CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER CCN: 11-0028	PERIOD: FROM: 01/01/2021 TO: 12/31/2021	WORKSHEET E, PART A

Check Applicable Box: [X] Hospital [ ] PARHM Demonstration [ ] Chart Model

	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		1	
1	DRG amounts other than outlier payments			1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		45,615,304	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		14,659,962	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			1.04
2	Outlier payments for discharges (see instructions)			2
2.01	Outlier reconciliation amount			2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		1,071,342	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		668,278	2.04
3	Managed care simulated payments		57,975,124	3
4	Bed days available divided by number of days in the cost reporting period (see instructions)		485.91	4
	Indirect Medical Education Adjustment Calculation for Hospitals			
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)		26.38	5
5.01	FTE cap adjustment for qualifing hospitals under §131 of the CAA 2021 (see instructions)			5.01
6	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			6
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)			6.26
7	MMA §422 reduction amount to the IME cap as specified under 42 CFR 412.105(f)(1)(iv)(B)(1)		12.29	7
7.01	ACA §5503 reduction amount to the IME cap as specified under 42 CFR 412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011, see instructions.		9.16	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)			7.02
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance 8 with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			8
8.01	The amount of increase if the hospital was awarded FTE cap slots under §5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under §5506 of ACA. (see instructions)			8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)			8.21
9	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49 , minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, 9 plus lines 8.01 through 8.27 (see instructions)		4.93	9
10	FTE count for allopathic and osteopathic programs in the current year from your records		6.81	10
11	FTE count for residents in dental and podiatric programs			11
12	Current year allowable FTE (see instructions)		4.93	12
13	Total allowable FTE count for the prior year		4.93	13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997; otherwise enter zero.		4.93	14
15	Sum of lines 12 through 14 divided by 3		4.93	15
16	Adjustment for residents in initial years of the program (see instructions)			16
17	Adjustment for residents displaced by program or hospital closure			17
18	Adjusted rolling average FTE count		4.93	18
19	Current year resident to bed ratio (line 18 divided by line 4)		0.010146	19
20	Prior year resident to bed ratio (see instructions)		0.0087	20
21	Enter the lesser of lines 19 or 20 (see instructions)		0.0087	21
22	IME payment adjustment (see instructions)		285,946	22
22.01	IME payment adjustment - Managed Care (see instructions)		275,034	22.01
	Indirect Medical Education Adjustment for the Add-on for §422 of the MMA			
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			23
24	IME FTE resident count over cap (see instructions)		1.88	24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			25
26	Resident to bed ratio (divide line 25 by line 4)			26
27	IME payments adjustment factor (see instructions)			27
28	IME add-on adjustment amount (see instructions)			28
28.01	IME add-on adjustment amount - Managed Care (see instructions)			28.01
29	Total IME payment (sum of lines 22 and 28)		285,946	29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		275,034	29.01
	Disproportionate Share Adjustment			
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.0705	30
31	Percentage of Medicaid patient days to total patient days (see instructions)		0.1647	31
32	Sum of lines 30 and 31		0.2352	32
33	Allowable disproportionate share percentage (see instructions)		0.0862	33
34	Disproportionate share adjustment (see instructions)		1,298,932	34
	Uncompensated Care Payment Adjustment	Prior to October 1	On or after October 1	
35	Total uncompensated care amount (see instructions)			35
35.01	Factor 3 (see instructions)			35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	7,457,556	7,134,542	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	5,577,842	1,798,297	35.03
35.04	Pro rata share of the MDH's UCP, including supplemental UCP (see instructions)			35.04
35.05	Pro rata share of the SCH's UCP, including supplemental UCP (see instructions)			35.05
36	Total UCP adjustment (sum of columns 1 and 2 on line 35.03		7,376,139	36

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER CCN: 11-0028	PERIOD: FROM: 01/01/2021 TO: 12/31/2021	WORKSHEET E, PART A

