

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**

**WORKSHEET S  
PARTS I, II & III**

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: 05/30/2018 Time: 11:49 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report 4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY FIRST MEDICAL CENTER (14-0251) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 01/01/2017 and ending 12/31/2017, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) \_\_\_\_\_  
Chief Financial Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PART III - SETTLEMENT SUMMARY**

		TITLE XVIII			HIT	TITLE XIX	
		TITLE V	PART A	PART B			
		1	2	3	4	5	
1	HOSPITAL		461,224	-151,864			1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY		1,004	-270			7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		462,228	-152,134			200

The above amounts represent 'due to' or 'due from' the applicable program for the element of the above complex indicated.

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

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 5645 WEST ADDISON STREET	P.O. Box:		1
2	City: CHICAGO	State: IL	ZIP Code: 60634	County: COOK

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
0	1	2	3	4	5	6	7	8	
3	Hospital	COMMUNITY FIRST MEDICAL CENTER	14-0251	16974	1	07 / 01 / 1966	N	P	O
4	Subprovider - IPF								
5	Subprovider - IRF								
6	Subprovider - (OTHER)								
7	Swing Beds - SNF								
8	Swing Beds - NF								
9	Hospital-Based SNF	CFMC SKILLED NURSING FACILITY	14-5548	16974		07 / 01 / 1985	N	P	N
10	Hospital-Based NF								
11	Hospital-Based OLTC								
12	Hospital-Based HHA								
13	Separately Certified ASC								
14	Hospital-Based Hospice								
15	Hospital-Based Health Clinic - RHC								
16	Hospital-Based Health Clinic - FQHC								
17	Hospital-Based (CMHC)								
18	Renal Dialysis								
19	Other								

20	Cost Reporting Period (mm/dd/yyyy)	From: 01 / 01 / 2017	To: 12 / 31 / 2017	20
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21	Type of control (see instructions)	1		21
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**Inpatient PPS Information**

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	Y	N	22	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	1	N	23	

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days
		1	2	3	4	5	6
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,977	1,711			4,608	
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.						

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1		26
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27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27
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35	If this is a sole community hospital (SCH), enter the number of periods SCH status is in effect in the cost reporting period.			35
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36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
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37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
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37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N		37.01
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38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40
Prospective Payment System (PPS)-Capital		V	XVIII	XIX
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

		1	2	3	
Teaching Hospitals					
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
		NAHE 413.85 Y/N 1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
60	Are you claiming nursing and allied health education (NAHE) costs for any program(s) that meet the criteria under 42 CFR 413.85? (see instructions)	N			60
		Y/N 1	IME 4	Direct GME 5	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.

	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	

Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program (see instructions). Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the IME FTE unweighted count. Enter in column 4 direct the GME FTE unweighted count.

**ACA Provisions Affecting the Health Resources and Services Administration (HRSA)**

62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	1.84			62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01

**Teaching Hospitals that Claim Residents in Nonprovider Settings**

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64 through 67. (see instructions)	N			63
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**WORKSHEET S-2  
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
65					65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
67					67

**Inpatient Psychiatric Facility PPS**

		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	N			70
71	If line 70 is yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				71

**Inpatient Rehabilitation Facility PPS**

		1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	N			75
76	If line 75 is yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				76

**Long Term Care Hospital PPS**

80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.	N			80
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.	N			81

**TEFRA Providers**

85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA? Enter 'Y' for yes or 'N' for no.	N			85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.				86
87	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter 'Y' for yes and 'N' for no.	N			87

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**WORKSHEET S-2  
PART I**

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97
98	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06

Rural Providers		1	2	
105	Does this hospital qualify as a CAH?	N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions)			107
108	If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			108
	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108
		Physical	Occupational	Speech
				Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.			109

		1	2	
110	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110
		1	2	
111	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: 'A' for Ambulance services; 'B' for additional beds; and/or 'C' for tele-health services.			111

**Miscellaneous Cost Reporting Information**

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	742,500			118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health care related taxes as defined in §1983(w)(3) of the Act? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

**Transplant Center Information**

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N			125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date in column 2.				126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date in column 2.				127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date in column 2.				128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date in column 2.				129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date in column 2.				130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date in column 2.				132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

All Providers

140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	1 N	2	140
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If this facility is part of a chain organization, enter the name of the home office, the home office contractor name, and home office contractor number on line 141. Enter the address of the home office on lines 142 and 143.

141	Name:	Contractor's Name:	Contractor's Number:	141
142	Street:	P.O. Box:		142
143	City:	State:	ZIP Code:	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)

		Title XVIII				
		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N			156
157	Subprovider - IRF	N	N			157
158	Subprovider - Other					158
159	SNF	N	N	N	N	159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					161.10

Multicampus

165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N					165
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5. (see instructions)						166
	Name	County	State	ZIP Code	CBSA	FTE/Campus	
	0	1	2	3	4	5	

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)					169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10 / 01 / 2016	09 / 30 / 2017			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0			171

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

**General Instruction: Enter Y for all YES responses. Enter N for all NO responses.  
Enter all dates in the mm/dd/yyyy format.**

**COMPLETED BY ALL HOSPITALS**

		Y/N	Date		
Provider Organization and Operation		1	2		
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
		1	2	3	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3

		Y/N	Type	Date	
Financial Data and Reports		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A		4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

		Y/N	Y/N	
Approved Educational Activities		1	2	
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	N		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N		8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	Y		9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

		Y/N	
Bad Debts		Y/N	
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

		Y/N	
Bed Complement		Y/N	
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/21/2017	Y	03/21/2017
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

**General Instruction: Enter Y for all YES responses. Enter N for all NO responses.  
Enter all dates in the mm/dd/yyyy format.**

**COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)**

Capital Related Cost			
22	Have assets been relifed for Medicare purposes? If yes, see instructions.		22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.		24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25
26	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26
27	Has the provider's capitalization policy changed during the cost reporting period? If yes, see instructions.		27

Interest Expense			
28	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28
29	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions.		29
30	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30
31	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31

Purchased Services			
32	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32
33	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33

Provider-Based Physicians			
34	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34
35	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35

Home Office Costs		Y/N	Date	
		1	2	
36	Are home office costs claimed on the cost report?			36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37
38	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

Cost Report Preparer Contact Information			
41	First name: IRENA	Last name: DUMANIS	Title: VP FINANCE
42	Employer: COMMUNITY FIRST MEDICAL CENTER		
43	Phone number: 7737948320	E-mail Address: IDUMANIS@CFMEDICALCENTER.COM	

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	193	70,445			10,747	3,319	25,365	1
2	HMO and other (see instructions)						4,820	4,608		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		193	70,445			10,747	3,319	25,365	7
8	Intensive Care Unit	31								8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34	20	7,300			2,236	369	5,849	11
12	Other Special Care (specify)	35								12
13	Nursery	43								13
14	Total (see instructions)		213	77,745			12,983	3,688	31,214	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44	66	24,090			10,716		14,759	19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		279							27
28	Observation Bed Days							200	4,667	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)									32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33
33.01	LTCH site neutral days and discharges									33.01

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					2,392	758	5,690	1
2	HMO and other (see instructions)					800	1,609		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	1.96	769.30			2,392	758	5,690	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility		46.39						19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	1.96	815.69						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01
33	LTCH non-covered days								33
33.01	LTCH site neutral days and discharges								33.01

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL WAGE INDEX INFORMATION**

**WORKSHEET S-3  
PARTS II-III**

**Part II - Wage Data**

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
<b>SALARIES</b>							
1	200	51,784,955	-3,122,448	48,662,507	1,665,741.00	29.21	1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21						7
7.01							7.01
8							8
9	44	2,834,465		2,834,465	96,481.00	29.38	9
10		1,618,231	-865,879	752,352	28,667.00	26.24	10
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11		856,649		856,649	14,433.00	59.35	11
12							12
13		217,448		217,448	1,459.00	149.04	13
14							14
14.01							14.01
14.02							14.02
15							15
16							16
<b>WAGE-RELATED COSTS</b>							
17		8,564,754		8,564,754			17
18		193,637		193,637			18
19		975,501		975,501			19
20							20
21							21
22							22
22.01							22.01
23		122,359		122,359			23
24							24
25							25
25.50							25.50
25.51							25.51
25.52							25.52
25.53							25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26		455,021		455,021	11,029.39	41.26	26
27		5,104,436		5,104,436	197,382.15	25.86	27
28		86,331		86,331	881.00	97.99	28
29							29
30		1,322,293		1,322,293	66,520.98	19.88	30
31		79,391		79,391	6,216.00	12.77	31
32		1,128,131		1,128,131	91,725.36	12.30	32
33							33
34		965,482	-240,844	724,638	55,499.80	13.06	34
35							35
36			240,844	240,844	11,367.43	21.19	36
37							37
38		1,229,043		1,229,043	70,009.14	17.56	38
39		577,126		577,126	30,259.94	19.07	39
40		1,723,548		1,723,548	43,993.70	39.18	40
41		2,069,177		2,069,177	68,883.13	30.04	41
42		958,831		958,831	8,897.70	107.76	42
43							43

**Part III - Hospital Wage Index Summary**

1	Net salaries (see instructions)	51,871,286	-3,122,448	48,748,838	1,666,622.00	29.25	1
2	Excluded area salaries (see instructions)	4,452,696	-865,879	3,586,817	125,148.00	28.66	2
3	Subtotal salaries (line 1 minus line 2)	47,418,590	-2,256,569	45,162,021	1,541,474.00	29.30	3
4	Subtotal other wages & related costs (see instructions)	1,074,097		1,074,097	15,892.00	67.59	4
5	Subtotal wage-related costs (see instructions)	8,758,391		8,758,391		19.39%	5
6	Total (sum of lines 3 through 5)	57,251,078	-2,256,569	54,994,509	1,557,366.00	35.31	6
7	Total overhead cost (see instructions)	15,698,810		15,698,810	662,665.72	23.69	7

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL WAGE RELATED COSTS**

**WORKSHEET S-3  
PART IV**

**Part IV - Wage Related Cost**

**Part A - Core List**

		Amount Reported	
	<b>RETIREMENT COST</b>		
1	401K Employer Contributions		1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	<b>HEALTH AND INSURANCE COST</b>		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8.02
8.03	Health Insurance (Purchased)	4,125,965	8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	219,252	10
11	Life Insurance (If employee is owner or beneficiary)	47,455	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	328,191	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance		15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	660,000	16
	<b>TAXES</b>		
17	FICA-Employers Portion Only	3,678,493	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	506,715	19
20	State or Federal Unemployment Taxes		20
	<b>OTHER</b>		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	96,637	23
24	Total Wage Related cost (Sum of lines 1-23)	9,662,708	24

**Part B - Other Than Core Related Cost**

25	OTHER WAGE RELATED COSTs (SPECIFY)	193,637	25
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**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**HOSPITAL CONTRACT LABOR AND BENEFIT COST**

**WORKSHEET S-3  
PART V**

**Part V - Contract Labor and Benefit Cost**

**Hospital and Hospital-Based Component Identification:**

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost		9,977	1
2	Hospital			2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FOHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other		9,977	18

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA**

**WORKSHEET S-7**

		Y/N	DATE	
		1	2	
1	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter 'Y' for yes and do not complete the rest of this worksheet.	N		1
2	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter 'Y' for yes or 'N' for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N	/ /	2

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX				3
4	RUL				4
5	RVX				5
6	RVL				6
7	RHX				7
8	RHL				8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC	222		222	12
13	RUB	4,048		4,048	13
14	RUA	3,716		3,716	14
15	RVC	82		82	15
16	RVB	1,206		1,206	16
17	RVA	1,042		1,042	17
18	RHC	22		22	18
19	RHB	86		86	19
20	RHA	117		117	20
21	RMC				21
22	RMB	29		29	22
23	RMA	35		35	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2				27
28	ES1				28
29	HE2				29
30	HE1				30
31	HD2				31
32	HD1	4		4	32
33	HC2				33
34	HC1				34
35	HB2				35
36	HB1				36
37	LE2				37
38	LE1				38
39	LD2				39
40	LD1				40
41	LC2				41
42	LC1	18		18	42
43	LB2				43
44	LB1	1		1	44
45	CE2				45
46	CE1				46
47	CD2				47
48	CD1				48
49	CC2				49
50	CC1	20		20	50
51	CB2				51
52	CB1	15		15	52
53	CA2				53
54	CA1	21		21	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62
63	IA1				63
64	IA2				64
65	BB2				65
66	BB1				66
67	BA2				67
68	BA1	4		4	68
69	PE2				69

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA**

**WORKSHEET S-7**

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
70	PE1				70
71	PD2				71
72	PD1				72
73	PC2				73
74	PC1	4		4	74
75	PB2				75
76	PB1	14		14	76
77	PA2				77
78	PA1	9		9	78
199	AAA	1		1	199
200	TOTAL	10,716		10,716	200

**SNF SERVICES**

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1	2	
201	Enter in column 1 the SNF CBSA code, or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2 the code in effect on or after October 1 of the cost reporting period (if applicable).			201

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter 'Y' or 'N' for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1	2	3	
202	Staffing				202
203	Recruitment				203
204	Retention of employees				204
205	Training				205
206	Other (specify)				206
207	Total SNF Revenue (Worksheet G-2, Part I, line 7, column 3)	13,065,483			207

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA**

**WORKSHEET S-10**

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.168055	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		16,931,432	2
3	Did you receive DSH or supplemental payments from Medicaid?		Y	3
4	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4
5	If line 4 is no, enter DSH and/or supplemental payments from Medicaid			5
6	Medicaid charges		42,197,071	6
7	Medicaid cost (line 1 times line 6)		7,091,429	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.			8

State Children's Health Insurance Program (SCHIP)(see instructions for each line)

9	Net revenue from stand-alone SCHIP			9
10	Stand-alone SCHIP charges			10
11	Stand-alone SCHIP cost (line 1 times line 10)			11
12	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9). If line 11 is less than line 9, then enter zero.			12

Other state or local government indigent care program (see instructions for each line)

13	Net revenue from state or local indigent care program (not included on lines 2, 5, or 9)			13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)			14
15	State or local indigent care program cost (line 1 times line 14)			15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.			16

Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent programs (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundnig charity care			17
18	Government grants, appropriations of transfers for support of hospital operations			18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			19

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	14,259,724	8,119,656	22,379,380	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,396,418	8,119,656	10,516,074	21
22	Payments received from patients for amounts previously written off as charity care				22
23	Cost of charity care (line 21 minus line 22)	2,396,418	8,119,656	10,516,074	23

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24
25	If line 24 is yes, charges for patient days beyond the indigent care program's length of stay limit				25
26	Total bad debt expense for the entire hospital complex (see instructions)			19,541,337	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			965,935	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,486,054	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			18,055,283	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			3,554,400	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			14,070,474	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			14,070,474	31

