PART II - CERTIFICATION

(3) Settled with Audit

(4) Reopened (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 (15-0089) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 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 aned) Officer or Administrator of Provider(s)

number of times reopened = 0-9.

CHIEF FINANCIAL OFFICER

Title

05/25/2017

Date

			Title	XVIII			
	Cost Center Description	Title V	Part A	Part B	HI T	Title XIX	
		1.00	2. 00	3. 00	4. 00	5. 00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	862, 791	438, 279	0	0	1. 00
2.00	Subprovi der - I PF	0	0	0		0	2. 00
3.00	Subprovider - IRF	0	-16, 290	0		0	3. 00
5.00	Swing bed - SNF	0	0	0		0	5. 00
6.00	Swing bed - NF	0				0	6. 00
200.00	Total	0	846, 501	438, 279	0	0	200. 00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The 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 Provider CCN: 15-0089 Peri od: Worksheet S-2 From 01/01/2016 Part I 12/31/2016 Date/Time Prepared: 5/22/2017 5:35 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 N 0 3.00 1 Subprovider - IPF 4.00 4.00 Subprovi der - IRF BMH PHYSICAL REHAB 5.00 15T089 11300 5 07/01/1986 N Р 0 5 00 Subprovi der - (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 18. 00 Renal Dialysis 18.00 19.00 Other 19.00 From: To: 2.00 1.00 01/01/2016 12/31/2016 20.00 Cost Reporting Period (mm/dd/yyyy) 20 00 Type of Control (see instructions) 21.00 2 Inpatient PPS Information Does this facility qualify and is it currently receiving payments for disproportionate N 22.00 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 §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. 22.01 Did this hospital receive interim uncompensated care payments for this cost reporting 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 Ν 22.03 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 23.00 Ν 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 used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.

		In-State	In-State	Out-of	Out-of	Medi cai d	Other	
		Medicaid	Medi cai d	State	State	HMO days	Medi cai d	
		paid days	el i gi bl e	Medicaid	Medi cai d		days	
			unpai d	paid days	el i gi bl e			
			days		unpai d			
		1.00	2. 00	3. 00	4. 00	5. 00	6. 00	
24. 00	If this provider is an IPPS hospital, enter the	2, 239	1, 782	35	92	17, 435	47	24. 00
	in-state Medicaid paid days in column 1, in-state							
	Medicaid eligible unpaid days in column 2,							
	out-of-state Medicaid paid days in column 3,							
	out-of-state Medicaid eligible unpaid days in column							
	4. Medicaid HMO paid and eligible but unpaid days in							
	column 5, and other Medicaid days in column 6.							
	If this provider is an IRF, enter the in-state	12	3	o	0	170		25. 00
	Medicaid paid days in column 1, the in-state							
	Medicaid eligible unpaid days in column 2,							
	out-of-state Medicaid days in column 3, out-of-state							
	Medicaid eligible unpaid days in column 4, Medicaid							
	HMO paid and eligible but unpaid days in column 5.							
	privio para ana errgibi e bat unpara days in condiin 5.					ı		l

поэы	n Financial Systems TAL AND HOSPITAL HEALTH CARE COMP			HOSPI TAL Provi der CC	N: 15 0000 D	In Lie eriod:	u of Form CMS-2 Worksheet S-2	
	TAL AND HUSPITAL HEALTH CARE COMP	LEX IDENTIFICATION DA	IIA	Provider CC		om 01/01/2016	Part I Date/Time Pre	pared:
			Y/N	IME	Direct GME	I ME	5/22/2017 5:3 Direct GME	o piii
			1. 00	2. 00	3. 00	4. 00	5. 00	
61. 06	Enter the amount of ACA §5503 awased for cap relief and/or FTEs care or general surgery. (see in	that are nonprimary		0.00	0.00			61. 06
			Pro	ogram Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
				1. 00	2. 00	3.00	4.00	
	Of the FTEs in line 61.05, speci specialty, if any, and the numbe for each new program. (see instrucolumn 1, the program name, enter program code, enter in column 3, unweighted count and enter in confitted for the special	er of FTE residents ructions) Enter in er in column 2, the the IME FTE olumn 4, direct GME				0. 00		61.10
61. 20	Of the FTEs in line 61.05, speci program specialty, if any, and residents for each expanded proginstructions) Enter in column 1, enter in column 2, the program of 3, the IME FTE unweighted count 4, direct GME FTE unweighted count	the number of FTE gram. (see the program name, code, enter in column and enter in column				0. 00	0.00	61. 20
							1.00	-
	ACA Provisions Affecting the Hea							
62. 00 62. 01	your hospital received HRSA PCRE	funding (see instruc	ctions)					62. 00 62. 01
63. 00	during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Nonprovider Settings							63. 00
	"Y" for yes or "N" for no in col				instructions)		= (
					Unwei ghted FTEs Nonprovi der Si te		Ratio (col. 1/ (col. 1 + col. 2))	
	Costi on FEOA of the ACA Book Vo	n FTF Dooidanta in N	onn may d	don Cottingo I	1.00	2.00	3.00	
64. 00	Section 5504 of the ACA Base Yeaperiod that begins on or after. Enter in column 1, if line 63 is in the base year period, the nur resident FTEs attributable to rosettings. Enter in column 2 the resident FTEs that trained in you of (column 1 divided by (column	July 1, 2009 and before yes, or your facilitation or unweighted nor obtations occurring in the number of unweighted our hospital. Enter in	re June ty trair n-priman all nor d non-pr n column	30, 2010. ned residents ry care nprovider imary care n 3 the ratio	2. 75			64. 00
		Program Name		ogram Code	Unwei ghted		Ratio (col. 3/	
					FTEs Nonprovi der Si te	FTEs in Hospital	(col. 3 + col. 4))	
65. 00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base	1.00 FAMILY MEDICINE	1350	2.00	3. 00	4. 00 21. 04	5. 00 0. 133443	65, 00
65. 01	year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in 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. 25	13. 76	0. 235980	

Health Financial Systems BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0089 Peri od: Worksheet S-2 From 01/01/2016 Part I Date/Time Prepared: 12/31/2016 5/22/2017 5:35 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 0. 156000 66. 00 1. 56 8 44 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 FTEs FTEs in (col. 3 + col Nonprovi der Hospi tal 4)) Si te 4.00 1 00 2 00 3.00 5 00 67.00 Enter in column 1, the program FAMILY MEDICINE 1350 12. 21 18. 27 0. 400591 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 2.98 21.02 INT MEDICINE 0. 124167 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, indicate which program year began during this cost reporting period. (see instructions) Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF 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 Υ Ν 0 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, indicate which program year began during this cost reporting period. (see instructions) 1.00 Long Term Care Hospital PPS 80.00 Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no. N 80.00 Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 81.00 81.00 N 'Y" for yes and "N" for no. TEFRA Providers 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 | S413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no. | Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no. N 87 00 V XIX 1. 00 2.00 Title V and XIX Services 90.00 Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for Ν Υ 90.00 yes or "N" for no in the applicable column. 91.00 Is this hospital reimbursed for title V and/or XIX through the cost report either in Ν Ν 91.00 full or in part? Enter "Y" for yes or "N" for no in the applicable column. 92.00 Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.
 93.00 Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter N 92.00 Ν Ν 93.00 "Y" for yes or "N" for no in the applicable column.

Health Financial Systems BALL MEMORIAL	HOSPI TAL		In	Li eu	of Form C	MS-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CC		eri od:		Worksheet	
		Fr To	com 01/01/2 12/31/2		Part I Date/Time	Prepared:
					5/22/2017	
			1. 00		2. 00	
94.00 Does title V or XIX reduce capital cost? Enter "Y" for yes, a	and "N" for no	o in the	N N		N	94. 00
applicable column.						05.00
95.00 If line 94 is "Y", enter the reduction percentage in the appl 96.00 Does title V or XIX reduce operating cost? Enter "Y" for yes	or "N" for no	l. Din the	0. 00 N		0. 00 N	95. 00 96. 00
applicable column.	OI N TOT TIC	o ili the	IN IN		IN	70.00
97.00 If line 96 is "Y", enter the reduction percentage in the appl	icable column	٦.	0. 00		0.00	97. 00
Rural Providers	1) 0					105.00
105.00 Does this hospital qualify as a critical access hospital (CAH 106.00 of this facility qualifies as a CAH, has it elected the all-i	,	and of navment	N			105. 00 106. 00
for outpatient services? (see instructions)	nerusi ve meti	lod of payment				100.00
107.00 If this facility qualifies as a CAH, is it eligible for cost			N			107. 00
training programs? Enter "Y" for yes or "N" for no in column yes, the GME elimination is not made on Wkst. B, Pt. I, col.						
reimbursed. If yes complete Wkst. D-2, Pt. II.	25 and the pr	ogram is cost				
108.00 Is this a rural hospital qualifying for an exception to the C	CRNA fee sched	dul e? See 42	N			108. 00
CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	Db	0	C		D!+-	
	Physi cal 1.00	0ccupational 2.00	Speech 3.00		Respirato 4.00	ry
109.00 If this hospital qualifies as a CAH or a cost provider, are	N N	N 2.00	3.00 N		4.00 N	109.00
therapy services provided by outside supplier? Enter "Y"						
for yes or "N" for no for each therapy.						
				-	1. 00	
110.00 Did this hospital participate in the Rural Community Hospital	Demonstratio	on project (410	A Demo)for		N	110.00
the current cost reporting period? Enter "Y" for yes or "N" f						
			-	1 00	2 00 2	00
Miscellaneous Cost Reporting Information				1. 00	2.00 3.	00
115.00 Is this an all-inclusive rate provider? Enter "Y" for yes or	"N" for no ir	n column 1. If	column 1	N		0 115. 00
is yes, enter the method used (A, B, or E only) in column 2.						
3 either "93" percent for short term hospital or "98" percent psychiatric, rehabilitation and long term hospitals providers						
Pub. 15-1, chapter 22, §2208. 1.	s) based on th	ie derriii troii r	II CWS			
116.00 Is this facility classified as a referral center? Enter "Y" f				N		116. 00
117.00 Is this facility legally-required to carry malpractice insura	ance? Enter "\	(" for yes or "	N" for	N		117. 00
no. 118.00 s the malpractice insurance a claims-made or occurrence poli	cv2 Enter 1 i	f the policy i		1		118. 00
claim-made. Enter 2 if the policy is occurrence.	cy. Litter 1 1	T the portey t				110.00
		Premi ums	Losses		Insuranc	е
		1.00	2.00		3.00	
118.01 List amounts of malpractice premiums and paid losses:		643, 978		0		0 118. 01
			1. 00		2. 00	
118.02 Are malpractice premiums and paid losses reported in a cost of	center other t	than the	N N		2.00	118. 02
Administrative and General? If yes, submit supporting schedu						
and amounts contained therein.						110.00
119.00D0 NOT USE THIS LINE 120.00Ds this a SCH or EACH that qualifies for the Outpatient Hold	Harmless nrow	vision in ACA	N		N	119. 00 120. 00
§3121 and applicable amendments? (see instructions) Enter in	•		IN IN		IN	120.00
"N" for no. Is this a rural hospital with < 100 beds that qua	alifies for th	ne Outpatient				
Hold Harmless provision in ACA §3121 and applicable amendment	ts? (see instr	ructions)				
Enter in column 2, "Y" for yes or "N" for no. 121.00 Did this facility incur and report costs for high cost implan	ntable devices	s charged to	Υ			121. 00
patients? Enter "Y" for yes or "N" for no.	readic devices	s charged to				121.00
122.00 Does the cost report contain state health or similar taxes? E			N			122. 00
for no in column 1. If column 1 is "Y", enter in column 2 the where these taxes are included.	e Worksheet A	line number				
Transplant Center Information						
125.00 Does this facility operate a transplant center? Enter "Y" for	yes and "N"	for no. If	N			125. 00
yes, enter certification date(s) (mm/dd/yyyy) below.	ton +k	fication d				10/ 00
126.00 If this is a Medicare certified kidney transplant center, ent in column 1 and termination date, if applicable, in column 2.		ication date				126. 00
			I			127. 00
127.00 If this is a Medicare certified heart transplant center, ente	er the certifi	cation date				1
in column 1 and termination date, if applicable, in column 2.						
in column 1 and termination date, if applicable, in column 2. 128.00 f this is a Medicare certified liver transplant center, ente	er the certifi					128. 00
in column 1 and termination date, if applicable, in column 2. 128.00 If this is a Medicare certified liver transplant center, ente in column 1 and termination date, if applicable, in column 2.	er the certifi	cation date				
in column 1 and termination date, if applicable, in column 2. 128.00 f this is a Medicare certified liver transplant center, enter	er the certifi	cation date				
in column 1 and termination date, if applicable, in column 2. 128.00 If this is a Medicare certified liver transplant center, enter in column 1 and termination date, if applicable, in column 2. 129.00 If this is a Medicare certified lung transplant center, enter column 1 and termination date, if applicable, in column 2. 130.00 If this is a Medicare certified pancreas transplant center, enter column 2.	er the certificer the certificenter the cert	cation date				129. 00
in column 1 and termination date, if applicable, in column 2. 128.00 If this is a Medicare certified liver transplant center, enter in column 1 and termination date, if applicable, in column 2. 129.00 If this is a Medicare certified lung transplant center, enter column 1 and termination date, if applicable, in column 2. 130.00 If this is a Medicare certified pancreas transplant center, edate in column 1 and termination date, if applicable, in column 2.	er the certificenter the certificenter the certumn 2.	cation date cation date in				128. 00 129. 00 130. 00
in column 1 and termination date, if applicable, in column 2. 128.00 If this is a Medicare certified liver transplant center, enter in column 1 and termination date, if applicable, in column 2. 129.00 If this is a Medicare certified lung transplant center, enter column 1 and termination date, if applicable, in column 2. 130.00 If this is a Medicare certified pancreas transplant center, enter column 2.	er the certificenter the certificenter the certumn 2. enter the certurn 2.	cation date cation date in				129. 00

dealth Financial Systems HOSPITAL AND HOSPITAL HEALTH CARE COMPLE)	BALL MEMORIA	Provi der CCI	N: 15-0089			u of Form CMS- Worksheet S- Part I Date/Time Pro 5/22/2017 5::	2 epared:
					1. 00	2. 00	
132.00 If this is a Medicare certified is			cation date				132. 00
in column 1 and termination date, 133.00 If this is a Medicare certified ot	ner transplant center, er	nter the certifi	cation date				133. 00
in column 1 and termination date, 134.00 If this is an organ procurement or	ganization (OPO), enter		n column 1				134. 00
and termination date, if applicable All Providers	e, in column 2.						+
140.00 Are there any related organization chapter 10? Enter "Y" for yes or "	N" for no in column 1. It	f yes, and home	office cost	S	Υ	15H059	140. 00
are claimed, enter in column 2 the		<u>r. (see instruct</u> 00	i ons)		3. 00		
If this facility is part of a chai			gh 143 the	name and		of the	
home office and enter the home off							
41. 00 Name: INDIANA UNIVERISTY HEALTH I	NC Contractor's Name: W PO Box:	'PS	Contract	tor's Nu	mber: 0810	1	141. 00
42.00 Street: 340 W. 10TH STREET 43.00 City: INDIANAPOLIS	•	N	Zip Code	٥.	4620	2	142. 00 143. 00
45. 00 of ty. Therman our 5	State. 1	IV	ZIP COU	<i>.</i>	4020	<u>z</u>	143.00
						1. 00	
44.00 Are provider based physicians' cos	ts included in Worksheet	A?				Y	144. 00
					1. 00	2.00	+
45.00 If costs for renal services are cl	aimed on Wkst. A, line 74	4, are the costs	for		Y	2.00	145. 00
inpatient services only? Enter "Y" no, does the dialysis facility inc period? Enter "Y" for yes or "N"	ude Medicare utilization						
46.00 Has the cost allocation methodolog Enter "Y" for yes or "N" for no in yes, enter the approval date (mm/d	y changed from the previo column 1. (See CMS Pub.			f	N		146. 00
lyes, enter the approval date (iiii) a	27 y y y y y 111 GOT GIIII 2.						
47.00 Was there a change in the statisti	nal basis? Enter "V" for	voc or "N" for	n.o.			1. 00 N	147. 00
48.00 Was there a change in the statistic						N N	148. 00
49.00 Was there a change to the simplifi				r no.		N	149. 00
		Part A	Part B	T	itle V	Title XIX	4
Does this facility contain a provi	der that qualifies for a	1.00	2.00	ation of	3.00	4.00	+
or charges? Enter "Y" for yes or "							
55.00 Hospi tal		N	N		N	N	155. 0
56. 00 Subprovi der - IPF		N N	N		N	N	156. 00
57. 00 Subprovi der – TRF 58. 00 SUBPROVI DER		N	N		N	N	157. 00 158. 00
59. 00 SNF		N I	N		N	N	159. 00
60.00 HOME HEALTH AGENCY		N	N		N	N	160. 0
61. 00 CMHC			N		N	N	161. 00
Mul +i compus						1. 00	
Multicampus 65.00 s this hospital part of a Multica Enter "Y" for yes or "N" for no.	mpus hospital that has or	ne or more campu	ses in diff	erent CB	SAs?	N	165. 00
	Name	County		ip Code	CBSA	FTE/Campus	
66.00 If line 165 is yes, for each	0	1. 00	2. 00	3. 00	4. 00	5. 00	0 166. 00
campus enter the name in column 0, county in column 1, state in						0.0	U 166. U
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 Ameri	can Recovery and	Rei nvestme	nt Act		1.00	
67.00 s this provider a meaningful user	under §1886(n)? Enter '	"Y" for yes or "	N" for no.			Y	167. 00
68.00 If this provider is a CAH (line 10			167 is "Y"), enter	the		0168.00
reasonable cost incurred for the H 68.01 If this provider is a CAH and is n			qualify for	r a hard	shi p		168. 01
exception under §413.70(a)(6)(ii)?					··· P		33. 0
69.00 If this provider is a meaningful u transition factor. (see instructio		d is not a CAH (line 105 is	"N"), e	nter the	9. 9	9169. 0

Health Financial Systems	BALL MEMORIAL H	HOSPI TAL	In Lieu of Form CMS-2552-10			
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDE	ENTIFICATION DATA		Peri od:	Worksheet S-2		
			From 01/01/2016			
			To 12/31/2016			
				5/22/2017 5:3	5 pm	
			Begi nni ng	Endi ng		
			1. 00	2. 00		
170.00 Enter in columns 1 and 2 the EHR beging period respectively (mm/dd/yyyy)	10/01/2016	12/31/2016	170. 00			
			1. 00	2.00		
171.00 If line 167 is "Y", does this provider			Υ	1, 817	171. 00	
section 1876 Medicare cost plans repor						
"Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section						
1876 Medicare days in column 2. (see in	nstructions)					

SPI T	Financial Systems BALL MEMORIA AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE			Period: From 01/01/2016	Worksheet S-2	epared:
				Y/N	Date	Jo piii
				1. 00	2. 00	
	General Instruction: Enter Y for all YES responses. Enter N mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS	for all NO re	esponses. Ente	r all dates in [.]	the	
	Provider Organization and Operation Has the provider changed ownership immediately prior to the	h!!	41	NI NI	I	1
00	reporting period? If yes, enter the date of the change in c			N		1.0
			Y/N	Date	V/I	
			1.00	2. 00	3. 00	
00	Has the provider terminated participation in the Medicare P yes, enter in column 2 the date of termination and in colum voluntary or "I" for involuntary.		N			2.00
00	Is the provider involved in business transactions, includin contracts, with individuals or entities (e.g., chain home or medical supply companies) that are related to the provid officers, medical staff, management personnel, or members of directors through ownership, control, or family and othe relationships? (see instructions)	ffices, drug er or its f the board	Y			3. 00
			Y/N	Туре	Date	
			1.00	2. 00	3. 00	
00	Financial Data and Reports Column 1: Were the financial statements prepared by a Cert Accountant? Column 2: If yes, enter "A" for Audited, "C" f or "R" for Reviewed. Submit complete copy or enter date ava	or Compiled,	Y	A	03/10/2017	4.00
00	column 3. (see instructions) If no, see instructions. Are the cost report total expenses and total revenues diffe those on the filed financial statements? If yes, submit rec		N			5. 00
	,		•	Y/N	Legal Oper.	
				1. 00	2. 00	
00	Approved Educational Activities Column 1: Are costs claimed for nursing school? Column 2:	If ves is th	ne provider is	N	I	6.00
0	the legal operator of the program? Are costs claimed for Allied Health Programs? If "Y" see in	structions.	•	N		7. 00
00	Were nursing school and/or allied health programs approved cost reporting period? If yes, see instructions. Are costs claimed for Interns and Residents in an approved		Ü	N Y		9.00
00	program in the current cost report? If yes, see instruction Was an approved Intern and Resident GME program initiated o cost reporting period? If yes, see instructions.		the current	N		10.00
00	Are GME cost directly assigned to cost centers other than I Teaching Program on Worksheet A? If yes, see instructions.	& R in an App	proved	N		11. 00
					1. 00	
	Bad Debts				1.00	
00	Is the provider seeking reimbursement for bad debts? If yes If line 12 is yes, did the provider's bad debt collection p period? If yes, submit copy.			st reporting	Y N	12. 00 13. 00
	period: IT yes, submit copy. If line 12 is yes, were patient deductibles and/or co-payme Bed Complement	nts waived? If	yes, see ins	tructi ons.	N	14. 00
1	Did total beds available change from the prior cost reporti	Par	rt A	Par	Y B	15. 00
		Y/N 1.00	2.00	Y/N 3. 00	Date 4.00	+
	PS&R Data	1.00	2.00	3.00	4.00	
	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	N		N		16.00
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 yes, enter the paid-through date	Υ	04/01/2017	Y	04/01/2017	17. 00
00	in columns 2 and 4. (see instructions) 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	N		N		18.00
00	cost report? If yes, see instructions. If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report	N		N		19. 00

Heal th	Financial Systems BALL MEMORIA	AL HOSPITAL		In Lie	u of Form CM	S-2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provi der C	CN: 15-0089	Peri od: From 01/01/2016 To 12/31/2016	Worksheet S Part II Date/Time P 5/22/2017 5	repared:
		Descri	pti on	Y/N	Y/N	,, oo ja
	Transition of the second	()	1. 00	3. 00	
20. 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
	report data for other; bescribe the other adjustments.	Y/N	Date	Y/N	Date	
		1.00	2.00	3. 00	4. 00	
21. 00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21. 00
					1. 00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE	FPT CHILDRENS H	OSPLTALS)		1.00	
	Capi tal Related Cost		00.1.11.20)			
22. 00	Have assets been relifed for Medicare purposes? If yes, see				N	22. 00
23. 00	Have changes occurred in the Medicare depreciation expense reporting period? If yes, see instructions.				N	23. 00
24. 00	Were new leases and/or amendments to existing leases entered if yes, see instructions		Υ	24. 00		
25. 00	Have there been new capitalized leases entered into during	the cost repor	ting period?	If yes, see	Υ	25. 00
26. 00	instructions. Were assets subject to Sec. 2314 of DEFRA acquired during thinstructions.	ne cost reporti	ng period? I	f yes, see	N	26. 00
27. 00	Has the provider's capitalization policy changed during the copy.	e cost reportin	g period? If	yes, submit	N	27. 00
28. 00	Interest Expense Were new Loans, mortgage agreements or Letters of credit er	N	28. 00			
29. 00	period? If yes, see instructions. Did the provider have a funded depreciation account and/or	N	29. 00			
30. 00	treated as a funded depreciation account? If yes, see instr Has existing debt been replaced prior to its scheduled matu	N	30. 00			
31. 00	instructions. Has debt been recalled before scheduled maturity without is	, see	N	31. 00		
	instructions. Purchased Services					
32. 00	Have changes or new agreements occurred in patient care ser arrangements with suppliers of services? If yes, see instru		d through co	ntractual	N	32. 00
33. 00	If line 32 is yes, were the requirements of Sec. 2135.2 appno, see instructions.	olied pertainin	g to competi	tive bidding? If		33. 00
	Provi der-Based Physi ci ans					
34. 00	Are services furnished at the provider facility under an arlf yes, see instructions.	rrangement with	provi der-ba	sed physi ci ans?	Υ	34.00
35. 00	If line 34 is yes, were there new agreements or amended exiphysicians during the cost reporting period? If yes, see in		ts with the		N	35. 00
				Y/N	Date	
	Home Office Costs			1. 00	2. 00	
36. 00	Were home office costs claimed on the cost report?			Y		36.00
37. 00	If line 36 is yes, has a home office cost statement been pr If yes, see instructions.	repared by the	home office?			37. 00
38. 00	If line 36 is yes, was the fiscal year end of the home off the provider? If yes, enter in column 2 the fiscal year end			. N		38. 00
39. 00				, Y		39. 00
40. 00	If line 36 is yes, did the provider render services to the instructions.	home office?	If yes, see	N		40. 00
		1.	00	2.	00	
	Cost Report Preparer Contact Information					
41. 00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3,	RHONDA		UTTER		41. 00
42. 00	respectively. Enter the employer/company name of the cost report	IU HEALTH				42. 00
43. 00	preparer. Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@I UHEALTI	H. ORG	43. 00

Health Financial Systems BAL	L MEMORIAL HOSPITAL	In Lie	In Lieu of Form CMS-2552-10			
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTION	IAIRE Provider CCN: 15-00		Worksheet S-2			
		From 01/01/2016 To 12/31/2016	Date/Time Prepared:			
		10 12/31/2010	5/22/2017 5:35 pm			
·						
	3.00					
Cost Report Preparer Contact Information						
41.00 Enter the first name, last name and the title/posi			41.00			
held by the cost report preparer in columns 1, 2,	and 3, PROGRAMS					
respecti vel y.						
42.00 Enter the employer/company name of the cost report			42. 00			
preparer.						
43.00 Enter the telephone number and email address of the	e cost		43. 00			
report preparer in columns 1 and 2, respectively.						

| Period: | Worksheet S-3 | From 01/01/2016 | Part | To 12/31/2016 | Date/Time Prepared:
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 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA
 Provider CCN: 15-0089

				To	12/31/2016	Date/Time Prep 5/22/2017 5:3	
						I/P Days / 0/P	У
						Visits / Trips	
	Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	Title V	
		Line Number		Avai I abl e			
	I	1. 00	2. 00	3.00	4. 00	5. 00	
1. 00	Hospi tal Adul ts & Peds. (columns 5, 6, 7 and	30. 00	262	95, 892	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
4.00	HMO IRF Subprovider						4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation		262	95, 892	0.00	0	7.00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT	31. 00		· ·	0. 00	0	8. 00
9.00	NEONATAL INTENSIVE CARE UNIT	32. 00	23	8, 418	0. 00	0	9. 00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12. 00 13. 00	OTHER SPECIAL CARE (SPECIFY)	43. 00				0	12. 00 13. 00
14. 00	NURSERY Total (see instructions)	43.00	321	117, 486	0.00	0	14. 00
15. 00	CAH visits		321	117, 460	0.00	0	15. 00
16. 00	SUBPROVI DER - I PF	40. 00	0	0		0	16. 00
17. 00	SUBPROVI DER - I RF	41. 00	16			0	17. 00
18. 00	SUBPROVI DER			5, 555		_	18. 00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22. 00	HOME HEALTH AGENCY						22.00
23. 00	AMBULATORY SURGICAL CENTER (D. P.)						23. 00
24. 00	HOSPI CE						24. 00
24. 10	HOSPICE (non-distinct part)	30. 00					24. 10
25. 00	CMHC - CMHC						25. 00 26. 00
26. 00 26. 25	RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER	89. 00				0	26. 00 26. 25
27. 00	Total (sum of lines 14-26)	07.00	337			U	27. 00
28. 00	Observation Bed Days		337			0	28. 00
29. 00	Ambul ance Tri ps					Ü	29. 00
30. 00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		8	0			32.00
32. 01	Total ancillary labor & delivery room						32. 01
	outpatient days (see instructions)						
33. 00	LTCH non-covered days						33. 00

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 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX
 STATISTICAL DATA
 Provider CCN: 15-0089

				''	0 12/31/2010	5/22/2017 5:3	
		I/P Days	/ O/P Visits	/ Trips	Full Time	Equi val ents	<u> Б.</u>
Component		Title XVIII	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 & Pe	eds. (columns 5, 6, 7 and	31, 161	889	63, 532			1, 00
8 exclude Swing Bed,	Observation Bed and	·		·			
Hospice days)(see in	structions for col. 2						
for the portion of L	DP room available beds)						
2.00 HMO and other (see i	nstructions)	7, 830	18, 072				2. 00
3.00 HMO IPF Subprovider	·	0	o				3. 00
4.00 HMO IRF Subprovider		226	173				4. 00
5.00 Hospital Adults & Pe	eds. Swing Bed SNF	0	o	0			5. 00
6.00 Hospital Adults & Pe	eds. Swing Bed NF		o	0			6.00
7.00 Total Adults and Ped	ls. (exclude observation	31, 161	889	63, 532			7. 00
beds) (see instructi	ons)						
8.00 INTENSIVE CARE UNIT		5, 976	854	10, 953			8. 00
9.00 NEONATAL INTENSIVE C	CARE UNIT	0	293	3, 197			9. 00
10.00 BURN INTENSIVE CARE	UNI T						10.00
11.00 SURGICAL INTENSIVE C	CARE UNIT						11. 00
12.00 OTHER SPECIAL CARE ((SPECI FY)						12.00
13. 00 NURSERY	,		1, 475	2, 715			13. 00
14.00 Total (see instructi	ons)	37, 137	3, 511	80, 397	64. 48	1, 750. 73	14. 00
15.00 CAH visits	,	0	o	0			15. 00
16.00 SUBPROVIDER - IPF		0	o	0	0.00	0.00	16. 00
17. 00 SUBPROVI DER - I RF		3, 008	12	3, 974	0.00	22. 21	17. 00
18. 00 SUBPROVI DER							18. 00
19.00 SKILLED NURSING FACI	LITY						19. 00
20.00 NURSING FACILITY							20. 00
21.00 OTHER LONG TERM CARE							21. 00
22.00 HOME HEALTH AGENCY							22. 00
23.00 AMBULATORY SURGICAL	CENTER (D. P.)						23. 00
24. 00 HOSPI CE	, ,						24. 00
24.10 HOSPICE (non-distinc	ct part)	0	o	344			24. 10
25. 00 CMHC - CMHC	• •						25. 00
26.00 RURAL HEALTH CLINIC							26. 00
26. 25 FEDERALLY QUALIFIED	HEALTH CENTER	0	o	0	0.00	0.00	26. 25
27.00 Total (sum of lines	14-26)				64. 48	1, 772. 94	27. 00
28.00 Observation Bed Days			2, 335	7, 700		·	28. 00
29.00 Ambulance Trips		1, 141					29. 00
30.00 Employee discount da	ys (see instruction)			0			30.00
31.00 Employee discount da				0			31.00
	s (see instructions)	o	47	644			32. 00
32.01 Total ancillary labo				0			32. 01
outpatient days (see				_			
33.00 LTCH non-covered day		0					33. 00
,	'	'	'		'	•	

Full Time Discharges Foundation Page					To	12/31/2016	Date/Time Pre 5/22/2017 5:3	
Component			Full Time		Di sch	arges	072272017 0.0.	Э рііі
Norkers			Equi val ents					
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds) 1.00 13.00 14.00 15.00 1.00		Component		Title V	Title XVIII	Title XIX		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 8 exclude Swing Bed. Observation Bed and Hospice days) (see instructions for col. 2 7 for the portion of LIDP room avail able beds) 1,327 3,088 2,00 3,00 4,00 1,								
8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds) 2.00			11. 00					
Hospice days) (See instructions for col. 2 7 7 7 7 7 7 7 7 7	1. 00			C	7, 053	333	16, 651	1. 00
For the portion of LDP room available beds) 2.00 0.00 0.00 1,327 3,088 2.00 0								
2.00 HMC and other (see instructions) 3.00 HMC in FS subprovider 4.00 4.00 4.00 4.00 HS Subprovider 4.00 5.00 Hospital Adult s& Peds. Swing Bed SNF 6.00 7.00 beds) (see instructions) 8.00 INTENSIVE CARE UNIT 9.00 10.00 OTHER SPECIAL CARE (SPECIFY) 11.00 OTHER SPECIAL CARE (SPECIFY) 12.00 13.00 NURSERY 10.10 SUBPROVIDER - IRF 10.00 CAH visits 10.00 SUBPROVIDER - IRF 10.00 SUBPROVIDER - IRF 10.00 SUBPROVIDER - IRF 10.00 OTHER SPECIAL CARE (SPECIFY) 11.00 SUBPROVIDER - IRF 10.00 OTHER SPECIAL CARE (SPECIFY) 12.00 13.00 OTHER SPECIAL CARE (SPECIFY) 15.00 CAH visits 15.00 CAH visits 16.00 SUBPROVIDER - IRF 17.00 SUBPROVIDER - IRF 18.00 OTHER SPECIAL CARE (SPECIFY) 18.00 SUBPROVIDER - IRF 18.00 SUBP								
MO IPF Subprovider	2 00				1 227	2 000		2 00
4.00					1, 327	3, 000		
5.00						12		
6.00 Hospital Adults & Peds. Swing Bed NF 7.00 Total Adults and Peds. (exclude observation beds) (see instructions) 8.00 INTENSIVE CARE UNIT 8.00 10.00 BURN INTENSIVE CARE UNIT 11.00 SURGICAL INTENSIVE CARE UNIT 12.00 OTHER SPECIAL CARE (SPECIFY) 13.00 NURSERY 10.00 CAH visits 10.00 SUBPROVIDER - IPF 10.00 SUBPROVIDER - IRF 10.00 OND 10.00 SUBPROVIDER - IRF		•				12		
7.00 Total Adults and Peds (exclude observation beds) (see instructions) 8.00 INTENSIVE CARE UNIT 9.00 10.00 BURN INTENSIVE CARE UNIT 9.00 11.00 1								
beds) (see instructions)								
8.00	7.00							7.00
9.00 NEONATAL INTENSIVE CARE UNIT 10.00	8.00							8. 00
10.00 BURN INTENSIVE CARE UNIT 10.00 11.00 11.00 12.00 12.00 13.00 14.00 15.00 15.00 15.00 15.00 16.00 15.00 15.00 16.00 15.00 16.00 1		1						
11. 00 SURGICAL INTENSIVE CARE UNIT 12. 00 12. 00 OTHER SPECIAL CARE (SPECIFY) 13. 00 NURSERY 13. 00 NURSERY 15. 00 CAH visits 16. 00 SUBPROVIDER - IPF 0. 0. 00 0 0 0 0 0 16. 00 0 0 0 0 0 0 0 0 0		1						
12. 00 13. 00 13. 00 13. 00 13. 00 14. 00 15. 00 15. 00 15. 00 16. 00 15. 00 16. 00 18. 00 19		1						
13.00 NURSERY 13.00 NURSERY 14.00 Total (see instructions) 0.00 0 7,053 333 16,651 14.00 15.00 CAH visits 15.00 CAH visits 15.00 0 0 0 0 0 0 16.00 17.00 SUBPROVI DER - IRF 0.00 0 0 220 1 300 17.00 18.00 SUBPROVI DER 18.00 SUBPROVI DER 18.00 SUBPROVI DER 19.00 SKILLED NURSI NG FACILITY 19.00 SKILLED NURSI NG FACILITY 19.00 SKILLED NURSI NG FACILITY 19.00 OTHER LONG TERM CARE 20.00 OTHER LONG TERM CARE 21.00 CHME HEALTH AGENCY 23.00 AMBULATORY SURGI CAL CENTER (D. P.) 24.00 HOSPI CE CAHC CAHC 24.00 CAHC CAHC 25.00 CMHC - CMHC 25.00 CMHC - CMHC 26.00 RURAL HEALTH CLINI C 26.00 RURAL HEALTH CLINI C 26.00 RURAL HEALTH CLINI C 26.00 CAHC	12.00							12.00
15. 00 CAH visits 16. 00 SUBPROVIDER - IPF 17. 00 SUBPROVIDER - IRF 18. 00 SUBPROVIDER - IRF 19. 00 SUBPROVIDER 19. 00 SKILLED NURSING FACILITY 20. 00 NURSING FACILITY 21. 00 OTHER LONG TERM CARE 22. 00 HOME HEALTH AGENCY 23. 00 AMBULATORY SURGICAL CENTER (D.P.) 24. 00 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days (see instructions) 32. 00 Total ancillary labor & delivery room outpatient days (see instructions) 32. 01	13.00							13.00
16. 00 SUBPROVIDER - IPF 0. 00 0 0 0 16. 00 17. 00 SUBPROVIDER - IRF 0. 00 0 0 18. 00 SUBPROVIDER - IRF 18. 00 19. 00 SKILLED NURSING FACILITY 19. 00 20. 00 NURSING FACILITY 20. 00 21. 00 HOME HEALTH AGENCY 21. 00 22. 00 HOME HEALTH AGENCY 22. 00 24. 00 HOSPICE 24. 10 25. 00 CMHC - CMHC 25. 00 26. 00 RURAL HEALTH CLINIC 26. 25 27. 00 Total (sum of lines 14-26) 0. 00 28. 00 Observation Bed Days 28. 00 29. 00 Ambul ance Trip S 29. 00 30. 00 Employee discount days - IRF 31. 00 32. 00 Total ancillary labor & delivery room outpatient days (see instructions) 32. 01 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 32. 01	14.00	Total (see instructions)	0. 00	C	7, 053	333	16, 651	14.00
17. 00 SUBPROVIDER - IRF 0. 00 0 220 1 300 17. 00 18. 00 19. 00 SUBPROVIDER 19. 00 0 SUBPROVIDER 19. 00 19.	15.00	CAH visits						15.00
18.00 SUBPROVI DER 19.00 SKI LLED NURSI NG FACI LITY 20.00 NURSI NG FACI LITY 21.00 OTHER LONG TERM CARE 22.00 HOME HEALTH AGENCY 23.00 AMBULATORY SURGI CAL CENTER (D. P.) 24.00 HOSPI CE 24.10 HOSPI CE (non-distinct part) 25.00 CMHC - CMHC 26.00 RURAL HEALTH CLINI C 26.00 RURAL HEALTH CLINI C 26.00 RURAL Grave of Lines 14-26) 27.00 Total (sum of lines 14-26) 28.00 Observation Bed Days 29.00 Ambul ance Trips 30.00 Employee discount days (see instruction) 31.00 Employee discount days - IRF 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions)	16.00	SUBPROVI DER - I PF	l l	C		0	0	
19. 00 20. 00 NURSING FACILITY 21. 00 OTHER LONG TERM CARE 22. 00 HOME HEALTH AGENCY 23. 00 AMBULATORY SURGICAL CENTER (D.P.) HOSPICE 24. 10 HOSPICE CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 RURAL HEALTH CLINIC 26. 25 Total (sum of lines 14-26) 0 Observation Bed Days 29. 00 Ambul ance Trips 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 25 Employee discount days (see instruction) 26. 00 27. 00 28. 00 29. 00 29. 00 29. 00 29. 00 20. 00 2		1	0. 00	C	220	1	300	
20.00 NURSING FACILITY 20.00 21.00 21.00 22.00 Ambulance Trips 20.00 22.00 23.00 Ambulance Trips 24.00 25.00 26.00 27.00		1						
21.00 OTHER LONG TERM CARE 22.00 HOME HEALTH AGENCY 23.00 AMBULATORY SURGICAL CENTER (D.P.) 24.00 HOSPICE 24.10 HOSPICE (non-distinct part) 25.00 CMHC - CMHC 26.00 RURAL HEALTH CLINIC 26.00 RURAL HEALTH CLINIC 27.00 Total (sum of lines 14-26) 28.00 Observation Bed Days 29.00 Ambulance Trips 30.00 Employee discount days (see instruction) 31.00 Employee discount days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions)		1						
22. 00 HOME HEALTH AGENCY 23. 00 AMBULATORY SURGICAL CENTER (D. P.) 24. 00 HOSPICE 24. 10 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 RURAL HEALTH CLINIC 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 26. 27. 00 Total (sum of lines 14-26) 27. 00 Observation Bed Days 29. 00 Ambul ance Trips 29. 00 29. 00 Employee discount days (see instruction) 31. 00 Employee discount days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions)		1						
23. 00 AMBULATORY SURGICAL CENTER (D. P.) 24. 00 HOSPICE 24. 10 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 Total (sum of lines 14-26) 27. 00 Observation Bed Days 29. 00 Ambulance Trips 29. 00 28. 00 Employee discount days (see instruction) 31. 00 Employee discount days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 32. 01		1						
24. 00 HOSPICE 24. 10 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambulance Trips 29. 00 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 32. 01		4						
24. 10 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 FEDERALLY QUALIFIED HEALTH CENTER 26. 25 27. 00 Total (sum of lines 14-26) 27. 00 Observation Bed Days 28. 00 Observation Bed Days 29. 00 Ambulance Trips 29. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 30. 01 Total ancillary labor & delivery room outpatient days (see instructions)		1						
25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 FEDERALLY QUALIFIED HEALTH CENTER 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambulance Trips 29. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions)								
26. 00 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 26. 00 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambul ance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions)								
26. 25 27. 00 Total (sum of lines 14-26) 0. 00 28. 00 Observation Bed Days 29. 00 Ambul ance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 31. 00 Employee discount days (see instructions) 32. 01		•						
27.00		1	0.00					
28.00 Observation Bed Days 29.00 Ambulance Trips 29.00 Employee discount days (see instruction) 31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 32.01		1						
29.00 30.00 Employee discount days (see instruction) 31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) Total ancillary labor & delivery room outpatient days (see instructions)			0.00					
30.00 Employee discount days (see instruction) 31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) Total ancillary labor & delivery room outpatient days (see instructions) 30.00 31.00 32.00		1						
31.00 Employee discount days - IRF 31.00 Labor & delivery days (see instructions) Total ancillary labor & delivery room outpatient days (see instructions) 31.00 32.00		•						30. 00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)	31.00							31. 00
outpati ent days (see instructions)	32.00							32. 00
	32. 01	Total ancillary labor & delivery room						32. 01
33.00 LTCH non-covered days	33. 00	LTCH non-covered days				l		33. 00

						0 12/31/2016	Date/lime Pre 5/22/2017 5:3	
		Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1. 00	2. 00	3.00	4.00	5. 00	6. 00	
	PART II - WAGE DATA SALARIES							1
1.00	Total salaries (see	200. 00	101, 763, 681	-548, 301	101, 215, 380	3, 687, 731. 80	27. 45	1.00
2. 00	instructions) 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	Physician-Part A - Administrative		0	0	0	0. 00	0. 00	4. 00
4. 01 5. 00	Physicians - Part A - Teaching Physician and Non		413, 195 0	0	413, 195 0	3, 656. 00 0. 00	l .	
6. 00	Physician-Part B Non-physician-Part B for hospital-based RHC and FQHC		0	0	0	0.00		
7.00	services Interns & residents (in an	21. 00	0	3, 730, 231	3, 730, 231	140, 858. 00	26. 48	7. 00
7. 01	approved program) Contracted interns and residents (in an approved		0	О	0	0.00	0.00	7. 01
8.00	programs) Home office and/or related organization personnel		0	0	0	0. 00	0.00	8. 00
9. 00 10. 00	SNF Excluded area salaries (see	44. 00	0 5, 641, 502	0 540, 774	0 6, 182, 276	0. 00 218, 617. 37	•	
	instructions) OTHER WAGES & RELATED COSTS		., ,					
11. 00	Contract Labor: Direct Patient Care		3, 934, 228	0	3, 934, 228			
12. 00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13. 00	Contract Labor: Physician-Part A - Administrative		4, 924, 838	0	4, 924, 838	67, 736. 21	72. 71	13. 00
14. 00	Home office and/or related orgainzation salaries and wage-related costs		27, 192, 764	О	27, 192, 764	693, 192. 00	39. 23	14. 00
14. 01	Home office salaries		0	0	0	0.00	l e	14. 01
14. 02 15. 00	Related organization salaries Home office: Physician Part A		0	0	0	0. 00 0. 00		
16. 00	- Administrative Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16. 00
17. 00	WAGE-RELATED COSTS Wage-related costs (core) (see		36, 211, 941	0	36, 211, 941			17. 00
18. 00	instructions) Wage-related costs (other) (see instructions)		0	0	0			18. 00
19. 00 20. 00	Excluded areas Non-physician anesthetist Part		2, 429, 064 0	0	2, 429, 064 0			19. 00 20. 00
21. 00	A Non-physician anesthetist Part		0	О	0			21. 00
22. 00	B Physician Part A - Administrative		0	О	0			22. 00
22. 01	Physician Part A - Teaching		104, 816	0	104, 816			22. 01
23. 00 24. 00	Physician Part B Wage-related costs (RHC/FQHC)		0	0	0			23. 00 24. 00
24. 00 25. 00	Interns & residents (in an approved program)		856, 057	0	856, 057			25. 00
25. 50 25. 51	Home office wage-related Related orgainzation		0		0			25. 50 25. 51
25. 52	wage-related Home office: Physician Part A		0	О	0			25. 52
25. 53	- Administrative - wage-related Home office & Contract		0					25. 53
∠3. 53	Physicians Part A - Teaching - wage-related	S						∠3. 53 _
26. 00	OVERHEAD COSTS - DIRECT SALARIE Employee Benefits Department	4. 00	27, 424	0	27, 424	1, 882. 00		26. 00
27. 00	Administrative & General	5. 00	6, 255, 103	-266, 779	5, 988, 324	180, 308. 77	33. 21	27. 00

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet S-3 | From 01/01/2016 | Part II | To 12/31/2016 | Date/Time Prepared: | From CMS-2552-10 | Prepared: | Prepar

							5/22/2017 5: 3	5 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	
28. 00	Administrative & General under		4, 955	0	4, 955	49. 38	100. 34	28. 00
	contract (see inst.)							
29. 00	Maintenance & Repairs	6. 00	2, 971, 444	-42, 535	2, 928, 909	135, 811. 20		
30.00	Operation of Plant	7. 00	1, 162, 267	-44, 341	1, 117, 926	46, 968. 59	23. 80	30.00
31. 00	Laundry & Linen Service	8. 00	0	0	0	0.00	0. 00	31.00
32.00	Housekeepi ng	9. 00	2, 503, 005	-14, 416	2, 488, 589	191, 023. 02	13. 03	32.00
33.00	Housekeeping under contract		0	0	0	0.00	0. 00	33.00
	(see instructions)							
34.00	Di etary	10. 00	2, 474, 269	-1, 096, 304	1, 377, 965	87, 938. 02	15. 67	34.00
35.00	Di etary under contract (see		0	0	0	0.00	0. 00	35.00
	instructions)							
36. 00	Cafeteri a	11. 00	0	1, 080, 164	1, 080, 164	80, 911. 00	13. 35	36.00
37.00	Maintenance of Personnel	12. 00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13. 00	5, 163, 517	-24, 284	5, 139, 233	159, 431. 64	32. 23	38.00
39.00	Central Services and Supply	14. 00	0	0	0	0.00	0. 00	39.00
40.00	Pharmacy	15. 00	4, 761, 651	-125, 467	4, 636, 184	128, 001. 94	36. 22	40.00
41.00	Medical Records & Medical	16. 00	0	0	0	0.00	0. 00	41.00
	Records Library							
42.00	Social Service	17. 00	0	0	0	0.00	0. 00	42.00
43.00	Other General Service	18. 00	0	0	0	0.00	0. 00	43.00

Health Financial Systems
HOSPITAL WAGE INDEX INFORMATION

BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-10

Provider CCN: 15-0089 Period:
From 01/01/2016 Part III
Date/Time Prepared:
5/22/2017 5: 35 pm

Worksheet A Amount Reclassificati Adjusted Paid Hours Average Hourly

		WOI KSHCCL A	Amount	INCCI door i i ca ti	Auj us teu	Tara nours	priver age mounty	
		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		101, 355, 441	-4, 278, 532	97, 076, 909	3, 543, 267. 18	27. 40	1.00
	instructions)							
2.00	Excluded area salaries (see		5, 641, 502	540, 774	6, 182, 276	218, 617. 37	28. 28	2.00
	instructions)							
3.00	Subtotal salaries (line 1		95, 713, 939	-4, 819, 306	90, 894, 633	3, 324, 649. 81	27. 34	3.00
	minus line 2)							
4.00	Subtotal other wages & related		36, 051, 830	0	36, 051, 830	820, 520. 27	43. 94	4.00
	costs (see inst.)							
5.00	Subtotal wage-related costs		36, 211, 941	0	36, 211, 941	0.00	39. 84	5.00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		167, 977, 710	-4, 819, 306	163, 158, 404	4, 145, 170. 08	39. 36	6.00
7.00	Total overhead cost (see		25, 323, 635	-533, 962	24, 789, 673	1, 012, 325. 56	24. 49	7.00
	instructions)							
	,			•				

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Li€	eu of Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS	Provi der CCN: 15-008		Worksheet S-3
		From 01/01/2016	Part IV

	To 12/31/2016	Date/Time Prep 5/22/2017 5:35	
		Amount	
		Reported	
		1. 00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETI REMENT COST		
1.00	401K Employer Contributions	3, 927, 312	1. 00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	ol	2. 00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	13, 018, 762	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	987	5. 00
6.00	Legal /Accounting/Management Fees-Pension Plan	o	6. 00
7.00	Employee Managed Care Program Administration Fees	o	7. 00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8. 01	Health Insurance (Self Funded without a Third Party Administrator)	ol	8. 01
8. 02	Health Insurance (Self Funded with a Third Party Administrator)	13, 842, 071	8. 02
8. 03	Heal th Insurance (Purchased)	ol	8. 03
9. 00	Prescription Drug Plan	ام	9. 00
10.00	Dental, Hearing and Vision Plan	433, 441	10.00
11. 00	Life Insurance (If employee is owner or beneficiary)	52, 671	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)	698, 068	
14. 00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14. 00
15. 00	'Workers' Compensation Insurance	21, 050	
16. 00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.	0	16. 00
	Non cumulative portion)	ĭ	10.00
	TAXES		
17. 00	FICA-Employers Portion Only	7, 237, 683	17. 00
18. 00	Medicare Taxes - Employers Portion Only	0	18. 00
19. 00	Unemployment Insurance	ام	19.00
	State or Federal Unemployment Taxes	24, 569	
20.00	OTHER	21,007	20.00
21. 00	Executive Deferred Compensation (Other Than Retirement Cost Reported on Lines 1 through 4 above. (see	0	21. 00
21.00	instructions))	ĭ	21.00
22. 00	Day Care Cost and Allowances	0	22. 00
23. 00	Tui ti on Rei mbursement	345, 265	
	Total Wage Related cost (Sum of lines 1 -23)	39, 601, 879	
_ 1. 00	Part B - Other than Core Related Cost	37, 331, 077	50
25 00	OTHER WAGE RELATED COSTS (SPECIFY)	n	25. 00
25.00	John Wild Reduces 30010 (Greatin)	٥١	20.00

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lie	eu of Form CMS-2	2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST		Peri od: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Pre 5/22/2017 5:3	pared:
Cost Center Description		Contract Labor	Benefit Cost	
		1 00	2 00	

	l l	0 12/31/2010	5/22/2017 5: 3	
	Cost Center Description	Contract Labor	Benefit Cost	
		1. 00	2. 00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospi tal	0	0	2. 00
3.00	Subprovi der - I PF	0	0	3. 00
4.00	Subprovi der - I RF	0	0	4. 00
5. 00	Subprovi der - (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			8. 00
9. 00	Hospi tal -Based NF			9. 00
10. 00	Hospi tal -Based OLTC			10.00
	Hospi tal -Based HHA			11. 00
	Separately Certified ASC			12.00
	Hospi tal -Based Hospi ce			13. 00
14. 00	Hospital-Based Health Clinic RHC			14.00
	Hospital-Based Health Clinic FQHC			15. 00
	Hospi tal -Based-CMHC			16. 00
17. 00	Renal Di al ysi s	0	0	17.00
18. 00	Other	0	0	18. 00

Hoal th	Financial Systems BALL	. MEMORIAL HOSPITAL		Inlio	u of Form CMS-2	0552 10
	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provi der Co	^N: 15_0089	Peri od:	Worksheet S-10	
1100111	THE SHOOM ENGRIED THE PROPERTY STATE BYTT	11001461	014. 10 0007	From 01/01/2016		
				To 12/31/2016		
	·				5/22/2017 5: 3	5 pm
					1. 00	
	Uncompensated and indigent care cost computation				1.00	
1.00	Cost to charge ratio (Worksheet C, Part I line 202	column 3 divided by li	ne 202 colum	n 8)	0. 167860	1. 00
	Medicaid (see instructions for each line)			- /		
2.00	Net revenue from Medicaid				48, 762, 163	2. 00
3.00	Did you receive DSH or supplemental payments from N	ledi cai d?			Υ	3. 00
4.00	If line 3 is "yes", does line 2 include all DSH or		from Medicai	d?	Υ	4. 00
5.00	If line 4 is "no", then enter DSH or supplemental p	payments from Medicaid			0	5. 00
6. 00	Medi cai d charges				344, 452, 642	
7. 00	Medicaid cost (line 1 times line 6)				57, 819, 820	
8.00	Difference between net revenue and costs for Medica	aid program (line 7 min	ius sum of li	nes 2 and 5; if	9, 057, 657	8. 00
	<pre>< zero then enter zero) Children's Health Insurance Program (CHIP) (see ins</pre>	structions for each lin	۵)			
9. 00	Net revenue from stand-alone CHIP	structions for each fin	<i>e)</i>		0	9. 00
10. 00	Stand-alone CHIP charges				0	
11. 00	Stand-alone CHIP cost (line 1 times line 10)				0	11. 00
12. 00	Difference between net revenue and costs for stand-	-alone CHIP (line 11 mi	nus line 9:	if < zero then	o	
	enter zero)	•	,			
	Other state or Local government indigent care progr					
13. 00	Net revenue from state or local indigent care progr	•		,	0	13. 00 14. 00
14. 00	14.00 Charges for patients covered under state or local indigent care program (Not included in lines 6 or					
15 00	10)	timos lino 14)			0	15. 00
15. 00 16. 00	State or local indigent care program cost (line 1 to Difference between net revenue and costs for state		program (Li	no 15 minus lino	0	
10.00	13; if < zero then enter zero)	or rocal rindigent care	: program (11	ne is illinus illie	١	10.00
	Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income rest	tricted to funding char	ity care		0	17. 00
18. 00	Government grants, appropriations or transfers for	support of hospital op	erati ons		0	18. 00
19. 00	Total unreimbursed cost for Medicaid , CHIP and sta	ate and local indigent	care program	s (sum of lines	9, 057, 657	19. 00
	8, 12 and 16)		l 11=1 === =	1	T-+-1 (1 1	
			Uni nsured pati ents	I nsured pati ents	Total (col. 1 + col. 2)	
			1.00	2. 00	3.00	
20. 00	Charity care charges for the entire facility (see i	nstructions)	39, 389, 6		42, 908, 837	20. 00
21. 00	Cost of patients approved for charity care (line 1		6, 611, 9			
22. 00	Partial payment by patients approved for charity ca	are	211, 0	65 25, 922	236, 987	22. 00
23.00	Cost of charity care (line 21 minus line 22)		6, 400, 8	77 564, 814	6, 965, 691	23. 00
	I				1. 00	
24. 00	Does the amount in line 20 column 2 include charges		nd a Length	of stay limit		24. 00
25. 00	imposed on patients covered by Medicaid or other in		naram's Lana	th of stav limit	0	25. 00
26. 00						
27. 00						
28. 00	Non-Medicare and non-reimbursable Medicare bad debt	,	ıs line 27)		18, 519, 112	
29. 00	Cost of non-Medicare and non-reimbursable Medicare			e 28)	3, 108, 618	
30.00	Cost of uncompensated care (line 23 column 3 plus I			= ==/	10, 074, 309	
	Total unreimbursed and uncompensated care cost (lir				19, 131, 966	
	·	•		'		= 1

	FINANCIAL SYSTEMS SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	E ENDENCES	Provi der CC	N: 15 0000 [Peri od:	Worksheet A	2552-10
RECEAS	STITEMENT AND ADJUSTMENTS OF TRIAL BALANCE O	I LAFLINGLS	Pi ovi dei Cc	F	rom 01/01/2016	Date/Time Pre 5/22/2017 5:3	
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +-	
		1.00	2. 00	3. 00	4. 00	<u>col . 4)</u> 5. 00	
	GENERAL SERVICE COST CENTERS						
1. 00 3. 00	00100 NEW CAP REL COSTS-BLDG & FIXT 00300 OTHER CAPITAL RELATED COSTS		6, 890, 171	6, 890, 17	16, 599, 103	23, 489, 274	1.00
4. 00	00400 EMPLOYEE BENEFITS DEPARTMENT	27, 424	29, 727, 960	29, 755, 384	125, 079	29, 880, 463	
5. 01	01160 COMMUNI CATI ONS	504, 189	155, 230	659, 419		656, 389	1
5.02	00550 DATA PROCESSING	0	0	1 00 (10	0	0	
5. 04 5. 05	OO570 ADMITTING OO580 CASHIERING/ACCOUNTS RECEIVABLE	937, 084	99, 342 0	1, 036, 426	-18, 129	1, 018, 297 0	5. 04 5. 05
5. 06	00590 OTHER ADMINISTRATIVE AND GENERAL	4, 813, 830	65, 398, 246	70, 212, 07	142, 819	70, 354, 895	1
6.00	00600 MAINTENANCE & REPAIRS	2, 971, 444	12, 001, 276	14, 972, 720		7, 630, 557	
7. 00 8. 00	OO7OO OPERATION OF PLANT OO8OO LAUNDRY & LINEN SERVICE	1, 162, 267	4, 585, 670	5, 747, 937		5, 952, 045	1
9. 00	00900 HOUSEKEEPING	2, 503, 005	784, 740	3, 287, 745		1, 174, 684 2, 842, 953	1
10. 00	01000 DI ETARY	2, 474, 269	1, 799, 370	4, 273, 639		2, 189, 509	1
11.00	01100 CAFETERI A	0	0	(227 474	.,	1, 975, 205	
13. 00 14. 00	O1300 NURSI NG ADMI NI STRATI ON O1400 CENTRAL SERVI CES & SUPPLY	5, 163, 517	1, 233, 954 705, 848	6, 397, 47 <i>°</i> 705, 848		6, 246, 232 10, 073, 732	1
15. 00	01500 PHARMACY	4, 761, 651	24, 753, 109	29, 514, 760		5, 858, 189	
16. 00	01600 MEDICAL RECORDS & LIBRARY	0	0	(o	0	16. 00
21. 00	02100 I &R SERVI CES-SALARY & FRINGES APPRVD	0	0 3, 284, 669	7 717 201	3, 730, 231	3, 730, 231	1
22. 00 23. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM	4, 432, 634	3, 284, 669	7, 717, 303	-4, 129, 984 0	3, 587, 319 0	1
	INPATIENT ROUTINE SERVICE COST CENTERS		-				
30.00	03000 ADULTS & PEDI ATRI CS	19, 689, 579	7, 070, 781	26, 760, 360		23, 961, 023	
31. 00 32. 00	03100 INTENSI VE CARE UNIT 02060 NEONATAL INTENSI VE CARE UNIT	6, 791, 146 1, 747, 052	1, 905, 224 451, 180	8, 696, 370 2, 198, 232		7, 490, 545 1, 965, 726	1
40. 00	04000 SUBPROVI DER - I PF	0	431, 180	2, 170, 252	0	1, 703, 720	1
41. 00	04100 SUBPROVI DER - I RF	1, 362, 462	574, 960	1, 937, 422		1, 844, 231	
43. 00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	0	(659, 531	659, 531	43. 00
50. 00	05000 OPERATING ROOM	4, 914, 078	18, 328, 144	23, 242, 222	-16, 852, 520	6, 389, 702	50.00
51.00	05100 RECOVERY ROOM	1, 401, 216	445, 392	1, 846, 608		1, 514, 810	1
52. 00 54. 00	O5200 DELIVERY ROOM & LABOR ROOM O5400 RADIOLOGY-DIAGNOSTIC	1, 907, 466	647, 386	2, 554, 852 18, 998, 474		2, 053, 829 11, 096, 394	
57. 00	03280 EKG AND EEG	7, 679, 701 119, 026	11, 318, 773 12, 776	131, 802		125, 489	1
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	(o	0	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	1, 609, 762	7, 872, 456	9, 482, 218 9, 893, 739		2, 059, 306	1
60. 00 60. 01	06001 BLOOD LABORATORY	0	9, 893, 739 0	9, 893, 739	-31, 330	9, 862, 409 0	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	1, 273, 850	1, 273, 850		1, 272, 177	63. 00
65.00	06500 RESPI RATORY THERAPY	3, 166, 994	770, 556	3, 937, 550		3, 410, 138	
65. 01 66. 00	06501 SLEEP LAB 06600 PHYSI CAL THERAPY	489, 877 4, 454, 841	435, 745 909, 897	925, 622 5, 364, 738		547, 951 4, 774, 139	
67. 00	06700 OCCUPATI ONAL THERAPY	625, 976	110, 263	736, 239		762, 125	
68.00	06800 SPEECH PATHOLOGY	353, 703	34, 531	388, 234		409, 085	
68. 01 69. 00	O6801 AUDI OLOGY O6900 ELECTROCARDI OLOGY	1, 041, 765	804, 931	1, 846, 696	1 1	0 1, 352, 250	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	(7, 672, 450	1
72. 00	07200 I MPL. DEV. CHARGED TO PATIENT	0	0	(13, 601, 890	1
73. 00 73. 01	07300 DRUGS CHARGED TO PATIENTS 07301 HOSPITAL BASED RETAIL PHARMACIES	1, 629, 722	0 8, 216, 339	9, 846, 06°	24, 333, 088 -120, 678	24, 333, 088 9, 725, 383	
74. 00	07400 RENAL DIALYSIS	0	1, 179, 434	1, 179, 434		1, 143, 112	
76. 00	03160 CARDI OPULMONARY	0	0	(o	0	76. 00
76. 97 76. 98	O7697 CARDI AC REHABI LI TATI ON O7698 HYPERBARI C OXYGEN THERAPY	469, 116 474, 845	117, 577 927, 059	586, 693 1, 401, 904		574, 575 1, 162, 073	1
70. 90	OUTPATIENT SERVICE COST CENTERS	474, 643	921, 039	1, 401, 902	-239, 031	1, 102, 073	70.90
90.00	09000 CLI NI C	0	0	(0	
90. 02 90. 03	O9002 PAIN CLINIC O9003 ONCOLOGY CLINIC	399, 238	382, 467	781, 705		449, 814	1
90.03	09100 EMERGENCY	630, 750 5, 125, 762	305, 632 6, 178, 620	936, 382 11, 304, 382		874, 575 9, 502, 783	1
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3, 122, 132	5,,			.,,	92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	1, 649, 250	286, 347	1, 935, 597	7 -1, 288, 843	646, 754	92. 01
95. 00	OTHER REIMBURSABLE COST CENTERS O9500 AMBULANCE SERVICES	1, 036, 642	497, 965	1, 534, 607	-190, 323	1, 344, 284	95. 00
	SPECIAL PURPOSE COST CENTERS	.,,	,	.,	112, 223		
113. 00 118. 00	11300 I NTEREST EXPENSE SUBTOTALS (SUM OF LINES 1-117) NONREI MBURSABLE COST CENTERS	98, 521, 283	0 232, 371, 609	330, 892, 892	0 2 -1, 651, 277	0 329, 241, 615	113. 00 118. 00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	147, 163	543, 823	690, 986		685, 894	
	19100 RESEARCH 07950 OTHER NONREIMBURSABLE COST CENTERS	450, 664	106, 764	557, 428	-1, 939	555, 489	191. 00 194. 00
	07951 BSU PHARMACY	217, 803	15, 284	233, 087	19, 353		
			- 1				·

