Health Financia	al Systoms	BALL MEMORIAL HOS	CDLTAL	In Lio	u of Form CMS-2552-10
	<i>J</i>				
	required by law (42 USC 1395				FORM APPROVED
payments made :	since the beginning of the co	st reporting period being d	eemed overpayments	(42 USC 1395g).	OMB NO. 0938-0050
HOSPITAL AND H	OSPITAL HEALTH CARE COMPLEX C	OST REPORT CERTIFICATION	Provider CCN: 1500	89 Peri od:	Worksheet S
AND SETTLEMENT	SHMMARY		From 01/01/2014	Parts I-III	
AND SETTEEMENT	SOMMENT			To 12/31/2014	Date/Time Prepared:
				12, 21, 21, 2	5/27/2015 12:02 pm
PART I - COST	REPORT STATUS				
Provi der	1. [ X ] Electronically filed	cost report		Date: 5/27/20	15 Time: 12:02 pm
use only	2. [ ] Manually submitted co	st report			•
	3. [ 0 ] If this is an amended	report enter the number of	times the provide	r resubmitted this co	ost report
	4. [ F ] Medicare Utilization.	Enter "F" for full or "L"	for low.		
Contractor	5. [ 1 ]Cost Report Status	6 Date Received:	-	10. NPR Date:	
use only	(1) As Submitted			11. Contractor's Vendo	or Code: 4
use on y		8. [ N ] Initial Report for			
		9. N Final Report for the	nis Provider CCN		nes reopened = 0-9.
	(3) Settied with Addit	7. [ N ] I I I I I Report For the	ii 3 i i ovi dei con	number of triii	ies reoperied = 0-9.
	(4) Reopened				

## PART II - CERTIFICATION

(5) Amended

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

## CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BALL MEMORIAL HOSPITAL (150089) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Si gned)								
Officer or Administrator of Provider(s)								
CHIEF FINANCIAL OFFICER								
Ti tl e								

			Title XVIII				
	Cost Center Description		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	-1, 186, 945	-138, 715	147, 682	0	1. 00
2.00	Subprovi der - IPF	0	0	0		0	2.00
3.00	Subprovi der - IRF	0	-47, 615	-21		0	3.00
4.00	SUBPROVI DER I	0	0	0		0	4. 00
5.00	Swing bed - SNF	0	0	0		0	5. 00
6.00	Swing bed - NF	0				0	6. 00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7. 00
8.00	NURSING FACILITY	0				0	8. 00
200.00	Total	0	-1, 234, 560	-138, 736	147, 682	0	200. 00

Date

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 valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

Health Financial Systems BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provi der CCN: 150089 Peri od: Worksheet S-2 From 01/01/2014 Part I 12/31/2014 Date/Time Prepared: 5/26/2015 1:44 pm 3.00 4.00 Hospital and Hospital Health Care Complex Address: Street: 2401 UNIVERSITY AVENUE 1.00 1.00 PO Box: State: IN Zip Code: 47303-3428 County: DELAWARE 2.00 City: MUNCIE 2.00 Provi der Component Name CCN CBSA Date Payment System (P, Certi fi ed T, 0, or N) Number Number Type XVIII XIX 1.00 2.00 3.00 4.00 5.00 6.00 | 7.00 | 8.00 Hospital and Hospital-Based Component Identification: 3.00 Hospi tal BALL MEMORIAL HOSPITAL 150089 11300 07/01/1966 Ν Р 0 3.00 1 Subprovider - IPF 4.00 4.00 Subprovi der - IRF 5.00 BMH PHYSICAL REHAB 15T089 11300 5 07/01/1986 N Р 0 5 00 Subprovider - (Other) 6.00 6.00 Swing Beds - SNF 7.00 7.00 Swing Beds - NF 8.00 8.00 9.00 Hospi tal -Based SNF 9.00 10.00 Hospi tal -Based NF 10.00 Hospi tal -Based OLTC 11 00 11 00 Hospi tal -Based HHA 12.00 12.00 13.00 Separately Certified ASC 13.00 Hospi tal -Based Hospi ce 14.00 14.00 15.00 Hospital - Based Health Clinic - RHC 15.00 Hospital-Based Health Clinic - FQHC 16.00 16.00 17.00 Hospital -Based (CMHC) I 17.00 17. 10 Hospital - Based (CORF) I 17.10 18.00 Renal Dialysis 18.00 19.00 Other 19.00 From: To: 2.00 1.00 20.00 Cost Reporting Period (mm/dd/yyyy) 01/01/2014 12/31/2014 20.00 Type of Control (see instructions) 21.00 21.00 Inpatient PPS Information 22 00 Does this facility qualify and is it currently receiving payments for disproportionate Υ Ν 22 00 share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. Did this hospital receive interim uncompensated care payments for this cost reporting γ 22.01 period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) 22.02 Is this a newly merged hospital that requires final uncompensated care payments to be Ν Ν 22.02 determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter "Y" for yes or "N" for no, for the portion of the cost reporting period on in column 2. or after October 1. 22.03 Did this hospital receive a geographic reclassification from urban to rural as a result Ν 22.03 Ν of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. 23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column Ν 23.00 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method 

		Medicaid paid days	Medi cai d el i gi bl e unpai d days	State Medicaid paid days	unpai d	HMO days	Medi cai d days	
04.00   6.11:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.00	2. 00	3. 00	4. 00	5. 00	6.00	0.4.00
i n-stat Medi cai out-of- out-of- 4, Medi col umn 25.00 If this Medi cai Medi cai out-of- Medi cai	provider is an IPPS hospital, enter the e Medicaid paid days in column 1, in-state d eligible unpaid days in column 2, state Medicaid paid days in column 3, state Medicaid eligible unpaid days in column 6. The provider is an IRF, enter the in-state d paid days in column 1, the in-state d eligible unpaid days in column 2, state Medicaid days in column 2, state Medicaid days in column 3, out-of-state d eligible unpaid days in column 3, out-of-state d eligible unpaid days in column 4, Medicaid d and eligible but unpaid days in column 5.	219	·		0	9, 226 27	444	24. 00

care or general surgery. (see instructions)

Health Financial Systems BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 150089 Peri od: Worksheet S-2 From 01/01/2014 Part I Date/Time Prepared: 12/31/2014 5/26/2015 1:44 pm Unwei ghted Program Name Program Code Unweighted IME Direct GME FTE FTE Count Count 1.00 2.00 3.00 4.00 61.10 Of the FTEs in line 61.05, specify each new program 0.00 0.00 61.10 specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count. 61.20 Of the FTEs in line 61.05, specify each expanded 0.00 0.00 61.20 program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column direct GME FTE unweighted count. 1.00 ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which 0.00 62.00 your hospital received HRSA PCRE funding (see instructions) Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital 0.00 62.01 62 01 during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Nonprovider Settings 63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter Υ 63.00 for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions) Unwei ahted Ratio (col. 1/ Unwei ahted **FTES** FTEs in (col . 1 + col Nonprovi der Hospi tal 2)) Si te 1. 00 2.00 3.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 64.00 Enter in column 1, if line 63 is yes, or your facility trained residents 2. 75 0. 148729 64. 00 n the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider 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) Unwei ghted Program Name Program Code Unwei ghted Ratio (col. 3/ FTĔs FTEs in (col. 3 + col. Nonprovi der Hospi tal 4)) Si te 2.00 1.00 3.00 4.00 5.00 65.00 Enter in column 1, if line 63 FAMILY MEDICINE 1350 3. 29 20. 96 0. 135670 65. 00 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all

65.01

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)

INTERNAL MEDICINE

1400

4. 10

13.40

0. 234286 65. 01

Health Financial Systems BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provi der CCN: 150089 Peri od: Worksheet S-2 From 01/01/2014 Part I Date/Time Prepared: 12/31/2014 5/26/2015 1:44 pm Unwei ghted Unwei ghted Ratio (col. (col. 1 + col FTEs FTEs in 2)) Nonprovi der Hospi tal Si te 1.00 2.00 3.00 Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 66.00 Enter in column 1 the number of unweighted non-primary care resident 7.85 0. 174553 66. 00 1.66 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) Program Name Unwei ghted Ratio (col. 3/ Program Code Unwei ahted FTFs FTEs in (col. 3 + colNonprovi der Hospi tal 4)) Si te 4.00 1 00 3. 00 2 00 5 00 67.00 Enter in column 1, the program FAMILY MEDICINE 1350 4. 75 22. 57 0. 173865 67. 00 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 4)). (see instructions) 67.01 1400 9.51 INT MEDICINE 12.70 0. 428186 67. 01 1.00 2.00 3.00 Inpatient Psychiatric Facility PPS 70.00 Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Ν 70.00 Enter "Y" for yes or "N" for no. If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most Ν 0 71.00 recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions) Inpatient Rehabilitation Facility PPS 75.00 | Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF Υ 75.00 subprovider? Enter "Y" for yes and "N" for no. If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most Ν 76.00 recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter "Y" for yes or "N" for 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions) 1.00 Long Term Care Hospital PPS Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no. 80 00 80.00 N 81.00 Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter Ν 81.00 "Y" for yes and "N" for no. TEFRA Providers 85.00 Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no. 85.00 N 86.00 Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section 86.00 §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.

Health Financial Systems BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provi der CCN: 150089 Peri od: Worksheet S-2 From 01/01/2014 Part I 12/31/2014 Date/Time Prepared: 5/26/2015 1:44 pm 1. 00 2.00 128.00||f this is a Medicare certified liver transplant center, enter the certification date 128.00 in column 1 and termination date, if applicable, in column 2. 129.00|f this is a Medicare certified lung transplant center, enter the certification date in 129.00 column 1 and termination date, if applicable, in column 2. 130.00 of this is a Medicare certified pancreas transplant center, enter the certification 130.00 date in column 1 and termination date, if applicable, in column 2. 131.00 olf this is a Medicare certified intestinal transplant center, enter the certification 131.00 date in column 1 and termination date, if applicable, in column 2. 132.00 If this is a Medicare certified islet transplant center, enter the certification date 132.00 in column 1 and termination date, if applicable, in column 2. 133.00 If this is a Medicare certified other transplant center, enter the certification date 133.00 in column 1 and termination date, if applicable, in column 2. 134.00 If this is an organ procurement organization (0P0), enter the 0P0 number in column 1 134 00 and termination date, if applicable, in column 2. All Providers 140.00 Are there any related organization or home office costs as defined in CMS Pub. 15-1, 15H059 140.00 chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)

1.00

2.00 3 00 If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number. 141.00 Name: INDIANA UNIVERISTY HEALTH INC Contractor's Name: WPS Contractor's Number: 08101 141.00 142.00 Street: 340 W. 10TH STREET PO Box: 142. 00 143.00 City: INDIANAPOLIS State: ΙN Zip Code: 46202 143. 00 1.00 144.00 Are provider based physicians' costs included in Worksheet A? 144.00 145.00 If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no. Υ 145.00 1. 00 2.00 146.00 Has the cost allocation methodology changed from the previously filed cost report? 146. 00 Ν Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2. 147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no. N 147. 00 148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no. 148. 00 Ν 149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for Ν 149.00 no. Part A Title V 1.00 2.00 3.00 4.00 Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13) 155. 00 Hospi tal N N 155.00 Ν Ν N 156.00 Subprovi der - IPF Ν Ν Ν 156.00 157. 00 Subprovi der - IRF Ν 157. 00 Ν N Ν 158. 00 SUBPROVI DER 158 00 159. 00 SNF Ν Ν Ν Ν 159.00 160.00 HOME HEALTH AGENCY Ν Ν Ν Ν 160. 00 161.00 CMHC 161.00 Ν Ν Ν 161. 10 CORF N Ν Ν 161. 10 1.00 Multicampus 165.00|Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? N 165.00 Enter "Y" for yes or "N" for no. FTE/Campus CBSA Name County State | Zip Code 5.00 0 1.00 2 00 3 00 4 00 166.00 If line 165 is yes, for each 0.00 166.00 campus enter the name in column O, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) 1.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act 167.00|Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no. 167 00 Υ 168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the d168.00 reasonable cost incurred for the HIT assets (see instructions) 169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the 0.50169.00 transition factor. (see instructions)

Health Financial Systems	BALL MEMORIAL HOSPITAL			In Lieu of Form CMS-255		
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTI						
			From 01/01/2014			
			To 12/31/2014		pared:	
				5/26/2015 1:4	4 pm	
			Begi nni ng	Endi ng		
			1. 00	2.00		
170.00 Enter in columns 1 and 2 the EHR beginning period respectively (mm/dd/yyyy)	09/30/2014	170. 00				
				1.00	1	
171.00 If line 167 is "Y", does this provider have				Υ	171. 00	
Medicare cost plans reported on Wkst. S-3, (see instructions)	Pt. I, line 2, col. 6	o? Enter "Y" for yes an	d "N" for no.			

	Financial Systems AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE:	BALL MEMORIAL HO STIONNAIRE	_		eri od:	eu of Form CMS- Worksheet S-2	
					rom 01/01/2014 o 12/31/2014	Date/Time Pro	
					Y/N	5/26/2015 1:4 Date	44 pm
					1. 00	2. 00	
	General Instruction: Enter Y for all YES resp mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS	oonses. Enter N for	all NO re	esponses. Enter	all dates in	the	
00	Provider Organization and Operation  Has the provider changed ownership immediatel	v prior to the bea	ainnina of	the cost	N	I	1.0
	reporting period? If yes, enter the date of t	the change in colur	nn 2. (see	instructions)	Do+o	V/I	
				1. 00	Date 2.00	3. 00	
00	Has the provider terminated participation in yes, enter in column 2 the date of termination voluntary or "I" for involuntary.			N			2. 00
00	Is the provider involved in business transact contracts, with individuals or entities (e.g. or medical supply companies) that are related officers, medical staff, management personnel of directors through ownership, control, or firelationships? (see instructions)	, chain home officed to the provider of the provider of the control of the contro	ces, drug or its ne board	Y			3. 00
				Y/N 1.00	Type	Date 3.00	
	Financial Data and Reports			1.00	2. 00	3.00	
00	Column 1: Were the financial statements pred Accountant? Column 2: If yes, enter "A" for or "R" for Reviewed. Submit complete copy or	Audited, "C" for (enter date availab	Compiled,	Y	А	03/31/2015	4.00
00	column 3. (see instructions) If no, see instructions and total		t from	N			5. 00
	those on the filed financial statements? If y	yes, submit reconci	liation.		Y/N	Legal Oper.	
					1. 00	2. 00	
00	Approved Educational Activities  Column 1: Are costs claimed for nursing school the legal operator of the program?	ool? Column 2: If	yes, is th	ne provider is	N		6. 0
00 00	Are costs claimed for Allied Health Programs? Were nursing school and/or allied health prog	N N		7. 00 8. 00			
	cost reporting period? If yes, see instruction	ons.		Ü			
00	Are costs claimed for Intern-Resident program yes, see instructions.	st report? If	Y		9. 0		
. 00	Was an Intern-Resident program been initiated	d or renewed in the	e current c	cost reporting	N		10. 0
. 00	period? If yes, see instructions. Are GME cost directly assigned to cost center Teaching Program on Worksheet A? If yes, see		R in an App	proved	N		11. 0
						1. 00	
	Bad Debts	1 111 0 16					10.00
3. 00	Is the provider seeking reimbursement for bac If line 12 is yes, did the provider's bad deb period? If yes, submit copy.	ot collection polic	cy change c	during this cos		Y N	12.00
. 00	If line 12 is yes, were patient deductibles a Bed Complement	and/or co-payments	waived? If	yes, see inst	ructions.	l N	14. 0
. 00	Did total beds available change from the price	or cost reporting p	period? If			Y	15. 0
		Descripti	nn.	Y/N Par	Tt A Date	Part B Y/N	
		0	511	1.00	2. 00	3. 00	
. 00	PS&R Data Was the cost report prepared using the PS&R			l N		l N	16. 00
. 00	Report only? 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						10.00
. 00	instructions) 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			Y	04/21/2015	Y	17. 00
. 00	yes, enter the paid-through date in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional			N		N	18. 00
. 00	claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions. If line 16 or 17 is yes, were adjustments			N		N	19. 00
	made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.						
0. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N		N	20. 00

Heal th Financial Systems

BALL MEMORIAL HOSPITAL

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150089

Period:
From 01/01/2014
To 12/31/2014

Part II
Date/Time Prepared:
5/26/2015 1:44 pm

Description

Part A

Part B

Description

1 100 2 200 3 300

				1	Γο 12/31/2014	Date/Time Pr 5/26/2015 1:			
				Par	rt A	Part B			
		Descri	iption	Y/N	Date	Y/N			
			0	1.00	2. 00	3. 00			
1. 00	Was the cost report prepared only using the		<u> </u>	N	2.00	N N	21.		
	provider's records? If yes, see instructions.								
						1. 00			
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPIT	TALS ONLY (EXCE	EPT CHILDRENS H	OSPI TALS)		1.00			
	Capital Related Cost								
00	Have assets been relifed for Medicare purpose	es? If yes, see	e instructions			N	22		
00	Have changes occurred in the Medicare deprecireporting period? If yes, see instructions.	iation expense	due to apprais	als made durir	ng the cost	N	23		
00	Were new leases and/or amendments to existing	g Leases entere	ed into during	this cost repo	orting period?	Y	24		
00		ave there been new capitalized leases entered into during the cost reporting period? If yes, see							
00	instructions. Were assets subject to Sec. 2314 of DEFRA acqu	nstructions. ere assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see							
00	instructions. Has the provider's capitalization policy char	naed durina the	e cost reportin	a neriod? If v	ves submit	N	27		
00	сору.				yes, sabiii t	.,,			
00	<pre>Interest Expense Were new Loans, mortgage agreements or Letter</pre>	rs of credit er	ntered into dur	ing the cost r	reporting	N	28		
00	period? If yes, see instructions. Did the provider have a funded depreciation a	account and/or	bond funds (De	bt Service Res	serve Fund)	N N	29		
00	treated as a funded depreciation account? If Has existing debt been replaced prior to its			debt? If ves.	see	l N	30		
	instructions. Has debt been recalled before scheduled matur		,				31		
00	i nstructi ons.	rity without is	ssuance of new	debt? IT yes,	See	N	°		
00	Purchased Services								
	Have changes or new agreements occurred in paramgements with suppliers of services? If y	yes, see instru	uctions.	3		N	32		
00	If line 32 is yes, were the requirements of 5 no, see instructions.	Sec. 2135.2 app	olied pertainin	g to competiti	ve bidding? If	N	33		
	Provi der-Based Physi ci ans								
00	Are services furnished at the provider facili If yes, see instructions.	ity under an ar	rangement with	provi der-base	ed physi ci ans?	Y	34		
00	If line 34 is yes, were there new agreements			ts with the pr	rovi der-based	N	35		
	physicians during the cost reporting period?	If yes, see in	nstructions.		\/ /N	D-+-			
					Y/N 1. 00	2.00			
	Home Office Costs				1.00	2.00			
00	Were home office costs claimed on the cost re	anort2			Υ		36		
00	If line 36 is yes, has a home office cost sta		congred by the	home office?	Y		37		
	If yes, see instructions.	•	, ,						
00	If line 36 is yes, was the fiscal year end of the provider? If yes, enter in column 2 the 1				N		38		
00	If line 36 is yes, did the provider render se see instructions.	ervices to othe	er chain compon	ents? If yes,	Υ		39		
00	If line 36 is yes, did the provider render se instructions.	ervices to the	home office?	If yes, see	N		40		
	That detrois.			00		00			
			1.	00	2.	00	_		
	Cost Report Preparer Contact Information								
00	Enter the first name, last name and the title		RHONDA		UTTER		41		
	Enter the first name, last name and the title held by the cost report preparer in columns respectively.	1, 2, and 3,			UTTER				
00	Enter the first name, last name and the title held by the cost report preparer in columns ?	1, 2, and 3, report	RHONDA I U HEALTH 317-962-1093		UTTER  RUTTER@I UHEALT		41 42 43		

				To 12/31/2014	Part II Date/Time Prepared: 5/26/2015 1:44 pm
		Part B Date 4.00			372072013 1. 44 pm
	PS&R Data				
16. 00	Was the cost report prepared using the PS&R Report only? 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)				16.00
17. 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)	04/21/2015			17.00
18. 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.				18.00
19. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19. 00
20. 00	made to PS&R Report data for Other? Describe the other adjustments:				20.00
21. 00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information		3.00		
41. 00	Enter the first name, last name and the title held by the cost report preparer in columns 1 respectively.		MANAGER COST REPORTING		41. 00
42. 00	Enter the employer/company name of the cost r	report			42. 00
43. 00	preparer. Enter the telephone number and email address report preparer in columns 1 and 2, respectiv				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA Provi der CCN: 150089

From 01/01/2014 Part I 12/31/2014 Date/Time Prepared: 5/26/2015 1:44 pm I/P Days / O/P Visits / Trips Component Worksheet A No. of Beds Bed Days CAH Hours Title V Line Number Avai I abl e 5.00 1.00 2.00 3.00 4.00 1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 30.00 237 86, 505 0.00 0 1.00 8 exclude Swing Bed, Observation Bed and 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 IPF Subprovider 3.00 HMO IRF Subprovider 4.00 4.00 5.00 Hospital Adults & Peds. Swing Bed SNF 5.00 0 Hospital Adults & Peds. Swing Bed NF 6.00 0 6.00 7.00 Total Adults and Peds. (exclude observation 237 86, 505 0.00 0 7.00 beds) (see instructions) INTENSIVE CARE UNIT 8.00 31.00 36 13, 140 0.00 0 8.00 NEONATAL INTENSIVE CARE UNIT 9.00 8, 395 32.00 23 0.00 0 9.00 10.00 BURN INTENSIVE CARE UNIT 10.00 11.00 SURGICAL INTENSIVE CARE UNIT 11.00 12.00 OTHER SPECIAL CARE (SPECIFY) 12.00 13.00 NURSERY 43.00 0 13.00 14.00 Total (see instructions) 296 108,040 0.00 14.00 CAH visits 15.00 15.00 0 SUBPROVIDER - IPF 40.00 16.00 16.00 SUBPROVIDER - IRF 18 17.00 41.00 6,570 0 17.00 18.00 SUBPROVI DER 42.00 0 0 0 18.00 19.00 SKILLED NURSING FACILITY 44.00 0 19.00 20 00 NURSING FACILITY 45 00 0 20.00 21.00 OTHER LONG TERM CARE 21.00 22.00 HOME HEALTH AGENCY 22.00 AMBULATORY SURGICAL CENTER (D. P.) 23.00 115.00 23.00 HOSPI CE 24.00 24 00 HOSPICE (non-distinct part) 24. 10 30.00 24. 10 25. 00 CMHC - CMHC 25.00 25. 10 CMHC - CORF 99. 10 0 25. 10 RURAL HEALTH CLINIC 26.00 26.00 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 26. 25 27.00 Total (sum of lines 14-26) 314 27.00 Observation Bed Days 28.00 0 28.00 29 00 Ambul ance Trips 29 00 30.00 Employee discount days (see instruction) 30.00 31.00 Employee discount days - IRF 31.00 Labor & delivery days (see instructions) 0 32.00 32.00 Total ancillary labor & delivery room 32.01

33.00

outpatient days (see instructions)

LTCH non-covered days

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Peri od: Worksheet S-3 From 01/01/2014 Part I

33.00

Date/Time Prepared: 12/31/2014 5/26/2015 1:44 pm Full Time Equivalents I/P Days / O/P Visits / Trips Title XVIII Component Title XIX Total All Total Interns Employees On Pati ents & Residents Payrol I 6.00 7.00 8.00 9.00 10.00 1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 27, 019 6, 560 58, 913 1.00 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds) 6, 035 2 00 HMO and other (see instructions) 2 00 10, 588 3.00 HMO IPF Subprovider 3.00 HMO IRF Subprovider 4.00 128 72 4.00 5.00 Hospital Adults & Peds. Swing Bed SNF 0 5.00 0 C Hospital Adults & Peds. Swing Bed NF 6.00 0 6.00 7.00 Total Adults and Peds. (exclude observation 27, 019 6,560 58, 913 7.00 beds) (see instructions) INTENSIVE CARE UNIT 8.00 7,860 183 10, 107 8.00 NEONATAL INTENSIVE CARE UNIT 3, 812 9.00 9.00 10.00 BURN INTENSIVE CARE UNIT 10.00 11.00 SURGICAL INTENSIVE CARE UNIT 11.00 12.00 OTHER SPECIAL CARE (SPECIFY) 12.00 13.00 NURSERY 500 2.755 13.00 14.00 Total (see instructions) 34,879 7, 243 75, 587 59.03 1, 734. 91 14.00 CAH visits 15.00 15.00 SUBPROVIDER - IPF 0.00 16.00 C 0.00 16.00 SUBPROVIDER - IRF 0.00 17.00 3,035 219 4, 115 0.00 17.00 18.00 SUBPROVI DER 0 0.00 0.00 18.00 19.00 SKILLED NURSING FACILITY 0 0.00 0.00 19.00 20 00 NURSING FACILITY C 0 0 00 0.00 20 00 21.00 OTHER LONG TERM CARE 21.00 22.00 HOME HEALTH AGENCY 22.00 23.00 AMBULATORY SURGICAL CENTER (D. P.) 0.00 0.00 23.00 HOSPI CE 24 00 24 00 HOSPICE (non-distinct part) 24. 10 0 309 24.10 25. 00 CMHC - CMHC 25.00 25. 10 CMHC - CORF 0 0 0 0.00 0.00 25, 10 26.00 RURAL HEALTH CLINIC 26.00 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 26. 25 1, 734. 91 27.00 Total (sum of lines 14-26) 59.03 27.00 Observation Bed Days 28.00 0 5, 718 28.00 29 00 Ambul ance Trips 29 00 30.00 Employee discount days (see instruction) 30.00 31.00 Employee discount days - IRF 31.00 Labor & delivery days (see instructions) 0 32.00 444 1, 142 32.00 Total ancillary labor & delivery room 32.01 outpatient days (see instructions)

LTCH non-covered days

| Period: | Worksheet S-3 | From 01/01/2014 | Part | To 12/31/2014 | Date/Time Prepared: 
 Heal th Financial
 Systems
 BALL M

 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX
 STATISTICAL DATA
 Provider CCN: 150089

				То	12/31/2014	Date/Time Prep 5/26/2015 1:44	
		Full Time		Di scha	arges	37 207 2013 1. 4	т рііі
		Equi val ents					
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
		Workers				Pati ents	
		11. 00	12. 00	13. 00	14. 00	15. 00	
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 and		0	7, 059	1, 700	17, 485	1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
2. 00	HMO and other (see instructions)			1, 054	1, 872		2. 00
3. 00	HMO I PF Subprovi der						3. 00
4.00	HMO IRF Subprovider						4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF						5. 00
6.00	Hospital Adults & Peds. Swing Bed NF						6. 00
7. 00	Total Adults and Peds. (exclude observation						7. 00
	beds) (see instructions)						
8. 00	INTENSIVE CARE UNIT						8. 00
9. 00	NEONATAL INTENSIVE CARE UNIT						9. 00
10. 00	BURN INTENSIVE CARE UNIT						10.00
11. 00	SURGICAL INTENSIVE CARE UNIT						11. 00
12. 00	OTHER SPECIAL CARE (SPECIFY)						12. 00
13. 00	NURSERY		_				13. 00
14. 00	Total (see instructions)	0. 00	0	7, 059	1, 700	17, 485	14. 00
15. 00	CAH visits		_	_	_	_	15. 00
16. 00	SUBPROVI DER - I PF	0.00	0		0	0	16.00
17. 00	SUBPROVI DER - I RF	0.00	0	237	23	353	17. 00
18.00	SUBPROVI DER	0.00	0	0	O	0	18.00
19.00	SKILLED NURSING FACILITY	0. 00					19.00
20.00	NURSING FACILITY	0. 00					20.00
21. 00	OTHER LONG TERM CARE						21. 00
22. 00	HOME HEALTH AGENCY	0.00					22. 00
23. 00	AMBULATORY SURGICAL CENTER (D. P.)	0. 00					23. 00
24. 00	HOSPI CE						24. 00
24. 10	HOSPICE (non-distinct part)						24. 10
25. 00 25. 10	CMHC - CMHC CMHC - CORF	0. 00					25. 00 25. 10
26. 00		0.00					26. 00
26. 00	RURAL HEALTH CLINIC						26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26)	0. 00					26. 25
28. 00	,	0.00					28. 00
29. 00	Observation Bed Days						29. 00
30.00	Ambulance Trips Employee discount days (see instruction)						30.00
31. 00	Employee discount days (see Histruction)						31. 00
31.00	Labor & delivery days (see instructions)						31.00
32. 00	Total ancillary labor & delivery room						32. 00
JZ. U I	outpatient days (see instructions)						JZ. UI
33 00	LTCH non-covered days						33. 00
55. 55	12.55 6070104 4435	1		1	I		55. 55

Provider CCN: 150089

					Т	o 12/31/2014	Date/Time Pre 5/26/2015 1:4	
		Worksheet A	Amount	Reclassi fi cati	Adj usted	Paid Hours	Average Hourly	
		Line Number	Reported	on of Salaries (from	Sal ari es (col . 2 ± col .	Related to Salaries in	Wage (col. 4 ÷ col. 5)	
				Worksheet A-6)		col . 4	COI . 3)	
		1. 00	2.00	3. 00	4. 00	5. 00	6. 00	
	PART II - WAGE DATA SALARIES							-
1.00	Total salaries (see	200. 00	96, 188, 634	-544, 435	95, 644, 199	3, 608, 620. 00	26. 50	1.00
2.00	instructions)		0			0.00	0.00	2 00
2. 00	Non-physician anesthetist Part		0	0	0	0.00	0. 00	2. 00
3.00	Non-physician anesthetist Part		0	0	0	0.00	0. 00	3. 00
4. 00	B   Physician-Part A -		0	0	0	0.00	0. 00	4. 00
	Admi ni strati ve			_				
4. 01 5. 00	Physicians - Part A - Teaching Physician-Part B		547, 880 0	0	547, 880 0			
6.00	Non-physician-Part B		0	Ö	Ö	0.00	l .	
7. 00	Interns & residents (in an approved program)	21. 00	0	3, 368, 680	3, 368, 680	122, 862. 00	27. 42	7. 00
7. 01	Contracted interns and		0	0	0	0.00	0.00	7. 01
	residents (in an approved							
8. 00	programs) Home office personnel		0	0	0	0.00	0. 00	8.00
9.00	SNF	44. 00	0	0	0	0.00		1
10. 00	Excluded area salaries (see instructions)		4, 417, 349	74, 593	4, 491, 942	154, 772. 00	29. 02	10.00
	OTHER WAGES & RELATED COSTS	L				Į.		1
11. 00	Contract labor: Direct Patient Care		2, 232, 224	0	2, 232, 224	38, 001. 00	58. 74	11. 00
12. 00	Contract Labor: Top Level		0	О	О	0.00	0. 00	12. 00
	management and other							
	management and administrative services							
13. 00	Contract Labor: Physician-Part		3, 639, 646	0	3, 639, 646	46, 185. 00	78. 81	13. 00
14. 00	A - Administrative Home office salaries &		24, 224, 421	0	24, 224, 421	643, 630. 00	37. 64	14. 00
	wage-related costs							
15. 00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15. 00
16. 00	Home office and Contract		0	0	0	0.00	0. 00	16. 00
	Physicians Part A - Teaching WAGE-RELATED COSTS							1
17. 00	Wage-related costs (core) (see		41, 586, 639	0	41, 586, 639			17. 00
18. 00	instructions) Wage-related costs (other)		0	0	0			18. 00
	(see instructions)		_	_	_			
19. 00 20. 00	Excluded areas		2, 069, 913	0	2, 069, 913			19.00
20.00	Non-physician anesthetist Part A		U					20.00
21. 00	Non-physician anesthetist Part		0	0	0			21. 00
22. 00	Physician Part A -		0	О	О			22. 00
22 01	Administrative		102 500		102 500			22. 01
22. 01 23. 00	Physician Part A - Teaching Physician Part B		183, 509 0	0	183, 509 0			23. 00
24. 00	Wage-related costs (RHC/FQHC)		0	0	-			24. 00
25. 00	Interns & residents (in an approved program)		770, 559	0	770, 559			25. 00
	OVERHEAD COSTS - DIRECT SALARIE							1
26. 00 27. 00	Employee Benefits Department Administrative & General	4. 00 5. 00	242, 404 7, 936, 297		,	,		
28. 00	Administrative & General under	3. 00	378, 406		378, 406			
20.00	contract (see inst.)	4 00	2 715 022	1 242	2 712 /01	120 017 7/	20.72	20.00
29. 00 30. 00	Maintenance & Repairs Operation of Plant	6. 00 7. 00	2, 715, 033 781, 391		2, 713, 691 781, 391			
31. 00	Laundry & Linen Service	8. 00	0	0	0	0.00	0. 00	31.00
32. 00 33. 00	Housekeeping under contract	9. 00	2, 258, 983	-22, 232	2, 236, 751	197, 063. 80 0. 00	l .	1
	(see instructions)		0			0.00	0.00	33.00
34.00	Di etary	10. 00	2, 006, 259	-1, 073, 746	932, 513		l .	
35. 00	Di etary under contract (see instructions)		0		]	0.00	0.00	35. 00
36.00	Cafeteri a	11. 00	0	1, 060, 315	1, 060, 315			•
37. 00 38. 00	Maintenance of Personnel Nursing Administration	12. 00 13. 00	0 4, 938, 930	0 -55, 521	0 4, 883, 409	0. 00 157, 198. 22		
39. 00	Central Services and Supply	14. 00	625, 755	0	625, 755	44, 156. 38	14. 17	39. 00
40. 00	Pharmacy	15. 00	4, 434, 382	-26, 065	4, 408, 317	134, 304. 08	32. 82	40. 00

Health Financial Systems	AL HOSPITAL	_ HOSPITAL			2552-10		
HOSPITAL WAGE INDEX INFORMATION			Provi der	CCN: 150089	Peri od:	Worksheet S-3	
					From 01/01/2014		
					To 12/31/2014		
						5/26/2015 1: 4	4 pm
	Worksheet A	Amount	Recl assi fi cati	Adj usted	Pai d Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
			(from	(col.2 ± col.	Salaries in	col . 5)	
			Worksheet A-6)	3)	col. 4		
	1.00	2. 00	3.00	4.00	5. 00	6. 00	
41.00 Medical Records & Medical	16. 00	C	0		0.00	0.00	41. 00
Records Library							
42.00 Social Service	17. 00	C	0		0.00	0.00	42.00
43.00 Other General Service	18. 00	C	0		0.00	0.00	43. 00

Heal th	Financial Systems		BALL MEMORIA	AL HOSPITAL		In Li€	eu of Form CMS-2	2552-10
HOSPI T	AL WAGE INDEX INFORMATION			Provi der		Peri od:	Worksheet S-3	
						From 01/01/2014		
						To 12/31/2014		
							5/26/2015 1: 4	4 pm
		Worksheet A	Amount	Recl assi fi cati	Adj usted	Pai d Hours	Average Hourly	
		Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from	(col.2 ± col	. Salaries in	col. 5)	
				Worksheet A-6)	3)	col. 4		
		1. 00	2. 00	3. 00	4.00	5. 00	6. 00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00	Net salaries (see		96, 019, 160	-3, 913, 115	92, 106, 04	15 3, 481, 622. 98	26. 45	1.00
	instructions)							
2.00	Excluded area salaries (see		4, 417, 349	74, 593	4, 491, 94	154, 772. 00	29. 02	2.00
	instructions)							
3.00	Subtotal salaries (line 1		91, 601, 811	-3, 987, 708	87, 614, 10	3, 326, 850. 98	26. 34	3.00
	minus line 2)							
4.00	Subtotal other wages & related		30, 096, 291	0	30, 096, 29	727, 816. 00	41. 35	4.00
	costs (see inst.)							
5.00	Subtotal wage-related costs		41, 586, 639	0	41, 586, 63	0.00	47. 47	5. 00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		163, 284, 741	-3, 987, 708	159, 297, 03	33 4, 054, 666. 98	39. 29	6.00
7.00	Total overhead cost (see		26, 317, 840	-154, 384	26, 163, 45	1, 056, 352. 81	24. 77	7. 00
	instructions)				,			
	•	•		•		•		

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lieu of Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS	Provi der CCN: 150089	Period: Worksheet S-3 From 01/01/2014 Part IV
		To 12/31/2014 Date/Time Prepared:

	To 12/31/2014	Date/Time Prep 5/26/2015 1:4	
		Amount	
		Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETI REMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2. 00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	22, 207, 170	3. 00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4. 00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5. 00
6.00	Legal/Accounting/Management Fees-Pension Plan	15, 843	
7.00	Employee Managed Care Program Administration Fees	0	7. 00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	14, 795, 262	8. 00
9.00	Prescription Drug Plan	0	
10.00	Dental, Hearing and Vision Plan	439, 600	
11. 00	Life Insurance (If employee is owner or beneficiary)	0	11. 00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	141, 323	
14. 00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	
15. 00	'Workers' Compensation Insurance	13, 436	15. 00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.	0	16. 00
	Non cumulative portion)		
	TAXES		
17. 00	FICA-Employers Portion Only	6, 694, 130	
18. 00	Medicare Taxes - Employers Portion Only	0	
19. 00	Unemployment Insurance	0	
20.00	State or Federal Unemployment Taxes	5	20. 00
	OTHER		
21. 00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see	0	21. 00
	instructions))		
22. 00	Day Care Cost and Allowances	0	
23. 00	Tuition Reimbursement	303, 851	
24. 00	Total Wage Related cost (Sum of Lines 1 -23)	44, 610, 620	24. 00
	Part B - Other than Core Related Cost		
25. 00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25. 00

Heal th	Financial Systems	BALL MEMORIAL HOSPITAL	In Lie	u of Form CMS-2	2552-10
HOSPI T	AL CONTRACT LABOR AND BENEFIT COST	F	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Pre 5/26/2015 1:4	pared:
	Cost Center Description		Contract Labor		, p
	·		1. 00	2. 00	
	PART V - Contract Labor and Benefit Cost				
	Hospital and Hospital-Based Component Identifi	cati on:			
1.00	Total facility's contract labor and benefit co	ost	0	0	1.00
2.00	Hospi tal		0	0	2.00
3.00	Subprovi der - 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	Hospi tal -Based SNF		0	0	8. 00
9.00	Hospi tal -Based NF		0	0	9. 00
10.00	Hospi tal -Based OLTC				10.00
11. 00	Hospi tal -Based HHA				11. 00
12.00	Separately Certified ASC		o	0	12.00
40.00	1'		1		40.00

13.00 14. 00 15. 00 16.00 0 16. 10 0 17. 00 0 18. 00

12.00 Separately Certified ASC
13.00 Hospital-Based Hospice
14.00 Hospital-Based Health Clinic RHC
15.00 Hospital-Based Health Clinic FQHC
16.00 Hospital-Based-CMHC
16.10 Hospital-Based-CMHC
17.00 Renal Dialysis
18.00 Other

						6.5				
Broompensated and Indigent care cost computation										
	HOSPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provi der	CCN: 150089		Worksheet S-10	)			
Discompensated and Indigent care cost computation   1.00						Date/Time Pre	nared:			
1.00		10 12/01/2011								
					·					
1.00   Medicald (see instructions for each line)   3,9,30,513   2.00   Net revenue from Medicald   39,903,513   2.00   Net revenue from Medicald   Net revenue from Medi						1. 00				
Medical d (see Instructions for each line)   2.00   Net revenue from Medicald   39,303,513   3.00   17 line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicald?   4.00   17 line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicald?   4.00   17 line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicald?   4.00   17 line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicald?   230,957,205   6.00   6.00   Medicald charges included all DSH or supplemental payments from Medicald?   230,957,205   6.00   7.00   Medicald charges included i										
2.00   Net revenue from Medicald   39,303,513   2.00   0.00   1f line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicald?   N	1.00		ded by li	ne 202 colum	n 8)	0. 177227	1. 00			
3.00   No.   3.0										
1   1   1   2   3   2   3   3   3   3   3   3   3										
1.1   1.1   1.2   1.5   1.0   2.0   5.00						N				
Medicaid charges				from Medicai	d?					
According to the content of the co			Medicaid							
0.00   0.00										
State Children's Health Insurance Program (SCHIP) (see instructions for each line)   9.00			7	6 1!	2 1 5 . 1 6					
State Children's Health Insurance Program (SCHIP) (see instructions for each line)   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8.00		ine / mir	ius sum of II	nes 2 and 5; IT	1, 628, 340	8.00			
9.00   Net revenue from stand-alone SCHIP   Cost (line 1 times line 10)   11.00   Stand-alone SCHIP charges   Cost of line 1 times line 10)   11.00   Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then   Cost of line   Cost o			ons for e	ach line)						
10.00   Stand-alone SCHIP charges   0.10.00   0.0	9 00		0113 101 0	den inic)		0	9 00			
11.00 Stand-alone SCHIP cost (line 1 times line 10) 12.00 Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero) 0 12.00 Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero) 0 Other state or local government indigent care program (see instructions for each line) 13.00 Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9) 14.00 Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10) 15.00 State or local indigent care program cost (line 1 times line 14) 16.00 Difference between net revenue and costs for state or local indigent care program (line 15 minus line 901,901 line) 17.00 Private grants, donations, or endowment income restricted to funding charity care 18.00 Government grants, appropriations or transfers for support of hospital operations 19.00 Total unrelmbursed cost for Medicald , SCHIP and state and local indigent care programs (sum of lines 2, 530,241 line) 19.00 Total unrelmbursed cost for Medicald , SCHIP and state and local indigent care programs (sum of lines 2, 530,241 line) 19.00 Total initial obligation of patients approved for charity care (at full colling patients patients approved for charity care (at full lines line 20) 20.00 Total initial obligation of patients approved for charity care (at full times line 20) 21.00 Cost of initial obligation of patients approved for charity care (line 1 times line 20) 22.00 Partial payment by patients approved for charity care (at full lines line 20) 23.00 Cost of charity care (line 21 minus line 22) 24.00 Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicald or other indigent care program's length of stay limit imposed on patients covered by Medicald complex (see instructions) 25.00 If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay										
12.00   0   0   0   0   0   0   0   0   0										
enter zero) Other state or local government indigent care program (see instructions for each line)  13.00 Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9) 14.00 Charges for patients covered under state or local indigent care program (Not included in lines 6 or 25, 337, 243 14.00 10) 15.00 State or local indigent care program cost (line 1 times line 14) 16.00 Difference between net revenue and costs for state or local indigent care program (line 15 minus line 901, 901 16.00 13; if < zero then enter zero) Uncompensated care (see instructions for each line) 17.00 Private grants, donations, or endowment income restricted to funding charity care 901, 901 17.00 18.00 Government grants, appropriations or transfers for support of hospital operations 91, 18.00 17.00 18.00 Total unreinbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 2, 530, 241 19.00 18.00 19.00 Total initial obligation of patients approved for charity care (at full 120, 897, 898 16, 512, 425 137, 410, 323 20.00 19.00 Cost of initial obligation of patients approved for charity care (line 1 21, 426, 372 2, 926, 448 24, 352, 820 21.00 19.00 Cost of initial obligation of patients approved for charity care (line 1 21, 426, 372 2, 926, 448 24, 352, 820 21.00 19.00 Cost of initial obligation of patients approved for charity care (line 1 21, 426, 372 2, 98, 844 24, 321, 453 23.00 19.00 Cost of charity care (line 21 minus line 22) 21, 412, 609 2, 98, 844 24, 321, 453 23.00 Cost of charity care (line 21 minus line 22) 21, 412, 609 2, 98, 844 24, 321, 453 23.00 19.00 Cost of charity care (line 21 minus line 22) 11.00 Cost of charity care (line 21 minus line 22) 11.00			(line 11 r	ninus line 9:	if < zero then					
Other state or local government indigent care program (see instructions for each line)   Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)   3,588,543   13.00     13.00   Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10.00   10.00     15.00   State or local indigent care program cost (line 1 times line 14)   4,490,444   15.00     16.00   Difference between net revenue and costs for state or local indigent care program (line 15 minus line 19.10   901,901   16.00     13.11   F < zero then enter zero)   10.00   10.00   10.00   10.00     17.00   Private grants, donations, or endowment income restricted to funding charity care   0   17.00     18.00   Government grants, appropriations or transfers for support of hospital operations   0   18.00     19.00   Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 2, 530, 241   19.00     20.00   Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility   1.00   2.00   3.00     20.00   Partial payment by patients approved for charity care (line 1   21,426,372   2,926,448   24,352,820   21.00     23.00   Cost of initial obligation of patients approved for charity care (line 1   21,426,372   2,926,448   24,352,820   21.00     24.00   Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program's length of stay limit imposed on patients covered by Medicaid or other indigent care program's length of stay limit imposed on patients covered by Medicaid or other indigent care program's length of stay limit imposed on patients covered by Medicaid or other indigent care program's length of stay limit imposed on patients covered by Medicaid or other indigent care program's length of stay limit imposed on patients covered by Medicaid or other indigent ca										
Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)   10   10   10   10   10   10   10			uctions f	or each line	)					
10) State or local indigent care program cost (line 1 times line 14) 16.00 Difference between net revenue and costs for state or local indigent care program (line 15 minus line 901, 901 16.00 17.00 Private grants, donations, or endowment income restricted to funding charity care 0 17.00 Private grants, donations, or endowment income restricted to funding charity care 0 17.00 Total unrelimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 2,530,241 19.00 1	13.00	Net revenue from state or local indigent care program (Not incl	uded on Li	nes 2, 5 or	9)	3, 588, 543	13.00			
15.00 State or local indigent care program cost (line 1 times line 14)  16.00 Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)  Uncompensated care (see instructions for each line)  17.00 Private grants, donations, or endowment income restricted to funding charity care  Government grants, appropriations or transfers for support of hospital operations  19.00 Total unrel mbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 2,530,241 19.00 18.00 2.00 3.00 2.00 2	14.00	Charges for patients covered under state or local indigent care	program (	(Not included	in lines 6 or	25, 337, 243	14.00			
16.00 Difference between net revenue and costs for state or local indigent care program (line 15 minus line 31; if < zero then enter zero) Uncompensated care (see instructions for each line)  17.00 Private grants, donations, or endowment income restricted to funding charity care 0 17.00 Government grants, appropriations or transfers for support of hospital operations 0 18.00 Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 2,530,241 19.00 8, 12 and 16)  18.00 Total initial obligation of patients approved for charity care (at full 10.00 2.00 3.00 1.00 2.00 3.00 2.00 3.00 2.00 Cost of initial obligation of patients approved for charity care (line 1 120,426,372 2,926,448 24,352,820 21.00 23.00 23.00 Cost of charity care (line 21 minus line 22) 21.412,609 2,908,844 24.31,453 23.00 23.00 Cost of charity care (line 21 minus line 22) 21.412,609 2,908,844 24.321,453 23.00 25.00 Total bad debt expense for the entire hospital complex (see instructions) 18.977,126 26.00 Mon-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27) 18.811,990 28.00 27.655,446 30.00 Cost of nun-Medicare and non-reimbursable Medicare bad debt expense (line 21 times line 28) 27.655,446 30.00 27.655,446		1 7								
13: if < zero then enter zero)   Uncompensated care (see instructions for each line)   17:00   Private grants, donations, or endowment income restricted to funding charity care   0   17:00   18:00   Government grants, appropriations or transfers for support of hospital operations   0   18:00   19:00   Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines   2,530,241   19:00										
Uncompensated care (see instructions for each line)  17.00 Private grants, donations, or endowment income restricted to funding charity care  18.00 Government grants, appropriations or transfers for support of hospital operations  19.00 Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 2,530,241 19.00 8, 12 and 16)  19.00 Total initial obligation of patients approved for charity care (at full 120,897,898 16,512,425 137,410,323 20.00 charges excluding non-reimbursable cost centers) for the entire facility (simes line 20)  20.00 Partial payment by patients approved for charity care (line 1 21,426,372 2,926,448 24,352,820 21.00 times line 20)  22.00 Partial payment by patients approved for charity care (line 1 13,763 17,604 31,367 22.00 23.00 Cost of charity care (line 21 minus line 22) 21,412,609 2,908,844 24,321,453 23.00 15 line 24 is "yes," charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?  25.00 Total bad debt expense for the entire hospital complex (see instructions) 18,977,126 26.00 165,136 27.00 Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27) 18,811,990 28.00 29.00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 28) 27,655,446 30.00 Cost of uncompensated care (line 23 column 3 plus line 29) 27,655,446 30.00	16. 00		gent care	e program (li	ne 15 minus line	901, 901	16. 00			
17. 00   Private grants, donations, or endowment income restricted to funding charity care   17. 00   Government grants, appropriations or transfers for support of hospital operations   18. 00   19. 00   Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines   2,530,241   19. 00   2. 00   19. 00   2. 00   2. 00   3. 00   2. 00   3. 00   2. 00   3. 00   2. 00   3. 00   2. 00   3. 00   2. 00   3. 00   2. 00   3. 00   2. 00   3. 00   2. 00   3. 00   2. 00   2. 00   3. 00   2. 00   3. 00   2. 00										
18.00 Government grants, appropriations or transfers for support of hospital operations  Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 2,530,241 19.00 8, 12 and 16)  Uninsured patients   Insured patients	17 00		adi na ahar	1 + 1 - 00 = 0			17 00			
Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 2, 530, 241 19.00 8, 12 and 16)    Uninsured patients patients patients patients   Louisian   Lo										
Result   100   1					me (sum of lines					
Uninsured patients   Total (col. 1 + col. 2)    20.00   Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility    21.00   Cost of initial obligation of patients approved for charity care (line 1 charges excluding non-reimbursable cost centers) for the entire facility    21.00   Cost of initial obligation of patients approved for charity care (line 1 charges excluding non-reimbursable cost centers) for the entire facility    21.00   Cost of initial obligation of patients approved for charity care (line 1 charges for patients approved for charity care (line 2 charges for facility care (line 2 charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?  25.00   Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?  25.00   If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit    24.00   Cost of land bad debt expense for the entire hospital complex (see instructions)    26.00   Total bad debt expense for the entire hospital complex (see instructions)    27.00   Medicare bad debts for the entire hospital complex (see instructions)    28.00   Non-Medicare and non-reimbursable Medicare bad debt expense (line 2 charges (line 1 times line 28)    29.00   Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)    27.655, 446   30.00    27.655, 446   30.00    28.00   Cost of uncompensated care (line 23 column 3 plus line 29)    28.00   Cost of uncompensated care (line 23 column 3 plus line 29)    29.00   Cost of uncompensated care (line 23 column 3 plus line 29)    29.00   Cost of uncompensated care (line 23 column 3 plus line 29)    29.00   Cost of uncompensated care (line 23 column 3 plus line 29)    29.00   Cost of uncompensated care (line 24 column 3 plus line 29)    20	19.00		rnar gen	. care progra	iis (Suiii OI IIIIeS	2, 550, 241	19.00			
20. 00 Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility cost of initial obligation of patients approved for charity care (line 1 cost of initial obligation of patients approved for charity care (line 1 cost of initial payment by patients approved for charity care (line 1 cost of charity care (line 21 minus line 22) cost of charity care (line 21 minus line 22) cost of charity care (line 21 minus line 22) cost of charity care (line 21 minus line 22) cost of charity care (line 21 minus line 22) cost of charity care (line 21 minus line 22) cost of charity care (line 21 minus line 22) cost of charity care (line 21 minus line 22) cost of charity care (line 24 minus line 25) cost of charity care (line 25 cost of charity care (line 26 cost of charity care (line 28) cost of charity care (line 23 column 3 plus line 29) cost of uncompensated care (line 23 column 3 plus line 29) cost of charity care (line 2 cost charity care (line 1 times line 28) cost of charity care (line 23 column 3 plus line 29) cost of charity care (line 2 cost charity care (line 1 times line 28) cost of charity care (line 2 cost charity care (line 2 cost care facility care late (line 1 times line 28) cost cost cost cost cost cost cost cost		107 12 414 107		Uni nsured	Insured	Total (col. 1				
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charges excluding non-reimbursable cost centers) for the entire facility  21. 00 Cost of initial obligation of patients approved for charity care (line 1 times line 20)  22. 00 Partial payment by patients approved for charity care  23. 00 Cost of charity care (line 21 minus line 22)  24. 00 Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?  25. 00 If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit  26. 00 Total bad debt expense for the entire hospital complex (see instructions)  27. 00 Medicare bad debts for the entire hospital complex (see instructions)  28. 00 Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)  29. 00 Cost of uncompensated care (line 23 column 3 plus line 29)  21. 426, 372  22. 926, 448  24, 352, 820  21. 00  31, 367  22. 00  21, 412, 609  2, 908, 844  24, 321, 453  23. 00  1. 00  24, 00  25, 00  18, 977, 126  26. 00  18, 811, 990  28. 00  27, 655, 446  30. 00										
21. 00 Cost of initial obligation of patients approved for charity care (line 1 times line 20)  22. 00 Partial payment by patients approved for charity care  23. 00 Cost of charity care (line 21 minus line 22)  24. 00 Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?  25. 00 If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit  26. 00 Total bad debt expense for the entire hospital complex (see instructions)  27. 00 Medicare bad debts for the entire hospital complex (see instructions)  28. 00 Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)  29. 00 Cost of uncompensated care (line 23 column 3 plus line 29)  21. 00 21. 00 21. 00 31, 367 22. 00  21. 426, 372 2, 926, 448 24, 352, 820 21. 00  31. 367 22. 00  31. 367 22. 00  31. 367 22. 00  31. 367 22. 00  31. 367 22. 00  31. 367 22. 00  31. 307 24. 00  31. 307 25. 00  31. 908 24. 00  31. 307 25. 00  31. 908 24. 00  31. 367 22. 00  31. 307 22. 00  31. 308 24. 352, 820 21. 00  31. 307 22. 00  31. 307 22. 00  31. 308 24. 352, 820 21. 00  31. 308 24. 352, 820 21. 00  31. 308 24. 352, 820 21. 00  31. 308 24. 352, 820 21. 00  31. 308 24. 352, 820 21. 00  31. 308 24. 352, 820 21. 00  31. 308 24. 352, 820 21. 00  31. 308 24. 352, 820 21. 00  31. 308 24. 352, 820 21. 00  31. 308 24. 352, 820 21. 00  31. 308 24. 352, 820 21. 00  31. 308 24. 352, 820 21. 00  31. 308 24. 352, 820 21. 00  31. 308 24. 352, 820 21. 00  31. 308 24. 352, 820 21. 00  32. 00 25. 00  32. 00 25. 00  32. 00 25. 00  32. 00 25. 00  33. 333, 993 29. 00  30. 00 Cost of uncompensated care (line 23 column 3 plus line 29)	20. 00			120, 897, 8	98 16, 512, 425	137, 410, 323	20. 00			
times line 20)  22. 00 Partial payment by patients approved for charity care  23. 00 Cost of charity care (line 21 minus line 22)  24. 00 Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?  25. 00 If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit  26. 00 Total bad debt expense for the entire hospital complex (see instructions)  27. 00 Medicare bad debts for the entire hospital complex (see instructions)  28. 00 Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)  29. 00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)  30. 00 Cost of uncompensated care (line 23 column 3 plus line 29)  20. 00 Total bad debt spense (line 1 times line 28)  21, 412, 609  22, 908, 844  24, 321, 453  23. 00  24. 00  25. 00  26. 00  27. 00  28. 00 Non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)  30. 00 Cost of uncompensated care (line 23 column 3 plus line 29)	04.00			04 404 0	20 00/ 110	04 050 000	04 00			
22. 00 Partial payment by patients approved for charity care 23. 00 Cost of charity care (line 21 minus line 22)  24. 00 Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?  25. 00 If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit  26. 00 Total bad debt expense for the entire hospital complex (see instructions)  27. 00 Medicare bad debts for the entire hospital complex (see instructions)  28. 00 Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)  29. 00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)  30. 00 Cost of uncompensated care (line 23 column 3 plus line 29)  29. 00 Cost of uncompensated care (line 23 column 3 plus line 29)	21.00		e (line i	21, 426, 3	72 2, 926, 448	24, 352, 820	21.00			
23. 00 Cost of charity care (line 21 minus line 22)  21, 412, 609  2, 908, 844  24, 321, 453  23. 00  24. 00 Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?  25. 00 If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit  26. 00 Total bad debt expense for the entire hospital complex (see instructions)  27. 00 Medicare bad debts for the entire hospital complex (see instructions)  28. 00 Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)  29. 00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)  3, 333, 993  29. 00  20. 00 Cost of uncompensated care (line 23 column 3 plus line 29)	22.00	,		12.7	42 17 404	21 247	22.00			
24.00 Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?  25.00 If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit 0 25.00 Total bad debt expense for the entire hospital complex (see instructions) 18,977,126 26.00 Medicare bad debts for the entire hospital complex (see instructions) 165,136 27.00 Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27) 18,811,990 28.00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28) 3,333,993 29.00 30.00 Cost of uncompensated care (line 23 column 3 plus line 29) 27,655,446 30.00				1						
24.00 Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?  25.00 If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit  26.00 Total bad debt expense for the entire hospital complex (see instructions)  27.00 Medicare bad debts for the entire hospital complex (see instructions)  28.00 Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)  29.00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)  30.00 Cost of uncompensated care (line 23 column 3 plus line 29)  24.00  25.00  18,977,126  165,136  27.00  18,811,990  28.00  27,655,446  30.00	23.00	cost of charity care (fine 21 millios fine 22)		21,412,0	2, 900, 044	24, 321, 433	23.00			
imposed on patients covered by Medicaid or other indigent care program?  25.00 If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit  26.00 Total bad debt expense for the entire hospital complex (see instructions)  27.00 Medicare bad debts for the entire hospital complex (see instructions)  28.00 Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)  29.00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)  30.00 Cost of uncompensated care (line 23 column 3 plus line 29)  25.00  18, 977, 126  26.00  18, 811, 990  28.00  29.00  27, 655, 446  30.00						1. 00				
25. 00 If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit 26. 00 Total bad debt expense for the entire hospital complex (see instructions) 27. 00 Medicare bad debts for the entire hospital complex (see instructions) 28. 00 Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27) 29. 00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28) 30. 00 Cost of uncompensated care (line 23 column 3 plus line 29) 25. 00 26. 00 18, 977, 126 26. 00 18, 811, 990 27. 00 18, 811, 990 28. 00 3, 333, 993 29. 00 27, 655, 446 30. 00	24. 00	Does the amount in line 20 column 2 include charges for patient	days beyo	ond a Length	of stay limit		24. 00			
26.00 Total bad debt expense for the entire hospital complex (see instructions)  27.00 Medicare bad debts for the entire hospital complex (see instructions)  28.00 Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)  29.00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)  30.00 Cost of uncompensated care (line 23 column 3 plus line 29)  18,977,126 26.00  18,811,990 28.00  3,333,993 29.00  27,655,446 30.00		imposed on patients covered by Medicaid or other indigent care	orogram?	~	-					
27. 00 Medicare bad debts for the entire hospital complex (see instructions)  28. 00 Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)  29. 00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)  30. 00 Cost of uncompensated care (line 23 column 3 plus line 29)  165, 136 27. 00  18, 811, 990 28. 00  3, 333, 993 29. 00  27, 655, 446 30. 00					th of stay limit	_				
28.00 Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)  18,811,990 28.00  29.00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)  3,333,993 29.00  20,005 cost of uncompensated care (line 23 column 3 plus line 29)  28.00 27,655,446 30.00				)						
29.00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28) 3,333,993 29.00 30.00 Cost of uncompensated care (line 23 column 3 plus line 29) 27,655,446 30.00		7.00 Medicare bad debts for the entire hospital complex (see instructions) 165,136 27								
30.00 Cost of uncompensated care (line 23 column 3 plus line 29) 27,655,446 30.00										
			ense (line	e 1 times lin	e 28)					
31.00   lotal unreimbursed and uncompensated care cost (line 19 plus line 30)   30,185,687   31.00										
	31. 00	liotal unreimbursed and uncompensated care cost (line 19 plus li	ne 30)			30, 185, 687	31. 00			

	n Financial Systems SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	BALL MEMORIAL F FXPENSES		CCN: 150089 P	eriod:	u of Form CMS-2 Worksheet A	2552-10
RECEA	SSTITION AND ADSOSTMENTS OF TRIME BALANCE O	EXI ENSES	T T OV T GET	F	rom 01/01/2014		narad.
				'	o 12/31/2014	Date/Time Pre 5/26/2015 1:4	pareu: <mark>4 pm</mark>
	Cost Center Description	Sal ari es	0ther		Reclassi ficati	Reclassi fied	
				+ col. 2)	ons (See A-6)	Trial Balance (col. 3 +-	
						col . 4)	
		1.00	2. 00	3. 00	4. 00	5. 00	
4 00	GENERAL SERVICE COST CENTERS		00 000 5/5	00 000 5/5	0.005.070	00 000 005	1 00
1. 00 3. 00	00100 NEW CAP REL COSTS-BLDG & FIXT 00300 OTHER CAPITAL RELATED COSTS		20, 893, 565	20, 893, 565	2, 095, 270	22, 988, 835 0	1. 00 3. 00
4. 00	00400 EMPLOYEE BENEFITS DEPARTMENT	242, 404	20, 088, 739	ľ	205, 573	20, 536, 716	4. 00
5. 01	01160 COMMUNI CATI ONS	435, 258	101, 347	536, 605		535, 084	5. 01
5. 02	00550 DATA PROCESSI NG	0	734, 001	734, 001		722, 981	5. 02
5. 04 5. 05	00570   ADMI TTI NG   00580   CASHI ERI NG/ACCOUNTS   RECEI VABLE	958, 729	98, 025 0	1, 056, 754	-6, 911 0	1, 049, 843 0	5. 04 5. 05
5. 06	00591 OTHER ADMINISTRATIVE AND GENERAL	6, 542, 310	43, 156, 487	49, 698, 797	288, 244	49, 987, 041	5. 06
6.00	00600 MAINTENANCE & REPAIRS	2, 715, 033	4, 493, 380			6, 748, 164	6. 00
7.00	00700 OPERATION OF PLANT	781, 391	5, 611, 659	1		5, 672, 071	7.00
8. 00 9. 00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	0 2, 258, 983	683, 834	0 2, 942, 817	., ,	1, 017, 664 2, 557, 959	8. 00 9. 00
10.00	01000 DI ETARY	2, 006, 259	1, 436, 752			1, 594, 153	10.00
11. 00	01100 CAFETERI A	0	0	0	.,	1, 819, 644	11. 00
13.00	01300 NURSI NG ADMI NI STRATI ON	4, 938, 930	1, 063, 005			5, 974, 762	13.00
14. 00 15. 00	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	625, 755 4, 434, 382	1, 149, 415 21, 102, 583			21, 572, 929 5, 826, 595	14. 00 15. 00
16. 00	01600 MEDI CAL RECORDS & LI BRARY	0	0	0		0	16. 00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0	0	-,,	3, 368, 680	21. 00
22. 00 23. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	4, 159, 880	3, 132, 730	7, 292, 610	-3, 387, 359	3, 905, 251	22. 00
23.00	O2300   PARAMED ED PRGM   I NPATI ENT ROUTI NE SERVI CE COST CENTERS	U U	0		l o	0	23. 00
30. 00	03000 ADULTS & PEDI ATRI CS	17, 945, 849	6, 444, 432	24, 390, 281	-3, 723, 185	20, 667, 096	30.00
31. 00	03100 INTENSIVE CARE UNIT	6, 000, 434	1, 451, 631			6, 481, 415	31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT	1, 986, 305	456, 220	2, 442, 525	-216, 198	2, 226, 327	32.00
40. 00 41. 00	04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF	1, 328, 804	689, 632	2, 018, 436	-85, 033	0 1, 933, 403	40. 00 41. 00
42. 00	04200 SUBPROVI DER	0	0	0	0	0	42. 00
43.00	04300 NURSERY	0	0	0	808, 349	808, 349	43.00
44. 00 45. 00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44. 00 45. 00
45.00	04500 NURSING FACILITY ANCILLARY SERVICE COST CENTERS	J U	0		l U	0	45.00
50.00	05000 OPERATING ROOM	4, 837, 053	19, 305, 498	24, 142, 551	-16, 989, 406	7, 153, 145	50.00
51.00	05100 RECOVERY ROOM	1, 188, 300	347, 042			1, 300, 639	51.00
52. 00 54. 00	05200   DELI VERY ROOM & LABOR ROOM   05400   RADI OLOGY-DI AGNOSTI C	1, 875, 544 7, 158, 589	613, 838 7, 596, 886			2, 054, 863 11, 306, 593	52. 00 54. 00
57. 00	05700 CT SCAN	129, 329	7, 340, 880 27, 708			154, 213	ı
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	1, 632, 769	10, 072, 438				59.00
60. 00 60. 01	06000 LABORATORY 06001 BLOOD LABORATORY	0	10, 597, 691	10, 597, 691	0	10, 597, 691 0	60. 00 60. 01
63. 00			1, 540, 006	1, 540, 006	o	1, 540, 006	
65. 00	06500 RESPI RATORY THERAPY	3, 206, 480	657, 259			3, 473, 921	
65. 01 66. 00	06501 SLEEP LAB 06600 PHYSI CAL THERAPY	464, 398 3, 905, 855	459, 789 887, 471	924, 187 4, 793, 326		820, 662 4, 551, 728	65. 01 66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	656, 153	67, 554			771, 899	67.00
68. 00	06800 SPEECH PATHOLOGY	335, 951	33, 871	369, 822		396, 529	68. 00
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	951, 166	484, 109	1, 435, 275	-95, 699 8, 124, 770	1, 339, 576 8, 124, 770	69. 00 71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		0		15, 580, 197	15, 580, 197	72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	O	0	0	20, 564, 921	20, 564, 921	•
73. 01	07301 HOSPI TAL BASED RETAIL PHARMACIES	1, 427, 099	6, 453, 286			1, 760, 448	73. 01
74. 00 76. 00	07400 RENAL DI ALYSI S 03020 CARDI OPULMONARY		766, 516 0	766, 516	-31, 252	735, 264 0	74. 00 76. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	451, 902	104, 877	556, 779	-15, 138	541, 641	76. 97
76. 98		413, 289	859, 644	1, 272, 933	-158, 485	1, 114, 448	76. 98
00.00	OUTPATIENT SERVICE COST CENTERS		0			0	00.00
90. 00 90. 02	09000	271, 232	161, 946	433, 178	-53, 626	0 379, 552	90. 00 90. 02
90. 03	09003 ONCOLOGY CLINIC	555, 914	269, 139			803, 656	90. 03
91. 00	09100 EMERGENCY	5, 108, 081	2, 868, 843	7, 976, 924	-1, 265, 241	6, 711, 683	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1 170 270	20/ 455	1 27/ 724	100 212	1 2/7 521	92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	1, 170, 279	206, 455	1, 376, 734	-109, 213	1, 267, 521	92. 01
99. 10		0	0	0	0	0	99. 10
	SPECIAL PURPOSE COST CENTERS						
	D10900 PANCREAS ACQUISITION D11000 INTESTINAL ACQUISITION	0	0	0			109. 00 110. 00
	11100 ISLET ACQUISITION		0				111.00
	11300 I NTEREST EXPENSE	<u> </u>	0				113. 00
		·					

Health Financial Systems	BALL MEMORIAL	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der		Peri od:	Worksheet A	
				From 01/01/2014 To 12/31/2014	Doto/Time Dro	nanad.
				To 12/31/2014	Date/Time Pre 5/26/2015 1:4	
Cost Center Description	Sal ari es	Other	Total (col. 1	Recl assi fi cati	Reclassi fi ed	, p
· ·			+ col . 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
					col . 4)	
	1. 00	2. 00	3. 00	4. 00	5. 00	
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	()	ا ا		115. 00
118. 00 SUBTOTALS (SUM OF LINES 1-117)	93, 100, 089	197, 169, 303	290, 269, 392	3, 208, 915	293, 478, 307	1118.00
NONREI MBURSABLE COST CENTERS   190. 00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN	120 014	410, 037	538, 05	-2, 718	535, 333	100 00
191. 00 19100 RESEARCH	128, 014 336, 375	78, 345			413, 331	
194. 00 07986 OTHER NONREIMBURSABLE COST CENTERS	330, 375	70, 345 N	414,720	-1,309		194. 00
194. 01 07951 BSU PHARMACY	181, 331	13, 643	194, 974	18, 878	213, 852	
194. 02 07952 PAVILLI ON PHARMACY	647, 270	3, 917, 816			784, 474	
194. 03 07953 VENDI NG	017,270	0, 717, 010	1, 555, 556	0, 700, 012		194. 03
194. 04 07954 CARELI NE	o	0		0		194. 04
194. 05 07955 WELLNESS CENTER	46, 328	66, 594	112, 922	-45, 460	67, 462	
194.06 07956 PHYSICIAN PRACTICE CLINICS	5, 764	49, 768			32, 426	
194. 07 07957 PERINATAL CLINIC	O	0	. (	0		194. 07
194.08 07958 RENTAL PROPERTY	o	0	(	653, 680	653, 680	194. 08
194. 09 07959 ADVERTI SI NG	0	0	(	0	0	194. 09
194. 10 07960 I NTEGRA LTAC	0	0	(	0	0	194. 10
194. 11 07961 I U HEALTH HOSPI CE	0	29, 079	29, 079	-21, 309	•	194. 11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	(	0		194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0	(	0		194. 13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	(	0		
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	221, 495	487, 607		·	657, 332	1
194. 16 07966 JAY COUNTY HOSPITAL	217, 437	14, 012	231, 449	-583	230, 866	1
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0	(	0		194. 17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES	0	0		0		194. 18 194. 19
194. 19 07969 HEALTH CARE CONNECTIONS		0	(	0		194. 19
194. 20 07970  MEALS ON WHEELS 194. 21 07971  ST MARY'S SCHOOL		0				194. 20
194. 22 07972 THERAPIES TO OTHER ENTITIES	1, 130, 960	97, 452	1, 228, 412	68, 098	1, 296, 510	
194. 23 07973 CANCER CENTER BOUTLQUE	11, 586	104, 553			114, 405	
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	11, 300	104, 333	(110, 13	1, 734	•	194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	ő	24, 093	24, 093	-15, 329		194. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	137, 469	16, 397			148, 375	1
194. 27 07977 MI DWEST HEALTH STRATEGIES	0	0	(	0		194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	o	0		o	0	194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	o	0		o	0	194. 29
194.30 07980 CARDINAL HEALTH ALLIANCE	24, 516	2, 193	26, 709	-70	26, 639	194. 30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	o	0	(	0		194. 31
194. 32 07982 RENAL DI ALYSI S	0	0	(	0		194. 32
194. 33 07983 LAB CORP	0	0	(	0		194. 33
194.34 07984 H.O. MATERIALS MGMT	0	0	(	0		194. 34
194. 35 07985 LEASED SPACE	0	0	(	0		194. 35
200.00   TOTAL (SUM OF LINES 118-199)	96, 188, 634	202, 480, 892	298, 669, 526	6  O	298, 669, 526	200. 00

