						5/24/2019 9	:59 am
PART I - COST	REPORT	STATUS					
Provi der	1. [X] Electronically filed	cost report		Date: 5/24/20)19 Time:	9: 59 a
use only	2. [] Manually submitted co	st report				
			report enter the number Enter "F" for full or "L		r resubmitted this o	ost report	
Contractor use only	(1) (2) (3) (4)]Cost Report Status As Submitted Settled without Audit Settled with Audit Reopened Amended		r this Provider CCN 1			

PART II - CERTIFICATION

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 CHIEF FINANCIAL 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 01/01/2018 and ending 12/31/2018 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.

[X]I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Si gned) JONATHAN VANATOR

CHIEF FINANCIAL OFFICER

Officer or Administrator of Provider(s)

Title

(Dated when report is electronically signed.)

		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	_					
Hospi tal	0	-555, 954	-145, 374	0	0	1. 00
Subprovi der - IPF	0	0	0		0	2. 00
Subprovi der - I RF	0	51, 074	-19		0	3. 00
Swing bed - SNF	0	0	0		0	5. 00
Swing bed - NF	0				0	6. 00
Total	0	-504, 880	-145, 393	0	0	200. 00
	PART III - SETTLEMENT SUMMARY Hospi tal Subprovi der - IPF Subprovi der - IRF Swing bed - SNF Swing bed - NF	1.00	Cost Center Description	Cost Center Description	Cost Center Description	Cost Center Description

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 01/01/2018 Part I 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am 3.00 4.00 Hospital and Hospital Health Care Complex Address: Street: 2401 UNIVERSITY AVENUE 1.00 PO Box: 1.00 State: IN Zip Code: 47303-3428 County: DELAWARE 2.00 City: MUNCIE 2.00 Component Name CCN CBSA Provi der Date Payment System (P, T, 0, or N) Certi fi ed Number Number Туре 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 34620 07/01/1966 Ν 0 3.00 Subprovi der - IPF 4.00 4.00 Subprovi der - IRF 5.00 BMH PHYSICAL REHAB 15T089 34620 5 07/01/1986 N Р 0 5.00 Subprovider - (Other) 6.00 6.00 Swing Beds - SNF 7.00 7.00 Swing Beds - NF 8.00 8.00 9.00 Hospi tal -Based SNF 9.00 10.00 Hospi tal -Based NF 10.00 Hospi tal -Based OLTC 11 00 11 00 12.00 Hospi tal -Based HHA 12.00 13.00 Separately Certified ASC 13.00 14.00 Hospi tal -Based Hospi ce 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: 1.00 2.00 12/31/2018 20.00 Cost Reporting Period (mm/dd/yyyy) 01/01/2018 20 00 21.00 Type of Control (see instructions) 21.00 2 1. 00 2. 00 3.00 Inpatient PPS Information Does this facility qualify and is it currently receiving payments for Υ Ν 22.00 disproportionate 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.

Did this hospital receive interim uncompensated care payments for this 22. 01 22 01 cost reporting 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) Is this a newly merged hospital that requires final uncompensated care 22.02 Ν Ν 22 02 payments to be 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 in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1. Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas 22.03 Ν Ν N 22.03 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 ves or "N" for no. Which method is used to determine Medicaid days on lines 24 and/or 25 Ν 23.00 below? In column 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

	date of discharge. Is the method of identifying tr							
rep	porting period different from the method used in th	ne prior cos	st					
rep	porting period? In column 2, enter "Y" for yes or	"N" for no.						
		In-State	In-State	Out-of	Out-of	Medi cai	d Other	
		Medi cai d	Medi cai d	State	State	HMO day	/s Medicaid	
		paid days	el i gi bl e	Medi cai d	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	1
24.00 If	this provider is an IPPS hospital, enter the	1, 174	191	17	88	18, 7	784 11	24.00
i n-	-state Medicaid paid days in column 1, in-state							
Med	dicaid eligible unpaid days in column 2,							
out	t-of-state Medicaid paid days in column 3,							
out	t-of-state Medicaid eligible unpaid days in column							
4,	Medicaid HMO paid and eligible but unpaid days in							
col	lumn 5, and other Medicaid days in column 6.							
1001 500	15 5 166 1							

	MEMORIAL HO				In Lieu of Form CMS-2552-			
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	ATA	Provider CC	Period: From 01/0	Peri od: Worksheet S-2 From 01/01/2018 Part I				
			To 12/3					
	In-State	In-State	Out-of	Out-of	Medi ca	aid ()ther	
	Medicaid paid days	Medicaid eligible	State Medicaid	State Medi cai d	HMO da	J	di cai d days	
	paru uays	unpai d	paid days	eligible			uays	
		days	. ,	unpai d				
25 00 lift this provider is an LDE enter the in state	1.00	2.00	3.00	4. 00	5. 00	412	6. 00	25 00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state)	ή	Ü		412		25. 00
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.								
						Date o		
26.00 Enter your standard geographic classification (not wa	age) status	at the bed	ainnina of t		00 1	2.	00	26. 00
cost reporting period. Enter "1" for urban or "2" for	rural.							
27.00 Enter your standard geographic classification (not wa reporting period. Enter in column 1, "1" for urban or				t	1			27. 00
enter the effective date of the geographic reclassifi			орг г саыге,					
35.00 If this is a sole community hospital (SCH), enter the	e number of	periods SC	CH status in		C			35. 00
effect in the cost reporting period.				Beai n	ni ng:	End	na:	
				1.	00		00	
36.00 Enter applicable beginning and ending dates of SCH storm of periods in excess of one and enter subsequent date		script line	36 for numb	er				36. 00
37.00 If this is a Medicare dependent hospital (MDH), enter		er of period	ds MDH statu	s	C			37. 00
is in effect in the cost reporting period.		•						
37.01 Is this hospital a former MDH that is eligible for the accordance with FY 2016 OPPS final rule? Enter "Y" for								37. 01
instructions)	or yes or	N TOT TIO.	(366					
38.00 If line 37 is 1, enter the beginning and ending dates								38. 00
greater than 1, subscript this line for the number of enter subsequent dates.	r perioas i	n excess of	one and					
					/N		/N	
39.00 Does this facility qualify for the inpatient hospital	novmont o	diustmont f	For Low volu		00 V		00 V	39. 00
hospitals in accordance with 42 CFR §412.101(b)(2)(i)					V	'	V	39.00
1 "Y" for yes or "N" for no. Does the facility meet	the mileage	requiremen	nts in					
accordance with 42 CFR 412.101(b)(2)(i), (ii), or (ii or "N" for no. (see instructions)	i)? Enter	in column 2	2 "Y" for ye	S				
40.00 Is this hospital subject to the HAC program reduction	n adjustmer	nt? Enter "\	" for yes o	r I	V		V	40. 00
"N" for no in column 1, for discharges prior to Octob			es or "N" f	or				
no in column 2, for discharges on or after October 1.	(see rnst	ructions)			V	XVIII	XIX	
					1. 00	2.00	3.00	
Prospective Payment System (PPS)-Capital 45.00 Does this facility qualify and receive Capital payment	at for disr	roporti opat	to share in	accordanco	N	Υ	Υ	45. 00
with 42 CFR Section §412.320? (see instructions)	it ioi uisp	л орог стопат	le share in	accor dance	I IN	'	'	45.00
46.00 Is this facility eligible for additional payment exce					N	N	N	46. 00
pursuant to 42 CFR §412.348(f)? If yes, complete Wksi Pt. III.	t. L, Pt. I	II and WKST	τ. L-1, Pτ.	i through				
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS of					N	N	N	47. 00
48.00 Is the facility electing full federal capital payment Teaching Hospitals	t? Enter "	Y" for yes	or "N" for	no.	N	N	N	48. 00
56.00 Is this a hospital involved in training residents in	approved 0	GME programs	s? Enter "Y	" for yes	Y			56. 00
or "N" for no.		. 0		,				
57.00 If line 56 is yes, is this the first cost reporting page GME programs trained at this facility? Enter "Y" for					1 N			57.00
is "Y" did residents start training in the first month								
for yes or "N" for no in column 2. If column 2 is "\"N", complete Wkst. D, Parts III & IV and D-2, Pt. II			t E-4. If co	lumn 2 is				
58.00 If line 56 is yes, did this facility elect cost reimb			ans' service	s as	N			58.00
defined in CMS Pub. 15-1, chapter 21, §2148? If yes,			D					F0 00
59.00 Are costs claimed on line 100 of Worksheet A? If yes	s, complete	WKST. D-2,	Pt. I. NAHE 413.8	R5 Works	neet A	Pass_T	hrough	59. 00
			Y/N		ie #	Qualif	cation	
						Cri teri	on Code	
			1. 00	2	00	3	00	
60.00 Are you claiming nursing and allied health education			Y Y	2.]	-	60.00
any programs that meet the criteria under §413.85? 60.01 If line 60 is yes, complete columns 2 and 3 for each					23. 00		1	60. 01
instructions)	program. (,500			∠J. UU	1		00.01
				•		•		•

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 01/01/2018 Part I Date/Time Prepared: 12/31/2018 5/24/2019 9:59 am Y/N IME Direct GME IME Direct GME 2.00 1.00 3. 00 4.00 5.00 12.00 61.00 61.00 Did your hospital receive FTE slots under ACA 12.00 section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) Enter the average number of unweighted primary care 61.01 FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions) 61.02 Enter the current year total unweighted primary care 61.02 FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions) 61.03 Enter the base line FTE count for primary care 61.03 and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions) Enter the number of unweighted primary care/or 61.04 surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions). 61.05 Enter the difference between the baseline primary 61.05 and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions) 61.06 Enter the amount of ACA \$5503 award that is being 61.06 used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions) Program Code Unweighted IME Unweighted Program Name FTE Count Direct GME FTE Count 3.00 1.00 2.00 4.00 61.10 Of the FTEs in line 61.05, specify each new program 0.00 0.00 61.10 specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count. 61.20 Of the FTEs in line 61.05, specify each expanded 0.00 0.00 61.20 program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count. 1.00 ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which 0.00 62.00 62.00 your hospital received HRSA PCRE funding (see instructions) Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital 62.01 0.00 62.01 during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Nonprovider Settings 63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 63.00

0.00	inds your ractifity trained restactits in nonprovider settings during this et	ost reporting p	CITOU: LITTOI		03.00
	"Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 6	57. (see instru	ctions)		
		Unwei ghted	Unwei ghted	Ratio (col. 1/	
		FTEs	FTEs in	(col. 1 + col.	
		Nonprovi der	Hospi tal	2))	
		Si te	·		
		1. 00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings	This base year	is your cost r	eporting	
	period that begins on or after July 1, 2009 and before June 30, 2010.	•	·		
4. 00	Enter in column 1, if line 63 is yes, or your facility trained residents	2. 75	15. 74	0. 148729	64.00
	in the base year period, the number of unweighted non-primary care				
	resident FTEs attributable to rotations occurring in all nonprovider				
	settings. Enter in column 2 the number of unweighted non-primary care				
	resident FTEs that trained in your hospital. Enter in column 3 the ratio				
	of (column 1 divided by (column 1 + column 2)). (see instructions)				

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 01/01/2018 Part I 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am Program Name Program Code Unwei ghted Unwei ghted Ratio (col. 3/ (col. 3 + col FTEs FTEs in Nonprovi der Hospi tal 4)) Si te 1.00 2.00 3.00 4.00 5.00 65.00 Enter in column 1, if line 63 is yes, or your facility FAMILY MEDICINE 1350 3. 21 21. 04 0. 132371 65. 00 trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in 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) <u>6</u>5. 01 13. 76 0. 235980 65. 01 INTERNAL MEDICINE 1400 4.25 Ratio (col. Unwei ghted Unwei ghted FTEs FTEs in (col. 1 + col Nonprovi der Hospi tal 2)) 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 2. 45 66.00 Enter in column 1 the number of unweighted non-primary care resident 7.55 0. 245000 66. 00 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) Unwei ghted Program Name Program Code Unwei ghted Ratio (col. 3/ FTEs FTEs in (col. 3 + colNonprovi der Hospi tal 4)) Si te 3. 00 1.00 2.00 4.00 5.00 67.00 Enter in column 1, the program FAMILY MEDICINE 1350 10.80 18.86 0. 364127 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) <u>6</u>7. 01 1400 4. 94 19. 16 INT MEDICINE 0. 204979 67. 01

Inpatient Psychiatric Facility PPS 70.00 Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? N Enter "Y" for yes or "N" for no. 71.00 If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most N 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			1. 00	2. 00	3.00	
Enter "Y" for yes or "N" for no. 71.00 If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most 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		Inpatient Psychiatric Facility PPS				
71.00 If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most 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	70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider?	N			70.00
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		Enter "Y" for yes or "N" for no.				
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	71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most	N		0	71.00
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		recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see				
Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions) Inpatient Rehabilitation Facility PPS						
(see instructions) Inpatient Rehabilitation Facility PPS		program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no.				
Inpatient Rehabilitation Facility PPS		Column 3: If column 2 is Y, indicate which program year began during this cost reporting period.				
		(see instructions)				
75 00 - thi- fility le-sticat Debelilitation Fility (LDE) de itt-in LDE		Inpatient Rehabilitation Facility PPS				
75.00 Its this facility an inpatient kenabilitation facility (IRF), or does it contain an IRF Y 75.00	75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF	Y			75.00
subprovider? Enter "Y" for yes and "N" for no.		subprovider? Enter "Y" for yes and "N" for no.				

107.00

108.00

Ν

N

107.00 If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If

108.00 Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.

reimbursed. If yes complete Wkst. D-2, Pt. II.

yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost

are claimed, enter in column 2 the home office chain number. (see instructions)

Health Financial Systems BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0089 Peri od: Worksheet S-2 From 01/01/2018 Part I 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am 3.00 If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number
Name: INDIANA UNIVERISTY HEALTH INC | Contractor's Name: WPS 141.00 Name: INDIANA UNIVERISTY HEALTH INC Contractor's Number: 08101 141 00 142.00 Street: 340 W. 10TH STREET PO Box: 142.00 143.00 City: INDIANAPOLIS State: 46202 143. 00 Zip Code: 1.00 144.00 Are provider based physicians' costs included in Worksheet A? 144. 00 γ 1. 00 2.00 145.00|If costs for renal services are claimed on Wkst. A, line 74, are the costs for 145 00 inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2. 146.00 Has the cost allocation methodology changed from the previously filed cost report? 11/15/2018 146.00 Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2. 1.00 147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no. 148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no. 147. 00 148 00 N 149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no Ν 149.00 Part A Part B Title V Title XIX 1.00 2.00 3.00 4.00 Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13) 155.00 Hospi tal N 155.00 Ν 156.00 Subprovi der - IPF Ν Ν Ν Ν 156.00 157.00 Subprovi der - IRF 157 00 N Ν Ν N 158. 00 SUBPROVI DER 158. 00 159.00 SNF Ν Ν Ν Ν 159. 00 160.00 HOME HEALTH AGENCY 160. 00 Ν Ν Ν Ν 161.00 CMHC Ν Ν N 161. 00 1.00 Multicampus 165.00 s this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? N 165.00 Enter "Y" for yes or "N" for no. Name County State Zip Code CBSA FTE/Campus 0 1.00 2.00 3.00 4.00 5.00 166.00 If line 165 is yes, for each 0.00 166.00 campus enter the name in column O, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) 1.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act 167.00 is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no. 167 00 168.00 of this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the d168. 00 reasonable cost incurred for the HIT assets (see instructions) 168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship 168.01 exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions) 00

169.00 f this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N transition factor. (see instructions)	, .		169. 00
	Begi nni ng	Endi ng	
	1. 00	2. 00	
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2018	03/31/2018	170. 00
	1. 00	2. 00	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "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 instructions)	Y	1, 446	171. 00

	Financial Systems BALL MEMORIA AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		CN: 15-0089	Peri od: From 01/01/2018 To 12/31/2018	Date/Time Pro	2 epared
				\/ /N	5/24/2019 9:	59 am
				Y/N 1,00	Date	
	General Instruction: Enter Y for all YES responses. Enter Nmm/dd/yyyy format. COMPLETED BY ALL HOSPITALS	lfor all NO re	esponses. Ente	1.00 er all dates in 1	2.00 the	
00	Provider Organization and Operation					
00	Has the provider changed ownership immediately prior to the reporting period? If yes, enter the date of the change in c	column 2. (see	instructions)		V/I	1. (
			1.00	2. 00	3. 00	
00	Has the provider terminated participation in the Medicare F yes, enter in column 2 the date of termination and in colum		N N	2.00	0.00	2.
00	voluntary or "I" for involuntary. Is the provider involved in business transactions, includir contracts, with individuals or entities (e.g., chain home or medical supply companies) that are related to the provide officers, medical staff, management personnel, or members of directors through ownership, control, or family and other relationships? (see instructions)	offices, drug der or its of the board	Y			3. (
			Y/N	Type	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" for "R" for Reviewed. Submit complete copy or enter date available.	for Compiled,	Y	A		4.
00	column 3. (see instructions) If no, see instructions. Are the cost report total expenses and total revenues differenthose on the filed financial statements? If yes, submit recommendations and total recommendations are submit recommendations.		N			5.
	Approved Educational Activities			Y/N 1. 00	Legal Oper. 2.00	
00	Approved Educational Activities Column 1: Are costs claimed for nursing school? Column 2:	If ves is th	ne provider is	s N		6.
00	the legal operator of the program?	300,	.o p. ov. do			0.
00 00	Are costs claimed for Allied Health Programs? If "Y" see in Were nursing school and/or allied health programs approved cost reporting period? If yes, see instructions.		d during the	Y N		7. 8.
00	Are costs claimed for Interns and Residents in an approved program in the current cost report? If yes, see instruction		cal education	Y		9.
. 00	Was an approved Intern and Resident GME program initiated cost reporting period? If yes, see instructions. Are GME cost directly assigned to cost centers other than I			N N		10.
. 00	Teaching Program on Worksheet A? If yes, see instructions.	a K III ali App	or oved	IV .	Y/N	11.
	lo 1 0 1 1				1. 00	
. 00	Bad Debts Is the provider seeking reimbursement for bad debts? If yes	s soo instruct	tions		Y	12.
. 00	If line 12 is yes, did the provider's bad debt collection period? If yes, submit copy.			ost reporting	N	13.
	If line 12 is yes, were patient deductibles and/or co-payme Bed Complement				N	14.
. 00	Did total beds available change from the prior cost reporti		yes, see inst t A		t B	15.
		Y/N	Date	Y/N	Date	
		1.00	2.00	3. 00	4. 00	
00	PS&R Data 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	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	Y	04/03/2019	Y	04/03/2019	17.
00	in columns 2 and 4. (see instructions)	N		N		18.
. 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.

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 01/01/2018 To 12/31/2018	Worksheet S Part II Date/Time P 5/24/2019 9	repared:
		Descri	pti on	Y/N	Y/N	, o, a
		()	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
	,	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	PT CHILDRENS H	OSPI TALS)		1.00	
	Capi tal Related Cost					
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.	due to apprais	als made dur	ing the cost	N	23. 00
24. 00	Were new leases and/or amendments to existing leases entered if yes, see instructions	porting period?	N	24. 00		
25. 00	Have there been new capitalized leases entered into during instructions.	the cost repor	ting period?	If yes, see	N	25. 00
26. 00	Were assets subject to Sec. 2314 of DEFRA acquired during the instructions.	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	ntered into dur	ing the cost	reporting	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		N	31. 00		
011.00	instructions. Purchased Services			, 330		_
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 app. no, see instructions.		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 ar If 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	provi der-based	N	35. 00
	phrysicians during the cost reporting period: ir yes, see ir	istractions.		Y/N	Date	
				1. 00	2. 00	
	Home Office Costs					
36. 00 37. 00	Were home office costs claimed on the cost report? If line 36 is yes, has a home office cost statement been pr	repared by the	home office?	Y		36. 00 37. 00
38. 00	If yes, see instructions. If line 36 is yes , was the fiscal year end of the home off			N		38. 00
39. 00	j '			, Y		39. 00
40. 00	see instructions. If line 36 is yes, did the provider render services to the	home office?	If yes, see	N		40. 00
	i nstructi ons.					
		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		317-962-1093		RUTTER@I UHEALTI	H. ORG	43. 00
	report preparer in columns 1 and 2, respectively.	I				II

Heal th Financial	Systems	BALL MEMORIA	L HOSPITA	L	In Lieu of Form CMS-2552-10			
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE			Provi	der CCN: 15-0089	Peri Fron To	i od: m 01/01/2018 12/31/2018	Date/Time Pre	pared:
							5/24/2019 9:5	9 am
				3. 00				
Cost Repor	t Preparer Contact Information	1						
	first name, last name and the ne cost report preparer in colu ely.		DI RECTOR, PROGRAMS	GOVERNMENT				41. 00
42.00 Enter the preparer.	employer/company name of the o	cost report						42. 00
43.00 Enter the	telephone number and email add eparer in columns 1 and 2, resp							43. 00

 Heal th Financial
 Systems
 BALL M

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

					To	12/31/2018	Date/Time Pre 5/24/2019 9:5	
							I/P Days / 0/P	7 alli
							Visits / Trips	
	Component	Worksheet A	No.	of Beds	Bed Days	CAH Hours	Title V	
	·	Line Number			Avai I abl e			
		1. 00		2. 00	3. 00	4. 00	5. 00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30. 00		261	95, 265	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 I RF Subprovi der							4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF						0	5. 00
6.00	Hospital Adults & Peds. Swing Bed NF			2/1	05 2/5	0.00	0	
7. 00	Total Adults and Peds. (exclude observation			261	95, 265	0. 00	0	7. 00
8. 00	beds) (see instructions) INTENSIVE CARE UNIT	31. 00		36	13, 140	0.00	0	8.00
9. 00	CORONARY CARE UNIT	32. 00	l .	30	13, 140	0.00		
10. 00	BURN INTENSIVE CARE UNIT	32.00		U	U	0.00	0	10.00
11. 00	SURGICAL INTENSIVE CARE UNIT							11.00
12. 00	NEONATAL INTENSIVE CARE UNIT	35. 00		23	8, 395	0.00	0	12.00
13. 00	NURSERY	43. 00	l .	23	0, 373	0.00	0	13. 00
14. 00	Total (see instructions)	43.00		320	116, 800	0.00		14.00
15. 00	CAH visits			020	110,000	0.00	Ö	15. 00
16. 00	SUBPROVI DER - I PF	40. 00		0	0		0	16. 00
17. 00	SUBPROVIDER - IRF	41. 00	l .	16	5, 840		0	17. 00
18. 00	SUBPROVI DER				.,			18. 00
19. 00	SKILLED NURSING FACILITY							19. 00
20.00	NURSING FACILITY							20.00
21.00	OTHER LONG TERM CARE							21. 00
22.00	HOME HEALTH AGENCY							22. 00
23.00	AMBULATORY SURGICAL CENTER (D. P.)							23. 00
24.00	HOSPI CE							24. 00
24. 10	HOSPICE (non-distinct part)	30. 00						24. 10
25. 00	CMHC - CMHC							25. 00
26. 00	RURAL HEALTH CLINIC							26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89. 00					0	
27. 00	Total (sum of lines 14-26)			336				27. 00
28. 00	Observation Bed Days						0	28. 00
29. 00	Ambul ance Tri ps							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	2, 920			32. 00
32. 01	Total ancillary labor & delivery room							32. 01
22 00	outpatient days (see instructions)							33.00
33. 00	LTCH non-covered days LTCH site neutral days and discharges							33.00
33.01	LETON SI LE NEUTI AL L'Ays and di schal ges		I				I	J 33. UI

Health Financial Systems BALL MOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

In Lieu of Form CMS-2552-10

Period: Worksheet S-3

From 01/01/2018 Part I

To 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am Provider CCN: 15-0089

						5/24/2019 9:5	9 am
		I/P Days	/ O/P Visits	/ Trips	Full Time	Equi val ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6. 00	7. 00	8. 00	9. 00	10.00	
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30, 821	809	65, 576			1. 00
2.00	HMO and other (see instructions)	12, 155	17, 660				2.00
3.00	HMO IPF Subprovider	o	0				3. 00
4.00	HMO IRF Subprovider	210	412				4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	C			5. 00
6.00	Hospital Adults & Peds. Swing Bed NF		0				6. 00
7. 00	Total Adults and Peds. (exclude observation beds) (see instructions)	30, 821	809	65, 576			7. 00
8.00	INTENSIVE CARE UNIT	4, 594	323	10, 075			8. 00
9.00	CORONARY CARE UNIT	0	0	C			9. 00
10.00	BURN INTENSIVE CARE UNIT						10. 00
11. 00	SURGICAL INTENSIVE CARE UNIT						11. 00
12.00	NEONATAL INTENSIVE CARE UNIT	0	29				12.00
13.00	NURSERY	05 445	1, 433			4 000 7/	13.00
14.00	Total (see instructions)	35, 415	2, 594			1, 820. 76	14. 00 15. 00
15. 00 16. 00	CAH visits SUBPROVIDER - IPF	0	0			0.00	
17. 00	SUBPROVIDER - I RF	2, 529	0	1	0.00		•
18. 00	SUBPROVI DER	2, 327	0	4,031	0.00	25.05	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)			1, 279			24. 10
25. 00	CMHC - CMHC						25. 00
26. 00	RURAL HEALTH CLINIC						26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	C			
27. 00	Total (sum of lines 14-26)		1.41	, , , , ,	63. 76	1, 844. 59	1
28. 00 29. 00	Observation Bed Days Ambulance Trips	1, 774	141	6, 607			28. 00 29. 00
30. 00	Employee discount days (see instruction)	1,774		l c			30.00
31. 00	Employee discount days (see l'istruction)						31.00
32. 00	Labor & delivery days (see instructions)	0	11	~			32. 00
32. 01	Total ancillary labor & delivery room			1			32. 01
	outpatient days (see instructions)]			
33.00	LTCH non-covered days	0					33. 00
33. 01	LTCH site neutral days and discharges	0					33. 01

Health Financial Systems BALL MOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Peri od: | Worksheet S-3 | From 01/01/2018 | Part | To 12/31/2018 | Date/Time Prepared: Provider CCN: 15-0089

				To	12/31/2018	Date/Time Prep 5/24/2019 9:59	
		Full Time		Di sch	arges	372472017 7.3	7 CIII
		Equi val ents			Ţ.		
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
		Workers				Pati ents	
		11. 00	12. 00	13. 00	14. 00	15. 00	
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 and		0	6, 780	157	16, 806	1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
2 00	for the portion of LDP room available beds)			2, 076	2, 985		2 00
2. 00 3. 00	HMO and other (see instructions) HMO IPF Subprovider			2,076	2, 985		2. 00 3. 00
4.00	HMO IRF Subprovider				26		4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF				20		5. 00
6. 00	Hospital Adults & Peds. Swing Bed NF						6. 00
7. 00	Total Adults and Peds. (exclude observation						7. 00
7.00	beds) (see instructions)						7.00
8. 00	INTENSIVE CARE UNIT						8. 00
9.00	CORONARY CARE UNIT						9. 00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11. 00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14. 00	Total (see instructions)	0. 00	0	6, 780	157	16, 806	
15. 00	CAH visits						15. 00
16. 00	SUBPROVI DER - I PF	0. 00	0	-	0	0	16. 00
17. 00	SUBPROVI DER - I RF	0. 00	0	177	0	275	17. 00
18.00	SUBPROVI DER						18. 00
19.00	SKILLED NURSING FACILITY						19. 00
20. 00 21. 00	NURSING FACILITY OTHER LONG TERM CARE						20. 00 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)						24. 10
25. 00	CMHC - CMHC						25. 00
26.00	RURAL HEALTH CLINIC						26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0. 00					26. 25
27. 00	Total (sum of lines 14-26)	0. 00					27. 00
28. 00	Observation Bed Days						28. 00
29. 00	Ambul ance Tri ps						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)						32.00
32. 01	Total ancillary labor & delivery room						32. 01
33. 00	outpatient days (see instructions) LTCH non-covered days			0			33. 00
	LTCH non-covered days LTCH si te neutral days and discharges			0			33. 00
JJ. UI	Eron or to houtrar days and drocharges	1		1 9			55.01

| In Lieu of Form CMS-2552-10 | Period: | Worksheet S-3 | From 01/01/2018 | Part II | To 12/31/2018 | Date/Time Prepared: | Pr

					To	12/31/2018	Date/Time Prep 5/24/2019 9:5	
		Wkst. A Line	Amount	Reclassificati		Paid Hours	Average Hourly	
		Number	Reported	on of Salaries (from Wkst.	Sal ari es (col. 2 ± col.	Related to Salaries in	Wage (col. 4 ÷ col. 5)	
		1.00	2. 00	A-6) 3.00	3) 4.00	<u>col . 4</u> 5. 00	6. 00	
	PART II - WAGE DATA	1.00	2.00	3.00	4.00	5.00	6.00	
	SALARI ES	222 22	110 007 710	1 450 705	100 (70 000	2 22/ 755 52	00.50	
1. 00	Total salaries (see instructions)	200. 00	110, 337, 713	-658, 725	109, 678, 988	3, 836, 755. 59	28. 59	1.00
2.00	Non-physician anesthetist Part		0	C	o	0.00	0.00	2. 00
3.00	A Non-physician anesthetist Part		0	0	o	0.00	0.00	3. 00
	В							
4. 00	Physician-Part A - Administrative		Ü		O	0.00	0.00	4. 00
4. 01	Physicians - Part A - Teaching		0	_	0	0.00		
5. 00	Physician and Non Physician-Part B		0		0	0.00	0.00	5. 00
6.00	Non-physician-Part B for		0	C	o	0.00	0.00	6. 00
	hospital-based RHC and FQHC services							
7. 00	Interns & residents (in an	21. 00	0	3, 853, 060	3, 853, 060	138, 580. 00	27. 80	7. 00
7. 01	approved program) Contracted interns and		0	0		0.00	0.00	7. 01
	residents (in an approved		_			2. 2.		
8. 00	programs) Home office and/or related		0	0	0	0.00	0. 00	8. 00
	organization personnel		· ·					
9. 00 10. 00	SNF Excluded area salaries (see	44. 00	0 6, 559, 538	0 1, 358, 878	0 7, 918, 416	0. 00 261, 977. 29		
10.00	instructions)			1, 000, 070	7,710,110	201, 777. 27	50. 25	10.00
11. 00	OTHER WAGES & RELATED COSTS Contract labor: Direct Patient		5, 948, 463	1 0	5, 948, 463	84, 813. 45	70. 14	11.00
	Care					·		
12. 00	Contract labor: Top level management and other		0	O	0	0.00	0.00	12. 00
	management and administrative							
13. 00	services Contract Labor: Physician-Part		6, 101, 445	0	6, 101, 445	47, 045. 86	129 69	13. 00
	A - Administrative							
14. 00	Home office and/or related organization salaries and		0	O	0	0.00	0.00	14. 00
	wage-related costs							
14. 01 14. 02	Home office salaries Related organization salaries		31, 034, 682	0	31, 034, 682	913, 652. 00 0. 00		14. 01 14. 02
15. 00	Home office: Physician Part A		0	Ö	o o	0.00		
16. 00	- Administrative Home office and Contract		0	C	0	0.00	0. 00	16. 00
10.00	Physicians Part A - Teaching					0.00	0.00	10.00
17. 00	WAGE-RELATED COSTS Wage-related costs (core) (see		46, 764, 924		46, 764, 924			17. 00
17.00	instructions)		40, 704, 924		40, 704, 924			17.00
18. 00	Wage-related costs (other) (see instructions)		0	O	0			18. 00
19. 00	Excluded areas		3, 702, 886	C	3, 702, 886			19. 00
20. 00	Non-physician anesthetist Part		0	C	0			20. 00
21. 00	Non-physician anesthetist Part		0	C	o			21. 00
22. 00	B Physician Part A -		0	0				22. 00
	Admi ni strati ve		O		il il			
22. 01 23. 00	Physician Part A - Teaching Physician Part B		0	0	0			22. 01 23. 00
24. 00	Wage-related costs (RHC/FQHC)		0	Ö				24. 00
25. 00	Interns & residents (in an approved program)		967, 620	O	967, 620			25. 00
25. 50	Home office wage-related		8, 694, 683	C	8, 694, 683			25. 50
25. 51	(core) Related organization		0					25. 51
25.51	wage-related (core)		O	1	ή			25.51
25. 52	Home office: Physician Part A - Administrative -		0	O	이			25. 52
	wage-related (core)							
25. 53	Home office & Contract		0	O	0			25. 53
	Physicians Part A - Teaching - wage-related (core)							
26 00	OVERHEAD COSTS - DIRECT SALARIE		2E 020		25 020	2 090 40	17 27	26 00
26. 00 27. 00	Employee Benefits Department Administrative & General	4. 00 5. 00	35, 920 7, 208, 901			2, 080. 40 141, 880. 85		26. 00 27. 00
		· · · · · · · · · · · · · · · · · · ·		•				

| In Lieu of Form CMS-2552-10 | Period: | Worksheet S-3 | From 01/01/2018 | Part II | To 12/31/2018 | Date/Time Prepared: | Pr

					'	0 12/31/2010	5/24/2019 9:59	
		Wkst. A Line	Amount	Reclassi fi cati	Adj usted	Pai d Hours	Average Hourly	
		Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from Wkst.	(col.2 ± col.	Salaries in	col . 5)	
				A-6)	3)	col. 4		
		1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	
28. 00	Administrative & General under		203, 276	0	203, 276	2, 052. 51	99. 04	28. 00
	contract (see inst.)							
29. 00	Maintenance & Repairs	6. 00				·		29. 00
30.00	Operation of Plant	7. 00		-94, 977	1, 367, 294	55, 504. 75		30.00
31. 00	Laundry & Linen Service	8. 00		0	0	0.00		
32.00	Housekeepi ng	9. 00	2, 702, 089	-18, 422	2, 683, 667	197, 166. 05	13. 61	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, 602, 236	-1, 261, 822	1, 340, 414	78, 561. 75	17. 06	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, 247, 844	1, 247, 844	89, 582. 00	13. 93	36.00
37.00	Maintenance of Personnel	12. 00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13. 00	6, 089, 668	-247, 152	5, 842, 516	186, 336. 26	31. 35	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, 796, 766	-347, 131	4, 449, 635	121, 749. 13	36. 55	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	484, 492	-1, 296	483, 196	38, 002. 16	12. 71	43.00

Health Financial Systems
HOSPITAL WAGE INDEX INFORMATION BALL MEMORIAL HOSPITAL

| In Lieu of Form CMS-2552-10 | Period: Worksheet S-3 | From 01/01/2018 Part III | To 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am Provider CCN: 15-0089

						5/24/2019 9:59	<u>am</u>
	Worksheet A	Amount	Reclassi fi cati	Adj usted		Average Hourly	
	Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
			(from	(col.2 ± col.	Salaries in	col . 5)	
			Worksheet A-6)	3)	col. 4		
	1. 00	2.00	3.00	4. 00	5. 00	6. 00	
PART III - HOSPITAL WAG	E INDEX SUMMARY						
1.00 Net salaries (see		110, 540, 989	-4, 511, 785	106, 029, 204	3, 700, 228. 10	28. 65	1.00
instructions)							
2.00 Excluded area salaries	(see	6, 559, 538	1, 358, 878	7, 918, 416	261, 977. 29	30. 23	2.00
instructions)							
3.00 Subtotal salaries (line	1	103, 981, 451	-5, 870, 663	98, 110, 788	3, 438, 250. 81	28. 54	3.00
minus line 2)							
4.00 Subtotal other wages &	rel ated	43, 084, 590	0	43, 084, 590	1, 045, 511. 31	41. 21	4.00
costs (see inst.)							
5.00 Subtotal wage-related c	osts	55, 459, 607	0	55, 459, 607	0.00	56. 53	5.00
(see inst.)							
6.00 Total (sum of lines 3 t	hru 5)	202, 525, 648	-5, 870, 663	196, 654, 985	4, 483, 762. 12	43. 86	6.00
7.00 Total overhead cost (se	e	28, 616, 322	-1, 284, 653	27, 331, 669	1, 044, 623. 54	26. 16	7.00
instructions)							

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lieu of Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS	Provi der CCN: 15-0089	Peri od: Worksheet S-3 From 01/01/2018 Part IV To 12/31/2018 Date/Time Prepared:

		Ţ	o 12/31/2018	Date/Time Prep 5/24/2019 9:50	
		·		Amount	
				Reported	
				1. 00	
	PART IV - WAGE RELATED COSTS				
	Part A - Core List				
	RETI REMENT COST				
1.00	401K Employer Contributions			3, 834, 207	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0	3. 00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			20, 595, 023	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0	5. 00
6.00	Legal /Accounting/Management Fees-Pension Plan			0	6. 00
7.00	Employee Managed Care Program Administration Fees			0	7. 00
	HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0	8. 00
8. 01	Health Insurance (Self Funded without a Third Party Administrator)			0	8. 01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			16, 918, 186	8. 02
8.03	Health Insurance (Purchased)			0	8. 03
9.00	Prescription Drug Plan			0	9. 00
10.00	Dental, Hearing and Vision Plan			536, 419	10.00
11.00	Life Insurance (If employee is owner or beneficiary)			56, 792	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)			812, 415	13. 00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0	14.00
15.00	'Workers' Compensation Insurance			631, 494	15. 00
16.00	Retirement Health Care Cost (Only current year, not the extraordinal	ry accrual required l	by FASB 106.	0	16. 00
	Non cumulative portion)		,		
	TAXES		,		
17.00	FICA-Employers Portion Only			7, 907, 977	17. 00
18.00	Medicare Taxes - Employers Portion Only			0	18. 00
19.00	Unemployment Insurance			0	19. 00
20.00	State or Federal Unemployment Taxes			17, 250	20.00
	OTHER		•		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported	d on lines 1 through	4 above. (see	0	21. 00
	instructions))	9	, i		
22.00	Day Care Cost and Allowances			0	22. 00
23.00				125, 666	23. 00
24.00	Total Wage Related cost (Sum of lines 1 -23)			51, 435, 429	24.00
	Part B - Other than Core Related Cost		•		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0	25. 00

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lie	u of Form CMS-2	2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST		Peri od: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Pre 5/24/2019 9:50	pared:
Cost Center Description		Contract Labor 1.00	Benefit Cost 2.00	
PART V - Contract Labor and Benefit Cost		<u> </u>		

			3/24/2019 9.3	7 alli
	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	5, 948, 463	51, 435, 429	1.00
2.00	Hospi tal	5, 948, 463	51, 435, 429	2.00
3.00	Subprovi der - IPF	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
11.00	Hospi tal -Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospi tal -Based Hospi ce			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15. 00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospi tal -Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	0ther	0	0	18.00

CDIT	Financial Systems ALL UNCOMPENSATED AND INDIGENT CARE DATA BALL MEMORIAL HOSPI Pro	vider CCN: 15-0089	Peri od:	u of Form CMS-2 Worksheet S-10		
13PI I	AL UNCOMPENSATED AND INDIGENT CARE DATA	Nidel CCN: 15-0089	From 01/01/2018	worksneet 3-10	U	
			To 12/31/2018	Date/Time Pre	pare	
				5/24/2019 9:50	9 am	
				1. 00		
	Uncompensated and indigent care cost computation				1	
00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divide	ed by line 202 colu	mn 8)	0. 183991	1.	
00	Medicaid (see instructions for each line) Net revenue from Medicaid			54, 343, 960	2.	
00	Did you receive DSH or supplemental payments from Medicaid?			γ	3.	
00	If line 3 is yes, does line 2 include all DSH and/or supplemental	payments from Medi	cai d?	Υ	4.	
00	If line 4 is no, then enter DSH and/or supplemental payments from	Medi cai d		0		
00	Medi cai d charges			335, 496, 342		
00 00	Medicaid cost (line 1 times line 6) Difference between net revenue and costs for Medicaid program (lin	ao 7 minus sum of L	ince 2 and E. if	61, 728, 307 7, 384, 347	1	
00	<pre> < zero then enter zero)</pre>	ie / iii iius suiii oi i	riles 2 and 5, 11	7, 304, 347	0.	
	Children's Health Insurance Program (CHIP) (see instructions for e	each line)				
00	Net revenue from stand-alone CHIP			0	1	
. 00	Stand-allone CHIP charges			0		
. 00	Stand-alone CHIP cost (line 1 times line 10) Difference between net revenue and costs for stand-alone CHIP (line)	ao 11 minus lino O	if a zoro thon	0	11.	
. 00	lenter zero)	le 11 illi lius 11 lie 9,	II < Zero then	U	12.	
	Other state or local government indigent care program (see instruc	ctions for each line	e)			
. 00	Net revenue from state or local indigent care program (Not include				13.	
. 00	Charges for patients covered under state or local indigent care pr	rogram (Not include	d in lines 6 or	0	14.	
. 00	10) State or local indigent care program cost (line 1 times line 14)			0	15.	
. 00		ent care program (L	ine 15 minus line		16	
	13; if < zero then enter zero)					
	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line)	and state/local ind	gent care program	ns (see		
. 00					17.	
. 00	Government grants, appropriations or transfers for support of hosp		ma (aum of Linea	7 204 247		
. 00	Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16)	idigent care progra	iis (Suiii 01 1111es	7, 384, 347	19.	
		Uni nsured	l Insured	Total (col. 1		
		pati ents		+ col . 2)		
	Uncompared Care (see instructions for each line)	1.00	2. 00	3. 00		
. 00	Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facili	ty 42, 883,	537, 226	43, 420, 670	20.	
. 00	(see instructions) Cost of patients approved for charity care and uninsured discounts	s (see 7,890,	168 537, 226	8, 427, 394	21.	
. 00	instructions) Payments received from patients for amounts previously written of	f as 187,	564 34, 283	221, 847	22	
. 00	charity care	107,	34, 203	221, 047	22.	
. 00		7, 702,	604 502, 943	8, 205, 547	23.	
00	Door the emplies on line 20 column 2 include charges for national	daya bayand a Langt	h of otov limit	1. 00 N	24.	
. 00	imposed on patients covered by Medicaid or other indigent care program?					
	If line 24 is yes, enter the charges for patient days beyond the istay limit		am S Ferrytti Of	0		
. 00	Total bad debt expense for the entire hospital complex (see instru			23, 466, 024		
. 00	Medicare reimbursable bad debts for the entire hospital complex (see	,		1, 506, 771 2, 318, 110	1	
01	, , , , , , , , , , , , , , , , , , , ,	instructions)		21, 147, 914	1	
	INON-Medicare pad dept expense (see instructions)					
. 01 . 00 . 00	Non-Medicare bad debt expense (see instructions) Cost of non-Medicare and non-reimbursable Medicare bad debt expense	se (see instruction	s)	4, 702, 365		
3. 00 9. 00 9. 00	' '	•	s)		29. 30.	

	Financial Systems	BALL MEMORIAL		1-		u of Form CMS-2	2552-10
RECLAS	SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	F EXPENSES	Provi der CC		eriod: rom 01/01/2018	Worksheet A	
					o 12/31/2018	Date/Time Pre	
	Cost Contan Decemintion	Calarias	O+box	Total (sol 1	Dool agai fi agti	5/24/2019 9:50	9 am
	Cost Center Description	Sal ari es	Other	+ col . 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance	
				+ (01. 2)	ons (see A-o)	(col. 3 +-	
						col . 4)	
		1.00	2.00	3. 00	4. 00	5. 00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		5, 229, 435	5, 229, 435	20, 669, 228	25, 898, 663	1. 00
3.00	00300 OTHER CAPITAL RELATED COSTS		0	C	0	0	3. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	35, 920	904, 634	940, 554		21, 683, 810	4.00
5. 01	01160 COMMUNI CATI ONS	471, 577	267, 454	739, 031	-164, 515	574, 516	5. 01
5. 02 5. 04	00550 DATA PROCESSING 00570 ADMITTING	795, 723	267, 601	1, 063, 324	-197, 232	0 866, 092	5. 02 5. 04
5. 05	00570 ADMITTING 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	795, 725	207, 001	1, 003, 324	- 197, 232	000, 092	5. 05
5. 06	00590 OTHER ADMINISTRATIVE AND GENERAL	5, 941, 601	76, 915, 579	82, 857, 180	-1, 662, 168	81, 195, 012	5. 06
6. 00	00600 MAINTENANCE & REPAIRS	3, 030, 703	15, 447, 550	18, 478, 253		9, 465, 470	6. 00
7.00	00700 OPERATION OF PLANT	1, 462, 271	5, 023, 347	6, 485, 618		6, 636, 975	7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	C	1, 381, 371	1, 381, 371	8. 00
9.00	00900 HOUSEKEEPI NG	2, 702, 089	1, 820, 077	4, 522, 166	-1, 452, 882	3, 069, 284	9. 00
10. 00	01000 DI ETARY	2, 602, 236	2, 653, 171	5, 255, 407		2, 113, 107	10.00
11.00	01100 CAFETERI A	0	0	0	_, -,	2, 330, 042	11.00
13.00	01300 NURSING ADMINISTRATION	6, 089, 668	2, 510, 397	8, 600, 065		6, 755, 760	13.00
14. 00 15. 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	4 704 744	1, 396, 304 32, 339, 903	1, 396, 304		11, 291, 828	14. 00 15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	4, 796, 766	32, 339, 903	37, 136, 669	-31, 701, 171	5, 435, 498 0	16. 00
18. 00	01080 PATIENT TRANSPORTATION	484, 492	161, 906	646, 398	-120, 605	525, 793	18. 00
21. 00	02100 I &R SERVI CES-SALARY & FRINGES APPRVD	0	101, 700	040, 370	3, 853, 060	3, 853, 060	21. 00
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	4, 089, 944	4, 847, 579	8, 937, 523		3, 916, 133	22. 00
23. 00	02300 PARAMED ED PRGM	83, 284	28, 946	112, 230		178, 778	
	INPATIENT ROUTINE SERVICE COST CENTERS			·			
30.00	03000 ADULTS & PEDIATRICS	21, 653, 997	21, 208, 433	42, 862, 430	-8, 060, 915	34, 801, 515	30. 00
31. 00	03100 INTENSIVE CARE UNIT	6, 730, 586	3, 302, 806	10, 033, 392	-2, 611, 805	7, 421, 587	31.00
32. 00	03200 CORONARY CARE UNIT	0	0	0	0	0	32. 00
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	1, 979, 097	2, 257, 832	4, 236, 929	-678, 921	3, 558, 008	35. 00
40.00	04000 SUBPROVI DER - I PF	1 552 205	014 505	2 4/7 700	202 422	2 004 247	40.00
41. 00 43. 00	04100 SUBPROVI DER - I RF 04300 NURSERY	1, 553, 285 0	914, 505	2, 467, 790	-383, 423 496, 384	2, 084, 367 496, 384	41. 00 43. 00
43.00	ANCILLARY SERVICE COST CENTERS	U _L	<u> </u>		470, 304	470, 304	43.00
50. 00	05000 OPERATING ROOM	5, 310, 837	25, 685, 119	30, 995, 956	-19, 785, 154	11, 210, 802	50.00
51. 00	05100 RECOVERY ROOM	1, 468, 609	896, 118	2, 364, 727		1, 597, 759	51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	1, 885, 791	1, 007, 477	2, 893, 268		2, 050, 389	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	8, 487, 702	15, 511, 187	23, 998, 889	-10, 961, 184	13, 037, 705	54.00
57. 00	03280 EKG AND EEG	126, 321	60, 668	186, 989	-49, 018	137, 971	
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0	C	0	0	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	1, 833, 784	8, 654, 540	10, 488, 324		2, 092, 207	59.00
60.00	06000 LABORATORY 06001 BLOOD LABORATORY	0	10, 037, 143	10, 037, 143		10, 007, 332	60.00
60. 01 63. 00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	1, 210, 258	1, 210, 258	-	0 1, 210, 148	60. 01 63. 00
65. 00	1 1	3, 295, 114	1, 409, 907			3, 506, 186	1
65. 01	06501 SLEEP LAB	437, 932	480, 263	918, 195		487, 629	
66. 00	06600 PHYSI CAL THERAPY	5, 078, 301	2, 051, 767	7, 130, 068		5, 516, 220	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	831, 341	224, 625	1, 055, 966		951, 448	
68.00	06800 SPEECH PATHOLOGY	419, 590	121, 433	541, 023	-61, 055	479, 968	68. 00
68. 01	06801 AUDI OLOGY	0	0	C	0	0	68. 01
69. 00	06900 ELECTROCARDI OLOGY	1, 298, 424	1, 133, 383	2, 431, 807	-891, 604	1, 540, 203	69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	C	10, 617, 568	10, 617, 568	71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	0	0	0		13, 701, 596	
73. 00 73. 01	07300 DRUGS CHARGED TO PATIENTS 07301 HOSPITAL BASED RETAIL PHARMACIES	1, 715, 159	8, 513, 690	10, 228, 849	31, 849, 917 -445, 117	31, 849, 917 9, 783, 732	73. 00 73. 01
74. 00	07400 RENAL DIALYSIS	1, 715, 159	1, 470, 556	1, 470, 556		1, 396, 933	74.00
76.00	03160 CARDI OPULMONARY	0	1, 470, 550	1, 470, 550	-73,023 N	1, 390, 933	76.00
76. 97	07697 CARDI AC REHABI LI TATI ON	597, 367	301, 493	898, 860	-176, 024	722, 836	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	521, 833	1, 196, 020	1, 717, 853		1, 213, 840	76. 98
	OUTPATIENT SERVICE COST CENTERS	<u> </u>					
90.00	09000 CLI NI C	0	0	C	0	0	90. 00
90. 01	09001 SUBSTANCE ABUSE CLINIC	57, 614	49, 442	107, 056		107, 056	90. 01
90. 02	09002 PAIN CLINIC	384, 853	584, 659	969, 512		661, 384	90. 02
90. 03	09003 ONCOLOGY CLINIC	694, 049	543, 000	1, 237, 049		1, 172, 574	90. 03
91.00	09100 EMERGENCY	6, 466, 884	6, 916, 259	13, 383, 143	-2, 799, 877	10, 583, 266	
92. 00 92. 01	09200 OBSERVATION BEDS (NON-DISTINCT PART)	o	o	C	o	0	92. 00 92. 01
7∠. U I	09201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	U U	U	U	ı O	U	72.UI
95. 00		1, 548, 840	824, 191	2, 373, 031	-477, 707	1, 895, 324	95. 00
, 0. 00	SPECIAL PURPOSE COST CENTERS	., 5 15, 5 10	32 1, 171	2,070,001	177,707	., 575, 524	75.55
113.00	11300 INTEREST EXPENSE		O	C	O	0	113. 00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	106, 963, 584	266, 380, 657	373, 344, 241	-279, 195	373, 065, 046	
	NONREI MBURSABLE COST CENTERS						
190.00	0 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	143, 044	472, 924	615, 968	-43, 537	572, 431	190. 00

Health Financial Systems	BALL MEMORIAL	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der CO	CN: 15-0089 F	eri od:	Worksheet A	
				rom 01/01/2018		
			T	o 12/31/2018		
					5/24/2019 9: 5	9 am
Cost Center Description	Sal ari es	0ther		Recl assi fi cati		
			+ col. 2)	ons (See A-6)		
					(col. 3 +-	
					col. 4)	
	1. 00	2. 00	3. 00	4. 00	5. 00	
191. 00 19100 RESEARCH	693, 759	215, 010	908, 769	-134, 386	774, 383	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	C	0	0	194. 00
194.01 07951 BSU_PHARMACY	174, 833	47, 981	222, 814	4, 001	226, 815	194. 01
194.02 07952 PAVILLION PHARMACY	708, 623	5, 682, 115	6, 390, 738	-71, 620	6, 319, 118	194. 02
194. 03 07953 VENDI NG	0	0	C	0	0	194. 03
194. 04 07954 CARELI NE	o	0	C	0	0	194. 04
194.05 07955 WELLNESS CENTER	3, 011	52, 517	55, 528	-44, 688	10, 840	194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	C	0		194. 06
194. 07 07957 PERI NATAL CLI NI C	0	0	ď	0		194. 07
194. 08 07958 RENTAL PROPERTY	0	1, 712, 400	1, 712, 400	-1, 103, 009	609, 391	
194. 09 07959 ADVERTI SI NG	o o	1, 712, 100	1,712,100	1, 100, 007	·	194. 09
194. 10 07960 NTEGRA LTAC	0	0	7			194. 10
194. 11 07961 IU HEALTH HOSPICE	0	3, 782	3, 782	-558		194. 10
194. 12 07962 POB MEDICAL PAVILLION CONDOS	0	3, 702	3,702	-550	·	194. 11
194. 13 07963 EXECUTI VE PHYSI CAL	0	0				194. 12
	0	0				
194. 14 07964 NEW CASTLE ONCOLOGY	0	0				194. 14
194. 15 07965 MARKETI NG/PUBLI C RELATIONS	0			0		194. 15
194. 16 07966 JAY COUNTY HOSPITAL	307, 086	55, 153	362, 239	898, 326	1, 260, 565	
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0		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	1, 254, 862	365, 932	1, 620, 794	-210, 047	1, 410, 747	194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	13, 925	89, 744	103, 669	-1, 226	102, 443	194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	C	0	0	194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	875	875	-205	670	194. 25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	74, 986	17, 639	92, 625	986, 144	1, 078, 769	194. 26
194. 27 07977 MI DWEST HEALTH STRATEGIES	0	0	l	0		194. 27
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	d	0		194. 28
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	ď	n n		194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	o o	0	Ì	il o	-	194. 30
194. 31 07986 OTHER NONREIMBURSABLE COST CENTERS		0				194. 31
194. 32 07982 RENAL DI ALYSI S		0			-	194. 31
194. 33 07983 LAB CORP		0				194. 32
194. 33 07983 LAB CORP 194. 34 07984 H. O. MATERI ALS MGMT		0				194. 33
	o	0				
194. 35 07985 LEASED SPACE	110 227 710	075 007 700	005 404 440			194. 35
200.00 TOTAL (SUM OF LINES 118 through 199)	110, 337, 713	275, 096, 729	385, 434, 442	2 0	385, 434, 442	200.00

Peri od: From 01/01/2018 To 12/31/2018 Date/Ti me Prepared: 5/24/2019 9:59 am

				5/24/2019 9:5	9 am
	Cost Center Description	,	Net Expenses For Allocation		
		6. 00	7.00		
	GENERAL SERVICE COST CENTERS	0.00	7.00		
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-52, 356	25, 846, 307		1.00
3.00	00300 OTHER CAPITAL RELATED COSTS	0	O		3. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	26, 635, 349	48, 319, 159		4. 00
5. 01	01160 COMMUNI CATI ONS	-100, 075	474, 441		5. 01
5.02	00550 DATA PROCESSING	13, 189, 222	13, 189, 222		5. 02
5.04	00570 ADMI TTI NG	7, 350, 786	8, 216, 878		5. 04
5.05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	10, 419, 974	10, 419, 974		5. 05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL	-50, 253, 265	30, 941, 747		5. 06
6.00	00600 MAINTENANCE & REPAIRS	-418, 086	9, 047, 384		6. 00
7.00	00700 OPERATION OF PLANT	-120, 063	6, 516, 912		7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	o	1, 381, 371		8. 00
9.00	00900 HOUSEKEEPI NG	-77, 097	2, 992, 187		9. 00
10.00	01000 DI ETARY	-215, 204	1, 897, 903		10.00
11. 00	01100 CAFETERI A	-1, 678, 975	651, 067		11. 00
13.00	01300 NURSING ADMINISTRATION	-144, 916	6, 610, 844		13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY	O	11, 291, 828		14. 00
15.00	01500 PHARMACY	-513, 903	4, 921, 595		15. 00
16.00	01600 MEDICAL RECORDS & LIBRARY	o	o		16. 00
18.00	01080 PATIENT TRANSPORTATION	-14, 400	511, 393		18. 00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	O	3, 853, 060		21. 00
22. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	-14, 954	3, 901, 179		22. 00
23. 00	02300 PARAMED ED PRGM	-795	177, 983		23. 00
	INPATIENT ROUTINE SERVICE COST CENTERS				1
30.00	03000 ADULTS & PEDIATRICS	-9, 499, 149	25, 302, 366		30.00
31.00	03100 INTENSIVE CARE UNIT	-17, 369	7, 404, 218		31.00
32.00	03200 CORONARY CARE UNIT	o	o		32. 00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	-1, 358, 307	2, 199, 701		35. 00
40.00	04000 SUBPROVI DER - I PF	o	ol		40.00
41. 00	04100 SUBPROVI DER - I RF	-23, 863	2, 060, 504		41.00
43. 00		0	496, 384		43. 00
	ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-4, 205, 278	7, 005, 524		50.00
51. 00	05100 RECOVERY ROOM	0	1, 597, 759		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	-12, 289	2, 038, 100		52. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	-656, 475	12, 381, 230		54.00
57. 00	03280 EKG AND EEG	-65, 654	72, 317		57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0		58.00
59. 00	05900 CARDI AC CATHETERI ZATI ON	-27, 106	2, 065, 101		59.00
60.00	06000 LABORATORY	27,100	10, 007, 332		60.00
60. 01	06001 BLOOD LABORATORY		10, 007, 332		60. 01
63. 00	06300 BLOOD STORING, PROCESSING, & TRANS.		1, 210, 148		63.00
65. 00	06500 RESPIRATORY THERAPY	-24	3, 506, 162		65.00
65. 01	06501 SLEEP LAB	-11, 658	475, 971	·	65. 01
66. 00	06600 PHYSI CAL THERAPY	-1, 598, 198	3, 918, 022		66.00
67. 00	06700 OCCUPATI ONAL THERAPY	-1, 596, 196			67.00
	1 I		892, 267	·	1
68. 00	06800 SPEECH PATHOLOGY	-50, 694	429, 274	l e e e e e e e e e e e e e e e e e e e	68. 00
68. 01	06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY	0 -502, 176	1 020 027		68. 01
			1, 038, 027		69.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10, 617, 568	l control of the cont	71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	0	13, 701, 596		72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	31, 849, 917		73. 00
73. 01		-662, 623	9, 121, 109		73. 01
74. 00		0	1, 396, 933	l .	74. 00
76. 00		0	0		76. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	-55, 579	667, 257		76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	-25, 478	1, 188, 362		76. 98
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0		90.00
90. 01	09001 SUBSTANCE ABUSE CLINIC	-107, 056	0		90. 01
90. 02	09002 PAIN CLINIC	-230, 802	430, 582		90. 02
90. 03		-17, 398	1, 155, 176		90. 03
91. 00	09100 EMERGENCY	-785, 973	9, 797, 293		91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92. 00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	O		92. 01
	OTHER REIMBURSABLE COST CENTERS				1
95.00		-2, 050	1, 893, 274		95. 00
	SPECIAL PURPOSE COST CENTERS				1
	11300 I NTEREST EXPENSE	0	0	l .	113. 00
118.00	3 /	-15, 983, 138	357, 081, 908		118. 00
	NONRE MBURSABLE COST CENTERS				1
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	572, 431	·	190. 00
	19100 RESEARCH	0	774, 383		191. 00
194. 00	0/07950 OTHER NONREIMBURSABLE COST CENTERS	0	0		194. 00
	<u> </u>				

 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

			Date/IIMe Prepared: 5/24/2019 9:59 am
Cost Center Description	Adjustments	Net Expenses	9,21,201,710, 4
·	(See A-8)	For Allocation	
	6. 00	7. 00	
194. 01 07951 BSU PHARMACY	-218, 541	8, 274	194. 01
194.02 07952 PAVILLION PHARMACY	0	6, 319, 118	194. 02
194. 03 07953 VENDI NG	0	0	194. 03
194. 04 07954 CARELI NE	0	0	194. 04
194. 05 07955 WELLNESS CENTER	0	10, 840	194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	194. 06
194. 07 07957 PERINATAL CLINIC	0	0	194. 07
194.08 07958 RENTAL PROPERTY	0	609, 391	194. 08
194. 09 07959 ADVERTI SI NG	0	0	194. 09
194. 10 07960 INTEGRA LTAC	0	0	194. 10
194. 11 07961 IU HEALTH HOSPICE	-3, 224	0	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 MARKETING/PUBLIC RELATIONS	0	0	194. 15
194. 16 07966 JAY COUNTY HOSPITAL	-246, 180	1, 014, 385	194. 16
194. 17 07967 CARDI NAL HEALTH CHOICE	0	О	194. 17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	o	194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	o	194. 19
194.20 07970 MEALS ON WHEELS	0	o	194. 20
194. 21 07971 ST MARY'S SCHOOL	0	o	194. 21
194.22 07972 THERAPIES TO OTHER ENTITIES	-1, 410, 747	o	194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	0	102, 443	194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	o	194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	670	194. 25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	1, 078, 769	194. 26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	o	194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	o	194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	o	194. 29
194. 30 07980 CARDINAL HEALTH ALLIANCE	0	o	194. 30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	o	194. 31
194. 32 07982 RENAL DIALYSIS	0	o	194. 32
194. 33 07983 LAB CORP	0	o	194. 33
194.34 07984 H.O. MATERIALS MGMT	0	o	194. 34
194.35 07985 LEASED SPACE	0	o	194. 35
200.00 TOTAL (SUM OF LINES 118 through 199)	-17, 861, 830	367, 572, 612	200. 00

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 01/01/2018 To 12/31/2018 Provider CCN: 15-0089 Date/Time Prepared: 5/24/2019 9:59 am

					5/24/2019 9:	59 am
		Increases				
	Cost Center	Li ne #	Sal ary	Other		
	2. 00	3.00	4.00	5. 00		
	A - NON-BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14. 00	0	10, 587, 374		1. 00
2.00	OTHER ADMINISTRATIVE AND	5. 06	0	926, 241		2. 00
	GENERAL			·		
3.00		0.00	0	o		3. 00
4.00		0.00	0			4. 00
5. 00		0.00	0			5. 00
6. 00		0.00	0	1		6. 00
			0			
7.00		0.00				7. 00
8.00		0.00	0			8. 00
9.00		0.00	0	1		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	0		13. 00
14.00		0.00	0			14. 00
15.00		0.00	0	ol		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			20. 00
21. 00		0.00	0			21. 00
22. 00		0.00	0			22. 00
23. 00		0.00	0			23. 00
24.00		0.00	0	0 0		24. 00
25.00		0.00	0	0		25. 00
26.00		0.00	0			26. 00
27. 00		0.00	0			27. 00
28. 00		0.00	0			28. 00
29. 00		0.00	0			29. 00
30. 00		0.00	0			30. 00
31. 00		0.00	0			31. 00
32.00		0.00	0	0		32. 00
33. 00		0.00	0			33. 00
34.00		0.00	0	1		34. 00
35.00		0.00	0			35. 00
36.00		0.00	0	0		36. 00
37.00		0.00	0	0		37. 00
38.00		0.00	0	0		38. 00
39.00		0.00	0			39. 00
40.00		0.00	0			40. 00
41. 00		0.00	0	1		41. 00
42. 00		0.00	0	1		42. 00
42.00			— — <u> </u>			42.00
	B - BILLABLE SUPPLIES			11,515,015		
1 00	MEDICAL SUPPLIES CHARGED TO	71 00	0	10 (17 5(0)		1 00
1. 00		71.00	U	10, 617, 568		1. 00
2. 00	PATI ENTS RENAL DI ALYSI S	74. 00	ā	77		2 00
	RENAL DIALISIS		0	1		2. 00
3.00		0.00	0			3. 00
4.00		0.00	0			4. 00
5.00		0.00	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			10.00
11. 00		0.00	0	1		11. 00
12. 00		0.00	0			12. 00
13. 00		0.00	0	1		13. 00
14. 00		0.00	0			14. 00
15. 00		0.00	0	1		15. 00
16.00		0.00	0			16. 00
17. 00		0.00	0	- 1		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			21. 00
22. 00		0.00	0			22. 00
23. 00		0.00	0	1		23. 00
24. 00		0.00	0			24. 00
25. 00		0.00	0			25. 00
26. 00		0.00		1		26. 00
∠0. 00			$\frac{0}{0}$	10, 617, 645		20.00
	0		0	10,617,645		<u> </u>

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: Worksheet A-6 From 01/01/2018 To 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am Provider CCN: 15-0089