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Provider CCN: 15-0089 Period: Worksheet A	
From 01/01/2016	
To 12/31/2016 Date/Time Prepar 5/22/2017 5:35 p	
Cost Center Description Salaries Other Total (col. 1 Reclassificati Reclassified	рш
+ col . 2) ons (See A-6) Trial Balance	
(col . 3 +-	
col . 4)	
1.00 2.00 3.00 4.00 5.00	
194. 02 07952 PAVI LLI ON PHARMACY 726, 614 5, 712, 911 6, 439, 525 14, 924 6, 454, 449 194	94. 02
194. 03 07953 VENDI NG 0 0 0 0 0 194	194. 03
194. 04 07954 CARELI NE 0 0 0 0 0 194	194. 04
194. 05 07955 WELLNESS CENTER 51, 353 56, 115 107, 468 -42, 597 64, 871 194	94. 05
194. 06 07956 PHYSI CI AN PRACTI CE CLI NI CS 0 25, 404 -8, 912 16, 492 194	94.06
194. 07 07957 PERI NATAL CLI NI C 0 0 0 0 194	194. 07
194. 08 07958 RENTAL PROPERTY 0 0 545, 919 545, 919 194	94. 08
	194. 09
194. 10 07960 I NTEGRA LTAC 0 0 0 0 0 194	194. 10
194. 11 07961 I U HEALTH HOSPICE 0 1, 168 438 1, 606 194	194. 11
	194. 12
	194. 13
	194. 14
	194. 15
194. 16 07966 JAY COUNTY HOSPI TAL 238, 595 11, 293 249, 888 -639 249, 249 194	194. 16
	194. 17
	194. 18
	194. 19
	194. 20
	194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES 1, 239, 567 103, 639 1, 343, 206 61, 072 1, 404, 278 194	194. 22
194. 23 07973 CANCER CENTER BOUTLOUE 14, 024 108, 081 122, 105 -591 121, 514 194	
	194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 0 703 703 -260 443 194	
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL 153, 207 8, 362 161, 569 1, 069, 601 1, 231, 170 194	
	194. 27
	194. 28
	194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE 3, 408 3, 795 7, 203 0 7, 203 194	194. 30
	194. 31
	194. 32
	194. 33
	194. 34
	194. 35
200. 00 TOTAL (SUM OF LINES 118-199) 101, 763, 681 239, 068, 951 340, 832, 632 0 340, 832, 632 200	200.00

 Health Financial
 Systems
 BALL MEMORITY

 RECLASSIFICATION
 AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES
 Peri od: From 01/01/2016 To 12/31/2016 Date/Time Prepared: Provider CCN: 15-0089

					5/22/2017 5: 3	
		Cost Center Description	Adjustments	Net Expenses		
				For Allocation		
	GENED	AL SERVICE COST CENTERS	6. 00	7. 00		
1.00		NEW CAP REL COSTS-BLDG & FIXT	-1, 096, 357	22, 392, 917		1.00
3.00		OTHER CAPITAL RELATED COSTS	0		•	3. 00
4.00		EMPLOYEE BENEFITS DEPARTMENT	-3, 616, 570	26, 263, 893		4. 00
5. 01		COMMUNI CATI ONS	-83, 887	572, 502	•	5. 01
5.02		DATA PROCESSING	11, 899, 060			5. 02
5. 04 5. 05	1	ADMITTING CASHIERING/ACCOUNTS RECEIVABLE	5, 583, 182 4, 729, 661	6, 601, 479 4, 729, 661	•	5. 04 5. 05
5. 06		OTHER ADMINISTRATIVE AND GENERAL	-34, 822, 108		•	5. 06
6.00	1	MAINTENANCE & REPAIRS	-328, 427		•	6. 00
7.00	00700	OPERATION OF PLANT	-107, 929	5, 844, 116		7. 00
8.00		LAUNDRY & LINEN SERVICE	0		•	8. 00
9.00		HOUSEKEEPI NG	-79, 113		1	9.00
10. 00 11. 00		DI ETARY CAFETERI A	-438, 181 -1, 144, 075	1, 751, 328 831, 130	•	10. 00 11. 00
13. 00		NURSING ADMINISTRATION	-62,023		•	13.00
14. 00	1	CENTRAL SERVICES & SUPPLY	0	10, 073, 732	•	14. 00
15.00	1	PHARMACY	-518, 336		•	15. 00
16. 00	1	MEDICAL RECORDS & LIBRARY	0	0	l .	16. 00
21. 00		I &R SERVI CES-SALARY & FRINGES APPRVD	0	3, 730, 231		21. 00
22. 00		I&R SERVICES-OTHER PRGM COSTS APPRVD PARAMED ED PRGM	-134, 066	3, 453, 253 0	•	22. 00
23. 00		IENT ROUTINE SERVICE COST CENTERS	U	0		23. 00
30. 00		ADULTS & PEDIATRICS	-147, 924	23, 813, 099		30. 00
31.00	03100	INTENSIVE CARE UNIT	-4, 794		l .	31. 00
32. 00	02060	NEONATAL INTENSIVE CARE UNIT	-81, 250	1, 884, 476		32. 00
40. 00		SUBPROVIDER - IPF	0	-	i e	40. 00
41.00	1	SUBPROVI DER - I RF	-22, 633		•	41.00
43. 00		NURSERY LARY SERVICE COST CENTERS	0	659, 531		43. 00
50. 00		OPERATING ROOM	-275, 100	6, 114, 602		50.00
51. 00		RECOVERY ROOM	0	1, 514, 810	•	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1, 117	2, 052, 712		52. 00
54.00	1	RADI OLOGY-DI AGNOSTI C	-731, 709		•	54.00
57. 00	1	EKG AND EEG	-116, 277	9, 212		57. 00
58. 00		MAGNETIC RESONANCE IMAGING (MRI)	0	-	l .	58. 00
59. 00 60. 00		CARDI AC CATHETERI ZATI ON LABORATORY	-30, 800 -48, 260			59. 00 60. 00
60. 00	1	BLOOD LABORATORY	-46, 200	9, 814, 149	l .	60.00
63. 00	1	BLOOD STORING, PROCESSING, & TRANS.	-34, 136	-	l control of the cont	63.00
65.00		RESPI RATORY THERAPY	-1, 400			65. 00
65. 01	06501	SLEEP LAB	-99, 183	448, 768		65. 01
66. 00	1	PHYSI CAL THERAPY	-1, 455, 302		•	66. 00
67. 00		OCCUPATIONAL THERAPY	-86, 495		•	67. 00
68. 00 68. 01		SPEECH PATHOLOGY AUDI OLOGY	-68, 798	340, 287 0		68. 00 68. 01
69. 00		ELECTROCARDI OLOGY	-31, 096		l .	69. 00
71. 00	1	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.,070	7, 672, 450	l .	71. 00
72. 00		IMPL. DEV. CHARGED TO PATIENT	0			72. 00
73. 00		DRUGS CHARGED TO PATIENTS	0	24, 333, 088		73. 00
73. 01	1	HOSPITAL BASED RETAIL PHARMACIES	-1, 838, 500		•	73. 01
74.00		RENAL DIALYSIS CARDIOPULMONARY	0	1, 143, 112 0		74. 00
76. 00 76. 97		CARDI AC REHABI LI TATI ON	-20, 832	553, 743	1	76. 00 76. 97
76. 98		HYPERBARI C OXYGEN THERAPY	-20, 032		•	76. 98
		TIENT SERVICE COST CENTERS		, , , , ,		
90. 00	1	CLI NI C	0	0	1	90. 00
90. 02	1	PAIN CLINIC	-8, 200		•	90. 02
90. 03		ONCOLOGY CLINIC	0	874, 575	•	90. 03
91. 00 92. 00		EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	-9, 166	9, 493, 617		91. 00 92. 00
92. 00	1	OBSERVATION BEDS (NON-DISTINCT PART)	0	646, 754		92.00
,2.0.		REIMBURSABLE COST CENTERS		0 10/ 70 1		, 2. 0.
95. 00	09500	AMBULANCE SERVICES	-9, 001	1, 335, 283		95. 00
		AL PURPOSE COST CENTERS				
		INTEREST EXPENSE	0		l .	113.00
118. 00		SUBTOTALS (SUM OF LINES 1-117) IMBURSABLE COST CENTERS	-25, 341, 142	303, 900, 473		118. 00
190. 00		GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	685, 894		190. 00
		RESEARCH	-2, 932		•	191. 00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0		194. 00
		BSU PHARMACY	-272, 172		•	194. 01
		PAVILLION PHARMACY	0	6, 454, 449		194. 02
194.03	o ₁ 07953	VENDI NG	1 0	0	1	194. 03

 Health Financial
 Systems
 BALL MEM

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

Provider CCN: 15-0089

			10 12/31/2016	5/22/2017 5: 35 pm
Cost Center Description	Adjustments	Net Expenses		
		For Allocation		
	6. 00	7. 00		
194. 04 07954 CARELI NE	0	0		194. 04
194.05 07955 WELLNESS CENTER	0	64, 871		194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	16, 492		194. 06
194. 07 07957 PERI NATAL CLI NI C	0	0		194. 07
194. 08 07958 RENTAL PROPERTY	-1, 300	544, 619		194. 08
194. 09 07959 ADVERTI SI NG	0	0		194. 09
194. 10 07960 I NTEGRA LTAC	0	0		194. 10
194. 11 07961 I U HEALTH HOSPI CE	-1, 602	4		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 RELATI ONS	0	0		194. 15
194. 16 07966 JAY COUNTY HOSPITAL	0	249, 249		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	-939, 789	464, 489		194. 22
194.23 07973 CANCER CENTER BOUTIQUE	0	121, 514		194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0		194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	443		194. 25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	1, 231, 170		194. 26
194. 27 07977 MI DWEST HEALTH STRATEGIES	0	0		194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		194. 29
194.30 07980 CARDI NAL HEALTH ALLI ANCE	-4, 260	2, 943		194. 30
194.31 07986 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)	-26, 563, 197	314, 269, 435		200.00

Health Financial Systems RECLASSIFICATIONS Peri od: From 01/01/2016 To 12/31/2016 Date/Ti me Prepared: 5/22/2017 5:35 pm Provider CCN: 15-0089

					5/22/2017 5	:35 pm
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3. 00	4. 00	5. 00		
	A - NON-BILLABLE SUPPLIES					
1. 00	CENTRAL SERVICES & SUPPLY	14. 00	0			1. 00
2.00	OTHER ADMINISTRATIVE AND	5. 06	0	336, 567		2. 00
	GENERAL					
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			6. 00
7.00		0.00	0			7. 00
8. 00		0.00	0			8. 00
9. 00		0.00	0			9. 00
10. 00		0.00	0			10. 00
11. 00		0.00	0			11. 00
12. 00		0.00	0	0		12.00
			0			
13.00		0.00		0		13. 00
14.00		0.00	0			14. 00
15. 00		0.00	0			15. 00
16. 00		0.00	0			16. 00
17. 00		0.00	0			17. 00
18. 00		0.00	0			18. 00
19. 00		0.00	0			19. 00
20.00		0.00	0	0		20. 00
21.00		0.00	0	0		21. 00
22.00		0.00	0			22. 00
23.00		0.00	0			23. 00
24.00		0.00	0			24. 00
25. 00		0.00	0			25. 00
26. 00		0.00	0			26. 00
27. 00		0.00	0			27. 00
28. 00		0.00	Ö	0		28. 00
29. 00		0.00	0			29. 00
30. 00		0.00	0	0		30.00
						1
31. 00		0.00	0			31.00
32.00		0.00	0			32.00
33. 00		0.00	0			33. 00
34.00		0.00	0			34. 00
35. 00		0.00	0			35. 00
36. 00		0.00	0			36. 00
37. 00		0.00	0	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		0.00	0			43.00
		— — 				1
	B - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO	71. 00	0	7, 672, 450		1. 00
	PATI ENTS			, . ,		
2.00	OTHER ADMINISTRATIVE AND	5. 06	0	833, 622		2. 00
	GENERAL					
3.00	PAVILLION PHARMACY	194. 02	0	21		3. 00
4.00		0.00	0			4. 00
5. 00		0.00	0			5. 00
6. 00		0.00	0			6. 00
7. 00		0.00	0			7. 00
8. 00		0.00	0			8. 00
9. 00		0.00	0			9. 00
10. 00		0.00	0			10.00
11.00		0.00	0			11. 00
12.00		0.00	0			12. 00
13.00		0.00	0			13. 00
14. 00		0.00	0			14. 00
15. 00		0.00	0			15. 00
16.00		0.00	0			16. 00
17. 00		0.00	0			17. 00
18.00		0.00	0	0		18. 00
19.00		0.00	0	0		19. 00
20.00		0.00	0			20. 00
21. 00		0.00	0			21. 00
22. 00		0.00	0			22. 00
23. 00		0.00	n	Ö		23. 00
	<u> </u>	 	— — — ö	8, 506, 093		
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					5:35 pm
		Increases	6.1	011	
	Cost Center 2.00	Li ne # 3.00	Sal ary 4.00	0ther 5.00	
	C - IMPLANTABLE DEVICES	3.00	4.00	3.00	
1.00	IMPL. DEV. CHARGED TO	72. 00	0	13, 601, 890	1.00
	PATI ENT	0.00		0	2.00
2. 00 3. 00		0. 00 0. 00	0	0	2. 00 3. 00
1. 00		0.00	ő	Ö	4. 00
5. 00		0.00	O	0	5. 00
5. 00		0.00	0	0	6. 00
7. 00		0.00	0	0	7. 00
3. 00 9. 00		0. 00 0. 00	0	0	8. 00 9. 00
10. 00		0.00	o	o	10.00
11. 00		0.00	o	0	11. 00
12.00		0.00	0	0	12. 00
13.00		0.00	0	0	13.00
14. 00 15. 00		0. 00 0. 00	0	0	14. 00 15. 00
16. 00		0.00	0	0	16. 00
	0 — — — — —			13, 601, 890	
	D - BILLABLE DRUGS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	24, 333, 088	1.00
2. 00	OTHER ADMINISTRATIVE AND GENERAL	5. 06	0	282, 037	2.00
3. 00	CENTRAL SERVICES & SUPPLY	14. 00	0	4, 147	3. 00
4. 00	PHARMACY	15. 00	0	584, 105	4. 00
5. 00	IU HEALTH HOSPICE	194. 11	0	1, 305	5. 00
5. 00		0.00	0	0	6. 00
7. 00 3. 00		0. 00 0. 00	0	0	7. 00 8. 00
9. 00		0.00	o	o	9. 00
10.00		0.00	O	0	10.00
11. 00		0.00	0	0	11. 00
12.00		0.00	0	0	12.00
13. 00 14. 00	+	0. 00 0. 00	0	0	13. 00 14. 00
15. 00		0.00	o	o	15. 00
16. 00		0. 00	О	0	16. 00
17. 00		0.00	0	0	17. 00
18.00		0.00	0	0	18. 00
19. 00 20. 00		0. 00 0. 00	0	0	19. 00 20. 00
21. 00		0.00	o	Ö	21. 00
22. 00		0. 00	О	0	22. 00
23. 00		0.00	0	0	23. 00
24. 00 25. 00		0. 00 0. 00	0	0	24. 00 25. 00
26. 00		0.00	0	0	26. 00
27. 00		0.00	Ö	Ö	27. 00
28. 00		0.00	0	0	28. 00
29. 00		0.00	0	0	29. 00
30. 00		0.00		00 25, 204, 682	30.00
	E - INTERN & RESIDENT SALARIES		<u> </u>	25, 204, 002	
1.00	I&R SERVICES-SALARY &	21.00	3, 730, 231	0	1.00
	FRI NGES APPRVD				
	O CAFETERIA		3, 730, 231	0	
1. 00	F - CAFETERI A CAFETERI A	11. 00	1, 080, 164	895, 041	1.00
. 55	0		1, 080, 164	895, 041	1.00
	G - PHARMACY ADMIN COSTS				
1.00	BSU PHARMACY	194. 01	18, 131	1, 820	1.00
2. 00	PAVI LLI ON PHARMACY	194.02	18, 131	$\frac{1,820}{3,640}$	2.00
	H - AUTO & BUILDING INSURANCE		36, 262	3, 640	
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	335, 165	1.00
	FLXT		1		50
	0			335, 165	
	I - REHAB ADMIN COSTS	, 7 aal	47 470	2.05	
1.00 2.00	OCCUPATI ONAL THERAPY SPEECH PATHOLOGY	67. 00 68. 00	47, 478	3, 956	1.00
4. UU	l l	68.00	26, 827 61, 819	1, 239 2, 582	2. 00 3. 00
3. 00	THERAPIES TO OTHER ENTITIES	194. 22	או או או או	7.587	

					5/22/2017 5: 3	5 pm
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3. 00	4.00	5. 00		
	J - LAUNDRY	2 22	ما	4 474 (04		
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1, 174, 684		1.00
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. 00	0	0		6. 00
7. 00 8. 00		0.00	o	0		7. 00 8. 00
9. 00		0.00	o	0		9. 00
10. 00		0.00	0	0		10. 00
11. 00		0.00	o	o		11. 00
12. 00		0.00	o	o		12. 00
13. 00		0.00	Ö	o		13. 00
14. 00		0.00	Ö	o		14. 00
15. 00		0.00	o	Ö		15. 00
16. 00		0.00	o	Ö		16. 00
17. 00		0.00	o	Ö		17. 00
18. 00		0.00	o	Ö		18. 00
19.00		0.00	0	0		19.00
20.00		0.00	О	0		20.00
21.00		0.00	0	0		21.00
22. 00		0.00	O	0		22. 00
23.00		0.00	0	0		23.00
24.00		0.00	O	0		24.00
25.00		0.00	O	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		29.00
30.00		0.00	0	0		30.00
	0		0	1, 174, 684		
	L - MISC PROPERTIES					
1. 00	RENTAL PROPERTY	1 <u>94.</u> 08	0	54 <u>5, 9</u> 19		1. 00
	0		o	545, 919		
1 00	M - OP ONCOLOGY INFUSION	00.00	174 400	14 017		1 00
1. 00	ONCOLOGY CLINIC	<u> </u>	174, 420	1 <u>4, 017</u> 14, 017		1. 00
	P - LEGAL FEES		174, 420	14, 017		
1. 00	OTHER ADMINISTRATIVE AND	5. 06	0	2, 675		1. 00
1.00	GENERAL GENERAL	5.00	U	2,075		1.00
	0	+		2, 675		
	Q - NURSERY		<u> </u>	2,010		
1.00	NURSERY	43.00	588, 884	70, 647		1. 00
2.00		0.00	0	0		2. 00
3.00		0.00	o	O		3. 00
			588, 884	70, 647		
	R - OBSERVATION	'	<u> </u>	· · ·		
1.00	ADULTS & PEDIATRICS	30.00	1, 053, 924	85, 512		1.00
	TOTALS		1, 053, 924	85, 512		
	S - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	216, 902		1.00
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 13. 00		0. 00 0. 00	0	0		12. 00 13. 00
13.00		0.00	ol Ol	0		13. 00 14. 00
15. 00		0.00	o	0		15. 00
16. 00		0.00	0	0		16. 00
17. 00		0.00	o	0		17. 00
18. 00		0.00	o	0		18. 00
19. 00		0.00	o	0		19. 00
20. 00		0.00	0	0		20. 00
21. 00		0.00	o	o		21. 00
22. 00		0.00	o	o		22. 00
23. 00		0.00	Ö	Ö		23. 00
	<u> </u>	0.00	<u> </u>	٦_		30

	Financial Systems		BALL MEMORIA			In Lieu of Form CM	IS-2552-10
RECLASS	SIFICATIONS			Provider CCN:	15-0089	Period: Worksheet A	4-6
						To 12/31/2016 Date/Time F 5/22/2017 5	Prepared:
		Increases				372272017	5. 35 piii
	Cost Center	Li ne # 3.00	Sal ary 4.00	Other 5 00			
24. 00	2. 00	0.00	4.00	5. 00			24. 00
25.00		0. 00	0	0			25. 00
26. 00 27. 00		0. 00 0. 00	0	0			26. 00 27. 00
28. 00		0.00	0	0			28. 00
29. 00		0.00	0	0			29. 00
30. 00 31. 00		0. 00 0. 00	0	0			30. 00 31. 00
32.00		0.00	0	0			32.00
33.00		0.00	0	0			33. 00
34. 00 35. 00		0. 00 0. 00	0	0			34. 00 35. 00
36. 00		0.00	0	0			36.00
37.00		0. 00	0	0			37. 00
38. 00 39. 00		0. 00 0. 00	0	0			38. 00 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		0.00		216, 902			43. 00
	T - CORPORATE TELEHPONE						
1. 00	OTHER ADMINISTRATIVE AND GENERAL	5. 06	0	8, 293			1. 00
2.00	DENERAL	0. 00	O	0			2. 00
3.00		0.00	0	0			3. 00
4. 00 5. 00		0. 00 0. 00	0	0			4. 00 5. 00
6. 00		0.00	0	0			6. 00
	O U - DEPRECIATION		0	8, 293			_
1. 00	NEW CAP REL COSTS-BLDG &	1.00	0	16, 292, 005			1.00
0.00	FLXT	0.00					0.00
2. 00 3. 00		0. 00 0. 00	0	0			2. 00 3. 00
4. 00		0. 00	o	0			4. 00
5.00		0.00	0	0			5. 00
6. 00 7. 00		0. 00 0. 00	0	0			6. 00 7. 00
8.00		0.00	0	0			8. 00
9.00		0.00	0	0			9. 00
10. 00 11. 00		0. 00 0. 00	0	0			10. 00 11. 00
12. 00		0. 00	0	0			12. 00
13. 00 14. 00		0. 00 0. 00	0	0			13. 00 14. 00
15. 00		0.00	0	0			15. 00
16.00		0.00	0	0			16. 00
17. 00 18. 00		0. 00 0. 00	0	0			17. 00 18. 00
19. 00		0.00	0	0			19. 00
20.00		0.00	0	0			20. 00
21. 00 22. 00		0. 00 0. 00	0	0			21. 00 22. 00
23. 00		0.00	0	0			23. 00
24.00		0.00	О	0			24. 00
25. 00 26. 00		0. 00 0. 00	0	0			25. 00 26. 00
27. 00		0.00	0	0			27. 00
28. 00		0. 00	0	0			28. 00
29. 00 30. 00		0. 00 0. 00	0	0			29. 00 30. 00
31. 00		0.00	0	0			31.00
32.00		0.00	0	0			32. 00
33. 00 34. 00		0. 00 0. 00	0	0			33. 00 34. 00
35. 00		0.00	0	0			35. 00
36.00		0.00	0	0			36. 00
37. 00 38. 00		0. 00 0. 00	0	0			37. 00 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
72.00	1	0.00	٠Į	υ			1 42.00

Health Financial Systems RECLASSIFICATIONS Peri od: From 01/01/2016 To 12/31/2016 Date/Ti me Prepared: 5/22/2017 5:35 pm Provider CCN: 15-0089

					5/22/2017	5: 35 pm
		Increases		0.11		
	Cost Center	Li ne #	Sal ary	0ther		
40.00	2. 00	3. 00	4.00	5. 00		40.00
43. 00		0.00	0	0		43. 00
	U LEACE EXPENSE		U	16, 292, 005		
1. 00	V - LEASE EXPENSE NEW CAP REL COSTS-BLDG &	1.00	0	1, 077, 179		1.00
1.00	FIXT	1.00	۷	1,077,179		1.00
2.00		0.00	o	0		2. 00
3. 00		0.00	ő	Ö		3. 00
4. 00		0.00	0	Ö		4. 00
5. 00		0.00	o	Ö		5. 00
6. 00		0.00	ol	Ö		6. 00
7. 00		0.00	ol	Ö		7. 00
8. 00		0.00	o	0		8. 00
0.00				1, 077, 179		0.00
	W - PTO USED AS STD		-1	.,,,		
1.00	COMMUNI CATI ONS	5. 01	0	7, 603		1.00
2.00	ADMITTING	5. 04	O	9, 522		2. 00
3.00	OTHER ADMINISTRATIVE AND	5.06	o	18, 013		3. 00
	GENERAL					
4.00	MAINTENANCE & REPAIRS	6.00	0	9, 686		4. 00
5.00	OPERATION OF PLANT	7. 00	0	1, 061		5. 00
6.00	HOUSEKEEPI NG	9. 00	0	14, 416		6. 00
7.00	DI ETARY	10.00	0	16, 140		7. 00
8.00	NURSING ADMINISTRATION	13.00	0	22, 418		8. 00
9.00	PHARMACY	15. 00	0	49, 251		9. 00
10.00	I&R SERVICES-OTHER PRGM	22.00	0	1, 550		10. 00
	COSTS APPRVD					
11. 00	ADULTS & PEDIATRICS	30. 00	0	122, 130		11. 00
12.00	INTENSIVE CARE UNIT	31.00	0	48, 263		12. 00
13.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	8, 325		13. 00
14.00	SUBPROVI DER - I RF	41. 00	0	2, 752		14. 00
15. 00	OPERATING ROOM	50.00	0	30, 041		15. 00
16. 00	RECOVERY ROOM	51.00	0	8, 652		16. 00
17. 00	DELIVERY ROOM & LABOR ROOM	52.00	0	15, 339		17. 00
18. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	40, 201		18. 00
19. 00	EKG AND EEG	57. 00	0	4, 739		19. 00
20.00	RESPI RATORY THERAPY	65.00	0	9, 783		20. 00
21. 00	SLEEP LAB	65. 01	0	3, 495		21. 00
22.00	PHYSI CAL THERAPY	66.00	0	30, 216		22. 00
23.00	OCCUPATI ONAL THERAPY	67.00	0	10, 324		23. 00
24.00	ELECTROCARDI OLOGY	69.00	0	15, 957		24. 00
25.00	HOSPITAL BASED RETAIL	73. 01	0	697		25. 00
	PHARMACI ES					
26. 00	HYPERBARIC OXYGEN THERAPY	76. 98	0	3, 340		26. 00
27. 00	PAIN CLINIC	90. 02	0	1, 495		27. 00
28. 00	ONCOLOGY CLINIC	90. 03	0	7, 132		28. 00
29. 00	EMERGENCY	91.00	0	26, 112		29. 00
30. 00	OBSERVATION BEDS (DISTINCT	92. 01	0	4, 404		30. 00
04.00	PART)	05.00		4 500		04.00
31.00	AMBULANCE SERVICES	95.00	0	4, 589		31. 00
32. 00	THERAPIES TO OTHER ENTITIES	194. 22	•	655		32. 00
	X - WASTE DISPOSAL		U	548, 301		
1 00	OPERATION OF PLANT	7.00	0	263, 858		1 00
1. 00 2. 00	OF LIGHT OF PLANT	0.00	0			1. 00 2. 00
2.00 3.00		0.00	0	0		3. 00
3.00 4.00		0.00	0	-		1
4. 00 5. 00		0.00		0		4. 00 5. 00
		0.00	0	0		1
6.00		0.00	0	0		6. 00 7. 00
7. 00 8. 00		0.00	0	0		8. 00
9. 00	1	0.00	0	0		9. 00
9.00		— — 0.00		263, 858		9.00
	Y - UTILITIES		<u> </u>	203, 030		
1. 00	OPERATION OF PLANT	7. 00	0	499, 647		1.00
2.00	OLEKATION OF FLANT	0.00	0			2.00
3.00	1	0.00	0	0		3. 00
4. 00	1	0.00		0		4. 00
5. 00		0.00		0		5. 00
6.00		0.00		0		6. 00
7. 00		0.00		0		7. 00
8. 00		0.00		0		8.00
9. 00		0.00	0	0		9. 00
10. 00		0.00	0	0		10.00
. 5. 50				499, 647		10.00
	1-	<u> </u>	٩١	.,,, .,,		

Heal th Financial Systems

BALL MEMORIAL HOSPITAL

Provider CCN: 15-0089

Period: From 01/01/2016 From 01/01/2

					To 12/31/2016 Date/Time Pro 5/22/2017 5:3	epared: 35 pm
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3.00	4. 00	5. 00		
	Z - BLACKFORD					
1.00	BLACKFORD COMMUNITY HOSPITAL	194. 26	450, 689	619, 390		1. 00
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		000	0	0		9. 00
	TOTALS		450, 689	619, 390		
	AA - INTEREST EXPENSE					
1. 00	NEW CAP REL COSTS-BLDG &	1.00	0	426		1. 00
	FIXT	+	+			
	TOTALS		0	426		
500.00	Grand Total: Increases		7, 250, 698	80, 582, 424		500.00

					'	o 12/31/2016 Date/lime 5/22/2017	
		Decreases					
	Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref.		
	6. 00 A - NON-BILLABLE SUPPLIES	7. 00	8. 00	9. 00	10. 00		
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	167	14		1.00
	FI XT		3	107			1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0				2. 00
3.00	COMMUNI CATI ONS	5. 01	0				3. 00
4.00	ADMITTING	5. 04	0	.,			4.00
5. 00 6. 00	MAINTENANCE & REPAIRS OPERATION OF PLANT	6. 00 7. 00	0	27, 292 181			5. 00 6. 00
7. 00	HOUSEKEEPI NG	9. 00	0	158, 344			7. 00
8.00	DI ETARY	10.00	0	9, 580			8. 00
9.00	NURSING ADMINISTRATION	13. 00	0	4, 099			9. 00
10.00	PHARMACY	15. 00	0	,			10. 00
11. 00	I &R SERVICES-OTHER PRGM	22. 00	0	92	0		11. 00
12. 00	COSTS APPRVD ADULTS & PEDIATRICS	30.00	0	1, 825, 885	0		12. 00
13. 00	INTENSIVE CARE UNIT	31.00	0				13. 00
14. 00	NEONATAL INTENSIVE CARE UNIT	32. 00	0				14. 00
15.00	SUBPROVI DER - I RF	41.00	0				15. 00
16.00	OPERATING ROOM	50.00	0	3, 601, 997			16. 00
17. 00	RECOVERY ROOM	51. 00	0	160, 235			17. 00
18. 00	DELIVERY ROOM & LABOR ROOM	52. 00	0	223, 470			18. 00
19.00	RADI OLOGY-DI AGNOSTI C	54.00	0				19. 00
20. 00 21. 00	EKG AND EEG CARDIAC CATHETERIZATION	57. 00 59. 00	0	.,			20. 00 21. 00
21.00	RESPIRATORY THERAPY	65.00	0		0		21.00
23. 00	SLEEP LAB	65. 01	0				23. 00
24. 00	PHYSI CAL THERAPY	66.00	0	30, 954			24. 00
25. 00	OCCUPATI ONAL THERAPY	67. 00	0	23, 203	-		25. 00
26.00	SPEECH PATHOLOGY	68. 00	0	1, 622			26. 00
27.00	ELECTROCARDI OLOGY	69. 00	0	13, 693	0		27. 00
28. 00	HOSPITAL BASED RETAIL	73. 01	0	656	0		28. 00
00.00	PHARMACI ES	74.00	Ō	40 500			00.00
29. 00	RENAL DIALYSIS	74.00	0				29. 00
30. 00 31. 00	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY	76. 97 76. 98	0	-,			30. 00 31. 00
32. 00	PAIN CLINIC	90. 02	0	100,017			32. 00
33. 00	ONCOLOGY CLINIC	90. 03	0	203, 920			33. 00
34. 00	EMERGENCY	91.00	0				34.00
35.00	OBSERVATION BEDS (DISTINCT	92. 01	0	95, 978	0		35. 00
	PART)						
36. 00	AMBULANCE SERVICES	95. 00	0				36.00
37. 00	GIFT, FLOWER, COFFEE SHOP &	190. 00	0	1, 015	0		37. 00
38. 00	CANTEEN RESEARCH	191. 00	0	342	0		38. 00
39. 00	PAVILLION PHARMACY	194. 02	0				39. 00
40. 00	WELLNESS CENTER	194. 05	0	359			40. 00
41.00	IU HEALTH HOSPICE	194. 11	0	69			41. 00
42.00	CANCER CENTER BOUTIQUE	194. 23	0	460	0		42. 00
43.00	CARDINAL BEHAVIORAL HEALTH	<u>194.</u> 25	0				43. 00
	0		0	10, 608, 681			_
1. 00	B - BILLABLE SUPPLIES EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3	0		1. 00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1			2. 00
3. 00	PHARMACY	15. 00	0				3. 00
4. 00	I&R SERVICES-OTHER PRGM	22. 00	0	157			4. 00
	COSTS APPRVD						
5.00	ADULTS & PEDIATRICS	30.00	0	333, 101			5. 00
6.00	INTENSIVE CARE UNIT	31. 00	0				6. 00
7. 00	NEONATAL INTENSIVE CARE UNIT	32. 00	0				7. 00
8.00	SUBPROVI DER – I RF	41. 00	0				8. 00
9. 00 10. 00	OPERATING ROOM RECOVERY ROOM	50. 00 51. 00	0	2, 344, 415 236			9. 00 10. 00
11. 00	DELIVERY ROOM & LABOR ROOM	52. 00	0	98, 724	-		11. 00
12. 00	RADI OLOGY-DI AGNOSTI C	54. 00	0				12.00
13. 00	CARDI AC CATHETERI ZATI ON	59. 00	0	2, 473, 394			13. 00
14.00	RESPIRATORY THERAPY	65.00	0	62	1		14. 00
15. 00	PHYSI CAL THERAPY	66. 00	0	4, 647	0		15. 00
16. 00	ELECTROCARDI OLOGY	69. 00	0				16. 00
17. 00	HOSPITAL BASED RETAIL	73. 01	0	751	0		17. 00
10.00	PHARMACI ES	74.00	^	1 405			10.00
18. 00 19. 00	RENAL DIALYSIS HYPERBARIC OXYGEN THERAPY	74. 00 76. 98	0				18. 00 19. 00
20. 00	PAIN CLINIC	70. 98 90. 02	0		-		20.00
21. 00	EMERGENCY	91.00	0				21. 00
	·	,		, 3., .00	۱		

					То	12/31/2016 Date/Time Pi 5/22/2017 5:	
		Decreases				.,=	,
	Cost Center 6.00	Li ne # 7.00	Sal ary 8.00	0ther 9.00	Wkst. A-7 Ref.		
22. 00	OBSERVATION BEDS (DISTINCT	92. 01	0.00	9.00	10.00		22. 00
	PART)						
23. 00	AMBULANCE SERVICES	<u> </u>	0	472			23. 00
	C - IMPLANTABLE DEVICES		U	8, 506, 093			
1.00	HOUSEKEEPI NG	9. 00	0	112	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1, 589			2. 00
3. 00 4. 00	INTENSIVE CARE UNIT	31.00	0	2, 675 7	0		3.00
5.00	NEONATAL INTENSIVE CARE UNIT	32. 00 41. 00	0	20			4. 00 5. 00
6. 00	OPERATING ROOM	50.00	o	9, 112, 186			6. 00
7.00	RECOVERY ROOM	51.00	0	5, 600	1		7. 00
8. 00 9. 00	DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC	52. 00 54. 00	0	4, 909 629, 431	0		8. 00 9. 00
10. 00	CARDI AC CATHETERI ZATI ON	59.00	o	3, 821, 801			10.00
11. 00	OCCUPATI ONAL THERAPY	67. 00	0	196	O		11. 00
12.00	SPEECH PATHOLOGY	68. 00	0	1, 726	1		12.00
13. 00 14. 00	HYPERBARIC OXYGEN THERAPY PAIN CLINIC	76. 98 90. 02	0	10, 062 90	1		13. 00 14. 00
15. 00	EMERGENCY	91.00	0	11, 471			15. 00
16.00	OBSERVATION BEDS (DISTINCT	92. 01	О	15	О		16. 00
	PART)	+		12 401 900			
	D - BILLABLE DRUGS		U	13, 601, 890			
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	86, 920	0		1.00
2.00	ADMI TTI NG	5. 04	0	10			2. 00
3. 00 4. 00	MAINTENANCE & REPAIRS DIETARY	6.00	0	1, 115	1		3.00
5.00	NURSING ADMINISTRATION	10. 00 13. 00	0	5, 316 114			4. 00 5. 00
6. 00	PHARMACY	15. 00	O	23, 648, 991	o		6. 00
7.00	ADULTS & PEDIATRICS	30.00	0	172, 187	0		7. 00
8. 00 9. 00	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	31. 00 32. 00	0	53, 683 6, 304			8. 00 9. 00
10. 00	SUBPROVI DER - I RF	41. 00	0	3, 180			10.00
11. 00	OPERATING ROOM	50.00	0	201, 897	0		11. 00
12.00	RECOVERY ROOM	51.00	0	34, 453	1		12.00
13. 00 14. 00	DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC	52. 00 54. 00	0	18, 025 495, 649	1		13. 00 14. 00
15. 00	EKG AND EEG	57. 00	0	1			15. 00
16.00	CARDIAC CATHETERIZATION	59. 00	0	65, 927	O		16. 00
17.00	RESPIRATORY THERAPY	65. 00	0	5, 175	1		17. 00
18. 00 19. 00	PHYSICAL THERAPY OCCUPATIONAL THERAPY	66. 00 67. 00	0	524 15			18. 00 19. 00
20. 00	ELECTROCARDI OLOGY	69. 00	0	713			20.00
21. 00	RENAL DIALYSIS	74.00	О	12, 365	0		21. 00
22. 00	CARDI AC REHABI LI TATI ON	76. 97 76. 98	0	40.220	0		22. 00
23. 00 24. 00	HYPERBARIC OXYGEN THERAPY PAIN CLINIC	76. 98 90. 02	0	69, 329 134, 016			23. 00 24. 00
25. 00	ONCOLOGY CLINIC	90. 03	o	24, 873			25. 00
26. 00	EMERGENCY	91.00	0	139, 285	1		26. 00
27. 00	OBSERVATION BEDS (DISTINCT PART)	92. 01	0	12, 016	0		27. 00
28. 00	AMBULANCE SERVICES	95.00	o	12, 315	o		28. 00
29. 00	RESEARCH	191. 00	0	79	0		29. 00
30. 00	CARDINAL BEHAVIORAL HEALTH	1 <u>94.</u> 25	•	202			30. 00
	E - INTERN & RESIDENT SALARIE	S	U_	25, 204, 682			
1.00	I &R SERVICES-OTHER PRGM	22.00	3, 730, 231	0	0		1. 00
	COSTS APPRVD						
	O F - CAFETERIA		3, 730, 231	0			
1.00	DI ETARY	10.00	1, 080, 164	895, 041	O		1.00
	0		1, 080, 164	895, 041			
1 00	G - PHARMACY ADMIN COSTS	70 0.1	04 045	2 / :=			1
1. 00	HOSPITAL BASED RETAIL PHARMACIES	73. 01	36, 262	3, 640	0		1. 00
2. 00		0.00	0	0			2. 00
	0		36, 262	3, 640			
1 00	H - AUTO & BUILDING INSURANCE	E 0/		225 475	10		1 00
1. 00	OTHER ADMINISTRATIVE AND GENERAL	5. 06	۷	335, 165	12		1. 00
	0			335, 165			

						2017 5: 35 pm
		Decreases				
	Cost Center	Li ne #	Sal ary		Wkst. A-7 Ref.	
	6.00 I - REHAB ADMIN COSTS	7. 00	8. 00	9. 00	10. 00	
1.00	PHYSI CAL THERAPY	66.00	136, 124	7, 777	O	1.00
2.00		0.00	0	0	- I	2. 00
3.00		0.00	O	0	O	3. 00
	0		136, 124	7,777		
	J - LAUNDRY					
1. 00	NEW CAP REL COSTS-BLDG &	1. 00	0	23	14	1. 00
2.00	FIXT COMMUNICATIONS	5. 01	o	2	o	2.00
3.00	ADMI TTI NG	5. 04	o	1, 738	l .	3.00
4.00	OTHER ADMINISTRATIVE AND	5. 06	o	843	o	4. 00
	GENERAL					
5.00	HOUSEKEEPI NG	9. 00	0	119, 540	0	5. 00
6. 00	DI ETARY	10.00	0	14, 381	0	6. 00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	348, 309	0	7. 00
8. 00 9. 00	PHARMACY ADULTS & PEDIATRICS	15. 00 30. 00	0	74 296, 249	0	8. 00 9. 00
10.00	INTENSIVE CARE UNIT	31. 00	0	59, 442	0	10.00
11. 00	NEONATAL INTENSIVE CARE UNIT	32.00	Ö	10, 417	0	11.00
12. 00	SUBPROVI DER - I RF	41. 00	Ö	17, 604	Ö	12. 00
13.00	OPERATING ROOM	50.00	0	51, 019	o	13. 00
14.00	RECOVERY ROOM	51.00	0	15, 788	0	14. 00
15. 00	DELIVERY ROOM & LABOR ROOM	52. 00	0	26, 879	0	15. 00
16. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	44, 947	0	16.00
17. 00	EKG AND EEG	57. 00	0	25	0	17.00
18. 00 19. 00	CARDIAC CATHETERIZATION RESPIRATORY THERAPY	59. 00 65. 00	O O	8, 074 290	0	18. 00 19. 00
20.00	SLEEP LAB	65. 01	o	12, 301	0	20.00
21. 00	PHYSI CAL THERAPY	66.00	o	19, 012	0	21.00
22. 00	ELECTROCARDI OLOGY	69. 00	Ö	5, 702	Ö	22. 00
23.00	RENAL DIALYSIS	74. 00	O	1, 637	o	23. 00
24. 00	CARDI AC REHABI LI TATI ON	76. 97	0	113	0	24. 00
25. 00	HYPERBARI C OXYGEN THERAPY	76. 98	0	18	0	25. 00
26. 00	PAIN CLINIC	90. 02 90. 03	0	3, 899	0	26.00
27. 00 28. 00	ONCOLOGY CLINIC EMERGENCY	90.03	O O	43 85, 033	0	27. 00 28. 00
29. 00	OBSERVATION BEDS (DISTINCT	92. 01	0	21, 943	0	29. 00
27.00	PART)	72.01	٦	2.77.0		27.00
30.00	WELLNESS CENTER	1 <u>94.</u> 05	0_	<u>9, 3</u> 39	0	30.00
	0		0	1, 174, 684		
4 00	L - MISC PROPERTIES	4 00	ما	E 4 E 04 O	4.4	4 00
1. 00	NEW CAP REL COSTS-BLDG & FLXT	1.00	0	545, 919	14	1.00
		+		545, 919		
	M - OP ONCOLOGY INFUSION		-1			
1.00	ADULTS & PEDIATRICS	30.00	174, 420	14, 017	0	1. 00
	0		174, 420	14, 017		
1 00	P - LEGAL FEES	// 00		2 / 75		1 00
1. 00	PHYSICAL THERAPY	6600			<u> </u>	1.00
	Q - NURSERY		<u> </u>	2, 675		
1.00	ADULTS & PEDIATRICS	30.00	553, 344	67, 178	0	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	32. 00	1, 614	204		2. 00
3.00	DELIVERY ROOM & LABOR ROOM	5200	33, 926	<u>3, 2</u> 65	o	3. 00
	0		588, 884	70, 647		
	R - OBSERVATION					
1. 00	OBSERVATION BEDS (DISTINCT	92. 01	1, 053, 924	85, 512	0	1.00
	PART) TOTALS	+	1, 053, 924			
	S - EMPLOYEE BENEFITS		1,000,721	00, 012		
1.00	COMMUNICATIONS	5. 01	0	1, 170	0	1. 00
2.00	ADMI TTI NG	5. 04	0	1, 812	0	2. 00
3.00	OTHER ADMINISTRATIVE AND	5. 06	0	17, 504	0	3. 00
4 00	GENERAL MALNET & DEDALES	, 00		2 22 1		
4. 00 5. 00	MAINTENANCE & REPAIRS OPERATION OF PLANT	6. 00 7. 00	0	8, 004 2, 286		4. 00 5. 00
6.00	HOUSEKEEPI NG	7. 00 9. 00	ol Ol	2, 286 5, 081		6.00
7. 00	DI ETARY	10.00	o	5, 128	· · · · · · · · · · · · · · · · · · ·	7. 00
8. 00	NURSING ADMINISTRATION	13. 00	o	12, 393	l 1	8. 00
9. 00	PHARMACY	15. 00	Ö	11, 386		9. 00
		22.00	o	8, 589		10.00
10.00	I&R SERVICES-OTHER PRGM	22.00	9	0,00,	-1	
	COSTS APPRVD					
10. 00 11. 00 12. 00	I I	30. 00 31. 00	0	35, 921 11, 733	0	11. 00 12. 00

Peri od: From 01/01/2016 To 12/31/2016

Date/Time Prepared: 5/22/2017 5:35 pm

		Dooroooo				5/22/2017 5:	35 piii
	Cost Center	Decreases Li ne #	Sal ary	Other	 Wkst. A-7 Ref.		
	6. 00	7.00	8. 00	9. 00	10.00		
13. 00	NEONATAL INTENSIVE CARE UNIT	32.00	0.00	4, 097			13. 00
14.00	SUBPROVI DER - I RF	41.00	0				14. 00
15. 00	OPERATING ROOM	50.00	0	10, 406	1		15. 00
16.00	RECOVERY ROOM	51.00	0	2, 950	o		16. 00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4, 434	o		17. 00
18.00	RADI OLOGY-DI AGNOSTI C	54.00	0	18, 597	o o		18. 00
19.00	EKG AND EEG	57.00	0	291	O		19. 00
20.00	CARDIAC CATHETERIZATION	59.00	0	4, 115	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	3, 222	0		21. 00
22. 00	SLEEP LAB	65. 01	0	899	0		22. 00
23.00	PHYSI CAL THERAPY	66.00	0	11, 597	0		23. 00
24.00	OCCUPATI ONAL THERAPY	67.00	0	1, 467	0		24. 00
25.00	SPEECH PATHOLOGY	68.00	0	798	0		25. 00
26. 00	ELECTROCARDI OLOGY	69. 00	0	2, 385	1		26. 00
27. 00	HOSPITAL BASED RETAIL	73. 01	0	3, 952	0		27. 00
	PHARMACI ES		_		_		
28. 00	CARDI AC REHABI LI TATI ON	76. 97	0	1, 024	1		28. 00
29. 00	HYPERBARI C OXYGEN THERAPY	76. 98	0	1, 105	1		29. 00
30. 00	PAIN CLINIC	90. 02	0	973			30.00
31. 00	ONCOLOGY CLINIC	90.03	0	'	1		31.00
32. 00 33. 00	EMERGENCY	91.00	0	7, 353			32. 00
33.00	OBSERVATION BEDS (DISTINCT PART)	92. 01	0	1, 638	0		33. 00
34. 00	AMBULANCE SERVICES	95.00	0	1, 604	o		34.00
35. 00	GIFT, FLOWER, COFFEE SHOP &	190.00	0	283			35. 00
33.00	CANTEEN	1 70. 00	0	200	,		33.00
36. 00	RESEARCH	191. 00	0	1, 107	ol		36. 00
37. 00	BSU PHARMACY	194. 01	0	598			37. 00
38. 00	PAVILLION PHARMACY	194. 02	0	1, 765	1		38. 00
39. 00	WELLNESS CENTER	194. 05	0	102	1		39. 00
40. 00	JAY COUNTY HOSPITAL	194. 16	0	639			40.00
41.00	THERAPIES TO OTHER ENTITIES	194. 22	0	3, 329	o		41. 00
42.00	CANCER CENTER BOUTIQUE	194. 23	0	40	o		42. 00
43.00	BLACKFORD COMMUNITY HOSPITAL	194. 26	0	478	B 0		43. 00
	0		0	216, 902	2		
	T - CORPORATE TELEHPONE						
1. 00	COMMUNI CATI ONS	5. 01	0	359			1. 00
2.00	ADMI TTI NG	5. 04	0	1, 340			2. 00
3.00	PHARMACY	15. 00	0	600			3. 00
4.00	ADULTS & PEDIATRICS	30.00	0	5, 462	1		4. 00
5.00	CARDI AC REHABI LI TATI ON	76. 97	0	67			5. 00
6. 00	EMERGENCY	<u>91.</u> 00	0	<u>4</u> 65 8, 293			6. 00
	U - DEPRECIATION		0	0, 293			
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2, 331	9		1.00
2. 00	COMMUNICATIONS	5. 01	0				2. 00
3. 00	ADMI TTI NG	5. 04	0	11, 489			3. 00
4.00	OTHER ADMINISTRATIVE AND	5. 06	0	518, 150	1		4. 00
	GENERAL			·			
5.00	MAINTENANCE & REPAIRS	6. 00	0	7, 165, 244	0		5. 00
6.00	OPERATION OF PLANT	7. 00	0	502, 716	0		6. 00
7.00	HOUSEKEEPI NG	9. 00	0	7, 195	0		7. 00
8.00	DI ETARY	10. 00	0	74, 520	0		8. 00
9.00	NURSING ADMINISTRATION	13. 00	0				9. 00
10. 00	CENTRAL SERVICES & SUPPLY	14. 00	0		1		10. 00
11. 00	PHARMACY	15. 00	0		1		11. 00
12. 00	I &R SERVICES-OTHER PRGM	22. 00	0	369, 010	0		12. 00
12.00	COSTS APPRVD	20.00	^	450 400			12.00
13.00	ADULTS & PEDIATRICS	30.00	0	459, 420			13.00
14.00	INTENSIVE CARE UNIT	31.00	0	135, 745			14.00
15. 00 16. 00	NEONATAL INTENSIVE CARE UNIT SUBPROVIDER - IRF	32. 00 41. 00	0	79, 994 20, 254			15.00
16. 00 17. 00	OPERATING ROOM	41. 00 50. 00	0				16. 00 17. 00
17. 00	RECOVERY ROOM	51.00	0	,	_		18.00
19. 00	DELIVERY ROOM & LABOR ROOM	52.00	0	87, 391			19. 00
20. 00	RADI OLOGY-DI AGNOSTI C	54. 00	0				20.00
21. 00	EKG AND EEG	57. 00	0	1, 860			21. 00
22. 00	CARDI AC CATHETERI ZATI ON	59. 00	0	627, 935			22. 00
23. 00	LABORATORY	60.00	0	24, 517			23. 00
24. 00	BLOOD STORING, PROCESSING, &	63.00	0		1		24. 00
	TRANS.		· ·				
25. 00	RESPIRATORY THERAPY	65.00	0	116, 752	2 0		25. 00
26.00	SLEEP LAB	65. 01	0				26. 00
27. 00	PHYSICAL THERAPY	66. 00	0	33, 261	0		27. 00

Peri od: From 01/01/2016 To 12/31/2016 Date/Ti me Prepared: 5/22/2017 5: 35 pm

						5/22/2017 5:	35 pm
		Decreases					
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.		
	6. 00	7.00	8.00	9. 00	10. 00		
28.00	OCCUPATIONAL THERAPY	67.00	0	667	0		28. 00
29.00	SPEECH PATHOLOGY	68.00	0	3, 069	0		29. 00
30.00	ELECTROCARDI OLOGY	69.00	o	409, 169	0		30. 00
31.00	RENAL DIALYSIS	74.00	ol	8, 245	o		31. 00
32. 00	CARDIAC REHABILITATION	76. 97	0	4, 128	o		32. 00
33. 00	HYPERBARI C OXYGEN THERAPY	76. 98	0	32, 562	o		33. 00
34. 00	PAIN CLINIC	90. 02	0	66, 714	o		34. 00
	l .		U				1
35. 00	ONCOLOGY CLINIC	90. 03	U	5, 436			35. 00
36. 00	EMERGENCY	91. 00	0	579, 787	0		36. 00
37.00	OBSERVATION BEDS (DISTINCT	92. 01	0	16, 947	0		37. 00
	PART)						
38.00	AMBULANCE SERVICES	95.00	0	107, 783	0		38. 00
39.00	GIFT, FLOWER, COFFEE SHOP &	190.00	ol	3, 794	ol		39. 00
	CANTEEN						
40.00	RESEARCH	191. 00	ol	411	o		40. 00
41. 00	WELLNESS CENTER	194. 05	0	32, 797	0		41. 00
42. 00	IU HEALTH HOSPICE	194. 11	Ö	274	o		42. 00
	l .		O O	91	0		1
43. 00	CANCER CENTER BOUTIOUE	1 <u>94.</u> 23	— — — ¾		<u> </u>		43. 00
	U LEAGE EVENUE		0	16, 292, 005			-
	V - LEASE EXPENSE		_				
1. 00	I&R SERVICES-OTHER PRGM	22. 00	0	21, 905	10		1. 00
	COSTS APPRVD						
2.00	RADI OLOGY-DI AGNOSTI C	54.00	0	451, 729	0		2. 00
3.00	LABORATORY	60.00	0	6, 813	0		3. 00
4.00	SLEEP LAB	65. 01	ol	160, 825	ol		4.00
5.00	PHYSI CAL THERAPY	66.00	ol	323, 784	0		5. 00
6. 00	HOSPITAL BASED RETAIL	73. 01	0	71, 787	0		6. 00
0.00	PHARMACI ES	73.01	ď	71,707	٥		0.00
7. 00	ONCOLOGY CLINIC	90. 03		14, 251	O		7. 00
			0				1
8. 00	AMBULANCE SERVICES	<u>95.</u> 00		2 <u>6, 0</u> 85	0		8. 00
	0		0	1, 077, 179			_
	W - PTO USED AS STD						
1. 00	COMMUNI CATI ONS	5. 01	7, 603	0	0		1. 00
2.00	ADMI TTI NG	5. 04	9, 522	0	0		2. 00
3.00	OTHER ADMINISTRATIVE AND	5. 06	18, 013	0	0		3. 00
	GENERAL						
4.00	MAINTENANCE & REPAIRS	6.00	9, 686	0	0		4. 00
5.00	OPERATION OF PLANT	7. 00	1, 061	0	o		5. 00
6.00	HOUSEKEEPI NG	9. 00	14, 416	0	0		6. 00
7. 00	DI ETARY	10. 00	16, 140	0	o		7. 00
8. 00	NURSING ADMINISTRATION	13. 00	22, 418	0	o		8. 00
					0		1
9.00	PHARMACY	15.00	49, 251	0			9. 00
10. 00	I &R SERVICES-OTHER PRGM	22. 00	1, 550	0	0		10. 00
	COSTS APPRVD			_	_		1
11. 00	ADULTS & PEDIATRICS	30. 00	122, 130	0	0		11. 00
12.00	INTENSIVE CARE UNIT	31. 00	48, 263	0	0		12. 00
13. 00	NEONATAL INTENSIVE CARE UNIT	32. 00	8, 325	0	0		13. 00
14.00	SUBPROVI DER - I RF	41. 00	2, 752	0	0		14.00
15.00	OPERATING ROOM	50.00	30, 041	0	0		15. 00
16.00	RECOVERY ROOM	51.00	8, 652	0	0		16. 00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	15, 339	0	O		17. 00
18. 00	RADI OLOGY-DI AGNOSTI C	54.00	40, 201	0	o		18. 00
19. 00	EKG AND EEG	57. 00	4, 739	0	o		19. 00
	1		9, 783	0	· ·		1
20.00	RESPIRATORY THERAPY	65.00		0	0		20. 00
21. 00	SLEEP LAB	65. 01	3, 495	0	0		21. 00
22. 00	PHYSI CAL THERAPY	66. 00	30, 216	0	0		22. 00
23. 00	OCCUPATI ONAL THERAPY	67. 00	10, 324	0	0		23. 00
24.00	ELECTROCARDI OLOGY	69. 00	15, 957	0	0		24. 00
25.00	HOSPITAL BASED RETAIL	73. 01	697	0	0		25. 00
	PHARMACI ES						
26.00	HYPERBARIC OXYGEN THERAPY	76. 98	3, 340	0	0		26. 00
27.00	PAIN CLINIC	90. 02	1, 495	0	0		27. 00
28. 00	ONCOLOGY CLINIC	90. 03	7, 132	n	ا		28. 00
29. 00	EMERGENCY	91.00	26, 112	0	o		29. 00
30.00	OBSERVATION BEDS (DISTINCT	92. 01	4, 404	0			30. 00
50.00	1 .	72.01	4, 404	U	١] 30.00
21 00	PART)	05.00	4 500	^			21 00
31. 00	AMBULANCE SERVICES	95.00	4, 589	0	0		31.00
32. 00	THERAPIES TO OTHER ENTITIES	1 <u>94.</u> 22	655	0	— — □		32. 00
	U		548, 301	0			1
	X - WASTE DISPOSAL						4
1.00	NEW CAP REL COSTS-BLDG &	1. 00	0	93, 811	14		1. 00
	FLXT						1
2.00	MAINTENANCE & REPAIRS	6.00	0	9, 171	0		2. 00
3.00	HOUSEKEEPI NG	9. 00	o	154, 520	O		3. 00
		·	'		'		

RECLASSI FI CATI ONS

Provi der CCN: 15-0089

426

80, 034, 123

Peri od: Worksheet A-6 From 01/01/2016 To 12/31/2016 Date/Time Prepared:

500.00

5/22/2017 5:35 pm Decreases 0ther Cost Center Li ne # Sal ary Wkst. A-7 Ref. 10. 00 6.00 7.00 8.00 9.00 OPERATING ROOM 4. 00 4.00 50.00 0 1,047 0 5.00 RADI OLOGY-DI AGNOSTI C 54.00 0 476 0 5.00 65.01 0 0 6.00 SLEEP LAB 819 6.00 PHYSI CAL THERAPY 7.00 66.00 0 304 0 7.00 8.00 HOSPITAL BASED RETAIL 73.01 0 3,630 0 8.00 PHARMACI ES 9.00 PAIN CLINIC 90.02 9.00 0 263, 858 Y - UTILITIES 1.00 NEW CAP REL COSTS-BLDG & 1.00 0 465, 752 14 1.00 FI XT 2.00 MAINTENANCE & REPAIRS 6.00 0 13, 482 0 2.00 3.00 NURSING ADMINISTRATION 13.00 0 0 3.00 33 0 0 4.00 RADI OLOGY-DI AGNOSTI C 54.00 3, 901 4.00 0 5.00 SLEEP LAB 65.01 0 3, 134 5.00 0 6.00 PHYSICAL THERAPY 66.00 498 6.00 HYPERBARIC OXYGEN THERAPY 0 0 7.00 76. 98 1,721 7.00 8.00 AMBULANCE SERVICES 95.00 0 1, 690 0 8.00 9.00 PHYSICIAN PRACTICE CLINICS 194.06 0 8, 912 0 9.00 IU HEALTH HOSPICE 0 10.00 10 00 194.11 524 0 499<u>, 6</u>47 - BLACKFORD OTHER ADMINISTRATIVE AND 231, 641 0 1.00 5.06 217, 072 1.00 GENERAL 2.00 MAINTENANCE & REPAIRS 6.00 32, 849 85, 006 0 2.00 3.00 OPERATION OF PLANT 7.00 43, 280 10, 934 0 3.00 4.00 NURSING ADMINISTRATION 13.00 1,866 1,072 0 4.00 0 PHARMACY 15.00 5.00 76, 216 203.530 5.00 OPERATING ROOM 50.00 6.00 2, 343 2.782 6.00 7.00 RADI OLOGY-DI AGNOSTI C 54.00 31, 299 93, 987 0 7.00 RESPIRATORY THERAPY 13, 471 0 8.00 65.00 3, 289 8.00 PHYSICAL THERAPY <u>1, 7</u>18 66. 00 17, 724 0 9.00 9.00 TOTALS 450, 689 619, 390 AA - INTEREST EXPENSE PHARMACY 15. 00 1.00 426 1.00 11

7, 798, 999

TOTALS

500.00 Grand Total: Decreases

In Lieu of Form CMS-2552-10
Period: Worksheet A-7
From 01/01/2016 Part I Provider CCN: 15-0089

					rom 01/01/2016		
				To	12/31/2016	Date/Time Pre 5/22/2017 5:3	pared: 5 nm
				Acqui si ti ons		3/22/2017 3.3	J pili
		Begi nni ng	Purchases	Donati on	Total	Disposals and	
		Bal ances	r ur chases	Donation	rotar	Retirements	
		1.00	2. 00	3. 00	4. 00	5. 00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET						
1.00	Land	2, 924, 410	0	0	0	0	1.00
2.00	Land Improvements	4, 397, 723	0	0	0	766, 740	2. 00
3.00	Buildings and Fixtures	268, 794, 475	2, 400, 000	0	2, 400, 000	2, 934, 527	3. 00
4.00	Building Improvements	7, 973, 276	12, 838, 723		12, 838, 723	45, 302	4. 00
5.00	Fi xed Equipment	59, 321	0	0	0	59, 321	5. 00
6.00	Movable Equipment	162, 203, 764	7, 223, 870	0	7, 223, 870	8, 239, 256	6. 00
7.00	HIT designated Assets	0	0	0	0	0	7. 00
8.00	Subtotal (sum of lines 1-7)	446, 352, 969	22, 462, 593	0	22, 462, 593	12, 045, 146	8. 00
9.00	Reconciling Items	0	0	0	0	0	9. 00
10.00	Total (line 8 minus line 9)	446, 352, 969	22, 462, 593	0	22, 462, 593	12, 045, 146	10. 00
		Endi ng Bal ance	Fully				
		Ŭ	Depreci ated				
			Assets				
		6.00	7. 00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	T BALANCES					
1.00	Land	2, 924, 410	0				1. 00
2.00	Land Improvements	3, 630, 983	0				2. 00
3.00	Buildings and Fixtures	268, 259, 948	0				3. 00
4.00	Building Improvements	20, 766, 697	0				4.00
5.00	Fixed Equipment	0	0				5. 00
6.00	Movable Equipment	161, 188, 378	0				6. 00
7.00	HIT designated Assets	o	o				7. 00
8.00	Subtotal (sum of lines 1-7)	456, 770, 416	0				8. 00
9.00	Reconciling Items	o	o				9. 00
10.00	Total (line 8 minus line 9)	456, 770, 416	0				10.00
		,					

Heal th	Financial Systems	BALL MEMORIAL HOSPITAL			In Lieu of Form CMS-2552-10			
RECONG	CILIATION OF CAPITAL COSTS CENTERS		Provi der CO		Peri od:	Worksheet A-7		
					From 01/01/2016 To 12/31/2016		pared.	
						5/22/2017 5: 3	5 pm	
			SU	JMMARY OF CAPI	TAL			
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see			
					instructions)			
		9. 00	10. 00	11. 00	12. 00	13. 00		
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2								
1.00	NEW CAP REL COSTS-BLDG & FIXT	2, 189, 664	564, 408	2, 411, 16	7 0	0	1. 00	
3.00	Total (sum of lines 1-2)	2, 189, 664	564, 408	2, 411, 16	7 0	0	3. 00	
		SUMMARY 0	F CAPITAL					
	Cost Center Description	Other	Total (1) (sum					
	·	Capi tal -Relate	of cols. 9					
		d Costs (see	through 14)					
		instructions)						
		14.00	15. 00					
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1, 724, 932					1.00	
3.00	Total (sum of lines 1-2)	1, 724, 932	6, 890, 171				3. 00	

Health Financial Systems		BALL MEMORIA	BALL MEMORIAL HOSPITAL			In Lieu of Form CMS-2552-10		
RECONC	CILIATION OF CAPITAL COSTS CENTERS		Provider Co		Period: From 01/01/2016	Worksheet A-7 Part III		
					To 12/31/2016	Date/Time Prep		
						5/22/2017 5: 35	pm	
		COME	PUTATION OF RAT	TI OS	ALLOCATION OF	OTHER CAPITAL		
	Cost Center Description	Gross Assets	Capi tal i zed	Gross Assets	Ratio (see	Insurance		
			Leases	for Ratio	instructions)			
				(col. 1 - col				
				2)				
		1.00	2. 00	3.00	4. 00	5. 00		
	PART III - RECONCILIATION OF CAPITAL COSTS CE							
1.00	NEW CAP REL COSTS-BLDG & FIXT	456, 770, 416	0	456, 770, 41		0	1.00	
3.00	Total (sum of lines 1-2)	456, 770, 416		456, 770, 41	1. 000000	0	3. 00	
		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
		_		I 				
	Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease		
			Capi tal -Relate					
		6, 00	d Costs 7.00	through 7) 8.00	9. 00	10.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CE		7.00	8.00	9.00	10.00		
1. 00	NEW CAP REL COSTS-BLDG & FIXT	INTERS			20, 616, 205	-2, 278, 114	1. 00	
3. 00	Total (sum of lines 1-2)	0	0		20, 616, 205		3. 00	
3.00	Total (sull of Titles 1-2)	0	<u> </u>	I JMMARY OF CAPI		-2, 270, 114	3.00	
			30	JIVIIVIANT OF CAFT	IAL			
	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	2, 312, 928	335, 165		1, 406, 733	22, 392, 917	1.00	
3.00	Total (sum of lines 1-2)	2, 312, 928	335, 165		1, 406, 733	22, 392, 917	3.00	

Peri od: Worksheet A-From 01/01/2016 | Date/Time Pu Provider CCN: 15-0089

					To 12/31/2016		
				Expense Classification or To/From Which the Amount is		5/22/2017 5: 3	5 pm
	Cost Center Description	Basis/Code (2)	Amount 2.00	Cost Center 3.00	Li ne #	Wkst. A-7 Ref. 5.00	
. 00	Investment income - NEW CAP	В	-98, 665	NEW CAP REL COSTS-BLDG &	1.00		1. C
	REL COSTS-BLDG & FLXT (chapter 2)			FIXT			
. 00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00	0	2.0
. 00	Investment income - other (chapter 2)		0		0.00	0	3. 0
00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4. (
00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.0
00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6. (
00	Tel ephone services (pay stations excluded) (chapter 21)		0		0.00	О	7. (
00	Television and radio service (chapter 21)		0		0.00	0	8.
00	Parking Lot (chapter 21)	A 0 2	747 115		0.00		
0. 00	Provider-based physician adjustment	A-8-2	-746, 115			0	
1. 00	Sale of scrap, waste, etc. (chapter 23)		0		0.00		
2. 00	Related organization transactions (chapter 10)	A-8-1	20, 163, 925			0	12.
3. 00 4. 00	Laundry and linen service Cafeteria-employees and guests	В	0 -1, 144, 075	CAFETERI A	0. 00 11. 00		
. 00	Rental of quarters to employee and others		0		0.00	О	15.
. 00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.
7. 00	Sale of drugs to other than patients		0		0.00	0	17.
3. 00	Sale of medical records and		0		0.00	0	18.
9. 00	abstracts Nursing school (tuition, fees,		0		0.00	О	19.
0. 00	books, etc.) Vending machines		0		0.00		
. 00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		
2. 00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.
3. 00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65. 00		23.
. 00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSI CAL THERAPY	66.00		24.
. 00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.
. 00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FLXT	1.00	0	26.
. 00	Depreciation - CAP REL COSTS-MVBLE EQUIP			*** Cost Center Deleted ***	2. 00	0	27.
. 00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19. 00 0. 00		28. 29.
. 00	Physicians' assistant Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATI ONAL THERAPY	67. 00		30.
. 99	Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30.00		30.
. 00	instructions) Adjustment for speech pathology costs in excess of	A-8-3	0	SPEECH PATHOLOGY	68.00		31.
2. 00	limitation (chapter 14) CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.

