SETLEMENT PROM. CONTINGED PART A Const. Applicable [] Chard Model 11.004 11.00		CAL CENTER INC	·				12-22
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35.05 Pro rata share of the SCH's UCP, including supplemental UCP (see instructions) 3							35.04
							35.05
36 Total UCP adjustment (sum of columns 1 and 2 on line 35.03 14,437,045	36	Total UCP adjustment (sum of columns 1 and 2 on line 35.0	3			14,437,045	36

	CAL CENTER INC	-			12-22
		PROVIDER CCN:	PERIOD:	WORKSHEET E,	
SETTLEN	1EN I	11 0024	FROM: 07/01/2020 TO: 06/30/2021	PART A	
Check An	plicable Box: [X] Hospital [] PARHM Demon	11-0034 stration [] Chart M		1	
	INPATIENT HOSPITAL SERVICES UNDER IPPS (Cont.)			1	
	Additional Payment for High Percentage of ESRD Beneficia	ry Discharges (lines 40 through	n 46)	-	
40	Total Medicare discharges (see instructions)				40
41	Total ESRD Medicare discharges (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges (see ins	structions)			41.01
	Divide line 41 by line 40 (if less than 10%, you do not qualify	for adjustment)			42
	Total Medicare ESRD inpatient days (see instructions)				43
	Ratio of average length of stay to one week (line 43 divided	· · ·			44
	Average weekly cost for dialysis treatments (see instruction				45
	Total additional payment (line 45 times line 44 times line 41. Subtotal (see instructions)	01)		97 262 492	46 47
	· · · · · · · · · · · · · · · · · · ·		and instructiona)	87,263,482	47
40	Hospital specific payments (to be completed by SCH and M Total payment for inpatient operating costs (see instructions			100,405,673	48
	Payment for inpatient program capital (from Wkst. L, Pt. I, o			5,236,371	50
	Exception payment for inpatient program capital (Wkst. L, P			3,230,371	51
	Direct graduate medical education payment (from Wkst. E-4			5,948,316	52
	Nursing and allied health managed care payment			7,164	53
	Special add-on payments for new technologies			230,363	54
54.01	Islet isolation add-on payment				54.01
55	Net organ acquisition cost (Wkst. D-4, Pt. III, col. 1, line 69)			7,975,572	55
55.01	Cellular therapy acquisition cost (see instructions)				55.01
56					56
	Routine service other pass through costs (from Wkst. D, Pt.				57
	Ancillary service other pass through costs (from Wkst. D, Pt	. IV, col. 11, line 200)		29,624	58
59	· · · · · · · · · · · · · · · · · · ·			119,833,083	59
	Primary payer payments	(° 00)		226,609	60
-	Total amount payable for program beneficiaries (line 59 min	us line 60)		119,606,474	61
	Deductibles billed to program beneficiaries			3,501,312 425,014	<u>62</u> 63
	Coinsurance billed to program beneficiaries Allowable bad debts (see instructions)			568,015	64
	Adjusted reimbursable bad debts (see instructions)			369,210	65
	Allowable bad debts for dual eligible beneficiaries (see instru	(ctions)		327,347	66
	Subtotal (line 61 plus line 65 minus lines 62 and 63)			116,049,358	67
	Credits received from manufacturers for replaced devices for	or applicable MS-DRGs (see in	structions)		68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96)	(for SCH see instructions)	,		69
70	Other adjustments (specify) (see instructions)	· · ·		29,263	70
70.5	Rural Community Hospital Demonstration Project (§410A D	emonstration) adjustment (see	instructions)		70.5
70.87	Demonstration payment adjustment amount before sequest	ration			70.87
	SCH or MDH volume decrease adjustment (contractor use	• /			70.88
	Pioneer ACO demonstration payment adjustment amount (s				70.89
	HSP bonus payment HVBP adjustment amount (see instruct	,			70.9
	HSP bonus payment HRR adjustment amount (see instructi	ons)			70.91
	Bundled Model 1 discount amount (see instructions) HVBP payment adjustment amount (see instructions)			(445,542)	70.92
	HRR adjustment amount (see instructions)			(445,542) (115,928)	70.93
	Recovery of accelerated depreciation			(113,920)	70.94
	Low volume adjustment for federal fiscal year (yyyy)				70.95
	Low volume adjustment for federal fiscal year (yyyy)				70.97
	HAC adjustment amount (see instructions)			1,053,110	70.99
	Amount due provider (see instructions)			114,464,041	71
71.01	Sequestration adjustment (see instructions)				71.01
	Demonstration payment adjustment amount after sequestra				71.02
	Sequestration adjustment-PARHM or CHART pass-through	s			71.03
	Interim payments			110,374,262	72
	Interim payments-PARHM or CHART				72.01
	Tentative settlement (for contractor use only)	entry)			73
	Tentative settlement-PARHM or CHART (for contractor use			4 000 770	73.01
	Balance due provider/program (line 71 minus lines 71.01, 7 Balance due provider/program-PARHM or CHART (see inst			4,089,779	74 74.01
	Protested amounts (nonallowable cost report items) in acco		apter 1 8115.2	6,265,922	74.01
				0,200,022	

