLINIC       90.02       0       24,737       0       15.00         16.00       EMERGENCY       91.00       0       24,737       0       16.00         17.00       RENTAL PROPERTY       194.08       0       34,851       0       18.00         18.00       DLACKFORD COMMUNI TY HOSPI TAL       194.26       0       4.251       0       2.00         2.00       OTHER ADIN IN STRATI VE AND       5.06       0       3,297       0       2.00         2.00       OTHER ADIN IN STRATI VE AND       5.06       0       3,9263       14       4.00         2.00       CHERAL       REPAI RS       6.00       0       2.638       <								
11.00       SLEEP LAB       65.01       0       2.251       0       11.00         12.00       PHYSI CAL THERAPY       66.00       0       945       0       12.00         13.00       HOSPI TAL BASED RETAI L       73.01       0       3,662       0       13.00         0       PHARMACI ES       73.01       0       1,333       0       14.00         14.00       SUSTANCE ABUSE CLINIC       90.01       0       24,777       0       15.00         16.00       EMERCENCY       91.00       0       24,777       0       15.00       16.00         17.00       EMERCENCY       91.00       0       24,777       0       18.00       0       34,851       0       17.00       17.00       17.00         18.00       BLACKFORD COMUNITY HOSPITAL       194.26       0       4,251       0       1       100       17.00         18.00       MITHERA ADMINISTRATIVE AND       5.06       0       3,297       0       1       00       2.00         GENERAL       6.00       0       3,912       0       4.00       0       3.00       4.00       0       0       0       0       0       0       0<				-				
13.00       HOSPI TAL BASED RETAIL       73.01       0       3,862       0       13.00         14.00       SUBSTANCE ABUSE CLINIC       90.01       0       1,333       0       14.00         15.00       PARMACIES       90.02       0       24,777       0       15.00         16.00       EMERGENCY       91.00       0       24,737       0       16.00         17.00       RENTAL PROPERTY       194.08       0       34,851       0       17.00         18.00       BLACKFORD COMMUNI TY HOSPI TAL       194.26       0       4,251       0       17.00         18.00       MC CAP REL COSTS-BLDG & 1.00       0       303,263       14       1.00       18.00         2.00       GENERAL       GENERAL       0       3,297       0       2.00       3.00         3.00       MAI NTENANCE & REPAI RS       6.00       0       3,912       0       4.00         5.00       SLEEP LAB       G65.01       2,253       0       4.00       5.00         5.00       SLEP LAB       G5.01       2,2757       0       4.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5				-				
PHARMACI ES         Dot         Dot <thdot< th="">         Dot         <thdot< th=""> <thdo< td=""><td>12.00</td><td>PHYSI CAL THERAPY</td><td>66.00</td><td>0</td><td>945</td><td></td><td></td><td>12.00</td></thdo<></thdot<></thdot<>	12.00	PHYSI CAL THERAPY	66.00	0	945			12.00
14.00       SUBSTANCE ABUSE CLINIC       90.01       0       1,333       0       14.00         15.00       PAIN CLINIC       90.02       0       24,777       0       15.00         16.00       EMERGENCY       91.00       0       24,737       0       16.00         17.00       BLACKFORD COMMUNITY HOSPITAL       194.26       0       34.851       0       17.00         18.00       BLACKFORD COMMUNITY HOSPITAL       194.26       0       536.242       0       18.00       18.00       18.00       14.00       18.00       18.00       194.251       0       18.00       194.251       0       18.00       194.251       0       18.00       194.251       0       18.00       194.251       0       18.00       18.00       194.251       0       18.00       194.251       0       18.00       194.251       0       18.00       194.251       194.251       180.00       194.251       194.251       194.251       194.251       194.251       194.251       180.00       194.251       194.251       194.251       194.251       194.251       194.251       194.251       194.251       194.251       194.251       194.251       194.251       194.251       194.251	13.00		73.01	0	3, 862	0		13.00
15.00       PAIN CLINIC       90.02       0       24,777       0       15.00         16.00       EMERGENCY       91.00       0       24,737       0       16.00         17.00       RENTAL PROPERTY       194.08       0       34.851       0       17.00         18.00       D       4.251       0       0       4.251       0       18.00         0       FIXT       194.26       0       303.263       14       14       100         1.00       FIXT       0       0       303.263       14       1.00       2.00         2.00       OTHER ADMINISTRATIVE AND       5.06       0       3.297       0       2.00         3.00       MAINTENANCE & REPAIRS       6.00       0       3.912       0       3.00         3.00       MAINTENANCE & REPAIRS       6.00       0       1.278       0       5.00         5.00       SLEP LAB       65.01       0       2.621       0       8.00         6.00       PHYSICAL THERAPY       76.98       0       2.757       0       8.00         7.00       HYCERBARIC CXYGEN THERAPY       76.98       0       5.37.367       0       9.00 <td>14 00</td> <td></td> <td>00.01</td> <td>0</td> <td>1 222</td> <td>0</td> <td></td> <td>14.00</td>	14 00		00.01	0	1 222	0		14.00
16.00       EMERGENCY       91.00       0       24,737       0       16.00       17.00       194.08       0       34,851       0       17.00       18.00       194.26       0       4.251       0       0       18.00       18.00       194.26       0       4.251       0       0       18.00       18.00       18.00       16.00       17.00       18.00       18.00       16.00       17.00       18.00       16.00       17.00       18.00       16.00       17.00       18.00       0       34,851       0       18.00       16.00       17.00       18.00       16.00       17.00       18.00       16.00       17.00       18.00       16.00       17.00       18.00       16.00       17.00       18.00       16.00       17.00       18.00       10.00       16.00       17.00       18.00       16.00       17.00       18.00       10.00       16.00       10.00       10.00       10.00       16.00       10.00				-				
18.00       BLACKFORD COMMUNITY HOSPITAL       194.26       0       4,251       0       0       536,242       0       1       0       1       0       1       0       0       536,242       0       1       0       0       1       0       0       1       0       0       0       303,263       14       1       0       0       1       0       0       1       0       0       0       3       0       1       00       0       3       0       0       3       0       0       0       3       0								
O         -								
Y         UTILITIES           1.00         NEW CAP REL COSTS-BLDG & 1.00         0         303,263         14         1.00           2.00         OTHER ADMINISTRATIVE AND         5.06         0         3,297         0         2.00           3.00         MAINTENANCE & REPAIRS         6.00         0         4,963,691         0         3.00           3.00         MAINTENANCE & REPAIRS         6.00         0         4,963,691         0         4.00           4.00         RADIOLOGY-DIAGNOSTIC         54.00         0         3,912         0         4.00           5.00         SLEEP LAB         65.01         0         2,638         0         5.00           6.00         PHYSICAL THERAPY         66.00         0         1,278         0         7.00           7.00         HYPERBARIC OXYGEN THERAPY         76.98         0         2,757         0         8.00           9.00         RENTAL PROPERTY         194.08         0         537,367         0         9.00           10.00         BLACKFORD COMMUNI TY HOSPITAL         194.26         0         64.221         0         0         2.00           2.00         OTHER ADMINISTRATIVE AND         5.06         329	18.00	BLACKFORD COMMUNI TY HOSPI TAL	1 <u>94.</u> 26					18.00
1.00       NEW CAP REL COSTS-BLDG &       1.00       0       303,263       14       1.00         2.00       OTHER ADMI NI STRATI VE AND       5.06       0       3,297       0       2.00         3.00       MAI NTENANCE & REPAI RS       6.00       0       4,963,691       0       3.00         4.00       RADI OLOGY-DI AGNOSTI C       54.00       0       3,912       0       4.00         5.00       SLEEP LAB       65.01       0       2,638       0       5.00         6.00       PHYSI CAL THERAPY       66.00       0       1,278       0       6.00         7.00       HYPERBARI C 0XYGEN THERAPY       76.98       0       2,621       0       8.00         8.00       REMRGENCY       91.00       0       2,621       0       8.00       9.00         9.00       RENTAL PROPERTY       194.08       0       537,367       0       10.00       0       2.00         0       C       BLACKFORD       194.08       537,367       0       10.00       10.00       2.00         10.00       BLACKFORD       0       329,206       141,572       0       1.00       2.00         2.00       GENERAL <td></td> <td></td> <td></td> <td>0</td> <td>536, 242</td> <td></td> <td></td> <td></td>				0	536, 242			
FIXT         Construction         FIXT         Construction         Construction <th< td=""><td>1.00</td><td></td><td>1.00</td><td>0</td><td>303, 263</td><td>14</td><td></td><td>1.00</td></th<>	1.00		1.00	0	303, 263	14		1.00
GENERAL         GENERAL <t< td=""><td></td><td>FLXT</td><td></td><td>-</td><td></td><td></td><td></td><td></td></t<>		FLXT		-				
3. 00       MAINTENANCE & REPAIRS       6. 00       0       4, 963, 691       0       3. 00         4. 00       RADIOLOGY-DIAGNOSTIC       54. 00       0       3, 912       0       4. 00         5. 00       SLEEP LAB       65. 01       0       2, 638       0       5. 00         6. 00       PHYSICAL THERAPY       66. 00       0       1, 278       0       6. 00         7. 00       HYPERBARI C 0XYGEN THERAPY       76. 98       0       2, 757       0       8. 00         8. 00       EMERGENCY       91. 00       0       2, 621       0       8. 00         9. 00       RENTAL PROPERTY       194. 08       0       537, 367       0       10. 00         10. 00       BLACKFORD COMMUNI TY HOSPI TAL       194. 26       0       64, 221       0       0       10. 00         7       T       BLACKFORD COMMUNI TY HOSPI TAL       194. 26       0       64, 221       0       0       2. 00       10. 00         10. 00       O       5, 885, 045       0       1. 00       2. 00       10. 00       2. 00       10. 00       2. 00         2. 00       OTHER ADMI NI STRATI VE AND       5. 06       329, 206       141, 572 <t< td=""><td>2.00</td><td></td><td>5.06</td><td>0</td><td>3, 297</td><td>0</td><td></td><td>2.00</td></t<>	2.00		5.06	0	3, 297	0		2.00
4.00       RADI OLOGY-DI AGNOSTI C       54.00       0       3,912       0       4.00         5.00       SLEEP LAB       65.01       0       2,638       0       5.00         6.00       PHYSI CAL THERAPY       66.00       0       1,278       0       6.00         7.00       HYPERBARI C 0XYGEN THERAPY       76.98       0       2,757       0       8.00         8.00       EMERGENCY       91.00       0       2,621       0       8.00         9.00       RENTAL PROPERTY       194.08       0       537,367       0       9.00         10.00       BLACKFORD COMMUNI TY HOSPI TAL       194.26       0       64,221       0       0       10.00         0       7       0       33,073       0       10.00       2.00       10.00       2.00         2       BLACKFORD       5.06       329,206       141,572       0       2.00       2.00         GENERAL       6.00       7,322       21,619       0       3.00       3.00         3.00       MAI NTENANCE & REPAI RS       6.00       7,322       21,619       0       3.00         4.00       OPERATI ON OF PLANT       7.00       16,420	3 00		6.00	0	1 963 691	0		3 00
5.00       SLEEP LAB       65.01       0       2,638       0       5.00         6.00       PHYSI CAL THERAPY       66.00       0       1,278       0       6.00         7.00       HYPERBARI C 0XYGEN THERAPY       76.98       0       2,757       0       7.00         8.00       EMERGENCY       91.00       0       2,621       0       8.00         9.00       RENTAL PROPERTY       194.08       0       537,367       0       9.00         10.00       BLACKFORD_COMMUNI TY HOSPI TAL       194.26				0				
7.00       HYPERBARI C 0XYGEN THERAPY       76.98       0       2,757       0       7.00         8.00       EMERGENCY       91.00       0       2,621       0       8.00         9.00       RENTAL PROPERTY       194.08       0       537,367       0       9.00         10.00       BLACKFORD COMMUNI TY HOSPI TAL       194.26       0       64,221       0       0       10.00         0       0       5,885,045       0       5,885,045       0       10.00       10.00         2       BLACKFORD       0       0       33,073       0       10.00       10.00         2.00       OTHER ADMI NI STRATI VE AND       5.06       329,206       141,572       0       2.00         3.00       MAI NTENANCE & REPAI RS       6.00       7,322       21,619       0       3.00         4.00       OPERATION OF PLANT       7.00       16,420       9,190       0       3.00         4.00       0.05,269       1,536       0       4.00       5.00       5.00         5.00       DIETARY       10.00       5,269       1,536       0       5.00         6.00       NURSI NG ADMI NI STRATI ION       13.00       100,355 </td <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td>				0				
8.00       EMERGENCY       91.00       0       2,621       0       8.00         9.00       RENTAL PROPERTY       194.08       0       537,367       0       9.00         10.00       BLACKFORD_COMMUNI TY_HOSPI TAL       194.26       0       64,221       0       0       10.00         0       0       5,885,045       0       10.00       10.00       10.00       10.00         2       BLACKFORD       0       0       33,073       0       10.00       10.00         2.00       OTHER ADMI NI STRATI VE AND       5.06       329,206       141,572       0       2.00         3.00       MAI NTENANCE & REPAI RS       6.00       7,322       21,619       0       3.00         4.00       OPERATION OF PLANT       7.00       16,420       9,190       0       4.00         5.00       DI ETARY       10.00       5,269       1,536       0       4.00         6.00       NURSI NG ADMI NI STRATI ON       13.00       100,355       73,420       0       6.00				0				
9.00       RENTAL PROPERTY       194.08       0       537,367       0       9.00         10.00       BLACKFORD_COMMUNI TY_HOSPI TAL       194.26       0       64,221       0       0         0       0       5,885,045       0       10.00       10.00       10.00         2       BLACKFORD       0       0       33,073       0       1.00         2.00       OTHER ADMI NI STRATI VE AND       5.06       329,206       141,572       0       2.00         3.00       MAI NTENANCE & REPAI RS       6.00       7,322       21,619       0       3.00         4.00       OPERAL       0       5,269       1,536       0       4.00       5.00         5.00       DI ETARY       10.00       5,269       1,536       0       5.00       5.00         6.00       NURSI NG ADMI NI STRATI ON       13.00       100,355       73,420       0       6.00				0				
10.00       BLACKFORD COMMUNITY HOSPITAL       194.26       0       64,221       0       10.00         0       0       5,885.045       0       10.00       10.00         Z - BLACKFORD       10.00       0       33,073       0       10.00         1.00       EMPLOYEE BENEFITS DEPARTMENT       4.00       0       33,073       0       1.00         2.00       OTHER ADMINISTRATIVE AND       5.06       329,206       141,572       0       2.00         GENERAL       0       7,322       21,619       0       3.00       3.00         3.00       MAI NTENANCE & REPAIRS       6.00       7,322       21,619       0       4.00         5.00       DEFARY       10.00       5,269       1,536       0       5.00         6.00       NURSING ADMINISTRATION       13.00       100,355       73,420       0       6.00				0				
O         -         -         0         5,885,045         -				-				
Z         - BLACKFORD           1.00         EMPLOYEE BENEFITS DEPARTMENT         4.00         0         33,073         0         1.00           2.00         OTHER ADMI NI STRATI VE AND         5.06         329,206         141,572         0         2.00           GENERAL         3.00         MAI NTENANCE & REPAI RS         6.00         7,322         21,619         0         3.00           4.00         OPERATION OF PLANT         7.00         16,420         9,190         0         4.00           5.00         DI ETARY         10.00         5,269         1,536         0         5.00           6.00         NURSI NG ADMI NI STRATI ON         13.00         100,355         73,420         0         6.00		0						
2.00         OTHER ADMI NI STRATI VE AND GENERAL         5.06         329,206         141,572         0         2.00           3.00         MAI NTENANCE & REPAI RS         6.00         7,322         21,619         0         3.00           4.00         OPERATI ON OF PLANT         7.00         16,420         9,190         0         4.00         5.00         5.00         5.00         5.00         6.00         5.00         6.00         6.00         6.00         5.00         6.0								
GENERAL         GENERAL <t< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></t<>				-				
3.00         MAI NTENANCE & REPAIRS         6.00         7, 322         21, 619         0         3.00           4.00         OPERATION OF PLANT         7.00         16, 420         9, 190         0         4.00           5.00         DI ETARY         10.00         5, 269         1, 536         0         5.00           6.00         NURSI NG ADMI NI STRATI ON         13.00         100, 355         73, 420         0         6.00	2.00		5.06	329, 206	141, 572	0		2.00
4. 00         OPERATI ON OF PLANT         7. 00         16, 420         9, 190         0         4. 00           5. 00         DI ETARY         10. 00         5, 269         1, 536         0         5. 00           6. 00         NURSI NG ADMI NI STRATI ON         13. 00         100, 355         73, 420         0         6. 00	3.00		6.00	7. 322	21.619	0		3.00
5.00         DI ETARY         10.00         5,269         1,536         0         5.00           6.00         NURSI NG ADMI NI STRATI ON         13.00         100,355         73,420         0         6.00						0		
		DI ETARY						
י. יט ורואגאאסד   ווס. טען ווס, סיטן אין אסטן ען   /. טע 								
	7.00		15.00	103, 070	37, 780	U U		7.00

	SIFICATIONS		DALL WLWORTA		CCN: 15-0089	Peri od:	Worksheet A	
REULAS	STELCATIONS			Provider d	CN. 15-0069	From 01/01/2022		
						To 12/31/2022	Date/Time Pr 5/26/2023 1	
	Cost Costor	Decreases	Calan	Others				
	Cost Center 6.00	Li ne # 7.00	Salary 8.00	0ther 9.00	Wkst. A-7 Ref 10.00	<u>.</u>		
8.00	RADI OLOGY-DI AGNOSTI C	54.00	65, 382	<u> </u>		0		8,00
8.00 9.00	CARDI AC CATHETERI ZATI ON	54.00 59.00	6, 564	2, 137		0		9.00
10.00	RESPIRATORY THERAPY	65.00	13, 558	12, 083		0		10.00
11.00	PHYSICAL THERAPY	66.00	20, 047	8, 156		0		11.00
12.00	ELECTROCARDI OLOGY	69.00	5, 469	4, 207		0		12.00
13.00	CARDI AC REHABI LI TATI ON	76.97	2, 257	4,207		0		13.00
13.00			675, 525	374, 893				13.00
	AA – INTEREST EXPENSE				I			
1.00	OTHER ADMINI STRATI VE AND	5.06	0	103	1	3		1.00
	<u>GENERAL</u>		— — <sub>0</sub>			-		
	AB - PARAMEDICAL EDUCATION		-					
1.00	PHARMACY		17 <u>8, 2</u> 65	1 <u>3, 6</u> 37		o		1.00
	0		178, 265	13, 637				_
1 00	AC - PROPERTY TAX	F 0/		205 400	1	2		1 00
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	305, 400	1	3		1.00
2.00	RENTAL PROPERTY	194.08	0	1, 601		o		2.00
	0			307,001		-		
	AD - JAY HOSPITAL		· · · · ·	· · · · ·				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	48, 383		0		1.00
2.00	OTHER ADMINISTRATIVE AND	5.06	324, 518	147, 642		0		2.00
	GENERAL							
3.00	MAINTENANCE & REPAIRS	6.00	14, 170	41, 838		o		3.00
4.00	OPERATION OF PLANT	7.00	16, 420	9, 190		o		4.00
5.00	DI ETARY	10.00	5, 814	1, 695		o		5.00
6.00	NURSING ADMINISTRATION	13.00	137, 582	102, 593		0		6.00
7.00	PHARMACY	15.00	115, 419	44, 508		0		7.00
8.00	RADI OLOGY-DI AGNOSTI C	54.00	55, 095	21, 997		0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	3, 067	1, 015		0		9.00
10.00	RESPI RATORY THERAPY	65.00	15, 812	14, 092		0		10.00
11.00	PHYSICAL THERAPY	66.00	22, 121	9,000		0		11.00
12.00	ELECTROCARDI OLOGY	<u> </u>	<u>5, 713</u> 715, 731	<u>4, 394</u> 446, 347		0		12.00
	AE - MALPRACTICE INSURANCE		715,751	440, 347				-
1.00	I &R SERVICES-OTHER PRGM	22.00	0	200		0		1.00
1.00	COSTS APPRVD	22.00	0	200				1.00
	0		0	200				
	AG - BONUS - EMPLOYEES	[]			Γ			
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	5, 291, 000	404, 759		0		1.00
2.00	GENERAL	0.00	0	0		0		2.00
3.00		0.00	0	0		o		3.00
4.00		0.00	0	0		o		4.00
5.00		0.00	0	0		0		5.00
6.00		0.00	0	0		0		6.00
7.00		0.00	0	0		0		7.00
8.00		0.00	0	0		0		8.00
9.00		0.00	0	0		0		9.00
10.00		0.00	o	0		0		10.00
11.00		0.00	0	0		0		11.00
12.00		0.00	0	0		o		12.00
13.00		0.00	0	0		o		13.00
14.00		0.00	0	0		o		14.00
15.00		0.00	0	0		o		15.00
16.00		0.00	0	0		o		16.00
17.00		0.00	0	0		o		17.00
18.00		0.00	0	0		o		18.00
19.00		0.00	0	0		ol		19.00
	TOTALS	T	5, 291, 000	404, 759				
	Grand Total: Decreases		13, 192, 287	143, 971, 879				500.00

 Health Financial Systems
 BALL MEMORIAL HOSPITAL
 In Lieu of Form CMS-2552-10

Heal th	Health Financial Systems		BALL MEMORIAL HOSPITAL			In Lieu of Form CMS-2552		
RECONC	CILIATION OF CAPITAL COSTS CENTERS		Provider CC	CN: 15-0089	Period: From 01/01/2022 To 12/31/2022		pared:	
				Acqui si ti on:	S			
		Begi nni ng	Purchases	Donati on	Total	Disposals and		
		Bal ances				Retirements		
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	T BALANCES						
1.00	Land	6, 072, 523	0		0 0	0	1.00	
2.00	Land Improvements	3, 429, 715	0		0 0	0	2.00	
3.00	Buildings and Fixtures	281, 611, 985	0		0 0	0	3.00	
4.00	Building Improvements	93, 799, 635	17, 785, 098		0 17, 785, 098	0	4.00	
5.00	Fixed Equipment	0	0		0 0	0	5.00	
6.00	Movable Equipment	127, 889, 828	3, 786, 115		0 3, 786, 115	1, 730, 904	6.00	
7.00	HIT designated Assets	0	0		0 0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	512, 803, 686	21, 571, 213		0 21, 571, 213	1, 730, 904	8.00	
9.00	Reconciling Items	0	0		0 0	0	9.00	
10.00	Total (line 8 minus line 9)	512, 803, 686	21, 571, 213		0 21, 571, 213	1, 730, 904	10.00	
		Ending Balance						
		5	Depreciated					
			Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	T BALANCES						
1.00	Land	6, 072, 523	0				1.00	
2.00	Land Improvements	3, 429, 715	1, 378, 403				2.00	
3.00	Buildings and Fixtures	281, 611, 985	102, 439, 576				3.00	
4.00	Building Improvements	111, 584, 733	922, 047				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	129, 945, 039	76, 098, 160				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	532, 643, 995	180, 838, 186				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	532, 643, 995	180, 838, 186				10.00	

Heal th	Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lieu of Form CMS-2552-10				
RECONO	CILIATION OF CAPITAL COSTS CENTERS		Provider CO	CN: 15-0089	Period: From 01/01/2022	Worksheet A-7 Part II			
					To 12/31/2022		pared: 47 am		
			SL	IMMARY OF CAF	I TAL	0/20/2020 11.			
	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	357, 562	6, 006		0 0	1, 705	1.00		
3.00	Total (sum of lines 1-2)	357, 562	6, 006		0 0	1, 705	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								
1.00	NEW CAP REL COSTS-BLDG & FIXT	1, 172, 854	1, 538, 127				1.00		
3.00	Total (sum of lines 1-2)	1, 172, 854	1, 538, 127				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 01/01/2022 To 12/31/2022		hared
				10 12/31/2022	5/26/2023 11:4	
	COM	PUTATION OF RAT	TIOS	ALLOCATION OF	OTHER CAPITAL	
Cost Center Description	Gross Assets	Capitalized	Gross Assets		Insurance	
		Leases	for Ratio (col. 1 - col	instructions)		
				•		
	1,00	2.00	3.00	4,00	5,00	
PART III - RECONCILIATION OF CAPITAL COSTS CE						
1.00 NEW CAP REL COSTS-BLDG & FIXT	532, 643, 996	0	532, 643, 99	6 1.000000	0	1.00
3.00 Total (sum of lines 1-2)	532, 643, 996	0	532, 643, 99	6 1.000000	0	3.00
	ALLOCA	TION OF OTHER (	CAPI TAL	SUMMARY C	F CAPITAL	
		i				
Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease	
		Capi tal -Rel ate				
	6, 00	d Costs 7.00	through 7) 8.00	9,00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CE		7.00	8.00	9.00	10.00	
1.00 NEW CAP REL COSTS-BLDG & FIXT	0	0		0 28, 571, 108	467, 003	1.00
3.00 Total (sum of lines 1-2)	0	-		28, 571, 108		3.00
		SL	JMMARY OF CAPI			
Cost Center Description	Interest	Insurance (see			Total (2) (sum	
		instructions)	instructions)	Capi tal -Rel ate		
				d Costs (see	through 14)	
	11.00	12.00	13.00	instructions) 14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CE		12.00	13.00	14.00	15.00	
1.00 NEW CAP REL COSTS-BLDG & FIXT	-2, 093, 416	449, 088	308, 80	9 1, 110, 009	28, 812, 601	1.00
3.00 Total (sum of lines 1-2)	-2, 093, 410					3.00
5.00 110tal (300 01 11163 1-2)	-2,075,410	447,000	1 500, 60	1, 110, 009	20,012,001	5.00

ADJUST	MENTS TO EXPENSES			Fi	eriod: rom 01/01/2022	Worksheet A-8	
						Date/Time Prep 5/26/2023 11:4	
				Expense Classification on To/From Which the Amount is			
	Cost Center Description	Basi s/Code (2)	Amount	Cost Center		Wkst. A-7 Ref.	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter	1.00 B	<u>2.00</u> -2,093,416	3.00 NEW CAP REL COSTS-BLDG & FIXT	<u>4.00</u> 1.00	<u>5. 00</u> 11	1.00
2.00	2) Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		С	*** Cost Center Deleted ***	2.00	о	2.00
3.00	Investment income - other (chapter 2)		C		0.00	0	3.00
1.00	Trade, quantity, and time discounts (chapter 8)		C		0.00	0	4.00
5.00 5.00	Refunds and rebates of expenses (chapter 8)		C		0. 00 0. 00	0	5. 00 6. 00
7.00	Rental of provider space by suppliers (chapter 8) Telephone services (pay		(		0.00	0	7.00
	stations excluded) (chapter 21)						
3.00 9.00	Television and radio service (chapter 21) Parking lot (chapter 21)		C		0. 00 0. 00	0	8.00 9.00
	Provi der-based physici an adjustment	A-8-2	-19, 866, 327	,	0.00	0	
	Sale of scrap, waste, etc. (chapter 23)		C		0.00	0	
	Related organization transactions (chapter 10) Laundry and linen service	A-8-1	42, 405, 654		0.00	0	
4.00	Cafeteria-employees and guests Rental of quarters to employee	В		CAFETERI A	0.00 11.00 0.00	0	13.00 14.00 15.00
6.00	and others Sale of medical and surgical supplies to other than		C		0.00	о	16.00
7.00	patients Sale of drugs to other than		C		0. 00	0	17.00
8.00	patients Sale of medical records and		C		0.00	0	18.00
9. 00	abstracts Nursing and allied health education (tuition, fees,		C		0.00	0	19.00
	books, etc.) Vending machines Income from imposition of interest, finance or penalty charges (chapter 21)		C		0.00 0.00	0 0	
2. 00	Interest expense on Medicare overpayments and borrowings to		С		0.00	0	22. 00
23. 00	repay Medicare overpayments Adjustment for respiratory therapy costs in excess of	A-8-3	C	RESPI RATORY THERAPY	65.00		23. 00
24.00	limitation (chapter 14) Adjustment for physical therapy costs in excess of	A-8-3	C	PHYSI CAL THERAPY	66.00		24.00
25.00	limitation (chapter 14) Utilization review - physicians' compensation		C	*** Cost Center Deleted ***	114.00		25.00
6. 00	(chapter 21) Depreciation - NEW CAP REL COSTS-BLDG & FIXT		С	NEW CAP REL COSTS-BLDG & FLXT	1.00	0	26. 00
7.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			*** Cost Center Deleted ***	2.00	0	27.00
9.00	Non-physician Anesthetist Physicians' assistant Adjustment for occupational therapy costs in excess of	A-8-3	C	*** Cost Center Deleted *** OCCUPATIONAL THERAPY	19.00 0.00 67.00	0	28.00 29.00 30.00
0. 99	limitation (chapter 14) Hospice (non-distinct) (see		C	ADULTS & PEDI ATRI CS	30. 00		30. 9
1. 00	instructions) Adjustment for speech pathology costs in excess of	A-8-3	C	SPEECH PATHOLOGY	68.00		31.00
2.00	limitation (chapter 14) CAH HIT Adjustment for Depreciation and Interest		C		0.00	0	32.00

170211	MENTS TO EXPENSES				eriod:	Worksheet A-8	
					rom 01/01/2022 o 12/31/2022	Date/Time Pre 5/26/2023 11:	
				Expense Classification on To/From Which the Amount is		0/20/2020 11.	
					,		
	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	
	MI SCELLANEOUS I NCOME	B		EMPLOYEE BENEFITS DEPARTMENT	4.00 5.01		
	MI SCELLANEOUS I NCOME MI SCELLANEOUS I NCOME	B B		OTHER ADMINISTRATIVE AND	5.01		
5.00	MI SCELLANEOUS I NCOME	В	-413, 911	GENERAL MAINTENANCE & REPAIRS	6.00	0	36. (
	MI SCELLANEOUS I NCOME	В		OPERATION OF PLANT	7.00		
-	MI SCELLANEOUS I NCOME	В		HOUSEKEEPING	9.00		
	MI SCELLANEOUS I NCOME	В	-275, 124		10.00		
	MI SCELLANEOUS I NCOME MI SCELLANEOUS I NCOME	B B		NURSING ADMINISTRATION	13.00 15.00		
	MI SCELLANEOUS I NCOME	B		PATI ENT TRANSPORTATI ON	18.00		
	MI SCELLANEOUS I NCOME	В		I &R SERVICES-OTHER PRGM COSTS APPRVD	22.00		
	MI SCELLANEOUS I NCOME	В	-26, 716	ADULTS & PEDIATRICS	30.00	0	44.
	MI SCELLANEOUS I NCOME	В		OPERATING ROOM	50.00		
	MI SCELLANEOUS I NCOME	В		RADI OLOGY-DI AGNOSTI C	54.00		
	MI SCELLANEOUS I NCOME	В		RESPIRATORY THERAPY	65.00		
	MI SCELLANEOUS I NCOME MI SCELLANEOUS I NCOME	B B		SLEEP LAB PHYSICAL THERAPY	65.01 66.00	0	
	MI SCELLANEOUS I NCOME	В		ELECTROCARDI OLOGY	69.00		
	MI SCELLANEOUS I NCOME	B		PHOSPITAL BASED RETAIL PHARMACIES	73.01	0	
06	MI SCELLANEOUS I NCOME	В	-104, 790	CARDIAC REHABILITATION	76.97	0	46.
07	MI SCELLANEOUS I NCOME	В	6, 655	PAIN CLINIC	90.02	0	46.
	MI SCELLANEOUS I NCOME	В		BSU PHARMACY	194.01	0	
	MI SCELLANEOUS I NCOME	В		THERAPIES TO OTHER ENTITIES	194.22		
. 10	NON-ALLOWABLE MARKETING	A	-731, 242	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	46.
. 11	NON-ALLOWABLE MARKETING	A		NURSING ADMINISTRATION	13.00		
12	NON-ALLOWABLE MARKETING	A		CARDIAC CATHETERIZATION	59.00		
	NON-ALLOWABLE MARKETING	A		RADI OLOGY-DI AGNOSTI C	54.00		
	NON-ALLOWABLE MARKETING NON-ALLOWABLE MARKETING	A A		PHYSICAL THERAPY EMERGENCY	66.00 91.00		
	NON-ALLOWABLE MARKETING	A		EMPLOYEE BENEFITS DEPARTMENT			
18	CORPORATE TELEPHONE	Â		OTHER ADMINISTRATIVE AND	5.06		
. 19	EMPLOYEE BENEFITS OFFSET	٨	26 520 615	GENERAL EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46
20	HAF FEES	A A		OTHER ADMINISTRATIVE AND	4.00 5.06	-	
				GENERAL			
	TELEVISION DEPRECIATION	A		NEW CAP REL COSTS-BLDG & FLXT	1.00		46.
. 22	NON-ALLOWABLE PT REIMB.	A		OTHER ADMINISTRATIVE AND GENERAL	5.06		46.
-	NON-ALLOWABLE PT REIMB.	A		ADULTS & PEDIATRICS	30.00	-	
	NON-ALLOWABLE PT REIMB.	A		RECOVERY ROOM	51.00		
25 26	NON-ALLOWABLE PT REIMB. LOSS ON EXTINGUISHMENT OF DEBT	A A		NEW CAP REL COSTS-BLDG &	91.00 1.00		40
20	CARRY ADDICTION AND PAIN CLINIC	A		FIXT SUBSTANCE ABUSE CLINIC	90. 01		40
27	START UP C CONTRIBUTION EXPENSE	A		OTHER ADMINI STRATI VE AND	5.06		40
20 29	CONTRIBUTION EXPENSE	A		GENERAL I &R SERVICES-OTHER PRGM	22.00		
30	CONTRI BUTI ON EXPENSE	A		COSTS APPRVD ADULTS & PEDIATRICS	30.00	_	
	CONTRIBUTION EXPENSE	A		DELIVERY ROOM & LABOR ROOM	30.00 52.00		
	CONTRIBUTION EXPENSE	A		PHYSICAL THERAPY	66.00		
	CONTRI BUTI ON EXPENSE	A		ONCOLOGY CLINIC	90.03		
34	RECRUITING FEES	А	-765	NURSING ADMINISTRATION	13.00		46
35	RECRUI TI NG FEES	A		PHARMACY	15.00		
36	RECRUITING FEES	A		ADULTS & PEDIATRICS	30.00		
37 38	RECRUITING FEES OTHER ADJUSTMENTS (SPECIFY)	A	-28, 459 C	ONCOLOGY CLINIC	90. 03 0. 00		
. 00	(3) TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-37, 494, 687	,			50.

(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.

Health Financial Systems		BALL MEMORIA	AL HOSPITAL	In Lie	u of Form CMS-2	2552-10
ADJUSTMENTS TO EXPENSES			Period:	Worksheet A-8		
				From 01/01/2022 To 12/31/2022		pared: 47 am
			Expense Classification or			
			To/From Which the Amount is	to be Adjusted		
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	

B. Amount Received - if cost cannot be determined.
(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	Financial Systems	BALL MEMORI	AL HOSPI TAL	Health Financial Systems         BALL MEMORIAL HOSPITAL         In Lieu of Form CMS-2552-10										
STATEME	ENT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HO	ME Provider CCN: 15-0089	Peri od:	Worksheet A-8	-1								
OFFICE	COSTS			From 01/01/2022										
				To 12/31/2022	Date/Time Pre 5/26/2023 11:									
	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	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED O	RGANI ZATI ONS OR	CLAI MED									
	HOME OFFICE COSTS:													
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	6, 843, 148	0	1.00								
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	24, 306, 538	0	2.00								
3.00	5. 02	DATA PROCESSING	HOME OFFICE	19, 460, 039	0	3.00								
4.00	5. 04	ADMI TTI NG	HOME OFFICE	10, 489, 509	0	4.00								
4.01	5. 05	CASHI ERI NG/ACCOUNTS RECEI VAB	HOME OFFICE	11, 631, 020	0	4.01								
4.02	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	26, 940, 562	57, 265, 162	4.02								
4.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	RELATED PARTY	590, 617	590, 617	4.03								
4.04	5. 01	COMMUNI CATI ONS	RELATED PARTY	39, 650	39, 650	4.04								
4.05	5.06	OTHER ADMINISTRATIVE AND GEN	RELATED PARTY	177, 757	177, 757	4.05								
4.06	13.00	NURSING ADMINISTRATION	RELATED PARTY	394, 458	394, 458	4.06								
4.07	22.00	I&R SERVICES-OTHER PRGM COST	RELATED PARTY	2, 618, 696	2, 618, 696	4.07								
4.08	30.00	ADULTS & PEDIATRICS	RELATED PARTY	10, 694, 029	10, 694, 029	4.08								
4.09	35.00	NEONATAL INTENSIVE CARE UNIT	RELATED PARTY	1, 350, 838	1, 350, 838	4.09								
4.10	41.00	SUBPROVIDER - IRF	RELATED PARTY	59, 200	59, 200	4.10								
4.11	50.00	OPERATING ROOM	RELATED PARTY	6, 317, 772	6, 317, 772	4.11								
4.12	54.00	RADI OLOGY-DI AGNOSTI C	RELATED PARTY	1, 579, 181	1, 579, 181	4.12								
4.13	57.00	CT SCAN	RELATED PARTY	17, 500	17, 500	4.13								
4.14	59.00	CARDI AC CATHETERI ZATI ON	RELATED PARTY	13, 685	13, 685	4.14								
4.15	60.00	LABORATORY	RELATED PARTY	15, 137, 095	15, 137, 095	4.15								
4.16	63.00	BLOOD STORING, PROCESSING, &	RELATED PARTY	11, 958	11, 958	4.16								
4.17	76. 98	HYPERBARIC OXYGEN THERAPY	RELATED PARTY	-43, 661	-43, 661	4.17								
4.18	90.01	SUBSTANCE ABUSE CLINIC	RELATED PARTY	456, 853	456, 853	4.18								
4.19	90.02	PAIN CLINIC	RELATED PARTY	509, 088	509, 088	4.19								
4.20	90. 03	ONCOLOGY CLINIC	RELATED PARTY	179, 728	179, 728	4.20								
4.21	91.00	EMERGENCY	RELATED PARTY	3, 101, 478	3, 101, 478	4.21								
4.22	191.00	RESEARCH	RELATED PARTY	6, 490	6, 490	4.22								
4.23	0.00		RELATED PARTY	0	0	4.23								
4.24	0.00		RELATED PARTY	0	0	4.24								
4.25	0.00		RELATED PARTY	0	0	4.25								
4.26	0.00		RELATED PARTY	0	0	4.26								
4.27	0.00			0	0	4.27								
5.00	0		0	142, 883, 228	100, 477, 574	5.00								
* Tho	amounts on lines 1-4 (and sub	corinto ac appropriato) are t	transforred in detail to Werl	(choot A column	4 Lines as									

\* 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		Ownership				
 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.

i oi mour			
6.00	В	0.00 I U HEALTH 100.0	6.00
7.00		0.00 0.0	0 7.00
8.00		0.00 0.0	0 8.00
9.00		0.00 0.0	9.00
10.00		0.00 0.00	0 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.

	n Financial Syste		BALL MEMORIAL		In Lieu of Form CM	
		SERVICES FROM	RELATED ORGANIZATIONS AND HOME	Provider CCN: 15-0089	Period: Worksheet A	-8-1
OFFICE	E COSTS				From 01/01/2022 To 12/31/2022 Date/Time P 5/26/2023 1	
	Net	Wkst. A-7 Ref.			572072023 1	1:47 am
	Adjustments					
	(col. 4 minus					
	col. 5)*					
	6.00	7.00				
	A. COSTS INCURF	RED AND ADJUSTN	IENTS REQUIRED AS A RESULT OF TRA	ANSACTIONS WITH RELATED	ORGANIZATIONS OR CLAIMED	
	HOME OFFICE COS					
1.00	6, 843, 148					1.00
2.00	24, 306, 538	0				2.00
3.00	19, 460, 039	0				3.00
4.00	10, 489, 509	0				4.00
4.01	11, 631, 020	0				4.01
4.02	-30, 324, 600	0				4. 02
4.03	0	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

 5.00
 42,405,654
 5.00

 \* 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

4.27

nas not	been posted to worksheet A,	columns I and/or 2	, the amount	allowable should	be Indicated	In column 4 o	r this part.	
	Related Organization(s)							
	and/or Home Office							
	Type of Business	-						
	Type of business							
	6. 00							
	B. INTERRELATIONSHIP TO RELA	FED 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.

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Heal th	Financial Syste	ems	BALL MEMORI	AL HOSPI TAL		In Lie	eu of Form CMS-	2552-10
PROVI DE	R BASED PHYSIC	I AN ADJUSTMENT		Provider (		Peri od:	Worksheet A-8	3-2
						From 01/01/2022 To 12/31/2022		
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		Identifier	Remuneration	Component	Component		ider Component	
							Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND	614, 563	289, 835	324, 728	3 211, 500	11, 936	1.00
		GENERAL						
2.00		ADULTS & PEDIATRICS	10, 694, 029					
3.00		NEONATAL INTENSIVE CARE UNIT	1, 275, 838					
4.00		OPERATING ROOM	5, 866, 464			=,		
5.00		RADI OLOGY-DI AGNOSTI C	1, 209, 500		1, 209, 500			
6.00		HYPERBARIC OXYGEN THERAPY	-43, 661	-43, 661	(			
7.00		SUBSTANCE ABUSE CLINIC	456, 853		(			
8.00		PAIN CLINIC	491, 231	491, 231	(	211, 300		
9.00		EMERGENCY	2, 461, 543	0	2, 461, 543	3 211, 500	15, 989	
10.00	0.00		0		(	0 0	0	10.00
200.00			23, 026, 360					200.00
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of	Provi der	Physician Cost	
		Identifier	Limit	Unadjusted RCE			of Malpractice	
				Limit	Conti nui ng	Share of col.	Insurance	
					Education	12		
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	1, 213, 685	60, 684		0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	(	o o	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	(	o o	0	3.00
4.00	50.00	OPERATING ROOM	0	0	(	0 0	0	4.00
5.00	54.00	RADI OLOGY-DI AGNOSTI C	1, 288, 257	64, 413	(	0 0	0	5.00
6.00	76.98	HYPERBARIC OXYGEN THERAPY	0		(	0 0	0	6.00
7.00	90.01	SUBSTANCE ABUSE CLINIC	0	0	(	0 0	0	7.00
8.00	90.02	PAIN CLINIC	0	0	(	0 0	0	8.00
9.00		EMERGENCY	1, 625, 805	81, 290	(	0 0	0	9.00
10.00	0.00		0	0	(	0 0	0	10.00
200.00			4, 127, 747	206, 387	(	0 0	0	
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment		
		Identifier	Component	Limit	Di sal I owance			
			Share of col.					
			14					
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND	0	1, 213, 685	(	289, 835		1.00
2.00	20.00	GENERAL ADULTS & PEDIATRICS	0	0		10, 694, 029		2.00
			-	, s				
3.00		NEONATAL INTENSIVE CARE UNIT	0					3.00
4.00		OPERATING ROOM	0		(	-,,		4.00
5.00			0	.,200,20,	(			5.00
6.00		HYPERBARI C OXYGEN THERAPY	0	-				6.00
7.00		SUBSTANCE ABUSE CLINIC	0	-	(	100/000		7.00
8.00		PAIN CLINIC	0	-	(			8.00
9.00		EMERGENCY	0		835, 738	835, 738		9.00
10.00	0.00		0		(	0 0		10.00
200.00			0	4, 127, 747	835, 738	3 19, 866, 327		200.00

			Provider CC	F	veriod: rom 01/01/2022 o 12/31/2022	Worksheet B Part I Date/Time Pre	
	Cost Contor Description	Net Expenses	CAPI TAL RELATED COSTS NEW BLDG &		COMMUNI CATI ONS	<u>5/26/2023 11:</u> DATA	47 2
	Cost Center Description	for Cost Allocation (from Wkst A col. 7)	FIXT	EMPLOYEE BENEFITS DEPARTMENT	COMMONICATIONS	PROCESSI NG	
		0	1.00	4.00	5. 01	5.02	
	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT	28, 812, 601	28, 812, 601				1 1
	00400 EMPLOYEE BENEFITS DEPARTMENT	24, 974, 837		25, 037, 959			4
-	01160 COMMUNI CATI ONS	709, 365		101, 274	839, 492		5
	00550 DATA PROCESSI NG 00570 ADMI TTI NG	19, 460, 039 15, 116, 700		555, 690	0 24, 213	19, 460, 039 0	
05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	11, 631, 020		000, 070 0	0	0	
	00590 OTHER ADMINISTRATIVE AND GENERAL	39, 531, 635		1, 031, 557		0	
	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	10, 188, 753 8, 252, 160		410, 267 217, 739		0	
	00800 LAUNDRY & LINEN SERVICE	1, 324, 806		217, 737	0	0	
	00900 HOUSEKEEPI NG	5, 059, 377		571, 201		0	
	01000 DI ETARY 01100 CAFETERI A	2, 719, 179		353, 521		0	
	01300 NURSI NG ADMI NI STRATI ON	14, 103, 228		130, 952 1, 862, 066		0	
	01400 CENTRAL SERVICES & SUPPLY	10, 342, 510		238		0	
	01500 PHARMACY	7, 937, 255	105, 120	883, 735	27, 681	0	
	01600 MEDICAL RECORDS & LIBRARY 01080 PATIENT TRANSPORTATION	1, 048, 272	0 0	C 151, 404	0 10, 445	0	
	02100 I&R SERVICES-SALARY & FRINGES APPRVD	3, 892, 880		603, 899		0	1
. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	4, 168, 925		68, 906	3, 559	0	22
	02300 PARAMED ED PRGM	248, 302	3, 294	34, 947	1, 022	0	23
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	55, 545, 884	3, 000, 182	5, 970, 360	175, 490	2, 467, 361	30
	03100 I NTENSI VE CARE UNI T	14, 672, 435		1, 573, 603		514, 141	
	03200 CORONARY CARE UNI T	C	0	C	0	0	
	02060 NEONATAL INTENSIVE CARE UNIT	3, 631, 604	141, 083	422, 032	10, 505	134, 185	
	04000 SUBPROVI DER – I PF 04100 SUBPROVI DER – I RF	2, 351, 295	158, 313	322, 166	10, 505	0 88, 758	
	04300 NURSERY	659,037		89, 279		25, 754	
	ANCILLARY SERVICE COST CENTERS						
	05000 OPERATING ROOM 05100 RECOVERY ROOM	12, 176, 922 2, 458, 480		1, 122, 833 344, 156		1, 712, 632 229, 634	
	05200 DELIVERY ROOM & LABOR ROOM	3, 589, 105		413, 465		208, 042	
	05400 RADI OLOGY-DI AGNOSTI C	12, 872, 309		1, 375, 344		2, 189, 013	
	05700 CT SCAN	1, 698, 398		223, 998	6, 913	446, 004	
	05800 MAGNETI C RESONANCE I MAGI NG (MRI) 05900 CARDI AC CATHETERI ZATI ON	3, 907, 559	0 220, 928	410, 731	13, 179	0 1, 003, 987	
	06000 LABORATORY	15, 971, 323		12		948, 814	
	06001 BLOOD LABORATORY	C	0	C	0	0	
	06300 BLOOD STORI NG, PROCESSI NG, & TRANS. 06500 RESPI RATORY THERAPY	1, 332, 293		C 684, 479	0 21, 142	65, 591 264, 326	
	06501 SLEEP LAB	580, 991		69, 961		68, 815	
	06600 PHYSI CAL THERAPY	4, 719, 121	247, 390	658, 326	25, 901	177, 307	
	06700 OCCUPATIONAL THERAPY	1, 196, 102		153, 747		58, 359	
	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY	709, 085 C	9, 106 0	97, 769 C	3, 281 0	35, 923 0	
00	06900 ELECTROCARDI OLOGY	3, 344, 667		195, 992	8, 574	396, 032	69
	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	11, 874, 820		C	0	786, 062	
	07200 I MPL. DEV. CHARGED TO PATI ENT 07300 DRUGS CHARGED TO PATI ENTS	9, 178, 108 51, 927, 479		C	0	1, 080, 016 3, 396, 874	
	07301 HOSPI TAL BASED RETAIL PHARMACIES	9, 232, 077		289, 634	7,621	70, 212	
00	07400 RENAL DI ALYSI S	1, 720, 758		C	0	33, 437	74
	03160 CARDI OPULMONARY		0	0	0	0	
	07697 CARDIAC REHABILITATION 07698 HYPERBARIC OXYGEN THERAPY	1, 146, 998		164, 101 98, 699		55, 606 180, 401	
	07700 ALLOGENEIC HSCT ACQUISITION	C	0	0,077		0	
	OUTPATIENT SERVICE COST CENTERS	1 -					
	09000 CLINIC 09001 SUBSTANCE ABUSE CLINIC	630, 699	0 0 101, 050	C 79, 621	0 3, 600	0 6, 686	
	09001 SUBSTANCE ABUSE CLINIC 09002 PAIN CLINIC	401, 494		51, 976		12, 324	
03	09003 ONCOLOGY CLINIC	3, 379, 162		426, 193	13, 507	414, 641	90
	09100 EMERGENCY	16, 921, 642	534, 482	1, 739, 316	55, 882	2, 321, 153	
	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	1, 366, 467	69, 425	155, 151	4, 335	67, 949	92
	OTHER REIMBURSABLE COST CENTERS	1, 300, 407	09, 425	100, 151	4, 335	07, 949	1 72
la la			11, 323				95

