Health Financial Systems	BALL MEMORIAL HOSPITAL	In Lieu of Form CMS-2552-10
This report is required by law (42 USC 1395g; 42 CF		
payments made since the beginning of the cost repor	ting period being deemed overpayments	
		EXPIRES 03-31-2022
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPO	RT CERTIFICATION Provider CCN: 15-0089	Period: Worksheet S From 01/01/2021 Parts I-III
AND SETTLEMENT SUMMARY		To 12/31/2021 Date/Time Prepared:
		5/27/2022 9:40 am
PART I - COST REPORT STATUS		
Provider 1. [X] Electronically prepared cost		Date: 5/27/2022 Time: 9:40 am
use only 2. [] Manually prepared cost report 3. [0] If this is an amended report		require the part report
4. [F] Medicare Utilization. Enter '	enter the number of times the provider F" for full or "L" for low.	resubmitted this cost report
Contractor 5. [1] Cost Report Status 6. Date	Recei ved: 10). NPR Date:
use only (1) As Submitted 7 Contr	actor No 11	Contractor's Vendor Code 4
	Initial Report for this Provider CCN12 Final Report for this Provider CCN	
(3) Settled with Addit	Final Report for this Provider CCN	number of times reopened = $0-9$.
(4) Reopened		
(5) Amended		
PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICE	R OR ADMINISTRATOR OR PROVIDER(S)	
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATI		
ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNE		
PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY (ERWISE ILLEGAL, CRIMINAL, CIVIL AND
ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MA	Y RESULT.	
CERTIFICATION BY CHIEF FINANCIAL OFFICER OF	ADMINISTRATOR OF PROVIDER(S)	
I HEREBY CERTIFY that I have read the above	e certification statement and that I ha	ive examined the accompanying
electronically filed or manually submitted		
Statement of Revenue and Expenses prepared		
begi nni ng 01/01/2021 and endi ng 12/31/2021		
are true, correct, complete and prepared f		
applicable instructions, except as noted. I		
regarding the provision of health care serv provided in compliance with such laws and n		i in this cost report were
SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMIN	I STRATOR CHECKBOX	ELECTRONI C

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

		Title	XVIII			
Cost Center Description	Title V	Part A	Part B	HI T	Title XIX	
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	907, 078	256, 771	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-7, 734	-87		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200. 00 Total	0	899, 344	256, 684	0	0	200.00

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

	Financial Systems TAL AND HOSPITAL HEALTH CARE COMPLEX	BALL MEMORIA				Peri od:		of For Workshe		
						From 01/01/ To 12/31/		Part I Date/Ti		
	1.00	2.00		3.00			4.00	5/27/20)22 9:4	10 am
_	Hospital and Hospital Health Care Co			0.00			1.00			
0	Street: 2401 UNI VERSI TY AVENUE	P0 Box:] 1.
0	City: MUNCIE	State: IN	1 · · ·		-3428 Count	·		at Cust	(D	2.
		Component Name	CCN Number	CBSA Number	Provider	Date Certified		nt Syst 0, or		
			- Tunio o T		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	001 11 100	V V	XVIII		1
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
~	Hospital and Hospital-Based Componer		150000	0.4.(.0.0		07/04/40//	N		0	
0 0	Hospital Subprovider - IPF	BALL MEMORIAL HOSPITAL	150089	34620	1	07/01/1966	N	P	0	3
0	Subprovider - IRF	BMH PHYSICAL REHAB	15T089	34620	5	07/01/1986	N	Р	0	5
0	Subprovi der - (Other)									6
0	Swing Beds - SNF									7
0	Swing Beds - NF									8
000	Hospital-Based SNF Hospital-Based NF									9
00	Hospital - Based OLTC									11
	Hospital -Based HHA									12
00	Separately Certified ASC									13
	Hospital-Based Hospice									14
	Hospital -Based Health Clinic - RHC									15
	Hospital-Based Health Clinic - FQHC Hospital-Based (CMHC) I									16
00	,									18
	Other									19
						From:		To		-
00	Cost Reporting Period (mm/dd/yyyy)					1.00		2.0		20
	Type of Control (see instructions)					2	021	12/ 51/	2021	21
					1.00	2.00		3. (00	
00	Inpatient PPS Information Does this facility qualify and is it	currently receiving na	vments for	-	Y	N				22
00	di sproporti onate share hospi tal adju				I	IN IN				22
	§412.106? In column 1, enter "Y" fo									
	facility subject to 42 CFR Section §		endment							
71	hospital?) In column 2, enter "Y" fo		to for th		Y	Y				1 22
01	Did this hospital receive interim un cost reporting period? Enter in colu	mp 1 "V" for ves or "N	" for no	for	ř	ř				22
	the portion of the cost reporting pe									
	Enter in column 2, "Y" for yes or "N									
	reporting period occurring on or aft									
02	Is this a newly merged hospital that				N	N				22
	payments to be determined at cost re Enter in column 1, "Y" for yes or "N									
	cost reporting period prior to Octob									
	or "N" for no, for the portion of th									
	October 1.				•					
73	Did this hospital receive a geograph				Ν	N		N		22
	rural as a result of the OMB standar adopted by CMS in FY2015? Enter in c									
	for the portion of the cost reportin									
	in column 2, "Y" for yes or "N" for									
	reporting period occurring on or aft									
	Does this hospital contain at least									
	counted in accordance with 42 CFR 41 yes or "N" for no.	2. 100) : Enter in column	ა, т T(
	Did this hospital receive a geograph	nic reclassification fro	m urban to	5	Ν	N		N		22
)4	rural as a result of the revised OME	delineations for stati	stical ar	eas						1
)4	adopted by CMS in FY 2021? Enter in									
)4				er						
04	for the portion of the cost reportin									
D4	in column 2, "Y" for yes or "N" for									1
D4	in column 2, "Y" for yes or "N" for reporting period occurring on or aft	er October 1. (see inst		as I						
04	in column 2, "Y" for yes or "N" for	er October 1. (see inst 100 but not more than 4	99 beds (a							
	in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41 yes or "N" for no.	er October 1. (see inst 100 but not more than 4 2.105)? Enter in colum	99 beds (a n 3, "Y"	for						
	in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41 yes or "N" for no. Which method is used to determine Me	er October 1. (see inst 100 but not more than 4 2.105)? Enter in colum edicaid days on lines 24	99 beds (a n 3, "Y" and/or 2	for 5		3 N				23.
	in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41 yes or "N" for no. Which method is used to determine Me below? In column 1, enter 1 if date	er October 1. (see inst 100 but not more than 4 2.105)? Enter in colum edicaid days on lines 24 of admission, 2 if cens	99 beds (a n 3, "Y" and/or 2 us days, o	for 5 pr 3		3 N				23.
	in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41 yes or "N" for no. Which method is used to determine Me	er October 1. (see inst 100 but not more than 4 2.105)? Enter in colum edicaid days on lines 24 of admission, 2 if cens of identifying the days	99 beds (a n 3, "Y" and/or 2 us days, o in this o	for 5 pr 3		3 N				23

Health Financial Systems BALL M HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	EMORIAL HO	Provider CC	N: 15-0089	Peri od:		Workshe		2552-10
				From 01/0	1/2021 1/2021	Part I Date/Ti 5/27/20	me Pre	pared:
_	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicai HMO day	/s Med d	ther li cai d lays	
24.00 If this provider is an IPPS hospital, enter the	1.00	2.00 239	3.00 149	4.00	<u>5.00</u> 18,4		00 33	24.00
 24.00 If this provider is an investigation of the provider is an IRF, enter the investigation of the provider of the provider of the provider of the provider of the investigation of the provider of the provider of the investigation of the provider of the provider	68		0	0		347		25.00
			1	Urban/R				
26.00 Enter your standard geographic classification (not wa	ge) status	at the be	ginning of	1.0 the	1	2.0	0	26.00
cost reporting period. Enter "1" for urban or "2" for 27.00 Enter your standard geographic classification (not wa reporting period. Enter in column 1, "1" for urban or enter the effective date of the geographic reclassifi	ge) status "2" for r	ural. If a	d of the co oplicable,	st	1			27.00
35.00 If this is a sole community hospital (SCH), enter the			CH status i	n	0			35.00
effect in the cost reporting period.				Begi nr		Endi		
36.00 Enter applicable beginning and ending dates of SCH st	atus. Subs	cript line	36 for num	1.0	00	2.0	00	36.00
of periods in excess of one and enter subsequent date 37.00 If this is a Medicare dependent hospital (MDH), enter	S.	·			0			37.00
is in effect in the cost reporting period. 37.01 Is this hospital a former MDH that is eligible for th accordance with FY 2016 OPPS final rule? Enter "Y" fo								37.01
instructions) 38.00 If line 37 is 1, enter the beginning and ending dates greater than 1, subscript this line for the number of enter subsequent dates.								38.00
				Y/		Y/ 2. 0		
39.00 Does this facility qualify for the inpatient hospital hospitals in accordance with 42 CFR §412.101(b)(2)(i) 1 "Y" for yes or "N" for no. Does the facility meet t accordance with 42 CFR 412.101(b)(2)(i), (ii), or (ii or "N" for no. (see instructions)	, (ii), or he mileage	(iii)? En e requireme	ter in colu nts in	ume N nn		N		39.00
40.00 Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octob no in column 2, for discharges on or after October 1.	2		2			Ν		40.00
			yes of N					
					V 1.00	XVIII 2.00	XI X 3.00	
Prospective Payment System (PPS)-Capital	(see inst	ructions)	-		1.00	2.00	3.00	45.00
 45.00 Does this facility qualify and receive Capital paymen with 42 CFR Section §412.320? (see instructions) 46.00 Is this facility eligible for additional payment exce 	(see inst it for disp	proportiona extraordina	te share in ary circums	accordance	1.00			45.00
 45.00 Does this facility qualify and receive Capital paymen with 42 CFR Section §412.320? (see instructions) 46.00 Is this facility eligible for additional payment exce pursuant to 42 CFR §412.348(f)? If yes, complete Wkst Pt. III. 47.00 Is this a new hospital under 42 CFR §412.300(b) PPS c 	(see inst t for disp ption for . L, Pt. I apital? E	ructions) proportiona extraordina II and Wks	te share in ary circums t. L-1, Pt. r yes or "N	accordance tances I through " for no.	1.00	2.00 Y	3.00 Y	
 45.00 Does this facility qualify and receive Capital paymen with 42 CFR Section §412.320? (see instructions) 46.00 Is this facility eligible for additional payment exce pursuant to 42 CFR §412.348(f)? If yes, complete Wkst Pt. III. 47.00 Is this a new hospital under 42 CFR §412.300(b) PPS c 48.00 Is the facility electing full federal capital payment Teaching Hospitals 	(see inst it for disp ption for . L, Pt. I apital? E ? Enter "	proportiona extraordina II and Wks inter "Y foo Y" for yes	te share in ary circums t. L-1, Pt. r yes or "N or "N" for	accordance tances I through " for no. no.	1.00 N N N N	2.00 Y N N N	3.00 Y N	46.00 47.00 48.00
 45.00 Does this facility qualify and receive Capital paymen with 42 CFR Section §412.320? (see instructions) 46.00 Is this facility eligible for additional payment exce pursuant to 42 CFR §412.348(f)? If yes, complete Wkst Pt. III. 47.00 Is this a new hospital under 42 CFR §412.300(b) PPS c 48.00 Is the facility electing full federal capital payment Teaching Hospitals 56.00 Is this a hospital involved in training residents in "N" for no in column 1. For column 2, if the response was involved in training residents in approved GME pr year, and are you are impacted by CR 11642 (or applic Enter "Y" for yes; otherwise, enter "N" for no in col 	(see inst it for disp ption for . L, Pt. I apital? E ? Enter " approved G to column ograms in able CRs) umn 2.	extraordina extraordina II and Wks Inter "Y for Y" for yes ME program 1 is "Y", the prior MA direct o	te share in ary circums t. L-1, Pt. r yes or "N or "N" for s? Enter "Y or if this year or pen GME payment	accordance tances I through " for no. no. " for yes o hospital ultimate reduction?	1.00 N N N T	2.00 Y N N	3.00 Y N	46.00
 45.00 Does this facility qualify and receive Capital paymen with 42 CFR Section §412.320? (see instructions) 46.00 Is this facility eligible for additional payment exce pursuant to 42 CFR §412.348(f)? If yes, complete Wkst Pt. III. 47.00 Is this a new hospital under 42 CFR §412.300(b) PPS c 48.00 Is the facility electing full federal capital payment Teaching Hospitals 56.00 Is this a hospital involved in training residents in "N" for no in column 1. For column 2, if the response was involved in training residents in approved GME pr year, and are you are impacted by CR 11642 (or applic 	(see inst (see inst t for disp ption for . L, Pt. I appital? E ? Enter " approved G to column ograms in able CRs) umn 2. veriod duri yes or "N h of this ", complet	extraordina extraordina II and Wks inter "Y for Y" for yes ME program 1 is "Y", the prior MA direct mg which re " for no in cost repor " e Workshee	te share in ary circums t. L-1, Pt. r yes or "N or "N" for s? Enter "Y or if this year or pen GME payment esidents in n column 1. ting period	accordance tances I through " for no. no. " for yes o hospital ultimate reduction? approved If column ? Enter "Y	1.00 N N N r Y 1	2.00 Y N N N	3.00 Y N	46.00 47.00 48.00
 45.00 Does this facility qualify and receive Capital paymen with 42 CFR Section §412.320? (see instructions) 46.00 Is this facility eligible for additional payment exce pursuant to 42 CFR §412.348(f)? If yes, complete Wkst Pt. III. 47.00 Is this a new hospital under 42 CFR §412.300(b) PPS c 48.00 Is the facility electing full federal capital payment Teaching Hospitals 56.00 Is this a hospital involved in training residents in "N" for no in column 1. For column 2, if the response was involved in training residents in approved GME pr year, and are you are impacted by CR 11642 (or applic Enter "Y" for yes; otherwise, enter "N" for no in col 57.00 If line 56 is yes, is this the first cost reporting p GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y 	(see inst (see inst t for disp ption for . L, Pt. I apital? E ? Enter " approved G to column ograms in able CRs) umn 2. Period duri yes or "N h of this ", complet , if appli ursement f	ructions) proportiona extraordina II and Wks inter "Y for Y" for yes ME program 1 is "Y", the prior MA direct mg which re " for no i cost repor cable. for physicia	te share in ary circums t. L-1, Pt. r yes or "N or "N" for s? Enter "Y or if this year or pen GME payment esidents in n column 1. ting period t E-4. If c	accordance tances I through " for no. no. " for yes o hospital ultimate reduction? approved If column ? Enter "Y olumn 2 is	1.00 N N N r Y 1	2.00 Y N N N	3.00 Y N	46.00 47.00 48.00 56.00

ealth Financial Systems BALL M HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	ATA	Provider CC	1	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Pre 5/27/2022 9:4	pared:
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
			1.00	2.00	3.00	1
0.00 Are you claiming nursing and allied health education any programs that meet the criteria under 42 CFR 413 instructions) Enter "Y" for yes or "N" for no in co is "Y", are you impacted by CR 11642 (or subsequent adjustement? Enter "Y" for yes or "N" for no in col lf line 60 is yes, complete columns 2 and 3 for each	.85? (s Lumn 1. CR) NAHE umn 2.	see If column 1 E MA payment	Y	Y 23.00	1	60. 0 60. 0
instructions)	Y/N	IME	Direct GME	I ME	Direct GME	
	1 00	2.00	2.00	4.00	E 00	-
1.00 Did your hospital receive FTE slots under ACA	1.00 Y	2.00	3.00	4.00	5.00 12.00	61.0
section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions) 51.02 Enter the current year total unweighted primary care						61.0
 FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions) 1.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions) 						61.0
 1.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions). 1.05 Enter the difference between the baseline primary 						61.0
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) 1.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.0
	Pro	gram Name	Program Code	e Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
51.10 Of the FTEs in line 61.05, specify each new program special ty, 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.				0.00	0. 00	61.1
11.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0. 00	61.2
					1.00	
ACA Provisions Affecting the Health Resources and Se				ni od for which		(2.0)
 22.00 Enter the number of FTE residents that your hospital your hospital received HRSA PCRE funding (see instruct.) 22.01 Enter the number of FTE residents that rotated from a during in this cost reporting period of HRSA THC provided that the second second	ctions) a Teachi	ng Health Cer	iter (THC) int			62.0
Teaching Hospitals that Claim Residents in Nonprovid 3.00 Has your facility trained residents in nonprovider so "Y" for yes or "N" for no in column 1. If yes, compl	er Setti ettings	ngs during this c	cost reporting		Y	63.0

From 01/07/321 Part 1. In 12/31/321 Part 1. In 20/31/321 Part 1. In 20/31 In 20/31 Part 1. In 20/31 Part 1. In 20/31 In 20/31 Part 1. In 20/31 In 20/31 Part 1. In 20/31 <th< th=""><th></th><th>Financial Systems L AND HOSPITAL HEALTH CARE COMP</th><th></th><th>MEMORIAL H</th><th>OSPITAL Provider CO</th><th>CN: 15-0089</th><th>Period:</th><th>u of Form CMS- Worksheet S-2</th><th></th></th<>		Financial Systems L AND HOSPITAL HEALTH CARE COMP		MEMORIAL H	OSPITAL Provider CO	CN: 15-0089	Period:	u of Form CMS- Worksheet S-2	
Burnel ghted Brits in Normal de Filts in Normal	551114	AND HOST THE HEALTH CARE COM					From 01/01/2021	Part I Date/Time Pre	epared:
Section 5504 of the ACA Base Year FIT Beel dents in Nonprovider SettingsThis base year is your cost reporting period the begins on or after July 1, 2009 and before Jules 32, 2010. 10.0 Enter in column 1, if line 63 is yes, or your facility trained residents in the been year period. The number of uneel ghted non-prinary care resident TIEs that trained in your hospital. Inter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) Program Rome Brogram Column 2. (see instructions) 10.0 Enter in column 1, if line 63 fANLY MEDICINE 10.0 2.00 3.00 4.00 5.00 10.0 Enter in column 1, if line 64 fANLY MEDICINE 10.0 2.00 3.00 4.00 5.00 10.0 Enter in column 1, if line 63 fANLY MEDICINE 1350 3.21 21.04 0.13237 10.1 See color prinary care PTES for cach prinary care FTE PTES for cach prinary care PTES for cach prinary care fTE PTES for cach prinary care fTE PTES in 10.0 2.00 3.00 3.00 2.00 3.00 3.00 2.00 3.00 3.00 2.00 3.00 4.00 5.00 3.00 2.00 3.00 4.00 5.00 3.00 3.00 2.00 3.00 4.00 5						FTĔs Nonprovider	FTEs in	Ratio (col. 1/ (col. 1 +	
period that begins on or after July 1, 2009 and before June 30, 2000 1 1 1 0 Firter in column 1, El time 63 is yes, or your facility trained registering the or to to consider the to to to to consider the to the tot consider the tot consider the tot consider to the tot consider to the tot consider tot consider the tot consider tot consider the tot consider tot c	c	Caption FEO1 of the ACA Dage Ver	n FTF Dagidanta in N		Cottingo				
4.00 Enter In colum 1, If Line 63 is yes, or your facility trained residents in the base year period, the number of survey that Center in colum 3, the program Name execution of column 1 divided by (column 1 + column 2)). (see instructions) 5.00 Enter In column 1. If Line 63 is yes, or your facility trained residents. Enter in colum 3, the program Name execution divided is the primery care FIEs that framely care FIEs that framely care FIEs that framely care FIEs for each primery care field primer care field primery care field primery care field primery care fi						This base yea	ar is your cost	reporting	
State FTES in state State FTES in state State<	4.00 E i r s r	Enter in column 1, if line 63 is n the base year period, the num resident FTEs attributable to ro settings. Enter in column 2 the resident FTEs that trained in yo	s yes, or your facili nber of unweighted no otations occurring ir e number of unweighte our hospital. Enter i 1 + column 2)). (see	ty trained on-primary n all nonpr ed non-prim n column 3 <u>e instructi</u>	I residents care rovider hary care the ratio ons)				64.00
Image: system of column 1, if line 63, system of column 2, if line 64, system of column 1, if line 63, system of column 2, the program name associated with primary care program in which you trained pressidents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care pressident fTEs that trained in your hospital. Enter in column 3, the number of unweighted primary care residents in Nonprovider Settings. 1350 3.21 21.04 0.13237 5.00 Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care residents control primary care resident TES that trained in your hospital. Enter in column 4, the number of unweighted primary care resident TES that trained in your hospital. Enter in column 5. 1400 4.25 13.76 0.23596(5.01 INTERNAL MEDICINE 1400 4.25 13.76 0.23596(6.01 Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings. 1.10 3.00 3.00 3.00 3.00 5.01 Inter in column 1 the number of unweighted non-primary care resident trained in your hospital. Enter in column 1 the number of unweighted non-primary care resident trained in your hospital. Enter in column 2. 3.00 3.00 3.00 5.02 Inter in column 1 the number of unweighted non-primary care resident trained in your hospital. Enter in column 3. 1.00 3.00 3.00 6.00 Enter			Program Name	Progr	am Code	FTËs Nonprovider	FTEs in	3/ (col. 3 +	
is yes, or your facility trained residents in the base year period, the program name associated with primary care program in which you vrained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care resident FES that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 4 divided by			1.00	2	. 00		4.00	5.00	1
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Site Unweighted FTEs in Nonprovider Site Unweighted FTEs in Hospital Ratio (col. 1/ (col. 1 + col. 2)) Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings. Deginning on or after July 1, 2010 2.00 3.00 66.00 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) 2.15 8.35 0.204762 FTEs that trained in your hospital. Site Program Name Program Code Unweighted FTEs in Nonprovider Ratio (col. 3/ (col. 3 + col. 4)) 67.00 Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 3, the numeer 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 FAMILY MEDICINE 1350 7.32 21.18 0.256842	it Sa F F T t o u r r r c u r r So	s yes, or your facility trained residents in the base year period, the program name associated with primary care TTEs for each primary care orogram in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column	FAMI LY MEDI CI NE	1350		3.2	21 21.04	0. 132371	1 65.00
FTEs FTEs FTEs I1/ (col. 1 + col. 2)) Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings-Effective for cost reporting periods beginning on or after July 1, 2010 3.00 66.00 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) 2.15 8.35 0.204762 off. 00 Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program found on the 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 programs in which you trained residents. Enter in column 4, the number of unweighted primary care programs in column 4, the number of unweighted primary care program in all non-provider settings. Enter in column 4, the number of unweighted primary care program in all non-provider the setting beginned by the program code. Enter in column 1, the program resident field to be program code. Enter in column 3, the number of unweighted primary care programs in which you trained residents. Enter in column 4, the number of unweighted primary care program in all non-provider settings. Enter in column 4, the number of unweighted primary care program in all non-provider settings. Enter in column 5, the program code. Enter in column 6, the program code and the primary care program in all non-primary care programs in which you trained residents. Enter in column 4, the number of unweighted primary care program in all non-provider settings. Enter in colum 4			INTERNAL MEDICINE	1400		4.2	13.76	0. 235980	65.01
beginning on or after July 1, 2010 1						FTËs Nonprovider Site	FTES in Hospital	1/ (col. 1 + col. 2))	_
66.00 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) Unweighted Program Name Unweighted Program Code Unweighted FTEs Nonprovider Site Ratio (col. 3/ (col. 3 + col. 4)) 7.00 Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in FAMI LY MEDICINE 1350 7.32 21.18 0.256842				in Nonprovi	der Setting	sEffective	for cost report	ing periods	
Program NameProgram CodeUnweighted FTEs NonproviderUnweighted FTEs in HospitalRatio (col.3/ (col. 3 + Loo1.002.003.004.005.007.00Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained inProgram Name Program Code 2.00Program Code SiteUnweighted FTEs Nonprovider 3.00Ratio (col. 3/ (col. 3 + col. 4))	5.00 E F E	Enter in column 1 the number of TEs attributable to rotations of Enter in column 2 the number of TEs that trained in your hospit	unweighted non-prima occurring in all nonp unweighted non-prima tal. Enter in column	provider se ary care re 3 the rati	ettings. esident o of	2. 1	5 8.35	0. 204762	2 66.00
FTEs FTEs in Hospital 3/ (col. 3 + col. 4)) 1.00 2.00 3.00 4.00 5.00 7.00 Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in 1350 7.32 21.18 0.256842		(column 1 divided by (column 1 +				Unweighted	Unweighted	Ratio (col	
7.00 Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. FAMILY MEDICINE 1350 7.32 21.18 0.256842 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 1350 7.32 21.18 0.256842				rigr		FTĔs Nonprovider	FTEs in	3/ (col. 3 +	
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	7 00 5	Inton in column 1 the second			. 00				47.00
5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	r S E c c t r c t r c u r c u c c t c c c c c c c c c c c c c c c	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	TAWILT WEDICINE	1330		1.3	21.18	U. 250842	- 07. U
			INT MEDICINE	1400		2.3	22.15	0. 095918	3 67.0 ⁴

Heal th	Financial Systems BALL MEMORIAL HOSPITAL	١n	Li eu	of Form	n CMS-2	2552-10
HOSPI T		eriod: rom 01/01/2 o 12/31/2	021 I 021 I	Workshe Part I Date/Ti 5/27/20	me Pre	pared:
				2.00		
70.00	<u>Inpatient Psychiatric Facility PPS</u> Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF sub	orovi der?	N			70.00
71.00	Enter "Y" for yes or "N" for no. If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teac program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for Column 3: If column 2 is Y, indicate which program year began during this cost reportin (see instructions)	no. (see ni ng no.	N	Ν	0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF		Y			75.00
76.00	subprovider? Enter "Y" for yes and "N" for no. If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes o no. Column 2: Did this facility train residents in a new teaching program in accordance CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y indicate which program year began during this cost reporting period. (see instructions)	r "N" for with 42	N	N	0	76.00
				1.0	0	
00.00	Long Term Care Hospital PPS Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			NI		80.00
	Is this a LTCH co-located within another hospital for part or all of the cost reporting "Y" for yes and "N" for no.	period? Er	iter	N		81.00
	<u>TEFRA Providers</u> Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Sectio		no.	N		85.00 86.00
87.00	§413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no. Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			Ν		87.00
		V 1.00		XI) 2. 0		
90.00	Title V and XIX Services Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for	N		Y		90.00
91.00	yes or "N" for no in the applicable column. Is this hospital reimbursed for title V and/or XIX through the cost report either in	Ν		Ν		91.00
92.00	full or in part? Enter "Y" for yes or "N" for no in the applicable column. Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			Ν		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	Ν		Ν		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	Ν		N		94.00
	If line 94 is "Y", enter the reduction percentage in the applicable column. Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	0. 00 N		0. 0 N	0	95.00 96.00
	If line 96 is "Y", enter the reduction percentage in the applicable column. Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	0. 00 N		0. 0 Y	0	97.00 98.00
98. 01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Ν		Y		98.01
98. 02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1	Ν		Y		98.02
98.03	for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1	Ν		N		98.03
98.04	for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Ν		Ν		98.04
98. 05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Ν		Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Ν		Y		98.06
105.00	Rural Providers Does this hospital qualify as a CAH?	N				105.00
	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for L&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train L&Rs in an	Ν				107.00
	approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					

Health Financial Systems BALL MEMORIAL	HOSPI TAL		In Lieu	of Form CMS	-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider C		eriod: com 01/01/2021 o 12/31/2021	Worksheet S- Part I Date/Time Pr 5/27/2022 9:	epared:
			V	XI X	
108.00 Is this a rural hospital qualifying for an exception to the	CRNA fee sche	edul e? See 42	1.00 N	2.00	108.00
CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			Speech	Docpiratory	
	Physi cal 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	_
109.00 If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
110 00 Did this been to participate in the Dural Community Hannite		an project (64	104	1.00 N	110.00
110.00 Did this hospital participate in the Rural Community Hospita Demonstration) for the current cost reporting period? Enter " complete Worksheet E, Part A, lines 200 through 218, and Wor applicable.	'Y" for yes or	"N" for no. I	f yes,	N	110.00
			1.00	2.00	_
111.00 If this facility qualifies as a CAH, did it participate in t Health Integration Project (FCHIP) demonstration for this co "Y" for yes or "N" for no in column 1. If the response to co integration prong of the FCHIP demo in which this CAH is par Enter all that apply: "A" for Ambulance services; "B" for ac for tele-health services.	ost reporting olumn 1 is Y, rticipating ir	period? Enter enter the column 2.	N		111.00
		1.00	2.00	3.00	_
112.00 Did this hospital participate in the Pennsylvania Rural Heal demonstration for any portion of the current cost reporting Enter "Y" for yes or "N" for no in column 1. If column 1 is in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital cear participation in the demonstration, if applicable.	period? s "Y", enter ne	N	2.00		112.00
Miscellaneous Cost Reporting Information 115.00 Is this an all-inclusive rate provider? Enter "Y" for yes or	r "N" for no	N			0115.00
in column 1. If column 1 is yes, enter the method used (A, E in column 2. If column 2 is "E", enter in column 3 either "9 for short term hospital or "98" percent for long term care (psychiatric, rehabilitation and long term hospitals provider the definition in CMS Pub.15-1, chapter 22, §2208.1.	3, or E only) 93" percent (includes rs) based on				
116.00 Is this facility classified as a referral center? Enter "Y" "N" for no.	for yes or	Y			116.00
117.00 Is this facility legally-required to carry malpractice insur	rance? Enter	Ν			117.00
"Y" for yes or "N" for no. 118.00 Is the malpractice insurance a claims-made or occurrence pol if the policy is claim-made. Enter 2 if the policy is occurr		1			118.00
		Premi ums	Losses	Insurance	
118.01 List amounts of malpractice premiums and paid losses:		1.00 519,722	2.00	3.00	0118.01
		517,722			
118.02 Are malpractice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting scheo and amounts contained therein.			1.00 N	2.00	118.02
119.00 DO NOT USE THIS LINE 120.00 Is this a SCH or EACH that qualifies for the Outpatient Hold \$3121 and applicable amendments? (see instructions) Enter in "N" for no. Is this a rural hospital with < 100 beds that qu Hold Harmless provision in ACA \$3121 and applicable amendment	ר column 1, "א ualifies for t	(" for yes or he Outpatient	Ν	Ν	119.00 120.00
Enter in column 2, "Y" for yes or "N" for no. 121.00 Did this facility incur and report costs for high cost impla patients? Enter "Y" for yes or "N" for no.	antable device	es charged to	Y		121.00
122.00 Does the cost report contain healthcare related taxes as def Act?Enter "Y" for yes or "N" for no in column 1. If column 1 the Worksheet A line number where these taxes are included.			Y	5.06	122.00
Transplant Center Information 125.00 Does this facility operate a transplant center? Enter "Y" for	or yes and "N"	for no. If	N		125.00
yes, enter certification date(s) (mm/dd/yyyy) below.	-				
126.00 If this is a Medicare certified kidney transplant center, er in column 1 and termination date, if applicable, in column 2		n catron date			126.00
127.00 If this is a Medicare certified heart transplant center, ent in column 1 and termination date, if applicable, in column 2		ication date			127.00
128.00 If this is a Medicare certified liver transplant center, ent	ter the certif	ication date			128.00
in column 1 and termination date, if applicable, in column 2 129.00 If this is a Medicare certified lung transplant center, enter column 1 and termination date, if applicable, in column 2.		cation date in			129.00

alth Financial Systems SPITAL AND HOSPITAL HEALTH CARE COMPLE		ORIAL HOSPITAL Provider CC	N: 15-0089	From O		u of Form CMS Worksheet S- Part I Date/Time Pr 5/27/2022 9:	2 repared:
					1.00	2.00	-
0.00 If this is a Medicare certified pa			ti fi cati on				130.0
date in column 1 and termination of 1.00 of this is a Medicare certified in			erti fi cati	on			131.0
date in column 1 and termination of	date, if applicable, i	n column 2.					
2.00 If this is a Medicare certified is in column 1 and termination date,			cation da	ite			132.0
3.00 Removed and reserved	Ti appricable, Ti coi	unin 2.					133.0
4.00 If this is an organ procurement or and termination date, if applicabl All Providers			134. C				
0.00 Are there any related organization	n or home office costs	as defined in CMS	Pub. 15-1	,	Y	15H059	140.0
chapter 10? Enter "Y" for yes or '				osts			
are claimed, enter in column 2 the 1.00		2.00			3.00		
If this facility is part of a cha			ugh 143 th	ne name an	d address	of the home	
office and enter the home office of 1.00Name: INDIANA UNIVERISTY HEALTH			Contra	actor's Nu	mber 0810)1	141.0
2.00 Street: 340 W. 10TH STREET	P0 Box:						142.0
3.00 City: INDIANAPOLIS	State:	IN	Zip Co	ode:	4620)2	143.0
						1.00	_
4.00 Are provider based physicians' cos	sts included in Worksh	eet A?				Y	144.0
					1.00	2.00	_
5.00 f costs for renal services are cl					Y	N	145.0
inpatient services only? Enter "Y							
no, does the dialysis facility ind period? Enter "Y" for yes or "N"		tion for this cost	reporting				
6.00 Has the cost allocation methodolog	gy changed from the pr				Ν		146. (
Enter "Y" for yes or "N" for no in		ub. 15-2, chapter 4	40, §4020)	lf			
	dd/www) in column 2						
yes, enter the approval date (mm/o	dd/yyyy) in column 2.						
						1.00	-
7.00Was there a change in the statisti	cal basis? Enter "Y"					1.00 N N	147.0
	cal basis? Enter "Y" fallocation? Enter "Y	" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes of the second second second second second	or no. es or "N"			N N N	147.0 148.0 149.0
7.00Was there a change in the statisti 8.00Was there a change in the order of	cal basis? Enter "Y" fallocation? Enter "Y	" for yes or "N" fo d? Enter "Y" for yo Part A	or no. es or "N" Part E		itle V	N N Title XIX	148.0
7.00Was there a change in the statisti 8.00Was there a change in the order of	cal basis? Enter "Y" f allocation? Enter "Y ed cost finding metho	" for yes or "N" fo d? Enter "Y" for ye Part A 1.00	or no. es or "N" Part E 2.00	3 T	3.00	N N Title XIX 4.00	148. (
7.00Was there a change in the statisti 8.00Was there a change in the order of 9.00Was there a change to the simplifi Does this facility contain a provior charges? Enter "Y" for yes or	cal basis? Enter "Y" f allocation? Enter "Y ed cost finding metho ider that qualifies fc	" for yes or "N" for d? Enter "Y" for ye Part A 1.00 or an exemption fro omponent for Part A	or no. es or "N" Part E 2.00 m the appl and Part	ication c	3.00 If the low 2 CFR §41	N N Title XIX 4.00 ver of costs 3.13)	148. (149. (
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Health Financial Systems	BALL MEMORIAL F	HOSPI TAL	In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX I	DENTIFICATION DATA		Period:	Worksheet S-2)
			From 01/01/2021		
			To 12/31/2021	Date/Time Pre	
				5/27/2022 9:4	<u>0 am</u>
			Begi nni ng	Endi ng	
			1.00	2.00	
170.00 Enter in columns 1 and 2 the EHR begi	te for the reporting			170.00	
period respectively (mm/dd/yyyy)					
			1.00	2.00	
171.00 If line 167 is "Y", does this provide	er have any days for indi	viduals enrolled in	Y	829	171.00
section 1876 Medicare cost plans rep	orted 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, e	nter the number of sectio	n		
1876 Medicare days in column 2. (see	instructions)				

IOSPI T	Financial Systems BALL MEMORIAL AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNALRE	Provider C	CN: 15-0089	Period: From 01/01/2021 To 12/31/2021	u of Form CMS- Worksheet S-2 Part II Date/Time Pre	2
					5/27/2022 9:4	40 am
				Y/N 1.00	 2.00	-
	General Instruction: Enter Y for all YES responses. Enter N	for all NO re	esponses. En			
	mm/dd/yyyy format.		•			_
	COMPLETED BY ALL HOSPITALS Provider Organization and Operation					-
. 00	Has the provider changed ownership immediately prior to the	e beginning of	the cost	N		1.0
	reporting period? If yes, enter the date of the change in c		instruction			
			Y/N 1.00	Date 2.00	V/I 3.00	
2. 00	Has the provider terminated participation in the Medicare P	Program? If	N 1.00	2.00	3.00	2.0
	yes, enter in column 2 the date of termination and in colum	nn 3, "V" for				
3. 00	voluntary or "I" for involuntary. Is the provider involved in business transactions, includin	ng management	Y			3.0
	contracts, with individuals or entities (e.g., chain home c	offices, drug				0.0
	or medical supply companies) that are related to the provid					
	officers, medical staff, management personnel, or members c of directors through ownership, control, or family and othe					
	relationships? (see instructions)					
			Y/N	Туре	Date	
	Financial Data and Reports		1.00	2.00	3.00	
I. 00	Column 1: Were the financial statements prepared by a Cert		Y	A	02/25/2022	4.0
	Accountant? Column 2: If yes, enter "A" for Audited, "C" f					
	or "R" for Reviewed. Submit complete copy or enter date ava column 3. (see instructions) If no, see instructions.					
5.00	Are the cost report total expenses and total revenues diffe		N			5. C
	those on the filed financial statements? If yes, submit rec	conciliation.		V /N	Logal Open	_
				Y/N 1.00	Legal Oper. 2.00	
	Approved Educational Activities					
. 00	Column 1: Are costs claimed for a nursing program? Column	2: If yes, is	s the provide	er N		6.0
7.00	is the legal operator of the program? Are costs claimed for Allied Health Programs? If "Y" see in	nstructions.		Y		7.0
3.00	Were nursing programs and/or allied health programs approve		wed during th			8.0
	cost reporting period? If yes, see instructions.		!!+!			
9.00	Are costs claimed for Interns and Residents in an approved program in the current cost report? If yes, see instruction			n Y		9.0
0.00	Was an approved Intern and Resident GME program initiated c		the current	Ν		10.0
1.00	cost reporting period? If yes, see instructions. Are GME cost directly assigned to cost centers other than I	⁰ D in an An	proved	Ν		11.0
1.00	Teaching Program on Worksheet A? If yes, see instructions.	α κτιι απ Αρ	proveu	IN		
			-		Y/N	
	Dad Dahta				1.00	-
2.00	Bad Debts Is the provider seeking reimbursement for bad debts? If yes	s. see instruc	ti ons.		Y	12.0
3.00	If line 12 is yes, did the provider's bad debt collection p	olicy change	during this o	cost reporting	N	13.0
4.00	period? If yes, submit copy. If line 12 is yes, were patient deductibles and/or co-payme	nte waivod? L	f vos soo iu	astructions	N	14.0
14.00	Bed Complement	ants warveu: I	i yes, see n		11	1 14.0
5.00	Did total beds available change from the prior cost reporti				Y	15.0
	-	Par Y/N	t A Date	Y/N Par	t B Date	-
	-	1.00	2.00	3.00	4.00	
	PS&R Data		l			
6.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through	Ν		Ν		16. C
	date of the PS&R Report used in columns 2 and 4. (see					
	instructions)					
7.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If	Y	04/01/2022	Y	04/01/2022	17.0
	either column 1 or 3 is yes, enter the paid-through date				l	
o - ·	in columns 2 and 4. (see instructions)				1	
8.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed	Ν		Ν	l	18.0
	but are not included on the PS&R Report used to file this				l	
	cost report? If yes, see instructions.				1	
	Life Line 16 on 17 is yes were adjustments made to DCOD	N	1	N		19.0
9.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report	IN				

al th Financial Systems BALL MEMORIA				u of Form CM	
ISPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CC	IN: 15-0089	Period: From 01/01/2021 To 12/31/2021		Prepare
	Descri	ption	Y/N	Y/N	7. 40 all
	C		1.00	3.00	
0.00 If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20
	Y/N	Date	Y/N	Date	
	1.00	2.00	3.00	4.00	
.00 Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCL	EPT CHILDRENS H	IOSPI TALS)			
Capital Related Cost 2.00 Have assets been relifed for Medicare purposes? If yes, se	o instructions			N	22
.00 Have changes occurred in the Medicare depreciation expense reporting period? If yes, see instructions.		sals made du	uring the cost	N	23
.00 Were new leases and/or amendments to existing leases enter If yes, see instructions	ed into during	this cost r	reporting period?	N	24
 We have there been new capitalized leases entered into during instructions. 	the cost repor	rting period	1? If yes, see	N	25
.00 Were assets subject to Sec. 2314 of DEFRA acquired during t instructions.	he cost reporti	ng period?	lf yes, see	Ν	26
.00 Has the provider's capitalization policy changed during the copy.	ne cost reportir	ng period? I	fyes, submit	N	27
.00 Were new loans, mortgage agreements or letters of credit e	entered into dur	ing the cos	st reporting	N	28
period? If yes, see instructions. .00 Did the provider have a funded depreciation account and/or		ebt Service	Reserve Fund)	N	29
treated as a funded depreciation account? If yes, see inst .00 Has existing debt been replaced prior to its scheduled mat		debt? If ye	es, see	N	30
instructions.Has debt been recalled before scheduled maturity without instructions.	ssuance of new	debt? If ye	es, see	Ν	31
Purchased Services .00 Have changes or new agreements occurred in patient care se	ervi ces furni she	ed through c	contractual	N	32
arrangements with suppliers of services? If yes, see instr .00 If line 32 is yes, were the requirements of Sec. 2135.2 ap no, see instructions.	ructions.	-		-	33
Provi der-Based Physi ci ans					
.00 Are services furnished at the provider facility under an a lf yes, see instructions.	0			Y	34
.00 If line 34 is yes, were there new agreements or amended ex physicians during the cost reporting period? If yes, see i		nts with the	·	N	35
			Y/N 1.00	Date 2.00	
Home Office Costs			N/		
00 Were home office costs claimed on the cost report? 00 If line 36 is yes, has a home office cost statement been p	prepared by the	home office	9? Y		36
<pre></pre>			of N		38
the provider? If yes, enter in column 2 the fiscal year en .00 If line 36 is yes, did the provider render services to oth			es, Y		39
see instructions. .00 If line 36 is yes, did the provider render services to the instructions.	e home office?	lf yes, see	e N		40
				I	
Cost Report Preparer Contact Information	1.	00	2.	00	
	RHONDA		UTTER		41
	IU HEALTH				42
preparer.	1				11

Health Financial Systems B/	ALL MEMORIA	L HOSPI TAI	L	In Lieu	u of Form CMS-:	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTION	ONNAI RE	Provi c	der CCN: 15-0089	Period:	Worksheet S-2	
				From 01/01/2021 To 12/31/2021		nared
				10 12/01/2021	5/27/2022 9:4	<u>0 am</u>
			3.00			
Cost Report Preparer Contact Information						
41.00 Enter the first name, last name and the title/pc		DI RECTOR,	GOVERNMENT			41.00
held by the cost report preparer in columns 1, 2	2, and 3,	PROGRAMS				
respecti vel y.						
42.00 Enter the employer/company name of the cost repo	ort					42.00
preparer.						
43.00 Enter the telephone number and email address of	the cost					43.00
report preparer in columns 1 and 2, respectively	у.					

	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	BALL MEMORIAL	Provider C	^N· 15_0089	Period:	u of Form CMS-2 Worksheet S-3	
1105111	AE AND HOST THE HEALTH GARE COMPLEX STATISTIC	AL DATA		SN. 15 0007	From 01/01/2021	Part I	
					To 12/31/2021		
						5/27/2022 9:4	
						0/P Visits /	
						Trips	
	Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	Title V	
		Line Number		Avai I abl e			
	F	1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30.00	257	93, 80	0. 00	0	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) HMO and other (see instructions)						2.00
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	
6.00	Hospital Adults & Peds. Swing Bed SM Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation		257	93, 80	0. 00		7.00
	beds) (see instructions)					_	
8.00	INTENSIVE CARE UNIT	31.00	36	13, 14	40 0.00	0	8.00
9.00	CORONARY CARE UNI T	32.00	0		0 0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGI CAL INTENSI VE CARE UNI T						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	21	7,6	65 0.00		
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		314	114, 6	10 0.00		14.00
15.00	CAH visits	10.00				0	15.00
16.00	SUBPROVIDER - IPF	40.00	0		0	0	16.00
17.00	SUBPROVIDER - IRF	41.00	16	5, 8,	40	0	17.00
18.00 19.00	SUBPROVIDER SKILLED NURSING FACILITY						18.00 19.00
20.00	NURSING FACILITY						20.00
20.00	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	СМНС – СМНС						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		330				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambul ance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		8	2, 9:	20		32.00
32.01	Total ancillary labor & delivery room						32.01
33.00	outpatient days (see instructions) LTCH non-covered days						33.00
	LTCH non-covered days LTCH site neutral days and discharges						33.00
55.01	LIGH SILE HEULTAL UAYS AND UTSCHALVES	I		l	ļ	I	1 33.01

105111	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC		Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part I Date/Time Pre	
				(_	5/27/2022 9:4	
		TTP Days	/ O/P Visits	/ mps	Full lime	Equi val ents	
	Component	Title XVIII	Title XIX	Total All	Total Interns	Employees On	
		6.00	7.00	Patients 8.00	& Residents 9.00	Payrol I 10. 00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and		2,039	67, 61		10.00	1.0
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)	10 110	17 / 5/				
2.00 3.00	HMO and other (see instructions) HMO IPF Subprovider	19, 113 0	17, 656 0				2.0 3.0
1.00	HMO I RF Subprovi der	926	347				4.0
f. 00 5. 00	Hospital Adults & Peds. Swing Bed SNF	920	0		b		5.0
5.00	Hospital Adults & Peds. Swing Bed SM Hospital Adults & Peds. Swing Bed NF	U U	0		2		6.0
7.00	Total Adults and Peds. (exclude observation	24, 373	2,039	67,61	5		7.0
	beds) (see instructions)	21,010	2,007	0,,01			
3. 00	INTENSIVE CARE UNIT	3, 361	936	10, 06	1		8.0
. 00	CORONARY CARE UNIT	0	0		C		9.0
0.00	BURN INTENSIVE CARE UNIT						10.0
1.00	SURGI CAL I NTENSI VE CARE UNI T						11. (
2.00	NEONATAL INTENSIVE CARE UNIT	0	174	3, 19			12. (
3.00	NURSERY		1, 392	2, 01			13. (
4.00	Total (see instructions)	27, 734	4, 541	82, 88		1, 828. 28	
5.00	CAH visits	0	0		2		15.0
6.00	SUBPROVIDER - IPF	0	0		0.00		
7.00	SUBPROVIDER - IRF	2, 247	68	4,08	9 0.00	22. 11	17.0
9.00	SUBPROVIDER SKILLED NURSING FACILITY						19.0
9.00	NURSING FACILITY						20.0
1.00	OTHER LONG TERM CARE						20.
2.00	HOME HEALTH AGENCY						22.
3.00	AMBULATORY SURGICAL CENTER (D. P.)						23.
4.00	HOSPICE						24.
4. 10	HOSPICE (non-distinct part)			93	5		24.
5.00	CMHC - CMHC						25.
6.00	RURAL HEALTH CLINIC						26.
6. 25	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0.00	0.00	26.
7.00	Total (sum of lines 14-26)				63.50	1, 850. 39	
8.00	Observation Bed Days		115	7,48	9		28.
9.00	Ambulance Trips	0					29.
0.00	Employee discount days (see instruction)				C		30.
1.00	Employee discount days - IRF	_			D		31.
32.00	Labor & delivery days (see instructions)	0	33	1, 15	5		32.
32.01	Total ancillary labor & delivery room				J		32.
22 AA	outpatient days (see instructions)						22
33.00	LTCH non-covered days	0			1	1	33.0

HOSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC		Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part I Date/Time Pre 5/27/2022 9:40	pared:
		Full Time Equivalents		Di so	charges		
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
		Workers				Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) HMO and other (see instructions) HMO IPF Subprovider HMO IRF Subprovider Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation beds) (see instructions) INTENSIVE CARE UNIT CORONARY CARE UNIT		0	5, 07 3, 00		15, 009	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	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT NURSERY Total (see instructions)	0.00	0	5, 07	6 536	15, 009	10.00 11.00 12.00 13.00 14.00
15.00	CAH visits						15.OC
16. 00 17. 00 18. 00 19. 00 21. 00 22. 00 23. 00 24. 00 24. 10 25. 00 26. 25 27. 00 28. 00 29. 00 30. 00 31. 00 32. 00	SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D.P.) HOSPICE HOSPICE (non-distinct part) CMHC - CMHC RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26) Observation Bed Days Ambulance Trips Employee discount days (see instruction) Employee discount days - IRF Labor & delivery days (see instructions) Total ancillary labor & delivery room outpatient days (see instructions)	0.00 0.00 0.00 0.00	0 0	15	0 0 4 4	0 334	16.00 17.00 18.00 20.00 21.00 23.00 24.00 24.10 25.00 26.00 26.25 27.00 28.00 29.00 30.00 31.00 32.01

SPI T	Financial Systems AL WAGE INDEX INFORMATION			L HOSPITAL Provider C		eriod:	u of Form CMS-2 Worksheet S-3	
					F T	rom 01/01/2021 o 12/31/2021	Part II Date/Time Pre	
		Wkst. A Line	Amount	Recl assi fi cat	Adj usted	Paid Hours	5/27/2022 9:4 Average	<u>0 a</u>
		Number	Reported	ion of	Salaries	Related to	Hourly Wage	
				Sal ari es	(col.2 ± col.	Salaries in	(col . 4 ÷	
				(from Wkst.	3)	col. 4	col. 5)	
		1.00	2.00	A-6) 3.00	4.00	5.00	6.00	
	PART II - WAGE DATA	1.00	2.00	3.00	4.00	5.00	0.00	
_	SALARIES				· · · · · · · · · ·			
00	Total salaries (see instructions)	200.00	141, 596, 046	-573, 686	141, 022, 360	3, 848, 805. 23	36.64	1
0	Non-physician anesthetist Part		0	0	0	0.00	0.00	
	A							
0	Non-physician anesthetist Part		0	0	0	0.00	0.00	3
0	Physician-Part A -		0	0	0	0.00	0.00	
	Administrative							
)1	Physicians - Part A - Teaching		0	-	-		0.00	
0	Physician and Non Physician-Part B		0	0	0	0.00	0.00	Ę
00	Non-physician-Part B for		0	0	0	0.00	0.00	6
	hospital-based RHC and FQHC							
00	services Interns & residents (in an	21.00	0	3, 984, 978	3, 984, 978	152, 715. 00	26. 09	7
,0	approved program)	21.00	0	3,704,7/8	3, 704, 7/8	132, 713.00	20.09	'
D1	Contracted interns and		0	0	0	0.00	0.00	7
	residents (in an approved							
00	programs) Home office and/or related		0	0	0	0.00	0.00	8
	organi zati on personnel		0			0.00	0.00	
00	SNF	44.00	0	0	0	0.00		
00	Excluded area salaries (see instructions)		6, 325, 741	1, 805, 092	8, 130, 833	238, 225. 43	34. 13	10
	OTHER WAGES & RELATED COSTS			<u> </u>	<u> </u>			
00	Contract Labor: Direct Patient		984, 000	0	984, 000	13, 779. 29	71.41	11
~~	Care		0			0.00	0.00	1.
00	Contract Labor: Top Level management and other		0	0	0	0.00	0.00	I₄
	management and administrative							
	servi ces			_				
00	Contract Labor: Physician-Part A - Administrative		5, 452, 922	0	5, 452, 922	50, 926. 56	107.07	1
00	Home office and/or related		0	0	0	0.00	0.00	14
	organization salaries and							
01	wage-related costs Home office salaries		37, 977, 957	0	37, 977, 957	965, 965. 00	39. 32	1
01	Related organization salaries		37, 977, 937		0		0.00	
	Home office: Physician Part A		0	0	0	0.00		
~~	- Administrative					0.00	0.00	
00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16
01	Home office Physicians Part A		0	0	0	0.00	0.00	16
	- Teaching							
02	Home office contract		0	0	0	0.00	0.00	16
	Physicians Part A - Teaching WAGE-RELATED COSTS							
00	Wage-related costs (core) (see		45, 226, 778	0	45, 226, 778			1
00	instructions)							
00	Wage-related costs (other) (see instructions)							18
00	Excluded areas		2, 748, 691	0	2, 748, 691			19
00	Non-physician anesthetist Part		0	0	0			20
00	A Non-physician anesthetist Part		0	_	_			2
00	B		0					2
00	Physician Part A -		0	0	0			22
01	Administrative		~	_	_			1 ~~
01 00	Physician Part A - Teaching Physician Part B		0					22
00	Wage-related costs (RHC/FQHC)		0	0	0			24
	Interns & residents (in an		1,001,225	0	1, 001, 225			25
FO	approved program)		10 057 004		10 057 004			
50	Home office wage-related (core)		12, 257, 306	0	12, 257, 306			25
51	Rel ated organization		0	о	0			25
	wage-related (core)							
52	Home office: Physician Part A		0	0	0			25
	- Administrative - wage-related (core)							1

Heal th	Financial Systems		BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
HOSPI T	AL WAGE INDEX INFORMATION			Provider C		Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part II Date/Time Pre 5/27/2022 9:4	pared:
		Wkst. A Line	Amount	Recl assi fi cat		Paid Hours	Average	
		Number	Reported	ion of Salaries	Salaries (col.2 ± col.	Related to Salaries in	Hourly Wage	
						col. 4	(col. 4 ÷	
				(from Wkst. A-6)	3)	COI. 4	col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A		0	0		0		25.53
	- Teaching - wage-related							
	(core)							
	OVERHEAD COSTS - DIRECT SALARI	· · · · · · · · · · · · · · · · · · ·						
26.00	Employee Benefits Department	4.00						
27.00	Administrative & General	5.00						
28.00	Administrative & General under		70, 198	0	70, 19	8 526.20	133. 41	28.00
	contract (see inst.)							
29.00	Maintenance & Repairs	6.00						
30.00	Operation of Plant	7.00	1, 469, 898					
31.00	Laundry & Linen Service	8.00	0	0		0 0.00		31.00
32.00	Housekeepi ng	9.00	3, 084, 379	-67, 120	3, 017, 25	9 181, 461. 08	16.63	
33.00	Housekeeping under contract (see instructions)		0	0		0 0.00	0.00	33.00
34.00	Dietary	10.00	2, 715, 152	-690, 666	2, 024, 48	6 106, 496. 14	19.01	34.00
35.00	Dietary under contract (see instructions)		0	C		0 0.00	0.00	35.00
36.00	Cafeteria	11.00	122	649, 793	649, 91	5 38, 772. 00	16. 76	36.00
37.00	Maintenance of Personnel	12.00	0	0		0.00	0.00	37.00
38.00	Nursing Administration	13.00	13, 040, 137	-218, 573	12, 821, 56	4 109, 112. 44	117.51	38.00
39.00	Central Services and Supply	14.00	0	0		0 0.00		39.00
40.00	Pharmacy	15.00	5, 839, 770	-415, 697	5, 424, 07	3 120, 030. 35	45.19	40.00
41.00	Medi cal Records & Medi cal Records Li brary	16.00	0	0		0 0.00		
42.00	Social Service	17.00	0			0 0.00	0.00	42.00
	Other General Service	17.00		-4, 746	712, 44			42.00
+5.00		1 10.00	/ 1 / , 1 / 2	-4,740	1 /12,44	-+, 000. 00	1 13. 75	1 -3.00

Heal th	Financial Systems		BALL MEMORIA	AL HOSPITAL		In Lie	u of Form CMS-2	2552-10
HOSPIT	TAL WAGE INDEX INFORMATION			Provider C		Period: From 01/01/2021 Fo 12/31/2021	Worksheet S-3 Part III Date/Time Pre 5/27/2022 9:4	pared:
		Worksheet A	Amount	Recl assi fi cat	Adjusted	Paid Hours	Average	
		Line Number	Reported	ion of	Sal ari es	Related to	Hourly Wage	
				Sal ari es	(col.2 ± col.	Salaries in	(col. 4 ÷	
				(from	3)	col. 4	col. 5)	
				Worksheet				
				A-6)				
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00	Net salaries (see		141, 666, 244	-4, 558, 664	137, 107, 580	3, 696, 616. 43	37.09	1.00
	instructions)							
2.00	Excluded area salaries (see		6, 325, 741	1, 805, 092	8, 130, 83	3 238, 225. 43	34.13	2.00
	instructions)							
3.00	Subtotal salaries (line 1		135, 340, 503	-6, 363, 756	128, 976, 74	7 3, 458, 391. 00	37.29	3.00
	minus line 2)							
4.00	Subtotal other wages & related		44, 414, 879	0	44, 414, 879	9 1, 030, 670. 85	43.09	4.00
	costs (see inst.)							
5.00	Subtotal wage-related costs		57, 484, 084	0	57, 484, 084	4 0.00	44.57	5.00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		237, 239, 466					
7.00	Total overhead cost (see		39, 657, 147	-1, 129, 025	38, 528, 12	2 998, 098. 37	38.60	7.00
	instructions)							

Heal th	Financial Systems	BALL MEMORIAL F	HOSPI TAL	In Lie	u of Form CMS-2	2552-10
	AL WAGE RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV	pared:
					Amount	
					Reported 1.00	
	PART IV - WAGE RELATED COSTS				1.00	
	Part A - Core List					
	RETIREMENT COST					
1.00	401K Employer Contributions				3, 950, 086	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribu	ution			0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see i				0	3.00
4.00	Qualified Defined Benefit Plan Cost (see inst				17, 408, 333	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External O				· · ·	
5.00	401K/TSA Plan Administration fees	- V			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				0	
8.02	Health Insurance (Self Funded with a Third Pa	arty Administrato	nr)		17, 626, 122	
8.03	Health Insurance (Purchased)				0	
9.00	Prescription Drug Plan				0	
10.00	Dental, Hearing and Vision Plan				526, 769	
11.00	Life Insurance (If employee is owner or benef				51, 281	
12.00	Accident Insurance (If employee is owner or b				0	
13.00	Disability Insurance (If employee is owner or				681, 374	
14.00		er or beneficiary	()		0	
15.00	'Workers' Compensation Insurance				671, 966	
16.00		ar, not the extra	iordinary accruai requi	red by FASB 106.	0	16.00
	Non cumulative portion) TAXES					
17 00	FICA-Employers Portion Only				8, 011, 746	17 00
18.00	Medicare Taxes - Employers Portion Only				0,011,740	
19.00	Unemployment Insurance				-	19.00
	State or Federal Unemployment Taxes				37, 718	
20.00	OTHER				57,710	20.00
21.00	Executive Deferred Compensation (Other Than R instructions))	Retirement Cost R	Reported on lines 1 thr	ough 4 above. (see	0	21.00
22.00					0	22.00
23.00	Tuition Reimbursement				11, 300	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)				48, 976, 695	24.00
	Part B - Other than Core Related Cost					
25.00	OTHER WAGE RELATED COSTS (SPECIFY)					25.00

Heal th	Financial Systems	BALL MEMORIAL HOSPITAL		In Lie	u of Form CMS-2	2552-10
HOSPI T	AL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 1	F	Period: From 01/01/2021 Fo 12/31/2021		pared:
	Cost Center Description			Contract Labor	Benefit Cost	
				1.00	2.00	
	PART V - Contract Labor and Benefit Cost					
	Hospital and Hospital-Based Component Identi					
1.00	Total facility's contract labor and benefit	cost		0	0	1.00
2.00	Hospi tal			0	0	2.00
3.00	Subprovider - IPF			0	0	3.00
4.00	Subprovider - IRF			0	0	4.00
5.00	Subprovider - (Other)			0	0	5.00
6.00	Swing Beds - SNF			0	0	6.00
7.00	Swing Beds - NF			0	0	7.00
8.00	Hospital-Based SNF					8.00
9.00	Hospital-Based NF					9.00
10.00	Hospital-Based OLTC					10.00
11.00	Hospital-Based HHA					11.00
12.00	Separately Certified ASC					12.00
13.00	Hospital-Based Hospice					13.00
14.00	Hospital-Based Health Clinic RHC					14.00
15.00	Hospital-Based Health Clinic FQHC					15.00
	Hospital-Based-CMHC					16.00
17.00	Renal Dialysis			0	0	17.00
18.00	Other			0	0	18.00

Heal th	Financial Systems BALL MEMORIAL HO	SPI TAL		In Lie	u of Form CMS-2	2552-10
		Provider CO	CN: 15-0089	Period:	Worksheet S-1	
				From 01/01/2021 To 12/31/2021	Date/Time Pre 5/27/2022 9:4	
					1.00	
	Uncompensated and indigent care cost computation				1.00	
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 di	vided by li	ine 202 colum	n 8)	0. 176514	1.00
	Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid				74, 848, 935	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			-: -: -: -: -: -: -: -: -: -: -: -: -: -	Y	3.00
4.00 5.00	If line 3 is yes, does line 2 include all DSH and/or supplement If line 4 is no, then enter DSH and/or supplemental payments f			ai d?	Y O	4.00 5.00
5.00 6.00	Medicaid charges	rom meurcar	i u		428, 679, 829	6.00
7.00	Medicaid cost (line 1 times line 6)				75, 667, 991	
8.00	Difference between net revenue and costs for Medicaid program	(line 7 mir	nus sum of li	nes 2 and 5: if	819, 056	8.00
	< zero then enter zero)					
	Children's Health Insurance Program (CHIP) (see instructions fo	or each lir	ne)			
9.00	Net revenue from stand-alone CHIP				0	9.00
	Stand-al one CHIP charges				0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	(line 11 mi		if , toro then	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP enter zero)	(The Thim	inus iine 9;	n < zero then		12.00
	Other state or local government indigent care program (see ins	tructions f	for each line)		
13.00	Net revenue from state or local indigent care program (Not inc				294, 326	13.00
14.00	Charges for patients covered under state or local indigent car				1, 222, 932	
	10)					
	State or local indigent care program cost (line 1 times line 1				215, 865	
16.00	Difference between net revenue and costs for state or local in	digent care	e program (li	ne 15 minus line	• 0	16.00
	13; if < zero then enter zero) Grants, donations and total unreimbursed cost for Medicaid, CHI	ID and stat	to/local indi	aont caro progr		
	instructions for each line)	ir anu stai		gent care progra	1115 (566	
17.00	Private grants, donations, or endowment income restricted to fi	undi ng char	rity care		0	17.00
	Government grants, appropriations or transfers for support of				0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local	I indigent	care program	s (sum of lines	819, 056	19.00
	8, 12 and 16)		Uni nsured	Insured	Total (col. 1	
			patients	patients	+ col. 2)	
			1.00	2.00	3.00	
20.00	Uncompensated Care (see instructions for each line)		26 547 20	2 2 2 2 4 0 4	20 760 004	
20.00	Charity care charges and uninsured discounts for the entire factor (see instructions)	ciffy	36, 547, 20	3, 221, 604	39, 768, 804	20.00
21.00	Cost of patients approved for charity care and uninsured disco instructions)	unts (see	6, 451, 04	3, 221, 604	9, 672, 696	21.00
22.00	Payments received from patients for amounts previously written charity care	off as		0 0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		6, 451, 09	3, 221, 604	9, 672, 696	23.00
					1.00	
24.00	Does the amount on line 20 column 2, include charges for patien	nt days bey	vond a length	of stay limit	N 1.00	24.00
	imposed on patients covered by Medicaid or other indigent care If line 24 is yes, enter the charges for patient days beyond th	program?			0	
	stay limit	5	1 5	5		
26.00	Total bad debt expense for the entire hospital complex (see in				13, 808, 365	1
27.00	Medicare reimbursable bad debts for the entire hospital complex	•			1, 286, 876	
27.01	Medicare allowable bad debts for the entire hospital complex (see instruc	ctions)		1, 979, 809	
28.00	Non-Medicare bad debt expense (see instructions)		I potro-ti - · ·	`	11, 828, 556	
29.00 30.00	Cost of non-Medicare and non-reimbursable Medicare bad debt ex Cost of uncompensated care (line 23 column 3 plus line 29)	pense (see	Instructions)	2, 780, 839	
30.00	Total unreimbursed and uncompensated care cost (line 19 plus 1)	ine 30)			12, 453, 535 13, 272, 591	
51.00		110 00)			15, 272, 571	1 51.00

	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CO	Fi	eriod: rom 01/01/2021	Worksheet A	
				T	b 12/31/2021	Date/Time Pre 5/27/2022 9:4	epared: 0 am
	Cost Center Description	Sal ari es	Other		Recl assi fi cat	Recl assi fi ed	-
				+ col. 2)	ions (See A-6)	Trial Balance (col. 3 +-	
					A-0)	col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS		1 740 700	1 710 700	00.110.071		
	00100 NEW CAP REL COSTS-BLDG & FIXT 00300 OTHER CAPITAL RELATED COSTS		1, 718, 730 0	1, 718, 730 0	22, 113, 374	23, 832, 104	1.00
00	00400 EMPLOYEE BENEFITS DEPARTMENT	71, 583	736, 728	808, 311	25, 839, 271	26, 647, 582	4.0
01	01160 COMMUNI CATI ONS	605, 911	287, 462	893, 373	-196, 254	697, 119	
	00550 DATA PROCESSI NG	0	0	0	0	0	5.0
	00570 ADMI TTI NG 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	3, 289, 725	1, 304, 651	4, 594, 376	-797, 813	3, 796, 563	5.0 ⁴ 5.0
	00580 CASHI ERTING/ACCOUNTS RECEIVABLE 00590 OTHER ADMINI STRATI VE AND GENERAL	6,099,622	89, 969, 536	96, 069, 158	-3, 447, 078	92, 622, 080	
	00600 MAI NTENANCE & REPAI RS	2, 653, 458	19, 640, 122	22, 293, 580	-12, 185, 833	10, 107, 747	6.0
	00700 OPERATION OF PLANT	1, 469, 898	743, 719	2, 213, 617	5, 228, 382	7, 441, 999	
	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	0	0	0 E E11 104	1, 500, 220 -1, 266, 543	1, 500, 220	
	00900 HOUSEREEPING 01000 DI ETARY	3, 084, 379 2, 715, 152	2, 426, 815 2, 567, 810	5, 511, 194 5, 282, 962	-1, 266, 543 -1, 920, 337	4, 244, 651 3, 362, 625	9.0 10.0
	01100 CAFETERI A	122	13	135	1, 238, 592	1, 238, 727	11.0
	01300 NURSING ADMINISTRATION	13, 040, 137	3, 901, 361	16, 941, 498	-2, 193, 994	14, 747, 504	13.0
	01400 CENTRAL SERVICES & SUPPLY	0	1, 601, 899	1, 601, 899	9, 736, 634	11, 338, 533	
	01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY	5, 839, 770	48, 014, 835	53, 854, 605	-46, 058, 726	7, 795, 879	
	01000 MEDICAL RECORDS & LIBRARY 01080 PATIENT TRANSPORTATION	717, 192	0 189, 577	906, 769	-124, 377	0 782, 392	
	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0	000, 107	3, 984, 978	3, 984, 978	
2.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	4, 222, 300	4, 558, 236	8, 780, 536	-5,001,565	3, 778, 971	22.0
	02300 PARAMED ED PRGM	81, 639	22, 661	104, 300	135, 706	240, 006	23.0
0. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	30, 508, 244	31, 666, 400	62, 174, 644	-11, 197, 542	50, 977, 102	30.0
	03100 INTENSIVE CARE UNIT	8, 740, 921	5, 947, 773	14, 688, 694	-2, 783, 276	11, 905, 418	
	03200 CORONARY CARE UNI T	0	0	0	0	0	32.0
	02060 NEONATAL INTENSIVE CARE UNIT	2, 663, 463	3, 234, 231	5, 897, 694	-1, 321, 227	4, 576, 467	35.0
	04000 SUBPROVI DER – I PF	0	0	0	0	0	40.0
	04100 SUBPROVI DER – I RF 04300 NURSERY	1, 866, 188	723, 073	2, 589, 261 0	-531, 218 550, 809	2, 058, 043 550, 809	
	ANCI LLARY SERVI CE COST CENTERS	U	0	0	550, 807	550, 807	43.0
0. 00	05000 OPERATING ROOM	5, 884, 679	27, 261, 301	33, 145, 980	-17, 099, 170	16, 046, 810	50.0
	05100 RECOVERY ROOM	1, 786, 756	1,055,333	2, 842, 089	-893, 670	1, 948, 419	
2.00	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	2, 254, 511	1, 272, 426	3, 526, 937	-1, 036, 937	2, 490, 000	
	05700 CT SCAN	9, 887, 260 136, 608	15, 127, 791 77, 678	25, 015, 051 214, 286	-10, 726, 459 -55, 635	14, 288, 592 158, 651	54.C
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	00,000	0	58.0
	05900 CARDI AC CATHETERI ZATI ON	2, 611, 656	11, 517, 053	14, 128, 709	-10, 016, 899	4, 111, 810	
	06000 LABORATORY	6, 258	14, 347, 897	14, 354, 155	448	14, 354, 603	60.0
	06001 BLOOD LABORATORY 06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	0	0 1, 386, 858	0 1, 386, 858	0	0 1, 386, 858	
	06500 RESPIRATORY THERAPY	4, 341, 802	2, 225, 743	6, 567, 545	-1, 481, 272	5, 086, 273	
5. 01	06501 SLEEP LAB	483, 251	269, 775	753, 026	-187, 864	565, 162	
	06600 PHYSI CAL THERAPY	4, 794, 928	1, 630, 006	6, 424, 934	-1, 517, 387	4, 907, 547	66.0
	06700 OCCUPATI ONAL THERAPY	819, 315	350, 511	1, 169, 826	-35, 433	1, 134, 393	
	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY	535, 670	157, 675 0	693, 345 0	-46, 733	646, 612 0	68.C
	06900 ELECTROCARDI OLOGY	1, 466, 750	1, 154, 872	2, 621, 622	-707, 550	1, 914, 072	69.0
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12, 222, 873	12, 222, 873	71.0
	07200 I MPL. DEV. CHARGED TO PATIENT	0	0	0	7, 480, 783	7, 480, 783	
	07300 DRUGS CHARGED TO PATIENTS	1 554 400	0	0	47, 652, 219	47, 652, 219	
	07301 HOSPITAL BASED RETAIL PHARMACIES 07400 RENAL DIALYSIS	1, 554, 400	7, 181, 773 1, 576, 084	8, 736, 173 1, 576, 084	-429, 317 -29, 443	8, 306, 856 1, 546, 641	73.C
	03160 CARDI OPULMONARY	0	1, 370, 004	1, 370, 004	-27, 443	1, 540, 041	
	07697 CARDI AC REHABI LI TATI ON	996, 620	416, 072	1, 412, 692	-283, 398	1, 129, 294	
	07698 HYPERBARI C OXYGEN THERAPY	553, 093	1, 388, 266	1, 941, 359	-544, 442	1, 396, 917	76.9
	OUTPATIENT SERVICE COST CENTERS			0	7/ 707	7/ 707	
	09000 CLINIC 09001 SUBSTANCE ABUSE CLINIC	0 184, 793	0 597, 827	0 782, 620	-76, 727 -65, 941	-76, 727 716, 679	90.0 90.0
	09002 PAIN CLINIC	371, 055	721, 170	1, 092, 225	-187, 316	904, 909	
0. 03	09003 ONCOLOGY CLINIC	1, 023, 970	776, 350	1, 800, 320	-399, 051	1, 401, 269	
	09100 EMERGENCY	8, 976, 137	8, 572, 244	17, 548, 381	-3, 409, 881	14, 138, 500	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	070 01/	240 E00	1 3/7 //-	202 500	1 040 407	92.0
	09201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	878, 916	368, 529	1, 247, 445	-207,008	1, 040, 437	92.0
	09500 AMBULANCE SERVICES	0	0	0	0	0	95.0
	SPECIAL PURPOSE COST CENTERS					-	
13.00	11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117)	107 010 100	0	0	-		113.0
10 00	INDRUCTIONS (SUM OF LINES 1 through 117)	137, 218, 132	318, 688, 866	455, 906, 998	-779, 027	455, 127, 971	1118.0
18.00	NONREIMBURSABLE COST CENTERS						1