ADJUSTMENTS TO EXPENSES Provi der CCN: 15-0089 Peri od: Worksheet A-8 From 01/01/2016 | Worksheet A-8 | From 01/01/2016 | To 12/31/2016 | Date/Time Prepared:

					0 12/31/2016	5/22/2017 5:3	
				Expense Classification on	Worksheet A		_
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	cost center bescription	1.00	2. 00	3. 00	4.00	5. 00	
33. 00	MI SCELLANEOUS I NCOME	В		NEW CAP REL COSTS-BLDG &	1.00		33. 00
00.00	992222999962		3,7.7,731	FIXT			00.00
34.00	MI SCELLANEOUS I NCOME	В	-115, 511	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34. 00
35.00	MI SCELLANEOUS I NCOME	В	-83, 887	COMMUNI CATI ONS	5. 01	0	35. 00
36.00	MISCELLANEOUS INCOME	В	-27, 504	ADMITTING	5. 04	0	36. 00
37.00	MISCELLANEOUS INCOME	В	-959, 322	OTHER ADMINISTRATIVE AND	5. 06	0	37. 00
		_		GENERAL		_	
	MI SCELLANEOUS I NCOME	В		MAINTENANCE & REPAIRS	6.00		
	MI SCELLANEOUS I NCOME	В		OPERATION OF PLANT	7. 00		
	MI SCELLANEOUS I NCOME	В		HOUSEKEEPI NG	9.00		
	MI SCELLANEOUS I NCOME	В	-438, 181		10.00		
	MISCELLANEOUS INCOME MISCELLANEOUS INCOME	B B		NURSI NG ADMI NI STRATI ON	13.00		
44. 00	MI SCELLANEOUS I NCOME	В		PHARMACY I&R SERVICES-OTHER PRGM	15. 00 22. 00		
44.00	SCELLANEOUS TINCOME	ь	-134,000	COSTS APPRVD	22.00	0	44.00
45. 00	MI SCELLANEOUS I NCOME	В	-143 489	ADULTS & PEDIATRICS	30.00	0	45. 00
	MI SCELLANEOUS I NCOME	В		OPERATING ROOM	50.00		
	MI SCELLANEOUS I NCOME	В		DELIVERY ROOM & LABOR ROOM	52. 00		
	MI SCELLANEOUS I NCOME	В		RADI OLOGY-DI AGNOSTI C	54.00		•
45. 04	MI SCELLANEOUS I NCOME	В		EKG AND EEG	57.00		1
45.05	MI SCELLANEOUS I NCOME	В	-30, 800	CARDIAC CATHETERIZATION	59.00	0	45. 05
45.06	MI SCELLANEOUS I NCOME	В	-97, 147	SLEEP LAB	65. 01	0	45. 06
45. 07	MI SCELLANEOUS I NCOME	В	-1, 452, 302	PHYSI CAL THERAPY	66.00	0	45. 07
45. 08	MI SCELLANEOUS I NCOME	В	-86, 495	OCCUPATI ONAL THERAPY	67.00	0	45. 08
45. 09	MISCELLANEOUS INCOME	В	-68, 798	SPEECH PATHOLOGY	68.00	0	45. 09
45. 10	MI SCELLANEOUS I NCOME	В		ELECTROCARDI OLOGY	69. 00		
45. 11	MI SCELLANEOUS I NCOME	В	-1, 838, 500	HOSPITAL BASED RETAIL	73. 01	0	45. 11
				PHARMACI ES	7, 07		
45. 12	MI SCELLANEOUS I NCOME	В		CARDI AC REHABI LI TATI ON	76. 97		
45. 13	MI SCELLANEOUS I NCOME	B B		EMERGENCY	91.00		
45. 14 45. 15	MISCELLANEOUS INCOME NON-ALLOWABLE MARKETING	A A		AMBULANCE SERVICES OTHER ADMINISTRATIVE AND	95. 00 5. 06		
45. 15	WON-ALLOWABLE WARRETTING	A	-/41, 111	GENERAL	5.00	0	45. 15
45. 16	NON-ALLOWABLE MARKETING	A	-358	SLEEP LAB	65. 01	0	45. 16
45. 17	NON-ALLOWABLE MARKETING	A		PHYSI CAL THERAPY	66. 00	Ö	
45. 18	CORPORATE TELEPHONE	A		OTHER ADMINISTRATIVE AND	5. 06	-	
				GENERAL			
45. 19	EMPLOYEE BENEFITS OFFSET	A	-17, 999, 696	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45. 19
45. 20	HOSPITAL ASSESSMENT FEES	A	-13, 533, 277	OTHER ADMINISTRATIVE AND	5. 06	0	45. 20
				GENERAL			
45. 21	TV DEPRECIATION	A	-2, 658	NEW CAP REL COSTS-BLDG &	1.00	9	45. 21
45.00	NON ALLOWARIE DATIENT		4 0/0	FIXT	F 0/		45.00
45. 22	NON-ALLOWABLE PATIENT	A	-1, 863	OTHER ADMINISTRATIVE AND	5. 06	0	45. 22
45. 23	REIMBURSEMENT PTO ACCRUAL		225 122	GENERAL OTHER ADMINISTRATIVE AND	5. 06	0	45. 23
43. 23	PTO ACCRUAL	A	-330, 123	GENERAL	5.00	0	45. 25
45. 24	NON-ALLOWABLE MARKETING	A	-60	NURSING ADMINISTRATION	13. 00	0	45. 24
	NON-ALLOWABLE MARKETING	A		RADI OLOGY-DI AGNOSTI C	54. 00		
45. 26	NON-ALLOWABLE MARKETING	A		EMERGENCY	91. 00	-	
45. 27	LOSS ON EXTINGUISHMENT OF DEBT	1	· ·	NEW CAP REL COSTS-BLDG &	1.00		•
	CARRY		- ,	FIXT			
45. 28	MISCELLANEOUS INCOME	В	-272, 172	BSU PHARMACY	194. 01	0	45. 28
45. 29	MI SCELLANEOUS I NCOME	В	-1, 300	RENTAL PROPERTY	194. 08	0	
	MI SCELLANEOUS I NCOME	В	-1, 602 I U HEALTH HOSPI CE 194. 11				45. 30
	MI SCELLANEOUS I NCOME	В	-2, 932 RESEARCH 191. 00				45. 31
	MI SCELLANEOUS I NCOME	В		THERAPIES TO OTHER ENTITIES	194. 22		
	MI SCELLANEOUS I NCOME	В	· ·	CARDINAL HEALTH ALLIANCE	194. 30	0	
50. 00	TOTAL (sum of lines 1 thru 49)		-26, 563, 197				50. 00
	(Transfer to Worksheet A,						
	column 6, line 200.)				1		

column 6, line 200.)
(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

⁽²⁾ Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

⁽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: 15-0089
Period:
From 01/01/2016
To 12/31/2016
Date/Time Prepared:
5/22/2017 5: 35 pm

				10 12/31/2010	5/22/2017 5:3	
	Li ne No.	Cost Center	Expense I tems	Amount of	Amount	
			·	Allowable Cost	Included in	
					Wks. A, column	
					5	
	1. 00	2. 00	3. 00	4. 00	5. 00	
		MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED OR	GANIZATIONS OR	CLAI MED	
	HOME OFFICE COSTS:		I			
1. 00	l control of the cont	NEW CAP REL COSTS-BLDG & FIX	•	5, 372, 843		1. 00
2.00	1	EMPLOYEE BENEFITS DEPARTMENT		14, 878, 800	· ·	2. 00
3.00	1	DATA PROCESSING	HOME OFFICE	11, 899, 060		3. 00
4.00	1	_	HOME OFFICE	5, 610, 686	0	4. 00
4. 01	l control of the cont	CASHI ERI NG/ACCOUNTS RECEI VAB	•	4, 729, 661	0	4. 01
4. 02	1	OTHER ADMINISTRATIVE AND GEN		26, 554, 307		4. 02
4. 03	1		RELATED PARTY	370, 944	370, 944	4.03
4.04	22. 00	I&R SERVICES-OTHER PRGM COST	RELATED PARTY	1, 833, 471	1, 833, 471	4.04
4.05	31.00	INTENSIVE CARE UNIT	RELATED PARTY	450	450	4.05
4.06	32.00	NEONATAL INTENSIVE CARE UNIT	RELATED PARTY	6, 250	6, 250	4.06
4.07	41.00	SUBPROVIDER - IRF	RELATED PARTY	368, 080	368, 080	4. 07
4.08	50.00	OPERATING ROOM	RELATED PARTY	472, 642	472, 642	4. 08
4.09	54.00	RADI OLOGY-DI AGNOSTI C	RELATED PARTY	1, 514, 138	1, 514, 138	4. 09
4. 10	59. 00	CARDIAC CATHETERIZATION	RELATED PARTY	1, 356	1, 356	4. 10
4. 11	60.00	LABORATORY	RELATED PARTY	9, 738, 196	9, 738, 196	4. 11
4. 12	65. 01	SLEEP LAB	RELATED PARTY	160, 825	160, 825	4. 12
4. 13	66. 00	PHYSI CAL THERAPY	RELATED PARTY	243, 000	243, 000	4. 13
4.14	69. 00	ELECTROCARDI OLOGY	RELATED PARTY	7, 200	7, 200	4. 14
4. 15	73. 01	HOSPITAL BASED RETAIL PHARMA	RELATED PARTY	168, 573	168, 573	4. 15
4. 16	91.00	EMERGENCY	RELATED PARTY	2, 595, 191	2, 595, 191	4. 16
4. 17	95.00	AMBULANCE SERVICES	RELATED PARTY	116, 532	116, 532	4. 17
5. 00	0		0	86, 642, 205	66, 478, 280	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) and/	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	TED ORGANIZATION(S) AND/OR HO	ME 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	В	0. 00 I U HEALTH 100. C	0 6.00
7.00		0.00	0 7.00
8.00		0.00	0 8.00
9.00		0.00	0 9.00
10.00		0.00	0 10.00
100.00	G. Other (financial or		100.00
	non-financial) specify:		

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

Heal th	Financial Syste	ems	BALL MEMORIAL	HOSPI TAL	In Lie	u of Form CMS-2	2552-10
		SERVICES FROM	RELATED ORGANIZATIONS AND HOME	Provider CCN: 15-0089	Peri od: From 01/01/2016	Worksheet A-8-	-1
OFFICE	COSTS				To 12/31/2016	Date/Time Prep	oared:
						5/22/2017 5: 3	
		Wkst. A-7 Ref.					
	Adjustments						
	(col. 4 minus						
	col. 5)*						
	6. 00	7. 00					
			MENTS REQUIRED AS A RESULT OF T	RANSACTIONS WITH RELATED	ORGANIZATIONS OR (CLAI MED	
	HOME OFFICE CO		I				1 00
1.00	2, 137, 194		l .				1.00
2.00	14, 498, 983	0					2.00
3.00	11, 899, 060		l .				3.00
4.00	5, 610, 686						4.00
4. 01	4, 729, 661	0					4. 01
4. 02	-18, 711, 659	0					4. 02 4. 03
4. 03	0	0					
4. 04	0	0					4. 04 4. 05
4. 05	0	0	1				4. 05
4. 06 4. 07	0	0					4. 06
	0	0	1				4. 07
4. 08 4. 09	0	0	1				4. 08
4. 10	0	0					4. 10
4. 10	0	0	1				4. 10
4. 11	0	0	1				4. 11
4. 12	0	0					4. 12
4. 13	0	0				-	4. 13
4. 15	0	0	1				4. 15
4. 16	0	0	1				4. 16

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 17 5.00

 	cordinate i dilaret 2, the dimedite difference of our a be friended in cordinat for this parti-	
Related Organization(s)		
and/or Home Office		
Type of Business		
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.

	HEALTHCARE	6. 00
7.00		7. 00
8.00		8. 00
8. 00 9. 00		9. 00
10.00		10.00
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.
- Corporation, partnership, or other organization has financial interest in provider.
- Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organi zati on.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provi der.

4.17

0

Health Financial Systems
PROVIDER BASED PHYSICIAN ADJUSTMENT

Peri od: Worksheet A-8-2 From 01/01/2016 To 12/31/2016 Date/Time Prepared: 5/22/2017 5:35 pm

						12/31/2010	5/22/2017 5:3	
	Wkst. A Line #		Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	,
		ldenti fi er	Remuneration	Component	Component		ider Component	
	1. 00	2. 00	3.00	4.00	5. 00	6. 00	Hours 7.00	
1.00		EMPLOYEE BENEFITS DEPARTMENT	3.00					1. 00
2. 00		OTHER ADMINISTRATIVE AND	928, 900					2. 00
		GENERAL				,	,,,,,	
3.00	30. 00	ADULTS & PEDIATRICS	10, 368	0	10, 368	171, 400	72	3. 00
4.00		INTENSIVE CARE UNIT	5, 041	4, 591	450		3	4. 00
5.00		NEONATAL INTENSIVE CARE UNIT	81, 250			0	0	5. 00
6.00		SUBPROVIDER - IRF OPERATING ROOM	106, 520			171, 400 204, 100	1, 018	6. 00 7. 00
7. 00 8. 00		RADI OLOGY-DI AGNOSTI C	4, 642 1, 276, 439			231, 100	32 17, 680	
9. 00		CARDI AC CATHETERI ZATI ON	290, 645			231, 100	6, 655	9. 00
10. 00		LABORATORY	130, 995			219, 500	784	10. 00
11. 00	63. 00	BLOOD STORING, PROCESSING, &	92, 493	0	92, 493	219, 500	553	11. 00
		TRANS.			_	_	_	
12.00		RESPIRATORY THERAPY	1, 400			171 400	0	12.00
13. 00 14. 00		SLEEP LAB ELECTROCARDI OLOGY	3, 738 7, 200			171, 400 171, 400	25 228	13. 00 14. 00
15. 00		PAIN CLINIC	8, 200			171, 400	0	15. 00
16. 00		EMERGENCY	2, 595, 191	0,200		171, 400	34, 586	
17. 00	95. 00	AMBULANCE SERVICES	13, 437	0		171, 400	90	17. 00
200.00			5, 556, 805				67, 738	200. 00
	Wkst. A Line #		Unadjusted RCE		Cost of	Provi der	Physician Cost	
		I denti fi er	Limit	Unadjusted RCE Limit	Memberships & Continuing	Component Share of col.	of Malpractice Insurance	
				LIIIII	Education	12	Trisui ance	
	1. 00	2.00	8. 00	9. 00	12. 00	13. 00	14. 00	
1.00		EMPLOYEE BENEFITS DEPARTMENT	0				0	
2.00	5. 06	OTHER ADMINISTRATIVE AND	495, 412	24, 771	0	0	0	2. 00
2.00	20.00	GENERAL	F 022	207	_			2 00
3. 00 4. 00		ADULTS & PEDIATRICS INTENSIVE CARE UNIT	5, 933 247	297 12	0	0	0	3. 00 4. 00
5.00		NEONATAL INTENSIVE CARE UNIT	247	0		0	0	5. 00
6. 00		SUBPROVI DER - I RF	83, 887	4, 194		0	Ö	6. 00
7.00		OPERATING ROOM	3, 140		0	0	0	7. 00
8.00		RADI OLOGY-DI AGNOSTI C	1, 964, 350			0	0	8. 00
9. 00		CARDI AC CATHETERI ZATI ON	739, 409			0	0	9. 00
10.00		LABORATORY	82, 735			0	0	10.00
11. 00	03.00	BLOOD STORING, PROCESSING, & TRANS.	58, 357	2, 918	0	U	0	11. 00
12. 00	65. 00	RESPIRATORY THERAPY	0	0	0	0	0	12. 00
13.00		SLEEP LAB	2, 060	103	0	0	0	13. 00
14.00		ELECTROCARDI OLOGY	18, 788	939	0	0	0	
15. 00		PAIN CLINIC	0	0	_	0	0	15. 00
16.00		EMERGENCY	2, 850, 019		0	0	0	16. 00
17. 00 200. 00	95.00	AMBULANCE SERVICES	7, 416 6, 311, 753			0		17. 00 200. 00
200.00	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment	J	200.00
		I denti fi er	Component	Limit	Di sal I owance	.,		
			Share of col.					
	1 00	2.00	14	17, 00	17.00	10.00		
1.00	1.00	2.00 EMPLOYEE BENEFITS DEPARTMENT	15. 00 0	16. 00	17. 00 0	18. 00 346		1. 00
2.00		OTHER ADMINISTRATIVE AND	ĺ					2. 00
		GENERAL		·		•		
3.00		ADULTS & PEDIATRICS	0	-,		4, 435		3. 00
4.00		INTENSIVE CARE UNIT	0	247	203	4, 794		4. 00
5. 00 6. 00		NEONATAL INTENSIVE CARE UNIT SUBPROVIDER - IRF		0 83, 887	0 17, 913	81, 250 22, 633		5. 00 6. 00
7. 00		OPERATING ROOM		3, 140	1, 502	1, 502		7. 00
8.00		RADI OLOGY-DI AGNOSTI C	0	1, 964, 350		1, 302		8. 00
9. 00		CARDI AC CATHETERI ZATI ON	0	739, 409		0		9. 00
10.00	60. 00	LABORATORY	0	82, 735	48, 260	48, 260		10. 00
11. 00	63. 00	BLOOD STORING, PROCESSING, &	0	58, 357	34, 136	34, 136		11. 00
12.00	/5 00	TRANS.	_	_	_	4 400		10.00
12. 00 13. 00		RESPI RATORY THERAPY SLEEP LAB	0	0 2, 060	0 1, 678	1, 400 1, 678		12. 00 13. 00
14. 00		ELECTROCARDI OLOGY		1		1,678		14. 00
15. 00		PAIN CLINIC	Ö	1	0	8, 200		15. 00
16. 00		EMERGENCY	0	2, 850, 019	0	0		16. 00
17. 00	95. 00	AMBULANCE SERVICES	0			6, 021		17. 00
200. 00			0	6, 311, 753	114, 148	746, 115		200. 00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0089

					Т	o 12/31/2016	Date/Time Pre 5/22/2017 5:3	
		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A	CAPITAL RELATED COSTS NEW BLDG & FIXT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATI ONS	DATA PROCESSI NG	<i>3</i> piii
			col. 7) 0	1. 00	4.00	5. 01	5. 02	
		AL SERVICE COST CENTERS						
1. 00 4. 00 5. 01 5. 02	00400 01160	NEW CAP REL COSTS-BLDG & FIXT EMPLOYEE BENEFITS DEPARTMENT COMMUNICATIONS DATA PROCESSING	22, 392, 917 26, 263, 893 572, 502 11, 899, 060	18, 964	26, 341, 104 129, 271	720, 737	11, 899, 060	1. 00 4. 00 5. 01 5. 02
5. 04 5. 05	00580	ADMITTING CASHIERING/ACCOUNTS RECEIVABLE	6, 601, 479 4, 729, 661	0	C	0	0	5. 04 5. 05
5. 06 6. 00 7. 00	00600	OTHER ADMINISTRATIVE AND GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT	35, 532, 787 7, 302, 130 5, 844, 116		762, 451	26, 840	0 0 0	5. 06 6. 00 7. 00
8. 00 9. 00	00800	LAUNDRY & LINEN SERVICE HOUSEKEEPING	1, 174, 684 2, 763, 840	0	C	O	0	8. 00 9. 00
10. 00 11. 00	01000	DI ETARY CAFETERI A	1, 751, 328 831, 130	143, 675	358, 710	17, 381	0	10. 00 11. 00
13. 00 14. 00	01400	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	6, 184, 209 10, 073, 732	202, 935	, c	O	0	13. 00 14. 00
15. 00 16. 00 21. 00	01600	PHARMACY MEDICAL RECORDS & LIBRARY I&R SERVICES-SALARY & FRINGES APPRVD	5, 339, 853 0	85, 757 0 0	0	0	0	15. 00 16. 00 21. 00
22. 00 23. 00	02200	I&R SERVICES-SALARY & PRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD PARAMED ED PRGM	3, 730, 231 3, 453, 253	-	182, 445	3, 946	0	22. 00 23. 00
		ENT ROUTINE SERVICE COST CENTERS		<u> </u>	-	-1		
30.00		ADULTS & PEDIATRICS	23, 813, 099				1, 356, 789	30.00
31. 00 32. 00 40. 00	02060	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT SUBPROVIDER - IPF	7, 485, 751 1, 884, 476	352, 256 65, 134 0	452, 204	10, 639	422, 945 113, 921 0	31. 00 32. 00 40. 00
41. 00 43. 00	04100	SUBPROVIDER - I RF NURSERY	1, 821, 598 659, 531	_	353, 958	9, 130	68, 422 47, 440	41. 00
10.00		LARY SERVICE COST CENTERS	0077001	30, 322	100/2/0	0,007	177 110	10.00
50.00		OPERATI NG ROOM	6, 114, 602				1, 090, 727	50.00
51. 00 52. 00	1	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	1, 514, 810 2, 052, 712	103, 050 161, 234	1		133, 238 204, 812	51. 00 52. 00
54. 00 57. 00	05400	RADI OLOGY-DI AGNOSTI C EKG AND EEG	10, 364, 685 9, 212		1, 980, 559	46, 465	1, 581, 908 36, 826	
58. 00 59. 00 60. 00 60. 01	05900 06000	MAGNETIC RESONANCE IMAGING (MRI) CARDIAC CATHETERIZATION LABORATORY BLOOD LABORATORY	0 2, 028, 506 9, 814, 149	0 177, 742 40, 486 0	419, 052 0	9, 821 0	0 577, 866 812, 427 0	58. 00 59. 00 60. 00 60. 01
63. 00 65. 00 65. 01	06300 06500 06501	BLOOD STORING, PROCESSING, & TRANS. RESPIRATORY THERAPY SLEEP LAB	1, 238, 041 3, 408, 738 448, 768	0 58, 627 0	818, 375 126, 614	3, 638	49, 695 159, 898 63, 273	63. 00 65. 00 65. 01
66. 00 67. 00 68. 00 68. 01	06700 06800	PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY AUDI OLOGY	3, 318, 837 675, 630 340, 287	39, 106 30, 434 7, 279 0	172, 625 99, 059	4, 205	123, 880 39, 197 21, 847 0	67. 00
69. 00 71. 00 72. 00	06900 07100 07200	ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENT	1, 321, 154 7, 672, 450 13, 601, 890	233, 470 0 0	267, 037 0	9, 887 0 0	320, 400 301, 382 737, 065	69. 00 71. 00 72. 00
73. 00 73. 01 74. 00 76. 00	07301 07400	DRUGS CHARGED TO PATIENTS HOSPITAL BASED RETAIL PHARMACIES RENAL DIALYSIS CARDIOPULMONARY	24, 333, 088 7, 886, 883 1, 143, 112	0	C	0 8, 082 0	1, 558, 788 62, 558 26, 828 0	73. 01
76. 97 76. 98	07697 07698	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY	553, 743 1, 162, 073	0	· ·		24, 007 105, 812	76. 97 76. 98
90. 00		TIENT SERVICE COST CENTERS CLINIC	0	0		ol	0	90. 00
90. 02 90. 03	09002	PAIN CLINIC ONCOLOGY CLINIC	441, 614 874, 575	284, 121 12, 267	103, 540	4, 000	53, 931 202, 290	90. 02 90. 03
91. 00 92. 00	09200	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	9, 493, 617	399, 654		35, 625	1, 522, 982	91. 00 92. 00
92. 01	OTHER	OBSERVATION BEDS (DISTINCT PART) REIMBURSABLE COST CENTERS	646, 754				26, 991	92. 01
95. 00		AMBULANCE SERVICES AL PURPOSE COST CENTERS	1, 335, 283	28, 801	268, 663	10, 972	50, 915	95. 00
113. 00 118. 00	11300	INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1-117) MBURSABLE COST CENTERS	303, 900, 473	19, 492, 861	25, 354, 362	698, 044	11, 899, 060	113. 00 118. 00
	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN RESEARCH	685, 894 552, 557					190. 00 191. 00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0089

			T	o 12/31/2016	Date/Time Prep 5/22/2017 5:3	
		CAPI TAL			3/22/2017 3.3.	J pili
		RELATED COSTS				
Cost Center Description	Net Expenses	NEW BLDG &	EMPLOYEE	COMMUNI CATI ONS	DATA	
,	for Cost	FLXT	BENEFITS		PROCESSI NG	
	Allocation		DEPARTMENT			
	(from Wkst A					
	col. 7)					
	0	1.00	4. 00	5. 01	5. 02	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194. 00
194.01 07951 BSU PHARMACY	-19, 732	0	61, 418	1, 196	0	194. 01
194.02 07952 PAVILLION PHARMACY	6, 454, 449	35, 878	193, 871	4, 321	0	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	64, 871	64, 223	13, 368	559	0	194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	16, 492	256, 992	0	0	0	194. 06
194. 07 07957 PERINATAL CLINIC	0	0	0	0	0	194. 07
194. 08 07958 RENTAL PROPERTY	544, 619	1, 706, 791	0	0	0	194. 08
194. 09 07959 ADVERTI SI NG	0	0	0	0	0	194. 09
194. 10 07960 INTEGRA LTAC	0	240, 357	0	0	0	194. 10
194. 11 07961 I U HEALTH HOSPI CE	4	48, 866	0	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 MARKETING/PUBLIC RELATIONS	0	57, 045	0	0	0	194. 15
194. 16 07966 JAY COUNTY HOSPITAL	249, 249	0	62, 111	0	0	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	0	0	194. 20
194. 21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194. 21
194.22 07972 THERAPIES TO OTHER ENTITIES	464, 489	0	338, 605	8, 230	0	194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	121, 514	10, 786	3, 651	247	0	194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	317, 669	0	0	0	194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	443	112, 076	0	0	0	194. 25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	1, 231, 170	33, 308	157, 206	2, 841	0	194. 26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	2, 943	0	887	12	0	194. 30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194. 31
194. 32 07982 RENAL DI ALYSI S	0	0	0	0	0	194. 32
194. 33 07983 LAB CORP	0	O	0	o	0	194. 33
194.34 07984 H.O. MATERIALS MGMT	0	О	0	o	0	194. 34
194. 35 07985 LEASED SPACE	0	О	0	o	0	194. 35
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers		o	0	o	0	201. 00
202.00 TOTAL (sum lines 118-201)	314, 269, 435	22, 392, 917	26, 341, 104	720, 737	11, 899, 060	202. 00

Provider CCN: 15-0089

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2016 Part I
To 12/31/2016 Date/Time Prepared: 5/22/2017 5:35 pm

				'	0 12/31/2010	5/22/2017 5:3	
	Cost Center Description	ADMI TTI NG	CASHI ERI NG/ACC	Subtotal	OTHER	MAINTENANCE &	
			OUNTS		ADMI NI STRATI VE	REPAI RS	
		F 04	RECEI VABLE	EA OF	AND GENERAL	/ 00	
CENE	RAL SERVICE COST CENTERS	5. 04	5. 05	5A. 05	5. 06	6. 00	
	O NEW CAP REL COSTS-BLDG & FIXT						1.00
	O EMPLOYEE BENEFITS DEPARTMENT						4. 00
	O COMMUNI CATI ONS						5. 01
	O DATA PROCESSING						5. 02
	O ADMITTING	6, 917, 326					5. 04
	O CASHI ERI NG/ACCOUNTS RECEI VABLE	0	4, 729, 661				5. 05
5. 06 0059	O OTHER ADMINISTRATIVE AND GENERAL	0	O	37, 469, 394	37, 469, 394		5. 06
	O MAINTENANCE & REPAIRS	0	0	19, 405, 581			6. 00
	O OPERATION OF PLANT	0	0	6, 908, 161			7. 00
	O LAUNDRY & LINEN SERVICE	0	0	1, 174, 684		0	8. 00
	O HOUSEKEEPI NG	0	0	3, 635, 721		402, 888	9. 00
	O DI ETARY	0	0	2, 271, 094		310, 708	10.00
	O CAFETERI A	0	0	1, 297, 695		366, 312	11.00
	O NURSING ADMINISTRATION O CENTRAL SERVICES & SUPPLY	0	0	7, 773, 280 10, 276, 667		475, 165 438, 862	13. 00 14. 00
	O PHARMACY	0	0	6, 657, 795		185, 456	ı
	O MEDICAL RECORDS & LIBRARY	0		0, 037, 793	701, 237	103, 430	16.00
	O I &R SERVICES-SALARY & FRINGES APPRVD	0	Ö	4, 729, 120	640, 162	0	21.00
	O I &R SERVICES-OTHER PRGM COSTS APPRVD	0	o	3, 869, 569		497, 231	22. 00
	O PARAMED ED PRGM	0	0	0		0	23. 00
I NPA	TIENT ROUTINE SERVICE COST CENTERS		<u> </u>				
30. 00 0300	O ADULTS & PEDIATRICS	788, 752	539, 297	33, 631, 728	4, 552, 673	3, 908, 119	30. 00
	O INTENSIVE CARE UNIT	245, 874	168, 112	10, 472, 602		761, 780	31.00
	O NEONATAL INTENSIVE CARE UNIT	66, 227	45, 281	2, 637, 882	357, 080	140, 857	32. 00
	O SUBPROVI DER - I PF	0	0	0	0	0	40.00
	O SUBPROVI DER - I RF	39, 776	27, 196	2, 450, 044		281, 058	41.00
	O NURSERY LLARY SERVICE COST CENTERS	27, 579	18, 856	960, 693	130, 045	108, 826	43. 00
	O OPERATING ROOM	634, 080	433, 542	10, 024, 006	1, 356, 910	957, 968	50.00
	O RECOVERY ROOM	77, 456	52, 960	2, 253, 620		222, 853	51.00
	O DELIVERY ROOM & LABOR ROOM	119, 065	81, 409	3, 114, 866		348, 680	52.00
	O RADI OLOGY-DI AGNOSTI C	919, 579	628, 799	16, 296, 907		1, 675, 807	•
57. 00 0328	O EKG AND EEG	21, 409	14, 638	113, 423	15, 354	0	57. 00
	O MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58. 00
	O CARDI AC CATHETERI ZATI ON	335, 935	229, 690	3, 778, 612		384, 381	59. 00
	O LABORATORY	472, 294	322, 924	11, 462, 280	1, 551, 603	87, 553	60.00
	1 BLOOD LABORATORY	0	0	0	0	0	60. 01
	O BLOOD STORING, PROCESSING, & TRANS.	28, 890	19, 753	1, 336, 379		127 705	63.00
	O RESPI RATORY THERAPY 1 SLEEP LAB	92, 954 36, 783	63, 556 25, 150	4, 623, 422 704, 226		126, 785 0	65. 00 65. 01
	O PHYSI CAL THERAPY	72, 016		4, 741, 613		84, 569	66.00
	O OCCUPATIONAL THERAPY	22, 786	15, 580	960, 457		65, 816	1
	O SPEECH PATHOLOGY	12, 701	8, 684	492, 295		15, 742	68. 00
	1 AUDI OLOGY	0	0	0	0	0	68. 01
	O ELECTROCARDI OLOGY	186, 261	127, 353	2, 465, 562	333, 753	504, 897	69. 00
71. 00 0710	O MEDICAL SUPPLIES CHARGED TO PATIENTS	175, 204	119, 793	8, 268, 829	1, 119, 318	0	71. 00
	O I MPL. DEV. CHARGED TO PATIENT	428, 484		15, 060, 408		0	72. 00
	O DRUGS CHARGED TO PATIENTS	906, 182	619, 587	27, 417, 645		0	73. 00
•	1 HOSPITAL BASED RETAIL PHARMACIES	36, 367	24, 865	8, 433, 381		0	73. 01
	O RENAL DI ALYSI S	15, 596		1, 233, 141		79, 888	74.00
	O CARDI OPULMONARY 7 CARDI AC REHABI LI TATI ON	0 13, 956	0 9, 542	727 212	_	0	76. 00 76. 97
	8 HYPERBARI C OXYGEN THERAPY	61, 513		727, 212 1, 500, 130		5, 804	76. 97
	ATIENT SERVICE COST CENTERS	01,513	42,030	1, 500, 130	203, 007	5, 604	70.70
	O CLINIC	0	0	0	0	0	90. 00
	2 PAIN CLINIC	31, 352	21, 436	939, 994	127, 243	614, 434	90. 02
90. 03 0900	3 ONCOLOGY CLINIC	117, 599	80, 406	1, 499, 909	203, 037	26, 529	90. 03
91. 00 0910	O EMERGENCY	885, 366	605, 355	14, 270, 135	1, 931, 691	864, 282	91.00
	O OBSERVATION BEDS (NON-DISTINCT PART)			0			92. 00
	1 OBSERVATION BEDS (DISTINCT PART)	15, 691	10, 728	906, 349	122, 689	103, 651	92. 01
	R REIMBURSABLE COST CENTERS	00.500			004 440	(0.004	
	O AMBULANCE SERVICES	29, 599	20, 238	1, 744, 471	236, 142	62, 284	95. 00
	I AL PURPOSE COST CENTERS		Г				112 00
118. 00	O INTEREST EXPENSE	6, 917, 326	4, 729, 661	299, 990, 982	35, 536, 578	15, 760, 845	113.00
	SUBTOTALS (SUM OF LINES 1-117) EIMBURSABLE COST CENTERS	0,717,320	+, /27, 001	۷77, 77U, 78Z	30, 330, 378	13, 700, 645	1110.00
	O GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	Ol	726, 279	98, 313	n	190. 00
191. 00 1910		Ö		689, 149		34, 742	
	O OTHER NONREIMBURSABLE COST CENTERS	Ö	ol	0			194. 00
	1 BSU PHARMACY	0	o	42, 882	5, 805	0	194. 01
	2 PAVILLION PHARMACY	0	0	6, 688, 519		77, 588	
194. 03 0795	3 VENDI NG	0	0	0	0	0	194. 03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Peri od: Worksheet B From 01/01/2016 Part I To 12/31/2016 Date/Time Prepared:

5/22/2017 5:35 pm Cost Center Description ADMI TTI NG CASHI ERI NG/ACC Subtotal OTHER MAINTENANCE & ADMI NI STRATI VE **REPAI RS** OUNTS RECEI VABLE AND GENERAL 5.04 5A. 05 6. 00 5. 05 5.06 194. 04 07954 CARELINE 0 194, 04 0 194. 05 07955 WELLNESS CENTER 0 143, 021 19, 360 138, 886 194. 05 194.06 07956 PHYSICIAN PRACTICE CLINICS 555, 764 194. 06 273, 484 37,020 0 194. 07 194. 07 07957 PERINATAL CLINIC 0 C 194. 08 07958 RENTAL PROPERTY 0 2, 251, 410 304, 764 3, 691, 068 194. 08 194. 09 07959 ADVERTI SI NG 0 194. 09 194. 10 07960 INTEGRA LTAC 0 240, 357 32.536 519, 790 194. 10 194. 11 07961 I U HEALTH HOSPI CE 105, 677 194. 11 0 48.870 6, 615 194. 12 07962 POB MEDICAL PAVILLION CONDOS 0 194. 12 194. 13 07963 EXECUTI VE PHYSI CAL 0 0 0 0 194. 13 194. 14 07964 NEW CASTLE ONCOLOGY 0 194. 14 0 0 194. 15 07965 MARKETI NG/PUBLI C RELATIONS 123, 363 194. 15 0 57, 045 7.722 194. 16 07966 JAY COUNTY HOSPITAL 0 311, 360 42, 148 0 194. 16 194. 17 07967 CARDI NAL HEALTH CHOICE 0 194. 17 194. 18 07968 CHV CARDINAL HEALTH VENTURES 0 194. 18 0 0 0 194. 19 07969 HEALTH CARE CONNECTIONS 0 0 0 194. 19 0 194. 20 07970 MEALS ON WHEELS 0 0 0 194. 20 194. 21 07971 ST MARY'S SCHOOL 0 0 194. 21 0 194. 22 07972 THERAPIES TO OTHER ENTITIES 0 811, 324 109, 826 0 194 22 194. 23 07973 CANCER CENTER BOUTIQUE 0 136, 198 18, 437 23, 326 194. 23 194. 24 07974 BOSC BALL OUTPATIENT SURGERY 317, 669 43, 002 686, 985 194. 24 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 242, 373 194. 25 0 112, 519 15, 231 194. 26 07976 BLACKFORD COMMUNITY HOSPITAL 72, 030 194. 26 0 1, 424, 525 192, 832 194. 27 07977 MI DWEST HEALTH STRATEGIES 0 0 194. 27 194. 28 07978 CARDINAL SELECT RISK RETENTION GRP 0 194. 28 0 194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI 0 0 0 194, 29 0 194. 30 07980 CARDI NAL HEALTH ALLI ANCE 0 0 194. 30 3,842 520 194. 31 07986 OTHER NONREIMBURSABLE COST CENTERS 0 194. 31 194. 32 07982 RENAL DIALYSIS 0 0 0 194. 32 0 194. 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 0 194. 35 0 Cross Foot Adjustments 200 00 0 200.00 201.00 Negative Cost Centers 0 201.00 202.00 TOTAL (sum lines 118-201) 6, 917, 326 4, 729, 661 314, 269, 435 37, 469, 394 22, 032, 437 202. 00

Provider CCN: 15-0089

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2016 Part I
To 12/31/2016 Date/Time Prepared: 5/22/2017 5:35 pm

Control Cont						12/31/2010	5/22/2017 5:3	
STATES S		Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY		
THE PART SERVICE DOST CENTRES 1.00 COURT DATE OF THE PART OF		•	PLANT	LINEN SERVICE				
1.00 00100 PER CAP HEL COSIS-SELEG & FIXT			7. 00	8. 00	9. 00	10.00	11. 00	
4. 00 001-000 DURING MARIN CATIONS		GENERAL SERVICE COST CENTERS						
5. 01 0.00 0		00100 NEW CAP REL COSTS-BLDG & FIXT						
5.00 0.0050 MATA PRODESSING 5.00 0.0050 MATA THIS INC. 5.00 MATA THIS I	4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
D. O. DO SPO (ABM TITURE) D. O.	5. 01	01160 COMMUNI CATI ONS						5. 01
DOBBIG LOSSILLER MAY ALTERNALITY AND GRINAD	5.02	00550 DATA PROCESSING						5. 02
5.06 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000	5.04	00570 ADMI TTI NG						5. 04
5.06 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000	5.05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 05
0.000 DODOO MAINTENANCE & REPAIRS	5.06							5. 06
2.00 0.0000 LAURIEY & LIVEN SERVICE	6.00	00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LANDROF & LINEM SERVICE		00700 OPERATION OF PLANT	9, 494, 951					7.00
9.00 0.9900 BUSEREPHING				1, 333, 696				
10.00 01000 DETARY		1	187 697		1			1
11.00 01100 CAFETERIA 170.656 19 48.868 0 2.059.031 11.00 11.00 01100 CAFETERIA 13.00 13.00 01300 CHRIBAL SERVICES & SUPPLY 224,456 0 20.3796 0 10.10 15.00		1				3 038 604		1
13.00 01300 MURSING ADMINISTRATION 221,309 0 19,244 0 110,873 13.00 14.00 14.00 14.00 14.00 14.00 15.00		1			· ·	0, 000, 001	2 059 032	1
14 00 01400 PARMATCH 14 00 0 0 0 0 0 0 0 0 0						0		
15.00 01500 PIAMBARCY 86.400 515 22.698 0 89,017 15.00 10.00 0100 01100 0100				0	1	0		•
16.00 01000 MEDICAL, RECORDS & LIBRARY 0 0 0 0 0 0 0 0 0		1		515	1	0		•
21.00 0200 LAS SERVICES-SALARY & FEINESS APPEXD 0 0 0 0 0 0 0 0 0		1	1	313	22, 070	0		•
22 00 02200 AR SERVICES-OTHER PROM COSTS APPRVD 231,649 0 4,600 0 0 22.00		1 1	0	0		0		•
0 0 0 0 0 0 0 0 0 0			221 (40	0	4 405	0		1
IMPATI ENT BOUTINE SERVICE COST CENTERS 1,820,705 591,516 2,122,136 2,368,644 500,734 30.00 30.00 03100 INTENSIVE CARE UNIT 354,896 109,993 351,331 232,476 149,061 31.00 40				0		0		1
30.00	23.00		0	0	l O	U	U	23.00
31.00 03100 INTENSIVE CARE UNIT 354,896 109,993 351,331 232,478 149,061 31.00 400.00 040000 040000 040000 040000 040000 040000 040000 0400000 0400000 0400000 04000000 0400000000	20.00		1 000 705	FO4 F47	2 400 405	2 2/0 /44	F00 704	20.00
32 00								
A0. 00 04000 SUBPROVIDER - I PF 0 0 0 0 0 0 0 0 0		1 1	1			232, 478	'	1
11.00 04100 SUBPROVIDER - I RF 130,939 34,545 214,977 148,909 32,126 41.00 A3.00 04300 MIRSERY 50,609 15.10 51.318 0 12.903 43.00 A3.00 04300 OFERATING ROOM 446,296 95,777 265,801 0 131,812 50.00 50.00 OFERATING ROOM 103,822 35,871 15,790 0 33,761 51.00 05100 RECOVERY ROOM 162,442 57,196 252,643 0 41.905 52.00 05200 DELIVERY ROOM 61.80R ROOM 162,442 57,196 252,643 0 41.905 52.00 62.00 CEVERY ROOM 61.80R ROOM 162,442 57,196 252,643 0 41.905 52.00 62.00 62.00 CEVERY ROOM 61.80R ROOM 162,442 57,196 252,643 0 41.905 52.00 62.00 CEVERY ROOM 61.80R ROOM			1	15, 290	1	0		1
143. 00 0.4300 NURSERY		1 1	_	0	1	0		1
ANCILLARY SERVICE COST CENTERS						148, 909	'	1
50.00 05000 0FEATING ROOM 446, 296 95, 777 265, 801 0 131, 182 50.00 51.00 05100 RECOVERY ROOM 103, 822 35, 871 15, 790 0 33, 761 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 102, 442 57, 196 252, 643 0 41, 905 52.00 65.00 05400 AROI DILOGY OLD AGNOSTIC 780, 721 88, 164 232, 412 0 163, 497 54.00 55.00 03280 KKG AND FEG 0 0 0 0 0 0 0 0 0	43. 00		50, 699	15, 510	51, 318	0	12, 903	43. 00
15.1 00 OSTOO RECOVERY ROOM LABOR ROOM 10.3, 82.2 35, 87.1 15,790 0 33,761 51.00 52.00 OSGOO DELI LYEEY ROOM LABOR ROOM 16.2, 44.2 57, 196 25.2, 64.3 0 41,905 52.00 52.00 OSGOO DELI LYEEY ROOM LABOR ROOM 16.2, 44.2 0 16.3, 497 54.00 54.00 OSGOO CROW CATCHER CRISTIAL PRINTS 0 0 0 0 0 0 59.00 OSGOO CARDIA CCATCHER LIZATION 179,074 17,948 121,716 0 34,557 59.00 60.00 OSGOO CARDIA CCATCHER LIZATION 179,074 17,948 121,716 0 34,557 59.00 60.01 OSGOO CARDIA CCATCHER LIZATION 179,074 17,948 121,716 0 34,557 59.00 60.01 OSGOO LABORATORY 0 0 0 0 0 0 0 63.00 OSGOO LABORATORY 10.00 0 0 0 0 0 0 0 63.00 OSGOO RESPIRATORY HERAPY 59,067 281 18,915 0 74,856 63.00 65.00 OSGOO RESPIRATORY HERAPY 39,399 5,774 78,293 0 94,195 66.00 66.00 OSGOO PHYSI CAL THERRAPY 30,662 0 4,605 0 14,798 70.00 68.00 OSGOO PHYSI CAL THERRAPY 30,662 0 4,605 0 14,798 70.00 69.00 OSFECH PATHOLOGY 7,334 0 4,605 0 14,798 70.00 69.00 OSFECH PATHOLOGY 235,220 11,948 0 0 34,788 69.00 69.00 OSGOO PRISS CHARGED TO PATIENTS 0 0 0 0 0 0 0 70.00 ORGOO PRISS CHARGED TO PATIENTS 0 0 0 0 0 0 0 70.00 ORGOO PRISS CHARGED TO PATIENTS 0 0 0 0 0 0 0 70.00 ORGOO PRISS CHARGED TO PATIENTS 0 0 0 0 0 0 70.00 ORGOO PRISS CHARGED TO PATIENTS 0 0 0 0 0 0 70.00 ORGOO PRISS CHARGED TO PATIENTS 0 0 0 0 0 0 70.00 ORGOO PRISS CHARGED TO PATIENTS 0 0 0 0 0 70.00 ORGOO PRISS CHARGED TO PATIENTS 0 0 0 0 0 70.00 ORGOO PRISS CHARGED TO PATIENTS 0 0 0 0 0 70.00 ORGOO PRISS CHARGED TO PATIENTS 0 0 0 0 0 70.00 ORGOO PRISS CHARGED TO PATIENTS 0 0 0 0 0 70.00 ORGOO PRISS CHAR			_					
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194.00 0.0400 RADI OLOGY-DI AGNOSTIC 780.721 88.164 232.412 0 163.497 54.00 0.0	51.00	05100 RECOVERY ROOM	103, 822	35, 871	15, 790	0	33, 761	51.00
57.00 02280 EKG AND EEG 0 46 0 0 5.88 57.00 59.00 05900 CARDINIC CATHETERI ZATION 179, 074 17, 948 121, 716 0 34, 557 59.00 59.00 05900 CARDINIAC CATHETERI ZATION 179, 074 17, 948 121, 716 0 34, 557 59.00 60.00 05000 LABORATORY 40, 789 0 0 0 0 0 0 0 0 0 60.01 05000 LABORATORY 40, 789 0 0 0 0 0 0 0 0 0 60.01 05000 LABORATORY 59.067 281 18, 915 0 74, 856 65.00 65.01 06500 RESPIRATORY THERAPY 59, 067 281 18, 915 0 74, 856 65.00 65.01 06501 LEEP LAB 0 0 0 12, 801 65.01 65.02 06500 RESPIRATORY THERAPY 39, 399 5,774 78, 293 0 94, 195 66.00 67.00 06700 05000 EVECTORATHOLOGY 7, 334 0 4, 605 0 44, 798 68.00 68.01 06800 SPEECH PATHOLOGY 7, 334 0 4, 605 0 8, 578 68.00 68.01 06800 SPEECH PATHOLOGY 7, 334 0 0 0 0 0 34, 788 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 34, 788 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 73.00 07300 IAMPLIE DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0 73.00 07300 IAMPLIE DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0 73.00 07300 IAMPLIE DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0 74.00 07400 IAMPLIE DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0 74.00 07400 IAMPLIE DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 75.00 07500 IAMPLIE DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 75.00 07500 IAMPLIE DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 0 75.00 07500 IAMPLIE DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 0 76.00 03100 OSCOLO CHARGED TO PATIENTS 0 0 0 0 0 0 0 76.00 03100 OSCOLO CHARGED TO PATIENTS 0 0 0 0 0 0 0 76.00 03100 OSCOLO CHARGED TO PA	52.00	05200 DELIVERY ROOM & LABOR ROOM	162, 442	57, 196	252, 643	0	41, 905	52.00
SBS 00 OSBOO MAGNETI C RESONANCE I MACI NG (MRI) 0 0 0 0 0 34,557 59,00	54.00	05400 RADI OLOGY-DI AGNOSTI C	780, 721	88, 164	232, 412	0	163, 497	54.00
99.00 05900 CARDIAC CATHETERI ZATION	57.00	03280 EKG AND EEG	0	46	0	0	5, 583	57.00
0.0 0.0000 LABORATORY	58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58. 00
60.01 GOOT BLOOD LABORATORY 0	59.00	05900 CARDI AC CATHETERI ZATI ON	179, 074	17, 948	121, 716	0	34, 557	59. 00
60.01 GOOT BLOOD LABORATORY 0	60.00	06000 LABORATORY	40, 789	0	119, 742	0	0	60.00
63.00 06300 BLODD STORING, PROCESSING, & TRANS. 0 60.00 0 0 0 3.0 065.00 06500 RESPIRATORY THERAPY 59.06.7 281 18,915 0 74,856 65.00 06501 SLEEP LAB 0 0 0 0 0 0 12,801 65.01 065.01 06500 RESPIRATORY THERAPY 39,999 5,774 78,293 0 94,195 66.00 0600 PHYSI CAL THERAPY 30,662 0 4,605 0 14,798 67.00 68.00 06800 SPECH PATHOLOGY 7,334 0 4,605 0 8,578 68.00 0 0 0 0 0 0 0 0 0		1	1	0	·	0	0	•
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68. 00 06800 SPEECH PATHOLOGY 7, 334 0 4, 605 0 8, 578 68. 00 68. 01 06801 AUDIOLOGY 0 0 0 0 0 0 0 69. 00 06900 ELECTROCARDIOLOGY 235, 220 11, 948 0 0 0 0 34, 788 69, 00 71. 00 07100 MEDI CAL, SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 0 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 73. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES 0 38 9, 211 0 28, 438 73. 01 74. 00 07400 RENAL DI ALYSIS 37, 218 3, 268 0 0 0 0 0 0 76. 00 03160 CARDI OPULMONARY 0 0 0 0 0 0 0 0 76. 97 07697 CARDIA CR EHABIL LITATION 0 161 37, 502 0 13, 525 76, 90 76. 98 O7698 HYPERBARI C OXYGEN THERAPY 2, 704 1 0 0 0 11, 427 76. 98 O7698 HYPERBARI C OXYGEN THERAPY 2, 704 1 0 0 0 11, 427 79. 00 09000 CLI NI C 286, 251 6 2, 303 0 14, 074 90. 02 79. 01 09000 CLI NI C 12, 359 4, 492 0 0 17, 691 90. 03 79. 02 09000 OSERVATION BEDS (NON-DISTINCT PART) 48, 289 9, 137 16, 448 0 15, 579 78. 00 09000 OSERVATION BEDS (DISTINCT PART) 48, 289 9, 137 16, 448 0 15, 579 79. 00 09000 OSERVATION BEDS (DISTINCT PART) 48, 289 9, 137 16, 448 0 15, 579 79. 00 09000 OSERVATION BEDS (DISTINCT PART) 48, 289 9, 137 16, 448 0 15, 579 79. 00 09000 OSERVATION BEDS (DISTINCT PART) 48, 289 9, 137 16, 448 0 15, 579 79. 00 09000 OSERVATION BEDS (DISTINCT PART) 48, 289 9, 137 16, 448 0 15, 579 79. 00 09000 OSERVATION BEDS (DISTINCT PART) 48, 289 9, 137 16, 448 0 15, 579 90. 00 79. 00 09000 OSERVATION BEDS (DISTINCT PART) 48, 289 9, 137 16, 448 0 15, 579 90. 00 79. 00 09000 OSERVATION BEDS (DISTINCT PART) 48, 289 9, 137 16, 448 0 17, 90, 90 79. 00 09000 OSERVATION BEDS (DISTINCT PART) 6, 573, 15		1		0, ,, 1		0		•
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69.00 0.6900			1	0		0		1
77. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 71. 00 72. 00 72. 00 72. 00 73. 00 07300 MPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 73. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 76. 00		1 1	_	11 0/0		0		
72. 00 07200 IMPL. DEV. CHARGED TO PATI ENT 0 0 0 0 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 73. 01 07301 HOSPI TAL BASED RETAI L PHARMACI ES 0 38 9, 211 0 28, 438 73. 01 74. 00 07400 RENAL DI ALYSI S 37, 218 3, 268 0 0 0 0 74. 00 76. 00 03160 CARDI OPULMONARY 0 0 0 0 0 0 0 76. 97 07697 CARDI AC REHABI LI TATI ON 0 161 37, 502 0 13, 525 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 2, 704 1 0 0 11, 427 76. 98 09000 CLI NI C 0 0 0 0 0 0 79. 00 09000 DAIN CLI NI C 286, 251 6 2, 303 0 14, 074 79. 00 09000 DAIN CLI NI C 286, 251 6 2, 303 0 14, 074 79. 01 09000 DEMERGENCY 402, 650 218, 497 568, 446 0 125, 353 79. 01 09000 DESERVATI ON BEDS (NON-DISTINCT PART) 402, 650 218, 497 568, 446 0 15, 579 79. 01 09000 DESERVATI ON BEDS (DI STI NCT PART) 48, 289 9, 137 16, 448 0 15, 579 79. 02 09000 DESERVATI ON BEDS (DI STI NCT PART) 48, 289 9, 137 16, 448 0 15, 579 79. 00 09500 AMBULANCE SERVI CES 29, 017 0 0 0 38, 607 79. 00 09500 AMBULANCE SERVI CES 29, 017 0 0 0 0 38, 607 79. 00 09500 AMBULANCE SERVI CES 29, 017 0 0 0 0 0 7, 305 190, 00 79. 00 09500 ORSER MARSABLE COST CENTERS 113. 00 1100 1100 RESEARCH 16, 186 0 0 0 0 7, 305 190, 00 79. 00 097900 OTHER NONREI MBURSABLE COST CENTERS 0 0 0 38, 818 0 0 0 194, 00 794. 01 07951 BSU PHARMACY 0 0 0 0 0 0 0 0 0 794. 02 07952 VAVIL LION PHARMACY 36, 147 0 0 0 0 0 0 0 0 794. 02 07952 VAVIL LION PHARMACY 36, 147 0 0 0 0 0 0 0 795. 00 07950 VALER NONREI MBURSABLE COST CENTERS 0 0 0 0 0 0 0 795. 00 07950 VALER NONREI MBURSABLE COST CENTERS 0 0 0 0 0 0 795. 00 07950 VALER NONREI MBURSABLE COST CENTERS 0 0 0			1	11, 740		0		
73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 73. 00 73. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES 0 38 9,211 0 28,438 73. 01 74. 00 07400 RENAL DI ALYSIS 337,218 3,268 0 0 0 0 0 74. 00 76. 90 03160 CARDI OPULMONARY 0 0 0 0 0 0 0 0 76. 00 76. 97 07697 CARDI AC REHABILI TATI ON 0 161 37,502 0 13,525 76. 97 76. 98 O7698 HYPERBARI C OXYGEN THERAPY 2,704 1 0 0 0 11,427 76. 98 O7699 HYPERBARI C OXYGEN THERAPY 2,704 1 0 0 0 0 0 79. 02 09002 PAIN C LINI C 286,251 6 2,303 0 14,074 90. 02 79. 03 09003 ONCOLOGY CLINI C 12,359 4,492 0 0 17,691 90. 03 79. 00 09000 DEMERGENCY 402,650 218,497 568,446 0 125,353 91. 00 79. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 48,289 9,137 16,448 0 15,579 79. 00 09201 OBSERVATI ON BEDS (DISTINCT PART) 48,289 9,137 16,448 0 15,579 79. 00 09500 AIBULANCE SERVI CES 29,017 0 0 0 0 38,607 79. 00 09500 AIBULANCE SERVI CES 29,017 0 0 0 0 38,607 79. 00 09500 OSSERVATI ON BEDS (DISTINCT PART) 48,289 9,137 16,448 0 15,579 79. 00 09500 OSSERVATI ON BEDS (DISTINCT PART) 48,289 9,137 16,448 0 15,579 79. 00 09500 OSSERVATI ON BEDS (DISTINCT PART) 48,289 9,137 16,448 0 15,579 79. 00 OSSOO OSSERVATION BEDS (DISTINCT PART) 48,289 9,137 16,448 0 15,579 79. 00 OSSOO OSSERVATION BEDS (DISTINCT PART) 48,289 9,137 16,448 0 15,579 79. 00 OSSOO OSSERVATION BEDS (DISTINCT PART) 48,289 9,137 16,448 0 15,579 79. 00 OSSOO OSSERVATION BEDS (DISTINCT PART) 48,289 9,137 16,448 0 15,579 79. 00 OSSOO OSSERVATION BEDS (DISTINCT PART) 48,289 9,137 16,448 0 15,579 79. 00 OSSOO OSSERVATION BEDS (DISTINCT PART) 48,289 9,137 16,448 0 17,979 79. 00 OSSOO OSSERVATION BEDS (DISTINCT PART) 48,289 9,137 16,448		1 1	-	0		0		
73. 01 O7301 HOSPITAL BASED RETAIL PHARMACIES 0 38 9, 211 0 28, 438 73. 01 74. 00 O7400 RENAL DI ALYSIS 37, 218 3, 268 0 0 0 0 76. 00 0 0 0 0 0 0 0 0 0		1	0	0		0		
74. 00 07400 RENAL DI ALYSIS 37, 218 3, 268 0 0 0 74. 00 76. 00 03160 CARDI OPULMONARY 0 0 0 0 0 0 76. 00 76. 97 07697 CARDI OPULMONARY 0 0 161 37, 502 0 13, 525 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 2, 704 1 0 0 0 11, 427 76. 98 0017PATI ENT SERVICE COST CENTERS 90. 00 09000 CLI NI C 0 0 0 0 0 0 0 0 0 14, 074 90. 02 90. 02 09002 PAI N CLI NI C 286, 251 6 2, 303 0 14, 074 90. 02 90. 03 09003 ONCOLOGY CLI NI C 12, 359 4, 492 0 0 177, 691 90. 03 91. 00 09200 OSERVATI ON BEDS (NON-DI STI NCT PART) 0 0 20 125, 353 91. 00 92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART) 48, 289 9, 137 16, 448 0 15, 579 92. 01 07500 OPSOD (AMBULANCE SERVI CES 29, 017 0 0 0 0 38, 607 95. 00 07500 (AMBULANCE SERVI CES 29, 017 0 0 0 0 38, 607 95. 00 07500 (AMBULANCE SERVI CES 29, 017 0 0 0 0 0 38, 607 95. 00 07500 (AMBULANCE SERVI CES 30, 01, 979, 186 118. 00 11300) INTEREST EXPENSE 113. 00 11300 INTEREST EXPENSE 113. 00 11300 (FISCAL PURPOSE COST CENTERS) 119. 00 19000 (GIFT, FLOWER, COFFEE SHOP & CANTEEN 16, 186 0 0 0 0 11, 297 191. 00 194. 00 07950 (THER NONREI MBURSABLE COST CENTERS 0 0 38, 818 0 0 114, 297 191. 00 194. 00 07950 (THER NONREI MBURSABLE COST CENTERS 0 0 0 38, 818 0 0 194. 00 194. 00 07950 (PARMACY 0 0 0 0 0 4, 209 194. 01 194. 01 07951 (BSU PHARMACY 36, 147 0 0 0 0 0 0 194. 02 194. 02 07952 (PAVILLION PHARMACY 36, 147 0 0 0 0 0 0 194. 02 194. 03 07953 (VENDI NG 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	20	0 211	0		1
76. 00 03160 CARDI OPULMONARY 0 0 0 161 37, 502 0 0 13, 525 76. 97 76. 97 07697 CARDI AC REHABI LI TATI ON 0 161 37, 502 0 13, 525 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 2, 704 1 0 0 0 11, 427 76. 98 0017PATI ENT SERVI CE COST CENTERS 90. 00 09000 CLI NI C 0 0 0 0 0 0 0 0 0 0, 0 0 0 0 90. 02 09002 PAI N CLINI C 286, 521 6 2, 303 0 14, 074 90. 02 91. 00 09000 CLINI C 12, 359 4, 492 0 0 0 17, 691 90. 03 91. 00 09100 EMERGENCY 402, 650 218, 497 568, 446 0 125, 353 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 92. 00 92. 01 09201 OBSERVATI ON BEDS (DISTINCT PART) 48, 289 9, 137 16, 448 0 15, 579 95. 00 09000 AMBULANCE SERVI CES 29, 017 0 0 0 38, 607 97. 00 13100 INTEREST EXPENSE 30			27 210			0		1
76. 97 07697 CARDI AC REHABILLITATION 0 161 37, 502 0 13, 525 76. 97		1	37,218	3, 208		0		
76. 98 07698 HYPERBARI C 0XYGEN THERAPY 2, 704 1 0 0 11, 427 76. 98			0	0	07.500	0		
90. 00 09000 CLI NI C 0 0 0 0 0 0 0 0 0				161		0		1
90. 00	76. 98		2,704	1 1] 0	0	11, 427	/6. 98
90. 02	0.5				1			
90. 03				0	0	0		
91. 00				6		0		•
92. 00			12, 359	4, 492		0	17, 691	90. 03
92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 48, 289 9, 137 16, 448 0 15, 579 92. 01			402, 650	218, 497	568, 446	0	125, 353	91.00
OTHER REI MBURSABLE COST CENTERS 29,017 0 0 0 38,607 95.00								
95. 00 09500 AMBULANCE SERVI CES 29, 017 0 0 0 38, 607 95. 00 SPECI AL PURPOSE COST CENTERS 113. 00 11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1-117) 6, 573, 154 1, 316, 788 4, 625, 533 2, 750, 031 1, 979, 186 118. 00 NONREI MBURSABLE COST CENTERS 10, 316, 788 4, 625, 533 2, 750, 031 1, 979, 186 118. 00 190. 00 19100 RESEARCH 16, 186 0 0 0 0 11, 297 191. 00 19100 19100 RESEARCH 16, 186 0 0 0 38, 818 0 0 194. 00 194. 00 19500 0 0 0 0 0 0 0 0 194. 00 194. 02 07952 PAVI LLI ON PHARMACY 36, 147 0 0 0 0 194. 03 194. 03 194. 03 07953 VENDI NG 0 0 0 0 194. 03 194. 03 0 0 0 0 0 0 0 0 0	92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	48, 289	9, 137	16, 448	0	<u>1</u> 5, 579	92. 01
95. 00 09500 AMBULANCE SERVI CES 29, 017 0 0 0 38, 607 95. 00 SPECI AL PURPOSE COST CENTERS 113. 00 11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1-117) 6, 573, 154 1, 316, 788 4, 625, 533 2, 750, 031 1, 979, 186 118. 00 NONREI MBURSABLE COST CENTERS 10, 316, 788 4, 625, 533 2, 750, 031 1, 979, 186 118. 00 190. 00 19100 RESEARCH 16, 186 0 0 0 0 11, 297 191. 00 19100 19100 RESEARCH 16, 186 0 0 0 38, 818 0 0 194. 00 194. 00 19500 0 0 0 0 0 0 0 0 194. 00 194. 02 07952 PAVI LLI ON PHARMACY 36, 147 0 0 0 0 194. 03 194. 03 194. 03 07953 VENDI NG 0 0 0 0 194. 03 194. 03 0 0 0 0 0 0 0 0 0		OTHER REIMBURSABLE COST CENTERS						
113. 00 118. 00 118. 00 118. 00 118. 00 SUBTOTALS (SUM OF LINES 1-117) 6, 573, 154 1, 316, 788 4, 625, 533 2, 750, 031 1, 979, 186 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 191. 00 19100 RESEARCH 194. 00 197. 00 197. 00 197. 00 198. 00 199. 0	95.00	09500 AMBULANCE SERVICES	29, 017	0	0	0	38, 607	95. 00
113. 00 118. 00 118. 00 118. 00 118. 00 SUBTOTALS (SUM OF LINES 1-117) 6, 573, 154 1, 316, 788 4, 625, 533 2, 750, 031 1, 979, 186 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 191. 00 19100 RESEARCH 194. 00 197. 00 197. 00 197. 00 198. 00 199. 0								
118. 00 SUBTOTALS (SUM OF LINES 1-117) 6, 573, 154 1, 316, 788 4, 625, 533 2, 750, 031 1, 979, 186 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 0 11, 297 191. 00 191.	113.00							113. 00
NONRE MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 0 7, 305 190.00 191.00 1			6, 573, 154	1, 316, 788	4, 625, 533	2, 750, 031	1, 979, 186	
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 0 7, 305 190. 00 191. 00 19100 RESEARCH 16, 186 0 0 0 0 11, 297 191. 00 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 0 0 38, 818 0 0 194. 00 194. 01 194. 02 07951 BSU PHARMACY 0 0 0 0 0 194. 01 194. 02 07952 PAVI LLI ON PHARMACY 36, 147 0 0 0 0 194. 02 194. 03 07953 VENDI NG 0 0 0 0 194. 03	5. 50		5, 5, 5, 154	., 5.0, 700	., 520, 555	_, .50, 551	., ., ,, ,, ,,	1
191. 00 19100 RESEARCH 16, 186 0 0 0 11, 297 191. 00 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 0 0 38, 818 0 0 194. 00 194. 01 194. 02 07952 PAVI LLI ON PHARMACY 36, 147 0 0 0 0 194. 02 194. 03 07953 VENDI NG 0 0 0 194. 03	190 00		0	0	n	O	7 305	190 00
194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 0 0 38, 818 0 0 194. 00 194. 01 194. 02 07951 BSU PHARMACY 0 0 0 0 0 194. 01 194. 02 07952 PAVI LLI ON PHARMACY 36, 147 0 0 0 0 194. 03 194. 03 07953 VENDI NG 0 0 0 194. 03			16 186) n	ا م	n		
194. 01 07951 BSU PHARMACY 0 0 0 0 4, 209 194. 01 194. 02 07952 PAVI LLI ON PHARMACY 36, 147 0 0 0 15, 203 194. 02 194. 03 07953 VENDI NG 0 0 0 0 194. 03	194 00	007950 OTHER NONRELMBURSABLE COST CENTERS	1) n	32 212	0		
194. 02 07952 PAVI LLI ON PHARMACY 36, 147 0 0 0 15, 203 194. 02 194. 03 07953 VENDI NG 0 0 0 194. 03				0	30,010	0		
194. 03 07953 VENDI NG 0 0 0 0 194. 03		1	26 1/17	0		0		
			30, 147	0	·	0		
174. U4 U/754 CANELINE U U U U 194. U4				0		0		
	174.04	TO 1704 OARLINE	1 0	1 0	'I U	U	1 0	174. U4

| Period: | Worksheet B | From 01/01/2016 | Part | To 12/31/2016 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0089

