

CR Hospital Reference Report 2019

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Line	Line Description	Col	Column Desc	Line Value	Type
100002	BETHESDA HOSPITAL BOYNTON BEACH, FL 33435				
	Worksheet 666862 Period End 09/30/2019 Days 365 Status Submitted				

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	54,122,200.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	54,122,200.	
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	54,122,200.	
03000	Adults and Pediatrics - General Routine Care	00600	Charges - Inpatient	186,202,355.	
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	186,202,355.	
03100	Intensive Care Unit	00100	Worksheet B Total	12,037,593.	
03100	Intensive Care Unit	00300	Total Cost	12,037,593.	
03100	Intensive Care Unit	00500	Adjusted Total Cost	12,037,593.	
03100	Intensive Care Unit	00600	Charges - Inpatient	43,706,876.	
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	43,706,876.	
03200	Coronary Care Unit	00100	Worksheet B Total	11,185,606.	
03200	Coronary Care Unit	00300	Total Cost	11,185,606.	
03200	Coronary Care Unit	00500	Adjusted Total Cost	11,185,606.	
03200	Coronary Care Unit	00600	Charges - Inpatient	35,725,657.	
03200	Coronary Care Unit	00800	Total (Col 06 & 07)	35,725,657.	
03200	Coronary Care Unit	00100	Worksheet B Total	647,283.	03201
03200	Coronary Care Unit	00300	Total Cost	647,283.	03201
03200	Coronary Care Unit	00500	Adjusted Total Cost	647,283.	03201
03200	Coronary Care Unit	00600	Charges - Inpatient	1,426,365.	03201
03200	Coronary Care Unit	00800	Total (Col 06 & 07)	1,426,365.	03201
03200	Coronary Care Unit	00100	Worksheet B Total	6,080,916.	03202
03200	Coronary Care Unit	00300	Total Cost	6,080,916.	03202
03200	Coronary Care Unit	00500	Adjusted Total Cost	6,080,916.	03202
03200	Coronary Care Unit	00600	Charges - Inpatient	23,241,033.	03202
03200	Coronary Care Unit	00800	Total (Col 06 & 07)	23,241,033.	03202
04100	Subprovider - IRF	00100	Worksheet B Total	8,430,134.	
04100	Subprovider - IRF	00300	Total Cost	8,430,134.	
04100	Subprovider - IRF	00500	Adjusted Total Cost	8,430,134.	
04100	Subprovider - IRF	00600	Charges - Inpatient	22,128,522.	
04100	Subprovider - IRF	00800	Total (Col 06 & 07)	22,128,522.	
04300	Nursery	00100	Worksheet B Total	3,109,615.	
04300	Nursery	00300	Total Cost	3,109,615.	
04300	Nursery	00500	Adjusted Total Cost	3,109,615.	

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Line Line Description Col Column Desc Line Value Type
100002 BETHESDA HOSPITAL BOYNTON BEACH, FL 33435

Worksheet 666862 Period End 09/30/2019 Days 365 Status Submitted

Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
04300	Nursery	00600	Charges - Inpatient	4,685,780.	
04300	Nursery	00800	Total (Col 06 & 07)	4,685,780.	
05000	Operating Room	00100	Worksheet B Total	25,477,263.	
05000	Operating Room	00300	Total Cost	25,477,263.	
05000	Operating Room	00500	Adjusted Total Cost	25,477,263.	
05000	Operating Room	00600	Charges - Inpatient	154,598,966.	
05000	Operating Room	00700	Charges - Outpatient	122,960,197.	
05000	Operating Room	00800	Total (Col 06 & 07)	277,559,163.	
05000	Operating Room	00900	Cost or Other Ratio	0.091790	Ratio
05000	Operating Room	01100	PPS Inpatient Ratio	0.091790	Ratio
05100	Recovery Room	00100	Worksheet B Total	5,177,954.	
05100	Recovery Room	00300	Total Cost	5,177,954.	
05100	Recovery Room	00500	Adjusted Total Cost	5,177,954.	
05100	Recovery Room	00600	Charges - Inpatient	9,371,315.	
05100	Recovery Room	00700	Charges - Outpatient	11,702,612.	
05100	Recovery Room	00800	Total (Col 06 & 07)	21,073,927.	
05100	Recovery Room	00900	Cost or Other Ratio	0.245704	Ratio
05100	Recovery Room	01100	PPS Inpatient Ratio	0.245704	Ratio
05200	Delivery Room and Labor Room	00100	Worksheet B Total	4,777,022.	
05200	Delivery Room and Labor Room	00300	Total Cost	4,777,022.	
05200	Delivery Room and Labor Room	00500	Adjusted Total Cost	4,777,022.	
05200	Delivery Room and Labor Room	00600	Charges - Inpatient	17,178,228.	
05200	Delivery Room and Labor Room	00700	Charges - Outpatient	1,035,355.	
05200	Delivery Room and Labor Room	00800	Total (Col 06 & 07)	18,213,583.	
05200	Delivery Room and Labor Room	00900	Cost or Other Ratio	0.262278	Ratio
05200	Delivery Room and Labor Room	01100	PPS Inpatient Ratio	0.262278	Ratio
05300	Anesthesiology	00100	Worksheet B Total	754,405.	
05300	Anesthesiology	00300	Total Cost	754,405.	
05300	Anesthesiology	00500	Adjusted Total Cost	754,405.	
05300	Anesthesiology	00600	Charges - Inpatient	26,721,378.	
05300	Anesthesiology	00700	Charges - Outpatient	21,437,264.	
05300	Anesthesiology	00800	Total (Col 06 & 07)	48,158,642.	
05300	Anesthesiology	00900	Cost or Other Ratio	0.015665	Ratio

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Line 100002 **Line Description** **BETHESDA HOSPITAL BOYNTON BEACH, FL 33435** **Col** **Column Desc** **Line Value** **Type**

Worksheet 666862 Period End 09/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05300	Anesthesiology	01100	PPS Inpatient Ratio	0.015665	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	10,445,605.	
05400	Radiology-Diagnositc	00300	Total Cost	10,445,605.	
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	10,445,605.	
05400	Radiology-Diagnositc	00600	Charges - Inpatient	30,104,741.	
05400	Radiology-Diagnositc	00700	Charges - Outpatient	39,216,804.	
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	69,321,545.	
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.150683	Ratio
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.150683	Ratio
05600	Radioisotope	00100	Worksheet B Total	1,527,253.	
05600	Radioisotope	00300	Total Cost	1,527,253.	
05600	Radioisotope	00500	Adjusted Total Cost	1,527,253.	
05600	Radioisotope	00600	Charges - Inpatient	5,462,357.	
05600	Radioisotope	00700	Charges - Outpatient	5,175,808.	
05600	Radioisotope	00800	Total (Col 06 & 07)	10,638,165.	
05600	Radioisotope	00900	Cost or Other Ratio	0.143564	Ratio
05600	Radioisotope	01100	PPS Inpatient Ratio	0.143564	Ratio
05700	Computed Tomography (CT) Scan	00100	Worksheet B Total	3,086,033.	
05700	Computed Tomography (CT) Scan	00300	Total Cost	3,086,033.	
05700	Computed Tomography (CT) Scan	00500	Adjusted Total Cost	3,086,033.	
05700	Computed Tomography (CT) Scan	00600	Charges - Inpatient	78,875,172.	
05700	Computed Tomography (CT) Scan	00700	Charges - Outpatient	129,220,244.	
05700	Computed Tomography (CT) Scan	00800	Total (Col 06 & 07)	208,095,416.	
05700	Computed Tomography (CT) Scan	00900	Cost or Other Ratio	0.014830	Ratio
05700	Computed Tomography (CT) Scan	01100	PPS Inpatient Ratio	0.014830	Ratio
05800	Magnetic Resonance Imaging (MRI)	00100	Worksheet B Total	1,715,914.	
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost	1,715,914.	
05800	Magnetic Resonance Imaging (MRI)	00500	Adjusted Total Cost	1,715,914.	
05800	Magnetic Resonance Imaging (MRI)	00600	Charges - Inpatient	14,639,351.	
05800	Magnetic Resonance Imaging (MRI)	00700	Charges - Outpatient	13,790,393.	
05800	Magnetic Resonance Imaging (MRI)	00800	Total (Col 06 & 07)	28,429,744.	
05800	Magnetic Resonance Imaging (MRI)	00900	Cost or Other Ratio	0.060356	Ratio
05800	Magnetic Resonance Imaging (MRI)	01100	PPS Inpatient Ratio	0.060356	Ratio

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100002 BETHESDA HOSPITAL BOYNTON BEACH, FL 33435

Worksheet 666862 Period End 09/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05900	Cardiac Catheterization	00100	Worksheet B Total	4,151,919.	
05900	Cardiac Catheterization	00300	Total Cost	4,151,919.	
05900	Cardiac Catheterization	00500	Adjusted Total Cost	4,151,919.	
05900	Cardiac Catheterization	00600	Charges - Inpatient	48,645,797.	
05900	Cardiac Catheterization	00700	Charges - Outpatient	35,913,005.	
05900	Cardiac Catheterization	00800	Total (Col 06 & 07)	84,558,802.	
05900	Cardiac Catheterization	00900	Cost or Other Ratio	0.049101	Ratio
05900	Cardiac Catheterization	01100	PPS Inpatient Ratio	0.049101	Ratio
06000	Laboratory	00100	Worksheet B Total	10,886,007.	
06000	Laboratory	00300	Total Cost	10,886,007.	
06000	Laboratory	00500	Adjusted Total Cost	10,886,007.	
06000	Laboratory	00600	Charges - Inpatient	136,787,870.	
06000	Laboratory	00700	Charges - Outpatient	89,022,082.	
06000	Laboratory	00800	Total (Col 06 & 07)	225,809,952.	
06000	Laboratory	00900	Cost or Other Ratio	0.048209	Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.048209	Ratio
06300	Blood Storing, Processing and Transporation	00100	Worksheet B Total	3,076,662.	
06300	Blood Storing, Processing and Transporation	00300	Total Cost	3,076,662.	
06300	Blood Storing, Processing and Transporation	00500	Adjusted Total Cost	3,076,662.	
06300	Blood Storing, Processing and Transporation	00600	Charges - Inpatient	6,890,884.	
06300	Blood Storing, Processing and Transporation	00700	Charges - Outpatient	2,779,807.	
06300	Blood Storing, Processing and Transporation	00800	Total (Col 06 & 07)	9,670,691.	
06300	Blood Storing, Processing and Transporation	00900	Cost or Other Ratio	0.318143	Ratio
06300	Blood Storing, Processing and Transporation	01100	PPS Inpatient Ratio	0.318143	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	5,966,676.	
06500	Respiratory Therapy	00300	Total Cost	5,966,676.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	5,966,676.	
06500	Respiratory Therapy	00600	Charges - Inpatient	32,575,758.	
06500	Respiratory Therapy	00700	Charges - Outpatient	6,475,306.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	39,051,064.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.152792	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.152792	Ratio
06600	Physical Therapy	00100	Worksheet B Total	12,902,394.	

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100002 BETHESDA HOSPITAL BOYNTON BEACH, FL 33435

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C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
06600	Physical Therapy	00300	Total Cost	12,902,394.
06600	Physical Therapy	00500	Adjusted Total Cost	12,902,394.
06600	Physical Therapy	00600	Charges - Inpatient	45,431,259.
06600	Physical Therapy	00700	Charges - Outpatient	32,371,486.
06600	Physical Therapy	00800	Total (Col 06 & 07)	77,802,745.
06600	Physical Therapy	00900	Cost or Other Ratio	0.165835 Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.165835 Ratio
06900	Electrocardiology	00100	Worksheet B Total	2,719,520.
06900	Electrocardiology	00300	Total Cost	2,719,520.
06900	Electrocardiology	00500	Adjusted Total Cost	2,719,520.
06900	Electrocardiology	00600	Charges - Inpatient	30,184,530.
06900	Electrocardiology	00700	Charges - Outpatient	17,158,140.
06900	Electrocardiology	00800	Total (Col 06 & 07)	47,342,670.
06900	Electrocardiology	00900	Cost or Other Ratio	0.057443 Ratio
06900	Electrocardiology	01100	PPS Inpatient Ratio	0.057443 Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	42,882,124.
07100	Medical Supplies charged to patients	00300	Total Cost	42,882,124.
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	42,882,124.
07100	Medical Supplies charged to patients	00600	Charges - Inpatient	52,366,261.
07100	Medical Supplies charged to patients	00700	Charges - Outpatient	25,487,450.
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	77,853,711.
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.550804 Ratio
07100	Medical Supplies charged to patients	01100	PPS Inpatient Ratio	0.550804 Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	24,790,499.
07200	Implantable Devices Charged to Patients	00300	Total Cost	24,790,499.
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	24,790,499.
07200	Implantable Devices Charged to Patients	00600	Charges - Inpatient	83,028,942.
07200	Implantable Devices Charged to Patients	00700	Charges - Outpatient	49,698,873.
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	132,727,815.
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.186777 Ratio
07200	Implantable Devices Charged to Patients	01100	PPS Inpatient Ratio	0.186777 Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	29,675,778.
07300	Drugs Charged to Patients	00300	Total Cost	29,675,778.

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Line	Line Description	Col	Column Desc	Line Value	Type
100002	BETHESDA HOSPITAL BOYNTON BEACH, FL 33435				

Worksheet 666862 Period End 09/30/2019 Days 365 Status Submitted

C00 Wkst C Computation of Ratio of Costs to Charges					
1 Part 1 - Computation of Ratio of Costs to Charges					
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	29,675,778.	
07300	Drugs Charged to Patients	00600	Charges - Inpatient	205,702,146.	
07300	Drugs Charged to Patients	00700	Charges - Outpatient	52,462,547.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	258,164,693.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.114949	Ratio
07300	Drugs Charged to Patients	01100	PPS Inpatient Ratio	0.114949	Ratio
07400	Renal Dialysis	00100	Worksheet B Total	1,129,747.	
07400	Renal Dialysis	00300	Total Cost	1,129,747.	
07400	Renal Dialysis	00500	Adjusted Total Cost	1,129,747.	
07400	Renal Dialysis	00600	Charges - Inpatient	8,139,122.	
07400	Renal Dialysis	00700	Charges - Outpatient	6,635,190.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	14,774,312.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.076467	Ratio
07400	Renal Dialysis	01100	PPS Inpatient Ratio	0.076467	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	2,462,730.	07601
07600	Other Ancillary Cost	00300	Total Cost	2,462,730.	07601
07600	Other Ancillary Cost	00500	Adjusted Total Cost	2,462,730.	07601
07600	Other Ancillary Cost	00600	Charges - Inpatient	639,370.	07601
07600	Other Ancillary Cost	00700	Charges - Outpatient	8,385,243.	07601
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	9,024,613.	07601
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.272890	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.272890	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	356,479.	07602
07600	Other Ancillary Cost	00300	Total Cost	356,479.	07602
07600	Other Ancillary Cost	00500	Adjusted Total Cost	356,479.	07602
07600	Other Ancillary Cost	00600	Charges - Inpatient	3,896,415.	07602
07600	Other Ancillary Cost	00700	Charges - Outpatient	2,473,351.	07602
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	6,369,766.	07602
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.055964	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.055964	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	1,183,815.	07603
07600	Other Ancillary Cost	00300	Total Cost	1,183,815.	07603
07600	Other Ancillary Cost	00500	Adjusted Total Cost	1,183,815.	07603

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100002 BETHESDA HOSPITAL BOYNTON BEACH, FL 33435

Worksheet 666862 Period End 09/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07600	Other Ancillary Cost	00600	Charges - Inpatient	1,591,906.	07603
07600	Other Ancillary Cost	00700	Charges - Outpatient	2,825,422.	07603
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	4,417,328.	07603
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.267993	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.267993	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	702,870.	07697
07600	Other Ancillary Cost	00300	Total Cost	702,870.	07697
07600	Other Ancillary Cost	00500	Adjusted Total Cost	702,870.	07697
07600	Other Ancillary Cost	00600	Charges - Inpatient	567.	07697
07600	Other Ancillary Cost	00700	Charges - Outpatient	2,460,574.	07697
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	2,461,141.	07697
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.285587	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.285587	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	124,728.	07698
07600	Other Ancillary Cost	00300	Total Cost	124,728.	07698
07600	Other Ancillary Cost	00500	Adjusted Total Cost	124,728.	07698
07600	Other Ancillary Cost	00600	Charges - Inpatient	211,491.	07698
07600	Other Ancillary Cost	00700	Charges - Outpatient	3,346,743.	07698
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	3,558,234.	07698
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.035053	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.035053	Ratio
09100	Emergency Department	00100	Worksheet B Total	15,123,419.	
09100	Emergency Department	00300	Total Cost	15,123,419.	
09100	Emergency Department	00500	Adjusted Total Cost	15,123,419.	
09100	Emergency Department	00600	Charges - Inpatient	52,292,264.	
09100	Emergency Department	00700	Charges - Outpatient	127,160,609.	
09100	Emergency Department	00800	Total (Col 06 & 07)	179,452,873.	
09100	Emergency Department	00900	Cost or Other Ratio	0.084275	Ratio
09100	Emergency Department	01100	PPS Inpatient Ratio	0.084275	Ratio
09200	Observation Beds	00100	Worksheet B Total	8,581,477.	
09200	Observation Beds	00300	Total Cost	8,581,477.	
09200	Observation Beds	00500	Adjusted Total Cost	8,581,477.	
09200	Observation Beds	00600	Charges - Inpatient	181,116.	

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Line Line Description Col Column Desc Line Value Type
100080 JFK MEDICAL CENTER ATLANTIS, FL 33462

Worksheet 660497 Period End 06/30/2019 Days 365 Status Submitted

C00		Wkst C Computation of Ratio of Costs to Charges		
1		Part 1 - Computation of Ratio of Costs to Charges		
05700	Computed Tomography (CT) Scan	00600	Charges - Inpatient	370,297,398.
05700	Computed Tomography (CT) Scan	00700	Charges - Outpatient	451,497,991.
05700	Computed Tomography (CT) Scan	00800	Total (Col 06 & 07)	821,795,389.
05700	Computed Tomography (CT) Scan	00900	Cost or Other Ratio	0.007925 Ratio
05700	Computed Tomography (CT) Scan	01100	PPS Inpatient Ratio	0.007925 Ratio
05800	Magnetic Resonance Imaging (MRI)	00100	Worksheet B Total	2,468,976.
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost	2,468,976.
05800	Magnetic Resonance Imaging (MRI)	00500	Adjusted Total Cost	2,468,976.
05800	Magnetic Resonance Imaging (MRI)	00600	Charges - Inpatient	26,252,480.
05800	Magnetic Resonance Imaging (MRI)	00700	Charges - Outpatient	14,735,193.
05800	Magnetic Resonance Imaging (MRI)	00800	Total (Col 06 & 07)	40,987,673.
05800	Magnetic Resonance Imaging (MRI)	00900	Cost or Other Ratio	0.060237 Ratio
05800	Magnetic Resonance Imaging (MRI)	01100	PPS Inpatient Ratio	0.060237 Ratio
05900	Cardiac Catheterization	00100	Worksheet B Total	15,447,544.
05900	Cardiac Catheterization	00300	Total Cost	15,447,544.
05900	Cardiac Catheterization	00400	RCE Disallowance	19,181.
05900	Cardiac Catheterization	00500	Adjusted Total Cost	15,466,725.
05900	Cardiac Catheterization	00600	Charges - Inpatient	212,784,722.
05900	Cardiac Catheterization	00700	Charges - Outpatient	187,267,860.
05900	Cardiac Catheterization	00800	Total (Col 06 & 07)	400,052,582.
05900	Cardiac Catheterization	00900	Cost or Other Ratio	0.038614 Ratio
05900	Cardiac Catheterization	01100	PPS Inpatient Ratio	0.038662 Ratio
06000	Laboratory	00100	Worksheet B Total	19,719,416.
06000	Laboratory	00300	Total Cost	19,719,416.
06000	Laboratory	00500	Adjusted Total Cost	19,719,416.
06000	Laboratory	00600	Charges - Inpatient	474,852,948.
06000	Laboratory	00700	Charges - Outpatient	296,010,213.
06000	Laboratory	00800	Total (Col 06 & 07)	770,863,161.
06000	Laboratory	00900	Cost or Other Ratio	0.025581 Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.025581 Ratio
06300	Blood Storing, Processing and Transporation	00100	Worksheet B Total	2,872,285.
06300	Blood Storing, Processing and Transporation	00300	Total Cost	2,872,285.
06300	Blood Storing, Processing and Transporation	00500	Adjusted Total Cost	2,872,285.

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Line Line Description Col Column Desc Line Value Type
100080 JFK MEDICAL CENTER ATLANTIS, FL 33462

Worksheet 660497 Period End 06/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06300	Blood Storing, Processing and Transporation	00600	Charges - Inpatient	20,295,461.	
06300	Blood Storing, Processing and Transporation	00700	Charges - Outpatient	4,252,670.	
06300	Blood Storing, Processing and Transporation	00800	Total (Col 06 & 07)	24,548,131.	
06300	Blood Storing, Processing and Transporation	00900	Cost or Other Ratio	0.117006	Ratio
06300	Blood Storing, Processing and Transporation	01100	PPS Inpatient Ratio	0.117006	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	7,746,142.	
06500	Respiratory Therapy	00300	Total Cost	7,746,142.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	7,746,142.	
06500	Respiratory Therapy	00600	Charges - Inpatient	75,227,927.	
06500	Respiratory Therapy	00700	Charges - Outpatient	6,214,047.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	81,441,974.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.095112	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.095112	Ratio
06600	Physical Therapy	00100	Worksheet B Total	6,713,692.	
06600	Physical Therapy	00300	Total Cost	6,713,692.	
06600	Physical Therapy	00400	RCE Disallowance	14,169.	
06600	Physical Therapy	00500	Adjusted Total Cost	6,727,861.	
06600	Physical Therapy	00600	Charges - Inpatient	36,368,824.	
06600	Physical Therapy	00700	Charges - Outpatient	15,662,462.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	52,031,286.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.129032	Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.129304	Ratio
06800	Speech Pathology	00100	Worksheet B Total	799,991.	
06800	Speech Pathology	00300	Total Cost	799,991.	
06800	Speech Pathology	00500	Adjusted Total Cost	799,991.	
06800	Speech Pathology	00600	Charges - Inpatient	8,405,156.	
06800	Speech Pathology	00700	Charges - Outpatient	953,659.	
06800	Speech Pathology	00800	Total (Col 06 & 07)	9,358,815.	
06800	Speech Pathology	00900	Cost or Other Ratio	0.085480	Ratio
06800	Speech Pathology	01100	PPS Inpatient Ratio	0.085480	Ratio
06900	Electrocardiology	00100	Worksheet B Total	2,830,511.	
06900	Electrocardiology	00300	Total Cost	2,830,511.	
06900	Electrocardiology	00400	RCE Disallowance	13,915.	

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Line Line Description Col Column Desc Line Value Type
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Worksheet 660497 Period End 06/30/2019 Days 365 Status Submitted

Line	Line Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06900	Electrocardiology	00500	Adjusted Total Cost	2,844,426.	
06900	Electrocardiology	00600	Charges - Inpatient	64,862,415.	
06900	Electrocardiology	00700	Charges - Outpatient	44,372,587.	
06900	Electrocardiology	00800	Total (Col 06 & 07)	109,235,002.	
06900	Electrocardiology	00900	Cost or Other Ratio	0.025912	Ratio
06900	Electrocardiology	01100	PPS Inpatient Ratio	0.026040	Ratio
07000	Electroencephalography	00100	Worksheet B Total	882,411.	
07000	Electroencephalography	00300	Total Cost	882,411.	
07000	Electroencephalography	00500	Adjusted Total Cost	882,411.	
07000	Electroencephalography	00600	Charges - Inpatient	532,919.	
07000	Electroencephalography	00700	Charges - Outpatient	7,354,134.	
07000	Electroencephalography	00800	Total (Col 06 & 07)	7,887,053.	
07000	Electroencephalography	00900	Cost or Other Ratio	0.111881	Ratio
07000	Electroencephalography	01100	PPS Inpatient Ratio	0.111881	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	31,826,303.	
07100	Medical Supplies charged to patients	00300	Total Cost	31,826,303.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	31,826,303.	
07100	Medical Supplies charged to patients	00600	Charges - Inpatient	150,798,402.	
07100	Medical Supplies charged to patients	00700	Charges - Outpatient	71,204,971.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	222,003,373.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.143360	Ratio
07100	Medical Supplies charged to patients	01100	PPS Inpatient Ratio	0.143360	Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	64,650,851.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	64,650,851.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	64,650,851.	
07200	Implantable Devices Charged to Patients	00600	Charges - Inpatient	89,363,355.	
07200	Implantable Devices Charged to Patients	00700	Charges - Outpatient	32,643,702.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	122,007,057.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.529894	Ratio
07200	Implantable Devices Charged to Patients	01100	PPS Inpatient Ratio	0.529894	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	38,681,241.	
07300	Drugs Charged to Patients	00300	Total Cost	38,681,241.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	38,681,241.	

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Line Line Description Col Column Desc Line Value Type
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C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07300	Drugs Charged to Patients	00600	Charges - Inpatient	493,889,913.	
07300	Drugs Charged to Patients	00700	Charges - Outpatient	79,782,672.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	573,672,585.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.067427	Ratio
07300	Drugs Charged to Patients	01100	PPS Inpatient Ratio	0.067427	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	1,304,932.	07602
07600	Other Ancillary Cost	00300	Total Cost	1,304,932.	07602
07600	Other Ancillary Cost	00400	RCE Disallowance	11,731.	07602
07600	Other Ancillary Cost	00500	Adjusted Total Cost	1,316,663.	07602
07600	Other Ancillary Cost	00600	Charges - Inpatient	228,962.	07602
07600	Other Ancillary Cost	00700	Charges - Outpatient	19,513,335.	07602
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	19,742,297.	07602
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.066098	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.066692	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	3,817,471.	07603
07600	Other Ancillary Cost	00300	Total Cost	3,817,471.	07603
07600	Other Ancillary Cost	00500	Adjusted Total Cost	3,817,471.	07603
07600	Other Ancillary Cost	00600	Charges - Inpatient	14,342,866.	07603
07600	Other Ancillary Cost	00700	Charges - Outpatient	5,361,005.	07603
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	19,703,871.	07603
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.193742	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.193742	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	989,241.	07604
07600	Other Ancillary Cost	00300	Total Cost	989,241.	07604
07600	Other Ancillary Cost	00400	RCE Disallowance	11,838.	07604
07600	Other Ancillary Cost	00500	Adjusted Total Cost	1,001,079.	07604
07600	Other Ancillary Cost	00600	Charges - Inpatient	3,708.	07604
07600	Other Ancillary Cost	00700	Charges - Outpatient	1,515,835.	07604
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	1,519,543.	07604
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.651012	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.658803	Ratio
09000	Clinic	00100	Worksheet B Total	1,098,528.	09001
09000	Clinic	00300	Total Cost	1,098,528.	09001

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100080 **JFK MEDICAL CENTER ATLANTIS, FL 33462**

Worksheet 660497 Period End 06/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
09000	Clinic	00500	Adjusted Total Cost	1,098,528.	09001
09000	Clinic	00600	Charges - Inpatient	38,831.	09001
09000	Clinic	00700	Charges - Outpatient	4,346,657.	09001
09000	Clinic	00800	Total (Col 06 & 07)	4,385,488.	09001
09000	Clinic	00900	Cost or Other Ratio	0.250492	Ratio
09000	Clinic	01100	PPS Inpatient Ratio	0.250492	Ratio
09100	Emergency Department	00100	Worksheet B Total	31,503,269.	
09100	Emergency Department	00300	Total Cost	31,503,269.	
09100	Emergency Department	00400	RCE Disallowance	8,060.	
09100	Emergency Department	00500	Adjusted Total Cost	31,511,329.	
09100	Emergency Department	00600	Charges - Inpatient	136,588,349.	
09100	Emergency Department	00700	Charges - Outpatient	241,085,296.	
09100	Emergency Department	00800	Total (Col 06 & 07)	377,673,645.	
09100	Emergency Department	00900	Cost or Other Ratio	0.083414	Ratio
09100	Emergency Department	01100	PPS Inpatient Ratio	0.083435	Ratio
09100	Emergency Department	00100	Worksheet B Total	2,567,553.	09101
09100	Emergency Department	00300	Total Cost	2,567,553.	09101
09100	Emergency Department	00400	RCE Disallowance	19,958.	09101
09100	Emergency Department	00500	Adjusted Total Cost	2,587,511.	09101
09100	Emergency Department	00600	Charges - Inpatient	51,275.	09101
09100	Emergency Department	00700	Charges - Outpatient	18,203,053.	09101
09100	Emergency Department	00800	Total (Col 06 & 07)	18,254,328.	09101
09100	Emergency Department	00900	Cost or Other Ratio	0.140654	Ratio
09100	Emergency Department	01100	PPS Inpatient Ratio	0.141748	Ratio
09200	Observation Beds	00100	Worksheet B Total	17,070,186.	
09200	Observation Beds	00300	Total Cost	17,070,186.	
09200	Observation Beds	00500	Adjusted Total Cost	17,070,186.	
09200	Observation Beds	00600	Charges - Inpatient	10,337,855.	
09200	Observation Beds	00700	Charges - Outpatient	40,267,967.	
09200	Observation Beds	00800	Total (Col 06 & 07)	50,605,822.	
09200	Observation Beds	00900	Cost or Other Ratio	0.337317	Ratio
09200	Observation Beds	01100	PPS Inpatient Ratio	0.337317	Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	502,263,074.	

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Line Line Description Col Column Desc Line Value Type
100080 JFK MEDICAL CENTER ATLANTIS, FL 33462

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Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
20000	Worksheet C Sub Total	00300	Total Cost	502,263,074.	
20000	Worksheet C Sub Total	00400	RCE Disallowance	248,675.	
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	502,511,749.	
20000	Worksheet C Sub Total	00600	Charges - Inpatient	3,620,352,030.	
20000	Worksheet C Sub Total	00700	Charges - Outpatient	2,144,790,755.	
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	5,765,142,785.	
20100	Less Observation Beds	00100	Worksheet B Total	17,070,186.	
20100	Less Observation Beds	00300	Total Cost	17,070,186.	
20100	Less Observation Beds	00500	Adjusted Total Cost	17,070,186.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00100	Worksheet B Total	485,192,888.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	485,192,888.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	248,675.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	485,441,563.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	3,620,352,030.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	2,144,790,755.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	5,765,142,785.	
019	Title 19 - Medicaid				
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	113,534,445.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	113,534,445.	
03000	Adults and Pediatrics - General Routine Care	00400	RCE Disallowance	1,896.	
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	113,536,341.	
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	423,065,527.	
03100	Intensive Care Unit	00100	Worksheet B Total	28,736,809.	
03100	Intensive Care Unit	00300	Total Cost	28,736,809.	
03100	Intensive Care Unit	00500	Adjusted Total Cost	28,736,809.	
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	110,078,605.	
04000	Subprovider - IPF	00100	Worksheet B Total	21,138,049.	
04000	Subprovider - IPF	00300	Total Cost	21,138,049.	

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C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
04000	Subprovider - IPF	00400	RCE Disallowance	17,213.	
04000	Subprovider - IPF	00500	Adjusted Total Cost	21,155,262.	
04000	Subprovider - IPF	00800	Total (Col 06 & 07)	158,159,303.	
04300	Nursery	00100	Worksheet B Total	1,213,132.	
04300	Nursery	00300	Total Cost	1,213,132.	
04300	Nursery	00500	Adjusted Total Cost	1,213,132.	
04300	Nursery	00800	Total (Col 06 & 07)	796,188.	
05000	Operating Room	00100	Worksheet B Total	37,045,419.	
05000	Operating Room	00300	Total Cost	37,045,419.	
05000	Operating Room	00400	RCE Disallowance	7,431.	
05000	Operating Room	00500	Adjusted Total Cost	37,052,850.	
05000	Operating Room	00800	Total (Col 06 & 07)	541,788,070.	
05000	Operating Room	00900	Cost or Other Ratio	0.068376	Ratio
05000	Operating Room	00100	Worksheet B Total	4,759,823.	05001
05000	Operating Room	00300	Total Cost	4,759,823.	05001
05000	Operating Room	00400	RCE Disallowance	74,467.	05001
05000	Operating Room	00500	Adjusted Total Cost	4,834,290.	05001
05000	Operating Room	00800	Total (Col 06 & 07)	58,083,348.	05001
05000	Operating Room	00900	Cost or Other Ratio	0.081948	Ratio
05100	Recovery Room	00100	Worksheet B Total	5,445,593.	
05100	Recovery Room	00300	Total Cost	5,445,593.	
05100	Recovery Room	00500	Adjusted Total Cost	5,445,593.	
05100	Recovery Room	00800	Total (Col 06 & 07)	119,793,485.	
05100	Recovery Room	00900	Cost or Other Ratio	0.045458	Ratio
05200	Delivery Room and Labor Room	00100	Worksheet B Total	5,400,284.	
05200	Delivery Room and Labor Room	00300	Total Cost	5,400,284.	
05200	Delivery Room and Labor Room	00500	Adjusted Total Cost	5,400,284.	
05200	Delivery Room and Labor Room	00800	Total (Col 06 & 07)	9,360,165.	
05200	Delivery Room and Labor Room	00900	Cost or Other Ratio	0.576943	Ratio
05300	Anesthesiology	00100	Worksheet B Total	1,940,104.	
05300	Anesthesiology	00300	Total Cost	1,940,104.	
05300	Anesthesiology	00500	Adjusted Total Cost	1,940,104.	
05300	Anesthesiology	00800	Total (Col 06 & 07)	156,759,432.	

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Line Line Description Col Column Desc Line Value Type
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Col	Wkst	C	Computation of Ratio of Costs to Charges				
1			Part 1 - Computation of Ratio of Costs to Charges				
05300			Anesthesiology	00900	Cost or Other Ratio	0.012376	Ratio
05400			Radiology-Diagnositc	00100	Worksheet B Total	16,700,101.	
05400			Radiology-Diagnositc	00300	Total Cost	16,700,101.	
05400			Radiology-Diagnositc	00500	Adjusted Total Cost	16,700,101.	
05400			Radiology-Diagnositc	00800	Total (Col 06 & 07)	399,961,094.	
05400			Radiology-Diagnositc	00900	Cost or Other Ratio	0.041754	Ratio
05400			Radiology-Diagnositc	00100	Worksheet B Total	886,729.	05401
05400			Radiology-Diagnositc	00300	Total Cost	886,729.	05401
05400			Radiology-Diagnositc	00500	Adjusted Total Cost	886,729.	05401
05400			Radiology-Diagnositc	00800	Total (Col 06 & 07)	6,467,341.	05401
05400			Radiology-Diagnositc	00900	Cost or Other Ratio	0.137109	Ratio
05500			Radiology-Therapeutic	00100	Worksheet B Total	4,450,049.	
05500			Radiology-Therapeutic	00300	Total Cost	4,450,049.	
05500			Radiology-Therapeutic	00400	RCE Disallowance	48,816.	
05500			Radiology-Therapeutic	00500	Adjusted Total Cost	4,498,865.	
05500			Radiology-Therapeutic	00800	Total (Col 06 & 07)	25,907,796.	
05500			Radiology-Therapeutic	00900	Cost or Other Ratio	0.171765	Ratio
05600			Radioisotope	00100	Worksheet B Total	1,508,998.	
05600			Radioisotope	00300	Total Cost	1,508,998.	
05600			Radioisotope	00500	Adjusted Total Cost	1,508,998.	
05600			Radioisotope	00800	Total (Col 06 & 07)	27,153,356.	
05600			Radioisotope	00900	Cost or Other Ratio	0.055573	Ratio
05700			Computed Tomography (CT) Scan	00100	Worksheet B Total	6,512,996.	
05700			Computed Tomography (CT) Scan	00300	Total Cost	6,512,996.	
05700			Computed Tomography (CT) Scan	00500	Adjusted Total Cost	6,512,996.	
05700			Computed Tomography (CT) Scan	00800	Total (Col 06 & 07)	821,795,389.	
05700			Computed Tomography (CT) Scan	00900	Cost or Other Ratio	0.007925	Ratio
05800			Magnetic Resonance Imaging (MRI)	00100	Worksheet B Total	2,468,976.	
05800			Magnetic Resonance Imaging (MRI)	00300	Total Cost	2,468,976.	
05800			Magnetic Resonance Imaging (MRI)	00500	Adjusted Total Cost	2,468,976.	
05800			Magnetic Resonance Imaging (MRI)	00800	Total (Col 06 & 07)	40,987,673.	
05800			Magnetic Resonance Imaging (MRI)	00900	Cost or Other Ratio	0.060237	Ratio
05900			Cardiac Catheterization	00100	Worksheet B Total	15,447,544.	