Health Financial Systems	BALL MEMORIAL			In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CC	CN: 15-0089 F	eri od:	Worksheet A	
				rom 01/01/2021 o 12/31/2021	Date/Time Pre	narodi
			'	0 12/31/2021	5/27/2022 9:4	
Cost Center Description	Sal ari es	Other	Total (col. 1	Recl assi fi cat	Recl assi fi ed	
			+ col. 2)	ions (See	Trial Balance	
				A-6)	(col. 3 +-	
					col. 4)	
	1.00	2.00	3.00	4.00	5.00	
191. 00 19100 RESEARCH	673, 001	226, 827	899, 828	-146, 333	753, 495	
194.0007950 OTHER NONREI MBURSABLE COST CENTERS	0	0	C	0 0		194.00
194.0107951 BSU PHARMACY	141, 551	30, 475	172, 026		217, 490	
194.0207952 PAVILLION PHARMACY	833, 998	5, 771, 159	6, 605, 157	-66, 039		
194. 03 07953 VENDI NG	0	0	C	0 0		194.03
194. 04 07954 CARELI NE	0	0	C	0 0		194.04
194.0507955 WELLNESS CENTER	0	27, 351	27, 351	-26, 210		194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	0	0	C	0 0		194.06
194. 07 07957 PERI NATAL CLI NI C	0	0	C	0 0		194.07
194. 08 07958 RENTAL PROPERTY	0	1, 534, 335	1, 534, 335	-772, 493	761, 842	
194. 09 07959 ADVERTI SI NG	0	0	C	0		194.09
194. 10 07960 I NTEGRA LTAC	0	0	C	0 0		194.10
194. 11 07961 I U HEALTH HOSPI CE	13, 777	8, 573	22, 350	-1, 500	20, 850	
194. 12 07962 POB MEDI CAL PAVI LLI ON CONDOS	0	0	1 504 405	0		194.12
194. 13 07963 PEDI ATRI C THERAPI ES	1, 194, 086	400, 049	1, 594, 135	-145, 256	1, 448, 879	
194. 14 07964 NEW CASTLE ONCOLOGY	0	0	C	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	-6, 334	2, 196	-4, 138	1, 303, 108		
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0	C	0		194.17
194. 18 07968 CHV CARDINAL 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	1 071 000		1 (/ 7 0 0 0			194.21
194. 22 07972 THERAPIES TO OTHER ENTITIES 194. 23 07973 CANCER CENTER BOUTLOUE	1, 271, 003	396, 836	1, 667, 839			
	17, 381	46, 138 0	63, 519			
194. 24 07974 BOSC BALL OUTPATI ENT SURGERY 194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0 621	18, 536	C 19, 157	-	19, 132	194.24
194. 25 07975 CARDINAL BEHAVIORAL HEALTH 194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	021					
194. 20 07976 BLACKFORD COMMUNITY HOSPITAL 194. 27 07977 MIDWEST HEALTH STRATEGIES	0	241, 282	241, 282	914, 318		194.20
194. 27 07977 MIDWEST HEALTH STRATEGIES 194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0		194.27
194. 29/07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0		194.28
194. 30 07980 CARDINAL HEALTH ALLIANCE	0	0		0		194.29
194. 30 07980 CARDINAL HEALTH ALLIANCE 194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS	0	0				194.30
194. 32 07982 RENAL DI ALYSI S	0	0				194.31
194. 33 07983 LAB CORP	0	0				194.32
194. 34 07984 H. O. MATERI ALS MGMT	0	0				194.33
194. 35 07985 LEASED SPACE		0				194.34
200.00 TOTAL (SUM OF LINES 118 through 199)	141, 596, 046	327, 889, 420	469, 485, 466	0		
	, . , . , . , . , . , . , . ,	327,007,420	107, 100, 400		1 107, 100, 400	200.00

				To 12/31/20		
	Cost Center Description	Adjustments	Net Expenses		5/27/2022 9	<u>/: 40 ai</u>
		(See A-8)	For			
		6. 00	Allocation 7.00			
0	GENERAL SERVICE COST CENTERS	0.00	7.00			-
	00100 NEW CAP REL COSTS-BLDG & FIXT	4, 261, 024	28, 093, 128			1
	00300 OTHER CAPITAL RELATED COSTS	0				3
	00400 EMPLOYEE BENEFITS DEPARTMENT	-328, 095				4
	01160 COMMUNI CATI ONS	-47, 375				5
	00550 DATA PROCESSI NG	20, 724, 442				5
	00570 ADMI TTI NG	9, 053, 910				5
	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	11, 232, 838				5
	00590 OTHER ADMI NI STRATI VE AND GENERAL	-52, 973, 566				5
	00600 MAI NTENANCE & REPAI RS	-309, 344				le
	00700 OPERATION OF PLANT	-106, 528				
	00800 LAUNDRY & LINEN SERVICE	00, 320				8
	00900 HOUSEKEEPI NG	-40, 236				
	01000 DI ETARY	-104, 396				10
		-475, 306				11
	01300 NURSI NG ADMI NI STRATI ON	-24, 698				13
	01400 CENTRAL SERVICES & SUPPLY	0				14
	01500 PHARMACY	-499, 350				15
	01600 MEDI CAL RECORDS & LI BRARY	0	0			16
	01080 PATI ENT TRANSPORTATI ON	-19, 525				18
	02100 I & R SERVICES-SALARY & FRINGES APPRVD	0	3, 984, 978			21
	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	-22, 028				22
	02300 PARAMED ED PRGM	0	240, 006			23
	INPATIENT ROUTINE SERVICE COST CENTERS					
	03000 ADULTS & PEDIATRICS	-12, 352, 428				30
	03100 I NTENSI VE CARE UNI T	0	11, 905, 418			31
	03200 CORONARY CARE UNI T	0	0			32
00 0	02060 NEONATAL INTENSIVE CARE UNIT	-1, 484, 700	3, 091, 767			35
00 0	04000 SUBPROVI DER – I PF	0	0			40
00 0	04100 SUBPROVI DER – I RF	1, 331	2, 059, 374			4
00 0	04300 NURSERY	0	550, 809			43
1	ANCILLARY SERVICE COST CENTERS					
00	05000 OPERATING ROOM	-7, 066, 403	8, 980, 407			50
00 0	05100 RECOVERY ROOM	-69	1, 948, 350			51
00 0	05200 DELIVERY ROOM & LABOR ROOM	0	2, 490, 000			52
00 0	05400 RADI OLOGY-DI AGNOSTI C	-560, 214	13, 728, 378			54
00 0	05700 CT SCAN	-69, 491	89, 160			57
00 0	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58
00 0	05900 CARDI AC CATHETERI ZATI ON	0	4, 111, 810			59
00	06000 LABORATORY	0	14, 354, 603			60
	06001 BLOOD LABORATORY	0	0			60
	06300 BLOOD STORING, PROCESSING, & TRANS.	-2, 043	1, 384, 815			63
	06500 RESPI RATORY THERAPY	-74				65
	06501 SLEEP LAB	-17, 307				65
	06600 PHYSI CAL THERAPY	-75, 475				66
	06700 OCCUPATI ONAL THERAPY	0				6
	06800 SPEECH PATHOLOGY	0	646, 612			68
	06801 AUDI OLOGY		040,012			68
	06900 ELECTROCARDI OLOGY	-32, 211	1, 881, 861			60
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-32, 211	12, 222, 873			7
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	7, 480, 783			72
	07200 DRUGS CHARGED TO PATIENTS		47, 652, 219			73
	07300 DRUGS CHARGED TO PATTENTS 07301 HOSPITAL BASED RETAIL PHARMACIES	-505, 746				7:
	07400 RENAL DI ALYSI S	0	1, 546, 641			74
		102 512	0			76
	07697 CARDI AC REHABI LI TATI ON	-102, 512				76
	07698 HYPERBARI C OXYGEN THERAPY	5, 985	1, 402, 902			70
	OUTPATIENT SERVICE COST CENTERS					-
		0	-76, 727			90
	09001 SUBSTANCE ABUSE CLINIC	-443, 196				90
	09002 PAIN CLINIC	-428, 219				90
	09003 ONCOLOGY CLINIC	0	.,			90
	09100 EMERGENCY	-820, 762	13, 317, 738			91
	09200 OBSERVATION BEDS (NON-DISTINCT PART)					92
01 0	09201 OBSERVATION BEDS (DISTINCT PART)	0	1, 040, 437	 		92
	OTHER REIMBURSABLE COST CENTERS					
	09500 AMBULANCE SERVICES	0	0			9!
	SPECIAL PURPOSE COST CENTERS					
	11300 I NTEREST EXPENSE	0	0			113
. 00	SUBTOTALS (SUM OF LINES 1 through 117)	-33, 631, 767				118
	NONREI MBURSABLE COST CENTERS	20,001,707	,			
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	703, 411			190
. 00						

In Lieu of Form CMS-2552-10

Health Financial Systems

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lieu	u of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE	OF EXPENSES	Provider CO	CN: 15-0089	Peri od:	Worksheet A
				From 01/01/2021 To 12/31/2021	Data (Time Dransman
				10 12/31/2021	Date/Time Prepared: 5/27/2022 9:40 am
Cost Center Description	Adjustments	Net Expenses			072172022 7. 10 um
	(See A-8)	For			
		Allocation			
	6.00	7.00			
194.00 07950 OTHER NONREI MBURSABLE COST CENTERS	0	0			194.00
194. 01 07951 BSU PHARMACY	-172, 026	45, 464			194.01
194.0207952 PAVILLION PHARMACY	0	6, 539, 118			194.02
194. 03 07953 VENDI NG	0	0			194.03
194. 04 07954 CARELI NE	0	0			194.04
194.0507955 WELLNESS CENTER	0	1, 141			194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	0	0			194.06
194. 07 07957 PERINATAL CLINIC	0	0			194.07
194. 08 07958 RENTAL PROPERTY	0	761, 842			194.08
194. 09 07959 ADVERTI SI NG	0	0			194.09
194. 10 07960 I NTEGRA LTAC	0	0			194.10
194.1107961 IU HEALTH HOSPICE	0	20, 850			194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0			194.12
194. 13 07963 PEDI ATRI C THERAPI ES	0	1, 448, 879			194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0			194.14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	0	0			194.15
194. 16 07966 JAY COUNTY HOSPITAL	0	1, 298, 970			194.16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0	0			194.17
194. 18 07968 CHV CARDINAL HEALTH VENTURES	0	0			194.18
194.1907969 HEALTH CARE CONNECTIONS	0	0			194.19
194.2007970 MEALS ON WHEELS	0	0			194.20
194. 21 07971 ST MARY'S SCHOOL	0	0			194.21
194. 22 07972 THERAPIES TO OTHER ENTITIES	-1, 374, 283	4			194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	63, 280			194.23
194.2407974 BOSC BALL OUTPATIENT SURGERY	0	0			194.24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	19, 132			194.25
194.2607976 BLACKFORD COMMUNITY HOSPITAL	0	1, 155, 600			194.26
194. 27 07977 MI DWEST HEALTH STRATEGIES	0	0			194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	0	0			194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0			194.29
194.3007980 CARDINAL HEALTH ALLIANCE	0	0			194.30
194.31 07986 OTHER NONREI MBURSABLE COST CENTERS	0	0			194.31
194. 32 07982 RENAL DI ALYSI S	0	0			194.32
194.33 07983 LAB CORP	0	0			194.33
194.34 07984 H. O. MATERIALS MGMT	0	0			194.34
194. 35 07985 LEASED SPACE	0	0			194.35
200.00 TOTAL (SUM OF LINES 118 through 199)	-35, 178, 076	434, 307, 390			200.00

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Provider CCN: 15-0089

Image: Description of PLAND Line # Other A = 2000 BLLAGE SUPPLIES 1.0.0 </th <th></th> <th></th> <th></th> <th></th> <th></th> <th>From 01/01/2021 To 12/31/2021 Date/Time Pr 5/27/2022 9:</th> <th></th>						From 01/01/2021 To 12/31/2021 Date/Time Pr 5/27/2022 9:	
2.00 3.00 4.01 5.00 100 Accent and Likel & Surper V 14.00 10.04.4.40 10.00 100 Deep CAP SEL COSTS BUDY 14.00 0 12.00 2.00 100 Deep CAP SEL COSTS BUDY 14.00 0 12.00 3.00 2.00 100 DEEP CAP SEL COSTS BUDY 14.00 0 12.00 3.00		Cost Center		Salary	Other		
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	Financial Systems SIFICATIONS		BALL MEMORIAL	HOSPITAL Provider CCN: 15-008		u of Form CMS-2552-10 Worksheet A-6
					From 01/01/2021 To 12/31/2021	
	Cost Center	Increases	Salary	Othor		
	2.00	Li ne # 3.00	Salary 4.00	0ther 5.00		
35.00		0.00	0	0		35.00
36.00 37.00		0. 00 0. 00	0	0		36.00 37.00
38.00		0.00	0	0		37.00
	0			12, 270, 299		
1 00	C - IMPLANTABLE DEVICES	72.00	0	7, 480, 783		1.00
1.00	PATIENT	72.00	0	7,400,703		1.00
2.00	NURSING ADMINISTRATION	13.00	О	20		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	3		3.00
4.00 5.00		0. 00 0. 00	0	0		4.00
6.00		0.00	Ő	Ö		6.00
7.00		0.00	0	0		7.00
	O D - BILLABLE DRUGS		0	7, 480, 806		
1.00	PHARMACY	15.00	0	1, 618, 378		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	47, 652, 219		2.00
3.00	SUBSTANCE ABUSE CLINIC	90.01	0	53		3.00
4.00 5.00		0. 00 0. 00	0	0		4.00
6.00		0.00	0	Ö		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00 10.00		0. 00 0. 00	0	0		9.00
11.00		0.00	0	Ö		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00 15.00		0. 00 0. 00	0	0		14.00 15.00
16.00		0.00	0	Ö		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00 20.00		0. 00 0. 00	0	0		19.00 20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00 24.00		0. 00 0. 00	0	0		23.00 24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00 29.00		0. 00 0. 00	0	0		28.00 29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00 33.00		0. 00 0. 00	0	0		32.00 33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	— — — <u>o</u>	<u> </u>		37.00
	E - INTERN & RESIDENT SALARIES	<u>I</u>	V	47, 270, 030		
1.00	I &R SERVICES-SALARY &	21.00	3, 984, 978	0		1.00
	FRI NGES APPRVD	+	3, 984, 978	— — <u> </u>		
	F - CAFETERIA		3, 704, 770	0		
1.00	CAFETERI A	11.00	<u> </u>	<u>588, 8</u> 04		1.00
			649, 793	588, 804		
1.00	G - PHARMACY ADMIN COSTS BSU PHARMACY	194.01	38, 259	28, 362		1.00
2.00	PAVI LLI ON PHARMACY	194.02	<u>38, 2</u> 59	2 <u>8, 3</u> 62		2.00
			76, 518	56, 724		
1 00	H - AUTO & BUILDING INSURANCE NEW CAP REL COSTS-BLDG &	1 00		202 557		1.00
1.00	FIXT	1.00	U	392, 557		1.00
2.00		0.00	0	0		2.00
			0	392, 557		
	I - REHAB ADMIN COSTS OCCUPATIONAL THERAPY	67.00	89, 058	9, 139		1.00
1 00	DOGOLATIONAL THENALI			-		
1.00 2.00	SPEECH PATHOLOGY	68.00	58, 226	4, 111		2.00

	Financial Systems		BALL MEMORIA			J of Form CMS-2552-10
REULAS	SI FI CATI ONS			Provi der CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet A-6 Date/Time Prepared:
		Increases				5/27/2022 9:40 am
	Cost Center 2.00	Li ne # 3.00	Sal ary 4.00	0ther 5.00		
4.00	THERAPIES TO OTHER ENTITIES	194.22	<u>8, 435</u> 285, 513	<u> </u>		4.00
	J - LAUNDRY					
1.00 2.00	LAUNDRY & LINEN SERVICE	8. 00 0. 00	0	1, 500, 220 0		1.00
3.00		0.00	О	0		3.00
4.00 5.00		0. 00 0. 00	0 0	0 0		4.00 5.00
6.00 7.00		0.00 0.00	0	0 0		6.00 7.00
8.00		0.00	О	0		8.00
9. 00 10. 00		0. 00 0. 00	0	0 0		9.00 10.00
11.00		0.00	О	0		11.00
12.00 13.00		0. 00 0. 00	0 0	0 0		12.00 13.00
14.00 15.00		0. 00 0. 00	0 0	0 0		14.00 15.00
16.00		0.00	О	0		16.00
17.00 18.00		0. 00 0. 00	0 0	0 0		17.00 18.00
19.00		0.00	0	0		19.00 20.00
20. 00 21. 00		0. 00 0. 00	О	0 0		21.00
22.00 23.00		0. 00 0. 00	0	0 0		22.00 23.00
24.00		0.00	О	0		24.00
25.00 26.00		0. 00 0. 00	0 0	0 0		25.00 26.00
27.00 28.00		0.00 0.00	0	0 0		27.00 28.00
29.00		0.00	О	0		29.00
30.00	0		0	0 1,500,220		30.00
1.00	L - IRF AND PACU MEDSURG ADULTS & PEDIATRICS	30.00	100, 700	16, 171		1.00
2.00	L	0.00	0	0		2.00
	0 Q - NURSERY		100, 700	16, 171		
1.00 2.00	NURSERY	43.00 0.00	482, 595 0	68, 214 0		1.00 2.00
2100			482, 595	68, 214		
1.00	S - EMPLOYEE BENEFITS EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25, 510, 410		1.00
2.00 3.00	JAY COUNTY HOSPITAL	194. 16 0. 00	0 0	255 0		2.00 3.00
4.00		0.00	0	0		4.00
5.00 6.00		0.00 0.00	0 0	0 0		5.00 6.00
7.00 8.00		0.00 0.00	0 0	0 0		7.00 8.00
9.00		0.00	0	0		9.00
10. 00 11. 00		0.00 0.00	0 0	0 0		10.00 11.00
12.00 13.00		0.00 0.00	0	0 0		12.00 13.00
14.00		0.00	О	0		14.00
15. 00 16. 00		0. 00 0. 00	0 0	0 0		15.00 16.00
17.00		0.00	0	0		17.00
18. 00 19. 00		0. 00 0. 00	0 0	0 0		18.00 19.00
20. 00 21. 00		0.00 0.00	0 0	0 0		20.00 21.00
22.00		0.00	О	0		22.00
23.00 24.00		0. 00 0. 00	0 0	0 0		23.00 24.00
25.00 26.00		0.00 0.00	0	0 0		25.00 26.00
27.00		0.00	0	0		27.00
28. 00 29. 00		0.00 0.00	0 0	0 0		28.00 29.00
30.00		0.00	О	0		30.00
31.00		0.00	0	0		31.00

BALL MEMORIAL HOSPITAL Provider CCN: 15-0089 Period:

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

RECLASS	SI FI CATI ONS			Provider CCN: 15-0089		Worksheet A-	6
					From 01/01/2021 To 12/31/2021	Date/Time Pro	epared:
		Increases			!	5/27/2022 9: 4	40 am
	Cost Center	Line #	Sal ary	Other			
32.00	2.00	3.00	4.00	5.00			32.00
33.00		0.00	0	0			33.00
34.00		0.00	0	0			34.00
35.00 36.00		0. 00 0. 00	0	0 0			35.00 36.00
37.00		0.00	0	0			37.00
38.00 39.00		0. 00 0. 00	0	0 0			38.00 39.00
40.00		0.00	0	0			40.00
41.00		0.00	0	0			41.00
42.00 43.00		0. 00 0. 00	0	0 0			42.00 43.00
44.00		0.00	0	0			44.00
45.00 46.00		0. 00 0. 00	0	0 0			45.00 46.00
40.00		0.00	0	0			40.00
48.00		0.00	아				48.00
	U T – CORPORATE TELEHPONE		0	25, 510, 665			
1.00	OTHER ADMINISTRATIVE AND	5.06	0	485			1.00
2.00	GENERAL NURSI NG ADMI NI STRATI ON	13.00	0	13			2.00
3.00		0.00	0	0			3.00
	0 U - DEPRECIATION		0	498			
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	21, 409, 308			1.00
2.00	FIXT	0.00	o	0			2.00
2.00		0.00	0	0			3.00
4.00		0.00	0	0			4.00
5.00 6.00		0. 00 0. 00	0	0			5.00 6.00
7.00		0.00	0	0			7.00
8.00		0.00	0	0			8.00
9. 00 10. 00		0. 00 0. 00	0	0			9.00 10.00
11.00		0.00	0	0			11.00
12.00 13.00		0. 00 0. 00	0	0 0			12.00 13.00
14.00		0.00	Ő	0			14.00
15.00		0. 00 0. 00	0	0 0			15.00
16.00 17.00		0.00	0	0			16.00 17.00
18.00		0.00	0	0			18.00
19. 00 20. 00		0. 00 0. 00	0	0			19.00 20.00
21.00		0.00	0	0			21.00
22. 00 23. 00		0. 00 0. 00	0	0 0			22.00 23.00
23.00		0.00	0	0			23.00
25.00		0.00	0	0			25.00
26.00 27.00		0. 00 0. 00	0	0			26.00 27.00
28.00		0.00	0	0			28.00
29.00 30.00		0. 00 0. 00	0	0 0			29.00 30.00
30.00 31.00		0.00	0	0			31.00
32.00		0.00	0	0			32.00
33.00 34.00		0. 00 0. 00	0	0 0			33.00 34.00
35.00		0.00	0	Ö			35.00
36.00		0.00	0	0			36.00 37.00
37.00 38.00		0. 00 0. 00	0	0 0			37.00
39.00		0.00	0	0			39.00
40.00	<u> </u>	0.00	0	<u>0</u> 21, 409, 308			40.00
	V – LEASE EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FLXT	1.00	0	549, 316			1.00
2.00		0.00	о	О			2.00
3.00		0.00	0	0			3.00
4.00	0	0.00	0	0000			4.00
-			1	· 1			

Health Financial Systems RECLASSIFICATIONS

BALL MEMORIAL HOSPITAL

Provider CCN: 15-0089

In Lieu of Form CMS-2552-10

Period: From 01/01/2021 To 12/31/2021 Date/Time Prepared: 5/27/2022 9:40 am

Interference Safe area Other 0.00 2.00 2.00 3.00						5/27/2022 9:4	
L 2.00 3.00 4.00 5.00 100 JUSTA AS STO 5.01 0 1.5.917 2.00 XAMI TING 5.04 0 1.5.917 2.00 3.00 CHER ARM INSTRAT VS AND 5.04 0 1.5.917 2.00 4.00 CSHRMA TAND VS AND STAT VS AND 5.04 0 4.00 4.00 4.00 CSHRMA TAND VS AND STAT VS AND 5.04 0 2.03 4.00 4.00 MAINTERANCE & REFAIRS 6.00 0 2.073 7.00 1.00 0 1.00 <th></th> <th></th> <th>Increases</th> <th></th> <th></th> <th></th> <th></th>			Increases				
A PTD USED AS STD 1,000 10 DUMMARY ALLOS 5,01 0 1,000 1,000 200 DUMER AURINIST AND 5,00 1,000 1,000 3,000 200 DURER AURINIST AND 7,00 0 1,000 3,000 200 DURER AURINIST AND TO ADD 0 0 1,000 4,000 200 DURER AURINIST AND TO BILL 10,00 0 1,288 3,000 200 DURARAC 10,00 0 1,288 3,000 4,000 200 DURARAC 10,00 0 15,052 0,000 10,000 200 DURARAC 10,00 0 25,501 12,00 10,000 200 DURARAC DURARAC 10,000 0 3,073 11,000 200 DURARAC DURARAC DURARAC DURARAC 10,000 12,000 200 DURARAC DURARAC DURARAC 10,000 12,000 12,000 200							
1.00 CAMURICATIONS 5 OT 0 1, 599 1.00 0.00 APAILTING TATURA 5.64 0 16, 903 3.00 0.00 DEREMANNING 5.64 0 16, 903 3.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 9.00<			3.00	4.00	5.00		
2.00 AVXITTING 5.04 0 16.917 2.02 3.00 DIRESALMINISTRATIVE AND 5.06 0 16.997 3.00 4.00 PREAL 7.00 0 2.126 4.00 4.00 PREAL 9.00 0 2.026 4.00 6.00 MAINTENDER & ERFANS 9.00 3.027 6.00 6.00 MAINTENDER & ERFANS 9.00 3.027 7.00 6.00 MAINTENDER & ERFANS 9.00 1.228 7.00 6.00 MAINTENDER & ERFANS 9.00 1.222 10.00 0.00 MAINTENDER & ERFANS 30.00 9.222 10.00 11.00 MAINTENDER & ERFANS 10.00 2.2562 11.00 11.00 MAINTENDER & ERFANS 10.00 2.2562 12.00 11.00 MAINTENDER & ERFANS 10.00 2.2562 12.00 11.00 MAINTENDER MAINTENDER 11.00 12.02 11.00 MAINTENDER MAINTENDER 1	1 00		E 01	0	1 500		1 00
3.00 DIFFE ADM INSTATIVE AND EXPERTINGET A PENES 5.06 0 14,593 4.00 4.00 DEFRATIONET A PENES 7.00 0 2,055 4.00 4.00 DEFRATIONET A PENES 6.00 0 2,055 4.00 4.00 DEFRATIONET A PENES 0.00 2,055 5.05 6.00 7.00 0 2,055 8.005 8.00 6.00 0.00 DETAFY 10.00 0 12,265 8.00 9.00 DETAFY 10.00 0 12,0							
BERNEN C </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
4.00 DEEAT 00 0F PLAAT 7.00 0 2.128 4.00 5.00 MATEMACE & SPEAS 6.00 7.0,873 5.00 6.00 6.00 DULSPAY FAR 6.00 7.0,873 6.00 7.0,873 6.00 6.00 DULSPAY FAR 6.00 7.0,873 6.00 7.0,873 6.00 6.00 DULSPAY FAR 7.00 7.0,873 7.00 7.0,873 7.00 7.0,873 7.00 7.0,873 7.00 7.0,00	0.00		0.00	0	11,070		0.00
6.00 PUUSEKCEPING 9.00 C 20,873 6.00 00 DETAWI TAWI 10.00 C 22,855 8.00 8.00 0.100 MARSING AGAIN INGATION 13.00 C 22,855 10.00 0.100 MARSING AGAIN INGATION 13.00 C 22,851 10.00 1.100 MEDIATION 13.00 C 22,485 11.00 1.100 MEDIATION 13.00 C 22,485 11.00 1.100 MEDIATION 13.00 C 22,803 11.00 1.100 RECOVERY FORM & LAGRE ROW 50.00 C 12,702 16 1.000 RECOVERY FORM & LAGRE ROW 50.00 C 12,603 18,00 21.000 SEEP LAR THERAY 64.00 C 14,005 18,00 21.000 SEEP LAR THERAY 64.00 C 14,40 21.00 22.00 MEDIACOVER HERAY 64.00 C 14,00 24.00 2	4.00		7.00	0	2, 128		4.00
2.00 DITARY 10.00 11.288 7.00 0.00 MURRING 10.00 11.288 8.00 0.00 MURRING 10.00 0.1788 8.00 0.00 MURRING 10.00 0.01 10.00 10.00 0.00 MURRING 30.00 0.200 10.00 0.00 MURRING 30.00 0.25.001 11.00 0.00 MURRING 30.00 0.25.001 11.00 0.00 MURRING 30.00 0.25.001 11.00 0.00 MURRING 1.80 11.22 11.00 0.00 MURRING 1.80 11.22 11.00 0.00 MURRING 1.80 11.22 11.00 10.00 MURRING 1.80 11.22 11.00 11.00 MURRING 1.400 1.122 11.00 11.00 MURRING 1.400 1.222 11.00 11.00 MURRING MURRING 1.00 1.00	5.00	MAINTENANCE & REPAIRS	6.00	0	8, 045		5.00
0.00 MRSI NE AGMIN STRATION 13.00 0 24.855 9.00 0.00 PATIFIT TANGENDRATION 13.00 0 570 12.00 0.10 PATIFIT TANGENDRATION 13.00 570 12.00 0.10 DEVENTION 13.00 0 22.00 12.00 0.10 DEVENTION 31.00 0 22.601 12.00 1.00 DEVENTION 31.00 0 22.40 13.00 <td>6.00</td> <td>HOUSEKEEPI NG</td> <td>9.00</td> <td></td> <td>26, 873</td> <td></td> <td>6.00</td>	6.00	HOUSEKEEPI NG	9.00		26, 873		6.00
0.00 PLARMACY 15.00 0 15.62 9.00 11.00 PARTAR ISON SOURATION 11.00 0 12.00 0 10.00 0 10.00 1							1
10.00 NATLENT TRANSPORTATION 18.00 0 522 10.00 11.00 MULTERS WE CARE UNIT 31.00 0 22,010 12.00 12.00 INTERS WE CARE UNIT 31.00 0 22,010 12.00 13.00 DPEANTING ROOM 45.00 0 22,010 13.00 15.00 DPEANTING ROOM 45.00 0 35.07 16.00 15.00 DPEANTING ROOM 51.00 0 22,00 14.055 15.00 17.00 DELUVERY ROOM 45.00 0 77,322 18.00 18.00 17.00 DELVERY ROOM 45.00 0 77,322 18.00 18.00 17.00 DELVERY ROOM 45.00 0 13.63 22.00 22.00 17.00 DELVERY ROOM 45.00 0 1.863 22.00 22.00 17.00 DELVERY ROOM 7.57 0 3.00 22.00 23.00 10.00 DELEVERTONAL THERAPY 7.00 0							1
11.00 ARULTS & PEDIATRICS 30.00 92,010 11.00 12.00 NEGMATAL INTERSIVE CARE 11.00 12.00 13.00 REGMATAL INTERSIVE CARE 11.00 12.00 14.00 SUBFROVICER 16.00 12.00 13.00 14.00 SUBFROVICER 16.00 12.02 14.00 16.00 RECOVERY ROUM 16.00 12.02 14.00 16.00 RESPIRATION 55.00 0 12.62 14.00 17.00 DELIVERY ROUM & LAROR ROOM 55.00 0 25.00 12.60 17.00 DELIVERY ROUM & LAROR THERAFY 65.00 0 25.00 22.00 20.00 RESPIRATOR THERAFY 66.00 0 13.60 22.00 21.00 COLPATIONAL INTRON 76.00 0 15.50 25.00 22.00 22.00 COLPATIONAL INTRON 76.97 0 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00							
12.00 INTERSIVE CARE UNIT 31.00 0 25.60 12.00 14.00 SUBBROW DR #. INF 41.00 1,122 14.00 14.00 SUBBROW DR #. INF 41.00 1,122 14.00 15.00 DEFEATIOR FROM 50.00 0 24.662 16.00 15.00 DEFEATIOR FROM 50.00 0 24.662 16.00 15.00 CARDIAC CATHERN AND PARA 55.00 0 24.662 16.00 15.00 CARDIAC CATHERN ATOR 15.00 0 24.662 21.00 16.00 CARDIAC CATHERN AND 15.00 0 24.662 21.00 21.00 CARDIAC CATHERN AND 57.00 0 3.602 21.00 21.00 DECEPATI DALE THEAPY 67.00 0 1.63.62 21.00 22.00 DECEPATI DALE THEAPY 67.00 0 1.63.62 22.00 22.00 DECEPATI DALE THEAPY 67.00 0 1.62.62 22.00 23.00 DECEPATI DALE CHEAPY							
13.00 MCMATAL MTENSIVE CARE 11.00 14.00 SUBPORTINE FIGURATION 50.00 0 15.00 OPERATINE ROOM 50.00 0 35.073 16.00 15.00 OPERATINE ROOM 50.00 0 35.073 18.00 16.00 MCONTY ROOM 26.00 779.232 18.00 17.00 CARD LADON-51 ALMONSTIC 26.00 779.232 18.00 18.00 MCONTY ROOM 26.00 0 17.443 18.00 20.00 MESPI EATON'T INFANY 66.00 0 17.443 22.00 21.00 21.00 SELEP LAB 66.00 0 1.363 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 23.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
14 ±00 SIMPROVIDER - LAF 41.00 0 1,122 14.00 15:00 OPERATING ROOM 50.00 0 25.622 16.00 16:00 DECUVERY ROOM 50.00 0 22.662 16.00 17:00 DELUVERY ROOM 50.00 0 77.263 16.00 17:00 DELUVERY ROOM 55.00 0 77.263 16.00 17:00 DELUVERY ROOM 55.00 0 77.474 16.00 17:00 DELEFARATION THRAPY 65.00 0 77.474 22.00 23:00 DCUPATIONAL THERAPY 66.00 0 17.474 22.00 24:00 DELECTRARED LOW 69.00 0 5.572 23.00 24:00 DELECTRARED LOW 69.00 0 4.801 28.00 25:00 DELECTRARED LOW 76.90 0 5.572 27.00 20:00 PAIN ALONY CHINC 90.01 0 3.995 27.00 20:00 DELECTRARED LOW 90.01 0 3.972 33.00 33.00 31:00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></td<>							1
15.00 OPERATING ROOM S0.00 0 35.073 15.00 16.00 REGURF ROOM 52.00 0 14.005 16.00 17.00 DFLI VERV ROOM 52.00 0 14.005 17.00 18.00 ARLOGY-DLAKSTIC 50.00 0 13.64.01 16.00 10.00 CARDIAC CATHERIZITION 50.00 0 13.64.01 16.00 12.00 SLEPT LAB 56.00 0 17.749 22.00 23.00 COLARDIAC CATHERIZITION 76.70 0 27.25 26.00 24.00 SPECH PATHOLOCY 66.00 0 1,366 24.00 25.00 25.00 DELETROCADIDLOCY 69.00 0 5559 26.00 27.00 27.00 DATINGRANIC ONCEL UNC 90.02 0 14.933 29.00 31.00 32.00 27.00 DATIN CLINIC 90.02 0 13.270 23.00 33.00 33.00 33.00 33.00 33.00 33.00 30							1
16.00 BECOVERY ROOM 51.00 0 22.552 16.00 17.00 DELVERY ROOM 52.00 0 14.005 17.00 18.00 RADID.CGY -DIARDISTIC 54.00 0 79.232 18.00 20.00 RESPIRATORY THERRY 65.00 0 23.00 22.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 25.							
17.00 DELLYERY ROOM \$2.00 0 14.005 17.00 18.00 RADIGAC CATHERIZATION 59.00 0 13.643 19.00 18.00 RADIGAC CATHERIZATION 59.00 0 13.643 19.00 20.00 RESP RADEW THERIZATION 59.00 0 13.643 20.00 21.00 SLEEP LAB 66.01 0 17.200 23.00 23.00 SLEEP LAB REMAY 66.01 0 17.200 23.00 SECENCH CATHOLOCY 68.00 0 1.368 22.00 25.00 FLETROCABIDILOCY 69.00 3.995 22.00 26.00 CARDIAC, REMARILLIATION 76.97 0 27.72 28.00 27.00 WERMARIC OWCEN THERAPY 91.00 0 3.772 33.00 28.00 SUBSTANCE AUSE CLINIC 90.01 0 3.162 33.00 31.00 RESEARCH 191.00 0 3.162 32.00 32.00							1
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O I O 5, 226, 028 Z BLACKFORD 194, 26 773, 020 345, 758 1.00 1.00 BLACKFORD COMMUNITY HOSPITAL 194, 26 773, 020 345, 758 1.00 2.00 0.00 0 0 0 2.00 3.00 0.00 0 0 3.00 3.00 4.00 0.00 0 0 4.00 3.00 5.00 0.00 0 0 5.00 6.00 5.00				0	0		
Z - BLACKFORD Image: Constraint of the second	10.00	<u> </u>	0.00	0	<u> </u>		10.00
1.00 BLACKFORD COMMUNI TY HOSPI TAL 194.26 773,020 345,758 1.00 2.00 0.00 0 0 0 2.00 2.00 3.00 4.00 5.00		Z - BLACKFORD		0	ວ, 220, 028		
2.00 0.00 0 0 2.00 3.00 0.00 0 0 3.00 4.00 0.00 0 0 4.00 5.00 0.00 0 0 5.00 6.00 0.00 0 0 6.00	1.00		194.26	773, 020	345, 758		1.00
3.00 0.00 0 0 3.00 4.00 0.00 0 0 4.00 5.00 0.00 0 0 5.00 6.00 0.00 0 0 6.00				0			
5.00 0.00 0 5.00 5.00 6.			0.00	0	0		
6.00 0.00 0 0 6.00				0	0		
				0	-		
	1.00		0.00	0	0		1.00

Heal th	Fi nanci al	Systems
RECLAS	SLELCATION	S

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

 Provider CCN: 15-0089
 Period: From 01/01/2021
 Worksheet A-6

RECLAS	STFICATIONS			Provi der CCI	1: 15-0089	From 01/01/2021 To 12/31/2021	Date/Time Pr	repared:
		Increases					5/27/2022 9:	40 am
	Cost Center	Li ne #	Salary	Other				
	2.00	3.00	4.00	5.00				
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	0	0				13.00
	0		773, 020	345, 758				
	AA - INTEREST EXPENSE		-1-					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	120				1.00
				120				
	AB - PARAMEDICAL EDUCATION	I	-1					
1.00	PARAMED ED PRGM	23.00	136, 790	1 <u>0, 4</u> 64				1.00
			136, 790	10, 464				_
1.00	AC - PROPERTY TAX NEW CAP REL COSTS-BLDG &	1.00	0	30, 876				1.00
1.00	FLXT	1.00	Ŭ	30, 070				1.00
2.00	L	0.00	0	0				2.00
	0		0	30, 876				
1.00	AD - JAY HOSPITAL JAY COUNTY HOSPITAL	104 14	010 255	490, 793				1 00
2.00	JAY COUNTY HOSPITAL	194. 16 0. 00	812, 355 0	490, 793				1.00
3.00		0.00	0	0				3.00
4.00		0.00	0	0				4.00
5.00		0.00	0	0				5.00
6.00 7.00		0. 00 0. 00	0	0				6.00 7.00
7.00 8.00		0.00	0	0				8.00
9.00		0.00	0	0				9.00
10.00		0.00	О	0				10.00
11.00		0.00	0	0				11.00
12.00		0.00	0 812, 355	<u>0</u>				12.00
	AE - MALPRACTICE INSURANCE		012, 300	490, 793				
1.00		0.00	0	0				1.00
	0		0	0				
1 00	AF - ACCRUED PTO	1 00	400.005	0				1 00
1.00 2.00	EMPLOYEE BENEFITS DEPARTMENT OTHER ADMINISTRATIVE AND	4.00 5.06	499, 805 8, 421	0 0				1.00
2.00	GENERAL	5.00	0, 421	0				2.00
3.00	MAINTENANCE & REPAIRS	6.00	40, 660	0				3.00
4.00	NURSI NG ADMI NI STRATI ON	13.00	8, 618	0				4.00
5.00 6.00	PHARMACY OPERATING ROOM	15. 00 50. 00	45, 249 34, 119	0				5.00 6.00
7.00	RADI OLOGY-DI AGNOSTI C	54.00	8, 146	0				7.00
8.00	CT SCAN	57.00	3, 970	0				8.00
9.00	SLEEP LAB	65.01	7, 774	0				9.00
10.00	PHYSI CAL THERAPY	66.00	20, 067	0				10.00
11. 00 12. 00	SPEECH PATHOLOGY ELECTROCARDI OLOGY	68.00 69.00	7, 059 16, 820	0 0				11.00 12.00
13.00	SUBSTANCE ABUSE CLINIC	90.01	2, 393	0				13.00
14.00	PAIN CLINIC	90.02	4, 025	0				14.00
15.00	PEDI ATRI C THERAPI ES	194.13	11, 053	0				15.00
16.00	CANCER CENTER BOUTIQUE	194.23	1, 190	0				16.00
17.00		0.00	0	0				17.00
18. 00 19. 00		0. 00 0. 00	0	0				18.00 19.00
20.00		0.00	0	0				20.00
21.00		0.00	0	0				21.00
22.00		0.00	0	0				22.00
23.00		0.00	0	0				23.00
24.00 25.00		0. 00 0. 00	0	0				24.00 25.00
25.00 26.00		0.00	0	0				25.00
27.00		0.00	Ő	Ő				27.00
28.00	L	0.00	o	0				28.00
	0 Crand Total: Increases		719, 369 8, 021, 631	0 136, 960, 966				E00 00
500.00	Grand Total: Increases	l I	0, UZ I, 03 I	130, 900, 900				500.00

Heal th	Fi nanci al	Systems
RECLAS	SI FI CATI ON	IS

Heal th	Financial Systems		BALL MEMORIA	L HOSPI TAL		In Lieu	u of Form CMS-25	52-10
RECLAS	SEFECATIONS			Provi der		Period:	Worksheet A-6	
						From 01/01/2021 To 12/31/2021	Date/Time Prepa	
		Deereese					5/27/2022 9:40	am
	Cost Center	Decreases Li ne #	Salary	Other	_ Wkst. A-7 Ref.	1		
	6.00	7.00	8.00	9.00	10.00	1		
	A - NON-BILLABLE SUPPLIES				1			
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1, 336				1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	16, 290				2.00
3.00 4.00	HOUSEKEEPI NG NURSI NG ADMI NI STRATI ON	9.00 13.00	0	2, 793 118, 712				3.00 4.00
4.00 5.00	PHARMACY	15.00	0	97, 454				4.00 5.00
6.00	ADULTS & PEDIATRICS	30.00	0	1, 110, 844				6.00
7.00	INTENSIVE CARE UNIT	31.00	0	538, 147				7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	94, 736				8.00
9.00	SUBPROVIDER – IRF	41.00	0	21, 826				9.00
10.00	OPERATING ROOM	50.00	0	5, 220, 697				10.00
11.00 12.00	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	51.00 52.00	0	53, 760 159, 464				11.00 12.00
12.00	RADI OLOGY-DI AGNOSTI C	54.00	0	841, 745				13.00
14.00	CT SCAN	57.00	0	239				14.00
15.00	CARDI AC CATHETERI ZATI ON	59.00	0	953, 045				15.00
16.00	RESPI RATORY THERAPY	65.00	0	568, 891			1	16.00
17.00	SLEEP LAB	65.01	0	24, 463				17.00
18.00	PHYSI CAL THERAPY	66.00	0	14,061				18.00
19.00 20.00	ELECTROCARDI OLOGY RENAL DI ALYSI S	69.00 74.00	0	43, 856 4, 000				19.00 20.00
20.00	CARDI AC REHABI LI TATI ON	74.00	0	4,000				20.00
22.00	HYPERBARI C OXYGEN THERAPY	76.98	0	232, 496				22.00
23.00	SUBSTANCE ABUSE CLINIC	90.01	0	227				23.00
24.00	PAIN CLINIC	90. 02	0	12, 196				24.00
25.00	ONCOLOGY CLINIC	90. 03	0	86, 522				25.00
26.00	EMERGENCY	91.00	0	498, 348				26.00
27.00	OBSERVATION BEDS (DISTINCT	92.01	0	6, 726	5 C		2	27.00
28.00	PART) GIFT, FLOWER, COFFEE SHOP &	190. 00	0	1, 826	i c		2	28.00
	CANTEEN							
29.00	PAVILLION PHARMACY	194.02	0	4,999				29.00
30.00	PEDIATRIC THERAPIES	194.13	0	1, 752				30.00
31.00 32.00	THERAPIES TO OTHER ENTITIES CANCER CENTER BOUTIQUE	194.22 194.23		47 1, 085				31.00 32.00
02.00	0		<u>0</u> 0	10, 732, 948				02.00
	B – BILLABLE SUPPLIES				1			
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	208				1.00
2.00	COMMUNI CATI ONS	5.01	0	3	3 0			2.00
3.00 4.00	ADMI TTI NG OTHER ADMI NI STRATI VE AND	5.04 5.06	0	30 30				3.00 4.00
4.00	GENERAL	5.00	0	30				4.00
5.00	MAINTENANCE & REPAIRS	6.00	О	36	6 0			5.00
6.00	HOUSEKEEPI NG	9.00	0	1				6.00
7.00	DI ETARY	10.00	0	30				7.00
8.00	NURSING ADMINISTRATION	13.00	0	14, 612				8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	315, 795				9.00
10.00 11.00	PHARMACY PATIENT TRANSPORTATION	15.00 18.00	0	5, 930 22				10.00 11.00
12.00	ADULTS & PEDIATRICS	30.00	0	317, 739				12.00
13.00	I NTENSI VE CARE UNI T	31.00	0	102, 651				13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	8, 640			1	14.00
15.00	SUBPROVI DER – I RF	41.00	0	11, 674			1	15.00
16.00	OPERATING ROOM	50.00	0	2, 829, 736				16.00
17.00	RECOVERY ROOM	51.00	0	6, 445				17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	136, 257				18.00
19.00 20.00	RADI OLOGY-DI AGNOSTI C CT SCAN	54.00 57.00	0	2, 723, 360 69				19.00 20.00
20.00	CARDI AC CATHETERI ZATI ON	59.00	0	5, 561, 693				20.00
22.00	LABORATORY	60.00	0	101				22.00
23.00	RESPI RATORY THERAPY	65.00	Ő	614				23.00
24.00	SLEEP LAB	65.01	0	71	(C			24.00
25.00	PHYSI CAL THERAPY	66.00	0	15, 864				25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	108				26.00
27.00	HOSPITAL BASED RETAIL	73.01	0	16	5 C		2	27.00
28.00	PHARMACI ES RENAL DI ALYSI S	74.00	0	8, 968	3 0			28.00
28.00 29.00	CARDIAC REHABILITATION	74.00	0	0, 708				28.00 29.00
30.00	HYPERBARI C OXYGEN THERAPY	76.98	0	85, 160				30.00
31.00	SUBSTANCE ABUSE CLINIC	90.01	0	48				31.00
32.00	PAIN CLINIC	90. 02	О	590				32.00
33.00	ONCOLOGY CLINIC	90.03	0	9, 279				33.00
34.00	EMERGENCY	91.00	0	113, 115	5 0	ע	3	34.00

CLU2	SI FI CATI ONS			Provider (CCN: 15-0089	Peri od:	Worksheet A-6
						From 01/01/2021 To 12/31/2021	Date/Time Prepare
		Decreases					<u>5/27/2022 9:40 ar</u>
	Cost Center	Line #	Sal ary	Other	Wkst. A-7 Ref	·	
		7.00	8.00	9.00	10.00	0	
. 00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1, 163		0	35
. 00	PAVILLION PHARMACY	194.02	О	217		o	36
. 00	PEDIATRIC THERAPIES	194.13	0	42		0	37
. 00	PEDI ATRI C_THERAPI ES	+		12, 270, 299		<u>o</u>	38
	C - IMPLANTABLE DEVICES		U	12, 270, 299			
00	CENTRAL SERVICES & SUPPLY	14.00	0	909		0	1
00	INTENSIVE CARE UNIT	31.00	0	1, 263		0	2
00 00	OPERATI NG ROOM RADI OLOGY-DI AGNOSTI C	50.00 54.00	0	4, 772, 336 26, 250		0	3
00	CARDI AC CATHETERI ZATI ON	59.00	0	2, 672, 646		0	5
00	PHYSI CAL THERAPY	66.00	0	1, 052		0	6
00		<u> </u>	0	<u>6, 3</u> 50		o	7
	O D - BILLABLE DRUGS		0	7, 480, 806			
00	PHARMACY	15.00	0	45, 768, 935		0	1
00	NEW CAP REL COSTS-BLDG &	1.00	Ō	18			2
	FLXT						
00 00	EMPLOYEE BENEFITS DEPARTMENT	4.00 5.04	0	78, 298 700		4	3
00	OTHER ADMINISTRATIVE AND	5.04	0	1, 387		0	5
	GENERAL	0100	Ű	1,007			
00	MAINTENANCE & REPAIRS	6.00	0	45, 258		0	6
00	OPERATION OF PLANT	7.00	0	3, 508		0	7
00 00	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	13.00 14.00	0	34, 456 3, 761		0	8
. 00	PATIENT TRANSPORTATION	18.00	0	305		0	10
. 00	I&R SERVICES-OTHER PRGM	22.00	О	12, 165		o	11
00	COSTS APPRVD	20.00		400 140			10
. 00 . 00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30. 00 31. 00	0	423, 148 250, 175		0	12
. 00	NEONATAL INTENSIVE CARE UNIT	35.00	0	16, 602		0	14
. 00	SUBPROVI DER – I RF	41.00	0	4, 965		o	15
. 00	OPERATING ROOM	50.00	0	288, 315		0	16
. 00	RECOVERY ROOM	51.00	0	83, 227		0	17
	DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC	52.00 54.00	0	51, 887 1, 252, 848		0	18
	CT SCAN	57.00	0	1, 202, 040		0	20
	CARDI AC CATHETERI ZATI ON	59.00	0	156, 195		0	21
	RESPI RATORY THERAPY	65.00	0	11, 978		0	22
. 00	PHYSI CAL THERAPY	66.00	0	3, 606		0	23
. 00 . 00	OCCUPATI ONAL THERAPY ELECTROCARDI OLOGY	67.00 69.00	0	24 118, 162		0	24 25
	RENAL DI ALYSI S	74.00	0	7, 523		0	25
	CARDI AC REHABI LI TATI ON	76.97	0	20, 783		0	27
	HYPERBARIC OXYGEN THERAPY	76. 98	0	51, 648		0	28
	PAIN CLINIC	90.02	0	973		0	29
	ONCOLOGY CLINIC EMERGENCY	90. 03 91. 00	0	86, 461 486, 385		0	30
. 00	OBSERVATION BEDS (DISTINCT	92.01	0	4, 425		0	32
	PART)						
	RESEARCH	191.00	0	65		0	33
	WELLNESS CENTER PEDIATRIC THERAPIES	194. 05 194. 13	0	56 86			34
. 00	JAY COUNTY HOSPITAL	194.13	0	86 295		0	35
. 00	CANCER CENTER BOUTIQUE	1 <u>94.</u> 23	0	122		o	37
			0	49, 270, 650			
00	E - INTERN & RESIDENT SALARIES	22.00	3, 984, 978	0		0	1
	COSTS APPRVD	22.00	5, 704, 770	0			
	0		3, 984, 978	ō			
00	F - CAFETERIA	40.05	(40 700)	F00.05			
00	DI ETARY	<u>10.00</u>	<u>649, 793</u>	<u>588, 804</u> 588, 804		0	1
	G - PHARMACY ADMIN COSTS		047, 193	508, 604	<u> </u>	<u> </u>	
00	HOSPI TAL BASED RETAIL	73.01	76, 518	56, 724		0	1
	PHARMACIES						
00		0.00				0	2
	H - AUTO & BUILDING INSURANCE		70, 318	50,724	<u> </u>		
	OTHER ADMINISTRATIVE AND	5.06	0	391, 879	1	2	1
00		5.00	- 1				

ASS	Financial Systems SIFICATIONS		BALL MEMORIAL		CCN: 15-0089	Period: From 01/01/2021	of Form CMS-2552 Worksheet A-6
						To 12/31/2021	Date/Time Prepare 5/27/2022 9:40 am
	Cost Center	Decreases Li ne #	Salary	Other	Wkst. A-7 Ref		
	6.00	7.00	8.00	9.00	10.00	<u>.</u>	
	O I - REHAB ADMIN COSTS		0	392, 557			
C	PHYSI CAL THERAPY	66.00	285, 513	24, 583		0	1.
)		0.00	0	0		0	2.
))		0. 00 0. 00	0	0		0	3.
	0		285, 513	24, 583			
)	J - LAUNDRY OTHER ADMINISTRATIVE AND	5.06	0	56	1	0	1.
)	GENERAL	5.00	0	50			1.
	HOUSEKEEPING	9.00	0	176, 307		0	2.
	DI ETARY CENTRAL SERVI CES & SUPPLY	10. 00 14. 00	0	1, 030 512, 399		0	3.
	PHARMACY	15.00	0	478		0	5.
	PATIENT TRANSPORTATION	18.00	0	264		0	6.
)	I &R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1, 645		0	7.
)	ADULTS & PEDIATRICS	30. 00	0	392, 799		0	8.
	INTENSIVE CARE UNIT	31.00	0	84, 789		0	9.
	NEONATAL INTENSIVE CARE UNIT SUBPROVIDER - IRF	35.00 41.00	0	6, 605 14, 726		0	10.
	OPERATI NG ROOM	50.00	Ő	56, 948		0	12.
	RECOVERY ROOM	51.00	0	14, 770		0	13.
	DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC	52.00 54.00	0	25, 437 38, 171		0	14. 15.
	CT SCAN	57.00	0	9, 467		0	16.
00	CARDI AC CATHETERI ZATI ON	59.00	0	6, 038		0	17.
00 00	LABORATORY RESPI RATORY THERAPY	60. 00 65. 00	0	371 132		0	18.
	SLEEP LAB	65.01	0	16, 408		0	20.
	PHYSI CAL THERAPY	66.00	0	21, 192		0	21.
	ELECTROCARDI OLOGY RENAL DI ALYSI S	69.00 74.00	0	485 1, 288		0	22.
	CARDIAC REHABILITATION	74.00	0	1, 200		0	23.
	HYPERBARIC OXYGEN THERAPY	76. 98	0	13, 412		0	25.
	ONCOLOGY CLINIC	90. 03 91. 00	0	6, 982 84, 481		0	26. 27.
00	OBSERVATION BEDS (DISTINCT	92.01	0	6, 853		0	27. 28.
	PART)						
00 00	WELLNESS CENTER PEDIATRIC THERAPIES	194.05 194.13	0	4, 525 2, 160		0	29. 30.
50	0		— — — <u> </u>	1, 500, 220			
_	L - I RF AND PACU MEDSURG	11.00	70.057	10.015			
))	SUBPROVIDER - IRF RECOVERY ROOM	41.00 51.00	78, 257 22, 443	13, 345 2, 826		0	1.
5			100, 700	<u>2, 828</u> 16, 171			2.
_	Q - NURSERY	20.00	4(0,040	(5.000			
))	ADULTS & PEDIATRICS DELIVERY ROOM & LABOR ROOM	30. 00 52. 00	460, 342 22, 253	65, 233 2, 981		0	1.
			482, 595	68, 214			
`	S - EMPLOYEE BENEFITS COMMUNICATIONS	5. 01	ol	101 (25	1	0	1
))	ADMI TTI NG	5.01	0 0	191, 625 709, 683		0	1.
	OTHER ADMINISTRATIVE AND	5.06	0	938, 314		0	3.
C	GENERAL MAINTENANCE & REPAIRS	6.00	0	725, 665		0	4.
	OPERATION OF PLANT	7.00	0	258, 809		0	4.
C	HOUSEKEEPING	9.00	0	898, 250		0	6.
	DI ETARY CAFETERI A	10. 00 11. 00	0	555, 659 5		0	7.
	NURSI NG ADMI NI STRATI ON	13.00	0	5 1, 584, 291		0	8. 9.
00	PHARMACY	15.00	Ō	1, 058, 178	6	0	10.
		18.00	0	104, 763		0	11.
00	I &R SERVICES-OTHER PRGM COSTS APPRVD	22.00	U	682, 862		0	12.
00	PARAMED ED PRGM	23.00	0	10, 181		0	13.
	ADULTS & PEDIATRICS	30.00	0	5, 326, 492		0	14.
00 00	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	31.00 35.00	0	1, 330, 608 575, 466		0	15. 16.
	SUBPROVI DER – I RF	41.00	0	335, 061		ŏ	17.
	OPERATING ROOM	50.00	0	1, 330, 489		0	18.
	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	51.00 52.00	0 0	376, 411 517, 084		0	19. 20.
~~	RADI OLOGY-DI AGNOSTI C	54.00	0	1, 867, 609		0	20.

	Financial Systems		BALL MEMORIA				u of Form CMS	
RECLAS	SI FI CATI ONS			Provider (CCN: 15-0089	Period: From 01/01/2021	Worksheet A-	6
						To 12/31/2021	Date/Time Pr 5/27/2022 9:	
		Decreases				· · · ·	0,21,2022	
	Cost Center 6.00	Li ne # 7.00	Salary 8.00	0ther 9.00	Wkst. A-7 Ref 10.00	<u>.</u>		
22.00	CT SCAN	57.00	0.00	40, 463		0		22.00
23.00	CARDI AC CATHETERI ZATI ON	59.00	0	482, 552		0		23.00
24.00 25.00	LABORATORY RESPI RATORY THERAPY	60.00 65.00	0	635 644, 209		0		24.00 25.00
26.00	SLEEP LAB	65.01	0	148, 103		0		26.00
27.00	PHYSI CAL THERAPY	66.00	0	931, 631		0		27.00
28.00 29.00	OCCUPATI ONAL THERAPY SPEECH PATHOLOGY	67.00 68.00	0	131, 966 116, 302		0		28.00 29.00
30.00	ELECTROCARDI OLOGY	69.00	0	297, 956		0		30.00
31.00	HOSPITAL BASED RETAIL	73.01	0	284, 889		o		31.00
32.00	PHARMACIES CARDIAC REHABILITATION	76. 97	o	207, 874		0		32.00
33.00	HYPERBARI C OXYGEN THERAPY	76. 98	0	117, 179		0		33.00
34.00	SUBSTANCE ABUSE CLINIC	90.01	0	68, 052		o		34.00
35.00	PAIN CLINIC ONCOLOGY CLINIC	90. 02 90. 03	0	98, 499		0		35.00 36.00
36.00 37.00	EMERGENCY	90. 03 91. 00	0	176, 741 1, 412, 196		0		36.00
38.00	OBSERVATION BEDS (DISTINCT	92.01	0	148, 302		0		38.00
	PART)	100.00		00.001				
39.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	28, 891		0		39.00
40.00	RESEARCH	191.00	0	143, 999		0		40.00
41.00	BSU PHARMACY	194.01	0	20, 420		0		41.00
42.00 43.00	PAVILLION PHARMACY IU HEALTH HOSPICE	194.02 194.11	0	116, 211 1, 500		0		42.00 43.00
44.00	PEDIATRI C THERAPI ES	194.13	0	214, 674		0		44.00
45.00	THERAPIES TO OTHER ENTITIES	194. 22	0	299, 669		o		45.00
46.00	CANCER CENTER BOUTIQUE	194.23	0	222		0		46.00
47.00 48.00	CARDI NAL BEHAVI ORAL HEALTH CARDI NAL BEHAVI ORAL HEALTH	194. 25	0	25		0		47.00 48.00
	0			25, 510, 665				
1 00	T - CORPORATE TELEHPONE	25.00	d	404	1	0		1 00
1.00 2.00	NEONATAL INTENSIVE CARE UNIT OPERATING ROOM	35. 00 50. 00	0	404 13		o		1.00 2.00
3.00	RADI OLOGY-DI AGNOSTI C	54.00	0	81		Q		3.00
	0 U - DEPRECIATION		0	498				-
1.00	ADMI TTI NG	5.04	0	26, 471		9		1.00
2.00	OTHER ADMINISTRATIVE AND	5.06	0	1, 200, 328		o		2.00
3.00	GENERAL MAINTENANCE & REPAIRS	6.00	О	6, 750, 977		0		3.00
4.00	OPERATION OF PLANT	7.00	0	89,007		0		4.00
5.00	HOUSEKEEPI NG	9.00	0	13, 605		o		5.00
6.00 7.00	DI ETARY NURSI NG ADMI NI STRATI ON	10. 00 13. 00	0	85, 287 113, 285		0		6.00 7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	34, 413		0		8.00
9.00	PHARMACY	15.00	0	231, 582		o		9.00
10.00	PATIENT TRANSPORTATION	18.00	0	14,843		0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	317, 346		0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	3, 028, 634		о		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	432, 236		0		13.00
14.00 15.00	NEONATAL INTENSIVE CARE UNIT SUBPROVIDER – IRF	35.00 41.00	0	587, 560 21, 643		0		14.00 15.00
16.00	OPERATI NG ROOM	50.00	0	2, 632, 780		0		16.00
17.00	RECOVERY ROOM	51.00	0	299, 174		0		17.00
18.00 19.00	DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC	52.00 54.00	0	85, 161 3, 442, 384		0		18.00 19.00
20.00	CT SCAN	57.00	0	7, 462		0		20.00
21.00	CARDI AC CATHETERI ZATI ON	59.00	0	152, 267		o		21.00
22.00 23.00	RESPI RATORY THERAPY SLEEP LAB	65.00 65.01	0	208, 041		0		22.00 23.00
23.00	PHYSICAL THERAPY	66.00	0	3, 106 22, 241		0		23.00
25.00	OCCUPATI ONAL THERAPY	67.00	0	600		0		25.00
26.00	ELECTROCARDI OLOGY	69.00	0	298, 633		0		26.00
27.00 28.00	RENAL DIALYSIS CARDIAC REHABILITATION	74.00 76.97	0	7, 664 31, 321		0		27.00 28.00
29.00	HYPERBARI C OXYGEN THERAPY	76. 98	0	30, 908		0		29.00
30.00	CLINIC	90.00	0	76, 727		0		30.00
31.00 32.00	ONCOLOGY CLINIC EMERGENCY	90. 03 91. 00	0	3, 371 723, 726		0		31.00 32.00
32.00 33.00	OBSERVATION BEDS (DISTINCT	91.00	0	28, 498		0		32.00
	PART)							
34.00	RESEARCH	191.00	0	83		0		34.00

LAS	SI FI CATI ONS			Provider C	CN: 15-0089	Period: From 01/01/2021	Worksheet A-6	6
						To 12/31/2021	Date/Time Pre 5/27/2022 9:4	
		Decreases					572172022 7	
	Cost Center	Line #	Salary		Wkst. A-7 Ref	, 		
00		7.00	8.00	9.00	10.00	0		25
00 00	WELLNESS CENTER RENTAL PROPERTY	194. 05 194. 08	0	21, 660 169, 199		0		35.
00	PEDIATRIC THERAPIES	194.08	0	77, 819		0		37.
00	THERAPIES TO OTHER ENTITIES	194.13	0	1, 487		0		38.
00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	137, 779		0		39
00	BLACKFORD COMMUNITY HOSPITAL	171120	Ű	1077777		o		40
				21, 409, 308		1		
	V – LEASE EXPENSE					-		
00	RADI OLOGY-DI AGNOSTI C	54.00	0	398, 201	1	0		1
00	PHYSI CAL THERAPY	66.00	0	84, 492		0		2
00	ONCOLOGY CLINIC	90.03	0	12, 094		0		3
00	RENTAL PROPERTY	1 <u>94.</u> 08	0	54, 529		Q		4
			0	549, 316				-
00	W - PTO USED AS STD COMMUNI CATI ONS	5.01	1, 599	0		0		1 1
00	ADMI TTI NG	5.01	16, 917	0		0		2
00	OTHER ADMINISTRATIVE AND	5.04	14, 593	0		0		3
0	GENERAL	5.00	14, 373	0				3
00	OPERATION OF PLANT	7.00	2, 128	0		0		4
00	MAINTENANCE & REPAIRS	6.00	8,045	0		0		5
00	HOUSEKEEPING	9.00	26, 873	0		0		6
00	DI ETARY	10.00	11, 258	0		0		7
00	NURSING ADMINISTRATION	13.00	24, 855	0		0		8
00	PHARMACY	15.00	15, 052	0		0		9
00	PATI ENT TRANSPORTATI ON	18.00	522	0		0		10
00	ADULTS & PEDIATRICS	30.00	92, 010	0		0		11
00	I NTENSI VE CARE UNI T	31.00	25, 501	0		0		12
00	NEONATAL INTENSIVE CARE UNIT	35.00	24, 485	0		0		13
00	SUBPROVIDER - IRF	41.00	1, 122	0		0		14
00	OPERATI NG ROOM	50.00	35, 073	0		0		15
00	RECOVERY ROOM	51.00	22, 562	0		0		16
00	DELIVERY ROOM & LABOR ROOM	52.00	14,005	0		0		17
00	RADI OLOGY-DI AGNOSTI C	54.00	79, 232	0		0		18
00	CARDI AC CATHETERI ZATI ON	59.00	13, 643	0		0		19
00 00	RESPI RATORY THERAPY SLEEP LAB	65. 00 65. 01	25, 260 3, 802	0		0		20
00	PHYSI CAL THERAPY	66.00	17, 749	0		0		22
00	OCCUPATIONAL THERAPY	67.00	149	0		0		23
00	SPEECH PATHOLOGY	68.00	1, 368	0		0		24
00	ELECTROCARDI OLOGY	69.00	5, 559	0		0		25
00	CARDIAC REHABILITATION	76.97	272	0		0		26
00	HYPERBARIC OXYGEN THERAPY	76. 98	3, 995	0		0		27
00	SUBSTANCE ABUSE CLINIC	90.01	4, 801	0		o		28
00	PAIN CLINIC	90. 02	14, 931	0		0		29
00	ONCOLOGY CLINIC	90. 03	1, 036	0		0		30
00	EMERGENCY	91.00	35, 792	0		0		31
00	OBSERVATION BEDS (DISTINCT	92.01	13, 270	0		0		32
00	PART)	101 00	2 4 ()	_				
00		191.00	3, 162	0		0		33
00	PEDI ATRI C_THERAPI ES	194.13	13,065 573,686	— — — <u>0</u>		<u>o</u>		34
	X - WASTE DI SPOSAL		575,000	0				1
0	NEW CAP REL COSTS-BLDG &	1.00	0	57, 969	1	4		1
	FI XT		-					.
00	OTHER ADMINI STRATI VE AND	5.06	О	14, 832		0		2
	GENERAL							
00	MAINTENANCE & REPAIRS	6.00	0	33, 823		0		3
00	HOUSEKEEPING	9.00	0	135, 340		0		4
0	DIETARY	10.00	0	89		0		5
0	PHARMACY	15.00	0	21, 540		0		6
0	OPERATING ROOM	50.00	0	1, 975		0		7
0	RADI OLOGY-DI AGNOSTI C	54.00	0	277				8
0	SLEEP LAB	65. 01	U	509 191				9
00	PHYSICAL THERAPY	66.00 72.01	U	181		0		10
00	HOSPITAL BASED RETAIL PHARMACIES	73.01	U	2, 249		0		11
00	SUBSTANCE ABUSE CLINIC	90. 01	0	60		0		12
00	PAIN CLINIC	90.01	0	72, 733		0		13
00	RENTAL PROPERTY	194.08	0	69, 901		0		14
- 5			— — — o	411, 478		1		''
	Y - UTILITIES		-	.,				1
	NEW CAP REL COSTS-BLDG &	1.00	0	212, 092	1	4		1 1

BALL MEMORIAL HOSPITAL

Provider CCN: 15-0089

In Lieu of Form CMS-2552-10 Period: Worksheet A-6 From 01/01/2021 To 12/31/2021 Date/Time Prepared:

						To 12/31/2021	Date/Time Pre 5/27/2022 9:4	
		Decreases					372172022 7.	
	Cost Center	Li ne # 7.00	Salary	Other	Wkst. A-7 Ref. 10.00	-		
2.00	6.00 OTHER ADMINISTRATIVE AND	5.06	8.00	<u>9.00</u> 519				2.00
	GENERAL							
3.00	MAINTENANCE & REPAIRS	6.00	0	4, 456, 989				3.00
4.00 5.00	CENTRAL SERVICES & SUPPLY RADI OLOGY-DI AGNOSTI C	14.00 54.00	0	573 4, 288	C			4.00 5.00
6.00	SLEEP LAB	65.01	0	2, 978				6.00
7.00	PHYSI CAL THERAPY	66.00	0	778				7.00
8.00	HYPERBARI C OXYGEN THERAPY	76. 98	0	2, 147	C			8.00
9. 00 10. 00	RENTAL PROPERTY BLACKFORD COMMUNITY HOSPITAL	194. 08 194. 26	0	478, 983 66, 681				9.00 10.00
10.00		194.20	— — — d	5, 226, 028	~ ~	-		10.00
	Z - BLACKFORD		-1	-,		I		
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1, 355	32, 708				1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	407, 089	121, 894	C			2.00
3.00	MAINTENANCE & REPAIRS	6.00	13, 062	49, 891	C			3.00
4.00	OPERATION OF PLANT	7.00	18, 634	9, 681	C			4.00
5.00	DI ETARY	10.00	9, 661	4, 639	C			5.00
6.00 7.00	NURSING ADMINISTRATION PHARMACY	13.00 15.00	78, 540 136, 590	51, 648				6.00 7.00
7.00 8.00	RADI OLOGY-DI AGNOSTI C	54.00	50, 379	36, 190 23, 534				8.00
9.00	CARDI AC CATHETERI ZATI ON	59.00	4, 160	799				9.00
10.00	RESPI RATORY THERAPY	65.00	1, 471	758	C			10.00
11.00	PHYSI CAL THERAPY	66.00	47, 495	10, 823				11.00
12.00 13.00	ELECTROCARDI OLOGY CARDI AC REHABI LI TATI ON	69.00 76.97	2, 311 2, 273	2, 478 715				12.00 13.00
13.00			773, 020	345, 758				13.00
	AA - INTEREST EXPENSE					1		
1.00	OTHER ADMINISTRATIVE AND	5.06	0	120	13			1.00
	GENERAL		— — — ₀			-		
	AB - PARAMEDICAL EDUCATION		V	120	<u> </u>			
1.00	PHARMACY	15.00	136, 790	10, 464	C			1.00
	0		136, 790	10, 464				
1.00	AC - PROPERTY TAX OTHER ADMINISTRATIVE AND	5.06	0	30, 030	13			1.00
1.00	GENERAL	5.00	0	30, 030	13			1.00
2.00	RENTAL PROPERTY	1 <u>94.</u> 08	<u>0</u>	846	c			2.00
			0	30, 876				
1.00	AD - JAY HOSPITAL EMPLOYEE BENEFITS DEPARTMENT	4.00	2, 269	54, 770	C			1.00
2.00	OTHER ADMINISTRATIVE AND	5.06	324, 733	146, 683				2.00
	GENERAL							
3.00	MAINTENANCE & REPAIRS	6.00	34, 775	99, 727				3.00
4.00 5.00	OPERATION OF PLANT DIFTARY	7.00 10.00	18, 634 12, 250	9, 681 5, 882				4.00 5.00
6.00	NURSING ADMINISTRATION	13.00	123, 796	83, 305				6.00
7.00	PHARMACY	15.00	172, 514	45, 708				7.00
8.00	RADI OLOGY-DI AGNOSTI C	54.00	44, 941	20, 537				8.00
9. 00 10. 00	CARDI AC CATHETERI ZATI ON RESPI RATORY THERAPY	59.00 65.00	2, 281 12, 123	438 6, 244				9.00 10.00
11.00	PHYSICAL THERAPY	66.00	60, 219	13, 723				11.00
12.00	ELECTROCARDI OLOGY	69.00	3, 820	4, 095				12.00
			812, 355	490, 793				
1.00	AE - MALPRACTICE INSURANCE	0.00	0	0	C			1.00
1.00	b — — — — +	0.00	<u>0</u>	0		1		1.00
	AF - ACCRUED PTO					1		
1.00	COMMUNI CATI ONS	5.01	4,664	0				1.00
2.00 3.00	ADMITTING OPERATION OF PLANT	5.04 7.00	61, 209 1, 196	0 0				2.00 3.00
4.00	HOUSEKEEPI NG	9.00	40, 247	0				4.00
5.00	DI ETARY	10.00	7, 704	0	-			5.00
6.00	PATIENT TRANSPORTATION	18.00	4, 224	0	-			6.00
7.00	I&R SERVICES-OTHER PRGM	22.00	2, 830	0	C			7.00
8.00	COSTS APPRVD PARAMED ED PRGM	23.00	1, 367	0	C			8.00
9.00	ADULTS & PEDIATRICS	30.00	189, 185	0	-			9.00
10.00	INTENSIVE CARE UNIT	31.00	43, 407	0	C			10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	31, 214	0	-			11.00
12.00 13.00	SUBPROVIDER - IRF RECOVERY ROOM	41. 00 51. 00	29, 721 34, 614	0 0	-			12.00 13.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	34, 614	0				13.00
	CARDI AC CATHETERI ZATI ON	59.00	24, 785	0				15.00
	· · · · · · · · · · · · · · · · · · ·	•						