			To	12/31/2016	Date/Time Pre 5/22/2017 5:3	
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	J pili
3350 331101 B3501 F11011	PLANT	LINEN SERVICE	I I I I I I I I I I I I I I I I I I I	512171111	07.11 2.7 2.11.7.1	
	7. 00	8. 00	9. 00	10.00	11.00	
194. 05 07955 WELLNESS CENTER	64, 704	16, 686	16, 777	0	1, 967	194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	258, 918	0	9, 211	0	0	194. 06
194. 07 07957 PERINATAL CLINIC	0	0	0	0	0	194. 07
194. 08 07958 RENTAL PROPERTY	1, 719, 587	0	0	0	0	194. 08
194. 09 07959 ADVERTI SI NG	0	0	0	0	0	194. 09
194. 10 07960 I NTEGRA LTAC	242, 159	0	0	155, 052	0	194. 10
194. 11 07961 I U HEALTH HOSPI CE	49, 233	222	18, 422	0	0	194. 11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0		194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0	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	57, 472	0	0	0	0	194. 15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0	194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0	0	0	0	194. 17
194. 18 07968 CHV 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	0	0	194. 20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	28, 959	194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	10, 867	0	0	0	868	194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	320, 051	0	0	0		194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	112, 916	0	0	133, 521	0	194. 25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	33, 557	0	9, 869	0	9, 995	194. 26
194. 27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0		194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0		194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0		194. 29
194. 30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0		194. 30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194. 31
194. 32 07982 RENAL DI ALYSI S	0	0	0	0		194. 32
194. 33 07983 LAB CORP	0	0	0	0		194. 33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0		194. 34
194. 35 07985 LEASED SPACE	0	0	0	0	0	194. 35
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0		201. 00
202.00 TOTAL (sum lines 118-201)	9, 494, 951	1, 333, 696	4, 718, 630	3, 038, 604	2, 059, 032	202. 00

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2016 Part I
To 12/31/2016 Date/Time Prepared: 5/22/2017 5:35 pm Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0089

				10	12/31/2016	5/22/2017 5: 3	
						INTERNS &	
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	RESI DENTS SERVI CES-SALAR	
	·	ADMI NI STRATI ON	SERVICES &		RECORDS &	Y & FRI NGES	
		10.00	SUPPLY	45.00	LIBRARY	24.22	
	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 PROCESSI NG						5. 02
5. 04 5. 05	00570 ADMITTING 00580 CASHIERING/ACCOUNTS RECEIVABLE						5. 04 5. 05
5.06	00590 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 NURSING ADMINISTRATION	9, 652, 169					13.00
14. 00	01400 CENTRAL SERVICES & SUPPLY	0	12, 331, 492				14.00
15. 00	01500 PHARMACY	0	49, 195	_	0		15. 00
16. 00 21. 00	01600 MEDICAL RECORDS & LIBRARY 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	5, 467, 238	16. 00 21. 00
22. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	0	34		0	3, 407, 230	22. 00
23. 00	02300 PARAMED ED PRGM	O	0	0	0		23. 00
	INPATIENT ROUTINE SERVICE COST CENTERS				_		
30.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	4, 032, 317	684, 528		0	3, 069, 950	30.00
31. 00 32. 00	02060 NEONATAL INTENSIVE CARE UNIT	1, 595, 534 382, 210	333, 962 43, 586		0	686, 413 71, 048	31. 00 32. 00
40. 00	04000 SUBPROVI DER - I PF	0	43, 300	0	0	71,040	40. 00
41. 00	04100 SUBPROVI DER - I RF	270, 873	18, 332	654	0	0	41.00
43. 00	04300 NURSERY	101, 555	0	0	0	0	43.00
50. 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	479, 496	1, 351, 174	15, 195	0	367, 844	50. 00
51. 00	05100 RECOVERY ROOM	301, 286	60, 073		0	0	51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	410, 666	83, 779		0	0	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	236, 547	350, 209		0	167, 306	54.00
57. 00	03280 EKG AND EEG	0	1, 551	0	0	0	57. 00
58. 00 59. 00	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	207, 201	0 158, 083	2, 619	0	0	58. 00 59. 00
60.00	06000 LABORATORY	207, 201	130, 003	2,017	0	0	60. 00
60. 01	06001 BLOOD LABORATORY	0	0	0	0	0	60. 01
63. 00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	442, 266		0	0	63.00
65. 00 65. 01	06500 RESPI RATORY THERAPY 06501 SLEEP LAB	0	144, 394 23, 131	238	0	105, 426 0	65. 00 65. 01
66. 00	06600 PHYSI CAL THERAPY	0	23, 131 11, 605		0	0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	o	8, 699	3	0	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	0	608		0	0	68.00
68. 01	06801 AUDI OLOGY	0	0		0	0	68. 01
69. 00 71. 00	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	O	5, 134 2, 876, 417		0	280, 753 0	69. 00 71. 00
71.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	5, 099, 372		0	0	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	73.00
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	246		0	0	73. 01
74. 00 76. 00	07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY	0	4, 720 0	1, 157	0	0	74. 00 76. 00
76. 00 76. 97	07697 CARDI AC REHABI LI TATI ON	10, 493	2, 543		0	0	76. 00 76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	105, 112	45, 992	2	0	Ö	76. 98
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0		0	0	90.00
90. 02 90. 03	09002 PAIN CLINIC 09003 ONCOLOGY CLINIC	52, 467 161, 848	47, 157 76, 450	317 5, 134	0	111, 155 96, 258	90. 02 90. 03
91. 00	09100 EMERGENCY	1, 111, 947	355, 039		0	445, 767	91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			, , , , , ,			92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	119, 163	35, 982	2, 494	0	0	92. 01
05 00	OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES	ol	15 124	205	0	0	95. 00
95. 00	SPECIAL PURPOSE COST CENTERS	U U	15, 136	205	<u></u>	0	7J. UU
113.00	11300 I NTEREST EXPENSE						113. 00
118. 00		9, 578, 715	12, 329, 397	6, 821, 598	0	5, 401, 920	118. 00
100.00	NONREI MBURSABLE COST CENTERS	ما	201		0		100 00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19100 RESEARCH	0 73, 454	381 128	0 2	0	65, 318	190. 00 191. 00
	07950 OTHER NONREIMBURSABLE COST CENTERS	, 5, 454	0		0		194. 00
194. 01	107951 BSU PHARMACY	0	0	0	0	o	194. 01
					-		

| Period: | Worksheet B | From 01/01/2016 | Part | To 12/31/2016 | Date/Time Prepared: Provider CCN: 15-0089

			Т	o 12/31/2016	Date/Time Pre 5/22/2017 5:3	
					INTERNS &	J pili
					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	
194. 02 07952 PAVILLION PHARMACY	0	1, 231	1, 170, 713	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	135	C	0		194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	C	0		194. 06
194. 07 07957 PERINATAL CLINIC	0	0	C	0		194. 07
194.08 07958 RENTAL PROPERTY	0	0	C	0		194. 08
194. 09 07959 ADVERTI SI NG	0	0	C	0		194. 09
194. 10 07960 INTEGRA LTAC	0	0	C	0		194. 10
194. 11 07961 IU HEALTH HOSPICE	0	26	C	0		194. 11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	C	0		194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0	C	0		194. 13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	C	0		194. 14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	0	0	C	0		194. 15
194. 16 07966 JAY COUNTY HOSPITAL	0	0	C	0		194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0	C	0		194. 17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES	0	0	C	0		194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	0	C	0		194. 19
194. 20 07970 MEALS ON WHEELS	0	0	C	0		194. 20
194. 21 07971 ST MARY'S SCHOOL	0	0	C	0		194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0	C	0		194. 22
194. 23 07973 CANCER CENTER BOUTI QUE	0	172	C	0		194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	C	0		194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	22	2	0		194. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0		0		194. 26
194. 27 07977 MI DWEST HEALTH STRATEGIES	0	0		0		194. 27
194. 28 07978 CARDI NAL SELECT RISK RETENTION GRP	0	0		0		194. 28
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0		194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0		0		194. 30
194. 31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0		0		194. 31
194. 32 07982 RENAL DI ALYSI S	0	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	١	0	١	0		194. 35
200.00 Cross Foot Adjustments		0	,			200. 00
201.00 Negative Cost Centers	0 452 140	12 221 402	7 002 215	0		201. 00
202.00 TOTAL (sum lines 118-201)	9, 652, 169	12, 331, 492	7, 992, 315	0	5, 467, 238	1202. UU

	ALLOCATION - GENERAL SERVICE COSTS	DALE WEWORTAL	Provi der CCI	F	eriod: rom 01/01/2016	Date/Time Pre	pared:
	Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	5/22/2017 5: 3 Total	5 pm
	T	22. 00	23. 00	24. 00	25.00	26. 00	
1. 00	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT						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 21. 00 22. 00	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNICATIONS 00550 DATA PROCESSING 00570 ADMITTING 00580 CASHIERING/ACCOUNTS RECEIVABLE 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 MEDICAL RECORDS & LIBRARY 02100 MEDICAL RECORDS & LIBRARY 02100 I&R SERVICES-SALARY & FRINGES APPRVD	5, 140, 782					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	O2300 PARAMED ED PRGM INPATIENT ROUTINE SERVICE COST CENTERS		0				23. 00
40. 00 41. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF	2, 886, 639 645, 426 66, 805 0 0	0 0 0 0 0	60, 224, 508 17, 122, 117 3, 836, 172 0 3, 914, 110 1, 431, 549	-1, 331, 839 -137, 853 0 0	54, 267, 919 15, 790, 278 3, 698, 319 0 3, 914, 110 1, 431, 549	31. 00 32. 00 40. 00 41. 00
	ANCILLARY SERVICE COST CENTERS						
60. 00 60. 01 63. 00 65. 00	05000 OPERATING ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC 03280 EKG AND EEG 05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION 06000 LABORATORY 06001 BLOOD LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS. 06500 RESPIRATORY THERAPY 06501 SLEEP LAB	345, 879 0 0 157, 316 0 0 0 0 0 99, 131 0 0 0 0 0 263, 989 0 0 0 0		15, 837, 528 3, 339, 371 4, 897, 473 22, 361, 039 135, 957 5, 395, 687 13, 261, 967 1, 960, 153 5, 878, 369 835, 486 5, 697, 301 1, 215, 053 595, 802 4, 136, 044 12, 264, 564 22, 198, 447 36, 246, 585 11, 196, 233 1, 526, 317 0 889, 877 1, 874, 239	-324, 622 0 0 0 0 0 0 0 -204, 557 0 0 0 0 -544, 742 0 0 0	15, 123, 805 3, 339, 371 4, 897, 473 22, 036, 417 135, 957 0 5, 395, 687 13, 261, 967 0, 1, 960, 153 5, 673, 812 835, 486 5, 697, 301 1, 215, 053 595, 802 0 3, 591, 302 12, 264, 564 22, 198, 447 36, 246, 585 11, 196, 233 1, 526, 317 0 889, 877 1, 874, 239	51. 00 52. 00 54. 00 57. 00 58. 00 59. 00 60. 01 63. 00 65. 01 66. 00 67. 00 68. 01 69. 00 71. 00 72. 00 73. 01 74. 00 76. 00 76. 97
	OUTPATIENT SERVICE COST CENTERS	-	0				
90. 00 90. 02 90. 03 91. 00 92. 00 92. 01	09000 CLINIC 09002 PAIN CLINIC 09003 ONCOLOGY CLINIC 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	0 104, 518 90, 511 419, 150	0 0 0 0	2, 299, 919 2, 194, 218 20, 741, 623 1, 379, 781	-215, 673 -186, 769 -864, 917 0	0 2, 084, 246 2, 007, 449 19, 876, 706 1, 379, 781	90. 02 90. 03 91. 00 92. 00
95. 00		0	0	2, 125, 862	0	2, 125, 862	95. 00
	SPECIAL PURPOSE COST CENTERS 11300 I NTEREST EXPENSE	5, 079, 364	0	287, 013, 351		276, 532, 067	113. 00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0 61, 418	0	832, 278 1, 044, 981		832, 278 918, 245	

| Period: | Worksheet B | From 01/01/2016 | Part | To 12/31/2016 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0089

			Т	o 12/31/2016	Date/Time Pre 5/22/2017 5:3	
	INTERNS &				3/22/2017 3.3	o piii
	RESI DENTS					
Cost Center Description	SERVI CES-OTHER	PARAMED ED	Subtotal	Intern &	Total	
	PRGM COSTS	PRGM		Residents Cost		
				& Post		
				Stepdown		
				Adjustments		
	22. 00	23. 00	24.00	25. 00	26. 00	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0			38, 818	
194.01 07951 BSU_PHARMACY	0	0	1,		52, 896	194. 01
194.02 07952 PAVILLION PHARMACY	0	0	8, 894, 799	0	8, 894, 799	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	0	0	401, 536	0	401, 536	194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	1, 134, 397	0	1, 134, 397	194. 06
194. 07 07957 PERINATAL CLINIC	0	0	0	0		194. 07
194. 08 07958 RENTAL PROPERTY	0	0	7, 966, 829	0	7, 966, 829	194. 08
194. 09 07959 ADVERTI SI NG	0	0	0	0	0	194. 09
194. 10 07960 I NTEGRA LTAC	0	0	1, 189, 894	0	1, 189, 894	
194. 11 07961 IU HEALTH HOSPICE	0	0	229, 065	0	229, 065	
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0		194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0	0	0		194. 13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0		194. 14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	0	0	245, 602		245, 602	
194. 16 07966 JAY COUNTY HOSPITAL	0	0	353, 508	0	353, 508	
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0	0	0		194. 17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0		194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	0	0	0		194. 19
194.20 07970 MEALS ON WHEELS	0	0	0	0		194. 20
194. 21 07971 ST MARY'S SCHOOL	0	0	0	0		194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0	950, 109		950, 109	
194. 23 07973 CANCER CENTER BOUTIQUE	0	0	,		189, 868	
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	.,,		1, 367, 707	
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	0			616, 584	
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	1, 742, 808	0	1, 742, 808	
194. 27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0		194. 27
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0		194. 28
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0		194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0	4, 405	0	•	194. 30
194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS	0	0	0	0		194. 31
194. 32 07982 RENAL DI ALYSI S	0	0	0	0		194. 32
194. 33 07983 LAB CORP	0	0	0	0		194. 33
194. 34 07984 H. O. MATERI ALS MGMT	0	0	0	0		194. 34
194. 35 07985 LEASED SPACE	0	0	0	0		194. 35
200.00 Cross Foot Adjustments	0	0	0	0		200.00
201.00 Negative Cost Centers	5 140 700	0	·	10 (00 000		201. 00
202.00 TOTAL (sum lines 118-201)	5, 140, 782	0	314, 269, 435	-10, 608, 020	303, 661, 415	J2U2. UU

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0089

					10	12/31/2016	Date/lime Prep 5/22/2017 5:3	
		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATI ONS	<u>.</u>
			0	1.00	2A	4. 00	5. 01	
		AL SERVICE COST CENTERS						
1.00		NEW CAP REL COSTS-BLDG & FIXT			77.044	77 044		1.00
4.00		EMPLOYEE BENEFITS DEPARTMENT COMMUNICATIONS	0	77, 211		77, 211		4. 00
5. 01 5. 02		DATA PROCESSING	0	18, 964 0		379 0	1	5. 01 5. 02
5. 04		ADMITTING	0	62, 311	_	708		5. 04
5. 05		CASHI ERI NG/ACCOUNTS RECEI VABLE	0	0	0	0		5. 05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	732, 223	732, 223	3, 482		5. 06
6.00		MAINTENANCE & REPAIRS	0	11, 314, 160	1 1	2, 235		6. 00
7.00		OPERATION OF PLANT	0	763, 746		853		7. 00
8. 00 9. 00		LAUNDRY & LINEN SERVICE HOUSEKEEPING	0	0 186, 300		0 1, 899		8. 00 9. 00
10. 00		DIETARY	0	143, 675	1	1, 051		10. 00
11. 00	1	CAFETERI A	0	169, 387	1	824		11. 00
13.00		NURSING ADMINISTRATION	0	219, 721		3, 921	846	13. 00
14. 00		CENTRAL SERVICES & SUPPLY	0	202, 935	1	0		14. 00
15.00		PHARMACY	0	85, 757	1	3, 537		15.00
16. 00 21. 00		MEDICAL RECORDS & LIBRARY I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1	0 2, 846	0 747	16. 00 21. 00
22. 00	1	I &R SERVICES-OTHER PRGM COSTS APPRVD	0	229, 925		535		22. 00
23. 00		PARAMED ED PRGM	0	0		0		23. 00
		IENT ROUTINE SERVICE COST CENTERS					_	
30.00		ADULTS & PEDIATRICS	0	1,00,,10,		15, 185		30. 00
31. 00 32. 00		INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	0	352, 256 65, 134	1	5, 145 1, 325		31. 00 32. 00
40. 00	1	SUBPROVIDER - IPF	0	05, 154	1	1, 323		40. 00
41. 00	1	SUBPROVIDER - IRF	0	129, 964		1, 037	- 1	41. 00
43.00		NURSERY	0	50, 322		449		43.00
		LARY SERVICE COST CENTERS						
50.00		OPERATING ROOM	0	1,		3, 725		50.00
51. 00 52. 00	1	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	0	103, 050 161, 234		1, 063 1, 418		51. 00 52. 00
54. 00		RADI OLOGY-DI AGNOSTI C	0	774, 912		5, 805		54. 00
57.00	1	EKG AND EEG	0	0		87		57. 00
58. 00		MAGNETIC RESONANCE IMAGING (MRI)	0	0		0		58. 00
59. 00		CARDI AC CATHETERI ZATI ON	0	177, 742		1, 228		59. 00
60. 00 60. 01	1	LABORATORY BLOOD LABORATORY	0	40, 486 0		0	0	60. 00 60. 01
63. 00		BLOOD STORING, PROCESSING, & TRANS.	0	٥	Ö	0	٥	63. 00
65.00		RESPI RATORY THERAPY	0	58, 627	58, 627	2, 399	571	65. 00
65. 01		SLEEP LAB	0	0		371		65. 01
66. 00		PHYSI CAL THERAPY	0	39, 106		3, 259		66. 00
67.00		OCCUPATIONAL THERAPY	0	30, 434		506		67. 00 68. 00
68. 00 68. 01		SPEECH PATHOLOGY AUDI OLOGY	0	7, 279 0	· · · · · · · · · · · · · · · · · · ·	290	0	
69. 00	1	ELECTROCARDI OLOGY	0	233, 470	· ·	783		69. 00
71. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71. 00
72. 00		IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72. 00
73.00		DRUGS CHARGED TO PATIENTS	0	0	0	1 215	0	73. 00
73. 01 74. 00		HOSPITAL BASED RETAIL PHARMACIES RENAL DIALYSIS	0	36, 941	36, 941	1, 215 0		
76. 00		CARDI OPULMONARY	0	0 0	0	0		76. 00
76. 97		CARDIAC REHABILITATION	0	0	0	358		
76. 98		HYPERBARI C OXYGEN THERAPY	0	2, 684	2, 684	360	87	76. 98
00.00		TIENT SERVICE COST CENTERS			J			00.00
90. 00 90. 02		CLINIC PAIN CLINIC	0	0 284, 121		0 303		90. 00 90. 02
90. 03		ONCOLOGY CLINIC	0	12, 267		609		
91.00	1	EMERGENCY	0	399, 654		3, 891		
92. 00		OBSERVATION BEDS (NON-DISTINCT PART)			0			92. 00
92. 01		OBSERVATION BEDS (DISTINCT PART)	0	47, 930	47, 930	451	119	92. 01
95. 00		REIMBURSABLE COST CENTERS AMBULANCE SERVICES	0	28, 801	28, 801	787	294	95. 00
75.00		AL PURPOSE COST CENTERS	0	20, 601	20, 001	767	274	75.00
113.00		INTEREST EXPENSE						113. 00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	19, 492, 861	19, 492, 861	74, 319	18, 734	118. 00
100.00		MBURSABLE COST CENTERS				440		100.00
		GIFT, FLOWER, COFFEE SHOP & CANTEEN RESEARCH	0	0 16, 065		112 344		190. 00 191. 00
		OTHER NONREIMBURSABLE COST CENTERS	0	l .		0		194. 00
		•	•	-	1		1	•

| Period: | Worksheet B | From 01/01/2016 | Part II | To | 12/31/2016 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0089

			To	12/31/2016	Date/Time Prep 5/22/2017 5:3	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATI ONS	<i>5</i> piii
	0	1.00	2A	4. 00	5. 01	
194. 01 07951 BSU PHARMACY 194. 02 07952 PAVI LLI ON PHARMACY 194. 03 07953 VENDI NG 194. 04 07954 CARELI NE 194. 05 07955 WELLNESS CENTER	0 0 0 0	0 35, 878 0 0 64, 223	0 0 64, 223	180 568 0 0 39	116 0 0 15	194. 01 194. 02 194. 03 194. 04 194. 05
194. 06 07956 PHYSI CI AN PRACTI CE CLI NI CS 194. 07 07957 PERI NATAL CLI NI C 194. 08 07958 RENTAL PROPERTY 194. 09 07959 ADVERTI SI NG	0 0	256, 992 0 1, 706, 791	256, 992 0 1, 706, 791	0 0 0	0 0	194. 06 194. 07 194. 08 194. 09
194. 10 07960 INTEGRA LTAC 194. 11 07961 IU HEALTH HOSPICE 194. 12 07962 POB MEDICAL PAVILLION CONDOS 194. 13 07963 EXECUTIVE PHYSICAL	0	240, 357 48, 866 0	240, 357 48, 866 0	0	0	194. 10 194. 11 194. 12 194. 13
194. 14 07964 NEW CASTLE ONCOLOGY 194. 15 07965 MARKETING/PUBLIC RELATIONS 194. 16 07966 JAY COUNTY HOSPITAL	0	57, 045 0	57, 045 0	0 0 182	0 0 0	194. 14 194. 15 194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 194. 19 07969 HEALTH CARE CONNECTIONS 194. 20 07970 MEALS ON WHEELS	0	0	0 0	0	0 0 0	194. 17 194. 18 194. 19 194. 20
194. 21 07971 ST MARY'S SCHOOL 194. 22 07972 THERAPIES TO OTHER ENTITIES 194. 23 07973 CANCER CENTER BOUTLQUE 194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0 0 10, 786 317, 669		992 11 0	221 7 0	194. 21 194. 22 194. 23 194. 24
194. 25 07975 CARDINAL BEHAVIORAL HEALTH 194. 26 07976 BLACKFORD COMMUNITY HOSPITAL 194. 27 07977 MIDWEST HEALTH STRATEGIES 194. 28 07978 CARDINAL SELECT RISK RETENTION GRP 194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0 0	112, 076 33, 308 0 0 0	112, 076 33, 308 0 0 0	0 461 0 0 0	76 0 0 0	194. 25 194. 26 194. 27 194. 28 194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE 194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS 194. 32 07982 RENAL DI ALYSI S 194. 33 07983 LAB CORP 194. 34 07984 H. O. MATERI ALS MGMT	0 0 0	0 0 0 0 0	0 0 0 0	3 0 0 0	0 0 0	194. 30 194. 31 194. 32 194. 33 194. 34
194.35 07985 LEASED SPACE 200.00 Cross Foot Adjustments 201.00 Negative Cost Centers 202.00 TOTAL (sum lines 118-201)	0	0 0 22, 392, 917	0 0 0 22, 392, 917	0 77, 211		194. 35 200. 00 201. 00 202. 00

Provider CCN: 15-0089

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2016 Part II
To 12/31/2016 Date/Time Prepared: 5/22/2017 5:35 pm

			'	0 12/31/2016	5/22/2017 5:3	
Cost Center Description	DATA	ADMI TTI NG	CASHI ERI NG/ACC	OTHER	MAINTENANCE &	
	PROCESSI NG		OUNTS	ADMI NI STRATI VE	REPAI RS	
	5. 02	5. 04	RECEI VABLE 5. 05	AND GENERAL 5.06	6. 00	
GENERAL SERVICE COST CENTERS	5.02	5. 04	5.05	5.06	0.00	
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	0					5. 02
5. 04 00570 ADMI TTI NG	О	63, 343				5. 04
5. 05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	o	0	0			5. 05
5.06 00590 OTHER ADMINISTRATIVE AND GENER	RAL 0	0	0	736, 141		5. 06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	51, 599	11, 368, 714	6.00
7.00 00700 OPERATION OF PLANT	0	0	0	18, 369	852, 255	7. 00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	3, 123	0	8. 00
9. 00 00900 HOUSEKEEPI NG	0	0	0	9, 667	207, 890	9. 00
10. 00 01000 DI ETARY	0	0	0	6, 039	160, 325	10. 00
11. 00 01100 CAFETERI A	0	0	0	3, 451	189, 016	11. 00
13. 00 O1300 NURSING ADMINISTRATION	0	0	0	20, 669	245, 184	13. 00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	0	0	27, 326	226, 452	14. 00
15. 00 01500 PHARMACY	0	0	0	17, 703	95, 695	1
16. 00 01600 MEDI CAL RECORDS & LI BRARY	0	0	0	0	0	16. 00
21. 00 02100 1 &R SERVI CES-SALARY & FRI NGES	l l	0	0	,	0	21.00
22. 00 02200 1 &R SERVI CES-OTHER PRGM COSTS	- I	0	0		256, 571	22. 00
23. 00 02300 PARAMED ED PRGM	0	0	0	l U	0	23. 00
30. 00 03000 ADULTS & PEDIATRICS	0	7 120	0	00 550	2 014 507	30.00
31. 00 03100 NTENSI VE CARE UNI T		7, 138 2, 225	l .	89, 558 27, 847	2, 016, 587 393, 078	31.00
32. 00 02060 NEONATAL INTENSIVE CARE UNIT		2, 225 599		7, 014	72, 682	32.00
40. 00 04000 SUBPROVI DER - I PF		0	1		72, 002	40.00
41. 00 04100 SUBPROVI DER - 1 RF		360	_	_	145, 026	41.00
43. 00 04300 NURSERY		250	l .		56, 154	43.00
ANCI LLARY SERVI CE COST CENTERS		200	1	2, 00 1	00, 101	10.00
50. 00 05000 OPERATING ROOM	0	5, 738	0	26, 654	494, 310	50.00
51. 00 05100 RECOVERY ROOM		701	l o		114, 992	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM		1, 078			179, 919	52. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		9, 064	1	43, 333	864, 715	•
57. 00 03280 EKG AND EEG		194	1	302	0	57. 00
58.00 05800 MAGNETIC RESONANCE I MAGING (MR	0	0	O		0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	3, 040	0	10, 047	198, 340	59. 00
60. 00 06000 LABORATORY	О	4, 274	1	30, 478	45, 177	60.00
60. 01 06001 BLOOD LABORATORY	О	0	1	o	0	60. 01
63.00 06300 BLOOD STORING, PROCESSING, & T	RANS. 0	261	0	3, 553	0	63.00
65. 00 06500 RESPIRATORY THERAPY	О	841	0	12, 294	65, 421	65. 00
65. 01 06501 SLEEP LAB	0	333	0	1, 873	0	65. 01
66. 00 06600 PHYSI CAL THERAPY	0	652	0	12, 608	43, 638	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	206	0	2, 554	33, 961	67. 00
68. 00 06800 SPEECH PATHOLOGY	0	115	0	1, 309	8, 123	68. 00
68. 01 06801 AUDI OLOGY	0	0	0	-	0	68. 01
69. 00 06900 ELECTROCARDI OLOGY	0	1, 686	l .	.,	260, 526	1
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PA	- I	1, 586		,	0	71.00
72. 00 07200 I MPL. DEV. CHARGED TO PATI ENT	0	3, 878		40, 046	0	72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	8, 201	l .	72, 904	0	73. 00
73. 01 07301 HOSPI TAL BASED RETAIL PHARMACI	l l	329		22, 424	0	73. 01
74. 00 07400 RENAL DI ALYSI S	0	141	1	3, 279	41, 222	74.00
76. 00 03160 CARDI OPULMONARY 76. 97 07697 CARDI AC REHABI LI TATI ON	0	0	_	1 024	0	76.00
	0	126		, , , , ,	2 005	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	557	0	3, 989	2, 995	76. 98
90. 00 09000 CLINIC	0	^	0	ما	0	90.00
90. 00 09000 CLINI C 90. 02 09002 PAIN CLINI C	0	284	· ·	2, 499	317, 047	90.00
90. 02 09002 PATN CLINIC 90. 03 09003 0NCOLOGY CLINIC		284 1, 064	1		13, 689	90.02
91. 00 09100 EMERGENCY		8, 012	1	37, 944	445, 968	•
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT		0,012		37, 744	445, 700	92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PAR		142		2, 410	53, 484	92. 01
OTHER REIMBURSABLE COST CENTERS	0	172	·I	2, 410	33, 404	72.01
95. 00 09500 AMBULANCE SERVICES	0	268	0	4, 639	32, 138	95. 00
SPECIAL PURPOSE COST CENTERS		200		1, 00 /	02, 100	70.00
113. 00 11300 NTEREST EXPENSE						113. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	63, 343	0	698, 176	8, 132, 580	
NONREI MBURSABLE COST CENTERS		20, 310		3,3, .,0	2, .32, 300	1
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CA	NTEEN O	0	0	1, 931	0	190. 00
191. 00 19100 RESEARCH	0	0	Ō			191. 00
194. 00 07950 OTHER NONREIMBURSABLE COST CEN		0	Ō	0		194. 00
194. 01 07951 BSU PHARMACY	0	0	0	114	0	194. 01
194.02 07952 PAVILLION PHARMACY	0	0	0	17, 785		194. 02
194. 03 07953 VENDI NG	0	0	0			194. 03

| Peri od: | Worksheet B | From 01/01/2016 | Part | I | To 12/31/2016 | Date/Time Prepared: Health Financial Systems
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			11	0 12/31/2016	5/22/2017 5:3	
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	
194. 04 07954 CARELI NE	0	0	0	0	_	194. 04
194. 05 07955 WELLNESS CENTER	0	0	0	380	71, 665	1
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	727	286, 774	
194. 07 07957 PERI NATAL CLI NI C	0	0	0	0		194. 07
194.08 07958 RENTAL PROPERTY	0	0	0	5, 986	1, 904, 587	
194. 09 07959 ADVERTI SI NG	0	0	0	0		194. 09
194.10 07960 INTEGRA LTAC	0	0	0	639	268, 211	
194. 11 07961 IU HEALTH HOSPICE	0	0	0	130	54, 529	194. 11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0		194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0	0	0		194. 13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0		194. 14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	0	0	0	152	63, 655	
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	828		194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0	0	0		194. 17
194. 18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0		194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	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 THERAPIES TO OTHER ENTITIES	0	0	0	2, 157		194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	0	0	0	362	12, 036	194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	845	354, 483	1
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	0	0	299	125, 064	
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	3, 788	37, 168	1
194. 27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0		194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0		194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0		194. 29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	10	0	194. 30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194. 31
194. 32 07982 RENAL DIALYSIS	0	0	0	0	0	194. 32
194. 33 07983 LAB CORP	0	0	0	0	0	194. 33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194. 34
194. 35 07985 LEASED SPACE	0	0	0	0	0	194. 35
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118-201)	0	63, 343	0	736, 141	11, 368, 714	202. 00

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In Lieu of Form CMS-2552-10

Period: Worksheet B
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To 12/31/2016 Date/Time Prepared: 5/22/2017 5:35 pm

					12/31/2016	5/22/2017 5:3	
	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	
4 00	GENERAL SERVICE COST CENTERS	T					4 00
1. 00 4. 00	00100 NEW CAP REL COSTS-BLDG & FIXT	•					1.00
5. 01	01160 COMMUNI CATI ONS						5. 01
5.02	00550 DATA PROCESSING						5. 02
5.04	00570 ADMITTING						5. 04
5. 05 5. 06	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00590 OTHER ADMINI STRATI VE AND GENERAL						5. 05 5. 06
6.00	00600 MAINTENANCE & REPAIRS						6. 00
7. 00	00700 OPERATION OF PLANT	1, 635, 472					7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	0	3, 123				8. 00
9.00	00900 HOUSEKEEPI NG	32, 330	0		227 242		9. 00
10. 00 11. 00		24, 933 29, 395	0	429 4, 531	336, 918 0	397, 033	10. 00 11. 00
13. 00		38, 130	0	1, 791	0	21, 379	1
14. 00	1	35, 217	0	1, 898	ō	0	14. 00
15. 00	1	14, 882	1	2, 112	0	17, 165	1
16.00	1	0	0	0	0	10.000	
21. 00 22. 00	1	39, 901	0	0 429	O O	18, 888 2, 678	
23. 00	1	0	0		o	2, 070	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	1	313, 608	1, 385		262, 633	100, 414	
31. 00 32. 00	1	61, 130 11, 303	258 36		25, 777 O	28, 743 7, 218	1
40. 00	1	11, 303	0		0	7, 210	1
41. 00	1	22, 554	81		16, 511	6, 195	1
43.00		8, 733	36	4, 775	0	2, 488	43. 00
F0 00	ANCILLARY SERVICE COST CENTERS	7, 070	00.4	04 705	٥	25 225	F0 00
50. 00 51. 00		76, 873 17, 883	224 84		0	25, 295 6, 510	1
52. 00	1	27, 980	134		o	8, 080	1
54.00	1	134, 477	206		0	31, 526	54. 00
57. 00		0	0		0	1, 077	1
58. 00		0	0	-	0	0	
59. 00 60. 00		30, 845 7, 026	42 0		0	6, 663 0	1
60. 01		0	0	1	o	0	
63.00		0	1	0	0	0	63. 00
65. 00	1	10, 174	1	1, 760	0	14, 434	1
65. 01 66. 00	1	6, 786	0 14	· -1	0	2, 468 18, 163	
67. 00	1	5, 281	0		0	2, 853	1
68. 00	1	1, 263	0	1	O	1, 654	1
68. 01		0	0		0	0	
69.00	1	40, 516	28	1	0	6, 708	1
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		0	0	
73. 00	1	0	0	Ö	o	0	1
73. 01	1	0	0	857	0	5, 484	1
74. 00	1	6, 411	8	0	0	0	
76. 00 76. 97	1	0	0	0 3, 490	O O	0 2, 608	
76. 98	1	466	0		o	2, 203	1
	OUTPATIENT SERVICE COST CENTERS				-1		
90.00		0	0		0	0	1
90. 02 90. 03		49, 306 2, 129	0 11		0	2, 714 3, 411	1
91. 00		69, 355	512		o	24, 171	
92.00			-	,		•	92.00
92. 01	,	8, 318	21	1, 531	0	3, 004	92. 01
05.00	OTHER REIMBURSABLE COST CENTERS O9500 AMBULANCE SERVICES	4 000	0		ما	7. 444	05.00
95.00	SPECIAL PURPOSE COST CENTERS	4, 998	0	0	0	7, 444	95. 00
113.00	0 11300 I NTEREST EXPENSE						113. 00
118.00		1, 132, 203	3, 083	430, 437	304, 921	381, 638	118. 00
100.00	NONREI MBURSABLE COST CENTERS	_	^		ام	1 400	100.00
	0 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 19100 RESEARCH	2, 788	0	0	0		190. 00 191. 00
	0 07950 OTHER NONREIMBURSABLE COST CENTERS	0	o	3, 612	o		194. 00
194.0	1 07951 BSU PHARMACY	0	0	0	O	812	194. 01
	2 07952 PAVI LLI ON PHARMACY	6, 226	0	0	0		194. 02
	3 07953 VENDI NG 4 07954 CARELI NE	0	0	0	0		194. 03 194. 04
1 /4. 0	ון סיי זיט ון טאוובבר אב	1 0	0	1 0	·		1177.04

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			To	12/31/2016	Date/Time Pre 5/22/2017 5:3	
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	J piii
	PLANT	LINEN SERVICE				
	7. 00	8. 00	9. 00	10.00	11. 00	
194. 05 07955 WELLNESS CENTER	11, 145	39	1, 561	0	379	194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	44, 598	0	857	0	0	194. 06
194. 07 07957 PERINATAL CLINIC	0	0	0	0		194. 07
194. 08 07958 RENTAL PROPERTY	296, 193	0	0	0		194. 08
194. 09 07959 ADVERTI SI NG	0	0	0	0		194. 09
194. 10 07960 I NTEGRA LTAC	41, 711	0	0	17, 192		194. 10
194. 11 07961 I U HEALTH HOSPI CE	8, 480	1	1, 714	0		194. 11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0		194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0	0	0		194. 13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0		194. 14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	9, 899	0	0	0		194. 15
194. 16 07966 JAY COUNTY HOSPITAL	0	0	0	0		194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0	0	0		194. 17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0		194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	0	0	0		194. 19
194.20 07970 MEALS ON WHEELS	0	0	0	0		194. 20
194. 21 07971 ST MARY'S SCHOOL	0	0	0	0		194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0		194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	1, 872	0	0	0		194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	55, 128	0	0	0		194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	19, 449	0	0	14, 805		194. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	5, 780	0	918	0		194. 26
194. 27 07977 MI DWEST HEALTH STRATEGIES	0	0	0	0		194. 27
194. 28 07978 CARDI NAL SELECT RISK RETENTION GRP	0	0	0	0		194. 28
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0		194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0	0	0		194. 30
194. 31 07986 OTHER 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. MATERI ALS MGMT	0	0	0	0		194. 34
194. 35 07985 LEASED SPACE	0	0	0	O	U	194. 35
200.00 Cross Foot Adjustments 201.00 Negative Cost Centers		_		0	_	200. 00 201. 00
201.00 Negative Cost Centers 202.00 TOTAL (sum lines 118-201)	1 625 472	2 122	439, 099	336, 918		
202.00 TOTAL (Suil TITIES TTO-201)	1, 635, 472	3, 123	437, 099	330, 918	371,033	1202.00

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					lo	12/31/2016	Date/lime Pre 5/22/2017 5:3	
		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	I NTERNS & RESI DENTS SERVI CES-SALAR Y & FRI NGES 21.00	
		AL SERVICE COST CENTERS						
1. 00 4. 00	1	NEW CAP REL COSTS-BLDG & FIXT EMPLOYEE BENEFITS DEPARTMENT						1. 00 4. 00
5. 01		COMMUNICATIONS						5. 01
5. 02	1	DATA PROCESSING						5. 02
5.04		ADMITTI NG						5. 04
5. 05		CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 05
5. 06 6. 00	1	OTHER ADMINISTRATIVE AND GENERAL MAINTENANCE & REPAIRS						5. 06 6. 00
7. 00		OPERATION OF PLANT	1					7. 00
8.00	00800	LAUNDRY & LINEN SERVICE						8. 00
9.00	1	HOUSEKEEPI NG						9. 00
10. 00 11. 00		DI ETARY CAFETERI A						10. 00 11. 00
13. 00	1	NURSING ADMINISTRATION	551, 641					13. 00
14.00	1	CENTRAL SERVICES & SUPPLY	0	493, 828				14. 00
15. 00		PHARMACY	0	1, 970				15. 00
16. 00 21. 00	1	MEDICAL RECORDS & LIBRARY	0	0		0	25 054	16.00
21.00		I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD		1	0	0	35, 056	21. 00 22. 00
23. 00		PARAMED ED PRGM	O	0	0	0		23. 00
		IENT ROUTINE SERVICE COST CENTERS						
30. 00 31. 00		ADULTS & PEDIATRICS INTENSIVE CARE UNIT	230, 456	27, 412	,	0		30.00
31.00	1	NEONATAL INTENSIVE CARE UNIT	91, 188 21, 844	13, 374 1, 745	330 37	0		31. 00 32. 00
40. 00	1	SUBPROVI DER - I PF	0	0		0		40. 00
41. 00	1	SUBPROVI DER - I RF	15, 481	734	20	0		41. 00
43. 00		NURSERY LARY SERVICE COST CENTERS	5, 804	0	0	0		43. 00
50. 00		OPERATI NG ROOM	27, 404	54, 108	455	0		50. 00
51.00	05100	RECOVERY ROOM	17, 219	2, 406		0		51.00
52.00	1	DELIVERY ROOM & LABOR ROOM	23, 470	3, 355		0		52. 00
54. 00 57. 00		RADIOLOGY-DIAGNOSTIC EKG AND EEG	13, 519	14, 024 62	183	0		54. 00 57. 00
58. 00	1	MAGNETIC RESONANCE IMAGING (MRI)		0		0		58. 00
59. 00	05900	CARDI AC CATHETERI ZATI ON	11, 842	6, 330	78	0		59. 00
60.00	1	LABORATORY	0	0		0		60.00
60. 01 63. 00	1	BLOOD LABORATORY BLOOD STORING, PROCESSING, & TRANS.	0	0 17, 711	0	0		60. 01 63. 00
65. 00	1	RESPIRATORY THERAPY		5, 782	7	0		65.00
65. 01		SLEEP LAB	0	926	0	0		65. 01
66. 00		PHYSI CAL THERAPY	0	465		0		66. 00
67. 00 68. 00		OCCUPATIONAL THERAPY SPEECH PATHOLOGY	0	348 24	0	0		67. 00 68. 00
		AUDI OLOGY		0		0		68. 01
69. 00	06900	ELECTROCARDI OLOGY	0	206	0	0		69. 00
71.00	1	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	115, 186		0		71.00
72. 00 73. 00		IMPL. DEV. CHARGED TO PATIENT DRUGS CHARGED TO PATIENTS	0	204, 219 0		0		72. 00 73. 00
73. 01		HOSPITAL BASED RETAIL PHARMACIES		10		0		73. 01
74. 00	07400	RENAL DIALYSIS	0	189	35	0		74. 00
76. 00	1	CARDI OPULMONARY	0	0		0		76. 00
76. 97 76. 98		CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY	600 6, 007	102 1, 842		0		76. 97 76. 98
70. 70		TIENT SERVICE COST CENTERS	0,007	1,012	<u> </u>			70.70
90.00		CLI NI C	0	0	0	0		90. 00
90. 02	1	PAIN CLINIC	2, 999	1, 888		0		90. 02
90. 03 91. 00		ONCOLOGY CLINIC EMERGENCY	9, 250 63, 550	3, 061 14, 218	154 859	0		90. 03 91. 00
92. 00		OBSERVATION BEDS (NON-DISTINCT PART)	33,333	, 2 . 0		3		92.00
92. 01		OBSERVATION BEDS (DISTINCT PART)	6, 810	1, 441	75	0		92. 01
95. 00		REIMBURSABLE COST CENTERS AMBULANCE SERVICES	O	606	6	0		95. 00
93.00		AL PURPOSE COST CENTERS	J O	800	0	0		95.00
113.00		INTEREST EXPENSE						113. 00
118. 00		SUBTOTALS (SUM OF LINES 1-117)	547, 443	493, 745	204, 421	0	0	118. 00
100 00		IMBURSABLE COST CENTERS		15		^		100 00
		GIFT, FLOWER, COFFEE SHOP & CANTEEN RESEARCH	4, 198	15 5		0		190. 00 191. 00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0		0		194. 00
194. 01	1 07951	BSU PHARMACY	0	0	0	0		194. 01

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			10	12/31/2016	5/22/2017 5:3	
					INTERNS &	o piii
					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	
194.02 07952 PAVILLION PHARMACY	0	49	35, 080	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	0	5	0	0		194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0		194. 06
194. 07 07957 PERINATAL CLINIC	0	0	0	0		194. 07
194.08 07958 RENTAL PROPERTY	0	0	0	0		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	1	0	0		194. 11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0		194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0	0	0		194. 13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0		194. 14
194. 15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0		194. 15
194. 16 07966 JAY COUNTY HOSPITAL	0	0	0	0		194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0	0	0		194. 17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0		194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	0	0	0		194. 19
194.20 07970 MEALS ON WHEELS	0	0	0	0		194. 20
194. 21 07971 ST MARY'S SCHOOL	0	0	0	0		194. 21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0		194. 22
194.23 07973 CANCER CENTER BOUTIQUE	0	7	0	0		194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0		194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	1	0	0		194. 25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0		194. 26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0		194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0		194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0		194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0	0	0		194. 30
194.31 07986 OTHER 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	0	0	0	0		194. 35
200.00 Cross Foot Adjustments					35, 056	
201.00 Negative Cost Centers	0	0	0	0	l	201. 00
202.00 TOTAL (sum lines 118-201)	551, 641	493, 828	239, 501	0	35, 056	202. 00

	ATION OF CAPITAL RELATED COSTS	DALL WEWORTAL	Provi der CC	F	Period: From 01/01/2016 To 12/31/2016		pared:
	Cost Center Description	I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	OFNEDAL CEDIU OF COCT OFNEDO	22. 00	23. 00	24. 00	25. 00	26. 00	
1. 00	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4. 00 5. 01 5. 02 5. 04 5. 05 5. 06 6. 00 7. 00 8. 00 9. 00 11. 00 13. 00 14. 00 15. 00 21. 00 22. 00	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNICATIONS 00550 DATA PROCESSING 00570 ADMITTING 00580 CASHIERING/ACCOUNTS RECEIVABLE 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 02100 I&R SERVICES-SALARY & FRINGES APPRVD	540, 435					4. 00 5. 01 5. 02 5. 04 5. 05 5. 06 6. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 21. 00 22. 00
23. 00	02300 PARAMED ED PRGM INPATIENT ROUTINE SERVICE COST CENTERS		0				23. 00
30. 00 31. 00 32. 00 40. 00 41. 00 43. 00	03000 ADULTS & PEDI ATRI CS 03100 I NTENSI VE CARE UNI T 02060 NEONATAL I NTENSI VE CARE UNI T 04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF 04300 NURSERY			5, 074, 025 1, 035, 182 190, 815 0 364, 728 131, 663	0 0 0 0	5, 074, 025 1, 035, 182 190, 815 0 364, 728 131, 663	30. 00 31. 00 32. 00 40. 00 41. 00 43. 00
	ANCILLARY SERVICE COST CENTERS						
50. 00 51. 00 52. 00 54. 00 57. 00 58. 00 60. 01 63. 00 65. 01 66. 00 67. 00 68. 01 69. 00 71. 00 72. 00 73. 00 74. 00 76. 00 76. 97 76. 98	05000 OPERATING ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC 03280 EKG AND EEG 05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION 06000 LABORATORY 06001 BLOOD LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS. 06500 RESPIRATORY THERAPY 06501 SLEEP LAB 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06801 AUDIOLOGY 06900 ELECTROCARDIOLOGY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS 07301 DRUGS CHARGED TO PATIENTS 07301 HOSPITAL BASED RETAIL PHARMACIES 07400 RENAL DIALYSIS 03160 CARDIOPULMONARY 07697 CARDIAC REHABILITATION 07698 HYPERBARIC OXYGEN THERAPY 0UTPATIENT SERVICE COST CENTERS			1, 183, 497 271, 844 438, 889 1, 914, 638 1, 765 0 457, 787 138, 584 0 21, 526 172, 311 6, 069 132, 695 76, 685 20, 551 0 550, 744 138, 759 248, 143 234, 464 77, 980 88, 226 0 9, 321 21, 190		1, 183, 497 271, 844 438, 889 1, 914, 638 1, 765 0 457, 787 138, 584 0 21, 526 172, 311 6, 069 132, 695 76, 685 20, 551 0 550, 744 138, 759 248, 143 234, 464 77, 980 88, 226 0 9, 321 21, 190	52. 00 54. 00 57. 00 58. 00 59. 00 60. 01 63. 00 65. 01 66. 00 67. 00 68. 01 69. 00 71. 00 72. 00 73. 00
90. 02 90. 03 91. 00 92. 00 92. 01	09002 PAIN CLINIC 09003 ONCOLOGY CLINIC 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS			661, 492 49, 768 1, 121, 988 125, 736	0 0 0	661, 492 49, 768 1, 121, 988 125, 736	90. 02 90. 03 91. 00 92. 00 92. 01
95. 00	09500 AMBULANCE SERVICES			79, 981	0	79, 981	95. 00
118. 00	NONREI MBURSABLE COST CENTERS	0	0	15, 041, 046		15, 041, 046	
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19100 RESEARCH			3, 523 45, 423	I I	3, 523 45, 423	190. 00 191. 00

ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0089 Peri od: Worksheet B From 01/01/2016 Part II Date/Time Prepared: 12/31/2016 5/22/2017 5:35 pm INTERNS & **RESI DENTS** PARAMED ED Cost Center Description SERVI CES-OTHER Subtotal Intern & Total PRGM COSTS Residents Cost PRGM & Post Stepdown Adjustments 22. 00 23. 00 24. 00 25. 00 26.00 194.00|07950|OTHER NONREIMBURSABLE COST CENTERS 3, 612 3, 612 194. 00 194. 01 07951 BSU PHARMACY 1, 138 0 1, 138 194. 01 194. 02 07952 PAVILLION PHARMACY 138, 668 0 138, 668 194. 02 194. 03 07953 VENDI NG 0 194. 03 194. 04 07954 CARELINE 0 194, 04 O 149, 451 149, 451 194. 05 194. 05 07955 WELLNESS CENTER 194.06 07956 PHYSICIAN PRACTICE CLINICS 589, 948 589, 948 194. 06 194. 07 07957 PERINATAL CLINIC 0 194. 07 194. 08 07958 RENTAL PROPERTY 3, 913, 557 194. 08 3, 913, 557 194. 09 07959 ADVERTI SI NG 0 194. 09 194. 10 07960 I NTEGRA LTAC 568, 110 568, 110 194. 10 194. 11 07961 IU HEALTH HOSPICE 113, 721 194. 11 113, 721 194. 12 07962 POB MEDICAL PAVILLION CONDOS 0 194. 12 0 194. 13 07963 EXECUTI VE PHYSI CAL 0 0 194. 13 194. 14 07964 NEW CASTLE ONCOLOGY 0 194. 14 194. 15 07965 MARKETING/PUBLIC RELATIONS 130, 751 194. 15 130.751 1, 010 194. 16 194. 16 07966 JAY COUNTY HOSPITAL 1,010 194. 17 07967 CARDI NAL HEALTH CHOICE 0 194. 17 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 0 0 194. 18 194. 19 07969 HEALTH CARE CONNECTIONS 0 194. 19 0 0 194. 20 194. 20 07970 MEALS ON WHEELS 0 194. 21 07971 ST MARY'S SCHOOL 0 0 194. 21 194. 22 07972 THERAPIES TO OTHER ENTITIES 8, 954 194. 22 8, 954 194. 23 07973 CANCER CENTER BOUTIQUE 25, 248 25, 248 194. 23 194. 24 07974 BOSC BALL OUTPATIENT SURGERY 728, 125 194. 24 728, 125 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 271, 694 271, 694 194. 25 194. 26 07976 BLACKFORD COMMUNITY HOSPITAL 83, 426 83, 426 194. 26 194. 27 07977 MI DWEST HEALTH STRATEGIES 0 194. 27 0 194. 28 07978 CARDINAL SELECT RISK RETENTION GRP 0 0 194. 28 194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI 0 194. 29 0 194. 30 07980 CARDI NAL HEALTH ALLI ANCE 21 194. 30 21 194.31 07986 OTHER NONREIMBURSABLE COST CENTERS 0 194. 31 0 194. 32 07982 RENAL DIALYSIS 0 0 194. 32 194. 33 07983 LAB CORP 0 0 194. 33 194. 34 07984 H.O. MATERIALS MGMT 0 194. 34 0

540, 435

540, 435

0

575, 491

22, 392, 917

0

0 194. 35

0 201.00

575, 491 200. 00

22, 392, 917 202. 00

194. 35 07985 LEASED SPACE

Cross Foot Adjustments

Negative Cost Centers

TOTAL (sum lines 118-201)