COST ALLOCATION - CENERAL SERVICE COSTS         Providuer CCR: 15-0089         Providuer CR: 15-0089         Providuer CR: 15-0089         Providuer CR: 15-0089         Providuer CR: 1070/2022         Providuer CR: 1070/2023         Provi	Health Financial Systems	BALL MEMORIA	AL HOSPITAL		In Lie	u of Form CMS-:	2552-10
Cost Conter Description         Net Exponses For Cost (from WKS1 A (coli 7)         PELATE CostS FIXT         EMPLOYE BEREFILE DEPARTMENT         COMUNICATIONS         DATA PROCESSING           SPECIAL PURPOSE COST CENTERS         Not Exponses (coli 7)         1.00         4.00         5.01         5.02           138.00 15000 (SITE, FLATERSE 14000 (SITE, FLATERSE)         0         1.00         4.00         5.01         5.02           190.00 19000 (SITE, FLATERSE 14000 (SITE, FLATERSE)         0         1.00         4.00         5.101         5.02           190.00 19000 (SITE, FLATERSE 14000 (SITE, FLATERSE)         SITE CONTENTERSE 150         0 <td>COST ALLOCATION - GENERAL SERVICE COSTS</td> <td></td> <td>Provider C</td> <td></td> <td></td> <td></td> <td></td>	COST ALLOCATION - GENERAL SERVICE COSTS		Provider C				
Cost Center Description         Net Expense (From West A) (From West							pared:
Cost Center Description         Net Expenses For Cost (from WKst A         PELATE Description         Dev USUE (F) ST (cost in (from WKst A         Dev USUE (cost in (from WKst A         Dev USUE (from Kst A         Dev						5/26/2023 11:	47 am
Cost Center Description         Net Expenses for Cost Al location (rom Wsr4)         Net Expenses Fix         EMENDE Fix         EMENDE BENEFITS DEPARTMENT         COMUNICATIONS         DATA PROCESSING           SPECIAL PURPOSE COST CENTERS         0         1.00         4.00         5.01         5.02           113.00         SUBTORIAL SQUM OF LINES 1 through 117)         466,100,018         25,834,495         24,110,340         818,232         19,460,039         118.00           NOME: IMURSABLE COST CENTERS         0         0         47,595         3,468         0         0         0         191.00         118.00         919.00         910.00         90.00         0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
Proc Cost (From West A col T)         FLXT (Col T)         BERNET (TS) (DEPARTMENT         PROCESSING           SPECIAL PURPOSE COST CENTERS         0         1.00         4.00         5.01         5.02           113.00         INTERAST EXPENSE         0         1.00         4.00         5.01         5.02           113.00         INTERAST EXPENSE         10         0.0         5.01         5.02         113.00           100.01         SUBTORIAL SCIENCES         10         0.0         1.00         4.00         5.01         5.02           100.01         SUBTORIAL SCIENCES         0.0 <t< td=""><td>Cost Contor Description</td><td>Not Exponsos</td><td></td><td></td><td></td><td>ΠΛΤΛ</td><td></td></t<>	Cost Contor Description	Not Exponsos				ΠΛΤΛ	
At Locati on Coll. 7, A         DEPARTMENT         DEPARTMENT           3         0         1.00         4.00         5.01         5.02           113.00         100         0         1.00         4.00         5.01         5.02           113.00         100         0         0.00         5.01         5.02         113.00           113.00         100         0         0.01         25,634,495         24,110,340         818,232         19,460,039         118.00           100.00         109000 GFF.         EXEMTORIAS (SUM OF LINES 1 through 117)         466,100,018         25,634,495         24,110,340         818,232         19,460,039         118.00           100.00         109000 GFF.         EXEMTOR         678,909         0         47,595         3,466         0         109.00           101.00         FINRMARCY         8,274,647         40.224         158,578         4,732         0         144.01           144.01 0785 ISS CENTER         1,122         80,336         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td>cost center bescription</td><td></td><td></td><td></td><td>COMMUNICATIONS</td><td></td><td></td></t<>	cost center bescription				COMMUNICATIONS		
Col. 70         Loc. 70 <t< td=""><td></td><td></td><td></td><td></td><td></td><td>11002001110</td><td></td></t<>						11002001110	
SPECIAL PURPOSE COST CENTERS         1         0         1.00         4.00         5.01         5.02           113.00         011300 INTERST EXPENSE         113.00         1130.00         1130.00         1130.00         1130.00           NOMEE MBURSABLE COST CENTERS         25,834,495         24,110.340         818,232         19,460.039         118.00           NOMEE MBURSABLE COST CENTERS         828,374         29,613         116,436         5.134         0 191.00           191.00         0197050 FILER NOMELIMBURSABLE COST CENTERS         38,232         0         47,595         3,468         0 194.00           194.01         07955 PAVILLION PHARMACY         8,274,647         40.224         158,378         4,732         0 144.00           194.02         07956 CARLEN         0         0         0         0 194.01         194.03           194.03         07956 WELLINESS CENTER         1,122         80.326         0         0         194.03         194.04         194.03         194.04         194.03         194.04         194.04         194.04         194.04         194.04         194.04         194.04         194.04         194.04         194.04         194.04         194.04         194.04         194.04         194.04         1		(from Wkst A					
SPECIAL PURPOSE COST CENTRES         Image: Cost Cent							
113.00     113.00     INTERST EXPENSE     113.00       NORRE MUBURSABLE COST CENTRES     113.00       NORRE MUBURSABLE COST CENTRES     114.00       90.00     190.00     114.00       191.00     114.00     111.00       90.00     114.00     111.00       90.00     114.00     111.00       90.00     114.00     111.00       90.00     114.00     111.00       91.00     114.00     111.00       91.00     114.00     111.00       91.00     114.00     114.00       91.00     114.00     114.00       91.00     114.00     114.00       91.00     114.00     114.00       91.00     114.00     114.00       91.00     114.00     114.00       91.00     114.00     114.00       91.00     114.00     114.00       91.00     114.00     114.00       91.00     114.00     114.00       91.00     114.00     114.00       91.00     114.00     114.00       91.00     114.00     114.00       91.00     114.00     114.00       91.00     114.00     114.00       91.00     114.00     114.00		0	1.00	4.00	5.01	5.02	
118.00         SUBETORALS (SUM OF LINES 1 through 117)         468, 100, 018         25, 834, 495         24, 110, 340         918, 232         19, 460, 039         110, 030           190.00         0175, FLOWER, COFFEE SHOP & CATTEEN         878, 909         0         47, 595         3, 468         0         190, 00         0190, 00         016, 33, 468         0         190, 00         0190, 00         016, 33, 468         0			1				112 00
NONRET HIBURSABLE OST CENTERS         Control         Control <thcontrol< th=""> <thcontrol< th=""> <thcont< td=""><td></td><td>468 100 018</td><td>25 834 405</td><td>24 110 340</td><td>818 222</td><td>10 /60 030</td><td></td></thcont<></thcontrol<></thcontrol<>		468 100 018	25 834 405	24 110 340	818 222	10 /60 030	
190. 00[19000]         00[19000]         47, 595         3, 466         0         100, 00           91. 00[19100]         RESEARCH         828, 374         29, 613         116, 436         5, 134         0 </td <td></td> <td>400, 100, 010</td> <td>23,034,473</td> <td>24, 110, 340</td> <td>010,232</td> <td>17,400,037</td> <td>110.00</td>		400, 100, 010	23,034,473	24, 110, 340	010,232	17,400,037	110.00
191.00       PSEARCH       828,374       29,613       116,436       5,134       0       0         194.00       7950       FILE       0 <t< td=""><td></td><td>878, 909</td><td>0</td><td>47, 595</td><td>3, 468</td><td>0</td><td>190.00</td></t<>		878, 909	0	47, 595	3, 468	0	190.00
194. 00077950       OTHER NONREI MBURSABLE COST CENTERS       0       <			29, 613				
194. 02       07952       PAULLION PHARMACY       8, 274, 647       40, 224       158, 378       4, 732       0 194, 02         194. 04       07954       CARELINES       0		0				0	194.00
194. 03 07953       VENDING       0	194.0107951BSU PHARMACY	38, 232	0	14, 208	429	0	194.01
194. do [07954] CARELINE       0       0       0       0       0       0       0       0       0       194. 05       0       <		8, 274, 647	40, 224	158, 378	4, 732		
194.06       07955       WELLNESS CENTER       1,122       0.336       0       0       194.06         194.06       07957       PERINATAL CLINIC       0 <t< td=""><td></td><td>0</td><td>0</td><td></td><td>-</td><td></td><td></td></t<>		0	0		-		
194. 06       0756       PHYSICIAN PRACTICE CLINICS       0       377,087       0       194. 00       194. 00       194. 00       194. 00       194. 00       194. 00       194. 10       194. 10       10       194. 10       10       194. 10       10       194. 10       10       194. 10       10       194. 10       10       194. 10       194. 10       10       194. 10		0	0				
194. 07       07957       PERI NATAL CLINIC       0       0       0       0       0       194.08         194. 08       07958       RNTAL RROPERTY       802,114       1,171,375       0       0       0       0       0       194.09         194. 09       07958       RNTAL RROPERTY       802,114       1,171,375       0       0       0       0       194.09         194. 10       07961       IU HEALTH HOSPICE       0       48,405       0       0       0       0       194.11         194. 12       07962       POB MEDI CAL, PAVI LLION CONDOS       0       0       0       0       0       0       194.13         194. 14       07964       NEW CASTLE       CHELATH CONDOCY       0       0       0       0       194.13         194. 16       07964       JAY COUNTY HOSPI TAL       1, 162,078       77,834       111,031       3,427       0       194.16         194. 19       07967       CARDI NAL HEALTH VENTURES       0       0       0       0       0       194.16         194. 20       07971       SCHOOL CAND NAL HEALTH VENTURES       0       0       0       0       194.20       194.20       0       0 </td <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td>-</td> <td></td>				-	-	-	
194. 08       07958       RENTAL PROPERTY       802,114       1,171,375       0       0       194.08         194. 09       07959       ADVERTI SI NG       0       0       0       0       0       0       194.00         194. 10       07960       INTEGRA LTAC       0       186,406       0       0       0194.10         194. 12       07961       INTEGRA LTAC       0       48,157       0       0       0194.12         194. 13       07963       PEDI ATRI C THERAPI ES       1,665,473       106,101       228,571       0       0       194.13         194. 16       07965       MARKETI MC/PUBLI C RELATI ONS       0       35,219       0       0       0       194.15         194. 16       07965       MARKETI MC/PUBLI C RELATI VENTURES       0       0       0       0       0       0       0       194.17       194.18         194. 18       07968       HALTH CARE CONNECTI ONS       0       0       0       0       0       0       0       0       194.12       194.12       194.12       194.12       19771       TKARP S SCHOUL       0       0       0       0       194.12       194.22       194.23       07971		0	377,087	-	-		
194. 00         0759         ADVERTISING         0         0         0         0         194. 10           194. 10         07960         INTEGRA LTAC         0         186, 406         0         0         194. 10           194. 11         07961         IU HEALTH HOSPICE         0         48, 157         0         0         194. 11           194. 12         07962         POB MEDICAL PAVILLION CONDOS         0         0         0         0         194. 12           194. 14         07963         PEDIATRIC THERAPHES         1, 665, 473         106, 101         228, 571         0         0         194. 13           194. 14         07964         NEW CASTLE ONCOLOGY         0         0         0         0         194. 16           194. 12         07965         MARKETI NC/PUBLIC RELATIONS         0         35, 219         0         0         0         194. 16           194. 12         07967         CARDI NAL HEALTH VENTURES         0         0         0         0         0         0         194. 16           194. 12         07970         IKALKETH CARE CONNECTIONS         0         0         0         0         194. 21           194. 22         07971		002 114	1 171 275	-	-		
194. 10       07960       INTEGRA LTAC       0       186, 406       0       0       194. 10         194. 11       07961       IU HEALTH HOSPICE       0       48, 157       0       0       0194. 11         194. 12       07962       POB MEDI CAL PAVILLION CONDOS       0       0       0       0       0       0       0       0       194. 12         194. 13       07963       PEDI ATRIC THERAPIES       1, 665, 473       106, 101       228, 571       0       0       0       194. 13         194. 14       07964       NEW CASTLE ONCOLOGY       0       0       0       0       194. 15         194. 16       07965       MARETI NC/PUBLIC RELATIONS       0       0       0       0       194. 16         194. 18       07966       CARD INAL HEALTH VENTURES       0       0       0       0       0       194. 17         194. 19       07969       IEALTH CARE CONNECTIONS       0       0       0       0       0       194. 20       194. 20       194. 20       194. 20       194. 20       194. 20       194. 20       194. 20       194. 20       194. 20       194. 20       194. 20       194. 20       194. 20       194. 20       194. 21		002, 114	1, 171, 375	-	-		
194, 11       07961       1U       HEALTH HOSPICE       0       0       0       0       0       0       0       0       0       194, 11         194, 12       07962       POB MEDICAL PAVILLION CONDOS       0       0       0       0       0       194, 13         194, 13       07963       PEDIATRIC THERAPIES       1, 665, 473       106, 101       228, 571       0       0       194, 14         194, 16       07964       MKW CASTLE ONCOLOGY       0       0       0       0       194, 14         194, 16       07965       MARKTING/PUBLIC RELATIONS       0       35, 219       0       0       194, 16         194, 16       07966       JAY COUNTY HOSPITAL       1, 162, 078       77, 834       111, 031       3, 427       0       194, 18         194, 18       07966       KARDINAL HEALTH VENURES       0       0       0       0       194, 12         194, 19       07969       MEALSON NU HEALTH VENURES       0       0       0       0       194, 20       0       0       0       194, 20       194, 20       194, 22       07971       MARY'S SCHOOL       0       0       0       194, 24       07974       BASC CONTECT IONS		0	186 406	-	-		
194. 12 07962       POB       MEDI CAL       PAVILLION CONDOS       0       0       0       194. 12         194. 13 07963       PEDI ATRI C       THERAPI ES       1, 665, 473       106, 101       228, 571       0       0       194. 13         194. 14 07964       NEW CASTLE ONCOLOGY       0       0       0       0       0       194. 14         194. 16 07966       JAY COUNTY HOSPI TAL       1, 162, 078       77, 834       111, 031       3, 427       0       194. 16         194. 16 07966       JAY COUNTY HOSPI TAL       1, 162, 078       77, 834       111, 031       3, 427       0       194. 16         194. 19 07966       JAY COUNTY HOSPI TAL       1, 162, 078       77, 834       111, 031       3, 427       0       194. 12         194. 19 07969       HEALTH CARE CONNECTI ONS       0       0       0       0       194. 12         194. 20 07970       MEALS ON WHEELS       0       0       0       0       194. 20         194. 22 07973       CANCER CENTER BOUTI OUE       84, 987       13, 492       2, 827       214       194. 23         194. 22 07973       CANCER CENTER BOUTI OUE       84, 987       13, 492       2, 827       214       194. 26		0					
194.14       07964       NEW CASTLE ONCOLOGY       0       0       0       194.14         194.15       07965       MARKETI NG/PUBLI C RELATI ONS       0       35,219       0       0       194.15         194.16       07965       MARKETI NG/PUBLI C RELATI ONS       0       35,219       0       0       0194.15         194.16       07966       JAY COUNTY HOSPI TAL       1,162,078       77,834       111,031       3,427       0194.16         194.18       07968       CARDI NAL HEALTH VENTURES       0       0       0       0194.18         194.19       07969       HEALTS ON WHEELS       0       0       0       0194.20         194.20       07970       MEALS ON WHEELS       0       0       0       0194.21         194.22       07972       THERAPI ES TO OTHER ENTITIES       0       0       143,663       0       0194.22         194.22       07974       BOSC BALL OUTPATI ENT SURGERY       0       31,452       2,827       214       0194.23         194.26       07976       CARDI NAL BEAVI ORAL HEALTH       6,105       0       116       5       0194.26         194.26       07976       BLACKFORD COMMUNI TY HOSPI TAL       1,068,442 <td></td> <td>0</td> <td>0</td> <td>C</td> <td>0</td> <td>0</td> <td>194. 12</td>		0	0	C	0	0	194. 12
194. 15       07965       MARKETI NG/PUBLI C RELATI ONS       0       35, 219       0       0       194. 15         194. 16       07966       JAY COUNTY HOSPI TAL       1, 162, 078       77, 834       111, 031       3, 427       0       194. 16         194. 16       07967       CARDI NAL HEALTH CHOI CE       0       0       0       0       0       194. 17         194. 18       07968       CHV CARDI NAL HEALTH CHOI CE       0       0       0       0       0       0       194. 18         194. 19       07969       KEALS ON WHEELS       0       0       0       0       194. 22       07970       MEALS ON WHEELS       0       0       0       0       194. 22       07972       THERAPI ES TO OTHER ENTI THES       0       0       0       194. 22       07973       CANCER CENTER BOUTI QUE       84, 987       13, 492       2, 827       214       0       194. 23         194. 24       07976       BLACK FORD COMUNI TH HOSPI TAL       1, 068, 442       71, 357       104, 794       3, 851       0       194. 26       09776       BLACK FORD COMUNI TH HOSPI TAL       1, 068, 442       71, 357       104, 794       3, 851       0       194. 26         194. 26       07976<	194. 13 07963 PEDI ATRI C THERAPI ES	1, 665, 473	106, 101	228, 571	0	0	194. 13
194. 16       07966       JAY COUNTY HOSPITAL       1, 162, 078       77, 834       111, 031       3, 427       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. 19         194. 20       07970       MEALS ON WHEELS       0       0       0       0       194. 20         194. 20       07971       ST MARY'S SCHOOL       0       0       0       0       194. 22         194. 22       07972       THERAPI ES TO OTHER ENTITIES       0       0       143, 663       0       194. 23         194. 22       07973       CANCER CENTER BOUTI QUE       84, 987       13, 492       2, 827       214       194. 23         194. 25       07975       CARDI NAL BEHAVI ORAL HEALTH       6, 105       0       116       5       0       194. 26         194. 26       07975       CARDI NAL BEHAVI ORAL HEALTH       6, 105       0       0       0       194. 26         194. 26       07977       MID WEST HEALTH STRATEGI ES       0       0       0       0 </td <td>194.14 07964 NEW CASTLE ONCOLOGY</td> <td>0</td> <td>0</td> <td>C</td> <td>0 0</td> <td>0</td> <td>194. 14</td>	194.14 07964 NEW CASTLE ONCOLOGY	0	0	C	0 0	0	194. 14
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. 19         194. 19       07969       HEALTH CARE CONNECTI ONS       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       THERAPI ES TO OTHER ENTI TI ES       0       0       143, 663       0       194. 23         194. 24       07974       BOSC BALL OUTPATI ENT SURGERY       0       391, 657       0       0       194. 24         194. 25       07975       CARDI NAL BEHAVI ORAL HEALTH       6, 105       0       116       5       0       194. 26         194. 26       07976       BLACKFORD COMUNI TY HOSPI TAL       1, 068, 442       71, 357       104, 794       3, 851       0       194. 26         194. 26       07979       MI DWEST HEALTH STRATEGI ES       0       0       0       194. 26 <t< td=""><td></td><td>0</td><td></td><td>-</td><td>-</td><td></td><td></td></t<>		0		-	-		
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         194.20       07970       MEALS ON WHEELS       0       0       0       0       194.21         194.21       07971       ST MARY'S SCHOOL       0       0       0       194.21         194.22       07972       THERAPI ES TO OTHER ENTITIES       0       0       143,663       0       194.22         194.23       07973       CANCER CENTER BOUTI QUE       84,987       13,492       2,827       214       0       194.23         194.24       07974       BOSC BALL OUTPATI ENT SURGERY       0       391,657       0       0       194.24         194.26       07976       BLACKFORD COMMUNI TY HOSPI TAL       1,068,442       71,357       104,794       3,851       0       194.26         194.28       07979       HOME OFFICE CARDI NAL HEALTH INITIATI       0       0       0       0       194.28         194.29       07979       HOME OFFICE CARDI NAL HEALTH INITIATI       0       0       0       0       194.28		1, 162, 078	77, 834				
194.19       07969       HEALTH CARE CONNECTIONS       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       194.20         194.22       07972       THERAPI ES TO OTHER ENTITIES       0       0       143.663       0       194.22         194.23       07973       CANCER CENTER BOUTIQUE       84,987       13,492       2,827       214       0       194.23         194.25       07975       CARDI NAL BEHAVI ORAL HEALTH       6,105       0       116       5       0       194.25         194.26       07976       BLACKFORD COMMUNI TY HOSPI TAL       1,068,442       71,357       104,794       3,851       0       194.26         194.28       07978       CARDI NAL SELECT RISK RETENTION GRP       0       0       0       0       194.29         194.29       07979       HOME OFFI CE CARDI NAL HEALTH INITIATI       0       0       0       0       194.32         194.29       07978       CARDI NAL HEALTH ALLI ANCE       0       0       0       0       194.32		0	0	-	-		
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       THERAPI ES TO OTHER ENTITIES       0       0       143, 663       0       0       194. 22         194. 23       07973       CANCER CENTER BOUTI QUE       84, 987       13, 492       2, 827       214       0       194. 23         194. 24       07974       BOSC BALL OUTPATI ENT SURGERY       0       391, 657       0       0       194. 25         194. 26       07975       CARDI NAL BEHAVI ORAL HEALTH       6, 105       0       116       5       0       194. 26         194. 26       07976       BLACKFORD COMMUNI TY HOSPI TAL       1, 068, 442       71, 357       104, 794       3, 851       0       194. 26         194. 28       079778       MI DWEST HEALTH STRATEGI ES       0       0       0       0       194. 26         194. 29       07979       HOME OFFI CE CARDI NAL HEALTH INI TI ATI       0       0       0       0       194. 29         194. 30       07980       CARDI NAL HEALTH ALLI ANCE       0       0		0	0	-	, v		
194. 21       07971       ST MARY'S SCHOOL       0       0       0       194. 21         194. 22       07972       THERAPI ES TO OTHER ENTITIES       0       0       143, 663       0       194. 22         194. 23       07973       CANCER CENTER BOUTI QUE       84, 987       13, 492       2, 827       214       0       194. 23         194. 24       07974       BOSC BALL OUTPATI ENT SURGERY       0       391, 657       0       0       194. 24         194. 26       07976       BLACKFORD COMMUNI TY HOSPI TAL       1, 068, 105       0       116       5       0       194. 25         194. 27       07977       MI DWEST HEALTH STRATEGI ES       0       0       0       0       194. 26         194. 29       07977       MI DWEST HEALTH STRATEGI ES       0       0       0       0       194. 28         194. 29       07977       MI DWEST HEALTH STRATEGI ES       0       0       0       0       194. 28         194. 29       07979       HOME OFFICE CARDI NAL HEALTH INITIATI       0       0       0       0       194. 29         194. 30       07980       CARDI NAL HEALTH ALLI ANCE       0       0       0       0       194. 30		0	0	-	-		
194. 22       07972       THERAPIES TO OTHER ENTITIES       0       0       143, 663       0       0       194. 22         194. 23       07973       CANCER CENTER BOUTIQUE       84, 987       13, 492       2, 827       214       0       194. 23         194. 24       07974       BOSC BALL OUTPATIENT SURGERY       0       391, 657       0       0       194. 24         194. 25       07975       CARDINAL BEHAVIORAL HEALTH       6, 105       0       116       5       0       194. 26         194. 26       07976       BLACKFORD COMMUNITY HOSPITAL       1, 068, 442       71, 357       104, 794       3, 851       0       194. 26         194. 29       07977       MIDWEST HEALTH STRATEGIES       0       0       0       0       194. 27         194. 29       07978       CARDINAL SELECT RISK RETENTION GRP       0       0       0       0       194. 29         194. 29       07978       CARDINAL HEALTH ALLIANCE       0       0       0       0       194. 29         194. 30       07980       CARDINAL HEALTH ALLIANCE       0       0       0       0       194. 31         194. 32       07982       RENAL DI ALYSIS       0       0       0<		0	0	-	-		
194. 23       07973       CANCER CENTER BOUTIQUE       84,987       13,492       2,827       214       0       194.23         194. 24       07974       BOSC BALL OUTPATIENT SURGERY       0       391,657       0       0       0       194.24         194. 25       07975       CARDI NAL BEHAVI ORAL HEALTH       6,105       0       116       5       0       194.25         194. 26       07976       BLACKFORD COMMUNI TY HOSPI TAL       1,068,442       71,357       104,794       3,851       0       194.26         194. 27       07977       MI DWEST HEALTH STRATEGI ES       0       0       0       0       194.27         194. 28       07978       CARDI NAL SELECT RISK RETENTION GRP       0       0       0       0       194.29         194. 29       07977       HOME OFFICE CARDI NAL HEALTH INITIATI       0       0       0       0       194.29         194. 30       07980       CARDI NAL HEALTH ALLI ANCE       0       0       0       0       194.30         194. 32       07982       RENAL DI ALYSIS       0       0       0       0       194.32         194. 32       07983       LAB CORP       0       0       0       0		0	0		, U		
194. 24       07974       BOSC BALL OUTPATIENT SURGERY       0       391, 657       0       0       194. 24         194. 25       07975       CARDI NAL BEHAVI ORAL HEALTH       6, 105       0       116       5       0       194. 25         194. 26       07976       BLACKFORD COMMUNI TY HOSPI TAL       1, 068, 442       71, 357       104, 794       3, 851       0       194. 26         194. 27       07977       MI DWEST HEALTH STRATEGI ES       0       0       0       0       194. 27         194. 28       07978       CARDI NAL SELECT RISK RETENTION GRP       0       0       0       194. 28         194. 29       07979       HOME OFFI CE CARDI NAL HEALTH ALLI ANCE       0       0       0       194. 29         194. 29       07978       CARDI NAL HEALTH ALLI ANCE       0       0       0       194. 29         194. 30       07980       CARDI NAL HEALTH ALLI ANCE       0       0       0       194. 30         194. 32       07982       RENAL DI ALYSIS       0       0       0       0       194. 32         194. 32       07983       LAB CORP       0       0       0       0       194. 33         194. 32       07984       L		84.987	13, 492				
194. 25       07975       CARDI NAL BEHAVI ORAL HEALTH       6, 105       0       116       5       0       194. 25         194. 26       07976       BLACKFORD COMMUNI TY HOSPI TAL       1, 068, 442       71, 357       104, 794       3, 851       0       194. 26         194. 27       07977       MI DWEST HEALTH STRATEGI ES       0       0       0       0       194. 27         194. 28       07978       CARDI NAL SELECT RI SK RETENTI ON GRP       0       0       0       194. 28         194. 29       07979       HOME OFFICE CARDI NAL HEALTH INITIATI       0       0       0       194. 28         194. 29       07978       CARDI NAL HEALTH ALLI ANCE       0       0       0       194. 30         194. 30       07980       CARDI NAL HEALTH ALLI ANCE       0       0       0       194. 30         194. 31       07986       OTHER NONREI MBURSABLE COST CENTERS       0       0       0       194. 32         194. 32       07982       RENAL DI ALYSIS       0       0       0       0       194. 33         194. 33       07983       LAB CORP       0       0       0       0       194. 33         194. 34       07984       H.O. MATERI ALS MG		0					
194. 27       07977       MI DWEST HEALTH STRATEGIES       0       0       0       194. 27         194. 28       07978       CARDI NAL SELECT RI SK RETENTI ON GRP       0       0       0       0       194. 28         194. 29       07979       HOME OFFICE CARDI NAL HEALTH INITIATI       0       0       0       0       194. 29         194. 29       07979       HOME OFFICE CARDI NAL 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       0       0       0       194. 32         194. 32       07983       LAB CORP       0       0       0       0       194. 32         194. 32       07984       H.O. MATERI ALS MGMT       0       0       0       194. 33         194. 35       07985       LEASED SPACE       0       349, 248       0       0       194. 35         200. 00       Cross Foot Adj ustments		6, 105		116	5	0	194.25
194. 28       07978       CARDI NAL SELECT RI SK RETENTI ON GRP       0       0       0       194. 28         194. 29       07979       HOME OFFICE CARDI NAL HEALTH INITIATI       0       0       0       0       194. 29         194. 29       07978       CARDI NAL HEALTH ALLI ANCE       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       0       0       0       194. 32         194. 33       07983       LAB CORP       0       0       0       0       194. 33         194. 34       07984       H.O. MATERI ALS MGMT       0       0       0       194. 33         194. 35       07985       LEASED SPACE       0       349, 248       0       0       194. 35         200. 00       Cross Foot Adj ustments	194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	1,068,442	71, 357	104, 794	3, 851	0	194.26
194. 29       07979       HOME OFFICE CARDINAL HEALTH INITIATI       0       0       0       194. 29         194. 30       07980       CARDINAL HEALTH ALLIANCE       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. 32       07983       LAB CORP       0       0       0       0       194. 32         194. 32       07983       LAB CORP       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       LASED SPACE       0       349, 248       0       0       194. 34         200. 00       Cross Foot Adj ustments       200. 00       0       0       0       201. 00		0	0	-	-		
194. 30       07980       CARDI NAL HEALTH ALLI ANCE       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       0       194. 32         194. 33       07983       LAB CORP       0       0       0       0       194. 33         194. 33       07984       H.O. MATERI ALS MGMT       0       0       0       194. 33         194. 35       07985       LEASED SPACE       0       349, 248       0       0       194. 34         200. 00       Cross Foot Adj ustments       200. 00       201. 00       0       0       0       201. 00		0	0				
194. 31       07986       OTHER NONREI MBURSABLE COST CENTERS       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. 32         194. 33       07984       H.O. MATERI ALS MGMT       0       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       349, 248       0       0       194. 35         200. 00       Cross Foot Adj ustments       200. 00       201. 00       0       0       0       201. 00		0	0				
194. 32       07982       RENAL DI ALYSI S       0       0       0       194. 32         194. 33       07983       LAB CORP       0       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       349, 248       0       0       194. 35         200. 00       Cross Foot Adjustments       0       0       0       0       200. 00         201. 00       Negative Cost Centers       0       0       0       0       0       0       201. 00		0	0	-	-		
194. 33       07983       LAB CORP       0       0       0       194. 33         194. 34       07984       H. O. MATERIALS MGMT       0       0       0       0       194. 34         194. 35       07985       LEASED SPACE       0       349, 248       0       0       194. 35         200. 00       Cross Foot Adjustments       0       0       0       0       200. 00         201. 00       Negative Cost Centers       0       0       0       0       0       0       201. 00		0	0	-	-		
194. 34       07984       H. O. MATERIALS MGMT       0       0       0       194. 34         194. 35       07985       LEASED SPACE       0       349, 248       0       0       194. 35         200. 00       Cross Foot Adjustments       0       0       0       0       200. 00         201. 00       Negative Cost Centers       0       0       0       0       0       0       201. 00		0	0		Ŭ		
194.35         07985         LEASED SPACE         0         349,248         0         0         194.35           200.00         Cross Foot Adjustments         200.00         200.0							
200.00         Cross Foot Adjustments         200.00			349 248				
201.00         Negative Cost Centers         0         0         0         0         0         201.00			017,240			0	
	· · · · · · · · · · · · · · · · · · ·	1	0	c	0	0	
	202.00 TOTAL (sum lines 118 through 201)	482, 910, 501	28, 812, 601	25, 037, 959	839, 492	19, 460, 039	202.00

ST AL	Financial Systems LOCATION - GENERAL SERVICE COSTS	BALL MEMORIA	Provider CCN		Period: From 01/01/2022	u of Form CMS-2 Worksheet B Part I	
					o 12/31/2022		pare 47 a
	Cost Center Description	ADMI TTI NG	CASHI ERI NG/ACC OUNTS	Subtotal	OTHER ADMI NI STRATI VE	MAINTENANCE &	
		5.04	RECEIVABLE	EA OE	AND GENERAL	6.00	
C	ENERAL SERVICE COST CENTERS	5.04	5.05	5A. 05	5.06	6.00	
00 0	DO100 NEW CAP REL COSTS-BLDG & FIXT						1
	00400 EMPLOYEE BENEFITS DEPARTMENT						4
	01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG						5
	DO570 ADMI TTI NG	15, 792, 094					5
05 0	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	0	1				5
	00590 OTHER ADMINISTRATIVE AND GENERAL	0	0	41, 450, 277			5
	DO600 MAINTENANCE & REPAIRS DO700 OPERATION OF PLANT	0	0	24, 963, 027 9, 067, 052		27, 306, 905 1, 191, 717	6
	DO800 LAUNDRY & LINEN SERVICE	0	0	1, 324, 806		1, 191, 717	8
00 0	DO900 HOUSEKEEPI NG	0	0	5, 868, 786		396, 552	9
	D1000 DI ETARY	0	0	3, 355, 429		523, 795	
	01100 CAFETERIA 01300 NURSI NG ADMINISTRATI ON	0	0	1, 460, 642 16, 137, 716		273, 014 302, 593	
	01400 CENTRAL SERVICES & SUPPLY	0	0	10, 670, 110		666, 086	
	D1500 PHARMACY	0	0	8, 953, 791		213, 887	15
	01600 MEDICAL RECORDS & LIBRARY	0	0	C	-	0	16
	01080 PATIENT TRANSPORTATION	0	0	1, 221, 491 4, 525, 997		23, 135 0	
	D2100 I &R SERVI CES-SALARY & FRI NGES APPRVD D2200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	0	0	4, 525, 997 4, 856, 097		-	21
	D2300 PARAMED ED PRGM	0		287, 565		6, 702	
-	NPATIENT ROUTINE SERVICE COST CENTERS				1		
	03000 ADULTS & PEDIATRICS	2,002,323		70, 636, 207		6, 104, 487	30
	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	417, 238 0	307, 274	17, 964, 642	1, 686, 772	891, 315 0	31
	D2060 NEONATAL INTENSIVE CARE UNIT	108, 895	80, 195	4, 528, 499	425, 199	287, 063	
	04000 SUBPROVI DER – I PF	0	0	C	0	0	40
	04100 SUBPROVIDER - IRF	72,029		3, 056, 112		322, 120	
-	04300 NURSERY	20, 900	15, 392	881,003	82, 721	138, 553	43
	D5000 OPERATI NG ROOM	1, 389, 842	1, 023, 547	18, 011, 336	1, 691, 156	1, 102, 689	50
	D5100 RECOVERY ROOM	186, 354		3, 496, 500		261, 511	
	D5200 DELIVERY ROOM & LABOR ROOM	168, 831		4, 701, 177		380, 312	
	05400 RADI OLOGY-DI AGNOSTI C 05700 CT_SCAN	1, 776, 437 361, 943		20, 551, 425 3, 031, 426		1, 997, 355 56, 195	
	D5800 MAGNETIC RESONANCE IMAGING (MRI)	301, <del>3</del> 43 0	200, 552	3, 031, 420	0 204,033	50, 195	58
	05900 CARDI AC CATHETERI ZATI ON	814, 760	600, 029	6, 971, 173	654, 551	449, 524	
	D6000 LABORATORY	769, 986		18, 564, 034		579, 732	
	06001 BLOOD LABORATORY 06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	0 53, 228	0 39, 200	0 1, 490, 312	-	0	60
	06500 RESPIRATORY THERAPY	214, 507	157, 973	8, 127, 366		154, 213	
	06501 SLEEP LAB	55, 845		820, 093			65
	06600 PHYSI CAL THERAPY	143, 889		6, 077, 901		503, 366	
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	47, 360 29, 152		1, 533, 901 905, 785		77, 461 18, 527	
	06801 AUDI OLOGY	29, 132		905, 785		16, 527	
	06900 ELECTROCARDI OLOGY	321, 390		4, 762, 150	447, 137	526, 598	
	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	637, 908		13, 768, 576		0	
	D7200 I MPL. DEV. CHARGED TO PATIENT D7300 DRUGS CHARGED TO PATIENTS	876, 459 2, 756, 447		11, 780, 050 60, 111, 740		0	72
	07300 DRUGS CHARGED TO PATTENTS	2, 756, 447 56, 979		9, 712, 547			
	07400 RENAL DIALYSIS	27, 135		1, 847, 523		94, 023	
	03160 CARDI OPULMONARY	0	0	C	-	0	
	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C 0XYGEN THERAPY	45, 125		1, 452, 381		0	
	D7700 ALLOGENEIC HSCT ACQUISITION	146, 400 0		2, 029, 113 C		13, 372 0	
	DUTPATIENT SERVICE COST CENTERS						1 ''
	09000 CLINIC	0	0	C	0	0	
	09001 SUBSTANCE ABUSE CLINIC	5, 426		831, 078		205, 606	
	D9002 PAIN CLINIC D9003 ONCOLOGY CLINIC	10, 001 336, 491	7, 366 247, 808	840, 837 4, 931, 584		723, 150 231, 512	
	D9100 EMERGENCY	1, 883, 672		24, 843, 374		1, 087, 513	
00 0	09200 OBSERVATION BEDS (NON-DISTINCT PART)			C	)		92
	09201 OBSERVATION BEDS (DISTINCT PART)	55, 142	40, 610	1, 759, 079	165, 167	141, 260	92
	OTHER REIMBURSABLE COST CENTERS			11 000	1.0(2)	23, 038	0.
	10200 OPI OI D TREATMENT PROGRAM	0		11, 323 C			102
	SPECIAL PURPOSE COST CENTERS						1.02
3. 00 1	11300 INTEREST EXPENSE						113
3.00	SUBTOTALS (SUM OF LINES 1 through 117)	15, 792, 094	11, 631, 020	464, 173, 033	39, 690, 941	21, 247, 336	118
	NONREIMBURSABLE COST CENTERS						1

Health Financial Systems	BALL MEMORIA	AL HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC	N: 15-0089	Peri od:	Worksheet B	
				From 01/01/2022	Part I	
				To 12/31/2022	Date/Time Pre	
Cost Center Description	ADMI TTI NG	CASHI ERI NG/ACC	Subtotal	OTHER	5/26/2023 11: MAINTENANCE &	
Cost center bescription	ADMITTING	OUNTS	Subtotal	ADMI NI STRATI VE		
		RECEIVABLE		AND GENERAL		
	5.04	5.05	5A. 05	5.06	6.00	
191. 00 19100 RESEARCH	(		979, 55			191.00
194. 00 07950 OTHER NONREIMBURSABLE COST CENTERS	(		777,00	0 0		194.00
194. 01 07951 BSU PHARMACY	(		52, 86	4, 964	0	
194. 02 07952 PAVI LLI ON PHARMACY	(		8, 477, 98		-	194.02
194. 03 07953 VENDI NG	(		0, 111, 70	0 0		194.03
194. 04 07954 CARELINE	(					194.04
194. 05 07955 WELLNESS CENTER	(		81, 45	7,648	163, 460	
194. 06 07956 PHYSI CLAN PRACTICE CLINICS	(		377, 08			
194. 07 07957 PERINATAL CLINIC	(		377,00	0 0		194.00
194. 08 07958 RENTAL PROPERTY	(		1, 973, 48	185, 299	2, 383, 402	•
194. 09 07959 ADVERTI SI NG	(		1, 775, 40	0 100,277		194.09
194. 10 07960 I NTEGRA LTAC	(		186, 40	6 17, 502	379, 281	
194. 11 07961 I U HEALTH HOSPI CE	(		48, 15		97, 986	
194. 12 07962 POB MEDICAL PAVILLION CONDOS	(		40, 10	0 4, 322		194. 12
194. 13 07963 PEDI ATRI C THERAPI ES	(		2,000,14	5 187, 802	215, 885	
194. 14 07964 NEW CASTLE ONCOLOGY	(		2,000,14	0 107,002		194.14
194. 15 07965 MARKETI NG/PUBLIC RELATIONS	(		35, 21	9 3, 307		194.15
194. 16 07966 JAY COUNTY HOSPI TAL	(		1, 354, 37		158, 369	
194. 17 07967 CARDI NAL HEALTH CHOI CE	(		1, 554, 57	0 127,107		194.17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES	(					194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	(			0 0		194.19
194. 20 07970 MEALS ON WHEELS	(			0 0		194.20
194. 21 07971 ST MARY'S SCHOOL	(			0 0		194.21
194. 22 07972 THERAPIES TO OTHER ENTITIES	(		143, 66	3 13, 489		194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	(		101, 52			194.23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	(		391, 65		796, 906	•
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	(		6, 22			194.25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	(		1, 248, 44		145, 191	
194. 27 07977 MI DWEST HEALTH STRATEGIES	(		., 2.10, 1.1	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 CARDI NAL HEALTH ALLI ANCE	(			0 0		194.30
194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS	(			0 0		194.31
194. 32 07982 RENAL DI ALYSI S	(			0 0		194.32
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	(		349, 24	8 32, 792	710, 616	•
200.00 Cross Foot Adjustments	· · · · ·		017,21	0	, 10, 010	200.00
201.00 Negative Cost Centers	ſ			0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	15, 792, 094	11, 631, 020	482, 910, 50	41, 450, 277		
					2., 333, 700	

Heal th	Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-:	2552-10
	ALLOCATION - GENERAL SERVICE COSTS		Provider C		eri od:	Worksheet B	
				Fr To	rom 01/01/2022 0 12/31/2022	Part I Date/Time Pre	pared:
						5/26/2023 11:	47 am
	Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
		7.00	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	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 01 5. 02	01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG						5.01
5.02 5.04	00550 DATA PROCESSING 00570 ADMITTING						5. 02 5. 04
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	11, 110, 111					7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	1, 449, 197				8.00
9.00	00900 HOUSEKEEPI NG	168, 704	0	6, 985, 086			9.00
10.00	01000 DI ETARY	222, 837	0	173, 966	4, 591, 082	0 077 /05	10.00
11.00		116, 148		90, 675	0	2,077,625	
13.00 14.00	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY	128, 731 283, 371	0	100, 499 221, 224	0	72, 411 0	1
14.00	01500 PHARMACY	90, 993	96		0	84, 552	
16.00	01600 MEDI CAL RECORDS & LI BRARY	0,773	0		0	04, 332	1
18.00	01080 PATIENT TRANSPORTATION	9,842	0	-	o	31, 906	1
21.00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0		0	89, 249	1
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	532, 102	151	413, 757	0	10, 872	22.00
23.00	02300 PARAMED ED PRGM	2, 851	3	2, 226	0	3, 122	23.00
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	2, 597, 015			3, 922, 571	536, 035	
31.00	03100 I NTENSI VE CARE UNI T	379, 190		296, 028	180, 569	127, 971	
32.00 35.00	03200 CORONARY CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT	122 124	0 2 949	05 241	12 244	22 027	32.00
40.00	04000 SUBPROVIDER - IPF	122, 124	3, 848	95, 341	13, 366	32, 087 0	1
41.00	04100 SUBPROVIDER - IRF	137,038	29, 314	106, 984	244, 467	32, 087	41.00
43.00	04300 NURSERY	58, 944	7, 172		211, 107	7, 778	
	ANCI LLARY SERVI CE COST CENTERS		· ·				
50.00	05000 OPERATI NG ROOM	469, 114	110, 893	366, 231	0	133, 240	50.00
51.00	05100 RECOVERY ROOM	111, 254	42, 564	86, 854	0	36, 993	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	161, 795			0	32, 031	1
54.00	05400 RADI OLOGY-DI AGNOSTI C	849, 729			0	147, 917	
57.00	05700 CT SCAN	23, 907	0	18, 664	0	21, 117	
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0	0	0	0	
59.00 60.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	191, 240 246, 634	11, 930 321		0	40, 255 66, 961	59.00 60.00
60.00	06001 BLOOD LABORATORY	240, 034	0		0	00, 901	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	1
65.00	06500 RESPI RATORY THERAPY	65, 606	122	51, 218	0	64, 578	
65.01	06501 SLEEP LAB	0	0	0	0	10, 245	65.01
66.00	06600 PHYSI CAL THERAPY	214, 146		37, 156	0	79, 116	66.00
67.00	06700 OCCUPATIONAL THERAPY	32, 954			0	16, 448	
68.00	06800 SPEECH PATHOLOGY	7,882	0	6, 153	0	10, 022	
68.01	06801 AUDI OLOGY	0	0	0	0	0	68.01
69.00 71.00	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	224, 029	17, 520	174, 897	0	26, 191	1
72.00	07200 IMPL. DEV. CHARGED TO PATTENTS	0		0	0	0	1
73.00	07300 DRUGS CHARGED TO PATIENTS	0		0	0	0	1
73.01	07301 HOSPI TAL BASED RETAIL PHARMACIES	12, 173	0	0	0	23, 278	1
74.00	07400 RENAL DIALYSIS	40,000	2, 295	31, 227	0	0	1
76.00	03160 CARDI OPULMONARY	0	0	0	0	0	76.00
76.97	07697 CARDI AC REHABI LI TATI ON	0	51	0	0	22, 358	
76. 98	07698 HYPERBARI C OXYGEN THERAPY	5, 689	0		0	10, 747	
77.00	07700 ALLOGENEI C HSCT ACQUI SI TI ON	0	0	0	0	0	77.00
00.00	OUTPATIENT SERVICE COST CENTERS		0		~	^	00.00
90. 00 90. 01	09000 CLINIC 09001 SUBSTANCE ABUSE CLINIC	0 87, 471		0 68, 287	0	0 10, 998	
90. 01 90. 02	09001 SUBSTANCE ABOSE CLINIC	307, 648	, o	240, 176	0	6, 928	1
90.02	09003 ONCOLOGY CLINIC	98, 492	18, 575		0	41, 258	
91.00	09100 EMERGENCY	462, 657	133, 421		0	170, 693	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				_		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	60, 096	15, 396	46, 916	0	13, 242	92.01
	OTHER REIMBURSABLE COST CENTERS			,,			
	09500 AMBULANCE SERVICES	9, 801	0		0	0	
102.00	10200 OPI OI D TREATMENT PROGRAM	0	0	0	0	0	102.00
113 00	SPECIAL PURPOSE COST CENTERS			I			112 00
113.00	11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117)	8, 532, 207	1, 445, 177	6, 373, 597	4, 360, 973	2, 012, 686	113.00
110.00	NONREIMBURSABLE COST CENTERS	0, 332, 207	1, 440, 177	0, 575, 547	+, 300, 773	2, 012, 000	
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	10, 593	190.00
	19100 RESEARCH	25, 634			0		191.00

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C	CN: 15-0089	Peri od:	Worksheet B
				From 01/01/2022 To 12/31/2022	
				10 12/31/2022	5/26/2023 11:47 am
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI N	G DI ETARY	CAFETERI A
	PLANT	LINEN SERVICE			
	7.00	8.00	9.00	10.00	11.00
194.00 07950 OTHER NONREI MBURSABLE COST CENTERS	0	0		0 0	
194. 01 07951 BSU PHARMACY	0	0		0 0	
194. 02 07952 PAVILLI ON PHARMACY	34, 818	0	27, 1		14, 454 194. 02
194. 03 07953 VENDI NG	0	0		0 0	0 194. 03
194. 04 07954 CARELINE	0	0		0 0	0 194. 04
194. 05 07955 WELLNESS CENTER	69, 540	4, 020			0 194. 05
194. 06 07956 PHYSI CLAN PRACTICE CLINICS	326, 414	0	98, 5		0 194.06
194. 07 07957 PERINATAL CLINIC	0	0		0 0	0 194. 07
194. 08 07958 RENTAL PROPERTY	1, 013, 964	0	268, 9		0 194. 08
194. 09 07959 ADVERTI SI NG	0	0		0 0	0 194. 09
194. 10 07960 I NTEGRA LTAC	161, 356	0		0 230, 109	
194. 11 07961 I U HEALTH HOSPI CE	41, 686	0	32, 5	44 0	0 194. 11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0 0	0 194. 12
194. 13 07963 PEDI ATRI C THERAPI ES	91, 843	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	30, 487	0		0 0	0 194. 15
194. 16 07966 JAY COUNTY HOSPITAL	67, 375	0	52, 5	98 0	10, 468 194. 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
194.2307973 CANCER CENTER BOUTIQUE	11, 679	0	9, 1		655 194. 23
194. 24 07974 BOSC BALL OUTPATI ENT SURGERY	339, 025	0		0 0	0 194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	0		0 0	14 194. 25
194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL	61, 768	0	48, 2		11, 764 194. 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
194.2907979 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
194.3107986 OTHER NONREI MBURSABLE 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
194.3407984H.O. MATERIALS MGMT	0	0		0 0	0 194. 34
194. 35 07985 LEASED SPACE	302, 315	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)	11, 110, 111	1, 449, 197	6, 985, 0	86 4, 591, 082	2, 077, 625 202. 00

OST A	Financial Systems LLOCATION - GENERAL SERVICE COSTS	DALL WLWORTA	L HOSPITAL Provider CO	N: 15-0089	Period:	eu of Form CMS-2 Worksheet B	2552-
551 A					From 01/01/2022 To 12/31/2022	Part I	pared
					10 12/31/2022	5/26/2023 11:	47 ar
						OTHER GENERAL SERVI CE	
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	PATIENT	
		ADMI NI STRATI ON	SERVICES &		RECORDS &	TRANSPORTATI ON	
		13.00	SUPPLY 14.00	15.00	LI BRARY 16.00	18.00	
	GENERAL SERVICE COST CENTERS	13.00	14.00	15.00	10.00	16.00	
00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.0
00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.0
01 02	01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG						5.0 5.0
02	00570 ADMI TTI NG						5.0
05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5.0
06	00590 OTHER ADMINISTRATIVE AND GENERAL						5.
00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT						6. ( 7. (
00	00800 LAUNDRY & LINEN SERVICE						8.
00	00900 HOUSEKEEPING						9.
	01000 DI ETARY						10.
	01100 CAFETERIA 01300 NURSING ADMINISTRATION	18, 257, 185					11. 13.
	01400 CENTRAL SERVICES & SUPPLY	18, 257, 185	12, 842, 650				14.
	01500 PHARMACY	0	62, 728	10, 317, 79	1		15.
	01600 MEDICAL RECORDS & LIBRARY	0	0		0 0		16.
	01080 PATIENT TRANSPORTATION 02100 I &R SERVICES-SALARY & FRINGES APPRVD	9, 290	0		0 0	1, 418, 039 0	18. 21.
	02200 I &R SERVICES-SALART & FRINGES APPRVD	0	1	4	0	0	21.
	02300 PARAMED ED PRGM	0	0		0 0	0	23.
	INPATIENT ROUTINE SERVICE COST CENTERS						
	03000 ADULTS & PEDIATRICS	8, 565, 340	483, 855	44, 11		179, 778	
	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	2,071,724	196, 854 0	30, 81		37, 462 0	31. 32.
	02060 NEONATAL INTENSIVE CARE UNIT	579, 446	38, 468	2, 01	0	9, 777	
	04000 SUBPROVI DER – I PF	0	0		0 0	0	40.
	04100 SUBPROVIDER - IRF	524, 501	10, 637	45			41.
3. 00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	132, 452	0		0 0	1, 877	43.
0. 00	05000 OPERATING ROOM	694, 910	2,036,163	19, 95	2 0	124, 787	50.
	05100 RECOVERY ROOM	651, 644	23, 978	10, 52		16, 732	
	05200 DELIVERY ROOM & LABOR ROOM	527, 420	58, 814	6, 23		15, 158	
	05400 RADI OLOGY-DI AGNOSTI C 05700 CT SCAN	493, 975 0	504, 260 38, 459	51, 84 34, 78		159, 497 32, 497	54. 57.
	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	00,107		0 0	02, 11,	58.
	05900 CARDI AC CATHETERI ZATI ON	371, 610	457, 316	12, 76	4 0	73, 153	
		0	0		0 0 0 0	69, 133	
	06001 BLOOD LABORATORY 06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	0	29			0 4, 779	60. 63.
	06500 RESPI RATORY THERAPY	265	199, 016		0 0	19, 259	
	06501 SLEEP LAB	0	17, 932		0 0	5, 014	
	06600 PHYSI CAL THERAPY	15, 395	7, 540	4	7 0	12, 919	
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	97 0		0 0	4, 252 2, 617	67. 68.
	06801 AUDI OLOGY	0	0		0 0	2,017	68.
9.00	06900 ELECTROCARDI OLOGY	97, 149	3, 612	32, 94	6 0	28, 856	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4, 691, 393		0 0	57, 274	71.
	07200 IMPL. DEV. CHARGED TO PATIENT 07300 DRUGS CHARGED TO PATIENTS	0	3, 625, 995 0	7, 777, 84		78, 693 247, 637	
	07301 HOSPI TAL BASED RETAIL PHARMACIES	0	119	1, 159, 23		5, 116	
4.00	07400 RENAL DIALYSIS	0	2, 981	11		2, 436	74.
	03160 CARDI OPULMONARY	0	0		0 0	0	76.
	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY	16, 457	209	1	5 0	4,052	
	07700 ALLOGENEIC HSCT ACQUISITION	135, 107 0	112, 069 0		0 0	13, 144 0	76. 77.
. 55	OUTPATIENT SERVICE COST CENTERS	V	0		-, 0		1
	09000 CLI NI C	0	0		0 0	0	90.
	09001 SUBSTANCE ABUSE CLINIC	23,093	739	-	0 0	487	
	09002 PAIN CLINIC 09003 ONCOLOGY CLINIC	38, 754 506, 716	2, 126 49, 983	8 12, 74		898 30, 212	
	09100 EMERGENCY	2, 438, 291	49, 983 205, 945	63, 85		169, 125	
2.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	, , , , , , , , , , , , , , , , , , , ,		, 50			92.
	09201 OBSERVATION BEDS (DISTINCT PART)	207, 836	3, 588	1, 38	6 0	4, 951	92.
	OTHER REI MBURSABLE COST CENTERS		0				0.5
1 11 1	09500 AMBULANCE SERVICES	0	0		0 0 0 0		95. 102.
					-, 0		
	10200 OPI OI D TREATMENT PROGRAM SPECI AL PURPOSE COST CENTERS						

alth Financial Systems ST ALLOCATION - GENERAL SERVICE COSTS	BALL MEMORIAL	Provider CC	N· 15-0089	Peri od:	eu of Form CMS-2552 Worksheet B
ST ALLOCATION - GENERAL SERVICE COSTS			N. 13-0007	From 01/01/2022	
				To 12/31/2022	
					5/26/2023 11:47
					OTHER GENERAL
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SERVI CE PATI ENT
Cost center bescription	ADMI NI STRATI ON	SERVICES &	FHARMACT	RECORDS &	TRANSPORTATION
		SUPPLY		LI BRARY	
	13.00	14.00	15.00	16.00	18.00
NONREI MBURSABLE COST CENTERS	10.00	11.00	10.00	10.00	10.00
0.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	173		0 (	0 190
1. 00 19100 RESEARCH	155, 545	38		0 0	0 191
4.0007950 OTHER NONREIMBURSABLE COST CENTERS	0	0		0 0	0 194
4.0107951 BSU PHARMACY	0	0		0 0	0 194
4.0207952 PAVILLION PHARMACY	0	6, 269	1, 055, 9	54 (	0 194
4. 03 07953 VENDI NG	0	0		0 0	0 194
4. 04 07954 CARELI NE	0	0		0 0	0 194
4.0507955 WELLNESS CENTER	0	18		0 0	0 194
4.06 07956 PHYSICIAN PRACTICE CLINICS	0	0		0 0	0 194
4. 07 07957 PERINATAL CLINIC	0	0		0 0	0 194
4.0807958 RENTAL PROPERTY	0	0		0 0	0 194
4. 09 07959 ADVERTI SI NG	0	0		0 0	0 194
4. 10 07960 INTEGRA LTAC	0	0		0 0	0 194
4. 11 07961 IU HEALTH HOSPICE	0	0		0 0	0 194
4. 12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0 0	0 0 194
4. 13 07963 PEDI ATRI C THERAPI ES	0	1, 246		1 (	0 194
4.14 07964 NEW CASTLE ONCOLOGY	0	0		0 0	0 194
4. 15 07965 MARKETI NG/PUBLIC RELATIONS	0	0		0 0	0 194
4. 16 07966 JAY COUNTY HOSPITAL	0	0		0 0	0 194
4. 17 07967 CARDI NAL HEALTH CHOI CE	0	0		0 0	0 194
4. 18 07968 CHV CARDINAL HEALTH VENTURES	0	0		0 0	0 194
4. 19 07969 HEALTH CARE CONNECTIONS	0	0		0 0	0 194
4. 20 07970 MEALS ON WHEELS	0	0		0 0	0 194
4.21 07971 ST MARY'S SCHOOL	0	0		0 0	0 194
4. 22 07972 THERAPIES TO OTHER ENTITIES	0	0		0 0	0 194
4. 23 07973 CANCER CENTER BOUTIQUE	0	0		0 0	0 194
4. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0		0 0	0 194
4. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	265	0		0 0	0 194
4. 26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0		0 0	0 194
4. 27 07977 MIDWEST HEALTH STRATEGIES	0	0		0 0	0 194
4.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0 0	0 194
4.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0 0	0 194
4. 30 07980 CARDINAL HEALTH ALLIANCE	0	0		0 0	
4.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0		0 0	0 194
4. 32 07982 RENAL DIALYSIS	0	0		0 0	0 194
4.3307983 LAB CORP	0	0		0 0	0 194
4.34 07984 H.O. MATERIALS MGMT	0	0		0 0	0 194
4.3507985 LEASED SPACE	0	0		0 0	0 194
0.00 Cross Foot Adjustments		-			200
1.00 Negative Cost Centers	0	0		0 (	0 201
2.00 TOTAL (sum lines 118 through 201)	18, 257, 185	12, 842, 650	10, 317, 7	01	1, 418, 039 202

ST A	Financial Systems ALLOCATION - GENERAL SERVICE COSTS		L HOSPITAL Provider CC		eriod: om 01/01/2022	u of Form CMS-: Worksheet B Part I	
				To		Date/Time Pre	
		INTERNS &	RESIDENTS			5/26/2023 11:	<u>47 am</u>
	Cost Costor Decosiation				Cultatatal	luctores 0	
	Cost Center Description	SERVICES-SALAR Y & FRINGES	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 )0	00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT						1.0
)1	01160 COMMUNI CATI ONS						5.0
)2	00550 DATA PROCESSI NG						5.0
)4 )5	00570 ADMI TTI NG 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5.
)6	00590 OTHER ADMINISTRATIVE AND GENERAL						5.
00	00600 MAINTENANCE & REPAIRS						6.
00	00700 OPERATION OF PLANT						7.
)0 )0	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING						8. 9.
00	01000 DI ETARY						10.
00	01100 CAFETERI A						11.
	01300 NURSI NG ADMI NI STRATI ON						13.
	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY						14.
	01600 MEDI CAL RECORDS & LI BRARY						16.
	01080 PATIENT TRANSPORTATION						18.
	02100 I & R SERVI CES-SALARY & FRI NGES APPRVD	5, 040, 210	7 540 70/				21.
	02200 I & R SERVICES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM		7, 519, 726	329, 470			22. 23.
00	INPATIENT ROUTINE SERVICE COST CENTERS		<u> </u>	529,470			23.
00	03000 ADULTS & PEDI ATRI CS	3, 083, 480	4, 600, 389	0	110, 250, 046	-7, 683, 869	30.
00	03100 I NTENSI VE CARE UNI T	591, 592	882, 624	0	25, 460, 788	-1, 474, 216	
	03200 CORONARY CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT	0 71, 030	0 105, 973	0	0 6 214 222	0 - 177, 003	
	04000 SUBPROVIDER - IPF	71,030	105, 473	0	6, 314, 233 0	-177,003	1
	04100 SUBPROVI DER – I RF	0	Ő	0	4, 757, 135	0	1
00	04300 NURSERY	0	0	0	1, 356, 517	0	43.
00	ANCI LLARY SERVI CE COST CENTERS	244, 226	364, 373	0	25, 369, 070	-608, 599	50.
	05100 RECOVERY ROOM	0	001,070	0	5, 066, 856		
00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	6, 506, 973	0	
	05400 RADI OLOGY-DI AGNOSTI C	188, 765	281, 627	0	27, 843, 155		
00 00	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3, 541, 686	0	
	05900 CARDI AC CATHETERI ZATI ON	0	0	0	9, 382, 814	0	1
	06000 LABORATORY	0	0	0	21, 460, 569	0	60.
	06001 BLOOD LABORATORY	0	0	0	0	0	
00 00	06300 BLOOD STORI NG, PROCESSI NG, & TRANS. 06500 RESPI RATORY THERAPY	0 141, 087	0 210, 494	0	1, 635, 051 9, 796, 335	0 -351, 581	63. 65.
	06501 SLEEP LAB	0	210, 494	0	930, 286	-331, 301	1
00	06600 PHYSI CAL THERAPY	7, 784	11, 613	0	7, 540, 482	-19, 397	
	06700 OCCUPATI ONAL THERAPY	0	0	0	1, 834, 864	0	
	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY	0	0	0	1, 036, 034	0	
	06900 ELECTROCARDI OLOGY	201, 414	300, 499	0	6, 842, 998	-501, 913	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19, 810, 030	0	
	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	16, 590, 814	0	
	07300 DRUGS CHARGED TO PATIENTS	0	0	329, 470	74, 110, 826	0	
	07301 HOSPI TAL BASED RETAIL PHARMACI ES 07400 RENAL DI ALYSI S	0	0	0	11, 853, 031 2, 194, 075	0	
	03160 CARDI OPULMONARY	0	0	0	2, 174, 075	0	
97	07697 CARDI AC REHABI LI TATI ON	0	0	0	1, 631, 893	0	76.
		0	0	0	2, 509, 770	0	
υU	07700 ALLOGENEIC HSCT ACQUISITION OUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	77.
00	09000 CLINIC	0	0	0	0	0	90.
01	09001 SUBSTANCE ABUSE CLINIC	0	0	0	1, 305, 792	0	90.
	09002 PALN CLINIC	64, 219	95, 811	0	2, 399, 579		
	09003 ONCOLOGY CLINIC	108, 978	162, 589	0	6, 732, 582	-271, 567	
	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	307, 472	458, 732	0	33, 034, 915	-766, 204 0	
		0	0	0	2, 418, 917	0	
	OTHER REIMBURSABLE COST CENTERS			I			
00	09500 AMBULANCE SERVICES	0	0	0	52, 877	<u>م</u>	95.

alth Financial Systems IST ALLOCATION - GENERAL SERVICE COSTS	BALL MEMORIA	Provi der CO	CN: 15-0089	Peri od:	u of Form CMS-: Worksheet B	2002
ST ALLOUATION - GENERAL SERVICE COSTS				From 01/01/2022	Part I	
				To 12/31/2022	Date/Time Pre	pare
					5/26/2023 11:	47 8
	INTERNS &	RESIDENTS				
Cost Center Description	SERVI CES-SALAR	SERVICES_OTHER	PARAMED ED	Subtotal	Intern &	
cost center bescription	Y & FRI NGES	PRGM COSTS	PRGM		Residents Cost	
	i u i i i i i i i i i i i i i i i i i i		1110		& Post	
					Stepdown	
					Adjustments	
	21.00	22.00	23.00	24.00	25.00	
SPECIAL PURPOSE COST CENTERS						
3.00 11300 INTEREST EXPENSE						113
8.00 SUBTOTALS (SUM OF LINES 1 through 117)	5,010,047	7, 474, 724	329, 47	0 451, 570, 993	-12, 484, 771	118
NONREI MBURSABLE COST CENTERS						1
0.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0 1, 028, 057	0	190
1. 00 19100 RESEARCH	30, 163	45, 002		0 1, 423, 861	-75, 165	191
4.0007950 OTHER NONREIMBURSABLE COST CENTERS	0	0		0 0	0	194
4. 01 07951 BSU PHARMACY	0	0		0 59, 143	0	194
4. 02 07952 PAVILLION PHARMACY	0	0		0 10, 494, 533	0	194
24. 03 07953 VENDI NG	0	0		0 0	0	194
4. 04 07954 CARELI NE	0	0		0 0	0	194
4.0507955 WELLNESS CENTER	0	0		0 380, 433	0	194
4. 06 07956 PHYSICIAN PRACTICE CLINICS	0	0		0 1, 604, 720	0	194
4. 07 07957 PERI NATAL CLI NI C	0	0		0 0		194
4. 08 07958 RENTAL PROPERTY	0	0		0 5, 825, 128	-	194
4. 09 07959 ADVERTI SI NG	0	0		0 0		194
4. 10 07960 I NTEGRA LTAC	0	0		0 974, 654	-	194
4. 11 07961 IU HEALTH HOSPICE	0	0		0 224, 895	-	194
4. 12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0 0		194
4. 13 07963 PEDI ATRI C THERAPI ES	0	0		0 2, 496, 922		194
4. 14 07964 NEW CASTLE ONCOLOGY	0	0		0 2, 1, 0, 722		194
4. 15 07965 MARKETI NG/PUBLIC RELATIONS	0	0		0 140, 674		194
4. 16 07966 JAY COUNTY HOSPITAL	0	0		0 1, 770, 347		194
4. 17 07967 CARDI NAL HEALTH CHOI CE	0	0		0 1, 770, 347		194
4. 18 07968 CHV CARDINAL HEALTH VENTURES	0	0		0 0		194
4. 19 07969 HEALTH CARE CONNECTIONS	0	0		0 0		194
4. 20 07970 MEALS ON WHEELS	0	0		0 0		194
4. 21 07971 ST MARY'S SCHOOL	0	0		0 0		19
4. 22 07972 THERAPIES TO OTHER ENTITIES	0	0		0 157, 152		194
4. 23 07973 CANCER CENTER BOUTIQUE	0	0		0 159, 957		194
4. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0		0 1, 564, 362		194
4. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	0				194
	0	0				194
4. 26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0		0 1, 632, 609		
4. 27 07977 MIDWEST HEALTH STRATEGIES	0	0		0 0		) 194 ) 194
4. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0 0		
4. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0 0	-	194
4. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0		0 0		194
4. 31 07986 OTHER NONREI MBURSABLE COST CENTERS	0	0		0 0		194
4. 32 07982 RENAL DI ALYSI S	0	0		0 0		194
4.33 07983 LAB CORP	0	0		0 0		194
4.34 07984 H.O. MATERIALS MGMT	0	0		0 0		194
4.35 07985 LEASED SPACE	0	0		0 1, 394, 971		194
0.00 Cross Foot Adjustments	0	0		0 0		200
1.00 Negative Cost Centers	0	0		0 0		201
2.00 TOTAL (sum lines 118 through 201)	5, 040, 210	7, 519, 726	329, 47	0 482, 910, 501	-12, 559, 936	1202

SI ALL	OCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0089	From 01/01/2022 F	Vorksheet B Part I
				To 12/31/2022 D	Date/Time Prepa 5/26/2023 11:47
	Cost Center Description	Total 26.00			
	ENERAL SERVICE COST CENTERS	20.00			
	D100 NEW CAP REL COSTS-BLDG & FIXT				
	D400 EMPLOYEE BENEFITS DEPARTMENT				
01  01	1160 COMMUNI CATI ONS				
02 00	D550 DATA PROCESSI NG				
04 00	D570 ADMI TTI NG				
05 00	0580 CASHI ERI NG/ACCOUNTS RECEI VABLE				
	0590 OTHER ADMINISTRATIVE AND GENERAL				
1	0600 MAI NTENANCE & REPAI RS				
	D700 OPERATION OF PLANT				
	0800 LAUNDRY & LINEN SERVICE				
	0900 HOUSEKEEPING				
	1000 DI ETARY				
	1100 CAFETERIA				-
	1300 NURSI NG ADMI NI STRATI ON				-
	1400 CENTRAL SERVICES & SUPPLY				-
00 01	1500 PHARMACY				-
00 01	1600 MEDICAL RECORDS & LIBRARY				
00 01	1080 PATIENT TRANSPORTATION				
00 02	2100 I &R SERVICES-SALARY & FRINGES APPRVD				
	2200 I&R SERVICES-OTHER PRGM COSTS APPRVD				
	2300 PARAMED ED PRGM				
	VPATIENT ROUTINE SERVICE COST CENTERS				
	3000 ADULTS & PEDIATRICS	102, 566, 177			
	3100 I NTENSI VE CARE UNI T	23, 986, 572			
		23, 700, 372			
	3200 CORONARY CARE UNIT	0			
	2060 NEONATAL INTENSIVE CARE UNIT	6, 137, 230			3
	4000 SUBPROVI DER – I PF	0			4
	4100 SUBPROVI DER – I RF	4, 757, 135			4
00 04	4300 NURSERY	1, 356, 517			4
AN	ICILLARY SERVICE COST CENTERS				
00 05	5000 OPERATING ROOM	24, 760, 471			Ę
00 05	5100 RECOVERY ROOM	5,066,856			5
00 05	5200 DELIVERY ROOM & LABOR ROOM	6, 506, 973			Ę
	5400 RADI OLOGY-DI AGNOSTI C	27, 372, 763			Ę
	5700 CT SCAN	3, 541, 686			Ę
	5800 MAGNETIC RESONANCE IMAGING (MRI)	0, 011, 000			Ę
	5900 CARDI AC CATHETERI ZATI ON	9, 382, 814			Ę
	5000 LABORATORY	21, 460, 569			e
1	5001 BLOOD LABORATORY	0			e
1	5300 BLOOD STORING, PROCESSING, & TRANS.	1, 635, 051			e
	5500 RESPI RATORY THERAPY	9, 444, 754			6
	5501 SLEEP LAB	930, 286			6
00 06	5600 PHYSI CAL THERAPY	7, 521, 085			6
00 06	5700 OCCUPATIONAL THERAPY	1, 834, 864			6
00 06	5800 SPEECH PATHOLOGY	1, 036, 034			6
	5801 AUDI OLOGY	0			6
	5900 ELECTROCARDI OLOGY	6, 341, 085			e
	7100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19, 810, 030			
	7200 I MPL. DEV. CHARGED TO PATIENT	16, 590, 814			
	7300 DRUGS CHARGED TO PATIENTS	74, 110, 826			-
	7301 HOSPITAL BASED RETAIL PHARMACIES	11, 853, 031			-
	7301 HOSPITAL BASED RETAIL PHARMACTES				
		2, 194, 075			-
	3160 CARDI OPULMONARY	0			-
	7697 CARDI AC REHABI LI TATI ON	1, 631, 893			
	7698 HYPERBARI C OXYGEN THERAPY	2, 509, 770			
	7700 ALLOGENEIC HSCT ACQUISITION	0			
	JTPATI ENT SERVI CE COST CENTERS				
	9000 CLINIC	0			ç
01 09	POO1 SUBSTANCE ABUSE CLINIC	1, 305, 792			c c
02 09	POO2 PAIN CLINIC	2, 239, 549			9
	POO3 ONCOLOGY CLINIC	6, 461, 015			c
	9100 EMERGENCY	32, 268, 711			c
	2200 OBSERVATION BEDS (NON-DISTINCT PART)	02,200,711			c
	9201 OBSERVATION BEDS (DISTINCT PART)	2 /10 017			
		2, 418, 917			`
	THER REIMBURSABLE COST CENTERS	F0 07-			
	9500 AMBULANCE SERVICES	52, 877			0
	0200 OPI OI D TREATMENT PROGRAM	0			1(
	PECIAL PURPOSE COST CENTERS				
3.0011	1300 INTEREST EXPENSE				11
3. 00	SUBTOTALS (SUM OF LINES 1 through 117)	439, 086, 222			1
	DNREIMBURSABLE COST CENTERS				
	2000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1, 028, 057			19
	2100 RESEARCH	1, 348, 696			10
	7950 OTHER NONREI MBURSABLE COST CENTERS	., 5.5, 670			113

BALL MEMORIAL HOSPITAL

In Lieu of Form CMS-2552-10

Health Financial Systems

Health Financial Systems	BALL MEMORIAL			u of Form CMS-2552
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0089	Peri od: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepare 5/26/2023 11:47 a
Cost Center Description	Total			
	26.00			
194. 01 07951 BSU PHARMACY	59, 143			194.
194.0207952 PAVILLION PHARMACY	10, 494, 533			194.
194. 03 07953 VENDI NG	0			194.
194. 04 07954 CARELI NE	0			194.
194.0507955WELLNESS CENTER	380, 433			194.
194.06 07956 PHYSICIAN PRACTICE CLINICS	1, 604, 720			194.
194. 07 07957 PERINATAL CLINIC	0			194.
194.08 07958 RENTAL PROPERTY	5, 825, 128			194.
194. 09 07959 ADVERTI SI NG	0			194.
194. 10 07960 I NTEGRA LTAC	974, 654			194.
194.11 07961 IU HEALTH HOSPICE	224, 895			194.
194.12 07962 POB MEDICAL PAVILLION CONDOS	0			194.
194. 13 07963 PEDI ATRI C THERAPI ES	2, 496, 922			194.
194.14 07964 NEW CASTLE ONCOLOGY	0			194.
194. 15 07965 MARKETI NG/PUBLIC RELATIONS	140, 674			194.
194. 16 07966 JAY COUNTY HOSPITAL	1, 770, 347			194.
194. 17 07967 CARDI NAL HEALTH CHOI CE	0			194.
194. 18 07968 CHV CARDI NAL HEALTH VENTURES	0			194.
194. 19 07969 HEALTH CARE CONNECTIONS	0			194.
194.20 07970 MEALS ON WHEELS	0			194.
194.21 07971 ST MARY'S SCHOOL	0			194.
194. 22 07972 THERAPIES TO OTHER ENTITIES	157, 152			194.
194.23 07973 CANCER CENTER BOUTIQUE	159, 957			194.
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	1, 564, 362			194.
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	7,090			194.
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	1,632,609			194.
194. 27 07977 MIDWEST HEALTH STRATEGIES	0			194.
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0			194.
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0			194.
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0			194.
194. 31 07986 OTHER NONREIMBURSABLE COST CENTERS	0			194.
194. 32 07982 RENAL DI ALYSI S	0			194.
194. 33 07983 LAB CORP	0			194.
194. 34 07984 H. O. MATERIALS MGMT	0			194.
194. 35 07985 LEASED SPACE	1, 394, 971			194.
200.00 Cross Foot Adjustments	0			200.
201.00 Negative Cost Centers	0			201.
202.00 TOTAL (sum lines 118 through 201)	470, 350, 565			202.