					5/24/20	19 9:59 am
	Cook Cooker	Increases	C-1	0+1		
-	Cost Center 2.00	Li ne # 3.00	Sal ary 4. 00	0ther 5.00		
	C - IMPLANTABLE DEVICES	3.00	4.00	5.00		
1.00	I MPL. DEV. CHARGED TO	72.00	0	13, 701, 596		1. 00
	PATI ENT					
2.00		0.00	0	0		2.00
3.00		0. 00 0. 00	0	0		3.00
4. 00 5. 00		0.00	0	0		4. 00 5. 00
6. 00		0.00	o	0		6. 00
7. 00		0.00	Ö	o		7. 00
8.00		0.00	o	0		8. 00
9.00		0.00	O	0		9. 00
10.00		0.00	0	0		10.00
11. 00		0.00	0	0		11. 00
12.00		0.00	0	0		12. 00
13. 00		0.00	0	0		13. 00
14. 00			0	0		14. 00
	D - BILLABLE DRUGS		U	13, 701, 596		
1.00	PHARMACY	15. 00	ol	654, 412		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	Ö	31, 849, 917		2.00
3.00	OTHER ADMINISTRATIVE AND	5. 06	o	5		3. 00
	GENERAL					
4.00	CENTRAL SERVICES & SUPPLY	14. 00	0	2, 564		4. 00
5.00	SPEECH PATHOLOGY	68. 00	0	139		5. 00
6.00	BSU PHARMACY	194. 01	0	97		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 11. 00		0. 00 0. 00	0	0		10.00
12. 00		0.00	0	0		12.00
13. 00		0.00	o	0		13. 00
14. 00		0.00	o	Ö		14. 00
15. 00		0.00	o	0		15. 00
16.00		0.00	O	0		16. 00
17.00		0.00	O	0		17. 00
18.00		0.00	o	0		18. 00
19.00		0.00	0	0		19. 00
20.00		0.00	0	0		20. 00
21. 00		0.00	0	0		21. 00
22. 00		0. 00	0	0		22. 00
23. 00		0.00	0	0		23. 00
24. 00		0.00	0	0		24. 00
25. 00 26. 00		0. 00 0. 00	0	0		25. 00 26. 00
27. 00		0.00		0		27. 00
28. 00		0.00	0	0		28. 00
20.00		— — 	 	32, 507, 134		20.00
	E - INTERN & RESIDENT SALARIE	S	-			
1.00	I &R SERVICES-SALARY &	21. 00	3, 853, 060	0		1. 00
	FRI NGES APPRVD		+			
	0		3, 853, 060			
1 00	F - CAFETERIA	11 00	1 247 044	1 000 100		1 00
1. 00	CAFETERI A	11.00	<u>1, 247, 844</u> 1, 247, 844	<u>1, 082, 198</u> 1, 082, 198		1. 00
	G - PHARMACY ADMIN COSTS		1, 247, 044	1,002,190		
1. 00	BSU PHARMACY	194. 01	28, 133	10, 872		1.00
2.00	PAVILLION PHARMACY	194. 02	28, 133	10, 872		2. 00
	0	— — ``` T	56, 266	21, 744		
	H - AUTO & BUILDING INSURANCE					
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	351, 731		1.00
	FIXT					
	0		0	351, 731		
4 00	I - REHAB ADMIN COSTS	,	==	2 22=1		
1.00	OCCUPATI ONAL THERAPY	67.00	52, 086	3, 985		1.00
2.00	SPEECH PATHOLOGY	68.00	26, 288 52, 514	2, 154		2.00
3. 00	THERAPIES TO OTHER ENTITIES	194. 22	5 <u>3, 5</u> 14 131, 888	<u>4, 716</u> 10, 855		3. 00
	J - LAUNDRY		131,000	10, 000		
1.00	LAUNDRY & LINEN SERVICE	8. 00	ol	1, 381, 371		1.00
2.00	CANCER CENTER BOUTIQUE	194. 23	Ö	32		2.00
3.00		0.00	Ö	0		3. 00
4.00		0.00	0	0		4. 00
4.00		0.00				5. 00

Health Financial Systems RECLASSIFICATIONS Peri od: From 01/01/2018 Provider CCN: 15-0089

					From 01/01/2018 To 12/31/2018	Date/Time Prepared: 5/24/2019 9:59 am
		Increases				
	Cost Center 2.00	Li ne # 3.00	Sal ary 4.00	0ther 5.00		
6. 00	2.00	0.00	4.00	5.00		6. 00
7. 00		0.00	Ö	0		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		0.00	Ö	0		13. 00
14. 00		0.00	O	0		14. 00
15. 00		0.00	0	0		15. 00
16. 00 17. 00		0. 00 0. 00	0	0		16. 00 17. 00
18. 00		0.00	0	0		18. 00
19. 00		0.00	ő	0		19. 00
20.00		0. 00	0	0		20. 00
21. 00		0. 00	0	0		21. 00
22. 00 23. 00		0. 00 0. 00	0	0		22. 00 23. 00
24. 00		0.00	0	0		23.00
25. 00		0.00	0	Ö		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 30. 00		0. 00 0. 00	0	0		29. 00 30. 00
31. 00		0.00	0	0		31.00
	0 — — — — —			1, 381, 403		
	M - OP ONCOLOGY INFUSION					
1. 00	ONCOLOGY CLINIC	<u>90.</u> 03	258, 222	<u>26, 953</u>		1.00
	O P - LEGAL FEES		258, 222	26, 953		
1. 00	OTHER ADMINISTRATIVE AND	5. 06	0	10, 412		1.00
00	GENERAL	0.00		.0,2		155
2.00		0.00	•	0		2. 00
	O Q - NURSERY		0	10, 412		
1. 00	NURSERY	43.00	456, 373	40, 011		1. 00
2. 00	NONSERT	0.00	430, 373	40, 011		2. 00
3.00		0.00	0_	0		3. 00
	0		456, 373	40, 011		
1. 00	S - EMPLOYEE BENEFITS EMPLOYEE BENEFITS DEPARTMENT	4.00	0	20, 832, 278		1.00
2. 00	EMPEOTEE BENEFITS DEPARTMENT	0.00	0	20, 632, 276		2.00
3.00		0.00	Ö	0		3.00
4.00		0.00	0	0		4. 00
5.00		0.00	0	0		5. 00
6. 00 7. 00		0. 00 0. 00	0	0		6.00
8. 00		0.00	0	0 0		7. 00 8. 00
9. 00		0.00	0	0		9. 00
10.00		0.00	0	0		10.00
11. 00		0.00	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	0	0		15. 00
16. 00		0.00	O			16. 00
17. 00		0.00	0	0 0		17. 00
18.00		0.00	0	0		18.00
19. 00		0.00	0	0		19. 00
20. 00 21. 00		0. 00 0. 00	0	0		20. 00 21. 00
22. 00		0.00	0	0		22. 00
23. 00		0.00	Ö	Ö		23. 00
24.00		0.00	0	0 0		24. 00
25. 00		0.00	0	0		25. 00
26. 00		0.00	0	0		26. 00
27. 00 28. 00		0. 00 0. 00	0	0		27. 00 28. 00
29. 00		0.00	0	0		29. 00
30. 00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0 0		32.00
33. 00	I	0.00	0	U		33.00

Health Financial Systems RECLASSIFICATIONS Peri od: Worksheet A-6
From 01/01/2018
To 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am Provider CCN: 15-0089

					5/24/2019	
		Increases				
	Cost Center	Li ne #	Sal ary	Other		
0.4.00	2. 00	3.00	4. 00	5. 00		24.00
34. 00		0.00	0	- 1		34.00
35. 00		0.00	0			35. 00
36.00		0.00	0			36.00
37. 00		0.00	0			37.00
38. 00		0.00	0	- 1		38.00
39. 00		0.00	0			39.00
40.00		0.00	0			40.00
41.00		0.00	0			41.00
42.00		0.00	0	- 1		42.00
43.00		0.00	0			43. 00
44.00	L	0.00	0	0		44. 00
	0		0	20, 832, 278		
	T - CORPORATE TELEHPONE					
1.00	OTHER ADMINISTRATIVE AND	5. 06	0	10, 724		1. 00
	GENERAL					
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	1		5. 00
6.00		0.00	0	1		6. 00
7.00		0.00	0	i i		7. 00
8. 00		0.00	0			8. 00
9. 00		0.00	0			9. 00
7. 00		— - 0.00	— — <u> </u>			7.00
	U - DEPRECIATION	<u> </u>		10, 724		
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	18, 484, 308		1.00
1.00	FLXT	1.00	Ü	10, 404, 308		1.00
2 00		0.00	0	0		2 00
2.00		1	0			2.00
3.00		0.00	0			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	0		9.00
10.00		0.00	0			10.00
11.00		0.00	0	0		11. 00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0			14.00
15.00		0.00	0	I		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
			0			
20.00		0.00				20.00
21. 00		0.00	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	- 1		25. 00
26. 00		0.00	0			26. 00
27.00		0.00	0	0		27. 00
28. 00		0.00	0			28. 00
29.00		0.00	0	0		29. 00
30.00		0.00	0	1		30.00
31.00		0.00	0	1		31.00
32. 00		0.00	0	1		32.00
33. 00		0.00	0	1		33.00
34. 00		0.00	0	1		34. 00
35.00		0.00	0	i i		35. 00
36.00	1	0.00	0	1		36.00
	1	0.00				
37. 00			0			37. 00
38. 00		0.00	0	- 1		38. 00
39. 00		0.00	0	- 1		39.00
40. 00		0.00	0	I		40. 00
41.00		0.00	0			41. 00
42.00			0	0		42. 00
	10			18, 484, 308		
	V - LEASE EXPENSE					
1. 00	NEW CAP REL COSTS-BLDG &	1.00	0	1, 394, 417		1.00
	NEW CAP REL COSTS-BLDG & FIXT			,		
1. 00 2. 00	NEW CAP REL COSTS-BLDG &	1.00	0	,		1.00

Health Financial Systems RECLASSIFICATIONS Peri od: Worksheet A-6
From 01/01/2018
To 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am Provider CCN: 15-0089

					5/24/2019 9:	:59 am
		Increases				
	Cost Center	Li ne #	Salary	Other -		
2.00	2. 00	3. 00	4. 00	5. 00		2.00
3. 00 4. 00		0. 00 0. 00	0	0		3. 00 4. 00
5. 00		0.00	0	0		5. 00
6. 00		0.00	0	0		6. 00
7. 00		0.00	0	0		7. 00
8. 00		0.00	ő	0		8. 00
0.00			— — — ŏ			0.00
	W - PTO USED AS STD		<u>~</u>	1,070,001		
1.00	COMMUNI CATI ONS	5. 01	0	2, 553		1.00
2.00	ADMITTING	5. 04	o	2, 456		2. 00
3.00	OTHER ADMINISTRATIVE AND	5. 06	0	15, 496		3. 00
	GENERAL					
4. 00	MAINTENANCE & REPAIRS	6. 00	0	3, 376		4. 00
5. 00	OPERATION OF PLANT	7. 00	0	6, 053		5. 00
6. 00	HOUSEKEEPI NG	9. 00	0	18, 422		6. 00
7.00	DI ETARY	10.00	0	13, 978		7. 00
8.00	NURSI NG ADMI NI STRATI ON	13.00	0	41, 700		8. 00
9.00	PHARMACY	15.00	0	49, 856		9. 00
10. 00 11. 00	PATIENT TRANSPORTATION ADULTS & PEDIATRICS	18. 00 30. 00	0	1, 296		10.00
12. 00	INTENSIVE CARE UNIT	31.00	0	158, 779 59, 222		11. 00 12. 00
13. 00	NEONATAL INTENSIVE CARE UNIT	35. 00	0	12, 256		13. 00
14. 00	OPERATING ROOM	50.00	0	37, 956		14. 00
15. 00	RECOVERY ROOM	51. 00	0	8, 776		15. 00
16. 00	DELIVERY ROOM & LABOR ROOM	52. 00	o	28, 140		16. 00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00	Ö	48, 311		17. 00
18. 00	EKG AND EEG	57. 00	Ö	4, 260		18. 00
19. 00	CARDIAC CATHETERIZATION	59.00	o	1, 152		19. 00
20. 00	RESPIRATORY THERAPY	65. 00	o	23, 357		20. 00
21. 00	SLEEP LAB	65. 01	o	7, 654		21. 00
22.00	PHYSI CAL THERAPY	66.00	o	48, 562		22. 00
23.00	OCCUPATI ONAL THERAPY	67.00	o	3, 649		23. 00
24.00	SPEECH PATHOLOGY	68.00	o	3, 752		24. 00
25.00	ELECTROCARDI OLOGY	69. 00	0	10, 264		25. 00
26.00	HOSPITAL BASED RETAIL	73. 01	0	260		26. 00
	PHARMACI ES					
27. 00	HYPERBARIC OXYGEN THERAPY	76. 98	0			27. 00
28. 00	PAIN CLINIC	90. 02	0	4, 538		28. 00
29. 00	ONCOLOGY CLINIC	90. 03	0	9, 533		29. 00
30.00	EMERGENCY	91.00	0	24, 842		30.00
31.00	AMBULANCE SERVICES	95.00	0	5, 687		31.00
32. 00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190. 00	ď	1, 764		32. 00
33. 00	RESEARCH	191. 00	0	458		33. 00
33.00	n n n n n n n n n n n n n n n n n n n	191.00	0			33.00
	X - WASTE DISPOSAL		<u> </u>	000, 120		
1.00	OPERATION OF PLANT	7.00	0	288, 641		1.00
2.00		0.00	Ō	·		2. 00
3.00		0.00	O			3. 00
4.00		0.00	0	0		4. 00
5.00		0.00	o	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
	O Y - UTILITIES		O	288, 641		
1. 00	OPERATION OF PLANT	7.00	O	687, 598		1.00
2.00	OLENATION OF PLAINT	7. 00 0. 00	0	687, 598 0		2. 00
3.00		0.00	0			3. 00
4. 00		0.00	0	0		4. 00
5. 00		0.00	0	0		5. 00
6. 00		0.00	n	0		6. 00
7. 00		0.00	n N	0		7. 00
8. 00		0.00	ol	0		8. 00
9. 00		0.00	ol	Ö		9. 00
			ō	687, 598		
	Z - BLACKFORD					
1.00	BLACKFORD COMMUNITY HOSPITAL	194. 26	613, 576	381, 601		1. 00
2.00		0.00	o	0		2. 00
3.00		0.00	0	0		3. 00
4. 00	<u> </u>	0.00	0	0		4. 00

Health Financial Systems RECLASSIFICATIONS BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-10 Provider CCN: 15-0089

					10 12/31/2016	5/24/2019 9:59 am
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3.00	4. 00	5.00		
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
	0		613, 576	381, 601		
	AA - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	761		1. 00
	FLXT		_	_		
2.00	<u> </u>	0.00		0		2. 00
	0		0	761		
	AB - PARAMEDICAL EDUCATION	00.00	70.010			
1.00	PARAMED ED PRGM	23.00	78, 949	<u>6, 040</u>		1.00
	0		78, 949	6, 040		
1 00	AC - PROPERTY TAX	1 00	ما	F70, 00/		1 00
1. 00	NEW CAP REL COSTS-BLDG &	1.00	O	579, 836		1.00
	FIXT	+		579, 836		
	AD - JAY HOSPITAL		<u> </u>	377, 030		
1.00	JAY COUNTY HOSPITAL	194. 16	627, 403	369, 841		1, 00
2. 00	SAT GOOD THE	0.00	027, 100	007,011		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	o o	n		6. 00
7. 00		0.00	o	0		7. 00
8. 00		0.00	o	0		8. 00
	TOTALS — — — — —		627, 403	369, 841		3. 00
500.00	Grand Total: Increases		7, 323, 581	114, 960, 704		500. 00
	1	'			ı	

Peri od: From 01/01/2018 To 12/31/2018 Date/Ti me Prepared: 5/24/2019 9:59 am

		D				5/24/2019 9:	og alli
		Decreases	0.1	0.11			
	Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10. 00		
	A - NON-BILLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3, 171	0		1. 00
2.00	COMMUNI CATI ONS	5. 01	0	38	0		2. 00
3.00	ADMITTING	5. 04	0	24, 582	o		3.00
4.00	MAINTENANCE & REPAIRS	6. 00	0	35, 745	o		4. 00
5. 00	OPERATION OF PLANT	7. 00	0	235	o		5. 00
	1	•	0		l .		1
6.00	HOUSEKEEPI NG	9. 00	0	118, 112	0		6. 00
7.00	DI ETARY	10.00	0	7, 847	0		7. 00
8.00	NURSING ADMINISTRATION	13. 00	0	3, 830	0		8. 00
9.00	PHARMACY	15. 00	0	195, 298	0		9. 00
10.00	PATIENT TRANSPORTATION	18. 00	0	312	0		10.00
11.00	I&R SERVICES-OTHER PRGM	22. 00	0	170	o		11. 00
	COSTS APPRVD	22.00	ŭ				1 00
12. 00	ADULTS & PEDIATRICS	30.00	0	2, 084, 347	0		12. 00
			0	_, -,			1
13.00	I NTENSI VE CARE UNI T	31. 00	U	860, 048	0		13. 00
14. 00	NEONATAL INTENSIVE CARE UNIT	35. 00	0	150, 959	0		14. 00
15. 00	SUBPROVI DER - I RF	41. 00	0	54, 565	0		15. 00
16.00	OPERATING ROOM	50.00	0	4, 171, 386	0		16. 00
17.00	RECOVERY ROOM	51.00	0	203, 997	0		17. 00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	186, 681	o		18. 00
19. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	883, 403	o		19. 00
20. 00	EKG AND EEG	57. 00	0	4, 964	o		20. 00
	CARDI AC CATHETERI ZATI ON	•	0		o		1
21. 00	1	59. 00	U	553, 620			21. 00
22. 00	RESPIRATORY THERAPY	65. 00	U	370, 255	0		22. 00
23. 00	SLEEP LAB	65. 01	0	59, 864	0		23. 00
24.00	PHYSI CAL THERAPY	66.00	0	34, 621	0		24. 00
25.00	OCCUPATI ONAL THERAPY	67.00	0	23, 933	0		25. 00
26.00	SPEECH PATHOLOGY	68. 00	0	1, 171	o		26. 00
27. 00	ELECTROCARDI OLOGY	69. 00	0	22, 887	o		27. 00
			0		o		1
28. 00	HOSPITAL BASED RETAIL	73. 01	U	1, 625	U		28. 00
	PHARMACIES		_		_		
29. 00	RENAL DIALYSIS	74.00	0		0		29. 00
30.00	CARDIAC REHABILITATION	76. 97	0	7, 515	0		30.00
31.00	HYPERBARIC OXYGEN THERAPY	76. 98	0	120, 038	0		31. 00
32.00	PAIN CLINIC	90. 02	0	77, 147	ol		32. 00
33. 00	ONCOLOGY CLINIC	90. 03	0	189, 712	0		33. 00
34. 00	EMERGENCY	91.00	0	987, 559	o		34. 00
35. 00	AMBULANCE SERVICES	95.00	0	36, 484	o		35. 00
	1	•	0				1
36. 00	GIFT, FLOWER, COFFEE SHOP &	190. 00	U	970	0		36. 00
	CANTEEN						
37. 00	RESEARCH	191. 00	0	547	0		37. 00
38. 00	PAVILLION PHARMACY	194. 02	0	2, 871	0		38. 00
39.00	WELLNESS CENTER	194. 05	0	868	0		39. 00
40.00	RENTAL PROPERTY	194. 08	0	543	o		40.00
41.00	CANCER CENTER BOUTIQUE	194. 23	0	292	o		41.00
42. 00	CARDI NAL BEHAVI ORAL HEALTH	194. 25	0	196	0		42. 00
42.00	O DETAVIORAL TILALITI	174.23	— — <u> </u>		<u> </u>		42.00
	B - BILLABLE SUPPLIES		U	11, 513, 615			-
1 00		4 00	0	110			1 00
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0				1.00
2.00	ADMI TTI NG	5. 04	0	9	0		2. 00
3.00	OTHER ADMINISTRATIVE AND	5. 06	0	6, 360	0		3. 00
	GENERAL						1
4.00	MAINTENANCE & REPAIRS	6. 00	0	2, 500	0		4. 00
5.00	NURSING ADMINISTRATION	13.00	0	101	0		5. 00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0		0		6. 00
7. 00	PHARMACY	15. 00	0	685	o		7. 00
8. 00	I &R SERVICES-OTHER PRGM	•	0	101	o		1
8.00		22. 00	U	101	U		8. 00
	COSTS APPRVD			40.404			
9.00	ADULTS & PEDIATRICS	30.00	0	18, 421	0		9. 00
10. 00	INTENSIVE CARE UNIT	31.00	0	70, 866	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	14, 731	0		11. 00
12.00	SUBPROVI DER - I RF	41. 00	0	501	O		12. 00
13.00	OPERATING ROOM	50.00	0		0		13. 00
14. 00	RECOVERY ROOM	51.00	0		o		14. 00
15. 00	DELIVERY ROOM & LABOR ROOM	52.00	0	101, 370	o		15. 00
		•	-		· ·		1
16.00	RADI OLOGY-DI AGNOSTI C	54.00	0	,	0		16. 00
17. 00	CARDI AC CATHETERI ZATI ON	59. 00	0	3, 931, 012	0		17. 00
18. 00	RESPI RATORY THERAPY	65.00	0	46, 817	0		18. 00
19.00	PHYSI CAL THERAPY	66.00	0	2, 974	0		19. 00
20.00	ELECTROCARDI OLOGY	69. 00	0	103, 584	0		20.00
21.00	HYPERBARIC OXYGEN THERAPY	76. 98	0		0		21. 00
22. 00	PAIN CLINIC	90. 02	0	1, 051	o		22. 00
23. 00	ONCOLOGY CLINIC	90. 03	0		0		23. 00
	1				l .		
24. 00	EMERGENCY	91. 00	0	35, 300	0		24. 00
-							

Peri od: From 01/01/2018 To 12/31/2018 Date/Ti me Prepared: 5/24/2019 9:59 am

						5/24/2019 9:	59 am
		Decreases					
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.		
	6. 00	7. 00	8.00	9. 00	10.00		
25. 00	AMBULANCE SERVICES	95.00	0	293	0	·	25. 00
26.00	PAVILLION PHARMACY	194. 02	ol	50	0		26. 00
	0			10, 617, 645			
	C - IMPLANTABLE DEVICES		<u> </u>	10,017,010			-
1 00		10.00	ما	E 1E/			1 100
1.00	DI ETARY	10.00	0	5, 156	0		1. 00
2.00	CENTRAL SERVICES & SUPPLY	14. 00	0	2, 448	0		2. 00
3.00	PHARMACY	15. 00	0	45	0		3. 00
4.00	ADULTS & PEDIATRICS	30.00	0	2, 633	0		4. 00
5.00	INTENSIVE CARE UNIT	31.00	ol	628	ol		5. 00
6.00	OPERATING ROOM	50.00	0	9, 661, 192	0		6. 00
7. 00	DELIVERY ROOM & LABOR ROOM	52. 00		5, 180	o		7. 00
		1	0				1
8. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	624, 507	0		8. 00
9.00	CARDIAC CATHETERIZATION	59. 00	0	3, 377, 136	0		9. 00
10. 00	PHYSI CAL THERAPY	66. 00	0	60	0		10. 00
11.00	OCCUPATI ONAL THERAPY	67.00	0	117	0		11. 00
12.00	HYPERBARIC OXYGEN THERAPY	76. 98	ol	90	o		12. 00
13. 00	PAIN CLINIC	90. 02	o	50	0		13. 00
14. 00	EMERGENCY	91.00		22, 354	0		14. 00
14.00			— — o				14.00
	D DILLARIE DOUG		U _I	13, 701, 596			_
	D - BILLABLE DRUGS				_		4
1. 00	PHARMACY	15. 00	0	30, 772, 990	0		1. 00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	83, 871	0		2. 00
3.00	ADMITTING	5. 04	0	87	0		3. 00
4.00	MAINTENANCE & REPAIRS	6.00	ol	376	o		4. 00
5. 00	NURSING ADMINISTRATION	13. 00	٥	10	0		5. 00
					0		1
6. 00	I &R SERVICES-OTHER PRGM	22. 00	Y	8	U		6. 00
	COSTS APPRVD		_		_		
7. 00	ADULTS & PEDIATRICS	30. 00	0	202, 510	0		7. 00
8. 00	INTENSIVE CARE UNIT	31. 00	0	56, 444	0		8. 00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	8, 424	0		9. 00
10.00	SUBPROVI DER - I RF	41.00	ol	3, 827	ol		10.00
11.00	OPERATING ROOM	50.00	ol	240, 715	o		11. 00
12. 00	RECOVERY ROOM	51.00	٥	39, 599	0		12. 00
					0		1
13. 00	DELIVERY ROOM & LABOR ROOM	52.00	0	22, 577			13. 00
14. 00	RADI OLOGY-DI AGNOSTI C	54.00	O	674, 292	0		14. 00
15. 00	CARDI AC CATHETERI ZATI ON	59. 00	0	75, 028	0		15. 00
16.00	RESPIRATORY THERAPY	65.00	0	3, 960	0		16. 00
17.00	PHYSI CAL THERAPY	66.00	ol	18	O		17. 00
18. 00	OCCUPATI ONAL THERAPY	67. 00	ol	20	0		18. 00
19. 00	ELECTROCARDI OLOGY	69.00		2, 511	0		19. 00
			0		0		1
20. 00	RENAL DIALYSIS	74.00	0	33, 218			20.00
21. 00	CARDIAC REHABILITATION	76. 97	0	271	0		21. 00
22. 00	HYPERBARIC OXYGEN THERAPY	76. 98	0	55, 093	0		22. 00
23.00	PAIN CLINIC	90. 02	0	42, 214	0		23. 00
24.00	ONCOLOGY CLINIC	90. 03	0	29, 577	0		24. 00
25.00	EMERGENCY	91.00	ol	151, 939	0		25. 00
26. 00	AMBULANCE SERVICES	95.00		7, 480	0		26. 00
27. 00	RESEARCH	191. 00	0		o		27. 00
			O O	66	0		
28. 00	CARDINAL BEHAVIORAL HEALTH	194. 25	4		4		28. 00
	0		O ₁	32, 507, 134			_
	E - INTERN & RESIDENT SALARIE						4
1.00	I&R SERVICES-OTHER PRGM	22. 00	3, 853, 060	0	0		1. 00
	COSTS APPRVD						
	0		3, 853, 060	0			
	F - CAFETERIA						Ī
1.00	DI ETARY	10.00	1, 247, 844	1, 082, 198	0		1.00
00	<u> </u>	— — 101 00	1, 247, 844	1, 082, 198			1 00
	G - PHARMACY ADMIN COSTS		1, 247, 044	1,002,170			-
4 00		70.04	F/ 0//	04.744			4 4 00
1.00	HOSPITAL BASED RETAIL	73. 01	56, 266	21, 744	0		1. 00
	PHARMACI ES						
2.00	L	0.00	0_	0	0		2. 00
	lo — — — — — — —	- — T	56, 266	21, 744			
	H - AUTO & BUILDING INSURANCE						
1.00	OTHER ADMINISTRATIVE AND	5. 06	0	351, 731	12		1.00
1.00		3.00	٩	331, 731	12		1.00
	GENERAL	+		251 721	 		1
	U DELIAD ADMIN COOTS		<u> </u>	351, 731			-
_	I - REHAB ADMIN COSTS	1					4
1. 00	PHYSI CAL THERAPY	66. 00	131, 888	10, 855	0		1. 00
2.00		0.00	0	0	0		2. 00
3.00		0.00	o	0	ol		3. 00
	0 — — — — — —	+	131, 888	10, 855			
	•	'			. '		•

Peri od: From 01/01/2018 To 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am

		Decreases				5/24/2019 9:	og alli
	Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10. 00		
4 00	J - LAUNDRY						
1. 00 2. 00	ADMITTING OTHER ADMINISTRATIVE AND	5. 04	0	41 537	l .		1. 00 2. 00
2.00	GENERAL	5. 06	U	557	U		2.00
3.00	HOUSEKEEPI NG	9. 00	o	198, 008	o		3. 00
4.00	DI ETARY	10. 00	О	14, 532	O		4. 00
	NURSING ADMINISTRATION	13. 00	0	284			5. 00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	358, 026			6.00
7. 00 8. 00	PHARMACY PATIENT TRANSPORTATION	15. 00 18. 00	0	380 3, 353			7. 00 8. 00
9. 00	ADULTS & PEDIATRICS	30.00	ol	3, 333 341, 940	I		9. 00
	INTENSIVE CARE UNIT	31.00	o	61, 176			10.00
	NEONATAL INTENSIVE CARE UNIT	35. 00	Ö	6, 853	- 1		11. 00
12.00	SUBPROVI DER - I RF	41.00	o	21, 094	o		12. 00
	OPERATING ROOM	50. 00	0	88, 374	l .		13. 00
	RECOVERY ROOM	51.00	0	20, 151	l .		14. 00
	DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC	52. 00 54. 00	0	21, 801 66, 577	l .		15. 00 16. 00
	CARDI AC CATHETERI ZATI ON	59.00	0	7, 283	l .		17. 00
	BLOOD STORING, PROCESSING, &	63.00	o	35	l .		18. 00
	TRANS.						
	RESPIRATORY THERAPY	65.00	0	344			19. 00
	SLEEP LAB	65. 01	0	16, 242	I		20.00
	PHYSI CAL THERAPY	66.00	0	22, 832			21. 00
	ELECTROCARDI OLOGY HOSPI TAL BASED RETAI L	69. 00 73. 01	0	7, 871 87	l .		22. 00 23. 00
23.00	PHARMACIES	73.01	U	07	U		23.00
24.00	RENAL DI ALYSI S	74.00	o	1, 097	o		24. 00
25.00	CARDIAC REHABILITATION	76. 97	o	6	0		25. 00
26. 00	HYPERBARIC OXYGEN THERAPY	76. 98	0	18, 931	0		26. 00
	PAIN CLINIC	90. 02	0	7, 627	l .		27. 00
	ONCOLOGY CLINIC	90. 03	0	88			28. 00
	EMERGENCY	91.00	0	86, 803	l .		29. 00
	WELLNESS CENTER IU HEALTH HOSPICE	194. 05 194. 11	0	9, 015 15			30. 00 31. 00
31.00	0		— — —	1, 381, 403			31.00
	M - OP ONCOLOGY INFUSION		- 1	,			
1.00	ADULTS & PEDIATRICS	3000	25 <u>8, 2</u> 22	2 <u>6, 9</u> 53			1. 00
	O LECAL FEEC		258, 222	26, 953			-
1. 00	P - LEGAL FEES PHARMACY	15. 00	0	5, 824	O		1. 00
2. 00	PHYSI CAL THERAPY	66.00	o	4, 588			2.00
	0			10, 412			
	Q - NURSERY				1		
1.00	ADULTS & PEDIATRICS	30.00	441, 005	38, 441			1.00
2. 00 3. 00	NEONATAL INTENSIVE CARE UNIT	35. 00 52. 00	131 15, 237	105			2. 00 3. 00
3.00	DELIVERY ROOM & LABOR ROOM		456, 373	<u>1, 4</u> 65 40, 011			3.00
	S - EMPLOYEE BENEFITS		100, 070	10, 011			1
1.00	COMMUNI CATI ONS	5. 01	0	164, 477	0		1. 00
2.00	ADMI TTI NG	5. 04	0	169, 353			2. 00
3. 00	OTHER ADMINISTRATIVE AND	5. 06	0	533, 875	0		3. 00
4.00	GENERAL MAINTENANCE & REPAIRS	6. 00	0	728, 810	o		4. 00
	OPERATION OF PLANT	7. 00	o	210, 290	l .		5. 00
6. 00	HOUSEKEEPI NG	9. 00	o	990, 429	l .		6.00
	DI ETARY	10.00	O	695, 183	1		7. 00
8.00	NURSING ADMINISTRATION	13. 00	o	1, 385, 666	0		8. 00
9.00	PHARMACY	15. 00	0	833, 265			9. 00
	PATI ENT TRANSPORTATI ON	18. 00	0	108, 477	l .		10.00
11. 00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22. 00	0	796, 000	0		11. 00
12. 00	PARAMED ED PRGM	23. 00	o	18, 441	o		12. 00
	ADULTS & PEDIATRICS	30.00	Ö	3, 972, 802			13. 00
	INTENSIVE CARE UNIT	31.00	ō	1, 226, 840	l .		14. 00
	NEONATAL INTENSIVE CARE UNIT	35. 00	О	397, 185	0		15. 00
	SUBPROVI DER - I RF	41. 00	o	283, 248	l .		16. 00
	OPERATING ROOM	50.00	0	1, 068, 943			17. 00
	RECOVERY ROOM	51.00	0	220, 070	l .		18.00
	DELIVERY ROOM & LABOR ROOM	52.00	0	363, 946	1		19.00
	RADI OLOGY-DI AGNOSTI C EKG AND EEG	54. 00 57. 00	0	1, 438, 416 44, 004			20. 00 21. 00
	CARDI AC CATHETERI ZATI ON	57.00 59.00	0	44, 004 290, 467			21.00
	RESPIRATORY THERAPY	65. 00	o	582, 196			23. 00
			-1		1		· · · · · ·

Peri od: From 01/01/2018 To 12/31/2018 Date/Ti me Prepared: 5/24/2019 9:59 am

	1					5/24/2019 9:	59 am
		Decreases					
	Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref.		
	6. 00	7.00	8. 00	9. 00	10. 00		
24.00	SLEEP LAB	65. 01	0	102, 703	0		24. 00
25.00	PHYSICAL THERAPY	66.00	0	1, 008, 126	0		25. 00
26.00	OCCUPATI ONAL THERAPY	67. 00	0	135, 919	0		26. 00
27.00	SPEECH PATHOLOGY	68. 00	0	86, 057	O		27. 00
28.00	ELECTROCARDI OLOGY	69.00	0	317, 478	o		28. 00
29.00	HOSPITAL BASED RETAIL	73. 01	0	271, 921	o		29. 00
	PHARMACI ES						
30.00	CARDIAC REHABILITATION	76. 97	0	164, 104	O		30. 00
31.00	HYPERBARIC OXYGEN THERAPY	76. 98	0	89, 422	O		31.00
32.00	PAIN CLINIC	90. 02	0	97, 346	O		32. 00
33.00	ONCOLOGY CLINIC	90. 03	0	110, 911	O		33. 00
34.00	EMERGENCY	91.00	0		0		34.00
35. 00	AMBULANCE SERVICES	95. 00	0				35. 00
36. 00	GIFT, FLOWER, COFFEE SHOP &	190. 00	0		O		36. 00
	CANTEEN		_	,			
37.00	RESEARCH	191. 00	0	133, 345	o		37. 00
38. 00	BSU PHARMACY	194. 01	0		0		38. 00
39. 00	PAVILLION PHARMACY	194. 02	0	107, 704	O		39. 00
40. 00	WELLNESS CENTER	194. 05	0	2, 008			40. 00
41. 00	JAY COUNTY HOSPITAL	194. 16	0	23, 857	0		41. 00
42. 00	THERAPIES TO OTHER ENTITIES	194. 22	0	266, 790	-		42. 00
43. 00	CANCER CENTER BOUTIQUE	194. 23	0				43. 00
44. 00	BLACKFORD COMMUNITY HOSPITAL	194. 26	0				44. 00
44.00	O COMMON TO THE STATE OF		— — <u> </u>				44.00
	T - CORPORATE TELEHPONE			20, 032, 270			
1.00	DI ETARY	10.00	0	1, 959	0		1. 00
2.00	NURSING ADMINISTRATION	13. 00	0				2. 00
3.00	PATIENT TRANSPORTATION	18. 00	0	_,			3. 00
	1		0		0		1
4. 00 5. 00	ADULTS & PEDIATRICS OPERATING ROOM	30.00	0	2, 817	0		4. 00
		50.00	0	64	-		5. 00
6.00	RADI OLOGY-DI AGNOSTI C	54.00	0	2, 078	-		6. 00
7.00	EKG AND EEG	57.00	0	50			7. 00
8.00	CARDI AC CATHETERI ZATI ON	59.00	0	51	0		8. 00
9. 00	EMERGENCY	<u>91.</u> 00	— — <u> </u>	1,003	0		9. 00
	U - DEPRECIATION		0	10, 724			_
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1, 870	9		1. 00
2. 00	ADMITTING	5. 04	0	1			2. 00
3. 00	OTHER ADMINISTRATIVE AND	5.06	0	-,			3. 00
3.00	GENERAL	3.00	0	313,073	o o		3.00
4.00	MAINTENANCE & REPAIRS	6. 00	0	8, 126, 247	0		4. 00
5. 00	OPERATION OF PLANT	7.00	0		o		5. 00
6. 00	HOUSEKEEPI NG	9.00	0				6. 00
7. 00	DI ETARY	10.00	0		o		7. 00
8. 00	NURSING ADMINISTRATION	13. 00	0	108, 994	0		8. 00
9. 00	CENTRAL SERVICES & SUPPLY	14. 00	0	47, 315	-		9. 00
10.00	PHARMACY	15. 00	0		0		10.00
11. 00	PATI ENT TRANSPORTATION	18. 00	0				11. 00
12. 00			0				12. 00
12.00	I &R SERVICES-OTHER PRGM COSTS APPRVD	22. 00	U	372, 688	U		12.00
13. 00	ADULTS & PEDIATRICS	30.00	0	670, 824	0		13. 00
14. 00	INTENSIVE CARE UNIT	31.00	0				14. 00
15. 00	NEONATAL INTENSIVE CARE UNIT	35.00	0		-		15. 00
16. 00	SUBPROVI DER - I RF	41. 00	0				16. 00
17. 00	OPERATING ROOM	50.00	0				17. 00
18. 00	RECOVERY ROOM	51.00	0				18. 00
19. 00	DELIVERY ROOM & LABOR ROOM	52.00	0	124, 622			19. 00
20. 00	RADI OLOGY-DI AGNOSTI C	54.00	0		-		20. 00
21. 00	CARDI AC CATHETERI ZATI ON	59. 00	0	161, 520			21. 00
22. 00	LABORATORY	60.00	0		-		22. 00
23. 00	BLOOD STORING, PROCESSING, &	63.00	0	75	-		23. 00
23.00	TRANS.	03.00	U	/3	U		23.00
24. 00	RESPIRATORY THERAPY	65. 00	0	155, 969	0		24. 00
25. 00	SLEEP LAB	65. 00	0				25. 00
26. 00	PHYSI CAL THERAPY	66.00	0		-		26. 00
26. 00 27. 00	OCCUPATIONAL THERAPY	67. 00	0	24, 336			27. 00
			0				
28. 00	SPEECH PATHOLOGY	68. 00 69. 00	0	_,			28. 00 29. 00
29. 00	ELECTROCARDI OLOGY		0	,	-		1
30.00	RENAL DIALYSIS	74. 00 76. 07	0	8, 178			30.00
31.00	CARDIAC REHABILITATION	76. 97	0	1, .20			31.00
32.00	HYPERBARI C OXYGEN THERAPY	76. 98	0	35, 187	1		32. 00
33.00	PAIN CLINIC	90. 02	0				33. 00
34.00	ONCOLOGY CLINIC	90. 03	0				34. 00
35. 00	EMERGENCY	91. 00	0	482, 711	0		35. 00

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		D				5/24/2019 9:	59 am
	Cook Cooker	Decreases	C-1	0+1	W+ 4 7 D-E		
	Cost Center	Li ne # 7.00	Sal ary 8.00	0ther 9.00	Wkst. A-7 Ref. 10.00		
24 00	6.00 AMBULANCE SERVICES			129, 039			24 00
36.00		95.00	0	·	l .		36. 00
37. 00	GIFT, FLOWER, COFFEE SHOP &	190. 00	۷	2, 086	٥		37. 00
20.00	CANTEEN	101 00	0	420			20.00
38. 00	RESEARCH	191. 00	0	428	l .		38. 00
39. 00	WELLNESS CENTER	194. 05	0	32, 797	0		39. 00
40. 00	RENTAL PROPERTY	194. 08	0	165, 249	l 1		40. 00
41. 00	IU HEALTH HOSPICE	194. 11	0	17	l .		41. 00
42. 00	THERAPIES TO OTHER ENTITIES	194. 22	0	<u>1, 4</u> 87	0		42. 00
	0		0	18, 484, 308			
	V - LEASE EXPENSE						
1.00	RADI OLOGY-DI AGNOSTI C	54.00	0	454, 733	10		1.00
2.00	LABORATORY	60.00	0	5, 999	0		2. 00
3.00	SLEEP LAB	65. 01	0	167, 322	o		3. 00
4.00	PHYSI CAL THERAPY	66.00	o	335, 089	ol		4. 00
5.00	HOSPITAL BASED RETAIL	73. 01	o	90, 254	l 1		5. 00
	PHARMACI ES						
6.00	ONCOLOGY CLINIC	90. 03	o	13, 710	o		6. 00
7. 00	AMBULANCE SERVICES	95.00	o	27, 674	l 1		7. 00
8. 00	RENTAL PROPERTY	194. 08	Ö	300, 273	l 1		8. 00
0.00	n north nort		— — — ŏ	1, 395, 054			0.00
	W - PTO USED AS STD		<u> </u>	1, 373, 034			-
1 00	COMMUNI CATIONS	5. 01	2 552				1 00
1.00		I	2, 553	0	l .		1.00
2.00	ADMITTING	5. 04	2, 456	0	l .		2.00
3. 00	OTHER ADMINISTRATIVE AND	5. 06	15, 496	0	0		3. 00
4 00	GENERAL	, , ,	2 27	_			4 00
4.00	MAINTENANCE & REPAIRS	6. 00	3, 376	0	0		4. 00
5. 00	OPERATION OF PLANT	7. 00	6, 053	0	0		5. 00
6.00	HOUSEKEEPI NG	9. 00	18, 422	0	0		6. 00
7. 00	DI ETARY	10. 00	13, 978	0	I - I		7. 00
8.00	NURSING ADMINISTRATION	13. 00	41, 700	0	0		8. 00
9.00	PHARMACY	15. 00	49, 856	0	0		9. 00
10.00	PATIENT TRANSPORTATION	18. 00	1, 296	0	0		10.00
11. 00	ADULTS & PEDIATRICS	30.00	158, 779	0	0		11. 00
12.00	INTENSIVE CARE UNIT	31.00	59, 222	0	o		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	12, 256	0	o		13.00
14. 00	OPERATING ROOM	50.00	37, 956	0	o		14. 00
15. 00	RECOVERY ROOM	51.00	8, 776	0			15. 00
16. 00	DELIVERY ROOM & LABOR ROOM	52.00	28, 140	0	- I		16. 00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00	48, 311	0			17. 00
18. 00	EKG AND EEG	57. 00	4, 260	0	0		18. 00
19. 00	CARDIAC CATHETERIZATION	59. 00		0			19. 00
	1		1, 152	ū	- I		1
20.00	RESPIRATORY THERAPY	65. 00	23, 357	0	0		20.00
21. 00	SLEEP LAB	65. 01	7, 654	0	0		21. 00
22. 00	PHYSI CAL THERAPY	66. 00	48, 562	0	0		22. 00
23. 00	OCCUPATI ONAL THERAPY	67. 00	3, 649	0	0		23. 00
24. 00	SPEECH PATHOLOGY	68. 00	3, 752	0	0		24. 00
25. 00	ELECTROCARDI OLOGY	69. 00	10, 264	0	0		25. 00
26.00	HOSPITAL BASED RETAIL	73. 01	260	0	0		26. 00
	PHARMACI ES						
27. 00	HYPERBARIC OXYGEN THERAPY	76. 98	367	0	0		27. 00
28. 00	PAIN CLINIC	90. 02	4, 538	0	0		28. 00
29.00	ONCOLOGY CLINIC	90. 03	9, 533	0	0		29. 00
30.00	EMERGENCY	91.00	24, 842	0	o		30. 00
31.00	AMBULANCE SERVICES	95.00	5, 687	0	o		31.00
32.00	GIFT, FLOWER, COFFEE SHOP &	190. 00	1, 764	0	o		32.00
	CANTEEN		.,				
33. 00	RESEARCH	191. 00	458	Λ	o		33. 00
00.00	0		658, 725	$\frac{1}{0}$			00.00
	X - WASTE DISPOSAL		300, 720	0			1
1.00	NEW CAP REL COSTS-BLDG &	1. 00	0	21, 035	14		1.00
1.00	FIXT	1.00	٥	21,033	14		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	12, 013	o		2. 00
	l .	9.00	0		l 1		1
3.00	HOUSEKEEPI NG	•	-	140, 938	l		3.00
4.00	PHARMACY	15. 00	0	15, 255	l 1		4. 00
5.00	OPERATING ROOM	50.00	0	1, 302			5. 00
6. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	410	l .		6. 00
7. 00	SLEEP LAB	65. 01	0	819	l .		7. 00
8.00	PHYSI CAL THERAPY	66. 00	0	236	l 1		8. 00
9.00	HOSPITAL BASED RETAIL	73. 01	0	3, 220	0		9. 00
	PHARMACI ES						
10.00	PAIN CLINIC	90. 02	0	628	0		10.00
11. 00	RENTAL PROPERTY	194. 08	0	9 <u>2, 7</u> 85	0		11. 00
	0 — — — — —		0	288, 641			
	•	. '			. '		•

RECLASSI FI CATIONS

Provider CCN: 15-0089

Peri od: Worksheet A-6 From 01/01/2018 12/31/2018 Date/Time Prepared:

5/24/2019 9:59 am Decreases Cost Center Li ne # Sal ary 0ther Wkst. A-7 Ref. 6.00 7.00 8.00 9.00 10.00 Y - UTILITIES 1.00 1.00 NEW CAP REL COSTS-BLDG & 120, 790 14 1.00 2.00 MAINTENANCE & REPAIRS 6.00 0 9,546 0 2.00 0 3 00 RADI OLOGY-DI AGNOSTI C 3, 905 54.00 0 3 00 4.00 SLEEP LAB 65.01 0 4, 320 0 4.00 5.00 PHYSI CAL THERAPY 66.00 0 487 0 5.00 0 0 6.00 HYPERBARIC OXYGEN THERAPY 76. 98 1.549 6.00 AMBULANCE SERVICES 95.00 0 7.00 2.322 0 7.00 8.00 RENTAL PROPERTY 194. 08 0 544, 153 0 8.00 9. 00 9.00 IU HEALTH HOSPICE 194.11 526 0 Ō 687, 598 Z - BLACKFORD 1.00 OTHER ADMINISTRATIVE AND 5.06 274, 851 154, 012 0 1.00 GENERAL 2.00 MAINTENANCE & REPAIRS 6.00 23, 002 74, 544 0 2.00 OPERATION OF PLANT 0 3.00 7.00 44, 462 15, 196 3.00 4.00 NURSING ADMINISTRATION 13.00 55, 150 36, 239 0 4.00 5.00 PHARMACY 15.00 88, 279 25, 392 0 5.00 0 OPERATING ROOM 50.00 3.979 6 00 5 554 6 00 0 30, 058 7.00 RADI OLOGY-DI AGNOSTI C 54.00 49, 677 7.00 8.00 RESPIRATORY THERAPY 65.00 15, 195 6, 557 0 8.00 9.00 PHYSICAL THERAPY 66.00 14, 104 3,865 0 9.00 JAY COUNTY HOSPITAL 10.00 10.00 62, 921 0 1<u>94.</u> 16 12, 140 613, 576 381, 601 AA - INTEREST EXPENSE 1.00 PHARMACY 15.00 755 11 1.00 0 2.00 RENTAL PROPERTY 194.08 0 2.00 761 AB - PARAMEDICAL EDUCATION PHARMACY 78, 949 1 00 15. 00 6, 040 0 1.00 78, 949 6, 040 AC - PROPERTY TAX 1.00 OTHER ADMINISTRATIVE AND 5.06 0 579, 836 13 1.00 GENERAL ō 579, 836 AD - JAY HOSPITAL OTHER ADMINISTRATIVE AND 239, 963 1.00 5.06 154, 712 0 1.00 GENERAL 2.00 OPERATION OF PLANT 7.00 0 15, 196 2 00 44 462 NURSING ADMINISTRATION 3.00 13.00 150, 302 101, 101 0 3.00 4.00 PHARMACY 15.00 130, 047 37, 405 0 4.00 6, 111 0 5.00 OPERATING ROOM 50.00 4, 377 5.00 RADI OLOGY-DI AGNOSTI C 28, 747 6.00 54 00 47.510 0 6.00 7.00 RESPIRATORY THERAPY 65.00 12, 254 5, 288 0 7.00 PHYSICAL THERAPY 66.00 15, 517 4, 252 0 8.00 8.00 TOTALS 627, 403 369, 841 500.00 Grand Total: Decreases 114, 301, 979 500.00

7, 982, 306

Health Financial Systems
RECONCILIATION OF CAPITAL COSTS CENTERS BALL MEMORIAL HOSPITAL

Provider CCN: 15-0089

					o 12/31/2018		pared: 9 am
				Acqui si ti ons		372472017 7.3	Zill
		Begi nni ng	Purchases	Donati on	Total	Disposals and	
		Bal ances				Retirements	
		1.00	2. 00	3. 00	4. 00	5. 00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET						
1.00	Land	2, 924, 410	0	C	0	0	1. 00
2.00	Land Improvements	3, 630, 983	0	C	0	0	2. 00
3.00	Buildings and Fixtures	268, 244, 435	0	C	0	0	3. 00
4.00	Building Improvements	37, 468, 581	15, 042, 210	C	15, 042, 210	30, 352	4. 00
5.00	Fixed Equipment	0	0	C	0	0	5. 00
6.00	Movable Equipment	169, 329, 616	10, 865, 671	C	10, 865, 671	27, 114, 137	6. 00
7.00	HIT designated Assets	0	0	C	0	0	7. 00
8. 00	Subtotal (sum of lines 1-7)	481, 598, 025	25, 907, 881	C	25, 907, 881	27, 144, 489	8. 00
9.00	Reconciling Items	0 481, 598, 025	0	C	0	0	9. 00
10. 00	10.00 Total (line 8 minus line 9)		25, 907, 881	C	25, 907, 881	27, 144, 489	10. 00
		Endi ng Bal ance	Fully				
			Depreciated				
		6.00	Assets 7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET		7.00				
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, 244, 435	0				3.00
4. 00	Building Improvements	52, 480, 439	0				4. 00
5.00	Fixed Equipment	52, 460, 439	0				5. 00
6. 00	Movable Equipment	153, 081, 150	0				6. 00
7. 00	HIT designated Assets	133,001,130	0				7. 00
8. 00	Subtotal (sum of lines 1-7)	480, 361, 417	0				8. 00
9. 00	Reconciling Items	100, 301, 417	0				9. 00
10. 00	Total (line 8 minus line 9)	480, 361, 417	n				10.00
10.00	1.523. (0	1 100, 001, 417	٩	I			

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 01/01/2018 To 12/31/2018		pared:	
						5/24/2019 9:5	9 am	
	SUMMARY OF CAPITAL							
	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 & FLXT	1, 748, 080	242, 649	2, 432, 88	1 0	0	1. 00	
3.00	Total (sum of lines 1-2)	1, 748, 080	242, 649	2, 432, 88	1 0	0	3. 00	
		SUMMARY O	F CAPITAL					
	Cost Center Description	Other	Total (1) (sum					
	·	Capi tal -Relate	of cols. 9					
		d Costs (see	through 14)					
		instructions)	Ů,					
		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 & FLXT	805, 825					1.00	
3.00	Total (sum of lines 1-2)	805, 825					3. 00	

Heal th	Health Financial Systems		BALL MEMORIAL HOSPITAL			In Lieu of Form CMS-2552-10		
RECONO	CILIATION OF CAPITAL COSTS CENTERS		Provi der Co		Peri od: From 01/01/2018	Worksheet A-7 Part III		
					Го 12/31/2018			
		COMI	PUTATION OF RAT	TI OS	ALLOCATION OF	OTHER CAPITAL		
	Cost Center Description		Capi tal i zed	Gross Assets	Ratio (see	Insurance		
			Leases	for Ratio	instructions)			
				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 & FLXT	480, 361, 418	l e				1. 00	
3.00	Total (sum of lines 1-2)	480, 361, 418		480, 361, 418	_		3. 00	
		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease		
			Capi tal-Relate d Costs					
		6, 00	7.00	through 7) 8.00	9. 00	10.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CE		7.00	0.00	7.00	10.00		
1.00	NEW CAP REL COSTS-BLDG & FLXT	0	0		25, 500, 640	-393, 126	1. 00	
3.00	Total (sum of lines 1-2)	0	0		25, 500, 640	· ·	3. 00	
	(-	Sl	JMMARY OF CAPI		0.0,.20		
	Cost Center Description	Interest	Insurance (see	Taxes (see	Other	Total (2) (sum		
			instructions)	instructions)	Capi tal -Rel ate			
					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 & FIXT	-1, 440, 329		1			1. 00	
3.00	Total (sum of lines 1-2)	-1, 440, 329	351, 731	579, 836	1, 247, 555	25, 846, 307	3. 00	

| Period: | Worksheet A-8 | From 01/01/2018 | To 12/31/2018 | Date/Time Prepared: Provider CCN: 15-0089

				To	12/31/2018	Date/Time Prep 5/24/2019 9:59	
				Expense Classification on		372472019 9.5	9 dili
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description		Amount	Cost Center		Wkst. A-7 Ref.	
1.00	Investment income - NEW CAP	1. 00 B	2. 00 -3. 873. 971	3.00 NEW CAP REL COSTS-BLDG &	4. 00 1. 00	5. 00 11	1. 00
	REL COSTS-BLDG & FIXT (chapter			FLXT			
2. 00	2) Investment income - CAP REL		0	*** Cost Center Deleted ***	2. 00	0	2. 00
3. 00	COSTS-MVBLE EQUIP (chapter 2) Investment income - other		0		0. 00	0	3. 00
	(chapter 2)		-				
4. 00	Trade, quantity, and time discounts (chapter 8)		0		0. 00	0	4. 00
5.00	Refunds and rebates of		0		0. 00	0	5. 00
6.00	expenses (chapter 8) Rental of provider space by		0		0. 00	0	6. 00
7. 00	suppliers (chapter 8) Telephone services (pay		0		0. 00	0	7. 00
7.00	stations excluded) (chapter		· ·		0.00		7.00
8. 00	21) Television and radio service		0		0. 00	0	8. 00
9. 00	(chapter 21) Parking Lot (chapter 21)		0		0. 00	0	9. 00
10. 00	Provi der-based physician	A-8-2	-15, 876, 651		0.00	0	10.00
11. 00	adjustment Sale of scrap, waste, etc.		0		0.00	0	11. 00
	(chapter 23)	A 0 1	20 70/ 002				
12. 00	Related organization transactions (chapter 10)	A-8-1	29, 796, 893			0	12. 00
13. 00 14. 00	Laundry and linen service Cafeteria-employees and guests	В	0 -1, 678, 975	CAEETEDIA	0. 00 11. 00	0	13. 00 14. 00
15. 00	Rental of quarters to employee		-1,078, 473	CALLIERIA	0.00	0	
16. 00	and others Sale of medical and surgical		0		0. 00	0	16. 00
	supplies to other than						
17. 00	patients Sale of drugs to other than		0		0. 00	0	17. 00
18. 00	patients Sale of medical records and		0		0.00	0	18. 00
	abstracts		-				
19. 00	Nursing and allied health education (tuition, fees,		U		0. 00	0	19. 00
20. 00	books, etc.) Vending machines		0		0. 00	0	20. 00
21. 00	Income from imposition of		0		0. 00	Ö	21. 00
	interest, finance or penalty charges (chapter 21)						
22. 00	Interest expense on Medicare		0		0. 00	0	22. 00
	overpayments and borrowings to repay Medicare overpayments						
23. 00	Adjustment for respiratory therapy costs in excess of	A-8-3	0	RESPI RATORY THERAPY	65. 00		23. 00
	limitation (chapter 14)						
24. 00	Adjustment for physical therapy costs in excess of	A-8-3	0	PHYSI CAL THERAPY	66. 00		24. 00
25. 00	limitation (chapter 14) Utilization review -		0	*** Cost Center Deleted ***	114. 00		25. 00
25.00	physicians' compensation		0	cost center bereted	114.00		25.00
26. 00	(chapter 21) Depreciation - NEW CAP REL		0	NEW CAP REL COSTS-BLDG &	1. 00	0	26. 00
	COSTS-BLDG & FLXT			FIXT *** Cost Center Deleted ***			27.00
27. 00	Depreciation - CAP REL COSTS-MVBLE EQUIP				2. 00	0	
28. 00 29. 00	Non-physician Anesthetist Physicians' assistant		0	*** Cost Center Deleted ***	19. 00 0. 00	0	28. 00 29. 00
30. 00	Adjustment for occupational	A-8-3	0	OCCUPATI ONAL THERAPY	67. 00	J	30.00
	therapy costs in excess of limitation (chapter 14)						
30. 99	Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30. 00		30. 99
31. 00	instructions) Adjustment for speech	A-8-3	0	SPEECH PATHOLOGY	68. 00		31. 00
	pathology costs in excess of limitation (chapter 14)						
32. 00	CAH HIT Adjustment for		0		0. 00	0	32. 00
	Depreciation and Interest	1		ı	l		<u> </u>

Health Financial Systems
ADJUSTMENTS TO EXPENSES In Lieu of Form CMS-2552-10
Worksheet A-8 Provider CCN: 15-0089 | Peri od: | Worksheet A-8 | From 01/01/2018 | To 12/31/2018 | Date/Time Prepared:

				То	12/31/2018	Date/Time Prep 5/24/2019 9:59	
				Expense Classification on V	Worksheet A	3/24/2017 7.3	7 aiii
				To/From Which the Amount is t	o be Adjusted		
	Cost Center Description	Basis/Code (2)	Amount	Cost Center		Wkst. A-7 Ref.	
00.00	MI COEL I ANEQUE I NOOME	1.00	2.00	3.00	4. 00	5. 00	00.00
33. 00	MI SCELLANEOUS I NCOME	В	-2, 030, 192	NEW CAP REL COSTS-BLDG & FLXT	1. 00	10	33.00
34. 00	MI SCELLANEOUS I NCOME	В	591, 364	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	34.00
35. 00	MI SCELLANEOUS I NCOME	В		COMMUNI CATI ONS	5. 01	0	35.00
36. 00	MI SCELLANEOUS I NCOME	В		ADMI TTI NG	5. 04	1	36.00
37. 00	MI SCELLANEOUS I NCOME	В	-1, 966, 596	OTHER ADMINISTRATIVE AND	5. 06	0	37.00
38. 00	MI SCELLANEOUS I NCOME	В	-418 N86	GENERAL MAINTENANCE & REPAIRS	6. 00	0	38.00
39. 00	MI SCELLANEOUS I NCOME	B		OPERATION OF PLANT	7. 00		39.00
40.00	MI SCELLANEOUS I NCOME	В		HOUSEKEEPI NG	9. 00		40.00
41. 00	MI SCELLANEOUS I NCOME	В	-215, 204	DI ETARY	10. 00	0	41.00
42.00	MI SCELLANEOUS I NCOME	В		NURSI NG ADMI NI STRATI ON	13. 00		42.00
43. 00 44. 00	MI SCELLANEOUS I NCOME	B B		PHARMACY	15.00		43.00
44. 00 45. 00	MISCELLANEOUS INCOME MISCELLANEOUS INCOME	В		PATIENT TRANSPORTATION I &R SERVICES-OTHER PRGM	18. 00 22. 00		44. 00 45. 00
45. 00	WI SCEELAWEOOS THOOME		14, 700	COSTS APPRVD	22.00		45.00
46. 00	MI SCELLANEOUS I NCOME	В	-17, 873	ADULTS & PEDIATRICS	30. 00	0	46.00
46. 01	MI SCELLANEOUS I NCOME	В		INTENSIVE CARE UNIT	31. 00		46. 01
46. 02	MI SCELLANEOUS I NCOME	В		NEONATAL INTENSIVE CARE UNIT	35. 00		46. 02
46. 03	MI SCELLANEOUS I NCOME	В		OPERATING ROOM	50.00	0	46. 03
46. 04 46. 05	MI SCELLANEOUS I NCOME MI SCELLANEOUS I NCOME	B B		DELIVERY ROOM & LABOR ROOM	52. 00 54. 00		46. 04 46. 05
46. 06	MI SCELLANEOUS I NCOME	В		RADI OLOGY-DI AGNOSTI C EKG AND EEG	54. 00 57. 00		46. 0
46. 07	MI SCELLANEOUS I NCOME	В		CARDI AC CATHETERI ZATI ON	59. 00		46. 07
46. 08	MI SCELLANEOUS I NCOME	B		JAY COUNTY HOSPITAL	194. 16		46. 08
46. 09	MI SCELLANEOUS I NCOME	B		SLEEP LAB	65. 01	Ö	46.0
46. 10	MI SCELLANEOUS I NCOME	В		PHYSICAL THERAPY	66. 00	0	46. 10
46. 11	MI SCELLANEOUS I NCOME	В	-59, 181	OCCUPATI ONAL THERAPY	67. 00	0	46. 1 ²
46. 12	MI SCELLANEOUS I NCOME	В	-50, 694	SPEECH PATHOLOGY	68. 00	0	46. 12
46. 13	MI SCELLANEOUS I NCOME	В		ELECTROCARDI OLOGY	69. 00		46. 13
46. 14	MI SCELLANEOUS I NCOME	В	-662, 623	HOSPITAL BASED RETAIL	73. 01	0	46. 14
46. 15	MI SCELLANEOUS I NCOME	В	-55 570	PHARMACIES CARDIAC REHABILITATION	76. 97	0	46. 15
46. 16	MI SCELLANEOUS I NCOME	В		ONCOLOGY CLINIC	90. 03		46. 16
46. 17	MI SCELLANEOUS I NCOME	B		EMERGENCY	91.00		46. 17
46. 18	MI SCELLANEOUS I NCOME	B		AMBULANCE SERVICES	95. 00	o o	46. 18
46. 19	MI SCELLANEOUS I NCOME	В		BSU PHARMACY	194. 01	0	46. 19
46. 20	MI SCELLANEOUS I NCOME	В	-3, 224	IU HEALTH HOSPICE	194. 11	0	46. 20
46. 21	MI SCELLANEOUS I NCOME	В		THERAPIES TO OTHER ENTITIES	194. 22	0	46. 21
46. 22	NON-ALLOWABLE MARKETING	A	-1, 323, 710	OTHER ADMINISTRATIVE AND	5. 06	0	46. 22
44 22	NON ALLOWARIE MARKETING		150	GENERAL	15 00		44 25
	NON-ALLOWABLE MARKETING	A A		PHARMACY I&R SERVICES-OTHER PRGM	15. 00 22. 00		
40. 24	NON-ALLOWABLE MARKETING	A	-254	COSTS APPRVD	22.00		40. 22
46. 25	NON-ALLOWABLE MARKETING	A	-795	PARAMED ED PRGM	23. 00	0	46. 25
46. 26	NON-ALLOWABLE MARKETING	A		RADI OLOGY-DI AGNOSTI C	54.00		
46. 27	NON-ALLOWABLE MARKETING	A	-24	RESPI RATORY THERAPY	65. 00	0	46. 27
46. 28	NON-ALLOWABLE MARKETING	A		PHYSI CAL THERAPY	66. 00		46. 28
46. 29	NON-ALLOWABLE MARKETING	A		EMERGENCY	91.00		46. 29
46. 30	NON-ALLOWABLE MARKETING	A		JAY COUNTY HOSPITAL	194. 16		
46. 31	CORPORATE TELEPHONE	A	-10, 724	OTHER ADMINISTRATIVE AND	5. 06	0	46. 31
46. 32	EMPLOYEE BENEFITS OFFSET	A	_20 058 828	GENERAL EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	46. 32
46. 33	HAF FEES	A		OTHER ADMINISTRATIVE AND	5. 06		
.0.00	220		10/ /02/ 0/0	GENERAL	0.00		.0.00
46. 34	TV DEPRECIATION	A	-336	NEW CAP REL COSTS-BLDG &	1. 00	9	46. 34
	Nov. 4. 1 004 51 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			FIXT			
46. 35	NON-ALLOWABLE PATIENT	A	-2, 679	OTHER ADMINISTRATIVE AND	5. 06	0	46. 35
46. 36	REIMBURSEMENT PTO ACCRUAL	A	_540 242	GENERAL OTHER ADMINISTRATIVE AND	5. 06	0	46. 36
40. JU	I TO ACCRUAL	^	-507, 302	GENERAL	ა. 06	l O	40.30
46. 37	LOSS ON EXTINGUISHMENT OF DEBT	A	583, 555	NEW CAP REL COSTS-BLDG &	1. 00	14	46. 37
	CARRY	'	220, 000	FIXT	50	l '''	
46. 38	ADDICTION AND PAIN CLINIC	A	-107, 056	SUBSTANCE ABUSE CLINIC	90. 01	0	46. 38
47 0-	START UP		0/ 11= =:	EMBLOVEE BENESI TO STEEL			
46. 39	PENSION EXPENSE	A		EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	
50. 00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A,		-17, 861, 830				50.00
	,						1
	column 6, line 200.)						