Heal th	Financial Systems		BALL MEMORIAL	HOSPI TAL		In Lieu	u of Form CMS	-2552-10
RECLAS	SI FI CATI ONS			Provider (CCN: 15-0089	Peri od:	Worksheet A-	6
						From 01/01/2021 To 12/31/2021	Date/Time Pr 5/27/2022 9:	
		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref	·		
	6.00	7.00	8.00	9.00	10.00			
16.00	RESPI RATORY THERAPY	65.00	26, 811	0		0		16.00
17.00	OCCUPATI ONAL THERAPY	67.00	1, 290	0		0		17.00
18.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	9, 299	0		0		18.00
19.00	CARDIAC REHABILITATION	76.97	20, 056	0		0		19.00
20.00	HYPERBARIC OXYGEN THERAPY	76. 98	11, 492	0		0		20.00
21.00	ONCOLOGY CLINIC	90.03	17, 601	0		0		21.00
22.00	EMERGENCY	91.00	91, 630	0		0		22.00
23.00	OBSERVATION BEDS (DISTINCT PART)	92.01	11, 041	0		0		23.00
24.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190. 00	1, 499	0		0		24.00
25.00	RESEARCH	191.00	2, 213	0		0		25.00
26.00	BSU PHARMACY	194.01	737	0		0		26.00
27.00	PAVILLION PHARMACY	194.02	11, 233	0		0		27.00
28.00	THERAPIES TO OTHER ENTITIES	194.22	1, 687	0		0		28.00
	0 — — — — — — —		719, 369	0		7		
500.00	Grand Total: Decreases		8, 595, 317	136, 387, 280				500.00

	Financial Systems	BALL MEMORIA				u of Form CMS-2	2552-10
RECONO	CILIATION OF CAPITAL COSTS CENTERS		Provider CO	CN: 15-0089	Period: From 01/01/2021 To 12/31/2021		pared:
				Acquisition	S		
		Begi nni ng	Purchases	Donati on	Total	Disposals and	
		Bal ances				Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	BALANCES					
1.00	Land	6, 072, 523	0		0 0	0	1.00
2.00	Land Improvements	3, 429, 715	0		0 0	0	2.00
3.00	Buildings and Fixtures	281, 862, 871	0		0 0	250, 886	3.00
4.00	Building Improvements	83, 234, 965	10, 564, 670		0 10, 564, 670	0	4.00
5.00	Fixed Equipment	0	0		0 0	0	5.00
6.00	Movable Equipment	124, 155, 579	5,027,954		0 5, 027, 954	1, 293, 705	6.00
7.00	HIT designated Assets	0	0		0 0	0	7.00
8.00	Subtotal (sum of lines 1-7)	498, 755, 653	15, 592, 624		0 15, 592, 624	1, 544, 591	8.00
9.00	Reconciling Items	0	0		0 0	0	
10.00	Total (line 8 minus line 9)	498, 755, 653	15, 592, 624		0 15, 592, 624	1, 544, 591	10.00
	, , , , , , , , , , , , , , , , , , , ,	Endi ng	Fully		_ i _ · · ·		
		Bal ance	Depreciated				
			Assets				
		6.00	7.00	1			
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	BALANCES					
1.00	Land	6, 072, 523	0				1.00
2.00	Land Improvements	3, 429, 715	1, 378, 403				2.00
3.00	Buildings and Fixtures	281, 611, 985	95, 931, 202				3.00
4.00	Building Improvements	93, 799, 635	922, 047				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	127, 889, 828	69, 369, 862				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	512, 803, 686	167, 601, 514				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	512, 803, 686	167, 601, 514				10.00

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider C	CN: 15-0089	Period:	Worksheet A-7	
				From 01/01/2021 To 12/31/2021		pared [.]
					5/27/2022 9:4	0 am
	SUMMARY OF CAPITAL					
Cost Center Description	Depreciation	Lease	Interest	Insurance	Taxes (see	
				(see instructions)	instructions)	
	9.00	10. 00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WOR		MN 2, LINES 1 a			-	
1.00 NEW CAP REL COSTS-BLDG & FIXT	365, 167	45, 214		0 0	0	1.00
3.00 Total (sum of lines 1-2)	365, 167	45, 214		0 0	0	3.00
	SUMMARY O	F CAPITAL				
Cost Center Description	Other	Total (1)				
	Capi tal -Rel at	(sum of cols.				
	ed Costs (see	9 through 14)				
	instructions)					
	14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WOR			and 2			
1.00 NEW CAP REL COSTS-BLDG & FIXT	1, 308, 349	1, 718, 730				1.00
3.00 Total (sum of lines 1-2)	1, 308, 349	1, 718, 730				3.00

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider C		Period: From 01/01/2021 To 12/31/2021		
				To 12/31/2021	5/27/2022 9:40	
	COMF	PUTATION OF RAT	TIOS	ALLOCATION OF	OTHER CAPITAL	
Cost Center Description	Gross Assets	Capi tal i zed	Gross Assets	Ratio (see	Insurance	
		Leases	for Ratio	instructions)		
			(col. 1 -			
			col . 2)			
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CI			540.000 (0	1 00000		1 00
1.00 NEW CAP REL COSTS-BLDG & FLXT	512, 803, 687	0	512, 803, 68			1.00
3.00 Total (sum of lines 1-2)	512, 803, 687	LION OF OTHER (512, 803, 68		OF CAPITAL	3.00
	ALLUCA	ITON OF OTHER (JAPITAL	SUMMARY	F CAPITAL	
Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease	
		Capi tal -Rel at				
		ed Costs	through 7)			
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CI	1		1		504 500	
1.00 NEW CAP REL COSTS-BLDG & FIXT	0	0		0 26, 921, 525		1.00
3.00 Total (sum of lines 1-2)	0	0		0 26, 921, 525	594, 530	3.00
		SL	JMMARY OF CAPI	IAL		
Cost Center Description	Interest	Insurance	Taxes (see	0ther	Total (2)	
		(see	instructions)			
		instructions)		ed Costs (see	9 through 14)	
				instructions)		
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS C						
1.00 NEW CAP REL COSTS-BLDG & FIXT	-1, 184, 097					1.00
3.00 Total (sum of lines 1-2)	-1, 184, 097	392, 557	30, 99	6 1, 337, 617	28, 093, 128	3.00

Heal th	Fi nanci	al	Systems
	MENTS T		PENSES

ADJUST	MENTS TO EXPENSES			Provider CCN: 15-0089	Period:	Worksheet A-8	
					From 01/01/2021 To 12/31/2021	Date/Time Pre 5/27/2022 9:4	
				Expense Classification o			
				To/From Which the Amount is	s to be Adjusted		
	Cost Center Description	Basi s/Code	Amount	Cost Center	Line #	Wkst. A-7	
		(2)				Ref.	
1.00	Investment income - NEW CAP	1.00 B	2.00	3.00 NEW CAP REL COSTS-BLDG &	4.00	5.00	1.00
1.00	REL COSTS-BLDG & FIXT (chapter	b		FIXT	1.00		1.00
2.00	2) Investment income - CAP REL		0	*** Cost Center Deleted ***	2.00	0	2.00
	COSTS-MVBLE EQUIP (chapter 2)		0	cost center bereted			
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time		0		0.00	0	4.00
5.00	discounts (chapter 8) Refunds and rebates of		0		0.00	0	5.00
	expenses (chapter 8)						
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Tel ephone servi ces (pay		0		0.00	0	7.00
	stations excluded) (chapter 21)						
8.00	Television and radio service		О		0.00	0	8.00
9.00	(chapter 21) Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provi der-based physi ci an	A-8-2	-23, 694, 730		0.00	0	
11.00	adjustment Sale of scrap, waste, etc.		o		0.00	0	11.00
11.00	(chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	46, 750, 730			0	12.00
13.00	Laundry and linen service		0		0.00		
14.00 15.00	Cafeteria-employees and guests Rental of quarters to employee	В	-475, 306	CAFETERI A	11.00 0.00		14.00 15.00
	and others		0				
16.00	Sale of medical and surgical supplies to other than		0		0.00	0	16.00
	patients						
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and		0		0.00	0	18.00
19.00	abstracts Nursing and allied health		0		0.00	0	19.00
17.00	education (tuition, fees,		0		0.00	0	17.00
20.00	books, etc.) Vending machines		О		0.00	0	20.00
	Income from imposition of		0		0.00		
	interest, finance or penalty charges (chapter 21)						
22.00	Interest expense on Medicare		О		0.00	0	22.00
	overpayments and borrowings to repay Medicare overpayments						
23.00	Adjustment for respiratory	A-8-3	0	RESPI RATORY THERAPY	65.00		23.00
	therapy costs in excess of limitation (chapter 14)						
24.00	Adjustment for physical	A-8-3	0	PHYSI CAL THERAPY	66.00		24.00
	therapy costs in excess of limitation (chapter 14)						
25.00	Utilization review -		0	*** Cost Center Deleted ***	114.00		25.00
	physicians' compensation (chapter 21)						
26.00	Depreciation - NEW CAP REL			NEW CAP REL COSTS-BLDG &	1.00	0	26.00
27.00	COSTS-BLDG & FIXT Depreciation - CAP REL			FIXT *** Cost Center Deleted ***	2.00	0	27.00
	COSTS-MVBLE EQUIP						
28.00 29.00	Non-physician Anesthetist Physicians' assistant		0	*** Cost Center Deleted ***	f 19.00 0.00		28.00 29.00
	Adjustment for occupational	A-8-3	0	OCCUPATI ONAL THERAPY	67.00		30.00
	therapy costs in excess of limitation (chapter 14)						
30. 99	Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30.00		30. 99
	instructions)						l

ealth Financial Systems		BALL MEMORIA			u of Form CMS-2	
DJUSTMENTS TO EXPENSES			F	eriod: rom 01/01/2021	Worksheet A-8	
			Т	o 12/31/2021	Date/Time Pre 5/27/2022 9:4	
			Expense Classification on To/From Which the Amount is			
Cost Center Description	Basi s/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
1.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.
2.00 CAH HIT Adjustment for Depreciation and Interest		C		0.00	0	32.
3. 00 MI SCELLANEOUS I NCOME	В		EMPLOYEE BENEFITS DEPARTMENT		0	
I. OO MISCELLANEOUS INCOME 5. OO MISCELLANEOUS INCOME	B		COMMUNI CATI ONS OTHER ADMINI STRATI VE AND	5. 01 5. 06	0	
			GENERAL			
0. 00 MISCELLANEOUS INCOME 0. 00 MISCELLANEOUS INCOME	BB		MAINTENANCE & REPAIRS OPERATION OF PLANT	6.00 7.00	0	36. 37.
. 00 MISCELLANEOUS INCOME . 00 MISCELLANEOUS INCOME	В		HOUSEKEEPI NG	9.00	0	
00 MISCELLANEOUS INCOME	В	-104, 396		10.00	0	
00 MISCELLANEOUS INCOME	В		NURSING ADMINISTRATION	13.00	0	
00 MISCELLANEOUS INCOME 00 MISCELLANEOUS INCOME	B		PHARMACY PATIENT TRANSPORTATION	15. 00 18. 00	0	
00 MISCELLANEOUS INCOME	B		I&R SERVICES-OTHER PRGM	22.00	0	
		01 042	COSTS APPRVD	F0.00	0	
00 MISCELLANEOUS INCOME 00 MISCELLANEOUS INCOME	B		OPERATI NG ROOM RADI OLOGY-DI AGNOSTI C	50.00 54.00	0	
00 MI SCELLANEOUS I NCOME	B		CT SCAN	57.00	0	
01 MI SCELLANEOUS I NCOME	В	-2, 043	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	46
02 MISCELLANEOUS INCOME	В		SLEEP LAB	65. 01	0	1
03 MI SCELLANEOUS I NCOME 04 MI SCELLANEOUS I NCOME	B		PHYSI CAL THERAPY RESPI RATORY THERAPY	66.00 65.00	0	46
05 MI SCELLANEOUS I NCOME	B		DRUGS CHARGED TO PATIENTS	73.00	0	
06 MISCELLANEOUS INCOME	В	-32, 211	ELECTROCARDI OLOGY	69.00	0	
07 MI SCELLANEOUS I NCOME	В	-505, 746	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	46
08 MI SCELLANEOUS I NCOME	В	-102, 512	CARDI AC REHABI LI TATI ON	76. 97	0	46
09 MI SCELLANEOUS I NCOME	В		SUBSTANCE ABUSE CLINIC	90.01	0	
10 MI SCELLANEOUS I NCOME 11 MI SCELLANEOUS I NCOME	B		EMERGENCY BSU PHARMACY	91.00 194.01	0	
12 MI SCELLANEOUS I NCOME	B		THERAPIES TO OTHER ENTITIES	194.01	0	
13 MI SCELLANEOUS I NCOME	В		ADMI TTI NG	5.04	0	
14 MISCELLANEOUS INCOME 15 NON-ALLOWABLE MARKETING	B		PAIN CLINIC OTHER ADMINISTRATIVE AND	90. 02 5. 06	0	46 46
13 NON-ALLOWADEL MARKETING		-1, 140, 525	GENERAL	5.00	0	40
16 NON-ALLOWABLE MARKETING	A	-25	I &R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	46
18 NON-ALLOWABLE MARKETING	A	-74	RESPI RATORY THERAPY	65.00	0	46
19 NON-ALLOWABLE MARKETING	A		RADI OLOGY-DI AGNOSTI C	54.00	0	
20 NON-ALLOWABLE MARKETING 21 NON-ALLOWABLE MARKETING	A		SUBSTANCE ABUSE CLINIC EMERGENCY	90. 01 91. 00	0	
22 NON-ALLOWABLE MARKETING	A		EMPLOYEE BENEFITS DEPARTMENT		0	
23 CORPORATE TELEPHONE	А	-485	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	46
. 24 EMPLOYEE BENEFITS OFFSET	А	-25, 536, 767	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46
25 HAF FEES	A	-24, 699, 885	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	46
26 TELEVISION DEPRECIATION	А	-7, 201	NEW CAP REL COSTS-BLDG &	1.00	9	46
27 NON-ALLOWABLE PT REIMB.	А	-1, 119, 121	FIXT OTHER ADMINISTRATIVE AND	5.06	0	46
28 NON-ALLOWABLE PT REIMB.	А	-1, 232	GENERAL ADULTS & PEDI ATRI CS	30.00	0	46
29 NON-ALLOWABLE PT REIMB.	A	-69	RECOVERY ROOM	51.00	0	46
30 NON-ALLOWABLE PT REIMB.	A		EMERGENCY	91.00	14	
. 31 LOSS ON EXTINGUISHMENT OF DEBT CARRY	A		NEW CAP REL COSTS-BLDG & FIXT	1.00	14	46
. 32 ADDICTION AND PAIN CLINIC START UP C	A	65, 699	SUBSTANCE ABUSE CLINIC	90. 01	0	46
.00 TOTAL (sum of lines 1 thru 49)		-35, 178, 076				50
(Transfer to Worksheet A, column 6, line 200.)						

Health Financial Systems		BALL MEMORIA	AL HOSPITAL	In Lieu of Form CMS-2552-10		
ADJUSTMENTS TO EXPENSES		Provider CCN: 15-0089	Peri od:	Worksheet A-8		
				From 01/01/2021 To 12/31/2021	Date/Time Pre 5/27/2022 9:4	pared: <u>0 am</u>
			Expense Classification o	n Worksheet A		
			To/From Which the Amount is	s to be Adjusted		
				•		
Cost Center Description	Basi s/Code	Amount	Cost Center	Line #	Wkst. A-7	
COST Center Description		Amount	cost center	Line #		
	(2)				Ref.	
	1.00	2.00	3.00	4.00	5.00	

(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.

Heal th	Financial Systems	BALL MEMORI	AL HOSPI TAL	In Lie	eu of Form CMS-2	2552-10
STATEME	ENT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HO	ME Provider CCN: 15-0089	Peri od:	Worksheet A-8	-1
OFFICE	COSTS			From 01/01/2021		
				To 12/31/2021	Date/Time Pre 5/27/2022 9:4	
	Line No.	Cost Center	Expense Items	Amount of	Amount	
	Erne No.	COST Center	Expense i tellis	Allowable Cost		
					Wks. A, column	
					5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUST					
	OFFICE COSTS:	MENTO RECORDED NO A RECOEL OF			COLINIED HOME	
1.00		NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	5, 154, 251	0	1.00
2.00		EMPLOYEE BENEFITS DEPARTMENT		25, 230, 520	0	2.00
3.00			HOME OFFICE	20, 724, 442		3.00
4.00			HOME OFFICE	9, 053, 910		4.00
4.01		CASHI ERI NG/ACCOUNTS RECEI VAB		11, 232, 838		4.01
4.02		OTHER ADMINISTRATIVE AND GEN		29, 190, 426		4.02
4.03		EMPLOYEE BENEFITS DEPARTMENT		558, 568		4.02
4.04			RELATED PARTY	39,650		4.04
4.05		OTHER ADMINISTRATIVE AND GEN		1, 237, 821		4.05
4.06			RELATED PARTY	373, 072		4.06
4.07		I&R SERVICES-OTHER PRGM COST		2, 522, 728		4.07
4.08			RELATED PARTY	12, 339, 272		4.08
4.09		NEONATAL INTENSIVE CARE UNIT		1, 559, 700		4.09
4.10			RELATED PARTY	97,069		4.10
4.11			RELATED PARTY	7, 460, 725		4.11
4.12			RELATED PARTY	1, 589, 138		4.12
4.13			RELATED PARTY	14, 058		4.13
4.14			RELATED PARTY	14, 206, 554		4.14
4.15		BLOOD STORING, PROCESSING, &		728		4.15
4.16			RELATED PARTY	-5, 985		4.16
4.17			RELATED PARTY	505, 388		4.17
4.18			RELATED PARTY	405, 915		4. 18
4.19			RELATED PARTY	277, 862		4.19
4.20			RELATED PARTY	2, 854, 078		4.20
4.21			RELATED PARTY	17,836		4.21
4.22	0.00		RELATED PARTY	0	17,030	4.22
4.23	0.00		RELATED PARTY	0	0	4.22
4.24	0.00		RELATED PARTY	0	0	4.23
4.25	0.00		RELATED PARTY	0	0	4.25
4.26	0.00		RELATED PARTY	0	0	4.26
4.20	0.00					4.20
	0.00		0	146, 640, 564	99, 889, 834	5.00
-	amounts on lines 1-4 (and sub					0.00

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

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

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

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

6.00	В	0.00 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.

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

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

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

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

Health Financial Systems	BALL MEMORIAL HOS	SPI TAL	In Lieu	of Form CMS-2552-10
STATEMENT OF COSTS OF SERVICES FROM RELA	ATED ORGANIZATIONS AND HOME P		Period: From 01/01/2021	Worksheet A-8-1
				Date/Time Prepared:

						5/27/2022 9	40 am
	Net	Wkst. A-7 Ref.					
	Adjustments						
	(col. 4 minus						
	col. 5)*						
	6.00	7.00					
	A. COSTS INCUR	RED AND ADJUSTN	MENTS REQUIRED AS A RESULT	OF TRANSACTIONS	WITH RELATED	ORGANI ZATI ONS OR CLAIMED HOME	
	OFFICE COSTS:						
1.00	5, 154, 251	9					1.00
2.00	25, 230, 520	0					2.00
3.00	20, 724, 442	0					3.00
4.00	9, 053, 910	0					4.00
4.01	11, 232, 838	0					4.01
4.02	-24, 645, 231						4.02
4.03	0						4.03
4.04	0	9					4.04
4.05	0	0					4.05
4.06	0	0					4.06
4.07	0	0					4.07
4.08	0	0					4.08
4.09	0	0					4.09
4.10	0	0					4.10
4.11	0	0					4.11
4.12	0	0					4.12
4.13	0	0					4.13
4.14	0	0					4.14
4.15	0	0					4.15
4.16	0	0					4.16
4.17	0	0					4.17
4.18	0	0					4.18
4.19	0	0					4.19
4.20	0	0					4.20
4.21	0	0					4.21
4.22	0	0					4.22
4.23	0	0					4.23
4.24	0	0					4.24
4.25	0	0					4.25
4.26	0						4.26
4.27	0						4.27
5.00	46, 750, 730						5.00
* The	amounts on lin	es 1-4 (and sub	oscripts as appropriate) ar	e transferred in	detail to Wo	rksheet 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.

nuo not	been posted to norkaneet n,	cordinates i and of 2, the amount arrowable should be that cated in cordinate part	
	Related Organization(s)		
	and/or Home Office		
	Type of Business		
	51		
	6, 00		
		TED ORGANIZATION(S) AND/OR HOME OFFICE	

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

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

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:

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

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

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

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

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

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

CONDUCTS & PEDIATRICS 12.351.196 12.351.196 177.000 0 3.00 35.00NEONATAL, INTENSIVE CARE UNIT 1.484.700 1.484.700 0 169.700 0 3 4.00 41.00SUBPROVIDER - IFF -1.331 -1.331 0 211.500 0 4 5.00 50.00/DEPATING ROM 6.975.360 6.975.360 0 246.400 0 5 7.00 7.69EHYPERBARL DXYGEN THERAPY -59.985 -59.985 0 211.500 0 7 9.00 90.01SUBSTANCE ABUSE CLINIC 376.732 376.732 32.50,903 211.500 0 9 211.500 0 9 22.963.305 22.350,903 211.500 10 177.972 110.10 1.037.537.200 0 23.50,903 211.500 177.573.20 0 0 177.573.20 0 177.573.20 0 177.573.20 0 177.573.20 0 175.573.20 0 175.571.573.20 0 0 175.573.20 0 0 0 175.571.573.20		Financial Syst		BALL MEMORI	AL HOSPI TAL			eu of Form CMS-	
To 100 12/231/2021 Date/Time Prepare (an /Provider Component) Professional Component 1.00 5.00/HER ADMINI STRATIVE AND CENERAL 1, 714, 872 1, 192, 192 52, 680 211, 500 12, 252 1 2.00 30.00/ADMITAL INTENSIVE CARE UNIT 1.00 1, 231, 196 12, 331, 196 12, 305, 000 12, 620 1 2, 600 211, 500 0 4 5.00 50.00/DEPERATINE ROM 6.00 6, 975, 360 6, 975, 360 0 211, 500 0 6 211, 500 0 8 0 211, 500 0 8 0 211, 500 0 8 0 211, 500 0 9 0 120, 200, 233, 323, 732 0 211, 500 0 0 0 0 0 0 0	PROVI DE	ER BASED PHYSIC	I AN ADJUSTMENT		Provider (3-2
WKST. A Line # Cost Center/Physician Identifier Total Renuneration Professional Component Provider Provider RCE Anount Phore Identifier 1.00 2.00 3.00 4.00 5.00 6.00 7.00 2.01 3.00 4.00 5.00 6.00 7.00 7.00 2.00 3.00 1.1714,872 1.192,192 522,680 211,500 12,521,60 2.00 3.00 INTERS 12,351,196 0 179,000 2 4.00 5.00 S0.00 PERATICS 1,484,700 1,484,700 1,205,00 211,500 0 246,400 0 5 6.00 5.00 S0.00 PERATINC ROM 6,975,360 0 211,500 0 211,500 0 211,500 0 211,500 0 211,500 0 211,500 15,110 10 22,850,903 211,500 15,110 10 22,850,903 211,500 15,110 10 37,872 22,850,903 211,500 15,110 13,8								Date/Time Pre	epared: 40 am
I 00 2.00 3.00 4.00 5.00 Form Hours 1.00 5.06(THER ADMINISTRATIVE AND GENERAL. 1.714.872 1.192.192 522.680 211.500 12.622 1 2.00 30.00(ADULTS & PEDIATRICS 12.351.196 0 179.000 0 3 3.00 44.00 S10.00(ENATAL INTERSING CARE UNIT 4.00 1.484.700 0 169.700 3 4.00 41.00SUBPROVIDER - IRF -1.331 -1.331 0 2211.500 0 4.64.00 5 5.00 50.00[CPRATINIS ROMOM 6.975.360 9.75.360 0 211.500 0 7 8.00 90.015UBSTANC RAUSE TLINIC 505.388 505.388 0 2211.500 0 7 9 9.57.20 2 4.063.07 7 9 9.7.90 211.500 0 7 1.192.102 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50		Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
1.00 2.00 3.00 4.00 5.00 6.00 7.00 1.00 5.06 OFHER AMIN STRATIVE AND GENERAL. 1, 714, 872 1, 192, 192 5.22, 680 211, 500 12, 622 1 2.00 30.00 AUDITS & FDIATRI CS 1, 148, 700 1.484, 700 0 169, 700 0 2 3.00 45.00 SUMPROVIDER - IFF -1, 331 -1 331 0 21, 500 0 3, 52 22, 80, 252 4, 803, 683 0 21, 50 0 3, 57, 59 0 21, 500 0 1, 00 3, 59, 200 3, 59, 200			Identifier	Remuneration	Component	Component			
1.00 5.06 OTHER ADMINISTRATIVE AND GENERAL 1.714,872 1.792,192 522,680 211,500 12,622 1 2.00 30.00ADULTS & PEDIATRICS 12,351,196 12,351,196 0 179,000 0 2 3.00 35.00NEX0NATL INTENSIVE CARE UNIT -1,331 -1,331 0 211,500 0 4 5.00 50.00OPERATING ROM 6,975,360 0,244,400 0 5 0 211,500 0 4 6.00 54.00RADIQUOY-DI AGNOSTIC 1.209,500 0 216,900 0 <td< td=""><td></td><td>1.00</td><td>2.00</td><td>3, 00</td><td>4,00</td><td>5.00</td><td>6,00</td><td></td><td></td></td<>		1.00	2.00	3, 00	4,00	5.00	6,00		
CENERAL Construction	1.00								1.00
3.00 35.00 1.484.700 1.484.700 1.484.700 1.484.700 1.484.700 1.484.700 1.484.700 0 1.49,700 0 4.90 4.90 4.90 4.90 4.90 4.90 4.90 4.90 4.90 4.90 4.90 4.90 0.91 4.90 0.91 4.90 0.91 4.90 0.95 0 4.90 0.95 0 2.11,500 0 9.90 9.90 9.90 9.90 2.950,903 2.78,732 0 2.11,500 0 9.97 1.90 1.90,90 2.11,500 15,110 10 0 2.96,903,335 22,880,252 4.903,083 211,500 15,110 10 37,527 200 16.97,912 17,912 16 11,919 10.90 2.96,903,335 22,880,252 4.903,083 211,500 16,110 17,217 10 10 10,102 10,102 10,102 10,102 10,102 10,102 10,102 10,102 10,102 10,102 10,102 11,100 11,102				, ,, -					
4.00 41.00 41.00 SUBERROVIDER - INF -1.331 -1.331 0 211,500 0 46,400 0 5 5.00 50.00 54.00 675,360 6.975,360 0 1.209,500 211,500 0 9,855 6 0 211,500 0 7 9,00 90.01 246,400 0 7 7 9,00 90.02 211,500 0 7<	2.00			12, 351, 196	12, 351, 196	(179,000	0	2.00
4.00 41.00 41.00 1.00 211,500 0 216,500 5.00 50.00 54.00 75,360 6.75,360 0 246,400 9.855 6.00 54.00 75,985 5.985 0 211,500 0 9.855 8.00 90.01 90.02 201,500 0 211,500 0 7 9.00 90.02 201,010 CLINIC 57,87,732 0 211,500 0 9 10.00 91.00 91.00 235,993 27,87,32 0 211,500 0 9 200.00 91.00 91.00 20.00 8.800 9.00 23,59,73 7 73,587,200 17,57,100 17,	3.00	35.00	NEONATAL INTENSIVE CARE UNIT	1, 484, 700	1, 484, 700	(169, 700	0	3.00
6.00 54.00 SA.00	4.00			-1, 331	-1, 331	(211, 500	0	4.00
6.00 54.00 SA.00	5.00	50.00	OPERATING ROOM	6, 975, 360	6, 975, 360	(5.00
7.00 7.6 98 WYPERBARIC COXYGEN THERAPY -5.985 -5.985 0 211,500 0 7 9.00 90.02PAIN CLINIC 378,732 378,732 378,732 378,732 0 211,500 0 9 10.00 91.00EMERGENCY 2,350,903 2,350,903 2,350,903 2,350,903 211,500 0 9 200.00 26,963,335 22,880,252 4,083,083 211,500 0 9 0 15,111 10 1.00 Cost Center/Physician Identifier Unadjusted RCE 5 Percent of Unadjusted RCE Cost of Component Or Mal practice Component Or	6.00	54.00	RADI OLOGY-DI AGNOSTI C	1, 209, 500	0	1, 209, 500	271,900	9, 855	6.00
B. 00 99. 01 SUBSTANCE ABUSE CLINIC 505. 388 50. 211. 500 0 8 9. 00 90. 02 PAIN CLINIC 378. 732 378. 732 378. 732 378. 732 0 211. 500 0 9 200. 00 90. 02 PAIN CLINIC 23.50. 903 22. 880. 252 4.083. 083 211. 500 0 915. 110 10 200. 00 91. 00 EMERGENCY 22. 696. 335 22. 880. 252 4.083. 083 211. 500 0 915. 110 10 200. 00 91. 00 EMERGENCY 22. 696. 335 22. 880. 252 4.083. 083 915. 110 10 71. 00 71. 00 71. 00 71. 00 71. 00 12. 00 13. 00 14. 00 1. 00 5. 06 OTHER ADMINI STRATIVE AND 1. 283. 439 64. 172 0	7.00	76.98	HYPERBARIC OXYGEN THERAPY	-5, 985	-5, 985			0	7.00
10.00 91.00 EMBRENCY 2,350.903 0 2,350.903 211.500 115.110 00 200.00 Wkst. A Line # Cost Center/Physician Identifier Unadjusted RCE 5 Percent of Unadjusted RCE Cost of Memberships & Continuing Provider Continuing Provider Continuing Provider 1.00 2.00 8.00 9.00 12.00 13.00 14.00 1.00 5.06/0THER ADMINISTRATIVE AND GENERAL 0.00 9.00 12.00 13.00 14.00 2.00 30.00/ADULTS & PEDIATRICS 0 <t< td=""><td>8.00</td><td>90.01</td><td>SUBSTANCE ABUSE CLINIC</td><td></td><td></td><td>(</td><td></td><td></td><td>8.00</td></t<>	8.00	90.01	SUBSTANCE ABUSE CLINIC			(8.00
10.00 91.00 EMBRENCY 2,350.903 0 2,350.903 211.500 115.110 00 200.00 Wkst. A Line # Cost Center/Physician Identifier Unadjusted RCE 5 Percent of Unadjusted RCE Cost of Memberships & Continuing Provider Continuing Provider Continuing Provider 1.00 2.00 8.00 9.00 12.00 13.00 14.00 1.00 5.06/0THER ADMINISTRATIVE AND GENERAL 0.00 9.00 12.00 13.00 14.00 2.00 30.00/ADULTS & PEDIATRICS 0 <t< td=""><td>9.00</td><td>90.02</td><td>PAIN CLINIC</td><td>378, 732</td><td>378, 732</td><td>(</td><td>211,500</td><td>l o</td><td>9.00</td></t<>	9.00	90.02	PAIN CLINIC	378, 732	378, 732	(211,500	l o	9.00
200.00 26,963,335 22,802,522 4,083,083 37,587,200 Wkst. A Line # Cost Center/Physician Identifier Unadjusted RCE 5 Percent of Limit Cost of Limit Provider Education Provider Component Physician Cost of Mal practice 1.00 2.00 8.00 9.00 12.00 13.00 14.00 2.00 30.00 ADULTS & PEDIATRICS 0 <	10.00								10.00
NKst. A Line # Cost Center/Physician Identifier Unadjusted RCE Limit Cec Unadjusted RCE Limit Provider Memberships & Continuing Education Provider Component Component 12 Provider Continuing Education Provider Co									
Identifier Limit Unadjusted RCE Memberships & Continuing Education Component Share of col. of Mapractice Insurance 1.00 2.00 8.00 9.00 12.00 13.00 14.00 1.00 5.06 [OTHER ADMINISTRATIVE AND GENERAL 1,283,439 64,172 0		Wkst. A Line #	Cost Center/Physician						
Image: Constraint of col building Insurance of col building Insurance of col building Insurance of col building 1.00 5.06 OTHER ADMINI STRATI VE AND GENERAL 1, 283, 439 64, 172 0 0 0 0 2.00 30.00 ADULTS & PEDIATRI CS 0									
Image: Constraint of the second se									
1.00 5.06 DTHER ADMI NI STRATI VE AND GENERAL 1, 283, 439 (A 00 64, 172 (A 00 0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>									
C GENERAL G GENERAL G GENERAL <t< td=""><td></td><td>1.00</td><td>2.00</td><td>8.00</td><td>9.00</td><td></td><td></td><td>14.00</td><td></td></t<>		1.00	2.00	8.00	9.00			14.00	
2.00 30.00 ADULTS & PEDIATRICS 0 </td <td>1.00</td> <td>5.06</td> <td>OTHER ADMINISTRATIVE AND</td> <td>1, 283, 439</td> <td>64, 172</td> <td>(</td> <td>0 0</td> <td>0</td> <td>1.00</td>	1.00	5.06	OTHER ADMINISTRATIVE AND	1, 283, 439	64, 172	(0 0	0	1.00
3.00 35.00 NEONATAL INTENSIVE CARE UNIT 0			GENERAL						
4.00 41.00 SUBPROVI DER - IRF 0<	2.00							-	
5.00 50.00 OPERATING ROOM 0 0 0 0 0 0 0 5 6.00 54.00 RADI OLOGY-DI AGNOSTI C 1,288,257 64,413 0 0 0 6 0 0 0 10 0 1 0 1 10 0 10 0 10 0 10 0 10 0 0 0 10 0 0 10 0 10 0 10 0 10 0 0	3.00			0	0	(0 0	0	3.00
6.00 54.00 RADI OLOGY-DI AGNOSTI C 1, 288, 257 64, 413 0 0 0 6 7.00 76.98 HYPERBARI C OXYGEN THERAPY 0	4.00	41.00	SUBPROVI DER – I RF	0	0	(0 0	0	4.00
7.00 76.98 HYPERBARI C 0XYGEN THERAPY 0	5.00	50.00	OPERATING ROOM	0	0	(0 0	0	5.00
8.00 90.01 SUBSTANCE ABUSE CLINIC 0	6.00	54.00	RADI OLOGY-DI AGNOSTI C	1, 288, 257	64, 413	(0 0	0	6.00
9.00 90.02 PAIN CLINIC 0				0				0	1.00
10.00 91.00 EMERGENCY 1,536,425 76,821 0 0 0 100 200.00	8.00	90.01	SUBSTANCE ABUSE CLINIC	0	0	(0 0	0	8.00
200.00 4, 108, 121 205, 406 0 0 0 200 Wkst. A Line # Cost Center/Physician Identifier Provider Component Share of col. Adjusted RCE Limit RCE Disallowance Adjustment Adjustment Imit Disallowance Imit Disallowance Imit Imit Disallowance Imit Imi	9.00	90.02	PAIN CLINIC	0	0	(0 0	0	9.00
Wkst. A Li ne # Cost Center/Physici an I denti fi er Provi der Component Share of col. Adj usted RCE Li mi t RCE Di sal I owance Adj ustment 1.00 2.00 15.00 16.00 17.00 18.00 1.00 5.06 OTHER ADMI NI STRATI VE AND GENERAL 0 1,283,439 0 1,192,192 1 2.00 30.00 ADULTS & PEDI ATRI CS 0 0 0 1,444 0 1,484,700 3 3.00 35.00 NEONATAL I NTENSI VE CARE UNI T 0 0 0 1,484,700 3 4.00 41.00 SUBPROVI DER - I RF 0 0 0 -1,331 4 5.00 50.00 OPERATI NG ROOM 0 0 0 -5,985 5 6.00 54.00 RADI OLOGY-DI AGNOSTI C 0 0 0 -5,985 7 7.00 76.98 HYPERBARI C OXYGEN THERAPY 0 0 0 -5,985 7 8.00 90.01 SUBSTANCE ABUSE CLI NI C 0 0 0 378,732 9 10.00 91.00 EMER	10.00	91.00	EMERGENCY	1, 536, 425	76, 821	(0 0	0	10.00
Identifier Component Share of col. 14 Limit Disal I owance Identifier Identifier Component Share of col. 14 Disal I owance Identifier Identifier Identifier Identifier Identifier Identifier Identifier Identifier Identifier Disal I owance Identifier	200.00			4, 108, 121	205, 406		0 0	0	200.00
Image: Share of col. Share of col. 14 Image: Share of col. 14 1.00 2.00 15.00 16.00 17.00 18.00 1.00 5.06 OTHER ADMINISTRATIVE AND GENERAL 0 1,283,439 0 1,192,192 1 2.00 30.00 ADULTS & PEDIATRICS 0 0 0 1,283,439 2 1 3.00 30.00 ADULTS & PEDIATRICS 0 0 0 1,484,700 33 4.00 41.00 SUBPROVI DER - I RF 0 0 0 -1,331 44 5.00 50.00 OPERATI NG ROOM 0 0 0 -1,331 4 5.00 50.00 OPERATI NG ROOM 0 0 0 -1,331 4 5.00 50.00 OPERATI NG ROOM 0 0 0 -5,985 7 6.00 54.00 RADI OLOGY-DI AGNOSTI C 0 0 0 -5,985 7 7.00 76.98 HYPERBARI C OXYGEN THERAPY 0 0 0 505,388 8		Wkst. A Line #					Adjustment		
14 14<			I denti fi er		Limit	Di sal I owance			
1.00 2.00 15.00 16.00 17.00 18.00 1.00 5.06 OTHER ADMINI STRATI VE AND GENERAL 0 1,283,439 0 1,192,192 1 2.00 30.00 ADULTS & PEDI ATRI CS 0 0 0 12,351,196 2 3.00 35.00 NEONATAL INTENSI VE CARE UNI T 0 0 0 1,484,700 3 4.00 41.00 SUBPROVI DER - IRF 0 0 0 -1,331 4 5.00 50.00 OPERATI NG ROOM 0 0 0 6,975,360 55 6.00 54.00 RADI OLOGY-DI AGNOSTI C 0 1,288,257 0 0 6 7.00 76.98 HYPERBARI C OXYGEN THERAPY 0 0 -5,985 7 8.00 90.01 SUBSTANCE ABUSE CLINI C 0 0 0 378,732 9 10.00 91.00 EMERGENCY 0 1,536,425 814,478 814,478 10									
1.00 5.06 OTHER ADMINISTRATIVE AND GENERAL 0 1,283,439 0 1,192,192 1 2.00 30.00 ADULTS & PEDIATRICS 0 0 0 12,351,196 22 3.00 35.00 NEONATAL INTENSIVE CARE UNIT 0 0 0 1,484,700 33 4.00 41.00 SUBPROVI DER - IRF 0 0 0 -1,331 4 5.00 50.00 OPERATING ROOM 0 0 0 6,975,360 55 6.00 54.00 RADI OLOGY-DI AGNOSTIC 0 1,288,257 0 0 6 7.00 76.98 HYPERBARI C OXYGEN THERAPY 0 0 0 -5,985 7 8.00 90.01 SUBSTANCE ABUSE CLINIC 0 0 0 378,732 9 10.00 91.00 EMERGENCY 0 1,536,425 814,478 814,478 10									
GENERAL GENERAL <t< td=""><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1 00</td></t<>	1.00								1 00
2.00 30.00 ADULTS & PEDIATRICS 0 0 12,351,196 2 3.00 35.00 NEONATAL INTENSIVE CARE UNIT 0 0 0 1,484,700 3 4.00 41.00 SUBPROVIDER - IRF 0 0 0 -1,331 4 5.00 50.00 OPERATING ROOM 0 0 0 6,975,360 5 6.00 54.00 RADIOLOGY-DIAGNOSTIC 0 1,288,257 0 0 6 7.00 76.98 HYPERBARIC OXYGEN THERAPY 0 0 0 -5,985 7 8.00 90.01 SUBSTANCE ABUSE CLINIC 0 0 0 30,505,388 8 9.00 90.02 PAIN CLINIC 0 0 0 378,732 9 10.00 91.00 EMERGENCY 0 1,536,425 814,478 814,478 10	1.00	5.06		0	1, 283, 439	(1, 192, 192		1.00
3.00 35.00 NEONATAL INTENSIVE CARE UNIT 0 0 1,484,700 3 4.00 41.00 SUBPROVIDER - IRF 0 0 0 -1,331 4 5.00 50.00 OPERATING ROOM 0 0 0 6,975,360 5 6.00 54.00 RADIOLOGY-DIAGNOSTIC 0 1,288,257 0 0 6 7.00 76.98 HYPERBARI COXYGEN THERAPY 0 0 0 -5,985 7 8.00 90.01 SUBSTANCE ABUSE CLINIC 0 0 0 378,732 9 10.00 91.00 EMERGENCY 0 1,536,425 814,478 814,478 10	2 00	20.00		_	_		10 351 10/		2.00
4.00 41.00 SUBPROVI DER - IRF 0 0 -1,331 4 5.00 50.00 OPERATI NG ROOM 0 0 0 6,975,360 55 6.00 54.00 RADI OLOGY-DI AGNOSTI C 0 1,288,257 0 0 6 7.00 76.98 HYPERBARI C OXYGEN THERAPY 0 0 -5,985 7 8.00 90.01 SUBSTANCE ABUSE CLINIC 0 0 0 505,388 8 9.00 90.02 PALIN CLINIC 0 0 0 378,732 9 10.00 91.00 EMERGENCY 0 1,536,425 814,478 814,478 10									
5.00 50.00 OPERATING ROOM 0 0 0 6,975,360 55 6.00 54.00 RADI OLOGY-DI AGNOSTI C 0 1,288,257 0 0 66 7.00 76.98 HYPERBARI C 0XYGEN THERAPY 0 0 0 -5,985 7 8.00 90.01 SUBSTANCE ABUSE CLINIC 0 0 0 505,388 8 9.00 90.02 PAI N CLINIC 0 0 0 378,732 9 10.00 91.00 EMERGENCY 0 1,536,425 814,478 814,478 10									3.00
6.00 54.00 RADI OLOGY-DI AGNOSTI C 0 1,288,257 0 0 6 7.00 76.98 HYPERBARI C 0XYGEN THERAPY 0 0 0 -5,985 7 8.00 90.01 SUBSTANCE ABUSE CLINIC 0 0 0 505,388 8 9.00 90.02 PAI N CLINIC 0 0 0 378,732 9 10.00 91.00 EMERGENCY 0 1,536,425 814,478 814,478 10				-					4.00
7. 00 76. 98 HYPERBARI C 0XYGEN THERAPY 0 0 -5, 985 7 8. 00 90. 01 SUBSTANCE ABUSE CLINIC 0 0 0 505, 388 8 9. 00 90. 02 PAI N CLINIC 0 0 0 378, 732 9 10. 00 91. 00 EMERGENCY 0 1, 536, 425 814, 478 814, 478 10							-, ,		5.00
8.00 90.01 SUBSTANCE ABUSE CLINIC 0 0 505, 388 8 9.00 90.02 PAI N CLINIC 0 0 0 378, 732 9 10.00 91.00 EMERGENCY 0 1, 536, 425 814, 478 814, 478 10				0					6.00
9. 00 90. 02 PALN CLINIC 0 0 378, 732 9 10. 00 91. 00 EMERGENCY 0 1, 536, 425 814, 478 814, 478 10				0					7.00
10. 00 91. 00 EMERGENCY 0 1, 536, 425 814, 478 814, 478 10				0					8.00
									9.00
200.00 [0] 4,108,121] 814,478] 23,694,730] [200		91.00	EMERGENCY						10.00
	200.00	I		I 0	4, 108, 121	814, 478	3 23, 694, 730		200.00

COST A	Financial Systems LLOCATION - GENERAL SERVICE COSTS	DALL MEMORY	AL HOSPITAL Provider CC		Period: From 01/01/2021	u of Form CMS-2 Worksheet B Part I	
				1	o 12/31/2021	Date/Time Pre 5/27/2022 9:4	
			CAPI TAL			372172022 7.4	
			RELATED COSTS				
	Cost Center Description	Net Expenses	NEW BLDG &	EMPLOYEE	COMMUNI CATI ON	DATA	
		for Cost Allocation	FLXT	BENEFI TS DEPARTMENT	S	PROCESSI NG	
		(from Wkst A		DEFARTMENT			
		col. 7)					
		0	1.00	4.00	5.01	5.02	
1 00	GENERAL SERVICE COST CENTERS	20,002,120	20,002,120				1 1 00
1.00 4.00	00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT	28, 093, 128 26, 319, 487		26, 380, 856			1.00
5. 01	01160 COMMUNI CATI ONS	649, 744		112, 629			5.01
5.02	00550 DATA PROCESSING	20, 724, 442		(0	20, 724, 442	5.02
5.04	00570 ADMI TTI NG	12, 850, 473		603, 219	21, 820	0	
5.05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	11, 232, 838		1 007 040	0 0	0	
5.06 6.00	00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS	39, 648, 514 9, 798, 403		1, 007, 048 495, 527		0	5.06
7.00	00700 OPERATION OF PLANT	7, 335, 471		268, 459		0	
8.00	00800 LAUNDRY & LINEN SERVICE	1, 500, 220		(0	
9.00	00900 HOUSEKEEPI NG	4, 204, 415		566, 717		0	
10.00	01000 DI ETARY	3, 258, 229		380, 249		0	
11.00 13.00	01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON	763, 421 14, 722, 806		122, 070 2, 408, 210		0	11.00
14.00	01400 CENTRAL SERVICES & SUPPLY	11, 338, 533		2,400,210	22,500	0	14.00
15.00	01500 PHARMACY	7, 296, 529		1, 018, 777	25, 687	0	15.00
16.00	01600 MEDI CAL RECORDS & LI BRARY	0	0	(0 0	0	16.00
18.00	01080 PATIENT TRANSPORTATION	762, 867		133, 815		0	18.00
21.00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	3, 984, 978		748, 478		0	
22.00 23.00	02200 I & R SERVICES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM	3, 756, 943 240, 006		44, 043 40, 770		0	
23.00	INPATIENT ROUTINE SERVICE COST CENTERS	240,000	2,075	40,770	1,215	0	23.00
30.00	03000 ADULTS & PEDIATRICS	38, 624, 674	2, 874, 191	5, 609, 817	164, 209	2, 486, 315	30.00
31.00	03100 I NTENSI VE CARE UNI T	11, 905, 418	425, 994	1, 628, 821	42, 956	652, 037	31.00
32.00	03200 CORONARY CARE UNIT	0	0	(0	0	32.00
35.00 40.00	02060 NEONATAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF	3, 091, 767	156, 910	489, 803	12,089	160, 467 0	35.00 40.00
40.00	04100 SUBPROVIDER - IRF	2,059,374	153, 954	330, 025	9,458	90, 846	
43.00	04300 NURSERY	550, 809		90, 643		28, 687	43.00
	ANCI LLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	8, 980, 407		1, 105, 111		1, 678, 689	50.00
51.00 52.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	1, 948, 350 2, 490, 000		320, 643 409, 804		244, 496 259, 529	•
54.00	05400 RADI OLOGY-DI AGNOSTI C	13, 728, 378		1, 825, 819		2, 608, 036	
57.00	05700 CT SCAN	89, 160		26, 404		32, 527	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	(0 0	0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	4, 111, 810		482, 107		1,099,646	
60.00	06000 LABORATORY 06001 BLOOD LABORATORY	14, 354, 603	275, 906 0	1, 175	20, 704 0 0	950, 794 0	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1, 384, 815		(0	63, 288	
65.00	06500 RESPI RATORY THERAPY	5, 086, 199		803, 165	5 22, 021	359, 298	
65.01	06501 SLEEP LAB	547, 855		91, 513		69, 517	65.01
66.00	06600 PHYSI CAL THERAPY	4, 832, 072		827, 185		217, 400	
67.00 68.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	1, 134, 393 646, 612		170, 345 112, 617		72, 851 39, 862	67.00 68.00
68.01	06801 AUDI OLOGY	040,012		112,017		0 39,002	68.01
69.00	06900 ELECTROCARDI OLOGY	1, 881, 861	229, 275	276, 456	10, 921	563, 018	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12, 222, 873		(0 0	878, 549	
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	7, 480, 783		(0	1,089,984	•
73.00 73.01	07300 DRUGS CHARGED TO PATIENTS 07301 HOSPITAL BASED RETAIL PHARMACIES	47, 652, 219 7, 801, 110		275, 837	0 0 7 6, 104	3, 867, 686 69, 718	1
74.00	07400 RENAL DI ALYSI S	1, 546, 641		275,057	0,104	35, 714	
76.00	03160 CARDI OPULMONARY	0	0	(0	0	
76.97	07697 CARDI AC REHABI LI TATI ON	1, 026, 782		182, 945		49, 877	76.97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	1, 402, 902	6, 391	100, 976	3, 439	204, 419	76.98
90.00	OUTPATIENT SERVICE COST CENTERS	-76, 727		(96	90.00
90.00	09001 SUBSTANCE ABUSE CLINIC	273, 483		34, 256	-	8,034	90.00
90.02	09002 PAIN CLINIC	476, 690		67, 645		56, 758	
90.03	09003 ONCOLOGY CLINIC	1, 401, 269	44, 752	188, 827		292, 766	
91.00	09100 EMERGENCY	13, 317, 738	519, 765	1, 662, 010	50, 750	2, 438, 134	
92.00 92.01	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	1, 040, 437	67, 514	160 514	4, 842		92.00 92.01
72. UI	OTHER REIMBURSABLE COST CENTERS	1, 040, 437	07, 514	160, 516	4,042	55, 404	72.01
95.00	09500 AMBULANCE SERVICES	0	11, 011	() 0	0	95.00
	SPECIAL PURPOSE COST CENTERS						1
113 00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	421, 496, 204	24, 939, 412	25, 224, 476	770, 289	20, 724, 442	

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CO	F	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Pre 5/27/2022 9:4	pared:
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS NEW BLDG & FI XT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATI ON S	DATA PROCESSI NG	
	0	1.00	4.00	5.01	5. 02	
NONREI MBURSABLE COST CENTERS	-					
190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 191. 00 19100 RESEARCH	703, 411 753, 495	0 28, 798 0	44, 577 125, 397	4,671	0	190.00 191.00
194.00 07950 OTHER NONREI MBURSABLE COST CENTERS 194.01 07951 BSU PHARMACY 194.02 07952 PAVI LLI ON PHARMACY	45, 464 6, 539, 118	0	33, 634 161, 722	702	0	194.00 194.01 194.02
194. 03 07953 VENDI NG 194. 04 07954 CARELI NE	0000	0 0	0	0 0 0 0	0	194.03 194.04
194. 05 07955 WELLNESS CENTER 194. 06 07956 PHYSI CI AN PRACTI CE CLI NI CS 194. 07 07957 PERI NATAL CLI NI C	1, 141 0 0	78, 124 372, 618 0		° °	0	194. 05 194. 06 194. 07
194. 08 07958 RENTAL PROPERTY 194. 09 07959 ADVERTI SI NG	761, 842 0	1, 395, 454 0	0	, i i i i i i i i i i i i i i i i i i i	0	194.08 194.09
194. 10 07960 I NTEGRA LTAC 194. 11 07961 I U HEALTH HOSPI CE 194. 12 07962 POB MEDI CAL PAVI LLI ON CONDOS	20, 850 0	181, 273 46, 831 0	2, 588 0	-	0	194. 10 194. 11 194. 12
194. 13 07963 PEDI ATRI C THERAPI ES 194. 14 07964 NEW CASTLE ONCOLOGY	1, 448, 879 0	103, 180 0	248, 280 (0 0	0	194.13 194.14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS 194. 16 07966 JAY COUNTY HOSPI TAL 194. 17 07967 CARDI NAL HEALTH CHOI CE	0 1, 298, 970 0	34, 250 78, 340 0) 151, 391 (-	0	194. 15 194. 16 194. 17
194.18 07968 CHV CARDINAL HEALTH VENTURES 194.19 07969 HEALTH CARE CONNECTIONS 194.20 07970 MEALS ON WHEELS	000000000000000000000000000000000000000	0 0 0			0	194. 18 194. 19 194. 20
194.21 07971 ST MARY'S SCHOOL 194.22 07972 THERAPIES TO OTHER ENTITIES 194.23 07973 CANCER CENTER BOUTIQUE	0 4 63, 280	0 0 13, 121	0 239, 994 3, 488		0	194. 21 194. 22 194. 23
194. 25 07975 CARDER CENTER BOUTLODE 194. 24 07974 BOSC BALL OUTPATIENT SURGERY 194. 25 07975 CARDINAL BEHAVIORAL HEALTH	03, 280	380, 872	3, 460 (117	0	0	194. 23 194. 24 194. 25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL 194.27 07977 MIDWEST HEALTH STRATEGIES 194.28 07978 CARDINAL SELECT RISK RETENTION GRP	1, 155, 600 0 0	62, 108 0 0	145, 192 C	0 0	0	194. 26 194. 27 194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI 194.30 07980 CARDINAL HEALTH ALLIANCE 194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0			0	194. 29 194. 30 194. 31
194. 32 07982 RENAL_DI ALYSI S 194. 33 07983 LAB_CORP	0	0			0 0	194. 32 194. 33
194.34 07984 H.O. MATERIALS MGMT 194.35 07985 LEASED SPACE 200.00 Cross Foot Adjustments	0	0 339, 631		0 0		194. 34 194. 35 200. 00
201.00Negative Cost Centers202.00TOTAL (sum Lines 118 through 201)	434, 307, 390	0 28, 093, 128	0 26, 380, 856	0 0 5 790, 432	0 20, 724, 442	201.00

COST ALI	Financial Systems LOCATION - GENERAL SERVICE COSTS		Provi der CC		Peri od:	u of Form CMS-: Worksheet B	
					From 01/01/2021 To 12/31/2021	Part I Date/Time Pre	pared
	Cost Center Description	ADMI TTI NG	CASHI ERI NG/AC COUNTS	Subtotal	OTHER ADMI NI STRATI V	5/27/2022 9: 4 MAI NTENANCE & REPAI RS	<u>o am</u>
			RECEIVABLE		E AND GENERAL	(00	
G	ENERAL SERVICE COST CENTERS	5.04	5.05	5A. 05	5.06	6.00	
	0100 NEW CAP REL COSTS-BLDG & FIXT						1.0
	0400 EMPLOYEE BENEFITS DEPARTMENT						4.0
	1160 COMMUNI CATI ONS						5.0
	00550 DATA PROCESSI NG 00570 ADMI TTI NG	13, 584, 005					5.0
	0580 CASHI ERI NG/ACCOUNTS RECEI VABLE	13, 584, 005	11, 232, 838				э. 5.
	0590 OTHER ADMINISTRATIVE AND GENERAL	0	0	41, 438, 01	1 41, 438, 011		5.
. 00 0	0600 MAINTENANCE & REPAIRS	0	0	24, 237, 16	4 2, 555, 930	26, 793, 094	6.
	00700 OPERATION OF PLANT	0	0	8,053,31			
	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	0	0	1, 500, 22 4, 999, 21			
	1000 DI ETARY	0	0	3, 921, 87			
	1100 CAFETERI A	0	0	1, 012, 81			
	1300 NURSI NG ADMI NI STRATI ON	0	0	17, 365, 15			
	1400 CENTRAL SERVICES & SUPPLY	0	0	11, 665, 25			
	01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY	0	0	8, 453, 50	5 891,464 0 0	228, 169 0	
	1080 PATIENT TRANSPORTATION	0	0	916, 92		22, 423	
1.00 0	2100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4, 764, 86			
	2200 I &R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4, 448, 08			
	2300 PARAMED ED PRGM NPATIENT ROUTINE SERVICE COST CENTERS	0	0	284, 88	6 30, 043	5, 871	23.
	3000 ADULTS & PEDIATRICS	1, 629, 573	1, 347, 645	52, 736, 42	4 5, 561, 320	5, 828, 704	30.
	3100 I NTENSI VE CARE UNI T	427, 356	353, 420	15, 436, 00			
	3200 CORONARY CARE UNIT	0	0		0 0	0	
	02060 NEONATAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF	105, 173	86, 977	4, 103, 18	6 432, 701	318, 206 0	35. 40.
	4000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF	59, 542	49, 241	2, 752, 44	0 290, 259		
	04300 NURSERY	18, 802	15, 549	748, 82		85, 040	
	NCI LLARY SERVICE COST CENTERS	1 100 011	000.001	11.000.00	4 540 405	4 400 000	1 50
	05000 OPERATING ROOM 05100 RECOVERY ROOM	1, 100, 241 160, 247	909, 891 132, 523	14, 398, 89 2, 943, 25		1, 183, 380 256, 994	
	5200 DELIVERY ROOM & LABOR ROOM	170, 100	140, 671	3, 679, 22			
	5400 RADI OLOGY-DI AGNOSTI C	1, 709, 351	1, 413, 621	22, 296, 74			
	5700 CT SCAN	21, 319		188, 75			
	05800 MAGNETI C RESONANCE I MAGI NG (MRI) 05900 CARDI AC CATHETERI ZATI ON	0 720, 727	0 596, 036	7, 233, 64	0 0 4 762, 824	0 424, 701	
	6000 LABORATORY	623, 167	546, 036	16, 741, 70			
	06001 BLOOD LABORATORY	0	0		0 0	0	
	06300 BLOOD STORING, PROCESSING, & TRANS.	41, 480	34, 304	1, 523, 88		0	
	06500 RESPI RATORY THERAPY	235, 490	194, 749	6, 768, 91			
	06501 SLEEP LAB 06600 PHYSI CAL THERAPY	45, 563 142, 487	37, 680 117, 836	795, 63 6, 402, 58			
	6700 OCCUPATI ONAL THERAPY	47, 748		1, 506, 53			
	06800 SPEECH PATHOLOGY	26, 126	21, 606	858, 68			68.
	06801 AUDI OLOGY	0	0		0 0	-	
	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	369, 012 575, 816	305, 170 476, 196	3, 635, 71 14, 153, 43			
	7200 IMPL. DEV. CHARGED TO PATIENTS	714, 394	590, 798	9, 875, 95			
3.00 0	7300 DRUGS CHARGED TO PATIENTS	2, 535, 800	2, 096, 057	56, 151, 76			
	7301 HOSPITAL BASED RETAIL PHARMACIES	45, 694	37, 789	8, 249, 92			
	07400 RENAL DI ALYSI S	23, 408	19, 358	1, 670, 05			
	03160 CARDI OPULMONARY 07697 CARDI AC REHABI LI TATI ON	0 32, 690	0 27, 034	1, 325, 84	0 0 3 139, 817	0	
	07698 HYPERBARI C OXYGEN THERAPY	133, 980	110, 800	1, 962, 90			
0	UTPATIENT SERVICE COST CENTERS						
	09000 CLINIC 09001 SUBSTANCE ABUSE CLINIC	63 5, 265	52 4, 354	-76, 51 425, 42		0 199, 281	
	09001 SUBSTANCE ABUSE CLINIC	5, 265 37, 200	4, 354 30, 764	425, 42			
	09003 ONCOLOGY CLINIC	191, 884	158, 686	2, 283, 54			
1.00 0	9100 EMERGENCY	1, 597, 995		20, 907, 92	1 2, 204, 845		91.
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	04 040	20,000		0	10/ 07 *	92.
	09201 OBSERVATION BEDS (DISTINCT PART)	36, 312	30, 030	1, 395, 05	5 147, 116	136, 914	92.
	09500 AMBULANCE SERVICES	0	0	11, 01	1 1, 161	22, 330	95.
S	PECIAL PURPOSE COST CENTERS			, 51	.,		1
	1300 INTEREST EXPENSE						113.
18.00	SUBTOTALS (SUM OF LINES 1 through 117)	13, 584, 005	11, 232, 838	417, 165, 96	5 39, 630, 362	20, 397, 529	1118.
	ONREIMBURSABLE COST CENTERS 9000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	750, 78	1 79, 174	0	190.
91.001	9100 RESEARCH	0		912, 36		58, 401	191.
	7950 OTHER NONREI MBURSABLE COST CENTERS	0			0 0		194.

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC	N: 15-0089	Period: From 01/01/2021 To 12/31/2021		
Cost Center Description	ADMI TTI NG	CASHI ERI NG/AC COUNTS RECEI VABLE	Subtotal	OTHER ADMI NI STRATI V E AND GENERAL	MAI NTENANCE & REPAI RS	
	5. 04	5.05	5A. 05	5.06	6.00	
194.0107951BSU PHARMACY	0	0	79, 80			194.01
194.0207952 PAVILLION PHARMACY	0	0	6, 744, 02	24 711, 191	79, 325	194.02
194. 03 07953 VENDI NG	0	0		0 0	0	194.03
194. 04 07954 CARELI NE	0	0		0 0	0	194.04
194.0507955WELLNESS CENTER	0	0	79, 20	5 8, 359	158, 431	194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	0	0	372, 6	8 39, 294	755, 649	194.06
194. 07 07957 PERINATAL CLINIC	0	0		0 0	0	194.07
194.0807958 RENTAL PROPERTY	0	0	2, 157, 29	227, 498	2, 829, 905	194.08
194. 09 07959 ADVERTI SI NG	0	0		0 0	0	194.09
194. 10 07960 I NTEGRA LTAC	0	0	181, 2	73 19, 116	367, 612	194.10
194.1107961 IU HEALTH HOSPICE	0	0	70, 33	33 7, 417	94, 971	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0 0	0	194.12
194. 13 07963 PEDI ATRI C THERAPI ES	0	0	1, 800, 33	189, 855	209, 243	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0		0 0		194.14
194. 15 07965 MARKETI NG/PUBLIC RELATIONS	0	o	34, 25	3, 612	69, 456	194.15
194. 16 07966 JAY COUNTY HOSPI TAL	0	0	1, 532, 42			
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
194.2007970 MEALS ON WHEELS	0	0		0 0	-	194.20
194. 21 07971 ST MARY'S SCHOOL	0	0		0 0		194.21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0	239, 99	25, 309		194.22
194. 23 07973 CANCER CENTER BOUTI QUE	0	0	80, 14			
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	380, 8			
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	0	19, 25			194.25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	1, 366, 70			
194. 27 07977 MI DWEST HEALTH STRATEGIES	0	0	1, 500, 70	0 0		194.20
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0				194.27
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0				194.20
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0		0 0		194.29
194. 31 07986 OTHER NONRELIMBURSABLE COST CENTERS	0	0		0 0		194.30
194. 32 07980 OTHER NONREIMBURSABLE COST CENTERS	0	0		0 0		194.31
194. 33 07983 LAB CORP	0	0		0 0		194.32
194. 34 07984 H. O. MATERIALS MGMT	0	0		0 0		194.33
194. 35 07985 LEASED SPACE	0		220 44			
	0	9	339, 63		088, /54	
	_			0		200.00
201.00 Negative Cost Centers	12 504 005		424 207 20	0 0 0		201.00
202.00 TOTAL (sum lines 118 through 201)	13, 584, 005	11, 232, 838	434, 307, 39	41, 438, 011	26, 793, 094	202.00

51 A	LLOCATION - GENERAL SERVICE COSTS		Provider CO		riod: om 01/01/2021 12/31/2021	Worksheet B Part I Date/Time Pre 5/27/2022 9:4	
	Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
		7.00	8.00	9.00	10.00	11.00	
	GENERAL SERVICE COST CENTERS	1					
	00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT						1.00
	01160 COMMUNI CATI ONS						5.01
	00550 DATA PROCESSI NG						5.02
	00570 ADMI TTI NG						5.04
	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5.05
	00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS						5.06
	00700 OPERATION OF PLANT	9, 790, 825					7.00
	00800 LAUNDRY & LINEN SERVICE	0	1, 658, 426				8.00
	00900 HOUSEKEEPI NG	146, 211	34	6, 059, 497			9.00
	01000 DI ETARY	200, 414	0	153, 187	5, 219, 320		10.00
	01100 CAFETERIA 01300 NURSING ADMINISTRATION	91, 478 162, 217	0 15	69, 922 123, 991	0	1, 523, 056 52, 917	
	01400 CENTRAL SERVICES & SUPPLY	250, 425	0	191, 414	0	0	
	01500 PHARMACY	86, 237	289	65, 916	0	60, 412	
	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	
	01080 PATIENT TRANSPORTATION	8, 475	7, 902	6, 478	0	21,609	
	02100 I & R SERVI CES-SALARY & FRI NGES APPRVD 02200 I & R SERVI CES-OTHER PRGM COSTS APPRVD	0 493, 781	0	0 377, 423	0	73, 862 6, 750	
	02300 PARAMED ED PRGM	2, 219	7	1, 696	0		
	INPATIENT ROUTINE SERVICE COST CENTERS	_,,_		.,	-	_,	
	03000 ADULTS & PEDI ATRI CS	2, 202, 979	836, 941	1, 683, 858	4, 226, 680		
	03100 I NTENSI VE CARE UNI T	326, 512	137, 286	249, 571	180, 150		
	03200 CORONARY CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT	120 247	0 8, 622	01 027	0 5, 972	0 28, 430	32.0
	02000 NEONATAL TITENSIVE CARE UNIT 04000 SUBPROVIDER - IPF	120, 267	8, 622	91, 927 0	5, 972	28,430	40.0
	04100 SUBPROVI DER – I RF	118,001	53, 456	90, 194	286, 764	22, 243	
	04300 NURSERY	32, 141	12, 194	24, 567	0		43.0
	ANCI LLARY SERVICE COST CENTERS					· · · · -	
	05000 OPERATING ROOM 05100 RECOVERY ROOM	447, 262 97, 132	126, 192 42, 297	341, 867 74, 243	847 0	96, 467 24, 145	50.0
	05200 DELIVERY ROOM & LABOR ROOM	151, 523	42, 297 62, 997	115, 817	0	26, 891	52.0
	05400 RADI OLOGY-DI AGNOSTI C	734, 598	97,666	550, 820	1, 976		
	05700 CT SCAN	0	0	0	0	4, 034	57.0
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.0
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	160, 517 211, 474	20, 948 0	122, 692 160, 089	23, 521 0	32, 676 48, 691	59.0 60.0
	06001 BLOOD LABORATORY	211,474	0	0	0	40,071	60.0
	06300 BLOOD STORING, PROCESSING, & TRANS.	0	371	0	0	0	63.0
	06500 RESPI RATORY THERAPY	52, 113	220	39, 833	0	51, 790	
	06501 SLEEP LAB	0	167	0	0		
	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	183, 806 28, 376	7, 945 0	30, 874 21, 689	0 0	60, 673 11, 036	1
	06800 SPEECH PATHOLOGY	6, 787	0	5, 188	0	7,072	68.0
	06801 AUDI OLOGY	0	0	0	0	0	68.0
	06900 ELECTROCARDI OLOGY	175, 732	16, 834	134, 322	0	25, 684	69.0
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	
	07200 IMPL. DEV. CHARGED TO PATIENT 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	72.0
	07301 HOSPI TAL BASED RETAIL PHARMACIES	10, 482	145	0	0	14, 356	
	07400 RENAL DI ALYSI S	34, 443	2, 456	26, 327	0	0	
	03160 CARDI OPULMONARY	0	0	0	0	0	
	07697 CARDI AC REHABI LI TATI ON	0	0	0	0	15, 322	76.9
	07698 HYPERBARIC OXYGEN THERAPY	4, 898	0	3, 744	0	8, 088	76.9
	OUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	90.0
	09001 SUBSTANCE ABUSE CLINIC	75, 319	0	57, 570	0	-	
	09002 PALN CLINIC	264, 908	0	202, 484	0	6, 147	90.0
	09003 ONCOLOGY CLINIC	34, 301	665	26, 218	2, 476		
	09100 EMERGENCY	398, 384	213, 563	304, 506	243, 111	119, 354	91.0
	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	51, 747	5	39, 553	0	11, 388	92.0
	OTHER REIMBURSABLE COST CENTERS	01,747	5	07,000	0	11,000	1 2.0
. 00	09500 AMBULANCE SERVICES	8, 440	0	6, 451	0	0	95.0
	SPECIAL PURPOSE COST CENTERS						1
	11300 INTEREST EXPENSE	7 272 500	1 / 10 017	E 204 424	1 071 107	1 475 400	113.0
8. 00	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	7, 373, 599	1, 649, 217	5, 394, 431	4, 971, 497	1, 475, 683	1118.0
		0	0	0	0	6 569	190. 0
	19000[GIFL, FLOWER, COFFEE SHOP & CANIFEN						
0. 00	19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 19100 RESEARCH	22, 073	0	16, 871	0	10, 986	

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	eu of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C	CN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I
Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPIN	G DI ETARY	CAFETERI A
	7.00	8.00	9.00	10.00	11.00
194.0207952 PAVILLION PHARMACY	29, 981	150	22, 9	16 C	9, 567 194. 02
194. 03 07953 VENDI NG	0	0		0 0	0 194.03
194. 04 07954 CARELI NE	0	0		0 0	0 194.04
194.0507955 WELLNESS CENTER	59, 880	8, 951	45, 70	59 C	0 194.05
194. 06 07956 PHYSI CLAN PRACTI CE CLINI CS	285,600	0	85, 10	50 C	0 194.06
194. 07 07957 PERINATAL CLINIC	0	0		0 0	0 194.07
194. 08 07958 RENTAL PROPERTY	1,069,572	108	376, 94	45 C	0 194.08
194. 09 07959 ADVERTI SI NG	0	0		0 0	0 194.09
194. 10 07960 I NTEGRA LTAC	138, 940	0		0 247, 823	0 194, 10
194.1107961 U HEALTH HOSPICE	35, 895		27, 43		151 194, 11
194. 12 07962 POB MEDICAL PAVILLION CONDOS	0			0 0	0 194.12
194, 13 07963 PEDI ATRI C THERAPI ES	79,084	0		0 0	0 0 194, 13
194.14 07964 NEW CASTLE ONCOLOGY	0			0 0	0 194.14
194. 15 07965 MARKETI NG/PUBLIC RELATIONS	26, 251	0		0 0	0 194.15
194. 16 07966 JAY COUNTY HOSPI TAL	60, 045	0	45, 89		8, 762 194, 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 0 194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	0		0 0	0 0 194. 19
194. 20 07970 MEALS ON WHEELS	0	0		0 0	0 0 194.20
194. 21 07971 ST MARY'S SCHOOL	0	0		0 0	0 0 194.21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0			0 0 194.22
194. 23 07973 CANCER CENTER BOUTI QUE	10.057		7,68	37 0	594 194. 23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	291, 927		7,00		0 194.24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	271, 727			0 0	10 194. 25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	47,604	-	36, 38		9, 084 194. 26
194. 27 07977 MIDWEST HEALTH STRATEGIES	47,004		50, 50		0 0 194.27
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0			0 0 194.27
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0			0 0 194.28
194. 30 07980 CARDINAL HEALTH ALLIANCE	0	0			0 0 194. 29
194. 30/07980/CARDINAL HEALTH ALLIANCE 194. 31/07986/OTHER NONREIMBURSABLE COST CENTERS	0	0			0 0 0 194.30
	0	0			0 0 194.31
194. 32 07982 RENAL DI ALYSI S 194. 33 07983 LAB CORP	0	0			0 0 194.32
	0	0		0 0	
194. 34 07984 H. O. MATERIALS MGMT	0	0		0 0	0 194.34
194. 35 07985 LEASED SPACE	260, 317	0		0 0	0 194.35
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers	0 700 005				
202.00 TOTAL (sum lines 118 through 201)	9, 790, 825	1, 658, 426	6, 059, 49	5, 219, 320	0 1, 523, 056 202. 00