_OCA <sup>-</sup>	Financial Systems FION OF CAPITAL RELATED COSTS		AL HOSPITAL Provider CC	Fi	eriod: rom 01/01/2022	worksheet B Part II	
		-		T	b 12/31/2022	Date/Time Pre 5/26/2023 11:	47 a
	Cost Center Description	Directly Assigned New Capital	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	-					
00	00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNICATIONS	0	63, 122 28, 853	63, 122 28, 853	63, 122 255	29, 108	1. 4. 5.
04	00550 DATA PROCESSING 00570 ADMITTING 00570 ACH EDING (ACCOUNTS DECENTABLE	0	0 95, 491	0 95, 491	0 1, 401	0 840	5.
	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00590 OTHER ADMINI STRATI VE AND GENERAL	0	863,000	0 863, 000	0 2, 600	0 835	
00	00600 MAINTENANCE & REPAIRS	0	14, 341, 565	14, 341, 565	1, 034	778	
	00700 OPERATION OF PLANT	0	585, 695	585, 695	549	397	7
	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	0	0 194, 894	0 194, 894	0 1, 440	0 1, 502	
	01000 DI ETARY	0	257, 430	257, 430	891	877	
	01100 CAFETERI A	0	134, 179	134, 179	330		
	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY	0	148, 716 327, 362	148, 716 327, 362	4, 693	822	
	01400 CENTRAL SERVICES & SUFFET	0	105, 120	105, 120	2, 227	960	
	01600 MEDI CAL RECORDS & LI BRARY	0	0	0	0	0	
	01080 PATIENT TRANSPORTATION 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	11, 370	11, 370	382 1, 522	362	
	02200 I&R SERVICES-SALART & FRINGES APPRVD	0	614, 707	614, 707	1, 522	1, 013 123	1
00	02300 PARAMED ED PRGM	0		3, 294	88		
	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	0	3, 000, 182	3, 000, 182	15, 063	6, 086	30
	03100 INTENSIVE CARE UNIT	0	438, 056	438, 056	3, 966		
00	03200 CORONARY CARE UNI T	0	0	0	0	0	32
	02060 NEONATAL INTENSIVE CARE UNIT	0	141, 083	141, 083	1, 064	364	
	04000 SUBPROVI DER – I PF 04100 SUBPROVI DER – I RF	0	158, 313	158, 313	812	0 364	
00	04300 NURSERY	0		68, 095	225	88	
	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	0	541, 940	541, 940	2, 830	1, 512	50
	05100 RECOVERY ROOM	0	128, 525	128, 525	2,830	420	
	05200 DELIVERY ROOM & LABOR ROOM	0	186, 913	186, 913	1, 042		
	05400 RADI OLOGY-DI AGNOSTI C	0	981, 643	981, 643	3, 467	1, 679	
	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	27, 618 0	27, 618 0	565 0	240	
	05900 CARDI AC CATHETERI ZATI ON	0	220, 928	220, 928	1, 035		
		0	284, 922	284, 922	0		
	06001 BLOOD LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	
	06500 RESPI RATORY THERAPY	0	75, 791	75, 791	1, 725		
	06501 SLEEP LAB	0	0	0	176		
	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	0	247, 390 38, 070	247, 390 38, 070	1, 659 388		
	06800 SPEECH PATHOLOGY	0	9, 106	9, 106	246		1
	06801 AUDI OLOGY	0	0	0	0	-	
	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	258, 808	258, 808	494 0	297	1
	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	
	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	
	07301 HOSPI TAL BASED RETAIL PHARMACIES	0	14,062	14,062	730 0		
	07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY	0	46, 210 0	46, 210 0	0	-	
97	07697 CARDI AC REHABI LI TATI ON	0	0	0	414		
	07698 HYPERBARI C OXYGEN THERAPY	0	6, 572	6, 572	249		
	07700 ALLOGENEIC HSCT ACQUISITION OUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	77
	09000 CLINIC	0	0	0	0	0	90
	09001 SUBSTANCE ABUSE CLINIC	0	101, 050	101, 050	201	125	
	09002 PAIN CLINIC 09003 ONCOLOGY CLINIC	0	355, 408 113, 782	355, 408 113, 782	131 1, 074		
	09100 EMERGENCY	0	534, 482	534, 482	4, 384		
00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			0			92
	09201 OBSERVATION BEDS (DISTINCT PART)	0	69, 425	69, 425	391	150	92
	OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES	0	11, 323	11, 323	0	0	95
. 00	10200 OPI OI D TREATMENT PROGRAM	0	0	0	0		102
	SPECIAL PURPOSE COST CENTERS						1

Health Financial Systems	BALL MEMORIA	AL HOSPITAL		In Lie	eu of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C	1	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Pre 5/26/2023 11:	pared: 47 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	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	25, 834, 495	25, 834, 49	5 60, 785	28, 371	118.00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			0 120		190.00
191. 00 19100 RESEARCH	0	29, 613	29, 61	3 293	178	191.00
194.0007950 OTHER NONREIMBURSABLE COST CENTERS	0	0		-	-	194.00
194.0107951BSU PHARMACY	0	0				194.01
194. 02 07952 PAVI LLI ON PHARMACY	0	40, 224				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	80, 336				194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	,				194.06
194. 07 07957 PERINATAL CLINIC	0	-		-		194.07
194. 08 07958 RENTAL PROPERTY	0	1, 171, 375	1, 171, 37			194.08
194. 09 07959 ADVERTI SI NG	0		10/ 10			194.09
194. 10 07960 I NTEGRA LTAC	0	186, 406				194.10
194. 11 07961 I U HEALTH HOSPICE	0	48, 157	48, 15			194. 11 194. 12
194. 12 07962 POB MEDI CAL PAVI LLI ON CONDOS	0	104 101		-		
194. 13 07963 PEDI ATRI C THERAPI ES 194. 14 07964 NEW CASTLE ONCOLOGY	0	106, 101	106, 10			194. 13 194. 14
194. 15 07965 MARKETING/PUBLIC RELATIONS	0	35, 219				194.14
194. 16 07966 JAY COUNTY HOSPITAL	0	77,834				194.15
194. 17 07967 CARDI NAL HEALTH CHOI CE		0				194.10
194. 18 07968 CHV CARDINAL HEALTH VENTURES				-		194.17
194. 19 07969 HEALTH CARE CONNECTIONS	0					194.19
194. 20 07970 MEALS ON WHEELS	0	0				194.20
194. 21 07971 ST MARY'S SCHOOL	0	0				194.21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0		362		194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	0	13, 492	13, 49			194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	391, 657	391, 65	7 0	0	194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0				0	194. 25
194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL	0	71, 357	71, 35	7 264	134	194.26
194.2707977 MIDWEST HEALTH STRATEGIES	0	0		o o	0	194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	) (	0 C	0	194. 28
194.2907979 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 NONREI MBURSABLE COST CENTERS	0	0		0 0	0	194.31
194. 32 07982 RENAL DI ALYSI S	0	0		0 C		194. 32
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	349, 248			0	194.35
200.00 Cross Foot Adjustments		_	(	-	_	200.00
201.00 Negative Cost Centers	_					201.00
202.00  TOTAL (sum lines 118 through 201)	0	28, 812, 601	28, 812, 60	1 63, 122	29, 108	202.00

	Financial Systems TION OF CAPITAL RELATED COSTS	BALL MEMORIA	Provi der CO		Period: From 01/01/2022	u of Form CMS-: Worksheet B Part II	
					o 12/31/2022	Date/Time Pre	pared:
	Cost Center Description	DATA PROCESSI NG	ADMI TTI NG	CASHI ERI NG/ACC OUNTS	ADMI NI STRATI VE	5/26/2023 11: MAI NTENANCE & REPAI RS	47 am
		5.02	5.04	RECEI VABLE 5. 05	AND GENERAL 5.06	6.00	
	GENERAL SERVICE COST CENTERS	1					
1.00 4.00	00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT						1.00
5.01	01160 COMMUNI CATI ONS						5.01
5.02	00550 DATA PROCESSING	0					5. 02
5.04	00570 ADMI TTI NG	0	97, 732				5.04
5.05 5.06	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00590 OTHER ADMI NI STRATI VE AND GENERAL	0	0		866, 435		5.05
6.00	00600 MAI NTENANCE & REPAI RS	0	0		49,002	14, 392, 379	
7.00	00700 OPERATION OF PLANT	0	0	C	17, 799	628, 107	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0		2,601	0	
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY	0	0		) 11, 520 6, 587	209, 007 276, 071	9.00 10.00
11.00	01100 CAFETERI A	0	0	0	2, 867	143, 895	1
13.00	01300 NURSING ADMINISTRATION	0	0	0	31, 678	159, 485	
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	0	0		20, 945 17, 576	351, 067 112, 731	
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0		0	0	16.00
18.00	01080 PATI ENT TRANSPORTATI ON	0	0	0	2, 398	12, 194	18.00
21.00	02100 I & R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0,000	0	21.00
22.00 23.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM	0	0			659, 219 3, 532	
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS		0		<u> </u>	5, 552	23.00
30.00	03000 ADULTS & PEDIATRICS	0	12, 536	C		3, 217, 432	•
31.00 32.00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	0	2, 612		35, 265	469, 777	31.00 32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	0	682		8, 889	0 151, 299	
40.00	04000 SUBPROVI DER – I PF	0	0	C		0	40.00
41.00	04100 SUBPROVIDER - IRF	0	451	(		169, 776	1
43.00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	131		1, 729	73, 026	43.00
50.00	05000 OPERATING ROOM	0	8, 701	(	35, 356	581, 183	50.00
51.00	05100 RECOVERY ROOM	0	1, 167	C		137, 832	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1, 057		.,	200, 447	
54.00 57.00	05400 RADI OLOGY-DI AGNOSTI C 05700 CT SCAN	0	11, 121 2, 266			1, 052, 726 29, 618	•
58.00	05800 MAGNETIC RESONANCE I MAGI NG (MRI)	0	0	C		0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	5, 101	0			
60. 00 60. 01	06000 LABORATORY 06001 BLOOD LABORATORY	0	4, 820		36, 441	305, 553 0	60.00 60.01
63.00	06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	0	333		2, 925	0	63.00
65.00	06500 RESPI RATORY THERAPY	0	1, 343	C		81, 279	
65. 01 66. 00	06501 SLEEP LAB 06600 PHYSI CAL THERAPY	0	350 901		) 1, 610 ) 11, 931	0 265, 304	
67.00	06700 OCCUPATI ONAL THERAPY	0	296		3, 011	40, 827	
68.00	06800 SPEECH PATHOLOGY	0	183	0	1, 778	9, 765	
68.01	06801 AUDI OLOGY	0	0	0	0	0	
69.00 71.00	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	2, 012 3, 994		9, 348 27, 028	277, 549 0	1
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	5, 487	C	23, 124	0	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	16, 119	0	117, 999		73.00
73.01 74.00	07301 HOSPI TAL BASED RETAIL PHARMACIES 07400 RENAL DIALYSIS	0	357 170		) 19,066 3,627	15, 081 49, 556	
76.00	03160 CARDI OPULMONARY	0	0		0 0	49, 556	
76.97	07697 CARDI AC REHABI LI TATI ON	0	283	0	2, 851	0	
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	917	0	3, 983	7, 048	
77.00	07700 ALLOGENEIC HSCT ACQUISITION OUTPATIENT SERVICE COST CENTERS	0	0		0 0	0	77.00
90.00	09000 CLINIC	0	0	C	0 0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0	34	( C	1, 631	108, 367	
90. 02 90. 03	09002 PAIN CLINIC 09003 ONCOLOGY CLINIC	0	63 2, 107		) 1, 651 9, 681	381, 144 122, 021	•
90. 03 91. 00	09100 EMERGENCY	0	11, 793				
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92. 01	09201 OBSERVATI ON BEDS (DI STI NCT PART)	0	345		3, 453	74, 452	92.01
95 00	OTHER REI MBURSABLE COST CENTERS 09500 AMBULANCE SERVI CES	0	0	C	22	12, 143	95 00
	10200 OPI OI D TREATMENT PROGRAM	0	0				102.00
	SPECIAL PURPOSE COST CENTERS	1		Γ	1		1
113.00 118.00	11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117)	0	97, 732		829, 652	11, 198, 623	113.00
110.00	NONREIMBURSABLE COST CENTERS	0	91, 132		027,052	11, 190, 023	
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1, 826	0	190. 00

Health Financial Systems	BALL MEMORIAL	- HOSPI TAL		In Lie	eu of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO	CN: 15-0089	Peri od:	Worksheet B	
				From 01/01/2022		
				To 12/31/2022	Date/Time Pre 5/26/2023 11:	
Cost Center Description	DATA	ADMI TTI NG	CASHI ERI NG/A	C OTHER	MAINTENANCE &	
	PROCESSI NG		OUNTS	ADMI NI STRATI VE		
			RECEI VABLE	AND GENERAL		
	5.02	5.04	5.05	5.06	6.00	
191.00 19100 RESEARCH	0	0		0 1, 923	31, 758	191.00
194.0007950 OTHER NONREIMBURSABLE COST CENTERS	0	0		0 0	0	194.00
194. 01 07951 BSU PHARMACY	0	0		0 104	0	194.01
194.0207952 PAVILLION PHARMACY	0	0		0 16, 642	43, 136	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	0	0		0 160	86, 153	194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	0	0		0 740	404, 393	194.06
194. 07 07957 PERINATAL CLINIC	0	0		0 0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0		0 3, 874	1, 256, 196	194.08
194. 09 07959 ADVERTI SI NG	0	0		0 0	0	194.09
194. 10 07960 I NTEGRA LTAC	0	0		0 366	199, 904	194.10
194. 11 07961 I U HEALTH HOSPI CE	0	0		0 95	51, 645	194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0		0 0	0	194. 12
194. 13 07963 PEDI ATRI C THERAPI ES	0	0		0 3, 926	113, 784	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 69	37, 770	194. 15
194. 16 07966 JAY COUNTY HOSPITAL	0	0		0 2,659	83, 470	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
194.2107971 ST MARY'S SCHOOL	0	0		0 0	0	194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0		0 282	0	194. 22
194.23 07973 CANCER CENTER BOUTIQUE	0	0		0 199	14, 469	194.23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0		0 769	420, 017	194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	0		0 12	0	194. 25
194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL	0	0		0 2, 451	76, 524	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0		0 0	0	194. 27
194.2807978CARDINAL SELECT RISK RETENTION GRP	0	0		0 0	0	194. 28
194.2907979 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
194.3107986OTHER NONREIMBURSABLE COST CENTERS	0	0		0 0	0	194.31
194. 32 07982 RENAL DI ALYSI S	0	0		0 0	0	194.32
194.3307983 LAB CORP	0	0		0 0	0	194.33
194.3407984H.O. MATERIALS MGMT	0	0		0 0	0	194.34
194. 35 07985 LEASED SPACE	0	0		0 686	374, 537	
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)	0	97, 732		0 866, 435	14, 392, 379	202.00

LLOCA	Financial Systems TION OF CAPITAL RELATED COSTS	BALL MEMORIA	Provider C	F	eriod: rom 01/01/2022 o 12/31/2022	u of Form CMS-2 Worksheet B Part II Date/Time Pre 5/26/2023 11:	pared:
	Cost Center Description	OPERATION OF PLANT	LAUNDRY &	HOUSEKEEPING	DI ETARY	CAFETERI A	
	<u></u>	7.00	8.00	9.00	10.00	11.00	
. 00	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
. 00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
. 01	01160 COMMUNI CATI ONS						5. 01
. 02	00550 DATA PROCESSI NG						5.02
. 04	00570 ADMI TTI NG						5.04
. 05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5.05
. 06	00590 OTHER ADMINISTRATIVE AND GENERAL						5.00
. 00	00600 MAINTENANCE & REPAIRS	1 000 517					6.00
. 00 . 00	00700 OPERATION OF PLANT	1, 232, 547					7.0
. 00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG	18, 716	2,001	437, 079			8.0 9.0
0.00	01000 DI ETARY	24, 721		10, 886			10.0
1.00	01100 CAFETERI A	12, 885		5, 674	0	300, 125	
3.00	01300 NURSI NG ADMI NI STRATI ON	14, 281		6, 289	0	10, 460	
4.00	01400 CENTRAL SERVICES & SUPPLY	31, 437		13, 843	0	0	14.0
5.00	01500 PHARMACY	10, 095	0	4, 445	0	12, 214	15.00
6. 00	01600 MEDICAL RECORDS & LIBRARY	0	, o	0	0	0	
8.00	01080 PATIENT TRANSPORTATION	1, 092		481	0	4, 609	
1.00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	-	0	0	12, 893	
2.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	59,031	0	25, 890	0	1, 571	22.00
3. 00	02300 PARAMED ED PRGM I NPATI ENT ROUTI NE SERVI CE COST CENTERS	316	0	139	0	451	23.00
0. 00	03000 ADULTS & PEDIATRICS	288, 113	1, 497	127, 140	493, 378	77, 433	30.00
1.00	03100 I NTENSI VE CARE UNI T	42,067		18, 523	22, 712	18, 486	
2.00	03200 CORONARY CARE UNI T	0	0	0	0	0	
5.00	02060 NEONATAL INTENSIVE CARE UNIT	13, 548	7	5, 966	1, 681	4, 635	35.0
0. 00	04000 SUBPROVI DER – I PF	0	0	0	0	0	40.0
1. 00	04100 SUBPROVI DER – I RF	15, 203				4, 635	
3.00	04300 NURSERY	6, 539	13	2, 879	0	1, 124	43.00
0 00	ANCI LLARY SERVI CE COST CENTERS	E2 042	100	22.01/		10 247	
0.00 1.00	05100 RECOVERY ROOM	52, 043 12, 342			0	19, 247 5, 344	50.00
2.00	05200 DELIVERY ROOM & LABOR ROOM	17, 949			0	4, 627	52.00
4.00	05400 RADI OLOGY-DI AGNOSTI C	94, 268			0	21, 367	•
7.00	05700 CT SCAN	2, 652			-	3, 050	
8.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.0
9.00	05900 CARDI AC CATHETERI ZATI ON	21, 216	21	9, 342	0	5, 815	59.0
0.00	06000 LABORATORY	27, 361	1	11, 933	0	9, 673	
0. 01	06001 BLOOD LABORATORY	0	0	0	0	0	60.0
3.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.0
5.00 5.01	06500 RESPI RATORY THERAPY 06501 SLEEP LAB	7,278		3, 205 0	0	9, 329	
	06600 PHYSI CAL THERAPY	23, 757	-			1, 480 11, 429	
7.00	06700 OCCUPATI ONAL THERAPY	3, 656			0	2, 376	
8.00	06800 SPEECH PATHOLOGY	874		385	0	1, 448	
8. 01	06801 AUDI OLOGY	0	0	0	0	0	
9.00	06900 ELECTROCARDI OLOGY	24, 854	31	10, 944	0	3, 783	69.0
1.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	
2.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	
3.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	
3.01	07301 HOSPI TAL BASED RETAIL PHARMACIES	1,350			0	3, 363	
4.00 5.00	07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY	4, 438		1, 954	0	0	
5.00 5.97	07697 CARDI AC REHABI LI TATI ON		-	0	0	3, 230	
	07698 HYPERBARI C OXYGEN THERAPY	631	-		0	1, 552	
	07700 ALLOGENEIC HSCT ACQUISITION	0		0	0	1,002	
	OUTPATIENT SERVICE COST CENTERS						1
0. 00	09000 CLI NI C	0	0	0	0	0	90.0
0. 01	09001 SUBSTANCE ABUSE CLINIC	9, 704		4, 273		1, 589	
0. 02	09002 PAIN CLINIC	34, 130			0	1, 001	90.0
0.03	09003 ONCOLOGY CLINIC	10, 927			0	5, 960	
00	09100 EMERGENCY	51, 327	239	22, 601	0	24, 658	
2.00 2.01	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	6, 667	28	2, 936	0	1, 913	92.00 92.0
	OTHER REIMBURSABLE COST CENTERS	0,007	28	2, 930	U U	1, 913	72.0
5.00	09500 AMBULANCE SERVICES	1, 087	0	479	0	0	95.00
	10200 OPI OI D TREATMENT PROGRAM	0			0		102.00
	SPECIAL PURPOSE COST CENTERS				· · · · · · · · · · · · · · · · · · ·		1
	11300 INTEREST EXPENSE						113.00
8.00		946, 555	2, 594	398, 816	548, 520	290, 745	118.00
0.00	NAMES NEWSARD E AGAT ACTITEDA						1
	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		0		0		190. 00

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO	CN: 15-0089	Period: From 01/01/2022	Worksheet B Part II	
				To 12/31/2022		pared:
					5/26/2023 11:	47 am
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
	PLANT	LINEN SERVICE				
	7.00	8.00	9.00	10.00	11.00	101.00
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 PAVILLI ON PHARMACY	3, 863	0	1, 70			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	7, 715	7	3, 39			194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	36, 212	0	6, 16	07 0		194.06
194. 07 07957 PERI NATAL CLI NI C	0	0		0 0		194.07
194. 08 07958 RENTAL PROPERTY	112, 488	0	16, 83	1 0		194.08
194. 09 07959 ADVERTI SI NG	0	0		0 0		194.09
194. 10 07960 INTEGRA_LTAC	17, 901	0		0 28, 943		194. 10
194. 11 07961 I U HEALTH HOSPI CE	4, 625	0	2, 03	6 0		194. 11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0		0 0		194. 12
194. 13 07963  PEDI ATRI C THERAPI ES	10, 189	0		0 0		194. 13
194.14 07964 NEW CASTLE ONCOLOGY	0	0		0 0		194. 14
194. 15 07965 MARKETI NG/PUBLIC RELATIONS	3, 382	0		0 0	0	194. 15
194. 16 07966 JAY COUNTY HOSPITAL	7,474	0	3, 29	0 1	1, 512	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. 19 07969 HEALTH CARE CONNECTIONS	0	0		0 0	0	194. 19
194.2007970 MEALS ON WHEELS	0	0		0 0	0	194.20
194.2107971 ST MARY'S SCHOOL	0	0		0 0	0	194. 21
194.2207972 THERAPIES TO OTHER ENTITIES	0	0		0 0	0	194.22
194.2307973CANCER CENTER BOUTIQUE	1, 296	0	57	1 0	95	194.23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	37, 611	0		0 0	0	194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	0		0 0	2	194. 25
194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL	6, 853	0	3, 01	7 0	1, 699	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 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	33, 539	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)	1, 232, 547	2, 601	437, 07	9 577, 463	300, 125	202.00

.0CA	Financial Systems TION OF CAPITAL RELATED COSTS	BALL MEMORIA	Provider CC	N: 15-0089	Period: From 01/01/2022	u of Form CMS-2 Worksheet B Part II	
					To 12/31/2022	Date/Time Pre 5/26/2023 11:	pare
						OTHER GENERAL	
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SERVI CE PATI ENT	
	cost center bescription	ADMI NI STRATI ON	SERVICES &	PHARMACT		TRANSPORTATION	
			SUPPLY		LI BRARY		
	GENERAL SERVICE COST CENTERS	13.00	14.00	15.00	16.00	18.00	
0	00100 NEW CAP REL COSTS-BLDG & FIXT						1 1
0	00400 EMPLOYEE BENEFITS DEPARTMENT		·				4
)1	01160 COMMUNI CATI ONS						5
)2	00550 DATA PROCESSI NG						5
)4 )5	00570 ADMI TTI NG 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5
,5 )6	00590 OTHER ADMINISTRATIVE AND GENERAL						5
0	00600 MAINTENANCE & REPAIRS						6
0	00700 OPERATION OF PLANT						7
00	00800 LAUNDRY & LINEN SERVICE						8
00 00	00900 HOUSEKEEPING 01000 DI ETARY						9 10
	01100 CAFETERI A						11
00	01300 NURSI NG ADMI NI STRATI ON	376, 424					13
00	01400 CENTRAL SERVICES & SUPPLY	0	744, 655				14
	01500 PHARMACY	0	3, 637	269, 00			15
	01600 MEDI CAL RECORDS & LI BRARY	0	0		0 0	22.000	16
	01080 PATIENT TRANSPORTATION 02100 I&R SERVICES-SALARY & FRINGES APPRVD	192 0	0			33, 080 0	18
	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	0	0		1 0		
	02300 PARAMED ED PRGM	0	0		0 0	0	
	INPATIENT ROUTINE SERVICE COST CENTERS	-	Í				
	03000 ADULTS & PEDIATRICS	176, 599	28, 055	1, 15			
00 00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	42, 715 0	11, 414	80	0 0 0	892	31
	02060 NEONATAL INTENSIVE CARE UNIT	11, 947	2, 230	F	52 0	233	
00	04000 SUBPROVIDER - IPF	0	2,200		0 0	0	40
00	04100 SUBPROVI DER – I RF	10, 814	617	1	0 0		41
00	04300 NURSERY	2, 731	0		0 0	45	43
00	ANCI LLARY SERVI CE COST CENTERS	14, 328	118, 061	52	20 0	2, 971	50
	05100 RECOVERY ROOM	13, 436	1, 390	27			
00	05200 DELIVERY ROOM & LABOR ROOM	10, 874	3, 410	16	52 0	361	52
00	05400 RADI OLOGY-DI AGNOSTI C	10, 185	29, 238	1, 35		3, 798	
00 00	05700 CT SCAN	0	2, 230	90	0 0	774	57 58
	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	7,662	26, 516	33		1, 742	
00	06000 LABORATORY	0	20, 510	00	0 0	1, 646	
01	06001 BLOOD LABORATORY	0	0		0 0	0	
	06300 BLOOD STORING, PROCESSING, & TRANS.	0	2		0 0	114	
	06500 RESPI RATORY THERAPY	5	11, 539		0 0	459	
01 00	06501 SLEEP LAB 06600 PHYSI CAL THERAPY	0 317	1, 040 437		0 0	119 308	
	06700 OCCUPATI ONAL THERAPY	0	437		0 0	101	67
00	06800 SPEECH PATHOLOGY	0	0		0 0	62	68
	06801 AUDI OLOGY	0	0		0 0	0	68
	06900 ELECTROCARDI OLOGY	2,003	209	85	59 0	687	69
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENT	0	272, 029 210, 243			1, 364	
	07300 DRUGS CHARGED TO PATIENTS	0	210, 243	202, 78	39 0	5, 212	
	07301 HOSPI TAL BASED RETAIL PHARMACIES	0	7	30, 22		122	
	07400 RENAL DI ALYSI S	0	173		3 0	58	74
	03160 CARDI OPULMONARY	0	0		0 0	0	
	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY	339 2, 786	12 6, 498			96	
	07700 ALLOGENEIC HSCT ACQUISITION	2,780	0, 498		0 0	0	
	OUTPATIENT SERVICE COST CENTERS						1
	09000 CLINIC	0	0		0 0		
	09001 SUBSTANCE ABUSE CLINIC	476	43		0 0	12	
		799	123	33	2 0	21	90
	09003 ONCOLOGY CLINIC 09100 EMERGENCY	10, 447 50, 272	2, 898 11, 941	33 1, 66		4, 027	90 91
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	50,272	, , , , , , ,	1, 00		4, 027	92
	09201 OBSERVATION BEDS (DISTINCT PART)	4, 285	208	3	36 0	118	
_	OTHER REIMBURSABLE COST CENTERS						
	09500 AMBULANCE SERVICES	0	0		0 0		
2.00	10200 OPIOLD TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS	0	0		0 0	0	102
. 00	11300 INTEREST EXPENSE		I				113
					1	1	

Health Financial Systems	BALL MEMORIAL	HOSPI TAL		In Lie	eu of Form CMS-2	2552-1
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC	N: 15-0089	Period: From 01/01/2022 To 12/31/2022	Date/Time Pre	pared:
Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	5/26/2023 11: - OTHER GENERAL SERVI CE PATI ENT TRANSPORTATI ON	
	13.00	14.00	15.00	16.00	18.00	
NONREI MBURSABLE COST CENTERS		•				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10		0 0	0	190. 0
191. 00 19100 RESEARCH	3, 207	2		0 0	0	191.0
194.0007950 OTHER NONREIMBURSABLE COST CENTERS	0	0		0 0	0	194.0
194. 01 07951 BSU PHARMACY	0	0		0 0	0	194.0
194.0207952 PAVILLION PHARMACY	0	364	27, 5	30 C	0	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
194.0507955 WELLNESS CENTER	0	1		0 0	0	194.0
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0		0 0	0	194.0
194. 07 07957 PERI NATAL CLI NI C	0	0		0 0	0	194.0
194.08 07958 RENTAL PROPERTY	0	0		0 0	0	194.0
194. 09 07959 ADVERTI SI NG	0	0		0 0	0	194.0
194. 10 07960 I NTEGRA LTAC	0	0		0 0	0	194.1
194. 11 07961 IU HEALTH HOSPICE	0	0		0 0	0	194.1
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0 0	0	194.1
194. 13 07963 PEDI ATRI C THERAPI ES	0	72		0 0	0	194.1
194.14 07964 NEW CASTLE ONCOLOGY	0	0		0 0	0	194.1
194. 15 07965 MARKETING/PUBLIC RELATIONS	0	0		0 0	0	194.1
194. 16 07966 JAY COUNTY HOSPITAL	0	0		0 0	0	194.1
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0		0 0	0	194.1
194. 18 07968 CHV CARDI NAL HEALTH VENTURES	0	0		0 0	0	194.1
194.1907969 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 0	0	194.2
194.23 07973 CANCER CENTER BOUTIQUE	0	0		0 0	0	194.2
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0		0 0	0	194.2
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	5	0		0 0	0	194.2
194.2607976 BLACKFORD COMMUNITY HOSPITAL	0	0		0 0	0	194.2
194.2707977 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
194.2907979 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 DI ALYSI S	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						200. 0
201.00 Negative Cost Centers	0	0		0 0	0	201.0
202.00 TOTAL (sum lines 118 through 201)	376, 424	744, 655	269,0	105 C	33, 080	1

OCA	FION OF CAPITAL RELATED COSTS		Provider CC	F	eriod: rom 01/01/2022 o 12/31/2022	Date/Time Pre	
		INTERNS &	RESI DENTS			5/26/2023 11:	
	Cast Contor Description				Subtotal	Intern <sup>e</sup>	
	Cost Center Description	SERVI CES-SALAR Y & FRI NGES	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 00100 NEW CAP REL COSTS-BLDG & FIXT						
00 01 02 04 05 06 00 00 00 00 00 00 00 00 00 00 00 00	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG 00570 ADMI TTI 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 01800 PATI ENT TRANSPORTATI ON						
00 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM	24, 313	1, 370, 249	8, 419			2 2 2
	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS				7, 587, 452	0	3
00	03100 I NTENSI VE CARE UNI T				1, 108, 962	0	3
	03200 CORONARY CARE UNIT				0	0	
	02060 NEONATAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF				343, 680	0	
	04100 SUBPROVIDER - IRF				404, 646		
	04300 NURSERY				156, 625	0	
	ANCI LLARY SERVI CE COST CENTERS	-11			1	1	
	05000 OPERATING ROOM				1, 401, 807	0	
	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM				314, 370 444, 439		5
	05400 RADI OLOGY-DI AGNOSTI C				2, 291, 968		
	05700 CT SCAN				77, 039	0	
	05800 MAGNETIC RESONANCE I MAGING (MRI)				0	0	
	05900 CARDI AC CATHETERI ZATI ON				550, 778	0	5
	06000 LABORATORY				683, 110		-
	06001 BLOOD LABORATORY				0	0	6
	06300 BLOOD STORI NG, PROCESSI NG, & TRANS. 06500 RESPI RATORY THERAPY				3, 374 208, 640	0	6
	06500 SLEEP LAB				4, 891	0	6
	06600 PHYSI CAL THERAPY				566, 662	0	6
	06700 OCCUPATI ONAL THERAPY				90, 528	-	6
	06800 SPEECH PATHOLOGY				23, 961	0	6
	06801 AUDI OLOGY				0	0	6
	06900 ELECTROCARDI OLOGY				591, 878	0	6
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENT				304, 415 240, 728	0	7
	07300 DRUGS CHARGED TO PATIENTS				342, 119		
	07301 HOSPI TAL BASED RETAIL PHARMACIES				84, 624		
00	07400 RENAL DIALYSIS				106, 193	0	
	03160 CARDI OPULMONARY				0	0	
	07697 CARDI AC REHABI LI TATI ON				7,479		
	07698 HYPERBARI C OXYGEN THERAPY				30, 671	0	
00	07700 ALLOGENEIC HSCT ACQUISITION OUTPATIENT SERVICE COST CENTERS				0	0	7
	09000 CLINIC		1			0	9
	09001 SUBSTANCE ABUSE CLINIC				227, 505		
	09002 PAIN CLINIC				789, 581	0	
	09003 ONCOLOGY CLINIC				285, 260		9
	09100 EMERGENCY				1, 341, 279	0	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	
	09201 OBSERVATION BEDS (DI STINCT PART)				164, 407	0	9
	OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES	1	Г		25, 054	0	9
		1			20.054		

Health Financial Systems	BALL MEMORIA				eu of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		Period: From 01/01/2022 To 12/31/2022		pared: 47 am
	INTERNS &	RESI DENTS				
Cost Center Description	SERVI CES-SALAR Y & FRI NGES	SERVICES-OTHER PRGMCOSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown	
					Adjustments	
	21.00	22.00	23.00	24.00	25.00	
SPECIAL PURPOSE COST CENTERS	1	1			1	1
113.00 11300 INTEREST EXPENSE				0 00 004 105		113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	0	0		0 20, 804, 125	0	118.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				3, 606	0	190.00
191. 00 19100 RESEARCH				73, 335		191.00
194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS				, 0, 000		194.00
194. 01 07951 BSU PHARMACY				344		194.01
194. 02 07952 PAVILLI ON PHARMACY				136, 111		194.02
194. 03 07953 VENDI NG				0	0	194.03
194. 04 07954 CARELI NE				0	0	194.04
194.0507955WELLNESS CENTER				177, 769		194.05
194.0607956 PHYSICIAN PRACTICE CLINICS				824, 599		194.06
194. 07 07957 PERINATAL CLINIC				0		194.07
194. 08 07958 RENTAL PROPERTY				2, 560, 764		194.08
194. 09 07959 ADVERTI SI NG				422 520	-	194.09
194. 10 07960  I NTEGRA_LTAC 194. 11 07961  I U_HEALTH_HOSPI CE				433, 520	-	194. 10 194. 11
194. 12 07962 POB MEDICAL PAVILLION CONDOS				106, 558		194.11
194. 13 07963 PEDI ATRI C THERAPI ES				234, 648	-	194.13
194. 14 07964 NEW CASTLE ONCOLOGY				0		194.14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS				76, 440	0	194.15
194.16 07966 JAY COUNTY HOSPITAL				176, 639	0	194.16
194. 17 07967 CARDI NAL HEALTH CHOI CE				0		194.17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES				0	0	194.18
194.1907969 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				644		194.22 194.23
194. 23 07973 CANCER CENTER BOUTI QUE 194. 24 07974 BOSC BALL OUTPATI ENT SURGERY				30, 136 850, 054		194.23
194. 25 07975 CARDINAL BEHAVI ORAL HEALTH				19		194.24
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL				162, 299		194.25
194. 27 07977 MIDWEST HEALTH STRATEGIES				102, 2,7		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 NONREI MBURSABLE 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				0		194.34
194. 35 07985 LEASED SPACE	24.212	1 270 240	0.44	758,010		194.35
200.00Cross Foot Adjustments201.00Negative Cost Centers	24, 313	1, 370, 249	8, 41	9 1, 402, 981 0 0		200.00
202.00 TOTAL (sum lines 118 through 201)	24, 313	1, 370, 249		-		201.00
	24,313	1 1, 370, 249	0,41	/ 20,012,001	1 0	1202.00

LLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: Workshed From 01/01/2022 Part II	
Cost Center Description	Total			me Prepareo 23 11:47 an
	26.00			
GENERAL SERVICE COST CENTERS				1
00 00100 NEW CAP REL COSTS-BLDG & FIXT 00 00400 EMPLOYEE BENEFITS DEPARTMENT				1.
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 ADMINISTRATIVE AND GENERAL				5.
00 00600 MAINTENANCE & REPAIRS				6.
00 00700 OPERATION OF PLANT 00 00800 LAUNDRY & LINEN SERVICE				7.
00 00900 HAUNDRY & LINEN SERVICE				9.
0. 00 01000 DI ETARY				10.
1. 00 01100 CAFETERIA				11.
3. 00 01300 NURSING ADMINISTRATION				13.
4. 00 01400 CENTRAL SERVICES & SUPPLY				14.
5. 00 01500 PHARMACY				15.
6.00 01600 MEDICAL RECORDS & LIBRARY				16.
3. 00 01080 PATLENT TRANSPORTATION 1. 00 02100 I&R SERVICES-SALARY & FRINGES APPRVD				18.
2. 00 02200 I &R SERVICES-SALART & PRINGES APPRVD				21.
3. 00 02300 PARAMED ED PRGM				23.
INPATIENT ROUTINE SERVICE COST CENTERS	I			
D. 00 03000 ADULTS & PEDIATRICS	7, 587, 452			30.
1. 00 03100 INTENSIVE CARE UNIT	1, 108, 962			31.
2. 00 03200 CORONARY CARE UNIT	0			32.
5. 00 02060 NEONATAL INTENSIVE CARE UNIT	343, 680 0			35.
0. 00 04000 SUBPROVIDER - IPF 1. 00 04100 SUBPROVIDER - IRF	404, 646			40.
3. 00 04300 NURSERY	156, 625			43.
ANCI LLARY SERVI CE COST CENTERS				
D. 00 05000 OPERATI NG ROOM	1, 401, 807			50.
1.00 05100 RECOVERY ROOM	314, 370			51.
2.00 05200 DELIVERY ROOM & LABOR ROOM	444, 439			52.
4. 00   05400  RADI OLOGY-DI AGNOSTI C 7. 00   05700  CT_SCAN	2, 291, 968 77, 039			54. 57.
3. 00 05700 CT SCAN 3. 00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0			58.
9. 00 05900 CARDI AC CATHETERI ZATI ON	550, 778			59.
D. 00 06000 LABORATORY	683, 110			60.
D. 01 06001 BLOOD LABORATORY	0			60.
3. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	3, 374			63.
5. 00 06500 RESPIRATORY THERAPY	208, 640			65.
5. 01 06501 SLEEP LAB 5. 00 06600 PHYSI CAL THERAPY	4, 891 566, 662			65. 66.
2. 00 06700 OCCUPATI ONAL THERAPY	90, 528			67.
B. 00 06800 SPEECH PATHOLOGY	23, 961			68.
8. 01 06801 AUDI OLOGY	0			68.
9. 00 06900 ELECTROCARDI OLOGY	591, 878			69.
. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	304, 415			71
2.00 07200 IMPL. DEV. CHARGED TO PATIENT	240, 728			72.
3. 00 07300 DRUGS CHARGED TO PATIENTS 3. 01 07301 HOSPITAL BASED RETAIL PHARMACIES	342, 119 84, 624			73.
. 01 07301 HOSPITAL BASED RETAIL PHARMACIES	84, 624 106, 193			73.
00 03160 CARDI OPULMONARY	0			74.
5. 97 07697 CARDI AC REHABI LI TATI ON	7,479			76.
. 98 07698 HYPERBARI C OXYGEN THERAPY	30, 671			76
. 00 07700 ALLOGENEI C HSCT ACQUI SI TI ON	0			77
	~			
0. 00 09000 CLINIC 0. 01 09001 SUBSTANCE ABUSE CLINIC	0 227, 505			90
. 02 09002 PAIN CLINIC	789, 581			90
0. 03 09003 ONCOLOGY CLINIC	285, 260			90
. 00 09100 EMERGENCY	1, 341, 279			91
. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART)				92
. 01 09201 OBSERVATION BEDS (DISTINCT PART)	164, 407			92
OTHER REIMBURSABLE COST CENTERS	05 05 ·			
00 09500 AMBULANCE SERVICES	25, 054			95.
22. 00 10200 OPI OI D TREATMENT PROGRAM SPECI AL PURPOSE COST CENTERS	0			102
3. 00 11300 I NTEREST EXPENSE				113.
8.00 SUBTOTALS (SUM OF LINES 1 through 117)	20, 804, 125			118.
NONREI MBURSABLE COST CENTERS	_5, 551, 125			
20.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3, 606			190.
21. 00 19100 RESEARCH	73, 335			191.
4.0007950 OTHER NONREI MBURSABLE COST CENTERS	0			194.

Health Financial Systems	BALL MEMORIAL	HOSPI TAL	In Lie	u of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Peri od:	Worksheet B
			From 01/01/2022 To 12/31/2022	Part II Date/Time Prepared:
			10 12/31/2022	5/26/2023 11:47 am
Cost Center Description	Total	· ·		
	26.00			
194.0107951BSU PHARMACY	344			194. 01
194.0207952 PAVILLION PHARMACY	136, 111			194. 02
194. 03 07953 VENDI NG	0			194. 03
194. 04 07954  CARELI NE	0			194.04
194.0507955WELLNESS CENTER	177, 769			194. 05
194.0607956 PHYSICIAN PRACTICE CLINICS	824, 599			194.06
194. 07 07957  PERI NATAL CLI NI C	0			194. 07
194. 08 07958 RENTAL PROPERTY	2, 560, 764			194.08
194. 09 07959  ADVERTI SI NG	0			194.09
194. 10 07960 I NTEGRA LTAC	433, 520			194. 10
194.1107961 IU HEALTH HOSPICE	106, 558			194. 11
194.1207962 POB MEDICAL PAVILLION CONDOS	0			194. 12
194. 13 07963 PEDI ATRI C THERAPI ES	234, 648			194. 13
194.1407964 NEW CASTLE ONCOLOGY	0			194.14
194. 15 07965 MARKETI NG/PUBLIC RELATI ONS	76, 440			194. 15
194. 16 07966 JAY COUNTY HOSPITAL	176, 639			194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0			194. 17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES	0			194. 18
194.1907969 HEALTH CARE CONNECTIONS	0			194. 19
194.2007970 MEALS ON WHEELS	0			194. 20
194.2107971 ST MARY'S SCHOOL	0			194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	644			194. 22
194.2307973 CANCER CENTER BOUTIQUE	30, 136			194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	850, 054			194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	19			194. 25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	162, 299			194. 26
194.27 07977 MIDWEST HEALTH STRATEGIES	0			194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0			194. 28
194.2907979 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
194.3307983 LAB CORP	0			194. 33
194.3407984 H.O. MATERIALS MGMT	0			194.34
194. 35 07985 LEASED SPACE	758, 010			194. 35
200.00 Cross Foot Adjustments	1, 402, 981			200.00
201.00 Negative Cost Centers	0			201.00
202.00 TOTAL (sum lines 118 through 201)	28, 812, 601			202.00

ST A	Financial Systems LLOCATION - STATISTICAL BASIS	BALL MEMORIA			eriod:	u of Form CMS-2 Worksheet B-1	
					rom 01/01/2022 o 12/31/2022	Date/Time Pre	
		CAPI TAL				5/26/2023 11:	47 a
		RELATED COSTS					
	Cost Center Description	NEW BLDG &	EMPLOYEE	COMMUNI CATI ONS	DATA	ADMI TTI NG	
		FLXT	<b>BENEFITS</b>		PROCESSI NG	(GROSS	
		(SQUARE	DEPARTMENT	(FTE'S)	(GROSS	CHARGES)	
		FEET)	(GROSS		CHARGES)		
		1.00	SALARI ES) 4. 00	5.01	5.02	5.04	-
_	GENERAL SERVICE COST CENTERS	1.00	4.00	5.01	5. 02	5.04	
00	00100 NEW CAP REL COSTS-BLDG & FIXT	1, 819, 434					] 1
00	00400 EMPLOYEE BENEFITS DEPARTMENT	3, 986	161, 401, 274				4
)1	01160 COMMUNI CATI ONS	1, 822	652, 835				5
)2	00550 DATA PROCESSI NG	0				2 411 4/0 2//	5
)4	00570 ADMITTING	6, 030	3, 582, 118	5, 306		2, 411, 468, 366 0	
)5 )6	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00590 OTHER ADMI NI STRATI VE AND GENERAL	54, 496	6, 649, 675	5, 278	0	0	1 7
00	00600 MAI NTENANCE & REPAI RS	905, 629	2, 644, 683			0	le
00	00700 OPERATI ON OF PLANT	36, 985	1, 403, 601		-	0	
00	00800 LAUNDRY & LINEN SERVICE	0	0			0	
00	00900 HOUSEKEEPI NG	12, 307	3, 682, 106	9, 492	0	0	9
00	01000 DI ETARY	16, 256	2, 278, 886	5, 544	0	0	10
	01100 CAFETERI A	8, 473	844, 146			0	1
	01300 NURSING ADMINISTRATION	9, 391	12,003,339			0	13
	01400 CENTRAL SERVICES & SUPPLY	20, 672	1, 537		0	0	14
	01500 PHARMACY	6, 638	5, 696, 776	6, 066		0	15
	01600 MEDICAL RECORDS & LIBRARY	710	075 000		0	0	16
	01080 PATIENT TRANSPORTATION 02100 I &R SERVICES-SALARY & FRINGES APPRVD	718	975, 988 3, 892, 880			0	18
	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	38, 817	444, 188			0	22
	02300 PARAMED ED PRGM	208	225, 277			0	
00	INPATIENT ROUTINE SERVICE COST CENTERS	200	220,277				1
00	03000 ADULTS & PEDI ATRI CS	189, 453	38, 486, 779	38, 457	305, 744, 825	305, 744, 825	30
00	03100 I NTENSI VE CARE UNI T	27,662	10, 143, 834	9, 181	63, 710, 127	63, 710, 127	3
00	03200 CORONARY CARE UNI T	0	C	0	0	0	32
	02060 NEONATAL INTENSIVE CARE UNIT	8, 909	2, 720, 525	2, 302	16, 627, 694	16, 627, 694	35
	04000 SUBPROVI DER – I PF	0	0	0 0	0	0	
	04100 SUBPROVIDER - IRF	9, 997	2,076,764			10, 998, 507	
00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	4, 300	575, 516	558	3, 191, 346	3, 191, 346	43
00	05000 OPERATING ROOM	34, 222	7, 238, 063	9, 559	212, 222, 017	212, 222, 017	50
	05100 RECOVERY ROOM	8, 116	2, 218, 513			28, 455, 281	
	05200 DELIVERY ROOM & LABOR ROOM	11, 803	2, 665, 295			25, 779, 651	
00	05400 RADI OLOGY-DI AGNOSTI C	61, 988	8, 865, 811			271, 253, 196	
00	05700 CT SCAN	1, 744	1, 443, 949	1, 515	55, 266, 914	55, 266, 914	5
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	C	0 0	-	0	58
	05900 CARDI AC CATHETERI ZATI ON	13, 951	2, 647, 672			124, 409, 814	
	06000 LABORATORY	17, 992	75				
	06001 BLOOD LABORATORY	0	0	0	-	0	
	06300 BLOOD STORI NG, PROCESSI NG, & TRANS. 06500 RESPI RATORY THERAPY	4, 786	4 412 220	4,633	8, 127, 724	8, 127, 724	
	06501 SLEEP LAB	4,780	4, 412, 320 450, 987			32, 754, 097 8, 527, 309	
	06600 PHYSI CAL THERAPY	15, 622	4, 243, 735			21, 971, 123	
	06700 OCCUPATI ONAL THERAPY	2,404	991, 092			7, 231, 574	
	06800 SPEECH PATHOLOGY	575	630, 245			4, 451, 366	
	06801 AUDI OLOGY	0	0	0		0	
00	06900 ELECTROCARDI OLOGY	16, 343	1, 263, 413	1, 879	49, 074, 644	49, 074, 644	60
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	C	0	97, 405, 435	97, 405, 435	
	07200 IMPL. DEV. CHARGED TO PATIENT	0	C	0	133, 830, 989	133, 830, 989	
	07300 DRUGS CHARGED TO PATIENTS	0	0	0	420, 989, 398	420, 989, 398	
	07301 HOSPI TAL BASED RETAIL PHARMACIES	888	1, 867, 055			8, 700, 391	
	07400 RENAL DI ALYSI S	2, 918	0	0	4, 143, 363	4, 143, 363	
	03160 CARDI OPULMONARY	0	1 057 027		4 000 400	0 6 800 400	
	07697 CARDIAC REHABILITATION 07698 HYPERBARIC 0XYGEN THERAPY	415	1, 057, 837 636, 241			6, 890, 400 22, 354, 521	
	07700 ALLOGENEIC HSCT ACQUISITION	410	030, 241	//1	22, 334, 321	22, 354, 521	
50	OUTPATIENT SERVICE COST CENTERS	<u> </u>		·10	0	0	1
00	09000 CLINIC	0	0	0 0	0	0	90
	09001 SUBSTANCE ABUSE CLINIC	6, 381	513, 257		-	828, 500	
	09002 PAIN CLINIC	22, 443	335, 051			1, 527, 174	
	09003 ONCOLOGY CLINIC	7, 185	2, 747, 347			51, 380, 518	
00	09100 EMERGENCY	33, 751	11, 212, 059			287, 627, 447	9'
	09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)						92
01	09201 OBSERVATION BEDS (DISTINCT PART)	4, 384	1, 000, 142	950	8, 419, 974	8, 419, 974	92
	OTHER REIMBURSABLE COST CENTERS						
	09500 AMBULANCE SERVICES	715	0			0	
	10200 OPI OI D TREATMENT PROGRAM	0	C	0	0	0	102

	cial Systems	BALL MEMORIAL		CNI, 1E 0000		u of Form CMS-	
COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0089		Period: From 01/01/2022 To 12/31/2022	Date/Time Prepared:	
	Cost Center Description	CAPI TAL RELATED COSTS NEW BLDG & FIXT (SOUARE FEET)	EMPLOYEE BENEFI TS DEPARTMENT (GROSS SALARI ES)	COMMUNI CATI ONS	S DATA PROCESSI NG (GROSS CHARGES)	5/26/2023 11: ADMI TTI NG (GROSS CHARGES)	<u>47 am</u>
		1.00	4.00	5.01	5.02	5.04	
	L PURPOSE COST CENTERS						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1, 631, 375	155, 421, 612	179, 309	2, 411, 468, 366	2, 411, 468, 366	118.00
	MBURSABLE COST CENTERS		20/ 007	7/0		0	100.00
190.0019000	GIFT, FLOWER, COFFEE SHOP & CANTEEN RESEARCH	0 1, 870	306, 807 750, 574				190. 00 191. 00
194.0007950	OTHER NONREIMBURSABLE COST CENTERS	0	C	0	0 0	0	194. 00
194.0107951		0	91, 591				194.0
194.0207952	PAVILLION PHARMACY	2, 540	1, 020, 947	1,037			194. 02 194. 03
194.04 07954		0	0		0 0		194.0
	WELLNESS CENTER	5,073	0	(	0		194. 0
	PHYSICIAN PRACTICE CLINICS PERINATAL CLINIC	23, 812	0				194. 0 194. 0
	RENTAL PROPERTY	73, 969	0		0 0		194. 0
194.0907959		0	C	0	0 0		194. 0
194. 10 07960	INIEGRA LIAC IU HEALTH HOSPICE	11, 771 3, 041	0				194. 1 194. 1
	POB MEDICAL PAVILLION CONDOS	0	0				194.12
194.1307963	PEDI ATRI C THERAPI ES	6, 700	1, 473, 423	0	0 0		194. 13
	NEW CASTLE ONCOLOGY	0	0		0		194.14
	MARKETING/PUBLIC RELATIONS JAY COUNTY HOSPITAL	2, 224 4, 915	715, 731	751	-		194. 1 194. 1
	CARDINAL HEALTH CHOICE	0	C				194.1
	CHV CARDINAL HEALTH VENTURES	0	0	(	0		194.18
	HEALTH CARE CONNECTIONS MEALS ON WHEELS	0	0				194. 1 194. 2
	ST MARY'S SCHOOL	0	0		0 0		194.2
1 1	THERAPIES TO OTHER ENTITIES	0	926, 090		-		194. 2
	CANCER CENTER BOUTIQUE BOSC BALL OUTPATIENT SURGERY	852 24, 732	18, 224 0	1			194. 2 194. 2
	CARDI NAL BEHAVI ORAL HEALTH	24,732	750				194. 2
194. 26 07976	BLACKFORD COMMUNITY HOSPITAL	4, 506	675, 525		1 0	0	194. 2
	MIDWEST HEALTH STRATEGIES	0	0	(	0		194.2
	CARDINAL SELECT RISK RETENTION GRP HOME OFFICE CARDINAL HEALTH INITIATI	0	0				194. 2 194. 2
	CARDINAL HEALTH ALLIANCE	0	C		0 0		194.3
	OTHER NONREIMBURSABLE COST CENTERS	0	0	(	0		194.3
194. 32 07982 194. 33 07983	RENAL DIALYSIS	0	C				194.3 194.3
	H. O. MATERIALS MGMT	0	0				194.3
194.3507985		22, 054	C	0	0 0	0	194. 3
	Cross Foot Adjustments Negative Cost Centers						200.00
202.00	Cost to be allocated (per Wkst. B,	28, 812, 601	25, 037, 959	839, 492	2 19, 460, 039	15, 792, 094	
203.00	Part I) Unit cost multiplier (Wkst. B, Part I)	15. 836024	0. 155129			0. 006549	
	Cost to be allocated (per Wkst. B, Part II)		63, 122	29, 108	3 0	97, 732	204. 00
205.00	Unit cost multiplier (Wkst. B, Part II)		0. 000391	0. 158223	0. 000000	0. 000041	205.0
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