Check Applicable Box: [X] Hospital [ ] PARHM Demonstration [ ] Chart Model

PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS (Cont.)		1	
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 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 instructions)		41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		42
43	Total Medicare ESRD inpatient days (see instructions)		43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)		44
45	Average weekly cost for dialysis treatments (see instructions)		45
46	Total additional payment (line 45 times line 44 times line 41.01)		46
47	Subtotal (see instructions)	70,975,903	47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)		48
49	Total payment for inpatient operating costs (see instructions)	71,250,937	49
50	Payment for inpatient program capital (from Wkst. L, Pt. I, or Pt. II, as applicable)	4,926,825	50
52	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)	227,957	52
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions).	227,957	52
53	Nursing and allied health managed care payment	69,264	53
54	Special add-on payments for new technologies	543,863	54
54.01	Islet isolation add-on payment		54.01
55	Net organ acquisition cost (Wkst. D-4, Pt. III, col. 1, line 69)		55
55.01	Cellular therapy acquisition cost (see instructions)		55.01
56	Cost of physicians' services in a teaching hospital (see instructions)		56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35)		57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	48,750	58
59	Total (sum of amounts on lines 49 through 58)	77,067,596	59
60	Primary payer payments	30,380	60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	77,037,216	61
62	Deductibles billed to program beneficiaries	6,354,560	62
63	Coinsurance billed to program beneficiaries	135,006	63
64	Allowable bad debts (see instructions)	432,373	64
65	Adjusted reimbursable bad debts (see instructions)	281,042	65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	432,373	66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	70,828,692	67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)	3,610	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 Demonstration) adjustment (see instructions)		70.5
70.87	Demonstration payment adjustment amount before sequestration		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		70.89
70.9	HSP bonus payment HVBP adjustment amount (see instructions)		70.9
70.91	HSP bonus payment HRR adjustment amount (see instructions)		70.91
70.92	Bundled Model 1 discount amount (see instructions)		70.92
70.93	HVBP payment adjustment amount (see instructions)	(345,378)	70.93
70.94	HRR adjustment amount (see instructions)	(629,628)	70.94
70.95	Recovery of accelerated depreciation		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy)		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy)		70.97
70.99	HAC adjustment amount (see instructions)		70.99
71	Amount due provider (see instructions)	69,850,076	71
71.01	Sequestration adjustment (see instructions)		71.01
71.02	Demonstration payment adjustment amount after sequestration		71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs		71.03
72	Interim payments	70,064,673	72
72.01	Interim payments-PARHM or CHART		72.01
73	Tentative settlement (for contractor use only)		73
73.01	Tentative settlement-PARHM or CHART (for contractor use only)		73.01
74	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)	(214,597)	74
74.01	Balance due provider/program-PARHM or CHART (see instructions)		74.01
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	4,747,683	75

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER CCN: 11-0028	PERIOD: FROM: 01/01/2021 TO: 12/31/2021	WORKSHEET E, PART A

Check Applicable Box: [X] Hospital [ ] PARHM Demonstration [ ] Chart Model

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 instructions)			90
91	Capital outlier from Wkst. L, Pt. I, line 2		133,953	91
92	Operating outlier reconciliation adjustment amount (see instructions)			92
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 operating expenses (see instructions)			95
96	Time value of money for capital related expenses (see instructions) 96			96
	HSP Bonus Payment Amount	Prior to 10/1	On or After 10/1	
100	HSP bonus amount (see instructions)			100
	HVBP Adjustment for HSP Bonus Payment	Prior to 10/1	On or After 10/1	
101	HVBP adjustment factor (see instructions)			101
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)			104
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
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	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 (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
	Comparison of PPS versus Cost Reimbursement			
212	Total adjustment to Medicare Part A IPPS payments (from line 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

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER CCN: 11-0028	PERIOD: FROM: 01/01/2021 TO: 12/31/2021	WORKSHEET E, PART B

Check Applicable Boxes: [X] Hospital [ ] Subprovider (Other) [ ] Chart Model
[ ] IPF [ ] SNF
[ ] IRF [ ] PARHM Demonstration

	PART B - MEDICAL AND OTHER HEALTH SERVICES	1	
1	Medical and other services (see instructions)	48,201	1
2	Medical and other services reimbursed under OPPS (see instructions)	38,951,813	2
3	OPPS payments	40,799,434	3
4	Outlier payment (see instructions)	88,781	4
4.01	Outlier reconciliation amount (see instructions)		4.01
5	Enter the hospital specific payment to cost ratio (see instructions)		5
6	Line 2 times line 5		6
7	Sum of lines 3, 4, and 4.01, divided by line 6		7
8	Transitional corridor payment (see instructions)		8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	92,304	9
10	Organ acquisition		10
11	Total cost (sum of lines 1 and 10) (see instructions)	48,201	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12	Ancillary service charges	263,488	12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)		13
14	Total reasonable charges (sum of lines 12 and 13)	263,488	14
	Customary charges		
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis		15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)		17
18	Total customary charges (see instructions)	263,488	18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	215,287	19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		20
21	Lesser of cost or charges (see instructions)	48,201	21
22	Interns and residents (see instructions)		22
23	Cost of physicians' services in a teaching hospital (see instructions)		23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8, and 9)	40,980,519	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	Deductibles and coinsurance amounts (see instructions)	35,111	25
26	Deductibles and Coinsurance amounts relating to amount on line 24 (see instructions)	6,729,914	26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	34,263,695	27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	106,934	28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)		29
30	Subtotal (sum of lines 27 through 29)	34,370,629	30
31	Primary payer payments	22,305	31
32	Subtotal (line 30 minus line 31)	34,348,324	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	Composite rate ESRD (from Wkst. I-5, line 11)		33
34	Allowable bad debts (see instructions)	361,290	34
35	Adjusted reimbursable bad debts (see instructions)	234,839	35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	361,290	36
37	Subtotal (see instructions)	34,583,163	37
38	MSP-LCC reconciliation amount from PS&R	(35)	38
39	Other adjustments (specify) (see instructions)		39
39.5	Pioneer ACO demonstration payment adjustment (see instructions)		39.5
39.97	Demonstration payment adjustment amount before sequestration		39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		39.98
39.99	Recovery of Accelerated depreciation		39.99
40	Subtotal (see instructions)	34,583,198	40
40.01	Sequestration adjustment (see instructions)		40.01
40.02	Demonstration payment adjustment amount after sequestration		40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs		40.03
41	Interim payments	34,685,599	41
41.01	Interim payments-PARHM or CHART		41.01
42	Tentative settlement (for contractors use only)		42
42.01	Tentative settlement-PARHM or CHART (for contractors use only)		42.01
43	Balance due provider/program (see instructions)	(102,401)	43
43.01	Balance due provider/program-PARHM or CHART (see instructions)		43.01
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		44