Provider CCN: 150089

Peri od: From 01/01/2014 To 12/31/2014 Date/Ti me Prepared: 5/26/2015 1:44 pm

				5/26/2015 1: 44	1 pm
	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6. 00	7.00		
	GENERAL SERVICE COST CENTERS	1 2. 2.	11.55		
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-706, 289	22, 282, 546		1. 00
3.00	00300 OTHER CAPITAL RELATED COSTS	0		I .	3. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-2, 679, 811	17, 856, 905		4. 00
5. 01	01160 COMMUNI CATI ONS	-86, 300		·	5. 01
5. 02	00550 DATA PROCESSING	11, 584, 327	12, 307, 308	·	5. 02
5.04	00570 ADMITTING	-28, 630		l l	5. 04
5. 05 5. 06	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00591 OTHER ADMINI STRATI VE AND GENERAL	-10, 146, 353	0 39, 840, 688	l .	5. 05 5. 06
6.00	00600 MAINTENANCE & REPAIRS	-375, 943			6. 00
7. 00	00700 OPERATION OF PLANT	-75, 410			7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE	0			8. 00
9. 00	00900 HOUSEKEEPI NG	-186, 128			9. 00
10.00	01000 DI ETARY	-1, 085, 435			10.00
11. 00	01100 CAFETERI A	0	1, 819, 644		11. 00
13.00	01300 NURSI NG ADMI NI STRATI ON	-65, 705	5, 909, 057		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	21, 572, 929		14.00
15. 00	01500 PHARMACY	-515, 321	5, 311, 274	I I	15. 00
16. 00	01600 MEDI CAL RECORDS & LI BRARY	0	0	I .	16. 00
21. 00	02100   &R SERVICES-SALARY & FRINGES APPRVD	0	-,,		21. 00
22. 00 23. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	-937, 726 0		l	22. 00 23. 00
23.00	02300 PARAMED ED PRGM INPATIENT ROUTINE SERVICE COST CENTERS		U		23.00
30. 00	03000 ADULTS & PEDIATRICS	-707, 213	19, 959, 883		30. 00
31. 00	03100 I NTENSI VE CARE UNI T	-1, 824		·	31. 00
32. 00	02060 NEONATAL INTENSIVE CARE UNIT	-102, 988		·	32. 00
40.00	04000 SUBPROVI DER - I PF	0			40.00
41.00	04100 SUBPROVI DER - I RF	-483, 671	1, 449, 732		41.00
42.00	04200 SUBPROVI DER	0	0		42.00
43.00	04300 NURSERY	0	808, 349		43.00
44. 00	04400 SKILLED NURSING FACILITY	0	0		44.00
45. 00	04500 NURSING FACILITY	0	0		45. 00
	ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-194, 506		·	50.00
51.00	05100 RECOVERY ROOM	-1, 250			51.00
52. 00 54. 00	05200 DELI VERY ROOM & LABOR ROOM 05400 RADI OLOGY-DI AGNOSTI C	-1, 062			52. 00 54. 00
57. 00	05700 CT SCAN	-772, 524 -74, 585		l l	57. 00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	-74, 363	1	l	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	-424, 232			59. 00
60. 00	06000 LABORATORY	-158, 403			60. 00
60. 01	06001 BLOOD LABORATORY	0	0		60. 01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	-36, 035	1, 503, 971		63.00
65.00	06500 RESPI RATORY THERAPY	-6, 896	3, 467, 025		65.00
65. 01	06501 SLEEP LAB	-99, 268	721, 394		65. 01
66. 00	06600 PHYSI CAL THERAPY	-324, 667	4, 227, 061		66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	-111, 666		·	67. 00
68. 00	06800 SPEECH PATHOLOGY	-85, 091	311, 438		68. 00
	06801 AUDI OLOGY	47 240	1 202 224		68. 01
69. 00 71. 00	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	-47, 240	1, 292, 336 8, 124, 770	·	69. 00 71. 00
71.00	07200 I MPL. DEV. CHARGED TO PATIENTS		15, 580, 197		71.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	20, 564, 921		73. 00
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	-402, 097	1, 358, 351		73. 01
74. 00	07400 RENAL DIALYSIS	0			74. 00
76. 00	03020 CARDI OPULMONARY	0	0	l .	76. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	-17, 385	524, 256		76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	1, 114, 448		76. 98
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLI NI C	0		l l	90.00
90. 02	09002 PAIN CLINIC	0		l	90. 02
90. 03	09003 ONCOLOGY CLINIC	0	803, 656	l l	90. 03
91.00	09100 EMERGENCY	-151, 290	6, 560, 393		91.00
92. 00 92. 01	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10	1 247 502		92. 00 92. 01
<del>7</del> ∠. U I	09201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	_19	1, 267, 502		7∠. U I
99 10	09910 CORF	0	0		99. 10
, , . 10	SPECIAL PURPOSE COST CENTERS	·	ı		,,, 10
109.00	10900 PANCREAS ACQUISITION	0	0		109. 00
	11000 INTESTINAL ACQUISITION	0	0		110. 00
	11100 ISLET ACQUISITION	0	0		111. 00
	11300 INTEREST EXPENSE	0	0		113. 00
	11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		115. 00
118. 00	SUBTOTALS (SUM OF LINES 1-117)	-9, 508, 636	283, 969, 671		118. 00

 
 Health Financial
 Systems
 BALL MEMORITY

 RECLASSIFICATION
 AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES
 BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-10

Provider CCN: 150089 

			10 12/31/2014	5/26/2015 1:44 pm
Cost Center Description	Adjustments	Net Expenses		
· ·		or Allocation		
	6. 00	7. 00		
NONREI MBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	535, 333		190. 00
191. 00 19100 RESEARCH	0	413, 331		191. 00
194.00 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0		194. 00
194.01 07951 BSU PHARMACY	0	213, 852		194. 01
194. 02 07952 PAVILLION PHARMACY	0	784, 474		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	67, 462		194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	32, 426		194. 06
194. 07 07957 PERINATAL CLINIC	0	0		194. 07
194. 08 07958 RENTAL PROPERTY	0	653, 680		194. 08
194. 09 07959 ADVERTI SI NG	0	0		194. 09
194. 10 07960 INTEGRA LTAC	0	0		194. 10
194. 11 07961 I U HEALTH HOSPI CE	0	7, 770		194. 11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0		194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0		194. 13
194.14 07964 NEW CASTLE ONCOLOGY	0	0		194. 14
194. 15 07965 MARKETI NG/PUBLI C RELATIONS	0	657, 332		194. 15
194. 16 07966 JAY COUNTY HOSPITAL	0	230, 866		194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0		194. 17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0		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	0	1, 296, 510		194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	0	114, 405		194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0		194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	8, 764		194. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	15, 070, 144	15, 218, 519		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	26, 639		194. 30
194.31 07981 OTHER NONREIMBURSABLE 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 118-199)	5, 561, 508	304, 231, 034		200. 00

Health Financial Systems RECLASSIFICATIONS Peri od: From 01/01/2014 To 12/31/2014 Date/Time Prepared: 5/26/2015 1:44 pm Provider CCN: 150089

					5/26/2015 1:	44 pm
		Increases		0.11		
	Cost Center 2.00	Li ne #	Sal ary	Other 5 00		
	A - NON-BILLABLE SUPPLIES	3.00	4. 00	5. 00		_
1. 00	CENTRAL SERVICES & SUPPLY	14.00	ol	10, 218, 367		1. 00
2. 00	DENTINE SERVICES & SOFTET	0.00	o	0		2. 00
3.00		0.00	Ö	0		3. 00
4.00		0.00	O	0		4. 00
5.00		0.00	О	0		5. 00
6.00		0.00	o	0		6. 00
7.00		0.00	o	0		7. 00
8.00		0.00	0	0		8. 00
9.00		0.00	0	0		9. 00
10.00		0.00	0	0		10. 00
11. 00		0.00	0	0		11. 00
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		0.00	0	0		15. 00
16.00		0.00	0	0		16. 00
17. 00		0.00	0	0		17. 00
18. 00		0. 00 0. 00	0	0		18. 00
19. 00 20. 00		0.00	o	0 0		19. 00 20. 00
21. 00		0.00	0	0		21. 00
22. 00		0.00	o	0		22. 00
23. 00		0.00	o	0		23. 00
24. 00		0.00	o	0		24. 00
25. 00		0.00	o	0		25. 00
26. 00		0.00	Ö	0		26. 00
27. 00		0.00	O	0		27. 00
28.00		0.00	O	0		28. 00
29.00		0.00	o	0		29. 00
30.00		0.00	o	0		30. 00
31.00		0.00	0	0		31. 00
32.00		0.00	0	0		32. 00
33.00		0.00	0	0		33. 00
34.00		0.00	0	0		34. 00
35. 00		0.00	0	0		35. 00
36. 00		0.00	0	0		36. 00
37. 00		0.00	0	0		37. 00
38. 00		0.00	0	0		38. 00
39. 00		0.00	0	0		39. 00
40.00		0.00	0	0		40. 00
41. 00 42. 00		0. 00 0. 00	0	0		41. 00 42. 00
43. 00		0.00	o	0		43. 00
44. 00		0.00	0	0		44. 00
45. 00		0.00	o	Ö		45. 00
46. 00		0.00	o	0		46. 00
47. 00		0.00	o	0		47. 00
			— — <u> </u>	10, 218, 367		
	B - BILLABLE SUPPLIES	<u> </u>	'			Ī
1.00	MEDICAL SUPPLIES CHARGED TO	71. 00	0	8, 124, 770		1. 00
	PATI ENTS		_			
2. 00	OTHER ADMINISTRATIVE AND	5. 06	0	346, 981		2. 00
2 00	GENERAL NURSING ADMINISTRATION	12.00		27		3. 00
3.00	HOSPITAL BASED RETAIL	13. 00 73. 01	0	36 105		1
4. 00	PHARMACIES	73.01	٩	103		4. 00
5. 00	I III INIMINOI EO	0.00	О	0		5. 00
6. 00		0.00	o	0		6. 00
7. 00		0.00	o	0		7. 00
8. 00		0.00	o	0		8. 00
9.00		0.00	0	0		9. 00
10.00		0.00	O	0		10.00
11. 00		0.00	o	0		11. 00
12.00		0.00	О	0		12. 00
13.00		0.00	o	0		13. 00
14.00		0.00	O	0		14. 00
15.00		0.00	0	0		15. 00
16. 00		0.00	0	0		16. 00
17. 00		0.00	0	0		17. 00
18.00		0.00	0	0		18. 00
19. 00		0.00	0	0		19. 00
20.00		0.00	0	0		20.00
21. 00	I	0.00	0	0		21. 00

Health Financial Systems RECLASSIFICATIONS | Peri od: | Worksheet A-6 | From 01/01/2014 | To 12/31/2014 | Date/Time Prepared: Provider CCN: 150089

					To 12/31/2014 Date/Time Pi 5/26/2015 1:	
		Increases				
	Cost Center 2.00	Li ne # 3.00	Sal ary 4.00	0ther 5.00		
22. 00	2. 00	0.00	0	0		22. 00
23. 00		0.00	0	0		23. 00
	C - IMPLANTABLE DEVICES		U	8, 471, 892		
1.00	IMPL. DEV. CHARGED TO	72. 00	0	15, 580, 197		1. 00
2. 00	PATI ENT	0.00	o	0		2. 00
3. 00		0.00	o	o		3. 00
4.00		0.00	0	0		4. 00
5. 00 6. 00		0. 00 0. 00	0	0		5. 00 6. 00
7. 00		0. 00	Ō	0		7. 00
8. 00 9. 00		0. 00 0. 00	0	0		8. 00
10. 00		0.00	0	0		9. 00 10. 00
11. 00		0.00	o	0		11. 00
12. 00		0.00	0	<u>0</u> 15, 580, 197		12. 00
	D - BILLABLE DRUGS					
1. 00 2. 00	CENTRAL SERVICES & SUPPLY DRUGS CHARGED TO PATIENTS	14. 00 73. 00	0	9, 872, 210 20, 565, 356		1. 00 2. 00
3. 00	OTHER ADMINISTRATIVE AND	5.06	o	307, 818		3. 00
4 00	GENERAL SERVI SES & SUPPLY	14.00		1 444		4.00
4. 00 5. 00	CENTRAL SERVICES & SUPPLY PHYSICIAN PRACTICE CLINICS	14. 00 194. 06	0	1, 444 625		4. 00 5. 00
6.00		0. 00	O	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	o	0		10.00
11. 00 12. 00		0. 00 0. 00	0	0		11. 00 12. 00
13. 00		0. 00	Ö	Ö		13. 00
14. 00 16. 00		0. 00 0. 00	0	0		14. 00 16. 00
17. 00		0.00	0	0		17. 00
18. 00		0.00	o	0		18. 00
19. 00 20. 00		0. 00 0. 00	0	0		19. 00 20. 00
21. 00		0. 00	Ö	Ö		21. 00
22. 00		0.00	0	0		22. 00
23. 00 24. 00		0. 00 0. 00	ol Ol	0		23. 00 24. 00
25. 00		0.00	О	0		25. 00
26. 00 27. 00		0. 00 0. 00	0	0		26. 00 27. 00
28. 00		0. 00	Ö	Ö		28. 00
29. 00		0.00	0	0		29. 00
30. 00 31. 00		0. 00 0. 00	ol Ol	0		30. 00 31. 00
	0			30, 747, 453		
1. 00	E - TEACHING PHYSICIAN SALARY I&R SERVICES-SALARY &	21. 00	3, 368, 680	O		1.00
1.00	FRI NGES APPRVD					1.00
	O CAFETERIA		3, 368, 680			
1. 00	F - CAFETERI A CAFETERI A	11.00	1, 060, 315	759, 329		1.00
	0	= - +	1, 060, 315	759, 329		
1. 00	G - PHARMACY ADMIN COSTS BSU PHARMACY	194. 01	17, 856	1, 621		1.00
2. 00	PAVILLION PHARMACY	194. 02	17, 856	1, 621		2. 00
	O DITTO & BUILDING LINGUISTING		35, 712	3, 242		
1. 00	H - AUTO & BUILDING INSURANCE NEW CAP REL COSTS-BLDG &	1.00	o	384, 274		1. 00
2	FIXT		1			
	O I - REHAB ADMIN COSTS		0	384, 274		_
1. 00	OCCUPATIONAL THERAPY	67. 00	60, 345	4, 238		1.00
2.00	SPEECH PATHOLOGY	68. 00	30, 897	2, 125		2.00
3. 00	THERAPIES TO OTHER ENTITIES  0	194. 22	6 <u>7, 8</u> 23 159, 065	<u>4, 286</u> 10, 649		3. 00
		1		-,		1

Health Financial Systems RECLASSIFICATIONS | Peri od: | From 01/01/2014 | To 12/31/2014 | Date/Time Prepared: | 5/26/2015 1:44 pm Provider CCN: 150089

Cord Center						5/26/2015	1: 44 pm
COUNTRY   COUN							
1							
AMBREY & 1   IFF   SERVICE   B. O. O			3.00	4.00	5.00		
2 00   00   00   00   00   00   00   00	1 00		8 00	0	1 017 664		1 00
3 00		l l		- 1			
4.00 5.00 6.00 6.00 6.00 6.00 6.00 6.00 6				- 1			
6 - 00	4.00		0.00	o	0		4. 00
7, 00 0, 00	5.00			0	0		5. 00
B. 00							1
9.00				~			
10.00							
11.00 12.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 14.00 13.00 14.00 15.00 16.00 17.00 18.00							
12.00 14.00 14.00 14.00 14.00 14.00 15.00 16.00 17.00 18.00 19.00							
13.0							
15.00   0.00   0.00   0.00   0.00   15.00   16.00   17.00   17.00   16.00   17.00   17.00   18.00   17.00   18.00   17.00   18.00	13.00		0.00	О			13. 00
16. 00	14.00		0.00	О			14. 00
17.00   0.00   0.00   0   0   0   17.00   18.00   19				-			
18 00   0.00   0.00   0   0   18 00   19 00			l l	-			
1.00							
20.00							
21.00							
22 00			l l	ı ı			
23.00				o			
1.00							
Color   Colo				0	0		24. 00
1.00		0		0	1, 070, 408		
1.00		K - CARDIAC REHAB					
L - MISC PROPERTY	1. 00		0.00		0		1.00
1.00		U MISC DRODEDTIES		O	0		
1.00	1 00		104 00	ol	652 690		1 00
1.00	1.00	0					1.00
1.00		M - OP ONCOLOGY INFUSION		<u> </u>	000,000		
1.00	1.00		90. 03	159, 636	33, 780		1. 00
1.00   OTHER ADM NI STRATI VE AND   5.06   16,036   35,036		0		159, 636	33, 780		
CAMERAL							
C	1. 00		5. 06	16, 036	35, 036		1. 00
1.00		GENERAL	+				
O		$^{\circ}$ — — — — +	+	+			
1. 00 2. 00 2. 00 0		O - NURSERY		<u> </u>			
2.00	1.00		43.00	627, 226	181, 123		1. 00
S - EMPLOYEE BENEFITS   S			0.00	0			
1. 00   2. 00   4. 00   2. 00   4. 00   5. 00   6. 00   7. 00   8. 00   9. 00   10. 00   9. 00   10. 00   11. 00   12. 00   9. 00   11. 00   12. 00   13. 00   13. 00   14. 00   15. 00   16. 00   17. 00   18. 00   18. 00   19. 00   10. 00   10. 00   10. 00   11. 00   12. 00   13. 00   14. 00   15. 00   16. 00   17. 00   18. 00   19. 00   10. 00   10. 00   10. 00   10. 00   11. 00   11. 00   12. 00   13. 00   14. 00   15. 00   16. 00   17. 00   18. 00   19. 00   20. 00   00   00   00   00   00		0		627, 226	181, 123		
2.00       0.00       0       0       0       4.00       2.00       4.00       6.00       4.00       5.00       6.00       6.00       6.00       6.00       6.00       6.00       7.00       6.00       7.00       6.00       7.00       6.00       7.00       8.00       9.00       7.00       8.00       9.00							
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       0         9.00       0.00       0       0       0         10.00       0.00       0       0       0         11.00       0.00       0       0       0         12.00       0.00       0       0       0         13.00       0.00       0       0       0       11.00         14.00       0.00       0       0       0       12.00       13.00       14.00       0       14.00       0       14.00       0       14.00       0       14.00       0       14.00       0       15.00       15.00       15.00       15.00       15.00       16.00       0       17.00       0       17.00       0       17.00       0       17.00       0       17.00       0       17.00       0       17.00       0       17.00       0       18.00       19.00       0       0		EMPLOYEE BENEFITS DEPARTMENT		i			1
5.00         0.00         0         0         5.00           6.00         0.00         0         0         6.00           7.00         0.00         0         0         0           8.00         0.00         0         0         0           9.00         0.00         0         0         0           10.00         0.00         0         0         0           11.00         0.00         0         0         0           12.00         0.00         0         0         0           13.00         0.00         0         0         0           14.00         0.00         0         0         0           15.00         0.00         0         0         0           16.00         0.00         0         0         0           17.00         0.00         0         0         0           18.00         0.00         0         0         0           19.00         0.00         0         0         0           20.00         0.00         0         0         0           22.00         0.00         0         0         0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
6. 00							
7.00       8.00       0.00       0       7.00         8.00       9.00       0       0       9.00         9.00       0.00       0       0       9.00         10.00       0.00       0       0       10.00         11.00       0.00       0       0       11.00         12.00       0.00       0       0       12.00         13.00       0.00       0       0       12.00         15.00       0.00       0       0       14.00         15.00       0.00       0       0       14.00         16.00       0.00       0       0       15.00         17.00       0       0       0       17.00         18.00       0       0       0       17.00         19.00       0       0       0       17.00         20.00       0       0       0       0         21.00       0       0       0       0         22.00       0       0       0       0         23.00       0       0       0       0         24.00       0       0       0       0					0		
8. 00       0. 00       0       0       0       8. 00         9. 00       0. 00       0       0       0       9. 00         10. 00       0       0       0       0       10. 00         11. 00       0       0       0       0       11. 00         12. 00       0       0       0       0       12. 00         13. 00       0       0       0       0       12. 00         14. 00       0       0       0       0       13. 00         14. 00       0       0       0       0       14. 00         15. 00       0       0       0       0       15. 00         16. 00       0       0       0       0       15. 00         17. 00       0       0       0       0       17. 00         18. 00       0       0       0       0       17. 00         18. 00       0       0       0       0       19. 00         20. 00       0       0       0       0       19. 00         22. 00       0       0       0       0       21. 00         22. 00       0       0					ő		
9.00         0.00         0.00         0.00         0.00         10.00         11.0			0.00				
11.00       0.00       0       0       11.00         12.00       0.00       0       0       12.00         13.00       0.00       0       0       12.00         14.00       0.00       0       0       13.00         15.00       0.00       0       0       14.00         15.00       0.00       0       0       15.00         16.00       0.00       0       0       16.00         17.00       0.00       0       0       17.00         18.00       0.00       0       0       17.00         19.00       0.00       0       0       19.00         20.00       0.00       0       0       19.00         20.00       0.00       0       0       19.00         21.00       0.00       0       0       20.00         21.00       0.00       0       0       21.00         22.00       0.00       0       0       22.00         23.00       0.00       0       0       23.00         24.00       0       0       0       25.00         25.00       0       0       0	9.00		0.00		0		9. 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       0.00       0       0       14.00         16.00       0.00       0       0       15.00         16.00       0.00       0       0       16.00         17.00       0.00       0       0       17.00         18.00       0.00       0       0       18.00         19.00       0.00       0       0       19.00         20.00       0.00       0       0       19.00         21.00       0.00       0       0       19.00         22.00       0.00       0       0       21.00         23.00       0.00       0       0       22.00         24.00       0.00       0       0       23.00         24.00       0.00       0       0       0       25.00         25.00       0.00       0       0       0       26.00         27.00       0.00       0       0       0       28.00         29.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
13. 00       0.00       0       0       13. 00         14. 00       0.00       0       0       14. 00         15. 00       0.00       0       0       15. 00         16. 00       0.00       0       0       15. 00         17. 00       0.00       0       0       17. 00         18. 00       0.00       0       0       17. 00         18. 00       0.00       0       0       19. 00         20. 00       0.00       0       0       19. 00         21. 00       0.00       0       0       0       20. 00         22. 00       0.00       0       0       0       21. 00         23. 00       0.00       0       0       0       23. 00         24. 00       0.00       0       0       0       24. 00         25. 00       0.00       0       0       0       25. 00         27. 00       0.00       0       0       0       27. 00         28. 00       0.00       0       0       0       0       29. 00							
14. 00       0.00       0       0       14. 00         15. 00       0.00       0       0       15. 00         16. 00       0.00       0       0       16. 00         17. 00       0.00       0       0       17. 00         18. 00       0.00       0       0       17. 00         18. 00       0.00       0       0       19. 00         20. 00       0.00       0       0       19. 00         20. 00       0.00       0       0       20. 00         21. 00       0.00       0       0       21. 00         23. 00       0.00       0       0       0       22. 00         24. 00       0.00       0       0       0       24. 00         25. 00       0.00       0       0       0       25. 00         26. 00       0.00       0       0       0       26. 00         27. 00       0.00       0       0       0       28. 00         29. 00       0.00       0       0       0       0       29. 00							
15. 00       0.00       0       0       15. 00         16. 00       0.00       0       0       16. 00         17. 00       0.00       0       0       17. 00         18. 00       0.00       0       0       18. 00         19. 00       0.00       0       0       19. 00         20. 00       0.00       0       0       20. 00         21. 00       0.00       0       0       21. 00         22. 00       0.00       0       0       0       22. 00         23. 00       0.00       0       0       0       23. 00         24. 00       0.00       0       0       0       24. 00         25. 00       0.00       0       0       0       25. 00         26. 00       0.00       0       0       0       27. 00         28. 00       0.00       0       0       0       28. 00         29. 00       0.00       0       0       0       0					0		
16. 00       0. 00       0       0       16. 00         17. 00       0. 00       0       0       17. 00         18. 00       0. 00       0       0       18. 00         19. 00       0. 00       0       0       19. 00         20. 00       0. 00       0       0       0       20. 00         21. 00       0. 00       0       0       0       21. 00       22. 00       23. 00       22. 00       23. 00       22. 00       23. 00       24. 00       24. 00       24. 00       24. 00       25. 00       26. 00       25. 00       26. 00       27. 00       26. 00       27. 00       28. 00       29. 00       0       0       0       29. 00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
17. 00       0.00       0       0       17. 00         18. 00       0.00       0       0       18. 00         19. 00       0.00       0       0       19. 00         20. 00       0.00       0       0       20. 00         21. 00       0.00       0       0       21. 00         23. 00       0.00       0       0       0       22. 00         23. 00       0.00       0       0       0       23. 00         24. 00       0.00       0       0       0       24. 00         25. 00       0.00       0       0       0       25. 00         26. 00       0.00       0       0       0       26. 00         27. 00       0.00       0       0       0       28. 00         29. 00       0.00       0       0       0       0       0					0		
18. 00       0. 00       0       0       18. 00         19. 00       0. 00       0       0       19. 00         20. 00       0. 00       0       0       20. 00         21. 00       0. 00       0       0       21. 00         23. 00       0. 00       0       0       0       22. 00         23. 00       0. 00       0       0       0       23. 00         24. 00       0. 00       0       0       0       24. 00         25. 00       0. 00       0       0       0       25. 00         26. 00       0. 00       0       0       0       26. 00         27. 00       0. 00       0       0       0       28. 00         29. 00       0. 00       0       0       0       0       29. 00							
20. 00     0. 00     0     0     20. 00       21. 00     0. 00     0     0     21. 00       22. 00     0. 00     0     0     22. 00       23. 00     0. 00     0     0     23. 00       24. 00     0. 00     0     0     24. 00       25. 00     0. 00     0     0     25. 00       26. 00     0. 00     0     0     25. 00       27. 00     0. 00     0     0     0     27. 00       28. 00     0. 00     0     0     0     29. 00				О			
21. 00     0. 00     0     0     21. 00       22. 00     0. 00     0     0     0     22. 00       23. 00     0. 00     0     0     0     23. 00       24. 00     0. 00     0     0     0     24. 00       25. 00     0. 00     0     0     0     25. 00       26. 00     0. 00     0     0     0     27. 00       28. 00     0. 00     0     0     0     28. 00       29. 00     0. 00     0     0     0     29. 00	19.00		0.00	0	0		19. 00
22. 00       23. 00       24. 00       24. 00       25. 00       25. 00       26. 00       27. 00       28. 00       29. 00       29. 00       20. 00       0. 00							
23. 00     0. 00     0     0     23. 00       24. 00     0. 00     0     0     24. 00       25. 00     0. 00     0     0     25. 00       26. 00     0. 00     0     0     26. 00       27. 00     0. 00     0     0     27. 00       28. 00     0. 00     0     0     28. 00       29. 00     0. 00     0     0     0							
24. 00       25. 00       26. 00       26. 00       27. 00       28. 00       29. 00			0.00				
25. 00     0. 00     0     0     25. 00       26. 00     0. 00     0     0     26. 00       27. 00     0. 00     0     0     27. 00       28. 00     0. 00     0     0     28. 00       29. 00     0. 00     0     0     0							
26. 00     0. 00     0     0     26. 00       27. 00     0. 00     0     0     27. 00       28. 00     0. 00     0     0     0       29. 00     0. 00     0     0     0							
27. 00     0. 00     0     0     27. 00       28. 00     0. 00     0     0     28. 00       29. 00     0. 00     0     0     0							
28. 00 29. 00 0. 00 0 0 29. 00							
29.00 0.00 0 0 29.00			0.00		0		28. 00
30.00     0.00       0.00     0       30.00	29. 00		0.00	0	0		29. 00
	30. 00		0. 00	0	0		30.00

Provi der CCN: 150089

Peri od: From 01/01/2014 To 12/31/2014 Date/Time Prepared: 5/26/2015 1: 44 pm

					5/26/2015 1	
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3. 00	4. 00	5. 00		
31. 00		0.00	0	0		31. 00
32. 00		0.00	0	0		32. 00
33. 00		0.00	0	0		33. 00
34.00		0.00	0	0		34. 00
35. 00		0.00	0	0		35. 00
36. 00		0.00	0	0		36. 00
37. 00		0.00	0	0		37. 00
38. 00		0.00	0	0		38. 00
39. 00		0.00	0	0		39. 00
40.00		0.00	0	0		40.00
41. 00		0.00	0	0		41. 00
42. 00		0.00	0	0		42. 00
43. 00 44. 00		0. 00 0. 00	0	0		43. 00 44. 00
45. 00		0.00	0	0		45. 00
46. 00		0.00	0	0		46. 00
47. 00		0.00	0	0		47. 00
48. 00		0.00	0	0		48. 00
40.00			— — — ö	301, 512		40.00
	T - CORPORATE TELEHPONE		U U	JU1, J12		_
1.00	OTHER ADMINISTRATIVE AND	5. 06	0	16, 198		1.00
50	GENERAL	5.55	ĭ	,		55
2.00		0.00	O	О		2. 00
3.00		0.00	ol	О		3. 00
4.00		0.00	o	О		4. 00
5.00		0.00	o	О		5. 00
6.00		0.00	o	0		6. 00
	0		o	16, 198		
	U - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG &	1. 00	0	2, 496, 870		1. 00
	FLXT					
2.00		0.00	0	0		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		0.00	0	0		7. 00
8.00		0.00	0	0		8. 00
9.00		0.00	0	0		9. 00
10.00		0.00	0	0		10.00
11. 00		0.00	0	0		11. 00
12.00		0.00	0	0		12.00
13. 00	TOTALS — — — — —		— — — o			13. 00
	V - INTEREST AND LEASE EXPENS	) F	U	2, 496, 870		
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	153, 089		1 00
1.00	FIXT	1.00	۷	155, 069		1. 00
2.00		0.00	o	0		2. 00
3. 00		0.00	o	0		3. 00
4. 00		0.00	o	Ö		4. 00
5. 00		0.00	o	Ö		5. 00
0.00	TOTALS — — — —		— — <del>"</del>	153, 089		0.00
	W - PTO USED AS STD		-1	,		
1.00	COMMUNI CATI ONS	5. 01	0	5, 178		1.00
2.00	ADMI TTI NG	5. 04	Ō	9, 869		2. 00
3. 00	OTHER ADMINISTRATIVE AND	5. 06	Ō	36, 782		3. 00
	GENERAL			·		
4.00	MAINTENANCE & REPAIRS	6.00	0	1, 342		4. 00
5.00	HOUSEKEEPI NG	9. 00	o	22, 232		5. 00
6.00	DI ETARY	10.00	0	13, 431		6. 00
7.00	NURSING ADMINISTRATION	13. 00	0	55, 521		7. 00
8.00	PHARMACY	15. 00	0	26, 065		8. 00
9.00	I&R SERVICES-OTHER PRGM	22. 00	0	9, 346		9. 00
_	COSTS APPRVD					
10. 00	ADULTS & PEDIATRICS	30. 00	0	139, 318		10.00
11. 00	INTENSIVE CARE UNIT	31. 00	0	46, 490		11. 00
12. 00	NEONATAL INTENSIVE CARE UNIT	32. 00	0	10, 946		12. 00
13. 00	SUBPROVI DER – I RF	41. 00	0	6, 813		13. 00
14.00	OPERATING ROOM	50.00	0	22, 855		14. 00
	RECOVERY ROOM	51.00	0	19, 325		15. 00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10, 313		16. 00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	35, 114		17. 00
18. 00	CT SCAN	57.00	0	502		18. 00
19. 00	CARDI AC CATHETERI ZATI ON	59. 00	0	702		19. 00

Health Financial Systems RECLASSIFICATIONS BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-10 Provi der CCN: 150089

| Peri od: | Worksheet A-6 | From 01/01/2014 | To 12/31/2014 | Date/Time Prepared:

					127 017 2011	5/26/2015 1: 44 pm
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3.00	4. 00	5. 00		
20.00	RESPIRATORY THERAPY	65.00	0	5, 901		20. 00
21.00	SLEEP LAB	65. 01	0	658		21. 00
22.00	PHYSI CAL THERAPY	66.00	0	16, 782		22. 00
23.00	OCCUPATI ONAL THERAPY	67.00	0	1, 005		23. 00
24.00	ELECTROCARDI OLOGY	69. 00	0	8, 649		24. 00
25.00	PAIN CLINIC	90. 02	0	848		25. 00
26.00	ONCOLOGY CLINIC	90. 03	o	1, 249		26. 00
27.00	EMERGENCY	91.00	o	24, 557		27. 00
28.00	OBSERVATION BEDS (DISTINCT	92. 01	o	6, 549		28. 00
	PART)					
29.00	THERAPIES TO OTHER ENTITIES	194. 22	0	6, 093		29. 00
	TOTALS			544, 435		
	X - WASTE DISPOSAL		<u> </u>			
1.00	OPERATION OF PLANT	7. 00	0	301, 100		1.00
2.00		0.00	O	0		2. 00
3.00		0.00	O	0		3. 00
4.00		0.00	o	0		4. 00
5.00		0.00	o	0		5. 00
6.00		0.00	o	0		6. 00
	TOTALS			301, 100		
	Y - UTILITIES					
1.00	OTHER ADMINISTRATIVE AND	5. 06	0	62		1.00
	GENERAL					
2.00	OPERATION OF PLANT	7.00	0	293, 006		2. 00
3.00		0.00	0	0		3. 00
4.00		0.00	0	0		4. 00
5.00		0.00	o	0		5. 00
6.00		0.00	o	0		6. 00
7.00		0.00	o	0		7. 00
8.00		0.00	o	0		8. 00
9.00		0.00	o	0		9. 00
10.00		0.00	o	0		10. 00
	TOTALS		<sub>0</sub>	293, 068		
500.00	Grand Total: Increases		5, 426, 670	72, 255, 702		500.00

Provi der CCN: 150089

Peri od: From 01/01/2014 To 12/31/2014

Date/Time Prepared: 5/26/2015 1:44 pm

		Decreases				5/26/2015 1:4	+4 piii
	Cost Center	Li ne #	Salary	Other	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10.00		
	A - NON-BILLABLE SUPPLIES						
1. 00	NEW CAP REL COSTS-BLDG &	1. 00	0	29	14		1. 00
2.00	FLXT	4 00	0	2 (44			2 00
2. 00 3. 00	EMPLOYEE BENEFITS DEPARTMENT COMMUNICATIONS	4. 00 5. 01	0	3, 644 108	1		2. 00 3. 00
4. 00	DATA PROCESSING	5. 02	0	151			4. 00
5. 00	ADMITTING	5. 04	0	1, 626			5. 00
6. 00	OTHER ADMINISTRATIVE AND	5. 06	0	7, 170			6. 00
	GENERAL						
7.00	MAINTENANCE & REPAIRS	6.00	0	1, 704	1		7. 00
8. 00	OPERATION OF PLANT	7. 00	0	273			8. 00
9.00	HOUSEKEEPI NG	9.00	0	161, 584	1		9.00
10. 00 11. 00	DI ETARY NURSI NG ADMI NI STRATI ON	10. 00 13. 00	0	9, 005			10. 00 11. 00
12. 00	PHARMACY	15. 00	0	1, 895 125, 361			12.00
13. 00	I &R SERVICES-OTHER PRGM	22. 00	0	5, 872			13. 00
10.00	COSTS APPRVD	22.00	J	0,012			10.00
14.00	ADULTS & PEDIATRICS	30.00	0	1, 588, 057	o o		14. 00
15.00	INTENSIVE CARE UNIT	31.00	0	734, 033	o o		15. 00
16.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	165, 225			16. 00
17. 00	SUBPROVI DER – I RF	41.00	0	50, 571	1		17. 00
18. 00	OPERATING ROOM	50.00	0	3, 769, 286			18.00
19. 00 20. 00	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	51. 00 52. 00	0	188, 023			19. 00 20. 00
21. 00	RADI OLOGY-DI AGNOSTI C	54. 00	0	246, 350 744, 488			21.00
22. 00	ICT SCAN	57.00	0	2, 453			22.00
23. 00	CARDIAC CATHETERIZATION	59.00	0	641, 587			23. 00
24. 00	RESPIRATORY THERAPY	65. 00	0	368, 676			24. 00
25.00	SLEEP LAB	65. 01	0	29, 447	1		25. 00
26.00	PHYSI CAL THERAPY	66. 00	0	29, 117	o o		26. 00
27. 00	OCCUPATI ONAL THERAPY	67. 00	0	14, 560			27. 00
28. 00	SPEECH PATHOLOGY	68. 00	0	3, 666			28. 00
29. 00	ELECTROCARDI OLOGY	69. 00	0	35, 921			29. 00
30. 00	HOSPITAL BASED RETAIL	73. 01	0	5, 362	2 0		30. 00
31. 00	PHARMACI ES RENAL DI ALYSI S	74.00	0	18, 943	o		31.00
32. 00	CARDI AC REHABI LI TATI ON	76. 97	0	13, 926	1		32.00
33. 00	HYPERBARI C OXYGEN THERAPY	76. 98	0	82, 117	1		33. 00
34.00	PAIN CLINIC	90. 02	0	2, 363			34. 00
35.00	ONCOLOGY CLINIC	90. 03	0	190, 870	0		35. 00
36.00	EMERGENCY	91.00	0	865, 320	0		36. 00
37. 00	OBSERVATION BEDS (DISTINCT	92. 01	0	63, 757	0		37. 00
20.00	PART)	100.00	0	/ -			20.00
38. 00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190. 00	0	655	0		38. 00
39. 00	RESEARCH	191.00	0	8	o		39. 00
40. 00	PAVILLION PHARMACY	194. 02	0	6, 431			40. 00
41.00	WELLNESS CENTER	194. 05	0	734	o		41.00
42.00	PHYSICIAN PRACTICE CLINICS	194. 06	0	573	o		42. 00
43.00	IU HEALTH HOSPICE	194. 11	0	20, 505			43. 00
44.00	THERAPIES TO OTHER ENTITIES	194. 22	0	826			44. 00
45. 00	CANCER CENTER BOUTIQUE	194. 23	0	1, 697			45. 00
46. 00	CARDINAL BEHAVIORAL HEALTH	194. 25	0				46. 00
47. 00	CARDINAL HEALTH ALLIANCE	194.30	0	20 10, 218, 367			47. 00
	B - BILLABLE SUPPLIES		0	10, 210, 307			1
1. 00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	105	0		1.00
2. 00	CENTRAL SERVICES & SUPPLY	14.00	Ö	272, 843	1		2. 00
3.00	PHARMACY	15. 00	0	8, 058	o o		3. 00
4.00	I&R SERVICES-OTHER PRGM	22. 00	0	3, 501	0		4. 00
F 60	COSTS APPRVD	22.5	_1	222 5:-			F 22
5.00	ADULTS & PEDIATRICS	30.00	0	389, 018			5. 00
6. 00 7. 00	INTENSIVE CARE UNIT	31. 00 32. 00	0	45, 428 27, 869			6. 00 7. 00
7. 00 8. 00	NEONATAL INTENSIVE CARE UNIT SUBPROVIDER - IRF	41. 00	0	27, 868 641			8.00
9. 00	OPERATING ROOM	50.00	0	2, 557, 364			9. 00
10. 00	RECOVERY ROOM	51.00	0	551			10.00
11. 00	DELIVERY ROOM & LABOR ROOM	52.00	Ö	91, 101			11. 00
12. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	1, 534, 608	1		12. 00
13. 00	CARDIAC CATHETERIZATION	59. 00	0	3, 435, 304	1		13. 00
14. 00	RESPIRATORY THERAPY	65. 00	0	12, 539	1		14. 00
15. 00	PHYSI CAL THERAPY	66.00	0	7, 997			15.00
16.00	SPEECH PATHOLOGY	68.00	0	517			16.00
17. 00	ELECTROCARDI OLOGY	69. 00	0	40, 296	0		17. 00

Provider CCN: 150089

Peri od: From 01/01/2014 To 12/31/2014 Date/Time Prepared: 5/26/2015 1:44 pm

						5/26/2015 1:4	44 pm
		Decreases					
	Cost Center	Li ne #	Sal ary		Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10. 00		
18. 00	RENAL DIALYSIS	74. 00	0	8	0		18. 00
19. 00	CARDIAC REHABILITATION	76. 97	0	44	0		19. 00
20.00	HYPERBARIC OXYGEN THERAPY	76. 98	0	10, 444	0		20.00
21.00	EMERGENCY	91.00	0	33, 055	0		21.00
22.00	OBSERVATION BEDS (DISTINCT	92. 01	0	561	0		22.00
	PART)				1		
23. 00	CARDINAL BEHAVIORAL HEALTH	194. 25	o	41	0		23. 00
20.00	O DELIVER DELIVER OF THE RETAIN		$$ $\stackrel{d}{=}$	8, 471, 892			20.00
	C - IMPLANTABLE DEVICES		<u> </u>	0, 471, 072			1
1 00	ADULTS & PEDIATRICS	20.00		2 205	0		1 00
1.00		30.00	0	2, 285	- 1		1.00
2.00	INTENSIVE CARE UNIT	31. 00	0	110	0		2. 00
3.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	3	0		3.00
4.00	SUBPROVI DER - I RF	41.00	0	442	0		4. 00
5.00	OPERATING ROOM	50.00	0	10, 264, 290	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3, 010	0		6.00
7. 00	RADI OLOGY-DI AGNOSTI C	54.00	o	349, 100	0		7. 00
8. 00	CARDI AC CATHETERI ZATI ON	59. 00	ő	4, 939, 870	0		8.00
		•	0		0		1
9.00	SPEECH PATHOLOGY	68.00	~	1, 309	٩		9.00
10. 00	HYPERBARIC OXYGEN THERAPY	76. 98	0	3, 975	0		10.00
11. 00	EMERGENCY	91. 00	0	15, 654	0		11. 00
12.00	OBSERVATION BEDS (DISTINCT	92. 01	0	149	0		12.00
	PART)						
	0 — — — — —			15, 580, 197			
	D - BILLABLE DRUGS		<u> </u>		<u>'</u>		
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	34	14		1.00
50	FIXT	1. 50	٩	34	'-		50
2. 00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	o	92, 190	0		2.00
	MAINTENANCE & REPAIRS	•	•				1
3.00		6.00	0	69	0		3.00
4.00	DI ETARY	10.00	0	3, 017	0		4. 00
5. 00	NURSING ADMINISTRATION	13. 00	0	28	0		5. 00
6.00	PHARMACY	15. 00	0	19, 534, 899	0		6. 00
7.00	ADULTS & PEDIATRICS	30.00	0	169, 681	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	ol	44, 802	ol		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	32.00	o	12, 754	0		9. 00
10. 00	SUBPROVI DER - I RF	41. 00	o	2, 866	o		10.00
		•			0		1
11. 00	OPERATING ROOM	50.00	0	171, 105			11.00
12. 00	RECOVERY ROOM	51.00	0	22, 741	0		12. 00
13. 00	DELIVERY ROOM & LABOR ROOM	52. 00	0	17, 346	0		13.00
14.00	RADI OLOGY-DI AGNOSTI C	54.00	0	480, 811	0		14.00
16.00	CARDIAC CATHETERIZATION	59. 00	0	65, 111	0		16.00
17.00	RESPI RATORY THERAPY	65. 00	0	5, 948	0		17.00
18. 00	SLEEP LAB	65. 01	o	5, 7.15	o		18. 00
19. 00	PHYSI CAL THERAPY	66.00	ő	184	0		19. 00
							1
20. 00	ELECTROCARDI OLOGY	69. 00	0	10, 514	0		20.00
21. 00	HOSPITAL BASED RETAIL	73. 01	0	6, 071, 998	0		21. 00
	PHARMACI ES						
22. 00	RENAL DIALYSIS	74.00	0	9, 030	0		22. 00
23.00	HYPERBARIC OXYGEN THERAPY	76. 98	0	49, 823	0		23. 00
24.00	PAIN CLINIC	90. 02	o	48, 551	o		24.00
25. 00	ONCOLOGY CLINIC	90. 03	0	22, 181	0		25. 00
26. 00	EMERGENCY	91. 00	0	109, 011	0		26. 00
		•	Ŏ				1
27. 00	OBSERVATION BEDS (DISTINCT	92. 01	O	8, 195	o		27. 00
	PART)						
28. 00	GIFT, FLOWER, COFFEE SHOP &	190. 00	0	1, 775	0		28. 00
	CANTEEN						
29. 00	PAVILLION PHARMACY	194. 02	0	3, 791, 835	0		29. 00
30.00	IU HEALTH HOSPICE	194. 11	ol	39	0		30.00
31.00	CARDINAL BEHAVIORAL HEALTH	194. 25	ol	910	0		31.00
	0	— — <del>— </del> +	— —	30, 747, 453	— — <del>-</del> 1		
	E - TEACHING PHYSICIAN SALARY		٩	22, 7 17, 100			1
1. 00	I &R SERVICES-OTHER PRGM	22. 00	3, 368, 680	0	0		1.00
1.00		22.00	3, 300, 000	U	٩		1.00
	COSTS APPRVD	+			+		
	U		3, 368, 680	0			1
	F - CAFETERIA						
1.00	DI ETARY	1000	<u>1, 060, 3</u> 15	75 <u>9, 3</u> 29	0		1.00
	0 — — — — —		1, 060, 315	759, 329			
	G - PHARMACY ADMIN COSTS				·		1
1.00	HOSPITAL BASED RETAIL	73. 01	35, 712	3, 242	0		1.00
1.00	PHARMACI ES	73.01	33, 712	3, 242	٩		1.00
2.00	I I I I I I I I I I I I I I I I I I I	0.00		^	0		2.00
∠. ∪∪				— — 🚤 🖺	4		2.00
	0		35, 712	3, 242			1

Health Financial Systems RECLASSIFICATIONS | Peri od: | Worksheet A-6 | From 01/01/2014 | To 12/31/2014 | Date/Time Prepared: Provider CCN: 150089

					То	12/31/2014 Date/Time P 5/26/2015 1	
	Cost Center	Decreases Li ne #	Sal ary	Other	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10. 00		
	H - AUTO & BUILDING INSURANCE						
1. 00	OTHER ADMINISTRATIVE AND GENERAL	5. 06	0	384, 274	12		1. 00
	0			384, 274			
	I - REHAB ADMIN COSTS						
1.00	PHYSI CAL THERAPY	66.00	159, 065	10, 649			1.00
2. 00 3. 00		0. 00 0. 00	0	0			2. 00 3. 00
0.00	0 — — — —		159, 065	1 <u>0, 6</u> 49			0.00
	J - LAUNDRY						
1. 00 2. 00	ADMITTING OTHER ADMINISTRATIVE AND	5. 04 5. 06	0	3, 276 753			1. 00 2. 00
2.00	GENERAL ADMINISTRATIVE AND	5.00	o o	755			2.00
3.00	DI ETARY	10. 00	0	12, 729	0		3. 00
4.00	NURSI NG ADMI NI STRATI ON	13.00	0	60			4. 00
5. 00 6. 00	PHARMACY ADULTS & PEDIATRICS	15. 00 30. 00	0	159 544, 965			5. 00 6. 00
7. 00	INTENSIVE CARE UNIT	31.00	Ö	134, 786			7. 00
8.00	NEONATAL INTENSIVE CARE UNIT	32.00	O	5, 773			8. 00
9. 00 10. 00	SUBPROVIDER - IRF OPERATING ROOM	41. 00 50. 00	0	26, 282 87, 208			9. 00 10. 00
11. 00	RECOVERY ROOM	51.00	0	20, 479			11. 00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	26, 111	0		12. 00
13. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	43, 563			13. 00
14. 00 15. 00	CARDI AC CATHETERI ZATI ON RESPI RATORY THERAPY	59. 00 65. 00	0	10, 207 187	l I		14. 00 15. 00
16. 00	SLEEP LAB	65. 01	o	13, 860			16. 00
17. 00	PHYSI CAL THERAPY	66.00	0	23, 004			17. 00
18.00	ELECTROCARDI OLOGY	69.00	0	6, 633	0		18. 00
19. 00 20. 00	RENAL DIALYSIS PAIN CLINIC	74. 00 90. 02	0	3, 271 1, 872	0		19. 00 20. 00
21. 00	EMERGENCY	91.00	Ö	74, 409	o		21. 00
22. 00	OBSERVATION BEDS (DISTINCT	92. 01	O	22, 722	0		22. 00
23. 00	PART) RESEARCH	191. 00	0	493	o		23. 00
24. 00	WELLNESS CENTER	194. 05	Ö	7, 606			24. 00
	0			1, 070, 408			
1. 00	K - CARDI AC REHAB	0.00	0	0	O		1.00
1.00			}	— — — ö			1.00
	L - MISC PROPERTIES						
1.00	NEW CAP REL COSTS-BLDG &	1. 00	0	653, 680	14		1. 00
	FIXT	+	+	653, 680			
	M - OP ONCOLOGY INFUSION		- 1		<u> </u>		
1.00	ADULTS & PEDI ATRI CS	3000	159, 636	33, 780			1. 00
	O - ALLOWABLE PUBLIC RELATIONS	S	159, 636	33, 780			
1.00	MARKETING/PUBLIC RELATIONS	194. 15	16, 036	35, 036	0		1.00
	0	$= = = \mp$	16, 036	35, 036			
	Q - NURSERY		0	0			
1.00	ADULTS & PEDIATRICS	30.00	592, 707	169, 826	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52. 00	3 <u>4, 5</u> 19	11, 297	0		2. 00
	0 EMPLOYEE BENEFITS		627, 226	181, 123			
1. 00	S - EMPLOYEE BENEFITS	0.00	ol	0	14		1.00
2. 00	COMMUNI CATI ONS	5. 01	o	1, 044			2. 00
4.00	ADMI TTI NG	5. 04	O	2, 009	1		4. 00
5. 00	OTHER ADMINISTRATIVE AND GENERAL	5. 06	0	41, 690	0		5. 00
6. 00	MAINTENANCE & REPAIRS	6. 00	0	8, 734	0		6. 00
7.00	OPERATION OF PLANT	7. 00	0	1, 506	0		7. 00
8.00	HOUSEKEEPI NG	9.00	0	5, 061	0		8. 00
9. 00 10. 00	DI ETARY NURSI NG ADMI NI STRATI ON	10. 00 13. 00	0	4, 463 13, 826			9. 00 10. 00
11. 00	CENTRAL SERVICES & SUPPLY	14. 00	o	1, 520	l I		11.00
12.00	PHARMACY	15. 00	О	12, 823	0		12. 00
13. 00	I &R SERVICES-OTHER PRGM COSTS APPRVD	22. 00	0	8, 659	0		13. 00
14. 00	ADULTS & PEDIATRICS	30. 00	o	37, 566	О		14. 00
15.00	INTENSIVE CARE UNIT	31.00	O	11, 491	0		15. 00
16. 00 17. 00	NEONATAL INTENSIVE CARE UNIT	32. 00 41. 00	0	4, 575 3 144			16. 00 17. 00
	DODI KOVI DEK - IKF	41.00	Ч	3, 144	١		1 17.00

Provi der CCN: 150089

Peri od: From 01/01/2014 To 12/31/2014

Date/Time Prepared: 5/26/2015 1:44 pm

						5/26/2015 1:	44 pm
	C+ C+	Decreases	C-1	0+1	WI+ A 7 D-6		
	Cost Center 6.00	Li ne # 7.00	Sal ary 8. 00	0ther 9.00	Wkst. A-7 Ref. 10.00		
18. 00	OPERATING ROOM	50.00	0.00	10, 925			18. 00
19. 00	RECOVERY ROOM	51. 00	0	2, 909	_		19. 00
20. 00	DELIVERY ROOM & LABOR ROOM	52. 00	0	4, 785			20. 00
21. 00	RADI OLOGY-DI AGNOSTI C	54. 00	0	19, 981	0		21. 00
22. 00	CT SCAN	57.00	0	371	0		22. 00
23. 00	CARDIAC CATHETERIZATION	59.00	Ö	4, 593	_		23. 00
24. 00	RESPI RATORY THERAPY	65. 00	0	2, 468	_		24. 00
25. 00	SLEEP LAB	65. 01	0	54, 530	_		25. 00
26. 00	PHYSI CAL THERAPY	66.00	0	11, 197			26. 00
27. 00	OCCUPATI ONAL THERAPY	67.00	0	1, 831	0		27. 00
28. 00	SPEECH PATHOLOGY	68.00	o	823	0		28. 00
29. 00	ELECTROCARDI OLOGY	69.00	o	2, 335			29. 00
30.00	HOSPITAL BASED RETAIL	73. 01	0	3, 728	0		30. 00
	PHARMACI ES						
31.00	CARDIAC REHABILITATION	76. 97	0	1, 168			31. 00
32.00	HYPERBARIC OXYGEN THERAPY	76. 98	0	1, 025			32. 00
33. 00	PAIN CLINIC	90. 02	0	656			33. 00
34.00	ONCOLOGY CLINIC	90. 03	0	1, 762	0		34. 00
35. 00	EMERGENCY	91. 00	0	7, 870			35. 00
36. 00	OBSERVATION BEDS (DISTINCT	92. 01	0	1, 646	0		36. 00
07.00	PART)	100.00		200			07.00
37. 00	GIFT, FLOWER, COFFEE SHOP &	190. 00	0	288	0		37. 00
20.00	CANTEEN	191. 00	0	000	0		20.00
38. 00	RESEARCH		0	888			38. 00
39.00	BSU PHARMACY	194. 01 194. 02	0	599			39.00
40. 00 41. 00	PAVILLION PHARMACY		0	1, 823	0		40.00
41.00	WELLNESS CENTER PHYSICIAN PRACTICE CLINICS	194. 05 194. 06	0	151 16			41. 00 42. 00
42.00	MARKETING/PUBLIC RELATIONS	194.06	0	698	_		43. 00
44. 00	JAY COUNTY HOSPITAL	194. 15	0	583	0		44. 00
45. 00	THERAPIES TO OTHER ENTITIES	194. 22	0	3, 185	_		45. 00
46. 00	CANCER CENTER BOUTIQUE	194. 23	0	3, 183	0		46. 00
47. 00	BLACKFORD COMMUNITY HOSPITAL	194. 26	0	480	0		47. 00
48. 00	CARDI NAL HEALTH ALLI ANCE	194. 30	0	50			48. 00
10.00	0		— — <u> </u>	301, 512			10.00
	T - CORPORATE TELEHPONE		-				
1.00	COMMUNI CATI ONS	5. 01	0	369	0		1. 00
2.00	DATA PROCESSING	5. 02	0	10, 105	0		2. 00
3.00	NURSING ADMINISTRATION	13. 00	0	296	0		3. 00
4.00	SUBPROVIDER - IRF	41. 00	0	1, 087	0		4. 00
5.00	CARDIAC CATHETERIZATION	59. 00	0	167	0		5. 00
6.00	EMERGENCY	91.00	0	4, 174	0		6. 00
	0		0	16, 198			
	U - DEPRECIATION						
1.00	MAINTENANCE & REPAIRS	6. 00	0	448, 851	9		1. 00
2.00	OPERATION OF PLANT	7. 00	0	1, 313, 306			2. 00
3. 00	NURSING ADMINISTRATION	13. 00	0	11, 104	0		3. 00
4.00	PHARMACY	15. 00	0	29, 070	0		4. 00
5.00	ADULTS & PEDIATRICS	30.00	0	35, 664	0		5. 00
6.00	OPERATING ROOM	50.00	0	129, 200			6. 00
7.00	RADI OLOGY-DI AGNOSTI C	54.00	0	218, 676			7. 00
8. 00 9. 00	CARDI AC CATHETERI ZATI ON	59. 00 76. 98	0	92, 010 9, 078			8. 00 9. 00
10.00	HYPERBARIC OXYGEN THERAPY EMERGENCY	91. 00	0	155, 748			10.00
11. 00	OBSERVATION BEDS (DISTINCT	92. 01	0	12, 183	_		11. 00
11.00	PART)	92.01	U	12, 103	U		11.00
12. 00	WELLNESS CENTER	194. 05	0	36, 969	0		12. 00
13. 00	BLACKFORD COMMUNITY HOSPITAL	194. 26	0	5, 011			13. 00
10.00	TOTALS		— — <u> </u>				10.00
	V - INTEREST AND LEASE EXPENS	SF	<u> </u>	2, 170, 070			
1.00	DATA PROCESSING	5. 02	0	764	11		1.00
2.00	CENTRAL SERVICES & SUPPLY	14. 00	0	19, 899			2. 00
3.00	RADI OLOGY-DI AGNOSTI C	54.00	0	53, 663			3. 00
4.00	CARDIAC CATHETERIZATION	59.00	o	78, 579			4. 00
5.00	PAIN CLINIC	90. 02	o	184			5. 00
	TOTALS			153, 089			
	W - PTO USED AS STD						
1.00	COMMUNI CATI ONS	5. 01	5, 178	0	0		1. 00
2.00	ADMITTING	5. 04	9, 869	0	-		2. 00
3.00	OTHER ADMINISTRATIVE AND	5. 06	36, 782	0	0		3. 00
	GENERAL						
4.00	MAINTENANCE & REPAIRS	6. 00	1, 342	0			4. 00
5.00	HOUSEKEEPI NG	9.00	22, 232	0			5. 00
6. 00	DI ETARY	10. 00	13, 431	0	0		6. 00
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| Peri od: | From 01/01/2014 | To 12/31/2014 | Date/Time Prepared: | 5/26/2015 1:44 pm

Cost Center							5/26/2015 1:	44 pm
7. 00   NURSING ADMINISTRATION   13 00   55,521   0   0   7.00   0   8.00   9.00   18.7 SERVICES-OTHER PROM   22 00   9.346   0   0   0   0   9.00   0   10.00   18.7 SERVICES-OTHER PROM   22 00   9.346   0   0   0   0   0   0   0   0   0								
B. 00   PHARMACY   15. 00   26, 065   0   0   0   9. 00								
0,00			1					
COSTS APPRV0   10.00		1		26, 065	0			
10. 00   ADULTS & PEDIATRICS   30. 00   139.318   0   0   0   110. 00     12. 00   NEOMATAL INTENSIVE CARE UNIT   31.00   40.490   0   0   0   12. 00     14. 00   NEOMATAL INTENSIVE CARE UNIT   32. 00   10.946   0   0   0   12. 00     14. 00   OPERATING ROOM   50. 00   22.855   0   0   0   14. 00     15. 00   RECOMEYR ROOM   51. 00   19.325   0   0   0   15. 00     16. 00   DELI VERY ROOM & LABOR ROOM   52. 00   10.313   0   0   0   16. 00     16. 00   DELI VERY ROOM & LABOR ROOM   52. 00   10.313   0   0   0   16. 00     18. 00   CT SCAN   57. 00   50.2   0   0   0   18. 00     19. 00   CT SCAN   57. 00   50.2   0   0   0   18. 00     19. 00   CT SCAN   57. 00   50.2   0   0   0   18. 00     19. 00   CRESPI RATORY THERAPY   65. 00   5. 901   0   0   22. 00     10. 00   SESPI RATORY THERAPY   65. 00   5. 901   0   0   22. 00     10. 00   SEEP LAB   65. 01   658   0   0   0   22. 00     10. 00   CLUTORATIONAL THERAPY   67. 00   1.005   0   0   0   22. 00     24. 00   PINYSI CAL THERAPY   67. 00   1.005   0   0   0   22. 00     24. 00   DELICTROCARDIOLOGY   69. 00   8. 649   0   0   22. 00     25. 00   ONCOLOGY CLINIC   90. 02   848   0   0   0   22. 00     26. 00   ONCOLOGY CLINIC   90. 02   848   0   0   0   22. 00     27. 00   DESERVATION BEDS (DISTINCT   92. 01   6. 549   90   0   0   22. 00     28. 00   PARTES TO OTHER ENTITIES   92. 01   6. 549   90   0   0   22. 00     10. 00   DESERVATION BEDS (DISTINCT   92. 01   6. 549   90   0   0   22. 00     10. 00   DESERVATION BEDS (DISTINCT   92. 01   6. 549   90   0   0   22. 00     10. 00   DESERVATION BEDS (DISTINCT   94. 00   0   24. 526   14   1. 00     10. 00   DESERVATION BEDS (DISTINCT   94. 00   0   24. 526   14   1. 00   0   24. 526     10. 00   DESERVATION BEDS (DISTINCT   94. 00   0   24. 526   14   1. 00   0   24. 526     10. 00   DESERVATION BEDS (DISTINCT   94. 00   0   24. 526   14   1. 00   0   24. 526     10. 00   DESERVATION BEDS (DISTINCT   94. 00   0   24. 526   14   1. 00   0   24. 526     10. 00   DESERVATION BEDS (DISTINCT   94. 00   0	9. 00		22. 00	9, 346	0	0		9. 00
11.00   INTENSIVE CARE UNIT								
12.00   NEONATAL INTENSIVE CARE UNIT   32.00   10.946   0   0   12.00     13.00   SUBPROVIDER - IRF   41.00   6.813   0   0   0   13.00     14.00   OPERATING ROOM   50.00   22.855   0   0   0   14.00     15.00   RECOVERY ROOM   51.00   19.325   0   0   0   15.00     16.00   DELIVERY ROOM & LABOR ROOM   52.00   10.313   0   0   0   16.00     17.00   RADIOLOGY-DIAGNOSTIC   54.00   35.114   0   0   17.00     18.00   CT SCAN   57.00   50.2   0   0   18.00     19.00   CARDIOLOGY-DIAGNOSTIC   54.00   35.114   0   0   19.00     20.00   RESPIRATIONY THERAPY   65.00   5.901   0   0   20.00     20.00   RESPIRATIONY THERAPY   65.00   5.901   0   0   22.00     22.00   PHYSICAL THERAPY   66.00   16.782   0   0   22.00     23.00   OCCUPATIONAL THERAPY   67.00   1.005   0   0   23.00     24.00   LELECTROCARDIOLOGY   69.00   8.489   0   0   22.50     27.00   PAIN CLINIC   90.03   1.249   0   0   22.50     28.00   PAIN CLINIC   90.03   1.249   0   0   22.50     29.00   HERBERNY   91.00   24.557   0   0   22.00     29.00   HERBERNY   91.00   24.557   0   0   28.00     29.00   HERBERNY   91.00   24.557   0   0   27.00     29.00   HERBERNY   91.00   24.557   0   0   28.00     29.00   HERBERNY   91.00   24.557   0   0   29.00     29.00   HERBERNY   91.00   24.557   0   0   0   29.00     29.00   HERBERNY   91.00   24.557   0   0   0   29.00     29.00   HERBERNY   91.00   24.557   0   0   0   29.00     29.00   HERBERNY   91.00   0   24.557   0   0   0   29.00     29.00   HERBERNY   91.00   0   24.557   0   0   0   29.00     29.00   HERBERNY   91.00   0   24.557   0   0   0   29.00     29.00   HERBERNY   91.00   0   24.557   0   0   0   29.00     29.00   HERBERNY   91.00   0   24.557   0   0   0   29.00     29.00   HERBERNY   91.00   0   24.557   0   0   0   29.00     29.00   HERBERNY   91.00   0   24.557   0   0   0   29.00     29.00   HERBERNY   91.00   0   24.557   0   0					ū			
13. 00   SUBPROVIDER - IRF		1			ū			
14. 00   OPERATING ROOM					-	- 1		
15. 00   RECOVERY ROOM & LABOR ROOM   51. 00   19. 325   0   0   0   16. 00					J	·		
16. 00   DELI VERY ROOM & LABOR ROOM   52. 00   10. 313   0   0   0   16. 00     17. 00   RADIOLOGY-DIAGNOSTIC   54. 00   35, 114   0   0   0   17. 00     18. 00   CT SCAN   57. 00   50.2   0   0   0   18. 00     19. 00   CARDIAC CATHETER ZATION   59. 00   70.2   0   0   0   19. 00     19. 00   CARDIAC CATHETER ZATION   59. 00   70.2   0   0   0   20. 00     19. 00   CARDIAC CATHETER ZATION   59. 00   70.2   0   0   0   20. 00     19. 00   SLEEP LAB   65. 01   658   0   0   0   21. 00     21. 00   SLEEP LAB   65. 01   658   0   0   0   22. 00     22. 00   PHYSI CAL THERAPY   66. 00   16. 782   0   0   22. 00     23. 00   OCCUPATIONAL THERAPY   67. 00   1. 005   0   0   23. 00     24. 00   LECETROCARDIOLOGY   69. 00   8. 649   0   0   24. 00     25. 00   PAIN CLINIC   90. 02   848   0   0   0   25. 00     26. 00   NOCOLOGY CLINIC   90. 02   848   0   0   0   26. 00     27. 00   EMERGENCY   91. 00   24. 557   0   0   27. 00     28. 00   OSERVATION BEDS (DISTINCT   92. 01   6. 549   0   0   28. 00     29. 00   TOTALS						- 1		
17. 00   RADIOLOGY-DIAGNOSTIC   54. 00   35. 114   0   0   0   17. 00     18. 00   CT SCAN   57. 00   502   0   0   0   18. 00     19. 00   CARDIAC CATHETERIZATION   59. 00   702   0   0   0   19. 00     20. 00   RESPIRATORY THERAPY   65. 00   5. 901   0   0   0   20. 00     21. 00   LEEP LAB   65. 01   658   0   0   21. 00     22. 00   PHYSI CAL THERAPY   66. 00   16. 782   0   0   22. 00     23. 00   COUDPATI ONAL THERAPY   67. 00   1. 005   0   0   23. 00     24. 00   ELECTROCARDIOLOGY   67. 00   8. 649   0   0   24. 00     25. 00   AIN OLINIC   99. 02   848   0   0   25. 00     26. 00   ONCOLOGY CLINIC   99. 03   1. 249   0   0   0   26. 00     27. 00   MERGENCY   91. 00   24. 557   0   0   27. 00     29. 00   OSSERVATION BEDS (DISTINCT   92. 01   6. 549   0   0     29. 00   THERAPIES TO OTHER ENTITIES   194. 22   6. 093   0   0     10. 01   New CAP REL COSTS-BLOG &   1.00   0   24. 4. 435   0     10. 01   New CAP REL COSTS-BLOG &   1.00   0   24. 556   14     FIXT   STATE   ST		1			-			
18. 00   CT SCAN		1	1		J			
19. 00   CARDI AC CATHETERIZATION   59. 00   70.2   0   0   0   20. 00					-			
20.00   RESPIRATORY THERAPY   65.00   5.901   0   0   0   22.00					J			
21.00   SLEEP LAB   65.01   658   0   0   22.00     22.00   PHYSI CAL THERAPY   66.00   16.782   0   0   0     23.00   OCCUPATI ONAL THERAPY   67.00   1.005   0   0   0     24.00   ELECTROCARDI OLOGY   69.00   8.649   0   0   0     25.00   PAIN I CLINI C   99.02   848   0   0   0     26.00   ONCOLOGY CLINI C   99.03   1.249   0   0   0     27.00   EMERGENCY   91.00   24.557   0   0   0     27.00   EMERGENCY   91.00   24.557   0   0   0     27.00   EMERGENCY   91.00   24.557   0   0   0     28.00   OBSERVATI ON BEDS (DISTINCT   92.01   6.549   0   0   0     27.00   DATA								
22.00   PHYSICAL THERAPY					-			
23. 00		I -			J			
24. 00					-			
25. 00		1			ū			
26. 00 ONCOLOGY CLINIC 90. 03 1, 249 0 0 0 27. 00 EMERGENCY 91. 00 24, 557 0 0 0 27. 00 28. 00 OSSERVATION BEDS (DISTINCT 92. 01 6, 549 0 0 0 28. 00 OSSERVATION BEDS (DISTINCT PART)  29. 00 THERAPILES TO OTHER ENTITIES 194. 22 6, 093 0 0 0 29. 00 TOTALS 544, 435 0 TOTALS 744, 435 TOTAL		1			J			
27.00   EMERGENCY					0			
28.00   BSERVATION BEDS (DISTINCT   92.01   6,549   0   0   0   28.00					0			
PART   THERAPLES TO OTHER ENTITIES   194. 22   6, 093   0   0   0   0					ū			
THERAPLES TO OTHER ENTITIES	28. 00		92. 01	6, 549	0	0		28. 00
TOTALS   X - WASTE DISPOSAL	20.00	1 /	104 22	4 000	0			20.00
1. 00   NEW CAP REL COSTS-BLDG &   1. 00   0   24,526   14   1. 00   1. 00   14   1. 00   1.	29.00		194.22		0			29.00
1.00   NEW CAP REL COSTS-BLDG &   1.00   0   24,526   14       1.00				344, 433				-
FIXT 2.00 MAINTENANCE & REPAIRS 6.00 0 877 0 2.00 4.00 RADIOLOGY-DIAGNOSTIC 54.00 0 9.1 0 4.00 5.00 DRUGS CHARGED TO PATIENTS 73.00 0 4.214 0 5.00 HYSICIAN PRACTICE CLINICS 194.06 0 30.1,100  Y - UTILITIES  1.00 NEW CAP REL COSTS-BLDG & 1.00 0 647 0 3.00 3.00 J& SERVICES-OTHER PRGM 22.00 0 647 0 3.00 3.00 OPERATING ROOM 50.00 0 3.901 0 4.00 5.00 PRENTING ROOM 50.00 0 3.901 0 5.00 4.00 OPERATING ROOM 50.00 0 3.901 0 5.00 5.00 RADIOLOGY-DIAGNOSTIC 54.00 0 3.901 0 5.00 6.00 SLEEP LAB 65.01 0 5.683 0 6.00 6.00 SLEEP LAB 65.01 0 5.683 0 6.00 6.00 PHYSICAL THERAPY 66.00 0 385 0 6.00 6.00 PHYSICAL THERAPY 76.98 0 2.023 0 8.00 6.00 PHYSICAL THERAPY 76.98 0 2.023 0 9.00 6.00 PHYSICIAN PRACTICE CLINICS 194.06 0 18,928 0 9.00 6.00 TOTALS	1 00		1 00	٥	24 526	1./		1 00
2. 00 MAINTENANCE & REPAIRS 6. 00 0 877 0 3. 00 3. 00 HOUSEKEEPING 9. 00 0 270, 957 0 3. 00 4. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 91 0 5. 00 6. 00 DRUGS CHARGED TO PATIENTS 73. 00 0 435 0 5. 00 6. 00 PHYSI CIAN PRACTI CE CLINICS 194. 06 0 301, 100 Y - UTILITIES  1. 00 NEW CAP REL COSTS-BLDG & 1. 00 0 260, 694 14 0 6. 00 3. 00 I&R SERVI CES-OTHER PRGM 22. 00 0 647 0 3. 00 3. 00 OPERATI NG ROOM 50. 00 0 28 0 0 4. 00 5. 00 OPERATI NG ROOM 50. 00 0 3, 901 0 5. 00 5. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 3, 901 0 5. 00 6. 00 PHYSI CLAIT HERAPY 66. 00 0 385 0 0 6. 00 7. 00 PHYSI CLAIT THERAPY 66. 00 0 38, 901 0 5. 00 8. 00 HYPERBARI C OXYGEN THERAPY 76. 98 0 2, 023 0 9. 00 9. 00 PHYSI CLAIT HERAPY 76. 98 0 2, 023 0 9. 00 10. 00 IU HEALTH HOSPICE 194. 11 0 765 0 0 10. 00 IU HEALTH HOSPICE 194. 11 0 765 0 0 10. 00 IU HEALTH HOSPICE 194. 11 0 765 0 0 10. 00 TOTALS	1.00		1.00		24, 320	14		1.00
3. 00 HOUSEKEEPING 9. 00 0 270, 957 0 3. 00 4. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 91 0 5. 00 DRUGS CHARGED TO PATIENTS 73. 00 0 435 0 5. 00 PHYSICIAN PRACTICE CLINICS 194. 06 0 4, 214 0 70 6. 00  Y - UTILITIES  1. 00 NEW CAP REL COSTS-BLDG & 1. 00 0 260, 694 14 14 1. 00 FIXT  2. 00 MAINTENANCE & REPAIRS 6. 00 0 144 0 0 2. 00 3. 00 I&R SERVICES-OTHER PRGM 22. 00 0 647 0 3. 00 COSTS APPRVD  4. 00 OPERATING ROOM 50. 00 3, 901 0 5. 00 5. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 3, 901 0 5. 00 6. 00 SLEEP LAB 65. 01 0 5, 683 0 6. 00 7. 00 PHYSI CAL THERAPY 66. 00 0 385 0 7. 00 8. 00 HYPERBARI C OXYGEN THERAPY 76. 98 0 2, 023 0 8. 00 9. 00 PHYSI CI AN PRACTICE CLINICS 194. 06 0 18, 928 0 10. 00 IU HEALTH HOSPICE 194. 11 0 765 0 10. 00 1U HEALTH HOSPICE 194. 11 0 765 0 10. 00 1U HEALTH HOSPICE 194. 11 0 765 0 10. 00 1U HEALTH HOSPICE 194. 11 0 765 0 10. 00 10 1U HEALTH HOSPICE 194. 11 0 765 0 10. 00 10 1U HEALTH HOSPICE 194. 11 0 765 0 10. 00 10 10 10 10 10 10 10 10 10 10 10 10 10 1	2 00	1	6 00	0	877	0		2 00
4. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 91 0 5. 00 DRUGS CHARGED TO PATI ENTS 73. 00 0 435 0 5. 00 6. 00 PHYSI CI AN PRACTI CE CLINICS 194. 06 0 301. 100 Y - UTI LITIES  1. 00 NEW CAP REL COSTS-BLDG & 1. 00 0 260, 694 14 0 1. 00 2. 00 1. 00		1				_		
S. 00   DRUGS CHARGED TO PATIENTS   73.00   0   435   0   6.00		1		· ·				
6.00 PHYSICIAN PRACTICE CLINICS 194.06 0 4,214 0 1 6.00 TOTALS 0 301,100 Y - UTILITIES 1.00 NEW CAP REL COSTS-BLDG & 1.00 0 260,694 14 14 1 1.00 FIXT 1.00 MAINTENANCE & REPAIRS 6.00 0 14 0 2.00 3.00 1&R SERVICES-OTHER PRGM 22.00 0 647 0 3.00 COSTS APPRVD 1.00 PERATING ROOM 50.00 0 28 0 0 3.00 COSTS APPRVD 1.00 PERATING ROOM 50.00 0 3,901 0 5.00 6.00 SLEEP LAB 65.01 0 5,683 0 6.00 7.00 PHYSICAL THERAPY 66.00 0 385 0 7.00 PHYSICAL THERAPY 76.98 0 2,023 0 8.00 PHYSICIAN PRACTICE CLINICS 194.06 0 18,928 0 9.00 10.00 IU HEALTH HOSPICE 194.11 0 765 0 10.00 IU HEALTH HOSPICE 194.11 0 765 0 10.00 IU HEALTH HOSPICE 194.11 0 293,068		1		o		0		
TOTALS Y - UTILITIES  1. 00 NEW CAP REL COSTS-BLDG & 1. 00 0 260, 694 14 14 14 1. 00  2. 00		1				l .		
1.00   NEW CAP REL COSTS-BLDG &   1.00     260,694   14     1.00								
FIXT  2. 00 MAINTENANCE & REPAIRS 6. 00 0 14 0 2. 00 3. 00 I &R SERVICES-OTHER PRGM 22. 00 0 647 0 3. 00  COSTS APPRVD  4. 00 OPERATING ROOM 50. 00 0 28 0 4. 00 5. 00 RADIOLOGY-DIAGNOSTIC 54. 00 0 3, 901 0 5. 00 6. 00 SLEEP LAB 65. 01 0 5, 683 0 6. 00 7. 00 PHYSI CAL THERAPY 66. 00 0 385 0 7. 00 8. 00 HYPERBARIC OXYGEN THERAPY 76. 98 0 2, 023 0 8. 00 9. 00 PHYSI CIAN PRACTICE CLINICS 194. 06 0 18, 928 0 9. 00 10. 00 IU HEALTH HOSPICE 194. 11 0 765 0 10. 00 TOTALS 0 293, 068		Y - UTILITIES	•					
2.00 MAINTENANCE & REPAIRS 6.00 0 14 0 3.00    1 &R SERVI CES-OTHER PRGM 22.00 0 647 0 3.00    COSTS APPRVD	1.00	NEW CAP REL COSTS-BLDG &	1.00	0	260, 694	14		1. 00
3.00   L&R SERVICES-OTHER PRGM   22.00   0   647   0   3.00   4.00   OPERATING ROOM   50.00   0   28   0   4.00   5.00   RADIOLOGY-DIAGNOSTIC   54.00   0   3,901   0   5.00   6.00   SLEEP LAB   65.01   0   5,683   0   6.00   7.00   PHYSICAL THERAPY   66.00   0   385   0   7.00   8.00   HYPERBARIC OXYGEN THERAPY   76.98   0   2,023   0   8.00   9.00   PHYSICIAN PRACTICE CLINICS   194.06   0   18,928   0   9.00   10.00   U HEALTH HOSPICE   194.11   0   765   0   TOTALS   0   293,068		FIXT						
COSTS APPRVD 4. 00 OPERATI NG ROOM 50. 00 0 28 0 5. 00 4. 00 5. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 3, 901 0 5. 00 6. 00 SLEEP LAB 65. 01 0 5, 683 0 66. 00 7. 00 PHYSI CAL THERAPY 66. 00 385 0 7. 00 8. 00 HYPERBARI C OXYGEN THERAPY 76. 98 0 2, 023 0 8. 00 9. 00 PHYSI CI AN PRACTI CE CLI NI CS 194. 06 0 18, 928 0 9. 00 10. 00 U HEALTH HOSPI CE 194. 11 0 765 0 10. 00 TOTALS 0 293, 068	2.00	MAINTENANCE & REPAIRS	6. 00	0	14	0		2. 00
4.00       OPERATING ROOM       50.00       0       28       0       4.00         5.00       RADI OLOGY-DI AGNOSTI C       54.00       0       3,901       0       5.00         6.00       SLEEP LAB       65.01       0       5,683       0       6.00         7.00       PHYSI CAL THERAPY       66.00       0       385       0       7.00         8.00       HYPERBARI C OXYGEN THERAPY       76.98       0       2,023       0       8.00         9.00       PHYSI CI AN PRACTI CE CLI NI CS       194.06       0       18,928       0       9.00         10.00       IU HEALTH HOSPI CE       194.11       0       765       0       0         TOTALS       0       293,068       0       10.00	3.00		22. 00	0	647	0		3. 00
5. 00     RADI OLOGY-DI AGNOSTI C     54. 00     0     3, 901     0     5. 00       6. 00     SLEEP LAB     65. 01     0     5, 683     0     6. 00       7. 00     PHYSI CAL THERAPY     66. 00     0     385     0     7. 00       8. 00     HYPERBARI C OXYGEN THERAPY     76. 98     0     2, 023     0     8. 00       9. 00     PHYSI CI AN PRACTI CE CLI NI CS     194. 06     0     18, 928     0     9. 00       10. 00     IU HEALTH HOSPI CE     194. 11     0     765     0     0       TOTALS     0     293, 068     0     10. 00								
6.00   SLEEP LAB   65.01   0   5,683   0   6.00   7.00   PHYSI CAL THERAPY   66.00   0   385   0   7.00   8.00   HYPERBARI C OXYGEN THERAPY   76.98   0   2,023   0   8.00   9.00   PHYSI CI AN PRACTI CE CLI NI CS   194.06   0   18,928   0   9.00   10.00   10   HEALTH   HOSPI CE   194.11   0   765   0   10.00   10.00   10   10   10   10						l .		1
7. 00 PHYSI CAL THERAPY 66. 00 0 385 0 7. 00 8. 00 HYPERBARI C OXYGEN THERAPY 76. 98 0 2, 023 0 8. 00 9. 00 PHYSI CI AN PRACTI CE CLI NI CS 194. 06 0 18, 928 0 9. 00 10. 00 IU HEALTH HOSPI CE 194. 11 0 765 0 10. 00 TOTALS 0 293, 068				0	3, 901	١		1
8. 00 HYPERBARI C OXYGEN THERAPY 76. 98 0 2, 023 0 8. 00 9. 00 PHYSI CI AN PRACTI CE CLI NI CS 194. 06 0 18, 928 0 9. 00 10. 00 IU HEALTH HOSPI CE 194. 11 0 765 0 10. 00 TOTALS 0 293, 068			1	0		· ·		1
9. 00 PHYSICIAN PRACTICE CLINICS 194. 06 0 18, 928 0 9. 00 10. 00 IU HEALTH HOSPICE 194. 11 0 765 0 TOTALS 0 293, 068				٩				1
10. 00   <u>I U HEALTH HOSPICE</u>					· ·			1
TOTALS 0 293, 068				0				1
	10.00		194. 11	0				10.00
500.00   Grand Total: Decreases   5, 971, 105   71, 711, 267     500.00								
	500. 00	Grand Total: Decreases		5, 971, 105	71, 711, 267			500. 00

