	IEDICAL CENTER ITION OF REIMBURSEMENT	PROVIDER CCN:	PERIOD:		WORKSHEET E,	12-22
SETTLEM			FROM: 06/01/2		PART A	
Chook Apr	plicable Pay: I VI Heapital II DADHM Domon	11-0113	TO: 05/31/202	1		
	plicable Box: [X] Hospital [] PARHM Demons INPATIENT HOSPITAL SERVICES UNDER IPPS	stration [] Chart M	lodel		1	
	DRG amounts other than outlier payments				· · · · · · · · · · · · · · · · · · ·	1
1.01	DRG amounts other than outlier payments for discharges oc	curring prior to October 1 (see	e instructions)		103,146	1.01
	DRG amounts other than outlier payments for discharges oc				173,575	1.02
	DRG for federal specific operating payment for Model 4 BPC					1.03
	DRG for federal specific operating payment for Model 4 BPC	I for discharges occurring on	or after October 1 (see ins	tructions)		1.04
	Outlier payments for discharges (see instructions) Outlier reconciliation amount					2.01
	Outlier payment for discharges for Model 4 BPCI (see instruct	ctions)				2.01
	Outlier payments for discharges occurring prior to October 1	/				2.03
2.04	Outlier payments for discharges occurring on or after Octobe	er 1 (see instructions)			43,836	2.04
	Managed care simulated payments					3
	Bed days available divided by number of days in the cost rep		6)		37.75	4
	Indirect Medical Education Adjustment Calculation for Hospit	tals				
5	FTE count for allopathic and osteopathic programs for the m	ost recent cost reporting perio	d ending on or before 12/3	1/1996 (see instructions)		5
	FTE cap adjustment for qualifing hospitals under §131 of the					5.01
	FTE count for allopathic and osteopathic programs that meet		he cap for new programs i	n accordance with 42 CFR	1	
	413.79(e)					6
	Rural track program FTE cap limitation adjustment after the o			(see instructions)		6.26
7	MMA §422 reduction amount to the IME cap as specified une ACA §5503 reduction amount to the IME cap as specified un			ddles luly 1 2011 coc		7
7.01	instructions.	Idel 42 CFR 412.103(1)(1)(1)(1)	b)(z). If the cost report suc	addies July 1, 2011, see		7.01
	Adjustment (increase or decrease) to the hospital's rural trac	k program FTE limitation(s) for	or rural track programs with	a rural track for Medicare		1.01
7.02	GME affiliated programs in accordance with 413.75(b) and 8					7.02
	Adjustment (increase or decrease) to the FTE count for allop			n accordance 8 with 42		
8	CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998 The amount of increase if the hospital was awarded FTE cap			aa lulu 1 2011 aaa		8
8.01	instructions.	Sibis under \$5505 of the AC		es July 1, 2011, see		8.01
	The amount of increase if the hospital was awarded FTE cap	slots from a closed teaching	hospital under §5506 of A	CA. (see instructions)		8.02
	The amount of increase if the hospital was awarded FTE car					8.21
	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6	6.49 , minus lines 7 and 7.01,	plus or minus line 7.02, plu	ıs/minus line 8, 9 plus		
	lines 8.01 through 8.27 (see instructions)					9
	FTE count for allopathic and osteopathic programs in the cur	rrent year from your records				10
	FTE count for residents in dental and podiatric programs Current year allowable FTE (see instructions)					<u>11</u> 12
	Total allowable FTE count for the prior year					13
	Total allowable FTE count for the penultimate year if that yea	ar ended on or after Septembe	er 30, 1997; otherwise ente	r zero.		14
	Sum of lines 12 through 14 divided by 3	•				15
16	Adjustment for residents in initial years of the program (see i	nstructions)				16
	Adjustment for residents displaced by program or hospital clo	osure				17
	Adjusted rolling average FTE count					18
	Current year resident to bed ratio (line 18 divided by line 4) Prior year resident to bed ratio (see instructions)					<u>19</u> 20
	Enter the lesser of lines 19 or 20 (see instructions)					20
	IME payment adjustment (see instructions)					22
	IME payment adjustment - Managed Care (see instructions)					22.01
	Indirect Medical Education Adjustment for the Add-on for §42	22 of the MMA				
	Number of additional allopathic and osteopathic IME FTE res	sident cap slots under 42 CFR	412.105 (f)(1)(iv)(C).			23
	IME FTE resident count over cap (see instructions)					24
	If the amount on line 24 is greater than -0-, then enter the low	ver of line 23 or line 24 (see in	istructions)			25
	Resident to bed ratio (divide line 25 by line 4) IME payments adjustment factor (see instructions)					26 27
	IME add-on adjustment amount (see instructions)					28
	IME add-on adjustment amount - Managed Care (see instruct	ctions)				28.01
29	Total IME payment (sum of lines 22 and 28)	,				29
	Total IME payment - Managed Care (sum of lines 22.01 and	28.01)				29.01
	Disproportionate Share Adjustment					
	Percentage of SSI recipient patient days to Medicare Part A Percentage of Medicaid patient days to total patient days (se)		0.0554	30
	Percentage of Medicaid patient days to total patient days (se				0.0554	31 32
	Allowable disproportionate share percentage (see instruction	ns)			0.0334	33
	Disproportionate share adjustment (see instructions)	,				34