ST A	LLOCATION - STATISTICAL BASIS		Provider CC		eriod: rom 01/01/2022 o 12/31/2022	Worksheet B-1 Date/Time Pre	
						5/26/2023 11:	
	Cost Center Description	CASHI ERI NG/ACCF OUNTS RECEI VABLE (GROSS		OTHER ADMI NI STRATI VE AND GENERAL (ACCUM.	MAI NTENANCE & REPAI RS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		CHARGES)	FA 0/	COST)		7.00	
	GENERAL SERVICE COST CENTERS	5.05	5A. 06	5.06	6.00	7.00	
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
)4	00570 ADMI TTI NG						5
)5	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	2, 411, 468, 366					5
)6	00590 OTHER ADMINISTRATIVE AND GENERAL	0	-41, 450, 277	441, 460, 224			5
00	00600 MAI NTENANCE & REPAI RS 00700 OPERATI ON OF PLANT	0	0	24, 963, 027	847, 471	010 404	6
)0 )0	00800 LAUNDRY & LINEN SERVICE	0	0	9, 067, 052 1, 324, 806	36, 985 0	810, 486	7   8
00	00900 HOUSEKEEPING	0	0	5, 868, 786	12, 307	12, 307	
00	01000 DI ETARY	0	0	3, 355, 429	16, 256	16, 256	10
	01100 CAFETERI A	0	0	1, 460, 642	8, 473		
	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	0	0	16, 137, 716 10, 670, 110	9, 391	9, 391	13
	01500 PHARMACY	0	0	8, 953, 791	20, 672 6, 638	20, 672 6, 638	
	01600 MEDI CAL RECORDS & LI BRARY	0	0	0, 700, 771	0,000	0,000	16
00	01080 PATIENT TRANSPORTATION	0	0	1, 221, 491	718	718	18
	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0	4, 525, 997	0	0	21
	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4, 856, 097	38, 817	38, 817	
00	02300 PARAMED ED PRGM I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0	287, 565	208	208	23
00	03000 ADULTS & PEDI ATRI CS	305, 744, 825	0	70, 636, 207	189, 453	189, 453	30
	03100 I NTENSI VE CARE UNI T	63, 710, 127	0	17, 964, 642	27, 662	27, 662	
	03200 CORONARY CARE UNIT	0	0	0	0	0	
	02060 NEONATAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF	16, 627, 694	0	4, 528, 499	8, 909	8, 909 0	35
00	04000 SUBPROVIDER - TPF	10, 998, 507	0	3, 056, 112	9, 997	9,997	
	04300 NURSERY	3, 191, 346	0	881,003	4, 300	4, 300	
	ANCI LLARY SERVI CE COST CENTERS						
	05000 OPERATING ROOM 05100 RECOVERY ROOM	212, 222, 017	0	18, 011, 336	34, 222	34, 222	
	05200 DELIVERY ROOM & LABOR ROOM	28, 455, 281 25, 779, 651	0	3, 496, 500 4, 701, 177	8, 116 11, 803	8, 116 11, 803	
	05400 RADI OLOGY-DI AGNOSTI C	271, 253, 196	0	20, 551, 425	61, 988	61, 988	
	05700 CT SCAN	55, 266, 914	0	3, 031, 426	1, 744	1, 744	57
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	124, 409, 814 117, 573, 047	0	6, 971, 173 18, 564, 034	13, 951 17, 992	13, 951 17, 992	
	06001 BLOOD LABORATORY	0	0	0, 304, 034	0	0	
	06300 BLOOD STORING, PROCESSING, & TRANS.	8, 127, 724	0	1, 490, 312	0	0	
	06500 RESPI RATORY THERAPY	32, 754, 097	0	8, 127, 366	4, 786	4, 786	
	06501 SLEEP LAB 06600 PHYSI CAL THERAPY	8, 527, 309	0	820, 093 6, 077, 901	15 (22	15 (22)	
	06700 OCCUPATIONAL THERAPY	21, 971, 123 7, 231, 574	0	1, 533, 901	15, 622 2, 404	15, 622 2, 404	
	06800 SPEECH PATHOLOGY	4, 451, 366	0	905, 785	575	575	
	06801 AUDI OLOGY	0	0	0	0	0	
	06900 ELECTROCARDI OLOGY	49,074,644	0	4, 762, 150	16, 343		
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENT	97, 405, 435 133, 830, 989	0	13, 768, 576 11, 780, 050	0	0	
	07300 DRUGS CHARGED TO PATIENTS	420, 989, 398	0	60, 111, 740	0	0	
	07301 HOSPI TAL BASED RETAIL PHARMACIES	8, 700, 391	0	9, 712, 547	888	888	
	07400 RENAL DI ALYSI S	4, 143, 363	0	1, 847, 523	2, 918		
	03160 CARDI OPULMONARY	0	0	0	0	0	
	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY	6, 890, 400 22, 354, 521	0	1, 452, 381 2, 029, 113	0 415	0 415	
	07700 ALLOGENEIC HSCT ACQUISITION	0	0	2, 027, 113	0	0	
	OUTPATIENT SERVICE COST CENTERS						
		0	0	0	0	0	90
	09001 SUBSTANCE ABUSE CLINIC 09002 PAIN CLINIC	828, 500 1, 527, 174	0	831, 078 840, 837	6, 381 22, 443	6, 381 22, 443	
	09002 PATN CETNIC	51, 380, 518	0	4, 931, 584	22, 443 7, 185		
	09100 EMERGENCY	287, 627, 447	0	24, 843, 374	33, 751	33, 751	
00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92
01	09201 OBSERVATION BEDS (DISTINCT PART)	8, 419, 974	0	1, 759, 079	4, 384	4, 384	92
00	OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES	0	0	11, 323	715	715	0
	10200 OPI OI D TREATMENT PROGRAM	0	0	11, 323	0		102
	SPECIAL PURPOSE COST CENTERS						
	11300 INTEREST EXPENSE						1113

Heal th Financi	al Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATIO	DN - STATISTICAL BASIS		Provider CO		Period:	Worksheet B-1	
					From 01/01/2022 To 12/31/2022	Date/Time Pre	pared:
						5/26/2023 11:	
Cc	ost Center Description		Reconciliation	OTHER ADMI NI STRATI VE	MAINTENANCE &	OPERATION OF	
		OUNTS RECEI VABLE		AND GENERAL	E REPAI RS (SQUARE	PLANT (SQUARE	
		(GROSS		(ACCUM.	FEET)	FEET)	
		CHARGES)		COST)	,	,	
		5.05	5A. 06	5.06	6.00	7.00	
	BURSABLE COST CENTERS			000.070			100.00
190.00 19000 GI	IFT, FLOWER, COFFEE SHOP & CANTEEN	0		929, 972 979, 557			190. 00 191. 00
	THER NONREIMBURSABLE COST CENTERS	0		979, 337			194.00
194. 01 07951 BS		0	0	52, 869	-		194.01
	AVILLION PHARMACY	0	0				194.02
194.0307953 VE	ENDI NG	0	0	(		0	194. 03
194.0407954 CA		0	0	(			194.04
194.0507955WE		0	0	81, 458			194.05
	HYSICIAN PRACTICE CLINICS	0	0	377, 087			194.06
194. 07 07957 PE		0	0	1, 973, 489	0 72 040		194.07
194. 08 07 958 RE		0		1, 9/3, 489	73,969		194.08 194.09
194. 10 07960 IN		0	0	186, 406	-	11, 771	
	U HEALTH HOSPI CE	0	0	48, 157			194.11
	OB MEDICAL PAVILLION CONDOS	0	0	(			194.12
194.1307963 PE	EDI ATRI C THERAPI ES	0	0	2, 000, 145	6, 700	6, 700	194. 13
194.1407964 NE	EW CASTLE ONCOLOGY	0	0	(	0 0	0	194.14
	ARKETI NG/PUBLIC RELATIONS	0	0	35, 219	2, 224	2, 224	194. 15
	AY COUNTY HOSPITAL	0	0	1, 354, 370			194. 16
	ARDINAL HEALTH CHOICE	0	0	(	-		194.17
	HV CARDINAL HEALTH VENTURES	0	0	(			194.18
194. 1907969 HE	EALTH CARE CONNECTIONS	0	0				194. 19 194. 20
	T MARY'S SCHOOL	0					194.20
	HERAPIES TO OTHER ENTITIES	0	0	143, 663			194. 22
	ANCER CENTER BOUTIQUE	0	0	101, 520			194.23
	OSC BALL OUTPATIENT SURGERY	0	0	391, 657			194.24
	ARDI NAL BEHAVI ORAL HEALTH	0	0	6, 226	6 0	0	194.25
	LACKFORD COMMUNITY HOSPITAL	0	0	1, 248, 444	4, 506		194.26
	IDWEST HEALTH STRATEGIES	0	0	(			194.27
	ARDINAL SELECT RISK RETENTION GRP	0	0	(	0		194.28
	OME OFFICE CARDINAL HEALTH INITIATI ARDINAL HEALTH ALLIANCE	0	0		0		194.29 194.30
	THER NONREIMBURSABLE COST CENTERS	0					194.30
194. 32 07982 RE		0					194.31
194. 33 07983 LA		0	0	(	0 0		194.33
	. O. MATERIALS MGMT	0	0	(	0 0		194.34
194.3507985 LE		0	0	349, 248	22, 054	22, 054	194.35
200.00 Cr	ross Foot Adjustments						200.00
201.00 Ne	egative Cost Centers						201.00
	ost to be allocated (per Wkst. B,	11, 631, 020		41, 450, 277	27, 306, 905	11, 110, 111	202.00
	art I) nit aget multiplier (Wket D. Dant I)	0.004000		0,00200	22 221/20	10 7070(0	202.00
	nit cost multiplier (Wkst. B, Part I) ost to be allocated (per Wkst. B,	0. 004823		0.093894			
	art II)	0		866, 435	14, 392, 379	1, 232, 347	204.00
	nit cost multiplier (Wkst. B, Part	0. 000000		0, 001963	16. 982739	1. 520751	205 00
							206.00
()	per Wkst. B-2) AHE unit cost multiplier (Wkst. D,						207.00
	arts III and IV)						

	Financial Systems LLOCATION - STATISTICAL BASIS	BALL MEMORIA	L HOSPITAL Provider CC		Period:	u of Form CMS-2 Worksheet B-1	2552-10
					rom 01/01/2022 o 12/31/2022	Date/Time Pre	
	Cost Center Description	(POUNDS OF	HOUSEKEEPI NG (SQUARE FEET - HOUSEKEEPI NG)	DI ETARY (MEALS SERVED)	CAFETERI A (FTE' S)	5/26/2023 11: - NURSI NG ADMI NI STRATI ON	
		LAUNDRY)				(DI RECT NURS. HRS.)	
		8.00	9.00	10.00	11.00	13.00	
$\begin{array}{c} 1.\ 00\\ 4.\ 00\\ 5.\ 01\\ 5.\ 02\\ 5.\ 04\\ 5.\ 05\\ 5.\ 06\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 18.\ 00\\ 21.\ 00\\ \end{array}$	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNICATIONS 00550 DATA PROCESSING 00550 ADMITTING 00580 CASHIERING/ACCOUNTS RECEIVABLE 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01080 PATIENT TRANSPORTATION 02100 I & SERVICES-SALARY & FRINGES APPRVD 02200 I & SERVICES-OTHER PRGM COSTS APPRVD	1, 132, 735 0 0 0 0 0 0 0 75 0 0 0 0 0 118	652, 713 16, 256 8, 473 9, 391 20, 672 6, 638 0 718 0	245, 586 C C C C C C C C C C C C C C C C C C C	149, 055 5, 195 0 6, 066 0 2, 289 6, 403	68, 782 0 0 0 35 0	14.00
	02300 PARAMED ED PRGM	2	38, 663 208			0	22.00
31.00 32.00 35.00 40.00 41.00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF 04300 NURSERY	650, 905 96, 319 0 3, 008 0 22, 913 5, 606	27, 662 0 8, 909 0 9, 997	209, 826 9, 659 715 0 13, 077	9, 181 0 2, 302 0 2, 302	32, 269 7, 805 0 2, 183 0 1, 976 499	31.00 32.00 35.00 40.00
	ANCILLARY SERVICE COST CENTERS			, c		477	43.00
$\begin{array}{c} 51.\ 00\\ 52.\ 00\\ 54.\ 00\\ 57.\ 00\\ 59.\ 00\\ 60.\ 01\\ 63.\ 00\\ 65.\ 01\\ 65.\ 00\\ 65.\ 01\\ 66.\ 00\\ 67.\ 00\\ 68.\ 01\\ 69.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 73.\ 01\\ 74.\ 00\\ 76.\ 00\\ \end{array}$	05000 OPERATING ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC 05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION 06000 LABORATORY 06001 BLOOD LABORATORY 06000 BLOOD STORING, PROCESSING, & TRANS. 06500 RESPIRATORY THERAPY 06501 SLEEP LAB 06600 PHYSICAL THERAPY 06600 SPEECH PATHOLOGY 06801 AUDIOLOGY 06801 AUDIOLOGY 06801 AUDIOLOGY 06900 ELECTROCARDIOLOGY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS 07301 HOSPITAL BASED RETAIL PHARMACIES 07400 RENAL DIALYSIS 03160 CARDIOPULMONARY 02607	86, 677 33, 269 44, 015 28, 443 0 9, 325 251 0 95 0 2, 205 0 0 2, 205 0 0 0 13, 694 0 0 0 13, 694 0 0 0 1, 794 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8, 116 11, 803 60, 805 1, 744 0 13, 951 17, 820 0 4, 786 0 3, 472 2, 404 575 0 16, 343 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2,654 2,298 10,612 1,515 0 2,888 0 4,804 0 0 0 4,633 735 5,676 0 1,180 0 719 0 0 1,879 0 0 0 1,879 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2, 618 2, 455 1, 987 1, 861 0 0 1, 400 0 0 0 0 1 58 0 0 0 0 366 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 51.\ 00\\ 52.\ 00\\ 52.\ 00\\ 54.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 01\\ 63.\ 00\\ 65.\ 01\\ 65.\ 00\\ 65.\ 01\\ 66.\ 00\\ 67.\ 00\\ 68.\ 01\\ 69.\ 00\\ 71.\ 00\\ 71.\ 00\\ 73.\ 00\\ 73.\ 01\\ 74.\ 00\\ 76.\ 00\\ \end{array}$
76. 98	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY	40 0	0	C		62 509	
77.00	07700 ALLOGENEIC HSCT ACQUISITION OUTPATIENT SERVICE COST CENTERS	0	0	C	0	0	77.00
90. 01 90. 02 90. 03 91. 00 92. 00	09000 CLINIC 09000 CLINIC 09001 SUBSTANCE ABUSE CLINIC 09002 PAIN CLINIC 09003 ONCOLOGY CLINIC 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART) 07HER REIMBURSABLE COST CENTERS	0 0 14, 519 104, 286 12, 034	33, 751		) 789 497 2, 960 12, 246	0 87 146 1, 909 9, 186 783	90.03 91.00 92.00
	09500 AMBULANCE SERVICES 10200 OPI 0I D TREATMENT PROGRAM	0		C		0	95.00 102.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117)	1, 129, 593	595, 573	233, 277	144, 396		113. 00 118. 00

Heal th Financial	Systems	BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
	- STATISTICAL BASIS		Provider C		Peri od:	Worksheet B-1	
					From 01/01/2022	Data (Time Dear	
					To 12/31/2022	Date/Time Pre 5/26/2023 11:	
Cos	st Center Description	LAUNDRY &	HOUSEKEEPING	DI ETARY	CAFETERI A	NURSI NG	
	·	LINEN SERVICE	(SQUARE FEET -	(MEALS	(FTE'S)	ADMI NI STRATI ON	
		(POUNDS OF	HOUSEKEEPI NG)	SERVED)			
		LAUNDRY)				(DI RECT NURS.	
		0.00	0.00	10.00	11.00	HRS.)	
NONRELMBL	JRSABLE COST CENTERS	8.00	9.00	10.00	11.00	13.00	
	T, FLOWER, COFFEE SHOP & CANTEEN	0	0		0 760	0	190.00
191.0019100 RES		0	1, 870		0 1, 125		191.00
194.00079500TH	IER NONREIMBURSABLE COST CENTERS	0	0		0 0	0	194.00
194.0107951 BSU		0	0		0 94	0	194.01
	/ILLION PHARMACY	0	2, 540		0 1, 037		194. 02
194.0307953 VEN		0	0		0 0		194.03
194.04 07954 CAR		0	0		0 0		194.04
194.0507955 WEL		3, 142	5, 073		0 0		194. 05 194. 06
194. 07 07957 PER	SICIAN PRACTICE CLINICS	0	9, 209		0 0		194.06
194. 08 07958 REN		0	25, 134				194.07
194. 09 07959 ADV		0	0		0 0	-	194.00
194. 10 07960 I NT		0	0	12, 30			194.10
194.1107961 I U		0	3, 041		0 0		194.11
194.1207962 POB	B MEDICAL PAVILLION CONDOS	0	0		0 0	0	194.12
	DI ATRI C THERAPI ES	0	0		0 0	0	194. 13
194.14 07964 NEW	/ CASTLE ONCOLOGY	0	0		0 0		194. 14
	RKETING/PUBLIC RELATIONS	0	0		0 0		194. 15
	COUNTY HOSPITAL	0	4, 915		0 751		194.16
	RDINAL HEALTH CHOICE	0	0		0 0		194.17
	CARDINAL HEALTH VENTURES	0	0		0 0		194.18
194. 1907989 HEA 194. 20 07970 MEA	ALTH CARE CONNECTIONS	0	0		0 0		194. 19 194. 20
194. 21 07971 ST		0			0 0		194.20
	RAPIES TO OTHER ENTITIES	0	0		0 0		194.22
	ICER CENTER BOUTIQUE	0	852		0 47		194.23
	C BALL OUTPATIENT SURGERY	0	0		0 0		194.24
194.2507975 CAR	DINAL BEHAVIORAL HEALTH	0	0		0 1	1	194. 25
	CKFORD COMMUNITY HOSPITAL	0	4, 506		0 844		194. 26
	WEST HEALTH STRATEGIES	0	0		0 0		194. 27
	DINAL SELECT RISK RETENTION GRP	0	0		0 0		194.28
	E OFFICE CARDINAL HEALTH INITIATI	0	0		0 0		194.29
	RDINAL HEALTH ALLIANCE IER NONREIMBURSABLE COST CENTERS	0	0		0 0		194. 30 194. 31
194. 32 07982 REN		0			0 0	-	194.31
194. 33 07983 LAB		0	0		0 0		194.32
	). MATERIALS MGMT	0	0		0 0	-	194.34
194.3507985 LEA		0	0		0 0		194.35
	oss Foot Adjustments						200.00
201.00 Neg	ative Cost Centers						201.00
202.00 Cos	st to be allocated (per Wkst. B,	1, 449, 197	6, 985, 086	4, 591, 08	2, 077, 625	18, 257, 185	202.00
	rt I)						
	t cost multiplier (Wkst. B, Part I)	1. 279379					
	st to be allocated (per Wkst. B,	2,601	437, 079	577, 46	3 300, 125	376, 424	204.00
	tII) t cost multiplier (Wkst. B, Part	0 000004	0 440424	D 2E124	.8 2.013518	5 A70711	205 00
205.00 Uni		0. 002296	0. 669634	2.35136	2.013518	5. 472711	205.00
	E adjustment amount to be allocated						206.00
	er Wkst. B-2)						
	HE unit cost multiplier (Wkst. D,						207.00
Par	rts III and IV)			I	I	I	I

Health Financial Systems COST ALLOCATION - STATISTICAL BASIS	BALL MEMORIAL	HOSPI TAL Provi der CC		Period:	u of Form CMS-2 Worksheet B-1	2552-10
				From 01/01/2022 To 12/31/2022	Date/Time Pre	pared:
				OTHER GENERAL	5/26/2023 11: INTERNS &	4/ am
Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SERVI CE PATI ENT	RESI DENTS SERVI CES-SALAR	
cost center bescription	SERVICES &	(COSTED	RECORDS &	TRANSPORTATION		
	SUPPLY (COSTED	REQUI S. )	LI BRARY (GROSS	(GROSS	(ASSI GNED TI ME)	
	REQUIS.)		CHARGES)	CHARGES)	TTWC)	
GENERAL SERVICE COST CENTERS	14.00	15.00	16.00	18.00	21.00	
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 01 01160 COMMUNI CATI ONS 5. 02 00550 DATA PROCESSI NG						5.01 5.02
5. 04 00570 ADMI TTI NG						5.02
5. 05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5.05
5. 06 00590 OTHER ADMINI STRATI VE AND GENERAL 6. 00 00600 MAI NTENANCE & REPAI RS						5.06 6.00
7. 00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						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 ADMINISTRATION 14. 00 01400 CENTRAL SERVICES & SUPPLY	32, 507, 250					13.00 14.00
15. 00 01500 PHARMACY	158, 777	68, 884, 966				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	2, 411, 468, 36			16.00
18. 00 01080 PATIENT TRANSPORTATION 21. 00 02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0		2, 411, 468, 366 0 0	5, 180	18.00 21.00
22. 00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	2	271		0 0	5, 100	22.00
23.00 02300 PARAMED ED PRGM	0	0	(	0 0		23.00
I NPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000         ADULTS & PEDI ATRI CS	1, 224, 732	294, 507	305, 744, 82	305, 744, 825	3, 169	30.00
31.00 03100 I NTENSI VE CARE UNI T	498, 275	205, 735	63, 710, 12		608	31.00
32.00 03200 CORONARY CARE UNIT 35.00 02060 NEONATAL INTENSIVE CARE UNIT	0 97, 369	0 13, 435	16, 627, 69 <sup>,</sup>	0 0 4 16, 627, 694	0 73	32.00 35.00
40. 00 04000 SUBPROVI DER – I PF	97, 309	13, 435	10, 027, 09	0 0	0	40.00
41.00 O4100 SUBPROVIDER - IRF	26, 925	3, 050	10, 998, 50		0	41.00
43. 00 04300 NURSERY ANCI LLARY SERVICE COST CENTERS	0	0	3, 191, 34	5 3, 191, 346	0	43.00
50. 00 05000 OPERATI NG ROOM	5, 153, 930	133, 204	212, 222, 01		251	50.00
51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & LABOR ROOM	60, 693 148, 869	70, 277 41, 603			0	51.00 52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 276, 381	346, 158			194	54.00
57.00 05700 CT SCAN	97, 348	232, 257	55, 266, 91		0	57.00
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI) 59. 00 05900 CARDIAC CATHETERIZATION	0 1, 157, 556	0 85, 216		0 4 124, 409, 814	0	58.00 59.00
60. 00 06000 LABORATORY	0	0	117, 573, 04	7 117, 573, 047	0	60.00
60. 01 06001 BLOOD LABORATORY 63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0 74	0	8, 127, 72	0 0 4 8, 127, 724	0	60. 01 63. 00
65. 00 06500 RESPIRATORY THERAPY	503, 749	0	32, 754, 09		145	65.00
65. 01 06501 SLEEP LAB	45, 390	0	8, 527, 30		0	65.01
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY	19, 084 245	311 0	21, 971, 12 7, 231, 57		8 0	66.00 67.00
68. 00 06800 SPEECH PATHOLOGY	0	0 0	4, 451, 36		0	68.00
68. 01 06801 AUDI OLOGY	0	0			0	68.01
69. 00 06900 ELECTROCARDI OLOGY 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	9, 142 11, 874, 820	219, 955 0	49, 074, 64 97, 405, 43		207 0	69.00 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	9, 178, 108	0	133, 830, 98	9 133, 830, 989	0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS 73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES	0 300	51, 927, 479 7, 739, 427	420, 989, 398 8, 700, 39		0	73.00 73.01
74. 00 07400 RENAL DI ALYSI S	7, 546	7,737,427	4, 143, 36		0	74.00
76.00 03160 CARDI OPULMONARY	0	0		0 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON 76. 98 07698 HYPERBARI C OXYGEN THERAPY	529 283, 668	97 50	6, 890, 40 22, 354, 52		0	76. 97 76. 98
77. 00 07700 ALLOGENEIC HSCT ACQUISITION	203,000	0		0 0	0	77.00
						00.00
90. 00  09000  CLI NI C 90. 01  09001  SUBSTANCE_ABUSE_CLI NI C	0 1, 870	0	828, 50	0 828,500	0	90. 00 90. 01
90. 02 09002 PAIN CLINIC	5, 381	550	1, 527, 17	4 1, 527, 174	66	90. 02
90. 03 09003 ONCOLOGY CLINIC	126, 516	85, 094			112 216	
91. 00 09100 EMERGENCY	521, 288	426, 336	287, 627, 44	7 287, 627, 447	316	91.00 92.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	9, 081	9, 256	8, 419, 97	4 8, 419, 974	0	92.01
92. 00         09200         OBSERVATI ON         BEDS         (NON-DI STINCT PART)           92. 01         09201         OBSERVATI ON         BEDS         (DI STINCT PART)           0THER         REI MBURSABLE         COST         CENTERS           95. 00         09500         AMBULANCE         SERVICES	9,081	9, 256		4 8, 419, 974 D 0		92.01 95.00

Health Financial Systems	BALL MEMORIAL	HOSPI TAL		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider C	CN: 15-0089	Period:	Worksheet B-1	
				From 01/01/2022 To 12/31/2022	Date/Time Pre	pared:
					5/26/2023 11:	47 am
				OTHER GENERAL SERVI CE	I NTERNS & RESI DENTS	
Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	PATIENT	SERVI CES-SALAR	
	SERVICES &	(COSTED	RECORDS &	TRANSPORTATI ON		
	SUPPLY	REQUIS.)	LIBRARY	(00000	(ASSI GNED	
	(COSTED REQUIS.)		(GROSS CHARGES)	(GROSS CHARGES)	TIME)	
	14.00	15.00	16.00	18.00	21.00	
SPECIAL PURPOSE COST CENTERS			1			
113.00 11300 I NTEREST EXPENSE	00 107 (10	(4 005 0/5			5 4 4 0	113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	32, 487, 648	61,835,065	2,411,468,36	66 2, 411, 468, 366	5, 149	118.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	438	0		0 0	0	190.00
191. 00 19100 RESEARCH	95	0		0 0	31	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0		0 0		194.00
194. 01 07951 BSU_PHARMACY 194. 02 07952 PAVI LLI ON_PHARMACY	0 15, 869	0 7, 049, 891	)	0 0		194. 01 194. 02
194. 03 07953 VENDI NG	15, 609	7, 049, 691		0 0		194.02
194. 04 07954 CARELI NE	0	0		0 0		194.04
194.0507955 WELLNESS CENTER	45	0		0 0	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0		0 0		194.06
194. 07 07957 PERINATAL CLINIC	0	0		0 0		194. 07 194. 08
194. 08 07958  RENTAL_PROPERTY 194. 09 07959  ADVERTI SI NG	0	0		0 0		194.08
194. 10 07960   NTEGRA LTAC	0	0		0 0		194.10
194. 11 07961 I U HEALTH HOSPI CE	О	0		0 0	0	194. 11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0 0		194. 12
194. 13 07963 PEDI ATRI C THERAPI ES	3, 155	10		0 0		194.13
194. 14 07964 NEW_CASTLE_ONCOLOGY 194. 15 07965 MARKETING/PUBLIC_RELATIONS	0	0		0 0		194. 14 194. 15
194. 16 07966 JAY COUNTY HOSPITAL	0	0		0 0		194.15
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	0	0		0 0		194.19
194.20 07970 MEALS ON WHEELS 194.21 07971 ST MARY'S SCHOOL	0	0		0 0		194. 20 194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0		0 0		194.22
194.23 07973 CANCER CENTER BOUTIQUE	О	0		0 0	0	194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0		0 0		194.24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	0		0 0		194. 25 194. 26
194. 26 07976  BLACKFORD COMMUNI TY HOSPI TAL 194. 27 07977  MI DWEST HEALTH STRATEGI ES	0	0		0 0		194.20
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	0	0		0 0		194.30
194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS 194. 32 07982 RENAL DI ALYSI S	0	0		0 0		194. 31 194. 32
194. 33 07983 LAB CORP	0	0		0 0		194.32
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
201.00Negative Cost Centers202.00Cost to be allocated (per Wkst. B,	12, 842, 650	10, 317, 791		0 1, 418, 039	5, 040, 210	201.00
Part I)	12, 842, 850	10, 317, 791		1,410,039	5, 040, 210	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 395070	0. 149783	0. 00000	0. 000588	973. 013514	203.00
204.00 Cost to be allocated (per Wkst. B,	744, 655	269, 005		0 33, 080	24, 313	204.00
Part II)	0.00007	0 002005	0.0000		4 (0)(0)	205 00
205.00 Unit cost multiplier (Wkst. B, Part	0. 022907	0.003905	0.00000	0. 000014	4. 693629	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206. 00
207.00 NAHE unit cost multiplier (Wkst. D,						207.00
Parts III and IV)						

GENERAL           00         00100           01         01160           01         0100570           04         00570           05         00550           04         00570           05         00580           06         00590           00         00600           00         00700           00         00900           00         01000           00         01000           00         01300           00         01400           00         01300           00         01400           00         01400           00         01300           00         02300           100         02300           00         03200           00         04300           00         04000           00         04000           00         05400           00         05400           00         05400           00         05400           00         06600           00         06500           00         06500	Cost Center Description RAL SERVICE COST CENTERS NEW CAP REL COSTS-BLDG & FIXT EMPLOYEE BENEFITS DEPARTMENT	I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS (ASSI GNED TI ME) 22. 00	PARAMED ED PRGM (100% PHARMACY DRUGS)	From 01/01/2022 To 12/31/2022	Date/Ti me Prepar 5/26/2023 11: 47
GENERAL           00         00100           01         01160           01         0100570           04         00570           05         00550           04         00570           05         00580           06         00590           00         00600           00         00700           00         00900           00         01000           00         01000           00         01300           00         01400           00         01300           00         01400           00         01400           00         01300           00         02300           100         02300           00         03200           00         04300           00         04000           00         04000           00         05400           00         05400           00         05400           00         05400           00         06600           00         06500           00         06500	RAL SERVICE COST CENTERS	RESIDENTS SERVICES-OTHER PRGMCOSTS (ASSIGNED TIME)	PRGM (100% PHARMACY		5/26/2023 11:47
00         00100         N           00         00400         E           01         01160         C           02         00550         C           04         00570         A           05         00580         C           00         00500         N           00         00500         N           00         00600         N           00         00700         C           00         01000         C           00         01000         C           00         01000         C           00         01100         C           00         01300         N           00         01400         C           00         02200         I           00         02300         F           1NPATI         E         O         03000           00         03100         I           00         03200         C           00         05700         C           00         05700         C           00         05700         C           00         05700         C </th <th>NEW CAP REL COSTS-BLDG &amp; FIXT</th> <th>22.00</th> <th>DRUGS)</th> <th></th> <th></th>	NEW CAP REL COSTS-BLDG & FIXT	22.00	DRUGS)		
00         00100         N           00         00400         E           01         01160         C           02         00550         C           04         00570         A           05         00580         C           00         00590         C           00         00590         C           00         00500         N           00         00000         F           00         01100         C           00         01300         N           00         01400         C           00         01300         N           00         01300         N           00         01400         C           00         02300         F           1         00         03100         I           00         03100         I         O           00         03200         C         O           00         05100         F         O           00         05700         C         O           00         05700         C         O           00         05700         C </th <th>NEW CAP REL COSTS-BLDG &amp; FIXT</th> <th></th> <th>23.00</th> <th></th> <th></th>	NEW CAP REL COSTS-BLDG & FIXT		23.00		
00         00400         E           01         01160         C           02         00550         C           05         00580         C           06         00590         C           00         00500         C           00         00500         C           00         00500         C           00         00000         C           00         01000         C           00         01000         C           00         01400         C           00         01400         C           00         01400         C           00         02100         I           00         02100         I           00         02000         C           00         02000         C           00         02000         C           00         03200         C           00         03200         C           00         05100         F           00         05200         C           00         05200         C           00         05400         C <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
01         01160         0           02         00550         0           04         00570         0           05         00580         0           06         00590         0           00         00600         N           00         00600         N           00         00700         C           00         00900         F           00         01000         C           00         01300         N           00         01400         C           00         01300         N           00         02200         I           00         023000         A           00         03200         C           00         04300         N           ANCI LL         C         C           00         05400         C           00         05700         C	D EMPLOYEE BENEFITS DEPARTMENT				
02         00550         C           04         00570         A           05         00580         C           06         00590         C           00         00600         N           00         00700         C           00         00700         C           00         00700         C           00         01000         C           00         01300         N           00         01400         C           00         01400         C           00         02200         I           00         02300         F           100         02200         I           00         03100         I           00         03100         N           00         03100         R           00         03100         N           00         03100         R           00         03100         R           00         04300         N           ANCILL/         O         O           00         05100         R           00         05700         C					
04         00570         A           05         00580         C           06         00590         C           00         00600         N           00         00700         C           00         00700         C           00         00700         C           00         00700         C           00         01000         C           00         01400         C           00         01400         C           00         01400         C           00         02100         I           00         02300         F           100         02300         A           00         03000         A           00         03000         A           00         04300         N           00         04400         S           00         04300         N           00         05400         F           00         05400         F           00         05400         F           00         05400         F           00         05500         C           <	D COMMUNI CATI ONS D DATA PROCESSI NG				
005         00580         0           00         00590         0           00         00600         0           00         00800         0           00         00800         0           00         01000         0           00         01100         0           00         01300         N           00         01500         F           00         01600         N           00         01300         N           00         01400         C           00         01400         N           00         02300         F           100         02300         N           00         03000         A           00         03000         A           00         04300         N           ANCILLIZ         O         05000           00         05200         C           00         05300         C	D ADMI TTI NG				
00         00590         0           00         00600         N           00         00700         0           00         00900         F           00         01100         0           00         01300         N           00         01400         C           00         01300         N           00         01400         C           00         01300         N           00         01400         C           00         01300         N           00         02300         F           100         03000         N           00         03100         I           00         03200         C           00         03000         N           00         03000         N           00         03000         N           00         04300         N           00         05000         N           00         05000         N           00         05700         N           00         05700         N           00         05700         N           <	CASHI ERI NG/ACCOUNTS RECEI VABLE				
00         00700         0           00         00800         L           00         01000         C           00         01100         C           00         01300         N           00         01400         C           00         01300         N           00         01400         C           00         01400         N           00         01300         N           00         02100         I           00         02300         P           100         03200         O           00         03100         N           00         03200         O           00         04000         S           00         05100         O           00         05100         O           00         05700         O           00         05900         O           00         05700         O           <	O OTHER ADMINISTRATIVE AND GENERAL				
00         00800         L           00         00900         F           00         01000         C           00         01300         K           00         01300         K           00         01400         C           00         01400         C           00         01400         K           00         01400         K           00         01400         K           00         01400         K           00         02100         I           00         02200         I           00         02300         F           00         03000         A           00         03000         K           00         03000         K           00         03000         K           00         04000         S           00         04000         S           00         05100         K           00         05400         K           00         05400         K           00         05400         K           00         05500         K <t< td=""><td>MAINTENANCE &amp; REPAIRS</td><td></td><td></td><td></td><td></td></t<>	MAINTENANCE & REPAIRS				
D0         00900         F           00         01000         C           00         01300         C           00         01400         C           00         02100         I           00         02300         F           100         03000         A           00         04000         S           00         04100         S           00         05100         F           00         05400         F           00         05500         C           00         05500         F           00         06500         F           <	OPERATION OF PLANT				
.00         01000         C           .00         01100         C           .00         01300         N           .00         01400         C           .00         01600         N           .00         01600         N           .00         01200         I           .00         02200         I           .00         02300         I           .00         03100         I           .00         03200         I           .00         03200         I           .00         03200         I           .00         03200         I           .00         04100         S           .00         04300         N           .00         05400         R           .00         05700         C           .00         05800         N           .00         05700         C           .00         05700         C           .00         05800         N           .00         05700         C           .00         06600         I           .00         06500         I	D LAUNDRY & LINEN SERVICE				8
00         01100         0           00         01300         N           00         01500         F           00         01600         N           00         01600         N           00         01200         I           00         02200         I           00         02200         I           00         02300         F           100         03000         I           00         03100         I           00         03200         C           00         03100         I           00         03100         I           00         03200         C           00         04300         S           00         04000         S           00         05100         F           00         05200         C           00         05400         F           00         05400         F           00         05500         C           00         05500         C           00         06500         F           00         06500         F           <	D HOUSEKEEPI NG				(
00         01300         N           00         01400         C           00         01500         N           00         01600         N           00         01080         P           00         02100         I           00         02200         I           00         02300         P           100         03000         I           00         03000         I           00         03200         C           00         03200         C           00         03200         C           00         04000         S           00         04000         S           00         05500         C           00         05700         C           <					1(
00         01400         0           00         01500         F           00         02100         F           00         02100         F           00         02200         F           00         02300         F           00         03000         A           00         03200         F           00         04300         N           ANCILL         F         F           00         05100         F           00         05200         F           00         05700         F           00         05700         F           00         05700         F           00         05700         F           00         06500         F           00         06500         F           00         06500         F <t< td=""><td>D NURSING ADMINISTRATION</td><td></td><td></td><td></td><td>1:</td></t<>	D NURSING ADMINISTRATION				1:
.00         01500         F           .00         01600         M           .00         02100         I           .00         02200         I           .00         02300         F           .00         03000         A           .00         04000         S           .00         04100         S           .00         04400         S           .00         04300         A           .00         05000         C           .00         05100         F           .00         05400         F           .00         06600         F           .00         06500         F           .00         06600         F	D CENTRAL SERVICES & SUPPLY				14
.00         01080         F           .00         02100         I           .00         02200         I           .00         02200         I           .00         02300         F           .00         03100         I           .00         03200         C           .00         03100         I           .00         03200         C           .00         03200         C           .00         04000         S           .00         04300         N           .00         05000         C           .00         05400         R           .00         05700         C           .00         05800         N           .00         05800         C           .00         05800         C           .00         06500         C           .00         06500         F           .00         06500         F           .00         06600         F           .00         06600         F           .00         06600         F           .00         07100         K	O PHARMACY				1
.00         02100         I           .00         02200         I           .00         03000         A           .00         03100         I           .00         03200         C           .00         03100         I           .00         03200         C           .00         03200         C           .00         03200         C           .00         04000         S           .00         04100         S           .00         04100         S           .00         04300         N           .00         05000         C           .00         05500         C           .00         05700         C           .00         05700         C           .00         05800         K           .00         06500         F           .00         06500         F           .00         06500         F           .00         06600         F           .00         06600         F           .00         06600         F           .00         07100         K	D MEDICAL RECORDS & LIBRARY				10
00         02200         I           00         02300         F           INPATI         6           00         03000         I           00         03100         I           00         03200         C           00         03200         I           00         03200         C           00         04300         S           00         04000         S           00         04100         S           00         04300         C           00         05000         C           00         05100         F           00         05200         C           00         05400         F           00         05700         C           00         05700         C           00         05700         C           00         06500         F           00         06500         F           00         06600         F           00         06600         F           00         06600         F           00         07300         F           00         <	PATIENT TRANSPORTATION				18
00         02300         F           INPATI         I           00         03000         A           00         03200         C           00         04000         S           00         04000         S           00         04300         N           ANCILL         A         C           00         05100         F           00         05400         C           00         05400         F           00         05700         C           00         05900         C           00         05900         C           00         06600         F           00         06600         F           00         06600         F           00         06600         F           00         06700         C           00         07300         F           00         07300         F           00         <	DI&R SERVICES-SALARY & FRINGES APPRVD				2
INPATI E           00         03000 A           00         03100 I           00         03200 C           00         03200 C           00         03200 C           00         02060 N           00         04000 S           00         04400 S           00         04400 S           00         04400 S           00         04300 N           ANCILLA         0           00         05000 C           00         05100 F           00         05400 F           00         05400 F           00         05400 F           00         05900 C           00         05900 C           00         06600 F           00         06501 S           00         06600 F           00         06700 C           00         06700 C           00         06700 C           00         07300 E           00         07300 E           00         07400 F           00         07400 F           00         07400 F           00         07407 F	DI&R SERVICES-OTHER PRGM COSTS APPRVD	5, 180	100		22
00         03000         A           00         03100         I           00         03200         C           00         02060         N           00         04000         S           00         04100         S           00         04300         N           ANCILLA         O         05000           00         05100         F           00         05200         C           00         05400         F           00         05700         C           00         05900         C           00         06600         E           00         06600         F           00         06600         E           00         07300         F           00         07300         F           00         07400         F           00         07400         F	O PARAMED ED PRGM		100		23
00         03100         I           00         03200         C           00         02060         N           00         04000         S           00         04100         S           00         04300         N           ANCILL/         00         05000         C           00         05000         C         0           00         05000         C         0           00         05000         C         0           00         05700         C         0           00         06500         F         0           00         06500         F         0           00         06600         F         0           00         06400         F         0           00         06400         F         0           00         07100	TI ENT ROUTI NE SERVI CE COST CENTERS	3, 169	0	 	30
00         0.3200         0           00         0.2060         N           00         0.4100         S           00         0.4300         N           00         0.4300         N           00         0.5000         C           00         0.5000         C           00         0.5100         F           00         0.5200         C           00         0.5400         F           00         0.5700         C           00         0.6300         E           00         0.6600         F           00         0.6600         F           00         0.6600         F           00         0.7100         K           00         0.7200         I           00         0.7300         C           01         0.7300         F	DINTENSIVE CARE UNIT	608	0		3
00         02060         N           00         04000         S           00         04300         N           00         04300         N           00         04300         N           00         05000         C           00         05100         F           00         05200         C           00         05400         F           00         05700         C           00         05700         C           00         05700         C           00         05700         C           00         05900         C           00         06500         F           00         06600         F           00         07100         N           00         07200         I           00         07300         F           00         07400         F           00         07697         C <t< td=""><td>CORONARY CARE UNIT</td><td>0</td><td>0</td><td></td><td>32</td></t<>	CORONARY CARE UNIT	0	0		32
.00         04100         S           .00         04300         N           ANCILLA         ANCILLA           .00         05000         N           .00         05100         F           .00         05200         C           .00         05200         C           .00         05200         C           .00         05400         F           .00         05900         C           .00         05900         C           .00         05900         C           .00         06000         E           .00         06400         F           .00         06500         F           .00         06600         F           .00         06700         C           .00         07300         F           .00         07300         F           .00         07400         F           .00         07697         C <tr< td=""><td>D NEONATAL INTENSIVE CARE UNIT</td><td>73</td><td>0</td><td></td><td>3!</td></tr<>	D NEONATAL INTENSIVE CARE UNIT	73	0		3!
O0         O4300         N           ANCI LL         ANCI LL         ANCI LL           00         05000         C           00         05100         C           00         05200         C           00         05400         L           01         06000         L           00         06300         C           00         06500         C           00         06600         C           00         06600         C           00         06600         C           00         06600         C           00         06700         C           00         07100         C           00         07200         I           00         07400         C           01         07400         C           02         07400         C <t< td=""><td>SUBPROVIDER - IPF</td><td>0</td><td>0</td><td></td><td>40</td></t<>	SUBPROVIDER - IPF	0	0		40
ANCI LLA           00         05000 C           00         05100 F           00         05200 C           00         05400 F           00         05700 C           00         06000 L           01         06001 E           00         06500 F           00         06500 F           00         06500 F           00         06600 F           00         06600 F           00         06600 F           00         06600 F           00         06700 C           00         07100 M           00         07100 M           00         07300 L           01         07301 F           00         07400 F           00         07697 C           98         07698 F           00         07700 A           00         0770 A	SUBPROVIDER – IRF	0	0		41
00         05000         C           00         05100         F           00         05200         C           00         05400         F           00         05700         C           00         05700         C           00         05700         C           00         05700         C           00         05800         N           00         05900         C           00         06000         E           00         06500         F           00         06500         F           00         06500         F           00         06500         F           00         06600         F           00         06600         F           00         06700         C           00         07100         N           00         07200         I           00         07300         C           00         07400         F           00         07400         F           00         07400         C           00         07698         F <t< td=""><td></td><td>0</td><td>0</td><td></td><td> 43</td></t<>		0	0		43
00         05100         F           00         05200         C           00         05400         F           00         05800         K           00         05900         C           00         05900         C           00         05900         C           00         06000         L           01         06001         E           00         06500         F           01         06500         F           00         06600         F           00         06700         C           00         07200         I           00         07200         I           00         07300         F           00         07400         F           00         07400         F           00         07697         F           98         07698         F           00         07700         F <t< td=""><td>LARY SERVICE COST CENTERS</td><td>251</td><td>0</td><td></td><td>50</td></t<>	LARY SERVICE COST CENTERS	251	0		50
.00         05200         C           .00         05400         R           .00         05700         C           .00         05900         C           .00         05900         C           .00         05900         C           .00         06000         L           .01         06001         E           .00         06500         R           .00         06600         F           .00         06700         C           .00         06700         F           .00         07100         N           .00         07200         I           .00         07300         F           .00         07400         R           .00         07697         C           .98         07698         F           .00         07700         A	D RECOVERY ROOM	0	0		5
00         05700         0           00         05800         N           00         05900         0           01         06000         L           00         06300         B           00         06500         F           00         06500         F           00         06500         F           00         06500         F           00         06600         F           00         06600         F           00         06700         C           00         06900         F           00         06900         F           00         06700         F           00         07100         N           00         07200         I           00         07300         C           01         07301         F           00         07400         F           01         07400         F           02         07490         F           98         07698         F           00         07700         F	D DELIVERY ROOM & LABOR ROOM	0	o		52
00         05800         N           00         05900         C           00         06000         L           01         06001         E           00         06300         F           00         06500         F           00         06500         F           00         06500         F           00         06600         F           00         06600         F           00         06600         F           00         06801         A           00         07100         N           00         07100         N           00         07300         C           01         07301         F           00         07400         N           00         03160         C           97         07697         C           98         07700         A           00         07700         A	D RADI OLOGY-DI AGNOSTI C	194	0		54
00         05900         0           00         06000         L           01         06001         L           00         06300         F           00         06500         F           00         06500         F           00         06500         F           00         06600         F           00         06600         F           00         06600         F           00         06700         C           00         06800         F           00         07100         M           00         07300         C           01         07301         F           00         07400         F           00         07400         F           00         03160         C           98         07698         F           00         07700         F           00         07700         F	D CT SCAN	0	0		5
00         06000         L           01         06001         E           00         06500         F           01         06500         F           00         06600         F           00         06600         F           00         06600         F           00         06600         F           00         06801         A           00         06900         F           00         07200         I           00         07300         F           00         07400         F           00         07698         F           00         07700         A           98         07698         F           00         07700         A	D MAGNETIC RESONANCE I MAGING (MRI) D CARDIAC CATHETERIZATION	0	O O		58
01         06001         E           00         06300         E           01         06500         F           00         06600         F           00         06900         E           00         07100         F           00         07200         I           00         07300         F           00         07300         F           00         07400         F           00         07698         F           00         07700         F           98         07698         F           00         07700         F           00         07700         F		0	0		59
00         06300         F           00         06500         F           01         06600         F           00         06800         F           00         06900         F           00         07100         F           00         07300         F           00         07300         F           00         07300         F           00         07400         F           00         07700         F           00         07700         F           00         07700         F           00         07700         F	1 BLOOD LABORATORY	0	0		60
01         06501         S           00         06600         F           00         06800         S           01         06801         A           00         06900         E           00         06900         E           00         07100         M           00         07200         I           00         07300         C           01         07301         F           00         07400         F           00         07400         C           01         07400         C           02         07400         C           03         06769         C           98         07698         F           00         07700         A           00         07700         A	BLOOD STORING, PROCESSING, & TRANS.	0	0		63
00         06600         F           00         06700         C           00         06800         S           01         06801         A           00         06900         E           00         07100         N           00         07200         I           00         07300         C           01         07301         F           00         07400         R           00         03160         C           97         07698         F           00         07700         A           00         07700         A	RESPI RATORY THERAPY	145	0		65
00         06700         0           00         06800         8           01         06801         8           00         07100         8           00         07100         8           00         07200         1           00         07300         1           00         07301         1           00         07400         6           01         07301         1           00         07400         6           01         07301         1           02         07400         6           03160         0         1           03         07698         1           04         07700         4           04         07700         4	1 SLEEP LAB	0	0		6
00         06800         S           01         06801         A           00         06900         B           00         07100         N           00         07200         I           00         07300         E           01         07301         F           00         07400         R           00         07400         F           00         03160         C           98         07698         F           00         07700         A           00         07700         A	D PHYSI CAL THERAPY	8	0		60
01         06801         A           00         06900         E           00         07100         M           00         07200         I           00         07300         C           01         07301         F           00         07400         F           00         07400         F           00         03160         C           97         07697         C           98         07698         F           00         07700         A           00         07700         A		0	0		6
00         06900         E           00         07100         M           00         07200         I           00         07300         E           01         07301         F           00         07400         R           00         03160         C           97         07697         C           98         07698         F           00         07700         A           00         07707         A	AUDI OLOGY	0	0		68
00         07100         N           00         07200         I           00         07300         C           01         07301         F           00         07400         R           00         03160         C           97         07697         C           98         07700         A           00         07700         A           00         07700         A	DELECTROCARDI OLOGY	207	0		64
00         07300         C           01         07301         F           00         07400         F           00         03160         C           97         07697         C           98         07698         F           00         07700         A           0UTPATI         0UTPATI         C	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	Ő		7
01 07301 H 00 07400 F 00 03160 0 97 07697 0 98 07698 H 00 07700 A 0UTPATI	DIMPL. DEV. CHARGED TO PATIENT	0	0		72
00 07400 F 00 03160 0 97 07697 0 98 07698 F 00 07700 A 0UTPATI	D DRUGS CHARGED TO PATIENTS	0	100		7:
00 03160 0 97 07697 0 98 07698 H 00 07700 A 0UTPATI	1 HOSPITAL BASED RETAIL PHARMACIES	0	0		7:
97 07697 0 98 07698 H 00 07700 A 0UTPATI	D RENAL DI ALYSI S	0	0		74
98 07698 H 00 07700 A 0UTPATI	D CARDI OPULMONARY 7 CARDI AC REHABI LI TATI ON	0	0		70
00 07700 A 0UTPATI	B HYPERBARI C OXYGEN THERAPY	0	0		70
OUTPATI	D ALLOGENEI C HSCT ACQUI SI TI ON	0	0		7
	ATIENT SERVICE COST CENTERS			 	
00 09000 0		0	0	 	90
1 1		0	0		90
1 1	1 SUBSTANCE ABUSE CLINIC		0		90
1 1	1 SUBSTANCE ABUSE CLINIC 2 PAIN CLINIC	66			90
	1 SUBSTANCE ABUSE CLINIC 2 PAIN CLINIC 3 ONCOLOGY CLINIC	112	0		
	1 SUBSTANCE ABUSE CLINIC 2 PAIN CLINIC 3 ONCOLOGY CLINIC D EMERGENCY		0 0		9.
	1 SUBSTANCE ABUSE CLINIC 2 PAIN CLINIC 3 ONCOLOGY CLINIC D EMERGENCY D OBSERVATION BEDS (NON-DISTINCT PART)	112 316			92
00 09500 A	1 SUBSTANCE ABUSE CLINIC 2 PAIN CLINIC 3 ONCOLOGY CLINIC D EMERGENCY	112	0 0 0		

Health Financial Systems	BALL MEMORIA	Ι ΗΩSPI ΤΔΙ	In Lieu of Form CMS	\$_2552_10
COST ALLOCATION - STATISTICAL BASIS	DALE MEMORIA	Provi der CCN: 15-0089	Period: Worksheet B-	
			From 01/01/2022 To 12/31/2022 Date/Time Pr	conorod.
			To 12/31/2022 Date/Time Pr 5/26/2023 1	
	INTERNS &			
Cost Conton Description	RESI DENTS			
Cost Center Description	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM		
	(ASSI GNED	(100%		
	TIME)	PHARMACY		
	00.00	DRUGS)		
SPECIAL PURPOSE COST CENTERS	22.00	23.00		
113. 00 11300 I NTEREST EXPENSE				113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	5, 149	100		118.00
NONREI MBURSABLE COST CENTERS				-
190. 00 19000 GLFT, FLOWER, COFFEE SHOP & CANTEEN 191. 00 19100 RESEARCH	0 31	0		190.00 191.00
194.00/07950 OTHER NONREIMBURSABLE COST CENTERS	0	0		191.00
194. 01 07951 BSU PHARMACY	0	ŏ		194.01
194.0207952 PAVILLION PHARMACY	0	0		194.02
194. 03 07953 VENDI NG	0	0		194.03
194. 04 07954  CARELI NE 194. 05 07955  WELLNESS_CENTER	0	0		194.04 194.05
194. 06 07956 PHYSI CLAN PRACTICE CLINICS	0	0		194.05
194. 07 07957 PERINATAL CLINIC	0	ŏ		194.07
194.0807958 RENTAL PROPERTY	0	0		194.08
194. 09 07959 ADVERTI SI NG	0	0		194.09
194. 10 07960 INTEGRA_LTAC 194. 11 07961 IU_HEALTH_HOSPICE	0	0		194. 10 194. 11
194. 12 07962 POB MEDICAL PAVILLION CONDOS	0	0		194.11
194. 13 07963 PEDI ATRI C THERAPI ES	0	ő		194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0		194.14
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 194. 18 07968 CHV CARDI NAL HEALTH VENTURES	0	0		194. 17 194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	ő		194.10
194.2007970 MEALS ON WHEELS	0	0		194. 20
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 194. 24 07974 BOSC BALL OUTPATLENT SURGERY	0	0		194. 23 194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	o		194.25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0		194.26
194. 27 07977 MIDWEST HEALTH STRATEGIES	0	0		194.27
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		194. 28 194. 29
194.29 07979 HOME_OFFICE_CARDINAL_HEALTH_INITIATI 194.30 07980 CARDINAL_HEALTH_ALLIANCE	0	0		194.29
194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS	0	ŏ		194.31
194. 32 07982 RENAL DI ALYSI S	0	0		194.32
194. 33 07983 LAB CORP	0	0		194.33
194. 34 07984 H. O. MATERIALS MGMT 194. 35 07985 LEASED SPACE	0	0		194. 34 194. 35
200.00 Cross Foot Adjustments	0	0		200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B,	7, 519, 726	329, 470		202.00
Part I)	1 451 (0455)	2 204 700000		002.00
203.00Unit cost multiplier (Wkst. B, Part I)204.00Cost to be allocated (per Wkst. B,	1,451.684556	3, 294. 700000 8, 419		203.00 204.00
Part II)	1, 370, 249	0, 417		204.00
205.00 Unit cost multiplier (Wkst. B, Part	264. 526834	84. 190000		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)		0		206.00
207.00 NAHE unit cost multiplier (Wkst. D,		0. 000000		207.00
Parts III and IV)				