Health Financial Systems	BALL MEMORIA	L HOSPITAL	In Lieu of Form CMS-2552-1			
ADJUSTMENTS TO EXPENSES			Provider CCN: 15-0089	Peri od:	Worksheet A-8	
				From 01/01/2018		
				To 12/31/2018	Date/Time Pre 5/24/2019 9:5	
			Expense Classification of	n Worksheet A	0,21,201, ,10	<u> </u>
			To/From Which the Amount i	s to be Adjusted		
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
	1.00	2.00	3. 00	4. 00	5. 00	

- (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 Provider CCN: 15-0089 Peri od: Worksheet A-8-1 From 01/01/2018 OFFICE COSTS

				To 12/31/2018	Date/Time Pre 5/24/2019 9:5	
	Li ne No.	Cost Center	Expense Items	Amount of	Amount	
			·	Allowable Cost	Included in	
					Wks. A, column	
					5	
	1. 00	2. 00	3. 00	4. 00	5. 00	
	A. COSTS INCURRED AND ADJUSTM HOME OFFICE COSTS:	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED OR	GANIZATIONS OR	CLAI MED	
1.00		NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	7, 701, 470	2, 432, 882	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	20, 890, 829	0	2.00
3.00	5. 02	DATA PROCESSING	HOME OFFICE	13, 189, 222	0	3.00
4.00	5. 04	ADMITTI NG	HOME OFFICE	7, 361, 991	0	4.00
4. 01	5. 05	CASHI ERI NG/ACCOUNTS RECEI VAB	HOME OFFICE	10, 419, 974	0	4. 01
4.02	5. 06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	23, 039, 892	50, 361, 870	4. 02
4.03	13. 00	NURSING ADMINISTRATION	HOME OFFICE	0	11, 733	4.03
4.04	1.00	NEW CAP REL COSTS-BLDG & FIX	RELATED PARTY	236, 649	236, 649	4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	RELATED PARTY	444, 566	444, 566	4.05
4.06	5. 06	OTHER ADMINISTRATIVE AND GEN	RELATED PARTY	607, 348	607, 348	4.06
4.07	13. 00	NURSING ADMINISTRATION	RELATED PARTY	392, 940	392, 940	4.07
4.08	22. 00	I&R SERVICES-OTHER PRGM COST	RELATED PARTY	2, 533, 511	2, 533, 511	4. 08
4.09	30.00	ADULTS & PEDIATRICS	RELATED PARTY	9, 517, 537	9, 517, 537	4. 09
4. 10	31.00	INTENSIVE CARE UNIT	RELATED PARTY	600	600	4. 10
4. 11		NEONATAL INTENSIVE CARE UNIT	RELATED PARTY	1, 345, 832	1, 345, 832	4. 11
4. 12	41.00	SUBPROVIDER - IRF	RELATED PARTY	391, 031	391, 031	4. 12
4.13	50.00	OPERATING ROOM	RELATED PARTY	4, 402, 755	4, 402, 755	4. 13
4.14	54.00	RADI OLOGY-DI AGNOSTI C	RELATED PARTY	2, 072, 484	2, 072, 484	4. 14
4. 15	59.00	CARDIAC CATHETERIZATION	RELATED PARTY	18, 557	18, 557	4. 15
4. 16			RELATED PARTY	9, 883, 380	9, 883, 380	4. 16
4. 17	65. 01		RELATED PARTY	167, 547	167, 547	4. 17
4. 18			RELATED PARTY	252, 817	252, 817	4. 18
4. 19	69. 00	ELECTROCARDI OLOGY	RELATED PARTY	7, 200	7, 200	4. 19
4. 20		HOSPITAL BASED RETAIL PHARMA		74, 688	74, 688	4. 20
4. 21			RELATED PARTY	25, 478	25, 478	4. 21
4. 22			RELATED PARTY	24, 067	24, 067	4. 22
4. 23			RELATED PARTY	252, 948	252, 948	4. 23
4. 24			RELATED PARTY	141, 997	141, 997	4. 24
4. 25			RELATED PARTY	3, 085, 715	3, 085, 715	4. 25
4. 26			RELATED PARTY	100, 145	100, 145	4. 26
4. 27	194. 08	l	RELATED PARTY	267, 923	267, 923	4. 27
5.00	0		0	118, 851, 093	89, 054, 200	5. 00
* The	amounts on lines 1-4 (and sub	occrinte as annronriatal ara t	ransferred in detail to Work	sheet A column	6 lines as	

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

			Related Organization(s) and/	or Home Office			
Symbol (1)	Name	Percentage of	Name	Percentage of			
		Ownershi p		Ownershi p			
1. 00	2. 00	3. 00	4. 00	5. 00			
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:							

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

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

6. 00	В	0.00 IU HEALTH	100.00	6. 00
7.00		0.00	0.00	7.00
8.00		0.00	0.00	8.00
9.00		0.00	0.00	9.00
10.00		0.00	0.00	10.00
100.00	G. Other (financial or			100.00
	non-financial) specify:			

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider. B. Corporation, partnership, or other organization has financial interest in provider.
- 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.
- 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

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. 16

4. 17

4.18

4.19

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4. 23

4.24

4. 25

4.26

4. 27

5.00

Related Organization(s) and/or Home Office						
Type of Business						
6. 00						
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:						

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

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

6.00	HEALTHCARE	6. 00
7.00		7. 00
8.00		8. 00
9.00		9. 00
10.00		10.00
7. 00 8. 00 9. 00 10. 00 100. 00		100.00

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

0

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29, 796, 893

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

4.16

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4.27

5.00

Health Financial Systems
PROVIDER BASED PHYSICIAN ADJUSTMENT | Peri od: | Worksheet A-8-2 | From 01/01/2018 | To 12/31/2018 | Date/Time Prepared: Provider CCN: 15-0089

					1	To 12/31/2018	B Date/Time Pro 5/24/2019 9:5	epared: 59 am
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		I denti fi er	Remuneration	Component	Component		ider Component	
				·			Hours	
	1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	7. 00	
1.00		EMPLOYEE BENEFITS DEPARTMENT	516			211, 500	0	1. 00
2.00	5. 06	OTHER ADMINISTRATIVE AND	554, 756	105, 520	449, 236	211, 500	6, 906	2. 00
		GENERAL						
3.00		ADULTS & PEDIATRICS	9, 481, 276	9, 481, 276	0	179, 000		3. 00
4.00	35. 00	NEONATAL INTENSIVE CARE UNIT	1, 345, 832	1, 345, 832	0	169, 700	0	4. 00
5.00		SUBPROVIDER - IRF	23, 863	23, 863	0	211, 500	0	5. 00
6. 00		OPERATING ROOM	3, 932, 859			246, 400		
7. 00		RADI OLOGY-DI AGNOSTI C	1, 250, 002		.,			
8. 00		HYPERBARIC OXYGEN THERAPY	25, 478			,		
9.00		PAIN CLINIC	230, 802	230, 802		211, 500	0	9. 00
10.00	91. 00	EMERGENCY	2, 846, 013		2, 846, 013	211, 500	20, 805	
200.00			19, 691, 397				37, 566	
	Wkst. A Line #	3	Unadjusted RCE		Cost of		Physician Cost	
		l denti fi er	Limit		Memberships &		of Malpractice	
				Limit	Conti nui ng	Share of col.	Insurance	
	1.00	2.00	0.00	0.00	Educati on	12	14.00	
1, 00	1.00	2.00 EMPLOYEE BENEFITS DEPARTMENT	8.00	9.00	12.00	13. 00 0	14. 00 0	1. 00
2. 00		OTHER ADMINISTRATIVE AND	702, 221	35, 111	-	0		
2.00		GENERAL	102, 221	30, 111	U	U	0	2.00
3.00		ADULTS & PEDIATRICS	0	0	0	0	0	3. 00
4. 00		NEONATAL INTENSIVE CARE UNIT	0	· -	-	0	0	
5. 00		SUBPROVI DER - I RF	0	0	0	0	0	
6. 00		OPERATI NG ROOM	0	0	0	0	0	
7. 00		RADI OLOGY-DI AGNOSTI C	1, 288, 257	64, 413	0	0	0	1
8. 00		HYPERBARIC OXYGEN THERAPY	0	0		0	0	8. 00
9. 00	90. 02	PAIN CLINIC	0	0	0	0	0	9. 00
10.00	91. 00	EMERGENCY	2, 115, 508	105, 775	0	0	0	10.00
200.00			4, 105, 986	205, 299	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment		
		l denti fi er	Component	Limit	Di sal I owance			
			Share of col.					
	1.00		14	1/ 00	17.00	10.00		
1 00	1.00	2.00	15. 00	16. 00	17. 00	18. 00		1.00
1.00		EMPLOYEE BENEFITS DEPARTMENT	0		-			1.00
2. 00		OTHER ADMINISTRATIVE AND GENERAL	0	702, 221	0	105, 520		2. 00
3.00		GENERAL ADULTS & PEDIATRICS	0	0	0	9, 481, 276		3. 00
4. 00						1, 345, 832		4.00
5.00	35. 00 NEONATAL INTENSIVE CARE UNIT 41. 00 SUBPROVIDER - IRF			1 0	0	23, 863		5. 00
6. 00	50. OO OPERATING ROOM				0	3, 932, 859		6. 00
7. 00	50. OUIOPERATING ROOM 54. OOIRADI OLOGY-DI AGNOSTI C		0	ľ	J	0, 702, 007		7. 00
8. 00	76. 98 HYPERBARIC OXYGEN THERAPY		0	.,		25, 478		8. 00
9. 00		PAIN CLINIC	ا	ľ	_	230, 802		9. 00
10. 00		EMERGENCY	0		730, 505	•		10.00
200.00	,		0	_, ,	·			200.00
	'		1		1		'	

| Peri od: | Worksheet B | From 01/01/2018 | Part | | To 12/31/2018 | Date/Time Prepared: | Part | Part | Prepared: | Part | Prepared: | Part | Prepared: | Part | Part | Prepared: | Part | Part | Prepared: | Part | Par Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0089

					Т	o 12/31/2018	Date/Time Pre 5/24/2019 9:5	
				CAPI TAL			372472017 7.3	7 GIII
				RELATED COSTS				
		Cost Center Description	Net Expenses	NEW BLDG &	EMPLOYEE	COMMUNI CATI ONS	DATA	
			for Cost	FIXT	BENEFITS		PROCESSI NG	
			Allocation		DEPARTMENT			
			(from Wkst A					
			col. 7)	1. 00	4.00	5. 01	5. 02	
	GENER	AL SERVICE COST CENTERS	U	1.00	4.00	5.01	5. 02	
1.00		NEW CAP REL COSTS-BLDG & FIXT	25, 846, 307	25, 846, 307				1. 00
4.00		EMPLOYEE BENEFITS DEPARTMENT	48, 319, 159					4. 00
5. 01		COMMUNI CATI ONS	474, 441	21, 877	207, 142	703, 460		5. 01
5.02	00550	DATA PROCESSING	13, 189, 222	0	0	5, 486	13, 194, 708	5. 02
5.04		ADMI TTI NG	8, 216, 878	90, 340	350, 342		0	5. 04
5.05	1	CASHI ERI NG/ACCOUNTS RECEI VABLE	10, 419, 974	0	0	0	0	5. 05
5.06		OTHER ADMINISTRATIVE AND GENERAL	30, 941, 747	700, 684			0	5. 06
6. 00 7. 00		MAINTENANCE & REPAIRS OPERATION OF PLANT	9, 047, 384				0	6. 00 7. 00
8. 00	1	LAUNDRY & LINEN SERVICE	6, 516, 912 1, 381, 371	704, 189 0	1		0	8. 00
9. 00		HOUSEKEEPING	2, 992, 187	247, 713	· -		0	9. 00
10. 00		DI ETARY	1, 897, 903				0	10.00
11. 00	1	CAFETERI A	651, 067	217, 015			0	11. 00
13.00		NURSING ADMINISTRATION	6, 610, 844	226, 887			0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11, 291, 828	234, 102	0	O	0	14. 00
15. 00	01500	PHARMACY	4, 921, 595	96, 576	1, 965, 155	22, 189	0	15. 00
16. 00		MEDICAL RECORDS & LIBRARY	0	0		0	0	16. 00
18. 00	1	PATIENT TRANSPORTATION	511, 393	10, 486		6, 926	0	18. 00
21. 00		I &R SERVI CES-SALARY & FRI NGES APPRVD	3, 853, 060		.,,		0	21. 00
22. 00		I &R SERVICES-OTHER PRGM COSTS APPRVD	3, 901, 179				0	22. 00
23. 00		PARAMED ED PRGM I ENT ROUTINE SERVICE COST CENTERS	177, 983	1, 738	71, 649	933	0	23. 00
30. 00		ADULTS & PEDIATRICS	25, 302, 366	2, 343, 572	9, 184, 453	141, 524	1, 382, 188	30. 00
31. 00		INTENSIVE CARE UNIT	7, 404, 218				413, 342	
32.00	1	CORONARY CARE UNIT	0	0		0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2, 199, 701	69, 763	868, 586	10, 467	131, 149	35. 00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40. 00
41. 00	1	SUBPROVI DER - I RF	2, 060, 504	145, 996	685, 999	9, 034	65, 779	41. 00
43.00		NURSERY	496, 384	45, 448	201, 554	2, 548	23, 792	43. 00
FO 00		LARY SERVICE COST CENTERS	7 005 524	F07 F4/	2 222 504	25 10/	1 205 020	F0 00
50. 00 51. 00		OPERATING ROOM RECOVERY ROOM	7, 005, 524				1, 285, 920 169, 838	50. 00 51. 00
52. 00	1	DELIVERY ROOM & LABOR ROOM	1, 597, 759 2, 038, 100				187, 414	
54. 00		RADI OLOGY-DI AGNOSTI C	12, 381, 230				1, 700, 537	•
57. 00		EKG AND EEG	72, 317	0,7,001			26, 052	•
58.00		MAGNETIC RESONANCE IMAGING (MRI)	0	0	1	0	0	58. 00
59.00	05900	CARDI AC CATHETERI ZATI ON	2, 065, 101	205, 040	809, 371	9, 538	682, 111	59. 00
60.00		LABORATORY	10, 007, 332	281, 784	0	18, 944	648, 022	60.00
60. 01		BLOOD LABORATORY	0	0	0	0	0	60. 01
63.00		BLOOD STORING, PROCESSING, & TRANS.	1, 210, 148		0	0	51, 773	
65. 00		RESPI RATORY THERAPY	3, 506, 162	67, 339			169, 778	
65. 01 66. 00		SLEEP LAB PHYSI CAL THERAPY	475, 971 3, 918, 022	0 45, 068			64, 946 153, 611	
67. 00		OCCUPATIONAL THERAPY	892, 267	35, 108			48, 645	
68. 00		SPEECH PATHOLOGY	429, 274	8, 397			23, 199	
68. 01		AUDI OLOGY	0	0,077	1	0	0	68. 01
69.00		ELECTROCARDI OLOGY	1, 038, 027	269, 326	568, 908	10, 194	402, 556	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10, 617, 568	0	0	0	467, 037	71. 00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13, 701, 596	0	0	0	872, 453	72. 00
73.00		DRUGS CHARGED TO PATIENTS	31, 849, 917	0	0	0	1, 991, 486	
73. 01		HOSPITAL BASED RETAIL PHARMACIES	9, 121, 109		732, 525		63, 511	
74. 00		RENAL DI ALYSI S	1, 396, 933		1	0	32, 839	1
76. 00		CARDI OPULMONARY	(47.257	0		0	0	76. 00
76. 97 76. 98	1	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY	667, 257 1, 188, 362	0 6, 061			32, 773 109, 495	•
70. 70		TIENT SERVICE COST CENTERS	1, 100, 302	0,001	230, 302	3, 100	107, 473	70. 70
90. 00		CLINIC	0	0	0	ol	0	90. 00
90. 01	09001	SUBSTANCE ABUSE CLINIC	0	0	0	0	0	90. 01
90. 02	09002	PAIN CLINIC	430, 582	327, 757	167, 964	2, 813	56, 310	90. 02
90. 03		ONCOLOGY CLINIC	1, 155, 176	62, 038	416, 355	5, 243	228, 678	90. 03
91. 00		EMERGENCY	9, 797, 293	490, 372	2, 845, 089	39, 886	1, 641, 777	91. 00
92. 00		OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
92. 01		OBSERVATION BEDS (DISTINCT PART)] 0	0	0	0	0	92. 01
0E 00		REIMBURSABLE COST CENTERS	1 000 074	12 4//	401 E24	12 200	67 407	05 00
95. 00		AMBULANCE SERVICES AL PURPOSE COST CENTERS	1, 893, 274	43, 666	681, 524	13, 200	67, 697	95. 00
113 00		INTEREST EXPENSE						113. 00
118. 00		SUBTOTALS (SUM OF LINES 1 through 117)	357, 081, 908	22, 768, 726	46, 339, 839	687, 216	13, 194, 708	
								-

| Peri od: | Worksheet B | From 01/01/2018 | Part | | To 12/31/2018 | Date/Time Prepared: | Part | Part | Prepared: | Part | Prepared: | Part | Prepared: | Part | Part | Prepared: | Part | Part | Prepared: | Part | Par Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0089

			1	0 12/31/2018	Date/IIMe Prepa 5/24/2019 9:59	
		CAPI TAL			0,21,201, 110,	Cin
		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	
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	572, 431	0	62, 395	1, 751	0 1	90. 00
191. 00 19100 RESEARCH	774, 383	40, 029	306, 192	4, 413	0 1	91. 00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	o	0 1	94. 00
194. 01 07951 BSU PHARMACY	8, 274	0	89, 639	914	0 1	94. 01
194. 02 07952 PAVILLION PHARMACY	6, 319, 118	37, 094	325, 384	3, 643	0 1	94. 02
194. 03 07953 VENDI NG	0	0	0		0 1	94. 03
194. 04 07954 CARELI NE	0	0	0	o	0 1	94. 04
194.05 07955 WELLNESS CENTER	10, 840	74, 086	1, 330	30	0 1	94. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	349, 999			l l	94. 06
194. 07 07957 PERINATAL CLINIC	0	0	0	ol	l l	94. 07
194. 08 07958 RENTAL PROPERTY	609, 391	1, 684, 203	0	0	l l	94. 08
194. 09 07959 ADVERTI SI NG	0	0	0	ol		94. 09
194. 10 07960 I NTEGRA LTAC	0	171, 903	0	ol	l l	94. 10
194. 11 07961 I U HEALTH HOSPI CE	0	41, 285		ol	l l	94. 11
194. 12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	أم		94. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0	0	أم	l l	94. 13
194. 14 07964 NEW CASTLE ONCOLOGY	0	o o	0			94. 14
194. 15 07965 MARKETI NG/PUBLI C RELATIONS	0	35, 458	_	o	l l	94. 15
194. 16 07966 JAY COUNTY HOSPITAL	1, 014, 385	68, 303		2, 760		94. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	00,000	001,720	2,700		94. 17
194. 18 07968 CHV CARDI NAL HEALTH VENTURES	0	o o	0	o	1	94. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	o O	0	o	l l	94. 19
194. 20 07970 MEALS ON WHEELS	0	o O	0	o	I	94. 20
194. 21 07971 ST MARY'S SCHOOL	0	o O	0	o		94. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0	577, 836	o		94. 22
194. 23 07973 CANCER CENTER BOUTIQUE	102, 443	12, 443				94. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	361, 185			I	94. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	670	129, 318		_		94. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	1, 078, 769			-	I	94. 26
194. 27 07977 MI DWEST HEALTH STRATEGIES	1,070,707	,2,2,0	001,077	2, 010	I	94. 27
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	o O	١		· · · · · · · · · · · · · · · · · · ·	94. 28
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	١		I	94. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0	١			94. 30
194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS	0	0	0		l l	94. 31
194. 32 07982 RENAL DI ALYSI S	0	0	0	0		94. 32
194. 33 07983 LAB CORP	0	0				94. 32 94. 33
194. 34 07984 H. O. MATERI ALS MGMT	0	0				94. 33
194. 35 07985 LEASED SPACE	0	0			l l	94. 35
200.00 Cross Foot Adjustments		U		l 4	l l	00. 00
201.00 Negative Cost Centers		0	_	۸	1	01. 00
202.00 TOTAL (sum lines 118 through 201)	367, 572, 612	25, 846, 307	48, 397, 787	703, 460	13, 194, 708 2	
202.00 TOTAL (Sum Tries Tio through 201)	307, 372, 012	25, 545, 507	1 40, 577, 707	, , , , 400	13, 174, 700 2	JZ. 00

Provider CCN: 15-0089

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2018 Part I
To 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am

Control Cont					'	0 12/31/2018	5/24/2019 9:5	
PRICE WARE S. 04 9.05 5.05		Cost Center Description	ADMI TTI NG		Subtotal		MAINTENANCE &	
FURTING SEPART CHAT CHUTTES 9,04 5,96 9A,05 5,06 6,90							REPAI RS	
SERIONAL SERVICE COST CERTIFIES 1. 00 COTON GROWN FOR ADDRESS REGION STATE 1. 00 COTON GROWN FOR ADDRESS REGION STATE 1. 00 COTON GROWN FOR ADDRESS REGION STATE 1. 00 COTON GROWN FOR ADDRESS REGION FOR			5.04		5A 05		6 00	
0.00 0.000 COLONING CAP HEL COSTS-SELDG & IT NI	GENI	FRAL SERVICE COST CENTERS	5.04	5.05	5A. U5	5.00	0.00	
0.00 0.000 DUSUND CARLEST NE DEPARTIMENT								1. 00
5.01 0.								
0.0000 COSPO COMMATTIN CO								
DOSEST CASH LENING ACCURINTS RECEIVABLE 0 10,419, 974 0 0 34,046,659 34,046,659 25,932,226 6,06 6,00 0 0 0 23,356,566 2402,638 25,932,226 6,00 0 0 0 0 0 0 0 0 0	5. 02 005	50 DATA PROCESSING						5. 02
5.05 0.00500 CASHI ERINKA/ACQUINTS RECEIVABLE 0 10.419, 974 0.66 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.000000 0.00000000	5. 04 005	70 ADMITTING	8, 657, 560					5. 04
0.000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0								5. 05
0.00700 0.0700	5.06 005	90 OTHER ADMINISTRATIVE AND GENERAL	0	o	34, 046, 659	34, 046, 659		5. 06
0.00 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0	6.00 006	OO MAINTENANCE & REPAIRS	0	o	23, 536, 586	2, 402, 638	25, 939, 224	6. 00
9.00 0.0900 MUSENEEPING	7.00 007	OO OPERATION OF PLANT	0	0	7, 835, 073	799, 812	1, 545, 824	7. 00
10.00 01000 DETARY 0 0 2,648,335 246,345 446,347 476,385 11.00 11.00 01100 CHTERN 4 0 0 0 0 0 4,485,513 446,585 446,585 13.00 13.00 01300 MIRSTRY CASE SUPPLY 0 0 0 0 4,525,030 646,870 513,866 13.00 614,000			0	0	1, 381, 371	141, 012	0	8. 00
11-10 0 01100 (CAFTERIA 0 0 0 1, 435, 513 146, 539 476, 388 11. 00 130 01400 (ENTRAL SERVICES & SUPPLY 0 0 0 11. 525, 793 1, 176, 578 13, 806 13, 00 130 01400 (ENTRAL SERVICES & SUPPLY 0 0 0 11. 525, 793 1, 176, 578 121, 806 14, 00 13. 00 130 01400 (ENTRAL SERVICES & SUPPLY 0 0 0 11. 525, 793 1, 176, 578 121, 806 14, 00 13, 00 130 01400 (ENTRAL SERVICES & SUPPLY 0 0 0 0 742, 204 75, 766 22, 018 18, 00			0	0	4, 461, 060		543, 775	9. 00
13.00 01300 MURSING ADMINISTRATION 0 0 9, 452,003 9,44,870 498,099 13.00 15.00 01500 PARMINED CENTRAL SERVICE SA SURPHY 0 0 0 7,005,515 715,130 212,002 15.00	1	1	0	0				
14.00 01400 PARISACY 0 0 0 11,525,930 1,176,578 513,896 14.00 16.00 01400 PARISACY 0 0 0 7,005,515 775,150 21,2002 15.00 16.00 01600 PARISACY 0 0 0 0 7,42,005 75,765 30,018 18.00 01600 PARISACY 0 0 0 0 74,206 75,765 30,018 18.00 01600 PARISACY 0 0 0 0 74,206 515 775,765 30,018 18.00 01600 PARISACY 0 0 0 0 0 75,77,707 75,765 75,765 30,018 18.00 01600 PARISACY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0				
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16.00 01-000 NEDICAL RECORDS & LIBRARY 0 0 0 10 0 0 10			0	0				
18.00 01060 PATIENT TRANSPORTATION 0 0 5,580,183 50,0631 0,21 0,22 02200 18R SERVICES-CHIREP REQUIZOSTS APPREVD 0 0 0 2,529,193 35,0692 590,492 22.00 02200 18R SERVICES-CHIREP REQUIZOSTS APPREVD 0 0 0 2,229,193 326,0692 590,492 22.00 02200 18R SERVICES-CHIREP REQUIZOSTS APPREVD 0 0 0 252,393 35,002 591,492 23.00 230,00	1	1	0	0		/15, 130		
21.00 02100 IAR SERVICES-SALARY & FRINCES APPRVD 0 0 4,277,897 436,692 436,692 590,452 20.0 23.00 02300 PARAMED ED PROM 0 0 4,277,897 436,692 436,692 590,452 20.0 ENDATE HEAT ROUTH BE SERVICE COST CENTERS 00.0 0 252,303 25,755 3,815 23.00 ENDATE HEAT ROUTH BE SERVICE COST CENTERS 00.0 0 252,303 25,755 3,815 23.00 ENDATE HEAT ROUTH BE SERVICE COST CENTERS 00.0 0 0 0 0 0 ENDATE HEAT ROUTH BE SERVICE COST CENTERS 00.0 0 0 0 0 0 ENDATE HEAT ROUTH BE SERVICE COST CENTERS 00.0 0 0 0 0 0 ENDATE HEAT ROUTH BE SERVICE COST CENTERS 00.0 0 0 0 0 0 ENDATE HEAT ROUTH BE SERVICE COST CENTERS 00.0 0 0 0 0 0 ENDATE HEAT ROUTH BE SERVICE COST CENTERS 00.0 0 0 0 0 0 0 0 ENDATE HEAT ROUTH BE SERVICE COST CENTERS 00.0 0 0 0 0 0 0 0 ENDATE HEAT ROUTH BE SERVICE COST CENTERS 0 0 0 0 0 0 0 0 0			0	0	-	75 775		
22.00 02200 RAS SERVI CES-OTHER PROM COSTS APPRVD 0 0 0 277, 997 436, 6962 590, 452 22.00 23.00 02300 DARAUFO ED PROM 0 0 0 525, 305 3.815 3.815 30.00 30.00 03000 AULTS & PEDIATRIC S 906, 974 1,091, 427 40,352, 504 4,119, 223 5,144, 575 30.00 31.00 03000 CORNANY CARE UNIT 271, 230 32.00 32.00 03200 CORNANY CARE UNIT 80,558 118,056, 414 1.205, 108 890, 679 31.00 32.00 32.00 03200 CORNANY CARE UNIT 80,558 118,056, 414 1.205, 108 890, 679 31.00 32.00 32.00 03200 CORNANY CARE UNIT 80,558 118,5612 18,787 804,128 312, 148 133, 143 30.00 41.00 411000 411000 41100 411000 4110			-	0				
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INPART ENT ROUTINE SERVICE COST CENTERS 90.0 974 1.091,427 40,352,504 4.119,223 5.144,575 30.0 0 31.0 0 3010 ADULTS & PEDIATRICS 721,230 326,391 11,805,414 1.205,108 890,679 31.0 0 32.0 0 320,00 320,				1				
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32 00 03200 ORROMARY CARE UNIT 86 058 103, 560 3, 469, 284 381, 481 153, 143 35. 00								
18. DO 02000 NEDRONIAL INTENSIVE CARE UNIT 86,058 103,560 3,469,284 334,148 153,143 35.00 040.00 04000 05UBPROVIDER - I FF 43,164 51,942 3,062,418 312,615 320,488 41.00 04100 SUBPROVIDER - I FF 50.00 0500 080						1, 200, 100		
40. 00 04000 SUBPROVI DER - I PF 43. 164 51. 422 3. 062, 418 312, 615 320, 488 41. 00 41. 00 04300 SUBPROVI DER - I RF 43. 164 51. 422 3. 062, 418 312, 615 320, 488 41. 00 43. 00 43.			-	1	3, 469, 284	354. 148		
A1. 00 04100 SUBPROVI DER - IRF				0	0	0		
ABOOD MAINTERERY 15, 612 18, 787 804, 125 82, 086 99, 766 42, 00			43, 164	51, 942	3, 062, 418	312, 615	320, 488	
ANCILLARY SERVICE COST CENTERS	43. 00 043	00 NURSERY						43. 00
11.1 11.1 12.2 785 824 244, 380 260, 955 51.0 52.00 05200 DELL'UFERY NOOM & LABOR ROOM 122, 978 147, 999 3, 580, 483 388, 149 412, 335 52.0 52.00 05200 DELL'UFERY NOOM & LABOR ROOM 12.2 978 147, 999 3, 580, 483 388, 149 412, 335 52.0 54.00 05400 RADIO LOCY-DI ACNOSTI C 1, 115, 870 1, 342, 807 21, 164, 671 2, 160, 511 1, 926, 678 54.0 58.00 05800 REGORE T RESONANCE IMAGING (MRI) 0 0 0 0 0 0 0 0 59.00 05900 CARDIA C CATHETERI ZATI ON 447, 592 538, 620 4, 757, 373 485, 637 450, 100 59.00 60.01 06001 BLOOD LABORATORY 425, 223 511, 702 11, 893, 007 1, 214, 050 618, 567 60.01 60.01 06001 BLOOD LABORATORY 111, 406 134, 4063 54, 40, 574 555, 379 147, 821 65.00 60.01 06001 SLEEP LAB 42, 617 51, 284 827, 900 064, 515, 379 147, 821 65.00 60.01 06001 SLEEP LAB 42, 617 51, 284 827, 900 064, 515, 594 665, 159 89, 932 66.00 60.00 06000 OCCUPATI ONAL THERAPY 100, 797 121, 297 6, 515, 994 665, 159 89, 932 66.00 60.01 06001 SLEEP LAB 42, 617 63, 630 146, 941 77, 068 67.00 60.00 06000 SPEECH PATHOLOGY 15, 223 18, 319 601, 956 70, 636 184, 334 68.00 60.01 06001 MEDI CAL SUPPLIES CHARGED TO PATIENT 572, 492 688, 921 15, 835, 462 1, 616, 500 0.0 0.0 68.01 60.01 06001 MEDI CAL SUPPLIES CHARGED TO PATIENT 572, 492 688, 921 15, 835, 462 1, 616, 500 0.0			., .				,	
S2.00 05200 DELIVERY ROOM & LABOR ROOM 122, 978 147, 989 3,508, 483 358, 149 412, 325 52.00	50.00 050	OO OPERATING ROOM	843, 804	1, 015, 410	13, 016, 984	1, 328, 787	1, 114, 158	50. 00
54. 00 05400 RADIO LOGY-DI AGNOSTIC 1.115, 870 1.342, 807 2.164, 671 2.160, 511 1.926, 678 54. 00 57. 00 03200 RAGO RAG CATHETERI ZATION 447, 592 538, 620 4, 757, 373 485, 637 450, 100 59. 00 69. 00 60. 00 60. 00 618, 567 60. 00 60. 00 60. 00 60. 00 618, 567 60. 00 60. 00 60. 00 618, 567 60. 00 60. 00 60. 00 60. 00 618, 567 60. 00 60. 00 60. 00 60. 00 618, 567 60. 00	51. 00 051	OO RECOVERY ROOM	111, 446	134, 111	2, 785, 824	284, 380	260, 955	51. 00
17. 00 03280 EKG AND EEG 17. 095 20, 572 191.498 19, 548 0 57. 00 58. 00 05900 03900	52. 00 052	OO DELIVERY ROOM & LABOR ROOM	122, 978	147, 989	3, 508, 483	358, 149	412, 335	52.00
SB. 00 OSBOO MAGNETIC RESONANCE IMAGING (MRI) 0 0 0 0 0 0 0 0 0	54. 00 054	00 RADI OLOGY-DI AGNOSTI C	1, 115, 870	1, 342, 807	21, 164, 671	2, 160, 511	1, 926, 678	54.00
99.00 05900 CARDIAC CATHETERI ZATION	57. 00 032	80 EKG AND EEG	17, 095	20, 572	191, 498	19, 548	0	57. 00
60.00 06000 LABORATORY 425, 223 511, 702 11, 893, 007 1, 214, 050 618, 567 60. 00 60. 01 60.001 80.000 LABORATORY 0 0 0 0 0 0 0 0 0			0	0	0	0		
60.01			447, 592	538, 620				59. 00
63.00 66300 BLOOD STORING, PROCESSING, & TRANS. 33, 973 40, 882 1, 336, 776 136, 459 0 63, 00 65.00 06500 RESPIRATORY THERAPY 111, 406 134, 063 5, 440, 574 555, 379 147, 821 65.00 65.01 06501 SLEEP LAB 42, 617 51, 284 827, 900 84, 513 0 65.01 66.00 06600 PHYSI CAL THERAPY 100, 797 121, 297 6, 515, 994 665, 159 98, 932 66.00 67.00 06700 OCCUPATIONAL THERAPY 31, 920 38, 412 1, 439, 454 146, 941 77, 068 67.00 68.00 06800 SPEECH PATHOLOGY 15, 223 18, 319 691, 956 70, 636 18, 434 68.00 68.01 06801 ADIOLOGY 0 0 0 0 0 0 0 0 68.01 69.01 06801 ADIOLOGY 0 0 0 0 0 0 0 0 0 68.01 69.00 06900 ELECTROCARDIOLOGY 264, 152 317, 873 2, 871, 036 293, 078 591, 221 69, 00 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 306, 464 368, 790 11, 759, 859 1, 200, 458 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 1, 306, 154 1, 573, 490 36, 721, 047 3, 748, 521 0 73, 00 73.01 07301 MOSPITAL BASED RETAIL PHARMACIES 416, 675 50, 151 10, 1016, 269 1, 022, 471 0 73, 00 74.00 07400 RENAL DI ALYSIS 21, 548 25, 931 1, 519, 865 155, 149 93, 546 74, 00 76.97 07697 CARDIA CREHABILLITATION 21, 505 25, 879 1, 015, 670 103, 661 0 76, 07 76.98 07698 HYPERBARI C DXYGEN THERAPY 71, 849 86, 462 1, 695, 719 173, 101 13, 304 76.90 09000 PAIN CLINIC 36, 950 44, 465 1, 066, 841 108, 904 719, 487 90.02 79.00 09000 PAIN CLINIC 36, 950 44, 465 1, 066, 841 108, 904 719, 487 90.03 79.00 09000 SUBSTANCE ABUSE CLINIC 150, 055 180, 573 2, 198, 118 224, 386 136, 184 90.03 79.00 09000 PAIN CLINIC 150, 055 180, 573 2, 198, 118 224, 386 136, 184 90.03 79.00 09000 PAIN CLINIC 150, 055 180, 573 2, 198, 118 224, 386 136, 184 90.03 79.00 09000 DAINGERCY 1, 076, 555 100, 419, 974 351, 930, 135 32, 449, 861 19, 183, 366 79.00 090	1	1	425, 223	511, 702		1, 214, 050		
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67. 00 06700 OCCUPATIONAL THERAPY 31,920 38,412 1,439,454 146,941 77,068 67.00 68.00 06800 SPEECH PATHOLOGY 15,223 18,319 691,956 70,636 18,434 68.00 69.00 0600 068.01								
68. 00 06800 SPECCH PATHOLOGY 15, 223 18, 319 691, 956 70, 636 18, 434 68. 00 68. 01 06801 AUDI OLOGY 0 0 0 0 0 0 0 69. 00 06900 ELECTROCARDI OLOGY 264, 152 317, 873 2, 871, 036 293, 078 591, 220 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 306, 464 368, 790 11, 759, 859 1, 200, 458 0 71. 00 72. 00 07200 IMPL DEV. CHARGED TO PATI ENT 572, 492 688, 921 15, 835, 462 1, 616, 500 0 72. 00 73. 01 07301 HOSPI TAL BASED RETAIL PHARMACI ES 41, 675 50, 151 10, 016, 269 1, 022, 471 0 73. 01 74. 00 07400 RENAL DI ALYSIS 21, 548 25, 931 1, 519, 865 155, 149 93, 546 74. 00 07400 RENAL DI ALYSIS 21, 548 25, 931 1, 519, 865 155, 149 93, 546 74. 00 03160 CARDI OPULMOMARY 0 0 0 0 0 0 0 76. 97 07697 CARDI AC REHABI LI TATI ON 21, 505 25, 879 1, 015, 670 103, 681 0 76. 97 77. 89 07698 HYPERBARI C OXYGEN THERAPY 71, 849 86, 462 1, 695, 719 173, 101 13, 304 76. 90 000 00000 CLINI C 0 0 0 0 0 0 0 79. 0.0 09000 CLINI C 36, 950 44, 465 1, 066, 841 108, 904 719, 487 90. 02 79. 0.0 09000 DESERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 0 0 0 79. 0.0 09000 DESERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 0 0 0 79. 0.0 09000 DESERVATI ON BEDS (DI STI NCT PART) 0 0 0 0 0 0 70. 00 09000 INTEREST EXPENSE 44, 422 53, 456 2, 797, 239 285, 545 95, 855 79. 00 09000 ONORICAL SURPERS 0 0 0 0 0 0 79. 0.0 09000 INTEREST EXPENSE 0 0 0 0 0 0 0 79. 0.0 00000 0000 0000 0000 0000 0000 0000 0000 0000 79. 0.0 00000 0000 0000 0000 0000 0000 0000 00000 00000 00000 00000 00000 00000 00000 00000 00000 000000		· ·						
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OUTPATIENT SERVICE COST CENTERS OUTP							13, 304	
90. 01 09001 SUBSTANCE ABUSE CLINIC 0 0 0 0 0 0 90. 01 90. 02 09002 PAIN CLINIC 36, 950 44, 465 1, 066, 841 108, 904 719, 487 90. 02 90. 03 09003 0NCOLOGY CLINIC 150, 055 180, 573 2, 198, 118 224, 386 136, 184 90. 03 91. 00 09100 EMERGENCY 1, 077, 312 1, 296, 408 17, 188, 137 1, 754, 582 1, 076, 457 91. 00 92. 01 09201 0BSERVATI ON BEDS (NON-DISTINCT PART) 0 0 0 0 0 92. 01 92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0 0 0 0 0 92. 01 95. 00 09500 AMBULANCE SERVI CES 44, 422 53, 456 2, 797, 239 285, 545 95, 855 95. 00 1300 1NTEREST EXPENSE 44, 422 53, 456 2, 797, 239 285, 545 95, 855 113. 00 1300 1NTEREST EXPENSE 113. 00 118. 00 NONREI MBURSABLE COST CENTERS 10, 419, 974 351, 930, 135 32, 449, 861 19, 183, 366 118. 00 118. 00 NONREI MBURSABLE COST CENTERS 0 0 0 636, 577 64, 982 0 190. 00 191. 00 19100 RESEARCH 0 0 0 1, 125, 017 114, 843 87, 872 191. 00			·	<u> </u>		<u> </u>		
90. 02 09002 PAIN CLINIC 36, 950 44, 465 1, 066, 841 108, 904 719, 487 90. 02 90. 03 09003 0NCOLOGY CLINIC 150, 055 180, 573 2, 198, 118 224, 386 136, 184 90. 03 91. 00 09100 EMERGENCY 1, 077, 312 1, 296, 408 17, 188, 137 1, 754, 582 1, 076, 457 91. 00 92. 00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART) 0 0 0 0 0 0 0 0 0	90. 00 090	OO CLI NI C	0	0	0	0	0	90. 00
90. 03	90. 01 090	01 SUBSTANCE ABUSE CLINIC	0	o	0	0	0	90. 01
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92. 00 09200 0BSERVATI ON BEDS (NON-DI STINCT PART) 0 0 0 0 0 92. 00 92. 01 09201 0BSERVATI ON BEDS (DI STINCT PART) 0 0 0 0 92. 01 0THER REIMBURSABLE COST CENTERS 95. 00 09500 AMBULANCE SERVI CES 44, 422 53, 456 2, 797, 239 285, 545 95, 855 95. 01 113.00 INTEREST EXPENSE 113. 00 SUBTOTALS (SUM OF LINES 1 through 117) 8, 657, 560 10, 419, 974 351, 930, 135 32, 449, 861 19, 183, 366 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 636, 577 64, 982 0 190. 00 191. 00 19100 RESEARCH 0 0 1, 125, 017 114, 843 87, 872 191. 00	90. 03 090	03 ONCOLOGY CLINIC	150, 055	180, 573	2, 198, 118	224, 386	136, 184	90. 03
92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0 0 0 0 0 0 0 0 0	91. 00 091	OO EMERGENCY	1, 077, 312	1, 296, 408	17, 188, 137	1, 754, 582	1, 076, 457	91.00
95. 00 OTHER REIMBURSABLE COST CENTERS 44, 422 53, 456 2, 797, 239 285, 545 95, 855 95. 00					0			
95. 00 09500 AMBULANCE SERVI CES 44, 422 53, 456 2, 797, 239 285, 545 95, 855 95. 00 SPECI AL PURPOSE COST CENTERS 113. 00 1 NTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117) 8, 657, 560 10, 419, 974 351, 930, 135 32, 449, 861 19, 183, 366 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 636, 577 64, 982 0 190. 00 191. 00 19100 RESEARCH 0 0 1, 125, 017 114, 843 87, 872 191. 00 19			0	0	0	0	0	92. 01
SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113.00 11300 INTEREST EXPENSE 113.00 11300 SUBTOTALS (SUM OF LINES 1 through 117) 8,657,560 10,419,974 351,930,135 32,449,861 19,183,366 118.00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 636,577 64,982 0 190.00 191.00 19100 RESEARCH 0 0 1,125,017 114,843 87,872 191.00 191.				T		1		
113. 00 118. 00 118. 00 118. 00 119. 00 119. 00 119. 00 119. 00 119. 00 119. 00 119. 00 119. 00 119. 00 119. 00 119. 00 110. 01 110. 0			44, 422	53, 456	2, 797, 239	285, 545	95, 855	95. 00
118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 8,657,560 10,419,974 351,930,135 32,449,861 19,183,366 118. 00								446 5-
NONREI MBURSABLE COST CENTERS 0 0 636, 577 64, 982 0 190. 00 191. 00 19100 RESEARCH 0 0 1, 125, 017 114, 843 87, 872 191. 00			0 /53 5:-	10 110 07	254 222 1	20 440 000	10 100 011	
190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 0 636, 577 64, 982 0 190. 00 191. 00 19100 RESEARCH 0 0 1, 125, 017 114, 843 87, 872 191. 00			8, 657, 560	10, 419, 974	351, 930, 135	32, 449, 861	19, 183, 366	118.00
191. 00 19100 RESEARCH 0 0 1, 125, 017 114, 843 87, 872 191. 00			_		/0/ 533	(4.000	_	100.00
194. 00 07950 0THER NONREIMBURSABLE COST CENTERS 0 0 0 0 0 194. 00			0	1				191. 00 194. 00
174. 00 01750 0111EK NONKET NIDOKONDEL 0001 0ENTEKO 0 0 0 0 194. 00	174.00 079	OO OTHER MONKET MIDDINGABLE COST CENTERS	0	<u>ı</u>		ı Y	0	1 74. 00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Peri od: Worksheet B From 01/01/2018 Part I To 12/31/2018 Date/Time Prepared:

5/24/2019 9:59 am 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. 01 07951 BSU PHARMACY 0 194, 01 98.827 10.088 194. 02 07952 PAVILLION PHARMACY 0 6, 685, 239 682, 436 81, 428 194. 02 194. 03 07953 VENDI NG 0 194. 03 194. 04 07954 CARELI NE 0 0 194. 04 C 194. 05 07955 WELLNESS CENTER 0 86, 286 8, 808 162, 632 194. 05 194.06 07956 PHYSICIAN PRACTICE CLINICS 349, 999 35, 728 768, 312 194. 06 194. 07 07957 PERINATAL CLINIC 0 0 194. 07 194. 08 07958 RENTAL PROPERTY 2, 293, 594 3, 697, 135 194. 08 234, 132 194. 09 07959 ADVERTI SI NG 0 194. 09 194. 10 07960 INTEGRA LTAC 171, 903 17, 548 377, 359 194. 10 194. 11 07961 IU HEALTH HOSPICE 90, 629 194. 11 0 41, 285 4, 214 194. 12 07962 POB MEDICAL PAVILLION CONDOS Ω 0 194. 12 Λ 0 194. 13 07963 EXECUTI VE PHYSI CAL 0 0 0 194. 13 194. 14 07964 NEW CASTLE ONCOLOGY 0 194. 14 77, 838 194. 15 194. 15 07965 MARKETING/PUBLIC RELATIONS 35, 458 0 3.620 194. 16 07966 JAY COUNTY HOSPITAL 0 149, 937 194. 16 1, 470, 371 150, 097 194. 17 07967 CARDI NAL HEALTH CHOICE 0 194. 17 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 0 0 194. 18 0 0 194. 19 07969 HEALTH CARE CONNECTIONS 0 0 0 194 19 0 0 194. 20 194. 20 07970 MEALS ON WHEELS 0 0 0 194. 21 07971 ST MARY'S SCHOOL 0 194. 21 0 194. 22 07972 THERAPIES TO OTHER ENTITIES 0 577, 836 58, 986 0 194. 22 194. 23 07973 CANCER CENTER BOUTIQUE 27, 314 194. 23 0 121, 256 12, 378 194. 24 07974 BOSC BALL OUTPATIENT SURGERY 0 361, 185 36, 870 792, 868 194. 24 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 129, 988 283, 877 194. 25 13, 269 1, 457, 656 194, 26 07976 BLACKFORD COMMUNITY HOSPITAL 0 148, 799 158, 657 194. 26 194. 27 07977 MI DWEST HEALTH STRATEGIES 0 0 194. 27 0 194. 28 07978 CARDINAL SELECT RISK RETENTION GRP 0 194. 28 194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI 0 0 194. 29 0 194. 30 07980 CARDI NAL HEALTH ALLI ANCE 0 0 0 194. 30 0 194. 31 07986 OTHER NONREIMBURSABLE COST CENTERS 0 194. 31 0 194. 32 07982 RENAL DIALYSIS 0 0 0 194. 32 194. 33 07983 LAB CORP 0 0 0 194. 33 194. 34 07984 H. O. MATERIALS MGMT 0 0 194. 34 0 0 194. 35 07985 LEASED SPACE 0 0 0 194. 35 200.00 Cross Foot Adjustments 0 200.00 201 00 0 201. 00 Negative Cost Centers 202.00 TOTAL (sum lines 118 through 201) 8,657,560 10, 419, 974 367, 572, 612 34, 046, 659 25, 939, 224 202. 00

Provider CCN: 15-0089

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2018 | Part I | To 12/31/2018 | Date/Time Prepared: | 5/24/2019 9:59 am

					5/24/2019 9:5	9 am
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
	7. 00	LINEN SERVICE	9. 00	10.00	11. 00	
GENERAL SERVICE COST CENTERS	7.00	8. 00	9.00	10.00	11.00	
1.00 O0100 NEW CAP REL COSTS-BLDG & FLXT						1. 00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01 01160 COMMUNI CATI ONS						5. 01
5. 02 O0550 DATA PROCESSING						5. 02
5. 04 00570 ADMI TTI NG						5. 04
5. 05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 05
5. 06 00590 OTHER ADMINISTRATIVE AND GENERAL						5. 06
6. 00 00600 MAI NTENANCE & REPAI RS	40 400 700					6. 00
7. 00 00700 OPERATION OF PLANT	10, 180, 709					7. 00
8.00 00800 LAUNDRY & LINEN SERVICE	0	.,,				8. 00
9. 00 00900 HOUSEKEEPI NG	226, 947		5, 687, 171			9. 00
10. 00 01000 DI ETARY	132, 045		92, 149	3, 459, 354		10.00
11. 00 01100 CAFETERI A	198, 823		138, 751	0	2, 396, 159	11. 00
13.00 01300 NURSING ADMINISTRATION	207, 868	380	145, 063	0	139, 600	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	214, 477	0	149, 675	0	0	14.00
15. 00 01500 PHARMACY	88, 480	252	61, 747	0	91, 212	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00 01080 PATIENT TRANSPORTATION	9, 607	9, 787	6, 704	o	28, 472	18. 00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	104, 583	21. 00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	246, 428	o	171, 972	o	12, 841	22. 00
23.00 02300 PARAMED ED PRGM	1, 592		1, 111	0	3, 834	23. 00
INPATIENT ROUTINE SERVICE COST CENTERS	.,		.,		2, 22 .	
30. 00 03000 ADULTS & PEDIATRICS	2, 147, 112	719, 847	1, 498, 385	2, 747, 156	581, 761	30. 00
31. 00 03100 I NTENSI VE CARE UNI T	371, 729			248, 561	156, 711	31. 00
32. 00 03200 CORONARY CARE UNIT	0,1,727		207, 110	210, 001	0	32. 00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	63, 915		44, 604		43, 027	35. 00
40. 00 04000 SUBPROVI DER - PF	03, 719		14, 004	0	43, 627	40. 00
41. 00 04100 SUBPROVIDER - IFF	133, 757	,	93, 344	176, 337	37, 136	41. 00
43. 00 04300 NURSERY	41, 638	11, 457	29, 057	0	10, 472	43. 00
ANCILLARY SERVICE COST CENTERS	1/4 000	107.005	224 505	٥	144 (01	FO 00
50. 00 05000 OPERATING ROOM	464, 999		324, 505	U	144, 681	50.00
51. 00 05100 RECOVERY ROOM	108, 911	41, 177	76, 005	0	37, 277	51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	172, 090			0	43, 058	52. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	804, 109		561, 156	0	186, 243	54. 00
57.00 03280 EKG AND EEG	0		0	0	6, 389	57. 00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0	0	0	0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	187, 852	18, 680	131, 094	0	39, 209	59.00
60. 00 06000 LABORATORY	258, 162	0	180, 161	0	77, 873	60.00
60. 01 06001 BLOOD LABORATORY	0	0	0	0	0	60. 01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	207	0	O	0	63.00
65. 00 06500 RESPIRATORY THERAPY	61, 694	403	43, 054	O	78, 091	65.00
65. 01 06501 SLEEP LAB	0	20	0	0	12, 545	65. 01
66. 00 06600 PHYSI CAL THERAPY	41, 290		28, 815	o	111, 705	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	32, 165		22, 447	0	18, 716	67. 00
68. 00 06800 SPEECH PATHOLOGY	7, 693		5, 369	0	9, 381	68. 00
68. 01 06801 AUDI OLOGY	0		0,007	0	0	68. 01
69. 00 06900 ELECTROCARDI OLOGY	246, 749		172, 196	0	41, 905	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	210,717	10,007	1,2,1,0	o l	0	71. 00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT			0	0	0	71.00
73. 00 07300 DRUGS CHARGED TO PATTENT			0	0	0	73.00
73. 01 07300 DROGS CHARGED TO PATTENTS 73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES		218	0		29, 999	73. 00
	20 042		27 244	0		
74. 00 07400 RENAL DI ALYSI S	39, 042	2, 185	27, 246	0	0	74.00
76. 00 03160 CARDI OPULMONARY		0	0	0	10 210	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	_	0	0	18, 218	76. 97
76. 98 O7698 HYPERBARI C OXYGEN THERAPY	5, 553	0	3, 875	O ₁	13, 106	76. 98
OUTPATIENT SERVICE COST CENTERS	_	_			_	
90. 00 09000 CLI NI C	0	0	0	0	0	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC	0	0	0	0	0	90. 01
90. 02 09002 PAIN CLINIC	300, 281		209, 555	0	11, 563	90. 02
90. 03 09003 0NCOLOGY CLINIC	56, 837	7, 471	39, 664	0	21, 552	90. 03
91. 00 09100 EMERGENCY	449, 265	227, 698	313, 524	0	163, 958	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	o	o	o	0	92. 01
OTHER REIMBURSABLE COST CENTERS			·	'		
95. 00 09500 AMBULANCE SERVICES	40, 005	0	27, 918	0	54, 263	95. 00
SPECIAL PURPOSE COST CENTERS	.0,300		2,7,10	<u> </u>	5 ., 200	
113. 00 11300 NTEREST EXPENSE						113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	7, 361, 115	1, 503, 222	4, 978, 656	3, 172, 054	2, 329, 381	
NONREI MBURSABLE COST CENTERS	1, 301, 113	1, 505, 222	+, //0, 030	5, 172, 034	2, 327, 301	. 13. 00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1 0			ام	7 200	190. 00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191.00 19100 RESEARCH	1		25, 593	٥	7, 200 18, 140	
	36, 674		25, 593	o o		191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS				0		
194. 01 07951 BSU_PHARMACY	0	0	0	0	3, /56	194. 01

Provider CCN: 15-0089

			10	12/31/2010	5/24/2019 9:5	
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
· ·	PLANT	LINEN SERVICE				
	7. 00	8. 00	9. 00	10.00	11. 00	
194. 02 07952 PAVILLION PHARMACY	33, 985	0	23, 716	0	14, 976	194. 02
194. 03 07953 VENDI NG	0	0	0	0	0	194. 03
194. 04 07954 CARELI NE	0	0	o	0	0	194. 04
194.05 07955 WELLNESS CENTER	67, 875	19, 125	47, 368	0	125	194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	320, 659	0	85, 986	0	0	194. 06
194. 07 07957 PERINATAL CLINIC	0	0	O	0	0	194. 07
194.08 07958 RENTAL PROPERTY	1, 543, 018	0	401, 621	0	0	194. 08
194. 09 07959 ADVERTI SI NG	0	0	O	0	0	194. 09
194. 10 07960 INTEGRA LTAC	157, 493	0	O	142, 750	0	194. 10
194. 11 07961 I U HEALTH HOSPI CE	37, 825	36	26, 396	0	0	194. 11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	O	0	0	194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0	o	0	0	194. 13
194. 14 07964 NEW CASTLE ONCOLOGY	0	0	o	0	0	194. 14
194. 15 07965 MARKETING/PUBLIC RELATIONS	32, 486	0	o	0	0	194. 15
194. 16 07966 JAY COUNTY HOSPITAL	62, 577	0	43, 670	0	11, 345	194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0	O	0	0	194. 17
194. 18 07968 CHV CARDINAL HEALTH VENTURES	0	0	o	0	0	194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	0	O	0	0	194. 19
194.20 07970 MEALS ON WHEELS	0	0	o	0	0	194. 20
194.21 07971 ST MARY'S SCHOOL	0	0	o	O	0	194. 21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	o	o	0	194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	11, 400	0	7, 955	o	904	194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	330, 908	0	o	o	0	194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	118, 478	0	o	144, 550	0	194. 25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	66, 216	0	46, 210	O	10, 332	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	o	0	0	194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0	0	0	0	194. 30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	O	0	0	194. 31
194. 32 07982 RENAL DI ALYSI S	0	0	O	0	0	194. 32
194. 33 07983 LAB CORP	0	0	O	0	0	194. 33
194.34 07984 H.O. MATERIALS MGMT	0	0	O	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	o	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	10, 180, 709	1, 522, 383	5, 687, 171	3, 459, 354	2, 396, 159	202. 00

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

					lo	12/31/2018	Date/lime Prep 5/24/2019 9:50	
							OTHER GENERAL SERVI CE	
		Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	PATI ENT	
			ADMI NI STRATI ON	SERVICES &		RECORDS &	TRANSPORTATION	
			13.00	SUPPLY 14.00	15. 00	16. 00	18. 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		COMMUNI CATIONS						5. 01
5. 02		DATA PROCESSING						5. 02
5.04		ADMITTING						5. 04
5. 05 5. 06	1	CASHIERING/ACCOUNTS RECEIVABLE OTHER ADMINISTRATIVE AND GENERAL						5. 05 5. 06
6. 00	1	MAINTENANCE & REPAIRS						6. 00
7.00	1	OPERATION OF PLANT						7. 00
8. 00 9. 00	1	LAUNDRY & LINEN SERVICE HOUSEKEEPING						8. 00 9. 00
10.00	1	DI ETARY						10. 00
11. 00	1	CAFETERI A						11. 00
13.00	1	NURSING ADMINISTRATION	11, 407, 843	12 500 554				13.00
14. 00 15. 00	1	CENTRAL SERVICES & SUPPLY PHARMACY		13, 580, 556 74, 419				14. 00 15. 00
16. 00	1	MEDICAL RECORDS & LIBRARY	0	0	0	0		16. 00
18. 00		PATIENT TRANSPORTATION	0	119		0	895, 678	18. 00
21. 00 22. 00		I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0 65		0	0	21. 00 22. 00
23. 00		PARAMED ED PRGM		0	0	0	Ö	23. 00
		IENT ROUTINE SERVICE COST CENTERS						
30. 00 31. 00	1	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	5, 483, 729 1, 488, 638	794, 253 327, 726		0	93, 812 28, 054	30. 00 31. 00
32. 00		CORONARY CARE UNIT	1, 466, 636	327, 720	14, 152	0	20, 034	32.00
35. 00	1	NEONATAL INTENSIVE CARE UNIT	389, 663	57, 524	1, 985	0	8, 901	
40.00		SUBPROVIDER - I PF	0	0	0	0	0	40.00
41. 00 43. 00		SUBPROVIDER - IRF NURSERY	337, 276 98, 455	20, 792 0	950 0	0	4, 465 1, 615	41. 00 43. 00
10. 00		LARY SERVICE COST CENTERS	70, 100		<u> </u>		1,010	10.00
50.00	1	OPERATING ROOM	467, 496	1, 589, 532		0	87, 278	
51. 00 52. 00	1	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	381, 015 375, 361	77, 734 71, 136	10, 041 5, 366	0	11, 527 12, 720	51. 00 52. 00
54. 00		RADI OLOGY-DI AGNOSTI C	301, 187	336, 626		Ö	115, 419	54. 00
57. 00		EKG AND EEG	0	1, 892		0	1, 768	
58. 00 59. 00	1	MAGNETIC RESONANCE IMAGING (MRI) CARDIAC CATHETERIZATION	213, 542	0 210, 961	0 4, 825	0	0 46, 296	58. 00 59. 00
60.00		LABORATORY	0	0	0	0	43, 983	60.00
60. 01	1	BLOOD LABORATORY	0	0	0	0	0	60. 01
63. 00 65. 00		BLOOD STORING, PROCESSING, & TRANS. RESPIRATORY THERAPY	0	0 141, 088	73	0	3, 514 11, 523	63. 00 65. 00
65. 01		SLEEP LAB	0	22, 812	0	0	4, 408	
66. 00	1	PHYSI CAL THERAPY	1, 330	13, 193		0	10, 426	
67.00	1	OCCUPATIONAL THERAPY	0	9, 120		0		67.00
68. 00 68. 01		SPEECH PATHOLOGY AUDI OLOGY		446 0	0	0	1, 5/5	68. 00 68. 01
69. 00	06900	ELECTROCARDI OLOGY	0	8, 721	16	0	27, 322	69. 00
71.00	1	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4, 045, 888		0	31, 699	
72. 00 73. 00	1	IMPL. DEV. CHARGED TO PATIENT DRUGS CHARGED TO PATIENTS		5, 221, 091 0		0	59, 215 135, 291	
73. 01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	619		0	4, 311	
74.00		RENAL DIALYSIS	0	11, 892		0	2, 229	
76. 00 76. 97		CARDI OPULMONARY CARDI AC REHABI LI TATI ON	9, 147	0 2, 864		0	0 2, 224	76. 00 76. 97
76. 98	1	HYPERBARI C OXYGEN THERAPY	113, 589	45, 741	104	Ö	7, 432	76. 98
00.00		TIENT SERVICE COST CENTERS						00.00
90. 00 90. 01		CLINIC SUBSTANCE ABUSE CLINIC	0	0		0	0	90. 00 90. 01
90. 02		PAIN CLINIC	59, 705	29, 397	T .	Ö	3, 822	
90. 03		ONCOLOGY CLINIC	187, 764	72, 291	7, 412	0	15, 521	90. 03
91. 00 92. 00		EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	1, 405, 483	376, 316	38, 257	0	111, 431	91. 00 92. 00
92. 01		OBSERVATION BEDS (NON-DISTINCT PART)	o	0	О	0	0	
	OTHER	REIMBURSABLE COST CENTERS						
95. 00		AMBULANCE SERVICES AL PURPOSE COST CENTERS	166	13, 902	210	0	4, 595	95. 00
113. 00		INTEREST EXPENSE						113. 00
118.00	o	SUBTOTALS (SUM OF LINES 1 through 117)	11, 313, 546	13, 578, 160	8, 248, 751	0		
100 00		IMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN	l ol	370	0	0		190. 00
1 70. 00	J 1 7000	TOTAL TEORER, COLLECTION & CANTLEIN	<u> </u>	370	١		ı U	1,70,00

| Peri od: | Worksheet B | From 01/01/2018 | Part | | To 12/31/2018 | Date/Time Prepared: | Part | Part | Prepared: | Part | Prepared: | Part | Prepared: | Part | Part | Prepared: | Part | Part | Prepared: | Part | Par Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0089

				10	12/31/2018	5/24/2019 9:5	
						OTHER GENERAL	Zill
						SERVI CE	
Cost Center Description	NURSI NG	CENTRAL	PHARMACY		MEDI CAL	PATI ENT	
cost center bescription	ADMI NI STRATI ON	SERVICES &	FIANWACI		RECORDS &	TRANSPORTATION	
	ADMINI STRATION	SUPPLY			LI BRARY	IKANSFORTATION	
	13.00	14.00	15. 00		16. 00	18. 00	
191. 00 19100 RESEARCH	93, 133	208		4	0		191. 00
194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS	70, 100	0	•	o.	0	l e	194. 00
194. 01 07951 BSU PHARMACY		0		0	0	l e	194. 01
194. 02 07952 PAVI LLI ON PHARMACY		1, 094		0	0	l e	194. 02
194. 03 07953 VENDI NG		1, 0,4		0	0		194. 03
194. 04 07954 CARELI NE	0	0		0	0	l	194. 03
194. 05 07955 WELLNESS CENTER	0	331		0	0		194. 05
194. 06 07956 PHYSI CI AN PRACTI CE CLINI CS	0	0		0	0	•	194. 06
194. 07 07957 PERINATAL CLINIC	0	0	•	0	0	•	194. 00
194. 08 07958 RENTAL PROPERTY	0	207		0	0	l e	194. 07
194. 09 07959 ADVERTI SI NG	0	207		0	0	l	194. 06
	0	0		0	0	l e	
194. 10 07960 I NTEGRA LTAC	0	0		0	0	l e	194. 10
194. 11 07961 I U HEALTH HOSPI CE	0	0		0	0	l	194. 11
194. 12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0	0		194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0		U	0		194. 13
194. 14 07964 NEW CASTLE ONCOLOGY	0	0		0	0		194. 14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	0	0		0	0		194. 15
194. 16 07966 JAY COUNTY HOSPI TAL	0	0		0	0		194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0		0	0	l e	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	l e	194. 20
194. 21 07971 ST MARY'S SCHOOL	0	0		0	0	l e	194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0		0	0		194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	0	111		0	0	l e	194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0		0	0	l e	194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	75		2	0	l e	194. 25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	1, 164	0		0	0		194. 26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0		0	0	0	194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0	0	0	194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0	0	0	194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0		0	0	0	194. 30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0		0	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	o	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	o	0		0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	11, 407, 843	13, 580, 556	8, 248, 7	57	0	895, 678	202. 00
	. '					•	•