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lieu of Form CMS-2552-10
DECONCLLIATION OF CADITAL COSTS CENTERS	Provider CCN: 150089 Pa	arind: Workshoot A-7

From 01/01/2014 Part I 12/31/2014 Date/Time Prepared: 5/26/2015 1:44 pm Acqui si ti ons Begi nni ng Total Purchases Donati on Di sposal s and Bal ances Retirements 2.00 3.00 4. 00 1 00 5 00 PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 1.00 2, 924, 410 0 2.00 Land Improvements 4, 502, 686 104, 964 2.00 0 3.00 260, 542, 361 8, 818, 357 8, 818, 357 3.00 Buildings and Fixtures 0 0 4.00 Building Improvements 5, 262, 164 1, 512, 091 1, 512, 091 4.00 5.00 Fixed Equipment 29, 991, 268 10, 374, 217 5.00 0 6.00 Movable Equipment 139, 062, 947 5, 628, 640 5, 628, 640 6.00 0 0 7.00 HIT designated Assets 0 7.00 0 8.00 Subtotal (sum of lines 1-7) 442, 285, 836 15, 959, 088 15, 959, 088 10, 479, 181 8.00 9.00 Reconciling Items 0 9.00 1<u>0, 479, 181</u> Total (line 8 minus line 9) 442, 285, 836 15, 959, 088 15, 959, 088 10.00 10.00 Endi ng Bal ance Fully Depreciated Assets 6.00 7.00 PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 1.00 Land 2, 924, 410 1.00 2.00 Land Improvements 4, 397, 722 0 2. 00 269, 360, 718 3.00 0 3.00 Buildings and Fixtures 0 4.00 Building Improvements 6, 774, 255 4.00 5.00 Fixed Equipment 19, 617, 051 0 5.00 6.00 Movable Equipment 144, 691, 587 0 6.00 7.00 0 7.00 HIT designated Assets Subtotal (sum of lines 1-7) 8.00 447, 765, 743 0 8.00 9.00 Reconciling Items 9.00 10.00 Total (line 8 minus line 9) 447, 765, 743 10.00

Heal th	Financial Systems	BALL MEMORIA	L HOSPITAL		In Lie	u of Form CMS-2	2552-10
RECONG	CILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 150089	Peri od:	Worksheet A-7	
					From 01/01/2014 To 12/31/2014		narod:
					10 12/31/2014	5/26/2015 1:4	
			SU	IMMARY OF CAP	PI TAL		
					1.		
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see		
		9.00	10.00	11, 00	instructions) 12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORK				12.00	13.00	
1.00	NEW CAP REL COSTS-BLDG & FIXT	19, 289, 194			0 0	0	1. 00
3.00	Total (sum of lines 1-2)	19, 289, 194	570, 032		0 0	0	3. 00
		SUMMARY OF	F CAPITAL				
	Cost Center Description		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 WORK	KSHEET A, COLUM	N 2, LINES 1 a	nd 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	1, 034, 339	20, 893, 565				1. 00
3.00	Total (sum of lines 1-2)	1, 034, 339	20, 893, 565				3. 00

Heal th	Financial Systems	BALL MEMORIA	L HOSPITAL		In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS			Provi der		Period: From 01/01/2014 To 12/31/2014	Worksheet A-7 Part III Date/Time Prep 5/26/2015 1:44	
		COME	PUTATION OF RAT	TI OS	ALLOCATION OF	OTHER CAPITAL	
	Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col 2)	instructions)	Insurance	
		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	447, 765, 744	l e				1. 00
3.00	Total (sum of lines 1-2)	447, 765, 744		447, 765, 74			3. 00
		ALLOCA	TION OF OTHER (	CAPITAL	SUMMARY C	F CAPITAL	
	Cost Center Description	Taxes	0ther	Total (sum of	Depreciation	Lease	
			Capi tal -Relate				
			d Costs	through 7)			
		6. 00	7. 00	8. 00	9. 00	10. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS CE	ENTERS					
1.00	NEW CAP REL COSTS-BLDG & FLXT	0	0		0 21, 084, 029	·	1. 00
3.00	Total (sum of lines 1-2)	0	0		0 21, 084, 029	570, 032	3. 00
			SL	JMMARY OF CAPI	TAL		
	Cost Center Description	Interest	Insurance (see	Taxes (see	Other	Total (2) (sum	
			instructions)	instructions)	Capi tal -Rel ate	of cols. 9	
					d Costs (see	through 14)	
					instructions)		
		11. 00	12. 00	13. 00	14. 00	15. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS CE						
1.00	NEW CAP REL COSTS-BLDG & FLXT	148, 835			95, 376		1.00
3.00	Total (sum of lines 1-2)	148, 835	384, 274		0 95, 376	22, 282, 546	3.00

| Peri od: | Worksheet A-8 | From 01/01/2014 | To 12/31/2014 | Date/Time Prepared: Provider CCN: 150089

				T	o 12/31/2014	Date/Time Prep 5/26/2015 1:44	
	,			Expense Classification on		3/20/2013 1.42	+ piii
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description		Amount	Cost Center		Wkst. A-7 Ref.	
1. 00	Investment income - NEW CAP	1.00	2.00	3.00 NEW CAP REL COSTS-BLDG &	4. 00 1. 00	5. 00 0	1. 00
	REL COSTS-BLDG & FLXT (chapter			FIXT			
2. 00	2) Investment income - CAP REL		0	  *** Cost Center Deleted ***	2. 00	0	2. 00
	COSTS-MVBLE EQUIP (chapter 2)						0.00
3. 00	Investment income - other (chapter 2)		0		0. 00	0	3. 00
4.00	Trade, quantity, and time		0		0. 00	o	4. 00
5. 00	discounts (chapter 8) Refunds and rebates of		0		0. 00	o	5. 00
4 00	expenses (chapter 8)		0		0.00		4 00
6. 00	Rental of provider space by suppliers (chapter 8)		0		0. 00	0	6. 00
7. 00	Telephone services (pay stations excluded) (chapter		0		0. 00	0	7. 00
	21)						
8. 00	Television and radio service (chapter 21)		0		0.00	0	8. 00
9. 00	Parking Lot (chapter 21)		0		0.00	0	9. 00
10. 00	Provider-based physician adjustment	A-8-2	-1, 725, 864			0	10. 00
11. 00	Sale of scrap, waste, etc.		0		0.00	0	11. 00
12. 00	(chapter 23) Related organization	A-8-1	47, 917, 345			0	12. 00
	transactions (chapter 10)	A 0 1	47, 717, 545			Ĭ	
13. 00 14. 00	Laundry and linen service Cafeteria-employees and guests		0		0. 00 0. 00	0	13. 00 14. 00
15. 00	Rental of quarters to employee	1	0		0.00	0	15. 00
16. 00	and others Sale of medical and surgical		0		0. 00	0	16. 00
10.00	supplies to other than		· ·		0.00	J	10.00
17. 00	patients Sale of drugs to other than		0		0. 00	0	17. 00
	patients						
18. 00	Sale of medical records and abstracts		0		0. 00	0	18. 00
19. 00	Nursing school (tuition, fees,		0		0. 00	О	19. 00
20. 00	books, etc.) Vending machines		0		0.00	0	20. 00
21. 00	Income from imposition of		0		0. 00	О	21. 00
	interest, finance or penalty charges (chapter 21)						
22. 00	Interest expense on Medicare overpayments and borrowings to		0		0. 00	0	22. 00
	repay Medicare overpayments						
23. 00	Adjustment for respiratory therapy costs in excess of	A-8-3	0	RESPIRATORY THERAPY	65. 00		23. 00
	limitation (chapter 14)						
24. 00	Adjustment for physical therapy costs in excess of	A-8-3	0	PHYSICAL THERAPY	66. 00		24. 00
05.00	limitation (chapter 14)				444.00		05.00
25. 00	Utilization review - physicians' compensation		0	*** Cost Center Deleted ***	114. 00		25. 00
000	(chapter 21)			NEW 015 551 00070 5150 1			0.4.00
26. 00	Depreciation - NEW CAP REL COSTS-BLDG & FLXT			NEW CAP REL COSTS-BLDG & FLXT	1. 00	0	26. 00
27. 00	Depreciation - CAP REL		0	*** Cost Center Deleted ***	2. 00	О	27. 00
28. 00	COSTS-MVBLE EQUIP Non-physician Anesthetist		0	*** Cost Center Deleted ***	19. 00		28. 00
29. 00	Physicians' assistant	4.0.2	0	OCCUPATIONAL THERAPY	0.00	0	29. 00
30. 00	Adjustment for occupational therapy costs in excess of	A-8-3	0	OCCUPATI ONAL THERAPY	67. 00		30. 00
30. 99	limitation (chapter 14) Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30. 00		30. 99
	instructions)						
31. 00	Adjustment for speech pathology costs in excess of	A-8-3	0	SPEECH PATHOLOGY	68. 00		31. 00
0.5	limitation (chapter 14)						
32. 00	CAH HIT Adjustment for Depreciation and Interest		0		0. 00	0	32. 00
		. '				. '	

Health Financial Systems
ADJUSTMENTS TO EXPENSES Peri od: Worksheet A-8 From 01/01/2014 Peri of: Prop. 12/21/2014 Peri of: Prop. Prop Provider CCN: 150089

Expense Classification on Worksheet A To/From Winich the Amount is to be Adjusted   To/From Winich the Amount is
Cost Center Description
1.00   2.00   3.00   4.00   5.00   9   33   33   30   8   5.00   9   33   34   35   35   35   35   35   35
1.00   2.00   3.00   4.00   5.00   9   33   33   30   8   5.00   9   33   34   35   35   35   35   35   35
33
FIXT
15. 00   MISC   NCOME   B   -86,300   COMMUNICATIONS   5. 01   0. 35.
37.00   MISC   INCOME   B   -28, 630   ADMITTING   5.04   0   37.
38.00   MISC INCOME
SEMERAL
A0. 00
A1. 00
43.00
44.00   MI SC I INCOME
45. 00 MI SC INCOME B -515, 321 PHARMACY 15, 00 0 45. 45. 01 MI SC INCOME B -230, 269   &R SERVICES-OTHER PRGM 22. 00 0 45. 45. 02 MI SC INCOME B -700, 740 ADULTS & PEDIATRICS 30, 00 0 45. 45. 03 MI SC INCOME B -190, 130 OPERATING ROOM 50, 00 0 45. 45. 04 MI SC INCOME B -770, 906 RADIOLOGY-DIAGNOSTIC 54, 00 0 45. 45. 05 MI SC INCOME B -770, 906 RADIOLOGY-DIAGNOSTIC 54, 00 0 45. 45. 06 MI SC INCOME B -770, 906 RADIOLOGY-DIAGNOSTIC 54, 00 0 45. 45. 07 MI SC INCOME B -770, 906 RADIOLOGY-DIAGNOSTIC 54, 00 0 45. 45. 08 MI SC INCOME B -770, 906 RADIOLOGY-DIAGNOSTIC 54, 00 0 45. 45. 07 MI SC INCOME B -770, 906 RADIOLOGY-DIAGNOSTIC 54, 00 0 45. 45. 08 MI SC INCOME B -770, 906 RADIOLOGY-DIAGNOSTIC 55, 00 0 45. 45. 09 MI SC INCOME B -109, 257 SLEEP LAB 65, 01 0 45. 45. 09 MI SC INCOME B -324, 667 PMIS CALL THERAPY 65, 00 0 45. 45. 10 MI SC INCOME B -324, 667 PMIS CALL THERAPY 67, 00 0 45. 45. 11 MI SC INCOME B -324, 667 PMIS CALL THERAPY 67, 00 0 45. 45. 12 MI SC INCOME B -780, 901 SPEECH PATHOLOGY 68, 00 0 45. 45. 13 MI SC INCOME B -40, 040 ELECTROCARDIOLOGY 68, 00 0 45. 45. 14 MI SC INCOME B -40, 040 ELECTROCARDIOLOGY 69, 00 0 45. 45. 15 MI SC INCOME B -40, 040 ELECTROCARDIOLOGY 69, 00 0 45. 45. 16 EMPLOYEE BENEFITS OFFSET A -19, 580, 647 EMPLOYEE BENEFITS DEPARTMENT 4, 00 0 45. 45. 16 EMPLOYEE BENEFITS OFFSET A -19, 580, 647 EMPLOYEE BENEFITS DEPARTMENT 4, 00 0 45. 45. 17 INTEREST EXPENSE A -3, 398, 373 NEW CAP REL COSTS-BLDG & 1, 00 9 45. 45. 18 BLACKFORD HOSPITAL OPERATING A 15, 070, 144 BLACKFORD COMMUNITY HOSPITAL 194. 26 0 45. 45. 19 TV DEPRECIATION A -4.24 NEW CAP REL COSTS-BLDG & 1, 00 9 45. 45. 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
A5. 02   MISC   INCOME   B   -700, 740   ADULTS & PEDI ATRI CS   30. 00   0   45.
45. 02 MI SC I NCOME B -700, 740 ADJULTS & PEDI ATRI CS 30. 00 0 45. 45. 03 MI SC I NCOME B -770, 906 RADI OLOGY-DI AGNOSTI C 54. 00 0 45. 45. 05 MI SC I NCOME B -770, 906 RADI OLOGY-DI AGNOSTI C 54. 00 0 45. 45. 05 MI SC I NCOME B -770, 906 RADI OLOGY-DI AGNOSTI C 54. 00 0 45. 45. 06 MI SC I NCOME B -770, 906 RADI OLOGY-DI AGNOSTI C 54. 00 0 45. 45. 07 MI SC I NCOME B -74, 585 CT SCAN 57. 00 0 45. 45. 08 MI SC I NCOME B -4.996 REPI RATORY THERAPY 65. 00 0 45. 45. 08 MI SC I NCOME B -109, 257 SLEEP LAB 65. 01 0 45. 45. 09 MI SC I NCOME B -109, 257 SLEEP LAB 65. 01 0 45. 45. 10 MI SC I NCOME B -111, 666 DECUPATI ONAL THERAPY 67. 00 0 45. 45. 11 MI SC I NCOME B -740, 040 ELECTROCARDI OLOGY 68. 00 0 45. 45. 12 MI SC I NCOME B -400, 040 ELECTROCARDI OLOGY 69. 00 0 45. 45. 13 MI SC I NCOME B -71, 385 CARDI AC REHABI LI TATI ON 76. 97 0 45. 45. 14 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
45. 04 MI SC INCOME  45. 05 MI SC INCOME  45. 06 MI SC INCOME  46. 06 MI SC INCOME  46. 06 MI SC INCOME  46. 07 MI SC INCOME  47. 08 MI SC INCOME  48. 08 MI SC INCOME  48. 08 MI SC INCOME  49. 09 MI SC INCOME  49. 09 MI SC INCOME  40. 00 MI
45. 05 MI SC I NCOME  45. 06 MI SC I NCOME  45. 07 MI SC I NCOME  45. 08 MI SC I NCOME  45. 08 MI SC I NCOME  45. 08 MI SC I NCOME  45. 09 MI SC I NCOME  46. 00 MI SC I NCOME  47. 00 MI SC I NCOME  48. 00 MI SC I NCOME  49. 00 MI SC I NCOME
45. 06 MI SC I NCOME  45. 07 MI SC I NCOME  45. 08 MI SC I NCOME  45. 08 MI SC I NCOME  45. 09 MI SC I NCOME  46. 00 0 45.  45. 10 MI SC I NCOME  45. 11 MI SC I NCOME  45. 11 MI SC I NCOME  45. 12 MI SC I NCOME  45. 12 MI SC I NCOME  45. 14 MI SC I NCOME  45. 14 MI SC I NCOME  45. 15 MI SC I NCOME  45. 16 MI SC I NCOME  45. 17 MI SC I NCOME  45. 18 B A -40, 040 ELECTROCARDI OLOGY  45. 16 EMPLOYEE BENEFI TS OFFSET  46. 16 EMPLOYEE BENEFI TS OFFSET  47. 18 BLACKFORD HOSPI TAL OPERATING  45. 18 BLACKFORD HOSPI TAL OPERATING  45. 19 TV DEPRECIATION  46. 00  47. 00  47. 00  48. 00  49. 00  40. 00  40. 00  40. 00  40. 00  40. 00  40. 00  40
45. 08 MI SC I NCOME B -109, 257 SLEEP LAB 65. 01 0 45. 45. 09 MI SC I NCOME B -324, 667 PHYSI CAL THERAPY 66. 00 0 45. 45. 10 MI SC I NCOME B -111, 666 OCCUPATI ONAL THERAPY 67. 00 0 45. 45. 11 MI SC I NCOME B -85, 091 SPEECH PATHOLOGY 68. 00 0 45. 45. 12 MI SC I NCOME B -40, 040 ELECTROCARDI OLOGY 69. 00 0 45. 45. 13 MI SC I NCOME B -402, 097 HOSPI TAL BASED RETAI L 73. 01 0 45. 45. 13 MI SC I NCOME B -17, 385 CARDI AC REHABI LI TATI ON 76. 97 0 45. 45. 16 EMPLOYEE BENEFI TS OFFSET A -19, 580, 647 EMPLOYEE BENEFI TS DEPARTMENT 4. 00 0 45. 45. 17 INTEREST EXPENSE A -3, 398, 373 NEW CAP REL COSTS-BLDG & 1. 00 9 45. 45. 18 BLACKFORD HOSPI TAL OPERATING EXPENSE A -4, 254 NEW CAP REL COSTS-BLDG & 1. 00 11 45. 17 TO DEPRECIATI ON A -4, 254 NEW CAP REL COSTS-BLDG & 1. 00 11 45. 17 TO DEPRECIATI ON A -4, 254 NEW CAP REL COSTS-BLDG & 1. 00 11 45. 17 TO DEPRECIATION A -4, 254 NEW CAP REL COSTS-BLDG & 1. 00 11 45. 18 CORPORATE TELEPHONE A -6, 094 OTHER ADMINI STRATI VE AND 5. 06 0 45. 18 CORPORATE TELEPHONE A -6, 094 OTHER ADMINI STRATI VE AND 5. 06 0 45. 18 CORPORATE TELEPHONE A -6, 094 OTHER ADMINI STRATI VE AND 5. 06 0 45. 18 CORPORATE TELEPHONE A -6, 094 OTHER ADMINI STRATI VE AND 5. 06 0 45. 19 CORPORATE TELEPHONE A -6, 094 OTHER ADMINI STRATI VE AND 5. 06 0 45. 19 CORPORATE TELEPHONE A -6, 094 OTHER ADMINI STRATI VE AND 5. 06 0 45. 19 CORPORATE TELEPHONE A -6, 094 OTHER ADMINI STRATI VE AND 5. 06 0 45. 19 CORPORATE TELEPHONE A -6, 094 OTHER ADMINI STRATI VE AND 5. 06 0 45. 19 CORPORATE TELEPHONE A -6, 094 OTHER ADMINI STRATI VE AND 5. 06 0 45. 19 CORPORATE TELEPHONE A -6, 094 OTHER ADMINI STRATI VE AND 5. 06 0 45. 19 CORPORATE TELEPHONE A -6, 094 OTHER ADMINI STRATI VE AND 5. 06 0 45. 19 CORPORATE TELEPHONE A -6, 094 OTHER ADMINI STRATI VE AND 5. 06 0 45. 19 CORPORATE TELEPHONE A -6, 094 OTHER ADMINI STRATI VE AND 5. 06 0 45. 19 CORPORATE TELEPHONE A -6, 094 OTHER ADMINI STRATI VE AND 5. 06 0 45. 19 CORPORATE TELEPHONE A -6, 094 OTHER ADMINI STRATI VE AND 5. 06 0 45. 19 CORPORATE TELEPHONE A -70 CORPORATE TELEPHON
45. 09
45. 10 MI SC I NCOME  45. 11 MI SC I NCOME  45. 12 MI SC I NCOME  45. 12 MI SC I NCOME  45. 13 MI SC I NCOME  45. 14 MI SC I NCOME  45. 15 MI SC I NCOME  45. 16 EMPLOYEE BENEFITS OFFSET  45. 17 INTEREST EXPENSE  45. 18 BLACKFORD HOSPITAL OPERATING EXPENSE  45. 19 TV DEPRECIATION  A -4, 254 NEW CAP REL COSTS-BLDG & 1.00 11 45. FIXT  45. 20 45. 21 CORPORATE TELEPHONE  B -111, 666 OCCUPATIONAL THERAPY  67. 00 0 45. 45. 00 45. 00 45. 00 45. 00 0 45. 00 0 0 0 45. 00 0 0 45. 00 0 0 0 45. 00 0 0 0 45. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
45. 12 MI SC I NCOME B -40, 040 ELECTROCARDI OLOGY 69. 00 0 45. 45. 13 MI SC I NCOME B -402, 097 HOSPI TAL BASED RETAIL 73. 01 0 45. 45. 14 0 0 0 0 0 45. 45. 15 MI SC I NCOME B -17, 385 CARDI AC REHABI LI TATI ON 76. 97 0 45. 45. 16 EMPLOYEE BENEFI TS OFFSET A -19, 580, 647 EMPLOYEE BENEFI TS DEPARTMENT 4. 00 0 45. 45. 17 INTEREST EXPENSE A -3, 398, 373 NEW CAP REL COSTS-BLDG & 1. 00 9 45. 45. 18 BLACKFORD HOSPI TAL OPERATI NG EXPENSE A 15, 070, 144 BLACKFORD COMMUNI TY HOSPI TAL 194. 26 0 45. 45. 19 TV DEPRECIATION A -4, 254 NEW CAP REL COSTS-BLDG & 1. 00 11 45. 45. 20 CORPORATE TELEPHONE A -6, 094 OTHER ADMI NI STRATI VE AND 5. 06 0 45.
45. 13 MI SC I NCOME  B
A5. 14
45. 15 MI SC I NCOME  45. 16 EMPLOYEE BENEFITS OFFSET  45. 17 INTEREST EXPENSE  45. 18 BLACKFORD HOSPITAL OPERATING EXPENSE  45. 19 TV DEPRECIATION  A 15, 070, 144 BLACKFORD COMMUNITY HOSPITAL  A 15, 070, 070, 070, 070, 070, 070, 070, 07
45. 16 EMPLOYEE BENEFITS OFFSET A -19, 580, 647 EMPLOYEE BENEFITS DEPARTMENT 4. 00 0 45. 45. 17 INTEREST EXPENSE A -3, 398, 373 NEW CAP REL COSTS-BLDG & 1. 00 9 45. 45. 18 BLACKFORD HOSPITAL OPERATING A 15, 070, 144 BLACKFORD COMMUNITY HOSPITAL 194. 26 0 45. 45. 19 TV DEPRECIATION A -4, 254 NEW CAP REL COSTS-BLDG & 1. 00 11 45. 45. 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
45. 18 BLACKFORD HOSPITAL OPERATING EXPENSE 45. 19 TV DEPRECIATION  A 15, 070, 144 BLACKFORD COMMUNITY HOSPITAL 194. 26 0 45. 19 TV DEPRECIATION  A -4, 254 NEW CAP REL COSTS-BLDG & 1. 00 11 45. 19 TY
45. 18 BLACKFORD HOSPITAL OPERATING EXPENSE TV DEPRECIATION A 15, 070, 144 BLACKFORD COMMUNITY HOSPITAL 194. 26 0 45. 45. 19 TV DEPRECIATION A -4, 254 NEW CAP REL COSTS-BLDG & 1. 00 11 45. 45. 20 45. 20 45. 21 CORPORATE TELEPHONE A -6, 094 OTHER ADMINISTRATIVE AND 5. 06 GENERAL
45. 19 TV DEPRECIATION A -4, 254 NEW CAP REL COSTS-BLDG & 1. 00 11 45.  45. 20 0 0 0. 00 0 45.  45. 21 CORPORATE TELEPHONE A -6, 094 OTHER ADMINISTRATIVE AND GENERAL 5. 06 GENERAL
45. 20 45. 21 CORPORATE TELEPHONE A FIXT 0.00 0.00 0.45. GENERAL 0.00 0.00 0.45.
45. 21 CORPORATE TELEPHONE A -6, 094 OTHER ADMINISTRATIVE AND 5. 06 0 45.
GENERAL
45. 24 NON-ALLOWABLE PATIENT A -73 HOUSEKEEPING 9. 00 0 45.
REIMBURSEMENT
REIMBURSEMENT
45. 26 NON-ALLOWABLE PATIENT A -13, 752 OTHER ADMINISTRATIVE AND 5. 06 0 45. REIMBURSEMENT GENERAL
45. 27 MISC INCOME B -24 INTENSIVE CARE UNIT 31. 00 0 45.
45. 28 MISC INCOME B -21, 738 NEONATAL INTENSIVE CARE UNIT 32. 00 0 45.
45. 29 MISC INCOME B -2,573 SUBPROVIDER - IRF 41. 00 0 45. 45. 30 MISC INCOME B -1,062 DELIVERY ROOM & LABOR ROOM 52. 00 0 45.
45. 31 MISC INCOME B -31, 124 CARDIAC CATHETERIZATION 59. 00 0 45.
45. 32 MISC INCOME B -5, 306 EMERGENCY 91. 00 0 45.
45. 33   MISC INCOME   B   -19 OBSERVATION BEDS (DISTINCT   92. 01   0   45.   PART)
45. 34 HAF FEES A -20, 100, 496 OTHER ADMINI STRATI VE AND 5. 06 0 45.
GENERAL
45. 36 NON-ALLOWABLE MARKETING A -50 RADIOLOGY-DIAGNOSTIC 54. 00 0 45. 50. 00   TOTAL (sum of lines 1 thru 49) 5, 561, 508   50.
(Transfer to Worksheet A,
column 6, line 200.)  (1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

<sup>(1)</sup> Description - all chapter references in this column pertain to CMS Pub. 15-1.

<sup>(2)</sup> Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

Health Financial Systems		BALL MEMORIA	AL HOSP	PI TAL		In Lie	eu of Form CMS-2	2552-10
ADJUSTMENTS TO EXPENSES			F	Provi der (	CCN: 150089	Peri od:	Worksheet A-8	
				_		From 01/01/2014 To 12/31/2014	Date/Time Pre 5/26/2015 1:4	
			Exp	ense CL as	sification (	on Worksheet A		
			To/Fro	om Which	the Amount i	s to be Adjusted		
Cost Center Description	Basi s/Code (2)	Amount		Cost C	enter	Li ne #	Wkst. A-7 Ref.	
	1.00	2. 00		3. 0	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.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME
OFFICE COSTS

Provider CCN: 150089
Period:
From 01/01/2014
To 12/31/2014

Date/Time Prepared
5/26/2015 1: 44 pm

				lo 12/31/2014	Date/lime Pre 5/26/2015 1:4	
	Li ne No.	Cost Center	Expense Items	Amount of	Amount	
			,	Allowable Cost	Included in	
					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 OR	GANIZATIONS OR	CLAI MED	
	HOME OFFICE COSTS:					
1.00	l control of the cont	NEW CAP REL COSTS-BLDG & FIX	l .	8, 159, 350	1, 551, 867	1.00
2.00		EMPLOYEE BENEFITS DEPARTMENT	l .	17, 336, 475	313, 525	2.00
3.00			HOME OFFICE	11, 600, 927	0	3.00
4.00	1	OTHER ADMINISTRATIVE AND GEN		31, 153, 290	18, 142, 358	4.00
4. 01	1		HOME OFFICE	373, 231	373, 231	4. 01
4. 02	l control of the cont	I&R SERVICES-OTHER PRGM COST	l e e e e e e e e e e e e e e e e e e e	1, 540, 381	1, 865, 328	4. 02
4.03	30.00	ADULTS & PEDIATRICS	HOME OFFICE	1, 804	1, 804	4. 03
4.04	41.00	SUBPROVIDER - IRF	HOME OFFICE	481, 098	481, 098	4.04
4.05	50.00	OPERATING ROOM	HOME OFFICE	477, 871	477, 871	4. 05
4.06	54. 00	RADI OLOGY-DI AGNOSTI C	RELATED PARTY	1, 589, 927	1, 589, 927	4.06
4.07	60.00	LABORATORY	RELATED PARTY	10, 466, 696	10, 466, 696	4. 07
4.08	65. 01	SLEEP LAB	RELATED PARTY	303, 549	303, 549	4. 08
4.09	66. 00	PHYSI CAL THERAPY	RELATED PARTY	285, 034	285, 034	4. 09
4.10	69. 00	ELECTROCARDI OLOGY	RELATED PARTY	7, 512	7, 512	4. 10
4. 11	73. 01	HOSPITAL BASED RETAIL PHARMA	RELATED PARTY	171, 248	171, 248	4. 11
4. 12	91. 00	EMERGENCY	RELATED PARTY	1, 034, 040	1, 034, 040	4. 12
4.13	0.00			0	0	4. 13
4.14	0.00			0	0	4. 14
4. 15	0.00			0	0	4. 15
4. 16	0.00			0	0	4. 16
4. 17	0.00			0	0	4. 17
4. 18	0.00			0	0	4. 18
4. 19	0.00			0	0	4. 19
5.00	0		0	84, 982, 433	37, 065, 088	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 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) a	nd/or Home Office	
Symbol (1)	Name	Percentage of	Name	Percentage of	
		Ownershi p		Ownershi p	
1. 00	2. 00	3. 00	4. 00	5. 00	
B. INTERRELATIONSHIP TO RELAT	ED ORGANIZATION(S) AND/OR HO	ME OFFICE:			
	11.00	1.00 2.00	Symbol (1) Name Percentage of Ownership	Symbol (1) Name Percentage of Ownership 1.00 2.00 3.00 4.00	Ownershi p         Ownershi p           1.00         2.00         3.00         4.00         5.00

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.

6.00	В	0. 00 I U HEALTH 100	. 00	6. 00
7.00		0.00	. 00	7.00
8.00		0.00	. 00	8.00
9.00		0.00	. 00	9. 00
10.00		0.00	. 00	10.00
100.00	G. Other (financial or			100.00
	non-financial) specify:			

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related 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.

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.

4. 13

4.14

4.15

4. 16

4 17

4.18

4.19

5.00

Related Organization(s) and/or Home Office		
Type of Business		
3.		
6. 00		
B. INTERRELATIONSHIP TO RELAT	ED 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.

6. 00	HEALTHCARE	6. 00
7.00		7. 00
7. 00 8. 00		8. 00
9.00		9. 00
9. 00 10. 00 100. 00		10.00
100.00		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
- 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

4.13

4.14

4.15

4.16

4.17

4.18

4.19

5.00

0

0

0

0

0

47, 917, 345

0

0

0

0

0

Provider CCN: 150089

					-	Γο 12/31/2014	Date/Time Pre 5/26/2015 1:4	
	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component		Physician/Provider Component	тт рііі
	1.00	2.00	3.00	4.00	5. 00	6. 00	Hours 7.00	
1.00		EMPLOYEE BENEFITS DEPARTMENT	885	4.00			7.00	1. 00
2. 00		OTHER ADMINISTRATIVE AND GENERAL	955, 593	·			17, 880	
3.00		ADULTS & PEDIATRICS	11, 724				72	3.00
4. 00 5. 00		INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	1, 800 81, 250	1, 800 81, 250		· -	0	
6. 00		SUBPROVI DER - I RF	481, 098	481, 098		Ö	Ö	6. 00
7.00		OPERATING ROOM	9, 871	0	9, 871	204, 100	56	
8.00		RECOVERY ROOM	1, 250	1, 250		0	0	8. 00
9. 00 10. 00		RADI OLOGY-DI AGNOSTI C CARDI AC CATHETERI ZATI ON	1, 501, 568 393, 108	1, 568 393, 108		231, 100	17, 520 0	9. 00 10. 00
11. 00		LABORATORY	130, 995			219, 500	784	
12. 00		BLOOD STORING, PROCESSING, & TRANS.	92, 493		1		535	
13. 00 14. 00		RESPI RATORY THERAPY SLEEP LAB	1, 900 7, 091	1, 900 7, 091		0	0	13. 00 14. 00
15. 00		ELECTROCARDI OLOGY	7, 200	· ·		0	0	15. 00
16. 00		EMERGENCY	1, 034, 702			204, 100	9, 057	
17. 00	22. 00	I&R SERVICES-OTHER PRGM COSTS APPRVD	382, 510	382, 510	0	0	0	17. 00
200.00	Wkst. A Line #	Cost Conton/Dhysisiss	5, 095, 038 Unadj usted RCE		3, 608, 153 Cost of		45, 904 Physi ci an Cost	200. 00
	WKST. A LINE #	Cost Center/Physician Identifier			Memberships &		of Malpractice	
		T don't i i o	21 0	Li mi t	Continuing Education	Share of col.	Insurance	
	1. 00	2.00	8. 00	9. 00	12. 00	13. 00	14.00	
1.00 2.00		EMPLOYEE BENEFITS DEPARTMENT OTHER ADMINISTRATIVE AND GENERAL	0 1, 324, 667	66, 233	1		0	1. 00 2. 00
3. 00 4. 00		ADULTS & PEDIATRICS INTENSIVE CARE UNIT	5, 334 0	267 0		· -	0	
5.00		NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	
6.00		SUBPROVI DER - I RF	0	0	0	0	0	6. 00
7. 00 8. 00		OPERATING ROOM RECOVERY ROOM	5, 495	275		0	0	7. 00 8. 00
9. 00		RADI OLOGY-DI AGNOSTI C	1, 946, 573	97, 329	1	0	0	9. 00
10. 00		CARDIAC CATHETERIZATION	0	0		0	0	10. 00
11.00		LABORATORY	82, 735			0	0	11.00
12. 00		BLOOD STORING, PROCESSING, & TRANS.	56, 458	2, 823		0	0	12. 00
13.00		RESPIRATORY THERAPY	0	0	0	-	0	13.00
14. 00 15. 00		SLEEP LAB ELECTROCARDI OLOGY	0			0	0	14. 00 15. 00
16. 00		EMERGENCY	888, 718	44, 436	0	Ö	Ö	16. 00
17. 00	22. 00	I&R SERVICES-OTHER PRGM	0	0	0	0	0	17. 00
200.00		COSTS APPRVD	4, 309, 980	215, 500	0	0	0	200. 00
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment	0	200.00
		l denti fi er	Component Share of col.	Limit	Di sal I owance			
	1. 00	2. 00	14 15. 00	16. 00	17. 00	18. 00		
1. 00 2. 00		EMPLOYEE BENEFITS DEPARTMENT OTHER ADMINISTRATIVE AND	0		_			1. 00 2. 00
		GENERAL	٥	, ,				
3.00		ADULTS & PEDIATRICS	0					3.00
4. 00 5. 00		INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	0		1	.,		4. 00 5. 00
6. 00		SUBPROVI DER - I RF	Ö	Ö	0	481, 098		6. 00
7.00		OPERATING ROOM	0	5, 495	4, 376	4, 376		7. 00
8.00		RECOVERY ROOM	0	1 04/ 530	0	1, 250		8.00
9. 00 10. 00		RADI OLOGY-DI AGNOSTI C CARDI AC CATHETERI ZATI ON	0	,	0	1, 568 393, 108		9. 00 10. 00
11. 00		LABORATORY	Ö	82, 735	48, 260			11. 00
12. 00	63. 00	BLOOD STORING, PROCESSING, & TRANS.	0					12. 00
13. 00		RESPI RATORY THERAPY	0	0	0			13. 00
14.00		SLEEP LAB	0		0	7, 091		14.00
15. 00 16. 00		ELECTROCARDI OLOGY EMERGENCY	0 0		0 3 145, 322	7, 200 145, 984		15. 00 16. 00
17. 00		I&R SERVICES-OTHER PRGM	0					17. 00
200. 00		COSTS APPRVD	0	4, 309, 980	238, 979	1, 725, 864		200. 00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS BALL MEMORIAL HOSPITAL Provi der CCN: 150089

Cost Center Description						Т	o 12/31/2014	Date/Time Prep 5/26/2015 1:44	
Cold 17   Cold			Cost Center Description	for Cost Allocation	RELATED COSTS NEW BLDG &	BENEFITS	COMMUNI CATI ONS	DATA	4 pm
REPART SERVICE COST CENTERS   12, 282, 546   22, 282, 546   17, 734, 056   44, 00   4, 00				col . 7)					
1.00		CENED	AL CEDVICE COCT CENTEDS	0	1.00	4. 00	5. 01	5. 02	
4.00   00000   DEPLOYEE BERKETT DEPARTMENT   17,856,900   77,151   19,904,056   548,581   4,00   5050   DATA PROCESSING   12,307,308   315,600   18,00   35,888   12,600,700   35,888   12,600,700   35,888   12,600,700   35,888   12,600,700   35,888   12,600,700   35,888   12,600,700   35,888   12,600,700   35,888   12,600,700   35,888   12,600,700   35,888   12,600,700   35,888   12,600,700   35,888   12,600,700   35,888   12,600,700   35,888   12,600,700   35,888   12,600,700   35,888   35,800   36,0	1.00			22, 282, 546	22, 282, 546				1. 00
5.02   ODSSIGN DATA PRODUSSING   12,307,308   341,630   0 35,486   12,686,476   5.07   0.075   0.0050   ODSSIGN DATH RIP GOLDWITT RECEIVABLE   1,21,213   57,777   18,770   17,870   17,870   0.0050   0.0050   ODSSIGN DATH RIP GOLDWITT RECEIVABLE   1,21,213   57,777   18,770   17,870   17,870   0.0050   0.0050   ODSSIGN DATH RIP GOLDWITT RECEIVABLE   1,21,213   1,21,33   1,10,306   0 0 0 0.0050   ODSSIGN DATH RIP GOLDWITT RECEIVABLE   1,21,21,213   1,21,33   1,10,306   0 0 0 0.0050   ODSSIGN DATH RIP GOLDWITT RECEIVABLE   1,21,21,213   1,21,33   1,21,306   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1					,		4. 00
5.04   0.0070 ADMITTING   0.00		1						12 (0/ 42/	
5.05 00 00580 CASHI ERINKA/ACQUINTS RECEI VABLE 0 0 0 16,027 0 5.06 6.00 00580 CASHI ERINKA/ACQUINTS RECEI VABLE 0 5.984.088 479,779 1,229,950 26,101 0.5 5.06 6.00 00500 MAINTEAWAGE & REPAIR S 5.984.088 479,779 1,229,950 26,101 0.5 5.06 6.00 00500 MAINTEAWAGE & REPAIR S 5.984.061 0.5 5.06 6.00 00500 MAINTEAWAGE & REPAIR S 5.984.061 0.5 5.06 6.00 0.00 0.00 0.00 0.00 0.00									
0.00 00000 MA MTEMANCE & REPAIRS		1		1		1		-	
2.00         DODOOD OFFRATION OF PLANT         5.596, 561         633, 398         146, 889         2, 061         0         7, 00           9.00         DODOOD HOUSECEEIN NG         2, 371, 381         186, 988         420, 473         2, 519         0         9, 00           11,00         DIODOD DI LINAY         1508, 718         312, 818         1175, 298         2, 519         0         10, 00           12,00         DIOSOO MURSI NG AGMINI STRATION         5, 909, 957         302, 456         916, 003         20, 377         0         11, 00           13,00         DI 130O NURSI NG AGMINI STRATION         5, 909, 957         302, 456         916, 003         20, 377         0         16, 00           15,00         DI 130O NURSI NG AGMINI STRATION         5, 909, 957         302, 456         916, 003         20, 371         0         16, 00           15,00         DI 130O NURSI NG AGMINI STRATION         5, 909, 957         302, 456         910, 00         30, 95, 643         0         16, 00           15,00         DI 130O NURSI NG AGMINI STRATION         3, 368, 860         0         6, 33, 298         0         0         0         5, 643         0         16, 00         10         0         0         0         20, 20         22<		1						- 1	
8.00   00800   JAUNDRY & LINEN SERVICE   1.017.664   0   0   0   8   00   0   0   8   00   0		1						-	
10.00   01000   DETARY   509,718   312,815   175,298   2,519   0.10,00						1		-	
11.00   01100  CAFLTERIA   1,819,044   0   199,322   4,121   0   11.00   13.00   1300   0185   64   0   15.00   13.00								- 1	
13.00   01300   NIRES INC. ADMINISTRATION   5, 909, 057   30.2, 455   918, 003   20.377   0   13.00     15.00   01500   PHARMACY   5, 311, 274   87, 106   828, 693   11, 677   0   15.00     15.00   01500   PHARMACY   5, 311, 274   87, 106   828, 693   11, 677   0   15.00     15.00   01500   PHARMACY   5, 311, 274   87, 106   828, 693   11, 677   0   15.00     15.00   01500   PHARMACY   5, 311, 274   87, 106   828, 693   11, 677   0   15.00     15.00   01500   PHARMACY   5, 311, 274   87, 106   828, 693   11, 677   0   15.00     15.00   01500   PHARMACY   5, 311, 274   87, 106   828, 693   11, 677   0   25, 643     15.00   01500   PHARMACY   5, 311, 274   87, 106   828, 693   11, 677   0   25, 643     15.00   01500   PHARMACY   5, 311, 274   87, 106   87, 200   22, 00     15.00   01500   PHARMACY   5, 311, 274   87, 106   87, 200   22, 00     15.00   01500   PHARMACY   5, 311, 274   87, 106   87, 200   22, 00     15.00   01500   PHARMACY   5, 311, 274   87, 106   87, 200   22, 00     15.00   01500   PHARMACY   5, 311, 274   87, 106   87, 200   22, 00     15.00   01500   PHARMACY   5, 311, 274   87, 106   87, 200   22, 00     15.00   01500   PHARMACY   5, 311, 274   87, 106   87, 200   2		1						-	
15.00 0   1500   PHABINCY   5,311,274   87,106   828,693   11,677   0   15,00   21.00 0   2100   187 SERVICES-SALARY & FRINGES APPRVD   3,368,680   0   633,258   0   0   21,00   23.00   2200   2200   187 SERVICES-SALARY & FRINGES APPRVD   2,967,525   241,488   146,976   28,620   0   22,00   23.00   2020   PARAMED ED PROM   0   0   0   0   0   0   0   0   23.00   2020   PARAMED ED PROM   0   0   0   0   0   0   0   0   0		1						-	
16.00   01600   MEDICAL RECORDS & LIBRARY   0   0   0   0   25,643   0   16.00								-	
21.00     02.00     IAR SERVICES-SALARY & FRINCES APPRVD   3.369, 680   0   6.33, 258   0   0   22.00   22.00   20.00   1ARS SERVICES-OTHER PREMIORS APPRVD   0   0   0   0   0   0   0   0   22.00   22.00   23.00   20.00   23.00				5, 311, 2/4		1		-	
23.00   02300   PARAMEDE ED PRICM   0   0   0   0   0   0   23.00				3, 368, 680					
INPATI ENT ROUTINE SERVICE COST CENTERS   19, 959, 883    1, 708, 209    3, 205, 959    68, 229    1, 336, 937    30. 00   30.00   ADULTS & PEDIATRICS   19, 959, 883    1, 708, 209    3, 1, 119, 246    18, 317    483, 546    31. 00   31. 00   30.00   (ADURTS & PEDIATRICS   1, 200, 200, 200, 200, 200, 200, 200, 2								-	
30.00   30000   ADULTS & PEDI ATRICS   19, 959, 883   1,708, 209   3, 205, 959   68, 229   1,336, 937   30. 00   32. 00   20000   INTENSIVE CARE UNIT   2,123, 339   68, 283   371, 336   0   167, 240   32. 00   40. 00	23.00			0			il Ol	U	23.00
32.00	30. 00	03000	ADULTS & PEDIATRICS	19, 959, 883	1, 708, 209	3, 205, 959	68, 229	1, 336, 937	30. 00
40.00   04000 SUBPROVIDER - IPF   1,449,732   123,828   248,513   4,579   79,588   10.00   1									
41.00   04100   SUBPROVI DER   1   1   449,732   123,828   248,513   4,579   79,588   41.00   43.00   04300   NURSERY   808,349   46,981   117,908   6.182   55,578   43.00   45.00   04500   NURSI NG FACILITY   0   0   0   0   0   0   0   0   0				2, 123, 339			1		
43.00   04300   NURSERY   808.349   46,981   117,908   6,182   55,578   43.00   44.00   04500   05   04.00   0   0   0   0   0   0   0   0   0		04100	SUBPROVI DER - I RF	1, 449, 732	123, 828	248, 513	4, 579	79, 558	
44.00   04400   SKILLED NURSING FACILITY				000 240	0	117 009	0 4 193	-	
MOLILLARY SERVICE COST CENTERS				000, 347	0	117, 300			1
50.00	45. 00			0	0	C	0	0	45. 00
51.00   05100   RECOVERY ROOM   1.299, 389   134, 732   219, 749   5, 953   129, 347   51.00	50. 00			6, 958, 639	516, 527	904. 992	20, 835	1. 117. 484	50. 00
54. 00		05100	RECOVERY ROOM						
57, 00   05700   CT SCAN   79,628   0   24,217   0   40,764   57,00									
59, 00   05900   CARDI AC CATHETERI ZATION   2, 013, 547   177, 602   306, 802   8, 929   696, 299   59, 00									
0.0   0.0				0	0	1	-	-	
60. 01   06001   BLOOD LABORATORY   0   0   0   0   0   0   0   0   0		1							
65. 00   06500   RESPIRATORY THERAPY   3, 467, 025   58, 834   601, 658   4, 121   191, 662   65. 00   65. 01   06501   SLEEP LAB   721, 394   0   87, 176   4, 579   62, 664   65. 01   66. 00   06600   PHYSI CAL THERAPY   4, 227, 061   39, 202   701, 182   2, 747   162, 815   66. 00   67. 00   06600   PHYSI CAL THERAPY   4, 227, 061   39, 202   701, 182   2, 747   162, 815   66. 00   68. 00   06600   PHYSI CAL THERAPY   660, 233   30, 410   134, 501   1, 832   39, 943   67. 00   68. 01   06801   AUDI OLOGY   0   0   0   0   0   0   68. 01   06801   AUDI OLOGY   0   0   0   0   0   69. 00   06900   ELECTROCARDI OLOGY   1, 292, 336   252, 147   177, 178   17, 172   330, 620   69. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   8, 124, 770   0   0   0   0   0   373, 478   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   15, 580, 197   0   0   0   0   0   373, 478   71. 00   73. 01   07301   DRUGS CHARGED TO PATI ENTS   20, 564, 921   0   0   0   0   0   0   74. 00   07400   RENAL DI ALYSIS   735, 264   36, 912   0   1, 374   23, 080   74. 00   76. 00   03020   CARDI OPULIMONARY   0   0   0   0   0   0   0   76. 97   ORFOT CARDI AC REHABI LI TATI ON   524, 256   0   84, 950   916   22, 464   76. 97   76. 98   07697   CARDI AC REHABI LI TATI ON   524, 256   0   84, 950   916   22, 464   76. 97   76. 98   07698   HYPERBARI C OXYGEN THERAPY   1, 114, 448   3, 846   77, 692   2, 747   113, 119   76. 98   76. 90   076900   CLINI C   379, 552   283, 898   50, 828   0   5, 162   90. 02   77. 00   09000   DANCOLOGY CLINI C   803, 656   0   134, 277   0   180, 818   90. 03   77. 00   09200   DESERVATI ON BEDS (INSTINCT PART)   1, 267, 502   120, 944   218, 763   0   73, 800   90. 01   77. 00   09010   DEMERGENCY   6, 560, 393   325, 870   955, 621   13, 737   1, 462, 056   91. 00   77. 00   09010   DOPO   PANCREAS ACQUI SI TI ON   0   0   0   0   0   0   0   77. 00   0900   PANCREAS ACQUI SI TI ON   0   0   0   0   0   0   77. 00   0900   PANCREAS ACQUI SI TI ON   0   0   0   0   0   0   0   77. 00	60. 01	1		0			1	0	60. 01
65. 01 06501 SLEEP LAB 721, 394 0 87, 176 4, 579 62, 664 65. 01 66. 00 06600 PHYSI CAL THERAPY 4, 227, 061 39, 202 701, 182 2, 747 162, 815 66. 00 6700 0CUPATI ONAL THERAPY 660, 233 30, 410 134, 501 1, 832 39, 943 67. 00 680. 00 6800 SPEECH PATHOLOGY 311, 438 7, 274 68, 962 1, 145 24, 071 68. 00 68. 01 06801 AUDI OLOGY 0 0 0 0 0 0 0 68. 01 68. 01 06900 ELECTROCARDI OLOGY 1, 292, 336 252, 147 177, 178 17, 177 330, 620 69. 00 71.00 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 8, 124, 770 0 0 0 0 0 373, 478 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 15, 580, 197 0 0 0 0 0 880, 216 72. 00 73. 00 100 0 0 0 1, 508, 669 73. 00 73. 00 100 0 0 1, 508, 669 73. 00 73. 00 100 0 0 1, 508, 669 73. 00 73. 01 07301 HOSPI TAL BASED RETAIL PHARMACI ES 1, 358, 351 4, 971 261, 558 687 71, 043 73. 01 74. 00 07400 RENAL DI ALYSI S 735, 264 36, 912 0 1, 374 23, 080 74. 00 76. 00 3020 CARDI OPULMONARY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							1		
66. 00   06600   PHYSICAL THERAPY   4,227,061   39,202   701,182   2,747   162,815   66.00   67.00   06700   0CCUPATI ONAL THERAPY   660,233   30,410   134,501   1,832   39,943   67.00   68.01   68.00   SPEECH PATHOLOGY   311,438   7,274   68,962   1,145   24,071   68.00   68.01   06801   AUDI OLOGY   0 0 0 0 0 0 0 0 0   68.01   69.00   06900   ELECTROCARDI OLOGY   1,292,336   252,147   177,178   17,172   330,620   69.00   71.00   PMORE TRANSPORTED TO PATI ENTS   8,124,770   0 0 0 0 0 0   373,478   71.00   72.00   O7200   IMPL DEV. CHARGED TO PATI ENT   15,580,197   0 0 0 0 0   880,216   72.00   73.00   O7200   IMPL DEV. CHARGED TO PATI ENT   15,580,197   0 0 0 0   0   880,216   72.00   73.01   O7301   HOSPI TAL BASED RETAIL PHARMACIES   1,358,351   4,971   261,558   687   71,043   73.01   74.00   O7400   RENAL DI ALYSI S   735,264   36,912   0   1,374   23,080   74.00   76.00   O3020   CARDI OPULMONARY   0 0 0 0   0   0   0   76.00   7									
68. 00   06800   SPEECH PATHOLOGY   311, 438   7, 274   68, 962   1, 145   24, 071   68. 00   68. 01   06801   AUDI OLOGY   0 0 0 0 0 0 0 0 0 0   0 68. 01   68. 01   68. 00   69. 00   06900   ELECTROCARDI OLOGY   1, 292, 336   252, 147   177, 178   17, 172   330, 620   69. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   8, 124, 770   0 0 0 0 0   0 373, 478   71. 00   72. 00   07200   IMPL DEV. CHARGED TO PATI ENT   15, 580, 197   0 0 0 0 0   880, 216   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENT   15, 580, 197   0 0 0 0 0   1, 508, 669   73. 00   73. 01   07301   HOSPI TAL BASED RETAIL PHARMACI ES   1, 358, 351   4, 971   261, 558   687   71, 043   73. 01   74. 00   07400   RENAL DI ALYSI S   735, 264   36, 912   0   1, 374   23, 080   74. 00   76. 90   0 0 0 0   0   0   0   0   0   0	66. 00	06600	PHYSI CAL THERAPY	4, 227, 061	39, 202	701, 182	2, 747	162, 815	66. 00
68. 01   06801   AUDI OLOGY   0   0   0   0   0   0   0   68. 01   69. 00   06900   ELECTROCARDI OLOGY   1, 292, 336   252, 147   177, 178   17, 172   330, 620   69. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   8, 124, 770   0   0   0   0   373, 478   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   15, 580, 197   0   0   0   0   880, 216   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   20, 564, 921   0   0   0   0   1, 508, 669   73. 00   73. 01   07301   HOSPI TAL BASED RETAIL PHARMACIES   1, 358, 351   4, 971   261, 558   687   71, 043   73. 01   74. 00   07400   RENAL DI ALYSI S   735, 264   36, 912   0   1, 374   233, 080   74. 00   76. 00   03020   CARDI OPULMONARY   0   0   0   0   0   76. 00   76. 97   07697   CARDI AC REHABI LI TATI ON   524, 256   0   84, 950   916   22, 464   76. 97   76. 98   OTFORN REPRANCE ONVICEN THERAPY   1, 114, 448   3, 846   77, 692   2, 747   113, 119   76. 98   OUTPATI ENT SERVI CE COST CENTERS   79. 00   09000   CLI NI C   0   0   0   0   0   0   70. 00   09000   CLI NI C   0   0   0   0   70. 00   09000   CLI NI C   0   0   0   0   70. 00   09000   DEMERGENCY   6, 560, 393   325, 870   955, 621   13, 737   1, 462, 056   91. 00   79. 00   09200   DRUGS CHARGED TO PATI ENT SERVI CE COST CENTERS   79. 10   09201   OBSERVATI ON BEDS (NON-DI STI NCT PART)   1, 267, 502   120, 944   218, 763   0   73, 800   79. 10   OP910   CORF   0   0   0   0   0   70. 109. 00   109. 00   109. 00   70. 109. 00   109. 00   109. 00   70. 109. 00   109. 00   109. 00   70. 109. 00   109. 00   109. 00   70. 109. 00   109. 00   109. 00   70. 109. 00   109. 00   109. 00   70. 109. 00   109. 00   109. 00   71. 00   109. 00   109. 00   72. 00   109. 00   109. 00   109. 00   73. 00   109. 00   109. 00   109. 00   74. 00   109. 00   109. 00   75. 00   109. 00   109. 00   109. 00   75. 00   109. 00   109. 00   76. 90   109. 00   109. 00   109. 00   77. 00   109. 00   109. 00   78. 00   109. 00   109. 00   79. 10   109. 00   79. 10   109. 00   109. 00   79. 10   109. 0		1		1					
71. 00		1		0	0				
72. 00   07200   IMPL. DEV. CHARGED TO PATIENT   15,580,197   0   0   0   880,216   72. 00   73. 00   7300   DRUGS CHARGED TO PATIENTS   20,564,921   0   0   0   0   1,508,669   73. 00   73. 01   73.01   HOSPITAL BASED RETAIL PHARMACIES   1,358,351   4,971   261,558   687   71,043   73. 01   74. 00   07400   RENAL DIALYSIS   735,264   36,912   0   1,374   23,080   74. 00   76. 00   0   0   0   0   0   0   0   0   0							1		
73. 00		1		1 ' '	•		0		
74. 00					Ö	Ö	Ö		
76. 00									
76. 97				735, 264		1			
OUTPATIENT SERVICE COST CENTERS   O				524, 256			1	-	•
90. 00	76. 98			1, 114, 448	3, 846	77, 692	2, 747	113, 119	76. 98
90. 02	90. 00			0	0		ol	0	90. 00
91. 00   09100   EMERGENCY   6, 560, 393   325, 870   955, 621   13, 737   1, 462, 056   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   1, 267, 502   120, 944   218, 763   0   73, 800   92. 01   OTHER REIMBURSABLE COST CENTERS   99. 10   OP910   CORF   0   0   0   0   0   0   0   0   0	90. 02	09002	PAIN CLINIC			50, 828	o		90. 02
92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   92. 00   09200   0BSERVATI ON BEDS (DISTINCT PART)   1,267,502   120,944   218,763   0   73,800   92. 01   0000   0000   0000   0000   0000   0000   0000   0000   0000   0000   0000   0000   0000   00000   00000   00000   00000   00000   00000   00000   00000   000000									
OTHER REIMBURSABLE COST CENTERS  99. 10				0, 300, 373	323, 670	755, 021	13, 737	1, 402, 030	•
99. 10 09910 CORF 0 0 0 0 0 99. 10 SPECIAL PURPOSE COST CENTERS  109. 00 10900 PANCREAS ACQUISITION 0 0 0 0 109. 00	92. 01			1, 267, 502	120, 944	218, 763	0	73, 800	92. 01
SPECIAL PURPOSE COST CENTERS   109.00   10900   PANCREAS ACQUISITION   0 0 0 0 0 109.00	99. 10			0	0	0	Ol	0	99. 10
		SPECI.	AL PURPOSE COST CENTERS						
- 10. 55  11555  11151   1 5  5  5  5  11515   5  5  11515   5  5  11515   5  5  11555									
	- 10.00	111000	ESTIMAL AGGISTION			1	·   U	٥١	1.10.00

Peri od: Worksheet B
From 01/01/2014 Part I
To 1/21/2014 Part I
To 1/21/2014 Part II To Propagate Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provi der CCN: 150089

				0 12/31/2014	Date/Time Prepared: 5/26/2015 1:44 pm
		CAPI TAL			372872013 1.44 piii
		RELATED COSTS			
Cost Center Description	Net Expenses	NEW BLDG &	EMPLOYEE	COMMUNI CATI ONS	DATA
2001 201101 20001   pti on	for Cost	FLXT	BENEFITS	00111110111 07111 0110	PROCESSI NG
	Allocation		DEPARTMENT		
	(from Wkst A				
	col. 7)				
	0	1.00	4. 00	5. 01	5. 02
111.00 11100 I SLET ACQUI SI TI ON	0	0	0	0	0 111. 00
113.00 11300 INTEREST EXPENSE					113. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0 115. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	283, 969, 671	19, 403, 882	17, 338, 154	473, 025	12, 686, 426 118. 00
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	535, 333		,		0 190. 00
191. 00 19100 RESEARCH	413, 331	28, 095	63, 233	3, 205	0 191. 00
194.00 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		0 194. 00
194.01 07951 BSU PHARMACY	213, 852		37, 444		0 194. 01
194.02 07952 PAVILLION PHARMACY	784, 474	1	125, 033		0 194. 02
194. 03 07953 VENDI NG	0	0	0	_	0 194. 03
194. 04 07954 CARELI NE	0	0	0		0 194. 04
194. 05 07955 WELLNESS CENTER	67, 462	101, 691	8, 709		0 194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	32, 426	· ·	1, 084		0 194. 06
194. 07 07957 PERI NATAL CLI NI C	0	0	0		0 194. 07
194. 08 07958 RENTAL PROPERTY	653, 680		0	-,	0 194. 08
194. 09 07959 ADVERTI SI NG	0	219, 941	0	_	0 194. 09
194. 10 07960   INTEGRA LTAC	0	0	0		0 194. 10
194. 11 07961 I U HEALTH HOSPI CE	7, 770	1	0	., 000	0 194. 11
194. 12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0 194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0	0	_	0 194. 13
194. 14 07964 NEW CASTLE ONCOLOGY	(57.222	(5.702	0	_	0 194. 14
194.15 07965  MARKETING/PUBLIC RELATIONS 194.16 07966  JAY COUNTY HOSPITAL	657, 332	65, 703	38, 623		0 194. 15 0 194. 16
194. 17 07967 CARDINAL HEALTH CHOICE	230, 866	0	40, 875 0		0 194. 17
194. 17 07967 CARDINAL HEALTH CHOICE 194. 18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	-	0 194.17
194. 19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0 194. 19
194. 20 07970 MEALS ON WHEELS	0	0	0	0	0 194. 19
194. 21 07971 ST MARY'S SCHOOL	0	0	0	-	0 194. 21
194. 22 07972  THERAPIES TO OTHER ENTITIES	1, 296, 510	0	224, 207	_	0 194. 21
194. 23 07973 CANCER CENTER BOUTI QUE	114, 405				0 194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	114, 403	317, 420	2, 170		0 194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	8, 764	115, 973	0		0 194. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	15, 218, 519		25, 842	-,	0 194. 26
194. 27 07977 MI DWEST HEALTH STRATEGIES	10, 210, 017	o o	20,012		0 194. 27
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	o o	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	26, 639	0	4, 609	0	0 194. 30
194. 31 07981 OTHER NONREI MBURSABLE COST CENTERS	0	o	0		0 194. 31
194. 32 07982 RENAL DI ALYSI S	0	Ö	0	_	0 194. 32
194. 33 07983 LAB CORP	0	o	Ō	0	0 194. 33
194.34 07984 H.O. MATERIALS MGMT	0	o	0	0	0 194. 34
194. 35 07985 LEASED SPACE	0	o	0	0	0 194. 35
200.00 Cross Foot Adjustments					200. 00
201.00 Negative Cost Centers		0	0	0	0 201. 00
202.00 TOTAL (sum lines 118-201)	304, 231, 034	22, 282, 546	17, 934, 056	548, 581	12, 686, 426 202. 00

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 01/01/2014 | Part | | To 12/31/2014 | Date/Time Prepared: | To 12/31/2014 | Date/Tim Provider CCN: 150089

					Į į	0 12/31/2014	Date/lime Pre 5/26/2015 1:4	
		Cost Center Description	ADMITTI NG	CASHI ERI NG/ACC		OTHER	MAINTENANCE &	•
				OUNTS RECEI VABLE		ADMINISTRATIVE AND GENERAL	REPAI RS	
			5. 04	5. 05	5A. 05	5. 06	6. 00	
		AL SERVICE COST CENTERS						
1.00		NEW CAP REL COSTS-BLDG & FIXT						1.00
4. 00 5. 01		EMPLOYEE BENEFITS DEPARTMENT COMMUNICATIONS						4. 00 5. 01
5. 02	1	DATA PROCESSING						5. 02
5. 04	1	ADMITTING	1, 275, 239					5. 04
5.05		CASHI ERI NG/ACCOUNTS RECEI VABLE	0	16, 027				5. 05
5.06	1	OTHER ADMINISTRATIVE AND GENERAL	0	0				5.06
6. 00 7. 00		MAINTENANCE & REPAIRS  OPERATION OF PLANT	0	0	18, 114, 792 6, 379, 009		20, 981, 929 1, 317, 619	6. 00 7. 00
8.00		LAUNDRY & LINEN SERVICE	0	0	1, 017, 664		1, 317, 619	8.00
9. 00	1	HOUSEKEEPI NG	Ö	Ö	2, 981, 811	471, 949	388, 981	9. 00
10.00		DI ETARY	0	0	999, 350		650, 731	10. 00
11.00		CAFETERI A	0	0	2, 023, 087		0	11. 00
13. 00 14. 00		NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	0	0	7, 149, 892 21, 901, 578		629, 179 421, 821	13. 00 14. 00
15. 00		PHARMACY	0	0	6, 238, 750		181, 202	15. 00
16.00	1	MEDICAL RECORDS & LIBRARY	0	0	25, 643		0	16. 00
21. 00		I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4, 001, 938		0	21. 00
22. 00 23. 00		I &R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3, 384, 579		502, 291	22. 00
23.00		PARAMED ED PRGM   ENT ROUTINE SERVICE COST CENTERS	0	0	0	0	0	23. 00
30. 00		ADULTS & PEDIATRICS	134, 412	1, 680	26, 415, 309	4, 180, 888	3, 553, 478	30. 00
31.00		INTENSIVE CARE UNIT	48, 614	608	8, 501, 901	1, 345, 647	732, 200	31. 00
32.00		NEONATAL INTENSIVE CARE UNIT	16, 814		2, 747, 222	434, 819	142, 046	
40. 00 41. 00		SUBPROVIDER - IPF SUBPROVIDER - IRF	7, 999	0 100	0 1, 914, 309	0 302, 989	0 257, 592	40. 00 41. 00
41.00		SUBPROVIDER - TRE	7,999	0	1, 914, 309	302, 969	257, 592	41.00
43. 00	1	NURSERY	5, 588	1	1, 040, 656	164, 711	97, 732	
44.00		SKILLED NURSING FACILITY	0			-	0	44. 00
45. 00		NURSING FACILITY	0	0	0	0	0	45. 00
50. 00		LARY SERVICE COST CENTERS OPERATING ROOM	112, 348	1, 404	9, 632, 229	1, 524, 551	1, 074, 499	50. 00
51. 00	1	RECOVERY ROOM	13, 004				280, 276	
52.00		DELIVERY ROOM & LABOR ROOM	20, 679				347, 825	•
54. 00	1	RADI OLOGY-DI AGNOSTI C	172, 925		14, 581, 669		1, 575, 474	•
57. 00 58. 00	1	CT SCAN MAGNETIC RESONANCE IMAGING (MRI)	4, 098	51 0	148, 758 0		0 0	57. 00 58. 00
59.00		CARDIAC CATHETERIZATION	70, 004			_	369, 455	
60.00		LABORATORY	107, 609				49, 182	60.00
60. 01		BLOOD LABORATORY	0	0		0	0	60. 01
63. 00		BLOOD STORING, PROCESSING, & TRANS.	5, 610				122 200	63. 00
65. 00 65. 01		RESPI RATORY THERAPY SLEEP LAB	19, 269 6, 300		4, 342, 810 882, 192		122, 389 0	65. 00 65. 01
66. 00		PHYSI CAL THERAPY	16, 369				81, 549	
67. 00	06700	OCCUPATIONAL THERAPY	4, 016	50		137, 856	63, 260	67. 00
		SPEECH PATHOLOGY	2, 420					•
68. 01 69. 00		AUDI OLOGY   ELECTROCARDI OLOGY	0 33, 240			-	0 524, 527	68. 01 69. 00
71. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS	37, 548				0	71.00
72. 00		IMPL. DEV. CHARGED TO PATIENT	88, 494				0	72. 00
73. 00	1	DRUGS CHARGED TO PATIENTS	151, 677				0	73. 00
73. 01 74. 00	1	HOSPITAL BASED RETAIL PHARMACIES   RENAL DIALYSIS	7, 142 2, 320			269, 677 126, 459	10, 342 76, 786	
76.00	1	CARDI OPULMONARY	2, 320				76, 766	1
76. 97		CARDI AC REHABI LI TATI ON	2, 258	_			Ö	76. 97
76. 98		HYPERBARI C OXYGEN THERAPY	11, 373	142			8, 000	76. 98
00.00		TIENT SERVICE COST CENTERS	_	1 0			0	00.00
90. 00 90. 02		CLINIC PAIN CLINIC	0 519		0 719, 965	_	0 590, 576	90. 00 90. 02
90. 03		ONCOLOGY CLINIC	18, 179				0	90. 03
91.00	1	EMERGENCY	146, 991	1, 837	9, 466, 505	1, 498, 321	677, 887	91. 00
92. 00		OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
92. 01		OBSERVATION BEDS (DISTINCT PART) REIMBURSABLE COST CENTERS	7, 420	93	1, 688, 522	267, 253	251, 593	92. 01
99. 10	09910		0	0	0	0	0	99. 10
	SPECI	AL PURPOSE COST CENTERS						
	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
		INTESTINAL ACQUISITION ISLET ACQUISITION	0	0	0	0		110. 00 111. 00
	1	INTEREST EXPENSE			١			113.00
		AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115. 00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1, 275, 239	16, 027	280, 419, 549	37, 803, 733	14, 993, 623	118. 00
		·					<u>-</u>	

| Peri od: | Worksheet B | From 01/01/2014 | Part | To | 12/31/2014 | Date/Time Prepared: Provider CCN: 150089