Ith Financial Systems ST ALLOCATION - GENERAL SERVICE COSTS	BALL MEMORIA	Provider CC		Period:	u of Form CMS-2 Worksheet B Part I	
				From 01/01/2021 To 12/31/2021	Date/Time Pre	pare
					5/27/2022 9:4 OTHER GENERAL	.0 ar
					SERVI CE	
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	PATI ENT	
	ADMI NI STRATI O N	SERVICES & SUPPLY		RECORDS & LI BRARY	TRANSPORTATIO	
	13.00	14.00	15.00	16.00	18.00	
GENERAL SERVICE COST CENTERS					I	
00 00100 NEW CAP REL COSTS-BLDG & FIXT 00 00400 EMPLOYEE BENEFITS DEPARTMENT						1
0 00400 EMPLOYEE BENEFITS DEPARTMENT 0 01160 COMMUNICATIONS						4
02 00550 DATA PROCESSI NG						5
04 00570 ADMI TTI NG						5
00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5
06 00590 OTHER ADMINISTRATIVE AND GENERAL 00 00600 MAINTENANCE & REPAIRS						5
00 00700 OPERATION OF PLANT						
00 00800 LAUNDRY & LI NEN SERVI CE						8
00 00900 HOUSEKEEPI NG						9
00 01000 DI ETARY 00 01100 CAFETERI A						10 11
00 01300 NURSI NG ADMI NI STRATI ON	19, 964, 739					13
00 01400 CENTRAL SERVICES & SUPPLY	0	13, 999, 841				14
00 01500 PHARMACY	0	46, 192	9, 832, 18	4		15
00 01600 MEDICAL RECORDS & LIBRARY	0	0		0 0	4 004 770	16
00 01080 PATIENT TRANSPORTATION 00 02100 I &R SERVICES-SALARY & FRINGES APPRVD	1, 263 0	0			1, 081, 772	18
00 02200 I &R SERVICES-SALART & TRINGES AFFROD	0	2		5 0	-	22
00 02300 PARAMED ED PRGM	0	0		0 0		
INPATIENT ROUTINE SERVICE COST CENTERS	0.500.000	504.050			100.074	
00 03000 ADULTS & PEDIATRICS 00 03100 INTENSIVE CARE UNIT	9, 530, 339 2, 497, 132	504, 258 253, 453	58, 24 37, 98			30
00 03200 CORONARY CARE UNI T	2,477,132	200, 400			0	32
00 02060 NEONATAL INTENSIVE CARE UNIT	716, 804	44, 713	2, 78	4 0	8, 382	35
00 04000 SUBPROVIDER - IPF	0	0		0 0	0	40
00 04100 SUBPROVI DER – I RF 00 04300 NURSERY	527, 025 128, 520	9, 152 0	54	2 0 0 0		
ANCI LLARY SERVICE COST CENTERS	120, 020			<u> </u>	1,177	
00 05000 OPERATING ROOM	855, 113	2, 440, 919	23, 90			50
00 05100 RECOVERY ROOM 00 05200 DELIVERY ROOM & LABOR ROOM	557, 023 710, 173	24, 018 80, 921	12, 90 7, 08			51 52
00 05400 RADI OLOGY-DI AGNOSTI C	529, 235	533, 445	64, 82			
00 05700 CT SCAN	0	106		4 0	1, 699	
00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 0	0	58
00 05900 CARDIAC CATHETERIZATION 00 06000 LABORATORY	530, 183 0	639, 263 0	10, 25	6 0 0 0	57, 441 49, 665	
01 06001 BLOOD LABORATORY	0	0		0 0		
00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		0 0	3, 306	
00 06500 RESPIRATORY THERAPY	1, 895	254, 359		0 0		
01 06501 SLEEP LAB 00 06600 PHYSI CAL THERAPY	0	10, 998 8, 347	2	0 0	3, 631 11, 356	
00 06700 OCCUPATI ONAL THERAPY	0	157			3, 805	
00 06800 SPEECH PATHOLOGY	0	0		0 0	2, 082	
01 06801 AUDI OLOGY	0	0		0 0	0	68
00 06900 ELECTROCARDI OLOGY	316	21, 545	20		29, 410	
00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 00 07200 IMPL. DEV. CHARGED TO PATIENT	0	5, 418, 746 3, 316, 433			45, 892 56, 936	
00 07300 DRUGS CHARGED TO PATIENTS	0	0	9, 514, 21		201, 249	
01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	74		0 0	3, 642	
00 07400 RENAL DI ALYSI S	0	2, 104	25		1, 866	
00 03160 CARDI OPULMONARY 97 07697 CARDI AC REHABI LI TATI ON	0 29, 367	0 422		0 0 1 0	0 2,605	76
98 07698 HYPERBARI C OXYGEN THERAPY	159, 150	108, 120		0 0		
OUTPATIENT SERVICE COST CENTERS				-	I	
00 09000 CLINIC	17 249	0			-	90
01 09001 SUBSTANCE ABUSE CLINIC 02 09002 PAIN CLINIC	17, 368 48, 313	430 5, 826	16		420 2, 965	
03 09003 ONCOLOGY CLINIC	323, 036	39, 226	13, 52		15, 293	
00 09100 EMERGENCY	2, 565, 654	228, 114	84, 71		127, 357	91
00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	000 000	0.05-		-		92
01 09201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	232, 093	2, 982	52	2 0	2, 894	92
00 09500 AMBULANCE SERVICES	0	0		0 0	0	95
SPECIAL PURPOSE COST CENTERS						
3.00 11300 INTEREST EXPENSE 3.00 SUBTOTALS (SUM OF LINES 1 through 117		10 004 005	0 000 47		1 001 770	113
STUDE INDRUCTALS (NUM DE LINES 1 through 117) 19, 960, 002	13, 994, 325	9, 832, 16	0 0	1, 081, 772	1118
NONREI MBURSABLE COST CENTERS						1

Health Financial Systems	BALL MEMORIA	L HOSPI TAL			In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C	CN: 15-0089		riod: om 01/01/2021	Worksheet B Part I Date/Time Pre	pared:
Cost Center Description	NURSI NG ADMI NI STRATI O	CENTRAL SERVICES &	PHARMACY		MEDI CAL RECORDS &	5/27/2022 9: 4 OTHER GENERAL SERVI CE PATI ENT TRANSPORTATI 0	
	N 13.00	SUPPLY 14 00	15.00		LI BRARY	N 18.00	
 191. 00 19100 RESEARCH 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 194. 01 07951 BSU PHARMACY 194. 02 07952 PAVI LLI ON PHARMACY 194. 04 07954 CARELI NE 194. 04 07954 CARELI NE 194. 06 07955 WELLNESS CENTER 194. 06 07956 PHYSI CI AN PRACTI CE CLI NI CS 194. 07 07957 PERI NATAL CLI NI C 194. 09 07959 ADVERTI SI NG 194. 10 07960 INTEGRA LTAC 194. 10 07961 IU HEALTH HOSPI CE 194. 10 07962 POB MEDI CAL PAVI LLI ON CONDOS 194. 10 07963 PEDI ATRI C THERAPI ES 194. 10 07964 NEW CASTLE ONCOLOGY 194. 15 07965 MARKETI NG/PUBLI C RELATI ONS 194. 16 07966 JAY COUNTY HOSPI TAL 194. 17 07967 CARDI NAL HEALTH CHOI CE 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 194. 21 07971 ST MARY'S SCHOOL 194. 22 07972 THERAPI ES TO OTHER ENTI TI ES 194. 23 07973 CANCER CENTER BOUTI QUE 194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL 194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL 194. 26 07977 MI DWEST HEALTH STRATEGI ES 194. 27 07977 MI DWEST HEALTH STRATEGI ES 194. 28 07978 CARDI NAL SELECT RI SK RETENTI ON GRP 194. 30 07980 CARDI NAL SELECT RI SK RETENTI ON GRP 194. 30 07980 CARDI NAL SELECT RI SK RETENTI ON GRP 194. 29 07972 MI DWEST HEALTH STRATEGI ES 194. 29 07973 MI DWEST HEALTH STRATEGI ES 194. 20 07974 BOSC BALL OUTPATI ENT SURGERY 194. 20 07975 CARDI NAL SELECT RI SK RETENTI ON GRP 194. 20 07978 CARDI NAL SELECT RI SK RETENTI ON GRP 194. 30 07980 CARDI NAL SELECT RI SK RETENTI ON GRP 194. 30 07980 CARDI NAL SELECT RI SK RETENTI ON GRP 194. 30 07980 CARDI NAL SELECT RI SK RETENTI ON GRP 194. 30 07980 CARDI NAL SELECT RI SK RETENTI ON GRP 194. 30 07980 CARDI NAL SELECT RI SK RETENTI ON GRP 194. 30 07980 CARDI NAL SELECT RI SK RETENTI ON GRP 194. 30 07980 CARDI NAL SELEC	13.00 0 0 0 0 0 0 0 0 0 0 0 0	14.00 43 0 2,597 0 0 8 0 157 0 0 0 1,099 0 0 0 1,099 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15.00	13 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	16.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	18.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	191. 00 194. 00 194. 01 194. 02 194. 03 194. 04 194. 05 194. 05 194. 06 194. 07 194. 07 194. 07 194. 07 194. 07 194. 10 194. 10 194. 10 194. 11 194. 12 194. 13 194. 14 194. 15 194. 16 194. 17 194. 18 194. 20 194. 21 194. 22 194. 23 194. 24 194. 25 194. 26 194. 27 194. 30 194. 31 194. 32 194. 33 194. 34
194. 3507985LEASED SPACE200. 00Cross Foot Adjustments201. 00Negative Cost Centers202. 00TOTAL (sum lines 118 through 201)	0 0 19, 964, 739	0 0 13, 999, 841	9, 832, 1	0 0 84	0 0 0		194. 35 200. 00 201. 00 202. 00

ST A	ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Pre	
		INTERNS &	RESI DENTS			5/27/2022 9:4	0 am
	Cost Center Description	SERVI CES-SALA RY & FRI NGES	SERVI CES-OTHE R PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		21.00	22.00	23.00	24.00	25.00	
~~	GENERAL SERVICE COST CENTERS		1				
. 00 . 00	00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATIONS 00550 DATA PROCESSING 00570 ADMITTING 00580 CASHIERING/ACCOUNTS RECEIVABLE 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY						1.00 4.00 5.0 5.00 5.00 5.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00
. 00 . 00 . 00 . 00	01500 PHARMACY 01600 MEDI CAL RECORDS & LIBRARY 01080 PATI ENT TRANSPORTATI ON 02100 I &R SERVI CES-SALARY & FRI NGES APPRVD 02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM	5, 341, 203	7, 101, 576	327, 57	9		15.00 16.00 18.00 21.00 22.00 23.00
. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	3, 249, 457	4, 320, 425		91, 255, 690	-7, 569, 882	30.00
	03100 I NTENSI VE CARE UNI T	640, 986	852, 244		23, 238, 099	-1, 493, 230	
. 00	03200 CORONARY CARE UNI T	0	0		0 0	0	32.00
	02060 NEONATAL INTENSIVE CARE UNIT	41, 421	55, 072		5, 978, 487	-96, 493	1
	04000 SUBPROVI DER – I PF 04100 SUBPROVI DER – I RF	0 0	0		0 0 0 4, 467, 031	0	40.00
	04300 NURSERY	0	0		1, 117, 396	0	1
	ANCILLARY SERVICE COST CENTERS		1 -1		· · · · ·	-	
	05000 OPERATING ROOM	294, 087	391, 013		22, 206, 068	-685, 100	50.0
	05100 RECOVERY ROOM	0	0		0 4, 355, 162	0	51.0
	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	0 134, 617	178, 985		5, 637, 088 29, 679, 002	0 -313, 602	52.0 54.0
	05700 CT SCAN	017	0		214, 504	0	
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	(0 0	0	
. 00	05900 CARDI AC CATHETERI ZATI ON	0	0		0 10, 018, 666	0	
	06000 LABORATORY	0	0	(19, 536, 641	0	
	06001 BLOOD LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	(0 1,688,266	0	60.0 63.0
	06500 RESPIRATORY THERAPY	128, 404	170, 724	(8, 338, 717	-299, 128	
	06501 SLEEP LAB	0	0	(902, 585	0	65.0
	06600 PHYSI CAL THERAPY	0	0	(7, 867, 113	0	66.0
	06700 OCCUPATI ONAL THERAPY	0	0	(1, 805, 552	0	67.C
	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY	0	0	(988, 324	0	68.C
	06900 ELECTROCARDI OLOGY	264, 057	351, 086	(5, 503, 267	-615, 143	69. C
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	204,007	0	(21, 110, 622	013, 143	71.0
	07200 I MPL. DEV. CHARGED TO PATIENT	0	0	(14, 290, 797	0	72.0
	07300 DRUGS CHARGED TO PATIENTS	0	0	327, 57		0	73.0
	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	(9, 176, 355	0	
	07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY	0	0	(2,004,752	0	74.0
	07697 CARDI AC REHABI LI TATI ON	0	0	(1, 513, 377	0	76.9
	07698 HYPERBARI C OXYGEN THERAPY	16, 568	22, 029	(2, 516, 141	-38, 597	76.9
	OUTPATIENT SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·	· · ·				
	09000 CLI NI C	0	0	(0 -76, 511	0	
	09001 SUBSTANCE ABUSE CLINIC	0	0		0 824, 817	105 441	90.0
	09002 PAIN CLINIC 09003 ONCOLOGY CLINIC	53, 847 102, 516	71, 594 136, 304		2, 481, 726 3, 321, 271	-125, 441 -238, 820	90. C
	09100 EMERGENCY	371, 751	494, 274		29, 317, 607	-866, 025	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,	,	·	.,,,,	0	92.0
	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	(2, 020, 269	0	
	OTHER REIMBURSABLE COST CENTERS						
. 00	09500 AMBULANCE SERVICES	0	0	(0 49, 393	0	95.0
	SPECIAL PURPOSE COST CENTERS						
3 00	11300 INTEREST EXPENSE						113.0

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C	CN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Pre 5/27/2022 9:4	pared:
	INTERNS &	RESI DENTS			572772022 7.4	
Cost Center Description	SERVI CES-SALA		PARAMED ED	Subtotal	Intern &	
	RY & FRINGES	R PRGM COSTS	PRGM		Residents	
					Cost & Post	
					Stepdown Adjustments	
	21.00	22.00	23.00	24.00	25.00	
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0 837, 408	0	190.00
191. 00 19100 RESEARCH	43, 492	57, 826		0 1, 218, 279	-101, 318	191.00
194.00079500THER NONREIMBURSABLE COST CENTERS	0	0		0 0		194.00
194.0107951BSU PHARMACY	0	0		0 89, 865		194.01
194. 02 07952 PAVILLION PHARMACY	0	0		0 7, 599, 751		194.02
194. 03 07953 VENDI NG	0	0		0 0		194.03
	0	0		0 0 0		194.04
194. 05 07955 WELLNESS CENTER 194. 06 07956 PHYSI CLAN PRACTI CE CLINI CS	0	0		0 360, 674 0 1, 538, 321		194.05 194.06
194. 0707957 PERINATAL CLINIC	0	0		0 1, 556, 521		194.08
194. 08 07958 RENTAL PROPERTY	0	0		0 6, 661, 481		194.08
194. 09 07959 ADVERTI SI NG	0	0		0 0,001,401		194.09
194. 10 07960 I NTEGRA LTAC	0	0		0 954, 764		194.10
194. 11 07961 I U HEALTH HOSPICE	0	0		0 240, 624	0	194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0		0 0	0	194.12
194. 13 07963 PEDI ATRI C THERAPI ES	0	0		0 2, 279, 620	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		0 133, 569		
194. 16 07966 JAY COUNTY HOSPI TAL	0	0		0 1, 967, 601		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		
194.1907969 HEALTH CARE CONNECTIONS 194.2007970 MEALS ON WHEELS	0	0		0 0		194. 19 194. 20
194. 21 07971 ST MARY'S SCHOOL	0	0		0 0		194.20
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0		0 265, 328		194.22
194. 23 07973 CANCER CENTER BOUTIQUE	0	0		0 134, 245		194.23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0		0 1, 485, 353	0	194.24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	0		0 21,609	0	194.25
194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL	0	0		0 1, 729, 921	0	194.26
194. 27 07977 MI DWEST HEALTH STRATEGI ES	0	0		0 0		194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0 0		194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0 0		194.29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0		0 0		194.30
194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS	0	0		0 0		194.31
194. 32 07982 RENAL_DI ALYSI S 194. 33 07983 LAB_CORP	0	0				194.32 194.33
194. 34 07984 H. O. MATERIALS MGMT	0	0				194.33
194. 35 07985 LEASED SPACE	0	0		0 1, 324, 518		194.35
200.00 Cross Foot Adjustments	0	0		0 0		200.00
201.00 Negative Cost Centers	0	0		0 0		201.00
202.00 TOTAL (sum lines 118 through 201)	5, 341, 203	7, 101, 576	327, 57	79 434, 307, 390	-12, 442, 779	202.00

	LLOCATION - GENERAL SERVICE COSTS	DALL MEMORIAL	Provi der CCN: 15-0089	Period: Worksheet B From 01/01/2021 Part I	
				To 12/31/2021 Date/Time Pr 5/27/2022 9:	repared: 40 am
	Cost Center Description	Total		0/2//2022 /.	
	GENERAL SERVICE COST CENTERS	26.00			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5. 01 5. 02	01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG				5.01 5.02
5.02 5.04	00570 ADMITTING				5.02
5.05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE				5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600 MAINTENANCE & REPAIRS				6.00
7.00	00700 OPERATION OF PLANT				7.00
8.00 9.00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG				8.00 9.00
	01000 DI ETARY				10.00
11.00	01100 CAFETERI A				11.00
	01300 NURSING ADMINISTRATION				13.00
	01400 CENTRAL SERVICES & SUPPLY				14.00
	01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY				15.00
	01080 PATIENT TRANSPORTATION				18.00
	02100 I &R SERVICES-SALARY & FRINGES APPRVD				21.00
	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300 PARAMED ED PRGM				23.00
20 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	83, 685, 808			30.00
	03100 I NTENSI VE CARE UNI T	21, 744, 869			31.00
	03200 CORONARY CARE UNI T	0			32.00
	02060 NEONATAL INTENSIVE CARE UNIT	5, 881, 994			35.00
	04000 SUBPROVI DER - I PF	0			40.00
	04100 SUBPROVI DER – I RF 04300 NURSERY	4, 467, 031 1, 117, 396			41.00 43.00
43.00	ANCI LLARY SERVICE COST CENTERS	1, 117, 370			43.00
50.00	05000 OPERATING ROOM	21, 520, 968			50.00
	05100 RECOVERY ROOM	4, 355, 162			51.00
	05200 DELIVERY ROOM & LABOR ROOM	5, 637, 088			52.00
	05400 RADI OLOGY-DI AGNOSTI C 05700 CT SCAN	29, 365, 400 214, 504			54.00 57.00
	05800 MAGNETIC RESONANCE IMAGING (MRI)	214, 304			58.00
	05900 CARDI AC CATHETERI ZATI ON	10, 018, 666			59.00
	06000 LABORATORY	19, 536, 641			60.00
	06001 BLOOD LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS.	0 1, 688, 266			60. 01 63. 00
	06500 RESPI RATORY THERAPY	8,039,589			65.00
	06501 SLEEP LAB	902, 585			65.01
	06600 PHYSI CAL THERAPY	7, 867, 113			66.00
67.00	06700 OCCUPATI ONAL THERAPY	1, 805, 552			67.00
	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY	988, 324			68.00 68.01
	06900 ELECTROCARDI OLOGY	4, 888, 124			69.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	21, 110, 622			71.00
	07200 IMPL. DEV. CHARGED TO PATIENT	14, 290, 797			72.00
	07300 DRUGS CHARGED TO PATIENTS	72, 116, 185			73.00
	07301 HOSPITAL BASED RETAIL PHARMACIES 07400 RENAL DIALYSIS	9, 176, 355 2, 004, 752			73.01
	03160 CARDI OPULMONARY	2,004,732			76.00
	07697 CARDI AC REHABI LI TATI ON	1, 513, 377			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	2, 477, 544			76. 98
00.00	OUTPATIENT SERVICE COST CENTERS	76 511			00.00
	09000 CLINIC 09001 SUBSTANCE ABUSE CLINIC	-76, 511 824, 817			90.00 90.01
	09002 PAIN CLINIC	2, 356, 285			90.01
90.03	09003 ONCOLOGY CLINIC	3, 082, 451			90.03
	09100 EMERGENCY	28, 451, 582			91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2 020 260			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	2,020,269			92.01
95.00	09500 AMBULANCE SERVICES	49, 393			95.00
	SPECIAL PURPOSE COST CENTERS				
	11300 INTEREST EXPENSE	000 100 000			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	393, 122, 998			118.00
190 00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	837, 408			190.00
191.00	19100 RESEARCH	1, 116, 961			191.00
	07950 OTHER NONREIMBURSABLE COST CENTERS	0			194.00
	07951 BSU PHARMACY 07952 PAVI LLI ON PHARMACY	89, 865 7 500 751			194.01
194.02	U/932 PAVILLIUN PHAKMAUY	7, 599, 751			194.02

BALL MEMORIAL HOSPITAL

In Lieu of Form CMS-2552-10

Health Financial Systems

Health Financial Systems	BALL MEMORIAL	HOSPI TAL	In Lieu	u of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/27/2022 9:40 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	360, 674			194.05
194. 06 07956 PHYSI CI AN PRACTI CE CLI NI CS	1, 538, 321			194.06
194. 07 07957 PERI NATAL CLI NI C	0			194.07
194. 08 07958 RENTAL PROPERTY	6, 661, 481			194.08
194. 09 07959 ADVERTI SI NG	0,001,101			194.09
194. 10 07960 I NTEGRA LTAC	954, 764			194.10
194. 11 07961 I U HEALTH HOSPI CE	240, 624			194.11
194. 12 07962 POB MEDICAL PAVILLION CONDOS	0			194.12
194. 13 07963 PEDI ATRI C THERAPI ES	2, 279, 620			194.13
194. 14 07964 NEW CASTLE ONCOLOGY	2, 277, 020			194.14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	133, 569			194.15
194. 16 07966 JAY COUNTY HOSPI TAL	1, 967, 601			194.16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0			194.10
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			194.20
194. 22 07972 THERAPIES TO OTHER ENTITIES	265, 328			194.22
194. 23 07973 CANCER CENTER BOUTI QUE	134, 245			194.22
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	1, 485, 353			194.23
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	21, 609			194.24
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	1, 729, 921			194.25
194. 27 07977 MIDWEST HEALTH STRATEGIES	1, 729, 921			194.20
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0			194.27
194. 29/07979 HOME OFFICE CARDINAL HEALTH INITIATI	0			194.20
194. 30 07980 CARDINAL HEALTH ALLIANCE	0			194.29
194. 31 07986 OTHER NONREIMBURSABLE COST CENTERS	0			194.30
194. 32 07986 OTHER NUNKETMBURSABLE COST CENTERS	0			194.31
	0			
194.33 07983 LAB CORP 194.34 07984 H. O. MATERIALS MGMT	0			194.33
	1 224 510			194.34
194. 35 07985 LEASED SPACE	1, 324, 518			194.35 200.00
200.00 Cross Foot Adjustments	0			
201.00 Negative Cost Centers	0			201.00
202.00 TOTAL (sum lines 118 through 201)	421, 864, 611			202.00

LOCA	TION OF CAPITAL RELATED COSTS	BALL MEMORIA	Provider CC	F	Period: From 01/01/2021 To 12/31/2021	u of Form CMS-2 Worksheet B Part II Date/Time Pre 5/27/2022 9:4	parec
	Cost Center Description	Directly Assigned New Capital Related Costs	CAPI TAL RELATED COSTS NEW BLDG & FI XT	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	COMMUNI CATI ON S	
			1.00	2A	4.00	5. 01	
~~	GENERAL SERVICE COST CENTERS						
00 00	00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT	0	61, 369	61, 369	61, 369		1.0
01	01160 COMMUNI CATI ONS	0	28, 059	28, 059		28, 321	5.0
02	00550 DATA PROCESSING	0	0	(0	5.0
04	00570 ADMI TTI NG	0	108, 493	108, 493		782	5.0
05 06	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00590 OTHER ADMI NI STRATI VE AND GENERAL	0	0 761, 668) 761, 668	, 0	0 745	5.0 5.0
00	00600 MAI NTENANCE & REPAI RS	0	13, 921, 602	13, 921, 602		745	6.0
00	00700 OPERATION OF PLANT	0	438, 006	438, 006		408	7.0
00	00800 LAUNDRY & LINEN SERVICE	0	0)	0	0	8.0
00). 00	00900 HOUSEKEEPI NG 01000 DI ETARY	0	190, 760 261, 476	190, 760 261, 476		1, 337 785	9.0
. 00	01100 CAFETERI A	0	119, 350	119, 350		286	
3.00	01300 NURSI NG ADMI NI STRATI ON	0	211, 642	211, 642		806	13.0
1.00	01400 CENTRAL SERVICES & SUPPLY	0	326, 726	326, 726		0	
5.00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	0	112, 512	112, 512	2,370	920	15.0
3.00	01080 PATI ENT TRANSPORTATI ON	0	11, 057	11, 057	311	329	18.0
. 00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	(1, 741	1, 125	
2.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	644, 228	644, 228		103	
3.00	02300 PARAMED ED PRGM I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	2, 895	2, 895	95	44	23.0
). 00	03000 ADULTS & PEDIATRICS	0	2, 874, 191	2, 874, 191	13,043	5, 886	30.0
	03100 INTENSIVE CARE UNIT	0	425, 994	425, 994		1, 539	31.0
2.00	03200 CORONARY CARE UNIT	0	0	(0 0	0	32.
5.00).00	02060 NEONATAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF	0	156, 910	156, 910	1, 140	433	35. (40. (
. 00	04100 SUBPROVI DER – I RF	0	153, 954	153, 954	768	339	
3.00	04300 NURSERY	0	41, 934	41, 934		86	43.0
	ANCI LLARY SERVICE COST CENTERS		502 524	F02 F24	0.571	1 470	1 50 /
0.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	0	583, 536 126, 726	583, 536 126, 726		1, 470 368	
2.00	05200 DELIVERY ROOM & LABOR ROOM	0	197, 690	197, 690		410	
1.00	05400 RADI OLOGY-DI AGNOSTI C	0	958, 418	958, 418		1, 903	
7.00 3.00	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	(61	61 0	57. 58.
9.00	05900 CARDI AC CATHETERI ZATI ON	0	209, 424	209, 424	1, 122	498	
0.00	06000 LABORATORY	0	275, 906	275, 906		742	
	06001 BLOOD LABORATORY	0	0	(0 0	0	
3.00 5.00	06300 BLOOD STORI NG, PROCESSI NG, & TRANS. 06500 RESPI RATORY THERAPY	0	0 67, 991	(67, 991) 0 1,869	0 789	
5.00	06501 SLEEP LAB	0	07, 991	(1, 99	213	126	
b. 00	06600 PHYSI CAL THERAPY	0	239, 809	239, 809		924	
7.00	06700 OCCUPATI ONAL THERAPY	0	37, 022	37, 022		168	
3.00 3.01	06800 SPEECH PATHOLOGY 06801 AUDI OLOGY	0	8, 855	8, 855	262 0	108 0	
9.00	06900 ELECTROCARDI OLOGY	0	229, 275	229, 275	-	391	69.
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	(0	0	
	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	(0	0	
	07300 DRUGS CHARGED TO PATIENTS 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0 12 675	(12 67F	0	0 219	
	07400 RENAL DI ALYSI S	0	13, 675 44, 937	13, 675 44, 937		219	
	03160 CARDI OPULMONARY	0	0	(0	0	
	07697 CARDI AC REHABI LI TATI ON	0	0	(426	233	
5. 98	07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	0	6, 391	6, 391	235	123	76.
). 00	09000 CLINIC	0	0	(0	0	90.
0. 01	09001 SUBSTANCE ABUSE CLINIC	0	98, 267	98, 267		63	
	09002 PAIN CLINIC	0	345, 622	345, 622		94	
0.03	09003 ONCOLOGY CLINIC 09100 EMERGENCY	0	44, 752 519, 765	44, 752		192	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	519,705	519, 765 (, 3,807)	1, 818	91.
2. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	67, 514	67, 514	373	173	
	OTHER REIMBURSABLE COST CENTERS	1					1
. 00	09500 AMBULANCE SERVICES SPECIAL PURPOSE COST CENTERS	0	11, 011	11, 011	0	0	95.
3.00	11300 INTEREST EXPENSE						113.
	SUBTOTALS (SUM OF LINES 1 through 117)	0	24, 939, 412	24, 939, 412	58, 679	27, 601	

Health Financial Systems	BALL MEMORIA	AL HOSPITAL		In Lie	u of Form CMS-2	552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C	1	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prep 5/27/2022 9:40	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPI TAL RELATED COSTS NEW BLDG & FI XT	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	COMMUNI CATI ON S	
	0	1.00	2A	4.00	5. 01	
NONREI MBURSABLE COST CENTERS				-1		
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191. 00 19100 RESEARCH 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS	0	-	(28, 798	0 104 3 292 0 0	167 1	190.00 191.00 194.00
194. 02/07952 PAVI LLI ON PHARMACY	0	0 0 39, 116	(39, 110	78	25 1	194.00 194.01 194.02
194. 03 07953 VENDI NG 194. 04 07954 CARELI NE	0	0	(0 0	0 1	194. 03 194. 04
194. 05 07955 WELLNESS CENTER 194. 06 07956 PHYSICIAN PRACTICE CLINICS 194. 07 07957 PERINATAL CLINIC	0	78, 124 372, 618	78, 124 372, 618		0 1	194.05 194.06 194.07
194. 08 07958 RENTAL PROPERTY 194. 09 07959 ADVERTI SI NG		1, 395, 454 0	1, 395, 454 (4 0 0 0	0 1	194. 08 194. 09
194.10 07960 INTEGRA_LTAC 194.11 07961 IU_HEALTH_HOSPICE 194.12 07962 POB_MEDICAL_PAVILLION_CONDOS	0	181, 273 46, 831	181, 273 46, 83	1 6	2	194. 10 194. 11 194. 12
194. 13/07963 PEDI ATRI C THERAPI ES 194. 14/07964 NEW CASTLE ONCOLOGY	0	103, 180 0	103, 180	-	01	194. 12 194. 13 194. 14
194. 15 07965 MARKETI NG/PUBLIC RELATI ONS 194. 16 07966 JAY COUNTY HOSPI TAL	0	34, 250 78, 340	34, 250 78, 340	352	133 1	194. 15 194. 16
194. 17 07967 CARDI NAL HEALTH CHOI CE 194. 18 07968 CHV CARDI NAL HEALTH VENTURES 194. 19 07969 HEALTH CARE CONNECTI ONS	0				0 1	194. 17 194. 18 194. 19
194. 20 07970 MEALS ON WHEELS 194. 21 07971 ST MARY'S SCHOOL	0	0	(0 1	194. 20 194. 21
194. 22 07972 THERAPI ES TO OTHER ENTITIES 194. 23 07973 CANCER CENTER BOUTI QUE 194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0 13, 121 380, 872	(13, 12 380, 872		9 1	194.22 194.23 194.24
194. 26(07975) GARDI NAL BEHAVI ORAL HEALTH 194. 26(07976) BLACKFORD COMMUNI TY HOSPI TAL	0	0		o c	01	194. 24 194. 25 194. 26
194. 27 07977 MIDWEST HEALTH STRATEGIES 194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	(0 0 0 0	0 1	194. 27 194. 28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI 194.30 07980 CARDINAL HEALTH ALLIANCE 194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0				0 1	194.29 194.30 194.31
194. 32 07982 RENAL DI ALYSI S 194. 33 07983 LAB CORP	0	0	(01	194.31 194.32 194.33
194. 34 07984 H. O. MATERIALS MGMT 194. 35 07985 LEASED SPACE 200. 00 Cross Foot Adjustments	0	0 339, 631	(339, 63		01	194.34 194.35 200.00
200.00Cross Foot Adjustments201.00Negative Cost Centers202.00TOTAL (sum lines 118 through 201)	0	0 28, 093, 128	(o o	02	201.00

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lieu	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO	F	eriod: rom 01/01/2021	Worksheet B Part II	
			T		Date/Time Pre 5/27/2022 9:4	pared: 0 am
Cost Center Description	DATA PROCESSI NG	ADMI TTI NG	CASHI ERI NG/AC COUNTS	OTHER ADMI NI STRATI V	MAI NTENANCE & REPAI RS	
	5. 02	5.04	RECEI VABLE 5. 05	E AND GENERAL	6.00	
GENERAL SERVICE COST CENTERS	5. 02	5.04	5.05	5.06	6.00	
1.00 00100 NEW CAP REL COSTS-BLDG & FLXT						1.00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 01 01160 COMMUNI CATI ONS						4.00 5.01
5. 02 00550 DATA PROCESSI NG	0					5.02
5. 04 00570 ADMI TTI NG 5. 05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	0	110, 678 0	0			5.04 5.05
5. 06 00590 OTHER ADMI NI STRATI VE AND GENERAL	0	0	0	764, 756		5.06
6. 00 00600 MAINTENANCE & REPAIRS 7. 00 00700 OPERATION OF PLANT	0	0	0	47, 166	13, 970, 696	6.00 7.00
8. 00 00800 LAUNDRY & LINEN SERVICE	0	0	0	15, 672 2, 919	463, 161 0	8.00
9. 00 00900 HOUSEKEEPI NG	0	0	0	9, 728	201, 715	9.00
10. 00 01000 DI ETARY 11. 00 01100 CAFETERI A	0	0	0	7, 632 1, 971	276, 493 126, 204	
13.00 01300 NURSI NG ADMI NI STRATI ON	0	0	0	33, 793	223, 797	13.00
14. 00 01400 CENTRAL SERVICES & SUPPLY 15. 00 01500 PHARMACY	0	0	0	22, 701 16, 451	345, 490 118, 974	
16. 00 01600 MEDI CAL RECORDS & LI BRARY	0	0	0	10, 431	0	16.00
18.00 01080 PATIENT TRANSPORTATION	0	0	0	1, 784	11, 692	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	9, 272 8, 656	0 681, 225	21.00 22.00
23.00 02300 PARAMED ED PRGM	0	0	0	554	3, 061	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS	0	13, 362	0	102, 625	3, 039, 253	30.00
31. 00 03100 NTENSI VE CARE UNI T	0	3, 504	0	30, 038	450, 459	
32. 00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT 40. 00 04000 SUBPROVIDER - IPF	0	862 0	0	7, 985 0	165, 922 0	35.00 40.00
41.00 04100 SUBPROVIDER - IRF	0	488	0	5, 356	162, 795	41.00
43. 00 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	154	0	1, 457	44, 342	43.00
50. 00 05000 OPERATI NG ROOM	0	9, 021	0	28, 020	617, 048	50.00
51.00 05100 RECOVERY ROOM	0	1, 314	0	5, 728	134,004	
52. 00 05200 DELIVERY ROOM & LABOR ROOM 54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	1, 395 14, 016	0	7, 160 43, 389	209, 043 1, 013, 460	
57. 00 05700 CT SCAN	0	175	0	367	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 59.00 05900 CARDIAC CATHETERIZATION	0	0 5, 910	0	0 14, 077	0 221, 452	58.00 59.00
60. 00 06000 LABORATORY	0	5, 110	0	32, 579	291, 751	
60. 01 06001 BLOOD LABORATORY	0	0 340	0	0	0	60. 01 63. 00
63. 00 06300 BLOOD STORI NG, PROCESSI NG, & TRANS. 65. 00 06500 RESPI RATORY THERAPY	0	340 1, 931	0	2, 965 13, 172	71, 896	
65. 01 06501 SLEEP LAB	0	374	0	1, 548	0	65.01
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY	0	1, 168 392	0	12, 459 2, 932	253, 581 39, 148	
68.00 06800 SPEECH PATHOLOGY	0	214	0	1, 671	9, 364	68.00
68. 01 06801 AUDI OLOGY 69. 00 06900 ELECTROCARDI OLOGY	0	0 3, 026	0	0 7, 075	0 242, 442	68.01 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4, 721	0	27, 543	242, 442	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	5, 858	0	19, 219	0	72.00
73. 00 07300 DRUGS CHARGED TO PATI ENTS 73. 01 07301 HOSPI TAL BASED RETAIL PHARMACI ES	0	20, 086 375	0	109, 357 16, 054	0 14, 461	73.00 73.01
74.00 07400 RENAL DIALYSIS	0	192	0	3, 250	47, 518	74.00
76. 00 03160 CARDI OPULMONARY 76. 97 07697 CARDI AC REHABI LI TATI ON	0	0 268	0	0 2, 580	0	76.00 76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	1, 099			6, 758	
	0	1	0	0	0	00.00
90. 00 09000 CLINIC 90. 01 09001 SUBSTANCE ABUSE CLINIC	0	43	0	0 828	0 103, 911	90.00 90.01
90. 02 09002 PALN CLINIC	0	305	0	1, 980	365, 471	90.02
90. 03 09003 0NC0L0GY CLINIC 91. 00 09100 EMERGENCY	0	1, 573 13, 103	0	4, 444 40, 687	47, 322 549, 615	90.03 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	13, 103	0	40,007	547,015	92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0	298	0	2, 715	71, 391	92.01
OTHER REIMBURSABLE COST CENTERS 95. 00 09500 AMBULANCE SERVICES	0	0	0	21	11, 643	95.00
SPECIAL PURPOSE COST CENTERS				1		
113.00 11300 INTEREST EXPENSE 118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	110, 678	0	731, 400	10, 635, 862	113.00 118.00
NONREI MBURSABLE COST CENTERS		. 10, 070				
190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 191. 00 19100 RESEARCH	0	0	0	1, 461 1, 775	0 30, 452	190.00
191. 00 19100 RESEARCH 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS	0	0	0	1,775		191.00 194.00

ALLOCATION OF CAPITAL RELATED COSTS Cost Center Description PF 194. 01 07951 BSU PHARMACY 194. 02 07952 PAVILLION PHARMACY 194. 03 07953 VENDING 194. 04 07954 CARELINE	DATA ROCESSI NG 5. 02 0 0 0	ADMITTING 5.04 0	CN: 15-0089 CASHI ERI NG/A COUNTS RECEI VABLE 5. 05	ADMI NI STRATI V E AND GENERAL 5. 06	Date/Time Pre 5/27/2022 9:4 MAINTENANCE &	pared: 0 am
PF 194. 01 07951 BSU PHARMACY 194. 02 07952 PAVI LLI ON PHARMACY 194. 03 07953 VENDI NG	ROCESSI NG 5. 02 0	5. 04	COUNTS RECEI VABLE	To 12/31/2021 C OTHER ADMI NI STRATI V E AND GENERAL 5. 06	Date/Time Pre 5/27/2022 9:4 MAINTENANCE & REPAIRS	pared: 0 am
PF 194. 01 07951 BSU PHARMACY 194. 02 07952 PAVI LLI ON PHARMACY 194. 03 07953 VENDI NG	ROCESSI NG 5. 02 0	5. 04	COUNTS RECEI VABLE	C OTHER ADMI NI STRATI V E AND GENERAL 5. 06	5/27/2022 9: 4 MAI NTENANCE & REPAI RS	o am
PF 194. 01 07951 BSU PHARMACY 194. 02 07952 PAVI LLI ON PHARMACY 194. 03 07953 VENDI NG	ROCESSI NG 5. 02 0	5. 04	COUNTS RECEI VABLE	ADMI NI STRATI V E AND GENERAL 5. 06	MAI NTENANCE & REPAI RS	
PF 194. 01 07951 BSU PHARMACY 194. 02 07952 PAVI LLI ON PHARMACY 194. 03 07953 VENDI NG	ROCESSI NG 5. 02 0	5. 04	COUNTS RECEI VABLE	ADMI NI STRATI V E AND GENERAL 5. 06	REPAI RS	
194. 01 07951 BSU PHARMACY 194. 02 07952 PAVI LLI ON PHARMACY 194. 03 07953 VENDI NG	5. 02 0	0	RECEI VABLE	E AND GENERAL 5.06		
194. 02 07952 PAVI LLI ON PHARMACY 194. 03 07953 VENDI NG	0	0		5.06	6.00	
194. 02 07952 PAVI LLI ON PHARMACY 194. 03 07953 VENDI NG	0	0	0100			
194. 02 07952 PAVI LLI ON PHARMACY 194. 03 07953 VENDI NG	-	-		0 155		194.01
194. 03 07953 VENDI NG	0	0		0 13, 124		194.02
	0	0		0 0		194.03
	0	0		0		194.04
194. 05 07955 WELLNESS CENTER	0	0		0 154		194.05
194. 06 07956 PHYSI CI AN PRACTI CE CLINI CS	0	0		0 725		•
194. 07 07957 PERI NATAL CLI NI C	0	0		0 (194.07
194. 08 07958 RENTAL PROPERTY	0	0		0 4, 198		
194. 09 07959 ADVERTI SI NG	0	0		0 (194.09
194. 10/07960 I NTEGRA LTAC	0	0		0 353		
194. 11 07961 I U HEALTH HOSPI CE	0	0		0 137		•
194. 12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0 (194.12
194. 13 07963 PEDI ATRI C THERAPI ES	0	0		0 3, 503		
194. 14 07964 NEW CASTLE ONCOLOGY	0	0		0 0		194.14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	0	0		0 67	36.217	194.15
194. 16 07966 JAY COUNTY HOSPI TAL	0	0		0 2,982		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
194.1907969 HEALTH CARE CONNECTIONS	0	0		0 0	0	194.19
194. 20 07970 MEALS ON WHEELS	0	0		0 0		194.20
194. 21 07971 ST MARY' S SCHOOL	0	0		0 0	0	194.21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0		0 467	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0		0 156	13, 874	194.23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0		0 741		
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	0		0 37		194.25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0		0 2,660	65, 675	194.26
194. 27 07977 MI DWEST HEALTH STRATEGI ES	0	0		0 0	0 0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0 0	o o	194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0 0	o o	194.29
194. 30 07980 CARDINAL HEALTH ALLIANCE	0	0		0 0	0 0	194.30
194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS	0	0		0 0	0 0	194.31
194. 32 07982 RENAL DI ALYSI S	0	0		0 0	0 0	194.32
194.3307983 LAB CORP	0	0		0 0	0 0	194.33
194. 34 07984 H. O. MATERIALS MGMT	0	0		0 0	0 0	194.34
194. 35 07985 LEASED SPACE	О	0		0 661	359, 136	194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0		0 0	0 0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	110, 678		0 764, 756	13, 970, 696	202.00

Health Financial Systems ALLOCATION OF CAPITAL RELATED COSTS	BALL MEMORIA	L HOSPITAL Provider C	Fr	eriod: com 01/01/2021	u of Form CMS-2 Worksheet B Part II	
			Тс	12/31/2021	Date/Time Pre 5/27/2022 9:4	pared: 0 am
Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS 1. 00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 01 01160 COMMUNI CATI ONS						5.01
5. 02 00550 DATA PROCESSING 5. 04 00570 ADMI TTI NG						5.02 5.04
5. 05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5.05
5. 06 00590 OTHER ADMINI STRATI VE AND GENERAL						5.06
6. 00 00600 MAI NTENANCE & REPAI RS 7. 00 00700 OPERATI ON OF PLANT	917, 872					6.00 7.00
8. 00 00800 LAUNDRY & LINEN SERVICE	0	2, 919				8.00
9. 00 00900 HOUSEKEEPI NG	13, 707	0				9.00
10. 00 01000 DI ETARY 11. 00 01100 CAFETERI A	18, 788 8, 576	0		576, 641 0	261, 501	10.00
13. 00 01300 NURSING ADMINISTRATION	15, 208	0		0	9, 086	•
14.00 01400 CENTRAL SERVICES & SUPPLY	23, 477	0		0	0	
15. 00 01500 PHARMACY 16. 00 01600 MEDICAL RECORDS & LIBRARY	8, 085 0	1	4, 553 0	0	10, 372 0	15.00
18. 00 01080 PATIENT TRANSPORTATION	795	14	447	0	3, 710	•
21.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0	-	0	12, 682	21.00
22. 00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	46, 291	0		0	1, 159	•
23. 00 02300 PARAMED ED PRGM I NPATI ENT ROUTI NE SERVI CE COST CENTERS	208	0	117	0	491	23.00
30. 00 03000 ADULTS & PEDIATRICS	206, 526	1, 474	116, 316	466, 972	66, 306	30.00
31. 00 03100 I NTENSI VE CARE UNI T	30, 610	242		19, 903	17, 345	31.00
32. 00 03200 CORONARY CARE UNI T 35. 00 02060 NEONATAL I NTENSI VE CARE UNI T	0 11, 275	0 15	0 6, 350	0 660	0 4, 881	32.00 35.00
40. 00 04000 SUBPROVI DER – I PF	0	0		0	4,001	40.00
41.00 04100 SUBPROVIDER - IRF	11, 062	94		31, 682	3, 819	•
43. 00 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	3, 013	21	1, 697	0	969	43.00
50. 00 05000 OPERATING ROOM	41, 930	222	23, 615	94	16, 563	50.00
51.00 05100 RECOVERY ROOM	9, 106	74	5, 128	0	4, 145	•
52. 00 05200 DELI VERY ROOM & LABOR ROOM 54. 00 05400 RADI OLOGY-DI AGNOSTI C	14, 205	111	8,000	0	4,617	•
57. 00 05700 CT SCAN	68, 867 0	172 0		218 0	21, 451 693	•
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		Ō	0	•
59. 00 05900 CARDI AC CATHETERI ZATI ON	15, 048	37		2, 599	5, 610	•
60. 00 06000 LABORATORY 60. 01 06001 BLOOD LABORATORY	19, 825 0	0		0	8, 360 0	
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	1	0	0	0	63.00
65. 00 06500 RESPI RATORY THERAPY	4, 885	0		0	8, 892	
65. 01 06501 SLEEP LAB 66. 00 06600 PHYSI CAL THERAPY	0 17, 231	0	0 2, 133	0		65.01 66.00
67. 00 06700 OCCUPATI ONAL THERAPY	2,660	0		0		67.00
68.00 06800 SPEECH PATHOLOGY	636	0	358	0		68.00
68. 01 06801 AUDI OLOGY 69. 00 06900 ELECTROCARDI OLOGY	0 16, 475	0 30	0 9, 278	0	0	68.01 69.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10, 475	0		0	4,410	•
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES 74.00 07400 RENAL DIALYSIS	983 3, 229	4	0 1, 819	0	2,465	73.01
76. 00 03160 CARDI OPULMONARY	0,227	0	0	0	0	1
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0	0	0	2, 631	
76. 98 07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	459	0	259	0	1, 389	76.98
90. 00 09000 CLINIC	0	0	0	0	0	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC	7, 061	0	3, 977	0	712	
90. 02 09002 PAIN CLINIC 90. 03 09003 0NCOLOGY CLINIC	24, 835 3, 216	0	13, 987 1, 811	0 274	1, 055 2, 164	•
91. 00 09100 EMERGENCY	37, 348	376		26, 859	20, 493	•
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	4, 851	0	2, 732	0	1, 955	92.01
95. 00 09500 AMBULANCE SERVICES	791	0	446	0	0	95.00
SPECIAL PURPOSE COST CENTERS				9	Ű	
113.00 11300 INTEREST EXPENSE	(01.010	0.000	070 /0/	F 40 0 44	050 0/7	113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	691, 262	2, 903	372, 626	549, 261	253, 367	118.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1, 128	190.00
191.00 19100 RESEARCH	2,069	0	1, 165	0		191.00
194.0007950 OTHER NONREI MBURSABLE COST CENTERS 194.0107951 BSU PHARMACY	0	0	0	0		194.00 194.01
	0	0	0	U	283	1174.01

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C		Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Pre 5/27/2022 9:4	
Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI N		CAFETERI A	
	7.00	8.00	9.00	10.00	11.00	
194. 02 07952 PAVILLION PHARMACY	2, 811	0	1, 5	83 0	1, 643	194.02
194. 03 07953 VENDI NG	0	0		0 0		194.03
194. 04 07954 CARELI NE	0	0		0 0	0	194.04
194.0507955 WELLNESS CENTER	5, 614	16			0	194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	26, 774	0	5, 8	83 0	0	194.06
194. 07 07957 PERI NATAL CLI NI C	0	0		0 0	0	194.07
194. 08 07958 RENTAL PROPERTY	100, 270	0	26, 0	38 0	0	194.08
194. 09 07959 ADVERTI SI NG	0	0		0 0	0	194.09
194. 10 07960 I NTEGRA LTAC	13, 025	0		0 27, 380	0	194.10
194.1107961 IU HEALTH HOSPICE	3, 365	0	1, 8	95 0	26	194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0		0 0	0	194.12
194. 13 07963 PEDI ATRI C THERAPI ES	7, 414	0		0 0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0		0 0	0	194.14
194. 15 07965 MARKETI NG/PUBLIC RELATI ONS	2, 461	0		0 0	0	194.15
194. 16 07966 JAY COUNTY HOSPI TAL	5, 629	0	3, 1	70 0	1, 504	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
194.1907969 HEALTH CARE CONNECTIONS	0	0		0 0	0	194.19
194.2007970 MEALS ON WHEELS	0	0		0 0	0	194.20
194.2107971 ST MARY'S SCHOOL	0	0		0 0	0	194.21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0		0 0	0	194.22
194. 23 07973 CANCER CENTER BOUTIQUE	943	0	5	31 0	102	194.23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	27, 368	0		0 0	0	194.24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	0		0 0	2	194.25
194.2607976 BLACKFORD COMMUNITY HOSPITAL	4, 463	0	2,5	13 0	1, 560	194.26
194. 27 07977 MI DWEST HEALTH STRATEGI ES	0	0		0 0	0	194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	0	0		0 0	0	194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0 0	0	194.29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0		0 0	0	194.30
194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS	0	0		0 0	0	194.31
194. 32 07982 RENAL DI ALYSI S	0	0		0 0	0	194.32
194. 33 07983 LAB CORP	0	0		0 0	0	194.33
194.3407984 H.O. MATERIALS MGMT	0	0		0 0	0	194.34
194. 35 07985 LEASED SPACE	24, 404	0		0 0	0	194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0		0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	917, 872	2, 919	418, 5	66 576, 641	261, 501	202.00

End End Image: First Disput 2023 End L I make 2		Financial Systems	BALL MEMORIA				u of Form CMS-2	2552-10
Cost Center Description NURSING (2017) CENTRAL (2017) PHARAVCY (2017) PEDICAL (2017) Tel (2017) Tel (2017) <thtel (2017) Tel (2</thtel 	ALLOCA	TION OF CAPITAL RELATED COSTS		Provider CC	F	rom 01/01/2021	Worksheet B Part II	1
Cost Center Description NURLING LIMIN STRATE CENTRAL SERVICES PHARMACY REDUCTS REDUCAL REDUCTS SERVICE REDUCTS EXERVICE COST CENTERS 18.00 15.00 16.00 18.00 0 DEMOND FAIL (10.000) 18.00 16.00 18.00 0 DEMOND FAIL (10.000) FAIL (10.000) 18.00 16.00 18.00 0 DEMOND FAIL (10.000) FAIL (10.000) FAIL (10.000) 18.00 16.00 18.00 0 DEMOND FAIL (10.0000) FAIL (10.00000) FAIL (10.00000) FAIL (10.00000) FAIL (10.00000) FAIL (10.00000) FAIL (10.000000) FAIL (10.00000) FAIL (10.000000) FAIL (10.000000) FAIL (10.000000) FAIL (10.000000) FAIL (10.000000) FAIL (10.000000) FAIL (10.0000000) FAIL (10.0000000) FAIL						o 12/31/2021	Date/lime Pre 5/27/2022 9:4	pared: <u>0 am</u>
COST Center Description NURSING ADMINISTERS CHITRAL SUPPLY PURSUARY PLANSAULT PURSU							OTHER GENERAL	
N SUPPLY LIBBARY N 100 GUIDDLER CAPTOR DURTON 13.00 14.00 15.00 15.00 16.00 00 GUIDDLER CAPTORE BLEAD FILL COSTS ALLOS A FLYT 13.00 14.00 15.00 16.00		Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL		
CENERAL SERVICE COST CENTERS 13.00 14.00 15.00 16.00 18.00 COTOM NUE CAP REL COSTS BLOG & FLAT 0 000000 000000							TRANSPORTATI O	
1.00 00100 KEW CAP REL COSTS-BLOG A FLXT 4.00 CHARD FREE COSTS-BLOG A FLXT 5.01 01160 CAMBUND FE BARTIN TO FPARTINN'T 5.01 01160 CAMBUND FE BARTIN DE PARTINN'T 5.01 01160 CAMBUND FE BARTIN E APPARENT VE AND EXERCLE 5.02 00550 CASH ERINKACCOUNTS RECEIVABLE 5.03 00550 CASH ERINKACCOUNTS RECEIVABLE 5.04 00550 CASH ERINKACCOUNTS RECEIVABLE 5.05 00550 CASH ERINKACCOUNTS RECEIVABLE 5.00 01500 CHART FRANKE'S REPARENT 5.00 01500 CHART FRANKE'S REPARENT 5.00 01500 CHART FRANK'S A REPARENT FRANK'S A REPARENT 5.00 01500 CHART FRANK'S A REPARENT 5.00 01500 CHART FRANK'S A REPARENT 5.00 01500 CHART FRANK'S A REPARENT FRANK'S A REPARENT 5.00 01500 CHART FRANK'S A REPARENT FRANK'S A REPARENT 5.00 01500 C					15.00			
4 00 00100 EMPLOYEE EXERTIS DEPARTMENT 5 00 00550 UNITA PROCESSING 5 00 00550 UNITA PROCESSING 5 00 00550 UNITA PROCESSING 5 00 00550 UNITA PROCESSING 5 00 00550 UNITA PROVING SECTORES 5 00 00550 UNITA SECTORES 5 00 0055			1				F	1.00
5.02 00500 DATA PROCESSING 5.06 00570 CASH EN INCACCOUNTS RECEIVABLE 5.06 00500 CASH EN INCACCOUNTS RECEIVABLE 5.07 00500 CASH EN INCACCOUNTS RECEIVABLE 5.08 00500 CASH EN INCACCOUNTS RECEIVABLE 5.08 00500 CASH EN INCACCOUNTS RECEIVABLE 5.09 00500 CASH EN INCACOUNTS RECEIVABLE 5.00 00500 CASH EN INCACOUNTS SERVICE 5.00 00500 CASH EN INCACOUNTS SERVICE 5.00 10400 CASH EN INSTRATION 11.00 010400 CASH EN INSTRATION 13.00 01300 (INSIS INCACOUNTS & LIBRARY 5.00 10400 CASH EN INSTRATION 13.00 01300 (INSIS INCACOUNTS & LIBRARY 5.00 0000 CASH EN INSTRATION 13.00 01300 (INSIS INTERASONITATION 13.00 01300 (INSIS INTERASONITATION 13.								4.00
5.04 COSTO ADMITTING 5.06 COSTO CAPHER INCACCOUNTS RECEIVABLE 5.07 COSTO OPERATION OF PLANT 6.00 COSTO CAPERATION 6.00 COSTO CAPERATION 6.00 COSTO CAPERATION 7.00 COSTO CAPERATION							-	5.01
5.00 COSDIC CASH LER ING/ACCOUNTS RECEIVABLE CONSTICUTIVE AND EXTERNAL								5.02 5.04
6.00 00400 UNITERS VE CAPE UNIT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								5.05
7.00 00700 (PERATION OF PLANT								5.06
8.00 00800 (LAUNDRY & LINN SERVICE 9.0 00900 AUSKERPIN & LINN SERVICE 9.0 00900 AUSKERPIN & LINN SERVICE 9.0 00900 AUSKERPIN & ADMINISTRATION 13.00 01000 AUKERING ADMINISTRATION 13.00 01000 AUKERING ADMINISTRATION 13.00 01000 AUKERING ADMINISTRATION 15.00 01000 AUKERING & SUPPLY 0 2.414 276,652 10.00 01000 APATIENT TRANS-SATATION 10.00 01000 APATIENT SERVICES APPRVD 0 0 0 0 10.00 01000 APATIENT TRANS-SATATION 10.00 01000 APATIENT SERVICES APPRVD 0 0 0 0 10.00 01000 APATIENT TRANS-SATATION 10.00 01000 APATIENT TRANS-SATATION 10.00 01000 APATIENT TRANS-SATATION 10.00 0100 APATIENT TRANS-SATATION 10.00 0100 APATIENT TRANS-SATATION 10.00 0100 APATIENT SERVICES APPRVD 0 0 0 0 10.00 01000 APATIENT TRANS-SATATION 10.00 0100 APATIENT APPRVD 10.00 0100 APATIENT APPRVD 10.00 0100 APATIENT APPRVT 10.00 0100 APPRVT APPRVT 10.00 0100 APPRVT APPR 11.00 0 0 0 0 10.00 0100 APPRVT APPRVT 10.00 0100 APPRVT A								6.00 7.00
10. 00 01000 D L TARY 500 01000 D L TARY 13. 00 01300 NURSI NG ADMINI STRATION 508. 500 731, 616 276, 652 15. 00 01500 PHARMACY 0 2, 414 276, 652 0 0 18. 00 01600 PARIBACY 0 2, 414 276, 652 0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>8.00</td>								8.00
11. 00 01100 CAFETERIA 509 500 14. 00 01400 CENTRAL SERVICES & SUPPLY 0 731, 616 731, 616 10. 00 01600 MEDICAL RECORDS & LIBRARY 0								9.00
13. 00 01300 NURSI NG ADMI NI STRATION 508, 500 15. 00 01500 PHARMACY 0 2, 414 276, 652 15. 00 01500 PHARMACY 0 0 0 0 18. 00 01600 PATIENT TRANSPORTATION 322 0 0 0 0 0 21. 00 02200 Lak SERVICES-SALARY & FIN KGES APPRVD 0								10.00
15:00 01500 [PHARMACY 0 2,414 276,652 18:00 01080 [PATLENT TRANSPORTATION 32 0 <td></td> <td></td> <td>508, 500</td> <td></td> <td></td> <td></td> <td></td> <td>13.00</td>			508, 500					13.00
16.00 01600 MEDICAL RECORDS & LIBRARY 0			-					14.00
18. 00 01080 PATLENT TRANSPORTATION 32 0			0			0		15.00
22.00 02200 RAR SERVICES.OTHER PRGM COSTS APPRVD 0 0 0 0 INPATIENT ROUTINE SERVICE COST CENTERS			32	0		0	30, 171	18.00
023.00 PRAMED ED PRGM 0 0 0 INPART LINT ROUTH ESERVICE COST CENTERS 242,736 26.352 1.639 0 3.7 30.00 03000 ADULTS & PEDIATRICS 242,736 26.352 1.639 0 5.7 31.00 03000 ADULTS & PEDIATRICS 242,736 2.63,602 13.245 1.069 0 0 2 32.00 03200 CORONARY CARE UNIT 18.257 2.337 0				0	-	-	0	21.00
INPATI ENT ROUTINE SERVICE COST CENTERS 00 03000 ADULTS & PEDIATRICS 242,736 26,352 1,639 0 37,7 31:00 03100 INTERSIVE CARE UNIT 63,602 13,245 1,669 0 57 31:00 02060 NEOMATAL INTENSIVE CARE UNIT 18,257 2,337 78 0 0 40:00 04000 SUBPROVIDER - IPF 0<							0	
31.00 03100 INTERSIVE CARE UNIT 63.602 13.245 1,069 0 35.00 02000 CORNARA CARE UNIT 18.257 2,337 78 0 2 01.00 04100 SUBPROVIDER - 1 FF 0 0 0 0 0 13.00 04300 SERVICE COST CENTERS 3,273 0 0 0 0 10.00 DOSDO OPERATI NG ROM 21,780 127,561 673 0 2.5 10.00 DOSTOO OPERATI NG ROM 11,167 1,25 363 0 2.5 11.00 05100 RECOVERY ROM 18.088 4,229 199 0 3.5 10.00 05200 DELIVERY ROM ALA CATHETERIJATI ON 13,480 2.89 0 1.6 10.00 0500 CASON ALAC CATHETERIJATI ON 13,504 33,408 2.89 0 1.6 10.00 0 0 0 0 0 0 1.6 1.6 10.00 0.00 0 0 0 0 0 1.6 1.6 1.6		INPATIENT ROUTINE SERVICE COST CENTERS	-1	-				1
32.00 03200 CORONARY CARE UNIT 0 0 0 0 35.00 02000 NEMNATAL INTENSIVE CARE UNIT 18, 257 2, 337 78 0 0 40.00 04000 SUBBROVI DER - 1 FF 13, 423 478 15 0 0 1 41.00 04300 NUBSERY 3, 273 0 0 0 0 0 1 50.00 05000 OPERATI NG ROM 21, 780 127, 561 673 0 2.5 51.00 05100 PERATI NG ROM 14, 187 1.255 363 0 3.5 52.00 05200 DELIVERY ROM LABOR ROM 18, 088 4, 229 199 0 3.5 53.00 05300 MACILLARY SERVICE 0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3, 741 981</td> <td>30.00</td>							3, 741 981	30.00
40.00 Q4000 SUBPROVIDER - IPF 0 0 0 0 41.00 Q4000 SUBPROVIDER - IRF 13, 423 478 5 0 1 43.00 OUSUBPROVIDER - IRF 3, 273 0 0 0 0 43.00 OUSUBPROVIDER - IRF 3, 273 0 0 0 0 43.00 OUSUBPROVIDER - IRF 3, 273 0 0 0 0 50.00 S0000 PERATING ROOM 14, 187 1, 255 363 0 25 51.00 OS000 DELIVERY ROOM LABOR ROOM 18, 088 4, 229 199 0 3 54.00 OS00 DELIVERY ROOM LABOR ROOM 13, 504 33.408 289 0 1, 6 58.00 OSB00 MARNETIC RESONARCE IAAGINK (MRI) 0 0 0 0 0 1, 6 60.00 GEORO LABORATORY 0 0 0 0 1, 6 1, 6						-	0	32.00
11.00 04100 SUBPROVIDER - INF 13.423 478 15 0 1 43.00 03000 NURSERY 3.273 0 0 0 ANCILLARY SERVICE COST CENTERS 5 673 0 2.5 50.00 05000 QPECARTING ROOM 14, 187 1, 255 363 0 3.5 51.00 05100 RECOVERY ROOM 18, 088 4, 229 199 0 3.5 52.00 05200 RELIVERY ROOM & LABOR ROOM 18, 088 27, 877 1, 824 0 3.5 50.00 05000 RADICIC CATHETERIZATION 0 <	35.00	02060 NEONATAL INTENSIVE CARE UNIT				-	241	
43.00 O O O O ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 21,780 127,561 673 0 2,5 50.00 05100 RECOVERY ROOM 14,187 1,255 363 0 3 52.00 05200 DELVICERY ROOM LABOR ROOM 18,088 4,229 199 0 3 54.00 05400 RADIAC CATHETER IXATION 13,480 27,877 1,824 0 3,6 57.00 05700 CT SCAN 0						-	0 137	40.00
50.00 050000 0PERATING ROOM 21,780 127,561 673 0 2.5 51.00 05100 RECOVERY ROOM 14,187 1.255 363 0 3 52.00 05200 DELIVERY ROOM & LABOR ROOM 18,088 4,229 199 0 3 54.00 05400 CADIOLCGY-DIAGNOSTIC 13,480 27,877 1,824 0 0 57.00 05700 CT SCAN 0 6 0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>43</td> <td></td>							43	
51:00 PECOVERY PROM 14, 187 1, 255 363 0 52:00 05200 DELIVERY ROM & LABOR ROM 18, 088 4, 229 199 0 3 54:00 05400 RADIOLOGY-DIAGNOSTIC 13, 480 27, 877 1, 824 0, 35 57:00 05700 CT SCAN 0 6 0 0 58:00 05800 MARDITIC RESONANCE IMAGING (MRI) 0	50.00		04.700	407 5 (4	(70		0.50/	
52:00 05200 DELIVERY ROOM & LABOR ROOM 18,088 4,229 199 0 3 54:00 05400 RADIOLOGY-DIAGNOSTIC 13,480 27,877 1,824 0 3,9 57:00 05700 CT SCAN 0 6 0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2, 526 368</td> <td>1</td>							2, 526 368	1
57.00 OSTOD CT SCAN 0 6 0 0 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 1, 6 0 0 0 1, 6 0 0 0 0 0 1, 4 0 0 0 0 0 1, 4 0	52.00	05200 DELIVERY ROOM & LABOR ROOM	18, 088	4, 229		-	391	
58.00 05800 MACNETIC RESONANCE I MAGING (MRI) 0 0 0 59.00 05900 CARDIAC CATHETERIZATION 13,504 33,408 289 0 1,6 60.00 06000 LABORATORY 0 0 0 1,4 60.01 06400 LABORATORY 0 0 0 1,4 60.01 06500 RESPIRATORY THERAPY 48 13,293 0 0 5 65.01 06501 RESPIRATORY THERAPY 48 13,293 0 0 1 66.00 06500 RESPIRATORY THERAPY 48 13,293 0 0 1 66.00 06501 RESPIRATORY THERAPY 0 48 0 0 1 0 3 66.00 06500 DECH PATHOLOGY 0 0 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 <td< td=""><td></td><td></td><td></td><td></td><td></td><td>-</td><td>3, 924 49</td><td>54.00 57.00</td></td<>						-	3, 924 49	54.00 57.00
59:00 05900 CARDIAC CATHETERIZATION 13,504 33,408 289 0 1,6 60:00 06000 LABORATORY 0 0 0 0 1,4 60:01 06001 BLODD STORING, PROCESSING, & TRANS. 0 0 0 0 0 63:00 06500 RESPIRATORY THERAPY 48 13,293 0 0 55 66:00 06501 SLEEP LAB 0 575 0 0 1 66:00 06500 CUPATIONAL THERAPY 0 8 0 0 1 66:00 06600 SPEECH PATHOLOGY 0						-	0	58.00
60.01 06001 BLOOD LABORATORY 0 0 0 63.00 06300 BLOOD STORING, PROCESSING, & TRANS. 0 0 0 65.00 06500 RESPIRATORY THERAPY 48 13, 293 0 0 65.01 06501 SLEEP LAB 0 575 0 0 1 66.00 06600 PHYSI CAL THERAPY 0 436 1 0 3 67.00 06700 00 0 0 0 0 0 1 68.00 06800 SPEECH PATHOLOGY 0	59.00	05900 CARDI AC CATHETERI ZATI ON				0	1, 655	•
63.00 06300 BLOOD STORING, PROCESSING, & TRANS. 0 0 0 65.01 06500 RESPIRATORY THERAPY 48 13,293 0 0 57 65.01 06500 RESPIRATORY THERAPY 0 436 1 0 33 66.00 06600 PHYSI CAL THERAPY 0 436 1 0 33 67.00 06700 0CUPATI ONAL THERAPY 0 8 0 0 33 68.01 06801 DOBOTOG 0 1,3 3 0 0 1,4 0 1,3 0 1,4 0 1,4 0 1,4 0 1,4 0 1,4 0 0				-		-	1, 431 0	60.00 60.01
65.00 06500 RESPI RATORY THERAPY 48 13, 293 0 0 55 65.01 0501 SLEEP LAB 0 575 0 0 1 66.00 06000 PHYSI CAL THERAPY 0 436 1 0 33 67.00 06700 0CCUPATI ONAL THERAPY 0 8 0 0 1 68.01 06800 SPEECH PATHOLOGY 0 0 0 0 0 0 68.01 06800 SPEECH PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1.3 33 0 0 1.3 33 0 0 1.4 33 33 0 0 1.4 33 33 0 0 1.4 6 0 1.4 4.6 33 1.7 0 1.4 6 0 1.4 6 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4			0	0	0	0	95	
66.00 06600 PHYSI CAL THERAPY 0 436 1 0 3 67.00 06700 0CCUPATI ONAL THERAPY 0 8 0 0 1 68.00 SPEECH PATHOLOGY 0 0 0 0 0 0 68.01 06800 SPEECH PATHOLOGY 0 0 0 0 0 69.00 06900 ELECTROCARDI OLOGY 8 1,126 6 0 8 72.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 283,175 0 0 1,6 73.00 07300 DRUGS CHARGED TO PATIENTS 0 173,315 0 1,6 73.01 07301 HOSPITAL BASED RETAIL PHARMACIES 0 110 7 0 74.00 OR400 RENAI DI ALYSIS 0 110 7 0 0 76.97 ORADI AC REHABI LI TATI ON 748 22 0 0 0 0 0 76.97 ORADI AC REHABI LI TATI ON 748 22 0 0 0 0 0	65.00	06500 RESPI RATORY THERAPY				0	541	65.00
67.00 06700 0CUPATIONAL THERAPY 0 8 0 0 1 68.00 06800 SPEECH PATHOLOGY 0 0 0 0 68.01 06810 AUDIOLOGY 0 0 0 0 0 69.00 06900 ELECTROCARDIOLOGY 8 1,126 6 0 8 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 173,315 0 0 1,6 73.00 07300 DRUGS CHARGED TO PATIENTS 0 174,00 0 0 4 0 0 1 74.00 07400 RENAL DIALYSIS 0 110 7 0 7 0 7 0 7 0 <td< td=""><td></td><td></td><td>0</td><td></td><td></td><td>0</td><td>105 327</td><td>65.01 66.00</td></td<>			0			0	105 327	65.01 66.00
68.01 06801 AUDI OLOGY 0 0 0 69.00 06900 ELECTROCARDI OLOGY 8 1, 126 6 0 8 71.00 OT100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 283, 175 0 0 1, 3 72.00 O7200 IMPL. DEV. CHARGED TO PATI ENT 0 173, 315 0 0 1, 6 73.00 ORJOS CHARGED TO PATI ENTS 0 0 267, 705 0 4, 8 73.01 07301 HOSPI TAL BASED RETAI L PHARMACI ES 0 110 7 0 1 74.00 07400 RENAL DI ALYSI S 0 110 7 0			0			0	110	
69.00 06900 ELECTROCARDI OLOGY 8 1, 126 6 0 8 71.00 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0 283, 175 0 0 1, 3 72.00 07200 IMPL. DEV. CHARGED TO PATI ENT 0 173, 315 0 0 1, 6 73.00 07300 RUGS CHARGED TO PATI ENTS 0 0 267, 705 0 4, 8 73.01 07301 HOSPI TAL BASED RETAI L PHARMACI ES 0 110 7 0 174.00 0 0 1 7 0 1 7 0 1 7 0 1 7 0 1 7 0 1 1 7 0 1 1 7 0 1<			0	-	0	0	60	•
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 283, 175 0 0 1, 3 72.00 07200 IMPL. DEV. CHARGED TO PATIENT 0 173, 315 0 0 1, 6 73.00 07301 HOSD ITAL BASED RETAIL PHARMACIES 0 0 267, 705 0 4, 8 73.01 07301 HOSPITAL BASED RETAIL PHARMACIES 0 110 7 0 16 74.00 07400 RENAL DI ALYSI S 0 110 7 0 17 76.00 03160 CARDI OPULMONARY 0 0 0 0 0 0 76.97 O7697 CARDI AC REHABILI TATION 748 22 0 0 0 3 90.00 09000 CLI NI C 0 0 0 0 3 304 5 0 3 30 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4			0		0	0	0 847	
73.00 07300 DRUGS CHARGED TO PATIENTS 0 267,705 0 4,8 73.01 07301 HOSPITAL BASED RETAIL PHARMACIES 0 4 0 0 1 74.00 07400 RENAL DI ALYSIS 0 110 7 0 1 76.00 03160 CARDI OPULMONARY 0 0 0 0 0 76.97 O7697 CARDI AC REHABILITATION 748 22 0 0 3 076.97 O7697 CARDI AC REHABILITATION 748 22 0 0 3 01000 DUTPATIENT SERVICE COST CENTERS 0 0 0 3 3 3 3 3 3 3 3 4 5 0 3 3 4 5 0 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 4 3 4 3 4 3 4 3 4 3 4	71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	283, 175	0	-	1, 322	71.00
73.01 07301 HOSPI TAL BASED RETAIL PHARMACIES 0 4 0 0 1 74.00 07400 RENAL DI ALYSI S 0 110 7 0 76.00 03160 CARDI OPULMONARY 0 0 0 0 76.97 07697 CARDI AC REHABILI TATI ON 748 22 0 0 76.97 07698 HYPERBARI C OXYGEN THERAPY 4,054 5,650 0 0 3 001PATITENT SERVICE COST CENTERS 0 0 0 0 3 3 0 3 90.00 09000 CLINIC 0 0 0 0 0 3 90.01 09001 SUBSTANCE ABUSE CLINIC 442 22 0 0 0 90.02 09002 PAIN CLINIC 1,231 304 5 0 3 4 0 3,6 90.03 09003 ONCOLOGY CLINIC 8,228 2,055 380 0 4 3,6 3 6 3,6 3 6 3,6 6 3			0			0	1,640	•
74.00 07400 RENAL DI ALYSI S 0 110 7 0 76.00 03160 CARDI OPULMONARY 0 0 0 0 76.97 07697 CARDI AC REHABI LI TATI ON 748 2.2 0 0 76.98 07698 HYPERBARI C OXYGEN THERAPY 4,054 5,650 0 0 3 0UTPATI ENT SERVICE COST CENTERS 0 0 0 0 3 90.00 09000 CLINIC 0 0 0 0 90.01 09001 SUBSTANCE ABUSE CLINIC 4422 22 0 0 0 90.02 09002 PAIN CLINIC 1,231 304 5 0 0 4 90.03 09003 ONCOLOGY CLINIC 8,228 2,050 380 0 4 91.00 EMERGENCY 65,347 11,921 2,384 0 3,6 92.01 09200 DBSERVATION BEDS (IDISTINCT PART) 5,911 156 0 0 92.01 09200 DBSERVATION BEDS (IDISTINCT PART) 5,911			0	0		0	4, 805 105	•
76.97 07697 CARDI AC REHABILITATION 748 22 0 0 76.98 07698 HYPERBARI C 0XYGEN THERAPY 4,054 5,650 0 0 3 0UTPATIENT SERVICE COST CENTERS 0 0 0 0 3 90.00 09000 CLINIC 0 0 0 0 90.01 09001 SUBSTANCE ABUSE CLINIC 442 22 0 0 90.02 09002 PAIN CLINIC 1,231 304 5 0 90.03 09003 ONCOLOGY CLINIC 8,228 2,050 380 0 4 91.00 OPI200 DESERVATION BEDS (NON-DISTINCT PART) 5,911 11,921 2,384 0 3,6 92.01 09201 DESERVATION BEDS (DISTINCT PART) 5,911 156 15 0 92.01 09201 DESERVATION BEDS (DISTINCT PART) 5,911 156 15 0 92.00 OBSERVATION BEDS (DISTINCT PART) 5,911 156	74.00	07400 RENAL DIALYSIS	o o		7	0	54	74.00
76. 98 07698 HYPERBARI C 0XYGEN THERAPY 4,054 5,650 0 0 3 0UTPATI ENT SERVICE COST CENTERS 0 0 0 0 0 3 90. 00 09000 CLINIC 0 <t< td=""><td></td><td></td><td>0</td><td></td><td></td><td>0</td><td>0 75</td><td></td></t<>			0			0	0 75	
OUTPATI ENT SERVICE COST CENTERS 90.00 09000 CLINIC 0 0 0 90.01 09000 CLINIC 0 0 0 0 90.02 09000 SUBSTANCE ABUSE CLINIC 442 22 0 0 90.02 09002 PAIN CLINIC 1,231 304 5 0 90.03 09003 ONCOLOGY CLINIC 8,228 2,050 380 0 4 91.00 OP100 EMERGENCY 65,347 11,921 2,384 0 3,6 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 5,911 156 15 0 OTHER REI MBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0 0 0 0						-	308	•
90.01 09001 SUBSTANCE ABUSE CLINIC 442 22 0 0 90.02 09002 PAIN CLINIC 1,231 304 5 0 90.03 09003 ONCOLOGY CLINIC 8,228 2,050 380 0 4 91.00 09100 EMERGENCY 65,347 11,921 2,384 0 3,6 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 5,911 156 15 0 92.01 09201 OBSERVATION BEDS (DISTINCT PART) 5,911 156 15 0 07HER REI MBURSABLE COST CENTERS 0 0 0 0 0 0		OUTPATIENT SERVICE COST CENTERS	1					1
90.02 09002 PAIN CLINIC 1,231 304 5 0 90.03 09003 0NCOLOGY CLINIC 8,228 2,050 380 0 4 91.00 09100 EMERGENCY 65,347 11,921 2,384 0 3,6 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 5,911 156 15 0 92.01 09201 OBSERVATION BEDS (DISTINCT PART) 5,911 156 15 0 0THER REIMBURSABLE COST CENTERS 0 0 0 0 0 0							0	90.00 90.01
90.03 09003 0NCOLOGY CLINIC 8,228 2,050 380 0 4 91.00 09100 EMERGENCY 65,347 11,921 2,384 0 3,6 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 5,911 156 15 0 92.01 09201 OBSERVATION BEDS (DISTINCT PART) 5,911 156 15 0 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0 0 0						0	85	
92. 00 09200 0BSERVATION BEDS (NON-DISTINCT PART) 5,911 156 15 0 92. 01 09201 0BSERVATION BEDS (DISTINCT PART) 5,911 156 15 0 0THER REIMBURSABLE COST CENTERS 0 0 0 0 95. 00 09500 AMBULANCE SERVICES 0 0 0 0			8, 228			0	441	•
92.01 09201 0BSERVATION BEDS (DISTINCT PART) 5, 911 156 15 0 0THER REIMBURSABLE COST CENTERS 0 0 0 0 95.00 09500 AMBULANCE SERVICES 0 0 0 0			65, 347	11, 921	2, 384	0	3, 669	91.00 92.00
95.00 09500 AMBULANCE SERVICES 0 0 0 0	92.01	09201 OBSERVATION BEDS (DISTINCT PART)	<u>5, 9</u> 11	156	15	0	83	
		OTHER REIMBURSABLE COST CENTERS			-			05 05
ISPECIAL PURPOSE COST CENTERS	95.00	09500 AMBULANCE_SERVICES SPECIAL_PURPOSE_COST_CENTERS	0	0	0	0	0	95.00
113.00 I 1300 I NTEREST EXPENSE		11300 INTEREST EXPENSE						113.00
			508, 379	731, 329	276, 652	0	30, 171	118.00
NONREI MBURSABLE COST CENTERS 190. 00 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 46 0 0			ol	46	0	0	0	190.00