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 01/01/2018 | Part | | To 12/31/2018 | Date/Time Prepared: | From 0.500 | Prepared: | Pre Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0089

					10	12/31/2018	Date/lime Prep 5/24/2019 9:5	
			INTERNS &	RESI DENTS			072172017 7.0	, dili
		Cost Center Description	SERVI CES-SALAR			Subtotal	Intern &	
			Y & FRINGES	PRGM COSTS	PRGM		Residents Cost	
							& Post Stepdown	
							Adjustments	
			21.00	22. 00	23. 00	24. 00	25. 00	
		AL SERVICE COST CENTERS						
1.00	1	NEW CAP REL COSTS-BLDG & FIXT						1.00
4. 00 E. 01		EMPLOYEE BENEFITS DEPARTMENT						4. 00 5. 01
5. 01 5. 02	1	COMMUNI CATI ONS DATA PROCESSI NG						5. 01
5. 04	1	ADMITTING						5. 04
5. 05		CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5. 06
6.00		MAINTENANCE & REPAIRS						6. 00
7.00	1	OPERATION OF PLANT						7. 00
8. 00 9. 00	1	LAUNDRY & LINEN SERVICE HOUSEKEEPING						8. 00 9. 00
10.00		DIETARY						10.00
11. 00	1	CAFETERIA						11. 00
13.00	1	NURSING ADMINISTRATION						13.00
14.00	1	CENTRAL SERVICES & SUPPLY						14. 00
15. 00		PHARMACY						15. 00
16.00		MEDICAL RECORDS & LIBRARY						16. 00
18. 00 21. 00	1	PATIENT TRANSPORTATION	4 254 207					18. 00
21.00	1	1&R SERVICES-SALARY & FRINGES APPRVD 1&R SERVICES-OTHER PRGM COSTS APPRVD	6, 254, 397	5, 736, 349				21. 00 22. 00
23. 00	1	PARAMED ED PRGM		3, 730, 347	288, 413			23. 00
		TENT ROUTINE SERVICE COST CENTERS	1					
30.00		ADULTS & PEDIATRICS	3, 470, 771	3, 183, 290	0	70, 386, 953	-6, 654, 061	30. 00
31. 00		INTENSIVE CARE UNIT	819, 189	751, 336		18, 485, 765		31. 00
32. 00		CORONARY CARE UNIT	92, 967	85, 267	0	178, 234		32.00
35. 00	1	NEONATAL INTENSIVE CARE UNIT SUBPROVIDER - IPF	0	0	0	4, 596, 846	0	35. 00 40. 00
40. 00 41. 00		SUBPROVIDER - TPF	0	0	0	4, 551, 629		40.00
43. 00		NURSERY	0	ő		1, 178, 671	o o	43. 00
		LARY SERVICE COST CENTERS				, , , ,		
50.00	1	OPERATING ROOM	483, 699	443, 634	0	19, 594, 788		50. 00
51. 00		RECOVERY ROOM	0	0		4, 074, 846		51.00
52. 00 54. 00		DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC	202, 102	0 185, 362	0	5, 132, 938 28, 045, 772	0 -387, 464	52. 00 54. 00
57. 00		EKG AND EEG	202, 102	103, 302	Ö	221, 095	-307, 404	57. 00
58. 00	1	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58. 00
59. 00		CARDI AC CATHETERI ZATI ON	0	0	0	6, 545, 569	0	59. 00
60.00		LABORATORY	0	0	0	14, 285, 803	0	60.00
60. 01	1	BLOOD LABORATORY	0	0	0	1 474 054	0	60. 01
63. 00 65. 00	1	BLOOD STORING, PROCESSING, & TRANS. RESPIRATORY THERAPY	103, 746	95, 153	0	1, 476, 956 6, 678, 599	0 -198, 899	63. 00 65. 00
65. 01		SLEEP LAB	005, 740	75, 155		952, 198		
66.00		PHYSI CAL THERAPY	0	0	0	7, 494, 743		66. 00
67. 00		OCCUPATI ONAL THERAPY	0	0	0	1, 749, 218	0	67. 00
68. 00		SPEECH PATHOLOGY	0	0	0	805, 490	0	68. 00
68. 01	1	AUDI OLOGY	0	240 (21	0	0 4, 792, 917	0 521 704	68. 01
69. 00 71. 00		ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS	272, 165	249, 621 0	0	4, 792, 917 17, 037, 904	-521, 786 0	69. 00 71. 00
72.00	1	IMPL. DEV. CHARGED TO PATIENT	0	0	Ö	22, 732, 268	Ö	72.00
73.00		DRUGS CHARGED TO PATIENTS	0	0	288, 413	48, 975, 435	0	73. 00
73. 01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	11, 073, 887	0	73. 01
74. 00		RENAL DIALYSIS	0	0	0	1, 853, 411	0	74. 00
76.00		CARDI OPULMONARY	0	0	0	1 151 014	0	76.00
76. 97 76. 98	1	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY	10, 779	9, 886	0	1, 151, 814 2, 092, 189		76. 97 76. 98
70. 70		TIENT SERVICE COST CENTERS	10,777	7, 000	<u> </u>	2, 072, 107	-20, 003	70. 70
90.00		CLINIC	0	0	0	0	0	90. 00
90. 01		SUBSTANCE ABUSE CLINIC	0	0		0	0	90. 01
90. 02		PAIN CLINIC	125, 304	114, 925		2, 749, 938		
90. 03		ONCOLOGY CLINIC	87, 578	80, 324	0	3, 135, 102	-167, 902	
91. 00 92. 00	1	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	528, 161	484, 414	0	24, 117, 683	-1, 012, 575 0	91. 00 92. 00
92. 00		OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	
	OTHER	REIMBURSABLE COST CENTERS						
95. 00		AMBULANCE SERVICES	0	0	0	3, 319, 698	0	95. 00
113 00		AL PURPOSE COST CENTERS INTEREST EXPENSE						113. 00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6, 196, 461	5, 683, 212	288, 413	339, 468, 359	-11, 879, 673	
	•	· · · · · · · · · · · · · · · · · · ·						·

In Lieu of Form CMS-2552-10
Period: Worksheet B
From 01/01/2018 Part I
To 1/21/2019 Part II
To 1/21/2019 Part II Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0089

			To	12/31/2018	Date/Time Prepared: 5/24/2019 9:59 am	
	INTERNS & F	RESI DENTS			372472019 9.39 dill	
	050,4050,044,400		51511155 55			
Cost Center Description	SERVICES-SALARS Y & FRINGES	PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost	
	I & IKINGLS	FRGW COSTS	FROW		& Post	
					Stepdown	
					Adjustments	
	21. 00	22. 00	23. 00	24. 00	25. 00	
NONREI MBURSABLE COST CENTERS	1	al		700 100		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0 52 127	0	709, 129	0 190.00	
191.00 19100 RESEARCH 194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	57, 936	53, 137	0	1, 612, 557	-111, 073 191. 00 0 194. 00	
194.00 07950 0THER NONRETMBURSABLE COST CENTERS		0	0	112, 671	0 194. 00	
194. 02 07952 PAVILLION PHARMACY		0	0	7, 522, 874	0 194. 02	
194. 03 07953 VENDI NG	0	0	0	7, 322, 074	0 194. 03	
194. 04 07954 CARELI NE	o	0	0	0	0 194. 04	
194. 05 07955 WELLNESS CENTER	O	0	0	392, 550	0 194. 05	
194.06 07956 PHYSICIAN PRACTICE CLINICS	o	0	0	1, 560, 684	0 194. 06	
194. 07 07957 PERINATAL CLINIC	0	0	0	0	0 194. 07	
194.08 07958 RENTAL PROPERTY	0	0	0	8, 169, 707	0 194. 08	
194. 09 07959 ADVERTI SI NG	0	0	0	0	0 194. 09	
194. 10 07960 I NTEGRA LTAC	0	0	0	867, 053	0 194. 10	
194. 11 07961 I U HEALTH HOSPI CE	0	0	0	200, 385	0 194. 11	
194.12 07962 POB MEDICAL PAVILLION CONDOS 194.13 07963 EXECUTIVE PHYSICAL		0	0	0	0 194. 12 0 194. 13	
194. 13 07963 EXECUTIVE PHYSICAL 194. 14 07964 NEW CASTLE ONCOLOGY		0	0	0	0 194. 14	
194. 15 07965 MARKETI NG/PUBLI C RELATIONS	0	0	0	149, 402	0 194. 15	
194. 16 07966 JAY COUNTY HOSPITAL	Ö	0	0	1, 887, 997	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 THERAPI ES TO OTHER ENTITIES	0	0	0	636, 822	0 194. 22	
194. 23 07973 CANCER CENTER BOUTI QUE	0	0	0	181, 318	0 194. 23	
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	1, 521, 831	0 194. 24	
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	0	0	690, 239	0 194. 25 0 194. 26	
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL 194. 27 07977 MIDWEST HEALTH STRATEGIES		0	0	1, 889, 034	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	o	0	0	0	0 194. 30	
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	o	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	0	0	0	0	0 200. 00	
201.00 Negative Cost Centers	0	F 724 240	200 412	0	0 201.00	
202.00 TOTAL (sum lines 118 through 201)	6, 254, 397	5, 736, 349	288, 413	367, 572, 612	-11, 990, 746 202. 00	

| In Lieu of Form CMS-2552-10 | Period: Worksheet B | From 01/01/2018 | Part I | To 12/31/2018 | Date/Time Prepared: 5/24/2019 9:59 am Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0089

				5/24/2019 9:5	
		Cost Center Description	Total		
	CENED	AL CEDIUSE COCT CENTERS	26. 00		
1. 00		AL SERVICE COST CENTERS NEW CAP REL COSTS-BLDG & FIXT			1.00
4. 00	1	EMPLOYEE BENEFITS DEPARTMENT			4.00
5. 01	1	COMMUNI CATI ONS			5. 01
5. 02	1	DATA PROCESSING			5. 02
5.04	00570	ADMITTING			5. 04
5.05	1	CASHI ERI NG/ACCOUNTS RECEI VABLE			5. 05
5. 06		OTHER ADMINISTRATIVE AND GENERAL			5. 06
6.00		MAINTENANCE & REPAIRS			6.00
7. 00 8. 00	1	OPERATION OF PLANT LAUNDRY & LINEN SERVICE			7. 00 8. 00
9. 00	1	HOUSEKEEPING			9. 00
10.00	1	DI ETARY			10.00
11. 00		CAFETERI A			11. 00
13.00	01300	NURSING ADMINISTRATION			13. 00
14.00	1	CENTRAL SERVICES & SUPPLY			14. 00
15. 00	1	PHARMACY			15. 00
16.00	1	MEDICAL RECORDS & LIBRARY			16.00
18.00	1	PATIENT TRANSPORTATION			18.00
21. 00 22. 00	1	I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD			21. 00 22. 00
23. 00	1	PARAMED ED PRGM			23. 00
		TENT ROUTINE SERVICE COST CENTERS			
30.00		ADULTS & PEDIATRICS	63, 732, 892		30. 00
31. 00	03100	INTENSIVE CARE UNIT	16, 915, 240		31.00
32. 00	1	CORONARY CARE UNIT	0		32. 00
35. 00	1	NEONATAL INTENSIVE CARE UNIT	4, 596, 846		35. 00
40.00		SUBPROVIDER - I PF	4 551 420		40.00
41. 00 43. 00	1	SUBPROVIDER - IRF NURSERY	4, 551, 629 1, 178, 671		41. 00 43. 00
43.00		LARY SERVICE COST CENTERS	1, 170, 071		43.00
50.00		OPERATI NG ROOM	18, 667, 455		50. 00
51.00		RECOVERY ROOM	4, 074, 846		51. 00
52.00	1	DELIVERY ROOM & LABOR ROOM	5, 132, 938		52. 00
54. 00		RADI OLOGY-DI AGNOSTI C	27, 658, 308		54. 00
57. 00	1	EKG AND EEG	221, 095		57. 00
58. 00 59. 00	1	MAGNETIC RESONANCE IMAGING (MRI) CARDIAC CATHETERIZATION	0 6, 545, 569		58. 00 59. 00
60.00		LABORATORY	14, 285, 803		60.00
60. 01	1	BLOOD LABORATORY	0		60. 01
63.00	1	BLOOD STORING, PROCESSING, & TRANS.	1, 476, 956		63. 00
65.00		RESPI RATORY THERAPY	6, 479, 700		65. 00
65. 01	1	SLEEP LAB	952, 198		65. 01
66.00	1	PHYSI CAL THERAPY	7, 494, 743		66.00
67.00	1	OCCUPATIONAL THERAPY	1, 749, 218 805, 490		67.00
68. 00 68. 01	1	SPEECH PATHOLOGY AUDI OLOGY	805, 490		68. 00 68. 01
69. 00		ELECTROCARDI OLOGY	4, 271, 131		69. 00
71. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS	17, 037, 904		71. 00
72.00		IMPL. DEV. CHARGED TO PATIENT	22, 732, 268		72.00
73.00		DRUGS CHARGED TO PATIENTS	48, 975, 435		73. 00
73. 01		HOSPITAL BASED RETAIL PHARMACIES	11, 073, 887		73. 01
74.00		RENAL DIALYSIS	1, 853, 411		74. 00
76. 00 76. 97		CARDI OPULMONARY CARDI AC REHABI LI TATI ON	0 1, 151, 814		76. 00 76. 97
76. 98		HYPERBARI C OXYGEN THERAPY	2, 071, 524		76. 98
70. 70		TIENT SERVICE COST CENTERS	2,071,021		70.70
90.00	09000	CLI NI C	0		90. 00
90. 01	1	SUBSTANCE ABUSE CLINIC	o		90. 01
90. 02	1	PAIN CLINIC	2, 509, 709		90. 02
90. 03		ONCOLOGY CLINIC	2, 967, 200		90. 03
91. 00 92. 00		EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	23, 105, 108		91. 00 92. 00
92. 00	1	OBSERVATION BEDS (NON-DISTINCT PART) OBSERVATION BEDS (DISTINCT PART)	o		92. 00
, 2. 01		REIMBURSABLE COST CENTERS	<u> </u>		1 /2. 01
95. 00	09500	AMBULANCE SERVICES	3, 319, 698		95. 00
	SPECI	AL PURPOSE COST CENTERS			
		I NTEREST EXPENSE			113. 00
118. 00		SUBTOTALS (SUM OF LINES 1 through 117)	327, 588, 686		118. 00
100.00		IMBURSABLE COST CENTERS	700 100		100 00
		GIFT, FLOWER, COFFEE SHOP & CANTEEN RESEARCH	709, 129 1, 501, 484		190. 00 191. 00
		OTHER NONREIMBURSABLE COST CENTERS	1, 501, 464		194. 00
	1	BSU PHARMACY	112, 671		194. 01
	1	PAVILLION PHARMACY	7, 522, 874		194. 02
					

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-10 Provider CCN: 15-0089

		5/24/2019 9:59 am
Cost Center Description	Total	
	26.00	
194. 03 07953 VENDI NG	0	194. 03
194. 04 07954 CARELI NE	0	194. 04
194. 05 07955 WELLNESS CENTER	392, 550	194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	1, 560, 684	194. 06
194. 07 07957 PERINATAL CLINIC	0	194. 07
194.08 07958 RENTAL PROPERTY	8, 169, 707	194. 08
194. 09 07959 ADVERTI SI NG	0	194. 09
194. 10 07960 INTEGRA LTAC	867, 053	194. 10
194. 11 07961 I U HEALTH HOSPI CE	200, 385	194. 11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	194. 13
194.14 07964 NEW CASTLE ONCOLOGY	0	194. 14
194. 15 07965 MARKETING/PUBLIC RELATIONS	149, 402	194. 15
194. 16 07966 JAY COUNTY HOSPITAL	1, 887, 997	194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	194. 17
194. 18 07968 CHV CARDINAL HEALTH VENTURES	0	194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	194. 19
194.20 07970 MEALS ON WHEELS	0	194. 20
194. 21 07971 ST MARY'S SCHOOL	0	194. 21
194.22 07972 THERAPIES TO OTHER ENTITIES	636, 822	194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	181, 318	194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	1, 521, 831	194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	690, 239	194. 25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	1, 889, 034	194. 26
194. 27 07977 MIDWEST HEALTH STRATEGIES	0	194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	194. 29
194. 30 07980 CARDINAL HEALTH ALLIANCE	0	194. 30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	194. 31
194. 32 07982 RENAL DI ALYSI S	0	194. 32
194. 33 07983 LAB CORP	0	194. 33
194.34 07984 H.O. MATERIALS MGMT	0	194. 34
194. 35 07985 LEASED SPACE	0	194. 35
200.00 Cross Foot Adjustments	0	200.00
201.00 Negative Cost Centers	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	355, 581, 866	202.00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2018 | Part II | To 12/31/2018 | Date/Time Prepared: | Period: | Peri Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0089

					To	12/31/2018	Date/Time Prep 5/24/2019 9:59	
				CAPITAL COSTS				
		Cost Center Description	Directly	RELATED COSTS NEW BLDG &	Subtotal	EMPLOYEE	COMMUNI CATI ONS	
		·	Assigned New	FLXT		BENEFITS		
			Capital Related Costs			DEPARTMENT		
	T		0	1.00	2A	4. 00	5. 01	
1. 00		AL SERVICE COST CENTERS NEW CAP REL COSTS-BLDG & FIXT						1. 00
4. 00	1	EMPLOYEE BENEFITS DEPARTMENT	0	78, 628	78, 628	78, 628		4. 00
5. 01	1	COMMUNI CATI ONS	0	21, 877		337	22, 214	5. 01
5. 02 5. 04	1	DATA PROCESSING ADMITTING	0	0 90, 340	_	0 570	173	5. 02 5. 04
5.05		CASHI ERI NG/ACCOUNTS RECEI VABLE	0	0	0	0	Ö	5. 05
5.06	1	OTHER ADMINISTRATIVE AND GENERAL	0	700, 684		3, 885	1	5. 06
6. 00 7. 00		MAINTENANCE & REPAIRS OPERATION OF PLANT	0	13, 138, 355 704, 189		2, 157 982	758 319	6. 00 7. 00
8.00	1	LAUNDRY & LINEN SERVICE	0	0		0	0	8. 00
9.00		HOUSEKEEPI NG	0	247, 713	1	1, 927	1, 135	9. 00
10. 00 11. 00		DI ETARY CAFETERI A	0	144, 127 217, 015	1	962 896	1	10. 00 11. 00
13. 00		NURSI NG ADMI NI STRATI ON	0	226, 887	1	4, 195		13. 00
14.00		CENTRAL SERVICES & SUPPLY	0	234, 102	1	0	0	14.00
15. 00 16. 00	1	PHARMACY MEDICAL RECORDS & LIBRARY	0	96, 576 0	96, 576 0	3, 195 0	701 0	15. 00 16. 00
18. 00		PATIENT TRANSPORTATION	0	10, 486	10, 486	347	219	18. 00
21. 00		I &R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2, 766	1	21. 00
22. 00 23. 00		I&R SERVICES-OTHER PRGM COSTS APPRVD PARAMED ED PRGM	0	268, 976 1, 738	1	170 116	99	22. 00 23. 00
20.00	I NPAT	TENT ROUTINE SERVICE COST CENTERS		.,,,,,,	.,,,,,,			20.00
30.00		ADULTS & PEDIATRICS	0	_, -, - , - , - , -		14, 879		30.00
31. 00 32. 00		INTENSIVE CARE UNIT CORONARY CARE UNIT	0	405, 742 0		4, 790 0	1, 204 0	31. 00 32. 00
35. 00		NEONATAL INTENSIVE CARE UNIT	0	69, 763		1, 412	331	35. 00
40.00		SUBPROVIDER - I PF	0	145.007	145.00(0	0	40.00
41. 00 43. 00		SUBPROVI DER – I RF NURSERY	0	145, 996 45, 448		1, 115 328		41. 00 43. 00
	ANCI L	LARY SERVICE COST CENTERS	_					
50. 00 E1. 00	1	OPERATING ROOM RECOVERY ROOM	0	,		3, 778		50. 00 51. 00
51. 00 52. 00	1	DELIVERY ROOM & LABOR ROOM	0	118, 876 187, 836	1	1, 048 1, 323	1	51.00
54.00	05400	RADI OLOGY-DI AGNOSTI C	0	877, 684		6, 017	1, 431	54.00
57. 00		EKG AND EEG MAGNETIC RESONANCE IMAGING (MRI)	0	0	1	88 0	49 0	57. 00 58. 00
58. 00 59. 00		CARDIAC CATHETERIZATION	0	205, 040		1, 316		59. 00
60.00	06000	LABORATORY	0	281, 784		0	598	60.00
60. 01 63. 00	1	BLOOD LABORATORY BLOOD STORING, PROCESSING, & TRANS.	0	0	1	0	0	60. 01 63. 00
65. 00		RESPIRATORY THERAPY	0	67, 339		2, 329	600	
65. 01		SLEEP LAB	0	0		309	96	
66. 00 67. 00		PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	0	45, 068 35, 108		3, 495 632		66. 00 67. 00
68. 00		SPEECH PATHOLOGY	0	8, 397	1	317	72	
68. 01		AUDI OLOGY	0	0		0		68. 01
69. 00 71. 00	1	ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS	0	269, 326	269, 326	925	322	69. 00 71. 00
71.00		IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73. 01 74. 00		HOSPITAL BASED RETAIL PHARMACIES RENAL DIALYSIS	0	0 42, 614	0 42, 614	1, 191	230	73. 01 74. 00
76. 00	1	CARDI OPULMONARY	0	42,014	42,014	0	0	76. 00
76. 97		CARDIAC REHABILITATION	0	0	0	429	140	
76. 98		HYPERBARIC OXYGEN THERAPY TIENT SERVICE COST CENTERS	0	6, 061	6, 061	374	101	76. 98
90.00		CLINIC	0	0	0	0	0	90.00
90. 01		SUBSTANCE ABUSE CLINIC	0	0	1	0	0	90. 01
90. 02 90. 03		PAIN CLINIC ONCOLOGY CLINIC	0	327, 757 62, 038		273 677		90. 02 90. 03
91. 00		EMERGENCY	0	490, 372		4, 625		
92. 00	1	OBSERVATION BEDS (NON-DISTINCT PART)	_	_	0	_	_	92. 00
92. 01		OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92. 01
95. 00		AMBULANCE SERVICES	0	43, 666	43, 666	1, 108	417	95. 00
440.5	SPECI	AL PURPOSE COST CENTERS						440.00
113. 00 118. 00		INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117)	0	22, 768, 726	22, 768, 726	75, 283		113. 00 118. 00
	ı	The second of the sagn first	,	,,		. 0, 200		

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

			To	12/31/2018	Date/Time Prep 5/24/2019 9:5	
		CAPI TAL			0,21,201, 7.0	, diii
		RELATED COSTS				
Cost Center Description	Di rectl y	NEW BLDG &	Subtotal	EMPLOYEE	COMMUNI CATI ONS	
	Assigned New	FLXT		BENEFI TS		
	Capi tal			DEPARTMENT		
	Related Costs					
	0	1. 00	2A	4. 00	5. 01	
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	101		190. 00
191. 00 19100 RESEARCH	0	40, 029	40, 029	498		191. 00
194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS	0	0	0	0	-	194. 00
194. 01 07951 BSU PHARMACY	0	0	0	146		194. 01
194. 02 07952 PAVI LLI ON PHARMACY	0	37, 094		529		194. 02
194. 03 07953 VENDI NG	0	0	0	0		194. 03
194. 04 07954 CARELI NE	0	74.00(74.00(0		194. 04
194. 05 07955 WELLNESS CENTER	0	74, 086	· ·	2		194. 05
194. 06 07956 PHYSI CLAN PRACTI CE CLINI CS 194. 07 07957 PERI NATAL CLINI C	0	349, 999	349, 999 0	0		194. 06 194. 07
194. 08 07958 RENTAL PROPERTY	0	1 404 202	_	0		194. 07
194. 09 07959 ADVERTI SI NG	0	1, 684, 203	1, 684, 203 0	0		194. 00
194. 10 07960 I NTEGRA LTAC	0	171, 903	· ·	0		194. 09
194. 11 07961 I U HEALTH HOSPI CE	0	41, 285		0		194. 10
194. 12 07962 POB MEDICAL PAVILLION CONDOS	0	41, 203	41, 203	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 RELATIONS	0	35, 458	_	0		194. 15
194. 16 07966 JAY COUNTY HOSPITAL	0	68, 303		626	-	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	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	939	0	194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	0	12, 443	12, 443	10	7	194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	361, 185	361, 185	0		194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	129, 318	· ·	0		194. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	0	72, 275	72, 275	494		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 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		200. 00
201.00 Negative Cost Centers	0	0 044 207	0 044 207	70 / 20	-	201. 00
202.00 TOTAL (sum lines 118 through 201)	ı o	25, 846, 307	25, 846, 307	78, 628	22, 214	1202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period: Worksheet B From 01/01/2018 Part II To 12/31/2018 Date/Time Prepared:

5/24/2019 9:59 am Cost Center Description DATA ADMI TTI NG CASHI ERI NG/ACC OTHER MAINTENANCE & ADMI NI STRATI VE PROCESSI NG OUNTS **REPAIRS** RECEI VABLE AND GENERAL 5. 02 5. 04 6. 00 5.05 5.06 GENERAL SERVICE COST CENTERS 1.00 00100 NEW CAP REL COSTS-BLDG & FIXT 1.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 5.01 01160 COMMUNI CATI ONS 5.01 5.02 00550 DATA PROCESSING 173 5.02 00570 ADMITTING 90, 910 5.04 0 5.04 5.05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 0 5.05 00590 OTHER ADMINISTRATIVE AND GENERAL 0 0 705, 023 5.06 C 5.06 6.00 00600 MAINTENANCE & REPAIRS 0 49, 756 13, 191, 026 6.00 7.00 00700 OPERATION OF PLANT 000000000000 Ω 0 16, 563 786, 107 7 00 00800 LAUNDRY & LINEN SERVICE 0 2.920 8.00 0 8.00 0 00900 HOUSEKEEPI NG 276, 529 9.00 Ω 9.431 9 00 10.00 01000 DI ETARY 0 5, 599 160, 893 10.00 11.00 01100 CAFETERI A 3, 035 242, 260 11.00 01300 NURSING ADMINISTRATION 0 19, 982 13.00 0 253, 281 13.00 01400 CENTRAL SERVICES & SUPPLY 0 14.00 C 24, 366 261, 335 14.00 15.00 01500 PHARMACY 14,810 107, 811 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 0 0 16.00 0 01080 PATIENT TRANSPORTATION 0 18 00 C 1.569 11, 705 18 00 21.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD C 11, 797 0 21.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 0 0 22.00 9,043 300, 266 22.00 02300 PARAMED ED PRGM 0 533 1, 940 23.00 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 0 9, 512 0 85, 255 2, 616, 200 30.00 03100 INTENSIVE CARE UNIT 31.00 0 0 0 2,844 0 24, 957 452, 942 31.00 32 00 03200 CORONARY CARE UNIT 0 32 00 0 02060 NEONATAL INTENSIVE CARE UNIT 0 35.00 903 7, 334 77,879 35.00 04000 SUBPROVIDER - IPF 0 40.00 40.00 0 04100 SUBPROVIDER - IRF 0 0 41.00 453 6, 474 162, 980 41.00 04300 NURSERY 0 43.00 0 164 1, 700 50, 734 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 8, 849 0 27, 518 566, 589 50.00 0 51 00 05100 RECOVERY ROOM 1, 169 0 5 889 132, 705 51 00 05200 DELIVERY ROOM & LABOR ROOM 0 52.00 1, 290 7, 417 209, 687 52.00 05400 RADI OLOGY-DI AGNOSTI C 0000 11, 703 0 44, 742 979, 785 54.00 54.00 57.00 03280 EKG AND EEG 179 0 405 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 58 00 58 00 0 0 59.00 05900 CARDIAC CATHETERIZATION 4,694 10,057 228, 892 59.00 06000 LABORATORY 60.00 4, 459 25, 142 314, 563 60.00 60.01 06001 BLOOD LABORATORY 00000 0 60.01 Ω 06300 BLOOD STORING, PROCESSING, & TRANS. 0 63.00 356 2.826 0 63.00 0 65.00 06500 RESPIRATORY THERAPY 11, 501 75, 172 65.00 1, 168 65.01 06501 SLEEP LAB 447 0 1,750 65.01 06600 PHYSI CAL THERAPY 0 13, 775 50.311 66,00 1.057 66,00 0 06700 OCCUPATIONAL THERAPY 3, 043 39, 192 67.00 335 67.00 0 68.00 06800 SPEECH PATHOLOGY 160 0 1, 463 9, 374 68.00 68 01 06801 AUDI OLOGY 0 68.01 0 06900 ELECTROCARDI OLOGY 0 300, 657 69.00 2,770 6.069 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 71.00 3, 214 24, 860 Λ 71.00 07200 IMPL. DEV. CHARGED TO PATIENT 0 6, 004 33, 476 72.00 72.00 07300 DRUGS CHARGED TO PATIENTS 0 73.00 173 13, 811 77, 628 73.00 0 07301 HOSPITAL BASED RETAIL PHARMACIES 0 0 73.01 437 21.174 0 73.01 74.00 07400 RENAL DIALYSIS 226 3, 213 47, 572 74.00 76.00 03160 CARDI OPULMONARY 0 0 0 76.00 0 0 07697 CARDIAC REHABILITATION 76. 97 2.147 76. 97 226 0 76. 98 07698 HYPERBARI C OXYGEN THERAPY 754 3, 585 6, 766 76.98 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0 0 90.00 0 90.01 09001 SUBSTANCE ABUSE CLINIC 0 0 0 90.01 0 90.02 09002 PAIN CLINIC 0 388 2, 255 365, 885 90.02 90.03 09003 ONCOLOGY CLINIC 0 1,574 0 4,647 69, 255 90.03 0 91.00 09100 EMERGENCY 11, 298 0 36, 336 547, 417 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92 00 09201 OBSERVATION BEDS (DISTINCT PART) 0 0 0 92.01 92.01 OTHER REIMBURSABLE COST CENTERS 48, 746 95.00 09500 AMBULANCE SERVICES 0 466 0 5, 913 95.00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | INTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 118.00 173 90, 910 0 671, 955 9, 755, 430 118. 00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 1, 346 0 190.00 191. 00 19100 RESEARCH 0 0 44, 686 191. 00 2, 378 194. 00 07950 OTHER NONREIMBURSABLE COST CENTERS 0 0 0 0 194.00

| Peri od: | Worksheet B | From 01/01/2018 | Part | I | To | 12/31/2018 | Date/Time | Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0089

			Т	o 12/31/2018	Date/Time Pre 5/24/2019 9:5	
Cost Center Description	DATA	ADMI TTI NG	CASHI ERI NG/ACC	OTHER	MAINTENANCE &	7 (1111
cost contor boost per on	PROCESSI NG	7.5	OUNTS	ADMI NI STRATI VE	REPAI RS	
			RECEI VABLE	AND GENERAL		
	5. 02	5. 04	5. 05	5. 06	6. 00	
194. 01 07951 BSU PHARMACY	0	0	C	209	0	194. 01
194.02 07952 PAVILLION PHARMACY	0	0	C	14, 133	41, 409	
194. 03 07953 VENDI NG	0	0	C	0	0	194. 03
194. 04 07954 CARELI NE	0	0	C	0	0	194. 04
194. 05 07955 WELLNESS CENTER	0	0	C	182	82, 704	194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	C	740	390, 714	194. 06
194. 07 07957 PERINATAL CLINIC	0	0	C	0	0	194. 07
194.08 07958 RENTAL PROPERTY	0	0	C	4, 849	1, 880, 126	194. 08
194. 09 07959 ADVERTI SI NG	0	0	C	0		194. 09
194. 10 07960 I NTEGRA LTAC	0	0	C	363	191, 901	194. 10
194. 11 07961 I U HEALTH HOSPI CE	0	0	C	87	46, 088	194. 11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	C	0	0	194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0	C	0	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	75	39, 583	1
194. 16 07966 JAY COUNTY HOSPITAL	0	0	0	3, 108	76, 248	
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0	0	0		194. 17
194. 18 07968 CHV CARDINAL HEALTH VENTURES	0	0) C	0		194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	0	0	0		194. 19
194.20 07970 MEALS ON WHEELS	0	0) C	0	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	0	1, 222		194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	0	0	0	256	13, 890	
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	764	403, 202	1
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	0	0	275	144, 362	1
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	C	3, 081	80, 683	
194. 27 07977 MIDWEST HEALTH STRATEGIES	0	0) c	0		194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0) c	0		194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0) c	0		194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0	C	0		194. 30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0) c	0		194. 31
194. 32 07982 RENAL DI ALYSI S	0	0) c	0		194. 32
194. 33 07983 LAB CORP	0	0) c	0		194. 33
194. 34 07984 H. O. MATERI ALS MGMT	0	0	C	0		194. 34
194. 35 07985 LEASED SPACE	0	O	l c	0	0	194. 35
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	C	-		201. 00
202.00 TOTAL (sum lines 118 through 201)	173	90, 910)	705, 023	13, 191, 026	202.00

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

CREMAN_SERVICE_USIS_CENTERS DELATION OF PANAL LANGEVER DISPERSE DELTATY CAPTERIA					10	12/31/2018	Date/lime Pre 5/24/2019 9:5	
		Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY		
DEBBERL SERVICE CUST CENTERS					0.00	10.00	11 00	
1.00 00000 MONTE CAPIFICE, COSIS-SELECE & FIXT		GENERAL SERVICE COST CENTERS	7.00	8.00	9.00	10.00	11.00	
1.100 COMMINICATIONS	1.00							1.00
5.02 0.0050 DATA PROCESSING	4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.04 0.0076 ASMITTHIN O. 0.0076 ASMITTHIN O. 0.0076 ASMITTHIN O. 0.0076 ASSISTANCE FROM PAIL O. 0.007								1
5.05 0.0050 CASH ERINK/ACCOUNTS RECEIVABLE								1
5. D. 6) CORSON MINTENANCE AS PAPER S 7. DO COROSCO (PERMITTON OF PLANT 7.								1
0.00 0.000 DOCOMO MERIANCE & REPAIR S 0.00 0.000 DOCOMO 0.0000 0.0000 0.0000 0.0000 0.0000 0								1
8.00		1 1						1
9.00 0.0900 MUSENCEPT NS	7.00	00700 OPERATION OF PLANT	1, 508, 160					7. 00
10.00 01000 DETARY 19.50 0 9,24 340,835 507,000 11.00 11.00 01100 CAFFERIA 29,453 0 13.79 1 14,546 0 507,000 11.00 11.00 11.00 01100 CAFFERIA 30,773 1 14,546 0 29,543 31.00 11.00		1 1	0					1
11 0.0 01100 CAFETERIA 29,453 0 13,975 0 597,090 11 0.0 14 0.0 01400 CENTRAL SERVICES & SUPPLY 31,772 0 15,011 0 0 14 0.0 15 0.0 01400 CENTRAL SERVICES & SUPPLY 31,772 0 15,011 0 0 14 0.0 18 0.0 01400 CENTRAL SERVICES & SUPPLY 31,772 0 15,011 0 0 14 0.0 18 0.0 01400 CENTRAL SERVICES & SUPPLY 31,772 0 15,011 0 0 10 18 0.0 01400 CENTRAL SERVICES & SUPPLY 31,772 0 0 0 0 0 18 0.0 01400 CENTRAL SERVICES & SUPPLY 31,000 0 0 0 0 0 18 0.0 01400 CENTRAL SERVICES & SUPPLY 31,000 0 0 0 0 0 18 0.0 01680 PATIENT TRANSPORTATION 1,423 10 672 0 0 2,213 21 22 0.0 02200 RAS SERVICES SARVE & SERVINES APPRAVO 0 0 0 0 2,713 22 23 0.0 02300 CARRIAGO SERVICES & SUPPLY 3,500 0 0 0 0 0 2,713 22 24 0.0 02200 RAS SERVICES SERVINES & 318,072 1,883 150,273 227,644 123,115 30 25 0.0 02300 CORDINARY CASE UNIT 0 0 0 0 0 0 0 0 0 25 0.0 02300 CORDINARY CASE UNIT 0 0 0 0 0 0 0 0 26 0.0 02300 CORDINARY CASE UNIT 0 0 0 0 0 0 0 0 0 27 0.0 02300 CORDINARY CASE UNIT 0 0 0 0 0 0 0 0 0 28 0.0 02300 CORDINARY CASE UNIT 0 0 0 0 0 0 0 0 0						240 025		1
13.00 (0.1300 MURSING AGMINI NISTRATION		1 1) 0				1
14.00 01400 CENTRAL SERVICES & SUPPLY 31,7772 0 15,011 0 0 14.00 16.00 01500 PARMANCY 13,1077 0 0 0 0 0 0 16.00 01500 PARMANCY 13,1077 0 0 0 0 0 0 16.00 01600 PARMANCY 13,1077 0 0 0 0 0 16.00 01600 PARMANCY 13,1077 0 0 0 0 22.00 02000 REF SERVICES ASSESSED 1,423 19 6757 0 6,505 18.00 22.00 02200 RES SERVICES COTHER PROU COSTS APPRVID 36,506 0 17,247 0 2,2718 22.00 02200 RES SERVICES COST CENTERS 16PATLENT ROUTHES SERVICE COST CENTERS 318,072 1,383 150,273 270,664 123,115 30.00 31.00 03000 ORDANEY CARE UNIT 55,068 228 26,016 24,490 33,164 31.00 32.00 03000 ORDANEY CARE UNIT 7,466 0 0 0 0 0 32.00 03000 ORDANEY CARE UNIT 7,466 0 0 0 0 0 33.00 03000 ORDANEY CARE UNIT 7,466 0 0 0 0 0 34.10 03000 ORDANEY CARE UNIT 7,466 0 0 0 0 34.10 03000 ORDANEY CARE UNIT 7,466 0 0 0 0 35.00 03000 ORDANEY CARE UNIT 7,466 0 0 0 0 36.00 ORDANEY CARE UNIT 7,466 0 0 0 0 0 36.00 ORDANEY CARE UNIT 7,466 0 0 0 0 0 36.00 ORDANEY CARE UNIT 7,466 0 0 0 0 0 36.00 ORDANEY CARE UNIT 7,466 0 0 0 0 0 0 36.00 ORDANEY CARE UNIT 7,466 0 0 0 0 0 0 36.00 ORDANEY CARE UNIT 7,466 0 0 0 0 0 0 36.00 ORDANEY CARE UNIT 7,466 0 0 0 0 0 0 0 36.00 ORDANEY CARE UNIT 7,466 0 0 0 0 0 0 0 36.00 ORDANEY CARE UNIT 7,466 0 0 0 0 0 0 0 0 36.00 ORDANEY CARE UNIT 7,466 0 0 0 0 0 0 0 0 0		1 1		1		_		1
16.00 01-600 MEDICAL RECORDS & LIBRARY 0 0 0 0 0 0 0 0 0	14.00			0		0		1
18.00 01000 PATIENT TRANSPORTATION 1,423 19		1 1	13, 107	-		_	19, 303	1
21.00 02000 IBN SERVICES-SALARY & FRINGES APPRIVD 0 0 0 0 2, 718 32 10 02 03 03 00 03			0	_	_	ŭ	Ĭ	1
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14. 00 04100 SUBPROVI DER - IRF 19, 815 100 9, 361 17, 374 7, 859 41, 00 2.00 1.00			9, 400			_		1
A3 00 04300 NURSERY		1 1	19, 815	_	_	-		
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51.00 05.100 05.								
52.00 OSZOO DELLYREY ROOM & LABOUR ROOM 25,493 104 12,044 0 9,112 52.00		1	1			-		1
54.00		1				-		1
57.00 03280 EKG AND EEG 0 0 0 0 0 0 57.00						_	.,	1
59 00 05900 CARDILAC CATHETERI ZATION			1			0		1
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60.01 GOOT GLOOD LABORATORY 0 0 0 0 0 0 0 0 0			1			_		1
63.00 06300 BLODO STORING, PROCESSING, & TRANS. 0 0 0 0 0 0 65.00		1 1	1	-		ŭ		1
65. 00 06500 RESPI RATORY THERAPY 9,139 1 4,318 0 16,526 65. 00		1 1	0) 0		_	-	1
65.01 06501 SLEEP LAB			9, 139	1		ŭ		1
67:00 06700 05CUIPATI IONAL THERAPY 4,765 0 2,251 0 3,961 67.00 68:01 06800 SPEECH PATHOLOGY 1,140 0 538 0 1,985 68.00 68:01 06801 AUDI OLOGY 0 0 0 0 0 0 69:00 06900 ELECTROCARDI OLOGY 36,553 36 17,269 0 8,888 69.00 71:00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 0 72:00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 0 0 73:00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 73:01 07301 HOSPI TAL BASED RETAIL PHARMACI ES 0 0 0 0 0 0 74:00 07400 RENAL DI ALYSI S 5,784 4 2,732 0 0 74.00 76:00 03160 CARDI OPULMONARY 0 0 0 0 0 0 75.00 76:97 07697 CARDI AC REHABI LI TATI ON 0 0 0 0 3,855 76:97 07697 CARDI AC REHABI LI TATI ON 0 0 0 0 0 70:00 09000 CLI NI C 0 0 0 0 0 0 70:00 09000 SUBSTANCE ABUSE CLINI C 0 0 0 0 0 0 70:00 09000 PAIN CLINI C 0 0 0 0 0 70:00 09000 PAIN CLINI C 0 0 0 0 0 70:00 09000 DESERVATI ON BEDS (IOSTI INCT PART) 0 0 0 0 0 0 70:00 09000 DESERVATI ON BEDS (IOSTI INCT PART) 0 0 0 0 0 70:00 09000 SUBSTRANCE ABUSE CLINI C 0 0 0 0 0 70:00 09000 DESERVATI ON BEDS (IOSTI INCT PART) 0 0 0 0 0 70:00 09000 DESERVATI ON BEDS (IOSTI INCT PART) 0 0 0 0 0 70:00 09000 DESERVATI ON BEDS (IOSTI INCT PART) 0 0 0 0 0 70:00 09000 DESERVATI ON BEDS (IOSTI INCT PART) 0 0 0 0 0 70:00 09000 DESERVATI ON BEDS (IOSTI INCT PART) 0 0 0 0 0 0 70:00 09000 DESERVATI ON BEDS (IOSTI INCT PART) 0 0 0 0 0 0 70:00 09000 DESERVATI ON BEDS (IOSTI INCT PART) 0 0 0 0 0 0 70:00 09000 DESERVATI ON BEDS (IOSTI INCT PART) 0 0 0 0 0 0 70:00 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000			0	0		0		1
68. 00 06800 SPECH PATHOLOGY		1 1				-		1
68.01 06801 AUDIOLOGY				-		, and a		
69.00 06900 ELECTROCARDI OLOGY 36,553 36 17,269 0 8,868 69.00 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 73.01 07301 HOSPITAL BASED RETAIL PHARMACIES 0 0 0 0 0 0 74.00 07400 RENAL DI ALYSIS 5,784 4 2,732 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 0 0 0 0 0 76.98 07698 HYPERBARIC OXYGEN THERAPY 823 0 389 0 2,774 76.98 07698 HYPERBARIC OXYGEN THERAPY 823 0 389 0 2,774 76.99 0000 CLINI C 0 0 0 0 0 0 79.00 09000 CLINI C 0 0 0 0 0 0 79.01 09001 SUBSTANCE ABUSE CLINI C 0 0 0 0 0 79.02 09002 PAIN CLINI C 44,483 0 21,016 0 2,447 90.02 79.03 09003 ONCOLOGY CLINI C 8,420 14 3,978 0 4,561 90.03 79.00 09003 ONCOLOGY CLINI C 8,420 14 3,978 0 4,561 90.03 79.01 09100 EMERGENCY 66,554 437 31,443 0 34,698 91.00 79.01 09201 OSBERVATI ON BEDS (IDI STINCT PART) 0 0 0 0 0 0 70.02 09200 OSBERVATI ON BEDS (IDI STINCT PART) 0 0 0 0 0 70.03 09500 AMBULANCE SERVI CES 5,926 0 2,800 312,528 492,958 70.04 09500 OSBERVATI ON BEDS (IDI STINCT PART) 0 0 0 0 0 70.04 07950 OTHER REI MBURSABLE COST CENTERS 70.05 ONORE IMBURSABLE COST CENTERS 70.00 19000 1700			1			-		1
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATIENT 0 0 0 0 0 0 72. 00 07300 IMPL. DEV. CHARGED TO PATIENT 0 0 0 0 0 0 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES 0 0 0 0 0 0 74. 00 07400 RENAL DI ALYSIS 5,784 4 2,732 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 823 0 389 0 2,774 76. 98 001094 HYPERBARI C OXYGEN THERAPY 823 0 389 0 2,774 76. 98 001094 HYPERBARI C OXYGEN THERAPY 823 0 0 0 0 0 79. 01 09001 SUBSTANCE ABUSE CLINIC 0 0 0 0 0 0 79. 02 09002 PAIN CLINIC 44,4483 0 21,016 0 2,447 90.02 79. 03 09003 0NCOLOGY CLINIC 8,420 14 3,978 0 4,561 90.03 79. 00 09001 DERERGENCY 66,554 437 31,443 0 34,698 91.00 79. 01 09201 0BSERVATION BEDS (NON-DISTINCT PART) 0 0 0 0 0 0 70. 00 09201 0BSERVATION BEDS (DISTINCT PART) 0 0 0 0 0 0 70. 00 09201 0BSERVATION BEDS (DISTINCT PART) 0 0 0 0 0 70. 00 09201 0BSERVATION BEDS (DISTINCT PART) 0 0 0 0 0 70. 00 09201 0BSERVATION BEDS (DISTINCT PART) 0 0 0 0 0 70. 00 09201 0BSERVATION BEDS (DISTINCT PART) 0 0 0 0 0 0 70. 00 09201 0BSERVATION BEDS (DISTINCT PART) 0 0 0 0 0 0 70. 00 09201 0BSERVATION BEDS (DISTINCT PART) 0 0 0 0 0 0 0 70. 00 09201 0BSERVATION BEDS (DISTINCT PART) 0 0 0 0 0 0 0 0 0 70. 00 09201 0BSERVATION BEDS (DISTINCT PART) 0 0 0 0 0 0 0 0 0			_					
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT 0 0 0 0 0 72. 00 73. 00 73. 00 7300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 73. 00 73. 00 73. 01 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 73. 00 73. 01 PROSPITAL BASED RETAIL PHARMACIES 0 0 0 0 0 0 0 0 0			0			0		
73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES 0 0 0 0 6,349 73. 01 74. 00 07400 RENAL DI ALYSIS 5,784 4 2,732 0 0 74. 00 76. 00 03160 CARDI OPULMONARY 0 0 0 0 0 0 76. 97 07697 CARDI AC REHABI LITATI ON 0 0 0 0 0 76. 98 07698 HYPERBARI C OXYGEN THERAPY 823 0 389 0 2,774 76. 98 07698 HYPERBARI C OXYGEN THERAPY 823 0 389 0 2,774 76. 98 07698 HYPERBARI C OXYGEN THERAPY 823 0 0 0 0 90. 00 09000 CLI NI C 0 0 0 0 0 0 90. 01 09001 SUBSTANCE ABUSE CLINI C 0 0 0 0 0 90. 02 09002 PAI N CLINI C 44,483 0 21,016 0 2,447 90. 03 09003 ONCOLOGY CLINI C 8,420 14 3,978 0 4,561 90. 03 91. 00 09100 EMERGENCY 66,554 437 31,443 0 34,698 91. 00 92. 00 09200 OBSERVATI ON BEDS (DI STI NCT PART) 0 0 0 0 0 0 92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART) 0 0 0 0 0 97. 00 09500 AMBULANCE SERVI CES 5,926 0 2,800 0 11,483 95. 00 SPECIAL PURPOSE COST CENTERS 95. 00 OSOBOR OFFICE SHOPS 0 0 0 0 0 113. 00 113.00 INTEREST EXPENSE 113.00 119. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 0 191. 00 19100 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 0 191. 00 19100 RESEARCH 0 0 0 0 0 191. 00 19100 RESEARCH 0 0 0 0 0 191. 00 19100 OFFICE SHOPS 0 0 0 0 191. 00 19100 OFFICE SHOPS 0 0 0 0 191. 00 19100 OFFICE SHOPS 0 0 0 0 0 191. 00 19100 OFFICE SHOPS 0 0 0 0 0 191. 00 19100 OFFICE SHOPS 0 0 0 0 0 191. 00 19100 OFFICE SHOPS 0 0 0 0 0 191. 00 19100 OFFICE SHOPS 0 0 0 0 0 191. 00 19100 OFFICE SHOPS 0 0 0 0 0 191. 00 19100 OFFICE SHOPS 0 0 0 0 0 191. 00 19100 OFFICE SHOPS 0 0 0 0 0 191. 00 19100 OFFICE SHOPS 0 0 0 0 0 0 191. 00 07000 07			0	0		0		
74. 00 07400 RENAL DI ALYSI S 5,784 4 2,732 0 0 74,00 76. 00 03160 CARDI OPULMONARY 0 0 0 0 0 0 76. 97 07697 CARDI AC REHABI LI TATI ON 0 0 0 0 0 76. 98 07698 HYPERBARI C OXYGEN THERAPY 823 0 389 0 2,774 76. 98 07698 HYPERBARI C OXYGEN THERAPY 823 0 389 0 2,774 76. 98 0019ATI ENT SERVI CE COST CENTERS			0	0	0	0		1
76. 00			0	0		0		
76. 97 07697 CARDI AC REHABILITATI ON 0 0 0 3,855 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 823 0 389 0 2,774 76. 98 07698 HYPERBARI C OXYGEN THERAPY 823 0 389 0 2,774 76. 98 07698 HYPERBARI C OXYGEN THERAPY 823 0 389 0 2,774 76. 98 07698 HYPERBARI C OXYGEN THERAPY 823 0 389 0 2,774 76. 98 07698 HYPERBARI C OXYGEN THERAPY 823 0 389 0 2,774 76. 98 07698 HYPERBARI C OXYGEN THERAPY 76. 98 0 0 0 0 0 0 0 0 0			5, /84	4		0		
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OUTPATIENT SERVICE COST CENTERS O9000 CLINIC O O O O O O O O O		1 1	823	0		0		1
90. 01								
90. 02			0	0		0	0	
90. 03			0	0	-	0		1
91. 00		1				0		
92. 00 92. 01 92						0		1
92. 01			00,001	107	01, 110	J	01,070	
95. 00			0	0	0	0	0	92. 01
113.00 11300 INTEREST EXPENSE 113.00 11300 INTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 1,090,470 2,883 499,300 312,528 492,958 118.00 NONREI MBURSABLE COST CENTERS 0 0 0 0 1,524 190.00 191.00 19100 RESEARCH 5,433 0 2,567 0 3,839 191.00 194.00 07950 OTHER NONREI MBURSABLE COST CENTERS 0 0 0 0 194.00 194.00 194.00 07950								
113. 00 118. 00 118. 00 118. 00 118. 00 119. 00 1194. 00 1194. 00 110 113. 00 110 11300 110 110 110 110 110 110 110	95. 00		5, 926	0	2, 800	0	11, 483	95. 00
118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 1,090,470 2,883 499,300 312,528 492,958 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 1,524 190. 00 191. 00 19100 RESEARCH 5,433 0 2,567 0 3,839 191. 00 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 0 0 0 0 0 194. 00	112 00							113 00
NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 1, 524 190. 00 191. 00 19100 RESEARCH 5, 433 0 2, 567 0 3, 839 191. 00 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 0 0 0 0 194. 00			1.090 470	2 883	499 300	312 528	492 958	
190. 00 19000 GFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 1, 524 190. 00 191. 00 19100 RESEARCH 5, 433 0 2, 567 0 3, 839 191. 00 194. 00 07950 OTHER NONREIMBURSABLE COST CENTERS 0 0 0 0 0 194. 00			., 5,5,170	2,000	,	3.2, 320	.,,,,,,,,,	1
194. 00 O7950 OTHER NONREIMBURSABLE COST CENTERS O O O O O 194. 00		19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		
			5, 433	0		0		
174. U U U U 795 194. U			0	0		_		
	194.01	O 7 7 3 1 DOU FIIMNWACT	1 0	ı	1 0	U	195	174. UT

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2018 | Part II | To 12/31/2018 | Date/Time Prepared: | Period: | Peri Provider CCN: 15-0089

			10	12/31/2018	Date/IIme Pre 5/24/2019 9:5	
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	Zili
	PLANT	LINEN SERVICE				
	7. 00	8. 00	9.00	10.00	11.00	
194. 02 07952 PAVILLION PHARMACY	5, 034	0	2, 378	0	3, 169	194. 02
194. 03 07953 VENDI NG	0	0	0	o	0	194. 03
194. 04 07954 CARELI NE	0	0	0	o	0	194. 04
194.05 07955 WELLNESS CENTER	10, 055	37	4, 750	o	26	194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	47, 502	0	8, 623	o	0	194. 06
194. 07 07957 PERINATAL CLINIC	0	0	0	0	0	194. 07
194. 08 07958 RENTAL PROPERTY	228, 581	0	40, 278	o	0	194. 08
194. 09 07959 ADVERTI SI NG	0	0	0	o	0	194. 09
194. 10 07960 I NTEGRA LTAC	23, 331	0	0	14, 065	0	194. 10
194. 11 07961 IU HEALTH HOSPICE	5, 603	0	2, 647	o	0	194. 11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	o	0	194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0	0	o	0	194. 13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	o	0	194. 14
194. 15 07965 MARKETI NG/PUBLI C RELATIONS	4, 812	0	0	o	0	194. 15
194.16 07966 JAY COUNTY HOSPITAL	9, 270	0	4, 380	o	2, 401	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	0	194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	1, 689	0	798	0	191	194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	49, 020	0	0	0	0	194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	17, 551	0	0	14, 242	0	194. 25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	9, 809	0	4, 634	0	2, 187	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		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	0	194. 31
194. 32 07982 RENAL DIALYSIS	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		201. 00
202.00 TOTAL (sum lines 118 through 201)	1, 508, 160	2, 920	570, 355	340, 835	507, 090	202. 00

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2018 Part II
To 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0089

						12/31/2018	5/24/2019 9:5	
							OTHER GENERAL	
		Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SERVI CE PATI ENT	
			ADMI NI STRATI ON	SERVICES &			TRANSPORTATI ON	
			12.00	SUPPLY	15.00	LI BRARY	10.00	
	GENER	AL SERVICE COST CENTERS	13. 00	14. 00	15. 00	16. 00	18. 00	
1.00		NEW CAP REL COSTS-BLDG & FIXT						1. 00
4.00	1	EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01 5. 02	1	COMMUNI CATI ONS						5. 01
5. 04	1	DATA PROCESSING ADMITTING						5. 02 5. 04
5. 05	1	CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 05
5.06		OTHER ADMINISTRATIVE AND GENERAL						5. 06
6.00	1	MAINTENANCE & REPAIRS OPERATION OF PLANT						6. 00 7. 00
7. 00 8. 00	1	LAUNDRY & LINEN SERVICE						8. 00
9.00		HOUSEKEEPI NG						9. 00
10.00		DIETARY						10.00
11. 00 13. 00	1	CAFETERIA NURSING ADMINISTRATION	580, 302					11. 00 13. 00
14. 00		CENTRAL SERVICES & SUPPLY	380, 302	566, 586				14. 00
15. 00	1	PHARMACY	o	3, 105	1			15. 00
16. 00		MEDICAL RECORDS & LIBRARY	0	0	0	0		16. 00
18. 00 21. 00		PATIENT TRANSPORTATION	0	5	0	0	32, 470 0	18. 00 21. 00
21.00	1	I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD		3	0	0	0	21.00
23. 00	1	PARAMED ED PRGM	Ö	0	-1	0	0	23. 00
		IENT ROUTINE SERVICE COST CENTERS						
30. 00 31. 00	1	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	278, 950 75, 725	33, 137 13, 673		0	3, 357 1, 004	30. 00 31. 00
32.00		CORONARY CARE UNIT	75, 725	13, 6/3	1	0	1,004	32.00
35. 00		NEONATAL INTENSIVE CARE UNIT	19, 822	2, 400		0	319	35. 00
40.00	1	SUBPROVIDER - I PF	0	0		0	0	40. 00
41. 00 43. 00	1	SUBPROVIDER - IRF NURSERY	17, 157 5, 008	867 0	31	0	160 58	41.00
43.00		LARY SERVICE COST CENTERS	5,006	0	<u> </u>	U	36	43. 00
50.00	05000	OPERATING ROOM	23, 781	66, 317	676	0	3, 123	50.00
51.00	1	RECOVERY ROOM	19, 382	3, 243	l	0	413	
52. 00 54. 00		DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC	19, 094 15, 321	2, 968 14, 044	172 294	0	455 4, 130	
57. 00	1	EKG AND EEG	15, 321	79		0	4, 130	57. 00
58.00		MAGNETIC RESONANCE IMAGING (MRI)	o	0		0	0	58.00
59.00		CARDI AC CATHETERI ZATI ON	10, 863	8, 801	155	0	1, 657	59. 00
60. 00 60. 01	1	LABORATORY BLOOD LABORATORY		0		0	1, 574 0	60. 00 60. 01
63. 00	1	BLOOD STORING, PROCESSING, & TRANS.	0	0	1	0	126	
65.00	1	RESPI RATORY THERAPY	o	5, 886	1	0	412	
65. 01		SLEEP LAB	0	952	1	0	158	
66. 00 67. 00	1	PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	68	550 380		0		66. 00 67. 00
68. 00		SPEECH PATHOLOGY	l o	19		0	56	
68. 01		AUDI OLOGY	0	0		0	0	68. 01
69. 00 71. 00		ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS	0	364 168, 798		0	978 1, 134	
71.00		IMPL. DEV. CHARGED TO PATIENTS		217, 823		0	2, 119	
73.00	1	DRUGS CHARGED TO PATIENTS	o	0	1	0	5, 259	
73. 01		HOSPITAL BASED RETAIL PHARMACIES	0	26	l	0	154	
74. 00 76. 00		RENAL DIALYSIS CARDIOPULMONARY	0	496 0		0	80 0	74. 00 76. 00
76. 97	1	CARDI OF DEMONARY	465	119		0	80	
76. 98		HYPERBARI C OXYGEN THERAPY	5, 778	1, 908		0	266	
		TIENT SERVICE COST CENTERS						
90. 00 90. 01		CLINIC SUBSTANCE ABUSE CLINIC	0	0		0	0	90. 00 90. 01
90. 01	1	PAIN CLINIC	3, 037	1, 226		0	137	
90. 03		ONCOLOGY CLINIC	9, 551	3, 016	l	0	555	90. 03
91.00		EMERGENCY	71, 495	15, 700	1, 228	0	3, 988	
92. 00 92. 01		OBSERVATION BEDS (NON-DISTINCT PART) OBSERVATION BEDS (DISTINCT PART)	o	0	0	0	0	92. 00 92. 01
72.01		REIMBURSABLE COST CENTERS	<u> </u>	0	0	<u> </u>	U	7 2. U I
95.00	09500	AMBULANCE SERVICES	8	580	7	0	164	95.00
		AL PURPOSE COST CENTERS						
113. 00 118. 00		INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117)	575, 505	566, 485	264, 800	0	32, 470	113. 00 118. 00
1 10. 00		IMBURSABLE COST CENTERS	575, 505	500, 465	204, 600	0	32,470	110.00
190.00		GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15	0	0	0	190. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2018 | Part II | To 12/31/2018 | Date/Time Prepared: | Period: | Peri Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0089

				10 12/31/.	2018	5/24/2019 9:5	
						OTHER GENERAL	7 (3111
						SERVI CE	
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	F	PATIENT	
cost center bescription	ADMI NI STRATI ON	SERVICES &	FIARWACI	RECORDS		TRANSPORTATION	
	ADMINI STRATION	SUPPLY		LI BRARY		INANSFUNTATION	
	13.00	14.00	15. 00	16. 00		18. 00	
191. 00 19100 RESEARCH	4, 738	9	13.00	0	0		191. 00
194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS	1, 700	0		0	0		194. 00
194. 01 07951 BSU PHARMACY		0	•	0	ő		194. 01
194. 02 07952 PAVI LLI ON PHARMACY		46	i .	0	ő		194. 02
194. 03 07953 VENDI NG		0	1	0	ő		194. 03
194. 04 07954 CARELI NE		0		0			194. 04
194. 05 07955 WELLNESS CENTER		14		0	0		194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	14					194. 05
194. 07 07957 PERINATAL CLINIC	0	0					194. 00
194. 08 07958 RENTAL PROPERTY	0	0		0			ł
	0	9		0			194. 08
194. 09 07959 ADVERTI SI NG	0	0		0	9		194. 09
194. 10 07960 I NTEGRA LTAC	0	0		0	ol o		194. 10
194. 11 07961 I U HEALTH HOSPI CE	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	o	-	194. 13
194.14 07964 NEW CASTLE ONCOLOGY	0	0		0	o	-	194. 14
194. 15 07965 MARKETI NG/PUBLI C 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	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	0	194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	0	5		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	o	3		0	o	0	194. 25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	59	0		0	o	0	194. 26
194. 27 07977 MIDWEST HEALTH STRATEGIES	o	0		0	o	0	194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	o	0		0	o	0	194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	o	0		0	o	0	194. 29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	o	0		0	o	0	194. 30
194. 31 07986 OTHER NONREIMBURSABLE COST CENTERS	ol	0		0	ol	0	194. 31
194. 32 07982 RENAL DI ALYSI S	ol	0		0	o		194. 32
194. 33 07983 LAB CORP	ol	0		o	ó	-	194. 33
194. 34 07984 H. O. MATERI ALS MGMT		0		0	ام	-	194. 34
194. 35 07985 LEASED SPACE	ام	0		Ō	0		194. 35
200.00 Cross Foot Adjustments		Ü			1		200. 00
201.00 Negative Cost Centers	0	n		0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	580, 302	566, 586	264, 8	ool	o	32, 470	
202.00 101/12 (3diii 1/1103 110 tili 0dgii 201)	300, 302	300, 300	1 204,0	~~	Ч	32, 470	1-02.00