	Uncompensated Care Payment Adjustment			Prior to October 1	On or after October 1	
	Total uncompensated care amount (see instructions)					35
	Factor 3 (see instructions)					35.01
	Hospital UCP, including supplemental UCP (If line 34 is zero		instructions)			35.02
	Pro rata share of the hospital UCP, including supplemental L					35.03
	Pro rata share of the MDH's UCP, including supplemental UCP Pro rata share of the SCH's UCP, including supplemental UCP					35.04 35.05
	Total UCP adjustment (sum of columns 1 and 2 on line 35.03			I		35.05
		-			· · · · · · · · · · · · · · · · · · ·	

CALCULA	TION OF REIMBURSEMENT	PROVIDER CCN:	PERIOD: FROM: 06/01/2020	WORKSHEET E, PART A	
		11-0113	TO: 05/31/2021		
	plicable Box: [X] Hospital [] PARHM Den		Model		
PARIA -	INPATIENT HOSPITAL SERVICES UNDER IPPS (Cont.)			1	
	Additional Payment for High Percentage of ESRD Benefi	ciary Discharges (lines 40 throu	gh 46)		40
	Total Medicare discharges (see instructions)				40
	Total ESRD Medicare discharges (see instructions) Total ESRD Medicare covered and paid discharges (see	instructions)			41.01
	Divide line 41 by line 40 (if less than 10%, you do not qua				41.01
	Total Medicare ESRD inpatient days (see instructions)				43
	Ratio of average length of stay to one week (line 43 divid	ed by line 41 01 divided by 7 da	vs)		44
	Average weekly cost for dialysis treatments (see instruct	· · ·	J ² /		45
	Total additional payment (line 45 times line 44 times line	,			46
	Subtotal (see instructions)			320,557	47
48	Hospital specific payments (to be completed by SCH and	MDH, small rural hospitals only	(see instructions)		48
	Total payment for inpatient operating costs (see instruction		3 2	320,557	49
50	Payment for inpatient program capital (from Wkst. L, Pt.	l, or Pt. II, as applicable)		27,487	50
	Exception payment for inpatient program capital (Wkst. L				52
	Direct graduate medical education payment (from Wkst.	E-4, line 49) (see instructions).			52
	Nursing and allied health managed care payment				53
-	Special add-on payments for new technologies				54
54.01					54.01
	Net organ acquisition cost (Wkst. D-4, Pt. III, col. 1, line 6	39)			55
	Cellular therapy acquisition cost (see instructions)				55.01
	Cost of physicians' services in a teaching hospital (see in		-)		56
	Routine service other pass through costs (from Wkst. D,		o)		57
	Ancillary service other pass through costs (from Wkst. D	, Pt. IV, col. 11, line 200)		249.044	58 59
	Total (sum of amounts on lines 49 through 58)			348,044	60
	Primary payer payments Total amount payable for program beneficiaries (line 59 r	ninus line 60)		348,044	61
	Deductibles billed to program beneficiaries			57,460	62
	Coinsurance billed to program beneficiaries			37,400	63
	Allowable bad debts (see instructions)			13,512	64
	Adjusted reimbursable bad debts (see instructions)			8,783	65
	Allowable bad debts for dual eligible beneficiaries (see in	structions)		8,068	66
	Subtotal (line 61 plus line 65 minus lines 62 and 63)	,		299,367	67
	Credits received from manufacturers for replaced device	s for applicable MS-DRGs (see	instructions)		68
69	Outlier payments reconciliation (sum of lines 93, 95 and	96) (for SCH see instructions)			69
70	Other adjustments (specify) (see instructions)				70
70.5	Rural Community Hospital Demonstration Project (§410A	A Demonstration) adjustment (se	e instructions)		70.5
70.87	Demonstration payment adjustment amount before sequ	estration			70.87
70.88	SCH or MDH volume decrease adjustment (contractor us	se only)			70.88
	Pioneer ACO demonstration payment adjustment amoun				70.89
	HSP bonus payment HVBP adjustment amount (see inst	,			70.9
	HSP bonus payment HRR adjustment amount (see instru	uctions)			70.91
	Bundled Model 1 discount amount (see instructions)				70.92
	HVBP payment adjustment amount (see instructions)				70.93
	HRR adjustment amount (see instructions)			(41)	70.94
	Recovery of accelerated depreciation			00.400	70.95
	Low volume adjustment for federal fiscal year (yyyy)			28,496 58,515	70.96
	Low volume adjustment for federal fiscal year (yyyy) HAC adjustment amount (see instructions)			56,515	70.97 70.99
	Amount due provider (see instructions)			386,337	70.99
	Sequestration adjustment (see instructions)			300,337	71.01
	Demonstration payment adjustment amount after seques	stration			71.01
	Sequestration adjustment-PARHM or CHART pass-throu				71.02
	Interim payments	3.10		331,824	71.03
	Interim payments-PARHM or CHART			001,024	72.01
	Tentative settlement (for contractor use only)				72.01
73.01		ise only)			73.01
	Balance due provider/program (line 71 minus lines 71.01			54,513	74
	Balance due provider/program-PARHM or CHART (see i			01,010	74.01
	Protested amounts (nonallowable cost report items) in ac	,			