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0089	Period:	Worksheet C	
				From 01/01/2022 To 12/31/2022	Part I Date/Time Pre	pared:
					5/26/2023 11:	47 am
		Title	XVIII	Hospi tal	PPS	
Cost Costor Description	Tatal Cast	The amount 1 i mit 4	Tatal Casta	Costs	Tatal Casta	
Cost Center Description	Total Cost (from Wkst. B,	Therapy Limit Adj.	Total Costs	RCE Di sal I owance	Total Costs	
	Part I, col.	Adj .		Di Sal i Owaliee		
	26)					
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS	1					
30. 00 03000 ADULTS & PEDI ATRI CS	102, 566, 177		102, 566, 17			
31. 00 03100 I NTENSI VE CARE UNI T	23, 986, 572		23, 986, 57			
32. 00 03200 CORONARY CARE UNIT 35. 00 02060 NEONATAL INTENSIVE CARE UNIT	6, 137, 230		6, 137, 23		0 6, 137, 230	32.00 35.00
40. 00  04000  SUBPROVIDER - IPF	0, 137, 230		0, 137, 23		0, 137, 230	40.00
41. 00 04100 SUBPROVIDER - IRF	4, 757, 135		4, 757, 13	° °	4, 757, 135	
43. 00 04300 NURSERY	1, 356, 517		1, 356, 51		1, 356, 517	43.00
ANCI LLARY SERVI CE COST CENTERS			, , .		, , .	
50. 00 05000 OPERATI NG ROOM	24, 760, 471		24, 760, 47	1 0	24, 760, 471	50.00
51.00 05100 RECOVERY ROOM	5, 066, 856		5, 066, 85		5, 066, 856	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6, 506, 973		6, 506, 97		6, 506, 973	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	27, 372, 763		27, 372, 76		27, 372, 763	
57.00 05700 CT SCAN	3, 541, 686		3, 541, 68		3, 541, 686	
58. 00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0 202 014			0	0 202 014	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	9, 382, 814 21, 460, 569		9, 382, 81 21, 460, 56		9, 382, 814 21, 460, 569	59.00 60.00
60. 01 06001 BLOOD LABORATORY	21, 400, 509			0 0	21, 400, 509	60.00
63. 00 06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	1, 635, 051		1, 635, 05		1, 635, 051	63.00
65. 00 06500 RESPIRATORY THERAPY	9, 444, 754	0		-	9, 444, 754	65.00
65. 01 06501 SLEEP LAB	930, 286	0	930, 28		930, 286	65.01
66. 00 06600 PHYSI CAL THERAPY	7, 521, 085	0	7, 521, 08		7, 521, 085	66.00
67.00 06700 OCCUPATI ONAL THERAPY	1, 834, 864	0	1, 834, 86		1, 834, 864	67.00
68.00 06800 SPEECH PATHOLOGY	1, 036, 034	0	1, 036, 03		1, 036, 034	68.00
68. 01 06801 AUDI OLOGY	0	0		0 0	0	68.01
69. 00 06900 ELECTROCARDI OLOGY	6, 341, 085		6, 341, 08		6, 341, 085	
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	19, 810, 030		19, 810, 03		19, 810, 030	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT 73.00 07300 DRUGS CHARGED TO PATIENTS	16, 590, 814 74, 110, 826		16, 590, 81 74, 110, 82		16, 590, 814 74, 110, 826	
73. 01 07301 HOSPI TAL BASED RETAIL PHARMACLES	11, 853, 031		11, 853, 03		11, 853, 031	
74. 00 07400 RENAL DIALYSIS	2, 194, 075		2, 194, 07	-	2, 194, 075	
76. 00 03160 CARDI OPULMONARY	0			0 0	2,1,1,0,0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	1, 631, 893		1, 631, 89	3 0	1, 631, 893	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	2, 509, 770		2, 509, 77	o o	2, 509, 770	76. 98
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0			0 0	0	77.00
OUTPATIENT SERVICE COST CENTERS	-			-	-	
90. 00 09000 CLINIC	0			0 0	0	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC 90. 02 09002 PAIN CLINIC	1, 305, 792		1, 305, 79		1, 305, 792	90.01
90. 02  09002  PATN CETNIC 90. 03  09003  ONCOLOGY CLINIC	2, 239, 549 6, 461, 015		2, 239, 54 6, 461, 01		2, 239, 549 6, 461, 015	
91. 00 09100 EMERGENCY	32, 268, 711		32, 268, 71			
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	12, 058, 281		12, 058, 28		12, 058, 281	92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	2, 418, 917		2, 418, 91		2, 418, 917	92.01
OTHER REI MBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES	52, 877		52, 87	7 0	52, 877	95.00
102.00 10200 OPI OI D TREATMENT PROGRAM	0			c	0	102.00
SPECIAL PURPOSE COST CENTERS	1		[			
113.00 11300 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	451, 144, 503	0				
201.00Less Observation Beds202.00Total (see instructions)	12, 058, 281 439, 086, 222	0	12, 058, 28 439, 086, 22		12, 058, 281 439, 921, 960	
	+37,000,222	0	+37,000,22	2 030, 730	437,721,700	1202. UU

COMPUTATION OF BATLO OF COSTS TO CHARGES         Provider CCR: 15-089         Period To 10/12/202         Unchasheet C Period 10/12/202         Unchasheet C Period 10/12/202           Cost Contor Description         Inpatient 0.000         Charges: Cost or Other + col. 7)         Object 0         0         9.00         9.00         9.00           0.00         0.000         7.00         8.000         9.00         9.00         10.00           0.00         0.000         0.000         9.00         9.00         9.00         10.00           0.00         0.000         0.000         9.00         9.00         10.00         10.00           0.00         0.000         0.000         9.00         9.00         10.00         10.00           0.00         0.000         0.00         9.00         10.00	Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
Total         Total         Dutor Time         Prepared: Prepared:         Prepared: Prepared:         Prepared: Prepared:         Prepared: Prepared:         Prepared:			Provider C				
Cost Center Description         Title AVIII         Hospital         PS           0.00000 ARULTS & Florid (Cost of the Ratio         0.0000 (Soct or Other Ratio         0.000 (Soct or Other Ratio         0.000 (Soct or Other Ratio           0.000 (Soct of the Ratio         0.000 (Soct or Other Ratio         0.000 (Soct or Other Ratio         0.000 (Soct or Other Ratio           0.000 (Soct of Ratio         0.000 (Soct or Other Ratio         0.000 (Soct or Other Ratio         0.000 (Soct or Other Ratio           0.000 (Soct or Other Ratio         0.000 (Soct or Other Ratio         0.000 (Soct or Other Ratio         0.000 (Soct or Other Ratio           0.000 (Soct or Other Ratio         0.000 (Soct or Other Ratio         0.000 (Soct or Other Ratio         0.000 (Soct or Other Ratio           0.00 (Soct or Other Ratio         0.000 (Soct or Other Ratio         0.000 (Soct or Other Ratio         0.000 (Soct or Other Ratio         0.0000 (Soct or Other Ratio         0.000 (Soct or Other Ratio         0.00000  (Soct or Other Ratio         0.00000 (Soct or Other Ratio         0.000000 (Soct or Other Ratio         0.000000 (Soct or Other Ratio         0.000000 (Soct or Other Ratio							nared
Cost Center Description         Durpatient Inpatient         Outpatient Outpatient         Total (col)         Cost or Other Ratio         TFFRA Inpatient           NAPATENT BUTTNE SERVICE COST CENTERS         0.00         30.00 <td></td> <td></td> <td></td> <td></td> <td>10 12/31/2022</td> <td></td> <td></td>					10 12/31/2022		
Cost Center Description         Inpatient (3000)         Inpatient (3000)         Inpatient (3000)         Cost or Other (3000)         Cost or Other (3000)         TEFEA (3000)         Outpatient (3000)         TEFEA (3000)         Outpatient (3000)         Outpatient (30000)         Outpatient (30000)				e XVIII	Hospi tal	PPS	
INPATLENT ROUTINE SERVICE COST CENTERS         6.00         7.00         8.00         9.00         10.00           30.00         GXX00, ADULTS & PEDLATRICS         248, 015, 740         6.3, 710, 120         30.00         53.00         9.00         10.00         30.00           30.00         GXX00, ADULTS & PEDLATRICS         248, 015, 740         6.3, 710, 120         33.00         30.00         33.00           30.00         GXX00, NEDMALL, INTENSIVE CARE UNIT         10.6, 27, 694         16, 227, 694         33.00         33.00           31.00         GXX00, NEDMALL, INTENSIVE CARE UNIT         10.6, 27, 694         16, 227, 694         40.00         40.00           41.00         OH100, SUBPROVIDER - IPF         0.10, 998, 507         10, 998, 507         0.1166/2         0.000000         50.00           51.00         DIGIOD, PEEXILINE NEOM         101, 399, 961         103, 852, 673         0.178664         0.000000         51.00           51.00         DIGIOD, PEEXILINE NEOMAL LIARIN INFERNICE COST CENTERS         0.000000         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52							
Impart ENT ROUTINE SERVICE COST CENTERS         0.00         7.00         8.00         9.00         10.00           30.00         03300 AUULIS & PEDIALRICS         248,015,740         248,015,740         31.00         33.00           31.00         03300 AUULIS & PEDIALRICS         248,015,740         248,015,740         33.00         33.00           32.00         03300 CROMARY CARE UNIT         63.70,127         63.700,127         63.700,127         63.700,127         64.700,127	Cost Center Description	Inpatient	Outpatient				
INPART ENT ROUTINE SERVICE COST CENTERS         6.00         7.00         8.00         9.00         10.00           100         03000 ADULTS & PEDIATRICS         248,015,740         448,015,740         30.00         30.00           100         03100 (INTESIS V CARE UNIT         63,710,127         63,710,127         63,710,127         31.00           1200         01200 (CORDARY CARE UNIT         16,627,694         16,627,694         35.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         40.00         40.00         40.00         41.0				+ COL. 7)	Ratio		
INPART ENT ROUTI NE SERVICE COST CENTERS         248, 015, 740         248, 015, 740         248, 015, 740         248, 015, 740         31, 00         30, 00         30, 00         30, 00         30, 00         31, 00         32, 00		6.00	7 00	8.00	9.00		
00.000         03000 ADULTS & PEDLATRICS         248,015,740         248,015,740         33,00         330,00         300	INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00	0.00	7.00	10.00	
31.00       03100       INTERSIVE CARE UNIT       63.710.127       63.710.127       63.710.127       63.710.127       53.00         35.00       02606 NEGMATAL INTENSIVE CARE UNIT       16.627.694       16.627.694       16.627.694       35.00         0.00       04000 SUBPROVIDER - IFF       10.998.507       10.998.507       10.998.507       41.00         0.00       04000 PERATIN & ROM       3.191.346       3.191.346       3.00       43.00         0.00       05100 RECOVERY ROM       9.139.806       19.315.475       28.857.881       0.1780.64       0.000000       51.00         0.00       05100 RECOVERY ROM       9.139.806       19.315.475       28.857.881       0.1780.64       0.000000       52.00         52.00       05300 CT SCAN       9.139.806       19.315.475       28.857.81       0.1709.70       0.000000       52.00         54.00       05400 RADI CAR LARY SERVICE MOM       10.1359.961       110.862.056       212.222.017       0.116672       0.0000000       52.00         55.00       05400 GAR ADI CAR LARK SERVI ROM       9.139.806       19.315.475       28.433.461       271.72.640       0.000000       57.00       57.00       57.00       57.00       57.00       57.00       57.00       57.00       57.00<		248, 015, 740		248, 015, 74	0		30.00
35. 00       02060       NEONATAL INTENSIVE CARE UNIT       16, 627, 694       16, 627, 694       40.0         40. 00       04100       SUBPROVIDER - I FF       10, 998, 507       3, 191, 346       40.0         A00       04100       SUBPROVIDER - I FF       10, 998, 507       3, 191, 346       43.0         A00       04100       SUBPROVIDER - I FF       10, 998, 507       3, 191, 346       43.0         A00       04000       PENATING       9, 139, 806       19, 315, 475       28, 455, 281       0.000000       52.000         52.00       05500       DELIVERY ROOM       21, 722, 063       35, 444, 851       55, 226, 691 4       0.000000       52.000         52.00       05600       CARDIA CARTHERER LATING       17, 724, 063       0       0.000000       50.00         54.00       05800       DESOD MARCHETIC RESONANCE I LAGI NG (MRI)       0       0.724, 462       124, 409, 814       0.075119       0.000000       50.00         50.00       DESOD MARCHETIC RESONANCE I MAGI NG (MRI)       54, 170, 447       70, 238, 2754, 697       0.124, 409, 814       0.075119       0.000000       65.00         60.00       DESOD MARCHETIC RESONANCE INCOM       54, 170, 241, 797       0.231, 574, 697       0.124, 409, 814       0.075119       <	31.00 03100 INTENSIVE CARE UNIT	63, 710, 127		63, 710, 12	7		31.00
40         00<	32.00 03200 CORONARY CARE UNIT	0			0		32.00
14.0.0       [0.4100]       SupProvid DER - 1 RF       10,998,507       10,998,507       41.00         14.00       AUGULLARY SERVICE COST CENTERS       3,191,346       3,191,346       43.00         ANCILLARY SERVICE COST CENTERS       43.00         ANCILLARY SERVICE COST CENTERS       0.116,559,961       110,862,056       212,222,017       0.116672       0.000000       55.00         52.00       DSCOD (PELY VER NOM       24,070,018       1,709,033       25,779,651       0.252407       0.000000       55.00         54.00       DS600 (ADD (CAUCHEY ROM       21,722,063       33,544,851       55,260,914       0.064083       0.000000       58.00         59.00       DS500 (ARDIAC CATHETERIZATION       54,170,847       70,238,967       124,409,814       0.075419       0.000000       6.000000       6.000000       6.000000       6.000000       6.000000       6.000000       6.000000       6.000000       6.000000       6.000000       6.000000       6.000000       6.000000       6.0000000       6.0000000       6.0000000       6.000000       6.0000000       6.0000000       6.0000000       6.0000000       6.0000000       6.0000000       6.0000000       6.0000000       6.0000000       6.0000000       6.0000000       6.0000000       6.00000000       6.00		16, 627, 694		16, 627, 69	4		35.00
43. 00         D4300 [UBSERY         3, 191, 346         3, 191, 346         43. 00           AUCLLARY SERVICE COST CENTERS         50.00         05000 [PERVERY ROM         101, 359, 961         110, 852, 956, 211, 222, 017         0. 116672         0. 000000         51. 00           51.00         05100 [PECWERY ROM         9, 139, 806         19, 315, 475         28, 455, 281         0. 1178064         0. 000000         52. 00         0.000000         52. 00         0.000000         52. 00         0.000000         52. 00         0.000000         52. 00         0.000000         52. 00         0.000000         52. 00         0.000000         0.000000         59. 00         0.000000         0.000000         59. 00         0.000000         0.000000         59. 00         0.000000         0.000000         59. 00         0.000000         0.000000         59. 00         0.000000         0.000000         59. 00         0.000000         0.000000         59. 00         0.000000         0.000000         50. 00         50. 00         50. 00         50. 00         50. 00         0.000000         0.000000         50. 00         50. 00         50. 00         0.000000         0.000000         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00		0			0		
ANCILLARY SERVICE COST CENTERS         Image: Center Cost         Image: Center							
50.00       005000       0PERATI NG ROM       101, 359, 961       110, 862, 052       212, 222, 017       0.116672       0.000000       51.00         51.00       05000       RECUVERY ROMM       9, 315, 475       28, 455, 281       0.778064       0.000000       52.00         52.00       05200       DELUVERY ROMM & LABOR ROM       24, 070, 618       1, 709, 9355       218, 453, 461       271, 253, 196       0.000000       54.00       55, 266, 914       0.064003       0.000000       57.00       0.000000       0.000000       58.00       0.000000       0.000000       0.000000       58.00       0.000000		3, 191, 346		3, 191, 34	6		43.00
51:00       05100       RECOVERY       ROOM       4       9, 139, 806       19, 315, 479       28, 455, 281       0.178064       0.0200000       51:00         52:00       05200       DEJUVERY       ROOM       4       070, 618       17, 709, 633       25, 779, 651       0.02500       0.02500       0.02500       0.000000       0.000000       52.00       0.02500       0.000000       0.00		404 050 0/4	110 0/0 05/	010 000 01	7 0 44//70	0.00000	50.00
52:00       052:00       DELIVERY ROOM & LABOR ROOM       24.070,618       1,709,033       25.779,651       0.252:07       0.0000000       54.00         54:00       054:00       RADOR RAD LOGY-DI AGNOSTIC       52.799,555       218,453,641       27.1253.196       0.000000       50.00       0.0000000       57.00         58:00       DSGOM MARETIC RESDNANCE I MACI NG (MRI )       0       0.000000       50.00       0.0000000       50.00       0.0000000       50.00       0.0000000       50.00       0.0000000       50.00       0.0000000       50.00       0.0000000       50.00       0.0000000       50.00       0.0000000       50.00       0.0000000       60.001       0.0000000       50.00       0.0000000       60.01       0.0000000       60.01       0.0000000       60.01       0.0000000       60.01       0.0000000       60.01       0.0000000       60.01       0.0000000       60.01       0.0000000       60.01       0.0000000       60.01       0.0000000       60.01       0.0000000       60.01       0.0000000       60.01       0.0000000       60.01       0.0000000       60.01       0.0000000       60.01       0.000000       60.01       0.000000       60.01       0.000000       60.01       0.000000       60.01       0.000000							
54.00         0s400         RADIO LOGY-DIAGNOSTIC         52.799,555         218,453,641         271,253,196         0.000000         0.000000         57.00           57.00         0s700 (TSCAN         21.722,063         33,544,851         0         0.000000         0.000000         57.00           58.00         0s800 (ARDIAC CATHFTER ZATION         54.170,847         0.128,50         0.000000         0.000000         58.00           60.01         06000 (ABDOAC CATHFTER ZATION         54.170,847         0.128,50         0.000000         0.000000         60.00           60.01         06000 IBLODD LADRATORY         56.847,395         60.725,652         117.573,047         0.182530         0.000000         63.00           65.00         06501 BLOD LADRATORY         6.239,800         2.087,924         8,127,105         8,527,300         0.208330         0.000000         65.00           66.00         06501 SLEEP LARAPY         10.034,061         11,937,062         21,971,123         0.342317         0.000000         66.00           67.00         06700 OLCUPATIONAL THERAPY         6,955,710         275,864         7,231,574         0.233730         0.000000         68.00           68.00         06800 SPEECH PATHOLOGY         4,081,808         369,955         4,0							
57:00       05700       CT SCAN       21,722,063       33,544,851       55,266,914       0.064083       0.0000000       57.00         58:00       05800       ARON LAC CATHETERIZATION       54,170,847       70,238,967       124,409,814       0.075A19       0.000000       60.00         60:00       06000       LABORATORY       60,725,652       117,573,047       0.182530       0.000000       60.00         63:00       06300       REDD LABORATORY       6,309,800       2,087,924       8,127,724       0.201170       0.000000       66.00         66:00       06500       RESD RATORY THERAPY       26,509,124       4,244,973       32,754,097       0.288353       0.000000       66.00       66.00         66:00       06500       RESD RATORY THERAPY       10,034,061       11,937,062       21,971,123       0.342317       0.000000       66.00							
58.00         OSE00         CARDING CARDIAC CATHETER JATION         54.170, 847         70, 238, 967         124, 409, 814         0.075419         0.000000         60.000           60.01         D6000         LABDRATORY         56, 847, 395         60, 725, 652         117, 573, 047         0.182530         0.000000         60, 00           60.01         D6000         LABDRATORY         56, 847, 395         60, 725, 652         117, 573, 047         0.12530         0.000000         60, 00           63.00         D63000         BLODD STORI NG, PROCESSI NG, & TRANS.         6, 039, 800         2, 087, 924         4, 244, 973         32, 754, 097         0.288353         0.000000         65, 00           65.01         D6510 DISLEEP LAB         6, 204         8, 521, 105         8, 527, 714         0.23736         0.000000         65, 00           66.00         D6600 PHYSI CAL THERAPY         6, 955, 710         275, 864         7, 231, 74         0.23736         0.000000         66, 00           66.01         D6600 OROS DEECH PATHOLOGY         40, 81, 808         34, 955, 779         49, 074, 644         0.123261         0.000000         67, 00           60.00         D07000 MEDICAL SUPPLIES CHARGED TO PATIENTS         119, 699, 031         361, 303, 809, 90         0.123964         0.000000							
59:00       05900       CARDIAC CATHETERI ZATION       54, 170, 847       70, 238, 967       124, 409, 814       0.075419       0.000000       59.00         60:00       060001       BLOOD LABORATORY       56, 847, 395       60, 725, 652       117, 573, 047       0.182530       0.000000       60.00         63:00       063000       RLOOD STORI NG, PROCESSI NG, & TRANS.       6, 039, 800       2, 087, 924       8, 127, 724       0.201170       0.000000       63.00         65:00       06500 CKESPI RATORY THERAPY       26, 509, 124       4, 244, 973       8, 127, 724       0.201170       0.000000       65.00         66:00       066000 PHYSI CLA THERAPY       10, 034, 061       11, 937, 062       21, 971, 123       0.342317       0.000000       66.00         66:00       066000 SPECEH PATHOLOGY       4, 081, 808       369, 555       74, 555, 864       7, 231, 574       0.253730       0.000000       68.00         66:01       06600 SPECH PATHOLOGY       4, 081, 808       369, 555       797, 405, 432       0.23374       0.000000       68.00         69:00       00       0000000       0.000000       72.00       0       0.000000       72.00       71.00       71.00       71.00       71.00       71.00       71.00       71.00<							
60.00         06000         LABORATORY         56, 87, 395         60, 725, 652         117, 573, 047         0, 182,503         0, 000000         60, 00           63.00         06300         BLOOD STORING, PROCESSING, & TRANS.         6, 039, 800         2, 087, 924         8, 127, 724         0, 201170         0, 000000         63, 00           65.01         06501         SLEEP LAB         6, 204         8, 521, 105         8, 527, 309         109095         0, 000000         65, 00           66.00         06500         SLEEP LAB         6, 945, 710         275, 864         7, 231, 574         0, 223731         0, 000000         66, 00           60.00         06000         CUPATIONAL THERAPY         6, 955, 710         275, 864         7, 231, 574         0, 223745         0, 000000         66, 00           60.00         06800         SPECH PATHOLOGY         4, 081, 808         369, 558         4, 451, 366         0, 232745         0, 000000         68, 00         0, 000000         68, 00         0, 000000         68, 00         0, 000000         68, 00         0, 000000         68, 00         0, 000000         68, 00         0, 000000         69, 00         1, 000, 00000         69, 00         0, 000000         69, 00         0, 0000000         71, 00         72, 00<		-	-				
60.01         IDCOD         LABORATORY         0							
63.00       06300       BLOOD STORING, PROCESSING, & TRANS.       6,039,800       2,087,924       8,127,724       0.201170       0.000000       65.00         65.01       06500       RESPIRATORY THERAPY       28,509,124       4,244,973       32,754,097       0.288353       0.000000       65.00         66.00       06501       SLEEP LAB       6,204       8,521,105       8,527,309       0.109095       0.000000       65.00         67.00       06700       CCUPATIONAL THERAPY       10,034,061       11,937,062       21,971,123       0.342217       0.000000       65.00         68.00       06800       SPECH PATHOLOGY       4,081,808       369,558       4,451,366       0.223745       0.000000       68.00         69.00       0       0       0       0       0       0.000000       0.000000       69.00         71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENTS       118,659       27,955,779       49,074,644       0.129213       0.000000       71.00         72.00       07200       IMPL CAL SUPPLIES CHARGED TO PATIENTS       119,699,051       301,290,337       420,989,398       0.176040       0.000000       72.00         73.00       07300       RUGS CHARGED TO PATIENTS       119,699,061		00,011,010					
65.00       06500       RESPI RATORY THERAPY       28, 509, 124       4, 244, 973       32, 754, 097       0. 288353       0. 000000       65. 01         65.01       06500       ISLEEP LAB       6, 204       8, 521, 105       8, 527, 309       0. 109095       0. 000000       66. 00         66.00       06600       PHYSI CAL THERAPY       6, 955, 710       275, 864       7, 231, 574       0. 253730       0. 000000       66. 00         68.00       OB600       SPECH PATHOLOGY       4, 081, 808       369, 558       4, 451, 366       0. 233745       0. 000000       68. 00         69.00       G6000       ELCETCACRID LOGY       0       0       0       0.000000       68. 00         69.00       G6000       ELCETCACRID LOGY       21, 118, 665       27, 955, 779       49, 074, 644       0.129213       0.000000       71. 00         71.00       07100       IMPL. DEV. CHARGED TO PATI ENTS       43, 355, 038       54, 050, 397       97, 405, 435       0. 23377       0.000000       72. 00         73.00       07300       IDASPI TAL BASED RETAI L PHARMACIES       0       8, 700, 391       1. 362356       0.000000       73. 00         74.00       G7400       RENAL J LATTO N       3, 850, 956       292, 407		6, 039, 800	2,087,924	8, 127, 72			
65.01       06501       SLEEP       LAB       6, 204       8, 521, 105       8, 527, 309       0. 109095       0. 000000       65.01         66.00       06600       PHYSICAL THERAPY       10, 034, 061       11, 937, 062       21, 971, 123       0. 342317       0. 000000       66.00         68.01       06600       PKSICAL THERAPY       6, 955, 710       275, 864       7, 231, 574       0. 253730       0. 000000       68.00         68.01       06800       SPECH PATHOLOGY       4, 081, 808       369, 558       4, 451, 366       0. 232745       0. 000000       68.00         69.00       0       00       0       0.000000       0. 000000       69.000       0.       0.000000       69.000         71.00       07100       MEUCAL SUPPLIES CHARGED TO PATIENT       77, 605, 730       56, 225, 259       133, 830, 989       0. 123968       0.000000       72.00         73.01       07301       DRUGS CHARGED TO PATIENTS       119, 699, 061       301, 290, 391       8, 700, 391       1. 36236       0.000000       73.00         74.00       07400       RENAL DI ALSYSIS       3.850, 956       292, 407       4, 143, 363       0. 529540       0.000000       74.000         75.00       77697       CARDI							
67.00       06700       0CCUPATI ONAL THERAPY       6,955,710       275,864       7,231,574       0.253730       0.000000       67.00         68.00       06800       SPECH PATHOLOGY       4,081,808       369,558       4,451,366       0.232745       0.000000       68.00         69.00       06900       ELECTROCARDI OLOGY       0       0       0.000000       68.00         69.00       07200       IMPI CAL SUPPLIES CHARGED TO PATI ENTS       43,355,038       54,050,397       97,405,435       0.203377       0.000000       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       119,699,061       301,290,337       420,989,398       0.176040       0.000000       73.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       119,699,061       301,290,337       420,989,398       0.176040       0.000000       73.00         74.00       07400       RENIL DI ALYSIS       3,850,956       292,407       4,143,363       0.529540       0.000000       74.00         76.90       0769       CARDI OPULMONARY       0       0       0       0.000000       0.000000       76.00         76.90       0769       CARDI ADULIDIANARY       5,559,766       6.890,400       0.236836       0.00	65.01 06501 SLEEP LAB		8, 521, 105	8, 527, 30	9 0. 109095	0. 000000	65.01
68. 00       06800       SPEECH PATHOLOGY       4, 081, 808       369, 558       4, 451, 366       0.232745       0.000000       68. 01         68. 01       06801       AUDIOLOGY       0       0       0       0.000000       0.000000       68. 01         69. 00       06900       ELECTROCARDIOLOGY       21, 118, 865       27, 955, 779       49, 074, 644       0.129213       0.000000       69. 00         71. 00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       43, 355, 038       54, 050, 397       97, 405, 435       0.203377       0.000000       72. 00         73. 00       07301       DOSOL DRUSC CHARGED TO PATIENTS       119, 699, 061       301, 290, 331       420, 989, 398       0.176040       0.000000       73. 00         74. 00       7400       RNAL DIALYSIS       3, 850, 956       292, 407       4, 143, 363       0.529540       0.000000       76. 00         76. 00       03160       CARDI OPULMONARY       1, 330, 632       5, 559, 768       6, 890, 400       0.236836       0.000000       76. 97         77. 00       07700       CARDI AC REHABILI TATI ON       1, 330, 632       5, 559, 768       6, 890, 400       0.236836       0.000000       76. 97         70. 00       07760       G	66. 00 06600 PHYSI CAL THERAPY	10, 034, 061	11, 937, 062	21, 971, 12	3 0. 342317	0. 000000	66.00
68.01       06801       AUDI OLOGY       0       0       0       0       0       0.000000       0.000000       68.01         69.00       06900       ELECTROCARDI OLOGY       21, 118, 865       27, 955, 779       49, 074, 644       0.129213       0.000000       70.000000       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       43, 355, 038       56, 225, 259       133, 830, 989       0.123968       0.000000       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       119, 699, 61       301, 290, 337       420, 989, 398       0.176040       0.000000       73.00         74.00       07400       RENAL DI ALYSI S       3, 850, 956       292, 407       4, 143, 363       0.529540       0.000000       74.00         76.00       0760       0       0       0       0       0       0.000000       76.90         77.00       OT697       CARDI AC REHABI LI TATI ON       1, 330, 632       5, 559, 768       6, 890, 400       0.238836       0.000000       76.90         77.00       OT700       ALLOGENEI C HSCT ACQUI SI TI ON       0       0       0       0       0       0.000000       0.000000       77.00         90.01       090001	67.00 06700 OCCUPATI ONAL THERAPY	6, 955, 710	275, 864	7, 231, 57	4 0. 253730	0. 000000	67.00
69.00       06900       ELECTROCARDIOLOGY       21, 118, 865       27, 955, 779       49, 074, 644       0. 129213       0. 000000       69.00         71.00       07100       MEDI CAL_SUPPLIES CHARGED TO PATIENTS       43, 355, 038       54, 050, 397       97, 405, 435       0. 203377       0. 000000       71.00         72.00       07200       INPL. DEV. CHARGED TO PATIENT       77, 605, 730       56, 225, 251       133, 830, 989       0. 176040       0. 000000       73.00         73.00       07301       HOSPI TAL BASED RETAIL PHARMACIES       0       8, 700, 391       1. 362356       0. 000000       74.00         74.00       OT400       RENAL DI ALYSIS       3, 850, 956       292, 407       4, 143, 363       0. 529540       0.000000       74.00         76.97       OT697       CARDI AC REHABILITATION       1, 330, 632       5, 559, 768       6, 890, 400       0. 236836       0.000000       76.90         77.00       OT700       ALLOGENEI C HSCT ACQUISITION       0       0       0.000000       0.000000       0.000000       0.000000       0.000000       77.00         77.00       OT700       ALLOGENEI C HSCT ACQUISITION       0       0       0.000000       0.000000       0.0000000       0.0000000       77.00		4, 081, 808	369, 558	4, 451, 36		0. 000000	68.00
71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       43, 355, 038       54, 050, 397       97, 405, 435       0.203377       0.000000       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENT       77, 605, 730       56, 225, 259       133, 830, 989       0.123968       0.000000       72.00         73.00       DRUGS CHARGED TO PATIENTS       119, 699, 061       301, 290, 337       420, 989, 398       0.176040       0.000000       73.01         74.00       O7400       RENAL DI ALYSI S       3, 850, 956       292, 407       4, 143, 363       0.529540       0.000000       74.00         76.00       07697       CARDI AC REHABILITATION       1, 330, 632       5, 559, 768       6, 890, 400       0.236836       0.000000       76.97         76.98       07698       HYPERBARI C XYGEN THERAPY       54, 475       22, 300, 046       22, 354, 521       0.112271       0.000000       76.98         77.00       DUTPATIENT SERVICE COST CENTERS       0       0       0       0.000000       0.000000       0.000000       90.00         90.00       090001       SUBSTANCE ABUSE CLINIC       304       828, 196       828, 500       1.576092       0.000000       90.00         90.01       090001       S		0	0				
72.00       07200       IMPL. DEV. CHARGED TO PATIENT       77, 605, 730       56, 225, 259       133, 830, 989       0. 123968       0.000000       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       119, 699, 061       301, 290, 337       420, 989, 398       0. 176040       0.000000       73.01         74.00       O7400       RENAL DI ALYSIS       3, 850, 956       292, 407       4, 143, 363       0.529540       0.000000       74.00         76.00       03160       CARDI OPULMONARY       0       0       0       0.000000       76.00         76.97       OR67       CARDI OPULMONARY       0       0       0       0.000000       76.00         76.98       O7507       CARDI AC REHABI LI TATI ON       1, 330, 632       5, 559, 768       6, 890, 400       0.236836       0.000000       76.98         70.00       07000       ALLOGENEI C HSCT ACQUISITION       0       0       0.000000       0.000000       77.00         07100       JUPATI ENT SERVICE COST CENTERS       0       0       0.000000       0.000000       0.000000       0.000000       90.02         90.00       O9000       CLINI C       304       828, 196       828, 500       1.576092       0.0000000 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
73.00       07300       DRUGS CHARGED TO PATIENTS       119, 699, 061       301, 290, 337       420, 989, 398       0. 176040       0. 000000       73.00         73.01       07301       HOSPI TAL BASED RETAIL PHARMACIES       0       8, 700, 391       8, 700, 391       1.362356       0. 000000       74.00         74.00       O7400       RENAL DIALYSIS       3, 850, 956       292, 407       4, 143, 363       0. 529540       0. 000000       76.00         76.97       CARDI AC REHABILITATI ON       1, 330, 632       5, 559, 768       6, 890, 400       0. 236836       0. 000000       76.97         76.98       O7698       HYPERBARI C 0XYGEN THERAPY       54, 475       22, 300, 046       22, 354, 521       0. 112271       0. 000000       76.99         70.00       D700       ALLOGENEI C HSCT ACQUISITION       0       0       0       0       0.000000       0. 000000       90.000         90.01       O90001       SUBSTANCE ABUSE CLINIC       304       828, 196       828, 500       1.576092       0.000000       90.02         90.01       O90003       ONCLOGY CLINIC       364, 706       51, 015, 812       51, 380, 518       0.125748       0.000000       90.02       90.03         90.03       09003							
73.01       07301       HOSPI TAL BASED RETAI L PHARMACI ES       0       8,700,391       8,700,391       1.362356       0.000000       73.01         74.00       07400       RENAL DI ALYSI S       3,850,956       292,407       4,143,363       0.529540       0.000000       74.00         76.00       03160       CARDI OPULMONARY       0       0       0       0.000000       0.000000       76.00         76.97       07697       CARDI AC REHABI LI TATI ON       1,330,632       5,559,768       6,890,400       0.236836       0.000000       76.97         76.98       07698       HYPERBARI C OXYGEN THERAPY       54,475       22,300,046       22,354,521       0.112271       0.000000       76.98         77.00       OT700       ALLOGENEI C HSCT ACQUI SI TI ON       0       0       0       0.000000       0.000000       90.00         90.00       09002 PAIT CE TOST CENTERS       0       0       0.000000       0.000000       90.01       90021 SUBSTANCE ABUSE CLINIC       364,766       51,015,812       51,380,518       0.125748       0.000000       90.03         90.01       09003       ONCOLOGY CLINIC       364,766       51,015,812       51,380,518       0.125748       0.000000       90.03							
74.00       074.00       RENAL DIALYSIS       3,850,956       292,407       4,143,363       0.529540       0.000000       74.00         76.00       03160       CARDI OPULMONARY       0       0       0       0.000000       0.000000       76.00         76.97       07697       CARDI AC REHABILI TATI ON       1,330,632       5,559,768       6,890,400       0.236836       0.000000       76.97         76.98       DYFERBARI C OXYGEN THERAPY       54,475       22,300,046       22,354,521       0.112271       0.000000       76.98         70.00       O7700       ALLOGENEI C HSCT ACQUI SI TI ON       0       0       0.000000       0.000000       70.09         00.00       09000       CLINI C       0       0       0.000000       0.000000       90.00         90.01       O9001       SUBSTANCE ABUSE CLINI C       304       828,196       828,500       1.576092       0.000000       90.01         90.02       O9002       PAI N CLINI C       364,706       51,015,812       51,380,518       0.125748       0.000000       90.02         90.03       09003       ONCLOGY CLINI C       364,706       51,869       57,729,085       0.208877       0.000000       92.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
76.00         03160         CARDI OPULMONARY         0 <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td>		-					
76. 97       07697       CARDIAC REHABILITATION       1, 330, 632       5, 559, 768       6, 890, 400       0. 236836       0. 000000       76. 97         76. 98       07698       HYPERBARI C OXYGEN THERAPY       54, 475       22, 300, 046       22, 354, 521       0. 112271       0. 000000       76. 98         77. 00       0700       ALLOGENEIC HSCT ACQUISITION       0       0       0       0.000000       76. 98         90. 00       09000       CLINIC       0       0       0       0.000000       0.000000       90. 00         90. 01       09001       SUBSTANCE ABUSE CLINIC       304       828, 196       828, 500       1. 576092       0. 000000       90. 00         90. 02       09002       PAIN CLINIC       0       1, 527, 174       1, 527, 174       1. 466466       0. 000000       90. 02         90. 03       09003       ONCLOGY CLINIC       364, 706       51, 015, 812       51, 380, 518       0. 125748       0. 000000       90. 02         91. 00       09100       EMERENCY       86, 251, 507       201, 375, 940       287, 627, 447       0. 125748       0. 000000       92. 00         92. 01       09200       DSERVATION BEDS (IDISTINCT PART)       777, 216       56, 951, 869 <td< td=""><td></td><td>3, 850, 956</td><td></td><td></td><td></td><td></td><td></td></td<>		3, 850, 956					
76.98       07698       HYPERBARI C 0XYGEN THERAPY       54,475       22,300,046       22,354,521       0.112271       0.000000       76.98         77.00       00       00000       CLINIC       0       0       0       0.000000       0.000000       0.000000       90.00         90.00       09000       CLINIC       0       0       0       0.000000       0.000000       90.00         90.01       09001       SUBSTANCE ABUSE CLINIC       304       828,196       828,500       1.576092       0.000000       90.01         90.02       09002       PAIN CLINIC       0       1,527,174       1,527,174       1.466466       0.000000       90.02         90.03       09003       ONCOLOGY CLINIC       364,706       51,015,812       51,380,518       0.125748       0.000000       90.02         91.00       09100       EMERGENCY       86,251,507       201,375,940       287,627,447       0.112189       0.000000       92.00       92.00       92807       0.000000       92.00       92.01       9261 OBSERVATI ON BEDS (DI STINCT PART)       777,216       56,951,869       57,729,085       0.208877       0.000000       92.00         92.01       OBSERVATI ON BEDS (DI STINCT PART)       39,076		1 220 422	-				
77.00       07700       ALLOGENEIC HSCT ACQUISITION       0       0       0       0.000000       0.000000       0.000000       0.000000       77.00         90.00       09000       CLINIC       0       0       0.000000       0.000000       90.00       90.00       90.00       90.000							
OUTPATI ENT SERVICE COST CENTERS           90.00         09000         CLINIC         0         0         0.000000         0.000000         90.00         90.00         90.00         90.00         0.000000         0.000000         90.00         90.00         90.00         90.00         0.000000         0.000000         90.00							
90.00       09000       CLINIC       0       0       0       0.00000       0.000000       90.00         90.01       09001       SUBSTANCE ABUSE CLINIC       304       828,196       828,500       1.576092       0.000000       90.01         90.02       09002       PAIN CLINIC       0       1,527,174       1,527,174       1.466466       0.000000       90.02         90.03       09003       ONCOLOGY CLINIC       364,706       51,015,812       51,380,518       0.125748       0.000000       90.03         91.00       09100       EMERGENCY       86,251,507       201,375,940       287,627,447       0.112189       0.000000       92.00         92.01       09201       OBSERVATI ON BEDS (INN-DI STINCT PART)       777,216       56,951,869       57,729,085       0.20877       0.000000       92.00         92.01       09201       OBSERVATI ON BEDS (DI STINCT PART)       39,076       8,380,898       8,419,974       0.287283       0.000000       92.00         92.00       09500       AMBULANCE SERVICES       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0		<u>ч</u>	0		0 0.00000	0.000000	//.00
90.01       09001       SUBSTANCE ABUSE CLINIC       304       828,196       828,500       1.576092       0.00000       90.01         90.02       09002       PAIN CLINIC       0       1,527,174       1,527,174       1.466466       0.000000       90.02         90.03       09003       ONCOLOGY CLINIC       364,706       51,015,812       51,380,518       0.125748       0.000000       90.03         91.00       09100       EMERGENCY       86,251,507       201,375,940       287,627,447       0.112189       0.000000       92.00         92.01       09201       OBSERVATI ON BEDS (NON-DI STINCT PART)       777,216       56,951,869       57,729,085       0.208877       0.000000       92.01         92.01       09201       OBSERVATI ON BEDS (DI STINCT PART)       39,076       8,380,898       8,419,974       0.287283       0.000000       92.01         012.00       09500       AMBULANCE SERVICES       0       0       0       0       0       0.000000       95.00         102.00       10200       0PI 0I D TREATMENT PROGRAM       0       0       0       0       0       0       0       0       020.000         113.00       11300       INTEREST EXPENSE       11,072,727,93		0	0		0 0,00000	0 00000	90.00
90. 02       09002       PAI N CLINIC       0       1,527,174       1,527,174       1.466466       0.000000       90.02         90. 03       09003       ONCOLOGY CLINIC       364,706       51,015,812       51,380,518       0.125748       0.000000       90.03         91. 00       09100       EMERGENCY       86,251,507       201,375,940       287,627,447       0.112189       0.000000       91.00         92. 01       09200       OBSERVATI ON BEDS (INON-DI STINCT PART)       777,216       56,951,869       57,729,085       0.208877       0.000000       92.00         92. 01       09201       OBSERVATI ON BEDS (DI STINCT PART)       39,076       8,380,898       8,419,974       0.287283       0.000000       92.00         92. 01       09500       AMBULANCE SERVICES       0       0       0       0.000000       92.01         95. 00       09500       AMBULANCE SERVICES       0       0       0       0       0       0.000000       95.00         102. 00       10200       0PI OI D TREATMENT PROGRAM       0       0       0       0       0       0       0.200000       95.00         113. 00       11300       INTEREST EXPENSE       11,072,727,932       1,338,740,434       <							
90.03       09003       ONCOLOGY CLINIC       364,706       51,015,812       51,380,518       0.125748       0.000000       90.03         91.00       09100       EMERGENCY       86,251,507       201,375,940       287,627,447       0.112189       0.000000       91.00         92.00       09200       OBSERVATION BEDS (NON-DISTINCT PART)       777,216       56,951,869       57,729,085       0.208877       0.000000       92.00         92.01       09201       OBSERVATION BEDS (DISTINCT PART)       39,076       8,380,898       8,419,974       0.287283       0.000000       92.00         92.01       07HER       REIMBURSABLE COST CENTERS       0       0       0       0.000000       95.00         102.00       0PI 0I D TREATMENT PROGRAM       0							
92.00       09200       0BSERVATION BEDS (NON-DISTINCT PART)       777, 216       56, 951, 869       57, 729, 085       0. 208877       0. 000000       92.00         92.01       09201       0BSERVATION BEDS (DISTINCT PART)       39, 076       8, 380, 898       8, 419, 974       0. 287283       0. 000000       92.00         92.01       0THER REIMBURSABLE COST CENTERS       0       0       0       0. 000000       95.00         102.00       0PI 0I D TREATMENT PROGRAM       0       0       0       0       102.00         SPECI AL PURPOSE COST CENTERS       113.00       113.00       113.00       113.00       113.00       200.00       201.00       201.00         200.00       Subtotal (see instructions)       1, 072, 727, 932       1, 338, 740, 434       2, 411, 468, 366       200.00       201.00		364, 706					
92. 01       09201       0BSERVATI ON BEDS (DISTINCT PART)       39,076       8,380,898       8,419,974       0.287283       0.000000       92.01         0THER       REIMBURSABLE COST CENTERS       0       0       0       0.000000       0.000000       95.00         102.00       10200       OPI 0I D TREATMENT PROGRAM       0       0       0       0       102.00         SPECI AL PURPOSE COST CENTERS       113.00       INTEREST EXPENSE       113.00       113.00       113.00       113.00       113.00       200.00       201.00         200.00       Less Observation Beds       1,072,727,932       1,338,740,434       2,411,468,366       200.00       201.00							
OTHER REIMBURSABLE COST CENTERS           95.00         09500         AMBULANCE SERVICES         0         0         0         0.00000         0.000000         95.00           102.00         10200         OPI 0I D TREATMENT PROGRAM         0         0         0         0         102.00         103.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         102.00         200.00         200.00         201.00         201.00         201.00         201.00         201.00         201.00         201.00         201.00         201.00         201.00         201.00         201.00         201.00         201.00 </td <td>92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)</td> <td>777, 216</td> <td>56, 951, 869</td> <td>57, 729, 08</td> <td>5 0. 208877</td> <td>0. 000000</td> <td>92.00</td>	92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	777, 216	56, 951, 869	57, 729, 08	5 0. 208877	0. 000000	92.00
95. 00       09500       AMBULANCE SERVICES       0       0       0       0.000000       95. 00         102. 00       010200       OPI OI D TREATMENT PROGRAM       0       0       0       102. 00       102. 00         SPECI AL PURPOSE COST CENTERS         113. 00       11300       INTEREST EXPENSE       1, 072, 727, 932       1, 338, 740, 434       2, 411, 468, 366       200. 00       201. 00         200. 00       Less Observation Beds       1, 072, 727, 932       1, 338, 740, 434       2, 411, 468, 366       201. 00	92.01 09201 OBSERVATION BEDS (DISTINCT PART)	39, 076	8, 380, 898	8, 419, 97	4 0. 287283	0.000000	92.01
102.00         OPI OI D TREATMENT PROGRAM         0         0         102.00           SPECIAL PURPOSE COST CENTERS         113.00         11300         INTEREST EXPENSE         113.00         200.00         Subtotal (see instructions)         1,072,727,932         1,338,740,434         2,411,468,366         200.00         201.00							
SPECIAL PURPOSE COST CENTERS           113.00         11300         INTEREST EXPENSE         113.00         113.00         200.00         Subtotal (see instructions)         1,072,727,932         1,338,740,434         2,411,468,366         200.00         201.00           201.00         Less Observation Beds         1,072,727,932         1,338,740,434         2,411,468,366         201.00						0. 000000	
113.00       11300       INTEREST EXPENSE       1,072,727,932       1,338,740,434       2,411,468,366       200.00       200.00         201.00       Less Observation Beds       1,072,727,932       1,338,740,434       2,411,468,366       200.00       201.00		0	0		0		102.00
200.00         Subtotal (see instructions)         1,072,727,932         1,338,740,434         2,411,468,366         200.00           201.00         Less Observation Beds         201.00         201.00         201.00         201.00				1			
201.00 Less Observation Beds 201.00		1 070 707 0	4 000 740 /				
		1,072,727,932	1, 338, 740, 434	2, 411, 468, 36	6		
202.00   10.01 (See TIISTIUCTIONS)   1,072,727,932   1,338,740,434   2,411,408,300     202.00		1 072 727 022	1 220 740 404	2 111 140 24	6		
		1,012,121,932	1, 330, 740, 434	2, 411, 400, 30		I	202.00

	Financial Systems TION OF RATIO OF COSTS TO CHARGES	BALL MEMORIAL	Provi der CCN: 15-0089	Peri od:	u of Form CMS- Worksheet C	2002 10
				From 01/01/2022 To 12/31/2022	Part I Date/Time Pre	epared:
			Title XVIII	Hospi tal	5/26/2023 11: PPS	:47 am
	Cost Center Description	PPS Inpatient	in the XVIII	nospi tai	115	
		Ratio				
		11.00				
	NPATIENT ROUTINE SERVICE COST CENTERS					
	D3000 ADULTS & PEDI ATRI CS					30.00
31.00 0	D3100 I NTENSI VE CARE UNI T					31.00
	D3200 CORONARY CARE UNI T					32.00
	02060 NEONATAL INTENSIVE CARE UNIT					35.00
	04000 SUBPROVI DER – I PF					40.00
	04100 SUBPROVIDER - IRF					41.00
-	04300 NURSERY					43.00
	ANCI LLARY SERVICE COST CENTERS	0 11/(72)				- FO 00
	D5000 OPERATING ROOM	0. 116672				50.00
	D5100 RECOVERY ROOM	0. 178064				51.00
	D5200 DELIVERY ROOM & LABOR ROOM	0. 252407				52.00 54.00
	05400 RADI OLOGY-DI AGNOSTI C 05700 CT_SCAN	0. 100912 0. 064083				57.00
	D5800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000				58.00
	05900 CARDIAC CATHETERIZATION	0. 075419				59.00
	06000 LABORATORY	0. 182530				60.00
	D6001 BLOOD LABORATORY	0. 000000				60.01
1	06300 BLOOD STORING, PROCESSING, & TRANS.	0. 201170				63.00
	06500 RESPIRATORY THERAPY	0. 288353				65.00
	D6501 SLEEP LAB	0. 109095				65.01
1	D6600 PHYSI CAL THERAPY	0. 342317				66.00
	06700 OCCUPATI ONAL THERAPY	0. 253730				67.00
	D6800 SPEECH PATHOLOGY	0. 232745				68.00
	D6801 AUDI OLOGY	0. 000000				68.01
69.00 0	D6900 ELECTROCARDI OLOGY	0. 129213				69.00
71.00 0	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 203377				71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0. 123968				72.00
73.00 0	07300 DRUGS CHARGED TO PATIENTS	0. 176040				73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1. 362356				73.01
	07400 RENAL DIALYSIS	0. 529540				74.00
	D3160 CARDI OPULMONARY	0. 000000				76.00
	07697 CARDI AC REHABI LI TATI ON	0. 236836				76.97
	07698 HYPERBARI C OXYGEN THERAPY	0. 112271				76.98
	07700 ALLOGENEIC HSCT ACQUISITION	0. 000000				77.00
	DUTPATIENT SERVICE COST CENTERS	0.00005-				
		0.000000				90.00
1	09001 SUBSTANCE ABUSE CLINIC	1. 576092				90.01
		1. 466466				90.02
1		0. 125748				90.03
	D9100 EMERGENCY D9200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 115095 0. 208877				91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 208877				92.00
	OTHER REIMBURSABLE COST CENTERS	0.207203				- 72.01
	09500 AMBULANCE SERVICES	0. 000000				95.00
	10200 OPI OI D TREATMENT PROGRAM	0.00000				102.00
	SPECIAL PURPOSE COST CENTERS					- 102.00
	11300 I NTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)					200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)					202.00

Health Fina	ancial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-	2552-10
	N OF RATIO OF COSTS TO CHARGES		Provider C		Peri od:	Worksheet C	
					From 01/01/2022 To 12/31/2022	Part I Date/Time Pre	narod
					10 12/31/2022	5/26/2023 11:	
			Titl	e XIX	Hospi tal	Cost	
					Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
		(from Wkst. B,	Adj .		Di sal I owance		
		Part I, col.					
		<u>26)</u> 1.00	2.00	3.00	4.00	5.00	
INPA	ATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	-
	DO ADULTS & PEDIATRICS	102, 566, 177		102, 566, 17	7 0	102, 566, 177	30.00
	DO INTENSIVE CARE UNIT	23, 986, 572		23, 986, 57			•
32.00 0320	DO CORONARY CARE UNI T	0			0 0		1
	50 NEONATAL INTENSIVE CARE UNIT	6, 137, 230		6, 137, 23	0 0	6, 137, 230	35.00
40.00 0400	00 SUBPROVI DER – I PF	0			0 0	0	40.00
41.00 0410	00 SUBPROVI DER – I RF	4, 757, 135		4, 757, 13	5 0	4, 757, 135	41.00
43.00 0430	DO NURSERY	1, 356, 517		1, 356, 51	7 0	1, 356, 517	43.00
	LLARY SERVICE COST CENTERS	F			T		
	DO OPERATING ROOM	24, 760, 471		24, 760, 47			
	DO RECOVERY ROOM	5, 066, 856		5, 066, 85			
	DO DELIVERY ROOM & LABOR ROOM	6, 506, 973		6, 506, 97			•
	DO RADI OLOGY-DI AGNOSTI C	27, 372, 763		27, 372, 76			•
	DO CT SCAN	3, 541, 686		3, 541, 68			
	DO MAGNETIC RESONANCE IMAGING (MRI)	0			0 0		
	DO CARDIAC CATHETERIZATION	9, 382, 814		9, 382, 81			•
		21, 460, 569		21, 460, 56			•
	DI BLOOD LABORATORY	0			0		
	00 BLOOD STORING, PROCESSING, & TRANS.	1, 635, 051	0	1, 635, 05			•
	00 RESPI RATORY THERAPY 01 SLEEP LAB	9, 444, 754	0				
	DO PHYSI CAL THERAPY	930, 286					1
	DO OCCUPATIONAL THERAPY	7, 521, 085 1, 834, 864					1
	DO SPEECH PATHOLOGY	1, 036, 034					
	DI AUDI OLOGY	1, 030, 034		1, 030, 03	0 0		
	DO ELECTROCARDI OLOGY	6, 341, 085	-	6, 341, 08	-		•
	DO MEDICAL SUPPLIES CHARGED TO PATIENTS	19, 810, 030		19, 810, 03			
	DO I MPL. DEV. CHARGED TO PATIENT	16, 590, 814		16, 590, 81			
	DO DRUGS CHARGED TO PATIENTS	74, 110, 826		74, 110, 82			
	01 HOSPITAL BASED RETAIL PHARMACIES	11, 853, 031		11, 853, 03			•
	DO RENAL DI ALYSI S	2, 194, 075		2, 194, 07			•
76.00 0316	50 CARDI OPULMONARY	0			0 0	0	•
76. 97 0769	7 CARDI AC REHABI LI TATI ON	1, 631, 893		1, 631, 89	3 0	1, 631, 893	76.97
	98 HYPERBARI C OXYGEN THERAPY	2, 509, 770		2, 509, 77	0 C	2, 509, 770	76. 98
	DO ALLOGENEIC HSCT ACQUISITION	0			0 0	0	77.00
OUTP	PATIENT SERVICE COST CENTERS	-			-		
	DO CLINIC	0			0 0		•
	D1 SUBSTANCE ABUSE CLINIC	1, 305, 792		1, 305, 79			
	D2 PAIN CLINIC	2, 239, 549		2, 239, 54			
		6, 461, 015		6, 461, 01		-,	
	00 EMERGENCY	32, 268, 711		32, 268, 71			•
	00 OBSERVATION BEDS (NON-DISTINCT PART)	12, 058, 281		12, 058, 28		12, 058, 281	
	D1 OBSERVATION BEDS (DISTINCT PART)	2, 418, 917		2, 418, 91	7 0	2, 418, 917	92.01
	ER REIMBURSABLE COST CENTERS	52,877		52, 87	7 0	52, 877	95.00
	DO OPI OLD TREATMENT PROGRAM						•
	CIAL PURPOSE COST CENTERS	0		I	0	0	102.00
	DO INTEREST EXPENSE					1	113.00
200.00	Subtotal (see instructions)	451, 144, 503	0	451, 144, 50	3 835, 738	451, 980, 241	•
201.00	Less Observation Beds	12, 058, 281		12, 058, 28		12, 058, 281	
202.00	Total (see instructions)	439, 086, 222					
		, 000, 222		, 000, 22		,,,	