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

					10 12/31/2018	Date/lime Pre 5/24/2019 9:5	
		INTERNS &	RESI DENTS			0,21,201, 7.0	Zill
	Cost Center Description	SERVI CES-SALAR	SERVI CES-OTHER	PARAMED ED	Subtotal	Intern &	
	·	Y & FRINGES	PRGM COSTS	PRGM		Residents Cost	
						& Post Stepdown	
						Adjustments	
		21.00	22. 00	23. 00	24. 00	25. 00	
1 00	GENERAL SERVICE COST CENTERS		<u> </u>	<u> </u>			1 00
1. 00 4. 00	00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT						1. 00 4. 00
5. 01	01160 COMMUNI CATI ONS						5. 01
5. 02	00550 DATA PROCESSING						5. 02
5.04	00570 ADMI TTI NG						5. 04
5. 05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 05
5. 06 6. 00	00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS						5. 06 6. 00
7. 00	00700 OPERATION OF PLANT						7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE						8. 00
9. 00	00900 HOUSEKEEPI NG						9. 00
10.00	01000 DI ETARY						10.00
11. 00 13. 00	O1100 CAFETERI A O1300 NURSI NG ADMI NI STRATI ON						11. 00 13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY						14. 00
15. 00	01500 PHARMACY						15. 00
16. 00	01600 MEDI CAL RECORDS & LI BRARY						16. 00
18. 00 21. 00	01080 PATIENT TRANSPORTATION	37, 499					18. 00 21. 00
22. 00	02100 &R SERVICES-SALARY & FRINGES APPRVD 02200 &R SERVICES-OTHER PRGM COSTS APPRVD	37, 499	635, 028				21.00
23. 00	02300 PARAMED ED PRGM		000,020	5, 5°	14		23. 00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS				6, 254, 461		30.00
31. 00 32. 00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T				1, 122, 301		31. 00 32. 00
35. 00	02060 NEONATAL INTENSIVE CARE UNIT				203, 294		35. 00
40.00	04000 SUBPROVI DER - I PF				C	0	40. 00
41. 00	04100 SUBPROVI DER - I RF				390, 027		41. 00
43. 00	04300 NURSERY ANCILLARY SERVICE COST CENTERS				114, 840	0	43. 00
50. 00	05000 OPERATING ROOM				1, 341, 542	2 0	50. 00
51. 00	05100 RECOVERY ROOM				315, 057	1	51. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM				477, 326		52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C				2, 170, 139		54.00
57. 00 58. 00	03280 EKG AND EEG 05800 MAGNETIC RESONANCE IMAGING (MRI)				2, 215		57. 00 58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON				521, 085	1	59. 00
60.00	06000 LABORATORY				700, 912	0	60. 00
60. 01	06001 BLOOD LABORATORY				0.000	1	60. 01
63. 00 65. 00	06300 BLOOD STORI NG, PROCESSI NG, & TRANS. 06500 RESPI RATORY THERAPY				3, 308 194, 393	1	63. 00 65. 00
65. 01	06501 SLEEP LAB				6, 367	1	65. 01
66. 00	06600 PHYSI CAL THERAPY				148, 218	1	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY				89, 929	1	67. 00
68. 00	06800 SPEECH PATHOLOGY				23, 521		68. 00
68. 01 69. 00	06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY				644, 138	1	68. 01 69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				198, 006		71. 00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENT				259, 422		72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS				356, 325		73. 00
73. 01 74. 00	07301 HOSPITAL BASED RETAIL PHARMACIES 07400 RENAL DIALYSIS				29, 561 102, 793		73. 01 74. 00
76.00	03160 CARDI OPULMONARY				102, 793	I .	76.00
76. 97	07697 CARDI AC REHABI LI TATI ON				7, 461		76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY				29, 582	0	76. 98
90. 00	OUTPATIENT SERVICE COST CENTERS O9000 CLINIC					0	00.00
90.00	09000 CEINIC					1	90. 00 90. 01
90. 01	09002 PAIN CLINIC				768, 997	1	90. 01
90. 03	09003 ONCOLOGY CLINIC				168, 690	0	90. 03
91.00	09100 EMERGENCY				1, 316, 851	1	91.00
92. 00 92. 01	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)				C	0	92. 00 92. 01
/Z. U I	OTHER REIMBURSABLE COST CENTERS					, 0	, / <u>2</u> . U I
95. 00	09500 AMBULANCE SERVICES				121, 284	0	95. 00
110 0	SPECIAL PURPOSE COST CENTERS					1	112 00
113. 00 118. 00	11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117)	0	О		0 18, 082, 045	,	113. 00 118. 00
- 13.30	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1	.5, 562, 546		

| Period: | Worksheet B | From 01/01/2018 | Part II | To | 12/31/2018 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0089

				To 12/31/2018	Date/Time Prepared: 5/24/2019 9:59 am
	INTERNS &	RESI DENTS			
Cost Center Description	SERVI CES-SALARS Y & FRI NGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown
	21.00	22. 00	23. 00	24. 00	Adjustments 25.00
NONREI MBURSABLE COST CENTERS	21.00	22.00	23.00	24.00	25.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				3, 041	0 190, 00
191. 00 19100 RESEARCH				104, 316	0 191.00
194. 00 07950 OTHER NONREIMBURSABLE COST CENTERS				0	
194. 01 07951 BSU PHARMACY				1, 179	
194.02 07952 PAVILLION PHARMACY				103, 907	0 194. 02
194. 03 07953 VENDI NG				0	0 194. 03
194. 04 07954 CARELI NE				0	0 194. 04
194. 05 07955 WELLNESS CENTER				171, 857	0 194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS				797, 578	
194. 07 07957 PERI NATAL CLI NI C				0	91.7
194. 08 07958 RENTAL PROPERTY				3, 838, 046	
194. 09 07959 ADVERTI SI NG				401 5/3	0 194. 09
194. 10 07960 I NTEGRA LTAC 194. 11 07961 I U HEALTH HOSPI CE				401, 563 95, 710	
194. 11 07961 10 HEALTH HOSPICE 194. 12 07962 POB MEDICAL PAVILLION CONDOS				95, 710	
194. 13 07963 EXECUTI VE PHYSI CAL				0	0 194. 12
194. 14 07964 NEW CASTLE ONCOLOGY				0	0 194. 13
194. 15 07965 MARKETI NG/PUBLI C RELATIONS				79, 928	i i
194. 16 07966 JAY COUNTY HOSPITAL				164, 423	i i
194. 17 07967 CARDI NAL HEALTH CHOI CE				0	l
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				2, 161	0 194. 22
194. 23 07973 CANCER CENTER BOUTLQUE				29, 289	
194. 24 07974 BOSC BALL OUTPATIENT SURGERY				814, 171	0 194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH				305, 751	0 194. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL				173, 301	0 194. 26
194. 27 07977 MI DWEST HEALTH STRATEGIES				0	1
194. 28 07978 CARDI NAL SELECT RISK RETENTION GRP				0	0 194. 28
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI				0	0 194. 29 0 194. 30
194. 30 07980 CARDI NAL HEALTH ALLI ANCE 194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS				0	0 194. 30
194. 32 07982 RENAL DIALYSIS				0	0 194. 31
194. 33 07983 LAB CORP				0	0 194. 33
194. 34 07984 H. O. MATERIALS MGMT				0	0 194. 34
194. 35 07985 LEASED SPACE	1				0 194. 35
200.00 Cross Foot Adjustments	37, 499	635, 028	5, 51	4 678, 041	0 200. 00
201.00 Negative Cost Centers	0	0		0 0	0 201. 00
202.00 TOTAL (sum lines 118 through 201)	37, 499	635, 028	5, 51	4 25, 846, 307	0 202. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2018 | Part II | To | 12/31/2018 | Date/Time Prepared: | 5/24/2019 9:59 am Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS BALL MEMORIAL HOSPITAL Provider CCN: 15-0089

			5/24/2019 9:	<u>59 am</u>
	Cost Center Description	Total		
		26. 00		
	GENERAL SERVICE COST CENTERS			
1. 00	00100 NEW CAP REL COSTS-BLDG & FIXT			1. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4. 00
5. 01	01160 COMMUNI CATI ONS			5. 01
5. 02	00550 DATA PROCESSING			5. 02
5. 04	00570 ADMITTING			5. 04
5. 05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE			5. 05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL			5. 06
6.00	00600 MAINTENANCE & REPAIRS			6. 00
7.00	00700 OPERATION OF PLANT			7. 00
8.00	00800 LAUNDRY & LINEN SERVICE			8. 00
9.00	00900 HOUSEKEEPI NG			9.00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A			10. 00 11. 00
13.00	01300 NURSI NG ADMI NI STRATI ON			13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY			14. 00
15. 00	01500 PHARMACY			15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY			16. 00
18. 00	01080 PATIENT TRANSPORTATION			18. 00
21. 00	02100 I &R SERVI CES-SALARY & FRI NGES APPRVD			21. 00
22. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD			22. 00
23. 00	02300 PARAMED ED PRGM			23. 00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS			7 20.00
30. 00	03000 ADULTS & PEDI ATRI CS	6, 254, 461		30.00
31. 00	03100 NTENSI VE CARE UNI T	1, 122, 301		31. 00
32. 00	03200 CORONARY CARE UNIT	0		32. 00
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	203, 294		35. 00
40. 00	04000 SUBPROVI DER - I PF	0		40. 00
41. 00	04100 SUBPROVI DER - I RF	390, 027		41. 00
43. 00	04300 NURSERY	114, 840		43. 00
	ANCILLARY SERVICE COST CENTERS	.,		
50.00	05000 OPERATING ROOM	1, 341, 542		50.00
51.00	05100 RECOVERY ROOM	315, 057		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	477, 326		52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	2, 170, 139		54.00
57.00	03280 EKG AND EEG	2, 215		57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	521, 085		59. 00
60.00	06000 LABORATORY	700, 912		60.00
60. 01	06001 BLOOD LABORATORY	O		60. 01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3, 308		63. 00
65.00	06500 RESPI RATORY THERAPY	194, 393		65. 00
65. 01	06501 SLEEP LAB	6, 367		65. 01
66.00	06600 PHYSI CAL THERAPY	148, 218		66. 00
67.00	06700 OCCUPATI ONAL THERAPY	89, 929		67. 00
68.00	06800 SPEECH PATHOLOGY	23, 521		68. 00
68. 01	06801 AUDI OLOGY	0		68. 01
69. 00	06900 ELECTROCARDI OLOGY	644, 138		69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	198, 006		71. 00
	07200 IMPL. DEV. CHARGED TO PATIENT	259, 422		72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	356, 325		73. 00
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	29, 561		73. 01
74. 00	07400 RENAL DIALYSIS	102, 793		74. 00
76. 00	03160 CARDI OPULMONARY	0		76. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	7, 461		76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	29, 582		76. 98
	OUTPATIENT SERVICE COST CENTERS			۱
	09000 CLINIC	0		90.00
90. 01	09001 SUBSTANCE ABUSE CLINIC	0		90. 01
90. 02	09002 PAIN CLINIC	768, 997		90. 02
90. 03	09003 ONCOLOGY CLINIC	168, 690		90. 03
91.00	09100 EMERGENCY	1, 316, 851		91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0		92. 01
05.00	OTHER REIMBURSABLE COST CENTERS	121 204		05.00
95.00	09500 AMBULANCE SERVICES	121, 284		95. 00
112 00	SPECIAL PURPOSE COST CENTERS			112 00
	11300 INTEREST EXPENSE	10 000 045		113. 00
118.00		18, 082, 045		118. 00
100.00	NONREI MBURSABLE COST CENTERS	2 044		100.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3, 041		190. 00
	19100 RESEARCH	104, 316		191.00
	07950 OTHER NONREI MBURSABLE COST CENTERS	1 170		194. 00
	07951 BSU PHARMACY	1, 179		194. 01
194.02	2 07952 PAVILLION PHARMACY	103, 907		194. 02

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

		10 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am
Cost Center Description	Total	072172017 7. 07 dill
	26. 00	
194. 03 07953 VENDI NG	0	194. 03
194. 04 07954 CARELI NE	O	194. 04
194.05 07955 WELLNESS CENTER	171, 857	194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	797, 578	194. 06
194. 07 07957 PERINATAL CLINIC	0	194. 07
194.08 07958 RENTAL PROPERTY	3, 838, 046	194. 08
194. 09 07959 ADVERTI SI NG	0	194. 09
194. 10 07960 I NTEGRA LTAC	401, 563	194. 10
194. 11 07961 IU HEALTH HOSPICE	95, 710	194. 11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	194. 13
194.14 07964 NEW CASTLE ONCOLOGY	0	194. 14
194. 15 07965 MARKETI NG/PUBLIC RELATIONS	79, 928	194. 15
194. 16 07966 JAY COUNTY HOSPITAL	164, 423	194. 16
194. 17 07967 CARDI NAL HEALTH CHOICE	0	194. 17
194. 18 07968 CHV CARDINAL HEALTH VENTURES	0	194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	194. 19
194.20 07970 MEALS ON WHEELS	0	194. 20
194. 21 07971 ST MARY'S SCHOOL	0	194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	2, 161	194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	29, 289	194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	814, 171	194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	305, 751	194. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	173, 301	194. 26
194. 27 07977 MIDWEST HEALTH STRATEGIES	0	194. 27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	194. 29
194. 30 07980 CARDINAL HEALTH ALLIANCE	0	194. 30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	194. 31
194. 32 07982 RENAL DI ALYSI S	0	194. 32
194. 33 07983 LAB CORP	0	194. 33
194.34 07984 H.O. MATERIALS MGMT	0	194. 34
194. 35 07985 LEASED SPACE	0	194. 35
200.00 Cross Foot Adjustments	678, 041	200. 00
201.00 Negative Cost Centers	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	25, 846, 307	202. 00

	Financial Systems	BALL MEMORIAL		ON 45 0000 D		U OT FORM CMS	
COST	ILLOCATION - STATISTICAL BASIS		Provi der C	F	eriod: rom 01/01/2018 o 12/31/2018	Worksheet B-1 Date/Time Pre 5/24/2019 9:5	pared:
	Cost Center Description	CAPI TAL RELATED COSTS NEW BLDG & FIXT (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNI CATI ONS	DATA PROCESSI NG (GROSS CHARGES)	ADMITTING (GROSS CHARGES)	
		1. 00	4. 00	5. 01	5. 02	5. 04	
	GENERAL SERVICE COST CENTERS						
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	1, 769, 814	400 505 454				1.00
4. 00 5. 01	OO4OO EMPLOYEE BENEFITS DEPARTMENT O1160 COMMUNI CATI ONS	5, 384 1, 498	109, 585, 454 469, 024				4. 00 5. 01
5. 01	00550 DATA PROCESSING	1, 490	469, 024 0		1, 780, 461, 886		5. 02
5. 04	00570 ADMITTING	6, 186	793, 267		0	1, 780, 461, 886	
5.05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	0	0	0	0	0	5. 05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL	47, 979	5, 411, 291			0	5. 06
6.00	00600 MAI NTENANCE & REPAI RS	899, 643	3, 004, 325			0	
7. 00 8. 00	OO7OO OPERATION OF PLANT OO8OO LAUNDRY & LINEN SERVICE	48, 219	1, 367, 294	2, 668		0	7. 00 8. 00
9. 00	00900 HOUSEKEEPING	16, 962	2, 683, 667	1	_	0	9. 00
10.00	01000 DI ETARY	9, 869	1, 340, 414			0	10.00
11. 00	01100 CAFETERI A	14, 860	1, 247, 844		0	0	11. 00
13. 00	01300 NURSI NG ADMI NI STRATI ON	15, 536	5, 842, 516			0	13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	16, 030	0	0		0	14.00
15. 00 16. 00	O1500 PHARMACY O1600 MEDI CAL RECORDS & LI BRARY	6, 613	4, 449, 635	5, 853	0	0	15. 00 16. 00
18. 00	01080 PATIENT TRANSPORTATION	718	483, 196	1, 827	0	0	18.00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	3, 853, 060		0	0	21. 00
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	18, 418	236, 884	824	0	0	22. 00
23. 00	02300 PARAMED ED PRGM	119	162, 233	246	0	0	23. 00
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	1/0 475	20 705 001	27 221	104 504 005	10/ 50/ 005	20.00
31.00	03100 INTENSIVE CARE UNIT	160, 475 27, 783	20, 795, 991 6, 671, 364			186, 504, 985 55, 774, 186	1
32. 00	03200 CORONARY CARE UNIT	27,700	0, 071, 304	0 10,030		0 33, 774, 100	32. 00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4, 777	1, 966, 710	2, 761	17, 696, 534	17, 696, 534	
40.00	04000 SUBPROVI DER - I PF	0	0	0	0	0	40. 00
41. 00	04100 SUBPROVI DER - I RF	9, 997	1, 553, 285			8, 875, 915	
43. 00	04300 NURSERY ANCI LLARY SERVICE COST CENTERS	3, 112	456, 373	672	3, 210, 362	3, 210, 362	43. 00
50. 00	05000 OPERATING ROOM	34, 754	5, 261, 216	9, 284	173, 515, 049	173, 515, 049	50.00
51. 00	05100 RECOVERY ROOM	8, 140	1, 459, 833			22, 917, 069	
52.00	05200 DELIVERY ROOM & LABOR ROOM	12, 862	1, 842, 414				
54.00	05400 RADI OLOGY-DI AGNOSTI C	60, 099	8, 380, 586			229, 461, 191	
57. 00	03280 EKG AND EEG	0	122, 061	1		3, 515, 364	
58. 00 59. 00	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	14, 040	1, 832, 632	0 2, 516	J	92, 040, 351	58. 00 59. 00
60. 00	06000 LABORATORY	19, 295	1, 032, 032	4, 997		87, 440, 502	
60. 01	06001 BLOOD LABORATORY	0	0	0		0	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	6, 986, 000	6, 986, 000	
65. 00	06500 RESPI RATORY THERAPY	4, 611	3, 244, 308			22, 908, 972	
65. 01 66. 00	06501 SLEEP LAB 06600 PHYSI CAL THERAPY	3, 086	430, 278 4, 868, 230			8, 763, 457 20, 727, 420	
67. 00	06700 OCCUPATI ONAL THERAPY	2, 404	4, 606, 230 879, 778			6, 563, 861	
68. 00	06800 SPEECH PATHOLOGY	575	442, 126			3, 130, 314	
68. 01	06801 AUDI OLOGY	O	0	0		0	1
69. 00	06900 ELECTROCARDI OLOGY	18, 442	1, 288, 160	2, 689		54, 318, 712	1
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	,,	63, 019, 435	1
72. 00 73. 00	O7200 IMPL. DEV. CHARGED TO PATIENT O7300 DRUGS CHARGED TO PATIENTS	0	0	0	,	117, 724, 046	
73. 00	07301 HOSPI TAL BASED RETAIL PHARMACIES		1, 658, 633	1, 925	268, 759, 811 8, 569, 884	268, 759, 811 8, 569, 884	
74. 00	07400 RENAL DIALYSIS	2, 918	0 0 0 0 0	0	4, 431, 096	4, 431, 096	
76. 00	03160 CARDI OPULMONARY	0	0	0	0	0	1
76. 97	07697 CARDI AC REHABI LI TATI ON	0	597, 367			4, 422, 204	
76. 98	07698 HYPERBARI C OXYGEN THERAPY	415	521, 466	841	14, 774, 701	14, 774, 701	76. 98
90. 00	OUTPATIENT SERVICE COST CENTERS O9000 CLINIC			1 0		0	90.00
90. 00	09001 SUBSTANCE ABUSE CLINIC		0		0	0	90.00
90. 02	09002 PAIN CLINIC	22, 443	380, 315	742	7, 598, 199	7, 598, 199	
90. 03	09003 ONCOLOGY CLINIC	4, 248	942, 738	1, 383	30, 856, 550	30, 856, 550	90. 03
91. 00	09100 EMERGENCY	33, 578	6, 442, 042	10, 521	221, 532, 442	221, 532, 442	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		^	,		_	92.00
92. 01	O9201 OBSERVATI ON BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	0	0) 0	0	0	92. 01
95. 00	09500 AMBULANCE SERVICES	2, 990	1, 543, 153	3, 482	9, 134, 684	9, 134, 684	95. 00
	SPECIAL PURPOSE COST CENTERS						
	11300 INTEREST EXPENSE	1 550 070	104 005 700	101 070	1 700 4/1 00/	1 700 4/1 00/	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1, 559, 078	104, 925, 709	η 181, 2/3	1, 780, 461, 886	1, /80, 461, 886	1118.00

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0089 Peri od: Worksheet B-1 From 01/01/2018 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am CAPI TAL RELATED COSTS ADMI TTI NG Cost Center Description NEW BLDG & **EMPLOYEE** COMMUNI CATI ONS DATA PROCESSI NG FIXT BENEFITS (GROSS (SQUARE CHARGES) DEPARTMENT (FTE'S) (GROSS CHARGES) FEET) (GROSS SALARI ES) 1.00 5. 01 5. 02 5. 04 4.00 NONREI MBURSABLE COST CENTERS 0 190, 00 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 141, 280 462 0 191. 00 19100 RESEARCH 2,741 693, 301 1, 164 0 0 191.00 194.00 07950 OTHER NONREIMBURSABLE COST CENTERS 0 194.00 194. 01 07951 BSU PHARMACY 202, 966 0 194. 01 241 194. 02 07952 PAVILLION PHARMACY 0 194. 02 2,540 736, 756 961 194. 03 07953 VENDI NG 0 194. 03 194. 04 07954 CARELI NE 0 194. 04 0 194. 05 07955 WELLNESS CENTER 0 194, 05 5 073 3.011 8 194.06 07956 PHYSICIAN PRACTICE CLINICS 23, 966 0 194.06 194. 07 07957 PERINATAL CLINIC 0 0 194. 07 0 194. 08 07958 RENTAL PROPERTY 0 0 194. 08 0 115.325 194. 09 07959 ADVERTI SI NG 0 0 194. 09 Ω 194. 10 07960 INTEGRA LTAC 11,771 0 0 0 194. 10 194. 11 07961 I U HEALTH HOSPICE 0 194, 11 2,827 194. 12 07962 POB MEDICAL PAVILLION CONDOS 0 0 194. 12 0 0 194. 13 07963 EXECUTI VE PHYSI CAL 0 C 0 0 194, 13 194.14 07964 NEW CASTLE ONCOLOGY 0 0 194. 14 194. 15 07965 MARKETING/PUBLIC RELATIONS 2, 428 0 0 194. 15 194. 16 07966 JAY COUNTY HOSPITAL 0 194. 16 4,677 871, 568 728 0 194. 17 194. 17 07967 CARDI NAL HEALTH CHOICE 0 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 0 0 194. 18 0 194. 19 07969 HEALTH CARE CONNECTIONS 0 0 194. 19 0 0 194. 20 07970 MEALS ON WHEELS 0 0 0 0 194. 20 194. 21 07971 ST MARY'S SCHOOL 0 0 0 194. 21 194. 22 07972 THERAPIES TO OTHER ENTITIES 1, 308, 376 0 194. 22 0 194. 23 07973 CANCER CENTER BOUTIQUE 852 13, 925 58 0 194. 23 194. 24 07974 BOSC BALL OUTPATIENT SURGERY 0 194. 24 24, 732 0 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH 8,855 0 0 194. 25 194. 26 07976 BLACKFORD COMMUNITY HOSPITAL 0 194. 26 4,949 688, 562 663 194. 27 07977 MI DWEST HEALTH STRATEGIES 0 194 27 0 0 194. 28 194. 28 07978 CARDINAL SELECT RISK RETENTION GRP 0 0 194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI 0 194. 29 0 0 0 194. 30 07980 CARDI NAL HEALTH ALLI ANCE 0 194. 30 0 194.31 07986 OTHER NONREIMBURSABLE COST CENTERS 0 194. 31 0 0 0 194. 32 07982 RENAL DI ALYSI S C 0 0 194. 32 0 194. 33 07983 LAB CORP 0 0 0 194. 33 0 194. 34 07984 H. O. MATERIALS MGMT 0 0 194. 34 C 194. 35 07985 LEASED SPACE 0 0 194, 35 0 0 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 201.00 202.00 25, 846, 307 48, 397, 787 703, 460 13, 194, 708 8, 657, 560 202. 00 Cost to be allocated (per Wkst. B, Part I) 203.00 Unit cost multiplier (Wkst. B, Part I) 14.603968 0.441644 3.791052 0.007411 0.004863 203.00 173 90, 910 204. 00 204.00 Cost to be allocated (per Wkst. B, 78,628 22, 214 Part II) 205.00 Unit cost multiplier (Wkst. B, Part 0.000718 0.119715 0.000000 0.000051 205.00 II)206.00 NAHE adjustment amount to be allocated 206.00 (per Wkst. B-2) 207.00 NAHE unit cost multiplier (Wkst. D, 207.00 Parts III and IV)

	Financial Systems ALLOCATION - STATISTICAL BASIS	BALL MEMORIAL	HOSPI TAL Provi der CO	CN: 15 0090 D	In Lie eriod:	u of Form CMS-: Worksheet B-1	
CUST	ALLOCATION - STATISTICAL BASIS		Provider CC	F	rom 01/01/2018		
					o 12/31/2018	Date/Time Pre 5/24/2019 9:5	pared: <u>9 am</u>
	Cost Center Description	CASHI ERI NG/ACC R	econciliation	OTHER	MAINTENANCE &	OPERATION OF	
		OUNTS RECEI VABLE		ADMINISTRATIVE AND GENERAL	REPAIRS (SQUARE	PLANT (SQUARE	
		(GROSS		(ACCUM.	FEET)	FEET)	
		CHARGES)	FA 0/	COST)	/ 00	7.00	
	GENERAL SERVICE COST CENTERS	5.05	5A. 06	5. 06	6. 00	7. 00	
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01 5. 02	01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG						5. 01 5. 02
5. 04	00570 ADMI TTI NG						5. 04
5. 05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	1, 780, 461, 886					5. 05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL	0	-34, 046, 659				5. 06
6. 00 7. 00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	0	0	23, 536, 586 7, 835, 073		760, 905	6. 00 7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	1, 381, 371		0	8. 00
9.00	00900 HOUSEKEEPI NG	0	0	4, 461, 060		16, 962	1
10. 00 11. 00	01000 DI ETARY	0	0	2, 648, 335		9, 869	1
13.00	01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON	0	0	1, 435, 513 9, 452, 003		14, 860 15, 536	
14. 00	01400 CENTRAL SERVICES & SUPPLY	0	0	11, 525, 930			14. 00
15. 00	01500 PHARMACY	0	0	7, 005, 515	6, 613	6, 613	1
16. 00 18. 00	O1600 MEDICAL RECORDS & LIBRARY O1080 PATIENT TRANSPORTATION	0	0	742, 206	0 718	0 718	
	02100 I &R SERVI CES-SALARY & FRINGES APPRVD		0	5, 580, 183		0	1
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4, 277, 897		18, 418	
23. 00	02300 PARAMED ED PRGM	0	0	252, 303	119	119	23. 00
30. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	186, 504, 985	O	40, 352, 504	160, 475	160, 475	30.00
31. 00	03100 NTENSI VE CARE UNI T	55, 774, 186	0	11, 805, 414		27, 783	
32. 00	03200 CORONARY CARE UNIT	0	0	C	o	0	
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	17, 696, 534	0	3, 469, 284	4, 777	4, 777	
40. 00 41. 00	04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF	8, 875, 915	0	3, 062, 418	9, 997	0 9, 997	
43.00	04300 NURSERY	3, 210, 362	0	804, 125		3, 112	1
F0 00	ANCI LLARY SERVI CE COST CENTERS	172 515 040	٥	12 01/ 004	24.754	24.754	
50. 00 51. 00	05000 OPERATING ROOM 05100 RECOVERY ROOM	173, 515, 049 22, 917, 069	0	13, 016, 984 2, 785, 824		34, 754 8, 140	1
52. 00	05200 DELIVERY ROOM & LABOR ROOM	25, 288, 590	0	3, 508, 483		12, 862	
54.00	05400 RADI OLOGY-DI AGNOSTI C	229, 461, 191	0	21, 164, 671		60, 099	1
57. 00 58. 00	03280 EKG AND EEG 05800 MAGNETIC RESONANCE MAGING (MRI)	3, 515, 364	0	191, 498	0	0	
59. 00	05900 CARDI AC CATHETERI ZATI ON	92, 040, 351	0	4, 757, 373	14, 040	14, 040	
60.00	06000 LABORATORY	87, 440, 502	0	11, 893, 007	19, 295	19, 295	
60. 01	06001 BLOOD LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS.	6, 986, 000	0	1, 336, 776	0	0	
	06500 RESPIRATORY THERAPY	22, 908, 972	0	5, 440, 574			65. 00
65. 01	06501 SLEEP LAB	8, 763, 457	0	827, 900	o	0	
66. 00	06600 PHYSI CAL THERAPY	20, 727, 420	0	6, 515, 994		3, 086	1
67. 00 68. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	6, 563, 861 3, 130, 314	0	1, 439, 454 691, 956		2, 404 575	
68. 01	06801 AUDI OLOGY	0	0	071,788		0	1
69. 00	06900 ELECTROCARDI OLOGY	54, 318, 712	0	2, 871, 036		18, 442	
71. 00 72. 00	O7100 MEDICAL SUPPLIES CHARGED TO PATIENTS O7200 MPL. DEV. CHARGED TO PATIENT	63, 019, 435 117, 724, 046	0	11, 759, 859 15, 835, 462		0	
73. 00	07300 DRUGS CHARGED TO PATIENTS	268, 759, 811	0	36, 721, 047		0	73. 00
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	8, 569, 884	0	10, 016, 269		0	73. 01
74.00	07400 RENAL DI ALYSI S	4, 431, 096	0	1, 519, 865	2, 918		74.00
76. 00 76. 97	03160 CARDI OPULMONARY 07697 CARDI AC REHABI LI TATI ON	4, 422, 204	0	1, 015, 670		0	
76. 98	07698 HYPERBARI C OXYGEN THERAPY	14, 774, 701	0	1, 695, 719		415	1
	OUTPATIENT SERVICE COST CENTERS	1	ما		ı al		
90. 00 90. 01	09000 CLINIC 09001 SUBSTANCE ABUSE CLINIC	0	0			0	
90. 02	09002 PAIN CLINIC	7, 598, 199	0	1, 066, 841	22, 443	22, 443	
90. 03	09003 ONCOLOGY CLINIC	30, 856, 550	0	2, 198, 118		4, 248	1
91.00	09100 EMERGENCY	221, 532, 442	0	17, 188, 137	33, 578	33, 578	91. 00 92. 00
92. 00 92. 01	O9200 OBSERVATION BEDS (NON-DISTINCT PART) O9201 OBSERVATION BEDS (DISTINCT PART)	0	0	C	o	0	1
	OTHER REIMBURSABLE COST CENTERS			-			
95. 00	09500 AMBULANCE SERVI CES	9, 134, 684	0	2, 797, 239	2, 990	2, 990	95. 00
113 00	SPECIAL PURPOSE COST CENTERS 11300 NTEREST EXPENSE						113. 00
118. 00	SUBTOTALS (SUM OF LINES 1 through 117)	1, 780, 461, 886	-34, 046, 659	317, 883, 476	598, 388	550, 169	
100.00	NONREI MBURSABLE COST CENTERS			/0/ 533			100.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	636, 577	0	0	190. 00

Provider CCN: 15-0089

Period: Worksheet B-1
From 01/01/2018
To 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am

					5/24/2019 9:5	9 am
Cost Center Description	CASHI ERI NG/ACC	Reconciliation		MAINTENANCE &	OPERATION OF	
	OUNTS		ADMI NI STRATI VE		PLANT	
	RECEI VABLE		AND GENERAL	(SQUARE	(SQUARE	
	(GROSS		(ACCUM.	FEET)	FEET)	
	CHARGES)		COST)			
	5. 05	5A. 06	5.06	6. 00	7. 00	
191. 00 19100 RESEARCH	0	0	1, 125, 017	2, 741	· ·	191. 00
194.00 07950 0THER NONREIMBURSABLE COST CENTERS	0	0) 0	0		194. 00
194.01 07951 BSU_PHARMACY	0	0	98, 827	0		194. 01
194.02 07952 PAVILLION PHARMACY	0	0	6, 685, 239	2, 540		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	0	86, 286		5, 073	194. 05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	349, 999	23, 966	23, 966	194. 06
194. 07 07957 PERI NATAL CLI NI C	0	0	0	0	0	194. 07
194. 08 07958 RENTAL PROPERTY	0	0	2, 293, 594	115, 325	115, 325	194. 08
194. 09 07959 ADVERTI SI NG	0	0	0	0	0	194. 09
194. 10 07960 I NTEGRA LTAC	0	0	171, 903	11, 771	11, 771	194. 10
194. 11 07961 I U HEALTH HOSPICE	0	0	41, 285	2, 827	2, 827	194. 11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194. 12
194. 13 07963 EXECUTI VE PHYSI CAL	0	0	0	0	0	194. 13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194. 14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	0	O	35, 458	2, 428	2, 428	194. 15
194. 16 07966 JAY COUNTY HOSPITAL	0	O	1, 470, 371	4, 677	4, 677	194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	O	0	0	0	194. 17
194. 18 07968 CHV CARDINAL HEALTH VENTURES	0	O	0	0	0	194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	O	0	0	0	194. 19
194.20 07970 MEALS ON WHEELS	0	O	0	0	0	194. 20
194. 21 07971 ST MARY'S SCHOOL	0	O	0	0	0	194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	O	577, 836	0	0	194. 22
194. 23 07973 CANCER CENTER BOUTIQUE	0	0	121, 256		852	194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0				194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	O				194. 25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	1, 457, 656			194. 26
194. 27 07977 MI DWEST HEALTH STRATEGIES	0	0		0		194. 27
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	ol 0	0	0	194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	O	0	0	0	194. 29
194. 30 07980 CARDINAL HEALTH ALLIANCE	0	O	0	0	0	194. 30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	O	0	0	0	194. 31
194. 32 07982 RENAL DI ALYSI S	0	O	0	0	0	194. 32
194. 33 07983 LAB CORP	0	O	0	0	0	194. 33
194. 34 07984 H. O. MATERI ALS MGMT	0	O	0	0	0	194. 34
194. 35 07985 LEASED SPACE	0	O	0	0	0	194. 35
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	10, 419, 974		34, 046, 659	25, 939, 224	10, 180, 709	
Part I)	0.005050		0 100001	22 050404	12 270727	202 00
203.00 Unit cost multiplier (Wkst. B, Part I)			0. 102081	32. 058404		
204.00 Cost to be allocated (per Wkst. B, Part II)	0		705, 023	13, 191, 026	1, 508, 160	204.00
205.00 Unit cost multiplier (Wkst. B, Part	0. 000000		0. 002114	16. 302849	1. 982061	205. 00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206. 00
(per wkst. B-2) 207.00 NAHE unit cost multiplier (Wkst. D,						207. 00
Parts III and IV)			1			

BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-10 COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0089 Peri od: Worksheet B-1 From 01/01/2018 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am Cost Center Description LAUNDRY & HOUSEKEEPI NG DI ETARY CAFETERI A NURSI NG LINEN SERVICE (SQUARE FEET (MEALS (FTE'S) ADMI NI STRATI ON (POUNDS OF HOUSEKEEPI NG) SERVED) (DIRECT NURS LAUNDRY) HRS.) 9.00 10.00 8.00 11.00 13.00 GENERAL SERVICE COST CENTERS 1.00 00100 NEW CAP REL COSTS-BLDG & FIXT 1.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 01160 COMMUNI CATI ONS 5.01 5.01 00550 DATA PROCESSING 5.02 5.02 00570 ADMITTING 5.04 5.04 5.05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5.05 5.06 00590 OTHER ADMINISTRATIVE AND GENERAL 5.06 6.00 00600 MAINTENANCE & REPAIRS 6.00 00700 OPERATION OF PLANT 7 00 7 00 00800 LAUNDRY & LINEN SERVICE 8.00 1, 665, 564 8.00 9.00 00900 HOUSEKEEPI NG 609, 088 9.00 10.00 01000 DI ETARY 105 9, 869 236, 375 10.00 01100 CAFFTERIA 153 759 11 00 159 14 860 11 00 C 01300 NURSING ADMINISTRATION 13.00 416 15, 536 0 8, 958 68, 594 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 0 16, 030 0 0 14.00 01500 PHARMACY 15 00 276 0 5 853 15 00 6, 613 0 16.00 01600 MEDICAL RECORDS & LIBRARY 0 0 16.00 01080 PATIENT TRANSPORTATION 10, 708 718 0 1,827 18.00 18.00 0 02100 | &R SERVICES-SALARY & FRINGES APPRVD 21.00 0 6,711 21.00 0 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 0 22 00 22 00 0 18, 418 824 0 02300 PARAMED ED PRGM 23.00 119 0 246 0 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 787, 548 160, 475 187, 711 37, 331 32, 973 30.00 03100 INTENSIVE CARE UNIT 8, 951 31.00 130, 250 27, 783 16, 984 10,056 31.00 32.00 03200 CORONARY CARE UNIT C 32.00 Ω 02060 NEONATAL INTENSIVE CARE UNIT 0 35.00 11,654 4,777 2, 761 2, 343 35.00 04000 SUBPROVIDER - IPF 40.00 \cap 0 40.00 04100 SUBPROVIDER - IRF 9, 997 56.946 2.028 41.00 12.049 2.383 41.00 04300 NURSERY 12,534 3, 112 592 43.00 43.00 672 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 118, 141 34. 754 9. 284 2.811 50.00 0 05100 RECOVERY ROOM 0 51.00 45.050 8, 140 2 392 2, 291 51 00 12, 862 05200 DELIVERY ROOM & LABOR ROOM 59, 237 2, 763 2, 257 52.00 52.00 05400 RADI OLOGY-DI AGNOSTI C 0 54.00 101, 248 60, 099 11, 951 1,811 54.00 03280 EKG AND EEG 0 57.00 57.00 0 410 0 05800 MAGNETIC RESONANCE I MAGING (MRI) 58.00 Λ 58.00 59.00 05900 CARDIAC CATHETERIZATION 20, 437 14,040 0 2.516 1, 284 59.00 06000 LABORATORY 19, 295 0 4, 997 60.00 60.00 0 0 06001 BLOOD LABORATORY 60.01 Ω C Ω Λ 60.01 63.00 06300 BLOOD STORING, PROCESSING, & TRANS. 227 0 63.00 65.00 06500 RESPIRATORY THERAPY 5,011 65.00 441 4.611 65.01 06501 SLEEP LAB 0 22 805 0 65.01 06600 PHYSI CAL THERAPY 66.00 8.595 3, 086 7, 168 8 66.00 67.00 06700 OCCUPATIONAL THERAPY 2, 404 1, 201 67.00 0 06800 SPEECH PATHOLOGY 0 575 68.00 602 0 68.00 0 06801 AUDI OLOGY 68.01 0 68.01 69.00 06900 ELECTROCARDI OLOGY 20,663 18, 442 2, 689 0 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 71.00 C 0 71.00 0 0 07200 IMPL. DEV. CHARGED TO PATIENT 0 72.00 72.00 0 C 0 0 07300 DRUGS CHARGED TO PATIENTS 73.00 0 C 0 0 73.00 73.01 07301 HOSPITAL BASED RETAIL PHARMACIES 239 C 0 1, 925 0 73.01 07400 RENAL DIALYSIS 74.00 2, 390 2, 918 0 0 74.00 0 76 00 03160 CARDI OPULMONARY Ω 76 00 0 C 07697 CARDIAC REHABILITATION 0 76.97 9 C 1, 169 55 76.97 07698 HYPERBARIC OXYGEN THERAPY 683 76. 98 76.98 415 841 OUTPATIENT SERVICE COST CENTERS 90 00 09000 CLINIC 0 0 0 90 00 09001 SUBSTANCE ABUSE CLINIC 0 90.01 0 0 0 90.01 09002 PAIN CLINIC 22, 443 0 742 359 90.02 16 90.02 90.03 09003 ONCOLOGY CLINIC 8, 174 4, 248 0 1.383 1, 129 90.03 249, 113 0 09100 EMERGENCY 91.00 91.00 33, 578 10, 521 8, 451 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 92.01 0 0 0 0 92.01 OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES 95.00 0 2, 990 0 3, 482 95.00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 I NTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 216, 744 1,644,601 533, 207 149, 474 68, 027 118. 00 118.00 NONREI MBURSABLE COST CENTERS

0

0

0

462

0 190. 00

190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0089

				To	12/31/2018	Date/Time Prep 5/24/2019 9:50	
Cc	ost Center Description	LAUNDRY &	HOUSEKEEPI NG	DIETARY	CAFETERI A	NURSI NG	
		LINEN SERVICE		(MEALS	(FTE' S)	ADMI NI STRATI ON	
		(POUNDS OF LAUNDRY)	HOUSEKEEPI NG)	SERVED)		(DIRECT NURS.	
		LAUNDKT)				HRS.)	
		8. 00	9. 00	10.00	11.00	13. 00	
191. 00 19100 RE	ESEARCH	0	2, 741	0	1, 164		191. 00
	THER NONREIMBURSABLE COST CENTERS	0	0	0	0		194. 00
194. 01 07951 BS		0	0	-	241		194. 01
1 1	AVILLION PHARMACY	0	2, 540	1	961	-	194. 02
194. 03 07953 VE		0	0		0		194. 03 194. 04
194. 04 07954 CA 194. 05 07955 WE		20, 924	0 5, 073	-	0	-	194. 04 194. 05
	HYSICIAN PRACTICE CLINICS	20, 924 N	9, 209		0	-	194. 05
	ERINATAL CLINIC	0	0,207		0		194. 07
194. 08 07958 RE		0	43, 013		Ö	-	194. 08
194. 09 07959 AD		0	0	1	0	0	194. 09
194. 10 07960 I N	ITEGRA LTAC	0	0	9, 754	0	0	194. 10
	J HEALTH HOSPICE	39	2, 827	0	0		194. 11
	OB MEDICAL PAVILLION CONDOS	0	0	0	0		194. 12
	KECUTI VE PHYSI CAL	0	0		0	-	194. 13
	EW CASTLE ONCOLOGY	0	0		0		194. 14
	ARKETING/PUBLIC RELATIONS AY COUNTY HOSPITAL	0	0 4, 677	0	0 728	-	194. 15 194. 16
	ARDI NAL HEALTH CHOI CE	0	4, 077		0		194. 10
	NV CARDINAL HEALTH VENTURES	0	0	-	Ö	-	194. 18
	EALTH CARE CONNECTIONS	0	0	-	Ö	-	194. 19
194. 20 07970 ME		0	0	0	0		194. 20
194. 21 07971 ST	MARY'S SCHOOL	0	0	0	0	0	194. 21
	HERAPIES TO OTHER ENTITIES	0	0		0	-	194. 22
	ANCER CENTER BOUTIQUE	0	852		58		194. 23
	OSC BALL OUTPATIENT SURGERY	0	0	_	0		194. 24
	ARDINAL BEHAVIORAL HEALTH LACKFORD COMMUNITY HOSPITAL	0	0 4. 949		0		194. 25 194. 26
	DWEST HEALTH STRATEGIES	0	4, 949 		663 0		194. 20 194. 27
	ARDINAL SELECT RISK RETENTION GRP	0	0		0		194. 28
	OME OFFICE CARDINAL HEALTH INITIATI	0	0		Ö		194. 29
	ARDINAL HEALTH ALLIANCE	0	0	0	0	0	194. 30
	THER NONREIMBURSABLE COST CENTERS	0	0	0	0		194. 31
194. 32 07982 RE		0	0	0	0		194. 32
194. 33 07983 LA		0	0	0	0		194. 33
1 1	O. MATERIALS MGMT	0	0	0	0		194. 34
194. 35 07985 LE 200. 00 Cr	ross Foot Adjustments	0	0	U	U	Ü	194. 35 200. 00
	egative Cost Centers						200. 00
	ost to be allocated (per Wkst. B,	1, 522, 383	5, 687, 171	3, 459, 354	2, 396, 159	11, 407, 843	
	art I)	.,,	, , , , , , , , ,	5, 121, 221	_, _, _, _,	, ,	
203. 00 Un	nit cost multiplier (Wkst. B, Part I)	0. 914035	9. 337191	14. 635025	15. 583862	166. 309633	203. 00
	ost to be allocated (per Wkst. B,	2, 920	570, 355	340, 835	507, 090	580, 302	204. 00
1 1	art II)						
	nit cost multiplier (Wkst. B, Part	0. 001753	0. 936408	1. 441925	3. 297953	8. 459953	205. 00
	AHE adjustment amount to be allocated per Wkst. B-2)						206. 00
	AHE unit cost multiplier (Wkst. D,						207. 00
	arts III and IV)						200

	ALLOCATION - STATISTICAL BASIS	DALL WEWORTAL	Provi der CC	CN: 15-0089 P	eri od:	Worksheet B-1	
				F	rom 01/01/2018	Date/Time Pre	
				'		5/24/2019 9:5	9 am
					OTHER GENERAL	INTERNS &	
	Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SERVI CE PATI ENT	RESI DENTS SERVI CES-SALAR	
	cost defiter bescription	SERVICES &	(COSTED	RECORDS &	TRANSPORTATI ON		
		SUPPLY	REQUIS.)	LI BRARY		(ASSI GNED	
		(COSTED		(GROSS	(GROSS	TIME)	
		REQUI S.) 14. 00	15. 00	CHARGES) 16. 00	CHARGES) 18.00	21. 00	
	GENERAL SERVICE COST CENTERS	11100	10.00	10.00	10.00	21100	
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 ADMITTING						5. 04
5.05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL						5. 06
6. 00 7. 00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT						6. 00 7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE						8.00
9. 00	00900 HOUSEKEEPI NG						9. 00
10. 00	01000 DI ETARY						10.00
11.00	01100 CAFETERIA 01300 NURSI NG ADMI NI STRATI ON						11.00
13. 00 14. 00	· ·	35, 639, 222					13. 00 14. 00
15. 00	01500 PHARMACY	195, 298	32, 506, 424				15. 00
	01600 MEDICAL RECORDS & LIBRARY	0	0	1, 780, 461, 886			16. 00
18. 00	01080 PATIENT TRANSPORTATION	312	0	C	1, 780, 461, 886		18. 00
21.00	02100 I &R SERVI CES-SALARY & FRINGES APPRVD 02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	0 170	0	0	0	4, 642	21. 00 22. 00
23. 00	02300 PARAMED ED PRGM	170	0	0	0		23. 00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00		2, 084, 347	199, 147	186, 504, 985		2, 576	
31. 00 32. 00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	860, 048	55, 769	55, 774, 186	55, 774, 186	608 69	31. 00 32. 00
	02060 NEONATAL INTENSIVE CARE UNIT	150, 959	7, 821	17, 696, 534	17, 696, 534	0	35. 00
40. 00	04000 SUBPROVI DER - I PF	0	0	C	0	0	40.00
41. 00	04100 SUBPROVI DER - I RF	54, 565	3, 745	8, 875, 915		0	41. 00
43. 00	04300 NURSERY ANCILLARY SERVICE COST CENTERS	0	0	3, 210, 362	3, 210, 362	0	43. 00
50. 00	05000 OPERATING ROOM	4, 171, 387	82, 955	173, 515, 049	173, 515, 049	359	50. 00
51. 00	05100 RECOVERY ROOM	203, 997	39, 569			0	
52. 00	05200 DELIVERY ROOM & LABOR ROOM	186, 681	21, 148			0	
54.00	05400 RADI OLOGY-DI AGNOSTI C 03280 EKG AND EEG	883, 403 4, 964	36, 112 0	229, 461, 191 3, 515, 364	229, 461, 191 3, 515, 364	150 0	
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	4, 964	0	3, 313, 304	3, 515, 304	0	58.00
59. 00	05900 CARDI AC CATHETERI ZATI ON	553, 621	19, 016	92, 040, 351	92, 040, 351	0	59.00
60. 00	06000 LABORATORY	0	0	87, 440, 502		0	60.00
60. 01	06300 BLOOD LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	000,000		0	
65. 00	06500 RESPIRATORY THERAPY	370, 255	289	6, 986, 000 22, 908, 972		77	63. 00 65. 00
65. 01	06501 SLEEP LAB	59, 864	0	8, 763, 457		0	65. 01
66. 00	06600 PHYSI CAL THERAPY	34, 621	169	20, 727, 420		0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	23, 933	20	6, 563, 861		0	67. 00
68. 00 68. 01	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY	1, 171	0	3, 130, 314	3, 130, 314	0	68. 00 68. 01
69. 00	06900 ELECTROCARDI OLOGY	22, 887	62	54, 318, 712	54, 318, 712	202	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10, 617, 568	0	63, 019, 435		0	
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	13, 701, 596	0	117, 724, 046		0	72.00
73. 00 73. 01	07300 DRUGS CHARGED TO PATIENTS 07301 HOSPITAL BASED RETAIL PHARMACIES	1, 625	31, 849, 917	268, 759, 811 8, 569, 884		0	73. 00 73. 01
74. 00	07400 RENAL DIALYSIS	31, 207	8, 893	4, 431, 096		0	74. 00
76. 00	03160 CARDI OPULMONARY	0	0	0	0	0	76. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	7, 515	8	4, 422, 204		0	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	120, 038	409	14, 774, 701	14, 774, 701	8	76. 98
90. 00	OUTPATIENT SERVICE COST CENTERS 09000 CLINIC	0	0	C	O	0	90. 00
90. 01	09001 SUBSTANCE ABUSE CLINIC	o o	0	C	Ö	0	90. 01
90. 02	09002 PAIN CLINIC	77, 147	546	7, 598, 199		93	
90. 03	09003 ONCOLOGY CLINIC	189, 712	29, 209	30, 856, 550		65	
91. 00 92. 00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	987, 560	150, 761	221, 532, 442	221, 532, 442	392	91. 00 92. 00
92. 01	09201 OBSERVATION BEDS (NON-DISTINCT PART)	o	0	C	0	0	
	OTHER REIMBURSABLE COST CENTERS						
95. 00	09500 AMBULANCE SERVICES	36, 484	827	9, 134, 684	9, 134, 684	0	95. 00
113 00	SPECIAL PURPOSE COST CENTERS 11300 NTEREST EXPENSE						113. 00
118.00		35, 632, 935	32, 506, 400	1, 780, 461, 886	1, 780, 461, 886	4, 599	118. 00
	· · · · · · · · · · · · · · · · · · ·						

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0089 Peri od: Worksheet B-1 From 01/01/2018 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am OTHER GENERAL INTERNS & SERVI CE **RESI DENTS** Cost Center Description CENTRAL **PHARMACY** MEDI CAL PATI ENT SERVI CES-SALAR SERVICES & TRANSPORTATI ON Y & FRINGES (COSTED RECORDS & REQUIS.) (ASSI GNED SUPPLY LI BRARY (GROSS (COSTED (GROSS TIME) REQUIS.) CHARGES) CHARGES) 15. 00 16. 00 18. 00 21. 00 14.00 NONREI MBURSABLE COST CENTERS 0 190, 00 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 970 O 191. 00 19100 RESEARCH 547 15 0 43 191. 00 194.00 07950 OTHER NONREIMBURSABLE COST CENTERS 0 0 0 194.00 0 194. 01 07951 BSU PHARMACY 0 0 0 194. 01 0 194. 02 07952 PAVILLION PHARMACY 0 0 194. 02 2,871 0 194. 03 07953 VENDI NG 0 0 194. 03 194. 04 07954 CARELI NE 0 0 194. 04 0 0 194. 05 07955 WELLNESS CENTER 0 0 194, 05 0 868 194.06 07956 PHYSICIAN PRACTICE CLINICS 0 0 0 194.06 194. 07 07957 PERINATAL CLINIC 0 0 0 0 194. 07 194. 08 07958 RENTAL PROPERTY 0 0 0 194. 08 543 0 0 194. 09 194. 09 07959 ADVERTI SI NG 0 0 194. 10 07960 INTEGRA LTAC 0 0 0 194. 10 000000000000 194. 11 07961 I U HEALTH HOSPICE 0 194. 11 194. 12 07962 POB MEDICAL PAVILLION CONDOS 0 0 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 0 0 0 194. 15 0 194. 16 07966 JAY COUNTY HOSPITAL 0 194. 16 0 194. 17 07967 CARDI NAL HEALTH CHOICE 0 0 194. 17 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 0 0 0 194. 18 194. 19 07969 HEALTH CARE CONNECTIONS 0 194. 19 194. 20 07970 MEALS ON WHEELS 0 0 0 194. 20 194. 21 07971 ST MARY'S SCHOOL 0 0 0 194. 21 194. 22 07972 THERAPIES TO OTHER ENTITIES 0 0 194. 22 0 194. 23 07973 CANCER CENTER BOUTIQUE 292 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 196 0 194. 25 194. 26 07976 BLACKFORD COMMUNITY HOSPITAL 0 0 194. 26 0 0 194. 27 07977 MI DWEST HEALTH STRATEGIES 0 0 0 194 27 0 194. 28 194. 28 07978 CARDINAL SELECT RISK RETENTION GRP 0 194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI 0 194. 29 0000 194. 30 07980 CARDI NAL HEALTH ALLI ANCE 0 194. 30 194.31 07986 OTHER NONREIMBURSABLE COST CENTERS 0 0 194. 31 0 194. 32 07982 RENAL DI ALYSI S 0 0 0 194. 32 0 194. 33 07983 LAB CORP 0 194. 33 0 194. 34 07984 H. O. MATERIALS MGMT 0 0 194. 34 Ω 194. 35 07985 LEASED SPACE 0 0 194, 35 0 0 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 201.00 202.00 13, 580, 556 8, 248, 757 0 895, 678 6, 254, 397 202. 00 Cost to be allocated (per Wkst. B, Part I) 203.00 Unit cost multiplier (Wkst. B, Part I) 0.381056 0. 253758 0.000000 0.000503 1, 347. 349634 203. 00 204.00 Cost to be allocated (per Wkst. B, 566, 586 264, 800 32, 470 37, 499 204. 00 Part II) 205.00 0.015898 0.008146 0.000000 0.000018 8. 078199 205. 00 Unit cost multiplier (Wkst. B, Part II)206.00 NAHE adjustment amount to be allocated 206.00 (per Wkst. B-2) 207.00 NAHE unit cost multiplier (Wkst. D, 207.00 Parts III and IV)

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 01/01/2018 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am INTERNS & **RESI DENTS** Cost Center Description SERVI CES-OTHER PARAMED ED PRGM COSTS PRGM (ASSI GNED (100% TIME) **PHARMACY** DRUGS) 22.00 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 5.01 01160 COMMUNI CATI ONS 5.01 00550 DATA PROCESSING 5 02 5 02 5.04 00570 ADMITTING 5.04 5.05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5.05 5.06 00590 OTHER ADMINISTRATIVE AND GENERAL 5.06 00600 MAINTENANCE & REPAIRS 6.00 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 01000 DI ETARY 10.00 10.00 11.00 01100 CAFETERI A 11.00 01300 NURSING ADMINISTRATION 13.00 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 14.00 15 00 01500 PHARMACY 15 00 16.00 01600 MEDICAL RECORDS & LIBRARY 16.00 18.00 01080 PATIENT TRANSPORTATION 18.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD 21.00 21.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 22.00 4,642 22.00 02300 PARAMED ED PRGM 100 23.00 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 03000 ADULTS & PEDIATRICS 2, 576 30.00 31.00 03100 INTENSIVE CARE UNIT 608 0 31.00 03200 CORONARY CARE UNIT 32.00 69 0 32.00 35.00 02060 NEONATAL INTENSIVE CARE UNIT 0 0 35.00 04000 SUBPROVIDER - IPF 40.00 0 0 40.00 04100 SUBPROVIDER - IRF 0 41.00 0 41.00 04300 NURSERY 43.00 0 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 359 0 50.00 05100 RECOVERY ROOM 0 0 51.00 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 52.00 52.00 05400 RADI OLOGY-DI AGNOSTI C 54.00 0 150 54.00 57.00 03280 EKG AND EEG 0 0 57.00 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0 0 0 0 77 0 0 0 0 58.00 05900 CARDIAC CATHETERIZATION 0 59 00 59 00 60.00 06000 LABORATORY 0 60.00 60.01 06001 BLOOD LABORATORY 0 60.01 06300 BLOOD STORING, PROCESSING, & TRANS. 63.00 0 63.00 06500 RESPIRATORY THERAPY 0 65 00 65 00 65.01 06501 SLEEP LAB 0 65.01 06600 PHYSI CAL THERAPY 0 66.00 66.00 06700 OCCUPATIONAL THERAPY 67.00 0 67.00 68.00 06800 SPEECH PATHOLOGY 0 68 00 68.01 06801 AUDI OLOGY 0 68.01 06900 ELECTROCARDI OLOGY 69.00 202 69.00 0 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 71.00 71.00 07200 IMPL. DEV. CHARGED TO PATIENT 72 00 Ω 72.00 0 73.00 07300 DRUGS CHARGED TO PATIENTS 100 73.00 07301 HOSPITAL BASED RETAIL PHARMACIES 73.01 0 0 73.01 07400 RENAL DIALYSIS 74 00 74 00 0 76.00 03160 CARDI OPULMONARY 0 76.00 07697 CARDIAC REHABILITATION 0 76.97 0 76.97 07698 HYPERBARI C OXYGEN THERAPY 76.98 8 0 76. 98 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0 0 90.00 09001 SUBSTANCE ABUSE CLINIC 0 90 01 0 90.01 90.02 09002 PAIN CLINIC 93 90.02 0 09003 ONCOLOGY CLINIC 90.03 65 0 90.03 09100 EMERGENCY 392 91.00 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 92.01 0 0 92.01 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0 0 95.00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | INTEREST EXPENSE 113.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 4.599 100 118.00

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-10

Provider CCN: 15-0089

				10	5/24/2019 9	
		INTERNS &				
		RESI DENTS				
	Cost Center Description	SERVI CES-OTHER	PARAMED ED			
		PRGM COSTS	PRGM			
		(ASSI GNED	(100%			
		TIME)	PHARMACY			
		22.00	DRUGS)			
NONDE	IMBURSABLE COST CENTERS	22.00	23. 00			
	GIFT, FLOWER, COFFEE SHOP & CANTEEN	l ol	0			190. 00
191. 00 19100		43	0			191. 00
	OTHER NONREIMBURSABLE COST CENTERS	0	0	1		194. 00
	BSU PHARMACY		0	1		194. 01
	PAVILLION PHARMACY		0			194. 02
194. 03 07953			0			194. 03
194. 04 07954			0			194. 04
l l	WELLNESS CENTER		0			194. 05
1	PHYSICIAN PRACTICE CLINICS		0			194. 06
	PERINATAL CLINIC	l ol	0			194. 07
	RENTAL PROPERTY	l ol	0			194. 08
	ADVERTI SI NG	l ol	0			194. 09
l l	INTEGRA LTAC	l ol	0	1		194. 10
l l	IU HEALTH HOSPICE	o	0			194. 11
194. 12 07962	POB MEDICAL PAVILLION CONDOS	o	0			194. 12
194. 13 07963	EXECUTI VE PHYSI CAL	o	0			194. 13
194. 14 07964	NEW CASTLE ONCOLOGY	0	0			194. 14
194. 15 07965	MARKETING/PUBLIC RELATIONS	0	0			194. 15
194. 16 07966	JAY COUNTY HOSPITAL	0	0			194. 16
	CARDI NAL HEALTH CHOI CE	0	0			194. 17
	CHV CARDINAL HEALTH VENTURES	0	0			194. 18
	HEALTH CARE CONNECTIONS	0	0			194. 19
	MEALS ON WHEELS	0	0			194. 20
	ST MARY'S SCHOOL	0	0			194. 21
	THERAPIES TO OTHER ENTITIES	0	0			194. 22
	CANCER CENTER BOUTI QUE	0	0			194. 23
l l	BOSC BALL OUTPATIENT SURGERY	0	0			194. 24
	CARDI NAL BEHAVI ORAL HEALTH	0	0	1		194. 25 194. 26
	BLACKFORD COMMUNITY HOSPITAL MIDWEST HEALTH STRATEGIES	0	0			194. 20
	CARDINAL SELECT RISK RETENTION GRP		0			194. 27
I	HOME OFFICE CARDINAL HEALTH INITIATI		0			194. 29
l l	CARDI NAL HEALTH ALLI ANCE		0			194. 30
1	OTHER NONREIMBURSABLE COST CENTERS		0			194. 31
l l	RENAL DIALYSIS		0			194. 32
194. 33 07983		l ol	0			194. 33
	H.O. MATERIALS MGMT	o	0			194. 34
	LEASED SPACE	o	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,	5, 736, 349	288, 413			202. 00
	Part I)					
203. 00	Unit cost multiplier (Wkst. B, Part I)	1, 235. 749461	2, 884. 130000	1		203. 00
204. 00	Cost to be allocated (per Wkst. B,	635, 028	5, 514			204. 00
205 60	Part II)	10/ 000517	FF 440000			205 22
205. 00	Unit cost multiplier (Wkst. B, Part	136. 800517	55. 140000			205. 00
206. 00	NAHE adjustment amount to be allocated		0			206. 00
200.00	(per Wkst. B-2)		Ü			200.00
207. 00	NAHE unit cost multiplier (Wkst. D,		0. 000000			207. 00
-	Parts III and IV)					
•	•			•		-

| In Lieu of Form CMS-2552-10 | Period: | Worksheet C | From 01/01/2018 | Part | | To 12/31/2018 | Date/Time Prepared: | 5/24/2019 9:59 am Provider CCN: 15-0089

						5/24/2019 9:5	<u>9 am</u>
			Title	XVIII	Hospi tal	PPS	
	·				Costs	•	
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
	cost center bescriptron			Total Costs		TOTAL COSTS	
		(from Wkst. B,	Adj .		Di sal I owance		
		Part I, col.					
		26)					
		1.00	2.00	3. 00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDI ATRI CS	63, 732, 892		63, 732, 892	0	63, 732, 892	30. 00
31. 00	03100 NTENSI VE CARE UNI T	16, 915, 240		16, 915, 240			
32. 00	03200 CORONARY CARE UNIT	10, 713, 240		0 10, 713, 240		0, 713, 240	32.00
		4 50/ 04/			_		
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	4, 596, 846		4, 596, 846		4, 596, 846	
40.00	04000 SUBPROVI DER - I PF	0		0		0	40. 00
41.00	04100 SUBPROVI DER - I RF	4, 551, 629		4, 551, 629		4, 551, 629	
43.00	04300 NURSERY	1, 178, 671		1, 178, 671	0	1, 178, 671	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	18, 667, 455		18, 667, 455	0	18, 667, 455	50. 00
51. 00	05100 RECOVERY ROOM	4, 074, 846		4, 074, 846			
52. 00	05200 DELIVERY ROOM & LABOR ROOM	5, 132, 938		5, 132, 938		5, 132, 938	
54.00	05400 RADI OLOGY-DI AGNOSTI C	27, 658, 308		27, 658, 308	-		
57. 00	03280 EKG AND EEG	221, 095		221, 095		221, 095	
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0		0	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	6, 545, 569		6, 545, 569	0	6, 545, 569	59. 00
60.00	06000 LABORATORY	14, 285, 803		14, 285, 803	0	14, 285, 803	60.00
60. 01	06001 BLOOD LABORATORY	0		0		0	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1, 476, 956		1, 476, 956	0	1, 476, 956	
65. 00	06500 RESPI RATORY THERAPY	6, 479, 700				6, 479, 700	
65. 01	06501 SLEEP LAB						
		952, 198				952, 198	
66. 00	06600 PHYSI CAL THERAPY	7, 494, 743				7, 494, 743	
67. 00	06700 OCCUPATI ONAL THERAPY	1, 749, 218		.,		1, 749, 218	
68. 00	06800 SPEECH PATHOLOGY	805, 490	0	805, 490		805, 490	
68. 01	06801 AUDI OLOGY	0	0	0	0	0	68. 01
69.00	06900 ELECTROCARDI OLOGY	4, 271, 131		4, 271, 131	0	4, 271, 131	69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	17, 037, 904		17, 037, 904		17, 037, 904	
72. 00	07200 I MPL. DEV. CHARGED TO PATIENT	22, 732, 268		22, 732, 268		22, 732, 268	
73. 00	07300 DRUGS CHARGED TO PATIENTS	48, 975, 435		48, 975, 435		48, 975, 435	
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	11, 073, 887		11, 073, 887		11, 073, 887	
74. 00	07400 RENAL DIALYSIS	1, 853, 411		1, 853, 411		1, 853, 411	74. 00
76. 00	03160 CARDI OPULMONARY	0		0	_	0	
76. 97	07697 CARDI AC REHABI LI TATI ON	1, 151, 814		1, 151, 814	0	1, 151, 814	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	2, 071, 524		2, 071, 524	0	2, 071, 524	76. 98
	OUTPATIENT SERVICE COST CENTERS	•					1
90.00	09000 CLI NI C	0		0	0	0	90.00
90. 01	09001 SUBSTANCE ABUSE CLINIC			Ö		Ö	1
90. 01	09002 PAIN CLINIC	1					
90. 02		2, 509, 709		2, 509, 709		2, 509, 709	
	09003 ONCOLOGY CLINIC	2, 967, 200		2, 967, 200		2, 967, 200	
91. 00	09100 EMERGENCY	23, 105, 108		23, 105, 108			
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5, 833, 519		5, 833, 519		5, 833, 519	92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92. 01
	OTHER REIMBURSABLE COST CENTERS						1
95. 00	09500 AMBULANCE SERVICES	3, 319, 698		3, 319, 698	0	3, 319, 698	95. 00
, 5. 55	SPECIAL PURPOSE COST CENTERS	3,317,370		5, 517, 570		3, 317, 370	1
112 00	11300 INTEREST EXPENSE						112 00
		222 422 525	_	222 422 525	700 505	204 450 710	113. 00
200.00	,	333, 422, 205					
201.00	1 1	5, 833, 519		5, 833, 519		5, 833, 519	
202.00	Total (see instructions)	327, 588, 686	0	327, 588, 686	730, 505	328, 319, 191	202. 00