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER CCN: 11-0028	PERIOD: FROM: 01/01/2021 TO: 12/31/2021	WORKSHEET E, PART B

Check Applicable Boxes:	[X] Hospital	[ ] Subprovider (Other)	[ ] Chart Model
	[ ] IPF	[ ] SNF	
	[ ] IRF	[ ] PARHM Demonstration	

PART B - MEDICAL AND OTHER HEALTH SERVICES 1

TO BE COMPLETED BY CONTRACTOR

90	Original outlier amount (see instructions)	88,781	90
91	Outlier reconciliation 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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	PROVIDER CCN: 11-0028 COMPONENT CCN:	PERIOD: FROM: 01/01/2021 TO: 12/31/2021	WORKSHEET E-1, Part I

Check Applicable Boxes:
[X] Hospital [ ] Subprovider (Other) [ ] PARHM Demonstration
[ ] IPF [ ] SNF [ ] PARHM CAH Swing-Bed SNF
[ ] IRF [ ] Swing-Bed SNF [ ] Chart Model
[ ] Chart CAH Swing-Bed SNF

	Description			Inpatient Part A mm/dd/yyyy 1	Inpatient Part A Amount 2	Part B mm/dd/yyyy 3	Part B Amount 4	
1	Total interim payments paid to provider				77,622,658		34,774,116	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary 2 for services rendered in the cost reporting period. If none, write "NONE" or enter a zero							2
3	List separately each retroactive Program to Provider .01 3.01 lump sum adjustment amount based .02 3.02 on subsequent revision of the .03 3.03 interim rate for the cost reporting period. .04 3.04 Also show date of each payment. .05 3.05 If none, write "NONE" or enter a zero. (1)	Program to Provider	0.01	4/15/2021	592	4/15/2021	442	3.01
			0.02	5/13/2021	2,632	5/13/2021	1,479	3.02
			0.03	4/15/2021	61,065			3.03
			0.04	12/24/2021	3,132			3.04
			0.05					3.05
		Provider to Program	0.5	5/13/2021	2,213,642	12/24/2021	90,438	3.5
			0.51	12/24/2021	5,411,764			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 lines 3.50-3.98)		0.99		(7,557,985)		(88,517)	3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) 4 (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)				70,064,673		34,685,599	4
5	List separately each tentative settlement Program to Provider .01 5.01 payment after desk review. Also show .02 5.02 date of each payment. .03 5.03 If none, write "NONE" or enter a zero. (1)	Program to Provider	0.01					5.01
			0.02					5.2
			0.03					5.03
		Provider to Program	0.5					5.5
			0.51					5.51
			0.52					5.52
	Subtotal (sum of lines 5.01- 5.49 minus sum of lines 5.50-5.98)		0.99					5.99
6	Determined net settlement amount (balance due) based on cost report (1)	Program to Provider	0.01					6.01
		Provider to Program	0.02		214,597		102,401	6.02
7	Total Medicare program liability (see instructions)				69,850,076		34,583,198	7
8	Name of Contractor PALMETTO GBA			Contractor Number 10001		NPR Date (Month/Day/Year)		8

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.