Health Financial Systems	BALL MEMORIA	L HOSPI TAL			In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C	CN: 15-0089		iod: m 01/01/2021 12/31/2021	Worksheet B Part II Date/Time Pre 5/27/2022 9:4	pared:
Cost Center Description	NURSI NG ADMI NI STRATI O N	CENTRAL SERVI CES & SUPPLY	PHARMACY		MEDI CAL RECORDS & LI BRARY	OTHER GENERAL SERVICE PATIENT TRANSPORTATIO N	
	13.00	14.00	15.00		16.00	18.00	
191. 00 19100 RESEARCH 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 194. 01 07951 BSU PHARMACY 194. 02 07952 PAVI LLI ON PHARMACY 194. 03 07953 VENDI NG 194. 04 07954 CARELI NE 194. 05 07955 WELLNESS CENTER 194. 06 07956 PHYSI CI AN PRACTI CE CLI NI CS 194. 07 07957 PERI NATAL CLI NI C 194. 08 07958 RENTAL PROPERTY 194. 09 07959 ADVERTI SI NG 194. 10 07960 INTEGRA LTAC 194. 10 07961 IU HEALTH HOSPI CE 194. 12 07962 POB MEDI CAL PAVI LLI ON CONDOS 194. 13 07963 PEDI ATRI C THERAPI ES 194. 14 07964 NEW CASTLE ONCOLOGY 194. 14 07965 MARKETI NG/PUBLI C RELATI ONS 194. 14 07966 JAY COUNTY HOSPI TAL 194. 14 07967 CARDI NAL HEALTH CHOI CE 194. 14 07964 KW CARDI NAL HEALTH VENTURES 194. 19 07969 HEA	13.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	14.00 2 0 0 136 0 0 0 0 0 0 0 0 0 0 0 0 0	15.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	16.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		191.00 194.01 194.02 194.03 194.04 194.05 194.06 194.06 194.07 194.08 194.09 194.10 194.11 194.12 194.13 194.14 194.15 194.16 194.17 194.18 194.20 194.21 194.22 194.22 194.23 194.24 194.25 194.26
194. 2807978CARDINAL SELECT RISK RETENTION GRP194. 2907979HOME OFFICE CARDINAL HEALTH INITIATI194. 3007980CARDINAL HEALTH ALLIANCE194. 3107986OTHER NONREIMBURSABLE COST CENTERS194. 3207982RENAL DIALYSIS194. 3307983LAB CORP194. 3407984H.O. MATERIALS MGMT194. 3507985LEASED SPACE200. 00Cross Foot Adjustments201. 00Negative Cost Centers202. 00TOTAL (sum lines 118 through 201)	0 0 0 0 0 0 0 0 0 0 508, 500	0 0 0 0 0 0 0 731, 616	276,6	0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0	194. 28 194. 29 194. 30 194. 31 194. 32 194. 33 194. 34 194. 35 200. 00 201. 00 202. 00

	TION OF CAPITAL RELATED COSTS		Provider CC	F	Period: From 01/01/2021	Worksheet B Part II	nored
		INTERNS &	RESIDENTS		o 12/31/2021	Date/Time Pre 5/27/2022 9:4	
	Cost Center Description		SERVI CES-OTHE R PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		21.00	22.00	23.00	24.00	25.00	
1.00 4.00 5.01 5.02 5.04 5.05 5.06 6.00 7.00 9.00 11.00 11.00 13.00 14.00 15.00 16.00 18.00 21.00	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNICATIONS 00550 DATA PROCESSING 00570 ADMITTING 00580 CASHIERING/ACCOUNTS RECEIVABLE 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01000 I& SERVICES-SALARY & FRINGES APPRVD 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	24, 820	1, 407, 835				1.00 4.00 5.01 5.02 5.04 6.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00 15.00 16.00 18.00 21.00 22.00
	02300 PARAMED ED PRGM INPATIENT ROUTINE SERVICE COST CENTERS			7, 465	5		23.00
31.00 32.00 35.00 40.00 41.00 43.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF 04300 NURSERY ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM				7, 180, 422 1, 079, 560 0 377, 346 0 390, 640 97, 200		31.00 32.00 35.00 40.00 41.00 43.00
51.00 52.00 54.00 57.00 58.00 59.00 60.01 63.00 65.01 65.01 66.00 67.00 68.01 69.00 71.00 73.00 73.01 74.00 73.01 74.00 76.98	05000 OPERATING ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05400 RADI OLOGY-DI AGNOSTI C 05700 CT SCAN 05800 MAGNETI C RESONANCE IMAGING (MRI) 05900 CARDI AC CATHETERI ZATION 06000 LABORATORY 06001 BLOOD LABORATORY 06000 BLOOD STORING, PROCESSING, & TRANS. 06500 RESPI RATORY THERAPY 06501 SLEEP LAB 06600 PHYSI CAL THERAPY 06500 SPEECH PATHOLOGY 06801 AUDI OLOGY 06801 AUDI OLOGY 06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENT 07301 HOSPI TAL BASED RETAIL PHARMACIES 07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY 07697 CARDI AC REHABILI TATION 07698 HYPERBARI C OXYGEN THERAPY 001701 NING				$\begin{array}{c} 1, 476, 630\\ 303, 512\\ 466, 491\\ 2, 211, 295\\ 1, 412\\ 0\\ 533, 108\\ 646, 765\\ 0\\ 3, 401\\ 188, 058\\ 4, 357\\ 540, 425\\ 86, 229\\ 22, 742\\ 0\\ 515, 032\\ 316, 761\\ 200, 032\\ 401, 953\\ 48, 983\\ 101, 120\\ 0\\ 6, 983\\ 30, 545\\ \end{array}$		$\begin{array}{c} 51. \ 00\\ 52. \ 00\\ 54. \ 00\\ 57. \ 00\\ 59. \ 00\\ 60. \ 00\\ 60. \ 00\\ 63. \ 00\\ 65. \ 00\\ 65. \ 00\\ 65. \ 00\\ 65. \ 00\\ 66. \ 00\\ 67. \ 00\\ 68. \ 00\\ 68. \ 00\\ 71. \ 00\\ 71. \ 00\\ 71. \ 00\\ 71. \ 00\\ 71. \ 00\\ 72. \ 00\\ 73. \ 00\\ 73. \ 00\\ 74. \ 00\\ 74. \ 00\\ 76. \ 9. \ 9. \ 00\\ 76. \ 9. \ 00\\ 76. \ 9. \ 9. \ 00\\ 76. \ 9. \ 9. \ 00\\ 76. \ 9. \ 9. \ 00\\ 76. \ 9. \ 9. \ 00\\ 76. \ 9. \ 00\\ 76. \ 9. \ 00\\ 76. \ 9. \ 00\\ 76. \ 9. \ 00\\ 76. \ 9. \ 00\\ 76. \ 9. \ 00\\ 76. \ 9. \ 00\\ 76. \ 9. \ 00\\ 76. \ 9. \ 00\\ 76. \ 9. \ 00\\ 76. \ 9. \ 00\\ 76. \ 9. \ 00\ 00\\ 76. \ 9. \ 00\ 00\ 00\ 00\ 00\ 00\ 00\ 00\ 00\ $
90.01 90.02 90.03 91.00 92.00 92.01	09000 CLINIC 09001 SUBSTANCE ABUSE CLINIC 09002 PAIN CLINIC 09003 ONCOLOGY CLINIC 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART) 07HER REIMBURSABLE COST CENTERS				1 215, 418 755, 131 117, 287 1, 318, 286 158, 167	0 0 0 0 0 0 0	90.02 90.02 90.03 91.00 92.00
	09500 AMBULANCE SERVICES				23, 912	0	95.00
	SPECIAL PURPOSE COST CENTERS						

Health Financial Systems	BALL MEMORIA	AL HOSPITAL		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC	CN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Pre 5/27/2022 9:4	pared: <u>0 am</u>
	INTERNS &	RESI DENTS				
Cost Center Description	SERVI CES-SALA RY & FRI NGES	SERVICES-OTHE R PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post	
					Stepdown	
	21.00	22.00	22.00	24.00	Adjustments 25.00	
NONREIMBURSABLE COST CENTERS	21.00	22.00	23.00	24.00	25.00	
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				2, 839	0	190.00
191. 00 19100 RESEARCH				66, 606		191.00
194.0007950 OTHER NONREI MBURSABLE COST CENTERS				0		194.00
194.0107951 BSU PHARMACY				541		194.01
194.0207952 PAVILLION PHARMACY				100, 297	0	194.02
194. 03 07953 VENDI NG			1	0	0	194.03
194. 04 07954 CARELI NE				0	0	194.04
194.0507955WELLNESS CENTER				169, 681		194.05
194.0607956 PHYSICIAN PRACTICE CLINICS				800, 017		194.06
194. 07 07957 PERI NATAL CLI NI C				0		194.07
194.0807958 RENTAL PROPERTY				3, 001, 563		194.08
194. 09 07959 ADVERTI SI NG				0		194.09
194. 10 07960 I NTEGRA LTAC				413, 715		194.10
194. 11 07961 IU HEALTH HOSPICE				101, 896		194.11
194. 12 07962 POB MEDI CAL PAVI LLI ON CONDOS				0		194.12
194. 13 07963 PEDI ATRI C THERAPI ES 194. 14 07964 NEW CASTLE ONCOLOGY				223, 837		194.13 194.14
194. 15 07965 MARKETING/PUBLIC RELATIONS				72, 995		194.14
194. 16 07966 JAY COUNTY HOSPITAL				174, 949		194.15
194. 17 07967 CARDI NAL HEALTH CHOI CE				174, 747		194.10
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	0	194.21
194. 22 07972 THERAPIES TO OTHER ENTITIES				1, 026	0	194.22
194.2307973 CANCER CENTER BOUTIQUE				28, 781	0	194.23
194.2407974 BOSC BALL OUTPATIENT SURGERY				811, 727	0	194.24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH				47		194.25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL				139, 455		194.26
194.27 07977 MIDWEST HEALTH STRATEGIES				0		194.27
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP				0		194.28
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI				0		194.29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE				0		194.30
194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS				0		194.31
194. 32 07982 RENAL_DI ALYSI S 194. 33 07983 LAB_CORP				0		194. 32 194. 33
194. 33 07983 LAB_CORP 194. 34 07984 H. O. MATERIALS_MGMT				0		194.33
194. 35 07985 LEASED SPACE				723, 832		194.34
200.00 Cross Foot Adjustments	24, 820	1, 407, 835	7,40			200.00
201.00 Negative Cost Centers	0		,, ,	0 1, 440, 120		201.00
202.00 TOTAL (sum lines 118 through 201)	24, 820	-	7,4	-		202.00

ALLOC	ATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: Worksheet B From 01/01/2021 Part II	
				To 12/31/2021 Part 11 Date/Time Pr 5/27/2022 9:	repare
	Cost Center Description	Total		5/2//2022 9.	. 40 alli
	GENERAL SERVICE COST CENTERS	26.00			_
. 00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.
. 00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.
. 01	01160 COMMUNI CATI ONS				5.
. 02	00550 DATA PROCESSI NG				5.
. 04	00570 ADMI TTI NG				5.
. 05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE				5.
06	00590 OTHER ADMINI STRATI VE AND GENERAL				5
00	00600 MAI NTENANCE & REPAI RS				6
00	00700 OPERATION OF PLANT				7
00	00800 LAUNDRY & LINEN SERVICE				8
00	00900 HOUSEKEEPI NG				9
). 00					10
. 00					11
	01300 NURSI NG ADMI NI STRATI ON				13
	01400 CENTRAL SERVICES & SUPPLY				14
	01500 PHARMACY				15
	01600 MEDICAL RECORDS & LIBRARY				16
	01080 PATIENT TRANSPORTATION				18
	02100 I & R SERVICES-SALARY & FRINGES APPRVD				21
	02200 I & R SERVICES-OTHER PRGM COSTS APPRVD				22
s. UU	02300 PARAMED ED PRGM				23
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	7, 180, 422			30
	03100 INTENSIVE CARE UNIT	1, 079, 560			31
	03200 CORONARY CARE UNIT	1,079,500			32
	02060 NEONATAL INTENSIVE CARE UNIT	377, 346			35
	04000 SUBPROVIDER - IPF	377, 340			40
	04100 SUBPROVI DER – I RF	390, 640			41
. 00		97, 200			43
. 00	ANCI LLARY SERVICE COST CENTERS	77,200			- 43
00	05000 OPERATI NG ROOM	1, 476, 630			50
	05100 RECOVERY ROOM	303, 512			51
	05200 DELIVERY ROOM & LABOR ROOM	466, 491			52
	05400 RADI OLOGY-DI AGNOSTI C	2, 211, 295			54
	05700 CT SCAN	1, 412			57
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0			58
	05900 CARDI AC CATHETERI ZATI ON	533, 108			59
). 00	06000 LABORATORY	646, 765			60
0. 01	06001 BLOOD LABORATORY	0			60
. 00	06300 BLOOD STORING, PROCESSING, & TRANS.	3, 401			63
. 00	06500 RESPI RATORY THERAPY	188, 058			65
. 01	06501 SLEEP LAB	4, 357			65
. 00		540, 425			66
. 00	06700 OCCUPATI ONAL THERAPY	86, 229			67
. 00		22, 742			68
. 01		0			68
	06900 ELECTROCARDI OLOGY	515, 032			69
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	316, 761			71
	07200 IMPL. DEV. CHARGED TO PATIENT	200, 032			72
	07300 DRUGS CHARGED TO PATIENTS	401, 953			73
	07301 HOSPI TAL BASED RETAIL PHARMACIES	48, 983			73
	07400 RENAL DIALYSIS	101, 120			74
	03160 CARDI OPULMONARY	0			76
	07697 CARDI AC REHABI LI TATI ON	6, 983			76
. 98	07698 HYPERBARI C OXYGEN THERAPY	30, 545			76
<i>c</i> -	OUTPATIENT SERVICE COST CENTERS	. 1			_
	09000 CLINIC	1			90
	09001 SUBSTANCE ABUSE CLINIC	215, 418			90
	09002 PAIN CLINIC	755, 131			90
	09003 ONCOLOGY CLINIC	117, 287			90
	09100 EMERGENCY	1, 318, 286			91
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	450 4/-			92
. 01	09201 OBSERVATION BEDS (DISTINCT PART)	158, 167			92
~~	OTHER REIMBURSABLE COST CENTERS	00.016			-
. 00	09500 AMBULANCE SERVICES	23, 912			95
2 2	SPECIAL PURPOSE COST CENTERS				-
	11300 INTEREST EXPENSE	10 010 004			113
8.0		19, 819, 204			118
	NONREI MBURSABLE COST CENTERS	2 020			100
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,839			190 191
	0 19100 RESEARCH 007950 OTHER NONRELMBURSABLE COST CENTERS	66, 606 0			191

0

541

100, 297

194.00

194.01

194.02

194. 00|07950|0 THER NONREI MBURSABLE COST CENTERS 194. 01|07951|BSU PHARMACY 194. 02|07952|PAVILLION PHARMACY

Health Financial Systems	BALL MEMORIAL	HOSPI TAL	In Lieu	」of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/27/2022 9:40 am
Cost Center Description	Total 26.00			
194. 03 07953 VENDI NG	0			194.03
194. 04 07954 CARELI NE	0			194.04
194.0507955WELLNESS CENTER	169, 681			194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	800, 017			194.06
194. 07 07957 PERI NATAL CLI NI C	0			194.07
194. 08 07958 RENTAL PROPERTY	3, 001, 563			194.08
194. 09 07959 ADVERTI SI NG	0			194.09
194. 10 07960 I NTEGRA LTAC	413, 715			194.10
194.1107961 IU HEALTH HOSPICE	101, 896			194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0			194.12
194. 13 07963 PEDI ATRI C THERAPI ES	223, 837			194.13
194.1407964 NEW CASTLE ONCOLOGY	0			194.14
194. 15 07965 MARKETI NG/PUBLIC RELATI ONS	72, 995			194.15
194. 16 07966 JAY COUNTY HOSPI TAL	174, 949			194.16
194. 17 07967 CARDI NAL HEALTH CHOI CE	0			194.17
194. 18 07968 CHV CARDINAL HEALTH VENTURES	0			194.18
194.1907969 HEALTH CARE CONNECTIONS	0			194.19
194.2007970 MEALS ON WHEELS	0			194.20
194.21 07971 ST MARY'S SCHOOL	0			194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	1, 026			194.22
194.23 07973 CANCER CENTER BOUTIQUE	28, 781			194.23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	811, 727			194.24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	47			194.25
194. 26 07976 BLACKFORD COMMUNI TY HOSPI TAL	139, 455			194.26
194. 27 07977 MI DWEST HEALTH STRATEGI ES	0			194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0			194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0			194.29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0			194.30
194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS	0			194.31
194. 32 07982 RENAL DI ALYSI S	0			194.32
194. 33 07983 LAB CORP	0			194.33
194. 34 07984 H. O. MATERIALS MGMT	0			194.34
194. 35 07985 LEASED SPACE	723, 832			194.35
200.00 Cross Foot Adjustments	1, 440, 120			200.00
201.00 Negative Cost Centers	0			201.00
202.00 TOTAL (sum lines 118 through 201)	28, 093, 128			202.00

00 00 01 02 04 05 06	Cost Center Description GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT	CAPI TAL RELATED COSTS NEW BLDG & FI XT (SQUARE FEET)	EMPLOYEE BENEFI TS		From 01/01/2021 To 12/31/2021	Date/Time Pre 5/27/2022 9:4	
00 00 01 02 04 05 06	GENERAL SERVICE COST CENTERS	RELATED COSTS NEW BLDG & FI XT (SQUARE					
00 00 01 02 04 05 06	GENERAL SERVICE COST CENTERS	RELATED COSTS NEW BLDG & FI XT (SQUARE					
00 00 01 02 04 05 06	GENERAL SERVICE COST CENTERS	NEW BLDG & FI XT (SQUARE		COMMUNI CATLON			
00 00 01 02 04 05 06	GENERAL SERVICE COST CENTERS	FI XT (SQUARE			DATA	ADMI TTI NG	
00 00 01 02 04 05 06		(SQUARE	DENEITIS	S	PROCESSING	(GROSS	
00 00 01 02 04 05 06			DEPARTMENT	(FTE'S)	(GROSS	CHARGES)	
00 00 01 02 04 05 06		´	(GROSS		CHARGES)		
00 00 01 02 04 05 06			SALARI ES)				
00 00 01 02 04 05 06		1.00	4.00	5.01	5.02	5.04	
00 01 02 04 05 06		1, 824, 231					1.0
01 02 04 05 06	00400 EMPLOYEE BENEFITS DEPARTMENT	3, 985	140, 454, 596				4.0
04 05 06	01160 COMMUNI CATI ONS	1, 822	599, 648		,		5.0
05 06	00550 DATA PROCESSING	0	0	C			5.0
06	00570 ADMI TTI NG	7, 045	3, 211, 599	5, 101	0	2, 227, 586, 876	5.0
	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	0	0	0	-	0	
	00590 OTHER ADMINISTRATIVE AND GENERAL	49, 459	5, 361, 628			0	
	00600 MAINTENANCE & REPAIRS	904, 001	2, 638, 236			0	
	00700 OPERATION OF PLANT	28, 442	1, 429, 306			-	
	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG	12, 387	2 017 250	0 8, 724		0	
	01000 DI ETARY	16, 979	3, 017, 259 2, 024, 486			0	10.0
	01100 CAFETERI A	7, 750	649, 915			0	
	01300 NURSI NG ADMI NI STRATI ON	13, 743	12, 821, 564			-	
	01400 CENTRAL SERVICES & SUPPLY	21, 216	02/02/	0,200		0	
	01500 PHARMACY	7, 306	5, 424, 073	6,005	5 0	0	
. 00	01600 MEDI CAL RECORDS & LI BRARY	0	0	C	0 0	0	16.0
. 00	01080 PATIENT TRANSPORTATION	718	712, 446	2, 148	3 0	0	18.0
. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	3, 984, 978	7, 342	2 0	0	21.0
	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	41, 833	234, 492			0	22.0
	02300 PARAMED ED PRGM	188	217, 062	284	1 0	0	23.0
	INPATIENT ROUTINE SERVICE COST CENTERS	104 404	00 0/7 407	00.007		0/7 000 770	
	03000 ADULTS & PEDIATRICS	186, 636	29, 867, 407				
	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	27,662	8, 672, 013	10, 042		70, 081, 357 0	
	02060 NEONATAL INTENSIVE CARE UNIT	10, 189	2, 607, 764			17, 247, 067	
	04000 SUBPROVI DER – I PF	10, 109	2,007,704	2,020		0	
	04100 SUBPROVI DER – I RF	9, 997	1, 757, 088	-	-		
	04300 NURSERY	2, 723	482, 595				
	ANCILLARY SERVICE COST CENTERS						1
	05000 OPERATING ROOM	37, 892	5, 883, 725				
	05100 RECOVERY ROOM	8, 229	1, 707, 137				
	05200 DELIVERY ROOM & LABOR ROOM	12, 837	2, 181, 840				
	05400 RADI OLOGY-DI AGNOSTI C	62, 235	9, 720, 854				
	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	140, 578	401		3, 496, 043	
	05900 CARDIAC CATHETERIZATION	13, 599	2, 566, 787	-	-	-	
	06000 LABORATORY	17, 916	2, 500, 787				
	06001 BLOOD LABORATORY	0	0, 230			02, 172, 002	
	06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	0	0			6, 802, 257	
	06500 RESPI RATORY THERAPY	4, 415	4, 276, 137			38, 617, 635	
	06501 SLEEP LAB	0	487, 223			7, 471, 741	
	06600 PHYSI CAL THERAPY	15, 572	4, 404, 019			23, 366, 267	
	06700 OCCUPATI ONAL THERAPY	2, 404	906, 934		7, 830, 047	7, 830, 047	
. 00	06800 SPEECH PATHOLOGY	575	599, 587	703	4, 284, 422	4, 284, 422	68.0
. 01	06801 AUDI OLOGY	0	0	C		0	68.0
	06900 ELECTROCARDI OLOGY	14, 888	1, 471, 880	2, 553		60, 513, 573	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	C		94, 427, 037	
	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	C			
	07300 DRUGS CHARGED TO PATIENTS	0	0	0		415, 811, 851	
	07301 HOSPI TAL BASED RETAIL PHARMACIES	888	1, 468, 583				
	07400 RENAL DI ALYSI S 03160 CARDI OPULMONARY	2, 918	0			3, 838, 567	
	03160 CARDI OPULMUNARY 07697 CARDI AC REHABI LI TATI ON	0	0 974, 019	-	-	0 5, 360, 771	
	07697 CARDIAC REHABILITATION 07698 HYPERBARIC OXYGEN THERAPY	415	974,019 537,606			21, 971, 074	
-	OUTPATIENT SERVICE COST CENTERS	415	557,000			21, 771, 074	, 0. 7
	09000 CLINIC	0	0	C	10, 368	10, 368	90.0
	09001 SUBSTANCE ABUSE CLINIC	6, 381	182, 385			863, 464	
	09002 PALN CLINIC	22, 443	360, 149			6, 100, 347	
	09003 ONCOLOGY CLINIC	2, 906	1,005,333				
	09100 EMERGENCY	33, 751	8, 848, 715			262, 052, 234	91.0
	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.0
. 01	09201 OBSERVATION BEDS (DISTINCT PART)	4, 384	854, 605	1, 132	2 5, 954, 811	5, 954, 811	92.0
	OTHER REIMBURSABLE COST CENTERS	- · ·			1		6-
	09500 AMBULANCE SERVICES	715	0	C	0 0	0	95.0
	SPECIAL PURPOSE COST CENTERS	I			1		110 0
3.00 8.00	11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117)	1, 619, 444	134, 297, 913	100.070	3 2, 227, 586, 876		113.0

Health Financial Systems	BALL MEMORIAI	- HOSPI TAL		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider C		eriod: rom 01/01/2021	Worksheet B-1	
			T		Date/Time Pre	
	CAPI TAL				5/27/2022 9:4	0 am
	RELATED COSTS					
Cost Center Description	NEW BLDG & FIXT	EMPLOYEE BENEFI TS	COMMUNI CATI ON		ADMI TTI NG (GROSS	
	(SQUARE	DEPARTMENT	(FTE'S)	PROCESSI NG (GROSS	CHARGES)	
	FEET)	(GROSS		CHARGES)	,	
	1.00	SALARI ES) 4. 00	5.01	5.02	5.04	
NONREI MBURSABLE COST CENTERS	1.00	4.00	5.01	5.02	5.04	
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	237, 331	653	0		190.00
191.00 19100 RESEARCH 194.00 07950 OTHER NONREI MBURSABLE COST CENTERS	1,870	667, 626	1, 092	0		191.00 194.00
194. 01 07951 BSU PHARMACY	0	179, 073		0		194.00
194.0207952 PAVILLION PHARMACY	2, 540	861, 024	951	0	0	194.02
194. 03 07953 VENDI NG	0	0	0	0		194.03
194. 04 07954 CARELI NE 194. 05 07955 WELLNESS CENTER	5, 073	0	0	0		194.04 194.05
194. 06 07956 PHYSI CI AN PRACTI CE CLINICS	24, 196	0	0	0		194.06
194. 07 07957 PERINATAL CLINIC	0	0	0	0		194.07
194. 08 07958 RENTAL PROPERTY 194. 09 07959 ADVERTI SI NG	90, 614	0	0	0		194.08 194.09
194. 10 07960 I NTEGRA LTAC	11, 771	0	0	0		194.10
194. 11 07961 IU HEALTH HOSPICE	3, 041	13, 777	15	0		194. 11
194. 12 07962 POB MEDI CAL PAVI LLI ON CONDOS	0 6, 700	1 221 949	0	0		194.12
194. 13 07963 PEDI ATRI C THERAPI ES 194. 14 07964 NEW CASTLE ONCOLOGY	8,700	1, 321, 868 0	0	0		194.13 194.14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	2, 224	0	0	0		194.15
194. 16 07966 JAY COUNTY HOSPI TAL	5, 087	806, 021	871	0		194.16
194. 17 07967 CARDI NAL HEALTH CHOI CE 194. 18 07968 CHV CARDI NAL HEALTH VENTURES	0	0	0	0		194. 17 194. 18
194. 19 07969 HEALTH CARE CONNECTIONS	0	0	0	0		194.10
194.2007970 MEALS ON WHEELS	0	0	0	0		194.20
194. 21 07971 ST MARY'S SCHOOL	0	0 1 277 751	0	0		194.21
194. 22 07972 THERAPI ES TO OTHER ENTITIES 194. 23 07973 CANCER CENTER BOUTIQUE	0 852	1, 277, 751 18, 571	59	0		194.22 194.23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	24, 732	0	0	0	0	194.24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	621	1	0		194.25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL 194. 27 07977 MIDWEST HEALTH STRATEGIES	4, 033	773, 020 0	903	0		194.26 194.27
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0		194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0		194.29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE 194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS	0	0	0	0		194.30 194.31
194. 32 07982 RENAL DI ALYSI S	0	0	0	0		194.31
194. 33 07983 LAB CORP	0	0	0	0	0	194.33
194. 34 07984 H. O. MATERIALS MGMT	0	0	0	0		194.34
194.35 07985 LEASED SPACE 200.00 Cross Foot Adjustments	22, 054	0	0	0	0	194. 35 200. 00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	28, 093, 128	26, 380, 856	790, 432	20, 724, 442	13, 584, 005	202.00
203.00 Part I) Unit cost multiplier (Wkst. B, Part I)	15. 399984	0. 187825	4. 277646	0. 009304	0. 006098	203 00
204.00 Cost to be allocated (per Wkst. B,	13. 377704	61, 369		0.009304	110, 678	
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part		0. 000437	0. 153267	0. 000000	0. 000050	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D,						207.00
Parts III and IV)						

ST AL	Financial Systems LOCATION - STATISTICAL BASIS		L HOSPITAL Provider C		eriod: rom 01/01/2021	Worksheet B-1	
					o 12/31/2021	Date/Time Pre 5/27/2022 9:4	pare 0 am
	Cost Center Description	CASHI ERI NG/AC COUNTS RECEI VABLE (GROSS CHARGES)	Reconciliatio n	OTHER ADMI NI STRATI V E AND GENERAL (ACCUM. COST)	MAI NTENANCE & REPAI RS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5. 05	5A. 06	5.06	6.00	7.00	
	GENERAL SERVICE COST CENTERS	1		1	Ĩ		
DO 0 D1 0 D2 0 D4 0 D5 0 D6 0 D0 0 D00 0 <td< td=""><td>00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATIONS 00550 DATA PROCESSI NG 00570 ADMITTING 00580 CASHIERING/ACCOUNTS RECEIVABLE 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PARMACY 01600 MEDICAL RECORDS & LIBRARY 01080 PATIONES ADDRY & EPINCES ADDRYD</td><td>2, 227, 586, 876 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td><td>-41, 438, 011 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td><td>24, 237, 164 8, 053, 310 1, 500, 220 4, 999, 210 3, 921, 877 1, 012, 815</td><td>857, 919 28, 442 0 12, 387 16, 979 7, 750 13, 743 21, 216 7, 306 0 718</td><td>829, 477 0 12, 387 16, 979 7, 750 13, 743 21, 216 7, 306 0 718 0</td><td>9. 10. 11. 13. 14. 15. 16. 18.</td></td<>	00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATIONS 00550 DATA PROCESSI NG 00570 ADMITTING 00580 CASHIERING/ACCOUNTS RECEIVABLE 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PARMACY 01600 MEDICAL RECORDS & LIBRARY 01080 PATIONES ADDRY & EPINCES ADDRYD	2, 227, 586, 876 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-41, 438, 011 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24, 237, 164 8, 053, 310 1, 500, 220 4, 999, 210 3, 921, 877 1, 012, 815	857, 919 28, 442 0 12, 387 16, 979 7, 750 13, 743 21, 216 7, 306 0 718	829, 477 0 12, 387 16, 979 7, 750 13, 743 21, 216 7, 306 0 718 0	9. 10. 11. 13. 14. 15. 16. 18.
	02100 I&R SERVICES-SALARY & FRINGES APPRVD 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4, 764, 862 4, 448, 084		0 41, 833	21. 22.
	02300 PARAMED ED PRGM	0	0	284, 886		188	
	INPATIENT ROUTINE SERVICE COST CENTERS	0(7,000,770		50 70(404	10/ /0/	10/ /0/	
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	267, 230, 773 70, 081, 357	0		186, 636 27, 662	186, 636 27, 662	
	03200 CORONARY CARE UNIT	0,001,007	0	0	0	0	
. 00	02060 NEONATAL INTENSIVE CARE UNIT	17, 247, 067	0	4, 103, 186	10, 189	10, 189	
	04000 SUBPROVIDER - IPF	0 9, 764, 153	0	0	0 9, 997	0	
	04100 SUBPROVI DER – I RF 04300 NURSERY	9, 784, 153 3, 083, 336	0			9, 997 2, 723	
	ANCILLARY SERVICE COST CENTERS						
	05000 OPERATING ROOM	180, 426, 554	0			37, 892	
	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	26, 278, 584 27, 894, 316	0	2, 943, 251 3, 679, 228	8, 229 12, 837	8, 229 12, 837	
	05400 RADI OLOGY-DI AGNOSTI C	280, 313, 434	0		62, 235	62, 235	
	05700 CT SCAN	3, 496, 043	0	188, 756		0	57
	05800 MAGNETI C RESONANCE I MAGI NG (MRI) 05900 CARDI AC CATHETERI ZATI ON	0 118, 190, 693	0	0 7, 233, 644	0 13, 599	0 13, 599	
	06000 LABORATORY	102, 192, 002	0	16, 741, 703	17, 916	17, 916	
01 0	06001 BLOOD LABORATORY	0	0	0	0	0	
	06300 BLOOD STORING, PROCESSING, & TRANS.	6, 802, 257	0	1, 523, 887		0	
	06500 RESPI RATORY THERAPY 06501 SLEEP LAB	38, 617, 635 7, 471, 741	0	6, 768, 913 795, 636	4, 415	4, 415	65
	06600 PHYSI CAL THERAPY	23, 366, 267	0	6, 402, 587	15, 572	15, 572	
. 00	06700 OCCUPATI ONAL THERAPY	7, 830, 047	0	1, 506, 539		2, 404	
	06800 SPEECH PATHOLOGY	4, 284, 422	0	858, 685	575	575	
	06801 AUDI OLOGY 06900 ELECTROCARDI OLOGY	0 60, 513, 573	0	3, 635, 713	14, 888	0 14, 888	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	94, 427, 037	0	14, 153, 434		0	
	07200 IMPL. DEV. CHARGED TO PATIENT	117, 152, 150	0	9, 875, 959			72
	07300 DRUGS CHARGED TO PATIENTS	415, 811, 851	0	56, 151, 762		0	
	07301 HOSPI TAL BASED RETAIL PHARMACIES 07400 RENAL DIALYSIS	7, 493, 318 3, 838, 567	0	8, 249, 927 1, 670, 058		888 2, 918	
00 0	03160 CARDI OPULMONARY	0	0	0	0	0	76
	07697 CARDI AC REHABI LI TATI ON	5, 360, 771	0	1, 325, 843		0	
	07698 HYPERBARI C OXYGEN THERAPY DUTPATI ENT SERVI CE COST CENTERS	21, 971, 074	0	1, 962, 907	415	415	76
	09000 CLINIC	10, 368	76, 516	0	0	0	90
	09001 SUBSTANCE ABUSE CLINIC	863, 464	0	425, 421	6, 381	6, 381	
	09002 PAIN CLINIC	6, 100, 347	0	1,017,293		22, 443	
	09003 ONCOLOGY CLINIC 09100 EMERGENCY	31, 466, 630 262, 052, 234	0	2, 283, 544 20, 907, 921	2, 906 33, 751	2, 906 33, 751	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	202, 002, 234	0	20, 707, 721	33,731	33,731	91
	09201 OBSERVATION BEDS (DISTINCT PART)	5, 954, 811	0	1, 395, 055	4, 384	4, 384	
	OTHER REIMBURSABLE COST CENTERS						
	09500 AMBULANCE SERVICES	0	0	11, 011	715	715	95
	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117)	2, 227, 586, 876	-41, 361, 495	375, 804, 470	653, 132		113 118
5.00							

Health Financial Systems	BALL MEMORIA	AL HOSPITAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider C		eri od:	Worksheet B-1	
				rom 01/01/2021 o 12/31/2021	Date/Time Pre	
Cost Center Description	CASHLERING/AC	Reconciliatio	OTHER	MAINTENANCE &	5/27/2022 9:4 OPERATION OF	
	COUNTS	n	ADMI NI STRATI V	REPAI RS	PLANT	
	RECEI VABLE		E AND GENERAL	(SQUARE	(SQUARE	
	(GROSS		(ACCUM.	FEET)	FEET)	
	CHARGES)		COST)			
	5.05	5A. 06	5.06	6.00	7.00	101.00
191.00 19100 RESEARCH			912, 361			191.00 194.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS 194.01 07951 BSU PHARMACY			79,800	-		194.00
194. 02 07952 PAVI LLI ON PHARMACY			6, 744, 024			194.01
194. 03 07953 VENDI NG			0, 744, 024			194.02
194. 04 07954 CARELI NE		0	0	0		194.04
194.0507955 WELLNESS CENTER	C	0	79, 265	5, 073		194.05
194. 06 07956 PHYSICIAN PRACTICE CLINICS	C	0	372, 618	24, 196	24, 196	194.06
194. 07 07957 PERINATAL CLINIC	C	0	C	0	0	194.07
194.0807958 RENTAL PROPERTY	C	0	2, 157, 296	90, 614	90, 614	194.08
194. 09 07959 ADVERTI SI NG	C	0	C	0		194.09
194. 10 07960 I NTEGRA LTAC	C	0	181, 273		11, 771	
194. 11 07961 IU HEALTH HOSPICE	0	0	70, 333			194.11
194. 12 07962 POB MEDI CAL PAVI LLI ON CONDOS 194. 13 07963 PEDI ATRI C THERAPI ES				0		194.12
194. 14 07964 NEW CASTLE ONCOLOGY		0	1, 800, 339	6, 700		194. 13 194. 14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS			34, 250	0		194.14
194. 16 07966 JAY COUNTY HOSPI TAL		0	1, 532, 427			194.16
194. 17 07967 CARDI NAL HEALTH CHOI CE	C	0	0	0		194.17
194. 18 07968 CHV CARDINAL HEALTH VENTURES	C	0	C	0	0	194.18
194.1907969 HEALTH CARE CONNECTIONS	C	0	C	0	0	194.19
194.2007970 MEALS ON WHEELS	C	0	0	0		194.20
194. 21 07971 ST MARY'S SCHOOL	C	0	C	-		194.21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0	239, 998			194.22
194. 23 07973 CANCER CENTER BOUTI QUE 194. 24 07974 BOSC BALL OUTPATI ENT SURGERY			80, 141 380, 872		24, 732	194.23
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH			19, 253			194.24
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL		0	1, 366, 763			194.26
194. 27 07977 MI DWEST HEALTH STRATEGI ES	C	0	0	0		194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	C	0	0	0	0	194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	C	0	C	0		194. 29
194. 30 07980 CARDINAL HEALTH ALLIANCE	C	0	C	0		194.30
194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS	C	0	0	0		194.31
194. 32 07982 RENAL DI ALYSI S	C	0	0	0		194.32
194. 33 07983 LAB CORP 194. 34 07984 H. O. MATERIALS MGMT				0		194. 33 194. 34
194. 35 07985 LEASED SPACE			339, 631	22, 054	22,054	
200.00 Cross Foot Adjustments			337,031	22,034		200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	11, 232, 838		41, 438, 011	26, 793, 094	9, 790, 825	
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 005043		0. 105455		11. 803612	
204.00 Cost to be allocated (per Wkst. B,	C		764, 756	13, 970, 696	917, 872	204.00
Part II) 205.00 Unit cost multiplier (Wkst. B, Part	0. 000000		0.001946	16. 284400	1. 106567	205 00
205.00 Unit cost multiplier (Wkst. B, Part	0.000000		0.001940	10. 204400	1. 100307	200.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D,						207.00
Parts III and IV)						

Health Financial Systems COST ALLOCATION - STATISTICAL BASIS	BALL MEMORIA	L HOSPITAL Provider CC	N: 15-0089 Pe	In Lie eriod:	u of Form CMS-2 Worksheet B-1	
COST ALLOCATION - STATISTICAL DASIS				om 01/01/2021	Date/Time Pre 5/27/2022 9:4	pared:
Cost Center Description	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPI NG (SQUARE FEET HOUSEKEEPI NG)	DI ETARY (MEALS SERVED)	CAFETERI A (FTE' S)	NURSI NG ADMI NI STRATI O N (DI RECT NURS.	
	8.00	9.00	10.00	11.00	HRS.) 13.00	
GENERAL SERVICE COST CENTERS	0.00	7.00	10.00	11.00	10.00	
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.01 01160 COMMUNI CATI ONS 5.02 00550 DATA PROCESSI NG 5.04 00570 ADMI TTI NG 5.05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5.06 00590 OTHER ADMI NI STRATI VE AND GENERAL 6.00 00600 MAI NTENANCE & REPAI RS 7.00 00700 OPERATI ON OF PLANT 8.00 00800 LAUNDRY & LI NEN SERVI CE 9.00 00900 HOUSEKEEPI NG 10.00 01000 DI ETARY 11.00 01100 CAFETERI A 13.00 01300 NURSI NG ADMI NI STRATI ON 14.00 01400 CENTRAL SERVI CES & SUPPLY 15.00 01600 MEDI CAL RECORDS & LI BRARY 18.00 01080 PATI ENT TRANSPORTATI ON 21.00 02100 I & SERVI CES-SALARY & FRI NGES APPRVD 22.00 02200 I & SERVI CES-OTHER PRGM COSTS APPRVD 23.00 D2300 PARAMED ED PRGM INPATI ENT ROUTI NE SERVI C	1, 363, 966 28 0 12 0 238 0 6, 499 0 0 6	671, 625 16, 979 7, 750 13, 743 21, 216 7, 306 0 718 0 41, 833	240, 323 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	151, 394 5, 260 0 6, 005 0 2, 148 7, 342 671 284	63, 225 0 0 4 0 0 0	$\begin{array}{c} 1.\ 00\\ 4.\ 00\\ 5.\ 01\\ 5.\ 02\\ 5.\ 04\\ 5.\ 05\\ 5.\ 06\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 18.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 00\\ \end{array}$
30. 00 03000 ADULTS & PEDIATRICS	688, 339	186, 636	194, 617	38, 387	30, 181	30.00
31. 00 03100 INTENSIVE CARE UNIT 32. 00 03200 CORONARY CARE UNIT	112, 910 0	27, 662 0	8, 295 0	10, 042 0	7, 908 0	31.00 32.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	7, 091	10, 189	275	2, 826	2, 270	35.00
40. 00 04000 SUBPROVI DER - I PF 41. 00 04100 SUBPROVI DER - I RF	0 43, 965	0 9, 997	0 13, 204	0 2, 211	0 1, 669	40.00 41.00
43. 00 04300 NURSERY	10, 029		0	561	407	43.00
ANCI LLARY SERVI CE COST CENTERS	103, 786	37, 892	39	9, 589	2, 708	50.00
51.00 05100 RECOVERY ROOM	34, 787	8, 229	0	2, 400	1, 764	51.00
52. 00 05200 DELI VERY ROOM & LABOR ROOM 54. 00 05400 RADI OLOGY-DI AGNOSTI C	51, 812 80, 325		0 91	2, 673 12, 419	2, 249 1, 676	52.00 54.00
57. 00 05700 CT SCAN	00, 323		0	401	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	17, 229 0	13, 599 17, 744	1, 083 0	3, 248 4, 840	1, 679 0	59.00 60.00
60. 01 06001 BLOOD LABORATORY	0		0	0	0	60. 01
63. 00 06300 BLOOD STORI NG, PROCESSI NG, & TRANS. 65. 00 06500 RESPI RATORY THERAPY	305 181	0 4, 415	0 0	0 5, 148	0	63.00 65.00
65. 01 06501 SLEEP LAB	137		0	820	0	65.01
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY	6, 534 0		0	6, 031 1, 097	0	66.00 67.00
68.00 06800 SPEECH PATHOLOGY	0	575	0	703	0	68.00
68. 01 06801 AUDI OLOGY	12.045	0	0	0	0	68. 01 69. 00
69. 00 06900 ELECTROCARDI OLOGY 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	13, 845 0	14, 888 0	0	2, 553 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS 73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0 119	0	0	0 1, 427	0	73.00 73.01
74.00 07400 RENAL DI ALYSI S	2, 020		0	0	0	74.00
76. 00 03160 CARDI OPULMONARY 76. 97 07697 CARDI AC REHABI LI TATI ON	0	0	0	0 1, 523	0 93	76.00 76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	415	0	804	504	76.98
0UTPATI ENT SERVICE COST CENTERS 90. 00 09000 CLINIC	0	o	0	0	0	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC	0	6, 381	0	412	55	
90. 02 09002 PAIN CLINIC	0	22, 443	0	611	153	
90. 03 09003 0NC0L0GY CLINIC 91. 00 09100 EMERGENCY	547 175, 644	2, 906 33, 751	114 11, 194	1, 253 11, 864	1, 023 8, 125	90.03 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	4	4, 384	0	1, 132	735	92.01
95. 00 09500 AMBULANCE SERVICES	0	715	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1 254 202	507 010	220 012	114 405	62 210	113.00
NONREI MBURSABLE COST CENTERS	1, 356, 392	,	228, 912	146, 685	63, 210	
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	653	0	190.00

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der C		Peri od:	Worksheet B-1	
				From 01/01/2021	Data (Time Dres	
				To 12/31/2021	Date/Time Pre 5/27/2022 9:4	
Cost Center Description	LAUNDRY &	HOUSEKEEPING	DI ETARY	CAFETERI A	NURSI NG	
	LINEN SERVICE		(MEALS	(FTE'S)	ADMI NI STRATI O	
	(POUNDS OF	-	SERVED)		N	
	LAUNDRY)	HOUSEKEEPI NG)			(DI RECT NURS.	
					HRS.)	
	8.00	9.00	10.00	11.00	13.00	101.00
191.00 19100 RESEARCH	0	1,870 0		0 1,092 0 0		191.00 194.00
194.00 07950 0THER_NONREIMBURSABLE_COST_CENTERS 194.01 07951 BSU_PHARMACY		0		0 164		194.00
194. 02 07952 PAVI LLI ON PHARMACY	123	2, 540		0 951	-	194.01
194. 03 07953 VENDI NG	0	2, 340		0 0		194.02
194. 04 07954 CARELI NE	0	0				194.04
194. 05 07955 WELLNESS CENTER	7, 362	5,073		0 0		194.05
194. 06 07956 PHYSI CLAN PRACTI CE CLINI CS	0	9, 439		0 0	0	194.06
194. 07 07957 PERINATAL CLINIC	0	0		0 0	0	194.07
194. 08 07958 RENTAL PROPERTY	89	41, 780		0 0	0	194.08
194. 09 07959 ADVERTI SI NG	0	0		0 0		194.09
194. 10 07960 INTEGRA_LTAC	0	0	11, 41		-	194.10
194. 11 07961 I U HEALTH HOSPI CE	0	3, 041		0 15		194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0 0		194.12
194. 13 07963 PEDI ATRI C THERAPI ES	0	0		0 0		194.13
194. 14 07964 NEW CASTLE ONCOLOGY	0	0		0 0		194.14
194. 15 07965 MARKETI NG/PUBLI C RELATI ONS	0	5, 087		0 0 0 871		194. 15 194. 16
194. 16 07966 JAY_COUNTY_HOSPI TAL 194. 17 07967 CARDI NAL_HEALTH_CHOI CE	0	5,087		0 8/1		194.16
194. 18 07968 CHV CARDINAL HEALTH VENTURES	0	0			-	194.17
194. 19 07969 HEALTH CARE CONNECTIONS	0	0				194.10
194. 20 07970 MEALS ON WHEELS	0	0		0 0		194.20
194. 21 07971 ST MARY'S SCHOOL	0	0		0 0		194.21
194. 22 07972 THERAPIES TO OTHER ENTITIES	0	0		0 0	0	194.22
194.2307973 CANCER CENTER BOUTIQUE	0	852		0 59	0	194.23
194.2407974 BOSC BALL OUTPATIENT SURGERY	0	0		0 0		194.24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	0		0 1		194.25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL	0	4,033		903		194.26
194. 27 07977 MI DWEST HEALTH STRATEGIES	0	0		0 0		194.27
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0				194.28
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI 194. 30 07980 CARDINAL HEALTH ALLIANCE	0	0		0 0		194. 29 194. 30
194. 31 07986 OTHER NONRELIMBURSABLE COST CENTERS	0	0				194.30
194. 32 07982 RENAL DI ALYSI S	0					194.31
194. 33 07983 LAB CORP	0	0		0 0		194.33
194. 34 07984 H. O. MATERIALS MGMT	0	0		0 0		194.34
194. 35 07985 LEASED SPACE	0	0		0 0		194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	1, 658, 426	6, 059, 497	5, 219, 32	0 1, 523, 056	19, 964, 739	202.00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	1. 215885					
204.00 Cost to be allocated (per Wkst. B,	2, 919	418, 566	576, 64	1 261, 501	508, 500	204.00
Part II) 205.00 Unit cost multiplier (Wkst. B, Part	0 000140	0 400014	2 20044	1 77700	0 040705	205 00
205.00 Unit cost multiplier (Wkst. B, Part	0. 002140	0. 623214	2. 39944	2 1. 727288	8. 042705	200.00
206.00 NAHE adjustment amount to be allocated						206.00
(per Wkst. B-2) 207.00 NAHE unit cost multiplier (Wkst. D,						207.00
Parts III and IV)						207.00

Health Financial Systems COST ALLOCATION - STATISTICAL BASIS	BALL MEMORIAL	HOSPITAL		Period:	u of Form CMS-2 Worksheet B-1	
				From 01/01/2021 To 12/31/2021	Date/Time Pre 5/27/2022 9:4	pared:
				OTHER GENERAL	INTERNS &	
Cost Center Description	CENTRAL SERVI CES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUI S.)	MEDI CAL RECORDS & LI BRARY (GROSS CHARGES)	SERVI CE PATI ENT TRANSPORTATI O N (GROSS CHARGES)	RESI DENTS SERVI CES-SALA RY & FRI NGES (ASSI GNED TI ME)	
	14.00	15.00	16.00	18.00	21.00	
GENERAL SERVICE COST CENTERS	1					1 00
1.00 00100 NEW CAP REL COSTS-BLDG & FLXT 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.01 01160 COMMUNI CATI ONS 5.02 00550 DATA PROCESSI NG 5.04 00570 ADMI TTI NG 5.05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5.06 00590 OTHER ADMI NI STRATI VE AND GENERAL 6.00 00600 MAI NTENANCE & REPAI RS 7.00 00700 OPERATI ON OF PLANT 8.00 00800 LAUNDRY & LI NEN SERVI CE 9.00 00900 HOUSEKEEPI NG 10.00 01100 CAFETERI A 13.00 01300 NURSI NG ADMI NI STRATI ON 14.00 01400 CENTRAL SERVI CES & SUPPLY 15.00 01500 PHARMACY 16.00 01600 MEDI CAL RECORDS & LI BRARY 18.00 01800 PATI ENT TRANSPORTATI ON 21.00 02100 I & SERVI CES-OTHER PRGM COSTS APPRVD 23.00 02300 PARAMED ED PRGM	31, 579, 006 104, 193 0 1 0 5 0	49, 244, 782 0 0 26 0	2, 227, 586, 870	2, 227, 586, 876 0 0 0	5, 158	$\begin{array}{c} 1. \ 00\\ 4. \ 00\\ 5. \ 01\\ 5. \ 02\\ 5. \ 04\\ 5. \ 05\\ 5. \ 06\\ 6. \ 00\\ 7. \ 00\\ 8. \ 00\\ 9. \ 00\\ 10. \ 00\\ 11. \ 00\\ 13. \ 00\\ 14. \ 00\\ 13. \ 00\\ 14. \ 00\\ 15. \ 00\\ 16. \ 00\\ 18. \ 00\\ 21. \ 00\\ 22. \ 00\\ 23. \ 00\\ \end{array}$
30.00 O3000 ADULTS & PEDIATRICS	1, 137, 440	291, 739	267, 230, 773	3 267, 230, 773	3, 138	30.00
31. 00 03100 I NTENSI VE CARE UNI T	571, 707	190, 227	70, 081, 357	70, 081, 357	619	31.00
32.00 03200 CORONARY CARE UNIT 35.00 02060 NEONATAL INTENSIVE CARE UNIT	0 100, 858	0 13, 942	(17, 247, 06	-	0 40	32.00 35.00
40. 00 04000 SUBPROVI DER - I PF	0	0	(17,247,00	0 0	0	40.00
41.00 04100 SUBPROVIDER - IRF	20, 644	2, 714			0	41.00
43. 00 04300 NURSERY ANCI LLARY SERVICE COST CENTERS	<u> </u>	0	3, 083, 336	3, 083, 336	0	43.00
50. 00 05000 OPERATI NG ROOM	5, 505, 910	119, 734				50.00
51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & LABOR ROOM	54, 176 182, 532	64, 646 35, 478				51.00 52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 203, 276	324, 653				1
57. 00 05700 CT SCAN	239	22	3, 496, 043			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0)	-	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	1, 441, 968	51, 370 0				1
60. 01 06001 BLOOD LABORATORY	0	0			0	00.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	6, 802, 25		0	63.00
65. 00 06500 RESPIRATORY THERAPY	573, 751	0	38, 617, 635			65.00
65. 01 06501 SLEEP_LAB 66. 00 06600 PHYSI CAL_THERAPY	24, 809 18, 828	0 104	7, 471, 74 [°] 23, 366, 26 [°]		0	65.01 66.00
67. 00 06700 OCCUPATI ONAL THERAPY	354	0	7, 830, 047		0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	4, 284, 422		0	68.00
68. 01 06801 AUDI OLOGY	0	0	(0 510 57	-	0	68.01
69.00 06900 ELECTROCARDI OLOGY 71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	48, 599 12, 222, 873	1, 035 0			255	69.00 71.00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENT	7, 480, 783	0	117, 152, 150			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	47, 652, 219			0	73.00
73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES 74. 00 07400 RENAL DIALYSIS	168	0	7, 493, 318			73.01
74. 00 07400 RENAL DI ALYSI S 76. 00 03160 CARDI OPULMONARY	4, 747	1, 261 0	3, 838, 567 (0	74.00 76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	953	5	5, 360, 77	-	0	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	243, 883	0	21, 971, 074	21, 971, 074	16	76. 98
0UTPATI ENT SERVI CE COST CENTERS 90. 00 09000 CLI NI C	0	0	10, 368	3 10, 368	0	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC	970	0	863, 464		0	90.00
90. 02 09002 PAIN CLINIC	13, 141	841	6, 100, 347		52	90.02
90. 03 09003 0NC0L0GY CLINIC	88, 480	67, 720				90.03
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	514, 551	424, 313	262, 052, 234	262, 052, 234	359	91.00 92.00
92. 01 09200 OBSERVATION BEDS (NON-DISTINCT PART)	6, 726	2, 612	5, 954, 81 ⁻	5, 954, 811	0	1
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES SPECIAL PURPOSE COST CENTERS	0	0	(0 0	0	95.00
113. 00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	31, 566, 565	49, 244, 661	2, 227, 586, 876	2, 227, 586, 876	5, 116	118.00

Health Financial Systems	BALL MEMORIAL	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CC	CN: 15-0089	Peri od:	Worksheet B-1	
				From 01/01/2021 To 12/31/2021	Date/Time Pre	nared
					5/27/2022 9:4	
				OTHER GENERAL	I NTERNS &	
Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SERVI CE PATI ENT	RESI DENTS SERVI CES-SALA	
cost center bescription	SERVICES &	(COSTED	RECORDS &	TRANSPORTATIO	RY & FRINGES	
	SUPPLY	REQUIS.)	LIBRARY	N	(ASSI GNED	
	(COSTED		(GROSS	(GROSS	TIME)	
	REQUIS.) 14.00	15.00	CHARGES) 16.00	CHARGES) 18.00	21.00	
NONREI MBURSABLE COST CENTERS	14.00	15.00	10.00	18.00	21.00	
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1, 994	0		0 0		190.00
	98	65		0 0		191.00
194.00 07950 OTHER NONREI MBURSABLE COST CENTERS 194.01 07951 BSU PHARMACY	0	0		0 0		194.00 194.01
194. 02 07952 PAVI LLI ON PHARMACY	5, 857	0		0 0		194.01
194. 03 07953 VENDI NG	0	0		0 0		194.03
194. 04 07954 CARELI NE	0	0		0 0		194.04
194.0507955 WELLNESS CENTER	18	56		0 0		194.05
194. 06 07956 PHYSI CLAN PRACTICE CLINICS	0	0				194.06
194. 07 07957 PERI NATAL CLI NI C 194. 08 07958 RENTAL PROPERTY	0 355	0				194. 07 194. 08
194. 09 07959 ADVERTI SI NG	0	0		0 0		194.09
194. 10 07960 I NTEGRA LTAC	0	0		0 0	0	194. 10
194. 11 07961 IU HEALTH HOSPICE	0	0		0 0		194. 11
194. 12 07962 POB MEDI CAL PAVI LLI ON CONDOS	0	0		0 0		194.12
194. 13 07963 PEDI ATRI C THERAPI ES 194. 14 07964 NEW CASTLE ONCOLOGY	2, 478	0		0 0		194.13 194.14
194. 15 07965 MARKETING/PUBLIC RELATIONS	0	0				194.14
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	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 194.21 07971 ST MARY'S SCHOOL	0	0				194. 20 194. 21
194. 22 07972 THERAPIES TO OTHER ENTITIES	47	0		0 0		194.22
194. 23 07973 CANCER CENTER BOUTIQUE	1, 594	0		0 0	0	194.23
194. 24 07974 BOSC BALL OUTPATIENT SURGERY	0	0		0 0		194. 24
194. 25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	0		0 0		194.25
194. 26 07976 BLACKFORD COMMUNITY HOSPITAL 194. 27 07977 MIDWEST HEALTH STRATEGIES	0	0				194.26 194.27
194. 28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0 0		194.27
194. 29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0 0		194.29
194. 30 07980 CARDI NAL HEALTH ALLI ANCE	0	0		0 0		194.30
194. 31 07986 OTHER NONREI MBURSABLE COST CENTERS	0	0		0 0		194.31
194. 32 07982 RENAL_DI ALYSI S 194. 33 07983 LAB_CORP	0	0		0 0		194.32 194.33
194. 34 07984 H. O. MATERIALS MGMT	0	0				194.33
194. 35 07985 LEASED SPACE	0	0		0 0		194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	13, 999, 841	9, 832, 184		0 1, 081, 772	5, 341, 203	202.00
Part I) 203.00 Unit cost multiplier (Wkst. B, Part I)	0. 443327	0. 199659	0.0000	0. 000486	1, 035. 518224	203 00
204.00 Cost to be allocated (per Wkst. B,	731, 616	276, 652	0.0000	0 30, 171		203.00
Part II)		,				
205.00 Unit cost multiplier (Wkst. B, Part	0. 023168	0. 005618	0.0000	0. 000014	4. 811943	205.00
206.00 NAHE adjustment amount to be allocated						206.00
(per Wkst. B-2)						207 00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

	Financial Systems LLOCATION - STATISTICAL BASIS	BALL MEMORIA	L HOSPITAL Provider CO	CN: 15-0089	In Lieu Period:	u of Form CMS-2552-1 Worksheet B-1
					From 01/01/2021 To 12/31/2021	
		INTERNS &				5/27/2022 9:40 am
	Cost Center Description	RESIDENTS				
	cost center bescription	SERVICES-OTHE R PRGM COSTS	PARAMED ED PRGM			
		(ASSI GNED	(100%			
		TIME)	PHARMACY DRUGS)			
		22.00	23.00			
1 00	GENERAL SERVICE COST CENTERS					1.0
1.00 4.00	00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT					1. C 4. C
5.01	01160 COMMUNICATIONS					5.0
5.02	00550 DATA PROCESSI NG					5. C
5.04 5.05	00570 ADMI TTI NG 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE					5. C
5.06	00590 OTHER ADMINI STRATI VE AND GENERAL					5.0
6.00	00600 MAINTENANCE & REPAIRS					6. C
7.00 8.00	00700 OPERATION OF PLANT					7.0
8.00 9.00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG					9.0
10.00	01000 DI ETARY					10. C
						11.0
13.00 14.00	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY					13. C 14. C
	01500 PHARMACY					15.0
	01600 MEDICAL RECORDS & LIBRARY					16. C
	01080 PATIENT TRANSPORTATION 02100 I & SERVICES-SALARY & FRINGES APPRVD					18. C 21. C
	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	5, 158				22.0
23.00	02300 PARAMED ED PRGM		100			23.0
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	3, 138	0			30.0
	03100 I NTENSI VE CARE UNI T	619	0			31.0
32.00	03200 CORONARY CARE UNI T	0	0			32.0
	02060 NEONATAL INTENSIVE CARE UNIT	40	0			35.0
40.00	04000 SUBPROVI DER – I PF 04100 SUBPROVI DER – I RF	0	0			40. C 41. C
	04300 NURSERY	0	0			43.0
50.00	ANCI LLARY SERVICE COST CENTERS	284	0			50.0
	05100 RECOVERY ROOM	204	0	•		51.0
	05200 DELIVERY ROOM & LABOR ROOM	0	0			52. C
54.00 57.00	05400 RADI OLOGY-DI AGNOSTI C 05700 CT SCAN	130	0			54. C 57. C
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.0
	05900 CARDI AC CATHETERI ZATI ON	0	0			59. C
60. 00 60. 01	06000 LABORATORY 06001 BLOOD LABORATORY	0	0			60. C 60. C
	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0			63.0
65.00	06500 RESPI RATORY THERAPY	124	0			65. C
65.01 66.00	06501 SLEEP LAB 06600 PHYSI CAL THERAPY	0	0			65. C 66. C
67.00	06700 OCCUPATI ONAL THERAPY	0	0			67.0
68.00	06800 SPEECH PATHOLOGY	0	0			68. C
68.01		0	0			68. C
	06900 ELECTROCARDIOLOGY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	255 0	0			69. C 71. C
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0			72.0
	07300 DRUGS CHARGED TO PATIENTS	0	100			73.0
	07301 HOSPITAL BASED RETAIL PHARMACIES 07400 RENAL DIALYSIS	0	0			73. C 74. C
76.00	03160 CARDI OPULMONARY	0	0			76. C
	07697 CARDIAC REHABILITATION	0	0			76.9
10.98	07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	16	0			76.9
	09000 CLI NI C	0	0			90. C
90.01	09001 SUBSTANCE ABUSE CLINIC	0	0			90.0
90.02 90.03	09002 PAIN CLINIC 09003 ONCOLOGY CLINIC	52 99	0			90. C 90. C
	09100 EMERGENCY	359	0			91.0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.0
92.01	09201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	0	0			92.0
95.00	09500 AMBULANCE SERVICES	0	0			95.0
	SPECIAL PURPOSE COST CENTERS		-			
113.00 118.00	11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117)	5, 116	100			113. C 118. C
		1 5, 110	100	1		[110.0