AU MEDIO	CAL CENTER INC					12-22
CALCULA	TION OF REIMBURSEMENT	PROVIDER CCN:	PERIOD:		WORKSHEET E,	
SETTLEN	IENT		FROM: 07/01/2020		PART A	
		11-0034	TO: 06/30/2021			
Check Ap	plicable Box: [X] Hospital [] PARHM Demon	stration [] Chart M	lodel		•	
PART A -	INPATIENT HOSPITAL SERVICES UNDER IPPS (Cont.)				1	
	TO BE COMPLETED BY CONTRACTOR (lines 90 through	96)				
90	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum	of 2.03 plus 2.04 (see instructi	ions)			90
91	Capital outlier from Wkst. L, Pt. I, line 2	•	/		203,414	91
92	Operating outlier reconciliation adjustment amount (see inst	ructions)				92
93	Capital outlier reconciliation adjustment amount (see instruc	tions)				93
94	The rate used to calculate the time value of money (see inst	ructions)				94
95	Time value of money for operating expenses (see instruction	าร)				95
96	Time value of money for capital related expenses (see instru	uctions) 96				96
	HSP Bonus Payment Amount	· · ·	P	rior to 10/1	On or After 10/1	
100	HSP bonus amount (see instructions)					100
	HVBP Adjustment for HSP Bonus Payment		P	rior to 10/1	On or After 10/1	
101	HVBP adjustment factor (see instructions)					101
102	HVBP Adjustment amount for HSP Bonus Payment (see ins	tructions)				102
	HRR Adjustment for HSP Bonus Payment		P	rior to 10/1	On or After 10/1	
103	HRR Adjustment factor (see instructions)					103
104	HRR Adjustment amount for HSP Bonus Payment (see inst	ructions)				104
	Rural Community Hospital Demonstration Project (§410A D	emonstration) Adjustment	•			
200	Is this the first year of the current 5-year demonstration period	od under the 21st Century Cure	es Act? Enter "Y" for yes or "N" for no.			200
	Cost Reimbursement		•			
201	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line	49)				201
202	Medicare discharges (see instructions)					202
203	Case-mix adjustment factor (see instructions)					203
	Computation of Demonstration Target Amount Limitation (N	A in first year of the current 5-	year demonstration period)			
204	Medicare target amount					204
205	Case-mix adjusted target amount (line 203 times line 204)					205
206	Medicare inpatient routine cost cap (line 202 times line 205)					206
	Adjustment to Medicare Part A Inpatient Reimbursement					
207	Program reimbursement under the §410A Demonstration (s	ee instructions)				207
208	Medicare Part A inpatient service costs (from Wkst. E, Pt. A	, line 59)				208
209	Adjustment to Medicare IPPS payments (see instructions)					209
210	Reserved for future use					210
211	Total adjustment to Medicare IPPS payments (see instruction	ns)				211
	Comparison of PPS versus Cost Reimbursement					
	Total adjustment to Medicare Part A IPPS payments (from li	ne 211)				212
	Low-volume adjustment (see instructions)					213
218	Net Medicare Part A IPPS adjustment (difference between F	PPS and cost reimbursement)	(line 212 minus line 213) (see instruction	ons)		218