HVBP Adjustment for HSP Bonus PaymentPrior to 10/1On or After 10/1101HVBP Adjustment factor (see instructions)101102HVBP Adjustment amount for HSP Bonus Payment102HRR Adjustment for HSP Bonus PaymentPrior to 10/1On or After 10/1103HRR Adjustment factor (see instructions)103104HRR Adjustment factor (see instructions)103105INR Adjustment factor (see instructions)103106Kural Community Hospital Demonstration Project (§410A Demonstration) Adjustment104200Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.200201Cost Reimbursement201202Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)202203Case-mix adjustment factor (see instructions)203204Medicare target amount204205Case-mix adjustment factor (see instructions)204206Medicare target amount205207Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)204206Medicare target amount205207Program reimbursement under the §410A Demonstration (NA in first year of the current 5-year demonstration period)206208Medicare Part A Inpatient Reimbursement207209Adjustment to Medicare IPPS payments (see instructions)208209Adjustment to Medicare IPPS payments (see instructions)208 <tr< th=""><th>BURKE M</th><th>EDICAL CENTER</th><th></th><th></th><th></th><th></th><th>12-22</th></tr<>	BURKE M	EDICAL CENTER					12-22
Interval To: 06/31/2021 PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS (Cont.) 1 TO BE COMPLETED BY CONTRACTOR (lines 90 through 90) 1 TO BE COMPLETED BY CONTRACTOR (lines 90 through 90) 90 Operating outlier amount from Wkst. E, PL A, line 2, or sum of 2.03 plus 2.04 (see instructions) 90 91 Capital outlier reconciliation adjustment amount (see instructions) 92 92 Capital outlier reconciliation adjustment amount (see instructions) 93 93 Thre value of money for capital related expenses (see instructions) 94 95 Time value of money for capital related expenses (see instructions) 94 96 Time value of money for capital related expenses (see instructions) 96 91 The value of money for capital related expenses (see instructions) 96 92 For value of money for capital related expenses (see instructions) 96 93 Thre value of money for capital related expenses (see instructions) 96 94 The adjustment Amount Prior to 10/1 On or After 10/1 94 The adjustment Amount Prior to 10/1 On or After 10/1 95 Time value of money for capital related expenses (see instructions) 101 96 Time value of money (see instructions) 101 <			PROVIDER CCN:	PERIOD:		WORKSHEET E,	
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93 Capital outlier reconciliation adjustment amount (see instructions) 93 94 The rate used to calculate the time value of money (see instructions) 94 95 Time value of money for capital related expenses (see instructions) 95 96 Time value of money for capital related expenses (see instructions) 95 96 Time value of money for capital related expenses (see instructions) 96 100 HSP bonus Payment Amount Prior to 10/1 On or After 10/1 101 HVBP Adjustment for HSP Bonus Payment 101 102 HVBP Adjustment for HSP Bonus Payment (see instructions) 101 103 HRR Adjustment for HSP Bonus Payment (see instructions) 102 104 HVBP Adjustment for HSP Bonus Payment (see instructions) 103 103 HRR Adjustment factor (see instructions) 103 104 HRR Adjustment factor (see instructions) 103 103 Its hight first year of the current 5-year demonstration project (\$410A Demonstration) Adjustment 104 200 Its hight first year of the current 5-year demonstration project (\$410A Demonstration) Adjustment 201 201 Medicare discharege (see instructions) 202 202	91	Capital outlier from Wkst. L, Pt. I, line 2	· · · ·	,		7,083	91
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102 HVBP Adjustment amount for HSP Bonus Payment (see instructions) 102 HRR Adjustment for HSP Bonus Payment Prior to 10/1 On or After 10/1 103 HRR Adjustment factor (see instructions) 103 104 HRR Adjustment amount for HSP Bonus Payment (see instructions) 103 104 HRR Adjustment amount for HSP Bonus Payment (see instructions) 104 Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 200 200 Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no. 200 201 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) 203 204 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) 206 204 Medicare Part A Inpatient Reimbursement 207 205 Adjustment to Medicare Part A Inpatient Reimbursement 207 206 Medicare Part A Inpatient service costs (f		HVBP Adjustment for HSP Bonus Payment			Prior to 10/1	On or After 10/1	
HRR Adjustment for HSP Bonus Payment Prior to 10/1 On or After 10/1 103 HRR Adjustment factor (see instructions) 103 104 HRR Adjustment actor (see instructions) 103 104 HRR Adjustment actor (see instructions) 104 Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 104 200 Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no. 200 201 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) 201 202 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) 202 203 Case-mix adjustment factor (see instructions) 203 204 Medicare target amount 203 205 Case-mix adjusted target amount 204 206 Medicare inpatient routine cost cap (line 203 times line 204) 205 206 Medicare inpatient noutine cost cap (line 203 times line 205) 206 204 Medicare Part A Inpatient Reimbursement 207 207 Program reimbursement under the §410A Demonstration (see instructions) 207 208 Medicare Part A inpatient service costs (from Wkst. E, P. A, line 59) </td <td>101</td> <td>HVBP adjustment factor (see instructions)</td> <td></td> <td></td> <td></td> <td></td> <td>101</td>	101	HVBP adjustment factor (see instructions)					101