COST ALLOCATION STATISTICAL RASES Provider CON Period Provider Period Col Period Provider Description Cost Control Cost Control INTERNS & RESIDENTS TRESDOCTS Period Provider Description Descripti	Health Financial Systems	BALL MEMORIA	L HOSPI TAL	In Lieu of Form CMS-2552-10
To 12/31/2021 Detor/Time Prepared: S277/2022 9.43 mm Cost Center Description NEW CS OTH R REAL 00575 (1350 HT) (1000 b) PAGA (1000				Period: Worksheet B-1
INTERIES A Interies A Interies A Cost Center Description EEVICES-Offic REVICES-Offic (ASSIGNED PARMED ED (NONE PARMED ED (NONE PARMED ED (NONE NONE INSURANCE (10000 72.00 20.00 90.00 99.00 190.00 10000 CIFF, FLORER, COFFEE SHOP & CANTEN (10000 42 0 99.00 190.00 10000 CIFF, FLORER, COFFEE SHOP & CANTEN (10000 42 0 199.00 190.00 10000 CIFF, FLORER, COFFEE SHOP & CANTEN (100000 42 0 199.00 190.00 10000 CIFF, FLORER, COFFEE SHOP & CANTEN (100000 42 0 199.00 190.00 10000 CIFF, FLORER, COFFEE SHOP & CANTEN (1000000 194.00 194.00 190.00 10000 CIFF, FLORER, COFFEE SHOP & CANTEN (10000000 CIFF, FLORER, COFFEE SHOP & CANTEN (100000000 CIFF, FLORER, COFFEE SHOP & CANTEN (1000000000000000000000000000000000000				
Cost Center Description RESIDENTS FROM COST 0 11NP PARAMED ED PROM (USS 000) PARAMED ED PROM (USS 000) MONRELMIRSABLE COST CENTERS 22.00 23.00 MONRELMIRSABLE COST CENTERS 0 0 190.00 (STF) FLORENCY 42 191.00 (RESEARCH 42 0 194.00 (795) PARIMELY DISCRIPTION 0 194.00 (795) PARIMELY DISCRIPTION 0 194.01 (795) PARIMELY DISCRIPTION 0 194.02 (7978) PARIMELY DISCRIPTION 0 194.03 (7978) PARIMELY DISCRIPTION 0 194.04 (7978) 0 0 0 194.04 (7978) 0 0 0 194.04 (7978) 0 0 0 194.04 (7978) 0 0 0 194.04 (7978) 0 0 0 194.04 (7978) 0				
Cost Center Description SERVICES-OTHE (ASSIGNED) PARAWE (D PROM (100), 22.00 PARAWE (D PROM (100), 23.00 NUMEE MEMPRABLE COST CENTERS 0 0 0 190.00 190.00 07950 OTHER NOMELINAURSABLE COST CENTERS 0 0 191.00 190.00 07950 OTHER NOMELINAURSABLE COST CENTERS 0 0 194.00 191.00 1700 GESEARCH 42 0 194.00 194.00 07950 OTHER NOMELINAURSABLE COST CENTERS 0 0 194.00 194.00 07950 OTHER NOMELINAURSABLE COST CENTERS 0 0 194.00 194.00 07950 OTHER NOMELINAURSABLE COST CENTERS 0 0 194.00 194.00 07950 FRINTAL ROPERTY 0 0 194.00 194.00 07950 FRINTAL CONTEC CLINICS 0 0 194.07 194.00 07950 ADVETIS INK 0 0 194.07 194.10 07057 PERINATAL CONTEC CLINICS 0 0 194.107 194.10 070567 DEDIATIC CLINICS 0 0 194.107 194.10 070567 DEDIATIC CLINICS 0 0 194.107 194.10 07057 DEDIATIC CLINICS 0				
PRCM PRCM PRCM PRCM TIME 22.00 23.00 99.00 191.00 0197.00 FT. FLUDER 90.00 99.00 191.00 0197.00 FT. FLUDER 0 0 191.00 0197.00 FT. FLUDER 0 0 191.01 0197.05 Starting 6 0 194.03 191.02 0197.05 CARLINE 0 0 194.03 191.02 0197.05 CARLINE 0 0 194.03 191.00 FERMATAL CINC 0 0 194.03 194.03 191.02 GT. ST. FERMATAL CINC S 0 0 194.10 194.03 191.03 GT. ST. FERMATAL CINC S 0 0 194.10 194.10 191.10				
CASS LONG PLANMACY DRUGS) 100.000 LINNEY UNINEY 100.000 LINNEY DRUGS) 100.000 DRUGS) DRUGS) 100.000	Cost Center Description			
TIME PHARMACY DRUGS 22:00 23:00 100:00119000 GFT, T.LWER, COFTERS 0 100:00119000 GFTS, TWELLUSS CENTR 0 100:0011900 GFTS, TWELLUSS CENTR 0 100:00110FER NURPH TALL CLINCS 0 100:011900 GFTS, TWELLUSS CENTR 0 100:011900 GFTS, TWELLUSS CENTR 0 100:01900 GFTS, TWELLUSS CENTR				
UNREL MBURSABLE COST CENTERS 0 0 190.00 [GIFT, FLURER, COFFEE SH0 & CANTEEN 0 0 101.00 [GIFT, FLURER, COFFEE SH0 & CANTEEN 101.00 [GIFT, FLURER, COFFEE SH0 & CANTEEN 101.00 [GIFT, FLURER, INURSABLE COST CENTERS 0 104.00 [GIFT, FLURER, INURSABLE COST CENTER 0 101.00 [GIFT, FLURER, INURSABLE COST CENTER 0 101.00 [GIFT, FLURER, INURSABLE COST CENTER 0 101.00 [GIFT, FLURER, INURSABLE COST CENTER 0 104.00 [GIFT, FLURER, INURSABLE COST CENTER 104.10 [GIFT, FLURER, INURSABLE COST CENTER 104.10 [GIFT, FLURER, INURSABLE COST CENTER				
NOME NOME NUMBER NOME NUMBER				
190.00 000000 CIFT. FLORER, COFFEE SMPP & CANTEEN 0 190.00 190.00 0007550 OTHER NONRELIMBURSABLE COST CENTERS 0 194.00 190.00 0007550 OTHER NONRELIMBURSABLE COST CENTERS 0 194.00 190.00 0007550 OTHER NONRELIMBURSABLE COST CENTERS 0 194.00 190.00 000 194.00 194.00 194.00 191.00 000 194.00 194.00 194.00 191.00 000 194.00 194.00 194.00 191.00 000 194.00 194.00 194.00 191.00 000 0 194.00 194.00 191.00 0007059 AUKITIS IMG 0 0 194.00 191.00 0007059 AUKITIS IMG 0 0 194.10 194.00 191.10 1100760 0 0 194.10 194.00 194.10 191.10 11076760 0 0 194.10 194.14 194.14 194.14		22.00	23.00	
191.0019100 RESEARCH 42 0 191.00 194.0017951 BSU PHARMACY 0 0 194.00 194.0107551 BSU PHARMACY 0 0 194.02 194.02077852 WILLION PHARMACY 0 0 194.02 194.02077852 WILLION PHARMACY 0 0 194.02 194.02077852 WILLION PHARMACY 0 0 194.02 194.02077857 PERIMATAL CLINICS 0 0 194.02 194.02077857 PERIMATAL CLINICS 0 0 194.02 194.02077857 PERIMATAL CLINICS 0 0 194.02 194.02070857 PERIMATAL CLINICS 0 0 194.02 194.1007960 INFEROMENT 0 0 194.02 194.1107960 INFEROMENT 0 0 194.13 194.1107960 INFEROMENT 0 0 194.13 194.1107960 INFEROMENT 0 0 194.13 194.11079760 INFEROMENT 0 0 194.13 194.11079760 PENIATIC INTEROPTES 0 0 194.13 194.11070760 INFEROMENT 0 0 194.13 194.11070760 RAELTONONCOND				
194. 00/07950 OTHER NONRE HMBURSABLE COST CENTERS 0 0 194. 01/0754 DSUP HARMACY 0 0 194. 02/0752 PAVILLION PHARMACY 0 0 194. 04/0754 CARELINE 0 0 194. 04/0754 CARELINE 0 0 194. 06/0756 CARELINE 0 0 194. 06/0756 PERINTAL CLINIC 0 0 194. 06/0756 0 0 194. 00 194. 070746 INTEGRA LTAC 0 0 194. 10/0746 INTEGRA LTAC 0 0 194. 10/0746 INTEGRA LTAC 0 194. 10 194. 110/0746 INTEGRA LTAC 0 194. 11 194. 110/0746 INTEGRA LTAC 0 194. 11 194. 110/0746 INTEGRA LTAC 0 194. 11 <td< td=""><td></td><td></td><td></td><td></td></td<>				
194.0107051 BSU PHARMACY 0 0 194.0207053 VENDING 0 194.03 194.0207053 VENDING 0 0 194.0207053 VENDING 0 0 194.0207053 VENDING 0 0 194.0207055 VELLICH PHARMACY 0 0 194.0207055 VENDING 0 0 194.0207057 PENINTAL CLINICS 0 0 194.0207057 AURETISING 0 0 194.1207067 0 0 0 194.1207067 0 0 0 194.1207067 0 0 0 194.1207067 0 0 0 194.1207067 0 0 0 194.1207070 MARCHICLENTHOLONDOLOS 0 194.13 194.1207070 MARCHICLENT				
194. 02/0762 PAVILLION PHARMACY 0 0 194. 04/0754 CARELINE 0 0 194. 04/0754 CARELINE 0 0 194. 05/0756 PHINTAL CLINICS 0 0 194. 05/0756 PHINTAL CLINICS 0 0 194. 06/0756 PHINTAL CLINIC 0 0 194. 06/0756 PHINTAL CLINIC 0 0 194. 06/0756 PHINTAL CLINIC 0 0 194. 08/0756 RENTAL PROPERTY 0 0 194. 10/0766 INTEGRA LIAC 0 0 194. 110/0766 INTEGRA LIAC 0 0 194. 11 10/0766 INTEGRA LIAC 0 0 194. 11 10/0766 INTEGRA LIAC 0 0 144.13 <			1	
194. dol 07954 CARELINE 0 0 194. dol 07955 WELKESS CENTER 0 0 194. dol 07955 MELKESS CENTER 0 0 194. dol 07956 MERTINAL PROPERTY 0 0 194. dol 07957 MEDICAL PAVILLION CONDOS 0 194. 10 194. 110 HALTIN HOSPICE 0 0 194. 13 194. 1207962 POB MEDICAL PAVILLION CONDOS 0 0 194. 13 194. 1607966 JAY COUNTY HOSPITAL 0 0 194. 15 194. 1607966 JAY COUNTY HOSPITAL 0 0 194. 16 194. 100790 HEALTH CARC CONNECTIONS 0 0 194. 19 194. 2007970 MEALS ON WHEELS 0 0 194. 22 194. 2007970 MEALS ON WHEELS 0 0 194. 22 194. 2007970		0	o	
194. G6]07955 WELLESS CENTER 0 0 194. G6]07955 WELLESS CENTER 0 0 194. G6]07959 PERI MATAL CLINIC 0 0 194. G6]07959 ADVERTI SING 0 0 194. G6]07959 ADVERTI SING 0 0 194. 1007961 INTEGRA LTAC 0 0 194. 1007961 INTEGRA LTAC 0 0 194. 1007962 PORUTRI CINIC CONDOS 0 194. 10 194. 1107964 INTEGRA LTAC 0 0 194. 12 194. 1307963 PEDI ATRI CINE CONDOY 0 0 194. 13 194. 1607965 INACTINIC RELATIONS 0 0 194. 14 194. 1807966 GAV CAMPINAL HEALTH VENTURES 0 0 194. 19 194. 1807966 GAV CAMPINAL HEALTH VENTURES 0 0 194. 12 194. 1807967 GAV CAMPINAL HEALTH VENTURES 0 0 194. 12 194. 1807966 GAV CAMPINAL HEALTH VENTURES 0 0 194. 12 194. 1807970 GAV CAMPINAL HEALTH VENTURES 0 0 194.	194. 03 07953 VENDI NG	0	0	194. 03
194. 00/0755 PHYSICIAN PRACTICE CLINICS 0 0 194. 00/0757 PERINATAL PROPERTY 0 0 194. 10/0760 INTEGRA LTAC 0 0 194. 110/0761 INTEGRA LTAC 0 0 194. 110/0762 POB MEDICAL PAVILLION CONDOS 0 0 194. 130/0763 PEDIATRIC THERAPIES 0 0 194. 150/0766 JAY COUNTY HOSPITAL 0 0 194. 15 194. 160/0766 JAY COUNTY HOSPITAL 0 0 194. 15 194. 160/0766 JAY COUNTY HOSPITAL 0 0 194. 16 194. 10/0766 JAY COUNTY HOSPITAL 0 0 194. 16 194. 10/0766 JAY COUNTY HOSPITAL 0 0 194. 17 194. 10/0769 HEALTH CARCE CONNECTIONS 0 0 194. 20 194. 20/0797 WEALST ACRE ROUTIONE 0 0 194. 20 <tr< td=""><td>194. 04 07954 CARELI NE</td><td>0</td><td>0</td><td>194. 04</td></tr<>	194. 04 07954 CARELI NE	0	0	194. 04
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Part II) 205.00 Part II) 205.00 205.00 11) 206.00 NAHE adjustment amount to be allocated (per Wkst. B-2) 207.00 0.000000 207.00	203.00 Unit cost multiplier (Wkst. B, Part I)	1, 376. 808065	3, 275. 790000	203.00
205.00 Unit cost multiplier (Wkst. B, Part 272.942032 74.650000 205.00 205.00 206.00 NAHE adjustment amount to be allocated (per Wkst. B-2) 0 0 206.00 206.00 207.00 207.00 0.000000 207.00 </td <td></td> <td>1, 407, 835</td> <td>7, 465</td> <td>204.00</td>		1, 407, 835	7, 465	204.00
206.00II) NAHE adjustment amount to be allocated (per Wkst. B-2) NAHE unit cost multiplier (Wkst. D,0206.00207.000.000000207.00				
206.00NAHE adjustment amount to be allocated (per Wkst. B-2)0206.00207.00NAHE unit cost multiplier (Wkst. D,0.000000207.00		272. 942032	74.650000	205.00
207.00 (per Wkst. B-2) NAHE unit cost multiplier (Wkst. D, 0.000000 207.00				204 00
207.00 NAHE unit cost multiplier (Wkst. D, 0.000000 207.00	3			208.00
		1	0. 000000	207.00
	Parts III and IV)			

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-:	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der CO		Peri od:	Worksheet C	
				From 01/01/2021	Part I	
				To 12/31/2021	Date/Time Pre	pared:
		Titlo	XVIII	Hospi tal	5/27/2022 9: 4 PPS	
		Intre	AVIII	Costs	FF3	
Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
COST CENTER DESCRIPTION	(from Wkst.	Adj.		Di sal I owance	10101 00313	
	B, Part I,	, (a) .		bi our i ondrioo		
	col. 26)					
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS			•			
30. 00 03000 ADULTS & PEDIATRICS	83, 685, 808		83, 685, 80	0 8	83, 685, 808	30.00
31.00 03100 INTENSIVE CARE UNIT	21, 744, 869		21, 744, 86	9 0	21, 744, 869	31.00
32.00 03200 CORONARY CARE UNIT	0			0 0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	5, 881, 994		5, 881, 99	4 0	5, 881, 994	35.00
40. 00 04000 SUBPROVI DER – I PF	0			0 0	0	40.00
41.00 04100 SUBPROVI DER – I RF	4, 467, 031		4, 467, 03	1 0	4, 467, 031	41.00
43. 00 04300 NURSERY	1, 117, 396		1, 117, 39	6 0	1, 117, 396	43.00
ANCILLARY SERVICE COST CENTERS				-		
50. 00 05000 OPERATI NG ROOM	21, 520, 968		21, 520, 96		21, 520, 968	•
51.00 05100 RECOVERY ROOM	4, 355, 162		4, 355, 16		4, 355, 162	
52.00 05200 DELIVERY ROOM & LABOR ROOM	5, 637, 088		5, 637, 08		5, 637, 088	•
54. 00 05400 RADI OLOGY-DI AGNOSTI C	29, 365, 400		29, 365, 40		29, 365, 400	•
57.00 05700 CT SCAN	214, 504		214, 50		214, 504	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0			0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	10, 018, 666		10, 018, 66		10, 018, 666	•
60. 00 06000 LABORATORY	19, 536, 641		19, 536, 64		19, 536, 641	60.00
60. 01 06001 BLOOD LABORATORY	0			0 0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	1, 688, 266		1, 688, 26		1, 688, 266	
65. 00 06500 RESPI RATORY THERAPY	8, 039, 589	0			8, 039, 589	•
65.01 06501 SLEEP LAB	902, 585	0	902, 58		902, 585	•
66. 00 06600 PHYSI CAL THERAPY	7, 867, 113	0	7, 867, 11		7, 867, 113	•
67. 00 06700 OCCUPATI ONAL THERAPY	1, 805, 552	0	1, 805, 55		1,805,552	
68. 00 06800 SPEECH PATHOLOGY	988, 324	0	988, 32		988, 324	
68. 01 06801 AUDI OLOGY	0	0		0 0	0	
69. 00 06900 ELECTROCARDI OLOGY	4, 888, 124		4, 888, 12		4, 888, 124	1
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	21, 110, 622		21, 110, 62		21, 110, 622	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	14, 290, 797		14, 290, 79		14, 290, 797	
73. 00 07300 DRUGS CHARGED TO PATIENTS	72, 116, 185		72, 116, 18		72, 116, 185	•
73. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES	9, 176, 355		9, 176, 35		9, 176, 355	•
74.00 07400 RENAL DI ALYSI S	2,004,752		2,004,75		2,004,752	•
76.00 03160 CARDI OPULMONARY	1 512 277			0 0	1 512 277	
76. 97 07697 CARDI AC REHABI LI TATI ON	1, 513, 377		1, 513, 37		1, 513, 377	
76. 98 07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	2, 477, 544		2, 477, 54	4 0	2, 477, 544	76.98
90. 00 09000 CLINIC	0			0 0	0	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC	824, 817		824, 81		824, 817	•
90. 02 09002 PAIN CLINIC	2, 356, 285		2, 356, 28		2, 356, 285	•
90. 03 09003 0NCOLOGY CLINIC	3, 082, 451		3, 082, 45		3, 082, 451	•
91. 00 09100 EMERGENCY	28, 451, 582		28, 451, 58		29, 266, 060	•
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	8, 344, 843		8, 344, 84		8, 344, 843	•
92. 01 09201 OBSERVATION BEDS (NON-DISTINCT FART)	2, 020, 269		2, 020, 26		2, 020, 269	
OTHER REIMBURSABLE COST CENTERS	2,020,209		2,020,20	0	2,020,209	12.01
95. 00 09500 AMBULANCE SERVICES	49, 393		49, 39	3 0	49, 393	95.00
SPECIAL PURPOSE COST CENTERS	, 070		.,,,,,,	- 0	, 070	
113.0011300 I NTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	401, 544, 352	0	401, 544, 35	2 814, 478	402, 358, 830	200.00
201.00 Less Observation Beds	8, 344, 843		8, 344, 84	3	8, 344, 843	201.00
202.00 Total (see instructions)	393, 199, 509	0	393, 199, 50	9 814, 478	394, 013, 987	202.00

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C		Period:	Worksheet C	
				From 01/01/2021 To 12/31/2021	Part I Date/Time Pre	narod
				10 12/31/2021	5/27/2022 9:4	
		Title	e XVIII	Hospi tal	PPS	
		Charges				
Cost Center Description	I npati ent	Outpati ent	· ·	6 Cost or Other	TEFRA	
			+ col. 7)	Rati o	Inpati ent	
	(00	7.00	0.00	0.00	Ratio	
INPATIENT ROUTINE SERVICE COST CENTERS	6.00	7.00	8.00	9.00	10.00	
30. 00 03000 ADULTS & PEDI ATRI CS	217, 646, 879		217, 646, 87	9		30.00
31. 00 03100 I NTENSI VE CARE UNI T	70, 081, 357		70, 081, 35			31.00
32. 00 03200 CORONARY CARE UNI T	0		, , , , , , , , , , , , , , , , , , , ,	0		32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	17, 247, 067		17, 247, 06	7		35.00
40.00 04000 SUBPROVIDER - IPF	0			0		40.00
41.00 04100 SUBPROVIDER – IRF	9, 764, 153		9, 764, 15	3		41.00
43. 00 04300 NURSERY	3, 083, 336		3, 083, 33	6		43.00
ANCI LLARY SERVI CE COST CENTERS				_		
50.00 O5000 OPERATING ROOM	96, 452, 327	83, 974, 227				
51.00 05100 RECOVERY ROOM	8, 870, 901	17, 407, 683				
52. 00 05200 DELIVERY ROOM & LABOR ROOM	24,021,301	3, 873, 015			0. 000000	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	69, 566, 705	210, 746, 729				
57.00 05700 CT SCAN 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 767, 440	1, 728, 603 0		3 0. 061356 0 0. 000000	0.000000	
59. 00 05900 CARDI AC CATHETERI ZATI ON	51, 792, 124	66, 398, 569			0. 000000	
60. 00 06000 LABORATORY	51, 743, 202	50, 448, 800				
60. 01 06001 BLOOD LABORATORY	01,710,202	00, 110, 000		0.000000	0. 000000	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	5, 265, 528	1, 536, 729	6, 802, 25		0. 000000	
65. 00 06500 RESPI RATORY THERAPY	35, 320, 011	3, 297, 624			0.000000	
65.01 06501 SLEEP LAB	31, 626	7, 440, 115			0. 000000	
66. 00 06600 PHYSI CAL THERAPY	10, 623, 946	12, 742, 321	23, 366, 26	7 0. 336687	0. 000000	66.00
67.00 06700 OCCUPATI ONAL THERAPY	7, 675, 628	154, 419	7, 830, 04	7 0. 230593	0. 000000	
68.00 06800 SPEECH PATHOLOGY	3, 922, 032	362, 390				
68. 01 06801 AUDI OLOGY	0	0		0 0. 000000		
69. 00 06900 ELECTROCARDI OLOGY	35, 973, 112				0.00000	
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	43, 605, 405	50, 821, 632			0. 000000	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT 73.00 07300 DRUGS CHARGED TO PATIENTS	75, 390, 894	41, 761, 256 263, 359, 448				
73. 00 07300 DR0GS CHARGED TO PATTENTS 73. 01 07301 HOSPITAL BASED RETAIL PHARMACIES	152, 452, 403	203, 359, 448 7, 493, 318			0.000000	
74. 00 07400 RENAL DIALYSIS	3, 669, 620	168, 947			0. 000000	
76. 00 03160 CARDI OPULMONARY	0,007,020	00, 100, 147		0.000000		
76. 97 07697 CARDI AC REHABI LI TATI ON	1, 333, 854	4, 026, 917				
76. 98 07698 HYPERBARI C OXYGEN THERAPY	92, 647	21, 878, 427			0. 000000	
OUTPATIENT SERVICE COST CENTERS	· · · · ·					
90. 00 09000 CLINIC	2, 829	7, 539	10, 36	8 0.00000	0.00000	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC	123	863, 341	863, 46	4 0. 955242	0. 000000	90.01
90. 02 09002 PAIN CLINIC	0	6, 100, 347	6, 100, 34	7 0. 386254	0. 000000	
90. 03 09003 ONCOLOGY CLINIC	277, 193		31, 466, 63			
91.00 09100 EMERGENCY	83, 908, 103					
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 195, 934					
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	53, 102	5, 901, 709	5, 954, 81	1 0. 339267	0.00000	92.01
	2	<u>^</u>	1	0 0 000000	0,000000	05 00
95. 00 09500 AMBULANCE SERVI CES SPECI AL PURPOSE COST CENTERS	0	0	1	0 0.00000	0. 000000	95.00
113. 00 11300 INTEREST EXPENSE	1		1			113.00
200.00 Subtotal (see instructions)	1 082 830 782	1, 144, 756, 094	2 227 586 87	6		200.00
201.00 Less Observation Beds	.,	.,, / 00, 0/4	_,, , 000, 07	-		201.00
202.00 Total (see instructions)	1, 082, 830, 782	1, 144, 756, 094	2, 227, 586, 87	6		202.00
			•	•		•

OMPUT	ATION OF RATIO OF COSTS TO CHARGES	BALL MEMORIAL	Provi der CCN: 15-0089	Period: From 01/01/2021	u of Form CMS- Worksheet C Part L	
				To 12/31/2021	Date/Time Pre 5/27/2022 9:4	
			Title XVIII	Hospi tal	PPS	
	Cost Center Description	PPS Inpatient		· · · · · ·		
		Ratio				
		11.00				
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS					1
0.00	03000 ADULTS & PEDIATRICS					30.0
1.00	03100 I NTENSI VE CARE UNI T					31.0
	03200 CORONARY CARE UNIT					32.0
5.00	02060 NEONATAL INTENSIVE CARE UNIT					35.
). 00	04000 SUBPROVI DER - I PF					40.
. 00	04100 SUBPROVI DER – I RF					41.
8.00	04300 NURSERY					43.
	ANCI LLARY SERVICE COST CENTERS	0.440070				1 50
0.00	05000 OPERATING ROOM	0. 119278				50.
. 00	05100 RECOVERY ROOM	0. 165730				51.
. 00	05200 DELIVERY ROOM & LABOR ROOM	0. 202087				52.
. 00	05400 RADI OLOGY-DI AGNOSTI C	0. 104759				54.
. 00	05700 CT SCAN	0.061356				57.
. 00	05800 MAGNETIC RESONANCE I MAGI NG (MRI)	0.000000				58.
. 00	05900 CARDI AC CATHETERI ZATI ON	0.084767				59.
. 00	06000 LABORATORY	0. 191176				60.
. 01	06001 BLOOD LABORATORY	0.000000				60.
. 00	06300 BLOOD STORING, PROCESSING, & TRANS.	0. 248192				63.
. 00	06500 RESPI RATORY THERAPY	0. 208184				65.
5. 01	06501 SLEEP LAB	0. 120800				65.
o. 00	06600 PHYSI CAL THERAPY	0. 336687				66.
. 00	06700 OCCUPATI ONAL THERAPY	0. 230593				67.
. 00	06800 SPEECH PATHOLOGY	0. 230678				68.
8. 01	06801 AUDI OLOGY	0. 000000				68.
9.00	06900 ELECTROCARDI OLOGY	0. 080777				69.
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0. 223565				71.
	07200 I MPL. DEV. CHARGED TO PATIENT	0. 121985				72.
	07300 DRUGS CHARGED TO PATIENTS	0. 173435				73.
	07301 HOSPI TAL BASED RETAIL PHARMACIES	1. 224605				73.
	07400 RENAL DI ALYSI S	0. 522266				74.
	03160 CARDI OPULMONARY	0. 000000				76.
. 97	07697 CARDI AC REHABI LI TATI ON	0. 282306				76.
. 98	07698 HYPERBARI C OXYGEN THERAPY	0. 112764				76.
	OUTPATIENT SERVICE COST CENTERS	0.000000				
). 00		0.000000				90.
0.01	09001 SUBSTANCE ABUSE CLINIC	0. 955242				90.
0. 02	09002 PALN CLINIC	0. 386254				90.
	09003 ONCOLOGY CLINIC	0.097959				90.
	09100 EMERGENCY	0. 111680				91.
2.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 168297				92.
. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0. 339267				92.
- 00	OTHER REIMBURSABLE COST CENTERS	0.000000				
5.00	09500 AMBULANCE SERVICES	0. 000000				95.
	SPECIAL PURPOSE COST CENTERS					1110
	11300 INTEREST EXPENSE					113.
0.00						200.
01.00	Less Observation Beds	1				201.

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-:	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C		Peri od:	Worksheet C	
				From 01/01/2021	Part I	
				To 12/31/2021	Date/Time Pre 5/27/2022 9:4	pared:
		Ti +1	e XIX	Hospi tal	Cost	
		1111		Costs	COST	
Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
oust center beschiption	(from Wkst.	Adj.	10101 00313	Di sal I owance	10101 00313	
	B, Part I,	, (a) .		bi our i ondrioo		
	col. 26)					
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	83, 685, 808		83, 685, 80	0 8	83, 685, 808	30.00
31.00 03100 INTENSIVE CARE UNIT	21, 744, 869		21, 744, 86	9 0	21, 744, 869	31.00
32.00 03200 CORONARY CARE UNIT	0			0 0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	5, 881, 994		5, 881, 99	4 0	5, 881, 994	35.00
40. 00 04000 SUBPROVI DER – I PF	0			0 0	0	40.00
41.00 04100 SUBPROVI DER – I RF	4, 467, 031		4, 467, 03	1 0	4, 467, 031	41.00
43. 00 04300 NURSERY	1, 117, 396		1, 117, 39	6 0	1, 117, 396	43.00
ANCILLARY SERVICE COST CENTERS				-		
50. 00 05000 OPERATI NG ROOM	21, 520, 968		21, 520, 96		21, 520, 968	•
51.00 05100 RECOVERY ROOM	4, 355, 162		4, 355, 16		4, 355, 162	
52.00 05200 DELIVERY ROOM & LABOR ROOM	5, 637, 088		5, 637, 08		5, 637, 088	•
54. 00 05400 RADI OLOGY-DI AGNOSTI C	29, 365, 400		29, 365, 40		29, 365, 400	•
57.00 05700 CT SCAN	214, 504		214,50		214, 504	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0			0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	10, 018, 666		10, 018, 66		10, 018, 666	•
60. 00 06000 LABORATORY	19, 536, 641		19, 536, 64		19, 536, 641	60.00
60. 01 06001 BLOOD LABORATORY	0			0 0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	1, 688, 266		1, 688, 26		1, 688, 266	
65. 00 06500 RESPI RATORY THERAPY	8, 039, 589	0	8, 039, 58		8, 039, 589	•
65.01 06501 SLEEP LAB	902, 585	0	902, 58		902, 585	•
66. 00 06600 PHYSI CAL THERAPY	7, 867, 113	0	7, 867, 11		7, 867, 113	•
67. 00 06700 OCCUPATI ONAL THERAPY	1, 805, 552	0	1, 805, 55		1,805,552	
68. 00 06800 SPEECH PATHOLOGY	988, 324	0	988, 32		988, 324	
68. 01 06801 AUDI OLOGY	0	0		0 0	0	
69. 00 06900 ELECTROCARDI OLOGY	4, 888, 124		4, 888, 12		4, 888, 124	1
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	21, 110, 622		21, 110, 62		21, 110, 622	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	14, 290, 797		14, 290, 79		14, 290, 797	
73. 00 07300 DRUGS CHARGED TO PATIENTS	72, 116, 185		72, 116, 18		72, 116, 185	•
73. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES	9, 176, 355		9, 176, 35		9, 176, 355	•
74.00 07400 RENAL DI ALYSI S	2,004,752		2,004,75		2,004,752	•
76.00 03160 CARDI OPULMONARY	1 512 277			0 0	1 512 277	
76. 97 07697 CARDI AC REHABI LI TATI ON	1, 513, 377		1, 513, 37		1, 513, 377	
76. 98 07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	2, 477, 544		2, 477, 54	4 0	2, 477, 544	76.98
90. 00 09000 CLINIC	0			0 0	0	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC	824, 817		824, 81		824, 817	•
90. 02 09002 PAIN CLINIC	2, 356, 285		2, 356, 28		2, 356, 285	•
90. 03 09003 0NCOLOGY CLINIC	3, 082, 451		3, 082, 45		3, 082, 451	
91. 00 09100 EMERGENCY	28, 451, 582		28, 451, 58		29, 266, 060	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	8, 344, 843		8, 344, 84		8, 344, 843	•
92. 01 09201 OBSERVATION BEDS (NON-DISTINCT FART)	2, 020, 269		2, 020, 26		2, 020, 269	
OTHER REIMBURSABLE COST CENTERS	2,020,207		2,020,20		2,020,207	,2.01
95. 00 09500 AMBULANCE SERVICES	49, 393		49, 39	3 0	49, 393	95.00
SPECIAL PURPOSE COST CENTERS				· · · ·		1
113.00 11300 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	401, 544, 352	0	401, 544, 35	2 814, 478	402, 358, 830	200.00
201.00 Less Observation Beds	8, 344, 843		8, 344, 84	3	8, 344, 843	
202.00 Total (see instructions)	393, 199, 509	0	393, 199, 50	9 814, 478	394, 013, 987	202.00

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C		Period: From 01/01/2021 To 12/31/2021	Date/Time Pre	
			e XIX	Hospi tal	5/27/2022 9:4 Cost	u am
		Charges	<u>e xix</u>			
Cost Center Description	I npati ent	Outpati ent	Total (col. + col. 7)	6 Cost or Other Ratio	TEFRA I npati ent Rati o	
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS	т		1	- 1	1	
30. 00 03000 ADULTS & PEDI ATRI CS	217, 646, 879		217, 646, 87			30.00
31.00 03100 INTENSIVE CARE UNIT	70, 081, 357		70, 081, 35			31.00
32.00 03200 CORONARY CARE UNI T	0			0		32.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	17, 247, 067		17, 247, 06	7		35.00
40. 00 04000 SUBPROVIDER - IPF	0			0		40.00
41.00 04100 SUBPROVIDER - IRF	9, 764, 153		9, 764, 15			41.00
43. 00 04300 NURSERY	3, 083, 336		3, 083, 33	6		43.00
ANCI LLARY SERVI CE COST CENTERS	04 450 007	00 074 007	100 404 55	4 0 440070	0.00000	50.00
50. 00 05000 OPERATING ROOM	96, 452, 327	83, 974, 227				
51.00 05100 RECOVERY ROOM	8, 870, 901	17, 407, 683				
52. 00 05200 DELIVERY ROOM & LABOR ROOM	24, 021, 301	3, 873, 015				1
54. 00 05400 RADI OLOGY-DI AGNOSTI C	69, 566, 705					
57. 00 05700 CT SCAN	1, 767, 440	1, 728, 603				
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 0.00000		
59. 00 05900 CARDI AC CATHETERI ZATI ON	51, 792, 124	66, 398, 569				
60. 00 06000 LABORATORY	51, 743, 202	50, 448, 800				
60. 01 06001 BLOOD LABORATORY	0	0		0 0.00000		
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	5, 265, 528	1, 536, 729				
65. 00 06500 RESPI RATORY THERAPY	35, 320, 011	3, 297, 624				
65. 01 06501 SLEEP LAB	31, 626	7, 440, 115				
66. 00 06600 PHYSI CAL THERAPY	10, 623, 946	12, 742, 321			0. 000000	
67. 00 06700 OCCUPATI ONAL THERAPY	7, 675, 628					
68. 00 06800 SPEECH PATHOLOGY	3, 922, 032					
68. 01 06801 AUDI OLOGY	0	0		0 0.00000		
69. 00 06900 ELECTROCARDI OLOGY	35, 973, 112				0. 000000	
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	43, 605, 405					
72.00 07200 IMPL. DEV. CHARGED TO PATIENT 73.00 07300 DRUGS CHARGED TO PATIENTS	75, 390, 894	41, 761, 256				
	152, 452, 403					
73. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES	0	7, 493, 318				
74. 00 07400 RENAL DI ALYSI S	3, 669, 620	168, 947				
76. 00 03160 CARDI OPULMONARY 76. 97 07697 CARDI AC REHABI LI TATI ON	1 222 054	-		0 0.000000		
76. 98 07698 HYPERBARIC OXYGEN THERAPY	1, 333, 854 92, 647	4, 026, 917				
OUTPATIENT SERVICE COST CENTERS	92,047	21, 878, 427	21,971,07	4 0.112704	0.00000	/0.90
90. 00 09000 CLINIC	2, 829	7, 539	10, 36	8 0. 000000	0. 000000	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC	123	863, 341				
	0	6, 100, 347				
90. 02 09002 PALN CLINIC 90. 03 09003 0NC0L0GY CLINIC	277, 193	31, 189, 437				
90. 03 09003 0NC0L0GY CLINIC 91. 00 09100 EMERGENCY	83, 908, 103					
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 195, 934					
, , , , , , , , , , , , , , , , , , , ,						
92.01 09201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	53, 102	5, 901, 709	5, 954, 81	1 0. 339267	0.000000	92.01
95. 00 09500 AMBULANCE SERVI CES	0	0		0 0. 000000	0.00000	95.00
SPECIAL PURPOSE COST CENTERS	1		1	1	1	112 00
113.00 11300 INTEREST EXPENSE	1 002 020 702	1 144 754 004	2 227 504 07	4		113.00
200.00 Subtotal (see instructions)	1, 082, 830, 782	1, 144, 756, 094	2, 221, 580, 81	U		200.00
201.00Less Observation Beds202.00Total (see instructions)	1 082 820 702	1, 144, 756, 094	2 227 586 07	6		201.00 202.00
	1,002,030,702	1, 144, 750, 094	2, 221, 300, 01		I	1202.00

OMPUTATION OF	al Systems RATIO OF COSTS TO CHARGES	BALL MEMORIAL	Provi der CCN: 15-0089	Peri od: From 01/01/2021 To 12/31/2021	u of Form CMS- Worksheet C Part I Date/Time Pre 5/27/2022 9:4	epared
			Title XIX	Hospi tal	Cost	tu alli
Co	st Center Description	PPS Inpatient Ratio 11.00			0031	
	IT ROUTINE SERVICE COST CENTERS	11.00				-
	ULTS & PEDIATRICS					30.
	TENSI VE CARE UNI T					31.
	RONARY CARE UNIT					32.
	ONATAL INTENSIVE CARE UNIT					35.
	BPROVIDER - IPF					40.
	BPROVIDER - IRF					40.
3.00 04300 NU						41.
						43.
	RY SERVICE COST CENTERS	0,000000				1 50
	ERATING ROOM	0.000000				50.
	COVERY ROOM	0.000000				51.
	LIVERY ROOM & LABOR ROOM	0.000000				52.
	DI OLOGY-DI AGNOSTI C	0.000000				54.
7.00 05700 CT		0.000000				57.
	GNETIC RESONANCE IMAGING (MRI)	0.000000				58.
	RDI AC CATHETERI ZATI ON	0.000000				59.
0. 00 06000 LA		0. 000000				60.
	OOD LABORATORY	0. 000000				60.
	OOD STORING, PROCESSING, & TRANS.	0. 000000				63.
	SPI RATORY THERAPY	0. 000000				65.
5.01 06501 SL		0. 000000				65.
	YSI CAL THERAPY	0. 000000				66.
	CUPATIONAL THERAPY	0. 000000				67.
8. 00 06800 SP	EECH PATHOLOGY	0. 000000				68.
8.01 06801 AU	DIOLOGY	0. 000000				68.
9.00 06900 EL	ECTROCARDI OLOGY	0. 000000				69.
1.00 07100 ME	DICAL SUPPLIES CHARGED TO PATIENTS	0. 000000				71.
2.00 07200 IM	PL. DEV. CHARGED TO PATIENT	0. 000000				72.
3.00 07300 DR	UGS CHARGED TO PATIENTS	0. 000000				73.
3.01 07301 HO	SPITAL BASED RETAIL PHARMACIES	0. 000000				73.
4.00 07400 RE	NAL DIALYSIS	0. 000000				74.
6. 00 03160 CA	RDI OPULMONARY	0. 000000				76.
6.97 07697 CA	RDI AC REHABI LI TATI ON	0. 000000				76.
6. 98 07698 HY	PERBARIC OXYGEN THERAPY	0.000000				76.
	ENT SERVICE COST CENTERS					
0.00 09000 CL	INIC	0.000000				90.
0. 01 09001 SU	BSTANCE ABUSE CLINIC	0. 000000				90.
0. 02 09002 PA	IN CLINIC	0. 000000				90.
0. 03 09003 0N	COLOGY CLINIC	0. 000000				90.
1.00 09100 EM	IERGENCY	0. 000000				91.
2.00 09200 OB	SERVATION BEDS (NON-DISTINCT PART)	0.000000				92.
2.01 09201 0B	SERVATION BEDS (DISTINCT PART)	0.000000				92.
	IMBURSABLE COST CENTERS					
5.00 09500 AM	BULANCE SERVICES	0.000000				95.
SPECI AL	PURPOSE COST CENTERS					
	TEREST EXPENSE					113.
	btotal (see instructions)					200.
	ss Observation Beds					201.
	tal (see instructions)					202.

Health Financial Systems	BALL MEMORIA	L HOSPI TAL			u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPI	TAL COSTS	Provider C		Period: From 01/01/2021 To 12/31/2021	5/27/2022 9:4	epared: 0 am
			XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem	
	Related Cost	Adjustment	Capi tal	Days	(col. 3 /	
	(from Wkst.		Related Cost		col. 4)	
	B, Part II,		(col. 1 -			
	col. 26)		col. 2)			
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7, 180, 422	0	7, 180, 42			
31.00 INTENSIVE CARE UNIT	1, 079, 560		1, 079, 56	0 10, 061	107.30	31.00
32.00 CORONARY CARE UNI T	0			0 0	0.00	32.00
35.00 NEONATAL INTENSIVE CARE UNIT	377, 346		377, 34	6 3, 190	118.29	35.00
40.00 SUBPROVIDER - IPF	0	0		0 0	0.00	40.00
41.00 SUBPROVIDER - IRF	390, 640	0	390, 64	0 4, 089	95.53	41.00
43.00 NURSERY	97, 200		97, 20	0 2, 019	48.14	43.00
200.00 Total (lines 30 through 199)	9, 125, 168		9, 125, 16	94, 462		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			1			
30. 00 ADULTS & PEDIATRICS	24, 373					30.00
31.00 INTENSIVE CARE UNIT	3, 361	360, 635				31.00
32.00 CORONARY CARE UNIT	0	0				32.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0				35.00
40. 00 SUBPROVIDER - IPF	0	0				40.00
41.00 SUBPROVIDER – IRF	2, 247	214, 656				41.00
43.00 NURSERY	0	0				43.00
200.00 Total (lines 30 through 199)	29, 981	2, 905, 594				200.00

	Financial Systems ONMENT OF INPATIENT ANCILLARY SERVICE CAPIT.	BALL MEMORIA	Provi der C	N. 15_0080	Peri od:	u of Form CMS-2 Worksheet D	2002
	UNMENT OF THEATTENT ANGLEART SERVICE CALLS	AL 00313	in ovider c	CN. 13-0009	From 01/01/2021	Part II	
					To 12/31/2021	Date/Time Pre	
						5/27/2022 9:4	0 am
				XVIII	Hospi tal	PPS	
	Cost Center Description	Capi tal	Total Charges			Capital Costs	
		Related Cost	(from Wkst.	to Charges	Program	(column 3 x	
		(from Wkst.	C, Part I,	(col. 1 ÷	Charges	column 4)	
		B, Part II,	col. 8)	col. 2)			
		col. 26)	0.00			5 00	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS	4 474 400	100 101 551	0.0001		070.004	1
	05000 OPERATING ROOM	1, 476, 630		0.00818		279, 084	
	05100 RECOVERY ROOM	303, 512					
	05200 DELIVERY ROOM & LABOR ROOM	466, 491				0	52.0
	05400 RADI OLOGY-DI AGNOSTI C	2, 211, 295				214, 209	
	05700 CT SCAN	1, 412				272	57.0
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0100000		0	58. C
	05900 CARDI AC CATHETERI ZATI ON	533, 108				90, 486	59. C
	06000 LABORATORY	646, 765					
	06001 BLOOD LABORATORY	0				0	60.0
	06300 BLOOD STORING, PROCESSING, & TRANS.	3, 401		0. 00050		1, 042	
	06500 RESPI RATORY THERAPY	188, 058				52, 323	
	06501 SLEEP LAB	4, 357		0. 00058		7	65.0
	06600 PHYSI CAL THERAPY	540, 425	23, 366, 267	0. 02312		67, 390	
	06700 OCCUPATI ONAL THERAPY	86, 229	7, 830, 047	0. 01101	3 1, 349, 415	14, 861	67.0
8.00	06800 SPEECH PATHOLOGY	22, 742	4, 284, 422	0.00530)8 1, 161, 705	6, 166	68.0
8.01	06801 AUDI OLOGY	0	0	0.00000	0 0	0	68.0
	06900 ELECTROCARDI OLOGY	515, 032		0.00851		125, 558	69.0
1.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	316, 761	94, 427, 037	0. 00335	55 15, 870, 442	53, 245	71.0
	07200 IMPL. DEV. CHARGED TO PATIENT	200, 032	117, 152, 150	0.00170	07 29, 281, 851	49, 984	72.0
3.00	07300 DRUGS CHARGED TO PATIENTS	401, 953	415, 811, 851	0.00096	47, 689, 052	46, 115	73.0
3.01	07301 HOSPITAL BASED RETAIL PHARMACIES	48, 983	7, 493, 318	0. 00653	37 0	0	73.0
4.00	07400 RENAL DIALYSIS	101, 120	3, 838, 567	0. 02634	1, 664, 604	43, 851	74.0
6.00	03160 CARDI OPULMONARY	0	0	0. 00000	0 0	0	76.0
6.97	07697 CARDI AC REHABI LI TATI ON	6, 983	5, 360, 771	0.00130	492, 890	642	76. 9
6. 98	07698 HYPERBARIC OXYGEN THERAPY	30, 545	21, 971, 074	0.00139	46, 879	65	76.
	OUTPATIENT SERVICE COST CENTERS						1
	09000 CLINIC	0	0	0.0000	0 00	0	90.0
0. 01	09001 SUBSTANCE ABUSE CLINIC	215, 418	863, 464	0. 24948	31 0	0	90.
	09002 PAIN CLINIC	755, 131		0. 12378		0	90.0
0. 03	09003 ONCOLOGY CLINIC	117, 287				553	
	09100 EMERGENCY	1, 318, 286		0.00503		157, 688	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	716,004		0.01444			
	09201 OBSERVATION BEDS (DISTINCT PART)	158, 167		0. 02656		848	
	OTHER REIMBURSABLE COST CENTERS					210	1 -
	09500 AMBULANCE SERVICES						95.
200.00	Total (lines 50 through 199)	11 204 127	1, 909, 753, 716		262, 158, 601	1, 353, 936	

Health Financial Systems	BALL MEMORIA			Inlie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER		STS Provider C		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III	epared:
		Title	e XVIII	Hospi tal	PPS	
Cost Center Description	Nursing Program Post-Stepdown	Nursing Program	Allied Healt Post-Stepdow Adjustments		Medical Education	
	Adjustments				Cost	
	1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS	-	-	1	-	-	
30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 32.00 03200 CORONARY CARE UNIT	000000000000000000000000000000000000000	C		0 0 0 0 0 0		31.00 32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	C		0 0	0	
40. 00 04000 SUBPROVIDER - IPF	0)	0 0	0	
41.00 04100 SUBPROVIDER - IRF	0)	0 0	0	
43.00 04300 NURSERY 200.00 Total (lines 30 through 199)	0			0 0	0	43.00 200.00
200.00 Total (lines 30 through 199) Cost Center Description	Swing-Bed Adjustment	Total Costs (sum of cols.	Total Patier Days	(col. 5 ÷	Inpatient Program Days	200.00
	Amount (see	1 through 3,		col. 6)		
		minus col. 4)				
	4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS	-	-				
30. 00 03000 ADULTS & PEDI ATRI CS	0	C				
31.00 03100 INTENSIVE CARE UNIT			10, 00			
32.00 03200 CORONARY CARE UNIT				0 0.00		
35. 00 02060 NEONATAL INTENSIVE CARE UNIT			3, 19			
40.00 04000 SUBPROVIDER - IPF	0			0 0.00		
41.00 04100 SUBPROVIDER - IRF	0		4,0			
43. 00 04300 NURSERY		C	_/ ~			
200.00 Total (lines 30 through 199)	I mm a thi a m t	C	94, 4	52	29,981	200.00
Cost Center Description	Inpatient Program					
	Pass-Through					
	Cost (col. 7					
	x col. 8)					
	9.00					
INPATIENT ROUTINE SERVICE COST CENTERS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-			
30. 00 03000 ADULTS & PEDI ATRI CS	0					30.00
31.00 03100 INTENSIVE CARE UNIT	0					31.00
32.00 03200 CORONARY CARE UNI T	0					32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0					35.00
40. 00 04000 SUBPROVI DER - I PF	0					40.00
41. 00 04100 SUBPROVI DER – I RF	0					41.00
43. 00 04300 NURSERY	0					43.00
200.00 Total (lines 30 through 199)	0					200.00
	1					•

lealth Financial Systems	BALL MEMORIAL				u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY	SERVICE OTHER PASS	S Provider C	CN: 15-0089	Period: From 01/01/2021	Worksheet D Part IV	
THROUGH COSTS				To 12/31/2021		pared:
					5/27/2022 9:4	0 am
			XVIII	Hospi tal	PPS	
Cost Center Description	Non Physician	Nursi ng	Nursi ng		Allied Health	
	Anesthetist	Program	Program	Post-Stepdown		
	Cost	Post-Stepdown		Adjustments		
	1.00	Adjustments 2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS	1.00	2A	2.00	SA	3.00	
50. 00 05000 OPERATING ROOM	0	0		0 0	0	50.00
51. 00 05100 RECOVERY ROOM	0	0		0 0	-	
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0		
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	-	
57. 00 05700 CT SCAN	0	0		0 0	-	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 0	-	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	
50. 00 06000 LABORATORY	0	0		0 0	-	
50. 01 06001 BLOOD LABORATORY	0	0		0 0	0	
53.00 06300 BLOOD STORING, PROCESSING, & TRANS.	Ō	0		0 0	0	
65. 00 06500 RESPIRATORY THERAPY	Ō	0		0 0	0	
65. 01 06501 SLEEP LAB	Ō	0		0 0	0	
66. 00 06600 PHYSI CAL THERAPY	Ō	0		0 0	0	
57.00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
58. 01 06801 AUDI OLOGY	0	0		0 0	0	68.01
59. 00 06900 ELECTROCARDI OLOGY	0	0		0 0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	rs o	0		0 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	327, 579	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		0 0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0		0 0	0	74.00
76. 00 03160 CARDI OPULMONARY	0	0		0 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 0	0	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	0		0 0		
90. 01 09001 SUBSTANCE ABUSE CLINIC	0	0		0 0		
90. 02 09002 PAIN CLINIC	0	0		0 0	-	
90. 03 09003 ONCOLOGY CLINIC	0	0		0 0	-	
91. 00 09100 EMERGENCY	0	0		0 0		
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART				0	0	
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 0	0	92.01
OTHER REIMBURSABLE COST CENTERS						05 05
95. 00 09500 AMBULANCE SERVICES		~			207 570	95.00
200.00 Total (lines 50 through 199)	0	0		0 0	327, 579	1200.00

51.00 0 0 0 26.278 584 0.000000 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 0 0 0 27.894,316 0.000000 52.00 52.00 05200 CT SCAN 0 0 0 280,313,434 0.000000 57.00 58.00 DS500 MAGNETI C RSDANCE I MAGING (MRI) 0 0 0 0.000000 58.00 59.00 DS900 CARDIA CATHETERI ZATION 0 0 0 0.000000 59.00 60.00 D6000 LABORATORY 0 0 0 0.000000 69.00 60.00 D6000 RESPI RATORY 0 0 0 0.000000 65.00 65.00 D6500 RESPI RATORY THERAPY 0 0 0 0 0.000000 65.00 65.00 D6500 RESPI RATORY THERAPY 0 0 0 0 0.000000 65.00 66.00 D6600 PHYSICAL THERAPY 0 0 7.41.7	Health Financial Sys		BALL MEMORIA			In Lie	u of Form CMS-2	2552-10
Introduction State To T2/31/2021 Date/Time Prepared: 5/27/2022 9:40 at 5/27/2022 9:40 at 2/2022 0:40 at 2/2022 0		PATI ENT/OUTPATI ENT ANCI LLARY SEF	RVICE OTHER PAS	S Provider C	CN: 15-0089			
Cost Center Description All Other Title XVIII Hospital PPS Cost Center Description All Other Total Centers Total Centers Total Centers Cost Cost<	INKUUGN CUSIS						Date/Time Pre	epared:
Cost Center Description All Other Medication Cost Total (sum of cols. (sum of cols. and 4) Total Outpatient (sum of cols. (sum of cost (sum				T: +1 -		llaani tal		0 am
Medical Education (sum of cols. 2, 3, and 4) Outpatient (cost (cron Wkst. cost to Charges (col. 5, 2, 3, and 4) ANCILLARY SERVICE COST CENTERS 4.00 5.00 6.00 7.00 8.00 50.00 05000 0 0 180.426.554 0.0000000 50.00 51.00 05100 PEVICE COST CENTERS 0 0 180.426.554 0.0000000 51.00 52.00 05200 PEVICE COST CENTERS 0 0 180.426.554 0.0000000 52.00 54.00 05400 PEVICE COST CENTERS 0 0 280.313.434 0.0000000 52.00 55.00 05600 MAGNETIC ESCM 0 0 0 0 0 0 0 0.0000000 52.00 56.00 05600 LABORATORY 0 0 0 0 0 0.0000000 52.00 50.00 05600 LABORATORY 0 0 0 0 0 0.0000000 63.00 50.00 06600 RESPI RATHETRIZATION 0 0	Cost Cost	ater Description	ALL Other					
Education 1. 2, 3, and Cost Csum Csum Cost	0031 001	iter bescription						
Cost 4) cols. 2, 3, and 4) col. 8) col. 7) (see (instructions) ANCILLARY SERVICE COST CENTERS 4.00 5.00 6.00 7.00 8.00 State Control (State Cost Centers) 4.00 0 0 0 0.00 State Cost 0 0 0 180,426,534 0.000000 50.00 State Cost 0 0 0 26,278,584 0.000000 52.00 State Cost 0 0 0 26,278,584 0.000000 52.00 State Cost 0 0 0 0 28.031,344 0.000000 57.00 State Cost 0 0 0 0 0 0.000000 58.00 State Cost 0 0 0 0 0.0000000 57.00 0.0000000 57.00 0.0000000 58.00 0.0000000 58.00 0.0000000 58.00 0.0000000 58.00 0.00 0 0.0000000 58.00 0.00 0.0000000 58.00 0.000								
ANCILLARY SERVICE COST CENTERS 4.00 5.00 6.00 7.00 8.00 50.00 05000 OPERATING ROM 0 0 0 0.000000 50.00 51.00 0.000000 50.00 51.00 0.000000 51.00 0.000000 51.00 0.000000 51.00 0.000000 52.00 52.00 52.00 52.00 52.00 0.000000 52.00								
ANCILLARY SERVICE COST CENTERS 4.00 5.00 6.00 7.00 8.00 S0.00 05000 (PEEQATING ROOM 0 0 180.426,554 0.000000 50.00 S1.00 DS100 (RECOVER) ROOM 0 0 0 26.273,584 0.000000 51.00 S2.00 DELIVERY ROOM & LABOR ROOM 0 0 27.894,314 0.000000 52.00 S4.00 DS400 (RADI DLOCY-DI AGNOSTI C 0 0 0 28.031,344 0.000000 57.00 S5.00 DS500 (ARDETIC RESONARCE I MAGI NG (MRI) 0 0 0 0 0.0000000 57.00 S6.00 DS500 (LABORATORY 0 0 0 0 0.000000 59.00 66				.,				
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								95.00
200.00 TOTAL (THRES SU THROUGH 199) 0 327,579 327,579 1,909.764.084 1200.00		ines 50 through 199)	0	327, 579	327.57	79 1, 909, 764, 084		200.00

ealth Financial Systems	BALL MEMORIAL				u of Form CMS-	2552-1
PPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY	SERVICE OTHER PASS	Provider C		Period: From 01/01/2021	Worksheet D Part IV	
HROUGH COSTS				To 12/31/2021	Date/Time Pre	narod
				10 12/31/2021	5/27/2022 9:4	
		Title	XVIII	Hospi tal	PPS	-
Cost Center Description	Outpati ent	I npati ent	I npati ent	Outpati ent	Outpatient	
· · · · · · · · · · · · · · · · · · ·	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through	Charges	Pass-Through	
	(col. 6 ÷	5	Costs (col.	3	Costs (col. 9	
	col. 7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
0. 00 05000 OPERATI NG ROOM	0. 000000	34, 101, 194		0 18, 166, 167	0	50.00
1.00 05100 RECOVERY ROOM	0. 000000	3, 112, 390		0 4, 596, 451	0	51.00
2.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	0		0 0	0	52.00
4.00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	27, 152, 811		0 59, 797, 963	0	54.00
7. 00 05700 CT SCAN	0. 000000	673, 103		0 334, 950		57.00
8.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 000000	0		0 0	0	58.00
9.00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	20, 059, 067		0 22, 972, 770		59.0
0. 00 06000 LABORATORY	0. 000000	17, 101, 310		0 5, 646, 099	0	60.0
0. 01 06001 BLOOD LABORATORY	0. 000000	0		0 0	0	60.0
3. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 000000	2,084,811		0 521,099	-	63.0
5. 00 06500 RESPI RATORY THERAPY	0. 000000	10, 743, 985		0 619, 507	0	65.0
5. 01 06501 SLEEP LAB	0. 000000	11, 704		0 1, 461, 865	0	65.0
6. 00 06600 PHYSI CAL THERAPY	0. 000000	2, 913, 795		0 193, 519	0	66.00
7. 00 06700 OCCUPATI ONAL THERAPY	0. 000000	1, 349, 415		0 1, 278	-	67.0
8. 00 06800 SPEECH PATHOLOGY	0. 000000	1, 161, 705		0 10, 150		68.0
8. 01 06801 AUDI OLOGY	0.000000	1, 101, 703		0 10, 130		
9. 00 06900 ELECTROCARDI OLOGY	0. 000000	14, 752, 384		0 6, 143, 813	-	69.0
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		15, 870, 442		0 17, 241, 456		
2.00 07200 IMPL. DEV. CHARGED TO PATIENT.	0. 000000	29, 281, 851		0 12, 821, 722		
3. 00 07300 DRUGS CHARGED TO PATIENTS	0. 000000	47, 689, 052			72, 483	1
		47,009,032		9 91, 903, 447 0 0		
	0. 000000	0			0	
4. 00 07400 RENAL DI ALYSI S 6. 00 03160 CARDI OPULMONARY	0. 000000 0. 000000	1, 664, 604 0		0 46, 414 0 0	0	
		0			-	
6. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	492, 890		0 1, 642, 335		
6. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	46, 879		0 7, 286, 705	0	76.9
OUTPATIENT SERVICE COST CENTERS	0.000000		1	0		00.0
	0. 000000	0		0 0		
0. 01 09001 SUBSTANCE ABUSE CLINIC	0. 000000	0		0 20, 947		
0. 02 09002 PAIN CLINIC	0. 000000	0		0 1, 778, 987	0	
0. 03 09003 ONCOLOGY CLINIC	0. 000000	148, 464		0 11, 191, 133		
1.00 09100 EMERGENCY	0. 000000	31, 343, 255		0 24, 259, 450		
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		371, 569		0 9, 742, 627		
2.01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000	31, 921		0 1, 061, 882	0	92.0
OTHER REIMBURSABLE COST CENTERS						
15.00 09500 AMBULANCE SERVICES 100.00 Total (lines 50 through 199)						95.00
		262, 158, 601	37.57	9 299, 542, 736	72,483	1200 00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AN	ID VACCINE COST	Provider C				
				Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Pre	onared.
				10 12/31/2021	5/27/2022 9:4	0 am
		Title	xviii	Hospi tal	PPS	
			Charges		Costs	
Cost Center Description	Cost to	PPS	Cost	Cost	PPS Services	
	Charge Ratio	Reimbursed	Reimbursed	Reimbursed	(see inst.)	
	From	Services (see	Servi ces	Services Not		
	Worksheet C,	inst.)	Subject To	Subject To		
	Part I, col.		Ded. & Coins.			
	9		(see inst.)	(see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	0 440070	10 4// 4/7			0.1// 004	50.00
50. 00 05000 OPERATING ROOM	0. 119278			0 0	2, 166, 824	
51.00 05100 RECOVERY ROOM	0. 165730			0 0	761, 770	1
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0. 202087			0 0	0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 104759			0 0	6, 264, 375	
57.00 05700 CT SCAN	0. 061356			0 0	20, 551	
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 000000			0 0	0	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 084767			0 0	1, 947, 333	
50. 00 06000 LABORATORY	0. 191176				1, 079, 399	1
50. 01 06001 BLOOD LABORATORY	0. 000000			0 0	0	
53. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 248192			0 0	129, 333	
55. 00 06500 RESPIRATORY THERAPY	0. 208184			0 0	128, 971	
55.01 06501 SLEEP LAB	0. 120800			0 0	176, 593	
56.00 06600 PHYSI CAL THERAPY	0. 336687			0 0	65, 155	
57.00 06700 OCCUPATI ONAL THERAPY	0. 230593			0 0	295	
58.00 06800 SPEECH PATHOLOGY	0. 230678			0 0	2, 341	
58. 01 06801 AUDI OLOGY	0. 000000			0	0	
59.00 06900 ELECTROCARDI OLOGY	0. 080777			0 0	496, 279	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0. 223565			0 0 0 0	3, 854, 586	
72.00 07200 I MPL. DEV. CHARGED TO PATIENT 73.00 07300 DRUGS CHARGED TO PATIENTS	0. 121985 0. 173435			0 58,090	1, 564, 058	
73.00 07300 DRUGS CHARGED TO PATTENTS 73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	1. 224605			0 58,090	15, 953, 149 0	
74. 00 07400 RENAL DIALYSIS	0. 522266				-	1
76. 00 03160 CARDI OPULMONARY	0. 000000			0 0	24, 240 0	1
76. 97 07697 CARDI OF DEMONART	0. 282306			0 0	463, 641	1
76. 98 07698 HYPERBARIC OXYGEN THERAPY	0. 282300			0 0	821,678	
OUTPATIENT SERVICE COST CENTERS	0. 112704	7,200,703		0 0	021,070	/0. /0
20. 00 09000 CLINIC	0. 000000	0		0 0	0	90.00
20. 01 09001 SUBSTANCE ABUSE CLINIC	0. 955242			0 0	20, 009	
20. 02 09002 PAIN CLINIC	0. 386254			0 0	687, 141	1
20. 03 09003 0NCOLOGY CLINIC	0. 097959			0 0	1, 096, 272	
91.00 09100 EMERGENCY	0. 108572			0 0	2, 633, 897	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 168297			0 0	1, 639, 655	
22. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 339267			0 0	360, 262	
OTHER REIMBURSABLE COST CENTERS		.,				
95. 00 09500 AMBULANCE SERVICES	0. 000000			0		95.00
200.00 Subtotal (see instructions)		299, 542, 736	17	5 58,090	42, 357, 807	
201.00 Less PBP Clinic Lab. Services-Program				0 0		201.00
	1	1	1	1		1
Only Charges		299, 542, 736				

APPOR I I ONI	MENT OF MEDICAL, OTHER HEALTH SERVICES ANI	D VACCINE COST	Provider C	CN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Pre 5/27/2022 9:4	
			Title	XVIII	Hospi tal	PPS	_
		Cos	sts				
	Cost Center Description	Cost Reimbursed	Cost Reimbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
			Ded. & Coins.				
		(see inst.)	(see inst.)				
		6.00	7.00	1			
	I LLARY SERVICE COST CENTERS						
50.00 050	OO OPERATING ROOM	0	0				50.00
51.00 051	OO RECOVERY ROOM	0	0				51.00
52.00 052	OO DELIVERY ROOM & LABOR ROOM	0	0				52.00
54.00 054	00 RADI OLOGY-DI AGNOSTI C	0	0				54.00
57.00 057	OO CT SCAN	0	0				57.00
58.00 058	OO MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00 059	00 CARDI AC CATHETERI ZATI ON	0	0				59.00
60. 00 060	00 LABORATORY	33	0				60.00
60. 01 060	01 BLOOD LABORATORY	0	0				60.01
63.00 063	00 BLOOD STORING, PROCESSING, & TRANS.	0	0				63.00
	00 RESPI RATORY THERAPY	0	0				65.00
65.01 065	01 SLEEP LAB	0	0				65.01
	00 PHYSI CAL THERAPY	0	0				66.00
	00 OCCUPATI ONAL THERAPY	0	0				67.00
	00 SPEECH PATHOLOGY	0	0	1			68.00
	01 AUDI OLOGY	0	0				68.01
	00 ELECTROCARDI OLOGY	0	0				69.00
	00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
	00 I MPL. DEV. CHARGED TO PATIENT	0	0				72.00
	00 DRUGS CHARGED TO PATIENTS	0	10, 075				73.00
	01 HOSPI TAL BASED RETAIL PHARMACIES	0	0				73.01
	00 RENAL DI ALYSI S	0	0				74.00
	60 CARDI OPULMONARY	0	0	1			76.00
	97 CARDI AC REHABI LI TATI ON	0	0	•			76.97
	98 HYPERBARI C OXYGEN THERAPY	0	0	1			76.98
	PATIENT SERVICE COST CENTERS		0	1			/0. /0
	00 CLINIC	0	0				90.00
	01 SUBSTANCE ABUSE CLINIC	0	0	1			90.01
	02 PAIN CLINIC	0	0				90.02
	03 ONCOLOGY CLINIC	0	0	•			90.03
	00 EMERGENCY	0	0	1			91.00
	00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
	01 OBSERVATION BEDS (DISTINCT PART)	0	0	1			92.00
-	ER REIMBURSABLE COST CENTERS	0	0	1			72.01
	00 AMBULANCE SERVICES	0					95.00
200.00	Subtotal (see instructions)	33	10, 075				200.00
200.00	Less PBP Clinic Lab. Services-Program	33	10, 075				200.00
201.00	Only Charges	0					201.00

PPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT	AL COSTS	Provider C	CN: 15-0089	Peri od:	Worksheet D	2552-
				From 01/01/2021	Part II	
		Component	CCN: 15-T089	To 12/31/2021	Date/Time Pre 5/27/2022 9:4	
		Title	× XVIII	Subprovider - IRF	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cos		Capital Costs	
· · · · · · · · · · · · · · · · · · ·	Related Cost	(from Wkst.	to Charges	Program	(column 3 x	
	(from Wkst.	C, Part I,	(col. 1 ÷	Charges	column 4)	
	B, Part II,	col. 8)	col. 2)	-		
	col. 26)					
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
D. 00 05000 OPERATING ROOM	1, 476, 630	180, 426, 554				
I. 00 05100 RECOVERY ROOM	303, 512	26, 278, 584			126	
2.00 05200 DELIVERY ROOM & LABOR ROOM	466, 491	27, 894, 316			-	52.0
4. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 211, 295					54.0
7. 00 05700 CT SCAN	1, 412	3, 496, 043				57.0
3.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.00000	0 00	0	58.
9. 00 05900 CARDI AC CATHETERI ZATI ON	533, 108	118, 190, 693			238	59.
D. 00 06000 LABORATORY	646, 765	102, 192, 002	0. 00632	29 396, 897	2, 512	60.
D. 01 06001 BLOOD LABORATORY	0	0	0.00000	0 00	0	60.
3. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	3, 401	6, 802, 257	0. 00050			63.
5. 00 06500 RESPI RATORY THERAPY	188, 058	38, 617, 635	0.00487	70 118, 099	575	65.
5. 01 06501 SLEEP LAB	4, 357	7, 471, 741	0. 00058	33 0	0	65.
5. 00 06600 PHYSI CAL THERAPY	540, 425	23, 366, 267			39, 839	66.
7. 00 06700 OCCUPATI ONAL THERAPY	86, 229	7, 830, 047			23, 340	67.
3. 00 06800 SPEECH PATHOLOGY	22, 742	4, 284, 422			2, 919	68.
3. 01 06801 AUDI OLOGY	0	0			0	68.
9. 00 06900 ELECTROCARDI OLOGY	515, 032	60, 513, 573	0. 00851	11 40, 940	348	69.
I. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	316, 761	94, 427, 037	0. 00335	55 75, 371	253	71.
2.00 07200 IMPL. DEV. CHARGED TO PATIENT	200, 032	117, 152, 150	0.00170		52	72.
3. 00 07300 DRUGS CHARGED TO PATIENTS	401, 953	415, 811, 851	0.00096	57 1, 025, 235	991	73.
3. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES	48, 983	7, 493, 318			0	73.
1. 00 07400 RENAL DIALYSIS	101, 120	3, 838, 567			2, 630	
5. 00 03160 CARDI OPULMONARY	0	0	0.00000	0 00	0	76.
5. 97 07697 CARDI AC REHABI LI TATI ON	6, 983	5, 360, 771	0. 00130	344	0	76.
5. 98 07698 HYPERBARIC OXYGEN THERAPY	30, 545	21, 971, 074	0.00139	90 0	0	76.
OUTPATIENT SERVICE COST CENTERS			1		1	
). 00 09000 CLINIC	0	0	0.00000	0 00	0	90.
D. 01 09001 SUBSTANCE ABUSE CLINIC	215, 418	863, 464			-	90.
D. 02 09002 PAIN CLINIC	755, 131	6, 100, 347				90.
D. 03 09003 ONCOLOGY CLINIC	117, 287	31, 466, 630	0.00372		0	90.
I. 00 09100 EMERGENCY	1, 318, 286	262, 052, 234			-	91.
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	49, 583, 894		0 0	0	92.
2.01 09201 OBSERVATION BEDS (DISTINCT PART)	158, 167	5, 954, 811	0. 02656	51 0	0	92.
OTHER REIMBURSABLE COST CENTERS						
5. 00 09500 AMBULANCE SERVICES						95.
00.00 Total (lines 50 through 199)	10, 670, 123	1, 909, 753, 716		6, 553, 974	76, 086	200.