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOCA- TION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		<b>GENERAL SERVICE COST CENTERS</b>								
1	00100	Cap Rel Costs-Bldg & Fixt				2,819,387	2,819,387		2,819,387	1
2	00200	Cap Rel Costs-Mvble Equip				1,462,209	1,462,209		1,462,209	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	455,021	10,305,791	10,760,812		10,760,812	-230,787	10,530,025	4
5	00500	Administrative & General	5,104,436	26,834,350	31,938,786	-4,159,869	27,778,917	-6,452,496	21,326,421	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	1,322,293	1,975,416	3,297,709		3,297,709		3,297,709	7
8	00800	Laundry & Linen Service	79,391	525,292	604,683		604,683		604,683	8
9	00900	Housekeeping	1,128,131	403,146	1,531,277		1,531,277		1,531,277	9
10	01000	Dietary	965,482	1,418,002	2,383,484	-404,828	1,978,656		1,978,656	10
11	01100	Cafeteria				404,828	404,828	-370,578	34,250	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,229,043	25,623	1,254,666		1,254,666	-30,302	1,224,364	13
14	01400	Central Services & Supply	577,126	-2,311,370	-1,734,244	2,604,621	870,377		870,377	14
15	01500	Pharmacy	1,723,548	4,431,002	6,154,550	-4,351,185	1,803,365	-11,336	1,792,029	15
16	01600	Medical Records & Library	2,069,177	340,847	2,410,024		2,410,024	-66,546	2,343,478	16
17	01700	Social Service								17
17.01	01701	HOUSE STAFF PHYSICIANS	958,831	260,886	1,219,717		1,219,717	-1,219,717		17.01
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd				55,093	55,093		55,093	21
22	02200	I&R Services-Other Prgm Costs Apprvd				220,372	220,372		220,372	22
23	02300	Paramed Ed Prgm-(specify)								23
		<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	03000	Adults & Pediatrics	9,238,692	1,972,466	11,211,158	-1,027,327	10,183,831		10,183,831	30
34	03400	Surgical Intensive Care Unit	3,939,668	2,105,096	6,044,764	-88,181	5,956,583	-138,947	5,817,636	34
44	04400	Skilled Nursing Facility	2,834,465	610,814	3,445,279	-496,706	2,948,573	12	2,948,585	44
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	Operating Room	2,196,745	4,409,630	6,606,375	-3,110,672	3,495,703	-473,333	3,022,370	50
51	05100	Recovery Room	432,345	39,900	472,245		472,245		472,245	51
53	05300	Anesthesiology	71,074	836,711	907,785		907,785	-738,333	169,452	53
54	05400	Radiology-Diagnostic	1,527,785	361,964	1,889,749	-38,915	1,850,834	-4,189	1,846,645	54
56	05600	Radioisotope	192,486	231,845	424,331		424,331		424,331	56
57	05700	CT Scan	570,593	384,237	954,830	-97,650	857,180		857,180	57
58	05800	MRI	191,553	175,008	366,561		366,561		366,561	58
59	05900	Cardiac Catheterization	640,488	1,225,365	1,865,853	-1,138,150	727,703		727,703	59
60	06000	Laboratory		6,392,500	6,392,500		6,392,500		6,392,500	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,168,018	364,087	1,532,105	-162,160	1,369,945	-6,096	1,363,849	65
66	06600	Physical Therapy	1,849,050	27,762	1,876,812		1,876,812		1,876,812	66
67	06700	Occupational Therapy	693,103	1,741	694,844		694,844		694,844	67
68	06800	Speech Pathology	188,118	382	188,500	-582	187,918		187,918	68
69	06900	Electrocardiology	509,501	60,852	570,353		570,353	-10,355	559,998	69
69.01	03160	CARDIAC REHAB	222,808	10,851	233,659		233,659		233,659	69.01
70	07000	Electroencephalography	41,002	952	41,954		41,954		41,954	70
71	07100	Medical Supplies Charged to Patients				3,445,433	3,445,433		3,445,433	71
72	07200	Impl. Dev. Charged to Patients				1,209,307	1,209,307		1,209,307	72
73	07300	Drugs Charged to Patients				4,351,185	4,351,185		4,351,185	73
74	07400	Renal Dialysis	293,511	75,493	369,004		369,004		369,004	74
75.01	03950	ACUTE DIALYSIS								75.01
76	03040	AUDIO-VESTIBULAR LAB								76
76.01	03480	ONCOLOGY								76.01
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	09000	Clinic	1,076,854	190,525	1,267,379	-23,217	1,244,162		1,244,162	90
91	09100	Emergency	6,676,386	5,240,908	11,917,294	-1,472,993	10,444,301	-5,241,942	5,202,359	91
91.01	04950	LITHOTRIPSY								91.01
92	09200	Observation Beds (Non-Distinct Part)								92
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		<b>SPECIAL PURPOSE COST CENTERS</b>								
118		SUBTOTALS (sum of lines 1-117)	50,166,724	68,928,074	119,094,798		119,094,798	-14,994,945	104,099,853	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
190	19000	Gift, Flower, Coffee Shop & Canteen		7,752	7,752		7,752		7,752	190

**KPMG LLP Compu-Max 2552-10**

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**RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
193.0 1	19301	NON EMPLOYEE DAY CARE								193.0 1
193.0 2	19302	RESURRECTION HOME CARE OFFICES								193.0 2
193.0 3	19303	OCCUPATIONAL HEALTH NON-REIM								193.0 3
194	07950	POB	1,618,231	1,586,144	3,204,375		3,204,375		3,204,375	194
200		TOTAL (sum of lines 118-199)	51,784,955	70,521,970	122,306,925		122,306,925	-14,994,945	107,311,980	200

**KPMG LLP Compu-Max 2552-10**

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
1	SHARED FOOD COST F	1					
		A	Cafeteria	11	240,844	163,984	1
500	Total reclassifications				240,844	163,984	500
	Code Letter - A						
1	CHARGEABLE MEDICAL SUPPLIES F	B	Medical Supplies Charged to P	71		5,394,727	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
500	Total reclassifications					5,394,727	500
	Code Letter - B						
1	DEPRECIATION	C	Cap Rel Costs-Bldg & Fixt	1		381,807	1
2			Cap Rel Costs-Mvble Equip	2		1,130,264	2
500	Total reclassifications					1,512,071	500
	Code Letter - C						
1	DRUGS	D	Drugs Charged to Patients	73		4,351,185	1
500	Total reclassifications					4,351,185	500
	Code Letter - D						
1	TEACHING COSTS	E	I&R Services-Other Prgm Costs	22		220,372	1
2			I&R Services-Salary & Fringes	21		55,093	2
500	Total reclassifications					275,465	500
	Code Letter - E						
1	INSURANCE	F	Cap Rel Costs-Bldg & Fixt	1		146,793	1
500	Total reclassifications					146,793	500
	Code Letter - F						
1	PHYSICIAN & NRCC	G	Emergency	91		2,256,569	1
2			POB	194		865,879	2
500	Total reclassifications					3,122,448	500
	Code Letter - G						
1	IMPLANT RECLASS	H	Impl. Dev. Charged to Patient	72		1,893,487	1
2							2
3							3
4							4
500	Total reclassifications					1,893,487	500
	Code Letter - H						
1	INTEREST	I	Cap Rel Costs-Bldg & Fixt	1		2,290,787	1
500	Total reclassifications					2,290,787	500
	Code Letter - I						
1	EQUIPMENT LEASE	J	Cap Rel Costs-Mvble Equip	2		331,945	1
2			Operating Room	50		12,236	2
3							3
4							4
5							5
6							6
7							7
500	Total reclassifications					344,181	500
	Code Letter - J						
1	INVENTORY RECLASS	K	Central Services & Supply	14		2,633,474	1
2							2
500	Total reclassifications					2,633,474	500
	Code Letter - K						
	GRAND TOTAL (Increases)				240,844	22,128,602	

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

**KPMG LLP Compu-Max 2552-10**

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	SHARED FOOD COST F	A	Dietary	10	240,844	163,984	1	
500	Total reclassifications				240,844	163,984	500	
	Code letter - A							
1	CHARGEABLE MEDICAL SUPPLIES F	B	Adults & Pediatrics	30		960,732	1	
2			Surgical Intensive Care Unit	34		73,318	2	
3			Skilled Nursing Facility	44		495,394	3	
4			Operating Room	50		2,051,841	4	
5			Radiology-Diagnostic	54		38,915	5	
6			CT Scan	57		97,650	6	
7			Cardiac Catheterization	59		322,397	7	
8			Respiratory Therapy	65		142,720	8	
9			Speech Pathology	68		582	9	
10			Clinic	90		16,817	10	
11			Emergency	91		1,194,361	11	
500	Total reclassifications					5,394,727	500	
	Code letter - B							
1	DEPRECIATION	C	Administrative & General	5		381,807	9	
2			Administrative & General	5		1,130,264	9	
500	Total reclassifications					1,512,071	500	
	Code letter - C							
1	DRUGS	D	Pharmacy	15		4,351,185	9	
500	Total reclassifications					4,351,185	500	
	Code letter - D							
1	TEACHING COSTS	E	Emergency	91		275,465	1	
2							2	
500	Total reclassifications					275,465	500	
	Code letter - E							
1	INSURANCE	F	Administrative & General	5		146,793	12	
500	Total reclassifications					146,793	500	
	Code letter - F							
1	PHYSICIAN & NRCC	G	Emergency	91	2,256,569		1	
2			POB	194	865,879		2	
500	Total reclassifications				3,122,448		500	
	Code letter - G							
1	IMPLANT RECLASS	H	Operating Room	50		1,071,067	1	
2			Cardiac Catheterization	59		815,753	2	
3			Clinic	90		6,400	3	
4			Emergency	91		267	4	
500	Total reclassifications					1,893,487	500	
	Code letter - H							
1	INTEREST	I	Administrative & General	5		2,290,787	11	
500	Total reclassifications					2,290,787	500	
	Code letter - I							
1	EQUIPMENT LEASE	J	Administrative & General	5		210,218	9	
2			Central Services & Supply	14		28,853	9	
3			Adults & Pediatrics	30		66,595	9	
4			Surgical Intensive Care Unit	34		14,863	9	
5			Skilled Nursing Facility	44		1,312	9	
6			Respiratory Therapy	65		19,440	9	
7			Emergency	91		2,900	9	
500	Total reclassifications					344,181	500	
	Code letter - J							
1	INVENTORY RECLASS	K	Medical Supplies Charged to P	71		1,949,294	1	
2			Impl. Dev. Charged to Patient	72		684,180	2	
500	Total reclassifications					2,633,474	500	
	Code letter - K							
	<b>GRAND TOTAL (Decreases)</b>				<b>3,363,292</b>	<b>19,006,154</b>		

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

**KPMG LLP Compu-Max 2552-10**

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**RECONCILIATION OF CAPITAL COST CENTERS**

**WORKSHEET A-7  
PARTS I, II & III**

**PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES**

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land								1
2	Land Improvements								2
3	Buildings and Fixtures	18,096,412				3,542,096	14,554,316		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	10,062,698	8,380,171		8,380,171		18,442,869		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	28,159,110	8,380,171		8,380,171	3,542,096	32,997,185		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	28,159,110	8,380,171		8,380,171	3,542,096	32,997,185		10

**PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2**

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt								1	
2	Cap Rel Costs-Mvble Equip								2	
3	Total (sum of lines 1-2)								3	

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2.

\* All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

**PART III - RECONCILIATION OF CAPITAL COST CENTERS**

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	14,554,316		14,554,316	0.441077				1	
2	Cap Rel Costs-Mvble Equip	18,442,870		18,442,870	0.558923				2	
3	Total (sum of lines 1-2)	32,997,186		32,997,186	1.000000				3	

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	381,807		2,290,787	146,793			2,819,387	1	
2	Cap Rel Costs-Mvble Equip	1,462,209						1,462,209	2	
3	Total (sum of lines 1-2)	1,844,016		2,290,787	146,793			4,281,596	3	

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

**KPMG LLP Compu-Max 2552-10**

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**ADJUSTMENTS TO EXPENSES**

**WORKSHEET A-8**

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.
				COST CENTER	LINE#	
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)	A	-11,092	Administrative & General	5	9 7
8	Television and radio service (chapter 21)	A	-4,658	Administrative & General	5	10 8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-6,655,919			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1				12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-370,578	Cafeteria	11	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts	B	-8,082	Medical Records & Library	16	18
19	Nursing and allied health education (tuition, fees, books, etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33						33
33.03	HOUSE STAFF PHYSICIANS	A	-1,219,717	HOUSE STAFF PHYSICIANS	17.01	33.03
33.42	MISC INCOME	B	-152,100	Administrative & General	5	33.42
33.46	ECU REVENUE	B	12	Skilled Nursing Facility	44	33.46
33.47	CARDIOLOGY REVENUE	B	-10,355	Electrocardiology	69	33.47
34	PHARMACY REVENUE	B	-11,336	Pharmacy	15	34
35	RADIOLOGY REVENUE	B	-2,460	Radiology-Diagnostic	54	35
36	OLR 5K	B	-30,302	Nursing Administration	13	36
37	RESPIRATORY THERAPY REVENUE	B	-2,925	Respiratory Therapy	65	37
38						38
39	PHYSICIAN BENEFITS	A	-230,787	Employee Benefits Department	4	39
40						40
41						41
42	MEDICAID TAX ASSESSMENT	A	-6,284,646	Administrative & General	5	42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-14,994,945			50

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1
- (2) Basis for adjustment (see instructions)
  - A. Costs - if cost, including applicable overhead, can be determined
  - B. Amount Received - if cost cannot be determined
- (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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**STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS**

**WORKSHEET A-8-1**

**A: COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:**

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.
	1	2	3	4	5	6	7
1							1
2							2
3							3
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12						5

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

**B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
				Name	Percentage of Ownership	Type of Business
	1	2	3	4	5	6
6						6
7						7
8						8
9						9
10						10

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

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.
- G. Other (financial Or non-financial) specify:

**KPMG LLP Compu-Max 2552-10**

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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	53	Anesthesiology AGGREGATE	738,333	738,333						1
2										2
3	65	Respiratory Therapy AGGREGATE	16,695	2,730	13,965	211,500	133	13,524	676	3
4	91	Emergency AGGREGATE	5,241,942	5,241,942						4
5										5
6										6
7										7
8	34	Surgical Intensive C AGGREGATE	208,600	95,100	113,500	211,500	685	69,653	3,483	8
9	50	Operating Room AGGREGATE	473,333	473,333						9
10	54	Radiology-Diagnostic AGGREGATE	1,729	1,729						10
11										11
12										12
13	16	Medical Records & Li AGGREGATE	123,643	33,660	89,983	211,500	641	65,179	3,259	13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	6,804,275	6,586,827	217,448		1,459	148,356	7,418	200

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	53	Anesthesiology AGGREGATE							738,333	1
2										2
3	65	Respiratory Therapy AGGREGATE					13,524	441	3,171	3
4	91	Emergency AGGREGATE							5,241,942	4
5										5
6										6
7										7
8	34	Surgical Intensive C AGGREGATE					69,653	43,847	138,947	8
9	50	Operating Room AGGREGATE							473,333	9
10	54	Radiology-Diagnostic AGGREGATE							1,729	10
11										11
12										12
13	16	Medical Records & Li AGGREGATE					65,179	24,804	58,464	13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					148,356	69,092	6,655,919	200