	AL CENTER INC ION OF REIMBURSEMENT	PROVIDER CCN:	PERIOD:	WORKSHEET E,	12-22
ETTLEME			FROM: 07/01/2020	PART B	
		11-0034	TO: 06/30/2021		
neck	[X] Hospital [] Subprovider (Other)	[] Chart Model			
	[] IPF [] SNF				
oxes:	[] IRF [] PARHM Demonstration				
	EDICAL AND OTHER HEALTH SERVICES			1	
	Medical and other services (see instructions)			99,974	1
	Medical and other services reimbursed under	OPPS (see instructions)		72,218,965	2
	OPPS payments			53,261,224	3
	Outlier payment (see instructions)			755,474	4
	Outlier reconciliation amount (see instructions	<i>i</i>			4.01
	Enter the hospital specific payment to cost rat	io (see instructions)			5
	Line 2 times line 5				6
	Sum of lines 3, 4, and 4.01, divided by line 6				7
	Transitional corridor payment (see instructions	<i>i</i>	200	04.005	8
	Ancillary service other pass through costs from Organ acquisition	n wksi. D, Pl. IV, col. 13, line	200	81,885	10
	Total cost (sum of lines 1 and 10) (see instruc	tional		99,974	10
	COMPUTATION OF LESSER OF COST OR			99,974	
	Reasonable charges				
10	Ancillary service charges			539,454	12
	Organ acquisition charges (from Wkst. D-4, P	art III. col. 4. line 60)		000,404	12
	Total reasonable charges (sum of lines 12 and			539,454	13
14	Customary charges	,		000,404	14
15	Aggregate amount actually collected from pati	ents liable for payment for se	vices on a charge basis		15
10	Amounts that would have been realized from				10
16	payment been made in accordance with 42 Cl		5		16
17	Ratio of line 15 to line 16 (not to exceed 1.000	000)			17
18	Total customary charges (see instructions)			539,454	18
19	Excess of customary charges over reasonable	e cost (complete only if line 18	exceeds line 11) (see instructions)	439,480	19
20	Excess of reasonable cost over customary cha	arges (complete only if line 11	exceeds line 18) (see instructions)		20
21	Lesser of cost or charges (see instructions)			99,974	21
22	Interns and residents (see instructions)				22
	Cost of physicians' services in a teaching hos				23
24	Total prospective payment (sum of lines 3, 4,			54,098,583	24
	COMPUTATION OF REIMBURSEMENT SET	TLEMENT			
	Deductibles and coinsurance amounts (see in	,		38,021	25
	Deductibles and Coinsurance amounts relatin	<u> </u>	,	9,172,509	26
	Subtotal [(lines 21 and 24 minus the sum of lin		f lines 22 and 23] (see instructions)	44,988,027	27
	Direct graduate medical education payments (4,832,912	28
	ESRD direct medical education costs (from W	kst. E-4, line 36)			29
	Subtotal (sum of lines 27 through 29)			49,820,939	30
	Primary payer payments			21,670	31
32	Subtotal (line 30 minus line 31)			49,799,269	32
22	ALLOWABLE BAD DEBTS (EXCLUDE BAD		L SERVICES)		22
	Composite rate ESRD (from Wkst. I-5, line 11)		600.040	33
	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instruct	ions)		628,242	
	Adjusted reimbursable bad debts (see instruct Allowable bad debts for dual eligible beneficia			408,357 225,172	<u>35</u> 36
	Subtotal (see instructions)			50,207,626	30
	MSP-LCC reconciliation amount from PS&R			(230)	38
	Other adjustments (specify) (see instructions)			(230)	39
	Pioneer ACO demonstration payment adjustm	ent (see instructions)			39.5
	Demonstration payment adjustment amount b				39.97
	Partial or full credits received from manufactur	· · · · · · · · · · · · · · · · · · ·	instructions)		39.98
	Recovery of Accelerated depreciation		,		39.99
	Subtotal (see instructions)			50,207,856	40
	Sequestration adjustment (see instructions)				40.01
	Demonstration payment adjustment amount a	fter sequestration			40.02
	Sequestration adjustment-PARHM or CHART	•			40.03
	Interim payments			49,688,971	41
	Interim payments-PARHM or CHART			.,	41.01
	Tentative settlement (for contractors use only)			42
	Tentative settlement-PARHM or CHART (for o	,			42.01
	Balance due provider/program (see instruction			518,885	43
	Balance due provider/program-PARHM or CH	,			43.01
43.01	Dalarice due provider/prodram-r Artinition of or				