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Line Line Description Col Column Desc Line Value Type
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Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06900	Electrocardiology	00400	RCE Disallowance	13,915.	
06900	Electrocardiology	00500	Adjusted Total Cost	2,844,426.	
06900	Electrocardiology	00800	Total (Col 06 & 07)	109,235,002.	
06900	Electrocardiology	00900	Cost or Other Ratio	0.025912	Ratio
07000	Electroencephalography	00100	Worksheet B Total	882,411.	
07000	Electroencephalography	00300	Total Cost	882,411.	
07000	Electroencephalography	00500	Adjusted Total Cost	882,411.	
07000	Electroencephalography	00800	Total (Col 06 & 07)	7,887,053.	
07000	Electroencephalography	00900	Cost or Other Ratio	0.111881	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	31,826,303.	
07100	Medical Supplies charged to patients	00300	Total Cost	31,826,303.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	31,826,303.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	222,003,373.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.143360	Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	64,650,851.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	64,650,851.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	64,650,851.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	122,007,057.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.529894	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	38,681,241.	
07300	Drugs Charged to Patients	00300	Total Cost	38,681,241.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	38,681,241.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	573,672,585.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.067427	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	1,304,932.	07602
07600	Other Ancillary Cost	00300	Total Cost	1,304,932.	07602
07600	Other Ancillary Cost	00400	RCE Disallowance	11,731.	07602
07600	Other Ancillary Cost	00500	Adjusted Total Cost	1,316,663.	07602
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	19,742,297.	07602
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.066098	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	3,817,471.	07603
07600	Other Ancillary Cost	00300	Total Cost	3,817,471.	07603
07600	Other Ancillary Cost	00500	Adjusted Total Cost	3,817,471.	07603

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Line Line Description Col Column Desc Line Value Type
100080 JFK MEDICAL CENTER ATLANTIS, FL 33462

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C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	5,765,142,785.
20100	Less Observation Beds	00100	Worksheet B Total	17,070,186.
20100	Less Observation Beds	00300	Total Cost	17,070,186.
20100	Less Observation Beds	00500	Adjusted Total Cost	17,070,186.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	485,192,888.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	248,675.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	485,441,563.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	3,620,352,030.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	2,144,790,755.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	5,765,142,785.

100130 LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430

Worksheet 675037 Period End 09/30/2019 Days 365 Status Amended

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	11,090,377.
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	11,090,377.
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	11,090,377.
03000	Adults and Pediatrics - General Routine Care	00600	Charges - Inpatient	5,983,392.
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	5,983,392.
03100	Intensive Care Unit	00100	Worksheet B Total	2,496,650.
03100	Intensive Care Unit	00300	Total Cost	2,496,650.
03100	Intensive Care Unit	00500	Adjusted Total Cost	2,496,650.
03100	Intensive Care Unit	00600	Charges - Inpatient	1,381,319.
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	1,381,319.
04300	Nursery	00100	Worksheet B Total	661,569.
04300	Nursery	00300	Total Cost	661,569.
04300	Nursery	00500	Adjusted Total Cost	661,569.

CR Hospital Reference Report 2019

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Line Line Description Col Column Desc Line Value Type
100130 LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430

Worksheet 675037 Period End 09/30/2019 Days 365 Status Amended

Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
04300	Nursery	00600	Charges - Inpatient	264,526.	
04300	Nursery	00800	Total (Col 06 & 07)	264,526.	
05000	Operating Room	00100	Worksheet B Total	3,354,925.	
05000	Operating Room	00300	Total Cost	3,354,925.	
05000	Operating Room	00500	Adjusted Total Cost	3,354,925.	
05000	Operating Room	00600	Charges - Inpatient	2,304,485.	
05000	Operating Room	00700	Charges - Outpatient	1,383,695.	
05000	Operating Room	00800	Total (Col 06 & 07)	3,688,180.	
05000	Operating Room	00900	Cost or Other Ratio	0.909642	Ratio
05000	Operating Room	01100	PPS Inpatient Ratio	0.909642	Ratio
05200	Delivery Room and Labor Room	00100	Worksheet B Total	1,256,771.	
05200	Delivery Room and Labor Room	00300	Total Cost	1,256,771.	
05200	Delivery Room and Labor Room	00500	Adjusted Total Cost	1,256,771.	
05200	Delivery Room and Labor Room	00600	Charges - Inpatient	786,138.	
05200	Delivery Room and Labor Room	00700	Charges - Outpatient	537,472.	
05200	Delivery Room and Labor Room	00800	Total (Col 06 & 07)	1,323,610.	
05200	Delivery Room and Labor Room	00900	Cost or Other Ratio	0.949502	Ratio
05200	Delivery Room and Labor Room	01100	PPS Inpatient Ratio	0.949502	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	4,197,907.	
05400	Radiology-Diagnositc	00300	Total Cost	4,197,907.	
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	4,197,907.	
05400	Radiology-Diagnositc	00600	Charges - Inpatient	2,817,769.	
05400	Radiology-Diagnositc	00700	Charges - Outpatient	16,713,501.	
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	19,531,270.	
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.214933	Ratio
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.214933	Ratio
06000	Laboratory	00100	Worksheet B Total	3,762,526.	
06000	Laboratory	00300	Total Cost	3,762,526.	
06000	Laboratory	00400	RCE Disallowance	8,342.	
06000	Laboratory	00500	Adjusted Total Cost	3,770,868.	
06000	Laboratory	00600	Charges - Inpatient	8,949,485.	
06000	Laboratory	00700	Charges - Outpatient	19,757,995.	
06000	Laboratory	00800	Total (Col 06 & 07)	28,707,480.	

CR Hospital Reference Report 2019

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Line Line Description Col Column Desc Line Value Type
100130 LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430

Worksheet 675037 Period End 09/30/2019 Days 365 Status Amended

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06000	Laboratory	00900	Cost or Other Ratio	0.131064	Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.131355	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	3,232,690.	
06500	Respiratory Therapy	00300	Total Cost	3,232,690.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	3,232,690.	
06500	Respiratory Therapy	00600	Charges - Inpatient	5,984,475.	
06500	Respiratory Therapy	00700	Charges - Outpatient	4,820,188.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	10,804,663.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.299194	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.299194	Ratio
06600	Physical Therapy	00100	Worksheet B Total	247,516.	
06600	Physical Therapy	00300	Total Cost	247,516.	
06600	Physical Therapy	00500	Adjusted Total Cost	247,516.	
06600	Physical Therapy	00600	Charges - Inpatient	191,724.	
06600	Physical Therapy	00700	Charges - Outpatient	109,880.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	301,604.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.820666	Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.820666	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	2,188,397.	
07100	Medical Supplies charged to patients	00300	Total Cost	2,188,397.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	2,188,397.	
07100	Medical Supplies charged to patients	00600	Charges - Inpatient	2,643,320.	
07100	Medical Supplies charged to patients	00700	Charges - Outpatient	5,612,778.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	8,256,098.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.265064	Ratio
07100	Medical Supplies charged to patients	01100	PPS Inpatient Ratio	0.265064	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	3,153,370.	
07300	Drugs Charged to Patients	00300	Total Cost	3,153,370.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	3,153,370.	
07300	Drugs Charged to Patients	00600	Charges - Inpatient	8,160,479.	
07300	Drugs Charged to Patients	00700	Charges - Outpatient	13,351,045.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	21,511,524.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.146590	Ratio

CR Hospital Reference Report 2019

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Line Line Description Col Column Desc Line Value Type
100130 LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430

Worksheet 675037 Period End 09/30/2019 Days 365 Status Amended

Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07300	Drugs Charged to Patients	01100	PPS Inpatient Ratio	0.146590	Ratio
07400	Renal Dialysis	00100	Worksheet B Total	475,769.	
07400	Renal Dialysis	00300	Total Cost	475,769.	
07400	Renal Dialysis	00500	Adjusted Total Cost	475,769.	
07400	Renal Dialysis	00600	Charges - Inpatient	829,584.	
07400	Renal Dialysis	00700	Charges - Outpatient	1,306,101.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	2,135,685.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.222771	Ratio
07400	Renal Dialysis	01100	PPS Inpatient Ratio	0.222771	Ratio
09100	Emergency Department	00100	Worksheet B Total	5,027,796.	
09100	Emergency Department	00300	Total Cost	5,027,796.	
09100	Emergency Department	00500	Adjusted Total Cost	5,027,796.	
09100	Emergency Department	00600	Charges - Inpatient	2,188,489.	
09100	Emergency Department	00700	Charges - Outpatient	21,674,957.	
09100	Emergency Department	00800	Total (Col 06 & 07)	23,863,446.	
09100	Emergency Department	00900	Cost or Other Ratio	0.210690	Ratio
09100	Emergency Department	01100	PPS Inpatient Ratio	0.210690	Ratio
09200	Observation Beds	00100	Worksheet B Total	5,203,073.	
09200	Observation Beds	00300	Total Cost	5,203,073.	
09200	Observation Beds	00500	Adjusted Total Cost	5,203,073.	
09200	Observation Beds	00600	Charges - Inpatient	358,149.	
09200	Observation Beds	00700	Charges - Outpatient	2,843,046.	
09200	Observation Beds	00800	Total (Col 06 & 07)	3,201,195.	
09200	Observation Beds	00900	Cost or Other Ratio	1.625353	Ratio
09200	Observation Beds	01100	PPS Inpatient Ratio	1.625353	Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	46,349,336.	
20000	Worksheet C Sub Total	00300	Total Cost	46,349,336.	
20000	Worksheet C Sub Total	00400	RCE Disallowance	8,342.	
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	46,357,678.	
20000	Worksheet C Sub Total	00600	Charges - Inpatient	42,843,334.	
20000	Worksheet C Sub Total	00700	Charges - Outpatient	88,110,658.	
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	130,953,992.	
20100	Less Observation Beds	00100	Worksheet B Total	5,203,073.	

CR Hospital Reference Report 2019

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Line Line Description Col Column Desc Line Value Type
100130 LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430

Worksheet 675037 Period End 09/30/2019 Days 365 Status Amended

Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
20100	Less Observation Beds	00300	Total Cost	5,203,073.	
20100	Less Observation Beds	00500	Adjusted Total Cost	5,203,073.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00100	Worksheet B Total	41,146,263.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	41,146,263.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	8,342.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	41,154,605.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	42,843,334.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	88,110,658.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	130,953,992.	
019	Title 19 - Medicaid				
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	11,090,377.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	11,090,377.	
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	11,090,377.	
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	5,983,392.	
03100	Intensive Care Unit	00100	Worksheet B Total	2,496,650.	
03100	Intensive Care Unit	00300	Total Cost	2,496,650.	
03100	Intensive Care Unit	00500	Adjusted Total Cost	2,496,650.	
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	1,381,319.	
04300	Nursery	00100	Worksheet B Total	661,569.	
04300	Nursery	00300	Total Cost	661,569.	
04300	Nursery	00500	Adjusted Total Cost	661,569.	
04300	Nursery	00800	Total (Col 06 & 07)	264,526.	
05000	Operating Room	00100	Worksheet B Total	3,354,925.	
05000	Operating Room	00300	Total Cost	3,354,925.	
05000	Operating Room	00500	Adjusted Total Cost	3,354,925.	
05000	Operating Room	00800	Total (Col 06 & 07)	3,688,180.	
05000	Operating Room	00900	Cost or Other Ratio	0.909642	Ratio
05000	Operating Room	01100	PPS Inpatient Ratio	0.909642	Ratio

CR Hospital Reference Report 2019

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Line Line Description Col Column Desc Line Value Type
100130 LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430

Worksheet 675037 Period End 09/30/2019 Days 365 Status Amended

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05200	Delivery Room and Labor Room	00100	Worksheet B Total	1,256,771.	
05200	Delivery Room and Labor Room	00300	Total Cost	1,256,771.	
05200	Delivery Room and Labor Room	00500	Adjusted Total Cost	1,256,771.	
05200	Delivery Room and Labor Room	00800	Total (Col 06 & 07)	1,323,610.	
05200	Delivery Room and Labor Room	00900	Cost or Other Ratio	0.949502	Ratio
05200	Delivery Room and Labor Room	01100	PPS Inpatient Ratio	0.949502	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	4,197,907.	
05400	Radiology-Diagnositc	00300	Total Cost	4,197,907.	
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	4,197,907.	
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	19,531,270.	
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.214933	Ratio
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.214933	Ratio
06000	Laboratory	00100	Worksheet B Total	3,762,526.	
06000	Laboratory	00300	Total Cost	3,762,526.	
06000	Laboratory	00400	RCE Disallowance	8,342.	
06000	Laboratory	00500	Adjusted Total Cost	3,770,868.	
06000	Laboratory	00800	Total (Col 06 & 07)	28,707,480.	
06000	Laboratory	00900	Cost or Other Ratio	0.131064	Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.131355	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	3,232,690.	
06500	Respiratory Therapy	00300	Total Cost	3,232,690.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	3,232,690.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	10,804,663.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.299194	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.299194	Ratio
06600	Physical Therapy	00100	Worksheet B Total	247,516.	
06600	Physical Therapy	00300	Total Cost	247,516.	
06600	Physical Therapy	00500	Adjusted Total Cost	247,516.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	301,604.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.820666	Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.820666	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	2,188,397.	
07100	Medical Supplies charged to patients	00300	Total Cost	2,188,397.	

CR Hospital Reference Report 2019

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Line Line Description Col Column Desc Line Value Type
100130 LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430

Worksheet 675037 Period End 09/30/2019 Days 365 Status Amended

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	2,188,397.
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	8,256,098.
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.265064 Ratio
07100	Medical Supplies charged to patients	01100	PPS Inpatient Ratio	0.265064 Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	3,153,370.
07300	Drugs Charged to Patients	00300	Total Cost	3,153,370.
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	3,153,370.
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	21,511,524.
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.146590 Ratio
07300	Drugs Charged to Patients	01100	PPS Inpatient Ratio	0.146590 Ratio
07400	Renal Dialysis	00100	Worksheet B Total	475,769.
07400	Renal Dialysis	00300	Total Cost	475,769.
07400	Renal Dialysis	00500	Adjusted Total Cost	475,769.
07400	Renal Dialysis	00800	Total (Col 06 & 07)	2,135,685.
07400	Renal Dialysis	00900	Cost or Other Ratio	0.222771 Ratio
07400	Renal Dialysis	01100	PPS Inpatient Ratio	0.222771 Ratio
09100	Emergency Department	00100	Worksheet B Total	5,027,796.
09100	Emergency Department	00300	Total Cost	5,027,796.
09100	Emergency Department	00500	Adjusted Total Cost	5,027,796.
09100	Emergency Department	00800	Total (Col 06 & 07)	23,863,446.
09100	Emergency Department	00900	Cost or Other Ratio	0.210690 Ratio
09100	Emergency Department	01100	PPS Inpatient Ratio	0.210690 Ratio
09200	Observation Beds	00300	Total Cost	5,203,073.
09200	Observation Beds	00500	Adjusted Total Cost	5,203,073.
09200	Observation Beds	00800	Total (Col 06 & 07)	3,201,195.
09200	Observation Beds	00900	Cost or Other Ratio	1.625353 Ratio
09200	Observation Beds	01100	PPS Inpatient Ratio	1.625353 Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	46,349,336.
20000	Worksheet C Sub Total	00300	Total Cost	46,349,336.
20000	Worksheet C Sub Total	00400	RCE Disallowance	8,342.
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	46,357,678.
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	130,953,992.
20100	Less Observation Beds	00100	Worksheet B Total	5,203,073.

CR Hospital Reference Report 2019

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Line Line Description Col Column Desc Line Value Type
100130 LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430

Worksheet 675037 Period End 09/30/2019 Days 365 Status Amended

C00 Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges			
20100	Less Observation Beds	00300	Total Cost	5,203,073.
20100	Less Observation Beds	00500	Adjusted Total Cost	5,203,073.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	41,146,263.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	8,342.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	41,154,605.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	42,843,334.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	88,110,658.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	130,953,992.

100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 660182 Period End 06/30/2019 Days 365 Status Submitted

C00 Wkst C Computation of Ratio of Costs to Charges					
1	Part 1 - Computation of Ratio of Costs to Charges				
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	69,114,856.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	69,114,856.	
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	69,114,856.	
03000	Adults and Pediatrics - General Routine Care	00600	Charges - Inpatient	96,063,608.	
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	96,063,608.	
03100	Intensive Care Unit	00100	Worksheet B Total	14,254,596.	
03100	Intensive Care Unit	00300	Total Cost	14,254,596.	
03100	Intensive Care Unit	00500	Adjusted Total Cost	14,254,596.	
03100	Intensive Care Unit	00600	Charges - Inpatient	13,306,207.	
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	13,306,207.	
03100	Intensive Care Unit	00100	Worksheet B Total	2,097,828.	03101
03100	Intensive Care Unit	00300	Total Cost	2,097,828.	03101
03100	Intensive Care Unit	00500	Adjusted Total Cost	2,097,828.	03101
03100	Intensive Care Unit	00600	Charges - Inpatient	10,084,000.	03101
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	10,084,000.	03101

CR Hospital Reference Report 2019

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Line Line Description Col Column Desc Line Value Type
100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 660182 Period End 06/30/2019 Days 365 Status Submitted

Line	Line Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
03400	Surgical Intensive Care Unit	00100	Worksheet B Total	4,291,367.	
03400	Surgical Intensive Care Unit	00300	Total Cost	4,291,367.	
03400	Surgical Intensive Care Unit	00500	Adjusted Total Cost	4,291,367.	
03400	Surgical Intensive Care Unit	00600	Charges - Inpatient	9,688,061.	
03400	Surgical Intensive Care Unit	00800	Total (Col 06 & 07)	9,688,061.	
04300	Nursery	00100	Worksheet B Total	1,074,978.	
04300	Nursery	00300	Total Cost	1,074,978.	
04300	Nursery	00500	Adjusted Total Cost	1,074,978.	
04300	Nursery	00600	Charges - Inpatient	6,202,346.	
04300	Nursery	00800	Total (Col 06 & 07)	6,202,346.	
05000	Operating Room	00100	Worksheet B Total	34,113,464.	
05000	Operating Room	00300	Total Cost	34,113,464.	
05000	Operating Room	00500	Adjusted Total Cost	34,113,464.	
05000	Operating Room	00600	Charges - Inpatient	95,899,872.	
05000	Operating Room	00700	Charges - Outpatient	72,778,055.	
05000	Operating Room	00800	Total (Col 06 & 07)	168,677,927.	
05000	Operating Room	00900	Cost or Other Ratio	0.202240	Ratio
05000	Operating Room	01100	PPS Inpatient Ratio	0.202240	Ratio
05000	Operating Room	00100	Worksheet B Total	4,111,903.	05001
05000	Operating Room	00300	Total Cost	4,111,903.	05001
05000	Operating Room	00500	Adjusted Total Cost	4,111,903.	05001
05000	Operating Room	00600	Charges - Inpatient	4,393,909.	05001
05000	Operating Room	00700	Charges - Outpatient	10,872,308.	05001
05000	Operating Room	00800	Total (Col 06 & 07)	15,266,217.	05001
05000	Operating Room	00900	Cost or Other Ratio	0.269347	Ratio
05000	Operating Room	01100	PPS Inpatient Ratio	0.269347	Ratio
05100	Recovery Room	00100	Worksheet B Total	6,046,950.	
05100	Recovery Room	00300	Total Cost	6,046,950.	
05100	Recovery Room	00500	Adjusted Total Cost	6,046,950.	
05100	Recovery Room	00600	Charges - Inpatient	13,927,249.	
05100	Recovery Room	00700	Charges - Outpatient	22,149,927.	
05100	Recovery Room	00800	Total (Col 06 & 07)	36,077,176.	
05100	Recovery Room	00900	Cost or Other Ratio	0.167612	Ratio

CR Hospital Reference Report 2019

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Line Line Description Col Column Desc Line Value Type
100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 660182 Period End 06/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05500	Radiology-Therapeutic	01100	PPS Inpatient Ratio	0.303537	Ratio
05600	Radioisotope	00100	Worksheet B Total	4,486,066.	
05600	Radioisotope	00300	Total Cost	4,486,066.	
05600	Radioisotope	00500	Adjusted Total Cost	4,486,066.	
05600	Radioisotope	00600	Charges - Inpatient	3,277,634.	
05600	Radioisotope	00700	Charges - Outpatient	28,417,075.	
05600	Radioisotope	00800	Total (Col 06 & 07)	31,694,709.	
05600	Radioisotope	00900	Cost or Other Ratio	0.141540	Ratio
05600	Radioisotope	01100	PPS Inpatient Ratio	0.141540	Ratio
05700	Computed Tomography (CT) Scan	00100	Worksheet B Total	5,643,140.	
05700	Computed Tomography (CT) Scan	00300	Total Cost	5,643,140.	
05700	Computed Tomography (CT) Scan	00500	Adjusted Total Cost	5,643,140.	
05700	Computed Tomography (CT) Scan	00600	Charges - Inpatient	28,612,934.	
05700	Computed Tomography (CT) Scan	00700	Charges - Outpatient	82,391,926.	
05700	Computed Tomography (CT) Scan	00800	Total (Col 06 & 07)	111,004,860.	
05700	Computed Tomography (CT) Scan	00900	Cost or Other Ratio	0.050837	Ratio
05700	Computed Tomography (CT) Scan	01100	PPS Inpatient Ratio	0.050837	Ratio
05800	Magnetic Resonance Imaging (MRI)	00100	Worksheet B Total	5,841,724.	
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost	5,841,724.	
05800	Magnetic Resonance Imaging (MRI)	00500	Adjusted Total Cost	5,841,724.	
05800	Magnetic Resonance Imaging (MRI)	00600	Charges - Inpatient	10,552,707.	
05800	Magnetic Resonance Imaging (MRI)	00700	Charges - Outpatient	62,970,546.	
05800	Magnetic Resonance Imaging (MRI)	00800	Total (Col 06 & 07)	73,523,253.	
05800	Magnetic Resonance Imaging (MRI)	00900	Cost or Other Ratio	0.079454	Ratio
05800	Magnetic Resonance Imaging (MRI)	01100	PPS Inpatient Ratio	0.079454	Ratio
05900	Cardiac Catheterization	00100	Worksheet B Total	8,020,034.	
05900	Cardiac Catheterization	00300	Total Cost	8,020,034.	
05900	Cardiac Catheterization	00500	Adjusted Total Cost	8,020,034.	
05900	Cardiac Catheterization	00600	Charges - Inpatient	50,287,656.	
05900	Cardiac Catheterization	00700	Charges - Outpatient	76,026,567.	
05900	Cardiac Catheterization	00800	Total (Col 06 & 07)	126,314,223.	
05900	Cardiac Catheterization	00900	Cost or Other Ratio	0.063493	Ratio
05900	Cardiac Catheterization	01100	PPS Inpatient Ratio	0.063493	Ratio

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Line Line Description Col Column Desc Line Value Type
100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 660182 Period End 06/30/2019 Days 365 Status Submitted

Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06000	Laboratory	00100	Worksheet B Total	19,475,351.	
06000	Laboratory	00300	Total Cost	19,475,351.	
06000	Laboratory	00500	Adjusted Total Cost	19,475,351.	
06000	Laboratory	00600	Charges - Inpatient	109,536,451.	
06000	Laboratory	00700	Charges - Outpatient	116,076,359.	
06000	Laboratory	00800	Total (Col 06 & 07)	225,612,810.	
06000	Laboratory	00900	Cost or Other Ratio	0.086322	Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.086322	Ratio
06300	Blood Storing, Processing and Transporation	00100	Worksheet B Total	5,627,692.	
06300	Blood Storing, Processing and Transporation	00300	Total Cost	5,627,692.	
06300	Blood Storing, Processing and Transporation	00500	Adjusted Total Cost	5,627,692.	
06300	Blood Storing, Processing and Transporation	00600	Charges - Inpatient	14,686,499.	
06300	Blood Storing, Processing and Transporation	00700	Charges - Outpatient	7,599,995.	
06300	Blood Storing, Processing and Transporation	00800	Total (Col 06 & 07)	22,286,494.	
06300	Blood Storing, Processing and Transporation	00900	Cost or Other Ratio	0.252516	Ratio
06300	Blood Storing, Processing and Transporation	01100	PPS Inpatient Ratio	0.252516	Ratio
06400	Intravenous Therapy	00100	Worksheet B Total	1,560,740.	
06400	Intravenous Therapy	00300	Total Cost	1,560,740.	
06400	Intravenous Therapy	00500	Adjusted Total Cost	1,560,740.	
06400	Intravenous Therapy	00600	Charges - Inpatient	6,392,585.	
06400	Intravenous Therapy	00700	Charges - Outpatient	10,370,046.	
06400	Intravenous Therapy	00800	Total (Col 06 & 07)	16,762,631.	
06400	Intravenous Therapy	00900	Cost or Other Ratio	0.093108	Ratio
06400	Intravenous Therapy	01100	PPS Inpatient Ratio	0.093108	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	5,282,623.	
06500	Respiratory Therapy	00300	Total Cost	5,282,623.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	5,282,623.	
06500	Respiratory Therapy	00600	Charges - Inpatient	20,145,540.	
06500	Respiratory Therapy	00700	Charges - Outpatient	7,384,289.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	27,529,829.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.191887	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.191887	Ratio
06600	Physical Therapy	00100	Worksheet B Total	9,000,687.	

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100168 **BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**

Worksheet 660182 Period End 06/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07000	Electroencephalography	00500	Adjusted Total Cost	398,198.	
07000	Electroencephalography	00600	Charges - Inpatient	2,027,670.	
07000	Electroencephalography	00700	Charges - Outpatient	1,223,289.	
07000	Electroencephalography	00800	Total (Col 06 & 07)	3,250,959.	
07000	Electroencephalography	00900	Cost or Other Ratio	0.122486	Ratio
07000	Electroencephalography	01100	PPS Inpatient Ratio	0.122486	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	22,633,110.	
07100	Medical Supplies charged to patients	00300	Total Cost	22,633,110.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	22,633,110.	
07100	Medical Supplies charged to patients	00600	Charges - Inpatient	38,716,845.	
07100	Medical Supplies charged to patients	00700	Charges - Outpatient	37,414,004.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	76,130,849.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.297292	Ratio
07100	Medical Supplies charged to patients	01100	PPS Inpatient Ratio	0.297292	Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	53,886,503.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	53,886,503.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	53,886,503.	
07200	Implantable Devices Charged to Patients	00600	Charges - Inpatient	114,212,837.	
07200	Implantable Devices Charged to Patients	00700	Charges - Outpatient	58,211,610.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	172,424,447.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.312522	Ratio
07200	Implantable Devices Charged to Patients	01100	PPS Inpatient Ratio	0.312522	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	114,352,521.	
07300	Drugs Charged to Patients	00300	Total Cost	114,352,521.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	114,352,521.	
07300	Drugs Charged to Patients	00600	Charges - Inpatient	96,497,068.	
07300	Drugs Charged to Patients	00700	Charges - Outpatient	471,382,592.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	567,879,660.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.201368	Ratio
07300	Drugs Charged to Patients	01100	PPS Inpatient Ratio	0.201368	Ratio
07400	Renal Dialysis	00100	Worksheet B Total	1,471,663.	
07400	Renal Dialysis	00300	Total Cost	1,471,663.	
07400	Renal Dialysis	00500	Adjusted Total Cost	1,471,663.	

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Line Line Description Col Column Desc Line Value Type
100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486
Worksheet 660182 Period End 06/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07400	Renal Dialysis	00600	Charges - Inpatient	5,885,116.	
07400	Renal Dialysis	00700	Charges - Outpatient	362,003.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	6,247,119.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.235575	Ratio
07400	Renal Dialysis	01100	PPS Inpatient Ratio	0.235575	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	1,776,839.	07698
07600	Other Ancillary Cost	00300	Total Cost	1,776,839.	07698
07600	Other Ancillary Cost	00500	Adjusted Total Cost	1,776,839.	07698
07600	Other Ancillary Cost	00600	Charges - Inpatient	31,648.	07698
07600	Other Ancillary Cost	00700	Charges - Outpatient	8,966,572.	07698
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	8,998,220.	07698
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.197466	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.197466	Ratio
09000	Clinic	00100	Worksheet B Total	947,062.	
09000	Clinic	00300	Total Cost	947,062.	
09000	Clinic	00500	Adjusted Total Cost	947,062.	
09000	Clinic	00600	Charges - Inpatient	1,422.	
09000	Clinic	00700	Charges - Outpatient	994,763.	
09000	Clinic	00800	Total (Col 06 & 07)	996,185.	
09000	Clinic	00900	Cost or Other Ratio	0.950689	Ratio
09000	Clinic	01100	PPS Inpatient Ratio	0.950689	Ratio
09000	Clinic	00100	Worksheet B Total	824,384.	09002
09000	Clinic	00300	Total Cost	824,384.	09002
09000	Clinic	00500	Adjusted Total Cost	824,384.	09002
09000	Clinic	00600	Charges - Inpatient	730.	09002
09000	Clinic	00700	Charges - Outpatient	4,101,802.	09002
09000	Clinic	00800	Total (Col 06 & 07)	4,102,532.	09002
09000	Clinic	00900	Cost or Other Ratio	0.200945	Ratio
09000	Clinic	01100	PPS Inpatient Ratio	0.200945	Ratio
09100	Emergency Department	00100	Worksheet B Total	12,748,285.	
09100	Emergency Department	00300	Total Cost	12,748,285.	
09100	Emergency Department	00500	Adjusted Total Cost	12,748,285.	
09100	Emergency Department	00600	Charges - Inpatient	30,475,675.	

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Line Line Description Col Column Desc Line Value Type
100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 660182 Period End 06/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
09100	Emergency Department	00700	Charges - Outpatient	66,830,965.
09100	Emergency Department	00800	Total (Col 06 & 07)	97,306,640.
09100	Emergency Department	00900	Cost or Other Ratio	0.131011 Ratio
09100	Emergency Department	01100	PPS Inpatient Ratio	0.131011 Ratio
09200	Observation Beds	00100	Worksheet B Total	11,852,275.
09200	Observation Beds	00300	Total Cost	11,852,275.
09200	Observation Beds	00500	Adjusted Total Cost	11,852,275.
09200	Observation Beds	00600	Charges - Inpatient	2,005,142.
09200	Observation Beds	00700	Charges - Outpatient	16,486,713.
09200	Observation Beds	00800	Total (Col 06 & 07)	18,491,855.
09200	Observation Beds	00900	Cost or Other Ratio	0.640946 Ratio
09200	Observation Beds	01100	PPS Inpatient Ratio	0.640946 Ratio
10100	Home Health Agency	00100	Worksheet B Total	3,333,395.
10100	Home Health Agency	00300	Total Cost	3,333,395.
10100	Home Health Agency	00500	Adjusted Total Cost	3,333,395.
10100	Home Health Agency	00700	Charges - Outpatient	3,103,594.
10100	Home Health Agency	00800	Total (Col 06 & 07)	3,103,594.
20000	Worksheet C Sub Total	00100	Worksheet B Total	484,675,615.
20000	Worksheet C Sub Total	00300	Total Cost	484,675,615.
20000	Worksheet C Sub Total	00400	RCE Disallowance	572,255.
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	485,247,870.
20000	Worksheet C Sub Total	00600	Charges - Inpatient	880,549,659.
20000	Worksheet C Sub Total	00700	Charges - Outpatient	1,401,310,558.
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	2,281,860,217.
20100	Less Observation Beds	00100	Worksheet B Total	11,852,275.
20100	Less Observation Beds	00300	Total Cost	11,852,275.
20100	Less Observation Beds	00500	Adjusted Total Cost	11,852,275.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00100	Worksheet B Total	472,823,340.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	472,823,340.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	572,255.

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Line Line Description Col Column Desc Line Value Type
100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 660182 Period End 06/30/2019 Days 365 Status Submitted

Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	473,395,595.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	880,549,659.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	1,401,310,558.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	2,281,860,217.	
019	Title 19 - Medicaid				
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	69,114,856.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	69,114,856.	
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	69,114,856.	
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	96,063,608.	
03100	Intensive Care Unit	00100	Worksheet B Total	14,254,596.	
03100	Intensive Care Unit	00300	Total Cost	14,254,596.	
03100	Intensive Care Unit	00500	Adjusted Total Cost	14,254,596.	
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	13,306,207.	
03100	Intensive Care Unit	00100	Worksheet B Total	2,097,828.	03101
03100	Intensive Care Unit	00300	Total Cost	2,097,828.	03101
03100	Intensive Care Unit	00500	Adjusted Total Cost	2,097,828.	03101
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	10,084,000.	03101
03400	Surgical Intensive Care Unit	00100	Worksheet B Total	4,291,367.	
03400	Surgical Intensive Care Unit	00300	Total Cost	4,291,367.	
03400	Surgical Intensive Care Unit	00500	Adjusted Total Cost	4,291,367.	
03400	Surgical Intensive Care Unit	00800	Total (Col 06 & 07)	9,688,061.	
04300	Nursery	00100	Worksheet B Total	1,074,978.	
04300	Nursery	00300	Total Cost	1,074,978.	
04300	Nursery	00500	Adjusted Total Cost	1,074,978.	
04300	Nursery	00800	Total (Col 06 & 07)	6,202,346.	
05000	Operating Room	00100	Worksheet B Total	34,113,464.	
05000	Operating Room	00300	Total Cost	34,113,464.	
05000	Operating Room	00500	Adjusted Total Cost	34,113,464.	
05000	Operating Room	00800	Total (Col 06 & 07)	168,677,927.	
05000	Operating Room	00900	Cost or Other Ratio	0.202240	Ratio

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Line Line Description Col Column Desc Line Value Type
100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 660182 Period End 06/30/2019 Days 365 Status Submitted

C00 Wkst C Computation of Ratio of Costs to Charges					
1 Part 1 - Computation of Ratio of Costs to Charges					
05000	Operating Room	01100	PPS Inpatient Ratio	0.202240	Ratio
05000	Operating Room	00100	Worksheet B Total	4,111,903.	05001
05000	Operating Room	00300	Total Cost	4,111,903.	05001
05000	Operating Room	00500	Adjusted Total Cost	4,111,903.	05001
05000	Operating Room	00800	Total (Col 06 & 07)	15,266,217.	05001
05000	Operating Room	00900	Cost or Other Ratio	0.269347	Ratio
05000	Operating Room	01100	PPS Inpatient Ratio	0.269347	Ratio
05100	Recovery Room	00100	Worksheet B Total	6,046,950.	
05100	Recovery Room	00300	Total Cost	6,046,950.	
05100	Recovery Room	00500	Adjusted Total Cost	6,046,950.	
05100	Recovery Room	00800	Total (Col 06 & 07)	36,077,176.	
05100	Recovery Room	00900	Cost or Other Ratio	0.167612	Ratio
05100	Recovery Room	01100	PPS Inpatient Ratio	0.167612	Ratio
05200	Delivery Room and Labor Room	00100	Worksheet B Total	12,131,856.	
05200	Delivery Room and Labor Room	00300	Total Cost	12,131,856.	
05200	Delivery Room and Labor Room	00500	Adjusted Total Cost	12,131,856.	
05200	Delivery Room and Labor Room	00800	Total (Col 06 & 07)	28,161,452.	
05200	Delivery Room and Labor Room	00900	Cost or Other Ratio	0.430797	Ratio
05200	Delivery Room and Labor Room	01100	PPS Inpatient Ratio	0.430797	Ratio
05300	Anesthesiology	00100	Worksheet B Total	1,717,633.	
05300	Anesthesiology	00300	Total Cost	1,717,633.	
05300	Anesthesiology	00500	Adjusted Total Cost	1,717,633.	
05300	Anesthesiology	00800	Total (Col 06 & 07)	36,387,085.	
05300	Anesthesiology	00900	Cost or Other Ratio	0.047204	Ratio
05300	Anesthesiology	01100	PPS Inpatient Ratio	0.047204	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	14,293,720.	
05400	Radiology-Diagnositc	00300	Total Cost	14,293,720.	
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	14,293,720.	
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	107,869,579.	
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.132509	Ratio
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.132509	Ratio
05500	Radiology-Therapeutic	00100	Worksheet B Total	28,917,067.	
05500	Radiology-Therapeutic	00300	Total Cost	28,917,067.	