200.00

201.00

202.00

					To	rom 01/01/2016 o 12/31/2016	Date/Time Pre	
			CAPI TAL				5/22/2017 5: 3	o piii
		Cost Center Description	RELATED COSTS NEW BLDG &	EMPLOYEE	COMMUNICATIONS	DATA	ADMI TTI NG	
		Cost Center Description	FIXT	BENEFITS	COMMUNICATIONS	PROCESSI NG	(GROSS	
			(SQUARE	DEPARTMENT	(FTE' S)	(GROSS	CHARGES)	
			FEET)	(GROSS		CHARGES)		
			1.00	SALARI ES) 4. 00	5. 01	5. 02	5. 04	
		AL SERVICE COST CENTERS				2. 2=		
1.00	1	NEW CAP REL COSTS-BLDG & FLXT	1, 768, 837	404 407 05/				1.00
4. 00 5. 01		EMPLOYEE BENEFITS DEPARTMENT COMMUNICATIONS	6, 099 1, 498	101, 187, 956 496, 586				4. 00 5. 01
5. 02		DATA PROCESSING	0	0		1, 647, 393, 560		5. 02
5. 04		ADMITTING	4, 922	927, 562	_	0	1, 647, 393, 560	5. 04
5. 05 5. 06		CASHIERING/ACCOUNTS RECEIVABLE OTHER ADMINISTRATIVE AND GENERAL	57, 839	0 4, 564, 176	0 3, 951	0	0	5. 05 5. 06
6.00	1	MAINTENANCE & REPAIRS	893, 716	2, 928, 909		0	0	6. 00
7.00	00700	OPERATION OF PLANT	60, 329	1, 117, 926		0	0	7. 00
8. 00 9. 00		LAUNDRY & LINEN SERVICE HOUSEKEEPING	14 714	0 2, 488, 589	_	0	0	8. 00 9. 00
10. 00		DIETARY	14, 716 11, 349	1, 377, 965		0	0	10.00
11. 00	01100	CAFETERI A	13, 380	1, 080, 164		0	0	11. 00
13.00		NURSING ADMINISTRATION	17, 356	5, 139, 233		0	0	13.00
14. 00 15. 00	1	CENTRAL SERVICES & SUPPLY PHARMACY	16, 030 6, 774	4, 636, 184	0 6, 154	0	0	14. 00 15. 00
16. 00		MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16. 00
21. 00		I &R SERVI CES-SALARY & FRI NGES APPRVD	0	3, 730, 231		0	0	21. 00
22. 00 23. 00		I&R SERVICES-OTHER PRGM COSTS APPRVD PARAMED ED PRGM	18, 162	700, 853 0		0	0	22. 00 23. 00
23.00		IENT ROUTINE SERVICE COST CENTERS	<u> </u>		0	0		23.00
30. 00		ADULTS & PEDIATRICS	142, 749	19, 893, 609			187, 842, 891	30. 00
31. 00 32. 00		INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	27, 825 5, 145	6, 742, 883 1, 737, 113		58, 555, 315 15, 772, 030	58, 555, 315 15, 772, 030	31. 00 32. 00
40. 00		SUBPROVIDER - I PF	5, 145	1, 737, 113		15, 772, 030	15, 772, 030	40.00
41. 00		SUBPROVI DER - I RF	10, 266	1, 359, 710	2, 221	9, 472, 800	9, 472, 800	
43. 00		NURSERY	3, 975	588, 884	892	6, 567, 877	6, 567, 877	43. 00
50. 00		LARY SERVICE COST CENTERS OPERATING ROOM	34, 991	4, 881, 694	9, 069	151, 007, 452	151, 007, 452	50. 00
51.00		RECOVERY ROOM	8, 140	1, 392, 564		18, 446, 367	18, 446, 367	51. 00
52.00		DELIVERY ROOM & LABOR ROOM	12, 736	1, 858, 201		28, 355, 565	28, 355, 565	•
54. 00 57. 00	1	RADIOLOGY-DIAGNOSTIC EKG AND EEG	61, 211	7, 608, 201 114, 287		219, 018, 405 5, 098, 494	219, 018, 405 5, 098, 494	•
58. 00	1	MAGNETIC RESONANCE IMAGING (MRI)	O	0	1	0, 0,0, 4,4	0,070,474	58. 00
59. 00		CARDIAC CATHETERIZATION	14, 040	1, 609, 762			80, 003, 531	
60. 00 60. 01	1	LABORATORY BLOOD LABORATORY	3, 198	0		112, 477, 806 0	112, 477, 806 0	60. 00 60. 01
63. 00		BLOOD STORING, PROCESSING, & TRANS.		0		6, 880, 109	6, 880, 109	
65. 00		RESPI RATORY THERAPY	4, 631	3, 143, 740		22, 137, 292	22, 137, 292	65. 00
65. 01 66. 00		SLEEP LAB PHYSI CAL THERAPY	3, 089	486, 382 4, 270, 777	1		8, 759, 991 17, 150, 756	
67. 00		OCCUPATIONAL THERAPY	2, 404	663, 130			5, 426, 629	
68. 00		SPEECH PATHOLOGY	575	380, 530		3, 024, 710	3, 024, 710	
68. 01 69. 00		AUDI OLOGY ELECTROCARDI OLOGY	0 18, 442	0 1, 025, 808	_	44 250 250	0 44, 358, 359	68. 01 69. 00
71. 00	1	MEDICAL SUPPLIES CHARGED TO PATIENTS	10, 442	1, 025, 808	2, 405	44, 358, 359 41, 725, 283	41, 725, 283	
72. 00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	102, 044, 211	102, 044, 211	72. 00
73.00		DRUGS CHARGED TO PATIENTS HOSPITAL BASED RETAIL PHARMACIES	0	1 502 742	0	215, 808, 921	215, 808, 921	
73. 01 74. 00		RENAL DIALYSIS	2, 918	1, 592, 763 0	1, 966 0	8, 660, 916 3, 714, 214	8, 660, 916 3, 714, 214	
76. 00		CARDI OPULMONARY	0	0	0	0	0	76. 00
76. 97		CARDI AC REHABI LI TATI ON	0	469, 116		3, 323, 738	3, 323, 738	
76. 98		HYPERBARIC OXYGEN THERAPY TIENT SERVICE COST CENTERS	212	471, 505	790	14, 649, 367	14, 649, 367	76. 98
90.00	09000	CLI NI C	0	0	0	0	0	90. 00
90. 02		PAIN CLINIC	22, 443	397, 743			7, 466, 538	
90. 03 91. 00		ONCOLOGY CLINIC EMERGENCY	969 31, 569	798, 038 5, 099, 650		28, 006, 395 210, 851, 698	28, 006, 395 210, 851, 698	90. 03 91. 00
92. 00		OBSERVATION BEDS (NON-DISTINCT PART)	01,007	0,077,000	0,000	210, 001, 070	210,001,070	92. 00
92. 01		OBSERVATION BEDS (DISTINCT PART)	3, 786	590, 922	1, 077	3, 736, 851	3, 736, 851	92. 01
95. 00		REIMBURSABLE COST CENTERS AMBULANCE SERVICES	2, 275	1, 032, 053	2, 669	7, 049, 049	7, 049, 049	95. 00
73.00		AL PURPOSE COST CENTERS	2,275	1, 032, 033	2,009	7, 047, 049	7, 047, 049	75.00
	11300	INTEREST EXPENSE						113. 00
118. 00	_	SUBTOTALS (SUM OF LINES 1-117) IMBURSABLE COST CENTERS	1, 539, 759	97, 397, 443	169, 804	1, 647, 393, 560	1, 647, 393, 560	118. 00
190.00		GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	147, 163	505	0	0	190. 00
		RESEARCH	1, 269	450, 664				191. 00

| Period: | Worksheet B-1 | From 01/01/2016 | To 12/31/2016 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0089

CAPITAL RELATED COSTS New BLOG & FIXT SOUTH SO
NEW BLIDG & FEXT (SQUARE FEET) SQUARE FEET) S
FIXT SOUARE SOU
SQUIARE FEET) SQUIARE COROSS CHARGES CHARGES
FEET GGROSS CHARGES
1.00
1.00
194, 00 07950 OTHER NONREL IMBURSABLE COST CENTERS
194, 01 07951 BSU PHARMACY 0 235, 934 291 0 0 194, 02 194, 02 07952 PAVILLIO N PHARMACY 2, 834 744, 745 1, 051 0 0 194, 02 194, 03 07953 VENDI NG 0 0 0 0 0 0 0 0 0
194. 02 07952 PAVILLION PHARMACY 2, 834 744, 745 1, 051 0 0 194. 02 194. 03 07953 PAVILLION PHARMACY 30 07954 CARELINE 0 0 0 0 0 0 0 194. 03 194. 04 107954 CARELINE 0 0 0 0 0 0 0 0 194. 04 194. 05 07955 WELLNESS CENTER 5, 073 51, 353 136 0 0 194. 05 194. 06 07956 PHYSI CIAN PRACTICE CLINICS 20, 300 0 0 0 0 0 0 0 194. 06 194. 0707957 PERINATAL CLINIC 0 0 0 0 0 0 0 0 194. 06 194. 0707957 PERINATAL PROPERTY 134, 821 0 0 0 0 0 194. 07 194. 08 07959 ADVERTISING 0 0 0 0 0 0 0 194. 08 194. 10 07960 INTEGRA LTAC 18, 986 0 0 0 0 0 0 194. 10 194. 11 07961 IU HEALTH HOSPICE 3, 860 0 0 0 0 0 194. 12 194. 12 07962 POB MEDICAL PAVILLION CONDOS 0 0 0 194. 12 194. 13 07963 EXECUTIVE PHYSI CAL 0 0 0 0 0 0 0 194. 12 194. 15 07965 MARKETI NS/PUBLI C RELATIONS 4, 500 194. 16 07966 MARKETI NS/PUBLI C RELATIONS 4, 500 194. 16 07966 MARKETI NS/PUBLI C RELATIONS 4, 500 194. 16 07966 CHV CARDI NAL HEALTH CHOICE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
194. 03 07953 VENDI NG 194. 04 07954 CARELINE 194. 05 07955 WELLNESS CENTER 5, 073 51, 353 136 0 0 194. 05 194. 06 07956 PHYSI CI AN PRACTICE CLINICS 20, 300 0 0 0 0 0 0 0 0 194. 06 194. 07 07957 PERI NATAL CLINIC 0 0 0 0 0 0 0 0 194. 06 194. 08 07958 RENTAL PROPERTY 134, 821 0 0 0 0 0 0 194. 08 194. 09 07959 ADVERTI SI NG 0 0 0 0 0 0 0 0 194. 08 194. 10 07960 INTEGRA LTAC 18, 986 0 0 0 0 0 0 0 194. 10 194. 11 07961 IU HEALTH HOSPI CE 3, 860 0 0 0 0 0 194. 11 194. 12 07962 POB MEDI CAL PAVI LLI ON CONDOS 0 0 0 0 0 0 194. 12 194. 13 07963 EXECUTI VE PHYSI CAL 0 0 0 0 0 0 0 194. 13 194. 14 07964 NEW CASTLE ONCOLOGY 0 0 0 194. 14 194. 15 07966 AWR CASTLE ONCOLOGY 0 0 0 0 0 0 194. 15 194. 16 197966 JAY COUNTY HOSPI TAL 0 0 238, 595 0 0 0 0 194. 16 194. 17 07967 CARDI NAL HEALTH VENTURES 0 0 0 0 0 0 0 194. 17 194. 18 07969 HALTH CARE CONNECTI ONS 0 0 0 0 0 0 0 194. 17 194. 18 07969 HALTH CARE CONNECTI ONS 0 0 0 0 0 0 0 0 194. 19 194. 20 07970 MEALS ON WHEELS 0 0 0 0 0 0 0 0 0 194. 22 194. 21 07973 CANCER CENTER BOUTI OUE 852 14, 024 60 0 0 0 194. 23 194. 22 07973 CANCER CENTER BOUTI OUE 852 14, 024 60 0 0 0 194. 23 194. 22 07976 BALACKFORD COMMUNITY HOSPITAL 2, 631 603, 896 691 0 0 0 194. 26 194. 22 07976 BALACKFORD COMMUNITY HOSPITAL 2, 631 603, 896 691 0 0 0 194. 26 194. 22 07976 BALACKFORD COMMUNITY HOSPITAL 2, 631 603, 896 691 0 0 0 194. 26 194. 22 07976 BALACKFORD COMMUNITY HOSPITAL 2, 631 603, 896 691 0 0 0 194. 26 194. 22 07977 INDUST HEALTH STRATEGIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
194. 04 07955 CARELINE 0 0 0 0 0 194. 05 194. 05 194. 06 19755 PHYSI CI AN PRACTICE CLINICS 5, 073 51, 353 136 0 0 194. 05 194. 06 19756 PHYSI CI AN PRACTICE CLINICS 20, 300 0 0 0 0 0 0 0 0 0 0 194. 07 194. 08 19758 RENTAL PROPERTY 134, 821 0 0 0 0 0 0 0 0 194. 07 194. 08 19758 RENTAL PROPERTY 134, 821 0 0 0 0 0 0 0 0 194. 09 194. 10 194. 10 194. 10 194. 10 194. 10 194. 11 10 1961 U HEALTH HOSPI CE 18, 986 0 0 0 0 0 0 194. 10 194. 11 10 194. 11 10 1961 U HEALTH HOSPI CE 3, 860 0 0 0 0 0 194. 12 194. 13 07963 EXECUTI VE PHYSI CAL 0 0 0 0 0 0 0 194. 13 194. 14 07964 NEW CASTLE ONCOLOGY 0 0 0 0 0 0 194. 15 194. 16 07966 DAY COUNTY HOSPI TAL 0 0 238, 595 0 0 0 194. 15 194. 16 07966 DAY COUNTY HOSPI TAL 0 0 238, 595 0 0 0 194. 18 194. 19 07968 CARDI NAL HEALTH VENTURES 0 0 0 0 0 0 0 194. 18 194. 19 07968 CARDI NAL HEALTH VENTURES 0 0 0 0 0 0 0 0 194. 18 194. 19 07968 CARDI NAL HEALTH VENTURES 0 0 0 0 0 0 0 0 194. 18 194. 20 07970 MEALS ON WHEELS 0 0 0 0 0 0 0 0 0 194. 18 194. 20 07970 MEALS ON WHEELS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
194. 05 07955 WELLNESS CENTER
194. 06 07956 PHYSI CIAN PRACTICE CLINICS
194. 08 07958 RENTAL PROPERTY 134, 821 0 0 0 0 0 194. 08 194. 10 07960 INTEGRA LTAC 18, 986 0 0 0 0 0 194. 10 194. 11 07961 IU HEALTH HOSPI CE 13, 860 0 0 0 0 194. 11 194. 12 07962 POB MEDI CAL PAVI LLI ON CONDOS 194. 12 07962 POB MEDI CAL PAVI LLI ON CONDOS 194. 13 07963 EXECUTI VE PHYSI CAL 194. 13 07963 EXECUTI VE PHYSI CAL 194. 15 07965 MARKETI NG/PUBLI C RELATI ONS 194. 16 07966 JAY COUNTY HOSPI TAL 194. 16 07966 JAY COUNTY HOSPI TAL 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 194. 19 07969 HEALTH CARE CONNECTIONS 194. 19 07970 MEALS ON WHEELS 194. 20 07970 MEALS ON WHEELS 194. 20 07970 THERAPI ES TO OTHER ENTITI ES 194. 22 07972 THERAPI ES TO OTHER ENTITI ES 194. 22 07972 THERAPI ES TO OTHER ENTITI ES 194. 22 079774 BOSC BALL OUTPATI ENT SURGERY 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 194. 26 07976 BLACKFORD COMMUNITY HOSPI TAL 2, 631 603,896 691 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
194. 09 07959 ADVERTISING
194. 10 07960 INTEGRA LTAC
194. 11 07961 IU HEALTH HOSPICE 3,860 0 0 0 194. 11 194. 12 07962 POB MEDI CAL PAVILLION CONDOS 0 0 0 0 194. 13 07963 EXECUTI VE PHYSI CAL 0 0 0 0 194. 14 07964 NEW CASTLE ONCOLOGY 0 0 0 0 194. 15 07965 MARKETI NG/PUBLI C RELATI ONS 4,506 0 0 0 194. 16 07966 JAY COUNTY HOSPI TAL 0 238,595 0 0 0 194. 17 07967 CARDI NAL HEALTH CHOI CE 0 0 0 0 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 0 0 0 0 194. 19 19 07969 HEALTH CARE CONNECTI ONS 0 0 0 194. 19 19 07969 HEALS ON WHEELS 0 0 0 0 194. 20 07970 MEALS ON WHEELS 0 0 0 0 194. 21 07971 ST MARY'S SCHOOL 0 0 0 194. 22 07972 THERAPI ES TO OTHER ENTITIES 0 1, 300, 731 2, 002 0 194. 24 07974 BOSC BALL OUTPATI ENT SURGERY 25, 093 0 0 0 194. 26 07975 CARDI NAL BEHAVI ORAL HEALTH 8, 853 0 0 0 194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL 2, 631 603, 896 691 0 0 194. 27 07977 MI DWEST HEALTH STRATEGI ES 0 0 0 194. 27 07978 CARDI NAL SELECT RISK RETENTION GRP
194. 12 07962 POB MEDICAL PAVILLION CONDOS 194. 13 07963 EXECUTI VE PHYSI CAL 194. 14 07964 NEW CASTLE ONCOLOGY 0 0 0 0 0 0 0 0 0 0 194. 13 194. 14 07964 NEW CASTLE ONCOLOGY 0 0 0 0 0 0 0 0 194. 14 194. 15 07965 MARKETI NG/PUBLI C RELATI ONS 194. 16 07966 JAY COUNTY HOSPI TAL 194. 18 07968 CHV CARDI NAL HEALTH CHOI CE 0 0 0 0 0 0 194. 16 194. 19 07969 HEALTH CARE CONNECTI ONS 0 0 0 0 194. 17 194. 20 07970 MEALS ON WHEELS 0 0 0 0 0 0 0 194. 20 194. 21 07971 ST MARY'S SCHOOL 194. 22 07972 THERAPI ES TO OTHER ENTITIES 0 1,300, 731 2,002 194. 22 07972 THERAPI ES TO OTHER ENTITIES 0 1,300, 731 2,002 194. 23 07973 CANCER CENTER BOUTI QUE 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 194. 26 07976 BIACKFORD COMMUNI TY HOSPI TAL 194. 27 07977 MI DWEST HEALTH STRATEGI ES 0 0 0 0 0 0 0 0 194. 22 194. 27 07977 MI DWEST HEALTH STRATEGI ES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
194. 13 07963 EXECUTI VE PHYSI CAL 194. 14 07964 NEW CASTLE ONCOLOGY 0 0 0 0 0 0 0 0 194. 13 194. 15 07965 MARKETI NG/PUBLI C RELATI ONS 4, 506 0 0 0 0 0 194. 15 194. 16 07966 JAY COUNTY HOSPI TAL 194. 17 07967 CARDI NAL HEALTH CHOI CE 0 0 0 0 0 0 194. 16 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 0 0 0 0 0 0 194. 18 194. 19 07969 HEALTH CARE CONNECTI ONS 0 0 0 0 0 0 0 194. 19 194. 20 07970 MEALS ON WHEELS 0 0 0 0 0 0 0 0 194. 20 194. 21 07971 ST MARY'S SCHOOL 194. 22 07972 THERAPI ES TO OTHER ENTITIES 0 0 1, 300, 731 2, 002 194. 22 07972 THERAPI ES TO OTHER ENTITIES 0 1, 300, 731 2, 002 194. 24 07974 BOSC BALL OUTPATI ENT SURGERY 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 194. 26 07976 BLACKFORD COMMUNITY HOSPI TAL 2, 631 603, 896 691 194. 27 07977 MI DWEST HEALTH STRATEGIES 0 0 0 0 0 0 0 0 194. 22 194. 27 07977 MI DWEST HEALTH STRATEGIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
194. 14 07964 NEW CASTLE ONCOLOGY 194. 15 07965 MARKETI NG/PUBLI C RELATI ONS 194. 16 07966 JAY COUNTY HOSPI TAL 194. 17 07967 CARDI NAL HEALTH CHOI CE 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 194. 19 07969 HEALTH CARE CONNECTI ONS 194. 19 07969 HEALTH CARE CONNECTI ONS 194. 20 07970 MEALS ON WHEELS 194. 21 07971 ST MARY'S SCHOOL 194. 21 07972 THERAPI ES TO OTHER ENTITIES 194. 22 07972 THERAPI ES TO OTHER ENTITIES 194. 23 07973 CANCER CENTER BOUTI QUE 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 194. 25 07976 BLACKFORD COMMUNI TY HOSPI TAL 194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL 194. 27 07978 CARDI NAL SELECT RISK RETENTI ON GRP 194. 28 07978 CARDI NAL SELECT RISK RETENTI ON GRP
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS 4, 506 0 0 0 0 194. 15 194. 16 07966 JAY COUNTY HOSPI TAL 0 238, 595 0 0 0 194. 16 194. 17 07967 CARDI NAL HEALTH CHOI CE 0 0 0 0 0 0 194. 17 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 0 0 0 0 0 0 194. 18 194. 19 07969 HEALTH CARE CONNECTI ONS 0 0 0 0 0 194. 19 194. 20 07970 MEALS ON WHEELS 0 0 0 0 0 0 194. 21 194. 22 07972 THERAPI ES TO OTHER ENTITIES 0 1, 300, 731 2, 002 0 0 194. 22 194. 23 07973 CANCER CENTER BOUTI QUE 852 14, 024 60 0 0 194. 23 194. 24 07974 BOSC BALL OUTPATI ENT SURGERY 25, 093 0 0 0 194. 25 194. 26 07975 CARDI NAL BEHAVI ORAL HEALTH 8, 853 0 0 0 194. 25 194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL 2, 631 603, 896 691 0 0 194. 26 194. 27 07977 MI DWEST HEALTH STRATEGI ES 0 0 0 0 0 0 0 0 0 0 0 194. 28 194. 28 07978 CARDI NAL SELECT RI SK RETENTI ON GRP
194. 16 07966
194. 17 07967 CARDI NAL HEALTH CHOI CE 0 0 0 0 0 0 194. 17 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 0 0 0 0 0 0 194. 18 194. 19 07969 HEALTH CARE CONNECTI ONS 0 0 0 0 0 194. 19 194. 20 07970 MEALS ON WHEELS 0 0 0 0 0 0 194. 20 194. 21 07971 ST MARY'S SCHOOL 0 0 0 0 0 194. 22 194. 22 197972 THERAPI ES TO OTHER ENTITIES 0 1, 300, 731 2, 002 0 0 194. 22 194. 23 07973 CANCER CENTER BOUTI QUE 852 14, 024 60 0 0 194. 23 194. 24 197974 BOSC BALL OUTPATI ENT SURGERY 25, 093 0 0 0 0 194. 25 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 8, 853 0 0 0 0 194. 25 194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL 2, 631 603, 896 691 0 0 194. 26 194. 27 07977 MI DWEST HEALTH STRATEGI ES 0 0 0 0 194. 28 194. 28 107978 CARDI NAL SELECT RISK RETENTION GRP
194. 18 07968 CHV CARDI NAL HEALTH VENTURES 194. 19 07969 HEALTH CARE CONNECTI ONS 194. 20 07970 MEALS ON WHEELS 194. 21 07971 ST MARY'S SCHOOL 194. 22 07972 THERAPI ES TO OTHER ENTITIES 194. 23 07973 CANCER CENTER BOUTI QUE 194. 24 07974 BOSC BALL OUTPATI ENT SURGERY 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL 194. 28 07978 CARDI NAL SELECT RISK RETENTI ON GRP 194. 28 07978 CARDI NAL SELECT RISK RETENTI ON GRP 194. 28 07978 CARDI NAL SELECT RISK RETENTI ON GRP
194. 19 07969 HEALTH CARE CONNECTIONS 0 0 0 0 194. 19 194. 20 07970 MEALS ON WHEELS 0 0 0 0 0 0 194. 20 194. 21 07971 ST MARY'S SCHOOL 0 0 0 0 0 194. 21 194. 22 07972 THERAPIES TO OTHER ENTITIES 0 1, 300, 731 2, 002 0 0 194. 22 194. 23 07973 CANCER CENTER BOUTI QUE 852 14, 024 60 0 0 194. 23 194. 24 07974 BOSC BALL OUTPATIENT SURGERY 25, 093 0 0 0 194. 24 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 8, 853 0 0 0 194. 25 194. 26 07976 BLACKFORD COMMUNITY HOSPITAL 2, 631 603, 896 691 0 0 194. 27 194. 28 07978 CARDI NAL SELECT RISK RETENTION GRP 0 0 0 0 194. 28
194. 20 07970 MEALS ON WHEELS 0 0 0 0 194. 20 194. 21 07971 ST MARY'S SCHOOL 0 0 0 0 194. 21 194. 22 07972 THERAPIES TO OTHER ENTITIES 0 1,300,731 2,002 0 0 194. 22 194. 23 07973 CANCER CENTER BOUTI QUE 852 14,024 60 0 0 194. 23 194. 24 07974 BOSC BALL OUTPATI ENT SURGERY 25,093 0 0 0 0 194. 24 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 8,853 0 0 0 0 194. 25 194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL 2,631 603,896 691 0 0 0 194. 26 194. 27 07977 MI DWEST HEALTH STRATEGIES 0 0 0 0 0 0 194. 28 194. 28 07978 CARDI NAL SELECT RISK RETENTION GRP 0 0 0 0 0 0 0 0 0 0 0 0<
194. 21 07971 ST MARY'S SCHOOL 194. 22 07972 THERAPI ES TO OTHER ENTITIES 0 1, 300, 731 2, 002 0 0 194. 22 194. 23 07973 CANCER CENTER BOUTI QUE 852 14, 024 60 0 0 194. 23 194. 24 07974 BOSC BALL OUTPATI ENT SURGERY 25, 093 0 0 0 0 194. 24 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 8, 853 0 0 0 0 194. 25 194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL 2, 631 603, 896 691 0 0 194. 26 194. 27 07977 MI DWEST HEALTH STRATEGIES 0 0 0 0 0 194. 27 194. 28 07978 CARDI NAL SELECT RISK RETENTI ON GRP 0 0 0 0 0 194. 28
194. 22 07972 THERAPI ES TO OTHER ENTITIES 0 1, 300, 731 2, 002 0 0 194. 22 194. 23 07973 CANCER CENTER BOUTI QUE 852 14, 024 60 0 0 194. 23 194. 24 07974 BOSC BALL OUTPATI ENT SURGERY 25, 093 0 0 0 0 194. 24 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 8, 853 0 0 0 0 194. 25 194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL 2, 631 603, 896 691 0 0 194. 26 194. 27 07977 MI DWEST HEALTH STRATEGIES 0 0 0 0 0 194. 26 194. 27 07978 CARDI NAL SELECT RISK RETENTI ON GRP 0 0 0 0 0 194. 28
194. 23 07973 CANCER CENTER BOUTIQUE 852 14, 024 60 0 0 194. 23 194. 24 07974 BOSC BALL OUTPATIENT SURGERY 25, 093 0 0 0 0 194. 24 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 8, 853 0 0 0 0 194. 25 194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL 2, 631 603, 896 691 0 0 0 194. 26 194. 27 07977 MI DWEST HEALTH STRATEGIES 0 0 0 0 0 194. 28 194. 28 07978 CARDI NAL SELECT RISK RETENTION GRP 0 0 0 0 194. 28
194. 24 07974 BOSC BALL OUTPATIENT SURGERY 25, 093 0 0 0 0 194. 24 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 8, 853 0 0 0 0 194. 25 194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL 2, 631 603, 896 691 0 0 194. 26 194. 27 07977 MI DWEST HEALTH STRATEGIES 0 0 0 0 0 194. 27 194. 28 07978 CARDI NAL SELECT RI SK RETENTI ON GRP 0 0 0 0 194. 28
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 8,853 0 0 0 0 194. 25 194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL 2,631 603,896 691 0 0 0 194. 26 194. 27 07977 MI DWEST HEALTH STRATEGIES 0 0 0 0 0 0 194. 27 194. 28 07978 CARDI NAL SELECT RISK RETENTION GRP 0 0 0 0 0 0 194. 28
194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL 2, 631 603, 896 691 0 0 194. 26 194. 27 07977 MI DWEST HEALTH STRATEGIES 0 0 0 0 0 194. 27 194. 28 07978 CARDI NAL SELECT RI SK RETENTI ON GRP 0 0 0 0 194. 28
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP 0 0 0 0 194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI 0 0 0 0 0 194.29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE 0 3, 408 3 0 0 194. 30
194. 31 07986 OTHER NONREIMBURSABLE COST CENTERS 0 0 0 0 0 194. 31
194. 32 07982 RENAL DI ALYSIS 0 0 0 0 0 194. 32
194. 33 07983 LAB CORP 0 0 0 0 194. 33
194. 34 07984 H. O. MATERI ALS MGMT 0 0 0 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 201.00 Cost to be allocated (per Wkst. B, 22,392,917 26,341,104 720,737 11,899,060 6,917,326 202.00
202.00 Cost to be allocated (per Wkst. B, 22,392,917 26,341,104 720,737 11,899,060 6,917,326 202.00
203.00 Unit cost multiplier (Wkst. B, Part I) 12.659684 0.260319 4.110886 0.007223 0.004199 203.00
203.00 Cost to be allocated (per Wkst. B,
Part II)
205.00 Unit cost multiplier (Wkst. B, Part 0.000763 0.110327 0.000000 0.000038 205.00

	FINANCIAI SYSTEMS	BALL MEMORIAL		N 45 0000 B		U OT FORM CMS-	
COST	ALLOCATION - STATISTICAL BASIS		Provi der CC	F	eriod: from 01/01/2016 o 12/31/2016	Worksheet B-1 Date/Time Pre 5/22/2017 5:3	pared:
	Cost Center Description	CASHI ERI NG/ACCRI OUNTS RECEI VABLE (GROSS CHARGES)		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAI NTENANCE & REPAI RS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	5 piii
	T	5. 05	5A. 06	5. 06	6. 00	7. 00	
1 00	GENERAL SERVICE COST CENTERS				1		1 00
1. 00 4. 00 5. 01 5. 02 5. 04 5. 05 5. 06 6. 00 7. 00 8. 00 9. 00 10. 00	OO100 NEW CAP REL COSTS-BLDG & FIXT OO400 EMPLOYEE BENEFITS DEPARTMENT O1160 COMMUNI CATIONS OO550 DATA PROCESSI NG OO550 ADMITTING OO580 CASHIERING/ACCOUNTS RECEIVABLE OO590 OTHER ADMINISTRATIVE AND GENERAL OO600 MAINTENANCE & REPAIRS OO700 OPERATION OF PLANT OO800 LAUNDRY & LINEN SERVICE OO900 HOUSEKEEPING O1000 DIETARY	1, 647, 393, 560 0 0 0 0 0	-37, 469, 394 0 0 0 0 0	19, 405, 581 6, 908, 161 1, 174, 684 3, 635, 721 2, 271, 094	804, 763 60, 329 0 14, 716 11, 349	744, 434 0 14, 716 11, 349	10.00
11. 00	01100 CAFETERI A	0	0	1, 297, 695		13, 380	
13.00	01300 NURSI NG ADMI NI STRATI ON	0	0	7, 773, 280		17, 356	ł
14. 00 15. 00	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	0	0	10, 276, 667 6, 657, 795		16, 030 6, 774	1
16. 00	01600 MEDICAL RECORDS & LIBRARY		0	0, 037, 773	0, 7,4	0, 774	16. 00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	o	0	4, 729, 120	0	0	21. 00
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	o	0	3, 869, 569	18, 162	18, 162	22. 00
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	187, 842, 891	O	33, 631, 728	142, 749	142, 749	30.00
31.00	03100 NTENSI VE CARE UNI T	58, 555, 315	0	10, 472, 602		27, 825	
32. 00	02060 NEONATAL INTENSIVE CARE UNIT	15, 772, 030	Ö	2, 637, 882		5, 145	1
40.00	04000 SUBPROVI DER - I PF	o	0	C	0	0	40. 00
41.00	04100 SUBPROVI DER - I RF	9, 472, 800	0	2, 450, 044		10, 266	
43. 00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	6, 567, 877	0	960, 693	3, 975	3, 975	43. 00
50. 00		151, 007, 452	0	10, 024, 006	34, 991	34, 991	50.00
51.00	05100 RECOVERY ROOM	18, 446, 367	0	2, 253, 620	8, 140	8, 140	51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	28, 355, 565	0	3, 114, 866		12, 736	1
54. 00 57. 00	05400 RADI OLOGY-DI AGNOSTI C 03280 EKG AND EEG	219, 018, 405 5, 098, 494	0	16, 296, 907 113, 423		61, 211 0	1
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	3,078,474	0	113, 423	o	0	ı
59. 00	05900 CARDI AC CATHETERI ZATI ON	80, 003, 531	0	3, 778, 612	14, 040	14, 040	ı
60.00	06000 LABORATORY	112, 477, 806	0	11, 462, 280		3, 198	
60. 01 63. 00	06300 BLOOD STORING, PROCESSING, & TRANS.	0 6, 880, 109	0	0 1, 336, 379	-	0	
65. 00	06500 RESPIRATORY THERAPY	22, 137, 292	0	4, 623, 422		4, 631	•
65. 01	06501 SLEEP LAB	8, 759, 991	0	704, 226		0	65. 01
66. 00		17, 150, 756	0	4, 741, 613			66. 00
67. 00 68. 00	06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY	5, 426, 629 3, 024, 710	0	960, 457 492, 295		2, 404 575	67. 00 68. 00
68. 01	06801 AUDI OLOGY	0	0	472, 273 C	1	0	
69. 00	06900 ELECTROCARDI OLOGY	44, 358, 359	0	2, 465, 562		18, 442	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	41, 725, 283	0	8, 268, 829		0	
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENT 07300 DRUGS CHARGED TO PATIENTS	102, 044, 211 215, 808, 921	0	15, 060, 408 27, 417, 645		0	
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	8, 660, 916	0	8, 433, 381		0	73. 01
74. 00	1 1	3, 714, 214	0	1, 233, 141	2, 918	2, 918	1
76. 00	03160 CARDI OPULMONARY	0	0	727 212	0	0	
76. 97 76. 98	O7697 CARDI AC REHABI LI TATI ON O7698 HYPERBARI C OXYGEN THERAPY	3, 323, 738 14, 649, 367	0	727, 212 1, 500, 130		0 212	
70. 70	OUTPATIENT SERVICE COST CENTERS	11,017,007		1,000,100	212	212	70.70
90. 00	09000 CLI NI C	0	0	C	1	0	
90. 02	09002 PAIN CLINIC	7, 466, 538	0	939, 994		22, 443	
90. 03 91. 00	09003 ONCOLOGY CLINIC 09100 EMERGENCY	28, 006, 395 210, 851, 698	0	1, 499, 909 14, 270, 135		969 31, 569	ı
92. 00		210,031,070	J	14, 270, 133	31, 307	31, 307	92. 00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	3, 736, 851	0	906, 349	3, 786	3, 786	92. 01
	OTHER REIMBURSABLE COST CENTERS	7 040 040	al			0.075	
95.00	O9500 AMBULANCE SERVI CES SPECI AL PURPOSE COST CENTERS	7, 049, 049	0	1, 744, 471	2, 275	2, 275	95. 00
113.00	11300 INTEREST EXPENSE						113. 00
118. 00	SUBTOTALS (SUM OF LINES 1-117)	1, 647, 393, 560	-37, 469, 394	262, 521, 588	575, 685	515, 356	
400.5	NONREI MBURSABLE COST CENTERS		-1	70/ 5==		-	100.05
	1900 GIFT, FLOWER, COFFEE SHOP & CANTEEN 1910 RESEARCH	0	0	726, 279 689, 149			190. 00 191. 00
	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	009, 149	0	1, 209	194. 00
	07951 BSU PHARMACY	О	0	42, 882	el o		194. 01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Peri od: Worksheet B-1 From 01/01/2016 To 12/31/2016 Date/Time Prepared:

5/22/2017 5:35 pm Cost Center Description CASHIERING/ACC Reconciliation OTHER MAINTENANCE & OPERATION OF ADMI NI STRATI VE REPAI RS PLANT OUNTS RECEI VABLE AND GENERAL (SQUARE (SQUARE (GROSS (ACCUM. FEET) FEET) CHARGES) COST) 5A. 06 7.00 5.05 5.06 6.00 2, 834 194. 02 07952 PAVILLION PHARMACY 6, 688, 519 2, 834 194. 02 194. 03 07953 VENDI NG 0 194. 03 194. 04 07954 CARELINE 0 194, 04 0 C 0 194. 05 07955 WELLNESS CENTER 0 143, 021 5, 073 5, 073 194. 05 194.06 07956 PHYSICIAN PRACTICE CLINICS 0 20, 300 194. 06 273, 484 20, 300 194. 07 07957 PERINATAL CLINIC 0 0 194. 07 194. 08 07958 RENTAL PROPERTY 0 2, 251, 410 134, 821 194. 08 134, 821 194. 09 07959 ADVERTI SI NG 0 0 194. 09 194. 10 07960 INTEGRA LTAC 240, 357 18, 986 18, 986 194. 10 194. 11 07961 I U HEALTH HOSPICE 0 3. 860 194. 11 48, 870 3 860 194. 12 07962 POB MEDICAL PAVILLION CONDOS 0 194. 12 0 C 194. 13 07963 EXECUTI VE PHYSI CAL 0 194. 13 194. 14 07964 NEW CASTLE ONCOLOGY 0 194. 14 0 C 4, 506 194. 15 194. 15 07965 MARKETING/PUBLIC RELATIONS 57, 045 Ω 4.506 0 194. 16 194. 16 07966 JAY COUNTY HOSPITAL 0 311, 360 194. 17 07967 CARDI NAL HEALTH CHOICE 0 194. 17 0 0 0 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 0 0 0 194, 18 O 0 194. 19 194. 19 07969 HEALTH CARE CONNECTIONS 0 0 0 194. 20 07970 MEALS ON WHEELS 0 0 0 0 194. 20 194. 21 07971 ST MARY'S SCHOOL 0 194. 21 0 0 0 194. 22 07972 THERAPIES TO OTHER ENTITIES 0 0 194, 22 811, 324 0 194. 23 07973 CANCER CENTER BOUTIQUE 0 136, 198 852 852 194. 23 194. 24 07974 BOSC BALL OUTPATIENT SURGERY 317, 669 25, 093 25, 093 194. 24 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 0 112, 519 8, 853 8, 853 194. 25 2, 631 194. 26 194. 26 07976 BLACKFORD COMMUNITY HOSPITAL 0 1, 424, 525 2,631 194. 27 07977 MI DWEST HEALTH STRATEGIES 0 194. 27 194. 28 07978 CARDINAL SELECT RISK RETENTION GRP 0 0 194. 28 0 0 194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI 0 194. 29 194. 30 07980 CARDI NAL HEALTH ALLI ANCE 0 194. 30 0 3.842 194. 31 07986 OTHER NONREIMBURSABLE COST CENTERS 0 0 0 194. 31 194. 32 07982 RENAL DIALYSIS 0 0 194. 32 0 0 0 194. 33 07983 LAB CORP 0 0 0 194. 33 194. 34 07984 H. O. MATERIALS MGMT 0 0 0 194. 34 Ω 194. 35 07985 LEASED SPACE 0 194. 35 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 201. 00 37, 469, 394 22, 032, 437 9, 494, 951 202. 00 202.00 Cost to be allocated (per Wkst. B, 4, 729, 661 Part I) 203.00 Unit cost multiplier (Wkst. B, Part I) 0.002871 0.135366 27. 377547 12. 754591 203. 00 204.00 Cost to be allocated (per Wkst. B, 736, 141 11, 368, 714 1, 635, 472 204. 00 Part II) Unit cost multiplier (Wkst. B, Part 205.00 0.000000 0.002659 14. 126785 2. 196934 205. 00

II)

	LLOCATION - STATISTICAL BASIS	DALL WILWORTA	Provi der CC	CN: 15-0089 Pe	eri od:	Worksheet B-1	
				Fi	rom 01/01/2016		pared:
	Cost Center Description	LAUNDRY &	HOUSEKEEPI NG	DIETARY	CAFETERI A	NURSI NG	
		LINEN SERVICE (POUNDS OF	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE' S)	ADMI NI STRATI ON	
		LAUNDRY)	02	02.1125)		(DIRECT NURS.	
		0.00	0.00	10.00	11 00	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	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 01 5. 02	O1160 COMMUNI CATI ONS O0550 DATA PROCESSI NG						5. 01 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	OO590 OTHER ADMINISTRATIVE AND GENERAL OO600 MAINTENANCE & REPAIRS						5. 06 6. 00
7. 00	00700 OPERATION OF PLANT						7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE	1, 619, 914	1				8. 00
9. 00 10. 00	00900 HOUSEKEEPI NG 01000 DI ETARY	208	28, 688 28				9. 00 10. 00
11. 00	01100 CAFETERI A	23	296		142, 347		11. 00
	01300 NURSING ADMINISTRATION	0	117	0	7, 665	l	13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	124		0	0	14.00
	O1500 PHARMACY O1600 MEDI CAL RECORDS & LI BRARY	625	138 0	0	6, 154 0	0	15. 00 16. 00
21. 00	02100 I &R SERVI CES-SALARY & FRINGES APPRVD	0	ő	Ö	6, 772	-	21. 00
	02200 &R SERVICES-OTHER PRGM COSTS APPRVD	0	28	0	960	l	
23. 00	02300 PARAMED ED PRGM I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0	0	0	0	23. 00
30. 00	03000 ADULTS & PEDIATRICS	718, 460	12, 902	190, 100	36, 000	22, 672	30.00
	03100 INTENSIVE CARE UNIT	133, 598	2, 136	18, 658	10, 305	8, 971	31. 00
32.00	02060 NEONATAL INTENSIVE CARE UNIT	18, 571	104		2, 588		
40. 00 41. 00	04000 SUBPROVI DER	0 41, 959	0 1, 307	0 11, 951	0 2, 221		
43. 00	04300 NURSERY	18, 838		0	892		
F0 00	ANCILLARY SERVICE COST CENTERS	144,004					
50. 00 51. 00	O5000 OPERATING ROOM O5100 RECOVERY ROOM	116, 331 43, 569		0	9, 069 2, 334		
52. 00	05200 DELIVERY ROOM & LABOR ROOM	69, 470	1	Ö	2, 897	1	
54. 00	05400 RADI OLOGY-DI AGNOSTI C	107, 085			11, 303	1	
57. 00 58. 00	03280 EKG AND EEG 05800 MAGNETIC RESONANCE MAGING (MRI)	56	0	0	386 0	l	
59. 00	05900 CARDI AC CATHETERI ZATI ON	21, 800	1	_	2, 389		
60.00	06000 LABORATORY	0	728	0	0	0	60.00
60. 01 63. 00	06001 BLOOD LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS.	738	0	0	0	0	60. 01 63. 00
65. 00	06500 RESPIRATORY THERAPY	341	115	0	5, 175	1	65.00
65. 01	06501 SLEEP LAB	0	o	0	885	l	65. 01
	06600 PHYSI CAL THERAPY	7, 013	1	0	6, 512		
67. 00 68. 00	O6700 OCCUPATI ONAL THERAPY O6800 SPEECH PATHOLOGY	0	28 28	0	1, 023 593	0	
68. 01	06801 AUDI OLOGY	0	0	0	0	0	68. 01
69.00	06900 ELECTROCARDI OLOGY	14, 512	0	0	2, 405	l	69.00
71.00	O7100 MEDICAL SUPPLIES CHARGED TO PATIENTS O7200 MPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71. 00 72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	o	0	0	0	73. 00
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	46	56	0	1, 966	0	73. 01
74. 00 76. 00	07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY	3, 969	0) 0	0	0	74. 00 76. 00
76. 97	07697 CARDI AC REHABILITATION	195	1	o O	935	1	
76. 98	07698 HYPERBARI C OXYGEN THERAPY	1	0	0	790	591	76. 98
90. 00	OUTPATIENT SERVICE COST CENTERS O9000 CLINIC	0	O	0	0	0	90.00
90. 02	09002 PAIN CLINIC	7	14	0	973		
	09003 ONCOLOGY CLINIC	5, 456		0	1, 223	l	
91. 00 92. 00	O9100 EMERGENCY O9200 OBSERVATION BEDS (NON-DISTINCT PART)	265, 388	3, 456	0	8, 666	6, 252	91. 00 92. 00
92. 00	09201 OBSERVATION BEDS (DISTINCT PART)	11, 098	100	0	1, 077	670	
	OTHER REIMBURSABLE COST CENTERS						
95. 00	09500 AMBULANCE SERVICES	0	0	0	2, 669	0	95. 00
113. 00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE						113. 00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1, 599, 377	28, 122	220, 709	136, 827	53, 857	
400 5	NONREI MBURSABLE COST CENTERS						100 05
	1900 GIFT, FLOWER, COFFEE SHOP & CANTEEN 1910 RESEARCH	0	0	0	505 781	l e	190. 00 191. 00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	1	_	0	0	194. 00
194. 01	07951 BSU PHARMACY	0	o	0	291	0	194. 01

| Period: | Worksheet B-1 | From 01/01/2016 | To 12/31/2016 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0089

				To	12/31/2016	Date/Time Prep 5/22/2017 5:3	
Cos	st Center Description	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	NURSI NG	J pili
003	or center bescription	LINEN SERVICE	(HOURS OF	(MEALS		ADMI NI STRATI ON	
		(POUNDS OF	SERVICE)	SERVED)	(112 0)	ABINIT WI STITUTE ON	
		LAUNDRY)	OLKVI OL)	JERVED)		(DIRECT NURS.	
		2.10113111)				HRS.)	
		8. 00	9. 00	10.00	11. 00	13. 00	
194. 02 07952 PAV	ILLION PHARMACY	0	0	0	1, 051	0	194. 02
194. 03 07953 VEN	IDI NG	0	0	0	0	0	194. 03
194. 04 07954 CAR	RELI NE	0	0	0	0	0	194. 04
194. 05 07955 WEL	LNESS CENTER	20, 267	102	0	136	0	194. 05
194. 06 07956 PHY	SICIAN PRACTICE CLINICS	0	56	0	0	0	194. 06
194. 07 07957 PER	RINATAL CLINIC	0	0	0	o	0	194. 07
194. 08 07958 REN	ITAL PROPERTY	0	0	0	o	0	194. 08
194. 09 07959 ADV		0	0	l o	0	ol	194. 09
194. 10 07960 I NT	EGRA LTAC	0	0	12, 444	0	ol	194. 10
194. 11 07961 I U		270	112		0	0	194. 11
1 1	B MEDICAL PAVILLION CONDOS	0	0		0		194. 12
1 1	CUTI VE PHYSI CAL	0	0	Ö	0		194. 13
	/ CASTLE ONCOLOGY	0	0	ا	0		194. 14
1 1	RKETING/PUBLIC RELATIONS	0	0	0	0		194. 15
1 1	COUNTY HOSPITAL	0	0	0	0		194. 16
1 1	RDI NAL HEALTH CHOICE	0	0	0	0		194. 17
1 1	CARDINAL HEALTH VENTURES	0	0	0	0		194. 18
	ALTH CARE CONNECTIONS	0	0	Ö	0		194. 19
194. 20 07970 MEA		0	0	٥	0		194. 20
194. 21 07971 ST		0	0	Ö	0		194. 21
	RAPIES TO OTHER ENTITIES	0	0	0	2, 002		194. 22
	ICER CENTER BOUTIQUE	0	0	Ö	60		194. 23
	SC BALL OUTPATIENT SURGERY	0	0	0	0		194. 24
	RDI NAL BEHAVI ORAL HEALTH	0	0	10, 716	0	0	194, 25
	CKFORD COMMUNITY HOSPITAL	0	60		691	0	194, 26
1 1	OWEST HEALTH STRATEGIES	0	0	0	0	0	194. 27
194. 28 07978 CAR	RDINAL SELECT RISK RETENTION GRP	0	0	0	o	0	194. 28
194. 29 07979 HOM	ME OFFICE CARDINAL HEALTH INITIATI	0	0	0	o	0	194. 29
194. 30 07980 CAR	RDINAL HEALTH ALLIANCE	0	0	0	3	0	194. 30
194. 31 07986 OTH	IER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194. 31
194. 32 07982 REN	IAL DIALYSIS	0	0	0	0	0	194. 32
194. 33 07983 LAB	3 CORP	0	0	0	0	0	194. 33
194. 34 07984 H. 0). MATERIALS MGMT	0	0	0	0	0	194. 34
194. 35 07985 LEA	SED SPACE	0	0	0	0	0	194. 35
200.00 Cro	oss Foot Adjustments						200. 00
	pative Cost Centers						201. 00
202. 00 Cos	st to be allocated (per Wkst. B,	1, 333, 696	4, 718, 630	3, 038, 604	2, 059, 032	9, 652, 169	202. 00
	rt I)						
203. 00 Uni	t cost multiplier (Wkst. B, Part I)	0. 823313	164. 480968	12. 459985	14. 464878	177. 854597	203. 00
204. 00 Cos	st to be allocated (per Wkst. B,	3, 123	439, 099	336, 918	397, 033	551, 641	204. 00
	t II)						
	t cost multiplier (Wkst. B, Part	0. 001928	15. 306016	1. 381553	2. 789191	10. 164750	205. 00
11)							

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS In Lieu of Form CMS-2552-10
Worksheet B-1 Peri od: From 01/01/2016 To 12/31/2016 Date/Time Prepared: 5/22/2017 5: 35 pm Provider CCN: 15-0089

						LNTEDNO	5/22/2017 5: 3	5 pm
						INTERNS &	RESIDENTS	
		Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SERVI CES-SALAR	SERVI CES-OTHER	
		Sect Content Boods (per cir	SERVICES &	(COSTED	RECORDS &	Y & FRINGES	PRGM COSTS	
			SUPPLY	REQUIS.)	LI BRARY	(ASSI GNED	(ASSI GNED	
			(COSTED		(GROSS	TIME)	TIME)	
			REQUIS.) 14. 00	15. 00	CHARGES) 16.00	21. 00	22. 00	
	GENER	AL SERVICE COST CENTERS	14.00	13.00	10.00	21.00	22.00	
1.00		NEW CAP REL COSTS-BLDG & FIXT						1. 00
4.00		EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01	1	COMMUNICATIONS						5. 01
5.02		DATA PROCESSING						5. 02 5. 04
5. 04 5. 05		ADMITTING CASHIERING/ACCOUNTS RECEIVABLE						5. 04
5. 06		OTHER ADMINISTRATIVE AND GENERAL						5. 06
6.00		MAINTENANCE & REPAIRS						6. 00
7.00		OPERATION OF PLANT						7. 00
8. 00 9. 00		LAUNDRY & LINEN SERVICE HOUSEKEEPING						8. 00 9. 00
10.00		DI ETARY						10.00
11. 00		CAFETERI A						11. 00
13.00		NURSING ADMINISTRATION						13. 00
14.00	1	CENTRAL SERVICES & SUPPLY	32, 892, 582					14.00
15. 00 16. 00		PHARMACY MEDI CAL RECORDS & LI BRARY	131, 222	38, 002, 266 0				15. 00 16. 00
21. 00	1	I &R SERVICES-SALARY & FRINGES APPRVD	0	0	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	4, 771		21. 00
22. 00		I&R SERVICES-OTHER PRGM COSTS APPRVD	92	0		.,	4, 771	•
23. 00		PARAMED ED PRGM	0	0	0			23. 00
		I ENT ROUTINE SERVICE COST CENTERS	1 005 005	1/5 5/0		0 (70	0 (70	
30. 00 31. 00	1	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	1, 825, 885 890, 799	165, 563		2, 679 599	2, 679 599	1
31.00		NEONATAL INTENSIVE CARE UNIT	116, 260	52, 338 5, 949		62	62	•
40. 00		SUBPROVI DER - I PF	0	0, 717		0	0	1
41.00	04100	SUBPROVI DER - I RF	48, 898	3, 109	9, 472, 800	О	0	41. 00
43. 00		NURSERY	0	0	6, 567, 877	0	0	43. 00
EO 00		LARY SERVICE COST CENTERS OPERATING ROOM	2 404 073	72 240	151 007 452	321	221	 EO OO
50. 00 51. 00		RECOVERY ROOM	3, 604, 073 160, 236	72, 248 34, 381		0	321 0	50. 00 51. 00
52. 00		DELIVERY ROOM & LABOR ROOM	223, 470	17, 351		o	0	52. 00
54.00		RADI OLOGY-DI AGNOSTI C	934, 134	29, 035	219, 018, 405	146	146	54. 00
57. 00	1	EKG AND EEG	4, 136	1		0	0	57. 00
58. 00 59. 00		MAGNETIC RESONANCE IMAGING (MRI) CARDIAC CATHETERIZATION	421 444	0 12, 455	I -	0	0	
60.00		LABORATORY	421, 666	12, 455		o	0	
60. 01		BLOOD LABORATORY	o	0		ō	0	60. 01
63. 00		BLOOD STORING, PROCESSING, & TRANS.	1, 179, 684	0	.,	0	0	63. 00
65. 00	1	RESPI RATORY THERAPY	385, 151	1, 130		92	92	65. 00
65. 01 66. 00	1	SLEEP LAB PHYSICAL THERAPY	61, 699 30, 954	0		0	0	65. 01 66. 00
67. 00		OCCUPATIONAL THERAPY	23, 203	15		o	0	1
68. 00		SPEECH PATHOLOGY	1, 622	0	3, 024, 710	o	0	1
68. 01	06801	AUDI OLOGY	0	0		0	0	1
69. 00	1	ELECTROCARDI OLOGY	13, 693	0		245	245	1
71. 00 72. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENT	7, 672, 450 13, 601, 890	0	, . = = , = = =	0	0	71. 00 72. 00
73. 00		DRUGS CHARGED TO PATIENTS	0	24, 333, 088		o	0	73. 00
73. 01		HOSPITAL BASED RETAIL PHARMACIES	655	7, 528, 464		О	0	73. 01
74. 00		RENAL DIALYSIS	12, 590	5, 502		0	0	74. 00
76.00		CARDI OPULMONARY	0 700	0		0	0	
76. 97 76. 98		CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY	6, 783 122, 677	3		0	0	•
70. 70		TIENT SERVICE COST CENTERS	122,011	7	14, 047, 307	<u> </u>		70. 70
90.00		CLINIC	0	0	0	0	0	90. 00
90. 02		PAIN CLINIC	125, 784	1, 509		97	97	•
90. 03	1	ONCOLOGY CLINIC	203, 920	24, 413		84	84	
91. 00 92. 00	1	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	947, 017	136, 303	210, 851, 698	389	389	91. 00 92. 00
92. 01	1	OBSERVATION BEDS (DISTINCT PART)	95, 978	11, 858	3, 736, 851	o	0	1
		REIMBURSABLE COST CENTERS	-, -1	,	-,,	-1		
95.00		AMBULANCE SERVICES	40, 374	973	7, 049, 049	0	0	95. 00
112 00		AL PURPOSE COST CENTERS				ı		112 00
113.00		INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1-117)	32, 886, 995	32 435 698	1, 647, 393, 560	4, 714	∆ 71 <i>∧</i>	113. 00 118. 00
1 10. 00		IMBURSABLE COST CENTERS	02, 000, 770	32, 133, 070	., 517, 575, 500	7, 714	7, 714	1. 10. 00
	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1, 015	0		0		190. 00
191.00	19100	RESEARCH	342	8	0	57	57	191. 00

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0089 Peri od: Worksheet B-1 From 01/01/2016 | Worksheet B-1 | To 12/31/2016 | Date/Time Prepared:

	22/2017 5:35 pm
INTERNS & RESI	SIDENTS
Cost Center Description CENTRAL PHARMACY MEDICAL SERVICES-SALAR SERV	VI CES-OTHER
SERVICES & COSTED RECORDS & Y & FRINGES PR	RGM COSTS
SUPPLY REQUIS.) LI BRARY (ASSI GNED ((ASSI GNED
(COSTED (GROSS TIME)	TIME)
REQUIS.) CHARGES)	, and the second second
14. 00 15. 00 16. 00 21. 00	22. 00
194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 0 0 0 0	0 194. 00
194. 01 07951 BSU PHARMACY 0 0 0 0	0 194. 01
194. 02 07952 PAVI LLI ON PHARMACY 3, 284 5, 566, 552 0 0	0 194. 02
194. 03 07953 VENDI NG 0 0 0	0 194. 03
194. 04 07954 CARELI NE 0 0 0 0	0 194. 04
194. 05 07955 WELLNESS CENTER 359 0 0 0	0 194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS 0 0 0	0 194. 06
194. 07 07957 PERI NATAL CLI NI C 0 0 0	0 194. 07
194. 08 07958 RENTAL PROPERTY 0 0 0 0	0 194. 08
194. 09 07959 ADVERTI SI NG 0 0 0	0 194. 09
194.10 07960 INTEGRA LTAC 0 0 0 0	0 194. 10
194.11 07961 IU HEALTH HOSPICE 69 0 0 0	0 194. 11
194.12 07962 POB MEDICAL PAVILLION CONDOS 0 0 0	0 194. 12
194. 13 07963 EXECUTI VE PHYSI CAL 0 0 0 0	0 194. 13
194.14 07964 NEW CASTLE ONCOLOGY 0 0 0	0 194. 14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS 0 0 0 0	0 194. 15
194.16 07966 JAY COUNTY HOSPITAL 0 0 0 0	0 194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE 0 0 0 0	0 194. 17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES 0 0 0 0	0 194. 18
194.19 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 THERAPIES TO OTHER ENTITIES 0 0 0 0	0 194. 22
194. 23 07973 CANCER CENTER BOUTI QUE 460 0 0 0	0 194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY 0 0 0 0	0 194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 58 8 0 0	0 194. 25
194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL 0 0 0 0	0 194. 26
194. 27 07977 MI DWEST HEALTH STRATEGIES 0 0 0 0	0 194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP 0 0 0	0 194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI 0 0 0 0	0 194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE 0 0 0 0	0 194. 30
194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS 0 0 0 0	0 194. 31
194. 32 07982 RENAL DI ALYSI S 0 0 0 0	0 194. 32
194. 33 07983 LAB CORP 0 0 0 0	0 194. 33
194. 34 07984 H. O. MATERI ALS MGMT O O O	0 194. 34
194. 35 07985 LEASED SPACE 0 0 0 0	0 194. 35
200.00 Cross Foot Adjustments	200. 00
201.00 Negative Cost Centers	201. 00
202.00 Cost to be allocated (per Wkst. B, 12,331,492 7,992,315 0 5,467,238	5, 140, 782 202. 00
Part I)	
	, 077. 506183 203. 00
204.00 Cost to be allocated (per Wkst. B, 493,828 239,501 0 35,056	540, 435 204. 00
Part II) 205 00	112 274005 205 22
	113. 274995 205. 00
	I

Health Financial Systems BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0089 Period: Worksheet B-1

From 01/01/2016 12/31/2016 Date/Time Prepared: 5/22/2017 5:35 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 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 00590 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 01500 PHARMACY 15.00 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 100 23.00 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 0 30.00 03100 INTENSIVE CARE UNIT 31.00 0 31.00 02060 NEONATAL INTENSIVE CARE UNIT 32 00 32 00 04000 SUBPROVIDER - IPF 40.00 40.00 41.00 04100 SUBPROVI DER - I RF 0 41.00 04300 NURSERY 43.00 0 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 50.00 05100 RECOVERY ROOM 0 51.00 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 52.00 52.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 54.00 100 0 57.00 03280 EKG AND EEG 57.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 58.00 58.00 59.00 05900 CARDIAC CATHETERIZATION 00000000000000000 59.00 06000 LABORATORY 60.00 60.00 60.01 06001 BLOOD LABORATORY 60.01 63.00 06300 BLOOD STORING, PROCESSING, & TRANS. 63.00 06500 RESPIRATORY THERAPY 65.00 65.00 65.01 06501 SLEEP LAB 65.01 66.00 06600 PHYSI CAL THERAPY 66.00 67.00 06700 OCCUPATIONAL THERAPY 67.00 06800 SPEECH PATHOLOGY 68.00 68.00 68.01 06801 AUDI OLOGY 68.01 69.00 06900 ELECTROCARDI OLOGY 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 71.00 07200 IMPL. DEV. CHARGED TO PATIENT 72 00 72 00 07300 DRUGS CHARGED TO PATIENTS 73.00 73.00 73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES 73.01 07400 RENAL DIALYSIS 74.00 74.00 76.00 03160 CARDI OPULMONARY 76.00 76. 97 07697 CARDIAC REHABILITATION 0 76. 97 0 07698 HYPERBARI C OXYGEN THERAPY 76. 98 76.98 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0 90.00 0 09002 PAIN CLINIC 90.02 90.02 90. 03 109003 ONCOLOGY CLINIC 90.03 09100 EMERGENCY 0 91.00 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 92.01 92.01 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0 95.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1-117) 100 118.00 118,00 NONREIMBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 190.00 0 191. 00 19100 RESEARCH 191. 00 194.00 07950 OTHER NONREIMBURSABLE COST CENTERS 194. 00 194. 01 07951 BSU PHARMACY 0 194. 01 194. 02 07952 PAVILLION PHARMACY 0 194. 02

Health Financial Systems In Lieu of Form CMS-2552-10 BALL MEMORIAL HOSPITAL COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0089 Peri od: Worksheet B-1

From 01/01/2016 12/31/2016 Date/Time Prepared: 5/22/2017 5:35 pm Cost Center Description PARAMED ED PRGM (100% RADI OLOGY) 23.00 194. 03 07953 VENDI NG 194. 03 194. 04 07954 CARELI NE 194.04 194. 05 07955 WELLNESS CENTER 194. 05 194.06 07956 PHYSICIAN PRACTICE CLINICS 194. 06 194. 07 07957 PERINATAL CLINIC 194. 07 194. 08 07958 RENTAL PROPERTY 194. 08 194. 09 07959 ADVERTI SI NG 194. 09 194. 10 07960 I NTEGRA LTAC 194. 10 194. 11 07961 I U HEALTH HOSPICE 194. 11 194. 12 07962 POB MEDICAL PAVILLION CONDOS 194. 12 194. 13 194. 13 07963 EXECUTI VE PHYSI CAL 194. 14 07964 NEW CASTLE ONCOLOGY 194. 14 194. 15 07965 MARKETING/PUBLIC RELATIONS 194. 15 194. 16 194. 16 07966 JAY COUNTY HOSPITAL

Date/Time Prepared: 12/31/2016 5/22/2017 5:35 pm Title XVIII Hospi tal PPS Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs from Wkst. B, Adj Di sal I owance Part I, col. 26) 4. 00 1.00 2.00 3.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 03000 ADULTS & PEDIATRICS 54, 267, 919 54, 267, 919 4.435 54, 272, 354 30.00 03100 INTENSIVE CARE UNIT 15, 790, 278 15, 790, 278 15, 790, 481 31.00 31.00 203 02060 NEONATAL INTENSIVE CARE UNIT 32.00 3, 698, 319 3, 698, 319 0 3, 698, 319 32.00 04000 SUBPROVI DER - I PF 40.00 40.00 0 04100 SUBPROVI DER - I RF 41.00 3, 914, 110 3, 914, 110 17, 913 3, 932, 023 41.00 43.00 04300 NURSERY 1, 431, 549 1, 431, 549 1, 431, 549 43.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATI NG ROOM 50.00 50.00 15, 123, 805 15, 123, 805 1,502 15, 125, 307 51.00 05100 RECOVERY ROOM 3, 339, 371 3, 339, 371 3, 339, 371 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 4, 897, 473 4, 897, 473 0 4, 897, 473 52.00 05400 RADI OLOGY-DI AGNOSTI C 22, 036, 417 22, 036, 417 0 22, 036, 417 54.00 54.00 03280 EKG AND EEG 57.00 135, 957 135, 957 0 135, 957 57.00 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 58.00 0 05900 CARDIAC CATHETERIZATION 5, 395, 687 5, 395, 687 5, 395, 687 59.00 59.00 06000 LABORATORY 48, 260 60 00 13, 261, 967 13, 261, 967 13, 310, 227 60 00 60.01 06001 BLOOD LABORATORY 60.01 06300 BLOOD STORING, PROCESSING, & TRANS. 1, 960, 153 1, 960, 153 34, 136 1, 994, 289 63.00 63.00 5, 673, 812 65.00 06500 RESPIRATORY THERAPY 5, 673, 812 5, 673, 812 65.00 06501 SLEEP LAB 1, 678 837, 164 65 01 835, 486 835, 486 65 01 66.00 06600 PHYSI CAL THERAPY 5, 697, 301 5, 697, 301 0 5, 697, 301 66.00 06700 OCCUPATIONAL THERAPY 67.00 1, 215, 053 1, 215, 053 0 1, 215, 053 67.00 0 68 00 06800 SPEECH PATHOLOGY 595, 802 595, 802 595, 802 68 00 0 68.01 06801 AUDI OLOGY C Λ 68.01 06900 ELECTROCARDI OLOGY 3, 591, 302 3, 591, 302 3, 591, 302 69.00 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 12, 264, 564 12, 264, 564 0 12, 264, 564 71.00 07200 I MPL. DEV. CHARGED TO PATIENT 22, 198, 447 72 00 22 198 447 22, 198, 447 72 00 73.00 07300 DRUGS CHARGED TO PATIENTS 36, 246, 585 36, 246, 585 36, 246, 585 73.00 07301 HOSPITAL BASED RETAIL PHARMACIES 11, 196, 233 11, 196, 233 0 11, 196, 233 73.01 73.01 0 74.00 07400 RENAL DIALYSIS 1, 526, 317 1, 526, 317 1, 526, 317 74.00 76.00 03160 CARDI OPULMONARY C 0 76.00 76. 97 07697 CARDIAC REHABILITATION 889, 877 889, 877 0 889, 877 76.97 07698 HYPERBARI C OXYGEN THERAPY 76.98 1,874,239 1,874,239 1, 874, 239 76.98 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0 0 90 00 90.02 09002 PAIN CLINIC 2,084,246 2, 084, 246 0 2, 084, 246 90.02 90 03 09003 ONCOLOGY CLINIC 2,007,449 2,007,449 0 2,007,449 90 03 19, 876, 706 19, 876, 706 09100 EMERGENCY 19, 876, 706 0 91.00 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART) 92.00 5, 866, 707 5, 866, 707 5, 866, 707 92 00 92.01 1, 379, 781 1, 379, 781 1, 379, 781 92.01 OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES 6, 021 95.00 2, 125, 862 2, 125, 862 2, 131, 883 95.00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | INTEREST EXPENSE 113.00 200.00 282, 398, 774 0 282, 398, 774 282, 512, 922 200. 00 Subtotal (see instructions) 114, 148 5, 866, 707 201. 00 201.00 Less Observation Beds 5.866.707 5, 866, 707