103 HRR Adjustment factor (see instructions) 103 104 HRR Adjustment amount for HSP Bonus Payment (see instructions) 104 Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 104 200 Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no. 200 Cost Reimbursement 201 202 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) 201 203 Case-mix adjustment factor (see instructions) 202 204 Medicare target amount 203 205 Case-mix adjustment factor (see instructions) 203 204 Medicare target amount 204 205 Case-mix adjusted target amount (line 203 times line 204) 205 206 Medicare target amount under the \$410A Demonstration (see instructions) 206 207 Program reimbursement under the \$410A Demonstration (see instructions) 207 208 Medicare IPS payments (see instructions) 207 208 Adjustment to Medicare IPPS payments (see instructions) 207 209 Adjustment to Medicare IPPS payments (see instructions) 207 201 <td>102</td> <td>HVBP Adjustment amount for HSP Bonus Payment (see ins</td> <td>tructions)</td> <td></td> <td></td> <td></td> <td>102</td>	102	HVBP Adjustment amount for HSP Bonus Payment (see ins	tructions)				102
104 HRR Adjustment amount for HSP Bonus Payment (see instructions) 104 Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 200 105 is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no. 200 201 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) 201 202 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) 201 203 Case-mix adjustment factor (see instructions) 203 204 Medicare target amount 203 205 Case-mix adjustment factor (see instructions) 204 204 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) 206 207 Program reimbursement 207 208 Medicare Part A Inpatient Reimbursement 207 209 Adjustment to Medicare IPPS payments (see instructions) 207 208 Medicare IPPS payments (see instructions) 208 209 Adjustment to Medicare IPPS payments (see instructions) 208 <t< td=""><td></td><td>HRR Adjustment for HSP Bonus Payment</td><td></td><td></td><td>Prior to 10/1</td><td>On or After 10/1</td><td></td></t<>		HRR Adjustment for HSP Bonus Payment			Prior to 10/1	On or After 10/1	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 200 200 Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no. 200 Cost Reimbursement 201 201 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) 204 204 Medicare target amount 204 205 Case-mix adjusted target amount (line 203 times line 204) 204 206 Medicare inpatient routine cost cap (line 202 times line 205) 206 207 Program reinbursement 207 208 Adjustment to Medicare Part A Inpatient Reimbursement 207 209 Adjustment to Medicare IPPS payments (see instructions) 207 208 Adjustment to Medicare IPPS payments (see instructions) 208 209 Adjustment to Medicare IPPS payments (see instructions) 209 210 Reserved for future use 210 211	103	HRR Adjustment factor (see instructions)					103
200 Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no. 200 Cost Reimbursement 201 201 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) 201 202 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) 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) 204 205 Case-mix adjusted target amount (line 203 times line 204) 205 206 Medicare inpatient routine cost cap (line 202 times line 205) 206 207 Program reimbursement 207 208 Medicare Part A Inpatient Reimbursement 207 209 Adjustment to Medicare IPPS payments (see instructions) 208 209 Adjustment to Medicare IPPS payments (see instructions) 209 201 Reserved for future use 201 201 Comparison of PPS versus Cost Reimbursement 211 201 Comparison of PPS versus Cost Reimbursement 211	104	HRR Adjustment amount for HSP Bonus Payment (see instr	uctions)				104
Cost Reimbursement 201 201 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) 204 204 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) 206 206 Medicare Part A Inpatient Reimbursement 207 207 208 Medicare IPPS payments (see instructions) 207 208 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59) 206 208 209 Adjustment to Medicare IPPS payments (see instructions) 209 209 201 210 Reserved for future use 201 201 201 211 Total adjustment to Medicare IPPS payments (see instructions) 211 211 211 212 Total adjustment to Medicare Part A IPPS payments (from line 211) 212 212		Rural Community Hospital Demonstration Project (§410A De	emonstration) Adjustment				
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) 203 204 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) 206 206 Medicare Part A Inpatient Reimbursement 207 207 Program reimbursement under the §410A Demonstration (see instructions) 207 208 Medicare IPAT 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 201 211 Total adjustment to Medicare IPPS payments (see instructions) 211 212 Total adjustment to Medicare Part A IPPS payments (from line 211) 212	200	Is this the first year of the current 5-year demonstration perio	d under the 21st Century Cures	Act? Enter "Y" for yes or "N" for no			200