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 15-0089 Peri od: Worksheet C From 01/01/2018 Part I Date/Time Prepared: 12/31/2018 5/24/2019 9:59 am 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 03000 ADULTS & PEDIATRICS 158, 290, 210 158, 290, 210 30.00 30.00 31.00 03100 INTENSIVE CARE UNIT 55, 774, 186 55, 774, 186 31.00 03200 CORONARY CARE UNIT 32.00 32.00 35.00 02060 NEONATAL INTENSIVE CARE UNIT 17, 696, 534 17, 696, 534 35.00 04000 SUBPROVIDER - IPF 40.00 40.00 41.00 04100 SUBPROVIDER - IRF 8, 875, 915 8, 875, 915 41.00 43.00 04300 NURSERY 3, 210, 362 3, 210, 362 43 00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 108 180 036 65, 335, 013 173, 515, 049 0.107584 0.000000 50.00 10, 731, 182 51.00 05100 RECOVERY ROOM 12, 185, 887 22, 917, 069 0.177808 0.000000 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 21, 323, 290 3, 965, 300 25, 288, 590 0.202974 0.000000 52.00 60, 309, 418 229, 461, 191 05400 RADI OLOGY-DI AGNOSTI C 169, 151, 773 0.120536 0.000000 54.00 54.00 57.00 03280 EKG AND EEG 1, 496, 848 2,018,516 3, 515, 364 0.062894 0.000000 57.00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0.000000 0.000000 58.00 59.00 05900 CARDIAC CATHETERIZATION 46, 076, 681 45, 963, 670 92, 040, 351 0.071116 0.000000 59.00 06000 LABORATORY 41, 905, 454 0.163377 60.00 45, 535, 048 87, 440, 502 0.000000 60 00 60.01 06001 BLOOD LABORATORY 0.000000 0.000000 60.01 06300 BLOOD STORING, PROCESSING, & TRANS. 0. 211417 63.00 5, 238, 614 1, 747, 386 6, 986, 000 0.000000 63.00 2, 396, 883 06500 RESPIRATORY THERAPY 22, 908, 972 0. 282846 0.000000 65.00 20, 512, 089 65.00 8, 763, 457 0.108656 65.01 06501 SLEEP LAB 40, 328 8, 723, 129 0.000000 65.01 66.00 66.00 06600 PHYSI CAL THERAPY 9, 349, 615 11, 377, 805 20, 727, 420 0.361586 0.000000 06700 OCCUPATIONAL THERAPY 67.00 5, 975, 307 588, 554 6, 563, 861 0. 266492 0.000000 67.00 68 00 06800 SPEECH PATHOLOGY 2, 802, 822 327, 492 3, 130, 314 0 257319 0 000000 68 00 68.01 06801 AUDI OLOGY 0.000000 0.000000 68.01 06900 ELECTROCARDI OLOGY 35, 597, 084 18, 721, 628 54, 318, 712 0.078631 0.000000 69.00 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 30, 907, 683 32, 111, 752 63, 019, 435 0.270360 0.000000 71.00 07200 IMPL. DEV. CHARGED TO PATIENT 89, 022, 193 28, 701, 853 117, 724, 046 0.193098 72.00 0.000000 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 102, 149, 631 166, 610, 180 268, 759, 811 0. 182228 0.000000 73.00 07301 HOSPITAL BASED RETAIL PHARMACIES 73. 01 8, 569, 884 8, 569, 884 1. 292186 0.000000 73.01 74 00 07400 RENAL DIALYSIS 4, 289, 309 141, 787 4, 431, 096 0 418274 0 000000 74 00 03160 CARDI OPULMONARY 76.00 0.000000 0.000000 76.00 76. 97 07697 CARDIAC REHABILITATION 1, 035, 104 3, 387, 100 4, 422, 204 0.260462 0.000000 76. 97 76.98 07698 HYPERBARI C OXYGEN THERAPY 85,690 14, 689, 011 14, 774, 701 0.140208 0.000000 76.98 OUTPATIENT SERVICE COST CENTERS

09201 OBSERVATION BEDS (DISTINCT PART) 0.000000 0.000000 92.01 92.01 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 14, 751 9, 119, 933 9, 134, 684 0. 363417 0.000000 95.00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | INTEREST EXPENSE 113.00 200.00 Subtotal (see instructions) 912, 446, 465 868, 015, 421 1, 780, 461, 886 200. 00 201.00 201.00 Less Observation Beds 202.00 Total (see instructions) 912, 446, 465 868, 015, 421 1, 780, 461, 886 202.00

1.666

181, 908

64, 518, 516

1, 769, 740

7, 596, 533

30, 674, 642

157, 013, 926

26, 445, 035

7, 598, 199

30, 856, 550

221, 532, 442

28, 214, 775

0.000000

0.000000

0.330303

0.096161

0.104297

0.206754

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91.00

92.00

09000 CLI NI C

09002 PAIN CLINIC

09100 EMERGENCY

09003 ONCOLOGY CLINIC

09001 SUBSTANCE ABUSE CLINIC

09200 OBSERVATION BEDS (NON-DISTINCT PART)

Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-10 Provider CCN: 15-0089

Peri od: Worksheet C
From 01/01/2018 Part I
To 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am

			Title XVIII	Hospi tal	PPS
	Cost Center Description	PPS Inpatient	1		
		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	03200 CORONARY CARE UNIT				32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35. 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. 107584			50.00
51. 00	05100 RECOVERY ROOM	0. 177808			51. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0. 202974			52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 120536			54. 00
57. 00	03280 EKG AND EEG	0. 062894			57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0.000000			58.00
59. 00 60. 00	05900 CARDI AC CATHETERI ZATI ON	0. 071116			59.00
60. 00	06000 LABORATORY	0. 163377			60.00
63. 00	06001 BLOOD LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 000000 0. 211417			60. 01
65. 00	06500 RESPIRATORY THERAPY	0. 211417			65. 00
65. 00	06501 SLEEP LAB	0. 202040			65. 01
66. 00	06600 PHYSI CAL THERAPY	0. 108030			66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0. 266492			67. 00
68. 00	06800 SPEECH PATHOLOGY	0. 257319			68. 00
68. 01	06801 AUDI OLOGY	0. 000000			68. 01
69. 00	06900 ELECTROCARDI OLOGY	0. 078631			69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 270360			71.00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENT	0. 193098			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 182228			73.00
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	1. 292186			73. 01
74.00	07400 RENAL DI ALYSI S	0. 418274			74.00
76.00	03160 CARDI OPULMONARY	0. 000000			76. 00
76. 97	07697 CARDIAC REHABILITATION	0. 260462			76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0. 140208			76. 98
	OUTPATIENT SERVICE COST CENTERS				
90. 00	09000 CLI NI C	0. 000000			90.00
90. 01	09001 SUBSTANCE ABUSE CLINIC	0. 000000			90. 01
90. 02		0. 330303			90. 02
90. 03	09003 ONCOLOGY CLINIC	0. 096161			90. 03
91. 00		0. 107594			91. 00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 206754			92. 00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000			92. 01
05.00	OTHER REIMBURSABLE COST CENTERS	0.0(0447			05.00
95. 00	09500 AMBULANCE SERVICES	0. 363417			95. 00
112 01	SPECIAL PURPOSE COST CENTERS				112 22
	11300 INTEREST EXPENSE				113. 00 200. 00
200. 00 201. 00	,				200.00
201.00	1 1				202. 00
202.00	Total (See Thati detions)	1			1202.00

Provider CCN: 15-0089

				'	0 12/31/2018	5/24/2019 9:5	
			Ti tl	e XIX	Hospi tal	Cost	
					Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
	· · · · · · · · · · · · · · · · · · ·	(from Wkst. B,	Adj .		Di sal I owance		
		Part I, col.	,				
		26)					
		1.00	2.00	3.00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDI ATRI CS	63, 732, 892		63, 732, 892	0	63, 732, 892	30. 00
31.00	03100 INTENSIVE CARE UNIT	16, 915, 240		16, 915, 240	0	16, 915, 240	31.00
32.00	03200 CORONARY CARE UNIT	0		C	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4, 596, 846		4, 596, 846	0	4, 596, 846	35. 00
40.00	04000 SUBPROVI DER - I PF	0		C	0	0	40.00
41.00	04100 SUBPROVI DER - I RF	4, 551, 629		4, 551, 629	0	4, 551, 629	41.00
43.00	04300 NURSERY	1, 178, 671		1, 178, 671	0	1, 178, 671	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	18, 667, 455		18, 667, 455	0	18, 667, 455	50.00
51.00	05100 RECOVERY ROOM	4, 074, 846		4, 074, 846	0	4, 074, 846	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5, 132, 938		5, 132, 938	0	5, 132, 938	52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	27, 658, 308		27, 658, 308	0	27, 658, 308	54. 00
57.00	03280 EKG AND EEG	221, 095		221, 095	0	221, 095	57. 00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		C	0	0	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	6, 545, 569		6, 545, 569	0	6, 545, 569	59. 00
60.00	06000 LABORATORY	14, 285, 803		14, 285, 803	0	14, 285, 803	60.00
60. 01	06001 BLOOD LABORATORY	0		C	0	0	60. 01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1, 476, 956		1, 476, 956	0	1, 476, 956	63. 00
65.00	06500 RESPI RATORY THERAPY	6, 479, 700	0	6, 479, 700	0	6, 479, 700	65. 00
65. 01	06501 SLEEP LAB	952, 198	0	952, 198	0	952, 198	65. 01
66.00	06600 PHYSI CAL THERAPY	7, 494, 743	0	7, 494, 743	0	7, 494, 743	66.00
67.00	06700 OCCUPATI ONAL THERAPY	1, 749, 218	0	1, 749, 218		1, 749, 218	67.00
68.00	06800 SPEECH PATHOLOGY	805, 490	0	805, 490	0	805, 490	68. 00
68. 01	06801 AUDI OLOGY	0	0	C	0	0	68. 01
69. 00	06900 ELECTROCARDI OLOGY	4, 271, 131		4, 271, 131	0	4, 271, 131	69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	17, 037, 904		17, 037, 904	. 0	17, 037, 904	71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	22, 732, 268		22, 732, 268	0	22, 732, 268	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	48, 975, 435		48, 975, 435	0	48, 975, 435	73. 00
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	11, 073, 887		11, 073, 887	0	11, 073, 887	73. 01
74.00	07400 RENAL DIALYSIS	1, 853, 411		1, 853, 411	0	1, 853, 411	74. 00
76.00	03160 CARDI OPULMONARY	0		C	0	0	76. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	1, 151, 814		1, 151, 814	0	1, 151, 814	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	2, 071, 524		2, 071, 524	0	2, 071, 524	76. 98
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0		C	1	0	
90. 01	09001 SUBSTANCE ABUSE CLINIC	0		C	0	0	90. 01
90. 02	09002 PAIN CLINIC	2, 509, 709		2, 509, 709	0	2, 509, 709	
90. 03	09003 ONCOLOGY CLINIC	2, 967, 200		2, 967, 200	l l	2, 967, 200	
91.00	09100 EMERGENCY	23, 105, 108		23, 105, 108		23, 835, 613	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5, 833, 519		5, 833, 519		5, 833, 519	92. 00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0		C	0	0	92. 01
	OTHER REIMBURSABLE COST CENTERS						
95. 00	09500 AMBULANCE SERVICES	3, 319, 698		3, 319, 698	0	3, 319, 698	95. 00
	SPECIAL PURPOSE COST CENTERS	1			1		
	11300 INTEREST EXPENSE					004 :== =	113. 00
200.00		333, 422, 205	0			334, 152, 710	
201.00		5, 833, 519	=	5, 833, 519		5, 833, 519	
202.00	Total (see instructions)	327, 588, 686	0	327, 588, 686	730, 505	328, 319, 191	J202. 00

From 01/01/2018 Part I Date/Time Prepared: 12/31/2018 5/24/2019 9:59 am 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 03000 ADULTS & PEDIATRICS 158, 290, 210 158, 290, 210 30.00 30.00 31.00 03100 INTENSIVE CARE UNIT 55, 774, 186 55, 774, 186 31.00 03200 CORONARY CARE UNIT 32.00 32.00 35.00 02060 NEONATAL INTENSIVE CARE UNIT 17, 696, 534 17, 696, 534 35.00 04000 SUBPROVIDER - IPF 40 00 40.00 41.00 04100 SUBPROVIDER - IRF 8, 875, 915 8, 875, 915 41.00 43.00 04300 NURSERY 3, 210, 362 3, 210, 362 43 00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 108 180 036 65, 335, 013 173, 515, 049 0.107584 0.000000 50.00 10, 731, 182 51.00 05100 RECOVERY ROOM 12, 185, 887 22, 917, 069 0.177808 0.000000 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 21, 323, 290 3, 965, 300 25, 288, 590 0.202974 0.000000 52.00 60, 309, 418 229, 461, 191 05400 RADI OLOGY-DI AGNOSTI C 169, 151, 773 0.120536 0.000000 54.00 54.00 57.00 03280 EKG AND EEG 1, 496, 848 2,018,516 3, 515, 364 0.062894 0.000000 57.00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0.000000 0.000000 58.00 59.00 05900 CARDIAC CATHETERIZATION 46, 076, 681 45, 963, 670 92, 040, 351 0.071116 0.000000 59.00 06000 LABORATORY 41, 905, 454 0.163377 60.00 45, 535, 048 87, 440, 502 0.000000 60 00 60.01 06001 BLOOD LABORATORY 0.000000 0.000000 60.01 06300 BLOOD STORING, PROCESSING, & TRANS. 0. 211417 63.00 5, 238, 614 1, 747, 386 6, 986, 000 0.000000 63.00 2, 396, 883 06500 RESPIRATORY THERAPY 22, 908, 972 0. 282846 0.000000 65.00 20, 512, 089 65.00 8, 763, 457 0.108656 65.01 06501 SLEEP LAB 40, 328 8, 723, 129 0.000000 65.01 66.00 66.00 06600 PHYSI CAL THERAPY 9, 349, 615 11, 377, 805 20, 727, 420 0.361586 0.000000 06700 OCCUPATIONAL THERAPY 67.00 5, 975, 307 588, 554 6, 563, 861 0. 266492 0.000000 67.00 06800 SPEECH PATHOLOGY 2, 802, 822 327, 492 3, 130, 314 0 257319 0 000000 68 00 68 00 68.01 06801 AUDI OLOGY 0.000000 0.000000 68.01 06900 ELECTROCARDI OLOGY 35, 597, 084 18, 721, 628 54, 318, 712 0.078631 0.000000 69.00 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 30, 907, 683 32, 111, 752 63, 019, 435 0.270360 0.000000 71.00 07200 IMPL. DEV. CHARGED TO PATIENT 89, 022, 193 28, 701, 853 117, 724, 046 0.193098 72.00 0.000000 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 102, 149, 631 166, 610, 180 268, 759, 811 0. 182228 0.000000 73.00 07301 HOSPITAL BASED RETAIL PHARMACIES 73. 01 8, 569, 884 8, 569, 884 1. 292186 0.000000 73.01 74 00 07400 RENAL DIALYSIS 4, 289, 309 141, 787 4, 431, 096 0 418274 0 000000 74 00 03160 CARDI OPULMONARY 76.00 0.000000 0.000000 76.00 76. 97 07697 CARDIAC REHABILITATION 1, 035, 104 3, 387, 100 4, 422, 204 0.260462 0.000000 76. 97 76.98 07698 HYPERBARI C OXYGEN THERAPY 85,690 14, 689, 011 14, 774, 701 0.140208 0.000000 76.98 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0.000000 0.000000 90.00 09001 SUBSTANCE ABUSE CLINIC 0.000000 90.01 0.000000 90.01 90.02 09002 PAIN CLINIC 1.666 7, 596, 533 7, 598, 199 0.330303 0.000000 90.02 09003 ONCOLOGY CLINIC 90.03 181, 908 30, 674, 642 30, 856, 550 0.096161 90.03 0.000000 91.00 09100 EMERGENCY 64, 518, 516 157, 013, 926 221, 532, 442 0.104297 0.000000 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 1, 769, 740 26, 445, 035 28, 214, 775 0.206754 0.000000 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 0.000000 0.000000 92.01 92.01 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 14, 751 9, 119, 933 9, 134, 684 0. 363417 0.000000 95.00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | INTEREST EXPENSE 113.00 200.00 Subtotal (see instructions) 912, 446, 465 868, 015, 421 1, 780, 461, 886 200. 00 201.00 201.00 Less Observation Beds

912, 446, 465

868, 015, 421 1, 780, 461, 886

202.00

202.00

Total (see instructions)

Heal th 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 01/01/2018
To 12/31/2018

Date/Time Prepared:

Date/Time Prepared: 5/24/2019 9:59 am Title XIX Hospi tal Cost PPS Inpatient Cost Center Description Ratio 11 00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 30.00 03100 INTENSIVE CARE UNIT 31.00 31.00 32. 00 03200 CORONARY CARE UNIT 32.00 35.00 02060 NEONATAL INTENSIVE CARE UNIT 35.00 40. 00 | 04000 | SUBPROVI DER - I PF 40.00 41.00 04100 SUBPROVI DER - I RF 41.00 04300 NURSERY 43.00 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 03280 EKG AND EEG 0.000000 57.00 57.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 58. 00 0.000000 58.00 59.00 05900 CARDIAC CATHETERIZATION 0.000000 59.00 06000 LABORATORY 0.000000 60.00 60.00 06001 BLOOD LABORATORY 0.000000 60.01 60.01 06300 BLOOD STORING, PROCESSING, & TRANS. 0.000000 63.00 63 00 65.00 06500 RESPIRATORY THERAPY 0.000000 65.00 06501 SLEEP LAB 65.01 0.000000 65.01 06600 PHYSI CAL THERAPY 0.000000 66.00 66.00 67.00 06700 OCCUPATIONAL THERAPY 0.000000 67.00 68.00 06800 SPEECH PATHOLOGY 0.000000 68.00 06801 AUDI OLOGY 0.000000 68.01 68.01 06900 ELECTROCARDI OLOGY 0.000000 69.00 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 0.000000 71.00 07200 I MPL. DEV. CHARGED TO PATIENT 0.000000 72.00 72.00 07300 DRUGS CHARGED TO PATIENTS 73.00 0.000000 73.00 07301 HOSPITAL BASED RETAIL PHARMACIES 0.000000 73.01 73.01 74. 00 07400 RENAL DIALYSIS 0.000000 74.00 03160 CARDI OPULMONARY 0.000000 76.00 76.00 07697 CARDIAC REHABILITATION 76 97 0.000000 76 97 07698 HYPERBARI C OXYGEN THERAPY 76. 98 0.000000 76. 98 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0.000000 90.00 90. 01 09001 SUBSTANCE ABUSE CLINIC 0.000000 90.01 09002 PAIN CLINIC 90.02 0.000000 90.02 09003 ONCOLOGY CLINIC 90. 03 0.000000 90.03 91.00 09100 EMERGENCY 0.000000 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 0.000000 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 0.000000 92.01 92.01 OTHER REIMBURSABLE COST CENTERS 0. 000000 09500 AMBULANCE SERVICES 95.00 95.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 I NTEREST EXPENSE 113.00 200.00 Subtotal (see instructions) 200. 00 201.00 Less Observation Beds 201. 00

202.00

202.00

Total (see instructions)

Health Financial Systems	BALL MEMORIA	L HOSPITAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL		Provi der C		Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I	pared:
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col			
	26)		2)			
	1.00	2.00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDI ATRI CS	6, 254, 461	0	0,201,10			
31.00 INTENSIVE CARE UNIT	1, 122, 301		1, 122, 30	1 10, 075		
32. 00 CORONARY CARE UNIT	0			0	0.00	
35.00 NEONATAL INTENSIVE CARE UNIT	203, 294		203, 29	4 3, 770	53. 92	35. 00
40. 00 SUBPROVIDER - IPF	0	0)	0	0.00	
41. 00 SUBPROVI DER - I RF	390, 027	0	390, 02	7 4, 051	96. 28	41. 00
43. 00 NURSERY	114, 840		114, 84	0 2, 228	51.54	43.00
200.00 Total (lines 30 through 199)	8, 084, 923		8, 084, 92	3 92, 307		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	30, 821		•			30.00
31.00 INTENSIVE CARE UNIT	4, 594	511, 726				31. 00
32. 00 CORONARY CARE UNIT	0	0)			32. 00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0)			35. 00
40. 00 SUBPROVI DER - I PF	0	0)			40.00
41. 00 SUBPROVI DER - I RF	2, 529	243, 492	2			41. 00
43. 00 NURSERY	0	0)			43.00
200.00 Total (lines 30 through 199)	37, 944	3, 425, 858	3			200. 00

	Financial Systems	BALL MEMORIA				u of Form CMS-2	2552-10
APPORTI	APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAI		Provi der C		Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Pre 5/24/2019 9:5	
				XVIII	Hospi tal	PPS	
	Cost Center Description	Capi tal	Total Charges			Capital Costs	
			(from Wkst. C,		Program	(column 3 x	
		(from Wkst. B,			. Charges	column 4)	
		Part II, col.	8)	2)			
		26)	0.00				
	ANOLI LADV. CEDVI CE COCT. CENTEDO	1.00	2.00	3. 00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS D5000 OPERATING ROOM	1 241 542	172 515 040	0.00773	F1 F00 000	200 005	F0 00
	05100 RECOVERY ROOM	1, 341, 542		1			
	D5200 DELIVERY ROOM & LABOR ROOM	315, 057		1			
	05400 RADI OLOGY-DI AGNOSTI C	477, 326					
	03280 EKG AND EEG	2, 170, 139		1			54. 00 57. 00
	D5800 MAGNETIC RESONANCE IMAGING (MRI)	2, 215		1		491	58.00
	D5900 CARDIAC CATHETERIZATION	521, 085	_				59.00
	06000 LABORATORY	700, 912		1			60.00
	06001 BLOOD LABORATORY	700, 912		1		130, 607	60.00
	06300 BLOOD STORING, PROCESSING, & TRANS.	3, 308	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
	06500 RESPIRATORY THERAPY	194, 393					
	06501 SLEEP LAB	6, 367					
	06600 PHYSI CAL THERAPY	148, 218					
4	06700 OCCUPATI ONAL THERAPY	89, 929					
	06800 SPEECH PATHOLOGY	23, 521					
	06801 AUDI OLOGY	25, 521		1		0, 703	68. 01
	06900 ELECTROCARDI OLOGY	644, 138	_	1		226, 738	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	198, 006		1		· ·	
	07200 IMPL. DEV. CHARGED TO PATIENT	259, 422					
	07300 DRUGS CHARGED TO PATIENTS	356, 325				59, 686	
	07301 HOSPITAL BASED RETAIL PHARMACIES	29, 561		1		0,,000	73. 01
	07400 RENAL DIALYSIS	102, 793				-	
	03160 CARDI OPULMONARY	0	l .	1		0	1
	07697 CARDI AC REHABI LI TATI ON	7, 461	4, 422, 204			904	
	OZKOO LIVDEDDADLO OVVCEN THEDADY	20 502				144	74 00

29, 582

768, 997

168, 690

572, 478

1, 316, 851

0

10, 448, 316 1, 527, 479, 995

14, 774, 701

7, 598, 199

30, 856, 550

221, 532, 442

28, 214, 775

0.002002

0.000000

0.000000

0. 101208

0.005467

0.005944

0.020290

0.000000

71, 952

1, 140

126, 351

772, 167

31, 706, 315

304, 280, 067

0

144

0

0 90.01

115

691

1, 861, 810 200. 00

188, 462

15, 667

76. 98

90.00

90.02

90. 03

91.00

92.00

92. 01

95.00

07698 HYPERBARI C OXYGEN THERAPY

OUTPATIENT SERVICE COST CENTERS

09200 OBSERVATION BEDS (NON-DISTINCT PART)
09201 OBSERVATION BEDS (DISTINCT PART)
OTHER REIMBURSABLE COST CENTERS

Total (lines 50 through 199)

09001 SUBSTANCE ABUSE CLINIC

09003 ONCOLOGY CLINIC

09000 CLI NI C

09100 EMERGENCY

95. 00 09500 AMBULANCE SERVICES

90. 02 09002 PAIN CLINIC

76. 98

90.00

90. 01

90.03

91.00

92.00

92. 01

200.00

Health Financial Systems	BALL MEMORIA			In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	SS THROUGH COS	TS Provider C		Period: From 01/01/2018	Worksheet D	
					Part III Date/Time Pre	nared·
				12/01/2010	5/24/2019 9:5	
		Titl∈	XVIII	Hospi tal	PPS	
Cost Center Description		Nursing School		Allied Health		
	Post-Stepdown		Post-Stepdowr	n Cost	Medi cal	
	Adjustments		Adjustments		Education Cost	
	1A	1.00	2A	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	0	0		0	0	30. 00
31.00 03100 INTENSIVE CARE UNIT	0	0)	0 0	0	31. 00
32. 00 03200 CORONARY CARE UNIT	0	0		0	0	32. 00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0		0	0	35. 00
40. 00 04000 SUBPROVI DER - 1 PF	0	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		0 0	0	43.00
200.00 Total (lines 30 through 199)	0	0		0 0	0	200.00
Cost Center Description	Swi ng-Bed	Total Costs	Total Patient	Per Diem (col.	Inpati ent	
· ·	Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	

Health Financial Systems	BALL MEMORIAL H	HOSPI TAL	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0089	Peri od:	Worksheet D
THROUGH COSTS			From 01/01/2018	Part IV

THRUUG	on CUSTS				Γο 12/31/2018	Date/Time Pre 5/24/2019 9:5	pared: 9 am
			Ti tl e	xVIII	Hospi tal	PPS	
	Cost Center Description	Non Physician		Nursing School	Allied Health	Allied Health	
		Anesthetist	Post-Stepdown		Post-Stepdown		
		Cost	Adjustments		Adjustments		
		1.00	2A	2.00	3A	3. 00	
	ANCILLARY SERVICE COST CENTERS						
50. 00	05000 OPERATI NG ROOM	0	0		0	0	
51. 00	05100 RECOVERY ROOM	0	0		0	0	51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0) (0	0	52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0) (0	0	54.00
57.00	03280 EKG AND EEG	0	0) (0	0	57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0) (0	0	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0) (0	0	59. 00
60.00	06000 LABORATORY	0	0) (0	0	60.00
60. 01	06001 BLOOD LABORATORY	0	0) (0	0	60. 01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0) (0	0	63.00
65.00	06500 RESPI RATORY THERAPY	0	0) (0	0	65. 00
65. 01	06501 SLEEP LAB	0	0) (0	0	65. 01
66.00	06600 PHYSI CAL THERAPY	0	0) (0	0	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	0	0) (0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0) (0	0	68. 00
68. 01	06801 AUDI OLOGY	0	0) (0	0	68. 01
69.00	06900 ELECTROCARDI OLOGY	0	0) (0	0	69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0) (0	0	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0) (0	0	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0) (0	288, 413	73. 00
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0) (0	0	73. 01
74.00	07400 RENAL DIALYSIS	0	0) (0	0	74. 00
76.00	03160 CARDI OPULMONARY	0	0) (0	0	76. 00
76. 97	07697 CARDIAC REHABILITATION	0	0) (0	0	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	0) (0	0	76. 98
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0	0	(0	0	90.00
90. 01	09001 SUBSTANCE ABUSE CLINIC	0	0) (0	0	90. 01
90.02	09002 PAIN CLINIC	0	0) (0	0	90. 02
90. 03	09003 ONCOLOGY CLINIC	0	0) (0	0	90. 03
91.00	09100 EMERGENCY	0	0) (0	0	91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			O	0	92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0) (0	0	92. 01
	OTHER REIMBURSABLE COST CENTERS]
95.00	09500 AMBULANCE SERVICES						95. 00
200.00	Total (lines 50 through 199)	0	O	(0	288, 413	200.00

Health Financial Systems	alth Financial Systems BALL MEMORIAL F			In Lieu of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIEN	T ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0089	Peri od:	Worksheet D

From 01/01/2018 | Part IV To 12/31/2018 | Date/Time Prepared: THROUGH COSTS 5/24/2019 9:59 am Title XVIII Hospi tal All Other Cost Center Description Total Cost Total Total Charges Ratio of Cost to Charges Medi cal (from Wkst. C, (sum of cols Outpati ent Education Cost 1, 2, 3, and Cost (sum of Part I, col. (col. 5 ÷ col 4) col s. 2, 3, 8) and 4) 4.00 5.00 7.00 8.00 6.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 173, 515, 049 0.000000 50.00 00000000000000000000000 51.00 05100 RECOVERY ROOM 22, 917, 069 0.00000051.00 05200 DELIVERY ROOM & LABOR ROOM 0 0 25, 288, 590 0.000000 52.00 52.00 05400 RADI OLOGY-DI AGNOSTI C 0 0 229, 461, 191 0.000000 54.00 54.00 0 03280 EKG AND EEG 0.000000 57.00 3, 515, 364 57.00 0 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0 0.000000 58.00 59.00 05900 CARDIAC CATHETERIZATION 92, 040, 351 0.000000 59.00 06000 LABORATORY 0 0 87, 440, 502 0.000000 60 00 60 00 06001 BLOOD LABORATORY 0 60.01 0 0.000000 60.01 06300 BLOOD STORING, PROCESSING, & TRANS. 63.00 6, 986, 000 0.000000 63.00 06500 RESPIRATORY THERAPY 22, 908, 972 65.00 0.000000 65.00 06501 SLEEP LAB 8, 763, 457 0 000000 65 01 65 01 66.00 06600 PHYSI CAL THERAPY 20, 727, 420 0.000000 66.00 06700 OCCUPATIONAL THERAPY 0.000000 67.00 6, 563, 861 67.00 06800 SPEECH PATHOLOGY 68 00 3, 130, 314 0.000000 68 00 68.01 06801 AUDI OLOGY 0.000000 68.01 69.00 06900 ELECTROCARDI OLOGY 0 54, 318, 712 0.000000 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 63, 019, 435 0.000000 71.00 07200 I MPL. DEV. CHARGED TO PATIENT 117, 724, 046 O 0.000000 72 00 72 00 73.00 07300 DRUGS CHARGED TO PATIENTS 288, 413 288, 413 268, 759, 811 0.001073 73.00 07301 HOSPITAL BASED RETAIL PHARMACIES 8, 569, 884 0.000000 73.01 74.00 07400 RENAL DIALYSIS 0 0 0 0 4, 431, 096 0.000000 74.00 03160 CARDI OPULMONARY 0 0.000000 76.00 Ω 76.00 76.97 07697 CARDIAC REHABILITATION C 4, 422, 204 0.000000 76.97 07698 HYPERBARI C OXYGEN THERAPY 14, 774, 701 0.000000 76. 98 76.98 OUTPATIENT SERVICE COST CENTERS 90 00 90 00 109000 CLI NI C 0 0.000000 90.01 09001 SUBSTANCE ABUSE CLINIC 0 0 0 0 0 0.000000 90.01 09002 PAIN CLINIC 0 7, 598, 199 90.02 0.000000 90.02 09003 ONCOLOGY CLINIC 90.03 0 0 30, 856, 550 0.000000 90.03 0 91.00 09100 EMERGENCY C 221, 532, 442 0.000000 91 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0 28, 214, 775 0.000000 92.00 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 0 92.01 0.000000 92.01 OTHER REIMBURSABLE COST CENTERS

0

288, 413

288, 413 1, 527, 479, 995

95 00

200.00

95. 00 09500 AMBULANCE SERVICES

Total (lines 50 through 199)

200.00

Health Financial Systems	BALL MEMORIAL I	HOSPI TAL	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0089	Peri od:	Worksheet D
THROUGH COSTS			From 01/01/2018	
			To 12/31/2018	Date/Time Prepared:

THROUGH COSTS			F	rom 01/01/2018 o 12/31/2018	Part IV Date/Time Prep 5/24/2019 9:59	
		Title	xVIII	Hospi tal	PPS	
Cost Center Description	Outpati ent	I npati ent	I npati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program Program	Program Program	
	to Charges	Charges	Pass-Through	Charges	Pass-Through	
	(col. 6 ÷ col.	Ŭ	Costs (col. 8	Ü	Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9. 00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATING ROOM	0. 000000	51, 588, 838	0	20, 259, 419	0	50.00
51.00 05100 RECOVERY ROOM	0. 000000	5, 331, 813	0	3, 157, 433	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	175, 253		23, 915	ol	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	29, 920, 331	0	61, 428, 872	0	54.00
57. 00 03280 EKG AND EEG	0. 000000	779, 519	0	650, 640	0	57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000	0	0	0	0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	21, 106, 070	0	19, 484, 703	0	59.00
60. 00 06000 LABORATORY	0. 000000	19, 786, 330		6, 574, 903	0	60.00
60. 01 06001 BLOOD LABORATORY	0. 000000	17, 700, 000	0	0, 0, 1, 700	0	60. 01
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 000000	2, 784, 213		737, 918	0	63.00
65. 00 06500 RESPIRATORY THERAPY	0. 000000	9, 533, 044		588, 421	0	65.00
65. 01 06501 SLEEP LAB	0. 000000	16, 309		2, 605, 745	0	65. 01
66. 00 06600 PHYSI CAL THERAPY	0. 000000	3, 474, 395		109, 972	0	66.00
	0. 000000				0	67.00
		1, 101, 859		25, 495	0	
68. 00 06800 SPEECH PATHOLOGY	0.000000	929, 546	1	14, 542	-	68.00
68. 01 06801 AUDI OLOGY	0.000000	10 101 001	0	(1(0 000	0	68. 01
69. 00 06900 ELECTROCARDI OLOGY	0.000000	19, 121, 091	0	6, 160, 092	0	69.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	13, 938, 944		13, 482, 090	0	71.00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENT	0. 000000	43, 751, 582		12, 288, 175	0	72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 001073	45, 012, 421	48, 298	65, 812, 320	70, 617	73. 00
73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES	0. 000000	0	0	0	0	73. 01
74. 00 07400 RENAL DI ALYSI S	0. 000000	2, 714, 543	0	63, 672	0	74. 00
76. 00 03160 CARDI OPULMONARY	0. 000000	0	0	0	0	76. 00
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	536, 041	0	1, 670, 322	0	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	71, 952	0	6, 150, 565	0	76. 98
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	0. 000000	0		0	0	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC	0. 000000	0	0	0	0	90. 01
90. 02 09002 PALN CLINIC	0. 000000	1, 140	0	3, 035, 265	0	90. 02
90. 03 09003 0NC0L0GY CLINIC	0. 000000	126, 351	0	12, 194, 399	0	90. 03
91. 00 09100 EMERGENCY	0. 000000	31, 706, 315	0	30, 619, 484	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	772, 167	0	6, 901, 022	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000	0	0	0	0	92. 01
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES						95. 00
200.00 Total (lines 50 through 199)		304, 280, 067	48, 298	274, 039, 384	70, 617	200. 00

Provider CON: 15-0069	Heal th	Financial Systems	BALL MEMORIA	L HOSPITAL		In Lie	eu of Form CMS-	2552-10
Cost Center Description	APPOR	FIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der Co	CN: 15-0089	Peri od:	Worksheet D	
Cost Center Description						From 01/01/2018	Part V	
Cost Center Description						To 12/31/2018	Date/Time Pre	pared:
Cost Center Description				Ti +Lo	VV/III	Hooni tal		9 am
Cost Center Description				11116		поѕрі таі	,	
Ratio From Worksheet C, Part I, col. 9		Cost Contor Description	Cost to Chargo	DDC Doi mburcod		Coct		
Note Part 1, col.		cost center bescription						
Part I , col . 9							(See Hist.)	
ANCILLARY SERVICE COST CENTERS			· ·	,				
ANCILLARY SERVICE COST CENTERS			rait i, coi. 9					
ANCILLARY SERVICE COST CENTERS								
ANCILLARY SERVICE COST CENTERS SO. 00 SOCIO OPERATING ROOM O. 107584 20, 259, 419 O O 0, 2, 179, 589 50. 00 50. 00 5100 RECOVERY ROOM O. 177808 3, 157, 433 O O 561, 417 51. 00 52. 00 52.00 5			1 00	2 00			5.00	
50.00 05000 05000 05000 051.47 50.00 0.00		ANCLLLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
S1-00 OSDO RECOVERY ROOM & LABOR ROOM O. 177808 3,157, 433 O. 0 O. 561, 477 51. 00	50.00		0 107584	20 259 419		0 0	2 179 589	50 00
S2.00 05.200 DELIVERY ROOM & LABOR ROOM 0. 20.2974 23.915 0 0 4. 85.4 52.00						-		
54.00 05400 RADIO LOGY-DI AGNOSTIC 0.120536 61, 428, 872 0 0 7, 404, 391 54, 00								
57.00 03280 EKG AND EEG 0.062894 650, 640 0 0 40, 921 57.00								1
58.00 05800 MARNETIC RESONANCE I MAGSING (MRI) 0.000000 0.05900 05900 CAPIDIAC CATHETERI ZATION 0.0711116 19, 484, 703 0.00000 0.00000 0.00000 0.00000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.00000000			4					1
59.00 05900 CARDIAC CATHETERIZATION 0.0711116 19,484,703 0 0.1,385,674 59,00			4				l	1
60.0 06000 LABORATORY 0. 163377 6,574,903 0 0 1,074,188 60.00 60.01 06001 BLODD LABORATORY 0. 000000 0 0 0 0 63.00 06300 BLODD STORING, PROCESSING, & TRANS. 0. 211417 737,918 0 0 156,008 63.00 65.01 06500 RESPIRATORY THERAPY 0. 282846 588,421 0 0 166,433 65.00 65.01 06501 SLEEP LAB 0. 108656 2,605,745 0 283,130 65.01 66.01 06501 SLEEP LAB 0. 108656 2,605,745 0 0 39,764 66.00 66.01 06501 SLEEP LAB 0. 108656 2,605,745 0 0 39,764 66.00 67.00 06700 0CCUPATIONAL THERAPY 0. 266492 25,495 0 0 0 3,742 68.00 68.01 06800 SPEECH PATHOLOGY 0. 257319 14,542 0 0 0 3,742 68.00 69.01 06800 SPEECH PATHOLOGY 0. 078631 6,160,092 0 0 484,374 69.00 69.00 06900 ELECTROCARDIOLOGY 0. 078631 6,160,092 0 0 484,374 69.00 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0. 270360 13,482,090 0 0 3,645,018 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0. 182228 65,812,320 530 211,393 11,992,847 73.00 73.01 07301 MOSPITAL BASED RETAIL PHARMACIES 1. 292186 0 0 0 0 26,632 74.00 76.00 03160 CARDIONARY 0. 000000 0 0 0 0 0 76.00 76.90 07697 CARDIA C REHABILLITATION 0. 260462 1,670,322 0 0 435,055 76.97 76.90 07697 CARDIA C REHABILLITATION 0. 260462 1,670,322 0 0 435,055 76.97 76.90 07690 SUBSTANCE ABUSE CLINIC 0. 000000 0 0 0 0 0 0 0			4			-1	1	
60.01 06001 BLOOD LABORATORY 0.000000 0 0 0 0 0 0 0								1
63.00 06300 BLOOD STORI NG, PROCESSING, & TRANS. 0. 211417 737, 918 0 0 156, 008 63.00 65.01 06500 RESPIRATORY THERAPY 0. 282846 588, 421 0 0 166, 433 65.00 65.01 06501 SLEEP LAB 0. 108656 2,605, 745 0 0 283, 130 65.01 66.00 06600 PHYSI CAL THERAPY 0. 361856 109, 972 0 0 39, 764 66.00 67.00 06700 0CCUPATI ONAL THERAPY 0. 266492 25, 495 0 0 0 6, 794 67.00 68.00 06800 SPEECH PATHOLOGY 0. 257319 14, 542 0 0 0 0 0 0 68.01 06801 AUDI OLOGY 0. 000000 0 0 0 0 0 0 69.00 06900 ELECTROCARDI OLOGY 0. 078631 6, 160, 092 0 0 444, 374 69.00 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0. 270360 13, 482, 090 0 0 3, 645, 018 71. 00 72.00 07200 IMPL DEV. CHARGED TO PATIENTS 0. 182228 65, 812, 320 530 211, 393 11, 992, 847 73.00 73.01 07301 HOSPI TAL BASED RETAI L PHARMACI ES 1. 292186 0 0 0 0 0 26, 632 74. 00 74.00 07400 REMAL DI ALLYSIS 0. 418274 63, 672 0 0 26, 632 74. 00 76.97 07697 07400 REMAL DI ALLYSIS 0. 000000 0 0 0 0 0 0 0						-1	1	
65. 01 06500 RESPIRATORY THERAPY								1
65.01 0.6501 SLEEP LAB								1
66.00 06600 PHYSI CAL THERAPY 0.361586 109,972 0 0 39,764 66.00 67.00 06700 0CCUPATI ONAL THERAPY 0.266492 25,495 0 0 6,794 67.00 68.00 06800 SPEECH PATHOLOGY 0.257319 14,542 0 0 3,742 68.00 68.01 06801 AUDI OLOGY 0.000000 0 0 0 0 0 68.01 69.00 06900 ELECTROCARDI OLOGY 0.000000 0 0 0 0 0 68.01 69.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0.270360 13,482,090 0 0 3,645,018 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATI ENT 0.193098 12,288,175 0 0 2,372,822 72.00 73.01 07301 DRUGS CHARGED TO PATI ENTS 0.182228 66,812,320 530 211,393 11,992,847 73.00 73.01 07301 HOSPI TAL BASED RETAIL PHARMACI ES 1.292186 0 0 0 0 0 0 74.00 07400 RENAL DI ALYSI S 0.418274 63,672 0 0 26,632 74.00 76.00 03160 CARDI OPULMONARY 0.000000 0 0 0 0 0 0 76.97 07697 CARDI AC REHABI LI TATI ON 0.260462 1,670,322 0 0 435,055 76.97 76.98 09000 CLI NI C 0.000000 0 0 0 0 0 0 90.01 09001 SUBSTANCE ABUSE CLI NI C 0.000000 0 0 0 0 0 90.02 09002 PAIN CLINIC 0.330303 3,035,265 0 0 1,172,626 90.03 91.00 09000 DEMERGENCY 0.104297 30,619,484 0 140 3,193,520 91.00 92.01 09200 DESERVATI ON BEDS (IDSTINCT PART) 0.000000 0 0 0 0 1,426,814 92.00 92.01 09200 DASERVATI ON BEDS (IDSTINCT PART) 0.000000 0 0 0 0 0 0 0								1
67. 00 66700 OCCUPATI ONAL THERAPY 0.266492 25,495 0 0 6,794 67. 00 68. 00 O6800 SPECCH PATHOLOGY 0.257319 14,542 0 0 3,742 68. 00 69. 00 O6800 O6900 ELECTROCARDI OLOGY 0.000000 0 0 0 0 69. 00 O6900 ELECTROCARDI OLOGY 0.078631 6,160,092 0 0 484,374 69. 00 71. 00 O7100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0.270360 13,482,090 0 0 3,645,018 71. 00 72. 00 O7200 IMPL. DEV. CHARGED TO PATIENTS 0.193098 12,288,175 0 0 2,372,822 72.00 73. 00 O7300 DRUGS CHARGED TO PATIENTS 0.182228 65,812,320 530 211,393 11,992,847 73. 00 73. 01 O7301 HOSPI TAL BASED RETAIL PHARMACIES 1.292186 0 0 0 0 0 74. 00 O7400 RENAL DI ALYSIS 0.418274 63,672 0 0 26,632 74. 00 76. 90 O3160 CARDI OPULMONARY 0.000000 0 0 0 0 0 76. 97 O7697 CARDI AC REHABILLITATI ON 0.260462 1,670,322 0 0 435,055 76. 97 76. 98 O7698 HYPERBARI C OXYGEN THERAPY 0.140208 0.140208 0.140208 76. 99 O19000 CLINIC 0.000000 0 0 0 0 79. 01 O9001 SUBSTANCE ABUSE CLINIC 0.000000 0 0 0 0 79. 02 O9002 PAIN CLINIC 0.000000 0 0 0 0 79. 03 O9003 ONCOLOGY CLINIC 0.000000 0 0 0 0 79. 04 O9001 SUBSTANCE ABUSE CLINIC 0.000000 0 0 0 0 79. 00 O9000 CLINIC 0.000000 0 0 0 0 79. 00 O9000 OBSERVATI ON BEDS (NON-DISTINCT PART) 0.206754 6, 901,022 0 0 1, 426, 814 79. 00 O9200 OBSERVATION BEDS (NON-DISTINCT PART) 0.000000 0 0 0 0 0 79. 01 O9201 OBSERVATION BEDS (DISTINCT PART) 0.000000 0 0 0 0 79. 01 O9201 OBSERVATION BEDS (DISTINCT PART) 0.000000 0 0 0 0 79. 01 O9201 ONGORDISTINCT PART 0.000000 0 0 0 0 79. 00 O9000 ONGORDISTINCT PART 0.000000 0 0 0 0 79. 00 O9000 ONGORDISTINCT PART 0.000000 0 0 0 0 79. 00 O9000 ONGORDISTINCT PART 0.000000 0 0 0 0 79. 00 O9000 ONGORDI			1		l .			
68. 00 06800 SPEECH PATHOLOGY 0. 257319 14, 542 0 0 3, 742 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0. 000000 0 0 0 0 484, 374 69. 00 71. 00 07000 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0. 270360 13, 482, 090 0 0 3, 645, 018 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENT 0. 193098 12, 288, 175 0 0 2, 372, 822 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0. 182228 65, 812, 320 530 211, 393 11, 992, 847 73. 00 73. 01 07301 HOSPI TAL BASED RETAI L PHARMACI ES 1. 292186 0 0 0 0 0 0 74. 00 07400 RENAL DI ALYSIS 0. 418274 63, 672 0 0 0 0 0 76. 97 03600 CARDI OPULMONARY 0. 0000000 0 0 0 0 76. 98 07697 CARDI ACRED TO ACRED TO ENTERBY 0. 140208 6, 150, 565 0 0 862, 358 76. 90 00000 CLI NI C 0. 000000 0 0 0 0 790. 01 09000 CLI NI C 0. 000000 0 0 0 0 790. 02 09000 CLI NI C 0. 000000 0 0 0 0 790. 03 09003 ONCOLOGY CLI NI C 0. 0333033 3, 035, 265 0 0 1, 172, 626 90. 03 791. 00 09000 EMERGENCY 0. 104297 30, 619, 484 0 140 3, 193, 520 792. 01 09200 OBSERVATI ON BEDS (DI STI NCT PART) 0. 000000 0 0 0 0 0 790. 02 09200 OBSERVATI ON BEDS (DI STI NCT PART) 0. 000000 0 0 0 0 0 795. 00 09500 AMBULANCE SERVI CES 0. 000000 0 0 0 0 795. 00 09500 AMBULANCE SERVI CES 0. 000000 0 0 0 0 795. 00 09500 AMBULANCE SERVI CES 0. 363417 0. 000000 0 0 0 0 796. 00 001 Charges 0. 000000 0 0 0 0 797. 00 001 Charges 0. 000000 0 0 0 0 797. 00 001 Charges 0. 000000 0 0 0 0 797. 00 001 Charges 0. 000000 0 0 0 0 797. 00 001 Charges 0. 000000 0 0 0 0 798. 00 09500 ONDO 000000 0 0 0 0 0 799. 00 0000000000000000000000000000000			1	1	•			
68. 01 06801 AUDI OLOGY 0. 000000 0 0 0 0 0 0 68. 01 69. 00 06900 ELECTROCARDI OLOGY 0. 078631 6, 160, 092 0 0 484, 374 69. 00 70 100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0. 270360 13, 482, 090 0 0 3, 645, 018 71. 00 70 100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0. 193098 12, 288, 175 0 0 2, 372, 822 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0. 182228 65, 812, 320 530 211, 393 11, 992, 847 73. 00 7301 HOSPITAL BASED RETAIL PHARMACIES 1. 292186 0 0 0 0 26, 632 74. 00 74. 00 07400 RENAL DI ALYSI S 0. 418274 63, 672 0 0 26, 632 74. 00 76. 00 3160 CARDI OPULMONARY 0. 000000 0 0 0 0 0 0 76. 00 76. 00 76. 97 7697 CARDI AC REHABI LI TATI ON 0. 260462 1, 670, 322 0 0 0 435, 055 76. 98 000000 CLINI C 0. 0400000 0 0 0 0 0 0 0 0 0 0 0 0 0 0							· ·	1
69. 00 06900 ELECTROCARDI OLOGY 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 73. 00 07300 DRUGS CHARGED TO PATIENTS 73. 00 07300 DRUGS CHARGED TO PATIENTS 74. 00 07400 IMPL. DEV. CHARGED TO PATIENTS 75. 00 07300 DRUGS CHARGED TO PATIENTS 76. 00 07301 HOSPI TAL BASED RETAIL PHARMACIES 77. 00 07400 RENAL DI ALYSIS 78. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES 79. 00 07400 RENAL DI ALYSIS 79. 00 0740			1					1
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0. 270360 13, 482, 090 0 0 3, 645, 018 71. 00 72. 00 77200 1MPL. DEV. CHARGED TO PATIENT 0. 193098 12, 288, 175 0 0 2, 372, 822 72. 00 73. 01 73. 00 07300 DRUGS CHARGED TO PATIENTS 0. 182228 65, 812, 320 530 211, 393 11, 992, 847 73. 00 73. 01 74. 00 07400 RENAL DI ALYSI S 0. 418274 63, 672 0 0 26, 632 74. 00 76. 00 03160 CARDI OPULMONARY 0. 000000 0 0 0 0 0 0 0						-		1
72.00 07200 IMPL. DEV. CHARGED TO PATIENT 0. 193098 12, 288, 175 0 0 2, 372, 822 72.00 73.00 73.00 73.00 73.00 73.00 73.01 73.								1
73. 00		l l	1		•			1
73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES			1		•	-	1	1
74. 00			1		53	0 211, 393	1	
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76. 98 O7698 HYPERBARI C OXYGEN THERAPY O. 140208 6, 150, 565 O O B862, 358 76. 98 OUTPATIENT SERVICE COST CENTERS 90. 00 O9000 CLI NI C O. 000000 O O O O O O O O O O O O O O O								1
OUTPATIENT SERVICE COST CENTERS O. 000000			1		•			1
90. 00 09000 CLINIC 0.000000 0 0 0 0 0 90. 00 90. 01 90. 01 90. 01 90. 01 90. 02 90. 02 90. 02 90. 02 90. 03 90. 03 90. 03 90. 03 90. 03 90. 04 90. 05	76. 98		0. 140208	6, 150, 565		0 0	862, 358	76. 98
90. 01 09001 SUBSTANCE ABUSE CLINIC 0.000000 0 0 0 0 0 90. 01 90. 02 09002 PAIN CLINIC 0.330303 3,035,265 0 0 1,002,557 90. 02 90. 03 09003 0NCOLOGY CLINIC 0.096161 12,194,399 0 0 1,172,626 90. 03 91. 00 09100 EMERGENCY 0.104297 30,619,484 0 140 3,193,520 91. 00 92. 00 09200 0BSERVATION BEDS (NON-DISTINCT PART) 0.206754 6,901,022 0 0 0 1,426,814 92. 00 92. 01 09201 0BSERVATION BEDS (DISTINCT PART) 0.000000 0 0 0 0 OTHER REIMBURSABLE COST CENTERS 95. 00 200. 00 Subtotal (see instructions) 274,039,384 530 211,533 39,921,528 200. 00 201. 00 Class PBP Clinic Lab. Services-Program 0 0 0 0 ON CONTROL OF THE REIMBURSABLE COST CENTERS 0 0 0 ON CONTROL OF THE REIMBURSABLE COST CENTERS								
90. 02 09002 PAIN CLINIC 0. 330303 3. 035, 265 0 0 1, 002, 557 90. 02 90. 03 09003 0NCOLOGY CLINIC 0. 096161 12, 194, 399 0 0 1, 172, 626 90. 03 91. 00 09100 EMERGENCY 0. 104297 30, 619, 484 0 140 3, 193, 520 91. 00 92. 00 09200 0BSERVATION BEDS (NON-DISTINCT PART) 0. 206754 6, 901, 022 0 0 0 0 0 0 92. 01 09201 0BSERVATION BEDS (DISTINCT PART) 0. 000000 0 0 0 0 0 OTHER REIMBURSABLE COST CENTERS 95. 00 09000 Subtotal (see instructions) 274, 039, 384 530 211, 533 39, 921, 528 200. 00 201. 00 Clarges			· I				1	
90. 03					l .		1	1
91. 00 09100 EMERGENCY 0. 104297 30, 619, 484 0 140 3, 193, 520 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) 0. 206754 6, 901, 022 0 0 0 0 0 92. 01 OTHER REIMBURSABLE COST CENTERS 0. 363417 0 0 0 0 0 0 0 0 0						0		1
92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 0. 206754 6, 901, 022 0 0 0 1, 426, 814 92. 00 92. 01 ODITION			1			0		
92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0.000000 0 0 0 0 92. 01	91.00		0. 104297	30, 619, 484		0 140	3, 193, 520	91.00
OTHER REI MBURSABLE COST CENTERS 95.00			0. 206754	6, 901, 022			1, 426, 814	92.00
95. 00	92. 01		0. 000000	0		0 0	0	92. 01
200.00 Subtotal (see instructions) 274,039,384 530 211,533 39,921,528 200.00 201.00 0 0 0 0 0 0 0 0 0		OTHER REIMBURSABLE COST CENTERS						
201.00 Less PBP Clinic Lab. Services-Program 0 0 201.00 201.00			0. 363417			0		1
Only Charges	200.00	Subtotal (see instructions)		274, 039, 384	53	0 211, 533	39, 921, 528	200. 00
	201.00					0		201.00
202.00 Net Charges (line 200 - line 201) 274,039,384 530 211,533 39,921,528 202.00								
	202.00	Net Charges (line 200 - line 201)		274, 039, 384	53	0 211, 533	39, 921, 528	202. 00

Heal th Financial Systems

BALL MEMORIAL HOSPITAL

In Lieu of Form CMS-2552-10

ADDODT ONWANT OF MEDICAL OTHER HEALTH SERVICES AND VACCINE COST.

Providen CON. 15 0000 Post ed.

Weeklebeet P.