276, 532, 067

276, 532, 067

276, 646, 215 202. 00

114, 148

202.00

From 01/01/2016 Part I Date/Time Prepared: 12/31/2016 5/22/2017 5:35 pm Title XVIII Hospi tal PPS Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other TFFRA + col . 7) Ratio Inpati ent Ratio 6.00 7.00 8.00 9. 00 10.00 INPATIENT ROUTINE SERVICE COST CENTERS 162, 838, 460 162, 838, 460 30.00 30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 58, 555, 315 58, 555, 315 31.00 02060 NEONATAL INTENSIVE CARE UNIT 32.00 15, 772, 030 15, 772, 030 32.00 04000 SUBPROVIDER - IPF 40.00 40.00 04100 SUBPROVIDER - IRF 9, 472, 800 9, 472, 800 41.00 41.00 43.00 04300 NURSERY 6, 567, 877 6, 567, 877 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 94, 616, 392 56, 391, 060 151, 007, 452 0.100153 0.000000 50.00 51.00 05100 RECOVERY ROOM 9, 746, 997 8, 699, 370 18, 446, 367 0.181031 0.000000 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 23, 384, 950 4, 970, 615 28, 355, 565 0.172716 0.000000 52.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 53, 302, 227 165, 716, 178 219, 018, 405 0.100614 0.000000 54.00 03280 EKG AND EEG 5, 098, 494 57.00 2, 920, 310 2, 178, 184 0.026666 0.000000 57.00 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0.000000 0.000000 58.00 59.00 05900 CARDIAC CATHETERIZATION 38, 612, 337 41, 391, 194 80, 003, 531 0.067443 0.000000 59.00 51, 196, 765 60.00 06000 LABORATORY 61, 281, 041 112, 477, 806 0.117907 0.000000 60.00 06001 BLOOD LABORATORY 0.000000 60.01 0.000000 60.01 63.00 06300 BLOOD STORING, PROCESSING, & TRANS. 4, 873, 855 2,006,254 6, 880, 109 0. 284901 0.000000 63.00 06500 RESPIRATORY THERAPY 2, 208, 709 22, 137, 292 65.00 19, 928, 583 0.256301 0.000000 65.00 06501 SLEEP LAB 8, 759, 991 0.095375 5.677 8.754.314 0.000000 65.01 65.01 06600 PHYSI CAL THERAPY 66.00 8, 341, 375 8, 809, 381 17, 150, 756 0. 332189 0.000000 66.00 67.00 06700 OCCUPATI ONAL THERAPY 4, 916, 850 509, 779 5, 426, 629 0.223906 0.000000 67.00 68.00 06800 SPEECH PATHOLOGY 2, 696, 616 328, 094 3, 024, 710 0.196978 0.000000 68.00 06801 AUDI 01 0GY 0.000000 0 000000 68 01 68 01 69.00 06900 ELECTROCARDI OLOGY 31, 900, 745 12, 457, 614 44, 358, 359 0.080961 0.000000 69.00 20, 356, 637 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 21, 368, 646 41, 725, 283 0.293936 0.000000 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENT 72, 697, 404 29, 346, 807 102, 044, 211 0. 217538 0.000000 72.00 07300 DRUGS CHARGED TO PATIENTS 215, 808, 921 73.00 102, 866, 665 112, 942, 256 0.167957 0.000000 73.00 73.01 07301 HOSPITAL BASED RETAIL PHARMACIES 8,660,916 8, 660, 916 1.292731 0.000000 73.01 74.00 07400 RENAL DIALYSIS 3, 462, 312 251, 902 3, 714, 214 0.410939 0.000000 74.00 76 00 03160 CARDI OPULMONARY 0.000000 0.000000 76 00 07697 CARDIAC REHABILITATION 76.97 960,094 2, 363, 644 3, 323, 738 0. 267734 0.000000 76.97 07698 HYPERBARIC OXYGEN THERAPY 139, 418 14, 509, 949 14, 649, 367 0.127940 0.000000 76. 98 76.98 OUTPATIENT SERVICE COST CENTERS 90 00 0.000000 0.000000 90 00 09000 CLI NI C 0. 279145 90.02 09002 PAIN CLINIC 764 7, 465, 774 7, 466, 538 0.000000 90.02 09003 ONCOLOGY CLINIC 110,093 27, 896, 302 28, 006, 395 0.071678 0.000000 90.03 90.03 91.00 09100 EMERGENCY 58, 159, 330 152, 692, 368 210, 851, 698 0.094269 0.000000 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92 00 1, 847, 130 23, 157, 301 25, 004, 431 0.234627 0.000000 92 00 09201 OBSERVATION BEDS (DISTINCT PART) 863, 718 2, 873, 133 3, 736, 851 0.369236 0.000000 92.01 92.01 OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES 13, 599 7, 035, 450 7, 049, 049 0. 301581 0.000000 95.00 95.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113.00

872, 223, 610

872, 223, 610

775, 169, 950 1, 647, 393, 560

775, 169, 950 1, 647, 393, 560

200. 00

201.00

202. 00

200.00

201.00

202.00

Subtotal (see instructions)

Less Observation Beds

Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES

BALL MEMORIAL HOSPITAL

Provider CCN: 15-0089
Period:
From 01/01/2016
To 12/31/2016
Date/Time Prepared:
5/22/2017 5: 35 pm

				5/22/2017 5:35 pm
		Title XVIII	Hospi tal	PPS
Cost Center Description	PPS Inpatient			
	Ratio			
	11. 00			
INPATIENT ROUTINE SERVICE COST CENTERS				
30. 00 03000 ADULTS & PEDI ATRI CS				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
43. 00 04300 NURSERY				43. 00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0. 100163			50.00
51. 00 05100 RECOVERY ROOM	0. 181031			51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 172716			52. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 100614			54. 00
57. 00 03280 EKG AND EEG	0. 026666			57. 00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 000000			58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 067443			59. 00
60. 00 06000 LABORATORY	0. 118336			60.00
60. 01 06001 BL00D LABORATORY	0. 000000			60. 01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 289863			63. 00
65. 00 06500 RESPI RATORY THERAPY	0. 256301			65. 00
65. 01 06501 SLEEP LAB	0. 095567			65. 01
66. 00 06600 PHYSI CAL THERAPY	0. 332189			66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 223906			67. 00
68. 00 06800 SPEECH PATHOLOGY	0. 196978			68. 00
68. 01 06801 AUDI OLOGY	0. 000000			68. 01
69. 00 06900 ELECTROCARDI OLOGY	0. 080961			69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 293936			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0. 217538			72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 167957			73. 00
73. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES	1. 292731			73. 01
74. 00 07400 RENAL DIALYSIS	0. 410939			74.00
76. 00 03160 CARDI OPULMONARY	0. 000000			76. 00
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 267734			76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 127940			76. 98
OUTPATIENT SERVICE COST CENTERS	0.0000			
90. 00 09000 CLI NI C	0.000000			90.00
90. 02 09002 PAIN CLINIC	0. 279145			90. 02
90. 03 09003 0NCOLOGY CLI NI C	0. 071678			90. 03
91. 00 09100 EMERGENCY	0. 094269			91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 234627			92. 00
92. 01 O9201 OBSERVATION BEDS (DISTINCT PART)	0. 369236			92. 01
OTHER REIMBURSABLE COST CENTERS	0.00047:			
95. 00 09500 AMBULANCE SERVICES	0. 302436			95. 00
SPECIAL PURPOSE COST CENTERS				440
113. 00 11300 I NTEREST EXPENSE				113. 00
200.00 Subtotal (see instructions)				200.00
201.00 Less Observation Beds				201. 00
202.00 Total (see instructions)				202. 00

Date/Time Prepared: 12/31/2016 5/22/2017 5:35 pm Title XIX Hospi tal Cost Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs from Wkst. B, Adj Di sal I owance Part I, col. 26) 4. 00 1.00 2.00 3.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 03000 ADULTS & PEDIATRICS 54, 267, 919 54, 267, 919 4.435 54, 272, 354 30.00 03100 INTENSIVE CARE UNIT 15, 790, 278 15, 790, 278 15, 790, 481 31.00 31.00 203 02060 NEONATAL INTENSIVE CARE UNIT 32.00 3, 698, 319 3, 698, 319 0 3, 698, 319 32.00 04000 SUBPROVI DER - I PF 40.00 40.00 0 04100 SUBPROVI DER - I RF 41.00 3, 914, 110 3, 914, 110 17, 913 3, 932, 023 41.00 43.00 04300 NURSERY 1, 431, 549 1, 431, 549 1, 431, 549 43.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATI NG ROOM 50.00 50.00 15, 123, 805 15, 123, 805 1,502 15, 125, 307 51.00 05100 RECOVERY ROOM 3, 339, 371 3, 339, 371 3, 339, 371 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 4, 897, 473 4, 897, 473 0 4, 897, 473 52.00 05400 RADI OLOGY-DI AGNOSTI C 22, 036, 417 22, 036, 417 0 22, 036, 417 54.00 54.00 03280 EKG AND EEG 57.00 135, 957 135, 957 0 135, 957 57.00 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 58.00 0 05900 CARDIAC CATHETERIZATION 5, 395, 687 5, 395, 687 5, 395, 687 59.00 59.00 06000 LABORATORY 60 00 13, 261, 967 13, 261, 967 48 260 13, 310, 227 60 00 60.01 06001 BLOOD LABORATORY 60.01 06300 BLOOD STORING, PROCESSING, & TRANS. 1, 960, 153 1, 960, 153 34, 136 1, 994, 289 63.00 63.00 5, 673, 812 65.00 06500 RESPIRATORY THERAPY 5, 673, 812 5, 673, 812 65.00 06501 SLEEP LAB 1, 678 837, 164 65 01 835, 486 835, 486 65 01 66.00 06600 PHYSI CAL THERAPY 5, 697, 301 5, 697, 301 0 5, 697, 301 66.00 06700 OCCUPATIONAL THERAPY 67.00 1, 215, 053 1, 215, 053 0 1, 215, 053 67.00 0 68 00 06800 SPEECH PATHOLOGY 595, 802 595, 802 595, 802 68 00 0 68.01 06801 AUDI OLOGY C Λ 68.01 06900 ELECTROCARDI OLOGY 3, 591, 302 3, 591, 302 3, 591, 302 69.00 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 12, 264, 564 12, 264, 564 0 12, 264, 564 71.00 07200 I MPL. DEV. CHARGED TO PATIENT 22, 198, 447 72 00 22 198 447 22, 198, 447 72 00 73.00 07300 DRUGS CHARGED TO PATIENTS 36, 246, 585 36, 246, 585 36, 246, 585 73.00 07301 HOSPITAL BASED RETAIL PHARMACIES 11, 196, 233 11, 196, 233 0 11, 196, 233 73.01 73.01 0 74.00 07400 RENAL DIALYSIS 1, 526, 317 1, 526, 317 1, 526, 317 74.00 76.00 03160 CARDI OPULMONARY C 0 76.00 76. 97 07697 CARDIAC REHABILITATION 889, 877 889, 877 0 889, 877 76.97 07698 HYPERBARI C OXYGEN THERAPY 76.98 1,874,239 1,874,239 1, 874, 239 76.98 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0 0 90 00 90.02 09002 PAIN CLINIC 2,084,246 2, 084, 246 0 2, 084, 246 90.02 90 03 09003 ONCOLOGY CLINIC 2,007,449 2,007,449 0 2,007,449 90 03 19, 876, 706 19, 876, 706 09100 EMERGENCY 19, 876, 706 0 91.00 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART) 92.00 5, 866, 707 5, 866, 707 5, 866, 707 92 00 92.01 1, 379, 781 1, 379, 781 1, 379, 781 92.01 OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES 6, 021 95.00 2, 125, 862 2, 125, 862 2, 131, 883 95.00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | INTEREST EXPENSE 113.00 200.00 282, 398, 774 0 282, 398, 774 282, 512, 922 200. 00 Subtotal (see instructions) 114, 148 5, 866, 707 201. 00 201.00 Less Observation Beds 5.866.707 5, 866, 707

276, 532, 067

276, 532, 067

276, 646, 215 202. 00

114, 148

202.00

Date/Time Prepared: 12/31/2016 5/22/2017 5:35 pm Title XIX Hospi tal Cost Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other **TFFRA** + col . 7) Ratio Inpati ent Ratio 6.00 7.00 8.00 9. 00 10.00 INPATIENT ROUTINE SERVICE COST CENTERS 162, 838, 460 162, 838, 460 30.00 30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 58, 555, 315 58, 555, 315 31.00 02060 NEONATAL INTENSIVE CARE UNIT 32.00 15, 772, 030 15, 772, 030 32.00 04000 SUBPROVIDER - IPF 40.00 40.00 04100 SUBPROVIDER - IRF 9, 472, 800 9, 472, 800 41.00 41.00 43.00 04300 NURSERY 6, 567, 877 6, 567, 877 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 94, 616, 392 56, 391, 060 151, 007, 452 0.100153 0.000000 50.00 51.00 05100 RECOVERY ROOM 9, 746, 997 8, 699, 370 18, 446, 367 0.181031 0.000000 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 23, 384, 950 4, 970, 615 28, 355, 565 0.172716 0.000000 52.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 53, 302, 227 165, 716, 178 219, 018, 405 0.100614 0.000000 54.00 03280 EKG AND EEG 5, 098, 494 57.00 2, 920, 310 2, 178, 184 0.026666 0.000000 57.00 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0.000000 0.000000 58.00 59.00 05900 CARDIAC CATHETERIZATION 38, 612, 337 41, 391, 194 80,003,531 0.067443 0.000000 59.00 51, 196, 765 60.00 06000 LABORATORY 61, 281, 041 112, 477, 806 0.117907 0.000000 60.00 06001 BLOOD LABORATORY 0.000000 60.01 0.000000 60.01 63.00 06300 BLOOD STORING, PROCESSING, & TRANS. 4, 873, 855 2,006,254 6, 880, 109 0. 284901 0.000000 63.00 06500 RESPIRATORY THERAPY 2, 208, 709 22, 137, 292 65.00 19, 928, 583 0.256301 0.000000 65.00 06501 SLEEP LAB 8, 759, 991 0.095375 5.677 8.754.314 0.000000 65.01 65.01 06600 PHYSI CAL THERAPY 66.00 8, 341, 375 8, 809, 381 17, 150, 756 0. 332189 0.000000 66.00 67.00 06700 OCCUPATI ONAL THERAPY 4, 916, 850 509, 779 5, 426, 629 0.223906 0.000000 67.00 68.00 06800 SPEECH PATHOLOGY 2, 696, 616 328, 094 3, 024, 710 0.196978 0.000000 68.00 06801 AUDI 01 0GY 0.000000 0 000000 68 01 68 01 69.00 06900 ELECTROCARDI OLOGY 31, 900, 745 12, 457, 614 44, 358, 359 0.080961 0.000000 69.00 20, 356, 637 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 21, 368, 646 41, 725, 283 0.293936 0.000000 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENT 72, 697, 404 29, 346, 807 102, 044, 211 0. 217538 0.000000 72.00 07300 DRUGS CHARGED TO PATIENTS 215, 808, 921 73.00 102, 866, 665 112, 942, 256 0.167957 0.000000 73.00 73.01 07301 HOSPITAL BASED RETAIL PHARMACIES 8,660,916 8, 660, 916 1.292731 0.000000 73.01 74.00 07400 RENAL DIALYSIS 3, 462, 312 251, 902 3, 714, 214 0.410939 0.000000 74.00 76 00 03160 CARDI OPULMONARY 0.000000 0.000000 76 00 07697 CARDIAC REHABILITATION 76.97 960,094 2, 363, 644 3, 323, 738 0. 267734 0.000000 76.97 07698 HYPERBARIC OXYGEN THERAPY 139, 418 14, 509, 949 14, 649, 367 0.127940 0.000000 76. 98 76.98 OUTPATIENT SERVICE COST CENTERS 90 00 0.000000 0.000000 90 00 09000 CLI NI C 0. 279145 90.02 09002 PAIN CLINIC 764 7, 465, 774 7, 466, 538 0.000000 90.02 09003 ONCOLOGY CLINIC 110,093 28, 006, 395 0.071678 0.000000 90.03 27, 896, 302 90.03 91.00 09100 EMERGENCY 58, 159, 330 152, 692, 368 210, 851, 698 0.094269 0.000000 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92 00 1, 847, 130 23, 157, 301 25, 004, 431 0.234627 0.000000 92 00 09201 OBSERVATION BEDS (DISTINCT PART) 863, 718 2, 873, 133 3, 736, 851 0.369236 0.000000 92.01 92.01 OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES 13, 599 7, 035, 450 7, 049, 049 0. 301581 0.000000 95.00 95.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113.00 200.00 Subtotal (see instructions) 872, 223, 610 775, 169, 950 1, 647, 393, 560 200. 00

872, 223, 610

775, 169, 950 1, 647, 393, 560

201.00

202. 00

201.00

202.00

Less Observation Beds

Health Financial Systems

BALL MEMORIAL HOSPITAL

In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089
Period:
From 01/01/2016
To 12/31/2016
Date/Time Prepared:
5/22/2017 5: 35 pm

				5/22/2017 5:35 pm
		Title XIX	Hospi tal	Cost
Cost Center Description	PPS Inpatient			
	Ratio			
	11. 00			
INPATIENT ROUTINE SERVICE COST CENTERS				
30. 00 03000 ADULTS & PEDI ATRI CS				30.00
31.00 03100 INTENSIVE CARE UNIT				31.00
32.00 02060 NEONATAL NTENSIVE CARE UNIT				32. 00
40. 00 04000 SUBPROVI DER - 1 PF				40. 00
41. 00 04100 SUBPROVI DER - I RF				41. 00
43. 00 04300 NURSERY				43. 00
ANCILLARY SERVICE COST CENTERS				
50. 00 05000 OPERATING ROOM	0. 000000			50.00
51. 00 05100 RECOVERY ROOM	0. 000000			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000			52. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000			54. 00
57.00 03280 EKG AND EEG	0. 000000			57. 00
58.00 05800 MAGNETIC RESONANCE MAGING (MRI)	0. 000000			58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000			59.00
60. 00 06000 LABORATORY	0. 000000			60.00
60. 01 06001 BLOOD LABORATORY	0. 000000			60. 01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 000000			63. 00
65. 00 06500 RESPIRATORY THERAPY	0. 000000			65. 00
65. 01 06501 SLEEP LAB	0. 000000			65. 01
66. 00 06600 PHYSI CAL THERAPY	0. 000000			66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000			67. 00
68. 00 06800 SPEECH PATHOLOGY	0. 000000			68. 00
68. 01 06801 AUDI OLOGY	0. 000000			68. 01
69. 00 06900 ELECTROCARDI OLOGY	0. 000000			69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0. 000000			72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 000000			73. 00
73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES	0. 000000			73. 01
74. 00 07400 RENAL DI ALYSI S	0. 000000			74. 00
76. 00 03160 CARDI OPULMONARY	0. 000000			76. 00
76. 97 O7697 CARDI AC REHABI LI TATI ON	0. 000000			76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000			76. 98
OUTPATIENT SERVICE COST CENTERS				
90. 00 09000 CLI NI C	0. 000000			90.00
90. 02 09002 PAIN CLINIC	0. 000000			90. 02
90. 03 09003 0NCOLOGY CLINIC	0. 000000			90. 03
91. 00 09100 EMERGENCY	0. 000000			91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000			92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000			92. 01
OTHER REIMBURSABLE COST CENTERS	0.000000			65.00
95. 00 09500 AMBULANCE SERVI CES	0. 000000			95. 00
SPECIAL PURPOSE COST CENTERS				
113. 00 11300 INTEREST EXPENSE				113. 00
200.00 Subtotal (see instructions)				200.00
201.00 Less Observation Beds				201. 00
202.00 Total (see instructions)				202. 00

Health Financial Systems	BALL MEMORIA	AL HOSPITAL			eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provider CO		Period: From 01/01/2016 To 12/31/2016		pared: 5 pm
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swi ng Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col			
	26)		2)			
	1.00	2.00	3.00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	5, 074, 025	0	5, 074, 02	5 71, 232	71. 23	30. 00
31.00 INTENSIVE CARE UNIT	1, 035, 182		1, 035, 18	2 10, 953	94. 51	31. 00
32.00 NEONATAL INTENSIVE CARE UNIT	190, 815		190, 81	5 3, 197	59. 69	32. 00
40. 00 SUBPROVI DER - I PF	0	0		0	0.00	40.00
41. 00 SUBPROVI DER - I RF	364, 728	0	364, 72	8 3, 974	91. 78	41.00
43. 00 NURSERY	131, 663		131, 66	3 2, 715	48. 49	43.00
200.00 Total (lines 30-199)	6, 796, 413		6, 796, 41	3 92, 071		200. 00
Cost Center Description	I npati ent	I npati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)				
	6. 00	7. 00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	31, 161	, , , , , , , , , , , , , , , , , , , ,				30. 00
31.00 INTENSIVE CARE UNIT	5, 976	564, 792				31. 00
32.00 NEONATAL INTENSIVE CARE UNIT	0	0				32. 00
40. 00 SUBPROVI DER - I PF	0	0				40. 00
41. 00 SUBPROVI DER - I RF	3, 008	276, 074				41. 00
43. 00 NURSERY	0	0				43. 00
200.00 Total (lines 30-199)	40, 145	3, 060, 464				200. 00

	Financial Systems	BALL MEMORIA			In Lie	u of Form CMS-2	2552-10
APPORT	IONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provider C		Period: From 01/01/2016 To 12/31/2016	5/22/2017 5:3	
				XVIII	Hospi tal	PPS	
	Cost Center Description	Capi tal	Total Charges			Capital Costs	
			(from Wkst. C,		Program	(column 3 x	
		(from Wkst. B,		(col . 1 ÷ col	. Charges	column 4)	
		Part II, col.	8)	2)			
		26)	0.00	0.00	4.00	F 00	
	ANOLLI ADV. CEDVI OF COCT OFNITEDS	1. 00	2. 00	3. 00	4. 00	5. 00	
FO 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	1 100 407	151 007 450	0.00702	7 45 704 200	250, 700	
50.00		1, 183, 497				•	
51.00	05100 RECOVERY ROOM	271, 844					
52.00	05200 DELIVERY ROOM & LABOR ROOM	438, 889					
54.00	05400 RADI OLOGY-DI AGNOSTI C	1, 914, 638					
57. 00	03280 EKG AND EEG	1, 765				596	57.00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0		0.00000		107.044	58. 00 59. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	457, 787				107, 844	
60.00	06000 LABORATORY	138, 584	1			36, 096	60. 00 60. 01
60. 01 63. 00	06001 BLOOD LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS.	0	1	0. 00000 0. 00312		0 9, 322	63.00
65. 00	06500 RESPIRATORY THERAPY	21, 526 172, 311					
65. 01	06501 SLEEP LAB	6, 069				83,038	65. 00
66. 00	06600 PHYSI CAL THERAPY	132, 695				25, 619	66.00
67. 00	06700 OCCUPATIONAL THERAPY	76, 685				12, 937	67.00
68. 00	06800 SPEECH PATHOLOGY	20, 551				6, 789	68.00
68. 00	06801 AUDI OLOGY	20, 551		0.00000		0, 789	68. 00
69. 00	06900 ELECTROCARDI OLOGY	550, 744	1			227, 045	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	138, 759				34, 165	
71.00	07200 I MPL. DEV. CHARGED TO PATIENTS	248, 143				•	
73. 00	07300 DRUGS CHARGED TO PATIENTS	234, 464				52, 855	
73. 00	07301 HOSPI TAL BASED RETAIL PHARMACIES	77, 980				52, 655	73.00
74. 00	07400 RENAL DIALYSIS	88, 226				54, 899	
		00, 220	1	1		0 34, 699	76.00
76. 00	07697 CARDI AC REHABI LI TATI ON	9, 321				1, 484	76. 00
	07698 HYPERBARI C OXYGEN THERAPY	21, 190					
70. 70	OUTPATIENT SERVICE COST CENTERS	21, 170	14, 047, 307	0.00144	0 133, 337	170	70.70
90 00	09000 CLINIC	0	0	0.00000	ol ol	0	90.00
	09002 PALN CLINIC	661 492					

661, 492

49, 768

548, 490

125, 736

8, 713, 142 1, 387, 138, 029

1, 121, 988

7, 466, 538

28, 006, 395

210, 851, 698 25, 004, 431

3, 736, 851

0. 000000 0. 088594

0.001777

0.005321

0.021936

0.033648

539

83, 807

426, 482

30, 878, 709 813, 991

295, 453, 207

90.02

90.03

91.00

92. 00

92.01

95.00

48

149

1, 607, 408 200. 00

164, 306

17, 856

14, 350

09002 PAIN CLINIC

95. 00 09500 AMBULANCE SERVICES

09200 OBSERVATION BEDS (NON-DISTINCT PART)

09201 OBSERVATION BEDS (DISTINCT PART)
OTHER REIMBURSABLE COST CENTERS

Total (lines 50-199)

90. 03 09003 ONCOLOGY CLINIC

09100 EMERGENCY

90.02

91.00

92.00

92.01

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	SS THROUGH COST	ΓS Provider C		Peri od:	Worksheet D	
				From 01/01/2016		
				To 12/31/2016	Date/Time Pre 5/22/2017 5:3	pared: 5 nm
		Title	xVIII	Hospi tal	PPS	<u>5 piii</u>
Cost Center Description	Nursing School	Allied Health	All Other	Swi ng-Bed	Total Costs	
·	Ü	Cost	Medi cal	Adjustment	(sum of cols.	
			Education Cos	t 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 & PEDIATRICS	0	0)	0	0	30. 00
31.00 03100 INTENSIVE CARE UNIT	0	0)	o	0	31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0)	o	0	32. 00
40. 00 04000 SUBPROVI DER - 1 PF	0	0)	0	0	40. 00
41. 00 04100 SUBPROVI DER - I RF	0	0)	0 0	0	41. 00
43. 00 04300 NURSERY	0	0)	o	0	43. 00
200.00 Total (lines 30-199)	0	0)	o	0	200. 00
Cost Center Description	Total Patient	Per Diem (col.	Inpati ent	I npati ent		
	Days	5 ÷ col. 6)	Program Days	Program		
	, and the second			Pass-Through		
				Cost (col. 7 x		
				col. 8)		
	6. 00	7. 00	8. 00	9. 00		
I NPATI ENT ROUTI NE SERVI CE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	71, 232					30. 00
31.00 03100 INTENSIVE CARE UNIT	10, 953			6 0		31. 00
32.00 02060 NEONATAL NTENSIVE CARE UNIT	3, 197	0.00	1	0 0		32. 00
40. 00 04000 SUBPROVI DER - I PF	0	0.00		0 0		40.00
41. 00 04100 SUBPROVI DER - I RF	3, 974	0.00	3, 00	8 0		41. 00
43. 00 04300 NURSERY	2, 715	0.00		0		43. 00
200.00 Total (lines 30-199)	92, 071		40, 14	5 0		200. 00

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lieu of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS Provider CCN: 15-0089	Peri od: Worksheet D
THROUGH COSTS		From 01/01/2016 Part IV

THROUGH (COSTS			T	o 12/31/2016	Date/Time Pre 5/22/2017 5:3	
			Title	XVIII	Hospi tal	PPS	о рііі
	Cost Center Description	Non Physician Nu	ursing 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	
	CILLARY SERVICE COST CENTERS						
	OOO OPERATING ROOM	0	0	0	0	0	00.00
	100 RECOVERY ROOM	0	0	0	0	0	51. 00
	200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52. 00
	400 RADI OLOGY-DI AGNOSTI C	0	0	0	0	0	54. 00
4	280 EKG AND EEG	0	0	0	0	0	07.00
	800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58. 00
	900 CARDI AC CATHETERI ZATI ON	0	0	0	0	0	59. 00
	000 LABORATORY	0	0	0	0	0	60. 00
	001 BLOOD LABORATORY	0	0	0	0	0	60. 01
	300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63. 00
	500 RESPI RATORY THERAPY	0	0	0	0	0	65. 00
	501 SLEEP LAB	0	0	0	0	0	65. 01
	600 PHYSI CAL THERAPY	0	0	0	0	0	66. 00
	700 OCCUPATI ONAL THERAPY	0	0	0	0	0	67. 00
	800 SPEECH PATHOLOGY	0	0	0	0	0	68. 00
	801 AUDI OLOGY	0	0	0	0	0	68. 01
	900 ELECTROCARDI OLOGY	0	0	0	0	0	69. 00
	100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71. 00
	200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72. 00
	300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
	301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73. 01
	400 RENAL DIALYSIS	0	0	0	0	0	74. 00
	160 CARDI OPULMONARY	0	0	0	0	0	76. 00
	697 CARDI AC REHABI LI TATI ON	0	0	0	0	0	76. 97
	698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76. 98
	TPATIENT SERVICE COST CENTERS						
	000 CLI NI C	0	0	0	0	0	90.00
	002 PAIN CLINIC	0	0	0	0	0	90. 02
	003 ONCOLOGY CLINIC	0	0	0	0	0	90. 03
	100 EMERGENCY	0	0	0	0	0	91. 00
	200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	
	201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92. 01
	HER REIMBURSABLE COST CENTERS						1
	500 AMBULANCE SERVICES						95. 00
200. 00	Total (lines 50-199)	0	0	0	0	0	200. 00

Health Financial Systems	BALL MEMORIA	AL HOSPITAL		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS				Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV	pared:
		Title	: XVIII	Hospi tal	PPS	
Cost Center Description	Total	Total Charges	Ratio of Cost	Outpati ent	I npati ent	
	Outpati 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						
50.00 05000 OPERATING ROOM	0	151, 007, 452	0.00000	0.000000	45, 781, 298	50.00
51.00 05100 RECOVERY ROOM	0	18, 446, 367	0.00000	0. 000000	4, 581, 538	51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	28, 355, 565	0.00000	0.000000	193, 689	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	219, 018, 405	0.00000	0. 000000	27, 494, 004	54.00
57. 00 03280 EKG AND EEG	0	5, 098, 494	0.00000	0. 000000	1, 723, 833	57. 00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0	0.00000	0.000000	0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	80, 003, 531	0.00000	0.000000	18, 847, 241	59. 00
60. 00 06000 LABORATORY	0	112, 477, 806	0.00000	0.000000	29, 299, 093	60.00
60. 01 06001 BLOOD LABORATORY	0	0	0. 00000	0.000000	0	60. 01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	6, 880, 109	0. 00000	0. 000000	2, 979, 284	63.00
65. 00 06500 RESPIRATORY THERAPY	0	22, 137, 292	0. 000000	0. 000000	10, 667, 724	65. 00
65. 01 06501 SLEEP LAB	0	8, 759, 991	0. 000000	0. 000000	5, 292	65. 01

Health Financial Systems

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

BALL MEMORIAL HOSPITAL

In Lieu of Form CMS-2552-10

Provider CCN: 15-0089
From 01/01/2016
To 12/31/2016
Part IV
Date/Time Prepared:

				To 12/31/2016	Date/Time Pre 5/22/2017 5:3	
		Title	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 OPERATING ROOM	0	17, 986, 774	•	1		50. 00
51.00 05100 RECOVERY ROOM	0	2, 858, 668	•			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	15, 494				52. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	63, 587, 452				54.00
57.00 03280 EKG AND EEG	0	691, 108	•			57. 00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0	(58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	16, 116, 221				59. 00
60. 00 06000 LABORATORY	0	8, 633, 845				60.00
60. 01 06001 BLOOD LABORATORY	0	0	(60. 01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	829, 038	(63.00
65. 00 06500 RESPI RATORY THERAPY	0	550, 171				65. 00
65. 01 06501 SLEEP LAB	0	2, 793, 654				65. 01
66. 00 06600 PHYSI CAL THERAPY	0	132, 418	(66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	26, 722				67. 00
68.00 06800 SPEECH PATHOLOGY	0	16, 111				68. 00
68. 01 06801 AUDI OLOGY	0	0	(68. 01
69. 00 06900 ELECTROCARDI OLOGY	0	6, 894, 587				69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9, 493, 504				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	16, 016, 631				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	33, 207, 987				73.00
73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0				73. 01
74.00 07400 RENAL DIALYSIS	0	101, 503				74.00
76. 00 03160 CARDI OPULMONARY	0	0				76. 00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	1, 281, 704				76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	o	6, 997, 384				76. 98
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	0	0	(90.00
90. 02 09002 PAIN CLINIC	o	2, 705, 026				90. 02
90. 03 09003 0NCOLOGY CLINIC	O	12, 160, 986				90. 03
91. 00 09100 EMERGENCY	0	34, 110, 272				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	o	7, 672, 074				92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0	1, 320, 919				92. 01
OTHER REIMBURSABLE COST CENTERS				•		
95. 00 09500 AMBULANCE SERVI CES						95. 00
200.00 Total (lines 50-199)	0	246, 200, 253				200. 00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 15-0089 Peri od: Worksheet D From 01/01/2016 Part V Date/Time Prepared: 12/31/2016 5/22/2017 5:35 pm Title XVIII Hospi tal PPS 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.) (see inst.) 1. 00 2.00 5. 00 3.00 4.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0. 100153 17, 986, 774 1, 801, 429 50.00 51.00 05100 RECOVERY ROOM 0. 181031 2, 858, 668 0 0 517, 508 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 0 52 00 0 172716 15, 494 2, 676 52 00 0 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.100614 63, 587, 452 0 6, 397, 788 54.00 57.00 03280 EKG AND EEG 0.026666 691, 108 0 18, 429 57.00 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0.000000 0 0 0 0 0 0 58 00 05900 CARDIAC CATHETERIZATION 59.00 0.067443 16, 116, 221 0 1, 086, 926 59.00 60.00 06000 LABORATORY 0. 117907 8, 633, 845 7,836 1, 017, 991 60.00 60.01 06001 BLOOD LABORATORY 0.000000 0 60.01 0 06300 BLOOD STORING, PROCESSING, & TRANS. 829, 038 0 284901 0 236, 194 63 00 63 00 65.00 06500 RESPIRATORY THERAPY 0. 256301 550, 171 0 141, 009 65.00 06501 SLEEP LAB 0.095375 2, 793, 654 0 65.01 266, 445 65.01 06600 PHYSI CAL THERAPY 0.332189 132, 418 0 43, 988 66.00 0 66,00 06700 OCCUPATIONAL THERAPY 0 5, 983 0. 223906 67.00 67.00 26, 722 68.00 06800 SPEECH PATHOLOGY 0. 196978 16, 111 0 3, 174 68.00 06801 AUDI OLOGY 0.000000 0 68.01 68.01 06900 ELECTROCARDI OLOGY 0.080961 6, 894, 587 0 0 558, 193 69.00 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 9, 493, 504 0 0 2, 790, 483 71.00 0.293936 71 00 07200 IMPL. DEV. CHARGED TO PATIENT 0. 217538 16, 016, 631 0 3, 484, 226 72.00 72.00 07300 DRUGS CHARGED TO PATIENTS 33, 207, 987 132, 838 73.00 0.167957 0 5, 577, 514 73.00 07301 HOSPITAL BASED RETAIL PHARMACIES 73.01 1. 292731 0 73.01 0 0 07400 RENAL DIALYSIS 0 0 74.00 0.410939 101, 503 41.712 74 00 03160 CARDI OPULMONARY 0.000000 0 0 76.00 76.00 0 07697 CARDIAC REHABILITATION o 76. 97 0. 267734 1, 281, 704 0 343, 156 76. 97 76. 98 07698 HYPERBARIC OXYGEN THERAPY 0. 127940 6, 997, 384 0 0 895, 245 76.98 OUTPATIENT SERVICE COST CENTERS 09000 CLI NI C 0.000000 90.00 0 0 90.00 0 2, 705, 026 0 90.02 09002 PAIN CLINIC 0. 279145 755, 094 90.02 09003 ONCOLOGY CLINIC 0.071678 0 90 03 12, 160, 986 871, 675 90.03 0 0 91.00 09100 EMERGENCY 0.094269 34, 110, 272 3, 215, 541 91.00 o 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0. 234627 7, 672, 074 0 1, 800, 076 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 92.01 0.369236 1, 320, 919 487, 731 92.01 0 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0. 301581 200.00 246, 200, 253 7,836 132, 838 32, 360, 186 200. 00 Subtotal (see instructions) Less PBP Clinic Lab. Services-Program 201.00 201.00 Only Charges 202.00 Net Charges (line 200 +/- line 201) 246, 200, 253 7,836 132, 838 32, 360, 186 202. 00

Health Financial Systems BALL MEMORIA APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST In Lieu of Form CMS-2552-10 BALL MEMORIAL HOSPITAL

Provider CCN: 15-0089

					10 12/31/2010	5/22/2017 5:3	
			Title	XVIII	Hospi tal	PPS	
	·	Cos	sts		<u> </u>		
	Cost Center Description	Cost	Cost				
	·	Rei mbursed	Reimbursed				
		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	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	05400 RADI OLOGY-DI AGNOSTI C	0	0				54. 00
57. 00	03280 EKG AND EEG	0	0				57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0				58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0				59. 00
60.00	06000 LABORATORY	924	0				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 OCCUPATI ONAL THERAPY	0	0				67. 00
68.00	06800 SPEECH PATHOLOGY	0	0				68. 00
68. 01	06801 AUDI OLOGY	0	0				68. 01
69. 00	06900 ELECTROCARDI OLOGY	0	0				69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	0	0				72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	22, 311				73. 00
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0				73. 01
74.00	07400 RENAL DIALYSIS	0	0				74. 00
76.00	03160 CARDI OPULMONARY	0	0				76. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0				76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	0				76. 98
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0	l ~	1			90.00
90. 02	09002 PAIN CLINIC	0	0				90. 02
90. 03	09003 ONCOLOGY CLINIC	0	0				90. 03
91. 00	09100 EMERGENCY	0	0				91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0				92. 01
	OTHER REIMBURSABLE COST CENTERS						
95. 00	09500 AMBULANCE SERVICES	0	l				95. 00
200.00		924	22, 311				200. 00
201.00		0					201. 00
	Only Charges						
202.00	Net Charges (line 200 +/- line 201)	924	22, 311				202. 00

Heal th	Financial Systems	BALL MEMORIA	AL HOSPITAL		In Lie	eu of Form CMS-:	2552-10
APPORT	TONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	L COSTS	Provi der C	CN: 15-0089	Peri od:	Worksheet D	
			Component	CCN: 15-T089	From 01/01/2016 To 12/31/2016		pared: 5 pm
			Title	xVIII	Subprovi der – I RF	PPS	
	Cost Center Description	Capi tal	Total Charges			Capital Costs	
			(from Wkst. C,	to Charges	Program	(column 3 x	
		(from Wkst. B,		(col. 1 + col	. Charges	column 4)	
		Part II, col.	8)	2)			
		26)	0.00	0.00	4.00	F 00	
	ANCILLADY CEDVICE COCT CENTERS	1. 00	2. 00	3. 00	4. 00	5. 00	
50. 00	ANCI LLARY SERVI CE COST CENTERS O5000 OPERATI NG ROOM	1, 183, 497	151, 007, 452	0. 00783	37 103, 426	811	50.00
50.00	05100 RECOVERY ROOM	271, 844	1 ' '			123	
51.00	05200 DELIVERY ROOM & LABOR ROOM	438, 889		l .		0	1
54.00	05400 RADI OLOGY-DI AGNOSTI C	1, 914, 638		l .		2, 184	
57. 00	03280 EKG AND EEG	1, 914, 030				2, 104	1
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	1, 765				0	
59.00	05900 CARDI AC CATHETERI ZATI ON	457, 787	1	l .		0	
60.00	06000 LABORATORY	138, 584		l .		752	
60. 01	06001 BLOOD LABORATORY	138, 384		0.0000		0	1
63. 00	06300 BLOOD STORING, PROCESSING, & TRANS.	21, 526	1	l .		30	
65. 00	06500 RESPIRATORY THERAPY	172, 311		l .		1, 365	1
65. 01	06501 SLEEP LAB	6, 069		l .		0	65. 01
66. 00	06600 PHYSI CAL THERAPY	132, 695		1		15, 120	1
67. 00	06700 OCCUPATI ONAL THERAPY	76, 685				32, 959	1
68. 00	06800 SPEECH PATHOLOGY	20, 551				4, 215	1
68. 01	06801 AUDI OLOGY	0				0	1
69. 00	06900 ELECTROCARDI OLOGY	550, 744	1	l .		388	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	138, 759		l .		91	71. 00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENT	248, 143		0.00243		2	72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	234, 464	1 ' '	l .		1, 614	73. 00
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	77, 980				0	73. 01
74.00	07400 RENAL DIALYSIS	88, 226	3, 714, 214	0. 0237	54 91, 506	2, 174	74.00
76.00	03160 CARDI OPULMONARY	0			00	0	76. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	9, 321	3, 323, 738	0. 00280	04 0	0	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	21, 190	14, 649, 367	0. 00144	46 0	0	76. 98
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0	0	0.00000	00 0	0	90. 00
90. 02	09002 PAIN CLINIC	661, 492	7, 466, 538	0. 08859	94 0	0	
90. 03	09003 ONCOLOGY CLINIC	49, 768		l .		0	
91. 00	09100 EMERGENCY	1, 121, 988				0	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	20,001,101			0	
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	125, 736	3, 736, 851	0. 03364	48 0	0	92. 01
	OTHER REIMBURSABLE COST CENTERS	1	1	1			
95. 00	09500 AMBULANCE SERVICES	0.4/4./50	4 007 400 000		7 707 005	/4 007	95. 00
200.00	Total (lines 50-199)	8, 164, 652	1, 387, 138, 029	1	7, 727, 025	J 61, 837	200. 00

65. 00 06500 RESPIRATORY THERAPY 0 0 0 0 0 0 0 65. 00 65. 00 06501 SLEEP LAB 0 0 0 0 0 0 0 0 0		Financial Systems	BALL MEMORIAL	_			u of Form CMS-	2552-10
Component CCN: 15-T089 To 12/31/2016 Date/Time Prepared			VICE OTHER PASS	Provi der Co	CN: 15-0089			
Non Physician Nursing School Allied Health All Other (sum of col 1 through col 1 through col 1 through col 2	THROUG	H COSTS		Component	CCN: 15-T089		Date/Time Pre	pared: 5 pm
Anesthetist Cost				Title	× XVIII			
ANCILLARY SERVICE COST CENTERS		Cost Center Description		rsing School	Allied Heal			
ANCILLARY SERVICE COST CENTERS 1.00 2.00 3.00 4.00 5.00								
ANCILLARY SERVICE COST CENTERS			Cost			Education Cost		
ANCILLARY SERVICE COST CENTERS			1.00	2.00	2.00	4.00		
SO.00 OSO00 OSO000 OSO00 OSO000 OSO0000 OSO00000 OSO00000 OSO0000000 OSO0000000000		ANCILLARY CERVICE COCT CENTERS	1.00	2.00	3.00	4.00	5.00	
51.00 05100 RECOVERY ROOM & LABOR ROOM 0 0 0 0 0 0 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 0 0 0 0 0 0 54.00 05400 RADI OLOSY-DI AGNOSTI C 0 0 0 0 0 0 55.00 05300 RADI OLOSY-DI AGNOSTI C 0 0 0 0 0 57.00 05380 MAGNETI C RESONANCE I MAGING (MRI) 0 0 0 0 0 58.00 05800 MAGNETI C RESONANCE I MAGING (MRI) 0 0 0 0 0 59.00 05900 CARDI AC CATHETERI ZATI ON 0 0 0 0 0 60.01 06000 LABORATORY 0 0 0 0 0 0 60.01 06001 BLOOD LABORATORY 0 0 0 0 0 0 60.01 06001 BLOOD LABORATORY 0 0 0 0 0 63.00 06500 RESPIRATORY THERAPY 0 0 0 0 0 65.00 06500 RESPIRATORY THERAPY 0 0 0 0 65.01 06501 SLEEP LAB 0 0 0 0 0 66.00 06600 PHYSICAL THERAPY 0 0 0 0 0 66.00 06600 PHYSICAL THERAPY 0 0 0 0 0 66.00 06600 DESPECH PATHOLOGY 0 0 0 0 68.01 06801 AUDI OLOGY 0 0 0 0 68.01 06801 AUDI OLOGY 0 0 0 0 68.01 06801 AUDI OLOGY 0 0 0 0 69.00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 73.01 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 74.00 07400 RENAL DI ALYSIS 0 0 0 0 75.00 07400 RENAL DI ALYSIS 0 0 0 0 76.00 07400 RENAL DI ALYSIS 0 0 0 0 76.00 07400 CLINIC CST CENTERS 0 0 0 0 76.90 00000 PAIN CLINIC CST CENTERS 0 0 0 0 76.90 00000 PAIN CLINIC CST CENTERS 0 0 0 0 76.90 00000 PAIN CLINIC 0 0 0 0 77.00 07000 DRUGS CHARGED CONSTRINCT THERRY 0 0 0 0 77.00 07000 DRUGS CHARGED CONSTRINCT THERRY 0 0 0 0 77.00 07000 PAIN CLINIC CST CENTERS 0 0 0 0 77.00 07000 DRUGS CHARGED CONSTRINCT THERRY 0 0 0 0 77.00 07000 DRUGS CHARGED CONSTRINCT THERRY 0 0 0 0 77.00 07000 PAIN CLINIC CST CEN	EO 00				1		0	E0 00
52.00 05200 DELIVERY ROOM & LABOR ROOM 0 0 0 0 0 0 52.00 54.00 05400 RADIOLOGY-DIAGNOSTIC 0 0 0 0 0 0 0 57.00 03280 EKG AND EEG 0 0 0 0 0 0 0 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 0 0 0 0 0 59.00 05900 CARDIAC CATHETERIZATION 0 0 0 0 0 0 60.01 06000 LABORATORY 0 0 0 0 0 0 60.01 06001 BLOOD LABORATORY 0 0 0 0 0 0 63.00 06300 BLOOD STORING, PROCESSING, & TRANS. 0 0 0 0 0 65.00 06500 RESPIRATORY THERAPY 0 0 0 0 0 65.01 06501 SLEEP LAB 0 0 0 0 0 66.00 06500 PHYSI CAL THERAPY 0 0 0 0 0 67.00 06500 OCUPATI ONAL THERAPY 0 0 0 0 0 68.01 06600 SPECEL PATHOLOGY 0 0 0 0 68.01 06800 SPECEL PATHOLOGY 0 0 0 0 68.01 06801 SLEEP LATHOLOGY 0 0 0 0 68.01 06800 SPECEL PATHOLOGY 0 0 0 0 68.01 06800 DECENCARDIOLOGY 0 0 0 0 69.00 06900 LECETROCARDIOLOGY 0 0 0 0 69.00 06900 LECETROCARDIOLOGY 0 0 0 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 73.00 07300 PRUSS CHARGED TO PATIENTS 0 0 0 0 73.00 07300 ORGORS CHARGED TO PATIENTS 0 0 0 0 74.00 07400 RENAL DIALYSIS 0 0 0 0 75.00 07300 ROUGS CHARGED TO PATIENTS 0 0 0 0 76.00 03160 CARDI DPULMONARY 0 0 0 0 76.97 07697 CARDIAC REHABLI LITATION 0 0 0 0 76.98 07698 HYPERBARIC OXYGEN THERAPY 0 0 0 0 76.99 07698 HYPERBARIC 0XYGEN THERAPY 0 0 0 0 76.99 07698 HYPERBARIC 0XYGEN THERAPY 0 0 0 0 76.90 09000 PAIN CLINIC 0 0 0 0 76.90 07600 07600 07600 76.90 07600 07600 07600 76.90 07600 07600 07600 76.90 07600 07600 07600 76.90 07600 07600 07600 76.90 07600 07600 07600 76.90 07600 07600 07600 76.90 07600 07600 76.90 07600 07600 76.90 07600 07600 76		· · · · · · · · · · · · · · · · · · ·			1			
54.00 05400 RADI OLOGY—DI AGNOSTI C 0 0 0 0 0 0 54.00 57.00 03280 EKG AND EEG 0 0 0 0 0 0 57.00 58.00 05800 MAGNETI C RESONANCE IMAGI NG (MRI) 0 0 0 0 0 0 59.00 05900 CARDI AC CATHETERI ZATI ON 0 0 0 0 0 0 60.01 06000 LABORATORY 0 0 0 0 0 0 0 60.01 06000 LABORATORY 0 0 0 0 0 0 0 63.00 06300 BLOOD LABORATORY 0 0 0 0 0 0 0 63.00 06500 RESPI RATORY THERAPY 0 0 0 0 0 0 0 65.01 06500 RESPI RATORY THERAPY 0 0 0 0 0 0 65.01 06500 RESPI RATORY THERAPY 0 0 0 0 0 0 65.01 06501 SLEEP LAB 0 0 0 0 0 0 66.00 06600 PHYSI CAL THERAPY 0 0 0 0 0 0 67.00 06700 0CCUPATI ONAL THERAPY 0 0 0 0 0 0 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 0 0 0 0 0 0 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 0 72.00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 73.01 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 74.00 07400 RENAL DI ALYSI S 0 0 0 0 0 0 74.00 07400 RENAL DI ALYSI S 0 0 0 0 0 74.00 07400 CARDI ALYSI S 0 0 0 0 0 0 74.08 07698 HYPERBARIA C DAYGEN THERAPY 0 0 0 0 0 74.09 09002 DAIN CLINIC 0 0 0 0 0 74.09 09002 PAIN CLINIC 0 0 0 0 0 74.09 09002 PAIN CLINIC 0 0 0 0 0 74.00 09000 PAIN CLINIC 0 0 0 0 0 74.00 09000 PAIN CLINIC 0 0 0 0 75.00 09000 PAIN CLINIC 0 0 0 0 75.00 09000 PAIN CLINIC 0 0 0 0 75.00 09000 PAIN CLINIC		1			1		_	
57. 00 03280 EKG AND EEG 0 0 0 0 0 0 0 57. 00 58. 00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 0 0 0 0 57. 00 05900 CARDIA C CATHETERIZATION 0 0 0 0 0 0 0 0 0 0 59. 00 05900 CARDIA C CATHETERIZATION 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1		0		-	_	
58. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 0 0 0 0 0 0 0 58. 00 05900 (ARDI AC CARDI A		1		0		-	_	1
59. 00 05900 CARDIAC CATHETERIZATION				0		-		
60. 00 06000 LABORATORY 0 0 0 0 0 0 0 0 0				0		٥	_	
60. 01 06001 BLOOD LABORATORY 0 0 0 0 0 0 60. 0 63. 00 06300 BLOOD STORING, PROCESSING, & TRANS. 0 0 0 0 0 0 0 65. 00 06500 RESPIRATORY THERAPY 0 0 0 0 0 0 65. 01 06501 SLEEP LAB 0 0 0 0 0 0 66. 00 06600 PHYSI CAL THERAPY 0 0 0 0 0 0 66. 00 06600 PHYSI CAL THERAPY 0 0 0 0 0 0 67. 00 06700 OCCUPATIONAL THERAPY 0 0 0 0 0 0 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 0 0 0 0 0 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 0 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 74. 00 07400 RENAL DI ALYSI S 0 0 0 0 0 76. 00 03160 CARDI OPLIANDRY 0 0 0 0 0 76. 90 07697 CARDI AC REHABI LI TATI ON 0 0 0 0 0 76. 90 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 79. 00 09000 CLI NI C 0 0 0 0 90. 01 09000 OSSERVATI ON BEDS (NON-DISTINCT PART) 0 0 0 0 0 91. 00 09100 BERERGENCY 0 0 0 0 0 92. 00 07676 REIMBURSABLE COST CENTERS				0		-	_	
63. 00				0		-		
65. 00 06500 RESPIRATORY THERAPY 0 0 0 0 0 0 0 65. 0 66. 01 06501 SLEEP LAB 0 0 0 0 0 0 0 65. 0 66. 00 06600 PHYSI CAL THERAPY 0 0 0 0 0 0 0 66. 0 67. 00 06700 OCCUPATI ONAL THERAPY 0 0 0 0 0 0 0 0 66. 0 68. 01 06800 SPECCH PATHOLOGY 0 0 0 0 0 0 0 0 68. 0 68. 01 06801 AUDI OLOGY 0 0 0 0 0 0 0 0 68. 0 69. 00 06900 ELECTROCARDI OLOGY 0 0 0 0 0 0 0 68. 0 69. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	-				1
65. 01 06501 SLEEP LAB 0 0 0 0 0 0 0 0 65. 0 66. 00 06600 PHYSI CAL THERAPY 0 0 0 0 0 0 0 0 66. 0 67. 00 06700 OCCUPATI ONAL THERAPY 0 0 0 0 0 0 0 0 66. 0 68. 00 06800 SPEECH PATHOLOGY 0 0 0 0 0 0 0 68. 0 68. 01 06801 AUDI OLOGY 0 0 0 0 0 0 0 68. 0 69. 00 06900 ELECTROCARDI OLOGY 0 0 0 0 0 0 0 68. 0 69. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 71. 0 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 0 0 72. 0 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 0 73. 0 73. 01 07301 HOSPI TAL BASED RETAI L PHARMACI ES 0 0 0 0 0 0 0 73. 0 74. 00 07400 RENAL DI ALYSI S 0 0 0 0 0 0 74. 0 76. 97 07697 CARDI AC REHABI LI TATI ON 0 0 0 0 0 76. 9 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 0 0 76. 9 90. 02 09002 PAI N CLINI C 0 0 0 0 0 0 0 0 0 0 0 91. 00 09002 DAI N CLINI C 0 0 0 0 0 0 0 0 0 0 91. 00 09002 DEMERGENCY 0 0 0 0 0 0 0 0 0 0 0 0 92. 0 92. 01 09201 DESERVATI ON BEDS (NON-DISTINCT PART) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0		-		
66. 00 06600 PHYSICAL THERAPY 0 0 0 0 0 0 0 66. 00 67. 00 06700 0CCUPATI ONAL THERAPY 0 0 0 0 0 0 0 67. 00 68. 00 06800 SPEECH PATHOLOGY 0 0 0 0 0 0 0 68. 00 68. 01 06801 AUDI OLOGY 0 0 0 0 0 0 0 0 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0 0 0 0 0 0 0 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0 0 0 0 0 0 0 0 69. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 0 71. 00 72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 0 0 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 0 73. 00 73. 01 07301 HOSPI TAL BASED RETAIL PHARMACI ES 0 0 0 0 0 0 0 73. 00 74. 00 07400 RENAL DI ALYSI S 0 0 0 0 0 0 0 74. 00 76. 90 07400 RENAL DI ALYSI S 0 0 0 0 0 0 0 0 76. 90 76. 97 07697 CARDI AC REHABI LI TATI ON 0 0 0 0 0 0 76. 90 76. 98 07697 CARDI AC REHABI LI TATI ON 0 0 0 0 0 0 76. 90 0UTPATI ENT SERVI CE COST CENTERS 90. 00 090002 CLI NI C 0 0 0 0 0 0 0 0 90. 00 91. 00 090002 CLI NI C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			O	0	,			
68. 00 06800 SPEECH PATHOLOGY 0 0 0 0 0 0 0 68. 00 68. 00 68. 01 06801 AUDI OLOGY 0 0 0 0 0 0 0 0 0 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0 0 0 0 0 0 0 0 0 0 0 69. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0 0 72. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATIENT 0 0 0 0 0 0 0 0 0 73. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0 0 73. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0 0 73. 00 73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES 0 0 0 0 0 0 0 0 0 73. 00 74. 00 07400 RENAL DIALYSIS 0 0 0 0 0 0 0 0 0 0 74. 00 74. 00 07400 CARDI OPULMONARY 0 0 0 0 0 0 0 0 0 74. 00 76. 90 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		06600 PHYSI CAL THERAPY	o	0)	0 0	0	66. 00
68. 01	67.00	06700 OCCUPATI ONAL THERAPY	O	0	1	0 0	0	67. 00
69. 00 06900 ELECTROCARDI OLOGY 0 0 0 0 0 0 0 0 69. 00 71. 00 710 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 0 71. 00 72. 00 72. 00 72.00 I MPL. DEV. CHARGED TO PATIENT 0 0 0 0 0 0 72. 00 73. 00 73. 00 73.00 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 73. 00 73. 00 73. 01 73. 01 73.01 HOSPI TAL BASED RETAIL PHARMACIES 0 0 0 0 0 0 0 73. 00 74. 00 7	68.00	06800 SPEECH PATHOLOGY	O	0	1	0 0	0	68. 00
71. 00	68. 01	06801 AUDI OLOGY	0	0)	0 0	0	68. 01
72. 00	69.00	06900 ELECTROCARDI OLOGY	0	0)	0 0	0	69. 00
73. 00	71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0	71. 00
73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES 0 0 0 0 0 0 73. 0 74. 00 07400 RENAL DIALYSIS 0 0 0 0 0 0 74. 00 76. 00 03160 CARDI OPULMONARY 0 0 0 0 0 0 0 76. 97 07697 CARDI AC REHABILITATION 0 0 0 0 0 0 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 76. 99 00 00 0 0 0 0 76. 90 00 00 0 0 0 76. 90 00 00 0 0 76. 91 00 00 0 0 76. 92 00 00 0 0 76. 93 00 00 0 0 76. 94 00 0 0 0 76. 96 00 0 0 76. 97 07697 CARDI AC REHABILITATION 0 0 0 76. 98 00 00 0 0 76. 90 00 0 0 76. 90 00 0 0 76. 90 00 0 0 76. 90 00 0 0 76. 90 00 0 0 76. 90 00 0 0 76. 90 00 0	72.00		0	0		0 0	0	72. 00
74. 00			0	·	1			
76. 00		1	0	0)	-		
76. 97		1	0	0)	-	_	1
76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 76. 98		1	0	-	1			
OUTPATIENT SERVICE COST CENTERS O		1	0		1			
90. 00	76. 98		0	0		0 0	0	76. 98
90. 02					T	_1	_	
90. 03					1			
91. 00			0		1			
92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 0 0 0 0 0 92. 00 92. 01 09201 OBSERVATI ON BEDS (DISTINCT PART) 0 0 0 0 92. 00 00 0 0 0 0 0 0 0 00 0			0	-				
92. 01 O9201 OBSERVATION BEDS (DISTINCT PART) O O O O 92. 0 OTHER REIMBURSABLE COST CENTERS			0	-	1			
OTHER REIMBURSABLE COST CENTERS					1			
	92. U I	,	ı o	0	1	0	0	92.01
73. 00 07300 ANNIDULANICE SERVI CES	05 00							05.00
200.00 Total (lines 50-199) 0 0 0 0 0 0 200.00		1		0			0	

	n Financial Systems FIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER		AL HOSPITAL S Provider C	CN: 15-0089	Peri od:	u of Form CMS-2 Worksheet D	2552-10
	GH COSTS			CCN: 15-T089	From 01/01/2016 To 12/31/2016		pared: 5 pm
			Title	XVIII	Subprovi der - I RF	PPS	
	Cost Center Description	Total	Total Charges			I npati ent	
			(from Wkst. C,		Ratio of Cost	Program	
		Cost (sum of	Part I, col.	`		Charges	
		col. 2, 3 and	8)	7)	(col. 6 ÷ col.		
		4)	7.00	0.00	7)	40.00	
	ANCILL ADV. CEDVICE, COCT. CENTEDO	6. 00	7. 00	8. 00	9. 00	10. 00	
FO 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM		151 007 450	0.00000	0. 000000	100 407	
50.00	1	0				103, 426	
51.00	05100 RECOVERY ROOM	0				8, 380	
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0				0	
54.00	05400 RADI OLOGY-DI AGNOSTI C	0				249, 879	1
57.00	03280 EKG AND EEG	0	-, ,			25, 521	
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0				0	
59.00	05900 CARDI AC CATHETERI ZATI ON	0				0	
60.00	06000 LABORATORY	0				610, 260	
60.01	06001 BLOOD LABORATORY	0	-	0.0000		0	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0				9, 430	1
65.00	06500 RESPI RATORY THERAPY	0				175, 422	
65. 01	06501 SLEEP LAB	0		0.00000		0	
66.00	06600 PHYSI CAL THERAPY	1	,,			1, 954, 235	
67.00	06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY	0				2, 332, 396	
68.00		1	-,,			620, 463	
68. 01 69. 00	06801 AUDI OLOGY	0				0	
	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS					31, 290	
71.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0		0. 00000 0. 00000		27, 485	•
72. 00 73. 00	07300 DRUGS CHARGED TO PATIENTS			0.00000		785 1, 486, 547	
73.00	07300 DRUGS CHARGED TO PATTENTS 07301 HOSPITAL BASED RETAIL PHARMACIES					1, 486, 547	1
74. 00	07400 RENAL DIALYSIS					91, 506	
76.00	03160 CARDI OPULMONARY		-, ,			91, 500	
76. 00	07697 CARDI AC REHABI LI TATI ON					0	
76. 98	07698 HYPERBARI C OXYGEN THERAPY					0	
70. 70	OUTPATIENT SERVICE COST CENTERS		14, 049, 307	0.00000	0.000000	U	70. 70
90. 00	09000 CLINIC	1 0	0	0.00000	0. 000000	0	90.00
90.00	09000 CEINIC 09002 PAIN CLINIC					0	
90.02	09002 PATN CLINIC					0	
91.00	09100 EMERGENCY					0	
91.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	
92.00	09201 OBSERVATION BEDS (NON-DISTINCT PART)					0	
72. UI	OTHER REIMBURSABLE COST CENTERS		3, /30, 631	0.00000	0.000000	U	72.01
95. 00							95. 00
/5.00	Total (lines 50-199)	1	1, 387, 138, 029	1	1	7, 727, 025	

	nancial Systems NMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF COSTS	BALL MEMORIAL RVICE OTHER PASS		CN: 15-0089	Peri od: From 01/01/2016	wof Form CMS Worksheet D Part IV	
TTIKOOOTT			Component	CCN: 15-T089	To 12/31/2016	Date/Time Pr 5/22/2017 5:	epared 35 pm
			Ti tl e	e XVIII	Subprovi der - I RF	PPS	
	Cost Center Description	I npati ent	Outpati ent	Outpati ent			
		Program	Program	Program Pass-Throug	h		
		Pass-Through Costs (col. 8	Charges	Costs (col.			
		x col. 10)		x col . 12)	9		
		11.00	12.00	13.00			
AN	CILLARY SERVICE COST CENTERS	11.00	12.00	13.00			
	000 OPERATING ROOM	0	(0		50.0
	100 RECOVERY ROOM	0	C		0		51.0
- 1	200 DELIVERY ROOM & LABOR ROOM	0	(ō		52.
- 1	400 RADI OLOGY-DI AGNOSTI C	O	Ċ		0		54.
	280 EKG AND EEG	0	Ċ		O		57.
8. 00 05	800 MAGNETIC RESONANCE IMAGING (MRI)	O	(0		58.
	1900 CARDI AC CATHETERI ZATI ON	0	(0		59.
0. 00 06	0000 LABORATORY	0	(0		60.
0. 01 06	001 BLOOD LABORATORY	0	(0		60.
3. 00 06	300 BLOOD STORING, PROCESSING, & TRANS.	0	(0		63.
	500 RESPI RATORY THERAPY	0	(0		65.
5. 01 06	501 SLEEP LAB	0	(0		65.
6. 00 06	600 PHYSI CAL THERAPY	0	(0		66.
7. 00 06	700 OCCUPATI ONAL THERAPY	0	(0		67.
8. 00 06	800 SPEECH PATHOLOGY	0	(0		68.
8. 01 06	801 AUDI OLOGY	0	(0		68.
9. 00 06	900 ELECTROCARDI OLOGY	0	(0		69.
	100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	(1	0		71.
	200 IMPL. DEV. CHARGED TO PATIENT	0	(1	0		72.
	300 DRUGS CHARGED TO PATIENTS	0	(1	0		73.
	301 HOSPITAL BASED RETAIL PHARMACIES	0	(1	0		73.
	400 RENAL DIALYSIS	0	(1	0		74.
	160 CARDI OPULMONARY	0	(1	0		76.
	697 CARDI AC REHABI LI TATI ON	0	(0		76.
	'698 HYPERBARI C OXYGEN THERAPY TPATI ENT SERVI CE COST CENTERS	0)	0		76.
	2000 CLINIC	0	(J	0		90.
	2002 PAIN CLINIC	0	(1	0		90.
	1003 ONCOLOGY CLINIC		(1	0		90.
4	1001 EMERGENCY		(1	0		91.
	2200 OBSERVATION BEDS (NON-DISTINCT PART)	0	(1	0		92.
	2201 OBSERVATION BEDS (NON-DISTINCT PART)	0	(1	0		92.
	HER REIMBURSABLE COST CENTERS	<u> </u>		′1	<u> </u>		→ ′².
	1500 AMBULANCE SERVICES			1			95.
00.00	Total (lines 50-199)	0	(0		200.