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Line Line Description Col Column Desc Line Value Type
100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 660182 Period End 06/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05500	Radiology-Therapeutic	00400	RCE Disallowance	572,255.	
05500	Radiology-Therapeutic	00500	Adjusted Total Cost	29,489,322.	
05500	Radiology-Therapeutic	00800	Total (Col 06 & 07)	97,152,336.	
05500	Radiology-Therapeutic	00900	Cost or Other Ratio	0.297647	Ratio
05500	Radiology-Therapeutic	01100	PPS Inpatient Ratio	0.303537	Ratio
05600	Radioisotope	00100	Worksheet B Total	4,486,066.	
05600	Radioisotope	00300	Total Cost	4,486,066.	
05600	Radioisotope	00500	Adjusted Total Cost	4,486,066.	
05600	Radioisotope	00800	Total (Col 06 & 07)	31,694,709.	
05600	Radioisotope	00900	Cost or Other Ratio	0.141540	Ratio
05600	Radioisotope	01100	PPS Inpatient Ratio	0.141540	Ratio
05700	Computed Tomography (CT) Scan	00100	Worksheet B Total	5,643,140.	
05700	Computed Tomography (CT) Scan	00300	Total Cost	5,643,140.	
05700	Computed Tomography (CT) Scan	00500	Adjusted Total Cost	5,643,140.	
05700	Computed Tomography (CT) Scan	00800	Total (Col 06 & 07)	111,004,860.	
05700	Computed Tomography (CT) Scan	00900	Cost or Other Ratio	0.050837	Ratio
05700	Computed Tomography (CT) Scan	01100	PPS Inpatient Ratio	0.050837	Ratio
05800	Magnetic Resonance Imaging (MRI)	00100	Worksheet B Total	5,841,724.	
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost	5,841,724.	
05800	Magnetic Resonance Imaging (MRI)	00500	Adjusted Total Cost	5,841,724.	
05800	Magnetic Resonance Imaging (MRI)	00800	Total (Col 06 & 07)	73,523,253.	
05800	Magnetic Resonance Imaging (MRI)	00900	Cost or Other Ratio	0.079454	Ratio
05800	Magnetic Resonance Imaging (MRI)	01100	PPS Inpatient Ratio	0.079454	Ratio
05900	Cardiac Catheterization	00100	Worksheet B Total	8,020,034.	
05900	Cardiac Catheterization	00300	Total Cost	8,020,034.	
05900	Cardiac Catheterization	00500	Adjusted Total Cost	8,020,034.	
05900	Cardiac Catheterization	00800	Total (Col 06 & 07)	126,314,223.	
05900	Cardiac Catheterization	00900	Cost or Other Ratio	0.063493	Ratio
05900	Cardiac Catheterization	01100	PPS Inpatient Ratio	0.063493	Ratio
06000	Laboratory	00100	Worksheet B Total	19,475,351.	
06000	Laboratory	00300	Total Cost	19,475,351.	
06000	Laboratory	00500	Adjusted Total Cost	19,475,351.	
06000	Laboratory	00800	Total (Col 06 & 07)	225,612,810.	

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Line Line Description Col Column Desc Line Value Type
100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 660182 Period End 06/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06800	Speech Pathology	00300	Total Cost	1,412,213.	
06800	Speech Pathology	00500	Adjusted Total Cost	1,412,213.	
06800	Speech Pathology	00800	Total (Col 06 & 07)	4,071,058.	
06800	Speech Pathology	00900	Cost or Other Ratio	0.346891	Ratio
06800	Speech Pathology	01100	PPS Inpatient Ratio	0.346891	Ratio
06900	Electrocardiology	00100	Worksheet B Total	1,051,286.	
06900	Electrocardiology	00300	Total Cost	1,051,286.	
06900	Electrocardiology	00500	Adjusted Total Cost	1,051,286.	
06900	Electrocardiology	00800	Total (Col 06 & 07)	37,922,674.	
06900	Electrocardiology	00900	Cost or Other Ratio	0.027722	Ratio
06900	Electrocardiology	01100	PPS Inpatient Ratio	0.027722	Ratio
07000	Electroencephalography	00100	Worksheet B Total	398,198.	
07000	Electroencephalography	00300	Total Cost	398,198.	
07000	Electroencephalography	00500	Adjusted Total Cost	398,198.	
07000	Electroencephalography	00800	Total (Col 06 & 07)	3,250,959.	
07000	Electroencephalography	00900	Cost or Other Ratio	0.122486	Ratio
07000	Electroencephalography	01100	PPS Inpatient Ratio	0.122486	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	22,633,110.	
07100	Medical Supplies charged to patients	00300	Total Cost	22,633,110.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	22,633,110.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	76,130,849.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.297292	Ratio
07100	Medical Supplies charged to patients	01100	PPS Inpatient Ratio	0.297292	Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	53,886,503.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	53,886,503.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	53,886,503.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	172,424,447.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.312522	Ratio
07200	Implantable Devices Charged to Patients	01100	PPS Inpatient Ratio	0.312522	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	114,352,521.	
07300	Drugs Charged to Patients	00300	Total Cost	114,352,521.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	114,352,521.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	567,879,660.	

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Line Line Description Col Column Desc Line Value Type
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Worksheet 660182 Period End 06/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
09200	Observation Beds	00500	Adjusted Total Cost	11,852,275.
09200	Observation Beds	00800	Total (Col 06 & 07)	18,491,855.
09200	Observation Beds	00900	Cost or Other Ratio	0.640946 Ratio
09200	Observation Beds	01100	PPS Inpatient Ratio	0.640946 Ratio
10100	Home Health Agency	00100	Worksheet B Total	3,333,395.
10100	Home Health Agency	00300	Total Cost	3,333,395.
10100	Home Health Agency	00500	Adjusted Total Cost	3,333,395.
10100	Home Health Agency	00700	Charges - Outpatient	3,103,594.
10100	Home Health Agency	00800	Total (Col 06 & 07)	3,103,594.
20000	Worksheet C Sub Total	00100	Worksheet B Total	484,675,615.
20000	Worksheet C Sub Total	00300	Total Cost	484,675,615.
20000	Worksheet C Sub Total	00400	RCE Disallowance	572,255.
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	485,247,870.
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	2,281,860,217.
20100	Less Observation Beds	00100	Worksheet B Total	11,852,275.
20100	Less Observation Beds	00300	Total Cost	11,852,275.
20100	Less Observation Beds	00500	Adjusted Total Cost	11,852,275.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	472,823,340.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	572,255.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	473,395,595.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	880,549,659.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	1,401,310,558.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	2,281,860,217.

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Line 100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted

Line	Line Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05000	Operating Room	00100	Worksheet B Total	983,303.	05001
05000	Operating Room	00300	Total Cost	983,303.	05001
05000	Operating Room	00500	Adjusted Total Cost	983,303.	05001
05000	Operating Room	00600	Charges - Inpatient	1,009,028.	05001
05000	Operating Room	00700	Charges - Outpatient	2,603,276.	05001
05000	Operating Room	00800	Total (Col 06 & 07)	3,612,304.	05001
05000	Operating Room	00900	Cost or Other Ratio	0.272209	Ratio
05000	Operating Room	01100	PPS Inpatient Ratio	0.272209	Ratio
05100	Recovery Room	00100	Worksheet B Total	1,595,024.	
05100	Recovery Room	00300	Total Cost	1,595,024.	
05100	Recovery Room	00500	Adjusted Total Cost	1,595,024.	
05100	Recovery Room	00600	Charges - Inpatient	2,661,460.	
05100	Recovery Room	00700	Charges - Outpatient	4,693,091.	
05100	Recovery Room	00800	Total (Col 06 & 07)	7,354,551.	
05100	Recovery Room	00900	Cost or Other Ratio	0.216876	Ratio
05100	Recovery Room	01100	PPS Inpatient Ratio	0.216876	Ratio
05200	Delivery Room and Labor Room	00100	Worksheet B Total	3,220,930.	
05200	Delivery Room and Labor Room	00300	Total Cost	3,220,930.	
05200	Delivery Room and Labor Room	00500	Adjusted Total Cost	3,220,930.	
05200	Delivery Room and Labor Room	00600	Charges - Inpatient	5,830,153.	
05200	Delivery Room and Labor Room	00700	Charges - Outpatient	855,303.	
05200	Delivery Room and Labor Room	00800	Total (Col 06 & 07)	6,685,456.	
05200	Delivery Room and Labor Room	00900	Cost or Other Ratio	0.481782	Ratio
05200	Delivery Room and Labor Room	01100	PPS Inpatient Ratio	0.481782	Ratio
05300	Anesthesiology	00100	Worksheet B Total	414,063.	
05300	Anesthesiology	00300	Total Cost	414,063.	
05300	Anesthesiology	00500	Adjusted Total Cost	414,063.	
05300	Anesthesiology	00600	Charges - Inpatient	4,504,008.	
05300	Anesthesiology	00700	Charges - Outpatient	3,774,780.	
05300	Anesthesiology	00800	Total (Col 06 & 07)	8,278,788.	
05300	Anesthesiology	00900	Cost or Other Ratio	0.050015	Ratio
05300	Anesthesiology	01100	PPS Inpatient Ratio	0.050015	Ratio
05400	Radiology-Diagnositic	00100	Worksheet B Total	3,908,578.	

CR Hospital Reference Report 2019

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	BOCA RATON REGIONAL HOSPITAL	BOCA RATON, FL	33486		

Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost	1,618,171.	
05800	Magnetic Resonance Imaging (MRI)	00500	Adjusted Total Cost	1,618,171.	
05800	Magnetic Resonance Imaging (MRI)	00600	Charges - Inpatient	2,058,537.	
05800	Magnetic Resonance Imaging (MRI)	00700	Charges - Outpatient	13,545,036.	
05800	Magnetic Resonance Imaging (MRI)	00800	Total (Col 06 & 07)	15,603,573.	
05800	Magnetic Resonance Imaging (MRI)	00900	Cost or Other Ratio	0.103705	Ratio
05800	Magnetic Resonance Imaging (MRI)	01100	PPS Inpatient Ratio	0.103705	Ratio
05900	Cardiac Catheterization	00100	Worksheet B Total	2,231,655.	
05900	Cardiac Catheterization	00300	Total Cost	2,231,655.	
05900	Cardiac Catheterization	00500	Adjusted Total Cost	2,231,655.	
05900	Cardiac Catheterization	00600	Charges - Inpatient	10,094,820.	
05900	Cardiac Catheterization	00700	Charges - Outpatient	15,240,917.	
05900	Cardiac Catheterization	00800	Total (Col 06 & 07)	25,335,737.	
05900	Cardiac Catheterization	00900	Cost or Other Ratio	0.088083	Ratio
05900	Cardiac Catheterization	01100	PPS Inpatient Ratio	0.088083	Ratio
06000	Laboratory	00100	Worksheet B Total	4,780,518.	
06000	Laboratory	00300	Total Cost	4,780,518.	
06000	Laboratory	00500	Adjusted Total Cost	4,780,518.	
06000	Laboratory	00600	Charges - Inpatient	25,666,366.	
06000	Laboratory	00700	Charges - Outpatient	26,714,550.	
06000	Laboratory	00800	Total (Col 06 & 07)	52,380,916.	
06000	Laboratory	00900	Cost or Other Ratio	0.091264	Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.091264	Ratio
06300	Blood Storing, Processing and Transporation	00100	Worksheet B Total	1,433,316.	
06300	Blood Storing, Processing and Transporation	00300	Total Cost	1,433,316.	
06300	Blood Storing, Processing and Transporation	00500	Adjusted Total Cost	1,433,316.	
06300	Blood Storing, Processing and Transporation	00600	Charges - Inpatient	3,545,534.	
06300	Blood Storing, Processing and Transporation	00700	Charges - Outpatient	1,615,156.	
06300	Blood Storing, Processing and Transporation	00800	Total (Col 06 & 07)	5,160,690.	
06300	Blood Storing, Processing and Transporation	00900	Cost or Other Ratio	0.277737	Ratio
06300	Blood Storing, Processing and Transporation	01100	PPS Inpatient Ratio	0.277737	Ratio
06400	Intravenous Therapy	00100	Worksheet B Total	445,908.	
06400	Intravenous Therapy	00300	Total Cost	445,908.	

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100168 **BOCA RATON REGIONAL HOSPITAL** **BOCA RATON, FL** **33486**
Worksheet 667398 **Period End 09/30/2019** **Days 92** **Status Submitted**

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06400	Intravenous Therapy	00500	Adjusted Total Cost	445,908.	
06400	Intravenous Therapy	00600	Charges - Inpatient	1,811,921.	
06400	Intravenous Therapy	00700	Charges - Outpatient	2,442,150.	
06400	Intravenous Therapy	00800	Total (Col 06 & 07)	4,254,071.	
06400	Intravenous Therapy	00900	Cost or Other Ratio	0.104819	Ratio
06400	Intravenous Therapy	01100	PPS Inpatient Ratio	0.104819	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	1,346,711.	
06500	Respiratory Therapy	00300	Total Cost	1,346,711.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	1,346,711.	
06500	Respiratory Therapy	00600	Charges - Inpatient	4,502,542.	
06500	Respiratory Therapy	00700	Charges - Outpatient	1,823,579.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	6,326,121.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.212881	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.212881	Ratio
06600	Physical Therapy	00100	Worksheet B Total	2,539,950.	
06600	Physical Therapy	00300	Total Cost	2,539,950.	
06600	Physical Therapy	00500	Adjusted Total Cost	2,539,950.	
06600	Physical Therapy	00600	Charges - Inpatient	1,328,981.	
06600	Physical Therapy	00700	Charges - Outpatient	2,945,024.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	4,274,005.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.594279	Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.594279	Ratio
06700	Occupational Therapy	00100	Worksheet B Total	258,096.	
06700	Occupational Therapy	00300	Total Cost	258,096.	
06700	Occupational Therapy	00500	Adjusted Total Cost	258,096.	
06700	Occupational Therapy	00600	Charges - Inpatient	375,283.	
06700	Occupational Therapy	00700	Charges - Outpatient	249,848.	
06700	Occupational Therapy	00800	Total (Col 06 & 07)	625,131.	
06700	Occupational Therapy	00900	Cost or Other Ratio	0.412867	Ratio
06700	Occupational Therapy	01100	PPS Inpatient Ratio	0.412867	Ratio
06800	Speech Pathology	00100	Worksheet B Total	418,249.	
06800	Speech Pathology	00300	Total Cost	418,249.	
06800	Speech Pathology	00500	Adjusted Total Cost	418,249.	

CR Hospital Reference Report 2019

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Line Line Description Col Column Desc Line Value Type
100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06800	Speech Pathology	00600	Charges - Inpatient	633,670.	
06800	Speech Pathology	00700	Charges - Outpatient	379,092.	
06800	Speech Pathology	00800	Total (Col 06 & 07)	1,012,762.	
06800	Speech Pathology	00900	Cost or Other Ratio	0.412979	Ratio
06800	Speech Pathology	01100	PPS Inpatient Ratio	0.412979	Ratio
06900	Electrocardiology	00100	Worksheet B Total	293,092.	
06900	Electrocardiology	00300	Total Cost	293,092.	
06900	Electrocardiology	00500	Adjusted Total Cost	293,092.	
06900	Electrocardiology	00600	Charges - Inpatient	4,187,913.	
06900	Electrocardiology	00700	Charges - Outpatient	4,544,868.	
06900	Electrocardiology	00800	Total (Col 06 & 07)	8,732,781.	
06900	Electrocardiology	00900	Cost or Other Ratio	0.033562	Ratio
06900	Electrocardiology	01100	PPS Inpatient Ratio	0.033562	Ratio
07000	Electroencephalography	00100	Worksheet B Total	87,544.	
07000	Electroencephalography	00300	Total Cost	87,544.	
07000	Electroencephalography	00500	Adjusted Total Cost	87,544.	
07000	Electroencephalography	00600	Charges - Inpatient	395,640.	
07000	Electroencephalography	00700	Charges - Outpatient	297,681.	
07000	Electroencephalography	00800	Total (Col 06 & 07)	693,321.	
07000	Electroencephalography	00900	Cost or Other Ratio	0.126268	Ratio
07000	Electroencephalography	01100	PPS Inpatient Ratio	0.126268	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	4,329,282.	
07100	Medical Supplies charged to patients	00300	Total Cost	4,329,282.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	4,329,282.	
07100	Medical Supplies charged to patients	00600	Charges - Inpatient	8,732,364.	
07100	Medical Supplies charged to patients	00700	Charges - Outpatient	9,428,988.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	18,161,352.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.238379	Ratio
07100	Medical Supplies charged to patients	01100	PPS Inpatient Ratio	0.238379	Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	12,228,845.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	12,228,845.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	12,228,845.	
07200	Implantable Devices Charged to Patients	00600	Charges - Inpatient	25,232,358.	

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Line Line Description Col Column Desc Line Value Type
100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted

C00 Wkst C Computation of Ratio of Costs to Charges					
1 Part 1 - Computation of Ratio of Costs to Charges					
07200	Implantable Devices Charged to Patients	00700	Charges - Outpatient	13,539,837.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	38,772,195.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.315402	Ratio
07200	Implantable Devices Charged to Patients	01100	PPS Inpatient Ratio	0.315402	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	26,850,446.	
07300	Drugs Charged to Patients	00300	Total Cost	26,850,446.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	26,850,446.	
07300	Drugs Charged to Patients	00600	Charges - Inpatient	22,550,522.	
07300	Drugs Charged to Patients	00700	Charges - Outpatient	105,862,618.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	128,413,140.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.209094	Ratio
07300	Drugs Charged to Patients	01100	PPS Inpatient Ratio	0.209094	Ratio
07400	Renal Dialysis	00100	Worksheet B Total	328,659.	
07400	Renal Dialysis	00300	Total Cost	328,659.	
07400	Renal Dialysis	00500	Adjusted Total Cost	328,659.	
07400	Renal Dialysis	00600	Charges - Inpatient	1,221,079.	
07400	Renal Dialysis	00700	Charges - Outpatient	81,127.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	1,302,206.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.252386	Ratio
07400	Renal Dialysis	01100	PPS Inpatient Ratio	0.252386	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	450,734.	07698
07600	Other Ancillary Cost	00300	Total Cost	450,734.	07698
07600	Other Ancillary Cost	00500	Adjusted Total Cost	450,734.	07698
07600	Other Ancillary Cost	00600	Charges - Inpatient	11,139.	07698
07600	Other Ancillary Cost	00700	Charges - Outpatient	1,826,012.	07698
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	1,837,151.	07698
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.245344	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.245344	Ratio
09000	Clinic	00100	Worksheet B Total	309,850.	
09000	Clinic	00300	Total Cost	309,850.	
09000	Clinic	00500	Adjusted Total Cost	309,850.	
09000	Clinic	00700	Charges - Outpatient	198,073.	
09000	Clinic	00800	Total (Col 06 & 07)	198,073.	

CR Hospital Reference Report 2019

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Line Line Description Col Column Desc Line Value Type
100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted

Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
20000	Worksheet C Sub Total	00400	RCE Disallowance	107,940.	
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	122,031,663.	
20000	Worksheet C Sub Total	00600	Charges - Inpatient	197,975,823.	
20000	Worksheet C Sub Total	00700	Charges - Outpatient	316,742,842.	
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	514,718,665.	
20100	Less Observation Beds	00100	Worksheet B Total	3,554,860.	
20100	Less Observation Beds	00300	Total Cost	3,554,860.	
20100	Less Observation Beds	00500	Adjusted Total Cost	3,554,860.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00100	Worksheet B Total	118,368,863.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	118,368,863.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	107,940.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	118,476,803.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	197,975,823.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	316,742,842.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	514,718,665.	
019	Title 19 - Medicaid				
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	18,670,124.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	18,670,124.	
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	18,670,124.	
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	22,303,154.	
03100	Intensive Care Unit	00100	Worksheet B Total	3,855,119.	
03100	Intensive Care Unit	00300	Total Cost	3,855,119.	
03100	Intensive Care Unit	00500	Adjusted Total Cost	3,855,119.	
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	3,096,187.	
03100	Intensive Care Unit	00100	Worksheet B Total	605,341.	03101
03100	Intensive Care Unit	00300	Total Cost	605,341.	03101
03100	Intensive Care Unit	00500	Adjusted Total Cost	605,341.	03101
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	2,231,500.	03101

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Line Line Description Col Column Desc Line Value Type
100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted

Line	Line Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05300	Anesthesiology	00300	Total Cost	414,063.	
05300	Anesthesiology	00500	Adjusted Total Cost	414,063.	
05300	Anesthesiology	00800	Total (Col 06 & 07)	8,278,788.	
05300	Anesthesiology	00900	Cost or Other Ratio	0.050015	Ratio
05300	Anesthesiology	01100	PPS Inpatient Ratio	0.050015	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	3,908,578.	
05400	Radiology-Diagnositc	00300	Total Cost	3,908,578.	
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	3,908,578.	
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	25,629,293.	
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.152504	Ratio
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.152504	Ratio
05500	Radiology-Therapeutic	00100	Worksheet B Total	8,022,066.	
05500	Radiology-Therapeutic	00300	Total Cost	8,022,066.	
05500	Radiology-Therapeutic	00400	RCE Disallowance	107,940.	
05500	Radiology-Therapeutic	00500	Adjusted Total Cost	8,130,006.	
05500	Radiology-Therapeutic	00800	Total (Col 06 & 07)	21,486,739.	
05500	Radiology-Therapeutic	00900	Cost or Other Ratio	0.373350	Ratio
05500	Radiology-Therapeutic	01100	PPS Inpatient Ratio	0.378373	Ratio
05600	Radioisotope	00100	Worksheet B Total	1,226,897.	
05600	Radioisotope	00300	Total Cost	1,226,897.	
05600	Radioisotope	00500	Adjusted Total Cost	1,226,897.	
05600	Radioisotope	00800	Total (Col 06 & 07)	7,044,676.	
05600	Radioisotope	00900	Cost or Other Ratio	0.174159	Ratio
05600	Radioisotope	01100	PPS Inpatient Ratio	0.174159	Ratio
05700	Computed Tomography (CT) Scan	00100	Worksheet B Total	1,520,540.	
05700	Computed Tomography (CT) Scan	00300	Total Cost	1,520,540.	
05700	Computed Tomography (CT) Scan	00500	Adjusted Total Cost	1,520,540.	
05700	Computed Tomography (CT) Scan	00800	Total (Col 06 & 07)	24,781,397.	
05700	Computed Tomography (CT) Scan	00900	Cost or Other Ratio	0.061358	Ratio
05700	Computed Tomography (CT) Scan	01100	PPS Inpatient Ratio	0.061358	Ratio
05800	Magnetic Resonance Imaging (MRI)	00100	Worksheet B Total	1,618,171.	
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost	1,618,171.	
05800	Magnetic Resonance Imaging (MRI)	00500	Adjusted Total Cost	1,618,171.	

CR Hospital Reference Report 2019

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Line Line Description Col Column Desc Line Value Type
100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05800	Magnetic Resonance Imaging (MRI)	00800	Total (Col 06 & 07)	15,603,573.	
05800	Magnetic Resonance Imaging (MRI)	00900	Cost or Other Ratio	0.103705	Ratio
05800	Magnetic Resonance Imaging (MRI)	01100	PPS Inpatient Ratio	0.103705	Ratio
05900	Cardiac Catheterization	00100	Worksheet B Total	2,231,655.	
05900	Cardiac Catheterization	00300	Total Cost	2,231,655.	
05900	Cardiac Catheterization	00500	Adjusted Total Cost	2,231,655.	
05900	Cardiac Catheterization	00800	Total (Col 06 & 07)	25,335,737.	
05900	Cardiac Catheterization	00900	Cost or Other Ratio	0.088083	Ratio
05900	Cardiac Catheterization	01100	PPS Inpatient Ratio	0.088083	Ratio
06000	Laboratory	00100	Worksheet B Total	4,780,518.	
06000	Laboratory	00300	Total Cost	4,780,518.	
06000	Laboratory	00500	Adjusted Total Cost	4,780,518.	
06000	Laboratory	00800	Total (Col 06 & 07)	52,380,916.	
06000	Laboratory	00900	Cost or Other Ratio	0.091264	Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.091264	Ratio
06300	Blood Storing, Processing and Transporation	00100	Worksheet B Total	1,433,316.	
06300	Blood Storing, Processing and Transporation	00300	Total Cost	1,433,316.	
06300	Blood Storing, Processing and Transporation	00500	Adjusted Total Cost	1,433,316.	
06300	Blood Storing, Processing and Transporation	00800	Total (Col 06 & 07)	5,160,690.	
06300	Blood Storing, Processing and Transporation	00900	Cost or Other Ratio	0.277737	Ratio
06300	Blood Storing, Processing and Transporation	01100	PPS Inpatient Ratio	0.277737	Ratio
06400	Intravenous Therapy	00100	Worksheet B Total	445,908.	
06400	Intravenous Therapy	00300	Total Cost	445,908.	
06400	Intravenous Therapy	00500	Adjusted Total Cost	445,908.	
06400	Intravenous Therapy	00800	Total (Col 06 & 07)	4,254,071.	
06400	Intravenous Therapy	00900	Cost or Other Ratio	0.104819	Ratio
06400	Intravenous Therapy	01100	PPS Inpatient Ratio	0.104819	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	1,346,711.	
06500	Respiratory Therapy	00300	Total Cost	1,346,711.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	1,346,711.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	6,326,121.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.212881	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.212881	Ratio

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100168 **BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**

Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06600	Physical Therapy	00100	Worksheet B Total	2,539,950.	
06600	Physical Therapy	00300	Total Cost	2,539,950.	
06600	Physical Therapy	00500	Adjusted Total Cost	2,539,950.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	4,274,005.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.594279	Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.594279	Ratio
06700	Occupational Therapy	00100	Worksheet B Total	258,096.	
06700	Occupational Therapy	00300	Total Cost	258,096.	
06700	Occupational Therapy	00500	Adjusted Total Cost	258,096.	
06700	Occupational Therapy	00800	Total (Col 06 & 07)	625,131.	
06700	Occupational Therapy	00900	Cost or Other Ratio	0.412867	Ratio
06700	Occupational Therapy	01100	PPS Inpatient Ratio	0.412867	Ratio
06800	Speech Pathology	00100	Worksheet B Total	418,249.	
06800	Speech Pathology	00300	Total Cost	418,249.	
06800	Speech Pathology	00500	Adjusted Total Cost	418,249.	
06800	Speech Pathology	00800	Total (Col 06 & 07)	1,012,762.	
06800	Speech Pathology	00900	Cost or Other Ratio	0.412979	Ratio
06800	Speech Pathology	01100	PPS Inpatient Ratio	0.412979	Ratio
06900	Electrocardiology	00100	Worksheet B Total	293,092.	
06900	Electrocardiology	00300	Total Cost	293,092.	
06900	Electrocardiology	00500	Adjusted Total Cost	293,092.	
06900	Electrocardiology	00800	Total (Col 06 & 07)	8,732,781.	
06900	Electrocardiology	00900	Cost or Other Ratio	0.033562	Ratio
06900	Electrocardiology	01100	PPS Inpatient Ratio	0.033562	Ratio
07000	Electroencephalography	00100	Worksheet B Total	87,544.	
07000	Electroencephalography	00300	Total Cost	87,544.	
07000	Electroencephalography	00500	Adjusted Total Cost	87,544.	
07000	Electroencephalography	00800	Total (Col 06 & 07)	693,321.	
07000	Electroencephalography	00900	Cost or Other Ratio	0.126268	Ratio
07000	Electroencephalography	01100	PPS Inpatient Ratio	0.126268	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	4,329,282.	
07100	Medical Supplies charged to patients	00300	Total Cost	4,329,282.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	4,329,282.	

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100168 **BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**

Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted

Line	Line Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	18,161,352.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.238379	Ratio
07100	Medical Supplies charged to patients	01100	PPS Inpatient Ratio	0.238379	Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	12,228,845.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	12,228,845.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	12,228,845.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	38,772,195.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.315402	Ratio
07200	Implantable Devices Charged to Patients	01100	PPS Inpatient Ratio	0.315402	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	26,850,446.	
07300	Drugs Charged to Patients	00300	Total Cost	26,850,446.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	26,850,446.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	128,413,140.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.209094	Ratio
07300	Drugs Charged to Patients	01100	PPS Inpatient Ratio	0.209094	Ratio
07400	Renal Dialysis	00100	Worksheet B Total	328,659.	
07400	Renal Dialysis	00300	Total Cost	328,659.	
07400	Renal Dialysis	00500	Adjusted Total Cost	328,659.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	1,302,206.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.252386	Ratio
07400	Renal Dialysis	01100	PPS Inpatient Ratio	0.252386	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	450,734.	07698
07600	Other Ancillary Cost	00300	Total Cost	450,734.	07698
07600	Other Ancillary Cost	00500	Adjusted Total Cost	450,734.	07698
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	1,837,151.	07698
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.245344	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.245344	Ratio
09000	Clinic	00100	Worksheet B Total	309,850.	
09000	Clinic	00300	Total Cost	309,850.	
09000	Clinic	00500	Adjusted Total Cost	309,850.	
09000	Clinic	00800	Total (Col 06 & 07)	198,073.	
09000	Clinic	00900	Cost or Other Ratio	1.564322	Ratio
09000	Clinic	01100	PPS Inpatient Ratio	1.564322	Ratio

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Line Line Description Col Column Desc Line Value Type
100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
09000	Clinic	00100	Worksheet B Total	241,605. 09002
09000	Clinic	00300	Total Cost	241,605. 09002
09000	Clinic	00500	Adjusted Total Cost	241,605. 09002
09000	Clinic	00800	Total (Col 06 & 07)	1,115,686. 09002
09000	Clinic	00900	Cost or Other Ratio	0.216553 Ratio
09000	Clinic	01100	PPS Inpatient Ratio	0.216553 Ratio
09100	Emergency Department	00100	Worksheet B Total	3,331,107.
09100	Emergency Department	00300	Total Cost	3,331,107.
09100	Emergency Department	00500	Adjusted Total Cost	3,331,107.
09100	Emergency Department	00800	Total (Col 06 & 07)	21,667,187.
09100	Emergency Department	00900	Cost or Other Ratio	0.153740 Ratio
09100	Emergency Department	01100	PPS Inpatient Ratio	0.153740 Ratio
09200	Observation Beds	00300	Total Cost	3,554,860.
09200	Observation Beds	00500	Adjusted Total Cost	3,554,860.
09200	Observation Beds	00800	Total (Col 06 & 07)	4,996,061.
09200	Observation Beds	00900	Cost or Other Ratio	0.711533 Ratio
09200	Observation Beds	01100	PPS Inpatient Ratio	0.711533 Ratio
10100	Home Health Agency	00100	Worksheet B Total	821,602.
10100	Home Health Agency	00300	Total Cost	821,602.
10100	Home Health Agency	00500	Adjusted Total Cost	821,602.
10100	Home Health Agency	00700	Charges - Outpatient	535,783.
10100	Home Health Agency	00800	Total (Col 06 & 07)	535,783.
20000	Worksheet C Sub Total	00100	Worksheet B Total	121,923,723.
20000	Worksheet C Sub Total	00300	Total Cost	121,923,723.
20000	Worksheet C Sub Total	00400	RCE Disallowance	107,940.
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	122,031,663.
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	514,718,665.
20100	Less Observation Beds	00100	Worksheet B Total	3,554,860.
20100	Less Observation Beds	00300	Total Cost	3,554,860.
20100	Less Observation Beds	00500	Adjusted Total Cost	3,554,860.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	118,368,863.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	107,940.

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Line Line Description Col Column Desc Line Value Type
100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	118,476,803.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	197,975,823.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	316,742,842.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	514,718,665.

100176 PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410

Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	35,907,006.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	35,907,006.	
03000	Adults and Pediatrics - General Routine Care	00400	RCE Disallowance	4,075.	
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	35,911,081.	
03000	Adults and Pediatrics - General Routine Care	00600	Charges - Inpatient	149,292,009.	
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	149,292,009.	
03100	Intensive Care Unit	00100	Worksheet B Total	19,363,751.	
03100	Intensive Care Unit	00300	Total Cost	19,363,751.	
03100	Intensive Care Unit	00500	Adjusted Total Cost	19,363,751.	
03100	Intensive Care Unit	00600	Charges - Inpatient	94,600,373.	
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	94,600,373.	
05000	Operating Room	00100	Worksheet B Total	18,575,371.	
05000	Operating Room	00300	Total Cost	18,575,371.	
05000	Operating Room	00500	Adjusted Total Cost	18,575,371.	
05000	Operating Room	00600	Charges - Inpatient	172,169,548.	
05000	Operating Room	00700	Charges - Outpatient	84,858,026.	
05000	Operating Room	00800	Total (Col 06 & 07)	257,027,574.	
05000	Operating Room	00900	Cost or Other Ratio	0.072270	Ratio
05000	Operating Room	01100	PPS Inpatient Ratio	0.072270	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	4,719,771.	
05400	Radiology-Diagnositc	00300	Total Cost	4,719,771.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	PALM BEACH GARDENS PALM BEACH GARDENS, FL		33410		

Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	4,719,771.	
05400	Radiology-Diagnositc	00600	Charges - Inpatient	22,478,244.	
05400	Radiology-Diagnositc	00700	Charges - Outpatient	19,973,841.	
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	42,452,085.	
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.111179	Ratio
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.111179	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	730,090.	05401
05400	Radiology-Diagnositc	00300	Total Cost	730,090.	05401
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	730,090.	05401
05400	Radiology-Diagnositc	00600	Charges - Inpatient	8,520,774.	05401
05400	Radiology-Diagnositc	00700	Charges - Outpatient	8,488,354.	05401
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	17,009,128.	05401
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.042923	Ratio
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.042923	Ratio
05600	Radioisotope	00100	Worksheet B Total	723,870.	
05600	Radioisotope	00300	Total Cost	723,870.	
05600	Radioisotope	00500	Adjusted Total Cost	723,870.	
05600	Radioisotope	00600	Charges - Inpatient	2,518,006.	
05600	Radioisotope	00700	Charges - Outpatient	1,993,866.	
05600	Radioisotope	00800	Total (Col 06 & 07)	4,511,872.	
05600	Radioisotope	00900	Cost or Other Ratio	0.160437	Ratio
05600	Radioisotope	01100	PPS Inpatient Ratio	0.160437	Ratio
05700	Computed Tomography (CT) Scan	00100	Worksheet B Total	1,863,453.	
05700	Computed Tomography (CT) Scan	00300	Total Cost	1,863,453.	
05700	Computed Tomography (CT) Scan	00500	Adjusted Total Cost	1,863,453.	
05700	Computed Tomography (CT) Scan	00600	Charges - Inpatient	71,247,457.	
05700	Computed Tomography (CT) Scan	00700	Charges - Outpatient	87,410,163.	
05700	Computed Tomography (CT) Scan	00800	Total (Col 06 & 07)	158,657,620.	
05700	Computed Tomography (CT) Scan	00900	Cost or Other Ratio	0.011745	Ratio
05700	Computed Tomography (CT) Scan	01100	PPS Inpatient Ratio	0.011745	Ratio
05900	Cardiac Catheterization	00100	Worksheet B Total	4,568,461.	
05900	Cardiac Catheterization	00300	Total Cost	4,568,461.	
05900	Cardiac Catheterization	00400	RCE Disallowance	19,037.	