				-	Γο 12/31/2014	Date/Time Pre 5/26/2015 1:4	
	Cost Center Description	ADMI TTI NG	CASHI ERI NG/ACC	Subtotal	OTHER	MAINTENANCE &	Pill
	·		OUNTS		ADMI NI STRATI VE	REPAI RS	
			RECEI VABLE		AND GENERAL		
		5. 04	5. 05	5A. 05	5. 06	6. 00	
	I MBURSABLE COST CENTERS	1		550.00	00.500		100.00
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			559, 398			190.00
	OTHER NONREIMBURSABLE COST CENTERS			507, 864	80, 383		191. 00 194. 00
	BSU PHARMACY			251, 29	39, 774	1	194. 00
	PAVILLION PHARMACY			942, 782			194. 01
194. 03 07953				742, 702	147, 220		194. 02
194. 04 07954						<b>l</b>	194. 04
	WELLNESS CENTER			179, 69	28, 441		
	PHYSICIAN PRACTICE CLINICS			358, 443			1
	PERINATAL CLINIC				0		194. 07
	RENTAL PROPERTY			2, 299, 19	363, 907	l .	
194. 09 07959	ADVERTI SI NG		ol c	219, 94	34, 811	457, 530	194. 09
194. 10 07960	INTEGRA LTAC		o  c	6, 182	978	0	194. 10
194. 11 07961	IU HEALTH HOSPICE		o  c	58, 140	9, 202	95, 732	194. 11
	POB MEDICAL PAVILLION CONDOS		o  c	) (	0		194. 12
	EXECUTI VE PHYSI CAL		o	) (	0		194. 13
	NEW CASTLE ONCOLOGY		0		0		194. 14
	MARKETI NG/PUBLI C RELATIONS		o  c	769, 443			
	JAY COUNTY HOSPITAL			271, 74	43, 010	•	194. 16
	CARDI NAL HEALTH CHOI CE				0		194. 17
	CHV CARDI NAL HEALTH VENTURES				0	•	194. 18
	HEALTH CARE CONNECTIONS MEALS ON WHEELS				0		194. 19 194. 20
	ST MARY'S SCHOOL					•	194. 20
	THERAPIES TO OTHER ENTITIES			1, 520, 71	240, 693	l	194. 21
	CANCER CENTER BOUTIQUE			128, 048		1	194. 23
	BOSC BALL OUTPATIENT SURGERY			331, 84			•
	CARDI NAL BEHAVI ORAL HEALTH			131, 148			•
	BLACKFORD COMMUNITY HOSPITAL			15, 244, 36			194. 26
	MIDWEST HEALTH STRATEGIES				0	l	194. 27
194. 28 07978	CARDINAL SELECT RISK RETENTION GRP		ol c		0	0	194. 28
194. 29 07979	HOME OFFICE CARDINAL HEALTH INITIATI		o c		0	0	194. 29
194. 30 07980	CARDINAL HEALTH ALLIANCE		o	31, 248	4, 946	0	194. 30
	OTHER NONREIMBURSABLE COST CENTERS		o  c	) (	0		194. 31
	RENAL DIALYSIS		D) C	) (	0	<b>l</b>	194. 32
194. 33 07983	ł		0		0		194. 33
	H.O. MATERIALS MGMT		o  c		0		194. 34
	LEASED SPACE		ol c	)	0	0	194. 35
200.00	Cross Foot Adjustments			,		_	200.00
201. 00	Negative Cost Centers	1 275 22	14 027	204 221 02	U 41		201. 00
202. 00	TOTAL (sum lines 118-201)	1, 275, 239	9 16, 027	304, 231, 03	41, 572, 518	20, 981, 929	1202. UU

| Period: | Worksheet B | From 01/01/2014 | Part | To 12/31/2014 | Date/Time Prepared: | 5/26/2015 1:44 pm Provider CCN: 150089

					1.2	12/31/2014	5/26/2015 1: 4	
		Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
			PLANT 7. 00	LINEN SERVICE 8.00	9.00	10. 00	11. 00	
	GENER	AL SERVICE COST CENTERS	7.00	0.00	7.00	10.00	11.00	
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1. 00
4.00		EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01		COMMUNI CATI ONS						5. 01
5. 02 5. 04		DATA PROCESSING ADMITTING						5. 02 5. 04
5. 05		CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 05
5. 06		OTHER ADMINISTRATIVE AND GENERAL						5. 06
6.00		MAINTENANCE & REPAIRS						6. 00
7.00	1	OPERATION OF PLANT	8, 706, 272					7. 00
8.00	4	LAUNDRY & LINEN SERVICE	0	1, 178, 736	1			8. 00
9.00		HOUSEKEEPI NG	172, 219			0 000 000		9.00
10. 00 11. 00		DI ETARY CAFETERI A	288, 108	0		2, 099, 008 0	2, 371, 260	10. 00 11. 00
13. 00		NURSING ADMINISTRATION	278, 566			0	130, 279	
14. 00		CENTRAL SERVICES & SUPPLY	186, 759		1	0	38, 679	1
15.00		PHARMACY	80, 226	714		0	111, 197	
16. 00		MEDICAL RECORDS & LIBRARY	0	0		0	0	1
21. 00		I &R SERVICES-SALARY & FRINGES APPRVD	0	0		0	107, 512	
22. 00		I &R SERVICES-OTHER PRGM COSTS APPRVD	222, 387	0		0	23, 352	
23. 00		PARAMED ED PRGM I ENT ROUTINE SERVICE COST CENTERS	0	0	0	0	0	23. 00
30. 00		ADULTS & PEDIATRICS	1, 573, 285	576, 426	2, 221, 846	1, 588, 880	563, 736	30.00
31.00		INTENSIVE CARE UNIT	324, 178			153, 950	163, 533	
32.00		NEONATAL INTENSIVE CARE UNIT	62, 890	5, 176	21, 164	0	50, 562	32. 00
40. 00		SUBPROVI DER - I PF	0	0		0	0	1
41. 00		SUBPROVIDER - I RF	114, 048	34, 844	95, 994	80, 501	40, 280	
42. 00 43. 00		SUBPROVI DER NURSERY	43, 270	)   0	93, 349	0	0 17, 858	42. 00 43. 00
44. 00		SKILLED NURSING FACILITY	0	Ö	73, 347	0	0	1
45.00	04500	NURSING FACILITY	0	0	0	0	0	45. 00
		LARY SERVICE COST CENTERS						
50.00		OPERATING ROOM	475, 729			0	158, 521	
51. 00 52. 00		RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	124, 091 153, 998	28, 134 42, 537		0	35, 131 50, 458	
54. 00		RADI OLOGY-DI AGNOSTI C	697, 533			0	190, 656	
57. 00		CT SCAN	0	145		0	7, 595	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	О	0	0	
59. 00		CARDI AC CATHETERI ZATI ON	163, 574			0	44, 276	
60.00	4	LABORATORY	21, 775	388		0	0	
60. 01 63. 00		BLOOD LABORATORY BLOOD STORING, PROCESSING, & TRANS.	0	0 0		0	0	
65.00		RESPIRATORY THERAPY	54, 187	190		0	87, 725	1
65. 01		SLEEP LAB	0	38		0	6, 888	1
66.00	06600	PHYSI CAL THERAPY	36, 105	5, 418	44, 974	0	106, 582	66. 00
67. 00		OCCUPATI ONAL THERAPY	28, 008	36		0	16, 360	
68. 00		SPEECH PATHOLOGY	6, 699	0		0	9, 179	1
68. 01		AUDI OLOGY ELECTROCARDI OLOGY	0 232, 231	_	1	0	0 27 401	
69. 00 71. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS	232, 231	10, 500 0	1	0	37, 491 0	1
72. 00	4	IMPL. DEV. CHARGED TO PATIENT	j o	Ö		0	0	
73.00		DRUGS CHARGED TO PATIENTS	0	0	0	0	0	1
73. 01		HOSPITAL BASED RETAIL PHARMACIES	4, 579			0	31, 584	
74. 00		RENAL DIALYSIS	33, 996		1	0	0	1
76. 00 76. 97		CARDI OPULMONARY CARDI AC REHABI LI TATI ON	0	0   0		0	0 17, 032	
76. 98	1	HYPERBARI C OXYGEN THERAPY	3, 542	0		0	12, 571	
		TIENT SERVICE COST CENTERS			· · · · · · · · · · · · · · · · · · ·		,	
90.00	1	CLINIC	0	0		0	0	
90. 02		PAIN CLINIC	261, 474	39		0	11, 934	
90. 03	4	ONCOLOGY CLINIC	200 121	36		0	19, 598	1
91. 00 92. 00		EMERGENCY   OBSERVATION BEDS (NON-DISTINCT PART)	300, 131	130, 345	326, 532	U	152, 408	91. 00 92. 00
92. 01		OBSERVATION BEDS (DISTINCT PART)	111, 391	35, 022	26, 455	0	40, 315	1
	OTHER	REIMBURSABLE COST CENTERS						
99. 10			0	0	0	0	0	99. 10
100 00		AL PURPOSE COST CENTERS PANCREAS ACQUISITION		0		0	0	100 00
		PANCREAS ACQUISITION   INTESTINAL ACQUISITION		0		0		109. 00 110. 00
		ISLET ACQUISITION		0		0		111.00
		INTEREST EXPENSE		_				113. 00
	1	AMBULATORY SURGICAL CENTER (D. P. )	0	0	0	0		115. 00
118.00	ון	SUBTOTALS (SUM OF LINES 1-117)	6, 054, 979	1, 166, 902	3, 725, 634	1, 823, 331	2, 283, 292	118.00

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			То	12/31/2014	Date/Time Prep 5/26/2015 1:44	
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	рш
	PLANT 7. 00	LINEN SERVICE 8.00	9.00	10.00	11.00	
NONREI MBURSABLE COST CENTERS	7.00	0.00	7.00	10.00	11.00	
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1 0	0	0	ol	8, 456	190 00
191. 00 19100 RESEARCH	25, 876	321	60, 469	Ö	10, 195	
194. 00 07986 OTHER NONREIMBURSABLE COST CENTERS	20,070	021	44, 596	43, 625		194. 00
194. 01 07951 BSU PHARMACY	0	43	11, 070	10, 020	4, 633	
194. 02 07952 PAVI LLI ON PHARMACY	29, 593			Ö	16, 653	
194. 03 07953 VENDI NG	27,070	0	0	o		194. 03
194. 04 07954 CARELI NE	0	0		ol	•	194. 04
194. 05 07955 WELLNESS CENTER	93, 659	10, 921	7, 559	ol	2, 187	
194. 06 07956 PHYSI CI AN PRACTI CE CLI NI CS	280, 290	1		ol		194. 06
194. 07 07957 PERI NATAL CLI NI C	0	l	0	ol		194. 07
194. 08 07958 RENTAL PROPERTY	1, 507, 320	0		0		194. 08
194. 09 07959 ADVERTI SI NG	202, 569	l .		Ö		194. 09
194. 10 07960   NTEGRA LTAC	0	0	51, 021	115, 637		194. 10
194. 11 07961 I U HEALTH HOSPI CE	42, 385	0	10, 582	110,007		194. 11
194. 12 07962 POB MEDICAL PAVILLION CONDOS	12,000	0	10, 002	Ö		194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0	0	ol		194. 13
194. 14 07964 NEW CASTLE ONCOLOGY	0	0	0	ol		194. 14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	60, 513	154	3, 023	ol	7, 991	
194. 16 07966 JAY COUNTY HOSPITAL	00,010	0	0,020	ol	1, 722	
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0		ol		194. 17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES	0	0		ol		194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	0		ol		194. 19
194. 20 07970 MEALS ON WHEELS	0	0	Ö	ol		194. 20
194. 21 07971 ST MARY'S SCHOOL	0	0	o o	ol		194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	196	Ö	ol	31, 963	
194. 23 07973 CANCER CENTER BOUTLQUE	9, 926			ol	1, 033	
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	292, 349	l e	62, 358	ol		194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	106, 813	l	0	116, 415		194. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	l ol	ol	1, 722	194. 26
194. 27 07977 MI DWEST HEALTH STRATEGIES	0	0	l ol	ol		194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	l o	ol		194. 28
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	o	o	0	194. 29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	o	1, 292	194. 30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	l o	ol		194. 31
194. 32 07982 RENAL DI ALYSI S	0	0	o	o	0	194. 32
194. 33 07983 LAB CORP	0	0	l ol	ol	0	194. 33
194.34 07984 H.O. MATERIALS MGMT	0	0	l o	ol	0	194. 34
194. 35 07985 LEASED SPACE	0	0	0	o		194. 35
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	o	0 2	201. 00
202.00 TOTAL (sum lines 118-201)	8, 706, 272	1, 178, 736	4, 015, 129	2, 099, 008	2, 371, 260	202. 00

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 01/01/2014 | Part | | To 12/31/2014 | Date/Time Prepared: | To 12/31/2014 | Date/Tim Provider CCN: 150089

					lo	12/31/2014	Date/lime Prep 5/26/2015 1:44	
		Cost Center Description	NURSI NG ADMI NI STRATI ON 13. 00	CENTRAL SERVI CES & SUPPLY 14, 00	PHARMACY	MEDI CAL RECORDS & LI BRARY 16.00	INTERNS & RESI DENTS SERVI CES-SALAR Y & FRI NGES 21.00	
	GENER	AL SERVICE COST CENTERS	10.00	11.00	10.00	10.00	21.00	
1.00	1	NEW CAP REL COSTS-BLDG & FIXT						1. 00
4. 00 5. 01		EMPLOYEE BENEFITS DEPARTMENT COMMUNICATIONS						4. 00 5. 01
5. 02	1	DATA PROCESSING						5. 02
5. 04		ADMI TTI NG						5. 04
5. 05		CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 05
5.06		OTHER ADMINISTRATIVE AND GENERAL MAINTENANCE & REPAIRS						5. 06
6. 00 7. 00		OPERATION OF PLANT						6. 00 7. 00
8.00	1	LAUNDRY & LINEN SERVICE						8. 00
9. 00		HOUSEKEEPI NG						9. 00
10. 00 11. 00		DI ETARY CAFETERI A						10. 00 11. 00
13. 00	1	NURSING ADMINISTRATION	9, 332, 159					13.00
14.00	1	CENTRAL SERVICES & SUPPLY	0	26, 027, 047				14.00
15. 00	1	PHARMACY	0	96, 715				15. 00
16. 00 21. 00		MEDICAL RECORDS & LIBRARY   I&R SERVICES-SALARY & FRINGES APPRVD	0	0		29, 702 0	4, 742, 861	16. 00 21. 00
22. 00		I&R SERVICES-OTHER PRGM COSTS APPRVD		4, 530	-	0	4, 742, 001	22. 00
23. 00	02300	PARAMED ED PRGM	0	0		0	0	23. 00
20.00		I ENT ROUTI NE SERVI CE COST CENTERS	4 220 722	1 225 1/7		2 055	1 04/ 720	20.00
30. 00 31. 00	1	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	4, 330, 733 1, 297, 106	1, 225, 167 566, 298		3, 055 1, 105	1, 946, 739 450, 053	30. 00 31. 00
32. 00	1	NEONATAL INTENSIVE CARE UNIT	366, 436	127, 469		382	30, 594	32. 00
40.00		SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	1	SUBPROVIDER - IRF	284, 200	39, 015	1	182	0	41.00
42. 00 43. 00		SUBPROVI DER NURSERY		0	- 1	0 127	0	42. 00 43. 00
44. 00	1	SKILLED NURSING FACILITY		0	- 1	0	0	44. 00
45. 00		NURSING FACILITY	0	0	0	0	0	45.00
50. 00		LARY SERVICE COST CENTERS OPERATING ROOM	419, 357	2, 907, 959	834	2, 553	223, 013	50. 00
51. 00		RECOVERY ROOM	294, 383	2, 907, 959 145, 057		2, 553 296	223, 013	51.00
52.00	1	DELIVERY ROOM & LABOR ROOM	353, 013	190, 056		470	0	52.00
54.00		RADI OLOGY-DI AGNOSTI C	189, 775	574, 364		4, 651	103, 053	54.00
57. 00 58. 00	1	CT SCAN MAGNETIC RESONANCE IMAGING (MRI)	0	1, 892 0		93 0	0	57. 00 58. 00
59. 00		CARDI AC CATHETERI ZATI ON	199, 187	494, 977		1, 591	0	59. 00
60.00		LABORATORY	0	0	0	2, 446	0	60.00
60. 01	1	BLOOD LABORATORY	0	0	0	0	0	60. 01
63. 00 65. 00	1	BLOOD STORING, PROCESSING, & TRANS. RESPIRATORY THERAPY		284, 429	0	127 438	0 88, 561	63. 00 65. 00
65. 01		SLEEP LAB	o	22, 718		143	0	
		PHYSI CAL THERAPY	0	22, 463		372	0	
67. 00 68. 00		OCCUPATIONAL THERAPY SPEECH PATHOLOGY	0	11, 233 2, 828		91 55	0	67. 00 68. 00
68. 01		AUDI OLOGY		2, 020	0	0	0	68. 01
69. 00		ELECTROCARDI OLOGY	0	27, 713		755	151, 359	69. 00
71.00	1	MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENT	0	6, 268, 163		853 2, 011	0	71.00
72. 00 73. 00		DRUGS CHARGED TO PATIENTS		12, 019, 953 0		3, 447	0	72. 00 73. 00
73. 01		HOSPITAL BASED RETAIL PHARMACIES	o	4, 137		162	0	73. 01
74. 00		RENAL DIALYSIS	0	14, 614		53	0	74. 00
76. 00 76. 97		CARDI OPULMONARY CARDI AC REHABI LI TATI ON	5, 400	0 10, 744	-	0 51	0	76. 00 76. 97
76. 98		HYPERBARI C OXYGEN THERAPY	81, 310	63, 352		258	0	76. 98
	OUTPA	TIENT SERVICE COST CENTERS		•				
90.00		CLINIC PAIN CLINIC	0	1 022		0	0	90.00
90. 02 90. 03		ONCOLOGY CLINIC	30, 395 107, 076	1, 823 147, 254		12 413	0 98, 223	90. 02 90. 03
91. 00		EMERGENCY	1, 069, 993	667, 584		3, 341	294, 668	91. 00
92. 00		OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
92. 01		OBSERVATION BEDS (DISTINCT PART)	244, 085	49, 188	0	169	0	92. 01
99. 10	09910	REIMBURSABLE COST CENTERS CORF	l	0	0	0	n	99. 10
	SPECI	AL PURPOSE COST CENTERS			. – –			
		PANCREAS ACQUISITION	0	0	- 1	0		109.00
		INTESTINAL ACQUISITION ISLET ACQUISITION	0	0	- 1	0		110. 00 111. 00
	1	INTEREST EXPENSE		O		O		113. 00
			'					

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS | Peri od: | Worksheet B | From 01/01/2014 | Part | To 12/31/2014 | Date/Time Prepared: Provider CCN: 150089

			Т	o 12/31/2014	Date/Time Pre 5/26/2015 1:4	
					INTERNS &	4 piii
					RESI DENTS	
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SERVI CES-SALAR	
555 551151 55551 Pt 1511	ADMI NI STRATI ON	SERVICES &		RECORDS &	Y & FRINGES	
		SUPPLY		LI BRARY		
	13.00	14.00	15. 00	16.00	21.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	C	0	0	115. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	9, 272, 449	25, 991, 695	6, 748, 640	29, 702	3, 386, 263	118. 00
NONREI MBURSABLE COST CENTERS				T		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	505	450			190. 00
191. 00 19100 RESEARCH	59, 710	6	C		1, 112, 652	
194.00 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	C			194. 00
194. 01 07951 BSU_PHARMACY	0	0	C	_		194. 01
194. 02 07952 PAVILLION PHARMACY	0	4, 961	960, 386	0		194. 02
194. 03 07953 VENDI NG	0	0	C	0		194. 03
194. 04 07954 CARELI NE	0	0	C	0	_	194. 04
194. 05 07955 WELLNESS CENTER	0	566		0		194. 05
194. 06 07956 PHYSICIAN PRACTICE CLINICS	0	442		0	243, 946	1
194. 07 07957 PERI NATAL CLI NI C	0	0		0		194. 07
194. 08 07958  RENTAL PROPERTY 194. 09 07959  ADVERTI SI NG	0	0	0	0		194. 08 194. 09
	0	0		0		194. 09
194. 10 07960  I NTEGRA LTAC 194. 11 07961   I U HEALTH HOSPI CE	0	1F 010		0		194. 10
194.11 07961 10 HEALTH HUSPICE 194.12 07962 POB MEDICAL PAVILLION CONDOS	0	15, 819		0		194. 11
194. 13 07963 EXECUTI VE PHYSI CAL	0	0		0	_	194. 12
194. 14 07964 NEW CASTLE ONCOLOGY		0		0		194. 13
194. 15 07965 MARKETI NG/PUBLI C RELATIONS	0	0		0		194. 15
194. 16 07966 JAY COUNTY HOSPITAL		0		0		194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE		0	Ö	0		194. 17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES		0	Ö	0		194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	0	Ö	0		194. 19
194. 20 07970 MEALS ON WHEELS	o	0	l d	0		194. 20
194. 21 07971 ST MARY'S SCHOOL	o	0	C	0	0	194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	o	637	C	0	0	194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	o	1, 309		0	0	194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	o	0	C	0	0	194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	11, 092	C	0	0	194. 25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	C	0	0	194. 26
194. 27 07977 MI DWEST HEALTH STRATEGIES	0	0	C	0	0	194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	C	0		194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	C	0	0	194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	15	0	0		194. 30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194. 31
194. 32 07982 RENAL DI ALYSI S	0	0	0	0		194. 32
194. 33 07983 LAB CORP	0	0	0	0		194. 33
194. 34 07984 H. O. MATERIALS MGMT	0	0	C	0		194. 34
194. 35 07985 LEASED SPACE	0	0	0	0		194. 35
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0		201. 00
202.00   TOTAL (sum lines 118-201)	9, 332, 159	26, 027, 047	7, 709, 476	29, 702	4, 742, 861	J202. 00

	Financial Systems ALLOCATION - GENERAL SERVICE COSTS	BALL MEMORIAL		CCN: 150089 F	In Lie Period:	u of Form CMS-1 Worksheet B	2552-10
C031 A	ALLOCATION - GENERAL SERVICE COSTS		FIOVIDE		From 01/01/2014	Part I	
					Го 12/31/2014	Date/Time Pre 5/26/2015 1:4	pared: 4 pm
		INTERNS &					
	Cost Contor Dosorintian	RESI DENTS	DADAMED ED	Subtatal	Intorn 0	Total	
	Cost Center Description	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost	iotai	
		1110111 00010	1 110111		& Post		
					Stepdown		
		20.00	00.00	04.00	Adjustments	0/ 00	
	GENERAL SERVICE COST CENTERS	22. 00	23. 00	24. 00	25. 00	26. 00	
1. 00	00100 NEW CAP REL COSTS-BLDG & FLXT						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01	01160 COMMUNI CATI ONS						5. 01
5. 02	00550 DATA PROCESSI NG						5. 02
5. 04 5. 05	OO570   ADMI TTI NG   OO580   CASHI ERI NG/ACCOUNTS   RECEI VABLE						5. 04 5. 05
5. 06	00591 OTHER ADMINISTRATIVE AND GENERAL						5. 06
6.00	00600 MAINTENANCE & REPAIRS						6. 00
7.00	00700 OPERATION OF PLANT						7. 00
8.00	00800 LAUNDRY & LINEN SERVICE						8. 00
9. 00 10. 00	00900 HOUSEKEEPI NG 01000 DI ETARY						9. 00 10. 00
11. 00	01100 CAFETERI A						11.00
13. 00	01300 NURSI NG ADMI NI STRATI ON						13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY						14. 00
15. 00	01500 PHARMACY						15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY						16.00
21. 00 22. 00	02100   &R SERVI CES-SALARY & FRINGES APPRVD 02200   &R SERVI CES-OTHER PRGM COSTS APPRVD	4, 675, 483					21. 00 22. 00
23. 00	1 1	4, 073, 403	O				23. 00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	I I	1, 919, 083	0			46, 232, 803	1
31.00	03100   NTENSIVE CARE UNIT	443, 659	0	1 1,2,0,00		13, 402, 324	1
32. 00 40. 00	02060 NEONATAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF	30, 159	0	4, 018, 919	-60, 753 0	3, 958, 166 0	1
41. 00	04100 SUBPROVIDER - IRF	l o	0	3, 163, 960		3, 163, 960	
42.00	04200 SUBPROVI DER	0	0		o	0	1
43.00	04300 NURSERY	0	0	1, 457, 703	0	1, 457, 703	
44. 00	04400 SKILLED NURSING FACILITY	0	0	1	0	0	
45. 00	04500   NURSING FACILITY     ANCILLARY SERVICE COST CENTERS	<u> </u>		1	0	0	45. 00
50.00	05000 OPERATI NG ROOM	219, 845	C	16, 877, 31	1 -442, 858	16, 434, 453	50.00
51. 00	05100 RECOVERY ROOM	0	0	3, 004, 042		3, 004, 042	
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0	0	4, 528, 26!		4, 528, 265	
54. 00 57. 00	05400   RADI OLOGY-DI AGNOSTI C   05700   CT   SCAN	101, 589	0	20, 533, 132 182, 028		20, 328, 490 182, 028	
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0	) 102, 020		102, 020	58.00
	05900 CARDI AC CATHETERI ZATI ON	0	0	5, 152, 622	0	5, 152, 622	
	06000 LABORATORY	0	0	13, 639, 950	0	13, 639, 950	
	06001 BLOOD LABORATORY	0	0	(	0	0	
63. 00 65. 00	06300 BLOOD STORI NG, PROCESSI NG, & TRANS. 06500 RESPI RATORY THERAPY	87, 303	0	1, 813, 34 <sup>-</sup> 5, 766, 35!		1, 813, 347 5, 590, 491	
65. 01	06501 SLEEP LAB	07,303	0	1, 051, 609		1, 051, 609	
66. 00	06600 PHYSI CAL THERAPY	0	0	6, 262, 099		6, 262, 099	
67. 00	06700 OCCUPATI ONAL THERAPY	0	0	1, 130, 47!		1, 130, 475	1
68. 00 68. 01	06800 SPEECH PATHOLOGY	0	0	517, 610		517, 616	
69. 00	06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY	149, 209	0	3, 569, 76!	-300, 568	0 3, 269, 197	68. 01 69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	16, 156, 36		16, 156, 367	1
72. 00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	31, 191, 44		31, 191, 447	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0	30, 957, 44!		30, 957, 445	1
73. 01 74. 00	07301 HOSPITAL BASED RETAIL PHARMACIES 07400 RENAL DIALYSIS	0	0	3, 567, 566 1, 054, 99		3, 567, 566 1, 054, 991	
76. 00	03020 CARDI OPULMONARY	0	0	1,054,99		1, 054, 991	1
76. 97	07697 CARDI AC REHABI LI TATI ON	Ö	0	791, 260		791, 260	1
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	0	1, 701, 85	7 0	1, 701, 857	76. 98
00.00	OUTPATIENT SERVICE COST CENTERS			.1			00.00
90. 00 90. 02	09000   CLI NI C   09002   PAI N   CLI NI C	0	0	1, 732, 81	7 0	1, 732, 817	90.00
90. 03	09003 ONCOLOGY CLINIC	96, 827	0	1, 786, 569		1, 591, 519	
91. 00	09100 EMERGENCY	290, 482	0	14, 878, 19		14, 293, 047	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92. 00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	2, 713, 99	3 0	2, 713, 993	92. 01
99. 10	OTHER REIMBURSABLE COST CENTERS  09910 CORF	0	0		ol ol	0	99. 10
	SPECIAL PURPOSE COST CENTERS						
	10900 PANCREAS ACQUISITION	0	0		0		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	'l (	0	0	110. 00

Health Financial Systems	BALL MEMORIAL	_ HOSPI TAL		In Lie	eu of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der	CCN: 150089	Peri od:	Worksheet B	
				From 01/01/2014 To 12/31/2014	Part I	naradi
				10 12/31/2014	Date/Time Pre 5/26/2015 1:4	l4 pm
	INTERNS &	<u>'</u>				
	RESI DENTS					
Cost Center Description	SERVI CES-OTHER	PARAMED ED	Subtotal	Intern &	Total	
	PRGM COSTS	PRGM		Residents Cost		
				& Post		
				Stepdown		
	22.00	23. 00	24. 00	Adjustments 25.00	26.00	
111. 00 11100 ISLET ACQUISITION	22.00	23.00	24.00	0 0		111.00
113. 00 11300   NTEREST EXPENSE		O			Ĭ	113.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	o	0		0 0	l o	115. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3, 338, 156	0	263, 596, 3	-6, 724, 419		
NONREI MBURSABLE COST CENTERS	<u> </u>		<u> </u>			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	657, 3	18 0	657, 348	190. 00
191. 00 19100 RESEARCH	1, 096, 846	0	3, 012, 70	-2, 209, 498	803, 268	191. 00
194.00 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	88, 22	21 0	88, 221	194. 00
194.01 07951 BSU PHARMACY	0	0	295, 7	16 0	295, 746	194. 01
194. 02 07952 PAVILLION PHARMACY	0	0	2, 170, 4		2, 170, 434	
194. 03 07953 VENDI NG	0	0		0	<b>l</b>	194. 03
194. 04 07954 CARELI NE	0	0		0 0	l e	194. 04
194. 05 07955 WELLNESS CENTER	0	0	534, 50			194. 05
194. 06 07956 PHYSICIAN PRACTICE CLINICS	240, 481	0	1, 863, 5			1
194. 07 07957 PERI NATAL CLI NI C	0	0	7 574 0	0 0		194. 07
194. 08 07958  RENTAL PROPERTY 194. 09 07959  ADVERTI SI NG	0	0	7, 574, 9 <sup>-</sup> 914, 8!			
194. 10 07960 I NTEGRA LTAC		0	173, 8		173, 818	194. 09
194. 11 07961  I U HEALTH HOSPI CE	0	0	231, 8		l	
194. 12 07962 POB MEDICAL PAVILLION CONDOS		0	231,00	0 0		194. 11
194. 13 07963 EXECUTI VE PHYSI CAL		0		0 0	l .	194. 13
194. 14 07964 NEW CASTLE ONCOLOGY		0		0 0		194. 14
194. 15 07965 MARKETI NG/PUBLI C RELATIONS	o	0	1, 099, 5		l	
194. 16 07966 JAY COUNTY HOSPITAL	O	0	316, 4			194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0		0 0	0	194. 17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0		0 0	0	194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	0		0 0	0	194. 19
194.20 07970 MEALS ON WHEELS	0	0		0	l .	194. 20
194.21 07971 ST MARY'S SCHOOL	0	0		0		194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0	1, 794, 20		.,, ====	
194. 23 07973 CANCER CENTER BOUTI QUE	0	0	183, 0			194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	1, 399, 3			
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	0	627, 4			194. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	17, 658, 8		,,	
194. 27 07977 MIDWEST HEALTH STRATEGIES 194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0 0	l e	194. 27 194. 28
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI		0		0	<b>l</b>	194. 28
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0	37, 50	0		194. 29
194. 31 07981 OTHER NONREI MBURSABLE COST CENTERS		0	37, 30	0		194. 30
194. 32 07982 RENAL DI ALYSI S		0		0 0	<b>l</b>	194. 32
194. 33 07983 LAB CORP		n		o o		194. 33
194. 34 07984 H. O. MATERI ALS MGMT		0		0 0	<b>l</b>	194. 34
194. 35 07985 LEASED SPACE		0		0 0		194. 35
200.00 Cross Foot Adjustments	0	0		0 0	0	200.00
201.00 Negative Cost Centers	0	0		0		201. 00
202.00 TOTAL (sum lines 118-201)	4, 675, 483	0	304, 231, 0	-9, 418, 344	294, 812, 690	202. 00

| Peri od: | Worksheet B | From 01/01/2014 | Part | I | To 12/31/2014 | Date/Time Prepared: | To 12/31/2014 Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 150089

					To	12/31/2014	Date/Time Prep 5/26/2015 1:4	
				CAPITAL RELATED COSTS				
		Cost Center Description	Di rectly	NEW BLDG &	Subtotal	EMPLOYEE	COMMUNI CATI ONS	
			Assigned New Capital	FIXT		BENEFITS DEPARTMENT		
			Related Costs 0	1.00	2A	4. 00	5. 01	
	GENER	AL SERVICE COST CENTERS	0	1.00	ZA	4.00	5.01	
1.00	1	NEW CAP REL COSTS-BLDG & FIXT		77 454	77 454	77 151		1.00
4. 00 5. 01		EMPLOYEE BENEFITS DEPARTMENT COMMUNICATIONS		77, 151 18, 949		77, 151 348	19, 297	4. 00 5. 01
5.02	00550	DATA PROCESSING	0	343, 630	343, 630	0	1, 248	5. 02
5.04	1	ADMITTING	0	57, 797 0		768 0	628 564	5. 04 5. 05
5. 05 5. 06		CASHI ERI NG/ACCOUNTS RECEI VABLE OTHER ADMINI STRATI VE AND GENERAL		479, 779		5, 276		5. 06
6.00		MAINTENANCE & REPAIRS	0	11, 218, 933	11, 218, 933	2, 195	475	6. 00
7. 00 8. 00	1	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	0	633, 398 0	1	632 0	72	7. 00 8. 00
9. 00	1	HOUSEKEEPING		186, 988		1, 810	89	9. 00
10.00	1	DI ETARY	0	312, 815		754	89	10. 00
11. 00 13. 00		CAFETERIA   NURSI NG   ADMINI STRATI ON	0	0 302, 455		858 3, 951	145 717	11. 00 13. 00
14. 00		CENTRAL SERVICES & SUPPLY		202, 775		506	290	14. 00
15. 00		PHARMACY	0	87, 106	87, 106	3, 566	411	15. 00
16. 00 21. 00	1	MEDICAL RECORDS & LIBRARY I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0 2. 725	902	16. 00 21. 00
22. 00	1	I &R SERVICES-OTHER PRGM COSTS APPRVD		241, 458	1	633	1, 007	22. 00
23. 00		PARAMED ED PRGM	0	0	0	0	0	23. 00
30. 00		I ENT ROUTI NE SERVI CE COST CENTERS ADULTS & PEDI ATRI CS	0	1, 708, 209	1, 708, 209	13, 768	2, 402	30. 00
31. 00	1	INTENSIVE CARE UNIT	0	351, 979		4, 817	644	31. 00
32.00		NEONATAL INTENSIVE CARE UNIT	0	68, 283	68, 283	1, 598		32.00
40. 00 41. 00		SUBPROVI DER	0	123, 828	123, 828	0 1, 069	0 161	40. 00 41. 00
42. 00		SUBPROVI DER	Ö	0	0	0	0	42. 00
43.00		NURSERY	0	46, 981		507	217	43.00
44. 00 45. 00		SKILLED NURSING FACILITY NURSING FACILITY	0	0		0	0	44. 00 45. 00
10.00	ANCI L	LARY SERVICE COST CENTERS				-		10.00
50.00		OPERATING ROOM	0			3, 895		50.00
51. 00 52. 00	1	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM		134, 732 167, 204		946 1, 481	209 338	51. 00 52. 00
54. 00	05400	RADI OLOGY-DI AGNOSTI C	0	757, 353		5, 763	1, 893	54. 00
57. 00		CT SCAN	0	0		104 0	0	57. 00
58. 00 59. 00		MAGNETIC RESONANCE IMAGING (MRI)  CARDIAC CATHETERIZATION		177, 602		1, 320	0 314	58. 00 59. 00
60.00	06000	LABORATORY	0	23, 642	1	0	379	60. 00
60. 01 63. 00	1	BLOOD LABORATORY BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	60. 01 63. 00
65. 00		RESPIRATORY THERAPY		58, 834	58, 834	2, 589		
65. 01		SLEEP LAB	0	0	0	375	161	65. 01
66. 00 67. 00		PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	0	39, 202 30, 410	1	3, 018 579		66. 00 67. 00
68. 00	1	SPEECH PATHOLOGY		7, 274	1	297		
68. 01		AUDI OLOGY	0	0		0		68. 01
69. 00 71. 00	1	ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS	0	252, 147	252, 147	762 0	604	69. 00 71. 00
72. 00		IMPL. DEV. CHARGED TO PATIENT	0	Ö	Ö	0	Ö	71.00
73. 00		DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
73. 01 74. 00	1	HOSPITAL BASED RETAIL PHARMACIES RENAL DIALYSIS	0	4, 971 36, 912		1, 126 0	24	
76. 00	1	CARDI OPULMONARY	0	0		0	0	76. 00
76. 97		CARDI AC REHABI LI TATI ON	0	0		366		
76. 98		HYPERBARIC OXYGEN THERAPY TIENT SERVICE COST CENTERS	0	3, 846	3, 846	334	97	76. 98
90.00		CLINIC	0	0	0	0	0	90. 00
90. 02		PAIN CLINIC	0	283, 898	283, 898	219		90. 02
90. 03 91. 00	1	ONCOLOGY CLINIC EMERGENCY	0	325, 870	325, 870	578 4, 113		90. 03 91. 00
92. 00	1	OBSERVATION BEDS (NON-DISTINCT PART)		020,070	020,070	1, 110	100	92. 00
92. 01		OBSERVATION BEDS (DISTINCT PART)	0	120, 944	120, 944	941	0	92. 01
99. 10	01HER 09910	REI MBURSABLE COST CENTERS CORF	0	0	0	0	0	99. 10
	SPECI	AL PURPOSE COST CENTERS						
		PANCREAS ACQUISITION INTESTINAL ACQUISITION	0	0	0	0		109. 00 110. 00
		ISLET ACQUISITION		0		0		110.00
					1			

ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 150089 Peri od: Worksheet B From 01/01/2014 Part II 12/31/2014 Date/Time Prepared: 5/26/2015 1:44 pm CAPI TAL RELATED COSTS Di rectly **EMPLOYEE** Cost Center Description NEW BLDG & Subtotal COMMUNI CATI ONS Assigned New FLXT **BENEFITS** DEPARTMENT Capi tal Related Costs 0 1.00 2A 4.00 5.01 113.00 11300 I NTEREST EXPENSE 113. 00 115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.) 0 115.00 SUBTOTALS (SUM OF LINES 1-117)
NONREI MBURSABLE COST CENTERS 0 19, 403, 882 19, 403, 882 74, 587 16, 640 118. 00 118.00 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 104 0 190. 00 0 0 0 191. 00 19100 RESEARCH 28, 095 28, 095 113 191.00 272 194. 00 07986 OTHER NONREIMBURSABLE COST CENTERS 0 194.00 C 0 194. 01 07951 BSU PHARMACY 161 0 194. 01 194. 02 07952 PAVILLION PHARMACY 538 40 194, 02 32 130 32, 130 194. 03 07953 VENDI NG 0 194, 03 0 194. 04 07954 CARELI NE 0 0 194. 04 194. 05 07955 WELLNESS CENTER 64 194. 05 101, 691 101, 691 37 194.06 07956 PHYSICIAN PRACTICE CLINICS 5 725 194, 06 304.327 304, 327 0 194. 07 194. 07 07957 PERINATAL CLINIC 194. 08 07958 RENTAL PROPERTY 1, 636, 586 1, 636, 586 0 314 194. 08 194. 09 07959 ADVERTI SI NG 219, 941 0 0 194. 09 219.941 194. 10 07960 I NTEGRA LTAC 217 194. 10 194. 11 07961 I U HEALTH HOSPICE 46, 020 46,020 153 194. 11 194. 12 07962 POB MEDICAL PAVILLION CONDOS 0 0 194. 12 194. 13 07963 EXECUTI VE PHYSI CAL 0 0 0 194. 13 0 194. 14 07964 NEW CASTLE ONCOLOGY 0 0 194, 14 0 194. 15 07965 MARKETING/PUBLIC RELATIONS 65, 703 65, 703 166 274 194. 15 194. 16 07966 JAY COUNTY HOSPITAL 0 194. 16 0 176 194. 17 07967 CARDI NAL HEALTH CHOICE 0 0 194. 17 0 0 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 0 0 194, 18 Ω 194. 19 07969 HEALTH CARE CONNECTIONS 0 0 0 0 194. 19 194. 20 07970 MEALS ON WHEELS 0 0 194. 20 194. 21 07971 ST MARY'S SCHOOL 0 0 0 194. 21 0 194. 22 07972 THERAPIES TO OTHER ENTITIES 0 194. 22 0 965 194. 23 07973 CANCER CENTER BOUTIQUE 10,778 10, 778 24 194. 23 194. 24 07974 BOSC BALL OUTPATIENT SURGERY 507 194. 24 317, 420 317, 420 0 226 194. 25 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 115, 973 115, 973 0 194. 26 07976 BLACKFORD COMMUNITY HOSPITAL 0 194. 26 0 111 194. 27 07977 MI DWEST HEALTH STRATEGIES 0 194. 27 0 0 0 194. 28 07978 CARDINAL SELECT RISK RETENTION GRP 0 194. 28 C 0 0 0 194. 29 194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI 0 0 C 194. 30 07980 CARDI NAL HEALTH ALLI ANCE 0 194. 30 194. 31 07981 OTHER NONREIMBURSABLE COST CENTERS 0 0 0 194. 31 0 194. 32 194. 32 07982 RENAL DIALYSIS 0 0 0 0 194. 33 07983 LAB CORP C 0 194. 33 194. 34 07984 H. O. MATERIALS MGMT 0 0 194. 34 0 194. 35 07985 LEASED SPACE 0 0 194. 35 200.00 Cross Foot Adjustments 0 200. 00

22, 282, 546

22, 282, 546

77, 151

0 201. 00 19, 297 202. 00

201.00

202.00

Negative Cost Centers

TOTAL (sum lines 118-201)

ALLOCATION OF CAPITAL RELATED COSTS

Provi der CCN: 150089

Period: Worksheet B From 01/01/2014 Part II

Date/Time Prepared: 12/31/2014 5/26/2015 1:44 pm Cost Center Description DATA ADMI TTI NG CASHI ERI NG/ACC OTHER MAINTENANCE & ADMI NI STRATI VE PROCESSI NG OUNTS **REPAIRS** RECEI VABLE AND GENERAL 5. 02 5. 04 6. 00 5.05 5.06 GENERAL SERVICE COST CENTERS 1.00 00100 NEW CAP REL COSTS-BLDG & FIXT 1.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 5.01 01160 COMMUNI CATI ONS 5.01 5.02 00550 DATA PROCESSING 344, 878 5.02 00570 ADMITTING 59, 193 5.04 5.04 5.05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 0 564 5.05 00591 OTHER ADMINISTRATIVE AND GENERAL 0 485 973 5.06 C C 5.06 6.00 00600 MAINTENANCE & REPAIRS 0 33, 512 11, 255, 115 6.00 7.00 00700 OPERATION OF PLANT 0 Ω 0 11,801 706, 796 7 00 00800 LAUNDRY & LINEN SERVICE 0 1.883 8.00 0 8.00 0 00900 HOUSEKEEPI NG 0 208, 657 9 00 Ω 5, 516 9 00 10.00 01000 DI ETARY 0000000 0 1,849 349, 065 10.00 11.00 01100 CAFETERI A 3, 743 11.00 01300 NURSING ADMINISTRATION 0 13, 227 337, 504 13.00 0 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 C 0 40, 518 226, 273 14.00 15.00 01500 PHARMACY 11, 542 97, 200 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 0 0 47 0 16.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 0 7, 404 21 00 C Λ 21.00 22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 0 C 0 6, 261 269, 439 22.00 02300 PARAMED ED PRGM 0 23.00 0 0 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 36, 352 6, 262 0 48, 923 1, 906, 157 30.00 31.00 03100 INTENSIVE CARE UNIT 13, 148 2, 265 0 15, 729 392, 767 31.00 02060 NEONATAL INTENSIVE CARE UNIT 76, 196 32.00 4,547 783 0 5,082 32.00 04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF 40 00 0 40 00 C 0 0 41.00 2, 163 373 3, 541 138, 178 41.00 42.00 04200 SUBPROVI DER 0 42.00 0 0 43.00 04300 NURSERY 1, 925 52, 425 43.00 1,511 260 04400 SKILLED NURSING FACILITY 0 44.00 0 C 0 0 44.00 45.00 04500 NURSING FACILITY 0 0 45.00 ANCILLARY SERVICE COST CENTERS 50 00 05000 OPERATING ROOM 30 385 5, 234 O 17 820 576, 382 50 00 05100 RECOVERY ROOM 0 51.00 3, 517 606 3, 334 150, 345 51.00 05200 DELIVERY ROOM & LABOR ROOM 5, 593 0 5, 183 186, 580 52.00 52.00 963 54.00 05400 RADI OLOGY-DI AGNOSTI C 46, 752 7,835 564 26, 976 845, 115 54.00 05700 CT SCAN 1, 108 275 57 00 57 00 191 0 0 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0 0 0 58.00 3, 262 05900 CARDIAC CATHETERIZATION 18, 933 6,057 198, 183 59.00 59.00 60.00 06000 LABORATORY 29, 103 5.014 0 21, 558 26, 382 60.00 06001 BLOOD LABORATORY 0 60.01 0 60.01 63.00 06300 BLOOD STORING, PROCESSING, & TRANS. 1,517 2,896 63.00 261 0 65.00 06500 RESPIRATORY THERAPY 5, 211 898 0 8,034 65, 652 65.00 06501 SLEEP LAB 0 1.704 294 1,632 65.01 0 65.01 06600 PHYSI CAL THERAPY 0 66.00 4.427 763 9.527 43.744 66.00 67.00 06700 OCCUPATIONAL THERAPY 1,086 187 0 1,611 33, 934 67.00 68 00 06800 SPEECH PATHOLOGY 655 768 8, 116 68.00 113 06801 AUDI OLOGY 0 68.01 68.01 0 06900 ELECTROCARDI OLOGY 0 69.00 8.990 1.549 3.891 281, 366 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 10, 155 1, 749 15, 792 71.00 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENT 23, 934 4, 123 0 30, 618 72.00 0 07300 DRUGS CHARGED TO PATIENTS 0 73.00 41.022 7.067 41.120 0 73.00 73.01 07301 HOSPITAL BASED RETAIL PHARMACIES 1, 932 333 0 3, 152 5, 547 73.01 74.00 07400 RENAL DIALYSIS 628 108 0 1, 478 41, 189 74.00 03020 CARDI OPULMONARY 0 76.00 C 0 76.00 ő 76.97 07697 CARDIAC REHABILITATION 611 105 1.175 Λ 76.97 07698 HYPERBARI C OXYGEN THERAPY 0 3,076 530 2, 448 4, 291 76.98 OUTPATIENT SERVICE COST CENTERS 09000 CLINIC 0 0 0 90.00

Provider CCN: 150089

Peri od: Worksheet B From 01/01/2014 Part II To 12/31/2014 Date/Time Prepared:

			'	0 12/31/2014	5/26/2015 1: 4	
Cost Center Description	DATA	ADMI TTI NG	CASHI ERI NG/ACC	OTHER	MAINTENANCE &	
· ·	PROCESSI NG		OUNTS	ADMI NI STRATI VE	REPAI RS	
			RECEI VABLE	AND GENERAL		
	5. 02	5. 04	5. 05	5. 06	6. 00	
NONREI MBURSABLE COST CENTERS	•		•			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	C	) C	1, 035	0	190. 00
191. 00 19100 RESEARCH	0	C	) c	940	31, 351	191. 00
194.00 07986 OTHER NONREIMBURSABLE COST CENTERS	0	C	) c	0	0	194. 00
194. 01 07951 BSU PHARMACY	0	C		465	0	194. 01
194. 02 07952 PAVILLION PHARMACY	0	C	) c	1, 744	35, 854	194. 02
194. 03 07953 VENDI NG	0	C	) c	0	0	194. 03
194. 04 07954 CARELI NE	0	C		0	0	194. 04
194. 05 07955 WELLNESS CENTER	0	C		332	113, 475	194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	O	C		663	339, 593	
194. 07 07957 PERINATAL CLINIC	0	C		0		194. 07
194. 08 07958 RENTAL PROPERTY	0	C		4, 254	1, 826, 234	194. 08
194. 09 07959 ADVERTI SI NG	0	C		1	245, 428	1
194. 10 07960 I NTEGRA LTAC	0	C		11	· ·	194. 10
194. 11 07961 I U HEALTH HOSPI CE	0	C		108	51, 353	
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	C				194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	C		0		194. 13
194. 14 07964 NEW CASTLE ONCOLOGY	0	(		0		194. 14
194. 15 07965 MARKETING/PUBLIC RELATIONS	0	(		1, 423		194. 15
194. 16 07966 JAY COUNTY HOSPITAL	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. 19 07969 HEALTH CARE CONNECTIONS	0	C		0		194. 19
194. 20 07970 MEALS ON WHEELS	0	C		0		194. 20
194. 21 07971 ST MARY'S SCHOOL	0	(		0		194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	(		2, 813		194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	0	(			12, 026	
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	(			354, 203	1
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	(			129, 412	
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	0	(			· ·	194. 26
194. 27 07977 MI DWEST HEALTH STRATEGIES	0	Č				194. 27
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0					194. 28
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	Č				194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0			_		194. 30
194. 31 07981 OTHER NONREI MBURSABLE COST CENTERS	0		ól			194. 31
194. 32 07982 RENAL DI ALYSI S	0		ól	_		194. 32
194. 33 07983 LAB CORP		(		_		194. 33
194. 34 07984 H. O. MATERIALS MGMT		(		,		194. 34
194. 35 07985 LEASED SPACE		(		<u> </u>		194. 35
200.00 Cross Foot Adjustments	١		1		J	200. 00
201. 00 Negative Cost Centers		٢	ما ا		n	201. 00
202. 00 TOTAL (sum lines 118-201)	344, 878	59, 193	564	485, 973		
202. 00    TOTAL (30111 TITIES TTO 201)	344,070	57, 170	1 304	400, 775	11, 200, 110	1202.00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2014 | Part II | To 12/31/2014 | Date/Time Prepared: | 5/26/2015 1:44 pm | COMMON | COMMO Provider CCN: 150089

		Coot Contar Doporintian	ODEDATION OF	I ALINDDY 0	HOUSEKEEDI NO	DIETADY	5/26/2015 1: 4	4 pm
		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	
1. 00		AL SERVICE COST CENTERS	I					1 00
4.00		NEW CAP REL COSTS-BLDG & FIXT EMPLOYEE BENEFITS DEPARTMENT						1. 00 4. 00
5. 01		COMMUNI CATI ONS						5. 01
5.02		DATA PROCESSING						5. 02
5.04		ADMITTING						5. 04
5. 05 5. 06		CASHI ERI NG/ACCOUNTS RECEI VABLE OTHER ADMINI STRATI VE AND GENERAL						5. 05 5. 06
6. 00		MAINTENANCE & REPAIRS						6.00
7. 00		OPERATION OF PLANT	1, 352, 699					7. 00
8.00		LAUNDRY & LINEN SERVICE	0	1, 883				8. 00
9.00	1	HOUSEKEEPING	26, 758					9. 00
10.00		DIETARY	44, 763	0		709, 618	7 740	10.00
11. 00 13. 00		CAFETERIA NURSING ADMINISTRATION	0 43, 281	0		0	7, 740 425	1
14. 00		CENTRAL SERVICES & SUPPLY	29, 017	0	.,	ő	126	•
15.00		PHARMACY	12, 465	1	1, 416	o	363	•
16. 00	1	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16. 00
21. 00		I &R SERVI CES-SALARY & FRI NGES APPRVD	0	0		0	351	1
22. 00 23. 00		I&R SERVICES-OTHER PRGM COSTS APPRVD   PARAMED ED PRGM	34, 552 0	0		0	76 0	•
23.00		TIENT ROUTINE SERVICE COST CENTERS		0	<u> </u>	<u> </u>		23.00
30.00		ADULTS & PEDIATRICS	244, 443	921	237, 851	537, 158	1, 843	30. 00
31. 00		INTENSIVE CARE UNIT	50, 368		20, 390	52, 046	534	1
32. 00		NEONATAL INTENSIVE CARE UNIT	9, 771	8		0	165	•
40. 00 41. 00		SUBPROVI DER - I PF SUBPROVI DER - I RF	17, 720	0 56		27, 215	0 131	40. 00 41. 00
42.00		SUBPROVI DER	17,720	0		27, 213	0	ı
43. 00		NURSERY	6, 723	Ö		o	58	•
44.00		SKILLED NURSING FACILITY	0	0		0	0	44. 00
45. 00		NURSING FACILITY	0	0	0	0	0	45. 00
50. 00		LARY SERVICE COST CENTERS OPERATING ROOM	73, 914	137	16, 345	ol	517	50. 00
51.00		RECOVERY ROOM	19, 280			o	115	•
52. 00		DELIVERY ROOM & LABOR ROOM	23, 927	68		Ö	165	•
54.00		RADI OLOGY-DI AGNOSTI C	108, 376	102	15, 171	0	622	54. 00
57. 00		CT SCAN	0	0		0	25	•
58. 00		MAGNETIC RESONANCE IMAGING (MRI)	0	0		0	0	•
59. 00 60. 00		CARDIAC CATHETERIZATION LABORATORY	25, 415 3, 383	28	7, 485 7, 363	0	145 0	59. 00 60. 00
60. 01	1	BLOOD LABORATORY	0,303	0		o	0	60. 01
63.00		BLOOD STORING, PROCESSING, & TRANS.	0	0	О	О	0	63. 00
65. 00		RESPI RATORY THERAPY	8, 419			0	286	1
65. 01	1	SLEEP LAB	0	0		0	22	
66. 00 67. 00		PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	5, 610 4, 352	0	4, 814 283	0	348 53	1
68. 00		SPEECH PATHOLOGY	1, 041	0		ol	30	1
68. 01		AUDI OLOGY	0	0		o	0	
		ELECTROCARDI OLOGY	36, 082	17		0	122	
71. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	•
72. 00 73. 00	1	IMPL. DEV. CHARGED TO PATIENT   DRUGS CHARGED TO PATIENTS	0	0	0	0	0	ı
73. 00		HOSPITAL BASED RETAIL PHARMACIES	711	0	566	0	103	•
74. 00		RENAL DIALYSIS	5, 282	7	0	Ö	0	1
76. 00		CARDI OPULMONARY	0	0	0	O	0	76. 00
76. 97		CARDI AC REHABI LI TATI ON	0	0		0	56	
76. 98		HYPERBARIC OXYGEN THERAPY TIENT SERVICE COST CENTERS	550	0	0	0	41	76. 98
90. 00		CLINIC	0	0	O	ol	0	90. 00
90. 02		PAIN CLINIC	40, 625	0		o	39	•
90. 03		ONCOLOGY CLINIC	0	0	О	0	64	90. 03
91. 00		EMERGENCY	46, 632	208	34, 955	0	497	•
92.00		OBSERVATION BEDS (NON-DISTINCT PART)	47.007	F./	0.000		400	92.00
92. 01		OBSERVATION BEDS (DISTINCT PART)	17, 307	56	2, 832	U <sub>I</sub>	132	92. 01
99. 10			0	0	0	o	0	99. 10
		AL PURPOSE COST CENTERS	-		-1	-,		
	10900	PANCREAS ACQUISITION	0	0		0		109. 00
		INTESTINAL ACQUISITION	0	0	0	0		110.00
		ISLET ACQUISITION   INTEREST EXPENSE	0	0	0	O	0	111. 00 113. 00
	1	AMBULATORY SURGICAL CENTER (D. P.)	0	n	0	o	0	115. 00
118.00		SUBTOTALS (SUM OF LINES 1-117)	940, 767	1, 865	398, 828	616, 419		118. 00

| Period: | Worksheet B | From 01/01/2014 | Part II | To | 12/31/2014 | Date/Time Prepared: Provi der CCN: 150089

			То	12/31/2014	Date/Time Prepared: 5/26/2015 1:44 pm
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
NONREI MBURSABLE COST CENTERS	•				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	28 190. 00
191. 00 19100 RESEARCH	4, 020	1	6, 473	0	33 191. 00
194.00 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	4, 774	14, 748	0 194. 00
194.01 07951 BSU PHARMACY	0	0	0	0	15 194. 01
194. 02 07952 PAVILLION PHARMACY	4, 598	0	0	0	54 194. 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
194.05 07955 WELLNESS CENTER	14, 552	17	809	0	7 194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	43, 549	0	5, 340	0	0 194. 06
194. 07 07957  PERI NATAL CLI NI C	0	0	0	0	0 194. 07
194. 08 07958 RENTAL PROPERTY	234, 193	0	0	0	0 194. 08
194. 09 07959 ADVERTI SI NG	31, 473	0	0	0	0 194. 09
194. 10 07960 I NTEGRA LTAC	0	1	5, 462	39, 094	0 194. 10
194. 11 07961 IU HEALTH HOSPICE	6, 585	0	1, 133	0	0 194. 11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0 194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0	0	0	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	9, 402		324	0	26 194. 15
194. 16 07966 JAY COUNTY HOSPITAL	0	0	0	0	6 194. 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. 19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0 194. 19
194. 20 07970 MEALS ON WHEELS	0	0	0	0	0 194. 20
194. 21 07971 ST MARY'S SCHOOL	0	0	0	0	0 194. 21
194. 22 07972 THERAPI ES TO OTHER ENTITIES	0	-	0	0	104 194. 22
194. 23 07973 CANCER CENTER BOUTLQUE	1, 542		0	0	3 194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	45, 422		6, 675	00 057	0 194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	16, 596	0	0	39, 357	0 194. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL 194. 27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	U O	6 194. 26 0 194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		O O	0 194. 27
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0	0 194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE				0	4 194. 30
194. 31 07981 OTHER NONREIMBURSABLE 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. 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 Cross Foot Adjustments				٩	200. 00
201.00 Negative Cost Centers	0	0		٥	0 201. 00
202.00 TOTAL (sum lines 118-201)	1, 352, 699	1, 883	429, 818	709, 618	7, 740 202. 00
	., 552, 677	.,000	1 .27,010	,	.,,232.00

In Lieu of Form CMS-2552-10

Period:	Worksheet B
From 01/01/2014	Part II
To 12/31/2014	Date/Time Prepared:
5/26/2015 1:44 pm	Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 150089

					12/31/2014	5/26/2015 1: 4	
						INTERNS &	
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	RESI DENTS SERVI CES-SALAR	
	Sect Content Besser Ptron	ADMI NI STRATI ON			RECORDS &	Y & FRINGES	
		40.00	SUPPLY	45.00	LI BRARY	04.00	
	GENERAL SERVICE COST CENTERS	13. 00	14. 00	15. 00	16. 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. 01
5.02	00550 DATA PROCESSING						5. 02
5. 04 5. 05	00570   ADMITTING   00580   CASHIERING/ACCOUNTS   RECEIVABLE						5. 04 5. 05
5. 06	00591 OTHER ADMINISTRATIVE AND GENERAL						5. 06
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7. 00
8. 00 9. 00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG						8. 00 9. 00
10.00	01000 DI ETARY						10. 00
11. 00	01100 CAFETERI A						11. 00
13.00	01300 NURSING ADMINISTRATION	702, 895					13.00
14. 00	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	0	500, 759				14.00
15. 00 16. 00	01600 MEDI CAL RECORDS & LI BRARY		1, 861 0	1	949		15. 00 16. 00
21. 00	02100 I &R SERVI CES-SALARY & FRI NGES APPRVD	0	0		Ó	10, 480	21. 00
22. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	87	0	О	·	22. 00
23. 00	02300 PARAMED ED PRGM	0	0	0	0		23. 00
30. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	326, 189	23, 572	0	153		30. 00
31. 00	03100   NTENSI VE CARE UNI T	97, 698	10, 895		55		31. 00
32. 00	02060 NEONATAL INTENSIVE CARE UNIT	27, 600	2, 452		19		32. 00
40.00	04000 SUBPROVI DER - I PF	0	0	0	0		40. 00
41. 00	04100 SUBPROVI DER - I RF	21, 406	751	0	9		41. 00
42. 00 43. 00	04200 SUBPROVI DER 04300 NURSERY		0		6		42. 00 43. 00
44. 00	04400 SKILLED NURSING FACILITY	l o	0		o		44. 00
45.00	04500 NURSING FACILITY	0	0	0	0		45. 00
FO 00	ANCI LLARY SERVI CE COST CENTERS	21 50/	EE 040	22	120		FO 00
50. 00 51. 00	05000 OPERATING ROOM 05100 RECOVERY ROOM	31, 586 22, 173	55, 948 2, 791		128 15		50. 00 51. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	26, 589	3, 657		23		52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	14, 294	11, 050	30	-306		54.00
57. 00	05700 CT SCAN	0	36		5		57. 00
58. 00 59. 00	05800   MAGNETI C RESONANCE I MAGING (MRI)   05900   CARDI AC CATHETERI ZATI ON	15, 003	9, 523	0	0 80		58. 00 59. 00
60.00	06000 LABORATORY	15,003	9, 323	. 1	122		60. 00
60. 01	06001 BLOOD LABORATORY	0	0	0	О		60. 01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	-	6		63. 00
65. 00 65. 01	06500 RESPI RATORY THERAPY 06501 SLEEP LAB	0	5, 472 437	1	22 7		65. 00 65. 01
66. 00	06600 PHYSI CAL THERAPY		437		19		66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	O	216		5		67. 00
68. 00	06800 SPEECH PATHOLOGY	0	54	1	3		68. 00
68. 01 69. 00	06801   AUDI OLOGY   06900   ELECTROCARDI OLOGY	0	0 533	- 1	0 38		68. 01 69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		120, 596		43		71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENT	O	231, 272		101		72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0		172		73. 00
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	80		8		73. 01
74. 00 76. 00	07400   RENAL DI ALYSI S   03020   CARDI OPULMONARY		281 0	1	3		74. 00 76. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	407	207	- 1	3		76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	6, 124	1, 219	0	13		76. 98
	OUTPATIENT SERVICE COST CENTERS	1		1	ام		
90. 00 90. 02	09000 CLINIC 09002 PAIN CLINIC	2, 289	0 35	- 1	0		90. 00 90. 02
90. 03	09003 ONCOLOGY CLINIC	8, 065	2, 833		21		90. 03
91. 00	09100 EMERGENCY	80, 591	12, 844		167		91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			_	_		92. 00
92. 01	O9201   OBSERVATION BEDS (DISTINCT PART)     OTHER REIMBURSABLE COST CENTERS	18, 384	946	0	8		92. 01
99. 10	09910 CORF	O	0	0	O		99. 10
	SPECIAL PURPOSE COST CENTERS						
	10900 PANCREAS ACQUISITION	0	0		o		109.00
	11000 INTESTINAL ACQUISITION  11100 ISLET ACQUISITION	0	0	0	0		110. 00 111. 00
	11300 INTEREST EXPENSE				٩		113. 00
			•			<u>'</u>	

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 150089

			T	o 12/31/2014	Date/Time Prepa 5/26/2015 1:44	
					I NTERNS &	рііі
					RESI DENTS	
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SERVI CES-SALAR	
	ADMI NI STRATI ON	SERVICES &		RECORDS &	Y & FRINGES	
		SUPPLY		LI BRARY		
	13.00	14. 00	15. 00	16. 00	21.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		0	1	15. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	698, 398	500, 080	189, 019	949	0 1	18.00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10		0	•	90. 00
191. 00 19100 RESEARCH	4, 497	0		0	l	91. 00
194.00 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0		0	•	94. 00
194. 01 07951 BSU_PHARMACY	0	0		0	l	94. 01
194. 02 07952 PAVILLION PHARMACY	0	95		0	•	94. 02
194. 03 07953 VENDI NG	0	0		0	•	94. 03
194. 04 07954 CARELI NE	0	0	0	0	l l	94. 04
194. 05 07955 WELLNESS CENTER	0	11	0	0		94. 05
194. 06 07956 PHYSICIAN PRACTICE CLINICS	0	9	ľ	0		94. 06
194. 07 07957 PERINATAL CLINIC	0	0	ľ	0		94. 07
194. 08 07958 RENTAL PROPERTY	0	0	1	0	l l	94. 08
194. 09 07959 ADVERTI SI NG	0	0		0	l .	94. 09
194. 10 07960   NTEGRA LTAC	0	0	0	0		94. 10
194. 11 07961 I U HEALTH HOSPI CE	0	304	0	0		94. 11
194. 12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0		94. 12
194. 13 07963 EXECUTI VE PHYSI CAL 194. 14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	l l	94. 13 94. 14
194. 14 07984 NEW CASTLE UNCOLOGY 194. 15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0		94. 14 94. 15
194. 15 07965 MARKETING/PUBLIC RELATIONS 194. 16 07966 JAY COUNTY HOSPITAL	0	0	0	0		94. 15 94. 16
194. 17 07966 JAT COUNTY HOSPITAL 194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0	0	0	l .	94. 10
194. 18 07968 CHV CARDI NAL HEALTH VENTURES	0	0	0	0	l	94. 17
194. 19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	•	94. 19
194. 20 07970   MEALS ON WHEELS	0	0		0	l	94. 20
194. 21 07971 ST MARY'S SCHOOL	0	0		0	•	94. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	o o	12	0	0	l	94. 22
194. 23 07973 CANCER CENTER BOUTI QUE	Ŏ	25	0	0	l .	94. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	o o	0		0		94. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	213		0		94. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0		0	l l	94. 26
194. 27 07977 MIDWEST HEALTH STRATEGIES	0	0		0	l	94. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	l	94. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	1	94. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0	0	0	1	94. 30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	1	94. 31
194. 32 07982 RENAL DI ALYSI S	0	0	0	0	1	94. 32
194. 33 07983 LAB CORP	0	0	0	0	1	94. 33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	1	94. 34
194. 35 07985 LEASED SPACE	0	0	0	0	1	94. 35
200.00 Cross Foot Adjustments					10, 480 2	00.00
201.00 Negative Cost Centers	0	0	0	0	0 2	01.00
202.00 TOTAL (sum lines 118-201)	702, 895	500, 759	215, 931	949	10, 480 2	02.00

	Financial Systems	BALL MEMORIA				u of Form CMS-	2552-10
ALLOCA	TION OF CAPITAL RELATED COSTS		Provi der	F	eriod: from 01/01/2014 fo 12/31/2014	Worksheet B Part II Date/Time Pre 5/26/2015 1:4	pared: 4 pm
	Cost Center Description	I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	OSMEDAL OFFICE O	22.00	23. 00	24. 00	25. 00	26. 00	
1. 00	GENERAL SERVICE COST CENTERS OO100 NEW CAP REL COSTS-BLDG & FIXT			1			1.00
4. 00 5. 01 5. 02 5. 04 5. 05 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNICATIONS 00550 DATA PROCESSING 00570 ADMITTING 00580 CASHIERING/ACCOUNTS RECEIVABLE 00591 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFTERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY						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
21. 00 22. 00 23. 00	02100   &R SERVICES-SALARY & FRINGES APPRVD 02200   &R SERVICES-OTHER PRGM COSTS APPRVD 02300   PARAMED ED PRGM	553, 796	0				21. 00 22. 00 23. 00
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS   03000   ADULTS & PEDIATRICS			5, 094, 203	O	5, 094, 203	30.00
	03100 INTENSIVE CARE UNIT			1, 013, 536		1, 013, 536	1
32.00	02060 NEONATAL INTENSIVE CARE UNIT			198, 770	1	198, 770	32. 00
40.00	04000 SUBPROVI DER - I PF			244 077	1	0	
41. 00 42. 00	04100   SUBPROVI DER			346, 877	0	346, 877 0	
43. 00	04300 NURSERY			120, 606	1	120, 606	
44. 00	04400 SKILLED NURSING FACILITY			C	o	0	44. 00
45. 00	04500 NURSING FACILITY			C	0	0	45. 00
50 00	ANCILLARY SERVICE COST CENTERS    O5000   OPERATING ROOM	1		1, 329, 574	O	1, 329, 574	50.00
51.00	05100 RECOVERY ROOM			339, 079		339, 079	
52. 00	05200 DELIVERY ROOM & LABOR ROOM			437, 307	1	437, 307	
54.00	05400 RADI OLOGY-DI AGNOSTI C			1, 841, 590		1, 841, 590	
57. 00	05700 CT SCAN			1, 744	1	1, 744	
58. 00 59. 00	05800   MAGNETIC RESONANCE I MAGING (MRI)   05900   CARDIAC CATHETERIZATION			463, 350	-	0 463, 350	
	06000 LABORATORY			116, 947	1	116, 947	
60. 01	06001 BLOOD LABORATORY			C	o	0	60. 01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.			4, 680			63.00
65. 00 65. 01	06500   RESPI RATORY THERAPY   06501   SLEEP LAB			156, 735 4, 632		156, 735 4, 632	
66. 00	06600 PHYSI CAL THERAPY			112, 010		112, 010	1
67. 00	06700 OCCUPATI ONAL THERAPY			72, 780		72, 780	1
68. 00 68. 01	O6800   SPEECH PATHOLOGY   O6801   AUDI OLOGY			18, 674		18, 674 0	
	06900 ELECTROCARDI OLOGY			586, 101	-	586, 101	1
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS			148, 335		148, 335	1
72. 00	07200 I MPL. DEV. CHARGED TO PATIENT			290, 048		290, 048	
73. 00 73. 01	07300 DRUGS CHARGED TO PATIENTS 07301 HOSPITAL BASED RETAIL PHARMACIES			235, 272		235, 272	
74. 00	1 1			61, 628 85, 936		61, 628 85, 936	
76. 00	03020 CARDI OPULMONARY			0	1	0	1
	07697 CARDI AC REHABI LI TATI ON			5, 389		5, 389	1
76. 98	O7698   HYPERBARI C OXYGEN THERAPY   OUTPATIENT SERVICE COST CENTERS			22, 569	0	22, 569	76. 98
90. 00	09000 CLINIC				0	0	90.00
90. 02	09002 PAIN CLINIC			645, 681		645, 681	
90. 03	09003 ONCOLOGY CLINIC			19, 429		19, 429	
91. 00 92. 00	O9100   EMERGENCY   O9200   OBSERVATION   BEDS (NON-DISTINCT PART)			934, 107	0	934, 107	91.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)			301, 986		301, 986	
	OTHER REIMBURSABLE COST CENTERS	1					
99. 10	O9910   CORF   SPECIAL PURPOSE COST CENTERS			C	0	0	99. 10
109.00	10900 PANCREAS ACQUISITION			С	0	0	109. 00
	11000 INTESTINAL ACQUISITION	<u>                                       </u>		c			110. 00