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP-REL COSTS BLDG&FIXT	NEW CAP-REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt	2,819,387	2,819,387					1
2	Cap Rel Costs-Mvble Equip	1,462,209		1,462,209				2
4	Employee Benefits Department	10,530,025	30,004	15,561	10,575,590			4
5	Administrative & General	21,326,421	222,593	115,442	1,119,796	22,784,252	22,784,252	5
6	Maintenance & Repairs							6
7	Operation of Plant	3,297,709	326,491	169,327	290,081	4,083,608	1,100,728	7
8	Laundry & Linen Service	604,683			17,417	622,100	167,686	8
9	Housekeeping	1,531,277	67,589	35,054	247,486	1,881,406	507,129	9
10	Dietary	1,978,656	89,856	46,602	158,969	2,274,083	612,975	10
11	Cafeteria	34,250	88,136	45,710	52,836	220,932	59,552	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,224,364	28,394	14,726	269,624	1,537,108	414,324	13
14	Central Services & Supply	870,377	86,027	44,616	126,608	1,127,628	303,950	14
15	Pharmacy	1,792,029	30,181	15,653	378,107	2,215,970	597,310	15
16	Medical Records & Library	2,343,478	83,485	43,297	453,930	2,924,190	788,210	16
17	Social Service							17
17.01	HOUSE STAFF PHYSICIANS				210,345	210,345	56,698	17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	55,093				55,093	14,850	21
22	I&R Services-Other Prgm Costs Apprvd	220,372				220,372	59,401	22
23	Paramed Ed Prgm-(specify)							23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	10,183,831	608,367	315,516	2,026,731	13,134,445	3,540,335	30
34	Surgical Intensive Care Unit	5,817,636	81,231	42,129	864,273	6,805,269	1,834,347	34
44	Skilled Nursing Facility	2,948,585	221,016	114,625	621,816	3,906,042	1,052,866	44
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	3,022,370	232,483	120,572	481,915	3,857,340	1,039,738	50
51	Recovery Room	472,245	15,585	8,083	94,847	590,760	159,238	51
53	Anesthesiology	169,452	6,827	3,540	15,592	195,411	52,673	53
54	Radiology-Diagnostic	1,846,645	111,635	57,897	335,161	2,351,338	633,798	54
56	Radioisotope	424,331	6,827	3,540	42,227	476,925	128,554	56
57	CT Scan	857,180	12,410	6,436	125,175	1,001,201	269,872	57
58	MRI	366,561	3,319	1,721	42,022	413,623	111,491	58
59	Cardiac Catheterization	727,703	48,397	25,100	140,508	941,708	253,836	59
60	Laboratory	6,392,500	107,006	55,496		6,555,002	1,766,888	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	1,363,849	22,545	11,692	256,236	1,654,322	445,919	65
66	Physical Therapy	1,876,812	54,014	28,013	405,639	2,364,478	637,340	66
67	Occupational Therapy	694,844	13,653	7,081	152,051	867,629	233,868	67
68	Speech Pathology	187,918	8,991	4,663	41,269	242,841	65,457	68
69	Electrocardiology	559,998	16,362	8,486	111,773	696,619	187,772	69
69.01	CARDIAC REHAB	233,659	19,703	10,218	48,879	312,459	84,223	69.01
70	Electroencephalography	41,954			8,995	50,949	13,733	70
71	Medical Supplies Charged to Patients	3,445,433				3,445,433	928,710	71
72	Impl. Dev. Charged to Patients	1,209,307				1,209,307	325,966	72
73	Drugs Charged to Patients	4,351,185				4,351,185	1,172,853	73
74	Renal Dialysis	369,004	7,892	4,093	64,390	445,379	120,051	74
75.01	ACUTE DIALYSIS							75.01
76	AUDIO-VESTIBULAR LAB							76
76.01	ONCOLOGY							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	1,244,162	35,565	18,445	236,237	1,534,409	413,597	90
91	Emergency	5,202,359	116,874	60,614	969,606	6,349,453	1,711,482	91
91.01	LITHOTRIPSY							91.01
92	Observation Beds (Non-Distinct Part)							92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
<b>SPECIAL PURPOSE COST CENTERS</b>								
118	SUBTOTALS (sum of lines 1-117)	104,099,853	2,803,458	1,453,948	10,410,541	103,910,614	21,867,420	118
<b>NONREIMBURSABLE COST CENTERS</b>								
190	Gift, Flower, Coffee Shop & Canteen	7,752	15,929	8,261		31,942	8,610	190
193.0	NON EMPLOYEE DAY CARE							193.0
1								1

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP-REL COSTS BLDG&FIXT	NEW CAP-REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
193.0 2	RESURRECTION HOME CARE OFFICES							193.0 2
193.0 3	OCCUPATIONAL HEALTH NON-REIM							193.0 3
194	POB	3,204,375			165,049	3,369,424	908,222	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	107,311,980	2,819,387	1,462,209	10,575,590	107,311,980	22,784,252	202

**KPMG LLP Compu-Max 2552-10**

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	5,184,336						7
8	Laundry & Linen Service		789,786					8
9	Housekeeping	156,410		2,544,945				9
10	Dietary	207,939		105,251	3,200,248			10
11	Cafeteria	203,957		103,235		587,676		11
12	Maintenance of Personnel							12
13	Nursing Administration	65,708		33,259		33,498	2,083,897	13
14	Central Services & Supply	199,076		100,765		14,480		14
15	Pharmacy	69,844		35,352		21,048		15
16	Medical Records & Library	193,194		97,787		32,961		16
17	Social Service							17
17.01	HOUSE STAFF PHYSICIANS					4,259		17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	1,407,843	329,126	712,599	1,765,695	142,246	792,149	30
34	Surgical Intensive Care Unit	187,980	77,763	95,148	407,158	45,580	316,352	34
44	Skilled Nursing Facility	511,460	86,278	258,881	1,027,395	46,167	182,635	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	537,994	61,526	272,312		30,174	138,530	50
51	Recovery Room	36,065		18,255		5,503	48,394	51
53	Anesthesiology	15,798		7,996		1,015		53
54	Radiology-Diagnostic	258,337	66,864	130,760		25,149	7,613	54
56	Radioisotope	15,798		7,996		2,040		56
57	CT Scan	28,718		14,536		7,116		57
58	MRI	7,680		3,888		1,901		58
59	Cardiac Catheterization	111,997	4,506	56,688		6,459	29,841	59
60	Laboratory	247,625		125,339				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	52,171		26,407		19,675		65
66	Physical Therapy	124,994	16,604	63,267		26,532		66
67	Occupational Therapy	31,595		15,992		9,504		67
68	Speech Pathology	20,807		10,532		2,050		68
69	Electrocardiology	37,863	4,389	19,165		7,962	16,890	69
69.01	CARDIAC REHAB	45,595		23,078		2,538	22,315	69.01
70	Electroencephalography		117			826		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	18,264	1,833	9,244		4,130	36,317	74
75.01	ACUTE DIALYSIS							75.01
76	AUDIO-VESTIBULAR LAB							76
76.01	ONCOLOGY							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	82,302	3,952	41,658		16,471	76,134	90
91	Emergency	270,461	133,364	136,897		78,392	416,727	91
91.01	LITHOTRIPSY							91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	5,147,475	786,322	2,526,287	3,200,248	587,676	2,083,897	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	36,861	3,464	18,658				190
193.01	NON EMPLOYEE DAY CARE							193.01
193.02	RESURRECTION HOME CARE OFFICES							193.02

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	
		7	8	9	10	11	13	
193.0	OCCUPATIONAL HEALTH NON-REIM							193.0
3								3
194	POB							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	5,184,336	789,786	2,544,945	3,200,248	587,676	2,083,897	202

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES + SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	HOUSE STAFF PHYSICIANS	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	
		14	15	16	17.01	21	22	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	1,745,899						14
15	Pharmacy		2,939,524					15
16	Medical Records & Library			4,036,342				16
17	Social Service							17
17.01	HOUSE STAFF PHYSICIANS				271,302			17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					69,943		21
22	I&R Services-Other Prgm Costs Apprvd						279,773	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics			629,870	271,302	17,486	69,943	30
34	Surgical Intensive Care Unit			161,258				34
44	Skilled Nursing Facility			92,056				44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			170,275				50
51	Recovery Room			29,199				51
53	Anesthesiology			39,658				53
54	Radiology-Diagnostic			173,747				54
56	Radioisotope			44,822				56
57	CT Scan			302,066				57
58	MRI			50,079				58
59	Cardiac Catheterization			113,377				59
60	Laboratory			501,171				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			134,599				65
66	Physical Therapy			87,689				66
67	Occupational Therapy			38,687				67
68	Speech Pathology			7,342				68
69	Electrocardiology			130,853				69
69.01	CARDIAC REHAB			3,313				69.01
70	Electroencephalography			2,186				70
71	Medical Supplies Charged to Patients	1,292,312		123,373				71
72	Impl. Dev. Charged to Patients	453,587		55,763				72
73	Drugs Charged to Patients		2,939,524	495,011				73
74	Renal Dialysis			17,568				74
75.01	ACUTE DIALYSIS							75.01
76	AUDIO-VESTIBULAR LAB							76
76.01	ONCOLOGY							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic			94,455				90
91	Emergency			537,925		52,457	209,830	91
91.01	LITHOTRIPSY							91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	1,745,899	2,939,524	4,036,342	271,302	69,943	279,773	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
193.0	NON EMPLOYEE DAY CARE							193.0
1								1
193.0	RESURRECTION HOME CARE OFFICES							193.0
2								2

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES + SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	HOUSE STAFF PHYSICIANS	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	
		14	15	16	17.01	21	22	
193.03	OCCUPATIONAL HEALTH NON-REIM							193.03
194	POB							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,745,899	2,939,524	4,036,342	271,302	69,943	279,773	202

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		24	25	26			
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
17.01	HOUSE STAFF PHYSICIANS						17.01
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	22,813,039	-87,429	22,725,610			30
34	Surgical Intensive Care Unit	9,930,855		9,930,855			34
44	Skilled Nursing Facility	7,163,780		7,163,780			44
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	6,107,889		6,107,889			50
51	Recovery Room	887,414		887,414			51
53	Anesthesiology	312,551		312,551			53
54	Radiology-Diagnostic	3,647,606		3,647,606			54
56	Radioisotope	676,135		676,135			56
57	CT Scan	1,623,509		1,623,509			57
58	MRI	588,662		588,662			58
59	Cardiac Catheterization	1,518,412		1,518,412			59
60	Laboratory	9,196,025		9,196,025			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	2,333,093		2,333,093			65
66	Physical Therapy	3,320,904		3,320,904			66
67	Occupational Therapy	1,197,275		1,197,275			67
68	Speech Pathology	349,029		349,029			68
69	Electrocardiology	1,101,513		1,101,513			69
69.01	CARDIAC REHAB	493,521		493,521			69.01
70	Electroencephalography	67,811		67,811			70
71	Medical Supplies Charged to Patients	5,789,828		5,789,828			71
72	Impl. Dev. Charged to Patients	2,044,623		2,044,623			72
73	Drugs Charged to Patients	8,958,573		8,958,573			73
74	Renal Dialysis	652,786		652,786			74
75.01	ACUTE DIALYSIS						75.01
76	AUDIO-VESTIBULAR LAB						76
76.01	ONCOLOGY						76.01
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	2,262,978		2,262,978			90
91	Emergency	9,896,988	-262,287	9,634,701			91
91.01	LITHOTRIPSY						91.01
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	102,934,799	-349,716	102,585,083			118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen	99,535		99,535			190
193.0	NON EMPLOYEE DAY CARE						193.0
1							1
193.0	RESURRECTION HOME CARE OFFICES						193.0
2							2

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
193.0 3	OCCUPATIONAL HEALTH NON-REIM						193.0 3
194	POB	4,277,646		4,277,646			194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	107,311,980	-349,716	106,962,264			202

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ADMINI- STRATIVE & GENERAL	
		0	1	2	2A	4	5	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		30,004	15,561	45,565	45,565		4
5	Administrative & General		222,593	115,442	338,035	4,824	342,859	5
6	Maintenance & Repairs							6
7	Operation of Plant		326,491	169,327	495,818	1,250	16,563	7
8	Laundry & Linen Service					75	2,523	8
9	Housekeeping		67,589	35,054	102,643	1,066	7,631	9
10	Dietary		89,856	46,602	136,458	685	9,224	10
11	Cafeteria		88,136	45,710	133,846	228	896	11
12	Maintenance of Personnel							12
13	Nursing Administration		28,394	14,726	43,120	1,161	6,235	13
14	Central Services & Supply		86,027	44,616	130,643	545	4,574	14
15	Pharmacy		30,181	15,653	45,834	1,629	8,988	15
16	Medical Records & Library		83,485	43,297	126,782	1,955	11,861	16
17	Social Service							17
17.01	HOUSE STAFF PHYSICIANS					906	853	17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						223	21
22	I&R Services-Other Prgm Costs Apprvd						894	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics		608,367	315,516	923,883	8,738	53,288	30
34	Surgical Intensive Care Unit		81,231	42,129	123,360	3,723	27,602	34
44	Skilled Nursing Facility		221,016	114,625	335,641	2,679	15,843	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		232,483	120,572	353,055	2,076	15,645	50
51	Recovery Room		15,585	8,083	23,668	409	2,396	51
53	Anesthesiology		6,827	3,540	10,367	67	793	53
54	Radiology-Diagnostic		111,635	57,897	169,532	1,444	9,537	54
56	Radioisotope		6,827	3,540	10,367	182	1,934	56
57	CT Scan		12,410	6,436	18,846	539	4,061	57
58	MRI		3,319	1,721	5,040	181	1,678	58
59	Cardiac Catheterization		48,397	25,100	73,497	605	3,820	59
60	Laboratory		107,006	55,496	162,502		26,587	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		22,545	11,692	34,237	1,104	6,710	65
66	Physical Therapy		54,014	28,013	82,027	1,747	9,590	66
67	Occupational Therapy		13,653	7,081	20,734	655	3,519	67
68	Speech Pathology		8,991	4,663	13,654	178	985	68
69	Electrocardiology		16,362	8,486	24,848	481	2,825	69
69.01	CARDIAC REHAB		19,703	10,218	29,921	211	1,267	69.01
70	Electroencephalography					39	207	70
71	Medical Supplies Charged to Patients						13,975	71
72	Impl. Dev. Charged to Patients						4,905	72
73	Drugs Charged to Patients						17,648	73
74	Renal Dialysis		7,892	4,093	11,985	277	1,806	74
75.01	ACUTE DIALYSIS							75.01
76	AUDIO-VESTIBULAR LAB							76
76.01	ONCOLOGY							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic		35,565	18,445	54,010	1,018	6,224	90
91	Emergency		116,874	60,614	177,488	4,177	25,753	91
91.01	LITHOTRIPSY							91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)		2,803,458	1,453,948	4,257,406	44,854	329,063	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		15,929	8,261	24,190		130	190
193.0 1	NON EMPLOYEE DAY CARE							193.0 1
193.0 2	RESURRECTION HOME CARE OFFICES							193.0 2

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	ADMINI- STRATIVE & GENERAL 5	
193.0	OCCUPATIONAL HEALTH NON-REIM							193.0
3								3
194	POB					711	13,666	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		2,819,387	1,462,209	4,281,596	45,565	342,859	202