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100176 **PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**

Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05900	Cardiac Catheterization	00500	Adjusted Total Cost	4,587,498.	
05900	Cardiac Catheterization	00600	Charges - Inpatient	79,885,595.	
05900	Cardiac Catheterization	00700	Charges - Outpatient	127,690,844.	
05900	Cardiac Catheterization	00800	Total (Col 06 & 07)	207,576,439.	
05900	Cardiac Catheterization	00900	Cost or Other Ratio	0.022009	Ratio
05900	Cardiac Catheterization	01100	PPS Inpatient Ratio	0.022100	Ratio
06000	Laboratory	00100	Worksheet B Total	8,847,380.	
06000	Laboratory	00300	Total Cost	8,847,380.	
06000	Laboratory	00500	Adjusted Total Cost	8,847,380.	
06000	Laboratory	00600	Charges - Inpatient	149,565,836.	
06000	Laboratory	00700	Charges - Outpatient	68,563,711.	
06000	Laboratory	00800	Total (Col 06 & 07)	218,129,547.	
06000	Laboratory	00900	Cost or Other Ratio	0.040560	Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.040560	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	3,483,491.	
06500	Respiratory Therapy	00300	Total Cost	3,483,491.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	3,483,491.	
06500	Respiratory Therapy	00600	Charges - Inpatient	34,393,627.	
06500	Respiratory Therapy	00700	Charges - Outpatient	2,200,131.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	36,593,758.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.095194	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.095194	Ratio
06600	Physical Therapy	00100	Worksheet B Total	2,637,584.	
06600	Physical Therapy	00300	Total Cost	2,637,584.	
06600	Physical Therapy	00500	Adjusted Total Cost	2,637,584.	
06600	Physical Therapy	00600	Charges - Inpatient	11,164,807.	
06600	Physical Therapy	00700	Charges - Outpatient	982,818.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	12,147,625.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.217128	Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.217128	Ratio
06600	Physical Therapy	00100	Worksheet B Total	3,000,966.	06602
06600	Physical Therapy	00300	Total Cost	3,000,966.	06602
06600	Physical Therapy	00500	Adjusted Total Cost	3,000,966.	06602

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Line Line Description Col Column Desc Line Value Type
 100176 PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410

Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted

Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06600	Physical Therapy	00600	Charges - Inpatient	1,284,467.	06602
06600	Physical Therapy	00700	Charges - Outpatient	7,407,972.	06602
06600	Physical Therapy	00800	Total (Col 06 & 07)	8,692,439.	06602
06600	Physical Therapy	00900	Cost or Other Ratio	0.345239	Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.345239	Ratio
06800	Speech Pathology	00100	Worksheet B Total	253,396.	
06800	Speech Pathology	00300	Total Cost	253,396.	
06800	Speech Pathology	00500	Adjusted Total Cost	253,396.	
06800	Speech Pathology	00600	Charges - Inpatient	615,145.	
06800	Speech Pathology	00700	Charges - Outpatient	69,275.	
06800	Speech Pathology	00800	Total (Col 06 & 07)	684,420.	
06800	Speech Pathology	00900	Cost or Other Ratio	0.370235	Ratio
06800	Speech Pathology	01100	PPS Inpatient Ratio	0.370235	Ratio
06900	Electrocardiology	00100	Worksheet B Total	1,065,971.	
06900	Electrocardiology	00300	Total Cost	1,065,971.	
06900	Electrocardiology	00500	Adjusted Total Cost	1,065,971.	
06900	Electrocardiology	00600	Charges - Inpatient	27,965,664.	
06900	Electrocardiology	00700	Charges - Outpatient	19,912,119.	
06900	Electrocardiology	00800	Total (Col 06 & 07)	47,877,783.	
06900	Electrocardiology	00900	Cost or Other Ratio	0.022264	Ratio
06900	Electrocardiology	01100	PPS Inpatient Ratio	0.022264	Ratio
07000	Electroencephalography	00100	Worksheet B Total	217,053.	
07000	Electroencephalography	00300	Total Cost	217,053.	
07000	Electroencephalography	00500	Adjusted Total Cost	217,053.	
07000	Electroencephalography	00600	Charges - Inpatient	2,607,442.	
07000	Electroencephalography	00700	Charges - Outpatient	448,586.	
07000	Electroencephalography	00800	Total (Col 06 & 07)	3,056,028.	
07000	Electroencephalography	00900	Cost or Other Ratio	0.071025	Ratio
07000	Electroencephalography	01100	PPS Inpatient Ratio	0.071025	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	21,014,844.	
07100	Medical Supplies charged to patients	00300	Total Cost	21,014,844.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	21,014,844.	
07100	Medical Supplies charged to patients	00600	Charges - Inpatient	60,037,675.	

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Line Line Description Col Column Desc Line Value Type
100176 PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410

Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07100	Medical Supplies charged to patients	00700	Charges - Outpatient	28,615,380.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	88,653,055.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.237046	Ratio
07100	Medical Supplies charged to patients	01100	PPS Inpatient Ratio	0.237046	Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	41,098,402.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	41,098,402.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	41,098,402.	
07200	Implantable Devices Charged to Patients	00600	Charges - Inpatient	96,936,686.	
07200	Implantable Devices Charged to Patients	00700	Charges - Outpatient	62,120,111.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	159,056,797.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.258388	Ratio
07200	Implantable Devices Charged to Patients	01100	PPS Inpatient Ratio	0.258388	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	15,350,333.	
07300	Drugs Charged to Patients	00300	Total Cost	15,350,333.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	15,350,333.	
07300	Drugs Charged to Patients	00600	Charges - Inpatient	232,092,373.	
07300	Drugs Charged to Patients	00700	Charges - Outpatient	67,955,223.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	300,047,596.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.051160	Ratio
07300	Drugs Charged to Patients	01100	PPS Inpatient Ratio	0.051160	Ratio
07400	Renal Dialysis	00100	Worksheet B Total	1,122,451.	
07400	Renal Dialysis	00300	Total Cost	1,122,451.	
07400	Renal Dialysis	00500	Adjusted Total Cost	1,122,451.	
07400	Renal Dialysis	00600	Charges - Inpatient	4,261,010.	
07400	Renal Dialysis	00700	Charges - Outpatient	433,772.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	4,694,782.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.239085	Ratio
07400	Renal Dialysis	01100	PPS Inpatient Ratio	0.239085	Ratio
09100	Emergency Department	00100	Worksheet B Total	7,580,687.	
09100	Emergency Department	00300	Total Cost	7,580,687.	
09100	Emergency Department	00500	Adjusted Total Cost	7,580,687.	
09100	Emergency Department	00600	Charges - Inpatient	37,977,717.	
09100	Emergency Department	00700	Charges - Outpatient	79,905,511.	

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Line Line Description Col Column Desc Line Value Type
100176 PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410

Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05700	Computed Tomography (CT) Scan	00800	Total (Col 06 & 07)	158,657,620.	
05700	Computed Tomography (CT) Scan	00900	Cost or Other Ratio	0.011745	Ratio
05900	Cardiac Catheterization	00100	Worksheet B Total	4,568,461.	
05900	Cardiac Catheterization	00300	Total Cost	4,568,461.	
05900	Cardiac Catheterization	00400	RCE Disallowance	19,037.	
05900	Cardiac Catheterization	00500	Adjusted Total Cost	4,587,498.	
05900	Cardiac Catheterization	00800	Total (Col 06 & 07)	207,576,439.	
05900	Cardiac Catheterization	00900	Cost or Other Ratio	0.022009	Ratio
06000	Laboratory	00100	Worksheet B Total	8,847,380.	
06000	Laboratory	00300	Total Cost	8,847,380.	
06000	Laboratory	00500	Adjusted Total Cost	8,847,380.	
06000	Laboratory	00800	Total (Col 06 & 07)	218,129,547.	
06000	Laboratory	00900	Cost or Other Ratio	0.040560	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	3,483,491.	
06500	Respiratory Therapy	00300	Total Cost	3,483,491.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	3,483,491.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	36,593,758.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.095194	Ratio
06600	Physical Therapy	00100	Worksheet B Total	2,637,584.	
06600	Physical Therapy	00300	Total Cost	2,637,584.	
06600	Physical Therapy	00500	Adjusted Total Cost	2,637,584.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	12,147,625.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.217128	Ratio
06600	Physical Therapy	00100	Worksheet B Total	3,000,966.	06602
06600	Physical Therapy	00300	Total Cost	3,000,966.	06602
06600	Physical Therapy	00500	Adjusted Total Cost	3,000,966.	06602
06600	Physical Therapy	00800	Total (Col 06 & 07)	8,692,439.	06602
06600	Physical Therapy	00900	Cost or Other Ratio	0.345239	Ratio
06800	Speech Pathology	00100	Worksheet B Total	253,396.	
06800	Speech Pathology	00300	Total Cost	253,396.	
06800	Speech Pathology	00500	Adjusted Total Cost	253,396.	
06800	Speech Pathology	00800	Total (Col 06 & 07)	684,420.	
06800	Speech Pathology	00900	Cost or Other Ratio	0.370235	Ratio

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Line Line Description Col Column Desc Line Value Type
100176 PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410

Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06900	Electrocardiology	00100	Worksheet B Total	1,065,971.	
06900	Electrocardiology	00300	Total Cost	1,065,971.	
06900	Electrocardiology	00500	Adjusted Total Cost	1,065,971.	
06900	Electrocardiology	00800	Total (Col 06 & 07)	47,877,783.	
06900	Electrocardiology	00900	Cost or Other Ratio	0.022264	Ratio
07000	Electroencephalography	00100	Worksheet B Total	217,053.	
07000	Electroencephalography	00300	Total Cost	217,053.	
07000	Electroencephalography	00500	Adjusted Total Cost	217,053.	
07000	Electroencephalography	00800	Total (Col 06 & 07)	3,056,028.	
07000	Electroencephalography	00900	Cost or Other Ratio	0.071025	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	21,014,844.	
07100	Medical Supplies charged to patients	00300	Total Cost	21,014,844.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	21,014,844.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	88,653,055.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.237046	Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	41,098,402.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	41,098,402.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	41,098,402.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	159,056,797.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.258388	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	15,350,333.	
07300	Drugs Charged to Patients	00300	Total Cost	15,350,333.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	15,350,333.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	300,047,596.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.051160	Ratio
07400	Renal Dialysis	00100	Worksheet B Total	1,122,451.	
07400	Renal Dialysis	00300	Total Cost	1,122,451.	
07400	Renal Dialysis	00500	Adjusted Total Cost	1,122,451.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	4,694,782.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.239085	Ratio
09100	Emergency Department	00100	Worksheet B Total	7,580,687.	
09100	Emergency Department	00300	Total Cost	7,580,687.	
09100	Emergency Department	00500	Adjusted Total Cost	7,580,687.	

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Line 100176 PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410

Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
09100	Emergency Department	00800	Total (Col 06 & 07)	117,883,228.
09100	Emergency Department	00900	Cost or Other Ratio	0.064307 Ratio
09200	Observation Beds	00300	Total Cost	5,511,832.
09200	Observation Beds	00500	Adjusted Total Cost	5,511,832.
09200	Observation Beds	00800	Total (Col 06 & 07)	12,767,521.
09200	Observation Beds	00900	Cost or Other Ratio	0.431707 Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	197,636,163.
20000	Worksheet C Sub Total	00300	Total Cost	197,636,163.
20000	Worksheet C Sub Total	00400	RCE Disallowance	23,112.
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	197,659,275.
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	1,941,411,679.
20100	Less Observation Beds	00100	Worksheet B Total	5,511,832.
20100	Less Observation Beds	00300	Total Cost	5,511,832.
20100	Less Observation Beds	00500	Adjusted Total Cost	5,511,832.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	192,124,331.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	23,112.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	192,147,443.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	1,264,336,552.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	677,075,127.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	1,941,411,679.

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Worksheet 665666 Period End 09/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	44,865,233.
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	44,865,233.
03000	Adults and Pediatrics - General Routine Care	00400	RCE Disallowance	6,636.

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Line Line Description Col Column Desc Line Value Type
100253 JUPITER MEDICAL CENTER JUPITER, FL 33458

Worksheet 665666 Period End 09/30/2019 Days 365 Status Submitted

Line	Line Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05200	Delivery Room and Labor Room	00600	Charges - Inpatient	11,689,313.	
05200	Delivery Room and Labor Room	00700	Charges - Outpatient	561,278.	
05200	Delivery Room and Labor Room	00800	Total (Col 06 & 07)	12,250,591.	
05200	Delivery Room and Labor Room	00900	Cost or Other Ratio	0.508281	Ratio
05200	Delivery Room and Labor Room	01100	PPS Inpatient Ratio	0.508281	Ratio
05300	Anesthesiology	00100	Worksheet B Total	1,037,316.	
05300	Anesthesiology	00300	Total Cost	1,037,316.	
05300	Anesthesiology	00500	Adjusted Total Cost	1,037,316.	
05300	Anesthesiology	00600	Charges - Inpatient	13,024,724.	
05300	Anesthesiology	00700	Charges - Outpatient	15,283,286.	
05300	Anesthesiology	00800	Total (Col 06 & 07)	28,308,010.	
05300	Anesthesiology	00900	Cost or Other Ratio	0.036644	Ratio
05300	Anesthesiology	01100	PPS Inpatient Ratio	0.036644	Ratio
05400	Radiology-Diagnositic	00100	Worksheet B Total	19,653,916.	
05400	Radiology-Diagnositic	00300	Total Cost	19,653,916.	
05400	Radiology-Diagnositic	00400	RCE Disallowance	7,029.	
05400	Radiology-Diagnositic	00500	Adjusted Total Cost	19,660,945.	
05400	Radiology-Diagnositic	00600	Charges - Inpatient	33,200,539.	
05400	Radiology-Diagnositic	00700	Charges - Outpatient	117,751,673.	
05400	Radiology-Diagnositic	00800	Total (Col 06 & 07)	150,952,212.	
05400	Radiology-Diagnositic	00900	Cost or Other Ratio	0.130200	Ratio
05400	Radiology-Diagnositic	01100	PPS Inpatient Ratio	0.130246	Ratio
05500	Radiology-Therapeutic	00100	Worksheet B Total	8,817,681.	05501
05500	Radiology-Therapeutic	00300	Total Cost	8,817,681.	05501
05500	Radiology-Therapeutic	00400	RCE Disallowance	15,324.	05501
05500	Radiology-Therapeutic	00500	Adjusted Total Cost	8,833,005.	05501
05500	Radiology-Therapeutic	00600	Charges - Inpatient	5,853,088.	05501
05500	Radiology-Therapeutic	00700	Charges - Outpatient	67,392,612.	05501
05500	Radiology-Therapeutic	00800	Total (Col 06 & 07)	73,245,700.	05501
05500	Radiology-Therapeutic	00900	Cost or Other Ratio	0.120385	Ratio
05500	Radiology-Therapeutic	01100	PPS Inpatient Ratio	0.120594	Ratio
05900	Cardiac Catheterization	00100	Worksheet B Total	5,416,690.	
05900	Cardiac Catheterization	00300	Total Cost	5,416,690.	

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**

100253 **JUPITER MEDICAL CENTER JUPITER, FL 33458**

Worksheet 665666 Period End 09/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06900	Electrocardiology	00300	Total Cost	812,157.	
06900	Electrocardiology	00500	Adjusted Total Cost	812,157.	
06900	Electrocardiology	00600	Charges - Inpatient	8,484,865.	
06900	Electrocardiology	00700	Charges - Outpatient	10,126,964.	
06900	Electrocardiology	00800	Total (Col 06 & 07)	18,611,829.	
06900	Electrocardiology	00900	Cost or Other Ratio	0.043637	Ratio
06900	Electrocardiology	01100	PPS Inpatient Ratio	0.043637	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	18,405,572.	
07100	Medical Supplies charged to patients	00300	Total Cost	18,405,572.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	18,405,572.	
07100	Medical Supplies charged to patients	00600	Charges - Inpatient	29,397,124.	
07100	Medical Supplies charged to patients	00700	Charges - Outpatient	23,580,400.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	52,977,524.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.347422	Ratio
07100	Medical Supplies charged to patients	01100	PPS Inpatient Ratio	0.347422	Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	26,497,721.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	26,497,721.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	26,497,721.	
07200	Implantable Devices Charged to Patients	00600	Charges - Inpatient	63,509,455.	
07200	Implantable Devices Charged to Patients	00700	Charges - Outpatient	14,239,578.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	77,749,033.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.340811	Ratio
07200	Implantable Devices Charged to Patients	01100	PPS Inpatient Ratio	0.340811	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	31,216,257.	
07300	Drugs Charged to Patients	00300	Total Cost	31,216,257.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	31,216,257.	
07300	Drugs Charged to Patients	00600	Charges - Inpatient	92,931,706.	
07300	Drugs Charged to Patients	00700	Charges - Outpatient	89,479,106.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	182,410,812.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.171132	Ratio
07300	Drugs Charged to Patients	01100	PPS Inpatient Ratio	0.171132	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	624,944.	07697
07600	Other Ancillary Cost	00300	Total Cost	624,944.	07697

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Line Line Description Col Column Desc Line Value Type
100253 JUPITER MEDICAL CENTER JUPITER, FL 33458

Worksheet 665666 Period End 09/30/2019 Days 365 Status Submitted

Line	Line Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07600	Other Ancillary Cost	00400	RCE Disallowance	1,381.	07697
07600	Other Ancillary Cost	00500	Adjusted Total Cost	626,325.	07697
07600	Other Ancillary Cost	00600	Charges - Inpatient	602.	07697
07600	Other Ancillary Cost	00700	Charges - Outpatient	2,808,932.	07697
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	2,809,534.	07697
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.222437	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.222928	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	2,094,345.	07698
07600	Other Ancillary Cost	00300	Total Cost	2,094,345.	07698
07600	Other Ancillary Cost	00500	Adjusted Total Cost	2,094,345.	07698
07600	Other Ancillary Cost	00600	Charges - Inpatient	69,996.	07698
07600	Other Ancillary Cost	00700	Charges - Outpatient	24,738,792.	07698
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	24,808,788.	07698
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.084419	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.084419	Ratio
09000	Clinic	00100	Worksheet B Total	1,456,369.	
09000	Clinic	00300	Total Cost	1,456,369.	
09000	Clinic	00500	Adjusted Total Cost	1,456,369.	
09000	Clinic	00600	Charges - Inpatient	100,000.	
09000	Clinic	00700	Charges - Outpatient	4,407,387.	
09000	Clinic	00800	Total (Col 06 & 07)	4,507,387.	
09000	Clinic	00900	Cost or Other Ratio	0.323107	Ratio
09000	Clinic	01100	PPS Inpatient Ratio	0.323107	Ratio
09100	Emergency Department	00100	Worksheet B Total	10,600,736.	
09100	Emergency Department	00300	Total Cost	10,600,736.	
09100	Emergency Department	00500	Adjusted Total Cost	10,600,736.	
09100	Emergency Department	00600	Charges - Inpatient	25,058,374.	
09100	Emergency Department	00700	Charges - Outpatient	66,194,469.	
09100	Emergency Department	00800	Total (Col 06 & 07)	91,252,843.	
09100	Emergency Department	00900	Cost or Other Ratio	0.116169	Ratio
09100	Emergency Department	01100	PPS Inpatient Ratio	0.116169	Ratio
09200	Observation Beds	00100	Worksheet B Total	4,604,659.	
09200	Observation Beds	00300	Total Cost	4,604,659.	

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100253 **JUPITER MEDICAL CENTER JUPITER, FL 33458**

Worksheet 665666 Period End 09/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	73,429,411.	
03100	Intensive Care Unit	00100	Worksheet B Total	11,065,040.	
03100	Intensive Care Unit	00300	Total Cost	11,065,040.	
03100	Intensive Care Unit	00500	Adjusted Total Cost	11,065,040.	
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	19,006,925.	
04300	Nursery	00100	Worksheet B Total	2,150,433.	
04300	Nursery	00300	Total Cost	2,150,433.	
04300	Nursery	00500	Adjusted Total Cost	2,150,433.	
04300	Nursery	00800	Total (Col 06 & 07)	5,582,544.	
05000	Operating Room	00100	Worksheet B Total	24,316,196.	
05000	Operating Room	00300	Total Cost	24,316,196.	
05000	Operating Room	00400	RCE Disallowance	101,139.	
05000	Operating Room	00500	Adjusted Total Cost	24,417,335.	
05000	Operating Room	00800	Total (Col 06 & 07)	142,750,904.	
05000	Operating Room	00900	Cost or Other Ratio	0.170340	Ratio
05000	Operating Room	01100	PPS Inpatient Ratio	0.171049	Ratio
05100	Recovery Room	00100	Worksheet B Total	2,509,180.	
05100	Recovery Room	00300	Total Cost	2,509,180.	
05100	Recovery Room	00500	Adjusted Total Cost	2,509,180.	
05100	Recovery Room	00800	Total (Col 06 & 07)	25,208,641.	
05100	Recovery Room	00900	Cost or Other Ratio	0.099537	Ratio
05100	Recovery Room	01100	PPS Inpatient Ratio	0.099537	Ratio
05200	Delivery Room and Labor Room	00100	Worksheet B Total	6,226,739.	
05200	Delivery Room and Labor Room	00300	Total Cost	6,226,739.	
05200	Delivery Room and Labor Room	00500	Adjusted Total Cost	6,226,739.	
05200	Delivery Room and Labor Room	00800	Total (Col 06 & 07)	12,250,591.	
05200	Delivery Room and Labor Room	00900	Cost or Other Ratio	0.508281	Ratio
05200	Delivery Room and Labor Room	01100	PPS Inpatient Ratio	0.508281	Ratio
05300	Anesthesiology	00100	Worksheet B Total	1,037,316.	
05300	Anesthesiology	00300	Total Cost	1,037,316.	
05300	Anesthesiology	00500	Adjusted Total Cost	1,037,316.	
05300	Anesthesiology	00800	Total (Col 06 & 07)	28,308,010.	
05300	Anesthesiology	00900	Cost or Other Ratio	0.036644	Ratio

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100253 **JUPITER MEDICAL CENTER JUPITER, FL 33458**

Worksheet 665666 Period End 09/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05300	Anesthesiology	01100	PPS Inpatient Ratio	0.036644	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	19,653,916.	
05400	Radiology-Diagnositc	00300	Total Cost	19,653,916.	
05400	Radiology-Diagnositc	00400	RCE Disallowance	7,029.	
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	19,660,945.	
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	150,952,212.	
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.130200	Ratio
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.130246	Ratio
05500	Radiology-Therapeutic	00100	Worksheet B Total	8,817,681.	05501
05500	Radiology-Therapeutic	00300	Total Cost	8,817,681.	05501
05500	Radiology-Therapeutic	00400	RCE Disallowance	15,324.	05501
05500	Radiology-Therapeutic	00500	Adjusted Total Cost	8,833,005.	05501
05500	Radiology-Therapeutic	00800	Total (Col 06 & 07)	73,245,700.	05501
05500	Radiology-Therapeutic	00900	Cost or Other Ratio	0.120385	Ratio
05500	Radiology-Therapeutic	01100	PPS Inpatient Ratio	0.120594	Ratio
05900	Cardiac Catheterization	00100	Worksheet B Total	5,416,690.	
05900	Cardiac Catheterization	00300	Total Cost	5,416,690.	
05900	Cardiac Catheterization	00400	RCE Disallowance	1,050.	
05900	Cardiac Catheterization	00500	Adjusted Total Cost	5,417,740.	
05900	Cardiac Catheterization	00800	Total (Col 06 & 07)	42,745,611.	
05900	Cardiac Catheterization	00900	Cost or Other Ratio	0.126719	Ratio
05900	Cardiac Catheterization	01100	PPS Inpatient Ratio	0.126744	Ratio
06000	Laboratory	00100	Worksheet B Total	13,737,670.	
06000	Laboratory	00300	Total Cost	13,737,670.	
06000	Laboratory	00500	Adjusted Total Cost	13,737,670.	
06000	Laboratory	00800	Total (Col 06 & 07)	172,801,217.	
06000	Laboratory	00900	Cost or Other Ratio	0.079500	Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.079500	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	3,601,193.	
06500	Respiratory Therapy	00300	Total Cost	3,601,193.	
06500	Respiratory Therapy	00400	RCE Disallowance	1,471.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	3,602,664.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	20,915,742.	

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Line 100253 Line Description JUPITER MEDICAL CENTER JUPITER, FL 33458 Col Column Desc Line Value Type

Worksheet 665666 Period End 09/30/2019 Days 365 Status Submitted

Line	Line Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.172176	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.172247	Ratio
06600	Physical Therapy	00100	Worksheet B Total	9,280,126.	
06600	Physical Therapy	00300	Total Cost	9,280,126.	
06600	Physical Therapy	00500	Adjusted Total Cost	9,280,126.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	34,255,539.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.270909	Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.270909	Ratio
06900	Electrocardiology	00100	Worksheet B Total	812,157.	
06900	Electrocardiology	00300	Total Cost	812,157.	
06900	Electrocardiology	00500	Adjusted Total Cost	812,157.	
06900	Electrocardiology	00800	Total (Col 06 & 07)	18,611,829.	
06900	Electrocardiology	00900	Cost or Other Ratio	0.043637	Ratio
06900	Electrocardiology	01100	PPS Inpatient Ratio	0.043637	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	18,405,572.	
07100	Medical Supplies charged to patients	00300	Total Cost	18,405,572.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	18,405,572.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	52,977,524.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.347422	Ratio
07100	Medical Supplies charged to patients	01100	PPS Inpatient Ratio	0.347422	Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	26,497,721.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	26,497,721.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	26,497,721.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	77,749,033.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.340811	Ratio
07200	Implantable Devices Charged to Patients	01100	PPS Inpatient Ratio	0.340811	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	31,216,257.	
07300	Drugs Charged to Patients	00300	Total Cost	31,216,257.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	31,216,257.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	182,410,812.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.171132	Ratio
07300	Drugs Charged to Patients	01100	PPS Inpatient Ratio	0.171132	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	624,944.	07697

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Line 100253 Line Description JUPITER MEDICAL CENTER JUPITER, FL 33458 Col Column Desc Line Value Type

Worksheet 665666 Period End 09/30/2019 Days 365 Status Submitted

C00 Wkst C Computation of Ratio of Costs to Charges					
1 Part 1 - Computation of Ratio of Costs to Charges					
07600	Other Ancillary Cost	00300	Total Cost	624,944.	07697
07600	Other Ancillary Cost	00400	RCE Disallowance	1,381.	07697
07600	Other Ancillary Cost	00500	Adjusted Total Cost	626,325.	07697
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	2,809,534.	07697
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.222437	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.222928	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	2,094,345.	07698
07600	Other Ancillary Cost	00300	Total Cost	2,094,345.	07698
07600	Other Ancillary Cost	00500	Adjusted Total Cost	2,094,345.	07698
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	24,808,788.	07698
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.084419	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.084419	Ratio
09000	Clinic	00100	Worksheet B Total	1,456,369.	
09000	Clinic	00300	Total Cost	1,456,369.	
09000	Clinic	00500	Adjusted Total Cost	1,456,369.	
09000	Clinic	00800	Total (Col 06 & 07)	4,507,387.	
09000	Clinic	00900	Cost or Other Ratio	0.323107	Ratio
09000	Clinic	01100	PPS Inpatient Ratio	0.323107	Ratio
09100	Emergency Department	00100	Worksheet B Total	10,600,736.	
09100	Emergency Department	00300	Total Cost	10,600,736.	
09100	Emergency Department	00500	Adjusted Total Cost	10,600,736.	
09100	Emergency Department	00800	Total (Col 06 & 07)	91,252,843.	
09100	Emergency Department	00900	Cost or Other Ratio	0.116169	Ratio
09100	Emergency Department	01100	PPS Inpatient Ratio	0.116169	Ratio
09200	Observation Beds	00300	Total Cost	4,604,659.	
09200	Observation Beds	00500	Adjusted Total Cost	4,604,659.	
09200	Observation Beds	00800	Total (Col 06 & 07)	10,250,949.	
09200	Observation Beds	00900	Cost or Other Ratio	0.449193	Ratio
09200	Observation Beds	01100	PPS Inpatient Ratio	0.449193	Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	248,990,173.	
20000	Worksheet C Sub Total	00300	Total Cost	248,990,173.	
20000	Worksheet C Sub Total	00400	RCE Disallowance	134,030.	
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	249,124,203.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100253	JUPITER MEDICAL CENTER JUPITER, FL 33458				

Worksheet 665666 Period End 09/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	1,266,831,746.
20100	Less Observation Beds	00100	Worksheet B Total	4,604,659.
20100	Less Observation Beds	00300	Total Cost	4,604,659.
20100	Less Observation Beds	00500	Adjusted Total Cost	4,604,659.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	244,385,514.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	134,030.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	244,519,544.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	586,657,314.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	680,174,432.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	1,266,831,746.

100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

Worksheet 669732 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	66,479,267.
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	66,479,267.
03000	Adults and Pediatrics - General Routine Care	00400	RCE Disallowance	19,889.
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	66,499,156.
03000	Adults and Pediatrics - General Routine Care	00600	Charges - Inpatient	300,513,311.
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	300,513,311.
03100	Intensive Care Unit	00100	Worksheet B Total	25,832,295.
03100	Intensive Care Unit	00300	Total Cost	25,832,295.
03100	Intensive Care Unit	00500	Adjusted Total Cost	25,832,295.
03100	Intensive Care Unit	00600	Charges - Inpatient	87,030,476.
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	87,030,476.
04000	Subprovider - IPF	00100	Worksheet B Total	11,570,092.
04000	Subprovider - IPF	00300	Total Cost	11,570,092.

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100258 **DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484**

Worksheet 669732 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
04000	Subprovider - IPF	00500	Adjusted Total Cost	11,570,092.	
04000	Subprovider - IPF	00600	Charges - Inpatient	56,281,154.	
04000	Subprovider - IPF	00800	Total (Col 06 & 07)	56,281,154.	
04100	Subprovider - IRF	00100	Worksheet B Total	10,285,158.	
04100	Subprovider - IRF	00300	Total Cost	10,285,158.	
04100	Subprovider - IRF	00400	RCE Disallowance	19,390.	
04100	Subprovider - IRF	00500	Adjusted Total Cost	10,304,548.	
04100	Subprovider - IRF	00600	Charges - Inpatient	43,700,937.	
04100	Subprovider - IRF	00800	Total (Col 06 & 07)	43,700,937.	
05000	Operating Room	00100	Worksheet B Total	21,707,599.	
05000	Operating Room	00300	Total Cost	21,707,599.	
05000	Operating Room	00400	RCE Disallowance	4,430.	
05000	Operating Room	00500	Adjusted Total Cost	21,712,029.	
05000	Operating Room	00600	Charges - Inpatient	317,396,833.	
05000	Operating Room	00700	Charges - Outpatient	150,590,696.	
05000	Operating Room	00800	Total (Col 06 & 07)	467,987,529.	
05000	Operating Room	00900	Cost or Other Ratio	0.046385	Ratio
05000	Operating Room	01100	PPS Inpatient Ratio	0.046394	Ratio
05300	Anesthesiology	00100	Worksheet B Total	478,801.	
05300	Anesthesiology	00300	Total Cost	478,801.	
05300	Anesthesiology	00500	Adjusted Total Cost	478,801.	
05300	Anesthesiology	00600	Charges - Inpatient	75,758,149.	
05300	Anesthesiology	00700	Charges - Outpatient	35,141,601.	
05300	Anesthesiology	00800	Total (Col 06 & 07)	110,899,750.	
05300	Anesthesiology	00900	Cost or Other Ratio	0.004317	Ratio
05300	Anesthesiology	01100	PPS Inpatient Ratio	0.004317	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	12,978,682.	
05400	Radiology-Diagnositc	00300	Total Cost	12,978,682.	
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	12,978,682.	
05400	Radiology-Diagnositc	00600	Charges - Inpatient	329,140,061.	
05400	Radiology-Diagnositc	00700	Charges - Outpatient	214,563,981.	
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	543,704,042.	
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.023871	Ratio

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Line Line Description Col Column Desc Line Value Type
100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

Worksheet 669732 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.023871	Ratio
05800	Magnetic Resonance Imaging (MRI)	00100	Worksheet B Total	1,097,164.	
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost	1,097,164.	
05800	Magnetic Resonance Imaging (MRI)	00500	Adjusted Total Cost	1,097,164.	
05800	Magnetic Resonance Imaging (MRI)	00600	Charges - Inpatient	56,642,077.	
05800	Magnetic Resonance Imaging (MRI)	00700	Charges - Outpatient	14,490,676.	
05800	Magnetic Resonance Imaging (MRI)	00800	Total (Col 06 & 07)	71,132,753.	
05800	Magnetic Resonance Imaging (MRI)	00900	Cost or Other Ratio	0.015424	Ratio
05800	Magnetic Resonance Imaging (MRI)	01100	PPS Inpatient Ratio	0.015424	Ratio
06000	Laboratory	00100	Worksheet B Total	12,288,523.	
06000	Laboratory	00300	Total Cost	12,288,523.	
06000	Laboratory	00500	Adjusted Total Cost	12,288,523.	
06000	Laboratory	00600	Charges - Inpatient	273,077,703.	
06000	Laboratory	00700	Charges - Outpatient	115,065,449.	
06000	Laboratory	00800	Total (Col 06 & 07)	388,143,152.	
06000	Laboratory	00900	Cost or Other Ratio	0.031660	Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.031660	Ratio
06300	Blood Storing, Processing and Transporation	00100	Worksheet B Total	3,312,667.	
06300	Blood Storing, Processing and Transporation	00300	Total Cost	3,312,667.	
06300	Blood Storing, Processing and Transporation	00500	Adjusted Total Cost	3,312,667.	
06300	Blood Storing, Processing and Transporation	00600	Charges - Inpatient	4,188,533.	
06300	Blood Storing, Processing and Transporation	00700	Charges - Outpatient	283,517.	
06300	Blood Storing, Processing and Transporation	00800	Total (Col 06 & 07)	4,472,050.	
06300	Blood Storing, Processing and Transporation	00900	Cost or Other Ratio	0.740749	Ratio
06300	Blood Storing, Processing and Transporation	01100	PPS Inpatient Ratio	0.740749	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	3,949,273.	
06500	Respiratory Therapy	00300	Total Cost	3,949,273.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	3,949,273.	
06500	Respiratory Therapy	00600	Charges - Inpatient	54,093,747.	
06500	Respiratory Therapy	00700	Charges - Outpatient	2,712,509.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	56,806,256.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.069522	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.069522	Ratio

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Line Line Description Col Column Desc Line Value Type
100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

Worksheet 669732 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06600	Physical Therapy	00100	Worksheet B Total	7,002,907.	
06600	Physical Therapy	00300	Total Cost	7,002,907.	
06600	Physical Therapy	00500	Adjusted Total Cost	7,002,907.	
06600	Physical Therapy	00600	Charges - Inpatient	43,967,410.	
06600	Physical Therapy	00700	Charges - Outpatient	11,876,958.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	55,844,368.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.125400	Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.125400	Ratio
06700	Occupational Therapy	00100	Worksheet B Total	3,348,167.	
06700	Occupational Therapy	00300	Total Cost	3,348,167.	
06700	Occupational Therapy	00500	Adjusted Total Cost	3,348,167.	
06700	Occupational Therapy	00600	Charges - Inpatient	27,348,322.	
06700	Occupational Therapy	00700	Charges - Outpatient	3,302,757.	
06700	Occupational Therapy	00800	Total (Col 06 & 07)	30,651,079.	
06700	Occupational Therapy	00900	Cost or Other Ratio	0.109235	Ratio
06700	Occupational Therapy	01100	PPS Inpatient Ratio	0.109235	Ratio
06800	Speech Pathology	00100	Worksheet B Total	1,498,872.	
06800	Speech Pathology	00300	Total Cost	1,498,872.	
06800	Speech Pathology	00500	Adjusted Total Cost	1,498,872.	
06800	Speech Pathology	00600	Charges - Inpatient	10,396,366.	
06800	Speech Pathology	00700	Charges - Outpatient	1,989,490.	
06800	Speech Pathology	00800	Total (Col 06 & 07)	12,385,856.	
06800	Speech Pathology	00900	Cost or Other Ratio	0.121015	Ratio
06800	Speech Pathology	01100	PPS Inpatient Ratio	0.121015	Ratio
06900	Electrocardiology	00100	Worksheet B Total	634,385.	
06900	Electrocardiology	00300	Total Cost	634,385.	
06900	Electrocardiology	00500	Adjusted Total Cost	634,385.	
06900	Electrocardiology	00600	Charges - Inpatient	21,305,256.	
06900	Electrocardiology	00700	Charges - Outpatient	14,545,891.	
06900	Electrocardiology	00800	Total (Col 06 & 07)	35,851,147.	
06900	Electrocardiology	00900	Cost or Other Ratio	0.017695	Ratio
06900	Electrocardiology	01100	PPS Inpatient Ratio	0.017695	Ratio
06900	Electrocardiology	00100	Worksheet B Total	5,284,586.	06902

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Line Line Description Col Column Desc Line Value Type
100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

Worksheet 669732 Period End 12/31/2019 Days 365 Status Submitted

Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06900	Electrocardiology	00300	Total Cost	5,284,586.	06902
06900	Electrocardiology	00500	Adjusted Total Cost	5,284,586.	06902
06900	Electrocardiology	00600	Charges - Inpatient	92,249,317.	06902
06900	Electrocardiology	00700	Charges - Outpatient	75,154,360.	06902
06900	Electrocardiology	00800	Total (Col 06 & 07)	167,403,677.	06902
06900	Electrocardiology	00900	Cost or Other Ratio	0.031568	Ratio
06900	Electrocardiology	01100	PPS Inpatient Ratio	0.031568	Ratio
07000	Electroencephalography	00100	Worksheet B Total	320,803.	
07000	Electroencephalography	00300	Total Cost	320,803.	
07000	Electroencephalography	00500	Adjusted Total Cost	320,803.	
07000	Electroencephalography	00600	Charges - Inpatient	4,441,271.	
07000	Electroencephalography	00700	Charges - Outpatient	569,845.	
07000	Electroencephalography	00800	Total (Col 06 & 07)	5,011,116.	
07000	Electroencephalography	00900	Cost or Other Ratio	0.064018	Ratio
07000	Electroencephalography	01100	PPS Inpatient Ratio	0.064018	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	24,044,527.	
07100	Medical Supplies charged to patients	00300	Total Cost	24,044,527.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	24,044,527.	
07100	Medical Supplies charged to patients	00600	Charges - Inpatient	125,027,378.	
07100	Medical Supplies charged to patients	00700	Charges - Outpatient	39,438,103.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	164,465,481.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.146198	Ratio
07100	Medical Supplies charged to patients	01100	PPS Inpatient Ratio	0.146198	Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	59,653,003.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	59,653,003.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	59,653,003.	
07200	Implantable Devices Charged to Patients	00600	Charges - Inpatient	200,871,932.	
07200	Implantable Devices Charged to Patients	00700	Charges - Outpatient	68,056,872.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	268,928,804.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.221817	Ratio
07200	Implantable Devices Charged to Patients	01100	PPS Inpatient Ratio	0.221817	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	22,460,180.	
07300	Drugs Charged to Patients	00300	Total Cost	22,460,180.	