Health Financial Systems	BALL MEMORIA	L HOSPITAL		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der	1	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Pre 5/26/2015 1:4	
Cost Center Description	I NTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	22. 00	23. 00	24.00	25. 00	26. 00	
111. 00   11100   I SLET ACQUI SI TI ON 113. 00   11300   I NTEREST EXPENSE 115. 00   11500   AMBULATORY SURGI CAL CENTER (D. P.) SUBTOTALS (SUM OF LINES 1-117)	0	0		0 0 0 5 0	0	
NONREI MBURSABLE COST CENTERS	1		1 10		1 100	100.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191.00 19100 RESEARCH			1, 190 75, 799			190. 00 191. 00
194. 00 07986 OTHER NONREIMBURSABLE COST CENTERS			19, 52			194. 00
194. 01 07951  BSU_PHARMACY			64			194. 01
194. 02 07952 PAVI LLI ON PHARMACY			101, 95:		101, 952	
194. 03 07953 VENDI NG				0 0	0	194. 03
194. 04 07954 CARELI NE				0 0		194. 04
194.05 07955 WELLNESS CENTER			230, 99		230, 995	
194.06 07956 PHYSICIAN PRACTICE CLINICS			694, 21		694, 211	
194. 07 07957 PERI NATAL CLI NI C			0 704 50	0		194. 07
194. 08 07958 RENTAL PROPERTY			3, 701, 58		3, 701, 581	
194. 09 07959  ADVERTI SI NG 194. 10 07960  I NTEGRA LTAC			497, 24		497, 249	194. 09
194. 11 07960 INTEGRA LTAC 194. 11 07961 I U HEALTH HOSPI CE			105, 65		105, 656	
194. 12 07962 POB MEDICAL PAVILLION CONDOS				0		194. 12
194. 13 07963 EXECUTI VE PHYSI CAL			1	0	0	1
194.14 07964 NEW CASTLE ONCOLOGY				0	0	194. 14
194. 15 07965 MARKETING/PUBLIC RELATIONS			150, 63	4 0	150, 634	194. 15
194. 16 07966 JAY COUNTY HOSPITAL			68	5 0		194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE				0		194. 17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES				0	_	194. 18
194. 19 07969 HEALTH CARE CONNECTIONS				0	0	
194. 20 07970 MEALS ON WHEELS			9	0	0	
194. 21 07971 ST MARY'S SCHOOL 194. 22 07972 THERAPLES TO OTHER ENTITLES			3, 89	4 0		194. 21 194. 22
194. 23 07973 CANCER CENTER BOUTLQUE			24, 64			194. 22
194. 24 07974 BOSC BALL OUTPATIENT SURGERY			724, 84		724, 841	
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH			302, 020		302, 020	
194.26 07976 BLACKFORD COMMUNITY HOSPITAL			28, 31			194. 26
194.27 07977 MIDWEST HEALTH STRATEGIES				0 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	0	1
194. 30 07980 CARDI NAL HEALTH ALLI ANCE			8:	2 0		194. 30
194. 31 07981 OTHER NONREI MBURSABLE COST CENTERS			9	0	0	
194. 32 07982  RENAL DI ALYSI S 194. 33 07983  LAB CORP			1	0	0	194. 32 194. 33
194. 33 07983  LAB CORP 194. 34 07984  H. O. MATERI ALS MGMT						194. 33
194. 35 07985 LEASED SPACE	1				0	1
200.00 Cross Foot Adjustments	553, 796	Ω	564, 27	6 0	564, 276	
201.00 Negative Cost Centers	0	0	)	0	-	201.00
202.00 TOTAL (sum lines 118-201)	553, 796	0	22, 282, 54	6 0		

	Financial Systems	BALL MEMORIA				u of Form CMS-:	
COST A	NLLOCATION - STATISTICAL BASIS		Provi der	F	eriod: rom 01/01/2014	Worksheet B-1	
				T	0 12/31/2014	Date/Time Pre 5/26/2015 1:4	pared: 4 nm
		CAPI TAL				372072013 1.4	4 piii
		RELATED COSTS					
	Cost Center Description	NEW BLDG &	EMPLOYEE	COMMUNI CATI ONS		ADMITTI NG	
		FLXT	BENEFITS		PROCESSI NG	(GROSS	
		(SQUARE	DEPARTMENT	(PHONE	(GROSS	CHARGES)	
		FEET)	(GROSS	LI NES)	CHARGES)		
		1.00	4. 00	5. 01	5. 02	5. 04	
	GENERAL SERVICE COST CENTERS	1.00	4.00	3.01	5. 02	3.04	
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	1, 761, 502					1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	6, 099	95, 401, 795	5			4.00
5. 01	01160 COMMUNI CATI ONS	1, 498	430, 080	2, 396			5. 01
5.02	00550 DATA PROCESSING	27, 165	0	155	1, 449, 393, 894		5. 02
5.04	00570 ADMITTING	4, 569	948, 860			1, 449, 393, 894	5. 04
5. 05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	0		70	0	0	5. 05
5.06	00591 OTHER ADMINISTRATIVE AND GENERAL	37, 928	6, 521, 564		0	0	
6.00	00600 MAINTENANCE & REPAIRS	886, 890	2, 713, 691		0	0	6.00
7. 00 8. 00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	50, 072	781, 391	9	-	0	
9. 00	00900 HOUSEKEEPING	14, 782	2, 236, 751		0	0	9. 00
10.00	01000 DI ETARY	24, 729	932, 513	1	0	0	1
11. 00	01100 CAFETERI A	0	1, 060, 315	1		0	11.00
13.00	01300 NURSING ADMINISTRATION	23, 910	4, 883, 409			0	13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY	16, 030	625, 755	36	0	0	14. 00
15.00	01500 PHARMACY	6, 886	4, 408, 317	51	0	0	15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	0	0	112	0	0	16. 00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	3, 368, 680	1	0	0	
22. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	19, 088	781, 854	1		0	00
23. 00	02300 PARAMED ED PRGM	0	0	) 0	0	0	23. 00
30. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	135, 039	17, 054, 188	298	152, 740, 408	152, 740, 408	30.00
31. 00	03100 INTENSIVE CARE UNIT	27, 825	5, 953, 944	1		55, 243, 449	
32. 00	02060 NEONATAL INTENSIVE CARE UNIT	5, 398	1, 975, 359	1	19, 106, 603	19, 106, 603	•
40. 00	04000 SUBPROVIDER - I PF	0,070	1, 770, 007		0	0	1
41. 00	04100 SUBPROVI DER - I RF	9, 789	1, 321, 991	20	9, 089, 249	9, 089, 249	1
42. 00	04200 SUBPROVI DER	0	0	o	0	0	1
43.00	04300 NURSERY	3, 714	627, 226	27	6, 349, 611	6, 349, 611	43. 00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44. 00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45. 00
	ANCI LLARY SERVI CE COST CENTERS						1
50.00	05000 OPERATI NG ROOM	40, 833	4, 814, 198	1		127, 668, 739	
51.00	05100 RECOVERY ROOM	10, 651	1, 168, 975			14, 777, 411	
52. 00 54. 00	O5200   DELI VERY ROOM & LABOR ROOM   O5400   RADI OLOGY-DI AGNOSTI C	13, 218 59, 871	1, 830, 712 7, 123, 475	1	23, 499, 033 196, 765, 159	23, 499, 033 196, 765, 159	
57. 00	05700 CT SCAN	37, 871	128, 827		4, 657, 198	4, 657, 198	
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)		120, 027		4, 037, 170	4, 037, 170	1
59. 00	05900 CARDI AC CATHETERI ZATI ON	14, 040	1, 632, 067	1	79, 549, 775	79, 549, 775	1
60.00	06000 LABORATORY	1, 869	0	1		122, 283, 031	
60. 01	06001 BLOOD LABORATORY	0	0	0	0	0	1
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	6, 374, 545	6, 374, 545	63. 00
65.00	06500 RESPI RATORY THERAPY	4, 651	3, 200, 579	1		21, 896, 722	
65. 01	06501 SLEEP LAB	0	463, 740	1		7, 159, 100	1
66.00	06600 PHYSI CAL THERAPY	3, 099	3, 730, 008			18, 601, 057	
67. 00	06700 OCCUPATIONAL THERAPY	2, 404	715, 493		4, 563, 379	4, 563, 379	
68. 00 68. 01	06800  SPEECH PATHOLOGY   06801  AUDI OLOGY	575	366, 848	5	2, 750, 068	2, 750, 068	
69. 00	06900 ELECTROCARDI OLOGY	19, 933	942, 517	75	37, 772, 193	0 37, 772, 193	1
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	17, 733	742, 517	75	42, 668, 608	42, 668, 608	•
72. 00	07200 IMPL. DEV. CHARGED TO PATIENT		0		100, 561, 636	100, 561, 636	
73. 00	07300 DRUGS CHARGED TO PATIENTS	o	0	ol o	172, 360, 212	172, 360, 212	
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	393	1, 391, 387	3	8, 116, 365	8, 116, 365	1
74.00	07400 RENAL DIALYSIS	2, 918	0	6	2, 636, 754	2, 636, 754	1
76.00	03020 CARDI OPULMONARY	0	0	0	0	0	76. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	0	451, 902	2 4	2, 566, 405	2, 566, 405	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	304	413, 289	12	12, 923, 450	12, 923, 450	76. 98
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	270 204	0		500 744	90.00
90. 02 90. 03	O9002 PAIN CLINIC   O9003 ONCOLOGY CLINIC	22, 443	270, 384 714, 301	1		589, 744 20, 657, 782	1
91.00	09100 EMERGENCY	25, 761	5, 083, 524	1		167, 034, 789	1
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	23, 701	5, 555, 524		107,004,709	107, 004, 709	92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	9, 561	1, 163, 730	0	8, 431, 419	8, 431, 419	
	OTHER REIMBURSABLE COST CENTERS			·			]
99. 10	09910 CORF	0	O	0	0	0	99. 10
	SPECIAL PURPOSE COST CENTERS						1
	10900 PANCREAS ACQUISITION	0	0	1			109.00
170.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110. 00

Hearth Frhancial Systems	BALL MEMORIAL				eu of Form CMS	
COST ALLOCATION - STATISTICAL BASIS		Provi der		Peri od:	Worksheet B-1	
				From 01/01/2014		
				Γo 12/31/2014		
					5/26/2015 1:4	4 pm
	CAPI TAL					
	RELATED COSTS					
Cost Center Description	NEW BLDG &	EMPLOYEE	COMMUNI CATI ONS	DATA	ADMI TTI NG	
'	FLXT	BENEFITS		PROCESSI NG	(GROSS	
	(SQUARE	DEPARTMENT	(PHONE	(GROSS	CHARGES)	
				7	CHARGES)	
	FEET)	(GROSS	LI NES)	CHARGES)		
		SALARI ES)				
	1.00	4. 00	5. 01	5. 02	5. 04	
111.00 11100 I SLET ACQUI SI TI ON	0	0	(	0	0	111. 00
113.00 11300 INTEREST EXPENSE						113.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)		0		0		115. 00
	1 522 025	00 001 044	1	1 440 202 004		
118.00 SUBTOTALS (SUM OF LINES 1-117)	1, 533, 935	92, 231, 844	2,060	5 1, 449, 393, 894	1, 449, 393, 894	1118.00
NONREI MBURSABLE COST CENTERS						1
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	128, 014		0	0	190. 00
191. 00 19100 RESEARCH	2, 221	336, 375	14	1 0	0	191. 00
194.00 07986 OTHER NONREIMBURSABLE COST CENTERS	. 0	. 0	(	0	0	194. 00
194. 01 07951 BSU PHARMACY		199, 187				194. 01
	0 540		1			
194.02 07952 PAVILLION PHARMACY	2, 540	665, 126	1	0		194. 02
194. 03 07953  VENDI NG	0	0	(	0	0	194. 03
194. 04 07954 CARELI NE	0	0	(	0	0	194. 04
194.05 07955 WELLNESS CENTER	8, 039	46, 328	8	3 0	0	194. 05
194. 06 07956 PHYSICIAN PRACTICE CLINICS	24, 058	5, 764			l .	194. 06
	24, 030	5, 704	l .		l .	
194. 07 07957 PERINATAL CLINIC	0	0				194. 07
194. 08 07958  RENTAL PROPERTY	129, 377	0	39	9 0		194. 08
194. 09 07959 ADVERTI SI NG	17, 387	0	(	0	0	194. 09
194. 10 07960 INTEGRA LTAC	0	0	27	7 0	0	194. 10
194. 11 07961 I U HEALTH HOSPI CE	3, 638	0	19			194. 11
	3,030	0	l .		l .	194. 12
194. 12 07962 POB MEDICAL PAVILLION CONDOS	0	0	(		l .	
194. 13 07963 EXECUTI VE PHYSI CAL	0	0	(	-	l .	194. 13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	(	0	0	194. 14
194. 15 07965 MARKETING/PUBLIC RELATIONS	5, 194	205, 459	34	1 0	0	194. 15
194. 16 07966 JAY COUNTY HOSPITAL	. 0	217, 437	1	0	0	194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE		217, 107				194. 17
	0	0				
194. 18 07968 CHV CARDINAL HEALTH VENTURES	0	0	(	-		194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	0	(	0	0	194. 19
194.20 07970 MEALS ON WHEELS	0	0	(	0	0	194. 20
194. 21 07971 ST MARY'S SCHOOL	l ol	0		0	0	194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES		1, 192, 690				194. 22
	1					
194. 23 07973 CANCER CENTER BOUTI QUE	852	11, 586		0		194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	25, 093	0	63			194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	9, 168	0	28	3 0	0	194. 25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	137, 469	(	0	0	194. 26
194. 27 07977 MI DWEST HEALTH STRATEGIES		. 0	1	0		194. 27
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP		0				194. 28
	0	0				
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		) 0		194. 29
194. 30 07980 CARDINAL HEALTH ALLIANCE	0	24, 516	(	0	0	194. 30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	(	0	0	194. 31
194. 32 07982 RENAL DIALYSIS	l ol	0	1	0	0	194. 32
194. 33 07983 LAB CORP		0			l .	194. 33
l l	0	0				
194. 34 07984 H. O. MATERI ALS MGMT	0	0	(	0	0	194. 34
194. 35 07985 LEASED SPACE	0	0	(	0	0	194. 35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	1					201.00
202.00 Cost to be allocated (per Wkst. B,	22, 282, 546	17, 934, 056	548, 581	1 12, 686, 426	1, 275, 239	
	22, 202, 340	17, 734, 030	340, 30	12, 000, 420	1, 273, 237	202.00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	12. 649742	0. 187984	1			
204.00 Cost to be allocated (per Wkst. B,		77, 151	19, 297	344, 878	59, 193	204. 00
Part II)						1
205.00 Unit cost multiplier (Wkst. B, Part		0. 000809	8. 053840	0. 000238	0.000041	205.00
1 1	1		1	T	1	1

	Financial Systems	BALL MEMORIAL		00N 450000 B		u or form CMS-2	2552-10
COSTA	LLOCATION - STATISTICAL BASIS		Provi der	F	eriod: rom 01/01/2014 o 12/31/2014	Worksheet B-1 Date/Time Preps/26/2015 1:4	
	Cost Center Description	CASHI ERI NG/ACC F OUNTS RECEI VABLE (GROSS CHARGES)	Reconciliation	OTHER ADMI NI STRATI VE AND GENERAL (ACCUM. COST)	MAI NTENANCE & REPAI RS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	, piii
		5. 05	5A. 06	5.06	6. 00	7. 00	
4 00	GENERAL SERVICE COST CENTERS				T		4 00
1. 00 4. 00 5. 01 5. 02 5. 04 5. 05	OO100   NEW CAP REL COSTS-BLDG & FIXT	1, 449, 393, 894					1. 00 4. 00 5. 01 5. 02 5. 04 5. 05
5. 06 6. 00 7. 00	00591 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	0 0 0	-41, 572, 518 0 0	18, 114, 792	797, 353	747, 281	5. 06 6. 00 7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	1, 017, 664		-	
9.00	00900 HOUSEKEEPI NG	0	0	2, 981, 811		14, 782	
10. 00 11. 00	01000  DI ETARY  01100  CAFETERI A	0	0	,		24, 729 0	
13. 00	01300 NURSI NG ADMI NI STRATI ON	0	0	_,,			
14. 00	01400 CENTRAL SERVICES & SUPPLY		0				
15. 00	01500 PHARMACY	o o	0	1 1 1 1 1 1			
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	25, 643		0	16. 00
21. 00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4, 001, 938	0	0	21. 00
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	0	0				
23. 00	02300 PARAMED ED PRGM	0	0	C	0	0	23. 00
30. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	152, 740, 408	0	26, 415, 309	135, 039	135, 039	30. 00
31. 00	03100 INTENSIVE CARE UNIT	55, 243, 449	0			·	
32. 00	02060 NEONATAL INTENSIVE CARE UNIT	19, 106, 603	0				
40.00	04000 SUBPROVI DER - I PF	0	0	C	0	0	40. 00
41. 00	04100 SUBPROVI DER - I RF	9, 089, 249	0	1, 914, 309	9, 789		
42.00	04200 SUBPROVI DER	0	0	0	0	0	
43. 00 44. 00	04300   NURSERY   04400   SKILLED   NURSING   FACILITY	6, 349, 611	0	., ,	3, 714 0	3, 714 0	
45. 00	04500 NURSING FACILITY	0	0		_	0	
10.00	ANCI LLARY SERVI CE COST CENTERS	<u> </u>					10.00
50.00	05000 OPERATING ROOM	127, 668, 739	0	9, 632, 229	40, 833		
51.00	05100 RECOVERY ROOM	14, 777, 411	0			10, 651	
52. 00	05200 DELIVERY ROOM & LABOR ROOM	23, 499, 033	0				
54. 00 57. 00	05400   RADI OLOGY-DI AGNOSTI C   05700   CT   SCAN	196, 765, 159 4, 657, 198	0	.,		59, 871 0	
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	4,037,170	0			Ö	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	79, 549, 775	0	3, 274, 058	14, 040	14, 040	
60.00	06000 LABORATORY	122, 283, 031	0	11, 652, 988	1, 869	1, 869	60. 00
60. 01	06001 BL00D LABORATORY	0	0		0	0	
	06300 BLOOD STORING, PROCESSING, & TRANS.	6, 374, 545	0				
	06500 RESPI RATORY THERAPY 06501 SLEEP LAB	21, 896, 722 7, 159, 100	0			4, 651 0	
66. 00	06600 PHYSI CAL THERAPY	18, 601, 057	0	5, 149, 581		3, 099	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	4, 563, 379	0	870, 985			
68. 00	06800 SPEECH PATHOLOGY	2, 750, 068	0	415, 340	575	575	
68. 01	06801 AUDI OLOGY	0	0	0	0	0	
69.00	06900 ELECTROCARDI OLOGY	37, 772, 193	0	2, 103, 108 8, 536, 265		19, 933	
71. 00 72. 00	07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   07200   IMPL. DEV. CHARGED TO PATIENT	42, 668, 608 100, 561, 636	0	16, 550, 013		0	71. 00 72. 00
	07300 DRUGS CHARGED TO PATIENTS	172, 360, 212	0	22, 227, 163		0	73. 00
	07301 HOSPITAL BASED RETAIL PHARMACIES	8, 116, 365	0	1, 703, 841		393	73. 01
	07400 RENAL DIALYSIS	2, 636, 754	0				
76.00	03020 CARDI OPULMONARY	0	0	0 0 0 0 7 0	0	0	
76. 97 76. 98	07697   CARDI AC REHABI LI TATI ON   07698   HYPERBARI C OXYGEN THERAPY	2, 566, 405 12, 923, 450	0			0 304	
70. 70	OUTPATIENT SERVICE COST CENTERS	12, 723, 430	0	1, 323, 307	304	304	70. 70
90.00	09000 CLINIC	0	0	С	0	0	90.00
90. 02	09002 PAIN CLINIC	589, 744	0	719, 965	22, 443	22, 443	90. 02
90. 03	09003 ONCOLOGY CLINIC	20, 657, 782	0			0	90. 03
91.00	09100 EMERGENCY	167, 034, 789	0	9, 466, 505	25, 761	25, 761	
92. 00 92. 01	O9200   OBSERVATION BEDS (NON-DISTINCT PART)   O9201   OBSERVATION BEDS (DISTINCT PART)	8, 431, 419	0	1, 688, 522	9, 561	9, 561	92. 00 92. 01
92.01	OTHER REIMBURSABLE COST CENTERS	0, 431, 419	0	1,000,022	9, 501	9, 301	92.01
99. 10	09910 CORF	0	0	C	0	0	99. 10
	SPECIAL PURPOSE COST CENTERS						
	10900 PANCREAS ACQUISITION	0	0		0		109. 00
	111000 I NTESTI NAL ACQUI SI TI ON	0	0		0		110.00
	11100  SLET ACQUISITION  11300  NTEREST EXPENSE		0		0		111. 00 113. 00
113.00	TITOOOTTALENEOT EXITENSE	<u>1                                    </u>		l	<u> </u>	l	1113.00

Heal th Finan	cial Systems	BALL MEMORIAL	. HOSPI TAL		In Lie	u of Form CMS-:	2552-10
COST ALLOCAT	TION - STATISTICAL BASIS		Provi der		Peri od:	Worksheet B-1	
					rom 01/01/2014		
					Γο 12/31/2014	Date/Time Pre	pared:
	Cook Cooker Doorwinking	CACH EDING (ACCE		OTUED	MAINTENANCE &	5/26/2015 1:4 OPERATION OF	4 pm
	Cost Center Description	CASHI ERI NG/ACC	econciliation	OTHER			
		OUNTS		ADMI NI STRATI VI		PLANT	
		RECEI VABLE		AND GENERAL	(SQUARE	(SQUARE	
		(GROSS		(ACCUM.	FEET)	FEET)	
		CHARGES)		COST)			
		5. 05	5A. 06	5. 06	6. 00	7. 00	
•	AMBULATORY SURGICAL CENTER (D. P. )	0	0		0		115. 00
118. 00	SUBTOTALS (SUM OF LINES 1-117)	1, 449, 393, 894	-41, 572, 518	238, 847, 03	1 569, 786	519, 714	]118. 00
	I MBURSABLE COST CENTERS		_		_1 _		ļ
	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	559, 398			190. 00
191. 00 19100		0	0	507, 864	2, 221		191. 00
	OTHER NONREIMBURSABLE COST CENTERS	0	0	(	0		194. 00
	BSU PHARMACY	0	0	251, 29			194. 01
	PAVILLION PHARMACY	0	0	942, 782	2, 540		194. 02
194. 03 07953		0	0	(	0		194. 03
194. 04 07954		0	0	l '	0		194. 04
194. 05 07955	WELLNESS CENTER	0	0	179, 69	4 8, 039	8, 039	194. 05
194. 06 07956	PHYSICIAN PRACTICE CLINICS	0	0	358, 443	3 24, 058	24, 058	194. 06
194. 07 07957	PERINATAL CLINIC	0	0	(	0	0	194. 07
	RENTAL PROPERTY	0	0	2, 299, 19	129, 377	129, 377	194. 08
194. 09 07959	ADVERTI SI NG	0	0	219, 94°	1 17, 387	17, 387	194. 09
	INTEGRA LTAC	o	0	6, 182			194. 10
	IU HEALTH HOSPICE	0	0	58, 140			194. 11
	POB MEDICAL PAVILLION CONDOS	0	0		0		194. 12
	EXECUTI VE PHYSI CAL		0	ĺ	0		194. 13
	NEW CASTLE ONCOLOGY		0	ì	0		194. 14
	MARKETI NG/PUBLI C RELATI ONS		0	769, 443	9		194. 15
	JAY COUNTY HOSPITAL		0	271, 74			194. 16
	CARDI NAL HEALTH CHOI CE		0				194. 10
	CHV CARDINAL HEALTH VENTURES		0	)	0		194. 17
	HEALTH CARE CONNECTIONS		0	)			194. 10
	MEALS ON WHEELS		0	)			194. 19
	ST MARY'S SCHOOL		0	)			
		0	0	1 500 71	7		194. 21
	THERAPIES TO OTHER ENTITIES	0	0	1, 520, 71			194. 22
	CANCER CENTER BOUTI QUE	0	0	128, 048			194. 23
	BOSC BALL OUTPATIENT SURGERY	0	0	331, 84			194. 24
	CARDI NAL BEHAVI ORAL HEALTH	0	0	131, 148			194. 25
	BLACKFORD COMMUNITY HOSPITAL	0	0	15, 244, 36°			194. 26
	MIDWEST HEALTH STRATEGIES	0	0	(	0		194. 27
	CARDINAL SELECT RISK RETENTION GRP	0	0	(	0		194. 28
	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	(	0		194. 29
194. 30 07980	CARDI NAL HEALTH ALLI ANCE	0	0	31, 248	3 0	0	194. 30
194. 31 07981	OTHER NONREIMBURSABLE COST CENTERS	0	0	(	0	0	194. 31
194. 32 07982	RENAL DIALYSIS	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	ol	0		0	0	194. 35
200. 00	Cross Foot Adjustments		-				200.00
201. 00	Negative Cost Centers						201. 00
202. 00	Cost to be allocated (per Wkst. B,	16, 027		41, 572, 518	20, 981, 929	8, 706, 272	
202.00	Part I)	10,027		41, 372, 310	20, 701, 727	0, 700, 272	202.00
203. 00	Unit cost multiplier (Wkst. B, Part I)	0. 000011		0. 15827	26. 314479	11. 650600	203 00
204. 00	Cost to be allocated (per Wkst. B,	564		485, 97		1, 352, 699	
207.00	Part II)	304		403, 77.	11, 233, 113	1, 332, 077	207.00
205. 00	Unit cost multiplier (Wkst. B, Part	0. 000000		0. 001850	14. 115599	1. 810161	205 00
200.00		5. 000000		0.001000	17.113377	1.010101	200.00
ı	1117	1	l l	1	1	1	1

COST ALLOCATION - STATISTICAL BASIS			Provi der		eriod: rom 01/01/2014	Worksheet B-1	
				ļτ			pared:
	Cost Center Description	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	5/26/2015 1: 4 NURSI NG	4 pm
	·	LINEN SERVICE	(HOURS OF	(MEALS	(FTE' S)	ADMINI STRATION	
		(POUNDS OF LAUNDRY)	SERVI CE)	SERVED)		(DI RECT	
		0.00	0.00	10.00	44.00	NRSING HRS)	
	GENERAL SERVICE COST CENTERS	8.00	9. 00	10. 00	11. 00	13. 00	
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1. 00
4. 00 5. 01	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATIONS						4. 00 5. 01
5. 01	00550 DATA PROCESSING						5. 02
5.04	00570 ADMI TTI NG						5. 04
5. 05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 05
5. 06 6. 00	00591 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS						5. 06 6. 00
7.00	00700 OPERATION OF PLANT						7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	1, 794, 508	10 (24				8.00
9. 00 10. 00	00900 HOUSEKEEPI NG 01000 DI ETARY	257	10, 624 7	261, 602			9. 00 10. 00
11. 00	01100 CAFETERI A	0	74	0			11. 00
13.00	01300 NURSI NG ADMI NI STRATI ON	175	33	0	.,	l	1
14. 00 15. 00	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	0 1, 087	31 35	0	2, 246 6, 457	0	14. 00 15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	0	0	Ö	0	Ö	16. 00
21. 00	02100   &R SERVI CES-SALARY & FRINGES APPRVD	0	0	0	-,	l	21.00
22. 00 23. 00	O2200   1 &R SERVI CES-OTHER PRGM COSTS APPRVD   O2300   PARAMED ED PRGM	0	/	0	.,	l e	22. 00 23. 00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS		<u> </u>				20.00
30.00	03000 ADULTS & PEDIATRICS	877, 552	5, 879	198, 024		l	1
31. 00 32. 00	03100   INTENSI VE CARE UNIT   02060   NEONATAL INTENSI VE CARE UNIT	191, 715 7, 880	504 56	19, 187   0		l	1
40. 00	04000 SUBPROVI DER - I PF	0	0	ő	0	0	1
41.00	04100 SUBPROVI DER - I RF	53, 046	254	10, 033	2, 339	1	1
42. 00 43. 00	04200 SUBPROVI DER 04300 NURSERY	0	0 247	0	0 1, 037	0 0	42. 00 43. 00
44. 00	04400 SKILLED NURSING FACILITY	o	0	ő		1	44. 00
45. 00	04500 NURSING FACILITY	0	0	0	0	0	45. 00
50. 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	130, 222	404	0	9, 205	2, 718	50.00
51.00	05100 RECOVERY ROOM	42, 831	24	0	2, 040	1, 908	51.00
52. 00 54. 00	05200 DELIVERY ROOM & LABOR ROOM	64, 758	384	0	,	l	
57. 00	05400 RADI OLOGY-DI AGNOSTI C 05700 CT SCAN	96, 896 220	375 0		11, 071 441	1, 230 0	1
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0	0	_	0	58. 00
59. 00 60. 00	O5900   CARDI AC   CATHETERI ZATI ON   O6000   LABORATORY	26, 463	185 182	0	2, 571	1, 291 0	1
60. 00	06001 BLOOD LABORATORY	591	0		0	0	60. 00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	ō	0	Ō	0	0	1
	06500 RESPIRATORY THERAPY	289	29 0		5, 094	l	
66. 00	06501 SLEEP LAB 06600 PHYSI CAL THERAPY	58 8, 248	119	0   0	400 6, 189	l	65. 01 66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	55	7	0	950	0	67. 00
68. 00	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY	0	7	0	533	0	68. 00
68. 01 69. 00	06900 ELECTROCARDI OLOGY	15, 985	0	0	2, 177	0	68. 01 69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71. 00
72. 00		0	0	0	0	0	
73. 00 73. 01	07300   DRUGS CHARGED TO PATIENTS   07301   HOSPITAL BASED RETAIL PHARMACIES	47	14		1, 834	0	73. 00 73. 01
74.00	07400 RENAL DIALYSIS	6, 248	0	0	0	0	74. 00
	03020 CARDI OPULMONARY	0	0	0	0	0	76.00
76. 97 76. 98	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY	0	60 0	0		l e	ı
	OUTPATIENT SERVICE COST CENTERS						
90. 00 90. 02	1 1	0 59	0	0			
90. 02	09003 ONCOLOGY CLINIC	55	0	0	1, 138	l	1
	09100 EMERGENCY	198, 438	864	0	8, 850	6, 935	
92. 00 92. 01	O9200   OBSERVATION BEDS (NON-DISTINCT PART)   O9201   OBSERVATION BEDS (DISTINCT PART)	53, 317	70	О	2, 341	1, 582	92. 00 92. 01
72.01	OTHER REIMBURSABLE COST CENTERS	33, 317	70		2, 341	1, 302	72.01
99. 10	09910 CORF	0	0	0	0	0	99. 10
109.00	SPECIAL PURPOSE COST CENTERS 10900 PANCREAS ACQUISITION	0	0	0	0	0	109. 00
110.00	11000 INTESTINAL ACQUISITION	0	0		0	0	110. 00
	11100  SLET ACQUISITION  11300  NTEREST EXPENSE	0	0	0	0		111. 00 113. 00
- 13.00	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	<u>ı                                      </u>	l	1	1	1	11.13.00

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 150089 Peri od: Worksheet B-1 From 01/01/2014 12/31/2014 Date/Time Prepared: 5/26/2015 1:44 pm Cost Center Description LAUNDRY & HOUSEKEEPI NG DI ETARY CAFETERI A NURSI NG LINEN SERVICE (HOURS OF (MEALS ADMI NI STRATI ON (FTE'S) (POUNDS OF SERVICE) SERVED) LAUNDRY) (DI RECT NRSING HRS) 8.00 9.00 10.00 11.00 13.00 115.00 11500 AMBULATORY SURGICAL CENTER (D. P.) 0 115. 00 SUBTOTALS (SUM OF LINES 1-117) 9, 858 118.00 1, 776, 492 227, 244 132, 586 60, 098 118. 00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 491 0 190.00 191. 00 19100 RESEARCH 488 0 387 191. 00 160 592 194. 00 07986 OTHER NONREIMBURSABLE COST CENTERS 0 194.00 0 118 5.437 0 194. 01 07951 BSU PHARMACY 0 194. 01 269 65 C 0 194. 02 07952 PAVILLION PHARMACY 0 0 0 967 0 194. 02 194. 03 07953 VENDI NG 0 0 0 0 0 194. 03 ol 194. 04 07954 CARELI NE 0 0 0 0 194. 04 194. 05 07955 WELLNESS CENTER 0 0 194, 05 16, 626 20 127 194.06 07956 PHYSICIAN PRACTICE CLINICS 267 132 0 194. 06 194. 07 07957 PERINATAL CLINIC 0 194. 07 0 0 0 0 194. 08 07958 RENTAL PROPERTY 0 0 194, 08 0 Ω 194. 09 07959 ADVERTI SI NG 0 C 0 0 194. 09 194. 10 07960 INTEGRA LTAC 0 194. 10 0 0 135 14, 412 0 194. 11 07961 I U HEALTH HOSPICE 0 194, 11 28 0 0 194. 12 0 194. 12 07962 POB MEDICAL PAVILLION CONDOS C 194. 13 07963 EXECUTI VE PHYSI CAL 0 0 0 0 0 194. 13 194. 14 07964 NEW CASTLE ONCOLOGY 0 0 194. 14 0 0 194. 15 07965 MARKETING/PUBLIC RELATIONS 0 0 194. 15 234 8 464 194. 16 07966 JAY COUNTY HOSPITAL 0 0 0 100 0 194. 16 0 194. 17 07967 CARDI NAL HEALTH CHOICE 0 194. 17 0 0 194. 18 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 0 0 0 0 194. 19 07969 HEALTH CARE CONNECTIONS 0 0 194, 19 0 0 194. 20 07970 MEALS ON WHEELS 0 0 194. 20 0 0 194. 21 07971 ST MARY'S SCHOOL 0 0 0 0 0 194. 21 194. 22 07972 THERAPIES TO OTHER ENTITIES 299 1, 856 0 194. 22 0 0 194. 23 07973 CANCER CENTER BOUTIQUE 0 194, 23 37 0 C 60 194. 24 07974 BOSC BALL OUTPATIENT SURGERY 165 0 0 0 194. 24 00000000000 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 0 0 194. 25 14, 509 194. 26 07976 BLACKFORD COMMUNITY HOSPITAL 0 100 0 194. 26 0 194. 27 07977 MI DWEST HEALTH STRATEGIES 0 0 194 27 C 0 194. 28 07978 CARDINAL SELECT RISK RETENTION GRP 0 194. 28 194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI o 0 194. 29 0 194. 30 07980 CARDI NAL HEALTH ALLI ANCE 0 0 194. 30 75 0 194. 31 07981 OTHER NONREIMBURSABLE COST CENTERS 0 0 194. 31 0 194. 32 07982 RENAL DIALYSIS 0 0 0 194. 32 194. 33 07983 LAB CORP 0 0 194. 33 194. 34 07984 H. O. MATERIALS MGMT 0 194. 34 C 0 194. 35 07985 LEASED SPACE С 0 194. 35 200.00 Cross Foot Adjustments 200.00 Negative Cost Centers 201.00 201.00 2, 099, 008 202.00 Cost to be allocated (per Wkst. B, 1, 178, 736 4, 015, 129 2, 371, 260 9, 332, 159 202. 00 Part I) 203.00 Unit cost multiplier (Wkst. B, Part I) 0. 656857 377. 930064 8. 023670 17. 221230 154. 288815 203. 00 204.00 Cost to be allocated (per Wkst. B, 1.883 429, 818 709, 618 7, 740 702, 895 204. 00 Part II) 205.00 Unit cost multiplier (Wkst. B, Part 0.001049 40. 457267 2.712586 0.056212 11. 620980 205. 00 11)

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS In Lieu of Form CMS-2552-10
Worksheet B-1 Period: From 01/01/2014 To 12/31/2014 Worksheet B-1 Date/Time Prepared: 5/26/2015 1:44 pm Provider CCN: 150089

					''		5/26/2015 1: 4	
						INTERNS &	RESI DENTS	
		Cost Center Description	CENTRAL	PHARMACY			SERVI CES-OTHER	
			SERVICES & SUPPLY	(COSTED REQUIS.)	RECORDS & LI BRARY	Y & FRINGES (ASSIGNED	PRGM COSTS (ASSIGNED	
			(TIME	ŕ	(GROSS	TIME)	TIME)	
			STUDY) 14. 00	15. 00	CHARGES) 16.00	21. 00	22. 00	
		AL SERVICE COST CENTERS						
1. 00 4. 00	1	NEW CAP REL COSTS-BLDG & FIXT EMPLOYEE BENEFITS DEPARTMENT						1. 00 4. 00
5. 01	01160	COMMUNI CATI ONS						5. 01
5.02	1	DATA PROCESSING ADMITTING						5. 02 5. 04
5. 04 5. 05	1	CASHIERING/ACCOUNTS RECEIVABLE						5. 04 5. 05
5.06	1	OTHER ADMINISTRATIVE AND GENERAL						5. 06
6. 00 7. 00	1	MAINTENANCE & REPAIRS OPERATION OF PLANT						6. 00 7. 00
8.00	00800	LAUNDRY & LINEN SERVICE						8. 00
9. 00 10. 00	1	HOUSEKEEPI NG DI ETARY						9. 00 10. 00
11. 00	01100	CAFETERI A						11. 00
13.00		NURSING ADMINISTRATION	22 72/ 145					13.00
14. 00 15. 00	1	CENTRAL SERVICES & SUPPLY PHARMACY	33, 736, 145 125, 361	30, 438, 447				14. 00 15. 00
16.00		MEDICAL RECORDS & LIBRARY	0	0	1, 449, 393, 894			16. 00
21. 00 22. 00		I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD	0 5, 872	0		5, 891	5, 891	21. 00 22. 00
23. 00	02300	PARAMED ED PRGM	0	0			0,071	23. 00
30. 00		I ENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS	1, 588, 057	0	152, 740, 408	2, 418	2, 418	30. 00
31. 00		INTENSIVE CARE UNIT	734, 033	0		559	559	31. 00
32.00	1	NEONATAL INTENSIVE CARE UNIT	165, 225	0		38	38	
40. 00 41. 00	1	SUBPROVIDER - IPF SUBPROVIDER - IRF	0 50, 571	0 25	_	0	0	40. 00 41. 00
42. 00	04200	SUBPROVI DER	0	0	0	0	0	42. 00
43. 00 44. 00		NURSERY SKILLED NURSING FACILITY	0	0		0	0	43. 00 44. 00
45. 00	04500	NURSING FACILITY	Ö	0		0	Ö	45. 00
50. 00		LARY SERVICE COST CENTERS OPERATING ROOM	3, 769, 286	3, 292	127, 668, 739	277	277	50. 00
51. 00	1	RECOVERY ROOM	188, 023	3, 2, 2		0	0	51. 00
52.00		DELIVERY ROOM & LABOR ROOM	246, 350	0		0 128	0	52.00
54. 00 57. 00		RADI OLOGY-DI AGNOSTI C CT SCAN	744, 488 2, 453	4, 219 0		0	128 0	54. 00 57. 00
58.00		MAGNETIC RESONANCE IMAGING (MRI)	0	0		0	0	58. 00
59. 00 60. 00	1	CARDI AC CATHETERI ZATI ON LABORATORY	641, 587	0	, ,	0	0	59. 00 60. 00
60. 01	06001	BLOOD LABORATORY	0	0	0	0	0	60. 01
63. 00 65. 00	1	BLOOD STORING, PROCESSING, & TRANS. RESPIRATORY THERAPY	0 368, 676	0		0 110	0 110	63. 00 65. 00
65. 01	06501	SLEEP LAB	29, 447	0	,	0	0	65. 01
66. 00 67. 00		PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	29, 117 14, 560	0		0	0	66. 00 67. 00
68. 00		SPEECH PATHOLOGY	3, 666	0		0	0	68. 00
68. 01 69. 00		AUDI OLOGY	0	0	0	0	0	68. 01
71.00	1	ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS	35, 921 8, 124, 770	0	,,	188 0	188	69. 00 71. 00
72. 00		IMPL. DEV. CHARGED TO PATIENT	15, 580, 197	0	,,	0	0	72.00
73. 00 73. 01	1	DRUGS CHARGED TO PATIENTS HOSPITAL BASED RETAIL PHARMACIES	0 5, 362	20, 565, 356 6, 071, 998		0	0	73. 00 73. 01
74. 00	07400	RENAL DIALYSIS	18, 943	0		0	0	74. 00
76. 00 76. 97		CARDI OPULMONARY CARDI AC REHABI LI TATI ON	0 13, 926	0		0	0	76. 00 76. 97
76. 98		HYPERBARI C OXYGEN THERAPY	82, 117	0		0	0	76. 98
00.00		TIENT SERVICE COST CENTERS		0		0	0	00.00
90. 00 90. 02		CLINIC PAIN CLINIC	2, 363	0		0	0	90. 00 90. 02
90. 03		ONCOLOGY CLINIC	190, 870	0		122	122	90. 03
91. 00 92. 00		EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	865, 320	0	167, 034, 789	366	366	91. 00 92. 00
92. 01	09201	OBSERVATION BEDS (DISTINCT PART)	63, 757	0	8, 431, 419	0	0	92. 01
99. 10	0THER 09910	REIMBURSABLE COST CENTERS	l ol	0	0	0	0	99. 10
	SPECI	AL PURPOSE COST CENTERS						
		PANCREAS ACQUISITION INTESTINAL ACQUISITION	0 0	0				109. 00 110. 00
-110.00	111000	THEOTIME ACCOUNTION	<u> </u>	O <sub>1</sub>	1 0	0	١	110.00

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS | Peri od: | Worksheet B-1 | From 01/01/2014 | To 12/31/2014 | Date/Time Prepared: Provider CCN: 150089

				0 12/31/2014	5/26/2015 1: 4	
				INTERNS &		
Cost Center Description	CENTRAL	PHARMACY	MEDICAL	SERVI CES-SALAR	SEDVI CES OTHER	
cost center bescription	SERVICES &	(COSTED	RECORDS &	Y & FRINGES	PRGM COSTS	
	SUPPLY	REQUIS.)	LI BRARY	(ASSI GNED	(ASSI GNED	
	(TIME		(GROSS	TIME)	TIME)	
	STUDY)	15 00	CHARGES)	21.00	22.00	
111. 00 11100 I SLET ACQUI SI TI ON	14. 00	15. 00 0	16.00	21. 00	22. 00	111. 00
113. 00 11300   NTEREST EXPENSE		· ·			Ü	113. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	o	0	115. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	33, 690, 318	26, 644, 890	1, 449, 393, 894	4, 206	4, 206	118. 00
NONREI MBURSABLE COST CENTERS	/ [ ]	1 775			0	100.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191.00 19100 RESEARCH	655	1, 775 0		0 1, 382		190. 00 191. 00
194. 00 07986 OTHER NONREI MBURSABLE COST CENTERS	0	0	0	1, 302		194. 00
194. 01 07951 BSU PHARMACY	O	0	Ō	Ö		194. 01
194.02 07952 PAVILLION PHARMACY	6, 431	3, 791, 782	0	o	0	194. 02
194. 03 07953 VENDI NG	0	0		0		194. 03
194. 04 07954 CARELI NE	0	0	0	0		194. 04
194. 05 07955 WELLNESS CENTER 194. 06 07956 PHYSI CLAN PRACTICE CLINICS	734 573	0	0	303		194. 05 194. 06
194. 07 07957 PERINATAL CLINIC	0	0	0	0		194. 00
194. 08 07958 RENTAL PROPERTY	O	0	Ō	Ö		194. 08
194. 09 07959 ADVERTI SI NG	0	0	0	o	0	194. 09
194. 10 07960 I NTEGRA LTAC	0	0	0	0	-	194. 10
194. 11 07961 I U HEALTH HOSPI CE	20, 505	0	0	0	-	194. 11
194. 12 07962 POB MEDICAL PAVILLION CONDOS 194. 13 07963 EXECUTIVE PHYSICAL	0	0	0	0		194. 12 194. 13
194. 14 07964 NEW CASTLE ONCOLOGY		0		0		194. 13
194. 15 07965 MARKETI NG/PUBLI C RELATIONS	o	0	Ö	o		194. 15
194. 16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0	194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0	0	0		194. 17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES	0	0	0	0		194. 18
194. 19 07969  HEALTH CARE CONNECTIONS 194. 20 07970  MEALS ON WHEELS		0	0	0		194. 19 194. 20
194. 21 07971 ST MARY'S SCHOOL	0	0	0	o		194. 20
194. 22 07972 THERAPIES TO OTHER ENTITIES	826	0	Ō	Ö		194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	1, 697	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	14, 378	0	0	0		194. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL 194. 27 07977 MIDWEST HEALTH STRATEGIES		0	0	0		194. 26 194. 27
194. 28 07978 CARDI NAL SELECT RISK RETENTION GRP		0	Ö	Ö		194. 28
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	o		194. 29
194.30 07980 CARDINAL HEALTH ALLIANCE	20	0	0	o		194. 30
194. 31 07981 OTHER NONREI MBURSABLE COST CENTERS	0	0	0	0		194. 31
194. 32 07982  RENAL DI ALYSI S 194. 33 07983  LAB CORP	0	0	0	0		194. 32 194. 33
194. 33 07983 LAB CORP 194. 34 07984 H. O. MATERI ALS MGMT		0	0	0		194. 33
194. 35 07985 LEASED SPACE	o	0	Ö	l ől		194. 35
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B,	26, 027, 047	7, 709, 476	29, 702	4, 742, 861	4, 675, 483	202. 00
Part I) 203.00 Unit cost multiplier (Wkst. B, Part I)	0. 771488	0. 253281	0. 000020	805. 102869	793. 665422	303 00
204.00 Cost to be allocated (per Wkst. B,	500, 759	215, 931		l	553, 796	
Part II)	555,757	2.0,701			555, . 76	
205.00 Unit cost multiplier (Wkst. B, Part	0. 014843	0. 007094	0. 000001	1. 778985	94. 007130	205. 00
11)			I	l l		

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

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 150089 Period: Worksheet B-1

From 01/01/2014 12/31/2014 Date/Time Prepared: 5/26/2015 1:44 pm Cost Center Description PARAMED ED PRGM (100% RADI OLOGY) 23.00 GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT 1.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 01160 COMMUNI CATI ONS 5.01 5 01 5.02 00550 DATA PROCESSING 5.02 00570 ADMITTING 5.04 5.04 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5.05 5.05 5.06 00591 OTHER ADMINISTRATIVE AND GENERAL 5.06 6.00 00600 MAINTENANCE & REPAIRS 6.00 7.00 00700 OPERATION OF PLANT 7.00 00800 LAUNDRY & LINEN SERVICE 8.00 8.00 9.00 00900 HOUSEKEEPI NG 9.00 10.00 01000 DI ETARY 10.00 01100 CAFETERI A 11.00 11.00 01300 NURSING ADMINISTRATION 13.00 13.00 14. 00 01400 CENTRAL SERVICES & SUPPLY 14.00 15.00 01500 PHARMACY 15.00 01600 MEDICAL RECORDS & LIBRARY 16 00 16 00 02100 I &R SERVICES-SALARY & FRINGES APPRVD 21.00 21.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 22.00 22.00 02300 PARAMED ED PRGM 23.00 23.00 0 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 0 30.00 03100 INTENSIVE CARE UNIT 31.00 000000 31.00 02060 NEONATAL INTENSIVE CARE UNIT 32 00 32 00 04000 SUBPROVI DER - I PF 40.00 40.00 41. 00 04100 SUBPROVI DER - I RF 41.00 04200 SUBPROVI DER 42.00 42.00 04300 NURSERY 43 00 43 00 44.00 04400 SKILLED NURSING FACILITY 44.00 04500 NURSING FACILITY 0 45.00 45.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 50.00 51.00 05100 RECOVERY ROOM 000000000000000000000000 51.00 05200 DELIVERY ROOM & LABOR ROOM 52.00 52.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 54.00 57.00 05700 CT SCAN 57 00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 58.00 59.00 05900 CARDIAC CATHETERIZATION 59.00 06000 LABORATORY 60.00 60.00 06001 BLOOD LABORATORY 60.01 60.01 63.00 06300 BLOOD STORING, PROCESSING, & TRANS. 63.00 65.00 06500 RESPIRATORY THERAPY 65.00 65.01 06501 SLEEP LAB 65.01 06600 PHYSI CAL THERAPY 66.00 66.00 67.00 06700 OCCUPATIONAL THERAPY 67.00 06800 SPEECH PATHOLOGY 68.00 68.00 68.01 06801 AUDI OLOGY 68 01 06900 ELECTROCARDI OLOGY 69.00 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 07200 IMPL. DEV. CHARGED TO PATIENT 72.00 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 73.00 73.01 07301 HOSPITAL BASED RETAIL PHARMACIES 73.01 07400 RENAL DIALYSIS 74.00 74.00 03020 CARDI OPULMONARY 76.00 76.00 76.97 07697 CARDIAC REHABILITATION 76.97 07698 HYPERBARI C OXYGEN THERAPY 0 76. 98 76.98 OUTPATIENT SERVICE COST CENTERS 90.00 0 09000 CLI NI C 90.00 90.02 09002 PAIN CLINIC 0 90.02 0 90.03 09003 ONCOLOGY CLINIC 90.03 91 00 09100 EMERGENCY 91 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 92.01 92.01 OTHER REIMBURSABLE COST CENTERS 99 10 99. 10 09910 CORF 0 SPECIAL PURPOSE COST CENTERS 109.00 10900 PANCREAS ACQUISITION 0 109.00 110.00 11000 INTESTINAL ACQUISITION 0 110.00 0 111.00 11100 I SLET ACQUISITION 111. 00 113.00 11300 INTEREST EXPENSE 113.00 115.00 11500 AMBULATORY SURGICAL CENTER (D. P.) 0 115.00

Heal th Financial	Systems	BALL MEMORIAL HO	SPI TAL	In Lie	u of Form CMS-2552-10
COST ALLOCATION	- STATISTICAL BASIS		Provi der CCN: 150089	Peri od:	Worksheet B-1

Cost Center Description  PARAMED ED PRGM (100% RADI OLOGY) 23.00	From 01/01/2014 To 12/31/2014	Date/Time Prepared: 5/26/2015 1:44 pm
PRGM (100% RADI OLOGY) 23.00		5/26/2015 1: 44 pm
PRGM (100% RADI 0L0GY) 23.00		118. 00
(100% RADI OLOGY) 23. 00		118. 00
RADI OLOGY) 23. 00		118. 00
23.00		118. 00
		118. 00
118.00 SUBTOTALS (SUM OF LINES 1-117) 0		
NONREI MBURSABLE COST CENTERS		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0		190. 00
191. 00 19100 RESEARCH 0		191. 00
194. 00 07986 OTHER NONREI MBURSABLE COST CENTERS 0		194. 00
194. 01 07951 BSU PHARMACY 0		194. 01
194. 02 07952 PAVI LLI ON PHARMACY 0		194. 02
194. 03 07953 VENDI NG 0		194. 03
194. 04 07954 CARELI NE 0 194. 05 07955 WELLNESS CENTER 0		194. 04 194. 05
		194. 05
194. 06 07956 PHYSI CI AN PRACTI CE CLI NI CS 0 194. 07 07957 PERI NATAL CLI NI C 0		194. 00
194. 08 07958 RENTAL PROPERTY 0		194. 08
194. 09 07959 ADVERTI SI NG 0		194. 09
194. 10 07960 I NTEGRA LTAC 0		194. 10
194. 11 07961 I U HEALTH HOSPI CE 0		194. 11
194. 12 07962 POB MEDICAL PAVILLION CONDOS		194. 12
194. 13 07963 EXECUTI VE PHYSI CAL 0		194. 13
194. 14 07964 NEW CASTLE ONCOLOGY		194. 14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS 0		194. 15
194. 16 07966 JAY COUNTY HOSPITAL 0		194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE		194. 17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES 0		194. 18
194. 19 07969 HEALTH CARE CONNECTIONS 0		194. 19
194. 20 07970 MEALS ON WHEELS 0		194. 20
194. 21 07971 ST MARY'S SCHOOL 0		194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES 0		194. 22
194. 23 07973 CANCER CENTER BOUTI QUE		194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY 0		194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 0		194. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL 0		194. 26
		194. 27 194. 28
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP 0 194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI 0		194. 29
194. 30 07979 HOWE OFFICE CARDINAL HEALTH INTERNAL OFFI		194. 30
194. 31 07981 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. MATERI ALS MGMT		194. 34
194. 35 07985 LEASED SPACE 0		194. 35
200.00 Cross Foot Adjustments		200. 00
201.00 Negative Cost Centers		201. 00
202.00 Cost to be allocated (per Wkst. B, 0		202. 00
Part I)		
203.00 Unit cost multiplier (Wkst. B, Part I) 0.000000		203. 00
204.00 Cost to be allocated (per Wkst. B, 0		204. 00
Part II)		
205.00 Unit cost multiplier (Wkst. B, Part 0.000000		205. 00
11)		I

In Lieu of Form CMS-2552-10

Period:	Worksheet C
From 01/01/2014	Part
To 12/31/2014	Date/Time Prepared:
5/26/2015 1:44 pm	

				'	0 12/31/2014	5/26/2015 1:4	
			Ti tl	e XVIII	Hospi tal	PPS	
			<u>'</u>		Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
		(from Wkst. B,	Adj .		Di sal I owance		
		Part I, col.					
		26)					
		1.00	2. 00	3.00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	0.00	1.00	0.00	
30. 00	03000 ADULTS & PEDI ATRI CS	46, 232, 803		46, 232, 803	4, 986	46, 237, 789	30.00
31. 00	03100 INTENSIVE CARE UNIT	13, 402, 324		13, 402, 324	0	13, 402, 324	1
32. 00	02060 NEONATAL INTENSIVE CARE UNIT	3, 958, 166		3, 958, 166	0	3, 958, 166	1
40. 00		3, 930, 100			٥		
	04000 SUBPROVI DER - I PF	2 1/2 0/0		0	U	0	1
41.00	04100 SUBPROVI DER - I RF	3, 163, 960		3, 163, 960	U	3, 163, 960	
42.00	04200 SUBPROVI DER	0		0	O <sub>1</sub>	0	42.00
43. 00	04300 NURSERY	1, 457, 703		1, 457, 703	0	1, 457, 703	
44. 00	04400 SKILLED NURSING FACILITY	0		0	0	0	
45. 00	04500 NURSING FACILITY	0		0	0	0	45. 00
	ANCILLARY SERVICE COST CENTERS			1			
50. 00	05000 OPERATING ROOM	16, 434, 453		16, 434, 453		16, 438, 829	1
51. 00	05100 RECOVERY ROOM	3, 004, 042		3, 004, 042	0	3, 004, 042	
52.00	05200 DELIVERY ROOM & LABOR ROOM	4, 528, 265		4, 528, 265	0	4, 528, 265	
54.00	05400  RADI OLOGY-DI AGNOSTI C	20, 328, 490		20, 328, 490	0	20, 328, 490	54. 00
57.00	05700  CT SCAN	182, 028		182, 028	0	182, 028	57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	5, 152, 622		5, 152, 622	0	5, 152, 622	59. 00
60.00	06000 LABORATORY	13, 639, 950		13, 639, 950	48, 260	13, 688, 210	60.00
60. 01	06001 BLOOD LABORATORY	0		0	o	0	60. 01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1, 813, 347		1, 813, 347	36, 035	1, 849, 382	63. 00
65.00	06500 RESPIRATORY THERAPY	5, 590, 491	0		l ol	5, 590, 491	1
65. 01	06501 SLEEP LAB	1, 051, 609	0		o	1, 051, 609	1
66. 00	06600 PHYSI CAL THERAPY	6, 262, 099			ol	6, 262, 099	1
67. 00	06700 OCCUPATI ONAL THERAPY	1, 130, 475		1, 130, 475	o	1, 130, 475	
68. 00	06800 SPEECH PATHOLOGY	517, 616			o	517, 616	•
68. 01	06801 AUDI OLOGY	017,010	ĺ	017,010	ام	017,010	1
69. 00	06900 ELECTROCARDI OLOGY	3, 269, 197		3, 269, 197	o	3, 269, 197	•
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16, 156, 367		16, 156, 367	o o	16, 156, 367	1
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	31, 191, 447		31, 191, 447	o o	31, 191, 447	1
73. 00	07300 DRUGS CHARGED TO PATIENTS	30, 957, 445		30, 957, 445		30, 957, 445	
73. 00	07301 HOSPI TAL BASED RETAIL PHARMACIES	3, 567, 566		3, 567, 566		3, 567, 566	1
74. 00	07400 RENAL DIALYSIS	1, 054, 991		1, 054, 991	0	1, 054, 991	1
76.00	03020 CARDI OPULMONARY	1,034,991		1, 034, 991	0	1, 034, 991	76.00
		791, 260		1	o	-	•
76. 97 76. 98	07697 CARDI AC REHABI LI TATI ON			791, 260	0	791, 260	•
70. 90	07698 HYPERBARI C OXYGEN THERAPY	1, 701, 857		1, 701, 857	U U	1, 701, 857	76. 98
00 00	OUTPATIENT SERVICE COST CENTERS	0		1 0			00.00
90.00	09000 CLINIC	1 722 017		1 722 017	0	1 722 017	90.00
90. 02	09002 PAIN CLINIC	1, 732, 817		1, 732, 817	0	1, 732, 817	
90. 03	09003 ONCOLOGY CLINIC	1, 591, 519		1, 591, 519		1, 591, 519	1
91. 00	09100 EMERGENCY	14, 293, 047		14, 293, 047	145, 322	14, 438, 369	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4, 090, 714		4, 090, 714		4, 090, 714	
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	2, 713, 993		2, 713, 993	0	2, 713, 993	92. 01
	OTHER REIMBURSABLE COST CENTERS						
99. 10	09910 CORF	0		0		0	99. 10
	SPECIAL PURPOSE COST CENTERS						
	10900 PANCREAS ACQUISITION	0		0			109. 00
	11000 INTESTINAL ACQUISITION	0		0		0	110. 00
111.00	11100 ISLET ACQUISITION	0		0		0	111. 00
	11300 INTEREST EXPENSE						113. 00
	11500 AMBULATORY SURGICAL CENTER (D. P.)	o		0			115. 00
200.00		260, 962, 663	0	260, 962, 663	238, 979	261, 201, 642	
201.00		4, 090, 714		4, 090, 714		4, 090, 714	
202.00		256, 871, 949			238, 979	257, 110, 928	

In Lieu of Form CMS-2552-10

Period:	Worksheet C
From 01/01/2014	Part
To 12/31/2014	Date/Time Prepared:
5/26/2015 1:44 pm	Provider CCN: 150089

					10 12/31/2014	5/26/2015 1: 4	
			Ti tl	e XVIII	Hospi tal	PPS	
			Charges	<u> </u>		<u> </u>	
	Cost Center Description	Inpatient	Outpati ent	Total (col. 6	Cost or Other	TEFRA	
	, , , , , , , , , , , , , , , , , , ,			+ col. 7)	Ratio	Inpati ent	
				ĺ		Rati o	
		6. 00	7. 00	8.00	9. 00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>		•			
30.00	03000 ADULTS & PEDIATRICS	142, 577, 515		142, 577, 51	5		30.00
31.00	03100 INTENSIVE CARE UNIT	55, 243, 449		55, 243, 44	9		31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT	19, 106, 603		19, 106, 60			32. 00
40.00	04000 SUBPROVI DER - I PF	o		1	0		40.00
41.00	04100 SUBPROVI DER - I RF	9, 089, 249		9, 089, 24	9		41. 00
42.00	04200 SUBPROVI DER	o			0		42.00
43.00	04300 NURSERY	6, 349, 611		6, 349, 61	1		43.00
44.00	04400 SKILLED NURSING FACILITY	o		1	o		44.00
45.00	04500 NURSING FACILITY	o					45. 00
	ANCILLARY SERVICE COST CENTERS	·					
50.00	05000 OPERATI NG ROOM	90, 291, 403	37, 377, 336	127, 668, 73	9 0. 128727	0. 000000	50.00
51. 00	05100 RECOVERY ROOM	8, 700, 046	6, 077, 365				
52. 00	05200 DELIVERY ROOM & LABOR ROOM	20, 559, 301	2, 939, 732				
54.00	05400 RADI OLOGY-DI AGNOSTI C	51, 436, 970	145, 328, 189			0. 000000	
57. 00	05700 CT SCAN	2, 790, 464	1, 866, 734			0. 000000	57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0	1	0. 000000	0. 000000	
59. 00	05900 CARDI AC CATHETERI ZATI ON	38, 802, 607	40, 747, 168	1		0. 000000	
60.00	06000 LABORATORY	71, 425, 893	50, 857, 138			0. 000000	
60. 01	06001 BLOOD LABORATORY	0	00,007,100	1	0. 000000	0. 000000	
63. 00	06300 BLOOD STORING, PROCESSING, & TRANS.	4, 636, 939	1, 737, 606	1		0. 000000	
65. 00	06500 RESPIRATORY THERAPY	19, 880, 083	2, 016, 639			0. 000000	
65. 01	06501 SLEEP LAB	9, 475	7, 149, 625			0. 000000	65. 01
66. 00	06600 PHYSI CAL THERAPY	7, 357, 550	11, 243, 507			0.000000	66.00
67. 00	06700 OCCUPATI ONAL THERAPY	4, 316, 515	246, 864			0. 000000	
68. 00	06800 SPEECH PATHOLOGY	2, 333, 671	416, 397			0. 000000	
68. 01	06801 AUDI OLOGY	2,000,071	110, 377		0. 000000	0. 000000	
69. 00	06900 ELECTROCARDI OLOGY	27, 838, 442	9, 933, 751				
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22, 851, 420	19, 817, 188			0. 000000	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	74, 252, 134	26, 309, 502			0. 000000	
73. 00	07300 DRUGS CHARGED TO PATIENTS	85, 117, 345	87, 242, 867				
73. 01	07301 HOSPI TAL BASED RETAIL PHARMACIES	03, 117, 343	8, 116, 365			0. 000000	
74. 00	07400 RENAL DIALYSIS	2, 230, 693	406, 061			0. 000000	
76. 00	03020 CARDI OPULMONARY	2, 230, 075	400, 001	1	0. 000000	0. 000000	
76. 97	07697 CARDI AC REHABI LI TATI ON	484, 397	2, 082, 008	1			
76. 98	07698 HYPERBARI C OXYGEN THERAPY	37, 832	12, 885, 618			0. 000000	
70. 70	OUTPATIENT SERVICE COST CENTERS	37,032	12,003,010	12, 723, 43	0. 131000	0.000000	70.70
90. 00	09000 CLINI C	O	0		0. 000000	0. 000000	90.00
90. 02	09002 PAIN CLINIC	330	589, 414	1		0. 000000	
90. 02	09003 ONCOLOGY CLINIC	94, 345	20, 563, 437			0. 000000	
91. 00	09100 EMERGENCY	43, 888, 942	123, 145, 847			0.00000	91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 475, 149	8, 687, 744				
92. 01	09201 OBSERVATION BEDS (NON-DISTINCT PART)	1, 986, 185	6, 445, 234				
72.01	OTHER REIMBURSABLE COST CENTERS	1, 700, 103	0, 443, 234	0,431,41	0. 321070	0.000000	72.01
00 10	09910 CORF	l ol	C	1	O		99. 10
77. 10	SPECIAL PURPOSE COST CENTERS	ı o			J		77. 10
100 00	10900 PANCREAS ACQUISITION		0		O		109. 00
	11000 INTESTINAL ACQUISITION	0	0	1			110.00
	11100 I SLET ACQUI SI TI ON	0	0	1			111.00
	11100  15LET ACQUISITION   11300   INTEREST EXPENSE	١	U	1			113.00
	11300  INTEREST EXPENSE   11500  AMBULATORY SURGICAL CENTER (D. P. )		0				115. 00
200.00		015 144 550	624 220 224	1, 449, 393, 89	4		200. 00
		815, 164, 558	034, 229, 336	1, 447, 373, 89	*		200.00
201. 00 202. 00		015 144 550	624 220 224	1 440 202 00	4		
202. UC	Total (see instructions)	815, 164, 558	034, 229, 336	1, 449, 393, 89	*	I	202. 00

Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES In Lieu of Form CMS-2552-10 BALL MEMORIAL HOSPITAL Provi der CCN: 150089

Worksheet C Part I Date/Time Prepared: 5/26/2015 1:44 pm PPS Peri od: From 01/01/2014 To 12/31/2014 Title XVIII Hospi tal Cost Center Description PPS Inpatient