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	513,631						7
8	Laundry & Linen Service		2,598					8
9	Housekeeping	15,496		126,836				9
10	Dietary	20,601		5,246	172,214			10
11	Cafeteria	20,207		5,145		160,322		11
12	Maintenance of Personnel							12
13	Nursing Administration	6,510		1,658		9,139	67,823	13
14	Central Services & Supply	19,723		5,022		3,950		14
15	Pharmacy	6,920		1,762		5,742		15
16	Medical Records & Library	19,140		4,874		8,992		16
17	Social Service							17
17.01	HOUSE STAFF PHYSICIANS					1,162		17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	139,482	1,083	35,512	95,017	38,804	25,781	30
34	Surgical Intensive Care Unit	18,624	256	4,742	21,910	12,435	10,296	34
44	Skilled Nursing Facility	50,672	284	12,902	55,287	12,595	5,944	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	53,301	202	13,572		8,232	4,509	50
51	Recovery Room	3,573		910		1,501	1,575	51
53	Anesthesiology	1,565		399		277		53
54	Radiology-Diagnostic	25,594	220	6,517		6,861	248	54
56	Radioisotope	1,565		399		557		56
57	CT Scan	2,845		724		1,941		57
58	MRI	761		194		519		58
59	Cardiac Catheterization	11,096	15	2,825		1,762	971	59
60	Laboratory	24,533		6,247				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	5,169		1,316		5,368		65
66	Physical Therapy	12,384	55	3,153		7,238		66
67	Occupational Therapy	3,130		797		2,593		67
68	Speech Pathology	2,061		525		559		68
69	Electrocardiology	3,751	14	955		2,172	550	69
69.01	CARDIAC REHAB	4,517		1,150		692	726	69.01
70	Electroencephalography					225		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	1,809	6	461		1,127	1,182	74
75.01	ACUTE DIALYSIS							75.01
76	AUDIO-VESTIBULAR LAB							76
76.01	ONCOLOGY							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	8,154	13	2,076		4,493	2,478	90
91	Emergency	26,796	439	6,823		21,386	13,563	91
91.01	LITHOTRIPSY							91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	509,979	2,587	125,906	172,214	160,322	67,823	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	3,652	11	930				190
193.0	NON EMPLOYEE DAY CARE							193.0
1								1
193.0	RESURRECTION HOME CARE OFFICES							193.0
2								2

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
193.03	OCCUPATIONAL HEALTH NON-REIM							193.03
194	POB							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	513,631	2,598	126,836	172,214	160,322	67,823	202

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES + SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	HOUSE STAFF PHYSICIANS	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	
		14	15	16	17.01	21	22	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	164,457						14
15	Pharmacy		70,875					15
16	Medical Records & Library			173,604				16
17	Social Service							17
17.01	HOUSE STAFF PHYSICIANS				2,921			17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					223		21
22	I&R Services-Other Prgm Costs Apprvd						894	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics			27,291	2,921			30
34	Surgical Intensive Care Unit			6,926				34
44	Skilled Nursing Facility			3,954				44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			7,314				50
51	Recovery Room			1,254				51
53	Anesthesiology			1,703				53
54	Radiology-Diagnostic			7,463				54
56	Radioisotope			1,925				56
57	CT Scan			12,974				57
58	MRI			2,151				58
59	Cardiac Catheterization			4,870				59
60	Laboratory			21,526				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			5,781				65
66	Physical Therapy			3,766				66
67	Occupational Therapy			1,662				67
68	Speech Pathology			315				68
69	Electrocardiology			5,620				69
69.01	CARDIAC REHAB			142				69.01
70	Electroencephalography			94				70
71	Medical Supplies Charged to Patients	121,731		5,299				71
72	Impl. Dev. Charged to Patients	42,726		2,395				72
73	Drugs Charged to Patients		70,875	21,262				73
74	Renal Dialysis			755				74
75.01	ACUTE DIALYSIS							75.01
76	AUDIO-VESTIBULAR LAB							76
76.01	ONCOLOGY							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic			4,057				90
91	Emergency			23,105				91
91.01	LITHOTRIPSY							91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	164,457	70,875	173,604	2,921			118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
193.0	NON EMPLOYEE DAY CARE							193.0
1								1
193.0	RESURRECTION HOME CARE OFFICES							193.0
2								2

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES + SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	HOUSE STAFF PHYSICIANS	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	
		14	15	16	17.01	21	22	
193.03	OCCUPATIONAL HEALTH NON-REIM							193.03
194	POB							194
200	Cross Foot Adjustments					223	894	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	164,457	70,875	173,604	2,921	223	894	202

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		24	25	26			
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
17.01	HOUSE STAFF PHYSICIANS						17.01
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	1,351,800		1,351,800			30
34	Surgical Intensive Care Unit	229,874		229,874			34
44	Skilled Nursing Facility	495,801		495,801			44
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	457,906		457,906			50
51	Recovery Room	35,286		35,286			51
53	Anesthesiology	15,171		15,171			53
54	Radiology-Diagnostic	227,416		227,416			54
56	Radioisotope	16,929		16,929			56
57	CT Scan	41,930		41,930			57
58	MRI	10,524		10,524			58
59	Cardiac Catheterization	99,461		99,461			59
60	Laboratory	241,395		241,395			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	59,685		59,685			65
66	Physical Therapy	119,960		119,960			66
67	Occupational Therapy	33,090		33,090			67
68	Speech Pathology	18,277		18,277			68
69	Electrocardiology	41,216		41,216			69
69.01	CARDIAC REHAB	38,626		38,626			69.01
70	Electroencephalography	565		565			70
71	Medical Supplies Charged to Patients	141,005		141,005			71
72	Impl. Dev. Charged to Patients	50,026		50,026			72
73	Drugs Charged to Patients	109,785		109,785			73
74	Renal Dialysis	19,408		19,408			74
75.01	ACUTE DIALYSIS						75.01
76	AUDIO-VESTIBULAR LAB						76
76.01	ONCOLOGY						76.01
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	82,523		82,523			90
91	Emergency	299,530		299,530			91
91.01	LITHOTRIPSY						91.01
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	4,237,189		4,237,189			118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen	28,913		28,913			190
193.0	NON EMPLOYEE DAY CARE						193.0
1							1
193.0	RESURRECTION HOME CARE OFFICES						193.0
2							2

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
193.0 3	OCCUPATIONAL HEALTH NON-REIM						193.0 3
194	POB	14,377		14,377			194
200	Cross Foot Adjustments	1,117		1,117			200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	4,281,596		4,281,596			202

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	NEW CAP-REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP-REL COSTS MOV EQUIP SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON-CILIATION	ADMINI-STRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	253,994						1
2	Cap Rel Costs-Mvble Equip		253,994					2
4	Employee Benefits Department	2,703	2,703	48,207,486				4
5	Administrative & General	20,053	20,053	5,104,436	-22,784,252	84,527,728		5
6	Maintenance & Repairs							6
7	Operation of Plant	29,413	29,413	1,322,293		4,083,608	201,825	7
8	Laundry & Linen Service			79,391		622,100		8
9	Housekeeping	6,089	6,089	1,128,131		1,881,406	6,089	9
10	Dietary	8,095	8,095	724,638		2,274,083	8,095	10
11	Cafeteria	7,940	7,940	240,844		220,932	7,940	11
12	Maintenance of Personnel							12
13	Nursing Administration	2,558	2,558	1,229,043		1,537,108	2,558	13
14	Central Services & Supply	7,750	7,750	577,126		1,127,628	7,750	14
15	Pharmacy	2,719	2,719	1,723,548		2,215,970	2,719	15
16	Medical Records & Library	7,521	7,521	2,069,177		2,924,190	7,521	16
17	Social Service							17
17.01	HOUSE STAFF PHYSICIANS			958,831		210,345		17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					55,093		21
22	I&R Services-Other Prgm Costs Apprvd					220,372		22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	54,807	54,807	9,238,692		13,134,445	54,807	30
34	Surgical Intensive Care Unit	7,318	7,318	3,939,668		6,805,269	7,318	34
44	Skilled Nursing Facility	19,911	19,911	2,834,465		3,906,042	19,911	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	20,944	20,944	2,196,745		3,857,340	20,944	50
51	Recovery Room	1,404	1,404	432,345		590,760	1,404	51
53	Anesthesiology	615	615	71,074		195,411	615	53
54	Radiology-Diagnostic	10,057	10,057	1,527,785		2,351,338	10,057	54
56	Radioisotope	615	615	192,486		476,925	615	56
57	CT Scan	1,118	1,118	570,593		1,001,201	1,118	57
58	MRI	299	299	191,553		413,623	299	58
59	Cardiac Catheterization	4,360	4,360	640,488		941,708	4,360	59
60	Laboratory	9,640	9,640			6,555,002	9,640	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,031	2,031	1,168,018		1,654,322	2,031	65
66	Physical Therapy	4,866	4,866	1,849,050		2,364,478	4,866	66
67	Occupational Therapy	1,230	1,230	693,103		867,629	1,230	67
68	Speech Pathology	810	810	188,118		242,841	810	68
69	Electrocardiology	1,474	1,474	509,501		696,619	1,474	69
69.01	CARDIAC REHAB	1,775	1,775	222,808		312,459	1,775	69.01
70	Electroencephalography			41,002		50,949		70
71	Medical Supplies Charged to Patients					3,445,433		71
72	Impl. Dev. Charged to Patients					1,209,307		72
73	Drugs Charged to Patients					4,351,185		73
74	Renal Dialysis	711	711	293,511		445,379	711	74
75.01	ACUTE DIALYSIS							75.01
76	AUDIO-VESTIBULAR LAB							76
76.01	ONCOLOGY							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	3,204	3,204	1,076,854		1,534,409	3,204	90
91	Emergency	10,529	10,529	4,419,817		6,349,453	10,529	91
91.01	LITHOTRIPSY							91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	252,559	252,559	47,455,134	-22,784,252	81,126,362	200,390	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	1,435	1,435			31,942	1,435	190
193.0 1	NON EMPLOYEE DAY CARE							193.0 1
193.0 2	RESURRECTION HOME CARE OFFICES							193.0 2

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	NEW CAP-REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP-REL COSTS MOV EQUIP SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON-CILIATION	ADMINI-STRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
193.03	OCCUPATIONAL HEALTH NON-REIM							193.03
194	POB			752,352		3,369,424		194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,819,387	1,462,209	10,575,590		22,784,252	5,184,336	202
203	Unit Cost Multiplier (Wkst. B, Part I)	11.100211	5.756864	0.219377		0.269548	25.687284	203
204	Cost to be allocated (Per Wkst. B, Part II)			45,565		342,859	513,631	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000945		0.004056	2.544932	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	LAUNDRY AND LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA FTES SERVED	NURSING ADMINISTRATION FTES SERVED	CENTRAL SERVICES + SUPPLY (COSTED RE UIS)	
		8	9	10	11	13	14	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	899,165						8
9	Housekeeping		195,736					9
10	Dietary		8,095	408,758				10
11	Cafeteria		7,940		59,051			11
12	Maintenance of Personnel							12
13	Nursing Administration		2,558		3,366	23,813		13
14	Central Services & Supply		7,750		1,455		4,654,739	14
15	Pharmacy		2,719		2,115			15
16	Medical Records & Library		7,521		3,312			16
17	Social Service							17
17.01	HOUSE STAFF PHYSICIANS				428			17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	374,706	54,807	225,527	14,293	9,052		30
34	Surgical Intensive Care Unit	88,533	7,318	52,005	4,580	3,615		34
44	Skilled Nursing Facility	98,227	19,911	131,226	4,639	2,087		44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	70,047	20,944		3,032	1,583		50
51	Recovery Room		1,404		553	553		51
53	Anesthesiology		615		102			53
54	Radiology-Diagnostic	76,124	10,057		2,527	87		54
56	Radioisotope		615		205			56
57	CT Scan		1,118		715			57
58	MRI		299		191			58
59	Cardiac Catheterization	5,130	4,360		649	341		59
60	Laboratory		9,640					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		2,031		1,977			65
66	Physical Therapy	18,904	4,866		2,666			66
67	Occupational Therapy		1,230		955			67
68	Speech Pathology		810		206			68
69	Electrocardiology	4,997	1,474		800	193		69
69.01	CARDIAC REHAB		1,775		255	255		69.01
70	Electroencephalography	133			83			70
71	Medical Supplies Charged to Patients						3,445,432	71
72	Impl. Dev. Charged to Patients						1,209,307	72
73	Drugs Charged to Patients							73
74	Renal Dialysis	2,087	711		415	415		74
75.01	ACUTE DIALYSIS							75.01
76	AUDIO-VESTIBULAR LAB							76
76.01	ONCOLOGY							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	4,499	3,204		1,655	870		90
91	Emergency	151,834	10,529		7,877	4,762		91
91.01	LITHOTRIPSY							91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	895,221	194,301	408,758	59,051	23,813	4,654,739	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	3,944	1,435					190
193.0 1	NON EMPLOYEE DAY CARE							193.0 1
193.0 2	RESURRECTION HOME CARE OFFICES							193.0 2

**KPMG LLP Compu-Max 2552-10**

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	LAUNDRY AND LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA FTES SERVED	NURSING ADMINISTRATION FTES SERVED	CENTRAL SERVICES + SUPPLY (COSTED RE UIS)	
		8	9	10	11	13	14	
193.03	OCCUPATIONAL HEALTH NON-REIM							193.03
194	POB							194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	789,786	2,544,945	3,200,248	587,676	2,083,897	1,745,899	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.878355	13.001926	7.829200	9.952008	87.510897	0.375080	203
204	Cost to be allocated (Per Wkst. B, Part II)	2,598	126,836	172,214	160,322	67,823	164,457	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.002889	0.647995	0.421310	2.714975	2.848150	0.035331	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

COST CENTER DESCRIPTIONS	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	HOUSE STAFF PHYSICIANS ASSIGNED TIME	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)		
	15	16	17.01	21	22		

<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy	4,351,185					15
16	Medical Records & Library		610,425,823				16
17	Social Service						17
17.01	HOUSE STAFF PHYSICIANS			100			17.01
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd				100		21
22	I&R Services-Other Prgm Costs Apprvd					100	22
23	Paramed Ed Prgm-(specify)						23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics		95,230,158	100	25	25	30
34	Surgical Intensive Care Unit		24,388,747				34
44	Skilled Nursing Facility		13,922,603				44
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		25,752,368				50
51	Recovery Room		4,416,134				51
53	Anesthesiology		5,997,923				53
54	Radiology-Diagnostic		26,277,569				54
56	Radioisotope		6,778,889				56
57	CT Scan		45,684,516				57
58	MRI		7,573,929				58
59	Cardiac Catheterization		17,147,184				59
60	Laboratory		75,797,180				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		20,356,773				65
66	Physical Therapy		13,262,114				66
67	Occupational Therapy		5,850,969				67
68	Speech Pathology		1,110,423				68
69	Electrocardiology		19,790,255				69
69.01	CARDIAC REHAB		501,063				69.01
70	Electroencephalography		330,654				70
71	Medical Supplies Charged to Patients		18,658,978				71
72	Impl. Dev. Charged to Patients		8,433,642				72
73	Drugs Charged to Patients	4,351,185	74,865,581				73
74	Renal Dialysis		2,656,916				74
75.01	ACUTE DIALYSIS						75.01
76	AUDIO-VESTIBULAR LAB						76
76.01	ONCOLOGY						76.01
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic		14,285,386				90
91	Emergency		81,355,869		75	75	91
91.01	LITHOTRIPSY						91.01
92	Observation Beds (Non-Distinct Part)						92
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	4,351,185	610,425,823	100	100	100	118
<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen						190
193.0	NON EMPLOYEE DAY CARE						193.0
1							1

**KPMG LLP Compu-Max 2552-10**

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	HOUSE STAFF PHYSICIANS ASSIGNED TIME	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
		15	16	17.01	21	22	
193.0 2	RESURRECTION HOME CARE OFFICES						193.0 2
193.0 3	OCCUPATIONAL HEALTH NON-REIM						193.0 3
194	POB						194
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	2,939,524	4,036,342	271,302	69,943	279,773	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.675569	0.006612	2,713.020000	699.430000	2,797.730000	203
204	Cost to be allocated (Per Wkst. B, Part II)	70,875	173,604	2,921	223	894	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.016289	0.000284	29.210000	2.230000	8.940000	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)						206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)						207