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 15-0089 Peri od: Worksheet D From 01/01/2016 Part V Date/Time Prepared: 12/31/2016 5/22/2017 5:35 pm Title XIX Hospi tal Cost Charges Costs Cost to Charge PPS Reimbursed PPS Services Cost Center Description Cost Cost Services (see Ratio From 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.) (see inst.) 1. 00 2.00 5. 00 3.00 4.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0. 100153 0 50.00 51.00 05100 RECOVERY ROOM 0. 181031 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 52 00 0 172716 0 52 00 0 |05400| RADI OLOGY-DI AGNOSTI C 0 54.00 0.100614 0 0 54.00 57. 00 03280 EKG AND EEG 0.026666 0 57.00 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0.000000 0 0 58.00 0 0 05900 CARDIAC CATHETERIZATION 0 59.00 0.067443 0 59.00 60.00 06000 LABORATORY 0. 117907 0 60.00 0 60.01 06001 BLOOD LABORATORY 0.000000 0 0 60.01 06300 BLOOD STORING, PROCESSING, & TRANS. 0 284901 Ω 0 63 00 63 00 0 65.00 06500 RESPIRATORY THERAPY 0. 256301 0 0 65.00 06501 SLEEP LAB 0.095375 0 65.01 65.01 06600 PHYSI CAL THERAPY 0.332189 66.00 0 66,00 06700 OCCUPATIONAL THERAPY 0 67.00 0 0.223906 0 67.00 68.00 06800 SPEECH PATHOLOGY 0. 196978 0 0 0 68.00 06801 AUDI OLOGY 0.000000 68.01 68.01 69.00 06900 ELECTROCARDI OLOGY 0.080961 0 0 69.00 0 0 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0. 293936 0 71.00 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENT 0. 217538 0 72.00 07300 DRUGS CHARGED TO PATIENTS 0 73.00 0.167957 0 73.00 07301 HOSPITAL BASED RETAIL PHARMACIES 0 73.01 1. 292731 0 0 73.01 0 07400 RENAL DIALYSIS 0 74.00 0.410939 0 74 00 76.00 03160 CARDI OPULMONARY 0.000000 0 0 0 76.00 07697 CARDIAC REHABILITATION 0 76. 97 0. 267734 0 0 76. 97 0 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0. 127940 0 0 0 76. 98 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0.000000 0 90.00 0 0 0 90.02 09002 PAIN CLINIC 0. 279145 0 0 0 90.02 09003 ONCOLOGY CLINIC 0 0 90.03 0.071678 90.03 0 Ω 91.00 09100 EMERGENCY 0.094269 0 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0 o 92.00 0. 234627 0 0 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 0.369236 0 92.01 92.01 0 0 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0. 301581 0 95.00 200.00 Subtotal (see instructions) 0 0 0 200.00 0 Less PBP Clinic Lab. Services-Program 201.00 201.00 Only Charges 202.00 Net Charges (line 200 +/- line 201) 0 0 202. 00

Health Financial Systems BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 15-0089 Period: Worksheet D

From 01/01/2016 Part V 12/31/2016 Date/Time Prepared: 5/22/2017 5:35 pm Title XIX Hospi tal Cost Costs Cost Center Description Cost Cost Rei mbursed Rei mbursed Servi ces Services Not Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 7. 00 6.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 50.00 51.00 05100 RECOVERY ROOM 0000000000000000000000000 0 51.00 52. 00 05200 DELIVERY ROOM & LABOR ROOM 0 52 00 54. 00 | 05400 | RADI OLOGY-DI AGNOSTI C 0 54.00 57. 00 03280 EKG AND EEG 0 57.00 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0 58.00 05900 CARDIAC CATHETERIZATION 0 59.00 59.00 60. 00 06000 LABORATORY 0 60.00 06001 BLOOD LABORATORY 0 60.01 60.01 06300 BLOOD STORING, PROCESSING, & TRANS. 0 63 00 63 00 65.00 06500 RESPIRATORY THERAPY 0 65.00 65.01 06501 SLEEP LAB 0 65.01 06600 PHYSI CAL THERAPY 66.00 0 66.00 06700 OCCUPATIONAL THERAPY 0 67.00 67.00 68.00 06800 SPEECH PATHOLOGY 0 68.00 06801 AUDI OLOGY 68.01 68.01 69.00 06900 ELECTROCARDI OLOGY 0 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 71.00 71 00 72.00 07200 I MPL. DEV. CHARGED TO PATIENT 0 72.00 07300 DRUGS CHARGED TO PATIENTS 0 73.00 73.00 07301 HOSPITAL BASED RETAIL PHARMACIES 0 73.01 73.01 07400 RENAL DIALYSIS 0 74.00 74 00 76.00 03160 CARDI OPULMONARY 0 76.00 07697 CARDIAC REHABILITATION 76. 97 0 76. 97 0 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 76.98 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0 0 90.00 90. 02 09002 PAIN CLINIC 0 0 0 90.02 90.03 09003 ONCOLOGY CLINIC 0 90.03 91.00 09100 EMERGENCY 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0 92.00 0 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 0 92.01 92.01 0

0

0

0

95.00

200.00

201.00

202.00

OTHER REIMBURSABLE COST CENTERS

Subtotal (see instructions)

Less PBP Clinic Lab. Services-Program

Net Charges (line 200 +/- line 201)

09500 AMBULANCE SERVICES

Only Charges

95.00

200.00

201.00

Health Financial Systems	BALL MEMORIAL H	IOSPI TAL	In Lieu of Form CMS-2552-10		
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089	Peri od: From 01/01/2016	Worksheet D-1	
			To 12/31/2016	Date/Time Pre 5/22/2017 5:3	
		Title XVIII	Hospi tal	PPS	
Cost Center Description					
				1. 00	
PART I - ALL PROVIDER COMPONENTS		•			

		Title XVIII	Hospi tal	PPS	
	Cost Center Description		-	1. 00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
	I NPATI ENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days			71, 232	
2.00	Inpatient days (including private room days, excluding swing-			71, 232	•
3. 00	Private room days (excluding swing-bed and observation bed day do not complete this line.	(S). If you have only pri	vate room days,	0	3. 00
4.00	Semi-private room days (excluding swing-bed and observation be	ed days)		63, 532	4. 00
5.00	Total swing-bed SNF type inpatient days (including private ro	om days) through December	31 of the cost	0	5. 00
	reporting period	om dava) ofter December 3	11 of the cost	0	/ 00
6. 00	Total swing-bed SNF type inpatient days (including private rooreporting period (if calendar year, enter 0 on this line)	om days) after becember 3	or the cost	U	6. 00
7.00	Total swing-bed NF type inpatient days (including private room	n days) through December	31 of the cost	0	7. 00
	reporting period			_	
8. 00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	n days) after December 31	of the cost	0	8. 00
9. 00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	31, 161	9. 00
	newborn days)		5		
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII on		oom days)	0	10. 00
11. 00	through December 31 of the cost reporting period (see instruc Swing-bed SNF type inpatient days applicable to title XVIII on		nom days) after	0	11. 00
11.00	December 31 of the cost reporting period (if calendar year, en		Join days) arter	O	11.00
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX	only (including private	e room days)	0	12. 00
12 00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XIX	/ only (including private	, room dovo)	0	12 00
13. 00	after December 31 of the cost reporting period (if calendar ye			U	13. 00
14.00	Medically necessary private room days applicable to the Progra			0	14. 00
15. 00	Total nursery days (title V or XIX only)			0	15. 00
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 service	es through December 31 of	the cost	0.00	17. 00
17.00	reporting period	23 th ough becomber 31 of	the cost	0.00	17.00
18. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of t	he cost	0. 00	18. 00
10.00	reporting period	a through December 21 of	the cost	0.00	10.00
19. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	s through becember 31 of	the cost	0.00	19. 00
20. 00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of th	ne cost	0.00	20. 00
	reporting period	`		E4 070 0E4	
21. 00 22. 00	Total general inpatient routine service cost (see instructions Swing-bed cost applicable to SNF type services through December		ng poriod (line	54, 272, 354 0	21. 00 22. 00
22.00	5 x line 17)	er 31 of the cost reporti	ng perrod (Trie	U	22.00
23. 00	Swing-bed cost applicable to SNF type services after December	31 of the cost reporting	period (line 6	0	23. 00
24.00	x line 18)	- 21 -6 +6++		0	24.00
24. 00	Swing-bed cost applicable to NF type services through December 7×1 ine 19)	31 of the cost reportif	ig period (iine	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
	x line 20)			_	
26. 00 27. 00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		0 54, 272, 354	26. 00 27. 00
27.00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(Title 21 illitius Title 20)		54, 272, 354	27.00
28. 00	General inpatient routine service charges (excluding swing-bed	d and observation bed cha	irges)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)			0	
30.00	Semi-private room charges (excluding swing-bed charges)	Line 20)		0. 000000	30.00
31. 00 32. 00	General inpatient routine service cost/charge ratio (line 27 - Average private room per diem charge (line 29 ÷ line 3)	F TITIE 28)		0.00000	
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)			0. 00	
34.00	Average per diem private room charge differential (line 32 mi)		i ons)	0. 00	34. 00
35. 00	Average per diem private room cost differential (line 34 x lin	ne 31)		0. 00	
36. 00 37. 00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost a	and nrivate room cost dif	forential (line	0 54, 272, 354	36. 00 37. 00
37.00	27 minus line 36)	and private room cost arr	rerential (IIIIe	J4, Z1Z, 354	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU				
38. 00	Adjusted general inpatient routine service cost per diem (see	•		761. 91	38.00
39. 00 40. 00	Program general inpatient routine service cost (line 9 x line Medically necessary private room cost applicable to the Program	•		23, 741, 878 0	39. 00 40. 00
41. 00	Total Program general inpatient routine service cost (line 39	,		23, 741, 878	1
			'	'	-

	Financial Systems	BALL MEMORIA			In Lie	eu of Form CMS-2	
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der C	CN: 15-0089	Period: From 01/01/2016	Worksheet D-1	_
					To 12/31/2016	Date/Time Pre	
			Title	× XVIII	Hospi tal	5/22/2017 5: 3 PPS	5 pm
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
		Inpatient Cost	Inpatient Days		÷	(col. 3 x col.	
		1.00	2. 00	col . 2) 3.00	4. 00	4) 5. 00	
42. 00	NURSERY (title V & XIX only)	0	2.00				42. 00
	Intensive Care Type Inpatient Hospital Units	15, 790, 481	10, 953	1, 441. 6	5, 976		
43. 00	INTENSIVE CARE UNIT		1				
44. 00 45. 00	NEONATAL INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT	3, 698, 319	3, 197	1, 156. 8	0	0	44. 00 45. 00
46. 00							46. 00
47. 00	OTHER SPECIAL CARE (SPECIFY)						47. 00
	Cost Center Description					1.00	
48. 00	Program inpatient ancillary service cost (Wk:	st. D-3. col. 3	. line 200)			43, 032, 502	48. 00
	Total Program inpatient costs (sum of lines			ons)		75, 389, 740	•
	PASS THROUGH COST ADJUSTMENTS					T	
50. 00	Pass through costs applicable to Program inpa	atient routine	services (from	n Wkst. D, sum	of Parts I and	2, 784, 390	50.00
51. 00	Pass through costs applicable to Program inp	atient ancillar	y services (fr	om Wkst. D, s	um of Parts II	1, 607, 408	51.00
	and IV)		•				
52. 00 53. 00	Total Program excludable cost (sum of lines ! Total Program inpatient operating cost exclu		lated non nh	eician anoc+h	atist and	4, 391, 798	1
55.00	medical education costs (line 49 minus line		гатей, поп-рпу	rsiciali alleSTI	cust, dilu	70, 997, 942	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION	,					
	Program di scharges					0	
55. 00 56. 00	Target amount per discharge Target amount (line 54 x line 55)					0.00	1
57. 00	,	ing cost and ta	rget amount (I	ine 56 minus	line 53)		
58. 00	Bonus payment (see instructions)	· ·			•	0	
59. 00	Lesser of lines 53/54 or 55 from the cost re	porting period	endi ng 1996, ι	updated and co	mpounded by the	0.00	59. 00
60. 00	market basket Lesser of lines 53/54 or 55 from prior year	cost report. up	dated by the m	narket basket		0.00	60.00
61. 00	If line 53/54 is less than the lower of line				the amount by	0	1
	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 instructions) 62.00 Relief payment (see instructions)						62. 00
	Allowable Inpatient cost plus incentive payment	ent (see instru	ctions)			0 0	
	PROGRAM INPATIENT ROUTINE SWING BED COST					1	
64. 00	Medicare swing-bed SNF inpatient routine cosinstructions)(title XVIII only)	ts through Dece	mber 31 of the	e cost reporti	ng period (See	0	64. 00
65. 00	Medicare swing-bed SNF inpatient routine cos	ts after Decemb	er 31 of the c	ost reporting	period (See	0	65. 00
	instructions)(title XVIII only)						
66. 00	Total Medicare swing-bed SNF inpatient routing CAH (see instructions)	ne costs (line	64 plus line 6	55)(title XVII	I only). For	0	66. 00
67. 00	Title V or XIX swing-bed NF inpatient routing	e costs through	December 31 c	of the cost re	portina period	0	67. 00
	(line 12 x line 19)	9					
68. 00	Title V or XIX swing-bed NF inpatient routing	e costs after D	ecember 31 of	the cost repo	rting period	0	68. 00
69. 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routine costs (line 67 + line	e 68)		0	69. 00
	PART III - SKILLED NURSING FACILITY, OTHER NU	JRSING FACILITY	, AND ICF/IID	ONLY			
70.00	Skilled nursing facility/other nursing facili	-					70.00
71. 00 72. 00	Adjusted general inpatient routine service of Program routine service cost (line 9 x line		ine /U ÷ line	۷)			71. 00 72. 00
73. 00	Medically necessary private room cost applications		(line 14 x li	ne 35)			73. 00
74. 00	Total Program general inpatient routine serv	•					74. 00
75. 00	Capital-related cost allocated to inpatient	routine service	costs (from W	vorksheet B, P	art II, column		75. 00
76. 00	Per diem capital-related costs (line 75 ÷ li	ne 2)					76. 00
77. 00	Program capital-related costs (line 9 x line	76)					77. 00
	Inpatient routine service cost (line 74 minus		rovi don mass:	lc)			78.00
79. 00 80. 00	Aggregate charges to beneficiaries for excess Total Program routine service costs for compa				us line 79)		79. 00 80. 00
81. 00	Inpatient routine service cost per diem limit			. (70 11111			81.00
82. 00	Inpatient routine service cost limitation (I		•				82.00
83. 00 84. 00	Reasonable inpatient routine service costs (Program inpatient ancillary services (see in:		S)				83. 00 84. 00
84. 00 85. 00	Utilization review - physician compensation		ns)				85.00
	Total Program inpatient operating costs (sum	of lines 83 th					86. 00
07.00	PART IV - COMPUTATION OF OBSERVATION BED PASS						07.00
87. 00 88. 00	Total observation bed days (see instructions Adjusted general inpatient routine cost per		line 2)			7, 700 761. 91	1
	Observation bed cost (line 87 x line 88) (see	•	. 1 110 2)			5, 866, 707	
		•				•	

Health Financial Systems	BALL MEMORIAL HOSPITAL In Lieu of Fo				u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
				From 01/01/2016		
				To 12/31/2016	Date/Time Prep 5/22/2017 5:3	
		T: ±1 -	V(VI I I	11! 4-1		o piii
			XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2. 00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital -related cost	5, 074, 025	54, 272, 354	0. 09349	2 5, 866, 707	548, 490	90.00
91.00 Nursing School cost	0	54, 272, 354	0.00000	0 5, 866, 707	0	91.00
92.00 Allied health cost	0	54, 272, 354	0.00000	0 5, 866, 707	0	92.00
93.00 All other Medical Education	0	54, 272, 354	0.00000	0 5, 866, 707	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: 15-0089	Peri od: From 01/01/2016	Worksheet D-1
	Component CCN: 15-T089		
	Title XVIII	Subprovi der -	PPS

		II the Aviii	I RF	FF3	
	Cost Center Description				
	PART I - ALL PROVIDER COMPONENTS			1. 00	
	I NPATI ENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days			3, 974	1. 00
2.00	Inpatient days (including private room days, excluding swing-l Private room days (excluding swing-bed and observation bed day			3, 974	2.00
3. 00	do not complete this line.	(S). If you have only pri	vate room days,	0	3. 00
4.00	Semi-private room days (excluding swing-bed and observation be	ed days)		3, 974	4. 00
5.00	Total swing-bed SNF type inpatient days (including private roo	om days) through December	31 of the cost	0	5. 00
6. 00	reporting period Total swing-bed SNF type inpatient days (including private room	om days) after December 3	R1 of the cost	0	6. 00
0.00	reporting period (if calendar year, enter 0 on this line)	days) arter becember t	or or the cost	O	0.00
7. 00	Total swing-bed NF type inpatient days (including private room	n days) through December	31 of the cost	0	7. 00
8. 00	reporting period Total swing-bed NF type inpatient days (including private room	a days) after December 21	l of the cost	0	8. 00
0.00	reporting period (if calendar year, enter 0 on this line)	days) at tel becember 3	or the cost	O	0.00
9. 00	Total inpatient days including private room days applicable to	the Program (excluding	swi ng-bed and	3, 008	9. 00
10. 00	<pre>newborn days) Swing-bed SNF type inpatient days applicable to title XVIII or</pre>	oly (including private re	oom days)	0	10. 00
10.00	through December 31 of the cost reporting period (see instructions)		Joili days)	U	10.00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private ro	oom days) after	0	11. 00
12. 00	December 31 of the cost reporting period (if calendar year, en Swing-bed NF type inpatient days applicable to titles V or XI)		room days)	0	12. 00
12.00	through December 31 of the cost reporting period	t only (frictually private	e room days)	U	12.00
13.00	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 you medically personally property private room days applicable to the Program	*	, I	0	14. 00
15. 00	Medically necessary private room days applicable to the Progra Total nursery days (title V or XIX only)	ill (excluding swing-bed to	lays)	0	15. 00
16. 00	Nursery days (title V or XIX only)			0	16. 00
17.00	SWING BED ADJUSTMENT	- +b	T	0.00	17.00
17. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es through becember 31 of	the cost	0.00	17. 00
18. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of t	the cost	0. 00	18. 00
19. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	through Docombon 21 of	the cost	0.00	19. 00
17.00	reporting period	s through becember 31 of	the cost	0.00	19.00
20. 00	Medicaid rate for swing-bed NF services applicable to services	after December 31 of th	ne cost	0. 00	20. 00
21. 00	reporting period Total general inpatient routine service cost (see instructions	5)		3, 932, 023	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December		ng period (line	0	22. 00
22.00	5 x line 17)	21 -6 +1++		0	22.00
23. 00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reporting	j period (iine o	U	23. 00
24.00	Swing-bed cost applicable to NF type services through December	31 of the cost reportir	ng period (line	0	24. 00
25. 00	7 x line 19) Swing-bed cost applicable to NF type services after December :	21 of the cost reporting	noried (line 9	0	25. 00
23.00	x line 20)	of the cost reporting	perrou (Trile 6	U	25.00
26. 00	Total swing-bed cost (see instructions)			0	
27. 00	General inpatient routine service cost net of swing-bed cost PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(line 21 minus line 26)		3, 932, 023	27. 00
28. 00	General inpatient routine service charges (excluding swing-bed	d and observation bed cha	arges)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)			0	
30.00	Semi -pri vate room charges (excluding swing-bed charges)	1		0	30.00
31. 00 32. 00	General inpatient routine service cost/charge ratio (line 27	- IIne 28)		0.000000	
32.00	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0. 00 0. 00	
34. 00	Average per diem private room charge differential (line 32 mi)	nus lina 33)(saa instruct	tions)	0.00	
35. 00	Average per diem private room cost differential (line 34 x line)	, ,	11 0113)	0.00	
36. 00	Private room cost differential adjustment (line 3 x line 35)	,		0.00	36. 00
37. 00	General inpatient routine service cost net of swing-bed cost	and private room cost dif	ferential (line	3, 932, 023	
	27 minus line 36)		,	, . = -	
	PART II - HOSPITAL AND SUBPROVIDERS ONLY	ICTMENTS			
38. 00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU Adjusted general inpatient routine service cost per diem (see		T	989. 44	38. 00
39. 00	Program general inpatient routine service cost per diem (see			2, 976, 236	
40. 00	Medically necessary private room cost applicable to the Progra			0	40. 00
	Total Program general inpatient routine service cost (line 39	,		2, 976, 236	

Heal th	Financial Systems	BALL MEMORIAL	HOSPI TAL		In Li∈	eu of Form CMS-	<u> 2552-10</u>
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der Co		Period: From 01/01/2016		
			· ·	CCN: 15-T089	To 12/31/2016	5/22/2017 5:3	
			Title	· XVIII	Subprovi der - I RF	PPS	
	Cost Center Description	Total Inpatient Costl	Total npatient Days	Average Per Diem (col. 1 col. 2)	3	Program Cost (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	0	0	•		l .	
44. 00 45. 00	NEONATAL INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT	0	0	0. (00 0	0	44. 00 45. 00
46. 00	SURGI CAL INTENSIVE CARE UNIT						46. 00
47. 00	OTHER SPECIAL CARE (SPECIFY) Cost Center Description						47. 00
	·					1.00	
48. 00 49. 00	Program inpatient ancillary service cost (Wks Total Program inpatient costs (sum of lines			ine)		1, 749, 300 4, 725, 536	
47.00	PASS THROUGH COST ADJUSTMENTS	+1 till ough 40) (3	ee mstructro	113)		4, 723, 330	47.00
50.00	Pass through costs applicable to Program inpa	atient routine s	ervices (from	ı Wkst. D, sur	m of Parts I and	276, 074	50.00
51. 00	Pass through costs applicable to Program inpa	atient ancillary	services (fr	om Wkst. D, s	sum of Parts II	61, 837	51.00
52. 00	and IV) Total Program excludable cost (sum of lines!	50 and 51)				337, 911	52. 00
53. 00	Total Program inpatient operating cost exclude	ding capital rel	ated, non-phy	sician anestl	netist, and	4, 387, 625	
	medical education costs (line 49 minus line ! TARGET AMOUNT AND LIMIT COMPUTATION	52)					
54.00	Program di scharges					0	
55. 00 56. 00	Target amount per discharge Target amount (line 54 x line 55)					0.00	55. 00 56. 00
57. 00	Difference between adjusted inpatient operati	ng cost and tar	get amount (I	ine 56 minus	line 53)	0	1
58.00						0 0.00	
59.00	59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59. 00
60.00	60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	
61.00	61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target					0	61. 00
62. 00	amount (line 56), otherwise enter zero (see i Relief payment (see instructions)	nstructions)				0	62. 00
63. 00	Allowable Inpatient cost plus incentive payme	ent (see instruc	tions)			ő	
64. 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cos	ts through Decem	her 31 of the	cost renorti	ing period (See	0	64. 00
	instructions)(title XVIII only)					0	
65. 00	Medicare swing-bed SNF inpatient routine cosinstructions)(title XVIII only)						
66. 00	Total Medicare swing-bed SNF inpatient routing CAH (see instructions)	ne costs (line 6	4 plus line 6	5)(title XVII	II only). For	0	66. 00
67. 00	Title V or XIX swing-bed NF inpatient routing (line 12 x line 19)	e costs through	December 31 o	of the cost re	eporting period	0	67. 00
68. 00	Title V or XIX swing-bed NF inpatient routing	e costs after De	cember 31 of	the cost repo	orting period	0	68. 00
69. 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient I	routine costs (I	ine 67 + line	68)		0	69. 00
70. 00	PART III - SKILLED NURSING FACILITY, OTHER NU Skilled nursing facility/other nursing facili				<u> </u>	<u> </u>	70. 00
71. 00	Adjusted general inpatient routine service co	ost per diem (li			,		71. 00
72. 00 73. 00	Program routine service cost (line 9 x line Medically necessary private room cost applications)	,	(line 14 v li	ne 35)			72. 00 73. 00
74. 00	Total Program general inpatient routine servi		•				74.00
75. 00	Capital-related cost allocated to inpatient (26, line 45)	routine service	costs (from W	lorksheet B, I	Part II, column		75. 00
76. 00	Per diem capital-related costs (line 75 ÷ li	,					76. 00
77. 00 78. 00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minus						77. 00 78. 00
79. 00	Aggregate charges to beneficiaries for excess	s costs (from pr					79. 00
80. 00 81. 00	Total Program routine service costs for compa Inpatient routine service cost per diem limi		st limitation	ı(line 78 min	nus line 79)		80. 00 81. 00
82. 00	Inpatient routine service cost limitation (li	ne 9 x line 81)					82. 00
83. 00 84. 00	Reasonable inpatient routine service costs (Program inpatient ancillary services (see in)				83. 00 84. 00
85. 00			s)				85. 00
86. 00			ough 85)				86. 00
87. 00	PART IV - COMPUTATION OF OBSERVATION BED PASS Total observation bed days (see instructions)					0	87. 00
88.00	Adjusted general inpatient routine cost per of		line 2)				88. 00 89. 00
07. UU	Observation bed cost (line 87 x line 88) (see	a matructions)				1	J 07. UU

Health Financial Systems	BALL MEMORIA	BALL MEMORIAL HOSPITAL			In Lieu of Form CMS-2	
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
		Component (From 01/01/2016 To 12/31/2016		
		Title	XVIII	Subprovi der – I RF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	col umn 1 ÷ col umn 2	Total Observation Bed Cost (from	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions) 5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH O		2.00	0.00	1. 00	0.00	
90.00 Capital -related cost	364, 728	3, 932, 023	0. 09275	8 0	0	90. 00
91.00 Nursing School cost	0	3, 932, 023	0.00000	0	0	91. 00
92.00 Allied health cost	0	3, 932, 023			0	92.00
93.00 All other Medical Education	0	3, 932, 023	0.00000	0 0	0	93. 00

Health Financial Systems	BALL MEMORIAL HOSP	PI TAL	In Lieu	u of Form CMS-2	552-10
COMPUTATION OF INPATIENT OPERATING COST	Pr	ovider CCN: 15-0089	Period: From 01/01/2016	Worksheet D-1	
			To 12/31/2016	Date/Time Prep 5/22/2017 5:35	pared: pm
		Title XIX	Hospi tal	Cost	
Cost Center Description					
				1. 00	
PART I - ALL PROVIDER COMPONENTS					
INDATIENT DAYS					

	Title XIX	Hospi tal	Cost	
	Cost Center Description		1. 00	
	PART I - ALL PROVIDER COMPONENTS		1.00	
	I NPATI ENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		71, 232	1. 00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		71, 232	2. 00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only priva	ite room days,	0	3. 00
4. 00	do not complete this line. Semi-private room days (excluding swing-bed and observation bed days)		63, 532	4. 00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 3	11 of the cost	03, 532	5.00
0.00	reporting period	in or the cost	G	0.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31	of the cost	0	6. 00
	reporting period (if calendar year, enter 0 on this line)			
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 31 o	of the cost	0	8. 00
0.00	reporting period (if calendar year, enter 0 on this line)	in the cost	O	0.00
9.00	Total inpatient days including private room days applicable to the Program (excluding sw	ing-bed and	889	9. 00
	newborn days)			
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room	n days)	0	10. 00
11. 00	through December 31 of the cost reporting period (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII only (including private room	days) after	0	11. 00
11.00	December 31 of the cost reporting period (if calendar year, enter 0 on this line)	luays) arter	U	11.00
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private r	oom days)	0	12.00
	through December 31 of the cost reporting period			
13. 00		room days)	0	13. 00
14. 00	after December 31 of the cost reporting period (if calendar year, enter 0 on this line) Medically necessary private room days applicable to the Program (excluding swing-bed day	(C)	0	14. 00
15. 00		(5)	2, 715	
16. 00			1, 475	
	SWING BED ADJUSTMENT	,		
17. 00		he cost	0.00	17. 00
40.00	reporting period		0.00	40.00
18. 00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the reporting period	e cost	0.00	18. 00
19. 00	Medicaid rate for swing-bed NF services applicable to services through December 31 of th	ne cost	0.00	19. 00
	reporting period		2.22	
20. 00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the	cost	0.00	20. 00
21 00	reporting period		E4 2/7 010	21 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 reporting	noried (line	54, 267, 919 0	21. 00 22. 00
22.00	5 x line 17)	perrou (Trile	U	22.00
23. 00		eriod (line 6	0	23. 00
	x line 18)	_		
24. 00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting	period (line	0	24. 00
25. 00	7 x line 19) Swing-bed cost applicable to NF type services after December 31 of the cost reporting pe	riod (line 8	0	25. 00
23.00	x line 20)	irod (irile o	O	23.00
26.00			0	26. 00
27. 00			54, 267, 919	27. 00
00.00	PRI VATE ROOM DI FFERENTI AL ADJUSTMENT	` `	-	00.00
28. 00 29. 00		jes)	0	28. 00 29. 00
30.00			0	30.00
31. 00			0. 000000	
32. 00			0.00	1
33. 00			0.00	
34. 00		ons)	0. 00	
35.00			0. 00	
36. 00 37. 00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost and private room cost diffe	rential (line	0 54, 267, 919	36. 00 37. 00
37.00	27 minus line 36)	a circiai (i i ile	34, 201, 719	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY			
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38. 00			761. 85	
39. 00			677, 285	
40. 00 41. 00	Medically necessary private room cost applicable to the Program (line 14 x line 35) Total Program general inpatient routine service cost (line 39 + line 40)		0 677, 285	40.00
71.00	Trotal trogiam general impatient routine service cost (Time 37 + Time 40)	I	011, 200	71.00

	Financial Systems	BALL MEMORIA				eu of Form CMS-2	
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der CO		Peri od: From 01/01/2016	Worksheet D-1	
					To 12/31/2016	Date/Time Pre 5/22/2017 5:3	pared: 5 pm
				e XIX	Hospi tal	Cost	<u> </u>
	Cost Center Description	Total	Total Inpatient Days	Average Per	Program Days	Program Cost (col. 3 x col.	
		Impatrent cost	Impatrent bays	col. 2)	÷	4)	
10.00	Lungaray (IIIII III A WAY	1.00	2.00	3.00	4.00	5. 00	10.00
42.00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	1, 431, 549	2, 715	527. 2	1, 475	777, 723	42.00
43.00	INTENSIVE CARE UNIT	15, 790, 278	10, 953	1, 441. 6	4 854	1, 231, 161	43. 00
44.00	NEONATAL INTENSIVE CARE UNIT	3, 698, 319	3, 197	1, 156. 8	293	338, 945	
45. 00 46. 00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT						45. 00 46. 00
	OTHER SPECIAL CARE (SPECIFY)						47. 00
	Cost Center Description					1. 00	
48. 00	Program inpatient ancillary service cost (Wk:	st. D-3, col. 3	3, line 200)			1, 655, 922	48. 00
49. 00	Total Program inpatient costs (sum of lines			ns)		4, 681, 036	
50. 00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program input	ationt routing	sorvices (from	Wkst D sum	of Parts L and	0	50.00
30.00	[111]	attent routine	services (110m	WKSt. D, Suiii	OI FAILS I AIIU		30.00
51. 00	Pass through costs applicable to Program inp	atient ancillar	y services (fr	om Wkst. D, s	um of Parts II	0	51. 00
52. 00	and IV) Total Program excludable cost (sum of lines!	50 and 51)				0	52.00
53. 00	Total Program inpatient operating cost exclu	ding capital re	elated, non-phy	sician anesth	etist, and	0	
	medical education costs (line 49 minus line ! TARGET AMOUNT AND LIMIT COMPUTATION	52)					
54.00	Program discharges					0	54.00
	Target amount per discharge					l e	55. 00
56. 00 57. 00	Target amount (line 54 x line 55) Difference between adjusted inpatient operati	ing cost and ta	arget amount (1	ine 56 minus	line 53)	0 0	56. 00 57. 00
58. 00	Bonus payment (see instructions)	ing cost and to	inger amount (i	THE 30 III HG3	11116 33)	Ö	
59. 00	Lesser of lines 53/54 or 55 from the cost re	porting period	endi ng 1996, u	pdated and co	mpounded by the	0.00	59. 00
60. 00	market basket Lesser of lines 53/54 or 55 from prior year	cost report. un	odated by the m	arket basket		0.00	60.00
61. 00	If line 53/54 is less than the lower of line	s 55, 59 or 60	enter the less	er of 50% of		0	
	which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						
62. 00	Relief payment (see instructions)	ilisti ucti olis)				0	62. 00
63. 00	Allowable Inpatient cost plus incentive payme	ent (see instru	ıctions)			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 reporti	na period (See	0	64. 00
	instructions)(title XVIII only)	Ü		·			
65. 00	Medicare swing-bed SNF inpatient routine cosinstructions)(title XVIII only)	ts after Decemb	er 31 of the c	ost reporting	peri od (See	0	65. 00
66. 00	Total Medicare swing-bed SNF inpatient routing	ne costs (line	64 plus line 6	5)(title XVII	I only). For	0	66. 00
67. 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routing	o costs through	Docombor 21 o	f the cost re	porting ported	0	67. 00
67.00	(line 12 x line 19)	e costs till ougi	i beceiliber 31 0	T the cost re	portring perrou		67.00
68. 00	Title V or XIX swing-bed NF inpatient routing	e costs after D	ecember 31 of	the cost repo	rting period	0	68. 00
69 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routine costs (line 67 + line	68)		0	69. 00
	PART III - SKILLED NURSING FACILITY, OTHER NU	JRSING FACILITY	, AND ICF/IID	ONLY			
70. 00 71. 00	Skilled nursing facility/other nursing facili Adjusted general inpatient routine service of	,		, ,			70.00
72. 00	Program routine service cost (line 9 x line		The 70 - Time	2)			72.00
73.00	Medically necessary private room cost application			ne 35)			73. 00
74. 00 75. 00	Total Program general inpatient routine servicapital-related cost allocated to inpatient	•		orksheet B P	art II column		74. 00 75. 00
70.00	26, line 45)	routine service	, 00313 (110 11	or Rancet B, T	are rr, coramir		70.00
76.00	Per diem capital related costs (line 75 ÷ line	. *					76.00
77. 00 78. 00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minus						77. 00 78. 00
79. 00	Aggregate charges to beneficiaries for excess	s costs (from p					79. 00
80. 00 81. 00	Total Program routine service costs for compa Inpatient routine service cost per diem limi		cost limitation	(line 78 min	us line 79)		80. 00 81. 00
81.00	Inpatient routine service cost per diem inm Inpatient routine service cost limitation ()				82.00
83. 00	Reasonable inpatient routine service costs (see instruction	* .				83. 00
84. 00 85. 00	Program inpatient ancillary services (see in: Utilization review - physician compensation		nns)				84. 00 85. 00
86. 00							86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS	S THROUGH COST				F =	
87. 00 88. 00	Total observation bed days (see instructions Adjusted general inpatient routine cost per	•	- line 2)				87. 00 88. 00
	Observation bed cost (line 87 x line 88) (see	•				5, 866, 245	1

Health Financial Systems	BALL MEMORIAL	_ HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
				From 01/01/2016		
				To 12/31/2016	Date/Time Prep 5/22/2017 5:3	
		T: +1	- VIV	11		o piii
			e XIX	Hospi tal	Cost	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital -related cost	5, 074, 025	54, 267, 919	0. 09350	0 5, 866, 245	548, 494	90.00
91.00 Nursing School cost	0	54, 267, 919	0.00000	0 5, 866, 245	0	91.00
92.00 Allied health cost	0	54, 267, 919	0.00000	0 5, 866, 245	0	92.00
93.00 All other Medical Education	0	54, 267, 919	0.00000	0 5, 866, 245	0	93. 00

Health Financial Systems	BALL MEMORIAL H	IOSPI TAL		In Lie	u of Form CMS-2	2552-1
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provi der	CCN: 15-0089	Peri od: From 01/01/2016	Worksheet D-3	
				To 12/31/2016	Date/Time Pre 5/22/2017 5:3	
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description			Ratio of Cos	st Inpatient	Inpati ent	
·			To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
					2)	
			1.00	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS				80, 253, 172		30. (
21 OO O2100 INTENSIVE CARE UNIT			1	24 707 200		21 /

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program	Inpatient Program Costs	
		10 charges	Charges	(col. 1 x col.	
			g	2)	
		1.00	2. 00	3. 00	
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS				
30.00	03000 ADULTS & PEDI ATRI CS		80, 253, 172		30.00
31.00	03100 I NTENSI VE CARE UNI T		31, 706, 280		31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT		0		32.00
40.00	04000 SUBPROVI DER - I PF		0		40.00
41.00	04100 SUBPROVI DER - I RF		0		41.00
43.00	04300 NURSERY				43.00
	ANCI LLARY SERVI CE COST CENTERS				
50.00	O5000 OPERATI NG ROOM	0. 100163	45, 781, 298	4, 585, 592	50.00
51.00	05100 RECOVERY ROOM	0. 181031	4, 581, 538	829, 400	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0. 172716	193, 689	33, 453	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 100614	27, 494, 004	2, 766, 282	54.00
57.00	03280 EKG AND EEG	0. 026666	1, 723, 833	45, 968	57.00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0.000000	0	0	58.00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0. 067443	18, 847, 241	1, 271, 114	59.00
60.00	06000 LABORATORY	0. 118336	29, 299, 093	3, 467, 137	60.00
60. 01	06001 BLOOD LABORATORY	0.000000	0	0	60. 01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0. 289863	2, 979, 284	863, 584	63.00
65.00	06500 RESPI RATORY THERAPY	0. 256301	10, 667, 724	2, 734, 148	65.00
65. 01	06501 SLEEP LAB	0. 095567	5, 292	506	65. 01
66.00	06600 PHYSI CAL THERAPY	0. 332189	3, 311, 200	1, 099, 944	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0. 223906	915, 516	204, 990	67. 00
68.00	06800 SPEECH PATHOLOGY	0. 196978	999, 273	196, 835	68. 00
68. 01	06801 AUDI OLOGY	0.000000	0	0	68. 01
69.00	06900 ELECTROCARDI OLOGY	0. 080961	18, 286, 492	1, 480, 493	69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 293936	10, 272, 092		71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	0. 217538	36, 247, 149	7, 885, 132	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 167957	48, 669, 134	8, 174, 322	73.00
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	1. 292731	0	0	73. 01
74.00	07400 RENAL DI ALYSI S	0. 410939	2, 311, 134	949, 735	74. 00
76.00	03160 CARDI OPULMONARY	0.000000	0	0	76. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	0. 267734	529, 134	141, 667	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0. 127940	135, 559	17, 343	76. 98
	OUTPATIENT SERVICE COST CENTERS		·		
90.00	09000 CLI NI C	0.000000	0	0	90. 00
90. 02	09002 PAIN CLINIC	0. 279145	539	150	90. 02
90. 03	09003 ONCOLOGY CLINIC	0. 071678	83, 807	6, 007	90. 03
91.00	09100 EMERGENCY	0. 094269	30, 878, 709	2, 910, 905	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 234627	813, 991		92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0. 369236	426, 482	157, 473	92. 01
	OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVI CES				95.00
200.00			295, 453, 207	43, 032, 502	
201.00			0		201. 00
202.00			295, 453, 207		202. 00
	, , , , , , , , , , , , , , , , , , , ,				•

ealth Financial Systems BALL NPATIENT ANCILLARY SERVICE COST APPORTIONMENT	MEMORIAL HOSPITAL Provider CO	CN: 15-0089	Peri od:	eu of Form CMS-: Worksheet D-3	
SERVICE SSST ALL ONLY ONNERS			From 01/01/2016		
	Component	CCN: 15-T089	To 12/31/2016	Date/Time Pre 5/22/2017 5:3	
	Title	: XVIII	Subprovi der – I RF	PPS	
Cost Center Description	•	Ratio of Cos	t Inpatient	Inpati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
		1.00	2. 00	2) 3. 00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS		1.00	2.00	3.00	
D. 00 03000 ADULTS & PEDIATRICS			0		30.
1.00 03100 NTENSIVE CARE UNIT			o o		31.
2.00 02060 NEONATAL INTENSIVE CARE UNIT			0		32.
D. 00 04000 SUBPROVIDER - IPF			0		40.
1.00 04100 SUBPROVI DER - I RF			7, 229, 414		41.
3. 00 04300 NURSERY					43.
ANCILLARY SERVICE COST CENTERS					
0. 00 05000 OPERATI NG ROOM		0. 10016			
I. 00 05100 RECOVERY ROOM		0. 18103	· ·		
2.00 05200 DELIVERY ROOM & LABOR ROOM		0. 1727		0	
1. 00 05400 RADI OLOGY-DI AGNOSTI C 1. 00 03280 EKG AND EEG		0. 10061	· ·		
7.00 03280 EKG AND EEG 3.00 05800 MAGNETIC RESONANCE IMAGING (MRI)		0. 02666 0. 00000	· ·	681	1
2. 00 05900 CARDI AC CATHETERI ZATI ON		0.06744		0	
0. 00 06000 LABORATORY		0. 11833			
0. 01 06001 BLOOD LABORATORY		0. 00000		, 2, 210	1
3. 00 06300 BLOOD STORING, PROCESSING, & TRANS.		0. 28986		2, 733	
5. 00 06500 RESPIRATORY THERAPY		0. 25630		44, 961	65
5. 01 06501 SLEEP LAB		0. 09556	67 0	0	65
0. 00 06600 PHYSI CAL THERAPY		0. 33218	1, 954, 235	649, 175	66
7. 00 06700 OCCUPATIONAL THERAPY		0. 22390			
B. 00 06800 SPEECH PATHOLOGY		0. 19697			
8. 01 06801 AUDI OLOGY		0.00000		0	
2. 00 06900 ELECTROCARDI OLOGY		0.08096	· ·		
.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 2.00 07200 IMPL. DEV. CHARGED TO PATIENT		0. 29393 0. 21753			
B. 00 07200 TMPL. DEV. CHARGED TO PATTENT		0. 21753		249, 676	1
3. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES		1. 29273		249, 070	
1. 00 07400 RENAL DIALYSIS		0. 41093			
5. 00 03160 CARDI OPULMONARY		0. 00000	· ·		
. 97 07697 CARDIAC REHABILITATION		0. 26773		0	
o. 98 07698 HYPERBARI C OXYGEN THERAPY		0. 12794	10 0	0	76
OUTPATIENT SERVICE COST CENTERS					
0. 00 09000 CLI NI C		0.00000			
0. 02 09002 PALN CLINIC		0. 27914			1
0. 03 09003 0NCOLOGY CLINIC		0. 07167			
1. 00 09100 EMERGENCY		0.09426			1
2. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 23462			
2. O1 O9201 OBSERVATI ON BEDS (DI STINCT PART) OTHER REIMBURSABLE COST CENTERS		0. 36923	36 0	0	92
5. 00 09500 AMBULANCE SERVICES		1		I	95

95. 00 1, 749, 300 200. 00 201. 00

202. 00

7, 727, 025

7, 727, 025

95. 00 09500 AMBULANCE SERVICES
200. 00 Total (sum of lines 50-94 and 96-98)
Less PBP Clinic Laboratory Services-Program only charges (line 61)

Net Charges (line 200 minus line 201)

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lieu of Form CMS-2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Period: Worksheet D-3 From 01/01/2016

I NPATI EN	NT ANCILLARY SERVICE COST APPORTIONMENT	rovider Co	CN: 15-0089	Peri od:	Worksheet D-3	
				From 01/01/2016 To 12/31/2016	Date/Time Pre	pared.
					5/22/2017 5: 3	
		Ti tl	e XIX	Hospi tal	Cost	
	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	
	NPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	
	3000 ADULTS & PEDI ATRI CS			3, 995, 129		30. 00
	3100 INTENSIVE CARE UNIT			1, 589, 500		31.00
32.00 0	2060 NEONATAL INTENSIVE CARE UNIT			1, 691, 825		32. 00
40.00 0	4000 SUBPROVI DER - I PF			0		40.00
	4100 SUBPROVI DER - I RF			26, 400		41.00
	4300 NURSERY			564, 771		43.00
	NCI LLARY SERVI CE COST CENTERS					
	5000 OPERATING ROOM		0. 1001		115, 353	50.00
	5100 RECOVERY ROOM		0. 1810		23, 901	51.00
	5200 DELIVERY ROOM & LABOR ROOM		0. 1727		157, 433	
	5400 RADI OLOGY-DI AGNOSTI C		0. 1006		97, 798	
	3280 EKG AND EEG 5800 MAGNETIC RESONANCE IMAGING (MRI)		0. 0266 0. 0000		1, 074 0	57. 00 58. 00
	5900 CARDI AC CATHETERI ZATI ON		0.0674		9, 991	59.00
	6000 LABORATORY		0. 0074		181, 237	60.00
	6001 BLOOD LABORATORY		0. 0000		101, 237	60. 01
	6300 BLOOD STORING, PROCESSING, & TRANS.		0. 2849		17, 158	
	6500 RESPI RATORY THERAPY		0. 2563		182, 568	65. 00
	6501 SLEEP LAB		0. 0953		0	65. 01
	6600 PHYSI CAL THERAPY		0. 3321		31, 507	66.00
	6700 OCCUPATI ONAL THERAPY		0. 2239		11, 673	67. 00
68.00 0	6800 SPEECH PATHOLOGY		0. 1969	78 87, 221	17, 181	68. 00
68. 01 0	6801 AUDI OLOGY		0.0000	00	0	68. 01
69.00 0	6900 ELECTROCARDI OLOGY		0. 0809	580, 165	46, 971	69. 00
	7100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 2939		90, 792	
	7200 IMPL. DEV. CHARGED TO PATIENT		0. 2175		69, 826	
	7300 DRUGS CHARGED TO PATIENTS		0. 1679		470, 328	
	7301 HOSPITAL BASED RETAIL PHARMACIES		1. 2927		0	73. 01
	7400 RENAL DI ALYSI S		0. 4109		23, 835	
	3160 CARDI OPULMONARY		0.0000		0	76. 00
	7697 CARDI AC REHABI LI TATI ON		0. 2677		530	76. 97
	7698 HYPERBARIC OXYGEN THERAPY UTPATIENT SERVICE COST CENTERS		0. 1279	40 0	0	76. 98
	9000 CLINIC		0.0000	00 0	0	90. 00
	9002 PAIN CLINIC		0. 2791		0	90.00
90. 03 0	9003 ONCOLOGY CLINIC		0. 0716		0	90. 03
	9100 EMERGENCY		0. 0942		101, 056	91.00
	9200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 2346		1, 419	
	9201 OBSERVATION BEDS (DISTINCT PART)		0. 3692		4, 291	92. 01
	THER REIMBURSABLE COST CENTERS					
	9500 AMBULANCE SERVICES					95. 00
200.00	Total (sum of lines 50-94 and 96-98)			11, 059, 569	1, 655, 922	200. 00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201. 00
202.00	Net Charges (line 200 minus line 201)			11, 059, 569		202. 00

NPATIENT ANCILLARY SERVICE COST APPORTIONMENT		CCN: 15-0089 CCN: 15-T089	Peri od: From 01/01/2016 To 12/31/2016		pared:
	Tit	le XIX	Subprovi der -	5/22/2017 5: 3 Cost	5 pm
Cost Center Description		Ratio of Cos	TRF t Inpatient	Inpati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
				2)	
UNDATIONT DOUTING CERVICE COCT CENTERS		1.00	2. 00	3. 00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 0.00 03000 ADULTS & PEDI ATRI CS		T	0		30.0
1.00 03100 NTENSI VE CARE UNI T			0		31. 0
2. 00 02060 NEONATAL NTENSI VE CARE UNIT			0		32. 0
0. 00 04000 SUBPROVI DER - PF			0		40. 0
1. 00 04100 SUBPROVI DER - RF			26, 400		41.0
3. 00 04300 NURSERY			0		43.0
ANCILLARY SERVICE COST CENTERS					
0.00 05000 OPERATING ROOM		0. 10015	0	0	50. C
1. 00 05100 RECOVERY ROOM		0. 18103		0	
2. 00 05200 DELIVERY ROOM & LABOR ROOM		0. 17271		0	
4. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 10061		0	
7. 00 03280 EKG AND EEG		0. 02666		0	1
8.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 9.00 05900 CARDIAC CATHETERIZATION		0.00000		0	
9. 00 05900 CARDI AC CATHETERI ZATI ON 0. 00 06000 LABORATORY		0. 06744 0. 11790		111	
0. 01 06000		0. 00000		0	1
3. 00 06300 BLOOD STORING, PROCESSING, & TRANS.		0. 28490		Ö	1
5. 00 06500 RESPI RATORY THERAPY		0. 25630		175	
5. 01 06501 SLEEP LAB		0. 09537		0	65. (
6. 00 06600 PHYSI CAL THERAPY		0. 33218	7, 149	2, 375	66. (
7. 00 06700 OCCUPATI ONAL THERAPY		0. 22390		1, 920	
8. 00 06800 SPEECH PATHOLOGY		0. 19697		754	1
8. 01 06801 AUDI OLOGY		0.00000		0	
9. 00 06900 ELECTROCARDI OLOGY		0.08096		0	1
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 2.00 07200 IMPL. DEV. CHARGED TO PATIENT		0. 29393 0. 21753		939	1 .
3. 00 07300 DRUGS CHARGED TO PATTENTS		0. 21753		0 1, 283	1
3. 01 07300 brood charded to tattents 3. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES		1. 29273		1, 203	1
4. 00 07400 RENAL DI ALYSI S		0. 41093		Ö	
6. 00 03160 CARDI OPULMONARY		0.00000		0	1
6. 97 07697 CARDI AC REHABI LI TATI ON		0. 26773	0	0	76.
6. 98 07698 HYPERBARI C OXYGEN THERAPY		0. 12794	0 0	0	76. ^c
OUTPATIENT SERVICE COST CENTERS					
0. 00 09000 CLI NI C		0.00000		0	
0. 02 09002 PAIN CLINIC		0. 27914		0	
0. 03 09003 0NCOLOGY CLI NI C		0.07167		0	
1.00 09100 EMERGENCY 2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 09426		0	
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 2.01 09201 OBSERVATION BEDS (DISTINCT PART)		0. 23462 0. 36923		0	
OTHER REIMBURSABLE COST CENTERS		0.30923	,0 0	<u> </u>	72.
5. 00 09500 AMBULANCE SERVICES		1			95. (

95.00 09500 AMBULANCE SERVICES
200.00 Total (sum of lines 50-94 and 96-98)
201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61)
202.00 Net Charges (line 200 minus line 201)

202. 00

95. 00 7, 557 200. 00 201. 00

32, 004 32, 004

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0089	Peri od: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/22/2017 5:35 pm

				5/22/2017 5: 3	5 pm
		Title XVIII	Hospi tal	PPS	
				1. 00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			1.00	
1.00	DRG Amounts Other than Outlier Payments			0	1. 00
1. 01	DRG amounts other than outlier payments for discharges occurring	g prior to October 1 (s	see	45, 487, 980	1. 01
1. 02	instructions) DRG amounts other than outlier payments for discharges occurring	g on or after October '	l (see	15, 428, 024	1. 02
1. 03	instructions) DRG for federal specific operating payment for Model 4 BPCI for	discharges occurring	orior to October	0	1. 03
1.04	1 (see instructions) DRG for federal specific operating payment for Model 4 BPCI for	di scharges occurri ng	on or after	0	1. 04
2. 00	October 1 (see instructions) Outlier payments for discharges. (see instructions)			938, 660	2. 00
2.01	Outlier reconciliation amount			0	2. 01
2.02	Outlier payment for discharges for Model 4 BPCI (see instruction	ns)		0	2. 02
3.00	Managed Care Simulated Payments			11, 973, 838	3. 00
4. 00	Bed days available divided by number of days in the cost report Indirect Medical Education Adjustment	ing period (see instru	ctions)	299. 02	4. 00
5. 00	FTE count for allopathic and osteopathic programs for the most or before 12/31/1996. (see instructions)	recent cost reporting p	period ending on	50. 70	5. 00
6. 00	FTE count for allopathic and osteopathic programs which meet the for new programs in accordance with 42 CFR 413.79(e)	e criteria for an add-o	on to the cap	0. 00	6. 00
7. 00	MMA Section 422 reduction amount to the IME cap as specified un	der 42 CFR §412.105(f)	(1) (i v) (B) (1)	0. 00	7. 00
7. 01	ACA Section 5503 reduction amount to the IME cap as specified u	nder 42 CFR §412.105(f)		0. 00	7. 01
8. 00	If the cost report straddles July 1, 2011 then see instructions Adjustment (increase or decrease) to the FTE count for allopath affiliated programs in accordance with 42 CFR 413.75(b), 413.79	ic and osteopathic prog		0. 00	8. 00
8. 01	1998), and 67 FR 50069 (August 1, 2002). The amount of increase if the hospital was awarded FTE cap slot:	s under section 5503 of	the ACA. If	12. 00	8. 01
8. 02	the cost report straddles July 1, 2011, see instructions. The amount of increase if the hospital was awarded FTE cap slot:	s from a closed teachin	ng hospital	0. 00	8. 02
9. 00	under section 5506 of ACA. (see instructions) Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines	(8, 8,01 and 8,02) (s	see	62. 70	9. 00
10. 00	instructions) FTE count for allopathic and osteopathic programs in the curren	t year from your record	ds	62. 82	10. 00
	FTE count for residents in dental and podiatric programs.				11. 00
12. 00	Current year allowable FTE (see instructions)			62. 70	
	Total allowable FTE count for the prior year.			61. 03	
14. 00	Total allowable FTE count for the penultimate year if that year otherwise enter zero.	ended on or after Sept	tember 30, 1997,	57. 23	14. 00
15. 00	Sum of lines 12 through 14 divided by 3.			60. 32	15. 00
16. 00	Adjustment for residents in initial years of the program			0.00	
17. 00	Adjustment for residents displaced by program or hospital closu	re			17. 00
18.00	Adjusted rolling average FTE count			60. 32	18. 00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0. 201726	19. 00
20.00	Prior year resident to bed ratio (see instructions)			0. 204237	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0. 201726	21. 00
22.00	IME payment adjustment (see instructions)			6, 353, 783	22. 00
22. 01	IME payment adjustment - Managed Care (see instructions)			1, 248, 919	22. 01
	Indirect Medical Education Adjustment for the Add-on for Section				
23. 00	Number of additional allopathic and osteopathic IME FTE residen $(f)(1)(iv)(C)$.	t cap slots under 42 Se	ec. 412.105	4. 00	23. 00
24.00	IME FTE Resident Count Over Cap (see instructions)			0. 12	24. 00
25. 00	If the amount on line 24 is greater than -O-, then enter the loginstructions)	wer of line 23 or line	24 (see	0. 12	
26. 00	Resident to bed ratio (divide line 25 by line 4)			0. 000401	26. 00
	IME payments adjustment factor. (see instructions)			0. 000107	27. 00
	IME add-on adjustment amount (see instructions)			6, 518	
	IME add-on adjustment amount - Managed Care (see instructions)			1, 281	
29. 00 29. 01	Total IME payment (sum of lines 22 and 28) Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			6, 360, 301 1, 250, 200	
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A pat	ient days (see instruct	tions)	6. 51	30. 00
	Percentage of Medicaid patient days (see instructions)			26. 69	31. 00
32.00	Sum of lines 30 and 31			33. 20	32.00
33.00	Allowable disproportionate share percentage (see instructions)			16. 61	33. 00
34.00	Disproportionate share adjustment (see instructions)			2, 529, 537	34.00
			·		

CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0089	Peri od: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prep 5/22/2017 5:3!	
		Title XVIII	Hospi tal	PPS	
			Prior to 10/1		
	Uncompensated Care Adjustment		1. 00	2. 00	
35. 00	Total uncompensated care amount (see instructions)		6, 406, 145, 534	5, 977, 483, 147	35. 00
35. 01	Factor 3 (see instructions)		0. 000546961	0. 000541810	35. 01
35. 02	Hospital uncompensated care payment (If line 34 is zero, ent	er zero on this line)	3, 503, 913	3, 238, 660	35. 02
35. 03	(see instructions) Pro rata share of the hospital uncompensated care payment amo	unt (see instructions)	2, 623, 148	816, 320	35. 03
36. 00	Total uncompensated care (sum of columns 1 and 2 on line 35.0	•	3, 439, 468		36.00
	Additional payment for high percentage of ESRD beneficiary di				
40. 00	Total Medicare discharges on Worksheet S-3, Part I excluding	discharges for MS-DRGs	0		40.00
41. 00	652, 682, 683, 684 and 685 (see instructions) Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 6	92 694 an 695 (soo	0		41.00
41.00	instructions)	63, 664 all 663. (See			41.00
41. 01	Total ESRD Medicare covered and paid discharges excluding MS-	DRGs 652, 682, 683, 684	0		41. 01
40.00	an 685. (see instructions)	e. e	0.00		40.00
42. 00 43. 00	Divide line 41 by line 40 (if less than 10%, you do not quali Total Medicare ESRD inpatient days excluding MS-DRGs 652, 68	, , , , , , , , , , , , , , , , , , ,	0.00		42. 00 43. 00
43.00	instructions)	2, 003, 004 an 003. (See			43.00
44. 00	Ratio of average length of stay to one week (line 43 divided	by line 41 divided by 7	0. 000000		44. 00
	days)				
45. 00 46. 00	Average weekly cost for dialysis treatments (see instructions Total additional payment (line 45 times line 44 times line 41		0.00		45. 00 46. 00
47. 00	Subtotal (see instructions)	. 01)	74, 183, 970		47.00
48. 00	Hospital specific payments (to be completed by SCH and MDH, s	mall rural hospitals	0		48. 00
	only. (see instructions)				
				Amount 1.00	
49. 00	Total payment for inpatient operating costs (see instructions)		75, 434, 170	49. 00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I an	•		5, 685, 045	
51. 00	Exception payment for inpatient program capital (Wkst. L, Pt.			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, li	ne 49 see instructions).		2, 472, 174	
53. 00 54. 00	Nursing and Allied Health Managed Care payment Special add-on payments for new technologies			0 12, 013	53. 00 54. 00
54. 01	Islet isolation add-on payment			0	54. 01
55. 00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 6			0	55. 00
56. 00	Cost of physicians' services in a teaching hospital (see intr	•		0	
57. 00 58. 00	Routine service other pass through costs (from Wkst. D, Pt. I Ancillary service other pass through costs from Wkst. D, Pt.		nrougn 35).	0	57. 00 58. 00
59. 00	Total (sum of amounts on lines 49 through 58)	17, 601. 11 11116 200)		83, 603, 402	
60.00	Primary payer payments			43, 575	1
61.00	Total amount payable for program beneficiaries (line 59 minus	line 60)		83, 559, 827	
62.00	Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries			6, 449, 800	1
63.00	Allowable bad debts (see instructions)			175, 476 467, 667	
	Adjusted reimbursable bad debts (see instructions)			303, 984	
	Allowable bad debts for dual eligible beneficiaries (see inst	ructions)		395, 385	66. 00
67. 00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			77, 238, 535	1
68.00	Credits received from manufacturers for replaced devices for	• •	· · · · · · · · · · · · · · · · · · ·	0	
69. 00 70. 00	Outlier payments reconciliation (sum of lines 93, 95 and 96). OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	(101 3011 SEE THE LINCTIONS	3 <i>)</i>	0	69. 00 70. 00
70. 50	RURAL DEMONSTRATION PROJECT			Ö	70. 50
70. 88	SCH or MDH volume decrease adjustment			0	
70. 89	Pioneer ACO demonstration payment adjustment amount (see inst	ructions)		0	
70. 90 70. 91	HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)			0	
70. 91	Bundled Model 1 discount amount (see instructions)			0	
70. 93	HVBP payment adjustment amount (see instructions)			-244, 824	70. 93