IMPATI ENT. ROUTH NE. SERVICE COST CENTERS   11.00   30.00		Cost Center Description	PPS Inpatient	
INPAIL ENT ROUTINE SERVICE COST CENTERS   30,00   31,00   03000 ADUITS & PED PATRICS   33,00   31,00   03100 ADUITS & PED PATRICS   33,00   31,00   03000 ADUITS & PED PATRICS   32,00   32,00   04000 SURPROVIDER - 1PF   41,00   41,00   04000 SURPROVIDER - 1PF   41,00   42,00   04000 SURPROVIDER - 1PF   41,00   42,00   04000 SURPROVIDER - 1PF   41,00   43,00   04200 SURPROVIDER - 1PF   44,00   44,00   04000 SURPROVIDER - 1PF   44,00   45,00   04000 SURPROVIDER - 1PF   44,00   46,00   04000 SURPROVIDER - 1PF   44,00   47,00   04000 SURPROVIDER - 1PF   44,00   48,00   040				
30.00     30000 ADULTS & PEDIATRICS     33.00   30.00   20000 INTENSIVE CARE UNIT     31.00   20.00   20060 INFONTAL INTENSIVE CARE UNIT     32.00   20.00   20060 INFONTAL INTENSIVE CARE UNIT     40.00   41.00   20.00   42.00			11. 00	
31.00		INPATIENT ROUTINE SERVICE COST CENTERS		
32.00	30.00	03000 ADULTS & PEDIATRICS		30. 00
40.00   04000 SUBPROVIDER - I PF   41.00   41.00   41.00   41.00   5UBPROVIDER - I RF   42.00   42.0	31.00	03100 INTENSIVE CARE UNIT		31.00
40.00   04000 SUBPROVIDER - I PF   41.00   41.00   41.00   41.00   5UBPROVIDER - I RF   42.00   42.0				
11.00   04100   SUBPROVI DER   18F   142.00   2420   04200 SUBPROVI DER   34.00   04200 SUBPROVI DER   34.00   04200 SUBPROVI DER   34.00   04200 SUBPROVI DER   34.00   04200 SUBLED NUSSING FACILITY   34.00   04500 NURSING FACILITY   34.00   04500 NURSING FACILITY   35.00   35.00   0				
42. 00   04200   SUBPORVI DER				
43. 00   04300   NURSERY   43. 00   44. 00   04400   SKI LLED NURSI NG FACILITY   44. 00   04500   NURSI NG FACILITY   45. 00   04500   NURSI NG FACILITY   45. 00   04500   NURSI NG FACILITY   45. 00   05000   NURSI NG FACILITY   45. 00   050000   05000   05000   050000   050000   050000   050000   050000   050000   050000   050000   050000   050000   050000   0500000   0500000   0500000   05000000   050000000   050000000   0500000000				
44. 00   04400   SKILLER NURSING FACILITY				
45, 00   O-4500   OURSING FACILITY				
AMCILLARY SERVICE COST CENTERS   50 00				
50.00	45.00	04500 NURSING FACILITY		45. 00
51.00   05100   RECOVERY ROOM   0.203286   51.00   52.00   52.00   05200   DELIVERY ROOM   0.192700   52.00   52.00   05400   RADIO   LOCY-DI ACROSTIC   0.103313   54.00   57.00		ANCILLARY SERVICE COST CENTERS		
51.00   05100   RECOVERY ROOM   0.203286   51.00   52.00   52.00   05200   DELIVERY ROOM   0.192700   52.00   52.00   05400   RADIO   LOCY-DI ACROSTIC   0.103313   54.00   57.00	50.00	05000 OPERATI NG ROOM	0. 128762	7 50. 00
S2.00   0S200   DELLYERY ROOM & LABOR ROOM   0.192700   52.00   55.0				
54. 00   05400   RADI DLOGY-DI AGNOSTIC   0.103313   57. 00   05700   CT SCAN   0.039085   57. 00   05900   CARDI AC CATHETERI ZATION   0.000000   58. 00   05900   ABDO MAGNETI C RESONANCE I MAGI NG (MRI )   0.000000   59. 00   05900   CARDI AC CATHETERI ZATION   0.064772   60. 00   06. 01   06.00		l l		
57. 00   05700   CT SCAN   57. 00   58. 00   05800   AGNRTIC RESONANCE IMAGING (MRI )   0.000000   59. 00   05900   CARDITIC RESONANCE IMAGING (MRI )   0.000000   59. 00   05900   CARDITIC RESONANCE IMAGING (MRI )   0.000000   60. 01   05001				
SB. 00   OSBOO   MAGNETIC RESONANCE I MACI NG (MRI )   0.000000   58. 00   59. 00   59.00   CARDIAC CATHETERIZATION   0.064772   59. 00   60. 00   06000   CARDIAC CATHETERIZATION   0.111939   60. 00   60. 01   60601   BLOOD LABORATORY   0.000000   63. 00   66500   BLOOD STORING, PROCESSING, & TRANS.   0.290120   63. 00   65. 00   06500   BLOOD STORING, PROCESSING, & TRANS.   0.290120   65. 00   65.00   06500   BLOOD STORING, PROCESSING, & TRANS.   0.290120   65. 00   65.01   06501   ELEP LAB   0.146891   65. 01   66. 00   66.0		l l		1
59.00   05900   CARDIAC CATHETRI ZATION   0.064772   0.00000   0.000   0.000   ABDRATORY   0.111939   0.00000   0.000   ABDRATORY   0.000000   0.0000   0.0000   ABDRATORY   0.000000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.000000   0.0000000   0.0000000   0.00000000		I I		
60. 00   06000   LABORATORY   0. 111939   60. 00   60. 01   63.00   18.000   LABORATORY   0. 000000   60. 01   63.00   65.00   06500   BLOOD STORING, PROCESSING, & TRANS.   0. 290120   63. 00   65.00   06500   RESPIRATORY THERAPY   0. 255312   65. 00   66. 00   06600   RESPIRATORY THERAPY   0. 255312   65. 00   066.00   06600   MPSIS CAL THERAPY   0. 336653   66. 00   06600   PHYSI CAL THERAPY   0. 247728   67. 00   06700   0CCUPATIONAL THERAPY   0. 247728   67. 00   068.00   06800   SPECH PATHOLOGY   0. 188219   68. 00   06800   SPECH PATHOLOGY   0. 188219   68. 00   06800   SPECH PATHOLOGY   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 0000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 00000000				
60.01   06001   BLOOD LABORATORY   0.000000   60.011   60.01   60.01   60.01   60.00		I I		59. 00
63.00   663.00   R50PI RATOPY THERAPY   0. 295120   65. 00   65. 01   06500   R5SPI RATOPY THERAPY   0. 146891   65. 01   66. 00   06600   R5SPI RATOPY THERAPY   0. 336653   65. 01   66. 00   06600   PSPIS CAL THERAPY   0. 336653   65. 01   66. 00   06600   PSPECH PATHOLOGY   0. 188219   67. 00   68. 00   06800   SPECH PATHOLOGY   0. 188219   68. 00   68. 01   06801   AUDI LOGY   0. 000000   68. 01   69. 00   06900   ELECTROCARDI OLOGY   0. 000000   68. 01   69. 00   06900   ELECTROCARDI OLOGY   0. 086550   69. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0. 378648   71. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0. 179609   73. 00   73. 01   07301   HOSPI TAL BASED RETAIL PHARMACIES   0. 439552   73. 01   74. 00   07400   RENAL DI ALYSI S   0. 400110   76. 90   76. 00   07697   CARDI AC REHABILITATI ON   0. 308315   76. 97   76. 99   07698   HYPERBARIC COXYGEN THERAPY   0. 131688   76. 97   90. 00   09000   PAIN CLINIC   0. 000000   PAIN CLINIC   90. 03   90. 01   09000   PAIN CLINIC   0. 000000   PAIN CLINIC   90. 03   90. 02   09000   PAIN CLINIC   0. 077042   90. 03   90. 03   09003   0NOCLOGY CLINIC   0. 077042   90. 03   90. 01   09000   PAIN CLINIC   0. 006459   90. 02   90. 02   090020   DREFERVATION BEDS (INSTINCT PART)   0. 402515   92. 01   90. 01   001000   PAIN CLINIC   0. 006459   90. 02   90. 01   001000   PAIN CLINIC   0. 006459   90. 03   90. 01   001000   PAIN CLINIC   0. 006459   90. 03   90. 01   001000   PAIN CLINIC   0. 006459   90. 03   90. 01   001000   PAIN CLINIC   0. 006459   90. 03   90. 01   001000   PAIN CLINIC   0. 006459   90. 03   90. 01   001000   PAIN CLINIC   0. 006459   90. 03   90. 01   001000   PAIN CLINIC   0. 006459   90. 03   90. 01   001000   PAIN CLINIC   0. 006459   90. 03   90. 01   001000   PAIN CLINIC   0. 006459   90. 03   90. 01   001000   PAIN CLINIC   0. 006459   90. 03   90. 01   001000   00100   00100   00100   00100   00100   00100   00100   00100   00100   00100   00100   00100   00100   00100   00100   00100   00100   00100   00100   00	60.00	06000 LABORATORY	0. 111939	60.00
65. 00   06500   RESPI RATORY THERAPY   0. 255312   65. 00   06501   SLEEP LAB   0. 146891   65. 01   66. 00   06600   PHYSI CAL THERAPY   0. 336653   66. 00   67. 00   06600   PHYSI CAL THERAPY   0. 247728   67. 00   68. 00   06600   SPECTA PATHOLOGY   0. 188219   68. 00   06800   SPECTA PATHOLOGY   0. 08000   068. 01   06801   AUDI OLOGY   0. 000000   68. 01   06801   AUDI OLOGY   0. 000000   06. 01   06900   LECETROCARDI OLOGY   0. 086550   0. 086550   0. 08090   LECETROCARDI OLOGY   0. 086550   0. 086550   0. 071. 00   07100   MEDI CAL SUPPLI ES CHARGED TO PATI ENTS   0. 378648   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0. 378648   71. 00   07300   PRUSS CHARGED TO PATI ENTS   0. 179609   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0. 179609   73. 00   07301   HOSPI TAL BASED RETAI L. PHARMACI ES   0. 439552   73. 01   07301   HOSPI TAL BASED RETAI L. PHARMACI ES   0. 439552   73. 01   07301   HOSPI TAL BASED RETAI L. PHARMACI ES   0. 400110   76. 00   03020   CARDI OPULLMOMARY   0. 000000   76. 97   07697   CARDI AC REHABI LI TATI ON   0. 3008115   76. 98   07698   HYPERBARI C. OXYGEN THERAPY   0. 131668   0. 000000   0. 000000   0. 00000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 00000000	60. 01	06001 BLOOD LABORATORY	0. 000000	60. 01
65. 00   06500   RESPI RATORY THERAPY   0. 255312   65. 00   06501   SLEEP LAB   0. 146891   65. 01   66. 00   06600   PHYSI CAL THERAPY   0. 336653   66. 00   67. 00   06600   PHYSI CAL THERAPY   0. 247728   67. 00   68. 00   06600   SPECTA PATHOLOGY   0. 188219   68. 00   06800   SPECTA PATHOLOGY   0. 08000   068. 01   06801   AUDI OLOGY   0. 000000   68. 01   06801   AUDI OLOGY   0. 000000   06. 01   06900   LECETROCARDI OLOGY   0. 086550   0. 086550   0. 08090   LECETROCARDI OLOGY   0. 086550   0. 086550   0. 071. 00   07100   MEDI CAL SUPPLI ES CHARGED TO PATI ENTS   0. 378648   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0. 378648   71. 00   07300   PRUSS CHARGED TO PATI ENTS   0. 179609   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0. 179609   73. 00   07301   HOSPI TAL BASED RETAI L. PHARMACI ES   0. 439552   73. 01   07301   HOSPI TAL BASED RETAI L. PHARMACI ES   0. 439552   73. 01   07301   HOSPI TAL BASED RETAI L. PHARMACI ES   0. 400110   76. 00   03020   CARDI OPULLMOMARY   0. 000000   76. 97   07697   CARDI AC REHABI LI TATI ON   0. 3008115   76. 98   07698   HYPERBARI C. OXYGEN THERAPY   0. 131668   0. 000000   0. 000000   0. 00000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 00000000	63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0. 290120	63.00
65. 01   06501   SLEEP LAB				
66. 00   06600   PHYSI CAL THERAPY   0. 336653   66. 00   67. 00   06700   0CCUPATI ONAL THERAPY   0. 247728   67. 00   68. 01   06800   SPEECH PATHOLOGY   0. 188219   68. 00   68. 01   06800   SPEECH PATHOLOGY   0. 0000000   68. 01   06801   AUDI OLOGY   0. 0000000   68. 01   06901   ELETROCARDI OLOGY   0. 0086550   69. 00				
67. 00   06700   0CCUPATI ONAL THERAPY   0. 247728   67. 00   06800   06800   SPECH PATHOLOGY   0. 188219   68. 01   06801   AUDI OLOGY   0. 000000   68. 01   06801   AUDI OLOGY   0. 000000   69. 00   06900   ELECTROCARDI OLOGY   0. 006550   69. 00   07. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0. 378648   71. 00   72. 00   72. 00   72. 00   72. 00   72. 00   IMPL. DEV. CHARGED TO PATI ENTS   0. 378648   77. 00   73. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0. 179609   73. 00   73. 01   07301   HOSPI TAL BASED RETAI L PHARMACI ES   0. 439552   73. 01   74. 00			1	1
68. 00		I I		
68.01   0.6801   AUDI OLOGY   0.000000   68.01   69.00   0.0000   ELECTROCARDI OLOGY   0.0086550   69.00   71.00   0.7100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0.378648   71.00   72.00   0.7200   IMPL. DEV. CHARGED TO PATI ENTS   0.378648   72.00   73.00   0.7300   DRUGS CHARGED TO PATI ENTS   0.179609   73.00   73.01   0.7301   HOSPITAL BASED RETAIL PHARMACI ES   0.439552   73.01   74.00   0.7400   RENAL DI ALYSI S   0.400110   74.00   76.00   0.3020   CARDI DOPULMONARY   0.000000   76.00   76.97   0.7697   CARDI AC REHABI LI TATI ON   0.308315   76.97   76.98   0.7698   HYPERBARI C OXYGEN THERAPY   0.131668   0.000000   90.00   90.02   0.000   0.0000   CLI NI C   0.000000   90.00   90.02   0.000   0.0000   CLI NI C   0.000000   90.00   91.00   0.000   0.0000   CLI NI C   0.000000   90.00   92.00   0.000   0.0000   CLI NI C   0.000000   90.00   92.00   0.000   0.0000   CLI NI C   0.000000   90.00   92.00   0.0000   0.0000   0.0000   0.00000   90.00   92.00   0.0000   0.0000   0.0000   0.00000   90.00   92.00   0.0000   0.0000   0.0000   0.00000   90.00   92.00   0.0000   0.0000   0.0000   0.00000   90.00   92.01   0.0000   0.00000   0.00000   0.00000   90.0000   90.0000   92.01   0.0000   0.00000   0.000000   90.00000   90.00000   90.00000   92.01   0.00000   0.0000000   0.0000000   90.000000   90.0000000   90.0000000   90.00000000   90.000000000   90.0000000000		I I		
69. 00 6900 ELECTROCARDIOLOGY 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 73. 01 07300 DRUGS CHARGED TO PATIENTS 73. 00 07300 DRUGS CHARGED TO PATIENTS 73. 00 07300 DRUGS CHARGED TO PATIENTS 73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES 73. 00 07400 RENAL DIALYSIS 74. 00 07400 RENAL DIALYSIS 75. 00 03020 CARDI OPULMONARY 76. 97 07697 CARDI AC REHABILITATION 76. 98 07698 HYPERBARIC OXYGEN THERAPY 76. 98 0000 CLINIC 76. 90 09000 DRUGS CHARGED TO PATIENTS 76. 98 09000 DRUGS CRUTH THE SERVICE COST CENTERS 77 09000 DRUGS CRUTH TO BEDS (NON-DISTINCT PART) 77 09000 DRUGS CRUTH TO BEDS (NON-DISTINCT PART) 78 09000 DRUGS CRUTH TO BEDS (NON-DISTINCT PART) 79 09100 DRUGS CRUTH TO BEDS (NON-DISTINCT PART) 79 0910 DRUGS CRUTH TO BEDS (NON-DISTINCT PART) 71 00 0000 PANCREAS ACQUISITION 71 00000 PANCREAS ACQUISITION 71 00000 PANCREAS ACQUISITION 71 00000 PANCREAS ACQUISITION 71 00000 PANCREAS ACQUISITION 71 000000 PANCREAS ACQUISITION 71 00000 PANCREAS ACQUISITION 71 000000000000000000000000000000000000		I I		
71. 00				
72. 00 07200   IMPL. DEV. CHARGED TO PATIENT 0. 310172 73. 00 07300   DRUGS CHARGED TO PATIENTS 0. 179609 73. 01 07301   HOSPITAL BASED RETAIL PHARMACIES 0. 439552 73. 01 74. 00 07400   RENAL DIALYSIS 0. 400110 76. 00 03020   CARDI OPULMONARY 0. 0.00000 76. 97 07697   CARDI AC REHABI LITATION 0. 308315 76. 98 07698   HYPERBARI C OXYGEN THERAPY 0. 131688 0. 09000   CLINI C 0. 000000 90. 02 09000   CLINI C 0. 0.00000 90. 02 09000   PAIN CLINI C 2. 938253 90. 09000   PAIN CLINI C 0. 0.077042 90. 03 91. 00 09100   BMERGENCY 90. 03 92. 00 09100   BMERGENCY 90. 03 92. 01 09200   DSSERVATI ON BEDS (NON-DISTINCT PART) 0. 402515 92. 00 92. 01 09200   DSSERVATI ON BEDS (DISTINCT PART) 0. 321890 91. 00 07HER REI MBURSABLE COST CENTERS  109. 00 10900   PAINCREAS ACQUI SITI ON 110. 00 110. 00 11000   INTERSTI NAL ACQUI SITI ON 110. 00 111. 00 11100   INTERSTI NAL ACQUI SITI ON 111. 00 111. 00 11100   INTERSTI NAL ACQUI SITI ON 111. 00 111. 00 11100   INTERSTI NAL ACQUI SITI ON 111. 00 111. 00 11100   INTERSTI NAL ACQUI SITI ON 111. 00 111. 00 11100   LSLET ACQUI SITI ON 111. 00 115. 00 11300   MBULATORY SURGI CAL CENTER (D. P. ) Subtotal (see instructions) 200. 00 201. 00   Less Observation BedS   201. 00			0. 086550	69. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS 0. 179609 73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES 0. 439552 73. 01 74. 00 07400 RENAL DIALYSIS 0. 439552 75. 01 76. 00 03020 CARDI OPULMONARY 0. 0. 000000 76. 97 07697 CARDI AC RHABI LITATION 0. 308315 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0. 131688 0UTPATIENT SERVICE COST CENTERS 90. 00 09000 CLINIC 0. 0. 000000 90. 02 09002 PAIN CLINIC 2. 938253 90. 03 09003 ONCOLOGY CLINIC 0. 0. 077042 90. 02 9002 PAIN CLINIC 0. 0. 077042 90. 03 09000 OBSERVATION BEDS (NON-DISTINCT PART) 0. 402515 92. 01 09201 OBSERVATION BEDS (DISTINCT PART) 0. 321890 99. 10 09910 CORF 0. 0. 00000 110. 00 11000 I NTESTI NAL ACQUISITION 110. 00 111. 00 111. 00 11100 I INTERST EXPENSE 111. 00 113. 00 113. 00 11300 I INTEREST EXPENSE 1115. 00 120. 00 00 00 00 00 00 00 00 00 00 00 00 0	71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 378648	71.00
73. 00 07300 DRUGS CHARGED TO PATIENTS 0. 179609 73. 01 07301 HOSPITTAL BASED RETAIL PHARMACIES 0. 439552 73. 01 73. 01 07301 HOSPITTAL BASED RETAIL PHARMACIES 0. 439552 74. 00 07400 RENAL DIALYSIS 0. 0. 400110 76. 00 03020 CARDI OPULMONARY 0. 0.000000 76. 97 07697 CARDI AC REHABI LI TATI ON 0. 308315 76. 98 07697 CARDI AC REHABI LI TATI ON 0. 308315 76. 98 0UTPATI ENT SERVICE COST CENTERS 90. 00 09000 CLI NI C 0. 0.00000 90. 02 09002 PAIN CLINI C 2. 938253 90. 03 09003 ONCOLOGY CLINI C 0. 0.077042 90. 03 90. 03 09000 DESERVATI ON BEDS (NON-DI STI NCT PART) 0. 402515 92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART) 0. 321890 99. 10 09100 EMERGENCY 0. 321890 99. 10 07100 CORF 09910 CORF 099110 ON 011000 I NTESTI NAL ACQUI SI TI ON 111. 00 111. 00 11100 I SILET ACQUI SI TI ON 111. 100 11100 I SILET ACQUI SI TI ON 111. 100 11100 I SILET ACQUI SI TI ON 111. 00 1130 O 11300 I NTEREST EXPENSE 115. 00 11500 AMBULATORY SURGI CAL CENTER (D. P.) Subtotal (see instructions) 200. 00 201. 00 Subtotal (see instructions) 201. 00 ELess Observation Beds 201. 00	72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0. 310172	72. 00
73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES 0.439552 73. 01 74. 00 07400 RENAL DIALYSIS 0.400110 74. 00 76. 00 03020 CARDI OPULMONARY 0.000000 76. 97 76. 98 07697 CARDI AC REHABI LITATI ON 0.308315 76. 97 76. 98 001971 INT SERVICE COST CENTERS  90. 00 09000 CLI NI C 0.000000 90. 00 90. 02 09002 PAIN CLINIC 2.938253 90. 02 90. 03 09003 ONCOLOGY CLINIC 0.077042 90. 03 91. 00 09100 EMERGENCY 0.086439 91. 00 92. 01 09201 OBSERVATI ON BEDS (NON-DISTINCT PART) 0.402515 92. 00 92. 01 09201 OBSERVATI ON BEDS (DISTINCT PART) 0.321890 99. 10 09910 CORF SPECIAL PURPOSE COST CENTERS  109. 00 10900 PANCREAS ACQUI SI TI ON 111. 00 111. 00 11100 1 SLET ACQUI SI TI ON 111. 00 113. 00 11300 INTEREST EXPENSE 113. 00 115. 00 AMBULATORY SURGI CAL CENTER (D. P.) 200. 00 201. 00 Less Observation BedS (201. 00	73.00	07300 DRUGS CHARGED TO PATIENTS	0. 179609	73.00
74. 00				
76. 00				
76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0. 131688 07698 HYPERBARI C OXYGEN THERAPY 0. 0 09000 CLI NI C 0. 000000 90. 02 90. 02 90. 03 90. 03 90. 03 90. 03 90. 00 90. 02 90. 00 10. 00 10. 00 110. 00 110. 00 110. 00 111. 00 111. 00 111. 00 111. 00 115. 00 115. 00 1150. 0 11				
76. 98 O7698 HYPERBARI C OXYGEN THERAPY O. 131688 OUTPATIENT SERVI CE COST CENTERS  90. 00 O9000 CLI NI C O. 0.000000 90. 00 00000000 90. 00 00000000				1
OUTPATIENT SERVICE COST CENTERS   90. 00   09000   CLINIC   0. 0000000   90. 00			1	1
90. 00   09000   CLINI C   0.000000   90. 00   9	76. 98		0. 131688	76. 98
90. 02				
90. 03	90.00	09000 CLI NI C	0. 000000	90. 00
91. 00   09100   EMERGENCY   0. 086439   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DI STINCT PART)   0. 402515   92. 00   09201   OBSERVATI ON BEDS (DI STINCT PART)   0. 321890   92. 01   OTHER REI MBURSABLE COST CENTERS   99. 10   OP910   CORF   99. 10   OP910   CORF   99. 10   OP910	90. 02	09002 PAIN CLINIC	2. 938253	90. 02
91. 00   09100   EMERGENCY   0. 086439   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DI STINCT PART)   0. 402515   92. 00   09201   OBSERVATI ON BEDS (DI STINCT PART)   0. 321890   92. 01   OTHER REI MBURSABLE COST CENTERS   99. 10   OP910   CORF   99. 10   OP910   CORF   99. 10   OP910	90. 03	09003 ONCOLOGY CLINIC	0. 077042	90. 03
92. 00	91.00		1	91.00
92. 01   09201   0BSERVATI ON BEDS (DI STINCT PART)   0. 321890   92. 01		I I		
OTHER REI MBURSABLE COST CENTERS  99. 10			1	
99. 10   09910   CORF   99. 10   SPECIAL PURPOSE COST CENTERS   109. 00   10900   PANCREAS ACQUI SI TI ON   109. 00   111. 00   11100   INTESTI NAL ACQUI SI TI ON   111. 00   11100   ISLET ACQUI SI TI ON   111. 00   113. 00   11300   INTERST EXPENSE   113. 00   115. 00   115. 00   115. 00   MBULATORY SURGI CAL CENTER (D. P. )   115. 00   200. 00   Subtotal (see instructions)   200. 00   201. 00   Less Observation Beds   201. 00	<del>9</del> 2. U I		0. 32 10 90	72.01
SPECIAL PURPOSE COST CENTERS   109. 00   10900   PANCREAS ACQUISITION   109. 00   110. 00   11000   INTESTI NAL ACQUISITION   110. 00   111. 00   111. 00   113. 00   113. 00   113. 00   113. 00   113. 00   113. 00   115. 00	00.40		I	- 00 40
109. 00	99. 10			99. 10
110. 00			,	
111. 00   11100   15LET ACQUISITION   111. 00   113. 00   113. 00   115. 00	109. C	O 10900 PANCREAS ACQUISITION		109. 00
113.00   11300   11300   11400   11500   11500   11500   11500   115.00   1	110. C	O 11000 INTESTINAL ACQUISITION		110.00
113.00   11300   11300   11400   11500   11500   11500   11500   115.00   1	111. C	0 11100 ISLET ACQUISITION		111.00
115. 00       115. 00         200. 00       Subtotal (see instructions)         201. 00       Less Observation Beds				
200. 00       Subtotal (see instructions)       200. 00         201. 00       Less Observation Beds       201. 00				
201.00 Less Observation Beds 201.00				
202.00   Total (see instructions)		I I		
	202.0	ul liotal (see instructions)		J202. 00

In Lieu of Form CMS-2552-10

Period:	Worksheet C
From 01/01/2014	Part
To 12/31/2014	Date/Time Prepared:
5/26/2015 1:44 pm	Provider CCN: 150089

				'	0 12/31/2014	5/26/2015 1:4	
			Ti t	le XIX	Hospi tal	Cost	
			<u>'</u>		Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
		(from Wkst. B,	Adj.		Di sal I owance		
		Part I, col.					
		26)					
		1.00	2. 00	3.00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
30. 00	03000 ADULTS & PEDIATRICS	46, 232, 803		46, 232, 803	4, 986	46, 237, 789	30.00
31. 00	03100 INTENSIVE CARE UNIT						1
		13, 402, 324		13, 402, 324	0	13, 402, 324	
32.00	02060 NEONATAL INTENSIVE CARE UNIT	3, 958, 166		3, 958, 166	0	3, 958, 166	1
40.00	04000 SUBPROVI DER - I PF	0		0	O <sub>1</sub>	0	
41. 00	04100 SUBPROVI DER – I RF	3, 163, 960		3, 163, 960	0	3, 163, 960	
42. 00	04200 SUBPROVI DER	0		0	0	0	42. 00
43. 00	04300 NURSERY	1, 457, 703		1, 457, 703	0	1, 457, 703	
44. 00	04400 SKILLED NURSING FACILITY	0		0	0	0	
45. 00	04500 NURSING FACILITY	0		0	0	0	45. 00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	16, 434, 453		16, 434, 453	4, 376	16, 438, 829	50.00
51.00	05100 RECOVERY ROOM	3, 004, 042		3, 004, 042	0	3, 004, 042	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4, 528, 265		4, 528, 265	ol	4, 528, 265	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	20, 328, 490		20, 328, 490	ol	20, 328, 490	
57. 00	05700 CT SCAN	182, 028		182, 028	ام	182, 028	1
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0		0	o	0	1
59. 00	05900 CARDI AC CATHETERI ZATI ON	5, 152, 622		5, 152, 622	Ö	5, 152, 622	•
60.00	06000 LABORATORY	13, 639, 950		13, 639, 950	48. 260	13, 688, 210	l
60. 01	06001 BLOOD LABORATORY	13, 037, 730		13, 037, 730	40, 200	13, 000, 210	60. 01
		1 012 247		1 010 047	27 025		1
63. 00	06300 BLOOD STORING, PROCESSING, & TRANS.	1, 813, 347		1, 813, 347	36, 035	1, 849, 382	•
65. 00	06500 RESPI RATORY THERAPY	5, 590, 491	0		0	5, 590, 491	
65. 01	06501 SLEEP LAB	1, 051, 609	0		0	1, 051, 609	1
66. 00	06600 PHYSI CAL THERAPY	6, 262, 099	0		0	6, 262, 099	1
67. 00	06700 OCCUPATI ONAL THERAPY	1, 130, 475	0	1, 130, 475	0	1, 130, 475	1
68. 00	06800 SPEECH PATHOLOGY	517, 616	0	517, 616	0	517, 616	
68. 01	06801 AUDI OLOGY	0	0	0	0	0	68. 01
69.00	06900 ELECTROCARDI OLOGY	3, 269, 197		3, 269, 197	0	3, 269, 197	69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16, 156, 367		16, 156, 367	0	16, 156, 367	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	31, 191, 447		31, 191, 447	0	31, 191, 447	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	30, 957, 445		30, 957, 445	o	30, 957, 445	73.00
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	3, 567, 566		3, 567, 566	ol	3, 567, 566	1
74.00	07400 RENAL DI ALYSI S	1, 054, 991		1, 054, 991	ol	1, 054, 991	1
76. 00	03020 CARDI OPULMONARY	0		0	أم	0	76. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	791, 260		791, 260	ol	791, 260	•
76. 98	07698 HYPERBARI C OXYGEN THERAPY	1, 701, 857		1, 701, 857	ol	1, 701, 857	ł
70.70	OUTPATIENT SERVICE COST CENTERS	177017007		1,701,007	9	1,701,007	70.70
90. 00	09000 CLINIC	0		0	ol	0	90. 00
90.00	09002 PAIN CLINIC	1, 732, 817		1, 732, 817	0	1, 732, 817	1
90. 02	09003 ONCOLOGY CLINIC	1, 591, 519		1, 591, 519		1, 732, 617	1
							1
91.00	09100 EMERGENCY	14, 293, 047		14, 293, 047	145, 322	14, 438, 369	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4, 090, 714		4, 090, 714	_	4, 090, 714	
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	2, 713, 993		2, 713, 993	0	2, 713, 993	92. 01
	OTHER REIMBURSABLE COST CENTERS						
99. 10	09910 CORF	0		0		0	99. 10
	SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0		0		0	109. 00
110.00	11000 INTESTINAL ACQUISITION	0		0		0	110. 00
111.00	11100 ISLET ACQUISITION	o		0		0	111. 00
	11300 INTEREST EXPENSE						113. 00
	11500 AMBULATORY SURGICAL CENTER (D. P.)	l ol		1 0			115. 00
200.00		260, 962, 663	0	260, 962, 663	238, 979	261, 201, 642	
201.00		4, 090, 714		4, 090, 714		4, 090, 714	
202.00		256, 871, 949	0		238, 979	257, 110, 928	
	1 1 1 1 1 1 (000 1 1 1 0 1 0 1 0 1 0 1 0	200, 0 , , 1 , 1	,		200, 777	_0.,, ,20	

Provider CCN: 150089 Peri od: Worksheet C From 01/01/2014 Part I To 12/31/2014 Date/Time Prepared:

					0 12/31/2014	5/26/2015 1: 4	
			Ti t	le XIX	Hospi tal	Cost	
			Charges		·		
	Cost Center Description	I npati ent	Outpati ent	Total (col. 6	Cost or Other	TEFRA	
				+ col. 7)	Ratio	I npati ent	
						Ratio	
		6. 00	7. 00	8. 00	9. 00	10. 00	
	NPATIENT ROUTINE SERVICE COST CENTERS						
	D3000 ADULTS & PEDI ATRI CS	142, 577, 515		142, 577, 51!			30.00
	03100 INTENSIVE CARE UNIT	55, 243, 449		55, 243, 449			31. 00
	02060 NEONATAL INTENSIVE CARE UNIT	19, 106, 603		19, 106, 603	3		32.00
1	04000 SUBPROVI DER – I PF	0 000 040		0.000.04			40.00
	04100 SUBPROVI DER - I RF	9, 089, 249		9, 089, 249			41. 00
	04200 SUBPROVI DER	( 240 (11		( 240 (1:			42.00
	04300 NURSERY 04400 SKILLED NURSING FACILITY	6, 349, 611		6, 349, 61	1		43. 00 44. 00
	04500 NURSING FACILITY				1		45. 00
	ANCILLARY SERVICE COST CENTERS	l o			/		45.00
	D5000 OPERATING ROOM	90, 291, 403	37, 377, 336	127, 668, 739	0. 128727	0. 000000	50.00
	05100 RECOVERY ROOM	8, 700, 046	6, 077, 365			0. 000000	
1	D5200 DELIVERY ROOM & LABOR ROOM	20, 559, 301	2, 939, 732			0. 000000	
1	05400 RADI OLOGY-DI AGNOSTI C	51, 436, 970	145, 328, 189			0. 000000	
	05700 CT SCAN	2, 790, 464	1, 866, 734			0. 000000	
	D5800 MAGNETIC RESONANCE IMAGING (MRI)	2,770,101	0,000,701		0.000000	0. 000000	
1	D5900 CARDI AC CATHETERI ZATI ON	38, 802, 607	40, 747, 168			0. 000000	
	D6000 LABORATORY	71, 425, 893	50, 857, 138			0. 000000	
	06001 BLOOD LABORATORY	0	00,007,100			0. 000000	
1	06300 BLOOD STORING, PROCESSING, & TRANS.	4, 636, 939	1, 737, 606			0. 000000	
1	06500 RESPIRATORY THERAPY	19, 880, 083	2, 016, 639			0. 000000	1
	06501 SLEEP LAB	9, 475	7, 149, 625			0.000000	
1	06600 PHYSI CAL THERAPY	7, 357, 550	11, 243, 507			0.000000	
	06700 OCCUPATI ONAL THERAPY	4, 316, 515	246, 864			0. 000000	
68.00	06800 SPEECH PATHOLOGY	2, 333, 671	416, 397	2, 750, 068	0. 188219	0.000000	68. 00
68. 01	06801 AUDI OLOGY	0	0	(	0. 000000	0.000000	68. 01
69.00	06900 ELECTROCARDI OLOGY	27, 838, 442	9, 933, 751	37, 772, 193	0. 086550	0.000000	69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22, 851, 420	19, 817, 188	42, 668, 608	0. 378648	0.000000	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	74, 252, 134	26, 309, 502	100, 561, 636	0. 310172	0.000000	72.00
73.00	D7300 DRUGS CHARGED TO PATIENTS	85, 117, 345	87, 242, 867	172, 360, 212	0. 179609	0.000000	73. 00
73. 01	D7301 HOSPITAL BASED RETAIL PHARMACIES	0	8, 116, 365	8, 116, 36	0. 439552	0. 000000	73. 01
	07400 RENAL DIALYSIS	2, 230, 693	406, 061	2, 636, 75	0. 400110	0. 000000	74. 00
76.00	03020 CARDI OPULMONARY	0	0	(	0. 000000	0. 000000	76. 00
	07697 CARDIAC REHABILITATION	484, 397	2, 082, 008	2, 566, 40		0. 000000	76. 97
	07698 HYPERBARIC OXYGEN THERAPY	37, 832	12, 885, 618	12, 923, 450	0. 131688	0. 000000	76. 98
	OUTPATIENT SERVICE COST CENTERS			1			
1	09000 CLI NI C	0	0			0.000000	
	09002 PAIN CLINIC	330	589, 414			0.000000	
	09003 ONCOLOGY CLINIC	94, 345	20, 563, 437			0.000000	
1	09100 EMERGENCY	43, 888, 942	123, 145, 847	1		0.000000	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 475, 149	8, 687, 744			0.000000	
	D9201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	1, 986, 185	6, 445, 234	8, 431, 419	0. 321890	0. 000000	92. 01
	09910 CORF	l ol	0				99. 10
	SPECIAL PURPOSE COST CENTERS	١			الـــــــــــــــا		//. 10
	10900 PANCREAS ACQUISITION	O	0	(			109. 00
110.00	11000 INTESTINAL ACQUISITION	o	0				110. 00
	11100   SLET ACQUISITION	o	0				111. 00
113.00	11300 INTEREST EXPENSE						113. 00
115.00	11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	(	o		115. 00
200.00	Subtotal (see instructions)	815, 164, 558	634, 229, 336	1, 449, 393, 894	1		200. 00
201.00	Less Observation Beds						201. 00
202. 00	Total (see instructions)	815, 164, 558	634, 229, 336	1, 449, 393, 894	1		202. 00

Heal th Financial Systems

BALL MEMORIAL HOSPITAL

In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150089
Period:
From 01/01/2014
To 12/31/2014
Date/Time Prepared:

5/26/2015 1:44 pm Title XIX Hospi tal Cost Cost Center Description PPS Inpatient Ratio 11 00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 30.00 31.00 03100 INTENSIVE CARE UNIT 31.00 32.00 02060 NEONATAL INTENSIVE CARE UNIT 32.00 40.00 04000 SUBPROVI DER - I PF 40.00 41. 00 | 04100 | SUBPROVI DER - I RF 41.00 42.00 04200 SUBPROVI DER 42.00 04300 NURSERY 43.00 43.00 44.00 04400 SKILLED NURSING FACILITY 44.00 45.00 04500 NURSING FACILITY 45 00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0.000000 50.00 51.00 05100 RECOVERY ROOM 0.000000 51.00 05200 DELIVERY ROOM & LABOR ROOM 0.000000 52.00 52.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.000000 54.00 57.00 05700 CT SCAN 0.000000 57.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0.000000 58.00 58.00 59.00 05900 CARDIAC CATHETERIZATION 0.000000 59.00 06000 LABORATORY 0.000000 60.00 60.00 06001 BLOOD LABORATORY 0.000000 60.01 60.01 06300 BLOOD STORING, PROCESSING, & TRANS. 63.00 0.000000 63.00 06500 RESPIRATORY THERAPY 0.000000 65.00 65.00 65.01 06501 SLEEP LAB 0.000000 65.01 66.00 06600 PHYSI CAL THERAPY 0.000000 66.00 06700 OCCUPATIONAL THERAPY 67.00 0.000000 67.00 06800 SPEECH PATHOLOGY 68.00 0.000000 68.00 68.01 06801 AUDI OLOGY 0.000000 68.01 06900 ELECTROCARDI OLOGY 0.000000 69.00 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.000000 71.00 07200 I MPL. DEV. CHARGED TO PATIENT 0.000000 72.00 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 73.00 07301 HOSPITAL BASED RETAIL PHARMACIES 73. 01 0.000000 73.01 74. 00 07400 RENAL DIALYSIS 0.000000 74 00 03020 CARDI OPULMONARY 76.00 0.000000 76.00 76. 97 07697 CARDIAC REHABILITATION 0.000000 76. 97 07698 HYPERBARIC OXYGEN THERAPY 76.98 0.000000 76. 98 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0.000000 90.00 09002 PAIN CLINIC 90. 02 0.000000 90.02 90.03 09003 ONCOLOGY CLINIC 0.000000 90.03 91.00 09100 EMERGENCY 0.000000 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.000000 92.00 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 0.000000 92.01 92.01 OTHER REIMBURSABLE COST CENTERS 99.10 09910 CORF 99. 10 SPECIAL PURPOSE COST CENTERS 109. 00 10900 PANCREAS ACQUISITION 109.00 110.00 11000 INTESTINAL ACQUISITION 110.00 111.00 11100 | SLET ACQUISITION 111.00 113.00 11300 INTEREST EXPENSE 113.00 115.00 11500 AMBULATORY SURGICAL CENTER (D. P.) 115. 00 200 00 Subtotal (see instructions) 200 00 201.00 Less Observation Beds 201.00

202.00

202.00

Total (see instructions)

Uselah Siransial Customs	DALL MEMODIA	LUCCDITAL		1 11-	£ F CMC	2552 10
Health Financial Systems APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL (	BALL MEMORIA	Provi der		Period: From 01/01/2014 To 12/31/2014	Date/Time Pre 5/26/2015 1:4	epared:
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capi tal Rel ated Cost (col. 1 - col 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1. 00	2. 00	3.00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS		2.00	0.00	1. 00	0.00	
30.00 ADULTS & PEDIATRICS 31.00 INTENSIVE CARE UNIT 32.00 NEONATAL INTENSIVE CARE UNIT 40.00 SUBPROVIDER - IPF 41.00 SUBPROVIDER - IRF 42.00 SUBPROVIDER 43.00 NURSERY 44.00 SKILLED NURSING FACILITY 45.00 NURSING FACILITY 200.00 Total (lines 30-199)  Cost Center Description	5,094,203 1,013,536 198,770 0 346,877 0 120,606 0 6,773,992 Inpatient Program days	0 0 0	1, 013, 53 198, 77 346, 87	6 10, 107 0 3, 812 0 0 7 4, 115 0 6 2, 755 0 0 0	100. 28 52. 14 0. 00 84. 30 0. 00 43. 78 0. 00 0. 00	31. 00 32. 00 40. 00 41. 00 42. 00 43. 00 44. 00
INPATIENT ROUTINE SERVICE COST CENTERS	6.00	7.00				
ADULTS & PEDIATRICS 31. 00 INTENSIVE CARE UNIT 32. 00 NEONATAL INTENSIVE CARE UNIT 40. 00 SUBPROVIDER - IPF 41. 00 SUBPROVIDER - IRF 42. 00 SUBPROVIDER 43. 00 NURSERY 44. 00 SKILLED NURSING FACILITY 45. 00 NURSING FACILITY 200. 00 Total (lines 30-199)	27, 019 7, 860 0 0 3, 035 0 0 0 0 37, 914	788, 201 0 0 255, 851 0 0 0				30. 00 31. 00 32. 00 40. 00 41. 00 42. 00 43. 00 44. 00 45. 00 200. 00

## Provider CCN: 150089   Peri od: From WiOr1/2014   From 0/101/2014   From 0/101/20	Heal th	Financi	al Systems		BALL MEMORIA	L HOSE	PLTAL		In Lie	eu of Form CMS-:	2552-10
Cost Center Description	APPORT	TI ONMENT	OF INPATIENT ANCILLARY SER	VICE CAPITA	L COSTS		Provi der	CCN: 150089			
Cost Center Description									From UI/UI/2014	Part II   Date/Time Pre	nared:
Cost Center Description									10 12/31/2014		4 pm
Related Cost   From Wisst   Related Cost   From Wisst   C, col   1 e col   1 e col   Charges   Col umn 4   Charges   Col umn 4   Related Cost   From Wisst   Related Cost							Ti tl	e XVIII	Hospi tal		
CFrom Wissts		C	ost Center Description		Capi tal	Total	Charges	Ratio of Cos	t Inpatient	Capital Costs	
Part II, col.   26)   20   3.00   4.00   5.00			·		Related Cost	(from	Wkst. C,	to Charges	Program	(column 3 x	
ANCILLARY SERVICE COST CENTERS					(from Wkst. B,	Part	I, col.	(col . 1 + co	l. Charges	column 4)	
ANCILLARY SERVICE COST CENTERS					·		8)	2)			
ANCILLARY SERVICE COST CENTERS											
SOLO					1. 00	:	2. 00	3.00	4. 00	5. 00	
S1 00   05100   RECOVERY ROOM   339,079   14,777,411   0,02946   4,103,815   94,166   51,00					1					1	
S2.00   05200   DELIVERY ROOM & LABOR ROOM   437, 307   23, 499, 033   0.018610   124, 513   2, 317   52, 00											
54.00   05400   RADI OLOGY-DI AGNOSTIC   1,841,590   196,765,159   0.009359   26,150,203   244,740   54.05   57.00   0.05700   CT SCAN   1,744   4,657,198   0.000374   1,469,528   55.0   57.00   58.00   05800   MAGNETIC RESONANCE I MAGI NG (MRI)   0   0.000000   0.000000   0   0.58.00   58.00   05800   CARDI AC CATHETERI ZATI ON   463,350   79,549,775   0.005825   18,780,029   109,394   59.00   0.0000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.00000000											
57.00   05700   CT SCAN   1,744   4,657,198   0.000374   1,469,528   550   57.00											
58. 00   05800   MACNETI C RESONANCE I MAGING (MRI )											
59. 00   05900   CARDI AC CATHETERI ZATI ON   463, 350   79, 549, 775   0.005825   18, 780, 029   109, 394   59. 00   600. 00   600. 00   600. 01   600. 01   80.000   LABORATORY   0   0.000000   0   0.000000   0   0.000000   0					1	4	1, 657, 198			l .	
60. 00   06000   LABORATORY   116, 947   122, 283, 031   0.000956   35, 064, 953   33, 522   60. 00   060. 01   06001   BLOOD LABORATORY   0   0   0.000000   0   0   060. 01				MRI)	-		0			_	
60. 01   06001   BLOOD LABORATORY   0   0   0   0   0   0   0   0   0											
63. 00   06300   BLOOD STORING, PROCESSING, & TRANS.   4,680   6,374,545   0.000734   2,496,204   1,832   63. 00   65. 00   06500   RESPIRATORY THERAPY   156,735   21,896,722   0.007158   10,797,109   77,286   65. 00   65. 01   06501   SLEEP LAB   4,632   7,159,100   0.000647   4,503   3   65. 01   66. 00   06600   PHYSI CAL THERAPY   112,010   18,601,057   0.006022   3,005,926   18,102   66. 00   66. 00   06700   0cCUPATI ONAL THERAPY   72,780   4,563,379   0.015949   892,631   14,237   67. 00   68. 00   06800   SPEECH PATHOLOGY   18,647   2,750,068   0.006790   899,343   6,107   68. 00   68. 01   06801   AUDI OLOGY   0   0   0.000000   0   0   68. 01   06801   AUDI OLOGY   586,101   37,772,193   0.015517   15,739,178   244,225   69. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   148,335   42,668,608   0.003476   11,488,927   339,936   17. 00   73. 00   07200   MPUL. DEV. CHARGED TO PATI ENTS   235,272   172,360,212   0.001365   40,935,838   55,877   73. 00   73. 01   07301   HOSPI TAL BASED RETAIL PHARMACIES   61,628   8,116,365   0.007593   0   0   73. 01   74. 00   07400   RENAL DI ALYSIS   85,936   2,636,754   0.032592   1,622,843   52,892   74. 00   07698   HYPERBARI C OXYGEN THERAPY   22,569   12,923,450   0.001746   33,012   58   76. 98   00000000   0   0   0   0.000000   0					1						
65.00   06500   RESPIRATORY THERAPY   156, 735   21, 896, 722   0.007158   10, 797, 109   77, 286   65.00   65.01   05501   SLEEP LAB   4, 632   7, 159, 100   0.000647   4, 503   3   65.01   66.00   06600   PHYSI CAL THERAPY   112, 010   18, 601, 057   0.006022   3, 005, 926   18, 102   66.00   66.00   06600   PHYSI CAL THERAPY   72, 780   4, 563, 379   0.015949   892, 631   14, 237   67.00   68.00   06800   SPECH PATHOLOGY   18, 674   2, 750, 068   0.006790   899, 343   6, 107   68.00   68.01   06801   AUDI OLOGY   0 0 0.000000   0 0   68.01   69.00   06900   ELECTROCARDI OLOGY   586, 101   37, 772, 193   0.015517   15, 739, 178   244, 225   69, 007   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   148, 335   42, 668, 608   0.003476   11, 488, 927   39, 936   71.00   73.00   07200   IMPL. DEV. CHARGED TO PATI ENT   290, 048   100, 561, 636   0.002884   37, 878, 248   109, 241   72.00   73.00   07300   DRUGS CHARGED TO PATI ENTS   235, 272   172, 360, 212   0.001365   40, 935, 838   55, 877   73.00   07301   HOSPI TAL BASED RETAI L PHARMACI ES   61, 628   8, 116, 365   0.007593   0 0 73.00   0.00000   0 0 76.00   0.00000   0.0000000   0.0000000   0.000000   0.000000   0.0000000   0.000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.00000				TD4410	_	l .	U				
65. 01   06501   SLEEP LAB				RANS.							
66. 00   06600   PHYSI CAL THERAPY   112, 010   18, 601, 057   0.006022   3, 005, 926   18, 102   66. 00   6700   0CCUPATI ONAL THERAPY   72, 780   4, 563, 379   0.015949   892, 631   14, 237   67. 00   68. 01   06800   SPECH PATHOLOGY   18, 674   2, 750, 068   0.006790   899, 343   6, 107   68. 00   68001   AUDI OLOGY   0   0.000000   0   0   68. 01   69. 00   06900   ELECTROCARDI OLOGY   586, 101   37, 772, 193   0.015517   15, 739, 178   244, 225   69. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   148, 335   42, 668, 608   0.003476   11, 488, 927   39, 936   71. 00   72. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   235, 272   172, 360, 212   0.001365   40, 935, 838   55, 877   73. 00   07300   DRUGS CHARGED TO PATI ENTS   235, 272   172, 360, 212   0.001365   40, 935, 838   55, 877   73. 01   07301   HOSPI TAL BASED RETAI L PHARMACI ES   61, 628   8, 116, 365   0.007593   0   0   0   0   0   0   0   0   0											
67. 00 06700 0CCUPATI ONAL THERAPY 72, 780 4, 563, 379 0. 015949 892, 631 14, 237 67. 00 68. 00 06800 SPEECH PATHOLOGY 18, 674 2, 750, 068 0. 006790 899, 343 6, 107 68. 00 68. 01 06801 AUDI OLOGY 0 0 0. 000000 0 0 68. 01 69. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 148, 335 42, 668, 608 0. 003476 11, 488, 927 39, 936 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 148, 335 42, 668, 608 0. 003476 11, 488, 927 39, 936 71. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS 290, 048 100, 561, 636 0. 002884 37, 878, 248 109, 241 72. 00 07300 DRUGS CHARGED TO PATI ENTS 235, 272 172, 360, 212 0. 001365 40, 935, 838 55, 877 73. 00 07301 HOSPI TAL BASED RETAIL PHARMACI ES 61, 628 8, 116, 365 0. 007593 0 73. 01 07301 HOSPI TAL BASED RETAIL PHARMACI ES 61, 628 8, 116, 365 0. 007593 0 73. 01 07400 RENAL DI ALYSI S 85, 936 2, 636, 754 0. 032592 1, 622, 843 52, 892 74. 00 03020 CARDI OPULMONARY 0 0 0. 000000 0 0 76. 00 76. 00 76. 90 07698 HYPERBARI C OXYGEN THERAPY 22, 569 12, 923, 450 0. 001746 33, 012 58 76. 98 0000 00000 0 0 0 0 0 0 0 0 0 0 0 0 0											
68. 00									· · · · · ·		
68. 01 06801 AUDI OLOGY 69. 00 06900 ELECTROCARDI OLOGY 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 73. 00 07300 DRUGS CHARGED TO PATI ENTS 74. 00 07300 DRUGS CHARGED TO PATI ENTS 75. 00 07400 RENAL DI ALYSI S 76. 00 07400 RENAL DI ALYSI S 77. 00 07400 RENAL DI ALYSI S 78. 00 07400 RENAL DI ALYSI S 78. 00 07509 CARDI AC REHABIL I TATI ON 78. 00 07697 CARDI AC REHABIL I TATI ON 78. 00 07697 CARDI AC REHABIL I TATI ON 78. 00 09000 CLI NI C 79. 00 09000 PAIN CLINI C 79. 00 09000 PAIN CLINI C 79. 00 09000 PAIN CLINI C 79. 00 09000 DRUGS CHARGED TO PATI ENTS 79. 00 09000 DRUGS CHARGED TO PATI ENTS 79. 00 09000 DRUGS CHARGED TO PATI ENTS 76. 98 090000 PAIN CLINI C 77. 00 09000 PAIN CLINI C 77. 00 09000 DRUGS CHARGED TO PATI ENTS 77. 00 09000 PAIN CLINI C 78. 99. 00 09000 DRUGS CHARGED TO PATI ENTS 78. 99. 00 09000 DRUGS CHARGED TO PATI ENTS 78. 99. 00 09000 DRUGS CHARGED TO PATI ENTS 78. 99. 00 09000 DRUGS CHARGED TO PATI ENTS 78. 99. 00 09000 DRUGS CHARGED TO PATI ENTS 78. 99. 00 09000 DRUGS CHARGED TO PATI ENTS 78. 99. 00 09000 DRUGS CHARGED TO PATI ENTS 78. 99. 00 09000 DRUGS CHARGED TO PATI ENTS 78. 99. 00 09000 DRUGS CHARGED TO PATI ENTS 78. 99. 00 09000 DRUGS CHARGED TO PATI ENTS 78. 99. 00 09000 DRUGS CHARGED TO PATI ENTS 78. 99. 00 09000 DRUGS CHARGED TO PATI ENTS 78. 99. 00 09000 DRUGS CHARGED TO PATI ENTS 78. 99. 00 09000 DRUGS CHARGED TO PATI ENTS 78. 99. 00 09000 DRUGS CHARGED TO PATI ENTS 79. 00 09000											
69. 00					1						
71. 00					_		U			_	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT 290, 048 100, 561, 636 0.002884 37, 878, 248 109, 241 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 235, 272 172, 360, 212 0.001365 40, 935, 838 55, 877 73. 00 73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES 61, 628 8, 116, 365 0.007593 0 0 0 73. 01 74. 00 07400 RENAL DIALYSIS 85, 936 2, 636, 754 0.032592 1, 622, 843 52, 892 74. 00 076. 00 076. 00 0.000000 0 0 0 0 0 0 0 0 0 0 0 0 0		1 1		DATI FNTO							
73. 00 07300 DRUGS CHARGED TO PATIENTS 235, 272 172, 360, 212 0. 001365 40, 935, 838 55, 877 73. 00 73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES 61, 628 8, 116, 365 0. 007593 0 0 73. 01 74. 00 07400 RENAL DIALYSIS 85, 936 2, 636, 754 0. 032592 1, 622, 843 52, 892 74. 00 76. 00 03020 CARDI OPULMONARY 0 0 0. 000000 0 0 0 76. 00 76. 97 07697 CARDIAC REHABILITATION 5, 389 2, 566, 405 0. 002100 259, 761 545 76. 98 076.98 07698 HYPERBARI C OXYGEN THERAPY 22, 569 12, 923, 450 0. 001746 33, 012 58 76. 98 0UTPATIENT SERVICE COST CENTERS  90. 00 09000 CLINIC 0 0 0.000000 0 0 0.000000 90. 02 09002 PAIN CLINIC 645, 681 589, 744 1. 094850 160 175 90. 02 90. 03 09003 ONCOLOGY CLINIC 91. 00 0.000001 94, 345 89 90. 03 91. 00 09100 EMERGENCY 934, 107 167, 034, 789 0. 005592 21, 832, 902 122, 909 91. 09 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 450, 690 10, 162, 893 0. 044347 791, 515 35, 101 92. 00 92. 01 09201 OBSERVATION BEDS (DISTINCT PART) 301, 986 8, 431, 419 0. 035817 1, 000, 993 35, 853 92. 01											
73. 01   07301   HOSPITAL BASED RETAIL PHARMACIES   61, 628   8, 116, 365   0.007593   0   0   73. 01   74. 00   07400   RENAL DI ALYSIS   85, 936   2, 636, 754   0.032592   1, 622, 843   52, 892   74. 00   76. 00   03020   CARDI OPULMONARY   0   0   0.000000   0   0   0.000000   76. 97   07697   CARDI AC REHABILITATION   5, 389   2, 566, 405   0.002100   259, 761   545   76. 97   76. 98   07698   HYPERBARI C OXYGEN THERAPY   22, 569   12, 923, 450   0.001746   33, 012   58   76. 98   0UTPATIENT SERVICE COST CENTERS  90. 00   0   0   0.000000   0   0   0.000000   90. 02   09002   PAIN CLINIC   645, 681   589, 744   1.094850   160   175   90. 02   90. 03   09003   0NCOLOGY CLINIC   19, 429   20, 657, 782   0.000941   94, 345   89   90. 03   91. 00   09100   EMERGENCY   934, 107   167, 034, 789   0.005592   21, 832, 902   122, 090   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DI STINCT PART)   450, 690   10, 162, 893   0.044347   791, 515   35, 101   92. 00   92. 01   09201   OBSERVATI ON BEDS (DI STINCT PART)   301, 986   8, 431, 419   0.035817   1, 000, 993   35, 853   92. 01				П							
74. 00 07400 RENAL DI ALYSI S 85, 936 2, 636, 754 0. 032592 1, 622, 843 52, 892 74. 00 76. 00 03020 CARDI OPULMONARY 0 0 0. 000000 0 0 0 76. 00 76. 00 76. 97 07697 CARDI AC REHABI LI TATI ON 5, 389 2, 566, 405 0. 002100 259, 761 545 76. 97 07698 HYPERBARI C 0XYGEN THERAPY 22, 569 12, 923, 450 0. 001746 33, 012 58 76. 98 000000 CLI NI C 0 0.000000 CLI NI C 0 0.000000 PAI N CLI NI C 645, 681 589, 744 1. 094850 160 175 90. 02 90. 02 09002 PAI N CLI NI C 645, 681 589, 744 1. 094850 160 175 90. 02 90. 03 09003 ONCOLOGY CLI NI C 19, 429 20, 657, 782 0. 000941 94, 345 89 90. 03 91. 00 09100 EMERGENCY 934, 107 167, 034, 789 0. 005592 21, 832, 902 122, 090 91. 00 92. 01 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 450, 690 10, 162, 893 0. 044347 791, 515 35, 101 92. 00 92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART) 301, 986 8, 431, 419 0. 035817 1, 000, 993 35, 853 92. 01				01.50	1						
76. 00				ICLES						_	
76. 97   07697   CARDI AC REHABILITATION   5, 389   2, 566, 405   0. 002100   259, 761   545   76. 97   76. 98   07698   HYPERBARI C 0XYGEN THERAPY   22, 569   12, 923, 450   0. 001746   33, 012   58   76. 98   00000   CLI NI C   0   0   0. 000000   0   0   0. 000000   0					1	-	2,636,754				
76. 98 O7698 HYPERBARI C OXYGEN THERAPY 22, 569 12, 923, 450 0.001746 33, 012 58 76. 98 OUTPATI ENT SERVI CE COST CENTERS  90. 00 09000 CLI NI C 0 0 0.000000 90. 02 09002 PAI N CLI NI C 645, 681 589, 744 1.094850 160 175 90. 02 90. 03 09003 ONCOLOGY CLI NI C 19, 429 20, 657, 782 0.000941 94, 345 89 90. 03 91. 00 09100 EMERGENCY 934, 107 167, 034, 789 0.005592 21, 832, 902 122, 090 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 450, 690 10, 162, 893 0.044347 791, 515 35, 101 92. 00 92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART) 301, 986 8, 431, 419 0.035817 1, 000, 993 35, 853 92. 01					_		U 2			_	
90. 00         OP000 CLINIC         O         O. 000000         O. 000000         O										l .	
90. 00	76. 98				22, 569	-	2, 923, 450	0.0017	46 33,012	58	76.98
90. 02   09002   PAIN CLINIC   645, 681   589, 744   1.094850   160   175   90. 02   90. 03   09003   0NCOLOGY CLINIC   19, 429   20, 657, 782   0.000941   94, 345   89   90. 03   91. 00   09100   EMERGENCY   934, 107   167, 034, 789   0.005592   21, 832, 902   122, 090   91. 00   92. 01   09201   0BSERVATION BEDS (NON-DISTINCT PART)   301, 986   8, 431, 419   0.035817   1, 000, 993   35, 853   92. 01	00 00				1	ı		0.0000	20	1 0	00.00
90. 03   09003   0NCOLOGY CLINIC   19, 429   20, 657, 782   0. 000941   94, 345   89   90. 03   91. 00   09100   EMERGENCY   934, 107   167, 034, 789   0. 005592   21, 832, 902   122, 090   91. 00   92. 01   09201   0BSERVATI ON BEDS (NON-DISTINCT PART)   301, 986   8, 431, 419   0. 035817   1, 000, 993   35, 853   92. 01							-				
91. 00   09100   EMERGENCY   934, 107   167, 034, 789   0. 005592   21, 832, 902   122, 090   91. 00   92. 00   09200   0BSERVATI ON BEDS (NON-DI STI NCT PART)   450, 690   10, 162, 893   0. 044347   791, 515   35, 101   92. 00   92. 01   09201   0BSERVATI ON BEDS (DI STI NCT PART)   301, 986   8, 431, 419   0. 035817   1, 000, 993   35, 853   92. 01					1	i .					
92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   450, 690   10, 162, 893   0. 044347   791, 515   35, 101   92. 00   92. 01   09201   0BSERVATI ON BEDS (DISTINCT PART)   301, 986   8, 431, 419   0. 035817   1, 000, 993   35, 853   92. 01											
92.01 09201 0BSERVATION BEDS (DISTINCT PART) 301,986 8,431,419 0.035817 1,000,993 35,853 92.01				ICT DART)							1
					1						
	200.00		otal (lines 50-199)	AIX1)					278, 790, 391		

Health Financial Systems	BALL MEMORIA	L HOSPITAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	SS THROUGH COS	TS Provi der	F	Period: From 01/01/2014 To 12/31/2014		
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School	Allied Health	All Other	Swi ng-Bed	Total Costs	
		Cost	Medi cal	Adjustment	(sum of cols.	
			Education Cost	Amount (see	1 through 3,	
				instructions)	minus col. 4)	
	1.00	2. 00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS	_					
30. 00   03000   ADULTS & PEDI ATRI CS	0	0	(	0	0	00.00
31.00 03100 INTENSIVE CARE UNIT	0	0	(	)	0	31. 00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0	(	)	0	32. 00
40. 00   04000   SUBPROVI DER - I PF	0	0	(	0	0	40. 00
41. 00   04100   SUBPROVI DER - I RF	0	0	(	0	0	41. 00
42. 00   04200   SUBPROVI DER	0	0	(	0	0	42. 00
43. 00   04300   NURSERY	0	0	(	)	0	43. 00
44.00  04400   SKILLED NURSING FACILITY	0	0	(	)	0	1
45.00 04500 NURSING FACILITY	0	0	(	)	0	1 .0.00
200.00 Total (lines 30-199)	0	0	(	)	0	200. 00
Cost Center Description		Per Diem (col.	Inpati ent	I npati ent		
	Days	5 ÷ col. 6)	Program Days	Program		
				Pass-Through		
				Cost (col. 7 x		
	6. 00	7. 00	8. 00	col. 8) 9.00		
INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00	0.00	7.00		
30. 00 03000 ADULTS & PEDIATRICS	64, 631	0.00	27, 019	0		30.00
31. 00   03100   NTENSI VE CARE UNIT	10, 107					31. 00
32. 00 02060 NEONATAL INTENSIVE CARE UNIT	3, 812					32. 00
40. 00   04000   SUBPROVI DER -   PF	0,012			o o		40.00
41. 00   04100   SUBPROVI DER -   I RF	4, 115			0		41. 00
42. 00   04200   SUBPROVI DER	0	0.00		0		42. 00
43. 00   04300   NURSERY	2, 755			ol o		43. 00
44. 00 04400 SKI LLED NURSI NG FACI LI TY	0			ol o		44. 00
45. 00 04500 NURSING FACILITY	0	0.00		o o		45. 00
200.00 Total (lines 30-199)	85, 420		37, 914	0		200. 00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS  Provider CCN: 150089   Period: From 01/01/2014   To 12/31/2014   Period: From 01/01/2014   Period: Part IV Date/Time Prepared 5/26/2015 1:44 pm	Health Financial Systems	BALL MEMORIAL HO	SPI TAL	In Lie	u of Form CMS-2552-10
		T ANCILLARY SERVICE OTHER PASS	Provider CCN: 150089	From 01/01/2014	Part IV Date/Time Prepared:

11111000	66616				To 12/31/2014	Date/Time Prep 5/26/2015 1:44	
			Ti tl	e XVIII	Hospi tal	PPS	
	Cost Center Description	Non Physician	Nursing School	Allied Health	All Other	Total Cost	
	·	Anestheti st	Ü		Medi cal	(sum of col 1	
		Cost			Education Cost	through col.	
						4)	
		1.00	2. 00	3. 00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0		0 0	0	50. 00
51.00	05100 RECOVERY ROOM	0	0		0 0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		0	0	54.00
57.00	05700 CT SCAN	0	0		0 0	0	57. 00
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	60.00
60. 01	06001 BLOOD LABORATORY	0	0		0	0	60. 01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		0	0	63. 00
65.00	06500 RESPI RATORY THERAPY	0	0		0	0	65. 00
65. 01	06501 SLEEP LAB	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	o	0		0	0	67. 00
68.00	06800 SPEECH PATHOLOGY	0	0		0	0	68. 00
68. 01	06801 AUDI OLOGY	O	0		0	0	68. 01
69.00	06900 ELECTROCARDI OLOGY	0	0		0	0	69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	O	0		0	0	71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	O	0		0	0	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	O	0		0	0	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	74. 00
76.00	03020 CARDI OPULMONARY	O	0		0	0	76. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	O	0		0	0	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	O	0		0	0	76. 98
	OUTPATIENT SERVICE COST CENTERS						1
90.00	09000 CLI NI C	0	0		0 0	0	90. 00
90. 02	09002 PAIN CLINIC	O	0		0	0	90. 02
90. 03	09003 ONCOLOGY CLINIC	O	0		0	0	90. 03
91. 00	09100 EMERGENCY	o	0		0 (c	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	o	0		0	0	92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	o	0		0	0	1
200.00		o	0		0	0	200. 00
		'	•	•	1		•

Health Financial Systems	BALL MEMORIAL HOS	SPI TAL	u of Form CMS-2552-10	
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS	Provi der CCN: 150089	Peri od: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:44 pm
		Title XVIII	Hosni tal	DDS

TTIKOOC	Tilkoodii Costs				To 12/31/2014	Date/Ti me Prepared: 5/26/2015 1:44 pm	
			Ti t	le XVIII	Hospi tal	PPS	ı pııı
	Cost Center Description	Total	Total Charges	Ratio of Cost	Outpati ent	Inpati ent	
			(from Wkst. C	to Charges	Ratio of Cost	Program	
		Cost (sum of	Part I, col.	(col. 5 ÷ col.	to Charges	Charges	
		col . 2, 3 and	8)	7)	(col. 6 ÷ col.		
		4)			7)		
		6.00	7. 00	8. 00	9. 00	10. 00	
	ANCILLARY SERVICE COST CENTERS	1	107 ((0.70			10 000 010	
50.00	05000 OPERATI NG ROOM	0	12//000//0				
51.00	05100 RECOVERY ROOM	0	14, 777, 41				
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0	23, 499, 03				
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	196, 765, 15				
57. 00	05700 CT SCAN	0	4, 657, 19				
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	70 540 77	0.00000			58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	79, 549, 77				
60.00	06000 LABORATORY	0	122, 283, 03				
60. 01	06001 BLOOD LABORATORY	0		0.00000		0	60. 01
63. 00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	6, 374, 54			2, 496, 204	63.00
65. 00 65. 01	06500 RESPI RATORY THERAPY 06501 SLEEP LAB	0	21, 896, 72				
66. 00	06600 PHYSI CAL THERAPY	0	7, 159, 10				
		0	18, 601, 05	•		3, 005, 926	1
67.00	06700 OCCUPATIONAL THERAPY	0	4, 563, 37				67.00
68. 00	06800 SPEECH PATHOLOGY	0	2, 750, 06			· ·	
68. 01 69. 00	06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY	0	27 772 10	0. 000000 3 0. 000000			68. 01 69. 00
71. 00	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	37, 772, 19	•			
71.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	42, 668, 60				
72.00	07300 DRUGS CHARGED TO PATIENTS	0	100, 561, 63 172, 360, 21				
73. 00	07300 BROGS CHARGED TO PATTENTS  07301 HOSPITAL BASED RETAIL PHARMACIES	0	8, 116, 36				73.00
74. 00	07400 RENAL DIALYSIS		2, 636, 75	•		1, 622, 843	
76. 00	03020 CARDI OPULMONARY	0	l .	0.00000			76.00
76. 97	07697 CARDI AC REHABILITATION		2, 566, 40	•			76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY		12, 923, 45	•			
70. 70	OUTPATIENT SERVICE COST CENTERS	0	12, 723, 43	J 0. 00000	0.00000	33,012	70.70
90 00	09000 CLINI C	1 0	1	0.00000	0.000000	0	90.00
90. 02	09002 PAIN CLINIC	1 0	589, 74	•			
90. 03	09003 ONCOLOGY CLINIC	1	20, 657, 78	•			
91. 00	09100 EMERGENCY	1	167, 034, 78	•			
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1	10, 162, 89	•			
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	8, 431, 41				
200.00		0	1, 217, 027, 46	•	3. 333000	278, 790, 391	
_00.00	1.222. (	1	, ., , , 10	1	1	,,	,_ 50. 55

Health Financial Systems

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

BALL MEMORIAL HOSPITAL

From 01/01/2014
To 12/31/2014

To 12/31/2015

In Lieu of Form CMS-2552-10

Worksheet D

Part IV

Date/Time Prepared:
5/26/2015 1: 44 pm

						5/26/2015 1:44	pm
			Ti tl	e XVIII	Hospi tal	PPS	
	Cost Center Description	I npati ent	Outpati ent	Outpati ent			
		Program	Program	Program			
		Pass-Through	Charges	Pass-Through			
		Costs (col. 8		Costs (col.	9		
		x col. 10)		x col. 12)			
		11.00	12.00	13. 00			
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	0	11, 167, 114		0		50. 00
51. 00	05100 RECOVERY ROOM	0	1, 981, 179		0		51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8, 733		0		52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	50, 483, 987		0		54. 00
57.00	05700 CT SCAN	0	710, 744		0	[	57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0	[	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	16, 730, 968		0		59. 00
60.00	06000 LABORATORY	0	8, 736, 310		0		60. 00
60. 01	06001 BLOOD LABORATORY	0	0		0		60. 01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	875, 802		0		63. 00
65.00	06500 RESPI RATORY THERAPY	0	599, 813		0		65. 00
65. 01	06501 SLEEP LAB	0	2, 647, 407		0		65. 01
66.00	06600 PHYSI CAL THERAPY	0	1, 383		0		66. 00
67.00	06700 OCCUPATI ONAL THERAPY	0	0		0	(	67. 00
68. 00	06800 SPEECH PATHOLOGY	0	9, 066		0	(	68. 00
68. 01	06801 AUDI OLOGY	0	0		0		68. 01
69. 00	06900 ELECTROCARDI OLOGY	0	7, 027, 740		0	(	69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9, 656, 795		0	1 :	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	o	14, 102, 585		0	1 :	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	o	39, 186, 445		0	1 :	73. 00
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	o	0		0	1 :	73. 01
74. 00	07400 RENAL DIALYSIS	O	319, 805		0	-	74. 00
76. 00	03020 CARDI OPULMONARY	O	0		0	-	76. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	O	1, 476, 633		O		76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	O	6, 016, 759		0	-	76. 98
	OUTPATIENT SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·					
90.00	09000 CLI NI C	0	0		0	(	90. 00
90. 02	09002 PAIN CLINIC	O	193, 995		0		90. 02
90. 03	09003 ONCOLOGY CLINIC	O	8, 857, 741		0		90. 03
91.00		0	26, 799, 077		0		91. 00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3, 323, 887		0	(	92. 00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	3, 091, 426		0	· · · · · · · · · · · · · · · · · · ·	92. 01
200.00		o	214, 005, 394		0		00.00
		1		'	1	•	

Heal th	lealth Financial Systems BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-10							
APPORT	TIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der	CCN: 150089	Peri od:	Worksheet D		
					From 01/01/2014			
					To 12/31/2014	Date/Time Pre		
			T: +1	e XVIII	Hooni tol	5/26/2015 1: 4 PPS	4 piii	
			11 (1		Hospi tal	,		
	Coot Contor Decemintion	Coot to Charge	PPS Reimbursed	Charges	Coot	Costs PPS Services		
	Cost Center Description				Cost Reimbursed			
		Ratio From	Services (see	Reimbursed Services	Services Not	(see inst.)		
		Worksheet C,	inst.)	Subject To	Subject To			
		Part I, col. 9			-			
				Ded. & Coins.				
		1.00	2.00	(see inst.) 3.00	(see inst.) 4.00	5. 00		
	ANCILLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	3.00		
50. 00	05000 OPERATING ROOM	0. 128727	11, 167, 114		ol o	1, 437, 509	50.00	
51.00	05100 RECOVERY ROOM	0. 128727		1	0 0			
52.00	05200 DELIVERY ROOM & LABOR ROOM	0. 203280		l .	0 0	402, 746		
	05400 RADI OLOGY-DI AGNOSTI C			1	0 0	1, 683		
54.00	I I	0. 103313			0 0	5, 215, 652		
57. 00	05700 CT SCAN	0. 039085	· ·		-	27, 779		
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 000000		l .	0	0		
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 064772			0 0	1, 083, 698	1	
60.00	06000 LABORATORY	0. 111544			0 11, 345	1	1	
60. 01	06001 BLOOD LABORATORY	0. 000000		1	0	0	60. 01	
63. 00	06300 BLOOD STORING, PROCESSING, & TRANS.	0. 284467		1	0	249, 137	63. 00	
65. 00	06500 RESPI RATORY THERAPY	0. 255312			0	153, 139	65. 00	
65. 01	06501 SLEEP LAB	0. 146891		1	0	388, 880		
66. 00	06600 PHYSI CAL THERAPY	0. 336653		l .	0	466	1	
67. 00	06700 OCCUPATI ONAL THERAPY	0. 247728	l .		0	0		
68. 00	06800 SPEECH PATHOLOGY	0. 188219		1	0	1, 706		
68. 01	06801 AUDI OLOGY	0. 000000	l .	)	0	0	68. 01	
69. 00	06900 ELECTROCARDI OLOGY	0. 086550		1	0	608, 251	69. 00	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 378648	9, 656, 795		0 3, 427	3, 656, 526	71. 00	
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	0. 310172	14, 102, 585		0 0	4, 374, 227	72. 00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 179609	39, 186, 445	215, 63	4 0	7, 038, 238	73. 00	
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	0. 439552	0	)	0	0	73. 01	
74.00	07400 RENAL DIALYSIS	0. 400110	319, 805	i	0 1, 074	127, 957	74. 00	
76.00	03020 CARDI OPULMONARY	0. 000000	0	)	0	0	76. 00	
76. 97	07697 CARDIAC REHABILITATION	0. 308315	1, 476, 633		0	455, 268	76. 97	
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0. 131688	6, 016, 759		0	792, 335	76. 98	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLI NI C	0. 000000	0		0 0	0	90. 00	
90. 02	09002 PAIN CLINIC	2. 938253	193, 995		0	570, 006	90. 02	
90. 03	09003 ONCOLOGY CLINIC	0. 077042			0	682, 418	90. 03	
91.00	09100 EMERGENCY	0. 085569			0 0	2, 293, 170		
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 402515			0 0	1, 337, 914	92. 00	
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0. 321890		1	ol o	995, 099		
200.00			214, 005, 394		4 15, 846			
201.00	,				0 0	. ,	201. 00	
	Only Charges							
202.00			214, 005, 394	215, 63	4 15, 846	32, 868, 287	202. 00	
		1						

Health Financial Systems BALL MEMORIA APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST BALL MEMORIAL HOSPITAL

| Peri od: | Worksheet D | From 01/01/2014 | Part V | To 12/31/2014 | Date/Time Prepared: | To 12/31/2014 | Provi der CCN: 150089

						10 12/31/2014	5/26/2015 1:4	
				Ti tl	e XVIII	Hospi tal	PPS	тт рііі
			Cos	sts				
		Cost Center Description	Cost	Cost	1			
			Rei mbursed	Rei mbursed				
			Servi ces	Services Not				
			Subject To	Subject To				
			Ded. & Coins.	Ded. & Coins.				
			(see inst.)	(see inst.)				
			6.00	7. 00	1			
	ANCI L	LARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0				50. 00
51.00	05100	RECOVERY ROOM	0	0	)			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	)			52. 00
54.00		RADI OLOGY-DI AGNOSTI C	0	0	)			54.00
57.00	05700	CT SCAN	0	0	)			57. 00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0				58. 00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59. 00
60.00	06000	LABORATORY	0	1, 265	5			60.00
60. 01	06001	BLOOD LABORATORY	0	0				60. 01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0				63. 00
65.00	06500	RESPI RATORY THERAPY	0	0				65. 00
65. 01	06501	SLEEP LAB	0	0				65. 01
66.00	06600	PHYSI CAL THERAPY	0	0				66. 00
67.00	06700	OCCUPATIONAL THERAPY	0	0				67. 00
68.00	06800	SPEECH PATHOLOGY	0	0				68. 00
68. 01		AUDI OLOGY	0	0				68. 01
69.00	06900	ELECTROCARDI OLOGY	0	0				69. 00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1, 298	8			71. 00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0				72. 00
73.00	07300	DRUGS CHARGED TO PATIENTS	38, 730	0				73. 00
73. 01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0				73. 01
74.00	07400	RENAL DIALYSIS	0	430				74. 00
76.00	03020	CARDI OPULMONARY	0	0				76. 00
76. 97	07697	CARDIAC REHABILITATION	0	0				76. 97
76. 98	07698	HYPERBARI C OXYGEN THERAPY	0	0				76. 98
		TIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0				90. 00
90. 02	09002	PAIN CLINIC	0	0	)			90. 02
90. 03	09003	ONCOLOGY CLINIC	0	0	)			90. 03
91. 00		EMERGENCY	0	0	)			91. 00
92.00		OBSERVATION BEDS (NON-DISTINCT PART)	0	0	)			92. 00
92. 01		OBSERVATION BEDS (DISTINCT PART)	0	0	)			92. 01
200.00		Subtotal (see instructions)	38, 730	2, 993	<b>;</b>			200. 00
201.00		Less PBP Clinic Lab. Services-Program	0					201. 00
		Only Charges						
202.00	)	Net Charges (line 200 +/- line 201)	38, 730	2, 993	<b> </b>			202. 00

Heal th	Financial Systems	BALL MEMORIA	AL HOSPITAL		In lie	u of Form CMS-:	2552_10
	TONMENT OF INPATIENT ANCILLARY SERVICE CAPITA			CCN: 150089	Peri od:	Worksheet D	2332 10
7 0	TOTAL CONTROL	000.0			From 01/01/2014	Part II	
				t CCN: 15T089	To 12/31/2014	Date/Time Pre 5/26/2015 1:4	
				e XVIII	Subprovi der – I RF	PPS	
	Cost Center Description	Capi tal	Total Charges			Capital Costs	
			(from Wkst. C,	9	Program	(column 3 x	
		(from Wkst. B,	Part I, col.	(col . 1 ÷ col	. Charges	column 4)	
		Part II, col.	8)	2)			
		26)	0.00	2.00	4.00	F 00	
	ANOLI LADV. CEDVI CE. COCT. CENTEDO	1. 00	2. 00	3. 00	4. 00	5. 00	
FO 00	ANCILLARY SERVICE COST CENTERS	1 220 574	107 ((0 70	0.0104	00 010	020	FO 00
50.00	05000 OPERATING ROOM	1, 329, 574				939	
51.00	05100 RECOVERY ROOM	339, 079				284	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	437, 307		•		0	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	1, 841, 590				2, 652	
57. 00	05700 CT SCAN	1, 744				6	57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0		0.00000		0	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	463, 350				46	
60. 00 60. 01	06000   LABORATORY   06001   BLOOD   LABORATORY	116, 947		1		787 0	60. 00 60. 01
		_				_	63.00
63. 00 65. 00	06300 BLOOD STORING, PROCESSING, & TRANS. 06500 RESPIRATORY THERAPY	4, 680				17 1, 183	
65. 00	06501 SLEEP LAB	156, 735 4, 632		•		1, 183	1
66. 00	06600 PHYSI CAL THERAPY	112, 010		1		10, 164	
67. 00	06700 OCCUPATI ONAL THERAPY	72, 780				32, 433	
68. 00	06800 SPEECH PATHOLOGY	18, 674		1		4, 178	1
68. 01	06801 AUDI OLOGY	18, 674		1		4, 178	1
69. 00	06900 ELECTROCARDI OLOGY	586, 101				776	69.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	148, 335				148	
72. 00	07200 I MPL. DEV. CHARGED TO PATIENT	290, 048		•		59	
73. 00	07300 DRUGS CHARGED TO PATIENTS	235, 272		•		1, 631	
73. 00	07301 HOSPI TAL BASED RETAIL PHARMACIES	61, 628				0,031	73. 00
74. 00	07400 RENAL DIALYSIS	85, 936				2, 922	
76.00	03020 CARDI OPULMONARY	00,700		0.0000		0	
76. 97	07697 CARDI AC REHABI LI TATI ON	5, 389		l .		0	
76. 98	07698 HYPERBARI C OXYGEN THERAPY	22, 569				0	
	OUTPATIENT SERVICE COST CENTERS					_	
90.00	09000 CLI NI C	0				0	
90. 02	09002 PAIN CLINIC	645, 681				0	
90. 03	09003 ONCOLOGY CLINIC	19, 429				0	90. 03
91. 00	09100 EMERGENCY	934, 107				2	91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0				0	
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	301, 986		1		199	
200.00	Total (lines 50-199)	8, 235, 583	1, 217, 027, 467	<b>'</b>	7, 159, 435	58, 426	200. 00