Health Financial Systems	BALL MEMORIAL				u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S THROUGH COSTS	SERVICE OTHER PASS		CN: 15-0089 CCN: 15-T089	Period: From 01/01/2021 To 12/31/2021		anared.
		component	CCN. 13-1007	10 12/31/2021	5/27/2022 9:4	0 am
		Title	xVIII	Subprovider - IRF	PPS	
Cost Center Description	Non Physi ci an	Nursi ng	Nursi ng	Allied Health	Allied Health	
	Anestheti st	Program	Program	Post-Stepdown		
	Cost	Post-Stepdown		Adjustments		
	1.00	Adjustments			0.00	
	1.00	2A	2.00	3A	3.00	
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM	0	0		0 0	0	50.00
51.00 05100 RECOVERY ROOM	0	0			-	
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	
	0	0		0 0	-	1
54. 00 05400 RADI OLOGY-DI AGNOSTI C 57. 00 05700 CT SCAN	0	0			0	
	0	0		0 0	-	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 59.00 05900 CARDIAC CATHETERIZATION	0	0		0 0	0	
	0	0		0 0	-	
	0	0		0 0	0	
60. 01 06001 BLOOD LABORATORY	0	0		0 0	0	
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		0 0	0	
65. 00 06500 RESPI RATORY THERAPY 65. 01 06501 SLEEP LAB	0	0		0 0	0	
	0	0		0 0	0	
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 0CCUPATI ONAL THERAPY	0	0		0 0		
68.00 06800 SPEECH PATHOLOGY	0	0		0 0		
68. 01 06800 SPEECH PATHOLOGY 68. 01 06801 AUDI OLOGY	0	0		0 0		
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 0		
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0		
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0		
73. 00 07200 TMPL. DEV. CHARGED TO PATTENT 73. 00 07300 DRUGS CHARGED TO PATTENTS	0	0		0 0	327, 579	
73. 01 07301 HOSPI TAL BASED RETAIL PHARMACIES	0	0		0 0	0	
74. 00 07400 RENAL DI ALYSI S	0	0		0 0	0	
76. 00 03160 CARDI OPULMONARY	0	0		0 0	0	
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 0	-	
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0	-	
OUTPATIENT SERVICE COST CENTERS	0	0		0 0	0	70.70
90. 00 09000 CLINIC	0	0		0 0	0	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC	0	0		0 0		
90. 02 09002 PAIN CLINIC	0	0		0 0	0	
90. 03 09003 0NCOLOGY CLINIC	0	0			0	
91. 00 09100 EMERGENCY	0	0		0 0	0	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		õ	0	
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 0	-	
OTHER REIMBURSABLE COST CENTERS	V		1			1
			-			1
95. 00 09500 AMBULANCE SERVICES						95.00

PPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE HROUGH COSTS	RVICE OTHER PAS		CN: 15-0089 CCN: 15-T089	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Pre 5/27/2022 9:4	
		Title	e XVIII	Subprovider -	PPS	
Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
	Medi cal	(sum of cols.	Outpatient	(from Wkst.	to Charges	
	Educati on	1, 2, 3, and	Cost (sum of	F C, Part I,	(col. 5 ÷	
	Cost	4)	col s. 2, 3,	col. 8)	col. 7)	
			and 4)		(see	
					instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVICE COST CENTERS	-	-	1			
D. 00 05000 OPERATING ROOM	C			0 180, 426, 554	0.00000	
1.00 05100 RECOVERY ROOM	C	-		0 26, 278, 584	0.00000	
2.00 05200 DELIVERY ROOM & LABOR ROOM	C	-		0 27, 894, 316	0.00000	
4. 00 05400 RADI OLOGY-DI AGNOSTI C	C	0		0 280, 313, 434	0.00000	
7. 00 05700 CT SCAN	C	0		0 3, 496, 043		
B. OO 05800 MAGNETIC RESONANCE IMAGING (MRI)	C	0		0 0	0.00000	
9. 00 05900 CARDI AC CATHETERI ZATI ON	C	0		0 118, 190, 693	0.00000	
D. 00 06000 LABORATORY	C	0		0 102, 192, 002	0.00000	
D. 01 06001 BLOOD LABORATORY	C	0		0 0	0.00000	
3. 00 06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	C	0		0 6, 802, 257	0.00000	
5. 00 06500 RESPI RATORY THERAPY	C	0		0 38, 617, 635	0.00000	
5. 01 06501 SLEEP LAB	0	0		0 7, 471, 741	0.00000	
6. 00 06600 PHYSI CAL THERAPY		0		0 23, 366, 267	0.00000	
7.00 06700 OCCUPATI ONAL THERAPY		0		0 7, 830, 047	0.00000	
B. 00 06800 SPEECH PATHOLOGY		0		0 4, 284, 422	0.00000	
3. 01 06801 AUDI OLOGY		0		0 0	0.00000	
9. 00 06900 ELECTROCARDI OLOGY		0		0 60, 513, 573	0.00000	
1.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS				0 94, 427, 037 0 117, 152, 150	0.00000	
2. 00 07200 I MPL. DEV. CHARGED TO PATIENT		-		,,	0.00000	
3. 00 07300 DRUGS CHARGED TO PATIENTS		327, 579			0.000788	
3. 01 07301 HOSPITAL BASED RETAIL PHARMACIES 4. 00 07400 RENAL DIALYSIS				0 7, 493, 318 0 3, 838, 567	0. 000000 0. 000000	
5. 00 03160 CARDI OPULMONARY				0 3, 838, 567 0 0	0. 000000	
5. 00 103 160 CARDI OPOLIMONARY 5. 97 07697 CARDI AC REHABI LI TATI ON		-		0 5, 360, 771	0. 000000	
5. 97 07697 CARDIAC REHABILITATION 5. 98 07698 HYPERBARIC OXYGEN THERAPY				0 21, 971, 074	0. 000000	
OUTPATIENT SERVICE COST CENTERS	U	<u> </u>		0 21,971,074	0.00000	// /0. `
D. 00 09000 CLINIC				0 10, 368	0, 000000	90.0
D. 01 09000 CEINIC D. 01 09001 SUBSTANCE ABUSE CLINIC		-		0 863, 464	0. 000000	
D. 02 09002 PAIN CLINIC				0 6, 100, 347	0. 000000	
D. 03 09003 0NCOLOGY CLINIC				0 31, 466, 630	0. 000000	
1. 00 09100 EMERGENCY				0 262, 052, 234	0. 000000	
2. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		-		0 49, 583, 894	0. 000000	
2. 01 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0 49, 583, 894 0 5, 954, 811	0. 000000	
OTHER REIMBURSABLE COST CENTERS		<u>'</u> 0	1	0 5,754,011	0.00000	72.
5. 00 09500 AMBULANCE SERVICES	1		1			95.0
00.00 Total (lines 50 through 199)	C	327, 579	307 5	79 1, 909, 764, 084		200.0

Health Financial Systems	BALL MEMORIAL				u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	Provi der C	CN: 15-0089	Period:	Worksheet D	
THROUGH COSTS		Component	CCN: 15-T089	From 01/01/2021 To 12/31/2021	Part IV Date/Time Pre 5/27/2022 9:4	pared: 0 am
		Title	XVIII	Subprovider - IRF	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-Throug	9	Pass-Through	
	(col. 6 ÷		Costs (col.	8	Costs (col. 9	
	col. 7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVICE COST CENTERS			1		-	
50. 00 05000 OPERATING ROOM	0. 000000	100, 793		0 0	0	50.00
51.00 05100 RECOVERY ROOM	0. 000000	10, 878		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	180, 523		0 0	0	54.00
57.00 05700 CT SCAN	0. 000000	12, 927		0 0	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	52, 707		0 0	0	59.00
60. 00 06000 LABORATORY	0. 000000	396, 897		0 0	0	60.00
60. 01 06001 BLOOD LABORATORY	0. 000000	0		0 0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 000000	17, 360		0 0	0	63.00
65.00 06500 RESPI RATORY THERAPY	0. 000000	118, 099		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, 722, 552		0 0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 000000	2, 119, 281		0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0. 000000	549, 915		0 0	0	68.00
68. 01 06801 AUDI OLOGY	0. 000000	0		0 0	0	68.01
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	40, 940		0 0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	75, 371		0 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	30, 321		0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 000788	1, 025, 235	80	0 80	0	73.00
73.01 07301 HOSPI TAL BASED RETAIL PHARMACIES	0.000000	0		0 0	0	73.01
74.00 07400 RENAL DIALYSIS	0. 000000	99, 831		0 0	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	344		0 0	0	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	0.000000	0		0 0	0	76.98
90. 00 09000 CLINIC	0,000000	0		0 0	0	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC	0. 000000	0		0 0	0	90.00
90. 02 09002 PAIN CLINIC	0. 000000	0		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 1, 140	0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	0		0 0	0	92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000	0		0 0	0	92.01
OTHER REIMBURSABLE COST CENTERS	0.000000	0	1	<u> </u>	0	1 2.01
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)		6, 553, 974	80	08 1, 140	0	200.00
	1 1	0,000,771		., 110	, O	

	ENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider C	CN: 15_0089	Peri od:	Worksheet D	2552-10
	INT OF MEDICAE, OTHER HEALTH SERVICES AND	VACCINE COST			From 01/01/2021	Part V	
			Component	CCN: 15-T089	To 12/31/2021	Date/Time Pre 5/27/2022 9:4	epared: 40 am
			Title	e XVIII	Subprovider - IRF	PPS	
				Charges		Costs	
	Cost Center Description	Cost to	PPS	Cost	Cost	PPS Services	
		Charge Ratio	Reimbursed	Reimbursed	Reimbursed	(see inst.)	
		From	Services (see	Servi ces	Services Not		
		Worksheet C,	inst.)	Subject To			
		Part I, col.		Ded. & Coins			
		9	2.00	(see inst.)		F 00	
ANCL	LLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
	O OPERATING ROOM	0. 119278	C		0 0	0	50.00
	O RECOVERY ROOM	0. 165730			0 0	0	
	O DELIVERY ROOM & LABOR ROOM	0. 202087			0 0	0	
	0 RADI OLOGY-DI AGNOSTI C	0. 104759			0 0	0	
	O CT SCAN	0. 061356			0 0	0	
	O MAGNETIC RESONANCE I MAGING (MRI)	0. 000000			0 0	0	
59.00 0590	O CARDI AC CATHETERI ZATI ON	0. 084767			0 0	0	
	0 LABORATORY	0. 191176	0		0 0	0	
50.01 0600	1 BLOOD LABORATORY	0. 000000	0		0 0	0	60.01
	O BLOOD STORING, PROCESSING, & TRANS.	0. 248192	0)	0 0	0	63.00
5.00 0650	0 RESPI RATORY THERAPY	0. 208184	0		0 0	0	65.00
	1 SLEEP LAB	0. 120800	0		0 0	0	65.01
56.00 0660	0 PHYSI CAL THERAPY	0. 336687	0		0 0	0	66.00
	O OCCUPATI ONAL THERAPY	0. 230593	0		0 0	0	
	O SPEECH PATHOLOGY	0. 230678	0		0 0	0	
	1 AUDI OLOGY	0. 000000	0		0 0	0	
	O ELECTROCARDI OLOGY	0. 080777	0		0 0	0	
	O MEDI CAL SUPPLIES CHARGED TO PATIENTS	0. 223565	0		0 0	0	
	O IMPL. DEV. CHARGED TO PATIENT	0. 121985	0		0 0	0	
	0 DRUGS CHARGED TO PATIENTS 1 HOSPITAL BASED RETAIL PHARMACIES	0. 173435 1. 224605		1	0 3, 301 0 0	0	
	ORENAL DIALYSIS	0. 522266			0 0	0	
	O CARDI OPULMONARY	0. 022200			0 0	0	
	7 CARDI AC REHABI LI TATI ON	0. 282306		1	0 0	0	
	8 HYPERBARI C OXYGEN THERAPY	0. 112764			0 0	0	
	ATIENT SERVICE COST CENTERS		-	1			1
	O CLINIC	0. 000000	0		0 0	0	90.00
90.01 0900	1 SUBSTANCE ABUSE CLINIC	0. 955242	0)	0 0	0	90.01
90.02 0900	2 PAIN CLINIC	0. 386254	0		0 0	0	90.02
90.03 0900	3 ONCOLOGY CLINIC	0. 097959	0		0 0	0	90.03
	0 EMERGENCY	0. 108572	1, 140		0 0	124	91.00
	O OBSERVATION BEDS (NON-DISTINCT PART)	0. 168297	0		0 0	0	
	1 OBSERVATION BEDS (DISTINCT PART)	0. 339267	0		0 0	0	92.01
	R REIMBURSABLE COST CENTERS	0.000000			0		05 00
	O AMBULANCE SERVICES	0. 000000			0	104	95.00
200. 00 201. 00	Subtotal (see instructions) Less PBP Clinic Lab. Services-Program		1, 140		0 3, 301 0 0	124	200.00
201.00	Only Charges				0		201.00

	ial Systems T OF MEDICAL, OTHER HEALTH SERVICES AND	BALL MEMORIA	Provi der C	CN: 15-0089	Peri od:	u of Form CMS Worksheet D	2002
				CCN: 15-T089	From 01/01/2021 To 12/31/2021	Part V Date/Time Pr 5/27/2022 9:	
			Title	e XVIII	Subprovider -	PPS	<u>40 am</u>
		Cos	its		IKF		
(Cost Center Description	Cost	Cost	1			
	···· · · · · · · · · · · · · · · · · ·	Reimbursed	Reimbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		Ded. & Coins.	Ded. & Coins.				
		(see inst.)	(see inst.)				
		6.00	7.00				
	ARY SERVICE COST CENTERS			1			
	OPERATING ROOM	0	0				50.0
	RECOVERY ROOM	0	0				51.0
	DELIVERY ROOM & LABOR ROOM	0	0				52.
	RADI OLOGY-DI AGNOSTI C	0	0				54.0
	CT SCAN	0	0				57.0
	MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.
	CARDI AC CATHETERI ZATI ON	0	0	•			59.
	LABORATORY	0	0				60.
	BLOOD LABORATORY	0	0	•			60.
	BLOOD STORING, PROCESSING, & TRANS.	0	0				63.
	RESPIRATORY THERAPY	0	0				65.
	SLEEP LAB	0	0				65.
	PHYSI CAL THERAPY	0	0				66.
	OCCUPATIONAL THERAPY	0	0				67.
	SPEECH PATHOLOGY AUDI OLOGY	0	0				68.
	ELECTROCARDI OLOGY	0	0	1			68. 69.
	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.
	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.
	DRUGS CHARGED TO PATIENTS	0	573				73.
	HOSPITAL BASED RETAIL PHARMACIES	0	0	1			73.
	RENAL DIALYSIS	0	0				74.
	CARDI OPULMONARY	0	0				76.
	CARDI AC REHABI LI TATI ON	0	0				76.
	HYPERBARIC OXYGEN THERAPY	0	0				76.
	I ENT SERVICE COST CENTERS			1			- /0.
0.00 09000		0	0				90.
	SUBSTANCE ABUSE CLINIC	0	0				90.
	PAIN CLINIC	0	0				90.
	ONCOLOGY CLINIC	0	0)			90.
	EMERGENCY	0	Ő	1			91.
	OBSERVATION BEDS (NON-DISTINCT PART)	0	Ő	•			92.
	OBSERVATION BEDS (DISTINCT PART)	0	0	•			92.
	REIMBURSABLE COST CENTERS						
	AMBULANCE SERVICES	0					95.
	Subtotal (see instructions)	0	573				200.
	Less PBP Clinic Lab. Services-Program	0					201.0
	Only Charges						
	Net Charges (line 200 - line 201)	0	573				202.

)MPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021 Hospital	Worksheet D-1 Date/Time Pre 5/27/2022 9:40 PPS	pare
	Cost Center Description				
	PART I - ALL PROVIDER COMPONENTS			1.00	
	INPATIENT DAYS				
00	Inpatient days (including private room days and swing-bed da			75, 103	1.
00 00	Inpatient days (including private room days, excluding swing Private room days (excluding swing-bed and observation bed d	avs) If you have only r	rivate room davs	75, 103 0	2. 3.
00	do not complete this line.	ays). If you have only p	, i vate i oom aays,	0	0.
00	Semi-private room days (excluding swing-bed and observation	5 /		67, 614	4.
00	Total swing-bed SNF type inpatient days (including private r reporting period	oom days) through Decemb	per 31 of the cost	0	5.
00	Total swing-bed SNF type inpatient days (including private r	oom days) after December	31 of the cost	0	6
~~	reporting period (if calendar year, enter 0 on this line)				_
00	Total swing-bed NF type inpatient days (including private ro reporting period	om days) through Decembe	er 31 of the cost	0	7
00	Total swing-bed NF type inpatient days (including private ro	om days) after December	31 of the cost	0	8
~~	reporting period (if calendar year, enter 0 on this line)			04.070	
00	Total inpatient days including private room days applicable newborn days) (see instructions)	to the Program (excludin	ig swing-bed and	24, 373	9
. 00	Swing-bed SNF type inpatient days applicable to title XVIII	only (including private	room days)	0	10
00	through December 31 of the cost reporting period (see instru Swing-bed SNF type inpatient days applicable to title XVIII		room dove) ofter	0	11
. 00	December 31 of the cost reporting period (if calendar year,		room days) arter	0	11
. 00	Swing-bed NF type inpatient days applicable to titles V or X		ite room days)	0	12
00	through December 31 of the cost reporting period				10
. 00	Swing-bed NF type inpatient days applicable to titles V or X after December 31 of the cost reporting period (if calendar			0	13
	Medically necessary private room days applicable to the Prog			0	
	Total nursery days (title V or XIX only)			0	15
. 00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT		[0	16
. 00	Medicare rate for swing-bed SNF services applicable to servi	ces through December 31	of the cost	0.00	17
00	reporting period	often December 21 of		0.00	10
. 00	Medicare rate for swing-bed SNF services applicable to servi reporting period	ces after December 31 of	the cost	0.00	18
. 00	Medicaid rate for swing-bed NF services applicable to servic	es through December 31 c	of the cost	0.00	19
. 00	reporting period Medicaid rate for swing-bed NF services applicable to servic	es after December 31 of	the cost	0.00	20
	reporting period			0,00	
	Total general inpatient routine service cost (see instructio			83, 685, 808	
. 00	Swing-bed cost applicable to SNF type services through Decem 5 x line 17)	ber 31 of the cost repor	ting period (line	0	22
. 00	Swing-bed cost applicable to SNF type services after Decembe	r 31 of the cost reporti	ng period (line 6	0	23
00	x line 18) Swing had east appliable to NE type convises through Decemb	on 21 of the east report	ing pariod (line	0	24
. 00	Swing-bed cost applicable to NF type services through Decemb 7 x line 19)	er 31 of the cost report	ing period (ine	0	24
. 00	Swing-bed cost applicable to NF type services after December	31 of the cost reportin	ng period (line 8	0	25
. 00	x line 20) Total swing-bed cost (see instructions)			0	26
. 00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		83, 685, 808	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		· • 1		
. 00	General inpatient routine service charges (excluding swing-b Private room charges (excluding swing-bed charges)	ed and observation bed o	charges)	0	28
	Semi-private room charges (excluding swing-bed charges)			0	30
	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0. 000000	
	Average private room per diem charge (line 29 ÷ line 3)			0.00	32
	Average semi-private room per diem charge (line 30 ÷ line 4) Average per diem private room charge differential (line 32 m		ictions)	0.00 0.00	
	Average per diem private room cost differential (line 34 x l	, ,		0.00	35
	Private room cost differential adjustment (line 3 x line 35)			0	36
. 00	General inpatient routine service cost net of swing-bed cost 27 minus line 36)	anu private room cost c	urrerential (line	83, 685, 808	37
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AD			1 114 00	
	Adjusted general inpatient routine service cost per diem (se Program general inpatient routine service cost (line 9 x lin	-		1, 114. 28 27, 158, 346	
	Medically necessary private room cost applicable to the Prog			27, 130, 340	40
	Total Program general inpatient routine service cost (line 3			27, 158, 346	41

PATIENT OPERATING COST Center Description tle V & XIX only) are Type Inpatient Hospital Units CARE UNIT ARE UNIT SIVE CARE UNIT VTENSIVE CARE UNIT VTENSIVE CARE UNIT	Total I npati ent Cost 1.00 0 S 21, 744, 869 0	Total I npati ent Days 2.00 0 10,061	E XVIII Average Per Di em (col. 1 ÷ col. 2) 3.00 0.00	eriod: com 01/01/2021 0 12/31/2021 Hospital Program Days 4.00 0	5/27/2022 9:4 PPS Program Cost (col. 3 x col. 4) 5.00	eparec
tle V & XIX only) Care Type Inpatient Hospital Units CARE UNIT ARE UNIT SIVE CARE UNIT VTENSIVE CARE UNIT VTENSIVE CARE UNIT	I npati ent Cost 1.00 0 5 21, 744, 869	Total I npati ent Days 2.00 0 10,061	XVIII Average Per Diem (col. 1 ÷ col. 2) 3.00 0.00	Hospital Program Days 4.00	5/27/2022 9:4 PPS Program Cost (col. 3 x col. 4) 5.00	
tle V & XIX only) Care Type Inpatient Hospital Units CARE UNIT ARE UNIT SIVE CARE UNIT VTENSIVE CARE UNIT VTENSIVE CARE UNIT	I npati ent Cost 1.00 0 5 21, 744, 869	Total I npati ent Days 2.00 0 10,061	Average Per Diem (col. 1 ÷ col. 2) 3.00 0.00	Program Days 4.00	Program Cost (col. 3 x col. 4) 5.00	
tle V & XIX only) Care Type Inpatient Hospital Units CARE UNIT ARE UNIT SIVE CARE UNIT VTENSIVE CARE UNIT VTENSIVE CARE UNIT	I npati ent Cost 1.00 0 5 21, 744, 869	I npati ent Days 2.00 0 	Di em (col. 1 ÷ col. 2) 3.00 0.00	4.00	(col. 3 x col. 4) 5.00	
Care Type Inpatient Hospital Units CARE UNIT ARE UNIT SIVE CARE UNIT NTENSIVE CARE UNIT NTENSIVE CARE UNIT	1.00 0 s 21,744,869	2.00 0 10,061	3.00		5.00	
Care Type Inpatient Hospital Units CARE UNIT ARE UNIT SIVE CARE UNIT NTENSIVE CARE UNIT NTENSIVE CARE UNIT	21, 744, 869	10, 061		0	0	
CARE UNIT ARE UNIT SIVE CARE UNIT NTENSIVE CARE UNIT NTENSIVE CARE UNIT	21, 744, 869) 42.0
ARE UNIT SIVE CARE UNIT NTENSIVE CARE UNIT NTENSIVE CARE UNIT			2, 161. 30	3, 361	7, 264, 129	43.
NTENSIVE CARE UNIT NTENSIVE CARE UNIT		0		0		44.
NTENSIVE CARE UNIT	1					45. 46.
	5, 881, 994	3, 190	1, 843. 89	0	0	
Center Description			•		1.00	
patient ancillary service cost (Wk	(st. D-3, col. 3	. Line 200)			1.00 37,939,347	48.
ram inpatient costs (sum of lines			ons)		72, 361, 822	
COST ADJUSTMENTS			which D arm	of Doute L and	2 (00 020	
gh costs applicable to Program inp	Satient routine s	services (from	m wkst. D, Sum	or Parts I and	2, 690, 938	3 50.
gh costs applicable to Program inp	oatient ancillar	y services (fi	rom Wkst. D, su	m of Parts II	1, 391, 515	51.
ram excludable cost (sum of lines	50 and 51				4, 082, 453	52.
ram inpatient operating cost exclu		lated, non-phy	ysician anesthe	tist, and	68, 279, 369	
ucation costs (line 49 minus line	52)		-			-
INT AND LIMIT COMPUTATION					0	54.
unt per discharge					0.00	55.
unt (line 54 x line 55) between adjusted inpatient operat	ting cost and ta	raot amount (1	lino 56 minus l	ino 52)	0	
ent (see instructions)	tring cost and tai	rget anount (i		The 55)	0	
ines 53/54 or 55 from the cost re	eporting period	endi ng 1996, เ	updated and com	pounded by the	0.00	59.
ket ines 53/54 or 55 from prior year	cost report up	dated by the r	market hasket		0.00	60.
/54 is less than the lower of line				he amount by	0.00	
ating costs (line 53) are less tha		s (lines 54 x	60), or 1% of	the target		
ne 56), otherwise enter zero (see ment (see instructions)	Instructions)				0	62.
npatient cost plus incentive paym	ment (see instru	ctions)			0	63.
PATIENT ROUTINE SWING BED COST wing-bed SNF inpatient routine cost	sts through Dece	mber 31 of the	e cost reportin	a period (See	0	64.
ns)(title XVIII only)	sta through beech			g period (see	j j	, 04.
wing-bed SNF inpatient routine cos	sts after Decemb	er 31 of the o	cost reporting	period (See	0	65.
ns)(title XVIII only) care swing-bed SNF inpatient routi	ne costs (line -	64 plus line 6	65)(title XVIII	onlv). For	0	66.
nstructions)				51		
XIX swing-bed NF inpatient routir line 19)	ne costs through	December 31 d	of the cost rep	orting period	0	67.
XIX swing-bed NF inpatient routir	ne costs after D	ecember 31 of	the cost repor	ting period	0	68.
line 20)			- (0)			
e V or XIX swing-bed NF inpatient SKILLED NURSING FACILITY, OTHER N					0	69.
rsing facility/other nursing facil	ity/ICF/IID rou	tine service o	cost (line 37)			70.
eneral inpatient routine service c utine service cost (line 9 x line		ine 70 ÷ line	2)			71.
necessary private room cost applic		(line 14 x li	ine 35)			73.
ram general inpatient routine serv	vice costs (line	72 + line 73))			74.
ated cost allocated to inpatient 5)	routine service	costs (from V	Worksheet B, Pa	rt II, column		75.
apital-related costs (line 75 ÷ li	ne 2)					76.
						77.
bital-related costs (line 9 x line		rovidor rocor	ds)			78.
routine service cost (line 74 minu				s line 79)		80.
routine service cost (line 74 minu charges to beneficiaries for exces ram routine service costs for comp	ss costs (from p parison to the co		n (line 78 minu	3 11110 77)		81.
routine service cost (line 74 minu charges to beneficiaries for exces ram routine service costs for comp routine service cost per diem limi	ss costs (from p parison to the co tation	ost limitatior	n (line 78 minu	3 11110 777		00
routine service cost (line 74 minu charges to beneficiaries for exces ram routine service costs for comp routine service cost per diem limi routine service cost limitation (l	ss costs (from p parison to the co tation line 9 x line 81)	ost limitation)	n (line 78 minu	3 1116 77)		
routine service cost (line 74 minucharges to beneficiaries for excess am routine service costs for compoutine service cost per diem limit routine service cost limitation (lination excess) inpatient routine service costs (patient ancillary services (see in	ss costs (from p parison to the co tation line 9 x line 81 (see instructions)	ost limitation) s)	n (line 78 minu	3 11110 777		83. 84.
routine service cost (line 74 minucharges to beneficiaries for excest am routine service costs for compoutine service cost per diem limi routine service cost limitation (line to the cost of the cost	ss costs (from pl parison to the co tation line 9 x line 81 (see instructions) (see instructions)	ost limitation) s) ns)	n (line 78 minu	3 1116 77)		83. 84. 85.
routine service cost (line 74 minucharges to beneficiaries for excess ram routine service costs for compoutine service cost per diem limi routine service cost limitation (linpatient routine service cost cost costs (abtient ancillary services (see in a review - physician compensation ram inpatient operating costs (sum	ss costs (from pi parison to the co tation line 9 x line 81 (see instructions) nostructions) (see instruction nof lines 83 thi	ost limitation) s) ns)	n (line 78 minu	3 1116 77)		83. 84. 85.
routine service cost (line 74 minucharges to beneficiaries for excest am routine service costs for compoutine service cost per diem limi routine service cost limitation (line to the cost of the cost	ss costs (from pro- parison to the co- tation line 9 x line 81 (see instructions) (see instructions) (see instruction m of lines 83 thm SS THROUGH COST s)	ost limitation) s) ns) rough 85)	n (line 78 minu		7, 489	
	harges to beneficiaries for exces		am routine service costs for comparison to the cost limitation			outine service cost per diem limitation

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 01/01/2021	Worksheet D-1	
				To 12/31/2021		
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line	column 2	Observati on	Bed Pass	
		21)		Bed Cost	Through Cost	
				(from line	(col. 3 x	
				89)	col. 4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	7, 180, 422	83, 685, 808	0. 08580	2 8, 344, 843	716, 004	90.00
91.00 Nursing Program cost	0	83, 685, 808	0.00000	0 8, 344, 843	0	91.00
92.00 Allied health cost	0	83, 685, 808	0.00000	0 8, 344, 843	0	92.00
93.00 All other Medical Education	0	83, 685, 808	0.00000	0 8, 344, 843	0	93.00

MPU I	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0089	Peri od:	Worksheet D-1	
		Component CCN: 15-T089	From 01/01/2021 To 12/31/2021	Date/Time Pre 5/27/2022 9:4	
		Title XVIII	Subprovider - IRF	PPS	_
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS			1.000	
00 00	Inpatient days (including private room days and swing-bed day Inpatient days (including private room days, excluding swing-	ys, excluding newborn)		4, 089 4, 089	1
00	Private room days (excluding private room days, excluding swing- private room days (excluding swing-bed and observation bed da		rivate room days	4,089	2
00	do not complete this line.	ays). If you have only p	rivato room aayo,	0	ľ
00	Semi-private room days (excluding swing-bed and observation b			4, 089	4
00	Total swing-bed SNF type inpatient days (including private ro	oom days) through Decemb	er 31 of the cost	0	5
00	reporting period Total swing-bed SNF type inpatient days (including private ro	nom davs) after December	31 of the cost	0	6
00	reporting period (if calendar year, enter 0 on this line)	bolin days) at ter becember	ST OF THE COST	0	
00	Total swing-bed NF type inpatient days (including private roo	om days) through Decembe	r 31 of the cost	0	7
	reporting period				
00	Total swing-bed NF type inpatient days (including private roo reporting period (if calendar year, enter 0 on this line)	om days) after December	31 of the cost	0	8
00	Total inpatient days including private room days applicable f	to the Program (excludin	a swing-bed and	2, 247	9
	newborn days) (see instructions)		5	2,271	Ĺ
. 00	Swing-bed SNF type inpatient days applicable to title XVIII of		room days)	0	10
~~	through December 31 of the cost reporting period (see instruc				
. 00	Swing-bed SNF type inpatient days applicable to title XVIII of December 31 of the cost reporting period (if calendar year, e		room days) arter	0	11
. 00	Swing-bed NF type inpatient days applicable to titles V or XI		te room days)	0	12
	through December 31 of the cost reporting period		5 /		
. 00	Swing-bed NF type inpatient days applicable to titles V or XI	IX only (including priva	te room days)	0	13
. 00	after December 31 of the cost reporting period (if calendar y Medically necessary private room days applicable to the Prog			0	14
	Total nursery days (title V or XIX only)	Tam (exer daring swring bed	ddysy	0	15
	Nursery days (title V or XIX only)			0	16
. 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to servic	and through December 21	of the cost	0.00	17
. 00	reporting period	ces thiough becember 31	of the cost	0.00	''
. 00	Medicare rate for swing-bed SNF services applicable to service	ces after December 31 of	the cost	0.00	18
~~	reporting period		с. н		
. 00	Medicaid rate for swing-bed NF services applicable to service reporting period	es through December 31 o	r the cost	0.00	19
. 00	Medicaid rate for swing-bed NF services applicable to service	es after December 31 of	the cost	0.00	20
	reporting period				
	Total general inpatient routine service cost (see instruction			4, 467, 031	
. 00	Swing-bed cost applicable to SNF type services through Decemb 5 x line 17)	ber 31 of the cost repor	ting period (line	0	22
. 00	Swing-bed cost applicable to SNF type services after December	r 31 of the cost reporti	na period (line 6	0	23
	x line 18)		5 T T T T		
. 00	Swing-bed cost applicable to NF type services through December	er 31 of the cost report	ing period (line	0	24
. 00	7 x line 19) Swing-bed cost applicable to NF type services after December	31 of the cost reportin	a period (line 8	0	25
. 00	x line 20)	st of the cost reporting	g period (inic o	0	25
. 00	Total swing-bed cost (see instructions)			0	26
. 00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		4, 467, 031	27
. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-be	ed and observation bed c	harges)	0	28
	Private room charges (excluding swing-bed charges)		nur ges)	0	29
	Semi-private room charges (excluding swing-bed charges)			0	30
	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0.000000	
	Average private room per diem charge (line 29 ÷ line 3)			0.00	
	Average semi-private room per diem charge (line 30 ÷ line 4) Average per diem private room charge differential (line 32 mi	inus line 33)(see instru	ctions)	0. 00 0. 00	
	Average per diem private room cost differential (line 34 x li			0.00	35
. 00	Private room cost differential adjustment (line 3 x line 35)			0	36
. 00	General inpatient routine service cost net of swing-bed cost	and private room cost d	ifferential (line	4, 467, 031	37
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				ł
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AD.	JUSTMENTS			t
	Adjusted general inpatient routine service cost per diem (see	e instructions)		1,092.45	
	Program general inpatient routine service cost (line 9 x line			2, 454, 735	
	Medically necessary private room cost applicable to the Program general inpatient routine service cost (line 2)			0	40
UU	Total Program general inpatient routine service cost (line 39	7 + 1110 40)	I	2, 454, 735	4

	Financial Systems TATION OF INPATIENT OPERATING COST	BALL MEMORIA		:CN: 15-0089	In Lie Period:	worksheet D-1	
			Component	CCN: 15-T089	From 01/01/2021 To 12/31/2021	Date/Time Pre	
			Title	e XVIII	Subprovider -	5/27/2022 9:4 PPS	iu alli
	Cost Center Description	Total Inpatient Cost	Total I npati ent Days	Average Pe Diem (col. ÷ col. 2)	0 5	Program Cost (col. 3 x col. 4)	
40.00		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	C	0.	<u>00</u> C	0 0	42.00
43.00	I NTENSI VE CARE UNI T	0	C		00 C	-	
44.00 45.00	CORONARY CARE UNI T BURN I NTENSI VE CARE UNI T	0	C	0.	00 0	0	44.00
45.00	SURGICAL INTENSIVE CARE UNIT						45.00
	NEONATAL INTENSIVE CARE UNIT	0	C	0.	00 0	0	
	Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wk					1, 592, 177	48.00
49.00	Total Program inpatient costs (sum of lines	41 through 48)((see instructi	ons)		4, 046, 912	49.00
50.00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program inp	atient routine	services (fro	m Wkst. D. s	um of Parts I and	d 214, 656	50.00
51.00	Pass through costs applicable to Program inp and IV)	atient ancillar	ry services (f	rom Wkst. D,	sum of Parts II	76, 894	51.00
52.00	Total Program excludable cost (sum of lines	50 and 51)				291, 550	52.00
53.00	Total Program inpatient operating cost exclu		elated, non-ph	ysician anes	thetist, and	3, 755, 362	53.00
	medical education costs (line 49 minus line TARGET AMOUNT AND LIMIT COMPUTATION	52)					-
54.00	Program di scharges					0	54.00
55.00	Target amount per discharge					0.00	
56.00 57.00	Target amount (line 54 x line 55) Difference between adjusted inpatient operat	ing cost and ta	arget amount (line 56 minu	s line 53)	0	
58.00	Bonus payment (see instructions)	ing ooor and re				0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost re	porting period	endi ng 1996,	updated and	compounded by the	e 0.00	59.00
60.00	market basket Lesser of lines 53/54 or 55 from prior year	cost report, up	odated by the	market baske	t	0.00	60.00
61.00	If line 53/54 is less than the lower of line	s 55, 59 or 60	enter the les	ser of 50% o	f the amount by	0	61.00
	which operating costs (line 53) are less tha amount (line 56), otherwise enter zero (see		ts (lines 54 x	60), or 1%	of the target		
62.00	Relief payment (see instructions)	instructions)				0	62.00
63.00	Allowable Inpatient cost plus incentive paym	ent (see instru	uctions)			0	63.00
64.00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cos	ts through Dece	ember 31 of th	e cost repor	ting period (See	0	64.00
	instructions)(title XVIII only)	Ū.			01		
65.00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts after Decemb	per 31 of the	cost reporti	ng period (See	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routi	ne costs (line	64 plus line	65)(title XV	III only). For	0	66.00
(7.00	CAH (see instructions)						
67.00	Title V or XIX swing-bed NF inpatient routin (line 12 x line 19)	e costs through	n December 31	of the cost	reporting period	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routin	e costs after [December 31 of	the cost re	porting period	0	68.00
40.00	(line 13 x line 20)	routino costa /	(lipo 47 · lip	- <u>49</u>)			69.00
69.00	Total title V or XIX swing-bed NF inpatient PART III - SKILLED NURSING FACILITY, OTHER N					0	09.00
70.00	Skilled nursing facility/other nursing facil	2			7)		70.00
71.00 72.00	Adjusted general inpatient routine service c Program routine service cost (line 9 x line		line 70 ÷ line	2)			71.00
73.00	Medically necessary private room cost applic		m (line 14 x l	ine 35)			73.00
74.00	Total Program general inpatient routine serv	•					74.00
75.00	Capital-related cost allocated to inpatient 26, line 45)	routine service	e costs (from	Worksheet B,	Part II, column		75.00
76.00	Per diem capital-related costs (line 75 ÷ li	ne 2)					76.00
77.00	Program capital -related costs (line 9 x line						77.00
78.00 79.00	Inpatient routine service cost (line 74 minu Aggregate charges to beneficiaries for exces		orovider recor	ds)			78.00
80.00	Total Program routine service costs for comp	arison to the o			inus line 79)		80.00
81.00 82.00	Inpatient routine service cost per diem limi Inpatient routine service cost limitation (I		1)				81.00
83.00	Reasonable inpatient routine service cost (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
55.00	PART IV - COMPUTATION OF OBSERVATION BED PAS					I	30.00
87.00	Total observation bed days (see instructions	·				0	
88.00 89.00	Adjusted general inpatient routine cost per Observation bed cost (line 87 x line 88) (se		,				88.00 89.00

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider C		Period:	Worksheet D-1	
		Component (CCN: 15-T089	From 01/01/2021 To 12/31/2021		pared: 0 am
		Title	XVIII	Subprovider -	PPS	
				I RF		
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line	column 2	Observati on	Bed Pass	
		21)		Bed Cost	Through Cost	
				(from line	(col. 3 x	
				89)	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, 640	4, 467, 031	0. 0874	50 0	0	90.00
91.00 Nursing Program cost	0	4, 467, 031	0.0000	0 00	0	91.00
92.00 Allied health cost	0	4, 467, 031	0.0000	0 00	0	92.00
93.00 All other Medical Education	0	4, 467, 031	0.0000	0 00	0	93.00

	Financial Systems BALL MEMORIAL ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0089	Peri od: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Pre 5/27/2022 9:4	parec
	Cost Center Description	Title XIX	Hospi tal	Cost	
	·			1.00	
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				-
00	Inpatient days (including private room days and swing-bed day			75, 103	
00	Inpatient days (including private room days, excluding swing- Private room days (excluding swing-bed and observation bed da	-bed and newborn days)	riveta reem deve	75, 103 0	2.0 3.0
00	do not complete this line.	ays). If you have only p	rivate room days,	0	3.0
00	Semi-private room days (excluding swing-bed and observation b	5,		67, 614	4.0
00	Total swing-bed SNF type inpatient days (including private ro reporting period	oom days) through Decemb	er 31 of the cost	0	5.0
00	Total swing-bed SNF type inpatient days (including private ro	oom days) after December	31 of the cost	0	6.
00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private roo	am dave) through Docombo	r 21 of the cost	0	7.
00	reporting period	Sin days) thi dagn becenbe		0	/.
00	Total swing-bed NF type inpatient days (including private roo	om days) after December	31 of the cost	0	8.
00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable t	to the Program (excludin	a swina-bed and	2, 039	9.
	newborn days) (see instructions)	0			
0. 00	Swing-bed SNF type inpatient days applicable to title XVIII of through December 31 of the cost reporting period (see instruct		room days)	0	10.
. 00	Swing-bed SNF type inpatient days applicable to title XVIII of	only (including private	room days) after	0	11.
2. 00	December 31 of the cost reporting period (if calendar year, e Swing-bed NF type inpatient days applicable to titles V or XI		to room dave)	0	12.
. 00	through December 31 of the cost reporting period	rx only (including priva	te room days)	0	12.
8.00	Swing-bed NF type inpatient days applicable to titles V or XI	5 6 51	<i>, ,</i>	0	13.
. 00	after December 31 of the cost reporting period (if calendar y Medically necessary private room days applicable to the Progr	year, enter 0 on this li ram (excluding swing-bed	ne) davs)	0	14.
. 00	Total nursery days (title V or XIX only)			2, 019	
. 00	Nursery days (title V or XIX only)			1, 392	16.
. 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to servic	ces through December 31	of the cost	0.00	17.
	reporting period	5			
8. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	ces after December 31 of	the cost	0.00	18.
. 00	Medicaid rate for swing-bed NF services applicable to service	es through December 31 o	f the cost	0.00	19.
). 00	reporting period Medicaid rate for swing-bed NF services applicable to service	es after December 31 of	the cost	0.00	20.
. 00	reporting period			0.00	
	Total general inpatient routine service cost (see instruction			83, 685, 808	
2.00	Swing-bed cost applicable to SNF type services through Decemb 5 x line 17)	per 31 of the cost repor	ting period (iine	0	22.
8.00	Swing-bed cost applicable to SNF type services after December	r 31 of the cost reporti	ng period (line 6	0	23.
. 00	x line 18) Swing-bed cost applicable to NF type services through Decembe	er 31 of the cost report	ing period (line	0	24.
. 00	7 x line 19)			0	2
6.00	Swing-bed cost applicable to NF type services after December x line 20)	31 of the cost reportin	g period (line 8	0	25.
. 00	Total swing-bed cost (see instructions)			0	26.
. 00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		83, 685, 808	27.
8. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-be	ed and observation bed c	harges)	0	28.
	Private room charges (excluding swing-bed charges)			0	29.
	Semi-private room charges (excluding swing-bed charges)	1		0	30.
. 00	General inpatient routine service cost/charge ratio (line 27 Average private room per diem charge (line 29 ÷ line 3)	÷ TThe 28)		0. 000000 0. 00	
	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
	Average per diem private room charge differential (line 32 mi	inus line 33)(see instru	ctions)	0.00	
. 00	Average per diem private room cost differential (line 34 x li		-	0.00	
	Private room cost differential adjustment (line 3 x line 35)			0	36.
. 00	General inpatient routine service cost net of swing-bed cost	and private room cost d	ifferential (line	83, 685, 808	37
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AD.		Т		
	Adjusted general inpatient routine service cost per diem (see	-		1, 114. 28	
. 00	Program general inpatient routine service cost (line 9 x line	-		2, 272, 017	39.
). 00	Medically necessary private room cost applicable to the Progr	ram (line 14 x line 35)	1	0	40.

	Financial Systems TATION OF INPATIENT OPERATING COST	BALL MEMORIA	L HOSPI TAL	°N: 15_0089 ₽	In Lie eriod:	u of Form CMS- Worksheet D-1	
				F	rom 01/01/2021 o 12/31/2021		epared:
				e XIX	Hospi tal	Cost	
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42 00	NURSERY (title V & XIX only)	1.00 1,117,396	2.00	3.00 553.44	4.00	5. 00 770, 388	42.00
42.00	Intensive Care Type Inpatient Hospital Units	1, 117, 370	2,017	555.44	1, 372	110, 300	42.00
43.00	I NTENSI VE CARE UNI T	21, 744, 869	10, 061				
44.00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	44.00
46.00	SURGI CAL I NTENSI VE CARE UNI T						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	5, 881, 994	3, 190	1, 843. 89	174	320, 837	47.00
	Cost Center Description					1.00	
	Program inpatient ancillary service cost (Wk					2, 291, 541	48.00
49.00	Total Program inpatient costs (sum of lines	41 through 48)(see instructi	ons)		7, 677, 760	49.00
50.00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program inp	atient routine	services (fro	n Wkst D sum	of Parts L and	0	50.00
00100	111)						
51.00	Pass through costs applicable to Program inp	atient ancillar	ry services (f	rom Wkst. D, si	um of Parts II	0	51.00
52.00	and IV) Total Program excludable cost (sum of lines	50 and 51)				0	52.00
53.00	Total Program inpatient operating cost exclu		elated, non-phy	ysician anesth	etist, and	0	
	medical education costs (line 49 minus line	52)					
54.00	TARGET AMOUNT AND LIMIT COMPUTATION Program di scharges					0	54.00
55.00	Target amount per discharge					0.00	
56.00	Target amount (line 54 x line 55)				50)	0	
57.00 58.00	Difference between adjusted inpatient operat Bonus payment (see instructions)	ing cost and ta	irget amount (ine 56 minus	line 53)	0	
59.00	Lesser of lines 53/54 or 55 from the cost re	porting period	ending 1996,	updated and co	mpounded by the		
	market basket		0				
60. 00 61. 00	Lesser of lines 53/54 or 55 from prior year If line 53/54 is less than the lower of line which operating costs (line 53) are less tha amount (line 56), otherwise enter zero (see	s 55, 59 or 60 n expected cost	enter the less	ser of 50% of ⁻		0. 00 0	
62.00 63.00	Relief payment (see instructions) Allowable Inpatient cost plus incentive paym		ıcti ons)			0	
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 65.00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos	5			51	0	
	instructions)(title XVIII only)				•		
56.00 57.00	Total Medicare swing-bed SNF inpatient routi CAH (see instructions) Title V or XIX swing-bed NF inpatient routin				57	0	
	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routin	0			0.1	0	
69. 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient					0	69.0
70.00	PART III - SKILLED NURSING FACILITY, OTHER N Skilled nursing facility/other nursing facil						70.0
71.00	Adjusted general inpatient routine service c	2		• • •			71.0
72.00	Program routine service cost (line 9 x line						72.0
73.00	Medically necessary private room cost applic Total Program general inpatient routine serv						73.0
75.00	Capital -related cost allocated to inpatient 26, line 45)				art II, column		75.0
76.00	Per diem capital-related costs (line 75 ÷ li						76.0
77.00 78.00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minu						77.0
79.00	Aggregate charges to beneficiaries for exces		orovi der recor	ds)			79.0
30.00	Total Program routine service costs for comp	arison to the c			us line 79)		80.0
31.00	Inpatient routine service cost per diem limi)				81.0
32.00 33.00	Inpatient routine service cost limitation (I Reasonable inpatient routine service costs (82.0 83.0
34. 00	Program inpatient ancillary services (see in	structions)					84.0
85.00	Utilization review - physician compensation	(see instructio					85.0
86.00	Total Program inpatient operating costs (sum		nrough 85)				86.0
87.00	PART IV - COMPUTATION OF OBSERVATION BED PAS Total observation bed days (see instructions					7, 489	87.00
88.00	Adjusted general inpatient routine cost per	diem (line 27 ÷				1, 114. 28	88.00
	Observation bed cost (line 87 x line 88) (se					8, 344, 843	1 00 0

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 01/01/2021	Worksheet D-1	
				To 12/31/2021		pared: 0 am
		Ti tl	e XIX	Hospi tal	Cost	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line	column 2	Observati on	Bed Pass	
		21)		Bed Cost	Through Cost	
				(from line	(col. 3 x	
				89)	col. 4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	7, 180, 422	83, 685, 808	0. 08580	2 8, 344, 843	716, 004	90.00
91.00 Nursing Program cost	0	83, 685, 808	0.00000	0 8, 344, 843	0	91.00
92.00 Allied health cost	0	83, 685, 808	0.00000	0 8, 344, 843	0	92.00
93.00 All other Medical Education	0	83, 685, 808	0.00000	0 8, 344, 843	0	93.00

OMPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0089	Peri od:	Worksheet D-1	
		Component CCN: 15-T089	From 01/01/2021 To 12/31/2021	Date/Time Pre 5/27/2022 9:4	
		Title XIX	Subprovider - IRF	Cost	
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS		· · ·		
~~	INPATIENT DAYS			4.000	
00 00	Inpatient days (including private room days and swing-bed days (including private room days, excluding swing)			4, 089 4, 089	
00	Private room days (excluding swing-bed and observation bed		rivate room davs.	4,007	
	do not complete this line.			-	-
00	Semi-private room days (excluding swing-bed and observation			4, 089	
00	Total swing-bed SNF type inpatient days (including private	room days) through Decemb	er 31 of the cost	0	5
00	reporting period Total swing-bed SNF type inpatient days (including private	room days) after December	31 of the cost	0	6
00	reporting period (if calendar year, enter 0 on this line)	room days, arter becember	ST OF the cost	0	
00	Total swing-bed NF type inpatient days (including private r	oom days) through Decembe	r 31 of the cost	0	7
	reporting period				
00	Total swing-bed NF type inpatient days (including private reporting period (if calendar year, enter 0 on this line)	oom days) after December	31 of the cost	0	8
00	Total inpatient days including private room days applicable	to the Program (excludin	a swing-bed and	68	9
	newborn days) (see instructions)	0	0 0	50	
. 00	Swing-bed SNF type inpatient days applicable to title XVIII	5 (51	room days)	0	10
00	through December 31 of the cost reporting period (see instru-			0	1 1 1
. 00	Swing-bed SNF type inpatient days applicable to title XVIII December 31 of the cost reporting period (if calendar year,		room days) arter	0	11
2.00	Swing-bed NF type inpatient days applicable to titles V or 2		te room days)	0	12
	through December 31 of the cost reporting period		•		
8.00	Swing-bed NF type inpatient days applicable to titles V or 1			0	13
00	after December 31 of the cost reporting period (if calendar			0	14
	Medically necessary private room days applicable to the Prop Total nursery days (title V or XIX only)	gram (excruding swing-bed	uays)	2,019	
	Nursery days (title V or XIX only)			1, 392	
	SWING BED ADJUSTMENT				
. 00	Medicare rate for swing-bed SNF services applicable to serv	ices through December 31	of the cost	0.00	17
3. 00	reporting period Medicare rate for swing-bed SNF services applicable to serv	ices after December 31 of	the cost	0.00	18
	reporting period			01.00	
0. 00	Medicaid rate for swing-bed NF services applicable to servi	ces through December 31 o	f the cost	0.00	19
00	reporting period	and often December 21 of	the east	0.00	20
0. 00	Medicaid rate for swing-bed NF services applicable to servi- reporting period	ces al tel December 31 01	the cost	0.00	20
I. 00	Total general inpatient routine service cost (see instruction	ons)		4, 467, 031	21
2.00	Swing-bed cost applicable to SNF type services through Dece	mber 31 of the cost repor	ting period (line	0	22
	5 x line 17)				
8.00	Swing-bed cost applicable to SNF type services after December x line 18)	er 31 of the cost reporti	ng period (line 6	0	23
1.00	Swing-bed cost applicable to NF type services through Decem	ber 31 of the cost report	ina period (line	0	24
	7 x line 19)	·	51 1		
5.00	Swing-bed cost applicable to NF type services after Decembe	r 31 of the cost reportin	g period (line 8	0	25
5.00	x line 20) Total swing-bed cost (see instructions)			0	26
	General inpatient routine service cost net of swing-bed cost	t (line 21 minus line 26)		4, 467, 031	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
	General inpatient routine service charges (excluding swing-	bed and observation bed c	harges)	0	
	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	
	General inpatient routine service cost/charge ratio (line 2)	7 ÷ line 28)		0.000000	
	Average private room per diem charge (line 29 ÷ line 3)	····,		0.00	
. 00	Average semi-private room per diem charge (line 30 ÷ line 4)	·		0.00	33
	Average per diem private room charge differential (line 32		ctions)	0.00	
	Average per diem private room cost differential (line 34 x Private room cost differential adjustment (line 3 x line 35			0. 00 0	
	General inpatient routine service cost net of swing-bed cost	-	ifferential (line		
	27 minus Line 36)			., 107, 001] "
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST A			1, 092. 45	1
	Adjusted general innetiont neutice conditions and the first			1 1107 /15	1 38
	Adjusted general inpatient routine service cost per diem (se				
9.00	Adjusted general inpatient routine service cost per diem (se Program general inpatient routine service cost (line 9 x lin Medically necessary private room cost applicable to the Pro	ne 38)		74, 287	39

	n Financial Systems TATION OF INPATIENT OPERATING COST	BALL MEMORIA	L HOSPITAL Provider C	CN: 15-0089	In Lie Period:	u of Form CMS- Worksheet D-1	
				CCN: 15-T089	From 01/01/2021 To 12/31/2021	Date/Time Pre	epared:
			Ti tl	e XIX	Subprovider -	5/27/2022 9:4 Cost	iu am
	Cost Center Description	Total Inpati ent Cost	Total I npati ent Days	Average Per Diem (col. ÷ col. 2)	0 5	Program Cost (col. 3 x col. 4)	
42 00	NURSERY (title V & XIX only)	1.00	2.00	3.00	<u>4.00</u> 00 0	5.00	42.00
12.00	Intensive Care Type Inpatient Hospital Units		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	12.00
43.00		0	0	0. 0.		0	
44.00 45.00		0		0.	00 0		44.00 45.00
46.00					~ ~ ~		46.00
47.00	NEONATAL INTENSIVE CARE UNIT Cost Center Description	0	0	0.	00 0		47.00
48.00	Program inpatient ancillary service cost (Wk	st D_3 col '	3 line 200)			1.00	48.00
49.00	5 I 5 I			ons)		120, 468	
50.00	Pass through costs applicable to Program inp	atient routine	services (fro	m Wkst. D, si	um of Parts I and	0	50.00
51.00	5 11 5 1	atient ancilla	ry services (f	rom Wkst. D,	sum of Parts II	0	51.00
52.00	and IV) Total Program excludable cost (sum of lines	50 and 51)				0	52.00
53.00	5	ding capital re	elated, non-ph	ysi ci an anes [.]	thetist, and	0	
54.00	Program di scharges					0	
55.00 56.00	5					0.00	
57.00	3	ing cost and ta	arget amount (line 56 minus	s line 53)	0	
58.00	Bonus payment (see instructions)	-				0	
59.00	Lesser of lines 53/54 or 55 from the cost re market basket	porting period	ending 1996,	updated and d	compounded by the	0.00	59.00
60. 00 61. 00	Lesser of lines 53/54 or 55 from prior year If line 53/54 is less than the lower of line which operating costs (line 53) are less tha	s 55, 59 or 60 n expected cost	enter the les	ser of 50% of	f the amount by	0. 00 0	
62. 00 63. 00	Allowable Inpatient cost plus incentive paym		uctions)			0	
64.00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cos	ts through Dece	ember 31 of th	e cost repor	ting period (See	0	64.00
65.00		ts after Decemb	ber 31 of the	cost reporti	ng period (See	0	65.00
66.00		ne costs (line	64 plus line	65)(title XV	III only). For	0	66.00
67.00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routin	e costs through	h December 31	of the cost i	reporting period	0	67.00
68.00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routin (line 13 x line 20)	e costs after l	December 31 of	the cost rep	porting period	0	68.00
69.00	· · ·					0	69.00
70.00	Skilled nursing facility/other nursing facil	ity/ICF/IID rou	utine service	cost (line 3	7)		70.00
71.00 72.00	5 6		line 70 ÷ line	2)			71.00
73.00	5		m (line 14 x l	ine 35)			73.00
74.00 75.00	Total Program general inpatient routine serv Capital-related cost allocated to inpatient				Part II column		74.00
	26, line 45)			WULKSHEEL D,			
76.00 77.00							76.00
78.00	5 I						78.00
79.00	55 5 5				pue line 70		79.00
80.00 81.00	5		CUST LIMITATIO	n (IINE /8 MI	nus line /9)		80.00
82.00	Inpatient routine service cost limitation (I	ine 9 x line 8					82.00
83.00 84.00			ns)				83.00 84.00
84.00 85.00	5 1 5 1		ons)				84.00
86.00	Total Program inpatient operating costs (sum	of lines 83 th					86.00
87.00	PART IV - COMPUTATION OF OBSERVATION BED PAS: Total observation bed days (see instructions					0	87.00
88.00	Adjusted general inpatient routine cost per	diem (line 27 –	,			0.00	88.00
80 00	Observation bed cost (line 87 x line 88) (se	e instructions))			0	89.00

Health Financial Systems	BALL MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider C		Period: From 01/01/2021	Worksheet D-1	
		Component (CCN: 15-T089	To 12/31/2021		pared: 0 am
		Ti tl	e XIX	Subprovider -	Cost	
Cost Conton Deparintian	Coot	Douting Cost	oolump 1	I RF	Obconvetion	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line	column 2	Observati on	Bed Pass	
		21)		Bed Cost	Through Cost	
				(from line	(col. 3 x	
				89)	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, 640	4, 467, 031	0. 0874	50 0	0	90.00
91.00 Nursing Program cost	0	4, 467, 031	0.0000	0 00	0	91.00
92.00 Allied health cost	0	4, 467, 031	0. 00000	0 0	0	92.00
93.00 All other Medical Education	0	4, 467, 031			0	93.00

NPATIENT ANCILLARY SERVICE COST APPORTI	ONMENT	Provider C	CN: 15-0089	Peri od:	Worksheet D-3	3
				From 01/01/2021		
				To 12/31/2021	Date/Time Pre 5/27/2022 9:4	
		Title	e XVIII	Hospi tal	PPS	ro ulli
Cost Center Description			Ratio of Cos		I npati ent	
			To Charges		Program Costs	
				Charges	(col. 1 x	
			1.00	2.00	<u>col.2)</u> 3.00	
INPATIENT ROUTINE SERVICE COST CE	TERS		1.00	2.00	3.00	
30. 00 03000 ADULTS & PEDIATRICS				78, 773, 720		30.0
31.00 03100 INTENSIVE CARE UNIT				21, 488, 986		31.0
2.00 03200 CORONARY CARE UNIT				0		32.0
5.00 02060 NEONATAL INTENSIVE CARE UNIT				0		35.0
0. 00 04000 SUBPROVIDER - IPF				0		40.0
1.00 04100 SUBPROVIDER - IRF				0		41.0
3. 00 04300 NURSERY						43. C
ANCI LLARY SERVICE COST CENTERS			0.1100	70 04 404 404	4 0/7 500	1 50 6
0. 00 05000 OPERATING ROOM			0. 1192			
1.00 05100 RECOVERY ROOM 2.00 05200 DELIVERY ROOM & LABOR ROOM			0. 1657 0. 2020			
4. 00 05400 RADI OLOGY-DI AGNOSTI C			0. 2020			
7. 00 05700 CT SCAN			0. 1047			
8.00 05800 MAGNETIC RESONANCE IMAGING (MRL)		0.0000			
9. 00 05900 CARDI AC CATHETERI ZATI ON			0.0847			
0. 00 06000 LABORATORY			0. 1911			
0. 01 06001 BLOOD LABORATORY			0.0000		0	
3.00 06300 BLOOD STORING, PROCESSING, 8	TRANS.		0. 2481		517, 433	
5. 00 06500 RESPI RATORY THERAPY			0. 2081			
5. 01 06501 SLEEP LAB			0. 1208		1, 414	65.0
6. 00 06600 PHYSI CAL THERAPY			0. 3366	87 2, 913, 795	981, 037	66.0
7. 00 06700 OCCUPATI ONAL THERAPY			0. 2305	93 1, 349, 415	311, 166	67.0
8.00 06800 SPEECH PATHOLOGY			0. 2306		267, 980	
8. 01 06801 AUDI OLOGY			0.0000		0	
9. 00 06900 ELECTROCARDI OLOGY			0.0807			
1.00 07100 MEDICAL SUPPLIES CHARGED TO			0. 2235			
2.00 07200 IMPL. DEV. CHARGED TO PATIEN	T		0. 1219			
3. 00 07300 DRUGS CHARGED TO PATIENTS			0. 1734			
3.01 07301 HOSPITAL BASED RETAIL PHARMA 4.00 07400 RENAL DIALYSIS	JIES		1. 2246		0	
4. 00 07400 RENAL DI ALYSI S 6. 00 03160 CARDI OPULMONARY			0. 5222		869, 366 0	
6. 97 07697 CARDI OPOLMONARY 6. 97 07697 CARDI AC REHABI LI TATI ON			0. 0000			
6. 98 07698 HYPERBARIC OXYGEN THERAPY			0. 2823			
OUTPATIENT SERVICE COST CENTERS			0.1127	40,077	5,200	/0.
0. 00 09000 CLINIC			0.0000	00 0	0	90.0
0. 01 09001 SUBSTANCE ABUSE CLINIC			0.9552			
0. 02 09002 PAIN CLINIC			0. 3862			
0. 03 09003 ONCOLOGY CLINIC			0.0979		-	
1.00 09100 EMERGENCY			0. 1116			
2.00 09200 OBSERVATION BEDS (NON-DISTIN	CT PART)		0. 1682			
2.01 09201 OBSERVATION BEDS (DISTINCT F			0. 3392	67 31, 921	10, 830	92. (
OTHER REIMBURSABLE COST CENTERS					<u>.</u>	
5. 00 09500 AMBULANCE SERVICES						95.0
00.00 Total (sum of lines 50 throu				262, 158, 601	37, 939, 347	
01.00 Less PBP Clinic Laboratory S		es (line 61)		0		201. (
02.00 Net charges (line 200 minus	line 201)			262, 158, 601		202.0

INPATIENT A	ncial Systems BALL MEMORIAL H NCILLARY SERVICE COST APPORTIONMENT		CN: 15-0089	Peri od:	u of Form CMS- Worksheet D-3	3
		in ovider o		From 01/01/2021		,
		Component	CCN: 15-T089	To 12/31/2021		
		Title	e XVIII	Subprovi der –	5/27/2022 9:4 PPS	iu alli
				IRF		
	Cost Center Description		Ratio of Cos		Inpatient	
			To Charges	Program Charges	Program Costs (col. 1 x	
				charges	col. 2)	
			1.00	2.00	3.00	
	I ENT ROUTINE SERVICE COST CENTERS					
	DADULTS & PEDIATRICS					30.00
	DINTENSIVE CARE UNIT					31.00
	CORONARY CARE UNIT					32.00
	NEONATAL INTENSIVE CARE UNIT					35.00
	SUBPROVIDER - IPF			5 000 105		40.00
	SUBPROVIDER - IRF			5, 283, 125		41.00
						43.00
	LARY SERVICE COST CENTERS		0 1102	70 100 702	12,022	50.00
	D OPERATING ROOM D RECOVERY ROOM		0. 1192			
	DELIVERY ROOM & LABOR ROOM		0. 1037			
	D RADI OLOGY-DI AGNOSTI C		0. 2020			
	CT SCAN		0. 0613		793	
	D MAGNETIC RESONANCE IMAGING (MRI)		0.0000			
	CARDIAC CATHETERIZATION		0. 0847		4, 468	
	DLABORATORY		0. 1911		75, 877	
	BLOOD LABORATORY		0.0000			
	BLOOD STORING, PROCESSING, & TRANS.		0. 2481			
	RESPIRATORY THERAPY		0. 2081			
65.01 0650 ⁻	1 SLEEP LAB		0. 1208	00 0	0	65.01
66.00 06600	PHYSICAL THERAPY		0. 3366	87 1, 722, 552	579, 961	66.00
	OCCUPATIONAL THERAPY		0. 2305		488, 691	67.00
	SPEECH PATHOLOGY		0. 2306		126, 853	68.00
	1 AUDI OLOGY		0.0000		-	
	ELECTROCARDI OLOGY		0. 0807			
	MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 2235		16, 850	
	DIMPL. DEV. CHARGED TO PATIENT		0. 1219		3, 699	
	DRUGS CHARGED TO PATIENTS		0. 1734			
	1 HOSPITAL BASED RETAIL PHARMACIES		1.2246		-	
	RENAL DI ALYSI S		0. 5222		52, 138	
			0.0000			
	CARDIAC REHABILITATION		0. 2823			
	3 HYPERBARI C OXYGEN THERAPY ATLENT SERVI CE COST CENTERS		0. 1127	64 0	0	76.98
			0.0000	00 0	0	90.00
	SUBSTANCE ABUSE CLINIC		0. 9552			
	2 PAIN CLINIC		0. 3862			
	3 ONCOLOGY CLINIC		0.0979			
	DEMERGENCY		0. 1116			
	OBSERVATION BEDS (NON-DISTINCT PART)		0. 1682			
	OBSERVATION BEDS (DISTINCT PART)		0. 3392			
	R REIMBURSABLE COST CENTERS			· · · · · · · · · · · · · · · · · · ·		
95.00 09500	DAMBULANCE SERVICES					95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)			6, 553, 974	1, 592, 177	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)			6, 553, 974		202.00

Health Financial Systems BALL MEMORIAL INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0089	Peri od:	worksheet D-3	
	in ovrder e	011. 15 0007	From 01/01/2021		,
			To 12/31/2021		
		e XIX	Hospi tal	5/27/2022 9:4 Cost	iu am
Cost Center Description		Ratio of Cos		I npati ent	
		To Charges		Program Costs	
		5	Charges	(col. 1 x	
				col . 2)	
UNDATIONT DOUTING CEDULAE ADAT ACHTERA		1.00	2.00	3.00	
INPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS			6 E42 120		30.00
31. 00 03100 INTENSIVE CARE UNIT			6, 543, 120 1, 751, 493		31.00
32. 00 03200 CORONARY CARE UNIT			1, 731, 473		32.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT			1, 068, 770		35.00
40. 00 04000 SUBPROVI DER – I PF			0		40.00
41.00 04100 SUBPROVI DER – I RF			17, 808		41.00
43. 00 04300 NURSERY			159, 868		43.00
ANCI LLARY SERVI CE COST CENTERS					
50. 00 05000 OPERATI NG ROOM		0. 1192			
51.00 05100 RECOVERY ROOM		0. 1657			
52.00 05200 DELIVERY ROOM & LABOR ROOM		0. 2020		Ŭ	
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 1047			
57.00 05700 CT SCAN		0.0613			•
58.00 O5800 MAGNETIC RESONANCE IMAGING (MRI)		0.0000		-	
59. 00 05900 CARDI AC CATHETERI ZATI ON		0.0847			
60. 00 06000 LABORATORY 60. 01 06001 BLOOD LABORATORY		0. 1911			
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.		0. 0000 0. 2481			
65. 00 06500 RESPI RATORY THERAPY		0. 2481			
65. 01 06501 SLEEP LAB		0. 1208			
66.00 06600 PHYSI CAL THERAPY		0. 3366		-	
67. 00 06700 OCCUPATI ONAL THERAPY		0. 2305			
68.00 06800 SPEECH PATHOLOGY		0. 2306			
68. 01 06801 AUDI OLOGY		0.0000			
69. 00 06900 ELECTROCARDI OLOGY		0. 0807		29, 163	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 2235	65 726, 153	162, 342	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT		0. 1219	85 1, 003, 928	122, 464	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS		0. 1734	35 4, 122, 346	714, 959	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES		1. 2246		0	
74. 00 07400 RENAL DIALYSIS		0. 5222			
76.00 03160 CARDI OPULMONARY		0.0000		0	
76. 97 07697 CARDI AC REHABI LI TATI ON		0. 2823			
76. 98 07698 HYPERBARI C OXYGEN THERAPY		0. 1127	64 0	0	76.98
0UTPATI ENT_SERVICE_COST_CENTERS 90. 00 09000 CLINIC		0.0000	00 0	0	90.00
90. 01 09000 CET NTC 90. 01 09001 SUBSTANCE ABUSE CLINIC		0. 0000			
90. 02 09002 PAIN CLINIC		0. 3862			
90. 03 09003 0NCOLOGY CLINIC		0. 3802			
91.00 09100 EMERGENCY		0. 1085			•
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 1682			•
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)		0. 3392			1
OTHER REIMBURSABLE COST CENTERS					1
95. 00 09500 AMBULANCE SERVICES					95.00
200.00 Total (sum of lines 50 through 94 and 96 through 98)			15, 016, 512	2, 291, 541	
201.00 Less PBP Clinic Laboratory Services-Program only charge	jes (line 61)		0		201.00
202.00 Net charges (line 200 minus line 201)			15, 016, 512		202.00

Health Financial Systems BALL MEMORIAL INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		CN: 15-0089	Peri od:	u of Form CMS-2 Worksheet D-3	
INPATTENT ANGILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 12-0089	From 01/01/2021	worksneet D-3)
	Component	CCN: 15-T089	To 12/31/2021	Date/Time Pre 5/27/2022 9:4	
	Titl	e XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cos		Inpatient	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x	
		1.00	2.00	col . 2) 3.00	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	
30. 00 03000 ADULTS & PEDIATRICS					30.00
31. 00 03100 INTENSIVE CARE UNIT					31.00
32. 00 03200 CORONARY CARE UNI T					32.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT					35.00
40. 00 04000 SUBPROVI DER – I PF					40.00
41. 00 O4100 SUBPROVI DER – I RF			116, 656		41.00
43. 00 04300 NURSERY					43.00
ANCI LLARY SERVI CE COST CENTERS		1			
50.00 OSOOO OPERATING ROOM		0. 1192			
51.00 OS100 RECOVERY ROOM		0. 1657			
52.00 O5200 DELIVERY ROOM & LABOR ROOM		0. 2020			
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 1047			
57.00 05700 CT_SCAN 58.00 05800 MAGNETIC_RESONANCE_IMAGING_(MRI)		0.0613			
58. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 59. 00 05900 CARDI AC CATHETERI ZATI ON		0.0000			
60. 00 06000 LABORATORY		0. 1911			
60. 01 06001 BLOOD LABORATORY		0.0000			
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.		0. 2481			
65. 00 06500 RESPI RATORY THERAPY		0. 2081			
65. 01 06501 SLEEP LAB		0. 1208			
66. 00 06600 PHYSI CAL THERAPY		0. 3366		13, 025	66.00
67.00 06700 OCCUPATI ONAL THERAPY		0. 2305	93 43, 904	10, 124	67.00
68. 00 06800 SPEECH PATHOLOGY		0. 2306		933	68.00
58. 01 06801 AUDI OLOGY		0.0000			
69. 00 06900 ELECTROCARDI OLOGY		0. 0807		-	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 2235			
72.00 07200 IMPL. DEV. CHARGED TO PATIENT		0. 1219		0	
73. 00 07300 DRUGS CHARGED TO PATI ENTS		0. 1734			
73.01 07301 HOSPI TAL BASED RETAIL PHARMACIES		1. 2246		-	
74. 00 07400 RENAL_DI ALYSI S 76. 00 03160 CARDI OPULMONARY		0. 5222			
76. 00 03160 CARDI OPULMONARY 76. 97 07697 CARDI AC_REHABI LI TATI ON		0.0000			
76. 98 07698 HYPERBARIC OXYGEN THERAPY		0. 2823			
OUTPATIENT SERVICE COST CENTERS		0.1127	04 0	0	1 /0. /0
90. 00 09000 CLINIC		0.0000	00 0	0	90.00
90. 01 09001 SUBSTANCE ABUSE CLINIC		0. 9552			
70. 02 09002 PAIN CLINIC		0. 3862		-	
90. 03 09003 ONCOLOGY CLINIC		0.0979		0	90.03
91. 00 09100 EMERGENCY		0. 1085		0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 1682			
92.01 09201 OBSERVATION BEDS (DISTINCT PART)		0. 3392	67 0	0	92.01
OTHER REIMBURSABLE COST CENTERS		I		1	
95.00 09500 AMBULANCE SERVICES					95.00
Total (sum of lines 50 through 94 and 96 through 98)			175, 274		
201.00 Less PBP Clinic Laboratory Services-Program only charg	jes (line 61)		0		201.00
202.00 Net charges (line 200 minus line 201)		1	175, 274		202.00

CALCUL	Financial Systems BALL MEMORIAL ATION OF REIMBURSEMENT SETTLEMENT ATION OF REIMBURSEMENT SETTLEMENT	HOSPITAL Provider CCN: 15-0089	Period: From 01/01/2021	u of Form CMS-2 Worksheet E Part A	
			To 12/31/2021	Date/Time Pre 5/27/2022 9:4	
		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 occur instructions)	ring prior to October 1	(see	0 41, 222, 993	
1. 02	DRG amounts other than outlier payments for discharges occur instructions)	ring on or after October	1 (see	14, 460, 007	1.02
1. 03	DRG for federal specific operating payment for Model 4 BPCI 1 (see instructions)	for discharges occurring	prior to October	0	1.03
1. 04	DRG for federal specific operating payment for Model 4 BPCI October 1 (see instructions)	for discharges occurring	on or after	0	1.04
2.00 2.01	Outlier payments for discharges. (see instructions) Outlier reconciliation amount			0	2.00
2.01	Outlier payment for discharges for Model 4 BPCI (see instruc	ctions)		0	2.01
2.03	Outlier payments for discharges occurring prior to October 1			958, 807	2.03
2.04	Outlier payments for discharges occurring on or after Octobe	er 1 (see instructions)		160, 920	
3.00	Managed Care Simulated Payments			36, 807, 002	
4.00	Bed days available divided by number of days in the cost rep Indirect Medical Education Adjustment	orting period (see instr	uctions)	298.92	4.00
5.00	FTE count for allopathic and osteopathic programs for the mo or before 12/31/1996. (see instructions)	ost recent cost reporting	period ending on	50. 70	5.00
6.00	FTE count for allopathic and osteopathic programs that meet new programs in accordance with 42 CFR 413.79(e)	the criteria for an add-	on to the cap for	0.00	6.00
7.00 7.01	MMA Section 422 reduction amount to the LME cap as specified ACA \S 5503 reduction amount to the LME cap as specified under			0. 00 0. 00	
8.00	cost report straddles July 1, 2011 then see instructions. Adjustment (increase or decrease) to the FTE count for allop	athic and osteonathic nr	ograms for	0.00	8.00
8.00	affiliated programs in accordance with 42 CFR 413.75(b), 413			0.00	0.00
8. 01	1998), and 67 FR 50069 (August 1, 2002). The amount of increase if the hospital was awarded FTE cap s report straddles July 1, 2011, see instructions.	slots under § 5503 of the	ACA. If the cost	12.00	8. 01
8. 02	The amount of increase if the hospital was awarded FTE cap s under § 5506 of ACA. (see instructions)	slots from a closed teach	ing hospital	0.00	8. 02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus li instructions)	nes (8, 8,01 and 8,02)	(see	62.70	9.00
10. 00 11. 00	FTE count for allopathic and osteopathic programs in the cur FTE count for residents in dental and podiatric programs.	rrent year from your reco	rds	63.05 0.00	
12.00	Current year allowable FTE (see instructions)			62.70	12.00
13.00	Total allowable FTE count for the prior year.			62.70	•
14.00	Total allowable FTE count for the penultimate year if that y otherwise enter zero.	vear ended on or after Se	ptember 30, 1997,	62.48	
15.00 16.00	Sum of lines 12 through 14 divided by 3. Adjustment for residents in initial years of the program			62.63	15.00 16.00
17.00	Adjustment for residents displaced by program or hospital cl	osure		0.00	
18.00	Adjusted rolling average FTE count				18.00
19.00	Current year resident to bed ratio (line 18 divided by line	4).		0. 209521	19.00
20.00	Prior year resident to bed ratio (see instructions)			0. 213026	
21.00 22.00	Enter the lesser of lines 19 or 20 (see instructions) IME payment adjustment (see instructions)			0. 209521 6, 020, 223	
22.00	IME payment adjustment - Managed Care (see instructions)			3, 979, 426	
23.00	Indirect Medical Education Adjustment for the Add-on for § 4 Number of additional allopathic and osteopathic IME FTE resi		CFR 412.105	4.00	
	(f)(1)(iv)(C).				
24.00 25.00	IME FTE Resident Count Over Cap (see instructions) If the amount on line 24 is greater than -O-, then enter the instructions)	e lower of line 23 or lin	e 24 (see	0.35 0.35	
26.00	Resident to bed ratio (divide line 25 by line 4)			0.001171	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000313	
28.00	IME add-on adjustment amount (see instructions)			17, 429	
28.01	IME add-on adjustment amount - Managed Care (see instruction	is)		11, 521	
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, 037, 652 3, 990, 947	
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A	patient days (see instru	ctions)	5.92	
31.00 32.00	Percentage of Medicaid patient days (see instructions) Sum of lines 30 and 31			26.45 32.37	
32.00	Allowable disproportionate share percentage (see instruction	is)		32.37 15.92	
		- /			1