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CO	CN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Pre 5/26/2023 11:	pared: 47 am
		Titl	e XIX	Hospi tal	Cost	
		Charges				
Cost Center Description	I npati ent	Outpati ent	Total (col. + col. 7)	6 Cost or Other Ratio	TEFRA Inpatient Ratio	
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	248, 015, 740		248, 015, 74	0		30.00
31.00 03100 INTENSIVE CARE UNIT	63, 710, 127		63, 710, 12	:7		31.00
32.00 03200 CORONARY CARE UNI T	0			0		32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	16, 627, 694		16, 627, 69	4		35.00
40. 00 04000 SUBPROVIDER - IPF	0			0		40.00
41.00 04100 SUBPROVIDER – IRF	10, 998, 507		10, 998, 50			41.00
43. 00 04300 NURSERY	3, 191, 346		3, 191, 34	6		43.00
ANCI LLARY SERVI CE COST CENTERS				-		
50.00 05000 OPERATI NG ROOM	101, 359, 961	110, 862, 056	212, 222, 01	7 0. 116672	0. 000000	50.00
51.00 05100 RECOVERY ROOM	9, 139, 806	19, 315, 475	28, 455, 28	0. 178064	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	24, 070, 618	1, 709, 033	25, 779, 65	0. 252407	0.000000	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	52, 799, 555	218, 453, 641	271, 253, 19		0.000000	54.00
57.00 05700 CT SCAN	21, 722, 063	33, 544, 851	55, 266, 91	4 0.064083	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 0.000000	0. 000000	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	54, 170, 847	70, 238, 967	124, 409, 81	4 0.075419	0.000000	59.00
60. 00 06000 LABORATORY	56, 847, 395	60, 725, 652	117, 573, 04	0. 182530	0. 000000	60.00
60.01 06001 BLOOD LABORATORY	0	0		0 0.000000	0. 000000	60. 01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	6, 039, 800	2, 087, 924	8, 127, 72	4 0. 201170	0. 000000	63.00
65. 00 06500 RESPI RATORY THERAPY	28, 509, 124	4, 244, 973	32, 754, 09	0. 288353	0. 000000	65.00
65. 01 06501 SLEEP LAB	6, 204	8, 521, 105	8, 527, 30	0. 109095	0. 000000	65.01
66. 00 06600 PHYSI CAL THERAPY	10, 034, 061	11, 937, 062	21, 971, 12	.3 0.342317	0.000000	66.00
67.00 06700 OCCUPATI ONAL THERAPY	6, 955, 710	275, 864	7, 231, 57	4 0. 253730	0. 000000	67.00
68.00 06800 SPEECH PATHOLOGY	4, 081, 808	369, 558	4, 451, 36	6 0. 232745	0. 000000	68.00
68. 01 06801 AUDI OLOGY	0	0		0 0.000000	0. 000000	68.01
69. 00 06900 ELECTROCARDI OLOGY	21, 118, 865	27, 955, 779	49, 074, 64	4 0. 129213	0. 000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	43, 355, 038	54, 050, 397	97, 405, 43	5 0. 203377	0. 000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	77, 605, 730	56, 225, 259			0. 000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	119, 699, 061	301, 290, 337			0.000000	73.00
73.01 07301 HOSPI TAL BASED RETAIL PHARMACI ES	0	8, 700, 391	8, 700, 39		0. 000000	
74.00 07400 RENAL DIALYSIS	3, 850, 956	292, 407			0.000000	
76. 00 03160 CARDI OPULMONARY	0	0		0 0.000000	0. 000000	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	1, 330, 632	5, 559, 768	6, 890, 40		0.000000	
76. 98 07698 HYPERBARI C OXYGEN THERAPY	54, 475	22, 300, 046			0.000000	
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		0 0.000000	0.000000	
OUTPATIENT SERVICE COST CENTERS			1			
90. 00 09000 CLINIC	0	0		0 0.00000	0.000000	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC	304	828, 196			0.000000	
90. 02 09002 PAIN CLINIC	0	1, 527, 174			0.000000	90.02
90. 03 09003 0NCOLOGY CLINIC	364, 706					•
91. 00 09100 EMERGENCY	86, 251, 507					•
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	777, 216					
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	39,076	8, 380, 898			0.000000	
OTHER REIMBURSABLE COST CENTERS	57,070	0, 300, 090	0,417,77	0.207203	0.00000	, ,2.01
95. 00 09500 AMBULANCE SERVICES	0	0		0 0.00000	0.000000	95 00
102. 00 10200 OPI OI D TREATMENT PROGRAM	0	0		0		102.00
SPECIAL PURPOSE COST CENTERS	0	0	1	<u> </u>		102.00
113. 00 11300 I NTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	1 072 727 932	1, 338, 740, 434	2 411 468 36	6		200.00
201.00 Less Observation Beds	., ., ., ., ., ., ., ., ., ., ., ., ., .	.,,,,	_,, 100, 00	-		201.00
202.00 Total (see instructions)	1,072,727,932	1, 338, 740, 434	2, 411, 468, 36	6		202.00
				I.	1	

	ncial Systems I OF RATIO OF COSTS TO CHARGES	BALL MEMORIAL	Provi der CCN: 15-0089	Peri od:	u of Form CMS- Worksheet C	2552-1
	I OF KATTO OF COSTS TO CHARGES		11-000 dei CON. 13-0009	From 01/01/2022 To 12/31/2022	Part I Date/Time Pre	epared:
			Title XIX	Hocpi tal	5/26/2023 11: Cost	47 am
	Cost Center Description	PPS Inpatient		Hospital	COST	
		Ratio				
		11.00				
I NPAT	TIENT ROUTINE SERVICE COST CENTERS					
	D ADULTS & PEDIATRICS					30.00
	DINTENSIVE CARE UNIT					31.0
	O CORONARY CARE UNIT					32.0
	DINEONATAL INTENSIVE CARE UNIT					35.0
	D SUBPROVIDER - IPF					40.0
	D SUBPROVIDER - IRF					41.0
	D NURSERY _LARY_SERVICE_COST_CENTERS					43.0
	O OPERATING ROOM	0. 000000				50.0
	D RECOVERY ROOM	0. 000000				51.0
	D DELIVERY ROOM & LABOR ROOM	0. 000000				52.0
	D RADI OLOGY-DI AGNOSTI C	0. 000000				54.0
	D CT SCAN	0. 000000				57.0
	D MAGNETIC RESONANCE I MAGING (MRI)	0. 000000				58.0
	CARDI AC CATHETERI ZATI ON	0. 000000				59.0
	DLABORATORY	0. 000000				60.0
	1 BLOOD LABORATORY	0.000000				60. C
	BLOOD STORING, PROCESSING, & TRANS.	0. 000000				63.0
	RESPIRATORY THERAPY	0. 000000				65.0
5. 01 0650 <sup>2</sup>	1 SLEEP LAB	0. 000000				65.0
6.00 06600	PHYSI CAL THERAPY	0. 000000				66.0
7.00 06700	O OCCUPATIONAL THERAPY	0. 000000				67.0
	SPEECH PATHOLOGY	0. 000000				68.0
	1 AUDI OLOGY	0. 000000				68. C
	D ELECTROCARDI OLOGY	0. 000000				69. C
	D MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000				71. C
	DIMPL. DEV. CHARGED TO PATIENT	0.000000				72.0
	D DRUGS CHARGED TO PATIENTS	0. 000000				73.0
	1 HOSPITAL BASED RETAIL PHARMACIES	0. 000000				73.0
	D RENAL DI ALYSI S	0. 000000				74.0
		0. 000000				76.0
	7 CARDI AC REHABI LI TATI ON 8 HYPERBARI C OXYGEN THERAPY	0.000000				76.9
	D ALLOGENEI C HSCT ACQUI SI TI ON	0. 000000				77.0
	ATIENT SERVICE COST CENTERS	0.000000				_ //.0
	D CLINIC	0, 000000				90.0
	SUBSTANCE ABUSE CLINIC	0. 000000				90.0
	2 PAIN CLINIC	0. 000000				90.0
	3 ONCOLOGY CLINIC	0. 000000				90.0
	DEMERGENCY	0. 000000				91.0
2.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000				92.0
2.01 0920	OBSERVATION BEDS (DISTINCT PART)	0. 000000				92.0
	REIMBURSABLE COST CENTERS					
95.00 09500	D AMBULANCE SERVI CES	0. 000000				95.0
	OPIOID TREATMENT PROGRAM					102.0
	AL PURPOSE COST CENTERS					
	DINTEREST EXPENSE					113.0
200.00	Subtotal (see instructions)					200. 0
201.00	Less Observation Beds					201.0
202.00	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 C		Period: From 01/01/2022 To 12/31/2022	5/26/2023 11:	
			XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col			
	26)		2)			
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	7, 587, 452	0	7, 587, 45			
31.00 INTENSIVE CARE UNIT	1, 108, 962		1, 108, 96	8, 749	126.75	31.00
32.00 CORONARY CARE UNIT	0			0 0	0.00	32.00
35.00 NEONATAL INTENSIVE CARE UNIT	343, 680		343, 68	3, 196	107.53	35.00
40. 00 SUBPROVIDER – IPF	0	0		0 0	0.00	
41.00 SUBPROVIDER – IRF	404, 646	0	404, 64	4, 278	94.59	41.00
43.00 NURSERY	156, 625		156, 62	2, 012	77.85	43.00
200.00 Total (lines 30 through 199)	9, 601, 365		9, 601, 36	96, 140		200.00
Cost Center Description	I npati ent	Inpati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)	-			
	6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	22, 700					30.00
31.00 INTENSIVE CARE UNIT	2, 372	300, 651				31.00
32.00 CORONARY CARE UNI T	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	1, 660	157, 019				41.00
43.00 NURSERY	0	0				43.00
200.00 Total (lines 30 through 199)	26, 732	2, 668, 423				200. 00

Health Financial Systems	BALL MEMORIA	AL HOSPITAL		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provider C	CN: 15-0089	Period: From 01/01/2022 To 12/31/2022		
	_	Title	XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cos	t Inpatient	Capital Costs	
	Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
	(from Wkst. B,	Part I, col.	(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 OPERATI NG ROOM	1, 401, 807	212, 222, 017			234, 361	50.00
51.00 05100 RECOVERY ROOM	314, 370	28, 455, 281	0. 01104	8 3, 313, 217	36, 604	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	444, 439	25, 779, 651	0. 01724	153, 793	2, 651	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 291, 968	271, 253, 196	0. 00845	50 17, 116, 070	144, 631	54.00
57.00 05700 CT SCAN	77,039	55, 266, 914	0.00139	7, 693, 976	10, 725	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.0000	0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	550, 778	124, 409, 814	0.00442	16, 889, 857	74, 771	59.00
60. 00 06000 LABORATORY	683, 110	117, 573, 047	0. 00581	0 17, 618, 192	102, 362	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.0000	0 0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	3, 374	8, 127, 724	0.00041	5 1, 992, 049	827	63.00
65. 00 06500 RESPI RATORY THERAPY	208, 640	32, 754, 097	0.00637	0 8, 365, 755	53, 290	65.00
65. 01 06501 SLEEP LAB	4, 891	8, 527, 309	0.00057	6, 204	4	65.01
66. 00 06600 PHYSI CAL THERAPY	566, 662				64, 358	66.00
67.00 06700 OCCUPATI ONAL THERAPY	90, 528					
68.00 06800 SPEECH PATHOLOGY	23, 961					
68. 01 06801 AUDI OLOGY	0		0.00000			
69. 00 06900 ELECTROCARDI OLOGY	591,878	49,074,644			89, 931	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	304, 415				42, 838	•
72. 00 07200 I MPL. DEV. CHARGED TO PATIENT	240, 728					
73. 00 07300 DRUGS CHARGED TO PATIENTS	342, 119				29,679	
73. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES	84, 624				0	•
74.00 07400 RENAL DIALYSIS	106, 193				36, 166	
76. 00 03160 CARDI OPULMONARY	0				0	
76. 97 07697 CARDI AC REHABI LI TATI ON	7, 479	-			-	
76. 98 07698 HYPERBARI C OXYGEN THERAPY	30, 671		0.0013		55	•
77. 00 07700 ALLOGENEIC HSCT ACQUISITION	0					
OUTPATIENT SERVICE COST CENTERS			0.00000			//.00
90. 00 09000 CLINIC	0	0	0.0000	0 0	0	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC	227, 505	-			-	
90. 02 09002 PAIN CLINIC	789, 581					
90. 03 09003 0NCOLOGY CLINIC	285, 260				-	
91. 00 09100 EMERGENCY	1, 341, 279					
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	892,023					•
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	164, 407					•
OTHER REIMBURSABLE COST CENTERS	104,407	0,419,974	0.01952	20,710	JJ2Z	72.01
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	12 060 720	2, 068, 924, 952		237, 090, 616	1, 147, 014	
	12,007,727	2,000,724,702	I	237, 070, 010	1, 147, 014	200.00

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHE	R PASS THROUGH COST	S Provider C		Period: From 01/01/2022 To 12/31/2022		pared: 47 am
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Nursi ng	Nursi ng	Allied Health	Allied Health	All Other	
	Program	Program	Post-Stepdowr	Cost	Medi cal	
	Post-Stepdown		Adjustments		Education Cost	
	Adjustments					
	1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS			1			
30. 00 03000 ADULTS & PEDI ATRI CS	0	0		0 0	0	
31.00 03100 INTENSIVE CARE UNIT	0	0		0 0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0		0 0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0		0 0	0	35.00
40. 00 04000 SUBPROVI DER – I PF	0	0		0 0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0		0 0	0	41.00
43. 00 04300 NURSERY	0	0		0 0	0	
200.00 Total (lines 30 through 199)	0	0		0 0		200.00
Cost Center Description	Swi ng-Bed	Total Costs		Per Diem (col.	Inpati ent	
	Adj ustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
	Amount (see	1 through 3,				
		minus col. 4)	(	7.00		
	4.00	5.00	6.00	7.00	8.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000         ADULTS & PEDI ATRI CS	0	0	77, 90	5 0.00	22, 700	30.00
31. 00 03100 INTENSIVE CARE UNIT	0	0				
32. 00 03200 CORONARY CARE UNIT		0	8, 74	0.00	2, 372	1
35.00 02060 NEONATAL INTENSIVE CARE UNIT		0	3, 19			
40. 00 04000 SUBPROVIDER - IPF	0	0		0.00		
41. 00 04100 SUBPROVIDER - TPF	0	0				
43. 00 04300 NURSERY	0	0	4, 27 2, 01			
200.00 Total (lines 30 through 199)		0	96, 14			200.00
Cost Center Description	I npati ent	0	90, 14	0	20, 732	200.00
cost center bescription	Program					
	Pass-Through					
	Cost (col. 7 x					
	col . 8)					
	9.00					
INPATIENT ROUTINE SERVICE COST CENTERS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
30. 00 03000 ADULTS & PEDI ATRI CS	0					30.00
31.00 03100 INTENSIVE CARE UNIT	0					31.00
32.00 03200 CORONARY CARE UNI T	0					32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0					35.00
40. 00 04000 SUBPROVIDER - IPF	0					40.00
41.00 04100 SUBPROVIDER - IRF	0					41.00
43. 00 04300 NURSERY	0					43.00
200.00 Total (lines 30 through 199)	0					200.00

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEE THROUGH COSTS	RVICE OTHER PASS	6 Provider CC	CN: 15-0089	Period: From 01/01/2022 To 12/31/2022		
					5/26/2023 11:	47 am
			XVIII	Hospital	PPS	
Cost Center Description	Non Physician	Nursi ng	Nursi ng		Allied Health	
	Anesthetist	Program	Program	Post-Stepdown		
	Cost	Post-Stepdown		Adjustments		
	1.00	Adjustments 2A	2.00	3A	3, 00	
ANCI LLARY SERVI CE COST CENTERS	1.00	ZA	2.00	3A	3.00	
50. 00 05000 OPERATI NG ROOM	0	0		0 0	0	50.00
51. 00 05100 RECOVERY ROOM	0	0		0 0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52.00
	0	0				52.00
	0	0			e e e e e e e e e e e e e e e e e e e	54.00
	0	0		0	0	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	59.00
60. 00 06000 LABORATORY	0	0		0 0	0	60.00
60. 01 06001 BLOOD LABORATORY	0	0		0 0	0	60.01
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		0 0	0	63.00
65. 00 06500 RESPI RATORY THERAPY	0	0		0 0	0	65.00
65.01 06501 SLEEP LAB	0	0		0 0	0	65.01
66. 00 06600 PHYSI CAL THERAPY	0	0		0 0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
68. 01 06801 AUDI OLOGY	0	0		0 0	0	68.01
69. 00 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
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	329, 470	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		0 0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0		0 0	0	74.00
76.00 03160 CARDI OPULMONARY	0	0		0 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 0	0	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0	0	76.98
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		0 0	0	77.00
OUTPATIENT 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	90.01
90. 02 09002 PAIN CLINIC	0	0		0 0	l o	90.02
90. 03 09003 ONCOLOGY CLINIC	0	0		0 0	0	90.03
91. 00 09100 EMERGENCY	0	0		0 0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0	0	92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 0	0	92.01
OTHER REIMBURSABLE COST CENTERS	- V	0		- 0	0	1
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	0		0 0	329, 470	
	i oj	0	I	5	1 527,470	1200.00

Health Financial Systems	BALL MEMORIA				u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEI THROUGH COSTS	RVICE OTHER PASS	S Provider C		Period: From 01/01/2022 To 12/31/2022		pared: 47 am
	_	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,		
	Education Cost		Cost (sum of		(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
			and 4)		(see	
	4.00	F 00	( 00	7.00	instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS	0	0		0 212, 222, 017	0.000000	50,00
51. 00 05100 RECOVERY ROOM	0	0		0 212, 222, 017	0.000000	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 25, 779, 651	0.000000	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0			0 271, 253, 196		1
57. 00 05700 CT SCAN	0			0 271, 253, 190		
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0		0 33, 200, 714	0.000000	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0			0 124, 409, 814		•
60. 00 06000 LABORATORY	0	0		0 117, 573, 047		
60. 01 06001 BLOOD LABORATORY	0			0 117, 373, 047	0.000000	
63. 00 06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	0			0 8, 127, 724		
65. 00 06500 RESPIRATORY THERAPY	0			0 32, 754, 097	0.000000	
65. 01 06501 SLEEP LAB	0	0		0 8, 527, 309	0.000000	
66.00 06600 PHYSI CAL THERAPY	0	0		0 21, 971, 123		
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		0 7, 231, 574		
68. 00 06800 SPEECH PATHOLOGY	0	0		0 4, 451, 366		
68. 01 06801 AUDI OLOGY	0	0		0 0	0. 000000	
69. 00 06900 ELECTROCARDI OLOGY	0	0		49, 074, 644	0. 000000	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 97, 405, 435	0.000000	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		0 133, 830, 989		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	329, 470	329, 47	0 420, 989, 398	0.000783	73.00
73.01 07301 HOSPI TAL BASED RETAIL PHARMACIES	0	0		0 8, 700, 391	0.000000	73.01
74.00 07400 RENAL DI ALYSI S	0	0		0 4, 143, 363	0.000000	74.00
76.00 03160 CARDI OPULMONARY	0	0		0 0	0.000000	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0	1	0 6, 890, 400	0. 000000	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 22, 354, 521	0. 000000	76. 98
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		0 0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	0		0 0	0.000000	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0		0 828, 500	0.000000	90.01
90. 02 09002 PAIN CLINIC	0	0		0 1, 527, 174	0.000000	90. 02
90. 03 09003 ONCOLOGY CLINIC	0	0		0 51, 380, 518		
91.00 09100 EMERGENCY	0	0		0 287, 627, 447	0. 000000	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0 57, 729, 085		
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 8, 419, 974	0.00000	92.01
OTHER REIMBURSABLE COST CENTERS				1	1	
95.00 09500 AMBULANCE SERVICES						95.00
200.00  Total (lines 50 through 199)	0	329, 470	329, 47	0 2,068,924,952	I	200. 00

Health Financial Systems	BALL MEMORIAL	HOSPI TAL		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEE THROUGH COSTS	RVICE OTHER PASS	Provider CO	CN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Pre 5/26/2023 11:	pared:
		Title	XVIII	Hospi tal	PPS	47 am
Cost Center Description	Outpati ent	Inpatient	Inpati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through		Pass-Through	
	(col. 6 ÷ col.	Ũ	Costs (col.	3	Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0. 000000	35, 482, 355		0 21, 470, 754	0	50.00
51.00 05100 RECOVERY ROOM	0. 000000	3, 313, 217		0 4, 347, 362	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	153, 793		0 7, 531	0	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	17, 116, 070		0 56, 656, 717	0	54.00
57.00 05700 CT SCAN	0. 000000	7, 693, 976		0 6, 872, 332	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000	0		0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	16, 889, 857		0 21, 371, 180	0	59.00
60. 00 06000 LABORATORY	0. 000000	17, 618, 192		0 6, 216, 196		60.00
60.01 06001 BLOOD LABORATORY	0. 000000	0		0 0	0	60. 01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 000000	1, 992, 049		0 545, 445	0	63.00
65. 00 06500 RESPI RATORY THERAPY	0. 000000	8, 365, 755		0 588, 917	0	65.00
65.01 06501 SLEEP LAB	0. 000000	6, 204		0 1, 651, 169		65.01
66. 00 06600 PHYSI CAL THERAPY	0. 000000	2, 495, 361		0 147, 994		66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 000000	944, 955		0 945	0	67.00
68.00 06800 SPEECH PATHOLOGY	0. 000000	1, 000, 622		0 4, 455		68.00
68. 01 06801 AUDI OLOGY	0. 000000	0		0 0	0	68. 01
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	7, 456, 349		0 7, 343, 332	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	13, 708, 134		0 17, 798, 645		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0. 000000	33, 978, 764		0 15, 496, 538		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 000783	36, 505, 104	28, 58			73.00
73. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES	0. 000000	0		0 0	0	73.01
74. 00 07400 RENAL DI ALYSI S	0. 000000	1, 411, 071		0 64, 027	0	74.00
76. 00 03160 CARDI OPULMONARY	0. 000000	0		0 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	455, 069		0 1, 838, 424		76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	39, 904		0 7, 324, 507	0	76.98
77. 00 07700 ALLOGENEI C HSCT ACQUI SI TI ON	0. 000000	0		0 0	0	77.00
	0,000000	0	1	0 0	0	00.00
90. 00 09000 CLINIC	0. 000000	-			-	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC 90. 02 09002 PAIN CLINIC	0. 000000	173 0		0 22, 195	0	90.01
	0.000000	-		0 306, 821	0	90.02
90. 03 09003 0NCOLOGY CLINIC 91. 00 09100 EMERGENCY	0. 000000	176, 553		0 16, 459, 491	0	90. 03 91. 00
	0. 000000	30, 049, 988		0 24, 354, 150 0 6, 101, 698		91.00
	0.000000	210, 385				
92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART) OTHER REIMBURSABLE COST CENTERS	0. 000000	26, 716	I	0 1, 405, 966	0	92.01
95. 00 09500 AMBULANCE SERVICES	T T					95.00
200.00 Total (lines 50 through 199)		237, 090, 616	28, 58	3 320, 659, 577	80, 072	
	1	231, 070, 010	20,00	520,057,577	00,072	1-00.00

APPORTI ONME	ENT OF MEDICAL, OTHER HEALTH SERVICES AND	D VACCINE COST	Provider C	CN: 15-0089	Peri od:	Worksheet D	
					From 01/01/2022 To 12/31/2022	Part V	nared
					10 12/01/2022	5/26/2023 11:	47 am
			Title	XVIII	Hospi tal	PPS	_
				Charges		Costs	
	Cost Center Description		PPS Reimbursed		Cost	PPS Services	
		Ratio From	Services (see	Rei mbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins (see inst.)	. Ded. & Coins. (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCI	LLARY SERVICE COST CENTERS		2100	0.00		0100	
	O OPERATING ROOM	0. 116672	21, 470, 754		0 0	2, 505, 036	50.00
51.00 0510	O RECOVERY ROOM	0. 178064			0 0	774, 109	
52.00 0520	O DELIVERY ROOM & LABOR ROOM	0. 252407	7, 531		0 0	1, 901	52.00
54.00 0540	0 RADI OLOGY-DI AGNOSTI C	0. 100912	56, 656, 717		0 0	5, 717, 343	54.00
57.00 0570	O CT SCAN	0. 064083			0 0	440, 400	57.00
58.00 0580	O MAGNETIC RESONANCE IMAGING (MRI)	0. 000000	0		0 0	0	58.00
59.00 0590	O CARDI AC CATHETERI ZATI ON	0. 075419	21, 371, 180		0 0	1, 611, 793	59.00
	0 LABORATORY	0. 182530	6, 216, 196		0 0	1, 134, 642	60.00
50. 01 0600	1 BLOOD LABORATORY	0. 000000	0		0 0	0	60.01
53.00 0630	0 BLOOD STORING, PROCESSING, & TRANS.	0. 201170	545, 445		0 0	109, 727	63.00
55.00 0650	0 RESPI RATORY THERAPY	0. 288353	588, 917		0 0	169, 816	65.00
55.01 0650	1 SLEEP LAB	0. 109095	1, 651, 169		0 0	180, 134	65.01
56.00 0660	0 PHYSI CAL THERAPY	0. 342317	147, 994		0 0	50, 661	66.00
	0 OCCUPATI ONAL THERAPY	0. 253730	945		0 0	240	67.00
	O SPEECH PATHOLOGY	0. 232745			0 0	1, 037	68.00
	1 AUDI OLOGY	0. 000000			0 0	0	
	0 ELECTROCARDI OLOGY	0. 129213			0 0	948, 854	
	O MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 203377			0 0	3, 619, 835	
	OIMPL. DEV. CHARGED TO PATIENT	0. 123968			0 0	1, 921, 075	
	O DRUGS CHARGED TO PATIENTS	0. 176040			0 62, 205	18, 002, 341	
	1 HOSPITAL BASED RETAIL PHARMACIES	1. 362356			0 0	0	
	O RENAL DI ALYSI S	0. 529540			0 0	33, 905	
	O CARDI OPULMONARY	0. 000000			0 0	0	
	7 CARDI AC REHABI LI TATI ON	0. 236836			0 0	435, 405	
	8 HYPERBARI C OXYGEN THERAPY	0. 112271				822, 330	
77.00 0770	O ALLOGENEIC HSCT ACQUISITION	0. 000000	0		0 0	0	77.00
	ATIENT SERVICE COST CENTERS	0,000000	0		0 0	0	
		0.00000			0 0	0 34, 981	
	1 SUBSTANCE ABUSE CLINIC 2 PAIN CLINIC	1. 576092 1. 466466			0 0	449, 943	
	3 ONCOLOGY CLINIC				-		
		0. 125748			-	2,069,748	
	O EMERGENCY	0. 112189				2, 732, 268	
	0 OBSERVATION BEDS (NON-DISTINCT PART) 1 OBSERVATION BEDS (DISTINCT PART)	0. 208877 0. 287283			0 0	1, 274, 504 403, 910	
	R REIMBURSABLE COST CENTERS	0.207283	1, 400, 900	I	0	403, 910	92.01
	O AMBULANCE SERVICES	0. 000000	1		0		95.00
200.00	Subtotal (see instructions)	0.00000	320, 659, 577	3, 4		45, 445, 938	
200.00	Less PBP Clinic Lab. Services-Program		520,037,377	5,4	0 02,300		200.00
	Only Charges						201.00

o S	Cost Reimbursed Services Not Subject To ed. & Coins. (see inst.) 7.00 0 0 0 0 0 0 0 0 0 0 0 0	XVI I I	Hospi tal	5/26/2023 11: PPS	50.00 51.00 52.00
d S ons. De ) 0 0	Cost Reimbursed Services Not Subject To ed. & Coins. (see inst.) 7.00 0 0 0 0 0 0 0 0 0 0 0 0				51.00
S O NS. De ) 0 0 0	Reimbursed Services Not Subject To ed. & Coins. (see inst.) 7.00 0 0 0 0 0 0 0 0 0 0 0				51.00
S O NS. De ) 0 0 0	Services Not Subject To ed. & Coins. (see inst.) 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0				51.00
0 ns. De ) 0 0 0	Subject To ed. & Coins. (see inst.) 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0				51.00
ns. De ) (	ed. & Coins. (see inst.) 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0				51.00
0	7.00 0 0 0 0 0 0 0 0 0 0 0 0 0				51.00
0	0 0 0 0 0 0 0 0				51.00
0	0 0 0 0 0 0				51.00
0	0 0 0 0 0 0				51.00
	0 0 0 0				
	0 0 0 0				
	0 0 0 0				
	0 0 0				54.00
0 0 0	0 0				57.00
0	0				58.00
0	-				59.00
0					1
())	0				60.00
ž	0				60.01
0	0				63.00
0	0				65.00
0	0				65.01
0	0				66.00
0	-				67.00
0	•				68.00
0	0				68.01
0	0				69.00
0	0				71.00
0	0				72.00
0	10, 951				73.00
0	0				73.01
0	0				74.00
o	o				76.00
o	0				76.97
390	0				76.98
	0				77.00
-1	-1				
0	0				90.00
					90.01
0					90.02
0					90.03
0	-				90.03
~					91.00
					92.00
U	0				4 92.01
	10.010				95.00
	10, 962				200.00
0					201.00
					202.00
	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, 951 0 0 0 0 0 0 390 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0     0       0     0

PPORTIONMENT OF INPATIENT ANCILLARY SERVICE C	CAPI TAL COSTS	Provider C	CN: 15-0089 CCN: 15-T089	Period: From 01/01/2022 To 12/31/2022		nared
		component	CCN. 13-1009	10 12/31/2022	5/26/2023 11:	47 am
		Title	e XVIII	Subprovider - IRF	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cos	t Inpatient	Capital Costs	
	Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
	(from Wkst. B,	Part I, col.	(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
0. 00 05000 OPERATING ROOM	1, 401, 807	212, 222, 017	0. 00660	05 29, 795	197	50. C
I. 00 05100 RECOVERY ROOM	314, 370	28, 455, 281	0. 01104	4, 400	49	51.C
2.00 05200 DELIVERY ROOM & LABOR ROOM	444, 439	25, 779, 651	0. 01724	10 0	0	52. C
4. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 291, 968	271, 253, 196	0. 00845	50 78, 227	661	54.C
7.00 05700 CT SCAN	77, 039	55, 266, 914	0.00139	43, 373	60	57.C
3.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.0000	0 0	0	58.0
9. 00 05900 CARDI AC CATHETERI ZATI ON	550, 778	124, 409, 814	0.00442	27 0	0	59.0
0. 00 06000 LABORATORY	683, 110	117, 573, 047	0.00581	261, 559	1, 520	60.0
0. 01 06001 BLOOD LABORATORY	0	0	0.0000	0 0	0	60.0
3. 00 06300 BLOOD STORING, PROCESSING, & TRANS	5. 3, 374	8, 127, 724	0.00041	8,057	3	63.0
5. 00 06500 RESPI RATORY THERAPY	208, 640				378	65.0
5. 01 06501 SLEEP LAB	4, 891				0	65.0
5. 00 06600 PHYSI CAL THERAPY	566, 662				35, 722	66.0
7. 00 06700 OCCUPATIONAL THERAPY	90, 528					67.0
3. 00 06800 SPEECH PATHOLOGY	23, 961				2,602	68.0
3. 01 06801 AUDI OLOGY	0					68. (
9. 00 06900 ELECTROCARDI OLOGY	591,878	-			-	69.0
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIEN						
2. 00 07200 I MPL. DEV. CHARGED TO PATIENT	240, 728				0	72.
3. 00 07300 DRUGS CHARGED TO PATIENTS	342, 119				545	
3. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES	84, 624				0	73.0
4. 00 07400 RENAL DIALYSIS	106, 193				-	
5. 00 03160 CARDI OPULMONARY	00,179					76.
5. 97 07697 CARDI AC REHABI LI TATI ON	7,479	-				76.0
5. 98 07698 HYPERBARI C OXYGEN THERAPY	30, 671					76.0
7. 00 07700 ALLOGENEIC HSCT ACQUISITION	30, 071					77.0
OUTPATIENT SERVICE COST CENTERS	0		0.0000		0	1 / / . (
0. 00 09000 CLINIC	0	0	0.00000	0 0	0	90.0
D. 01 09000 CETNIC D. 01 09001 SUBSTANCE ABUSE CLINIC	227, 505	-				90. 90.
D. 02 09002 PAIN CLINIC						90.0
	789, 581					
	285, 260					90.0
	1, 341, 279					91.0
2. 00 09200 OBSERVATION BEDS (NON-DISTINCT PAR						92.0
2. 01 09201 OBSERVATION BEDS (DISTINCT PART)	164, 407	8, 419, 974	0. 01952	26 0	0	92. (
OTHER REI MBURSABLE COST CENTERS			1			0.5
5. 00 09500 AMBULANCE SERVICES	44 477 704			4 // 5 - 001		95.0
00.00 Total (lines 50 through 199)	11, 17, 706	2, 068, 924, 952		4, 665, 031	62, 542	200.

Anes Anes ANCI LLARY SERVI CE COST CENTERS 0.00 05000 OPERATI NG ROOM 1.00 05100 RECOVERY ROOM 2.00 05200 DELI VERY ROOM & LABOR ROOM	Physician sthetist Cost 1.00	Component (	CN: 15-0089 CCN: 15-T089 XVIII Nursing Program	Period: From 01/01/2022 To 12/31/2022 Subprovider - IRF Allied Health Post-Stepdown	Date/Time Prep 5/26/2023 11:4 PPS	
Cost Center Description Non F Anes ANCI LLARY SERVICE COST CENTERS 0.00 05000 OPERATI NG ROOM 1.00 05100 RECOVERY ROOM 2.00 05200 DELIVERY ROOM & LABOR ROOM	sthetist Cost	Title Nursing Program Post-Stepdown	XVIII Nursing	To 12/31/2022 Subprovi der - I RF Allied Health	Date/Time Prep 5/26/2023 11:4 PPS	
Anes Anes ANCI LLARY SERVI CE COST CENTERS 0.00 05000 OPERATI NG ROOM 1.00 05100 RECOVERY ROOM 2.00 05200 DELI VERY ROOM & LABOR ROOM	sthetist Cost	Nursing Program Post-Stepdown	Nursi ng	IRF Allied Health		
Anes Anes ANCI LLARY SERVI CE COST CENTERS 0.00 05000 OPERATI NG ROOM 1.00 05100 RECOVERY ROOM 2.00 05200 DELI VERY ROOM & LABOR ROOM	sthetist Cost	Program Post-Stepdown			Allied Health	
ANCI LLARY SERVI CE COST CENTERS 0. 00 05000 0PERATI NG ROOM 1. 00 05100 RECOVERY ROOM 2. 00 05200 DELI VERY ROOM & LABOR ROOM	Cost	Post-Stepdown	Program	Post-Stepdown		
ANCI LLARY SERVI CE COST CENTERS 0.00 05000 0PERATI NG ROOM 1.00 05100 RECOVERY ROOM 2.00 05200 DELI VERY ROOM & LABOR ROOM						
ANCI LLARY SERVICE COST CENTERS           0.00         05000         OPERATING ROOM           1.00         05100         RECOVERY ROOM           2.00         05200         DELI VERY ROOM & LABOR ROOM	1.00	Adiustments		Adjustments		
ANCI LLARY SERVICE COST CENTERS           0.00         05000         OPERATING ROOM           1.00         05100         RECOVERY ROOM           2.00         05200         DELI VERY ROOM & LABOR ROOM	1.00				0.00	<u> </u>
0. 00 05000 OPERATING ROOM 1. 00 05100 RECOVERY ROOM 2. 00 05200 DELIVERY ROOM & LABOR ROOM		2A	2.00	3A	3.00	
1. 00 05100 RECOVERY ROOM 2. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	50.00
2.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	51.00
	0	0		0 0	0	52.00
4. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	54.00
7. 00 05700 CT SCAN	0	0		0 0	0	57.00
8. 00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0		0 0	0	58.00
9. 00 05900 CARDIAC CATHETERIZATION	0	0		0 0	0	59.00
0. 00 06000 LABORATORY	0	0		0 0	0	60.00
0. 01 06001 BLOOD LABORATORY	0	0		0 0	0	60.00
3. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		0 0	0	63.00
5. 00 06500 RESPIRATORY THERAPY	0	0		0 0	0	65.00
5. 01 06501 SLEEP LAB	0	0		0 0	0	65.00
6. 00 06600 PHYSI CAL THERAPY	0	0		0 0	0	66.00
7. 00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
8. 00 06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
8. 01 06801 AUDI OLOGY	0	0		0 0	0	68.01
9. 00 06900 ELECTROCARDI OLOGY	0	0		0 0	0	69.00
1. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0	71.00
2. 00 07200 I MPL. DEV. CHARGED TO PATIENT	0	0		0 0	0	72.00
3. 00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	329, 470	
3. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES	0	0		0 0	027, 170	
4. 00 07400 RENAL DIALYSIS	0	0		0 0	0	
6. 00 03160 CARDI OPULMONARY	0	0		0 0	0	76.00
6. 97 07697 CARDI AC REHABILI TATI ON	0	0		0 0	0	76.97
6. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0	0	76.98
7. 00 07700 ALLOGENEIC HSCT ACQUISITION	o	0		0 0	0	77.00
OUTPATIENT SERVICE COST CENTERS		0		0		11.00
0. 00 09000 CLINIC	0	0		0 0	0	90.00
0. 01 09001 SUBSTANCE ABUSE CLINIC	0	0		0 0	0	90.01
0. 02 09002 PAIN CLINIC	0	0		0 0	0	90.02
0. 03 09003 ONCOLOGY CLINIC	0	0		0 0	0	90.03
1. 00 09100 EMERGENCY	0	0		0 0	0	91.00
2. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0	0	92.00
2. 01 09201 OBSERVATION BEDS (DI STINCT PART)	o	0		0 0	0	92.01
OTHER REIMBURSABLE COST CENTERS		0		- 0		
5. 00 09500 AMBULANCE SERVICES						95.00
00.00 Total (lines 50 through 199)	О	0		0 0	329, 470	

	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	6 Provider C	CN: 15-0089	Period: From 01/01/2022	Worksheet D Part IV	
IHROUG	H COSTS		Component	CCN: 15-T089	To 12/31/2022		epared: 47 am
			Title	e XVIII	Subprovider - IRF	PPS	
	Cost Center Description	AII Other	Total Cost	Total	Total Charges		
		Medi cal	(sum of cols.	Outpatient	(from Wkst. C,	to Charges	
		Education Cost	1, 2, 3, and	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
			4)	cols. 2, 3,	8)	7)	
				and 4)		(see	
						instructions)	
		4.00	5.00	6.00	7.00	8.00	
	ANCI LLARY SERVI CE COST CENTERS			1	-		
	05000 OPERATING ROOM	0	0		0 212, 222, 017		
	05100 RECOVERY ROOM	0	0		0 28, 455, 281		
	05200 DELIVERY ROOM & LABOR ROOM	0	0		0 25, 779, 651	0.00000	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 271, 253, 196	0. 000000	54.00
57.00	05700 CT SCAN	0	0		0 55, 266, 914	0. 000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 0	0. 000000	58.00
	05900 CARDI AC CATHETERI ZATI ON	0	0		0 124, 409, 814	0. 000000	59.0
	06000 LABORATORY	0	0		0 117, 573, 047		
	06001 BLOOD LABORATORY	0	0		0 0		
	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		0 8, 127, 724		
	06500 RESPI RATORY THERAPY	0	0		0 32, 754, 097	0. 000000	
	06501 SLEEP LAB	0	0		0 8, 527, 309		
	06600 PHYSI CAL THERAPY	0			0 21, 971, 123		
	06700 OCCUPATI ONAL THERAPY	0	0		0 7, 231, 574		
	06800 SPEECH PATHOLOGY	0			0 4, 451, 366		
	06801 AUDI OLOGY	0	0		0 4,451,300		
	06900 ELECTROCARDI OLOGY	0	0		0 49,074,644	0. 000000	
		0	0				
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 97, 405, 435		
	07200 I MPL. DEV. CHARGED TO PATIENT	0	0		0 133, 830, 989		
	07300 DRUGS CHARGED TO PATIENTS	0	329, 470				
	07301 HOSPI TAL BASED RETAIL PHARMACIES	0	0		0 8, 700, 391		
	07400 RENAL DI ALYSI S	0	0		0 4, 143, 363		
	03160 CARDI OPULMONARY	0	0		0 0	01 000000	
	07697 CARDI AC REHABI LI TATI ON	0	0		0 6, 890, 400		
	07698 HYPERBARI C OXYGEN THERAPY	0	0		0 22, 354, 521	0.00000	
7.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0		0 0	0.00000	0 77.0
	OUTPATIENT SERVICE COST CENTERS				-		
	09000 CLI NI C	0			0 0		
	09001 SUBSTANCE ABUSE CLINIC	0	0		0 828, 500		
	09002 PAIN CLINIC	0	0		0 1, 527, 174		
	09003 ONCOLOGY CLINIC	0	0		0 51, 380, 518		
1.00	09100 EMERGENCY	0	0		0 287, 627, 447	0.00000	91.0
2.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0 57, 729, 085	0. 000000	92.0
2. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 8, 419, 974	0. 000000	92.0
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVI CES						95.00
200.00	Total (lines 50 through 199)	0	329, 470	320 /	0 2,068,924,952		200.0

Health Financial Systems	BALL MEMORIAL	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER	RVICE OTHER PASS	Provider C	CN: 15-0089	Period:	Worksheet D	
THROUGH COSTS		Component (	CCN: 15-T089	From 01/01/2022 To 12/31/2022	Part IV Date/Time Pre 5/26/2023 11:	
		Title	e XVIII	Subprovider - IRF	PPS	
Cost Center Description	Outpati ent	I npati ent	Inpati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Throug	n Charges	Pass-Through	
	(col. 6 ÷ col.		Costs (col.	8	Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVICE COST CENTERS			1		-	
50.00 05000 OPERATI NG ROOM	0. 000000	29, 795		0 0	0	
51.00 05100 RECOVERY ROOM	0. 000000	4, 400		0 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	0		0 0	0	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	78, 227		0 278	0	54.00
57. 00 05700 CT SCAN	0. 000000	43, 373		0 837	0	57.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 000000	0		0 0	0	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	0		0 0	0	59.00
60. 00 06000 LABORATORY	0. 000000	261, 559		0 0	0	60.00
60. 01 06001 BLOOD LABORATORY	0. 000000	0		0 0	0	60. 01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 000000	8, 057		0 0	0	63.00
65. 00 06500 RESPI RATORY THERAPY	0. 000000	59, 350		0 0	0	65.00
65.01 06501 SLEEP LAB	0. 000000	0		0 0	0	65.01
66. 00 06600 PHYSI CAL THERAPY	0. 000000	1, 385, 072		0 0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 000000	1, 542, 099		0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0. 000000	483, 461		0 0	0	68.00
68. 01 06801 AUDI OLOGY	0. 000000	0		0 0	0	68.01
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	28, 244		0 2, 923	0	69.00
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0. 000000	29, 408		0 0	0	71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENT	0. 000000	0	_	0 0	0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 000783	670, 331	52	25 804	1	73.00
73. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES	0. 000000	0		0 0	0	
74. 00 07400 RENAL DI ALYSI S	0. 000000	41, 655		0 0	0	
76. 00 03160 CARDI OPULMONARY	0. 000000	0		0 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0.00000	0		0 0	0	•
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0.00000	0		0 0	0	76.98
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0. 000000	0		0 0	0	77.00
OUTPATIENT SERVICE COST CENTERS	0.000000			0		
90. 00 09000 CLINIC	0.00000	0		0 0	0	•
90. 01 09001 SUBSTANCE ABUSE CLINIC	0.00000	0		0 0	0	90.01
90. 02 09002 PAIN CLINIC	0. 000000	0		0 0	0	90.02
90. 03 09003 0NCOLOGY CLINIC	0. 000000	0		0 0	0	
91.00 09100 EMERGENCY	0. 000000	-		0 993	0	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000 0. 000000	0		0 0	0	•
92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART) OTHER REI MBURSABLE COST CENTERS	0.00000	0	1	0 0	0	92.01
95. 00 09500 AMBULANCE SERVICES	1		1			95.00
200.00 Total (lines 50 through 199)		4, 665, 031	5	25 5, 835	1	200.00
	I I	1, 000, 001	1 5.		· ·	1-00.00

PPORT	<u>Financial Systems</u> TONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	BALL MEMORIA VACCINE COST	Provider C	CN: 15-0089	Peri od:	wof Form CMS- Worksheet D	
			Component	CCN: 15-T089	From 01/01/2022 To 12/31/2022		epared: 47 am
			Title	e XVIII	Subprovider - IRF	PPS	
				Charges		Costs	
	Cost Center Description	Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services	
		Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To			
				Ded. & Coins			
		1.00		(see inst.)		5.00	
		1.00	2.00	3.00	4.00	5.00	
	ANCI LLARY SERVICE COST CENTERS	0.444/70			a .		-
0.00	05000 OPERATING ROOM	0. 116672			0 0		
1.00	05100 RECOVERY ROOM	0. 178064			0 0		
2.00	05200 DELIVERY ROOM & LABOR ROOM	0. 252407	0		0 0	-	
4.00	05400 RADI OLOGY-DI AGNOSTI C	0. 100912			0 0	28	
7.00	05700 CT SCAN	0. 064083			0 0	54	
3. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000			0 0	0	
9.00	05900 CARDI AC CATHETERI ZATI ON	0. 075419			0 0	0	
0. 00	06000 LABORATORY	0. 182530			0 0		
). 01	06001 BLOOD LABORATORY	0. 000000			0 0	0	
8.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0. 201170	0		0 0	0	63.0
5.00	06500 RESPI RATORY THERAPY	0. 288353	0		0 0	0	65.0
5. 01	06501 SLEEP LAB	0. 109095	0		0 0	0	65.0
5.00	06600 PHYSI CAL THERAPY	0. 342317	0		0 0	0	66.0
7.00	06700 OCCUPATI ONAL THERAPY	0. 253730	C		0 0	0	67.0
3.00	06800 SPEECH PATHOLOGY	0. 232745	C	)	0 0	0	68.0
3. 01	06801 AUDI OLOGY	0. 000000	C	)	0 0	0	68.0
9.00	06900 ELECTROCARDI OLOGY	0. 129213	2, 923		0 0	378	69.0
. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 203377	0	)	0 0	0	71.0
2.00	07200 IMPL. DEV. CHARGED TO PATIENT	0. 123968	C		0 0	0	72. (
3.00	07300 DRUGS CHARGED TO PATIENTS	0. 176040	804		0 948	142	73.0
3. 01	07301 HOSPI TAL BASED RETAIL PHARMACIES	1. 362356	C		0 0	0	73. (
. 00	07400 RENAL DI ALYSI S	0. 529540	C		0 0	0	74.(
. 00	03160 CARDI OPULMONARY	0. 000000	C	)	0 0	0	76.
5. 97	07697 CARDI AC REHABI LI TATI ON	0. 236836	C	)	0 0	0	76. 9
5. 98	07698 HYPERBARI C OXYGEN THERAPY	0. 112271	0	)	0 0	0	76. 9
. 00	07700 ALLOGENEIC HSCT ACQUISITION	0. 000000	C	)	0 0	0	77.0
	OUTPATIENT SERVICE COST CENTERS						1
0. 00	09000 CLI NI C	0. 000000	C		0 0	0	90.0
D. 01	09001 SUBSTANCE ABUSE CLINIC	1. 576092	C	)	0 0	0	90.0
0. 02	09002 PALN CLINIC	1. 466466	c		0 0	0	90.0
). 03	09003 ONCOLOGY CLINIC	0. 125748		)	0 0	0	90. C
1.00	09100 EMERGENCY	0. 112189			0 0	111	
2.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 208877	0		0 0		
2.01	09201 OBSERVATION BEDS (DISTINCT PART)	0. 287283	-		0 0		
	OTHER REIMBURSABLE COST CENTERS						1
5.00	09500 AMBULANCE SERVICES	0. 000000			0		95.0
DO. OC			5, 835		0 948	713	200. 0
01. OC			., 500		0 0		201.0
	Only Charges						
02.00			5, 835		0 948	713	202. C

	<u>Systems</u> F MEDICAL, OTHER HEALTH SERVICES AND	BALL MEMORIA	Provider C	CN· 15-0089	Peri od:	u of Form CMS- Worksheet D	2002
				CCN: 15-T089	From 01/01/2022 To 12/31/2022	Part V Date/Time Pre 5/26/2023 11:	eparec 47 ar
			Title	e XVIII	Subprovider -	PPS	
		Cos	sts				
Cos	t Center Description	Cost	Cost	1			
		Reimbursed	Reimbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		Ded. & Coins.	Ded. & Coins.				
		(see inst.)	(see inst.)	-			
	SERVICE COST CENTERS	6.00	7.00				-
	RATING ROOM	0	0				50.
	OVERY ROOM	0	-	1			51.
	IVERY ROOM & LABOR ROOM	0					52.
	I OLOGY-DI AGNOSTI C	0	C C				54.
. 00 05700 CT		0	0				57.
	NETIC RESONANCE IMAGING (MRI)	0	0	)			58.
	DI AC CATHETERI ZATI ON	0	C	)			59.
. 00 06000 LAB		0	C	)			60.
. 01 06001 BLO	OD LABORATORY	0	C				60.
. 00 06300 BLO	OD STORING, PROCESSING, & TRANS.	0	C				63.
. 00 06500 RES	PI RATORY THERAPY	0	0				65
. 01 06501 SLE	EP LAB	0	C				65
. 00 06600 PHY	SI CAL THERAPY	0	C				66
	UPATIONAL THERAPY	0	C				67
	ECH PATHOLOGY	0	0				68
. 01  06801 AUD		0	0				68
	CTROCARDI OLOGY	0	C				69
	ICAL SUPPLIES CHARGED TO PATIENTS	0	C				71
	L. DEV. CHARGED TO PATIENT	0	0	1			72
	GS CHARGED TO PATIENTS	0	167	1			73
	PITAL BASED RETAIL PHARMACIES	0	0	1			73
	AL DIALYSIS	0	0				74
	DI OPULMONARY DI AC REHABI LI TATI ON	0					76
		0					76
	ERBARIC OXYGEN THERAPY OGENEIC HSCT ACQUISITION	0					77
	IT SERVICE COST CENTERS	0		/			- ' '
. 00 09000 CLI		0	C				90
	STANCE ABUSE CLINIC	0					90
. 02 09002 PAI		0	C	)			90
. 03 09003 ONC	OLOGY CLINIC	0	C				90
. 00 09100 EME	RGENCY	0	C				91
. 00 09200 OBS	ERVATION BEDS (NON-DISTINCT PART)	0	C				92.
	ERVATION BEDS (DISTINCT PART)	0	C				92
	MBURSABLE COST CENTERS						
	ULANCE SERVICES	0					95
	total (see instructions)	0					200
	s PBP Clinic Lab. Services-Program	0					201
	y Charges						
2.00 Net	Charges (line 200 - line 201)	0	167				202

OMPUT	ATION OF INPATIENT OPERATING COST	rovi der CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prep 5/26/2023 11:4	pared:
	Cost Center Description	Title XVIII	Hospi tal	PPS	
	PART I - ALL PROVIDER COMPONENTS			1.00	
	I NPATI ENT DAYS				
. 00	Inpatient days (including private room days and swing-bed days, Inpatient days (including private room days, excluding swing-bed			77, 905 77, 905	1.0 2.0
. 00 . 00	Private room days (excluding swing-bed and observation bed days)		ivate room days,	77, 903 0	3.0
~~	do not complete this line.		<u> </u>	(0.7.1)	
. 00 . 00	Semi-private room days (excluding swing-bed and observation bed Total swing-bed SNF type inpatient days (including private room		er 31 of the cost	68, 746 0	4.0 5.0
. 00	reporting period	uuys) tii ougi booombo		0	
. 00	Total swing-bed SNF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	days) after December	31 of the cost	0	6.0
. 00	Total swing-bed NF type inpatient days (including private room of	days) through December	31 of the cost	0	7.0
	reporting period				
8. 00	Total swing-bed NF type inpatient days (including private room or reporting period (if calendar year, enter 0 on this line)	days) after December 3	1 of the cost	0	8.0
. 00	Total inpatient days including private room days applicable to t	the Program (excluding	swing-bed and	22, 700	9.0
0. 00	newborn days) (see instructions)	(including privato r	com davc)	0	10.0
0.00	Swing-bed SNF type inpatient days applicable to title XVIII only through December 31 of the cost reporting period (see instruction		oom days)	0	10.0
1.00	Swing-bed SNF type inpatient days applicable to title XVIII only		room days) after	0	11. C
2.00	December 31 of the cost reporting period (if calendar year, enter Swing-bed NF type inpatient days applicable to titles V or XIX of		e room days)	0	12.0
2.00	through December 31 of the cost reporting period	5	3 /	0	12.0
3.00	Swing-bed NF type inpatient days applicable to titles V or XIX or after December 31 of the cost reporting period (if calendar year			0	13.0
4.00	Medically necessary private room days applicable to the Program			0	14.0
5.00	Total nursery days (title V or XIX only)		5.	0	
6.00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			0	16. C
7.00	Medicare rate for swing-bed SNF services applicable to services	through December 31 d	of the cost	0.00	17. C
8.00	reporting period	often December 21 of	the east	0.00	18.0
0.00	Medicare rate for swing-bed SNF services applicable to services reporting period	arter becember 31 01	the cost	0.00	10.0
9.00	Medicaid rate for swing-bed NF services applicable to services t reporting period	through December 31 of	the cost	0.00	19.0
0. 00	Medicaid rate for swing-bed NF services applicable to services a	after December 31 of t	he cost	0.00	20.0
1. 00	reporting period Total general inpatient routine service cost (see instructions)			102, 566, 177	21 (
2.00	5 1 , , , , , , , , , , , , , , , , , ,	31 of the cost report	ing period (line	102, 566, 177	
	5 x line 17)				
23.00	Swing-bed cost applicable to SNF type services after December 31 x line 18)	I of the cost reportin	ng period (line 6	0	23.0
4. 00	Swing-bed cost applicable to NF type services through December 3	31 of the cost reporti	ng period (line	0	24.0
5 00	7 x line 19) Swing-bed cost applicable to NF type services after December 31	of the cost reporting	poriod (lipo 9	0	25.0
.5.00	x line 20)			0	25.0
6.00	Total swing-bed cost (see instructions)			0	
7.00	General inpatient routine service cost net of swing-bed cost (li PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	ne 21 minus line 26)		102, 566, 177	27.0
8. 00	General inpatient routine service charges (excluding swing-bed a	and observation bed ch	narges)	0	
	Private room charges (excluding swing-bed charges)			0	29.0
	Semi-private room charges (excluding swing-bed charges) General inpatient routine service cost/charge ratio (line 27 ÷ l	ine 28)		0 0. 000000	30. 0 31. 0
	Average private room per diem charge (line 29 ÷ line 3)	1110 20)		0.00	
	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
	Average per diem private room charge differential (line 32 minus		ctions)	0.00	
	Average per diem private room cost differential (line 34 x line	31)		0.00	
6.00 7.00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost and	d private room cost di	fferential (line	0 102, 566, 177	36. 37.
	27 minus line 36)		、 ···		
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUST	IMENTS			
8. 00	Adjusted general inpatient routine service cost per diem (see in	nstructions)		1, 316. 55	38.0
		3)		1, 316. 55 29, 885, 685 0	

	Financial Systems ATION OF INPATIENT OPERATING COST	BALL MEMORIAL	HOSPI TAL Provider CCN	I: 15-0089	In Lie Period:	worksheet D-1	
					From 01/01/2022 To 12/31/2022		
			Title	XVIII	Hospi tal	PPS	<u></u>
	Cost Center Description	Total Inpatient Costlr		Average Per iem (col. 1 col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.0	0 0	0	42.00
40.00	Intensive Care Type Inpatient Hospital Units	00.00/ 570	0.740	0.744.4	4 0.070	( 500 470	1 40 00
43.00 44.00	I NTENSI VE CARE UNI T CORONARY CARE UNI T	23, 986, 572 0	8, 749 0	2, 741. 6 0. 0			
45.00	BURN INTENSIVE CARE UNIT	0	0	0.0	0	0	45.00
	SURGI CAL I NTENSI VE CARE UNI T						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	6, 137, 230	3, 196	1, 920. 2	8 0	0	47.00
	Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wks	st D-3 col 3	Line 200)			1.00 34,401,267	48.00
48.01	Program inpatient cellular therapy acquisitio			II, line 10,	column 1)	0	
49.00	Total Program inpatient costs (sum of lines 4	11 through 48.01	)(see instruct	i ons)		70, 790, 122	49.00
	PASS THROUGH COST ADJUSTMENTS					0.511.101	1
50.00	Pass through costs applicable to Program inpa	atient routine s	ervices (from	Wkst. D, sum	of Parts I and	2, 511, 404	50.00
51.00	Pass through costs applicable to Program inpa and IV)	atient ancillary	services (fro	m Wkst. D, s	um of Parts II	1, 175, 597	51.00
52.00	Total Program excludable cost (sum of lines !					3, 687, 001	52.00
53.00	Total Program inpatient operating cost exclud		ated, non-phys	ician anesth	etist, and	67, 103, 121	53.00
	medical education costs (line 49 minus line 5 TARGET AMOUNT AND LIMIT COMPUTATION	o2)					
54.00	Program di scharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	
55.02	Adjustment amount per discharge (contractor u					0.00	1
56.00 57.00	Target amount (line 54 x sum of lines 55, 55. Difference between adjusted inpatient operati		net amount (li	no 56 minus	line 53)	0	
58.00	Bonus payment (see instructions)	ng cost and tar			The 55)	0	
59.00	Trended costs (lesser of line 53 ÷ line 54, o	or line 55 from	the cost repor	ting period	endi ng 1996,	0.00	1
	updated and compounded by the market basket)						1 1 0 00
60.00	Expected costs (lesser of line 53 ÷ line 54, market basket)	or line 55 from	prior year co	st report, u	pdated by the	0.00	60.00
61.00	Continuous improvement bonus payment (if line $55.01$ , or line $59$ , or line $60$ , enter the less $53$ ) are less than expected costs (lines $54 \times 10^{-1}$	g costs (line	0	61.00			
62.00	enter zero. (see instructions) Relief payment (see instructions)					0	62.00
	Allowable Inpatient cost plus incentive payme	ent (see instruc	tions)			0	1
	PROGRAM INPATIENT ROUTINE SWING BED COST	·					
64.00	Medicare swing-bed SNF inpatient routine cost instructions)(title XVIII only)	ts through Deceml	ber 31 of the	cost reporti	ng period (See	0	64.00
65.00	Medicare swing-bed SNF inpatient routine cost	ts after Decembe	r 31 of the co	st reporting	period (See	0	65.00
66.00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routin	ne costs (line 64	4 plus line 65	)(title XVII	l only); for	0	66.00
67.00	CAH, see instructions Title V or XIX swing-bed NF inpatient routing	costs through l	Docombor 21 of	the cost re	porting poriod	0	67.00
	(line 12 x line 19)	5			51		
68.00	Title V or XIX swing-bed NF inpatient routine (line 13 x line 20)	e costs after De	cember 31 of t	he cost repo	rting period	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient ( PART III - SKILLED NURSING FACILITY, OTHER NU					0	69.00
70.00	Skilled nursing facility/other nursing facili						70.00
71.00	Adjusted general inpatient routine service co	ost per diem (li		• •			71.00
72.00	Program routine service cost (line 9 x line )			- 25)			72.00
73.00 74.00	Medically necessary private room cost applica Total Program general inpatient routine servi			e 35)			73.00 74.00
75.00	Capital -related cost allocated to inpatient i	•		rksheet B. P	art II. column		75.00
	26, line 45)		<b>`</b>				
76.00	Per diem capital-related costs (line 75 ÷ lin						76.00
77.00 78.00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minus						77.00
78.00 79.00	Aggregate charges to beneficiaries for excess	,	ovider records	)			78.00
	Total Program routine service costs for compa				us line 79)		80.00
81.00	Inpatient routine service cost per diem limit						81.00
82.00	Inpatient routine service cost limitation (li		<b>`</b>				82.00
83.00 84.00	Reasonable inpatient routine service costs (s Program inpatient ancillary services (see ins		)				83.00 84.00
	Utilization review - physician compensation		s)				84.00
	Total Program inpatient operating costs (sum						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS	5 THROUGH COST				-	
87.00	Total observation bed days (see instructions)		line 2)			9, 159	1
88.00 89.00	Adjusted general inpatient routine cost per of Observation bed cost (line 87 x line 88) (see					1, 316. 55 12, 058, 281	
07.00	Set					12,030,201	1 0 7. 00