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 15-0089 Peri od: Worksheet D From 01/01/2018 Part V Date/Time Prepared: 5/24/2019 9:59 am 12/31/2018 Title XVIII Hospi tal PPS 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.) 6.00 7.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 50.00 51.00 05100 RECOVERY ROOM 0000000000000000000 0 51.00 52. 00 05200 DELIVERY ROOM & LABOR ROOM 0 52 00 05400 RADI OLOGY-DI AGNOSTI C 54.00 0 54.00 57. 00 03280 EKG AND EEG 0 57.00 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0 58.00 05900 CARDI AC CATHETERI ZATI ON 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 71.00 0 71 00 72.00 07200 IMPL. DEV. CHARGED TO PATIENT 72.00 97 0 0 0 0 07300 DRUGS CHARGED TO PATIENTS 73.00 38, 522 73.00 07301 HOSPITAL BASED RETAIL PHARMACIES 73.01 0 73.01 07400 RENAL DIALYSIS 74.00 0 74 00 76.00 03160 CARDI OPULMONARY 0 76.00 07697 CARDIAC REHABILITATION 76. 97 0 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 76.98 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0 90.00 09001 SUBSTANCE ABUSE CLINIC 90. 01 0 0 0 90.01 09002 PAIN CLINIC 90 02 0 90.02 90.03 09003 ONCOLOGY CLINIC 0 90.03 0 09100 EMERGENCY 91.00 15 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 0 09201 OBSERVATION BEDS (DISTINCT PART) 92.01 92.01 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 95.00 200.00 200. 00 Subtotal (see instructions) 97 38, 537

0

97

38, 537

201. 00

202. 00

201.00

202.00

Less PBP Clinic Lab. Services-Program

Net Charges (line 200 - line 201)

Only Charges

Health Financial Systems BALL MEMORIAL HOSPITAL In Lieu of Form CMS-2552-10							
	APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			CN: 15-0089 CCN: 15-T089	Peri od: From 01/01/2018 To 12/31/2018	Worksheet D	pared:
			Title	· XVIII	Subprovi der - I RF	PPS	9 3111
	Cost Center Description	Capi tal	Total Charges	Ratio of Cos		Capital Costs	
	•		(from Wkst. C,		Program	(column 3 x	
		(from Wkst. B,	Part I, col.	(col . 1 ÷ col	. Charges	column 4)	
		Part II, col.	8)	2)	·		
		26)					
		1.00	2. 00	3. 00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	1, 341, 542		l .		835	1
51.00	05100 RECOVERY ROOM	315, 057	22, 917, 069			35	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	477, 326				0	
54.00	05400 RADI OLOGY-DI AGNOSTI C	2, 170, 139				2, 620	
57. 00	03280 EKG AND EEG	2, 215	3, 515, 364			5	57. 00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0.0000		0	
59. 00	05900 CARDI AC CATHETERI ZATI ON	521, 085				0	
60.00	06000 LABORATORY	700, 912		l .			
60. 01	06001 BLOOD LABORATORY	0				0	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3, 308				5	1
65. 00	06500 RESPI RATORY THERAPY	194, 393				1, 227	
65. 01	06501 SLEEP LAB	6, 367				0	
66. 00	06600 PHYSI CAL THERAPY	148, 218				12, 588	
67. 00	06700 OCCUPATI ONAL THERAPY	89, 929				29, 704	
68. 00	06800 SPEECH PATHOLOGY	23, 521		l .		3, 617	
68. 01	06801 AUDI OLOGY	0		0.0000		0	
69. 00	06900 ELECTROCARDI OLOGY	644, 138				469	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	198, 006				269	
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	259, 422		l .		79	
73. 00	07300 DRUGS CHARGED TO PATIENTS	356, 325				2, 254	1
73. 01 74. 00	07301 HOSPITAL BASED RETAIL PHARMACIES 07400 RENAL DIALYSIS	29, 561		l .		0	
76.00	03160 CARDI OPULMONARY	102, 793				3, 245 0	1
76. 00	07697 CARDI AC REHABI LI TATI ON	7, 461	1			1	76. 00
76. 98	07698 HYPERBARI C OXYGEN THERAPY	29, 582		0.0010		0	
70. 70	OUTPATIENT SERVICE COST CENTERS	27, 302	14, 774, 701	0.00200	52 0		70. 76
90.00	09000 CLI NI C	0	0	0.00000	00 0	0	90.00
90. 01	09001 SUBSTANCE ABUSE CLINIC	0	0	0.00000	00	0	90. 01
90. 02	09002 PAIN CLINIC	768, 997	7, 598, 199	0. 10120	0 80	0	90. 02
90. 03	09003 ONCOLOGY CLINIC	168, 690		l .		0	
91. 00	09100 EMERGENCY	1, 316, 851				0	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0				0	
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.0000	00	0	92. 01
	OTHER REIMBURSABLE COST CENTERS					1	
95. 00							95. 00
200.00	Total (lines 50 through 199)	9, 875, 838	1, 527, 479, 995	I	7, 327, 365	59, 886	200. 00

Health Financial Systems	BALL MEMORIAL H	HOSPI TAL	In Lieu of Form CMS-2552		
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0089 Component CCN: 15-T089	Peri od: From 01/01/2018		
		·		5/24/2019 9:59 am	
		Title XVIII	Subprovi der -	PPS	

		Ti tl e	e XVIII	Subprovi der -	PPS	<u> </u>
Cost Center Description	Non Physician	Nursing School	Nursi na School		Allied Health	
	Anesthetist	Post-Stepdown		Post-Stepdown		
	Cost	Adjustments		Adjustments		
	1.00	2A	2.00	3A	3. 00	
ANCILLARY SERVICE COST CENTERS		•	•			
50. 00 05000 OPERATING ROOM	C	0) (0	0	50.00
51.00 05100 RECOVERY ROOM		0		ol ol	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM		0		ol ol	0	52. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0		ol ol	0	54.00
57.00 03280 EKG AND EEG		0		ol ol	0	57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)		0		ol ol	0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON		0		ol ol	0	59. 00
60. 00 06000 LABORATORY		0		ol ol	0	60.00
60. 01 06001 BLOOD LABORATORY		0		ol ol	0	60. 01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.		0		ol ol	0	63. 00
65. 00 06500 RESPIRATORY THERAPY		0		ol ol	0	65. 00
65. 01 06501 SLEEP LAB		0		ol ol	0	65. 01
66. 00 06600 PHYSI CAL THERAPY		0		ol ol	0	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY		0		ol ol	0	67. 00
68. 00 06800 SPEECH PATHOLOGY) 0		ol ol	0	68. 00
68. 01 06801 AUDI OLOGY) 0		ol ol	0	68. 01
69. 00 06900 ELECTROCARDI OLOGY) 0		ol ol	0	69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS) 0		ol ol	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT) 0		ol ol	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS) 0		ol ol	288, 413	73. 00
73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES		0		ol ol	0	73. 01
74.00 07400 RENAL DIALYSIS		0		ol ol	0	74. 00
76. 00 03160 CARDI OPULMONARY		0		ol ol	0	76. 00
76. 97 07697 CARDI AC REHABI LI TATI ON		0		ol ol	0	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY		0		ol ol	0	76. 98
OUTPATIENT SERVICE COST CENTERS		•	•			
90. 00 09000 CLI NI C	C	0) (0	0	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC		0) (ol ol	0	90. 01
90. 02 09002 PAIN CLINIC		0) (o	0	90. 02
90. 03 09003 0NCOLOGY CLINIC		0) (ol ol	0	90. 03
91. 00 09100 EMERGENCY		0) (o	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)		0) (ol ol	0	92. 01
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES						95. 00
200.00 Total (lines 50 through 199)	() o) (이	288, 413	200. 00

Heal th Fi	inancial Systems	BALL MEMORIA	L HOSPITAL		In Li∈	eu of Form CMS-	2552-10
APPORTI O THROUGH	NMENT OF INPATIENT/OUTPATIENT ANCILLARY SER		S Provider C	CN: 15-0089 CCN: 15-T089	Peri od: From 01/01/2018 To 12/31/2018	Worksheet D Part IV	
			·	xVIII	Subprovi der -	5/24/2019 9:5 PPS	9 am
					IRF		
	Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
		Medi cal	(sum of cols.	Outpatient	(from Wkst. C,	to Charges	
		Education Cost		Cost (sum of		(col. 5 ÷ col.	
			4)	col s. 2, 3, and 4)	8)	7)	
		4.00	5. 00	6. 00	7. 00	8. 00	
ΔΛ	NCILLARY SERVICE COST CENTERS	4.00	3.00	0.00	7.00	0.00	
	5000 OPERATING ROOM	0	0		0 173, 515, 049	0.000000	50.00
	5100 RECOVERY ROOM	0	Ö		0 22, 917, 069	l	
	5200 DELIVERY ROOM & LABOR ROOM	0	0	l .	0 25, 288, 590		
	5400 RADI OLOGY-DI AGNOSTI C	0	0		0 229, 461, 191	0. 000000	
	3280 EKG AND EEG	0	Ö		0 3, 515, 364	l .	1
	5800 MAGNETIC RESONANCE IMAGING (MRI)	0	Ö		0 3,313,304	0. 000000	1
	5900 CARDI AC CATHETERI ZATI ON	0	Ö	•	0 92, 040, 351	0. 000000	1
	6000 LABORATORY	0	Ö	•	0 87, 440, 502	0.00000	
	6001 BLOOD LABORATORY	0	Ö		0 07, 440, 302	0. 000000	
	6300 BLOOD STORING, PROCESSING, & TRANS.	0	Ö	l .	0 6, 986, 000		
	6500 RESPIRATORY THERAPY	0	Ö	l .	0 22, 908, 972	0. 000000	
1	6501 SLEEP LAB	0	Ö		0 8, 763, 457	0. 000000	
	6600 PHYSI CAL THERAPY	0	Ö	•	0 20, 727, 420	l .	
	6700 OCCUPATIONAL THERAPY	0	Ö	•	0 6, 563, 861	0. 000000	1
1	6800 SPEECH PATHOLOGY	0	0		0 3, 130, 314	l e	
	6801 AUDI OLOGY	0	0		0 0	0.000000	
	6900 ELECTROCARDI OLOGY	0	0		0 54, 318, 712		
	7100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 63, 019, 435		
	7200 IMPL. DEV. CHARGED TO PATIENT	0	0		0 117, 724, 046	l e	
73.00 07	7300 DRUGS CHARGED TO PATIENTS	0	288, 413	288, 4°		0. 001073	
	7301 HOSPITAL BASED RETAIL PHARMACIES	0	0		0 8, 569, 884	0. 000000	73. 01
74. 00 07	7400 RENAL DIALYSIS	0	0		0 4, 431, 096	0.000000	74. 00
76. 00 03	3160 CARDI OPULMONARY	0	0		0 0	0. 000000	76. 00
76. 97 07	7697 CARDIAC REHABILITATION	0	0		0 4, 422, 204	0. 000000	76. 97
76. 98 07	7698 HYPERBARIC OXYGEN THERAPY	0	0		0 14, 774, 701	0.000000	76. 98
OL	JTPATIENT SERVICE COST CENTERS						
90.00 09	9000 CLI NI C	0	0		0 0	0.000000	90.00
90. 01 09	9001 SUBSTANCE ABUSE CLINIC	0	0		0 0	0. 000000	90. 01
90. 02 09	9002 PAIN CLINIC	0	0		0 7, 598, 199	0.000000	90. 02
	9003 ONCOLOGY CLINIC	0	0		0 30, 856, 550		
	9100 EMERGENCY	0	0		0 221, 532, 442		
	9200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	•	0 28, 214, 775		
92. 01 09	9201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 0	0. 000000	92. 01
	THER REIMBURSABLE COST CENTERS						
1	9500 AMBULANCE SERVICES						95. 00
200. 00	Total (lines 50 through 199)	0	288, 413	288, 4	13 1, 527, 479, 995	I	200. 00

Heal th	Financial Systems	BALL MEMORIAL	HOSPI TAI		In lie	u of Form CMS-	2552-10
	TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER		Provi der Co	CN: 15-0089	Peri od:	Worksheet D	2002 10
	SH COSTS			CCN: 15-T089	From 01/01/2018 To 12/31/2018	Part IV Date/Time Pre 5/24/2019 9:5	pared: 9 am
			Title	: XVIII	Subprovi der - I RF	PPS	
	Cost Center Description	Outpati ent	I npati ent	I npati ent	Outpati ent	Outpati ent	
		Ratio of Cost	Program	Program	Program	Program	
		to Charges	Charges	Pass-Through		Pass-Through	
		(col. 6 ÷ col.		Costs (col.	8	Costs (col. 9	
		7)		x col. 10)		x col . 12)	
	ANOLILIARY OF BUILDE COOT OF STEED	9. 00	10. 00	11. 00	12. 00	13. 00	
F0 00	ANCILLARY SERVICE COST CENTERS	0.000000	400.005	1			
50.00	05000 OPERATI NG ROOM	0. 000000	108, 025		0 0	0	
51.00	05100 RECOVERY ROOM	0. 000000	2, 557	1	0 0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0. 000000	0		0 0	0	52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 000000	277, 030	1	0 0	0	54.00
57. 00	03280 EKG AND EEG	0. 000000	7, 668	1	0 0	0	57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 000000	0		0 0	0	
59. 00	05900 CARDI AC CATHETERI ZATI ON	0. 000000	0		0 0	0	
60.00	06000 LABORATORY	0. 000000	365, 846	1	0 0	0	
60. 01	06001 BLOOD LABORATORY	0. 000000	0		0 0	0	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	10, 615	1	0 0	0	63. 00
65. 00	06500 RESPI RATORY THERAPY	0.000000	144, 587	1	0 0	0	65. 00
65. 01	06501 SLEEP LAB	0.000000	0	•	0 0	0	65. 01
66.00	06600 PHYSI CAL THERAPY	0.000000	1, 760, 364	•	0 0	0	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0.000000	2, 168, 012	1	0 0	0	
68. 00	06800 SPEECH PATHOLOGY	0.000000	481, 414	1	0 0	0	
68. 01	06801 AUDI OLOGY	0.000000	0		0 0	0	
69. 00	06900 ELECTROCARDI OLOGY	0.000000	39, 540	l .	0 0	0	69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENT	0. 000000 0. 000000	85, 599	l .	0 0	0	71. 00 72. 00
72. 00 73. 00	07300 DRUGS CHARGED TO PATIENTS	0. 001073	36, 065 1, 699, 575			0	1
73. 00	07301 HOSPITAL BASED RETAIL PHARMACIES	0. 001073	1,099,070	1,02	0 0	0	
74. 00	07400 RENAL DIALYSIS	0. 000000	139, 882			0	1
76. 00	03160 CARDI OPULMONARY	0. 000000	139, 662			0	
76. 97	07697 CARDI AC REHABI LI TATI ON	0. 000000	586		0 0	0	
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0. 000000	0		0 0	0	
	OUTPATIENT SERVICE COST CENTERS						
90. 00	09000 CLI NI C	0. 000000	0	l .	0	0	1
90. 01	09001 SUBSTANCE ABUSE CLINIC	0. 000000	0		0	0	90. 01
90. 02	09002 PAIN CLINIC	0. 000000	0		0	0	90. 02
90. 03	09003 ONCOLOGY CLINIC	0. 000000	0		0 0	0	90. 03
91. 00	09100 EMERGENCY	0. 000000	0		0 0	0	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	0	l .	0 0	0	
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000	0		0 0	0	92. 01
	OTHER REIMBURSABLE COST CENTERS			1			ļ
95. 00 200. 00	O9500 AMBULANCE SERVICES Total (lines 50 through 199)		7, 327, 365	1, 82	24 0	0	95. 00 200. 00
200.00	p protein (111163 30 till bugli 177)	I I	1, 321, 303	1, 02		0	1200.00

Health Financial Systems	BA	LL MEMORIAL HOSPITAL		In Lieu	u of Form CMS-2552-10
APPORTIONMENT OF MEDICAL, OT	HER HEALTH SERVICES AND VACO	CINE COST Provide	er CCN: 15-0089		Worksheet D
		Compone	ent CCN: 15-T089	From 01/01/2018	Part V Date/Time Prenared

5/24/2019 9:59 am Subprovi der Title XVIII **PPS** Charges Costs Cost to Charge PPS Reimbursed Cost Center Description Cost PPS Services Cost Services (see Ratio From Rei mbursed Rei mbursed (see inst.) Worksheet C, inst.) Servi ces Services Not Subject To Part I, col. 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. 107584 50.00 51.00 05100 RECOVERY ROOM 0.177808 0 0 51.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 05200 DELIVERY ROOM & LABOR ROOM 0 0.202974 0 52 00 52 00 0 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.120536 0 0 54.00 03280 EKG AND EEG 0.062894 0 0 57.00 57.00 0 05800 MAGNETIC RESONANCE I MAGING (MRI) 0 58.00 0.000000 58.00 0 0 59 00 05900 CARDIAC CATHETERIZATION 0.071116 0 0 59 00 60.00 06000 LABORATORY 0. 163377 0 0 0 60.00 60.01 06001 BLOOD LABORATORY 0.000000 60.01 06300 BLOOD STORING, PROCESSING, & TRANS. 0 0 63.00 0.211417 0 63.00 65.00 06500 RESPIRATORY THERAPY 0. 282846 0 0 65.00 06501 SLEEP LAB 0.108656 65.01 65.01 0 66.00 06600 PHYSI CAL THERAPY 0.361586 66.00 06700 OCCUPATIONAL THERAPY 67.00 0.266492 0 0 67.00 68.00 06800 SPEECH PATHOLOGY 0. 257319 0 68.00 68.01 06801 AUDI OLOGY 0.000000 0 0 68.01 06900 ELECTROCARDI OLOGY 0.078631 69.00 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.270360 0 71.00 Λ 71.00 07200 IMPL. DEV. CHARGED TO PATIENT 0. 193098 0 72.00 72.00 07300 DRUGS CHARGED TO PATIENTS 73.00 0. 182228 1,039 73.00 0 73.01 07301 HOSPITAL BASED RETAIL PHARMACIES 1. 292186 0 0 73.01 0 74.00 07400 RENAL DIALYSIS 0. 418274 0 0 0 74.00 03160 CARDI OPULMONARY 0.000000 0 76.00 76.00 0 0 o 76. 97 07697 CARDIAC REHABILITATION 0. 260462 0 0 76. 97 07698 HYPERBARI C OXYGEN THERAPY 0. 140208 0 0 76. 98 76.98 0 0 OUTPATIENT SERVICE COST CENTERS 90.00 0 90.00 09000 CLI NI C 0.000000 0 0 0 0 90.01 09001 SUBSTANCE ABUSE CLINIC 0.000000 0 90.01 0 09002 PAIN CLINIC 0. 330303 90.02 90.02 0 0 90.03 09003 ONCOLOGY CLINIC 0.096161 0 0 0 0 90.03 91.00 09100 EMERGENCY 0.104297 0 0 0 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0 o 92.00 92 00 0. 206754 Ω 0 09201 OBSERVATION BEDS (DISTINCT PART) 0 92.01 0.000000 0 0 92.01 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0. 363417 0 95.00 0 0 1, 039 0 200. 00 200.00 Subtotal (see instructions) 201.00 Less PBP Clinic Lab. Services-Program 0 201.00 Only Charges

0

1, 039

0 202. 00

202.00

Net Charges (line 200 - line 201)

	5411 4540514				6.5. 040.	
Health Financial Systems	BALL MEMORIA	L HOSPITAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider Co	CN: 15-0089	Peri od:	Worksheet D	
		Component	CCN: 15-T089	From 01/01/2018 To 12/31/2018		
		Title	e XVIII	Subprovi der - I RF	PPS	
	Cos	sts		•		
Cost Center Description	Cost	Cost				

					IRF	
		Cos	sts			
	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.)			
		6. 00	7. 00			
	ANCILLARY SERVICE COST CENTERS					1
50. 00	05000 OPERATI NG ROOM	0	0	1		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 I MAGING (MRI)	0	0			58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0			59. 00
60.00	06000 LABORATORY	0	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	189			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	0			90.00
90. 01	09001 SUBSTANCE ABUSE CLINIC	0	0			90. 01
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 SERVI CES	0				95. 00
200.00	Subtotal (see instructions)	0	189			200. 00
201.00	Less PBP Clinic Lab. Services-Program	0				201. 00
	Only Charges					
202.00	Net Charges (line 200 - line 201)	0	189			202. 00

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0089	Peri od: From 01/01/2018	Worksheet D-1
			Date/Time Prepared: 5/24/2019 9:59 am
	Title XVIII	Hospi tal	PPS

NAME 1 - ALL PROVIDER COMPONENTS 1.00				12,01,2010	5/24/2019 9:5	9 am
NART 1 - ALL PROVIDER COMPONENTS 1.00			Title XVIII	Hospi tal	PPS	
Next I. ALL PROVIDER CORPOWERS Next		Cost Center Description				
MARTIENT DAYS					1. 00	
Inpatient days (including private room days, and saing-bed days, excluding newborn) 72,183 2.00 Private room days (excluding saing-bed and newborn days) 72,183 2.00 71,000 72,0		PART I - ALL PROVIDER COMPONENTS				
Impatient days (Including private room days, excluding saing-bed and networn days) 72, 183 2, 00						
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PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost per diem (see instructions) 882.93 38.00 39.00 Program general inpatient routine service cost (line 9 x line 38) 27, 212, 786 39.00 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 40.00	37.00	General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	63, 732, 892	37. 00
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost per diem (see instructions) 882.93 38.00 39.00 Program general inpatient routine service cost (line 9 x line 38) 27,212,786 39.00 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 40.00						
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41.00 Total Program general Inpatient routine service cost (line 39 + line 40) 27,212,786 41.00		, , , , , , , , , , , , , , , , , , , ,	,			
	41.00	liotal Program general inpatient routine service cost (line 39	+ IINE 4U)	l	21, 212, 786	41.00

Heal th	Financial Systems	BALL MEMORIAL	_ HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der Co	CN: 15-0089	Peri od: From 01/01/2018	Worksheet D-1	
					To 12/31/2018		
			Title	· XVIII	Hospi tal	5/24/2019 9: 59 PPS	9 alli
	Cost Center Description	Total	Total	Average Per		Program Cost	
		Inpatient Cost	npatient bays	col. 2)	÷	(col. 3 x col. 4)	
40.00	INUDGEDY (1) II WA WAY IN	1.00	2. 00	3.00	4. 00	5. 00	40.00
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	16, 915, 240	10, 075				43. 00
44. 00 45. 00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	0	0	0.0	00	0	44. 00 45. 00
46. 00	SURGICAL INTENSIVE CARE UNIT						46. 00
47. 00	NEONATAL INTENSIVE CARE UNIT Cost Center Description	4, 596, 846	3, 770	1, 219. 3	32 0	0	47. 00
	cost center bescription					1. 00	
48. 00	Program inpatient ancillary service cost (Wk			`		46, 790, 388	
49.00	Total Program inpatient costs (sum of lines PASS THROUGH COST ADJUSTMENTS	41 through 48)(s	see instructio	ins)		81, 716, 178	49.00
50.00	Pass through costs applicable to Program inp	atient routine s	services (from	Wkst. D, sur	n of Parts I and	3, 182, 366	50. 00
51. 00	<pre> </pre>	atient ancillar	v services (fr	om Wkst. D. s	sum of Parts II	1, 910, 108	51. 00
	and IV)	· ·	, (J			
52. 00 53. 00	Total Program excludable cost (sum of lines Total Program inpatient operating cost exclu	,	ated non-phy	rsician anesth	netist and	5, 092, 474 76, 623, 704	
00.00	medical education costs (line 49 minus line		Tarea, Horr priy		Totrot, una	70,020,701	00.00
54.00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges					0	54. 00
55. 00	Target amount per discharge						55. 00
56. 00 57. 00	Target amount (line 54 x line 55) Difference between adjusted inpatient operat	ing cost and tax	sact amount (ino 56 minus	lino 52)	0	56. 00 57. 00
58. 00	Bonus payment (see instructions)	ring cost and tai	get allourt (i	THE 50 IIITHUS	111le 53)	o o	58. 00
59. 00	Lesser of lines 53/54 or 55 from the cost re	porting period e	endi ng 1996, u	pdated and co	ompounded by the	0.00	59. 00
60.00	market basket Lesser of lines 53/54 or 55 from prior year	cost report, upo	dated by the m	arket basket		0. 00	60. 00
61. 00	If line 53/54 is less than the lower of line					0	61. 00
	which operating costs (line 53) are less tha amount (line 56), otherwise enter zero (see		s (Tines 54 x	60), OF 1% OI	the target		
62.00	Relief payment (see instructions)	+ / !+	-+:>			0	
63. 00	Allowable Inpatient cost plus incentive paym PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see mstruc	etions)			0	63. 00
64. 00	9 1	ts through Decer	mber 31 of the	cost reporti	ng period (See	0	64. 00
65. 00	<pre>instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos</pre>	ts after Decembe	er 31 of the c	ost reporting	period (See	o	65. 00
// 00	instructions)(title XVIII only)	+- (1: ((4 -1 1 /	F) (±:±1 - \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			// 00
66. 00	Total Medicare swing-bed SNF inpatient routi CAH (see instructions)	ne costs (Tine o	54 prus rine o	os)(title xvii	i only). For	0	66. 00
67. 00	9 1	e costs through	December 31 o	of the cost re	eporting period	0	67. 00
68. 00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routing	e costs after De	ecember 31 of	the cost repo	orting period	0	68. 00
40.00	(line 13 x line 20)	routino costs (l	lino 47 : lino	. 40)			69. 00
69.00	Total title V or XIX swing-bed NF inpatient PART III - SKILLED NURSING FACILITY, OTHER N					0	69.00
70. 00 71. 00	Skilled nursing facility/other nursing facil Adjusted general inpatient routine service c	,		• • • • • •			70. 00 71. 00
72. 00	Program routine service cost (line 9 x line	, ,	THE 70 + TITLE	2)			72. 00
73. 00 74. 00	Medically necessary private room cost applic						73.00
74. 00 75. 00	Total Program general inpatient routine serv Capital-related cost allocated to inpatient				Part II, column		74. 00 75. 00
77, 00	26, line 45)						74 00
76. 00 77. 00	Per diem capital-related costs (line 75 ÷ li Program capital-related costs (line 9 x line						76. 00 77. 00
78. 00	Inpatient routine service cost (line 74 minu						78. 00
79. 00 80. 00	Aggregate charges to beneficiaries for exces Total Program routine service costs for comp.	, ,		*.	nus line 79)		79. 00 80. 00
81. 00	Inpatient routine service cost per diem limi	tati on		,			81. 00
82. 00 83. 00	Inpatient routine service cost limitation (I Reasonable inpatient routine service costs (,					82. 00 83. 00
84. 00	Program inpatient ancillary services (see in	structions)					84. 00
85. 00 86. 00	Utilization review - physician compensation Total Program inpatient operating costs (sum						85. 00 86. 00
00.00	PART IV - COMPUTATION OF OBSERVATION BED PASS						30.00
87. 00 88. 00	,		line 2)			6, 607 882. 93	87. 00 88. 00
	Observation bed cost (line 87 x line 88) (see	•	TING 2)			5, 833, 519	

Health Financial Systems	BALL MEMORIAI	L 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 01/01/2018	5	
				To 12/31/2018	Date/Time Prep 5/24/2019 9:5	
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital -related cost	6, 254, 461	63, 732, 892	0. 09813	6 5, 833, 519	572, 478	90.00
91.00 Nursing School cost	0	63, 732, 892	0.00000	0 5, 833, 519	0	91.00
92.00 Allied health cost	0	63, 732, 892	0.00000	0 5, 833, 519	0	92.00
93.00 All other Medical Education	0	63, 732, 892	0.00000	0 5, 833, 519	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 01/01/2018	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	
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days	s, excluding newborn)		4, 051	1. 00
2.00	Inpatient days (including private room days, excluding swing-			4, 051	2. 00
3.00	Private room days (excluding swing-bed and observation bed day do not complete this line.	ys). If you have only pri	vate room days,	0	3. 00
4.00	Semi-private room days (excluding swing-bed and observation be	ed davs)		4, 051	4. 00
5.00	Total swing-bed SNF type inpatient days (including private roo		31 of the cost	0	5. 00
	reporting period	om dava) after December 1	01 of the cost	0	4 00
6. 00	Total swing-bed SNF type inpatient days (including private roof reporting period (if calendar year, enter 0 on this line)	om days) after becember 3	31 of the cost	0	6. 00
7.00	Total swing-bed NF type inpatient days (including private roor	n days) through December	31 of the cost	0	7. 00
	reporting period			_	
8. 00	Total swing-bed NF type inpatient days (including private roor reporting period (if calendar year, enter 0 on this line)	m days) after December 31	of the cost	0	8. 00
9. 00	Total inpatient days including private room days applicable to	the Program (excluding	swi ng-bed and	2, 529	9. 00
	newborn days)				
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII or		oom 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 or		oom days) after	0	11. 00
00	December 31 of the cost reporting period (if calendar year, er	nter 0 on this line)	Join days) ares.		00
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX	Konly (including private	e room days)	0	12. 00
13. 00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XI)	(only (including private	room days)	0	13. 00
13.00	after December 31 of the cost reporting period (if calendar ye			Ö	13.00
14.00	Medically necessary private room days applicable to the Progra	am (excluding swing-bed o	days)	0	14. 00
15.00	Total nursery days (title V or XIX only)			0	15.00
16. 00	Nursery days (title V or XLX only) SWING BED ADJUSTMENT			0	16. 00
17. 00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 of	the cost	0.00	17. 00
	reporting period				
18. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of 1	the cost	0. 00	18. 00
19. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost	0.00	19. 00
	reporting period				
20. 00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of th	ne cost	0. 00	20. 00
21. 00	reporting period Total general inpatient routine service cost (see instructions	s)		4, 551, 629	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December		ng period (line	0	22. 00
	5 x line 17)			_	
23. 00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reporting	period (line 6	0	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
	7 x line 19)	·			
25. 00	Swing-bed cost applicable to NF type services after December (x line 20)	31 of the cost reporting	period (line 8	0	25. 00
26. 00	Total swing-bed cost (see instructions)			0	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		4, 551, 629	27. 00
	PRI VATE ROOM DI FFERENTI AL ADJUSTMENT		,		
28. 00 29. 00	General inpatient routine service charges (excluding swing-bed Private room charges (excluding swing-bed charges)	d and observation bed cha	arges)	0	28. 00 29. 00
30. 00	Semi -pri vate room charges (excluding swing-bed charges)			0	30.00
31. 00	General inpatient routine service cost/charge ratio (line 27	: line 28)		0. 000000	
32. 00	Average private room per diem charge (line 29 ÷ line 3)			0.00	
33. 00 34. 00	Average semi-private room per diem charge (line 30 ÷ line 4) Average per diem private room charge differential (line 32 min	nue line 22) (con instruct	tions)	0. 00 0. 00	
35. 00	Average per diem private room cost differential (line 34 x line)	, ,	LI UIIS)	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 a	and private room cost dif	ferential (line	4, 551, 629	37. 00
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	JSTMENTS			
38. 00	Adjusted general inpatient routine service cost per diem (see			1, 123. 58	38. 00
39. 00	Program general inpatient routine service cost (line 9 x line	38)		2, 841, 534	39. 00
40.00	Medically necessary private room cost applicable to the Program	•		0	40.00
41. 00	Total Program general inpatient routine service cost (line 39	+ ITTIE 40)	I	2, 841, 534	41.00

	Financial Systems ATION OF INPATIENT OPERATING COST		Provider CCN	: 15-0089	Period: From 01/01/2018	worksheet D-1	
			Component CC	N: 15-T089	To 12/31/2018	Date/Time Pre 5/24/2019 9:5	
			Title >	(VIII	Subprovider - IRF	PPS	
	Cost Center Description	Total Inpatient Cost In			Program Days	Program Cost (col. 3 x col.	
		1.00	2.00	col . 2) 3.00	4. 00	4) 5. 00	
2. 00	NURSERY (title V & XIX only)	0	0	0.0			42.
2 00	Intensive Care Type Inpatient Hospital Units		ما	0.0	20		4.2
3. 00 4. 00	INTENSIVE CARE UNIT CORONARY CARE UNIT	0	0	0. 0 0. 0		l e	43. 44.
5. 00	BURN INTENSIVE CARE UNIT						45.
	SURGICAL INTENSIVE CARE UNIT			0.0			46.
7.00	NEONATAL INTENSIVE CARE UNIT Cost Center Description	0	0	0.0	00 0	0	47.
	cost center bescription					1. 00	
	Program inpatient ancillary service cost (Wk			_		1, 888, 608	
9. 00	Total Program inpatient costs (sum of lines PASS THROUGH COST ADJUSTMENTS	41 through 48)(se	e instructions	5)		4, 730, 142	49.
0. 00	Pass through costs applicable to Program inp	atient routine se	ervices (from V	/kst. D. sum	of Parts L and	243, 492	50.
,, 00	III)	atrone routino oc					
1. 00	Pass through costs applicable to Program inp	atient ancillary	services (from	n Wkst. D, s	um of Parts II	61, 710	51.
2. 00	and IV) Total Program excludable cost (sum of lines	50 and 51)				305, 202	52.
3. 00	Total Program inpatient operating cost exclu	,	ited, non-physi	cian anesth	etist, and	4, 424, 940	1
	medical education costs (line 49 minus line	52)					
1 00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges					0	54.
	Target amount per discharge					0.00	
. 00	Target amount (line 54 x line 55)					0	
. 00	Difference between adjusted inpatient operat	ing cost and targ	get amount (lir	ne 56 minus	line 53)	0	
3. 00 9. 00	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost re	norting period er	ndina 1996 una	lated and co	mnounded by the	0.00	
. 00	market basket	por tring period er	iai iig 1770, ape	area ana ee	impounded by the		
0.00	Lesser of lines 53/54 or 55 from prior year					0.00	1
1. 00	If line 53/54 is less than the lower of line which operating costs (line 53) are less than					0	61.
	amount (line 56), otherwise enter zero (see		(TITIES OT X OC	,,, 01 1% 01	the target		
	Relief payment (see instructions)					0	
3. 00	Allowable Inpatient cost plus incentive paym PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see instruct	TIONS)			0	63.
4. 00	Medicare swing-bed SNF inpatient routine cos	ts through Decemb	per 31 of the o	cost reporti	ng period (See	0	64.
	instructions)(title XVIII only)		04 6 11				
5. 00	Medicare swing-bed SNF inpatient routine cosinstructions)(title XVIII only)	ts after December	31 of the cos	st reporting	period (See	1	65.
5. 00	Total Medicare swing-bed SNF inpatient routi	ne costs (line 64	l plus line 65)	(title XVII	I only). For	0	66
	CAH (see instructions)						
7.00	Title V or XIX swing-bed NF inpatient routin (line 12 x line 19)	e costs through L	December 31 of	the cost re	eporting period	1	67.
3. 00	Title V or XIX swing-bed NF inpatient routin	e costs after Dec	ember 31 of th	ne cost repo	rting period	0	68.
	(line 13 x line 20)				0 1		
€. 00	Total title V or XIX swing-bed NF inpatient PART III - SKILLED NURSING FACILITY, OTHER N					0	69.
0. 00	Skilled nursing facility/other nursing facil						70.
1.00	Adjusted general inpatient routine service of		ne 70 ÷ line 2)				71.
2. 00 3. 00	Program routine service cost (line 9 x line Medically necessary private room cost applic	,	lino 14 v lino	25)			72.
1. 00	Total Program general inpatient routine serv	9	•	: 33)			74
5. 00	Capital -related cost allocated to inpatient	•		ksheet B, F	art II, column		75.
4 00	26, line 45) Per diem capital related costs (line 75 : li	no 2)					7,
5. 00 7. 00	Per diem capital-related costs (line 75 ÷ li Program capital-related costs (line 9 x line						76. 77.
3. 00	Inpatient routine service cost (line 74 minu	s line 77)					78.
	Aggregate charges to beneficiaries for exces				1: 70)		79.
. 00	Total Program routine service costs for comp Inpatient routine service cost per diem limi		st limitation (iine /8 mín	ius line 79)		80.
2. 00	Inpatient routine service cost per drem from						82.
3. 00	Reasonable inpatient routine service costs (see instructions)					83
4. 00	Program inpatient ancillary services (see in		•)				84. 85.
	Utilization review - physician compensation Total Program inpatient operating costs (sum						86.
	PART IV - COMPUTATION OF OBSERVATION BED PAS	S THROUGH COST]
	Total observation bed days (see instructions)	·	•		0	87.
7. 00 3. 00	Adjusted general inpatient routine cost per					0.00	

Health Financial Systems	BALL MEMORIA	L HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
		Component (From 01/01/2018 To 12/31/2018		
		Title	XVIII	Subprovider - IRF	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	390, 027	4, 551, 629	0. 08569	0	0	90.00
91.00 Nursing School cost	0	4, 551, 629	0.00000	0	0	91.00
92.00 Allied health cost	0	4, 551, 629	0.00000	0	0	92.00
93.00 All other Medical Education	0	4, 551, 629	0.00000	0 0	0	93.00

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Li€	eu of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provider CCN:	15-0089 Peri od: From 01/01/2018	Worksheet D-1
		To 12/31/2018	Date/Time Prepared: 5/24/2019 9:59 am
	Title X	IX Hospi tal	Cost

		Title XIX	Hospi tal	5/24/2019 9:5 Cost	9 am
	Cost Center Description	THE WAY	neop. ta.		
	PART I - ALL PROVIDER COMPONENTS			1. 00	
	I NPATI ENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days			72, 183	1. 00
2. 00 3. 00	Inpatient days (including private room days, excluding swing-l Private room days (excluding swing-bed and observation bed day	3 /	vata room dave	72, 183 0	2. 00 3. 00
3.00	do not complete this line.	ys). IT you have only pr	vate room days,	U	3.00
4.00	Semi-private room days (excluding swing-bed and observation be	ed days)		65, 576	4. 00
5.00	Total swing-bed SNF type inpatient days (including private room	om days) through Decembe	r 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	31 of the cost	0	6. 00
0.00	reporting period (if calendar year, enter 0 on this line)	on days) at tel becember	or or the cost	O	0.00
7. 00	Total swing-bed NF type inpatient days (including private room	m days) through December	31 of the cost	0	7. 00
8. 00	reporting period Total swing-bed NF type inpatient days (including private roor	m davs) after December 3	1 of the cost	0	8. 00
	reporting period (if calendar year, enter 0 on this line)				
9. 00	Total inpatient days including private room days applicable to newborn days)	the Program (excluding	swi ng-bed and	809	9. 00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private r	oom days)	0	10.00
	through December 31 of the cost reporting period (see instruc				
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII or December 31 of the cost reporting period (if calendar year, en		oom days) after	0	11. 00
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX		e room davs)	0	12. 00
	through December 31 of the cost reporting period	3 .	,		
13. 00	Swing-bed NF type inpatient days applicable to titles V or XIV after December 31 of the cost reporting period (if calendar years)			0	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)			2, 228	
16. 00	Nursery days (title V or XIX only)			1, 433	16. 00
17. 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to service	es through December 31 o	f the cost	0.00	17. 00
10.00	reporting period			0.00	10.00
18. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es after December 31 of	the cost	0. 00	18. 00
19. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	s through December 31 of	the cost	129. 14	19. 00
20. 00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of t	ne cost	0.00	20. 00
21. 00	reporting period Total general inpatient routine service cost (see instructions	2)		63, 732, 892	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December		ng period (line	03, 732, 072	22.00
	5 x line 17)	·			
23. 00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reporting	g period (line 6	0	23. 00
24. 00	Swing-bed cost applicable to NF type services through December	31 of the cost reporti	ng period (line	0	24. 00
25. 00	7 x line 19) Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25. 00
	x line 20)				
26. 00	Total swing-bed cost (see instructions)	(line 21 minus line 24)		0	26.00
27. 00	General inpatient routine service cost net of swing-bed cost PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(Trie 21 minus Trie 26)		63, 732, 892	27. 00
28. 00	General inpatient routine service charges (excluding swing-bed	d and observation bed ch	arges)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)			0	29. 00
30.00	Semi -pri vate room charges (excluding swing-bed charges)	1. 00)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27	: line 28)		0.000000	31.00
32. 00 33. 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	32. 00 33. 00
34. 00	Average per diem private room charge differential (line 32 min	nus line 33)(see instruc	tions)	0.00	
35. 00	Average per diem private room cost differential (line 34 x lin			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 a	and private room cost di	fferential (line	63, 732, 892	37. 00
	27 minus line 36)				
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	ISTMENTS			
38. 00	Adjusted general inpatient routine service cost per diem (see			882. 93	38. 00
39. 00	Program general inpatient routine service cost (line 9 x line			714, 290	1
40.00	Medically necessary private room cost applicable to the Progra	am (line 14 x line 35)		0	40. 00
41. 00	Total Program general inpatient routine service cost (line 39	+ line 40)		714, 290	41.00

Heal th	n Financial Systems BALL MEMORIAL HOSP	I TAL	In Lie	u of Form CMS-2	552-10
COMPUT	TATION OF INPATIENT OPERATING COST	ovider CCN: 15-0089	Peri od: From 01/01/2018	Worksheet D-1	
			To 12/31/2018	Date/Time Prep	pared:
		Title XIX	Hospi tal	5/24/2019 9:59 Cost	am_
		otal Average Per	Program Days	Program Cost	
	Inpati ent Cost Inpati	ent Days Diem (col. 1 col. 2)	÷	(col. 3 x col. 4)	
		. 00 3. 00	4. 00	5. 00	
42. 00	NURSERY (title V & XIX only) 1,178,671 Intensive Care Type Inpatient Hospital Units	2, 228 529.	03 1, 433	758, 100	42. 00
43. 00	INTENSIVE CARE UNIT 16, 915, 240	10, 075 1, 678.	93 323	542, 294	43. 00
44. 00		0 0.0	00	0	44. 00
45. 00 46. 00					45. 00 46. 00
47. 00	NEONATAL INTENSIVE CARE UNIT 4, 596, 846	3, 770 1, 219.	32 29	35, 360	47. 00
	Cost Center Description			1. 00	
48. 00				1, 921, 429	
49. 00	Total Program inpatient costs (sum of lines 41 through 48)(see in PASS THROUGH COST ADJUSTMENTS	istructions)		3, 971, 473	49. 00
50.00		es (from Wkst. D, sur	n of Parts I and	0	50.00
51. 00		vicas (from What D	cum of Darts II	o	51. 00
31.00	and IV)	TCES (TIOIII WKSt. D, .	sum of rarts if		31.00
52.00	, ,	non nhuci ci on cocc+t	antint and	0	52.00
53. 00	Total Program inpatient operating cost excluding capital related, medical education costs (line 49 minus line 52)	non-physician anesti	ietrst, and	U	53. 00
E 4 00	TARGET AMOUNT AND LIMIT COMPUTATION			0	F4 00
54. 00 55. 00	Program discharges Target amount per discharge			0 0. 00	54. 00 55. 00
56. 00	,		>	0	56. 00
57. 00 58. 00		imount (line 56 minus	line 53)	0	57. 00 58. 00
59. 00	Lesser of lines 53/54 or 55 from the cost reporting period ending	1996, updated and co	ompounded by the	0. 00	59. 00
60. 00	market basket Lesser of lines 53/54 or 55 from prior year cost report, updated	hy the market basket		0.00	60. 00
61. 00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter	the lesser of 50% of		0	61. 00
	which operating costs (line 53) are less than expected costs (line amount (line 56), otherwise enter zero (see instructions)	nes 54 x 60), or 1% o	f the target		
62.00	Relief payment (see instructions)			0	62. 00
63. 00	Allowable Inpatient cost plus incentive payment (see instructions PROGRAM INPATIENT ROUTINE SWING BED COST	5)		0	63. 00
64. 00		1 of the cost reporti	ng period (See	0	64. 00
65. 00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine costs after December 31	of the cost reporting	norial (Soc	0	65. 00
03.00	instructions) (title XVIII only)	·	, ,		03.00
66. 00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plu CAH (see instructions)	ıs line 65)(title XVII	I only). For	0	66. 00
67. 00	Title V or XIX swing-bed NF inpatient routine costs through Decem	ber 31 of the cost re	eporting period	0	67. 00
68. 00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routine costs after December	or 31 of the cost ren	orting period	٥	68. 00
	(line 13 x line 20)	•	or tring period		
69. 00	Total title V or XIX swing-bed NF inpatient routine costs (line & PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND			0	69. 00
70. 00			1		70. 00
71. 00 72. 00	,) ÷ line 2)			71. 00 72. 00
73. 00	, ,	e 14 x line 35)			73. 00
74. 00 75. 00		,	Part II column		74. 00 75. 00
75.00	Capital-related cost allocated to inpatient routine service costs 26, line 45)	6 (Trom worksneet B, I	Part II, Corumn		75.00
76.00					76. 00
77. 00 78. 00					77. 00 78. 00
79. 00	Aggregate charges to beneficiaries for excess costs (from provide	,	>		79. 00
80. 00 81. 00		mitation (line 78 min	nus Line 79)		80. 00 81. 00
82. 00	Inpatient routine service cost limitation (line 9 x line 81)				82.00
83. 00 84. 00					83. 00 84. 00
85.00	Utilization review - physician compensation (see instructions)				85.00
86. 00	Total Program inpatient operating costs (sum of lines 83 through PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST	85)			86. 00
87. 00				6, 607	87. 00
88.00	,	2)		882. 93 5. 932. 510	
07.00	Observation bed cost (line 87 x line 88) (see instructions)			5, 833, 519	57.00

Health Financial Systems	BALL MEMORIA	L HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
				From 01/01/2018 To 12/31/2018		
		Titl	e XIX	Hospi tal	Cost	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (COST					
90.00 Capital-related cost	6, 254, 461	63, 732, 892	0. 09813	6 5, 833, 519	572, 478	90.00
91.00 Nursing School cost	0	63, 732, 892	0.00000	0 5, 833, 519	0	91.00
92.00 Allied health cost	0	63, 732, 892	0.00000	0 5, 833, 519	0	92.00
93.00 All other Medical Education	0	63, 732, 892	0. 00000	5, 833, 519	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	Period: From 01/01/2018	Worksheet D-1
	Component CCN: 15-T089		
	Title XIX	Subprovi der -	Cost
		LDE	

		II the XIX	IRF	Cost	
	Cost Center Description				
	PART I - ALL PROVIDER COMPONENTS			1. 00	
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days	, excluding newborn)		4, 051	1.00
2.00	Inpatient days (including private room days, excluding swing-b			4, 051	2. 00
3.00	Private room days (excluding swing-bed and observation bed day	vs). If you have only pri	vate room days,	0	3. 00
4. 00	do not complete this line. Semi-private room days (excluding swing-bed and observation be	nd days)		4, 051	4. 00
5. 00	Total swing-bed SNF type inpatient days (including private room		r 31 of the cost	0	5. 00
	reporting period	3 ,		1	
6.00	Total swing-bed SNF type inpatient days (including private room	om days) after December :	31 of the cost	0	6. 00
7. 00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private room	days) through December	31 of the cost	0	7. 00
7.00	reporting period	r days) thi ough becember	or or the cost	ا	7.00
8.00	Total swing-bed NF type inpatient days (including private room	n days) after December 3	1 of the cost	0	8. 00
0.00	reporting period (if calendar year, enter 0 on this line)				
9. 00	Total inpatient days including private room days applicable to newborn days)	the Program (excluding	swing-bed and	0	9. 00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private ro	oom days)	0	10.00
	through December 31 of the cost reporting period (see instruct	i ons)	,		
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII or		oom days) after	0	11. 00
12. 00	December 31 of the cost reporting period (if calendar year, er Swing-bed NF type inpatient days applicable to titles V or XI)		e room days)	0	12. 00
12.00	through December 31 of the cost reporting period	Comy (The daing private	c room days)	ا	12.00
13. 00	Swing-bed NF type inpatient days applicable to titles V or XI)			0	13. 00
14 00	after December 31 of the cost reporting period (if calendar ye			0	14 00
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	uays)		14. 00 15. 00
16. 00	Nursery days (title V or XIX only)			1, 433	1
	SWING BED ADJUSTMENT				
17. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es through December 31 o	f the cost	0. 00	17. 00
18. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18. 00
	reporting period				
19. 00	Medicaid rate for swing-bed NF services applicable to services	through December 31 of	the cost	129. 14	19. 00
20. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	after December 31 of th	ne cost	0.00	20. 00
	reporting period			1	
21. 00	Total general inpatient routine service cost (see instructions			4, 551, 629	
22. 00	Swing-bed cost applicable to SNF type services through December 5×1 ine 17)	er 31 of the cost report	ng period (line	0	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
	x line 18)				
24. 00	Swing-bed cost applicable to NF type services through December 7×1 ine 19)	31 of the cost reporti	ng period (line	0	24. 00
25. 00	· · · · · · · · · · · · · · · · · · ·	31 of the cost reporting	period (line 8	0	25. 00
	x line 20)	3		1	
26. 00	Total swing-bed cost (see instructions)	(1) 21 1: 2()		0	
27. 00	General inpatient routine service cost net of swing-bed cost (PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	Tine 21 minus line 26)		4, 551, 629	27.00
28. 00	General inpatient routine service charges (excluding swing-bed	and observation bed cha	arges)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)			0	1
30.00	Semi -private room charges (excluding swing-bed charges)			0	
31. 00	General inpatient routine service cost/charge ratio (line 27 -	- line 28)		0.000000	
32. 00 33. 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 mir	nus line 33)(see instruc	tions)	0.00	•
35. 00	Average per diem private room cost differential (line 34 x lin	, ,	•	0.00	35. 00
36. 00	Private room cost differential adjustment (line 3 x line 35)		66	0	36.00
37. 00	General inpatient routine service cost net of swing-bed cost a 27 minus line 36)	and private room cost di	rrerential (line	4, 551, 629	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			1, 123. 58	
39. 00 40. 00	Program general inpatient routine service cost (line 9 x line Medically necessary private room cost applicable to the Program			0	39. 00 40. 00
	Total Program general inpatient routine service cost (line 39	•		0	41. 00
	j - j - j - j - j - j - j - j - j - j -	/	ļ	٥١	

OMPU	TATION OF INPATIENT OPERATING COST		Provider CCN	: 15-0089	Peri od: From 01/01/2018	w of Form CMS-2 Worksheet D-1	
			Component CC	N: 15-T089	To 12/31/2018	Date/Time Pre 5/24/2019 9:5	
			Title	XIX	Subprovi der -	Cost	, um
	Cost Center Description	Total Inpatient Costlin		Average Per em (col. 1	Program Days	Program Cost (col. 3 x col.	
		·		col . 2)		4)	
2. 00	NURSERY (title V & XIX only)	1.00	2.00	3. 00	4.00	5. 00 0	42. 0
	Intensive Care Type Inpatient Hospital Units		-1				
3. 00	INTENSIVE CARE UNIT CORONARY CARE UNIT	0	0	0. 0 0. 0		0	43. 0 44. 0
5. 00	BURN INTENSIVE CARE UNIT						45. 0
6.00	SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	0	0	0. 0	00	n	46. 0 47. 0
7.00	Cost Center Description	<u> </u>	<u> </u>	0. 0	<u></u>	<u> </u>	17.0
8. 00	Program inpatient ancillary service cost (Wk	st D-3 col 3	line 200)			1. 00 7, 145	48. 0
9. 00				·)		7, 145	
0.00	PASS THROUGH COST ADJUSTMENTS			U+ D	-£ D 1	0	
0. 00	Pass through costs applicable to Program inp	attent routine se	ervices (from w	KST. D, SUIT	for Parts Fand	0	50.0
1. 00	Pass through costs applicable to Program inp	atient ancillary	services (from	Wkst. D, s	um of Parts II	0	51.0
2. 00	and IV) Total Program excludable cost (sum of lines	50 and 51)				0	52.0
3. 00	Total Program inpatient operating cost exclu		ited, non-physi	cian anesth	etist, and	0	53. 0
	medical education costs (line 49 minus line TARGET AMOUNT AND LIMIT COMPUTATION	52)					
	Program di scharges						54.0
5. 00 6. 00						0.00	55. C
7. 00	Difference between adjusted inpatient operat	ing cost and targ	get amount (lin	e 56 minus	line 53)	0	57.0
8. 00 9. 00	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost re	norting period er	ndina 1006 una	ated and co	mnounded by the	0	58. 0 59. 0
7. 00	market basket	por tring period er	iding 1770, apo	arca ana cc	inpounded by the		
0.00	Lesser of lines 53/54 or 55 from prior year If line 53/54 is less than the lower of line				the amount by	0. 00 0	60. C
11.00	which operating costs (line 53) are less that	n expected costs					01.0
2. 00	amount (line 56), otherwise enter zero (see Relief payment (see instructions)	instructions)				0	62. 0
	Allowable Inpatient cost plus incentive paym	ent (see instruct	i ons)			0	1
4. 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cos	ts through Decemb	oer 31 of the c	ost reporti	ng period (See	0	64.0
	instructions)(title XVIII only)	Ü		•			
5. 00	Medicare swing-bed SNF inpatient routine cosinstructions)(title XVIII only)	ts after December	31 of the cos	t reporting	period (See	0	65.0
6. 00	Total Medicare swing-bed SNF inpatient routi	ne costs (line 64	plus line 65)	(title XVII	l only). For	0	66. C
7 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routin	e costs through D	ecember 31 of	the cost re	porting period	0	67. 0
	(line 12 x line 19)	· ·					
8. 00	Title V or XIX swing-bed NF inpatient routin (line 13 x line 20)	e costs after Dec	cember 31 of th	e cost repo	rting period	0	68. 0
9. 00	Total title V or XIX swing-bed NF inpatient					0	69.0
0. 00	PART III - SKILLED NURSING FACILITY, OTHER N Skilled nursing facility/other nursing facil						70.0
1. 00	Adjusted general inpatient routine service of	ost per diem (lir					71.0
2. 00 3. 00	Program routine service cost (line 9 x line Medically necessary private room cost applic	,	line 14 x line	35)			72. C
4. 00	Total Program general inpatient routine serv	,		33)			74.0
5. 00	Capital-related cost allocated to inpatient 26, line 45)	routine service o	costs (from Wor	ksheet B, P	art II, column		75. C
6. 00	Per diem capital-related costs (line 75 ÷ li						76.0
7.00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minu						77. C
9. 00	Aggregate charges to beneficiaries for exces	s costs (from pro					79. C
0.00			st limitation (line 78 min	us line 79)		80. C
1. 00 2. 00	Inpatient routine service cost per diem limi Inpatient routine service cost limitation (I						82.0
3.00	Reasonable inpatient routine service costs (83.0
4. 00	Program inpatient ancillary services (see in Utilization review - physician compensation		s)				84. 0 85. 0
	Total Program inpatient operating costs (sum	of lines 83 thro					86. 0
	PART IV - COMPUTATION OF OBSERVATION BED PAS					0	87. 0
7. 00	Total observation bed days (see instructions)				1 0	

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
		Component (From 01/01/2018 To 12/31/2018		
		Ti tl	e XIX	Subprovi der - I RF	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	390, 027	4, 551, 629	0. 08569	0 0	0	90. 00
91.00 Nursing School cost	0	4, 551, 629	0.00000	0	0	91.00
92.00 Allied health cost	0	4, 551, 629	0. 00000	0	0	92.00
93.00 All other Medical Education	0	4, 551, 629	0. 00000	0 0	0	93. 00

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lieu of Form CMS-2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der CCN: 15-0089	Period: Worksheet D-3

INPATI	IENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der C	CN: 15-0089	Peri od:	Worksheet D-3	
				From 01/01/2018		
				To 12/31/2018	Date/Time Pre 5/24/2019 9:5	pared:
		Ti +Lo	e XVIII	Hospi tal	PPS	9 4111
	Cost Center Description	11116	Ratio of Cos		Inpati ent	
	cost center bescription		To Charges	Program	Program Costs	
			10 charges	Charges	(col. 1 x col.	
				onal ges	2)	
			1.00	2. 00	3. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00				74, 598, 181		30. 00
31.00	03100 NTENSI VE CARE UNIT			24, 933, 524		31.00
32.00	03200 CORONARY CARE UNIT			0		32. 00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			0		35. 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
	ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		0. 1075	51, 588, 838	5, 550, 134	50. 00
51.00	05100 RECOVERY ROOM		0. 1778	5, 331, 813	948, 039	51.00
52.00			0. 2029	74 175, 253	35, 572	52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C		0. 1205	36 29, 920, 331	3, 606, 477	54. 00
57.00			0. 0628	779, 519	49, 027	57. 00
58. 00			0.0000	00	0	58. 00
59.00			0. 0711	16 21, 106, 070	1, 500, 979	59. 00
60.00			0. 1633	77 19, 786, 330	3, 232, 631	60.00
60. 01	06001 BLOOD LABORATORY		0.0000		0	60. 01
63.00			0. 2114		588, 630	63. 00
65.00			0. 2828		2, 696, 383	1
65. 01	06501 SLEEP LAB		0. 1086		1, 772	1
66. 00			0. 3615		1, 256, 293	
67. 00			0. 2664		293, 637	
68. 00			0. 2573		239, 190	
68. 01	06801 AUDI OLOGY		0.0000		0	68. 01
69. 00			0. 0786		1, 503, 511	
71. 00			0. 2703		3, 768, 533	
72. 00			0. 1930		8, 448, 343	
73. 00			0. 1822		8, 202, 523	1
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES		1. 2921		0	
74. 00			0. 4182		1, 135, 423	
76. 00			0.0000		0	76.00
76. 97	07697 CARDI AC REHABI LI TATI ON		0. 2604		139, 618	•
76. 98			0. 1402	08 71, 952	10, 088	76. 98
00.00	OUTPATIENT SERVICE COST CENTERS		0.0000	20		00.00
90.00			0.0000		0	
90. 01	09001 SUBSTANCE ABUSE CLINIC		0.0000		0	
90. 02			0. 3303		377	90. 02
90. 03			0. 0961		12, 150	
91.00			0. 1075		3, 411, 409	
92.00	, ,		0. 2067		159, 649	
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)		0.0000	00 0	0	92. 01
95. 00	OTHER REI MBURSABLE COST CENTERS 09500 AMBULANCE SERVI CES		1			05 00
95. 00 200. 00				304, 280, 067	46, 790, 388	95.00
200.00		s (lino 61)		304, 280, 067	40, 790, 388	200.00
201.00		5 (IIIIE 01)		204 200 047		201.00
202.00	of the charges (Title 200 millios Title 201)		I	304, 280, 067	I	1202.00

Health Financial Systems INPATIENT ANCILLARY SERVICE COST APPORTIONMENT BALL M	MEMORIAL HOSPITAL Provider CO	N. 15 0000	Peri od:	u of Form CMS-2 Worksheet D-3	
THRATTENT ANGILLARY SERVICE COST APPORTIONMENT	Provider CC	JN. 13-0069	From 01/01/2018	WOLKSHEET D-3	
	Component C	CCN: 15-T089	To 12/31/2018	Date/Time Pre 5/24/2019 9:5	pared:
	Title	XVIII	Subprovi der -	PPS	7 alli
Cost Center Description		Ratio of Cos	I RF t Inpatient	Inpati ent	
cost center bescription		To Charges	Program	Program Costs	
		ro onarges		(col. 1 x col.	
			3	2)	
		1.00	2.00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00 03000 ADULTS & PEDI ATRI CS			0		30.00
31.00 03100 I NTENSI VE CARE UNIT			0		31.00
32. 00 03200 CORONARY CARE UNIT			0		32.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT			0		35.00
40. 00 04000 SUBPROVI DER - 1 PF			0		40.00
41. 00 04100 SUBPROVI DER - I RF			5, 579, 366		41.00
43. 00 04300 NURSERY					43.00
ANCILLARY SERVICE COST CENTERS		0.4075	400.005	44 (00	
50. 00 05000 OPERATI NG ROOM	•	0. 10758		11, 622	
51. 00 05100 RECOVERY ROOM		0. 17780	· ·	455	
52. 00 05200 DELIVERY ROOM & LABOR ROOM		0. 20297		0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 12053	· ·	33, 392	1
57.00 03280 EKG AND EEG 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)		0. 06289 0. 00000		482 0	
59. 00 05900 CARDI AC CATHETERI ZATI ON		0. 07111		0	1
60. 00 06000 LABORATORY		0. 16337		59, 771	
60. 01 06001 BLOOD LABORATORY		0. 00000		0,,,,,	1
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.		0. 21141		2, 244	
65. 00 06500 RESPIRATORY THERAPY		0. 28284		40, 896	
65. 01 06501 SLEEP LAB		0. 10865		0	1
66. 00 06600 PHYSI CAL THERAPY		0. 36158		636, 523	1
67. 00 06700 OCCUPATI ONAL THERAPY		0. 26649		577, 758	67.00
68. 00 06800 SPEECH PATHOLOGY		0. 25731	19 481, 414	123, 877	68.00
68. 01 06801 AUDI OLOGY		0.00000	00	0	68. 01
69. 00 06900 ELECTROCARDI OLOGY		0. 07863	39, 540	3, 109	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 27036	85, 599	23, 143	71.00
72.00 O7200 IMPL. DEV. CHARGED TO PATIENT		0. 19309		6, 964	
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 18222		309, 710	
73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES		1. 29218		0	
74. 00 07400 RENAL DI ALYSI S		0. 41827		58, 509	
76. 00 03160 CARDI OPULMONARY		0.00000		0	
76. 97 O7697 CARDI AC REHABI LI TATI ON		0. 26046		153	
76. 98 07698 HYPERBARI C OXYGEN THERAPY		0. 14020	0 8	0	76. 98
OUTPATIENT SERVICE COST CENTERS 90. 00 09000 CLINIC		0.0000	00	0	90.00
90. 00 09000 CLINIC 90. 01 09001 SUBSTANCE ABUSE CLINIC		0. 00000 0. 00000		0	
90. 01 09001 SUBSTANCE ABUSE CLINIC 90. 02 09002 PAIN CLINIC	1	0. 33030		0	1
90. 03 09003 0NCOLOGY CLINIC		0. 09616		0	
91. 00 09100 EMERGENCY	İ	0. 10759		0	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 20675			

0

0 92. 01

1, 888, 608 200. 00 201. 00 202. 00

92.00

95.00

0. 206754

0.000000

7, 327, 365

7, 327, 365

92.00

92. 01

200.00

201.00 202.00

09200 OBSERVATION BEDS (NON-DISTINCT PART)

Total (sum of lines 50 through 94 and 96 through 98)
Less PBP Clinic Laboratory Services-Program only charges (line 61)
Net charges (line 200 minus line 201)

09201 OBSERVATION BEDS (DISTINCT PART)
OTHER REIMBURSABLE COST CENTERS

95. 00 09500 AMBULANCE SERVICES

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lieu of Form CMS-2552-10
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Health Financial Systems BALL MEMORIAL H	IOSPI TAL		In Lie	eu of Form CMS-	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der C	CN: 15-0089	Peri od:	Worksheet D-3	3
			From 01/01/2018		
			To 12/31/2018		
	Ti +1	e XIX	Hospi tal	5/24/2019 9:5 Cost	9 alli
Cost Contor Doscorintian	11 (1	Ratio of Cos		Inpatient	
Cost Center Description		To Charges	Program	Program Costs	
		10 Charges		(col. 1 x col.	
			Charges	2)	
		1 00	2.00		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2. 00	3. 00	
30. 00 03000 ADULTS & PEDIATRICS			4, 874, 085		30.00
31. 00 03100 NTENSIVE CARE UNIT					31.00
			1, 759, 724		
32. 00 03200 CORONARY CARE UNIT			400 242		32.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT			499, 243		35.00
40. 00 04000 SUBPROVI DER - PF			0	ł	40.00
41. 00 04100 SUBPROVI DER - RF			0		41.00
43. 00 04300 NURSERY			151, 511		43. 00
ANCI LLARY SERVI CE COST CENTERS		0.4075	4 00/ 0/0	440.000	
50. 00 05000 0PERATI NG ROOM		0. 10758			
51. 00 05100 RECOVERY ROOM		0. 17780			
52. 00 05200 DELI VERY ROOM & LABOR ROOM		0. 20297			
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 12053			
57. 00 03280 EKG AND EEG		0. 06289		1, 920	
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI)		0. 00000		ļ	
59. 00 05900 CARDI AC CATHETERI ZATI ON		0. 07111			
60. 00 06000 LABORATORY		0. 16337		187, 190	
60. 01 06001 BLOOD LABORATORY		0. 00000		0	
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.		0. 21141			
65. 00 06500 RESPI RATORY THERAPY		0. 28284	859, 332	243, 059	65. 00
65. 01 06501 SLEEP LAB		0. 10865	6, 295	684	65. 01
66. 00 06600 PHYSI CAL THERAPY		0. 36158	81, 243	29, 376	66.00
67. 00 06700 OCCUPATI ONAL THERAPY		0. 26649		10, 365	67.00
68. 00 06800 SPEECH PATHOLOGY		0. 25731	68, 300	17, 575	68.00
68. 01 06801 AUDI OLOGY		0.00000	0 0	0	68. 01
69. 00 06900 ELECTROCARDI OLOGY		0. 07863	713, 109	56, 072	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 27036	590, 204	159, 568	71.00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENT		0. 19309	98 391, 675	75, 632	72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 18222	2, 681, 164	488, 583	73.00
73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES		1. 29218	36 0	0	73. 01
74. 00 07400 RENAL DI ALYSI S		0. 41827	77, 344	32, 351	74. 00
76. 00 03160 CARDI OPULMONARY		0.00000	00	0	76. 00
76. 97 O7697 CARDI AC REHABI LI TATI ON		0. 26046	12, 975	3, 379	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY		0. 14020	9, 330	1, 308	76. 98
OUTPATIENT SERVICE COST CENTERS					
90. 00 09000 CLI NI C		0.00000	00	0	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC		0. 00000	00	o	90. 01
90. 02 09002 PALN CLINIC		0. 33030	0	0	90. 02
90. 03 09003 ONCOLOGY CLINIC		0. 09616			90. 03
91. 00 09100 EMERGENCY		0. 10429	1, 489, 340	155, 334	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 20675			92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)		0. 00000	00	O	92. 01
OTHER REIMBURSABLE COST CENTERS					
95. 00 09500 AMBULANCE SERVICES					95. 00
200.00 Total (sum of lines 50 through 94 and 96 through 98)			11, 762, 925	1, 921, 429	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, 762, 925		202.00
				•	

		RLAL HOSPITAL		In Lie	u of Form CMS-2	2552-10
I NPATI	ENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der C	CN: 15-0089	Peri od:	Worksheet D-3	
		Component	CCN: 15-T089	From 01/01/2018 To 12/31/2018	Date/Time Pre 5/24/2019 9:5	pared: 9 am
		Ti tl	e XIX	Subprovi der - I RF	Cost	
	Cost Center Description	<u>.</u>	Ratio of Cos		Inpati ent	
			To Charges	Program Charges	Program Costs (col. 1 x col.	
				Chai ges	2)	
			1.00	2. 00	3. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDI ATRI CS			0		30. 00
31. 00	03100 I NTENSI VE CARE UNI T			0		31.00
32. 00	03200 CORONARY CARE UNIT			0		32. 00
35. 00	02060 NEONATAL INTENSIVE CARE UNIT			0		35. 00
40.00	04000 SUBPROVI DER - I PF			0		40.00
41. 00 43. 00	04100 SUBPROVI DER - I RF			26, 400 0		41. 00 43. 00
43.00	O4300 NURSERY ANCI LLARY SERVI CE COST CENTERS			0		43.00
50. 00	05000 OPERATING ROOM		0. 1075	34 0	0	50.00
51. 00	05100 RECOVERY ROOM		0. 1778		Ö	
52. 00	05200 DELIVERY ROOM & LABOR ROOM		0. 2029		Ö	1
54.00	05400 RADI OLOGY-DI AGNOSTI C		0. 1205		0	1
57.00	03280 EKG AND EEG		0. 06289	94 0	0	57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0. 00000	00	0	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON		0. 0711	16 0	0	59. 00
60.00	06000 LABORATORY		0. 1633	· ·	337	1
60. 01	06001 BLOOD LABORATORY		0.0000		0	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		0. 2114		0	
65. 00 65. 01	O6500 RESPI RATORY THERAPY O6501 SLEEP LAB		0. 2828		0	
66. 00	06600 PHYSI CAL THERAPY		0. 10869 0. 36158		2, 833	
67. 00	06700 OCCUPATIONAL THERAPY		0. 2664	· ·	2, 855	
68. 00	06800 SPEECH PATHOLOGY		0. 2573	· ·	2, 333	1
68. 01	06801 AUDI OLOGY		0. 00000		Ö	1
69. 00	06900 ELECTROCARDI OLOGY		0. 0786		0	69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 2703	60 0	0	71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENT		0. 1930		0	1 - 1 - 0 - 0
73. 00	07300 DRUGS CHARGED TO PATIENTS		0. 1822		1, 620	
73. 01	07301 HOSPITAL BASED RETAIL PHARMACIES		1. 29218		0	
74.00	07400 RENAL DI ALYSI S		0. 4182		0	
76.00	03160 CARDI OPULMONARY		0. 00000		0	
76. 97 76. 98	07697 CARDI AC REHABI LI TATI ON		0. 2604		0	
70. 98	07698 HYPERBARI C OXYGEN THERAPY OUTPATIENT SERVICE COST CENTERS		0. 14020	0 80	0	76. 98
90. 00	09000 CLINIC		0.0000	0 00	0	90.00
90. 00	09001 SUBSTANCE ABUSE CLINIC		0.0000		0	
90. 02	09002 PAIN CLINIC		0. 33030		Ö	
90. 03	09003 ONCOLOGY CLINIC		0. 0961		Ö	
91.00	09100 EMERGENCY		0. 10429		0	1
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 2067	54 0	0	92. 00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)		0.00000	0.0	0	92. 01

27, 626

27, 626

7, 145 200. 00 201. 00 202. 00

95.00

95. 00 09500 AMBULANCE SERVICES

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

Less PBP Clinic Laboratory Services-Program only charges (line 61) Net charges (line 200 minus line 201)

09201 OBSERVATION BEDS (DISTINCT PART)
OTHER REIMBURSABLE COST CENTERS

200. 00 201. 00

202.00

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 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/24/2019 9:59 am

		T1.11 \0.001.1		5/24/2019 9:5	9 am
		Title XVIII	Hospi tal	PPS	
				1. 00	
-	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1. 00 1. 01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0 48, 325, 452	1. 00 1. 01
1. 02	DRG amounts other than outlier payments for discharges occurring instructions)	g on or after October 1	l (see	15, 142, 733	1. 02
1. 03	DRG for federal specific operating payment for Model 4 BPCI for 1 (see instructions)	discharges occurring p	orior to October	0	1. 03
1. 04	DRG for federal specific operating payment for Model 4 BPCI for October 1 (see instructions)	discharges occurring o	on or after	0	1. 04
2. 00 2. 01	Outlier payments for discharges. (see instructions) Outlier reconciliation amount			622, 964 0	2. 00 2. 01
2. 02	Outlier payment for discharges for Model 4 BPCI (see instruction	ns)		0	2. 02
3. 00 4. 00	Managed Care Simulated Payments Bed days available divided by number of days in the cost reporti	ing period (see instru	ctions)	20, 552, 804 306. 39	3. 00 4. 00
5. 00	Indirect Medical Education Adjustment FTE count for allopathic and osteopathic programs for the most of 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 that meet the new programs in accordance with 42 CFR 413.79(e)	criteria for an add-or	n to the cap for	0.00	6. 00
7. 00 7. 01	MMA Section 422 reduction amount to the IME cap as specified und ACA § 5503 reduction amount to the IME cap as specified under 42			0. 00 0. 00	7. 00 7. 01
8. 00	cost report straddles July 1, 2011 then see instructions. Adjustment (increase or decrease) to the FTE count for allopathiaffiliated programs in accordance with 42 CFR 413.75(b), 413.79(1), 2014 (7.77), 504 (7.			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 slots report straddles July 1, 2011, see instructions.	s under § 5503 of the A	ACA. If the cost	12.00	8. 01
8. 02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)				8. 02
9. 00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines instructions)	(8, 8,01 and 8,02) (s	see	62. 70	9. 00
10. 00 11. 00 12. 00	FTE count for allopathic and osteopathic programs in the current count for residents in dental and podiatric programs. Current year allowable FTE (see instructions)	t year from your record	ds	62. 34 0. 00 62. 34	11. 00
	Total allowable FTE count for the prior year.			62. 14	
14. 00	Total allowable FTE count for the penultimate year if that year otherwise enter zero.	ended on or after Sept	tember 30, 1997,	62. 70	
15. 00	Sum of lines 12 through 14 divided by 3.				15. 00
16.00	Adjustment for residents in initial years of the program			0.00	
17. 00 18. 00	Adjustment for residents displaced by program or hospital closure Adjusted rolling average FTE count	re		62. 39	17. 00 18. 00
	Current year resident to bed ratio (line 18 divided by line 4).			0. 203629	
20. 00	Prior year resident to bed ratio (see instructions)			0. 201446	
	Enter the lesser of lines 19 or 20 (see instructions)			0. 201446	
22. 00	IME payment adjustment (see instructions)			6, 611, 227	
22. 01	IME payment adjustment - Managed Care (see instructions)			2, 140, 903	22. 01
23. 00	Indirect Medical Education Adjustment for the Add-on for § 422 of Number of additional allopathic and osteopathic IME FTE resident		FR 412. 105	4. 00	23. 00
24. 00	(f)(1)(iv)(C). IME FTE Resident Count Over Cap (see instructions)			-0.36	24. 00
25. 00	If the amount on line 24 is greater than -0-, then enter the low instructions)	wer of line 23 or line	24 (see	0. 00	
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26. 00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27. 00
28.00	IME add-on adjustment amount (see instructions)			0	28. 00
28. 01	IME add-on adjustment amount - Managed Care (see instructions)			0	28. 01
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, 611, 227 2, 140, 903	29. 00 29. 01
	Disproportionate Share Adjustment				
	Percentage of SSI recipient patient days to Medicare Part A pati	ient days (see instruct	tions)	5. 44	
	Percentage of Medicaid patient days (see instructions)				31. 00
	Sum of lines 30 and 31			30. 07	
	Allowable disproportionate share percentage (see instructions)				33. 00
34.00	Disproportionate share adjustment (see instructions)		I	2, 224, 560	34.00