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Line 100258 Line Description DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484 Col 33484 Column Desc Line Value Type

Worksheet 669732 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	22,460,180.	
07300	Drugs Charged to Patients	00600	Charges - Inpatient	431,972,703.	
07300	Drugs Charged to Patients	00700	Charges - Outpatient	65,848,935.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	497,821,638.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.045117	Ratio
07300	Drugs Charged to Patients	01100	PPS Inpatient Ratio	0.045117	Ratio
07400	Renal Dialysis	00100	Worksheet B Total	2,225,146.	
07400	Renal Dialysis	00300	Total Cost	2,225,146.	
07400	Renal Dialysis	00500	Adjusted Total Cost	2,225,146.	
07400	Renal Dialysis	00600	Charges - Inpatient	5,866,405.	
07400	Renal Dialysis	00700	Charges - Outpatient	212,345.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	6,078,750.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.366053	Ratio
07400	Renal Dialysis	01100	PPS Inpatient Ratio	0.366053	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	657,320.	07601
07600	Other Ancillary Cost	00300	Total Cost	657,320.	07601
07600	Other Ancillary Cost	00500	Adjusted Total Cost	657,320.	07601
07600	Other Ancillary Cost	00600	Charges - Inpatient	1,994,381.	07601
07600	Other Ancillary Cost	00700	Charges - Outpatient	4,451,258.	07601
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	6,445,639.	07601
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.101979	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.101979	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	395,774.	07625
07600	Other Ancillary Cost	00300	Total Cost	395,774.	07625
07600	Other Ancillary Cost	00400	RCE Disallowance	5,448.	07625
07600	Other Ancillary Cost	00500	Adjusted Total Cost	401,222.	07625
07600	Other Ancillary Cost	00700	Charges - Outpatient	5,045,022.	07625
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	5,045,022.	07625
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.078448	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.079528	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	1,507,854.	07626
07600	Other Ancillary Cost	00300	Total Cost	1,507,854.	07626
07600	Other Ancillary Cost	00500	Adjusted Total Cost	1,507,854.	07626

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100258 **DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484**

Worksheet 669732 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07600	Other Ancillary Cost	00600	Charges - Inpatient	13,896.	07626
07600	Other Ancillary Cost	00700	Charges - Outpatient	7,282,533.	07626
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	7,296,429.	07626
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.206656	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.206656	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	840,810.	07697
07600	Other Ancillary Cost	00300	Total Cost	840,810.	07697
07600	Other Ancillary Cost	00500	Adjusted Total Cost	840,810.	07697
07600	Other Ancillary Cost	00600	Charges - Inpatient	120,786.	07697
07600	Other Ancillary Cost	00700	Charges - Outpatient	2,615,325.	07697
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	2,736,111.	07697
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.307301	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.307301	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	459,383.	07699
07600	Other Ancillary Cost	00300	Total Cost	459,383.	07699
07600	Other Ancillary Cost	00500	Adjusted Total Cost	459,383.	07699
07600	Other Ancillary Cost	00700	Charges - Outpatient	2,347,846.	07699
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	2,347,846.	07699
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.195661	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.195661	Ratio
09000	Clinic	00100	Worksheet B Total	1,451,068.	09002
09000	Clinic	00300	Total Cost	1,451,068.	09002
09000	Clinic	00500	Adjusted Total Cost	1,451,068.	09002
09000	Clinic	00600	Charges - Inpatient	162,829.	09002
09000	Clinic	00700	Charges - Outpatient	17,597,652.	09002
09000	Clinic	00800	Total (Col 06 & 07)	17,760,481.	09002
09000	Clinic	00900	Cost or Other Ratio	0.081702	Ratio
09000	Clinic	01100	PPS Inpatient Ratio	0.081702	Ratio
09100	Emergency Department	00100	Worksheet B Total	16,628,019.	
09100	Emergency Department	00300	Total Cost	16,628,019.	
09100	Emergency Department	00400	RCE Disallowance	120,746.	
09100	Emergency Department	00500	Adjusted Total Cost	16,748,765.	
09100	Emergency Department	00600	Charges - Inpatient	125,621,145.	

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Line Line Description Col Column Desc Line Value Type
100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

Worksheet 669732 Period End 12/31/2019 Days 365 Status Submitted

Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
09100	Emergency Department	00700	Charges - Outpatient	125,102,040.	
09100	Emergency Department	00800	Total (Col 06 & 07)	250,723,185.	
09100	Emergency Department	00900	Cost or Other Ratio	0.066320	Ratio
09100	Emergency Department	01100	PPS Inpatient Ratio	0.066802	Ratio
09100	Emergency Department	00100	Worksheet B Total	3,487,947.	09101
09100	Emergency Department	00300	Total Cost	3,487,947.	09101
09100	Emergency Department	00500	Adjusted Total Cost	3,487,947.	09101
09100	Emergency Department	00600	Charges - Inpatient	1,311,166.	09101
09100	Emergency Department	00700	Charges - Outpatient	18,496,404.	09101
09100	Emergency Department	00800	Total (Col 06 & 07)	19,807,570.	09101
09100	Emergency Department	00900	Cost or Other Ratio	0.176092	Ratio
09100	Emergency Department	01100	PPS Inpatient Ratio	0.176092	Ratio
09200	Observation Beds	00100	Worksheet B Total	8,193,481.	
09200	Observation Beds	00300	Total Cost	8,193,481.	
09200	Observation Beds	00500	Adjusted Total Cost	8,193,481.	
09200	Observation Beds	00600	Charges - Inpatient	12,666,542.	
09200	Observation Beds	00700	Charges - Outpatient	16,078,110.	
09200	Observation Beds	00800	Total (Col 06 & 07)	28,744,652.	
09200	Observation Beds	00900	Cost or Other Ratio	0.285044	Ratio
09200	Observation Beds	01100	PPS Inpatient Ratio	0.285044	Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	330,073,753.	
20000	Worksheet C Sub Total	00300	Total Cost	330,073,753.	
20000	Worksheet C Sub Total	00400	RCE Disallowance	169,903.	
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	330,243,656.	
20000	Worksheet C Sub Total	00600	Charges - Inpatient	2,703,160,086.	
20000	Worksheet C Sub Total	00700	Charges - Outpatient	1,012,860,175.	
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	3,716,020,261.	
20100	Less Observation Beds	00100	Worksheet B Total	8,193,481.	
20100	Less Observation Beds	00300	Total Cost	8,193,481.	
20100	Less Observation Beds	00500	Adjusted Total Cost	8,193,481.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00100	Worksheet B Total	321,880,272.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	321,880,272.	

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Line Line Description Col Column Desc Line Value Type
100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

Worksheet 669732 Period End 12/31/2019 Days 365 Status Submitted

Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	169,903.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	322,050,175.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	2,703,160,086.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	1,012,860,175.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	3,716,020,261.	
019	Title 19 - Medicaid				
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	66,479,267.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	66,479,267.	
03000	Adults and Pediatrics - General Routine Care	00400	RCE Disallowance	19,889.	
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	66,499,156.	
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	300,513,311.	
03100	Intensive Care Unit	00100	Worksheet B Total	25,832,295.	
03100	Intensive Care Unit	00300	Total Cost	25,832,295.	
03100	Intensive Care Unit	00500	Adjusted Total Cost	25,832,295.	
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	87,030,476.	
04000	Subprovider - IPF	00100	Worksheet B Total	11,570,092.	
04000	Subprovider - IPF	00300	Total Cost	11,570,092.	
04000	Subprovider - IPF	00500	Adjusted Total Cost	11,570,092.	
04000	Subprovider - IPF	00800	Total (Col 06 & 07)	56,281,154.	
04100	Subprovider - IRF	00100	Worksheet B Total	10,285,158.	
04100	Subprovider - IRF	00300	Total Cost	10,285,158.	
04100	Subprovider - IRF	00400	RCE Disallowance	19,390.	
04100	Subprovider - IRF	00500	Adjusted Total Cost	10,304,548.	
04100	Subprovider - IRF	00800	Total (Col 06 & 07)	43,700,937.	
05000	Operating Room	00100	Worksheet B Total	21,707,599.	
05000	Operating Room	00300	Total Cost	21,707,599.	
05000	Operating Room	00400	RCE Disallowance	4,430.	
05000	Operating Room	00500	Adjusted Total Cost	21,712,029.	
05000	Operating Room	00800	Total (Col 06 & 07)	467,987,529.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100258	DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484				

Worksheet 669732 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06600	Physical Therapy	00500	Adjusted Total Cost	7,002,907.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	55,844,368.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.125400	Ratio
06700	Occupational Therapy	00100	Worksheet B Total	3,348,167.	
06700	Occupational Therapy	00300	Total Cost	3,348,167.	
06700	Occupational Therapy	00500	Adjusted Total Cost	3,348,167.	
06700	Occupational Therapy	00800	Total (Col 06 & 07)	30,651,079.	
06700	Occupational Therapy	00900	Cost or Other Ratio	0.109235	Ratio
06800	Speech Pathology	00100	Worksheet B Total	1,498,872.	
06800	Speech Pathology	00300	Total Cost	1,498,872.	
06800	Speech Pathology	00500	Adjusted Total Cost	1,498,872.	
06800	Speech Pathology	00800	Total (Col 06 & 07)	12,385,856.	
06800	Speech Pathology	00900	Cost or Other Ratio	0.121015	Ratio
06900	Electrocardiology	00100	Worksheet B Total	634,385.	
06900	Electrocardiology	00300	Total Cost	634,385.	
06900	Electrocardiology	00500	Adjusted Total Cost	634,385.	
06900	Electrocardiology	00800	Total (Col 06 & 07)	35,851,147.	
06900	Electrocardiology	00900	Cost or Other Ratio	0.017695	Ratio
06900	Electrocardiology	00100	Worksheet B Total	5,284,586.	06902
06900	Electrocardiology	00300	Total Cost	5,284,586.	06902
06900	Electrocardiology	00500	Adjusted Total Cost	5,284,586.	06902
06900	Electrocardiology	00800	Total (Col 06 & 07)	167,403,677.	06902
06900	Electrocardiology	00900	Cost or Other Ratio	0.031568	Ratio
07000	Electroencephalography	00100	Worksheet B Total	320,803.	
07000	Electroencephalography	00300	Total Cost	320,803.	
07000	Electroencephalography	00500	Adjusted Total Cost	320,803.	
07000	Electroencephalography	00800	Total (Col 06 & 07)	5,011,116.	
07000	Electroencephalography	00900	Cost or Other Ratio	0.064018	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	24,044,527.	
07100	Medical Supplies charged to patients	00300	Total Cost	24,044,527.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	24,044,527.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	164,465,481.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.146198	Ratio

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Line	Line Description	Col	Column Desc	Line Value	Type
100258	DELRAY MEDICAL CENTER	DELRAY BEACH, FL	33484		

Worksheet 669732 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	59,653,003.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	59,653,003.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	59,653,003.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	268,928,804.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.221817	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	22,460,180.	
07300	Drugs Charged to Patients	00300	Total Cost	22,460,180.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	22,460,180.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	497,821,638.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.045117	Ratio
07400	Renal Dialysis	00100	Worksheet B Total	2,225,146.	
07400	Renal Dialysis	00300	Total Cost	2,225,146.	
07400	Renal Dialysis	00500	Adjusted Total Cost	2,225,146.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	6,078,750.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.366053	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	657,320.	07601
07600	Other Ancillary Cost	00300	Total Cost	657,320.	07601
07600	Other Ancillary Cost	00500	Adjusted Total Cost	657,320.	07601
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	6,445,639.	07601
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.101979	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	395,774.	07625
07600	Other Ancillary Cost	00300	Total Cost	395,774.	07625
07600	Other Ancillary Cost	00400	RCE Disallowance	5,448.	07625
07600	Other Ancillary Cost	00500	Adjusted Total Cost	401,222.	07625
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	5,045,022.	07625
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.078448	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	1,507,854.	07626
07600	Other Ancillary Cost	00300	Total Cost	1,507,854.	07626
07600	Other Ancillary Cost	00500	Adjusted Total Cost	1,507,854.	07626
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	7,296,429.	07626
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.206656	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	840,810.	07697
07600	Other Ancillary Cost	00300	Total Cost	840,810.	07697

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Line Line Description Col Column Desc Line Value Type
100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

Worksheet 669732 Period End 12/31/2019 Days 365 Status Submitted

Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07600	Other Ancillary Cost	00500	Adjusted Total Cost	840,810.	07697
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	2,736,111.	07697
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.307301	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	459,383.	07699
07600	Other Ancillary Cost	00300	Total Cost	459,383.	07699
07600	Other Ancillary Cost	00500	Adjusted Total Cost	459,383.	07699
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	2,347,846.	07699
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.195661	Ratio
09000	Clinic	00100	Worksheet B Total	1,451,068.	09002
09000	Clinic	00300	Total Cost	1,451,068.	09002
09000	Clinic	00500	Adjusted Total Cost	1,451,068.	09002
09000	Clinic	00800	Total (Col 06 & 07)	17,760,481.	09002
09000	Clinic	00900	Cost or Other Ratio	0.081702	Ratio
09100	Emergency Department	00100	Worksheet B Total	16,628,019.	
09100	Emergency Department	00300	Total Cost	16,628,019.	
09100	Emergency Department	00400	RCE Disallowance	120,746.	
09100	Emergency Department	00500	Adjusted Total Cost	16,748,765.	
09100	Emergency Department	00800	Total (Col 06 & 07)	250,723,185.	
09100	Emergency Department	00900	Cost or Other Ratio	0.066320	Ratio
09100	Emergency Department	00100	Worksheet B Total	3,487,947.	09101
09100	Emergency Department	00300	Total Cost	3,487,947.	09101
09100	Emergency Department	00500	Adjusted Total Cost	3,487,947.	09101
09100	Emergency Department	00800	Total (Col 06 & 07)	19,807,570.	09101
09100	Emergency Department	00900	Cost or Other Ratio	0.176092	Ratio
09200	Observation Beds	00300	Total Cost	8,193,481.	
09200	Observation Beds	00500	Adjusted Total Cost	8,193,481.	
09200	Observation Beds	00800	Total (Col 06 & 07)	28,744,652.	
09200	Observation Beds	00900	Cost or Other Ratio	0.285044	Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	330,073,753.	
20000	Worksheet C Sub Total	00300	Total Cost	330,073,753.	
20000	Worksheet C Sub Total	00400	RCE Disallowance	169,903.	
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	330,243,656.	
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	3,716,020,261.	

CR Hospital Reference Report 2019

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Line Line Description Col Column Desc Line Value Type
100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

Worksheet 669732 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
20100	Less Observation Beds	00100	Worksheet B Total	8,193,481.
20100	Less Observation Beds	00300	Total Cost	8,193,481.
20100	Less Observation Beds	00500	Adjusted Total Cost	8,193,481.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	321,880,272.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	169,903.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	322,050,175.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	2,703,160,086.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	1,012,860,175.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	3,716,020,261.

100268 WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428

Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	25,938,490.
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	25,938,490.
03000	Adults and Pediatrics - General Routine Care	00400	RCE Disallowance	37,236.
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	25,975,726.
03000	Adults and Pediatrics - General Routine Care	00600	Charges - Inpatient	117,307,538.
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	117,307,538.
03100	Intensive Care Unit	00100	Worksheet B Total	6,607,900.
03100	Intensive Care Unit	00300	Total Cost	6,607,900.
03100	Intensive Care Unit	00500	Adjusted Total Cost	6,607,900.
03100	Intensive Care Unit	00600	Charges - Inpatient	39,347,500.
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	39,347,500.
03500	Other Special Care	00100	Worksheet B Total	6,556,777.
03500	Other Special Care	00300	Total Cost	6,556,777.
03500	Other Special Care	00500	Adjusted Total Cost	6,556,777.

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100268 **WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428**

Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05700	Computed Tomography (CT) Scan	00800	Total (Col 06 & 07)	128,353,074.	
05700	Computed Tomography (CT) Scan	00900	Cost or Other Ratio	0.013763	Ratio
05700	Computed Tomography (CT) Scan	01100	PPS Inpatient Ratio	0.013763	Ratio
05800	Magnetic Resonance Imaging (MRI)	00100	Worksheet B Total	576,782.	
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost	576,782.	
05800	Magnetic Resonance Imaging (MRI)	00500	Adjusted Total Cost	576,782.	
05800	Magnetic Resonance Imaging (MRI)	00600	Charges - Inpatient	13,457,887.	
05800	Magnetic Resonance Imaging (MRI)	00700	Charges - Outpatient	7,564,793.	
05800	Magnetic Resonance Imaging (MRI)	00800	Total (Col 06 & 07)	21,022,680.	
05800	Magnetic Resonance Imaging (MRI)	00900	Cost or Other Ratio	0.027436	Ratio
05800	Magnetic Resonance Imaging (MRI)	01100	PPS Inpatient Ratio	0.027436	Ratio
06000	Laboratory	00100	Worksheet B Total	8,998,431.	
06000	Laboratory	00300	Total Cost	8,998,431.	
06000	Laboratory	00500	Adjusted Total Cost	8,998,431.	
06000	Laboratory	00600	Charges - Inpatient	137,561,160.	
06000	Laboratory	00700	Charges - Outpatient	98,013,678.	
06000	Laboratory	00800	Total (Col 06 & 07)	235,574,838.	
06000	Laboratory	00900	Cost or Other Ratio	0.038198	Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.038198	Ratio
06300	Blood Storing, Processing and Transporation	00100	Worksheet B Total	855,816.	
06300	Blood Storing, Processing and Transporation	00300	Total Cost	855,816.	
06300	Blood Storing, Processing and Transporation	00500	Adjusted Total Cost	855,816.	
06300	Blood Storing, Processing and Transporation	00600	Charges - Inpatient	1,303,231.	
06300	Blood Storing, Processing and Transporation	00700	Charges - Outpatient	536,061.	
06300	Blood Storing, Processing and Transporation	00800	Total (Col 06 & 07)	1,839,292.	
06300	Blood Storing, Processing and Transporation	00900	Cost or Other Ratio	0.465296	Ratio
06300	Blood Storing, Processing and Transporation	01100	PPS Inpatient Ratio	0.465296	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	3,381,909.	
06500	Respiratory Therapy	00300	Total Cost	3,381,909.	
06500	Respiratory Therapy	00400	RCE Disallowance	3,438.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	3,385,347.	
06500	Respiratory Therapy	00600	Charges - Inpatient	40,206,298.	
06500	Respiratory Therapy	00700	Charges - Outpatient	1,938,918.	

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Line Line Description Col Column Desc Line Value Type
100268 WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428

Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	42,145,216.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.080244	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.080326	Ratio
06600	Physical Therapy	00100	Worksheet B Total	2,212,680.	
06600	Physical Therapy	00300	Total Cost	2,212,680.	
06600	Physical Therapy	00500	Adjusted Total Cost	2,212,680.	
06600	Physical Therapy	00600	Charges - Inpatient	7,772,583.	
06600	Physical Therapy	00700	Charges - Outpatient	2,527,115.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	10,299,698.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.214830	Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.214830	Ratio
06900	Electrocardiology	00100	Worksheet B Total	1,256,017.	
06900	Electrocardiology	00300	Total Cost	1,256,017.	
06900	Electrocardiology	00500	Adjusted Total Cost	1,256,017.	
06900	Electrocardiology	00600	Charges - Inpatient	5,635,046.	
06900	Electrocardiology	00700	Charges - Outpatient	5,693,431.	
06900	Electrocardiology	00800	Total (Col 06 & 07)	11,328,477.	
06900	Electrocardiology	00900	Cost or Other Ratio	0.110873	Ratio
06900	Electrocardiology	01100	PPS Inpatient Ratio	0.110873	Ratio
07000	Electroencephalography	00100	Worksheet B Total	179,839.	
07000	Electroencephalography	00300	Total Cost	179,839.	
07000	Electroencephalography	00500	Adjusted Total Cost	179,839.	
07000	Electroencephalography	00600	Charges - Inpatient	816,334.	
07000	Electroencephalography	00700	Charges - Outpatient	330,884.	
07000	Electroencephalography	00800	Total (Col 06 & 07)	1,147,218.	
07000	Electroencephalography	00900	Cost or Other Ratio	0.156761	Ratio
07000	Electroencephalography	01100	PPS Inpatient Ratio	0.156761	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	8,888,495.	
07100	Medical Supplies charged to patients	00300	Total Cost	8,888,495.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	8,888,495.	
07100	Medical Supplies charged to patients	00600	Charges - Inpatient	19,128,894.	
07100	Medical Supplies charged to patients	00700	Charges - Outpatient	21,728,564.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	40,857,458.	

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Line Line Description Col Column Desc Line Value Type
100268 WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428

Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted

Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.217549	Ratio
07100	Medical Supplies charged to patients	01100	PPS Inpatient Ratio	0.217549	Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	15,466,601.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	15,466,601.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	15,466,601.	
07200	Implantable Devices Charged to Patients	00600	Charges - Inpatient	51,616,635.	
07200	Implantable Devices Charged to Patients	00700	Charges - Outpatient	18,413,569.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	70,030,204.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.220856	Ratio
07200	Implantable Devices Charged to Patients	01100	PPS Inpatient Ratio	0.220856	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	10,478,550.	
07300	Drugs Charged to Patients	00300	Total Cost	10,478,550.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	10,478,550.	
07300	Drugs Charged to Patients	00600	Charges - Inpatient	53,482,567.	
07300	Drugs Charged to Patients	00700	Charges - Outpatient	17,119,282.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	70,601,849.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.148418	Ratio
07300	Drugs Charged to Patients	01100	PPS Inpatient Ratio	0.148418	Ratio
07400	Renal Dialysis	00100	Worksheet B Total	216,082.	
07400	Renal Dialysis	00300	Total Cost	216,082.	
07400	Renal Dialysis	00500	Adjusted Total Cost	216,082.	
07400	Renal Dialysis	00600	Charges - Inpatient	1,366,701.	
07400	Renal Dialysis	00700	Charges - Outpatient	34,944.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	1,401,645.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.154163	Ratio
07400	Renal Dialysis	01100	PPS Inpatient Ratio	0.154163	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	89,525.	07605
07600	Other Ancillary Cost	00300	Total Cost	89,525.	07605
07600	Other Ancillary Cost	00500	Adjusted Total Cost	89,525.	07605
07600	Other Ancillary Cost	00600	Charges - Inpatient	450,155.	07605
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	450,155.	07605
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.198876	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.198876	Ratio

CR Hospital Reference Report 2019

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**

100268 **WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428**

Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07600	Other Ancillary Cost	00100	Worksheet B Total	486,296.	07625
07600	Other Ancillary Cost	00300	Total Cost	486,296.	07625
07600	Other Ancillary Cost	00500	Adjusted Total Cost	486,296.	07625
07600	Other Ancillary Cost	00600	Charges - Inpatient	2,061.	07625
07600	Other Ancillary Cost	00700	Charges - Outpatient	3,000,107.	07625
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	3,002,168.	07625
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.161982	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.161982	Ratio
09000	Clinic	00100	Worksheet B Total	2,789,514.	09001
09000	Clinic	00300	Total Cost	2,789,514.	09001
09000	Clinic	00500	Adjusted Total Cost	2,789,514.	09001
09000	Clinic	00600	Charges - Inpatient	31,915.	09001
09000	Clinic	00700	Charges - Outpatient	25,720,988.	09001
09000	Clinic	00800	Total (Col 06 & 07)	25,752,903.	09001
09000	Clinic	00900	Cost or Other Ratio	0.108318	Ratio
09000	Clinic	01100	PPS Inpatient Ratio	0.108318	Ratio
09000	Clinic	00100	Worksheet B Total	1,639,120.	09002
09000	Clinic	00300	Total Cost	1,639,120.	09002
09000	Clinic	00500	Adjusted Total Cost	1,639,120.	09002
09000	Clinic	00700	Charges - Outpatient	6,981,822.	09002
09000	Clinic	00800	Total (Col 06 & 07)	6,981,822.	09002
09000	Clinic	00900	Cost or Other Ratio	0.234770	Ratio
09000	Clinic	01100	PPS Inpatient Ratio	0.234770	Ratio
09100	Emergency Department	00100	Worksheet B Total	7,698,804.	
09100	Emergency Department	00300	Total Cost	7,698,804.	
09100	Emergency Department	00500	Adjusted Total Cost	7,698,804.	
09100	Emergency Department	00600	Charges - Inpatient	39,312,569.	
09100	Emergency Department	00700	Charges - Outpatient	90,505,374.	
09100	Emergency Department	00800	Total (Col 06 & 07)	129,817,943.	
09100	Emergency Department	00900	Cost or Other Ratio	0.059305	Ratio
09100	Emergency Department	01100	PPS Inpatient Ratio	0.059305	Ratio
09100	Emergency Department	00100	Worksheet B Total	4,712,507.	09101
09100	Emergency Department	00300	Total Cost	4,712,507.	09101

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Line Line Description Col Column Desc Line Value Type
100268 WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428

Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
09100	Emergency Department	00500	Adjusted Total Cost	4,712,507. 09101
09100	Emergency Department	00600	Charges - Inpatient	3,157,649. 09101
09100	Emergency Department	00700	Charges - Outpatient	23,654,518. 09101
09100	Emergency Department	00800	Total (Col 06 & 07)	26,812,167. 09101
09100	Emergency Department	00900	Cost or Other Ratio	0.175760 Ratio
09100	Emergency Department	01100	PPS Inpatient Ratio	0.175760 Ratio
09200	Observation Beds	00100	Worksheet B Total	2,799,488.
09200	Observation Beds	00300	Total Cost	2,799,488.
09200	Observation Beds	00500	Adjusted Total Cost	2,799,488.
09200	Observation Beds	00600	Charges - Inpatient	3,814,024.
09200	Observation Beds	00700	Charges - Outpatient	6,538,455.
09200	Observation Beds	00800	Total (Col 06 & 07)	10,352,479.
09200	Observation Beds	00900	Cost or Other Ratio	0.270417 Ratio
09200	Observation Beds	01100	PPS Inpatient Ratio	0.270417 Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	148,760,743.
20000	Worksheet C Sub Total	00300	Total Cost	148,760,743.
20000	Worksheet C Sub Total	00400	RCE Disallowance	57,093.
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	148,817,836.
20000	Worksheet C Sub Total	00600	Charges - Inpatient	802,700,538.
20000	Worksheet C Sub Total	00700	Charges - Outpatient	597,749,928.
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	1,400,450,466.
20100	Less Observation Beds	00100	Worksheet B Total	2,799,488.
20100	Less Observation Beds	00300	Total Cost	2,799,488.
20100	Less Observation Beds	00500	Adjusted Total Cost	2,799,488.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00100	Worksheet B Total	145,961,255.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	145,961,255.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	57,093.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	146,018,348.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	802,700,538.

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Line Line Description Col Column Desc Line Value Type
100268 WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428

Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	597,749,928.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	1,400,450,466.	
019	Title 19 - Medicaid				
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	25,938,490.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	25,938,490.	
03000	Adults and Pediatrics - General Routine Care	00400	RCE Disallowance	37,236.	
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	25,975,726.	
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	117,307,538.	
03100	Intensive Care Unit	00100	Worksheet B Total	6,607,900.	
03100	Intensive Care Unit	00300	Total Cost	6,607,900.	
03100	Intensive Care Unit	00500	Adjusted Total Cost	6,607,900.	
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	39,347,500.	
03500	Other Special Care	00100	Worksheet B Total	6,556,777.	
03500	Other Special Care	00300	Total Cost	6,556,777.	
03500	Other Special Care	00500	Adjusted Total Cost	6,556,777.	
03500	Other Special Care	00800	Total (Col 06 & 07)	39,291,780.	
03500	Other Special Care	00100	Worksheet B Total	1,605,814.	03501
03500	Other Special Care	00300	Total Cost	1,605,814.	03501
03500	Other Special Care	00400	RCE Disallowance	16,419.	03501
03500	Other Special Care	00500	Adjusted Total Cost	1,622,233.	03501
03500	Other Special Care	00800	Total (Col 06 & 07)	5,781,189.	03501
04300	Nursery	00100	Worksheet B Total	1,299,268.	
04300	Nursery	00300	Total Cost	1,299,268.	
04300	Nursery	00500	Adjusted Total Cost	1,299,268.	
04300	Nursery	00800	Total (Col 06 & 07)	7,639,720.	
05000	Operating Room	00100	Worksheet B Total	17,671,822.	
05000	Operating Room	00300	Total Cost	17,671,822.	
05000	Operating Room	00500	Adjusted Total Cost	17,671,822.	
05000	Operating Room	00800	Total (Col 06 & 07)	190,804,866.	
05000	Operating Room	00900	Cost or Other Ratio	0.092617	Ratio
05200	Delivery Room and Labor Room	00100	Worksheet B Total	6,934,292.	
05200	Delivery Room and Labor Room	00300	Total Cost	6,934,292.	

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100268 **WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428**

Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06000	Laboratory	00100	Worksheet B Total	8,998,431.	
06000	Laboratory	00300	Total Cost	8,998,431.	
06000	Laboratory	00500	Adjusted Total Cost	8,998,431.	
06000	Laboratory	00800	Total (Col 06 & 07)	235,574,838.	
06000	Laboratory	00900	Cost or Other Ratio	0.038198	Ratio
06300	Blood Storing, Processing and Transporation	00100	Worksheet B Total	855,816.	
06300	Blood Storing, Processing and Transporation	00300	Total Cost	855,816.	
06300	Blood Storing, Processing and Transporation	00500	Adjusted Total Cost	855,816.	
06300	Blood Storing, Processing and Transporation	00800	Total (Col 06 & 07)	1,839,292.	
06300	Blood Storing, Processing and Transporation	00900	Cost or Other Ratio	0.465296	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	3,381,909.	
06500	Respiratory Therapy	00300	Total Cost	3,381,909.	
06500	Respiratory Therapy	00400	RCE Disallowance	3,438.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	3,385,347.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	42,145,216.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.080244	Ratio
06600	Physical Therapy	00100	Worksheet B Total	2,212,680.	
06600	Physical Therapy	00300	Total Cost	2,212,680.	
06600	Physical Therapy	00500	Adjusted Total Cost	2,212,680.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	10,299,698.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.214830	Ratio
06900	Electrocardiology	00100	Worksheet B Total	1,256,017.	
06900	Electrocardiology	00300	Total Cost	1,256,017.	
06900	Electrocardiology	00500	Adjusted Total Cost	1,256,017.	
06900	Electrocardiology	00800	Total (Col 06 & 07)	11,328,477.	
06900	Electrocardiology	00900	Cost or Other Ratio	0.110873	Ratio
07000	Electroencephalography	00100	Worksheet B Total	179,839.	
07000	Electroencephalography	00300	Total Cost	179,839.	
07000	Electroencephalography	00500	Adjusted Total Cost	179,839.	
07000	Electroencephalography	00800	Total (Col 06 & 07)	1,147,218.	
07000	Electroencephalography	00900	Cost or Other Ratio	0.156761	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	8,888,495.	
07100	Medical Supplies charged to patients	00300	Total Cost	8,888,495.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100268	WEST BOCA MEDICAL CENTER	BOCA RATON, FL	33428		

Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	8,888,495.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	40,857,458.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.217549	Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	15,466,601.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	15,466,601.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	15,466,601.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	70,030,204.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.220856	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	10,478,550.	
07300	Drugs Charged to Patients	00300	Total Cost	10,478,550.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	10,478,550.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	70,601,849.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.148418	Ratio
07400	Renal Dialysis	00100	Worksheet B Total	216,082.	
07400	Renal Dialysis	00300	Total Cost	216,082.	
07400	Renal Dialysis	00500	Adjusted Total Cost	216,082.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	1,401,645.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.154163	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	89,525.	07605
07600	Other Ancillary Cost	00300	Total Cost	89,525.	07605
07600	Other Ancillary Cost	00500	Adjusted Total Cost	89,525.	07605
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	450,155.	07605
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.198876	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	486,296.	07625
07600	Other Ancillary Cost	00300	Total Cost	486,296.	07625
07600	Other Ancillary Cost	00500	Adjusted Total Cost	486,296.	07625
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	3,002,168.	07625
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.161982	Ratio
09000	Clinic	00100	Worksheet B Total	2,789,514.	09001
09000	Clinic	00300	Total Cost	2,789,514.	09001
09000	Clinic	00500	Adjusted Total Cost	2,789,514.	09001
09000	Clinic	00800	Total (Col 06 & 07)	25,752,903.	09001
09000	Clinic	00900	Cost or Other Ratio	0.108318	Ratio

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Line Line Description Col Column Desc Line Value Type
100268 WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428

Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
09000	Clinic	00100	Worksheet B Total	1,639,120. 09002
09000	Clinic	00300	Total Cost	1,639,120. 09002
09000	Clinic	00500	Adjusted Total Cost	1,639,120. 09002
09000	Clinic	00800	Total (Col 06 & 07)	6,981,822. 09002
09000	Clinic	00900	Cost or Other Ratio	0.234770 Ratio
09100	Emergency Department	00100	Worksheet B Total	7,698,804.
09100	Emergency Department	00300	Total Cost	7,698,804.
09100	Emergency Department	00500	Adjusted Total Cost	7,698,804.
09100	Emergency Department	00800	Total (Col 06 & 07)	129,817,943.
09100	Emergency Department	00900	Cost or Other Ratio	0.059305 Ratio
09100	Emergency Department	00100	Worksheet B Total	4,712,507. 09101
09100	Emergency Department	00300	Total Cost	4,712,507. 09101
09100	Emergency Department	00500	Adjusted Total Cost	4,712,507. 09101
09100	Emergency Department	00800	Total (Col 06 & 07)	26,812,167. 09101
09100	Emergency Department	00900	Cost or Other Ratio	0.175760 Ratio
09200	Observation Beds	00300	Total Cost	2,799,488.
09200	Observation Beds	00500	Adjusted Total Cost	2,799,488.
09200	Observation Beds	00800	Total (Col 06 & 07)	10,352,479.
09200	Observation Beds	00900	Cost or Other Ratio	0.270417 Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	148,760,743.
20000	Worksheet C Sub Total	00300	Total Cost	148,760,743.
20000	Worksheet C Sub Total	00400	RCE Disallowance	57,093.
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	148,817,836.
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	1,400,450,466.
20100	Less Observation Beds	00100	Worksheet B Total	2,799,488.
20100	Less Observation Beds	00300	Total Cost	2,799,488.
20100	Less Observation Beds	00500	Adjusted Total Cost	2,799,488.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	145,961,255.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	57,093.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	146,018,348.

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Line	Line Description	Col	Column Desc	Line Value	Type
100268	WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428				

Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	802,700,538.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	597,749,928.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	1,400,450,466.