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) 203 204 Medicare target amount 204 205 Case-mix adjusted target amount 204 206 Medicare inpatient routine cost cap (line 202 times line 204) 205 206 Medicare inpatient routine cost cap (line 202 times line 205) 206 Adjustment to Medicare Part A Inpatient Reimbursement 207 207 Program reimbursement under the §410A Demonstration (see 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 instructions) 211 212 Total adjustment to Medicare Part A IPPS payments (from line 211) 212		Cost Reimbursement		÷			
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) 204 204 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 207 208 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 201 211 Total adjustment to Medicare IPPS payments (see instructions) 211 212 Total adjustment to Medicare Part A IPPS payments (from line 211) 212	201	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line	49)				201
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period) 204 204 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 207 207 Program reimbursement under the §410A Demonstration (see instructions) 207 208 Medicare IPPS payments (see instructions) 208 209 Adjustment to Medicare IPPS payments (see instructions) 209 210 Reserved for future use 2010 211 Total adjustment to Medicare IPPS payments (see instructions) 211 212 Total adjustment to Medicare PAR A IPPS payments (from line 211) 212	202	Medicare discharges (see instructions)					202
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 207 208 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59) 207 208 Medicare IPPS payments (see instructions) 209 209 Adjustment to Medicare IPPS payments (see instructions) 209 210 Reserved for future use 2010 211 Total adjustment to Medicare IPPS payments (see instructions) 211 212 Total adjustment to Medicare Part A IPPS payments (from line 211) 212	203	Case-mix adjustment factor (see instructions)					203
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 207 207 Program reimbursement under the §410A Demonstration (see 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 2010 211 Total adjustment to Medicare IPPS payments (see instructions) 211 212 Total adjustment to Medicare Part A IPPS payments (from line 211) 212		Computation of Demonstration Target Amount Limitation (N/	A in first year of the current 5-ye	ear demonstration period)			
206 Medicare inpatient routine cost cap (line 202 times line 205) 206 Adjustment to Medicare Part A Inpatient Reimbursement 207 207 Program reimbursement under the §410A Demonstration (see 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 2010 211 Total adjustment to Medicare IPPS payments (see instructions) 211 212 Total adjustment to Medicare Part A IPPS payments (from line 211) 212	204	Medicare target amount					204
Adjustment to Medicare Part A Inpatient Reimbursement 207 207 Program reimbursement under the §410A Demonstration (see 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 instructions) 211 211 Comparison of PPS versus Cost Reimbursement 212 212 Total adjustment to Medicare Part A IPPS payments (from line 211) 212	205	Case-mix adjusted target amount (line 203 times line 204)					205
207 Program reimbursement under the §410A Demonstration (see 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 instructions) 211 212 Total adjustment to Medicare PPS payments (from line 211) 212	206	Medicare inpatient routine cost cap (line 202 times line 205)					206
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 instructions) 211 211 Comparison of PPS versus Cost Reimbursement 212 212 Total adjustment to Medicare Part A IPPS payments (from line 211) 212		Adjustment to Medicare Part A Inpatient Reimbursement					
209 Adjustment to Medicare IPPS payments (see instructions) 209 210 Reserved for future use 210 211 Total adjustment to Medicare IPPS payments (see instructions) 211 Comparison of PPS versus Cost Reimbursement 211 212 Total adjustment to Medicare Part A IPPS payments (from line 211) 212	207	Program reimbursement under the §410A Demonstration (se	ee instructions)				207
210 Reserved for future use 210 211 Total adjustment to Medicare IPPS payments (see instructions) 211 Comparison of PPS versus Cost Reimbursement 212 212 Total adjustment to Medicare Part A IPPS payments (from line 211) 212	208	Medicare Part A inpatient service costs (from Wkst. E, Pt. A	, line 59)				208
211 Total adjustment to Medicare IPPS payments (see instructions) 211 Comparison of PPS versus Cost Reimbursement 212 212 Total adjustment to Medicare Part A IPPS payments (from line 211) 212	209	Adjustment to Medicare IPPS payments (see instructions)					209
Comparison of PPS versus Cost Reimbursement 212 Total adjustment to Medicare Part A IPPS payments (from line 211) 212	210	Reserved for future use					210
212 Total adjustment to Medicare Part A IPPS payments (from line 211) 212	211	Total adjustment to Medicare IPPS payments (see instructio	ns)				211
		Comparison of PPS versus Cost Reimbursement					
213 Low-volume adjustment (see instructions) 213	212	Total adjustment to Medicare Part A IPPS payments (from li	ne 211)				212