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lieu of Form CMS-2552-1		
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period:	Worksheet D-1	
				From 01/01/2022 To 12/31/2022		
		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	7, 587, 452	102, 566, 177	0. 07397	6 12, 058, 281	892, 023	90.00
91.00 Nursing Program cost	0	102, 566, 177	0.00000	0 12, 058, 281	0	91.00
92.00 Allied health cost	0	102, 566, 177	0.00000	0 12, 058, 281	0	92.00
93.00 All other Medical Education	0	102, 566, 177	0. 00000	0 12, 058, 281	0	93.00

MPUT	Financial         Systems         BALL         MEMORIAL           ATION OF INPATIENT OPERATING COST         End         End </th <th>Provider CCN: 15-0089</th> <th>Peri od:</th> <th>Worksheet D-1</th> <th></th>	Provider CCN: 15-0089	Peri od:	Worksheet D-1	
		Component CCN: 15-T089	From 01/01/2022 To 12/31/2022	Date/Time Prep 5/26/2023 11:4	
		Title XVIII	Subprovider - IRF	PPS	
	Cost Center Description		-	1.00	
	PART I - ALL PROVIDER COMPONENTS		I		
	I NPATI ENT DAYS				
00	Inpatient days (including private room days and swing-bed day			4, 278	
00	Inpatient days (including private room days, excluding swing-	5,7		4, 278	
00	Private room days (excluding swing-bed and observation bed da	ays). If you have only pr	ivate room days,	0	3
00	do not complete this line. Semi-private room days (excluding swing-bed and observation b	had days)		4, 278	4
00	Total swing-bed SNF type inpatient days (including private ro		r 31 of the cost	4,278	
00	reporting period			0	ľ
00	Total swing-bed SNF type inpatient days (including private ro	oom 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 roo	om days) through December	31 of the cost	0	7
	reporting period				
00	Total swing-bed NF type inpatient days (including private roo	om 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 t	to the Program (excluding	swing_bed and	1, 660	9
00	newborn days) (see instructions)	to the riogram (excluding	Swillg-bed and	1,000	2
. 00	Swing-bed SNF type inpatient days applicable to title XVIII of	onlv (including private r	oom davs)	0	10
	through December 31 of the cost reporting period (see instruc				
. 00	Swing-bed SNF type inpatient days applicable to title XVIII of		oom days) after	0	11
	December 31 of the cost reporting period (if calendar year, e				
. 00	Swing-bed NF type inpatient days applicable to titles V or XI	IX only (including privat	e room days)	0	12
. 00	through December 31 of the cost reporting period	IX only (including privat	a room day(c)	0	13
. 00	Swing-bed NF type inpatient days applicable to titles V or XI after December 31 of the cost reporting period (if calendary)			0	13
. 00	Medically necessary private room days applicable to the Progr			0	14
	Total nursery days (title V or XIX only)		uujo)	Ő	
	Nursery days (title V or XIX only)			0	16
	SWING BED ADJUSTMENT				
. 00	Medicare rate for swing-bed SNF services applicable to service	ces through December 31 o	f the cost	0.00	17
00	reporting period		+h+	0.00	10
. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	ces after December 31 of	the cost	0.00	18
. 00	Medicaid rate for swing-bed NF services applicable to service	es through December 31 of	the cost	0.00	19
	reporting period			0.00	
. 00	Medicaid rate for swing-bed NF services applicable to service	es after December 31 of t	he cost	0.00	20
	reporting period				
. 00	Total general inpatient routine service cost (see instruction			4, 757, 135	
. 00	Swing-bed cost applicable to SNF type services through Decemb	ber 31 of the cost report	ing period (line	0	22
00	5 x line 17)	r 21 of the east reporting	a ported (line (	0	1 22
. 00	Swing-bed cost applicable to SNF type services after December x line 18)	r 31 of the cost reportin	ig period (inne o	0	23
. 00	Swing-bed cost applicable to NF type services through December	er 31 of the cost reporti	ng period (line	0	24
	7 x line 19)		5 1 1 1 1		
. 00	Swing-bed cost applicable to NF type services after December	31 of the cost reporting	period (line 8	0	25
	x line 20)				
. 00	Total swing-bed cost (see instructions)			0	26
. 00	General inpatient routine service cost net of swing-bed cost PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(The 21 minus The 26)		4, 757, 135	27
. 00	General inpatient routine service charges (excluding swing-be	ed and observation bed ch	arges)	0	28
. 00	Private room charges (excluding swing-bed charges)		ur ges)	0	
. 00	Semi-private room charges (excluding swing-bed charges)			0	
00	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0.00000	
. 00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32
00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
. 00	Average per diem private room charge differential (line 32 mi		tions)	0.00	
. 00	Average per diem private room cost differential (line 34 x li	ine 31)		0.00	
. 00	Private room cost differential adjustment (line 3 x line 35)	and privato room cost di	fforontial (line	0 4 757 125	36
. 00	General inpatient routine service cost net of swing-bed cost 27 minus line 36)	anu private room cost di	inerential (IINe	4, 757, 135	37
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AD.	JUSTMENTS			1
				1, 112. 00	38
. 00	Adjusted general inpatient routine service cost per diem (see				
	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line			1, 845, 920	39
. 00 . 00 . 00	· · · · · · · · · · · · · · · · · · ·	e 38)		1, 845, 920 0	39 40

OMPU	Financial Systems ATION OF INPATIENT OPERATING COST	BALL MEMORIAL	Provi der C	CN: 15-0089	Peri od:	eu of Form CMS- Worksheet D-1	
			Component	CCN: 15-T089	From 01/01/2022 To 12/31/2022	Date/Time Pre	
			Title	XVIII	Subprovider -	5/26/2023 11: PPS	47 am
	Cost Center Description	Total	Total	Average Per	IRF Program Days	Program Cost	
		Inpatient Costlr	npatient Days	Diem (col. 1 col. 2)	÷	(col. 3 x col. 4)	
2 00	NUDSEDV (+; +Lo, V, & VLV, oply)	1.00	2.00	3.00	4.00 00 0	5.00	42. (
2.00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	0	0	0.	<u>00 (</u>	<u>j</u> 0	42.0
3.00	INTENSIVE CARE UNIT	0	0				
4.00 5.00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	0	0	0.	00 C	0	44.
6. 00	SURGI CAL I NTENSI VE CARE UNI T						45.
7.00		0	0	0.	00 C	0	47.
	Cost Center Description					1.00	
3. 00	Program inpatient ancillary service cost (Wk	st. D-3, col. 3,	line 200)			1, 209, 036	48.
B. 01	Program inpatient cellular therapy acquisiti				, column 1)	0	
9.00	Total Program inpatient costs (sum of lines PASS THROUGH COST ADJUSTMENTS	41 through 48.01	(see Instruc	tions)		3, 054, 956	49.
0. 00	Pass through costs applicable to Program inp	atient routine s	ervices (from	Wkst. D, su	m of Parts I and	157, 019	50.
1. 00	<pre>III) Pass through costs applicable to Program inp</pre>	atient ancillary	services (fr	om Wkst D	sum of Parts II	63, 067	51.0
00	and IV)	actoric unorritally	501 ¥1 603 (11	5.0 m(3t. D <sub>1</sub>	can of runto II		
2.00	Total Program excludable cost (sum of lines			ololon '	hatiot	220, 086	
3. 00	Total Program inpatient operating cost exclu medical education costs (line 49 minus line TARGET AMOUNT AND LIMIT COMPUTATION		area, non-phy	sician anest	netist, and	2, 834, 870	53.
4.00	Program di scharges					0	54.
5.00	Target amount per discharge					0.00	
5. 01 5. 02	Permanent adjustment amount per discharge Adjustment amount per discharge (contractor					0.00	
5.02	Target amount (line 54 x sum of lines 55, 55					0.00	
7.00	Difference between adjusted inpatient operat		get amount (I	ine 56 minus	line 53)	0	
3.00 9.00	Bonus payment (see instructions)	or line 55 from :	the cost rong	rting poriod	opding 1006	0.00	
9.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)						
0. 00	Expected costs (lesser of line 53 ÷ line 54, market basket)	or line 55 from	prior year c	ost report,	updated by the	0.00	60.
1. 00							61.0
2.00 3.00		ent (see instruc	tions)			0	
4. 00	PROGRAM INPATIENT ROUTINE SWING BED COST			cost report	ing period (See	0	64.
	instructions)(title XVIII only)	3			51 (		
5.00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts after Decembe	~ 31 of the c	ost reportin	g period (See	0	65.
6. 00	Total Medicare swing-bed SNF inpatient routi CAH, see instructions	ne costs (line 64	1 plus line 6	5)(title XVI	ll only); for	0	66.
7.00		e costs through I	December 31 c	f the cost r	eporting period	0	67.
8. 00	Title V or XIX swing-bed NF inpatient routin (line 13 x line 20)	e costs after De	cember 31 of	the cost rep	orting period	0	68.
9. 00	Total title V or XIX swing-bed NF inpatient PART III - SKILLED NURSING FACILITY, OTHER N					0	69.
0. 00	Skilled nursing facility/other nursing facil	ity/ICF/IID rout	ne service c	ost (line 37	)		70.
1.00	Adjusted general inpatient routine service c		ne 70 ÷ line	2)			71.
2.00 3.00	Program routine service cost (line 9 x line Medically necessary private room cost applic		(line 14 x li	ne 35)			72.
4. 00	Total Program general inpatient routine serv	ice costs (line )	72 + line 73)				74.
5.00	Capital-related cost allocated to inpatient 26, line 45)		costs (from W	orksheet B,	Part II, column		75.
5.00 7.00	Per diem capital-related costs (line 75 ÷ li Program capital-related costs (line 9 x line						76.
3. 00	Inpatient routine service cost (line 74 minu						78.
9.00	55 5 5	• •		· .			79.
0. 00 1. 00	Total Program routine service costs for comp Inpatient routine service cost per diem limi		st limitation	(IINE /8 mi	nus line /9)		80. 81.
2.00	Inpatient routine service cost per drem rimi						82.
3.00	Reasonable inpatient routine service costs (	see instructions	)				83.
4.00 5.00	Program inpatient ancillary services (see in Utilization review - physician compensation		5)				84. 85.
	Total Program inpatient operating costs (sum						85. 86.
7.00	PART IV - COMPUTATION OF OBSERVATION BED PAS						07
	Total observation bed days (see instructions	)				0.00	87.

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Peri od:	Worksheet D-1	
		Component (	CCN: 15-T089	From 01/01/2022 To 12/31/2022	Date/Time Pre 5/26/2023 11:	pared: 47 am
		Title	XVIII	Subprovider - IRF	PPS	
Cost Center Description						
					1.00	
89.00 Observation bed cost (line 87 x line 88) (see	e instructions)		-		0	89.00
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 C	COST					
90.00 Capital-related cost	404, 646	4, 757, 135	0. 08506	51 0	0	90.00
91.00 Nursing Program cost	0	4, 757, 135	0.0000	0 0	0	91.00
92.00 Allied health cost	0	4, 757, 135	0.0000	0 0	0	92.00
93.00 All other Medical Education	0	4, 757, 135	0.0000	0 00	0	93.00

	Systems BALL MEMORIAL ARY SERVICE COST APPORTIONMENT	Provider C	CN: 15_0080	Peri od:	eu of Form CMS- Worksheet D-3	
INFAILLNI ANGILL	ART SERVICE COST AFFORTIONWENT	FIOVICEIC	CN. 15-0089	From 01/01/2022		
				To 12/31/2022	Date/Time Pre	
		Title	e XVIII	Hospi tal	5/26/2023 11: PPS	4/ am
Cost	Center Description	11110	Ratio of Cos		Inpatient	
0001			To Charges		Program Costs	
				Charges	(col. 1 x col.	
					2)	
			1.00	2.00	3.00	
	ROUTI NE SERVI CE COST CENTERS TS & PEDI ATRI CS		1	83, 821, 964		30.00
	NSIVE CARE UNIT			17, 892, 654		31.00
	NARY CARE UNIT			17, 872, 034		32.00
	ATAL INTENSIVE CARE UNIT			0		35.00
	ROVIDER - IPF			0		40.00
	ROVIDER - IRF			0		41.00
43.00 04300 NURS						43.00
	SERVICE COST CENTERS					10.00
50.00 05000 OPER			0. 1166	72 35, 482, 355	4, 139, 797	50.00
51.00 05100 RECO	VERY ROOM		0. 1780	64 3, 313, 217	589, 965	51.00
	VERY ROOM & LABOR ROOM		0. 2524	07 153, 793	38, 818	52.00
54.00 05400 RADI	OLOGY-DI AGNOSTI C		0. 1009	12 17, 116, 070	1, 727, 217	54.00
57.00 05700 CT S	CAN		0.0640	83 7, 693, 976	493, 053	57.00
58.00 05800 MAGN	ETIC RESONANCE IMAGING (MRI)		0.0000	00 0	0	58.00
	I AC CATHETERI ZATI ON		0.0754	19 16, 889, 857	1, 273, 816	59.00
60.00 06000 LAB0			0. 1825	30 17, 618, 192	3, 215, 849	60.00
60.01 06001 BL00	D LABORATORY		0.0000	00 0	0	
	D STORING, PROCESSING, & TRANS.		0. 2011			
	I RATORY THERAPY		0. 2883		2, 412, 291	
65.01 06501 SLEE			0. 1090			
	I CAL THERAPY		0. 3423		854, 204	
	PATIONAL THERAPY		0. 2537			
	CH PATHOLOGY		0. 2327			
68.01 06801 AUDI			0.0000		-	
	TROCARDI OLOGY		0. 1292			
	CAL SUPPLIES CHARGED TO PATIENTS		0. 2033			
	. DEV. CHARGED TO PATIENT		0. 1239		4, 212, 279	
	S CHARGED TO PATIENTS		0. 1760			
	ITAL BASED RETAIL PHARMACIES		1.3623		0	
74.00 07400 RENA 76.00 03160 CARD	I OPULMONARY		0. 5295 0. 0000			
	I AC REHABI LI TATI ON		0. 2368		0 107, 777	
	RBARIC OXYGEN THERAPY		0. 2308			
	GENEIC HSCT ACQUISITION		0. 0000			1
	SERVICE COST CENTERS		0.0000	00  0	0	//.00
90. 00 09000 CLIN			0.0000	00 0	0	90.00
	TANCE ABUSE CLINIC		1. 5760			
90.02 09002 PALN			1. 4664		0	
	LOGY CLINIC		0. 1257		22, 201	90.03
91.00 09100 EMER			0. 1150			
	RVATION BEDS (NON-DISTINCT PART)		0. 2088			
	RVATION BEDS (DISTINCT PART)		0. 2872			
OTHER REIM	BURSABLE COST CENTERS			· · · ·		
95.00 09500 AMBU						95.00
	l (sum of lines 50 through 94 and 96 through 98)			237, 090, 616	34, 401, 267	200.00
	PBP Clinic Laboratory Services-Program only charge	s (line 61)		0		201.00
202.00 Net	charges (line 200 minus line 201)			237, 090, 616	1	202.00

Health Financial Systems BALL MEMORIAL INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		CN: 15-0089	Period:	worksheet D-3	
INPATIENT ANCILLART SERVICE COST APPORTIONMENT	Provider C	CN. 15-0069	From 01/01/2022		
	Component	CCN: 15-T089	To 12/31/2022	Date/Time Pre 5/26/2023 11:	
	Title	e XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cos		Inpati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
		1.00	2.00	2)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	
30. 00 03000 ADULTS & PEDIATRI CS					30.00
31. 00 03100 I NTENSI VE CARE UNI T					31.00
32. 00 03200 CORONARY CARE UNI T					32.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT					35.00
40. 00 O4000 SUBPROVIDER - IPF					40.00
41.00 O4100 SUBPROVI DER – I RF			4, 301, 560		41.00
43. 00 04300 NURSERY					43.00
ANCI LLARY SERVI CE COST CENTERS		0 11//	70 20 705	2 476	50.00
50. 00 05000 OPERATING ROOM 51. 00 05100 RECOVERY ROOM		0. 1166			1
52. 00 05200 DELIVERY ROOM & LABOR ROOM		0. 1780			
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 2324			
57. 00 05700 CT SCAN		0.0640			
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI)		0.0000			1
59. 00 05900 CARDI AC CATHETERI ZATI ON		0.0754			
60. 00 06000 LABORATORY		0. 1825		47, 742	60.00
60. 01 06001 BLOOD LABORATORY		0.0000			60.01
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.		0. 2011		1, 621	
65. 00 06500 RESPI RATORY THERAPY		0. 2883			
65. 01 06501 SLEEP LAB		0. 1090		0	1
66. 00 06600 PHYSI CAL THERAPY		0.3423			
67. 00 06700 OCCUPATI ONAL THERAPY		0. 2537			
68. 00  06800  SPEECH PATHOLOGY 68. 01  06801  AUDI OLOGY		0. 2327			1
69. 00 06900 ELECTROCARDI OLOGY		0. 1292			1
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 2033			1
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT		0. 1239		0	1
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 1760			1
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES		1.3623			
74. 00 07400 RENAL DIALYSIS		0. 5295	40 41, 655	22, 058	74.00
76. 00 03160 CARDI OPULMONARY		0.0000	00 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON		0. 2368			76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY		0. 1122			
77. 00 07700 ALLOGENEI C HSCT ACQUI SI TI ON		0.0000	00 0	0	77.00
OUTPATIENT SERVICE COST CENTERS		0.0000	00		
90. 00  09000  CLINIC 90. 01  09001  SUBSTANCE ABUSE CLINIC		0.0000			
90. 01 09001 SUBSTANCE ABUSE CLINIC 90. 02 09002 PAIN CLINIC		1. 5760			
90. 02 109002 PATH CETNIC 90. 03 109003 ONCOLOGY CLINIC		0. 1257			
91. 00 09100 EMERGENCY		0. 1257			
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 2088			
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)		0. 2872			
OTHER REIMBURSABLE COST CENTERS					1
95. 00 09500 AMBULANCE SERVI CES					95.00
200.00 Total (sum of lines 50 through 94 and 96 through 98)			4, 665, 031	1, 209, 036	
201.00 Less PBP Clinic Laboratory Services-Program only charge	ges (line 61)		0		201.00
202.00 Net charges (line 200 minus line 201)			4, 665, 031		202.00

Health Financial Systems	BALL MEMORIAL		CN: 15-0089	Peri od:	u of Form CMS- Worksheet D-3	
INFAITENT ANGIELART SERVICE COST AFFORT	ONMENT	FIOVICEIC	CN. 15-0009	From 01/01/2022	WOLKSHEEL D-3	)
				To 12/31/2022		
					5/26/2023 11:	47 am
Cost Center Description			e XIX Ratio of Cos	Hospital st Inpatient	Cost Inpatient	
cost center bescription			To Charges		Program Costs	
			10 ondriges	Charges	$(col \cdot 1 \times col \cdot)$	
				J	2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CE	ITERS		1	( 700 050		
30. 00 03000 ADULTS & PEDI ATRI CS				6, 702, 050		30.00
31. 00 03100 I NTENSI VE CARE UNI T				2, 501, 178		31.00
32. 00 03200 CORONARY CARE UNIT				1 4(0 712		32.00
35. 00 02060 NEONATAL INTENSIVE CARE UNI 40. 00 04000 SUBPROVIDER - IPF				1, 460, 712		35.00
40. 00 04000 SUBPROVIDER - IPF 41. 00 04100 SUBPROVIDER - IRF				0		40.00
41. 00 04100 SUBPROVIDER - TRP 43. 00 04300 NURSERY				175, 728		41.00
ANCI LLARY SERVICE COST CENTERS				175,720		43.00
50. 00 05000 OPERATING ROOM			0. 1166	72 1, 124, 067	131, 147	50.00
51. 00 05100 RECOVERY ROOM			0. 1780			
52. 00 05200 DELIVERY ROOM & LABOR ROOM			0. 2524		120, 594	
54. 00 05400 RADI OLOGY-DI AGNOSTI C			0. 1009			
57. 00 05700 CT SCAN			0.0640			
58.00 05800 MAGNETIC RESONANCE I MAGI NG	MRL)		0.0000			
59. 00 05900 CARDI AC CATHETERI ZATI ON	····· ,		0.0754			
60. 00 06000 LABORATORY			0. 1825		309, 414	
60.01 06001 BLOOD LABORATORY			0.0000		0	
63.00 06300 BLOOD STORING, PROCESSING, a	TRANS.		0. 2011		26, 846	63.00
65. 00 06500 RESPI RATORY THERAPY			0. 2883		352, 305	
65.01 06501 SLEEP LAB			0. 1090	95 0	0	65.01
66.00 06600 PHYSI CAL THERAPY			0. 3423	17 151, 872	51, 988	66.00
67.00 06700 OCCUPATI ONAL THERAPY			0. 2537	30 88, 554	22, 469	67.00
68.00 06800 SPEECH PATHOLOGY			0. 2327	45 128, 261	29, 852	68.00
68. 01 06801 AUDI OLOGY			0.0000	00 0	0	68.01
69. 00 06900 ELECTROCARDI OLOGY			0. 1292			69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO			0. 2033	77 568, 138	115, 546	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIE	IT		0. 1239			•
73.00 07300 DRUGS CHARGED TO PATIENTS			0. 1760			•
73.01 07301 HOSPI TAL BASED RETAIL PHARM	CLES		1. 3623		0	
74.00 07400 RENAL DIALYSIS			0. 5295			
76.00 03160 CARDI OPULMONARY			0.0000		0	
76. 97 07697 CARDI AC REHABI LI TATI ON			0. 2368			•
76. 98 07698 HYPERBARI C OXYGEN THERAPY			0. 1122			
77. 00 07700 ALLOGENEI C HSCT ACQUI SI TI ON			0.0000	00 0	0	77.00
90. 00 09000 CLINIC			0.0000	00 0	0	1 00 00
90. 00 09000 CLINIC 90. 01 09001 SUBSTANCE ABUSE CLINIC			1. 5760			
90. 02 09002 PAIN CLINIC			1. 3780		0	
90. 03 09003 0NCOLOGY CLINIC			0. 1257			
91. 00 09100 EMERGENCY			0. 1237		262, 235	
92. 00 09200 OBSERVATION BEDS (NON-DISTI	CT PART)		0. 1121			
92. 01 09201 OBSERVATION BEDS (NON-DISTINCT I			0. 2872			
OTHER REIMBURSABLE COST CENTERS			0.2072	001 0		1
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (sum of lines 50 throu	igh 94 and 96 through 98)			15, 051, 810	2, 450, 415	
201.00 Less PBP Clinic Laboratory		es (line 61)	1	0		201.00
202.00 Net charges (line 200 minus		- /	1	15, 051, 810	1	202.00

Health Financial Systems BALL MEMORIAL H	OSPI TAL		In Lie	eu of Form CMS-	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0089	Peri od:	Worksheet D-3	
	Component (	CCN: 15-T089	From 01/01/2022 To 12/31/2022		
	Ti tl	e XIX	Subprovider -	5/26/2023 11: Cost	<u>4/am</u>
			I RF		
Cost Center Description		Ratio of Cos To Charges	t Inpatient Program	Inpatient Program Costs	
			Charges	$(col \cdot 1 \times col \cdot$	
			ondi goo	2)	
		1.00	2.00	3.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS		1		[	30.00
31. 00  03100  INTENSI VE CARE UNI T					31.00
32. 00 03200 CORONARY CARE UNIT					32.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT					35.00
40. 00 04000 SUBPROVI DER - 1 PF					40.00
41. 00 04100 SUBPROVI DER – I RF			199, 892		41.00
43. 00 04300 NURSERY			,		43.00
ANCI LLARY SERVI CE COST CENTERS		1		I	
50. 00 05000 OPERATI NG ROOM		0. 1166			
51.00 05100 RECOVERY ROOM		0. 1780			
52.00 05200 DELIVERY ROOM & LABOR ROOM		0. 25240		-	
54.00 05400 RADI OLOGY-DI AGNOSTI C		0. 1009			
57.00 05700 CT SCAN		0.06408			
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)		0.0000			
59. 00 05900 CARDI AC CATHETERI ZATI ON		0. 0754		-	
60. 00 06000 LABORATORY		0. 1825		1, 602	
60. 01 06001 BLOOD LABORATORY		0.0000			
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.		0. 2011		0	
65. 00 06500 RESPI RATORY THERAPY		0. 2883			
65. 01 06501 SLEEP LAB		0.1090		0	
66. 00  06600  PHYSI CAL_THERAPY 67. 00  06700  OCCUPATI ONAL_THERAPY		0.3423			
68. 00 06800 SPEECH PATHOLOGY		0. 25373 0. 23274		17, 724 6, 747	
68. 01 06801 AUDI OLOGY		0.0000			
69. 00 06900 ELECTROCARDI OLOGY		0. 1292			
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 2033		623	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT		0. 1239		020	
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 1760		4, 475	
73. 01 07301 HOSPI TAL BASED RETAIL PHARMACI ES		1. 3623			
74.00 07400 RENAL DIALYSIS		0. 5295		0	74.00
76. 00 03160 CARDI OPULMONARY		0.0000	0 00	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON		0. 2368		0	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY		0. 1122	71 0	0	76.98
77.00 07700 ALLOGENEIC HSCT ACQUISITION		0.0000	0 00	0	77.00
OUTPATIENT SERVICE COST CENTERS		1		I	
90. 00 09000 CLINIC		0.0000			
90. 01 09001 SUBSTANCE ABUSE CLINIC		1.5760			
90. 02 09002 PAIN CLINIC		1.4664			
		0. 1257			
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 1121			1
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92. 01 09201 OBSERVATION BEDS (DISTINCT PART)		0. 2088 0. 2872			
92. 01 09201 0BSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS		0.28/28	0	0	92.01
95. 00 09500 AMBULANCE SERVICES					95.00
200.00 Total (sum of lines 50 through 94 and 96 through 98)			204, 864	53 592	200.00
201.00 Less PBP Clinic Laboratory Services-Program only charges	(line 61)		0		201.00
202.00 Net charges (line 200 minus line 201)			204, 864		202.00
		1		1	

	Financial Systems     BALL MEMORIAL HOSPITAL     In Lie       ATI ON OF REIMBURSEMENT SETTLEMENT     Provider CCN: 15-0089     Period:	u of Form CMS-2 Worksheet E	2552-10
	From 01/01/2022 To 12/31/2022	Part A	
	Ti tl e XVIII Hospi tal	PPS	
		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1. 00 1. 01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	0 38, 093, 209	1. 00 1. 01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	12, 275, 122	1. 02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	1. 03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0	1.04
2.00 2.01	Outlier payments for discharges. (see instructions) Outlier reconciliation amount	0	2. 00 2. 01
2.02 2.03	Outlier payment for discharges for Model 4 BPCI (see instructions) Outlier payments for discharges occurring prior to October 1 (see instructions)	0 700, 389	2.02 2.03
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	108, 082	2.03
3.00	Managed Care Simulated Payments	40, 480, 406	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions) Indirect Medical Education Adjustment	293.07	4.00
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)	50.70	5.00
5. 01 6. 00	FTE cap adjustment for qualifing hospitals under §131 of the CAA 2021 (see instructions) FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for	0. 00 0. 00	5. 01 6. 00
6.26	new programs in accordance with 42 CFR 413.79(e) Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)	0.00	6. 26
7. 00 7. 01	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR $\frac{1}{1}$ (1)(iv)(B)(1) ACA $\frac{5}{5503}$ reduction amount to the IME cap as specified under 42 CFR $\frac{1}{10}$ (1)(iv)(B)(2) If the	0. 00 0. 00	7. 00 7. 01
7. 02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural	0.00	7. 02
	track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8. 00
8. 01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	12.00	8. 01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8. 02
8. 21	The amount of increase if the hospital was awarded FTE cap slots under $\$126$ of the CAA 2021 (see instructions)	0.00	8. 21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)	62.70	9.00
11.00	FTE count for allopathic and osteopathic programs in the current year from your records FTE count for residents in dental and podiatric programs.		11.00
	Current year allowable FTE (see instructions) Total allowable FTE count for the prior year.		12.00 13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	62.70	
15.00	Sum of lines 12 through 14 divided by 3.	62.22	
16.00	Adjustment for residents in initial years of the program (see instructions)	0.00	
17.00 18.00	Adjustment for residents displaced by program or hospital closure Adjusted rolling average FTE count	0.00 62.22	
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0. 212304	
20.00	Prior year resident to bed ratio (see instructions)	0. 209521	
21.00 22.00	Enter the lesser of lines 19 or 20 (see instructions) IME payment adjustment (see instructions)	0. 209521 5, 445, 622	
22.00	IME payment adjustment - Managed Care (see instructions)	4, 376, 580	
23. 00	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105	4.00	
	(f)(1)(iv)(C).		
24. 00 25. 00	IME FTE Resident Count Over Cap (see instructions) If the amount on line 24 is greater than -O-, then enter the lower of line 23 or line 24 (see	-1. 43 0. 00	
26.00	instructions) Resident to bed ratio (divide line 25 by line 4)	0. 000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0. 000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01 29.00	IME add-on adjustment amount - Managed Care (see instructions) Total IME payment ( sum of lines 22 and 28)	0 5, 445, 622	28. 01 29. 00
29.00	Total IME payment - Managed Care (sum of lines 22.01 and 28.01) Disproportionate Share Adjustment	4, 376, 580	
30.00		5.53	30. 00
31.00	Percentage of Medicaid patient days (see instructions)	27.15	
32.00 33.00	Sum of lines 30 and 31 Allowable disproportionate share percentage (see instructions)	32.68 16.18	
	Di sproporti onate share adjustment (see instructions)	2, 037, 399	

	OSPI TAL	In Lie	u of Form CMS-2	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Pre 5/26/2023 11:4	
	Title XVIII	Hospi tal	PPS	47 alli
		Prior to 10/1		
		1.00	2.00	
Uncompensated Care Payment Adjustment				
35.00 Total uncompensated care amount (see instructions)			6, 874, 403, 459	35.00
35.01 Factor 3 (see instructions)		0. 000371403	0.000358160	
35.02 Hospital UCP, including supplemental UCP (If line 34 is zero, e	enter zero on this line)	2, 671, 132	2, 462, 134	35.02
(see instructions)	(and instructions)	1 007 0/0	(20 502	25 02
35.03 Pro rata share of the hospital UCP, including supplemental UCP 36.00 Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	(see instructions)	1, 997, 860 2, 618, 453	620, 593	35.03 36.00
Additional payment for high percentage of ESRD beneficiary disc	charges (lines 40 throug			30.00
40.00 Total Medicare discharges (see instructions)		0		40.00
41.00 Total ESRD Medicare discharges (see instructions)		0		41.00
41.01 Total ESRD Medicare covered and paid discharges (see instruction	ons)	0		41.01
42.00 Divide line 41 by line 40 (if less than 10%, you do not qualify		0.00		42.00
43.00 Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00 Ratio of average length of stay to one week (line 43 divided by	y line 41 divided by 7	0. 000000		44.00
days)				
45.00 Average weekly cost for dialysis treatments (see instructions)	24)	0.00		45.00
46.00 Total additional payment (line 45 times line 44 times line 41.0 47.00 Subtotal (see instructions)	01)	0 61, 278, 276		46.00 47.00
<ul> <li>47.00 Subtotal (see instructions)</li> <li>48.00 Hospital specific payments (to be completed by SCH and MDH, small</li> </ul>	all rural bosnitals	01, 270, 270		47.00
only. (see instructions)		0		40.00
			Amount	
			1.00	40.00
49.00 Total payment for inpatient operating costs (see instructions) 50.00 Payment for inpatient program capital (from Wkst. L, Pt. I and	Rt II ac applicable)		65, 654, 856 4, 416, 913	
51.00 Exception payment for inpatient program capital (Wkst. L, Pt. 1 and			4, 410, 913	51.00
52.00 Direct graduate medical education payment (from Wkst. E.4, line			2, 668, 064	52.00
53.00 Nursing and Allied Health Managed Care payment			27, 171	53.00
54.00 Special add-on payments for new technologies			358, 747	54.00
54.01 Islet isolation add-on payment			0	54.01
55.00 Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	)		0	55.00
55.01 Cellular therapy acquisition cost (see instructions)			0	55.01
56.00 Cost of physicians' services in a teaching hospital (see intrue	-	1 05)	0	56.00
57.00 Routine service other pass through costs (from Wkst. D, Pt. III		rough 35).	0	57.00
58.00 Ancillary service other pass through costs from Wkst. D, Pt. 1 59.00 Total (sum of amounts on lines 49 through 58)	v, cor. IT the 200)		28, 583 73, 154, 334	58.00 59.00
60.00 Primary payer payments			26, 363	
61.00 Total amount payable for program beneficiaries (line 59 minus )	line 60)		73, 127, 971	61.00
62.00 Deductibles billed to program beneficiaries			5, 105, 224	
63.00 Coinsurance billed to program beneficiaries			367, 814	63.00
64.00 Allowable bad debts (see instructions)			739, 415	64.00
65.00 Adjusted reimbursable bad debts (see instructions)			480, 620	
66.00 Allowable bad debts for dual eligible beneficiaries (see instru	uctions)		119, 915	
67.00 Subtotal (line 61 plus line 65 minus lines 62 and 63)			68, 135, 553	
68.00 Credits received from manufacturers for replaced devices for a	ppiicable to MS-DRGs (se	e instructions)	0	
69.00 Outlier payments reconciliation (sum of lines 93, 95 and 96).(1 70.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	For SCH see Instructions	)	0	69.00
70.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 70.50 Rural Community Hospital Demonstration Project (§410A Demonstra	ation) adjustment (see i	nstructions)	0	70.00 70.50
70.75 N95 respirator payment adjustment amount (see instructions)	atten) aujustment (see i		0	70. 75
70.87 Demonstration payment adjustment amount before sequestration			0	70.87
70. 88 SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89 Pioneer ACO demonstration payment adjustment amount (see instru	uctions)			70.89
70.90 HSP bonus payment HVBP adjustment amount (see instructions)	-		0	70.90
70.91 HSP bonus payment HRR adjustment amount (see instructions)			0	70. 91
70.92 Bundled Model 1 discount amount (see instructions)			0	70. 92
70.93 HVBP payment adjustment amount (see instructions)			0	70.93
70.94  HRR adjustment amount (see instructions)			-23, 822	
70.95 Recovery of accel erated depreciation		1	~	70.95

	ATION OF REIMBURSEMENT SETTLEMENT	Provider C	CN: 15-0089	Peri od:	Worksheet E	
				From 01/01/2022 To 12/31/2022	Part A Date/Time Pre 5/26/2023 11:	
		Title	e XVIII	Hospi tal	PPS	47 ai
			FFY	(уууу)	Amount	
D. 96	Low volume adjustment for federal fiscal year (yyyy) (Enter i	n column O		0	1.00	70.
0 07	the corresponding federal year for the period prior to 10/1)				0	70
0. 97	Low volume adjustment for federal fiscal year (yyyy) (Enter i the corresponding federal year for the period ending on or af			0	0	70.
D. 98	Low Volume Payment-3				0	70.
). 99	HAC adjustment amount (see instructions)				0	70.
1.00	Amount due provider (line 67 minus lines 68 plus/minus lines	69 & 70)			68, 111, 731	
1. 01 1. 02	Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration				858, 207 0	
1.02	Sequestration adjustment-PARHM or CHART pass-throughs				0	71.
2.00	Interim payments				66, 570, 162	72.
2.01	Interim payments-PARHM or CHART				_	72.
3.00 3.01	Tentative settlement (for contractor use only)	0			0	73.
4.00	Tentative settlement-PARHM or CHART (for contractor use only Balance due provider/program (line 71 minus lines 71.01, 71.0				683, 362	
	73)	2, , 2, and			000,002	
4. 01	Balance due provider/program-PARHM or CHART (see instructions					74.
5.00	Protested amounts (nonallowable cost report items) in accorda	nce with			1, 207, 420	75.
	CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
D. 00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum	of 2.03			0	90.
	plus 2.04 (see instructions)					
1.00	Capital outlier from Wkst. L, Pt. I, line 2				0	91.
2.00	Operating outlier reconciliation adjustment amount (see instr Capital outlier reconciliation adjustment amount (see instruc				0	92. 93.
4.00	The rate used to calculate the time value of money (see instruct				0.00	
5.00	Time value of money for operating expenses (see instructions)				0	95.
6.00	Time value of money for capital related expenses (see instruc	tions)			0	96.
				Prior to 10/1 1.00	2.00	
	HSP Bonus Payment Amount					
00.00	HSP bonus amount (see instructions)			0	0	100.
	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment					
01.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions)	s)		0. 000000000	0. 000000000	101.
01. 00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment	is)			0. 000000000	
01.00 02.00 03.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions)			0.0000000000000000000000000000000000000	0. 000000000 0 0. 0000	101. 102. 103.
01.00 02.00 03.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions	;)		0.0000000000000000000000000000000000000	0. 000000000 0 0. 0000	101. 102. 103.
01.00 02.00 03.00 04.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst	;) ration) Adju		0.0000000000000000000000000000000000000	0. 000000000 0 0. 0000	101. 102. 103. 104.
01.00 02.00 03.00 04.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe	;) ration) Adju		0.0000000000000000000000000000000000000	0. 000000000 0 0. 0000	101. 102. 103. 104.
01.00 02.00 03.00 04.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement	:) ration) Adju riod under t		0.0000000000000000000000000000000000000	0. 000000000 0 0. 0000	101. 102. 103. 104.
01.00 02.00 03.00 04.00 00.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. 11, lin	:) ration) Adju riod under t		0.0000000000000000000000000000000000000	0. 000000000 0 0. 0000	101. 102. 103. 104. 200. 201.
01.00 02.00 03.00 04.00 00.00 00.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iin Medicare discharges (see instructions)	:) ration) Adju riod under t		0.0000000000000000000000000000000000000	0. 000000000 0 0. 0000	101. 102. 103. 104. 200. 201. 202.
01.00 02.00 03.00 04.00 00.00 00.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions)	;) ration) Adju riod under t e 49)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202.
01.00 02.00 03.00 04.00 00.00 00.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iin Medicare discharges (see instructions)	;) ration) Adju riod under t e 49)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202.
01.00 02.00 03.00 04.00 00.00 01.00 02.00 03.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount	;) ration) Adju riod under t e 49)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 203.
01.00 02.00 03.00 04.00 00.00 01.00 02.00 03.00 04.00 05.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204)	;) ration) Adju riod under t e 49)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205.
01.00 02.00 03.00 04.00 00.00 01.00 02.00 03.00 04.00 05.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205)	;) ration) Adju riod under t e 49)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 204.
01.00 02.00 04.00 00.00 01.00 02.00 03.00 03.00 04.00 05.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204)	) ration) Adju riod under t ne 49) first year	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206.
01.00 02.00 03.00 04.00 00.00 01.00 02.00 03.00 04.00 05.00 06.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement	) ration) Adju riod under t e 49) first year ructions)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 206. 207. 208.
01. 00 02. 00 03. 00 04. 00 00. 00 01. 00 02. 00 03. 00 04. 00 05. 00 06. 00 07. 00 08. 00 09. 00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions)	) ration) Adju riod under t e 49) first year ructions)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209.
01. 00 02. 00 03. 00 04. 00 00. 00 01. 00 02. 00 03. 00 04. 00 05. 00 06. 00 07. 00 08. 00 09. 00 10. 00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare IPPS payments (see instructions) Reserved for future use	) ration) Adju riod under t e 49) first year ructions)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 206. 207. 208. 209. 210.
01. 00 02. 00 03. 00 04. 00 00. 00 01. 00 02. 00 03. 00 04. 00 05. 00 06. 00 07. 00 08. 00 09. 00 10. 00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions)	) ration) Adju riod under t e 49) first year ructions)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209.
01. 00 02. 00 03. 00 04. 00 00. 00 01. 00 02. 00 03. 00 05. 00 05. 00 05. 00 05. 00 07. 00 08. 00 09. 00 10. 00 01. 00 09. 00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement	) ration) Adju riod under t ne 49) first year ructions) line 59)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 206. 207. 208. 209. 201. 208. 209. 211.
01. 00 02. 00 03. 00 04. 00 00. 00 01. 00 02. 00 03. 00 04. 00 05. 00 05. 00 06. 00 07. 00 08. 00 09. 00 10. 00 11. 00 12. 00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions)	) ration) Adju riod under t ne 49) first year ructions) line 59)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 206. 207. 208. 209. 210.

	Financial Systems		BALL MEMORIA	Provider C	CN: 15-0089	Period:	eu of Form CMS-2  Worksheet E	2002-
						From 01/01/2022 To 12/31/2022	Part A Exhibi	pared
					XVIII	Hospi tal	PPS	
			Amounts (from	Pre/Post	Period Prior		Total (Col 2	
		line 0	<u>E, Part A)</u> 1.00	Entitlement 2.00	to 10/01 3.00	0n/After 10/01 4.00	through 4) 5.00	
00	DRG amounts other than outlier	1.00	0	2.00		0 0		1.
01	payments DRG amounts other than outlier	1. 01	38, 093, 209	0	38, 093, 20	9	38, 093, 209	1.
02	payments for discharges occurring prior to October 1 DRG amounts other than outlier	1. 02	12, 275, 122	0		12, 275, 122	12, 275, 122	1.
02	payments for discharges occurring on or after October	1.02	12,270,122			12, 270, 122	12,270,122	
03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1. 03	0	0		0	0	1.
04	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 discharges (see instructions)	2.00						2
01	Outlier payments for	2. 02	0	0		0 0	0	2
02	discharges for Model 4 BPCI Outlier payments for discharges occurring prior to	2. 03	700, 389	0	700, 38	9	700, 389	2
03	October 1 (see instructions) Outlier payments for discharges occurring on or after October 1 (see	2.04	108, 082	0		108, 082	108, 082	2
0	instructions) Operating outlier	2. 01	0	0		0 0	0	3
00	reconciliation Managed care simulated	3.00	40, 480, 406	0	30, 707, 93	6 9, 772, 470	40, 480, 406	4
	payments Indirect Medical Education Adju		10, 100, 100		36, 767, 76	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0. 209521	0. 209521	0. 20952	1 0. 209521		5
00	IME payment adjustment (see instructions)	22.00	5, 445, 622	0	4, 118, 48	5 1, 327, 137	5, 445, 622	6
)1	IME payment adjustment for managed care (see instructions)	22.01	4, 376, 580	0	3, 320, 02	0 1, 056, 560	4, 376, 580	6
	Indirect Medical Education Adju							
00	IME payment adjustment factor (see instructions) IME adjustment (see	27.00 28.00	0. 000000	0. 000000		0 0. 000000 0 0		7
)1	instructions) IME payment adjustment add on	28.00	0	0		o o		
00	for managed care (see instructions) Total IME payment (sum of	29.00	5, 445, 622	Ο	4, 118, 48	5 1, 327, 137	5, 445, 622	9
)1	lines 6 and 8) Total IME payment for managed	29.01	4, 376, 580	0				
	care (sum of lines 6.01 and 8.01)							
00	Disproportionate Share Adjustme Allowable disproportionate share percentage (see	ant 33.00	0. 1618	0. 1618	0. 161	8 0. 1618		10
00	instructions) Disproportionate share adjustment (see instructions)	34.00	2, 037, 399	0	1, 540, 87	0 496, 529	2, 037, 399	11
01	Uncompensated care payments Additional payment for high per	36.00	2, 618, 453	0 di schargos	1, 997, 86	0 620, 593	2, 618, 453	11
00	Total ESRD additional payment (see instructions)	46.00		o o		0 0	0	12
00 00	Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH, small rural hospitals only.)	47.00 48.00	61, 278, 276 0	0 0	46, 450, 81	3 14, 827, 463 0 0		13 14
00	(see instructions) Total payment for inpatient operating costs (see	49.00	65, 654, 856	0	49, 770, 83	3 15, 884, 023	65, 654, 856	15
00	instructions) Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4, 416, 913	0	3, 358, 33	4 1, 058, 579	4, 416, 913	16

	Financial Systems		BALL MEMORIA				u of Form CMS-2	2552-1
LOW VO	LUME CALCULATION EXHIBIT 4			Provider CC		Period: From 01/01/2022 To 12/31/2022		pared:
				Title	XVIII	Hospi tal	PPS	
		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)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	358, 747	0	342, 46	1 16, 286	358, 747	17.0
17. 01 17. 02	Net organ aquisition cost Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0		o o	0	17.0 17.0
	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0		0 0	0	18.0
19.00	SUBTOTAL			0	53, 471, 62	8 16, 958, 888	70, 430, 516	19.0
		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	3, 799, 535 0	0 0	2, 882, 57	0 916, 965 0 0	3, 799, 535 0	20. 0 20. 0
21. 00 21. 01	Capital DRG outlier payments Model 4 BPCI Capital DRG	2. 00 2. 01	48, 208 0	0 0	43, 95	5 4, 253 0 0	48, 208 0	
22.00	outlier payments Indirect medical education percentage (see instructions)	5.00	0. 0814	0. 0814	0. 081	4 0.0814		22.0
	Indirect medical education adjustment (see instructions)	6.00	309, 282	0	234, 64		309, 282	
24.00	Allowable disproportionate share percentage (see instructions)	10. 00	0. 0684	0. 0684	0. 068	4 0.0684		24. C
25. 00	Disproportionate share adjustment (see instructions)	11.00	259, 888	0	197, 16	8 62, 720	259, 888	25. C
26.00	Total prospective capital payments (see instructions)	12.00	4, 416, 913	0	3, 358, 33	4 1, 058, 579	4, 416, 913	26. C
		line	(Amounts to E, Part A)					
07.00	Law values adductment C	0	1.00	2.00	3.00	4.00	5.00	07.0
27.00 28.00	Low volume adjustment factor Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 96			0. 00000	0 0.000000	0	27.0 28.0
	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 97				0	0	29. C
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100. 0

	Financial Systems	BALL MEMORIA		N 45 0000		u of Form CMS-2	2552-10
IOSPI I.	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	IION EXHIBII 5	Provider CO	1	Period: From 01/01/2022 Fo 12/31/2022		
						5/26/2023 11:	
		Wkst. E, Pt.	Amt. from	XVIII Period to	Hospital Period on	PPS Total (cols. 2	
		A, line	Wkst. E, Pt. A)	10/01	after 10/01	and 3)	
		0	1.00	2.00	3.00	4.00	
. 00 . 01	DRG amounts other than outlier payments DRG amounts other than outlier payments for	1.00 1.01	38, 093, 209	38, 093, 209	9	38, 093, 209	1.00 1.01
. 02	discharges occurring prior to October 1 DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12, 275, 122		12, 275, 122	12, 275, 122	1. 02
. 03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October	1.03	0	(	D	0	1. 03
. 04	1 DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1. 04
2.00	October 1 Outlier payments for discharges (see instructions)	2.00					2.00
2. 01	Outlier payments for discharges for Model 4 BPCI	2.02	0	(	o o	0	2. 01
2. 02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	700, 389	700, 389	9	700, 389	2. 02
2. 03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	108, 082		108, 082	108, 082	2. 03
3.00 4.00	Operating outlier reconciliation Managed care simulated payments	2.01 3.00	0 40, 480, 406	( 30, 707, 93	0 6 9, 772, 470	-	3.00 4.00
~~	Indirect Medical Education Adjustment		0.000504	0.00050			
. 00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0. 209521			E 44E 400	5.0
. 00 . 01	IME payment adjustment (see instructions) IME payment adjustment for managed care (see instructions)	22.00 22.01	5, 445, 622 4, 376, 580				6. 0 6. 0
	Indirect Medical Education Adjustment for the	e Add-on for Se	ection 422 of t	he MMA			
. 00	IME payment adjustment factor (see instructions)	27.00	0. 000000		0. 000000		7.0
. 00	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	Total IME payment (sum of lines 6 and 8)	29.00	5, 445, 622				9.0
. 01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4, 376, 580	3, 320, 020	1, 056, 560	4, 376, 580	9.0
	Disproportionate Share Adjustment	22.00	0 1410	0 1410	0 1410		10.0
	Allowable disproportionate share percentage (see instructions) Disproportionate share adjustment (see	33.00 34.00	0. 1618				10.0
1.00	instructions) Uncompensated care payments	34.00 36.00	2, 037, 399				
	Additional payment for high percentage of ESR			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	020,070	2, 010, 100	
	Total ESRD additional payment (see instructions)	46.00	0	(	0 0	0	12.0
3.00 4.00	Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see	47.00 48.00	61, 278, 276 0	46, 450, 813 (	3 14, 827, 463 0 0	61, 278, 276 0	
5. 00	instructions) Total payment for inpatient operating costs (see instructions)	49.00	65, 654, 856	49, 770, 833	3 15, 884, 023	65, 654, 856	15.0
6. 00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4, 416, 913	3, 358, 334	4 1, 058, 579	4, 416, 913	16. 0
7.00 7.01	Special add-on payments for new technologies Net organ acquisition cost	54.00	358, 747	342, 46	1 16, 286	358, 747	17.0 17.0
	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	(	0 0	0	17.0
8. 00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0		0 0		
0 00	SUBTOTAL			53, 471, 628	3 16, 958, 888	70, 430, 516	19.0