100269 PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470

Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	39,608,291.
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	39,608,291.
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	39,608,291.
03000	Adults and Pediatrics - General Routine Care	00600	Charges - Inpatient	89,687,216.
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	89,687,216.
03100	Intensive Care Unit	00100	Worksheet B Total	7,795,545.
03100	Intensive Care Unit	00300	Total Cost	7,795,545.
03100	Intensive Care Unit	00500	Adjusted Total Cost	7,795,545.
03100	Intensive Care Unit	00600	Charges - Inpatient	32,849,880.
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	32,849,880.
03500	Other Special Care	00100	Worksheet B Total	3,583,547.
03500	Other Special Care	00300	Total Cost	3,583,547.
03500	Other Special Care	00500	Adjusted Total Cost	3,583,547.
03500	Other Special Care	00600	Charges - Inpatient	13,945,767.
03500	Other Special Care	00800	Total (Col 06 & 07)	13,945,767.
04300	Nursery	00100	Worksheet B Total	729,485.
04300	Nursery	00300	Total Cost	729,485.
04300	Nursery	00500	Adjusted Total Cost	729,485.
04300	Nursery	00600	Charges - Inpatient	3,088,464.
04300	Nursery	00800	Total (Col 06 & 07)	3,088,464.
05000	Operating Room	00100	Worksheet B Total	12,583,588.
05000	Operating Room	00300	Total Cost	12,583,588.
05000	Operating Room	00500	Adjusted Total Cost	12,583,588.

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Line Line Description Col Column Desc Line Value Type
100269 PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470

Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
05000	Operating Room	00600	Charges - Inpatient	58,976,404.
05000	Operating Room	00700	Charges - Outpatient	77,500,019.
05000	Operating Room	00800	Total (Col 06 & 07)	136,476,423.
05000	Operating Room	00900	Cost or Other Ratio	0.092203 Ratio
05000	Operating Room	01100	PPS Inpatient Ratio	0.092203 Ratio
05000	Operating Room	00100	Worksheet B Total	1,122,903. 05001
05000	Operating Room	00300	Total Cost	1,122,903. 05001
05000	Operating Room	00500	Adjusted Total Cost	1,122,903. 05001
05000	Operating Room	00600	Charges - Inpatient	9,924,605. 05001
05000	Operating Room	00700	Charges - Outpatient	6,701,582. 05001
05000	Operating Room	00800	Total (Col 06 & 07)	16,626,187. 05001
05000	Operating Room	00900	Cost or Other Ratio	0.067538 Ratio
05000	Operating Room	01100	PPS Inpatient Ratio	0.067538 Ratio
05100	Recovery Room	00100	Worksheet B Total	2,128,760.
05100	Recovery Room	00300	Total Cost	2,128,760.
05100	Recovery Room	00500	Adjusted Total Cost	2,128,760.
05100	Recovery Room	00600	Charges - Inpatient	14,583,008.
05100	Recovery Room	00700	Charges - Outpatient	17,802,223.
05100	Recovery Room	00800	Total (Col 06 & 07)	32,385,231.
05100	Recovery Room	00900	Cost or Other Ratio	0.065732 Ratio
05100	Recovery Room	01100	PPS Inpatient Ratio	0.065732 Ratio
05200	Delivery Room and Labor Room	00100	Worksheet B Total	7,630,059.
05200	Delivery Room and Labor Room	00300	Total Cost	7,630,059.
05200	Delivery Room and Labor Room	00500	Adjusted Total Cost	7,630,059.
05200	Delivery Room and Labor Room	00600	Charges - Inpatient	27,979,989.
05200	Delivery Room and Labor Room	00700	Charges - Outpatient	3,035,903.
05200	Delivery Room and Labor Room	00800	Total (Col 06 & 07)	31,015,892.
05200	Delivery Room and Labor Room	00900	Cost or Other Ratio	0.246005 Ratio
05200	Delivery Room and Labor Room	01100	PPS Inpatient Ratio	0.246005 Ratio
05300	Anesthesiology	00100	Worksheet B Total	657,235.
05300	Anesthesiology	00300	Total Cost	657,235.
05300	Anesthesiology	00500	Adjusted Total Cost	657,235.
05300	Anesthesiology	00600	Charges - Inpatient	28,268,537.

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Line Line Description Col Column Desc Line Value Type
100269 PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470

Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05300	Anesthesiology	00700	Charges - Outpatient	26,682,082.	
05300	Anesthesiology	00800	Total (Col 06 & 07)	54,950,619.	
05300	Anesthesiology	00900	Cost or Other Ratio	0.011960	Ratio
05300	Anesthesiology	01100	PPS Inpatient Ratio	0.011960	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	7,519,327.	
05400	Radiology-Diagnositc	00300	Total Cost	7,519,327.	
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	7,519,327.	
05400	Radiology-Diagnositc	00600	Charges - Inpatient	72,949,616.	
05400	Radiology-Diagnositc	00700	Charges - Outpatient	70,470,853.	
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	143,420,469.	
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.052429	Ratio
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.052429	Ratio
05600	Radioisotope	00100	Worksheet B Total	439,574.	
05600	Radioisotope	00300	Total Cost	439,574.	
05600	Radioisotope	00500	Adjusted Total Cost	439,574.	
05600	Radioisotope	00600	Charges - Inpatient	2,517,263.	
05600	Radioisotope	00700	Charges - Outpatient	1,922,158.	
05600	Radioisotope	00800	Total (Col 06 & 07)	4,439,421.	
05600	Radioisotope	00900	Cost or Other Ratio	0.099016	Ratio
05600	Radioisotope	01100	PPS Inpatient Ratio	0.099016	Ratio
05700	Computed Tomography (CT) Scan	00100	Worksheet B Total	1,748,114.	
05700	Computed Tomography (CT) Scan	00300	Total Cost	1,748,114.	
05700	Computed Tomography (CT) Scan	00500	Adjusted Total Cost	1,748,114.	
05700	Computed Tomography (CT) Scan	00600	Charges - Inpatient	115,871,333.	
05700	Computed Tomography (CT) Scan	00700	Charges - Outpatient	154,501,193.	
05700	Computed Tomography (CT) Scan	00800	Total (Col 06 & 07)	270,372,526.	
05700	Computed Tomography (CT) Scan	00900	Cost or Other Ratio	0.006466	Ratio
05700	Computed Tomography (CT) Scan	01100	PPS Inpatient Ratio	0.006466	Ratio
05800	Magnetic Resonance Imaging (MRI)	00100	Worksheet B Total	1,020,144.	
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost	1,020,144.	
05800	Magnetic Resonance Imaging (MRI)	00500	Adjusted Total Cost	1,020,144.	
05800	Magnetic Resonance Imaging (MRI)	00600	Charges - Inpatient	31,999,990.	
05800	Magnetic Resonance Imaging (MRI)	00700	Charges - Outpatient	21,556,277.	

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Line Line Description Col Column Desc Line Value Type
100269 PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470

Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.055410	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.055410	Ratio
06600	Physical Therapy	00100	Worksheet B Total	4,138,616.	
06600	Physical Therapy	00300	Total Cost	4,138,616.	
06600	Physical Therapy	00500	Adjusted Total Cost	4,138,616.	
06600	Physical Therapy	00600	Charges - Inpatient	16,169,083.	
06600	Physical Therapy	00700	Charges - Outpatient	16,653,968.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	32,823,051.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.126089	Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.126089	Ratio
07000	Electroencephalography	00100	Worksheet B Total	135,924.	
07000	Electroencephalography	00300	Total Cost	135,924.	
07000	Electroencephalography	00500	Adjusted Total Cost	135,924.	
07000	Electroencephalography	00600	Charges - Inpatient	5,343,855.	
07000	Electroencephalography	00700	Charges - Outpatient	1,285,668.	
07000	Electroencephalography	00800	Total (Col 06 & 07)	6,629,523.	
07000	Electroencephalography	00900	Cost or Other Ratio	0.020503	Ratio
07000	Electroencephalography	01100	PPS Inpatient Ratio	0.020503	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	7,922,374.	
07100	Medical Supplies charged to patients	00300	Total Cost	7,922,374.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	7,922,374.	
07100	Medical Supplies charged to patients	00600	Charges - Inpatient	52,372,343.	
07100	Medical Supplies charged to patients	00700	Charges - Outpatient	15,812,298.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	68,184,641.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.116190	Ratio
07100	Medical Supplies charged to patients	01100	PPS Inpatient Ratio	0.116190	Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	9,319,654.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	9,319,654.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	9,319,654.	
07200	Implantable Devices Charged to Patients	00600	Charges - Inpatient	10,107,105.	
07200	Implantable Devices Charged to Patients	00700	Charges - Outpatient	6,848,905.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	16,956,010.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.549637	Ratio

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Line	Line Description	Col	Column Desc	Line Value	Type
100269	PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470				

Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
09200	Observation Beds	00100	Worksheet B Total	5,620,374.	
09200	Observation Beds	00300	Total Cost	5,620,374.	
09200	Observation Beds	00500	Adjusted Total Cost	5,620,374.	
09200	Observation Beds	00600	Charges - Inpatient	2,113,029.	
09200	Observation Beds	00700	Charges - Outpatient	12,507,176.	
09200	Observation Beds	00800	Total (Col 06 & 07)	14,620,205.	
09200	Observation Beds	00900	Cost or Other Ratio	0.384425	Ratio
09200	Observation Beds	01100	PPS Inpatient Ratio	0.384425	Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	151,758,634.	
20000	Worksheet C Sub Total	00300	Total Cost	151,758,634.	
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	151,758,634.	
20000	Worksheet C Sub Total	00600	Charges - Inpatient	999,284,976.	
20000	Worksheet C Sub Total	00700	Charges - Outpatient	718,723,587.	
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	1,718,008,563.	
20100	Less Observation Beds	00100	Worksheet B Total	5,620,374.	
20100	Less Observation Beds	00300	Total Cost	5,620,374.	
20100	Less Observation Beds	00500	Adjusted Total Cost	5,620,374.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00100	Worksheet B Total	146,138,260.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	146,138,260.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	146,138,260.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	999,284,976.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	718,723,587.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	1,718,008,563.	
019	Title 19 - Medicaid				
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	39,608,291.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	39,608,291.	
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	39,608,291.	
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	89,687,216.	
03100	Intensive Care Unit	00100	Worksheet B Total	7,795,545.	

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Line Line Description Col Column Desc Line Value Type
100269 PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470

Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted

Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05300	Anesthesiology	00500	Adjusted Total Cost	657,235.	
05300	Anesthesiology	00800	Total (Col 06 & 07)	54,950,619.	
05300	Anesthesiology	00900	Cost or Other Ratio	0.011960	Ratio
05400	Radiology-Diagnostc	00100	Worksheet B Total	7,519,327.	
05400	Radiology-Diagnostc	00300	Total Cost	7,519,327.	
05400	Radiology-Diagnostc	00500	Adjusted Total Cost	7,519,327.	
05400	Radiology-Diagnostc	00800	Total (Col 06 & 07)	143,420,469.	
05400	Radiology-Diagnostc	00900	Cost or Other Ratio	0.052429	Ratio
05600	Radioisotope	00100	Worksheet B Total	439,574.	
05600	Radioisotope	00300	Total Cost	439,574.	
05600	Radioisotope	00500	Adjusted Total Cost	439,574.	
05600	Radioisotope	00800	Total (Col 06 & 07)	4,439,421.	
05600	Radioisotope	00900	Cost or Other Ratio	0.099016	Ratio
05700	Computed Tomography (CT) Scan	00100	Worksheet B Total	1,748,114.	
05700	Computed Tomography (CT) Scan	00300	Total Cost	1,748,114.	
05700	Computed Tomography (CT) Scan	00500	Adjusted Total Cost	1,748,114.	
05700	Computed Tomography (CT) Scan	00800	Total (Col 06 & 07)	270,372,526.	
05700	Computed Tomography (CT) Scan	00900	Cost or Other Ratio	0.006466	Ratio
05800	Magnetic Resonance Imaging (MRI)	00100	Worksheet B Total	1,020,144.	
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost	1,020,144.	
05800	Magnetic Resonance Imaging (MRI)	00500	Adjusted Total Cost	1,020,144.	
05800	Magnetic Resonance Imaging (MRI)	00800	Total (Col 06 & 07)	53,556,267.	
05800	Magnetic Resonance Imaging (MRI)	00900	Cost or Other Ratio	0.019048	Ratio
06000	Laboratory	00100	Worksheet B Total	7,168,846.	
06000	Laboratory	00300	Total Cost	7,168,846.	
06000	Laboratory	00500	Adjusted Total Cost	7,168,846.	
06000	Laboratory	00800	Total (Col 06 & 07)	338,914,748.	
06000	Laboratory	00900	Cost or Other Ratio	0.021152	Ratio
06200	Whole Blood and Packed Red Blood Cells	00100	Worksheet B Total	1,044,188.	
06200	Whole Blood and Packed Red Blood Cells	00300	Total Cost	1,044,188.	
06200	Whole Blood and Packed Red Blood Cells	00500	Adjusted Total Cost	1,044,188.	
06200	Whole Blood and Packed Red Blood Cells	00800	Total (Col 06 & 07)	1,715,646.	
06200	Whole Blood and Packed Red Blood Cells	00900	Cost or Other Ratio	0.608627	Ratio

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Line Line Description Col Column Desc Line Value Type
100269 PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470

Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted

Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06400	Intravenous Therapy	00100	Worksheet B Total	617,671.	
06400	Intravenous Therapy	00300	Total Cost	617,671.	
06400	Intravenous Therapy	00500	Adjusted Total Cost	617,671.	
06400	Intravenous Therapy	00800	Total (Col 06 & 07)	32,647,225.	
06400	Intravenous Therapy	00900	Cost or Other Ratio	0.018920	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	3,662,424.	
06500	Respiratory Therapy	00300	Total Cost	3,662,424.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	3,662,424.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	66,096,317.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.055410	Ratio
06600	Physical Therapy	00100	Worksheet B Total	4,138,616.	
06600	Physical Therapy	00300	Total Cost	4,138,616.	
06600	Physical Therapy	00500	Adjusted Total Cost	4,138,616.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	32,823,051.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.126089	Ratio
07000	Electroencephalography	00100	Worksheet B Total	135,924.	
07000	Electroencephalography	00300	Total Cost	135,924.	
07000	Electroencephalography	00500	Adjusted Total Cost	135,924.	
07000	Electroencephalography	00800	Total (Col 06 & 07)	6,629,523.	
07000	Electroencephalography	00900	Cost or Other Ratio	0.020503	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	7,922,374.	
07100	Medical Supplies charged to patients	00300	Total Cost	7,922,374.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	7,922,374.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	68,184,641.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.116190	Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	9,319,654.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	9,319,654.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	9,319,654.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	16,956,010.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.549637	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	12,953,903.	
07300	Drugs Charged to Patients	00300	Total Cost	12,953,903.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	12,953,903.	

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Line Line Description Col Column Desc Line Value Type
100269 PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470

Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted

Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	110,085,029.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.117672	Ratio
07400	Renal Dialysis	00100	Worksheet B Total	820,634.	
07400	Renal Dialysis	00300	Total Cost	820,634.	
07400	Renal Dialysis	00500	Adjusted Total Cost	820,634.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	4,961,862.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.165388	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	93,492.	
07600	Other Ancillary Cost	00300	Total Cost	93,492.	
07600	Other Ancillary Cost	00500	Adjusted Total Cost	93,492.	
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	596,992.	
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.156605	Ratio
09100	Emergency Department	00100	Worksheet B Total	11,693,962.	
09100	Emergency Department	00300	Total Cost	11,693,962.	
09100	Emergency Department	00500	Adjusted Total Cost	11,693,962.	
09100	Emergency Department	00800	Total (Col 06 & 07)	140,962,952.	
09100	Emergency Department	00900	Cost or Other Ratio	0.082958	Ratio
09200	Observation Beds	00300	Total Cost	5,620,374.	
09200	Observation Beds	00500	Adjusted Total Cost	5,620,374.	
09200	Observation Beds	00800	Total (Col 06 & 07)	14,620,205.	
09200	Observation Beds	00900	Cost or Other Ratio	0.384425	Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	151,758,634.	
20000	Worksheet C Sub Total	00300	Total Cost	151,758,634.	
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	151,758,634.	
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	1,718,008,563.	
20100	Less Observation Beds	00100	Worksheet B Total	5,620,374.	
20100	Less Observation Beds	00300	Total Cost	5,620,374.	
20100	Less Observation Beds	00500	Adjusted Total Cost	5,620,374.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	146,138,260.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	146,138,260.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	999,284,976.	

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Line Line Description Col Column Desc Line Value Type
100269 PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470

Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	718,723,587.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	1,718,008,563.

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Worksheet 672912 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	44,094,948.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	44,094,948.	
03000	Adults and Pediatrics - General Routine Care	00400	RCE Disallowance	11,393.	
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	44,106,341.	
03000	Adults and Pediatrics - General Routine Care	00600	Charges - Inpatient	169,528,397.	
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	169,528,397.	
03100	Intensive Care Unit	00100	Worksheet B Total	7,954,988.	
03100	Intensive Care Unit	00300	Total Cost	7,954,988.	
03100	Intensive Care Unit	00500	Adjusted Total Cost	7,954,988.	
03100	Intensive Care Unit	00600	Charges - Inpatient	28,086,222.	
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	28,086,222.	
03100	Intensive Care Unit	00100	Worksheet B Total	5,585,723.	03101
03100	Intensive Care Unit	00300	Total Cost	5,585,723.	03101
03100	Intensive Care Unit	00500	Adjusted Total Cost	5,585,723.	03101
03100	Intensive Care Unit	00600	Charges - Inpatient	11,814,915.	03101
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	11,814,915.	03101
04300	Nursery	00100	Worksheet B Total	2,560,295.	
04300	Nursery	00300	Total Cost	2,560,295.	
04300	Nursery	00500	Adjusted Total Cost	2,560,295.	
04300	Nursery	00600	Charges - Inpatient	15,249,585.	
04300	Nursery	00800	Total (Col 06 & 07)	15,249,585.	
05000	Operating Room	00100	Worksheet B Total	26,252,995.	
05000	Operating Room	00300	Total Cost	26,252,995.	
05000	Operating Room	00400	RCE Disallowance	345,938.	

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Worksheet 672912 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05500	Radiology-Therapeutic	00600	Charges - Inpatient	12,076,298.	
05500	Radiology-Therapeutic	00700	Charges - Outpatient	12,697,534.	
05500	Radiology-Therapeutic	00800	Total (Col 06 & 07)	24,773,832.	
05500	Radiology-Therapeutic	00900	Cost or Other Ratio	0.049536	Ratio
05500	Radiology-Therapeutic	01100	PPS Inpatient Ratio	0.049536	Ratio
05700	Computed Tomography (CT) Scan	00100	Worksheet B Total	1,406,024.	
05700	Computed Tomography (CT) Scan	00300	Total Cost	1,406,024.	
05700	Computed Tomography (CT) Scan	00500	Adjusted Total Cost	1,406,024.	
05700	Computed Tomography (CT) Scan	00600	Charges - Inpatient	60,867,959.	
05700	Computed Tomography (CT) Scan	00700	Charges - Outpatient	103,495,586.	
05700	Computed Tomography (CT) Scan	00800	Total (Col 06 & 07)	164,363,545.	
05700	Computed Tomography (CT) Scan	00900	Cost or Other Ratio	0.008554	Ratio
05700	Computed Tomography (CT) Scan	01100	PPS Inpatient Ratio	0.008554	Ratio
05800	Magnetic Resonance Imaging (MRI)	00100	Worksheet B Total	445,679.	
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost	445,679.	
05800	Magnetic Resonance Imaging (MRI)	00500	Adjusted Total Cost	445,679.	
05800	Magnetic Resonance Imaging (MRI)	00600	Charges - Inpatient	13,643,379.	
05800	Magnetic Resonance Imaging (MRI)	00700	Charges - Outpatient	5,424,619.	
05800	Magnetic Resonance Imaging (MRI)	00800	Total (Col 06 & 07)	19,067,998.	
05800	Magnetic Resonance Imaging (MRI)	00900	Cost or Other Ratio	0.023373	Ratio
05800	Magnetic Resonance Imaging (MRI)	01100	PPS Inpatient Ratio	0.023373	Ratio
05900	Cardiac Catheterization	00100	Worksheet B Total	2,537,705.	
05900	Cardiac Catheterization	00300	Total Cost	2,537,705.	
05900	Cardiac Catheterization	00400	RCE Disallowance	9,327.	
05900	Cardiac Catheterization	00500	Adjusted Total Cost	2,547,032.	
05900	Cardiac Catheterization	00600	Charges - Inpatient	22,235,138.	
05900	Cardiac Catheterization	00700	Charges - Outpatient	4,866,072.	
05900	Cardiac Catheterization	00800	Total (Col 06 & 07)	27,101,210.	
05900	Cardiac Catheterization	00900	Cost or Other Ratio	0.093638	Ratio
05900	Cardiac Catheterization	01100	PPS Inpatient Ratio	0.093982	Ratio
06000	Laboratory	00100	Worksheet B Total	7,232,389.	
06000	Laboratory	00300	Total Cost	7,232,389.	
06000	Laboratory	00500	Adjusted Total Cost	7,232,389.	

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Line Line Description Col Column Desc Line Value Type
100275 WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414

Worksheet 672912 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06000	Laboratory	00600	Charges - Inpatient	139,683,671.	
06000	Laboratory	00700	Charges - Outpatient	71,972,683.	
06000	Laboratory	00800	Total (Col 06 & 07)	211,656,354.	
06000	Laboratory	00900	Cost or Other Ratio	0.034170	Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.034170	Ratio
06200	Whole Blood and Packed Red Blood Cells	00100	Worksheet B Total	1,589,900.	
06200	Whole Blood and Packed Red Blood Cells	00300	Total Cost	1,589,900.	
06200	Whole Blood and Packed Red Blood Cells	00500	Adjusted Total Cost	1,589,900.	
06200	Whole Blood and Packed Red Blood Cells	00600	Charges - Inpatient	8,696,323.	
06200	Whole Blood and Packed Red Blood Cells	00700	Charges - Outpatient	3,346,678.	
06200	Whole Blood and Packed Red Blood Cells	00800	Total (Col 06 & 07)	12,043,001.	
06200	Whole Blood and Packed Red Blood Cells	00900	Cost or Other Ratio	0.132019	Ratio
06200	Whole Blood and Packed Red Blood Cells	01100	PPS Inpatient Ratio	0.132019	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	4,179,214.	
06500	Respiratory Therapy	00300	Total Cost	4,179,214.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	4,179,214.	
06500	Respiratory Therapy	00600	Charges - Inpatient	51,509,491.	
06500	Respiratory Therapy	00700	Charges - Outpatient	7,063,378.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	58,572,869.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.071351	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.071351	Ratio
06600	Physical Therapy	00100	Worksheet B Total	2,380,486.	
06600	Physical Therapy	00300	Total Cost	2,380,486.	
06600	Physical Therapy	00500	Adjusted Total Cost	2,380,486.	
06600	Physical Therapy	00600	Charges - Inpatient	10,654,266.	
06600	Physical Therapy	00700	Charges - Outpatient	5,286,591.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	15,940,857.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.149332	Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.149332	Ratio
06800	Speech Pathology	00100	Worksheet B Total	445,037.	
06800	Speech Pathology	00300	Total Cost	445,037.	
06800	Speech Pathology	00500	Adjusted Total Cost	445,037.	
06800	Speech Pathology	00600	Charges - Inpatient	1,717,398.	

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Worksheet 672912 Period End 12/31/2019 Days 365 Status Submitted

Line	Line Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06800	Speech Pathology	00700	Charges - Outpatient	504,926.	
06800	Speech Pathology	00800	Total (Col 06 & 07)	2,222,324.	
06800	Speech Pathology	00900	Cost or Other Ratio	0.200257	Ratio
06800	Speech Pathology	01100	PPS Inpatient Ratio	0.200257	Ratio
06900	Electrocardiology	00100	Worksheet B Total	519,556.	
06900	Electrocardiology	00300	Total Cost	519,556.	
06900	Electrocardiology	00500	Adjusted Total Cost	519,556.	
06900	Electrocardiology	00600	Charges - Inpatient	24,568,397.	
06900	Electrocardiology	00700	Charges - Outpatient	10,025,802.	
06900	Electrocardiology	00800	Total (Col 06 & 07)	34,594,199.	
06900	Electrocardiology	00900	Cost or Other Ratio	0.015019	Ratio
06900	Electrocardiology	01100	PPS Inpatient Ratio	0.015019	Ratio
07000	Electroencephalography	00100	Worksheet B Total	48,302.	
07000	Electroencephalography	00300	Total Cost	48,302.	
07000	Electroencephalography	00500	Adjusted Total Cost	48,302.	
07000	Electroencephalography	00600	Charges - Inpatient	421,294.	
07000	Electroencephalography	00700	Charges - Outpatient	32,010.	
07000	Electroencephalography	00800	Total (Col 06 & 07)	453,304.	
07000	Electroencephalography	00900	Cost or Other Ratio	0.106555	Ratio
07000	Electroencephalography	01100	PPS Inpatient Ratio	0.106555	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	6,189,825.	
07100	Medical Supplies charged to patients	00300	Total Cost	6,189,825.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	6,189,825.	
07100	Medical Supplies charged to patients	00600	Charges - Inpatient	57,700,187.	
07100	Medical Supplies charged to patients	00700	Charges - Outpatient	10,508,667.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	68,208,854.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.090748	Ratio
07100	Medical Supplies charged to patients	01100	PPS Inpatient Ratio	0.090748	Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	12,608,232.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	12,608,232.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	12,608,232.	
07200	Implantable Devices Charged to Patients	00600	Charges - Inpatient	43,652,845.	
07200	Implantable Devices Charged to Patients	00700	Charges - Outpatient	13,170,304.	

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Line Line Description Col Column Desc Line Value Type
100275 WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414

Worksheet 672912 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	56,823,149.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.221885	Ratio
07200	Implantable Devices Charged to Patients	01100	PPS Inpatient Ratio	0.221885	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	11,024,325.	
07300	Drugs Charged to Patients	00300	Total Cost	11,024,325.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	11,024,325.	
07300	Drugs Charged to Patients	00600	Charges - Inpatient	110,529,434.	
07300	Drugs Charged to Patients	00700	Charges - Outpatient	27,937,851.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	138,467,285.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.079617	Ratio
07300	Drugs Charged to Patients	01100	PPS Inpatient Ratio	0.079617	Ratio
07400	Renal Dialysis	00100	Worksheet B Total	1,040,717.	
07400	Renal Dialysis	00300	Total Cost	1,040,717.	
07400	Renal Dialysis	00500	Adjusted Total Cost	1,040,717.	
07400	Renal Dialysis	00600	Charges - Inpatient	5,531,251.	
07400	Renal Dialysis	00700	Charges - Outpatient	2,661,178.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	8,192,429.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.127034	Ratio
07400	Renal Dialysis	01100	PPS Inpatient Ratio	0.127034	Ratio
07500	ASC (Non-Distinct Part)	00100	Worksheet B Total	1,398,017.	07502
07500	ASC (Non-Distinct Part)	00300	Total Cost	1,398,017.	07502
07500	ASC (Non-Distinct Part)	00500	Adjusted Total Cost	1,398,017.	07502
07500	ASC (Non-Distinct Part)	00600	Charges - Inpatient	218,225.	07502
07500	ASC (Non-Distinct Part)	00700	Charges - Outpatient	18,838,373.	07502
07500	ASC (Non-Distinct Part)	00800	Total (Col 06 & 07)	19,056,598.	07502
07500	ASC (Non-Distinct Part)	00900	Cost or Other Ratio	0.073361	Ratio
07500	ASC (Non-Distinct Part)	01100	PPS Inpatient Ratio	0.073361	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	268,755.	07698
07600	Other Ancillary Cost	00300	Total Cost	268,755.	07698
07600	Other Ancillary Cost	00500	Adjusted Total Cost	268,755.	07698
07600	Other Ancillary Cost	00700	Charges - Outpatient	5,405,386.	07698
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	5,405,386.	07698
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.049720	Ratio

CR Hospital Reference Report 2019

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Line Line Description Col Column Desc Line Value Type
100275 WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414

Worksheet 672912 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.049720	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	217,406.	07699
07600	Other Ancillary Cost	00300	Total Cost	217,406.	07699
07600	Other Ancillary Cost	00500	Adjusted Total Cost	217,406.	07699
07600	Other Ancillary Cost	00600	Charges - Inpatient	32,461.	07699
07600	Other Ancillary Cost	00700	Charges - Outpatient	1,771,389.	07699
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	1,803,850.	07699
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.120523	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.120523	Ratio
09100	Emergency Department	00100	Worksheet B Total	11,918,197.	
09100	Emergency Department	00300	Total Cost	11,918,197.	
09100	Emergency Department	00500	Adjusted Total Cost	11,918,197.	
09100	Emergency Department	00600	Charges - Inpatient	33,706,330.	
09100	Emergency Department	00700	Charges - Outpatient	112,448,377.	
09100	Emergency Department	00800	Total (Col 06 & 07)	146,154,707.	
09100	Emergency Department	00900	Cost or Other Ratio	0.081545	Ratio
09100	Emergency Department	01100	PPS Inpatient Ratio	0.081545	Ratio
09200	Observation Beds	00100	Worksheet B Total	5,105,523.	
09200	Observation Beds	00300	Total Cost	5,105,523.	
09200	Observation Beds	00500	Adjusted Total Cost	5,105,523.	
09200	Observation Beds	00600	Charges - Inpatient	7,027,484.	
09200	Observation Beds	00700	Charges - Outpatient	16,419,051.	
09200	Observation Beds	00800	Total (Col 06 & 07)	23,446,535.	
09200	Observation Beds	00900	Cost or Other Ratio	0.217752	Ratio
09200	Observation Beds	01100	PPS Inpatient Ratio	0.217752	Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	173,823,617.	
20000	Worksheet C Sub Total	00300	Total Cost	173,823,617.	
20000	Worksheet C Sub Total	00400	RCE Disallowance	366,658.	
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	174,190,275.	
20000	Worksheet C Sub Total	00600	Charges - Inpatient	1,000,485,884.	
20000	Worksheet C Sub Total	00700	Charges - Outpatient	575,182,010.	
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	1,575,667,894.	
20100	Less Observation Beds	00100	Worksheet B Total	5,105,523.	

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Line 100275 WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414

Worksheet 672912 Period End 12/31/2019 Days 365 Status Submitted

Line	Line Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05000	Operating Room	00300	Total Cost	26,469,552.	
05000	Operating Room	00400	RCE Disallowance	345,938.	
05000	Operating Room	00500	Adjusted Total Cost	26,815,490.	
05000	Operating Room	00800	Total (Col 06 & 07)	184,701,155.	
05000	Operating Room	00900	Cost or Other Ratio	0.143310	Ratio
05100	Recovery Room	00100	Worksheet B Total	10,832,340.	
05100	Recovery Room	00300	Total Cost	10,832,340.	
05100	Recovery Room	00500	Adjusted Total Cost	10,832,340.	
05100	Recovery Room	00800	Total (Col 06 & 07)	58,372,134.	
05100	Recovery Room	00900	Cost or Other Ratio	0.185574	Ratio
05300	Anesthesiology	00100	Worksheet B Total	575,513.	
05300	Anesthesiology	00300	Total Cost	575,513.	
05300	Anesthesiology	00500	Adjusted Total Cost	575,513.	
05300	Anesthesiology	00800	Total (Col 06 & 07)	38,416,571.	
05300	Anesthesiology	00900	Cost or Other Ratio	0.014981	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	4,346,751.	
05400	Radiology-Diagnositc	00300	Total Cost	4,346,751.	
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	4,346,751.	
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	31,150,629.	
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.139540	Ratio
05500	Radiology-Therapeutic	00100	Worksheet B Total	1,227,193.	
05500	Radiology-Therapeutic	00300	Total Cost	1,227,193.	
05500	Radiology-Therapeutic	00500	Adjusted Total Cost	1,227,193.	
05500	Radiology-Therapeutic	00800	Total (Col 06 & 07)	24,773,832.	
05500	Radiology-Therapeutic	00900	Cost or Other Ratio	0.049536	Ratio
05700	Computed Tomography (CT) Scan	00100	Worksheet B Total	1,406,024.	
05700	Computed Tomography (CT) Scan	00300	Total Cost	1,406,024.	
05700	Computed Tomography (CT) Scan	00500	Adjusted Total Cost	1,406,024.	
05700	Computed Tomography (CT) Scan	00800	Total (Col 06 & 07)	164,363,545.	
05700	Computed Tomography (CT) Scan	00900	Cost or Other Ratio	0.008554	Ratio
05800	Magnetic Resonance Imaging (MRI)	00100	Worksheet B Total	445,679.	
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost	445,679.	
05800	Magnetic Resonance Imaging (MRI)	00500	Adjusted Total Cost	445,679.	

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Line 100275 Wellington Regl Medical Center West Palm Beach, FL 33414

Worksheet 672912 Period End 12/31/2019 Days 365 Status Submitted

Line	Line Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05800	Magnetic Resonance Imaging (MRI)	00800	Total (Col 06 & 07)	19,067,998.	
05800	Magnetic Resonance Imaging (MRI)	00900	Cost or Other Ratio	0.023373	Ratio
05900	Cardiac Catheterization	00100	Worksheet B Total	2,537,705.	
05900	Cardiac Catheterization	00300	Total Cost	2,537,705.	
05900	Cardiac Catheterization	00400	RCE Disallowance	9,327.	
05900	Cardiac Catheterization	00500	Adjusted Total Cost	2,547,032.	
05900	Cardiac Catheterization	00800	Total (Col 06 & 07)	27,101,210.	
05900	Cardiac Catheterization	00900	Cost or Other Ratio	0.093638	Ratio
06000	Laboratory	00100	Worksheet B Total	7,286,528.	
06000	Laboratory	00300	Total Cost	7,286,528.	
06000	Laboratory	00500	Adjusted Total Cost	7,286,528.	
06000	Laboratory	00800	Total (Col 06 & 07)	211,656,354.	
06000	Laboratory	00900	Cost or Other Ratio	0.034426	Ratio
06200	Whole Blood and Packed Red Blood Cells	00100	Worksheet B Total	1,589,900.	
06200	Whole Blood and Packed Red Blood Cells	00300	Total Cost	1,589,900.	
06200	Whole Blood and Packed Red Blood Cells	00500	Adjusted Total Cost	1,589,900.	
06200	Whole Blood and Packed Red Blood Cells	00800	Total (Col 06 & 07)	12,043,001.	
06200	Whole Blood and Packed Red Blood Cells	00900	Cost or Other Ratio	0.132019	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	4,179,214.	
06500	Respiratory Therapy	00300	Total Cost	4,179,214.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	4,179,214.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	58,572,869.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.071351	Ratio
06600	Physical Therapy	00100	Worksheet B Total	2,380,486.	
06600	Physical Therapy	00300	Total Cost	2,380,486.	
06600	Physical Therapy	00500	Adjusted Total Cost	2,380,486.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	15,940,857.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.149332	Ratio
06800	Speech Pathology	00100	Worksheet B Total	445,037.	
06800	Speech Pathology	00300	Total Cost	445,037.	
06800	Speech Pathology	00500	Adjusted Total Cost	445,037.	
06800	Speech Pathology	00800	Total (Col 06 & 07)	2,222,324.	
06800	Speech Pathology	00900	Cost or Other Ratio	0.200257	Ratio

CR Hospital Reference Report 2019

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100275 **WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL** **33414**

Worksheet 672912 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06900	Electrocardiology	00100	Worksheet B Total	519,556.	
06900	Electrocardiology	00300	Total Cost	519,556.	
06900	Electrocardiology	00500	Adjusted Total Cost	519,556.	
06900	Electrocardiology	00800	Total (Col 06 & 07)	34,594,199.	
06900	Electrocardiology	00900	Cost or Other Ratio	0.015019	Ratio
07000	Electroencephalography	00100	Worksheet B Total	48,302.	
07000	Electroencephalography	00300	Total Cost	48,302.	
07000	Electroencephalography	00500	Adjusted Total Cost	48,302.	
07000	Electroencephalography	00800	Total (Col 06 & 07)	453,304.	
07000	Electroencephalography	00900	Cost or Other Ratio	0.106555	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	6,189,825.	
07100	Medical Supplies charged to patients	00300	Total Cost	6,189,825.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	6,189,825.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	68,208,854.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.090748	Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	12,608,232.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	12,608,232.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	12,608,232.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	56,823,149.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.221885	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	11,024,325.	
07300	Drugs Charged to Patients	00300	Total Cost	11,024,325.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	11,024,325.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	138,467,285.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.079617	Ratio
07400	Renal Dialysis	00100	Worksheet B Total	1,040,717.	
07400	Renal Dialysis	00300	Total Cost	1,040,717.	
07400	Renal Dialysis	00500	Adjusted Total Cost	1,040,717.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	8,192,429.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.127034	Ratio
07500	ASC (Non-Distinct Part)	00100	Worksheet B Total	1,398,017.	07502
07500	ASC (Non-Distinct Part)	00300	Total Cost	1,398,017.	07502
07500	ASC (Non-Distinct Part)	00500	Adjusted Total Cost	1,398,017.	07502

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Line	Line Description	Col	Column Desc	Line Value	Type
100275	WELLINGTON REGL MEDICAL CENTER		WEST PALM BEACH, FL	33414	

Worksheet 672912 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07500	ASC (Non-Distinct Part)	00800	Total (Col 06 & 07)	19,056,598.	07502
07500	ASC (Non-Distinct Part)	00900	Cost or Other Ratio	0.073361	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	268,755.	07698
07600	Other Ancillary Cost	00300	Total Cost	268,755.	07698
07600	Other Ancillary Cost	00500	Adjusted Total Cost	268,755.	07698
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	5,405,386.	07698
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.049720	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	217,406.	07699
07600	Other Ancillary Cost	00300	Total Cost	217,406.	07699
07600	Other Ancillary Cost	00500	Adjusted Total Cost	217,406.	07699
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	1,803,850.	07699
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.120523	Ratio
09100	Emergency Department	00100	Worksheet B Total	12,026,476.	
09100	Emergency Department	00300	Total Cost	12,026,476.	
09100	Emergency Department	00500	Adjusted Total Cost	12,026,476.	
09100	Emergency Department	00800	Total (Col 06 & 07)	146,154,707.	
09100	Emergency Department	00900	Cost or Other Ratio	0.082286	Ratio
09200	Observation Beds	00300	Total Cost	5,179,370.	
09200	Observation Beds	00500	Adjusted Total Cost	5,179,370.	
09200	Observation Beds	00800	Total (Col 06 & 07)	23,446,535.	
09200	Observation Beds	00900	Cost or Other Ratio	0.220901	Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	175,196,806.	
20000	Worksheet C Sub Total	00300	Total Cost	175,196,806.	
20000	Worksheet C Sub Total	00400	RCE Disallowance	366,658.	
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	175,563,464.	
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	1,575,667,894.	
20100	Less Observation Beds	00100	Worksheet B Total	5,179,370.	
20100	Less Observation Beds	00300	Total Cost	5,179,370.	
20100	Less Observation Beds	00500	Adjusted Total Cost	5,179,370.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	170,017,436.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	366,658.	