APP0R	Financial Systems IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEI H COSTS	BALL MEMORIAL RVICE OTHER PASS	Provi der	CCN: 150089 CCN: 15T089	Period: From 01/01/2014		pared:
			Ti tl	e XVIII	Subprovi der - I RF	PPS	
	Cost Center Description	Non Physician N Anesthetist Cost	lursi <sup>'</sup> ng School	Allied Healt		Total Cost (sum of col 1 through col. 4)	
	T	1.00	2. 00	3. 00	4. 00	5. 00	
	ANCI LLARY SERVI CE COST CENTERS			1		_	
50.00	05000 OPERATING ROOM	0	0		0 0	0	
51. 00 52. 00	O5100 RECOVERY ROOM   O5200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	
54. 00	05400 RADI OLOGY-DI AGNOSTI C		0		0 0	0	
57. 00	05700 CT SCAN		0		0 0	0	
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)		0			0	
59. 00	05900 CARDI AC CATHETERI ZATI ON	o	0		o o	Ö	
60.00	06000 LABORATORY	O	0		0 0	0	60.00
60. 01	06001 BLOOD LABORATORY	O	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	
66. 00	06600 PHYSI CAL THERAPY	0	0		0	0	
67. 00	06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	
68. 00	06800 SPEECH PATHOLOGY	0	0		0 0	0	
68. 01	06801 AUDI OLOGY	0	0	l .	0 0	0	
69. 00 71. 00	06900 ELECTROCARDIOLOGY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	l .	0 0	0	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		0		0 0	0	
73. 00	07300 DRUGS CHARGED TO PATIENTS		0		0 0	0	
73. 01	07301 HOSPI TAL BASED RETAIL PHARMACIES	o	0		o o	Ö	1
74.00	07400 RENAL DI ALYSI S	O	0		0 0	0	74.00
76.00	03020 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
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0	0		0 0	0	
90. 02	09002 PAIN CLINIC	0	0		0 0	0	
90. 03	09003 ONCOLOGY CLINIC	0	0		0 0	0	
91.00	09100 EMERGENCY		0		0 0	0	
	O9200   OBSERVATION BEDS (NON-DISTINCT PART)   O9201   OBSERVATION BEDS (DISTINCT PART)		0		0 0	0	
/Z. UI	Total (lines 50-199)	1	U		0 0		200. 00

Health Financial Systems	DALL MEMODIA	IAT IOSOU IA		In Lio	u of Form CMS	2552 10
Health Financial Systems  APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER THROUGH COSTS	BALL MEMORIA RVICE OTHER PAS			nn Period: From 01/01/2014	wof Form CMS-2 Worksheet D Part IV	2552-10
Inkough Costs		Component		To 12/31/2014	Date/Time Pre 5/26/2015 1:4	pared: 4 pm
		Ti tl	e XVIII	Subprovi der – I RF	PPS	•
Cost Center Description	Total	Total Charges	Ratio of Cost	Outpati ent	I npati ent	
	Outpati ent	(from Wkst. C,		Ratio of Cost	Program	
	Cost (sum of		(col. 5 ÷ col		Charges	
	col . 2, 3 and	8)	7)	(col. 6 ÷ col.		
	4)			7)		
ANOLUL ARV OFRIVATE COOT OFFITTERS	6. 00	7. 00	8. 00	9. 00	10. 00	
ANCILLARY SERVICE COST CENTERS	1	107 ((0.700			00.010	
50. 00   05000   OPERATI NG   ROOM	0	,			90, 212	
51. 00   05100   RECOVERY   ROOM	0				12, 387	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0				0	
54. 00   05400   RADI OLOGY - DI AGNOSTI C	0				283, 317	
57. 00   05700   CT   SCAN	0				14, 760	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	l .	0.0000		0	
59. 00   05900   CARDI AC   CATHETERI ZATI ON	0				7, 919	
60. 00   06000   LABORATORY	0				822, 728	
60. 01   06001   BLOOD LABORATORY	0	_	0.0000		0	
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0				23, 055	
65. 00 06500 RESPIRATORY THERAPY	0				165, 287	
65. 01   06501   SLEEP LAB	0				0	
66. 00 06600 PHYSI CAL THERAPY	0	, ,	l .		1, 687, 885	
67. 00 06700 OCCUPATI ONAL THERAPY	0				2, 033, 571	
68. 00 06800 SPEECH PATHOLOGY	0	,			615, 320	
68. 01   06801   AUDI OLOGY	0				0	
69. 00 06900 ELECTROCARDI OLOGY	0				50, 007	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0				42, 489	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT 73.00 07300 DRUGS CHARGED TO PATIENTS	0				20, 332	
	0	,	l .		1, 194, 643	
73. 01   07301   HOSPITAL BASED RETAIL PHARMACIES 74. 00   07400   RENAL DIALYSIS	_	-,	1		00 / 51	
74. 00   07400   RENAL DI ALYSI S 76. 00   03020   CARDI OPULMONARY	0				89, 651 0	
76. 97   07697 CARDI AC REHABI LI TATI ON		_	l .		0	1
76. 98   07698   HYPERBARI C OXYGEN THERAPY		,			0	1
OUTPATIENT SERVICE COST CENTERS		12, 923, 450	ų 0.00000	0.00000	0	76. 98
90. 00 09000 CLINIC	0	0	0.00000	0. 000000	0	90.00
90. 02   09000   CEI NI C 90. 02   09002   PAI N   CLI NI C			1		0	
90. 03   09003   0NCOLOGY   CLINIC					0	
91. 00   09100  EMERGENCY					307	91.00
92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)					0	1
92. 01   09201   OBSERVATION BEDS (NON-DISTINCT PART)			1		5, 565	
200.00 Total (lines 50-199)		-,,	1	3. 000000	7, 159, 435	
	1	1 ., 2, 02., 10.	I	ı l	., 107, 100	1-00.00

Health Financial Systems	BALL MEMORIAL HOS	SPI TAL	In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS	Provi der CCN: 150089	Peri od: From 01/01/2014	Worksheet D		
TIROUGII CUSTS		Component CCN: 15T089				
		Title XVIII	Subprovi der -	PPS		

			Ti tl	e XVIII	Subprovi der  - I RF	PPS	
	Cost Center Description	Inpatient	Outpati ent	Outpati ent	INI		
	oost center bescription	Program	Program	Program			
		Pass-Through	Charges	Pass-Through	1		
		Costs (col. 8	5	Costs (col.			
		x col. 10)		x col. 12)			
		11.00	12.00	13.00			
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	O		0		50. 00
51.00	05100 RECOVERY ROOM	0	0	)	0		51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	)	0		52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	)	0		54.00
57.00	05700 CT SCAN	0	0	)	0		57. 00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	)	0		58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0	)	0		59. 00
60.00	06000 LABORATORY	0	0	)	0		60.00
60. 01	06001 BLOOD LABORATORY	0	0	)	0		60. 01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	)	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0	)	0		65. 00
65. 01	06501 SLEEP LAB	0	0	)	0		65. 01
66.00	06600 PHYSI CAL THERAPY	0	0	)	0		66. 00
67.00	06700 OCCUPATI ONAL THERAPY	0	0	)	0		67. 00
68.00	06800 SPEECH PATHOLOGY	0	0	)	0		68. 00
68. 01	06801 AUDI OLOGY	0	0	)	0		68. 01
69.00	06900 ELECTROCARDI OLOGY	0	0	)	0		69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	)	0		71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	)	0		72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	)	0		73. 00
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	)	0		73. 01
74.00	07400 RENAL DIALYSIS	0	0	)	0		74. 00
76.00	03020 CARDI OPULMONARY	0	0	)	0		76. 00
76. 97	07697 CARDIAC REHABILITATION	0	0	)	0		76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	0	)	0		76. 98
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0	0		0		90. 00
90. 02	09002 PAIN CLINIC	0	0	)	0		90. 02
90. 03	09003 ONCOLOGY CLINIC	0	0	)	0		90. 03
91.00	09100 EMERGENCY	0	0	)	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	)	0		92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	)	0		92. 01
200.00	Total (lines 50-199)	0	0		0		200. 00

Health Financial Systems	BALL MEMORIAL HO	In Lie	u of Form CMS-2552-10	
APPORTIONMENT OF MEDICAL,	OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150089	From 01/01/2014	
		Component CCN: 15T089	To 12/31/2014	Date/Time Prepared:

		Component	CCN: 15T089	To 12/31/2014	Date/Time Pre 5/26/2015 1:4	
		Ti tl	e XVIII	Subprovider -	PPS	
			Charges	TIM	Costs	
Cost Center Description	Cost to Charge	PPS Reimbursed		Cost	PPS Services	
0001 00mtor 200011pt10m	Ratio From	Services (see	Rei mbursed	Rei mbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not	(000 111011)	
	Part I, col. 9	11131. )	Subject To	Subject To		
			Ded. & Coins			
			(see inst.)	(see inst.)		
	1.00	2.00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0. 128727	0		0 0	0	50.00
51.00   05100   RECOVERY ROOM	0. 203286	0		0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 192700	0		0	0	52.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0. 103313	0		0	0	54.00
57. 00   05700 CT SCAN	0. 039085	0		0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000	0		0	0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 064772	0		0	0	59. 00
60. 00   06000   LABORATORY	0. 111544	0		0	0	60.00
60. 01 06001 BLOOD LABORATORY	0. 000000	0		0	0	60. 01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 284467	0		0	0	63.00
65. 00 06500 RESPIRATORY THERAPY	0. 255312	0		0 0	0	65. 00
65. 01   06501   SLEEP LAB	0. 146891	0		0 0	0	65. 01
66. 00 06600 PHYSI CAL THERAPY	0. 336653	0		0 0	0	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 247728	0		0 0	0	67. 00
68. 00 06800 SPEECH PATHOLOGY	0. 188219	0		0 0	0	68. 00
68. 01   06801 AUDI OLOGY	0. 000000	0		0 0	0	68. 01
69. 00 06900 ELECTROCARDI OLOGY	0. 086550	0		0 0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 378648	0		0 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0. 310172	0		0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 179609	0		0 360	0	73. 00
73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES	0. 439552	0		0 0	0	73. 01
74. 00 07400 RENAL DIALYSIS	0. 400110	0		0 0	0	74.00
76. 00 03020 CARDI OPULMONARY	0. 000000	0		0 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 308315	0		0 0	0	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 131688	0		0 0	0	76. 98
OUTPATIENT SERVICE COST CENTERS						1
90. 00 09000 CLI NI C	0. 000000	0		0 0	0	90.00
90. 02 09002 PAIN CLINIC	2. 938253	0		0 0	0	90. 02
90. 03   09003   ONCOLOGY   CLINIC	0. 077042	0		0 0	0	90. 03
91. 00 09100 EMERGENCY	0. 085569	0		0 0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 402515	0		0 0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 321890	0		0 0	0	1
200.00 Subtotal (see instructions)		0		0 360	0	200. 00
201.00 Less PBP Clinic Lab. Services-Program				0		201. 00
Only Charges						
202.00 Net Charges (line 200 +/- line 201)		0		0 360	0	202. 00
	. '		•	,		

Health Financial Systems	BALL MEMORIAL HOS	SPI TAL	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF MEDICAL,	OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150089 Component CCN: 15T089	From 01/01/2014	
		Title XVIII	Subprovi der -	PPS

		Ti tl	e XVIII	Subprovi der -	PPS	т рш
	Cos	ts				
Cost Center Description	Cost	Cost				
	Rei mbursed	Rei mbursed				
	Services Subject To	Services Not Subject To				
	, ,	Ded. & Coins.				
	(see inst.)	(see inst.)				
	6.00	7. 00				
ANCILLARY SERVICE COST CENTERS						
50. 00   05000   OPERATI NG ROOM	0	(				50. 00
51.00   05100   RECOVERY ROOM	0		0			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0		O			52. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0					54.00
57. 00   05700   CT SCAN	0	`				57. 00
58.00   O5800   MAGNETIC RESONANCE I MAGING (MRI) 59.00   O5900   CARDIAC CATHETERIZATION	0		0			58. 00 59. 00
60. 00   06000   LABORATORY		`				60.00
60. 01   06001   BLOOD   LABORATORY						60. 01
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.						63. 00
65. 00 06500 RESPI RATORY THERAPY	o					65. 00
65. 01   06501   SLEEP LAB	O	(				65. 01
66. 00 06600 PHYSI CAL THERAPY	o	(	o			66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	(	o			67. 00
68. 00   06800   SPEECH PATHOLOGY	0		0			68. 00
68. 01   06801   AUDI OLOGY	0		O			68. 01
69. 00   06900   ELECTROCARDI OLOGY	0					69. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71. 00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT	0		<u> </u>			72.00
73.00 O7300 DRUGS CHARGED TO PATIENTS 73.01 O7301 HOSPITAL BASED RETAIL PHARMACIES	0	65				73. 00 73. 01
73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES 74. 00 07400 RENAL DIALYSIS	0					74.00
74. 00   07400   KENAL BYALTSTS 76. 00   03020   CARDI OPULMONARY	0					76.00
76. 97   07697   CARDI AC   REHABI LI TATI ON	o		o l			76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	o					76. 98
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	0	(				90.00
90. 02   09002   PAIN CLINIC	0	(	0			90. 02
90. 03   09003   0NCOLOGY CLINIC	0		O			90. 03
91. 00   09100   EMERGENCY	0					91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0		) -			92. 01
200.00 Subtotal (see instructions) 201.00 Less PBP Clinic Lab. Services-Program	0	6!				200. 00 201. 00
Only Charges	١					201.00
202.00 Net Charges (line 200 +/- line 201)	o	6!	5			202. 00
1 1 1 1 3 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1	, 9	0.	1			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provi der CCN: 150089 Peri od: Worksheet D From 01/01/2014 Part V Date/Time Prepared: 12/31/2014 5/26/2015 1:44 pm Title XIX Hospi tal Cost Charges Costs Cost to Charge PPS Reimbursed PPS Services Cost Center Description Cost Cost Ratio From Services (see Rei mbursed Rei mbursed (see inst.) Worksheet C, inst.) Servi ces Services Not Part I, col. 9 Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) 3.00 (see inst.) 1. 00 2.00 5. 00 4.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0. 128727 2, 808, 045 0 50.00 51.00 05100 RECOVERY ROOM 0. 203286 0 415, 821 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 52 00 0 192700 0 52 00 266, 756 0 0 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.103313 0 11, 926, 097 0 54.00 57. 00 05700 CT SCAN 0. 039085 157, 641 0 57.00 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0.000000 0 0 58.00 0 05900 CARDIAC CATHETERIZATION 0 0 2, 009, 924 59.00 0.064772 0 59.00 60.00 06000 LABORATORY 0.111544 5, 477, 384 0 60.00 60.01 06001 BLOOD LABORATORY 0.000000 0 0 0 60.01 0 06300 BLOOD STORING, PROCESSING, & TRANS. 0 284467 Ω 203 326 63 00 63 00 0 65.00 06500 RESPIRATORY THERAPY 0.255312 0 299, 916 0 65.00 06501 SLEEP LAB 0.146891 543, 841 0 65.01 65.01 06600 PHYSI CAL THERAPY 0.336653 1, 365, 144 66.00 0 66,00 06700 OCCUPATIONAL THERAPY 0 0 20, 100 67.00 0. 247728 0 67.00 68.00 06800 SPEECH PATHOLOGY 0. 188219 0 0 27, 046 0 68.00 06801 AUDI OLOGY 0.000000 68.01 68.01 06900 ELECTROCARDI OLOGY 0.086550 0 0 893, 108 69.00 69.00 0 0 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 1,001,299 71.00 0.378648 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENT 0. 310172 2, 134, 905 0 72.00 07300 DRUGS CHARGED TO PATIENTS 0.179609 0 73.00 7, 117, 346 73.00 07301 HOSPITAL BASED RETAIL PHARMACIES 0. 439552 0 73.01 0 0 73.01 07400 RENAL DIALYSIS 0 0 74.00 0.400110 39 991 0 74 00 76.00 03020 CARDI OPULMONARY 0.000000 0 0 0 76.00 07697 CARDIAC REHABILITATION 0 76. 97 0.308315 0 89, 268 0 76. 97 76. 98 07698 HYPERBARIC OXYGEN THERAPY 0.131688 0 0 1, 055, 472 0 76. 98 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0.000000 90.00 0 0 90.02 09002 PAIN CLINIC 2. 938253 0 83, 023 0 90.02 0 09003 ONCOLOGY CLINIC 0.077042 1, 867, 918 90.03 90 03 0 Λ 91.00 09100 EMERGENCY 0.085569 0 16, 710, 057 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0 879, 914 92.00 92.00 0.402515 0 0 92. 01 09201 OBSERVATION BEDS (DISTINCT PART) 0 609.731 92.01 0.321890 0 0 200.00 Subtotal (see instructions) C 58, 003, 073 0 200. 00 201.00 Less PBP Clinic Lab. Services-Program 0 201. 00 Only Charges

0

0

58, 003, 073

0 202.00

202.00

Net Charges (line 200 +/- line 201)

| Peri od: | Worksheet D | From 01/01/2014 | Part V | To 12/31/2014 | Date/Time Prepared: | To 12/31/2014 | Provi der CCN: 150089

				10 12/31/2014	5/26/2015 1:4	
-		Ti t	le XIX	Hospi tal	Cost	ı pııı
	Cos	sts				
Cost Center Description	Cost	Cost	1			
	Rei mbursed	Rei mbursed				
	Servi ces	Services Not				
	Subject To	Subject To				
	Ded. & Coins.	Ded. & Coins.				
	(see inst.)	(see inst.)				
	6. 00	7. 00				
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0	361, 471				50.00
51. 00 05100 RECOVERY ROOM	0	84, 531				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	51, 404	1			52. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	1, 232, 121	1			54. 00
57. 00 05700 CT SCAN	0	6, 161				57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	1			58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	130, 187	1			59. 00
60. 00   06000   LABORATORY	0	610, 969				60.00
60. 01   06001   BLOOD LABORATORY	0	0				60. 01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	57, 840				63. 00
65. 00 06500 RESPI RATORY THERAPY	0	76, 572				65. 00
65. 01   06501   SLEEP LAB	0	79, 885				65. 01
66. 00 06600 PHYSI CAL THERAPY	0	459, 580				66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	4, 979				67. 00
68. 00  06800 SPEECH PATHOLOGY	0	5, 091				68. 00
68. 01  06801  AUDI OLOGY	0	0	1			68. 01
69. 00 06900 ELECTROCARDI OLOGY	0	77, 298	1			69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	379, 140	1			71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	662, 188				72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1, 278, 339	1			73. 00
73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0				73. 01
74. 00   07400   RENAL DI ALYSI S	0	16, 001	1			74. 00
76. 00 03020 CARDI OPULMONARY	0	0	1			76. 00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	27, 523				76. 97
76. 98 O7698 HYPERBARI C OXYGEN THERAPY	0	138, 993				76. 98
OUTPATIENT SERVICE COST CENTERS		1				
90. 00 09000 CLI NI C	0	0				90.00
90. 02   09002   PAIN CLINIC	0	243, 943				90. 02
90. 03   09003   0NCOLOGY   CLI NI C	0	143, 908				90. 03
91. 00 09100 EMERGENCY	0	1, 429, 863				91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	354, 179	1			92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0	196, 266				92. 01
200.00 Subtotal (see instructions)	0	8, 108, 432				200. 00
201.00 Less PBP Clinic Lab. Services-Program	0	1				201. 00
Only Charges		0 100 422	.[			202 00
202.00   Net Charges (line 200 +/- line 201)	0	8, 108, 432	1			202. 00

Health Financial Systems	BALL MEMORIAL HOS	SPI TAL	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089	Peri od: From 01/01/2014	Worksheet D-1	
			To 12/31/2014	Date/Time Pre 5/26/2015 1:4	
		Title XVIII	Hospi tal	PPS	
Cost Center Description					
				1. 00	
PART I - ALL PROVIDER COMPONENTS					

		Title XVIII	Hospi tal	PPS	- piii
	Cost Center Description			1. 00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
	I NPATI ENT DAYS				
1. 00 2. 00	Inpatient days (including private room days and swing-bed days, Inpatient days (including private room days, excluding swing-be			64, 631 64, 631	1. 00 2. 00
3.00	Private room days (excluding swing-bed and observation bed days		ivate room days,	04, 031	•
	do not complete this line.				
4. 00 5. 00	Semi-private room days (excluding swing-bed and observation bed Total swing-bed SNF type inpatient days (including private room		r 31 of the cost	58, 913 0	4. 00 5. 00
3.00	reporting period	days) thi ough becember	1 31 01 the cost	O	3.00
6.00	Total swing-bed SNF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	days) after December 3	31 of the cost	0	6. 00
7. 00	Total swing-bed NF type inpatient days (including private room	days) through December	31 of the cost	0	7. 00
8. 00	reporting period Total swing-bed NF type inpatient days (including private room	days) after December 3 <sup>°</sup>	1 of the cost	0	8. 00
9. 00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable to	<b>3</b> .		27, 019	9. 00
	newborn days)			•	
10. 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	10.00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII onl December 31 of the cost reporting period (if calendar year, ent		oom days) after	0	11. 00
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX		e room days)	0	12. 00
13. 00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XIX			0	13. 00
14. 00	after December 31 of the cost reporting period (if calendar yea Medically necessary private room days applicable to the Program			0	14. 00
15. 00	Total nursery days (title V or XIX only)	(		0	ı
16. 00	Nursery days (title V or XIX only)			0	16. 00
17. 00	SWING BED ADJUSTMENT  Medicare rate for swing-bed SNF services applicable to services	through December 31 of	f the cost	0.00	17. 00
18. 00	reporting period Medicare rate for swing-bed SNF services applicable to services	after December 31 of	the cost	0.00	18. 00
19. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	through December 31 of	the cost	0.00	19. 00
	reporting period	G			
20. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	arter December 31 of th	ne cost	0. 00	
21. 00 22. 00	Total general inpatient routine service cost (see instructions) Swing-bed cost applicable to SNF type services through December	31 of the cost reporti	ing period (line	46, 237, 789	21. 00 22. 00
	5 x line 17)	·		Ü	
23. 00	Swing-bed cost applicable to SNF type services after December 3 x line 18)	1 of the cost reporting	g period (line 6	0	23. 00
24. 00	Swing-bed cost applicable to NF type services through December 7 x line 19)	31 of the cost reporti	ng period (line	0	24. 00
25. 00	Swing-bed cost applicable to NF type services after December 31	of the cost reporting	period (line 8	0	25. 00
26. 00	x line 20) Total swing-bed cost (see instructions)			0	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost (I PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	ine 21 minus line 26)		46, 237, 789	27. 00
28. 00	General inpatient routine service charges (excluding swing-bed	and observation bed cha	arges)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)			0	1
30. 00	Semi-private room charges (excluding swing-bed charges)			0	
31. 00	General inpatient routine service cost/charge ratio (line 27 ÷	line 28)		0.000000	1
32. 00	Average private room per diem charge (line 29 ÷ line 3)			0.00	1
33. 00 34. 00	Average semi-private room per diem charge (line 30 ÷ line 4)	s line 22)(see instruc	tions)	0.00	1
	Average per diem private room charge differential (line 32 minu		LI UIIS)	0.00	ł
35. 00	Average per diem private room cost differential (line 34 x line	31)		0.00	•
36. 00	Private room cost differential adjustment (line 3 x line 35)	d privata ream cost di	fforontial (11.5	0 44 227 790	36.00
37. 00	General inpatient routine service cost net of swing-bed cost an 27 minus line 36)	u private room cost di	rierential (line	46, 237, 789	37. 00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		•		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUST				
38. 00	Adjusted general inpatient routine service cost per diem (see i			715. 41	•
39. 00	Program general inpatient routine service cost (line 9 x line 3			19, 329, 663	
	Medically necessary private room cost applicable to the Program Total Program general inpatient routine service cost (line 39 +	,		0 19, 329, 663	
	1 3 3	= :=/	1	, 527, 500	

Heal th	Financial Systems	BALL MEMORIA	AL HOSPITAL		In Lie	u of Form CMS-2	2552-10
	ATION OF INPATIENT OPERATING COST				eriod: rom 01/01/2014	Worksheet D-1	
					o 12/31/2014	Date/Time Pre	
			Ti tl	e XVIII	Hospi tal	5/26/2015 1: 44 PPS	4 pm
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷		(col. 3 x col. 4)	
		1.00	2.00	3. 00	4. 00	5. 00	
42. 00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	42. 00
43. 00	INTENSIVE CARE UNIT	13, 402, 324	10, 107		1	10, 422, 674	43. 00
44.00	NEONATAL INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT	3, 958, 166	3, 812	1, 038. 34	0	0	44. 00 45. 00
46. 00	SURGICAL INTENSIVE CARE UNIT						46. 00
47. 00	OTHER SPECIAL CARE (SPECIFY)						47. 00
	Cost Center Description					1. 00	
48. 00	Program inpatient ancillary service cost (Wk					47, 304, 426	
49. 00	Total Program inpatient costs (sum of lines PASS THROUGH COST ADJUSTMENTS	41 through 48)(	(see instructio	ons)		77, 056, 763	49. 00
50.00	Pass through costs applicable to Program inp	atient routine	services (from	n Wkst. D, sum	of Parts I and	2, 917, 839	50. 00
51. 00	III   Pass through costs applicable to Program inp	ationt ancillar	sy sorvicos (fr	som Wkst D su	m of Darts II	1, 749, 513	51. 00
31.00	and IV)	atrent ancitrai	y services (ii	OIII WKSt. D, Su	III OI PALLS II	1, 749, 513	31.00
52.00	Total Program excludable cost (sum of lines	,				4, 667, 352	
53. 00	Total Program inpatient operating cost exclu medical education costs (line 49 minus line		erated, non-pny	sician anestne	tist, and	72, 389, 411	53. 00
	TARGET AMOUNT AND LIMIT COMPUTATION	-					
54. 00 55. 00	Program discharges Target amount per discharge					0 0. 00	54. 00 55. 00
56. 00	Target amount (line 54 x line 55)					0.00	56.00
57.00	, , , , , , , , , , , , , , , , , , , ,	ing cost and ta	arget amount (I	ine 56 minus I	ine 53)	0	57. 00 58. 00
58. 00 59. 00	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost re	porting period	ending 1996, u	pdated and com	pounded by the	0. 00	
40.00	market basket		9	•	,	0.00	
60. 00 61. 00	Lesser of lines 53/54 or 55 from prior year If line 53/54 is less than the lower of line				he amount by	0. 00 0	60. 00 61. 00
which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target							
62. 00	amount (line 56), otherwise enter zero (see Relief payment (see instructions)	instructions)				o	62. 00
	63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63. 00
64. 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cos	ts through Dece	ember 31 of the	cost reportin	a neriod (See	0	64. 00
01.00	instructions)(title XVIII only)	Ü		•			
65. 00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts after Decemb	per 31 of the c	cost reporting	peri od (See	0	65. 00
66. 00	Total Medicare swing-bed SNF inpatient routi	ne costs (line	64 plus line 6	5)(title XVIII	only). For	0	66. 00
67. 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routin	a costs through	n December 31 o	of the cost ren	orting period	0	67. 00
07.00	(line 12 x line 19)	e costs till ougi	i becember 31 c	ine cost rep	of tring perrou		07.00
68. 00	Title V or XIX swing-bed NF inpatient routin (line 13 x line 20)	e costs after [	December 31 of	the cost repor	ting period	0	68. 00
69. 00	Total title V or XIX swing-bed NF inpatient	routine costs (	(line 67 + line	e 68)		0	69. 00
70.00	PART III - SKILLED NURSING FACILITY, OTHER N						70.00
70. 00 71. 00	Skilled nursing facility/other nursing facil Adjusted general inpatient routine service c	-					70. 00 71. 00
72.00	Program routine service cost (line 9 x line		. ( : 14  :	25)			72. 00
73. 00 74. 00	Medically necessary private room cost applic Total Program general inpatient routine serv						73. 00 74. 00
75. 00	Capital-related cost allocated to inpatient	•	,		rt II, column		75. 00
76. 00	26, line 45)   Per diem capital-related costs (line 75 ÷ li	ne 2)					76. 00
77. 00	Program capital -related costs (line 9 x line	,					77. 00
78. 00 79. 00	Inpatient routine service cost (line 74 minu Aggregate charges to beneficiaries for exces		arovi der record	le)			78. 00 79. 00
80.00	Total Program routine service costs for comp	, ,		,	s line 79)		80. 00
81.00	Inpatient routine service cost per diem limi		1)				81.00
82. 00 83. 00	Inpatient routine service cost limitation (I Reasonable inpatient routine service costs (		* .				82. 00 83. 00
84.00	Program inpatient ancillary services (see in	structions)					84. 00
85. 00 86. 00	Utilization review - physician compensation Total Program inpatient operating costs (sum						85. 00 86. 00
	PART IV - COMPUTATION OF OBSERVATION BED PASS	S THROUGH COST					
87. 00 88. 00	Total observation bed days (see instructions Adjusted general inpatient routine cost per	•	: line 2)			5, 718 715. 41	87. 00 88. 00
	Observation bed cost (line 87 x line 88) (se	•				4, 090, 714	

Health Financial Systems	BALL MEMORIA	L HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Peri od:	Worksheet D-1	
				From 01/01/2014		
			"	Γο 12/31/2014	Date/Time Pre	
					5/26/2015 1: 4	4 pm
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 27)	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	5, 094, 203	46, 237, 789	0. 11017	4, 090, 714	450, 690	90.00
91.00 Nursing School cost	0	46, 237, 789	0.00000	4, 090, 714	0	91.00
92.00 Allied health cost	0	46, 237, 789	0.00000	4, 090, 714	0	92.00
93.00 All other Medical Education	0	46, 237, 789	0.00000	4, 090, 714	0	93. 00

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 150089	Peri od: From 01/01/2014	Worksheet D-1
	Component CCN: 15TO89	To 12/31/2014	Date/Time Prepared: 5/26/2015 1:44 pm
	Title XVIII	Subprovider -	PPS

No.     No.   No.     No.			TI LIE AVIII	I RF	FF3	
BRATE I = ALL PROVIDER COMPONENTS   BRATERIE BIMS   BRATERIE BIMS   Inpati ent dops (including private room days and saing-bed days, excluding newborn)   4,115   1.00   Inpati ent dops (including private room days, excluding saing-bed and checkmothy)   4,115   2.00   1.00   Inpati ent dops (including private room days, excluding saing-bed and checkmothy)   4,115   2.00   4.00   1.00		Cost Center Description			4 00	
INVAILENT DAYS		PART I - ALL PROVINER COMPONENTS			1.00	
Inpatient days (including private room days, excluding saing-bed and newborn days)						
Private room days (excluding swing-bed and observation bed days). If you have only private room days.   0   3.00						
do not complete this I line.  4. 05 Sell-private room days (excluding sell-ped and observation bed days) through December 31 of the cost				vota room dava		
Semi-perivate room days (excluding swing-bed and observation bed days)  To open trip period (Fixpe Inpatient days (Including private room days) after December 31 of the cost  Total swing-bed NF type Inpatient days (Including private room days) after December 31 of the cost  Total swing-bed NF type inpatient days (Including private room days) after December 31 of the cost  Total swing-bed NF type inpatient days (Including private room days) after December 31 of the cost  Total swing-bed NF type inpatient days (Including private room days) after December 31 of the cost  Proporting period (If calledar year, enter 0 on this Iline)  Total swing-bed NF type inpatient days (Including private room days) after December 31 of the cost  Proporting period (If calledar year, enter 0 on this Iline)  Total swing-bed NF type inpatient days applicable to the Program (excluding swing-bed and  Total inpatient days including private room days applicable to the program (excluding private room days)  Total inpatient days applicable to title XVII (Input) (Including private room days)  Total inpatient days applicable to title XVII (Input) (Including private room days)  Total period NF type inpatient days applicable to title XVII (Input) (Including private room days)  Total swing-bed NF type inpatient days applicable to title XVII (Input) (Including private room days)  Total swing-bed NF type inpatient days applicable to titles V or XIX only (Including private room days)  Total swing-bed NF type inpatient days applicable to titles V or XIX only (Including private room days)  Total swing-bed NF type inpatient days applicable to the Program (excluding swing-bed days)  Total swing-bed NF type inpatient days applicable to the Program (excluding swing-bed days)  Total swing-bed NF type inpatient days applicable to services through December 31 of the cost  Total swing-bed NF type inpatient days applicable to services through December 31 of the cost  Total swing-bed NF type inpatient days applicable to services after December 31 of the cost	3.00		. IT you have only pri	vate room days,	U	3.00
reporting period (if calendar year, enter 0 on this line)  7.00  7	4.00		days)		4, 115	4.00
10tal swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)   7.00	5.00		days) through December	31 of the cost	0	5. 00
reporting period (if calendar year, enter 0 on this line) 7. 00 Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) 8. 00 Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) 9. 00 Total swing-bed NF type inpatient days applicable to title XVIII only (including private room days) 9. 01 Total swing-bed NF type inpatient days applicable to title XVIII only (including private room days) 9. 02 Swing-bed NF type inpatient days applicable to title SV or XIX only (including private room days) 9. 03 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) 9. 04 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) 9. 05 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) 9. 06 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) 9. 07 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) 9. 08 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) 9. 09 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) 9. 01 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) 9. 01 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) 9. 01 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) 9. 01 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) 9. 01 Swing-bed was the properior of the cost reporting period (including total private room days applicable to titles V or XIX only (including private room days) 9. 01 Swing-bed cost applicable to SWF	6 00		days) after December 3	21 of the cost	0	6 00
Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period   Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)   Record of the cost reporting period (if calendar year, enter 0 on this line)   Record of the cost reporting period (if calendar year, enter 0 on this line)   Record of the cost reporting period (see instructions)   December 31 of the cost reporting period (see instructions)   December 31 of the cost reporting period (see instructions)   December 31 of the cost reporting period (see instructions)   December 31 of the cost reporting period (see instructions)   December 31 of the cost reporting period (see instructions)   December 31 of the cost reporting period (see instructions)   December 31 of the cost reporting period (see instructions)   December 31 of the cost reporting period (see instructions)   December 31 of the cost reporting period (see instructions)   December 31 of the cost reporting period (see instructions)   December 31 of the cost reporting period (see instructions)   December 31 of the cost reporting period (see instructions)   December 31 of the cost reporting period (see instructions)   December 31 of the cost   December 31 of the	0.00		uays) arter becember s	or or the cost	U	0.00
Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  7.00 Sing-bed SNF type inpatient days applicable to title XVIII only (including private room days)  7.00 Sing-bed SNF type inpatient days applicable to title XVIII only (including private room days)  7.00 Sing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after through December 31 of the cost reporting period (see instructions) and the company of through December 31 of the cost reporting period (see instructions) and through December 31 of the cost reporting period (see instructions) after December 31 of the cost reporting period (see instructions) after December 31 of the cost reporting period (see instructions) after December 31 of the cost reporting period (see instructions) after December 31 of the cost reporting period (see instructions) after December 31 of the cost reporting period (see instructions) after December 31 of the cost reporting period (see instructions) after December 31 of the cost (see instructions) after December 31 of the cost (see instructions) and (see instructions) after December 31 of the cost (see instructions) and (see	7.00	Total swing-bed NF type inpatient days (including private room of	lays) through December	31 of the cost	0	7. 00
reporting period (if calendar year, enter 0 on this line)  7. 00 Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)  10. 00 Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days)  11. 00 Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after  12. 00 Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after  13. 00 Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after  13. 00 Swing-bed NF type inpatient days applicable to title SV or XIX only (including private room days) after solve through December 31 of the cost reporting period  13. 00 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after solve through December 31 of the cost reporting period (if calendary year, enter 0 on this line)  14. 00 Medically necessary private room days applicable to the Program (excluding swing-bed days)  16. 00 Total nursery days (title V or XIX only)  17. 00 Swing-Bot ANF (title V or XIX only)  18. 00 Medically necessary private room days applicable to services through December 31 of the cost  18. 00 Medical care room of the swing-bed SNF services applicable to services through December 31 of the cost  18. 00 Medical care room of the swing-bed NF services applicable to services after December 31 of the cost  19. 00 Medical care for swing-bed NF services applicable to services after December 31 of the cost  19. 00 Medical of room of the swing-bed NF services applicable to services after December 31 of the cost  19. 00 Medical of room of the swing-bed NF services applicable to services after December 31 of the cost  19. 00 Medical of room of the swing-bed NF services after December 31 of the cost reporting period (line 5 x line 17)  20. 00 Medical of room of the swing-bed NF services after December 31 of the cost reporting period (line 6 x line 18)	0.00	' 9	lava) aftan Dagamban 21	of the cost	0	0.00
10.00   Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days)   0.00	8.00		lays) arter becember 3	of the cost	U	8.00
10.00   Swing-bad SNF type inpatient days applicable to title XVIII only (including private room days)   0   10.00	9.00		the Program (excluding	swing-bed and	3, 035	9. 00
through December 31 of the cost reporting period (see instructions)  12.00 Swing-bed SNE type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  13.00 Swing-bed NE type inpatient days applicable to titles V or XIX only (including private room days)  14.00 Swing-bed NE type inpatient days applicable to titles V or XIX only (including private room days)  15.00 Swing-bed NE type inpatient days applicable to titles V or XIX only (including private room days)  16.00 Swing-bed NE type inpatient days applicable to the Program (excluding swing-bed days)  17.00 Medically Innecessary private room days applicable to the Program (excluding swing-bed days)  18.00 Total nursery days (title V or XIX only)  19.00 No Indicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period  18.00 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost cost of the cost reporting period (including private room days)  19.00 Medical d rate for swing-bed NF services applicable to services after December 31 of the cost cost of the cost reporting period (including private room days)  19.00 Medical d rate for swing-bed NF services applicable to services after December 31 of the cost cost cost of the cost reporting period (including private room days)  19.00 Medical d rate for swing-bed NF services applicable to services after December 31 of the cost cost cost cost cost reporting period (including private room days applicable to SNF type services through December 31 of the cost reporting period (line Six III including SNI)  19.00 Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line Six III including SNI)  19.00 Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line Six III including SNI)  20.00 Swing-bed cost applicable to SNF type services after December 31	10.00		. (!! !			10.00
11.00 Swing-bed SNF type Inpatient days applicable to title XVIII only (Including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) 12.00 Swing-bed NF type inpatient days applicable to titles V or XIX only (Including private room days) 13.00 Swing-bed NF type inpatient days applicable to titles V or XIX only (Including private room days) 14.00 Medically necessary private room days applicable to titles V or XIX only (Including private room days) 16.00 Nursery days (title V or XIX only) 16.00 Nursery days (title V or XIX only) 17.00 Medicarly necessary private room days applicable to the Program (excluding swing-bed days) 18.00 Nursery days (title V or XIX only) 19.01 Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period or swing-bed SNF services applicable to services after December 31 of the cost reporting period cald rate for swing-bed NF services applicable to services after December 31 of the cost 19.00 Medical drate for swing-bed NF services applicable to services after December 31 of the cost 19.00 Medical drate for swing-bed NF services applicable to services after December 31 of the cost 19.00 Medical drate for swing-bed NF services applicable to services after December 31 of the cost 19.00 Medical drate for swing-bed NF services applicable to services after December 31 of the cost 19.00 Medical drate for swing-bed NF services applicable to services after December 31 of the cost 19.00 Medical drate for swing-bed NF services applicable to services after December 31 of the cost 19.00 Medical drate for swing-bed NF services applicable to services after December 31 of the cost reporting period (line 5 x line 17) 19.00 Medical drate for swing-bed NF services applicable to services after December 31 of the cost reporting period (line 6 x line 18) 19.00 Medical drate for swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 6 x line 18) 19.00 Medical	10.00			oom days)	U	10.00
12.00   Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days)   0   12.00	11. 00	Swing-bed SNF type inpatient days applicable to title XVIII only	(including private ro	oom days) after	0	11.00
through December 31 of the cost reporting period  13. 00 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days)  14. 00 Medically necessary private room days applicable to the Program (excluding swing-bed days)  15. 00 Total nursery days (title V or XIX only)  16. 00 Nursery days (title V or XIX only)  17. 00 Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost  18. 00 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost  19. 00 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost  19. 00 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost  19. 00 Medicader are for swing-bed NF services applicable to services after December 31 of the cost  19. 00 Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost  19. 00 Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost  19. 00 Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost  19. 00 Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost  19. 00 Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost  19. 00 Medicaid rate for swing-bed NF services after December 31 of the cost reporting period (line S X line 17)  20. 00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line S X line 18)  21. 00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line S X line 19)  22. 00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line S X line 19)  23. 00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line S X line 19)  24. 00 Gereral inpatient routine service cost (see line 19 swing-bed and observation bed					_	
13.00   Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days)   0   13.00	12. 00		only (including private	e room days)	0	12. 00
14.00   Medically necessary private room days applicable to the Program (excluding swing-bed days)   0   14.00   0   15.00   0   0   0   0   0   0   0   0   0	13. 00		only (including private	e room days)	0	13. 00
15.00   Total nursery days (title V or XIX only)   0   15.00   16.00   17.00   17.00   17.00   17.00   18.00						
16. 00   Nursery days (title V or XIX only)       0   0   0   0   0   0   0   0			(excluding swing-bed of	lays)		
SWING BED ADJUSTMENT						
reporting period  19.00   Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period   Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost   0.00   19.00						
18.00   Medicare   rate for swing-bed SNF services applicable to services after December 31 of the cost   0.00   18.00   19.	17. 00		through December 31 of	the cost	0.00	17. 00
reporting period Medical dirate for swing-bed NF services applicable to services through December 31 of the cost reporting period 20.00 Medical dirate for swing-bed NF services applicable to services after December 31 of the cost cost applicable to service cost (see instructions) 21.00 Total general inpatient routine service cost (see instructions) 22.00 Ming-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17) 23.00 Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 cost x line 17) 24.00 Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 6 cost x line 19) 25.00 Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19) 26.00 Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 cost in 20 x line 20) 27.00 Cost applicable to NF type services after December 31 of the cost reporting period (line 8 cost x line 20) 28.00 Total swing-bed cost (see instructions) 29.00 Total swing-bed cost (see instructions) 29.00 Total swing-bed cost (see instructions) 29.00 PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  29.00 Private room charges (excluding swing-bed charges) 29.00 Average perivate room per diem charge (line 29 + line 3) 29.00 Average perivate room per diem charge (line 30 + line 4) 29.00 Average perivate room cost differential (line 32 minus line 33) (see instructions) 29.00 Average per diem private room cost differential (line 34 x line 31) 29.00 Average per diem private room cost differential (line 34 x line 31) 29.00 Average per diem private room cost differential (line 30 x line 31) 29.00 Average per diem private room cost differential (line 30 x line 31) 29.00 Average per diem private room c	18 00		after December 31 of t	he cost	0.00	18 00
reporting period  Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period (line reporting period to Total general inpatient routine service cost (see instructions)  21.00  Total general inpatient routine service cost (see instructions)  22.00  Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)  Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)  4.00  Ming-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 18)  Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  Medicaid Presental Advances (see instructions)  Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  Medicaid Presental Advances (see instructions)  December 31 of the cost reporting period (line 8 x line 20)  Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  Medicaid Presental Advances (see line 30 line 4)  Medicaid Presental Advances (see line 30 line 31)  Medicaid Presental Advances (see line 31 line 32)  Medicaid Presental	10.00	]	arter becomber 51 or t	inc cost	0.00	10.00
Medical drate for swing-bed NF services applicable to services after December 31 of the cost reporting period   20.00   20.0	19. 00		through December 31 of	the cost	0. 00	19. 00
reporting period Total general inpatient routine service cost (see instructions) 3, 163, 960 22.00 Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17) Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18) Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 7 x line 19) Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20) Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20) Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20) Comparison of the cost reporting period (line 8 x line 20) Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20) Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20) Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20) Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20) Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 2 4 tine 30 value managed tine 8 x line 20) Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 2 v 25.00 x line 21 wine 20) Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 2 v 25.00 x line 21 wine 20) Swing-bed cost applicable to NF type service after December 31 of the cost reporting period (line 2 v 25.00 x line 21 vine 20) Swing-bed cost applicable to NF type service after December 31 of the cost reporting period (line 2 v 25.00 x 25.00 x line 21 vine 20) Swing-bed cost applicable to NF type service ost reporting period (line 2 v 25.00 x line 21 vine 20) Sw	20.00	, , , , , , , , , , , , , , , , , , , ,	ofter December 21 of th	no cost	0.00	20.00
21.00   Total general inpatient routine service cost (see instructions)   3, 163, 960   21.00   22.00   Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 6 x line 17)   22.00   x line 18)   x line 19)   x line 20)   x line 20)	20.00		irter becember 31 of tr	ie cost	0.00	20.00
5 x line 17)  23.00		Total general inpatient routine service cost (see instructions)			3, 163, 960	
23.00 Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)  24.00 Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)  25.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 tine 20)  26.00 Total swing-bed cost (see instructions)  27.00 PRIVATE ROOM DIFFERNTIAL ADJUSTMENT  28.00 General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)  29.00 Private room charges (excluding swing-bed charges)  30.00 Semi-private room charges (excluding swing-bed charges)  30.00 Semi-private room charges (excluding swing-bed charges)  30.00 Semi-private room per diem charges (line 29 + line 3)  30.00 Average per diem private room charge (line 29 + line 3)  30.00 Average per diem private room charge (line 30 + line 4)  30.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions)  30.00 Average per diem private room cost differential (line 34 x line 31)  30.00 Average per diem private room cost differential (line 34 x line 31)  30.00 Average per diem private room cost differential (line 37 x line 35)  30.00 Average per diem private room cost differential (line 37 x line 35)  30.00 Average per diem private room cost differential (line 37 x line 35)  30.00 Average per diem private room cost differential (line 37 x line 35)  30.00 Average per diem private room cost differential (line 37 x line 35)  30.00 Average per diem private room cost differential (line 37 x line 35)  30.00 Average per diem private room cost differential (line 37 x line 35)  30.00 Average per diem private room cost differential (line 37 x line 35)  30.00 Average per diem private room cost differential (line 37 x line 35)  30.00 Average per diem private room cost differential (line 37 x line 36)  30.00 Average per diem private room cost differential (line 37 x line 36)  30.00 Average per diem private room cost differential (line 3	22. 00		31 of the cost reporti	ng period (line	0	22. 00
x line 18)  24.00 Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)  25.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 0 25.00 x line 20)  26.00 Total swing-bed cost (see instructions) 0 26.00  27.00 General inpatient routine service cost net of swing-bed cost (line 21 minus line 26) 3, 163, 960  28.00 PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  28.00 General inpatient routine service charges (excluding swing-bed and observation bed charges) 0 29.00  29.00 Private room charges (excluding swing-bed charges) 0 29.00  30.00 Semi-private room charges (excluding swing-bed charges) 0 29.00  31.00 General inpatient routine service cost/charge ratio (line 27 * line 28) 0.000000 31.00  32.00 Average private room per diem charge (line 29 * line 3) 0.00 32.00  33.00 Average semi-private room per diem charge (line 30 * line 4) 0.00 32.00  34.00 Average per diem private room cost differential (line 32 minus line 33) (see instructions) 0.00 34.00  35.00 Average per diem private room cost differential (line 34 x line 31) 0.00 35.00  36.00 Private room cost differential djustment (line 3 x line 35) 0 37.00  38.00 Adjusted general inpatient routine service cost per diem (see instructions) 768.88  38.00 Adjusted general inpatient routine service cost per diem (see instructions) 768.88  38.00 Adjusted general inpatient routine service cost per diem (see instructions) 2, 333, 551  39.00 Program general inpatient routine service cost (line 9 x line 38) 2, 333, 551  39.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0	23. 00		of the cost reporting	period (line 6	0	23. 00
7 x line 19)  25.00		x line 18)		, ,		
25.00   Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)   25.00   x line 20)   26.00   27.00   General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)   3,163,960   27.00   PRI VATE ROOM DIFFERENTIAL ADJUSTMENT   28.00   29.00   Pri vate room charges (excluding swing-bed charges)   0 29.00   29.0	24. 00	1 3.	31 of the cost reportin	ng period (line	0	24. 00
x line 20)  26.00 Total swing-bed cost (see instructions) 27.00 General inpatient routine service cost net of swing-bed cost (line 21 minus line 26) 27.00 PRI VATE ROOM DIFFERENTI AL ADJUSTMENT  28.00 General inpatient routine service charges (excluding swing-bed and observation bed charges) 29.00 Private room charges (excluding swing-bed charges) 30.00 Semi-private room charges (excluding swing-bed charges) 31.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28) 32.00 Average private room per diem charge (line 29 ÷ line 3) 33.00 Average semi-private room per diem charge (line 30 ÷ line 4) 34.00 Average semi-private room cost differential (line 32 minus line 33) (see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 3, 163, 960) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 3, 163, 960) 37.00 Average per diem private room cost differential (line 3 x line 35) 38.00 Average per diem private room cost differential (line 3 x line 35) 39.00 Program general inpatient routine service cost per diem (see instructions) 39.00 Program general inpatient routine service cost per diem (see instructions) 39.00 Program general inpatient routine service cost per diem (see instructions) 39.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 40.00	25. 00		of the cost reporting	period (line 8	0	25. 00
27. 00 General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)  PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  28. 00 General inpatient routine service charges (excluding swing-bed and observation bed charges)  29. 00 Private room charges (excluding swing-bed charges)  30. 00 Semi-private room charges (excluding swing-bed charges)  30. 00 General inpatient routine service cost/charge ratio (line 27 + line 28)  30. 00 Average private room per diem charge (line 29 + line 3)  30. 00 Average semi-private room per diem charge (line 30 + line 4)  30. 00 Average per diem private room charge differential (line 32 minus line 33) (see instructions)  30. 00 Average per diem private room cost differential (line 34 x line 31)  30. 00 Average per diem private room cost differential (line 3 x line 35)  30. 00 Average per diem private room cost differential (line 3 x line 35)  30. 00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38. 00 Adjusted general inpatient routine service cost (line 9 x line 38)  38. 00 Program general inpatient routine service cost (line 9 x line 38)  39. 00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  0 40. 00						
PRI VATE ROOM DIFFERENTIAL ADJUSTMENT  General inpatient routine service charges (excluding swing-bed and observation bed charges)  Pri vate room charges (excluding swing-bed charges)  Semi-pri vate room charges (excluding swing-bed charges)  Semi-pri vate room charges (excluding swing-bed charges)  Semi-pri vate room charges (excluding swing-bed charges)  General inpatient routine service cost/charge ratio (line 27 ÷ line 28)  Average pri vate room per diem charge (line 29 ÷ line 3)  Average semi-pri vate room per diem charge (line 30 ÷ line 4)  Average per diem pri vate room charge differential (line 32 minus line 33) (see instructions)  Average per diem pri vate room cost differential (line 32 minus line 33) (see instructions)  Average per diem pri vate room cost differential (line 34 x line 31)  Pri vate room cost differential adjustment (line 3 x line 35)  General inpatient routine service cost net of swing-bed cost and private room cost differential (line 3, 163, 960)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Observation of the proposed cost and private room cost differential (line 3, 163, 960)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Beneral inpatient routine service cost per diem (see instructions)  Adjusted general inpatient routine service cost per diem (see instructions)  Adjusted general inpatient routine service cost (line 9 x line 38)  Adjusted general inpatient routine service cost (line 9 x line 38)  Adjusted general inpatient routine service cost (line 9 x line 38)  Adjusted general inpatient routine service cost (line 9 x line 38)  Adjuste		, ,	04 ' '' 04)			
28.00 General inpatient routine service charges (excluding swing-bed and observation bed charges)  29.00 Private room charges (excluding swing-bed charges)  30.00 Semi-private room charges (excluding swing-bed charges)  30.00 Semi-private room charges (excluding swing-bed charges)  30.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28)  30.00 Average private room per diem charge (line 29 ÷ line 3)  30.00 Average semi-private room per diem charge (line 30 ÷ line 4)  30.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions)  30.00 Average per diem private room cost differential (line 34 x line 31)  30.00 Average per diem private room cost differential (line 3 x line 35)  30.00 Average per diem private room cost differential (line 3 x line 35)  30.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 3, 163, 960)  30.00 PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  30.00 Adjusted general inpatient routine service cost per diem (see instructions)  30.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  30.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)	27.00		ne 21 minus iine 26)		3, 163, 960	27.00
30.00 Semi-private room charges (excluding swing-bed charges) 31.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28) 32.00 Average private room per diem charge (line 29 ÷ line 3) 33.00 Average semi-private room per diem charge (line 30 ÷ line 4) 34.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 3, 163, 960)  PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  Adjusted general inpatient routine service cost (line 9 x line 38)  Program general inpatient routine service cost (line 9 x line 38)  O 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  O 40.00	28. 00		and observation bed cha	rges)	0	28. 00
31.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28)  32.00 Average private room per diem charge (line 29 ÷ line 3)  33.00 Average semi-private room per diem charge (line 30 ÷ line 4)  34.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions)  35.00 Average per diem private room cost differential (line 34 x line 31)  36.00 Private room cost differential adjustment (line 3 x line 35)  37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 3, 163, 960)  27 minus line 36)  PART II - HOSPITAL AND SUBPROVI DERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost (line 9 x line 38)  39.00 Program general inpatient routine service cost (line 9 x line 38)  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  0 0.0000000  31.00  0.00 32.00  32.00  32.00  33.00  34.00  35.00  36.00  37.00  36.00  37.00  37.00  37.00  38.00  39.00 Adjusted general inpatient routine service cost (line 9 x line 38)  38.00  39.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)	29. 00	Private room charges (excluding swing-bed charges)				
32.00 Average private room per diem charge (line 29 ÷ line 3) 32.00 Average semi-private room per diem charge (line 30 ÷ line 4) 32.00 Average semi-private room per diem charge (line 30 ÷ line 4) 33.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 3, 163, 960)  27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost (line 9 x line 38)  39.00 Program general inpatient routine service cost (line 9 x line 38)  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			ina 20)			
33.00 Average semi-private room per diem charge (line 30 ÷ line 4)  34.00 Average per diem private room charge differential (line 32 minus line 33) (see instructions)  35.00 Average per diem private room cost differential (line 34 x line 31)  36.00 Private room cost differential adjustment (line 3 x line 35)  37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 3, 163, 960)  27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost (line 9 x line 38)  768.88 38.00  Program general inpatient routine service cost (line 9 x line 38)  2, 333, 551 39.00  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)		,	THE 28)			
35. 00 Average per diem private room cost differential (line 34 x line 31)  36. 00 Private room cost differential adjustment (line 3 x line 35)  37. 00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 3, 163, 960)  27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38. 00 Adjusted general inpatient routine service cost per diem (see instructions)  768. 88 39. 00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		, , , , , , , , , , , , , , , , , , , ,				
36.00 Private room cost differential adjustment (line 3 x line 35)  37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 3, 163, 960 37.00 27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  768.88 38.00 39.00 Program general inpatient routine service cost (line 9 x line 38)  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  0 40.00		9   '	, ,	i ons)		
37. 00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38. 00 Adjusted general inpatient routine service cost per diem (see instructions)  768. 88 38. 00  Program general inpatient routine service cost (line 9 x line 38)  2, 333, 551 39. 00  40. 00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  0 40. 00		, , ,	31)			
27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  768.88 38.00 Program general inpatient routine service cost (line 9 x line 38)  2, 333, 551 39.00  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  0 40.00			l private room cost dif	ferential (line		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  768.88 38.00  Program general inpatient routine service cost (line 9 x line 38)  2, 333, 551 39.00  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  0 40.00	200	27 minus line 36)	,		2, 755, 750	
38.00 Adjusted general inpatient routine service cost per diem (see instructions)  768.88 38.00  769.88 38.00  769.88 38.00  769.88 38.00  769.88 38.00  769.88 38.00  769.88 38.00  769.88 38.00  769.88 38.00  769.88 38.00  769.88 38.00  769.88 38.00  769.88 38.00  769.88 38.00			MENTC			
39.00 Program general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  2, 333, 551 39.00 40.00	38 00				760 00	38 00
40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 40.00		, , , , , , , , , , , , , , , , , , , ,	•			
41.00   Total Program general inpatient routine service cost (line 39 + line 40)   2,333,551   41.00	40.00	Medically necessary private room cost applicable to the Program	(line 14 x line 35)		0	40.00
	41. 00	Total Program general inpatient routine service cost (line 39 +	line 40)		2, 333, 551	41. 00

NVII U I	ATION OF INPATIENT OPERATING COST				Period: From 01/01/2014	Worksheet D-1	
			·		To 12/31/2014 Subprovi der -	Date/Time Pre 5/26/2015 1:4 PPS	
			11 11 6	· XVIII	I RF	PPS	
	Cost Center Description	Total Inpatient CostInp	Total patient Days		Program Days	Program Cost (col. 3 x col.	
		1.00	2.00	col . 2) 3.00	4. 00	4) 5. 00	
2. 00	NURSERY (title V & XIX only)	0	0	0.0			42.
	Intensive Care Type Inpatient Hospital Units				1		
3. 00	INTENSIVE CARE UNIT	0	0	0.0		l .	
i. 00	NEONATAL INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT	0	0	0.0	0	0	44.
. 00							46.
. 00	OTHER SPECIAL CARE (SPECIFY)						47.
	Cost Center Description					1.00	
3. 00	Program inpatient ancillary service cost (Wk	st. D-3. col. 3. I	ine 200)			1. 00 1, 652, 276	48.
0.00	Total Program inpatient costs (sum of lines			ns)		3, 985, 827	
	PASS THROUGH COST ADJUSTMENTS						
0. 00	Pass through costs applicable to Program inp.	atient routine sem	rvices (from	Wkst. D, sum	of Parts I and	255, 851	50.
. 00	Pass through costs applicable to Program inp	atient ancillary s	services (fro	om Wkst. D. s	um of Parts II	58, 426	51.
	and IV)	,		,			
2. 00	Total Program excludable cost (sum of lines	,				314, 277	1
3. 00	Total Program inpatient operating cost exclumedical education costs (line 49 minus line		tea, non-phys	sician anesth	etist, and	3, 671, 550	53.
	TARGET AMOUNT AND LIMIT COMPUTATION	52)					
	Program di scharges					•	54
. 00	Target amount per discharge Target amount (line 54 x line 55)					0.00	1
. 00	Difference between adjusted inpatient operat	ing cost and targe	et amount (li	ne 56 minus	line 53)	0	1
. 00	Bonus payment (see instructions)	o o	·		,	0	58
0. 00	Lesser of lines 53/54 or 55 from the cost re	porting period end	ding 1996, up	dated and co	mpounded by the	0.00	59
0. 00	market basket Lesser of lines 53/54 or 55 from prior year	cost report undat	ted by the ma	rket basket		0.00	60
. 00	If line 53/54 is less than the lower of line				the amount by	0	
	which operating costs (line 53) are less that		(lines 54 x 6	0), or 1% of	the target		
2. 00	amount (line 56), otherwise enter zero (see Relief payment (see instructions)	instructions)				0	62.
	Allowable Inpatient cost plus incentive paym	ent (see instructi	ons)			Ö	1
	PROGRAM INPATIENT ROUTINE SWING BED COST		04 6 11				
. 00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts through Decembe	er 31 of the	cost reporti	ng period (See	1	64.
. 00	Medicare swing-bed SNF inpatient routine cos	ts after December	31 of the co	st reporting	period (See	0	65.
00	instructions)(title XVIII only)	(1: (4	-1 1: //		l!\		
. 00	Total Medicare swing-bed SNF inpatient routi CAH (see instructions)	ne costs (Tine 64	prus rine 6	o)(title xvii	i only). For	l	66.
. 00	Title V or XIX swing-bed NF inpatient routing	e costs through De	ecember 31 of	the cost re	porting period	0	67.
	(line 12 x line 19)	t£t D	21 - 5 4				
3. 00	Title V or XIX swing-bed NF inpatient routing (line 13 x line 20)	e costs arter bece	ember 31 or 1	ne cost repo	rting period	l	68.
0. 00	Total title V or XIX swing-bed NF inpatient	routine costs (lir	ne 67 + line	68)		0	69.
	PART III - SKILLED NURSING FACILITY, OTHER NI						٦.
. 00	Skilled nursing facility/other nursing facil Adjusted general inpatient routine service o						70.
2. 00	Program routine service cost (line 9 x line		2 70 . 11110 2	-)			72
3. 00	Medically necessary private room cost applic			ne 35)			73.
. 00	Total Program general inpatient routine serv	•		rkeboot B. D	art II. column		74.
5. 00	Capital-related cost allocated to inpatient 26, line 45)	routine Service Co	vara (IIOIII WO	л капеет в, Р	artir, COTUIIII		75.
. 00	Per diem capital-related costs (line 75 ÷ li						76
. 00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minu						77.
. 00	Aggregate charges to beneficiaries for exces		vi der records	s)			79
0. 00					us line 79)		80.
. 00	Inpatient routine service cost per diem limi						81
2. 00 3. 00	Inpatient routine service cost limitation (I Reasonable inpatient routine service costs (	* .					82
. 00	Program inpatient ancillary services (see in						84.
. 00	Utilization review - physician compensation	(see instructions)					85.
. 00	Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PAS:		ugh 85)				86.
	PASSET IV - CONTURATION OF OBSERVATION BED PASS						۱
. 00	Total observation bed days (see instructions	)				0	87

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der	CCN: 150089	Peri od:	Worksheet D-1	
		Component	CCN: 15T089	From 01/01/2014 To 12/31/2014		
		Ti tl	e XVIII	Subprovi der  - I RF	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 27)	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	346, 877	3, 163, 960	0. 10963	34 0	0	90.00
91.00 Nursing School cost	0	3, 163, 960	0. 00000	00	0	91.00
92.00 Allied health cost	0	3, 163, 960	0. 00000	00	0	92.00
93.00 All other Medical Education	0	3, 163, 960	0. 00000	00 0	0	93. 00

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lie	u of Form CMS-2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der CCN: 150089	Peri od:	Worksheet D-3

Health Financial Systems BALL	MEMORIAL HOSPITAL		In Lie	u of Form CMS-2	<u> 2552-1</u> 0
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 150089	Peri od:	Worksheet D-3	
			From 01/01/2014		
			To 12/31/2014	Date/Time Pre	
	T' 11	V0/11.1		5/26/2015 1:4	4 pm
	li ti	e XVIII	Hospi tal	PPS	
Cost Center Description		Ratio of Cos		Inpati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
				2)	
		1. 00	2. 00	3. 00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS					
30. 00   03000   ADULTS & PEDI ATRI CS			69, 021, 808		30.00
31.00   03100   INTENSIVE CARE UNIT			29, 261, 413		31. 00
32.00   02060 NEONATAL INTENSIVE CARE UNIT			0		32. 00
40. 00   04000   SUBPROVI DER - 1 PF			0		40.00
41. 00   04100   SUBPROVI DER -   RF			0		41.00
42. 00   04200   SUBPROVI DER			0		42.00
43. 00   04300 NURSERY					43.00
ANCI LLARY SERVI CE COST CENTERS					10.00
50. 00 05000 OPERATI NG ROOM		0. 12876	43, 323, 912	5, 578, 474	50.00
51. 00   05100   RECOVERY ROOM		0. 20328		834, 248	
52. 00   05200   DELI VERY ROOM & LABOR ROOM		0. 19270		23, 994	1
54. 00   05400   RADI OLOGY-DI AGNOSTI C		0. 1033	· ·	2, 701, 656	1
57. 00   05700   CT   SCAN					
		0. 03908		57, 437	
58. 00   05800   MAGNETIC RESONANCE   MAGING (MRI)		0.00000		0	
59. 00   05900   CARDI AC CATHETERI ZATI ON		0. 06477		1, 216, 420	
60. 00   06000   LABORATORY		0. 11193		3, 925, 136	1
60. 01 06001 BLOOD LABORATORY		0. 00000		0	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.		0. 29012		724, 199	
65. 00 06500 RESPI RATORY THERAPY		0. 25531		2, 756, 631	
65. 01   06501   SLEEP LAB		0. 14689	91 4, 503	661	65. 01
66. 00   06600 PHYSI CAL THERAPY		0. 33665	3, 005, 926	1, 011, 954	66. 00
67. 00   06700 OCCUPATI ONAL THERAPY		0. 24772	28 892, 631	221, 130	67. 00
68. 00 06800 SPEECH PATHOLOGY		0. 18821	19 899, 343	169, 273	68.00
68. 01   06801   AUDI OLOGY		0. 00000	00	0	68. 01
69. 00 06900 ELECTROCARDI OLOGY		0. 08655	50 15, 739, 178	1, 362, 226	69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 37864	11, 488, 927	4, 350, 259	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT		0. 31017		11, 748, 772	
73.00 07300 DRUGS CHARGED TO PATIENTS		0. 17960		7, 352, 445	1
73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES		0. 43955		0	1
74. 00   07400   RENAL DI ALYSI S		0. 4001		649, 316	
76. 00 03020 CARDI OPULMONARY		0. 00000		047, 310	1
76. 97 O7697 CARDI AC REHABI LI TATI ON		0. 3083		80, 088	1
76. 98   07698  HYPERBARI C OXYGEN THERAPY		0. 13168		4, 347	
OUTPATIENT SERVICE COST CENTERS		0. 13100	33, 012	4, 347	70.90
		0.0000	20	0	1 00 00
90. 00   09000   CLI NI C		0.00000		0	
90. 02   09002   PAIN CLINIC		2. 93825		470	
90. 03   09003   0NCOLOGY   CLI NI C		0. 07704		7, 269	
91. 00   09100   EMERGENCY		0. 08643		1, 887, 214	
92.00 O9200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 40251	· ·	318, 597	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)		0. 32189		322, 210	
200.00 Total (sum of lines 50-94 and 96-98)			278, 790, 391	47, 304, 426	
201.00 Less PBP Clinic Laboratory Services-Program onl	y charges (line 61)		0		201. 00
202.00 Net Charges (line 200 minus line 201)			278, 790, 391		202. 00

Health Financial Systems	BALL MEMORIAL HOSPITAL		In Lie	eu of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 150089	Peri od:	Worksheet D-3	
	Componen	t CCN: 15T089	From 01/01/2014 To 12/31/2014	Date/Time Pre 5/26/2015 1:4	pared: 4 pm
	Ti tl	e XVIII	Subprovider - IRF	PPS	•
Cost Center Description		Ratio of Cos To Charges	t Inpatient Program	Inpatient Program Costs	
		i o onal goo	Charges	(col. 1 x col.	
		1.00	2. 00	2) 3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00   03000   ADULTS & PEDI ATRI CS			0		30.00
31.00   03100   INTENSIVE CARE UNIT 32.00   02060   NEONATAL   INTENSIVE CARE UNIT			0		31. 00 32. 00
40. 00   04000   SUBPROVI DER -   PF			0		40.00
41. 00   04100   SUBPROVI DER -   1 RF			6, 741, 041		41.00
42. 00   04200   SUBPROVI DER			0		42. 00
43. 00 04300 NURSERY					43. 00
ANCILLARY SERVICE COST CENTERS					
50.00   05000   OPERATING ROOM		0. 12876		11, 616	
51.00 05100 RECOVERY ROOM		0. 20328		2, 518	1
52. 00   05200   DELIVERY ROOM & LABOR ROOM		0. 19270		0	
54. 00   05400   RADI OLOGY-DI AGNOSTI C 57. 00   05700   CT   SCAN		0. 10331 0. 03908		29, 270 577	54. 00 57. 00
58. 00   05700   CT   SCAN 58. 00   05800   MAGNETIC RESONANCE   MAGING (MRI)		0.00000		0	58.00
59. 00   05900 CARDI AC CATHETERI ZATI ON		0.06477			59.00
60. 00   06000   LABORATORY		0. 11193		l e	
60. 01   06001   BL00D   LABORATORY		0.00000		0	60. 01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.		0. 29012	23, 055	6, 689	63. 00
65. 00 06500 RESPIRATORY THERAPY		0. 25531	2 165, 287	42, 200	65. 00
65. 01   06501   SLEEP LAB		0. 14689		0	65. 01
66. 00   06600   PHYSI CAL THERAPY		0. 33665	1 ' '	568, 232	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY		0. 24772		503, 772	
68. 00   06800   SPEECH PATHOLOGY		0. 18821		1	1
68. 01   06801   AUDI OLOGY 69. 00   06900   ELECTROCARDI OLOGY		0. 00000 0. 08655		0 4, 328	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 37864			
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT		0. 31017			
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 17960		l	1
73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES		0. 43955		0	
74.00 07400 RENAL DIALYSIS		0. 40011		35, 870	74. 00
76. 00 03020 CARDI OPULMONARY		0.00000		0	76. 00
76. 97 O7697 CARDI AC REHABI LI TATI ON		0. 30831		0	76. 97

0. 131688

0.000000

2. 938253

0.077042

0.086439

0.402515

0. 321890

0

0

307

5, 565

7, 159, 435

7, 159, 435

0 76. 98

0

0 90.02

0 90.03

27

0

1, 652, 276 200. 00

1, 791

90.00

91.00

92.00

92.01

201. 00

202. 00

07698 HYPERBARI C OXYGEN THERAPY OUTPATIENT SERVICE COST CENTERS

92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)

Total (sum of lines 50-94 and 96-98)

Net Charges (line 200 minus line 201)

Less PBP Clinic Laboratory Services-Program only charges (line 61)

92. 01 09201 OBSERVATION BEDS (DISTINCT PART)

76. 98

90.00

90.02

90. 03

200.00

201.00

202.00

09000 CLI NI C

91. 00 09100 EMERGENCY

09002 PAIN CLINIC

09003 ONCOLOGY CLINIC

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lieu of Form CMS-2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der CCN: 150089	Period: Worksheet D-3 From 01/01/2014