AU MEDICA	AL CENTER IN	С				12-22
CALCULATION OF REIMBURSEMENT		PROVIDER CCN:	PERIOD:	WORKSHEET E,		
SETTLEME	NT			FROM: 07/01/2020	PART B	
			11-0034	TO: 06/30/2021		
Check	[X] Hospital	[] Subprovider (Other)	[] Chart Model			
Applicable	[] IPF	[] SNF				
Boxes:	[] IRF	[] PARHM Demonstration				
PART B - M	EDICAL AND	OTHER HEALTH SERVICES			1	
	TO BE COMP	LETED BY CONTRACTOR				
90	Original outlier	r amount (see instructions)			755,474	90
91	Outlier reconc	iliation adjustment amount (see	instructions)			91
92	The rate used	to calculate the Time Value of	Money			92
93	Time Value of	Money (see instructions)				93
94	Total (sum of	ines 90 and 93)				94

AU MEDICAL CENTER INC ANALYSIS OF PAYMENTS TO PROVIDERS				PROVIDER CCN:			WORKSHEET E	
FOR SERVICES RENDERED			11-0034		PERIOD: FROM: 07/01/20)20	Part I	∟-1,
011 021110			COMPONENT	CCN:	TO: 06/30/2021			
Check	[X] Hospital [] Subprovider (Other)	[] PARHM Demonstrat						
pplicable	[] IPF [] SNF	[] PARHM CAH Swing	-Bed SNF					
Boxes:	[] IRF [] Swing-Bed SNF	[] Chart Model						
		[] Chart CAH Swing-Be	ed SNF					
				Inpa	atient			
				Pa	irt A	Pa	rt B	
				mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	1
	Description			1	2	3	4	1
	1 Total interim payments paid to provider				111,731,351		50,366,192	+
	Interim payments payable on individual bills, e	ther submitted or to be sub	mitted to the					\square
	intermediary 2 for services rendered in the cos	t reporting period. If none,	write "NONE" or					
	2 enter a zero		-					
:	3 List separately each retroactive Program to	Program to Provider	0.01	10/29/2020	71,528	11/13/2020	21,353	3.
	Provider .01 3.01 lump sum adjustment amount		0.02					3.
	based .02 3.02 on subsequent revision of the .		0.03					3.
	3.03 interim rate for the cost reporting period.		0.04					3.
	3.04 Also show date of each payment05 3.04		0.05		4 400 047	E/00/0004	000 574	3.0
	none, write "NONE" or enter a zero. (1)	Provider to Program	0.5	5/21/2021	1,428,617	5/28/2021	698,574	3.5
			0.51					3.
			0.52					3.
			0.53					3.
	Subtotal (sum of lines 3.01- 3.49 minus sum o	lines 3.50-3.98)	0.99		(1,357,089)		(677,221)	-
	Total interim payments (sum of lines 1, 2, and				(1,221,222)		(0,=)	1
	3.99) 4 (transfer to Wkst. E or Wkst. E-3, line							
	4 and column as appropriate)				110,374,262		49,688,971	
		<u> </u>		1			•	
:	5 List separately each tentative settlement	Program to Provider	0.01					5.
	Program to Provider .01 5.01		0.02					5.0
	payment after desk review. Also show .02 5.0 date of each payment03 5.03	Provider to Program	0.03					5.
	If none, write "NONE" or enter a zero. (1)		0.51					5.
	In hole, whe work of enter a zero. (1)		0.51					5.
	Subtotal (sum of lines 5.01- 5.49 minus sum o	lines 5.50-5.98)	0.99					5.
	6 Determined net settlement amount (balance d		0.00		1			6.
	based on cost report (1)	Provider to Program	0.02					6.
	7 Total Medicare program liability (see instructio	•	0.02		114,464,041		50,207,856	┢
	8 Name of Contractor	1		Contractor Num		NPR Date (Mon		\vdash
	PALMETTO GBA			10001		(J. /	1