CALCUL	Financial Systems BALL MEMORIA ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0089	Peri od:	u of Form CMS-2 Worksheet E	
			From 01/01/2021	Part A	norod
			To 12/31/2021	Date/Time Pre 5/27/2022 9:4	
		Title XVIII	Hospi tal	PPS	
			Prior to 10/1		
			1.00	2.00	
35.00	Uncompensated Care Adjustment		9 200 014 E21	7 102 009 710	35.0
35.00 35.01	Total uncompensated care amount (see instructions) Factor 3 (see instructions)		0. 000362015	7, 192, 008, 710 0. 000371403	
	Hospital uncompensated care payment (If line 34 is zero, e	enter zero on this line) (s		2, 671, 132	
JJ. 02	instructions)		3,001,111	2,071,132	55.0
35.03	Pro rata share of the hospital uncompensated care payment	amount (see instructions)	2, 244, 666	673, 272	35.0
36.00	Total uncompensated care (sum of columns 1 and 2 on line 3		2, 917, 938		36.0
	Additional payment for high percentage of ESRD beneficiary	discharges (lines 40 thro	ugh 46)		_
10.00	Total Medicare discharges (see instructions)		0		40.0
11.00	Total ESRD Medicare discharges (see instructions)		0		41.0
11.01	Total ESRD Medicare covered and paid discharges (see instr		0		41.0
12.00 13.00	Divide line 41 by line 40 (if less than 10%, you do not qu	allry for adjustment)	0.00		42.0 43.0
4. 00	Total Medicare ESRD inpatient days (see instructions) Ratio of average length of stay to one week (line 43 divid	led by line 41 divided by 7	0. 000000		43.0
+4.00	days)	ied by the 41 divided by /	0.000000		44.0
15.00	Average weekly cost for dialysis treatments (see instructi	ons)	0.00		45.0
16.00	Total additional payment (line 45 times line 44 times line		0		46.0
17.00	Subtotal (see instructions)		67, 974, 500		47.0
18.00	Hospital specific payments (to be completed by SCH and MDH	l, small rural hospitals	0		48.0
	only. (see instructions)			-	
				Amount	
10 00	Total payment for inpatient operating costs (see instructi	one)		1.00 71,965,447	49.0
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I	·)	4, 938, 819	
51.00	Exception payment for inpatient program capital (Wkst. L,			0	
52.00	Direct graduate medical education payment (from Wkst. E-4,	line 49 see instructions)		2, 588, 118	
3.00	Nursing and Allied Health Managed Care payment			30, 801	53.0
4.00	Special add-on payments for new technologies			970, 726	54.0
64.01	Islet isolation add-on payment			0	
5.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin			0	
6.00	Cost of physicians' services in a teaching hospital (see i			0	
7.00	Routine service other pass through costs (from Wkst. D, Pt		through 35).	0 37, 579	
58.00 59.00	Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58)	rt. TV, COL. TI TITle 200)		80, 531, 490	
0.00	Primary payer payments			30, 810	
1.00	Total amount payable for program beneficiaries (line 59 mi	nus line 60)		80, 500, 680	
2.00	Deductibles billed to program beneficiaries	/		5, 273, 420	
3.00	Coinsurance billed to program beneficiaries			230, 430	
4.00	Allowable bad debts (see instructions)			779, 363	
5.00	Adjusted reimbursable bad debts (see instructions)			506, 586	
6.00	Allowable bad debts for dual eligible beneficiaries (see i	nstructions)		93, 904	
57.00				75, 503, 416	
8.00	Credits received from manufacturers for replaced devices f				
9.00	Outlier payments reconciliation (sum of lines 93, 95 and 9	ю). (FOR SCH see Instructio	ns)	0	
0.00 0.50	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demo	nstration) adjustment (soo	instructions)	0	
0. 50	Demonstration payment adjustment amount before sequestrati		instructions)	0	
	SCH or MDH volume decrease adjustment (contractor use only			0	
0.89	Pioneer ACO demonstration payment adjustment amount (see i			Ū	70.
	HSP bonus payment HVBP adjustment amount (see instructions			0	70.
0.90	HSP bonus payment HRR adjustment amount (see instructions)			0	
				0	70.
0. 91	Bundled Model 1 discount amount (see instructions)			-	
70. 90 70. 91 70. 92 70. 93	HVBP payment adjustment amount (see instructions)			-212, 427	
70. 91 70. 92 70. 93 70. 94				-212, 427 -46, 243	

	Financial Systems BALL MEMORIAL ATION OF REIMBURSEMENT SETTLEMENT	Provider C	CN: 15-0089	Peri od:	u of Form CMS-2 Worksheet E	
				From 01/01/2021 To 12/31/2021	Part A Date/Time Pre 5/27/2022 9:4	
		Title	XVIII	Hospi tal	PPS	o an
				(уууу)	Amount	
				0	1.00	
0. 96	Low volume adjustment for federal fiscal year (yyyy) (Enter	in column O		0	0	70. 9
0. 97	the corresponding federal year for the period prior to 10/1) Low volume adjustment for federal fiscal year (yyyy) (Enter	in column O		0	0	70.0
0. 77	the corresponding federal year for the period ending on or a			0	0	10.
). 98	Low Volume Payment-3	10, 10, 1)			0	70.9
). 99	HAC adjustment amount (see instructions)				0	70.
	Amount due provider (line 67 minus lines 68 plus/minus lines	69 & 70)			75, 244, 746	71.
	Sequestration adjustment (see instructions)				0	
	Demonstration payment adjustment amount after sequestration				0	
	Sequestration adjustment-PARHM pass-throughs				74, 337, 668	71.0
	Interim payments Interim payments-PARHM				74, 337, 000	72.
3.00	Tentative settlement (for contractor use only)				0	
	Tentative settlement-PARHM (for contractor use only)				-	73.0
	Balance due provider/program (line 71 minus lines 71.01, 71.0	02, 72, and			907, 078	74.0
	73)					
	Balance due provider/program-PARHM (see instructions)					74.0
5.00	Protested amounts (nonallowable cost report items) in accord	ance with			1, 404, 961	75.0
	CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					-
	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum	of 2 03			0	90.
0.00	plus 2.04 (see instructions)	01 2.00			Ŭ	/0.1
1.00	Capital outlier from Wkst. Ĺ, Pt. I, line 2				0	91.
2.00	Operating outlier reconciliation adjustment amount (see inst	ructions)			0	92.
	Capital outlier reconciliation adjustment amount (see instru				0	
	The rate used to calculate the time value of money (see inst				0.00	
	Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instru-				0	
0.00	This value of money for capital related expenses (see thistia			Prior to 10/1		70.0
				1.00	2.00	
	HSP Bonus Payment Amount					
00.00	HSP bonus amount (see instructions)			1.00		100.
00.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment			0	0	
00. 00 01. 00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions)	ns)		0. 0000000000	0.000000000	101.
00.00 01.00 02.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction	ns)		0	0.000000000	101.
00. 00 01. 00 02. 00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions)	ns)		0. 0000000000	0.000000000	102.
00. 00 01. 00 02. 00 03. 00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment			0. 000000000	0. 000000000 0. 000000000 0 0. 0000	101. 102.
00.00 01.00 02.00 03.00 04.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demons	s) tration) Adji		0.0000000000000000000000000000000000000	0. 000000000 0 0. 0000 0. 0000 0	101. 102. 103. 104.
00.00 01.00 02.00 03.00 04.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demons Is this the first year of the current 5-year demonstration p	s) tration) Adji		0.0000000000000000000000000000000000000	0. 000000000 0 0. 0000 0. 0000 0	101. 102. 103. 104.
00.00 01.00 02.00 03.00 04.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demons Is this the first year of the current 5-year demonstration productions) Century Cures Act? Enter "Y" for yes or "N" for no.	s) tration) Adji		0.0000000000000000000000000000000000000	0. 000000000 0 0. 0000 0. 0000 0	101. 102. 103. 104.
00.00 01.00 02.00 03.00 04.00 00.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Is this the first year of the current 5-year demonstration pr Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement	s) tration) Adji eriod under		0.0000000000000000000000000000000000000	0. 000000000 0 0. 0000 0. 0000 0	101. 102. 103. 104. 200.
00.00 01.00 02.00 03.00 04.00 00.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Is this the first year of the current 5-year demonstration p Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III)	s) tration) Adji eriod under		0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101. 102. 103. 104. 200.
00.00 01.00 02.00 03.00 04.00 00.00 00.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Is this the first year of the current 5-year demonstration pr Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement	s) tration) Adji eriod under		0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202.
00.00 01.00 02.00 03.00 04.00 00.00 00.00 01.00 02.00 03.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Is this the first year of the current 5-year demonstration p Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III Medicare discharges (see instructions)	s) tration) Adju eriod under ne 49)	the 21st	0. 0000000000 0 0. 0000000000 0 0. 00000 0	0.000000000 0 0.0000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202.
00.00 01.00 02.00 03.00 04.00 00.00 01.00 02.00 03.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instruction Rural Community Hospital Demonstration Project (§410A Demons Is this the first year of the current 5-year demonstration prodent Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period)	s) tration) Adju eriod under ne 49)	the 21st	0. 0000000000 0 0. 0000000000 0 0. 00000 0	0.000000000 0 0.0000 0 0 0	101. 102. 103. 104. 200. 201. 202. 203.
00.00 01.00 02.00 03.00 04.00 00.00 01.00 02.00 03.00 04.00 05.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demons Is this the first year of the current 5-year demonstration pro- Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount	s) tration) Adju eriod under ne 49)	the 21st	0. 0000000000 0 0. 0000000000 0 0. 00000 0	0 0.000000000 0 0.0000 0 0	101. 102. 103. 104. 200. 201. 202. 203. 203.
00.00 01.00 02.00 03.00 04.00 02.00 03.00 04.00 03.00 04.00 05.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demons: Is this the first year of the current 5-year demonstration prodect (See instructions) Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204)	s) tration) Adju eriod under ne 49) n first year	the 21st	0. 0000000000 0 0. 0000000000 0 0. 00000 0	0 0.000000000 0 0.0000 0 0	101. 102. 103. 104. 200. 201. 202. 203. 203. 204. 205.
00.00 01.00 02.00 03.00 04.00 02.00 03.00 04.00 03.00 04.00 05.00 06.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demons: Is this the first year of the current 5-year demonstration prodentry Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205)	s) tration) Adju eriod under ne 49) n first year	the 21st	0. 0000000000 0 0. 0000000000 0 0. 00000 0	0 0.000000000 0 0.0000 0 0	101. 102. 103. 104. 200. 201. 202. 203. 203. 204. 205.
00.00 01.00 02.00 03.00 04.00 00.00 01.00 02.00 03.00 04.00 05.00 06.00 07.00 08.00 09.00 00.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Is this the first year of the current 5-year demonstration po Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, II) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205 Adjustment to Medicare Part A Inpatient Reimbursement	s) tration) Adju eriod under ne 49) n first year)	the 21st	0. 0000000000 0 0. 0000000000 0 0. 00000 0	0 0.000000000 0 0.0000 0 0	101. 102. 103. 104. 200. 201. 202. 203. 203. 204. 205. 206.
00.00 11.00 12.00 13.00 14.00 10.00 11.00 12.00 13.00 14.00 15.00 15.00 16.00 17.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Is this the first year of the current 5-year demonstration project (§410A Demonstration project Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205 Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst	s) tration) Adj eriod under ne 49) n first year) tructions)	the 21st	0. 0000000000 0 0. 0000000000 0 0. 00000 0	0.0000000000 0 0.0000 0 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 207.
00.00 01.00 02.00 03.00 04.00 01.00 02.00 03.00 04.00 05.00 06.00 06.00 07.00 08.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Is this the first year of the current 5-year demonstration po Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, II) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205 Adjustment to Medicare Part A Inpatient Reimbursement	s) tration) Adj eriod under ne 49) n first year) tructions)	the 21st	0. 0000000000 0 0. 0000000000 0 0. 00000 0	0.0000000000 0 0.0000 0 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 204. 205. 206. 207. 208.
00.00 01.00 02.00 03.00 04.00 00.00 01.00 02.00 02.00 03.00 04.00 05.00 06.00 06.00 07.00 08.00 09.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Is this the first year of the current 5-year demonstration pr Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare inpatient routine cost cap (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205 Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see ins Medicare Part A inpatient service costs (from Wkst. E, Pt. A	s) tration) Adj eriod under ne 49) n first year) tructions)	the 21st	0. 0000000000 0 0. 0000000000 0 0. 00000 0	0 0.000000000 0 0.0000 0 trati on	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209.
00.00 01.00 02.00 03.00 04.00 04.00 00.00 01.00 02.00 03.00 03.00 05.00 06.00 00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Is this the first year of the current 5-year demonstration project (§410A Demonstration project (See instructions) Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see ins Medicare Part A inpatient service costs (from Wkst. E, Pt. A Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions)	s) tration) Adji eriod under ne 49) n first year) tructions) , line 59)	the 21st	0. 0000000000 0 0. 0000000000 0 0. 00000 0	0.0000000000 0 0.0000 0 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 207. 208. 208. 209. 208. 209. 210.
00.00 01.00 02.00 03.00 04.00 04.00 02.00 03.00 03.00 03.00 05.00 05.00 05.00 06.00 07.00 08.00 09.00 10.00 11.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration protentry Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205 Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see ins Medicare Part A inpatient service costs (from Wkst. E, Pt. A Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement	s) tration) Adji eriod under ne 49) n first year) tructions) , line 59)	the 21st	0. 0000000000 0 0. 0000000000 0 0. 00000 0	0.0000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 206. 207. 208. 209. 210. 211.
00.00 01.00 02.00 03.00 04.00 01.00 02.00 03.00 03.00 03.00 04.00 05.00 05.00 05.00 05.00 05.00 01.00 00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Is this the first year of the current 5-year demonstration project (§410A Demonstration project (Set 10A Demonstration project Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see ins Medicare Part A inpatient service costs (from Wkst. E, Pt. A Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare Part A IPPS payments (from line	s) tration) Adji eriod under ne 49) n first year) tructions) , line 59)	the 21st	0. 0000000000 0 0. 0000000000 0 0. 00000 0	0.0000000000 0 0.0000 0 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 204. 205. 206. 207. 208. 209. 210. 211. 211.
00.00 01.00 02.00 03.00 04.00 01.00 02.00 03.00 03.00 04.00 05.00 05.00 05.00 05.00 05.00 05.00 05.00 01.00 00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration protentry Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205 Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see ins Medicare Part A inpatient service costs (from Wkst. E, Pt. A Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement	s) tration) Adji eriod under ne 49) n first year) tructions) , line 59))	of the curre	0. 0000000000 0 0. 0000000000 0 0. 00000 0	0.0000000000 0 0.0000 0 0	101. 102. 103. 104. 200. 201. 202. 203. 204.

W VC	I Financial Systems DLUME CALCULATION EXHIBIT 4		BALL MEMORIA	Provider C		Period:	u of Form CMS-2 Worksheet E	
						From 01/01/2021 To 12/31/2021	Date/Time Pre	pare
				Title	xviii	Hospi tal	5/27/2022 9:4 PPS	0 am
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	<u>10/01</u> 4.00	5.00	
00	DRG amounts other than outlier	1.00	0	0		0 0		1
)1	payments DRG amounts other than outlier payments for discharges	1.01	41, 222, 993	0	41, 222, 99	3	41, 222, 993	1
2	occurring prior to October 1 DRG amounts other than outlier payments for discharges	1.02	14, 460, 007	0		14, 460, 007	14, 460, 007	1
3	occurring on or after October 1 DRG for Federal specific	1. 03	0	0		0	0	1
5	operating payment for Model 4 BPCI occurring prior to October 1	1.05		Ū				
)4	DRG for Federal specific operating payment for Model 4 BPCL occurring on or after October 1	1.04	O	0		0	0	1
0	Outlier payments for discharges (see instructions)	2.00						2
01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0		0 0	0	2
02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	958, 807	0	958, 80	7	958, 807	2
)3	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	160, 920	0		160, 920	160, 920	2
0	Operating outlier reconciliation	2.01	0	0		0 0	0	3
0	Managed care simulated payments	3.00	36, 807, 002	0	27, 080, 13	2 9, 726, 870	36, 807, 002	4
0	Indirect Medical Education Adju Amount from Worksheet E, Part	ustment 21.00	0. 209521	0. 209521	0. 20952	1 0. 209521		5
0	A, line 21 (see instructions) IME payment adjustment (see instructions)	22.00	6, 020, 223	0	4, 456, 86	5 1, 563, 358	6, 020, 223	6
)1	IME payment adjustment for managed care (see	22.01	3, 979, 426	0	2, 927, 79	6 1, 051, 630	3, 979, 426	6
	instructions) Indirect Medical Education Adju	istmont for th	o Add on for So	ction 122 of	the MMA			
0	IME payment adjustment factor	27.00	0. 000313			3 0. 000313		7
0	(see instructions) IME adjustment (see	28.00	17, 429	0	12, 90	3 4, 526	17, 429	8
1	instructions) IME payment adjustment add on for managed care (see	28.01	11, 521	0	8, 47	6 3, 045	11, 521	8
0	instructions) Total IME payment (sum of lines 6 and 8)	29.00	6, 037, 652	0	4, 469, 76	8 1, 567, 884	6, 037, 652	9
1	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3, 990, 947	0	2, 936, 27	2 1, 054, 675	3, 990, 947	9
	Disproportionate Share Adjustme	ent	I		1			1
00	Allowable disproportionate share percentage (see	33.00	0. 1592	0. 1592	0. 159	2 0. 1592		10
00	instructions) Disproportionate share adjustment (see instructions)	34.00	2, 216, 183	0	1, 640, 67	5 575, 508	2, 216, 183	11
01		36.00 rcentage of ES	2, 917, 938 RD beneficiary		2, 244, 66	6 673, 272	2, 917, 938	11
00	Total ESRD additional payment	46.00	0	0		0 0	0	12
00 00	(see instructions) Subtotal (see instructions) Hospital specific payments	47.00 48.00	67, 974, 500 0	0	50, 536, 90	9 17, 437, 591 0 0	67, 974, 500 0	
	(completed by SCH and MDH, small rural hospitals only.) (see instructions)			-				
00	Total payment for inpatient operating costs (see instructions)	49.00	71, 965, 447	0	53, 473, 18	1 18, 492, 266	71, 965, 447	15

LOW VO	LUME CALCULATION EXHIBIT 4			Provider C	CN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Exhibi Date/Time Pre 5/27/2022 9:4	pared:
				Title	XVIII	Hospi tal	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prion to 10/01	0n/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4, 938, 819	0	3, 691, 98	33 1, 246, 836	4, 938, 819	16.00
17.00	Special add-on payments for new technologies	54.00	970, 726	0	558, 95	58 411, 768	970, 726	
17.01	Net organ aquisition cost	10.00						17.01
17. 02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0		0 0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0		0 0	0	18.00
19.00	SUBTOTAL			0	57, 724, 12	22 20, 150, 870	77, 874, 992	19.00
		W/S L, line	(Amounts from L)	-				
		0	1.00	2.00	3.00	4.00	5.00	
20. 00 20. 01	Capital DRG other than outlier Model 4 BPCI Capital DRG other than outlier	1. 00 1. 01	4, 234, 052 0	0	-,	35 1, 075, 367 0 0	4, 234, 052 0	
21. 00 21. 01	Capital DRG outlier payments Model 4 BPCI Capital DRG outlier payments	2.00 2.01	69, 660 0	0 0		96 10, 164 0 0	69, 660 0	
22. 00	Indirect medical education percentage (see instructions)	5.00	0. 0823	0. 0823	0. 082	0. 0823		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	348, 462	0			348, 462	
24.00	Allowable disproportionate share percentage (see instructions)	10. 00	0. 0677	0. 0677	0.067	0. 0677		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	286, 645	0	,			
26.00	Total prospective capital payments (see instructions)	12.00	4, 938, 819	0	3, 691, 98	33 1, 246, 836	4, 938, 819	26.00
		W/S E, Part A						
		line	E, Part A)	0.00		4.00	5.00	
		0	1.00	2.00	3.00	4.00	5.00	0- 1
27.00 28.00	Low volume adjustment factor Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 96			0. 00000	0 0.000000	0	27.00 28.00
29. 00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 97				0	0	29.00
100. 00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

	Financial Systems	BALL MEMORIA				u of Form CMS-2	2552-10
HOSPI T	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5	Provider CO	F	Period: From 01/01/2021 To 12/31/2021		
						5/27/2022 9:4	
		Wkst. E, Pt.	Amt. from	XVIII Period to	Hospital Period on	PPS Total (cols.	
		A, line	Wkst. E, Pt. A)	10/01	after 10/01	2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	41, 222, 993	41, 222, 993	3	41, 222, 993	1.01
1. 02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14, 460, 007		14, 460, 007	14, 460, 007	1. 02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October	1.03	0	()	0	1.03
1. 04	1 DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2. 01	Outlier payments for discharges for Model 4 BPCI	2. 02	0	(0 0	0	2. 01
2. 02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	958, 807	958, 807	7	958, 807	2. 02
2. 03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	160, 920		160, 920	160, 920	2.03
3.00 4.00	Operating outlier reconciliation Managed care simulated payments	2. 01 3. 00	0 36, 807, 002	(27, 080, 132	-	-	3.00 4.00
4.00	Indirect Medical Education Adjustment	5.00	30,007,002	27,000,132	7,720,070	30,007,002	4.00
5.00	Amount from Worksheet E, Part A, Line 21 (see instructions)	21.00	0. 209521	0. 209521	0. 209521		5.00
6.00	IME payment adjustment (see instructions)	22.00	6, 020, 223	4, 456, 865	1, 563, 358	6, 020, 223	6.00
6. 01	IME payment adjustment for managed care (see instructions)	22.01	3, 979, 426				6. 01
	Indirect Medical Education Adjustment for the	e Add-on for Se	ection 422 of 1	the MMA			
7.00	IME payment adjustment factor (see instructions)	27.00	0. 000313	0. 000313	0. 000313		7.00
8.00	IME adjustment (see instructions)	28.00	17, 429	12, 903			8.00
8. 01	IME payment adjustment add on for managed	28.01	11, 521	8, 476	3, 045	11, 521	8.01
9.00	care (see instructions) Total IME payment (sum of lines 6 and 8)	29.00	6, 037, 652	4, 469, 768	1, 567, 884	6, 037, 652	9.00
9.00 9.01	Total IME payment for managed care (sum of	29.00	3, 990, 947				9.00
	lines 6.01 and 8.01)	27.01	0, , , 0, , , ,	2,700,272	1,001,070	0, , , 0, , 11	7.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage	33.00	0. 1592	0. 1592	0. 1592		10.00
11.00	(see instructions) Disproportionate share adjustment (see	34.00	2, 216, 183	1, 640, 675	5 575, 508	2, 216, 183	11.00
11 01	instructions)	24.00	0.017.000	0.044.44	(70.070	0.017.000	11 01
11.01	Uncompensated care payments Additional payment for high percentage of ESA	36.00	2, 917, 938	2, 244, 666	673, 272	2, 917, 938	11.01
12.00	Total ESRD additional payment (see instructions)	46.00	0 of scharges	(0	0	12.00
13.00	Subtotal (see instructions)	47.00	67, 974, 500	50, 536, 909	17, 437, 591	67, 974, 500	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see		0	(0	0	
15.00	instructions) Total payment for inpatient operating costs (see instructions)	49.00	71, 965, 447	53, 473, 181	18, 492, 266	71, 965, 447	15.00
16.00	Payment for inpatient program capital (from	50.00	4, 938, 819	3, 691, 983	3 1, 246, 836	4, 938, 819	16.00
17.00	Wkst. L, Pt. I, if applicable) Special add-on payments for new technologies	54.00	970, 726	558, 958	411, 768	970, 726	
17.01 17.02	Net organ acquisition cost Credits received from manufacturers for	68.00	0	(0 0	0	17.01 17.02
18.00	replaced devices for applicable MS-DRGs Capital outlier reconciliation adjustment	93.00	0	(0	0	18.00
19 00	amount (see instructions) SUBTOTAL			57, 724, 122	2 20, 150, 870	77, 874, 992	19.00

Health Financial Systems	BALL MEMORIA		21 45 0000	In Lie Period:	u of Form CMS-2 Worksheet E	2552-10
HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCUL	ATION EXHIBIT 5			From 01/01/2021 Part A Exhib To 12/31/2021 Date/Time Pr 5/27/2022 9:		pared:
			XVIII	Hospi tal	PPS	
	Wkst. L, line	(Amt. from Wkst. L)				
	0	1.00	2.00	3.00	4.00	
20.00 Capital DRG other than outlier	1.00	4, 234, 052	3, 158, 6	85 1, 075, 367	4, 234, 052	20.00
20.01 Model 4 BPCI Capital DRG other than outlier	1. 01	0		0 0	0	20.01
21.00 Capital DRG outlier payments	2.00	69, 660	59, 4	96 10, 164	69, 660	21.00
21.01 Model 4 BPCI Capital DRG outlier payments	2. 01	0		0 0	0	21.01
22.00 Indirect medical education percentage (see instructions)	5.00	0. 0823	0. 08	0. 0823		22.00
23.00 Indirect medical education adjustment (see instructions)	6.00	348, 462	259, 9	59 88, 503	348, 462	23.00
24.00 Allowable disproportionate share percentage (see instructions)	10. 00	0. 0677	0.06	77 0. 0677		24.00
25.00 Disproportionate share adjustment (see instructions)	11.00	286, 645	213, 8	43 72, 802	286, 645	25.00
26.00 Total prospective capital payments (see instructions)	12.00	4, 938, 819	3, 691, 9	83 1, 246, 836	4, 938, 819	26.00
	Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt.				
		A)				
	0	1.00	2.00	3.00	4.00	
27.00						27.00
28.00 Low volume adjustment prior to October 1	70. 96	0		0	0	
29.00 Low volume adjustment on or after October 1	70. 97	0		0	0	
30.00 HVBP payment adjustment (see instructions)	70. 93	-212, 427	-212, 4	27 0	-212, 427	30.00
30.01 HVBP payment adjustment for HSP bonus payment (see instructions)	70. 90	0		0 0	0	30. 01
31.00 HRR adjustment (see instructions)	70, 94	-46, 243	-41, 7	-4, 461	-46, 243	31.00
31.01 HRR adjustment for HSP bonus payment (see instructions)	70. 91	0	,	0 0	0	
					(Amt. to Wkst. E, Pt.	
		1.00	0.00	0.00	A)	
	0	1.00	2.00	3.00	4.00	00.57
32.00 HAC Reduction Program adjustment (see instructions)	70. 99			0 0	0	
100.00 Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Ν				100.00

CALCUL	Financial Systems BALL MEMORIAL ATION OF REIMBURSEMENT SETTLEMENT ATION OF REIMBURSEMENT SETTLEMENT	HOSPITAL Provi der CCN: 15-0089	Period: From 01/01/2021	Worksheet E Part B	2552-10
			To 12/31/2021	Date/Time Pre 5/27/2022 9:4	
		Title XVIII	Hospi tal	PPS	
				1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00 2.00	Medical and other services (see instructions) Medical and other services reimbursed under OPPS (see instru	ctions)		10, 108 42, 285, 324	
3.00	OPPS payments			38, 651, 188	
4.00	Outlier payment (see instructions)			169, 340	
4.01 5.00	Outlier reconciliation amount (see instructions) Enter the hospital specific payment to cost ratio (see instru	uctions)		0.000	
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	•
9.00	Ancillary service other pass through costs from Wkst. D, Pt.	IV, col. 13, line 200		72, 483	9.00
10.00 11.00	Organ acquisitions Total cost (sum of lines 1 and 10) (see instructions)		0 10, 108	10.00	
11.00	COMPUTATION OF LESSER OF COST OR CHARGES			10, 106	111.00
10.00	Reasonabl e charges				
	Ancillary service charges Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4,	line 69)		58, 265 0	
	Total reasonable charges (sum of lines 12 and 13)			58, 265	
15.00	Customary charges Aggregate amount actually collected from patients liable for	navment for sorvices on	a chargo basi s	0	15.00
16.00	Amounts that would have been realized from patients liable for			0	•
17 00	had such payment been made in accordance with 42 CFR §413.13		č	0.000000	17 00
17.00 18.00	Ratio of line 15 to line 16 (not to exceed 1.000000) Total customary charges (see instructions)			0.000000 58,265	
19.00	Excess of customary charges over reasonable cost (complete o	nly if line 18 exceeds l	ine 11) (see	48, 157	
20.00	instructions) Excess of reasonable cost over customary charges (complete o	nlvifline 11 exceeds l	ine 18) (see	0	20.00
20.00	instructions)				
21.00	Lesser of cost or charges (see instructions) Interns and residents (see instructions)			10, 108 0	
	Cost of physicians' services in a teaching hospital (see ins	tructions)		0	•
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			38, 893, 011	24.00
25.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT Deductibles and coinsurance amounts (for CAH, see instruction	ns)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on li	ne 24 (for CAH, see inst		6, 554, 140	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) instructions)	plus the sum of lines 2	2 and 23] (see	32, 348, 979	27.00
	Direct graduate medical education payments (from Wkst. E-4,			1, 435, 135	1
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36 Subtotal (sum of lines 27 through 29))		0 33, 784, 114	
	Primary payer payments			16, 298	1
32.00	Subtotal (line 30 minus line 31)			33, 767, 816	32.00
33.00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERV Composite rate ESRD (from Wkst. I-5, line 11)	ILES)		0	33.00
34.00	Allowable bad debts (see instructions)			1, 191, 423	34.00
35.00 36.00	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see ins	tructions)		774, 425 576, 265	
37.00	Subtotal (see instructions)			34, 542, 241	
38.00 39.00	MSP-LCC reconciliation amount from PS&R			-265	
39.00 39.50	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instruction	ns)		0	39.00 39.50
39.97	Demonstration payment adjustment amount before sequestration			0	-
39.98 39.99	Partial or full credits received from manufacturers for repla RECOVERY OF ACCELERATED DEPRECIATION	aced devices (see instru	ctions)	0	
40.00	Subtotal (see instructions)			34, 542, 506	
40.01	Sequestration adjustment (see instructions)			0	
40.02	Demonstration payment adjustment amount after sequestration Sequestration adjustment-PARHM pass-throughs			0	40.02
	Interim payments			34, 285, 735	
41.01 42.00	Interim payments-PARHM Tentative settlement (for contractors use only)			0	41.01
42.01	Tentative settlement-PARHM (for contractor use only)				42.01
43.00 43.01	Balance due provider/program (see instructions) Balance due provider/program-PARHM (see instructions)			256, 771	43.00 43.01
43.01 44.00	Protested amounts (nonallowable cost report items) in accord	ance with CMS Pub. 15-2,	chapter 1,	11, 824	1
	\$115.2				-
90.00	TO BE COMPLETED BY CONTRACTOR Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0.00	
					94.00

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	HOSPI TAL Provi der CCN: 15-0089	Peri od:	Worksheet E	2552-
		Component CCN: 15-T089	From 01/01/2021 To 12/31/2021	Part B Date/Time Pre	
		Title XVIII	Subprovider -	5/27/2022 9:40 PPS	0 am
			I RF		
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
. 00	Medical and other services (see instructions)			573	1.0
. 00 . 00	Medical and other services reimbursed under OPPS (see instru OPPS payments	ictions)		124 487	2. 3.
. 00	Outlier payment (see instructions)			0	4.
. 01	Outlier reconciliation amount (see instructions)			0	4.
. 00 . 00	Enter the hospital specific payment to cost ratio (see instr Line 2 times line 5	ructions)		0. 000 0	5. 6.
. 00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	
. 00	Transitional corridor payment (see instructions)			0	-
. 00 0. 00	Ancillary service other pass through costs from Wkst. D, Pt. Organ acquisitions		0		
1.00	Total cost (sum of lines 1 and 10) (see instructions)			573	
	COMPUTATION OF LESSER OF COST OR CHARGES Reasonable charges				-
2.00	Ancillary service charges			3, 301	12.
3.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4,	line 69)		0	-
4.00	Total reasonable charges (sum of lines 12 and 13) Customary charges			3, 301	14.
5.00	Aggregate amount actually collected from patients liable for	payment for services on	a charge basis	0	15.
6.00	Amounts that would have been realized from patients liable f		on a chargebasis	0	16.
7.00	had such payment been made in accordance with 42 CFR §413.13 Ratio of line 15 to line 16 (not to exceed 1.000000)	3(e)		0. 000000	17
8.00	Total customary charges (see instructions)			3, 301	
9.00	Excess of customary charges over reasonable cost (complete c	only if line 18 exceeds l	ine 11) (see	2, 728	19.
0. 00	instructions) Excess of reasonable cost over customary charges (complete c	only if line 11 exceeds l	ine 18) (see	0	20.
0.00	instructions)	J.			
1.00	Lesser of cost or charges (see instructions)			573	
2.00 3.00	Interns and residents (see instructions) Cost of physicians' services in a teaching hospital (see ins	structions)		0	
4.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		487		
5.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT Deductibles and coinsurance amounts (for CAH, see instruction			0	25.
6.00	Deductibles and Coinsurance amounts (for CAR, see Fistractic Deductibles and Coinsurance amounts relating to amount on li		ructions)	0	26.
7.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26)			1, 060	27.
8.00	instructions) Direct graduate medical education payments (from Wkst. E-4,	line 50)		0	28.
	ESRD direct medical education costs (from Wkst. E-4, line 36			0	
0.00	Subtotal (sum of lines 27 through 29)			1, 060	
1.00 2.00	Primary payer payments Subtotal (line 30 minus line 31)			0 1, 060	31. 32.
21.00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERV	/I CES)		1,000	02.
3.00	Composite rate ESRD (from Wkst. I-5, line 11)			0	
4.00 5.00	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)			0	
6.00	Allowable bad debts for dual eligible beneficiaries (see ins	structions)		0	
7.00	Subtotal (see instructions)			1, 060	
8.00 9.00	MSP-LCC reconciliation amount from PS&R OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	38. 39.
9.50	Pioneer ACO demonstration payment adjustment (see instruction			-	39.
9.97	Demonstration payment adjustment amount before sequestration		-+:>	0	
9.98 9.99	Partial or full credits received from manufacturers for repl RECOVERY OF ACCELERATED DEPRECIATION	aced devices (see instru	ctions)	0	39. 39.
0.00	Subtotal (see instructions)			1, 060	40.
0.01	Sequestration adjustment (see instructions)			0	
D. 02 D. 03	Demonstration payment adjustment amount after sequestration Sequestration adjustment-PARHM pass-throughs			0	40. 40.
1.00	Interim payments			1, 147	41
1.01	Interim payments-PARHM			0	41
2.00 2.01	Tentative settlement (for contractors use only) Tentative settlement-PARHM (for contractor use only)			0	42. 42.
3.00	Balance due provider/program (see instructions)		-87	43.	
3. 01 4. 00	Balance due provider/program-PARHM (see instructions) Protested amounts (nonallowable cost report items) in accord	dance with CMS Pub. 15-2,	chapter 1,	0	43. 44.
	§115.2 TO BE COMPLETED BY CONTRACTOR				
0. 00	Original outlier amount (see instructions)			0	90.
	Outlier reconciliation adjustment amount (see instructions))		0	
2.00 3.00	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0.00 0	
	Total (sum of lines 91 and 93)				94.

ANALY	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC		Period: From 01/01/2021 To 12/31/2021		
			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		74, 282, 86	8	34, 285, 735	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,					
3.00	write "NONE" or enter a zero List separately each retroactive lump sum adjustment					3.00
5.00	amount based on subsequent revision of the interim rate					5.00
	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	11/10/2021	54, 80	-	0	3.01
3.02				0	0	3.02
3.03				0	0	3.03
3.04				0	0	3.04
3. 05	Describer to Describe			0	0	3.05
3.50	Provider to Program ADJUSTMENTS TO PROGRAM			0	0	3.50
3.50	ADJUSTMENTS TO PROGRAM			0	0	3.50
3.52				0	0	3.52
3.53				0	0	3.53
3.54				0	0	3.54
3.99	Subtotal (sum of lines 3.01–3.49 minus sum of lines		54, 80	0	0	3.99
	3. 50-3. 98)					
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		74, 337, 66	8	34, 285, 735	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					5.00
5.00	desk review. Also show date of each payment. If none,					5.00
	write "NONE" or enter a zero. (1)					
	Program to Provider					
5. 01	TENTATI VE TO PROVIDER		(0	0	5.01
5.02				0	0	5.02
5.03				0	0	5.03
	Provider to Program				0	F F 7
5.50 5.51	TENTATI VE TO PROGRAM			0	0	5.50 5.51
5.51				0	0	5.52
5.99	Subtotal (sum of lines 5.01–5.49 minus sum of lines			0	0	5.99
0. , ,	5. 50-5. 98)				Ŭ	0.7
6.00	Determined net settlement amount (balance due) based on					6.00
	the cost report. (1)					
6. 01	SETTLEMENT TO PROVIDER		907, 07	8	256, 771	6.01
6. 02	SETTLEMENT TO PROGRAM			0	0	6.02
7.00	Total Medicare program liability (see instructions)		75, 244, 74		34, 542, 506	7.00
				Contractor Number	NPR Date	
		C)	1.00	(Mo/Day/Yr) 2.00	
		Ļ		1.00	2.00	8.00

NALY:	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		CN: 15-0089 CCN: 15-T089	Period: From 01/01/2027 To 12/31/2027		pared
		Title	e XVIII	Subprovider -	PPS	
		I npati er	nt Part A		rt B	
	-	mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
00		1.00	2.00	3.00	4.00	
. 00 . 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3, 751, 5	0	1, 147 0	1.(2.(
. 00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					3. (
. 01	ADJUSTMENTS TO PROVIDER			0	0	3. (
. 02	ADSUSTIMENTS TO TROVIDER			0	0	3.0
03				0	0	3.
. 04				0	0	3.
05				0	0	3.
	Provider to Program		1	-1	-	_
50	ADJUSTMENTS TO PROGRAM			0	0	3.
51 52				0	0	3. 3.
53				0	0	3.
54				0	0	3.
99	Subtotal (sum of lines 3.01–3.49 minus sum of lines 3.50–3.98)			0	0	3.
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3, 751, 5	13	1, 147	4.
	TO BE COMPLETED BY CONTRACTOR		1			
00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.
	Program to Provider					
01	TENTATI VE TO PROVI DER			0	0	5.
02				0	0	5.
03				0	0	5.
50	Provider to Program TENTATIVE TO PROGRAM			0	0	5.
50 51				0	0	э. 5.
52				0	0	5.
99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	0	5.
00	Determined net settlement amount (balance due) based on the cost report. (1)					6.
01	SETTLEMENT TO PROVIDER			0	0	6.
02 00	SETTLEMENT TO PROGRAM Total Medicare program liability (see instructions)		7,7		87 1, 060	6. 7.
00			3,743,7	Contractor	NPR Date	/.
				Number	(Mo/Day/Yr)	
			0	1.00	2.00	

Heal th	Health Financial Systems BALL MEMORIAL HOSPITAL In Lieu or					
	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Date/Time Pre	epared:	
				5/27/2022 9:4	lò am	
		Title XVIII	Hospi tal	PPS		
				1.00		
	TO DE COURTERED DV CONTRACTOR FOR MONOTANDARD COOT REPORT	70		1.00		
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPOR				-	
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCUL				1.00	
1.00						
2.00	2.00 Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)					
3.00						
3.00 4.00						
4.00	reporting periods beginning on or after 10/01/2013, line		iu prus for cost		4.00	
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 2				5.00	
6.00	Total hospital charity care charges from Wkst. S-10, col				6.00	
7.00	CAH only - The reasonable cost incurred for the purchase		/Wkst_S-2_Pt_I		7.00	
	line 168					
8.00	Calculation of the HIT incentive payment (see instruction	ons)			8.00	
9.00	Sequestration adjustment amount (see instructions)	,			9.00	
10.00	Calculation of the HIT incentive payment after sequestra	ation (see instructions)			10.00	
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH					
30.00	Initial/interim HIT payment adjustment (see instructions	5)			30.00	
31.00	Other Adjustment (specify)	-			31.00	
32.00	5 (1 5)					

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0089	Period: From 01/01/2021	Worksheet E-3 Part III	
		Component CCN: 15-T089	To 12/31/2021	Date/Time Pre 5/27/2022 9:4	
		Title XVIII	Subprovider - IRF	PPS	
		· · ·		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS			1.00	
00	Net Federal PPS Payment (see instructions)			3, 462, 902	1.
00	Medicare SSI ratio (IRF PPS only) (see instructions)			0. 0258	2
00	Inpatient Rehabilitation LIP Payments (see instructions)			134, 361	3
00	Outlier Payments			211, 817	4
00	Unweighted intern and resident FTE count in the most recento November 15, 2004 (see instructions)	it cost reporting period e	haing on or prior	0.00	5
01	Cap increases for the unweighted intern and resident FTE c	ount for residents that we	re displaced by	0.00	5
0.	program or hospital closure, that would not be counted wit			01.00	
	CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)				
00	New Teaching program adjustment. (see instructions)			0.00	6
00	Current year's unweighted FTE count of I&R excluding FTEs	in the new program growth	period of a "new	0.00	
00	teaching program" (see instructions) Current year's unweighted I&R FTE count for residents with	in the new program growth	period of a "new	0.00	6
00	teaching program" (see instructions)	in the new program growth		0.00	
00	Intern and resident count for IRF PPS medical education ad	justment (see instructions)	0.00	0
. 00	Average Daily Census (see instructions)			11.202740	10
. 00	Teaching Adjustment Factor (see instructions)			0.00000	
. 00	Teaching Adjustment (see instructions)			0	12
. 00	Total PPS Payment (see instructions)			3, 809, 080	
00	Nursing and Allied Health Managed Care payments (see instr	uction)		0	1
00	Organ acquisition (DO NOT USE THIS LINE) Cost of physicians' services in a teaching hospital (see i	nstructions)		0	
. 00	Subtotal (see instructions)			3, 809, 080	
. 00	Primary payer payments			0	
. 00	Subtotal (line 17 less line 18).			3, 809, 080	1
. 00	Deducti bl es			7,420	
. 00	Subtotal (line 19 minus line 20)			3, 801, 660	
. 00				64, 554	
. 00 . 00	Subtotal (line 21 minus line 22) Allowable bad debts (exclude bad debts for professional se	ruleas) (cas instructions)		3, 737, 106	
. 00	Adjusted reimbursable bad debts (see instructions)	(see fistinctions)		9, 023 5, 865	
. 00	Allowable bad debts for dual eligible beneficiaries (see i	nstructions)		0,000	2
. 00	Subtotal (sum of lines 23 and 25)	,		3, 742, 971	2
. 00	Direct graduate medical education payments (from Wkst. E-4	, line 49)		0	28
00	Other pass through costs (see instructions)			808	
. 00	Outlier payments reconciliation			0	30
. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	:>		0	3
. 50 . 98	Pioneer ACO demonstration payment adjustment (see instruct Recovery of accelerated depreciation.	TONS)		0	3.
. 99	Demonstration payment adjustment amount before sequestration	on		0	
. 00	Total amount payable to the provider (see instructions)			3, 743, 779	
. 01	Sequestration adjustment (see instructions)			0	
. 02	Demonstration payment adjustment amount after sequestratio	n		0	
. 00	Interim payments			3, 751, 513	
00	Tentative settlement (for contractor use only)			0	34
. 00 . 00	Balance due provider/program (line 32 minus lines 32.01, 3 Protested amounts (nonallowable cost report items) in acco		chaptor 1	-7, 734 35, 322	
. 00	§115. 2		chapter 1,	35, 322	
00	TO BE COMPLETED BY CONTRACTOR			011.015	
00	Original outlier amount from Wkst. E-3, Pt. III, line 4	`		211, 817	50
. 00 . 00	Outlier reconciliation adjustment amount (see instructions The rate used to calculate the Time Value of Money)		0 0. 00	51
. 00	Time Value of Money (see instructions)			0.00	
00	FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020	AND BEGINNING BEFORF THE FI	ND OF THE COVID-1		1
	Teaching Adjustment Factor for the cost reporting period in			0.000000	ç

RECT	Financial Systems BALL MEMORIAL GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provi der C	CN: 15-0089	Peri od:	u of Form CMS-2 Worksheet E-4		
	EDUCATI ON COSTS			From 01/01/2021 To 12/31/2021	Date/Time Pre 5/27/2022 9:4	pared	
		Title	XVIII	Hospi tal	PPS	U alli	
					1.00		
С	COMPUTATION OF TOTAL DIRECT GME AMOUNT				1.00		
	Unweighted resident FTE count for allopathic and osteopathic ending on or before December 31, 1996.	programs fo	r cost report	ing periods	57.92	1.0	
	Unweighted FTE resident cap add-on for new programs per 42 CF		(1) (see inst	ructions)	0.00 0.00	2.0	
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	4.0	
01 /	ACA Section 5503 increase to the Direct GME FTE Cap (see inst straddling 7/1/2011)		r cost report	ing periods	12.00	4.0	
02	ACA Section 5506 number of additional direct GME FTE cap slot periods straddling 7/1/2011)	ts (see ins	tructions for	cost reporting	0.00	4.0	
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	lines 4.01 and	69.92	5.0	
1	Unweighted resident FTE count for allopathic and osteopathic records (see instructions)	programs foi	r the current	year from your	63.50	6.0	
00 E	Enter the lesser of line 5 or line 6		Primary Care	e Other	63. 50 Total	7.0	
			1.00	2.00	3.00		
	Neighted FTE count for physicians in an allopathic and osteop	bathi c	53. C	10. 50	63.50	8.	
00 i	program for the current year. If line 6 is less than 5 enter the amount from line 8, otherw multiply line 8 times the result of line 5 divided by the amo		53.0	00 10. 50	63.50	9.	
	6.			0.00		10	
	Neighted dental and podiatric resident FTE count for the curr Unweighted dental and podiatric resident FTE count for the cu			0. 00 0. 00		10. 10.	
	Total weighted FTE count	un one your	53. C			11.	
	Total weighted resident FTE count for the prior cost reportin	ng year (see	53. 1	9 10.00		12.	
. 00 1	instructions) Total weighted resident FTE count for the penultimate cost re year (see instructions)	eporti ng	53.7	76 10. 00		13.	
	Rolling average FTE count (sum of lines 11 through 13 divided	d by 3).	53.3	10. 17		14.	
	Adjustment for residents in initial years of new programs		0.0			15.	
	Unweighted adjustment for residents in initial years of new p		0.0			15.	
	Adjustment for residents displaced by program or hospital clo		0.0			16.	
	Unweighted adjustment for residents displaced by program or h closure	nospi tal	0.0	0.00		16.	
. 00 🖌	Adjusted rolling average FTE count		53.3			17.	
	Per resident amount		111, 851. 0		7 041 024	18.	
. 00 /	Approved amount for resident costs		5, 963, 89	1, 077, 137	7, 041, 036	19.	
00					1.00	0.0	
	Additional unweighted allopathic and osteopathic direct GME F Sec. 413.79(c)(4)	resident	cap slots re	ceivea under 42	4.00	20.	
1	Direct GME FTE unweighted resident count over cap (see instru	uctions)			0.00	21.	
00	Allowable additional direct GME FTE Resident Count (see instr	ructions)			0.00	22	
	Enter the locality adjustment national average per resident a	amount (see i	nstructions)		110, 196. 82		
	Multiply line 22 time line 23 Total direct CME amount (sum of lines 10 and 24)				7 041 026	24.	
00	Total direct GME amount (sum of lines 19 and 24)		Inpati ent	Managed Care	7, 041, 036 Total	25.	
			Part A	3			
C	COMPUTATION OF PROGRAM PATIENT LOAD		1.00	2.00	3.00		
. 00 🗍	Inpatient Days (see instructions) (Title XIX - see S-2 Part I 3.02, column 2)	X, line	29, 98	20, 039		26.	
	Total Inpatient Days (see instructions)		86, 11			27.	
	Ratio of inpatient days to total inpatient days		0.34816		4 000 040	28.	
	Program direct GME amount Percent reduction for MA DGME		2, 451, 42	28 1, 638, 512 4. 07	4, 089, 940	29. 29.	
	Reduction for direct GME payments for Medicare Advantage			66, 687	66, 687		
				, 50,	, -0,	1 2 2 1	

Heal th	Financial Systems BALL	MEMORIAL H	IOSPI TAL	In Lie	u of Form CMS-2	2552-10		
	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT	DI RECT	Provider CCN: 15-0089	Period:	Worksheet E-4			
MEDI CA	L EDUCATION COSTS			From 01/01/2021 To 12/31/2021	Date/Time Pre	nared		
					5/27/2022 9:40 am			
			Title XVIII	Hospi tal	PPS			
					1.00			
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE R	ATE - TITL	E XVIII ONLY (NURSING P	ROGRAM AND PARAME	DICAL			
22.00	EDUCATION COSTS)	Wkot D	Dt l oum of ool 20 o	nd 22 Lines 74	0	22.00		
32.00	Renal dialysis direct medical education costs (from and 94)	IWKST. B,	PL. I, SUM OF COL. 20 a	na 23, Trnes 74	0	32.00		
33.00	Renal dialysis and home dialysis total charges (Wks	st. C, Pt.	I, col. 8, sum of lines	74 and 94)	3, 838, 567	33.00		
34.00	Ratio of direct medical education costs to total ch	arges (lin	e 32 ÷ line 33)		0.00000	34.00		
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00					
36.00	00 Medicare outpatient ESRD direct medical education costs (line 34 x line 35)							
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - T	ITLE XVIII	ONLY					
	Part A Reasonable Cost							
37.00	Reasonable cost (see instructions)				76, 408, 734			
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1				0	38.00		
	Cost of physicians' services in a teaching hospital	(see inst	ructions)		0	39.00		
40.00	Primary payer payments (see instructions)				30, 810			
41.00		igh 39 minu	s line 40)		76, 377, 924	41.00		
	Part B Reasonable Cost							
	Reasonable cost (see instructions)				42, 368, 612			
43.00	Primary payer payments (see instructions)				16, 298			
44.00	Total Part B reasonable cost (line 42 minus line 43	3)			42, 352, 314			
45.00	Total reasonable cost (sum of lines 41 and 44)				118, 730, 238			
46.00	Ratio of Part A reasonable cost to total reasonable				0.643290			
47.00	Ratio of Part B reasonable cost to total reasonable		,		0. 356710	47.00		
40.00	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PAR	T A AND PA	RIB		4 000 050	40.00		
	Total program GME payment (line 31) Part A Medicare GME payment (line 46 x 48) (title X		(coo instructions)		4, 023, 253 2, 588, 118			
50.00	0.00 Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions) 1,435,135							

nd-ty Iy)	E SHEET (If you are nonproprietary and do not maintain ype accounting records, complete the General Fund column			eriod: com 01/01/2021 o 12/31/2021	Worksheet G Date/Time Pre 5/27/2022 9:4	
		General Fund	Speci fi c Purpose Fund	Endowment Fund	Plant Fund	
	CURRENT ASSETS	1.00	2.00	3.00	4.00	-
	Cash on hand in banks	356, 110, 976	0	0	0	1.0
00	Temporary investments	0	0	0	0	
	Notes receivable	0	0	0	0	
	Accounts receivable	63, 546, 737 10, 172, 828	0	0	0	
	Other receivable Allowances for uncollectible notes and accounts receivable	10, 172, 828	0	0	0	
	Inventory	13, 932, 681	0	0	0	
	Prepai d expenses	1, 803, 404	0	0	0	
00	Other current assets	0	0	0	0	9. (
	Due from other funds	0	0	0	0	
	Total current assets (sum of lines 1-10)	445, 566, 626	0	0	0	11. (
	FLXED_ASSETS	6, 072, 523	0	0	0	12. (
	Land improvements	3, 429, 715	0	0	0	
	Accumulated depreciation	-3, 145, 987	0	0	0	
	Buildings	374, 982, 500	0	0	0	
. 00	Accumulated depreciation	-224, 353, 795	0	0	0	16.
. 00	Leasehold improvements	429, 120	0	0	0	17.
	Accumulated depreciation	-364, 786		0	0	
	Fixed equipment	0	0	0	0	
	Accumulated depreciation Automobiles and trucks	0	0	0	0	
	Accumulated depreciation	0	0	0	0	
	Major movable equipment	151, 776, 837	0	0	0	
	Accumulated depreciation	-101, 060, 887	0	0	0	
	Minor equipment depreciable	0	0	0	0	25.
	Accumulated depreciation	0	0	0	0	26.
	HIT designated Assets	0	0	0	0	
	Accumulated depreciation	0	0	0	0	
	Minor equipment-nondepreciable Total fixed assets (sum of lines 12-29)	207, 765, 240	0	0	0	
	OTHER ASSETS	207, 703, 240	0	0	0	30.
	Investments	135, 324, 679	0	0	0	31.
. 00	Deposits on leases	0	0	0	0	32.
	Due from owners/officers	0	0	0	0	
	Other assets	22, 171, 897	0	0	0	
	Total other assets (sum of lines 31-34)	157, 496, 576		0	0	
	Total assets (sum of lines 11, 30, and 35) CURRENT LIABILITIES	810, 828, 442	0	0	0	36.
	Accounts payable	27, 930, 652	0	0	0	37.
	Salaries, wages, and fees payable	7, 660, 165		0	0	
	Payroll taxes payable	586, 116		0	0	39.
	Notes and Loans payable (short term)	215, 698		0	0	
	Deferred income	0	0	0	0	
	Accelerated payments Due to other funds	38, 159, 570 9, 018, 381	0	0	0	42. 43.
	Other current liabilities	9,018,381	0	0	0	
	Total current liabilities (sum of lines 37 thru 44)	83, 570, 582	0	0	0	
	LONG TERM LI ABI LI TI ES		-	-		
. 00	Mortgage payable	0	0	0	0	46.
	Notes payable	0	0	0	0	
	Unsecured Loans	0	0	0	0	
	Other long term liabilities	2,021,730		0	0	
	Total long term liabilities (sum of lines 46 thru 49) Total liabilities (sum of lines 45 and 50)	2, 021, 730 85, 592, 312		0	0	
	CAPITAL ACCOUNTS	03, 372, 312		0	0] 51.
	General fund balance	725, 236, 130				52.
. 00	Specific purpose fund		0			53.
	Donor created - endowment fund balance - restricted			0	l	54.
	Donor created - endowment fund balance - unrestricted			0	l	55.
	Governing body created - endowment fund balance			0	-	56.
	Plant fund balance - invested in plant				0	
. 00	Plant fund balance - reserve for plant improvement,				0	58.
	replacement, and expansion Total fund balances (sum of lines 52 thru 58)	725, 236, 130	0	0	0	59.
. 00						1 07.

Health Financial Systems STATEMENT OF CHANGES IN FUND BALANCES	BALL MEMORIAL	Provider CCN: 15-0089 F		Peri od: From 01/01/2021 To 12/31/2021	u of Form CMS-2552 Worksheet G-1 Date/Time Prepar 5/27/2022 9:40 a	
	General	Fund	Speci al	Purpose Fund	Endowment Fund	
	1.00	2.00	3.00	4.00	5.00	
00 Fund balances at beginning of period 00 Net income (loss) (from Wkst. G-3, line 29) 00 Total (sum of line 1 and line 2) 00 Additions (credit adjustments) (specify) 00 00 00 Total additions (sum of line 4-9) 00 Total additions (sum of line 4-9) 00 Deductions (debit adjustments) (specify) 00 00 00 Total additions (sum of line 10) 00 Deductions (debit adjustments) (specify) 00 00 00 00 00 Total deductions (sum of lines 12-17) 00 Fund balance at end of period per balance		652, 316, 011 72, 920, 119 725, 236, 130 0 725, 236, 130 0 725, 236, 130	9 0 0 0			5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00
	Endowment Fund	PI ant	Fund			
	6.00	7.00	8.00			
1.00Fund balances at beginning of period2.00Net income (loss) (from Wkst. G-3, line 29)3.00Total (sum of line 1 and line 2)4.00Additions (credit adjustments) (specify)5.006.007.008.009.009.00	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 Total additions (sum of line 4-9) 11.00 Subtotal (line 3 plus line 10) 12.00 Deductions (debit adjustments) (specify) 13.00 14.00 15.00 16.00 17.00 17.00	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 Total deductions (sum of lines 12-17) 19.00 Fund balance at end of period per balance sheet (line 11 minus line 18) 	0 0			0 0		18.00 19.00

STATE	Financial Systems BALL MEMORIAL I IENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider C	Nº 15-0089	Peri od:	ieu of Form CMS- Worksheet G-2	
STATE	IENT OF FATTENT REVENUES AND OF ERATING EXTENSES		SN. 10 0007	From 01/01/20	21 Parts I & II	
				To 12/31/20	21 Date/Time Pre 5/27/2022 9:4	epared: 10 am
	Cost Center Description		I npati ent	Outpati ent	Total	
			1.00	2.00	3.00	
	PART I - PATIENT REVENUES					-
1.00	General Inpatient Routine Services Hospital		244, 770, 1	10	244, 770, 119	1.00
2.00	SUBPROVIDER - IPF		244, 770, 1	0	244, 770, 119	1
3.00	SUBPROVIDER - IRF		9, 750, 9	-	9, 750, 917	
4.00	SUBPROVI DER		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4.00
5.00	Swing bed - SNF			0	0	5.00
6.00	Swing bed - NF			0	0	6.00
7.00	SKILLED NURSING FACILITY					7.00
8.00	NURSING FACILITY					8.00
9.00	OTHER LONG TERM CARE					9.00
10.00	Total general inpatient care services (sum of lines 1-9)		254, 521, 0	36	254, 521, 036	10.00
11 00	Intensive Care Type Inpatient Hospital Services		70 001 2	E 7	70, 081, 357	1 11 00
11.00 12.00	CORONARY CARE UNIT		70, 081, 3	0	70,081,357	
12.00	BURN INTENSIVE CARE UNIT			0	0	12.00
14.00	SURGI CAL I NTENSI VE CARE UNI T					14.00
15.00	NEONATAL INTENSIVE CARE UNIT		17, 247, 0	67	17, 247, 067	
16.00	Total intensive care type inpatient hospital services (sum of	lines	87, 328, 4		87, 328, 424	
	11-15)					
17.00	Total inpatient routine care services (sum of lines 10 and 16)	341, 849, 4	60	341, 849, 460	17.00
18.00	Ancillary services		655, 549, 4			
19.00	Outpatient services		85, 437, 2			
20.00	RURAL HEALTH CLINIC			0	0 0	
21.00	FEDERALLY QUALIFIED HEALTH CENTER			0	0 0	
22.00	HOME HEALTH AGENCY			0	0 0	22.00 23.00
23.00 24.00	AMBULANCE SERVI CES			0	0 0	23.00
24.00	AMBULATORY SURGICAL CENTER (D. P.)					24.00
26.00	HOSPICE					26.00
27.00	NRCC			0 9, 139, 1	9, 139, 137	
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3	to Wkst.	1, 082, 836, 1		65 2, 236, 726, 015	
	G-3, line 1)					
	PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)			469, 485, 4	66	29.00
30.00	ADD (SPECI FY)			0		30.00
31.00				0		31.00
32.00 33.00				0		32.00
33.00				0		33.00
35.00				0		35.00
36.00	Total additions (sum of lines 30-35)			0	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 4	2)(transfer		469, 485, 4	66	43.00
	to Wkst. G-3, line 4)				I	1

Health Financial Systems		BALL MEMORIAL HOSPIT	AL	In Lie	u of Form CMS-2552-10		
STATEN	ENT OF REVENUES AND EXPENSES	Provi	der CCN: 15-0089	Peri od:	Worksheet G-3		
				From 01/01/2021 To 12/31/2021	Date/Time Pre	nared	
				10 12/01/2021	5/27/2022 9:4		
					1.00		
1.00	Total patient revenues (from Wkst. G-2, Part				2, 236, 726, 015	1.00	
2.00	Less contractual allowances and discounts on	patients' accounts			1, 732, 114, 049	2.00	
3.00	Net patient revenues (line 1 minus line 2)				504, 611, 966		
4.00	Less total operating expenses (from Wkst. G-2				469, 485, 466		
5.00	Net income from service to patients (line 3 r	minus line 4)			35, 126, 500	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 miscellaned	ous communication servi	ces		0		
9.00	Revenue from television and radio service				0		
10.00	Purchase di scounts				0		
11.00	Rebates and refunds of expenses				0		
12.00 13.00	Parking lot receipts				0	12.00 13.00	
	Revenue from laundry and linen service Revenue from meals sold to employees and ques	ste			-	13.00	
	Revenue from rental of living guarters	515			0		
	Revenue from sale of medical and surgical su	online to other than n	ationts		0		
	Revenue from sale of drugs to other than pati				0		
18.00	Revenue from sale of medical records and abs				0		
19.00	Tuition (fees, sale of textbooks, uniforms, e				0	10.00	
20.00	Revenue from gifts, flowers, coffee shops, a				0		
	Rental of vending machines				0		
22.00	Rental of hospital space				0		
23.00	Governmental appropriations				0		
	MI SCELLANEOUS I NCOME				24, 469, 067		
24.50	COVI D-19 PHE Funding				13, 324, 552		
25.00	Total other income (sum of lines 6-24)				37, 793, 619		
26.00	Total (line 5 plus line 25)				72, 920, 119		
	OTHER EXPENSES (SPECIFY)				0		
28.00	Total other expenses (sum of line 27 and subs	scripts)			0	28.00	
	Net income (or loss) for the period (line 26				72, 920, 119		
		-				ļ.	

PART I - FULLY PROSPECTIVE METHOD CAPITAL FEDERAL AMOUNT 1.00 Capital DRG other than outlier 2.00 Capital DRG other than outlier 2.01 Capital DRG outlier payments 3.00 Total inpatient days divided by number of days in the cost reporting period (see instructions) 101 Indirect medical education percentage (see instructions) 101 Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 ai 1.01) (see instructions) 2.00 Recentage of Medical patient days to total days (see instructions) 3.00 Sum of lines 7 and 8 3.00 Sum of lines 7 and 8 3.00 Total prospective capital payments (see instructions) 3.00 Sum of lines 7 and 8 3.00 Sum of lines 7 and 8 3.00 Total prospective capital payments (see instructions) 3.00 Total prospective capital cost (ine 1 plus line 2) 3.00 Total inpatient ancillary capital cost (see instructions) 3.00 Total inpatient ancillary capital cost (ine 1 plus line 2) 3.00 Total inpatient ancillary capital cost (ine 3 x line 4) 3.00 Total inpatient capital costs (see in	Worksheet L 1 Parts I-III 1 Date/Time Pre		
PART I - FULLY PROSPECTIVE METHOD CAPITAL FEDERAL AMOUNT 1:00 Capital DRG other than outlier 2:00 Capital DRG other than outlier 1:01 Model 4 BPCI Capital DRG outlier payments 2:01 Model 4 BPCI Capital DRG outlier payments 2:01 Model 4 BPCI Capital DRG outlier payments 2:01 Indirect medical education encreating (see instructions) 1:01 (see instructions) Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 at 1.01 (see instructions) 2:00 See instructions) 3:00 Percentage of SI recipient patient days to total days (see instructions) 9:00 Sum of lines 7 and 8 9:00 Dail prospective capital payments (see instructions) 9:00 Disproportionate share adjustment (see instructions) 9:00 Sum of lines 7 and 8 9:00 Capital inpatient routine capital cost (see instructions) 9:00 Program inpatient copital cost (ine 1 pus line 2) 1:00 Program inpatient copital cost (see instructions) 9:00 Total inpatient capital costs (or extraordinary circumstances (see instructions) 9:00 Total inpatient capi	5/27/2022 9: 4 PPS	o am	
CAPITAL FEDERAL AMOUNT Capital DRG other than outlier 1.00 Capital DRG outlier payments 2.01 Model 4 BPCI Capital DRG outlier payments 3.00 Total inpatient days divided by number of days in the cost reporting period (see instructions) 5.00 Indirect medical education percentage (see instructions) 6.00 Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01(see instructions) 7.00 Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions) 8.00 Idirect medical guistment (see instructions) 9.00 Sum of lines 7 and 8 10.00 Disproportionate share aprecentage (see instructions) 11.00 Disproportionate share aprecentage (see instructions) 12.00 Total prospective capital cost (see instructions) 12.00 Program inpatient routine capital cost (see instructions) 12.00 Program inpatient accipital cost (see instructions) 13.00 Dispropritionate capital cost (line 1 pus line 2) 14.00 Capital cost payment factor (see instructions) 15.00 Total inpatient capital costs (see instructions) 16.00 Program inpatient accipital costs (ine 1 minus line			
CAPITAL FEDERAL AMOUNT CO Capital DRG other than outlier Capital DRG outlier payments 2.00 Capital DRG outlier payments 2.01 Model 4 BPCI Capital DRG outlier payments 3.02 Total inpatient days divided by number of days in the cost reporting period (see instructions) 3.00 Indirect medical education percentage (see instructions) 5.00 Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01(see instructions) 7.00 Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions) 8.00 Fercentage of SSI recipient patient days to total days (see instructions) 9.00 Sum of lines 7 and 8 10.00 Disproportionate share aprecentage (see instructions) 11.00 Disproportionate share apital cost (see instructions) 12.00 Total prospective capital cost (see instructions) 12.00 Program inpatient routine capital cost (see instructions) 12.00 Program inpatient acapital cost (line 1 pus line 2) 13.00 Program inpatient capital cost (see instructions) 14.00 Program inpatient capital cost (line 3 x line 4) 10.01 Program inpatient capital costs (see instru	1.00		
1.00 Capital DRG other than outlier 1.01 Model 4 BPCI Capital DRG other than outlier 2.00 Capital DRG outlier payments 2.01 Model 4 BPCI Capital DRG outlier payments 2.01 Indirect medical education percentage (see instructions) 2.01 Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 an 1.01) (see instructions) 2.00 Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions) 2.00 Percentage of Medicaid patient days to total days (see instructions) 3.00 Sum of lines 7 and 8 3.00 All prospective capital payments (see instructions) 3.00 Disproportionate share adjustment (see instructions) 3.00 Disproportionate share acjustment (see instructions) 3.00 Program inpatient ancillary capital cost (see instructions) 3.00 Program inpatient ancillary capital cost (see instructions) 3.00 Total inpatient program capital cost (see instructions) 3.00 Total inpatient capital costs (see instructions) 3.00 Total inpatient capital costs (see instructions) 3.00 Total inpatient capital costs (see instructions) 3.00 To			
101 Model 4 BPCI Capital DRG other than outlier 200 Capital DRG outlier payments 101 Model 4 BPCI Capital DRG outlier payments 102 Total inpatient days divided by number of days in the cost reporting period (see instructions) 101 Indirect medical education percentage (see instructions) 101 Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01) (see instructions) 102 Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions) 103 See instructions) 104 Percentage of Medicaid patient days to total days (see instructions) 105 Sum of lines 7 and 8 100 Disproportionate share adjustment (see instructions) 101 Disproportionate share adjustment (see instructions) 102 Program inpatient routine capital cost (see instructions) 103 Program inpatient ancillary capital cost (see instructions) 105 Program inpatient ancillary capital cost (see instructions) 106 Program inpatient ancillary capital cost (line 3 x line 4) 107 Program inpatient capital costs (see instructions) 108 Program inpatient capital costs (see instructions)			
100 Capital DRG outlier payments 111 Model 4 BPCI Capital DRG outlier payments 102 Total inpatient days divided by number of days in the cost reporting period (see instructions) 101 Indirect medical education percentage (see instructions) 101 Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 at 1.01 (see instructions) 100 Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30 (see instructions) 100 Percentage of Medicaid patient days to total days (see instructions) 100 Percentage of Medicaid patient days to total days (see instructions) 100 Sum of lines 7 and 8 100 OAl Howable disproportionate share percentage (see instructions) 100 Disproportionate share adjustment (see instructions) 100 Disproportionate share adjustment (see instructions) 100 Program inpatient ancillary capital cost (see instructions) 100 Program inpatient ancillary capital cost (see instructions) 101 reparam inpatient acpital costs (see instructions) 102 Capital cost payment factor (see instructions) 103 Capital cost payment factor (see instructions) 104 Program inpatient capital costs	4, 234, 052	1.	
 Model 4 BPCI Capital DRG outlier payments Total inpatient days divided by number of days in the cost reporting period (see instructions) Number of interns & residents (see instructions) Indirect medical education percentage (see instructions) Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01) (see instructions) Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions) Percentage of Medicaid patient days to total days (see instructions) Dercentage of Su recipient patient days to total days (see instructions) Model disproportionate share percentage (see instructions) Do Disproportionate share adjustment (see instructions) Di Total prospective capital payments (see instructions) Part 11 - PAYMENT UNDER REASONABLE COST Program inpatient routine capital cost (see instructions) Capital cost payment factor (see instructions) Total inpatient program capital cost (line 1 plus line 2) Capital cost payment factor (see instructions) Program inpatient capital costs (see instructions) Applicable exception percentage (see instructions) Applicable exception percentage (see instructions 2 kline 4) Percentage adjustment for extraordinary circumst	0		
00 Total inpatient days divided by number of days in the cost reporting period (see instructions) 00 Number of interns & residents (see instructions) 10 Indirect medical education percentage (see instructions) 10 Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 at 1.01) (see instructions) 00 Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions) 00 Percentage of Medicald patient days to total days (see instructions) 00 Percentage of Medicald patient (see instructions) 00 Allowable disproportionate share percentage (see instructions) 10.01 Disproportionate share adjustment (see instructions) 10.02 Dotal prospective capital payments (see instructions) 10.03 Program inpatient routine capital cost (see instructions) 10.04 Program inpatient capital cost (line 1 plus line 2) 10.05 Total inpatient program capital cost (line 3 x line 4) 10.04 Program inpatient capital costs (see instructions) 10.05 Program inpatient capital costs (from extraordinary circumstances (see instructions) 10.04 Total inpatient capital costs (see instructions) 10.05 Program inpatient capital costs (see instructions)<	69, 660		
00 Number of interns & residents (see instructions) 00 Indirect medical education percentage (see instructions) 00 Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 ar 1.01) (see instructions) 00 Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions) 00 Percentage of Medicaid patient days to total days (see instructions) 01 Dercentage of SI recipient patient days to total days (see instructions) 02 Sum of lines 7 and 8 03.00 Allowable disproportionate share percentage (see instructions) 02.00 Allowable disproportionate share percentage (see instructions) 03.00 Total prospective capital payments (see instructions) 04 Program inpatient routine capital cost (see instructions) 05 Program inpatient noutine capital cost (line 1 plus line 2) 06 Capital cost payment factor (see instructions) 05 Total inpatient capital costs (see instructions) 06 Program inpatient capital costs (line 1 minus line 2) 07 Capital cost payment factor (see instructions) 08 Program inpatient capital costs (line 3 x line 4) 09 Applicable exception percentage (see instru	0		
1ndirect medical education percentage (see instructions) 1ndirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01, (see instructions) 00 Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions) 01 Percentage of Medicaid patient days to total days (see instructions) 02 Sum of lines 7 and 8 03 OM Allowable disproportionate share percentage (see instructions) 10 Disproportionate share adjustment (see instructions) 10 Disproportionate share adjustment (see instructions) 10 Disproportionate share adjustment (see instructions) 10 Part 11 - PAYMENT UNDER REASONABLE COST Program inpatient routine capital cost (see instructions) Total inpatient program capital cost (see instructions) 10 Total inpatient program capital cost (line 1 plus line 2) Capital cost payment factor (see instructions) 10 Program inpatient capital costs (see instructions) Program inpatient capital costs (see instructions) 10 Program inpatient capital costs (see instructions) Program inpatient capital costs (see instructions) 10 Program inpatient capital costs (see instructions) Program inpatient capital cost (see instructions) 10 Program inpa	224.72		
1ndirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01) (see instructions) 00 Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions) 00 Percentage of Medicaid patient days to total days (see instructions) 01 Sum of lines 7 and 8 0.00 Allowable disproportionate share percentage (see instructions) 1.00 Disproportionate share adjustment (see instructions) 2.00 Total prospective capital payments (see instructions) 2.00 Total program inpatient ancillary capital cost (see instructions) 0.00 Program inpatient ancillary capital cost (see instructions) 0.00 Total inpatient program capital cost (line 1 plus line 2) 0.01 Capital cost payment factor (see instructions) 0.02 Program inpatient capital cost (line 3 x line 4) PART 111 - COMPUTATION OF EXCEPTION PAYMENTS Part 111 - COMPUTATION OF EXCEPTION PAYMENTS Part and substment (recipient scheding and scheding adjustment capital cost scheding adjustment scheding adjustment for extraordinary circumstances (see instructions) 0.02 Program inpatient capital cost (see instructions) 0.03 Program inpatient capital costs (see instructions) 0	62.98		
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