Title XIX		IENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 150089	Peri od:	Worksheet D-3	
To 12/31/2014   Date/Time Prepared:   To 12/31/2014   Date/Time Prepared:   S26/2015   144 pp.	1 141 7 1 1 1	TENT THOSE EARLY SERVICE SOST THE SKITT ON MENT	11011401	0014: 100007			
Ratio of Cost   Ratio of Cos						Date/Time Pre	
INPATI ENT ROUTINE SERVICE COST CENTERS   1.00   2.00   3.00						5/26/2015 1:4	4 pm
TO Charges			Ti t		<u> </u>		
INPATIENT ROUTINE SERVICE COST CENTERS   1.00   2.00   3		Cost Center Description					
INPATIENT ROUTINE SERVICE COST CENTERS				To Charges	Program		
INPATIENT ROUTINE SERVICE COST CENTERS					Charges		
INPATIENT ROUTINE SERVICE COST CENTERS   16,041,447   30 00   31.00   31.00   30.100   SULTS & PEDIATRI CS   1,547,624   32 00   20.00   20.00   NENDATAL INTERSI VE CARE UNIT   1,547,624   32 00   20.00   20.00   NENDATAL INTERSI VE CARE UNIT   1,547,624   32 00   20.00   20.00   NENDATAL INTERSI VE CARE UNIT   1,547,624   32 00   20.00   20.00   20.00   NENDATAL INTERSI VE CARE UNIT   1,547,624   32 00   20.							
10.0 03000   JOULTS & PEDIATRICS     10.041,447   30.00   32.00   02000   INTENSIVE CARE UNIT   6.992.180   31.00   32.00   02000   SUBPROVIDER - IPF   0   0   40.0				1.00	2. 00	3. 00	
31.00   03100   INTENSIVE CARE UNIT							
1, 547, 624   32, 00							1
A0. 00   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.000000   0.000000   0.000000   0.0000000   0.0000000   0.0000000   0.0000000   0.00000000							1
1.00   04100   04100   SUBPROVI DER - I IRF					1, 547, 624		1
A2 00   04200   SUBPROVIDER   0   42 00   43					0		40.00
A3. 00   OASOO  NURSERY	41.00				517, 762		41. 00
ANCILLARY SERVICE COST CENTERS	42.00	04200 SUBPROVI DER			0		42.00
SOLO   050000   050000   050000   050000   050000   050000   0500000   0500000   05000000   050000000   0500000000	43.00	04300 NURSERY			0		43.00
S1-00   05-0		ANCILLARY SERVICE COST CENTERS					
S2.00   05.0	50.00	05000 OPERATING ROOM		0. 1287	27 6, 593, 415	848, 751	50.00
S4 00   05400   RADI OLOCY_DI AGNOSTI C   0.103313   4.863.267   502.439   54.00   57.00   05700   CT SCAN   0.009008   218.985   8.559   57.00   58.00   05800   MAGNETI C RESONANCE I MAGI NG (MRI )   0.000000   0   0   58.00   58.00   05800   MAGNETI C RESONANCE I MAGI NG (MRI )   0.000000   0   0   58.00   0.000000   0   0   0.000000   0	51.00	05100 RECOVERY ROOM		0. 2032	86 634, 699	129, 025	51.00
57. 00   05700   CT SCAN   0.039085   218, 985   8,559   57. 00   58. 00   05800   MAGNETI C RESONANCE I MAGING (MRI)   0.0000000   0   0   0   58. 00   05900   CARDI AC CATHETERI ZATION   0.064772   2,394, 024   155. 066   59. 00   06000   0.000000   0   0   0   0   0   0	52.00	05200 DELIVERY ROOM & LABOR ROOM		0. 1927	00 1, 349, 915	260, 129	52. 00
S8. 00   058	54.00	05400 RADI OLOGY-DI AGNOSTI C		0. 1033	13 4, 863, 267	502, 439	54.00
59.00   05.0	57.00	05700 CT SCAN		0. 0390	85 218, 985	8, 559	57. 00
59.00   05.0	58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)		0.0000	00	0	58. 00
60.00   06000   LABORATORY   0.111544   7,527,775   839,678   60.00   60.01   60.001   BLOOD LABORATORY   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.0000000   0.0000000   0.0000000   0.0000000   0.00000000	59. 00			0.0647	72 2, 394, 024	155, 066	59.00
60. 01   06.001   06.	60.00			0. 1115	44 7, 527, 775	839, 678	60.00
63.00   06300   BLOOD STORING, PROCESSING, & TRANS.   0.284467   742,703   211,274   63.00   65.00   06500   RESPI RATORY THERAPY   0.255312   2,587,075   660,511   65.00   0.50501   SLEEP LAB   0.146891   0 0   0.55.01   0.55	60. 01			1			1
65. 01   06500   RESPIRATORY THERAPY   0   0. 255312   2,587,075   660,511   65. 00   65. 01   06501   SLEEP LAB   0   0. 146891   0   0. 4600   06600   PHYSI CAL THERAPY   0. 336653   455,731   153,423   66. 00   660. 00   06700   OCCUPATI ONAL THERAPY   0. 247728   268, 105   66. 417   67. 00   68. 00   06800   SPEECH PATHOLOGY   0. 188219   187,079   35, 212   68. 00   68. 01   06801   AUDI OLOGY   0. 000000   0   0   0   68. 01   06901   AUDI OLOGY   0. 000000   0   0   0   0   0   0   0						211, 274	1
66. 01   06501   SLEEP LAB   0   165. 01   066. 00   066. 00   066. 00   066. 00   066. 00   066. 00   066. 00   066. 00   066. 00   06700   062047728   268, 105   566, 417   67. 00   06700   062047728   268, 105   566, 417   67. 00   068000   068000   068000   068000   068000   068000   068000   068000   068000   068000   068000		06500 RESPIRATORY THERAPY					1
66. 00   06600   PHYSI CAL THERAPY   0. 336653   455, 731   153, 423   66. 00   6700   0CCUPATI ONAL THERAPY   0. 247728   268, 105   66, 417   67. 00   68. 01   06800   SPEECH PATHOLOGY   0. 188219   187, 079   35, 212   68. 00   68. 01   06801   AUDI OLOGY   0. 000000   0   0   68. 01   69. 00   06900   ELECTROCARDI OLOGY   0. 086550   2, 412, 837   208, 831   69. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0. 378648   1, 590, 283   602, 157   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0. 310172   4, 910, 268   1, 523, 208   72. 00   07300   DRUGS CHARGED TO PATIENTS   0. 179609   9, 353, 391   1, 679, 953   73. 00   73. 01   07301   HOSPI TAL BASED RETAIL PHARMACIES   0. 439552   0   0   73. 01   74. 00   07400   RENAL DI ALYSIS   0. 400110   240, 116   96, 073   74. 00   07697   CARDI ACREDI ACR				1			1
67. 00   06700   OCCUPATIONAL THERAPY   0. 247728   268, 105   66, 417   67. 00   68. 01   69. 00   68. 01   69. 00   69. 00   68. 01   69. 00   69. 00   68. 01   69. 00   69				1			1
68. 00   06800   SPEECH PATHOLOGY   0. 188219   187, 079   35, 212   68. 00   68. 01   06801   AUDI OLOGY   0. 0000000   0   0. 68. 01   06801   AUDI OLOGY   0. 0000000   0   0. 68. 01   07. 000   07. 000   ELECTROCARDI OLOGY   0. 086550   2, 412, 837   208, 831   69. 00   07. 000   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0. 378648   1, 590, 283   602, 157   71. 00   07. 000   IMPL. DEV. CHARGED TO PATI ENTS   0. 310172   4, 910, 268   1, 523, 028   72. 00   07. 300   07. 300   DRUGS CHARGED TO PATI ENTS   0. 179609   9, 353, 391   1, 679, 953   73. 00   07. 301   HOSPI TAL BASED RETAIL PHARMACIES   0. 439552   0   0   73. 01   07. 301   HOSPI TAL BASED RETAIL PHARMACIES   0. 400110   240, 116   96, 073   74. 00   07. 400   RENAL DI ALYSIS   0. 400110   240, 116   96, 073   74. 00   07. 600   0				1			1
68. 01 06801 AUDI OLOGY				1			1
69. 00 06900   ELECTROCARDI OLOGY   0.086550   2,412,837   208,831   69. 00   71. 00   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0.378648   1,590,283   602,157   71. 00   72. 00   70200   MPL. DEV. CHARGED TO PATI ENTS   0.310172   4,910,268   1,523,028   72. 00   73. 01   73. 00   73.00   DRUGS CHARGED TO PATI ENTS   0.179609   9,353,391   1,679,953   73. 00   73. 01   HOSPI TAL BASED RETAIL PHARMACIES   0.439552   0   0   73. 01   74. 00   74.00   RENAL DI ALYSIS   0.400110   240,116   96,073   74. 00   76. 97   76.97   76.97   76.97   76.97   76.97   76.97   76.97   76.97   76.98   PYPERBARI C OXYGEN THERAPY   0.131688   1,281   169   76. 98   0000000   0   0   0   0   0   0   0				1	·		1
71. 00				1			1
72. 00   07200   IMPL. DEV. CHARGED TO PATIENT   0. 310172   4, 910, 268   1, 523, 028   72. 00   73. 01   07300   DRUGS CHARGED TO PATIENTS   0. 179609   9, 353, 391   1, 679, 953   73. 00   73. 01   07301   HOSPITAL BASED RETAIL PHARMACIES   0. 439552   0   0   73. 01   07400   RENAL DIALYSIS   0. 400110   240, 116   96, 073   74. 00   07400   RENAL DIALYSIS   0. 400110   240, 116   96, 073   74. 00   076. 97   07697   CARDI AC REHABILITATION   0. 308315   30, 130   9, 290   76. 97   07698   HYPERBARI C OXYGEN THERAPY   0. 131688   1, 281   169   76. 98   07698   HYPERBARI C OXYGEN THERAPY   0. 131688   1, 281   169   76. 98   09000   CLI NI C   0. 000000   0   0   0. 00000   0. 00000   0. 00000   0. 000000   0. 000000   0. 000000   0. 000000   0. 0000000   0. 00000000				1			1
73. 00 07300 DRUGS CHARGED TO PATIENTS 0. 179609 9, 353, 391 1, 679, 953 73. 00 73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES 0. 439552 0 0 0 73. 01 74. 00 07400 RENAL DIALYSIS 0. 400110 240, 116 96, 073 74. 00 76. 00 03020 CARDI OPULMONARY 0. 000000 0 0 0 76. 00 76. 97 07697 CARDI AC REHABILITATION 0. 308315 30, 130 9, 290 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0. 131688 1, 281 169 76. 98 001PATIENT SERVICE COST CENTERS  90. 00 09000 CLINIC 0. 0. 000000 0 0 0 90. 00 90. 02 09002 PAIN CLINIC 2. 938253 157 461 90. 02 90. 03 09003 ONCOLOGY CLINIC 0. 0. 077042 0 0 0 90. 03 91. 00 09100 EMERGENCY 0. 0. 085569 4, 897, 828 419, 102 91. 00 92. 01 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 0. 321890 192, 756 62, 046 92. 01 200. 00 201. 00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 5 0. 179609 9, 353, 391 1, 679, 953 73. 00 0. 439552 0 0 0. 439552 0 0 0 0. 400110 240, 116 96, 073 74. 00				1			
73. 01   07301   HOSPITAL BASED RETAIL PHARMACIES   0.439552   0   0   73. 01   74. 00   07400   RENAL DIALYSIS   0.400110   240, 116   96, 073   74. 00   07697   CARDI OPULMONARY   0.000000   0   0   0   76. 00   07697   CARDI AC REHABILITATION   0.308315   30, 130   9, 290   76. 97   07697   CARDI AC REHABILITATION   0.131688   1, 281   169   0000000   0   0   0   0   0   0   0		+ I		1			
74. 00 07400 RENAL DIALYSIS 0.400110 240, 116 96, 073 74. 00 76. 00 03020 CARDI OPULMONARY 0.000000 0 0 0 76. 00 76. 97 07697 CARDI AC REHABI LI TATI ON 0.308315 30, 130 9, 290 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0.131688 1, 281 169 76. 98 0UTPATIENT SERVICE COST CENTERS  90. 00 09000 CLI NI C 0.000000 0 0 0 90. 00 90. 02 09002 PAIN CLI NI C 2.938253 157 461 90. 02 90. 03 09003 ONCOLOGY CLI NI C 0.007042 0 0 0 90. 03 91. 00 09100 EMERGENCY 0.085569 4, 897, 828 419, 102 91. 00 92. 01 09200 BSERVATI ON BEDS (NON-DISTINCT PART) 0.402515 158, 350 63, 738 92. 01 92. 01 09201 OBSERVATI ON BEDS (DISTINCT PART) 51, 610, 170 8, 535, 332 200. 00 201. 00 Less PBP Cli ni c Laboratory Services-Program only charges (li ne 61) 51. 610, 170 8, 535, 332 200. 00 201. 00 07400 0.000000 0.000000 0.000000 0.00000000		+ I		1			1
76. 00				1		•	
76. 97   07697   CARDI AC REHABILITATION   0.308315   30,130   9,290   76.97   76.98   07698   HYPERBARI C OXYGEN THERAPY   0.131688   1,281   169   76.98   07698   HYPERBARI C OXYGEN THERAPY   0.131688   1,281   169   76.98   076		+ I		1			1
76. 98 O7698 HYPERBARI C OXYGEN THERAPY O. 131688 1, 281 169 76. 98 OUTPATI ENT SERVI CE COST CENTERS  90. 00 O9000 CLINI C 0. 000000 0 0 0 0 0. 00 0.				1		1	
OUTPATIENT SERVICE COST CENTERS   O. 000000				1	·		
90. 00	70. 90			0.1310	00 1, 201	109	70.90
90. 02   09002   PAIN CLINIC   2. 938253   157   461   90. 02   90. 03   09003   0NCOLOGY CLINIC   0. 077042   0   0. 085569   4. 897, 828   419, 102   91. 00   92. 00   09200   0BSERVATION BEDS (NON-DISTINCT PART)   0. 402515   158, 350   63, 738   92. 00   92. 01   09201   0BSERVATION BEDS (DISTINCT PART)   0. 321890   192, 756   62, 046   92. 01   200. 00   201	00 00			1 0 0000	00		00.00
90. 03				1		1	
91. 00				1			1
92. 00   09200   08SERVATION BEDS (NON-DISTINCT PART)   0.402515   158, 350   63, 738   92. 00   92. 01   09201   08SERVATION BEDS (DISTINCT PART)   0.321890   192, 756   62, 046   92. 01   200. 00   201. 0				1		1	
92. 01   09201   085ERVATION BEDS (DISTINCT PART)   0.321890   192,756   62,046   92. 01   200. 00   201. 00   Less PBP Clinic Laboratory Services-Program only charges (line 61)   0.321890   51,610,170   8,535,332   200. 00   201. 00   201. 00				1			1
200.00 Total (sum of lines 50-94 and 96-98) 51,610,170 8,535,332 200.00 201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00							1
201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00				0.3218			
			- (1)- (4)		51,610,170	8, 535, 332	
202.00			s (IINE 61)	1	F1 (10 170		
	202.00	of fiver charges (fine 200 minus fine 201)		I	51,610,170	1	J2U2. UU

				From 01/01/2014 To 12/31/2014	Part A Date/Time Pre 5/26/2015 1:4	
		Ti tl	e XVIII	Hospi tal	PPS	†4 piii
			0	1. 00	2. 00	
1 00	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		ı			1 00
1. 00 1. 01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurrin	g prior		0 42, 528, 187		1. 00 1. 01
1. 02	to October 1 (see instructions) DRG amounts other than outlier payments for discharges occurrin	a on or		15, 155, 511		1. 02
1.02	after October 1 (see instructions)	g on or		15, 155, 511		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			0		1. 04
2. 00	discharges occurring on or after October 1 (see instructions) Outlier payments for discharges. (see instructions)			1, 467, 116		2.00
2.01	Outlier reconciliation amount			0	ļ	2. 01
2. 02 3. 00	Outlier payment for discharges for Model 4 BPCI (see instructio Managed Care Simulated Payments	ns)		9, 136, 299		2. 02 3. 00
4. 00	Bed days available divided by number of days in the cost report	i ng		279. 49		4. 00
	period (see instructions) Indirect Medical Education Adjustment					_
5.00	FTE count for allopathic and osteopathic programs for the most	recent		50. 70		5. 00
6. 00	cost reporting period ending on or before 12/31/1996. (see instr FTE count for allopathic and osteopathic programs which meet th	uctions)		0.00		6. 00
0.00	criteria for an add-on to the cap for new programs in accordance			0.00		0.00
7. 00	CFR 413.79(e) MMA Section 422 reduction amount to the IME cap as specified un	der 42		0.00		7.00
	CFR §412.105(f)(1)(iv)(B)(1)					
7. 01	ACA Section 5503 reduction amount to the IME cap as specified u $CFR \ 412.105(f)(1)(iv)(B)(2)$ If the cost report straddles July			0.00		7. 01
	then see instructions.					
8. 00	Adjustment (increase or decrease) to the FTE count for allopath osteopathic programs for affiliated programs in accordance with			0.00		8. 00
	413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67					
8. 01	(August 1, 2002). The amount of increase if the hospital was awarded FTE cap slot	s under		12. 00		8. 01
	section 5503 of the ACA. If the cost report straddles July 1, 2					
8. 02	instructions. The amount of increase if the hospital was awarded FTE cap slot	s from a		0.00		8. 02
0.00	closed teaching hospital under section 5506 of ACA. (see instru	ctions)		40.70	1	0.00
9. 00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines and 8,02) (see instructions)	(8, 8,01		62. 70		9. 00
10. 00	FTE count for allopathic and osteopathic programs in the curren from your records	t year		57. 23		10. 00
11. 00	FTE count for residents in dental and podiatric programs.			0.00		11. 00
12.00	Current year allowable FTE (see instructions)			57. 23	l	12.00
13. 00 14. 00	Total allowable FTE count for the prior year. Total allowable FTE count for the penultimate year if that year	andad an		52. 13 48. 79	I	13.00
14.00	or after September 30, 1997, otherwise enter zero.	ended on		40.79		14.00
15. 00	Sum of lines 12 through 14 divided by 3.			52. 72	l	15. 00
16. 00	Adjustment for residents in initial years of the program			0.00		16. 00
17. 00		е		0.00	l	17. 00
18.00	Adjusted rolling average FTE count			52. 72	I	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0. 188629 0. 154742	I	19.00
20. 00 21. 00	Prior year resident to bed ratio (see instructions) Enter the lesser of lines 19 or 20 (see instructions)			0. 154742	I	20.00
22. 00	IME payment adjustment (see instructions)			5, 412, 487	I	22. 00
	IME payment adjustment - Managed Care (see instructions)			0, 112, 107	I	22. 01
	Indirect Medical Education Adjustment for the Add-on for Section		he MMA			
23. 00	Number of additional allopathic and osteopathic IME FTE residen slots under 42 Sec. $412.105 (f)(1)(iv)(C)$ .	t cap		2. 00		23. 00
24. 00	IME FTE Resident Count Over Cap (see instructions)			-5. 47	I	24. 00
25. 00	If the amount on line 24 is greater than -O-, then enter the lo	wer of		0.00		25. 00
26. 00	line 23 or line 24 (see 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	l	27. 00
28. 00	IME add-on adjustment amount (see instructions)			0	I	28. 00
28. 01	IME add-on adjustment amount - Managed Care (see instructions)			0	I	28. 01
29. 00	Total IME payment ( sum of lines 22 and 28)			5, 412, 487	l	29. 00
29. 01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0		29. 01
20.00	Disproportionate Share Adjustment	lont dere		/ 4-1		20.00
30. 00	Percentage of SSI recipient patient days to Medicare Part A pat (see instructions)	rent days		6. 17		30.00
31. 00	Percentage of Medicaid patient days (see instructions)			23. 82	I	31. 00
32.00	Sum of lines 30 and 31			29. 99		32.00
33.00	Allowable disproportionate share percentage (see instructions) Disproportionate share adjustment (see instructions)			13. 96 2, 013, 161		33. 00 34. 00
54.00	To the obout thou late shall e and astillett (see this tructions)		I	2,013,101		1 34.00

			Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Pre 5/26/2015 1:4	pared: 4 pm
-		Title XVIII	Hospi tal	PPS	
			Prior to	On/After	
			October 1	October 1	
		0	1. 00	2. 00	
	Uncompensated Care Adjustment		1		
1	Total uncompensated care amount (see instructions)			7, 647, 644, 855	
1	Factor 3 (see instructions)		0. 000531763	0. 000545572	35. 01
	Hospital uncompensated care payment (If line 34 is zero,		4, 810, 532	4, 172, 343	35. 02
	enter zero on this line) (see instructions)				
	Pro rata share of the hospital uncompensated care payment		3, 598, 013	1, 051, 660	35. 03
4	amount (see instructions)				
	Total uncompensated care (sum of columns 1 and 2 on line		4, 649, 673		36. 00
	35. 03)				
	Additional payment for high percentage of ESRD beneficiary di	ischarges (lines 40 through	ղ 46)		
	Total Medicare discharges on Worksheet S-3, Part I		0		40. 00
	excluding discharges for MS-DRGs 652, 682, 683, 684 and				
1	685 (see instructions)		_		
	Total ESRD Medicare discharges excluding MS-DRGs 652,		0		41. 00
	682, 683, 684 an 685. (see instructions)				
	Total ESRD Medicare covered and paid discharges excluding		0		41. 01
	MS-DRGs 652, 682, 683, 684 an 685. (see instructions)				
	Divide line 41 by line 40 (if less than 10%, you do not		0.00		42. 00
	qualify for adjustment)				40.00
	Total Medicare ESRD inpatient days excluding MS-DRGs 652,		0		43. 00
	682, 683, 684 an 685. (see instructions)		0.0000		
	Ratio of average length of stay to one week (line 43		0. 000000		44. 00
	divided by line 41 divided by 7 days)		0.00		4E 00
	Average weekly cost for dialysis treatments (see		0.00		45. 00
	instructions)				44 00
	Total additional payment (line 45 times line 44 times line		U U		46. 00
1	41.01)		71 00/ 105		47.00
	Subtotal (see instructions)		71, 226, 135		47. 00
	Hospital specific payments (to be completed by SCH and		0		48. 00
	MDH, small rural hospitals only. (see instructions)		74 00/ 405		40.00
	Total payment for inpatient operating costs (see		71, 226, 135		49. 00
1	instructions)		5 004 707		F0 00
	Payment for inpatient program capital (from Wkst. L, Pt. I		5, 284, 737		50.00
	and Pt. II, as applicable)				F4 00
	Exception payment for inpatient program capital (Wkst. L,		U		51.00
1	Pt. III, see instructions)		0.040.400		F0 00
	Direct graduate medical education payment (from Wkst. E-4,		2, 060, 130		52. 00
	line 49 see instructions).				E2 00
	Nursing and Allied Health Managed Care payment		12 257		53.00
	Special add-on payments for new technologies		12, 357		54.00
	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1,		٩		55. 00
1	line 69)				F/ 00
	Cost of physicians' services in a teaching hospital (see		٩		56. 00
	intructions)				57. 00
	Routine service other pass through costs (from Wkst. D,		٩		37.00
	Pt. III, column 9, lines 30 through 35).				E0 00
	Ancillary service other pass through costs from Wkst. D,		٩		58. 00
	Pt. IV, col. 11 line 200) Total (sum of amounts on lines 49 through 58)		70 500 050		59. 00
	Total (sum of amounts on lines 49 through 58)		78, 583, 359		•
	Primary payer payments		12, 514		60.00
	Total amount payable for program beneficiaries (line 59		78, 570, 845		61.00
1	minus line 60)		6 220 022		62. 00
1	Deductibles billed to program beneficiaries		6, 220, 032		1
	Coinsurance billed to program beneficiaries		235, 048		63.00
	Allowable bad debts (see instructions)		-122, 353		64.00
1	Adjusted reimbursable bad debts (see instructions)		-79, 529		65. 00
	Allowable bad debts for dual eligible beneficiaries (see		-195, 415		66. 00
	instructions)		70.00/.00/		/7 00
1	Subtotal (line 61 plus line 65 minus lines 62 and 63)		72, 036, 236		67.00
	Credits received from manufacturers for replaced devices		0		68. 00
	for applicable to MS-DRGs (see instructions)				(0.00
	Outlier payments reconciliation (sum of lines 93, 95 and				69. 00
1	96). (For SCH see instructions)				70 00
1	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
1	RURAL DEMONSTRATION PROJECT		0		70. 50
	Pioneer ACO demonstration payment adjustment amount (see				70. 89
1	instructions)				70.00
	HSP bonus payment HVBP adjustment amount (see		0		70. 90
1	instructions)				70.01
	HSP bonus payment HRR adjustment amount (see instructions)		0		70. 91
1	Bundled Model 1 discount amount (see instructions)		0 0		70. 92
	HVBP payment adjustment amount (see instructions)		-85, 673		70. 93
	HRR adjustment amount (see instructions)		-28, 812		70. 94
70 05 '	Recovery of accelerated depreciation		ı O		70. 95

AITH FINANCIAL SYSTEMS BALL MEMORIAL LCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 150089	Peri od: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Pre 5/26/2015 1:4	
	Title XVIII	Hospi tal	PPS	
		Prior to	On/After	
		October 1	October 1	4
	0	1. 00	2. 00	+
.96 Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the		0 0		70. 9
period prior to 10/1) . 97 Low volume adjustment for federal fiscal year (yyyy)				70. 9
(Enter in column 0 the corresponding federal year for the period ending on or after 10/1)		0		70.9
. 98 Low Volume Payment-3		0		70. 9
. 99   HAC adjustment amount (see instructions)				70. 9
.00 Amount due provider (line 67 minus lines 68 plus/minus		71, 921, 751		71.0
lines 69 & 70)		7.17.2.17.01		'
.01 Sequestration adjustment (see instructions)		1, 438, 435		71.0
.00 Interim payments		71, 670, 261		72.0
.00 Tentative settlement (for contractor use only)		0		73. (
.00 Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		-1, 186, 945		74.0
.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		4, 192, 960		75. (
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				4
.00 Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90. (
.00 Capital outlier from Wkst. L, Pt. I, line 2		0		91. (
.00 Operating outlier reconciliation adjustment amount (see instructions)		0		92. (
.00 Capital outlier reconciliation adjustment amount (see instructions)		0		93. (
.00 The rate used to calculate the time value of money (see instructions)		0.00		94. (
.00   Time value of money for operating expenses (see instructions)		0		95. (
.00 Time value of money for capital related expenses (see instructions)		3	0 (16) 10(1	96.
		Prior to 10/1 1.00	2.00	
HSP Bonus Payment Amount				1,00
0.00 HSP bonus amount (see instructions)		0	(	100. (
HVBP Adjustment for HSP Bonus Payment  1.00 HVBP adjustment factor (see instructions)				101.
1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment amount for HSP bonus payment (see instruction	ne)	0		101.
HRR Adjustment for HSP Bonus Payment (see Instruction	15)	0		1102.
3.00 HRR adjustment factor (see instructions)		0.0000	0.0000	1103
4.00 HRR adjustment ractor (see firstructions)	`	0.0000		103.

HOSPI T	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5	Provi der		Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibi Date/Time Pre 5/26/2015 1:4	pared:
			Ti tl	e XVIII	Hospi tal	PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3. 00	4. 00	
1. 00	DRG amounts other than outlier payments	1.00					1. 00
1. 01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1. 01	42, 528, 187	42, 528, 18	7	42, 528, 187	1. 01
1. 02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1. 02	15, 155, 511		15, 155, 511	15, 155, 511	1. 02
1. 03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1. 03	0		0	0	1. 03
1. 04	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	Outlier payments for discharges (see instructions)	2. 00	1, 467, 116	1, 157, 77	6 309, 340	1, 467, 116	2. 00
2. 01	Outlier payments for discharges for Model 4 BPCI	2.02	0		0 0	0	2. 01
3.00	Operating outlier reconciliation	2. 01	0		0 0	0	3. 00
4. 00	Managed care simulated payments Indirect Medical Education Adjustment	3.00	9, 136, 299	7, 183, 96	4 1, 952, 335	9, 136, 299	4. 00
5. 00	Amount from Worksheet E, Part A, line 21 (see instructions)	21. 00	0. 154742	0. 15474	2 0. 154742		5. 00
6.00	IME payment adjustment (see instructions)	22. 00	5, 412, 487	4, 026, 73	4 1, 385, 753	5, 412, 487	6. 00
6.01	IME payment adjustment for managed care (see	22. 01	0		0	0	6. 01
	instructions)						
	Indirect Medical Education Adjustment for the						
7. 00	IME payment adjustment factor (see instructions)	27. 00	0. 000000	0. 00000	0. 000000		7. 00
8.00	IME adjustment (see instructions)	28. 00	0		0	0	8. 00
8. 01	IME payment adjustment add on for managed care (see instructions)	28. 01	0		0 0	0	8. 01
9. 00	Total IME payment (sum of lines 6 and 8)	29. 00	5, 412, 487	4, 026, 73	4 1, 385, 753	5, 412, 487	9. 00
9. 01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29. 01	0		0	0	9. 01
	Disproportionate Share Adjustment		T		.1		
10. 00	Allowable disproportionate share percentage (see instructions)	33. 00	0. 1396	0. 139	6 0. 1396		10. 00
11. 00	Disproportionate share adjustment (see instructions)	34.00	2, 013, 161	1, 484, 23	528, 927	2, 013, 161	11. 00
11. 01	Uncompensated care payments	36.00	4, 649, 673	3, 598, 01	3 1, 051, 660	4, 649, 673	11. 01
	Additional payment for high percentage of ESF	D beneficiary	di scharges				
12. 00	Total ESRD additional payment (see instructions)	46. 00	0		0 0	0	12. 00
13.00	Subtotal (see instructions)	47. 00	71, 226, 135	52, 794, 94	4 18, 431, 191	71, 226, 135	13. 00
14. 00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see	48. 00	0		0 0	0	14. 00
15. 00	<pre>instructions) Total payment for inpatient operating costs (see instructions)</pre>	49. 00	71, 226, 135	52, 794, 94	4 18, 431, 191	71, 226, 135	15. 00
16. 00	Payment for inpatient program capital	50.00	5, 284, 737	3, 891, 04	1 1, 393, 696	5, 284, 737	16. 00
17. 00	Special add-on payments for new technologies	54.00	12, 357				17. 00
17. 01	Net organ aquisition cost	55. 00	0	]	0 0	0	
17. 02	Capital received from manufacturers for	68. 00	0		0 0	0	
18. 00	replaced devices for applicable MS-DRGs Capital outlier reconciliation adjustment amount (see instructions)	93. 00	0		0 0	0	18. 00
19. 00	SUBTOTAL			56, 689, 89	1 19, 833, 338	76, 523, 229	19. 00

Heal th	Financial Systems	BALL MEMORIA	AL HOSPITAL		In Lie	eu of Form CMS-2	2552-10
	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5			Period: From 01/01/2014 To 12/31/2014	Date/Time Pre 5/26/2015 1:4	pared:
				e XVIII	Hospi tal	PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3. 00	4. 00	
20.00	Capital DRG other than outlier	1.00	4, 589, 630	3, 378, 44	9 1, 211, 181	4, 589, 630	20.00
20. 01	Model 4 BPCI Capital DRG other than outlier	1. 01	0		0 0	0	20. 01
21.00	Capital DRG outlier payments	2.00	58, 066	43, 66	3 14, 403	58, 066	21. 00
21. 01	Model 4 BPCI Capital DRG outlier payments	2.01	0		0 0	0	21. 01
22. 00	Indirect medical education percentage (see instructions)	5. 00	0. 0762	0. 076	0. 0762		22. 00
23. 00	Indirect medical education adjustment (see instructions)	6. 00	349, 730	257, 43	92, 292	349, 730	23. 00
24. 00	Allowable disproportionate share percentage (see instructions)	10.00	0. 0626	0. 062	0. 0626		24. 00
25. 00	Disproportionate share adjustment (see instructions)	11.00	287, 311	211, 49	75, 820	287, 311	25. 00
26. 00	Total prospective capital payments (see instructions)	12. 00	5, 284, 737	3, 891, 04	1, 393, 696	5, 284, 737	26. 00
		Wkst. E, Pt.	(Amt. from				
		A, line	Wkst. E, Pt.				
			A)				
		0	1.00	2.00	3. 00	4. 00	
27. 00							27. 00
28. 00	Low volume adjustment prior to October 1	70. 96	0		0	0	
29. 00	Low volume adjustment on or after October 1	70. 97	0		0	0	29. 00
30.00	HVBP payment adjustment (see instructions)	70. 93	-85, 673	-47, 98	-37, 687	-85, 673	
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	-28, 812		0 -28, 812	-28, 812	
31. 01	HRR adjustment for HSP bonus payment (see instructions)	70. 91	0		0 0	0	31. 01
						(Amt to Wkst	

(Amt. to Wkst. E, Pt. A) 4.00

0 32.00

100. 00

2.00

1.00

Υ

0

70. 99

32.00 HAC Reduction Program adjustment (see instructions)
100.00 Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.

3. 00

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lie	eu of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 1500	From 01/01/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 1:44 pm

			10 12/31/2014	5/26/2015 1:4	
		Title XVIII	Hospi tal	PPS	, piii
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1. 00	
1. 00 2. 00 3. 00 4. 00	Medical and other services (see instructions) Medical and other services reimbursed under OPPS (see instructions) PPS payments Outlier payment (see instructions)			41, 723 32, 868, 287 32, 720, 337 217, 714	1. 00 2. 00 3. 00 4. 00
5. 00 6. 00 7. 00	Enter the hospital specific payment to cost ratio (see instruct Line 2 times line 5 Sum of line 3 plus line 4 divided by line 6	i ons)		0. 000 0 0. 00	6. 00 7. 00
8. 00 9. 00 10. 00	Transitional corridor payment (see instructions) Ancillary service other pass through costs from Wkst. D, Pt. IV Organ acquisitions	, col. 13, line 200		0 0 0	9. 00 10. 00
11. 00	Total cost (sum of lines 1 and 10) (see instructions)  COMPUTATION OF LESSER OF COST OR CHARGES  Reasonable charges			41, 723	11.00
12. 00	Ancillary service charges			231, 480	12. 00
13. 00 14. 00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, co Total reasonable charges (sum of lines 12 and 13) Customary charges	I. 4)		0 231, 480	
15. 00 16. 00	Aggregate amount actually collected from patients liable for pa Amounts that would have been realized from patients liable for had such payment been made in accordance with 42 CFR §413.13(e)	payment for services o		0	15. 00 16. 00
17. 00 18. 00 19. 00	Ratio of line 15 to line 16 (not to exceed 1.000000) Total customary charges (see instructions) Excess of customary charges over reasonable cost (complete only instructions)	if line 18 exceeds li	ne 11) (see	0. 000000 231, 480 189, 757	18. 00
20. 00					20. 00
23. 00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions) Interns and residents (see instructions)			41, 723 0 0	22. 00 23. 00
24. 00	Total prospective payment (sum of lines 3, 4, 8 and 9)  COMPUTATION OF REIMBURSEMENT SETTLEMENT			32, 938, 051	24. 00
25. 00 26. 00 27. 00	Deductibles and coinsurance (for CAH, see instructions) Deductibles and Coinsurance relating to amount on line 24 (for Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) pl		and 23} (for	900 6, 404, 694 26, 574, 180	26. 00
28. 00 29. 00	CAH, see instructions) Direct graduate medical education payments (from Wkst. E-4, lin ESRD direct medical education costs (from Wkst. E-4, line 36)	e 50)		836, 774 0	
	Subtotal (sum of lines 27 through 29) Primary payer payments Subtotal (line 30 minus line 31)			27, 410, 954 2, 255 27, 408, 699	31.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICE	S)		=:, ::=, :::	
35. 00 36. 00 37. 00	Composite rate ESRD (from Wkst. I-5, line 11) Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instrusubtotal (see instructions) MSP-LCC reconciliation amount from PS&R	ctions)		0 376, 407 244, 665 311, 970 27, 653, 364	34. 00 35. 00 36. 00
39. 00 39. 50 39. 98 39. 99	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instructions) Partial or full credits received from manufacturers for replace RECOVERY OF ACCELERATED DEPRECIATION		tions)	0 0 0 0	39. 00 39. 50 39. 98 39. 99
	Sequestration adjustment (see instructions) Interim payments Tentative settlement (for contractors use only)			27, 653, 620 553, 072 27, 239, 263 0	40. 01 41. 00 42. 00
43. 00 44. 00	Balance due provider/program (see instructions) Protested amounts (nonallowable cost report items) in accordance §115.2 TO BE COMPLETED BY CONTRACTOR	e with CMS Pub. 15-2,	chapter 1,	-138, 715 5, 668	1
91. 00 92. 00 93. 00	Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions) The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0	91. 00 92. 00 93. 00
94. 00	Total (sum of lines 91 and 93)			0	94. 00

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 150089	Peri od: From 01/01/2014	Worksheet E
	Component CCN: 15T089		
	Title XVIII	Subprovi der -	PPS

		Title XVIII	Subprovider - IRF	PPS	
			1100	1 00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1. 00	
1.00	Medical and other services (see instructions)			65	1. 00
2.00	Medical and other services reimbursed under OPPS (see instructi	ons)		0	2. 00
3. 00 4. 00	PPS payments Outlier payment (see instructions)			0	3. 00 4. 00
5.00	Enter the hospital specific payment to cost ratio (see instruct	i ons)		0. 000	5. 00
6.00	Line 2 times line 5	,		0	6. 00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00	7. 00
8. 00 9. 00	Transitional corridor payment (see instructions) Ancillary service other pass through costs from Wkst. D, Pt. IV	col 13 line 200		0	8. 00 9. 00
10.00	Organ acquisitions	, cor. 13, 11110 200		0	10. 00
11. 00	Total cost (sum of lines 1 and 10) (see instructions)			65	11. 00
	COMPUTATION OF LESSER OF COST OR CHARGES  Reasonable charges				
12. 00	Ancillary service charges			360	12. 00
13. 00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, co	1. 4)		0	13. 00
14. 00	Total reasonable charges (sum of lines 12 and 13)			360	14. 00
15. 00	Customary charges Aggregate amount actually collected from patients liable for pa	vment for services on	a charge basis	0	15. 00
16. 00	Amounts that would have been realized from patients liable for			0	
17.00	had such payment been made in accordance with 42 CFR §413.13(e)			0.000000	17.00
17. 00 18. 00	Ratio of line 15 to line 16 (not to exceed 1.000000) Total customary charges (see instructions)			0. 000000 360	
19. 00	Excess of customary charges over reasonable cost (complete only	if line 18 exceeds li	ne 11) (see	295	
20.00	instructions)	: E   ! == 11 -   !	10) (	0	20.00
20. 00	Excess of reasonable cost over customary charges (complete only instructions)	II Tine II exceeds II	ne 18) (See	0	20. 00
21. 00	Lesser of cost or charges (line 11 minus line 20) (for CAH see	instructions)		65	21. 00
22. 00	Interns and residents (see instructions)			0	22. 00
23. 00 24. 00	Cost of physicians' services in a teaching hospital (see instru Total prospective payment (sum of lines 3, 4, 8 and 9)	ctions)		0	23. 00 24. 00
21.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT				21.00
25. 00	Deductibles and coinsurance (for CAH, see instructions)			0	
26. 00 27. 00	Deductibles and Coinsurance relating to amount on line 24 (for Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) pl			0 65	26. 00 27. 00
27.00	CAH, see instructions)	us the sum of filles 22	and 25) (10)	03	27.00
28. 00	Direct graduate medical education payments (from Wkst. E-4, lin	e 50)		0	28. 00
29. 00 30. 00	ESRD direct medical education costs (from Wkst. E-4, line 36) Subtotal (sum of lines 27 through 29)			0 65	29. 00 30. 00
31. 00	Primary payer payments			0	
32. 00	Subtotal (line 30 minus line 31)			65	32. 00
33. 00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICE: Composite rate ESRD (from Wkst. I-5, line 11)	S)		0	33. 00
34. 00	Allowable bad debts (see instructions)			0	34. 00
35. 00	Adjusted reimbursable bad debts (see instructions)			0	35. 00
36.00		ctions)		0	36. 00
37. 00 38. 00	Subtotal (see instructions) MSP-LCC reconciliation amount from PS&R			65 0	
39. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	
39. 50	Pioneer ACO demonstration payment adjustment (see instructions)			0	39. 50
39. 98 39. 99	Partial or full credits received from manufacturers for replace RECOVERY OF ACCELERATED DEPRECIATION	d devices (see instruc	tions)	0	39. 98 39. 99
40. 00	Subtotal (see instructions)			65	
40. 01	Sequestration adjustment (see instructions)			1	40. 01
41.00	Interim payments			85	
42. 00 43. 00	Tentative settlement (for contractors use only) Balance due provider/program (see instructions)			0 -21	
44. 00	Protested amounts (nonallowable cost report items) in accordance	e with CMS Pub. 15-2,	chapter 1,	0	
	§115. 2		·		
90. 00	TO BE COMPLETED BY CONTRACTOR  Original outlier amount (see instructions)			0	90. 00
91. 00	Outlier reconciliation adjustment amount (see instructions)			0	91. 00
92.00	The rate used to calculate the Time Value of Money				92.00
93.00	Time Value of Money (see instructions) Total (sum of lines 91 and 93)			0	93. 00 94. 00
, 1. 00	1.0ta. Cam of Titlos 71 and 70)		ı	O <sub>1</sub>	71.00

Health Financial Systems BAANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN: 150089

					5/26/2015 1: 4	4 pm
			le XVIII	Hospi tal	PPS	
		Inpati∈	nt Part A	Pai	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3. 00	4. 00	
1.00	Total interim payments paid to provider		71, 347, 36	51	26, 961, 963	1. 00
2.00	Interim payments payable on individual bills, either			0	0	2. 00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
	write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					3. 00
	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	07/31/2014	322, 90	00 07/31/2014	277, 300	3. 01
3. 02	ADJUSTWIENTS TO TROVIDER	0773172014	322, 90	0	277, 300	3. 02
3. 02				0		3. 02
3. 04				0	0	3. 04
3. 05				0		3. 05
0.00	Provider to Program			<u> </u>		0.00
3.50	ADJUSTMENTS TO PROGRAM			0	0	3. 50
3. 51				0	o	3. 51
3.52				0	o	3. 52
3.53				0	o	3. 53
3.54				0	0	3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines		322, 90	00	277, 300	3. 99
	3. 50-3. 98)					
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		71, 670, 26	51	27, 239, 263	4. 00
	(transfer to Wkst. E or Wkst. E-3, line and column as					
	appropriate) TO BE COMPLETED BY CONTRACTOR					
5. 00	List separately each tentative settlement payment after	I	1			5. 00
5.00	desk review. Also show date of each payment. If none,					5.00
	write "NONE" or enter a zero. (1)					
	Program to Provider					
5. 01	TENTATI VE TO PROVI DER			0	0	5. 01
5.02				0	o	5. 02
5.03				0	0	5. 03
	Provider to Program					
5.50	TENTATI VE TO PROGRAM			0	0	5. 50
5. 51				0	0	5. 51
5. 52				0	0	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0	0	5. 99
	5. 50-5. 98)					, 00
6. 00	Determined net settlement amount (balance due) based on					6. 00
6. 01	the cost report. (1) SETTLEMENT TO PROVIDER			0	0	6. 01
6. 01	SETTLEMENT TO PROVIDER		1, 186, 94	9	138, 715	6. 02
7. 00	Total Medicare program liability (see instructions)		70, 483, 31		27, 100, 548	7. 00
7.00	Trotal modicale program trability (see Histructions)		10, 403, 3	Contractor	NPR Date	7.00
				Number	(Mo/Day/Yr)	
			0	1. 00	2.00	
8. 00	Name of Contractor					8. 00
	•	•		•		•

Health Financial Systems BAANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Inpatient Part A			Ti tl	e XVIII	Subprovi der - I RF	PPS	
1.00   Total Interim payments paid to provider   1.00   2.00   3.00   4.00   1.00   1.00   1.01   1.00   1.00   1.00   3.00   4.00   2.00   1.00   1.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00			Inpatien	t Part A	Par	t B	
Total interim payments paid to provider   4,143,763   85   1,00   2,00			mm/dd/yyyy		mm/dd/yyyy		
Interim payments payable on Individual bills, either submitted or to be submitted for the cost reporting period. If none, write "NONE" or enter a zero.    3.00			1. 00				
amount based on subsequent revision of the interin rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)  Program to Provider  ADJUSTMENTS TO PROVIDER  O	2. 00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero					2. 00
3.02   3.03   3.04   3.05   3.03   3.04   3.05   3.03   3.04   3.05   3.03   3.04   3.05	3. 00	amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3. 00
3.04   0	3.01	ADJUSTMENTS TO PROVIDER		0		0	3. 01
3.04   0   0   0   3.04   3.05   3.04   3.05   3.06   3.	3.02						3. 02
3.05	3.03			0			3. 03
Provider to Program   ADJUSTMENTS TO PROGRAM   0   0   3.50							
3. 50   ADJUSTMENTS TO PROGRAM	3.05			0		0	3. 05
3.51   3.52   3.53   0   0   0   3.51   3.52   3.53   3.53   0   0   0   3.53   3.53   3.54   0   0   0   3.53   3.54   3.59   3.50-3.98   3.50-3.98   3.50-3.98   4.143,763   85   4.00   4.143,763   4.143,763   85   4.00   4.143,763					I		
3.52   3.53   3.54   3.99   3.50-3.98		ADJUSTMENTS TO PROGRAM		_			
3.53   3.54   3.54   3.54   3.54   3.54   3.54   3.54   3.54   3.55   3.57   3.98   3.50-3.98   3.50							
3.54   3.99   Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)   4.00   Total interim payments (sum of lines 1, 2, and 3.99)   4.143,763   85   4.00   (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)   TO BE COMPLETED BY CONTRACTOR							
Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)							
3. 50-3. 98   Total interim payments (sum of lines 1, 2, and 3. 99)				_			
(transfer to Wkst. E or Wkst. E-3, line and column as appropriate)   TO BE COMPLETED BY CONTRACTOR		3. 50-3. 98)		_			
5.00   List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)   Program to Provider	4. 00	(transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4, 143, 763		85	4. 00
TENTATIVE TO PROVIDER	5. 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. 00
Determined net settlement amount (balance due) based on the cost report. (1)   SETTLEMENT TO PROGRAM   Determined net settlement amount (balance due) based on the cost report. (1)   Contractor Number (Mo/Day/Yr)   Determined net settlement amount (see instructions)   Determined net settlement amount (see instructio	F 01						E 01
Description		TENTATIVE TO PROVIDER					
Provider to Program							
TENTATI VE TO PROGRAM	5.05	Provider to Program		0		0	5.05
5.51   0	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   0   0   5.52   5.99   5.50-5.98   0   0   5.99   6.00   Determined net settlement amount (balance due) based on the cost report. (1)   0   0   0   0   6.01   SETTLEMENT TO PROVIDER   0   0   0   0   6.02   SETTLEMENT TO PROGRAM   47,615   21   6.02   7.00   Total Medicare program liability (see instructions)   4,096,148   Contractor Number (Mo/Day/Yr)		TENTITY TO THOUSENING					
Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)				_			
6.00 Determined net settlement amount (balance due) based on the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions)  Contractor NPR Date (Mo/Day/Yr)  0 1.00 2.00				0		0	
6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions)  Contractor Number (Mo/Day/Yr)  0 1.00 2.00	6.00	Determined net settlement amount (balance due) based on					6. 00
6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions)  47,615 4,096,148  Contractor Number (Mo/Day/Yr)  0 1.00 2.00	6. 01			l o		l ol	6. 01
7.00 Total Medicare program liability (see instructions)				47, 615		21	
Contractor         NPR Date           Number         (Mo/Day/Yr)           0         1.00         2.00							
					Contractor		
8.00 Name of Contractor 8.00			(	)	1. 00	2. 00	
	8. 00	Name of Contractor					8. 00

Heal th	Financial Systems BALL MEMORIAL HC	SPI TAL	In Lie	u of Form CMS-2	2552-10	
	CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT Provider CCN: 150089 Period: W					
			From 01/01/2014			
			To 12/31/2014	Date/Time Prep 5/26/2015 1:44		
		Title XVIII	Hospi tal	PPS	ТРШ	
				1. 00		
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS					
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION					
1.00	00 Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14					
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-1	34, 879	2.00			
3.00	00 Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2					
4.00	00 Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12					
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1, 449, 393, 894	5. 00	
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 lir	ne 20		137, 410, 323	6. 00	
7.00	CAH only - The reasonable cost incurred for the purchase of cer	tified HIT technology	Wkst. S-2, Pt. I	ol	7. 00	
	line 168					
8.00	Calculation of the HIT incentive payment (see instructions)			1, 634, 412	8. 00	
9.00	Sequestration adjustment amount (see instructions)			32, 688	9. 00	
10.00	00 Calculation of the HIT incentive payment after sequestration (see instructions)					
	I NPATIENT HOSPITAL SERVICES UNDER PPS & CAH					
30.00	Initial/interim HIT payment adjustment (see instructions)			1, 454, 042	30.00	
31.00	Other Adjustment (specify)			0	31. 00	
32. 00	Balance due provider (line 8 (or line 10) minus line 30 and lir	ne 31) (see instruction	s)	147, 682	32. 00	

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 150089	Peri od:	Worksheet E-3
		From 01/01/2014	
	Component CCN: 15T089	To 12/31/2014	Date/Time Prepared:
	·		5/26/2015 1:44 pm
	Title XVIII	Subprovi der -	PPS
		LDE	

		TI LIE AVIII	I RF	PPS	
			-	1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS			1. 00	
1. 00	Net Federal PPS Payment (see instructions)			4, 043, 057	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			88, 543	3. 00
4.00	Outlier Payments			112, 580	4.00
5.00	Unweighted intern and resident FTE count in the most recent cos	t reporting period en	ding on or prior	59. 03	5.00
5.00	to November 15, 2004 (see instructions)	t reporting perrod en	aring on or prior	37.03	3.00
5. 01	Cap increases for the unweighted intern and resident FTE count	for residents that wer	e displaced by	0.00	5. 01
0.01	program or hospital closure, that would not be counted without		'	0.00	0.01
	CFR §412. 424(d)(1)(iii)(F)(1) or (2) (see instructions)	a temperary cap aayaet	morre arraor 12		
6.00	New Teaching program adjustment. (see instructions)			0. 00	6. 00
7. 00	Current year's unweighted FTE count of I&R excluding FTEs in th	e new program growth p	eriod of a "new	0. 00	7. 00
7.00	teaching program" (see instructions)	o non program grontin p		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within th	e new program growth p	eriod of a "new	0. 00	8. 00
	teaching program" (see instructions)				
9.00	Intern and resident count for IRF PPS medical education adjustm	ent (see instructions)		0.00	9. 00
10.00	Average Daily Census (see instructions)	·		11. 273973	10.00
11. 00	Teaching Adjustment Factor (see instructions)			0. 000000	11. 00
12.00	Teaching Adjustment (see instructions)			0	12. 00
13.00	Total PPS Payment (see instructions)			4, 244, 180	13. 00
14.00	Nursing and Allied Health Managed Care payments (see instructio	n)		0	14. 00
15.00	Organ acquisition (DO NOT USE THIS LINE)				15. 00
16.00	Cost of physicians' services in a teaching hospital (see instru	ctions)		0	16. 00
17. 00	Subtotal (see instructions)	,		4, 244, 180	17. 00
18.00	Primary payer payments			11, 237	18. 00
19.00	Subtotal (line 17 less line 18).			4, 232, 943	
20.00	Deducti bl es			10, 944	20. 00
21.00	Subtotal (line 19 minus line 20)			4, 221, 999	21. 00
22.00	Coinsurance			42, 256	22. 00
23.00	Subtotal (line 21 minus line 22)			4, 179, 743	23. 00
24.00	Allowable bad debts (exclude bad debts for professional service	s) (see instructions)		0	24. 00
25.00	Adjusted reimbursable bad debts (see instructions)			0	25. 00
26.00	Allowable bad debts for dual eligible beneficiaries (see instru	ctions)		0	26. 00
27.00	Subtotal (sum of lines 23 and 25)			4, 179, 743	27. 00
28.00	Direct graduate medical education payments (from Wkst. E-4, lin	e 49)		0	28. 00
29.00	Other pass through costs (see instructions)			0	29. 00
30.00	Outlier payments reconciliation			0	30. 00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	31. 00
31. 50	Pioneer ACO demonstration payment adjustment (see instructions)			0	31. 50
31. 99	Recovery of Accelerated Depreciation			0	31. 99
32.00	Total amount payable to the provider (see instructions)			4, 179, 743	32. 00
32. 01	Sequestration adjustment (see instructions)			83, 595	32. 01
33.00	Interim payments			4, 143, 763	33. 00
34.00	Tentative settlement (for contractor use only)			0	34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and	34		-47, 615	35. 00
36.00	Protested amounts (nonallowable cost report items) in accordance	e with CMS Pub. 15-2,	chapter 1,	0	36. 00
	§115. 2				
	TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			112, 580	50. 00
51.00	Outlier reconciliation adjustment amount (see instructions)			0	51.00
52.00	The rate used to calculate the Time Value of Money			0.00	52. 00
53.00	Time Value of Money (see instructions)			0	53. 00

Heal th	Financial Systems BALL MEMORIAL HO	ISPI TAI		In lie	u of Form CMS-2	2552-10
DI RECT	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT L EDUCATION COSTS		CCN: 150089	Peri od: From 01/01/2014 To 12/31/2014	Worksheet E-4  Date/Time Prep 5/26/2015 1:44	pared:
		Ti tl	e XVIII	Hospi tal	PPS	
					1 00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				1. 00	
1.00	Unweighted resident FTE count for allopathic and osteopathic prending on or before December 31, 1996.	rograms for	cost reporti	ng periods	57. 92	1. 00
2. 00 3. 00	Unweighted FTE resident cap add-on for new programs per 42 CFR Amount of reduction to Direct GME cap under section 422 of MMA	413.79(e)(	1) (see instr	ructions)	0. 00 0. 00	2. 00 3. 00
3. 01	Direct GME cap reduction amount under ACA §5503 in accordance winstructions for cost reporting periods straddling 7/1/2011)	vith 42 CFR	§413.79 (m).	(see	0. 00	3. 01
4. 00	Adjustment (plus or minus) to the FTE cap for allopathic and os GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))	steopathi c	programs due	to a Medicare	0. 00	4. 00
4. 01	ACA Section 5503 increase to the Direct GME FTE Cap (see instrustraddling 7/1/2011)	uctions for	cost reporti	ng periods	12. 00	4. 01
4. 02	ACA Section 5506 number of additional direct GME FTE cap slots periods straddling 7/1/2011)				0. 00	4. 02
5. 00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus 4.02 plus applicable subscripts		·		69. 92	5. 00
6. 00	Unweighted resident FTE count for allopathic and osteopathic precords (see instructions)	rograms for	the current	year from your	59. 03	6. 00
7.00	Enter the lesser of line 5 or line 6		Primary Care	e Other	59. 03 Total	7. 00
			1.00	2.00	3. 00	
8.00	Weighted FTE count for physicians in an allopathic and osteopat	thi c	49. 5		59. 02	8. 00
9. 00	program for the current year. If line 6 is less than 5 enter the amount from line 8, otherwis		49. 5	9. 51	59. 02	9. 00
10. 00	multiply line 8 times the result of line 5 divided by the amour 6. Weighted dental and podiatric resident FTE count for the currer			0.00		10. 00
11. 00	Total weighted FTE count	it year	49. 5			11. 00
12. 00	Total weighted resident FTE count for the prior cost reporting instructions)	year (see	44. 6	8. 00		12. 00
13. 00	Total weighted resident FTE count for the penultimate cost repoyear (see instructions)	Ü	42.3	8. 00		13. 00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided & Adjustment for residents in initial years of new programs	oy 3).	45. 4			14.00
15. 00 16. 00	Adjustment for residents in initial years of new programs  Adjustment for residents displaced by program or hospital closu	ire	0. 0 0. 0			15. 00 16. 00
17. 00	Adjusted rolling average FTE count		45. 4			17. 00
18. 00	Per resident amount		97, 793. 4			18. 00
19. 00	Approved amount for resident costs		4, 448, 62	787, 116	5, 235, 740	19. 00
					1 00	
20. 00	Additional unweighted allopathic and osteopathic direct GME FTE	resident	can slots rec	eived under 42	1. 00	20. 00
20.00	Sec. 413. 79(c)(4)	- resident	cap siots rec	ter ved under 42	4.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instruct	tions)			0.00	21.00
22. 00	Allowable additional direct GME FTE Resident Count (see instruc					22.00
23. 00	Enter the locally adjustment national average per resident amou	unt (see in	structions)		97, 793. 45	
	00   Multiply line 22 time line 23 00   Total direct GME amount (sum of lines 19 and 24)				0 5, 235, 740	
23.00	Total direct GME allount (Sull of Titles 19 and 24)		Inpatient Par	t Managed care	5, 235, 740	23.00
			А	ariagou care		
			1.00	2. 00	3. 00	
24 00	COMPUTATION OF PROGRAM PATIENT LOAD		27.00	4 (4(0)		26. 00
26. 00 27. 00	Inpatient Days (see instructions) Total Inpatient Days (see instructions)		37, 91 78, 08			26. 00 27. 00
28. 00	Ratio of inpatient days to total inpatient days		0. 48552			28. 00
29. 00	Program direct GME amount		2, 542, 07			29. 00
	Reduction for direct GME payments for Medicare Advantage		, ,	58, 388		30. 00
31. 00	31.00 Net Program direct GME amount				2, 896, 904	31. 00

111 41-	DALL MEMORIAL LIO	ACDI TAI	1-1:-	u of Form CMS-2	2552 10			
	Health Financial Systems BALL MEMORIAL HOSPITAL In Lieu DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT Provider CCN: 150089 Period:							
	MEDICAL EDUCATION COSTS From 01/01/2014							
			To 12/31/2014	Date/Time Prep 5/26/2015 1:44				
	Title XVIII Hospital PPS							
				1. 00				
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE EDUCATION COSTS)	XVIII ONLY (NURSING SC	HOOL AND PARAMEDI	CAL				
	Renal dialysis direct medical education costs (from Wkst. B, Pt	l sum of col 20 an	d 23 lines 74	0	32. 00			
	and 94)	. 1, 3 <b>u</b> m 01 001. 20 um	u 20, 111103 71	o .	02.00			
	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I,	col. 8, sum of lines	74 and 94)	2, 636, 754	33. 00			
34.00	Ratio of direct medical education costs to total charges (line	32 ÷ line 33)	ŕ	0.000000	34.00			
	Medicare outpatient ESRD charges (see instructions)			0				
	Medicare outpatient ESRD direct medical education costs (line 3		0	36. 00				
	<u> APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII O</u>	DNLY						
μ.	Part A Reasonable Cost							
	.00 Reasonable cost (see instructions)				37. 00			
	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0				
	Cost of physicians' services in a teaching hospital (see instru	ictions)		0				
	Primary payer payments (see instructions)	1: 40)		23, 751				
	Total Part A reasonable cost (sum of lines 37 through 39 minus Part B Reasonable Cost	11 ne 40)		81, 018, 839	41. 00			
μ.	Reasonable cost (see instructions)			32, 910, 075	12.00			
	Primary payer payments (see instructions)			2, 255				
	Total Part B reasonable cost (line 42 minus line 43)			32, 907, 820				
	Total reasonable cost (sum of lines 41 and 44)			113, 926, 659				
	Ratio of Part A reasonable cost to total reasonable cost (line	41 ÷ line 45)		0. 711149				
	Ratio of Part B reasonable cost to total reasonable cost (line	,		0. 288851				
7	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART	В						
48. 00	Total program GME payment (line 31)			2, 896, 904	48. 00			
	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (			2, 060, 130	49. 00			
50.00	50.00 Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)  836,774 50							

Health Financial Systems

BALL MEMORIAL F
BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provi der CCN: 150089

Peri od: Worksheet G From 01/01/2014 To 12/31/2014 Date/Time Prepared:

			'	0 12/31/2014	5/26/2015 1:4	
	<u> </u>	General Fund	Speci fi c	Endowment Fund		
			Purpose Fund			
	CURRENT ACCETC	1. 00	2.00	3. 00	4. 00	
1. 00	CURRENT ASSETS  Cash on hand in banks	118, 541, 020	) 0		0	1.00
2. 00	Temporary investments	110, 541, 020		0	0	2.00
3.00	Notes recei vabl e	0		-	0	3.00
4. 00	Accounts receivable	41, 885, 106	1	O	0	4. 00
5.00	Other recei vable	3, 088, 439		0	0	5. 00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6. 00
7.00	Inventory	2, 992, 609	0	0	0	7. 00
8.00	Prepai d expenses	5, 027, 971	0	0	0	8. 00
9.00	Other current assets	0	0	0	0	9. 00
10. 00	Due from other funds	0	0		0	10.00
11. 00	Total current assets (sum of lines 1-10)	171, 535, 145	0	0	0	11. 00
40.00	FI XED ASSETS	0.004.440				40.00
12. 00	Land	2, 924, 410	1	-	0	12.00
13. 00 14. 00	Land improvements Accumulated depreciation	4, 397, 723 -3, 374, 892	1		0	13. 00 14. 00
15. 00	Buildings	278, 399, 607	1	0	0	15.00
16. 00	Accumulated depreciation	-142, 597, 955	1	0	0	16.00
17. 00	Leasehold improvements	2, 703, 264		0	0	17. 00
18. 00	Accumulated depreciation	-2, 172, 105		0	0	18. 00
19.00	Fi xed equipment	15, 455, 265	1	0	0	19.00
20.00	Accumulated depreciation	-12, 735, 820	0	0	0	20. 00
21.00	Automobiles and trucks	0	0	0	0	21. 00
22. 00	Accumul ated depreciation	0	0	0	0	22. 00
23.00	Major movable equipment	144, 529, 300	1	0	0	23. 00
24. 00	Accumulated depreciation	-115, 309, 135	1	0	0	24. 00
25. 00	Mi nor equi pment depreci able	0	0	0	0	25. 00
26. 00	Accumulated depreciation	0	0	0	0	26. 00
27. 00	HIT designated Assets	0	0	0	0	27. 00
28. 00 29. 00	Accumulated depreciation Minor equipment-nondepreciable			0	0	28. 00 29. 00
30. 00	Total fixed assets (sum of lines 12-29)	172, 219, 662	1	_	0	30.00
30.00	OTHER ASSETS	172,217,002		<u> </u>	U	30.00
31. 00	Investments	31, 880, 633	0	0	0	31.00
32.00	Deposits on Leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33. 00
34.00	Other assets	8, 304, 108	0	0	0	34. 00
35.00	Total other assets (sum of lines 31-34)	40, 184, 741	0	0	0	35. 00
36.00	Total assets (sum of lines 11, 30, and 35)	383, 939, 548	0	0	0	36. 00
	CURRENT LIABILITIES	1				
37. 00	Accounts payable	15, 436, 907	1	0	0	37. 00
38. 00	Salaries, wages, and fees payable	12, 383, 197	1	0	0	38. 00
39. 00	Payroll taxes payable	U 5 120 015	0	0	0	39.00
40. 00 41. 00	Notes and Loans payable (short term) Deferred income	5, 130, 915		0	0	40.00
41.00	Accel erated payments	0		U	U	41. 00 42. 00
43. 00	Due to other funds	6, 335, 593	,	0	0	43.00
44. 00	Other current liabilities	53, 400, 248	1	0	0	
45. 00	Total current liabilities (sum of lines 37 thru 44)	92, 686, 860				
	LONG TERM LIABILITIES	. = 7 000 7 000	-	-1		
46.00	Mortgage payable	0	0	0	0	46. 00
47.00	Notes payable	85, 820, 786	0	0	0	47. 00
48.00	Unsecured Loans	0	0	0	0	48. 00
49.00	Other long term liabilities	0	0	0	0	49. 00
50.00	Total long term liabilities (sum of lines 46 thru 49	85, 820, 786			0	50.00
51. 00	Total liabilites (sum of lines 45 and 50)	178, 507, 646	0	0	0	51.00
	CAPITAL ACCOUNTS					
52. 00	General fund balance	205, 431, 902				52.00
53. 00	Specific purpose fund		0			53.00
54. 00	Donor created - endowment fund balance - restricted			0		54.00
55. 00 56. 00	Donor created - endowment fund balance - unrestricted Governing body created - endowment fund balance			0		55. 00 56. 00
57. 00	Plant fund balance - invested in plant			U	0	57.00
58. 00	Plant fund balance - reserve for plant improvement,				0	58.00
55. 55	replacement, and expansion					55. 55
59. 00	Total fund balances (sum of lines 52 thru 58)	205, 431, 902	. o	0	0	59. 00
60.00	Total liabilities and fund balances (sum of lines 51 and	383, 939, 548		o	0	60.00
	59)		1			

STATEMENT OF CHANGES IN FUND BALANCES

From 01/01/2014 12/31/2014

Worksheet G-1

Date/Time Prepared: 5/26/2015 1:44 pm General Fund Special Purpose Fund Endowment Fund 1.00 3.00 4. 00 5. 00 2 00 1.00 Fund balances at beginning of period 162, 788, 022 0 1.00 2.00 Net income (loss) (from Wkst. G-3, line 29) 93, 295, 932 2.00 Total (sum of line 1 and line 2) 3.00 256, 083, 954 0 3.00 4.00 INCREASE IN ASSETS 71, 963, 055 0 0 4.00 5.00 0 5.00 6.00 0 6.00 0 0 7.00 0 7.00 0 8.00 0 8.00 0 0 9.00 0 9.00 10.00 Total additions (sum of line 4-9) 71, 963, 055 10.00 Subtotal (line 3 plus line 10) 328, 047, 009 11.00 11.00 0 INCREASE IN LIABILITY 12.00 29, 319, 170 0 12.00 13.00 INTERCOMPANY CONTRIBUTION 93, 295, 937 13.00 14.00 0 14.00 0 0 0 15.00 15.00 0 0 16.00 0 16.00 17.00 0 17.00 18.00 122, 615, 107 Total deductions (sum of lines 12-17) 18.00 Fund balance at end of period per balance 19.00 205, 431, 902 19.00 sheet (line 11 minus line 18) Endowment Fund Plant Fund 7. 00 8.00 6. 00 1.00 Fund balances at beginning of period 0 0 1.00 Net income (loss) (from Wkst. G-3, line 29) 2.00 2.00 Total (sum of line 1 and line 2) 3.00 0 0 3.00 INCREASE IN ASSETS 4.00 4.00 5.00 0 5.00 0 6.00 6.00 7.00 0 7 00 8.00 0 8.00 9.00 0 9.00 10.00 Total additions (sum of line 4-9) 0 0 10.00 11.00 Subtotal (line 3 plus line 10) 0 0 11.00 INCREASE IN LIABILITY 12.00 12.00 INTERCOMPANY CONTRIBUTION 13.00 13.00 14.00 0 14.00 0 15.00 15.00 16.00 16.00 17.00 17.00 Total deductions (sum of lines 12-17) 0 18.00 18.00 Fund balance at end of period per balance 0 0 19.00 19.00 sheet (line 11 minus line 18)

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet G-2 | From 01/01/2014 | Parts I & II | To 12/31/2014 | Date/Time Prepared: | To 12/31/2014 | Health Financial Systems
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES BALL MEMORIAL HOSPITAL Provider CCN: 150089

			10 12/31/2014	5/26/2015 1: 4	
	Cost Center Description	Inpatient	Outpati ent	Total	
		1.00	2. 00	3. 00	
	PART I - PATIENT REVENUES	<u> </u>			
	General Inpatient Routine Services				
1.00	Hospi tal	148, 927, 1	25	148, 927, 125	1. 00
2.00	SUBPROVI DER - I PF		0	0	2. 00
3.00	SUBPROVI DER - I RF	9, 089, 2	49	9, 089, 249	3. 00
4.00	SUBPROVI DER		0	0	4. 00
5.00	Swing bed - SNF		0	0	5. 00
6.00	Swing bed - NF		0	0	6. 00
7.00	SKILLED NURSING FACILITY		0	0	7. 00
8.00	NURSING FACILITY		0	0	8. 00
9.00	OTHER LONG TERM CARE	150.01/.3	7.4	150 01/ 27/	9.00
10. 00	Total general inpatient care services (sum of lines 1-9)	158, 016, 3	74	158, 016, 374	10. 00
11. 00	Intensive Care Type Inpatient Hospital Services INTENSIVE CARE UNIT	55, 243, 4	40	55, 243, 449	11. 00
12.00	NEONATAL INTENSIVE CARE UNIT	19, 106, 6		19, 106, 603	
13. 00	BURN INTENSIVE CARE UNIT	17, 100, 0	03	19, 100, 003	13. 00
14. 00	SURGI CAL INTENSIVE CARE UNIT				14. 00
15. 00	OTHER SPECIAL CARE (SPECIFY)				15. 00
16. 00	Total intensive care type inpatient hospital services (sum of li	nes 74, 350, 0	52	74, 350, 052	
	11-15)	,,	-	,,	
17.00	Total inpatient routine care services (sum of lines 10 and 16)	232, 366, 4	26	232, 366, 426	17. 00
18.00	Ancillary services	535, 353, 1		1, 010, 150, 840	18. 00
19.00	Outpatient services	47, 431, 0	65 159, 445, 562	206, 876, 627	19. 00
20.00	RURAL HEALTH CLINIC		0	0	20. 00
21. 00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	21. 00
22. 00	HOME HEALTH AGENCY				22. 00
23. 00	AMBULANCE SERVICES				23. 00
24. 00	CMHC				24. 00
24. 10	CORF		0 0	0	
25. 00 26. 00	AMBULATORY SURGI CAL CENTER (D. P. ) HOSPI CE		0	0	25. 00 26. 00
26.00	OTHER (SPECIFY)			0	26.00
28. 00	Total patient revenues (sum of lines 17-27)(transfer column 3 to	Wkst. 815, 150, 6	70 624 242 222	1, 449, 393, 893	
20.00	G-3, line 1)	WK31. 015, 150, 0	70 034, 243, 223	1, 447, 373, 073	20.00
	PART II - OPERATING EXPENSES	<b>,</b>			
29. 00	Operating expenses (per Wkst. A, column 3, line 200)		298, 669, 526		29. 00
30. 00	ADD (SPECIFY)		0		30. 00
31.00			0		31. 00
32.00			0		32.00
33.00			0		33. 00
34.00			0		34.00
35. 00			0		35. 00
36. 00	Total additions (sum of lines 30-35)		0		36. 00
37. 00	DEDUCT (SPECIFY)		0		37. 00
38.00			0		38. 00
39. 00			0		39. 00
40. 00 41. 00			0		40. 00 41. 00
41.00	Total deductions (sum of lines 37-41)		^		41.00
42.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(	transfer	298, 669, 526		42.00
10. 00	to Wkst. G-3, line 4)		2,0,00,,020		.0.00
		1	0		•

Heal th	Financial Systems BALL MEMORIAL HC	OSPLTAL	In lie	u of Form CMS-2	2552-10
	ENT OF REVENUES AND EXPENSES	Provi der CCN: 150089	Peri od:	Worksheet G-3	
			From 01/01/2014 To 12/31/2014		pared:
				1. 00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line	28)		1, 449, 393, 893	1.00
2.00	Less contractual allowances and discounts on patients' accounts	5		1, 071, 243, 526	2. 00
3.00	Net patient revenues (line 1 minus line 2)			378, 150, 367	3. 00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43	3)		298, 669, 526	4. 00
5.00	Net income from service to patients (line 3 minus line 4)			79, 480, 841	5. 00
	OTHER INCOME				
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 s	servi ces		0	8. 00
9.00	Revenue from television and radio service			0	9. 00
10.00	Purchase di scounts			0	10.00
11. 00	Rebates and refunds of expenses			0	11. 00
12.00	Parking lot receipts			0	12.00
13. 00	Revenue from Laundry and Linen service			0	13.00
14.00	Revenue from meals sold to employees and guests			0	14. 00
15.00	Revenue from rental of living quarters			0	15. 00
16.00	Revenue from sale of medical and surgical supplies to other that	an patients		0	16. 00
17.00	Revenue from sale of drugs to other than patients			0	17. 00
18. 00	Revenue from sale of medical records and abstracts			0	18. 00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19. 00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0	20. 00
21.00	Rental of vending machines			0	21.00
22. 00	Rental of hospital space			0	22. 00
23.00	Governmental appropriations			0	23. 00
24.00	PHYSI CI AN & NRCC REVENUES			22, 133, 400	24. 00
25.00	Total other income (sum of lines 6-24)			22, 133, 400	25. 00
26.00	Total (line 5 plus line 25)			101, 614, 241	26. 00
27 00	LOSS ON EVILINGHI SHMENT OF DERT			0 210 200	27 00

8, 318, 309 27. 00

8, 318, 309 28. 00 93, 295, 932 29. 00

27. 00 LOSS ON EXTINGUISHMENT OF DEBT

28.00 Total other expenses (sum of line 27 and subscripts)
29.00 Net income (or loss) for the period (line 26 minus line 28)

LCUL	ATION OF CAPITAL PAYMENT	Provi der CCN: 150089	Peri od: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Pre 5/26/2015 1:4	
		Title XVIII	Hospi tal	PPS	4 рп
	PART I - FULLY PROSPECTIVE METHOD			1. 00	
	CAPITAL FEDERAL AMOUNT				1
00	Capital DRG other than outlier			4, 589, 630	1.
01	Model 4 BPCI Capital DRG other than outlier		0	1	
00	Capital DRG outlier payments			58, 066	
01	Model 4 BPCI Capital DRG outlier payments			0	2
OC	Total inpatient days divided by number of days in the cost re	porting period (see inst	ructions)	202. 67	3
00	Number of interns & residents (see instructions)			52. 72	4
00	Indirect medical education percentage (see instructions)			7. 62	
00	Indirect medical education adjustment (multiply line 5 by the			349, 730	
00	Percentage of SSI recipient patient days to Medicare Part A p 30) (see instructions)	,	, part A line	6. 17	
00	Percentage of Medicaid patient days to total days (see instructions)			23. 82 29. 99	
00				29. 99 6. 26	
00				287, 311	
	Total prospective capital payments (sum of lines 1, 1.01, 2,			5, 284, 737	
	prospective supritur payments (sum or rings if rion 2)	2.0., 0 and,		0/201/707	
	DADT LL DAVMENT UNDER DEACONABLE COCT			1. 00	
00	PART II - PAYMENT UNDER REASONABLE COST  Program inpatient routine capital cost (see instructions)			0	1
00	Program inpatient ancillary capital cost (see instructions)		0		
00	Total inpatient program capital cost (line 1 plus line 2)			0	
00			0		
00	Total inpatient program capital cost (line 3 x line 4)			0	5
				1. 00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS			1.00	
00	Program inpatient capital costs (see instructions)			0	] 1
00	Program inpatient capital costs for extraordinary circumstanc	es (see instructions)		0	
00	Net program inpatient capital costs (line 1 minus line 2)			0	
00	Applicable exception percentage (see instructions)			0.00	
)O )O	Capital cost for comparison to payments (line 3 x line 4)	otrusti ana)		0 0. 00	
00	Percentage adjustment for extraordinary circumstances (see in		(line 6)	0.00	
00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6) Capital minimum payment level (line 5 plus line 7)			0	
00	Current year capital payments (from Part I, line 12, as appli	cable)		0	
	Current year comparison of capital minimum payment level to c	,	less line 9)	0	
00	Carryover of accumulated capital minimum payment level over c		,	0	11
	Worksheet L, Part III, line 14)		0 11)	0	12
. 00	Net comparison of capital minimum payment level to capital pa				
00	Net comparison of capital minimum payment level to capital pa Current year exception payment (if line 12 is positive, enter	the amount on this line	e)	0	
00 00 00 00	Net comparison of capital minimum payment level to capital pa Current year exception payment (if line 12 is positive, enter Carryover of accumulated capital minimum payment level over c (if line 12 is negative, enter the amount on this line)	the amount on this line apital payment for the f	e)	0	14
. 00 . 00 . 00 . 00 . 00	Net comparison of capital minimum payment level to capital pa Current year exception payment (if line 12 is positive, enter Carryover of accumulated capital minimum payment level over c	the amount on this line apital payment for the f	e)	0	14