1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a

later date.

AU MEDIC	AL CENTER IN	C			12-22
CALCULAT	TION OF REIMB	URSEMENT SETTLEMENT	PROVIDER CCN: 11-0034 COMPONENT CCN:	PERIOD: FROM: 07/01/2020 TO: 06/30/2021	WORKSHEET E-3, PART VII
Check Applicable Boxes:	[] Title V [X] Title XIX	[X] Hospital [] Subprovider [] SNF	[] NF [] ICF/IID	[] PPS [] TEFRA [] Other	

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES

	1	2	
	Inpatient	Outpatient	
	Title V or	Title V or	
COMPUTATION OF NET COST OF COVERED SERVICES	Title XIX	Title XIX	
1 Inpatient hospital/SNF/NF services	40,134,604		1
2 Medical and other services		21,425,474	2
3 Organ acquisition (certified transplant programs only)			3
4 Subtotal (sum of lines 1, 2 and 3)			4
5 Inpatient primary payer payments	259,210		5
6 Outpatient primary payer payments		173,429	6
7 Subtotal (line 4 less sum of lines 5 and 6)	39,875,394	21,252,045	7
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable Charges			
8 Routine service charges	27,268,355		8
9 Ancillary service charges	112,011,101	106,407,175	9
10 Organ acquisition charges, net of revenue	· · · · ·	, ,	10
11 Incentive from target amount computation			11
12 Total reasonable charges (sum of lines 8 through 11)	139,279,456	106,407,175	12
CUSTOMARY CHARGES			0
13 Amount actually collected from patients liable for payment for services on a charge basis			13
Amounts that would have been realized from patients liable for payment for services on a charge basis had such			
14 payment been made in accordance with 42 CFR §413.13(e)			14
5 Ratio of line 13 to line 14 (not to exceed 1.000000)			15
6 Total customary charges (see instructions)	139,279,456	106,407,175	16
7 Excess of customary charges over reasonable cost (complete only if line 16 17 exceeds line 4) (see instructions)	99,144,852	84,981,701	17
8 Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	00,111,002	01,001,701	18
19 Interns and residents (see instructions)			19
20 Cost of physicians' service in a teaching hospital (see instructions)			20
21 Cost of covered services (enter the lesser of line 4 or line 16)	40,134,604	21,425,474	21
PROSPECTIVE PAYMENT AMOUNT	10,101,001	21,120,111	21
22 Other than outlier payments			22
23 Outlier payments			23
24 Program capital payments			24
25 Capital exception payments (see instructions)			25
26 Routine and ancillary service other pass through costs			26
27 Subtotal (sum of lines 22 through 26)			27
28 Customary charges (title V or XIX PPS covered services only)			28
29 Titles V or XIX (sum of lines 21 and 27)	40,134,604	21,425,474	20
COMPUTATION OF REIMBURSEMENT SETTLEMENT	40,104,004	21,420,474	25
30 Excess of reasonable cost (from line 18)			30
31 Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	39,875,394	21,252,045	31
32 Deductibles	33,073,334	21,202,040	32
33 Coinsurance			33
34 Allowable bad debts (see instructions)			34
35 Utilization review			35
36 Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	39,875,394	21,252,045	36
	39,075,394	21,232,045	30
37 Other adjustments (specify) (see instructions) 38 Subtotal (line 36 ± line 37)	00.075.004	04.050.045	37
	39,875,394	21,252,045	
39 Direct graduate medical education payments (from Wkst. E-4)	20.075.204	01 050 045	39
40 Total amount payable to the provider (sum of lines 38 and 39)	39,875,394	21,252,045	40
41 Interim payments	39,875,394	21,252,045	41
42 Balance due provider/program (line 40 minus line 41)			42
43 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