	213	Low-volume adjustment (see instructions)					213
218 Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions) 218	218	Net Medicare Part A IPPS adjustment (difference between F	PPS and cost reimbursement) (li	ne 212 minus line 213) (see instruct	ions)		218

	DICAL CENTER		PROVIDER CCN:	PERIOD:	WORKSHEET E,	12-22
SETTLEME	NT			FROM: 06/01/2020	PART B	
<u></u>			11-0113	TO: 05/31/2021		
Check	[X] Hospital [] IPF	[] Subprovider (Other) [] SNF	[] Chart Model			
Applicable Boxes:	[] IRF	[] PARHM Demonstration				
		THER HEALTH SERVICES			1	
		her services (see instruction				1
		her services reimbursed und			956,622	2
3	OPPS paymer	its	· · · · · · · · · · · · · · · · · · ·		482,750	3
4	Outlier paymer	nt (see instructions)			2,669	4
		liation amount (see instruction	,			4.01
		ital specific payment to cost	ratio (see instructions)			5
-	Line 2 times lin	-	2			6
		, 4, and 4.01, divided by line				7
		rridor payment (see instruct	from Wkst. D, Pt. IV, col. 13, line :	200		8
	Organ acquisit		ITOTT WKSL D, FL IV, COL TS, IIIE	200		10
	<u> </u>	n of lines 1 and 10) (see inst	tructions)			10
		ON OF LESSER OF COST (
	Reasonable ch					
12	Ancillary servic	•				12
		ion charges (from Wkst. D-4				13
14		ble charges (sum of lines 12	and 13)			14
	Customary cha					
15			patients liable for payment for ser	vices on a charge basis services on a charge basis had suc		15
16		made in accordance with 42		services on a charge basis had suc	in line line line line line line line li	16
		to line 16 (not to exceed 1.				10
		ry charges (see instructions)	,			18
				exceeds line 11) (see instructions)		19
20	Excess of reas	onable cost over customary	charges (complete only if line 11	exceeds line 18) (see instructions)		20
21	Lesser of cost	or charges (see instructions				21
		sidents (see instructions)				22
		ans' services in a teaching h				23
24		ive payment (sum of lines 3,			485,419	24
		ON OF REIMBURSEMENT S				25
		nd coinsurance amounts (se	ating to amount on line 24 (see instructions)	structions)	103,842	25 26
			-	f lines 22 and 23] (see instructions)	,	20
		e medical education paymer	, <u>,</u>		001,011	28
		nedical education costs (fron				29
30	Subtotal (sum	of lines 27 through 29)			381,577	30
31	Primary payer	payments				31
32		30 minus line 31)			381,577	32
			AD DEBTS FOR PROFESSIONA	L SERVICES)		
	· · ·	e ESRD (from Wkst. I-5, line	e 11)			33
		debts (see instructions)	<i>e</i> \		22,796	34
	,	oursable bad debts (see inst			14,817	35
	Subtotal (see i	debts for dual eligible benef	10101103 (SEE 111511 UCIIO115)		6,289 396,394	36 37
	````	onciliation amount from PS&	R		000,004	38
		ents (specify) (see instructio				39
	í – – – – – – – – – – – – – – – – – – –	demonstration payment adju	,			39.5
39.97	Demonstration	payment adjustment amou	nt before sequestration			39.97
39.98	Partial or full c	redits received from manufa	cturers for replaced devices (see	instructions)		39.98
		ccelerated depreciation				39.99
	Subtotal (see i		-		396,394	40
	· · · · · · · · · · · · · · · · · · ·	adjustment (see instructions	,			40.01
		payment adjustment amou				40.02
		adjustment-PARHM or CHA			387,719	40.03
	Interim paymer	nts nts-PARHM or CHART			301,119	41 41.01
		lement (for contractors use of	only)			41.01
		ement-PARHM or CHART (f	•			42.01
		rovider/program (see instruc			8,675	43
	· · · ·	rovider/program-PARHM or	,		5,0.0	43.01
43.01						

BURKE ME	DICAL CENTE	R				12-22
CALCULATION OF REIMBURSEMENT		PROVIDER CCN:	PERIOD:	WORKSHEET E,		
SETTLEME	NT			FROM: 06/01/2020	PART B	
			11-0113	TO: 05/31/2021		
Check	[X] Hospital	[] Subprovider (Other)	[] Chart Model			
Applicable	[] IPF	[] SNF				
Boxes:	[] IRF	[] PARHM Demonstration				
PART B - M	EDICAL AND C	OTHER HEALTH SERVICES			1	
	TO BE COMP	LETED BY CONTRACTOR				
90	Original outlier	r amount (see instructions)			2,669	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	lines 90 and 93)				94

	CAL CENTER							12-2
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		PROVIDER CCN: 11-0113 COMPONENT CCN:		PERIOD: FROM: 06/01/2020 TO: 05/31/2021		WORKSHEET Part I	E-1,	
Check Applicable Boxes:	[X] Hospital [] Subprovider (Other) [] IPF [] SNF [] IRF [] Swing-Bed SNF	[] PARHM Demonstrat [] PARHM CAH Swing [] Chart Model [] Chart CAH Swing-Be	-Bed SNF	1		1		
				Inpa	atient			
				Pa	art A	Pa	art B	
				mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	1
	Description			1	2	3	4	1
	1 Total interim payments paid to provider				331,810		387,719	
:	Interim payments payable on individual bills, eith intermediary 2 for services rendered in the cost r 2 enter a zero							
:	3 List separately each retroactive Program to	Program to Provider	0.01	4/15/2021	14			3.0
	Provider .01 3.01 lump sum adjustment amount		0.02					3.0
	based .02 3.02 on subsequent revision of the .03		0.03					3.(
	3.03 interim rate for the cost reporting period04		0.04					3.0
	3.04 Also show date of each payment05 3.05 I		0.05					3.0
	none, write "NONE" or enter a zero. (1)	Provider to Program	0.5					3
			0.51					3.5
			0.52					3.