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**POST STEPDOWN ADJUSTMENTS****WORKSHEET B-2**

	DESCRIPTION	WORKSHEET		
		CODE	LINE NO.	AMOUNT
	1	2	3	4

**KPMG LLP Compu-Max 2552-10**

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C  
PART I**

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics	22,725,610		22,725,610		22,725,610	30
34	Surgical Intensive Care Unit	9,930,855		9,930,855	43,847	9,974,702	34
44	Skilled Nursing Facility	7,163,780		7,163,780		7,163,780	44
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	6,107,889		6,107,889		6,107,889	50
51	Recovery Room	887,414		887,414		887,414	51
53	Anesthesiology	312,551		312,551		312,551	53
54	Radiology-Diagnostic	3,647,606		3,647,606		3,647,606	54
56	Radioisotope	676,135		676,135		676,135	56
57	CT Scan	1,623,509		1,623,509		1,623,509	57
58	MRI	588,662		588,662		588,662	58
59	Cardiac Catheterization	1,518,412		1,518,412		1,518,412	59
60	Laboratory	9,196,025		9,196,025		9,196,025	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	2,333,093		2,333,093	441	2,333,534	65
66	Physical Therapy	3,320,904		3,320,904		3,320,904	66
67	Occupational Therapy	1,197,275		1,197,275		1,197,275	67
68	Speech Pathology	349,029		349,029		349,029	68
69	Electrocardiology	1,101,513		1,101,513		1,101,513	69
69.01	<b>CARDIAC REHAB</b>	493,521		493,521		493,521	69.01
70	Electroencephalography	67,811		67,811		67,811	70
71	Medical Supplies Charged to Patients	5,789,828		5,789,828		5,789,828	71
72	Impl. Dev. Charged to Patients	2,044,623		2,044,623		2,044,623	72
73	Drugs Charged to Patients	8,958,573		8,958,573		8,958,573	73
74	Renal Dialysis	652,786		652,786		652,786	74
75.01	<b>ACUTE DIALYSIS</b>						75.01
76	<b>AUDIO-VESTIBULAR LAB</b>						76
76.01	<b>ONCOLOGY</b>						76.01
76.97	<b>CARDIAC REHABILITATION</b>						76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>						76.98
76.99	<b>LITHOTRIPSY</b>						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	2,262,978		2,262,978		2,262,978	90
91	Emergency	9,634,701		9,634,701		9,634,701	91
91.01	<b>LITHOTRIPSY</b>						91.01
92	Observation Beds (Non-Distinct Part)	3,531,566		3,531,566		3,531,566	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	<b>CORF</b>						99.10
99.20	<b>OUTPATIENT PHYSICAL THERAPY</b>						99.20
99.30	<b>OUTPATIENT OCCUPATIONAL THERAPY</b>						99.30
99.40	<b>OUTPATIENT SPEECH PATHOLOGY</b>						99.40
200	Subtotal (sum of lines 30 thru 199)	106,116,649		106,116,649	44,288	106,160,937	200
201	Less Observation Beds	3,531,566		3,531,566		3,531,566	201
202	Total (line 200 minus line 201)	102,585,083		102,585,083		102,629,371	202

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8				
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	81,733,234		81,733,234				30
34	Surgical Intensive Care Unit	24,388,747		24,388,747				34
44	Skilled Nursing Facility	13,922,603		13,922,603				44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	12,237,660	13,514,708	25,752,368	0.237178	0.237178	0.237178	50
51	Recovery Room	2,202,186	2,213,948	4,416,134	0.200948	0.200948	0.200948	51
53	Anesthesiology	2,986,482	3,011,441	5,997,923	0.052110	0.052110	0.052110	53
54	Radiology-Diagnostic	10,152,263	16,125,306	26,277,569	0.138811	0.138811	0.138811	54
56	Radioisotope	2,357,587	4,421,302	6,778,889	0.099741	0.099741	0.099741	56
57	CT Scan	17,136,341	28,548,175	45,684,516	0.035537	0.035537	0.035537	57
58	MRI	2,798,077	4,775,852	7,573,929	0.077722	0.077722	0.077722	58
59	Cardiac Catheterization	10,928,013	6,219,171	17,147,184	0.088552	0.088552	0.088552	59
60	Laboratory	48,657,155	27,140,025	75,797,180	0.121324	0.121324	0.121324	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	19,288,842	1,067,931	20,356,773	0.114610	0.114610	0.114632	65
66	Physical Therapy	10,465,823	2,796,291	13,262,114	0.250405	0.250405	0.250405	66
67	Occupational Therapy	5,121,296	729,673	5,850,969	0.204628	0.204628	0.204628	67
68	Speech Pathology	1,021,795	88,628	1,110,423	0.314321	0.314321	0.314321	68
69	Electrocardiology	10,353,302	9,436,953	19,790,255	0.055659	0.055659	0.055659	69
69.01	<b>CARDIAC REHAB</b>	178,280	322,783	501,063	0.984948	0.984948	0.984948	69.01
70	Electroencephalography	225,180	105,474	330,654	0.205081	0.205081	0.205081	70
71	Medical Supplies Charged to Patients	14,233,807	4,425,171	18,658,978	0.310297	0.310297	0.310297	71
72	Impl. Dev. Charged to Patients	5,198,932	3,234,710	8,433,642	0.242437	0.242437	0.242437	72
73	Drugs Charged to Patients	61,069,148	13,796,433	74,865,581	0.119662	0.119662	0.119662	73
74	Renal Dialysis	2,406,216	250,700	2,656,916	0.245693	0.245693	0.245693	74
75.01	<b>ACUTE DIALYSIS</b>							75.01
76	<b>AUDIO-VESTIBULAR LAB</b>							76
76.01	<b>ONCOLOGY</b>							76.01
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>							76.98
76.99	<b>LITHOTRIPSY</b>							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	3,431,636	10,853,750	14,285,386	0.158412	0.158412	0.158412	90
91	Emergency	20,313,080	61,042,789	81,355,869	0.118427	0.118427	0.118427	91
91.01	<b>LITHOTRIPSY</b>							91.01
92	Observation Beds (Non-Distinct Part)	2,032,153	11,464,771	13,496,924	0.261657	0.261657	0.261657	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	<b>CORF</b>							99.10
99.20	<b>OUTPATIENT PHYSICAL THERAPY</b>							99.20
99.30	<b>OUTPATIENT OCCUPATIONAL THERAPY</b>							99.30
99.40	<b>OUTPATIENT SPEECH PATHOLOGY</b>							99.40
200	Subtotal (sum of lines 30 thru 199)	384,839,838	225,585,985	610,425,823				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	384,839,838	225,585,985	610,425,823				202

**KPMG LLP Compu-Max 2552-10**

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D  
PART I**

Check  Title V  PPS  
 Applicable  Title XVIII, Part A  TEFRA  
 Boxes:  Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
1	2	3	4	5	6	7	8	9	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	1,351,800		1,351,800	30,032	45.01	10,747	483,722	30
31	Intensive Care Unit								31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit	229,874		229,874	5,849	39.30	2,236	87,875	34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility	495,801		495,801	14,759	33.59	10,716	359,950	44
45	Nursing Facility								45
200	Total (lines 30-199)	2,077,475		2,077,475	50,640		23,699	931,547	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-0251**

**WORKSHEET D  
PART II**

Check [ ] Title V [XX] Hospital [ ] SUB (Other) [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] TEFRA  
 Boxes: [ ] Title XIX [ ] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	457,906	25,752,368	0.017781	4,667,196	82,987	50
51	Recovery Room	35,286	4,416,134	0.007990	895,642	7,156	51
53	Anesthesiology	15,171	5,997,923	0.002529	1,158,635	2,930	53
54	Radiology-Diagnostic	227,416	26,277,569	0.008654	4,243,501	36,723	54
56	Radioisotope	16,929	6,778,889	0.002497	1,100,813	2,749	56
57	CT Scan	41,930	45,684,516	0.000918	6,442,743	5,914	57
58	MRI	10,524	7,573,929	0.001390	1,112,782	1,547	58
59	Cardiac Catheterization	99,461	17,147,184	0.005800	3,714,834	21,546	59
60	Laboratory	241,395	75,797,180	0.003185	18,458,109	58,789	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	59,685	20,356,773	0.002932	7,055,024	20,685	65
66	Physical Therapy	119,960	13,262,114	0.009045	1,039,064	9,398	66
67	Occupational Therapy	33,090	5,850,969	0.005655	323,748	1,831	67
68	Speech Pathology	18,277	1,110,423	0.016459	383,641	6,314	68
69	Electrocardiology	41,216	19,790,255	0.002083	4,894,261	10,195	69
69.01	<b>CARDIAC REHAB</b>	38,626	501,063	0.077088	71,961	5,547	69.01
70	Electroencephalography	565	330,654	0.001709	112,060	192	70
71	Medical Supplies Charged to Pat	141,005	18,658,978	0.007557	6,542,467	49,441	71
72	Impl. Dev. Charged to Patients	50,026	8,433,642	0.005932	2,653,080	15,738	72
73	Drugs Charged to Patients	109,785	74,865,581	0.001466	21,122,806	30,966	73
74	Renal Dialysis	19,408	2,656,916	0.007305	1,093,256	7,986	74
75.01	<b>ACUTE DIALYSIS</b>						75.01
76	<b>AUDIO-VESTIBULAR LAB</b>						76
76.01	<b>ONCOLOGY</b>						76.01
76.97	<b>CARDIAC REHABILITATION</b>						76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>						76.98
76.99	<b>LITHOTRIPSY</b>						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	82,523	14,285,386	0.005777	1,478,869	8,543	90
91	Emergency	299,530	81,355,869	0.003682	8,422,482	31,012	91
91.01	<b>LITHOTRIPSY</b>						91.01
92	Observation Beds (Non-Distinct)	210,072	13,496,924	0.015564			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	2,369,786	490,381,239		96,986,974	418,189	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

Check  Title V  PPS  
 Applicable  Title XVIII, Part A  TEFRA  
 Boxes:  Title XIX  Other

(A)	Cost Center Description	1A	1	2A	2	3	4	5
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics General Routine Care)							30
31	Intensive Care Unit							31
32	Coronary Care Unit							32
33	Burn Intensive Care Unit							33
34	Surgical Intensive Care Unit							34
35	Other Special Care (specify)							35
40	Subprovider - IPF							40
41	Subprovider - IRF							41
42	Subprovider I							42
43	Nursery							43
44	Skilled Nursing Facility							44
45	Nursing Facility							45
200	TOTAL (lines 30-199)							200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

Check  Title V  PPS  
 Applicable  Title XVIII, Part A  TEFRA  
 Boxes:  Title XIX  Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	30,032		10,747		30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit	5,849		2,236		34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility	14,759		10,716		44
45	Nursing Facility					45
200	Total (lines 30-199)	50,640		23,699		200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0251**

**WORKSHEET D  
PART IV**

Check  Title V                       Hospital                       SUB (Other)                       ICF/IID                       PPS  
 Applicable  Title XVIII, Part A                       IPF                       SNF                       TEFRA  
 Boxes:  Title XIX                       IRF                       NF                       Other

(A)	Cost Center Description	1	2A	2	3A	3	4	5	6
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room								50
51	Recovery Room								51
53	Anesthesiology								53
54	Radiology-Diagnostic								54
56	Radioisotope								56
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
60	Laboratory								60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy								65
66	Physical Therapy								66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology								69
69.01	CARDIAC REHAB								69.01
70	Electroencephalography								70
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients								73
74	Renal Dialysis								74
75.01	ACUTE DIALYSIS								75.01
76	AUDIO-VESTIBULAR LAB								76
76.01	ONCOLOGY								76.01
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic								90
91	Emergency								91
91.01	LITHOTRIPSY								91.01
92	Observation Beds (Non-Distinct								92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)								200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0251**

**WORKSHEET D  
PART IV**

Check [ ] Title V [XX] Hospital [ ] SUB (Other) [ ] ICF/IID [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [ ] Title XIX [ ] IRF [ ] NF [ ] Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7		8		9	10	11	12	13	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	25,752,368			4,667,196		4,398,064		50
51	Recovery Room	4,416,134			895,642		520,023		51
53	Anesthesiology	5,997,923			1,158,635		875,776		53
54	Radiology-Diagnostic	26,277,569			4,243,501		3,380,231		54
56	Radioisotope	6,778,889			1,100,813		1,546,991		56
57	CT Scan	45,684,516			6,442,743		6,065,899		57
58	MRI	7,573,929			1,112,782		1,820,125		58
59	Cardiac Catheterization	17,147,184			3,714,834		1,378,643		59
60	Laboratory	75,797,180			18,458,109		4,742,289		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	20,356,773			7,055,024		248,059		65
66	Physical Therapy	13,262,114			1,039,064		65,235		66
67	Occupational Therapy	5,850,969			323,748		22,290		67
68	Speech Pathology	1,110,423			383,641		15,421		68
69	Electrocardiology	19,790,255			4,894,261		3,430,642		69
69.01	<b>CARDIAC REHAB</b>	501,063			71,961		160,725		69.01
70	Electroencephalography	330,654			112,060		42,980		70
71	Medical Supplies Charged to Pat	18,658,978			6,542,467		1,201,933		71
72	Impl. Dev. Charged to Patients	8,433,642			2,653,080		1,265,555		72
73	Drugs Charged to Patients	74,865,581			21,122,806		3,283,403		73
74	Renal Dialysis	2,656,916			1,093,256		86,702		74
75.01	ACUTE DIALYSIS								75.01
76	AUDIO-VESTIBULAR LAB								76
76.01	ONCOLOGY								76.01
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	14,285,386			1,478,869		3,759,401		90
91	Emergency	81,355,869			8,422,482		6,968,751		91
91.01	LITHOTRIPSY								91.01
92	Observation Beds (Non-Distinct)	13,496,924					5,776,349		92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	490,381,239			96,986,974		51,055,487		200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0251