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Line Line Description Col Column Desc Line Value Type
100275 WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414

Worksheet 672912 Period End 12/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	170,384,094.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	1,000,485,884.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	575,182,010.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	1,575,667,894.

100287 GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401

Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	44,060,495.
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	44,060,495.
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	44,060,495.
03000	Adults and Pediatrics - General Routine Care	00600	Charges - Inpatient	180,686,678.
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	180,686,678.
03100	Intensive Care Unit	00100	Worksheet B Total	4,918,017.
03100	Intensive Care Unit	00300	Total Cost	4,918,017.
03100	Intensive Care Unit	00500	Adjusted Total Cost	4,918,017.
03100	Intensive Care Unit	00600	Charges - Inpatient	15,241,125.
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	15,241,125.
03500	Other Special Care	00100	Worksheet B Total	1,429,411.
03500	Other Special Care	00300	Total Cost	1,429,411.
03500	Other Special Care	00500	Adjusted Total Cost	1,429,411.
03500	Other Special Care	00600	Charges - Inpatient	1,496,958.
03500	Other Special Care	00800	Total (Col 06 & 07)	1,496,958.
04300	Nursery	00100	Worksheet B Total	399,237.
04300	Nursery	00300	Total Cost	399,237.
04300	Nursery	00500	Adjusted Total Cost	399,237.
04300	Nursery	00600	Charges - Inpatient	2,654,904.
04300	Nursery	00800	Total (Col 06 & 07)	2,654,904.
05000	Operating Room	00100	Worksheet B Total	13,378,393.

CR Hospital Reference Report 2019

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100287 **GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL** **33401**

Worksheet 674375 **Period End 05/31/2019** **Days 365** **Status Submitted**

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05000	Operating Room	00300	Total Cost	13,378,393.	
05000	Operating Room	00400	RCE Disallowance	28,026.	
05000	Operating Room	00500	Adjusted Total Cost	13,406,419.	
05000	Operating Room	00600	Charges - Inpatient	75,112,203.	
05000	Operating Room	00700	Charges - Outpatient	103,860,396.	
05000	Operating Room	00800	Total (Col 06 & 07)	178,972,599.	
05000	Operating Room	00900	Cost or Other Ratio	0.074751	Ratio
05000	Operating Room	01100	PPS Inpatient Ratio	0.074908	Ratio
05200	Delivery Room and Labor Room	00100	Worksheet B Total	2,672,135.	
05200	Delivery Room and Labor Room	00300	Total Cost	2,672,135.	
05200	Delivery Room and Labor Room	00500	Adjusted Total Cost	2,672,135.	
05200	Delivery Room and Labor Room	00600	Charges - Inpatient	13,353,208.	
05200	Delivery Room and Labor Room	00700	Charges - Outpatient	2,468,834.	
05200	Delivery Room and Labor Room	00800	Total (Col 06 & 07)	15,822,042.	
05200	Delivery Room and Labor Room	00900	Cost or Other Ratio	0.168887	Ratio
05200	Delivery Room and Labor Room	01100	PPS Inpatient Ratio	0.168887	Ratio
05300	Anesthesiology	00100	Worksheet B Total	192,502.	
05300	Anesthesiology	00300	Total Cost	192,502.	
05300	Anesthesiology	00500	Adjusted Total Cost	192,502.	
05300	Anesthesiology	00600	Charges - Inpatient	13,971,756.	
05300	Anesthesiology	00700	Charges - Outpatient	17,308,513.	
05300	Anesthesiology	00800	Total (Col 06 & 07)	31,280,269.	
05300	Anesthesiology	00900	Cost or Other Ratio	0.006154	Ratio
05300	Anesthesiology	01100	PPS Inpatient Ratio	0.006154	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	7,170,057.	
05400	Radiology-Diagnositc	00300	Total Cost	7,170,057.	
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	7,170,057.	
05400	Radiology-Diagnositc	00600	Charges - Inpatient	83,181,531.	
05400	Radiology-Diagnositc	00700	Charges - Outpatient	110,210,302.	
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	193,391,833.	
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.037075	Ratio
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.037075	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	730,784.	05401

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100287 **GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL** **33401**

Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05400	Radiology-Diagnositc	00300	Total Cost	730,784.	05401
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	730,784.	05401
05400	Radiology-Diagnositc	00600	Charges - Inpatient	9,171,487.	05401
05400	Radiology-Diagnositc	00700	Charges - Outpatient	10,156,075.	05401
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	19,327,562.	05401
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.037810	Ratio
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.037810	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	347,791.	05402
05400	Radiology-Diagnositc	00300	Total Cost	347,791.	05402
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	347,791.	05402
05400	Radiology-Diagnositc	00600	Charges - Inpatient	2,849,493.	05402
05400	Radiology-Diagnositc	00700	Charges - Outpatient	4,065,786.	05402
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	6,915,279.	05402
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.050293	Ratio
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.050293	Ratio
05600	Radioisotope	00100	Worksheet B Total	1,452,664.	
05600	Radioisotope	00300	Total Cost	1,452,664.	
05600	Radioisotope	00500	Adjusted Total Cost	1,452,664.	
05600	Radioisotope	00600	Charges - Inpatient	4,248,889.	
05600	Radioisotope	00700	Charges - Outpatient	9,802,211.	
05600	Radioisotope	00800	Total (Col 06 & 07)	14,051,100.	
05600	Radioisotope	00900	Cost or Other Ratio	0.103384	Ratio
05600	Radioisotope	01100	PPS Inpatient Ratio	0.103384	Ratio
06000	Laboratory	00100	Worksheet B Total	9,178,654.	
06000	Laboratory	00300	Total Cost	9,178,654.	
06000	Laboratory	00500	Adjusted Total Cost	9,178,654.	
06000	Laboratory	00600	Charges - Inpatient	127,765,521.	
06000	Laboratory	00700	Charges - Outpatient	85,466,908.	
06000	Laboratory	00800	Total (Col 06 & 07)	213,232,429.	
06000	Laboratory	00900	Cost or Other Ratio	0.043045	Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.043045	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	2,537,074.	
06500	Respiratory Therapy	00300	Total Cost	2,537,074.	

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Line Line Description Col Column Desc Line Value Type
 100287 GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401

Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06500	Respiratory Therapy	00500	Adjusted Total Cost	2,537,074.	
06500	Respiratory Therapy	00600	Charges - Inpatient	23,907,484.	
06500	Respiratory Therapy	00700	Charges - Outpatient	1,593,804.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	25,501,288.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.099488	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.099488	Ratio
06600	Physical Therapy	00100	Worksheet B Total	1,618,045.	
06600	Physical Therapy	00300	Total Cost	1,618,045.	
06600	Physical Therapy	00500	Adjusted Total Cost	1,618,045.	
06600	Physical Therapy	00600	Charges - Inpatient	7,121,268.	
06600	Physical Therapy	00700	Charges - Outpatient	3,452,957.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	10,574,225.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.153018	Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.153018	Ratio
06700	Occupational Therapy	00100	Worksheet B Total	390,554.	
06700	Occupational Therapy	00300	Total Cost	390,554.	
06700	Occupational Therapy	00500	Adjusted Total Cost	390,554.	
06700	Occupational Therapy	00600	Charges - Inpatient	1,622,012.	
06700	Occupational Therapy	00700	Charges - Outpatient	434,416.	
06700	Occupational Therapy	00800	Total (Col 06 & 07)	2,056,428.	
06700	Occupational Therapy	00900	Cost or Other Ratio	0.189919	Ratio
06700	Occupational Therapy	01100	PPS Inpatient Ratio	0.189919	Ratio
06800	Speech Pathology	00100	Worksheet B Total	346,734.	
06800	Speech Pathology	00300	Total Cost	346,734.	
06800	Speech Pathology	00500	Adjusted Total Cost	346,734.	
06800	Speech Pathology	00600	Charges - Inpatient	1,143,466.	
06800	Speech Pathology	00700	Charges - Outpatient	465,650.	
06800	Speech Pathology	00800	Total (Col 06 & 07)	1,609,116.	
06800	Speech Pathology	00900	Cost or Other Ratio	0.215481	Ratio
06800	Speech Pathology	01100	PPS Inpatient Ratio	0.215481	Ratio
06900	Electrocardiology	00100	Worksheet B Total	2,044,311.	
06900	Electrocardiology	00300	Total Cost	2,044,311.	
06900	Electrocardiology	00500	Adjusted Total Cost	2,044,311.	

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Line Line Description Col Column Desc Line Value Type
100287 GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401

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C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
06900	Electrocardiology	00600	Charges - Inpatient	23,898,561.
06900	Electrocardiology	00700	Charges - Outpatient	14,896,522.
06900	Electrocardiology	00800	Total (Col 06 & 07)	38,795,083.
06900	Electrocardiology	00900	Cost or Other Ratio	0.052695 Ratio
06900	Electrocardiology	01100	PPS Inpatient Ratio	0.052695 Ratio
06900	Electrocardiology	00100	Worksheet B Total	3,527,546. 06902
06900	Electrocardiology	00300	Total Cost	3,527,546. 06902
06900	Electrocardiology	00500	Adjusted Total Cost	3,527,546. 06902
06900	Electrocardiology	00600	Charges - Inpatient	22,607,999. 06902
06900	Electrocardiology	00700	Charges - Outpatient	13,567,382. 06902
06900	Electrocardiology	00800	Total (Col 06 & 07)	36,175,381. 06902
06900	Electrocardiology	00900	Cost or Other Ratio	0.097512 Ratio
06900	Electrocardiology	01100	PPS Inpatient Ratio	0.097512 Ratio
07000	Electroencephalography	00100	Worksheet B Total	351,740.
07000	Electroencephalography	00300	Total Cost	351,740.
07000	Electroencephalography	00400	RCE Disallowance	3,138.
07000	Electroencephalography	00500	Adjusted Total Cost	354,878.
07000	Electroencephalography	00600	Charges - Inpatient	634,199.
07000	Electroencephalography	00700	Charges - Outpatient	124,879.
07000	Electroencephalography	00800	Total (Col 06 & 07)	759,078.
07000	Electroencephalography	00900	Cost or Other Ratio	0.463378 Ratio
07000	Electroencephalography	01100	PPS Inpatient Ratio	0.467512 Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	15,549,115.
07100	Medical Supplies charged to patients	00300	Total Cost	15,549,115.
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	15,549,115.
07100	Medical Supplies charged to patients	00600	Charges - Inpatient	67,327,251.
07100	Medical Supplies charged to patients	00700	Charges - Outpatient	77,607,897.
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	144,935,148.
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.107283 Ratio
07100	Medical Supplies charged to patients	01100	PPS Inpatient Ratio	0.107283 Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	13,012,465.
07200	Implantable Devices Charged to Patients	00300	Total Cost	13,012,465.
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	13,012,465.

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Line	Line Description	Col	Column Desc	Line Value	Type
100287	GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401				

Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07200	Implantable Devices Charged to Patients	00600	Charges - Inpatient	42,984,043.	
07200	Implantable Devices Charged to Patients	00700	Charges - Outpatient	42,145,475.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	85,129,518.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.152855	Ratio
07200	Implantable Devices Charged to Patients	01100	PPS Inpatient Ratio	0.152855	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	15,125,378.	
07300	Drugs Charged to Patients	00300	Total Cost	15,125,378.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	15,125,378.	
07300	Drugs Charged to Patients	00600	Charges - Inpatient	235,462,130.	
07300	Drugs Charged to Patients	00700	Charges - Outpatient	63,423,749.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	298,885,879.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.050606	Ratio
07300	Drugs Charged to Patients	01100	PPS Inpatient Ratio	0.050606	Ratio
07400	Renal Dialysis	00100	Worksheet B Total	1,102,917.	
07400	Renal Dialysis	00300	Total Cost	1,102,917.	
07400	Renal Dialysis	00500	Adjusted Total Cost	1,102,917.	
07400	Renal Dialysis	00600	Charges - Inpatient	2,695,283.	
07400	Renal Dialysis	00700	Charges - Outpatient	1,065,239.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	3,760,522.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.293288	Ratio
07400	Renal Dialysis	01100	PPS Inpatient Ratio	0.293288	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	1,918,309.	07601
07600	Other Ancillary Cost	00300	Total Cost	1,918,309.	07601
07600	Other Ancillary Cost	00400	RCE Disallowance	18,236.	07601
07600	Other Ancillary Cost	00500	Adjusted Total Cost	1,936,545.	07601
07600	Other Ancillary Cost	00600	Charges - Inpatient	48,436.	07601
07600	Other Ancillary Cost	00700	Charges - Outpatient	11,442,529.	07601
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	11,490,965.	07601
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.166941	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.168528	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	428,259.	07625
07600	Other Ancillary Cost	00300	Total Cost	428,259.	07625
07600	Other Ancillary Cost	00500	Adjusted Total Cost	428,259.	07625

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Line Line Description Col Column Desc Line Value Type
100287 GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401

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C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
09000	Clinic	00800	Total (Col 06 & 07)	44,519,402. 09006
09000	Clinic	00900	Cost or Other Ratio	0.069089 Ratio
09000	Clinic	01100	PPS Inpatient Ratio	0.069089 Ratio
09000	Clinic	00100	Worksheet B Total	3,193,238. 09007
09000	Clinic	00300	Total Cost	3,193,238. 09007
09000	Clinic	00500	Adjusted Total Cost	3,193,238. 09007
09000	Clinic	00600	Charges - Inpatient	11,106. 09007
09000	Clinic	00700	Charges - Outpatient	55,550,792. 09007
09000	Clinic	00800	Total (Col 06 & 07)	55,561,898. 09007
09000	Clinic	00900	Cost or Other Ratio	0.057472 Ratio
09000	Clinic	01100	PPS Inpatient Ratio	0.057472 Ratio
09000	Clinic	00100	Worksheet B Total	2,796,317. 09008
09000	Clinic	00300	Total Cost	2,796,317. 09008
09000	Clinic	00500	Adjusted Total Cost	2,796,317. 09008
09000	Clinic	00600	Charges - Inpatient	13,184. 09008
09000	Clinic	00700	Charges - Outpatient	70,715,868. 09008
09000	Clinic	00800	Total (Col 06 & 07)	70,729,052. 09008
09000	Clinic	00900	Cost or Other Ratio	0.039536 Ratio
09000	Clinic	01100	PPS Inpatient Ratio	0.039536 Ratio
09100	Emergency Department	00100	Worksheet B Total	7,759,799.
09100	Emergency Department	00300	Total Cost	7,759,799.
09100	Emergency Department	00400	RCE Disallowance	387.
09100	Emergency Department	00500	Adjusted Total Cost	7,760,186.
09100	Emergency Department	00600	Charges - Inpatient	43,644,175.
09100	Emergency Department	00700	Charges - Outpatient	125,471,684.
09100	Emergency Department	00800	Total (Col 06 & 07)	169,115,859.
09100	Emergency Department	00900	Cost or Other Ratio	0.045885 Ratio
09100	Emergency Department	01100	PPS Inpatient Ratio	0.045887 Ratio
09200	Observation Beds	00100	Worksheet B Total	7,116,440.
09200	Observation Beds	00300	Total Cost	7,116,440.
09200	Observation Beds	00500	Adjusted Total Cost	7,116,440.
09200	Observation Beds	00600	Charges - Inpatient	10,981,906.
09200	Observation Beds	00700	Charges - Outpatient	25,505,223.

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Line	Line Description	Col	Column Desc	Line Value	Type
100287	GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401				

Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
09200	Observation Beds	00800	Total (Col 06 & 07)	36,487,129.	
09200	Observation Beds	00900	Cost or Other Ratio	0.195040	Ratio
09200	Observation Beds	01100	PPS Inpatient Ratio	0.195040	Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	173,674,263.	
20000	Worksheet C Sub Total	00300	Total Cost	173,674,263.	
20000	Worksheet C Sub Total	00400	RCE Disallowance	49,787.	
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	173,724,050.	
20000	Worksheet C Sub Total	00600	Charges - Inpatient	1,024,669,829.	
20000	Worksheet C Sub Total	00700	Charges - Outpatient	990,522,998.	
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	2,015,192,827.	
20100	Less Observation Beds	00100	Worksheet B Total	7,116,440.	
20100	Less Observation Beds	00300	Total Cost	7,116,440.	
20100	Less Observation Beds	00500	Adjusted Total Cost	7,116,440.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00100	Worksheet B Total	166,557,823.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	166,557,823.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	49,787.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	166,607,610.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	1,024,669,829.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	990,522,998.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	2,015,192,827.	
019	Title 19 - Medicaid				
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	44,060,495.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	44,060,495.	
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	44,060,495.	
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	180,686,678.	
03100	Intensive Care Unit	00100	Worksheet B Total	4,918,017.	
03100	Intensive Care Unit	00300	Total Cost	4,918,017.	
03100	Intensive Care Unit	00500	Adjusted Total Cost	4,918,017.	

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**

100287 **GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401**

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C00 Wkst C Computation of Ratio of Costs to Charges					
1 Part 1 - Computation of Ratio of Costs to Charges					
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	15,241,125.	
03500	Other Special Care	00100	Worksheet B Total	1,429,411.	
03500	Other Special Care	00300	Total Cost	1,429,411.	
03500	Other Special Care	00500	Adjusted Total Cost	1,429,411.	
03500	Other Special Care	00800	Total (Col 06 & 07)	1,496,958.	
04300	Nursery	00100	Worksheet B Total	399,237.	
04300	Nursery	00300	Total Cost	399,237.	
04300	Nursery	00500	Adjusted Total Cost	399,237.	
04300	Nursery	00800	Total (Col 06 & 07)	2,654,904.	
05000	Operating Room	00100	Worksheet B Total	13,378,393.	
05000	Operating Room	00300	Total Cost	13,378,393.	
05000	Operating Room	00400	RCE Disallowance	28,026.	
05000	Operating Room	00500	Adjusted Total Cost	13,406,419.	
05000	Operating Room	00800	Total (Col 06 & 07)	178,972,599.	
05000	Operating Room	00900	Cost or Other Ratio	0.074751	Ratio
05200	Delivery Room and Labor Room	00100	Worksheet B Total	2,672,135.	
05200	Delivery Room and Labor Room	00300	Total Cost	2,672,135.	
05200	Delivery Room and Labor Room	00500	Adjusted Total Cost	2,672,135.	
05200	Delivery Room and Labor Room	00800	Total (Col 06 & 07)	15,822,042.	
05200	Delivery Room and Labor Room	00900	Cost or Other Ratio	0.168887	Ratio
05300	Anesthesiology	00100	Worksheet B Total	192,502.	
05300	Anesthesiology	00300	Total Cost	192,502.	
05300	Anesthesiology	00500	Adjusted Total Cost	192,502.	
05300	Anesthesiology	00800	Total (Col 06 & 07)	31,280,269.	
05300	Anesthesiology	00900	Cost or Other Ratio	0.006154	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	7,170,057.	
05400	Radiology-Diagnositc	00300	Total Cost	7,170,057.	
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	7,170,057.	
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	193,391,833.	
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.037075	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	730,784.	05401
05400	Radiology-Diagnositc	00300	Total Cost	730,784.	05401
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	730,784.	05401

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100287 **GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401**

Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	19,327,562. 05401
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.037810 Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	347,791. 05402
05400	Radiology-Diagnositc	00300	Total Cost	347,791. 05402
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	347,791. 05402
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	6,915,279. 05402
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.050293 Ratio
05600	Radioisotope	00100	Worksheet B Total	1,452,664.
05600	Radioisotope	00300	Total Cost	1,452,664.
05600	Radioisotope	00500	Adjusted Total Cost	1,452,664.
05600	Radioisotope	00800	Total (Col 06 & 07)	14,051,100.
05600	Radioisotope	00900	Cost or Other Ratio	0.103384 Ratio
06000	Laboratory	00100	Worksheet B Total	9,178,654.
06000	Laboratory	00300	Total Cost	9,178,654.
06000	Laboratory	00500	Adjusted Total Cost	9,178,654.
06000	Laboratory	00800	Total (Col 06 & 07)	213,232,429.
06000	Laboratory	00900	Cost or Other Ratio	0.043045 Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	2,537,074.
06500	Respiratory Therapy	00300	Total Cost	2,537,074.
06500	Respiratory Therapy	00500	Adjusted Total Cost	2,537,074.
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	25,501,288.
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.099488 Ratio
06600	Physical Therapy	00100	Worksheet B Total	1,618,045.
06600	Physical Therapy	00300	Total Cost	1,618,045.
06600	Physical Therapy	00500	Adjusted Total Cost	1,618,045.
06600	Physical Therapy	00800	Total (Col 06 & 07)	10,574,225.
06600	Physical Therapy	00900	Cost or Other Ratio	0.153018 Ratio
06700	Occupational Therapy	00100	Worksheet B Total	390,554.
06700	Occupational Therapy	00300	Total Cost	390,554.
06700	Occupational Therapy	00500	Adjusted Total Cost	390,554.
06700	Occupational Therapy	00800	Total (Col 06 & 07)	2,056,428.
06700	Occupational Therapy	00900	Cost or Other Ratio	0.189919 Ratio
06800	Speech Pathology	00100	Worksheet B Total	346,734.

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Line	Line Description	Col	Column Desc	Line Value	Type
100287	GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401				

Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06800	Speech Pathology	00300	Total Cost	346,734.	
06800	Speech Pathology	00500	Adjusted Total Cost	346,734.	
06800	Speech Pathology	00800	Total (Col 06 & 07)	1,609,116.	
06800	Speech Pathology	00900	Cost or Other Ratio	0.215481	Ratio
06900	Electrocardiology	00100	Worksheet B Total	2,044,311.	
06900	Electrocardiology	00300	Total Cost	2,044,311.	
06900	Electrocardiology	00500	Adjusted Total Cost	2,044,311.	
06900	Electrocardiology	00800	Total (Col 06 & 07)	38,795,083.	
06900	Electrocardiology	00900	Cost or Other Ratio	0.052695	Ratio
06900	Electrocardiology	00100	Worksheet B Total	3,527,546.	06902
06900	Electrocardiology	00300	Total Cost	3,527,546.	06902
06900	Electrocardiology	00500	Adjusted Total Cost	3,527,546.	06902
06900	Electrocardiology	00800	Total (Col 06 & 07)	36,175,381.	06902
06900	Electrocardiology	00900	Cost or Other Ratio	0.097512	Ratio
07000	Electroencephalography	00100	Worksheet B Total	351,740.	
07000	Electroencephalography	00300	Total Cost	351,740.	
07000	Electroencephalography	00400	RCE Disallowance	3,138.	
07000	Electroencephalography	00500	Adjusted Total Cost	354,878.	
07000	Electroencephalography	00800	Total (Col 06 & 07)	759,078.	
07000	Electroencephalography	00900	Cost or Other Ratio	0.463378	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	15,549,115.	
07100	Medical Supplies charged to patients	00300	Total Cost	15,549,115.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	15,549,115.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	144,935,148.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.107283	Ratio
07200	Implantable Devices Charged to Patients	00100	Worksheet B Total	13,012,465.	
07200	Implantable Devices Charged to Patients	00300	Total Cost	13,012,465.	
07200	Implantable Devices Charged to Patients	00500	Adjusted Total Cost	13,012,465.	
07200	Implantable Devices Charged to Patients	00800	Total (Col 06 & 07)	85,129,518.	
07200	Implantable Devices Charged to Patients	00900	Cost or Other Ratio	0.152855	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	15,125,378.	
07300	Drugs Charged to Patients	00300	Total Cost	15,125,378.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	15,125,378.	

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Line Line Description Col Column Desc Line Value Type
100287 GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401

Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	298,885,879.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.050606	Ratio
07400	Renal Dialysis	00100	Worksheet B Total	1,102,917.	
07400	Renal Dialysis	00300	Total Cost	1,102,917.	
07400	Renal Dialysis	00500	Adjusted Total Cost	1,102,917.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	3,760,522.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.293288	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	1,918,309.	07601
07600	Other Ancillary Cost	00300	Total Cost	1,918,309.	07601
07600	Other Ancillary Cost	00400	RCE Disallowance	18,236.	07601
07600	Other Ancillary Cost	00500	Adjusted Total Cost	1,936,545.	07601
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	11,490,965.	07601
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.166941	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	428,259.	07625
07600	Other Ancillary Cost	00300	Total Cost	428,259.	07625
07600	Other Ancillary Cost	00500	Adjusted Total Cost	428,259.	07625
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	1,719,910.	07625
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.249001	Ratio
09000	Clinic	00100	Worksheet B Total	599,556.	09001
09000	Clinic	00300	Total Cost	599,556.	09001
09000	Clinic	00500	Adjusted Total Cost	599,556.	09001
09000	Clinic	00800	Total (Col 06 & 07)	6,054,093.	09001
09000	Clinic	00900	Cost or Other Ratio	0.099033	Ratio
09000	Clinic	00100	Worksheet B Total	3,102,373.	09003
09000	Clinic	00300	Total Cost	3,102,373.	09003
09000	Clinic	00500	Adjusted Total Cost	3,102,373.	09003
09000	Clinic	00800	Total (Col 06 & 07)	54,990,307.	09003
09000	Clinic	00900	Cost or Other Ratio	0.056417	Ratio
09000	Clinic	00100	Worksheet B Total	2,148,157.	09005
09000	Clinic	00300	Total Cost	2,148,157.	09005
09000	Clinic	00500	Adjusted Total Cost	2,148,157.	09005
09000	Clinic	00800	Total (Col 06 & 07)	43,269,768.	09005
09000	Clinic	00900	Cost or Other Ratio	0.049646	Ratio

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Line Line Description Col Column Desc Line Value Type
100287 GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401

Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
09000	Clinic	00100	Worksheet B Total	3,075,796. 09006
09000	Clinic	00300	Total Cost	3,075,796. 09006
09000	Clinic	00500	Adjusted Total Cost	3,075,796. 09006
09000	Clinic	00800	Total (Col 06 & 07)	44,519,402. 09006
09000	Clinic	00900	Cost or Other Ratio	0.069089 Ratio
09000	Clinic	00100	Worksheet B Total	3,193,238. 09007
09000	Clinic	00300	Total Cost	3,193,238. 09007
09000	Clinic	00500	Adjusted Total Cost	3,193,238. 09007
09000	Clinic	00800	Total (Col 06 & 07)	55,561,898. 09007
09000	Clinic	00900	Cost or Other Ratio	0.057472 Ratio
09000	Clinic	00100	Worksheet B Total	2,796,317. 09008
09000	Clinic	00300	Total Cost	2,796,317. 09008
09000	Clinic	00500	Adjusted Total Cost	2,796,317. 09008
09000	Clinic	00800	Total (Col 06 & 07)	70,729,052. 09008
09000	Clinic	00900	Cost or Other Ratio	0.039536 Ratio
09100	Emergency Department	00100	Worksheet B Total	7,759,799.
09100	Emergency Department	00300	Total Cost	7,759,799.
09100	Emergency Department	00400	RCE Disallowance	387.
09100	Emergency Department	00500	Adjusted Total Cost	7,760,186.
09100	Emergency Department	00800	Total (Col 06 & 07)	169,115,859.
09100	Emergency Department	00900	Cost or Other Ratio	0.045885 Ratio
09200	Observation Beds	00300	Total Cost	7,116,440.
09200	Observation Beds	00500	Adjusted Total Cost	7,116,440.
09200	Observation Beds	00800	Total (Col 06 & 07)	36,487,129.
09200	Observation Beds	00900	Cost or Other Ratio	0.195040 Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	173,674,263.
20000	Worksheet C Sub Total	00300	Total Cost	173,674,263.
20000	Worksheet C Sub Total	00400	RCE Disallowance	49,787.
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	173,724,050.
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	2,015,192,827.
20100	Less Observation Beds	00100	Worksheet B Total	7,116,440.
20100	Less Observation Beds	00300	Total Cost	7,116,440.
20100	Less Observation Beds	00500	Adjusted Total Cost	7,116,440.

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Line	Line Description	Col	Column Desc	Line Value	Type
100287	GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401				

Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	166,557,823.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	49,787.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	166,607,610.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	1,024,669,829.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	990,522,998.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	2,015,192,827.

100288	ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407
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C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	56,013,344.
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	56,013,344.
03000	Adults and Pediatrics - General Routine Care	00400	RCE Disallowance	16,711.
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	56,030,055.
03000	Adults and Pediatrics - General Routine Care	00600	Charges - Inpatient	188,713,828.
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	188,713,828.
03100	Intensive Care Unit	00100	Worksheet B Total	9,964,408.
03100	Intensive Care Unit	00300	Total Cost	9,964,408.
03100	Intensive Care Unit	00500	Adjusted Total Cost	9,964,408.
03100	Intensive Care Unit	00600	Charges - Inpatient	38,007,851.
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	38,007,851.
03500	Other Special Care	00100	Worksheet B Total	14,591,543.
03500	Other Special Care	00300	Total Cost	14,591,543.
03500	Other Special Care	00500	Adjusted Total Cost	14,591,543.
03500	Other Special Care	00600	Charges - Inpatient	82,236,260.
03500	Other Special Care	00800	Total (Col 06 & 07)	82,236,260.
04000	Subprovider - IPF	00100	Worksheet B Total	8,508,259.

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100288 **ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407**

Worksheet 655763 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
04000	Subprovider - IPF	00300	Total Cost	8,508,259.	
04000	Subprovider - IPF	00500	Adjusted Total Cost	8,508,259.	
04000	Subprovider - IPF	00600	Charges - Inpatient	48,058,840.	
04000	Subprovider - IPF	00800	Total (Col 06 & 07)	48,058,840.	
04100	Subprovider - IRF	00100	Worksheet B Total	8,801,291.	
04100	Subprovider - IRF	00300	Total Cost	8,801,291.	
04100	Subprovider - IRF	00400	RCE Disallowance	12,115.	
04100	Subprovider - IRF	00500	Adjusted Total Cost	8,813,406.	
04100	Subprovider - IRF	00600	Charges - Inpatient	16,863,308.	
04100	Subprovider - IRF	00800	Total (Col 06 & 07)	16,863,308.	
04300	Nursery	00100	Worksheet B Total	1,419,827.	
04300	Nursery	00300	Total Cost	1,419,827.	
04300	Nursery	00500	Adjusted Total Cost	1,419,827.	
04300	Nursery	00600	Charges - Inpatient	4,740,499.	
04300	Nursery	00800	Total (Col 06 & 07)	4,740,499.	
05000	Operating Room	00100	Worksheet B Total	18,291,313.	
05000	Operating Room	00300	Total Cost	18,291,313.	
05000	Operating Room	00500	Adjusted Total Cost	18,291,313.	
05000	Operating Room	00600	Charges - Inpatient	127,917,856.	
05000	Operating Room	00700	Charges - Outpatient	65,667,768.	
05000	Operating Room	00800	Total (Col 06 & 07)	193,585,624.	
05000	Operating Room	00900	Cost or Other Ratio	0.094487	Ratio
05000	Operating Room	01100	PPS Inpatient Ratio	0.094487	Ratio
05100	Recovery Room	00100	Worksheet B Total	3,637,642.	
05100	Recovery Room	00300	Total Cost	3,637,642.	
05100	Recovery Room	00500	Adjusted Total Cost	3,637,642.	
05100	Recovery Room	00600	Charges - Inpatient	18,609,885.	
05100	Recovery Room	00700	Charges - Outpatient	15,312,021.	
05100	Recovery Room	00800	Total (Col 06 & 07)	33,921,906.	
05100	Recovery Room	00900	Cost or Other Ratio	0.107236	Ratio
05100	Recovery Room	01100	PPS Inpatient Ratio	0.107236	Ratio
05200	Delivery Room and Labor Room	00100	Worksheet B Total	10,502,080.	
05200	Delivery Room and Labor Room	00300	Total Cost	10,502,080.	

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Line Line Description Col Column Desc Line Value Type
100288 ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407

Worksheet 655763 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05200	Delivery Room and Labor Room	00500	Adjusted Total Cost	10,502,080.	
05200	Delivery Room and Labor Room	00600	Charges - Inpatient	67,751,733.	
05200	Delivery Room and Labor Room	00700	Charges - Outpatient	947,316.	
05200	Delivery Room and Labor Room	00800	Total (Col 06 & 07)	68,699,049.	
05200	Delivery Room and Labor Room	00900	Cost or Other Ratio	0.152871	Ratio
05200	Delivery Room and Labor Room	01100	PPS Inpatient Ratio	0.152871	Ratio
05300	Anesthesiology	00100	Worksheet B Total	369,625.	
05300	Anesthesiology	00300	Total Cost	369,625.	
05300	Anesthesiology	00500	Adjusted Total Cost	369,625.	
05300	Anesthesiology	00600	Charges - Inpatient	42,761,287.	
05300	Anesthesiology	00700	Charges - Outpatient	18,504,255.	
05300	Anesthesiology	00800	Total (Col 06 & 07)	61,265,542.	
05300	Anesthesiology	00900	Cost or Other Ratio	0.006033	Ratio
05300	Anesthesiology	01100	PPS Inpatient Ratio	0.006033	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	6,372,466.	
05400	Radiology-Diagnositc	00300	Total Cost	6,372,466.	
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	6,372,466.	
05400	Radiology-Diagnositc	00600	Charges - Inpatient	106,073,351.	
05400	Radiology-Diagnositc	00700	Charges - Outpatient	100,587,331.	
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	206,660,682.	
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.030835	Ratio
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.030835	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	1,110,770.	05401
05400	Radiology-Diagnositc	00300	Total Cost	1,110,770.	05401
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	1,110,770.	05401
05400	Radiology-Diagnositc	00600	Charges - Inpatient	11,197,639.	05401
05400	Radiology-Diagnositc	00700	Charges - Outpatient	13,182,262.	05401
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	24,379,901.	05401
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.045561	Ratio
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.045561	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	1,003,804.	05402
05400	Radiology-Diagnositc	00300	Total Cost	1,003,804.	05402
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	1,003,804.	05402

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100288 **ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407**

Worksheet 655763 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05400	Radiology-Diagnositc	00600	Charges - Inpatient	1,513,047.	05402
05400	Radiology-Diagnositc	00700	Charges - Outpatient	1,657,118.	05402
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	3,170,165.	05402
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.316641	Ratio
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.316641	Ratio
05600	Radioisotope	00100	Worksheet B Total	918,900.	
05600	Radioisotope	00300	Total Cost	918,900.	
05600	Radioisotope	00500	Adjusted Total Cost	918,900.	
05600	Radioisotope	00600	Charges - Inpatient	1,283,185.	
05600	Radioisotope	00700	Charges - Outpatient	1,401,756.	
05600	Radioisotope	00800	Total (Col 06 & 07)	2,684,941.	
05600	Radioisotope	00900	Cost or Other Ratio	0.342242	Ratio
05600	Radioisotope	01100	PPS Inpatient Ratio	0.342242	Ratio
06000	Laboratory	00100	Worksheet B Total	15,917,726.	
06000	Laboratory	00300	Total Cost	15,917,726.	
06000	Laboratory	00500	Adjusted Total Cost	15,917,726.	
06000	Laboratory	00600	Charges - Inpatient	166,884,271.	
06000	Laboratory	00700	Charges - Outpatient	95,513,272.	
06000	Laboratory	00800	Total (Col 06 & 07)	262,397,543.	
06000	Laboratory	00900	Cost or Other Ratio	0.060663	Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.060663	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	4,438,422.	
06500	Respiratory Therapy	00300	Total Cost	4,438,422.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	4,438,422.	
06500	Respiratory Therapy	00600	Charges - Inpatient	70,439,607.	
06500	Respiratory Therapy	00700	Charges - Outpatient	2,583,131.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	73,022,738.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.060781	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.060781	Ratio
06600	Physical Therapy	00100	Worksheet B Total	8,633,548.	
06600	Physical Therapy	00300	Total Cost	8,633,548.	
06600	Physical Therapy	00500	Adjusted Total Cost	8,633,548.	
06600	Physical Therapy	00600	Charges - Inpatient	36,301,161.	