1 2

DIRECT GR	AL CENTER INC RADUATE MEDICAL EDUCATION (GME)	PROVIDER CCI	N:	PERIOD:		WORKSHEET E-4	12-22
	JTPATIENT DIRECT MEDICAL			FROM: 07/01/2020			
EDUCATIO		11-0034		TO: 06/30/2021			
Check	[] Title V [X] Hospital] CAH-Based IPF				
	[X] Title XVIII [] Subprovide		CAH-Based IRF				
Boxes:	[] Title XIX [] SNF						
	COMPUTATION OF TOTAL DIRECT GME AMOUNT					1	
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost	304	1				
	FTE cap adjustment under §131 of the CAA 2021 (see instructions)	1 51	5	- ,			1.01
	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)						
	Rural track program FTE cap limitation adjustment after the cap-building window		of the CAA 2021 (s	see instructions)		3	2.26
	Amount of reduction to Direct GME cap under §422 of MMA	0		/			3
	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFF	R §413.79 (m), (see	instructions 3.01 fo	r cost reporting perio	ds straddling		1
3.01	7/1/2011)	. 3 (). (3.01
	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for	for rural track progra	ms with a rural trac	k Medicare GME affi	iation agreement		1
3.02	in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instruction						3.02
	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic program		re GME affiliation a	preement (42 CFR &	413.75(b) and §		
4	413.79 (f))			J. 50110111 (12 01 11 3		(4)	4
	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporti	ing periods straddlir	ng 7/1/2011)			(-)	4.01
	ACA §5506 number of additional direct GME FTE cap slots (see instructions for			11)			4.02
	The amount of increase if the hospital was awarded FTE cap slots under §126 or			,			4.21
	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49,			ine 3.02 plus or min	us 5 line 4 nlus		7.2
	lines 4.01 through 4.27				as s into +, plub	303	5
	Unweighted resident FTE count for allopathic and osteopathic programs for the	456	6				
	Enter the lesser of line 5 or line 6	ourront your nonr yo				303	7
				Primary Care	Other	Total	Ċ
				1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for	8 the current vear		. 123	271	394	8
	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times		divided by the		27.		<u> </u>
	amount on line 6. For cost reporting periods beginning on or after October 1, 202						
Q	is "Y", see instructions.		0 2, 1 art 1, into 00,	82	180	262	9
	Weighted dental and podiatric resident FTE count for the current year			02	40	202	10
	Unweighted dental and podiatric resident i TE count for the current year				51		10
	Total weighted FTE count			82	219		11
	Total weighted resident FTE count for the prior cost reporting year (see instruction	one)		95	219		12
	Total weighted resident FTE count for the penultimate cost reporting year (see instruction of the penultimate cost reporting year (see instruction)			100	220		13
	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	130.7		92	230		14
	Adjustment for residents in initial years of new programs			32	225		15
	Unweighted adjustment for residents in initial years of new programs						15
	Adjustment for residents displaced by program or hospital closure						16
	Unweighted adjustment for residents displaced by program or hospital closure						16
10.01				92	225		17
	Per resident amount			91,025	91,025		18
	Per resident amount under §131 of the CAA 2021			91,025	91,025		18
	Approved amount for resident costs			8,408,930	20,477,083	28,886,013	19
19	Additional unweighted allopathic and osteopathic direct GME FTE resident cap s	alata ragaiyad undar	42 8412 70(a)(4)	0,400,930	20,477,003	20,000,013	18
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap s	siols received under	42 84 13.79(0)(4)	25			20
20	Direct GME FTE unweighted resident count over cap (see instructions)			153			21
	Allowable additional direct GME FTE resident count over cap (see instructions)			22			21
	Enter the locality adjustment national average per resident amount (see instructions)	ions)		113,924			23
	Multiply line 22 time line 23	10113/		2,460,759			23
	Total direct GME amount (sum of lines 19 and 24)			31,346,772			24
20	COMPUTATION OF PROGRAM PATIENT LOAD		Inpatient Part A	Managed Care	Managed Care	Total	<u> </u>
			mpatient Part A	Ū	On or After 1/1	rotar	<u> </u>
		ŀ	4	Prior to 1/1		2	—
00	Innationt Dava (ass instructions)		04.540	2	2.01	3	
	Inpatient Days (see instructions)		24,548 132,720	10,997 132,720	10,997		26
27	Total Inpatient Days (see instructions)			. , .	132,720		27
	Ratio of inpatient days to total inpatient days		0 5 707 020	0	0	10 000 05 1	28
	Program direct GME amount		5,797,930	2,597,362	2,597,362	10,992,654	29
	Percent reduction for MA DGME			4	4	011 100	29
	Reduction for direct GME payments for Medicare Advantage			105,713	105,713	211,426 10,781,228	30
31	Net Program direct GME amount						31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITL	LE XVIII ONLY (NUI	KSING PROGRAM	AND			
	PARAMEDICAL EDUCATION COSTS)		104)				1 0
	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20		d 94)				32
	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines	s /4 and 94)				4,388,234	33
34	o (,						34
35	Medicare outpatient ESRD charges (see instructions)						35
	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)						