WORKSHEET D  
PART V

Check [ ] Title V - O/P [XX] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [XX] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [ ] Title XIX - O/P [ ] IRF [ ] NF [ ] ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.237178	4,398,064			1,043,124			50
51	Recovery Room	0.200948	520,023			104,498			51
53	Anesthesiology	0.052110	875,776			45,637			53
54	Radiology-Diagnostic	0.138811	3,380,231			469,213			54
56	Radioisotope	0.099741	1,546,991			154,298			56
57	CT Scan	0.035537	6,065,899			215,564			57
58	MRI	0.077722	1,820,125			141,464			58
59	Cardiac Catheterization	0.088552	1,378,643			122,082			59
60	Laboratory	0.121324	4,742,289	319		575,353	39		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	0.114610	248,059			28,430			65
66	Physical Therapy	0.250405	65,235			16,335			66
67	Occupational Therapy	0.204628	22,290			4,561			67
68	Speech Pathology	0.314321	15,421			4,847			68
69	Electrocardiology	0.055659	3,430,642			190,946			69
69.01	<b>CARDIAC REHAB</b>	0.984948	160,725			158,306			69.01
70	Electroencephalography	0.205081	42,980			8,814			70
71	Medical Supplies Charged to Pat	0.310297	1,201,933			372,956			71
72	Impl. Dev. Charged to Patients	0.242437	1,265,555	29,760		306,817	7,215		72
73	Drugs Charged to Patients	0.119662	3,283,403		43,203	392,899		5,170	73
74	Renal Dialysis	0.245693	86,702			21,302			74
75.01	<b>ACUTE DIALYSIS</b>								75.01
76	<b>AUDIO-VESTIBULAR LAB</b>								76
76.01	<b>ONCOLOGY</b>								76.01
76.97	<b>CARDIAC REHABILITATION</b>								76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>								76.98
76.99	<b>LITHOTRIPSY</b>								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	0.158412	3,759,401			595,534			90
91	Emergency	0.118427	6,968,751			825,288			91
91.01	<b>LITHOTRIPSY</b>								91.01
92	Observation Beds (Non-Distinct)	0.261657	5,776,349			1,511,422			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)		51,055,487	30,079	43,203	7,309,690	7,254	5,170	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		51,055,487	30,079	43,203	7,309,690	7,254	5,170	202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-5548**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	1	2A	2	3A	3	4	5	6
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room								50
51	Recovery Room								51
53	Anesthesiology								53
54	Radiology-Diagnostic								54
56	Radioisotope								56
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
60	Laboratory								60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy								65
66	Physical Therapy								66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology								69
69.01	CARDIAC REHAB								69.01
70	Electroencephalography								70
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients								73
74	Renal Dialysis								74
75.01	ACUTE DIALYSIS								75.01
76	AUDIO-VESTIBULAR LAB								76
76.01	ONCOLOGY								76.01
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic								90
91	Emergency								91
91.01	LITHOTRIPSY								91.01
92	Observation Beds (Non-Distinct								92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)								200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-5548**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	25,752,368			31,350				50
51	Recovery Room	4,416,134							51
53	Anesthesiology	5,997,923			1,675				53
54	Radiology-Diagnostic	26,277,569			315,858				54
56	Radioisotope	6,778,889			4,317				56
57	CT Scan	45,684,516							57
58	MRI	7,573,929							58
59	Cardiac Catheterization	17,147,184			521				59
60	Laboratory	75,797,180			2,860,161				60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	20,356,773			1,113,945				65
66	Physical Therapy	13,262,114			6,141,335				66
67	Occupational Therapy	5,850,969			3,399,964				67
68	Speech Pathology	1,110,423			186,603				68
69	Electrocardiology	19,790,255			58,760				69
69.01	<b>CARDIAC REHAB</b>	501,063			7,420				69.01
70	Electroencephalography	330,654			2,456				70
71	Medical Supplies Charged to Pat	18,658,978			476,139				71
72	Impl. Dev. Charged to Patients	8,433,642							72
73	Drugs Charged to Patients	74,865,581			6,382,564				73
74	Renal Dialysis	2,656,916							74
75.01	<b>ACUTE DIALYSIS</b>								75.01
76	<b>AUDIO-VESTIBULAR LAB</b>								76
76.01	<b>ONCOLOGY</b>								76.01
76.97	<b>CARDIAC REHABILITATION</b>								76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>								76.98
76.99	<b>LITHOTRIPSY</b>								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	14,285,386			3,972				90
91	Emergency	81,355,869							91
91.01	<b>LITHOTRIPSY</b>								91.01
92	Observation Beds (Non-Distinct)	13,496,924							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	490,381,239			20,987,040				200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-5548

WORKSHEET D  
PART V

Check [ ] Title V - O/P [ ] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [XX] Title XVIII, Part B [ ] IPF [XX] SNF [ ] Swing Bed NF  
 Boxes: [ ] Title XIX - O/P [ ] IRF [ ] NF [ ] ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.237178							50
51	Recovery Room	0.200948							51
53	Anesthesiology	0.052110							53
54	Radiology-Diagnostic	0.138811							54
56	Radioisotope	0.099741							56
57	CT Scan	0.035537							57
58	MRI	0.077722							58
59	Cardiac Catheterization	0.088552							59
60	Laboratory	0.121324							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	0.114610							65
66	Physical Therapy	0.250405							66
67	Occupational Therapy	0.204628							67
68	Speech Pathology	0.314321							68
69	Electrocardiology	0.055659							69
69.01	<b>CARDIAC REHAB</b>	0.984948							69.01
70	Electroencephalography	0.205081							70
71	Medical Supplies Charged to Pat	0.310297							71
72	Impl. Dev. Charged to Patients	0.242437							72
73	Drugs Charged to Patients	0.119662			26,595			3,182	73
74	Renal Dialysis	0.245693							74
75.01	<b>ACUTE DIALYSIS</b>								75.01
76	<b>AUDIO-VESTIBULAR LAB</b>								76
76.01	<b>ONCOLOGY</b>								76.01
76.97	<b>CARDIAC REHABILITATION</b>								76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>								76.98
76.99	<b>LITHOTRIPSY</b>								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	0.158412							90
91	Emergency	0.118427							91
91.01	<b>LITHOTRIPSY</b>								91.01
92	Observation Beds (Non-Distinct)	0.261657							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)				26,595			3,182	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)				26,595			3,182	202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D  
PART I**

Check            [ ] Title V  
Applicable    [ ] Title XVIII, Part A  
Boxes:         [XX] Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust-ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	1,351,800		1,351,800	30,032	45.01	3,319	149,388	30
31	Intensive Care Unit								31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit	229,874		229,874	5,849	39.30	369	14,502	34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility	495,801		495,801	14,759	33.59			44
45	Nursing Facility								45
200	Total (lines 30-199)	2,077,475		2,077,475	50,640		3,688	163,890	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0251

WORKSHEET D  
PART II

Check [ ] Title V [XX] Hospital [ ] SUB (Other)  
 Applicable [ ] Title XVIII, Part A [ ] IPF  
 Boxes: [XX] Title XIX [ ] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	457,906	25,752,368	0.017781			50
51	Recovery Room	35,286	4,416,134	0.007990			51
53	Anesthesiology	15,171	5,997,923	0.002529			53
54	Radiology-Diagnostic	227,416	26,277,569	0.008654			54
56	Radioisotope	16,929	6,778,889	0.002497			56
57	CT Scan	41,930	45,684,516	0.000918			57
58	MRI	10,524	7,573,929	0.001390			58
59	Cardiac Catheterization	99,461	17,147,184	0.005800			59
60	Laboratory	241,395	75,797,180	0.003185			60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	59,685	20,356,773	0.002932			65
66	Physical Therapy	119,960	13,262,114	0.009045			66
67	Occupational Therapy	33,090	5,850,969	0.005655			67
68	Speech Pathology	18,277	1,110,423	0.016459			68
69	Electrocardiology	41,216	19,790,255	0.002083			69
69.01	<b>CARDIAC REHAB</b>	38,626	501,063	0.077088			69.01
70	Electroencephalography	565	330,654	0.001709			70
71	Medical Supplies Charged to Pat	141,005	18,658,978	0.007557			71
72	Impl. Dev. Charged to Patients	50,026	8,433,642	0.005932			72
73	Drugs Charged to Patients	109,785	74,865,581	0.001466			73
74	Renal Dialysis	19,408	2,656,916	0.007305			74
75.01	<b>ACUTE DIALYSIS</b>						75.01
76	<b>AUDIO-VESTIBULAR LAB</b>						76
76.01	<b>ONCOLOGY</b>						76.01
76.97	<b>CARDIAC REHABILITATION</b>						76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>						76.98
76.99	<b>LITHOTRIPSY</b>						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	82,523	14,285,386	0.005777			90
91	Emergency	299,530	81,355,869	0.003682			91
91.01	<b>LITHOTRIPSY</b>						91.01
92	Observation Beds (Non-Distinct	210,072	13,496,924	0.015564			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	2,369,786	490,381,239				200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

Check  Title V  PPS  
 Applicable  Title XVIII, Part A  TEFRA  
 Boxes:  Title XIX  Other

(A)	Cost Center Description	Nursing School Post-Stepdown Adjustments 1A	Nursing School 1	Allied Health Post-Stepdown Adjustments 2A	Allied Health Cost 2	All Other Medical Education Cost 3	Swing-Bed Adjustment Amount (see instructions) 4	Total Costs (sum of cols. 1 through 3 minus col 4.) 5
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics General Routine Care)							30
31	Intensive Care Unit							31
32	Coronary Care Unit							32
33	Burn Intensive Care Unit							33
34	Surgical Intensive Care Unit							34
35	Other Special Care (specify)							35
40	Subprovider - IPF							40
41	Subprovider - IRF							41
42	Subprovider I							42
43	Nursery							43
44	Skilled Nursing Facility							44
45	Nursing Facility							45
200	TOTAL (lines 30-199)							200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

Check  Title V  PPS  
 Applicable  Title XVIII, Part A  TEFRA  
 Boxes:  Title XIX  Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	30,032		3,319		30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit	5,849		369		34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility	14,759				44
45	Nursing Facility					45
200	Total (lines 30-199)	50,640		3,688		200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0251**

**WORKSHEET D  
PART IV**

Check  Title V                       Hospital                       SUB (Other)                       ICF/IID                       PPS  
 Applicable  Title XVIII, Part A                       IPF                       SNF                       TEFRA  
 Boxes:  Title XIX                       IRF                       NF                       Other

(A)	Cost Center Description	1	2A	2	3A	3	4	5	6
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room								50
51	Recovery Room								51
53	Anesthesiology								53
54	Radiology-Diagnostic								54
56	Radioisotope								56
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
60	Laboratory								60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy								65
66	Physical Therapy								66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology								69
69.01	CARDIAC REHAB								69.01
70	Electroencephalography								70
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients								73
74	Renal Dialysis								74
75.01	ACUTE DIALYSIS								75.01
76	AUDIO-VESTIBULAR LAB								76
76.01	ONCOLOGY								76.01
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic								90
91	Emergency								91
91.01	LITHOTRIPSY								91.01
92	Observation Beds (Non-Distinct								92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)								200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0251**

**WORKSHEET D  
PART IV**

Check [ ] Title V [XX] Hospital [ ] SUB (Other) [ ] ICF/IID [ ] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [XX] Title XIX [ ] IRF [ ] NF [XX] Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	25,752,368							50
51	Recovery Room	4,416,134							51
53	Anesthesiology	5,997,923							53
54	Radiology-Diagnostic	26,277,569							54
56	Radioisotope	6,778,889							56
57	CT Scan	45,684,516							57
58	MRI	7,573,929							58
59	Cardiac Catheterization	17,147,184							59
60	Laboratory	75,797,180							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	20,356,773							65
66	Physical Therapy	13,262,114							66
67	Occupational Therapy	5,850,969							67
68	Speech Pathology	1,110,423							68
69	Electrocardiology	19,790,255							69
69.01	<b>CARDIAC REHAB</b>	501,063							69.01
70	Electroencephalography	330,654							70
71	Medical Supplies Charged to Pat	18,658,978							71
72	Impl. Dev. Charged to Patients	8,433,642							72
73	Drugs Charged to Patients	74,865,581							73
74	Renal Dialysis	2,656,916							74
75.01	<b>ACUTE DIALYSIS</b>								75.01
76	<b>AUDIO-VESTIBULAR LAB</b>								76
76.01	<b>ONCOLOGY</b>								76.01
76.97	<b>CARDIAC REHABILITATION</b>								76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>								76.98
76.99	<b>LITHOTRIPSY</b>								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	14,285,386							90
91	Emergency	81,355,869							91
91.01	<b>LITHOTRIPSY</b>								91.01
92	Observation Beds (Non-Distinct)	13,496,924							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	490,381,239							200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0251

WORKSHEET D  
PART V

Check [ ] Title V - O/P [XX] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [ ] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [XX] Title XIX - O/P [ ] IRF [ ] NF [ ] ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.237178							50
51	Recovery Room	0.200948							51
53	Anesthesiology	0.052110							53
54	Radiology-Diagnostic	0.138811							54
56	Radioisotope	0.099741							56
57	CT Scan	0.035537							57
58	MRI	0.077722							58
59	Cardiac Catheterization	0.088552							59
60	Laboratory	0.121324							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	0.114610							65
66	Physical Therapy	0.250405							66
67	Occupational Therapy	0.204628							67
68	Speech Pathology	0.314321							68
69	Electrocardiology	0.055659							69
69.01	<b>CARDIAC REHAB</b>	0.984948							69.01
70	Electroencephalography	0.205081							70
71	Medical Supplies Charged to Pat	0.310297							71
72	Impl. Dev. Charged to Patients	0.242437							72
73	Drugs Charged to Patients	0.119662							73
74	Renal Dialysis	0.245693							74
75.01	<b>ACUTE DIALYSIS</b>								75.01
76	<b>AUDIO-VESTIBULAR LAB</b>								76
76.01	<b>ONCOLOGY</b>								76.01
76.97	<b>CARDIAC REHABILITATION</b>								76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>								76.98
76.99	<b>LITHOTRIPSY</b>								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	0.158412							90
91	Emergency	0.118427							91
91.01	<b>LITHOTRIPSY</b>								91.01
92	Observation Beds (Non-Distinct)	0.261657							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0251

WORKSHEET D-1  
PART I

Check [ ] Title V - I/P [XX] Hospital [ ] SUB (Other) [ ] ICF/IID [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [ ] Title XIX - I/P [ ] IRF [ ] NF [ ] Other

PART I - ALL PROVIDER COMPONENTS

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	30,032	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	30,032	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	25,365	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	10,747	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

**SWING-BED ADJUSTMENT**

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	22,725,610	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	22,725,610	27

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	22,725,610	37

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0251

WORKSHEET D-1  
PART II

Check [ ] Title V - I/P [XX] Hospital [ ] SUB (Other) [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] TEFRA  
 Boxes: [ ] Title XIX - I/P [ ] IRF [ ] Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						756.71	38
39	Program general inpatient routine service cost (line 9 x line 38)						8,132,362	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						8,132,362	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)							42
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit							43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit	9,974,702	5,849	1,705.37	2,236	3,813,207		46
47	Other Special Care (specify)							47
								1
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						13,253,219	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						25,198,788	49
								<b>PASS THROUGH COST ADJUSTMENTS</b>
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						571,597	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						418,189	51
52	Total Program excludable cost (sum of lines 50 and 51)						989,786	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						24,209,002	53
								<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>
54	Program discharges							54
55	Target amount per discharge							55
56	Target amount (line 54 x line 55)							56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							57
58	Bonus payment (see instructions)							58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.							59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.							60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							61
62	Relief payment (see instructions)							62
63	Allowable Inpatient cost plus incentive payment (see instructions)							63
								<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)							64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)							65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)							66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							69

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0251

WORKSHEET D-1  
PARTS III & IV

Check  Title V - I/P                     Hospital                     SUB (Other)                     ICF/IID                     PPS  
 Applicable  Title XVIII, Part A                     IPF                     SNF                     TEFRA  
 Boxes:  Title XIX - I/P                     IRF                     NF                     Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					4,667	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					756.71	88
89	Observation bed cost (line 87 x line 88) (see instructions)					3,531,566	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	1,351,800	22,725,610	0.059484	3,531,566	210,072	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5548

WORKSHEET D-1  
PART I

Check [ ] Title V - I/P [ ] Hospital [ ] SUB (Other) [ ] ICF/IID [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [XX] SNF [ ] TEFRA  
 Boxes: [ ] Title XIX - I/P [ ] IRF [ ] NF [ ] Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	14,759	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,759	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	14,759	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	10,716	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	7,163,780	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	7,163,780	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	7,163,780	37