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100288 ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407

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C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
06600	Physical Therapy	00700	Charges - Outpatient	16,685,824.
06600	Physical Therapy	00800	Total (Col 06 & 07)	52,986,985.
06600	Physical Therapy	00900	Cost or Other Ratio	0.162937 Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.162937 Ratio
06600	Physical Therapy	00100	Worksheet B Total	164,489. 06602
06600	Physical Therapy	00300	Total Cost	164,489. 06602
06600	Physical Therapy	00500	Adjusted Total Cost	164,489. 06602
06600	Physical Therapy	00600	Charges - Inpatient	17,278. 06602
06600	Physical Therapy	00700	Charges - Outpatient	391,422. 06602
06600	Physical Therapy	00800	Total (Col 06 & 07)	408,700. 06602
06600	Physical Therapy	00900	Cost or Other Ratio	0.402469 Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.402469 Ratio
06900	Electrocardiology	00100	Worksheet B Total	171,212.
06900	Electrocardiology	00300	Total Cost	171,212.
06900	Electrocardiology	00500	Adjusted Total Cost	171,212.
06900	Electrocardiology	00600	Charges - Inpatient	3,825,968.
06900	Electrocardiology	00700	Charges - Outpatient	3,942,681.
06900	Electrocardiology	00800	Total (Col 06 & 07)	7,768,649.
06900	Electrocardiology	00900	Cost or Other Ratio	0.022039 Ratio
06900	Electrocardiology	01100	PPS Inpatient Ratio	0.022039 Ratio
06900	Electrocardiology	00100	Worksheet B Total	768,264. 06902
06900	Electrocardiology	00300	Total Cost	768,264. 06902
06900	Electrocardiology	00500	Adjusted Total Cost	768,264. 06902
06900	Electrocardiology	00600	Charges - Inpatient	16,703,381. 06902
06900	Electrocardiology	00700	Charges - Outpatient	3,864,347. 06902
06900	Electrocardiology	00800	Total (Col 06 & 07)	20,567,728. 06902
06900	Electrocardiology	00900	Cost or Other Ratio	0.037353 Ratio
06900	Electrocardiology	01100	PPS Inpatient Ratio	0.037353 Ratio
07000	Electroencephalography	00100	Worksheet B Total	540,784.
07000	Electroencephalography	00300	Total Cost	540,784.
07000	Electroencephalography	00400	RCE Disallowance	9,898.
07000	Electroencephalography	00500	Adjusted Total Cost	550,682.
07000	Electroencephalography	00600	Charges - Inpatient	6,953,234.

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Line 100288 **Line Description ST MARYS MEDICAL CENTER WEST PALM BEACH, FL** **Col 33407** **Column Desc** **Line Value** **Type**

Worksheet 655763 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07400	Renal Dialysis	00700	Charges - Outpatient	15,603,342.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	17,511,106.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.210808	Ratio
07400	Renal Dialysis	01100	PPS Inpatient Ratio	0.211898	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	834,640.	07606
07600	Other Ancillary Cost	00300	Total Cost	834,640.	07606
07600	Other Ancillary Cost	00400	RCE Disallowance	88,990.	07606
07600	Other Ancillary Cost	00500	Adjusted Total Cost	923,630.	07606
07600	Other Ancillary Cost	00700	Charges - Outpatient	8,684.	07606
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	8,684.	07606
07600	Other Ancillary Cost	00900	Cost or Other Ratio	96.112391	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	106.359972	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	1,927,662.	07607
07600	Other Ancillary Cost	00300	Total Cost	1,927,662.	07607
07600	Other Ancillary Cost	00500	Adjusted Total Cost	1,927,662.	07607
07600	Other Ancillary Cost	00600	Charges - Inpatient	207,271.	07607
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	207,271.	07607
07600	Other Ancillary Cost	00900	Cost or Other Ratio	9.300201	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	9.300201	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	330,158.	07608
07600	Other Ancillary Cost	00300	Total Cost	330,158.	07608
07600	Other Ancillary Cost	00400	RCE Disallowance	5,765.	07608
07600	Other Ancillary Cost	00500	Adjusted Total Cost	335,923.	07608
07600	Other Ancillary Cost	00600	Charges - Inpatient	2,461,444.	07608
07600	Other Ancillary Cost	00700	Charges - Outpatient	94,840.	07608
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	2,556,284.	07608
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.129155	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.131411	Ratio
07600	Other Ancillary Cost	00100	Worksheet B Total	545,741.	07698
07600	Other Ancillary Cost	00300	Total Cost	545,741.	07698
07600	Other Ancillary Cost	00500	Adjusted Total Cost	545,741.	07698
07600	Other Ancillary Cost	00600	Charges - Inpatient	2,002,428.	07698
07600	Other Ancillary Cost	00700	Charges - Outpatient	3,119,321.	07698

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
100288 **ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407**

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C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07600	Other Ancillary Cost	00800	Total (Col 06 & 07)	5,121,749.	07698
07600	Other Ancillary Cost	00900	Cost or Other Ratio	0.106554	Ratio
07600	Other Ancillary Cost	01100	PPS Inpatient Ratio	0.106554	Ratio
09000	Clinic	00100	Worksheet B Total	37,756.	
09000	Clinic	00300	Total Cost	37,756.	
09000	Clinic	00500	Adjusted Total Cost	37,756.	
09000	Clinic	00100	Worksheet B Total	2,122,415.	09001
09000	Clinic	00300	Total Cost	2,122,415.	09001
09000	Clinic	00500	Adjusted Total Cost	2,122,415.	09001
09000	Clinic	00600	Charges - Inpatient	5,604.	09001
09000	Clinic	00700	Charges - Outpatient	7,205,931.	09001
09000	Clinic	00800	Total (Col 06 & 07)	7,211,535.	09001
09000	Clinic	00900	Cost or Other Ratio	0.294308	Ratio
09000	Clinic	01100	PPS Inpatient Ratio	0.294308	Ratio
09000	Clinic	00100	Worksheet B Total	3,697,103.	09003
09000	Clinic	00300	Total Cost	3,697,103.	09003
09000	Clinic	00500	Adjusted Total Cost	3,697,103.	09003
09000	Clinic	00600	Charges - Inpatient	30,890,201.	09003
09000	Clinic	00700	Charges - Outpatient	26,767,468.	09003
09000	Clinic	00800	Total (Col 06 & 07)	57,657,669.	09003
09000	Clinic	00900	Cost or Other Ratio	0.064122	Ratio
09000	Clinic	01100	PPS Inpatient Ratio	0.064122	Ratio
09000	Clinic	00100	Worksheet B Total	600,596.	09004
09000	Clinic	00300	Total Cost	600,596.	09004
09000	Clinic	00400	RCE Disallowance	57,633.	09004
09000	Clinic	00500	Adjusted Total Cost	658,229.	09004
09000	Clinic	00600	Charges - Inpatient	4,082.	09004
09000	Clinic	00700	Charges - Outpatient	102,021.	09004
09000	Clinic	00800	Total (Col 06 & 07)	106,103.	09004
09000	Clinic	00900	Cost or Other Ratio	5.660500	Ratio
09000	Clinic	01100	PPS Inpatient Ratio	6.203679	Ratio
09000	Clinic	00100	Worksheet B Total	1,832,964.	09005
09000	Clinic	00300	Total Cost	1,832,964.	09005

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Line	Line Description	Col	Column Desc	Line Value	Type
100288	ST MARYS MEDICAL CENTER WEST PALM BEACH, FL	33407			

Worksheet 655763 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
09000	Clinic	00500	Adjusted Total Cost	1,832,964.	09005
09000	Clinic	00600	Charges - Inpatient	275.	09005
09000	Clinic	00700	Charges - Outpatient	79,709.	09005
09000	Clinic	00800	Total (Col 06 & 07)	79,984.	09005
09000	Clinic	00900	Cost or Other Ratio	22.916633	Ratio
09000	Clinic	01100	PPS Inpatient Ratio	22.916633	Ratio
09100	Emergency Department	00100	Worksheet B Total	16,849,057.	
09100	Emergency Department	00300	Total Cost	16,849,057.	
09100	Emergency Department	00400	RCE Disallowance	5,529.	
09100	Emergency Department	00500	Adjusted Total Cost	16,854,586.	
09100	Emergency Department	00600	Charges - Inpatient	104,247,505.	
09100	Emergency Department	00700	Charges - Outpatient	141,082,979.	
09100	Emergency Department	00800	Total (Col 06 & 07)	245,330,484.	
09100	Emergency Department	00900	Cost or Other Ratio	0.068679	Ratio
09100	Emergency Department	01100	PPS Inpatient Ratio	0.068702	Ratio
09200	Observation Beds	00100	Worksheet B Total	5,001,421.	
09200	Observation Beds	00300	Total Cost	5,001,421.	
09200	Observation Beds	00500	Adjusted Total Cost	5,001,421.	
09200	Observation Beds	00600	Charges - Inpatient	5,599,923.	
09200	Observation Beds	00700	Charges - Outpatient	9,759,684.	
09200	Observation Beds	00800	Total (Col 06 & 07)	15,359,607.	
09200	Observation Beds	00900	Cost or Other Ratio	0.325622	Ratio
09200	Observation Beds	01100	PPS Inpatient Ratio	0.325622	Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	277,886,852.	
20000	Worksheet C Sub Total	00300	Total Cost	277,886,852.	
20000	Worksheet C Sub Total	00400	RCE Disallowance	215,723.	
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	278,102,575.	
20000	Worksheet C Sub Total	00600	Charges - Inpatient	1,603,575,206.	
20000	Worksheet C Sub Total	00700	Charges - Outpatient	622,635,134.	
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	2,226,210,340.	
20100	Less Observation Beds	00100	Worksheet B Total	5,001,421.	
20100	Less Observation Beds	00300	Total Cost	5,001,421.	
20100	Less Observation Beds	00500	Adjusted Total Cost	5,001,421.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100288	ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407				

Worksheet 655763 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
04100	Subprovider - IRF	00500	Adjusted Total Cost	8,813,406.	
04100	Subprovider - IRF	00800	Total (Col 06 & 07)	16,863,308.	
04300	Nursery	00100	Worksheet B Total	1,419,827.	
04300	Nursery	00300	Total Cost	1,419,827.	
04300	Nursery	00500	Adjusted Total Cost	1,419,827.	
04300	Nursery	00800	Total (Col 06 & 07)	4,740,499.	
05000	Operating Room	00100	Worksheet B Total	18,291,313.	
05000	Operating Room	00300	Total Cost	18,291,313.	
05000	Operating Room	00500	Adjusted Total Cost	18,291,313.	
05000	Operating Room	00800	Total (Col 06 & 07)	193,585,624.	
05000	Operating Room	00900	Cost or Other Ratio	0.094487	Ratio
05100	Recovery Room	00100	Worksheet B Total	3,637,642.	
05100	Recovery Room	00300	Total Cost	3,637,642.	
05100	Recovery Room	00500	Adjusted Total Cost	3,637,642.	
05100	Recovery Room	00800	Total (Col 06 & 07)	33,921,906.	
05100	Recovery Room	00900	Cost or Other Ratio	0.107236	Ratio
05200	Delivery Room and Labor Room	00100	Worksheet B Total	10,502,080.	
05200	Delivery Room and Labor Room	00300	Total Cost	10,502,080.	
05200	Delivery Room and Labor Room	00500	Adjusted Total Cost	10,502,080.	
05200	Delivery Room and Labor Room	00800	Total (Col 06 & 07)	68,699,049.	
05200	Delivery Room and Labor Room	00900	Cost or Other Ratio	0.152871	Ratio
05300	Anesthesiology	00100	Worksheet B Total	369,625.	
05300	Anesthesiology	00300	Total Cost	369,625.	
05300	Anesthesiology	00500	Adjusted Total Cost	369,625.	
05300	Anesthesiology	00800	Total (Col 06 & 07)	61,265,542.	
05300	Anesthesiology	00900	Cost or Other Ratio	0.006033	Ratio
05400	Radiology-Diagnositic	00100	Worksheet B Total	6,372,466.	
05400	Radiology-Diagnositic	00300	Total Cost	6,372,466.	
05400	Radiology-Diagnositic	00500	Adjusted Total Cost	6,372,466.	
05400	Radiology-Diagnositic	00800	Total (Col 06 & 07)	206,660,682.	
05400	Radiology-Diagnositic	00900	Cost or Other Ratio	0.030835	Ratio
05400	Radiology-Diagnositic	00100	Worksheet B Total	1,110,770.	05401
05400	Radiology-Diagnositic	00300	Total Cost	1,110,770.	05401

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Line Line Description Col Column Desc Line Value Type
100288 ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407

Worksheet 655763 Period End 05/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
20100	Less Observation Beds	00300	Total Cost	5,001,421.
20100	Less Observation Beds	00500	Adjusted Total Cost	5,001,421.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	272,885,431.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	215,723.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	273,101,154.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	1,603,575,206.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	622,635,134.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	2,226,210,340.

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Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	18,773,499.
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	18,773,499.
03000	Adults and Pediatrics - General Routine Care	00400	RCE Disallowance	53,831.
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	18,827,330.
03000	Adults and Pediatrics - General Routine Care	00600	Charges - Inpatient	59,772,730.
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	59,772,730.
05000	Operating Room	00100	Worksheet B Total	925,576.
05000	Operating Room	00300	Total Cost	925,576.
05000	Operating Room	00500	Adjusted Total Cost	925,576.
05000	Operating Room	00600	Charges - Inpatient	1,197,161.
05000	Operating Room	00800	Total (Col 06 & 07)	1,197,161.
05000	Operating Room	00900	Cost or Other Ratio	0.773142 Ratio
05000	Operating Room	01100	PPS Inpatient Ratio	0.773142 Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	423,274.
05400	Radiology-Diagnositc	00300	Total Cost	423,274.

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Line Line Description Col Column Desc Line Value Type
102023 SSH - PALM BEACH LLC LAKE WORTH, FL 33461

Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted

Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	423,274.	
05400	Radiology-Diagnositc	00600	Charges - Inpatient	1,932,168.	
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	1,932,168.	
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.219067	Ratio
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.219067	Ratio
06000	Laboratory	00100	Worksheet B Total	920,816.	
06000	Laboratory	00300	Total Cost	920,816.	
06000	Laboratory	00500	Adjusted Total Cost	920,816.	
06000	Laboratory	00600	Charges - Inpatient	4,342,608.	
06000	Laboratory	00800	Total (Col 06 & 07)	4,342,608.	
06000	Laboratory	00900	Cost or Other Ratio	0.212042	Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.212042	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	2,528,771.	
06500	Respiratory Therapy	00300	Total Cost	2,528,771.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	2,528,771.	
06500	Respiratory Therapy	00600	Charges - Inpatient	38,515,960.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	38,515,960.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.065655	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.065655	Ratio
06600	Physical Therapy	00100	Worksheet B Total	927,376.	
06600	Physical Therapy	00300	Total Cost	927,376.	
06600	Physical Therapy	00500	Adjusted Total Cost	927,376.	
06600	Physical Therapy	00600	Charges - Inpatient	1,355,894.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	1,355,894.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.683959	Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.683959	Ratio
06700	Occupational Therapy	00100	Worksheet B Total	470,973.	
06700	Occupational Therapy	00300	Total Cost	470,973.	
06700	Occupational Therapy	00500	Adjusted Total Cost	470,973.	
06700	Occupational Therapy	00600	Charges - Inpatient	1,064,891.	
06700	Occupational Therapy	00800	Total (Col 06 & 07)	1,064,891.	
06700	Occupational Therapy	00900	Cost or Other Ratio	0.442273	Ratio
06700	Occupational Therapy	01100	PPS Inpatient Ratio	0.442273	Ratio

CR Hospital Reference Report 2019

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Line	Line Description	Col	Column Desc	Line Value	Type
102023	SSH - PALM BEACH LLC LAKE WORTH, FL 33461				

Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
07400	Renal Dialysis	00900	Cost or Other Ratio	0.293776	Ratio
07400	Renal Dialysis	01100	PPS Inpatient Ratio	0.293776	Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	32,395,262.	
20000	Worksheet C Sub Total	00300	Total Cost	32,395,262.	
20000	Worksheet C Sub Total	00400	RCE Disallowance	53,831.	
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	32,449,093.	
20000	Worksheet C Sub Total	00600	Charges - Inpatient	142,653,639.	
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	142,653,639.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00100	Worksheet B Total	32,395,262.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	32,395,262.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	53,831.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	32,449,093.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	142,653,639.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	142,653,639.	
019	Title 19 - Medicaid				
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	18,773,499.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	18,773,499.	
03000	Adults and Pediatrics - General Routine Care	00400	RCE Disallowance	53,831.	
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	18,827,330.	
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	59,772,730.	
05000	Operating Room	00100	Worksheet B Total	925,576.	
05000	Operating Room	00300	Total Cost	925,576.	
05000	Operating Room	00500	Adjusted Total Cost	925,576.	
05000	Operating Room	00800	Total (Col 06 & 07)	1,197,161.	
05000	Operating Room	00900	Cost or Other Ratio	0.773142	Ratio
05000	Operating Room	01100	PPS Inpatient Ratio	0.773142	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	423,274.	
05400	Radiology-Diagnositc	00300	Total Cost	423,274.	
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	423,274.	

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Line Line Description Col Column Desc Line Value Type
102023 SSH - PALM BEACH LLC LAKE WORTH, FL 33461

Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	1,932,168.	
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.219067	Ratio
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.219067	Ratio
06000	Laboratory	00100	Worksheet B Total	920,816.	
06000	Laboratory	00300	Total Cost	920,816.	
06000	Laboratory	00500	Adjusted Total Cost	920,816.	
06000	Laboratory	00800	Total (Col 06 & 07)	4,342,608.	
06000	Laboratory	00900	Cost or Other Ratio	0.212042	Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.212042	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	2,528,771.	
06500	Respiratory Therapy	00300	Total Cost	2,528,771.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	2,528,771.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	38,515,960.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.065655	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.065655	Ratio
06600	Physical Therapy	00100	Worksheet B Total	927,376.	
06600	Physical Therapy	00300	Total Cost	927,376.	
06600	Physical Therapy	00500	Adjusted Total Cost	927,376.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	1,355,894.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.683959	Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.683959	Ratio
06700	Occupational Therapy	00100	Worksheet B Total	470,973.	
06700	Occupational Therapy	00300	Total Cost	470,973.	
06700	Occupational Therapy	00500	Adjusted Total Cost	470,973.	
06700	Occupational Therapy	00800	Total (Col 06 & 07)	1,064,891.	
06700	Occupational Therapy	00900	Cost or Other Ratio	0.442273	Ratio
06700	Occupational Therapy	01100	PPS Inpatient Ratio	0.442273	Ratio
06800	Speech Pathology	00100	Worksheet B Total	284,029.	
06800	Speech Pathology	00300	Total Cost	284,029.	
06800	Speech Pathology	00500	Adjusted Total Cost	284,029.	
06800	Speech Pathology	00800	Total (Col 06 & 07)	951,171.	
06800	Speech Pathology	00900	Cost or Other Ratio	0.298610	Ratio
06800	Speech Pathology	01100	PPS Inpatient Ratio	0.298610	Ratio

CR Hospital Reference Report 2019

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Line Line Description Col Column Desc Line Value Type
102023 SSH - PALM BEACH LLC LAKE WORTH, FL 33461

Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted

Line	Description	Col	Column Desc	Line Value	Type
C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06900	Electrocardiology	00100	Worksheet B Total	53,760.	
06900	Electrocardiology	00300	Total Cost	53,760.	
06900	Electrocardiology	00500	Adjusted Total Cost	53,760.	
06900	Electrocardiology	00800	Total (Col 06 & 07)	6,601,186.	
06900	Electrocardiology	00900	Cost or Other Ratio	0.008144	Ratio
06900	Electrocardiology	01100	PPS Inpatient Ratio	0.008144	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	3,347,421.	
07100	Medical Supplies charged to patients	00300	Total Cost	3,347,421.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	3,347,421.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	12,578,612.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.266120	Ratio
07100	Medical Supplies charged to patients	01100	PPS Inpatient Ratio	0.266120	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	3,007,534.	
07300	Drugs Charged to Patients	00300	Total Cost	3,007,534.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	3,007,534.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	11,848,769.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.253827	Ratio
07300	Drugs Charged to Patients	01100	PPS Inpatient Ratio	0.253827	Ratio
07400	Renal Dialysis	00100	Worksheet B Total	732,233.	
07400	Renal Dialysis	00300	Total Cost	732,233.	
07400	Renal Dialysis	00500	Adjusted Total Cost	732,233.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	2,492,489.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.293776	Ratio
07400	Renal Dialysis	01100	PPS Inpatient Ratio	0.293776	Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	32,395,262.	
20000	Worksheet C Sub Total	00300	Total Cost	32,395,262.	
20000	Worksheet C Sub Total	00400	RCE Disallowance	53,831.	
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	32,449,093.	
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	142,653,639.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	32,395,262.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	53,831.	

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Line	Line Description	Col	Column Desc	Line Value	Type
102023	SSH - PALM BEACH LLC LAKE WORTH, FL 33461				

Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	32,449,093.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	142,653,639.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	142,653,639.	

102025 KINDRED HOSPITAL THE PALM BEACHES RIVIERA BEACH, FL 33418

Worksheet 664371 Period End 08/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	11,750,732.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	11,750,732.	
03000	Adults and Pediatrics - General Routine Care	00400	RCE Disallowance	16,488.	
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	11,767,220.	
03000	Adults and Pediatrics - General Routine Care	00600	Charges - Inpatient	36,505,240.	
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	36,505,240.	
03100	Intensive Care Unit	00100	Worksheet B Total	2,939,525.	
03100	Intensive Care Unit	00300	Total Cost	2,939,525.	
03100	Intensive Care Unit	00500	Adjusted Total Cost	2,939,525.	
03100	Intensive Care Unit	00600	Charges - Inpatient	8,438,748.	
03100	Intensive Care Unit	00800	Total (Col 06 & 07)	8,438,748.	
05000	Operating Room	00100	Worksheet B Total	520,857.	
05000	Operating Room	00300	Total Cost	520,857.	
05000	Operating Room	00500	Adjusted Total Cost	520,857.	
05000	Operating Room	00600	Charges - Inpatient	2,497,100.	
05000	Operating Room	00700	Charges - Outpatient	7,077.	
05000	Operating Room	00800	Total (Col 06 & 07)	2,504,177.	
05000	Operating Room	00900	Cost or Other Ratio	0.207995	Ratio
05000	Operating Room	01100	PPS Inpatient Ratio	0.207995	Ratio
05400	Radiology-Diagnositc	00100	Worksheet B Total	481,091.	
05400	Radiology-Diagnositc	00300	Total Cost	481,091.	
05400	Radiology-Diagnositc	00500	Adjusted Total Cost	481,091.	
05400	Radiology-Diagnositc	00600	Charges - Inpatient	5,182,847.	

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Line Line Description Col Column Desc Line Value Type
102025 KINDRED HOSPITAL THE PALM BEACHES RIVIERA BEACH, FL 33418

Worksheet 664371 Period End 08/31/2019 Days 365 Status Submitted

C00 Wkst C Computation of Ratio of Costs to Charges					
1 Part 1 - Computation of Ratio of Costs to Charges					
05400	Radiology-Diagnositc	00700	Charges - Outpatient	35,384.	
05400	Radiology-Diagnositc	00800	Total (Col 06 & 07)	5,218,231.	
05400	Radiology-Diagnositc	00900	Cost or Other Ratio	0.092194	Ratio
05400	Radiology-Diagnositc	01100	PPS Inpatient Ratio	0.092194	Ratio
06000	Laboratory	00100	Worksheet B Total	1,064,192.	
06000	Laboratory	00300	Total Cost	1,064,192.	
06000	Laboratory	00400	RCE Disallowance	162.	
06000	Laboratory	00500	Adjusted Total Cost	1,064,354.	
06000	Laboratory	00600	Charges - Inpatient	16,670,294.	
06000	Laboratory	00700	Charges - Outpatient	221,591.	
06000	Laboratory	00800	Total (Col 06 & 07)	16,891,885.	
06000	Laboratory	00900	Cost or Other Ratio	0.063000	Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.063010	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	2,221,675.	
06500	Respiratory Therapy	00300	Total Cost	2,221,675.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	2,221,675.	
06500	Respiratory Therapy	00600	Charges - Inpatient	27,008,936.	
06500	Respiratory Therapy	00700	Charges - Outpatient	60,158.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	27,069,094.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.082074	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.082074	Ratio
06600	Physical Therapy	00100	Worksheet B Total	1,594,115.	
06600	Physical Therapy	00300	Total Cost	1,594,115.	
06600	Physical Therapy	00500	Adjusted Total Cost	1,594,115.	
06600	Physical Therapy	00600	Charges - Inpatient	11,243,061.	
06600	Physical Therapy	00700	Charges - Outpatient	21,175.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	11,264,236.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.141520	Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.141520	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	549,457.	
07100	Medical Supplies charged to patients	00300	Total Cost	549,457.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	549,457.	
07100	Medical Supplies charged to patients	00600	Charges - Inpatient	2,663,893.	

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Line	Line Description	Col	Column Desc	Line Value	Type
102025	KINDRED HOSPITAL THE PALM BEACHES RIVIERA BEACH, FL			33418	

Worksheet 664371 Period End 08/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06000	Laboratory	01100	PPS Inpatient Ratio	0.063010	Ratio
06500	Respiratory Therapy	00100	Worksheet B Total	2,221,675.	
06500	Respiratory Therapy	00300	Total Cost	2,221,675.	
06500	Respiratory Therapy	00500	Adjusted Total Cost	2,221,675.	
06500	Respiratory Therapy	00800	Total (Col 06 & 07)	27,069,094.	
06500	Respiratory Therapy	00900	Cost or Other Ratio	0.082074	Ratio
06500	Respiratory Therapy	01100	PPS Inpatient Ratio	0.082074	Ratio
06600	Physical Therapy	00100	Worksheet B Total	1,594,115.	
06600	Physical Therapy	00300	Total Cost	1,594,115.	
06600	Physical Therapy	00500	Adjusted Total Cost	1,594,115.	
06600	Physical Therapy	00800	Total (Col 06 & 07)	11,264,236.	
06600	Physical Therapy	00900	Cost or Other Ratio	0.141520	Ratio
06600	Physical Therapy	01100	PPS Inpatient Ratio	0.141520	Ratio
07100	Medical Supplies charged to patients	00100	Worksheet B Total	549,457.	
07100	Medical Supplies charged to patients	00300	Total Cost	549,457.	
07100	Medical Supplies charged to patients	00500	Adjusted Total Cost	549,457.	
07100	Medical Supplies charged to patients	00800	Total (Col 06 & 07)	2,671,882.	
07100	Medical Supplies charged to patients	00900	Cost or Other Ratio	0.205644	Ratio
07100	Medical Supplies charged to patients	01100	PPS Inpatient Ratio	0.205644	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	2,713,776.	
07300	Drugs Charged to Patients	00300	Total Cost	2,713,776.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	2,713,776.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	20,400,170.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	0.133027	Ratio
07300	Drugs Charged to Patients	01100	PPS Inpatient Ratio	0.133027	Ratio
07400	Renal Dialysis	00100	Worksheet B Total	768,229.	
07400	Renal Dialysis	00300	Total Cost	768,229.	
07400	Renal Dialysis	00500	Adjusted Total Cost	768,229.	
07400	Renal Dialysis	00800	Total (Col 06 & 07)	4,091,655.	
07400	Renal Dialysis	00900	Cost or Other Ratio	0.187755	Ratio
07400	Renal Dialysis	01100	PPS Inpatient Ratio	0.187755	Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	24,603,649.	
20000	Worksheet C Sub Total	00300	Total Cost	24,603,649.	

CR Hospital Reference Report 2019

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Line Line Description Col Column Desc Line Value Type
102025 KINDRED HOSPITAL THE PALM BEACHES RIVIERA BEACH, FL 33418

Worksheet 664371 Period End 08/31/2019 Days 365 Status Submitted

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
20000	Worksheet C Sub Total	00400	RCE Disallowance	16,650.
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	24,620,299.
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	135,055,318.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	24,603,649.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00400	RCE Disallowance	16,650.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	24,620,299.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	134,588,771.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	466,547.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	135,055,318.

104008 JEROME GOLDEN CENTER FOR BEHAVIORAL WEST PALM BEACH, FL 33407

Worksheet 671749 Period End 09/30/2019 Days 365 Status Settled

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	7,568,991.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	7,568,991.	
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	7,568,991.	
03000	Adults and Pediatrics - General Routine Care	00600	Charges - Inpatient	9,452,984.	
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	9,452,984.	
06000	Laboratory	00100	Worksheet B Total	46.	
06000	Laboratory	00300	Total Cost	46.	
06000	Laboratory	00500	Adjusted Total Cost	46.	
06000	Laboratory	00700	Charges - Outpatient	75.	
06000	Laboratory	00800	Total (Col 06 & 07)	75.	
06000	Laboratory	00900	Cost or Other Ratio	0.613333	Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.613333	Ratio
06000	Laboratory	00100	Worksheet B Total	223,852.	06001
06000	Laboratory	00300	Total Cost	223,852.	06001

CR Hospital Reference Report 2019

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Line 104008 Line Description Col Column Desc Line Value Type
JEROME GOLDEN CENTER FOR BEHAVIORAL WEST PALM BEACH, FL 33407

Worksheet 671749 Period End 09/30/2019 Days 365 Status Settled

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
06000	Laboratory	00500	Adjusted Total Cost	223,852.	06001
06000	Laboratory	00700	Charges - Outpatient	618,389.	06001
06000	Laboratory	00800	Total (Col 06 & 07)	618,389.	06001
06000	Laboratory	00900	Cost or Other Ratio	0.361992	Ratio
06000	Laboratory	01100	PPS Inpatient Ratio	0.361992	Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	2,906,302.	
07300	Drugs Charged to Patients	00300	Total Cost	2,906,302.	
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	2,906,302.	
07300	Drugs Charged to Patients	00600	Charges - Inpatient	3,039.	
07300	Drugs Charged to Patients	00700	Charges - Outpatient	774,348.	
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	777,387.	
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	3.738552	Ratio
07300	Drugs Charged to Patients	01100	PPS Inpatient Ratio	3.738552	Ratio
09800	Other Reimbursable (specify)	00100	Worksheet B Total	2,893,929.	
09800	Other Reimbursable (specify)	00300	Total Cost	2,893,929.	
09800	Other Reimbursable (specify)	00500	Adjusted Total Cost	2,893,929.	
09800	Other Reimbursable (specify)	00600	Charges - Inpatient	58,337.	
09800	Other Reimbursable (specify)	00700	Charges - Outpatient	4,149,285.	
09800	Other Reimbursable (specify)	00800	Total (Col 06 & 07)	4,207,622.	
09800	Other Reimbursable (specify)	00900	Cost or Other Ratio	0.687783	Ratio
09800	Other Reimbursable (specify)	01100	PPS Inpatient Ratio	0.687783	Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	13,593,120.	
20000	Worksheet C Sub Total	00300	Total Cost	13,593,120.	
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	13,593,120.	
20000	Worksheet C Sub Total	00600	Charges - Inpatient	9,514,360.	
20000	Worksheet C Sub Total	00700	Charges - Outpatient	5,542,097.	
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	15,056,457.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00100	Worksheet B Total	13,593,120.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	13,593,120.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	13,593,120.	

CR Hospital Reference Report 2019

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Line 104008 **Line Description** **JEROME GOLDEN CENTER FOR BEHAVIORAL WEST PALM BEACH, FL** **Col 33407** **Column Desc** **Line Value** **Type**

Worksheet 671749 **Period End 09/30/2019** **Days 365** **Status Settled**

C00	Wkst C Computation of Ratio of Costs to Charges			
1	Part 1 - Computation of Ratio of Costs to Charges			
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	15,056,457.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	13,593,120.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	13,593,120.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	9,514,360.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	5,542,097.
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	15,056,457.
019	Title 19 - Medicaid			
03000	Adults and Pediatrics - General Routine Care	00100	Worksheet B Total	7,568,991.
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost	7,568,991.
03000	Adults and Pediatrics - General Routine Care	00500	Adjusted Total Cost	7,568,991.
03000	Adults and Pediatrics - General Routine Care	00800	Total (Col 06 & 07)	9,452,984.
06000	Laboratory	00100	Worksheet B Total	46.
06000	Laboratory	00300	Total Cost	46.
06000	Laboratory	00500	Adjusted Total Cost	46.
06000	Laboratory	00800	Total (Col 06 & 07)	75.
06000	Laboratory	00900	Cost or Other Ratio	0.613333 Ratio
06000	Laboratory	00100	Worksheet B Total	223,852. 06001
06000	Laboratory	00300	Total Cost	223,852. 06001
06000	Laboratory	00500	Adjusted Total Cost	223,852. 06001
06000	Laboratory	00800	Total (Col 06 & 07)	618,389. 06001
06000	Laboratory	00900	Cost or Other Ratio	0.361992 Ratio
07300	Drugs Charged to Patients	00100	Worksheet B Total	2,906,302.
07300	Drugs Charged to Patients	00300	Total Cost	2,906,302.
07300	Drugs Charged to Patients	00500	Adjusted Total Cost	2,906,302.
07300	Drugs Charged to Patients	00800	Total (Col 06 & 07)	777,387.
07300	Drugs Charged to Patients	00900	Cost or Other Ratio	3.738552 Ratio
09800	Other Reimbursable (specify)	00100	Worksheet B Total	2,893,929.
09800	Other Reimbursable (specify)	00300	Total Cost	2,893,929.
09800	Other Reimbursable (specify)	00500	Adjusted Total Cost	2,893,929.

CR Hospital Reference Report 2019

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Line	Line Description	Col	Column Desc	Line Value	Type
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL WEST PALM BEACH, FL				33407

Worksheet 671749 Period End 09/30/2019 Days 365 Status Settled

C00	Wkst C Computation of Ratio of Costs to Charges				
1	Part 1 - Computation of Ratio of Costs to Charges				
09800	Other Reimbursable (specify)	00800	Total (Col 06 & 07)	4,207,622.	
09800	Other Reimbursable (specify)	00900	Cost or Other Ratio	0.687783	Ratio
20000	Worksheet C Sub Total	00100	Worksheet B Total	13,593,120.	
20000	Worksheet C Sub Total	00300	Total Cost	13,593,120.	
20000	Worksheet C Sub Total	00500	Adjusted Total Cost	13,593,120.	
20000	Worksheet C Sub Total	00800	Total (Col 06 & 07)	15,056,457.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00300	Total Cost	13,593,120.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00500	Adjusted Total Cost	13,593,120.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00600	Charges - Inpatient	9,514,360.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00700	Charges - Outpatient	5,542,097.	
20200	Worksheet C Part 1 Total Cost (Lines 30 to 199)	00800	Total (Col 06 & 07)	15,056,457.	