AU MEDICA	AL CENTER INC						12-22
DIRECT GR	RADUATE MEDICAL EDUCATION (GME)		PROVIDER CC	N:	PERIOD:	WORKSHEET E-4	
& ESRD OU	JTPATIENT DIRECT MEDICAL				FROM: 07/01/2020		
EDUCATIO	N COSTS		11-0034		TO: 06/30/2021		
Check	[] Title V	[X] Hospital		[] CAH-Based IPF			
Applicable	[X] Title XVIII	[] Subprovider		[] CAH-Based IRF			
	[] Title XIX	[] SNF					
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GM	ME				1	
	Part A Reasonable Cost						
	Reasonable cost (see instructions)					81,334,696	37
	Organ acquisition costs Wkst. D-4, Pt. III, col. 1, line 69)					7,975,572	38
	Cost of physicians' services in a teaching hospital (see instructions	s)					39
	Primary payer payments (see instructions)					226,609	40
	Total Part A reasonable cost (sum of lines 37 through 39 minus lin	ne 40)				89,083,659	41
	Part B Reasonable Cost						
42	Reasonable cost (see instructions)					72,400,824	42
	Primary payer payments (see instructions)					21,670	43
	Total Part B reasonable cost (line 42 minus line 43)					72,379,154	44
	Total reasonable cost (sum of lines 41 and 44)					161,462,813	45
	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷					0.551729	46
	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷					0.448271	47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN	PART A AND PA	ART B				
	Total program GME payment (line 31)					10,781,228	48
	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see					5,948,316	49
50	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see	instructions) 50				4,832,912	50