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5548

WORKSHEET D-1  
PARTS III & IV

Check             Title V - I/P                             Hospital             SUB (Other)                             ICF/IID             PPS  
 Applicable     Title XVIII, Part A                     IPF                     SNF     TEFRA  
 Boxes:         Title XIX - I/P                             IRF                     NF     Other

PART III - SNF, NF, AND ICF/IID ONLY

70	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	7,163,780	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	485.38	71
72	Program routine service cost (line 9 x line 71)	5,201,332	72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)	5,201,332	74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26)		75
76	Per diem capital-related costs (line 75 ÷ line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)	5,201,332	83
84	Program inpatient ancillary services (see instructions)	3,741,929	84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)	8,943,261	86

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0251**

**WORKSHEET D-1  
PART I**

Check [ ] Title V - I/P [XX] Hospital [ ] SUB (Other) [ ] ICF/IID [ ] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [XX] Title XIX - I/P [ ] IRF [ ] NF [XX] Other

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	30,032	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	30,032	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	25,365	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,319	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

**SWING-BED ADJUSTMENT**

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	22,725,610	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	22,725,610	27

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	22,725,610	37

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0251

WORKSHEET D-1  
PART II

Check  Title V - I/P  Hospital  SUB (Other)  PPS  
 Applicable  Title XVIII, Part A  IPF  TEFRA  
 Boxes:  Title XIX - I/P  IRF  Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

							1		
38	Adjusted general inpatient routine service cost per diem (see instructions)						756.71	38	
39	Program general inpatient routine service cost (line 9 x line 38)						2,511,520	39	
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40	
41	Total Program general inpatient routine service cost (line 39 + line 40)						2,511,520	41	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
		1	2	3	4	5			
42	Nursery (Titles V and XIX only)							42	
	<b>Intensive Care Type Inpatient Hospital Units</b>								
43	Intensive Care Unit							43	
44	Coronary Care Unit							44	
45	Burn Intensive Care Unit							45	
46	Surgical Intensive Care Unit	9,930,855	5,849	1,697.87	369	626,514		46	
47	Other Special Care (specify)							47	
								1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						3,138,034	49	
	<b>PASS THROUGH COST ADJUSTMENTS</b>								
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						163,890	50	
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							51	
52	Total Program excludable cost (sum of lines 50 and 51)						163,890	52	
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)							53	
	<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
54	Program discharges							54	
55	Target amount per discharge							55	
56	Target amount (line 54 x line 55)							56	
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							57	
58	Bonus payment (see instructions)							58	
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.							59	
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.							60	
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							61	
62	Relief payment (see instructions)							62	
63	Allowable Inpatient cost plus incentive payment (see instructions)							63	
	<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)							64	
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)							65	
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)							66	
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							67	
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							68	
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							69	

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0251

WORKSHEET D-1  
PARTS III & IV

Check             Title V - I/P                     Hospital             SUB (Other)                     ICF/IID             PPS  
Applicable     Title XVIII, Part A             IPF                     SNF                     TEFRA  
Boxes:         Title XIX - I/P                     IRF                     NF                     Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					4,667	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					756.71	88
89	Observation bed cost (line 87 x line 88) (see instructions)					3,531,566	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	1,351,800	22,725,610	0.059484	3,531,566	210,072	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0251

WORKSHEET D-3

Check  Title V  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/IID  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		32,656,279		30
34	Surgical Intensive Care Unit		9,194,461		34
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.237178	4,667,196	1,106,956	50
51	Recovery Room	0.200948	895,642	179,977	51
53	Anesthesiology	0.052110	1,158,635	60,376	53
54	Radiology-Diagnostic	0.138811	4,243,501	589,045	54
56	Radioisotope	0.099741	1,100,813	109,796	56
57	CT Scan	0.035537	6,442,743	228,956	57
58	MRI	0.077722	1,112,782	86,488	58
59	Cardiac Catheterization	0.088552	3,714,834	328,956	59
60	Laboratory	0.121324	18,458,109	2,239,412	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.114632	7,055,024	808,732	65
66	Physical Therapy	0.250405	1,039,064	260,187	66
67	Occupational Therapy	0.204628	323,748	66,248	67
68	Speech Pathology	0.314321	383,641	120,586	68
69	Electrocardiology	0.055659	4,894,261	272,410	69
69.01	CARDIAC REHAB	0.984948	71,961	70,878	69.01
70	Electroencephalography	0.205081	112,060	22,981	70
71	Medical Supplies Charged to Patients	0.310297	6,542,467	2,030,108	71
72	Impl. Dev. Charged to Patients	0.242437	2,653,080	643,205	72
73	Drugs Charged to Patients	0.119662	21,122,806	2,527,597	73
74	Renal Dialysis	0.245693	1,093,256	268,605	74
75.01	ACUTE DIALYSIS				75.01
76	AUDIO-VESTIBULAR LAB				76
76.01	ONCOLOGY				76.01
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	0.158412	1,478,869	234,271	90
91	Emergency	0.118427	8,422,482	997,449	91
91.01	LITHOTRIPSY				91.01
92	Observation Beds (Non-Distinct Part)	0.261657			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		96,986,974	13,253,219	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		96,986,974		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-5548

WORKSHEET D-3

Check [ ] Title V [ ] Hospital [ ] SUB (Other) [ ] Swing Bed SNF [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [XX] SNF [ ] Swing Bed NF [ ] TEFRA  
 Boxes: [ ] Title XIX [ ] IRF [ ] NF [ ] ICF/IID [ ] Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
34	Surgical Intensive Care Unit				34
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.237178	31,350	7,436	50
51	Recovery Room	0.200948			51
53	Anesthesiology	0.052110	1,675	87	53
54	Radiology-Diagnostic	0.138811	315,858	43,845	54
56	Radioisotope	0.099741	4,317	431	56
57	CT Scan	0.035537			57
58	MRI	0.077722			58
59	Cardiac Catheterization	0.088552	521	46	59
60	Laboratory	0.121324	2,860,161	347,006	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.114610	1,113,945	127,669	65
66	Physical Therapy	0.250405	6,141,335	1,537,821	66
67	Occupational Therapy	0.204628	3,399,964	695,728	67
68	Speech Pathology	0.314321	186,603	58,653	68
69	Electrocardiology	0.055659	58,760	3,271	69
69.01	CARDIAC REHAB	0.984948	7,420	7,308	69.01
70	Electroencephalography	0.205081	2,456	504	70
71	Medical Supplies Charged to Patients	0.310297	476,139	147,745	71
72	Impl. Dev. Charged to Patients	0.242437			72
73	Drugs Charged to Patients	0.119662	6,382,564	763,750	73
74	Renal Dialysis	0.245693			74
75.01	ACUTE DIALYSIS				75.01
76	AUDIO-VESTIBULAR LAB				76
76.01	ONCOLOGY				76.01
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	0.158412	3,972	629	90
91	Emergency	0.118427			91
91.01	LITHOTRIPSY				91.01
92	Observation Beds (Non-Distinct Part)	0.261657			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		20,987,040	3,741,929	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		20,987,040		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0251

WORKSHEET D-3

Check  Title V  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/IID  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
34	Surgical Intensive Care Unit				34
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.237178			50
51	Recovery Room	0.200948			51
53	Anesthesiology	0.052110			53
54	Radiology-Diagnostic	0.138811			54
56	Radioisotope	0.099741			56
57	CT Scan	0.035537			57
58	MRI	0.077722			58
59	Cardiac Catheterization	0.088552			59
60	Laboratory	0.121324			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.114610			65
66	Physical Therapy	0.250405			66
67	Occupational Therapy	0.204628			67
68	Speech Pathology	0.314321			68
69	Electrocardiology	0.055659			69
69.01	CARDIAC REHAB	0.984948			69.01
70	Electroencephalography	0.205081			70
71	Medical Supplies Charged to Patients	0.310297			71
72	Impl. Dev. Charged to Patients	0.242437			72
73	Drugs Charged to Patients	0.119662			73
74	Renal Dialysis	0.245693			74
75.01	ACUTE DIALYSIS				75.01
76	AUDIO-VESTIBULAR LAB				76
76.01	ONCOLOGY				76.01
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	0.158412			90
91	Emergency	0.118427			91
91.01	LITHOTRIPSY				91.01
92	Observation Beds (Non-Distinct Part)	0.261657			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

**PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
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)	15,208,144			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	5,069,381			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)	198,617			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	6,746,320			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	200.21			4
	<b>Indirect Medical Education Adjustment Calculation for Hospitals</b>				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	1.56			6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 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 then see instructions.	0.11			7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	1.50			8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 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 section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	2.95			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	1.96			10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)	1.96			12
13	Total allowable FTE count for the prior year	1.84			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	2.57			14
15	Sum of lines 12 through 14 divided by 3	2.12			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count	2.12			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.010589			19
20	Prior year resident to bed ratio (see instructions)	0.011166			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.010589			21
22	IME payment adjustment (see instructions)	117,022			22
22.01	IME payment adjustment - Managed Care (see instructions)	38,933			22.01
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)	-0.99			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)	117,022			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	38,933			29.01
	<b>Disproportionate Share Adjustment</b>				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0957			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2658			31
32	Sum of lines 30 and 31	0.3615			32
33	Allowable disproportionate share percentage (see instructions)	0.1904			33
34	Disproportionate share adjustment (see instructions)	965,211			34
	<b>Uncompensated Care Adjustment</b>				
35	Total uncompensated care amount (see instructions)		<b>Prior to October 1 (1.00)</b>	<b>On or after October 1 (2.00)</b>	
35.01	Factor 3 (see instructions)	0.00000000		6,766,695,164	35
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,239,060	<b>(1.01)</b>	0.000186707	35.01
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	926,749		1,263,389	35.02
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,245,193		318,444	35.03
	<b>Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)</b>				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (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 excluding MS-DRGs 652, 682, 683, 684 and 685 (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

**KPMG LLP Compu-Max 2552-10**

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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

**PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
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)	22,803,568			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)	22,842,501			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,784,004			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	58,362			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
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)				58
59	Total (sum of amounts on lines 49 through 58)	24,684,867			59
60	Primary payer payments	3,785			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	24,681,082			61
62	Deductibles billed to program beneficiaries	2,164,008			62
63	Coinsurance billed to program beneficiaries	104,937			63
64	Allowable bad debts (see instructions)	985,762			64
65	Adjusted reimbursable bad debts (see instructions)	640,745			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	582,369			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	23,052,882			67
68	Credits received from manufacturers for replaced devices 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
70.93	HVBP payment adjustment amount (see instructions)	-100,417			70.93
70.94	HRR adjustment amount (see instructions)	-20,688			70.94
71	Amount due provider (see instructions)	22,931,777			71
71.01	Sequestration adjustment (see instructions)	458,636			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	22,011,917			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	461,224			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	1,794,367			75
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				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
<b>HSP Bonus Payment Amount</b>		<b>Prior to 10/1</b>	<b>On or After 10/1</b>		
100	HSP bonus amount (see instructions)				100
<b>HVBP Adjustment for HSP Bonus Payment</b>		<b>Prior to 10/1</b>	<b>On or After 10/1</b>		
101	HVBP adjustment factor (see instructions)	0.000000000	0.000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102
<b>HRR Adjustment for HSP Bonus Payment</b>		<b>Prior to 10/1</b>	<b>On or After 10/1</b>		
103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 14-0251**

**WORKSHEET E  
PART B**

Check applicable box:       Hospital       IPF       IRF       SUB (Other)       SNF

**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)	12,424			1
2	Medical and other services reimbursed under OPPS (see instructions)	7,309,690			2
3	OPPS payments	6,831,444			3
4	Outlier payment (see instructions)	48,560			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				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	12,424			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges	73,282			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)	73,282			14
	<b>CUSTOMARY CHARGES</b>				
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)	1.000000			17
18	Total customary charges (see instructions)	73,282			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	60,858			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)	12,424			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)	6,880,004			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)	5,952			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	1,401,625			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)	5,484,851			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	11,777			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	5,496,628			30
31	Primary payer payments	762			31
32	Subtotal (line 30 minus line 31)	5,495,866			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	498,717			34
35	Adjusted reimbursable bad debts (see instructions)	324,166			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	252,341			36
37	Subtotal (see instructions)	5,820,032			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	5,820,032			40
40.01	Sequestration adjustment (see instructions)	116,401			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	5,855,495			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-151,864			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

**TO BE COMPLETED BY CONTRACTOR**

90	Original outlier amount (see instructions)				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 91 and 93)				94

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 14-5548**

**WORKSHEET E  
PART B**

Check applicable box:       Hospital       IPF       IRF       SUB (Other)       SNF

**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)	3,182			1
2	Medical and other services reimbursed under OPSS (see instructions)				2
3	OPSS payments				3
4	Outlier payment (see instructions)				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				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	3,182			11
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>REASONABLE CHARGES</b>					
12	Ancillary service charges	26,595			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)	26,595			14
<b>CUSTOMARY CHARGES</b>					
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)	1.000000			17
18	Total customary charges (see instructions)	26,595			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	23,413			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)	3,182			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)				24
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				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)	3,182			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	3,182			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	3,182			32
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>					
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	3,182			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	3,182			40
40.01	Sequestration adjustment (see instructions)	64			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	3,388			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-270			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

**TO BE COMPLETED BY CONTRACTOR**

90	Original outlier amount (see instructions)				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 91 and 93)				94

**KPMG LLP Compu-Max 2552-10**

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0251

WORKSHEET E-1  
PART I

Check  Hospital  SUB (Other)  
Applicable  IPF  SNF  
Boxes:  IRF  Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		22,011,917		5,855,495	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
						3.01
						3.02
	Program					3.03
	to					3.04
	Provider					3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
						3.51
	Provider					3.52
	to					3.53
	Program					3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)					3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		22,011,917		5,855,495	4
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
						5.01
						5.02
	Program					5.03
	to					5.04
	Provider					5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
	Provider					5.52
	to					5.53
	Program					5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		461,224			6.01
7	Total Medicare program liability (see instructions)		22,473,141		-151,864	6.02
8	Name of Contractor	Contractor Number		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.

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-5548

WORKSHEET E-1  
PART I

Check  Hospital  SUB (Other)  
Applicable  IPF  SNF  
Boxes:  IRF  Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		5,429,541		3,388	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	to	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	to	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,429,541		3,388	4
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	to	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	to	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	1,004			6.01
		.02				6.02
7	Total Medicare program liability (see instructions)		5,430,545		3,118	7
8	Name of Contractor	Contractor Number		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.