Heal th	Financial Systems BALL MEMORIAL I	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
	TION OF REIMBURSEMENT SETTLEMENT	Provider Co	CN: 15-0089	Peri od: From 01/01/2016 To 12/31/2016	Worksheet E Part A	pared:
		Title	: XVIII	Hospi tal	PPS	
			FFY	['] (уууу)	Amount	
				0	1. 00	
70. 96	Low volume adjustment for federal fiscal year (yyyy) (Enter i	n column 0		0	0	70. 96
	the corresponding federal year for the period prior to 10/1)					
	Low volume adjustment for federal fiscal year (yyyy) (Enter i			0	0	70. 97
	the corresponding federal year for the period ending on or af	ter 10/1)				
	Low Volume Payment-3				0	
	HAC adjustment amount (see instructions)				0	70. 99
	Amount due provider (line 67 minus lines 68 plus/minus lines	69 & 70)			76, 889, 573	1
	Sequestration adjustment (see instructions)				1, 537, 791	1
	Interim payments				74, 488, 991	
	Tentative settlement (for contractor use only)				0	
	Balance due provider (Program) (line 71 minus lines 71.01, 72				862, 791	
	Protested amounts (nonallowable cost report items) in accorda	nce with			648, 440	75. 00
	CMS Pub. 15-2, chapter 1, §115.2					
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		1		_	
	Operating outlier amount from Wkst. E, Pt. A, line 2 (see ins	tructions)			0	
	Capital outlier from Wkst. L, Pt. I, line 2				0	
	Operating outlier reconciliation adjustment amount (see instr				0	92.00
	Capital outlier reconciliation adjustment amount (see instruc				0	93. 00
	The rate used to calculate the time value of money (see instr				0. 00	
	Time value of money for operating expenses (see instructions)				0	95. 00
96. 00	Time value of money for capital related expenses (see instruc	tions)		1=	0	96. 00
				Prior to 10/1		
	100.0			1. 00	2. 00	
	HSP Bonus Payment Amount					
-	HSP bonus amount (see instructions)			0	0	100. 00
	HVBP Adjustment for HSP Bonus Payment					
	HVBP adjustment factor (see instructions)			0. 0000000000		
	HVBP adjustment amount for HSP bonus payment (see instruction	s)		0	0	102. 00
	HRR Adjustment for HSP Bonus Payment					
	HRR adjustment factor (see instructions)	`		0.0000	0.0000	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104. 00

In Lieu of Form CMS-2552-10

Period: Worksheet E
From 01/01/2016 Part A Exhibit 4
To 12/31/2016 Date/Time Prepared: 5/22/2017 5:35 pm Health Financial Systems

LOW VOLUME CALCULATION EXHIBIT 4 Provider CCN: 15-0089

					'	0 12/31/2016	5/22/2017 5: 3	
					XVIII	Hospi tal	PPS	
			Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
		line 0	E, Part A) 1.00	Entitlement 2.00	to 10/01 3.00	On/After 10/01 4.00	through 4) 5.00	
1.00	DRG amounts other than outlier		1.00	2.00	3.00		0.00	1. 00
	payments			J				
1. 01	DRG amounts other than outlier payments for discharges	1. 01	45, 487, 980	0	45, 487, 980		45, 487, 980	1. 01
1. 02	occurring prior to October 1 DRG amounts other than outlier payments for discharges occurring on or after October	1. 02	15, 428, 024	0		15, 428, 024	15, 428, 024	1. 02
1. 03	1 DRG for Federal specific operating payment for Model 4	1. 03	O	0	C		0	1. 03
1. 04	BPCI occurring prior to October 1 DRG for Federal specific operating payment for Model 4	1. 04	0	0		0	0	1. 04
	BPCI occurring on or after October 1							
2.00	Outlier payments for discharges (see instructions)	2. 00	938, 660	0	646, 546	292, 114	938, 660	2. 00
2. 01	Outlier payments for	2. 02	0	0	С	0	0	2. 01
3. 00	discharges for Model 4 BPCI Operating outlier	2. 01	0	0	С	0	0	3. 00
4. 00	reconciliation Managed care simulated payments	3. 00	11, 973, 838	0	С	11, 973, 838	11, 973, 838	4. 00
5. 00	Amount from Worksheet E, Part	ustment 21.00	0. 201726	0. 201726	0. 201726	0. 201726		5. 00
5.00	A, line 21 (see instructions)	21.00	0. 201726	0. 201726	0. 201726	0. 201726		5.00
6.00	IME payment adjustment (see instructions)	22. 00	6, 353, 783	0	4, 744, 578	1, 609, 205	6, 353, 783	6. 00
6. 01	IME payment adjustment for managed care (see	22. 01	1, 248, 919	0	1, 248, 919	0	1, 248, 919	6. 01
	instructions)		A 1 1 6 6	11 400 6 1				
7. 00	Indirect Medical Education Adju	27. 00	0. 000107	0. 000107	0. 000107	0. 000107		7. 00
	(see instructions)							
8. 00	IME adjustment (see instructions)	28. 00	6, 518	0	4, 867	1, 651	6, 518	8. 00
8. 01	IME payment adjustment add on for managed care (see instructions)	28. 01	1, 281	0	С	1, 281	1, 281	8. 01
9. 00	Total IME payment (sum of lines 6 and 8)	29. 00	6, 360, 301	0	4, 749, 445	1, 610, 856	6, 360, 301	9. 00
9. 01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29. 01	1, 250, 200	0	1, 248, 919	1, 281	1, 250, 200	9. 01
	Di sproporti onate Share Adjustmo	ent						
10. 00	Allowable disproportionate share percentage (see	33. 00	0. 1661	0. 1661	0. 1661	0. 1661		10. 00
11. 00	<pre>instructions) Disproportionate share adjustment (see instructions)</pre>	34.00	2, 529, 537	0	1, 888, 888	640, 649	2, 529, 537	11. 00
11. 01	Uncompensated care payments	36.00	3, 439, 468	0	2, 623, 148	816, 320	3, 439, 468	11. 01
	Additional payment for high per	rcentage of ESF	RD beneficiary			2.3,320	2, 37, 100	
12. 00	Total ESRD additional payment (see instructions)	46. 00	0	0	C	0	0	12. 00
13. 00 14. 00	Subtotal (see instructions) Hospital specific payments	47. 00 48. 00	74, 183, 970 0	0	55, 396, 007 C	18, 787, 963 0	74, 183, 970 0	13. 00 14. 00
	(completed by SCH and MDH, small rural hospitals only.) (see instructions)							
15. 00	Total payment for inpatient operating costs (see instructions)	49. 00	75, 434, 170	0	56, 644, 926	18, 789, 244	75, 434, 170	15. 00
16. 00	Payment for inpatient program capital	50. 00	5, 685, 045	0	4, 227, 756	1, 457, 289	5, 685, 045	16. 00
17. 00	Special add-on payments for new technologies	54. 00	12, 013	0	9, 941	2, 071	12, 012	17. 00
17. 01 17. 02	Net organ aquisition cost Credits received from	68. 00	0	0	C	0	0	17. 01 17. 02
18. 00	manufacturers for replaced devices for applicable MS-DRGs Capital outlier reconciliation adjustment amount (see instructions)		0	0	C	0	0	18. 00
	instructions)							

						o 12/31/2016	Date/Time Pre 5/22/2017 5:3	pared:
				Title	XVIII	Hospi tal	PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01	through 4)	
		0	1.00	2.00	3.00	4. 00	5. 00	
19.00	SUBTOTAL			0	60, 882, 623	20, 248, 604	81, 131, 227	19. 00
		W/S L, line	(Amounts from					
			L)					
		0	1.00	2. 00	3.00	4. 00	5. 00	
20.00	Capital DRG other than outlier	1. 00	4, 893, 753	0	3, 644, 241	1, 249, 512	4, 893, 753	20.00
20. 01	Model 4 BPCI Capital DRG other	1. 01	0	0	(0	0	20. 01
	than outlier							
21.00	Capital DRG outlier payments	2. 00	44, 995	0	27, 768	17, 227	44, 995	21. 00
21. 01	Model 4 BPCI Capital DRG	2. 01	o	0	(0	0	21. 01
	outlier payments							
22. 00	Indirect medical education	5. 00	0. 0830	0. 0830	0. 0830	0. 0830		22. 00
	percentage (see instructions)							
23.00	Indirect medical education	6. 00	406, 181	0	302, 472	103, 709	406, 181	23. 00
	adjustment (see instructions)							
24.00	Allowable disproportionate	10.00	0. 0695	0. 0695	0.0695	0. 0695		24. 00
	share percentage (see							
	instructions)							
25.00	Di sproporti onate share	11. 00	340, 116	0	253, 275	86, 841	340, 116	25. 00
	adjustment (see instructions)							
26.00	Total prospective capital	12.00	5, 685, 045	0	4, 227, 756	1, 457, 289	5, 685, 045	26. 00
	payments (see instructions)							
		W/S E, Part A	(Amounts to E,					
		line	Part A)					
		0	1.00	2.00	3.00	4. 00	5. 00	
27.00	Low volume adjustment factor				0. 000000	0.000000		27. 00
28.00	Low volume adjustment	70. 96			(0	28. 00
	(transfer amount to Wkst. E,							
	Pt. A, line)							
29.00	Low volume adjustment	70. 97				0	0	29. 00
	(transfer amount to Wkst. E,							
	Pt. A, line)							
100.00	Transfer low volume		Y					100.00
	adjustments to Wkst. E, Pt. A.							
						•		

Provider CCN: 15-0089 From 01/01/2016 Part A Exhibit 5 Date/Time Prepared: 5/22/2017 5:35 pm 12/31/2016 Hospi tal Title XVIII PPS Period to Total (cols. 2 Wkst. E, Pt. Amt. from Peri od on Wkst. E, Pt. 10/01 after 10/01 A. line and 3) A) 2.00 3. 00 0 4.00 1.00 1.00 DRG amounts other than outlier payments 1.00 1. 00 45, 487, 980 DRG amounts other than outlier payments for 1.01 1.01 45, 487, 980 45, 487, 980 1.01 discharges occurring prior to October 1 15, 428, 024 1.02 DRG amounts other than outlier payments for 1.02 15, 428, 024 15, 428, 024 1.02 discharges occurring on or after October 1 1.03 DRG for Federal specific operating payment 1.03 С 1.03 0 for Model 4 BPCI occurring prior to October DRG for Federal specific operating payment 1.04 1.04 1.04 0 0 for Model 4 BPCI occurring on or after October 1 2.00 Outlier payments for discharges (see 2.00 938, 660 646, 546 292, 114 938, 660 2.00 instructions) 2.01 Outlier payments for discharges for Model 4 2.02 O 0 O 2.01 **BPCI** Operating outlier reconciliation 3 00 2 01 O 3 00 4.00 Managed care simulated payments 3.00 11, 973, 838 0 11, 973, 838 11, 973, 838 4.00 Indirect Medical Education Adjustment 5.00 Amount from Worksheet E, Part A, line 21 21.00 0. 201726 0. 201726 0. 201726 5.00 (see instructions) 6 00 IME payment adjustment (see instructions) 22 00 6, 353, 783 4.744.578 1, 609, 205 6, 353, 783 6 00 IME payment adjustment for managed care (see 1, 248, 919 1, 248, 919 1, 248, 919 6.01 22.01 6.01 instructions) Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA 7.00 0. 000107 0.000107 0.000107 7.00 IME payment adjustment factor (see 27.00 instructions) 8.00 IME adjustment (see instructions) 28.00 6,518 4, 867 1,651 6,518 8.00 IME payment adjustment add on for managed 8.01 28.01 1.281 1, 281 1.281 8.01 care (see instructions) Total IME payment (sum of lines 6 and 8) 9.00 29.00 4, 749, 445 1, 610, 856 6, 360, 301 6, 360, 301 9.00 9.01 Total IME payment for managed care (sum of 29.01 1, 250, 200 1, 250, 200 1, 250, 200 9.01 lines 6.01 and 8.01) Disproportionate Share Adjustment 10.00 Allowable disproportionate share percentage 33.00 0. 1661 10.00 0.1661 0.1661 (see instructions) 11.00 Disproportionate share adjustment (see 34 00 2, 529, 537 1, 888, 888 640, 649 2, 529, 537 11.00 instructions) 2, 623, 148 816, 320 11.01 Uncompensated care payments 36.00 3, 439, 468 3, 439, 468 11.01 Additional payment for high percentage of ESRD beneficiary discharges Total ESRD additional payment (see 12 00 O 0 12 00 46 00 instructions) 13.00 Subtotal (see instructions) 47.00 74, 183, 970 55, 396, 007 18, 787, 963 74, 183, 970 13.00 14.00 Hospital specific payments (completed by SCH 48.00 14.00 and MDH, small rural hospitals only.) (see instructions) Total payment for inpatient operating costs 15.00 49.00 75, 434, 170 55, 396, 007 20, 038, 163 75, 434, 170 15.00 (see instructions) 16.00 Payment for inpatient program capital 50.00 5, 685, 045 4, 227, 756 1, 457, 289 5, 685, 045 16.00 Special add-on payments for new technologies 17.00 54.00 12,013 9,942 2,071 12,013 17.00 17.01 Net organ acquisition cost 17.01 17.02 Credits received from manufacturers for 68.00 C 0 17.02 replaced devices for applicable MS-DRGs Capital outlier reconciliation adjustment 93.00 0 18.00 amount (see instructions) SUBTOTAL 21, 497, 523 19 00 59 633 705 81, 131, 228 19.00

Heal th	Financial Systems	BALL MEMORIA	L HOSPITAL		In Lie	eu of Form CMS-:	2552-10
HOSPI T	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5	Provider Co		Period: From 01/01/2016 To 12/31/2016		pared:
			Title	: XVIII	Hospi tal	PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3. 00	4. 00	
20.00	Capital DRG other than outlier	1.00	4, 893, 753	3, 644, 24	1 1, 249, 512	4, 893, 753	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	44, 995	27, 76	8 17, 227	44, 995	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. 0830	0. 083	0. 0830		22. 00
23. 00	Indirect medical education adjustment (see instructions)	6. 00	406, 181	302, 47	2 103, 709	406, 181	23. 00
24. 00	Allowable disproportionate share percentage (see instructions)	10.00	0. 0695	0. 069	5 0.0695		24. 00
25. 00	Disproportionate share adjustment (see instructions)	11.00	340, 116	253, 27	5 86, 841	340, 116	25. 00
26. 00	Total prospective capital payments (see instructions)	12.00	5, 685, 045	4, 227, 75	6 1, 457, 289	5, 685, 045	26. 00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1. 00	2.00	3. 00	4. 00	
27. 00 28. 00	Low volume adjustment prior to October 1	70. 96	0		0	0	27. 00 28. 00
29. 00	Low volume adjustment on or after October 1	70. 97	0		0	0	29. 00
30.00	HVBP payment adjustment (see instructions)	70. 93	-244, 824	-203, 99	6 -40, 828		
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	-104, 138	-45, 50	3 -58, 635	-104, 138	
31. 01	HRR adjustment for HSP bonus payment (see	70. 91	0		0	0	31. 01

1.00

Ν

0

70. 99

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

0 32.00

100. 00

3. 00

0

2.00

instructions)

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

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/22/2017 5:35 pm
	T1 . 1 . 20 // 1 . 1		550

Mark B - NEDICAL AND SHER HEALTH SERVICES 1.00 1.0			10 12/31	72016 Date/IIMe Pro	
			Title XVIII Hospita		35 piii
No. Continue Con			Title XVIII Hospite	110	
No. Continue Con				1, 00	
Medical and other services (see instructions)		PART B - MEDICAL AND OTHER HEALTH SERVICES			
200 PS payments 22,007,972 3.00 5.00 Infer the hospit fall specific payment (see instructions) 26,258 4.00 5.00 Infer the hospit fall specific payment to cost ratio (see Instructions) 0.00 5.00	1.00	Medical and other services (see instructions)		23, 23	1.00
245,288 4.00	2.00	Medical and other services reimbursed under OPPS (see instruc-	tions)	32, 360, 186	2.00
Enter the hospital specific payment to cost ratio (see instructions) 0.000 5.00	3.00	PPS payments		32, 907, 972	3.00
Line 2 times line 5	4.00	Outlier payment (see instructions)		245, 288	4. 00
Sum of Time 3 plus line 4 divided by line 6 0.00 7.00	5.00	Enter the hospital specific payment to cost ratio (see instruc	ctions)	0.000	5. 00
1.00	6.00	Line 2 times line 5			6.00
Ancillary service other pass through costs from Wist. D. Pt. IV, col. 13, line 200 0, 9, 00	7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7. 00
10.00 Organ acquisitions 23,235 11.00	8.00	Transitional corridor payment (see instructions)			8.00
1.00 Total cost (sum of lines 1 and 10) (see instructions) 23,225 11,00	9.00	Ancillary service other pass through costs from Wkst. D, Pt. I	V, col. 13, line 200		9.00
COMPUTATION OF LESSER OF COST OR CHARGES Reasonable Reasonable charges Reasonable Reasonable charges Reasonable charges Reasonable charges Reasonable charges Reasonable charges Reasonable charges R	10.00	Organ acqui si ti ons			10.00
Reasonable charges 12.00 Ancitary service charges 12.00 Ancitary service charges 12.00 Ancitary service charges 12.00 Ancitary service charges 12.00 12.	11.00	Total cost (sum of lines 1 and 10) (see instructions)		23, 23!	5 11. 00
12.00 Ancil larry service charges 140, 674 12.00 101 1		COMPUTATION OF LESSER OF COST OR CHARGES			
13.00 organ acquisition charges (from West. D-4, Pt. III, col. 4, line 69)		Reasonabl e charges			
14.00 Total reasonable charges (sum of lines 12 and 13) 14.00 14.00 15.00 15.00 15.00 15.00 16.00				140, 674	1
Customary charges 0 15.00 Agrogate amount actually collected from patients liable for payment for services on a charge basis 0 15.00 Amounts that would have been realized from patients liable for payment for services on a charge basis 0 16.00 Amounts that would have been realized from patients liable for payment for services on a charge basis 0 16.00 Amounts that would have been realized from patients liable for payment for services on a charge basis 0 16.00 Amounts that would have been realized from patients liable for payment for services on a charge basis 0 16.00 17.00 17.00 18.00 17.			ne 69)	•	•
15.00 Aggregate amount actually collected from patients liable for payment for services on a charge basis 0 16.00 Amounts that would have been realized from patients liable for payment for services on a chargebasis 0 16.00 17.00	14. 00			140, 674	14.00
16.00 Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 9413.13(e) 0.000000 17.00 17.00 18				. 1	
had such payment been made in accordance with 42 CFR \$413.13(e)					
17.00 Ratio of line 15 to line 16 (not to exceed 1.000000) 17.00 140, 674 18.00 140, 674 18.00 140, 674 18.00 140, 674 18.00 140, 674 18.00 17.00 140, 674 18.00 17.00 140, 674 18.00 17.00	16.00			asis	16.00
18.00 Total customary charges (see instructions) 140.674 18.00 19.00 17.40 19.00 19.00 17.40 19.00 17.40 19.00 17.40 19.00 17.40 19.00 17.40 19.00 17.40 19.00 17.40 19.00 17.40 19.00 17.40 19.00 17.40 19.00 17.40 19.00 17.40 19.00 17.40 19.00 17.40 19.00 17.40 19.00 19.00 17.40 19.00 17.40 19.00 17.40 19.00 19.00 17.40 19.00 17.40 19.00 19.00 17.40 19.00 19.00 17.40 19.00 19.00 17.40 19.00 19.00 17.40 19.00 19.00 19.00 19.00 17.40 19.00	17 00	, ,	e)	0.00000	17.00
9, 00 Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see 117, 439 9, 00 117, 439 117,				1	•
Instructions			wifiling 10 avenada lina 11) (asa		1
Deducting the state of the st	19.00		y IT TITLE TO exceeds TITLE IT) (See	117, 43	9 19.00
Instructions	20 00	/	vifling 11 exceeds ling 18) (see		20 00
1.00 Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions) 0.23, 255 21.00	20.00		y 11 11116 11 exceeds 11116 10) (see	`	20.00
22 00 Interns and residents (see Instructions) 0 22 00 23 00	21.00		e instructions)	23, 23!	21.00
23. 00 Cost of physicians' services in a teaching hospital (see instructions) 33, 153, 260 24. 00 24. 00 24. 00 25. 00 25. 00 26. 00 26. 00 26. 00 26. 00 26. 00 26. 00 26. 00 27.			,	<u> </u>	1
24. 00 Total prospective payment (sum of lines 3, 4, 8 and 9) 23,153,260 24. 00		Cost of physicians' services in a teaching hospital (see instr	ructions)		23.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT 0 25.00	24.00		•	33, 153, 260	24.00
26. 00 Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions) 6, 166, 556 26. 00 27. 00 Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions) 27, 009, 939 27. 00 28. 00 Direct graduate medical education payments (from Wkst. E-4, line 50) 999, 683 28. 00 29. 00 ESRD direct medical education costs (from Wkst. E-4, line 36) 0. 29, 00 30. 00 Subtotal (sum of lines 27 through 29) 28, 009, 622 30. 00 31. 00 Primary payer payments 6, 140 31. 00 32. 00 Subtotal (line 30 minus line 31) 28, 003, 482 32. 00 34. 00 Allowable BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) 33. 00 35. 00 Allowable bad debts (see instructions) 1, 577, 00 34. 00 36. 00 Allowable bad debts (see instructions) 1, 257, 004 35. 00 36. 00 Allowable bad debts for dual eligible beneficiaries (see instructions) 1, 490, 51 36. 00 38. 00 MSP-LCC reconciliation amount from PS&R -551 38. 00 39. 00 OTHER ADJUSTMENTS (SEE INSTRUCTIO					
27.00 Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions) 27.00 1	25.00	Deductibles and coinsurance (for CAH, see instructions)			25. 00
Instructions Direct graduate medical education payments (from Wkst. E-4, line 50) 999, 683 28.00 29.00 29.00 29.00 28.00 29.	26.00	Deductibles and Coinsurance relating to amount on line 24 (for	CAH, see instructions)	6, 166, 556	26. 00
28.00 Direct graduate medical education payments (from Wkst. E-4, line 50) ESRD direct medical education costs (from Wkst. E-4, line 36) Composite costs (from Wkst. I-5, line 11) Composite costs (from Wkst. II-5, line	27. 00		olus the sum of lines 22 and 23] (se	ee 27, 009, 939	27. 00
29.00 SRD direct medical education costs (from Wkst. E-4, line 36) 29.00 30.00	20.00		50)	000 (0)	20.00
30.00 Subtotal (sum of lines 27 through 29) 28,009,622 30.00 10.00			ne 50)		1
31.00 No. No				•	•
32.00 Subtotal (ine 30 minus line 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		,			1
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) 33.00 Composite rate ESRD (from Wkst. 1-5, line 11) 0 33.00 Allowable bad debts (see instructions) 1,577,006 34.00 Allowable bad debts (see instructions) 1,025,054 35.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 1,490,051 36.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 29,028,536 37.00 38.00 MSP-LCC reconciliation amount from PS&R -551 38.00 39.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 39.00 39.50 Pioneer ACO demonstration payment adjustment (see instructions) 17,565 39.98 Partial or full credits received from manufacturers for replaced devices (see instructions) 17,565 39.99 RECOVERY OF ACCELERATED DEPRECIATION 29,029,087 40.00 40.00 Subtotal (see instructions) 29,029,087 40.00 40.01 Sequestration adjustment (see instructions) 29,029,087 40.00 40.01 Sequestration adjustment (see instructions) 28,010,226 41.00 42.00 43.00 Bal ance due provider/program (see instructions) 438,279 43.00 438,279 43.00 438 ance due provider/program (see instructions) 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 90.00 10 10 10 10 10 10 10					1
33. 00 Composite rate ESRD (from Wkst. I - 5, line 11)	32.00		`FS`)	20, 003, 402	32.00
34. 00 Allowable bad debts (see instructions) 1,577,006 34.00 35. 00 Adjusted reimbursable bad debts (see instructions) 1,025,054 35.00 36. 00 Allowable bad debts for dual eligible beneficiaries (see instructions) 29,028,536 35.00 37. 00 Subtotal (see instructions) 29,028,536 37.00 38. 00 MSP-LCC reconciliation amount from PS&R -551 38.00 39. 00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 39.00 39. 98 Partial or full credits received from manufacturers for replaced devices (see instructions) 17,565 39.98 39. 99 RECOVERY OF ACCELERATED DEPRECIATION 0 39.99 40. 00 Subtotal (see instructions) 29,029,087 40.00 40. 01 Sequestration adjustment (see instructions) 29,029,087 40.00 42. 00 Tentative settlement (for contractors use only) 28,010,226 41.00 43. 00 Bal ance due provi der/program (see instructions) 438,279 43.00 44. 00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 515.2 0 44.00 10 De BE COMPLETED BY CONT	33. 00		523)		33.00
35.00		1		•	
36.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 1, 490, 051 36.00 37.00 Subtotal (see instructions) 29, 028, 536 37.00 38.00 MSP-LCC reconciliation amount from PS&R -551 38.00 39.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 39.00 39.50 Pioneer ACO demonstration payment adjustment (see instructions) 0 39.50 39.98 Partial or full credits received from manufacturers for replaced devices (see instructions) 17,565 39.98 39.99 RECOVERY OF ACCELERATED DEPRECIATION 0 39.99 40.01 Sequestration adjustment (see instructions) 29,029,087 40.00 40.01 Sequestration adjustment (see instructions) 29,029,087 40.01 41.00 Interim payments 28,010,226 41.00 42.00 Tentative settlement (for contractors use only) 0 42.00 43.00 Balance due provider/program (see instructions) 438,279 43.00 44.00 \$115.2 0 44.00 10.00 To BE COMPLETED BY CONTRACTOR 0 90.00 90.00 To BE COMPLETED BY CONTRACTOR 0 90.00 9		, ,			1
37. 00 Subtotal (see instructions) 29, 028, 536 37. 00 38. 00 MSP-LCC reconciliation amount from PS&R -551 38. 00 39. 00 00 00 00 00 00 00 00			ructions)		•
38.00 MSP-LCC reconciliation amount from PS&R -551 38.00 39.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 39.00 39.50 39.50 Pioneer ACO demonstration payment adjustment (see instructions) 17,565 39.98 39.99 RECOVERY OF ACCELERATED DEPRECIATION 0 39.99 40.00 Subtotal (see instructions) 29,029,087 40.00 40.01 Sequestration adjustment (see instructions) 29,029,087 40.00 41.00 42.00 42.00 43.00 44.00 42.00 43.00 44			,		
39.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 39.00 39.50 Pi oneer ACO demonstration payment adjustment (see instructions) 0 39.50 39.98 Partial or full credits received from manufacturers for replaced devices (see instructions) 17,565 39.98 39.99 RECOVERY OF ACCELERATED DEPRECIATION 0 39.99 40.00 Subtotal (see instructions) 29,029,087 40.00 40.01 Sequestration adjustment (see instructions) 28,010,226 41.00 41.00 Interim payments 28,010,226 41.00 42.00 43.00 Balance due provider/program (see instructions) 438,279 43.00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 44.00 15.2 TO BE COMPLETED BY CONTRACTOR 0 0 0 0 0 0 0 0 0	38.00				
39. 98 Partial or full credits received from manufacturers for replaced devices (see instructions) 17, 565 39. 98 39. 99 RECOVERY OF ACCELERATED DEPRECIATION 0 39. 99 40. 00 Subtotal (see instructions) 29, 029, 087 40. 00 40. 01 41. 00 Interim payments 28, 010, 226 41. 00 42. 00 43. 00 Balance due provider/program (see instructions) 438, 279 43. 00 44. 00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1,	39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			39.00
RECOVERY OF ACCELERATED DEPRECIATION 39.99	39. 50	Pioneer ACO demonstration payment adjustment (see instructions	5)		39. 50
40.00 Subtotal (see instructions) 29,029,087 40.00 40.01 Sequestration adjustment (see instructions) 580,582 40.01 41.00 Interim payments 28,010,226 41.00 42.00 43.00 Bal ance due provider/program (see instructions) 438,279 43.00 44.00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 44.00 10 10 10 10 10 10 10	39. 98	Partial or full credits received from manufacturers for replace	ced devices (see instructions)	17, 569	39. 98
40.01 Sequestration adjustment (see instructions) 580, 582 40.01 41.00 Interim payments 28,010,226 41.00 42.00 Tentative settlement (for contractors use only) 0 42.00 43.00 Bal ance due provider/program (see instructions) 438,279 43.00 44.00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 44.00 90.00 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 (see instructions) 0 93.00	39. 99	RECOVERY OF ACCELERATED DEPRECIATION			39. 99
41.00 Interim payments 28,010,226 41.00 42.00 43.00 43.00 8al ance due provider/program (see instructions) 43.00 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 44.00 15.2 15.2 10 15.2 15.2 10 15.2	40.00	Subtotal (see instructions)		29, 029, 08	7 40. 00
42.00 Tentative settlement (for contractors use only) 43.00 Balance due provider/program (see instructions) 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 44.00 \$\frac{115.2}{5115.2}\$ 90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 93.00 To the rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 94.00 Value of Money (see instructions) 95.00 Value of Money (see instructions) 96.00 Value of Money (see instructions) 97.00 Value of Money (see instructions) 98.00 Value of Money (see instructions) 99.00 Value of Money (see instructions) 99.00 Value of Money (see instructions)	40. 01	Sequestration adjustment (see instructions)		580, 582	40. 01
43.00 Balance due provider/program (see instructions) 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 0 44.00 \$\frac{115.2}{5115.2}\$ 90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 93.00 Time Value of Money (see instructions) 93.00 To Money (see instructions)	41.00	Interim payments		28, 010, 220	41.00
44.00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, \$\frac{91}{515.2}\$ to BE COMPLETED BY CONTRACTOR 90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 71 ime Value of Money (see instructions) 93.00 Time Value of Money (see instructions) 94.00 Outlier reconciliation adjustment amount (see instructions) 93.00 Outlier reconciliation adjustment amount (see instructions) 94.00 Outlier reconciliation adjustment amount (see instructions) 95.00 Outlier reconciliation adjustment amount (see instructions) 97.00 Outlier reconciliation adjustment amount (see instructions) 98.00 Outlier reconciliation adjustment amount (see instructions) 99.00 Outlier reconciliation adjustment amount (see instructions)	42.00	Tentative settlement (for contractors use only)			42.00
\$115.2 TO BE COMPLETED BY CONTRACTOR 90.00 Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions) 0 Utlier reconciliation adjustment amount (see instructions) 1 The rate used to calculate the Time Value of Money 1 Time Value of Money (see instructions) 0 93.00	43.00	Balance due provider/program (see instructions)		438, 279	43.00
TO BE COMPLETED BY CONTRACTOR 90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 94.00 Outlier reconciliation adjustment amount (see instructions) 95.00 Outlier reconciliation adjustment amount (see instructions) 97.00 Outlier reconciliation adjustment amount (see instructions) 98.00 Outlier reconciliation adjustment amount (see instructions) 99.00 Outlier reconciliation adjustment amount (see instructions)	44.00		nce with CMS Pub. 15-2, chapter 1,		44. 00
90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 90.00 91.00 92.00 93.00					
91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 0 91.00 92.00 93.00					
92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 0.00 92.00 93.00		, ,		•	•
93.00 Time Value of Money (see instructions) 0 93.00				•	•
		1		I	
74. 00 10tai (Suiii 01 11fleS 41 afiu 43)		1 · · · · · · · · · · · · · · · · · · ·		l l	
	74. UU	Total (Suill Of Titles 71 and 73)		1	74. UU

In Lieu of Form CMS-2552-10

Period: Worksheet E-1
From 01/01/2016 Part I
To 12/31/2016 Date/Time Prepared: 5/22/2017 5:35 pm Health Financial Systems BAANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN: 15-0089

					5/22/2017 5: 35	5 pm
		Titl∈	XVIII	Hospi tal	PPS	
		Inpatier	it Part A	Par	t 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		74, 161, 99		27, 781, 126	1. 00
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,			O	0	2. 00
3.00	write "NONE" or enter a zero List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3. 00
	Program to Provider	0.4.07.4004.4		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	200 400	
3. 01	ADJUSTMENTS TO PROVIDER	06/27/2016	327, 00		229, 100	3. 01
3. 02				0	0	3. 02
3. 03				0	0	3. 03
3.04				0	0	3. 04
3.05				0	0	3. 05
	Provi der to Program		1	_1	_	
3.50	ADJUSTMENTS TO PROGRAM			0	0	3. 50
3. 51			•	0	0	3. 51
3. 52				0	0	3. 52
3. 53				0	0	3. 53
3.54			l .	0	0	3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		327, 00	0	229, 100	3. 99
4. 00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		74, 488, 99	1	28, 010, 226	4. 00
	TO BE COMPLETED BY CONTRACTOR					
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
	Program to Provider					
5. 01	TENTATI VE TO PROVI DER			0	0	5. 01
5.02				o	0	5. 02
5.03				0	0	5. 03
	Provider to Program					
5.50	TENTATI VE TO PROGRAM			0	0	5. 50
5. 51				o	0	5. 51
5.52				o	0	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	0	5. 99
6. 00	Determined net settlement amount (balance due) based on the cost report. (1)					6. 00
6. 01	SETTLEMENT TO PROVIDER		862, 79	1	438, 279	6. 01
6. 02	SETTLEMENT TO PROGRAM			0	430, 277	6. 02
7. 00	Total Medicare program liability (see instructions)		75, 351, 78	2	28, 448, 505	7. 00
				Contractor Number	NPR Date (Mo/Day/Yr)	
)	1. 00	2.00	
8. 00	Name of Contractor					8. 00

Component CCN: 15-T089 Title XVIII

		Title	XVIII	Subprovi der - I RF	PPS	
		Inpatien	t Part A	Par	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		3, 935, 299		0	1. 00
2.00	Interim payments payable on individual bills, either		C)	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			T		
3. 01	ADJUSTMENTS TO PROVIDER		C		0	3. 01
3. 02 3. 03			0		0	3. 02 3. 03
3.03			0			3. 03
3.04			0		0	3. 04
3.03	Provider to Program			1	0	3.03
3.50	ADJUSTMENTS TO PROGRAM		C)	0	3. 50
3. 51			C)	0	3. 51
3.52			C)	0	3. 52
3.53			C		0	3. 53
3.54			C		0	3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines		C		0	3. 99
4 00	3. 50-3. 98)		2 025 200		0	4 00
4. 00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as		3, 935, 299		ا	4. 00
	appropri ate)					
	TO BE COMPLETED BY CONTRACTOR			1		
5.00	List separately each tentative settlement payment after					5. 00
	desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1)					
	Program to Provider			ı		
5. 01	TENTATI VE TO PROVI DER		C		0	5. 01
5. 02 5. 03			0			5. 02 5. 03
5.03	Provider to Program		C		U	5.03
5. 50	TENTATI VE TO PROGRAM		C		0	5. 50
5. 51			C		o	5. 51
5. 52			C)	0	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines		C		0	5. 99
	5. 50-5. 98)					
6. 00	Determined net settlement amount (balance due) based on					6. 00
6 01	the cost report. (1) SETTLEMENT TO PROVIDER				ol	6 01
6. 01 6. 02	SETTLEMENT TO PROGRAM		16, 290			6. 01 6. 02
7. 00	Total Medicare program liability (see instructions)		3, 919, 009			7. 00
7.00	Total mode od a program frability (300 fristraotrons)		3, 717, 007	Contractor	NPR Date	7. 55
				Number	(Mo/Day/Yr)	
		()	1. 00	2.00	
8.00	Name of Contractor					8. 00

Heal th	Financial Systems BALL MEMORIAL	HOSPI TAL	In Lie	u of Form CMS-2	2552-10
CALCUL	CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT Provider CCN: 15-0089 Period:			Worksheet E-1	
			From 01/01/2016 To 12/31/2016		narod:
			10 12/31/2010	5/22/2017 5: 35	
		Title XVIII	Hospi tal	PPS	
				1. 00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst		14	16, 651	1. 00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1,	8-12		37, 137	2. 00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			7, 830	3. 00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1,	8-12		77, 682	4. 00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1, 647, 393, 560	5. 00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3			42, 908, 837	6. 00
7. 00	CAH only - The reasonable cost incurred for the purchase of	certified HIT technology	Wkst. S-2, Pt. I	0	7. 00
	line 168				
8. 00	Calculation of the HIT incentive payment (see instructions)			0	8. 00
9. 00	2.00 Sequestration adjustment amount (see instructions)				9. 00
10. 00	10.00 Calculation of the HIT incentive payment after sequestration (see instructions)				10. 00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
	Initial/interim HIT payment adjustment (see instructions)			0	30.00
	Other Adjustment (specify)			0	31. 00
32. 00	Balance due provider (line 8 (or line 10) minus line 30 and	line 31) (see instruction	ıs)	0	32. 00

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0089	Peri od:	Worksheet E-3
	C CCN 15 T000	From 01/01/2016	
	Component CCN: 15-T089	10 12/31/2016	5/22/2017 5:35 pm
	Title XVIII	Subprovi der -	PPS
		IRF	

	l RF		
		1. 00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	3, 874, 179	1. 00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0. 0217	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	82, 133	
4.00	Outlier Payments	77, 663	
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior	62. 51	5. 00
	to November 15, 2004 (see instructions)		
5. 01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by	0. 00	5. 01
	program or hospital closure, that would not be counted without a temporary cap adjustment under 42		
	CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	, 00
6.00	New Teaching program adjustment. (see instructions)	0.00	
7. 00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new transhing program" (see instructions)	0. 00	7. 00
8. 00	teaching program" (see instructions) Current year's unweighted L&R FTE count for residents within the new program growth period of a "new	0.00	8. 00
8.00	teaching program" (see instructions)	0.00	0.00
9. 00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9. 00
10.00	Average Daily Census (see instructions)	10. 857923	
11. 00	Teaching Adjustment Factor (see instructions)	0. 000000	
12. 00	Teaching Adjustment (see instructions)	0.000000	12.00
13. 00	Total PPS Payment (see instructions)	4, 033, 975	
14. 00	Nursing and Allied Health Managed Care payments (see instruction)	4, 033, 773	14. 00
15. 00	Organ acquisition (DO NOT USE THIS LINE)	Ĭ	15. 00
16. 00	Cost of physicians' services in a teaching hospital (see instructions)	0	
17. 00	Subtotal (see instructions)	4, 033, 975	
18. 00	Primary payer payments		18. 00
19. 00	Subtotal (line 17 less line 18).	4, 030, 048	
20. 00	Deducti bl es	21, 896	
21. 00	Subtotal (line 19 minus line 20)	4, 008, 152	
22. 00	Coi nsurance	9, 982	
23. 00	Subtotal (line 21 minus line 22)	3, 998, 170	
24. 00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	1, 260	
25. 00	Adjusted reimbursable bad debts (see instructions)	819	
26. 00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1, 260	
27. 00	Subtotal (sum of lines 23 and 25)	3, 998, 989	
28. 00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28. 00
29. 00	Other pass through costs (see instructions)	o	
30. 00	Outlier payments reconciliation	o	30. 00
31. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	
31. 50	Pioneer ACO demonstration payment adjustment (see instructions)	0	
31. 99	Recovery of Accelerated Depreciation	0	31. 99
32. 00	Total amount payable to the provider (see instructions)	3, 998, 989	32.00
32. 01	Sequestration adjustment (see instructions)	79, 980	32. 01
33.00	Interim payments	3, 935, 299	
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)	-16, 290	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1,	734	
	§115. 2		
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	77, 663	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

	Financial Systems BALL MEMORIAL GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provi der C		Peri od:	u of Form CMS-2 Worksheet E-4	
MEDI CA	L EDUCATION COSTS			From 01/01/2016 To 12/31/2016	Date/Time Pre	
		T	\0.41.L		5/22/2017 5: 3	5 pm
		IITIE	XVIII	Hospi tal	PPS	
					1. 00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT					
. 00	Unweighted resident FTE count for allopathic and osteopathic ending on or before December 31, 1996.	programs for	cost reporti	ng periods	57. 92	1.00
. 00	Inweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)				0. 00	2.00
00 01	Amount of reduction to Direct GME cap under section 422 of MN Direct GME cap reduction amount under ACA $\S5503$ in accordance	(see	0. 00 0. 00			
00	instructions for cost reporting periods straddling 7/1/2011) Adjustment (plus or minus) to the FTE cap for allopathic and		programs due	to a Medicare	0.00	4. 00
01	GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f) ACA Section 5503 increase to the Direct GME FTE Cap (see inst		cost reporti	ng periods	12. 00	4. 01
02	straddling 7/1/2011) ACA Section 5506 number of additional direct GME FTE cap slot	s (see inst	ructions for	cost reporting	0.00	4. 02
00	periods straddling 7/1/2011) FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 pl	us or minus	line 4 plus l	ines 4.01 and	69. 92	5. 00
. 00	4.02 plus applicable subscripts Unweighted resident FTE count for allopathic and osteopathic	programs for	the current	year from your	64. 48	6. 00
. 00	records (see instructions) Enter the lesser of line 5 or line 6				64. 48	7. 00
			Primary Care	0ther 2.00	<u>Total</u> 3. 00	
. 00	Weighted FTE count for physicians in an allopathic and osteop	athi c	54. 2		64. 23	8. 00
00	program for the current year. If line 6 is less than 5 enter the amount from line 8, otherw multiply line 8 times the result of line 5 divided by the amo		54. 2	10.00	64. 23	9. 00
. 00	6. Weighted dental and podiatric resident FTE count for the curr	ent vear		0.00		10.00
. 01	Unweighted dental and podiatric resident FTE count for the cu			0.00		10. 01
. 00	Total weighted FTE count	,	54. 2			11. 00
. 00	Total weighted resident FTE count for the prior cost reportininstructions)		52. C	10. 49		12.00
8. 00	Total weighted resident FTE count for the penultimate cost reyear (see instructions)	porting	49. 5	9. 51		13.00
1.00	Rolling average FTE count (sum of lines 11 through 13 divided	l by 3).	51. 9			14.00
. 00	Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new p	rograme	0. C 0. C			15. 00 15. 01
5. 01 5. 00	Adjustment for residents displaced by program or hospital clo		0.0			16.00
. 01	Unweighted adjustment for residents displaced by program or his local colors.		0. 0			16. 0
. 00	Adjusted rolling average FTE count		51. 9	10.00		17. 00
3. 00	Per resident amount		98, 899. 2			18.00
9. 00	Approved amount for resident costs		5, 134, 85	936, 489	6, 071, 339	19.00
					1. 00	
0. 00	Additional unweighted allopathic and osteopathic direct GME F Sec. $413.79(c)(4)$	TE resident	cap slots rec	eived under 42		20.00
. 00	Direct GME FTE unweighted resident count over cap (see instru	ıcti ons)			0. 00	21.0
2. 00	Allowable additional direct GME FTE Resident Count (see instr	,			0.00	
. 00	Enter the locally adjustment national average per resident am	ount (see in	structions)		0.00	
1.00	Multiply line 22 time line 23				0 071 220	24.00
5. 00	Total direct GME amount (sum of lines 19 and 24)		Inpatient Par	t Managed care	6, 071, 339	25. 00
			. A	Ü		
	COMPUTATION OF PROCESM DATIENT LOAD		1. 00	2. 00	3. 00	
5. 00	COMPUTATION OF PROGRAM PATIENT LOAD Inpatient Days (see instructions)		40, 14	5 8, 056		26. 00
. 00	Total Inpatient Days (see instructions)		82, 30			27. 0
3. 00	Ratio of inpatient days to total inpatient days		0. 48778			28. 00
9. 00	Program direct GME amount		2, 961, 53			29. 00
0.00	Reduction for direct GME payments for Medicare Advantage			83, 974	0 .3. 0	30.00
(()()	Net Program direct GME amount		1	1	3, 471, 857	יח ויכי ו

Heal th	Financial Systems BALL MEMORIAL I	HOSPI TAI	Inlie	u of Form CMS-2	2552_10
DI RECT	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provi der CCN: 15-0089	Peri od:	Worksheet E-4	
	AL EDUCATION COSTS		From 01/01/2016 To 12/31/2016	Date/Time Pre 5/22/2017 5:3	
		Title XVIII	Hospi tal	PPS	
				1. 00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLI EDUCATION COSTS)	•		CAL	
32. 00	Renal dialysis direct medical education costs (from Wkst. B, and 94)	Pt. I, sum of col. 20 an	d 23, lines 74	0	32. 00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt.	I, col. 8, sum of lines	74 and 94)	3, 714, 214	33. 00
34.00	Ratio of direct medical education costs to total charges (lin	e 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35. 00
36.00	Medicare outpatient ESRD direct medical education costs (line			0	36. 00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII	ONLY			
	Part A Reasonable Cost				
37. 00				80, 115, 276	1
38. 00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	
	Cost of physicians' services in a teaching hospital (see inst	ructions)		0	
40. 00	Primary payer payments (see instructions)			47, 502	1
41. 00	Total Part A reasonable cost (sum of lines 37 through 39 minu	s line 40)		80, 067, 774	41. 00
	Part B Reasonable Cost		T	20.000.101	
	Reasonable cost (see instructions)			32, 383, 421	1
	Primary payer payments (see instructions)			6, 140	1
44. 00	Total Part B reasonable cost (line 42 minus line 43)			32, 377, 281	•
45. 00 46. 00	Total reasonable cost (sum of lines 41 and 44) Ratio of Part A reasonable cost to total reasonable cost (lin-	o 41 . Lino 45)		112, 445, 055	•
	Ratio of Part A reasonable cost to total reasonable cost (IIII)			0. 712061 0. 287939	
47.00	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PA			0. 201939	47.00
48 OO	Total program GME payment (line 31)	KI D		3, 471, 857	48. 00
	Part A Medicare GME payment (line 46 x 48) (title XVIII only)	(see instructions)		2, 472, 174	•
	Part B Medicare GME payment (line 47 x 48) (title XVIII only)			999, 683	1
30. 00	profit b moderate one payment (True 47 x 40) (title XVIII only)	(See That detrons)	ı	777, 003	1 30.00

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

Health Financial Systems

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

Provider CCN: 15-0089 Pe

Peri od: Worksheet G From 01/01/2016 To 12/31/2016 Date/Ti me Prepared: 5/22/2017 5:35 pm

37		General Fund	Speci fi c	Endowmont Fund	5/22/2017 5:3 Plant Fund	5 pm
		General Fund	Purpose Fund	Endowment Fund	Prant Fund	
		1.00	2.00	3. 00	4. 00	
	CURRENT ASSETS	,				
1.00	Cash on hand in banks	193, 852, 065		-	0	
2. 00 3. 00	Temporary investments	0	C	ا ۱	0	
4. 00	Notes recei vabl e Accounts recei vabl e	46, 001, 217	_		0	
5.00	Other recei vable	6, 241, 367		l öl	0	
6. 00	Allowances for uncollectible notes and accounts receivable	0	d	o o	0	
7.00	Inventory	7, 274, 333	C	o	0	7. 00
8.00	Prepai d expenses	1, 882, 534	C	0	0	8. 00
9.00	Other current assets	0	C	0	0	
10.00	Due from other funds	0		0	0	10.00
11. 00	Total current assets (sum of lines 1-10) FIXED ASSETS	255, 251, 516	<u> </u>	il Ol	0	11. 00
12. 00	Land	2, 924, 410		ol	0	12. 00
13. 00	Land improvements	3, 630, 983	1	- 1	0	13. 00
14.00	Accumul ated depreciation	-2, 830, 318		0	0	14. 00
15.00	Bui I di ngs	288, 704, 313	[c	o	0	15. 00
16. 00	Accumulated depreciation	-158, 657, 589		0	0	16. 00
17. 00	Leasehold improvements	322, 332	1	0	0	17. 00
18.00	Accumulated depreciation	-264, 671	C	0	0	18.00
19. 00 20. 00	Fixed equipment Accumulated depreciation	0			0	19. 00 20. 00
21. 00	Automobiles and trucks	0			0	21.00
22. 00	Accumulated depreciation	0			0	22. 00
23. 00	Maj or movable equipment	161, 188, 378	d	o o	0	23. 00
24.00	Accumulated depreciation	-133, 538, 082	C	o	0	24. 00
25.00	Mi nor equi pment depreci abl e	0	C	0	0	25. 00
26. 00	Accumul ated depreciation	0	C	0	0	26. 00
27. 00	HIT designated Assets	0	C	0	0	27. 00
28. 00 29. 00	Accumulated depreciation	0			0	28. 00 29. 00
30.00	Minor equipment-nondepreciable Total fixed assets (sum of lines 12-29)	161, 479, 756		-	0	30.00
30.00	OTHER ASSETS	101, 477, 730		n ol		30.00
31. 00	Investments	29, 056, 623	C	0	0	31. 00
32.00	Deposits on Leases	0	C	o	0	32. 00
33. 00	Due from owners/officers	0	C	0	0	33. 00
34. 00	Other assets	34, 133, 543		0	0	34.00
35. 00	Total other assets (sum of lines 31-34)	63, 190, 166			0	35.00
36. 00	Total assets (sum of lines 11, 30, and 35) CURRENT LIABILITIES	479, 921, 438	C	0	0	36. 00
37. 00	Accounts payable	12, 935, 684		l ol	0	37. 00
38. 00	Salaries, wages, and fees payable	9, 139, 104		=	0	
39. 00	Payrol I taxes payable	0	d	o o	0	39. 00
40.00	Notes and Loans payable (short term)	5, 594, 231	C	o	0	40.00
41. 00	Deferred income	0	C	0	0	41. 00
42. 00	Accel erated payments	0	_	_	_	42. 00
43.00	Due to other funds	6, 189, 301	C	0	0	
44. 00 45. 00	Other current liabilities Total current liabilities (sum of lines 37 thru 44)	33, 858, 320			0	
43.00	LONG TERM LIABILITIES	33, 636, 320		ol ol	0	45.00
46. 00	Mortgage payable	1 0		ol	0	46. 00
47. 00	Notes payable	76, 047, 986		o	0	1
48.00	Unsecured Loans	0	C	o	0	48. 00
49. 00	Other long term liabilities	54, 392, 457		-	0	
50.00	Total long term liabilities (sum of lines 46 thru 49)	130, 440, 443		-1	0	
51. 00	Total liabilities (sum of lines 45 and 50)	164, 298, 763	<u> </u>	0	0	51.00
52. 00	CAPITAL ACCOUNTS General fund balance	315, 622, 675	I			52.00
53. 00	Specific purpose fund	313,022,073		,		53.00
54. 00	Donor created - endowment fund balance - restricted			0		54.00
55. 00	Donor created - endowment fund balance - unrestricted			O		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57. 00	Plant fund balance - invested in plant				0	1
58. 00	Plant fund balance - reserve for plant improvement,				0	58. 00
59. 00	replacement, and expansion Total fund balances (sum of lines 52 thru 58)	315, 622, 675			0	59. 00
60.00	Total liabilities and fund balances (sum of lines 51 and	479, 921, 438		=	0	
55. 55	[59]	, ,21, 130			O	55. 55
		•	•			•

Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES BALL MEMORIAL HOSPITAL

| Period: | Worksheet G-1 | From 01/01/2016 | To 12/21/2017 | Provider CCN: 15-0089

					Т		Date/Time Pro 5/22/2017 5::	ера 35	red: pm
		General	Fund	Speci al	Pui	rpose Fund	Endowment Fund	t	
								+	
		1.00	2. 00	3.00		4. 00	5. 00		
1. 00 2. 00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29)		281, 592, 709 54, 163, 655			0			1. 00 2. 00
3.00	Total (sum of line 1 and line 2)		335, 756, 364			0			3. 00
4.00	PENSI ON	8, 649, 160			0		(4. 00
5. 00 6. 00	DONTATED PP&E ROUNDING	3, 823, 767			0		(5. 00 6. 00
7. 00	INCOME! NO	0			0				7. 00
8.00		0			0				8. 00
9. 00 10. 00	Total additions (sum of line 4-9)	0	12, 472, 929		0	0	-	기.	9. 00 10. 00
11. 00	Subtotal (line 3 plus line 10)		348, 229, 293			0			11. 00
12. 00	UNRESTRICTED FUND BALANCE	32, 606, 618			0				12. 00
13. 00 14. 00		0			0				13. 00 14. 00
15. 00					0				15. 00
16. 00		O			0				16. 00
17. 00 18. 00	Total deductions (sum of lines 12-17)	0	32, 606, 618		0	0	-		17. 00 18. 00
19. 00	Fund balance at end of period per balance		315, 622, 675			0			19. 00
	sheet (line 11 minus line 18)		51	L				1	
		Endowment Fund	PI ant	Fund					
		6.00	7. 00	8. 00					
1.00	Fund balances at beginning of period	0			0				1. 00
2. 00 3. 00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2)	0			0				2. 00 3. 00
4. 00	PENSI ON		0		J				4. 00
5.00	DONTATED PP&E		0						5. 00
6. 00 7. 00	ROUNDI NG		0						6. 00 7. 00
8.00			0						8. 00
9.00	T + 1 - 11111 (0		0			١.	9. 00
10. 00 11. 00	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10)				0				10. 00 11. 00
12.00	UNRESTRICTED FUND BALANCE		0		J				12. 00
13.00			0						13.00
14. 00 15. 00			0						14. 00 15. 00
16. 00			0						16. 00
17.00	T + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +		0						17. 00
18. 00 19. 00	Total deductions (sum of lines 12-17) Fund balance at end of period per balance	0			0				18. 00 19. 00
	sheet (line 11 minus line 18)				-				

Health Financial Systems
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provider CCN: 15-0089

			To	12/31/2016	Date/Time Prep 5/22/2017 5:35	pared:
	Cost Center Description	Inpat	tient	Outpati ent	Total	Э ріп
	5551 5511t51 25551 FFT 511	1.		2. 00	3. 00	
	PART I - PATIENT REVENUES	· ·				
	General Inpatient Routine Services					
1.00	Hospi tal	164,	679, 737		164, 679, 737	1.00
2.00	SUBPROVI DER - I PF		0		0	2.00
3.00	SUBPROVI DER - I RF	9,	472, 800		9, 472, 800	3.00
4.00	SUBPROVI DER					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					7.00
8.00	NURSING FACILITY					8.00
9.00	OTHER LONG TERM CARE					9. 00
10.00	Total general inpatient care services (sum of lines 1-9)	174,	152, 537		174, 152, 537	10.00
	Intensive Care Type Inpatient Hospital Services					
11. 00	INTENSIVE CARE UNIT		555, 315		58, 555, 315	
12. 00	NEONATAL INTENSIVE CARE UNIT	15,	772, 030		15, 772, 030	
13. 00	BURN INTENSIVE CARE UNIT					13.00
14. 00	SURGI CAL I NTENSI VE CARE UNI T					14. 00
15. 00	OTHER SPECIAL CARE (SPECIFY)					15. 00
16. 00	Total intensive care type inpatient hospital services (sum of li	nes 74,	327, 345		74, 327, 345	16. 00
17 00	11-15)	240	470 000		240 470 002	17.00
17. 00	Total inpatient routine care services (sum of lines 10 and 16)	1	479, 882	FF4 040 (24	248, 479, 882	17. 00
18.00	Ancillary services		022, 495		1, 112, 072, 119	
19.00	Outpatient services	05,	707, 635	214, 084, 878	279, 792, 513 0	19. 00 20. 00
20. 00 21. 00	RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	21. 00
21.00	HOME HEALTH AGENCY		U	٩	٥	22. 00
23. 00	AMBULANCE SERVICES		13, 599	7, 035, 450	7, 049, 049	23. 00
24. 00	CMHC		13, 377	7, 033, 430	7, 047, 047	24. 00
25. 00	AMBULATORY SURGICAL CENTER (D. P.)					25. 00
26. 00	HOSPI CE					26. 00
27. 00	OTHER (RETAIL PHARMACY)		0	6, 658, 561	6, 658, 561	27. 00
28. 00	Total patient revenues (sum of lines 17-27)(transfer column 3 to	Wkst 872	223, 611		1, 654, 052, 124	
20.00	G-3, line 1)	0,2,	220,0	701,020,010	1,001,002,121	20.00
	PART II - OPERATING EXPENSES	, , , , , , , , , , , , , , , , , , ,		·		
29. 00	Operating expenses (per Wkst. A, column 3, line 200)			340, 832, 632		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			0			40. 00
41. 00			0			41. 00
42.00	Total deductions (sum of lines 37-41)			0		42.00
43. 00	Total operating expenses (sum of lines 29 and 36 minus line 42)	transfer		340, 832, 632		43.00
	to Wkst. G-3, line 4)		1	ļ		

	<u> </u>	LL MEMORIAL HOSPITAL	In Lie	u of Form CMS-2	2552-10
STATEM	ENT OF REVENUES AND EXPENSES	Provi der CCN: 15-0089	Peri od:	Worksheet G-3	
			From 01/01/2016 To 12/31/2016	Date/Time Pre	pared:
				5/22/2017 5: 3	
1 00		1 0 1: 00)		1.00	1.00
1.00	Total patient revenues (from Wkst. G-2, Part I, c			1, 654, 052, 124	
2.00	Less contractual allowances and discounts on pati	ents accounts		1, 277, 002, 762	
3.00	Net patient revenues (line 1 minus line 2)	11 11 42)		377, 049, 362	
4.00	Less total operating expenses (from Wkst. G-2, Pa			340, 832, 632	
5.00	Net income from service to patients (line 3 minus OTHER INCOME	s iine 4)		36, 216, 730	5. 00
6. 00	Contributions, donations, bequests, etc			0	6. 00
7. 00	Income from investments			0	
8.00	Revenues from telephone and other miscellaneous c	communication convices		0	
9. 00	Revenue from television and radio service	communication services		0	
10.00	Purchase di scounts			0	
11. 00	Rebates and refunds of expenses			0	
	Parking Lot receipts			0	
	Revenue from Laundry and Linen service			ŭ,	13. 00
	Revenue from meals sold to employees and guests			0	
	Revenue from rental of living quarters			0	
	Revenue from sale of medical and surgical supplie	es to other than nationts		0	
17. 00	Revenue from sale of drugs to other than patients			0	
	Revenue from sale of medical records and abstract				18. 00
	Tuition (fees, sale of textbooks, uniforms, etc.)				19. 00
	Revenue from gifts, flowers, coffee shops, and ca			0	
21. 00	Rental of vending machines			0	
22. 00	Rental of hospital space			0	
23. 00	Governmental appropriations			0	
	MI SCELLANEOUS I NCOME			17, 946, 925	
	Total other income (sum of lines 6-24)			17, 946, 925	
	Total (line 5 plus line 25)			54, 163, 655	
	OTHER EXPENSES (SPECIFY)			0	1
28. 00	Total other expenses (sum of line 27 and subscrip	ots)		0	28. 00
	Net income (or loss) for the period (line 26 minu			54, 163, 655	

	Financial Systems BALL MEMORIA ATION OF CAPITAL PAYMENT	Provi der CCN: 15-0089	Peri od:	u of Form CMS-2 Worksheet L	
0,12001			From 01/01/2016	Parts I-III	
			To 12/31/2016	Date/Time Pre 5/22/2017 5:3	
		Title XVIII	Hospi tal	PPS	- P
			•	1. 00	
	PART I - FULLY PROSPECTIVE METHOD			1.00	
	CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier			4, 893, 753	1.00
1. 01	Model 4 BPCI Capital DRG other than outlier			0	1. 01
2.00	Capital DRG outlier payments			44, 995	2.00
2. 01 3. 00	Model 4 BPCI Capital DRG outlier payments Total inpatient days divided by number of days in the cost	reporting period (see inst	rustions)	0 214. 01	2. 0° 3. 00
4. 00	Number of interns & residents (see instructions)	reporting period (see this	.i uctions)	60. 44	4.00
5. 00	Indirect medical education percentage (see instructions)			8. 30	5.00
6. 00	Indirect medical education adjustment (multiply line 5 by	the sum of lines 1 and 1.01	. columns 1 and	406, 181	6. 00
	1.01) (see instructions)		,		
7. 00	Percentage of SSI recipient patient days to Medicare Part 30) (see instructions)	A patient days (Worksheet E	E, part A line	6. 51	7. 00
8. 00	Percentage of Medicaid patient days to total days (see ins	tructions)		26. 69	8.00
9. 00	Sum of lines 7 and 8			33. 20	9.00
10.00	Allowable disproportionate share percentage (see instructi	ons)		6. 95	
11.00	Disproporti onate share adjustment (see instructions)			340, 116	
12. 00	Total prospective capital payments (see instructions)			5, 685, 045	12. 00
				1. 00	
	PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)			0	1.00
2.00	Program inpatient ancillary capital cost (see instructions Total inpatient program capital cost (line 1 plus line 2))		0	2. 00 3. 00
3. 00 4. 00	Capital cost payment factor (see instructions)			0	4.00
5. 00	Total inpatient program capital cost (line 3 x line 4)			0	5.00
	DADT LLL COMPUTATION OF EVOEDTION DAVMENTO			1. 00	
1. 00	PART III - COMPUTATION OF EXCEPTION PAYMENTS Program inpatient capital costs (see instructions)			0	1.00
2. 00	Program inpatient capital costs for extraordinary circumst	ances (see instructions)		0	2. 00
3. 00	Net program inpatient capital costs (line 1 minus line 2)	a		0	3.00
4. 00	Applicable exception percentage (see instructions)			0.00	4.00
5. 00	Capital cost for comparison to payments (line 3 x line 4)			0	5. 00
6. 00	Percentage adjustment for extraordinary circumstances (see			0.00	
7. 00	Adjustment to capital minimum payment level for extraordin	ary circumstances (line 2 x	(line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	11. 11. 5		0	8.00
9. 00 10. 00	Current year capital payments (from Part I, line 12, as ap Current year comparison of capital minimum payment level to		loss line (1)	0	9. 00 10. 00
11. 00	Carryover of accumulated capital minimum payment level ove Worksheet L, Part III, line 14)			0	11. 00
12. 00	· · · · · · · · · · · · · · · · · · ·	payments (line 10 plus lin	ne 11)	0	12. 00
13. 00	Current year exception payment (if line 12 is positive, en	1 3 1	,	0	13.00
14. 00	Carryover of accumulated capital minimum payment level ove (if line 12 is negative, enter the amount on this line)			0	14. 00
		i nstructi ons)		0	15.00
15. 00					
16. 00)		0	16. C