	Financial Systems BALL MEMORIAL FATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0089	Peri od: From 01/01/2018 To 12/31/2018	u of Form CMS-2 Worksheet E Part A Date/Time Prep 5/24/2019 9:50	pared:
		Title XVIII	Hospi tal	PPS	
			Prior to 10/1		
			1. 00	2. 00	
00	Uncompensated Care Adjustment		/ 7// /05 4/4	0.070.070.447	05.00
00	Total uncompensated care amount (see instructions)			8, 272, 872, 447	
01 02	Factor 3 (see instructions)	r zoro on this line) (see	0. 000725628 e 4, 910, 101	0. 000991126 8, 199, 460	
02	Hospital uncompensated care payment (If line 34 is zero, enterinstructions)	r zero on this irne) (se	4, 910, 101	8, 199, 460	35.02
03	Pro rata share of the hospital uncompensated care payment amount	unt (see instructions)	3, 672, 485	2, 066, 715	35. 03
00	Total uncompensated care (sum of columns 1 and 2 on line 35.0)	,	5, 739, 200		36.00
	Additional payment for high percentage of ESRD beneficiary dis	scharges (lines 40 through	gh 46)		1
00	Total Medicare discharges on Worksheet S-3, Part I excluding	discharges for MS-DRGs	0		40.00
	652, 682, 683, 684 and 685 (see instructions)				
00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 68	83, 684 an 685. (see	0		41.00
	instructions)	DD0 /50 /00 /00 /0/			
01	Total ESRD Medicare covered and paid discharges excluding MS-	DRGS 652, 682, 683, 684	0		41. 01
00	an 685. (see instructions) Divide line 41 by line 40 (if less than 10%, you do not quali	fy for adjustment)	0.00		42. 00
00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 68:		0.00		43.00
00	instructions)	2, 003, 004 an 003. (3cc			43.00
00	Ratio of average length of stay to one week (line 43 divided)	by line 41 divided by 7	0. 000000		44.00
	days)	3			
00	Average weekly cost for dialysis treatments (see instructions		0.00		45. 00
00	Total additional payment (line 45 times line 44 times line 41	. 01)	0		46.00
00	Subtotal (see instructions)		78, 666, 136		47.00
00	Hospital specific payments (to be completed by SCH and MDH, si	mall rural hospitals	0		48.00
	only. (see instructions)			A	
				Amount 1.00	
00	Total payment for inpatient operating costs (see instructions)		80, 807, 039	49.00
00	Payment for inpatient program capital (from Wkst. L, Pt. I and	•		5, 953, 743	
00	Exception payment for inpatient program capital (Wkst. L, Pt.			0, 755, 745	51.00
00	Direct graduate medical education payment (from Wkst. E-4, li			2, 584, 478	
00	Nursing and Allied Health Managed Care payment	,		0	53.00
00	Special add-on payments for new technologies			0	54.00
01	Islet isolation add-on payment			0	54.0
00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 6			0	55.00
00	Cost of physicians' services in a teaching hospital (see intri	•		0	56. 0
00	Routine service other pass through costs (from Wkst. D, Pt. I		hrough 35).	0	
00	Ancillary service other pass through costs from Wkst. D, Pt.	IV, col. II line 200)		48, 298	
00	Total (sum of amounts on lines 49 through 58) Primary payer payments			89, 393, 558 21, 874	
00	Total amount payable for program beneficiaries (line 59 minus	line 60)		89, 371, 684	
00	Deductibles billed to program beneficiaries	11116 60)		6, 352, 432	
00	Coinsurance billed to program beneficiaries			376, 982	
	Allowable bad debts (see instructions)			829, 231	
	Adjusted reimbursable bad debts (see instructions)			539, 000	
00	Allowable bad debts for dual eligible beneficiaries (see inst	ructions)		241, 403	1
00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	,		83, 181, 270	1
00	Credits received from manufacturers for replaced devices for	applicable to MS-DRGs (se	ee instructions)	0	
00	Outlier payments reconciliation (sum of lines 93, 95 and 96).	(For SCH see instructions	s)	0	69. 0
00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70. 0
50	Rural Community Hospital Demonstration Project (§410A Demonst	ration) adjustment (see	instructions)	0	70. 5
	Demonstration payment adjustment amount before sequestration			0	70.8
87	SCH or MDH volume decrease adjustment (contractor use only)	rusti ana)		0	1
88	Pioneer ACO demonstration payment adjustment amount (see inst	ructions)			70.8
88 89				0	
88 89 90	HSP bonus payment HVBP adjustment amount (see instructions)				
88 89 90 91	HSP bonus payment HRR adjustment amount (see instructions)				
88 89 90 91 92	HSP bonus payment HRR adjustment amount (see instructions) Bundled Model 1 discount amount (see instructions)			0	70. 9
88 89 90 91	HSP bonus payment HRR adjustment amount (see instructions)				70. 9 70. 9

Health Financial Systems	BALL MEMORIAL HOSPITAL			In Lieu	u of Form CMS-2	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der	CCN: 1		Peri od: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Pre 5/24/2019 9:50	
	Ti	tle XVI		Hospi tal	PPS	
			FFY	(уууу)	Amount	
				0	1. 00	
70 96 Low volume adjustment for federal fiscal	vear (vvvv) (Enter in column)		0	0	70 96

			0 12/31/2018	5/24/2019 9:5	
	Title	XVIII	Hospi tal	PPS	
			(уууу)	Amount	
			0	1.00	
70.96 Low volume adjustment for federal fiscal year (yyyy) (Enter in	n column 0		0	0	70. 96
the corresponding federal year for the period prior to 10/1)					
70.97 Low volume adjustment for federal fiscal year (yyyy) (Enter in	n column 0		0	0	70. 97
the corresponding federal year for the period ending on or aff	ter 10/1)				
70.98 Low Volume Payment-3				0	70. 98
70.99 HAC adjustment amount (see instructions)				0	70. 99
71.00 Amount due provider (line 67 minus lines 68 plus/minus lines 6	59 & 70)			83, 225, 010	71. 00
71.01 Sequestration adjustment (see instructions)				1, 664, 500	71. 01
71.02 Demonstration payment adjustment amount after sequestration				0	71. 02
72.00 Interim payments				82, 116, 464	72. 00
73.00 Tentative settlement (for contractor use only)				0	73. 00
74.00 Balance due provider/program (line 71 minus lines 71.01, 71.02	2, 72, and			-555, 954	74. 00
73)					
75.00 Protested amounts (nonallowable cost report items) in accordan	nce with			1, 187, 765	75. 00
CMS Pub. 15-2, chapter 1, §115.2					
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00 Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of	of 2.03			0	90.00
plus 2.04 (see instructions)					
91.00 Capital outlier from Wkst. L, Pt. I, line 2				0	91.00
92.00 Operating outlier reconciliation adjustment amount (see instru	uctions)			0	92. 00
93.00 Capital outlier reconciliation adjustment amount (see instruction)	tions)			0	93. 00
94.00 The rate used to calculate the time value of money (see instru	uctions)			0.00	94.00
95.00 Time value of money for operating expenses (see instructions)	ĺ			0	95. 00
96.00 Time value of money for capital related expenses (see instructions)	tions)			0	96.00
	,		Prior to 10/1	On/After 10/1	
			1. 00	2.00	
HSP Bonus Payment Amount			'		
100.00 HSP bonus amount (see instructions)			0	0	100. 00
HVBP Adjustment for HSP Bonus Payment			·		
101.00 HVBP adjustment factor (see instructions)			0.0000000000	0.000000000	101 00
					1101.00
102.00 HVBP adjustment amount for HSP bonus payment (see instructions	5)		0		
102.00 HVBP adjustment amount for HSP bonus payment (see instructions HRR Adjustment for HSP Bonus Payment	5)		1		102.00
HRR Adjustment for HSP Bonus Payment	5)		0	0	102. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions)			1	0. 0000	102. 00 103. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions))	stment	0. 0000	0. 0000	102. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr) ration) Adju		0. 0000	0.0000	102. 00 103. 00 104. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr) ration) Adju		0. 0000	0.0000	102. 00 103. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr) ration) Adju		0. 0000	0.0000	102. 00 103. 00 104. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr 200.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement	ration) Adju riod under t		0. 0000	0.0000	102. 00 103. 00 104. 00 200. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr 200.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line	ration) Adju riod under t		0. 0000	0.0000	102. 00 103. 00 104. 00 200. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr 200.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 202.00 Medicare discharges (see instructions)	ration) Adju riod under t		0. 0000	0.0000	102. 00 103. 00 104. 00 200. 00 201. 00 202. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr 200.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 202.00 Medicare discharges (see instructions) 203.00 Case-mix adjustment factor (see instructions)	ration) Adjuriod under t	the 21st	0.0000	0.0000	102. 00 103. 00 104. 00 200. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr 200.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement service costs (from Wkst. D-1, Pt. II, line 202.00 Medicare discharges (see instructions) 203.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in	ration) Adjuriod under t	the 21st	0.0000	0.0000	102. 00 103. 00 104. 00 200. 00 201. 00 202. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr 200.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 202.00 Medicare discharges (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period)	ration) Adjuriod under t	the 21st	0.0000	0.0000	102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr 200.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 202.00 Medicare discharges (see instructions) 203.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) 204.00 Medicare target amount	ration) Adjuriod under t	the 21st	0.0000	0.0000	102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr 200.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 202.00 Medicare discharges (see instructions) 203.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) 204.00 Medicare target amount 205.00 Case-mix adjusted target amount (line 203 times line 204)	ration) Adjuriod under t	the 21st	0.0000	0.0000	102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr 200.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 202.00 Medicare discharges (see instructions) 203.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) 204.00 Medicare target amount 205.00 Case-mix adjusted target amount (line 203 times line 204) 206.00 Medicare inpatient routine cost cap (line 202 times line 205)	ration) Adjuriod under t	the 21st	0.0000	0.0000	102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr 200.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 202.00 Medicare discharges (see instructions) 203.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) 204.00 Medicare target amount 205.00 Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement	ration) Adjuriod under te 49)	the 21st	0.0000	0.0000 0	102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr 200.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 202.00 Medicare discharges (see instructions) 203.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) 204.00 Medicare target amount 205.00 Case-mix adjusted target amount (line 203 times line 204) 206.00 Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement	ration) Adjuriod under te 49) first year oructions)	the 21st	0.0000	0.0000 0	102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr 200.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 202.00 Medicare discharges (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) 204.00 Medicare target amount 205.00 Case-mix adjusted target amount (line 203 times line 204) 206.00 Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement 207.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A,	ration) Adjuriod under te 49) first year oructions)	the 21st	0.0000	0.0000 0.ration	102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr 200.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 202.00 Medicare discharges (see instructions) 203.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) 204.00 Medicare target amount 205.00 Case-mix adjusted target amount (line 203 times line 204) 206.00 Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement 207.00 Program reimbursement under the §410A Demonstration (see instructions) Medicare Part A inpatient service costs (from Wkst. E, Pt. A, 209.00 Adjustment to Medicare IPPS payments (see instructions)	ration) Adjuriod under te 49) first year oructions)	the 21st	0.0000	0.0000 0.ration	102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 205. 00 206. 00 207. 00 208. 00 209. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr 200.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 202.00 Medicare discharges (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) 204.00 Medicare target amount 205.00 Case-mix adjusted target amount (line 203 times line 204) 206.00 Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement 207.00 Program reimbursement under the \$410A Demonstration (see instructions) 208.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, 209.00 Adjustment to Medicare IPPS payments (see instructions) 210.00 Reserved for future use	ration) Adjuriod under te 49) first year oructions)	the 21st	0.0000	0 0.0000 0	102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration (N/A In Demonstration Project (§410A Demonstration (N/A In Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration (See Instructions) Project (§410A Demonstration (See Instructions) Adjustment to Medicare Part A Inpatient Reimbursement Project (§410A Demonstration (See Instructions) Adjustment to Medicare IPPS Payments (See Instructions) Project (§410A Demonstration (See Instructions) Project (Se	ration) Adjuriod under te 49) first year oructions)	the 21st	0.0000	0 0.0000 0	102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 205. 00 206. 00 207. 00 208. 00 209. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr 200.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 202.00 Medicare discharges (see instructions) 203.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) 204.00 Medicare target amount 205.00 Case-mix adjusted target amount (line 203 times line 204) 206.00 Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement 207.00 Program reimbursement under the §410A Demonstration (see instructions) 208.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, 209.00 Adjustment to Medicare IPPS payments (see instructions) 210.00 Reserved for future use 211.00 Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement	first year (the 21st	0.0000	0.0000 0	102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 211. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration (§410A Demon	first year (the 21st	0.0000	0.0000 0.ration	102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 211. 00 211. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration (N/A Inperiod) 201.00 Medicare target amount (see instructions) 203.00 Case-mix adjustment factor (see instructions) 204.00 Medicare target amount (line 203 times line 204) 205.00 Case-mix adjusted target amount (line 203 times line 204) 206.00 Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement 207.00 Program reimbursement under the §410A Demonstration (see instructions) 208.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, 209.00 Adjustment to Medicare IPPS payments (see instructions) 210.00 Reserved for future use 211.00 Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement 212.00 Total adjustment to Medicare Part A IPPS payments (from line 2013) 213.00 Low-volume adjustment (see instructions)	ration) Adjuriod under to the 49) first year of the first year of the 59)	of the current	0.0000	0.0000 0.rration	102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00 211. 00 212. 00 213. 00
HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration (§410A Demon	ration) Adjuriod under to the 49) first year of the first year of the 59)	of the current	0.0000	0.0000 0.rration	102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 211. 00 211. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet E | From 01/01/2018 | Part A Exhibit 4 | To 12/31/2018 | Date/Time Prepared: 5/24/2019 9:59 am Health Financial Systems

LOW VOLUME CALCULATION EXHIBIT 4 Provider CCN: 15-0089

						0 12/31/2010	5/24/2019 9:5	9 am
					XVIII	Hospi tal	PPS	
			Amounts (from	Pre/Post	Peri od Pri or	Peri od	Total (Col 2	
		line 0	E, Part A) 1.00	Entitlement 2.00	to 10/01 3.00	0n/After 10/01 4.00	through 4) 5.00	
1. 00	DRG amounts other than outlier	1, 00	1.00	2.00	3.00		5.00	1. 00
1.00	payments	1.00	ı .	Ŭ			J	1.00
1. 01	DRG amounts other than outlier payments for discharges	1. 01	48, 325, 452	0	48, 325, 452		48, 325, 452	1. 01
1. 02	occurring prior to October 1 DRG amounts other than outlier payments for discharges	1. 02	15, 142, 733	O		15, 142, 733	15, 142, 733	1. 02
1. 03	occurring on or after October 1 DRG for Federal specific operating payment for Model 4	1. 03	0	O	C		0	1. 03
1 04	BPCI occurring prior to October 1	1. 04		0			0	1 04
1. 04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1. 04	0	0		0	0	1. 04
2.00	Outlier payments for discharges (see instructions)	2. 00	622, 964	0	520, 910	102, 054	622, 964	2. 00
2. 01	Outlier payments for discharges for Model 4 BPCI	2. 02	0	0	C	0	0	2. 01
3. 00	Operating outlier reconciliation	2. 01	0	0	C	0	0	3. 00
4. 00	Managed care simulated payments	3. 00	20, 552, 804	0	15, 372, 367	5, 180, 437	20, 552, 804	4. 00
	Indirect Medical Education Adju							
5.00	Amount from Worksheet E, Part	21. 00	0. 201446	0. 201446	0. 201446	0. 201446		5. 00
6. 00	A, line 21 (see instructions) IME payment adjustment (see	22. 00	6, 611, 227	0	5, 033, 869	1, 577, 358	6, 611, 227	6. 00
6. 01	instructions) IME payment adjustment for	22. 01	2, 140, 903	0	2, 140, 903	0	2, 140, 903	6. 01
	managed care (see instructions)		Add 6 C-	-+: 422	- MMA]
7. 00	Indirect Medical Education Adju	27.00	0. 000000	0. 000000	0.000000	0. 000000		7. 00
8. 00	(see instructions) IME adjustment (see	28. 00	0. 000000	0. 000000	0.00000		0	
8. 01	instructions) IME payment adjustment add on	28. 01	0	0			0	
	for managed care (see instructions)			O		,		
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6, 611, 227	0	5, 033, 869			
9. 01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29. 01	2, 140, 903	0	2, 140, 903	0	2, 140, 903	9. 01
	Disproportionate Share Adjustme							
10. 00	Allowable disproportionate share percentage (see	33.00	0. 1402	0. 1402	0. 1402	0. 1402		10.00
11. 00	<pre>instructions) Disproportionate share adjustment (see instructions)</pre>	34.00	2, 224, 560	0	1, 693, 807	530, 753	2, 224, 560	11. 00
11. 01	Uncompensated care payments Additional payment for high per	36.00	5, 739, 200	0 di scharges	3, 672, 485	2, 066, 715	5, 739, 200	11. 01
12. 00	Total ESRD additional payment	46. 00	n Delicit Crary	ui scriai ges 0	C	ol	0	12.00
12.00	(see instructions)	40.00					O	12.00
13. 00 14. 00	Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH,	47. 00 48. 00	78, 666, 136 0	0	59, 246, 523 C	19, 419, 613 0	78, 666, 136 0	13. 00 14. 00
15. 00	small rural hospitals only.) (see instructions) Total payment for inpatient operating costs (see	49. 00	80, 807, 039	O	61, 387, 426	19, 419, 613	80, 807, 039	15. 00
16. 00	instructions) Payment for inpatient program capital (from Wkst. L, Pt. I,	50. 00	5, 953, 743	0	4, 535, 449	1, 418, 294	5, 953, 743	16. 00
17. 00	if applicable) Special add-on payments for	54. 00	0	0	C	o	0	17. 00
17. 01 17. 02	new technologies Net organ aquisition cost Credits received from	68. 00	0	0	C	0	0	17. 01 17. 02
	manufacturers for replaced devices for applicable MS-DRGs							

Health Financial Systems	BALL	MEMORIAL H	OSPI TAL		In Lie	u of Form CMS-2	2552-10
LOW VOLUME CALCULATION EXHIBIT 4			Provider CC			Worksheet E Part A Exhibit Date/Time Prep 5/24/2019 9:59	pared:
			Title	XVIII	Hospi tal	PPS	
	W/S E, Part A Amount		Pre/Post	Period Prior	Peri od	Total (Col 2	

					'	0 12/31/2018	5/24/2019 9:5	
					XVIII	Hospi tal	PPS	
			Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01		
		0	1.00	2.00	3. 00	4. 00	5. 00	
18. 00	Capital outlier reconciliation	93.00	0	0	(0	0	18. 00
	adjustment amount (see							
	instructions)							
19. 00	SUBTOTAL			0	65, 922, 875	20, 837, 907	86, 760, 782	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	5, 168, 578	0	3, 936, 504	1, 232, 074	5, 168, 578	
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	28, 485	0	22, 640	5, 845		
21. 01	Model 4 BPCI Capital DRG	2. 01	0	0	(0	0	21. 01
	outlier payments							
22. 00	Indirect medical education	5. 00	0. 0836	0. 0836	0. 0836	0. 0836		22. 00
	percentage (see instructions)			_				
23. 00	Indirect medical education	6. 00	432, 093	0	329, 092	103, 001	432, 093	23. 00
	adjustment (see instructions)							
24. 00	Allowable disproportionate	10. 00	0. 0628	0. 0628	0. 0628	0. 0628		24. 00
	share percentage (see							
	instructions)	44.00	004 507		0.7.04			
25. 00	Di sproporti onate share	11. 00	324, 587	Ü	247, 213	77, 374	324, 587	25. 00
04 00	adjustment (see instructions)	40.00	5 050 740		4 505 446	4 440 004	F 050 740	0, 00
26. 00	Total prospective capital	12. 00	5, 953, 743	Ü	4, 535, 449	1, 418, 294	5, 953, 743	26. 00
	payments (see instructions)	W/C F D-:-+ A	/A					
		W/S E, Part A						
		line 0	Part A) 1.00	2.00	3.00	4. 00	5. 00	
27. 00	Law valums adjustment factor	U	1.00	2.00	0.000000			27. 00
	Low volume adjustment factor	70.07			0.000000	0.000000		
28. 00	Low volume adjustment	70. 96)	0	28. 00
	(transfer amount to Wkst. E,							
20.00	Pt. A, line)	70. 97				0	0	29. 00
29. 00	Low volume adjustment (transfer amount to Wkst. E,	70. 97				0	U	29.00
	Pt. A, line)							
100.00	Transfer low volume		Y					100. 00
100.00	adjustments to Wkst. E, Pt. A.		ī					100.00
	aujustinents to wast. E, Pt. A.				I	1	I	I

From 01/01/2018 Part A Exhibit 5 Date/Time Prepared: 5/24/2019 9:59 am 12/31/2018 Hospi tal Title XVIII PPS Period to Total (cols. 2 Wkst. E, Pt. Amt. from Period on Wkst. E, Pt. 10/01 A. line after 10/01 and 3) A) 2.00 3. 00 0 4.00 1.00 1.00 DRG amounts other than outlier payments 1. 00 1. 00 DRG amounts other than outlier payments for 48, 325, 452 1.01 1.01 48, 325, 452 48, 325, 452 1.01 discharges occurring prior to October 1 DRG amounts other than outlier payments for 1.02 1.02 15, 142, 733 15, 142, 733 15, 142, 733 1.02 discharges occurring on or after October 1 1.03 DRG for Federal specific operating payment 1.03 C 0 1.03 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 2.00 622, 964 520, 910 102, 054 622, 964 2.00 instructions) 2.01 Outlier payments for discharges for Model 4 2.02 2.01 Operating outlier reconciliation 3 00 2 01 3 00 4.00 Managed care simulated payments 3.00 20, 552, 804 15, 454, 248 15, 454, 248 4.00 Indirect Medical Education Adjustment 5.00 Amount from Worksheet E, Part A, line 21 21.00 0. 201446 0. 201446 0.201446 5.00 (see instructions) 5, 033, 869 6 00 IME payment adjustment (see instructions) 22 00 6, 611, 227 1.577.358 6, 611, 227 6 00 IME payment adjustment for managed care (see 2, 140, 903 2, 140, 903 2, 140, 903 6.01 22.01 6.01 instructions) Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA 7.00 0.000000 0.000000 IME payment adjustment factor (see 27.00 0.000000 7.00 instructions) 8.00 IME adjustment (see instructions) 28.00 8.00 IME payment adjustment add on for managed 8.01 28.01 8.01 care (see instructions) Total IME payment (sum of lines 6 and 8) 9.00 29.00 6, 611, 227 5, 033, 869 1, 577, 358 6, 611, 227 9.00 9.01 Total IME payment for managed care (sum of 29.01 2, 140, 903 2, 140, 903 2, 140, 903 9.01 lines 6.01 and 8.01) Disproportionate Share Adjustment 10.00 Allowable disproportionate share percentage 33.00 0.1402 0.1402 10.00 0.1402 (see instructions) 11.00 Disproportionate share adjustment (see 34 00 2, 224, 560 1, 693, 807 530, 753 2, 224, 560 11.00 instructions) 11.01 Uncompensated care payments 36.00 5, 739, 200 3, 672, 485 2,066,715 5, 739, 200 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 78, 666, 136 59, 246, 523 19, 419, 613 78, 666, 136 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 15.00 49.00 80, 807, 039 61, 387, 426 19, 419, 613 80, 807, 039 (see instructions) 16.00 Payment for inpatient program capital (from 50.00 5, 953, 743 4, 535, 449 1, 418, 294 5, 953, 743 16.00 Wkst. L, Pt. I, if applicable) 17.00 Special add-on payments for new technologies 54.00 0 17.00 0 17.01 Net organ acquisition cost 17.01 17.02 Credits received from manufacturers for 68.00 0 0 17.02 replaced devices for applicable MS-DRGs

93.00

65, 922, 875

20, 837, 907

18.00

86, 760, 782 19. 00

18.00

19.00 SUBTOTAL

Capital outlier reconciliation adjustment

amount (see instructions)

	DALL MEMORIA	I HOODI TAL			6.5. 046.4	0550 40
Health Financial Systems	BALL MEMORIA	L HUSPITAL		In Lie	u of Form CMS-2	<u> 2552-10</u>
HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CAL	CULATION EXHIBIT 5	Provi der CO	CN: 15-0089 F	Peri od:	Worksheet E	
			F	rom 01/01/2018	Part A Exhibi	t 5
			7	To 12/31/2018	Date/Time Pre	pared:
					5/24/2019 9:5	
		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	5, 168, 578	3, 936, 504	1, 232, 074	5, 168, 578	20.00

						5/24/2019 9:5	9 am
			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	5, 168, 578	3, 936, 50	4 1, 232, 074	5, 168, 578	20.00
20. 01	Model 4 BPCI Capital DRG other than outlier	1. 01	0		0	0	20. 01
21.00	Capital DRG outlier payments	2.00	28, 485	22, 64	0 5, 845	28, 485	21. 00
21. 01	Model 4 BPCI Capital DRG outlier payments	2. 01	0		0	0	21. 01
22.00	Indirect medical education percentage (see	5. 00	0. 0836	0. 083	6 0. 0836		22. 00
	instructions)						
23.00	Indirect medical education adjustment (see	6. 00	432, 093	329, 09	2 103, 001	432, 093	23. 00
	instructions)						
24.00	Allowable disproportionate share percentage	10.00	0. 0628	0. 062	8 0.0628		24.00
	(see instructions)						
25.00	Di sproporti onate share adjustment (see	11. 00	324, 587	247, 21	3 77, 374	324, 587	25. 00
	instructions)						
26.00	Total prospective capital payments (see	12.00	5, 953, 743	4, 535, 44	9 1, 418, 294	5, 953, 743	26. 00
	instructions)						
		Wkst. E, Pt.	(Amt. from				
		A, line	Wkst. E, Pt.				
			A)				
		0	1. 00	2. 00	3. 00	4. 00	
27. 00							27. 00
28. 00	Low volume adjustment prior to October 1	70. 96	0		0	0	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	157, 983	151, 44	9 6, 534	157, 983	30.00
30. 01	HVBP payment adjustment for HSP bonus	70. 90	0		0 0	0	30. 01
	payment (see instructions)						
31.00	HRR adjustment (see instructions)	70. 94	-114, 243	-86, 98	7 -27, 256	-114, 243	
31. 01	HRR adjustment for HSP bonus payment (see	70. 91	0		0 0	0	31. 01
	instructions)						
						(Amt. to Wkst.	
						E, Pt. A)	
		0	1. 00	2. 00	3. 00	4. 00	
32. 00	HAC Reduction Program adjustment (see	70. 99			0	0	32. 00
	instructions)						
100.00	Transfer HAC Reduction Program adjustment to		N				100. 00
	Wkst. E, Pt. A.						

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0	From 01/01/2018	Worksheet E Part B Date/Time Prepared: 5/24/2019 9:59 am

		5/24/2019 9:5	9 am
	Title XVIII Hospital	PPS	
		1. 00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	38, 634	1. 00
2.00	Medical and other services reimbursed under OPPS (see instructions)	39, 850, 911	2. 00
3.00	OPPS payments	39, 031, 677	3. 00
4.00	Outlier payment (see instructions)	64, 106	4. 00
4. 01	Outlier reconciliation amount (see instructions)	0	4. 01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5. 00
6.00	Line 2 times line 5	0	6. 00
7. 00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7. 00
8. 00	Transitional corridor payment (see instructions)	0	8. 00
9. 00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	70, 617	
10.00	Organ acqui si ti ons	0	
11. 00	Total cost (sum of lines 1 and 10) (see instructions)	38, 634	11. 00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12. 00	Ancillary service charges	212, 063	
13. 00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13. 00
14. 00	Total reasonable charges (sum of lines 12 and 13)	212, 063	14. 00
	Customary charges	_	
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	1	15.00
16. 00	Amounts that would have been realized from patients liable for payment for services on a chargebasis	0	16. 00
47.00	had such payment been made in accordance with 42 CFR §413.13(e)	0 000000	47.00
17. 00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	
18.00	Total customary charges (see instructions)	212, 063	
19. 00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see	173, 429	19. 00
20.00	instructions) Figure of responship and given systems yellows (complete only if line 11 eyesode line 10) (con		20.00
20. 00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20. 00
21. 00	Lesser of cost or charges (see instructions)	38, 634	21. 00
22. 00	Interns and residents (see instructions)	0	22. 00
23. 00	Cost of physicians' services in a teaching hospital (see instructions)	0	
24. 00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	39, 166, 400	
24.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT	37, 100, 400	24.00
25. 00	Deductibles and coinsurance amounts (for CAH, see instructions)	0	25. 00
26. 00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	7, 046, 580	
27. 00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see	32, 158, 454	
27.00	instructions)	02, 100, 101	27.00
28. 00	Direct graduate medical education payments (from Wkst. E-4, line 50)	1, 194, 922	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)	33, 353, 376	30.00
31.00	Primary payer payments	2, 400	
32.00	Subtotal (line 30 minus line 31)	33, 350, 976	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	•	
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	1, 479, 316	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	961, 555	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1, 102, 532	36.00
37.00	Subtotal (see instructions)	34, 312, 531	37.00
38. 00	MSP-LCC reconciliation amount from PS&R	-109	38. 00
39. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39. 00
39. 50	Pioneer ACO demonstration payment adjustment (see instructions)		39. 50
39. 97	Demonstration payment adjustment amount before sequestration	0	39. 97
39. 98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39. 98
39. 99	RECOVERY OF ACCELERATED DEPRECIATION	0	39. 99
40.00	Subtotal (see instructions)	34, 312, 640	40.00
40. 01	Sequestration adjustment (see instructions)	686, 253	40. 01
40. 02	Demonstration payment adjustment amount after sequestration	0	40. 02
41.00	Interim payments	33, 771, 761	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-145, 374	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1,	6, 288	44. 00
	§115. 2		
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	
92. 00	•	0.00	
		0	
94. 00	Total (sum of lines 91 and 93)	0	94. 00

Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0089	Peri od: From 01/01/2018	Worksheet E
	Component CCN: 15-T089		Date/Time Prepared: 5/24/2019 9:59 am
	Title XVIII	Subprovi der -	PPS

	Intle XVIII Subprovider - IRF	PPS	
	DADT D. MEDICAL AND OTHER HEALTH CERVICAGE	1. 00	
1. 00	PART B - MEDICAL AND OTHER HEALTH SERVICES Medical and other services (see instructions)	189	1. 00
2.00	Medical and other services (see Histractions) Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	OPPS payments	0	3. 00
4.00	Outlier payment (see instructions)	0	4. 00
4.01	Outlier reconciliation amount (see instructions)	0	4. 01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0. 000	5. 00
6.00	Line 2 times line 5	0	6.00
7. 00 8. 00	Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)	0. 00 0	
9. 00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9. 00
10.00	Organ acqui si ti ons	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	189	11. 00
	COMPUTATION OF LESSER OF COST OR CHARGES		l
	Reasonable charges		l
12.00	Ancillary service charges	1, 039	
13. 00 14. 00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69) Total reasonable charges (sum of lines 12 and 13)	0 1, 039	13. 00 14. 00
14.00	Customary charges	1,037	14.00
15. 00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15. 00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis	0	16. 00
	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)	0. 000000	
18. 00 19. 00	Total customary charges (see instructions) Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see	1, 039 850	1
19.00	instructions)	630	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see	0	20. 00
	instructions)		l
21. 00	Lesser of cost or charges (see instructions)	189	
22. 00	Interns and residents (see instructions)	0	22. 00
23. 00 24. 00	Cost of physicians' services in a teaching hospital (see instructions) Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	0	
24.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT	U	24.00
25. 00	Deductibles and coinsurance amounts (for CAH, see instructions)	0	25. 00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	0	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	189	27. 00
28. 00	instructions) Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28. 00
29. 00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	
30.00	Subtotal (sum of lines 27 through 29)	189	
31.00	Primary payer payments	0	
32. 00	Subtotal (line 30 minus line 31)	189	32. 00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
34.00	Composite rate ESRD (from Wkst. I-5, line 11) Allowable bad debts (see instructions)	0	
35. 00	· /	0	35. 00
36. 00	1 * '	0	•
37.00		189	37. 00
	MSP-LCC reconciliation amount from PS&R		38. 00
39. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	
39. 50 39. 97	Pioneer ACO demonstration payment adjustment (see instructions)	0	39. 50 39. 97
39. 97 39. 98	Demonstration payment adjustment amount before sequestration Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39. 97 39. 98
39. 99	RECOVERY OF ACCELERATED DEPRECIATION	Ö	39. 99
40. 00	Subtotal (see instructions)	189	
40. 01	Sequestration adjustment (see instructions)	4	40. 01
40. 02	Demonstration payment adjustment amount after sequestration	0	
41. 00	Interim payments	204	
42. 00 43. 00	Tentative settlement (for contractors use only) Balance due provider/program (see instructions)	0 -19	
44. 00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1,	- 19	
44.00	§115. 2	Ö	14.00
	TO BE COMPLETED BY CONTRACTOR		I
90.00			90. 00
91.00	, , ,	0	
92.00	The rate used to calculate the Time Value of Money	0.00	92. 00 93. 00
93.00	Time Value of Money (see instructions) Total (sum of lines 91 and 93)	0	
, 1. 00	1.00a. (cam of 1.110a /1 did /0)	٥١	, 1. 00

Health Financial Systems BAANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Peri od: | Worksheet E-1 | From 01/01/2018 | Part | To 12/31/2018 | Date/Time Prepared: Provider CCN: 15-0089

				10 12/31/2010	5/24/2019 9:59	
		Title	XVIII	Hospi tal	PPS	
	·	Inpatien	t 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		81, 653, 06		33, 585, 861	1.00
2.00	Interim payments payable on individual bills, either			0	0	2. 00
	submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none,					
	write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					3. 00
0.00	amount based on subsequent revision of the interim rate					0.00
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider			_		
3. 01	ADJUSTMENTS TO PROVIDER	07/25/2018	463, 40		185, 900	3. 01
3. 02				0	0	3. 02
3. 03				0	0	3. 03
3.04				0	0	3. 04
3. 05	Drawit dans da Drawnson			0	0	3. 05
3. 50	Provider to Program ADJUSTMENTS TO PROGRAM			o	0	3. 50
3. 50	ADJUSTIMENTS TO PROGRAM			0		3. 50
3. 52				0	0	3. 52
3. 53				0	0	3. 53
3. 54				Ö	l ol	3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines		463, 40		185, 900	3. 99
	3. 50-3. 98)		·			
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		82, 116, 46	4	33, 771, 761	4. 00
	(transfer to Wkst. E or Wkst. E-3, line and column as					
	appropri ate)					
г оо	TO BE COMPLETED BY CONTRACTOR					г оо
5. 00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none,					5. 00
	write "NONE" or enter a zero. (1)					
	Program to Provider					
5. 01	TENTATI VE TO PROVI DER			0	0	5. 01
5.02				o	o	5. 02
5.03				0	0	5. 03
	Provider to Program					
5.50	TENTATI VE TO PROGRAM			0	0	5. 50
5. 51				0	0	5. 51
5. 52				0	0	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	O O	5. 99
6. 00	Determined net settlement amount (balance due) based on					6. 00
0.00	the cost report. (1)					0.00
6. 01	SETTLEMENT TO PROVIDER			o	ol	6. 01
6. 02	SETTLEMENT TO PROGRAM		555, 95	-	145, 374	6. 02
7. 00	Total Medicare program liability (see instructions)		81, 560, 51		33, 626, 387	7. 00
				Contractor	NPR Date	
				Number	(Mo/Day/Yr)	
8. 00	Name of Contractor	()	1. 00	2. 00	8. 00

Provider CCN: 15-0089 Component CCN: 15-T089

		Title	XVIII	Subprovider - IRF	PPS	
		Inpatien	t 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		5, 269, 17		204	1. 00
2.00	Interim payments payable on individual bills, either		'	0	0	2. 00
	submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none,					
	write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					3. 00
	amount based on subsequent revision of the interim rate					
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
3. 01	Program to Provider ADJUSTMENTS TO PROVIDER		T .	0	0	3. 01
3. 01	ADJUSTMENTS TO PROVIDER			0	0	3. 01
3. 02				0		3. 02
3. 04				Ö	l ol	3. 04
3. 05				0	0	3. 05
	Provider to Program					
3. 50	ADJUSTMENTS TO PROGRAM			0	0	3. 50
3. 51				0	0	3. 51
3. 52 3. 53				0		3. 52 3. 53
3. 54				0		3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			Ö	l ő	3. 99
	3. 50-3. 98)					
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		5, 269, 17	3	204	4.00
	(transfer to Wkst. E or Wkst. E-3, line and column as					
	appropriate) TO BE COMPLETED BY CONTRACTOR					
5. 00	List separately each tentative settlement payment after			1		5. 00
0.00	desk review. Also show date of each payment. If none,					0.00
	write "NONE" or enter a zero. (1)					
	Program to Provider					
5. 01	TENTATI VE TO PROVI DER			0	0	5. 01
5. 02 5. 03				0	0	5. 02 5. 03
5.03	Provider to Program		'	<u> </u>	U	5. 03
5. 50	TENTATI VE TO PROGRAM			0	0	5. 50
5. 51				0	0	5. 51
5. 52				0	0	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines		'	0	0	5. 99
6. 00	5.50-5.98) Determined net settlement amount (balance due) based on					6. 00
6.00	the cost report. (1)					6.00
6. 01	SETTLEMENT TO PROVIDER		51, 07	4	0	6. 01
6. 02	SETTLEMENT TO PROGRAM			0	19	6. 02
7.00	Total Medicare program liability (see instructions)		5, 320, 24	_	185	7. 00
				Contractor	NPR Date	
)	Number 1.00	(Mo/Day/Yr) 2.00	
8. 00	Name of Contractor	(J	1.00	2.00	8. 00
5.00	name of softer doctor			I	ı l	5. 00

Heal th	Financial Systems BALL MEMORIAL I	HOSPI TAL	In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0089	Peri od:	Worksheet E-1	
			From 01/01/2018 To 12/31/2018		epared:
				5/24/2019 9:5	
		Title XVIII	Hospi tal	PPS	
				1. 00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				4
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst.	S-3, Pt. I col. 15 line	14		1. 00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8	-12			2. 00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8	-12			4. 00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5. 00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 l	ine 20			6. 00
7.00	CAH only - The reasonable cost incurred for the purchase of c	ertified HIT technology	Wkst. S-2, Pt. I		7. 00
	line 168				
8.00	Calculation of the HIT incentive payment (see instructions)				8. 00
9.00	Sequestration adjustment amount (see instructions)				9. 00
10.00	Calculation of the HIT incentive payment after sequestration	(see instructions)			10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH	· · · · · · · · · · · · · · · · · · ·			1
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
	Other Adjustment (specify)				31.00
22 00	Polones due provider (line 0 (er line 10) minus line 20 and l	ing 21) (and implemention	->		22.00

32.00 Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)

30. 00 31. 00 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: From 01/01/2018	Worksheet E-3
	Component CCN: 15-T089		
	Title XVIII	Subprovi der -	PPS

		Title XVIII	Subprovi der - I RF	PPS	
				1. 00	
	PART III - MEDICARE PART A SERVICES - IRF PPS			1.00	
1.00	Net Federal PPS Payment (see instructions)			3, 673, 036	1. 00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0. 0272	2. 00
3. 00	Inpatient Rehabilitation LIP Payments (see instructions)			144, 350	3. 00
4. 00	Outlier Payments			1, 635, 533	4. 00
5.00	Unweighted intern and resident FTE count in the most recent co	ost reporting period en	ding on or prior	0.00	5. 00
	to November 15, 2004 (see instructions)		.		
5. 01	Cap increases for the unweighted intern and resident FTE coun program or hospital closure, that would not be counted without CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00	5. 01
6. 00	New Teaching program adjustment. (see instructions)			0. 00	6. 00
7. 00	Current year's unweighted FTE count of I&R excluding FTEs in teaching program" (see instructions)	the new program growth p	eriod of a "new	0. 00	7. 00
8. 00	Current year's unweighted I&R FTE count for residents within teaching program" (see instructions)	the new program growth p	eriod of a "new	0. 00	8. 00
9.00	Intern and resident count for IRF PPS medical education adjust	tment (see instructions)		0.00	9. 00
10.00	Average Daily Census (see instructions)			11. 098630	
11. 00	Teaching Adjustment Factor (see instructions)			0. 000000	
12. 00	Teaching Adjustment (see instructions)			0	12. 00
13. 00	Total PPS Payment (see instructions)			5, 452, 919	
14.00	Nursing and Allied Health Managed Care payments (see instruction	i on)		0	14. 00
15.00	Organ acquisition (DO NOT USE THIS LINE)	•			15. 00
16.00	Cost of physicians' services in a teaching hospital (see instr	ructions)		0	16. 00
17.00	Subtotal (see instructions)			5, 452, 919	17. 00
18.00	Pri mary payer payments			0	18. 00
19.00	Subtotal (line 17 less line 18).			5, 452, 919	19.00
20.00	Deducti bl es			5, 336	20.00
21. 00	Subtotal (line 19 minus line 20)			5, 447, 583	21. 00
22. 00	Coinsurance			26, 800	
23. 00	Subtotal (line 21 minus line 22)			5, 420, 783	23. 00
24. 00	Allowable bad debts (exclude bad debts for professional service	ces) (see instructions)		9, 563	
25. 00	Adjusted reimbursable bad debts (see instructions)			6, 216	
26. 00	Allowable bad debts for dual eligible beneficiaries (see insti	ructions)		6, 700	
27. 00	Subtotal (sum of lines 23 and 25)			5, 426, 999	27. 00
28. 00	Direct graduate medical education payments (from Wkst. E-4, Ii	ine 49)		0	28. 00
29. 00	Other pass through costs (see instructions)			1, 824	29. 00
30.00	Outlier payments reconciliation			0	30. 00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	31.00
31. 50	Pioneer ACO demonstration payment adjustment (see instructions	s)		0	31. 50
31. 99	Demonstration payment adjustment amount before sequestration			0	31. 99
32. 00	Total amount payable to the provider (see instructions)			5, 428, 823	
32. 01	Sequestration adjustment (see instructions)			108, 576	
32. 02	Demonstration payment adjustment amount after sequestration			0 F 240 172	32. 02
33. 00 34. 00	Interim payments			5, 269, 173 0	33. 00 34. 00
35. 00	Tentative settlement (for contractor use only) Balance due provider/program (line 32 minus lines 32.01, 32.0)	2 22 and 24)		51, 074	34. 00 35. 00
36. 00	Protested amounts (nonallowable cost report items) in accordan	•	chantor 1	10, 652	36. 00
30.00	§115. 2	nce with two rub. 13-2, t	chapter i,	10, 032	30.00
	TO BE COMPLETED BY CONTRACTOR				
	Original outlier amount from Wkst. E-3, Pt. III, line 4			1, 635, 533	
	Outlier reconciliation adjustment amount (see instructions)			0	51. 00
	The rate used to calculate the Time Value of Money			0. 00	
53. 00	Time Value of Money (see instructions)		l	0	53. 00

DIDECT	Financial Systems GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	HOSPI TAL Provi der C	CN: 1E 0000	Period:	u of Form CMS-2 Worksheet E-4	
	STADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provider C	CN. 15-0089	From 01/01/2018 To 12/31/2018	Date/Time Pre	pared:
		Title	· XVIII	Hospi tal	5/24/2019 9: 59 PPS	9 am
					1. 00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				1.00	
1.00	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
2. 00	Unweighted FTE resident cap add-on for new programs per 42 CF		1) (see instr	ructions)	0.00	2.00
3. 00 3. 01	Amount of reduction to Direct GME cap under section 422 of MM Direct GME cap reduction amount under ACA §5503 in accordance		R §413.79 (m).	(see	0. 00 0. 00	3. 00 3. 01
. 00	instructions for cost reporting periods straddling 7/1/2011) Adjustment (plus or minus) to the FTE cap for allopathic and GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)		programs due	to a Medicare	0. 00	4. 00
. 01	ACA Section 5503 increase to the Direct GME FTE Cap (see inst straddling 7/1/2011)		cost reporti	ng periods	12. 00	4. 0 ⁻
. 02	ACA Section 5506 number of additional direct GME FTE cap slot periods straddling 7/1/2011)	s (see inst	ructions for	cost reporting	0. 00	4. 02
. 00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 pl 4.02 plus applicable subscripts	us or minus	line 4 plus l	ines 4.01 and	69. 92	5. 00
. 00	Unweighted resident FTE count for allopathic and osteopathic records (see instructions)	programs for	the current	year from your	63. 76	6. 00
7. 00	Enter the lesser of line 5 or line 6		Primary Care	e Other	63. 76 Total	7. 00
			1.00	2. 00	3. 00	
3. 00	Weighted FTE count for physicians in an allopathic and osteop program for the current year.	athi c	53.	76 10.00	63. 76	8. 00
. 00	If line 6 is less than 5 enter the amount from line 8, otherw multiply line 8 times the result of line 5 divided by the amo 6.		53.	76 10. 00	63. 76	9. 00
0.00	Weighted dental and podiatric resident FTE count for the curr			0.00		10.0
0. 01	Unweighted dental and podiatric resident FTE count for the cu Total weighted FTE count	rrent year	53.	0. 00 76 10. 00		10. 0 ⁻¹
2. 00	Total weighted resident FTE count for the prior cost reportin instructions)	g year (see	53.3			12. 0
3. 00	Total weighted resident FTE count for the penultimate cost re year (see instructions)	porting	54.2	10.00		13. 0
4.00	Rolling average FTE count (sum of lines 11 through 13 divided	by 3).	53.			14.0
5. 00 5. 01	Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new p	roorams	0.0			15. 0 15. 0
6. 00	Adjustment for residents displaced by program or hospital clo		0.0			16. 00
6. 01	Unweighted adjustment for residents displaced by program or h		0.0	0.00		16. 0
17. 00	Adjusted rolling average FTE count		53. 7			17.00
8. 00 9. 00	Per resident amount Approved amount for resident costs		103, 487. (5, 564, 50	·	6, 544, 433	18. 00 19. 00
					1. 00	
0. 00	Additional unweighted allopathic and osteopathic direct GME F Sec. 413.79(c)(4)		cap slots red	ceived under 42		20. 0
21.00	Direct GME FTE unweighted resident count over cap (see instru				0.00	
2. 00 3. 00	Allowable additional direct GME FTE Resident Count (see instr Enter the locality adjustment national average per resident a		nstructions)		0. 00 101, 956. 55	
4. 00	Multiply line 22 time line 23				0	24. 0
5. 00	Total direct GME amount (sum of lines 19 and 24)		l 5		6, 544, 433	25. 0
			Inpatient Par	ŭ		
	COMPUTATION OF PROGRAM PATIENT LOAD		1. 00	2. 00	3. 00	
26. 00	Inpatient Days (see instructions)		37, 94	12, 365		26. 0
	Total Inpatient Days (see instructions)		84, 09			27. 0
	Ratio of inpatient days to total inpatient days		0. 45123	31 0. 147045		28. 0
28. 00			1			
27. 00 28. 00 29. 00 30. 00	Program direct GME amount Reduction for direct GME payments for Medicare Advantage		2, 953, 05			29. 00 30. 00

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	
MEDI CA	L EDUCATION COSTS		From 01/01/2018 To 12/31/2018	Date/Time Prep 5/24/2019 9:5	
		Title XVIII	Hospi tal	PPS	
	DUDGOT NEDLONG EDUCATION COOTS FOR FORD COMPOSITE DATE. TITLE			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)	4, 431, 096	33. 00
34.00	Ratio of direct medical education costs to total charges (lin	e 32 ÷ line 33)	ŕ	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	34 x line 35)		0	36. 00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII	ONLY			
	Part A Reasonable Cost				
37. 00				86, 446, 320	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)			21, 874	1
41. 00	Total Part A reasonable cost (sum of lines 37 through 39 minu	s line 40)		86, 424, 446	41. 00
	Part B Reasonable Cost		T	20.010.051	
	Reasonable cost (see instructions)			39, 960, 351	1
	Primary payer payments (see instructions)			2, 400	1
44. 00	Total Part B reasonable cost (line 42 minus line 43)			39, 957, 951	•
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)		126, 382, 397	•
	Ratio of Part A reasonable cost to total reasonable cost (IIII)			0. 683833 0. 316167	
47.00	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PA			0.310107	47.00
48 00	Total program GME payment (line 31)	KI D		3, 779, 400	48 00
	Part A Medicare GME payment (line 46 x 48) (title XVIII only)	(see instructions)		2, 584, 478	•
	Part B Medicare GME payment (line 40 x 40) (title xVIII only)			1, 194, 922	1
55. 50	1. a. c. 5 mod. od. o ome paymone (11110 17 x 10) (ci ti e xviii om y)	(333 111311 4311 3113)	ı	1, 1, 1, 1, 722	1 30.00

Health 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

Peri od: Worksheet G From 01/01/2018 To 12/31/2018 Date/Time Prepared: 5/24/2019 9:59 am

oni y)				1270172010	5/24/2019 9:5	9 am
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2. 00	3. 00	4.00	
	CURRENT ASSETS	100 000 001	1			
1.00	Cash on hand in banks	192, 323, 231		0	0	
2. 00 3. 00	Temporary investments Notes receivable			-	0	
4. 00	Accounts receivable	50, 661, 368	1		0	
5. 00	Other recei vabl e	72, 512, 868			l ő	
6. 00	Allowances for uncollectible notes and accounts receivable	72, 012, 000		o o	Ö	
7. 00	Inventory	8, 516, 920		0	Ō	
8.00	Prepai d expenses	2, 325, 910		0	0	8. 00
9.00	Other current assets	0) (0	0	9. 00
10.00	Due from other funds	0)	0	0	10.00
11. 00	Total current assets (sum of lines 1-10)	326, 340, 297	' (0	0	11. 00
	FIXED ASSETS					
12. 00	Land	2, 924, 410	1			1
13.00	Land improvements	3, 630, 983	1	-		
14.00	Accumulated depreciation	-3, 045, 739	1	-		1
15. 00 16. 00	Buildings Accumulated depreciation	320, 432, 894	1	-	0	
17. 00	Leasehold improvements	-180, 058, 157 291, 980	1	-		
18.00	Accumulated depreciation	-270, 656	1	1	0	
19. 00	Fixed equipment	270,030		1	Ö	
20. 00	Accumulated depreciation			o o	Ö	
21. 00	Automobiles and trucks	ĺ		o o	o o	
22. 00	Accumulated depreciation	Ö		o o	Ō	
23. 00	Major movable equipment	153, 081, 150		0	0	
24.00	Accumulated depreciation	-114, 190, 818	3	0	0	24. 00
25.00	Mi nor equi pment depreci able	0) (0	0	25. 00
26.00	Accumulated depreciation	O)	0	0	26. 00
27. 00	HIT designated Assets	0) (0	0	
28. 00	Accumulated depreciation	0) (0	0	
29. 00	Mi nor equi pment-nondepreci abl e	0)	-	0	
30. 00	Total fixed assets (sum of lines 12-29)	182, 796, 047	' (0	0	30. 00
21 00	OTHER ASSETS	20 (2) 075				21 00
31. 00 32. 00	Investments Deposits on Leases	30, 626, 975		-	· -	
32.00	Deposits on leases Due from owners/officers			-	0	
34. 00	Other assets	13, 864, 772	1	,	0	1
35. 00	Total other assets (sum of lines 31-34)	44, 491, 747	•	1	0	
36. 00	Total assets (sum of lines 11, 30, and 35)	553, 628, 091	1	·	l	1
00.00	CURRENT LI ABILITIES	1 000,020,071		<u>, </u>		1 00.00
37.00	Accounts payable	14, 187, 342	2	0	0	37. 00
38.00	Salaries, wages, and fees payable	11, 104, 645	i (0	0	38. 00
39.00	Payroll taxes payable	0) (0	0	39. 00
40.00	Notes and Loans payable (short term)	4, 842, 584	. (0	0	40. 00
41.00	Deferred income	0) (0	0	
42. 00	Accel erated payments	0)			42. 00
43. 00	Due to other funds	8, 951, 830	1	0	0	
44.00	Other current liabilities	0 00 00 404	1	1	0	
45. 00	Total current liabilities (sum of lines 37 thru 44)	39, 086, 401		0	0	45. 00
46. 00	LONG TERM LIABILITIES Mortgage payable				0	46. 00
47. 00	Notes payable	64, 561, 323	1			
48. 00	Unsecured Loans	04, 301, 323		-	l .	1
49. 00	Other long term liabilities	795, 889		-	· ·	
50. 00	Total long term liabilities (sum of lines 46 thru 49)	65, 357, 212		-	l	
51. 00	Total liabilities (sum of lines 45 and 50)	104, 443, 613		o o	l	
	CAPITAL ACCOUNTS					
52.00	General fund balance	449, 184, 478	3			52. 00
53.00	Specific purpose fund					53. 00
54.00	Donor created - endowment fund balance - restricted		1	0		54. 00
55.00	Donor created - endowment fund balance - unrestricted		1	0		55. 00
56.00	Governing body created - endowment fund balance			0		56. 00
57.00	Plant fund balance - invested in plant				0	
58. 00	Plant fund balance - reserve for plant improvement,				0	58. 00
FO 66	replacement, and expansion	440 40: :==		_	_	F0 00
59.00	Total fund balances (sum of lines 52 thru 58)	449, 184, 478		J 0	0	
60. 00	Total liabilities and fund balances (sum of lines 51 and 59)	553, 628, 091	1	0 ار	0	60.00
	- ' /	I	1	1	I	1

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

Provider CCN: 15-0089

					To 12/31/2018	Date/Time Prep 5/24/2019 9:50	
		General	Fund	Speci al	Purpose Fund	Endowment Fund	
		1.00	2.00	3. 00	4. 00	5. 00	
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) PENSION DONATED PP&E ROUNDING Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) UNRESTRICTED FUND BALANCE	84, 187, 017 215, 108 10 0 0 0 38, 320, 139 0 0 0 0	342, 941, 890 60, 160, 592 403, 102, 482 84, 402, 135 487, 504, 617		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00
18. 00 19. 00	Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)		38, 320, 139 449, 184, 478		0		18. 00 19. 00
		Endowment Fund	PI ant	Fund			
		6.00	7. 00	8. 00	_		
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) PENSION DONATED PP&E ROUNDING	0	0 0 0 0 0	0.00	0		1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00
10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) UNRESTRICTED FUND BALANCE Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	0 0	0 0 0 0 0		0 0 0		10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00

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

			10	12/31/2018	Date/IIme Prep 5/24/2019 9:59	
	Cost Center Description	Inpati	ent	Outpati ent	Total	Zill
	COST CENTER DESCRIPTION	1. 00		2. 00	3. 00	
	PART I - PATIENT REVENUES	1.0	, ,	2.00	0.00	
	General Inpatient Routine Services					
1.00	Hospi tal	161. 50	00, 572		161, 500, 572	1. 00
2.00	SUBPROVI DER - I PF		0		0	2. 00
3.00	SUBPROVI DER - I RF	8.8	75, 915		8, 875, 915	3. 00
4.00	SUBPROVI DER					4.00
5.00	Swing bed - SNF		0		o	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)	170, 3	76, 487		170, 376, 487	10.00
	Intensive Care Type Inpatient Hospital Services					
11. 00	INTENSIVE CARE UNIT	55, 7	74, 186		55, 774, 186	
12.00	CORONARY CARE UNIT		0		0	12.00
13. 00	BURN INTENSIVE CARE UNIT					13.00
14. 00	SURGI CAL INTENSIVE CARE UNIT					14. 00
15. 00	NEONATAL INTENSIVE CARE UNIT		96, 534		17, 696, 534	15. 00
16. 00	Total intensive care type inpatient hospital services (sum of I	i nes 73, 4	70, 720		73, 470, 720	16. 00
	11-15)					
17. 00	Total inpatient routine care services (sum of lines 10 and 16)		17, 207		243, 847, 207	17. 00
18. 00	Ancillary services		02, 677	637, 175, 352		18. 00
19. 00	Outpati ent servi ces	66, 4	71, 830	221, 730, 136	288, 201, 966	19. 00
20.00	RURAL HEALTH CLINIC		0	0	0	20.00
21. 00	FEDERALLY QUALIFIED HEALTH CENTER		U	Ч	0	21. 00
22. 00	HOME HEALTH AGENCY		14 751	0 110 022	0 124 404	22. 00
23. 00 24. 00	AMBULANCE SERVICES		14, 751	9, 119, 933	9, 134, 684	23. 00 24. 00
25. 00	AMBULATORY SURGICAL CENTER (D.P.)					25. 00
26. 00	HOSPI CE					26. 00
27. 00	OTHER (PHYSICIAN REVENUE)		0	6, 534, 091	6, 534, 091	27. 00
28. 00	Total patient revenues (sum of lines 17-27)(transfer column 3 t	n Wkst 912 4	36, 465		1, 786, 995, 977	28. 00
20.00	G-3, line 1)	712, 11	30, 100	071,007,012	1,700,770,777	20.00
	PART II - OPERATING EXPENSES	I				
29. 00	Operating expenses (per Wkst. A, column 3, line 200)			385, 434, 442		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		385, 434, 442		43. 00
	to Wkst. G-3, line 4)	I		I	I	

Heal th	Financial Systems BALL MEMORIAL	HOSPI TAL	In Lie	eu of Form CMS-2	2552-10
STATEM	ENT OF REVENUES AND EXPENSES	Provi der CCN: 15-0089	Peri od:	Worksheet G-3	
			From 01/01/2018		
			To 12/31/2018	Date/Time Prep 5/24/2019 9:59	
				372472017 7.3	7 dili
				1. 00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, lir	ne 28)		1, 786, 995, 977	1. 00
2.00	Less contractual allowances and discounts on patients' accour			1, 363, 161, 637	2. 00
3.00	Net patient revenues (line 1 minus line 2)			423, 834, 340	3. 00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line	43)		385, 434, 442	4.00
5.00	Net income from service to patients (line 3 minus line 4)			38, 399, 898	5.00
	OTHER I NCOME				
6.00	Contributions, donations, bequests, etc			0	6. 00
7.00	Income from investments			0	7. 00
8.00	Revenues from telephone and other miscellaneous communication	n servi ces		0	8. 00
9.00	Revenue from television and radio service			0	9. 00
	Purchase di scounts			0	10.00
	Rebates and refunds of expenses			0	11. 00
	Parking lot receipts			0	12.00
	Revenue from Laundry and Linen service			0	13.00
	Revenue from meals sold to employees and guests			0	14.00
	Revenue from rental of living quarters			0	15. 00
	Revenue from sale of medical and surgical supplies to other t	than patients		0	16. 00
	Revenue from sale of drugs to other than patients			0	17. 00
	Revenue from sale of medical records and abstracts			0	18. 00
	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19. 00
	Revenue from gifts, flowers, coffee shops, and canteen			0	20.00
	Rental of vending machines			0	21. 00
	Rental of hospital space			0	22. 00
	Governmental appropriations			0	23. 00
24. 00	OTHER (MI SCELLANEOUS I NCOME)			21, 760, 694	24. 00

21, 760, 694 60, 160, 592

0 27.00

60, 160, 592 29. 00

25. 00 26. 00

28.00

25.00 Total other income (sum of lines 6-24)
26.00 Total (line 5 plus line 25)

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

27. 00 OTHER EXPENSES (SPECIFY)

ALCUL <i>A</i>	ATION OF CAPITAL PAYMENT	Provider CCN: 15-0089	Peri od: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Pre 5/24/2019 9:5	
		Title XVIII	Hospi tal	PPS	7 alli
				1. 00	
	PART I - FULLY PROSPECTIVE METHOD				1
	CAPITAL FEDERAL AMOUNT				
	Capital DRG other than outlier			5, 168, 578	
	Model 4 BPCI Capital DRG other than outlier Capital DRG outlier payments			0 28, 485	1. (2. (
	Model 4 BPCI Capital DRG outlier payments			20, 400	1
	Total inpatient days divided by number of days in the cost re	eporting period (see inst	tructions)	219. 28	
	Number of interns & residents (see instructions)	sporting period (see inst	11 40 (1 0113)	62. 39	
	Indirect medical education percentage (see instructions)			8. 36	5. (
00	Indirect medical education adjustment (multiply line 5 by the 1.01) (see instructions)	e sum of lines 1 and 1.01	I, columns 1 and	432, 093	6.
	Percentage of SSI recipient patient days to Medicare Part A μ 30) (see instructions)	,	E, part A line	5. 44	7.
	Percentage of Medicaid patient days to total days (see instru	uctions)		24. 63	
	Sum of lines 7 and 8	- >		30. 07	
	Allowable disproportionate share percentage (see instructions Disproportionate share adjustment (see instructions)	5)		6. 28 324, 587	
	Total prospective capital payments (see instructions)			5, 953, 743	
. 00 [Total prospective capital payments (see Histructions)			5, 755, 745	12.
				1.00	
	PART II - PAYMENT UNDER REASONABLE COST				
	Program inpatient routine capital cost (see instructions)			0	
	Program inpatient ancillary capital cost (see instructions)			0	
	Total inpatient program capital cost (line 1 plus line 2)			0	
	Capital cost payment factor (see instructions)			0	4.
00	Total inpatient program capital cost (line 3 x line 4)			0	5.
				1. 00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		1		
	Program inpatient capital costs (see instructions)	and (con instructions)		0	1. 2.
	Program inpatient capital costs for extraordinary circumstand Net program inpatient capital costs (line 1 minus line 2)	ces (see mstructions)		0	3.
	Applicable exception percentage (see instructions)			0.00	
	Capital cost for comparison to payments (line 3 x line 4)			0.00	
	Percentage adjustment for extraordinary circumstances (see in	nstructions)		0.00	
	Adjustment to capital minimum payment level for extraordinary		(line 6)	0	1
00	Capital minimum payment level (line 5 plus line 7)		,	0	8.
00	Current year capital payments (from Part I, line 12, as appli	cabl e)		0	9.
	Current year comparison of capital minimum payment level to o			0	10.
	Carryover of accumulated capital minimum payment level over of Worksheet L. Part III, line 14)	capital payment (from pri	or year	0	11.
	Worksheet E, Part 111, 1111e 14) Net comparison of capital minimum payment level to capital pa	avments (line 10 nlus lir	ne 11)	0	12.
	Current year exception payment (if line 12 is positive, enter			0	
	Carryover of accumulated capital minimum payment level over of		′	0	
	(if line 12 is negative, enter the amount on this line)	1 129 2 2 2 2 2 2	3 1. 32	_	
	Current year allowable operating and capital payment (see ins	structions)		0	15.
	Current year operating and capital costs (see instructions)			0	
	Current year exception offset amount (see instructions)			0	17.