			0.53					3.
	Subtotal (sum of lines 3.01- 3.49 minus sum of li	nos 3 50 3 08)	0.54		14			3.5
	Total interim payments (sum of lines 1, 2, and	nes 5.50-5.90)	0.99		14		_	- 3.3
	3.99) 4 (transfer to Wkst. E or Wkst. E-3, line							
	4 and column as appropriate)				331,824		387,719	
	5 List separately each tentative settlement	Program to Provider	0.01		1		1	5.0
	Program to Provider .01 5.01		0.02		1			5
	payment after desk review. Also show .02 5.02		0.03					5.0
	date of each payment03 5.03	Provider to Program	0.5					5
	If none, write "NONE" or enter a zero. (1)		0.51					5.5
			0.52					5.5
	Subtotal (sum of lines 5.01- 5.49 minus sum of li		0.99					5.9
	6 Determined net settlement amount (balance due	/ -	0.01					6.0
	based on cost report (1)	Provider to Program	0.02					6.0
	7 Total Medicare program liability (see instructions	)			386,337		396,394	
	8 Name of Contractor			Contractor Num	nber	NPR Date (Mor	nth/Day/Year)	
	PALMETTO GBA			10001		12/16/2021		

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.

BURKE MEDI	ICAL CENTER							12-22
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		PROVIDER CCN: 11-0113 COMPONENT CCN:		PERIOD: FROM: 06/01/2020 TO: 05/31/2021		WORKSHEET E-1, Part I		
Check Applicable Boxes:	[] Hospital [] Subprovider (Other) [] IPF [] SNF [] IRF [X] Swing-Bed SNF	[] PARHM Demonstrat [] PARHM CAH Swing [] Chart Model [] Chart CAH Swing-Be	-Bed SNF	1		1		
					atient			
					art A		art B	4
	Description			mm/dd/yyyy 1	Amount 2	mm/dd/yyyy	Amount 4	4
	Description 1 Total interim payments paid to provider			1	<u> </u>	3	4	1
	Interim payments payable on individual bills, eithe	er submitted or to be sub	mitted to the		57,244			<u>+ '</u>
	intermediary 2 for services rendered in the cost re 2 enter a zero							2
	3 List separately each retroactive Program to	Program to Provider	0.01					3.01
	Provider .01 3.01 lump sum adjustment amount		0.02					3.02
	based .02 3.02 on subsequent revision of the .03		0.03					3.03
	3.03 interim rate for the cost reporting period04		0.04					3.04
	3.04 Also show date of each payment05 3.05 If	F	0.05					3.05
	none, write "NONE" or enter a zero. (1)	Provider to Program	0.5					3.5
			0.51					3.51
			0.52					3.52
			0.53					3.53
			0.54					3.54
	Subtotal (sum of lines 3.01- 3.49 minus sum of line	nes 3.50-3.98)	0.99					3.99
	Total interim payments (sum of lines 1, 2, and 3.99) 4 (transfer to Wkst. E or Wkst. E-3, line							
	4 and column as appropriate)				57,244			4
•					57,244			
	5 List separately each tentative settlement	Program to Provider	0.01		1		1	5.01
	Program to Provider .01 5.01		0.02					5.2
	payment after desk review. Also show .02 5.02		0.03					5.03
	date of each payment03 5.03	Provider to Program	0.5					5.5
	If none, write "NONE" or enter a zero. (1)		0.51					5.51
			0.52					5.52
	Subtotal (sum of lines 5.01- 5.49 minus sum of lines 5.40 minus sum of lines 5.40 minus sum of lines 5.40 minus su		0.99					5.99
	6 Determined net settlement amount (balance due)	-	0.01					6.01
	based on cost report (1)	Provider to Program	0.02					6.02
	7 Total Medicare program liability (see instructions)	)			57,244			7
	8 Name of Contractor			Contractor Nun	nber	NPR Date (Mor	nth/Day/Year)	8
	PALMETTO GBA			10001		12/16/2021		

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.