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E-3  
PART VI**

**PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES**

<b>PROSPECTIVE PAYMENT AMOUNT (see instructions)</b>			
1	Resource Utilization Group (RUGS) payment	5,900,281	1
2	Routine service other pass through costs		2
3	Ancillary service other pass through costs		3
4	Subtotal (sum of lines 1-3)	5,900,281	4
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
5	Medical and other services. Do not use this line. (see instructions)		5
6	Deductibles		6
7	Coinsurance	359,933	7
8	Allowable bad debts (see instructions)	1,575	8
9	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	1,575	9
10	Adjusted reimbursable bad debts (see instructions)	1,024	10
11	Utilization review		11
12	Subtotal (sum of lines 4 and 5, minus lines 6 and 7, plus lines 10 and 11) (see instructions)	5,541,372	12
13	Inpatient primary payer payments		13
14	Other adjustments (ADJ. PENDING CORRECT SNF PS & R)		14
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		14.50
15	Subtotal (see instructions)	5,541,372	15
15.01	Sequestration adjustment (see instructions)	110,827	15.01
15.02	Demonstration payment adjustment amount after sequestration		15.02
16	Interim payments	5,429,541	16
17	Tentative settlement (for contractor use only)		17
18	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16 and 17)	1,004	18
19	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		19

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0251

WORKSHEET E-3  
PART VII

Check  Title V  Hospital  NF  PPS  
 Applicable  Title XIX  SUB (Other)  ICF/IID  TEFRA  
 Boxes:  SNF  Other

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1	Inpatient hospital/SNF/NF services	3,138,034	1
2	Medical and other services		2
3	Organ acquisition (certified transplant centers only)		3
4	Subtotal (sum of lines 1, 2 and 3)	3,138,034	4
5	Inpatient primary payer payments		5
6	Outpatient primary payer payments		6
7	Subtotal (line 4 less sum of lines 5 and 6)	3,138,034	7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
<b>REASONABLE CHARGES</b>			
8	Routine service charges		8
9	Ancillary service charges		9
10	Organ acquisition charges, net of revenue		10
11	Incentive from target amount computation		11
12	Total reasonable charges (sum of lines 8-11)		12
<b>CUSTOMARY CHARGES</b>			
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)	1.000000	15
16	Total customary charges (see instructions)		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	3,138,034	18
19	Interns and residents (see instructions)		19
20	Cost of physicians' services in a teaching hospital (see instructions)		20
21	Cost of covered services (lesser of line 4 or line 16)		21
<b>PROSPECTIVE PAYMENT AMOUNT</b>			
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 (Titles V or XIX PPS covered services only)		28
29	Titles V or XIX (sum of lines 21 and 27)		29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30	Excess of reasonable cost (from line 18)	3,138,034	30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		31
32	Deductibles		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)		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		37
38	Subtotal (line 36 ± line 37)		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)		40
41	Interim payments		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

**KPMG LLP Compu-Max 2552-10**

COMMUNITY FIRST MEDICAL CENTER Provider CCN: 14-0251	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 11:49 Version: 2018.04 (05/22/2018)
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**DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**

**WORKSHEET E-4**

Check  Title V  
 Applicable  Title XVIII  
 Box:  Title XIX

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>				
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996		1	
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)		1.56	
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 for cost reporting periods straddling 7/1/2011)		0.13	
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))		1.25	
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	
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)		2.68	
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		1.96	
7	Enter the lesser of line 5 or line 6		1.96	
		Primary Care 1	Other 2	Total 3
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	1.48	1.48
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	1.48	1.48
10	Weighted dental and podiatric resident FTE count for the current year		0.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			
11	Total weighted FTE count	0.00	1.48	
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	1.14	
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	1.21	
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	1.28	
15	Adjustment for residents in initial years of new programs	0.00	0.00	
15.01	Unweighted adjustment for residents in initial years of new programs			
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure			
17	Adjusted rolling average FTE count	0.00	1.28	
18	Per resident amount	99,896.28	99,896.28	
19	Approved amount for resident costs		127,867	127,867
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			
21	Direct GME FTE unweighted resident count over cap (see instructions)			
22	Allowable additional direct GME FTE resident count (see instructions)			
23	Enter the locality adjustment national average per resident amount (see instructions)			
24	Multiply line 22 times line 23			
25	Total direct GME amount (sum of lines 19 and 24)			127,867
	<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>	Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	12,983	4,820	
27	Total inpatient days (see instructions)	31,214	31,214	
28	Ratio of inpatient days to total inpatient days	0.415935	0.154418	
29	Program direct GME amount	53,184	19,745	
30	Reduction for direct GME payments for Medicare Advantage		2,790	
31	Net Program direct GME amount			70,139
	<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>			
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			2,656,916
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			
35	Medicare outpatient ESRD charges (see instructions)			
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			
	<b>APPORTIONMENT OF MEDICARE REASONABLE COST OF GME</b>			
	<b>Part A Reasonable Cost</b>			
37	Reasonable cost (see instructions)			36,300,401
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			
39	Cost of physicians' services in a teaching hospital (see instructions)			
40	Primary payer payments (see instructions)			3,785
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			36,296,616
	<b>Part B Reasonable Cost</b>			
42	Reasonable cost (see instructions)			7,325,296
43	Primary payer payments (see instructions)			762
44	Total Part B reasonable cost (line 42 minus line 43)			7,324,534
45	Total reasonable cost (sum of lines 41 and 44)			43,621,150
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.832088
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.167912
	<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>			
48	Total program GME payment (line 31)			70,139
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			58,362
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			11,777

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**DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**

**WORKSHEET E-4**

Check  Title V  
 Applicable  Title XVIII  
 Box:  Title XIX

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>				
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			2
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 for cost reporting periods straddling 7/1/2011)			3.01
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
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			6
7	Enter the lesser of line 5 or line 6			7
		Primary Care 1	Other 2	Total 3
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00 8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00 9
10	Weighted dental and podiatric resident FTE count for the current year		0.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			10.01
11	Total weighted FTE count	0.00	0.00	11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	14
15	Adjustment for residents in initial years of new programs	0.00	0.00	15
15.01	Unweighted adjustment for residents in initial years of new programs			15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	16
16.01	Unweighted adjustment for residents displaced by program or hospital closure			16.01
17	Adjusted rolling average FTE count	0.00	0.00	17
18	Per resident amount	0.00	0.00	18
19	Approved amount for resident costs			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 times line 23			24
25	Total direct GME amount (sum of lines 19 and 24)			25
		Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	3,688	4,608	26
27	Total inpatient days (see instructions)	31,214	31,214	27
28	Ratio of inpatient days to total inpatient days	0.118152	0.147626	28
29	Program direct GME amount			29
30	Reduction for direct GME payments for Medicare Advantage			30
31	Net Program direct GME amount			31
	<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>			
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
	<b>APPORTIONMENT OF MEDICARE REASONABLE COST OF GME</b>			
	<b>Part A Reasonable Cost</b>			
37	Reasonable cost (see instructions)			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)			40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41
	<b>Part B Reasonable Cost</b>			
42	Reasonable cost (see instructions)			42
43	Primary payer payments (see instructions)			43
44	Total Part B reasonable cost (line 42 minus line 43)			44
45	Total reasonable cost (sum of lines 41 and 44)			45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47
	<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>			
48	Total program GME payment (line 31)			48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			50

**KPMG LLP Compu-Max 2552-10**

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**BALANCE SHEET**

**WORKSHEET G**

(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

<b>Assets</b> (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
		1	2	3	4
<b>CURRENT ASSETS</b>					
1	Cash on hand and in banks	1,021,809			1
2	Temporary investments				2
3	Notes receivable				3
4	Accounts receivable	73,952,097			4
5	Other receivables				5
6	Allowances for uncollectible notes and accounts receivable	-37,190,233			6
7	Inventory	3,204,111			7
8	Prepaid expenses	75,464			8
9	Other current assets	8,613,117			9
10	Due from other funds				10
11	Total current assets (sum of lines 1-10)	49,676,365			11
<b>FIXED ASSETS</b>					
12	Land				12
13	Land improvements				13
14	Accumulated depreciation				14
15	Buildings				15
16	Accumulated depreciation				16
17	Leasehold improvements				17
18	Accumulated depreciation				18
19	Fixed equipment	28,976,383			19
20	Accumulated depreciation	-6,722,379			20
21	Audomobiles and trucks				21
22	Accumulated depreciation				22
23	Major movable equipment				23
24	Accumulated depreciation				24
25	Minor equipment depreciable				25
26	Accumulated depreciation				26
27	HIT designated assets				27
28	Accumulated depreciation				28
29	Minor equipment-nondepreciable				29
30	Total fixed assets (sum of lines 12-29)	22,254,004			30
<b>OTHER ASSETS</b>					
31	Investments				31
32	Deposits on leases				32
33	Due from owners/officers				33
34	Other assets				34
35	Total other assets (sum of lines 31-34)				35
36	Total assets (sum of lines 11, 30 and 35)	71,930,369			36
<b>Liabilities and Fund Balances</b> (Omit Cents)					
		1	2	3	4
<b>CURRENT LIABILITIES</b>					
37	Accounts payable	17,703,335			37
38	Salaries, wages and fees payable	6,537,520			38
39	Payroll taxes payable				39
40	Notes and loans payable (short term)				40
41	Deferred income				41
42	Accelerated payments				42
43	Due to other funds	1,295,536			43
44	Other current liabilities	14,547,861			44
45	Total current liabilities (sum of lines 37 thru 44)	40,084,252			45
<b>LONG TERM LIABILITIES</b>					
46	Mortgage payable				46
47	Notes payable				47
48	Unsecured loans				48
49	Other long term liabilities	2,099,005			49
50	Total long term liabilities (sum of lines 46 thru 49)	2,099,005			50
51	Total liabilities (sum of lines 45 and 50)	42,183,257			51
<b>CAPITAL ACCOUNTS</b>					
52	General fund balance	29,747,112			52
53	Specific purpose fund				53
54	Donor created - endowment fund balance - restricted				54
55	Donor created - endowment fund balance - unrestricted				55
56	Governing body created - endowment fund balance				56
57	Plant fund balance - invested in plant				57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion				58
59	Total fund balances (sum of lines 52 thru 58)	29,747,112			59
60	Total liabilities and fund balances (sum of lines 51 and 59)	71,930,369			60

**KPMG LLP Compu-Max 2552-10**

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**STATEMENT OF CHANGES IN FUND BALANCES**

**WORKSHEET G-1**

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		29,365,677			1
2	Net income (loss) (from Worksheet G-3, line 29)		1,816,969			2
3	Total (sum of line 1 and line 2)		31,182,646			3
4	Additions (credit adjustments) (specify)	1,417				4
5						5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)		1,417			10
11	Subtotal (line 3 plus line 10)		31,184,063			11
12	Deductions (debit adjustments) (specify)					12
13	TRANSFERS TO AFFILIATES					13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		31,184,063			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	Fund balances at beginning of period					1
2	Net income (loss) (from Worksheet G-3, line 29)					2
3	Total (sum of line 1 and line 2)					3
4	Additions (credit adjustments) (specify)					4
5						5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)					11
12	Deductions (debit adjustments) (specify)					12
13	TRANSFERS TO AFFILIATES					13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)					19

**KPMG LLP Compu-Max 2552-10**

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**WORKSHEET G-2  
PARTS I & II**

**PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	Hospital	75,188,043		75,188,043	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility	13,065,483		13,065,483	7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	88,253,526		88,253,526	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit				11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit	25,681,360		25,681,360	14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	25,681,360		25,681,360	16
17	Total inpatient routine care services (sum of lines 10 and 16)	113,934,886		113,934,886	17
18	Ancillary services	269,347,342		269,347,342	18
19	Outpatient services		222,367,118	222,367,118	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
27.01	PRO FEES		7,845,575	7,845,575	27.01
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	383,282,228	230,212,693	613,494,921	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		122,306,925	29
30	TRIAL BALANCE VARIANCE WITH KPMG	30,837		30
31				31
32				32
33				33
34				34
35	IMMATERIAL VARIANCE			35
36	Total additions (sum of lines 30-35)		30,837	36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		122,337,762	43

**KPMG LLP Compu-Max 2552-10**

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**STATEMENT OF REVENUES AND EXPENSES**

**WORKSHEET G-3**

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	613,494,921	1
2	Less contractual allowances and discounts on patients' accounts	491,902,925	2
3	Net patient revenues (line 1 minus line 2)	121,591,996	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	122,337,762	4
5	Net income from service to patients (line 3 minus line 4)	-745,766	5

**OTHER INCOME**

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (specify)	2,562,735	24
24.01	Other (NET ASSETS RELEASED FROM RESTRICTIO)		24.01
24.02	Other (RECONCILIATION)		24.02
24.03	Other (MISCELLANEOUS - CARDIAC REHAB, ETC.)		24.03
25	Total other income (sum of lines 6-24)	2,562,735	25
26	Total (line 5 plus line 25)	1,816,969	26
29	Net income (or loss) for the period (line 26 minus line 28)	1,816,969	29

**KPMG LLP Compu-Max 2552-10**

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**CALCULATION OF CAPITAL PAYMENT**

**COMPONENT CCN: 14-0251**

**WORKSHEET L**

Check  Title V  Hospital  PPS  
 Applicable  Title XVIII, Part A  SUB (Other)  Cost Method  
 Boxes:  Title XIX

**PART I - FULLY PROSPECTIVE METHOD**

CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	1,643,804 1
1.01	Model 4 BPCI Capital DRG other than outlier	
2	Capital DRG outlier payments	3,928 2
2.01	Model 4 BPCI Capital DRG outlier payments	
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	85.52 3
4	Number of interns & residents (see instructions)	2.12 4
5	Indirect medical education percentage (see instructions)	0.70 5
6	Indirect medical education adjustment (see instructions)	11,507 6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0957 7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2658 8
9	Sum of lines 7 and 8	0.3615 9
10	Allowable disproportionate share percentage (see instructions)	0.0759 10
11	Disproportionate share adjustment (see instructions)	124,765 11
12	Total prospective capital payments (see instructions)	1,784,004 12

**PART II - PAYMENT UNDER REASONABLE COST**

1	Program inpatient routine capital cost (see instructions)	1
2	Program inpatient ancillary capital cost (see instructions)	2
3	Total inpatient program capital cost (line 1 plus line 2)	3
4	Capital cost payment factor (see instructions)	4
5	Total inpatient program capital cost (line 3 times line 4)	5

**PART III - COMPUTATION OF EXCEPTION PAYMENTS**

1	Program inpatient capital costs (see instructions)	1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)	2
3	Net program inpatient capital costs (line 1 minus line 2)	3
4	Applicable exception percentage (see instructions)	4
5	Capital cost for comparison to payments (line 3 x line 4)	5
6	Percentage adjustment for extraordinary circumstances (see instructions)	6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	7
8	Capital minimum payment level (line 5 plus line 7)	8
9	Current year capital payments (from Part I, line 12 as applicable)	9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)	13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	14
15	Current year allowable operating and capital payment (see instructions)	15
16	Current year operating and capital costs (see instructions)	16
17	Current year exception offset amount (see instructions)	17

**KPMG LLP Compu-Max 2552-10**

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**ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**

**WORKSHEET L-1  
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS 0	SUBTOTAL (cols.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26		
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
17.01	<b>HOUSE STAFF PHYSICIANS</b>							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics							30
34	Surgical Intensive Care Unit							34
44	Skilled Nursing Facility							44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
69.01	<b>CARDIAC REHAB</b>							69.01
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75.01	<b>ACUTE DIALYSIS</b>							75.01
76	<b>AUDIO-VESTIBULAR LAB</b>							76
76.01	<b>ONCOLOGY</b>							76.01
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>							76.98
76.99	<b>LITHOTRIPSY</b>							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic							90
91	Emergency							91
91.01	<b>LITHOTRIPSY</b>							91.01
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	<b>CORF</b>							99.10
99.20	<b>OUTPATIENT PHYSICAL THERAPY</b>							99.20
99.30	<b>OUTPATIENT OCCUPATIONAL THERAPY</b>							99.30
99.40	<b>OUTPATIENT SPEECH PATHOLOGY</b>							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	<b>SUBTOTALS (sum of lines 1-117)</b>							118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
193.0	<b>NON EMPLOYEE DAY CARE</b>							193.0
1								1
193.0	<b>RESURRECTION HOME CARE OFFICES</b>							193.0
2								2

**KPMG LLP Compu-Max 2552-10**

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1  
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
193.0	OCCUPATIONAL HEALTH NON-REIM							193.0
3								3
194	POB							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202