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER CCN: 11-0028 COMPONENT CCN:	PERIOD: FROM: 01/01/2021 TO: 12/31/2021	WORKSHEET E-3, PART VII

Check Applicable Boxes:	[ ] Title V	[X] Hospital	[ ] NF	[ ] PPS
	[X] Title XIX	[ ] Subprovider	[ ] ICF/IID	[ ] TEFRA
		[ ] SNF		[ ] Other

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

		1 Inpatient Title V or Title XIX	2 Outpatient Title V or Title XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	14,896,581		1
2	Medical and other services		2,482,741	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)	14,896,581	2,482,741	7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8	Routine service charges	6,758,312		8
9	Ancillary service charges	35,067,321	9,796,815	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)	41,825,633	9,796,815	12
	CUSTOMARY CHARGES			0
13	Amount actually collected from patients liable for payment for services on a charge basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such 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)	41,825,633	9,796,815	16
17	Excess of customary charges over reasonable cost (complete only if line 16 17 exceeds line 4) (see instructions)	26,929,052	7,314,074	17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			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)	14,896,581	2,482,741	21
	PROSPECTIVE PAYMENT AMOUNT			
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)	14,896,581	2,482,741	29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)			30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	14,896,581	2,482,741	31
32	Deductibles	293,480		32
33	Coinsurance		3,439	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)	14,603,101	2,479,302	36
37	Other adjustments (specify) (see instructions)			37
38	Subtotal (line 36 ± line 37)	14,603,101	2,479,302	38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)	14,603,101	2,479,302	40
41	Interim payments	10,272,379	2,076,657	41
42	Balance due provider/program (line 40 minus line 41)	4,330,722	402,645	42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	PROVIDER CCN: 11-0028	PERIOD: FROM: 01/01/2021 TO: 12/31/2021	WORKSHEET E-4

Check Applicable Boxes:	[ ] Title V	[X] Hospital	[ ] CAH-Based IPF
	[X] Title XVIII	[ ] Subprovider	[ ] CAH-Based IRF
	[ ] Title XIX	[ ] SNF	

	COMPUTATION OF TOTAL DIRECT GME AMOUNT	1	
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996	43	1
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)		1.01
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)		2
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		2.26
3	Amount of reduction to Direct GME cap under §422 of MMA		3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions 3.01 for cost reporting periods straddling 7/1/2011)	28	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		3.02
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))		4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)		4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		4.21
5	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus 5 line 4, plus lines 4.01 through 4.27	15	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)	7	6
7	Enter the lesser of line 5 or line 6	7	7

		Primary Care	Other	Total	
		1	2	3	0
8	Weighted FTE count for physicians in an allopathic and osteopathic program for 8 the current year	5	1	7	8
9	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	5	1	7	9
10	Weighted dental and podiatric resident FTE count for the current year				10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10
11	Total weighted FTE count	5	1		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	5	1		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instr.)	6	1		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	5	1		14
15	Adjustment for residents in initial years of new programs				15
15.01	Unweighted adjustment for residents in initial years of new programs				15
16	Adjustment for residents displaced by program or hospital closure				16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16
17	Adjusted rolling average FTE count	5	1		17
18	Per resident amount	93,488	93,488		18
18.01	Per resident amount under §131 of the CAA 2021				18
19	Approved amount for resident costs	500,160	111,251	611,411	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)				21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 time line 23				24
25	Total direct GME amount (sum of lines 19 and 24)	611,411			25

	COMPUTATION OF PROGRAM PATIENT LOAD	Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or After 1/1	Total	
		1	2	2.01	3	
26	Inpatient Days (see instructions)	32,870	36,943			26
27	Total Inpatient Days (see instructions)	124,713	124,713			27
28	Ratio of inpatient days to total inpatient days	0	0			28
29	Program direct GME amount	161,147	181,115		342,262	29
29.01	Percent reduction for MA DGME		4			29
30	Reduction for direct GME payments for Medicare Advantage		7,371		7,371	30
31	Net Program direct GME amount				334,891	31

	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)		
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		34
35	Medicare outpatient ESRD charges (see instructions)		35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		36

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	PROVIDER CCN: 11-0028	PERIOD: FROM: 01/01/2021 TO: 12/31/2021	WORKSHEET E-4

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	[ ] Title XIX	[ ] SNF	

	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME	1	
	Part A Reasonable Cost		
37	Reasonable cost (see instructions)	83,317,708	37
38	Organ acquisition costs Wkst. D-4, Pt. III, col. 1, line 69)		38
39	Cost of physicians' services in a teaching hospital (see instructions)		39
40	Primary payer payments (see instructions)	30,380	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	83,287,328	41
	Part B Reasonable Cost		
42	Reasonable cost (see instructions)	39,092,318	42
43	Primary payer payments (see instructions)	22,305	43
44	Total Part B reasonable cost (line 42 minus line 43)	39,070,013	44
45	Total reasonable cost (sum of lines 41 and 44)	122,357,341	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.680689	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.319311	47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48	Total program GME payment (line 31)	334,891	48
49	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	227,957	49
50	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions) 50	106,934	50