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5         Provider CCN: 15-0089         Period: From 010/1/202 To 12/31/202         Worksheet E part A Exhibit 5 bite/Time Prepared: To 12/31/202           20:00         Capital DRG other than outlier 0         1.00         2.00         2.00         3.00         4.00           20:01         Model 4 BPC Capital DRG other than outlier 20:01         1.01         0	Heal th	Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-	2552-10	
West         L, I ine         (Ant. from West. L)         (Ant. from USE 00         (Ant. f	HOSPI T	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5			From 01/01/2022	Part A Exhibi Date/Time Pre	pared:	
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$				Title	XVIII	Hospi tal	PPS		
0         1.00         2.00         3.00         4.00           20.00         Capital DRG other than outlier         1.00         3.799,535         2.882,570         916,965         3.799,535         20.00           20.01         Model 4 BPCI Capital DRG outlier payments         2.00         48,208         43,955         4,253         448,208         21.00         0			Wkst. L, line						
20.00         Capital DRG other than outlier         1.00         3,799,535         2,882,570         916,965         3,799,535         20.00         20.00           20.01         Model 4 BPCI Capital DRG other than outlier         1.01         0			0		2.00	3, 00	4.00		
20.01         Model 4 BPCI Capital DRG other than outlier 21.00         1.01         0	20.00	Capital DRG other than outlier	1.00	3, 799, 535	2, 882, 5	70 916, 965	3, 799, 535	20.00	
21.00         Capital DRG outilier payments         2.00         48,208         43,955         4,253         48,208         21.01           Model 4 BPCI Capital DRG outlier payments         2.01         0         0         0         0         0         0         21.01           Model 4 BPCI Capital DRG outlier payments         2.01         0         0.0814         0.0814         0.0814         22.00         10.00         0.0814         0.0814         22.00         22.00         22.00         10.00         0.0814         0.0814         22.00         22.00         23.00         1ndirect medi cal education adjustment (see instructions)         10.00         0.0684         0.0684         0.0684         0.6684         24.00         24.00           25.00         Disproportionate share adjustment (see instructions)         11.00         259,888         197,168         62,720         259,888         25.00           26.00         Total prospective capital payments (see         12.00         4.416,913         3.358,334         1.058,579         4.416,913         26.00           27.00         28.00         Low volume adjustment prior to October 1         70.96         0         0         28.00         28.00           20.01         Low volume adjustment for HSP bonus         70.97 </td <td>20.01</td> <td></td> <td>1.01</td> <td>0</td> <td></td> <td>0 0</td> <td></td> <td></td>	20.01		1.01	0		0 0			
21. 01       Model 4 BPCI Capital DRC outlier payments instructions)       2. 01       0       0       0       0       0       22. 00         23. 00       Indirect medical education adjustment (see instructions)       5. 00       0.0814       0.0814       0.0814       0.0814       0.22. 00         24. 00       Allowable di sproportionate share percentage (see Instructions)       6. 00       309, 282       234, 641       74, 641       309, 282       23. 00         25. 00       Disproportionate share adjustment (see instructions)       11. 00       259, 888       197, 168       62, 720       259, 888       25. 00         26. 00       Total prospective capital payments (see instructions)       11. 00       259, 888       197, 168       62, 720       259, 888       25. 00         27. 00       Low volume adjustment prior to 0ctober 1       0       1. 00       2. 00       3. 00       4. 00       27. 00         28. 00       Low volume adjustment for HSP bonus payment adjustment for HSP bonus       70. 96       0       0       0       28. 00         31. 01       HRR adjustment for HSP bonus payment (see instructions)       70. 94       -23, 822       -11, 531       -12, 291       -23, 822       31. 00         31. 01       HRR adjustment for HSP bonus payment (see instructions)				48.208	43.9	4, 253			
22.00       Indirect medical education percentage (see instructions)       5.00       0.0814       0.0814       0.0814       22.00         23.00       Indirect medical education adjustment (see instructions)       6.00       309,282       234,641       74,641       309,282       23.00         24.00       All owable d isproportionate share percentage (see instructions)       10.00       0.0684       0.0684       0.0684       24.00         25.00       Disproportionate share adjustment (see instructions)       11.00       259,888       197,168       62,720       259,888       25.00         26.00       Total prospective capital payments (see       12.00       4.416,913       3,358,334       1,058,579       4,416,913       26.00         27.00       28.00       Low volume adjustment prior to 0ctober 1       70.96       0       0       28.00       29.00       3.00       4.00       29.00         28.00       Low volume adjustment for det october 1       70.96       0       0       0       28.00       29.00       3.00       4.00       29.00         29.00       Low volume adjustment for HSP bonus payment (see instructions)       70.94       -23,822       -11,531       -12,291       -23,822       31.00         31.01       HRR adjustment for HSP bonus				0	,	0 0			
23.00         instructions)         1.0.0         309,282         234,641         74,641         309,282         23.00           24.00         Allowable disproportionate share percentage (see instructions)         10.00         0.0684         0.0684         0.0684         24.00           25.00         Disproportionate share adjustment (see instructions)         11.00         259,888         197,168         62,720         259,888         25.00           26.00         Total prospective capital payments (see instructions)         12.00         4,416,913         3,358,334         1,058,579         4,416,913         26.00           27.00         Low volume adjustment prior to October 1         70.96         0         0         28.00         28.00         29.00         29.00         29.00         29.00         29.00         29.00         29.00         29.00         29.00         0         0         28.00				0 0814	0.08	0 0814	0		
23.00       Indirect medical education adjustment (see instructions)       6.00       309,282       234,641       74,641       309,282       23.00         24.00       Al lowable disproportionate share percentage (see instructions)       10.00       0.0684       0.0684       0.0684       24.00         25.00       Disproportionate share adjustment (see instructions)       11.00       259,888       197,168       62,720       259,888       25.00         26.00       Total prospective capital payments (see instructions)       12.00       4,416,913       3,358,334       1,058,579       4,416,913       26.00         27.00       28.00       Low volume adjustment prior to October 1       70.96       0       0       28.00       29.00       3.00       4.00       29.00         28.00       Low volume adjustment for HSP bonus payment (see instructions)       70.96       0       0       29.00       0       0       29.00         31.00       HWBP payment adjustment for HSP bonus payment (see       70.94       -23,822       -11.531       -12,291       -23,822       31.00         31.01       HRR adjustment for HSP bonus payment (see       70.91       0       0       0       31.01         32.00       HAC Reduction Program adjustment (see       70.99       0 </td <td>22.00</td> <td></td> <td>0.00</td> <td>0.0011</td> <td>0.00</td> <td>0.0011</td> <td></td> <td>22.00</td>	22.00		0.00	0.0011	0.00	0.0011		22.00	
24.00         instructions) Allowable disproportionate share percentage (see instructions)         10.00         0.0684         0.0684         0.0684         24.00           25.00         Disproportionate share adjustment (see instructions)         11.00         259,888         197,168         62,720         259,888         25.00           26.00         Total prospective capital payments (see instructions)         12.00         4,416,913         3,358,334         1,058,579         4,416,913         26.00           27.00         Za.00         Low volume adjustment prior to October 1         0         10.00         2.00         3.00         4.00           27.00         Za.00         Low volume adjustment prior to October 1         70.96         0         0         28.00           20.00         Low volume adjustment (see instructions)         70.97         0         0         0         28.00           30.00         HVBP payment adjustment (see instructions)         70.94         -23,822         -11,531         -12,291         -23,822         31.01           31.00         HRR adjustment (see instructions)         70.94         -23,822         -11,531         -12,291         -23,822         31.01           10.00         Low volume adjustment (see         70.99         0         0	23 00		6.00	309 282	234 6	74 641	300 282	23 00	
24.00       Al lowable disproportionate share percentage (see instructions)       10.00       0.0684       0.0684       0.0684       24.00         25.00       Disproportionate share adjustment (see instructions)       11.00       259,888       197,168       62,720       259,888       25.00         26.00       Total prospective capital payments (see       12.00       4,416,913       3,358,334       1,058,579       4,416,913       26.00         Vertice of the second se	25.00		0.00	507, 202	234, 0	74,041	507, 202	23.00	
(see instructions)         (ant. from Wkst. E, Pt. A)         (ant. from Vkst. E, Pt. A)         (ant. for 0 28.00         (ant. for 0 30.00         (ant. for 0 30.01         (ant. for 0 30.01         (ant. for 0 30.01         (ant. for 0 31.01	24 00		10.00	0 0684	0.06	0 0684		24 00	
25.00       Disproportionate share adjustment (see instructions)       11.00       259,888       197,168       62,720       259,888       25.00         26.00       Total prospective capital payments (see instructions)       12.00       4,416,913       3,358,334       1,058,579       4,416,913       26.00         27.00       28.00       Low volume adjustment prior to 0ctober 1       70.96       0       0       27.00       28.00       28.00       28.00       29.00       0       27.00       28.00       28.00       1.00       2.00       3.00       4.00       27.00       28.00       29.00       0       0       0       29.00       0       29.00       0       0       0       29.00       0       29.00       0       0       29.00       0       29.00       0       0       0       29.00       0       0       0       0       29.00       0       0       0       0       29.00       0 </td <td>24.00</td> <td></td> <td>10.00</td> <td>0.0004</td> <td>0.000</td> <td>0.0004</td> <td></td> <td>24.00</td>	24.00		10.00	0.0004	0.000	0.0004		24.00	
26.00         instructions) Total prospective capital payments (see         12.00         4,416,913         3,358,334         1,058,579         4,416,913         26.00           instructions)         wkst. E, Pt. A, line         (Amt. from Wkst. E, Pt. A)         (Amt. from Wkst. E, Pt. A)         27.00         27.00         27.00         27.00         27.00         27.00         27.00         27.00         28.00         0         0         27.00         28.00         0         0         0         28.00         0         0         28.00         29.00         0         0         0         28.00         0         0         28.00         29.00         0         0         0         28.00         0         0         0         28.00         29.00         0         0         0         0         28.00         29.00         0	25 00		11 00	259 888	197 1	62 720	259 888	25 00	
26.00         Total prospective capital payments (see instructions)         12.00         4,416,913         3,358,334         1,058,579         4,416,913         26.00           27.00         0         1.00         2.00         3.00         4.00         27.00         27.00         27.00         27.00         27.00         27.00         28.00         27.00         0         0         0.00         2.00         3.00         4.00         27.00         28.00         29.00         Low volume adjustment prior to 0ctober 1         70.96         0         0         0         28.00         28.00         29.00         0         0         0         28.00         29.00         0         0         0         0         28.00         29.00         30.01         28.00         29.00         0         0         0         0         29.00         29.00         <	20.00		11.00	237,000	177, 1	02,720	237,000	20.00	
instructions)         Wkst. E, Pt. A, line         (Amt. from Wkst. E, Pt. A)         (Amt. from Wkst. E, Pt. A)           27.00         0         0         1.00         2.00         3.00         4.00           27.00         28.00         Low volume adjustment prior to October 1         70.96         0         0         27.00           29.00         Low volume adjustment on or after October 1         70.96         0         0         28.00           30.00         HVBP payment adjustment (see instructions)         70.97         0         0         0         28.00           30.01         HVBP payment adjustment for HSP bonus payment (see instructions)         70.93         0         0         0         30.01           91.00         HRR adjustment for HSP bonus payment (see instructions)         70.94         -23,822         -11,531         -12,291         -23,822         31.01           10.1         HRR adjustment for HSP bonus payment (see         70.91         0         0         0         0         31.01           31.01         HRR Adjustment for HSP bonus payment (see         70.91         0         0         0         0         31.01           32.00         HAC Reduction Program adjustment (see         70.99         0         0         0	26 00		12 00	4 416 913	3 358 3	1 058 579	4 416 913	26 00	
West. E, Pt. A, Line         (Amt. from Wkst. E, Pt. A)           27.00         28.00         0         0         1.00         2.00         3.00         4.00           29.00         Low volume adjustment on or after October 1         70.96         0         0         0         28.00           30.01         HVBP payment adjustment (see instructions)         70.93         0         0         0         30.01           90         HRR adjustment (see instructions)         70.90         0         0         0         30.01           31.00         HRR adjustment for HSP bonus payment (see         70.91         0         0         0         31.01           instructions)         70.91         0         0         0         0         30.00         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         N         0	20100		12100	1, 110, 710	0,000,0	.,	1, 110, 710	20100	
A, line         Wkst. E, Pt. A)         A, line         Wkst. E, Pt. A)         A         B         A         B         A			Wkst. F. Pt.	(Amt. from					
A)         B)         B)<									
0         1.00         2.00         3.00         4.00           27.00         Low volume adjustment prior to 0ctober 1         70.96         0         0         27.00           28.00         Low volume adjustment on or after 0ctober 1         70.96         0         0         28.00           29.00         Low volume adjustment on or after 0ctober 1         70.96         0         0         0         28.00           29.00         Low volume adjustment (see instructions)         70.97         0         0         0         29.00           30.01         HVBP payment adjustment for HSP bonus         70.90         0         0         0         30.00           31.00         HRR adjustment (see instructions)         70.94         -23,822         -11,531         -12,291         -23,822         31.00           31.01         HRR adjustment for HSP bonus payment (see         70.91         0         0         0         0         31.01           instructions)         70.91         0         0         0         0         31.01           32.00         HAC Reduction Program adjustment (see         70.99         0         0         0         32.00           100.00         Transfer HAC Reduction Program adjustment to         <									
28.00       Low volume adjustment prior to October 1       70.96       0       0       0       28.00         29.00       Low volume adjustment on or after October 1       70.97       0       0       0       29.00         30.00       HVBP payment adjustment (see instructions)       70.93       0       0       0       30.00         30.01       HVBP payment adjustment for HSP bonus       70.90       0       0       0       30.01         payment (see instructions)       70.94       -23,822       -11,531       -12,291       -23,822       31.00         31.01       HRR adjustment for HSP bonus payment (see       70.91       0       0       0       0       0       31.01         11.01       HRR adjustment for HSP bonus payment (see       70.91       0       0       0       0       0       0       31.01         31.01       HRR adjustment for HSP bonus payment (see       70.91       0       0       0       0       0       31.01         32.00       HAC Reduction Program adjustment (see       70.99       0       0       0       32.00       32.00       32.00       32.00       32.00       0       0       0       32.00       0       0       0 <td< td=""><td></td><td></td><td>0</td><td></td><td>2.00</td><td>3.00</td><td>4,00</td><td></td></td<>			0		2.00	3.00	4,00		
28.00       Low volume adjustment prior to October 1       70.96       0       0       0       28.00         29.00       Low volume adjustment on or after October 1       70.97       0       0       0       29.00         30.00       HVBP payment adjustment (see instructions)       70.93       0       0       0       30.00         30.01       HVBP payment adjustment for HSP bonus       70.90       0       0       0       30.01         payment (see instructions)       70.90       0       0       0       0       30.01         1.00       HRR adjustment for HSP bonus payment (see       70.91       0       0       0       0       30.01         31.01       HRR adjustment for HSP bonus payment (see       70.91       0       0       0       0       31.01         31.01       HRR adjustment for HSP bonus payment (see       70.91       0       0       0       0       0       31.01         32.00       HAC Reduction Program adjustment (see instructions)       70.99       0       0       0       32.00       4.00       32.00       32.00       32.00       0       0       32.00       32.00       0       0       0       32.00       0       0       0 </td <td>27.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>27.00</td>	27.00							27.00	
29.00       Low volume adjustment on or after October 1       70.97       0       0       0       29.00         30.00       HVBP payment adjustment (see instructions)       70.93       0       0       0       0       30.00         30.01       HVBP payment adjustment for HSP bonus       70.90       0       0       0       0       30.01         apyment (see instructions)       70.90       70.90       0       0       0       30.01         31.00       HRR adjustment for HSP bonus payment (see       70.94       -23,822       -11,531       -12,291       -23,822       31.00         31.01       HRR adjustment for HSP bonus payment (see       70.91       0       0       0       0       31.01         instructions)       70.91       0       0       0       0       0       31.01         32.00       HAC Reduction Program adjustment (see instructions)       70.99       0       0       0       32.00         100.00       Transfer HAC Reduction Program adjustment (see instructions)       70.99       0       0       0       32.00         100.00       Transfer HAC Reduction Program adjustment to       N       N       100.00       100.00		low volume adjustment prior to October 1	70.96	0		0	0		
30.00       HVBP payment adjustment (see instructions)       70.93       0       0       0       0       30.00         30.01       HVBP payment adjustment for HSP bonus       70.93       0       0       0       0       30.00         30.01       HVBP payment adjustment for HSP bonus       70.90       0       0       0       0       30.01         31.00       HRR adjustment (see instructions)       70.94       -23,822       -11,531       -12,291       -23,822       31.00         31.01       HRR adjustment for HSP bonus payment (see       70.91       0       0       0       0       31.01         instructions)       0       1.00       2.00       3.00       4.00       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       N       N       100.00       100.00				0		0	-		
30. 01       HVBP payment adjustment for HSP bonus payment (see instructions)       70. 90       0       0       0       0       30. 01         31. 00       HRR adjustment (see instructions)       70. 94       -23, 822       -11, 531       -12, 291       -23, 822       31. 00         31. 01       HRR adjustment for HSP bonus payment (see instructions)       70. 91       0       0       0       0       0       31. 01         Instructions)         32. 00       HAC Reduction Program adjustment (see instructions)       70. 99       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       N       N       100. 00       100. 00				0		0 0	•		
payment (see instructions)       70.94       -23,822       -11,531       -12,291       -23,822       31.00         31.01       HRR adjustment for HSP bonus payment (see instructions)       70.94       70.91       0       0       0       0       0       31.01         Image: see instructions)         The set instructions)         The set instructions)         The set instructions)         O       1.00       2.00       3.00       -23,822       31.00         O       1.00       2.00       0       -23,822       31.00         Set instructions)       O       -11,531       -12,291       -23,822       31.00         Image: set instructions)       O       -23,822       -11,531       -12,291       -23,822       31.00         Image: set instructions)       O       -23,822       -11,531       -12,291       -23,822       31.00         Image: set instructions)       O <th colspa="&lt;/td"><td></td><td></td><td></td><td>0</td><td></td><td>0 0</td><td>e e e e e e e e e e e e e e e e e e e</td><td></td></th>	<td></td> <td></td> <td></td> <td>0</td> <td></td> <td>0 0</td> <td>e e e e e e e e e e e e e e e e e e e</td> <td></td>				0		0 0	e e e e e e e e e e e e e e e e e e e	
31.00       HRR adjustment (see instructions)       70.94       -23,822       -11,531       -12,291       -23,822       31.00         31.01       HRR adjustment for HSP bonus payment (see instructions)       70.91       0       0       0       0       0       31.01         Instructions)         A result of the sec instruction of the sec insec instructin of the sec instructin of the sec instructi	50.01		70.70	0		0	0	30.01	
31. 01       HRR adj ustment for HSP bonus payment (see instructions)       70. 91       0       0       0       0       31. 01         Image: structions instructions instruction instructins instruction instructin	31 00		70.94	_23 822	_11 5	_12 201	_ <b>J</b> J 8JJ	31 00	
instructions)     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     N     0     100.00				-23, 022	-11, 5.	0 -12,271			
Image: construction struction struction program adjustment to     Image: construction struction stru	51.01		70. 71	0		0	0	51.01	
Image: state with the state with th							(Amt to Wkst		
01.002.003.004.0032.00HAC Reduction Program adjustment (see instructions)70.9900032.00100.00Transfer HAC Reduction Program adjustment toN100.00100.00									
32. 00 instructions)HAC Reduction Program adjustment (see instructions)70. 9900032. 00100. 00 Transfer HAC Reduction Program adjustment toNN100. 00100. 00			0	1 00	2 00	3 00			
instructions) 100.00 Transfer HAC Reduction Program adjustment to N 100.00	32,00	HAC Reduction Program adjustment (see		1.00	2.00			32.00	
100.00 Transfer HAC Reduction Program adjustment to N 100.00	52.00		, , ,			Ŭ Ŭ	0	52.00	
5 5	100.00			N				100.00	
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CALCULATION OF REIMBURSEMENT SETTLEMENT       Provider CCN: 15-0089       Period: From 01// To 12/3         PART B - MEDICAL AND OTHER HEALTH SERVICES         1.00       Medical and other services (see instructions)         2.00       Medical and other services reimbursed under OPPS (see instructions)         3.00       OPPS payments         4.01       Outlier payment (see instructions)         5.00       Enter the hospital specific payment to cost ratio (see instructions)         6.00       Line 2 times line 5         7.00       Sum of lines 3, 4, and 4.01, divided by line 6         8.00       Orransitional corridor payment (see instructions)         9.00       Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200         10.00       Organ acquisitions         11.00       Total cost (sum of lines 1 and 10) (see instructions)         20.00       Ancillary service charges	31/2022 Date/Time Pr 5/26/2023 11 tal PPS 1.00 11, 00 11, 35 45, 365, 86 41, 190, 30 204, 68 0.00 0.00 80, 07	2 1.00 6 2.00 2 3.00 8 4.00 0 4.01
PART B - MEDICAL AND OTHER HEALTH SERVICES         1.00       Medical and other services (see instructions)         2.00       Medical and other services reimbursed under OPPS (see instructions)         3.00       OPPS payments         4.01       Outlier payment (see instructions)         5.00       Enter the hospital specific payment to cost ratio (see instructions)         5.00       Enter the hospital specific payment to cost ratio (see instructions)         6.00       Line 2 times line 5         7.00       Sum of lines 3, 4, and 4.01, divided by line 6         8.00       Transitional corridor payment (see instructions)         9.00       Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200         10.00       Organ acquisitions         11.00       Total cost (sum of lines 1 and 10) (see instructions)         COMPUTATION OF LESSER OF COST OR CHARGES         Reasonable charges	tal PPS 	2 1.00 6 2.00 2 3.00 8 4.00 0 4.01 0 5.00
PART B - MEDICAL AND OTHER HEALTH SERVICES         1.00       Medical and other services (see instructions)         2.00       Medical and other services reimbursed under OPPS (see instructions)         3.00       OPPS payments         4.01       Outlier payment (see instructions)         4.01       Outlier reconciliation amount (see instructions)         5.00       Enter the hospital specific payment to cost ratio (see instructions)         6.00       Line 2 times line 5         7.00       Sum of lines 3, 4, and 4.01, divided by line 6         8.00       Transitional corridor payment (see instructions)         9.00       Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200         00.00       Organ acquisitions         11.00       Total cost (sum of lines 1 and 10) (see instructions)         COMPUTATION OF LESSER OF COST OR CHARGES         Reasonable charges	1.00 11, 35. 45, 365, 86 41, 190, 30 204, 68 0.00 0.00 80, 07.	6       2.00         2       3.00         8       4.00         0       4.01         5.00
<ul> <li>1.00 Medical and other services (see instructions)</li> <li>2.00 Medical and other services reimbursed under OPPS (see instructions)</li> <li>3.00 OPPS payments</li> <li>4.01 Outlier payment (see instructions)</li> <li>4.01 Outlier reconciliation amount (see instructions)</li> <li>5.00 Enter the hospital specific payment to cost ratio (see instructions)</li> <li>6.00 Line 2 times line 5</li> <li>7.00 Sum of lines 3, 4, and 4.01, divided by line 6</li> <li>8.00 Transitional corridor payment (see instructions)</li> <li>9.00 Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200</li> <li>10.00 Organ acquisitions</li> <li>11.00 Total cost (sum of lines 1 and 10) (see instructions)</li> <li>COMPUTATION OF LESSER OF COST OR CHARGES</li> </ul>	11, 35, 45, 365, 86, 41, 190, 30, 204, 68, 0. 00, 0. 00, 80, 07,	6       2.00         2       3.00         8       4.00         0       4.01         5.00
<ul> <li>1.00 Medical and other services (see instructions)</li> <li>2.00 Medical and other services reimbursed under OPPS (see instructions)</li> <li>3.00 OPPS payments</li> <li>4.01 Outlier payment (see instructions)</li> <li>4.01 Outlier reconciliation amount (see instructions)</li> <li>5.00 Enter the hospital specific payment to cost ratio (see instructions)</li> <li>6.00 Line 2 times line 5</li> <li>7.00 Sum of lines 3, 4, and 4.01, divided by line 6</li> <li>8.00 Transitional corridor payment (see instructions)</li> <li>9.00 Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200</li> <li>10.00 Organ acquisitions</li> <li>11.00 Total cost (sum of lines 1 and 10) (see instructions)</li> <li>COMPUTATION OF LESSER OF COST OR CHARGES</li> </ul>	45, 365, 86 41, 190, 30 204, 68 0. 00 0. 00 80, 07	6       2.00         2       3.00         8       4.00         0       4.01         5.00
<ul> <li>3.00 OPPS payments</li> <li>4.00 Outlier payment (see instructions)</li> <li>4.01 Outlier reconciliation amount (see instructions)</li> <li>5.00 Enter the hospital specific payment to cost ratio (see instructions)</li> <li>6.00 Line 2 times line 5</li> <li>7.00 Sum of lines 3, 4, and 4.01, divided by line 6</li> <li>8.00 Transitional corridor payment (see instructions)</li> <li>9.00 Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200</li> <li>10.00 Organ acquisitions</li> <li>11.00 Total cost (sum of lines 1 and 10) (see instructions)</li> <li>COMPUTATION OF LESSER OF COST OR CHARGES</li> <li>Reasonable charges</li> </ul>	41, 190, 30, 204, 68, 0. 00 0. 0 80, 07,	2 3.00 8 4.00 0 4.01 0 5.00
<ul> <li>4.00 Outlier payment (see instructions)</li> <li>4.01 Outlier reconciliation amount (see instructions)</li> <li>5.00 Enter the hospital specific payment to cost ratio (see instructions)</li> <li>6.00 Line 2 times line 5</li> <li>7.00 Sum of lines 3, 4, and 4.01, divided by line 6</li> <li>8.00 Transitional corridor payment (see instructions)</li> <li>9.00 Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200</li> <li>0.00 Organ acquisitions</li> <li>11.00 Total cost (sum of lines 1 and 10) (see instructions)</li> <li>COMPUTATION OF LESSER OF COST OR CHARGES</li> <li>Reasonable charges</li> </ul>	204, 68 0. 00 0. 0 80, 07	84.0004.0105.00
<ul> <li>4.01 Outlier reconciliation amount (see instructions)</li> <li>5.00 Enter the hospital specific payment to cost ratio (see instructions)</li> <li>6.00 Line 2 times line 5</li> <li>7.00 Sum of lines 3, 4, and 4.01, divided by line 6</li> <li>8.00 Transitional corridor payment (see instructions)</li> <li>9.00 Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200</li> <li>10.00 Organ acquisitions</li> <li>11.00 COMPUTATION OF LESSER OF COST OR CHARGES</li> <li>Reasonable charges</li> </ul>	0. 00 0. 0 80, 07	0 4.01 0 5.00
<ul> <li>6.00 Line 2 times line 5</li> <li>7.00 Sum of lines 3, 4, and 4.01, divided by line 6</li> <li>8.00 Transitional corridor payment (see instructions)</li> <li>9.00 Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200</li> <li>10.00 Organ acquisitions</li> <li>11.00 Total cost (sum of lines 1 and 10) (see instructions)</li> <li>COMPUTATION OF LESSER OF COST OR CHARGES</li> <li>Reasonable charges</li> </ul>	0. 0 80, 07.	
<ul> <li>7.00 Sum of lines 3, 4, and 4.01, divided by line 6</li> <li>8.00 Transitional corridor payment (see instructions)</li> <li>9.00 Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200</li> <li>10.00 Organ acquisitions</li> <li>11.00 Total cost (sum of lines 1 and 10) (see instructions)</li> <li>COMPUTATION OF LESSER OF COST OR CHARGES</li> <li>Reasonable charges</li> </ul>	0. 0 80, 07	
<ul> <li>8.00 Transitional corridor payment (see instructions)</li> <li>9.00 Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200</li> <li>10.00 Organ acquisitions</li> <li>11.00 Total cost (sum of lines 1 and 10) (see instructions)</li> <li>COMPUTATION OF LESSER OF COST OR CHARGES</li> <li>Reasonable charges</li> </ul>	80, 07	1
10.00       Organ acquisitions         11.00       Total cost (sum of lines 1 and 10) (see instructions)         COMPUTATION OF LESSER OF COST OR CHARGES         Reasonable charges		8.00
11.00 Total cost (sum of lines 1 and 10) (see instructions) COMPUTATION OF LESSER OF COST OR CHARGES Reasonable charges		
COMPUTATION OF LESSER OF COST OR CHARGES Reasonable charges		0 10.00 2 11.00
	11,00	
	(5.37)	10.00
13.00 Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		7 12.00
14.00 Total reasonable charges (sum of lines 12 and 13)	65, 77	
Customary charges	·   .	1 4 5 00
15.00 Aggregate amount actually collected from patients liable for payment for services on a charge being that would have been realized from patients liable for payment for services on a charge		0 15.00
had such payment been made in accordance with 42 CFR §413.13(e)		10.00
17.00 Ratio of line 15 to line 16 (not to exceed 1.000000)	0.00000	
<ul> <li>18.00 Total customary charges (see instructions)</li> <li>19.00 Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see</li> </ul>	ee 54, 42	
instructions)	01,12	17.00
20.00 Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (se	ee	0 20.00
instructions) 21.00 Lesser of cost or charges (see instructions)	11, 35	2 21.00
22.00 Interns and residents (see instructions)		0 22.00
23.00 Cost of physicians' services in a teaching hospital (see instructions)		0 23.00
24.00 Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9) COMPUTATION OF REIMBURSEMENT SETTLEMENT	41, 475, 06	2 24.00
25.00 Deductibles and coinsurance amounts (for CAH, see instructions)		0 25.00
26.00 Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions) 27.00 Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (	6, 877, 09	
27.00 Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] ( instructions)	(see 34, 609, 32	1 27.00
28.00 Direct graduate medical education payments (from Wkst. E-4, line 50)	1, 642, 78	1
29.00 ESRD direct medical education costs (from Wkst. E-4, line 36) 30.00 Subtotal (sum of lines 27 through 29)	36, 252, 10	0 29.00 3 30.00
31.00 Primary payer payments	6, 48	
32.00 Subtotal (line 30 minus line 31)	36, 245, 61	4 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) 33.00 Composite rate ESRD (from Wkst. I-5, line 11)		0 33.00
34.00 Allowable bad debts (see instructions)	661, 43	
35.00 Adjusted reimbursable bad debts (see instructions)	429, 93	
36.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 37.00 Subtotal (see instructions)	143, 02 36, 675, 54	
38.00 MSP-LCC reconciliation amount from PS&R	-18	
39.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0 39.00 39.50
39.50 Pioneer ACO demonstration payment adjustment (see instructions) 39.75 N95 respirator payment adjustment amount (see instructions)		0 39.50
39.97 Demonstration payment adjustment amount before sequestration		0 39.97
39.98 Partial or full credits received from manufacturers for replaced devices (see instructions) 39.99 RECOVERY OF ACCELERATED DEPRECIATION		0 39.98 0 39.99
39.99 RECOVERY OF ACCELERATED DEPRECIATION 40.00 Subtotal (see instructions)	36, 675, 73	
40.01 Sequestration adjustment (see instructions)	462, 11	4 40. 01
40.02 Demonstration payment adjustment amount after sequestration		0 40.02
40.03 Sequestration adjustment-PARHM or CHART pass-throughs 41.00 Interim payments	36, 417, 71	40.03
41.01 Interim payments-PARHM or CHART		41.01
42.00 Tentative settlement (for contractors use only)		0 42.00 42.01
42.01   Tentative settlement-PARHM or CHART (for contractor use only) 43.00   Balance due provider/program (see instructions)	-204,09	1
43.01 Balance due provider/program-PARHM (see instructions)		43.01
44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	5, 89	6 44.00
TO BE COMPLETED BY CONTRACTOR	I	1
90.00 Original outlier amount (see instructions)		90.00
91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money	0.0	0 91.00 0 92.00
93.00 Time Value of Money (see instructions)		0 92.00
94.00 Total (sum of lines 91 and 93)		0 94.00

Health Financial Systems	BALL MEMORIAL H	IOSPI TAL	In Lie	u of Form CMS-	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2022	Worksheet E	
				Date/Time Pre 5/26/2023 11:	pared: 47 am
		Title XVIII	Hospi tal	PPS	
				1.00	
MEDICARE PART B ANCILLARY COSTS					
200.00 Part B Combined Billed Days				0	200. 00

	Financial Systems BALL MEMORIAL I ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0089	Peri od:	u of Form CMS-2 Worksheet E	2552-1
		Component CCN: 15-T089	From 01/01/2022 To 12/31/2022	Part B Date/Time Pre	
		Title XVIII	Subprovi der -	5/26/2023 11: PPS	47 am
			I RF		
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
1.00	Medical and other services (see instructions)			167	1.0
2.00 3.00	Medical and other services reimbursed under OPPS (see instruc OPPS payments	tions)		712 918	
4.00	Outlier payment (see instructions)			0	4. C
4.01 5.00	Outlier reconciliation amount (see instructions) Enter the hospital specific payment to cost ratio (see instru	ctions)		0 0. 000	4.C
5.00	Line 2 times line 5			0	
7.00 3.00	Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)			0.00	
9.00 9.00	Ancillary service other pass through costs from Wkst. D, Pt.	IV, col. 13, line 200		1	9.0
10.00 11.00	Organ acquisitions Total cost (sum of lines 1 and 10) (see instructions)			0 167	
11.00	COMPUTATION OF LESSER OF COST OR CHARGES			107	1 11.0
12 00	Reasonable charges			049	112 (
12.00 13.00	Ancillary service charges Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, I	ine 69)		940	12.0 13.0
14.00	Total reasonable charges (sum of lines 12 and 13)			948	14.0
15.00	Customary charges Aggregate amount actually collected from patients liable for	payment for services on	a charge basis	0	15.0
16.00	Amounts that would have been realized from patients liable fo		n a chargebasis	0	16.0
17.00	had such payment been made in accordance with 42 CFR §413.13( Ratio of line 15 to line 16 (not to exceed 1.000000)	e)		0. 000000	17.0
18.00	Total customary charges (see instructions)			948	
19.00	Excess of customary charges over reasonable cost (complete on instructions)	IY IT IINE 18 exceeds II	ne II) (see	781	19.0
20. 00	Excess of reasonable cost over customary charges (complete on instructions)	ly if line 11 exceeds li	ne 18) (see	0	20.0
21.00	Lesser of cost or charges (see instructions)			167	21. (
22.00 23.00	Interns and residents (see instructions) Cost of physicians' services in a teaching hospital (see inst	ructions)		0	
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			919	
25.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT Deductibles and coinsurance amounts (for CAH, see instruction	c)		0	25.0
26.00	Deductibles and Coinsurance amounts relating to amount on lin		uctions)	94	26.0
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) instructions)	plus the sum of lines 22	and 23] (see	992	27.0
28.00	Direct graduate medical education payments (from Wkst. E-4, I	ine 50)		0	
29.00 30.00	ESRD direct medical education costs (from Wkst. E-4, line 36) Subtotal (sum of lines 27 through 29)			0 992	29.0 30.0
31.00	Primary payer payments			0	31. (
32.00	Subtotal (line 30 minus line 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVIO	CES)		992	32. (
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	34. ( 35. (
36.00	Allowable bad debts for dual eligible beneficiaries (see inst	ructions)		0	
37.00 38.00	Subtotal (see instructions) MSP-LCC reconciliation amount from PS&R			992 0	37.
39.00 39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.
39.50	Pioneer ACO demonstration payment adjustment (see instruction	s)		0	39.
39.75 39.97	N95 respirator payment adjustment amount (see instructions) Demonstration payment adjustment amount before sequestration			0	39. 39.
39. 98	Partial or full credits received from manufacturers for repla	ced devices (see instruc	tions)	0	
39.99 10.00	RECOVERY OF ACCELERATED DEPRECIATION Subtotal (see instructions)			0 992	39. 9 40. 0
40.01	Sequestration adjustment (see instructions)			12	40.
10.02 10.03	Demonstration payment adjustment amount after sequestration			0	40. ( 40. (
11. 00	Sequestration adjustment-PARHM or CHART pass-throughs Interim payments			1, 004	
1.01	Interim payments-PARHM or CHART			0	41.0
12.00 12.01	Tentative settlement (for contractors use only) Tentative settlement-PARHM or CHART (for contractor use only)			0	42.0 42.0
43.00	Balance due provider/program (see instructions)			-24	43.0
43.01 44.00	Balance due provider/program-PARHM (see instructions) Protested amounts (nonallowable cost report items) in accorda	nce with CMS Pub 15-2	chapter 1.	0	43.0
	§115. 2			0	
90.00	TO BE COMPLETED BY CONTRACTOR Original outlier amount (see instructions)			0	90. (
91.00	Outlier reconciliation adjustment amount (see instructions)			0	
92.00 93.00	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0.00	
94.00	Total (sum of lines 91 and 93)			0	

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lie	u of Form CMS-	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0089	Period: From 01/01/2022	Worksheet E	
	Component CCN: 15-T089	To 12/31/2022		
	Title XVIII	Subprovider -	PPS	
		I RF		
			1.00	
MEDICARE PART B ANCILLARY COSTS				
200.00 Part B Combined Billed Days				200. 00

ANALY	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC	N: 15-0089	Period: From 01/01/2022 To 12/31/2022		
		Title		Hospi tal	PPS	
		I npati ent	t Part A	Par	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00 2.00	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		66, 448, 76	0	35, 868, 715 0	1.00
3.00	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					3.00
3.01	ADJUSTMENTS TO PROVIDER	09/28/2022	121, 40		549, 000	3. 01
3.02				0	0	3.02
3.03 3.04				0	0	3. 03 3. 04
3.05				0	0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM			0	0	3.50
3.51 3.52				0	0	3. 51 3. 52
3.52				0	0	3.52
3.54				0	0	3.54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		121, 40	00	549, 000	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		66, 570, 16	o2	36, 417, 715	4.00
5.00	TO BE COMPLETED BY CONTRACTOR List separately each tentative settlement payment after					5.00
5.00	desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					5. 00
5.01	TENTATI VE TO PROVIDER			0	0	5. 01
5.02				0	0	5.02
5.03				0	0	5.03
5.50	Provider to Program TENTATIVE TO PROGRAM			0	0	5.50
5.50				0	0	5. 50
5.52				0	0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6. 01 6. 02	SETTLEMENT TO PROVIDER SETTLEMENT TO PROGRAM		683, 36	0	0 204, 095	6. 01 6. 02
6.02 7.00	Total Medicare program liability (see instructions)		67, 253, 52	24	204, 095 36, 213, 620	6.0∠ 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1,00	2.00	

NALYS	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider C Component	CN: 15-0089 CCN: 15-T089	Period: From 01/01/2022 To 12/31/2022		pared 47 am
		Title	e XVIII	Subprovider - IRF	PPS	
		I npati er	nt Part A		rt 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		2, 668, 9	45 0	1, 004 0	1. ( 2. (
. 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. 3.
. 03 . 04				0	0	3. 3.
. 04				0	0	3.
	Provider to Program		1			
50	ADJUSTMENTS TO PROGRAM			0	0	3.
51				0	0	3.
52				0	0	3.
53 54				0	0	3. 3.
54 99	Subtotal (sum of lines 3.01–3.49 minus sum of lines			0	0	3. 3.
,,	3. 50-3. 98)			0	Ŭ	0.
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)		2, 668, 9	45	1, 004	4.
	TO BE COMPLETED BY CONTRACTOR		I			
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		1			
01	TENTATI VE TO PROVIDER			0	0	5.
02				0	0	5.
03	Drovider to Drogram			0	0	5.
50	Provider to Program TENTATIVE TO PROGRAM		1	0	0	5.
50				0	0	5.
52				0	0	5.
99	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0	0	5.
00	5.50-5.98) Determined net settlement amount (balance due) based on the cost report. (1)					6.
01	SETTLEMENT TO PROVIDER		54, 3	27	0	6.
02	SETTLEMENT TO PROGRAM			0	24	6.
00	Total Medicare program liability (see instructions)		2, 723, 2		980	7.
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	_

Heal th	Financial Systems BALL MEMORIA	AL HOSPITAL	In Lie	u of Form CMS-	2552-10		
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0089	Peri od:	Worksheet E-	1		
			From 01/01/2022 To 12/31/2022		anarod		
			10 12/ 51/ 2022	5/26/2023 11			
	Title XVIII Hospital P						
				1.00			
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS						
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATI	ON					
1.00	Total hospital discharges as defined in AARA §4102 from Wks	st. S-3, Pt. I col. 15 line	e 14		1.00		
2.00	Medicare days (see instructions)				2.00		
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00		
4.00	Total inpatient days (see instructions)				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	f 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	on (see instructions)			10.00		
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH						
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00		
31.00	Other Adjustment (specify)				31.00		
32.00	Balance due provider (line 8 (or line 10) minus line 30 and	d line 31) (see instruction	is)		32.00		

LCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0089	Peri od:	Worksheet E-3	
		Component CCN: 15-T089	From 01/01/2022 To 12/31/2022	Part III Date/Time Pre 5/26/2023 11:-	
		Title XVIII	Subprovider -	PPS	47 0
				1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS				
00	Net Federal PPS Payment (see instructions)			2, 566, 328	1
00	Medicare SSI ratio (IRF PPS only) (see instructions)			0. 0256	
00	Inpatient Rehabilitation LIP Payments (see instructions)			129, 600	
00 00	Outlier Payments	ant each reporting period on	ding on or prior	79, 255 0. 00	
00	Unweighted intern and resident FTE count in the most rece to November 15, 2004 (see instructions)	ent cost reporting period en	ung on or prior	0.00	5
01	Cap increases for the unweighted intern and resident FTE program or hospital closure, that would not be counted wi			0.00	5
00	CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions) New Teaching program adjustment. (see instructions)			0.00	6
00	Current year's unweighted FTE count of I&R excluding FTEs	s in the new program growth n	eriod of a "new	0.00	
-	teaching program" (see instructions)			0.00	'
00	Current year's unweighted I&R FTE count for residents wit teaching program" (see instructions)			0.00	
0	Intern and resident count for IRF PPS medical education a	adjustment (see instructions)		0.00	
00 00	Average Daily Census (see instructions) Teaching Adjustment Factor (see instructions)			11. 720548 0. 000000	
00	Teaching Adjustment (see instructions)			0.000000	1
00	Total PPS Payment (see instructions)			2, 775, 183	
00	Nursing and Allied Health Managed Care payments (see inst	ruction)		0	
00	Organ acquisition (DO NOT USE THIS LINE)				1
00	Cost of physicians' services in a teaching hospital (see	instructions)		0	
00	Subtotal (see instructions)			2, 775, 183	
00	Primary payer payments			0	
00 00	Subtotal (line 17 less line 18). Deductibles			2, 775, 183 7, 708	
00	Subtotal (line 19 minus line 20)			2, 767, 475	
00	Coi nsurance			10, 892	
00	Subtotal (line 21 minus line 22)			2, 756, 583	
00	Allowable bad debts (exclude bad debts for professional s	services) (see instructions)		1, 408	24
00	Adjusted reimbursable bad debts (see instructions)			915	
00	Allowable bad debts for dual eligible beneficiaries (see	instructions)		0	2
00	Subtotal (sum of lines 23 and 25)	4 Line 40)		2, 757, 498	
00 00	Direct graduate medical education payments (from Wkst. E- Other pass through costs (see instructions)	-4, TTNE 49)		525	28
00	Outlier payments reconciliation			0	30
00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	3
50	Pioneer ACO demonstration payment adjustment (see instruc	ctions)		0	3
98	Recovery of accelerated depreciation.			0	3
99	Demonstration payment adjustment amount before sequestrat	i on		0	
00	Total amount payable to the provider (see instructions)			2, 758, 023	
01	Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestrati	on.		34, 751 0	
02 00	Interim payments	011		2, 668, 945	
00	Tentative settlement (for contractor use only)			2,000,749	34
00	Balance due provider/program (line 32 minus lines 32.01,	32.02, 33, and 34)		54, 327	
00	Protested amounts (nonallowable cost report items) in acc §115.2	cordance with CMS Pub. 15-2,	chapter 1,	82, 379	36
	TO BE COMPLETED BY CONTRACTOR				-
00	Original outlier amount from Wkst. E-3, Pt. III, line 4			79, 255	
00	Outlier reconciliation adjustment amount (see instruction The rate used to calculate the Time Value of Money	15)		0	51
00	Time Value of Money (see instructions)			0.00	
50	FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020	AND BEGINNING BEFORE THE EN	D OF THE COVID-19		
	Teaching Adjustment Factor for the cost reporting period			0. 000000	99

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	r Provider CC	CN: 15-0089	Period: From 01/01/2022	Worksheet E-4	
IEDICAL EDUCATION COSTS			To 12/31/2022	Date/Time Prep 5/26/2023 11:4	
	Title	XVIII	Hospi tal	PPS	
				1.00	
.00 COMPUTATION OF TOTAL DIRECT GME AMOUNT	hic programs for	cost roporti	ng pori ods	57. 92	1.0
ending on or before December 31, 1996.		cost reporti	ng perious	57.72	
I.01 FTE cap adjustment under §131 of the CAA 2021 (see instru				0.00	1.0
.00 Unweighted FTE resident cap add-on for new programs per 4 .26 Rural track program FTE cap limitation adjustment after t				0.00	2.0
the CAA 2021 (see instructions)	ine cap builtuing				2.4
.00 Amount of reduction to Direct GME cap under section 422 o				0.00	3. (
.01 Direct GME cap reduction amount under ACA §5503 in accord instructions for cost reporting periods straddling 7/1/20		§413.79 (m).	(see	0.00	3. (
.02 Adjustment (increase or decrease) to the hospital's rural		ation(s) for	rural track		3. 0
programs with a rural track Medicare GME affiliation agre	ement in accorda	nce with 413.	75(b) and 87 FR		
49075 (August 10, 2022) (see instructions) .00 Adjustment (plus or minus) to the FTE cap for allopathic	and osteonathic	programs due	to a Medicare	0.00	4.0
GME affiliation agreement (42 CFR §413.75(b) and § 413.79	•	programs due		0.00	4. (
.01 ACA Section 5503 increase to the Direct GME FTE Cap (see	instructions for	cost reporti	ng periods	12.00	4. (
straddling 7/1/2011) .02 ACA Section 5506 number of additional direct GME FTE cap	slots (see inst	ructions for	cost reporting	0.00	4. (
periods straddling 7/1/2011)	31013 (300 1131		cost reporting	0.00	
.21 The amount of increase if the hospital was awarded FTE ca	p slots under §1	26 of the CAA	2021 (see		4.1
instructions) .00 FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus	lines 2 26 thro	uah 2.49 mir	us lines 3 and	69. 92	5.
3.01, plus or minus line 3.02, plus or minus line 4, plus				07.72	5.
.00 Unweighted resident FTE count for allopathic and osteopat	hic programs for	the current	year from your	61.95	6.
records (see instructions) .00 Enter the lesser of line 5 or line 6				61.95	7.
		Primary Care	e Other	Total	/. \
		1.00	2.00	3.00	
.00 Weighted FTE count for physicians in an allopathic and os program for the current year.	teopathi c	50.9	95 11.00	61.95	8.0
.00 If line 6 is less than 5 enter the amount from line 8, ot	herwi se	50. 9	95 11.00	61.95	9.
multiply line 8 times the result of line 5 divided by the					
<ol> <li>For cost reporting periods beginning on or after Octob if Worksheet S-2, Part I, line 68, is "Y", see instructio</li> </ol>					
0.00 Weighted dental and podiatric resident FTE count for the			0.00		10.
0.01 Unweighted dental and podiatric resident FTE count for th	e current year		0.00		10.
1.00  Total weighted FTE count 2.00  Total weighted resident FTE count for the prior cost repo	rting year (soo	50.9 53.0			11. 12.
instructions)	i tring year (see	55.0	10.30		12.
3.00 Total weighted resident FTE count for the penultimate cos	t reporting	53. 1	10.00		13.
year (see instructions) 4.00 Rolling average FTE count (sum of lines 11 through 13 div	(idod by 2)	52.3	38 10. 50		14.
5.00 Adjustment for residents in initial years of new programs	J ,	0. (			14.
5.01 Unweighted adjustment for residents in initial years of n		0.0			15.
6.00 Adjustment for residents displaced by program or hospital		0.0			16.
b. 01 Unweighted adjustment for residents displaced by program closure	or hospi tal	0.0	0.00		16.
7.00 Adjusted rolling average FTE count		52.3	38 10. 50		17.
		121, 682. 7			18.
			1 200 041	7 500 504	18.
3.01 Per resident amount under §131 of the CAA 2021				7, 583, 584	19.
8.01 Per resident amount under §131 of the CAA 2021		6, 373, 74	1, 209, 841		
8.01 Per resident amount under §131 of the CAA 2021 9.00 Approved amount for resident costs				1.00	
3. 01       Per resident amount under §131 of the CAA 2021         9. 00       Approved amount for resident costs         0. 00       Additional unweighted allopathic and osteopathic direct G	ME FTE resident			1.00 4.00	20.
<ul> <li>B. 01 Per resident amount under §131 of the CAA 2021</li> <li>9. 00 Approved amount for resident costs</li> <li>0. 00 Additional unweighted allopathic and osteopathic direct G Sec. 413.79(c)(4)</li> </ul>				4.00	
<ul> <li>B. 01 Per resident amount under §131 of the CAA 2021</li> <li>Approved amount for resident costs</li> <li>D. 00 Additional unweighted allopathic and osteopathic direct G Sec. 413.79(c) (4)</li> <li>Direct GME FTE unweighted resident count over cap (see in</li> </ul>	structions)				21.
<ul> <li>8.01 Per resident amount under §131 of the CAA 2021</li> <li>9.00 Approved amount for resident costs</li> <li>0.00 Additional unweighted allopathic and osteopathic direct G Sec. 413.79(c)(4)</li> <li>1.00 Direct GME FTE unweighted resident count over cap (see in Allowable additional direct GME FTE Resident Count (see i 5.00 Enter the locality adjustment national average per reside</li> </ul>	structions) nstructions)	cap slots rec		4.00 0.00	21. 22. 23.
<ul> <li>8.01 Per resident amount under §131 of the CAA 2021</li> <li>9.00 Approved amount for resident costs</li> <li>0.00 Additional unweighted allopathic and osteopathic direct G Sec. 413.79(c)(4)</li> <li>1.00 Direct GME FTE unweighted resident count over cap (see in Allowable additional direct GME FTE Resident Count (see i</li> </ul>	structions) nstructions)	cap slots rec		4.00 0.00 0.00	21. 22. 23. 24.

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT Provider CCN: 15-0089 Period: MEDICAL EDUCATION COSTS From 01/01/2022	eu of Form CMS-2 Worksheet E-4	
To 12/31/2022		
Title XVIII Hospital	PPS	
Inpatient Part Managed Care	Total	
A 1.00 2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD	3.00	
26.00 Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 26,732 22,976 3.02, column 2)		26.00
27.00 Total Inpatient Days (see instructions) 86,128 86,128		27.00
28.00 Ratio of inpatient days to total inpatient days 0.310375 0.266766		28.00
29.00 Program direct GME amount 2, 353, 755 2, 023, 042	4, 376, 797	29.00
29.01 Percent reduction for MA DGME 3.26		29.01
30.00 Reduction for direct GME payments for Medicare Advantage 65,951	65, 951	30.00
31.00 Net Program direct GME amount	4, 310, 846	31.00
	1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEI EDUCATION COSTS)	DI CAL	
32.00 Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00 Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	4, 143, 363	
34.00 Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0. 000000	
35.00 Medicare outpatient ESRD charges (see instructions)	0	
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	70.045.070	07.00
37.00 Reasonable cost (see instructions)	73, 845, 078	
38.00 Organ acquisition and HSCT acquisition costs (see instructions) 39.00 Cost of physicians' services in a teaching hospital (see instructions)	0	
39.00 Cost of physicians' services in a teaching hospital (see instructions) 40.00 Primary payer payments (see instructions)	26, 363	
41.00 Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	73, 818, 715	
Part B Reasonable Cost	13,010,713	41.00
42. 00 Reasonable cost (see instructions)	45, 458, 170	42 00
43.00 Primary payer payments (see instructions)	6, 489	
44.00 Total Part B reasonable cost (line 42 minus line 43)	45, 451, 681	
45.00 Total reasonable cost (sum of lines 4 and 44)	119, 270, 396	
46.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0. 618919	
47.00 Ratio of Part B reasonable cost to total reasonable cost (line 44 + line 45)	0. 381081	1
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00 Total program GME payment (line 31)	4, 310, 846	48.00
49.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	2, 668, 064	49.00
50.00 Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	1, 642, 782	

Health Financial Systems	u of Form CMS-2	2552-10			
OUTLIER RECONCILIATION AT TENT	Worksheet E-5				
	Date/Time Prep 5/26/2023 11:4	bared: 47 am			
		Title XVIII		PPS	
				1.00	
TO BE COMPLETED BY CONTR	ACTOR				
1.00 Operating outlier amoun	from Wkst. E, Pt. A, line 2, or su	m of 2.03 plus 2.04 (see i	nstructions)	0	1.00
2.00 Capital outlier from Wks	st. L, Pt. I, line 2			0	2.00
3.00 Operating outlier recond	iliation adjustment amount (see ins	tructions)		0	3.00
4.00 Capital outlier reconcil	iation adjustment amount (see instr	uctions)		0	4.00
5.00 The rate used to calcula	ate the time value of money (see ins	tructions)		0.00	5.00
6.00 Time value of money for	0	6.00			
	capital related expenses (see instr			0	7.00
				I	

	Financial Systems BALL MEMORIAL E SHEET (If you are nonproprietary and do not maintain ype accounting records, complete the General Fund column	Provider CO		In Lie Period: From 01/01/2022	Worksheet G	
ly)				To 12/31/2022	Date/Time Pre 5/26/2023 11:	
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	CURRENT ASSETS	1.00	2.00	3.00	4.00	
00	Cash on hand in banks	371, 092, 192		0 0	0	1.0
00	Temporary investments	0		0 0	0	
00	Notes receivable Accounts receivable	0 E2 474 102			0	
00 00	Other receivable	53, 676, 103 3, 293, 442			0	
00	Allowances for uncollectible notes and accounts receivable	0, 275, 442		0	0	
00	Inventory	13, 835, 113		0 0	0	
00	Prepaid expenses	1, 402, 811		0 0	0	
00	Other current assets	0		0 0	0	
. 00	Due from other funds	0		0	0	
. 00	Total current assets (sum of lines 1-10) FIXED ASSETS	443, 299, 661		0 0	0	11. (
. 00	Land	6, 072, 523		0 0	0	12.0
. 00	Land improvements	3, 429, 715		0 0	0	
. 00	Accumulated depreciation	-3, 242, 506		0 0	0	14. (
. 00	Bui I di ngs	392, 767, 598		0 0	0	
. 00	Accumulated depreciation	-237, 325, 106		0 0	0	
. 00 . 00	Leasehold improvements Accumulated depreciation	429, 120 -389, 690			0	
	Fixed equipment	-309, 090 0			0	
. 00	Accumulated depreciation	0		0 0	0	
	Automobiles and trucks	0		0 0	0	
	Accumulated depreciation	0		0 0	0	
	Major movable equipment	160, 148, 795		0 0	0	
	Accumulated depreciation	-107, 979, 697		0	0	
	Minor equipment depreciable Accumulated depreciation	0			0	
	HIT designated Assets	0		0	0	
	Accumulated depreciation	0		0 0	0	
. 00	Mi nor equipment-nondepreciable	0		0 0	0	
. 00	Total fixed assets (sum of lines 12-29)	213, 910, 752	(	0 0	0	30.
00	OTHER ASSETS	124 (54 4(2		0 0	0	1 21
. 00 . 00	Investments Deposits on Leases	134, 654, 462			0	
. 00	Due from owners/officers	0		0 0	0	
. 00	Other assets	20, 007, 051		0 0	0	
. 00	Total other assets (sum of lines 31-34)	154, 661, 513		0 0	0	35.
. 00	Total assets (sum of lines 11, 30, and 35)	811, 871, 926	(	0 0	0	36.
~~	CURRENT_LIABILITIES	44 550 007				1 07
. 00 . 00	Accounts payable Salaries, wages, and fees payable	41, 553, 227 8, 537, 651			0	
. 00	Payroll taxes payable	653, 130			0	
	Notes and Loans payable (short term)	223, 678		0	0	
	Deferred income	0	(	0 0	0	41.
. 00	Accelerated payments	2, 766, 092				42.
. 00	Due to other funds	8, 845, 386		0 0	0	
	Other current liabilities Total current liabilities (sum of lines 37 thru 44)	U			0	
. 00	LONG TERM LIABILITIES	62, 579, 164		0	0	45.
. 00	Mortgage payable	0	(	0 0	0	46.
. 00	Notes payable	0		0 0	0	
. 00	Unsecured Loans	0	(	0 0	0	
. 00	Other long term liabilities	1, 791, 076		o	0	
. 00	Total long term liabilities (sum of lines 46 thru 49)	1, 791, 076		0 0	0	
. 00	Total liabilities (sum of lines 45 and 50) CAPITAL ACCOUNTS	64, 370, 240		0 0	0	51.
. 00	General fund balance	747, 501, 686				52.
. 00	Specific purpose fund	,		b		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	
. 00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.
. 00	Total fund balances (sum of lines 52 thru 58)	747, 501, 686		0 0	0	59.
	Total liabilities and fund balances (sum of lines 51 and	811, 871, 926			0	60.

Heal th	Financial Systems	BALL MEMORIAL	HOSPI TAL			In Lie	u of Form CMS	-25	52-10
STATEM	ENT OF CHANGES IN FUND BALANCES		Provider CC	CN: 15-0089		riod: om 01/01/2022 12/31/2022	Worksheet G- Date/Time Pr 5/26/2023 11	ера	
		General	Fund	Speci al	Pur	pose Fund	Endowment Fun	d	
								+	
		1.00	2.00	3.00		4.00	5.00		
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 16.00 17.00 18.00 19.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) DONATED PPE ROUNDING Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify) UNRESTRICTED FUND BALANCE Total deductions (sum of lines 12-17) Fund balance at end of period per balance	13, 999 1 0 0 0 0 43, 665 0 0 0 0 0	725, 236, 130 22, 295, 221 747, 531, 351 14, 000 747, 545, 351 43, 665 747, 501, 686		0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0			$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ \end{array}$
	sheet (line 11 minus line 18)	Endowment Fund	PI ant	Fund				+	
			Trant	T unu					
		6.00	7.00	8.00					
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) DONATED PPE ROUNDING	0	0 0 0 0 0		0				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 16. 00 17. 00 18. 00	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify) UNRESTRICTED FUND BALANCE Total deductions (sum of lines 12-17)	0 0	0 0 0 0 0 0		0 0				10.00         11.00         12.00         13.00         14.00         15.00         16.00         17.00         18.00
18.00 19.00	lotal deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	0			0				18. 19.

	ENT OF BATLENT BELEVILES AND OBERATING EVERYORS	D 1 1 00				2552-10
STATEM	ENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider CC	N: 15-0089	Period: From 01/01/2022 To 12/31/2022		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		251, 207, 08		251, 207, 086	
2.00	SUBPROVIDER - IPF		40.000 5	0	0	
3.00 4.00	SUBPROVIDER - IRF		10, 998, 50	)/	10, 998, 507	3.00
4.00 5.00	SUBPROVIDER Swing bed - SNF			0	0	
6.00	Swing bed - NF			0		
7.00	SKILLED NURSING FACILITY			0		7.00
8.00	NURSI NG FACI LI TY					8.00
9.00	OTHER LONG TERM CARE					9.00
10.00	Total general inpatient care services (sum of lines 1-9)		262, 205, 59	93	262, 205, 593	10.00
	Intensive Care Type Inpatient Hospital Services			- T		
11.00	INTENSIVE CARE UNIT		63, 710, 12		63, 710, 127	1
12.00	CORONARY CARE UNIT			0	0	
13.00	BURN I NTENSI VE CARE UNI T					13.00
14.00	SURGICAL INTENSIVE CARE UNIT		1/ / 27 / 0	24	14 407 404	14.00
15. 00 16. 00	NEONATAL INTENSIVE CARE UNIT Total intensive care type inpatient hospital services (sum of	Flinos	16, 627, 69 80, 337, 82		16, 627, 694 80, 337, 821	
10.00	11-15)	TTHES	00, 337, 02	21	00, 337, 021	10.00
17.00	Total inpatient routine care services (sum of lines 10 and 10	5)	342, 543, 41	14	342, 543, 414	17.00
18.00	Ancillary services		642, 751, 70			
19.00	Outpatient services		87, 432, 80			
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			0 0	0	
24.00						24.00
25.00 26.00	AMBULATORY SURGICAL CENTER (D. P. ) HOSPICE					25.00
28.00	NRCC			0 10, 651, 558	10, 651, 558	
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3	3 to Wkst	1 072 727 93	31 1, 349, 391, 989		
201.00	G-3, line 1)		., ., ., ., ., ., .,		2, 122, 11, 7, 720	20,00
	PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)			520, 405, 188		29.00
30.00	ADD (SPECIFY)			0		30.00
31.00				0		31.00
32.00				0		32.00
33.00 34.00				0		33.00 34.00
34.00				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
40.00	Total operating expenses (sum of lines 29 and 36 minus line 4	12)(transfer		520, 405, 188		43.00
43.00	to Wkst. G-3, line 4)	· · · · · · · · · · · · · · · · · · ·				1

Heal th	Financial Systems BALL MEMORIAL I	HOSPI TAL	In Lie	u of Form CMS-2	2552-10
STATEN	ENT OF REVENUES AND EXPENSES	Provider CCN: 15-0089	Period: From 01/01/2022	Worksheet G-3	
			To 12/31/2022	Date/Time Prep 5/26/2023 11:4	
				1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, lin			2, 422, 119, 920	1.00
2.00	Less contractual allowances and discounts on patients' accoun	ts		1, 897, 237, 234	2.00
3.00	Net patient revenues (line 1 minus line 2)			524, 882, 686	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line	43)		520, 405, 188	
5.00	Net income from service to patients (line 3 minus line 4)			4, 477, 498	5.00
	OTHER I NCOME				
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	
10.00	Purchase di scounts			0	
11.00	Rebates and refunds of expenses			0	11.00
12.00	Parking lot receipts			0	
13.00	Revenue from laundry and linen service				13.00
14.00	Revenue from meals sold to employees and guests				14.00
15.00	Revenue from rental of living quarters			-	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.)				19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0	
21.00	Rental of vending machines			0	
22.00	Rental of hospital space			0	
23.00	Governmental appropriations			0	23.00
24.00	MI SCELLANEOUS I NCOME			17, 817, 723	24.00
24.50	COVI D-19 PHE Fundi ng			0	24.50
25.00	Total other income (sum of lines 6-24)			17, 817, 723	25.00
26.00	Total (line 5 plus line 25)			22, 295, 221	26.00
27.00	OTHER EXPENSES (SPECIFY)			0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)			0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)			22, 295, 221	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0089	Peri od: From 01/01/2022 To 12/31/2022 Hospi tal	Worksheet L Parts I-III Date/Time Pre 5/26/2023 11:4	
	Title XVIII		PPS	47 0
			1.00	
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT .00 Capital DRG other than outlier				
		3, 799, 535		
01 Model 4 BPCI Capital DRG other than outlier			0	1
00 Capital DRG outlier payments			48, 208	
01 Model 4 BPCI Capital DRG outlier payments 00 Total inpatient days divided by number of days in the c			0	1
			224.25	
00 Number of interns & residents (see instructions)	->		62.22	
00 Indirect medical education percentage (see instructions			8.14	
00 Indirect medical education adjustment (multiply line 5 1.01) (see instructions)	5		309, 282	
00 Percentage of SSI recipient patient days to Medicare Pa 30) (see instructions)		, part A line	5.53	
0 Percentage of Medicaid patient days to total days (see instructions)			27.15	8.
00 Sum of lines 7 and 8			32.68	
.00 Allowable disproportionate share percentage (see instructions)			6.84	
.00 Disproportionate share adjustment (see instructions)		259, 888		
2.00  Total_prospective_capital_payments (see instructions)			4, 416, 913	12.
			1 00	
PART II – PAYMENT UNDER REASONABLE COST			1.00	
00 Program inpatient routine capital cost (see instruction			0	1 1.
00 Program inpatient ancillary capital cost (see instruction			0	
00 Total inpatient program capital cost (line 1 plus line			0	
00 Capital cost payment factor (see instructions)	2)		0	
00 Total inpatient program capital cost (line 3 x line 4)			0	
oo Total Inpatient program capital cost (The 5 x The 4)			0	
			1.00	
PART III - COMPUTATION OF EXCEPTION PAYMENTS 00 Program inpatient capital costs (see instructions)			0	1
00 Program inpatient capital costs (see fist det ons) 00 Program inpatient capital costs for extraordinary circu	unstances (see instructions)		0	
00 Net program inpatient capital costs for extraordinary circu	· · · · · · · · · · · · · · · · · · ·		0	
00 Applicable exception percentage (see instructions)	2)		0.00	
00 Capital cost for comparison to payments (line 3 x line	4)		0.00	
00 Percentage adjustment for extraordinary circumstances (			0.00	
00 Adjustment to capital minimum payment level for extraor	· · · · · · · · · · · · · · · · · · ·	line 6)	0.00	
00 Capital minimum payment level (line 5 plus line 7)			0	
00 Current year capital payments (from Part I, line 12, as	applicable)		0	-
0.00 Current year comparison of capital minimum payment leve		less line 9)	0	
			0	11.
				12.
Worksheet L, Part III, line 14)	tal payments (line 10 plus lin	e 11)	()	
Worksheet L, Part III, line 14) 2.00 Net comparison of capital minimum payment level to capi			0	
Worksheet L, Part III, line 14) .00 Net comparison of capital minimum payment level to capi .00 Current year exception payment (if line 12 is positive,	enter the amount on this line	)	-	13
Worksheet L, Part III, line 14) 2.00 Net comparison of capital minimum payment level to capi 3.00 Current year exception payment (if line 12 is positive, 4.00 Carryover of accumulated capital minimum payment level	enter the amount on this line over capital payment for the f	)	0	13
Worksheet L, Part III, line 14) 2.00 Net comparison of capital minimum payment level to capi 3.00 Current year exception payment (if line 12 is positive, 4.00 Carryover of accumulated capital minimum payment level (if line 12 is negative, enter the amount on this line)	enter the amount on this line over capital payment for the f	)	0	13 14
Worksheet L, Part III, line 14) 2.00 Net comparison of capital minimum payment level to capi 3.00 Current year exception payment (if line 12 is positive, 4.00 Carryover of accumulated capital minimum payment level	enter the amount on this line over capital payment for the f see instructions)	)	0 0	13 14 15