BURKE MEDICAL CENTER				12-22
CALCULATION OF REIMBURSEMENT	PROVIDER CCN:	PERIOD:	WORKSHEET E-2	
SETTLEMENT - SWING BEDS	11-0113	FROM: 06/01/2020		
	COMPONENT CCN:	TO: 05/31/2021		
Check [] Title V [] Swing-Bed SNF	[] CHART CAH Swing-Bed SN			
Applicable [X] Title XV/III [1] Swing Bod NE				

e [X] Title XVIII [] Swing-Bed NF [] Title XIX [] PARHM CAH Swing-Bed SNF Applicab Boxes:

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

		Part A	Part B	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	2	
	Inpatient routine services - swing bed-SNF (see instructions)	57,244		1
	Inpatient routine services - swing bed-NF (see instructions)			2
	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A; and sum of Wkst. D, Pt. V, 3 cols. 6 and 7, line 202, for Part B)			
3	(For CAH and swing-bed pass-through, see instructions)			3
3.01	Nursing and allied health payment-PARHM or CHART (see instructions)			3.01
4	Per diem cost for interns and residents not in approved teaching program (see instructions)			4
5	Program days	109		5
6	Interns and residents not in approved teaching program (see instructions)			6
7	Utilization review - physician compensation - SNF optional method only			7
	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	57,244		8
	Primary payer payments (see instructions)	- /		9
	Subtotal (line 8 minus line 9)	57,244		10
	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	07,244		11
	Subtotal (line 10 minus line 11)	57,244		12
	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	57,244		12
				13
	80% of Part B costs (line 12 x 80%)	57.044		
	Subtotal (see instructions)	57,244		15
	Other adjustments (specify) (see instructions)			16
	Pioneer ACO demonstration payment adjustment (see instructions)			16.5
	Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)			16.55
	Demonstration payment adjustment amount before sequestration			16.99
	Allowable bad debts (see instructions)			17
	Adjusted reimbursable bad debts (see instructions)			17.01
18	Allowable bad debts for dual eligible beneficiaries (see instructions)			18
19	Total (see instructions)	57,244		19
19.01	Sequestration adjustment (see instructions)			19.01
19.02	Demonstration payment adjustment amount after sequestration			19.02
19.03	Seguestration adjustment-PARHM or CHART pass-throughs			19.03
19.25	Sequestration for non-claims based amounts (see instructions)			19.25
	Interim payments	57.244		20
	Interim payments-PARHM or CHART			20.01
	Tentative settlement (for contractor use only)			21
	Tentative settlement (or contractor use only)			21.01
	Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)			21.01
	Balance due provider/program-PARHM or CHART (see instructions)			22.01
				22.01
23	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			23
200	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200
200				200
	Cost Reimbursement			
	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201
	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202
	Total (sum of lines 201 and 202)			203
204	Medicare swing-bed SNF discharges (see instructions)			204
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
	Medicare swing-bed SNF target amount			205
206	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206
	Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement			
207	Program reimbursement under the §410A Demonstration (see instructions)			207
208	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208
209	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209
	Reserved for future use			210
	Comparison of PPS versus Cost Reimbursement			
215	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)		Г	215
	· · · · · · · · · · · · · · · · · · ·			

BURKE ME	DICAL CENTER	2			12-22
CALCULAT	ION OF REIMBU	JRSEMENT SETTLEMENT	PROVIDER CCN:	PERIOD:	WORKSHEET E-3,
_			11-0113 COMPONENT CCN:	FROM: 06/01/2020 TO: 05/31/2021	PART VII
Check	[] Title V	[ X ] Hospital	[] NF	[] PPS	
Applicable	[ X ] Title XIX	[] Subprovider	[] ICF/IID	[] TEFRA	
Boxes:		[] SNF		[] Other	

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

	I	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	176,423		1
2 Medical and other services		220,251	2
3 Organ acquisition (certified transplant programs only)			3
4 Subtotal (sum of lines 1, 2 and 3)			4
5 Inpatient primary payer payments			5
6 Outpatient primary payer payments			6
7 Subtotal (line 4 less sum of lines 5 and 6)	176,423	220,251	7
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable Charges			
8 Routine service charges	28,800		8
9 Ancillary service charges	253,652	735,123	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)	282,452	735,123	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
15 Ratio of line 13 to line 14 (not to exceed 1.000000)			15
16 Total customary charges (see instructions)	282,452	735,123	16
17 Excess of customary charges over reasonable cost (complete only if line 16 17 exceeds line 4) (see instructions)	106,029	514,872	17
18 Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		011,012	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)	176,423	220,251	21
PROSPECTIVE PAYMENT AMOUNT		220,201	
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)	176,423	220,251	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT	110,120	220,201	
30 Excess of reasonable cost (from line 18)			30
31 Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	176,423	220,251	31
32 Deductibles	110,120	299	32
33 Coinsurance	1,772	200	33
34 Allowable bad debts (see instructions)	1,112		34
35 Utilization review			35
36 Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	174,651	219,952	36
37 Other adjustments (specify) (see instructions)	174,001	(9,317)	37
38 Subtotal (line 36 ± line 37)	174,651	210,635	38
39 Direct graduate medical education payments (from Wkst. E-4)	174,001	210,000	39
40 Total amount payable to the provider (sum of lines 38 and 39)	174,651	210,635	40
	,	,	
41 Interim payments 42 Balance due provider/program (line 40 minus line 41)	82,569 92,082	211,442 (807)	41
	92,062	(007)	
43 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

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